



INTERIM ANNUAL Report

2007-2008

(July 1, 2007 to December 31, 2007)

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June 2008 (Revised March 2008)



Approved in November 2007 by the First 5 Tulare County Commission, the 2008 evaluation scope of work includes an interim annual report to the commission. The following report discusses funded programs' progress during the first half of 2007-2008 fiscal year (July 1 – December 31, 2007) with meeting the four primary result areas outlined in the commission's strategic plan.

The UCLA Center would like to acknowledge all the First 5 Tulare County funded programs for their time and ability to contribute to this report.



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Introduction

This interim annual report includes the achievements of First 5 Tulare County's funded programs and selected outcome data on children at program entry during the first half of the 2007-2008 fiscal year, from July 1, 2007 through December 31, 2007. The funded programs implement a wide variety of strategies that aim to improve children's health, prepare children for school, support families in promotion of their young children's development, and to deliver services that are culturally sensitive and integrated. For the 2007-2008 annual budget, \$9,431,391 has been appropriated towards services to benefit children from birth through five years of age and their families.

The funded programs' efforts are linked together by First 5 Tulare County's strategic plan, which was revised in 2005. The strategic plan contains four result areas that must be addressed by First 5 funding. These areas include: 1) Children will be mentally and physically healthy, 2) Children will be ready for school, 3) Families will have the knowledge and ability to promote their children's development, and 4) Services will be culturally appropriate, integrated, and collaborative. Within each of these areas, specific objectives and indicators were defined. This interim annual report will cover each primary result area and in turn, discuss the accomplishments of funded programs during the first half of 2007-2008. Although funded programs may do work which cuts across multiple result areas, the programs are discussed under the primary result area where the majority of their funding and work fall and the programs' indicators related to that result area are emphasized in this report.

Primary Result I: Children will be mentally and physically healthy

Primary Result I suggests that the health of children born in Tulare County can be improved by promoting pregnant women's access to quality prenatal care. It also proposes that through raising access levels to health care and emphasizing safe and healthy environments, the physical health and nourishment of children may be advanced. Furthermore, it leverages increased access to services for developmental and mental health services as a means of supporting children's emotional health.

Objectives	Indicators
A. Children are born healthy	1. Increase the percentage of pregnant women with early entry into prenatal care
	2. Increase the quality of prenatal care to ensure it is culturally appropriate and includes parent education, nutrition and breast-feeding education, and screening for tobacco, drug, and alcohol abuse
B. Children are physically healthy and well nourished	1. Increase the percentage of children with access to preventive, primary, and specialty health care
	2. Increase the percentage of children living in safe and healthy environments with access to active recreational opportunities and good nutrition
C. Children are emotionally healthy	1. Increase the percentage of children with access to early screening, identification, and intervention services for developmental delay and mental/behavioral health issues

Court Appointed Special Advocates of Tulare County (CASA)

CASA of Tulare County serves the abused and neglected children of Tulare County who are dependents of the juvenile court because they were not safe at home. One of CASA's objectives is to keep children's health records current. This is accomplished by providing medical, dental, and vision referrals. In particular, when teen participants are pregnant, they are referred to prenatal care. This is because research suggests that mothers who receive prenatal care give birth to children who are better able to be part of the learning process.¹

- Over the first half of 2007-2008 fiscal year, CASA served 68 children.
- CASA gave 101 families and/or caregivers a needs-based assessment.
- Based on the needs-based assessment, CASA gave 80 referrals to families and/or caregivers.
- 273 home visits were conducted by CASA advocates.
- Of 68 newly appointed children, 62 were current on their health care. Of 120 continuing children from the prior fiscal year, 118 were current on their health care; all children had health and education passports.
- CASA had an assessment baseline of 101 children and exceeded their goal of holding re-abuse occurrences below 10 percent of their caseload. So far, there were no cases of reabuse.
- The agency screened and trained 22 volunteer advocates.

Synchrony – Early Mental Health (EMH)

The Early Mental Health program provides comprehensive psychological evaluations for children ages 0-5 that are experiencing behavioral, social, emotional, or cognitive problems. The goal of psychological interventions, i.e. the use of comprehensive assessments, is to address the problem in the child's current situation in order to avoid impairment in the child's life in the future.² During the first half of 2007-2008:

- EMH staff conducted assessments for 18 children.
- 9 consultations or multidisciplinary staffings were completed.
- About 9 cross-trainings of childcare providers, teachers, parents, supervisors, counselors, behavioral specialists, and administrators were conducted in referral for early mental health evaluation/ assessment.
- 77 referrals were received and 57 met service eligibility criteria.
- As the result of these evaluations, 6 clients were identified in need of further mental health services and were referred.

Tucker Associates – To Your Health

To Your Health program conducts child safety assessments and provides child restraints. In addition, the program provides outreach to families whose children may qualify for publicly funded health insurance programs such as Medi-Cal, Healthy Families, AIM, and the Children's Health Initiative (CHI) sponsored program, Healthy Kids. After reaching the families, To Your Health

provides assistance to them as they submit their applications for those health insurance programs. Most children are generally healthy particularly during their early years. However, to keep them healthy, children need access to good quality preventive care, access to immunizations, and a regular source of care. The best way to ensure access to care is to provide children with health insurance.³ During the first half of 2007-2008:

- 383 parents/caregivers received child passenger safety (CPS) education and hands-on car seat installation training.
- 552 child restraints were distributed to families.
- The program responded to 20 police dispatcher requests for emergency car seats.
- Staff participated in 6 "Click It or Ticket," safety belt/DUI checks, and other events.
- One in-service training for law enforcement officers was conducted during the time period.

Kaweah Delta Health Care District Hospital

Kaweah Delta is one of two hospitals that is working to improve access to primary and specialty care to children birth through five years of age. Kaweah Delta and Sierra View do this through a pediatric hospitalist program which increases the number of physicians dispersed throughout the county. Highly trained physicians who have practiced in respected academic centers and worked extensively in neonatal intensive care units (NICUs) were recruited to practice in Tulare County. These physicians now work at Kaweah Delta in an onsite, dedicated pediatric group. Community doctors who once had to leave their practices to provide services at the hospital are now able to stay in the community and serve children, referring them as necessary to the hospital-based pediatricians.

- Kaweah Delta increased pediatric hospitalist coverage by hiring two neonatologists and a cardiologist. They are now in full and active practice at Kaweah Delta and within the District's health care system which includes the San Juan Health Center.
- The Neonatal Intensive Care Unit has expanded from 10 to 15 bassinets.
- Kaweah Delta is now being considered by California Children's Services (CCS) for eligibility as a "Community Level" provider of neonatal intensive care unit services. This is a designation which requires the availability of neonatologists around the clock which is now available.
- Also the pediatric hospitalists provide 24/7 coverage of call duties in the Emergency Department as well as comprehensive coverage and admission of children ages 0-5 who may require hospitalization.
- The increased number of pediatricians and neonatologists in Visalia and its surrounding areas has resulted in an increased number of offices available in the county that children can go to for health services, as well as increased the quality of care in the hospitals by the recruitment of highly trained physicians.

Sierra View District Hospital (SVDH)

Sierra View is the second hospital that is working to improve access to primary care and specialty care to children birth through five years of age. The hospitals do this through a pediatric

hospitalist program which increases the number of physicians dispersed throughout the county. Before the pediatric hospitalist program, SVDH was second in California for the number of pediatric transfers out of the hospital. Because of the funding and income guarantee, SVDH has moved to the 11th position with the new hospitalist program. The pediatric hospitalist program at Sierra View involves recruitment of pediatricians who participate in a hospital-based practice but who may also have a private practice. SVDH supports the Pediatric Hospitalist Program by Salary Guaranteeing two Pediatric Hospitalists.

- The emergency department (ED) on-call panel is maintained to provide 24/7 emergency care to all patients presenting for care at SVDH, especially those newborn-5 years of age. Care for this age group is approximately 21% of the total ED volume.
- SVDH is involved in contingent and retained physician searches. At this time Sierra View has one obstetrician-gynecologist (OB-GYN) search that is retained and one that is contingent. The program is no longer looking for an ear, nose, and throat specialist (ENT) or pediatric hospitalist, although the program is still looking for one pediatrician to join a multi-physician practice.
- Sierra View has used funding from First 5 Tulare County and non-First 5 sources to attract highly qualified physicians to this area and provide needed services. As a result of the increased number of physicians, there is increased access to health care services that otherwise would have been unavailable or underutilized.

Healthy Kids

Healthy Kids is a low cost, complete health insurance program for middle- to low-income children whose families earn incomes that are too high to qualify for Medi-Cal or Healthy Families and who otherwise would not have been able to afford health insurance. Children who live in Tulare County, regardless of their immigration status, qualify for Healthy Kids. Healthy Kids provides coverage for medical, dental and vision. Access to health insurance is the best way to ensure access to regular medical care.³ In the first half of 2007-2008 fiscal year:

- 404 children ages 0-5 were enrolled in Healthy Kids and they received 1,387 services.
- Preventive services included 76 well-child visits, 272 immunizations, and 324 screenings.
- 25 new patients made office visits and there were 486 office visits by established patients.
- 38 patients visited the emergency room and 11 patients had inpatient stays.
- About 150 prescriptions were filled and in addition there were 236 other services provided to children ages 0-5.

Tulare County Health & Human Services Agency – Medically Vulnerable Infant Program (MVIP)

MVIP provides nurse case management through home visitation services to infants and their families. The nurse case manager assists the frequently overwhelmed families in navigating through the complex health care system and ensures that parents/guardians are able to obtain quality medical care and early intervention services required to help medically vulnerable infants develop and

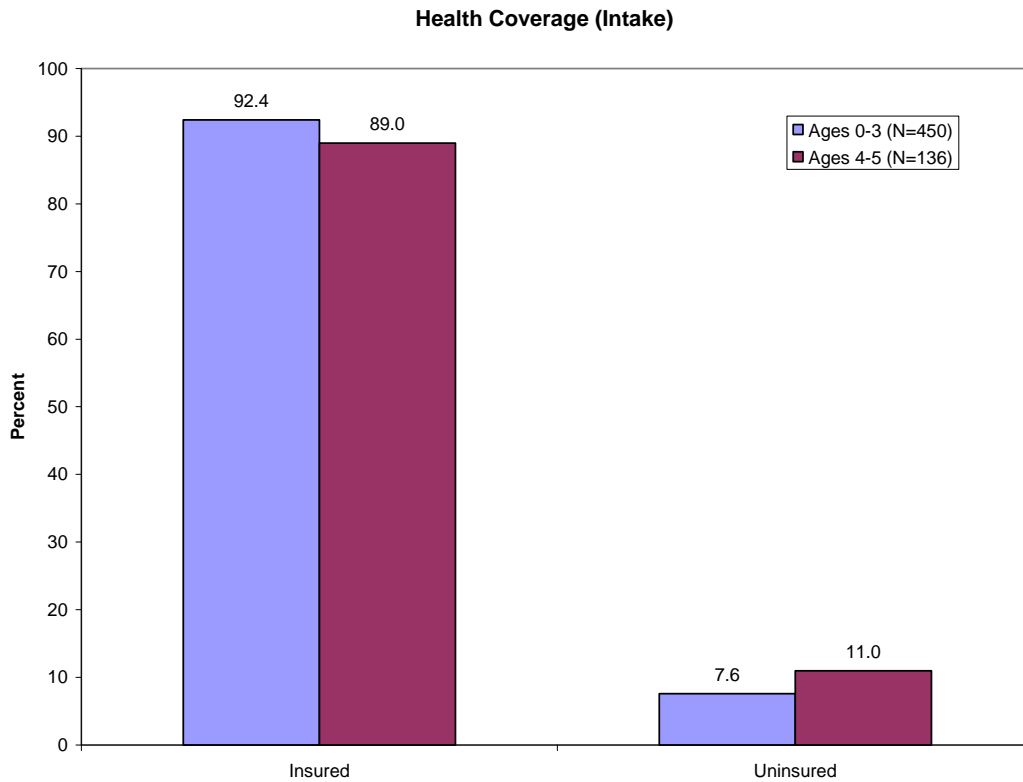
function at their optimum level. This is because nurse home care for young children is an affective approach to preventing chronic illness in the future.⁴

- A total of 1,028 home visits were conducted during the first half of the fiscal year.
- 48 infants were newly enrolled in MVIP for a period of 24 months.
- Nurse case managers delivered home visitation services to 229 families.
- Staff completed 935 physical assessments of children during home visits.
- Staff completed psychological assessments (35 psychosocial inventory, 60 developmental assessments, 315 Ages & Stages Questionnaire (ASQ), 69 ASQ-SE) of children during home visits.
- High Risk Infant Team meetings conducted 448 reviews of 150 MVIP infants to promote collaboration with early intervention services.

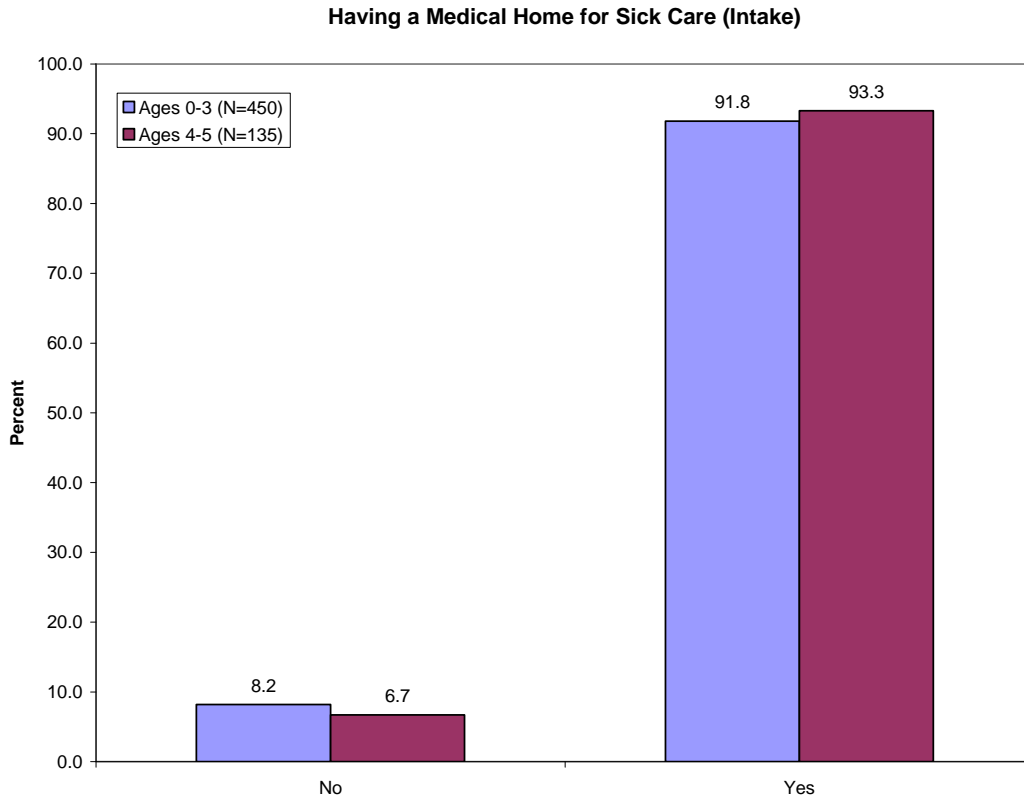
Progress toward Primary Result Area I objectives

In addition to the outcome data mentioned above related to the **children are born healthy** objective, this section provides information about the children and families participating in First 5 Tulare County programs. We provide core data element (CDE) data to assess progress toward the achievement of Primary Result Area I objectives on all children (N = 587) who received an intake during the July 1, 2007 through December 31, 2007, the first half of the 2007-2008 fiscal year. The data provides information on children who have just entered the program prior to receiving services. These intake surveys are given to parents of children who will be receiving intensive amount of services funded by First 5 Tulare County. Outcomes covering selected objectives and indicators are discussed below.

Children are healthy and well-nourished. The chart below provides information about health insurance coverage at intake by examining participants' responses to the survey question, *what type of primary health insurance is the child currently covered by?* To analyze this data, parents who said that their child didn't have health insurance was defined as uninsured, while respondents who indicated that their child had any form of health insurance were defined as insured. At intake nearly 90% of respondents indicated that their children had health insurance coverage, with slightly more children, ages 0-3, being insured than older children, ages 4-5.

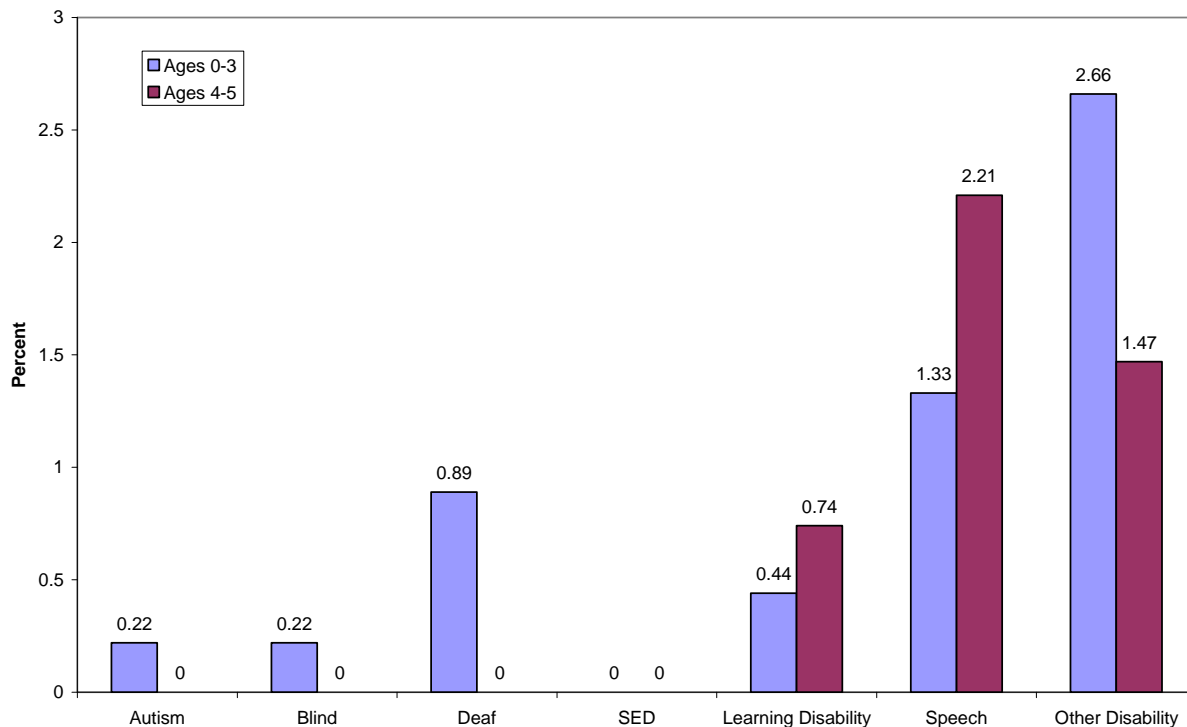


Below are data on having a regular source of care to go to when a child is sick. This measure gives a sense of children’s access to regular medical care. Survey respondents were asked, *is there a place, other than an emergency room, where your child usually goes when he/she is sick or you need advice about his/her health?* At intake, more than 90% of parents said that there was a regular place to take their children to when seeking medical care while they are sick.



Children are emotionally healthy. Parents were asked, *has a doctor or other health professional ever told you that your child has any of the other following disabilities or special needs?* Parents were asked to check all conditions that applied. The data show that very few children (less than 3%) had any type of developmental delay or disability identified by a professional. There were no children identified with a social/emotional disorder, which was deleted from the table below. The more common types of delays identified in these children are speech delays (1.3% for 0-3; 2.2% for 4-5) and ‘other disabilities’ (2.7% for 0-3; 1.5% for 4-5). Other disabilities were defined as any type of developmental delay besides autism, blindness, deafness, social/emotional disorder and speech delays. With such low percentages of children with delays at intake, this may mean that these children have not been screened for developmental delays and therefore have not been identified as of yet.

Children with Developmental Delay or Disability by Type of Disability (Intake)



Primary Result II: Children will be ready for school

This second result area outlines how children can be prepared to attend school through support of learning by families, early childhood development program attendance, and early screening and intervention for special needs. In addition to the role of parents and children to achieve this result, it also suggests a role for schools.

Objectives	Indicators
D. Families support learning in their homes	1. Increase the percentage of parents actively engaged in early development activities with their children
E. Children have access to early childhood development programs	1. Increase the percentage of children participating in preschool and other school readiness programs
	2. Increase schools readiness for children
F. Children receive early screening and intervention for special needs	1. Increase the percentage of children with access to early screening, identification, and intervention services for developmental delay, mental/behavioral health issues, substance abuse, violence and neglect, physical disabilities, and chronic medical conditions

Pixley Alliance for Children

Through the Pixley Alliance for Children program, each child prenatal through five years of age receives the physical, emotional and intellectual support in school, at home and in the community. Pixley Alliance for Children program provides case management and home visitation, early childhood development activities through a preschool program, and parent education to promote positive parenting solutions and strategies. A unique component of Pixley Alliance is the community baby shower which is utilized as an outreach tool to identify and recruit more families with young children ages birth to 5. Participants of the community baby shower receive information on the importance of breastfeeding, car safety, and effects of alcohol and drugs on pregnancy. Pixley Alliance for Children has seen improvement in the lives of the families that participate in the program. Some of the families have been very happy with what their children are learning in the preschool. The children are recognizing their names, numbers, colors and are learning more than what the parents would had ever have imagined. In addition, parents are reading more and spending more quality time with their children.

- In the first half of the 2007-2008 fiscal year, Pixley Alliance had 195 parents attending developmental activities with their children at their site.
- 221 children participated through access to school site play grounds and services rendered to parents by providing information on nutrition, general health, and parenting classes.
- 218 children were participating in school readiness programs through the Early Childhood Learning Academy from July through December 2007. This greatly exceeded a goal of 32 children.
- 71 children were referred to preventive, primary, and specialty health care including dental care and health insurance enrollment.

- 165 families received home visits during which they were provided resources, medical services, and education about child development.
- 22 pregnant women and/or parents were educated in child safety during the community baby shower held in November 2007.

Tulare County Office of Education - Migrant Education

The Migrant Education Program is one that is offered across the state through the collaborative efforts of the state program, staff of the migrant education regional offices, and educators at the school and district levels. The Tulare County Office of Education (TCOE) oversees its *Migrant Education Program*, a home-based family literacy education model. Research studies claim that children from low-income families who participate in high quality early intervention programs, such as a family literacy model, display better performance in the early school years.⁵ The *Migrant Education Program* focuses on literacy and language development within the context of shared reading between the parent and child. The *Migrant Education Program* offers home visitation for families of children who meet the requirement for migrant education. Although not tied to nationally-known models, the *Migrant Education Program* has developed its own model for providing home visitation and strives to improve its model, particularly its education curriculum. Children who have participated demonstrate significant gains in their language development and school readiness. More children are demonstrating various levels of skill mastery from pretest to posttest. Whereas one might expect an increase in skills mastery due to natural development over time, the *Migrant Education Program* may be an additional factor contributing to the improvement in scores.

During the first half of the 2007-2008 fiscal year, Migrant Education Program achieved the following:

- 173 children were enrolled in early childhood and education programs. In addition, they received home visits.
- 28 families were referred to the Healthy Families and the Healthy Kids programs.
- 173 parents received parenting education sessions through 26 monthly center-based parent education sessions and 720 monthly home-based sessions.
- 134 children out of a goal of 216 children were screened using the Brigance with an average pre-test score of 54 out of a possible 100 points. These children will be given a post-test by June 30, 2008.
- 117 children were pre-tested using the modified version of Desired Results Developmental Profile (DRDP). The DRDP has six developmental levels per desired result measure in which to rate a child: 1) Not Yet, 2) Exploring, 3) Developing, 4) Building, 5) Integrating, and 6) Emerging. Pre-test scores show that 40% of children on average across seven measures received a 'Not Yet' rating and nearly 30% of children on average received an 'Exploring' rating in the *Children are Personally and Socially Competent* desired result (DR1) by their teachers. For DR2, *Children are Effective Learners*, 56% of children on average across fifteen measures received a 'Not Yet' rating and 13% of children on average received an 'Exploring' rating. These data suggest that a large majority of children in the Migrant Ed Program upon program entry is at the exploratory developmental stages or less. Post-tests will take place by June 30, 2008.

School Readiness Initiative

First 5 Tulare County funded 12 school readiness programs throughout the county in fiscal year 2007-2008. As a state requirement, all of First 5 Tulare County's SR Initiative Programs collected data on six program areas, which fall under *Result Area II Children will be ready for school* of the First 5 Tulare County Strategic Plan. While the 12 School Readiness programs may provide additional services, for the purposes of consistent and streamlined data collection, the SR programs provided data on the following six program components listed below.

Family Literacy Programs – Programs designed to increase the amount of reading that parents do with their children. Programs may include educating parents about the benefits of reading or looking through books and other written materials with children. Programs include the Latino Literacy Project, and other book reading programs that work to encourage parents to read or tell stories regularly to their children. Family literacy programs are based on research which suggests that children who are read to during the early stages of their development have greater success in school.⁶

Targeted Intensive Parent Support Services Programs – Programs whose purpose is to provide intensive support services to families at risk including home visitation, parenting classes provided through Adult Education programs, groups, or other support opportunities for parents or expectant parents to increase knowledge and skills related to parenting and improved family functioning. Examples of topics include positive discipline, ways to cognitively stimulate infants and children, stages of child development, and infant care. Parent support programs incorporate research findings which indicate that program participation fosters positive parenting skills such as good listening skills and responding to children's behavior effectively.^{7,8}

Preschool for 3 and 4 year-olds – Programs designed to expand the availability of preschool for 3 and four year-olds distinct from a comprehensive school readiness program. Studies have found that children who attended preschool generally had better outcomes than children who did not attend preschool.⁹ This would include funding slots within existing preschool settings, or funding specific preschool expansion efforts, or Power of Preschool programs or other programs in which the intensity and quality are similar to Power of Preschool criteria.

Children with Special Needs participate in ECE programs – Programs with the purpose of providing quality intensive educational activities and experiences for children intended to foster social, emotional, and intellectual growth and prepare them for further formal learning. Participation in early childhood programs for children with special needs leads to better outcomes in health and education.⁵ Also to be included are formal activities that provide access to programs including subsidies.

Comprehensive Screening and Assessments (under 3 and over 3 years of age) – Programs that provide screening and diagnostic services including behavioral, mental health, developmental and physical health. This includes screening programs that measure cognitive/intellectual functioning, language and communication skills, independent-living skills, social and emotional development, and perceptual/motor functioning to identify children who show developmental delays, determine the nature and extent of the problem, and recommend a course of treatment and care. Evidenced-based studies suggest that early identification and early interventions can help young children with special needs reach their full potential.¹⁰

School-linked Transition Practices Promoting Schools Readiness for Children – Services provided to promote the National Education Goals Panel (NEGP) Ten Keys to Ready Schools. Ready schools smooth the transition between home and school; strive for continuity between early care and education programs and elementary schools; help children learn and make sense of their complex and exciting world; are committed to the success of every child; are committed to the success of every teacher and every adult who interacts with children during the school day; introduce or expand approaches that have been shown to raise achievement; are learning organizations that alter practices and programs if they do not benefit children; serve children in communities; take responsibility for results; and have strong leadership. Studies have recommended that schools bridge the gap and establish transition programs for children entering kindergarten so that parents and children both know what to expect.¹¹

Alta Vista School Readiness Program

The Alta Vista School Readiness Program, headed by Alta Vista Elementary School, began its preschool program for children ages 3-5 during 2006-2007. The SR program provides both direct services to families through a home visitation program and a provider capacity and support component for early childhood and education providers and child care providers, who are both family- and center-based. Alta Vista's home visits for children ages 0-5 years include family support, education, child development, and health education services.

- In the first half of fiscal year 2007-2008, Alta Vista provided 85 families with young children 0-5 family literacy support activities, exceeding their goal of serving 50 families.
- 20 parents took parenting education classes focused on supporting their child's physical, cognitive and socio-emotional development.
- 63 children attended a pre-school, nursery program, Head Start or other school readiness program before entering kindergarten.
- 6 children with special needs participated in early childhood care and education programs.
- 8 children under the age of 3 and 13 children over the age of 3 received a comprehensive developmental screening.
- 42 children participated in school-linked practices that meet the National Education Goals Panel criteria.

Cutler-Orosi School Readiness Program

Cutler-Orosi Joint USD SR program provided case management to 524 children, including 11 children with special needs. Four hundred parents received school readiness services at Cutler-Orosi. Activities associated with case management services included a wide variety of family support, education, and child development services, as well as health education services. Cutler-Orosi also has an extensive provider capacity building program which provides professional development training to both center-based and less formal early care providers. Cutler-Orosi SR program provided the following services in the first half of 2007-08 fiscal year:

- Family literacy support was provided to 107 families to enhance children's cognitive development in the home environment.
- 239 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 161 children received a pre-K program or were referred to another available program.
- Meeting their goal for the fiscal year, 8 special needs children received a pre-K program or were referred to another available program.
- 14 children under the age of 3 and 89 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 110 children participated in school-linked transition practices that met National Education Goal Panel criteria.

Earlimart Elementary School Readiness Program

The Earlimart Elementary School Readiness Program is run out of the Earlimart Elementary School. Two major areas that the Earlimart Elementary School District SR program provided included case management and classes/workshops. The program offered a variety of family support, education, child development services, and health education activities which were included as part of the case management services.

- During the first half of 2007-08 fiscal year, family literacy support was provided to 65 families (exceeding their goal of 30) to enhance children's cognitive development in the home environment.
- 29 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- About 54 children (exceeding their goal of 35) received a pre-K program or were referred to another available program.
- 1 special needs child is enrolled in their pre-K program called Terrific Three's.
- Thus far, no children have received a comprehensive developmental screening.
- 50 children participated in school-linked transition practices that met National Education Goal Panel criteria.

Goshen Elementary School Readiness Program

The Goshen Elementary School Readiness Program is administered by Goshen Elementary School, and is one of the three schools from the Visalia Unified School District with a School Readiness Program. Goshen SR program provides case management services and home visitation services. In addition, the Goshen Elementary SR program also addressed the need to develop competencies for working with diverse populations. This was accomplished through developing or adapting programs and materials specifically for diverse populations (including translations), and outreach to underrepresented providers. Goshen Elementary SR program provided the following services in the first half of 2007-08 fiscal year:

- Family literacy support was provided to 17 families to enhance children's cognitive development in the home environment.
- 5 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 15 children received a pre-K program or were referred to another available program.
- 1 special needs child received a pre-K program.
- 2 children under the age of 3 and 1 child over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 8 children participated in school-linked transition practices that met National Education Goal Panel criteria.

Houston Elementary School Readiness Program

The Houston School Readiness program provides case management services by a registered nurse and a community liaison as well as in-person/consultation services to children including children with special needs. The program offers activities such as family support, education, child development, and health education that were provided within case management services. Houston SR program provided the following services in the first half of 2007-2008:

- Family literacy support was provided to 39 families (exceeding their goal of 30) to enhance children's cognitive development in the home environment.
- 90 parents (exceeding their goal of 10) took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 28 children received a pre-K program or were referred to another available program.
- 10 special needs children (exceeding their goal of 7) received a pre-K program or were referred to another available program.
- 20 children under the age of 3 and 30 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 36 children (exceeding their goal of 15) participated in school-linked transition practices that met National Education Goal Panel criteria.

Ivanhoe Elementary School Readiness Program

Ivanhoe Elementary School Readiness Program provides intensive weekly home visitation to each family with children ages 0-5. Certified preschool teachers and parent liaisons visited the homes. Ivanhoe provided the following services to young children and families in the first half of 2007-2008:

- Family literacy support was provided to 41 families (exceeding their goal of 30) to enhance children's cognitive development in the home environment.
- 14 parents (exceeding their goal of 10) took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 31 children received a pre-K program or were referred to another available program.

- 11 special needs children (exceeding their goal of 7) received a pre-K program or were referred to another available program.
- 14 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 102 children (exceeding their goal of 15) participated in school-linked transition practices that met National Education Goal Panel criteria.

Lindsay Unified School Readiness Program

The Lindsay Unified School District Preschool Program is able to provide comprehensive services to children ages 0-5 and their families. Parent support programs include regular parent meetings on topics such as Family Literacy (reading to your child, how to choose a good book, appropriate writing for preschool aged children, etc.) and access to parenting classes. In addition, Lindsay has other programs in support of young children, such as State Preschool, AB172 State Preschool, Special Education, and Cal-Safe, a teen parenting program. Lindsay SR program provided the following services during the first half of fiscal year 2007-2008:

- Family literacy support was provided to 118 families to enhance children's cognitive development in the home environment.
- 25 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 226 children (exceeding their goal of 200) received a pre-K program or were referred to another available program.
- 16 special needs children received a pre-K program or were referred to another available program.
- 13 children under the age of 3 and 39 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 57 children participated in school-linked transition practices that met National Education Goal Panel criteria.

Pixley Union School Readiness Program

Pixley Union School Readiness program offers family literacy support and parent education classes. Children can receive comprehensive developmental screenings through the program. There is a nurse on site and the program provides health insurance application assistance. In addition, the program offers a wide variety of family support, education, and child development services. During the first half of the 2007-2008 fiscal year, Pixley Union School Readiness program achieved the following:

- Family literacy support was provided to 63 families (exceeding the goal of 45) to enhance children's cognitive development in the home environment.
- 23 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.

- 8 children received a pre-K program or were referred to another available program.
- One special needs child received a pre-K program or was referred to another available program.
- 36 children under the age of 3 and 27 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 17 children (exceeding their goal of 15) participated in school-linked transition practices that met National Education Goal Panel criteria.

Sunnyside Elementary School Readiness Program

Sunnyside Elementary School Readiness Program provides family literacy support, parenting classes supporting child development, comprehensive developmental screening, promotes school-linked transition practices, and increases access to early childhood care and education for all children. In addition, the SR program provides mental health interventions, operates a lending library, runs a summer Pre-K academy, literacy workshops, and parent training. During the first half of 2007-2008 fiscal year, Sunnyside SR Program engaged in the following:

- Family literacy support was provided to 62 families (exceeding their goal of 35) to enhance children's cognitive development in the home environment.
- 65 parents (exceeding their goal of 30) took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 51 children (exceeding their goal of 40) received a pre-K program or were referred to another available program.
- Meeting their goal for the fiscal year, 4 special needs children received a pre-K program or were referred to another available program.
- 14 children under the age of 3 and 30 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 52 children (exceeding the goal of 40) participated in school-linked transition practices that met National Education Goal Panel criteria.

Terra Bella Union School Readiness Program

Terra Bella Union School Readiness Program provides family literacy support, parenting classes supporting child development, comprehensive developmental screening, promotes school-linked transition practices, and increases access to early childhood care and education for all children. Additionally, the SR program offers summer home visitation, conducts home visits with parents of special needs children, and provides a parent classroom volunteer program, a pre-school kindergarten readiness program, and a home reading program. In the first half of 2007-2008, Terra Bella Union SR Program provided the following:

- Family literacy support was provided to 30 families to enhance children's cognitive development in the home environment.

- 5 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 57 children are enrolled at Terra Bella pre-K program.
- 4 special needs children received a pre-K program or were referred to another available program.
- 16 children under the age of 3 and 40 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 37 children participated in school-linked transition practices that met National Education Goal Panel criteria.

Traver Elementary School Readiness Program

Traver Elementary School Readiness Program provides family literacy support, parenting classes supporting child development and comprehensive developmental screenings. The SR program promotes school-linked transition practices and increases access to early childhood care and education for all children. Furthermore, the SR program provides a school readiness program for 3-4 year olds, referrals for health, dental, hearing, and vision, as well as English classes. In the first half of 2007-2008, Traver SR program engaged in the following activities:

- Family literacy support was provided to 199 families (exceeding the goal of 30) to enhance children's cognitive development in the home environment.
- 90 parents (exceeding the goal of 10) took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 311 children (exceeding the goal of 35) received a pre-K program or were referred to another available program.
- 12 special needs children (exceeding the goal of 4) received a pre-K program or were referred to another available program.
- 18 children under the age of 3 and 49 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 119 children (exceeding the goal of 15) participated in school-linked transition practices that met National Education Goal Panel criteria.

Woodlake Elementary School Readiness Program

Woodlake Elementary School Readiness Program provides family literacy support, parenting classes supporting child development, comprehensive developmental screening, promotes school-linked transition practices, and increases access to early childhood care and education for all children. In addition, the SR program has a public health nurse, case manager and child development specialist who make home visits which offer health screenings and developmental assessments as well as provide referrals. In the first half of 2007-2008, Woodlake SR program conducted the following activities:

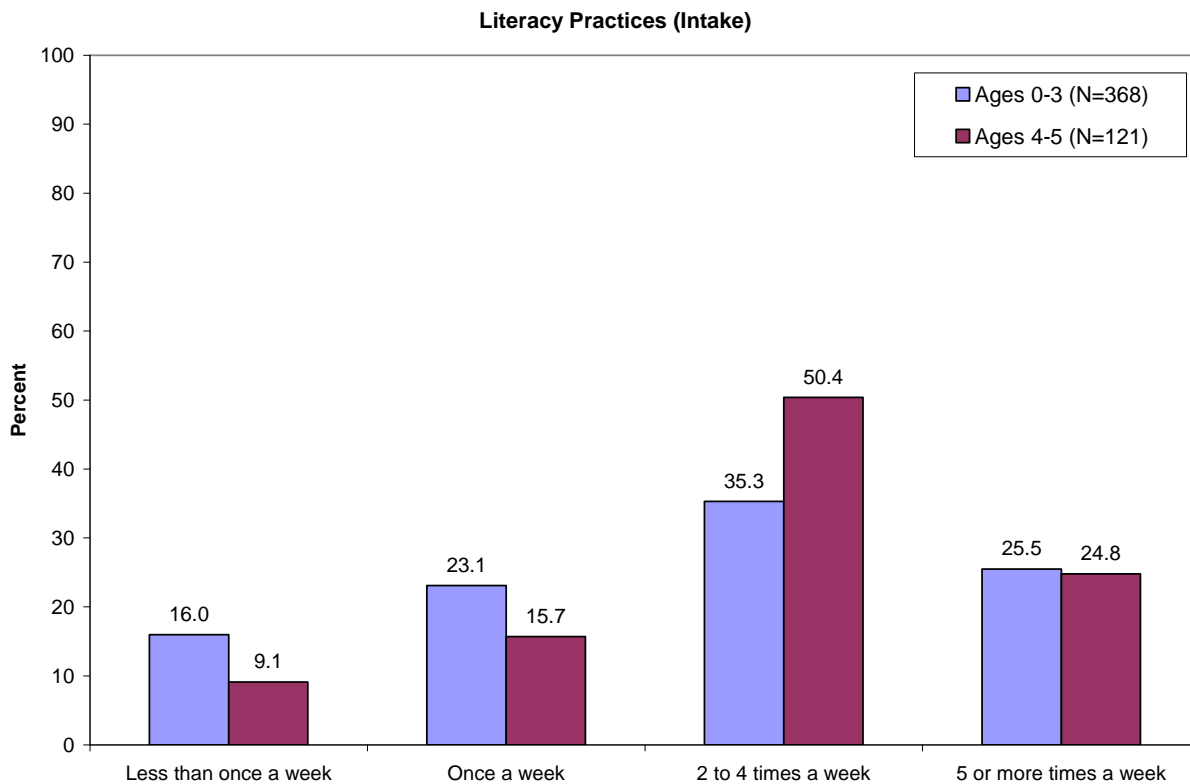
- Family literacy support was provided to 170 families (exceeding the goal of 150) to enhance children's cognitive development in the home environment.

- 23 parents took parenting classes focused on supporting child physical, cognitive, and socio-emotional development.
- 10 children received a pre-K program or were referred to another available program.
- 3 special needs children received a pre-K program or were referred to another available program.
- 25 children under the age of 3 and 12 children over the age of 3 received a comprehensive developmental screening upon enrolling in the program.
- 40 children participated in school-linked transition practices that met National Education Goal Panel criteria.

Progress toward Primary Result Area II objectives

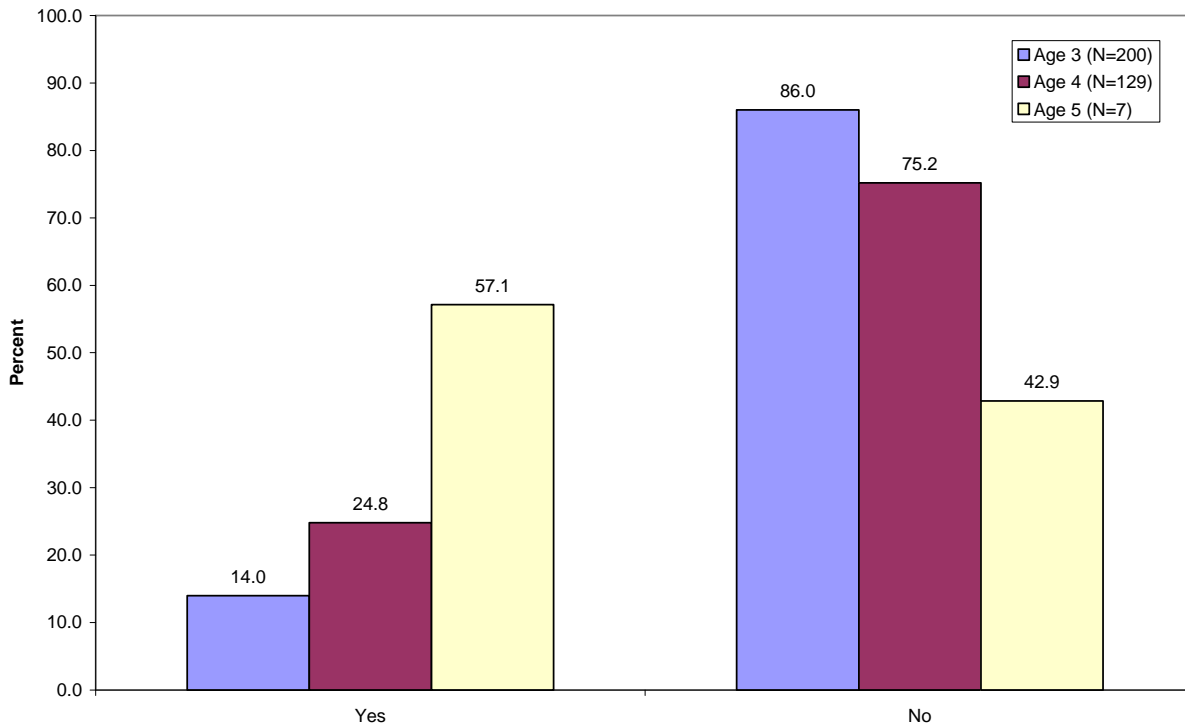
Core data elements collected in OCERS using data from intake surveys that occurred during July 1 through December 31, 2007 are described in this report that relate to Primary Result Area II objectives. Outcomes covering selected objectives and indicators are discussed below.

Families support learning in their homes. One of the ways families can support learning at home is through reading to their children. Survey respondents were asked, *on average during the last 3 months, how often has an adult read to the child in the child's household?* The chart below illustrates responses to this question at intake for children ages 0-3 and 4-5. Regardless of the age of their children, the largest percentage of parents read to their children between 2 and 4 times per week over the past three months from the time of the survey. At intake, about half of parents with children ages 4-5 read to them between 2 and 4 times per week (50%), while slightly more than a third of parents with children ages 0-3 (35%) read to them that often. This suggests that parents with younger children may be less likely to read to them as frequently as those with older children.

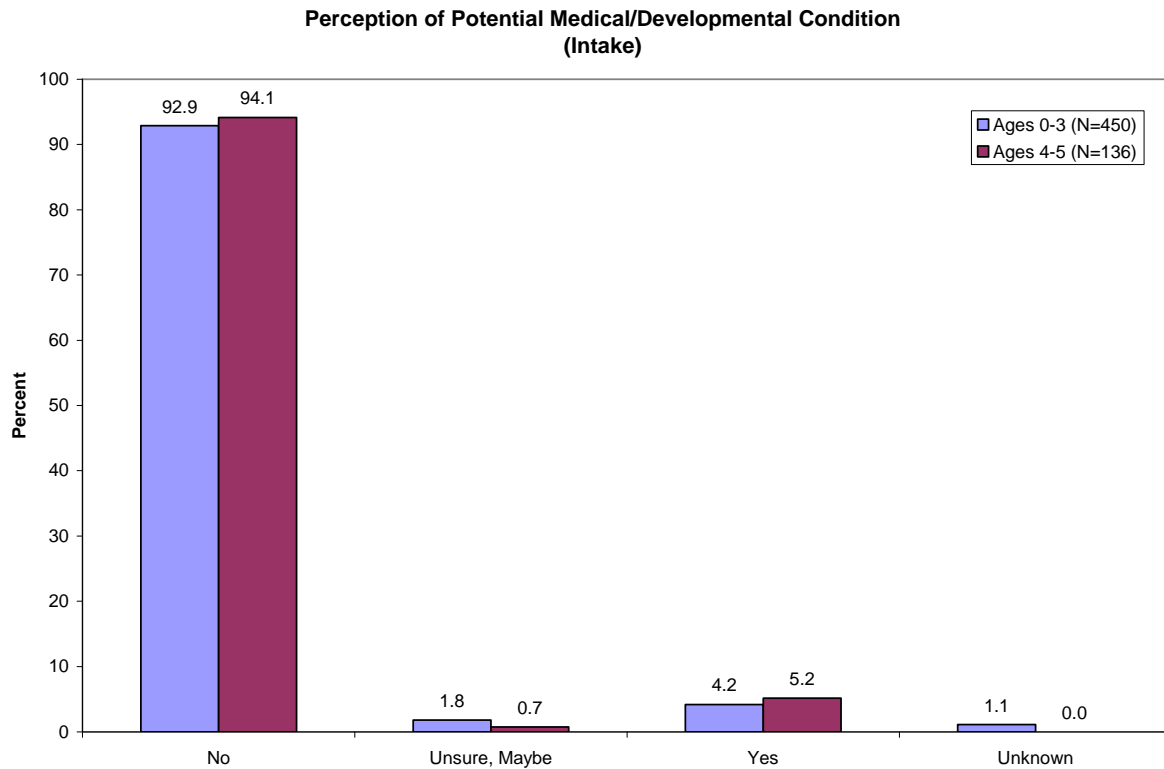


Children have access to early childhood development programs. Another objective within the second primary result area is children’s access to early childhood development programs. At intake parents were asked, *since your child’s third birthday, has he/she ever gone to a nursery school, preschool, pre-K, a Head Start program, or a child care center, on a regular basis?* At intake, prior to program participation, 86 percent of 3 year olds, 75 percent of 4 year olds, and 43 percent of 5 year olds have not attended any type of early childhood education program on a regular basis. Data results suggest a majority of young children in Tulare County have not participated in ECE programs regularly.

Figure 36: Children Age 3 and Over Attending Preschool (Intake)



Children receive early screening and intervention for special needs. Parent survey respondents were asked, *do you believe the child has a medical and/or developmental condition that may affect his/her performance in school?* The results reflect that parents with older children were slightly more likely to believe their child may have a medical and/or developmental condition which may affect school performance (5% of 5 year olds vs. 4% of 4 year olds). This suggests that parents’ awareness of developmental conditions and their effect on school performance may increase with age because the symptoms are more easily diagnosed.



Primary Result III: Families will have the knowledge and ability to promote their children’s development

This result area hypothesizes that with the knowledge of appropriate information, families can provide optimal development for their children. The three objectives within this result area address meeting the needs of their children, the reduction of abuse of children, and providing parent education and skills. Awareness of services information is the first step toward accessing them which in turn may increase the likelihood that children and their families will obtain health, education, and social services when they need them.¹² The programs in this section use a variety of service modalities to deliver this information, such as assessments (i.e., Family Services of Tulare County – Parenting Children/Families through Divorce), parenting classes (i.e., Lindsay First Steps, Synchrony of Visalia), case management (i.e., Cutler-Orosi Family Education Center; Woodlake Family Resource Center), referral networks (United Way – First Call), and a television show (i.e., KVPT “0 to 5 in 30 minutes”).

Objectives	Indicators
G. Families are stable and able to meet the needs of their children	1. Increase access to information about services, jobs, training programs, parent education, substance abuse, and other topics
H. Children’s homes are free from violence	1. Reduce the number of children who are abused and neglected
	2. Reduce the number of children who are exposed to other forms of violence in their homes
I. Parents use effective, appropriate parenting skills	1. Increase the availability of culturally and linguistically appropriate parent education services in locations easily accessible to parents
	2. Increase the number of families receiving parenting information by using the mass media including print, radio, television, and Internet

Cutler-Orosi Connections

The Cutler-Orosi Connections program provides case management for families with children ages 0-5 and teen parent participants. In addition, parenting classes are provided covering a wide range of subjects and these are offered in English and Spanish. The *Connections* program achieved the following during the first half of 2007-2008:

- Improved access to information by distributing information during parent classes. A total of 88 parents received information during 133 parenting class sessions on topics such as discipline, patience, nutrition, healthy lifestyle choices and reading. Of these 88 participants, 39 were teen parents.
- Addressed cultural competence by providing culturally and linguistically appropriate classes based on the community’s language preferences. During the data collection period, 133 parent classes were provided in English and Spanish.
- 61 case management participants received information during parent education and needs assessments (44 family literacy and 17 teen parent participants). An additional 17 teen parents were enrolled in high school diploma classes, two of which were enrolled 3 or more years and obtained their high school diploma. Results from a variety of assessment tools conducted during case management also indicate promising results for children and parents. Posttests will be administered in May 2008 for the California Even Start Performance Information Reporting System (CA-ESPIRS) and the Picture Vocabulary Test (PPVT), therefore results for these tests are not included in this report.
- **Phonological Awareness Literacy Screening (PALS)** – assesses child letter recognition:
 - 100 percent of the 4-year-old children demonstrated the ability to identify at least 26 uppercase letters.

- 20 percent of the 3-year-old children demonstrated the ability to identify at least 26 uppercase letters.
- 40 percent of the 3-year-old children demonstrated the ability to identify at least 12 - 18 uppercase letters.
- **Parent Educational Profile (PEP)** – an assessment of parenting skills:
 - Parents demonstrated increased parenting skills according to the pre and post PEP assessments.
- **Comprehensive Adult Student Assessment Systems** – adult education assessment used to assess the English language learners and place learners into programs, diagnose learners' instructional needs, and monitor their progress:
 - 71 percent of the beginning English learners demonstrated at least a 5-point gain, which is the desired gain, while only 50 percent of the low intermediate/advanced students demonstrated the expected 3 point gain.

Family Services of Tulare County-Parenting Healthy Children/Families through Divorce

The Parenting Healthy Children/Families through Divorce program addresses divorce, separation, and related issues through psycho-educational co-parenting sessions, parenting education, therapeutic reunification, and supervised visitation services. This program attempts to both provide parents with information to help them meet the needs of their children during a divorce, as well as reduce the potential for violent or traumatic situations in the home or during the course of exchange between the minors and their parents. In the first half of 2007-2008 fiscal year, the program provided the following.

- 66 parent participants attended the program during the data collection period. This program provided parent information following assessments through services such as co-parenting, parent education, therapeutic reunification, and supervised visitation.
- 66 parents attended sessions and classes. Topics of sessions, classes and orientation/intakes included orientation to supervised visitation, orientation to co-parenting, decreasing highly conflicted behavior between parents, communication, assertive discipline, as well as child rearing styles.
- Parenting Healthy Children/Families through Divorce program distributed parenting information through parent education classes. During the reporting period, 66 parents received parenting information.

Synchrony of Visalia/F.R.E.E. Collaborative

The primary focus of Synchrony of Visalia/F.R.E.E. Collaborative program is to educate and train parents as well as local professionals, paraprofessionals, schools, community agencies, child care

centers, and other social services agencies through several different training and collaborative networking opportunities. The trainings provide information pertaining to child development, behavioral health, and brain function. During the first half of the 2007-2008 fiscal year, Synchrony F.R.E.E. provided:

- 168 parenting classes to parents who graduated 15 parents.
- 3 Best Practices trainings to local professionals and paraprofessionals which provide information on current best practices in parent training including physical, mental, and social development.
- 12 mini-workshops for local schools, community agencies, daycare centers, and social services agencies.
- 3 collaborative meetings that are a networking opportunity for social service agencies.
- 6 parent instructor networking meetings to provide education, training, and an opportunity for parent instructors to learn from each other.
- Distributed 3, 173 quarterly newsletters covering a variety of topics including the impact of violence on brain development and attention deficit-hyperactivity disorder (ADHD). The newsletters instruct parents and community organizations serving children and their families about children's early brain development, developmental assets, and intervention as well as promote children's social, emotional and physical health.
- In addition, Synchrony F.R.E.E. manages a community/parent resource library which received on average between 3 and 28 visitors per month who checked out 92 books.

United Way – First Call

United Way – First Call is a comprehensive information and referral system. This system is a means of making parents aware of information about locally available services in the community. The network is based on research indicating that awareness of services information can lead to improved access.¹² During the first half of the fiscal year, the program:

- Provided 715 referrals to callers.
- 47,000 promotional materials were distributed to Tulare County Office of Education.
- 15,000 promotional materials to Tulare County Health and Human Services.

KVPT “0 to 5 in 30 minutes”

KVPT (Valley Public Television) presents a television show which distributes parenting information and resources to the community. Valley Public Television provides mass media services in the Central San Joaquin Valley. Through a unique partnership of four First 5 county commissions (First 5 Tulare County, First 5 Fresno County, First 5 Madera County, and First 5 Merced County), KVPT disseminates information and resources through “0 to 5 in 30 Minutes,” a magazine-style program. The program focuses on different topics, such as discipline, prenatal care and children with special needs. The first five minutes is dedicated to topics related to strong families, including child abuse, divorce, and step parenting. Like United Way – First Call, KVPT's program is supported by similar

research findings. During the first half of 2007-2008 fiscal year, the program provided the following services:

- KVPT produces 24 episodes that air twice a week, for a total of 96 airings per year.
- In addition, it delivered over 500 public service announcements (PSAs) on topics such as child health coverage, asthma education, prenatal substance abuse, and brain development.
- There were two rating periods during the first half of 2007-2008 fiscal year. The first rating period occurred in July 2007 when 2,000 households and 3,000 viewers watched "0 to 5 in 30 Minutes". The second rating period occurred in November 2007 when 4,000 households and 8,000 viewers watched the program. It is estimated that 40 percent of households and viewers are from Tulare County.

Lindsay First Steps

Lindsay First Steps provides case management services to parents of young children ages birth to five. Case management services include home visitation and a comprehensive family needs assessment which then leads to a wide array of support services including health and human services as well as resource and referral. In addition, a 20-week parenting group series in Spanish as well as mental health counseling and therapy services are offered to families. During the parenting group, Lindsay offers child care, also known as the babysitter program. First Steps engaged in the following activities during the first half of 2007-2008 fiscal year:

- 57 new families are under case management and receive home visitations.
- 40 families were provided with referrals for health insurance enrollment. Twelve children were enrolled in Healthy Kids, and the remaining children were enrolled in either Medi-Cal or Healthy Families.
- 52 individuals received mental health assessments and individual and family counseling services.
- First Steps' babysitter trainer gave 15 teenagers an intensive training over six weeks covering such topics as first aid (taught by the school nurse), basic child development, age appropriate activities, behavior management, and CPR for certification.
- The babysitter program has had two outcomes: First, the schools and Lindsay First Steps have access to a pool of students who can provide childcare at various school functions, such as "math night" in the schools, and migrant parent groups. Babysitters also work regularly for the Lindsay First Steps Father Involvement program which consists of two different classes running simultaneously for a 16-week series. Second, student babysitters earn a minimum-wage income. One babysitter currently works full time in Lindsay First Steps' after school program and she feels that her experience from the training enabled her to get this job.
- Lindsay First Steps also provided linguistically appropriate parenting group classes to 105 parents. Lindsay First Steps' parenting class is taught in Spanish by a Healthy Start Case Manager and a First Steps Case Manager. Based on data collected from July through December 2007, 17 new families participated. Furthermore, Lindsay First Steps has two other parenting groups at local elementary schools which have averaged five parents per group. Results from assessments conducted during these groups suggest promising results such as

increased family functioning, improved child behavior, and improved home life. During the first half of 2007-2008, the following outcomes were achieved:

- **Wheel of Fortune** – Twenty-three families who were given a post assessment showed an increase in Family Functioning (92 percent). A total of 50 pre/post and post assessments were given. The scale range was between 24 and 72 where a lower score indicates higher family functioning. The average pretest scores during the data collection period were 33 and average posttest scores were 28. If a family did not improve by the time of the posttest, they were given another post test and these scores averaged 25.
- **Behavior Scale** – Five of the 0 to 5 year olds improved their behavior as a result of the parent groups as reported by parents. This scale had a range of 0 to 10, where a lower score indicated improved behavior. The average pretest scores were 7 and the posttest scores were 3.
- **My Home Life after the Parenting Classes** - Seven parents who completed the questionnaire at the conclusion of the parenting groups reported improvement. The parenting behavior scale had a range of 0 to 5, where a low score indicated higher functioning. The average pretest score was 3.7 and posttest score was 3.2. Although 17 new parents attended the parenting groups, not all completed the 20 week series and took the assessment.

Woodlake Family Resource Center (FRC)

Woodlake FRC offers case management and home visitation services to families with children ages 0-5 and pregnant teens. Additional services include substance abuse treatment, assistance with obtaining restraining orders, and groups for women in domestic violence situations. Similar to Lindsay First Steps, the FRC delivers services in English and Spanish in an effort to increase accessibility.^{13,14} In the first half of 2007-2008 fiscal year, Woodlake FRC provided the following:

- FRC staff case managed 25 families per month during the data collection period and provided a variety of services through this modality. Twenty-eight pregnant women received case management services where they were linked to prenatal care and received parenting classes covering topics like infant health and family strengthening.
- 19 pregnant teens were case managed, referred to the Teenage Pregnancy Program, linked to prenatal care, mentoring and school programs.
- 101 case managed-families received referrals to car seat safety and stroller programs, parenting classes, and to WIC. As a result of case management, 72 children were referred to the child development specialist. Fourteen of these children were identified with developmental delays.
- 47 parents attended parenting classes covering topic areas such as becoming parents, nonviolent parenting, healthy communication, the family breakdown, and the couple's relationship.
- Drug and alcohol services are provided by certified drug and alcohol counselors subcontracted by Woodlake FRC through Sierra Recovery Services in Porterville. Services are provided in Woodlake as result of a referral from the case manager, Public Health Nurse, Child Development Specialist, or Mental Health Counselor.

- 10 families were provided with assistance in obtaining restraining orders. Therapeutic groups for women in Domestic Violence situations and or exhibiting depressive symptoms are conducted during the fall and spring. During July-December 2007, 6 women participated in the therapeutic group covering topics such as, self-esteem, stress management, creating a support system, social isolation, goal setting and problem solving.
- The FRC leveraged its staff's bilingual skills to deliver direct services. Four of Woodlake FRC's case managers are bilingual in English and Spanish. They used those skills while conducting well over 200 home visits per month during the reporting period. Overall, about 80% of its staff members are bilingual.
- The FRC's public health nurse in partnership with the local hospital is conducting *Comenzando Bien* birthing classes in bilingual/bicultural format year round.

Primary Result IV: Services will be culturally appropriate, integrated, and collaborative

Result area IV claims that through collaboration, programs can promote greater service accessibility for families, service enhancement, and sustainability. Eight indicators measure progress toward this goal, including widening the locations where services are offered, ensuring that service providers are diverse, integrating the system of care, creating funding partnerships, as well as promoting sustainability through training and consulting.

Objectives	Indicators
J. Families can easily access services	1. Increase availability of services in locations accessible to children and their parents
	2. Increase availability of culturally and linguistically competent services
K. Programs actively collaborate to enhance services and avoid duplication	1. Increase program integration to create an effective system of care
	2. Increase cross-professional training opportunities in order to provide a comprehensive approach to child and family needs
L. Programs pool funding and partner to leverage additional funding for services to families	1. Increase total funding available for programs serving children and their families
M. Programs achieving desired results are sustained	1. Increase in public awareness regarding early brain development and the value of effective programs aimed at young children and their families
	2. Increase organizations' ability to achieve program sustainability through training and consulting activities

Collaborative Leadership Institute's progress will not be included in this interim annual report as the program ended on February 28, 2008. While other funded programs deliver services that meet the Primary Result IV objectives and indicators, their funding priorities fall within other result areas. Therefore, no other programs will be reported in Primary Result IV.

Conclusion

First 5 Tulare County has made substantial investments in a variety of programs outlined in this report which deliver services to promote children's health and school readiness. Twenty-nine funded programs have data which support the achievement of the primary result areas that are discussed in this report. In particular, the data suggest that progress toward the following outcomes has been made.

- Improving access to primary and specialty care for children (i.e., the hospitalist programs);
- Increasing health insurance coverage for children (i.e., Healthy Kids and other programs such as To Your Health which provide insurance application assistance and advocacy);
- At intake, the majority of children of both age groups (0-3 years and 4-5 years; about 90% each) have a medical home to go to when they are sick;
- At program entry, learning and speech disabilities in older children are being identified, while deafness and other disabilities are identified in younger children;
- At intake, approximately half of 5 year olds and a quarter of 4 year olds attend preschool;
- Parents of 3-5 year old children are slightly more aware of children's developmental delays as they affect school performance (at intake); and
- Programs are promoting family stability by increasing parents' access to important information such as services, jobs, and parent education (i.e., Synchrony FREE Collaborative, United Way-First Call, and KVPT's "0 to 5 in 30 minutes").

One-time Grants

Capital/Planning Grants	Contract Term	Contract Amount
County of Tulare HHSA - Drug Exposed Infant Planning	7/1/06 - 12/31/07 (18 months)	\$140,000
Imagine U Children's Museum - Building Purchase	TBD	\$121,606

Unduplicated total number of children and parent, guardian and/or primary caregiver served by funded program reported in OCERS.net, Fiscal Year 2006-2007

	Number of Children Served	Number of Parents/Guardians/ Primary Caregivers Served
CASA	223	63
Synchrony EMH	57	80
To Your Health Car Seat Program, Tucker Associates	613	1,384*
Healthy Kids	404**	0
MVIP	324	422
Pixley Alliance	76	43
Migrant Education	1,035	789
Alta Vista School Readiness	92	112
Cutler-Orosi School Readiness	461	126
Earlimart Elementary School Readiness	130	88
Goshen Elementary School Readiness	82	57
Houston Elementary School Readiness	168	176
Ivanhoe Elementary School Readiness	41	33
Lindsay Unified School Readiness	340	136
Pixley Union School Readiness	134	79
Sunnyside Elementary School Readiness	48	40
Terra Bella Union School Readiness	45	87
Traver Elementary School Readiness	95	105
Woodlake Elementary School Readiness	173	95
Cutler Orosi Connections	534	71
Family Services	68	66
Synchrony FREE	0	198
United Way – First Call	649	540
Lindsay First Steps	92	33
Woodlake FRC	306	200

*Number includes any family member that attended safety assessment classes along with the parent, i.e. sister, grandmother, or another family member.

** Members with visits.

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