FIRST 5 TULARE COUNTY EVALUATION REPORT

FY 2022-2023 Grants

Prepared for the

First 5 Tulare County Commission and Community

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Table of Contents

OVERVIEW 3

INTRODUCTION 4

Evaluation Design and Data Methods 4

Data Analysis 9

Evaluation Team 9

FINDINGS AND PROJECT-SPECIFIC RECOMMENDATIONS 10

Section I. ACES Summary 10

Section II. FY 2021-22 Current-Year Grants 14

Result Areas Part 1: Family Functioning, Child Development, Systems of Care 14

Cutler-Orosi School District: Family Resource Center 14

Family Services of Tulare County: Addressing Childhood Trauma (A.C.T.) 30

Family Services of Tulare County: Early Mental Health Program 34

Family Services of Tulare County: Goshen Family Resource Center 39

Tulare City School District: Comprehensive School Readiness Program 44

Parenting Network, Inc.: Visalia Family Resource Center 46

Parenting Network, Inc.: Porterville Family Resource Center 55

Parenting Network, Inc.: Dinuba Family Resource Center 61

Traver Joint Elementary School District: School Readiness 67

Visalia Unified School District: Building Futures Program 69

Lindsay Family Resource Center 77

United Way 2-1-1 86

Save the Children Federation 90

Woodlake Family Resource Center 95

Result Areas Part 2: Child Health 104

Family Healthcare Network Kindercare 105

Altura Centers for Health: Oral Health 107

Altura Centers for Health: Breastfeeding 109

Sierra View Medical Center 112

CONCLUSIONS AND GENERAL RECOMMENDATIONS 116

APPENDICES: *Parent Survey 2022-23* 118

First 5 Tulare

2022 - 2023 EVALUATION REPORT

FIRST 5 TULARE COMMISSION

First 5 Tulare, an independent public entity, is governed by a seven-member commission. It is one of 58 county commissions created by Proposition 10 in November 1998, to support children from prenatal to age 5 through a variety of investments, projects, initiatives and advocacy efforts. In Tulare County as elsewhere in the state, the lingering effects of COVID-19 continued to challenge health and human services organizations and families in a number of ways.

The Commission has done much to improve the outcomes of the children and families living in Tulare County. For the past 22 years, First 5 Tulare has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. With about $4.1 million allocated by the State in Proposition 10 funds this year—an amount that is declining annually consistent with the reduction of tobacco product sales— First 5 Tulare has created a number of direct service programs that target physical and mental health, oral health, literacy, parenting skills and school readiness. In this second of the 3-year grant cycle for 2021-2024, First 5 Tulare supported schools, community and public organizations, hospitals and family resource centers that are working together to provide services to children and their families in Tulare County. Evaluating these types of efforts requires developing and monitoring a unique set of indicators and a multifaceted evaluation design to provide information for accountability, assessing impact, improving results, setting policy, and identifying future strategies.

TULARE COUNTY OVERVIEW

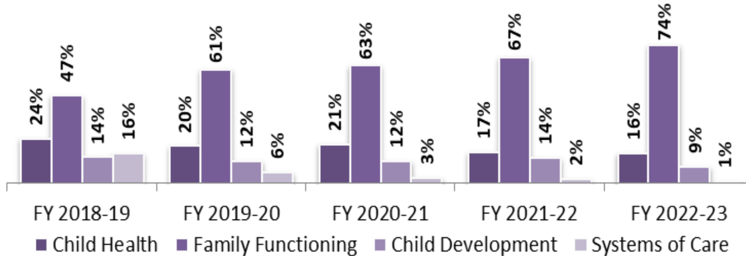
Tulare County is recognized as one of the largest agricultural-producing counties in the world. In 2022, the county was home to a population of 477,544. While California 0-5-year-olds are 7.04% of the population, Tulare County's are younger at 8.95%. With an estimated median age of about 31 years, its residents are one of the youngest regional populations in California. Only 15.2% of the adult population has attained a bachelor's degree or higher vs. 35.3% statewide. Households in Tulare County with children have a median annual income of $57,394 (2021), less than the median annual income across the nation. While 6.4% of the state's children live in deep poverty, in Tulare County 10.7% did in 2019. Unemployment (10.0% in May 2023) is higher compared to statewide (4.5%), making it more challenging for parents to support their families.

- 42,746 children age 0-5 live in Tulare County.
- 98.1% of children are fully immunized by kindergarten (94.8% state average).
- 50.5% of people age 5+ speak a language other than English at home.
- 27.7% of children live in a mother-present-only household.
- The rate of children born to teen mothers ranked 46th worst among the 46 CA counties with >20 teen births.
- 55.7% of newborns were fed breast milk exclusively at birth (70.0% state average).
- 43.3% of children age 0-5 were read stories daily by a family member (53.9% statewide)

References available from evaluation consultant.

INTRODUCTION

This report represents Year 2 in the FY 2021-24 grant cycle in our continuing evaluation of First 5 Tulare grants. In FY 2022-23, First 5 expended a total of $4,509,128 (that includes the PLAY contracts), in the four First 5 result areas: Child Health; Family Functioning; Child Development; and Systems of Care. The program fund distribution, shown below, has most notably changed in the areas of Family Functioning and Systems of Care, increasing each year in the former and decreasing in the latter.



Source: First 5 Tulare, September 20, 2023

The purpose of the First 5 Tulare evaluation is to document grantee progress and measure changes resulting from programs and services for children age 0-5 and their families. The evaluated projects ranged from child abuse prevention to oral health services to early literacy development as addressed by the goals and objectives of the Commission's *2018-2023 Strategic Plan*. Consistent with the intent of the Strategic Plan, Barbara Aved Associates (BAA) developed evaluation questions to match each of the projects' goals and identified appropriate community-level indicators for each project that aligned with the strategic plan.

This report provides the evaluation findings necessary to inform the First 5 Tulare Commission and, when shared, can assist in the statewide effort to compile results from all 58 First 5 counties in reporting each year to the Legislature. First 5's own *program report* describes process indicators such as the number and type of children served and highlights key outcomes. The *evaluation report* allows First 5 Tulare Commissioners, funded partners and community stakeholders a more comprehensive look at the Commission's notable outcomes in the current grant cycle.

This year, in nearly every one of the Success Stories we highlight in Section II of this report, grantees credit their relationships with local partners for achievements, including partnership in the Commission's Home Visiting Coordination program. Connecting with families and assessing child development progress virtually or over the phone can be particularly challenging, but flexibility and the trust and collaboration that has been built among Tulare County community partners is largely credited by these grantees for their unique ability to meet educational, emotional and tangible needs of children and families.

As trauma-informed care continues to gain traction, more providers and community-based organizations have begun to screen adults and children for exposure to adverse childhood experiences (ACEs) and trauma. The ACEs Aware initiative recommends that all children are screened annually for ACEs to assess risk of toxic stress. We were pleased that this screening has been implemented by the Family Resource Centers, and this year we continue to present the special section to report these results.

Project-specific recommendations are included for each grantee. General recommendations to strengthen First 5's overall evaluation efforts are presented at the end of the report. With few exceptions, the results achieved by funded programs were favorable and on par with the goals and objectives described in the grantees' Evaluation Plans and the Commission's Strategic Plan.

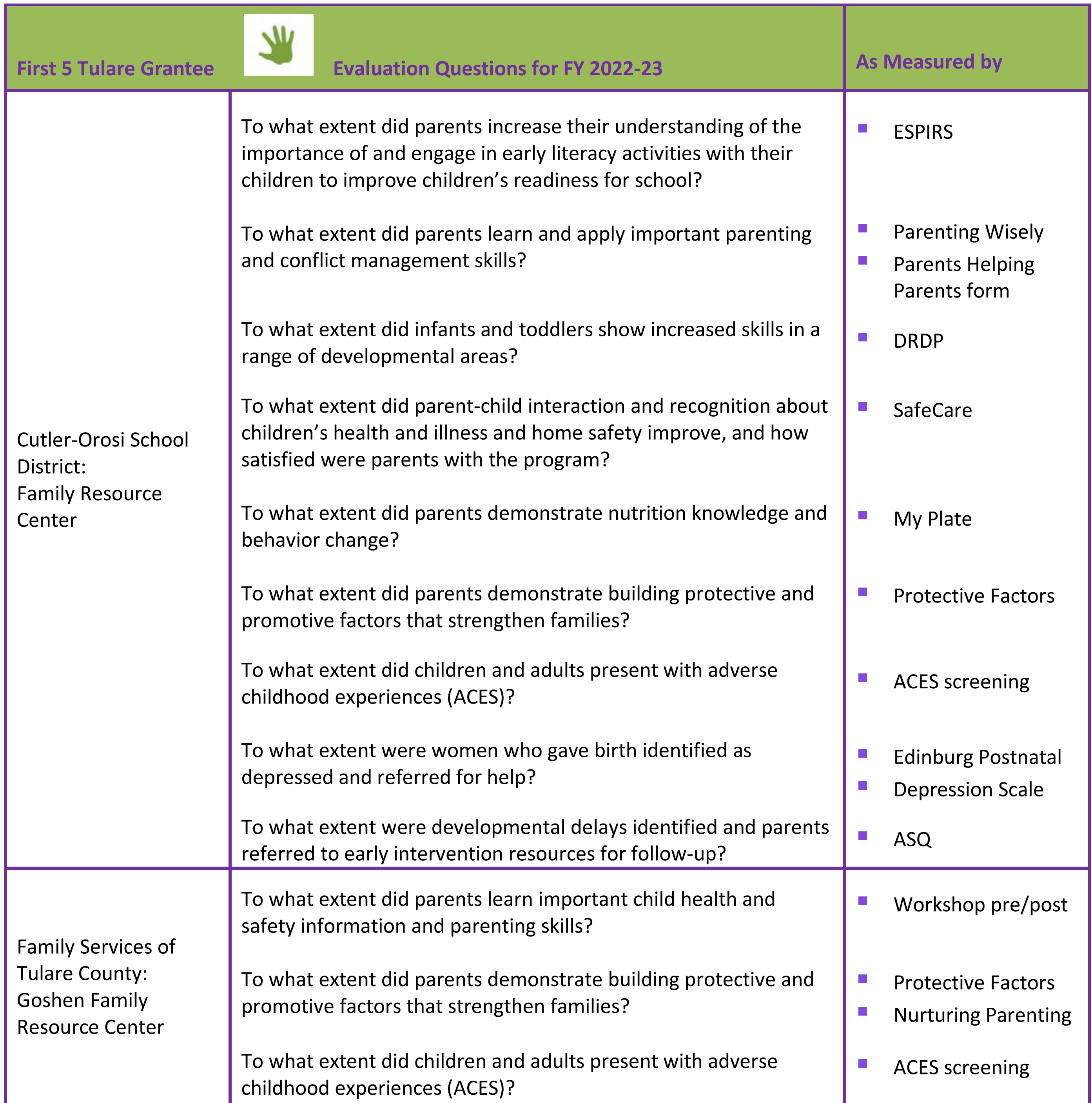
Evaluation Design and Data Methods

The grantees and First 5 staff initially developed project Evaluation Plans and selected the data collection instruments. BAA reviewed and where needed refined the Plans (which are driven by each project's Scope of

Work) and made suggestions or changes concerning data collection methods and tools.

We annually evaluate each project independently as requested by staff. Each funded program collects data to assess program outcomes and to understand how services can be improved. Program-level surveys, assessments, and reports that were evaluated for this report are described in each grantee's section.

This evaluation report answers the following questions generated by BAA to address grantees' unique project objectives and strategies:



First 5 Tulare Grantee	Evaluation Questions for FY 2022-23	As Measured by
Cutler-Orosi School District: Family Resource Center	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?	▪ ESPIRS
	To what extent did parents learn and apply important parenting and conflict management skills?	▪ Parenting Wisely ▪ Parents Helping Parents form
	To what extent did infants and toddlers show increased skills in a range of developmental areas?	▪ DRDP
	To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?	▪ SafeCare
	To what extent did parents demonstrate nutrition knowledge and behavior change?	▪ My Plate
	To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ Protective Factors
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES screening
	To what extent were women who gave birth identified as depressed and referred for help?	▪ Edinburg Postnatal ▪ Depression Scale
	To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQ
Family Services of Tulare County: Goshen Family Resource Center	To what extent did parents learn important child health and safety information and parenting skills?	▪ Workshop pre/post
	To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ Protective Factors ▪ Nurturing Parenting
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES screening

First 5 Tulare Grantee	Evaluation Questions for FY 20212-23	As Measured by
Parenting Network, Inc.: Visalia, Porterville and Dinuba Family Resource Centers	To what extent did parents demonstrate building protective and promotive factors and nurturing parenting characteristics that strengthen families?	▪ Protective Factors ▪ Nurturing Parenting
	To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?	▪ SafeCare
	To what extent did parents and fathers in particular, demonstrate having or building protective and promotive factors that strengthen families?	▪ On My Shoulders ▪ 24/7 Dad
	To what extent did parents going through divorce/separation learn usable skills to manage stress and lessen the negative effect it can have on their children?	▪ Children In-Between
	To what extent did parents learn and apply important parenting and conflict management skills?	▪ Parenting Wisely
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES screening
Family Services of Tulare County: Early Mental Health	How often did parents report problem behaviors in their children and with what impact?	▪ Eyberg
	To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQ ▪ Developmental Milestones and Competency Rating
	To what extent were women who gave birth identified as depressed and referred for help?	▪ Edinburg Postnatal Depression Scale
Family Services of Tulare County: Addressing Child Trauma (A.C.T.)	Why did parents participate in supervised visitation and how satisfied were they with the experience?	▪ Supervised Visits Satisfaction Survey
	To what extent did parents going through divorce or separating demonstrate increased parenting skills, and how did they rate their relationship with the child's other parent?	▪ Two Families Now

First 5 Tulare Grantee	Evaluation Questions for FY 2022-23	As Measured by
Visalia City School District: Building Futures	To what extent did parents learn important child development information, and what were the breastfeeding intentions of pregnant women?	▪ Growing Great Kids
	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?	▪ ESPIRS (modified)
	To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQs
	In which areas did parents/ caregivers present with skills and strengths and have needs for support, information and referrals to resources?	▪ FANS
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES
Lindsay Family Resource Center	To what extent were women who gave birth identified as depressed and referred for help?	▪ Edinburg Postnatal Depression Scale
	To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQ
	To what extent did parents increase their knowledge about child development and gain parenting skills?	▪ Abriendo Puertas
	What areas of parenting need and concern regarding child development were highest?	▪ Healthy Families Parenting Inventory (HFPI)
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES
Save the Children Federation	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?	▪ ESPIRS (modified)
	To what extent were developmental delays identified and parents referred to early intervention resources?	▪ PPVT-4 or PLS-5 ▪ ASQ
	To what extent did parents improve interactions with their 0-3-year-old children?	▪ PICCOLO

First 5 Tulare Grantee	Evaluation Questions for FY 2022-23	As Measured by
Tulare City Schools: Preschool Program	To what extent did preschoolers show increased skills in a range of developmental areas?	▪ DRDP
Traver Elementary School District: School Readiness	To what extent did children show increased skills in a range of developmental areas?	▪ DRDP
United Way 2-1-1	What were callers' main needs for assistance and to what extent were they helped?	▪ Client Follow-Up Calls for Assistance
Woodlake Family Resource Center	To what extent did parents demonstrate building protective and promotive factors that strengthen families? To what extent did children present with adverse childhood experiences (ACES)? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program? To what extent did women at postpartum or perinatal exhibit signs of depression?	▪ Protective Factors ▪ ACES screening ▪ ASQs ▪ SafeCare ▪ Edinburg Postnatal Depression Scale
Family Healthcare Network	To what extent were oral health outcomes achieved for pregnant women and children?	▪ Oral Health project data
Sierra View Medical Center	To what extent did new mothers initiate and exclusively breastfeed during their stay at the hospital and continue any or exclusive breastfeeding?	▪ Breastfeeding follow-up form
Altura Centers for Health: Oral Health and Breastfeeding	To what extent were oral health outcomes achieved for children? To what extent did new mothers initiate and maintain exclusive breastfeeding?	▪ CA Oral Health Assessment Form ▪ Breastfeeding follow-up form

Data Analysis

BAA received raw data from 17 grantees in hard copy or e-files and expanded evaluation this year to include 31 different surveys, questionnaires and other assessment tools, several of which were newly implemented, and some which we developed or modified for the grantees. The data were sent to us in 3 batches to allow data entry and monitoring of data quality on a continuous basis.

The data were cleaned, coded and entered into Microsoft Excel spreadsheets using standard data security measures. Data analysis and statistical testing was performed using IBM SPSS Version 29.0. Matched samples were used for pre- and posttests when the sample sizes were large enough to not lose substantial amounts of data. The significance level for statistical tests was set at $p < .05$.

We contacted grantees when there were questions about completed data forms or forms were incomplete, inaccurate or did not contain client or other needed identification, and all of the grantee staff was helpful and responsive to requests for clarification or follow-up.

The Evaluation Team

The evaluation team consisted of Barbara M. Aved, RN, PhD, MBA; Elita L. Burmas, MA; Beth Shipley, MPH, and Taline Kuyumjian, MBA. Jared Funakoshi, BS, provided research assistance and data entry, and Sarah E. Beck, MD, analyzed and reviewed sections of the child health evaluation.

FINDINGS AND PROJECT-SPECIFIC RECOMMENDATIONS

I. ACES Highlight

The Importance of ACES

Landmark research has identified the link between adverse childhood experiences (potentially traumatic connected events that occur before a child reaches 18) and negative health and behavior outcomes. These "ACES" include increased likelihood of risky behaviors, chronic disease, poor quality of life, and decreased life expectancy. Experiencing child abuse, having a family member with mental illness, having a family member struggle with substance abuse, having an incarcerated family member, and being exposed to violence in one's home are examples of ACES traumatic events. Prolonged exposure to trauma such as abuse or neglect, as well as poverty, racism, and community violence can also create toxic stress. According to the studies, individuals who experience 4 or more ACEs are at a tipping point of substantially greater risk than individuals experiencing 3 or fewer ACEs.

According to an analysis of 2016-2019 data from the National Survey of Children's Health and the American Community Survey (January 2021), reported in Kidsdata.org.,[1] 30% of Tulare County children age 0-17 had 1 ACE, and 18.4% had 2 or more. The most recent data on ACES screening by primary care providers using the Medi-Cal claims they submitted, show about 5% (vs. 4.0% statewide) of the Tulare County beneficiaries age 0-20 had an ACE score of 4 or higher; the proportion for adults with Medi-Cal age 21-64 was about 10% (vs. 14.4% statewide).[2]

Because of the importance of ACES, and with the benefit of current First 5-specific data, this special section has been added to our regular annual evaluation reports to build the ACES profile of Tulare County children and their parents served by First 5 programs. The aim is to highlight the type and extent of the adverse life events so therapists, case managers, home visitors, program planners, advocates and others can more explicitly address these issues.

Overview of the Screening Tool

The ACES screening tool is available in English and Spanish. Clients themselves complete it. Sample questions from the 10 items in the adult-oriented ACES tool include: *Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?* The child tool has 2 parts. A sample question for parents/caregivers to answer in Part 1 is: *Has your child ever lived with a parent/caregiver who went to jail/prison?* In Part 2, *Has your child ever had problems with housing, such as experiencing homelessness?* Administrators of the screening can choose to use the "protected" or de-identified version of the tool where they can only see the client's *total* score, i.e., the total number of "yes" answers to the questions, or the "identified version" where seeing "yes" answers to each of the tool's *individual* questions allows the therapist or provider to take action on that item, as appropriate. People have different levels of resilience

[1] https://www.kidsdata.org/topic/1927/aces-nsch-county/Pie#fmt=2449&loc=359&tf=139&ch=1256,1454,1456&pdist=172
[2] https://www.acesaware.org/wp-content/uploads/2022/03/May-2023-Data-Report.pdf

and support systems, and respondents are reminded that that experiences in childhood are just one part of a person's life story and "there are many ways to heal throughout one's life."

Current First 5 Tulare County Experience

Along with other early childhood advocates and the pediatric community, First 5 Commissions have begun to build awareness and share information and knowledge about best practices to improve grantees' ability to integrate "trauma informed care" into their work. A major step is to screen all children annually and adults at least once in adulthood, for the presence of ACES to assess risk of toxic stress. Screening results can be used to manage ACES risk, provide targeted interventions and create and sustain safe, stable, nurturing relationships and environments for children and families. First 5 Tulare through its Home Visiting Coordination program, offered two trauma-informed care/ACES workshops for over 60-65 home visitors and supervisors from multiple local organizations in 2022-2023.

During the program year, 8 (up from 5 last year) First 5 Tulare grantees implemented ACES screening, all of them screening parent/caregiver clients about their childhood experiences and 3 of them also asking the adults about the ACES experiences of their children. All but one of the FRCs used the identified version of the screening forms so that the individual events (vs. the total number) were visible to staff.

Adults

Among the 436 parents/caregivers who were screened for ACES, 26.5% (last year 21.4%)—slightly higher than the county-level data cited above—reported experiencing 4 or more ACES during their childhood—considered as high risk for toxic stress physiology (Table 1). About 41.0% of them reported having experienced no ACES when they were children, however. The scoring interpretation is to the right of the table. (Note: we do not have information about associated health conditions.)

Table 1. Number of ACES Experienced by Adults (First 5 Parents/Caregivers) (n=436)

Number of ACES	Percent
0	40.8%
1	16.7%
2	9.2%
3	6.9%
4	7.6%
5	4.6%
6	5.5%
7	3.2%
8	2.3%
9	2.8%
10	0.5%

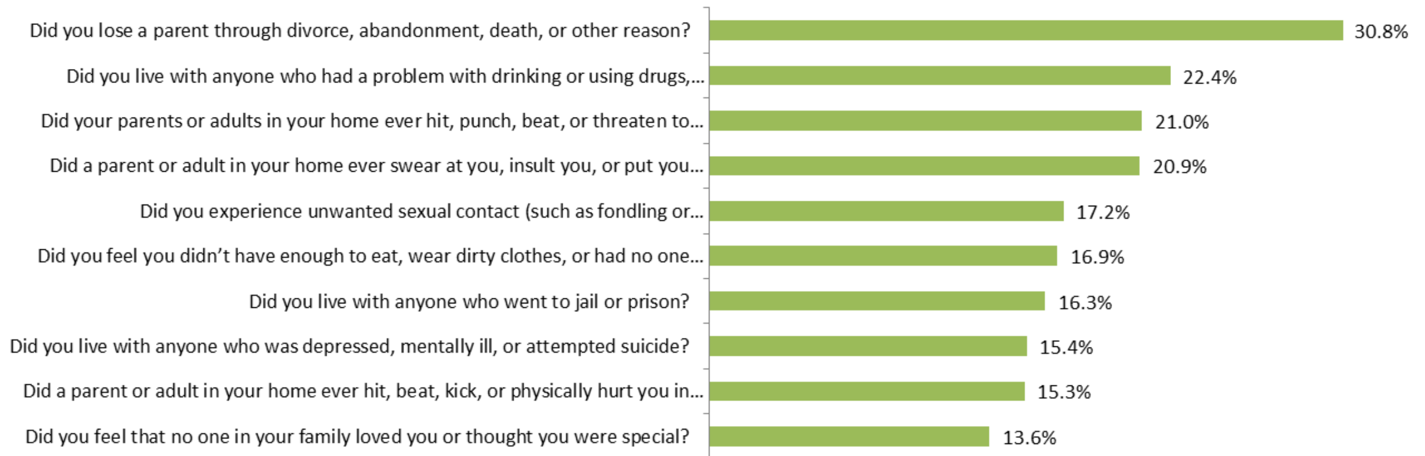
Score of 0-3 without associated health condition = Low risk

Score of 1-3 with associated health condition = Intermediate risk

Score of 4+ with or without associated health condition = High risk (26.5%)

As Figure 1 on the next page shows, the most common ACES category experienced by the clients—and this will be apparent later in the report of the grantees' individual findings—was loss of a parent through divorce, abandonment, death and other reasons (30.8%), followed by having lived with someone with substance abuse problems, including alcohol and prescription drug abuse (22.4%). Although unwanted sexual contact ranked as the 5th (of 10) most common ACE this year, the proportion of clients with that experience, 17.2%, was relatively close to the proportion last year, 15.2%, though last year it ranked near the bottom.

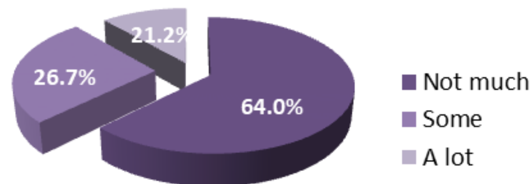
Figure 1. Percent of Parents/Caregivers Who Experienced Each Type of ACES Life Event (n=354[1])[*]



[*]Clients were instucted to read the questions and "Check each ACE category you experienced prior to your 18th birthday."
[1]Note: Does not include the FRC that uses the de-identified version of the ACES tool.

The ACES tool also asks respondents whether they believe these experiences affected their health. According to this year's First 5 clients, close to two-thirds, 64.0% (68.5% last year), thought the impact was minimal ("not much"); 26.7% (20.9% last year) believed there was "some" affect; and double the proportion of last year 21.2% considered the experiences to have greatly ("a lot") affected their health (Figure 2). The proportion of clients reporting "a lot" of impact among the 8 sites ranged from 5.3% (at Parenting Network, Dinuba FRC) to 18.8% (at Visalia Unified School District) (data not shown).

Figure 2. Extent to Which Parents/Caregivers Believed the ACES they Experienced Affected their Health (n=436)



Children

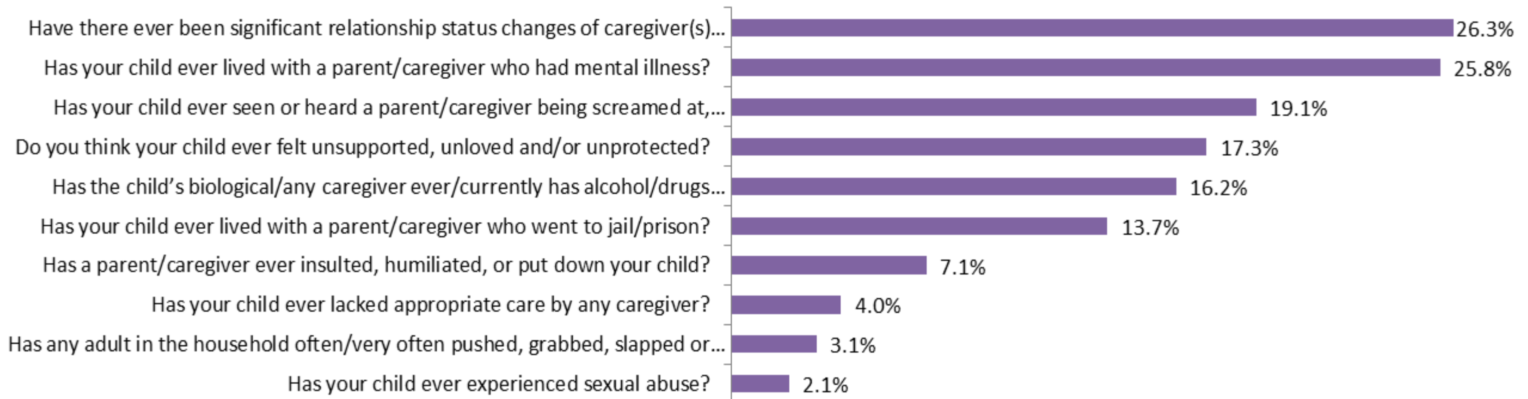
A total of 160 parents/caregivers provided ACES screening information about their children. Fifty-four percent (66.2% last year) of them reported their children having no ACES experiences , with 12.5% of them (6.0% last year) reporting children experiencing 4 or more ACES (considered as high risk for toxic stress physiolgoy). Since we do not have information about any associated health conditions of the children it is not possible to score the risk status of the one-third (34.4 %) of them reported to have 1-3 ACES (Table 2 on the next page).

There are 2 parts to the pediatric ACES screening tool. For the life events asked about in Part 1, the most commonly reported ACES was a significant change in the relationship status of the child's caregiver(s) such as divorce, separation or a romantic partner moving in or out, reported by 26.3% (27.9% lst year) of parents. This was followed closely, 25.8%, by a child ever living with a parent/caregiver who had mental illness (Figure 3 below). It is distressing to note that last year, the experience "living with….who had mental illness"was ranked 6th (among 10 ACES), for only 9.8% of the children.

Table 2. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=160)

Number of ACES	Percent	
0	54.4%	Score of 0 = Low risk
1	20.6%	Score of 1-3 without associated health condition = intermediate risk; Score of 1-3 with assoicated health condition = High risk
2	7.5%	
3	6.3%	
4	5.0%	Score of 4+ with or without health condition = High risk (12.5%)
5	0.7%	
6	3.8%	
7	1.9%	
8	0.7%	
9	0.7%	
10	0.0%	

Figure 3. Percent of Children who Experienced Each Type of ACES Life Event – Part 1 (n=76[1])[*]



[*]Parents were asked, "At any point in time since your child was born,have they seen or been present when the following experiences happened?"
[1]Note: Does not include the FRC that uses the de-identified version of the ACES tool.

Of the type of life events Part 2 asks about, child stress related to not having enough food and housing-related concerns (homelessness, moving multiple times in a short period, etc.)—consistent with findings from our previous First 5 Parent Surveys—were the most commonly reported concerns—by 19.2% and 18.7% of parents, respectively (data not shown).

II. FY 2022-23 GRANTS

"I'm so grateful to you guys; you are my saviors. I'm so used to people not really caring about us, but you guys actually do." – Program recipient

RESULT AREAS Part 1:

Family Functioning
Child Development
Systems of Care

CUTLER OROSI SCHOOL DISTRICT
Family Resource Center

"As the child participated in sessions, the mother learned strategies she could implement." – Program staff

Project Purpose and Evaluation Design

The project offered a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through the following 9 tools.

Primary Objective	Measured by
School readiness by showing increased skills in a range of developmental areas	The *DRDP-Revised* (Desired Results Developmental Profile), designed by the California Department of Education, was administered by teachers within 60 calendar days of the child's first day of enrollment in the program (fall = pre) and every six months thereafter (spring = post).
Parent understanding of importance and engagement in early literacy activities	Parents completed the *CA-ESPIRS* Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated on a pre/post basis. Parents completed a satisfaction survey at the end of each module.

Parent learning about and how to apply conflict management skills	*Parents Helping Parents SEA* parenting and skill development addressed appropriate methods of discipline and other positive parenting behaviors, and the interactive *Parenting Wisely* program focused on conflict management and improving parental communication; the two evidence- and skills-based parent education programs used these questionnaires to determine respondents' improvement.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to a 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.
Nutrition knowledge gain and positive behavior change	The *My Plate* nutrition program included four 1-hour sessions focused on healthy eating, smart grocery shopping, tips on meals and budgeting. A pre/post tool measured knowledge and behavior change.
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3*, designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen for how women were coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of young children who are read to often.*
- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Using a standard assessment tool, case managers are able to identify and refer children for developmental delays. One such family was linked to Central Valley Regional Services and the school district's Growing Stronger Learners Program for additional support—with remarkable results in the child's language development. Existing partnerships and collaborations within and outside the community contributed to the success of this family. For example, the in-home sessions provided through Bright Start also made an impact with the child's communication skills and the parent's ability to support her child's learning. As a result, the mother was motivated to participate in several of the FRC's parenting programs (e.g., Safe Care) and has learned additional ways to support her son.

To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?

A summary of the *ESPIRS* post-survey shows parents had more books at home and read and told stories to their children more frequently following the program, and engaged in positive parenting TV viewing behaviors (Table 1).

Table 1. Home Life Impact after Program Participation

Parent Literacy Experiences	Change
Number of books in the home	↑
Reading to child	↑
Telling stories to child	↑
TV viewing behaviors	↑

↑ = positive behaviors, ↓ = negative behaviors, ↔ = neutral behaviors

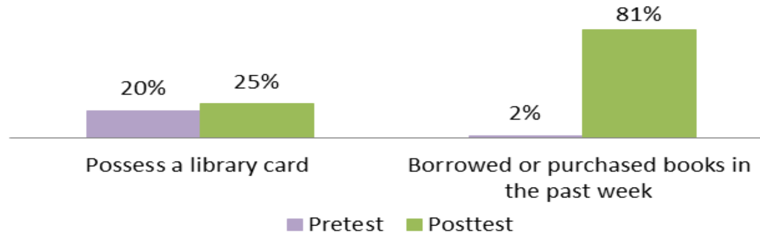
Table 2 shows the details of the early literacy program improvements. About 30% of the parents reported having 11 or more books at home on the pretest but on the posttest, more than three-quarters (78.3%) reported having this many or more books—a statistically significant change. Looking at how often parents read books to their children and told stories to their children, statistically significant posttest changes were also found with 80% responding that they were reading books or telling stories to their children 3 times a week to every day.

Table 2. Parents' Experience with Books/Reading to Children, Matched Sample (n=60)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	10.0	1.7
3 - 10 books	60.0	18.3
11 - 25 books	20.0	53.3
26 - 50 books	6.7	16.7
51 + books	3.3	8.3
About how often do you read books or stories to your children?		
Never	5.0	1.7
Several times a year	5.0	3.3
Several times a month	8.3	3.3
Once a week	26.7	11.7
About 3 times a week	33.3	36.7
Every day	21.7	43.3
How often do you tell your children a story (e.g., folk and family history)?		
Never	13.3	1.7
Several times a year	6.7	3.3
Several times a month	6.7	5.0
Once a week	28.3	5.0
About 3 times a week	20.0	36.7
Every day	25.0	48.3

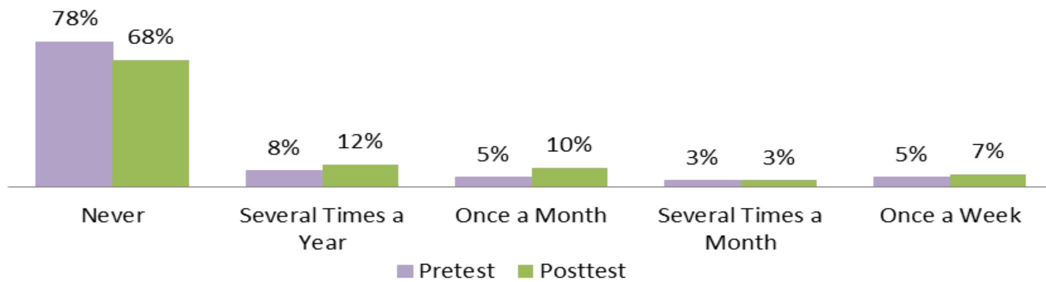
In terms of library experience, while there was no statistically significant change in the percentage who said they possessed a library card before and after the program (Figure 1), there *was* a statistically significant increase percentage of parents who reported checking out a library book or purchasing a book in the past week with over 80% doing so on the posttest.

Figure 1. Current Library Experience, Matched Sample (n=59)



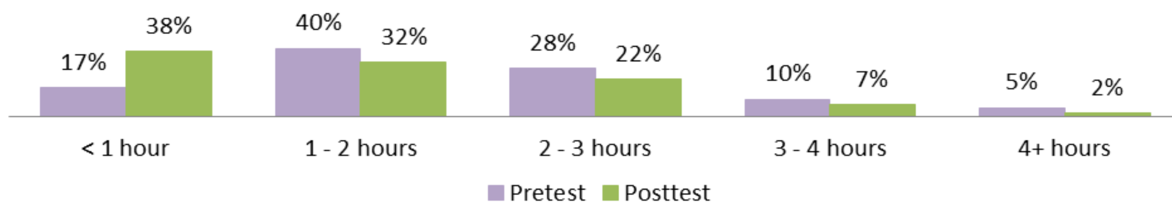
As Figure 2 shows, about 8% of the parents at the pretest reported they went to the library several times a year or more; while the situation improved to 18% saying they now visited the library with this frequency, the change was too small to be significant. The difference in the proportion of parents reporting at the posttest that they never went to the library was positive, but not statistically significant.

Figure 2. Frequency of Going to the Library, Matched Sample (n=60)



Television-watching habits, in addition to reading and visiting the library, are of interest as this can have a negative effect on early literacy goals. In the case of this year's parents, there was a slight positive change (see Figure 3) with fewer of them reporting more than 2 hours of TV watching on the posttest than on the pretest. A repeated measures analysis of variance showed that these changes were statistically significant.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=60)



Looking at the pretest results, it appears that parents already engaged in positive parental behavior related to TV viewing. After participating in the program, though, more parents reported changes about TV viewing experiences, and these were statistically significant. On the posttest, almost 88% of the parents said that they *always* selected the TV program for their children, and close to 72% of the parents reported that they

always watched the TV program with their children and *always* asked their children questions about the TV program their children watched (Table 3).

Table 3. Family TV-Watching Experience, Matched Sample (n=63)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	3.4%	17.2%	79.3%	0%	12.1%	87.9%
When your children watch TV, do you watch the TV programs with your children?	1.8%	49.1%	49.1%	0%	28.1%	71.9%
When your children watch TV, do you ask your children questions about the TV program?	10.5%	35.1%	54.4%	1.8%	26.3%	71.9%

Respondents wrote down television shows their children were watching on the pretest and posttest. A quick review of what parents said on the pretest indicated that their children were watching a variety of programming for children such as “Coco Melon,” Disney movies, “Paw Patrol," “Peppa Pig,” and "Masha and the Bear." At the posttest, respondents continue to list these types of programs including cartoons such as “Spiderman.”

To what extent did parents learn and apply important parenting and conflict management skills?

With the *Parenting Wisely* tool, participants were asked a number of parenting-related questions that had correct or incorrect answers. Table 4 displays the percentage of them answering correctly. Statistical testing showed significant improvement in overall test performance from pretest to posttest, with an average score of about 49% correct initially (the range of scores was 20% to 74%) and about 86% correct on the posttest (the range of scores was 76% to 94%).

Using 80% correct as a benchmark for total test performance, none of the parents scored over 80% on the pretest but on the posttest, all but 1 of them scored over 80% correct. An item analysis showed that less than 80% of the parents answered Questions 3, 7, 10, 16, 19, 22, and 25 correctly on the posttest.

Table 4. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=28)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	36%	93%	158.3%*
2. What is the best reason to use "Active Listening"?	36%	93%	158.3%*
3. In disciplining a child, what should be included along with punishment?	54%	71%	31.5%
4. What is the most important part of giving a chore?	61%	82%	34.4%
5. What is most important in "Assertive Discipline"?	36%	96%	166.7%*
6. What is most likely to happen if parents don’t follow through on punishment?	50%	100%	100.0%*
7. When might a family discussion of a problem NOT be a good idea?	46%	68%	47.8%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	57%	100%	75.4%*
9. What happens when parents are consistent in giving consequences?	43%	82%	90.7%*
10. What are the components of "Contingency Management"?	25%	79%	216.0%*
11. What happens if a parent monitors a child's schoolwork?	71%	96%	35.2%*

12. When you first find out your child is doing poorly at school, what should you do first?	68%	96%	41.2%*
13. What is the long term result of motivating children by yelling at them?	79%	93%	17.7%
14. What often happens when a parent forbids teens to see a particular friend?	82%	89%	8.5%
15. What happens when you compare siblings to each other?	79%	86%	8.9%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	43%	71%	65.1%*
17. The main reason parents yell at their children is?	54%	93%	72.2%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	71%	86%	21.1%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	50%	57%	14.0%
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	43%	89%	106.9%*
21. What is the purpose of an "I Statement"?	46%	82%	78.3%*
22. What are the main advantages of "Contracting" for adolescents?	29%	68%	134.5%*
23. Which of the following is an "I Statement"?	43%	82%	90.7%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	50%	82%	64.0%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	14%	64%	357.1%*
26. What is the advantage of having both parents involved with a child's homework problem?	21%	93%	342.9%*
27. What happens when parents give punishments that are severe?	32%	93%	190.6%*
28. Close supervision of our children when they spend time with friends has which advantage?	21%	82%	290.5%*
29. What are the main elements of "Contracting"?	14%	86%	514.3%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	32%	93%	190.6%*
31. If we need to correct our child when he with friends, what should we do?	79%	100%	26.6%*
32. To help our children know which behavior to change, it is important for us to be...	46%	96%	108.7%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	71%	100%	40.8%*
34. When we talk about the positive motive behind someone's behavior the effect is?	81%	93%	14.8%
Overall Percentage Correct	**49%**	**86%**	**75.5%***

*$p < .05$.

Parents who completed the *Parents Helping Parents SEA* parenting program used a 5-point scale and rated how often they engaged in 29 different parental practices. Table 5 contains items representing both *negative* and *positive* parenting practices. Only 4 parents turned in both a pretest and a posttest completely answering all of the posttest questions; among these parents, there was no statistically significant change in the frequency of engaging in either the negative or the positive behaviors (Table 5 on the next page).

Overall, the parents were already reporting that they "never" to "rarely" engaged in the negative behaviors (overall M = 1.4) and "often" to "always" engaged in the positive behaviors (overall M = 4.5) on the pretest. This left little room for improvement as many of the responses were already indicative of good parenting behavior. After participating in the program, parents continued to report that they "never" engaged in the negative behaviors (overall M = 1.2) and "often" to "always" engaged in the positive behaviors (overall M = 4.6) on the posttest. Of all the items, parents did report the biggest change in how often they thanked their children (*less* often after the program). None of these changes were statistically significant.

Table 5. Parents' Report of Positive and Negative Parenting Behaviors, Matched Sample *SEA Survey* (n=4)

Survey Questions	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
"Negative" Behavior Questions					
Do I believe in spanking children for their misbehavior?	1.5	1.0	1.5	.6	No Change
Do I yell and scream in order for them to obey me?	1.5	.6	1.5	.6	No Change
Do I argue and fight often with my partner in front of the children?	1.3	.5	1.0	.0	-23.1%
When I get angry do I use bad words or insults?	1.8	1.0	1.0	.0	-44.4%
Do I blame my partner and my children for my unhappiness?	1.0	.0	1.0	.0	No Change
Do I allow my children to be absent and be late for school?	1.3	.5	1.0	.0	-23.1%
Do your children see you or your partner taking drugs or drunk?	1.0	.0	1.0	.0	No Change
Do your children see adult movies?	1.0	.0	1.0	.0	No Change
Do the children curse and call you names?	1.3	.5	1.0	.0	-23.1%
Do the children curse at each other?	2.5	1.9	1.5	1.0	-40.0%
Overall Mean for Negative Behavior Questions	**1.4**	**.4**	**1.2**	**.2**	**-14.3%**
"Positive" Behavior Questions					
Do I know where my children are after school and on weekends?	5.0	.0	5.0	.0	No Change
Do I know who my children's friends are?	4.8	.5	5.0	.0	4.5%
When I promise my children something do I follow through?	4.5	.6	4.8	.5	6.7%
How often do we eat together as a family?	4.0	.8	4.0	.8	No Change
How often do I converse with my children?	4.5	.6	4.5	1.0	No Change
How often do I praise my children?	5.0	.0	5.0	.0	No Change
How often do we do things together as a family?	4.3	.5	4.0	.8	-7.0%
Do I volunteer at my children's school?	4.8	.5	4.8	.5	No Change
Do I check my children's homework?	5.0	.0	4.8	.5	-4.0%
Do I talk with the teachers about how my children are doing in school?	4.3	.5	4.5	.6	4.7%
Do you talk to your children about the dangers of drugs and gangs?	5.0	.0	5.0	.0	No Change
Do you talk to your children about sexuality and how to protect themselves?	4.3	.6	4.7	.6	9.3%
Do I thank my children often?	5.0	.0	4.3	1.0	-14.0%
Do the children participate in making the family rules?	4.0	.0	4.3	.5	7.5%
Overall Mean for Positive Behavior Questions	**4.5**	**.1**	**4.6**	**.2**	**2.2%**

Note. Item mean scores reflect the following response choices: 1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often,* 5 = *Always.*
$^{*}p < .05$.

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

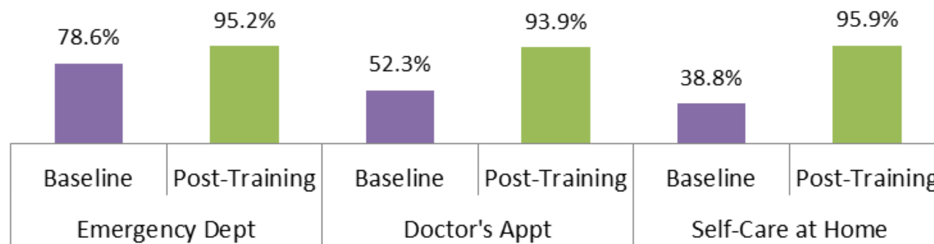
This year, 17 parents participated in the Home Accident Prevention (Safety) module of the *SafeCare program,* a home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training and providing safety latches to the families. As Table 6 shows, an average of 29.8 hazards per family were observed during the initial assessment but dropped to an average of 3.0 at the end of the module, a 90.0% reduction.

Table 6. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=17)

	Baseline		Post-Training
Total number of hazards	507		51
Average number of hazards per client	29.8		3.0
Mean percent reduction		90.0%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. The parents had the most trouble initially with the scenario of trying to determine whether self-care at home was the best option. After successfully completing this module, nearly all of the parents were able at the post-assessment to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child (Figure 4).

Figure 4. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=22)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. From the graphs in Figures 5 and 6 it is clear parents' ability to consistently demonstrate desired interactions with their children was significantly improved after completion of the training—from 13.6% to 84.2% for the parents of infants, and from 20.0% to 59.6% for parents of the older children.

Figure 5. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=15)

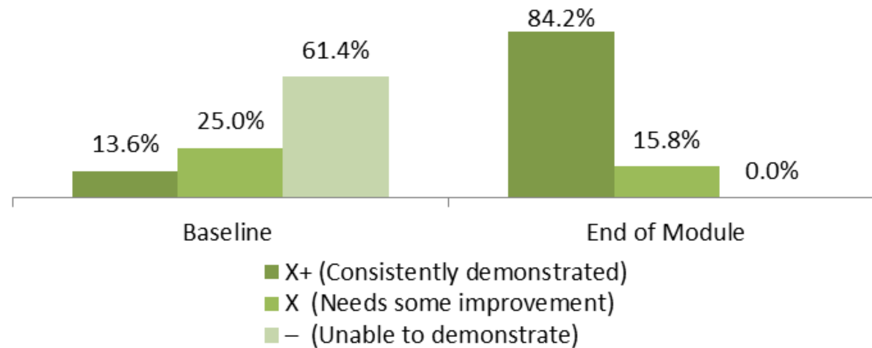
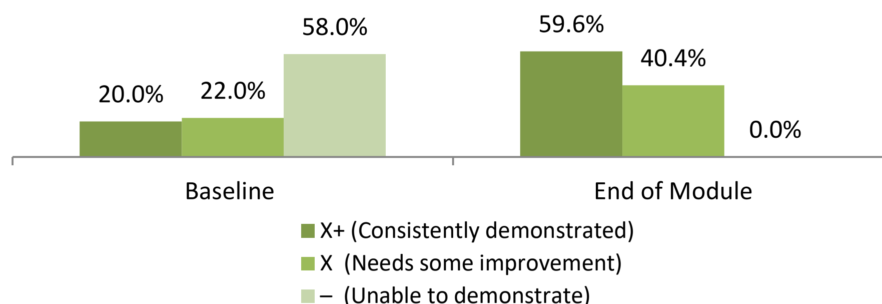


Figure 6. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=5)



In order to gauge participants' satisfaction with the SafeCare training, parents were asked to provide their opinions. Each of the 4 surveys focused on a specific training module the parents had completed. Parents were asked to rate their level of agreement with various statements using a 5-point scale.

Overall, parents and caregivers indicated great satisfaction with all 4 SafeCare training modules. They were in strong agreement when asked if they had learned new skills and information from the training and in strong disagreement with the statements that the Home Visitor was negative and critical or that the training did not give them new or useful information. One parent in the Parent-Child Interactions training did not find any aspect of this training module satisfactory and indicated "strong disagreement" with statements about learning useful skills and obtaining new information.*

Table 7. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 24)	Home Safety (*N* = 21)	Parent Child Interactions (*N* = 4)	Parent Infant Interactions (*N* = 15)
Mean	*Mean*	*Mean*	*Mean*
1.10	1.01	2.00*	1.04

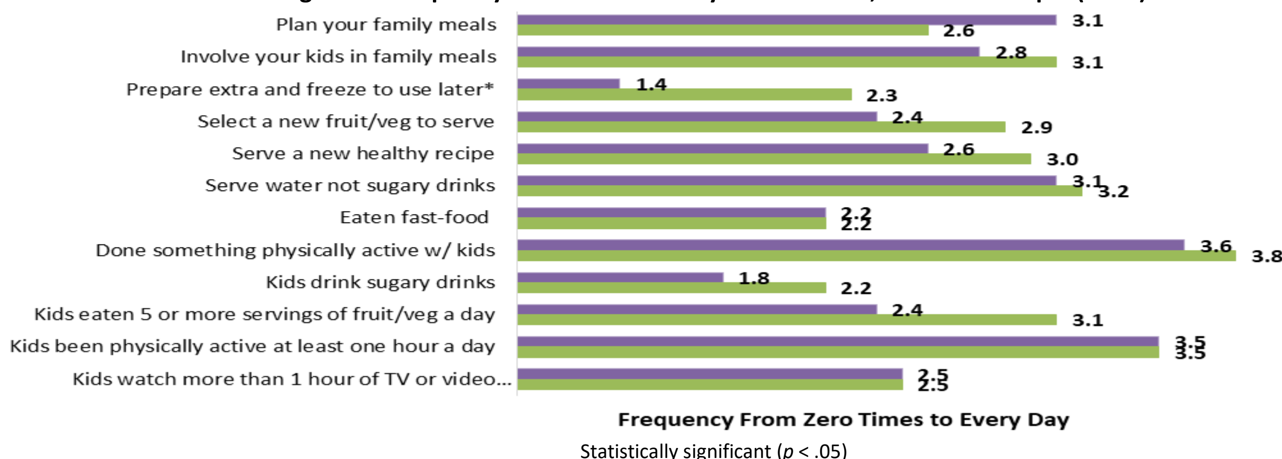
Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

To what extent did parents demonstrate nutrition knowledge and healthy behavior change?

Thirteen of the parents who participated in the *My Plate* nutrition classes completed both a pre- and a post survey. What the participants chose to buy and serve their families and the factors they considered when doing so were very similar before and after completing the sessions. Nearly all of the responses were "positive," e.g., the participants gave thought to looking for healthier selections, choosing new and different vegetables from time to time, and making a weekly menu. More "neutral" responses included using what was on hand, buying what was on sale, asking family members what they wanted to eat, and the parent making all of the choices.

The parents were also asked how often they engaged in various health-related behaviors in the past week: from "zero" to "every day" (coded from 1 to 4 in order to obtain pre/post means.) Generally, parents appeared to report more positive healthy behaviors and less negative behaviors after taking the classes. Of the 12 different behaviors evaluated, only one of them—"prepare extra and freeze to use later"—was statistically significant as noted by the asterisk in Figure 7.

Figure 7. Frequency of Parent's Activity in Past Week, Matched Sample (n=13)

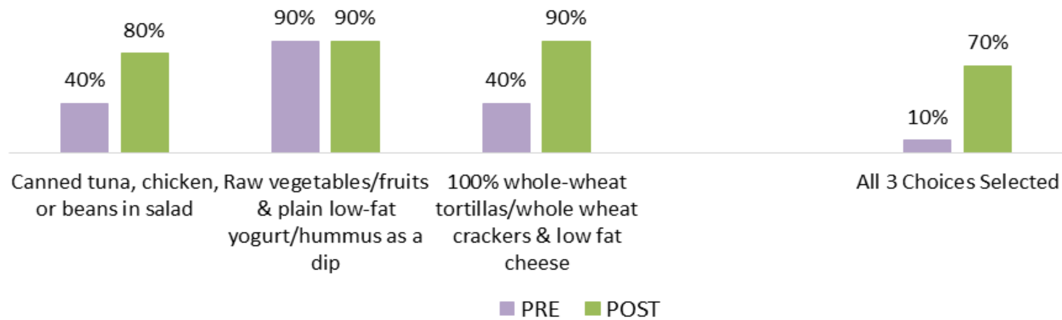


Statistically significant ($p < .05$)

* With only 4 participants for Parent-Child, having just 1 of them answer completely opposite of the other 3 parents (maybe they misread the scale descriptors?) resulted in an overall mean of 2.0 (instead of 1.0).

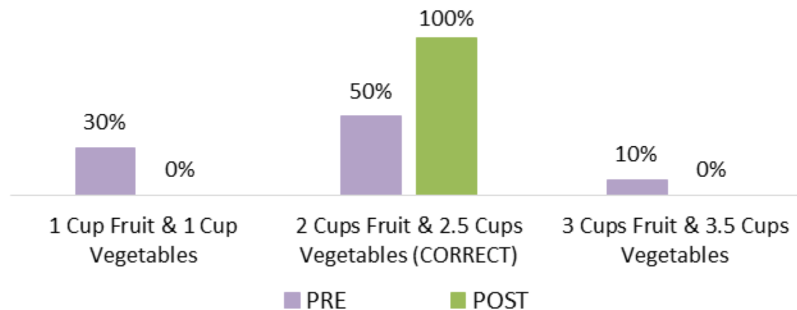
The survey listed certain food items and asked which of the choices were healthy. A very large percentage of the parents (90%) recognized that raw vegetables and fruits with plain low-fat yogurt and hummus as a dip was a healthy food choice both before and after taking the classes. Since all 3 food items shown in Figure 8 were in fact healthy choices, parents should have correctly selected all 3 choices. On the pretest, only 10% of them selected all three; this percentage increased to 70% on the posttest. Repeated measures of analysis indicated that this increase was statistically significant.

Figure 8. Percentage of Parents Selecting Specific Healthy Food Choices, Matched Sample (n=10)



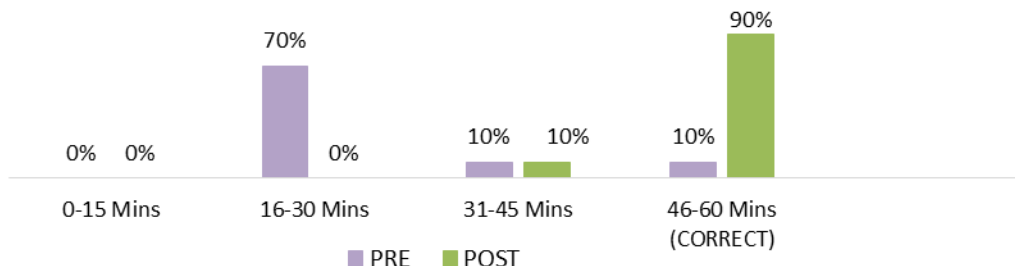
Parents were asked to select the correct recommended daily amount of fruit and vegetables. At the pretest, half of them selected the correct answer of 2 cups of fruit and 2.5 cups of vegetables as the recommended daily amounts. After the classes, all the parents correctly selected the recommended amount of fruit and vegetables. Repeated measures of analysis indicated that this change was statistically significant.

Figure 9. Parents Knowledge of Daily Recommended Amount of Fruit and Vegetables, Matched Sample (n=10)



To help children develop habits that will last a lifetime, an active, healthy lifestyle must start early in life. Parents were asked how many minutes of physical activity children 6 years old and older needed each day. The responses were recoded into 15-minute intervals. Before the classes, only 10% of the parents responded correctly that it was 46 to 60 minutes a day. On the posttest, there was a statistically significant increase in the number of correct answers to this question (Figure 10) with 90% of the parents answering correctly.

Figure 10. Parent's Knowledge of Recommended Daily Physical Activity for Children, Matched Sample (n=10)



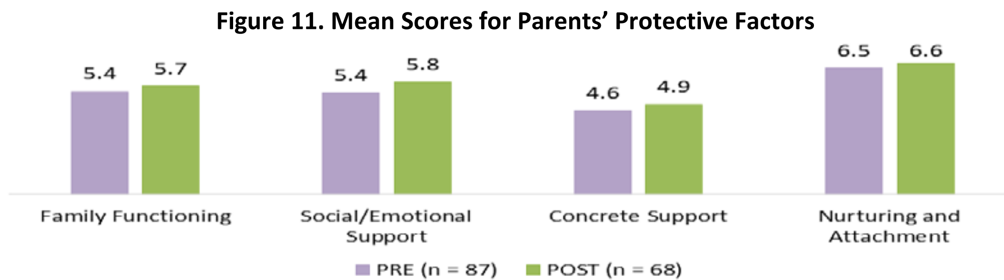
To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

Because the participants for the pre/post were not able to be matched (the FRC sends us summarized data in an e-file), the data are not able to speak to changes in the responses of the same individuals. However, there was a general trend with parents reporting an increase in protective factors from pre- to posttest on all of the subscales and all but one item: "*There are many times when I don't know what to do as a parent*" in the Knowledge of Parenting area, where there was no change in the group mean after participating in the program.

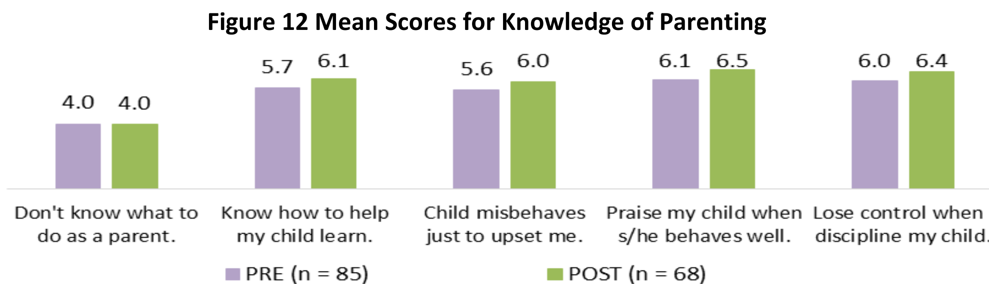
On the pretest for parents' protective factors, participants rated the items in the Nurturing and Attachment subscale (*M* = 6.5) the highest for protective factors and items in the Concrete Support subscale (*M* = 4.6) the lowest. Though the means are a little different, the posttest group also rated those same two subscales in a similar order (Figure 11).

Figure 11. Mean Scores for Parents' Protective Factors



For the 5 items in the Knowledge of Parenting area (Figure 12) both pretest and posttest parents rated "*I praise my child when he/she behaves well*" the highest and "*There are many times when I don't know what to do as a parent*" the lowest for protective factors.

Figure 12 Mean Scores for Knowledge of Parenting

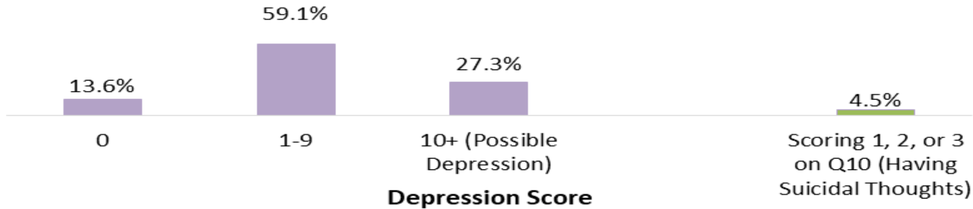


To what extent were women who gave birth identified as depressed and referred for help?

The *Edinburgh Postnatal Depression Scale* is frequently used as a screening tool to see how new mothers are coping with the life changes of pregnancy and childbirth. Their answers on this instrument are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

Of the 22 women evaluated by the project using this tool, almost 60% scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. Six of the women (27.3%) scored 10 or higher indicating that they were experiencing possible depression. On Question 10 which asked if the thought of harming oneself had occurred, one woman responded in a way that suggested *possible* suicidal thoughts had occurred and needed to be referred for immediate further assessment.

Figure 13. Edinburgh Postnatal Depression Scale (*n* = 22)



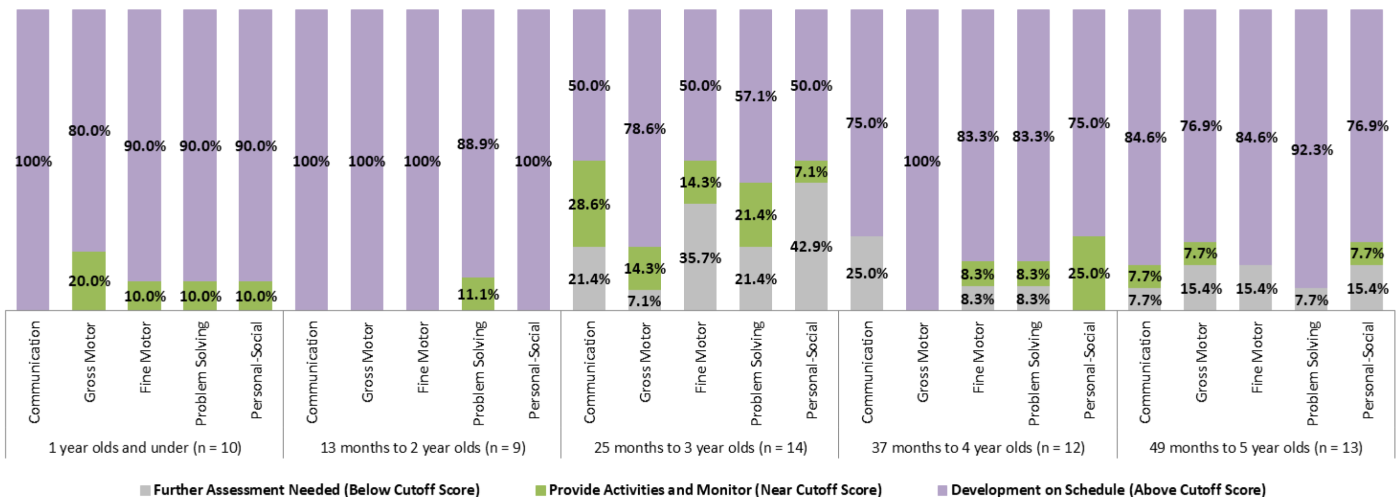
To what extent were developmental delays identified and a referred made for early intervention follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *ASQ* screening tools provide a means of assessing these concerns. A total of 58 children were assessed for their social and emotional development using the ASQ-3 questionnaire. Children who scored below the cutoff score (coded in gray in Figure 14) were to be referred to a professional for further assessment. Children in the midrange or near the cutoff score (coded in green) were to be monitored closer and provided with additional learning activities and monitoring. The children who scored above the cutoff scores (coded in purple) were considered to be developing on schedule and did not need further evaluation.

Most of the 58 children scored above the cutoff and were considered to be developing on schedule (from 75.9% of the children in the Personal Social domain to 86.2%% in the Gross Motor domain). Looking at the various domains, the Problem Solving (10.3%) and Personal Social domains (10.3%) had the largest number of children and the Fine Motor domain (6.9%) had the smallest number of children who needed closer monitoring. For those requiring further assessment by a professional, the largest number of children was seen in the Fine Motor (13.8%) and Personal Social domain (13.8%).

Looking at these children by age, as is typical the 25 months to 3-year-olds had children who scored below a cutoff score for every domain, the largest percentage in the Personal Social domain. There were also a few children in the 37 months to 4-year-olds who scored below the cutoff for the Communication domain (25%), the Fine Motor domain (8.3%), and the Problem Solving domain (8.3%).

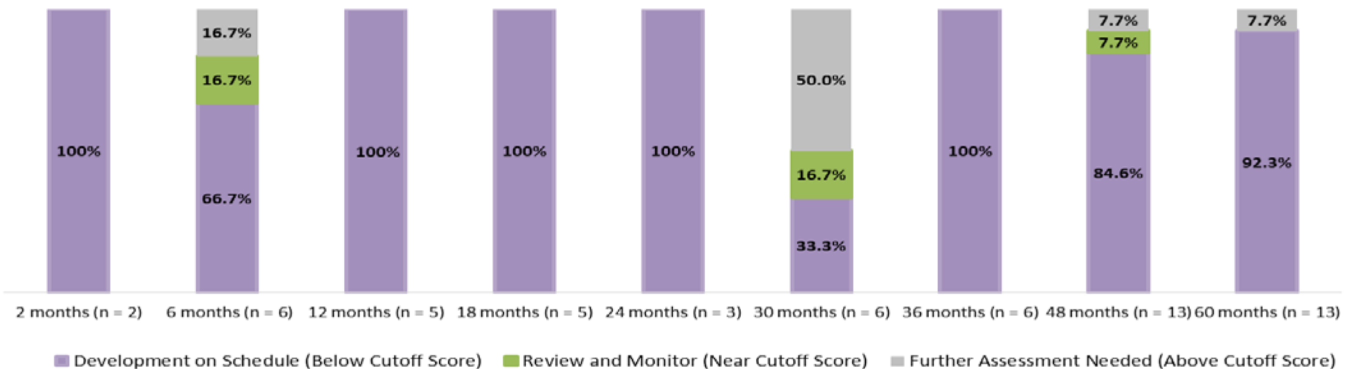
Figure 14. Percentage of Children Below, Near or Exceeding ASQ-3 Cutoff Score (n=58)



The children were also assessed for their social and emotional development with the ASQ SE 2 (Figure 15); 50 of them (84.7%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development. Six of them (10.2%), however, scored above the cutoff and warranted further professional assessment.

Looking at the children by age group, all in the 2, 12, 18, 24, and 36-months age groups scored below the cutoff and midrange and were considered to be developing on schedule. Contrary to that, 3 different age groups – 6 months (16.7%), 30 months (16.7%), and 48 months (7.7%) – had one child in each group who scored near the cutoff and needed further review and monitoring.

Figure 15. Percentage of Children Below, Near or Exceeding ASQ-SE 2 Cutoff Score (n=59)



To what extent did children and adults present with adverse childhood experiences (ACES)?

For the introduction of ACES, please see the information we presented in pages 10-13 of this evaluation report.

Children

There are 2 parts to the pediatric ACES screening tool. Cutler-Orosi FRC chose to use the de-identified version of the tool which means we only know the total number of ACES the parents reported for the items asked about, not which of those items was marked. Thus, in Tables 8 below and 9 on the next page we can see the majority of the children were reported to have no ACES experience, while 7.6% of them did have 4 or more ACES for the Part 1 items, and 6.3% had 4 or more ACES for the items in Part 2.

Table 8. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=79)

Number of ACES	Percent
0	55.7%
1	21.5%
2	7.6%
3	7.6%
4	2.5%
5	0.0%
6	2.5%
7	0.0%
8	1.3%
9	1.3%
10	0.0%

Table 9. Number of ACES (Part 2) Experienced by the Children of First 5 Parents/Caregivers (n=79)

Number of ACES	Percent
0	33.0%
1	22.7%
2	18.2%
3	9.1%
4	5.7%
5	5.7%
6	2.3%
7	1.1%
8	2.3%
9	0.0%
10	0.0%

Adults

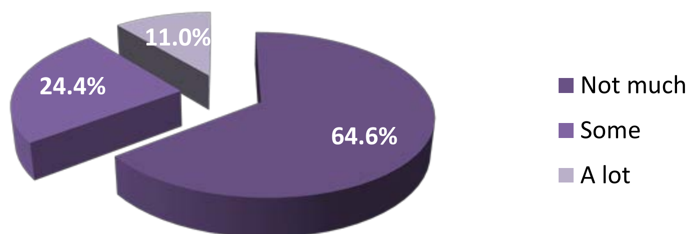
Table 10 hows that while one-third of the adults reported having no ACES experiences when they were children, 50% of them said they had 1 to 3 ACES, and 17% had experienced 4 or more ACES, which is considered as high risk for toxic stress physiology. (Note: we do not have information about associated health conditions.)

Table 10. Number of ACES Experienced by the First 5 Parents/Caregivers (n=82)

Number of ACES	Percent
0	41.5%
1	14.6%
2	9.8%
3	6.1%
4	11.0%
5	9.9%
6	1.2%
7	2.4%
8	1.2%
9	2.4%
10	0.0%

The ACES tool also asks adult respondents whether they believe these experiences affected their health. The group this year reported a slightly higher level of affect than the group did last year. According to this year's First 5 clients, 64.6% (74.4% last year) thought the impact was minimal ("not much"), 24.4% (17.1% last year) believed there was "some" affect, and 11.0% considered that the experience had greatly ("a lot") affected their health (Figure 16).

Figure 16. Extent to Which Parents/Caregivers Believed the ACES they Experienced Affected their Health (n=82)



To what extent did children show increased skills in a range of developmental areas?

Raters completed individual assessments of the children on 29 different developmental measures in 5 domain areas using the DRDP (2015) Infant/Toddler - Comprehensive View. The sample in Table 11 is unmatched in order to keep as much data as possible. Note that negative percentage changes indicate more children were given these ratings on the pre-assessment than on the post-assessment as would be expected. Thus, looking at "responding" ratings, the lowest category, a negative percentage change for these descriptors would be indicative of children improving from pre-assessment to post-assessment.

Although the percentages of "building" ratings (the highest developmental level descriptors) at the pre-assessment were fairly low (e.g., the largest percentage was 7.8% in the Physical Development domain), all of the percentages of "building" ratings increased by the post-assessment.

Table11. Cutler-Orosi FRC: DRDP Infant Toddler (non-matched sample Pre *N* = 8, Post *N* = 6)

Domain	*Responding*	*Exploring*	*Building*
Approaches to Learning – Self-Regulation (5 Measures)			
PRE	47.5%	52.5%	0%
POST	36.7%	46.7%	16.7%
% Change	-22.7%	-11.0%	Inf.
Social and Emotional Development (5 Measures)			
PRE	45.0%	47.5%	7.5%
POST	36.7%	46.7%	16.7%
% Change	-18.4%	-1.7%	122.7%
Language and Literacy Development (5 Measures)			
PRE	45.0%	50.0%	5.0%
POST	44.8%	41.4%	13.8%
% Change	-0.4%	-17.2%	176.0%
Cognition, Including Math and Science (6 Measures)			
PRE	41.7%	56.3%	2.1%
POST	60.0%	30.0%	10.0%
% Change	43.9%	-46.7%	376.2%
Physical Development – Health (8 Measures)			
PRE	40.6%	51.6%	7.8%
POST	52.2%	17.4%	30.4%
% Change	28.6%	-66.3%	289.7%

Conclusions and Recommendations

The programs offered by Cutler-Orosi FRC clearly contributed to increased literacy skills of both parents and children. Overall, the parents who participated in this project increased their understanding of the importance of early literacy activities with their children, meeting the evaluation objective for that measure. Families participating in the other programs, such as *Protective Factors*, also showed knowledge gain about positive parenting practices and demonstrated some of the important protective factors that sustain and add resiliency to families.

After participating in the *ESPIRS* program, the proportion of parents reporting at the posttest that they never went to the library was positive (but not statistically significant) this year. There was also a large increase at the posttest of parents saying they had bought or borrowed books. Another favorable outcome was in TV watching behavior where a higher percentage of parents were involved in the choosing and participating in viewing than in past years.

Taking the nutrition class *My Plate* again had benefits for this year's participants: they not only increased knowledge about healthy food and exercise choices but reported more positive behaviors in *applying* that knowledge in selecting and preparing food items.

The majority of parents who completed the *SafeCare* modules appreciated and responded positively to the program training, demonstrating impressive evidence across all 4 modules in knowledge change about parenting practices and child health and safety information. The *Edinburgh Postnatal Depression Scale* scores suggest it was effective in detecting maternal postpartum mood swings and/or depression in the women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth.

The implementation of the *ACES* screening tool is particularly valuable in documenting parents'/ caregivers' negative childhood experiences. Many of the life events they experienced mirrored other Tulare County First 5 parents who were assessed with this tool, and the detailed information we provided in the graphs should help guide the counseling staff in developing prevention strategies and program interventions.

FAMILY SERVICES OF TULARE COUNTY
Addressing Childhood Trauma (A.C.T.)

"I've learned how to communicate better with my co-parent, and have been making progress on how to better talk with her about my children." – Divorced father of 2 young children

Project Purpose and Evaluation Design

This program serves parents at higher risk for violence or high intensity conflict with the co-parent who were divorced/not still living together (the "co-parents group") as well as divorcing, non-custodial parents (referred to as the "supervised visits" group). Some are court ordered to attend. The supervised visits occur at CHAT House (Child Abuse Treatment House) a Supervised Visitation Center. The Center provides a safe, neutral location for contacts between a child and a non-custodial parent.

Primary Objective	Measured by
Parent ability to adopt a cordial relationship and effective parenting skills during divorce or separation	Whether court-ordered or volunteering to attend, co-parents completed a *Two Families Now* questionnaire and a *Supervised Visits Satisfaction Survey* before and after their intervention.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The number of reports of suspected and substantiated child abuse cases, and the rate of substantiated reports per 1,000 children.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

One of the significant challenges this program continues to face is that while they offered remote groups (co-parenting classes) throughout the pandemic, they have received fewer referrals from Family Court and from Child Welfare Services (CWS). Families have not volunteered to attend the program despite advertising on social media and addressing the case workers at an annual CWS training. (Current clients receiving other services have been offered this program but their interest is low.) Staff brought their concerns to the head mediator at Family Court with information given to judges in the hope that they would make the program a court-ordered service but were told it would be presented as a volunteer option. They even tried offering the program at the Lindsay FRC but did not receive any referrals. Staff will continue to work with the court and CWS to try to increase referrals and parent attendance.

Evaluation Results

To what extent did parents going through divorce demonstrate increased parenting skills and relationship with the child's other parent?

Couples attending the "Two Families Now" program were asked to rate their overall relationship with their child's other parent using a scale of 1 to 8, with 1 being "extremely hostile" and 8 being "very friendly." About 39% of the matched respondents reported that their relationship somewhat improved after participating in the program. They characterized the change in the relationship as "avoidant" before the program (*M* = 4.3) and more as "cold" after the program (*M* = 4.7)—an apparent improvement, according to the tool. The slight increase however was not statistically significant, however (Table 1).

Table 1. Parents' Rating of Overall Relationship with Their Child's Other Parent, Matched Sample

	Pre	Post	% Change
Please rate your overall relationship with your child's other parent.	4.3	4.7	9.3%

Note. **Item mean scores reflect the range of response choices from 1 to 8 with 1 meaning *extremely hostile* and 8 meaning *very friendly*.**
$*p < .05$.

Questions 2 through 5 on the survey asked respondents to self-rate their ability on a variety of cooperative parenting behaviors. Using a scale of 1 to 10, parents believed that their cooperative parenting abilities were above average and near excellent at the beginning of the program (*M* = 7.3), so there was little room for improvement after participating in the program (*M* = 8.1). The difference was not statistically significant.

Questions 6 through 13 addressed how often parents engaged in certain co-parenting behaviors using the same scale. Although parents mostly reported that they already did not engage in negative behaviors before the program (*M* = 8.1), there was a statistically significant change after the program with parents reporting that they were even less likely to engage in these negative behaviors (*M* = 9.1).

For the positive behaviors, parents were more unsure with their self-ratings. Before the program, parents reported that they were in the middle (*M* = 5.3) regarding how often they participated in these positive behaviors. After the program, these parents continued to report that they participated about the same amount in these positive behaviors (*M* = 5.4).

Table 2. Parents' Rating of Cooperative Parenting – Two Families Survey, Matched Sample

Survey Question	*n*	Pre *M*	Post *M*	% Change
Please rate your ability to:				
2. Communicate with your child's other parent in matters regarding your child.	53	5.8	6.8	17.2%*
3. Control anger when interacting with your child's other parent.	53	8.0	8.5	6.3%
4. Use effective communication skills, like no blaming, use positive messages.	53	7.2	7.9	9.7%*
5. Keep your child shielded from parental conflict.	53	8.3	9.1	9.6%*
Overall Mean for Ability Questions 2 - 5	**53**	**7.3**	**8.1**	**11.0%***

Table continues on next page

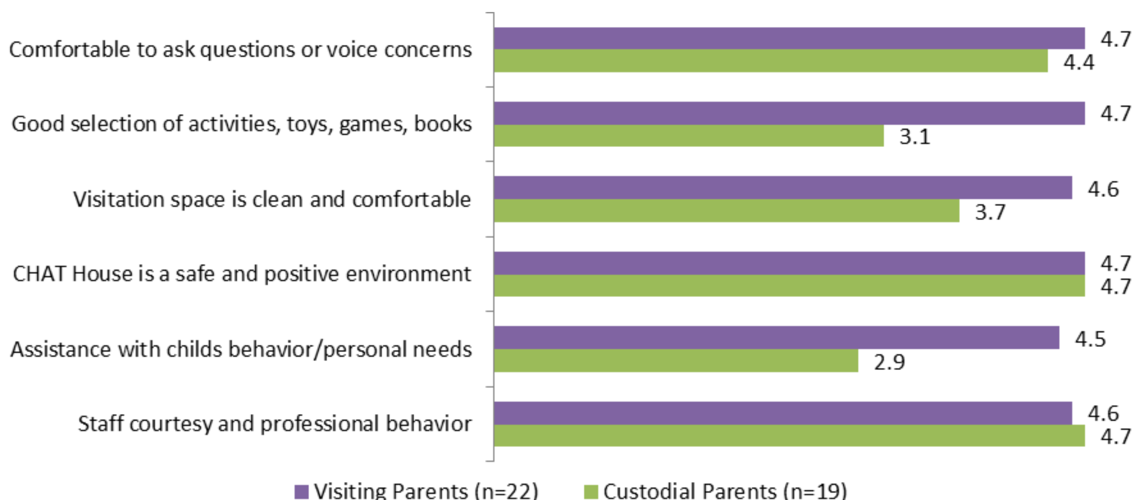
How often do you participate in the following behaviors:				
6. Make negative comments about your child's other parent in front of your child.	50	8.7	9.2	5.7%
7. Ask your child questions about the other parent's personal life.	53	8.0	9.2	15.0%*
8. Ask your child to relay messages or pass notes to the other parent.	52	8.1	9.3	14.8%*
9. Argue with your child's other parent in front of your child.	53	7.7	8.9	15.6%*
Overall Mean for Negative Co-parenting Questions 6 – 9	**53**	**8.1**	**9.1**	**12.3%***
10. Solve parenting problems with your child's other parent.	52	5.9	5.4	-8.5%
11. Encourage your child/children to stay in contact with the other parent.	52	5.0	5.8	16.0%
12. Say something positive about the other parent to your child/children.	50	5.6	5.1	-8.9%
13. Cooperate with your child's other parent regarding custody changes/transitions between households.	51	5.0	5.3	6.0%
Overall Mean for Positive Co-parenting Questions 10 – 13	**52**	**5.3**	**5.4**	**1.9%**

Note. For Questions 2 – 5, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *poor* and 10 meaning *excellent* (higher scale ratings indicate better ability).
For Questions 6 – 13, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *always* and 10 meaning *never* (higher scale ratings indicate less participation in the behavior being asked).

How Satisfied were Parents with the Supervised Visitation Experience?

A total of 22 visiting (the non-custodial parent) and 19 custodial parents who participated in the supervised visits program submitted completed satisfaction surveys. Both groups of parents expressed about the same level of satisfaction with half of the items shown in Figure 1. However, significantly more of the custodial parents were unhappy with the cleanliness and comfort of the visitation space, the selection of activities, toys, books and games, and really held in low regard the assistance staff provided with children's behavior and personal needs.

Figure 1. Satisfaction with Visitation Services



Overall average satisfaction: Visiting Parents = 4.6; Custodial Parents = 3.9

Responses on a 1-to-5 scale where 5 = Strongly Agree; 4 = Agree; 3 = Disagree; 2 = Strongly Disagree; 1 = Not applicable.

Most of the parents provided additional feedback about the program in the form of written comments. Similar to previous years, the most frequent comment about the benefit of the program from both categories of parents was being provided a "safe, positive environment" for visiting with their child and appreciating that the visits were "peaceful" and documented (Table 1). Several specific suggestions were made for how the program could be supportive in improving the quality of the visits for staff to consider.

Table 1. Summary of Additional Feedback about Program Benefits and Recommendations[1]

Custodial Parents	Visiting (non-Custodial) Parents
Perceived Benefits of Having Visits at the CHAT House	
▪ I know my child is safe ▪ Staff is non-biased in their opinions/observations ▪ I like the documentation ▪ This keeps things peaceful between me and his Dad	▪ Trained staff with parenting advice, accountability, 3rd party witness ▪ Not feeling like I'm in prison, feels like an open area ▪ Positive visits are recorded, create positive routine ▪ Helps build a bond with child, safe environment, activities provided for child ▪ No misunderstandings with other parent, consistent, our relationship is not interrupted ▪ I get to see my kids on a schedule at a family like location, let us take pictures and bring treats
Ways the Program Could Support Parents in Strengthening/Improving Quality of Visits	
▪ Switch visit to Sunday mornings to work better with schedule ▪ A share or support toy might be helpful	▪ To be allowed to positively express ourselves with staff ▪ Assign the same observer each week ▪ Wish there was more visiting time or days

[1]Comments are verbatim or only slightly edited for clarity or brevity.

Conclusions and Recommendations

It is clear that parents who are served by this program believe it is beneficial for their families and are mostly satisfied with certain aspects of it. While overall the evaluation goal of "at least 75% of visiting and custodial parents self-report that visitation staff assisted them with addressing their child's behavioral or personal needs in a positive manner" was met, this was not necessarily the case for the custodial parents relative to some of the items in the satisfaction survey. Custodial parents again report relatively low satisfaction with the physical setting—cleanliness/comfort, closed-in spaces—and availability of books, games and toys for the children and staff's assistance with their child's behavior and personal needs, recurring themes.

The project also met its evaluation goals for parents who participated in the Cooperative Parenting and Divorce curriculum in the sense that the co-parents reported engaging less often in negative behaviors, some changes that were statistically significant.

FAMILY SERVICES OF TULARE COUNTY
Early Mental Health Program

"I'm glad I decided to get help. I'm learning that I can be more than my own family said I could be. I can be not just a good mom, but good person. I am strong and smart. I never knew that before. I am going to teach my kids this early so they grow up feeling confident that they can do anything."
- Program recipient

Project Purpose and Evaluation Design

This project provided a range of mental health services—education, screening and referral, treatment interventions—to children and their families, as well as education for professionals, at several organizations and sites throughout Tulare County. This project helps meet the Commission's objective to increase program integration to create an effective system of early mental health care. Four different evaluation tools, captured assessment and outcome data.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work. Children were also evaluated on several behavioral milestones on 5 domains using a *Developmental Milestones and Competency Ratings* tool.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen for how women were coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify and support parents in understanding the normal range of child behaviors	The *Eyberg Child Behavior Inventory (ECBI)* was used to assess parental report of behavioral problems in children concerning conduct, aggression and attention.

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of families provided with targeted intensive and/or clinical family support and referral services, including home visiting.*

- *The percentage of parents and other caregivers with skills to use effective and appropriate discipline regarding their children's behavioral issues.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The parents of a 3-year-old had major concerns about the child's tantrums, excessive crying, and not engaging well with other children. It quickly became clear that the parents were fighting a lot and often yelled and screamed at each other, slamming doors and occasionally throwing things. In the course of treatment the therapist was able to educate the parents on the effects this environment was having on their child, who was experiencing signs of anxiety and aggression. Both parents stated that was how they were raised and all they knew. She was able to work with them on appropriate communication skills, using cool off periods, and being aware of needing privacy for more serious discussions. The child's symptoms began decreasing, and the parents reported they had a happier marriage than they had ever had and were enjoying being a family. The success was due to the willingness of the parents to be open to change and working hard with their therapist.

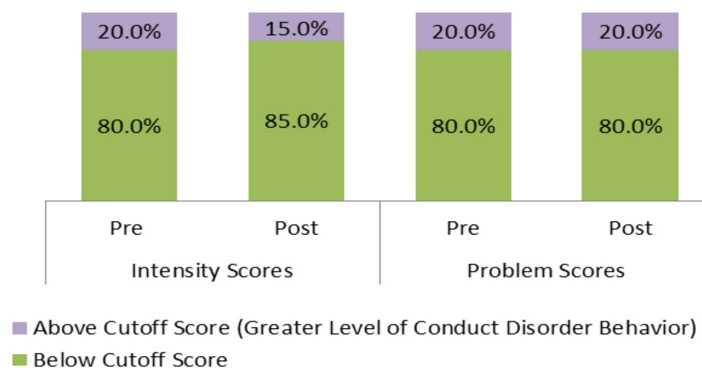
Evaluation Results

How often did parents report problem behaviors in their children and with what impact?

The *Eyberg Child Behavior Inventory* (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Scale, which measures the frequency of each problem behavior and a Problem Scale which reflects parents' tolerance of the behaviors and the distress caused, i.e., the *extent* to which the parent finds the child's behavior troublesome.

Although 58 parents completed the pre-assessment, the matched post-assessment sample size of 20 was used as the basis for the analysis. On the pre-assessment, 20.0% of the children scored at or above the cutoff score on the Intensity items, but at the post-assessment the proportion dropped to 15% (one child fewer), displaying an overall reduced level of conduct disorder behavior (Figure 1) that was not statistically significant. There were no pre/post changes on the Problem scale.

Figure 1. Eyberg Child Behavior Inventory
Percentage of Children Exceeding Cutoff Points, Matched Sample (n=20)

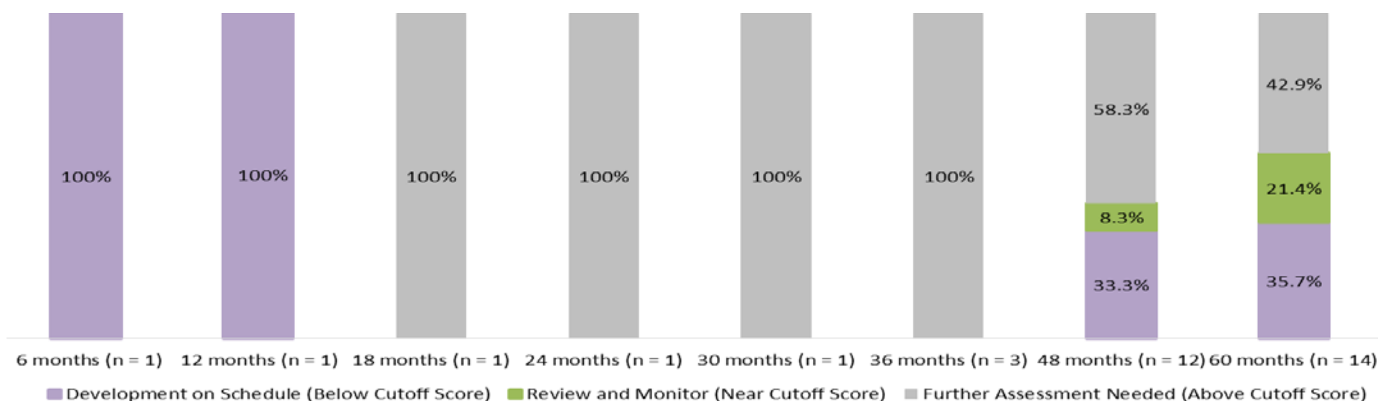


To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *Ages and Stages* screening tools provide a means of assessing these concerns. Higher total scores signify greater social and emotional concerns with different cutoff scores established for each age group. For the entire sample of 34 children, 11(32.4%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development, 4 of them (11.8%) scored near the cutoff and were to be reviewed and monitored closer, and 19 of them (55.9%) scored above the cutoff and warranted further professional assessment.

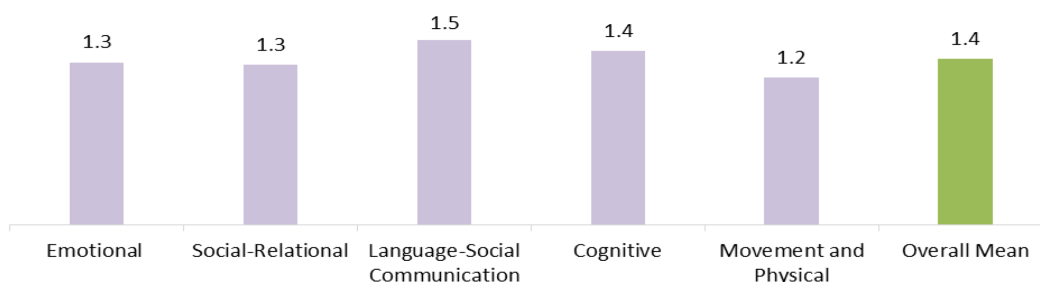
Looking at the children by age, we can see from the color coding in Figure 2 that none of them in the 6 or 12 months age group scored above the cutoff score and needed further assessment by a professional. Contrary to that, all (100%) of the children in the 18, 24, 30, and 36 months scored above the cutoff and required further professional assessment; this was also the case for some of the children 48 months (58.3%), and 60 months (42.9%). A few children in the older age groups— 48 months (8.3%) and 60 months (21.4%)—scored close to the cutoff indicating a need for further review and monitoring.

Figure 2. Percentage of Children Below, Near or Exceeding ASQ-SE Cutoff Score (n=34)



Children were also evaluated on other milestones in 5 domains using a *Developmental Milestones and Competency Ratings* tool. A total of 56 children were evaluated this year (only initial assessments are submitted to us). Ratings for each milestone were on a 3-point scale with higher mean scores being *less* favorable. Figure 3 shows the mean domain score of these ratings. Children were rated the most favorably in hitting the milestones in the Movement and Physical Domain (*M* = 1.20) and the least favorably in hitting the milestones in the Language – Social Communication Domain (*M* = 1.52)—the same findings as in the previous 3 years. The overall mean for all the ages evaluated this year was 1.36, indicating that many of the milestones for the children were between "fully present" and "inconsistently present or emerging."

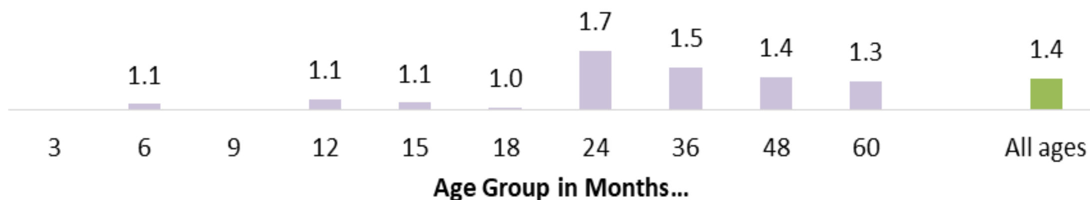
Figure 3. Average Developmental Milestones & Competency Ratings Domain (n=56)



Note: 1 = fully present, 2 = inconsistently present or emerging, and 3 = absent.

Looking at the children by their age group (see Figure 4), children in the 24 months age group were evaluated with the least favorable development (*M* = 1.7) and the one child in the 18 months age group was evaluated the most favorably (*M* = 1.0). There were no children in the 3- or 9-months age groups for this year.

Figure 4. Developmental Milestones and Competency Ratings, Overall Means by Age Group (n=56)



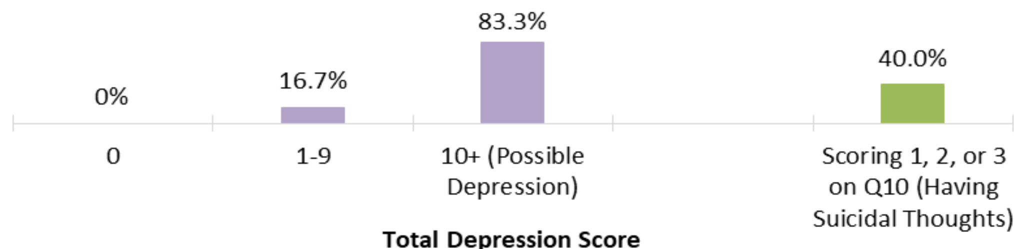
Note: 1 = fully present, 2 = inconsistently present or emerging, and 3 = absent.

To what extent were women who gave birth identified as depressed and referred for help?

The *Edinburgh Postnatal Depression Scale* is frequently used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. It is administered by this grantee when there are indications of postnatal depression. The women's answers on this instrument are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

This year, 6 mothers were screened by the project using this tool. As Figure 5 shows, 5 of the women (83.3%) scored over 10 which indicated possible depression. One of the women (16.7%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. Two of the five (40%) who answered Question 10 responded in a manner to suggest that *possible suicidal thoughts* had occurred.

Figure 5. Edinburgh Postnatal Depression Scale (*n* = 6)



Conclusions and Recommendations

The results of the *Child Behavior Inventory* in the matched sample of children (which we wish was larger), where there was little change in identified behavioral concerns at the post-assessment, should not be over interpreted due to the small sample size and the limitations of this tool. Although a large number (n=58) of parents completed the pre-assessment, the matched post-assessment sample size of 20 was used as the basis for the analysis in looking at outcomes. As behavior or conduct problems in young children continue to be of concern (for instance, they are rated among the "most pressing issues" in the needs assessments we conduct), this project continues to offer an essential resource for Tulare County families with children for whom early mental health issues are a concern.

Additionally, the ASQ assessments continue to demonstrate the extent of need for the unique services this organization provides for Tulare County children and their families as evidenced in the scores of this year's children. A sample review of the additional actions reported by staff indicated appropriate follow-up such as scheduling further assessment or sharing information with the child's primary care provider.

Of the children's developmental milestones evaluated, the Language–Social Communication domain is again the area we point to where therapists/staff might need to focus more on in helping children reach competency as promoting children's social–emotional and language outcomes plays such a central role in their overall development.

The results of the *Edinburgh Postnatal Depression Scale* scores suggests it was used effectively by staff in detecting maternal postpartum mood swings and/or depression for the women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth.

FAMILY SERVICES OF TULARE COUNTY
Goshen Family Resource Center

"Me and my husband would not have been able to get through this pregnancy without all of you; my baby is home and the kids are happy to have us back."
- Program participant

Project Purpose and Evaluation Design

This new Family Resource Center offered a comprehensive range of early childhood education services, including offering parent workshops, facilitating access to services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning.

Primary Objective	Measured by
Parent knowledge gain about child development including health and safety	Parents, including teen parents, who participated in the 3-module workshops completed *Workshop Pre/Post Questionnaires* we developed to assess knowledge change at the end of each workshop.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to the 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool, designed by the CDC and Kaiser, asked parents about 10 different children's experiences, and was administered at least once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

A pregnant client, fearful of social and cultural criticism for her late-age pregnancy, came to the program for support because of her positive history of having participated in several of the FRC's programs. Although the pregnancy resulted in several hospitalizations, and the mother and newborn faced health challenges, the Case Manager was available to support her emotionally and with tangible resources (food, help with utility bills) throughout the pregnancy and postpartum period, reducing the family's stress and helping them learn to advocate for their needs.

Evaluation Results

To what extent did parents learn important child health and safety information and parenting skills?

The results of the 3 workshops the FRC delivered this year—ranging from 7-13 participants—are shown combined into Table 1 that starts on this page. A narrative summary of each workshop is discussed on the next page, identifying both improvements as well as concerns about specific questions.

Table 1. Percent of Parents Answering Workshop Questions Correctly

Survey Statement	Pre *M*	Post *M*	% Change
CHILD SAFETY WORKSHOP (n=10)			
True/False			
1. Child abuse is usually done by strangers.	70%	100%	42.9%
2. Two of the most common reasons for child injury and death are falls and drowning.	50%	70%	40.0%
3. Child abuse always leaves a mark, like a bruise or a broken bone.	60%	90%	50.0%
4. It's your child's fault if someone is hurting or bullying them if they did something to make that person mad.	100%	100%	No Change
5. Preschool age kids are too young for us to be worried about sexual abuse.	80%	90%	12.5%
6. Leaving pills on the counter where children can reach them is OK but is OK to do for vitamins.	90%	100%	11.1%
7. When you tug on your kid's car seat where the seat belt goes, if it moves more than 1 inch at the base you should tighten it up.	50%	60%	20.0%
8. Child safety helmets aren't necessary when riding bicycles or tractors if your child took a safety class.	100%	60%	-40.0%*
Multiple Choice			
9. Which of these is NOT true about carbon monoxide (MO) alarms:	0%	0%	No Change
10. The main job of a child protection worker is:	80.0%	60.0%	-25.0%
11. Which one of the following is NOT true about home safety:	40.0%	20.0%	-50.0%
12. Young children are safest when riding:	80.0%	60.0%	-25.0%
13. If you have a small grease fire, what is the best way to fight it:	40.0%	60.0%	50.0%
SELF-ADVOCACY AND EMPOWERMENT WORKSHOP (n=13)			
True/False			
1. Self-advocacy means you are able to ask for what you need and want.	84.6%	100%	18.2%
2. You have the right to be involved in decision-making in your child's school/preschool.	100%	100%	No Change
3. Empowerment means using your power to get ahead of other people.	23.1%	30.8%	33.3%
4. Expressing yourself clearly will offend most people.	15.4%	38.5%	150.0%
5. Education is one form of empowerment.	46.2%	92.3%	99.8%*
6. Standing up for yourself is not a good thing for a marriage.	61.5%	53.9%	-12.4%
7. To empower children is to guide them to feel valued and capable.	100%	84.6%	-15.4%
Multiple Choice			
8. Which of the following are self-advocacy skills:	76.9%	69.2%	-10.0%
9. Which one of these is NOT a way to improve self-advocacy:	92.3%	61.5%	-33.4%*
10. How should a person NOT empower themselves:	61.5%	61.5%	No Change
11. Which one of these is NOT a way to empower someone else:	84.6%	92.3%	9.1%
12. Which of the following are ways to empower your child:	61.5%	84.6%	37.6%

HEALTH AND WELLNESS WORKSHOP (n=7)			
True/False			
1. Setting health-related goals takes a lot of time and creates stress.	57.1%	85.7%	50.1%
2. Eating nutritious food supports your brain health.	57.1%	85.7%	50.1%
3. Managing stress should be a big part of a person's mental health plan.	57.1%	100%	75.1%
4. Sleeping less than 7 hours each night reduces your life expectancy.	42.9%	100%	133.1%*
5. I don't need to talk about my feelings, people close to me know me well enough to understand my wishes.	28.6%	100%	249.7%*
6. Walking at least 15 minutes a day can help boost my mood.	57.1%	85.7%	50.1%
7. People who regularly eat dinner or breakfast in restaurants double their risk of becoming obese.	57.1%	100%	75.1%
8. Condoms offer the best protection against sexually transmitted diseases (STDs) that other forms of birth control don't.	85.7%	100%	16.7%
9. A father's diet before conception plays an important role in a child's health.	42.9%	100%	133.1%*
10. Poor dental health is linked to many serious diseases and conditions.	57.1%	100%	75.1%
Multiple Choice			
11. Eating a healthy diet can help reduce the risk of developing health problems like….	42.9%	100%	133.1%*
12. What is the recommended amount of physical activity for adults per week?	28.6%	100%	249.7%*
13. Which one of the following diseases is not affected by heredity?	14.3%	100%	599.3%*
14. Which one of these is NOT a preventive health activity?	85.7%	100%	16.7%
15. Emotional wellness means which of the following:?	42.9%	85.7%	99.8%

Workshop Summary

- For the *Child Safety* Workshop, by the posttest, all the questions except for one saw an improvement, although not statistically significant, in the number of parents answering correctly. For Question 8, although all the parents answered this question correctly on the pretest, only 60% of them answered it correctly on the posttest. This decrease was statistically significant. For the multiple choice questions, on the pretest, parents had a difficult time answering some of the questions correctly with 40% of the parents answering questions 9 and 13 right and 60% of the parents answering question 10 right. By the posttest, all the questions saw an improvement in the number of parents answering correctly. However, only the improvements seen for Questions 9 and 13 were statistically significant.

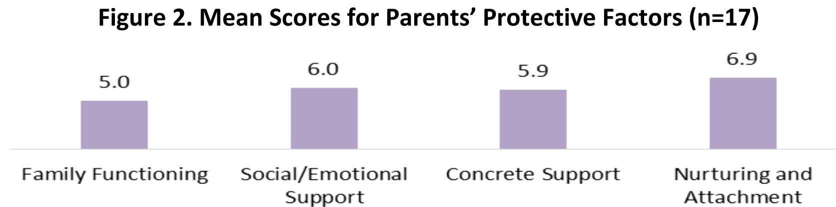
- For the *Self-Advocacy and Empowerment* workshop, Except for Q5, there were no statistically significant changes from pretest to posttest on the true/false questions. For the multiple choice questions, there were mixed results. The number of parents who answered Questions 11 and 12 correctly improved from pretest to posttest. Contrary to this, the number of parents who answered Questions 8, 9, and 10 correctly on the pretest remained the same or did not improve by the posttest. Except for Question 9, these changes were not statistically significant. For question 9, although a large number of parents (92.3%) did not have any difficulty answering it correctly on the pretest, there were fewer (61.5%) answering it correctly on the posttest. Five wrong answers out of 13 is 38.5% who got it wrong and 61.5% who got it right.

- On the true/false questions of the *Health and Wellness* Workshop, every question, except Question 8, was difficult for the parents to answer correctly on the pretest. After the workshop, the number of parents answering correctly had improved for every question with every parent getting all but Questions 1, 2, and 6 correct. The changes however, were statistically significant only for Questions 4, 5, and 9. Posttests for the multiple choice questions showed knowledge improvement on all items; all of the changes were statistically significant except the item about recycling not being a preventive health activity.

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors Survey* were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors. Because no posttests were submitted, we were not able to look for any pre-to-post changes in parents' ratings. However, looking at their agreement with items for protective factors (Figure 2), we can see that parents regarded their Nurturing and Attachment abilities the highest and the area associated with Family Functioning as the lowest (the same as was found among last year's parents).

Figure 2. Mean Scores for Parents' Protective Factors (n=17)



For the items in the Knowledge of Parenting area (Figure 3), parents had the highest understanding about "*child misbehaves just to upset me*," and the lowest level of knowledge when it came to "*know how to help my child learn*."

Figure 3. Mean Scores for Knowledge of Parenting (n=15)

To what extent did adults and children present with adverse childhood experiences (ACES)?

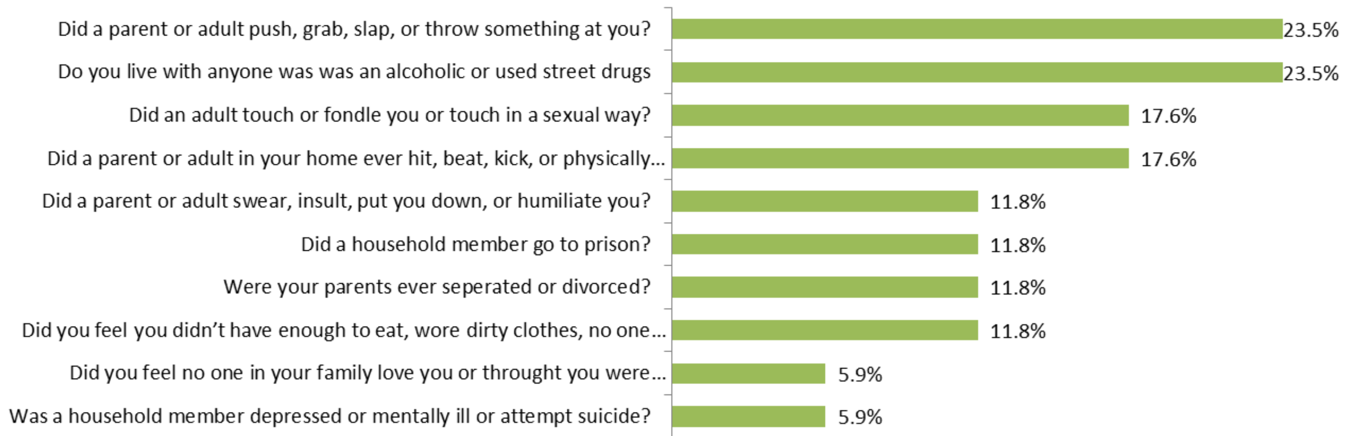
For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described here. As Table 2 indicates, while over half (58.8%) of the adults reported having no ACES experiences when they were children, 17.7% had experienced 4 or more ACES, which is considered as high risk for toxic stress physiology. Only adults were screened for their ACES experience; the pediatric ACES tool was not used to inquire about any of the children of these adults.

Table 2. Number of ACES Experienced by the First 5 Parents/Caregivers (n=17)

Number of ACES	Percent
0	58.8%
1	17.6%
2	5.9%
3	0.0%
4	5.9%
5	0.0%
6	5.9%
7	0.0%
8	0.0%
9	5.9%
10	0.0%

From Figure 4 we can see which of the ACES was experienced for the most clients. As this is a relatively small sample size (n=17) generalizing to the greater Goshen community should be cautioned.

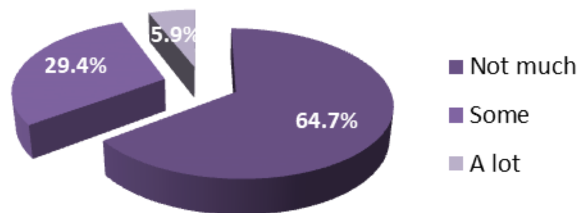
Figure 4. Percent of Parents/Caregivers Who Experienced Each Type of ACES Life Event (n=17)[1]



[1]Clients were instucted to read the questions and "Check each ACE category you experienced prior to your 18th birthday."

The ACES tool also asks adult respondents whether they believe these experiences affected their health. As Figure 5 shows, 64.7% thought the impact was minimal ("not much"), 29.4% believed there was "some" affect, and 5.9% considered that the experiences had greatly ("a lot") affected their health.

Figure 5. Extent to Which Parents/Caregivers Believed the ACES they Experienced Affected their Health (n=72)



Conclusions and Recommendations

Although there were mixed results, overall, the 3 workshops appeared to result in increased knowledge among the participants. As with all evaluation questionnaires where we've provided an item analysis, we recommend that staff look at some of the individual questions to see which caused the most trouble—and which failed to achieve much increase on the posttest—and adjust the curriculum content accordingly to emphasize those areas of learning.

The lack of any posttest this year for the *Protective Factors* survey meant we were not able to look for any changes in parents' knowledge of parenting or other factors that reduce risk and create optimal child and family outcomes.

TULARE CITY SCHOOL DISTRICT
Comprehensive School Readiness Program

"I constantly see the benefits of participating in the Multiple Tiered Systems of Support process that ensures students' individual needs are being met."
— Coordinator of the Preschool Program,

Project Purpose and Evaluation Design

This comprehensive school readiness program assisted children in becoming personally, socially and physically competent effective learners and ready to transition into kindergarten. To serve students with special needs, the District has Foundations classes which consist of students on an Individual Education Plan (IEP) and those who are not.

Primary Objective	Measured by
School readiness by showing increased skills in a range of developmental areas	The *DRDP-Revised* (Desired Results Developmental Profile), designed by the California Department of Education, was administered by teachers within 60 calendar days of the child's first day of enrollment in the program (fall = pre) and every six months thereafter (spring = post). The tool helps teaches create individualized learning plans for children.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of 3-5 year olds enrolled in or who regularly attend pre-K programs.*
- *The percent of parents who are concerned their child is at risk of developmental delay in mental health development.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

One of the challenges the district program faced this year is the continual regression of parent involvement. They were making strides prior to COVID, but after the pandemic have had to work hard to rebuild that relationship and promote more parent engagement. One of the ways of dealing with this has been for the intervention team to work individually with parents—who seem more comfortable in a smaller setting—to set up a plan in the classroom and one within the home. For example, when students are having behavioral or toileting issues in the classroom, the teacher and the parents are brought into the plan development and followed through.

Evaluation Results

To what extent did preschoolers show increased skills in a range of developmental areas?

Using the DRDP (2015) Preschool – Fundamental View, raters completed individual assessments of the children for 44 different developmental measures in 5 domains. The pattern across each of the domains (note: "5 domains" because the narrative about the English Language domain is separate) showed a positive trend for the matched sample of 116 children (Table 1). Repeated measures of analysis indicate that the changes in all the domains were statistically significant. There were more "building" or above ratings on the post-assessment than on the pre-assessment (seen by the positive percentage changes) for every domain. The largest percentage change (150%) was seen for Approaches to Learning-Self-Regulation where the percentage of "building" or above ratings increased from 24.4% to 61.0%. The smallest percentage change (65.4%) was in the Physical Development domain, though the pre-assessment of 47.7% increased to 78.9% at post-assessment.

There was also a positive trend for the children assessed in the English Language domain. This domain is only used for children who were considered to be "English Language Learners." This year, the 22 children with both a pre- and a post-assessment for this domain received more "building" or above ratings at the post-assessment with a positive percentage change of 88.2%—a statistically significant change.

Table 1. Tulare City Schools DRDP Preschool Age, Matched Sample (n=116)

Domains	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
	Pre	**Post**	**% Change**
Approaches to Learning–Self-Regulation	24.4%	61.0%	150.0%*
Social and Emotional Development	34.8%	66.9%	92.2%*
Language and Literacy Development	37.1%	66.6%	79.5%*
Cognition, Including Math and Science	27.5%	64.3%	133.8%*
Physical Development – Health	47.7%	78.9%	65.4%*
English Language*	29.6%	55.7%	88.2%*
Composite of All Domains*	**33.5%**	**65.6%**	**95.8%***

*Only those children who were English language learners were evaluated on these measures.

**The composite was calculated as the sum of the domains' percentages divided by the number of domains (in this case, 6) because each domain is of equal importance, regardless of whether it has only 4 measures (i.e., English Language) or 10 measures (i.e., Language and Literacy). Doing it this way, the results from each domain contributed equally to the composite.

Conclusions and Recommendations

The preschool children's developmental areas from all of the school sites showed significant improvement between pre- and post-assessments. The positive percentage change between the two periods in the Approaches to Learning – Self-Regulation domain, similar to the last 3 years, was particularly favorable; this is an important finding given the social isolation many of these children faced during "the COVID years" and the impact on self-regulating behaviors. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff.

PARENTING NETWORK, INC.
Visalia, Porterville and Dinuba Family Resource Centers

"Thank you for your help in finding my child a dentist – they took our insurance and they are child friendly." – Mother of a toddler

"I really appreciate the opportunity to be a part of Project Fatherhood that helps give men like me the tools to be better fathers." – Program participant

Project Purpose and Evaluation Design

Projects at all 3 sites, Visalia, Porterville and Dinuba FRCs, expected to provide the same range of support and education services to families, including referrals for children's preventive health services such as immunizations and dental visits, and offered parent education classes to improve knowledge and parenting skills. The agency collects data for First 5 with the following tools (though not all of them were able to be administered this year, or at every FRC site):

Primary Objective	Measured by
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated with the modules on a pre/post basis. Parents completed a satisfaction survey at the end of each module.
Parent learning about and how to apply conflict management skills	The evidence-based and skill-based interactive *Parenting Wisely* program that focused on conflict management and improving parental communication used a 34 multiple choice and scaled questionnaire to examine improvement.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to a 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment. Parents were also to complete the pre/post tool *Nurturing Parenting* that utilizes a 5-point Likert scale to rate understanding and agreement about 14 parenting-related items. Only the Visalia FRC administered the tool this year.

Improve father-child interaction and parent knowledge and skills	The evidence-based Project Fatherhood programs, *24/7 Dad* and *On My Shoulders* gave fathers an opportunity to connect better with their children and play a more meaningful role in their lives. The 14-session workshops emphasized the well-being of the child and use group leaders to encourage learning in a supportive non-judgment environment. *On My Shoulders* captured before/after data regarding knowledge, attitudes, confidence and parenting behaviors.
Help parents manage the stress of divorce and separation and mitigate the negative effect it can have on their children.	*Children in Between*, developed by the Center on Divorce, teaches usable skills through a 4-hour online course (with 30 days access), using a 22-question pre/post quiz.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project overall within the Commission's Strategic Plan Primary Result Areas.

- *The availability of culturally and linguistically appropriate parent education services in locations easily accessible to parents.*
- *The percent of parents who increase their knowledge about improving family functioning.*

We report first on the evaluation findings of the Visalia FRC, followed by Porterville and Dinuba FRCs. The ACES screening results, which are presented separately for Visalia, Porterville and Dinuba can be found at the end of the Parenting Network section of the report, following the Dinuba section (see page 63).

VISALIA FRC

Program Highlight

The program highlight below, submitted by the grantee for the Visalia FRC, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The advocacy skills and collaboration with the TCOE Parent Liaisons has played a great part in many of this FRC's client successes. A striking example was the client who initially came to the FRC seeking financial assistance with a utility bill; as the case manager encouraged more conversation, however, it became apparent that the woman's son—who was hearing impaired—was struggling in school and not receiving adequate help. The mother's difficulty speaking English was creating a barrier when it came to communicating with the school during previous assessments, and she was insecure and overwhelmed with the idea of another assessment. With the intervention of the case manager and help of TCOE, the mother was able to gain confidence when the new assessment was performed, and comfortable signing an agreement to obtain more hours of classroom interpreting and extra help for her son.

Evaluation Results

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

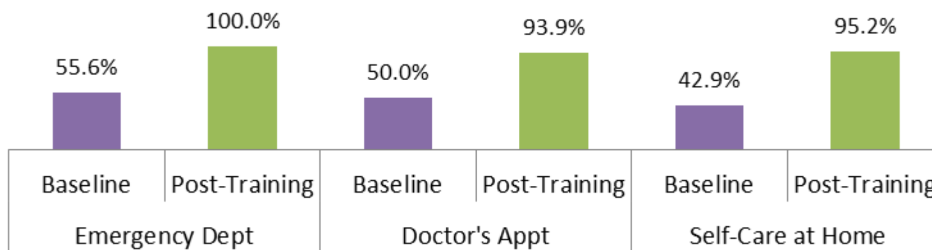
A matched set of 10 parents participated in the Home Accident Prevention Inventory module of the SafeCare program. As Table 1 shows, an average of 75.6 hazards per family (18.7 last year) were observed during the initial assessment but dropped to an average of 0.6 at the end of the module—an overall reduction of 99.2%.

Table 1. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=10)

	Baseline	Post-Training
Total number of hazards	756	6
Average number of hazards per client	75.6	0.6
Mean percent reduction	99.2%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. Thirty-one parents were provided reference manuals with a symptom guide and other pertinent information. The parents had the most trouble initially with the scenario of making the decision to seek an appointment with the doctor. After successfully completing this module, the participants were nearly always able at the post-assessment to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child (Figure 1).

Figure 1. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=9)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this module is the Planned Activities Training (PAT) Checklist. Staff observes parent-child play and/or daily routines such as feeding and bathing, and codes these for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

From the graphs in Figures 2 and 3 it is clear parents' ability to consistently demonstrate desired interactions with their children was significantly improved after completion of the training—from 26.9% to 91.7% for the parents of infants, and from zero to 85.4% for parents of the older children.

Figure 2. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=3)

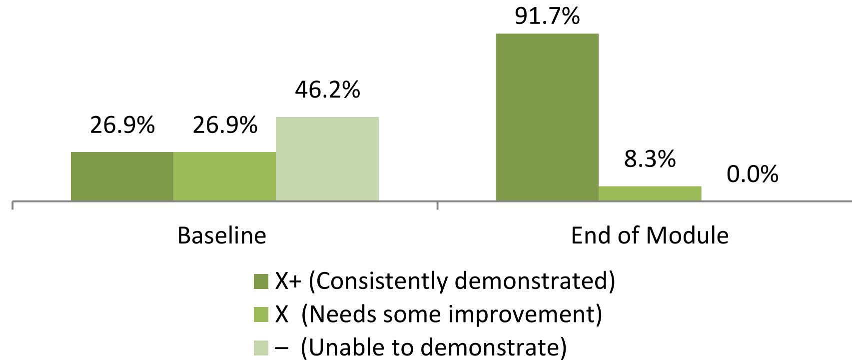
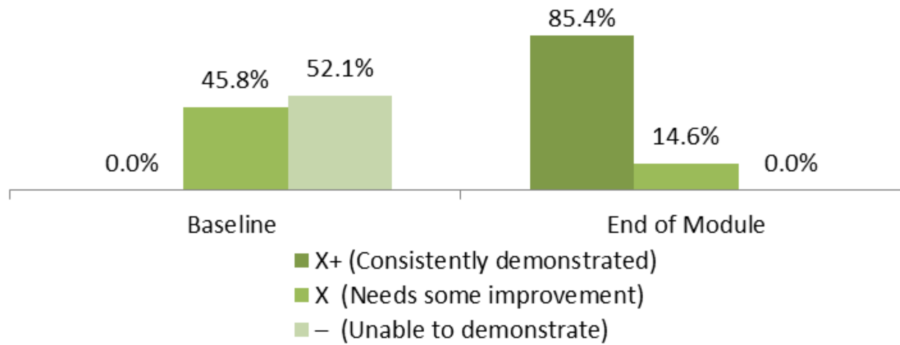


Figure 3. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=8)



In order to gauge participants' satisfaction with the SafeCare training they received, the parents were asked to provide their opinions about it. Each of the 4 surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement with various statements using a 5-point scale.

Overall, parents and caregivers indicated satisfaction with each of the training modules. They "agreed" to "strongly agreed" that they learned various skills and that the Provider was on time, friendly, and good at explaining the material. They further indicated their satisfaction with the training by "strongly disagreeing" with the statement that the Provider was negative and critical. The parents also felt that the training gave them new or useful information *except for the Parent Infant training module* – all 4 parents "strongly agreed" or "agreed" that the training did *not* give them new or useful information or skills.

Table 2. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 10)	Home Safety (*N* = 10)	Parent Child Interactions (*N* = 6)	Parent Infant Interactions (*N* = 4)
Mean	*Mean*	*Mean*	*Mean*
4.79	4.72	4.76	4.59

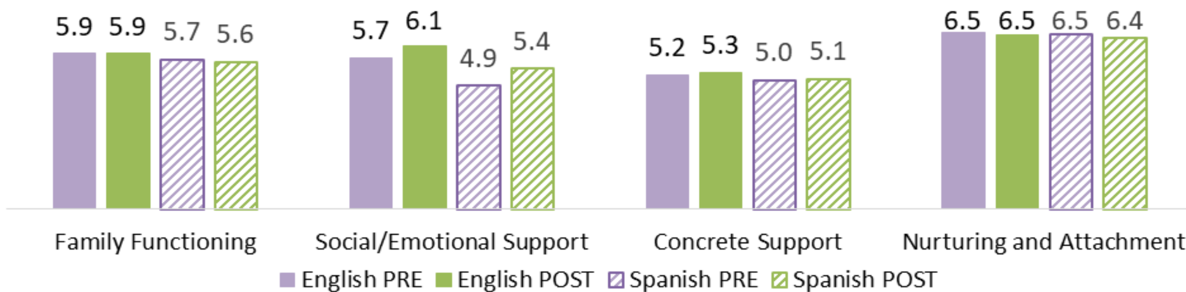
Note. Item mean scores reflect the following response choices: 5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, and 1 = Strongly Disagree. Ratings were coded so that a higher overall mean score represented greater satisfaction about the training.

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form were asked before and after taking the classes how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. Of the 147 parents who turned in an English pretest, 39 posttests were available; with the Spanish version of the tool, 10 posttests were submitted from 33 parents with pretests.

As Figure 4 shows, agreement with protective factor items in the Nurturing and Attachment subscale were the highest among both language groups. Except for Social/Emotional Support, most pre/post changes were relatively flat. However, none of the changes among either group of respondents was statistically significant.

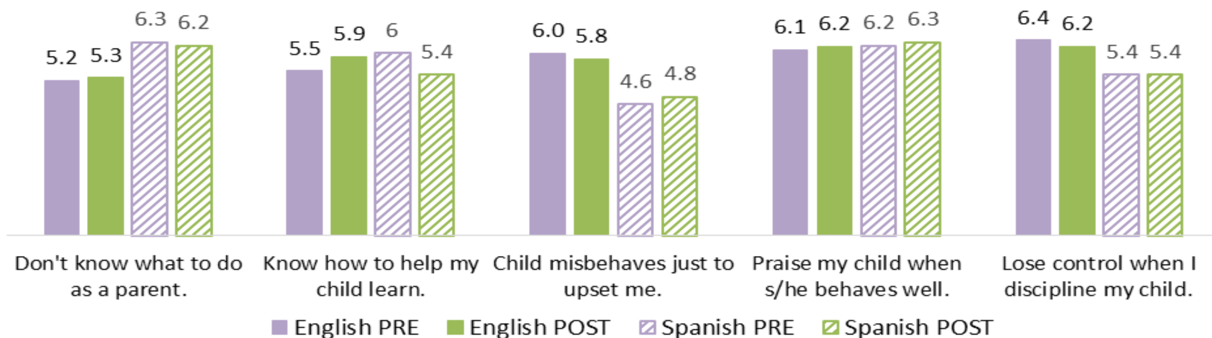
Figure 4. Mean Scores for Parents' Protective Factors, Matched Sample (English n=39; Spanish n=10)



In terms of the protective factors relating to the Knowledge of Parenting subscales (Figure 5), there was a general trend for the parents answering in English to rate items more favorably after participating in the program, although the changes were not statistically significant. Interestingly, when these parents were asked about their child misbehaving just to upset them, parents rated this lower in protective factors on the posttest (M=5.8) than on the pretest (*M* = 6.0).

The changes from pretest to posttest were not statistically significant as well for the Spanish parents. There was a general trend for the Spanish parents to rate items more favorably or nearly the same on the posttest than on the pretest except on Item 13. When the parents were asked about how to help their child learn, parents on the posttest rated this lower (M = 5.4) than parents on the pretest (M = 6.0).

Figure 5. Mean Scores for Knowledge of Parenting, Matched Sample (English n=39; Spanish n=10)



This year, the Visalia FRC (but not the Porterville or Dinuba sites) implemented the Nurturing Parenting Program—using as the tool the Adult – Adolescent Parenting Inventory (AAPI)—a family-centered trauma-

informed initiative that is designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. In Table 3 below, each of the 40 items were grouped

Table 3. Parents' Pre and Post Means for the AAPI 2, Matched Sample (*n* = 11)

Question	Pre	Post	% Change
Construct A: Inappropriate Expectations of Children			
4. Strong-willed children must be taught to mind their parents.	2.36	2.73	15.7%
8. Strict discipline is the best way to raise children.	3.73	3.91	4.8%
12. Good children always obey their parents.	3.36	3.73	11.0%
15. Parents need to push their children to do better. (n=10)	2.40	2.10	-12.5%
18. Children learn respect through strict discipline.	3.27	3.45	5.5%
28. Children should do what they're told to do, when they're told to do it. It's that simple.	3.36	3.55	5.7%
29. Children should be taught to obey their parents at all times.	2.64	3.00	13.6%
Construct B: Parental Lack of Empathy Towards Children's Needs			
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	2.64	2.36	-10.6%
7. Babies need to learn how to be considerate of the needs of their mother.	3.55	4.18	17.7%
11. Children have a responsibility to please their parents.	3.82	4.00	4.7%
16. Children should keep their feelings to themselves.	3.91	4.55	16.4%
20. A good child sleeps through the night.	3.09	3.64	17.8%
24. Children who feel secure often grow up expecting too much.	3.45	3.36	-2.6%
25. There is nothing worse than a strong-willed two-year-old.	3.27	3.91	19.6%
30. Children should know what their parents need without being told.	4.18	4.27	2.2%
36. Letting a child sleep in the parents' bed every now and then is a bad idea.	3.82	3.91	2.4%
39. "Because I said so" is the only reason parents need to give.	3.73	4.45	19.3%*
Construct C: Strong Belief in the Use of Corporal Punishment as a Means of Discipline			
2. Time-out is an effective way to discipline children.	2.00	2.09	4.5%
6. Spanking teaches children right from wrong.	4.09	4.27	2.2%
10. Children can learn good discipline without being spanked.	1.91	1.64	-14.1%
14. A good spanking never hurt anyone.	4.09	4.18	2.2%
19. Hitting a child out of love is different than hitting a child out of anger.	3.45	3.73	8.1%
22. A certain amount of fear is necessary for children to respect their parents.	3.91	3.91	No Change
23. Spanking teaches children it's alright to hit others.	2.73	2.45	-10.3%
26. Sometimes spanking is the only thing that will work.	4.09	4.18	2.2%
32. It's OK to spank as a last resort.	3.36	3.55	5.7%
35. Children need discipline, not spanking.	2.00	2.00	No Change
37. A good spanking lets children know parents mean business.	3.64	4.00	9.9%
Construct D: Reversing Parent-Child Role Responsibilities			
3. Children who are age 1 should be able to stay away from things that could harm them.	3.55	3.91	10.1%
13. In father's absence, the son needs to become the man of the house.	3.18	3.73	17.3%
17. Children should be aware of ways to comfort their parents after a hard day's work.	3.64	4.27	17.3%
31. Children should be responsible for the well-being of their parents.	4.27	4.36	2.1%
33. Parents should be able to confide in their children.	3.27	3.45	5.5%
38. A good child will comfort both parents after they have argued.	3.55	3.91	10.1%
40. Children should be their parents' best friend.	3.64	3.91	7.4%
Construct E: Oppressing Children's Power and Independence			
1. Children need to be allowed freedom to explore their world in safety.	1.73	1.82	5.2%
9. Parents who nurture themselves make better parents.	2.00	2.09	4.5%
21. Children should be potty trained when they are ready and not before.	2.73	2.64	-3.3%
27. Children who receive praise will think too much of themselves.	3.82	4.27	11.8%
34. Parents who encourage their children to talk to them only end up listening to complaints.	3.36	4.00	19.0%

*$p < .05$.

Note. Scale used is 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Uncertain*, 4 = *Disagree*, and 5 = *Strongly Disagree*.

into 1 of the 5 constructs that the item most strongly loads on* and means were calculated for the pretest and the posttest. Looking at the table, parents mostly answered the statements in the same similar fashion on the posttest as they did on the pretest. Repeated measures of analysis showed only one statistically significant change. For Item 39, parents on the pretest (Pre *M* = 3.73) mostly responded between "uncertain" to "disagree" with the statement that parents only need to give the reason "because I said so," but by the posttest they "disagreed" to "strongly disagreed" (Post *M* = 4.45). Although not statistically significant, there were 6 items (Q24, Q21, Q23, Q5, Q15, and Q10) where the parents moved from uncertain/agreement to agreement/strong agreement as indicated by the negative percentage changes.

To what extent did parents learn and apply important parenting and conflict management skills?

With the *Parenting Wisely* tool, participants were asked a number of parenting-related questions that had correct or incorrect answers. Table 4 displays the percentage of them answering correctly. A repeated measures analysis of variance on the questions showed that there was a statistically significant improvement in overall performance from pretest to posttest, with an average of about 53% correct on the pretest (the range of scores was 29% to 82%) and about 86% correct on the posttest (the range of scores was 71% to 97%).

Using 80% correct as a benchmark for total test performance, only 1 of the 46 parents scored over 80% initially. On the posttest, 40 of them (87%) scored over 80% correct. Looking at the individual survey questions, there were 7 that appeared to be relatively difficult for the parents to answer correctly even after participating in the program. Less than 80% of the parents answered Questions 7, 10, 12, 17, 19, 20, and 25 correctly on the posttest.

Table 4. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=46)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	59%	96%	62.7%*
2. What is the best reason to use "Active Listening"?	43%	91%	111.6%*
3. In disciplining a child, what should be included along with punishment?	48%	87%	102.3%*
4. What is the most important part of giving a chore?	59%	80%	35.6%*
5. What is most important in "Assertive Discipline"?	54%	91%	68.5%*
6. What is most likely to happen if parents don't follow through on punishment?	67%	98%	46.3%*
7. When might a family discussion of a problem NOT be a good idea?	37%	74%	100.0%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	78%	93%	19.2%*
9. What happens when parents are consistent in giving consequences?	35%	87%	148.6%*
10. What are the components of "Contingency Management"?	24%	76%	216.7%*
11. What happens if a parent monitors a child's schoolwork?	37%	83%	124.3%*
12. When you first find out your child is doing poorly at school, what should you do?	28%	67%	139.3%*
13. What is the long term result of motivating children by yelling at them?	46%	89%	93.5%*
14. What often happens when a parent forbids teens to see a particular friend?	57%	91%	59.6%*
15. What happens when you compare siblings to each other?	91%	94%	3.3%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	74%	91%	23.0%*
17. The main reason parents yell at their children is?	43%	76%	76.7%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	74%	89%	20.3%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	41%	72%	75.6%*
20. Why is role modeling a powerful long-term way to teach children proper behavior?	24%	61%	154.2%*

* Items were "related" the most to the construct they are grouped under in the table but also had some "relationship" to other constructs, just not as strong.

21. What is the purpose of an "I Statement"?	76%	98%	29.0%*
22. What are the main advantages of "Contracting" for adolescents?	37%	83%	124.3%*
23. Which of the following is an "I Statement"?	61%	96%	57.4%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	67%	96%	43.3%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	26%	63%	142.3%*
26. What is the advantage of having both parents involved with a child's homework?	46%	89%	93.5%*
27. What happens when parents give punishments that are severe?	48%	96%	100.0%*
28. Close supervision of our children when they spend time with friends has which advantage?	67%	91%	35.8%*
29. What are the main elements of "Contracting"?	48%	87%	81.3%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	24%	80%	233.3%*
31. If we need to correct our child when he with friends, what should we do?	78%	91%	16.7%
32. To help our children know which behavior to change, it is important for us to....	46%	89%	93.5%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	98%	96%	-2.0%
34. When we talk about the positive motive behind someone's behavior….	43%	91%	111.6%*
Overall Percentage Correct	**53%**	**86%**	**62.3%***

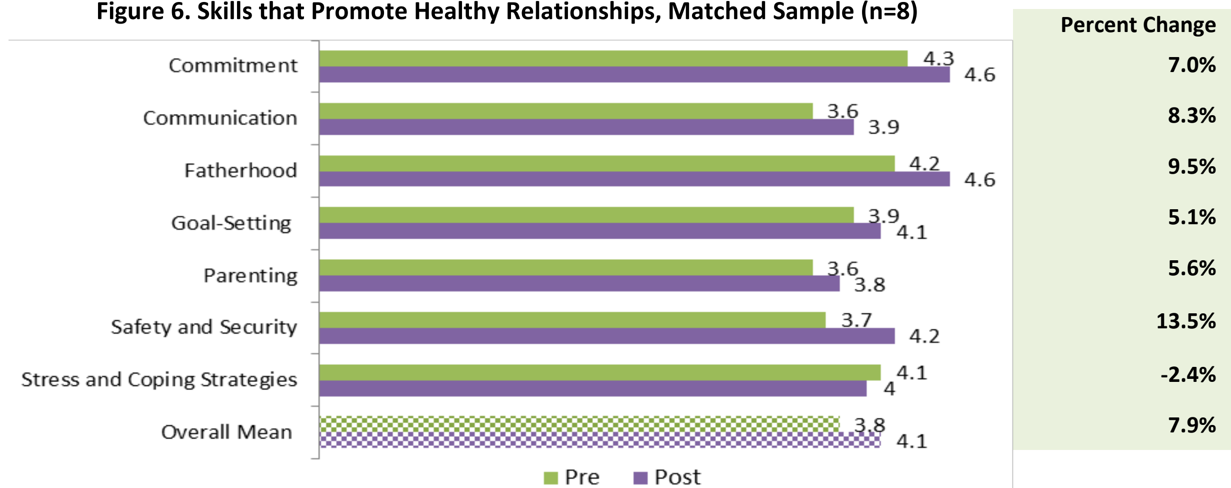
*$p < .05$.

To what extent did fathers learn and apply important parenting and conflict management skills?

On My Shoulders (OMS) is designed to help fathers explore the role that personality plays in relationships with others - especially with their children - and to learn to replace communication danger signs with proactive strategies for respectful talking and listening to them. They were asked their agreement level on 7 statements about themselves and regarding their parenting style and their relationship with loved ones.

Overall, the 8 fathers were somewhere between "unsure" and "agree" on the pre-assessment ($M = 3.8$) but by the post-assessment, they were slightly more in agreement with the statements ($M = 4.1$). Agreement levels on 6 of the 7 categories generally increased by the posttest—indicating healthier and more positive parenting skills after the program—however none were statistically significant. One area, Stress and Coping Strategies, had a slight decrease from pretest to posttest.

Figure 6. Skills that Promote Healthy Relationships, Matched Sample (n=8)



Item mean scores reflect the following response choices to the tool statements: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Unsure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

To what extent did parents going through divorce/separation learn usable skills to manage stress and lessen the negative effect it can have on their children?

Parents going through a divorce/separation were given 22 questions to answer from the *Children In Between tool* [3] which tested parents on their skills and knowledge related to the stress management of divorce/ separation and the effects on their children. To be considered as "passing" the program, the developer of this tool (Center for Divorce) requires a parent score at least 70% on the test, or answering at least 16 questions correctly.

Of the 22 questions, 6 were difficult for the parents to answer correctly on the pretest as Table 5 shows. Questions 3, 13, 15, 19, 22, and 25 were answered correctly by less than 70% of the parents. On the posttest, there was improvement with all questions answered correctly by at least 70% of the parents, a statistically significant improvement. The overall average percentage change of correctly answered questions of 77.6% to 96.1% on the posttest was statistically significant.

Table 5. Percentage of Parents Answering Correctly, *Children In Between*, Matched Sample (n=14)

Question (22 items)	**Percentage Correct (*n* = 5)**		**Percentage Change**
	Pre	**Post**	
1. What happens when your amygdala becomes triggered?	71.4%	100%	40.1%*
2. What can happen if Casey is exposed to Mom and Dad's ongoing conflict?	92.9%	100%	7.6%
3. What are three skills that can calm your amygdala?	57.1%	100%	75.1%*
4. When is it appropriate to involve your children in your conflict?	92.9%	100%	7.6%
5. Which of the following statements is an I-Message?	85.7%	100%	16.7%
6. How can using self-talk help you stay calm?	85.7%	100%	16.7%
7. Which of the following is an example of positive reframing?	100%	100%	No Change
8. Which of the following are good ways to calm down your amygdala?	100%	100%	No Change
9. Is it fair for Dad to ask Mom to pay for things when she doesn't make as much money?	92.9%	92.9%	No Change
10. Which of the following is an example of positive self-talk?	100%	100%	No Change
11. Why is using email to communicate with a co-parent a good idea?	85.7%	100%	16.7%
12. Should Jolene be able to go to Everett's concert?	78.6%	92.9%	18.2%
13. How does May feel when Dad questions her about her time at Mom's house?	57.1%	100%	75.1%*
14. When is it appropriate to question your children about the other parent's home life?	100%	100%	No Change
15. How long should parents wait to have new partners involved in their child's life?	64.3%	92.9%	44.5%*
19. Which of the following best describes mindfulness?	28.6%	85.7%	199.7%*
20. What caused Dad to become upset in the beginning of this scene?	85.7%	85.7%	No Change
21. Why is assuming another person's motives a bad habit?	85.7%	85.7%	No Change
22. Roughly how many children each year experience the separation of their parents?	35.7%	92.9%	160.2%*
23. What are possible symptoms of children who experience parents' separation?	78.6%	100%	27.2%
24. Which of the following is important to remember regarding children?	85.7%	100%	16.7%
25. When is a good time to talk to your child(ren) about the separation?	42.9%	85.7%	99.8%*
Overall survey mean	**77.6%**	**96.1%**	**23.8%***

*$p < .05$

[3] Because the Center has since removed one of the sections of the curriculum, the tool excludes questions 16, 17 and 18.

PORTERVILLE FRC

Program Highlight

The program highlight below, submitted by the Porterville FRC, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

A mother with 3 young children under age 5, unemployed, limited food in the household, worry about how to pay rent and utilities: the profile of so many of the families that arrive for help. The important components that contribute to this FRC's success in responding to their needs are emotional support, positive feedback, encouragement and consistently working with clients to set goals and meet the most immediate needs first. Working with community partners, case managers serve as warm, caring helpers and often represent hope in the moment of a family's despair and crisis.

Evaluation Results

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

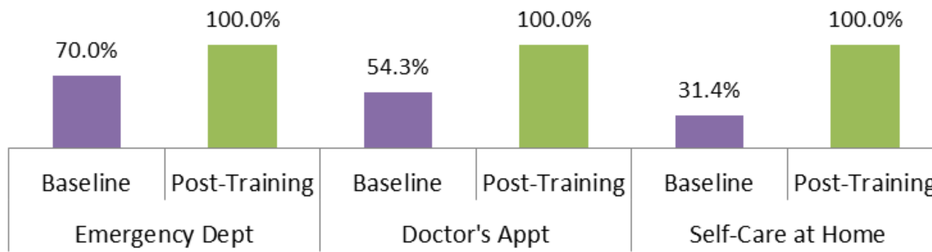
A matched set of 8 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, which was described above. As Table 6 shows, an average of 51.1 at baseline and by the end of the module an average of .03 hazards—a 99.4% improvement. Examples of hazards at the child's eye-level, or easily accessible, included appliances without covers, electrical cords, and sharp knives on the kitchen counter. The number of home hazards recorded prior to the training ranged from 0 in one family to 38 in another family.

Table 6. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=8)

	Baseline	Post-Training
Total number of hazards	409	2
Average number of hazards per client	51.1	0.3
Mean percent reduction	99.4%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment, as discussed above. Except for use of the ER, the parents started the training with a relatively low knowledge about these health behaviors—especially in deciding whether to treat a child at home vs. seeing a doctor—as shown by their correct "pre" responses to the scenario questions (Figure 7). After successfully completing this module, they were always able to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child—each scenario significantly so.

Figure 7. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=8)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. As Figures 8 and 9 make clear, parents' ability to consistently demonstrate desired interactions with their children was significantly improved after completion of the training—from neither of them to one of them (33.3%) for the parents of the two infants, and from 21.4% to 85.7% for parents of the older children.

Figure 8. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=2)

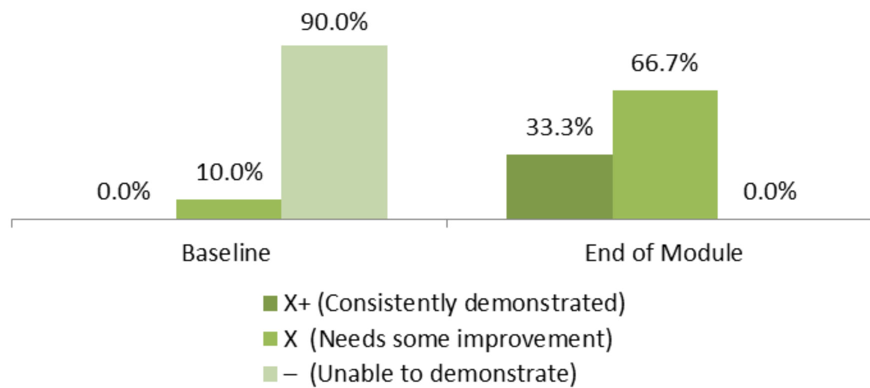
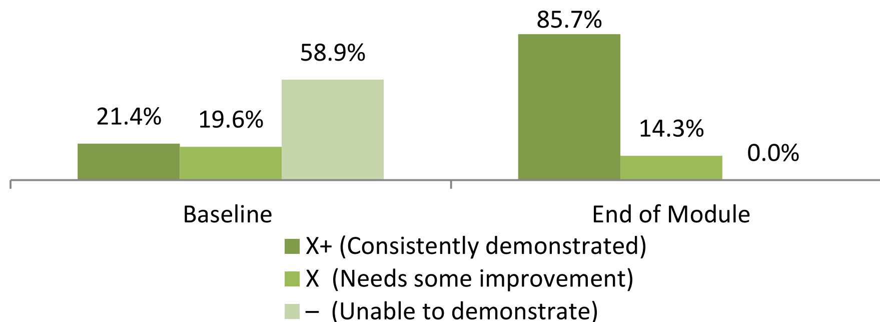


Figure 9. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=6)



After completing the SafeCare training program, parents/caregivers were asked how much they agreed or disagreed with statements relating to the SafeCare training they had completed. There were 4 different training modules with different surveys for each with some statements the same on the surveys. Parents' level of agreement or disagreement was measured using a 5-point scale.

Overall, the parents and caregivers indicated great satisfaction with *only 1 of the 4* training modules; they "strongly agreed" that they learned various skills and that the Provider was on time, friendly, and good at explaining the material after participating in the Health-related module. Contrary to this, the parents indicated they felt "neutral" to "disagree" when asked about the other 3 modules. On the Home Safety training survey, two-thirds of the parents (8 of 12) "strongly disagreed" that they had learned new skills or gained valuable information. Similarly, about two-thirds to three-quarters of the parents "strongly disagreed" or "disagreed" about learning new skills and valuable information in the Parent Child and Parent Infant modules. (Please see discussion at the end of this section of the report.)

Table 7. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 19)	Home Safety (*N* = 12)	Parent Child Interactions (*N* = 8)	Parent Infant Interactions (*N* = 5)
Mean	*Mean*	*Mean*	*Mean*
4.94	2.33	2.11	2.36

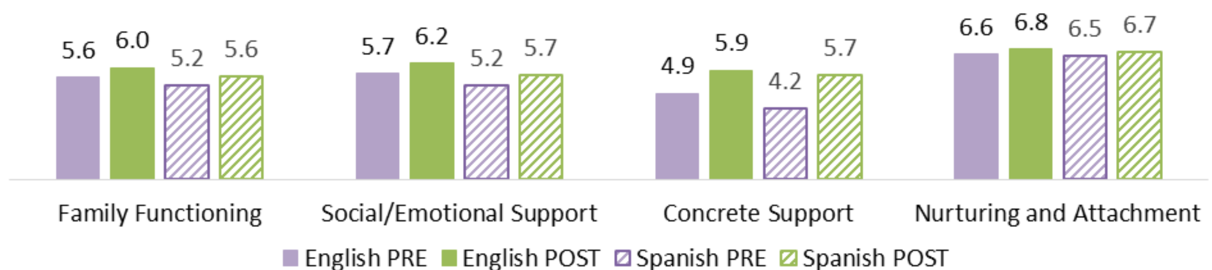
Note. Item mean scores reflect the following response choices: 5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, and 1 = Strongly Disagree. Ratings were coded so that a higher overall mean score represented greater satisfaction about the training.

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form at the Porterville site were also asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. Of the 70 parents who turned in an English pretest, 27 posttests were available; with the Spanish version of the tool, 26 posttests were submitted from 64 parents with pretests.

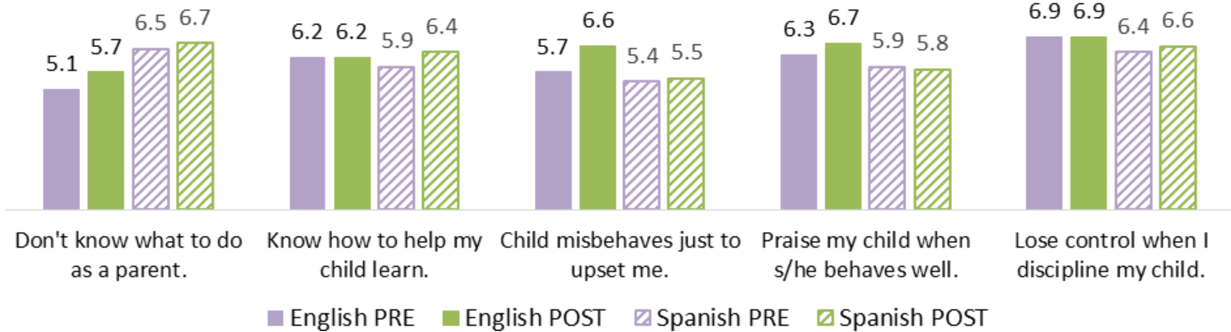
Parents in both language groups responded on the pretest with highest agreement with items in the Nurturing and Attachment subscale, and lowest for items in the Concrete Support subscale in terms of protective factors. After participating in the program, both language group parents continued to rate the Nurturing and Attachment subscale the highest; while parents answering in English continued to rate Concrete Support lowest in the posttest, the Spanish language group rated the Family Functioning subscale the lowest. All of the subscale pre/post changes were statistically significant for parents answering in English; the only subscale change not statistically significant for parents answering in Spanish was Nurturing and Attachment.

Figure 10. Mean Scores for Parents' Protective Factors, Matched Sample (English n=27; Spanish n=26)



For items in the Knowledge of Parenting area (Figure 12), parents responding in English showed statistically significant improvement in understanding about the notion that "*my child misbehaves just to upset me*." For parents in the Spanish group, "*I know how to help my child learn*" was the item that showed a significant pre/post change. Although not statistically significant, Spanish language parents responded with slightly less agreement that they "*praise [my] child then s/he behaves well*" after participating in the program

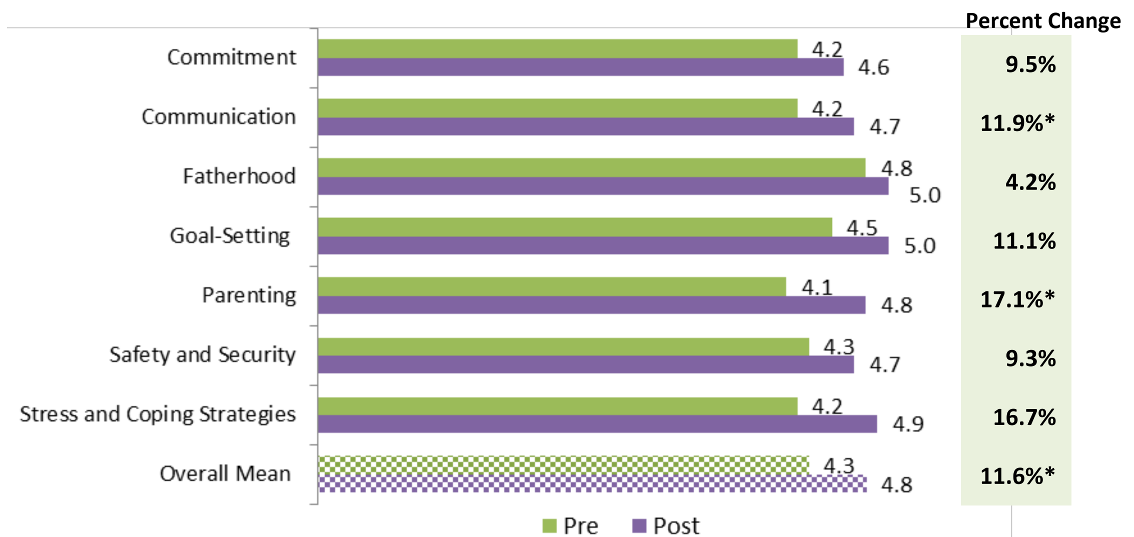
Figure 12. Mean Scores for Knowledge of Parenting, Matched Sample (English n=27; Spanish n=26)



To what extent did fathers learn and apply important parenting and conflict management skills?

All 6 fathers participating in the *On My Shoulders* program at the Porterville FRC submitted both a pretest and a posttest this year. For all 6 fathers participating in the program, agreement levels in the 7 categories increased from pre- to post-assessment, thereby indicating healthier and more positive parenting skills after the program. Two of these increases were statistically significant. The agreement levels for the Parenting statements (*"I know how to remain calm when disciplining my children*") and the Communication statements (*"I understand how to use time-outs when needed to calm things down*") increased significantly with parents stating that they "agree" on the pretest (Parenting *M* = 4.1 and Communication *M* = 4.2), and by the end of the workshop, they were near "strongly agree" with the statements (Parenting *M* = 4.8 and Communication *M* = 4.7) (Figure 12).

Figure 12. Skills that Promote Healthy Relationships, Matched Sample (n=6)



Item mean scores reflect the following response choices to the tool statements: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Unsure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

To what extent did parents learn and apply important parenting and conflict management skills?

In the Porterville FRC use of the *Parenting Wisely* tool, there was also a statistically significant improvement in overall performance from pretest to posttest, with an average score of about 54% correct initially (the range of scores was 14% to 85%) and about 90% correct on the posttest (the range was 76% to 100%).

Using 80% correct as a benchmark for total test performance, only 2 of the participants scored over 80% initially; on the posttest, all but 3 of them (91%) scored over 80% correct. Even after the program, there were 4 questions that were relatively difficult for the parents to answer correctly; less than 80% of them answered Questions 10, 17, 22, and 25 correctly on the posttest (these are commonly missed questions).

Table 8. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=32)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	69%	100%	44.9%*
2. What is the best reason to use "Active Listening"?	41%	94%	129.3%*
3. In disciplining a child, what should be included along with punishment?	63%	97%	54.0%*
4. What is the most important part of giving a chore?	63%	94%	49.2%*
5. What is most important in "Assertive Discipline"?	59%	91%	54.2%*
6. What is most likely to happen if parents don't follow through on punishment?	59%	91%	54.2%*
7. When might a family discussion of a problem NOT be a good idea?	50%	91%	82.0%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	69%	97%	40.6%*
9. What happens when parents are consistent in giving consequences?	53%	91%	71.7%*
10. What are the components of "Contingency Management"?	25%	78%	212.0%*
11. What happens if a parent monitors a child's schoolwork?	50%	84%	68.0%*
12. When you first find out your child is doing poorly at school, what should you do first?	53%	81%	52.8%*
13. What is the long term result of motivating children by yelling at them?	47%	94%	100.0%*
14. What often happens when a parent forbids teens to see a particular friend?	47%	94%	100.0%*
15. What happens when you compare siblings to each other?	88%	88%	No Change
16. Is it important to explain to our children exactly what they have done wrong before punishing?	75%	97%	29.3%*
17. The main reason parents yell at their children is?	44%	75%	70.5%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	50%	81%	62.0%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	47%	81%	72.3%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	19%	91%	379.0%*
21. What is the purpose of an "I Statement"?	66%	97%	47.0%*
22. What are the main advantages of "Contracting" for adolescents?	60%	78%	30.0%
23. Which of the following is an "I Statement"?	69%	91%	31.9%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	56%	91%	62.5%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	22%	78%	254.5%*
26. What is the advantage of having both parents involved with a child's homework?	38%	94%	147.4%*
27. What happens when parents give punishments that are severe?	59%	94%	59.3%*
28. Close supervision of our children when they spend time with friends has which advantage?	59%	100%	69.5%*
29. What are the main elements of "Contracting"?	53%	91%	71.7%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	28%	88%	214.3%*

31. If we need to correct our child when he with friends, what should we do?	72%	81%	12.5%
32. To help our children know which behavior to change, it is important for us to be...	53%	91%	71.7%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	97%	100%	3.1%
34. When we talk about the positive motive behind someone's behavior the effect is?	50%	94%	88.0%*
Overall Percentage Correct	**54%**	**90%**	**66.7%***

*$p < .05$.

To what extent did parents going through divorce/separation learn usable skills to manage stress and lessen the negative effect it can have on their children?

Parents going through a divorce/separation were given 22 questions to answer from the *Children In Between tool* which tested parents on their skills and knowledge related to the stress management of divorce/separation and the effects on their children. (See footnote above for Visalia FRC regarding the numbering of the questions.) To be considered as "passing" the program, the developer of this tool (Center for Divorce) requires a parent score at least 70% on the test, or answering at least 16 questions correctly.

Of the 22 questions, 9 were difficult for the parents to answer correctly on the pretest. Questions 3, 5, 7, 13, 15, 19, 21, 23, and 25 were answered correctly by less than 70% of the parents. On the posttest, there was slight improvement with more parents answering these questions correctly. Except for Q25, none of these changes though were statistically significant. We note that with a small sample size of only 6 participants, it is difficult to draw any conclusions from the data.

Table 9. Percentage of Parents Answering Correctly, *Children In Between*, Matched Sample (n=6)

Question (22 items)	Percentage Correct (*n* = 13)		Percentage Change
	Pre	Post	
1. What happens when your amygdala becomes triggered?	83.3%	100%	20.0%
2. What can happen if Casey is exposed to Mom and Dad's ongoing conflict?	100%	83.3%	-16.7%
3. What are three skills that can calm your amygdala?	66.7%	100%	49.9%
4. When is it appropriate to involve your children in your conflict?	83.3%	66.7%	-19.9%
5. Which of the following statements is an I-Message?	50.0%	83.3%	66.6%
6. How can using self-talk help you stay calm?	83.3%	83.3%	No Change
7. Which of the following is an example of positive reframing?	66.7%	100%	49.9%
8. Which of the following are good ways to calm down your amygdala?	83.3%	100%	20.0%
9. Is it fair for Dad to ask Mom to pay for things when she doesn't make as much money?	83.3%	100%	20.0%
10. Which of the following is an example of positive self-talk?	83.3%	100%	20.0%
11. Why is using email to communicate with a co-parent a good idea?	100%	83.3%	-16.7%
12. Should Jolene be able to go to Everett's concert?	83.3%	100%	20.0%
13. How does May feel when Dad questions her about her time at Mom's house?	50.0%	83.3%	66.6%
14. When is it appropriate to question your children about the other parent's home life?	100%	100%	No Change
15. How long should parents wait to have new partners involved in their child's life?	33.3%	83.3%	150.2%
19. Which of the following best describes mindfulness?	33.3%	33.3%	No Change
20. What caused Dad to become upset in the beginning of this scene?	83.3%	100%	20.0%
21. Why is assuming another person's motives a bad habit?	33.3%	66.7%	100.3%
22. Roughly how many children each year experience the separation of their parents?	100%	83.3%	-16.7%
23. What are possible symptoms of children who experience parents' separation?	66.7%	83.3%	24.9%
24. Which of the following is important to remember regarding children?	100%	100%	No Change
25. When is a good time to talk to your child(ren) about the separation?	0%	33.3%	Inf.%*
Overall survey mean	**71.2%**	**84.9%**	**19.2%***

*$p < .05$.

DINUBA FRC

Program Highlight

The program highlight below, submitted by the Dinuba FRC, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

In recognition that scarcity of food and diapers represents some of the most common financial hardships for families in the Dinuba area, the FRC bolstered its partnership with Food Link Tulare County as well as established a partnership with Diaper Distribution Bank of Fresno. Subsequently, these steps helped increase enrollment and provide services to the neediest of families. One such client was "V" who was recently separated, unemployed and had a 30-day notice to move from her home. The devotion of significant time and follow-up from the case manager in linking her with the Mexican Consulate and helping to navigate apartment and job listings—and the client's own self-determination—resulted in her being able to rent a room for herself and her 3 children and begin working 60 days later.

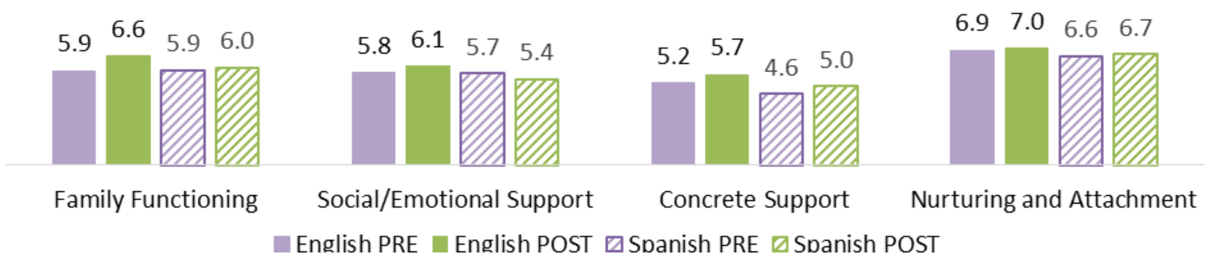
Evaluation Results

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form at the Dinuba site were asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. Of the 54 parents who turned in an English pretest, only 3 turned in a posttest. With the Spanish version of the tool, 52 parents submitted a pretest and of those parents, there were 10 posttests.

On the pretest, the highest level of agreement from parents in both language groups was with items in the Nurturing and Attachment subscale; items in the Concrete Support subscale had the lowest level of agreement for the protective factors. After participating in the program, both groups continued to rate Nurturing and Attachment the highest and Concrete Support lowest (Figure 13). None of the pre/post changes were statistically significant.

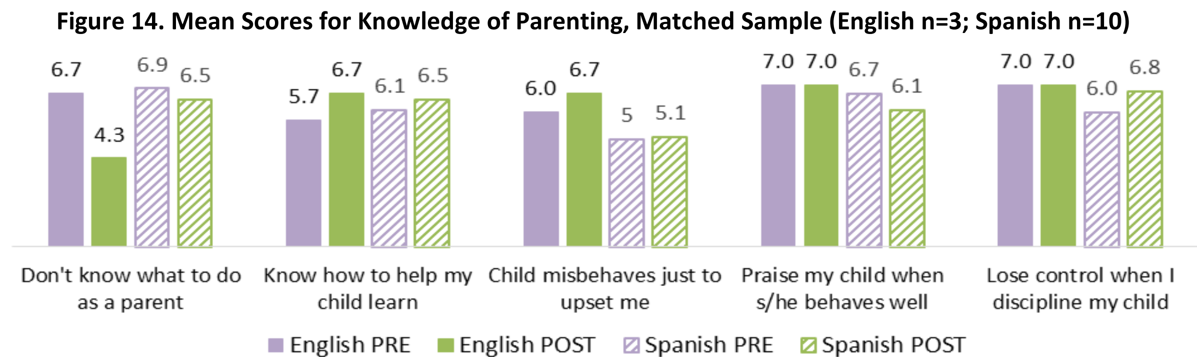
Figure 13. Mean Scores for Parents' Protective Factors, Matched Sample (English n=3; Spanish n=10)



With regard to Knowledge of Parenting items seen in Figure 14, parents taking the survey in English tended to rate the items more favorably in terms of levels of protective factors after participating in the program. Although not statistically significant, these parents reported an increase or no change in the levels of protective factors on all of the subscales with the exception of "*not knowing what to do as a parent*." (Note:

although the pre/post percent change on this item, -35.8%, was very large, it was not significant.) However, with a sample size of only 3 parents, it is difficult to draw any conclusions from the data. The pre/post drop in agreement that they "*praise [my] child when s/he behaves well*" among the Spanish language respondents, -9.0%, was not statistically significant.

Figure 14. Mean Scores for Knowledge of Parenting, Matched Sample (English n=3; Spanish n=10)



To what extent did parents learn and apply important parenting and conflict management skills?

The Dinuba FRC also implemented the *Parenting Wisely*. Among the 28 participants, there was a statistically significant improvement in their overall performance from pretest to posttest, with an average score initially of about 53% correct (the range of scores was 21% to 85%) and about 82% correct on the posttest (the range was 50% to 97%) (Table 10).

Looking at the individual survey questions and the 80% benchmark, all but 2 of the questions at the time of the pretest were difficult for the parents to answer correctly. Using the same benchmark correct, there were 13 questions on the test that appeared to be difficult for the parents to answer correctly even after participating in the program.

Table 10. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=28)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	50%	96%	92.0%*
2. What is the best reason to use "Active Listening"?	54%	89%	64.8%*
3. In disciplining a child, what should be included along with punishment?	57%	86%	50.9%*
4. What is the most important part of giving a chore?	39%	89%	128.2%*
5. What is most important in "Assertive Discipline"?	50%	96%	92.0%*
6. What is most likely to happen if parents don't follow through on punishment?	68%	79%	16.2%
7. When might a family discussion of a problem NOT be a good idea?	43%	57%	32.6%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	75%	86%	14.7%
9. What happens when parents are consistent in giving consequences?	43%	71%	65.1%*
10. What are the components of "Contingency Management"?	29%	61%	110.3%*
11. What happens if a parent monitors a child's schoolwork?	61%	82%	34.4%*
12. When you first find out your child is doing poorly at school, what should you do first?	39%	64%	64.1%
13. What is the long term result of motivating children by yelling at them?	50%	89%	78.0%*
14. What often happens when a parent forbids teens to see a particular friend?	54%	86%	59.3%*
15. What happens when you compare siblings to each other?	93%	93%	No Change

16. Is it important to explain to our children exactly what they have done wrong before punishing?	68%	89%	30.9%
17. The main reason parents yell at their children is?	50%	64%	28.0%
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	79%	75%	-5.1%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	43%	75%	74.4%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	25%	61%	144.0%*
21. What is the purpose of an "I Statement"?	79%	93%	17.7%
22. What are the main advantages of "Contracting" for adolescents?	43%	79%	83.7%*
23. Which of the following is an "I Statement"?	57%	96%	68.4%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	61%	96%	57.4%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	4%	61%	1425.0%*
26. What is the advantage of having both parents involved with a child's homework problem?	61%	93%	52.5%*
27. What happens when parents give punishments that are severe?	54%	75%	38.9%
28. Close supervision of our children when they spend time with friends has which advantage?	50%	89%	78.0%*
29. What are the main elements of "Contracting"?	46%	89%	93.5%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	25%	68%	172.0%*
31. If we need to correct our child when he with friends, what should we do?	64%	82%	28.1%
32. To help our children know which behavior to change, it is important for us to be...	43%	86%	100.0%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	86%	96%	11.6%
34. When we talk about the positive motive behind someone's behavior the effect is?	50%	86%	72.0%*
Overall Percentage Correct	**53%**	**82%**	**55.3%***

*$p < .05$.

ACES FINDINGS – Visalia, Porterville and Dinuba FRCs

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

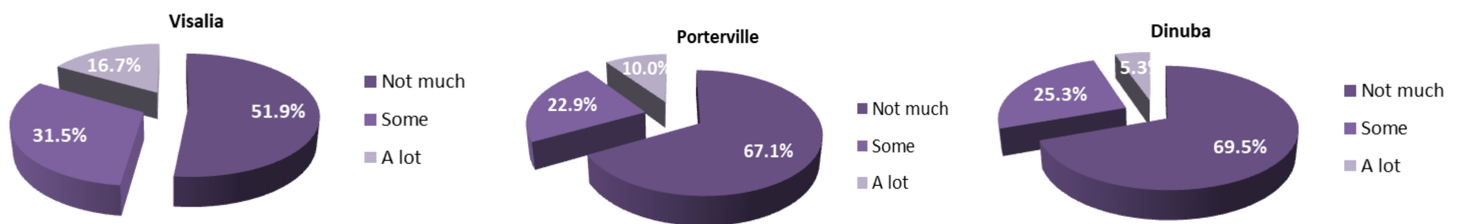
To what extent did children and adults present with adverse childhood experiences (ACES)?

Over 200 adults were screened for ACES experience this year; the pediatric ACES tool was not used to inquire about any of the client's children. A similar proportion, 22.2% and 23.0% of the Visalia and Porterville parents, respectively, reported experiencing 4 or more ACES which, according to the tool, indicates a high level of toxic stress physiology (Table 11). At the Dinuba site—which had an inordinately large number of clients assessed (none were last year)—a smaller proportion, 17.7%, reported experiencing 4 or more ACES. The ACES tool also asks respondents whether they believe these experiences affected their health. About 68%, of the parents at the Porterville and Dinuba FRC sites viewed the impact as minimal ("not much"), while in Visalia about half of the parents reported this level of effect. Of the 3 sites, a greater proportion of the Visalia parents reported their ACES experience had greatly ("a lot") affected their health (Figure 16 pie charts on the next page).

Table 11. Number of ACES Experienced by Parenting Network Adult Clients During Childhood

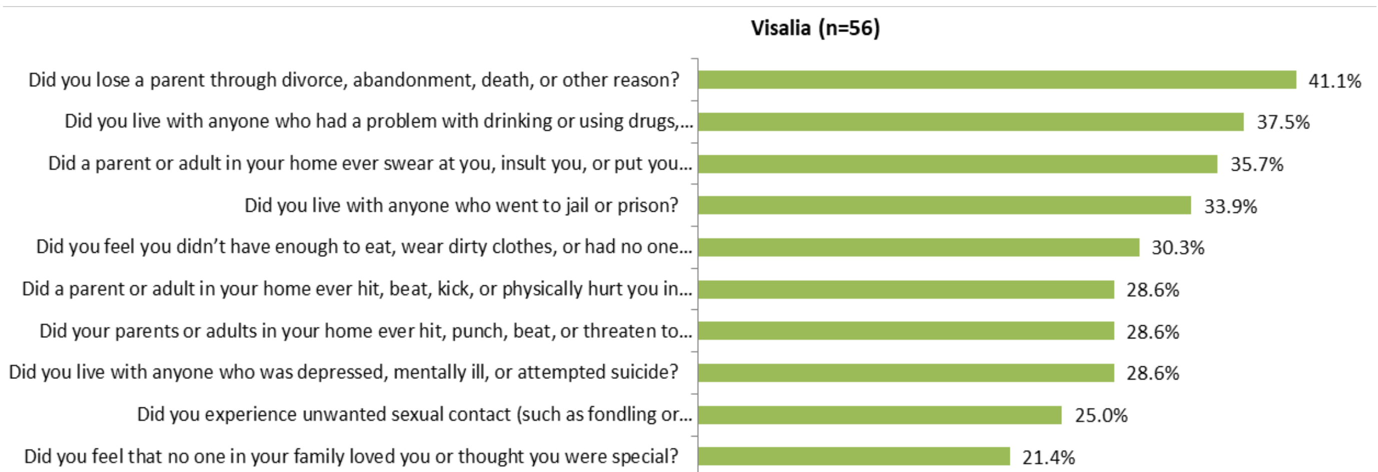
Number of ACES	FRC Site		
	Visalia (n= 56)	Porterville (n=70)	Dinuba (n=96)
0	25.0%	42.9%	52.1%
1	17.9%	15.7%	12.5%
2	10.7%	8.6%	7.3%
3	7.1%	7.1%	10.4%
4	10.7%	10.0%	4.2%
5	1.9%	2.9%	2.1%
6	7.1%	5.7%	4.2%
7	7.1%	1.4%	5.2%
8	7.1%	2.9%	1.0%
9	5.4%	2.9%	0.0%
10	0.0%	0.0%	1.0%

Figure 16. Extent to Which the Adults Believed the ACES they Experienced Affected their Health

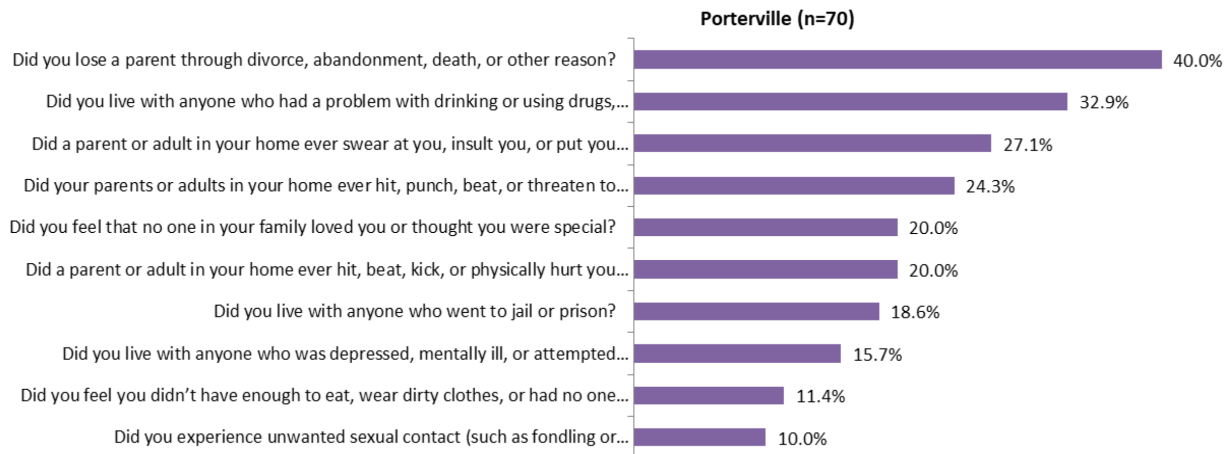


Because Paenting Network uses the identified version of the ACES tool, counselors and case managers are able to see which adverse life events individual clients have experienced – and which are most common among its clients. The bar graphs in Figure 17 display the results from the 3 FRC communities. Although there are important differences between the client populations in each area, disrupted family relationships and the impact of substance abuse top the list of trauma-related experiences for these clients.

Figure 17. Percent of FRC Parents/Caregivers Who Experienced Each Type of ACES Life Event[1]



[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday."



Conclusions and Recommendations

The Parenting Network FRCs play a valuable part of offering early childhood programs in Tulare County. All of the sites met their evaluation goal that families participating in bilingual health and education classes will demonstrate an increase of knowledge about various aspects of parenting. Nearly all parents met the benchmark for total test performance, demonstrating the parenting classes had the desired effect of increasing their knowledge about effective parenting skills.

Although the training results of the SafeCare modules demonstrated positive changes in parenting knowledge, skills and behaviors, there were some unexpected results with parents' satisfaction levels with what they had learned. This was especially true at the Porterville FRC where, except for the Health module, respondents were mostly dissatisfied. In Visalia, although it is a very small sample, it might be worth looking at the Parent Infant training modul*e* as all 4 participants thought it had *not* given them new or useful information or skills. On the other hand, we wonder whether these FRC findings were the result of a switch in versions of all 4 satisfaction surveys at some point in the grant year, with some parents using the old forms, and not truly reflective of how the participants felt. Both FRCs had submitted Excel spreadsheets with data that were opposite of what was expected, and when we inquired we received new versions of the tool with a flipped scale for coding the satisfaction results; despite the mixed results, our calculations are based on the new scale. Assuming both sites consistently use the new version of the satisfaction surveys next year,

we will expect to see a return to the previously higher levels of satisfaction. We did not receive SafeCare assessments from the Dinuba site this year.

Similar to last year, Nurturing and Attachment appear to be strong protective factors for the parents served at all of the FRC sites, whether they completed the forms in English or Spanish. The lowest rating of protective factors in the area of Concrete Support, though, similar to last year's findings, endorses the importance of the basic needs where parents continue to need more help.

Project Fatherhood continues to be an important and unique component of Parenting Network's programing and can reach fathers in ways the men may otherwise not participate. We hope next year there will be enough interest from potential clients to resume the *24/7 Dad* curriculum. We were glad to be able to include *Nurturing Parenting* data (only Visalia implemented it) in our evaluation this year as the inventory is a valuable source of information about what learning parents demonstrated.   We think it would be important for all 3 FRC sites (assuming Porterville and Dinuba end up using this curriculum/tool next year) to look at the Visalia results (Table 3); see which agreement items failed to show much change in the posttest (or actually dropped a little) to suggest where more emphasis might be placed in the program next year.

With regard to the *Parenting Wisely* questionnaire, we again suggest all 3 FRC sites look at the individual questions that more than 80% of the parents found difficult to answer on the posttest. We provide the item analysis in detailed tables (vs. only showing the overall average means) so that programs can see areas of the curriculum that may need more emphasis during the parenting classes.

The implementation of the *ACES* screening tool is particularly valuable in documenting the parents'/ caregivers' negative childhood experiences.   Many of the life events they experienced mirrored other Tulare County First 5 parents who were assessed with this tool, and the detailed information we provided in the graphs should help guide the counseling staff in developing prevention strategies and program interventions that align with these findings.

TRAVER JOINT ELEMENTARY SCHOOL DISTRICT
School Readiness

"We are so lucky to have a caring and knowledgeable team of partner organizations to help our students." – Program staff

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for children and support and education services for parents. For purposes of the First 5 evaluation, only the DRDP was included as an assessment tool.

Primary Objective	Measured by
School readiness by showing increased skills in a range of developmental areas	The *DRDP-Revised* (Desired Results Developmental Profile), designed by the California Department of Education, was administered by teachers within 60 calendar days of the child's first day of enrollment in the program (fall = pre) and every six months thereafter (spring = post). The tool helps teaches create individualized learning plans for children.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of preschool programs that provide kindergarten transition program, i.e., continuity between ECE and elementary school.*
- *The percent of children 0-5 who made at least one well-child visit to a physician or clinic within the last 12 months.*
- *The percent of children with a dental visit in the last 12 months.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

One particular student who benefitted from the help of TCOE's Special Services Staff was a 3-year-old child with autism who had minimal speech and a very difficult time adjusting to the classroom. Together with Traver's Speech and Language Specialist and Special Education teacher, the child was given a visual support system he follows and each week continued to increase the number of words he used. Additionally, he began playing more with his peers and interacting well with them in the classroom, further increasing his readiness for school success in the future.

To what extent did children show increased skills in a range of developmental areas?

Using the DRDP (2015) Preschool - Comprehensive View, raters completed individual assessments of the children on 56 different developmental measures. The pattern across each of the 7 domains (note: "7 domains" because the narrative about the English Language domain is separate) showed a positive trend (Table 1). Repeated measures of analysis indicate that changes in all the domains but Visual and Performing Arts were statistically significant. Although the raters were already giving "building" or above ratings most of the time at the pre-assessment to describe the children's development, the raters used only "building" or above ratings to describe the children's development on every measure in every domain at the post-assessment. One of the largest percentage changes (17.5%) was in the Language and Literacy Development domain where the percentage of "building" or above ratings increased from 85.1% to 100%. The smallest percentage change (6.5%) was seen for the Visual and Performing Arts domain where the pre-assessment percentage of 93.9% increased to 100%. With most of the ratings for this domain already at "building" or above at the pre-assessment, there was little room for improvement.

There was also a positive trend for the children in the English Language domain. This domain is only used for children who are considered "English Language Learners." For this year, the 18 children with both a pre- and a post for the English Language domain received more "building" or above ratings at the post-assessment than at the pre-assessment (with a positive percentage change of 40.5%). The change was statistically significant.

Table 1. Traver Joint Elementary School District DRDP, Non-matched Sample (n=37)

	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
Domains	**Pre (n=27)**	**Post (n=24)**	**% Change**
Approaches to Learning–Self-Regulation	86.1%	100%	16.1%*
Social and Emotional Development	88.6%	100%	12.9%*
Language and Literacy Development	85.1%	100%	17.5%*
Cognition, Including Math and Science	91.4%	100%	9.4%*
Physical Development – Health	92.2%	100%	8.5%*
History – Social Science	89.2%	100%	12.1%*
Visual and Performing Arts	93.9%	100%	6.5%
English Language*	51.4%	72.2%	40.5%*
Composite of All Domains**	**84.7%**	**96.5%**	**13.9%***

Includes Ratings *of Building Earlier, Building Middle, Building Later,* and *Integrating Earlier*.

*Only those children who were English language learners were evaluated on these measures.

**The composite (the figures in the parentheses) was calculated as the sum of the domains' percentages divided by the number of domains (in this case, 8) because each domain is of equal importance, regardless of whether it has only 4 measures (i.e., English Language) or 10 measures (i.e., Language and Literacy). Doing it this way, the results from each domain contributed equally to the composite.

Conclusions and Recommendations

The evaluation goal that children participating in early childhood education will show improvement between pre- and post-assessments was met overall in the developmental areas measured by the DRDP with all but one being statistical significant. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff.

VISALIA UNIFIED SCHOOL DISTRICT
Building Futures Program

"I want to thank you for everything and I'm trying to remain strong and not cry; you are all a blessing to us. I been feeling so down and depressed because of my daughter's tantrums that I've stopping cooking and ran out of food stamps this month fast."
– Preschool parent

Project Purpose and Evaluation Design

The project offered a range of early childhood assessment services for children, and enhanced parent education and skill-building through two new programs.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Parent understanding of importance and engagement in early literacy activities	Parents completed the *CA-ESPIRS* Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.
Parent knowledge gain about child development, breastfeeding intentions and needs	*Growing Great Kids* (separate early childhood curricula for 0-3 and preschool groups) builds on the framework of *Protective Factors*; a pre/post tool we developed is completed by parents that assessed knowledge change, and for pregnant women examined needs and intentions related to breastfeeding.
Identify areas of highest family need and concern and strength for case planning	*Family Strengths & Needs Assessment (FANS)*, an assessment administered in one initial session, identified areas where the parent had skills and strengths but continued to have some needs for support, information and referrals to resources; the complex tool covered 6 domains with 35 goal areas.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool, designed by the CDC and Kaiser, asked parents about their trauma-related childhood experiences, and was administered at least once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of 3-5 year olds enrolled in or who regularly attend pre-K programs.*
- *The percent of preschool programs that provide kindergarten transition program, i.e., continuity between ECE and elementary school.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The program Social Worker this year was able to visit all 45 preschool classrooms in the district and within a month identify which students and families needed her targeted support. Staff has also partnered with WIC to promote the importance of early literacy, giving out children's books WIC donated during the 6 mini-parent workshops that were held to provide suggestions on how to read to children on a consistent basis; a total of 82 parents participated in the workshops and received 250 bilingual books. As a special highlight, at Christmas, 3 families participating in this program were nominated and selected by a community member or family to receive gifts at Christmas and a generous gift card to a local grocery store; the quote above demonstrates the extreme gratefulness of one of these families.

Evaluation Results

To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?

Being surrounded by lots of books in their home helps children build vocabulary, increase awareness and comprehension, and expand horizons—all of which benefit school achievement. This year, 61 parents participated in the early literacy portion of VUSD's program. Almost half (47.6%) reported having 11 or more books at home on the pretest but on the posttest, all of the parents (100%) reported having this many books at home. Looking at how often parents read books to their children and told stories to their children, statistically significant changes were found with over 31.1% of the parents on the posttest responding that they were reading books to their children 3 times a week or more (up from 18.1% on the pretest) and more than a quarter of the parents (27.9%) were telling stories to their children 3 times a week or more (up from 18.1% on the pretest).

Table 1 Parents' Experience with Books/Reading to Children (n=61)

Survey Question	Pretest %	Posttest %
At this time, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	4.9	0
3 - 10 books	47.5	0
11 - 25 books	34.4	23.0
26 - 50 books	6.6	65.6
51 + books	6.6	11.5
About how often do you read books or stories to your children?		
Never	11.5	0
Several times a year	42.6	11.5
Several times a month	8.2	37.7
Once a week	19.7	19.7
About 3 times a week	6.6	4.9
Every day	11.5	26.2

How often do you tell your children a story		
Never	14.8	0
Several times a year	49.2	16.4
Several times a month	4.9	44.3
Once a week	13.1	11.5
About 3 times a week	6.6	3.3
Every day	11.5	24.6

The VUSD program showed statistically significant improvements when it came to families' library experience. The percentage of parents possessing a library card more than doubled after participating in the program (Figure 1), and while almost two-thirds of the respondents (63%) said they had never visited the library at the pretest, only 20% of the parents reporting this at the posttest (Figure 2).

Figure 1. Percent of Parents with a Library Card, Matched Sample (n=60)

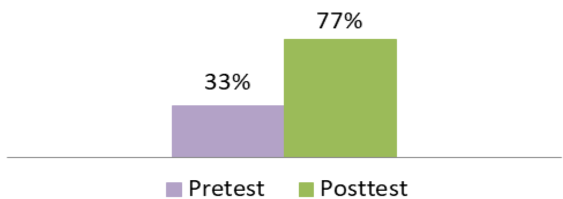
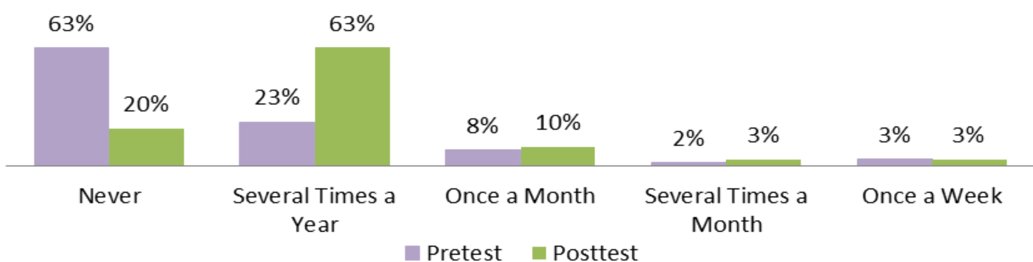
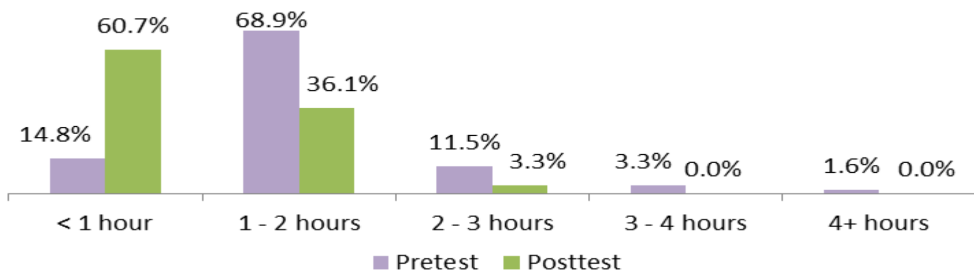


Figure 2. Frequency of Going to the Library, Matched Sample (n=60)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs and, in this case, the pre-to-post changes in Figure 3 are statistically significant.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=61)



Parents also engaged in positive parental behavior related to TV watching after program participation in ways that were statistically significant (Table 2).

Table 2. Family TV-Watching Experience, Matched Sample (n=60)

Survey Question	Pre			Post		
	Never	***Sometimes***	***Always***	***Never***	***Sometimes***	***Always***
When your children watch TV, do you select the TV programs your children watch?	3.3%	39.3%	57.4%	0%	8.2%	91.8%
When your children watch TV, do you watch the TV programs with your children?	13.6%	49.2%	37.3%	0%	6.8%	93.2%
When your children watch TV, do you ask your children questions about the TV program?	12.1%	48.3%	39.7%	0%	6.9%	93.1%

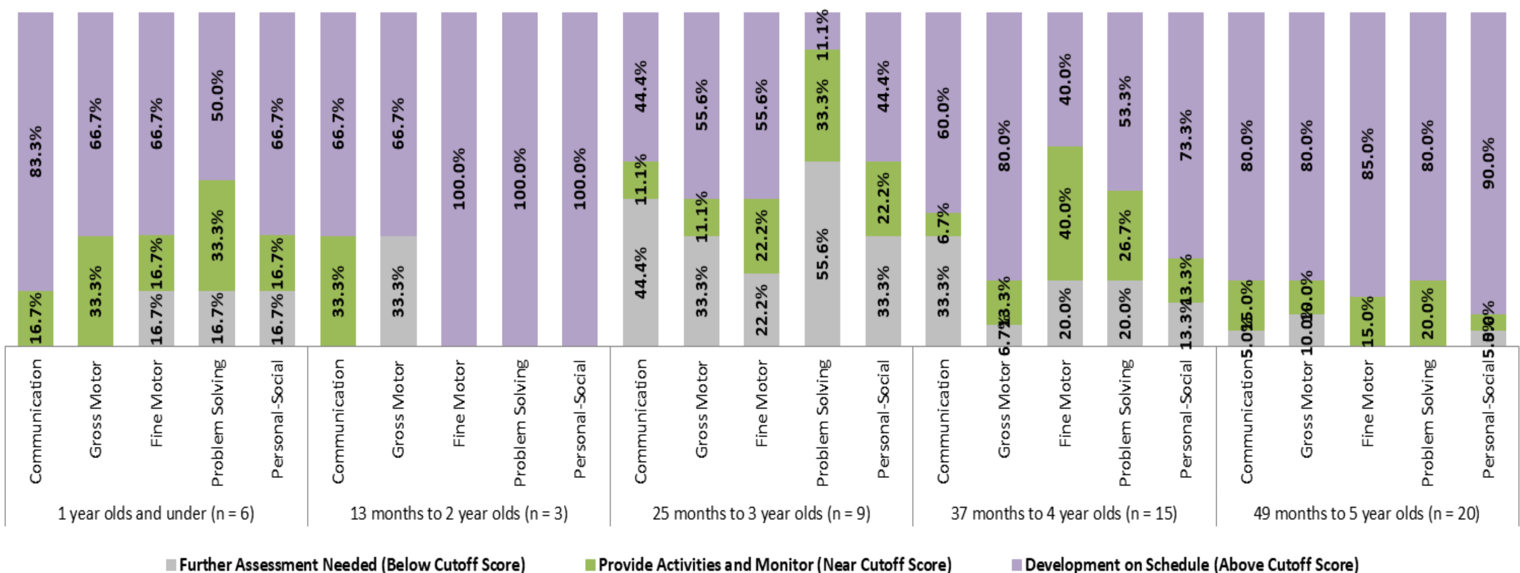
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *ASQ* screening tools provide a means of assessing these concerns. A total of 58 children were assessed for their social and emotional development using the ASQ-3 questionnaire. Children who scored below the cutoff score (coded in gray in Figure 4) were to be referred to a professional for further assessment. Children in the midrange or near the cutoff score (coded in green) were to be monitored closer and provided with additional learning activities and monitoring. The children who scored above the cutoff scores (coded in purple) were considered to be developing on schedule and did not need further evaluation.

Most of the children scored above the cutoff scores and were considered to be developing on schedule (from 58.5% of the children in the Problem-Solving domain to 75.5% in the Personal Social domain). Looking at the various domains, the Problem Solving domain (24.5%) had the largest number of children and the Personal Social domain (11.3%) had the smallest number of children scoring close to the cutoff and needing additional monitoring and resources from the program's staff.

Looking at these children by age group, The 25 months to 3-year-olds had difficulty in all the domains. This age group had several children who scored below the cutoff with the largest percentage in the Problem-Solving domain (55.6%). Children in the 37 months to 4-year-olds group also had difficulty in every domain with the largest percentage performing poorly in the Communication domain (33.3%).

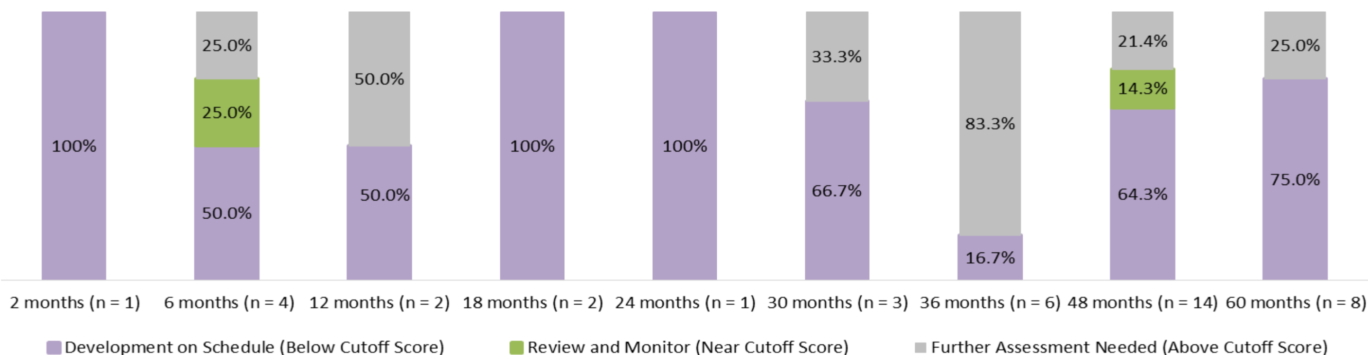
Figure 4. Percentage of Children Below, Near or Exceeding ASQ-3 Cutoff Score (n=53



The children were also assessed for their social and emotional development using the *ASQ-SE Version 2* Questionnaire from this year (Figure 5); 25 of them (61.0%) were considered to be on schedule with their social and emotional development, 3 of them (7.3%) scored near the cutoff and were to be reviewed and monitored closely, and 13 (31.7%) warranted further professional assessment.

Looking at the children by age group, we can see all the children in the 2, 18, and 24 months age groups scored below the cutoff and the midrange and were considered to be developing on schedule. Contrary to that, all the other age groups had children who scored above the cutoff and required further professional assessment.

Figure 5. Percentage of Children Below, Near or Exceeding ASQ-SE 2 Cutoff Score (n=23)



In which areas did parents/ caregivers present with skills and strengths and have needs for support, information and referrals to resources?

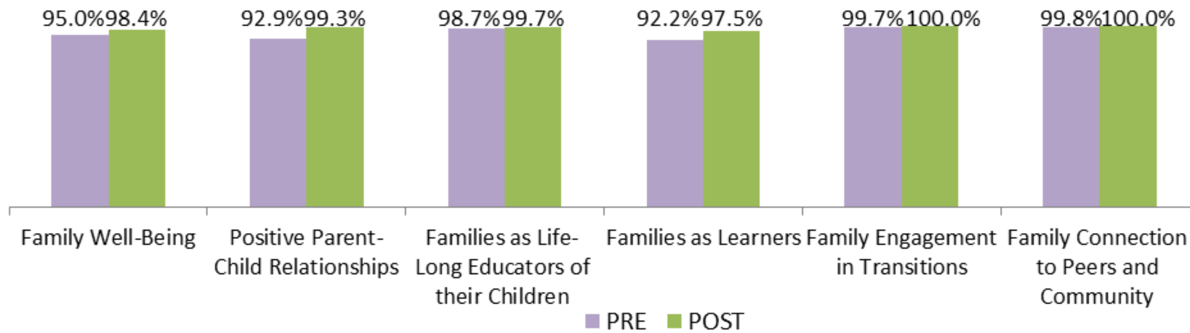
This year, 102 families were assessed for their strengths with the *Family Strengths & Needs Assessment (FANS)*, an instrument that supplements the parenting program. The tool covers 6 domains and asks parents to identify among 35 goals the ones where they have strengths or where they feel the need for more support. For example, in the Positive Parent-Child Relationship domain (*"I/We know positive techniques to help children manage their behavior without punishment"),* parents after working with program staff need to be able to answer "yes" at the post assessment to question like "We know how to handle a tantrum without becoming upset," and "We know how to set limits and give consequences without anger" to indicate achievement"—if they cannot, the item is marked as "not yet."

Table 3 is a display of the 6 domains and 13 categories (under which are the individual goals). As is quite striking in these data, the area of managing children's behavior showed a 27.3% positive percentage change--an area parents most commonly seek help in understanding and addressing. The domain with the highest average post-achievement (91%) was Positive Parent-Child Relationships (Figure 6 on the next page).

Table 3. Percent of Families Achieving Goals, FANS Summary Data (n=102)

	Family Well-Being			**Positive Parent-Child Relationships**			**Families as Life-Long Educators of their Children**		**Families as Learners**		**Family Engagement in Transitions**	**Family Connections to Peers & Community**	
	Safety	Physical health/ & well-being	Money matters	New baby	Community & culture	Managing behavior	Every day is for learning	School & family work together	Parenting & child development	Individual interests & family goals	New schools & growing children	Connections to other parents	Connections to community
Pre	94.0%	93.8%	97.3%	96.0%	100.0%	77.0%	98.3%	99.0%	87.0%	97.3%	99.7%	99.5%	100.0%
Post	96.0%	100.0%	99.0%	99.0%	100.0%	98.0%	99.3%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%
% Change	**2.1%**	**6.6%**	**1.7%**	**3.1%**	**0.0%**	**27.3%**	**1.0%**	**1.0%**	**9.2%**	**2.8%**	**0.3%**	**0.5%**	**0.0%**

Figure 6. Families' Average Achievement of Six FANS Domains (n=102)



To what extent did parents learn important child development information, and what were the breastfeeding intentions of pregnant women?

Growing Great Kids (GGK) builds on the framework of *Protective Factors* that other grantees are using. Because there was no evaluation tool associated with the program, we developed a pre/post tool aligned with the curriculum to assess change in parental knowledge, and for pregnant parents the intentions related to breastfeeding.

This year, there were 9 parents who submitted both a pretest and a posttest. Of the 10 questions, 4 were difficult for the parents to answer correctly initially. These were: Questions 1b (22.2% correct), 2a (22.2% correct), and 2b (33.3% correct). Question 2b was slightly less difficult with 44.4% of the parents getting the answer correct on the pretest. At the posttest, there was a statistically significant improvement with all the parents answering each of these 4 questions correctly (Table 6). The questions with non-significant pre/post changes reflect an already-high level of knowledge by the parents about those issues at the beginning of the program.

Table 6. Percentage of Correct Responses, GGK, Matched Sample (*n* = 9)

	Pre Correct	Post Correct	% Change
1a. Early relationships have lifelong impacts on a child's ability to learn, their behavior, and their health.	100%	100%	No Change
1b. As a child grows, parents should limit the amount of control a child has over their self-regulation.	22.2%	100%	350.5%*
1c. Children develop different styles of coping with stressful situations in their family.	100%	100%	No Change
1d. Children who grow up to be secure have moms who are more attentive and responsive.	88.9%	100%	12.5%
1e. Cultural values have a big impact on how children learn to interpret and express their emotions.	77.8%	100%	28.5%
2a. Children at birth are not naturally programmed to attach with others and must learn how.	22.2%	100%	350.5%*
2b. Attachment relationships are unrelated to a child's developing brain.	33.3%	100%	200.3%*
2c. It's primarily the parent-child interactions during their daily routines that help child development.	88.9%	100%	12.5%

Table continues on next page

2d. Harsh or threatening environments for young children can lead to changes in their nervous system.	100%	100%	No Change
2e. Research shows the more a child is spanked, the slower is the development of their mental ability.	44.4%	100%	125.2%*
3. Babies and the effect of forms of play	66.7%	100%	49.9%
4. Negative impact of highly critical parents	66.7%	100%	49.9%

*$p < .05$

Although the number of parents who answered the pregnancy-related questions was very small—and only 1 of them could be matched with a posttest—we show the results in Table 7 in case it is of interest to the grantee (Table 7). The “n” was too small to look for breastfeeding outcomes though both respondents expressed the *intention* to breastfeed.

Table 7. Parent Knowledge of Pregnancy-Related Resources, GGK, Un-matched Sample

	Pre (n = 2)			Post (n = 3)		
	Yes	*No*	*Not sure*	*Yes*	*No*	*Not Sure*
I know who to call or where to go when I have questions or need help with the following:						
Whether or how to breastfeed	-	-	100%	100%	-	-
How to keep from getting pregnant too soon after this baby	100%	-	-	100%	-	-
How to help the baby learn to start sleeping during the night.	50%	-	50%	100%	-	-
Someone to talk to when I’m feeling down or overwhelmed	100%	-	-	100%	-	-
Knowing when to call the doctor/clinic when I think the baby is sick	100%	-	-	100%	-	-

To what extent did adults and children present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described here. As Table 8 indicates, while close to two-thirds (62.5%) of the adults reported having no ACES experiences when they were children, 12.6% (2 clients) had experienced 4 or more ACES, which is considered as high risk for toxic stress physiology.

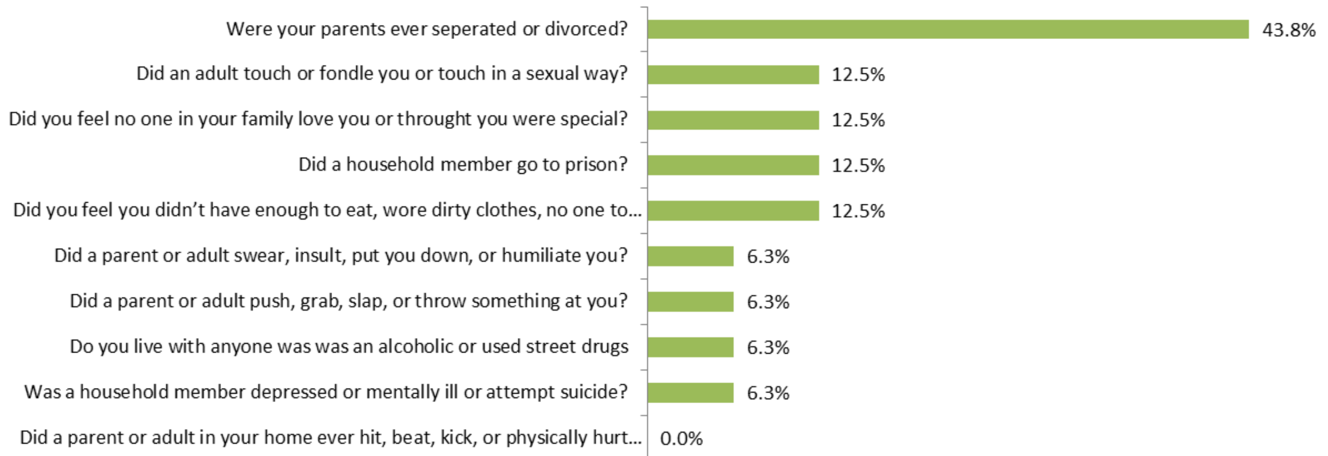
Only adults were screened for their ACES experience; the pediatric ACES tool was not used to inquire about any of the children of these adults.

Table 8. Number of ACES Experienced by the First 5 Parents/Caregivers (n=16)

Number of ACES	Percent
0	62.5%
1	25.0%
2	0.0%
3	0.0%
4	0.0%
5	6.3%
6	0.0%
7	0.0%
8	0.0%
9	6.3%
10	0.0%

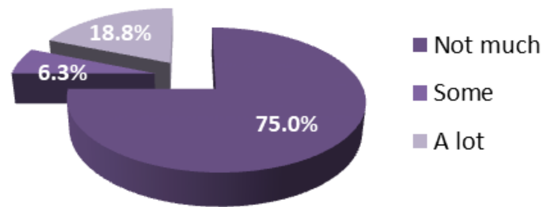
From Figure 7 we can see which of the ACES was experienced by the most clients. Along with the majority of other parents served by First 5 program,s, changes in family relationships caused by various types of disruption was the most common experience.

Figure 7. Percent of Parents/Caregivers Who Experienced Each Type of ACES Life Event (n=16)[1]



The ACES tool also asks adult respondents whether they believe these experiences affected their health. As Figure 8 shows, 75.0% thought the impact was minimal ("not much"), 6.3% believed there was "some" affect, but 18.8% considered that the experiences had greatly ("a lot") affected their health . Relative to its proportion, the level of affect reported by the latter group seems greater than might be expected. However, as this is a relatively small sample size (n=16) generalizing to the greater VUSD community should be cautioned.

Figure 8. Extent to Which Parents/Caregivers Believed the ACES they Experienced Affected their Health (n=16)



Conclusions and Recommendations

Since the beginning of this grant cycle, Visalia Unified School District has continued to grow its early childhood program, benefitting the families and children served by VUSD. It was clear that in implementing the *ESPIRS* curriculum the grantee achieved its evaluation objective of "75% of participating parents will read books with their children daily," with a significant percentage of them brining more books into the house.

The A*ges and Stages (ASQs)* questionnaires continue to be a valuable tool for staff and parents to identify areas of strength and areas where further evaluation might be needed and referrals made.

Although many parents had an already-high level of knowledge about the issues addressed in the *Growing Great Kids* curriculum, it was satisfying to see statistically significant improvement on several of the measures between the 2 assessment periods. Similarly, striking in the *FANs* data was the positive pre/post percentage change (27.3%) in parents reporting improvement in their ability to manage children's behavior.

LINDSAY FAMILY RESOURCE CENTER

"Many families have benefitted about learning from Tulare County's Safe-A-Sleep (SAS) Program the proper use of car seats and infant safety while sleeping."
– Program staff

Project Purpose and Evaluation Design

The project offers a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access information about services, jobs, training programs, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through 5 different tools.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Parent knowledge about child development and gain in parenting skills	*Abriendo Puertas* (Opening Doors), a comprehensive, 10-session parenting skills and advocacy program for low-income parents of children 0-5 aimed to develop parents' self-understanding as powerful agents of change to improve the lives of their children; the pre/post questionnaire assessed parent experiences and perceptions.
Identify areas of highest family need and concern and strength for case planning	*The Healthy Families Parenting Inventory (HFPI)*, 63-item scaled tool was administered pre/post to examine change in 9 parenting-related domains: Social Support, Problem-Solving, Depression, Personal Care, Mobilizing Resources, Role Satisfaction, Parent/child Interaction, Home Environment and Parenting Efficacy. The *HFPI* was also used for an outcome measure for the home visitation program.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen women coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk. *This year, there were too few assessments for submitting the data.*
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*
- *The percent of parents who report satisfaction with the content and quality of services.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Similar to many agencies, the FRC has continued to experience challenges with low parent participation. The Lindsay community is made up of primarily rural, low-income farm labor families who must travel long distances to work, making it challenging to add attendance at in-person parent workshops. Staff has tried to address this through personal invitations, making phone calls, sending text messaging reminders, maintaining a flexible schedule with days and times, and reaching out to parents utilizing the school's digital system. Incentives, based on families' needs, are another way staff has tried to increase participation. A bright spot was the significant book donation from the Visalia WIC office that allowed the FRC to distribute to all families in the community, focusing on those with children age 0-5.

Evaluation Results

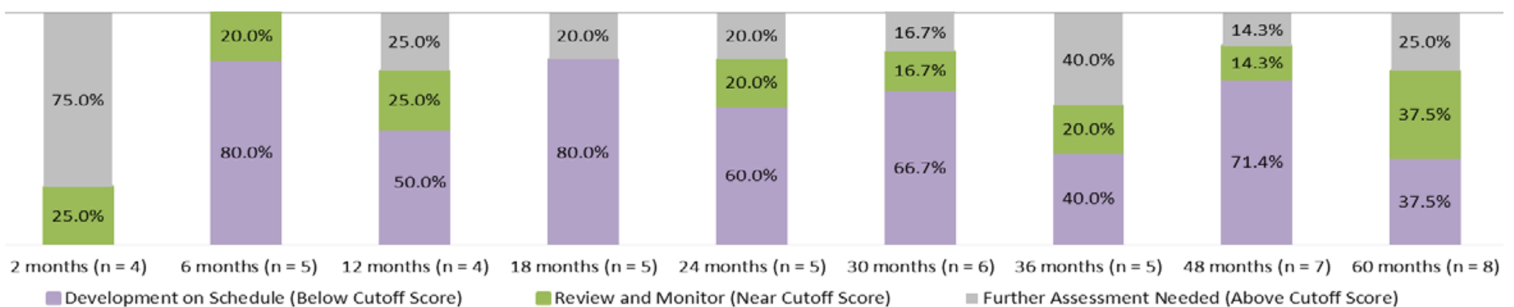
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

Figures 1 and 2 show the results of the parent-completed *Ages and Stages* questionnaires described above. Children who scored below the cutoff score (coded in gray in the bar graphs) were to be referred to a professional for further assessment; those in the midrange or near the cutoff score (coded in green) were to be monitored closer and provided with additional learning activities and monitoring; and, children who scored above the cutoff scores (coded in purple) were considered to be developing on schedule and did not need further evaluation.

Looking at the entire sample of 49 children from this year, 27 of them (55.1%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development, 10 (20.4%) scored near the cutoff and were to be reviewed and monitored closer, and 12 (24.5%) scored above the cutoff and warranted further professional assessment.

Looking at these children by age group, all but the youngest age group had some number of children scoring below the cutoff and considered to be developing on schedule; 75% of the children in the 2-months age group scored above the cutoff to warrant additional follow-up by the program's staff.

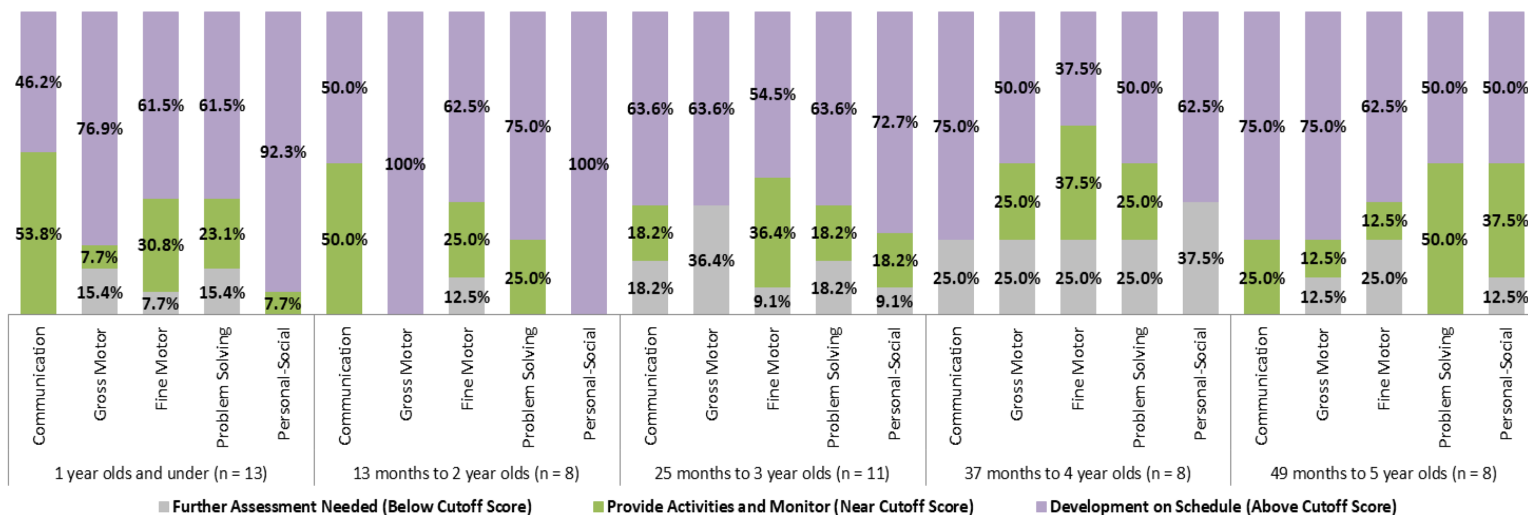
Figure 1. Percentage of Children Below, Near or Exceeding the ASQ:SE-2 Cutoff Scores (n=49)



The *ASQ-3* is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development; 48 children were also assessed for their overall development using this tool. The color coding of the cutoff levels in Figure 2 below is the same as for Figure 1 above. Most of the children scored above the cutoffs and were considered to be developing on schedule (from 56.3% of the children in the Fine Motor domain to 77.1% in the Personal Social domain). Looking at the various domains, Communication (31.3%) had the largest number of children and Gross Motor (8.3%) had the smallest number of children scoring close to the cutoff and needing additional monitoring and resources from the program's staff.

Looking at the results by age group, we can see there was at least one domain with one or more child who score below the cutoff score and needed professional assessment. For example, children in 37 months to 4-year-olds had difficulty in every domain with the largest percentage of them performing poorly in the Personal Social domain (37.5%).

Figure 2. Percentage of Children Below, Near or Exceeding the ASQ-3 Cutoff Scores (n=48)



To what extent did parents learn and apply important parenting and conflict management skills?

Table 1 on the next page shows results for the parents/caregivers who were asked questions on the *Parenting Wisely* tool about parenting and conflict management skills that had correct and incorrect answers. A repeated measures analysis of variance on the full set of questions showed that there was a significant improvement in overall performance from pretest to posttest, with the 13 parents averaging about 51% correct on the pretest (the range was 32% to 67%) and about 66% correct on the posttest (the range was 50% to 85%). The percentage changes with asterisks shown in the table indicate which changes were statistically significant. It should also be noted that some of the "no change" items may raise concerns among staff; for example, questions 3 and 9.

Using 80% correct as a benchmark for total test performance, none of the 13 parents scored over this benchmark on the pretest but on the posttest, two of them (15%) scored over the benchmark.

Table 1. Percentage of Correct Answers on *Parenting Wisely*, Matched Sample (*N* = 13)

Question	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	38%	62%	63.2%
2. What is the best reason to use "Active Listening"?	46%	77%	67.4%
3. In disciplining a child, what should be included along with punishment?	69%	69%	No Change
4. What is the most important part of giving a chore?	62%	62%	No Change
5. What is most important in "Assertive Discipline"?	85%	54%	-36.5%*
6. What is most likely to happen if a parent doesn't usually follow through punishment?	77%	69%	-10.4%
7. When might a family discussion of a problem NOT be a good idea?	46%	62%	34.8%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	54%	77%	42.6%
9. What happens when parents are consistent in giving consequences?	54%	54%	No Change
10. What are the components of "Contingency Management"?	54%	69%	27.8%
11. What happens if a parent monitors a child's schoolwork?	46%	62%	34.8%
12. When you first find out your child is doing poorly at school, what should you do?	54%	92%	70.4%*
13. What is the long term result of motivating children by yelling at them?	54%	69%	27.8%
14. What often happens when a parent forbids a teen to see a particular friend?	38%	54%	42.1%
15. What happens when you compare siblings to each other?	92%	62%	-32.6%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	31%	69%	122.6%*
17. The main reason parents yell at their children is?	54%	77%	42.6%
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	77%	69%	-10.4%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	23%	54%	134.8%
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	8%	38%	375.0%*
21. What is the purpose of an "I Statement"?	77%	54%	-29.9%
22. What are the main advantages of "Contracting" for adolescents?	15%	54%	260.0%*
23. Which of the following is an "I Statement"?	38%	77%	102.6%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use? After you have thought of 2 or 3 possibilities, choose the best one from the following choices.	31%	69%	122.6%
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	15%	46%	206.7%
26. What is the advantage of having both parents involved with a child's homework problem?	62%	38%	-38.7%
27. What happens when parents give punishments that are severe?	38%	85%	123.7%*
28. Close supervision of our children when they spend time with friends has which advantage?	46%	77%	67.4%*
29. What are the main elements of "Contracting"?	31%	69%	122.6%
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	8%	38%	375.0%*
31. If we need to correct our child when he or she is with friends, what should we do?	100%	100%	No Change
32. To help our children know which behavior to change, it is important for us to be...	54%	62%	14.8%
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	85%	92%	8.2%
34. When we talk about the positive motive behind someone's behavior, the effect is to?	85%	92%	8.2%
Overall Percentage Correct	**51.4%**	**66.3%**	**29.0%***

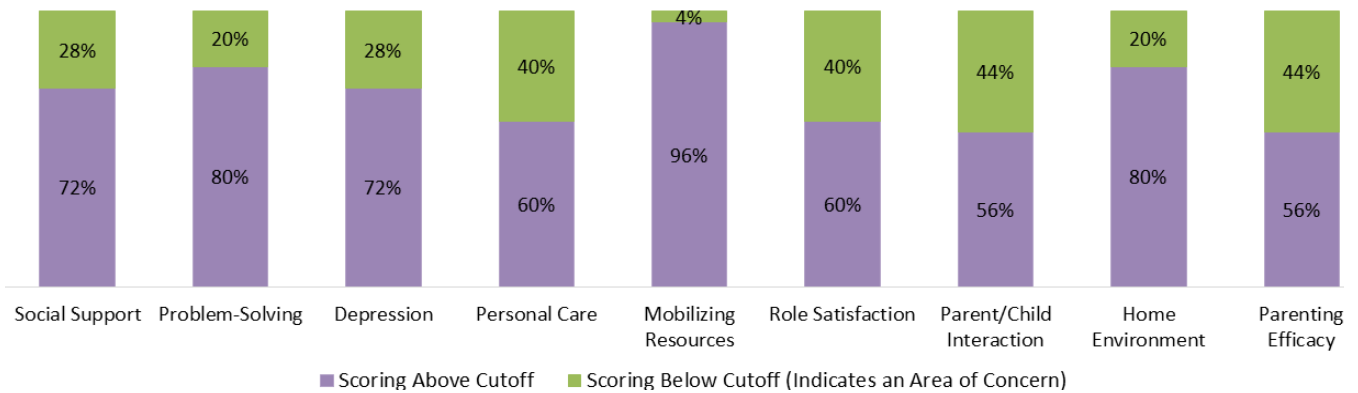
What areas of parenting need and concern regarding child development were highest?

The *Healthy Families Parenting Inventory* (HFPI) is a 63-item instrument designed to measure 9 domains of parent-focused outcomes in home visitation programs. Lindsay FRC plans to retain families in the program for 1 year after enrollment. Because it is a relatively new program for the FRC, and there hasn't been sufficient time for families to have "graduated," there was only 1 post-assessment submitted to us; thus, the results in Figure 3 show pre-assessments only.

Although the majority of parents scored above the cutoff totals—indicating no areas of concern—there were some parents whose scores indicated the need for extra assistance and resources. For example, in the Parent Child Interaction domain and in the Parenting Efficacy domain, 44% scored at or below the cutoff scores and were the domains of highest concern for the group. The Mobilizing Resources subscale had the smallest percentage of parents scoring at or below the cutoff—consistent with the national research experience.* (Note: in addition to showing the percentages in the graph, we can provide a table with the individual subscale scores and means if First 5 or the grantee wishes.)

An overall "total HFPI score" is also calculated on this tool though we could not find any interpretation information about this score other than it is a sum of all the subscale totals. For this year, the range for the "total HFPI score" was 190 to 302 with an overall mean score of 251.2.

Figure 3. Healthy Families Parenting Inventory, Pre-Assessment (*n* = 25)



To what extent did parents increase their knowledge about child development and gain confidence in parenting skills?

The *Abriendo Puertas* survey (a revised version of the previous lengthy tool) corresponds to the curriculum and contains questions that are grouped into 9 topical areas that test parents' pre- and posttest knowledge of parenting practices; "correct" answers to the questions were provided to us in an answer key by the grantee. A tenth section of the tool asks parents how confident they feel about 4 specific areas of parenting. This year, matched-set data were available for 16 participants.

Although none of the changes from pretest to posttest for the topics seen in Table 2 were statistically significant, there was a noticeable increase in the number of parents (25.8% change) answering the Nutrition and Physical Activity questions correctly. Conversely, there were 4 topics where more parents answered the questions *in*correctly on the posttest than on the pretest as indicated by the negative percent changes.

* https://ecadmin.wdfiles.com/local--files/home-visiting/Outcome%20measure%20for%20home%20visiting.pdf

Table 2. Percentage of Parents Answering Correctly on *Abriendo Puertas*, Matched Sample (*n*=16)

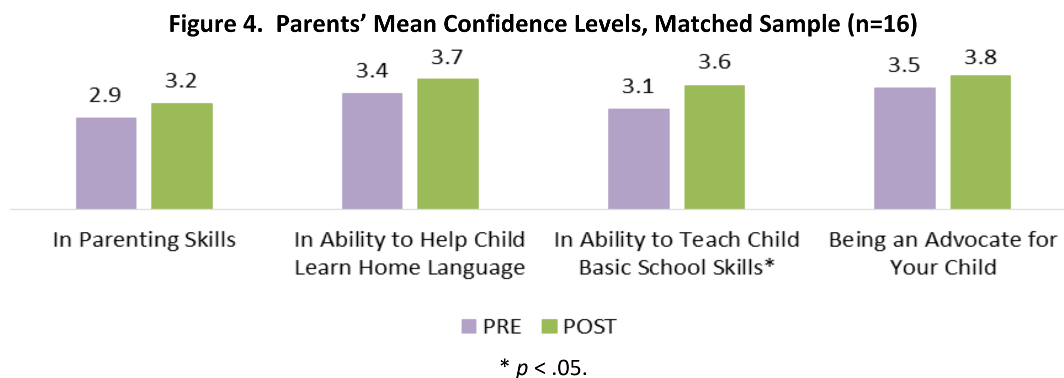
Topics	*Pre* % correctly answering	*Post* % correctly answering	% Change
Parenting	71.9%	78.1%	6.2%
Early Learning	79.7%	76.6%	-3.9%
Language and Literacy Development	71.9%	78.1%	8.6%
Nutrition and Physical Activity	48.4%	60.9%	25.8%
Socioemotional Development	79.7%	82.8%	3.9%
Use of Technology	48.4%	42.2%	-12.8%
Mathematical Development	46.9%	50.0%	6.6%
School Readiness	62.5%	53.1%	-15.0%
Advocacy	51.6%	43.8%	-15.1%

* $p < .05$.

For the questions related to parental confidence, respondents were asked to rate their level of self-assurance about certain parenting skills. The respondents' answers were averaged with 1.0 indicating "not confident" to 4.0 indicating "very confident."

Overall, most of the parents were already responding around the "confident" level on the pretest (overall M = 3.2) and "confident" to "very confident" at the posttest (overall M = 3.6). Repeated measures analysis of variance indicated that the increase was statistically significant. When each question was analyzed individually, the only change that was statistically significant was for how parents felt about their ability in teaching their child basic skills for school (Figure 4).

Figure 4. Parents' Mean Confidence Levels, Matched Sample (n=16)



* $p < .05$.

To what extent did children and adults present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

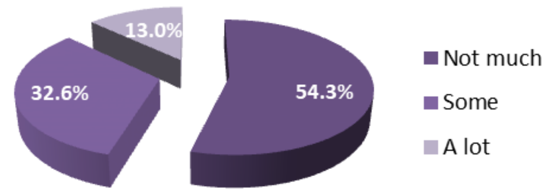
Adults

Forty-six adults were screened for ACES experience this year. While a little over one-quarter of them reported having no ACES incidents during childhoold (Table 3 on the next page), it is important to note that 34.8% reported experiencing 4 or more ACES which, according to the tool, indicates a high level of toxic stress physiology. A slightly higher proportion of parents reported negative effects from ACES than parents did last year. Just over half (54.3%) of them viewed the impact as minimal ("not much"), but 32.6% believed there was "some" affect (18.2% last year); and, 13.0% considered that the experience had greatly ("a lot") affected their health (Figure 5).

Table 3. Number of ACES Experienced by the Parents (n=46)

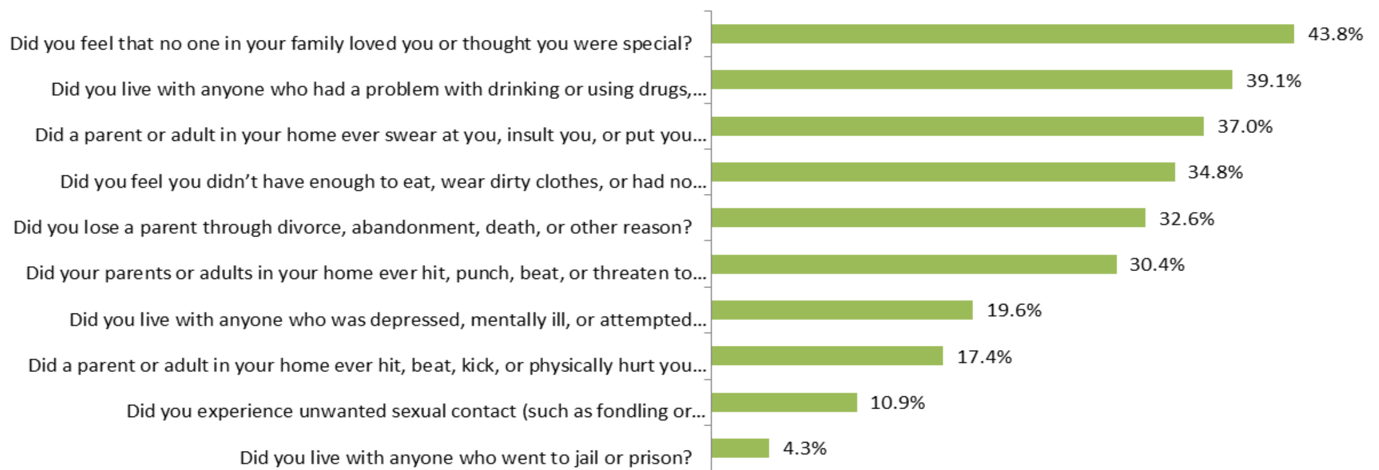
Number of Aces	Percent of Parents
0	28.3%
1	21.7%
2	10.9%
3	4.3%
4	4.3%
5	10.9%
6	15.2%
7	2.2%
8	0.0%
9	2.2%
10	0.0%

Figure 5. Externt to Which the Adults Believed the ACES they Experienced Affected their Health (n=46)



Because this FRC uses the identified version of the ACES tool, counselors and case managers are able to see which adverse life events individual clients have experienced – and which are most common among its clients. In the case of the Lindsay FRC clients, feeling they were not loved or made to feel special and living with the impact of substance abuse on the family contributed most commonly to the distress of these parents' childhoods (Figure 6). Between about 30% and 44% of the parents reported experiencing 6 of the 10 ACES.

Figure 6. Percent of Parents Who Experienced Each Type of ACES Life Event[1]



[1]Clients were instucted to read the questions and "Check each ACE category you experienced prior to your 18th birthday."

Children

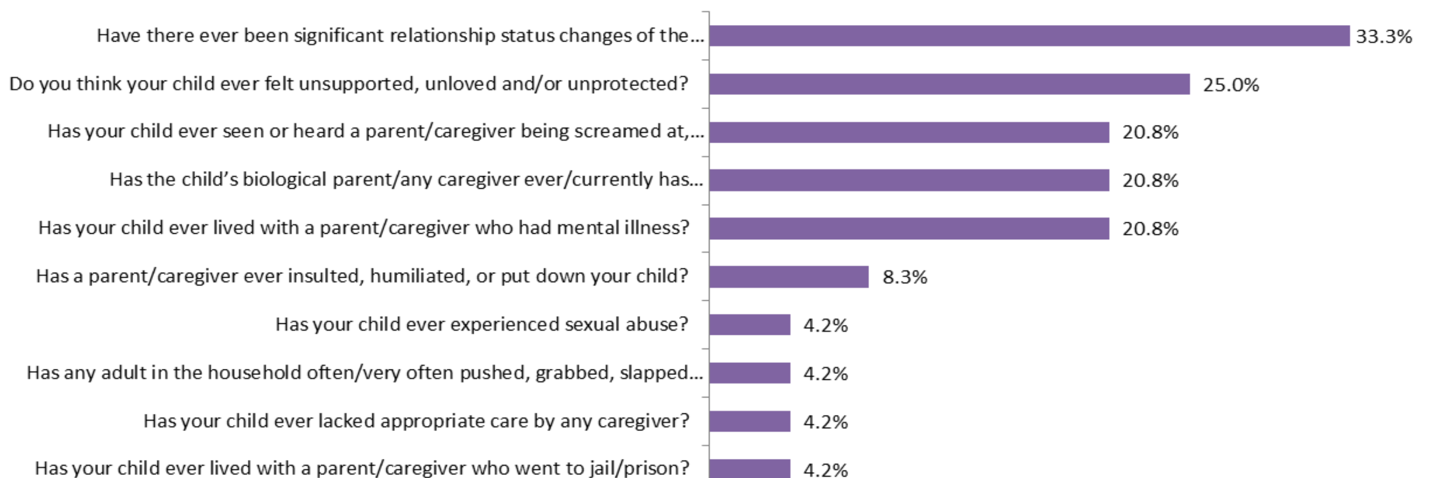
Some of the parents/caregivers also provided ACES screening information about their children. There are 2 parts to the pediatric ACES screening tool. About half reported their children as having no ACES experiences in either part of the tool; however, 20.4% reported their children had experienced 4 or more ACES—considered as high risk for toxic stress physiology—in Part 1; in Part 2, 4.5% did so (Table 4 on the next page).

Table 4. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=36)

Number of Aces	PART 1 Percent of Children (n=24)	PART 2 Percent of Children (n=22)
0	50.0%	54.5%
1	20.8%	22.7%
2	8.3%	13.6%
3	0.0%	4.5%
4	12.5%	0.0%
5	0.0%	4.5%
6	4.2%	0.0%
7	4.2%	0.0%
8	0.0%	0.0%
9	0.0%	0.0%
10	0.0%	0.0%

For the life events asked about in Part 1, the most commonly reported ACES were a significant change in the relationship status of the child's caregiver(s)—such as divorce, separation or a romantic partner moving in or out—and a child feeling unsupported, unloved and/or unprotested, reported by 33.3% and 25.0%, respectively, of the parents (Figure 7).

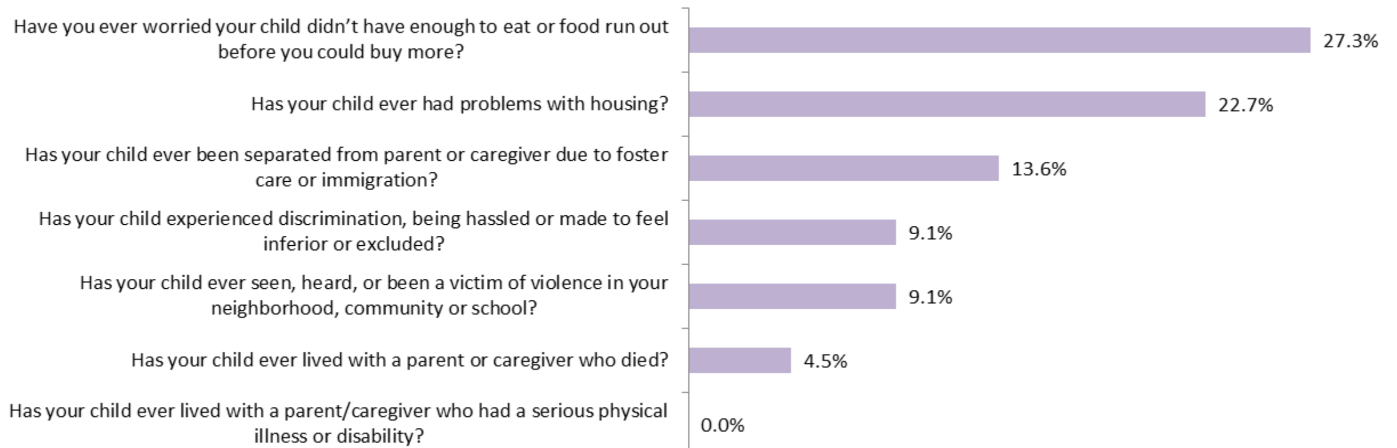
Figure 7. Percent of Children who Experienced Each Type of ACES Life Event – Part 1 (n=24)[1]



[1]Parents were asked, "At any point in time since your child was born,have they seen or been present when the following experiences happened?"

For the life events asked about in Part 2, the most common concerns were worry about food security, reported by 27.3% of the parents, and problems with housing such as being homeless, not having a stable place to live, moving more than 2 times in a 6-month period, faced eviction or foreclosure, or had to live with multiple families or family members, reported by 22.7% of parents (Figure 8).

Figure 8. Percent of Children who Experienced Each Type of ACES Life Event – Part 2 (n=22)[1]



Lindsay FRC also administered the Teen ACES tool this year, but there were too few cases (n=2) for analysis.

Conclusions/Recommendations

Parents participating in *Parenting Wisely* demonstrated a small amount of learning and ability to apply important parenting and conflict management skills, though too few (15%) did not reach the 80% correct benchmark in their posttest scores. The item analysis in our table suggests areas where the curriculum might need to be strengthened.

The A*ges and Stages (ASQs)* questionnaires continue to be a valuable tool for staff and parents to identify areas of strength and areas where further evaluation might be needed and referrals made.

Parents completing *Abriendo Puertas* showed varying amounts of knowledge about child development and parenting skills. Because there were no significant changes between the pre- and posttest correct answers to the questions, (and for 4 of the topics parents did a little less well after taking the class), we suggest staff look at the results of each individual test item in the questionnaires for this tool and see where the curriculum could be strengthened/focus be increased to raise parent understanding regarding child development and parenting skills.

Because The *Healthy Families Parenting Inventory (HFPI*) program has not been in service long enough to have generated post-assessments, we will continue to carry over all of the pre-assessments into next year to match any with posttests that are submitted. We suggested, and Lindsay agreed, that the posts be administered earlier than 1 year for parents who dropped out or needed to dis-enroll early (but no earlier than 6 months after enrollment). In the meanwhile, the program should review the portion of the *HFPI* curriculum to see how the curriculum for the Parenting Efficacy domain could be strengthened because it showed the highest area of concern last year as well.

The use of the *ACES* screening tool continues to be valuable in documenting the Lindsay parent/caregivers' adverse childhood experiences. Many of the life events they experienced mirrored other First 5 Tulare parents—many in the same rank order—assessed with this tool.

UNITED WAY 2-1-1

"I'm so grateful to you guys; you are my saviors. I'm so used to people not really caring about us, but you guys actually do." – Program recipient

Project Purpose and Evaluation Design

The purpose of United Way 2-1-1 telephone service is to help people facing a difficult situation find the resources they need. The goal is to increase the percentage of families with access to information about services, provide linkages to jobs and training programs and offer referrals to parent education, child care, substance abuse, and other resources that can promote family stability. Monthly follow-up calls by Call Center Specialists are made to users of the 2-1-1 program to obtain information about their experience using the system and whether or not they successfully received services. Per agreement with First 5, this report represents a *sample* of the follow-up calls.

Primary Objective	Measured by
Understanding callers' main needs for assistance and the extent to which were they helped	Client Follow-Up Calls for Assistance

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The number of 2-1-1 calls that connect to available community referrals.*
- *The percent of callers with identified needs who were helped.*
- *The number of partnerships with community programs and services that serve as resources.*
- *The percent of parents who are concerned their child is at risk of developmental delay.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

A single mother of 3—with elderly parents living in the home—was in dire need of food and utility assistance—an unfortunately common client experience this program is designed to respond to. At the time of follow-up, after referrals to several food distribution centers in her area, staff did a further assessment that allowed them to discover additional needs the mother did not reveal initially—diapers for her baby and help with rent due to COVID affecting her income. The client was linked with the additional resources and was incredibly grateful and especially moved that the staff had called her back to check on her, which led to even more essential resource connections.

Evaluation Results

What were callers' main needs for assistance and to what extent were they helped?

Caller Information

This year, we received follow-up information on a sample of 363 calls. About 46% (up from 31% last year) of the callers were Spanish-only speakers (Figure 1). Word of mouth from friends and family (47.7%) accounted for the most common ways callers reported hearing about 2-1-1, followed by contact with some type of agency (35.8%). Similar to last year, all (100%) of the call types were identified by United Way as "information and referral," and none as "advocacy" or "crisis."

Figure 1. Profile of 2-1-1 Callers (n=363)

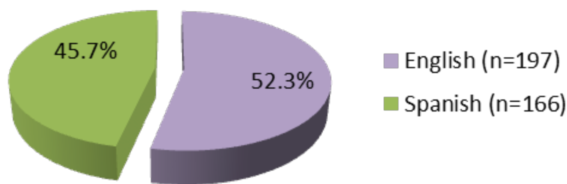
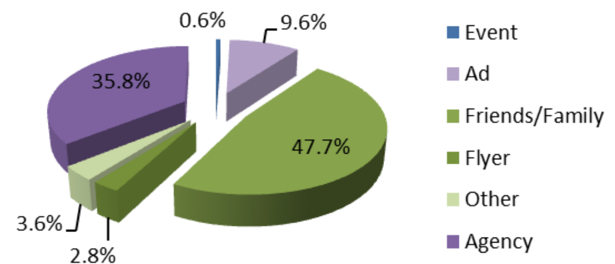


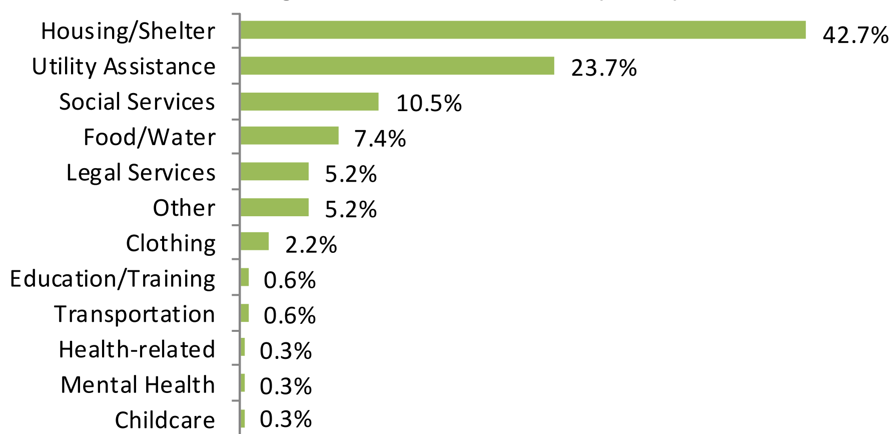
Figure 2. Ways of Finding 2-1-1 (n=363)



Callers' Needs

As is generally the case, housing/shelter accounted for the majority (42.7%) of callers' main needs, followed by help with the cost of utilities (23.7%) and social services (10.5%), as shown in Figure 3. Health-related concerns had accounted for 7.3% of the calls last year (perhaps because COVID was still viewed as a concern), but this year it was infrequently identified (0.3%) as a primary need.

Figure 3. Clients' Main Needs (n=363)



Referral Information and Receipt of Services

Virtually all of the callers said they were able to obtain a referral that met their needs, and 94.8% reported following through by contacting the referral source (Figure 4)—higher percentages than last year.

Close to one third (31.1%) of the callers, about 9% lower than in the previous year, reported they had or were currently receiving the services they were referred to, while 38.8% were unable to access the needed services because funding was unavailable, or for other reasons shown in the pie chart (Figure 5).

Figure 4. Callers' Ability to Obtain Referrals and Link with Services (n=363)

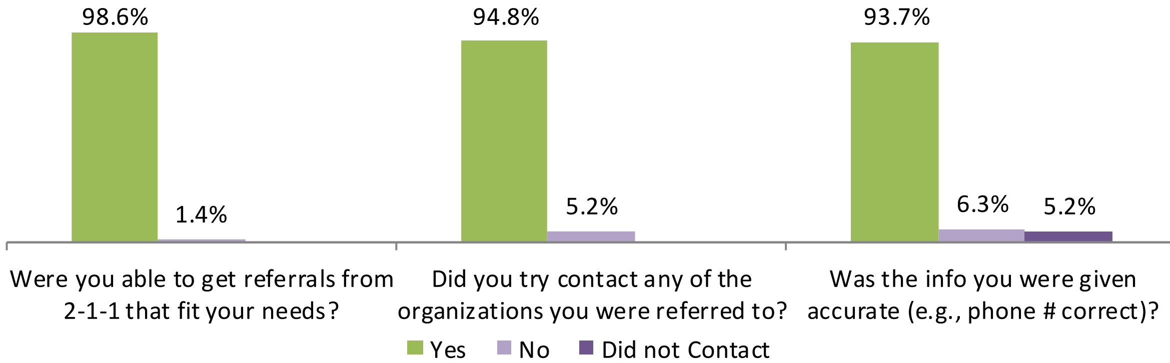
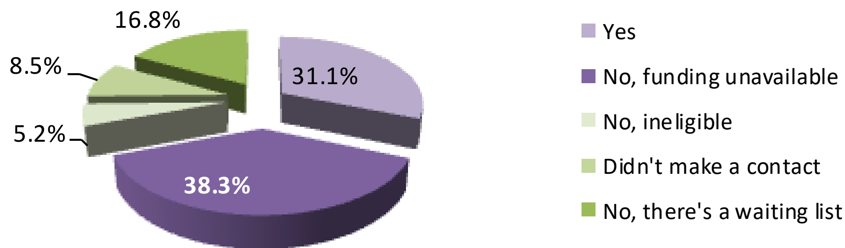


Figure 5. Callers' Ability to Receive Services from Referral Organizations (n=363)



Child Development Issues

This year, only 2 callers with a child age 0-5 (representing 0.6% of the caller sample) stated during the initial call they had child developmental concerns—and were willing to have staff make a follow-up call regarding those concerns. One of the parents expressed concerns related to their child's behavior and the other to speech (data not shown).

Client Feedback

Although 86.3% of the 2-1-1 callers last year had reported being "very satisfied" with their experience, only 69.1% reported the same level of satisfaction this year; the remainder, however, said they were "somewhat satisfied" (Figure 6). Virtually all of them found the call specialists courteous and able to understand their needs and most had no hesitation to use 2-1-1 services again if needed (Table 1).

Figure 8. Caller Satisfaction Level (n=363)

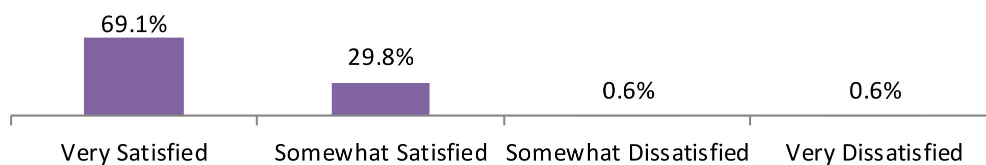


Table 1. Feedback about Staff and Likelihood to Use the Service Again (n=363)

	Yes	No	Somewhat/Maybe
Did the call specialist seem to understand your needs?	99.2%	0.8%	0.0%
Was the call specialist courteous?	99.4%	0.6%	0.0%
Would you use 211 again?	98.3%	0.2%	1.4%

Only nine (2.8%) of the 323 callers who were reported for this question indicated during the follow-up call they needed additional resources or help at that time. All of those individuals reported needing assistance with housing or utilities costs.

Conclusions/Recommendations

The families who accessed 2-1-1 services rated their experience favorably, confirming the value of this community resource. The call specialists have always been viewed as courteous, informative, helpful and clear about understanding callers' needs.

The program met its evaluation goal of 50% of callers being able to obtain a *referral* for the services they were seeking. And, it's also a positive finding that a higher proportion of callers this year reported following through by contacting the referral source. However, it is always disconcerting when referrals do not lead to a *solved problem*—when the same problems identified in the families' initial calls remained the main problems at the time of the follow-up calls—especially when the reason is lack of funding (either the referral source or the client's financial inability) or ineligibility for the referred services. We continue to recommend that United Way call specialists/supervisors remain as up to date as possible about local agency eligibility requirements and capacity to accept clients so that a greater proportion of the referrals can result in successful linkages to assistance.

SAVE THE CHILDREN FEDERATION

"The home visiting component of this program makes all the difference in empowering and providing for families' needs." – Early Steps Coordinator

Project Purpose and Evaluation Design

The organization offered a comprehensive range of services through Early Steps to School Success (ESSS), a language development and pre-literacy program. Early Steps provided services through home visiting and parent support and parent-child groups.

Primary Objective	Measured by
Parent understanding of importance and engagement in early literacy activities	Parents completed the *CA-ESPIRS* Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Assess child understanding of spoken language	PPVT-4/PLS-5, diagnostic and screening tools designed to appraise the early stages of language development and maturational lags, strengths, and deficiencies by testing auditory comprehension.
Assess parents' interactions with their children age 0-3	PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) is an observational tool used by home visitors to help parents see the value of supportive interactions, identifies strengths, and adds to understanding about the need for referrals or resources as well as program planning. *This tool was not implemented for evaluation this year.*

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

This program—referred by the school district—came into the lives of a newly-single mother and her 3 children at a critical time. Through ongoing support by the home visitor the mother was able to learn about normal child development, gain confidence in her parenting skills and learned to identify and use resources that were already (and newly) available to her. Reading to the children became a routine part of family life—something that had not happened when the older children were young. The family, which later included a new husband, were able to gain confidence, learn to advocate for what they needed, and ultimately become first-home buyers.

Evaluation Results

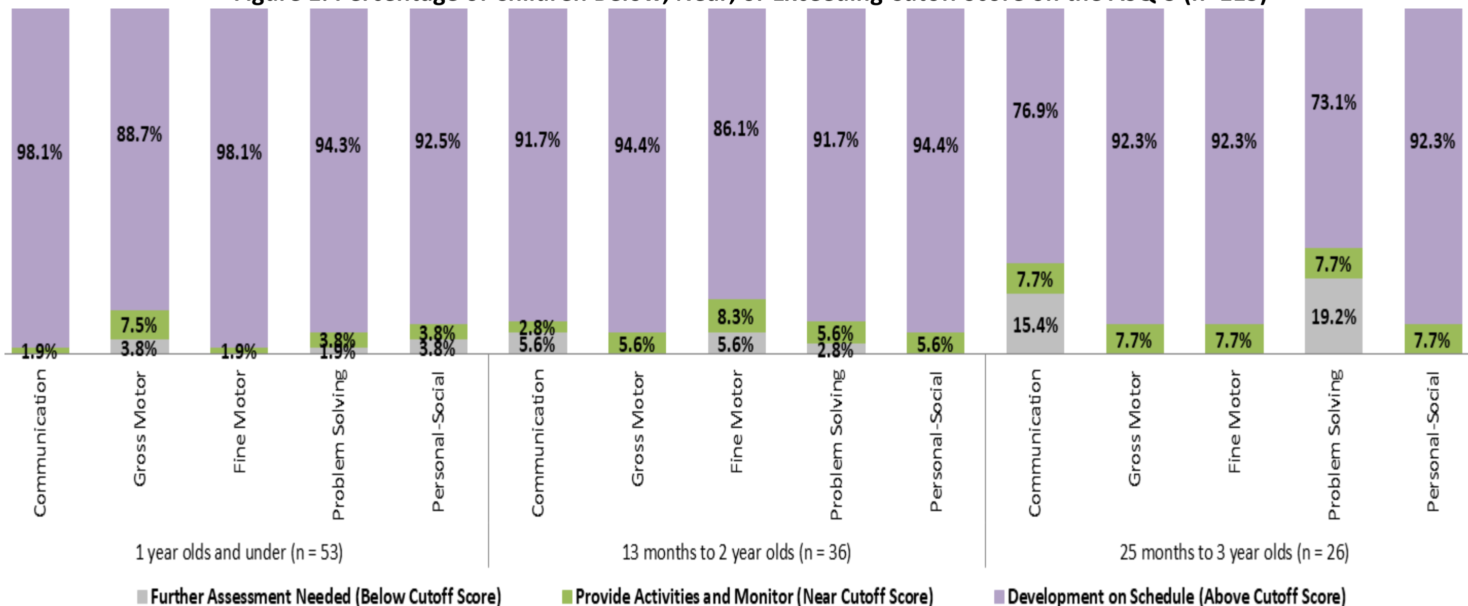
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *ASQ* screening tools provide a means of assessing these concerns. Children who scored below the cutoff score (coded in gray in Figure 1) with the *ASQ-3* were to be referred to a professional for further assessment. Those in the midrange or near the cutoff score (coded in green) were to be monitored closer and provided with additional learning activities. The children who scored above the cutoff scores (coded in purple) were considered to be developing on schedule and did not need further evaluation.

As Figure 1 indicates, most of the children scored above the cutoffs and were considered to be developing on schedule (from 88.7% of the children in the Problem Solving domain to 93.0% in the Fine Motor and Personal Social domains). (Note: this is an unusually high proportion of children assessed at this level compared with all of the other First 5 grantees using this tool.) Looking at the various domains, 4-6 children (from 3.5% in the Communication domain to 5.2% in each of the other domains) scored close to the cutoff and warranted closer monitoring and access to learning activities. The percentage of children who scored below the cutoffs was also very small.

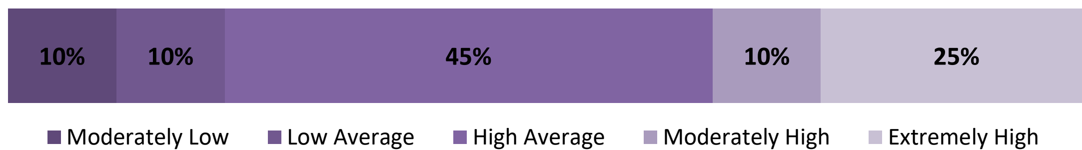
Looking at the children by age, the largest percentage scoring below the cutoff and needing further professional assessment were seen in the older age group of children. For example, the 25 months to 3-year-olds had difficulty with the Problem Solving domain (19.2%) and the Communication domain (15.4%).

Figure 1. Percentage of Children Below, Near, or Exceeding Cutoff Score on the ASQ-3 (n=115)



The *Peabody Picture Vocabulary Test (PPVT™-4)*, used as a diagnostic, universal screening and progress monitoring tool, measures a child's listening and understanding of single-word vocabulary beginning at age 2 years, 6 months to check for developmental delays. The child listens to a word uttered by the interviewer and then selects one of four pictures that best describes the word's meaning. (An example might be, "Can you show me a fly (age 3)?" or "….a cobweb?" for age 5). Raw scores are converted to standard scores which allow for comparison with a reference group - children of the same age group in this case. As Figure 2 shows, 55% of the children tested fell into the range of average, with 45% of them scoring at the high end of the range. Seven (35%) of them tested at the moderately high to extremely high level. The average score was 112.4%, which falls under the category of high average.

Figure 2. Peabody Picture Vocabulary Test, Standard Scores (n=20)



Early Steps to School Success uses the *Preschool Language Scale (PLS-5)* Spanish Edition to assess developmental language skills of children whose primary language is Spanish. The program administers the test at age 3 to children who have received at least 1 year of home-based services. (An example of a task might be the teacher asking, "Show me all the things we wear" when pointing to a chart of animals, foods, articles of clothing and pieces of furniture.) Standard scores between 85 and 115 are considered to be average or within normal limits. Nationally, about two- thirds of all children with typical language development obtain *PLS-5* scores in this range. Although last year three-quarters of the Tulare County children fell within the national average, the proportion of this year's children (67.6%) exactly matched the U.S. average, with another 29.7% scoring above average and none below (Figure 3). The range of standard scores was 87 to 139, with an average standard score of 108.9 (almost the same as last year at 108.6, and similar to the year before of 107.7).

Figure 3. Preschool Language Scales/Spanish Edition, Standard Scores (n=37)

Below Average	*Average*	*Above Average*	*Significantly Above Average*	*Average Standard Score*
	(n=28)			
0.0%	**67.6%**	**29.7%**	**2.7%**	**108.9**

To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?

Being surrounded by lots of books where in the home helps children build vocabulary, increase awareness and comprehension, and expand horizons—all of which benefit school achievement. At the time of the pretest, approximately two-third of the parents (66.3%) reported having 11 or more books at home on the pretest but on the posttest, 88.1% of the parents reported having this many books at home, a statistically significant improvement (Table 1).

Looking at how often parents read books and told stories to their children, there were statistically significant changes with over 91% of the parents on the posttest saying they were reading books to their children 3

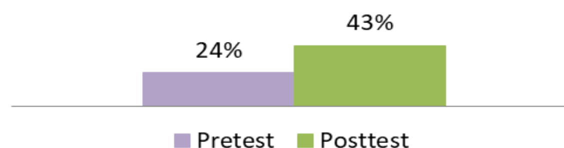
times a week or more (up from 71.8% on the pretest), and over half (52.7%) telling stories this often (up from 41.8% on the pretest).

Table 1. Parents' Experience with Books/Reading to Children, Matched Set (n=167)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	10.1	1.8
3 - 10 books	23.7	10.1
11 - 25 books	25.4	27.8
26 - 50 books	24.3	39.6
51 + books	16.6	20.7
About how often do you read books or stories to your children?		
Never	6.0	0
Several times a year	6.0	2.4
Several times a month	7.8	2.4
Once a week	8.4	3.6
About 3 times a week	29.3	26.9
Every day	42.5	64.7
How often do you tell your children a story (e.g., folk and family history)?		
Never	13.9	2.4
Several times a year	10.3	7.3
Several times a month	10.3	10.3
Once a week	23.6	27.3
About 3 times a week	23.0	24.8
Every day	18.8	27.9

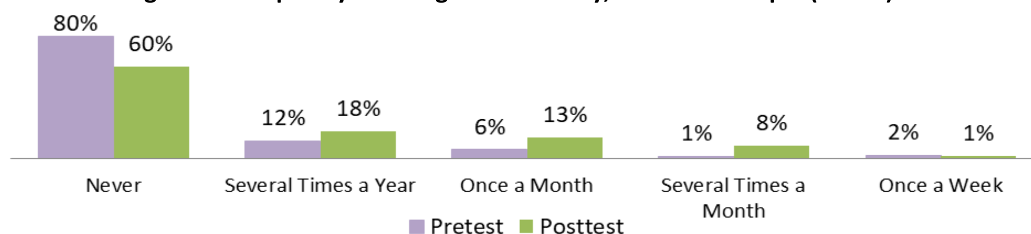
With regard to the families' library experience, there was a statistically significant change from the pretest to the posttest with more respondents possessing a library card at the posttest (42.8%) than at the pretest (23.5%) (Figure 4).

Figure 4. Percent of Parents Posssessing a Library Card, Matched Sample (n=165)



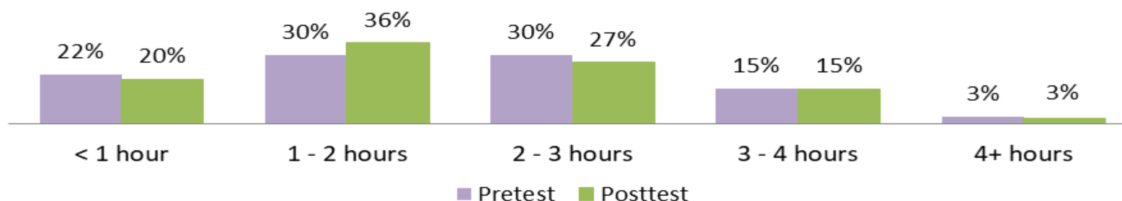
About 9% of the participants initially reported that they went to the library once a month or more. Figure 5 indicates that this situation changed significantly by the posttest with approximately 22% of the group reporting that they visited the library this often. While not statistically significant, the proportion of the parents who reported "never" going to the library after participating changed in a positive direction.

Figure 5. Frequency of Going to the Library, Matched Sample (n=165)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. This year, little to no changes were reported in children's TV viewing from the pre- to posttest; for example, almost half (48%) of the parents reported 2 or more hours of television watching on the pretest and on the posttest 45% did so. The proportion reported 3-4 and 4+ hours did not change at all (Figure 6).

Figure 6. Hours of TV Watched Per Day, Matched Sample (n=163)



Some of the parents reported at the pretest they were already engaging in positive parental behavior related to managing certain TV experience of their children. Following the program, there were slight increases in the percentages of parents who reported that they *sometimes* selected the TV programs and *sometimes* watched the TV programs with their children. The changes however were not statistically significant. However, when it came to talking with their children about what they were watching, the increase from 32.7% to 41% in *always* asking their children questions was statistically significant (Table 2).

Table 2. Family TV-Watching Experience, Matched Sample (n=238)

Survey Questions	Pre			Post		
	Never	*Sometimes*	*Always*	*Never*	*Sometimes*	*Always*
When your children watch TV, do you select the TV programs your children watch?	3.7%	25.5%	70.8%	1.9%	29.8%	68.3%
When your children watch TV, do you watch the TV programs with your children?	6.3%	60.8%	32.9%	0.6%	67.7%	31.6%
When your children watch TV, do you ask your children questions about the TV program?	9.0%	58.3%	32.7%	0.6%	58.3%	41.0%*

Conclusion and Recommendations

Growing up in a houseful of books has been strongly linked to academic achievement. The grantee demonstrated positive changes in parents reading to children, having books in the home and telling stories to their children, and increasing the frequency of parents using the library, meeting the objective "Parents of children ages 3-5 will read together an average of 10 times per month." We were pleased to see an increase in the proportion of parents who visited the library this year.

A review of a sample of the developmental assessments showed the project met its evaluation plan objective that "100% of age 0-3 children assessed for risk factors and developmental status who exceed the cutoff score [on the *ASQ*] will be referred for further evaluation as appropriate." As we noted above, there were relatively few children this year, compared to previous years, whose assessment scores indicated a need for further evaluation or monitoring.

WOODLAKE FAMILY RESOURCE CENTER

"Thank you for changing my nephew's life forever."
- Legal Guardian of an infant

Project Purpose and Evaluation Design

The project offered a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through the following 5 tools.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated with the modules on a pre/post basis. Parents completed a satisfaction survey at the end of each module.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to a 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen for how women were coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*
- *The percent of parents who report satisfaction with the content and quality of services.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The program was able to successfully intervene and bring a satisfactory resolution in an unusually complex case thanks to a close working relationship with Family Services Early Mental Health and the vigilant effort of staff. The case involved an infant whose mother had been murdered in Mexico—father's whereabouts unknown—and had been bounced around in the Texas foster care system. The baby's maternal aunt sought help through the Woodlake FRC in gaining custody of her nephew, which ultimately became possible because of staff's diligence to obtain judicial approval granting the aunt guardianship. The child is now living with his aunt in Woodlake and is also on the radar of the local school's special education department learning director if future services are needed.

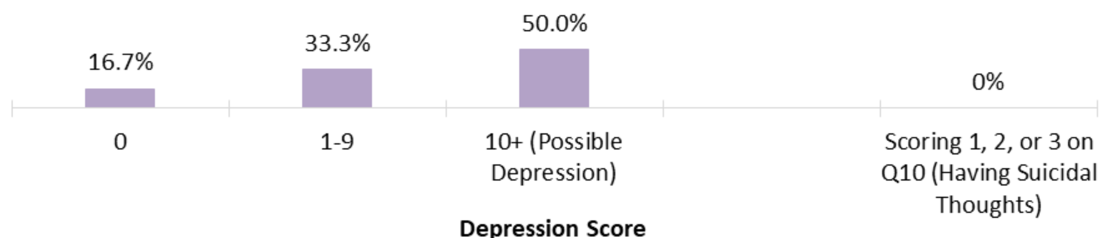
Evaluation Results

To what extent did women at postpartum or perinatal exhibit signs of depression?

Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[4] The *Edinburgh Postnatal Depression Scale* is commonly used as a screening tool to see how new mothers are coping with the life changes of pregnancy and childbirth. Their answers are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

Of the 6 women evaluated by the project this year, 50% scored over 10 which indicated possible depression. A third of the women (33.3%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. None of the mothers responded to Question 10 on the tool in a manner to suggest that *possible suicidal thoughts* had occurred.

Figure 1. Edinburgh Postnatal Depression Scale (*n* = 6)



[4] http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx

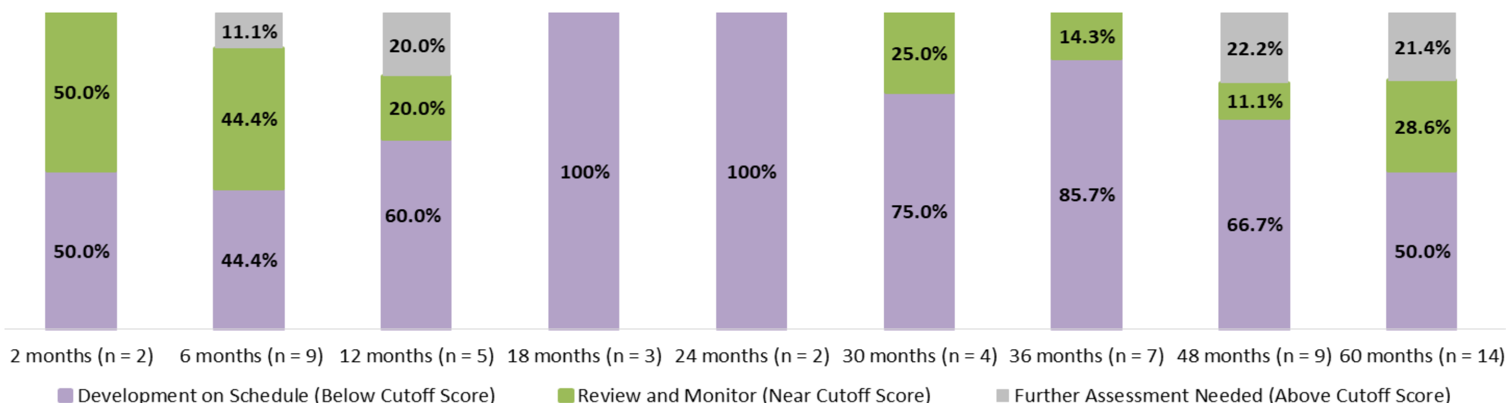
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *Ages and Stages* screening tools provide a means of assessing these concerns. Children who scored below the cutoff score (coded in gray in Figures 2 and 3) were to be referred to a professional for further assessment. Children in the midrange or near the cutoff score (coded in green) were to be monitored closer and provided with additional learning activities and monitoring. The children who scored above the cutoff scores (coded in purple) were considered to be developing on schedule and did not need further evaluation.

Figures 2 shows the results of the parent-completed *ASQ:SE-2* questionnaires described above. Looking at the entire sample of 55 children from this year, 35 of them (63.6%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development, 13 (23.6%) scored near the cutoff and were to be reviewed and monitored closer, and 7 (12.7%) scored above the cutoff and warranted further professional assessment.

Looking at these children by age group, all those in the 18 and 24 months age groups scored below the cutoff and midrange and were considered to be developing on schedule. Contrary to that, we can see from the bar graph there were children in the very young and oldest age groups whose scores warranted further evaluation and or professional review.

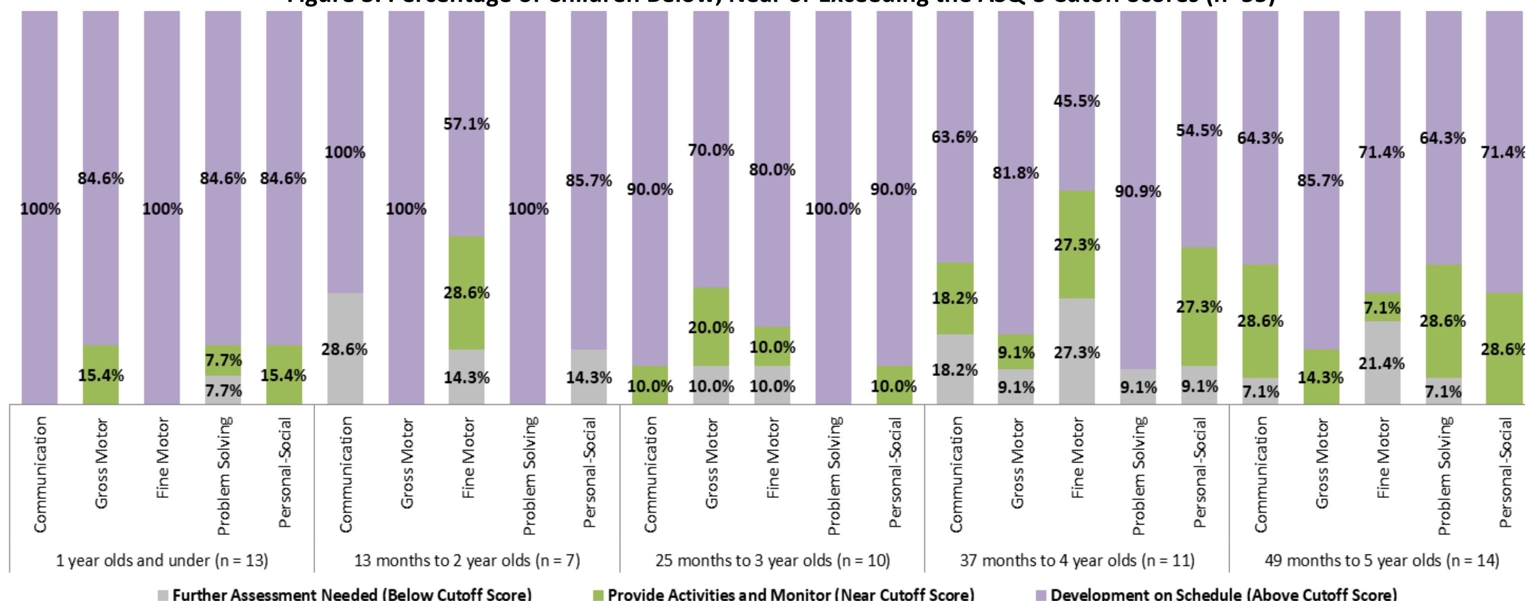
Figure 2. Percentage of Children Below, Near or Exceeding the ASQ:SE-2 Cutoff Scores (n=55)



The *ASQ-3* is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. The 66 children were also assessed for their overall development using this tool. The color coding of the cutoff levels in the more detailed Figure 3 on the next page is the same as for Figure 1 above.

Although most of the 55 children scored above the cutoffs and were considered to be developing on schedule (from 72.7% in the Fine Motor domain to 85.5% in the Problem Solving domain), there were children whose scores indicated the need for additional monitoring or professional assessment. Looking at the various domains, the Personal Social domain (18.5%) had the largest number of children and the Problem Solving domain (9.1%) had the smallest number of children needing additional monitoring and resources from the program's staff. For children scoring below the cutoff and requiring further assessment by a professional, the largest number was seen in the Fine Motor domain (14.5%).

Figure 3. Percentage of Children Below, Near or Exceeding the ASQ-3 Cutoff Scores (n=55)



To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families. Parents completing the Woodlake FRC *Protective Factors Survey* were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting—all of which are considered protective factors that strengthen families. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

As Figure 4 shows, parents rated items in the Nurturing and Attachment subscale the highest for protective factors and items in both the Family Functioning subscale and the Concrete Support the lowest for protective factors. For items in the Knowledge of Parenting area (Figure 5), the parents rated "*When I discipline my child, I lose control"* the highest and "*There are many times when I don't know what to do as a parent*" the lowest for protective factors.

Figure 4. Mean Scores for Parents' Protective Factors (n=56)

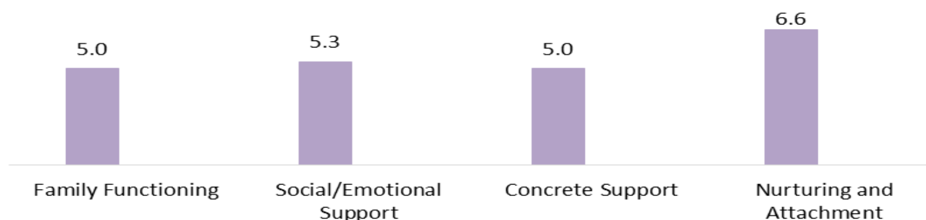
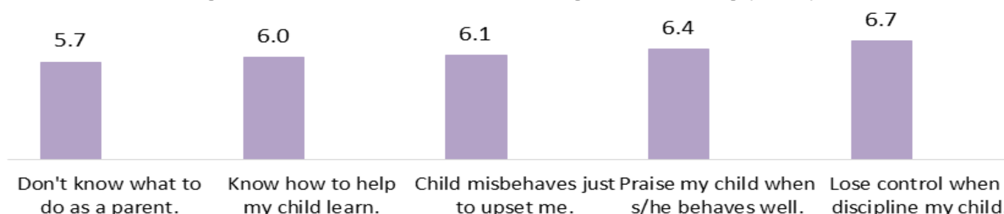


Figure 5. Mean Scores for Knowledge of Parenting (n=56)



To what extent did children and adults present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

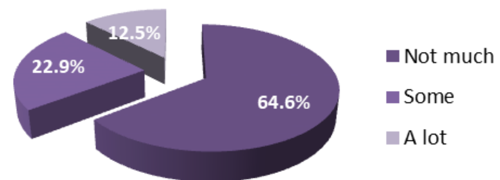
Adults

Fifty-three adults were screened for ACES experience this year. While close to one-third of them reported having no ACES incidents during childhood (Table 1), 26.5% reported experiencing 4 or more ACES which, according to the tool, indicates a high level of toxic stress physiology (Table 1). The ACES tool also asks respondents whether they believe these experiences affected their health. About two thirds (64.6%) of the parents viewed the impact as minimal ("not much"), but 22.9% said the experiences had "some" effect, and 12.5% thought they had greatly ("a lot") affected their health (Figure 6).

Table 1. Number of ACES Experienced by the Parents (n=53)

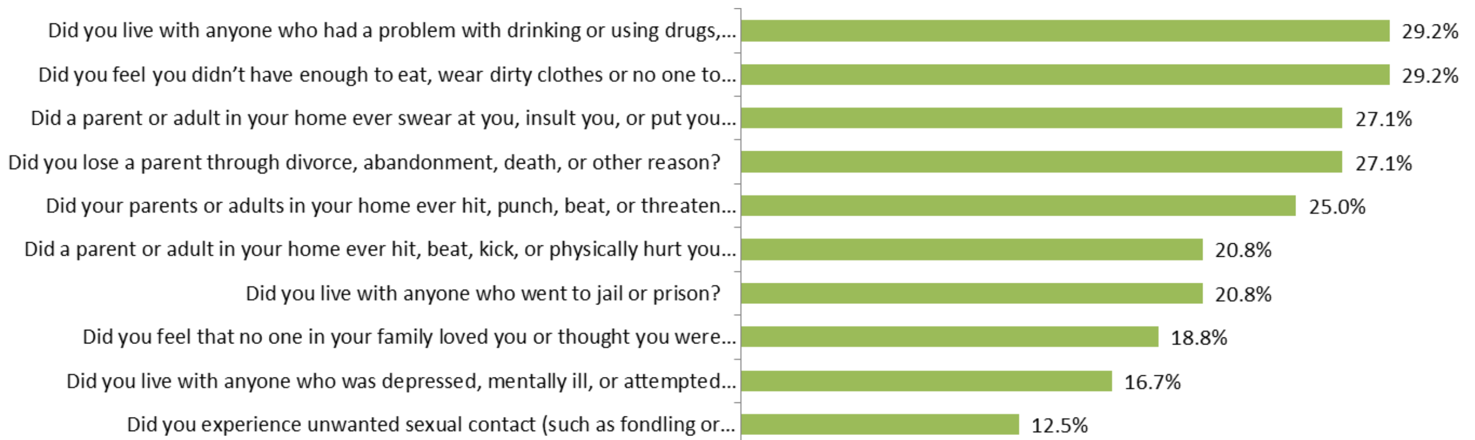
Number of Aces	Percent of Parents
0	32.1%
1	20.8%
2	13.2%
3	7.5%
4	7.5%
5	1.9%
6	5.7%
7	1.9%
8	3.8%
9	3.8%
10	1.9%

Figure 6. Extent to Which the Adults Believed the ACES they Experienced Affected their Health (n=48)



Because Woodlake FRC uses the identified version of the ACES tool, counselors and case managers are able to see which adverse life events individual clients have experienced – and which are most common among its clients. In the case of the Woodlake FRC clients, the impact of substance abuse on the family and feeling you didn't have quite enough to eat or clean-enough clothes to wear and no one to take care of you most commonly contributed to the distress of these parents' childhoods (Figure 7).

Figure 7. Percent of Parents Who Experienced Each Type of ACES Life Event[1]



[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday."

Children

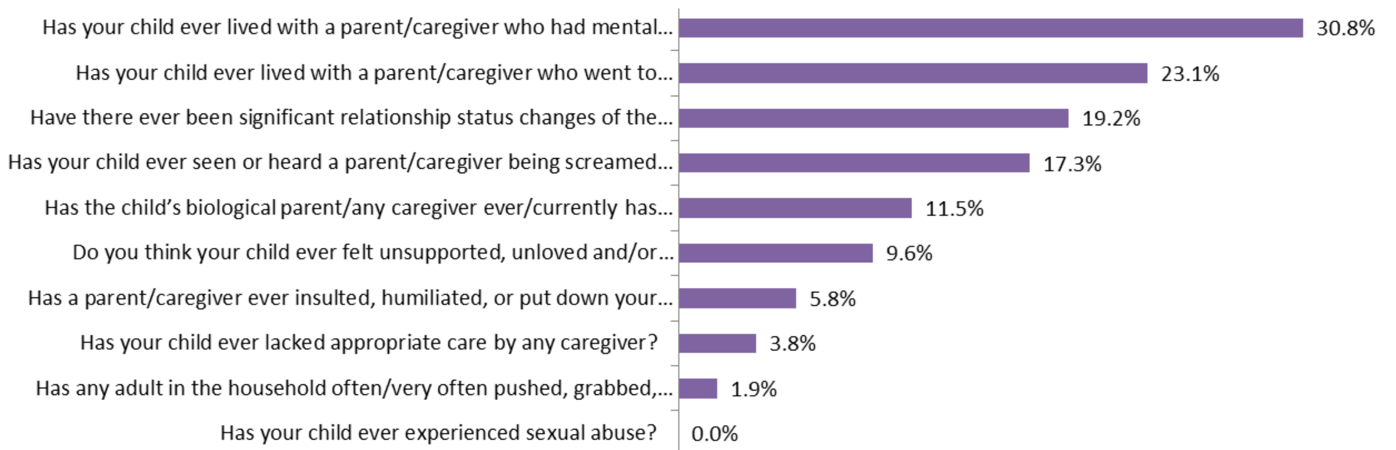
Some of the parents/caregivers also provided ACES screening information about their children. There are 2 parts to the pediatric ACES screening tool. About half reported their children as having no ACES experiences in Part 1 of the tool and close to two-thirds in Part 1. A relatively low proportion reported their children had experienced 4 or more ACES—considered as high risk for toxic stress physiology—12.4% in Part 1 and 1.9% in Part 2 (Table 2).

Table 2. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=86)

Number of Aces	PART 1 Percent of Children (n=57)	PART 2 Percent of Children (n=52)
0	54.4%	63.5%
1	19.3%	17.3%
2	7.0%	9.6%
3	7.0%	7.7%
4	5.3%	1.9%
5	1.8%	0.0%
6	1.8%	0.0%
7	3.5%	0.0%
8	0.0%	0.0%
9	0.0%	0.0%
10	0.0%	0.0%

For the life events asked about in Part 1, the most commonly reported ACES were a child living with a parent/caregiver who had mental illness and a child living with a parent/caregiver who went to jail or prison, reported by 30.8% and 23.1%, respectively, of the parents (Figure 8). These findings reflect very different children's experiences than the more common findings seen in the other First 5 programs of children who were screened.

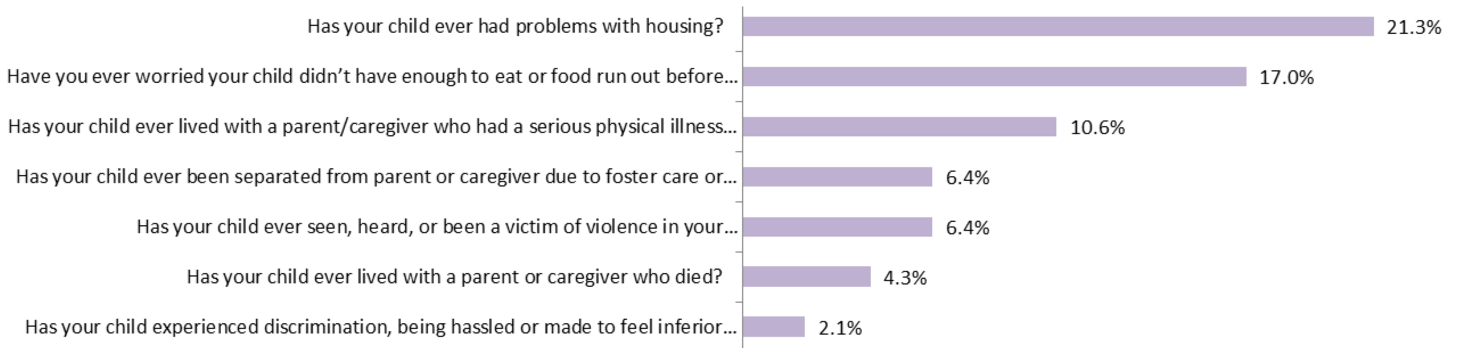
Figure 8. Percent of Children who Experienced Each Type of ACES Life Event – Part 1 (n=52)[1]



[1]Parents were asked, "At any point in time since your child was born,have they seen or been present when the following experiences happened?"

For the life events asked about in Part 2, the most common concerns were worry about problems with housing, such as being homeless, not having a stable place to live, moving more than 2 times in a 6-month period, facing eviction or foreclosure, or having to live with multiple families or family members, reported by 21.3% of parents, and food security reported by 17.0% of the parents (Figure 9).

Figure 9. Percent of Children who Experienced Each Type of ACES Life Event – Part 2 (n=47)[1]



To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?

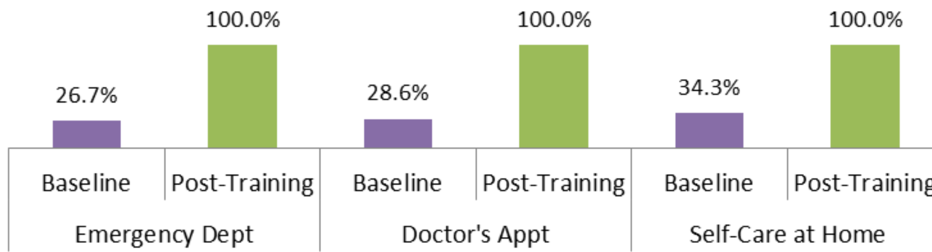
This year, 2 parents participated in the Home Accident Prevention (Safety) module of the *SafeCare program* home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training. As Table 3 shows, an average of 89.5 hazards per family were observed during the initial assessments but dropped to zero at the end of the module, a 100% reduction.

Table 3. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=2)

	Baseline	Post-Training
Total number of hazards	179	0
Average number of hazards per client	89.5	0
Mean percent reduction	100%	

To provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. All 4 parents had a little difficulty initially with the scenarios—a little less so with the ability to provide self-care at home—but mastered the situations after completing the modules (Figure 9 on the next page).

Figure 9. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=4)



The purpose of the parent-child interactions module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. As is evident in Figures 10 (infants) and 11 (children), the improvement in these parents' ability to consistently demonstrate the desired behaviors was significant.

Figure 10. Average Competency Ratings for Infant-Parent Interactions, Matched Sample (n=2)

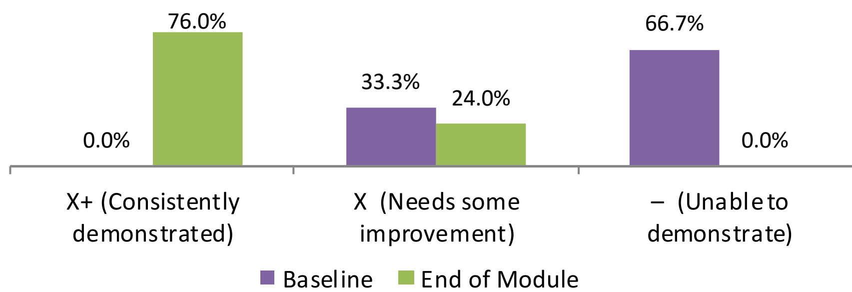
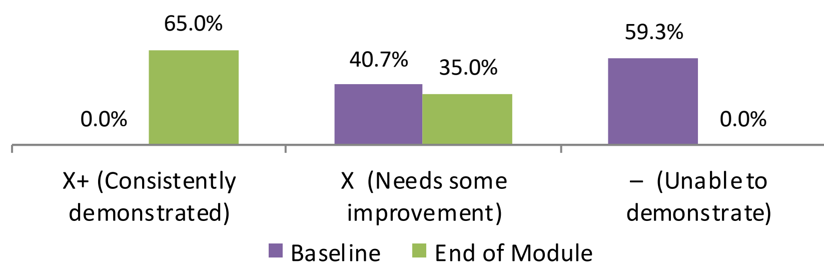


Figure 11. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=2)



In order to gauge participants' satisfaction with the SafeCare training they received, the parents were asked to provide their opinions about it. Each of the surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement with various statements using a 5-point scale.

Overall, parents and caregivers indicated they were between somewhat satisfied to being neutral about the training. With a sample size of only 5, the overall means were greatly affected by those responding with ratings at the end of the scale. In other words, of the 5 respondents, there were 3 who "strongly agreed"

with the statements and 2 who “strongly disagreed” with these statements. This resulted in an overall mean somewhere in the middle for each of the modules.

Table 4. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 5)	Home Safety (*N* = 5)	Parent Child Interactions (*N* = 3)	Parent Infant Interactions (*N* = 2)
Mean	*Mean*	*Mean*	*Mean*
2.53	2.51	2.33	3.00

Note. Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

Conclusions and Recommendations

The A*ges and Stages (ASQs)* questionnaires continue to be a valuable tool for staff and parents to identify areas of strength and areas where further evaluation might be needed and referrals made. It appeared from a sample review that families were referred for further assessment as indicated by the *ASQ* scores.

While the results of the *SafeCare* satisfaction surveys generally indicated participants were satisfied with the home-based trainings (they rated the modules between “agree” and “neutral” on the satisfaction questions), most of the modules saw positive post-participation outcomes; this was particularly true for the home hazards and health-related trainings. With regard to the infant-parent and parent-child interaction modules, on average, about 70% of the parents consistently demonstrated the desired behaviors, which might suggest the need for more time in presenting and working with the curricula materials.

Families participating in the FRC’s *Protective Factors* program were able to show impressive gains in knowledge about positive parenting practices and demonstrated some of the important protective factors that sustain and add resiliency to families. The *Edinburgh Postnatal Depression Scale* scores suggest an appropriate use of the tool in detecting and responding to maternal postpartum mood swings and/or depression in the women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth.

The implementation of the *ACES* screening tool continues to add valuable information in documenting the parents’/caregivers’ negative childhood experiences. Many of the life events they experienced mirrored other Tulare County First 5 parents, and the detailed information we provided in the graphs should help guide the counseling/case management staff in developing prevention strategies and program interventions.

RESULT AREA Part 2:

Child Health

Three grantees with goals of promoting increased breastfeeding rates and improved access to oral health services helped further the Child Health goals of the Commission's Strategic Plan.

Much has been done in the past few years to strengthen the sources of support for women to breastfeed. The Baby Friendly Hospital (BFHI) Initiative, which First 5 Tulare supports, is an internationally recognized program to change practices that promote breastfeeding. In 2020, 69.7% of women statewide—and 58.6% in Tulare County, up from 55.7% the year before—chose to exclusively breastfeed at the time of delivery according to in-hospital breastfeeding initiation data.[5] Tulare County's average exclusive rate, which has been rising, still places the county in the 45th of 49 county rankings (2018 data).[6]

While early childhood caries (dental decay) is a preventable disease, it remains the most prevalent unmet health care need for children. Children with the highest prevalence of dental disease, including children with Medi-Cal, are the ones least likely to visit the dentist, however.[7] In 2020, only 49.9% (age 3-5) and 54.5% (age 6-9) of Tulare County children utilized their Medi-Cal dental benefits ("annual dental visit" as the measure).[8] Of women who had a live birth in Tulare County in 2019-20, only 39.9% reported a dental visit during their pregnancy.[9] First 5 Tulare was one of the first Commissions to recognize the importance of making sizeable community investments in oral health and continues to make this issue a priority.

[5] https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/County-of-Residence-by-Race-2020.aspx
[6] https://www.calwic.org/wp-content/uploads/2020/01/2020-State-Sheet-Hospital-Report-005.pdf
[7] Vargas CM, Ronzio CR. Disparities in early childhood caries. *BMC Oral Health* 2006, 6(Suppl 1):S3 doi:10.1186/1472-6831-6-S1-S3
[8] Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2020. California Department of Health Care Services, Medi-Cal Dental Program.
[9] California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program, *Maternal and Infant Health Assessment (MIHA) Survey, 2019-2020*, March 2022.

FAMILY HEALTHCARE NETWORK
KINDERCARE DENTAL PROGRAM

"Having this service back in our school has been so nice; many of my students have lacked dental care due to COVID and are so in need of this service."
– School site nurse

"My son hates going to the doctor. I also get nervous taking him to the dentist since he needs to be restrained, so doing a check-up in a school setting is much easier on both of us."
– Mother of a student with special needs

Project Purpose and Evaluation Design

This year, FHCN was able to provide a limited number (about 2% of their usual number) of oral health screenings for children 0-5 years in selected Tulare County schools, preschools, and Head Start and WIC sites. The visits also included treating children with an application of fluoride varnish. Project services also included distributing oral health information and other presentations to about 12,880 participants/viewers. The evaluation is limited to the Milestones information FHCN provides to First 5.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of children with a dental visit in the last 12 months.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The program added a new dental hygienist who was able to provide valuable input about efficiencies and streamlining the process. For example, a revised permission slip they implemented resulted in increased assessments. Regular team meetings ensure continued monitoring of efficiencies. Additionally, Porterville School District has been "a champion partner" in opening the door to oral health screening, and their nurses and teachers have been extremely supportive.

Evaluation Results

To what extent were oral health outcomes achieved for pregnant women and children?

This year, staff provided dental screenings and fluoride varnish for 480 (up from 129 the previous year) children. More than 4 in 10 (41.5%) of the children—a higher percentage reported to us than in any year in the past decade—were determined to have visible evidence of tooth decay. Of these children with evidence of dental disease, 70.9% were reported to be referred for treatment for "urgency 2's" – some level of treatment needed, but not urgently. However, 27.6% of the children with visible decay were determined to have the need for *urgent* dental care because of pain, swelling or infection.

Note that the FHCN figures represent a much higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23%.[10] Note further that In California, Hispanic children and poor children experience more tooth decay and untreated tooth decay than other children.[11]

No screenings or referrals of pregnant women were reported.

Table 1. Oral Health Screening, Varnish and Referrals for Care

	Number	Percent
Oral health screenings provided	480	100.0%
Sites visited to provide the services	24	
Average served per site	20	
Fluoride varnish provided	474	98.8%
Children with visible evidence of tooth decay referred to a dental treatment source	199	**41.5%**
Children referred for dental treatment who received treatment at FHCN	0	0.0%
Children with visible tooth decay referred for treatment (urgency 2's)	141	70.9%
Children with visible decay referred for *urgent* treatment (urgency 3's)[1]	55	27.6%
Pregnant/postpartum women assisted to connect with dental provider	0	0.0%

[1]Defined as pain, infection, swelling.

Conclusions/Recommendations

This program serves an extremely vulnerable population as evidenced by the high proportion of children assessed with visible evidence of tooth decay. We wonder if FHCN can suggest a reason for the large difference between this year's screening results and those of previous years, which is generally about 32%.

Oral care during pregnancy is especially important as pregnancy may make women more prone to periodontal (gum) disease and cavities. The percent of women with a dental visit during pregnancy in Tulare County, 41%, is lower than the statewide average,[12] and providers like FHCN have an important and unique role to play in promoting oral health and providing accurate information in as many settings as possible. We hope this activity will be resumed in the future as part of this community oral health screening project.

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[10] Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011–2012. http://www.cdc.gov/nchs/products/databriefs/db191.htm

[11] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. HP2020 Objective Data Search, Oral Health, OH-1.1 http: //www.healthypeople.gov/2020/data-search/Search-the-Data?nid=4992.

[12] California Department of Public Health: MIHA Data Snapshot, Tulare County, 2016-2018 Maternal and Infant Health Assessment (MIHA) Survey 2022.

ALTURA CENTERS FOR HEALTH
ORAL HEALTH AND BREASFEEDING PROGRAMS

"Thank you for all your help. I didn't get this kind of help at the hospital, and wasn't sure I was going to be able to breastfeed but now I will keep trying." - New mom

Project Purpose and Evaluation Design

For the oral health program at Altura, dental hygiene staff visited school sites to provide screening and fluoride varnish to preschool and kindergarten children. The project scope also included offering oral health education to the children, parents and teachers including demonstrating how to properly brush and floss their teeth.

Altura also administers a breastfeeding support component. Staff works closely with pediatricians and obstetricians to ensure providers are trained to support and promote breastfeeding, and with the WIC program to ensure continuity of care for breastfeeding patients. Breastfeeding data are recorded from staff's daily visits (or telephone calls now, in many cases) to Kaweah Delta where the newborn follow-up appointments are made.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of children with a dental visit in the last 12 months.*
- *The percent of women who initiate breastfeeding after childbirth, and the percent of women who continue breastfeeding for at least 6 months.*

We report first on the oral health program, followed by the breastfeeding program.

Evaluation Results: ORAL HEALTH

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

> *This year was the inaugural year in providing appointments for our earliest learners who were initially screened by the dental hygienist to be able to set up an appointment a few weeks later at their school site with the dentist on Altura's Dental Mobile Clinic. The mobile dental unit has been a benefit to our school community by being available at the student's neighborhood school which is a huge help for our families with transportation concerns, so that the appointment is available in walking distance.*

To what extent were oral health outcomes achieved for children?

The project made visits to 13 school sites during the program year. Staff provided dental screenings for 1,230 children (serving an average of 94.6 children per site). On average, 35.6% of the children, relatively similar to previous years' findings— were determined during screening to have "visible decay present." Note that this is a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23%.[13] Note further In California, Hispanic children and poor children experience more tooth decay and untreated tooth decay than other children.[14]

Fluoride varnish was provided to virtually all of the children (99.9%) who were screened, and 1,394 (92.3%) were taught to brush and floss their teeth properly. Table 1 describes these oral health services the grantee provided this year.

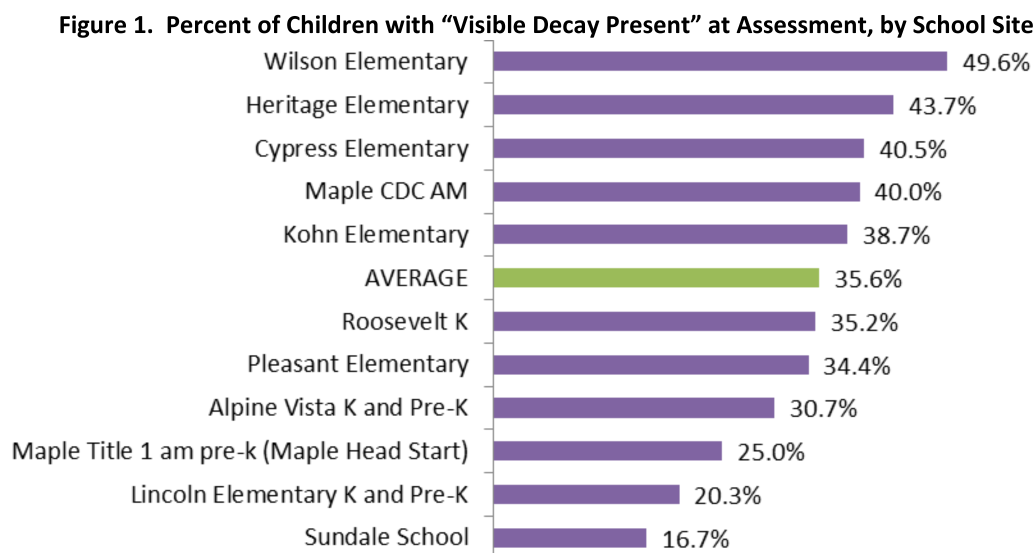
Table 1. Oral Health Screening, Varnish and Education Services Provided

	Number	Percent
Oral health screenings provided	1,230	100.0%
Number of sites	13	
Average served per site	94.6	
Fluoride varnish provided	1,164	94.6%
Oral health/tooth brushing education provided	1,334	100.0%
Children with visible **evidence of tooth decay**		**35.6%**

Source: First 5 Performance Measures, FY 2018-19.

Because Altura submits individual data forms by school, we were able to provide a school-by-school analysis of the screening results. As Figure 1 shows, 5 (41.7%) of the 12 schools in the analysis exceeded the average of the total schools.

Figure 1. Percent of Children with "Visible Decay Present" at Assessment, by School Site

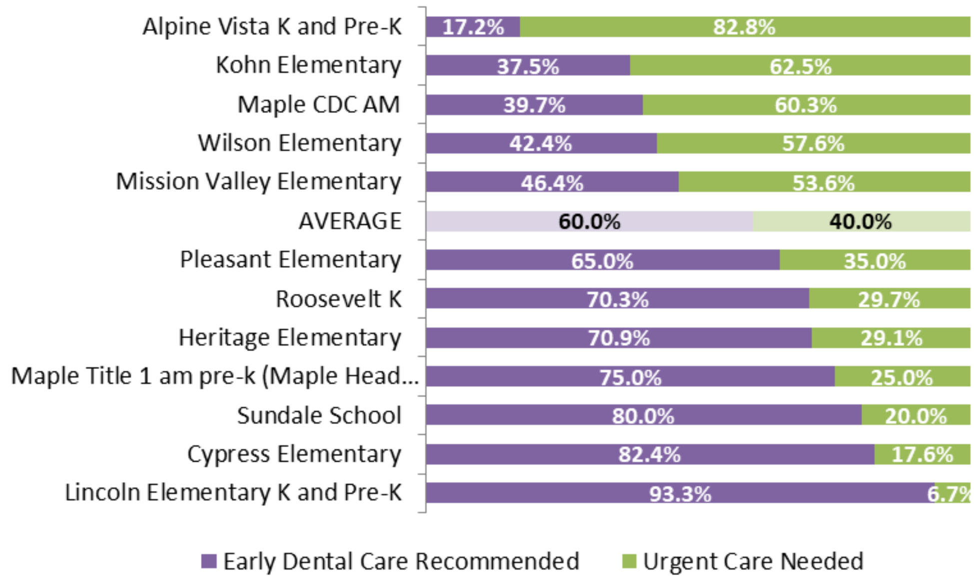


[13] Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011–2012. http://www.cdc.gov/nchs/products/databriefs/db191.htm

[14] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. HP2020 Objective Data Search, Oral Health, OH-1.1 http: //www.healthypeople.gov/2020/data-search/Search-the-Data?nid=4992.

On average, 40.0% of the children with visible evidence of decay present who needed some level of treatment or further evaluation were judged as needing it urgently. Five (41.7%) of the schools had children with urgent care needs higher than the average (Figure 2).

Figure 2. Level of Treatment Needed for Children with "Visible Decay Present," by School Site



Note: Early dental care recommended = caries without pain or infection; or child would benefit from sealants or further evaluation.
Urgent car needed = pain, infection, swelling or soft tissue lesions.

Evaluation Results: BREASTFEEDING

The grantee's program highlight below describes one of the benefits of its breastfeeding project.

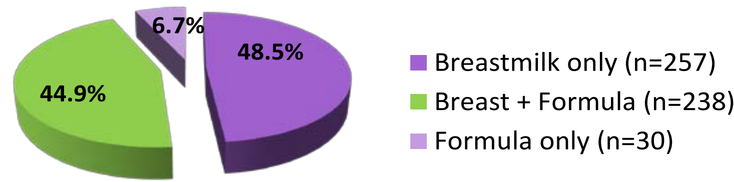
A new mother facing surgery that was expected to result in a diminished breast milk supply had a goal of at least initiating breastfeeding until having the surgery. After receiving lactation support from the project, the client was able to successfully meet her goal and experience breastfeeding her new baby prior to surgery.

To what extent did new mothers initiate and maintain exclusive breastfeeding?

During FY 2022-23, we received data for 530 women enrolled in the program with hospital initiation data. Of these women, 48.5% (up from 46.8% last year) chose to exclusively breastfeed at the time of hospital discharge or newborn visit.[15] While this proportion is remarkably similar year to year, it remains lower than the reported overall Tulare County rate of 58.6%.[16] Another 44.9% of the women elected to use both breast- and bottle feeding, while 6.7% (slightly higher than 5.6% last year) chose formula-only feeding (Figure 1).

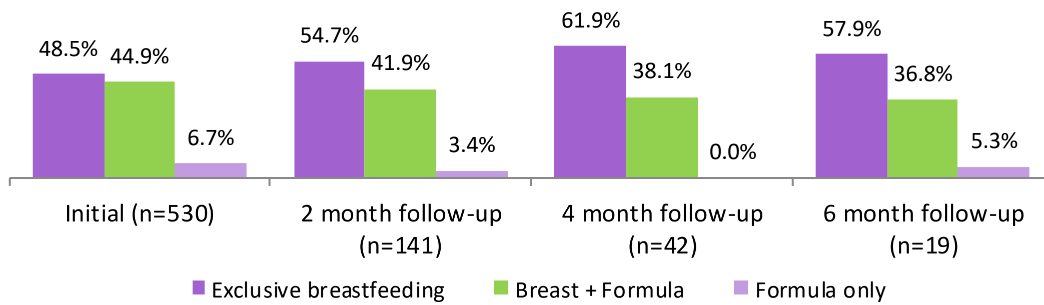
[15] The initial feeding choice was recorded from either the patient's chart at the time of hospital discharge or by the project nurse at the newborn visit which could occur any time after birth up to the infant's 6-week well-child visit.
[16] California Department of Public Health, In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence, 2020.

Figure 1. All New Mothers' Initial Infant Feeding Choices (n=530)



Altura attempts to connect with the new mothers at 2-, 4- and 6-month intervals to learn about feeding choices and offer support regardless of feeding method used. Of the women enrolled this year, just over half or 54.7% (46.6% last year) of those reached at 2 months women were exclusively breastfeeding; 61.9% of women were doing so at 4 months; and 57.9% of women were at 6 months (Figure 2). Although these are relatively small sample sizes, especially at 4- and 6-months, and represent *un*matched clients,[17] these rates are positive.

Figure 2. New Mothers' Infant Feeding Choices Initially and at 2, 4 and 6 Months, Un-Matched Sample[1]



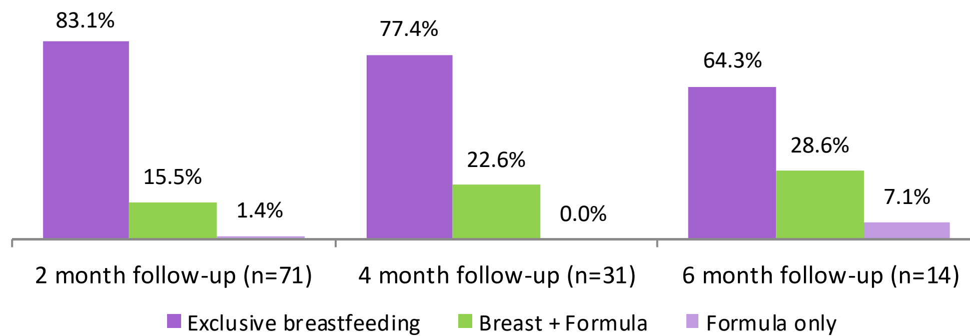
[1]All women, regardless of initial feeding choice, who could be found at the time of contact.

In almost every case, the women who had chosen a combination of breastfeeding and formula at the time of delivery had stuck with that decision at each of the follow-up periods; there were only 4 cases at follow-up where the combination-using women had dropped the use of formula in favor of exclusively breastfeeding. There were no follow-up data reported for the 30 women who had initially chosen formula-only.

The results of a *matched* sample—the women exclusively breastfeeding at delivery/newborn visit who were available for contact at all three follow-up periods—are shown in Figure 3 on the next page. Although these are not large numbers across time, the retention results are impressive. Just over 83% of the women maintained exclusive breastfeeding at 2 months; at 4 months the proportion of these mothers decreased to 77.4%, and at 6 months had reduced again, but only to about 64.3%.

[17] Women at follow-up are not always the same women who initiated exclusive breastfeeding after giving birth and some may have changed their feeding practices, some more than once, during the 6-month interval.

Figure 3. Percent of Women Exclusively Breastfeeding Initially and their Feeding Choices at all Follow-up Periods, Matched Sample (n=116)[1]



[1]The women who could be found at all times of contact.

Because Hispanic women make up such a large proportion of the enrollment in this project, generally 80%-83% of the total, their infant feeding choices dominate the overall results. However, we looked at the data by ethnicity to see if there might be any important differences, and again saw the initiation of exclusive breastfeeding between the two groups was essentially the same (about 49.0% on average).

Conclusions/Recommendations

Altura provides a valuable community service of identifying the prevalence of early dental decay in young children and we were very pleased the project re-started its in-person oral health screening and referral program in FY 2022-23. The continuing disproportionately high tooth decay rates among young children in Tulare County continues to be a compelling reason to provide oral health education to parents and school personnel—including dietary implications—in addition to the screening.

Altura continued to ensure that women received breastfeeding information and support services. The proportion of women reachable at the follow-up periods, particularly at 4- and 6-month contacts, always a challenge, seems to be a little higher than in recent years. While initiation of exclusive breastfeeding at the time of delivery is still lower than hoped for, a large majority of new mothers who do choose this infant feeding practice stay with it, inevitably due to the support they receive from this project.

We assume there were no follow-up data reported for the 30 women who had initially chosen formula-only because the project only contacts those women who choose breast or breast+bottle feeding practices; although it would be curious to know if any of these women had changed their minds from only using formula feeding.

SIERRA VIEW MEDICAL CENTER (SVMC)

"I can't express how grateful I am for these local and free resources. As a parent, it is scary to see how scarce formula is on the shelf of stores. Due to the low supply of formula on the market, makes it more important for me to provide my son with breast milk."
— Program recipient

Project Purpose and Evaluation Design

Breastfeeding is well recognized as the optimal method to nourish newborns and is beneficial to both the developing child and the mother. An exclusively breastfeeding baby for at least six months is widely viewed as a significantly healthier choice. According to the Centers for Disease Control and Prevention, 81% of mothers start breastfeeding immediately after birth, but only about 22% of those moms are breastfeeding exclusively six months later. Hospital practices are critical to determining whether mothers exclusively breastfeed their babies, however. Baby-Friendly-designated hospitals, such as Sierra View Medical Center, demonstrate practices that promote and support breastfeeding. This project integrated breastfeeding classes into its Childbirth Education Series and provided breastfeeding education to expectant parents via childbirth classes. Staff tracked and recorded in-hospital exclusive and any breastfeeding rates and attempted to reach women by telephone at 3- and 6-month intervals to learn and document the extent to which breastfeeding continued.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of women who initiate breastfeeding after childbirth, and the percent of women who continue breastfeeding for at least 6 months.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

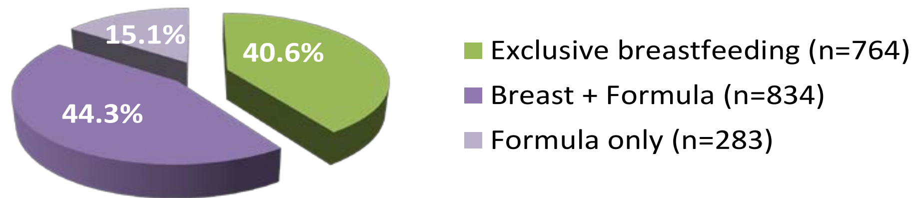
One of the mothers served by this program had not delivered at SVMC but was aware that the services were available for all in Tulare County. She had experienced a challenging delivery and post-partum period and needed lactation support as the infant failed to latch after being bottle fed in the NICU. Fortunately, the mother protected her milk supply during her hospital stay and afterwards and came to the center for one-on-one help. Her motivation and willingness to reach out for support helped get the infant back to the breast. The mother was able to return to work and continued to exclusively breastfeed infant. As a first-time mom everything was new and things got overwhelming very fast. Having support and someone to help with the challenges helped things work out a little easier.

Evaluation Results

To what extent did new mothers initiate and exclusively breastfeed during their stay at the hospital and continue any or exclusive breastfeeding?

During FY 2022-23, the results of infant feeding choices were available to us for 1,881 deliveries at SVMC. [18] Looking at this year's sample of women, 40.6% of the new mothers elected to exclusively breastfeed at the time of hospital discharge. This proportion of women represents a continual decline over the previous 4 years: 44.7%; 48.3%; 52.5%; and, and 59.0%, respectively. [19] About the same proportion of mothers as last year, however, 44.3%, elected to both breast- and bottle feed, while 15.1% (11.8% last year) chose formula-only feeding (Figure 1).

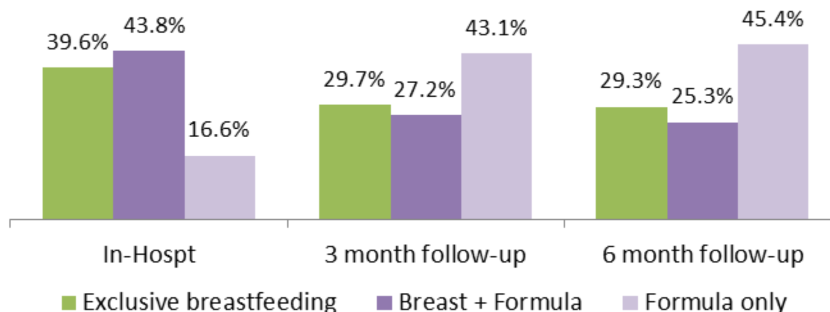
Figure 1. All New Mothers' Infant Feeding Choices at the Time of Hospital Discharge (n=1,881)



SVMC makes up to 2 contacts to try to connect with new mothers at 3- and 6-month intervals to learn about current feeding choices. Of the total sample of 1,881 women, 916 or 48.7% of the women, regardless of feeding choice at hospital discharge, who were eligible to be contacted for follow up (i.e., at least 6 months had passed since delivery),[20] were successfully contacted during the 6-month contact period.

Of the 916 women the staff reached at 3 months, 29.7% of them reported exclusively breastfeeding; by 6 months the proportion remained virtually the same (Figure 2). While the exclusive breastfeeding proportion among contactable women dropped about 25% from the in-hospital rate, the maintenance of the 3-month follow-up percentage a 6 months is unusually positive.

Figure 2. New Mothers' Infant Feeding Choices at Hospital Discharge and at 3 and 6 Months, Un-Matched Sample* (n=427)



Note: Excludes women unavailable for contact.
*All women available for follow-up regardless of in-hospital feeding choice.

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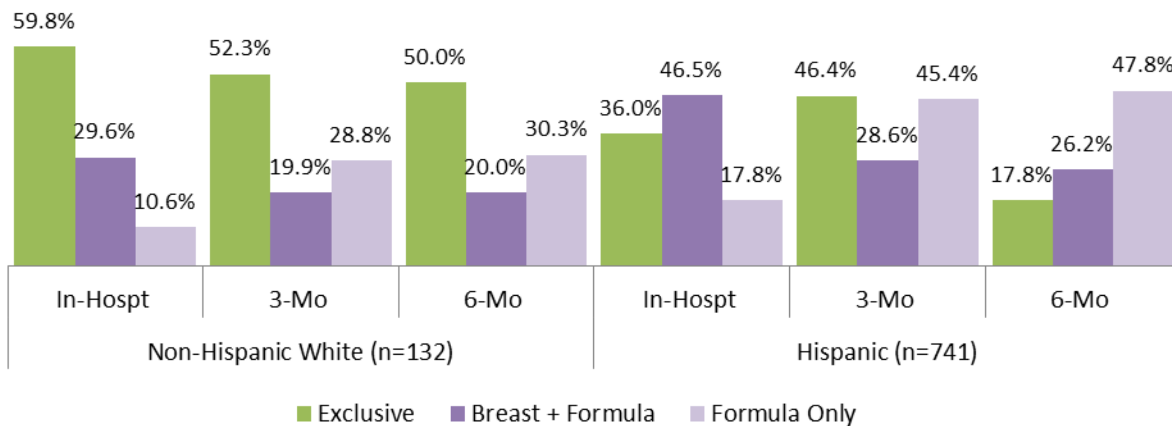
[18] Women with newborn deaths were excluded from the sample.
[19] The in-hospital exclusive breastfeeding rate SVMC reports to the State is 60.5%. Data source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2019.
[20] SVMC submitted full 12-month data on breastfeeding at the time of hospital discharge for 1,262 births. The evaluation data—to obtain the full 6 months post-discharge period, i.e., the follow-up dataset—includes only the months of July – December 2022.

Hispanic women make up 81.1% of the deliveries at SVMC (and 73.3% countywide)[21] but represent 84.9% of the women with full follow-up information in this evaluation. Because some of the differences in infant feeding practices by ethnic group across the 6 months were large last year, we again analyzed the data by the 2 largest ethnic groups of women: Hispanic and non-Hispanic. As Figure 3 shows, Non-Hispanic white women initiated breastfeeding at a higher percentage, 59.8%, than Hispanic women at 36.0%, and maintained it at a higher proportion at the 3- and 6-month follow-up periods. At the 6-month follow-up there was almost a 65% difference between the two groups. Recall that these ethnic group data are an unmatched sample of deliveries; that is, women at follow-up are not necessarily the same women who initiated exclusive breastfeeding in the hospital.

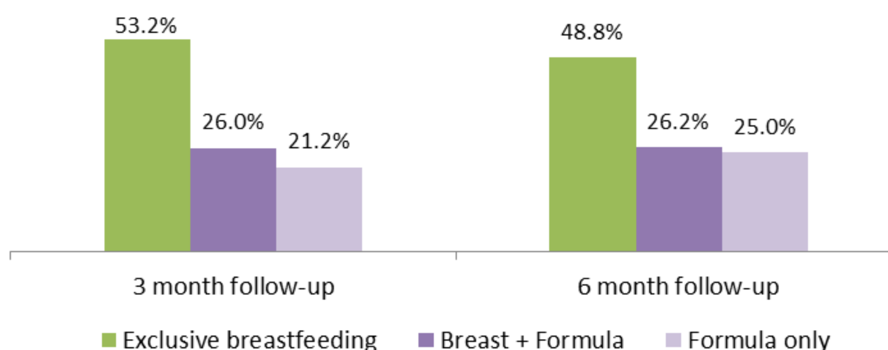
Figure 3. Breastfeeding Status at Hospital Discharge and 3 and 6 Months Follow-Up, By Ethnicity, Un-Matched Sample* (n=873)



Note: Excludes women unavailable for contact.
*All women available for follow-up regardless of in-hospital feeding choice.

Looking at a *matched* sample of 363 women exclusively breastfeeding at hospital discharge and available for contact at each follow-up period, 53.2% of these new mothers (38.9% last year) reported continuing to exclusively breastfeed at 3 months. The percentage dropped at 6 months but only to 48.8% (Figure 4). The proportion of the women who at 3 months were formula-feeding only, 21.2% (which had increased from the initial proportion of 15.1%), rose only slightly to 25.0% after 6 months.

Figure 4. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, Matched Sample* (n=363)



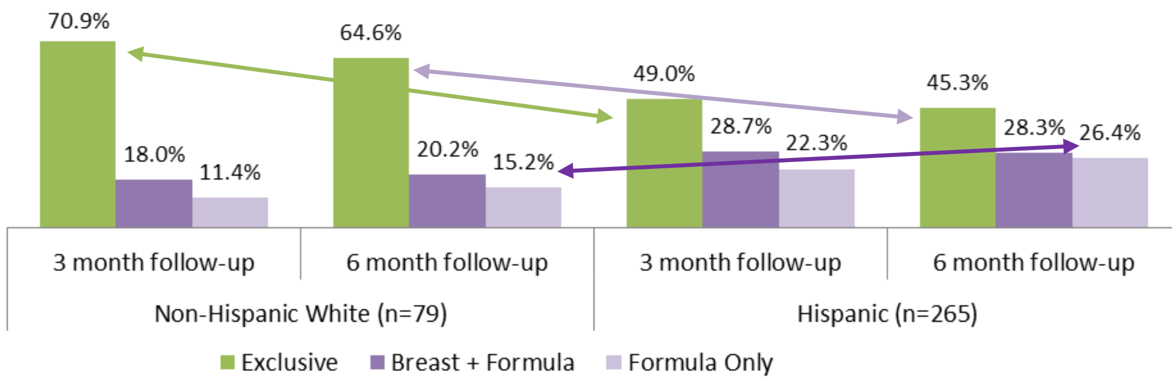
*The same women during the entire 6-month interval.
Note: Excludes women unavailable for contact.

[21] California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence by Race/Ethnicity: 2019. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Breastfeeding/Breastfeeding-In-Hospital-Data-2019-Hospital-by-Race.pdf

Again looking at the matched sample— women with exclusive in-hospital breastfeeding successfully contacted at both 3 and 6 months—this time by ethnic group, there was a relatively large percentage difference between the women who maintained exclusive breastfeeding for 3 months: 70.9% among non-Hispanic women vs. 49.0% for Hispanic women (green arrow in Figure 5). The proportion who maintained exclusive breastfeeding for 6 months differed to a slightly smaller degree between the two groups (light purple arrow), with a higher proportion of the non-Hispanic women maintaining exclusivity of breastfeeding.

Both ethnic groups continued to use breastfeeding + formula at somewhat the same proportion at 6 months as they had at 3 months. At 6 months, about three-quarters more of the Hispanic women had given up breastfeeding to switch to using only formula feeding (dark purple arrow).

Figure 5. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, by Ethnic Group, Matched Sample* (n=344)



*The same women during the entire 6-month interval.

Conclusions/Recommendations

SVMC continues to offer supportive resources to new mothers after delivery to make it easier to choose and maintain exclusive breastfeeding. So, looking over the data from the last 4 years—and we don't think COVID would be a factor—it is not clear why there seems to be a continual decline in the proportion of women who initiate in-hospital breastfeeding. We would be interested in learning what the grantee's opinion is about this, and what factors they might believe are contributing to this trend.

In less recent years, Hispanic mothers' attrition was nearly always lower than non-Hispanic White women, so it continues to be concerning that the greatest majority of SVMC's birthing clients (Hispanic women) had less favorable rates of maintaining exclusive breastfeeding. We don't know the extent to which SVMC has continued since the pandemic in offering virtual breastfeeding support and guidance—which offers benefits—vs. the in-person-only visits of the past that may account for the difference.

What appears to be very positive is this year nearly half (48.7% vs. 33% last year) of the new mothers were able to be found at the follow-up periods (one of the benefits of connecting virtually?) so that we have a fuller picture of breastfeeding duration.

SUMMARY CONCLUSIONS AND GENERAL RECOMMENDATIONS

This FY 2022/23 evaluation report represents Year 2 of 3 of the current 3-year grant/evaluation cycle. Our analyses continue to demonstrate the continued positive impact First 5 Tulare and its network of partners has made in the lives of young children and their families. The greatest majority of the projects met their Evaluation Plan objectives—most of them successfully implementing existing and new evaluation tools—while continuing to work around some persistent staffing shortages and other workforce challenges. The grantees' success/challenges stories we included in this report demonstrate how well the grantees served families to meet their basic concrete needs as well as provide a range of early assessment and referral services, and parent and community education.

Evaluation is intended to assess the effectiveness of programs, i.e., report the outcomes. For most of the projects there was nearly always sufficient evaluation data for us to capture knowledge gain, increases in skill and confidence building and, when possible, behavior change due to more matched sets of data (pre/post surveys and assessments from the same participants). The grantees have increasingly understood the importance of "finding" enrolled (and in some cases dis-enrolled!) clients when it is time to look at post-program effects. (In a couple of cases we suggested, without compromising fidelity, modifications to the eligibility criteria, to which the grantees agreed, so that more outcome data could be available.) The quality of the raw data we received this year from the grantees was again high, largely because evaluation capacity has steadily grown in these organizations.

As trauma-informed care has continued to gain traction, more providers and community-based organizations are screening adults and children for exposure to adverse childhood experiences (ACEs). Eight of the grantees (up from 5 last year) have now incorporated ACES screening into their parenting programs. The ACES tool asks respondents, in addition to individual past events, whether they believe the adverse experiences have affected their health. Overall, close to 11% of the parents thought that it had "to a great extent." Knowing this is important. For instance, the link to mental illness and substance abuse risk from these experiences can directly affect an adult's ability to parent well—helping their child develop, thrive and learn. First 5-funded interventions of therapy, counseling, parent classes and support groups can offer these adults the opportunity to heal and build stronger families. We hope the ACES overview we provided in the introduction section of the report continues to build a profile of Tulare County families served by First 5 programs so that therapists, case managers, home visitors, program planners, and advocates can more explicitly address the adverse life events the families present with.

We again urge the grantees (and recommend you highlight as a desired strategy in the forthcoming RFP) to look for more opportunities to integrate fathers into their programming. This is one of the "holes" that deserves more attention. As we've mentioned here and in the home visiting work we do for you, there is strong research evidence that children who grow up with very-present fathers (or positive father figures in the home) have stronger cognitive and motor skills, enjoy elevated levels of physical and mental health, become better problem-solvers, and are more confident, curious, and empathetic.

As part of the Commission strategic planning process this spring we produced a comprehensive First 5 needs assessment with an updated Data Dashboard and parent survey to guide the planning. A copy of the *20223/23 Parent Survey* is included in the Appendices of this report to facilitate wider circulation.

As to the future…….As we enter the last year of the current 3-year grant (and evaluation) cycle, our additional plans for 2023-24 include giving input to the forthcoming RFP for new grants and helping staff to refine the scopes of work and evaluation plans of the approved proposals. We will also be reviewing the current list of evaluation tools and making recommendations to staff about which could be eliminated (or the grantee just not submit the raw data to First 5) based on our view about the value-added information of the data and the effort to collect it.

And, though we did not come to this decision lightly, it is time, after 15 years, for us to turn this collaborative evaluation opportunity over to another consulting firm. Consequently, we will be helping the staff and Commission: in identifying appropriate evaluation consultants/firms to be invited to bid; developing the RFP for soliciting proposals for evaluation services; reviewing proposals; participating in the oral panel to select the new evaluation contractor; and, being available to smooth the transition between evaluation contracts.

Our team has always been very appreciative of the collaborative working relationship and friendship we've established with the outstanding First 5 staff. Their expertise, responsiveness in facilitating access to the grantees, timely information sharing and updates, creative thinking and being open to our suggestions for improvement conveys the value of this treasured partnership.

APPENDICES

The following report, *Parent Survey 2022-23* was commissioned by First 5 Tulare County earlier this year to support the work of the Commission's child health and family strengthening strategies, and was presented to the Commission as part of the updated strategic planning process in May 2023. A summary of the results from that report is shared below:

FIRST 5 TULARE PARENT SURVEY, 2022-23

INTRODUCTION

An English/Spanish *Parent Survey* was available online and distributed in hard copy through local grantee organizations. Eligible respondents included any parents/caregivers raising children ages 0-5 receiving services from these organizations. The survey was available between early December 2022 and late February 2023.

RESULTS

A total of 538 surveys were received—62.1% completed in English and 37.9% in Spanish. Despite repeated promotion of the link through social media, only 49 (9.3%) of the surveys were submitted online. Although it is more labor intensive, administration of surveys in hard copy validates the advantage of asking someone to participate in a survey in person, *and having it completed onsite*, at least for this population. Slight over half (54.6%) of the respondents were young adults, close to 40% age 35+, and almost 7% age 15-20 (Figure 1). The survey parents had a fairly typical distribution of the "First 5" child population.

Figure 1. Age Group of Survey Respondents (n=528)

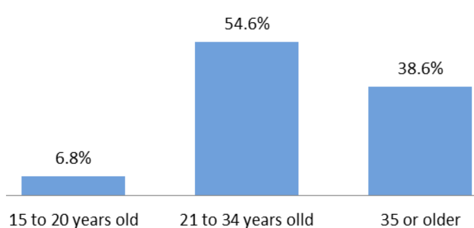
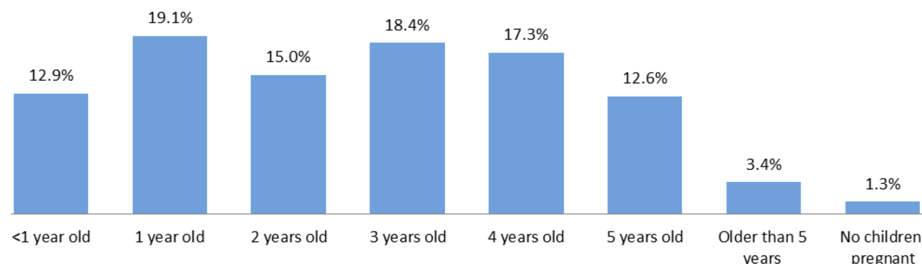


Figure 2. Age Distribution of Respondents' 0-5 Children (n=511)



As a proxy for income level, respondents were asked if they were currently receiving Cal Fresh; 62% reported that they were. We looked at differences between the English and Spanish-completed surveys and found that the results were fairly similar.

Positive Factors

Rather than asking parents, How are you doing?--which research shows inspires a scripted, reflexive response—we asked respondents to briefly describe what was going well for them and their family now. The question also set a positive tone. As Table 1 on the next page reflects, the most common responses (n=322) were fulfilment from family life, job security, attending school, putting parenting skills into practice, and having tangible resources such as a new car.

Table 1. Examples of Respondent Feedback to "What's Going Well in your Life"*

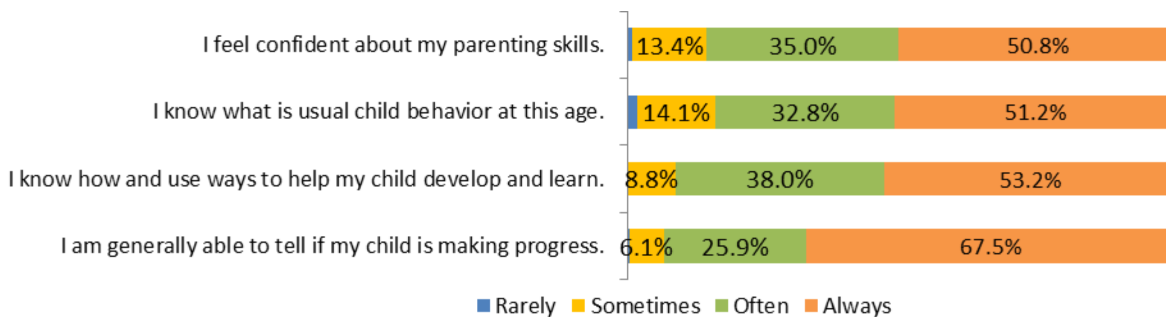
- We have secure income and child care with back up extended family support.
- Currently working on gentle parenting techniques, staying calm and redirecting my child's behavior.
- We are at peace and working.
- We're communicating more.
- The help we're getting from programs.
- Better eating, more family activities.
- Church and school, sell candy for extra income.
- Being able to talk about and solve problems.
- Making healthy choices now.
- Sober and good relationship with my parents
- Able to go to school.
- Just got a new car.
- Comfy home, food and money.
- Getting our lives back under control.
- Want to spend the rest of my life with this partner

***Comments are verbatim as written.**

Parent Knowledge and Confidence

Overall, the respondents expressed having a good deal of confidence about important aspects of parenting. The area where they felt most self-assurance was in their ability to tell if their child was making progress in growth and development (Figure 3). They expressed a little more doubt when it came to knowing what usual child behavioral issues were; 1.9% reported they "rarely" knew about it.

Figure 3. Parent Knowledge and Confidence Concerning Parenting (n=522)



Note: Because "Rarely" was so small, data labels (percentages on the graph are not shown.

Utilization of Services and Barriers

Access to preventive health services is one of the Commission's Desired Outcomes result areas, so it was positive to see that 96% of the parents affirmed they had a usual place to go when their child

was sick or they needed health advice. Only 7.2% had experienced an inability or delay in getting necessary health care for their child in the last year (Figure 4 on the next page). In a few cases, the reasons given included concerns about the quality of pediatric care, problems getting an appointment, "going through paperwork," and having the provider change the appointment multiple times. Getting regular dental check-ups—a frequent marker for health access—seemed to account for most of the delay or barriers.

Two-thirds (68.4%) of parents reported their child had not had a dental visit in the last 6 months (Figure 5), though the majority, 85.1%, had reported their child "has a regular dentist." There were various reasons given for no-recent-dental-visit but in general reflected parents describing some sort of lack of action or awareness on their part, e.g., "I just haven't done it yet;" "I'm not sure where to go;" "too hard to make an appointment."

Figure 4. Parents' Ability to Get or Delayed Getting Necessary Health Care for Child in the Last Year (n=509)

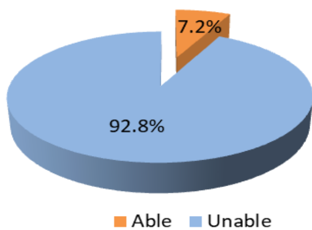
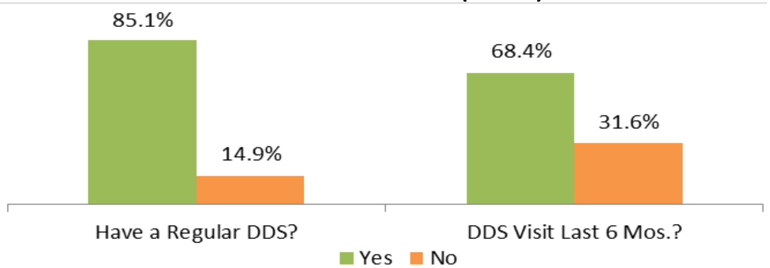


Figure 5. Children with a Dental Visit in the Last Six Months (n=517)



Healthy Choices/Behaviors

The families reported a mix of healthy eating behaviors. Their average number of daily servings of fresh fruit and vegetables, while higher than the statewide average as reported above, appears not to have changed much since parents were asked about this 3 years ago (Table 2). In fact, only about 10% of parents reported previously and again this time serving their children 5+ fresh fruits or vegetables in a typical day. (*Overall,* 45% of Tulare County parents—a cross-section of *all* families—reported to the California Health Interview Survey (CHIS)[i] giving their children 5+ daily servings, demonstrating less access/choice for the families who receive services from grantee organizations.) Patterns of sugar-sweetened beverage consumption (sodas, fruit drinks or sports or energy drinks) also didn't differ much between the two survey periods, though the response choices were framed differently this time.

Table 2. Families' Nutrition Practices

	Frequency					
Number of	0	1	2	3	4	5+
Servings of fresh fruit or vegetables, in a typical day	5.1% (2.3%)	8.8% (9.9%)	28.1% (36.1%)	32.1% (30.5%)	16.0% (11.5%)	9.9% (9.7%)
Number sodas or sweetened drinks child drank, over the course of the day	37.9% (36.4%)	43.5% (29.9%)	16.0% (18.2%)	2.7% (9.9%)	Didn't ask (2.9%)	Didn't ask (2.7%)

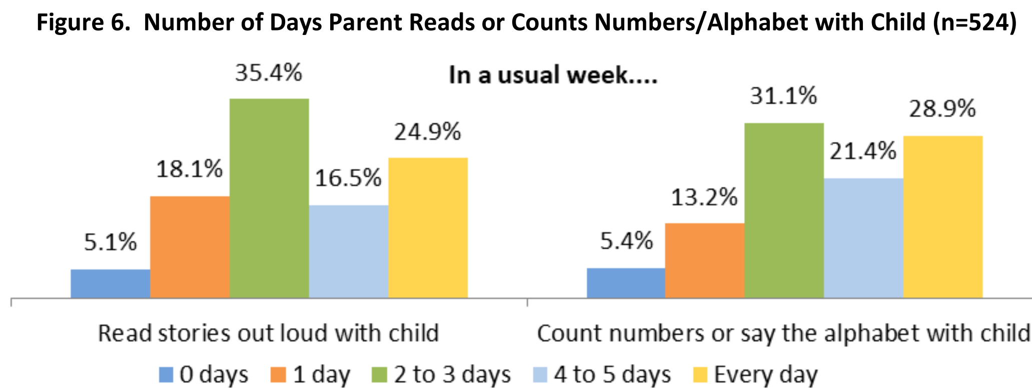
Note: The percentages in parentheses are responses from the 2019 Parent Survey.

Enrichments or Detractions from Early Learning

Research is very clear that reading to a child, no matter how young, promotes brain development. One-quarter (24.9%) of the parents reported they read stories aloud with their child every day in a

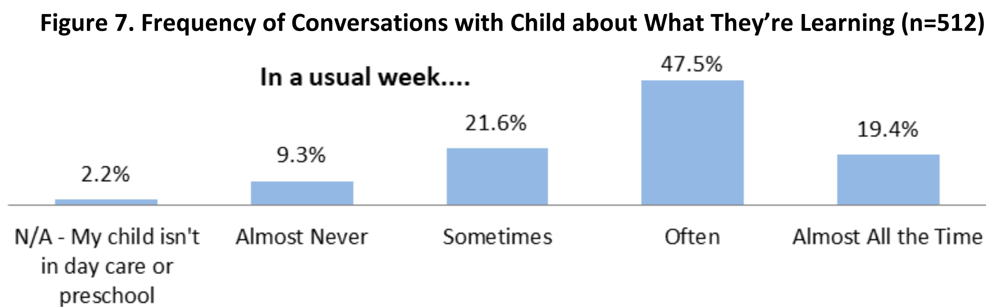
typical week (Figure 6); a slightly higher proportion, 28.9%, counted numbers or practiced the alphabet with their child this often. However, 5.1% and 5.4%, respectively, said they never engaged in either activity with their child. These responses mirrored closely the previous Parent Survey.

Figure 6. Number of Days Parent Reads or Counts Numbers/Alphabet with Child (n=524)



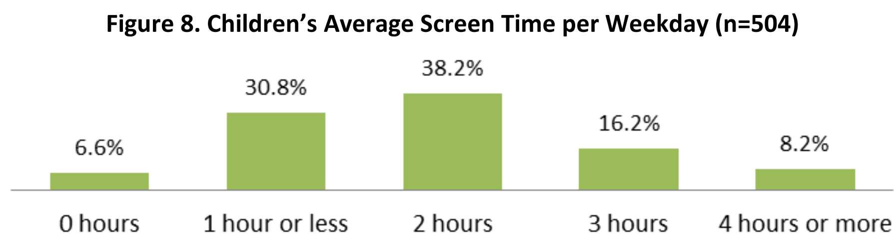
Children are generally excited to talk about topics that are important to them, including what they're learning or doing in preschool/day care. When parents express interest and talk with children in a responsive way, they encourage children's social and emotional development. These conversations help promote connection—and become even more important when "tougher" topics arise later. Almost 1 in 5 parents said they conversed with their child about learning "almost all the time"—and close to half (47.5%) did so "often"—while 9.3% said they "almost never did."

Figure 7. Frequency of Conversations with Child about What They're Learning (n=512)



Screen time is "an inescapable reality of modern childhood." Data support that COVID-19 has resulted in significant increases in children's recreational screen time compared to trends pre-pandemic. [ii] In the current survey, in a typical weekday, 30.8% of children reportedly spent 1 hour a day, another 38.2% spent 2 hours, and 8.2% spent 4+ hours in recreational screen time (watching TV, playing video games or being on the computer) (Figure 8). The time spent was actually slightly *lower* than what was reported in the previous Parent Survey.

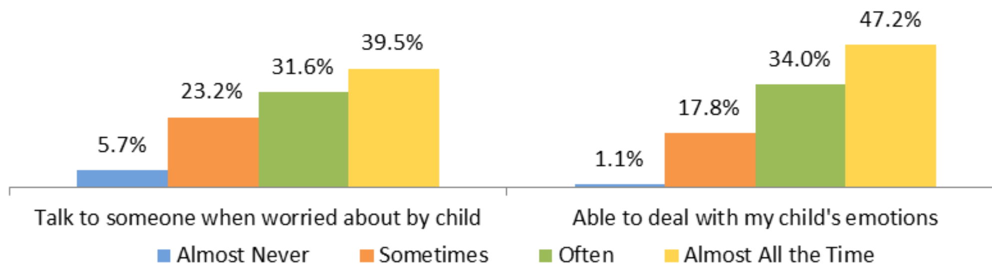
Figure 8. Children's Average Screen Time per Weekday (n=504)



Parents' Support Strategies

Worrying about a child's development is common and communicating those concerns to someone can be helpful for managing anxiety. Consequently, the survey asked how often the parent talked with someone when they were worried about their child. As Figure 9 indicates, 71.1% "often" or "almost always" did; however, 5.7% "almost never" did. In addition, the majority (81.2%) "almost always" or "often" felt able to deal with their child's emotions (note, however, parents still continued to express a need for more help with children's behavioral issues, discussed on the next 2 pages).

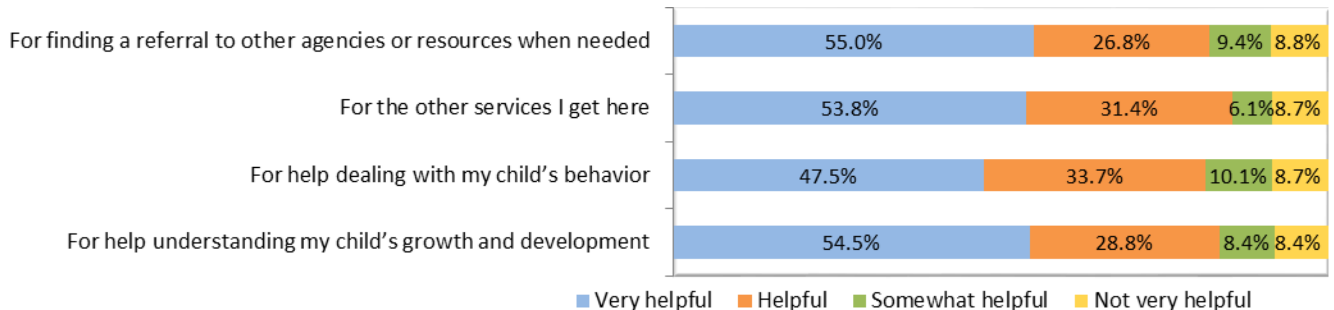
Figure 9. Parent Support Strategies (n=522)



Satisfaction with Services

Over 80% of the parents thought the services they had received from the survey host agencies were "very helpful" or "helpful" (Figure 10). They were only slightly less favorable when it came to the help they had received for dealing with their child's behavior.

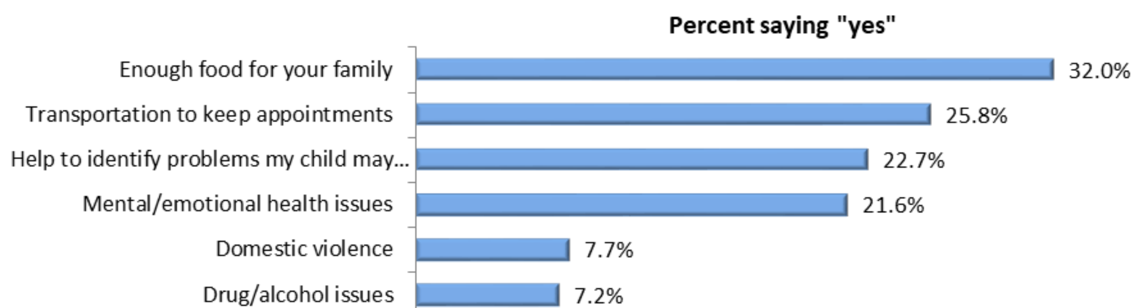
Figure 10. Perceptions about Helpfulness of Services (n=492)



Issues of Greatest Worry

Respondents were asked to "think about the needs of your family" and indicate which in a list of concerns "worry you a lot." Having enough food, reliable transportation and help identifying children's problems such as hearing, speech and vision were the most common worries (Figure 11). Some of the 10 written-in "Other" comments re-iterated the listed issues (e.g., drug use), but additional worries that were expressed included wishing for better communication with children, foster parent information, a husband's vision problem, and dealing with family loss.

Figure 11. Worrisome Issues to Parents (n=507)



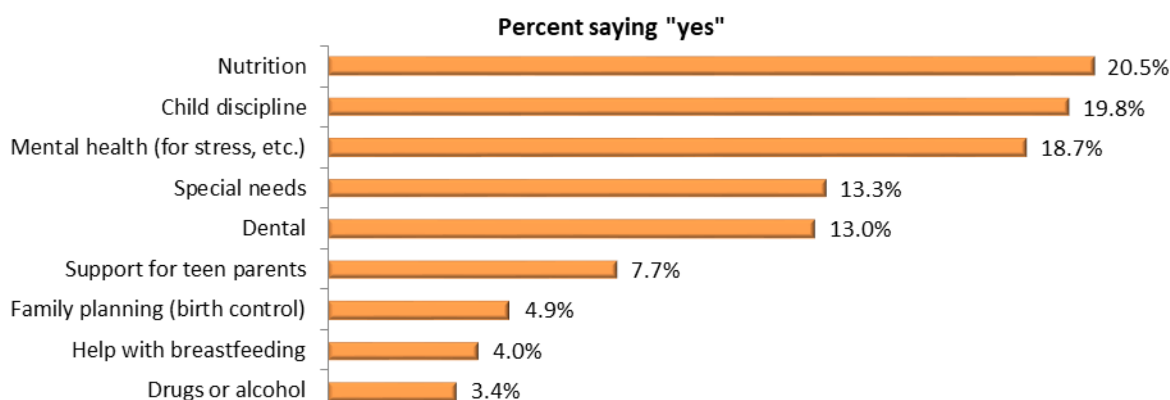
Community Resource Needs

Worrying about an issue does not necessarily indicate a need for help to address it. That is why the survey specifically asked parents to identify the needs they wanted help with but could not find information about or referrals for in the areas of Health and Development, Early Care and Education, and Other Family Resources.

Health and Development

Parents most frequently (20.5%) wanted, or needed help for their family but could not find, information related to nutrition (healthy food choices, access to it), help or resources related to child discipline (19.8%, which had been reported by 12.7% of parents in the earlier survey) and mental health services (18.7%; reported by 10% prior). Dental services and "support for teen parents" were also identified as needs but to a lesser degree (Figure 12 below). No one wrote in an "Other" in the space provided for it.

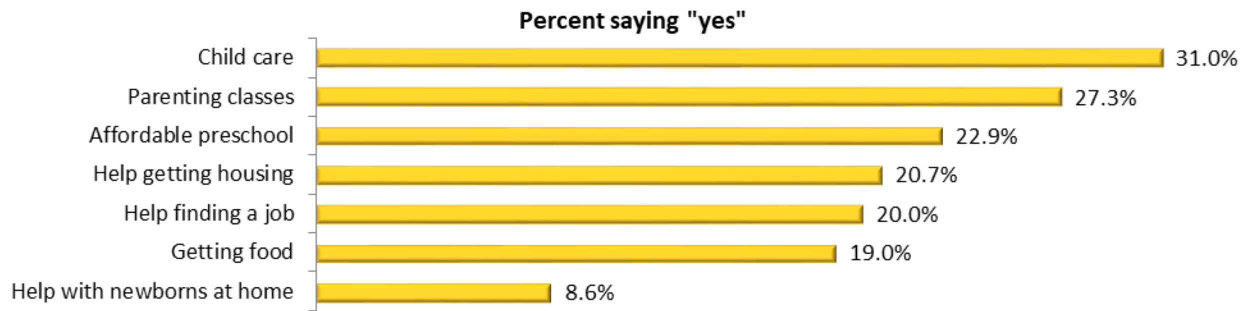
Figure 12. Needs Related to Health and Development



Early Care and Education and Other Family Resources

Needing help and not finding resources for child care (31.0%, reported by 20.6% of parents in the previous survey), parenting classes (16.7%, reported by 27.3% previously) and affordable preschool (22.9%, reported by 16.4% previously) received the highest proportion of affirmative responses for the items shown in Figure 13. Practical matters such as help related to housing, employment and food were identified by about 20% of the parents.

Figure 13. Needs Related to Early Care and Education and Other Family Resources



Eight parents wrote in "Other" experiences and needs for help that were not already part of those listed in the survey:

- The kids are afraid of their father, but he has joint custody; how do I change this?
- I'm not sure if my child is meeting her milestones, I worry about autism
- We need child care centers for people with evening work, shift work, field work
- I have temporary custody of sister's children. She is in jail
- Their father does not take mental health/abuse seriously
- I can't find classes for parents with disabilities [children's or parents'?]
- Services for children 0-5 are not easily accessible. Provider websites list things but when you actually call many have ended, will only serve certain demographics or have wait lists. It's very discouraging to follow a lead for a needed service only to find that it's unavailable

[i] UCLA California Health Information Survey, 2021.
[ii] Recreational screen time before and during COVID-19 in school-aged children. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8222899