FIRST 5 TULARE

EVALUATION REPORT

FY 2018-2019 Grants

Prepared for the First 5 Tulare County Commission

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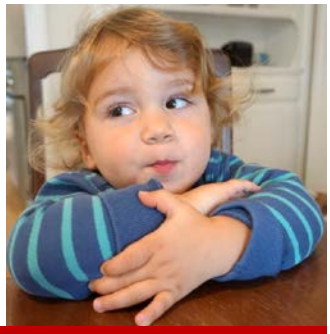
September 2019



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First 5 Tulare

2018 - 2019 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.

The Commission has done much to improve the outcomes of the children and families living in Tulare County. For the past 19 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 $5 million a year allocated by the State in Proposition 10 funds this year—an amount that is declining annually consistent with the anticipated decline in the number of smokers— 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 first of the 3-year grant cycle for 2018-2021, 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

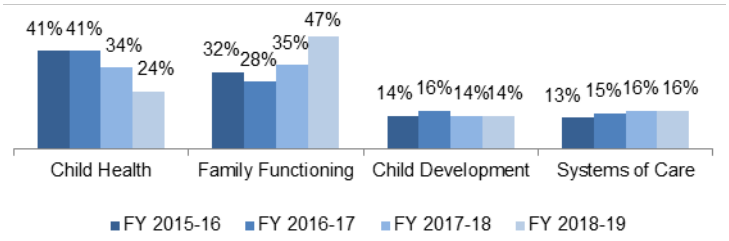
Tulare County is recognized as one of the largest agricultural-producing counties in the world. In 2018, the county was home to a population of 442,181. While California's population of 0-5-year-olds is 6.5%, Tulare County's is about 8.7%. With a median age of 30.0 years old, residents are one of the youngest regional populations in California.[1] Only 13.8% of the adult population have attained a bachelor's degree or higher. Households in Tulare County, CA have a median annual income of $46,266, which is less than the median annual income across the entire United States. Nearly one in four residents lived in poverty at some point last year.

- 38,469 children age 0-5 live in Tulare County.
- 95.9% of children are fully immunized by kindergarten (94.8% state average).
- 51.5% of people age 5+ speak a language other than English at home.
- 24.8% of children live in a single parent household.
- 3.8% of children are in the total care of their grandparents.
- 72.8% of infants' mothers received prenatal care in the first trimester (83.6% state average)
- Tulare County children drink more sugary beverages and eat more fast food than kids statewide.

[1] https://www.census.gov/quickfacts/tularecountycalifornia

INTRODUCTION

This report represents Year 1 in the current 3-year FY 2018-21 grant cycle. In FY 2018-19, First 5 Tulare expended a total of $3,633,252 in programs distributed in the four First 5 result areas: Child Health; Family Functioning; Child Development; and Systems of Care. The fund distribution among the result areas, shown below, has not changed substantially in the last 4 years except for the area of Family Functioning, which increased 35%, and Child Health, which decreased 29%, between 2017/18 and 2018/19.



The purpose of the First 5 Tulare evaluation is to document grantee progress and measure changes resulting from grantee programs and services for children age 0-5 and their families. The evaluated projects ranged from child abuse prevention to oral health services to developmental assessments to parent literacy improvements 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. The Indicators, which align with the Strategic Plan, can be tracked and relate directly or by proxy to what the projects hoped to achieve.

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 Tulare's own *program* report highlights process indicators, such as number and type of children served, and outcomes. The *evaluation* report allows First 5 Tulare Commissioners, funded partners and community stakeholders a more comprehensive look at the Commission's notable outcomes for selected programs and the status of children in the current grant cycle.

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 concerning data collection tools and methods.

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 reviewed and used in this report are described in each grantee's "chapter" beginning on page 9.

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

First 5 Tulare	Evaluation Questions for FY 2017-18	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? To what extent did parents learn and apply important parenting and conflict management skills? To what extent did infants and toddlers show increased skills in a range of developmental areas? 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 parents demonstrate nutrition knowledge and behavior change? To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ ESPIRS ▪ Parenting Wisely ▪ Parents Helping Parents form ▪ DRDP ▪ SafeCare ▪ My Plate ▪ Protective Factors
County of Tulare Sheriff's Department: Gang Awareness	To what extent did parents increase knowledge about effective parenting? To what extent did parents increase awareness of the causes of stress and how to manage it? What were the parenting perspectives of formerly incarcerated GAPP graduates after release and return to the community?	▪ ACT Curriculum pre/post ▪ Parental Stress Index ▪ Community Re-Entry Follow-Up Form
Parenting Network, Inc.: Visalia Family Resource Center and Porterville Family Resource Center	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 parents, and fathers in particular, demonstrate having or building protective and promotive factors that strengthen families?	▪ SafeCare ▪ Protective Factors ▪ On My Shoulders

First 5 Tulare	Evaluation Questions for FY 2017-18	As Measured by
Family Services of Tulare County: Early Mental Health	How often did parents report problem behaviors in their children and with what impact? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent were women who gave birth identified as depressed and referred for help?	▪ Eyberg ▪ ASQ ▪ Developmental Milestones and Competency Rating ▪ 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? To what extent did parents going through divorce demonstrate increased parenting skills, and how did they rate their relationship with the child's other parent? To what extent was there a change among parents in positive parental behaviors?	▪ Supervised Visits Satisfaction Survey ▪ Cooperative Parenting and Divorce pre/post ▪ KIPs
Traver Elementary School District: School Readiness	To what extent did children show increased skills in a range of developmental areas?	▪ DRDP
Visalia City School District: Ivanhoe First 5 Program	To what extent did children show increased skills in a range of developmental areas? 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?	▪ DRDP ▪ ESPIRS (modified)
Tulare City Schools: Preschool Program	To what extent did infant and toddlers and preschoolers show increased skills in a range of developmental areas?	▪ DRDP
CASA of Tulare County: 0-5 Program	To what extent did children reduce time in foster care, have fewer than average placements, and have a permanent placement upon closure of cases?	▪ CASA data system ▪ Tulare County Welfare System Data
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

First 5 Tulare	Evaluation Questions for FY 2017-18	As Measured by
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 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 were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQ
	To what extent did parents learn and apply important parenting and conflict management skills?	▪ Parenting Wisely
	To what extent did parents demonstrate having or building protective and promotive factors that strengthen families?	▪ Protective Factors
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 for follow-up?	▪ PPVT-4 or PLS-5 ▪ ASQ
	What type of risks and resources did program participants present with?	▪ Family Risk and Resources Inventory
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	To what extent were oral health outcomes achieved for children?	▪ CA Oral Health Assessment Form
	To what extent did new mothers initiate and maintain exclusive breastfeeding?	▪ Breastfeeding follow-up form
Participants' Follow-Up Survey (multiple grantees)	How knowledgeable and confident were parents/caregivers, and how did their behavior change 3 months after participating in a grant-supported curriculum-type program?	▪ Client Follow-Up Form

Data Analysis

BAA received raw data from the funded projects in hard copy from 26 different evaluation forms over the course of the program year. The data were sent 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 25.0. 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 project 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; Larry S. Meyers, PhD; Elita L. Burmas, MA; and Beth Shipley, MPH. Jared Funakoshi 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

RESULT AREAS Part 1:

Family Functioning
Child Development
Systems of Care

CUTLER OROSI SCHOOL DISTRICT
Family Resource Center

"The [FRC] services were very helpful. There's always something new to learn to help me to be a better parent."- FRC Client

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 7 different tools.

Children were assessed for school readiness with the DRDP-Revised (Desired Results Developmental Profile) to measure results in a range of developmental areas. The DRDP is a child assessment tool designed by the California Department of Education and administered by teachers within 60 calendar days of the child's first day of enrollment in the program and every six months thereafter.

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.

The FRC uses SafeCare, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. In addition to the goal of reducing child maltreatment, the 3 program modules are designed to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value of the program and their satisfaction with various features of it.

The grantee offers parent education and proactive skills development through the Parents Helping Parents SEA parenting program; it primarily addresses appropriate methods of discipline and other positive parenting behaviors. The interactive Parenting Wisely program also focuses on conflict management and improving parental communication. The parents who completed these evidence- and skills-based parent education programs completed multiple-choice and scaled questionnaires (each, coincidently, a 34-item tool) to determine improvement after participating in the program.

The *Protective Factors* curriculum focuses on building protective and promotive factors to reduce risk and create optimal outcomes for children and families. It values the culture and unique assets of each family and recognizes parents as decision-makers and leaders. The Protective Factors Survey is a 20-item tool where participants respond to a series of statements about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.

This year the FRC began offering a nutrition program called My Plate; it includes four 1-hour sessions focused on health eating, smart grocery shopping, tips on meals and budgeting. The session on food and physical activity, for example, is intended to help busy parents and caregivers offer appropriate meals and snacks for everyone in their family and encourage physical activity each day. Because no evaluation tools came with this curriculum, we developed a pre/post survey for participants to complete and First 5 staff translated it into Spanish.

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.*
- *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.

In addition to staff support, client self-motivation is a big factor for success. One mother of a 4-year-old came to the FRC with the goal of improving her parenting skills and learning English. Besides enrolling in ESL, she enrolled in and successfully completed the various parenting classes, participated in early literacy activities (using the library, reading to her son, using chore/behavior charts) and followed through with referrals to medical and dental providers. Staff reports she was always open to learning new things, always prepared and on time for sessions. She invested additional time to attend multiple classes, access resource and get more involved in the community. As a result, the client feels she has developed a closer bond with her child and his behavior has improved; family dynamics overall have also improved and the family is now more involved with one another and attends events in the school and community.

Evaluation Results

To what extent did infants and toddlers show increased skills in developmental areas?

Teachers evaluated children on 29 different measures in 5 developmental domain areas on the DRDP Infant and Toddler tool. A child's developmental level on each measure was rated using "descriptors" such as "responding earlier," "exploring later," or "building earlier." The number of times the "building" descriptor was used by the raters in their evaluation of the children pretest and again at posttest are displayed as a percentage and by domain area in Table 1.

The pattern across each of the five domains was positive. There were more children reaching "building" ratings in the spring than the fall assessment (seen by the positive percentage changes). On the post-assessment, children received the largest percentage of "building" ratings in the Social and Emotional Development domain (22.2%) and the smallest percentage of "building" ratings in both the Approaches to Learning – Self Regulation (11.1%) and Language and Literacy Development (11.1%) domains. Math and Science domain saw the biggest increase in the percentage of "building" ratings from pre to post-assessment (+983.3%).

Table 1. Cutler Orosi - FRC: DRDP - Infant Toddler (non-matched sample Pre *N* = 14, Post *N* = 9)

	Percent Ratings at the "Building" Developmental Level		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (5 Measures)	7.1%	11.1%	+56.3%
Social and Emotional Development (5 Measures)	8.6%	22.2%	+158.1%
Language and Literacy Development (5 Measures)	1.4%	11.1%	+692.9%
Cognition, Including Math and Science (6 Measures)	1.2%	13.0%	+983.3%
Physical Development – Health (8 Measures)	3.6%	18.1%	+402.8%

Note: The number of all ratings for fall was 70 to 112. The number of all ratings for spring was 45 to 72.

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?

In general, parents responded in the ESPIRS post-survey that they had more books at home and read and told stories to their children more frequently following the program, though the changes were a little less strong than in the previous year. TV viewing habits were not as positive, however (Table 2).

Table 2. 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

Participating in the program had a very positive impact on parents experience with books in the home and on reading and storytelling (Table 3). A little less than half of the parents (44.9%) reported having 11 or more books at home on the pretest but on the posttest almost two-thirds (62.5%) reported having this many books. These increases were confirmed as statistically significant by performing a repeated measures analysis of variance.

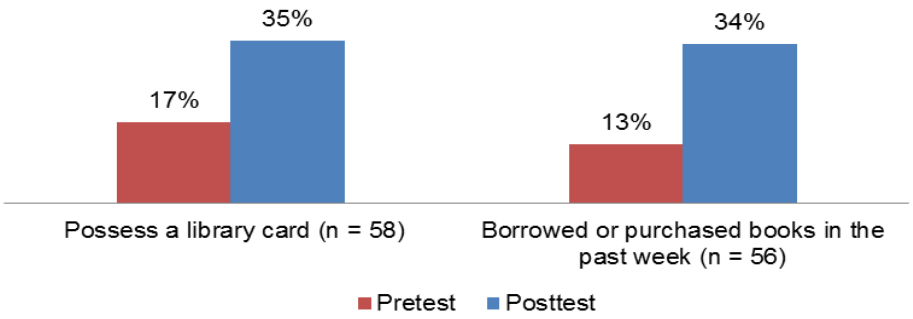
Looking at how often parents read books to their children and told stories to their children, there was a pattern of positive behaviors occurring after the class; that is, parents overall were reading and telling stories more frequently following their participation in the program. Statistically significant posttest changes were found with almost two-thirds of the parents (61.4%) responding that they were reading books to their children at least 3 times a week to every day and over half (51.7%) telling stories at least 3 times a week to every day.

Table 3. Parents' Experience with Books and Reading to Children, Matched Sample (n=58)

Survey Question	Pre		Post	
	n	*%*	*n*	*%*
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	14	24.1	4	6.9
3 - 10 books	18	31.0	23	39.7
11 - 25 books	11	19.0	13	22.4
26 - 50 books	7	12.1	11	19.0
51 + books	8	13.8	7	12.1
About how often do you read books or stories to your children?				
Never	9	15.8	0	0
Several times a year	3	5.3	2	3.5
Several times a month	6	10.5	7	12.3
Once a week	10	17.5	13	22.8
About 3 times a week	15	26.3	15	26.3
Every day	14	24.6	20	35.1
How often do you tell your children a story (e.g., folk and family history)?				
Never	9	15.5	3	5.2
Several times a year	6	10.3	2	3.4
Several times a month	13	22.4	9	15.5
Once a week	11	19.0	13	22.4
About 3 times a week	9	15.5	22	37.9
Every day	9	15.5	8	13.8

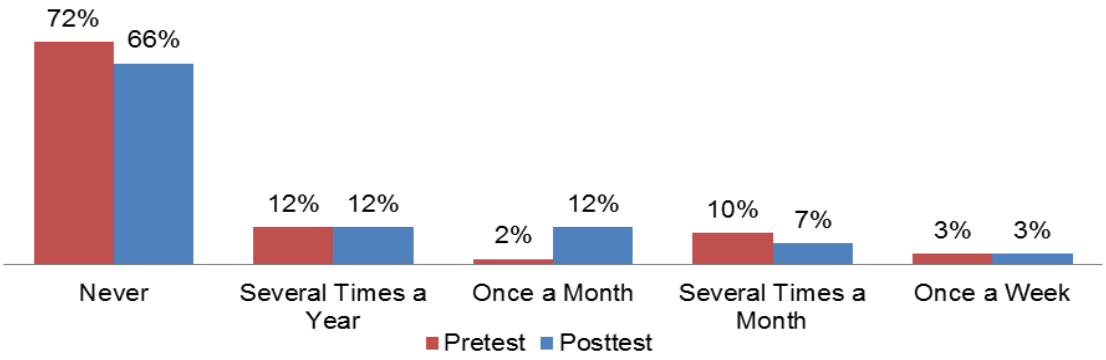
In terms of library experience for the 58 parents with both pre/posttest, 10 indicated they had a library card on the pretest (17.2%), and 20 on the posttest (34.6%) (Figure 1 on the next page). There was also a statistically significant increase in the number of posttest parents who said that they had checked out a library book or purchased a book in the past week. Before the class, only 12.5% had checked out a book from the library or had purchased a book in the past week; this proportion increased to 33.9% on the posttest.

Figure 1. Current Library Experience, Matched Sample



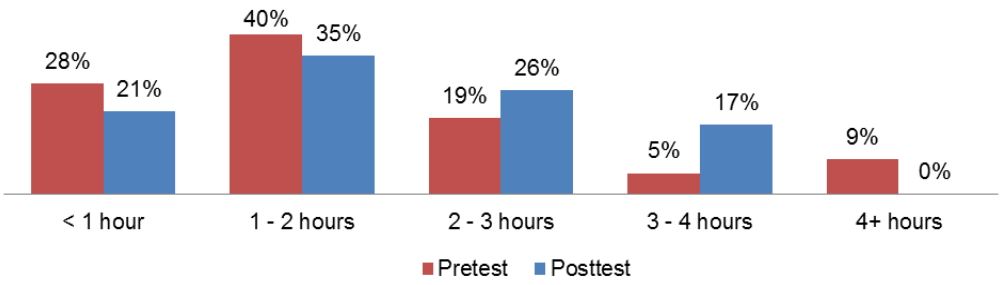
As Figure 2 shows, close to three-quarters (72%) of the parents at the pretest reported they never went to the library; at the time of the posttest, the proportion of parents who said this had decreased but only to two-thirds (66%) of the group. About 28% of the parents at the pretest reported going to the library several times a year or more. The situation appeared to improve slightly by the posttest with a little over one-third (34%) saying they now visited the library at least several times a year. However, these differences were not statistically significant.

Figure 2. Frequency of Going to the Library, Matched Sample (n=58)



Television-watching habits, in addition to reading and visiting the library, are also important to note in early literacy program attempts. Based on 58 matched pretest-posttest for this question, there appeared to be a slight positive change (see Figure 3) in the number of hours watching TV with no parents reporting more than four hours of television watching on the posttest. However, almost twice as many respondents reported watching 2-4 hours on the posttest (43%) than on the pretest (24%), though these changes were not statistically significant.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=58)



It appears that many parents already engaged in certain positive parental behaviors related to TV viewing prior to program participation (Table 4). On the pretest, a large proportion was already *always* selecting the TV program (66%) and already *always* asking their children questions about the TV program (53%). A smaller percentage of parents (34%) reported that they were already *always* watching the television program with their children. At the time of the posttest, there was a slight positive increase towards more parents engaging in positive parental behavior, though the changes were not statistically significant.

Table 4. Family TV-Watching Experience, Matched Sample (n=37)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	8 (14.3%)	11 (19.6%)	37 (66.1%)	3 (5.4%)	21 (37.5%)	32 (57.1%)
When your children watch TV, do you watch the TV programs with your children?	6 (10.7%)	31 (55.4%)	19 (33.9%)	2 (3.6%)	27 (48.2%)	27 (48.2%)
When your children watch TV, do you ask your children questions about the TV program?	9 (16.4%)	17 (30.9%)	29 (52.7%)	4 (7.3%)	21 (38.2%)	30 (54.5%)

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 programming for children such as (generally in this order) "Paw Patrol," “Peppa Pig,” “Sesame Street,” and "Clifford." At the posttest, respondents continued to list these type of programs, including “Mickey Mouse,” “Curious George,” and “PBS."

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

With the *Parenting Wisely* tool parents were asked questions that had correct or incorrect answers. Table 5 on the next page displays the percentage of parents answering correctly. For the matched sample of 23 respondents, there was statistically significant improvement on more than two-thirds of the 34 questions (68% or a total of 23 questions) from the pre- to posttest.

A repeated measures analysis of variance on the full set of test questions showed that there was a significant improvement in overall test performance from pretest to posttest, with the parents averaging about 52% correct on the pretest (the range was 23% to 82%) and about 89% correct on the posttest (the range was 82% to 97%). Using 80% correct as a benchmark for total test performance, all but one of the 23 parents (96%) scored under this benchmark on the pretest but on the posttest, all of them scored over the 80% correct benchmark.

Table 5. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=23)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	30%	96%	220.0%*
2. What is the best reason to use "Active Listening"?	35%	87%	148.6%*
3. In disciplining a child, what should be included along with punishment?	22%	61%	177.3%*
4. What is the most important part of giving a chore?	52%	91%	75.0%*
5. What is most important in "Assertive Discipline"?	30%	87%	190.0%*
6. What is most likely to happen if parents don't follow through on punishment?	74%	91%	23.0%
7. When might a family discussion of a problem NOT be a good idea?	57%	78%	36.8%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	96%	96%	No Change
9. What happens when parents are consistent in giving consequences?	48%	87%	81.3%*
10. What are the components of "Contingency Management"?	17%	70%	311.8%*
11. What happens if a parent monitors a child's schoolwork?	83%	91%	9.6%
12. When you first find out your child is doing poorly at school, what should you do first?	65%	100%	53.9%*
13. What is the long term result of motivating children by yelling at them?	78%	96%	23.1%*
14. What often happens when a parent forbids teens to see a particular friend?	83%	96%	15.7%
15. What happens when you compare siblings to each other?	96%	96%	No Change
16. Is it important to explain to our children exactly what they have done wrong before punishing?	65%	78%	20.0%
17. The main reason parents yell at their children is?	78%	87%	11.5%
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	78%	100%	28.2%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	48%	78%	62.5%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	43%	96%	123.3%*
21. What is the purpose of an "I Statement"?	35%	96%	174.3%*
22. What are the main advantages of "Contracting" for adolescents?	22%	65%	195.5%*
23. Which of the following is an "I Statement"?	30%	91%	203.3%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	35%	100%	185.7%*
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?	26%	87%	234.6%*
27. What happens when parents give punishments that are severe?	61%	78%	27.9%
28. Close supervision of our children when they spend time with friends has which advantage?	30%	100%	233.3%*
29. What are the main elements of "Contracting"?	26%	96%	269.2%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	26%	87%	234.6%*
31. If we need to correct our child when he with friends, what should we do?	87%	100%	14.9%
32. To help our children know which behavior to change, it is important for us to be...	39%	96%	146.2%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	91%	100%	9.9%
34. When we talk about the positive motive behind someone's behavior, the effect is to?	65%	91%	40.0%*
Overall Percentage Correct	**51.7%**	**88.5%**	**71.2%***

*$p < .05$.

Parents who completed the Parents Helping Parents SEA parenting program used a 5-point scale and rated how often they engaged in 34 different parental practices. Table 6 contains items representing both *poor* (questions 1-13) and *good* (questions 14-34) parenting practices. Of the 23 parents who turned in both a pretest and a posttest, there was either no change or a decrease in all of the negative parenting practices. While the biggest change was in the frequency of parents' use of profanity and sarcasm, none of the changes were statistically significant.

For the 20 items addressing positive parenting practices, parents reported they were engaging more in all of these good behaviors after the program. However, because many of the responses to these questions were already quite positive, it left little room for improvement. Two of the parent reports were significantly different from pretest to posttest: going to church significantly more often with their children (from "sometimes" to "frequently") and eating together more often as a family (from "frequently" to "always").

Table 6. Parents' Report of Parenting Behaviors, Matched Sample (n=23)

Survey Questions	*Matched N*	Pre		Post		% Change
		M	*SD*	*M*	*SD*	
"Negative" Behavior Questions						
1. How many times do I hit my children?	23	1.7	.8	1.5	.6	-11.8%
2. How many times do I yell?	23	2.4	.9	2.4	1.2	No Change
3. How many times do I scold my children?	23	3.0	.9	2.7	1.2	-10.0%
4. How many times do I insult my children?	23	1.0	.2	1.0	.2	No Change
5. How many times do I use profanity?	23	1.8	.9	1.4	.7	-22.2%
6. How many times do I get angry?	23	3.0	.8	2.9	1.0	-3.3%
7. How many times do I use sarcasm?	23	1.5	.7	1.2	.4	-20.0%
8. How many times do I repeat myself?	23	2.8	1.2	2.8	1.1	No Change
9. How many times do I get into arguments for the sake of my children?	23	1.7	1.0	1.7	.7	No Change
10. How many times do I blame my partner or my children for my unhappiness?	23	1.2	.5	1.2	.9	No Change
11. How many times do I fight with my partner?	23	1.9	1.0	1.8	1.1	-5.3%
12. How many times do I fight with my partner in front of my children?	23	1.4	.8	1.3	.8	-7.1%
13. Family rules are created by my husband and me without our children's participation.	22	2.0	1.2	1.9	1.0	-5.0%
Overall Mean for Negative Behavior Questions	**23**	**2.0**	**.5**	**1.8**	**.4**	**-10.0%**

Table continues on next page

"Positive" Behavior Questions						
14. I know where my children (are) after school and on the weekends.	23	4.7	1.2	5.0	.0	6.4%
15. I know my children's friends.	23	4.4	1.2	4.6	.8	4.6%
16. I know my children's friends' parents.	23	3.8	1.4	4.0	1.1	5.3%
17. I know where my children's friends live.	23	3.9	1.3	4.0	1.3	2.6%
18. I know what my children are doing when they are in school.	23	4.4	1.2	4.7	.6	6.8%
20. What frequency of diversion so (sic) we have with family?**	23	3.5	1.2	3.7	1.3	5.7%
21. How many times do we eat together as a family?	23	3.9	1.2	4.7	.7	20.5%*
22. How many times do we converse with our children?	23	4.4	1.2	4.8	.5	9.1%
23. How many times do I talk with and encourage my children?	23	4.5	1.2	4.9	.3	8.9%
24. How many times do I express affection to my children?	23	4.6	1.2	5.0	.2	8.7%
25. How many times do we have family reunions to discuss issues?	23	3.3	1.4	3.0	1.2	-9.1%
26. How many times do I participate in school activities with my children?	23	4.0	1.4	4.0	1.2	No Change
27. How many times do I help my children with their homework?	23	4.0	1.3	4.3	1.2	7.5%
28. How many times have I asked my children for their option to help with an issue that affects them?**	18	3.7	1.4	4.3	.8	16.2%
29. How many times have I talked to my children regarding drugs?	23	3.7	1.5	3.9	1.4	5.4%
30. How many times have I talked to my children regarding gangs?	23	3.7	1.5	3.9	1.4	5.4%
31. How many times have I talked to my children regarding sex and how to protect themselves?	23	3.0	1.5	3.6	1.5	20.0%
32. How many times do I pray with my children?	23	3.6	1.1	3.9	1.4	8.3%
33. How many times do I attend church with my children?	23	3.0	1.3	3.6	1.5	20.0%*
34. How many times do I talk to my children of God?	23	4.0	1.2	4.4	1.0	10.0%
Overall Mean for Positive Behavior Questions	**23**	**3.9**	**1.0**	**4.2**	**.5**	**7.7%**

Item mean scores reflect the following response choices: 1 = *Never*, 2 = *Rare*, 3 = *Sometimes*, 4 = *Frequently,* 5 = *Always. NC = No Change*
**The word "option" in Question 28 was most likely intended to be "opinion."
*$p < .05$.

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, 14 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program. 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 7 shows, an average of 51.5 hazards per family were observed during the initial assessment but dropped to an average of 4.8 at the end of the module. Examples of hazards at the child's eye-level included accessible kitchen

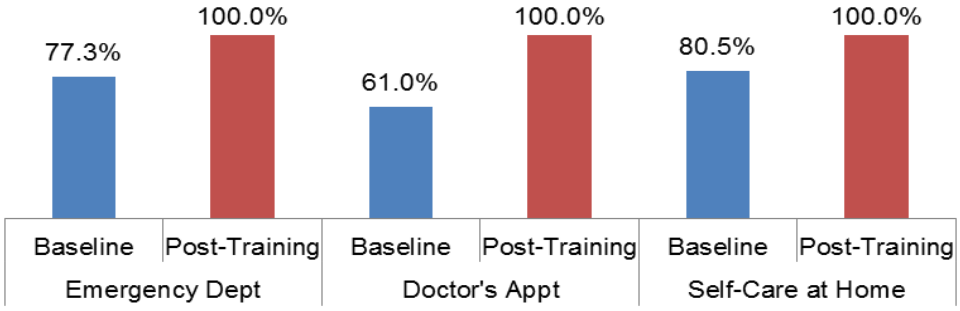
knives, chemicals within reach and unsecured electrical cords. The total number of home hazards recorded prior to the training ranged from 12 in one family to 228 in another family.

Table 7. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=14)

	Baseline	Post-Training
Average number of hazards per client	51.5	4.8
Mean percent reduction	90.7%	

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. Fourteen parents were provided reference manuals with a symptom guide and other pertinent information. After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100% (Figure 4). While the parents had a little more trouble with the scenario of when to contact the doctor, they started with quite a bit of knowledge related to the scenarios of the emergency department visit and self-care at home.

Figure 4. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=14)



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 and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

Figures 5 and 6 show the results of the parent-infant and parent-child interactions, respectively: 9 parents with matching baseline and post-training data in the first age group and 5 parents in the second. The improvement in the parents' ability to consistently demonstrate the desired behaviors was significant—about a 113% difference on average from baseline to the completion of the training.

Figure 5. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=9)

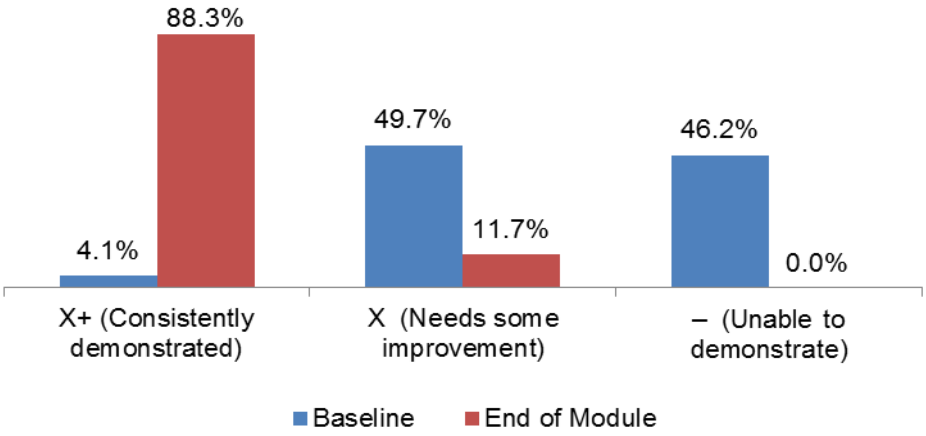
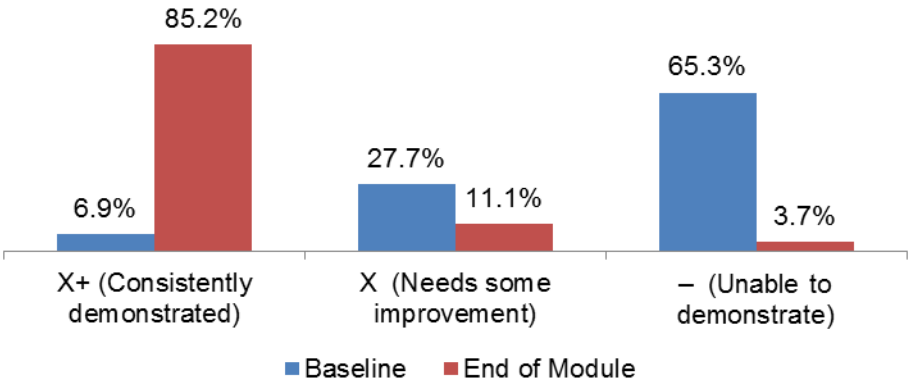


Figure 6. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=5)



After completing the SafeCare training program, parents were asked to provide their opinions about it in a survey. 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 using a 5-point scale.

Overall, parents "strongly agreed" or "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program and "strongly disagreed" that the Home Visitor was negative and critical (Table 8 on the next page). One parent in the Health Training module and one parent in the Parent Child module however strongly agreed with the statement "I do not feel the training gave me new or useful information and skills." This result could be because of a respondent's misreading of the question or it could be that they truly felt that way. With a small sample size of only 14 for the Health module and 6 for the Parent Child module, just one or two respondents answering in this manner could skew the overall mean for that statement.

Table 8. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 14)	Home Safety (n = 15)	Parent Child (n = 6)	Parent Infant (n = 8)
Home is safer since training		1.27		
Am better able to identify hazards		1.13		
Easier to interact with my child			1.17	1.5
Am better able to get rid of hazards		1.27		
Easier caring for my child's health	1.21			
Have more ideas about activities to do with my child			1.33	1.38
Plan to continue with changes made		1.27		
Easier deciding when to take my child to doctor	1.21			
Routine activities have become easier			1.5	1.63
Amount of time it took was reasonable		1.73		
Easier deciding when my child needs emergency treatment	1.29			
Was comfortable letting Home Visitor check out home		1.27		
Believe that training is useful to other parents	1.07	1	1	1.13
Did not feel this training gave new or useful info/skills	4.5		4	4.63
Practice during session was useful	1.36	1.2	1.5	1.13
Written materials were useful	1.21	1.07	1.33	1.38
Home Visitor was on time	1.07	1	1	1
Home Visitor was warm and friendly	1.07	1.07	1	1
Home Visitor was negative and critical	4.86	5	5	4.88
Home Visitor was good at explaining materials	1.14	1	1	1
	1=Strongly Agree; 2=Agree; 3=Neutral; 4=Disagree; 5=Strongly Disagree			

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

Twenty-six parents who participated in the My Plate nutrition classes completed a pre/post survey. What they chose to buy and serve their families—and the factors they considered when doing so—clearly changed in a more positive direction after completing the sessions, as evidenced by their feedback (Table 9).

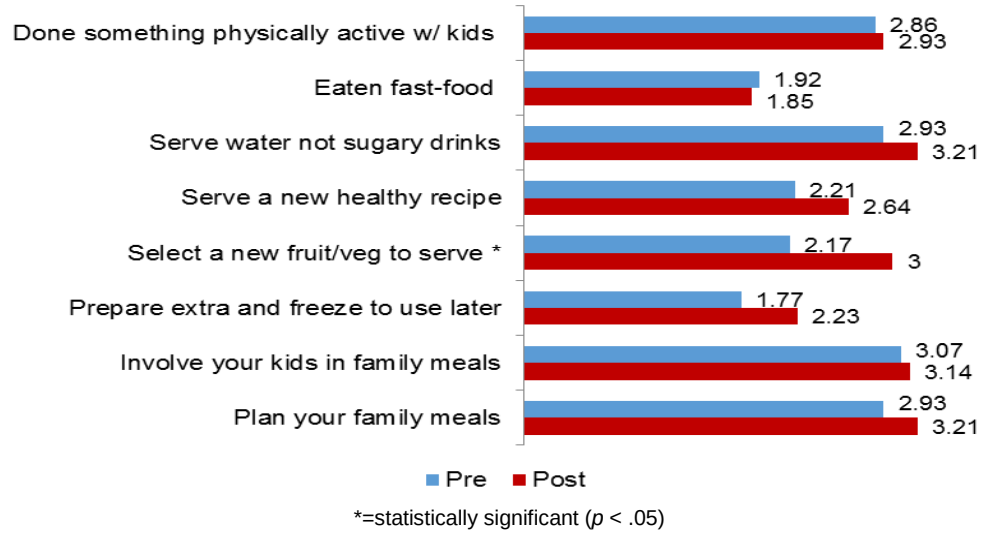
Table 9. The Main Way Participants Chose Food for the Family, in Order of Mention

Prior to the Nutrition Classes (n=23)	After the Nutrition Classes (n=16)
↓ Whatever I'm craving/or feel like cooking	↑ I make a list/menu
↓ Whatever they want to eat	↑ I look for the healthiest food
↓ We don't plan	↑ I use more fruits and vegetables
↑ I make a list/menu of healthy foods	↔ I ask each member what they'd like
↑ I try to use fruits and vegetables	
↓ Whatever is less expensive	

↑ = Desirable behavior ↓= Undesirable behavior ↔ = Neutral behavior
Note: 12 of the 16 women responding to the survey after taking the classes also completed one at the beginning.

The parents were also asked how often they engaged in various health-related behaviors in the past week: "zero times," "1 time," "2-3 times," and "every day." These responses were coded from 1 to 4 in order to obtain pre/post means. As Figure 7 on the next page shows, parents nearly always reported engaging in more positive behaviors after the program. The only behavior which changed in the wrong direction (but only slightly) was eating fast food. The increase in parents reporting selecting a new fruit/vegetable to serve their families 2-3 times/week on the posttest compared to only once a week on the pretest was statistically significant.

Figure 7. Frequency of Parent's Activity in Past Week (from Zero to Every Day), Matched Sample (n=14)

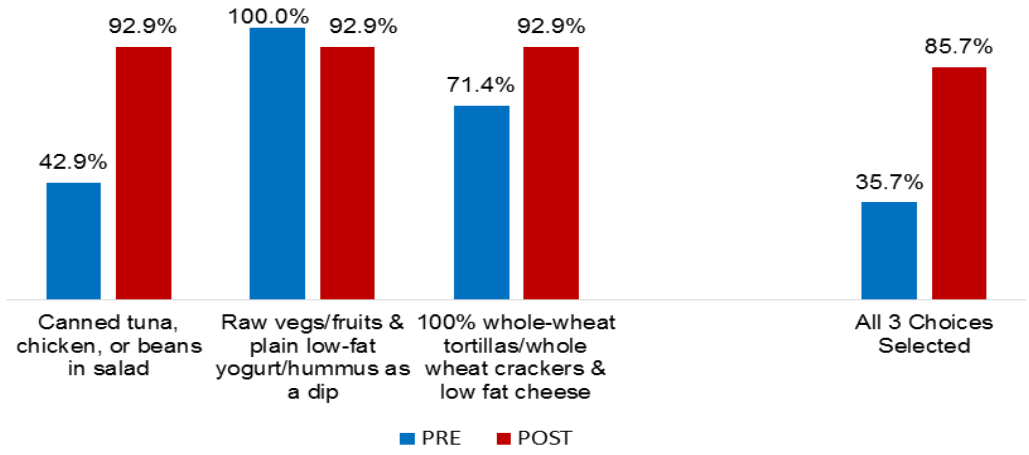


*=statistically significant ($p < .05$)

The survey listed certain food items and asked which were healthy choices. Before the classes, the majority of the parents believed that raw vegetables and fruit with plain low-fat yogurt or hummus as a dip (100% of the parents) and whole-wheat tortillas and crackers with low-fat cheese (71% of the parents) were healthy food choices. Less than half of the parents (43%) believed that canned tuna, chicken, or beans in salad were a healthy choice. After the classes, almost all of the parents (92.9%) believed that each of the items were healthy food choices (Figure 8).

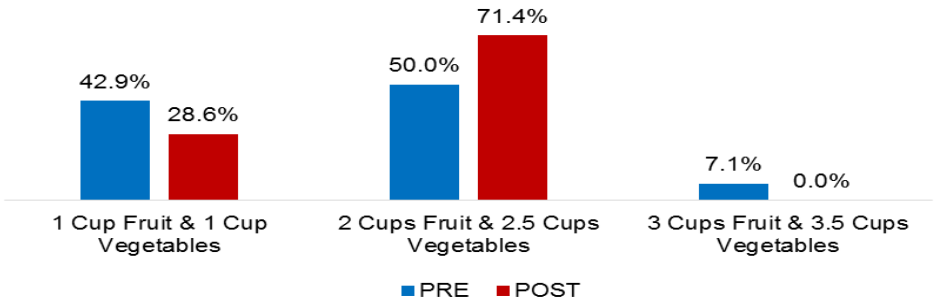
Since all three food items are healthy choices, parents should have correctly selected all three choices. On the pretest, approximately 36% of the parents selected all three. This percentage increased to about 86% of the parents selecting all three choices correctly on the posttest, an increase that was statistically significant ($p < .05$).

Figure 8. Percentage of Parents Selecting Specific Healthy Food Choices, Matched Sample (n=14)



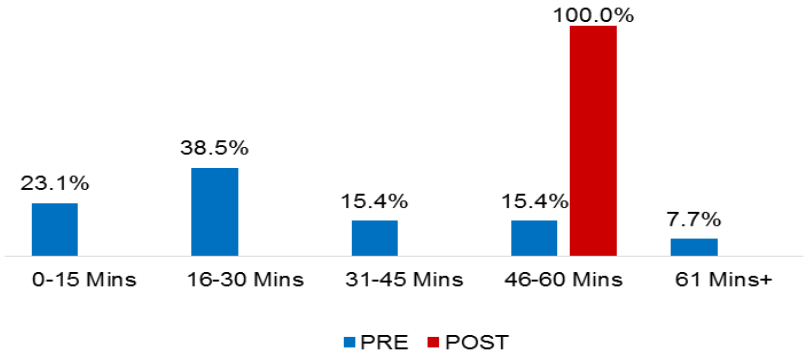
Before taking the classes, half of the parents correctly answered what the daily recommended amount of fruit and vegetables was—two cups of fruit and two and half cups of vegetables. On the posttest, 71.4% of parents responded correctly (Figure 9 on the next page); the change was impressive although not statistically significant change.

Figure 9. Parents Knowledge of Daily Recommended Amount of Fruit and Vegetables, Matched Sample (n=14)



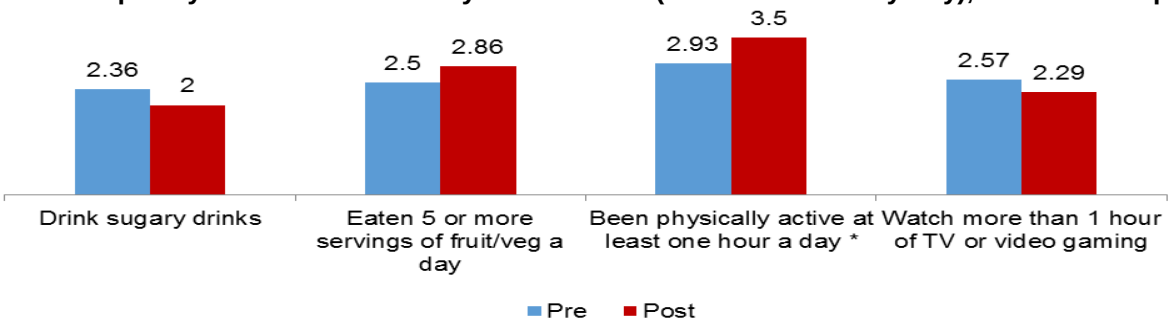
To help children develop habits that will last a lifetime, an active, healthy lifestyle must start early in life. Figures 10 and 11 address children's healthy behaviors. There was no consensus among parents on the pretest with how much physical activity children 6 years and older needed each day. Over a third (38.5%) of the parents thought 16-30 minutes/day was adequate, while nearly a quarter believed 0-15 minutes was. After the program, there was full consensus with all the parents correctly reporting that children needed 46-60 minutes of vigorous physical activity a day.

Figure 10. Parent's Knowledge of Recommended Daily Physical Activity for Children, Matched Sample (n=13)



The parents were also asked how often their children *engaged* in health-related behaviors in the past week. Their responses—from "zero times" to "every day"—were coded from 1 to 4 to get the pre/post means. All of the activities changed in the desirable direction after taking the class, with the report of physical activity increasing from 1 hour/day about 2-3 times a week on the pretest (M = 2.9) to almost every day on the posttest (M = 3.5), a statistically significant improvement.

Figure 11. Frequency of Children's Activity in Past Week (from Zero to Every Day), Matched Sample (n=14)



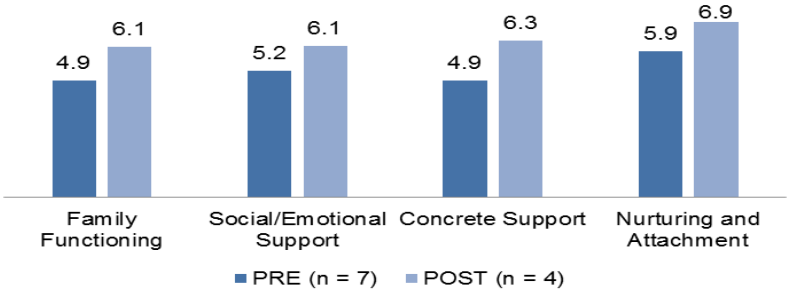
*=statistically significant (p < .05)

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

Parents completing the *Protective Factors* evaluation form[3] 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. Because the participants for the pre/post not matched (the sample size was too small), the data are not able to speak to changes in the responses of individuals. However, generally those who provided posttest data responded with higher ratings, i.e., feeling they had a greater level of protective factors.

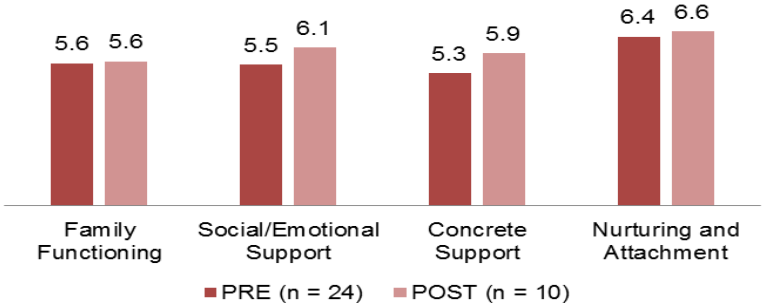
On the pretest of English-speaking parents (Figure 12.a), items in the Nurturing and Attachment subscale (*M* = 6.4) were rated the highest for protective factors and items in both the Concrete Support (*M* = 4.9) and Family Functioning subscales (*M* = 4.9) the lowest for protective factors. Nurturing and Attachment subscale was still rated highest among those taking the posttest, but the Social/ Emotional Support (*M* = 6.1) and the Family Functioning subscales (*M* = 6.1) were lowest for protective factors.

Figure 12.a. Mean Scores for Parents' Protective Factors (English)



On the pretest of Spanish-speaking parents (Figure 12.b), items in the Nurturing and Attachment subscale (*M* = 6.4) were rated the highest for protective factors and items in the Concrete Support subscale (*M* = 4.3) the lowest for protective factors.

Figure 12.b. Mean Scores for Parents' Protective Factors (Spanish)



For items in the Knowledge of Parenting area (Figures 13.a ad 13.b on the next page), parents responding in English at pretest rated "Praise my child when s/he behaves well" (*M* = 5.9) the highest and "Don't know what to do as a parent" the lowest for protective factors. Parents in the posttest differed by rating "Child misbehaves just to upset me" the highest. For parents who answered the questionnaire in Spanish (Figure

[3] Note. The English version does not use the same 7-point scale as the Spanish version. Also, several questions did not translate exactly the same between the 2 versions. Due to these differences, the results have to be analyzed separately. In additional, instructions from the tool state that the Child Development / Knowledge of Parenting questions are not to be averaged together with the other tool questions.

13.b), “Don't know what to do as a parent” and “Praise my child when s/he behaves well (both with *M* = 6.2)” were rated the highest and “Child misbehaves just to upset me (*M* = 4.9)” the lowest for knowledge of parenting. Parents in the posttest, however, rated “Child misbehaves just to upset me” (*M* = 7.0) the highest.

Figure 13.a. Mean Scores for Knowledge of Parenting (English)

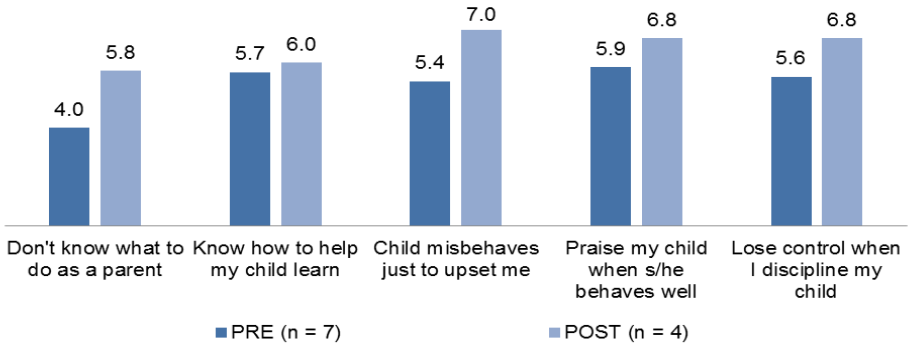
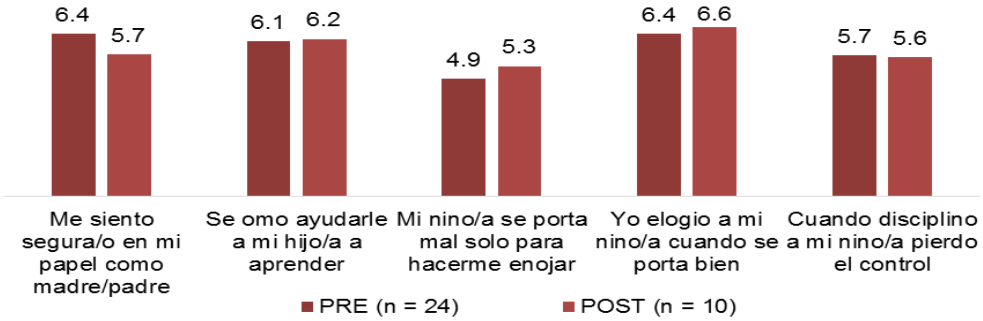


Figure 13.b. Mean Scores for Knowledge of Parenting (Spanish)



Conclusions and Recommendations

The strategies implemented by this project 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. The fact that not all positive changes in book usage were statistically significant should not be interpreted as little program impact; however, staff should take note that 66% of parents at posttest said they never went to the library.

As measured with *Parenting Wisely,* the project met its evaluation goal that 80% of families participating in bilingual health and education classes would demonstrate an increase of knowledge gained as an average of 88.5% (very similar to last year) answered the questions correctly after participating.

Nurturing and Attachment appear to be strong protective factors of the parents, whether they completed the forms in English or Spanish, and these assets should be capitalized on, whereas the lowest rating in the area of Concrete Support suggests a place where the parents could use more help—findings that are consistent with our 2016 Parent Survey.

Studies show that well-designed nutrition education programs can lead to healthier food choices among low-income families who participate in these kinds of programs. We were pleased to see that taking the nutrition class “My Plate” clearly had benefits for the FRC’s participants: not only increased knowledge about healthy food and exercise choices but more positive behaviors in *applying* that knowledge.

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

"Because of your program, I was able to gain custody of my son."
- Successful program participant.

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). Its purpose is to increase parents' knowledge and ability to promote children's development and adopt effective parenting skills in challenging circumstances. 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. The supervised visit participants complete a satisfaction survey and family service workers complete the Keys to Interactive Parenting Scale© (KIPS), an assessment of parenting behavior for families with young children focused on 12 behaviors believed to be related to effective parenting. The "co-parenting" group completed the Cooperative Parenting© Boyan and Termini Pre and Post-Assessment, a 10-item questionnaire, 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.*
- *The number and percent of dependent children who re-entered foster care within 12 months of discharge (reentry following reunification).*

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.

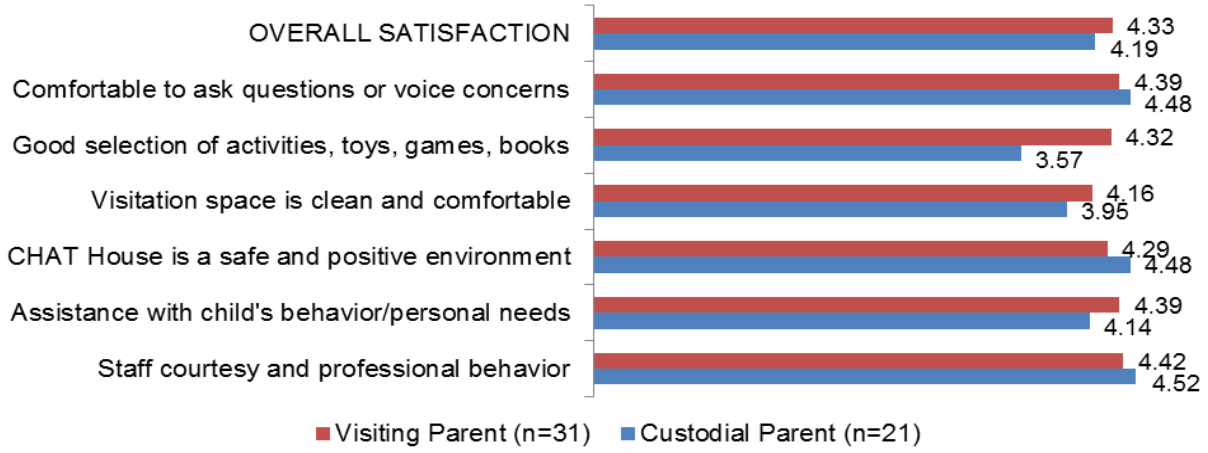
A non-custodial father was referred for supervised visitation services because of a second case related to domestic abuse (he was already receiving visitation services with his older children in a different abuse case involving their mother). The court granted his request to combine the visits so the siblings could establish a closer relationship. The father was open to the idea of coaching and through attending all 18 2-hour sessions of Nurturing Parenting classes each week he learned how to better support his 2-year-old's emotions, read his cues, and help build language skills. Although focused on his youngest child, the father also encouraged and supported the older children during these visits. The evaluation tools allowed him to see the parenting skills he learned strengthened the family's relationship.

How Satisfied were Parents with the Supervised Visitation Experience?

A total of 31 visiting (the non-custodial parent) and 21 custodial parents who participated in the supervised visits program submitted completed satisfaction surveys. All parents expressed a great deal of satisfaction with their ability to ask questions or voice concerns and viewed the staff as courteous as well as professional, with custodial parents expressing a little more satisfaction with these things than visiting parents, as is generally the case each year of our evaluation.

While, overall, both sets of parents rated their satisfaction about the CHAT House experience as high, there were some notable differences in satisfaction levels for some of items asked about (Figure 1). For example, again this year the custodial parents felt the visitation space was not as clean and comfortable as the visiting parents did; they regarded the selection of activities, toys, books and games less favorably; and expressed less satisfaction concerning the staff helping with children's behavior and personal needs.

Figure 1. Satisfaction with Visitation Services (n=52)



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

Close to two-thirds of 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 "meaningful, safe, positive environment" for visiting with their child and a neutral, supervised environment "where everything is documented" and "there is no manipulation by the other parent" (Table 1). A majority of the visiting parents expressed a great deal of gratitude for the opportunity of this program "so I can spend precious one-on-one time with my child."

A couple of the visiting parents asked that the program make it possible to bring siblings to the visits, similar to last year, and several recommended that visitations should allow for longer hours, particularly if the visiting parent is coming from out of town. A few of the custodial parents remarked that visiting parents sometimes tried to pry information out of the child about the custodial parent or family, putting the child on the spot, and "this should be monitored so it doesn't happen."

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	
▪ It allows my children to have a closer bond with their father ▪ This creates a positive/neutral environment for my kids. ▪ Safe setting for the child. ▪ I like that things can't be manipulated [by the child's other parent]. ▪ Lots of games and movies here [we don't have at home] ▪ My children are learning here. ▪ Everything is documented.	▪ Staff is considerate and understanding of the fact I have to travel here from out of town. ▪ Helps me not lose contact with my child. ▪ I'm able to conduct normal and natural parenting skills in front of the 3rd party. ▪ 1-on-1 time with my child. ▪ Being able to show the court you are a fit parent.
Ways the Program Could Support Parents in Strengthening/Improving Quality of Visits	
▪ Please buy new toys; keep fresh batteries in the toys that use them. ▪ Keep the other parent [the non-custodial one] from talking about the custodial parent or family during the visit so they don't try to get information from my child; makes him nervous.	▪ Staff should document everything to show the court and not leave out important information. ▪ There needs to be outdoor activities. ▪ All the rules change at almost every visit [be consistent]. ▪ Having a private play area and pool. ▪ Longer visitation hours with the child. ▪ Allowing the brothers and sisters to the visitation.

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

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

Co-parenting parents were asked to rate their overall relationship with their child's other parent on a scale of 1 to 8, with 1 being "extremely hostile" and 8 being "very friendly." In general, almost 40% of the parents (35 of 88) with both a pre- and a posttest reported that their relationship with their child's other parent improved after participating in the program (Table 2). Before the program, they had expressed that their relationship with the child's other parent was somewhere between "avoidant" and "cold" (*M* = 4.5). After participating, the parents moved the rating of the relationship slight to just "cold" (*M* = 5.1). Despite the "cold" rating, this was a slight improvement, with a statistically significant percentage change of 11.1%.

Table 2. Parents' Rating of Overall Relationship with Their Child's Other Parent, Matched Sample (*n* = 88)

Rating	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Please rate your overall relationship with your child's other parent.	4.5	1.8	5.0	1.6	11.1%*

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 6 of this survey (Table 3) dealt with cooperative parenting and reflected a respondent's self-rating on a variety of parenting abilities. There was statistically significant improvement on all five items after completing the class, with the largest improvements seen in parents'

self-rating of their ability to cooperate with the child's other parent on establishing mutually acceptable guidelines and agreements (+23.3% change) and their ability to communicate with the child's other parent (+23.2% change).

Questions 7 through 10 of the tool addressed engaging in negative parenting behaviors. Although most of the participants already did not engage in these negative behaviors before taking the class, there was a statistically significant change afterwards with parents self-reporting that they engaged less in arguing with the other parent in front of the child (+6.7% change).

Table 3. Parents' Rating of Cooperative Parenting - Boyan and Termini Survey, Matched Sample (n=105)

Survey Questions	*n*	Pre		Post		% Change
		M	*SD*	*M*	*SD*	
Please rate your ability to:						
2. Communicate with your child's other parent in matters regarding your child.	105	5.6	2.8	6.9	2.8	23.2%*
3. Control your anger when interacting with your child's other parent.	105	8.2	1.8	8.8	1.4	7.3%*
4. Use negotiation skills when interacting with your child's other parent.	103	6.6	2.5	7.8	2.2	18.2%*
5. Keep your child shielded from parental conflict.	103	8.5	2.1	9.1	1.4	7.1%*
6. Cooperate with your child's other parent on establishing mutually acceptable guidelines and agreements.	94	6.0	2.9	7.4	2.3	23.3%*
Overall Mean for Ability Questions 2 - 6	**105**	**7.0**	**1.7**	**8.0**	**1.5**	**14.3%***
How often do you participate in the following behaviors:						
7. Make negative comments about your child's other parent in front of your child.	95	9.3	1.4	9.5	1.0	2.2%
8. Ask your child questions about the other parent's personal life.	94	9.7	.8	9.5	1.3	-2.1%
9. Ask your child to relay messages or pass notes to the other parent.	96	9.8	.9	9.9	.5	1.0%
10. Argue with your child's other parent in front of your child.	95	8.9	1.9	9.5	1.1	6.7%*
Overall Mean for Participation Questions 7 - 10	**96**	**9.4**	**.9**	**9.6**	**.7**	**2.1%***

Note. For Questions 2 - 6, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *poor* and 10 meaning *excellent*. For Questions 7 - 10, 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 more positive behavior).
*$p < .05$.

The results of the assessments with the KIPS Parenting Scale[4] for the "supervised visits" parents group are shown in Table 4 on the next page. Program staff rated participants on parental behaviors related to building relationships, promoting learning, and supporting confidence using a 1-5 scale with 5 being the "most optimal." All but one of the posttest ratings—how the parents were involved in their child's activities—showed statistically significant changes in the desired behaviors.

[4] Note: We recalculated the KIPS mean score for each of the participants since some of them on the forms we received were mathematically incorrect; we mention this in case the project compares our data to theirs.

Table 4. Observed Assessment of Parents – KIPS Parenting Scale, Matched Sample (n=14)

Parent Behaviors	Pre		Post		% of Change
	M	*SD*	*M*	*SD*	
Building Relationships:					
1. Sensitivity of Responses	3.6	.7	4.3	.6	19.4%*
2. Supports Emotions	3.6	.8	4.3	.5	19.4%*
3. Physical Interaction	3.8	.9	4.5	.7	18.4%*
4. Involvement in Child's Activities	4.0	1.0	4.4	.7	10.0%
5. Open to Child's Agenda	3.7	.7	4.3	.9	16.2%*
Promoting Learning:					
6. Language Experiences	3.3	.6	4.1	1.0	24.2%*
7. Reasonable Expectations	3.0	.7	3.9	.9	30.0%*
8. Adapts to Strategies to Child	3.5	.8	4.3	.8	22.9%*
9. Limits & Consequences	2.9	1.1	4.0	.9	37.9%*
Supporting Confidence:					
10. Supportive Directions	3.3	.8	4.2	1.0	27.3%*
11. Encouragement	4.0	.7	4.4	.5	10.0%*
12. Promotes Exploration/Curiosity	2.9	.9	4.1	1.3	41.4%*
Overall Mean	**3.5**	**.6**	**4.2**	**.6**	**20.0%***

Note. Item mean scores reflect rating choices from 1 to 5 with 5 being the most optimal quality.
Ratings of "not observed" were not included in the calculation of the overall means.
*$p < .05$.

Conclusions and Recommendations

The positive parent feedback about the supervised visitation program indicates it continues to be well received, and overall both groups of parents believe it was beneficial for their families, meeting the evaluation goal that “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.”

We reiterate that although the differences in satisfaction between the custodial and the visiting parents on certain satisfaction survey items may seem small, staff should take note of them and determine where improvement could be made, particularly because the same issue concerning clean/comfortable visitation space comes up every year. We don’t know if this means the space is too crowded or is not sanitary (or both), but the issue should be addressed. With regard to disallowing siblings from being included in non-custodial parent visits, we wondered whether it was a space issue or some type of policy issue. If there is a true *space* limitation that cannot be changed because of the structure of the House or functional needs of the rooms, we suggest staff explain this to both groups of parents at orientation—address it upfront so they understand the constraints—since some of the parents seemed confused or upset about this rule.

The project also met its evaluation goals for parents who participated in the Cooperative Parenting and Divorce curriculum. The pre/post assessment results showed a significant increase in most of the type of parental behaviors that help to heal fractured family relationships and support children's learning.

FAMILY SERVICES OF TULARE COUNTY
Early Mental Health Program

"Because the therapist was able to work with him at school [a child with continual behavioral problems] he handles the transitions between home and school more smoothly and is more communicative about his needs."- Mother of 5-year-old

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.

The Eyberg Child Behavior Inventory (ECBI) was used to assess parental report of behavioral problems in children concerning conduct, aggression and attention.

Observers used the developmental Milestones and Competency Rating tool to assess children on a continuum of mental/emotional health measures. Similarly, the project used the *parent*-completed Ages and Stages (ASQs) questionnaires at various age intervals that screen for developmental delays across several key domains such as gross and fine motor skills, communication, problem solving and personal-social development.

To screen for maternal depression immediately before and following delivery, the grantee also administered the Edinburg Postnatal Depression Scale when indicated, and made appropriate referrals based on findings.

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.

Being on his cell phone during therapy sessions was more important to one father—the primary caregiver in this case—than participating with his child. Many weeks of continual coaching and guidance by the therapist about the importance of parent-child engagement lead to more engagement by this father and an apparently higher value he began to place on his role as a primary parent. This success would likely not have happened without the patience of the therapist her drive to see this family succeed—no matter how much resistance she got from the Dad. Case managers on the team, as always, played as big role as well, in particular keeping in contact with the father and providing parenting resources and encouraging his continued participation in the early mental health program.

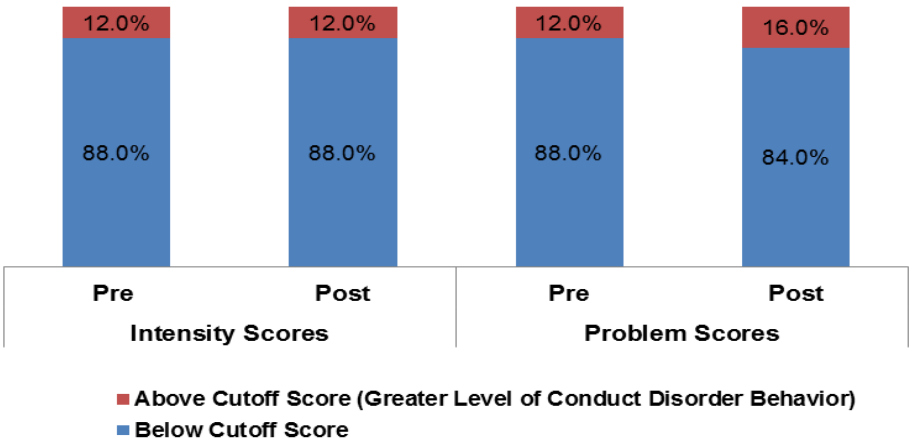
Evaluation Results

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. The scales are continuous such that higher scores indicate a greater level of conduct-disordered behavior and greater impact on the parent.

Although 125 parents completed the pre-assessment, the matched post-assessment sample size of 25 was used as the basis for the analysis. Using the tool's cutoff T score of 60 for Intensity Scores and 60 for Problem Scores, 12% of the children at the pre-assessment scored above the cutoff (coded as red) on Intensity items and 12% scored above the cutoff score on Problem items. At the time of the posttest, these same proportions were observed, i.e., there were no changes in the percentages of children scoring at the two cut-off points.

Figure 1. Eyberg Child Behavior Inventory
Percentage of Children Exceeding Cutoff Points, Matched Sample (n=25)

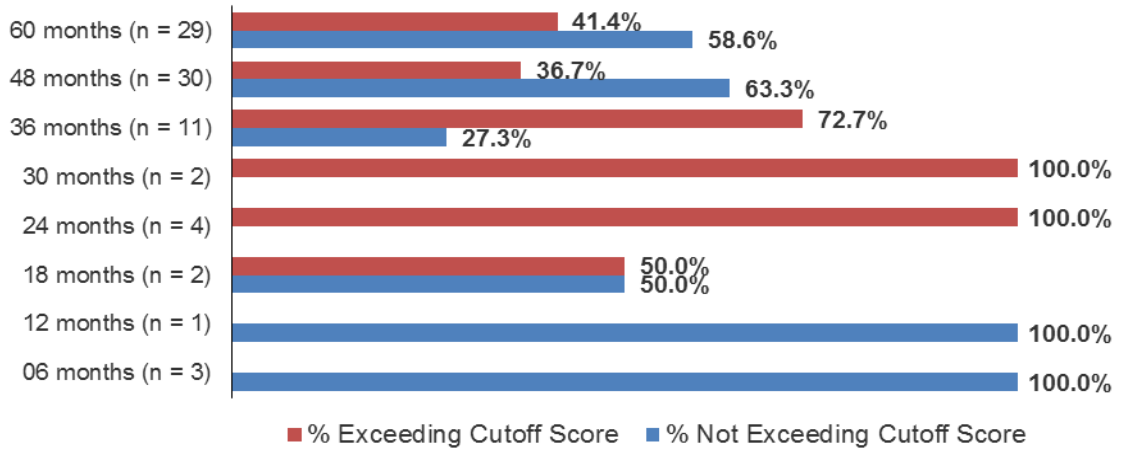


To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. A total of 82 children were assessed for their social and emotional development using the 2002 ASQ-SE questionnaire. *Higher* scores signified greater social and emotional concerns, and different cutoff scores were established for each age group. Children who met or exceeded the cutoff score after being assessed on a set of factors were to be referred for further mental health evaluation and offered the use of other resources.

Of the 8 different age groups evaluated, children in the two youngest age groups, 6 months and 12 months, scored under the cutoff and therefore did not need to be referred for further mental health-related evaluation. The age groups with the most children exceeding the cutoff score were the 24 months and 30 months age groups. All of the children in these age groups scored above the cutoff score thus warranting referrals for further evaluation (Figure 2).

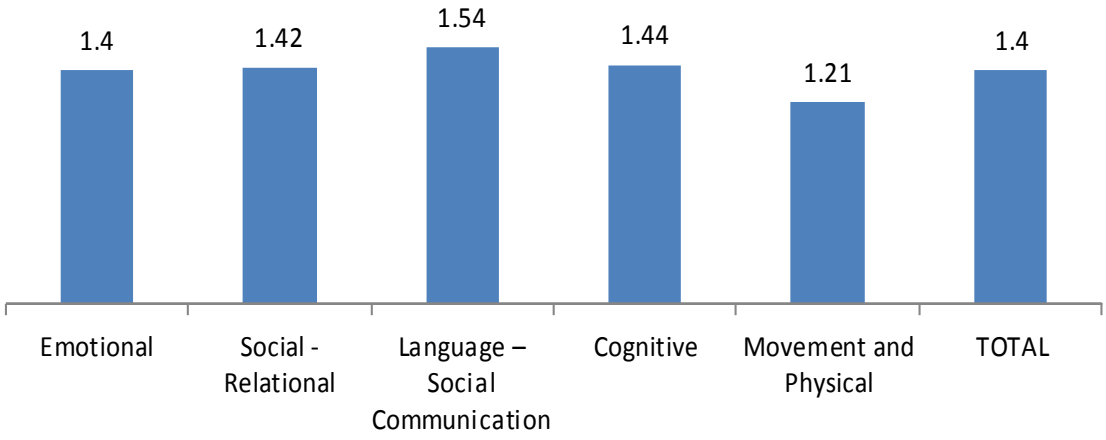
Figure 2. Percentage of Children Meeting/Exceeding ASQ-SE Cutoff Score (n=82)



Based on their age group, children were also evaluated on several behavioral milestones on 5 domains using a Developmental Milestones and Competency Ratings tool. A total of 98 children were evaluated on the pre-assessment this year with a post-assessment available only for 14 of the children. We are reporting the results of the pre-assessment only as the sample size is too small for looking at the pre- and post together.

Ratings for each milestone were on a 3-point scale with higher scores being less favorable (i.e., a "1" meant the behavior was "fully present" and a "3" indicated the behavior was "absent"). Milestone ratings within each domain were summed and averaged to get a total Competency Domain Rating. Figure 3 on the next page shows the mean domain score of these ratings. Overall, children were rated the most favorably on hitting the milestones associated with the Movement and Physical Domain (*M* = 1.21) and the least favorably in the Language–Social Communication Domain (*M* = 1.54)—interestingly, the same as last year's findings.

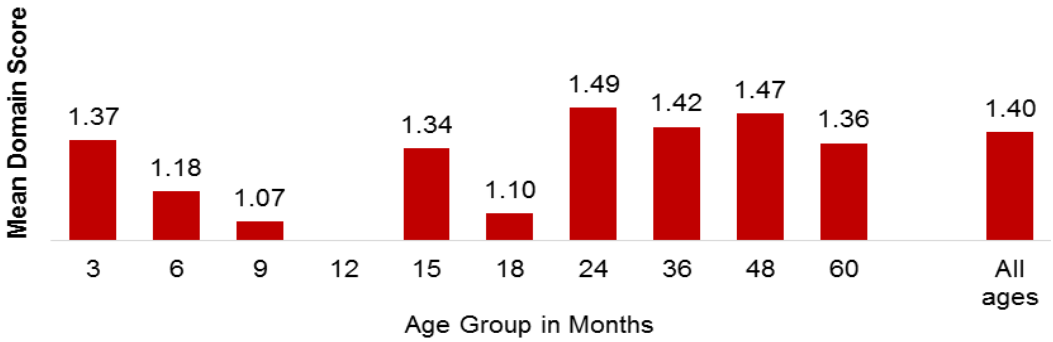
Figure 3. Average Developmental Milestones & Competency Ratings Domain (n=98)



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

Looking at the children by *age group* (see Figure 4), children in the 24 months age group were evaluated with the least ability in meeting the milestones (*M* = 1.49) and the children in the 9 months age group were evaluated the most favorably (*M* = 1.07). There were no children in the 12 months age group for this year. The overall mean for the group of children evaluated this year was 1.40.

Figure 4. Developmental Milestones and Competency Ratings, Overall Means by Age Group (n=98)



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?

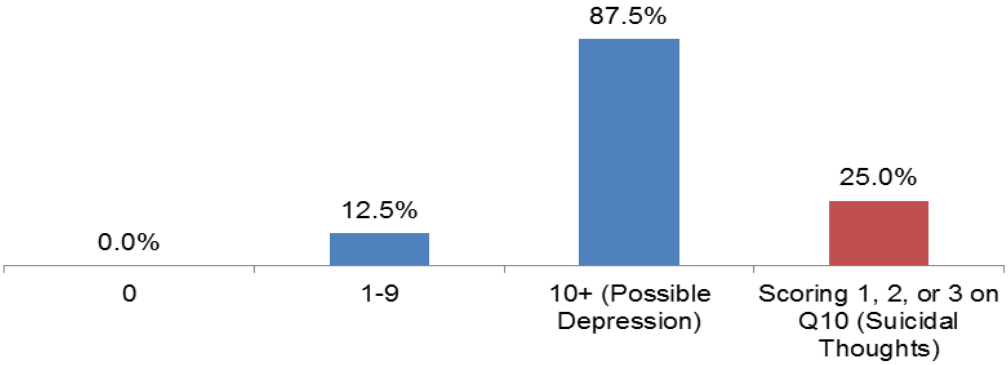
While it is common for women to feel stressed, anxious, lonely or weepy following their baby's birth, maternal depression is defined as intense feelings of sadness, anxiety or despair after childbirth that interferes with a mother's ability to function. Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[5] Women living in poverty have higher rates of depression than the general public.[6]

[5] http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx
[6] https://www.maternalmentalhealthnow.org/images/MMHN_policybrief_final_lowres2.pdf

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. 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 Q10 (about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

Eight women were rated by the project using this tool. As Figure 5 shows, 7 of the 8 women (87.5%) scored over 10, which indicated possible depression (confirming the reason for assessing the client). One of the women (12.5%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. Two of the mothers responded to Question 10 on the tool in such a way (one marked "hardly ever" and one marked "yes, quite often") that suggested that they had *possible suicidal thoughts* and required immediate further assessment.

Figure 5. Edinburgh Postnatal Depression Scale (*n* = 8)



Conclusions and Recommendations

This project continues to offer an important resource for families with children for whom early mental health issues are a concern. In general, children were rated as competent and meeting the developmental milestones important for 0-5-year olds. The results of the Child Behavior Inventory suggest that therapists' work with families made a positive impact for children exhibiting concerning behaviors. With an indication of the need for further mental health-related evaluation in all but the very youngest age groups (children 1 year and younger), the ASQ assessments continue to demonstrate the extent of need for the unique services this organization provides for Tulare County children and their families.

The Language–Social Communication and Cognitive domains continue to be important areas for therapists/staff to focus on in helping children reach competency in their developmental milestones.

While it is disconcerting to see a higher proportion of women than the national average scoring on the high end of the postpartum depression (PPD) scale—PPD affects up to 15% of mothers[7]—but the good news is that this project serves as a resource to screen and offer appropriate referral and treatment options. Follow-up with women who are referred for treatment within the agency or to a mental health clinician reinforces the importance of treatment recommendations.

[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3918890/

COUNTY OF TULARE SHERIFF'S DEPARTMENT
Gang Awareness Parenting Program (G.A.P.P.)

"I was not exposed to violence until I was involved in an abusive relationship. I divorced to remove my children and grandchildren from that environment. I know I can't control their future, but someday I want my grandchildren to be successful."
- Outmate grandparent

Project Purpose and Evaluation Design

This project involves both inmates and their outmates (e.g., spouse, foster parent, adopted parent, grandparent, aunts/uncles). The aim is to increase awareness of the effects that violence and gangs have on young children, and increase knowledge of appropriate ways to parent young children. Parent education was incorporated through jail to inmates and by home visits to their families (the "outmates") who had children ages 0-5 using the *ACT* (Adults and Children Together Against Violence) 8-week curriculum. Data from both groups were collected with the ACT Parents Raising Safe Kids Pre/Posttest tool and a *Parental Stress Scale* Pre/Posttest. The *Parents Raising Safe Kids* is a lengthy tool that includes common stories (scenarios) of children's behavior. The Stress Scale is self-reported and contains 18 items representing pleasure or positive themes of parenthood to which respondents agree or disagree on a scaled basis. Staff attempt to collect post-program data through a phone interview after the inmate has been released back into the community for at least a month.

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.*
- *The percent of children who report feeling safe.*

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.

Grandparents can play a pivotal part in their grandchild's life and learning, even when they may not have had the benefits of formal education. The mother-in-law of one incarcerated inmate who was caring for her 2 young grandchildren was encouraged to enroll in the GAPP outmate program. Despite the limitations of only a 2nd grade education and being illiterate, this Spanish-speaking grandmother never gave up, successfully completing the program and earning 2 certificates of completion. Besides her personal motivation, this success can also be attributed to the creative approach the staff used in lesson planning, including visuals and handouts with additional images, and a simpler explanation for her understanding, teaching the sessions in Spanish but within the evidence-based program guidelines.

Evaluation Results

To what extent did parents increase awareness of the causes of stress and how to manage it?

Participants used a 5-point "Strongly Disagree" to "Strongly Agree" scale in the *Parental Stress Scale* to rate 18 parental stress items about their feelings and perceptions about being a parent. Positively worded items (indicated by ** in the tables) were reverse coded so that higher values uniformly represented greater stress levels on all the items. Therefore, a *negative* percentage change score indicates a reduction in stress level, which is the desired outcome.

The positive and negative parenting-themed items measured in the scale are displayed for the total sample of 44 participants (combining 33 inmates and 11 outmates) in Table 1. In general, there were no changes or small negative percentage change scores (indicating a reduction in stress level) for all but 2 items; none were statistically significant. The respondents moved away from “strongly disagree” on the pretest to “disagree” on the posttest (a positive percentage change) when given the statements that the behavior of their children is often embarrassing or stressful to them and having children meant having few choices and too little control over their lives.

Table 1. Parents’ Self-Report of Parenting Experience – Stress Scale, Total Sample (n=44)

Survey Question	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
1. I am happy in my role as a parent.**	1.8	1.0	1.6	1.0	-11.1
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	1.2	.4	1.1	.3	-8.3
3. Caring for my child(ren) sometimes takes more time and energy than I have.	2.9	1.3	2.6	1.4	-10.4
4. I sometimes worry whether I am doing enough for my child(ren).	4.1	1.0	3.9	1.0	-4.9
5. I feel close to my child(ren).**	1.8	1.0	1.7	.9	-5.6
6. I enjoy spending time with my child(ren).**	1.2	.4	1.1	.3	-8.3
7. My child(ren) are an important source of affection for me.**	1.2	.5	1.2	.5	No Change
8. Having child(ren) gives me a more certain and optimistic view for the future.**	1.4	.8	1.3	.6	-7.1
9. The major source of stress in my life is my child(ren).	2.0	1.2	1.8	1.1	-10.0
10. Having child(ren) leaves little time and flexibility in my life.	2.3	1.1	2.3	1.1	No Change
11. Having child(ren) has been a financial burden.	1.9	1.1	1.8	.8	-5.3
12. It is difficult to balance different responsibilities because of my children.	2.1	1.1	1.9	.8	-9.5
13. The behavior of my child(ren) is often embarrassing or stressful to me.	1.6	.8	1.8	1.0	+12.5
14. If I had it to do over again, I might decide not to have child(ren).	1.6	1.1	1.4	.8	-12.5
15. I feel overwhelmed by the responsibility of being a parent.	1.9	1.2	1.8	1.1	-5.3
16. Having child(ren) has meant having few choices and too little control over my life.	1.7	.8	1.8	.8	+5.9
17. I am satisfied as a parent.**	1.8	1.1	1.6	1.0	-11.1
18. I find my child(ren) enjoyable.**	1.3	.7	1.1	.4	-15.4
Overall Mean for Statements	**1.9**	**.5**	**1.8**	**.5**	**-5.3**

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree,* and 5 = *Strongly Agree.* **Responses to these statements were reverse-coded as required by the tool so that 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Undecided*, 4 = *Disagree,* and 5 = *Strongly Disagree.* * $p < .05$.

Table 2 below focuses exclusively on the sample of 33 inmates. As was the case with the total sample in Table 1 above, positively worded items in the following tables were also recoded (indicated by **) so that higher values uniformly represented greater stress levels. A negative percentage change score indicates a *reduction* in levels of stress.

Similar to the results of inmates and outmates combined, there were no changes or only small negative percentage change scores (indicating a reduction in stress level) for inmates-only for all but two items. Although none of the changes were statistically significant, the respondents slightly moved toward more agreement on the posttest (a positive percentage change) when given the statements such as feeling close to their children and finding their children enjoyable.

Table 2. Parents' Self-Report of Parenting Experience – Stress Scale, Inmates Only, Matched Sample (n=33)

Survey Question	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
1. I am happy in my role as a parent.**	1.8	1.1	1.6	1.1	-11.1
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	1.2	.4	1.1	.3	-8.3
3. Caring for my child(ren) sometimes takes more time and energy than I have.	2.6	1.3	2.5	1.4	-3.9
4. I sometimes worry whether I am doing enough for my child(ren).	4.1	.9	4.1	.8	No Change
5. I feel close to my child(ren).**	1.9	1.0	1.6	.8	-15.8
6. I enjoy spending time with my child(ren).**	1.2	.4	1.1	.2	-8.3
7. My child(ren) are an important source of affection for me.**	1.2	.4	1.1	.3	-8.3
8. Having child(ren) gives me a more certain and optimistic view for the future.**	1.4	.8	1.2	.5	-14.3
9. The major source of stress in my life is my child(ren).	2.0	1.2	1.8	1.1	-10.0
10. Having child(ren) leaves little time and flexibility in my life.	2.2	1.1	2.2	1.1	No Change
11. Having child(ren) has been a financial burden.	1.9	1.1	1.8	.8	-5.3
12. It is difficult to balance different responsibilities because of my children.	2.0	1.1	1.9	.8	-5.0
13. The behavior of my child(ren) is often embarrassing or stressful to me.	1.5	.8	1.8	.9	+20.0
14. If I had it to do over again, I might decide not to have child(ren).	1.5	1.0	1.3	.5	-13.3
15. I feel overwhelmed by the responsibility of being a parent.	1.8	1.1	1.7	1.0	-5.6
16. Having child(ren) has meant having few choices and too little control over my life.	1.6	.8	1.7	.5	+6.3
17. I am satisfied as a parent.**	1.9	1.2	1.6	1.1	-15.8
18. I find my child(ren) enjoyable.**	1.2	.6	1.1	.3	-8.3
Overall Mean for Statements	**1.8**	**.4**	**1.7**	**.4**	**-5.6**

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree,* and 5 = *Strongly Agree.*
* $p < .05$.
**Responses to these statements were reversed coded as required by the tool so that 1 = *Strongly Agree*, 2 = Agree, 3 = *Undecided*, 4 = *Disagree,* and 5 = *Strongly Disagree*

Looking at only the 11 outmates, statistically significant stress reduction was seen for only 1 (5.6%) of the 18 items. Specifically, the outmates indicated less stress on the posttest when asked if they sometimes worry whether they are doing enough for their children.

Although not statistically significant, there were mixed results with the rest of the items. After participating in the program, outmates indicated greater stress (positive percentage change) on 7 of the 18 items and no change or less stress (negative percentage change) on 10 of the 18 items. The largest positive percentage change score indicating greater stress was seen when participants were asked if they feel close to their children and the largest negative percentage change score indicating a reduction in stress was seen when participants were asked if caring for their children sometimes takes more time and energy than they have.

Table 3. Parents' Self-Report of Parenting Experience – Stress Scale, Outmates Only, Matched Sample (n=11)

Survey Question	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
1. I am happy in my role as a parent.**	1.6	.5	1.6	.7	No Change
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	1.2	.4	1.1	.3	-8.3
3. Caring for my child(ren) sometimes takes more time and energy than I have.	3.6	1.1	2.9	1.3	-19.4
4. I sometimes worry whether I am doing enough for my child(ren).	4.0	1.3	3.4	1.2	-15.0*
5. I feel close to my child(ren).**	1.5	.7	1.8	1.3	+20.0
6. I enjoy spending time with my child(ren).**	1.2	.4	1.3	.5	+8.3
7. My child(ren) are an important source of affection for me.**	1.3	.7	1.4	.7	+7.7
8. Having child(ren) gives me a more certain and optimistic view for the future.**	1.4	.7	1.6	.7	+14.3
9. The major source of stress in my life is my child(ren).	2.1	1.1	1.8	1.2	-14.3
10. Having child(ren) leaves little time and flexibility in my life.	2.5	1.0	2.5	1.3	No Change
11. Having child(ren) has been a financial burden.	1.7	1.0	1.7	.9	No Change
12. It is difficult to balance different responsibilities because of my children.	2.6	1.0	2.0	1.1	-23.1
13. The behavior of my child(ren) is often embarrassing or stressful to me.	1.8	.8	2.1	1.1	+16.7
14. If I had it to do over again, I might decide not to have child(ren).	1.9	1.2	1.6	1.2	-10.5
15. I feel overwhelmed by the responsibility of being a parent.	2.1	1.3	2.3	1.4	+9.5
16. Having child(ren) has meant having few choices and too little control over my life.	1.8	.8	2.1	1.2	+16.7
17. I am satisfied as a parent.**	1.6	.7	1.6	.8	No Change
18. I find my child(ren) enjoyable.**	1.4	.9	1.3	.5	-7.1
Overall Mean for Statements	**2.0**	**.5**	**1.9**	**.7**	**-5.0**

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree,* and 5 = *Strongly Agree.*
* $p < .05$.
**Responses to these statements were reversed coded as required by the tool so that 1 = *Strongly Agree*, 2 = Agree, 3 = *Undecided*, 4 = *Disagree,* and 5 = *Strongly Disagree*

We analyzed the results for inmates both with and without outmates.[8] Identifying numbers assigned to each participant prior to the training were used to match inmates and outmates to each other. Looking at only inmates who did not have a matching outmate, there were 31 of them who submitted both a pretest and a posttest. For this group, there was no statistically significant stress reduction seen for any

[8] The 5 Outmates with matched Inmates really only represented 3 pairings since 3 of those outmates belong to same inmate; thus these data were not included in the analyses.

of the 18 items. Although not statistically significant, inmates without outmates reported slightly more stress when asked about the behavior of their children being embarrassing or stressful to them.

To what extent did parents increase knowledge about effective parenting?

The changes in inmate knowledge and attitudes about various parental responsibilities measured by the *Parents Raising Safe Kids* questionnaire are shown in the following 6 tables. The first set of questions in this tool asked respondents about their ideas related to children watching TV. For this set of items, higher item mean scores meant that the respondent was acting in a more positive manner. Table 5 that starts on this page shows the pre and post means for the full sample, just the inmate sample, and just the outmate sample.

For the entire full sample of 42 respondents, there were statistically significant positive changes in all the ways that the parents/caregivers learned how to monitor their children's television viewing. Before participating in the program, parents/caregivers reported that they would "sometimes" limit the time the television was on, "sometimes" take the time to explain the reality behind television programs, and "often" switched channels from inappropriate programs. After the course, the respondents reported that they would "often" to "always" engage in each of these behaviors with the largest percentage change in how often they explained the reality behind the television programs (+50.0%).

For inmates, there were statistically significant positive changes in all the ways they learned how to monitor their children's television viewing. The largest change (an increase of 71.4%) was seen in how these inmate parents went from "sometimes" to "often" when asked if they took the time to explain the reality behind television programs. For the outmates, there were no statistically significant changes between the pretest and the posttest.

Table 4. Parents' Behaviors Concerning Children and Television Viewing

Survey Question #6	Pre		Post		% Change
	M	***SD***	***M***	***SD***	
Total Sample (n=42)					
How much do you:					
a. Limit the time the TV is on	2.6	1.0	3.5	.7	34.6%*
b. Switch channels from inappropriate programs	3.7	.7	4.0	.2	8.1%*
c. Explain the reality behind TV programs	2.4	1.1	3.6	.7	50.0%*
Overall Mean	**2.9**	**.7**	**3.7**	**.4**	**27.6%***
Inmates Sample (n=32)					
a. Limit the time the TV is on	2.3	.9	3.4	.7	47.8%*
b. Switch channels from inappropriate programs	3.6	.8	3.9	.3	8.3%*
c. Explain the reality behind TV programs	2.1	.9	3.6	.8	71.4%*
Overall Mean	**2.7**	**.6**	**3.7**	**.4**	**37.0%***
Outmates Sample (n=10)					
a. Limit the time the TV is on	3.5	.7	3.6	.8	2.9%
b. Switch channels from inappropriate programs	3.9	.3	4.0	.0	2.6%
c. Explain the reality behind TV programs	3.3	1.1	3.7	.5	12.1%
Overall Mean	**3.6**	**.5**	**3.8**	**.3**	**5.6%**

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

For the total sample as well as the 31 inmates alone, there were statistically significant changes in all of the respondents' understanding of how television watching might affect children's attention span, physical activity, prosocial behavior, and aggressive behavior (Table 5). For statements regarding television watching's impact on children's attention span, physical activity, and aggressive behavior, respondents overall answered "not sure" to "agree" on the pretest but by the posttest, they were more certain and answered "agree" to "strongly agree" on these statements. Parents were mostly "not sure" about whether watching television would increase children's prosocial behavior on the pretest but by the posttest, they were moving towards "disagree" for this statement. The largest percentage change seen was in the parents' understanding about television watching and children's prosocial behavior (+29.6%). The largest change from pretest to posttest for the inmates-only (an increase of 28%) was for the statement that watching television increases children's aggressive behavior.

For the 10 outmates, there were no statistically significant changes in their agreement levels regarding the effect of TV watching on children.

Table 5. Parents' Agreements about Effects of Television on Children

Survey Question #7	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
In general, watching television:					
Full Sample (n=41)					
Decreases children's attention span	3.5	1.0	4.1	.9	17.1%*
Decreases children's physical activity	4.0	1.2	4.5	.8	12.5%*
Increases children's prosocial behavior**	2.7	1.0	3.5	1.4	29.6%*
Increases children's aggressive behavior	3.3	1.0	4.2	1.1	27.3%*
Overall Mean	**3.4**	**.7**	**4.1**	**.8**	**20.6%***
Inmates (n=31)					
Decreases children's attention span	3.4	1.0	4.2	.9	23.5%*
Decreases children's physical activity	3.9	1.2	4.5	.8	15.4%*
Increases children's prosocial behavior**	2.9	1.1	3.7	1.5	27.6%*
Increases children's aggressive behavior	3.2	1.0	4.1	1.0	28.1%*
Overall Mean	**3.4**	**.7**	**4.1**	**.7**	**20.6%***
Outmates (n=10)					
Decreases children's attention span	3.8	1.2	3.9	1.1	2.6%
Decreases children's physical activity	4.0	1.4	4.3	1.0	7.5%
Increases children's prosocial behavior**	2.1	.7	3.2	1.3	52.4%
Increases children's aggressive behavior	3.5	1.1	4.2	1.2	20.0%
Overall Mean	**3.4**	**.7**	**3.9**	**.9**	**14.7%**

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Not Sure*, 4 = *Agree*, and 5 = *Strongly Agree.*

* $p < .05$.

**Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Not Sure*, 4 = *Disagree*, and 5 = *Strongly Disagree.*

Tables 6-9 that begin on the next page display the results of parents' agreements or disagreements with certain stories concerning common children's behaviors. The first story concerns a 1-year-old child seeing his mother leaving the house to go shopping. Even though she has left him with an adult he knows and likes, he won't stop crying.

For the total sample and inmate samples, there were statistically significant changes in the parents' level of agreement on 3 of the statements from pretest to posttest. On the pretest, parents were "unsure/agreed" on the statements that the child doesn't understand that the mother will return and that the mother should comfort the child or find something fun to distract him. By the posttest, however, the

parents were in the “agree” to “strongly agree” range regarding these statements. Similarly, the parents on the pretest were in somewhat “disagreement” with the statement that the mother should not comfort the child, because he will become spoiled. By the posttest, the parents “strongly disagreed” to “disagreed” regarding these statements.

For the outmates, there were statistically significant changes on the agreement levels for 2 of the statements. By the posttest, they responded as “agree” to “strongly agree” about the statements that the child has a strong attachment to the mother and doesn’t like to be away from her and that the mother should comfort the child or find something fun to distract him.

Table 6. Parents’ Level of Agreement to Raising Safe Kids Story 1

Survey Question #8	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Full Sample (n=40)					
a. The child is just trying to get attention.	2.7	1.1	2.7	1.4	No Change
b. The child doesn't understand the mother will return.	3.9	.9	4.3	.8	10.3%*
c. The child is trying to stop the mother from doing something she likes.	2.0	.9	1.8	.9	-10.0%
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.2	.9	4.5	.8	7.1%
e. The mother should not comfort the child, because he will become spoiled.	2.3	1.0	1.6	.6	-30.4%*
f. The mother should comfort the child or find something fun to distract him.	3.8	.8	4.5	.6	18.4%*
g. The mother should ignore the child more, so he won't be so upset when she leaves.	1.9	.9	2.0	1.1	5.3
Inmates (n=30)					
a. The child is just trying to get attention.	2.8	1.1	2.6	1.5	-7.1%
b. The child doesn't understand the mother will return.	3.9	.8	4.4	.9	12.8%*
c. The child is trying to stop the mother from doing something she likes.	1.9	.8	1.7	1.0	-10.5%
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.4	.6	4.4	.8	No Change
e. The mother should not comfort the child, because he will become spoiled.	2.3	1.1	2.6	.7	13.0%*
f. The mother should comfort the child or find something fun to distract him.	3.9	.7	4.5	.6	15.4%*
g. The mother should ignore the child more, so he won't be so upset when she leaves.	1.9	.9	1.8	.9	-5.3%
Outmates (n=10)					
a. The child is just trying to get attention.	2.8	1.1	2.6	1.5	-7.1%
b. The child doesn't understand the mother will return.	3.9	.8	4.4	.9	12.8%*
c. The child is trying to stop the mother from doing something she likes.	1.9	.8	1.7	1.0	-10.5%
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.4	.6	4.4	.8	No Change
e. The mother should not comfort the child, because he will become spoiled.	2.3	1.1	2.6	.7	13.0%*
f. The mother should comfort the child or find something fun to distract him.	3.9	.7	4.5	.6	15.4%*
g. The mother should ignore the child more, so he won't be so upset when she leaves.	1.9	.9	1.8	.9	-5.3%

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Not Sure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

The story portrayed in Table 7 concerns a father with his 2-year-old son in the grocery store. The boy grabs a box of candy; the father asks him to put it back on the shelf. The boy starts to scream, hits the father, and falls on the floor in a full-blown tantrum.

- For the entire sample, the level of agreement changed significantly on all but 2 statements. The largest percentage change was seen for the statement that "the father should try to ignore the tantrum if the child is not in danger" (40% change).

- For the inmate sample, 4 statements yielded statistically significant changes. On the posttest, parents agreed more that "the child doesn't know how to use his words well yet, so he throws a tantrum" (31% change) and "the father should try to ignore the tantrum if the child is not in danger" (36% change). Parents significantly disagreed more on the other 2 statements that "the child is trying to manipulate his father by embarrassing him" (16.7% change) and "the father should try to calm the boy with a gentle voice" (18.5% change).

- For the outmate sample, there was only statistically significant change with parents agreeing more that "the father should try to ignore the tantrum if the child is not in danger" (48% change).

Table 7. A.C.T. Against Violence - Parents Raising Safe Kids: Story 2

Survey Question #9	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Full Sample (n=42)					
a. The child doesn't know how to use his words well yet, so throws a tantrum.	3.2	1.1	4.1	1.0	28.1%*
b. The child is trying to manipulate his father by embarrassing him.	2.5	1.3	2.1	1.1	-16.0%*
c. The child's parents probably "gave in" the last time he threw a tantrum.	3.5	1.0	3.6	1.2	2.9%
d. The father should hit the boy back to teach him a lesson.	1.7	.8	1.4	.6	-17.7%*
e. The father should try to calm the boy with gentle voice.	4.2	.7	4.1	1.0	-2.4%
f. The father should try to ignore the tantrum if the child is not in danger.	3.0	1.2	4.2	.9	40.0%*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	2.7	1.1	2.1	1.0	-22.2%*
Inmates (n=32)					
a. The child doesn't know how to use his words well yet, so throws a tantrum.	3.2	1.1	4.2	.9	31.3%*
b. The child is trying to manipulate his father by embarrassing him.	2.4	1.2	2.0	1.1	-16.7%*
c. The child's parents probably "gave in" the last time he threw a tantrum.	3.5	1.1	3.5	1.2	No Change
d. The father should hit the boy back to teach him a lesson.	1.6	.8	1.3	.7	-18.8%
e. The father should try to calm the boy with gentle voice.	4.2	.7	4.2	1.0	No Change
f. The father should try to ignore the tantrum if the child is not in danger.	3.1	1.3	4.2	.9	35.5%*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	2.7	1.1	2.2	1.2	-18.5%*
Outmates (n=10)					
a. The child doesn't know how to use his words well yet, so throws a tantrum.	3.1	1.3	3.8	1.3	22.6%
b. The child is trying to manipulate his father by embarrassing him.	2.8	1.4	2.4	.8	-14.3%
c. The child's parents probably "gave in" the last time he threw a tantrum.	3.7	.8	3.7	1.3	No Change
d. The father should hit the boy back to teach him a lesson.	2.1	.9	1.4	.5	-33.3%
e. The father should try to calm the boy with gentle voice.	4.2	.4	4.0	1.2	-4.8%
f. The father should try to ignore the tantrum if the child is not in danger.	2.7	1.1	4.0	1.2	48.2%*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	2.7	1.1	1.9	.3	-29.6%

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Not Sure*, 4 = *Agree*, and 5 = *Strongly Agree.*

* $p < .05$.

Table 8 below displays parents' level of agreement about what is best for children. For the total sample as well as the inmates-alone sample, there were statistically significant changes for 5 of the statements. For example, parents were significantly in stronger disagreement, moving from "not sure" to "disagree," when given the statements that:

- "parents will spoil their children by picking them up and comforting them when they cry"
- "spanking is a normal part of parenting"
- "parents who encourage communication with their children only end up listening to complaints"
- "children who are given too much love by their parents will grow up to be stubborn and spoiled"

These parents also significantly changed their agreement level from "not sure" to "agree" for the "positively" framed statement "overall, I believe spanking is a bad disciplinary technique."

For outmates, there were statistically significant changes for only 1 of the statements: they moved from "disagree" to "strongly disagree" regarding the statement that "parents who encourage communication with their children only end up listening to complaints." None of the changes concerning discipline were statistically significant.

Table 8. Parents' Level of Agreement About What is Best for Children

Survey Question #12	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
How much do you agree or disagree with:					
Full Sample (n=38-40)					
a. Parents will spoil their children by picking them up and comforting them when they cry.	2.7	1.3	2.0	1.1	-25.9%*
b. Spanking is a normal part of parenting.	2.7	1.3	1.9	1.1	-29.6%*
d. Spanking is never necessary to instill proper moral and social conduct in children.	3.4	1.3	3.7	1.2	8.8%
e. Parents who encourage communication with their children only end up listening to complaints.	2.1	1.1	1.7	.9	-19.1%*
f. Sometimes, the only way to get a child to behave is to spank.	2.0	1.1	1.7	.8	-15.0%
g. Children will quit crying faster if they are ignored.	2.3	1.1	2.5	1.2	8.7%
i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	1.9	.9	1.4	.6	-26.3%*
j. Young children who are hugged and kissed often will grow up to be "sissies."	1.8	1.0	1.9	1.3	5.6%
l. I believe it is the parents' right to spank their children if they think it is necessary.	3.2	1.2	2.9	1.5	-9.4%
m. Overall, I believe spanking is a bad disciplinary technique.	3.4	1.3	3.9	1.2	14.7%*
Inmates (n=28-30)					
a. Parents will spoil their children by picking them up and comforting them when they cry.	2.7	1.4	2.0	1.2	-25.9%*
b. Spanking is a normal part of parenting.	2.5	1.3	1.7	.8	-32.0%*
d. Spanking is never necessary to instill proper moral and social conduct in children.	3.6	1.3	3.9	1.1	8.3%
e. Parents who encourage communication with their children only end up listening to complaints.	2.0	1.1	1.8	.9	-10.0%
f. Sometimes, the only way to get a child to behave is to spank.	1.9	1.1	1.6	.7	-15.8%*
g. Children will quit crying faster if they are ignored.	2.3	1.1	2.4	1.2	4.4%

Table continues on next page

i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	1.8	.7	1.4	.6	-22.2%*
j. Young children who are hugged and kissed often will grow up to be "sissies."	1.9	1.1	1.9	1.4	No Change
l. I believe it is the parents' right to spank their children if they think it is necessary.	3.0	1.3	2.8	1.6	-6.7%
m. Overall, I believe spanking is a bad disciplinary technique.	3.5	1.4	4.2	1.1	20.0%*
Outmates (n=10)					
a. Parents will spoil their children by picking them up and comforting them when they cry.	2.6	1.3	1.9	.9	-26.9%
b. Spanking is a normal part of parenting.	3.0	1.3	2.7	1.4	-10.0%
d. Spanking is never necessary to instill proper moral and social conduct in children.	2.9	1.3	3.1	1.2	6.9%
e. Parents who encourage communication with their children only end up listening to complaints.	2.4	1.0	1.6	.5	-33.3%*
f. Sometimes, the only way to get a child to behave is to spank.	2.1	1.1	2.0	1.2	-4.8%
g. Children will quit crying faster if they are ignored.	2.0	.9	2.7	1.2	35.0%
i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	2.1	1.2	1.5	.5	-28.6%
j. Young children who are hugged and kissed often will grow up to be "sissies."	1.6	.5	1.8	.9	12.5%
l. I believe it is the parents' right to spank their children if they think it is necessary.	3.6	1.0	3.2	1.3	-11.1%
m. Overall, I believe spanking is a bad disciplinary technique.	3.1	1.2	3.0	1.3	-3.2%

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Not Sure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

Parents were also asked how important certain parental responsibilities were (Table 9 on the next page). The statistically significant changes at posttest for the total sample and inmates-alone sample included moving from “important” to “very important:”

- “teaching children that they do not have to be like others to get along with them”
- “teaching children to be sensitive to the feelings of others”
- “providing emotional support for children”

In addition to the above, the inmates also significantly changed their thinking to these activities as “very important” parental responsibilities:

- “helping children learn an awareness of their own feelings and how emotions affect others”
- ”teaching children an awareness of the “rules of society”
- “expressing affection toward the children”

For outmates, there was statistically significant changes for only 1 of the items but in the wrong direction; these respondents felt it was slightly less important to “help children learn an awareness of their own feelings and how emotions affect others” by going from “very important” to “important” after the program.

Table 9. Parents' Opinions About the Importance of Parental Responsibilities

Survey Question #13	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
How important or unimportant is it for parents to:					
Full Sample (n=41)					
Comfort children when they are upset or afraid.	4.8	.4	4.7	.7	-2.1%
Teach children an awareness of the "rules of society."	4.6	.7	4.8	.4	4.4%
Teach children that they do not have to be like others to get along with them.	3.9	1.0	4.5	.7	15.4%*
Provide emotional support for children.	4.5	1.0	4.9	.4	8.9%*
Express affection toward children.	4.7	.6	4.8	.4	2.1%
Teach children how to negotiate with others.	4.5	.7	4.6	.6	2.2%
Teach children to be sensitive to the feelings of others.	4.3	.9	4.7	.5	9.3%*
Help children learn an awareness of their own feelings and how emotions affect others.	4.6	.7	4.7	.5	2.2%
Inmates (n=31)					
Comfort children when they are upset or afraid.	4.9	.3	4.7	.8	-4.1%
Teach children an awareness of the "rules of society."	4.6	.8	4.9	.3	6.5%*
Teach children that they do not have to be like others to get along with them.	4.0	1.0	4.5	.7	12.5%*
Provide emotional support for children.	4.7	.5	4.9	.3	4.3%
Express affection toward children.	4.7	.6	4.9	.3	4.3%*
Teach children how to negotiate with others.	4.6	.7	4.7	.6	2.2%
Teach children to be sensitive to the feelings of others.	4.4	.8	4.7	.5	6.8%*
Help children learn an awareness of their own feelings and how emotions affect others.	4.5	.7	4.8	.4	6.7%*
Outmates (n=10)					
Comfort children when they are upset or afraid.	4.7	.7	4.7	.5	No Change
Teach children an awareness of the "rules of society."	4.8	.4	4.5	.5	-6.3%
Teach children that they do not have to be like others to get along with them.	3.7	1.3	4.4	.5	18.9%
Provide emotional support for children.	4.0	1.6	4.7	.5	17.5%
Express affection toward children.	4.9	.3	4.5	.5	-8.2%
Teach children how to negotiate with others.	4.5	.7	4.4	.5	-2.2%
Teach children to be sensitive to the feelings of others.	4.3	1.3	4.6	.5	7.0%
Help children learn an awareness of their own feelings and how emotions affect others.	4.9	.3	4.4	.5	-10.2%*

Note. Item mean scores reflect the following response choices: 1 = *Very Unimportant*, 2 = *Unimportant*, 3 = *Not Sure*, 4 = *Important*, and 5 = *Very Important.*
* $p < .05$.

What were the parenting perspectives of formerly incarcerated GAPP graduates after release and return to the community?

Connecting with inmates to obtain follow-up information after release back to the community continued to be a major challenge this year. Post-program data were only available for five inmates this year, one of whom had no current contact with his children so had to be excluded from the analysis. Five additional individuals were unable to be reached either because of a disconnected phone or failure to return the call when a request for a call-back was left with a family member.

The four fathers who were living with their children or sharing custody had been home between 1 and 2 months when they were interviewed. They were asked to think back to what they knew about being a parent before they participated in GAPP and recount what they thought were the hardest things about

parenting. Being a responsible parent, having the patience it takes to deal with young children, and setting a good example (in the face of outside influences, etc.) were recognized as the greatest challenges (Table 11).

The men reported the most useful part of the program/what they learned most about—which tied to the parenting challenges they had identified—were related to children's behavior: better understanding of child development; using more age-appropriate disciplinary methods; and strategies for having more patience.

Table 10. Parent Perspectives about Parenting Challenges and Changes after Program Participation (n=4)

Hardest Thing About Parenting (Pre-program)	Most Useful Part of GAPP Program (Post-program at Home)
▪ Being able to follow through with discipline. ▪ Setting the kind of example I know I should. ▪ The effect of outside influences and other relationships. ▪ Trying to be a responsible parent and spend enough time with my children. ▪ Being able to treat them well enough, like I should.	▪ Being able to implement rules and rewards. ▪ Learning to create more family time. ▪ Helping me to learn new ways to discipline; I would yell or spank them, now I tell them I love them and explain [things] to them. ▪ Watching parenting videos really helped. Understanding behaviors at certain ages. ▪ Learning how to be patient with my kids and be a good example.

As a result of participating in the parenting program, the four fathers rated their current level of confidence as very high (mean = 92.5%) in being able to handle the parenting challenges they had identified (Figure 1).

Figure 1. Parents' Level of Confidence in Handling Parenting Challenges after Participation in GAPP (n=4)

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
0%	0%	0%	0%	0%	0%	0%	25%	25%	50%

Note: Scale of 1 to 10 with 1 as "not much" and 10 as "a great deal."

The follow-up interview also contains a question about TV viewing habits because of the association between children's TV watching and early literacy. Two of the parents reported limiting TV time and type of shows after participating in the program; the other two said they did neither. None of the four parents reporting allowing children to watch *more* TV than before they were incarcerated (Table 11).

Table 11. Parents' TV Watching Behavior for Children, Post-Release (n=4)

	Yes	No
Limit the time TV is on	2 (50%)	2 (50%)
Allow more time for TV	0 (0%)	4 (100%)
Limit the type of TV shows	2 (50%)	2 (50%)

Conclusions and Recommendations

This project has continued to achieve important results in changing both inmate parents' and to a slightly lesser degree, outmates' understanding of positive parenting practices and the range of parental responsibilities. In general, parents who participated in the inmate and outmate education program increased their knowledge and improved their attitudes about effective parenting and parental roles as measured by the evaluation tools. The program was generally effective in reducing areas of parenting that typically cause stress. Specifically, we found that participants in the program reported feeling happier in their parental role; satisfied as a parent; close to their children; and valued spending time with their children.

Once again, it is apparent from the evaluation results that helping parents—and especially the outmate family members—understand constructive ways of getting children to listen and using positive discipline methods continue to be among the most important areas to emphasis during the parent trainings.

The project served significantly fewer people this year than last, about half as many. So it is not unexpected that a higher number of inmates were not able to be contacted for an interview after release from jail as we had hoped; fewer than 10% were interviewed this year. Follow-up is an important part of the scope of the project and without this information the Commission loses the opportunity of capturing the longer-term influence of the program. We again recommend program staff inform inmate participants they will be calling them once they are released (explaining why) and try to enlist the inmate's interest in the reason for the follow-up call. We also strongly suggest staff make *several* calls to the fathers post-release (even when reaching a family member and leaving a request for a call back) in the hope that with at least one of the calls a successful contact will be made. Although it is not "officially" part of the First 5-funded program, the Sheriff Residential Substance Abuse Treatment (RSAT) program does overlap some participants with this funded GAPP program; thus, the follow-up telephone calls staff makes to RSAT graduates presents another potential opportunity to simultaneously collect the required post-release GAPP information.

TULARE CITY SCHOOL DISTRICT
Comprehensive School Readiness Program

"It's amazing how much we can accomplish in a 15-minute timeframe. I have always felt [classroom] music is magical to learning."
— Teacher of 3-year-olds

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. The special services preschool portion served 3-5 year-olds with moderate to severe language and/or articulation delays. Children were assessed by staff using the DRDP (Desired Results Developmental Profile) to measure results in a range of developmental areas in the fall and again in the spring. The DRDP is administered by teachers to help them 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.

An exciting new feature this year was implementation of the First 5-funded Kindermusik in all of the preschool programs. This curriculum is aimed at various age levels that focus on concepts pertinent to each age group and help teachers understand how to become more proficient in reaching children through music that goes beyond "just singing songs." The curriculum is also correlated with the DRDP (assessment tool) to assist teachers in making accurate and more authentic observations/ratings of the children. The students have been excited to play the instruments, move kinesthetically to the different songs and be exposed to a variety of music genres—expressing themselves through music in a way that is meaningful. Even non-verbal children such as those in the special services program have demonstrated more engagement in learning with the use of this creative approach.

Evaluation Results

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

This year, the program added Infant/Toddlers (0-36 months) to the group of children assessed with the DRDP, rating them on 29 different developmental measures in 5 domain areas using the DRDP Infant/Toddler Comprehensive View. The number of times the "building" descriptor was used by the teachers at both assessment periods is displayed as a percentage by domain area in Table 1.

The pattern across all of the domains, as is evident in the table, was quite positive. At the fall assessment, children received the largest number of "building" ratings in the Language and Literacy Development domain (2.5%) and the smallest number of these ratings in the Cognition, Including Math and Science domain (0.8%). At the post-assessment, children received the largest percentage of "building" ratings in the Physical Development domain and the smallest percentage in the Cognition, Including Math and Science domain. The Math and Science domain also saw the biggest increase in the percentage of "building" ratings from pretest to posttest (+1487.5%).

Table 1. Tulare City Schools SR: DRDP Infant Toddler (non-matched sample Pre *N* = 146, Post *N* = 104)

	Percent Ratings at the "Building" Developmental Level		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (5 Measures)	1.1%	15.8%	+1336.4%
Social and Emotional Development (5 Measures)	1.9%	23.3%	+1126.3%
Language and Literacy Development (5 Measures)	2.5%	19.7%	+688.0%
Cognition, Including Math and Science (6 Measures)	.8%	12.7%	+1487.5%
Physical Development – Health (8 Measures)	1.8%	26.2%	+1355.6%

The number of all ratings (not number of children) for fall was 724 to 1167. The number of all ratings for spring was 519 to 831.

Tables 2 and 3, respectively, show the DRDP results for the Preschool age group. Raters completed individual assessments of the children using either the 52 different developmental measures in 7 domains using the DRDP (2015) Preschool *Comprehensive View* or the 39 different developmental measures in 5 domain areas using the DRDP (2015) *Preschool Fundamental View*.[9]

Looking at only the 3 ratings within the "Building" developmental level (Building Earlier, Building Middle, Building Later), as the best overall indicator of pre/post change, Table 2 shows the percentages of high development ratings used by the teachers in the fall and in the spring assessments and the positive percentage changes. For the schools using the Comprehensive View (figures in blue), children improved the most on measures in the Approaches to Learning – Self-Regulation domain from the fall to spring (+247.1%) and the least on measures in the Language and Literacy Development domain (+18.3%). For schools using the Fundamental View (figures in red), children showed the most

[9] Note: the grantee intends to utilize only the DRDP Fundamental View for all of its Preschool groups in FY 2019-20.

improvement on measures in the Approaches to Learning – Self-Regulation domain (+135.8%) and the least improvement in the Physical Development – Health domain (+38.8%).

Table 2. Tulare City Schools DRDP Preschool Comprehensive View, non-matched (Pre *N* = 20, Post *N* = 17) and Preschool Fundamental View, non-matched (Pre *N* = 93, Post *N* = 72)

Comprehensive View = **blue figures** **Fundamental View = red figures**	Percent Ratings at the "Building" Developmental Levels[1]		Percent Change	*N* Ratings	
Domain	Fall	Spring		Fall	Spring
Approaches to Learning – Self-Regulation (7 Measures)	27.6% 36.6%	95.8% 86.3%	+247.1% +135.8%	137 594	119 468
Social and Emotional Development (5 Measures)	73.0% 53.1%	100% 93.1%	+37.0% +75.3%	100 465	85 360
Language and Literacy Development (10 Measures)	84.5% 52.5%	100% 85.5%	+18.3% +62.9%	200 930	170 720
Cognition, Including Math and Science (11 Measures)	51.8% 42.2%	98.9% 89.2%	+90.9% +111.4%	216 632	183 490
Physical Development – Health (10 Measures)	79.9% 66.8%	100% 92.7%	+25.2% +38.8%	199 840	170 720
History – Social Science ***** (5 Measures)	79.6%	100%	+25.6%	98	85
Visual and Performing Arts * (4 Measures)	73.8%	98.5%	+33.5%	80	68

***** These domains are not included in the DRDP Fundamental view.

Note: N = number of *ratings*, not children. For the Comprehensive View, *t*he number of all ratings for fall was 80 to 216 and for spring it was 68 to 183. For the Fundamental View, the number of all fall ratings was 465 to 930, and spring it was 360 to 720.

Children who were also "English Language Learners" were evaluated on 4 more measures in an English Language Development domain. Although there were children assessed in this domain in both DRDP views, the pre and post sample sizes were insufficient to draw any conclusions.

Preschool children in the special needs group were assessed on 39 different developmental measures in 5 domain areas using the DRDP (2015) Preschool Fundamental View. The pattern across all 5 domains for the children with special needs was positive (see Table 4 on the next page). Children received the highest percentage of "building" or above ratings in the Physical Development domain on the initial assessment (62.6%) and also on the post-assessment (71.3%). Conversely, they received the lowest percentage of ratings in the Social and Emotional Development domain on the pre- (22.6%) but on the post the lowest number of ratings (+36.7%) was the Language and Literacy Development domain. The Social and Emotional Development domain saw the biggest percentage change from pre- to post (70.8%) and the Physical Development – Health domain saw the smallest increase (+13.9).

Table 4. Tulare City Schools - SR: DRDP Preschool SPECIAL NEEDS (non-matched Pre *N* = 16; Post *N* = 15)

	Percent Ratings at or above the "Building" Developmental Levels[1]		Percent Change	Total Number of Ratings (TR)	
Domain	Fall	Spring		Fall	Spring
Approaches to Learning – Self-Regulation (7 Measures)	50.0%	59.0%	+18.0%	112	105
Social and Emotional Development (5 Measures)	22.6%	38.6%	+70.8%	80	75
Language and Literacy Development (10 Measures)	32.0%	36.7%	+14.7%	156	147
Cognition, Including Math and Science (7 Measures)	40.5%	55.9%	+38.0%	111	104
Physical Development – Health (10 Measures)	62.6%	71.3%	+13.9%	160	150

[1] Includes Ratings *of Building Earlier, Building Middle, Building Later,* and *Integrating Earlier*.
Note: N = number of children. TR = number of *ratings*, not children. The number of all ratings for fall was 80 to 160. The number of all ratings for spring was 75 to 150.

Conclusions and Recommendations

Overall, all groups of children's developmental areas showed substantial improvement between pre- and post-assessments. The positive early childhood development indicated by the data endorses the linkage to the training of teachers and other preschool staff.

PARENTING NETWORK, INC.
Visalia and Porterville Family Resource Centers

"One family at a time makes a difference in our community."
- FRC Case Manager

Project Purpose and Evaluation Design

Projects at both sites, Visalia and Porterville FRCs, provided a 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 evidence-based Project Fatherhood, implemented for the first time this year at both sites, gives fathers an opportunity to connect better with their children and play a more meaningful role in their lives. The 14-session workshops emphasize the well-being of the child and use group leaders to encourage learning in a supportive non-judgment environment. Two tools are used to capture before/after data regarding knowledge, attitudes, confidence and parenting behaviors: *Protective Factors* and *On My Shoulders*. *Protective Factors* is also used for the general population of FRC clients supported by the First 5 grant, and their data are reported below separately from Project Fatherhood. Parenting Network at both FRC sites also uses *SafeCare*, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. Trained observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value and satisfaction of the program.

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.*

In this unusually lengthy grantee report, we report first on the evaluation findings of the **Visalia FRC** and later on the **Porterville FRC**; first the general FRC clients followed by the Project Fatherhood clients.

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.

Knowledgeable and attentive case management can make all the difference in the world to clients like Mrs. M, a mother of 4 escaping a violent marriage. With limited job skills and an unsustainable living situation, the client now needed support to begin a positive change in life. The case manager helped her create goals, assisted with job postings, updated housing resources and provided motivational counseling—giving Mrs. M the means to find herself and establish a new life and routine. With support from staff, she was able to enroll in parenting classes, find employment and move into an apartment, retaining custody of her children.

Evaluation Results – General FRC Population

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?

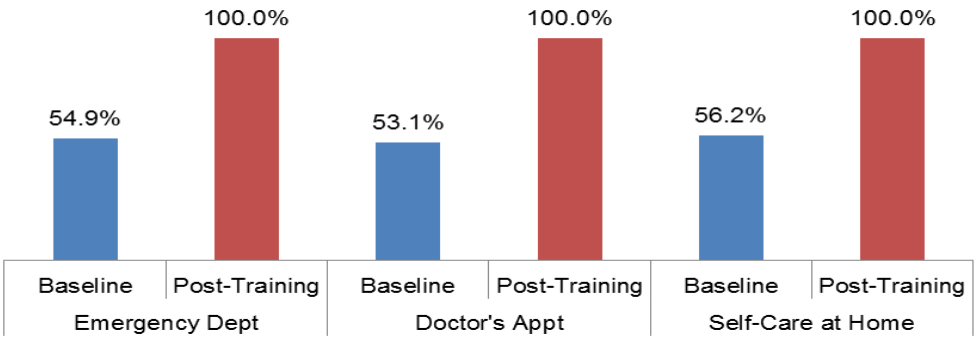
A matched set of 62 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of 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 1 shows, an average of 58.3 hazards per family were observed during the initial assessment but dropped to an average of 6.2 at the end of the module. Examples of hazards at the child's eye-level or easily accessible included unsecured electrical cords, small vials of pills with improper closures, and unlocked windows without screens. The total number of home hazards recorded prior to the training ranged from 3 in one family to 146 in another family.

Table 1. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=62)

	Baseline	Post-Training
Average number of hazards per client	58.3	6.2
Mean percent reduction	89.4%	

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. Parents were provided reference manuals with a symptom guide and other pertinent information. After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100% (Figure 1).

Figure 1. Average Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=63)



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 and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

Figures 2 and 3 show the results of the parent-infant and parent-child interactions, respectively: 13 parents with matching baseline and post-training data in the first age group and 50 parents in the second. (Note: in some cases the parents could be the same, having both a baby and an older child.) The improvement in the parents' ability to consistently demonstrate the desired behaviors was significant after receiving the training, particularly for the group with interactions with the older children.

Figure 2. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=13)

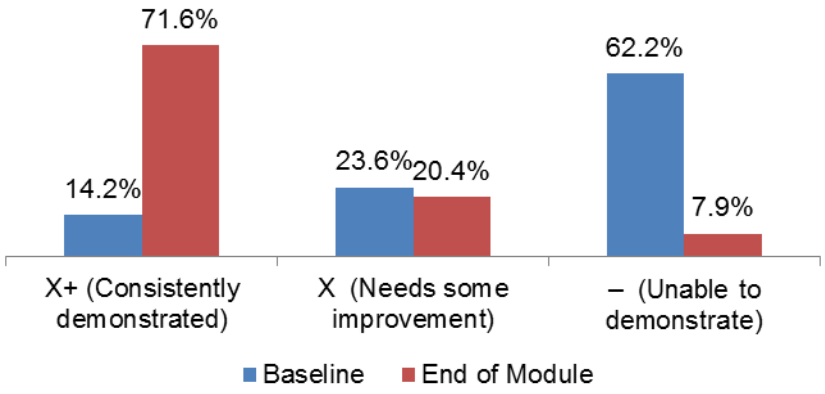
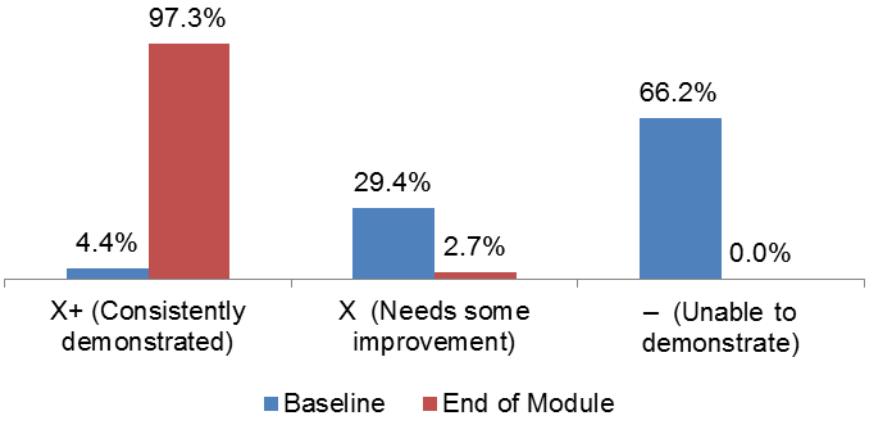


Figure 3. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=50)



After completing the SafeCare training program, 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 using a 5-point scale.

As Table 2 indicates, overall parents "strongly agreed" or "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program. A few parents, however, did report dissatisfaction when asked whether the training gave them new or useful information. Over 10% of the parents (7 out of 67) in the Health Training module, 13% of the parents in the Parent Child Interaction module (7 out of 53 parents), and 36% of the parents (4 out of 11) in the Parent Infant Interaction module said they "strongly agree" or "agree" that the training did not give them new or useful information or skills. In addition, approximately 8% of the parents (5 out of 61) in the Home Safety module reported that they "strongly agree" or "agree" that the Home Visitor was negative and critical.

Table 2. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 67)	Home Safety (n = 61)	Parent Child (n = 53)	Parent Infant (n = 11)
Home is safer since training		1.35		
Am better able to identify hazards		1.3		
Easier to interact with my child			1.23	1.27
Am better able to get rid of hazards		1.25		
Easier caring for my child's health	1.24			
Have more ideas about activities to do with my child			1.3	1.27
Plan to continue with changes made		1.26		
Easier deciding when to take my child to doctor	1.24			
Routine activities have become easier			1.28	1.27
Amount of time it took was reasonable		1.34		
Easier deciding when my child needs emergency treatment	1.24			
Was comfortable letting Home Visitor check out home		1.38		
Believe that training is useful to other parents	1.13	1.25	1.11	1.18
Did not feel this training gave new or useful info/skills	4.49		4.3	3.36
Practice during session was useful	1.28	1.16	1.27	1.36
Written materials were useful	1.21	1.25	1.28	1.27
Home Visitor was on time	1.1	1.18	1.11	1.09
Home Visitor was warm and friendly	1.09	1.16	1.09	1
Home Visitor was negative and critical	4.88	4.64	4.89	5
Home Visitor was good at explaining materials	1.07	1.16	1.08	1
	1=Strongly Agree; 2=Agree; 3=Neutral; 4=Disagree; 5=Strongly Disagree			

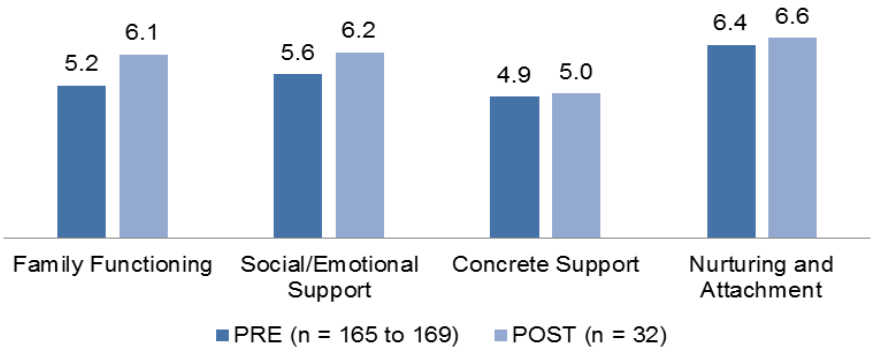
To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form[10] 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. Because the participants for the pre/post were not matched (the sample size was too small), the data are not able to speak to changes in the responses of individuals.

On the pretest, English-speaking parents rated the items in the Nurturing and Attachment subscale (*M* = 6.4) the highest for protective factors and items in the Concrete Support subscale (*M* = 4.9) the lowest for protective factors. These same protective factors were also rated as highest and lowest among parents in the posttest group.

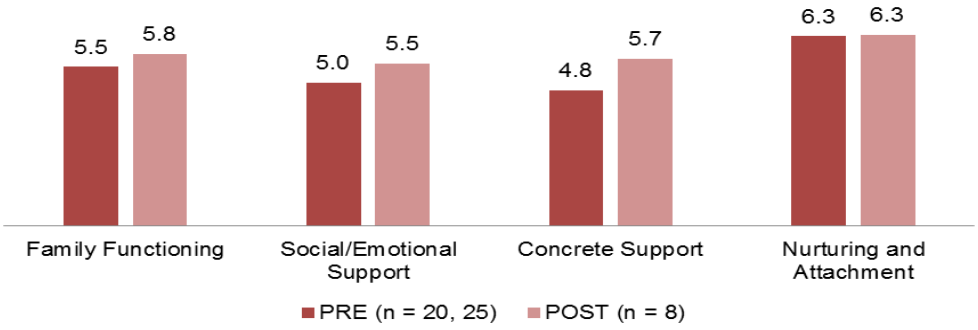
[10] Note. The English version does not use the same 7-point scale as the Spanish version. Also, several questions did not translate exactly the same between the 2 versions. Due to these differences, the results have to be analyzed separately. In additional, instructions from the tool state that the Child Development / Knowledge of Parenting questions are not to be averaged together with the other tool questions.

Figure 4.a. Mean Scores for Parents' Protective Factors (English)



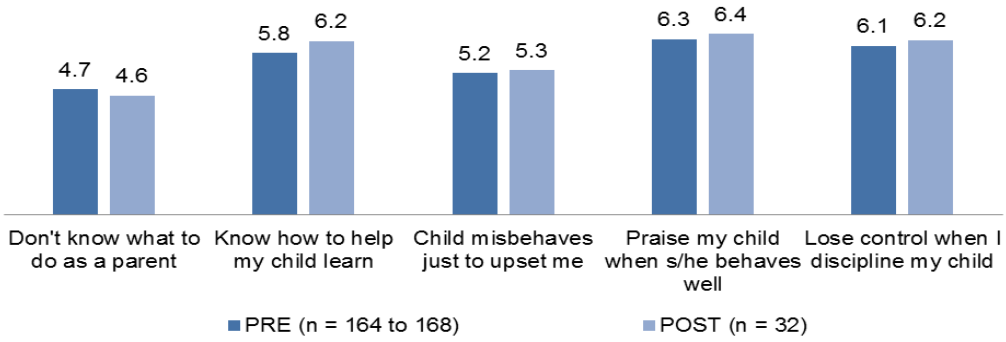
Like those who took the survey in English, the Spanish-speaking parents (Figure 4.b) in the pretest group rated items in the Nurturing and Attachment subscale (*M* = 6.3) the highest for protective factors; they rated items in the Concrete Support subscale the lowest. Similar to the pretest group, parents in the posttest group (*n* = 8) also rated items in the Nurturing and Attachment subscale (*M* = 6.3) the highest but rated items in the Social/Emotional Support subscale (*M* = 5.5) the lowest for protective factors.

Figure 4.b. Mean Scores for Parents' Protective Factors (Spanish)



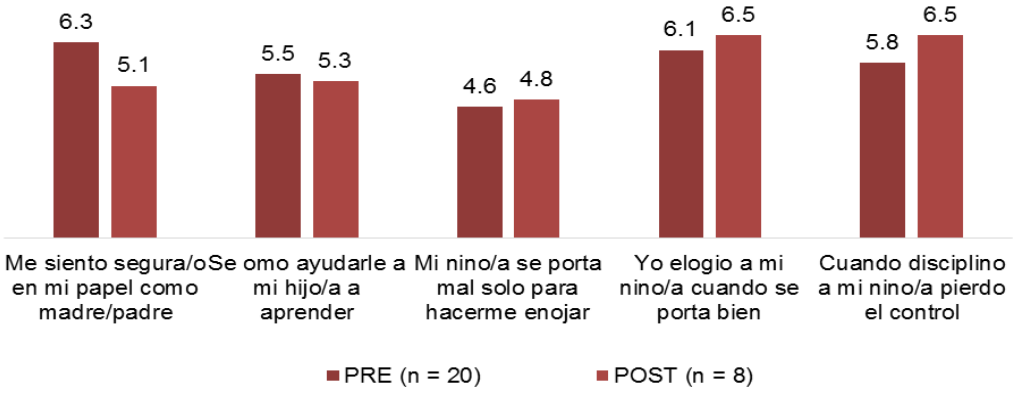
For items in the Knowledge of Parenting area (Figures 5.a and 5.b), parents responding in English at pretest rated "Praise my child when s/he behaves well" (*M* = 6.3) the highest and "Don't know what to do as a parent" (*M* = 4.7) as the lowest. Parents in the posttest group had very similar highest/lowest ratings to the pretest group.

Figure 5.a. Mean Scores for Knowledge of Parenting (English)



For parents who answered the pretest in Spanish (Figure 5.b), parent knowledge associated with “Don’t know what to do as a parent” was rated as the highest (*M* = 6.3) area, while “Child misbehaves just to upset me” (*M* = 4.6) as the lowest. Parents in the posttest were somewhat different than the pretest group in that they rated “Praise my child when s/he behaves well and “Lose control when I discipline my child (both *M* = 6.5) the highest areas;“ Child misbehaves just to upset me” (*M* = 4.8) was rated the lowest area of parent knowledge.

Figure 5.b. Mean Scores for Knowledge of Parenting (Spanish)



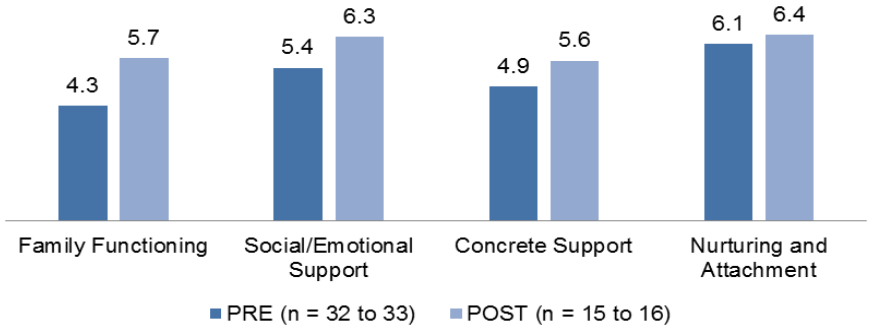
Evaluation Results – Project Fatherhood

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

There was no Spanish group (all tools were completed in English) for the new Project Fatherhood this year. Fathers were asked to complete the *Protective Factors* evaluation form which was described above. As a reminder, score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. The pre/post ratings were not matched because of the sample size.

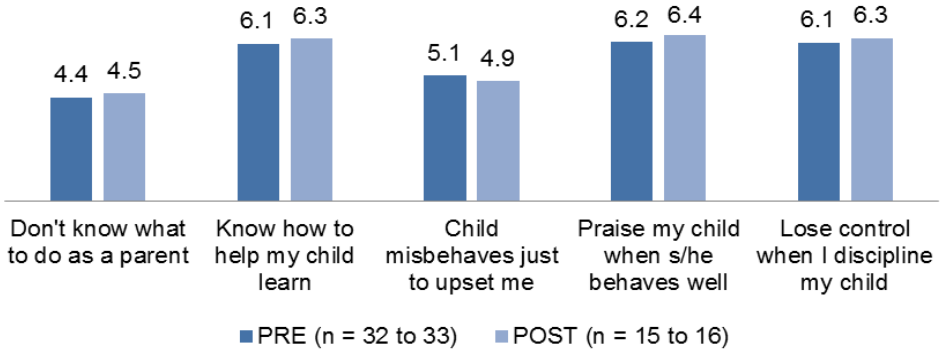
On the pretest, the fathers rated the items in the Nurturing and Attachment subscale (*M* = 6.1) the highest for protective factors and items in the Family Functioning subscale (*M* = 4.3) the lowest for protective factors (Figure 6). Similar to the pretest group, fathers in the posttest group also rated items in the Nurturing and Attachment subscale (*M* = 6.4) the highest but unlike the pretest fathers, they rated items in the Concrete Support subscale (*M* = 5.6) the lowest.

Figure 6. Mean Scores for Fathers’ Report of Protective Factors



For items in the Knowledge of Parenting area (Figure 7), the fathers rated "Praise my child when s/he behaves well" (*M* = 6.2) the highest area of knowledge and "Don't know what to do as a parent" (*M* = 4.4) as the lowest. Fathers in the posttest had similar ratings with this group rating these same areas the highest and lowest (*M* = 6.4 and *M* = 4.5, respectively). Note that the results of the Visalia fathers' group are not very different from the results of the FRC's general clients.

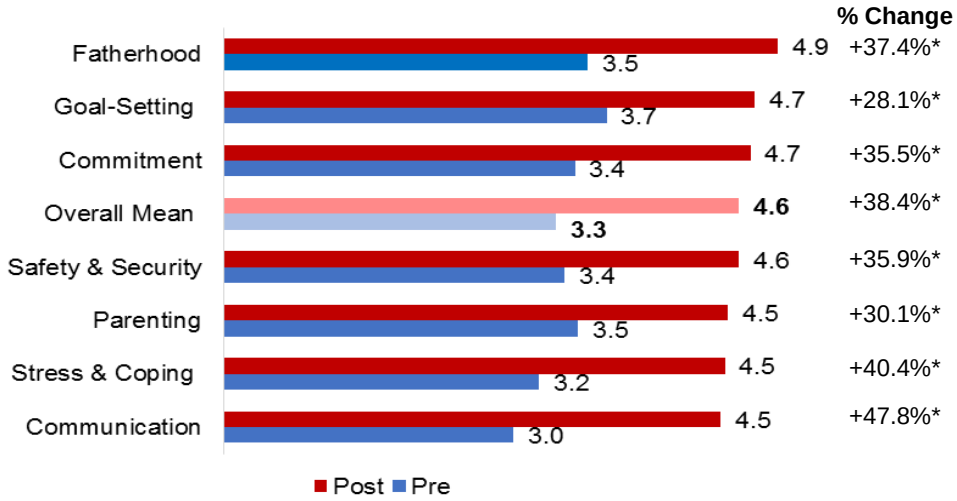
Figure 7. Mean Scores for Fathers' Knowledge of Parenting



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 listen to them. The results of the matched set of fathers are impressive. All skills measured by the tool increased to a statistically significant degree following their attendance at varying numbers of events (Figure 8). The greatest pre/post percentage change, 47.8%, occurred in the category of Communication; for example, nearly all fathers "strongly agreed" with statements such as, "I want to address conflicts with the mother of my children in healthy ways (that do not involve or scare our children." The Goal-Setting category had the lowest percentage change (28.1%).

Figure 8. Skills that Promote Healthy Relationships, Matched Sample (n=16)



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.*
* $p < .05$.

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.

Ultimately, self-awareness and personal motivation aided by a case manager's support contributed to one client's success. The single mother of 7 with an extensive history of substance abuse and loss of child custody came to the FRC from the Differential Response program and a collaboration effort with Tulare County Child Welfare Services (CWS). Through these confidence-building programs and empathetic FRC case management, over an intense 4-month period including home visits, the client was able to maintain recovery, establish a support system, maintain stability, increase her coping skills, and successfully complete a case plan allowing her children to be returned. With support from her case manager, she was hired by the FRC to serve as an advocate for parents involved with CWS. As a part of a long-term solution to attain self-sufficiency and avoid setbacks the client decided to pursue education and enrolled in school.

Evaluation Results – General FRC Population

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?

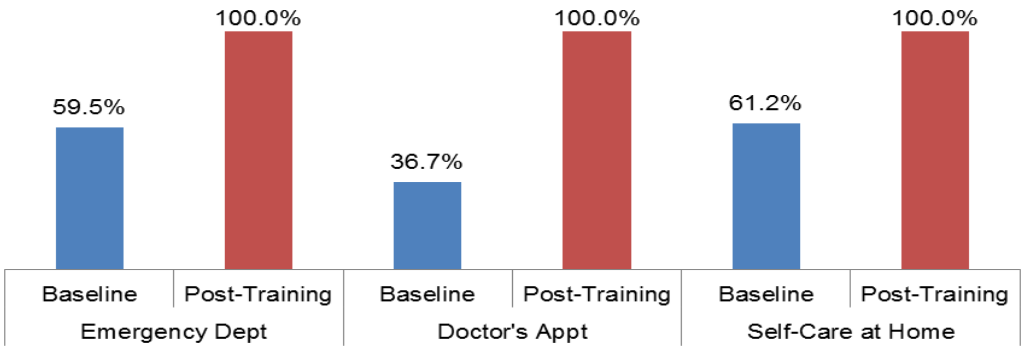
A matched set of 36 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, which was described above. As Table 3 shows, an average of 56.6 hazards per family were observed during the initial assessment but dropped to an average of 1.9 at the end of the module—a 96.6% improvement. Examples of hazards at the child's eye-level or easily accessible included electrical outlets without covers, paints and solvents within reach, and accessible pins used in sewing. The total number of home hazards recorded prior to the training ranged from 11 in one family to 119 in another family.

Table 3. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=36)

	Baseline	Post-Training
Average number of hazards per client	56.6	1.9
Mean percent reduction	96.6%	

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. Parents started the training feeling the least confident about how to determine whether a doctor's appointment was necessary based on the symptoms presented in the scenario (Figure 9). After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100%.

Figure 9. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=38)



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. Figures 10 and 11 show the results of the parent-infant and parent-child interactions, respectively: 15 parents with matching baseline and post-training data in the first age group and 28 parents in the second. (Note: in some cases the parents could be the same, having both a baby and an older child.) The improvement in the parents' ability to consistently demonstrate the desired behaviors was significant with both age groups after receiving the training.

Figure 10. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=15)

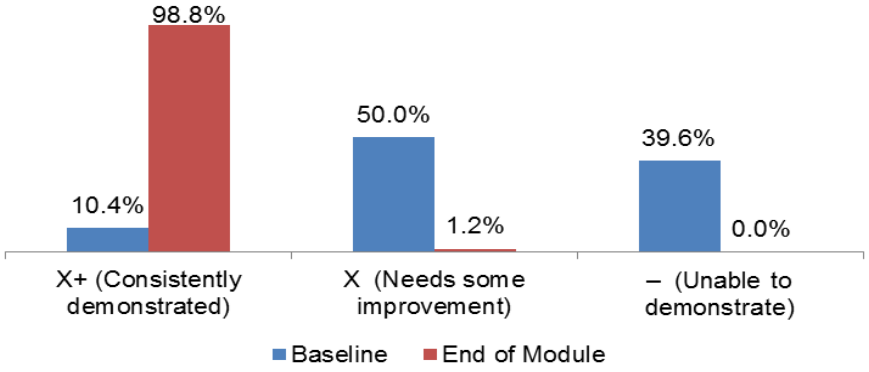
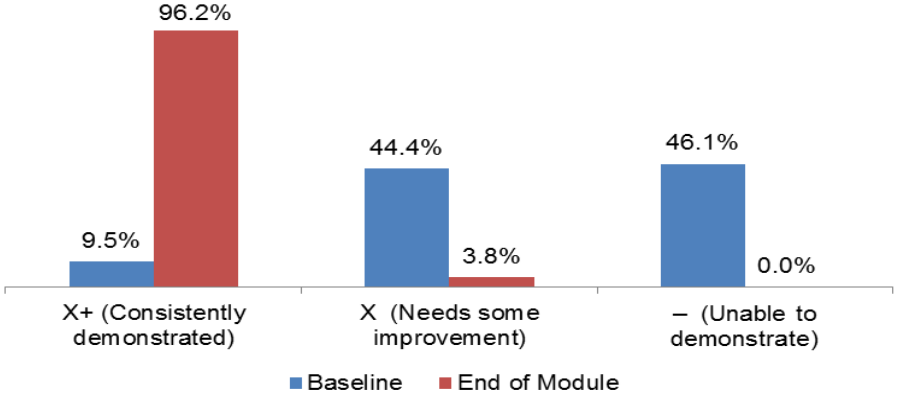


Figure 11. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=28)



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, parents were in strong agreement and were satisfied with the home visitors, skills, and information they received from the training program Table 4). Some parents, however, did report dissatisfaction when asked if the training gave them new or useful information. Over 20% of the parents (12 out of 60) in the Health Training module, 16.7% of the parents in the Parent Child Interaction module (6 out of 36 parents), and 18.8% of the parents (3 out of 16) in the Parent Infant Interaction module said they "strongly agree" or "agree" that the training did not give them new or useful information or skills. In addition, approximately 5% of the parents (3 out of 57) in the Home Safety module reported that they "strongly agree" or "agree" that the Home Visitor was negative and critical. This result could be because of a respondent's misreading of the question or it could be that they truly felt that way.

Table 4. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 61)	Home Safety (n = 57)	Parent Child (n = 36)	Parent Infant (n = 16)
Home is safer since training		1.28		
Am better able to identify hazards		1.25		
Easier to interact with my child			1.5	1.31
Am better able to get rid of hazards		1.23		
Easier caring for my child's health	1.44			
Have more ideas about activities to do with my child			1.31	1.38
Plan to continue with changes made		1.19		
Easier deciding when to take my child to doctor	1.43			
Routine activities have become easier			1.56	1.56
Amount of time it took was reasonable		1.25		
Easier deciding when my child needs emergency treatment	1.39			
Was comfortable letting Home Visitor check out home		1.26		
Believe that training is useful to other parents	1.17	1.14	1.25	1.31
Did not feel this training gave new or useful info/skills	3.93		4.17	4.13
Practice during session was useful	1.39	1.26	1.43	1.38
Written materials were useful	1.28	1.19	1.37	1.38
Home Visitor was on time	1.13	1.14	1.19	1.06
Home Visitor was warm and friendly	1.08	1.14	1.17	1.06
Home Visitor was negative and critical	4.79	4.72	4.67	4.63
Home Visitor was good at explaining materials	1.1	1.14	1.09	1.19
	1=Strongly Agree; 2=Agree; 3=Neutral; 4=Disagree; 5=Strongly Disagree			

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

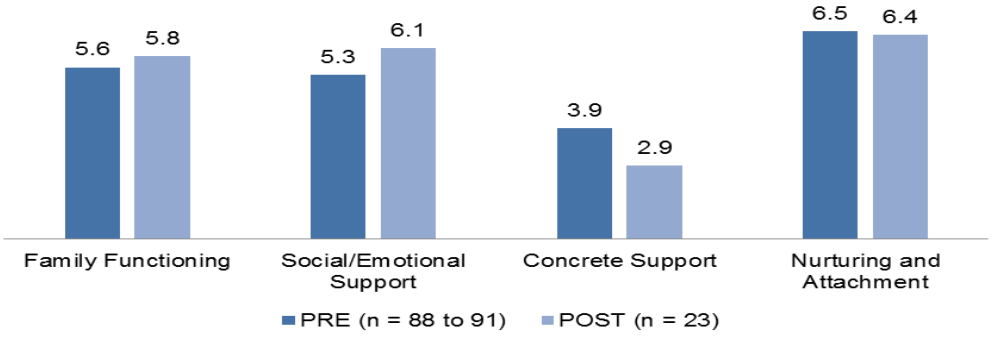
Parents completing the *Protective Factors* evaluation form[11] were asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors.

On the pretest, English-speaking parents (Figure 12.a) 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* =

[11] Note. The English version does not use the same 7-point scale as the Spanish version. Also, several questions did not translate exactly the same between the 2 versions. Due to these differences, the results have to be analyzed separately. In additional, instructions from the tool state that the Child Development / Knowledge of Parenting questions are not to be averaged together with the other tool questions.

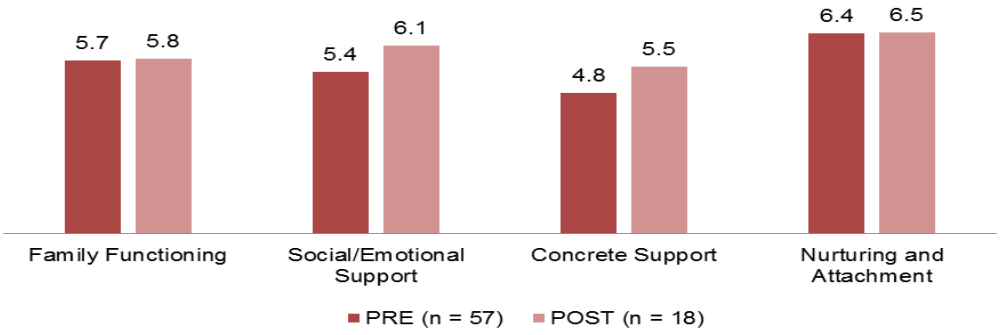
3.9) the lowest for protective factors. These same protective factors were also rated as highest and lowest among parents in the posttest group.

Figure 12.a. Mean Scores for Parents' Protective Factors (English)



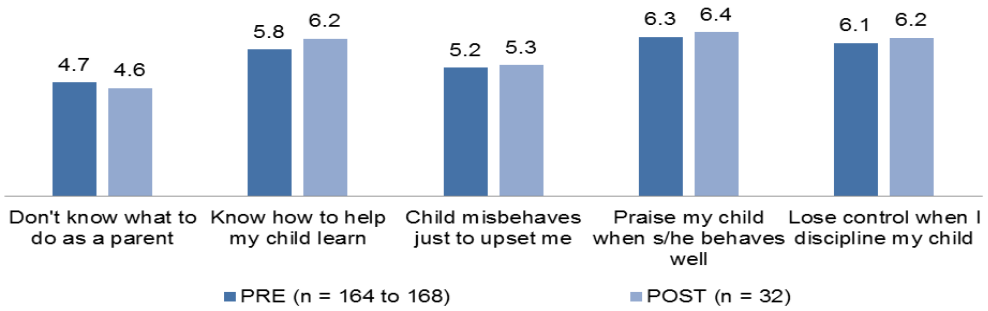
Like the English survey, the Spanish-speaking parents (Figure 12.b) in the pretest group rated items in the Nurturing and Attachment subscale (*M* = 6.4) the highest for protective factors; they rated items in the Concrete Support subscale the lowest (*M* = 4.8). Similar to the pretest group, parents in the posttest group also rated items in the Nurturing and Attachment subscale (*M* = 6.5) the highest and items in the Concrete Support subscale (*M* = 5.5) the lowest for protective factors.

Figure 12.b. Mean Scores for Parents' Protective Factors (Spanish)



For items in the Knowledge of Parenting area (Figures 13.a and 13.b), parents responding in English at pretest rated "Praise my child when s/he behaves well" (*M* = 6.3) the highest and "Don't know what to do as a parent" (*M* = 4.7) as the lowest for protective factors. Parents in the posttest group had very similar highest/lowest ratings to the pretest group.

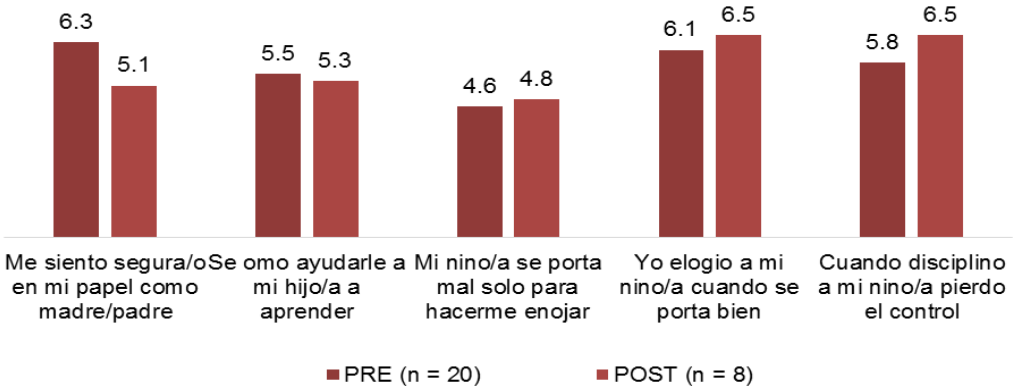
Figure 13.a. Mean Scores for Knowledge of Parenting (English)



For parents who answered the pretest in Spanish (Figure 5.b), parent knowledge associated with "Don't know what to do as a parent" was rated as the highest (*M* = 6.3) area of protective factors, while "Child

misbehaves just to upset me" (*M* = 4.6) as the lowest. Parents in the posttest were somewhat different than the pretest group in that they rated "Praise my child when s/he behaves well and "Lose control when I discipline my child (both *M* = 6.5) the highest areas;" Child misbehaves just to upset me" (*M* = 4.8) the lowest.

Figure 13.b. Mean Scores for Knowledge of Parenting (Spanish)



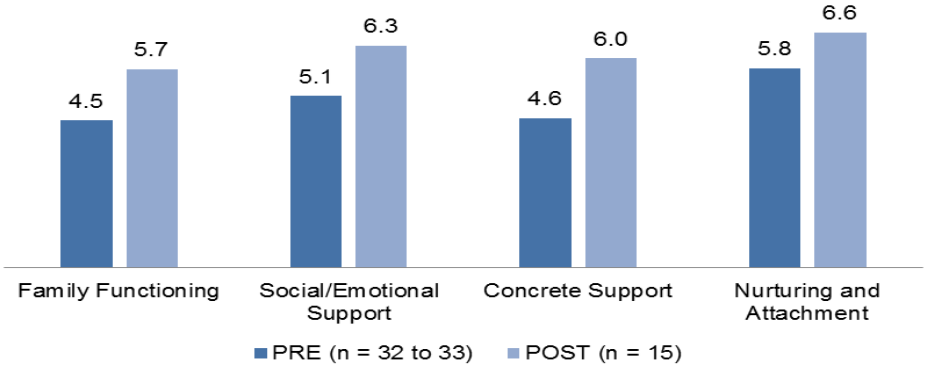
Evaluation Results – Project Fatherhood

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

Porterville Fathers were also asked to complete the *Protective Factors* evaluation form where a 7-point scale was used with higher scores (mean numbers) representing a higher level of protective factors. The pre/post ratings were not matched because of the sample size.

On the pretest, the fathers rated the items in the Nurturing and Attachment subscale (*M* = 5.8) the highest for protective factors and items in the Family Functioning area (*M* = 4.5) the lowest in protective factors (Figure 14). Similar to the pretest group, fathers in the posttest group also rated items in the Nurturing and Attachment subscale (*M* = 6.6) the highest and items in the Family Functioning subscale (*M* = 5.7) the lowest in protective factors.

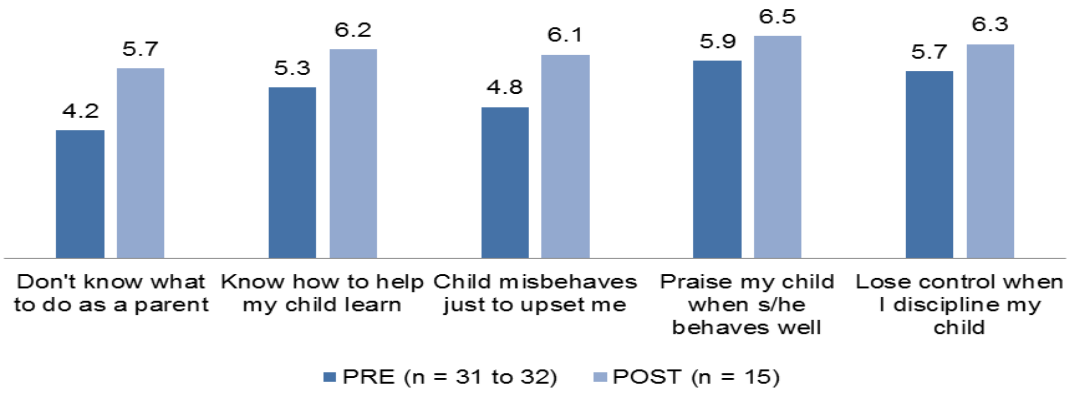
Figure 14. Mean Scores for Fathers' Report of Protective Factors



For items in the Knowledge of Parenting area (Figure 15), the fathers rated "Praise my child when s/he behaves well" (*M* = 5.9) the highest area of knowledge and "Don't know what to do as a parent" (*M* =

4.2) as the lowest. Fathers in the posttest had similar ratings with this group rating these same areas the highest and lowest (*M* = 6.5 and *M* = 5.7, respectively).

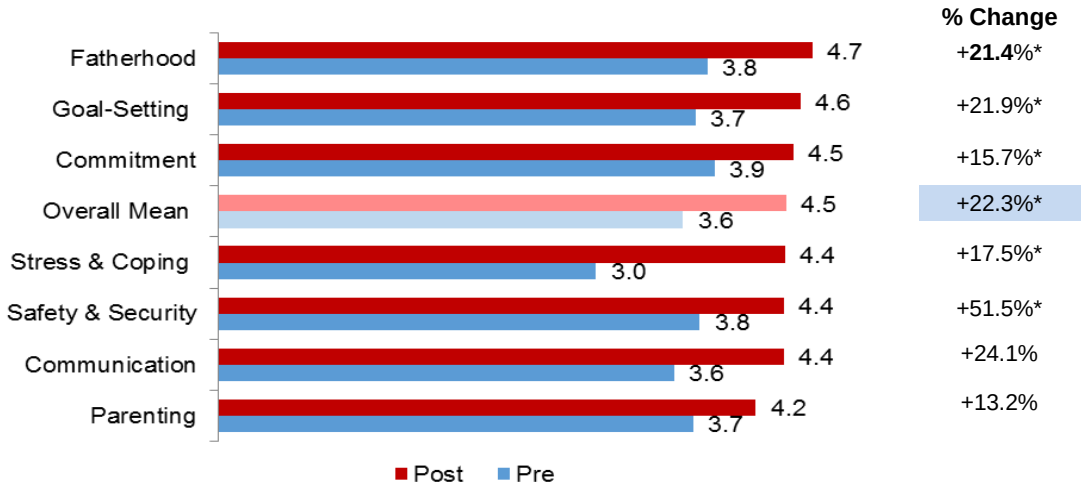
Figure 15. Mean Scores for Fathers' Knowledge of Parenting



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

Skills for all but one of the 7 categories measured by *On My Shoulders* significantly increased from pre- to posttest following the fathers' attendance at varying numbers of classes and events (Figure 16). The greatest percentage change, 51.5%, occurred in the category of Stress and Coping; for example, nearly all fathers "strongly agreed" or "agreed" with statements such as, "I know how to formulate a plan to make certain situations less stressful." Though not statistically significant, the Parenting category (e.g., "I know how to remain calm when disciplining my children") had the lowest percentage change (28.1%).

Figure 16. Skills that Promote Healthy Relationships, Matched Sample (n=18)



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.*
* $p < .05$.

Conclusions and Recommendations

The project met its evaluation goals that families participating in bilingual health and education classes will demonstrate an increase of knowledge gained about various aspects of parenting. Nearly all parents met the benchmark for total test performance, demonstrating the classes had the desired effect of increasing their knowledge about effective parenting skills.

Nurturing and Attachment appear to be strong protective factors of the parents at both FRC sites, whether they completed the forms in English or Spanish, and these assets should be capitalized on. The lowest rating of protective factors in the area of Concrete Support (which was reported both pre and post) suggests a place where the parents could use more help—findings that are consistent with our *2016 Parent Survey.* We want to point out concerning Knowledge of Parenting it appeared the English-speaking clients at the Visalia FRC slightly agreed more at the posttest that sometimes they did not know what to do as a parent; this validates the continuing need for more parenting classes and perhaps suggests there be more concrete examples/parenting tips and take-home materials in the classes.

Project Fatherhood had a longer than expected start-up phase while certain program refinements needed to be made; thus, the final sample of fathers was much smaller than hoped for. Nevertheless, the project is an important enhancement to Parenting Network's programing and appears to uniquely reach fathers in ways the men may otherwise not participate. Because we felt the *On My Shoulders (OMS)* tool had some design flaws for use in this program (for instance, the readability level was too high and the pretest responses were visible when taking the posttest with the same questions), the grantee has allowed us to modify the tool (which First 5 staff translated into Spanish) for use in FY 2019-20.

Research has not been conducted on the dosage impact of *OMS,* yet this is an important question. Discussions with the company that created the tool indicated fathers' attendance at "about 9 of the 14 project workshops/sessions is where significant results are likely to be found." Because of the start-up issues, we were not able to measure dosage this year; however, going forward the grantee will provide us with the number of sessions each participant attends, and next year we will attempt to look at the results by dosage to see what can be learned.

We agree that the *Protective Factors Survey* for Project Fatherhood clients can be dropped (or if retained, the data combined with the general FRC population) if the grantee wishes. We learned from the analysis this year that the Fatherhood results pretty much matched the results for the general FRC populations at both sites.

TRAVER JOINT ELEMENTARY SCHOOL DISTRICT
School Readiness

"Sometimes it can be difficult or not obvious when you are used to doing things the same way each year. Having [effective] teachers to bounce ideas off is a big plus for our program."
- School administrator

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for children and support and education services for parents. Teachers assessed children for school readiness using the DRDP-Revised (Desired Results Developmental Profile) designed by the California Department of Education. The DRDP is administered by teachers within 60 calendar days of the child's first day of enrollment in the program and every six months thereafter.

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.

Observing at the start of the school year that one particular class of 4-year-olds was unusually struggling to learn their letters, alert teachers redesigned the learning centers with the help of volunteer parents to create an additional center, reducing the number of children assigned to each group. The results were immediate: six weeks later because of the smaller more intimate learning environment three-quarters of the children were able to demonstrate 100% competence with their letters and sounds. Recognition that each class is unique and being willing to quickly adapt with a creative solution for the betterment of students was an important reason for this success.

Evaluation Results

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

Raters completed individual assessments of the children on 52 different developmental measures in seven domain areas using the DRDP (2015) Preschool Comprehensive View. The number of times a descriptor in the "building" or "integrating" levels was used by the raters in their evaluation of the children at the fall and spring assessment periods are displayed as a percentage and by domain area in Table 1.

The pattern across each of the 7 domains was positive but unusual this year. The children for this year were already rated as performing at high and advanced developmental levels at the fall assessment thus leaving little room for improvement at the spring assessment.

Table 1. Traver Joint Elementary School District DRDP, non-matched (Pre *N* = 37, Post *N* = 33)

	Percent Ratings at or above the "Building" Developmental Levels[1]		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (7 Measures)	99.2%	100%	+0.8%
Social and Emotional Development (5 Measures)	100%	100%	0%
Language and Literacy Development (10 Measures)	99.5%	99.8%	+0.3%
Cognition, Including Math and Science (11 Measures)	100%	100%	0%
Physical Development – Health (10 Measures)	98.4%	100%	+1.6%
History – Social Science (5 Measures)	97.3%	100%	+2.8%
Visual and Performing Arts (4 Measures)	97.3%	100%	+2.8%

[1] Includes Ratings *of Building Earlier, Building Middle, Building Later,* and *Integrating Earlier*.
Note: The number of all ratings (which is not the same as the number of children) for fall was 148 to 405; for spring it was 132 to 362.

Children who are also "English Language Learners" were evaluated on 4 more measures in an English Language Development domain. As Table 2 shows, the teachers assessed the children at higher levels of development on the post- than on the pre-assessment, the expected outcome. This is evidenced by the positive percentage increase and mastery at the spring assessment.

Table 2. Traver Joint Elementary School District - SR: DRDP, non-matched (Pre *N* = 14, Post *N* = 14)

	Percent Ratings at or above the "Building English" Developmental Level		Percent Change
Domain	Fall	Spring	
English Language Development (4 Measures)	60.7%	92.9%	+53.1%

Conclusions and Recommendations

The evaluation goal that children participating in early childhood education will show improvement between pre and post assessments was met for the developmental areas measured by the DRDP, and reflects positively on the strengths of this school readiness project. However, we are concerned about the validity of this year's findings. Nearly 100% of the ratings were marked at the highest levels in each domain at both pre- and posttest, and this is inconsistent with expected early learning standards (test scores). We recommend all teachers responsible for assessing children with the DRDP review the tool's examples for indicating development level mastery (see below for some examples from the Curiosity and Initiative in Learning domain) and determine when the assessments are done next year whether the ratings truly do reflect where the children are along the developmental continuum. Please consider whether any additional teacher training could be helpful.

EXAMPLES (from lower to higher development)

• Paints on paper and on arm when given a paintbrush and paint. • Tries using utensils to work with play dough. • Moves around a fish bowl to continue watching a fish as it swims around objects. • Drops a marble in a maze and follows its path as it rolls to the bottom. • Asks, "What's that doing?" when seeing or hearing a bulldozer across the street while on a neighborhood walk. • Observes a snail and asks, "Why do snails have shells?" • Compares color or shape of leaves gathered on a nature walk. • Uses a magnifying glass to observe a caterpillar closely, and describes its pattern of colors and number of legs. • Examines images from informational books or a computer to learn about the habitats of different animals. • Looks through a prism held up to the light, directing its motion until a rainbow of colors appears on the wall. •Sets up a project, with an adult that involves investigating the growth of lima bean plants with different amounts of water, and documents their growth. …..

VISALIA UNIFIED SCHOOL DISTRICT
Ivanhoe First 5 Program

"I work during the day, but I go and work with my son so he can learn more."
- Father of a preschooler

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for 39 children for whom there were evaluation results. Staff assessed children for school readiness using the DRDP-Revised (Desired Results Developmental Profile) to measure results in a range of developmental areas where scores can be tracked over time. The DRDP is a child assessment tool designed by the California Department of Education and administered by teachers within 60 calendar days of the child's first day of enrollment in the program and every six months thereafter. Parents also completed, for the first time this year, a version of the CA-ESPIRS Family Literacy Project survey we modified (to shorten it) as a pretest within the first month of program enrollment and again as a posttest at the end of the program or upon exit.

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.

Understanding that when a child feels more secure at school they are more prepared to learn, the District instituted a home visiting program so children could be greeted at school by staff that already were acquainted with their needs and family history. Community outreach staff provides information about key developmental markers as well as materials and learning activities for parents to use with their children in an environment that is familiar to the child. The home-school connection has had payoffs in helping to assist in the smooth transition of 3- and 4-year olds attending the preschool, and encouraging parent participation in monthly meetings.

Evaluation Results

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

This year, the program added Infant/Toddlers to the group of children assessed with the DRDP. However, the initial assessments did not occur until spring (which is generally when schools do their *post* assessments), so we are reporting only "pre" data shown in Table 1. The 13 children received the largest number of "building earlier" ratings (the highest rating available) in the Language and Literacy Development domain (12.5%) followed by the Cognition, Including Math and Science domain (10.4%). They received the smallest number of ratings in the Social and Emotional Development domain (3.9%).

Table 1. Visalia Unified Ivanhoe SR: DRDP Infant Toddler (Pre *N* = 13, Post *N* = 0)

	Percent of Ratings at the "Building" Developmental Level
Domain	Pre
Approaches to Learning – Self-Regulation (4 Measures)	6.3%
Social and Emotional Development (4 Measures)	3.9%
Language and Literacy Development (5 Measures)	12.5%
Cognition, Including Math and Science (4 Measures)	10.4%
Physical Development – Health (4 Measures)	6.0%

Note: The number of all ratings (which is not the same as the number of children) was 48 to 64.

Raters evaluated Preschool children on 39 different developmental measures in 5 domains using the DRDP (2015) Preschool Fundamental View. Looking at the 3 ratings within the "Building" developmental level (Building Earlier, Building Middle, Building Later), as the best overall indicator of pre/post change, the pattern across all of the domains showed improvement from the fall to the spring assessments (see Table 2 on the next page). Children received the highest percentage of ratings in the Physical Development domain on both the pre-assessment (24.6%) and post-assessment (94.9%). Likewise, they received the lowest percentage of ratings in the Approaches to Learning – Self Regulation domain on the fall assessment (1.9%) as well as the spring assessment (87.5%). Although all the domains saw large percentage change increases, the Approaches to Learning – Self Regulation domain had the biggest increase in the percentage of "building" or above ratings (+4505.3%).

Table 2. Visalia Ivanhoe - SR: DRDP - Preschool (Pre *N* = 39; Post *N* = 36)

	Percent Ratings at the "Building" Developmental Levels[1]		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (7 Measures)	1.9%	87.5%	+4505.3%
Social and Emotional Development (5 Measures)	2.7%	92.0%	+3307.4%
Language and Literacy Development (10 Measures)	3.7%	90.8%	+2354.1%
Cognition, Including Math and Science (7 Measures)	6.5%	93.5%	+1338.5%
Physical Development – Health (10 Measures)	24.6%	94.9%	+285.8%

[1] Building Earlier; Building Middle; Building Later

Note: The number of all ratings (which is not the same as the number of children) for fall was 190 to 380. The number of all ratings for spring was 152 to 350.

Children who are also "English Language Learners" were evaluated on 4 more measures in an English Language Development domain. As Table 3 shows, the change in ratings from 0% to 72% from the pre- to the post-assessment suggests greater levels of proficiency and mastery.

Table 3. Visalia Ivanhoe - SR: DRDP – Preschool (Pre *N* = 18; Post *N* = 15)

	Percent Ratings at or above the "Building English" Developmental Level		Percent Change
Domain	Fall	Spring	
English Language Development (4 Measures)	0%	72.4%	--%

Note: N = number of children. TR = number of *ratings*, not children. The number of all ratings for fall was 56. The number of all ratings for spring was 76.

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 they live helps children build vocabulary, increase awareness and comprehension, and expand horizons—all benefiting school achievement. At the time of the pretest, approximately 20% of parents reported in the modified ESPIRS questionnaire having 11 or more books at home. This number significantly increased to almost half of the parents (49.9%) reported having 11 or more books on the posttest, a statistically significant change (Table 4).

Looking at how often parents read books and told stories to their children, there was a pattern of positive behaviors occurring after participating in the literacy program. Statistically significant changes were found between the pre- and posttest with over half of the parents on the posttest (55.6%)

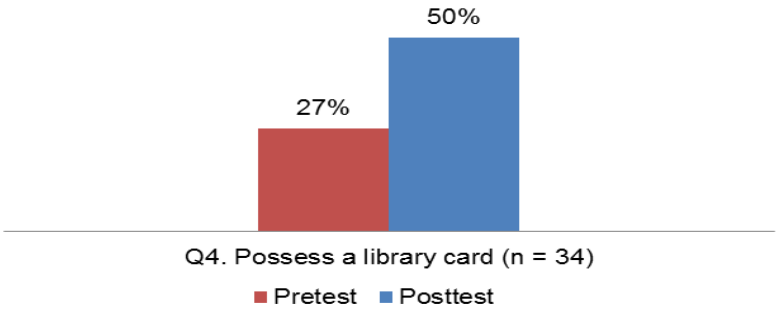
responding that they were reading books to their children at least 3 times a week to every day and almost half (44.4%) were telling stories to their children with the same frequency.

Table 4 Parents' Experience with Books and Reading to Children, Matched Set (n=36)

Survey Questions	Pre		Post	
	n	%	*n*	%
At this time, how many children's books do you have at home that you own as well as library books)?				
1 - 2 books	8	22.2	2	5.6
3 - 10 books	21	28.3	16	44.4
11 - 25 books	4	11.1	8	22.2
26 - 50 books	2	5.6	7	19.4
51 + books	1	2.8	3	8.3
About how often do you read books or stories to your children?				
Never	0	0	0	0
Several times a year	3	8.3	1	2.8
Several times a month	20	55.6	7	19.4
Once a week	4	11.1	8	22.2
About 3 times a week	5	13.9	9	25.0
Every day	4	11.1	11	30.6
How often do you tell your children a story (e.g., folk and family stories, history)?				
Never	13	36.1	1	2.8
Several times a year	11	30.6	0	0
Several times a month	3	8.3	8	22.2
Once a week	0	0	11	30.6
About 3 times a week	5	13.9	9	25.0
Every day	4	11.1	7	19.4

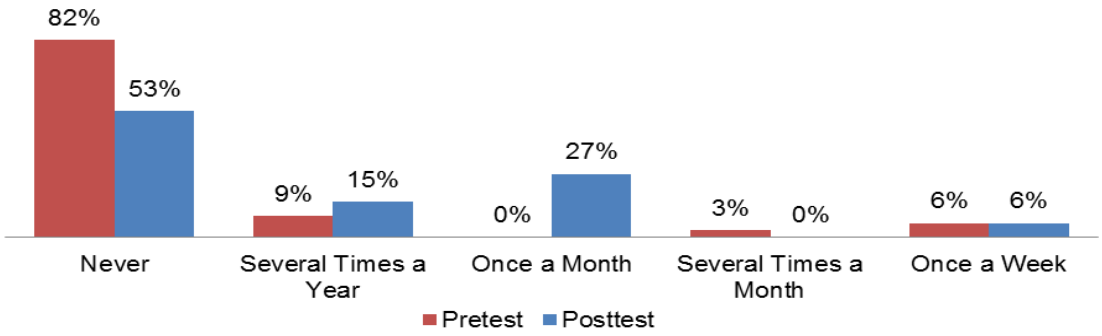
In terms of library experience for the 34 parents with both a pre/posttest, 9 (26.5%) indicated they had a library card on the pretest, while at the posttest 17 (50%) reported this (Figure 1).

Figure 1. Current Library Card, Matched Sample (n=36)



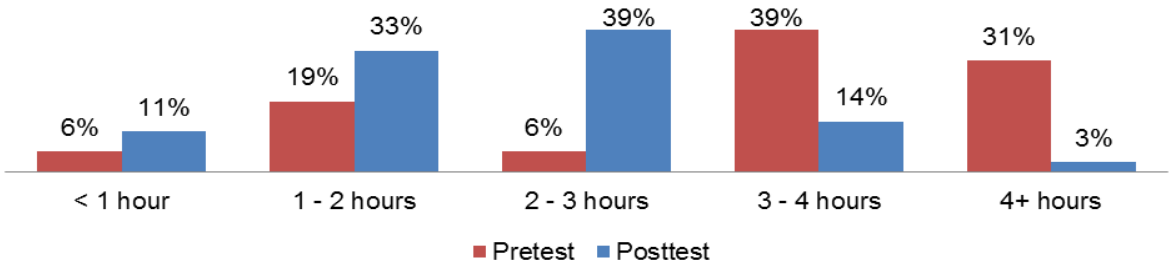
As Figure 2 on the next page shows, 82% of the parents at the pretest said they never went to the library; at the time of the posttest, the proportion of parents who reported this had decreased to 53%. And, almost half of the group (48%) reported that they now visited the library at least several times a year, differences that were statistically significant.

Figure 2. Frequency of Going to the Library, Matched Sample (n=34)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Based on 36 matched pre-posttest for this question, there appeared to be a positive change with fewer parents reporting more than 3 hours of TV watching when asked on the posttest—only 17% compared to almost 70% on the pretest (Figure 3). Although there appeared to be more TV viewing for shorter periods of time at the posttest, a repeated measures analysis of variance showed an overall statistically significant decrease in pre-to-post TV watching.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=36)



It appears that parents were already engaging in positive parental behavior related to selecting TV viewing as over 96% reported on the pretest they "sometimes" to "always" selected the TV program for their child to watch. After program participation, parents continue to engage in this positive behavior (Table 5.) The change was not statistically significant as there was not much room for parents to improve on this measure. Parents reported an increase in positive parental behavior when asked if they watched the TV programs with their children and if they asked their children questions about the TV program—changes that were statistically significant.

Table 5. Family TV-Watching Experience, Matched Sample (n=35)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	1 (2.9%)	23 (65.7%)	11 (31.4%)	2 (5.7%)	12 (34.3%)	21 (60.0%)
When your children watch TV, do you watch the TV programs with your children?	10 (29.4%)	20 (58.8%)	4 (11.8%)	3 (8.8%)	19 (55.9%)	12 (35.3%)
When your children watch TV, do you ask your children questions about the TV program?	18 (52.9%)	11 (32.4%)	5 (14.7%)	4 (11.8%)	19 (55.9%)	11 (32.4%)

Conclusions and Recommendations

The evaluation goal "100% will demonstrate growth"—which does not define or quantify the expected "growth"—was met as the project continued to demonstrate significant improvement among the children for whom DRDP assessments were completed. In our spot checking of the DRDP data forms (the individual children's 2018 Learning Genie child records), it appeared errors were made in the rating of measures considered "Conditional" that staff should review for this next year. For example, on some the DRDP forms the teacher had marked a measure as Conditional in the fall assessment, then for the same measure rated that child in a lower rating level, like "exploring earlier," in the spring assessment. (Note, unless there is a major life event in the life of a child, such as a major trauma, a child doesn't generally go "backwards" in its development between the spring and fall assessments.) These were likely mistakes or confusion about the use of Conditional ratings. On the other hand, if the grantee switches versions of the DRDP to the Essential View next year, this concern does not generally apply.

The project also submitted 13 DRDPs for the Infant/Toddler age group; however because the assessments were done only in the second half of the academic year, we elected to hold onto them and if we receive a second or post-assessment for these children we will add them to the FY 19/20 data analysis.

Growing up in a houseful of books has been strongly linked to academic achievement, while some research suggests too much television can have negative consequences (though the quantity and quality of TV programs must be considered). Although the project did not reach the evaluation objective of "75% of participating parents will read books with their children daily," it showed impressive changes in both parents reading to children, having books in the home and positive parental TV-viewing practices.

The school district also asked parents to complete Ages and Stages (ASQs) questionnaires to screen for developmental delays; these forms were not submitted to First 5 in time for analysis but will be included in our report next year.

CASA OF TULARE COUNTY
0-5 Program

"The kind-hearted souls who become our volunteers work so hard to care for these children." - Program staff

Project Purpose and Evaluation Design

CASA (Court Appointed Special Advocates) addresses child welfare issues such as family support and foster placement as well as ensures children receive adequate preventive medical and dental care services. One of the major goals of the CASA program is to advocate for permanency by attempting to limit the number of placements, assist in finding the most appropriate permanent and safe home for the children, and move children through the system in a timely manner. CASA success depends on trained volunteer Court Appointed Special Advocates who work with children who are abused, neglected and abandoned. The data for this evaluation report came from the grantee's database using parameters established by First 5 and data extracted from the Tulare County Welfare System (CWS).

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 0-5 who made at least one well-child visit to a physician or clinic within the last 12 months.*
- *The percent of children reunified with parents or other relatives or discharged to custodianship within 12 months of entering out-of-home care (out of home placement reunifications within 12 months).*
- *The number and percent of dependent children who re-entered care within 12 months of discharge (reentry following reunification).*

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.

CASA's focus on improved outreach within the county, particularly in the Porterville area, has resulted in an increase in new volunteer advocates. Working with many organizations throughout Tulare County (e.g., Ruiz Foods, Indian Women's Association, PetSmart), staff and volunteers were able to offer toys, gift cards, and pajama giveaways, along with sponsoring fun activities like movie nights. A special team-building event at Mending Fences at JM Ranch provided a unique opportunity for some of the CASA children to gain self-improvement and esteem in a positive learning environment.

Evaluation Results

To what extent did children reduce time spent in foster care, have fewer than average placements, and have a permanent placement upon closure of cases?

Between July 1, 2018 and June 30, 2019, 137 children (down from 179 last year), age 0-5 in the Tulare County welfare system were assigned to a CASA advocate. The volunteer advocate assignments lasted about 9.5 months on average.

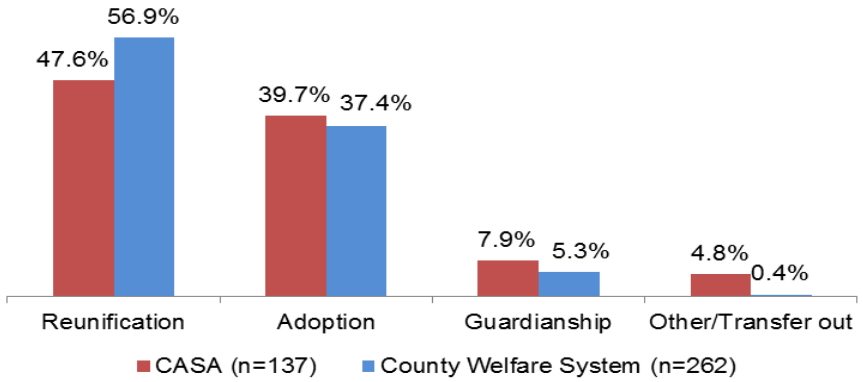
Cases for 63 (45.9%) of the 137 children were able to be closed during this period, a somewhat lower closure rate than last year (62.5%). All of the CASA children with closed cases had a permanent placement upon closure of their cases. Close to half (47.6%) of the children with closed cases were reunited with their parents, 39.7% were adopted and 7.9% were placed in guardianship (Table 1). According to staff, CASA requests to be relieved when a permanent plan is identified, as in the case for Guardianships and Adoptions; however, the children technically remain in care after CASA is relieved in these circumstances.

Table 1. Experience of Children Appointed to a CASA Advocate

# of Children Assigned to an Advocate	# of Children Closed Assigned to an Advocate	# of Cases Closed with an Advocate Assigned	Avg Placements from the Time CASA as Agency Appointed	Avg Placement Changes Since Advocate Assigned	Disposition of Children			
					Reuni-fication	Adoption	Guardian-ship	Transfer out of Tulare County Jurisdiction
137	**63**	**49**	**1.37**	**0.30**	**30**	**25**	**5**	**3**
					47.6%	**39.7%**	**7.9%**	**4.8%**

Tulare County Welfare System (CWS) foster care summary data show there were 673 children age 0-5 in the CWS in FY 2018-19. In looking at the type of permanent placements children experienced, about 20% more children in the CWS were reunited with a parent/guardian than the children appointed to a CASA advocate; about 6% more of the CASA children than CWS were adopted (Figure 1), fairly similar to the prior year experience.

Figure 1. Disposition of Children Age 0-5 in the Tulare County Welfare System and CASA



Source: CASA, July 1, 2019. Tulare County Welfare System special data run July 12, 2019.

Figures 2 and 3 below show the age breakouts for the average number of placements from the time CASA was appointed as the agency, and the number of placement *changes* since a CASA advocate was assigned, respectively. There were only slight differences in the number of placements by age with 4-year-olds and 6-year-olds experiencing the highest number of placements from the time of CASA appointment. (Note: 6-year-olds had received advocacy services from a volunteer when they were 5 years old.) The number of placement *changes* was significantly higher for the 6-year-olds than the other age groups (Figure 3), 0.8 compared to 0.1 last year.

Figure 2. Average Number of Placements from the Time CASA Appointed, by Age (n=63)

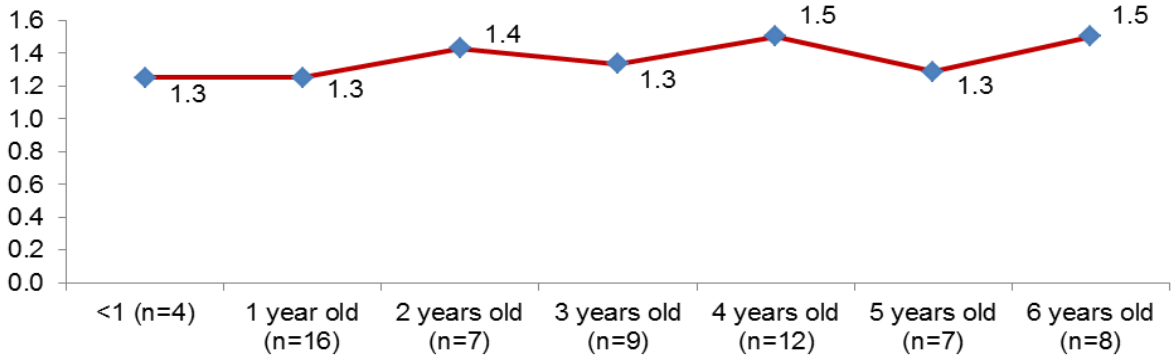
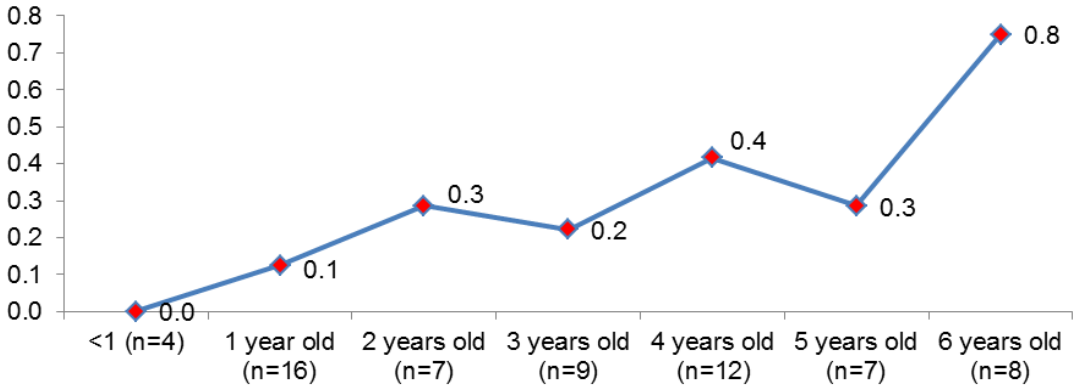


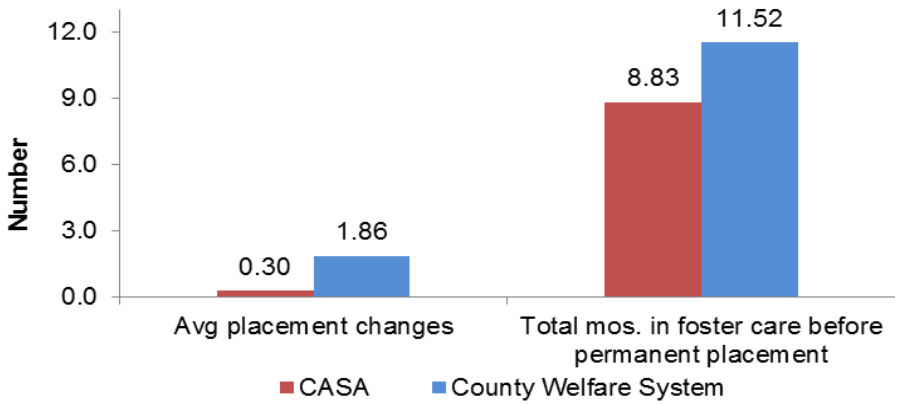
Figure 3. Average Number of Placement *Changes* from the Time CASA Appointed, by Age (n=63)



The graph on the next page compares CASA and CWS experience relative to placement changes and time in foster care.

On average, the CASA children spent 30% less time in foster care before permanent placement as shown in Figure 5. Although they experienced an average of 1.37 (down from 1.52 last year) placements from the time of appointment to the CASA agency, they experienced a fewer number of placement *changes* since being assigned an advocate compared to children 0-5 in the CWS foster care system: 0.30 vs. 1.86. The average number of placement changes for a CASA-assigned child was six times more favorable than the CWS placement experience.

Figure 5. Placement Experience of Children Appointed to a CASA Advocate and Children in the Tulare County Welfare System, Age 0-5

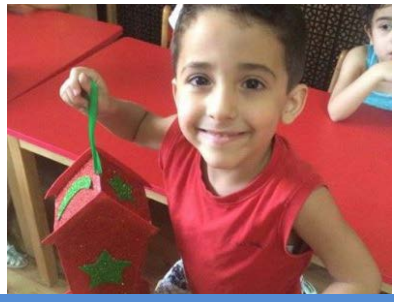


Source: CASA, July 1, 2019. Tulare County Welfare System special data run, July 12, 2019.

Conclusions and Recommendations

National studies show that having CASA involvement results in children having significantly fewer placements, with children more likely to achieve permanency;[12] these outcomes were again demonstrated by the Tulare County CASA Agency. The program exceeded its evaluation goal that 80% of children appointed to an advocate will have a permanent placement upon closure of cases throughout the year. CASA also met its goal of children having fewer placement changes and spending less time in foster care than foster care children in the County Welfare System not assigned to CASA.

[12] See for example Calkins C, Millar M. *Child and Adolescent Social Work Journal,* February 1999;16(1):37-45, and Litzelfeiner P. The effectiveness of CASAs in achieving positive outcomes for children. Child Welfare, March/April 2000;79(2):179-93.



LINDSAY FAMILY RESOURCE CENTER

"I know you guys helped me a lot when I was pregnant and with all that court stuff….it's good to know you can help parents with more than just that."
- Parent client of case management services

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 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.

Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3.* The tools are designed to screen a child for early identification and intervention from 1–66 months s for early identification and intervention. They reveal a child's strengths as well as areas that need work, and ask parents age-appropriate questions linked to specific milestones, making it easy for parents to learn about and encourage their child's development—and for teachers and other professionals to make referrals when needed.

Lindsay uses SafeCare, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. In addition to the goal of reducing child maltreatment, the 3 program modules are designed to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value of the program and their satisfaction with various features of it.

The evidence-based *Parenting Wisely* program focuses on conflict management and improved parental communication. While much of this program is oriented to the older child and adolescent age group, it does capture knowledge change in areas that apply to very young children. After participating in the program, parents complete the 34-item multiple-choice questionnaire to determine changes from pre- to posttest.

The Protective Factors curriculum focuses on building protective and promotive factors to reduce risk and create optimal outcomes for children and families. It values the culture and unique assets of each family and recognizes parents as decision-makers and leaders. The Protective Factors Survey is a 20-item tool where participants respond to a series of statements about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.

To screen for maternal depression immediately before and following delivery, the grantee also administered the Edinburg Postnatal Depression Scale when indicated, and made appropriate referrals based on findings.

Parents also participate in Abriendo Puertas, a parent leadership and advocacy program of 10 of 2-hour sessions that include topics such as I Am My Child's First Teacher, Reaching Family Success, My Child Grows, and Let's Go to School. This curriculum uses *dichos* (culturally-based sayings similar to proverbs) as a strategy to develop parents' knowledge and role as change agents in improving the life of their children. Participants complete a pre/posttest to assess knowledge and behavior change.

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.*
- *The percent of children fully immunized by entry into kindergarten.*

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.

Despite the challenges of reduced calendar days and fewer office staff—making outreach more challenging because of the departmental restructuring—the FRC was able to create more opportunities for collaboration with Lindsay Preschool. One example of this partnership was a recent change that required the preschool to administer needs assessments to preschool parents; understanding families' needs better generated more referrals for assistance to the FRC.

Evaluation Results

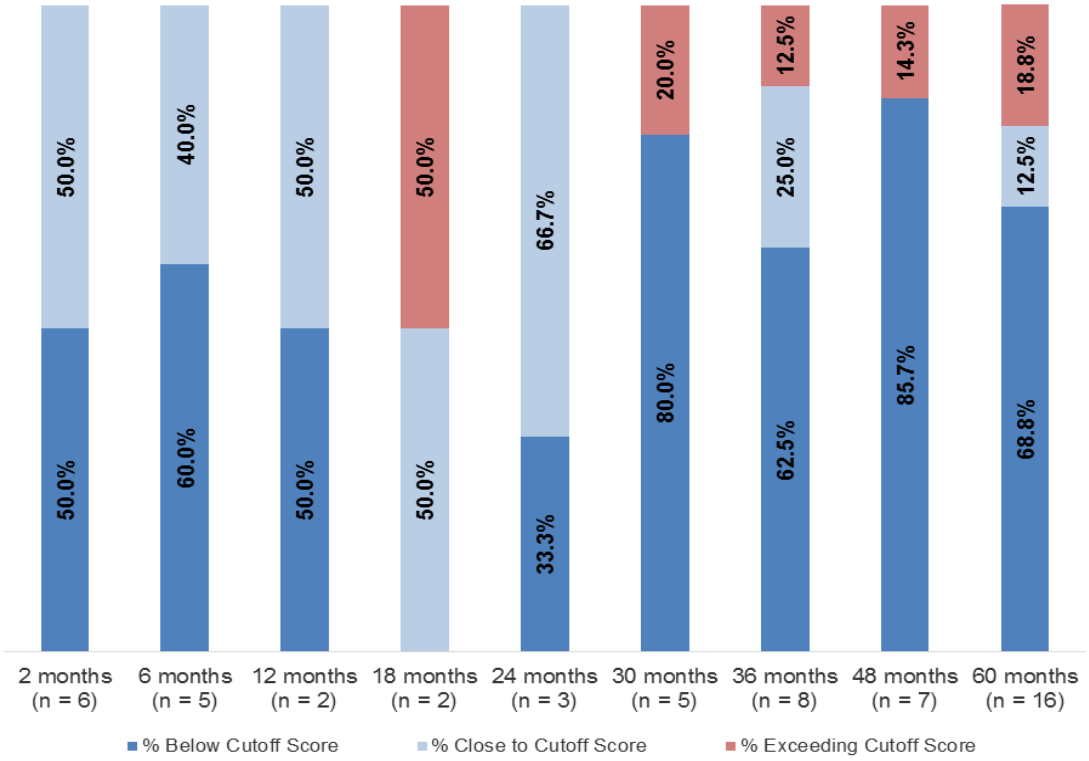
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

Figures 1 and 2 on the following two pages show the results of the parent-completed *Ages and Stages* questionnaires described above. A total of 54 children were assessed for their social and emotional development using the ASQ-SE Version 2 that evaluates 7 key areas including self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. *Higher* scores signified greater social and emotional concerns, and different cutoff scores were established for each age group. Children who exceeded the cutoff score (coded as red) after being assessed on a set of social and emotional factors were to be referred for further mental health evaluation and offered use of other resources. Children who scored in the midrange were to be monitored closer (coded in light blue) and children scoring below this range did not need further evaluation (coded in blue).

Of the nine age groups evaluated with this tool (Figure 1 on the next page), there were no children in the 24 months old group or children 12 months old and younger groups who exceeded the cutoff score. There were children in the 18 months (50%), 30 months (20%), 36 months (12.5%), 48 months (14.3%), and 60

months (18.8%) who did score above the cutoff score and were to be referred for further mental health evaluation and offered use of other resources.

Figure 1. Percentage of Children Exceeding the ASQ:SE-2 Cutoff Scores (n=54)



The ASQ-3 is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. A total of 52 children were assessed for their overall development using this tool. *Lower* scores signified greater concerns, and different cutoff scores were established for each of the 5 developmental domains and age groups. The color coding of the cutoff levels in Figure 2 on the next page is the same as for Figure 1 above.

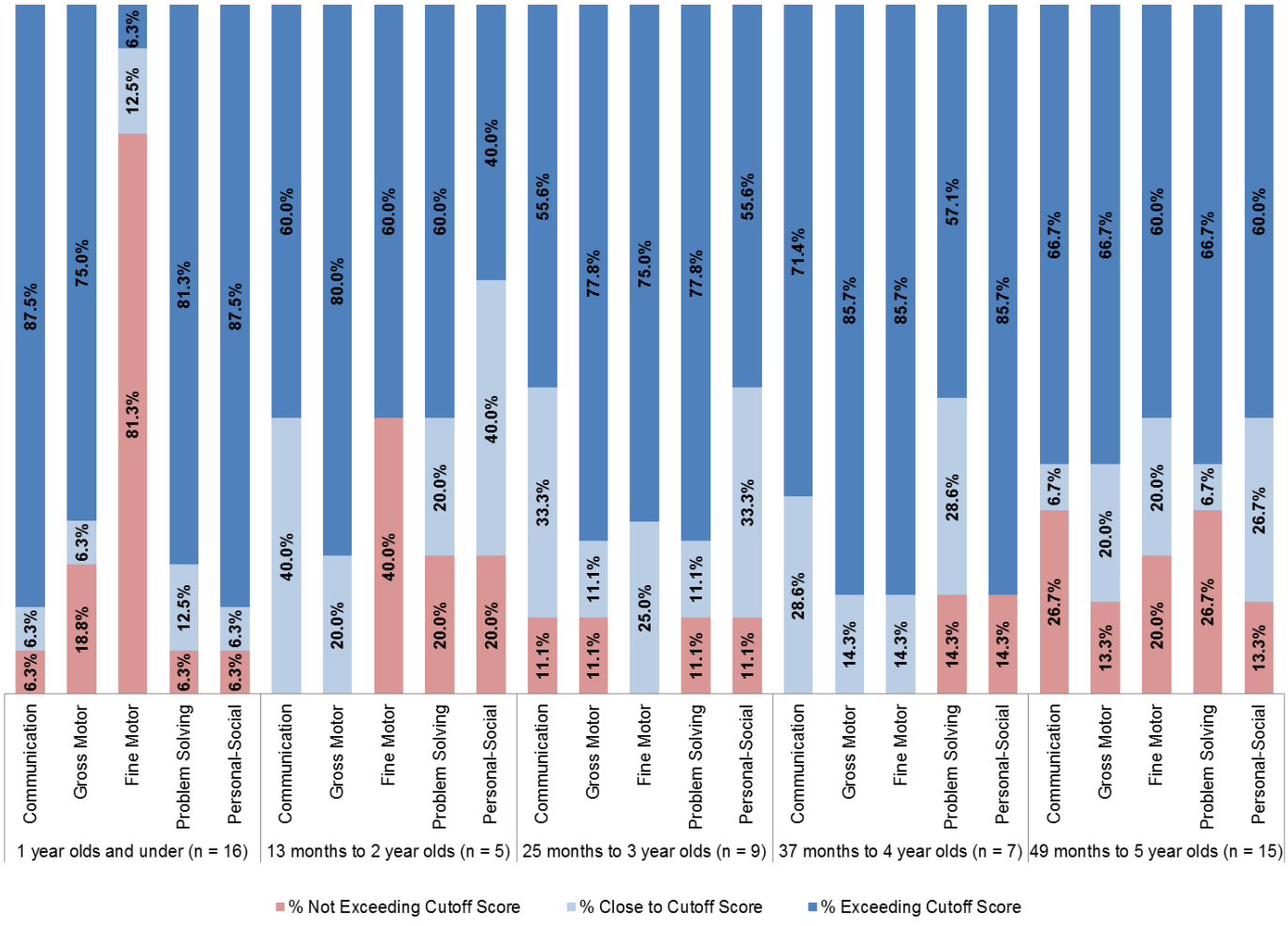
Children in every one of the age groups showed problems with one or more of the developmental domains. As Figure 2 shows, children in every one of the age groups were identified with problems in one or more of the developmental domains.

- For the 1-year olds and under age group, the Fine Motor area was the most problematic with 81.3% of them needing to be referred for further professional evaluation.
- Children in the next age group of 13 months to 2-year olds had problems in 3 of the 5 domains (Fine Motor, Problem Solving, and Personal-Social), with the most children having problems with the Fine Motor domain (40%).
- Children in the 25 months to 3 year olds did not find the Fine Motor area problematic but some scored low enough in the other 4 domains to warrant a referral for professional evaluation.
- Similarly, the next older age group of 37 months to 4-year olds did not score low enough on the Fine Motor, Communication and Gross Motor domains to be of concern. However, 14.3% of them scored

below the cutoff in the Problem Solving and Personal-Social domains, thus warranting further evaluation.

- For the children in the oldest age group of 49 months to 5-years old, there were children who scored below the cutoff score in each of the 5 domains. The largest percentage of children scoring below the cutoff was 26.7% in the Communication domain and 26.7% in the Problem-Solving Domain.

Figure 2. Percentage of Children at the ASQ-3 Cutoff Scores



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

As Table 1 on the next page shows, the 12 matched set of parents showed statistically significant improvement on about a third (29% or a total of 10 questions) of the *Parenting Wisely* test questions from the pretest to the posttest. The parents averaged about 60% correct on the pretest (the range was 15% to 79%) and about 81% correct on the posttest (the range was 65% to 94%). Using 80% correct as a benchmark for total test performance, none of the 12 parents scored over this benchmark on the pretest but on the posttest, 6 (50%) scored over the 80% correct benchmark.

For the posttest and using the same 80% benchmark correct, there were 12 questions that appeared to be very difficult for the parents to answer correctly. Parents had trouble answering questions 4, 5, 10, 20, 28, 30, and 34 correctly even after the program. The other five questions (7, 11, 19, 24, and 25) that parents had trouble answering correctly were near but still under the 80% benchmark.

Table 1. Percentage of Correct Answers on Parenting Wisely Pretest and Posttest, Matched Sample (*N* = 12)

Test Question	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	75%	83%	10.7%
2. What is the best reason to use "Active Listening"?	83%	83%	No Change
3. In disciplining a child, what should be included along with punishment?	67%	92%	37.3%
4. What is the most important part of giving a chore?	50%	50%	No Change
5. What is most important in "Assertive Discipline"?	33%	67%	103.0%
6. What is most likely to happen if a parent does not usually follow through on a punishment?	67%	92%	37.3%
7. When might a family discussion of a problem NOT be a good idea?	92%	75%	-18.5%
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%	83%	10.7%
9. What happens when parents are consistent in giving consequences?	42%	83%	97.6%*
10. What are the components of "Contingency Management"?	17%	33%	94.1%
11. What happens if a parent monitors a child's schoolwork?	50%	75%	50.0%
12. When you first find out your child is doing poorly at school, what should you do first?	42%	83%	97.6%*
13. What is the long term result of motivating children by yelling at them?	58%	92%	58.6%*
14. What often happens when a parent forbids a teen to see a particular friend?	17%	92%	441.2%*
15. What happens when you compare siblings to each other?	100%	100%	No Change
16. Is it important to explain to our children exactly what they have done wrong before punishing?	92%	92%	No Change
17. The main reason parents yell at their children is?	75%	92%	22.7%
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	75%	92%	22.7%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	75%	75%	No Change
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	8%	67%	737.5%*
21. What is the purpose of an "I Statement"?	83%	100%	20.5%
22. What are the main advantages of "Contracting" for adolescents?	33%	83%	151.5%*
23. Which of the following is an "I Statement"?	75%	75%	No Change
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.	83%	75%	-9.6%
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	33%	75%	127.3%*
26. What is the advantage of having both parents involved with a child's homework problem?	50%	83%	66.0%*
27. What happens when parents give punishments that are severe?	75%	92%	22.7%
28. Close supervision of our children when they spend time with friends has which advantage?	58%	67%	15.5%
29. What are the main elements of "Contracting"?	33%	92%	178.8%*

Table continues on the next page

Table continues

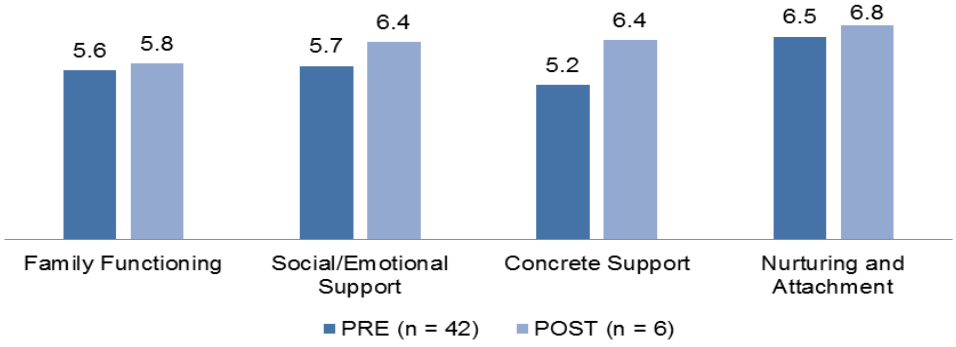
Test Question	% Correct on Pretest	% Correct on Posttest	% Change
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	42%	67%	59.5%
31. If we need to correct our child when he or she is with friends, what should we do?	83%	92%	10.8%
32. To help our children know which behavior to change, it is important for us to be...	58%	100%	72.4%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	100%	100%	No Change
34. When we talk about the positive motive behind someone's behavior, the effect is to?	42%	67%	59.5%
Overall Percentage Correct	**60.1%**	**81.4%**	**35.4%***

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

Parents completing the *Protective Factors* evaluation form[13] 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. Because the participants for the pre/post not matched (the sample size was too small), the data are not able to speak to changes in the responses of individuals. However, generally those who provided posttest data responded with higher ratings, i.e., feeling they had a greater level of protective factors.

On the pretest of English-speaking parents (Figure 3.a), items in the Nurturing and Attachment subscale (*M* = 6.8) were rated the highest for protective factors (similar to last year) and items in the Concrete Support (*M* = 5.2) the lowest for protective factors. While Nurturing and Attachment was still rated highest among those taking the posttest, the Family Functioning (*M* = 5.8) and Social/ Emotional Support subscales (*M* = 6.1) were lowest for protective factors.

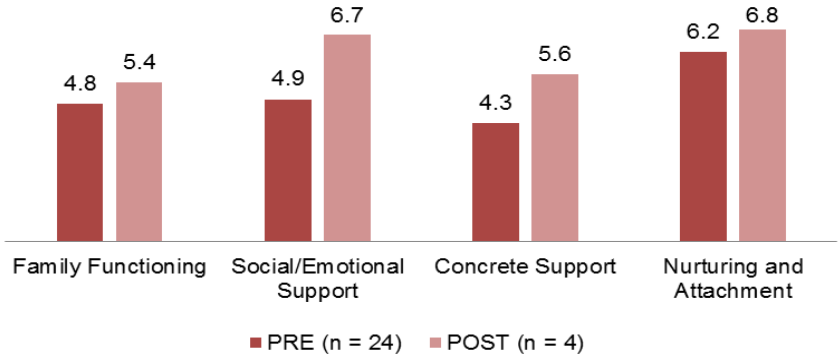
Figure 3.a. Mean Scores for Parents' Protective Factors (English)



[13] Note. The English version does not use the same 7-point scale as the Spanish version. Also, several questions did not translate exactly the same between the 2 versions. Due to these differences, the results have to be analyzed separately. In additional, instructions from the tool state that the Child Development / Knowledge of Parenting questions are not to be averaged together with the other tool questions.

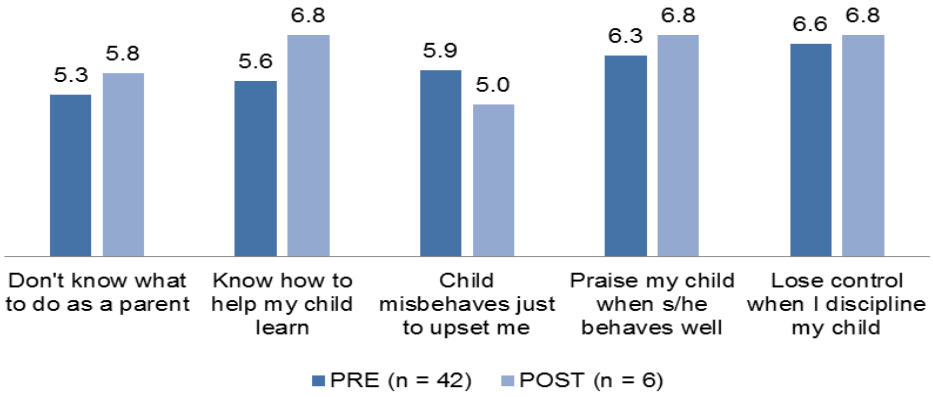
Similar to those who took the survey in English, the Spanish-speaking parents (Figure 3.b) in the pretest rated items in the Nurturing and Attachment subscale (*M* = 6.2) the highest for protective factors; items in the Concrete Support subscale (*M* = 4.3) were rated the lowest. Parents in the posttest group also rated items in the Nurturing and Attachment subscale (*M* = 6.8) the highest but rated items in Family Functioning subscale (*M* = 5.4) the lowest in protective factors.

Figure 3.b. Mean Scores for Parents' Protective Factors (Spanish)



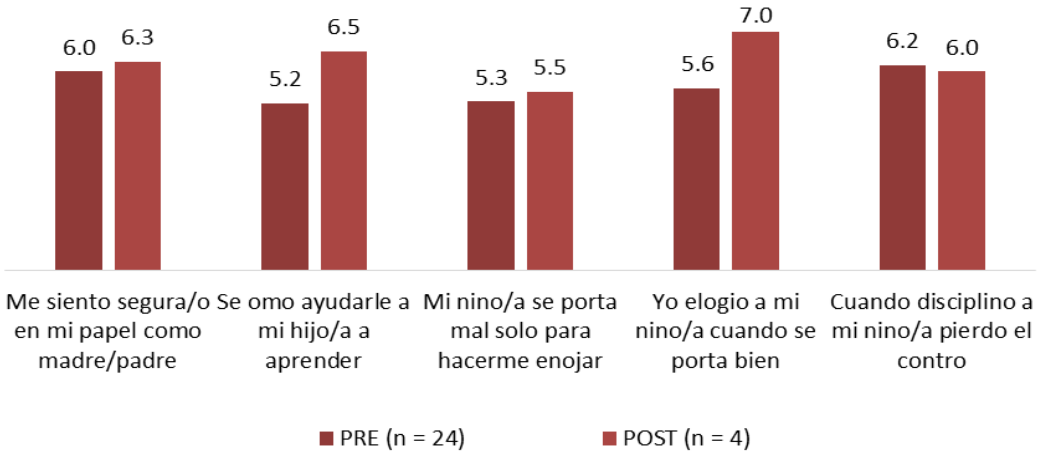
For items in the Knowledge of Parenting area (Figures 4.a and 4.b), parents responding in English at pretest rated "Lose control when I discipline my child" (*M* = 6.6) the highest and "Don't know what to do as a parent" (*M* = 5.3) as the lowest for protective factors. Parents in the posttest differed from the pretest parents with items evident in the 2nd, 4th and 5th bars of the graph rated as highest protective factors *(M* = 6.8), and "Child misbehaves just to upset me" rated the lowest.

Figure 4.a. Mean Scores for Knowledge of Parenting (English)



For parents who answered the pretest in Spanish (Figure 4.b on the next page), parent knowledge associated with "Lose control when I discipline my child" was rated highest (M = 6.2) while "Knowing how to help my child learn" was the lowest. The parents in the posttest group rated "Praise my child when s/he behaves well" (*M* = 7.0) the highest and "Child misbehaves just to upset me" (*M* = 5.5) the lowest.

Figure 4.b. Mean Scores for Knowledge of Parenting (Spanish)



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?

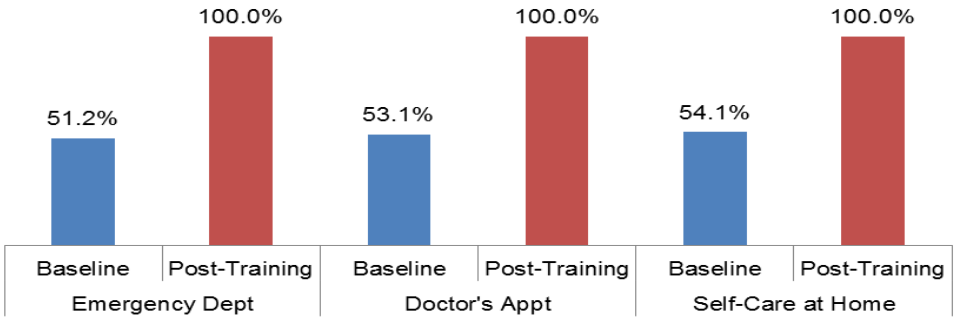
This year, 14 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards 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 2 shows, an average of 59.9 hazards per family was observed during the initial assessment but dropped to 3.9 at the end of the module—a 93.5% improvement. Examples of hazards at the child's eye-level included accessible kitchen knives, chemicals within reach and unsecured electrical cords. The total number of home hazards recorded prior to the training ranged from 33 in one family to 101 in another family.

Table 2. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=14)

	Baseline	Post-Training
Average number of hazards per client	59.9	3.9
Mean percent reduction	93.5%	

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. Fourteen parents were provided reference manuals with a symptom guide and other pertinent information. The parents demonstrated similar levels of knowledge about all 3 health training components–about half of the issues were addressed correctly (Figure 5 on the next page). After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100%.

Figure 5. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=18)



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 and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

Figures 6 and 7 show the results of the parent-infant and parent-child interactions, respectively: 7 parents with matching baseline and post-training data in the first age group and 6 matching parents in the second. The parents' ability to consistently demonstrate desired interactions with their infants and children was significantly improved after completion of the training.

Figure 6. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=7)

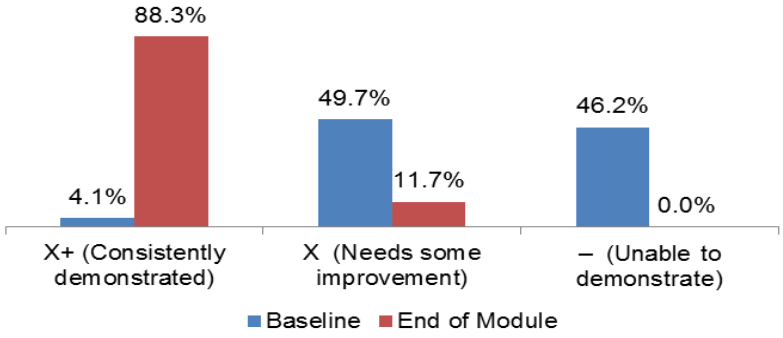
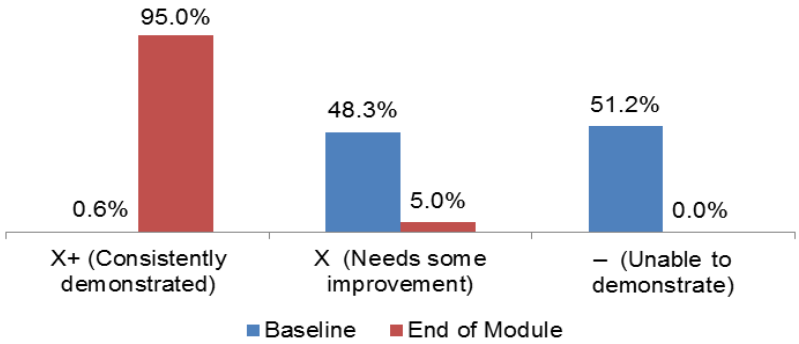


Figure 7. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=6)



The parents evaluated each training module they completed and rated their level of agreement using a 5-point scale. Lower mean scores signified stronger agreement and satisfaction with the program. As Table 3 indicates, overall parents "strongly agreed" or "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program. A few parents, however, reported dissatisfaction when it came to feeling like the training gave them new or useful information. Almost 10% of the parents (3 out of 31) in the Health Training module, 17.6% of the parents (3 out of 17) in the Parent Child Interaction module and 16.7% of the parents (2 out of 12) in the Parent Infant Interaction module said they "strongly agree" or "agree" that the training did not give them new or useful information or skills. In addition, almost 10% (3 out of 31) in the Health module, 16% (5 out of 31) in the Home Safety module, and approximately 12% of the parents (2 out of 17) in the Parent Child module reported that they "strongly agree" or "agree" that the Home Visitor was negative and critical.

Table 3. Parents' Satisfaction Ratings with SafeCare Program

	Health (n = 31)	Home Safety (n = 32)	Parent Child (n = 17)	Parent Infant (n = 12)
Home is safer since training		1.09		
Am better able to identify hazards		1.03		
Easier to interact with my child			1.06	1
Am better able to get rid of hazards		1.03		
Easier caring for my child's health	1.16			
Have more ideas about activities to do with my child			1.12	1
Plan to continue with changes made		1.06		
Easier deciding when to take my child to doctor	1.1			
Routine activities have become easier			1.12	1
Amount of time it took was reasonable		1.06		
Easier deciding when my child needs emergency treatment	1.03			
Was comfortable letting Home Visitor check out home		1.19		
Believe that training is useful to other parents	1	1.06	1.06	1.08
Did not feel this training gave new or useful info/skills	4.55		4.29	4.17
Practice during session was useful	1.32	1.06	1.18	1
Written materials were useful	1.1	1.06	1.12	1.08
Home Visitor was on time	1	1.03	1	1.08
Home Visitor was warm and friendly	1	1.13	1	1
Home Visitor was negative and critical	4.61	4.35	4.53	4.67
Home Visitor was good at explaining materials	1	1.06	1	1
	1=Strongly Agree; 2=Agree; 3=Neutral; 4=Disagree; 5=Strongly Disagree			

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

While it is common for women to feel stressed, anxious, lonely or weepy following their baby's birth, maternal depression is defined as intense feelings of sadness, anxiety or despair after childbirth that interferes with a mother's ability to function. Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[14] Women living in poverty have higher rates of depression than the general public.[15]

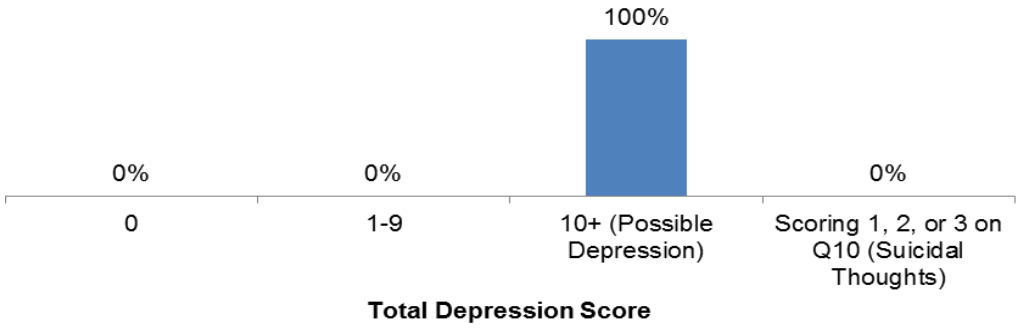
The Edinburgh Postnatal Depression Scale is commonly used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. Their answers on this instrument produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered 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 (about

[14] http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx
[15] https://www.maternalmentalhealthnow.org/images/MMHN_policybrief_final_lowres2.pdf

harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

This year, 3 women were rated by the project using this tool. As Figure 8 shows, all of the women (100%) scored over 10, which indicated possible depression. However, none of the mothers responded to Question 10 on the tool in such a way (they all marked "never") that would suggest that they had possible suicidal thoughts and would require immediate further assessment.

Figure 8. Edinburgh Postnatal Depression Scale (*n* = 3)

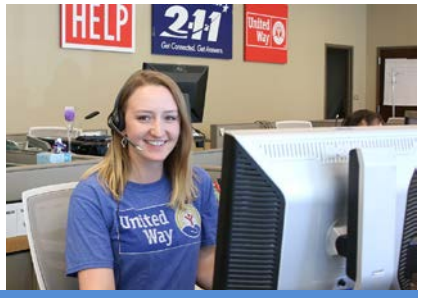


Conclusions/Recommendations

The ASQ screening outcomes—with a number of the children needing referrals for potential developmental delay, particularly in the areas of Problem Solving and Personal-Social domains—provide continuing evidence of the vulnerability of children served by this FRC. The *Parenting Wisely* data demonstrated improved learning and ability of parents to apply important parenting and conflict management skills, even though not all of their posttest scores reached the 80% correct benchmark.

It was apparent that the majority of the parents who completed the SafeCare modules appreciated and responded well to the program training. However, slightly more parents this year than last said they were dissatisfied with the amount of new information/skills they received in some of the modules, and in some cases thought the home visitor was negative and critical—which warrants some attention before the classes are offered again.

Nurturing and Attachment appear to be strong protective factors of the parents, whether they completed the forms in English or Spanish, and these assets should be capitalized on. The lowest rating in the Spanish-speaking parent knowledge area, "Knowing how to help my child learn," points to an area where these parents could benefit from more help.



UNITED WAY 2-1-1

"I had never heard of 2-1-1 before my neighbor told me about it. I don't know what would have happened to me and my kids if I hadn't called."
- 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. Call Center Specialists use a database of programs and services at local agencies to help callers connect with help. Monthly follow-up calls 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; their responses are reported in a format designed for the evaluation. This report represents a sample of the follow-up calls staff made to the more than 8,000 calls they receive every year.

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.

The call center's partnerships with a variety of organizations along with having well-trained and proficient staff have benefited many Tulare County residents seeking services through the 2-1-1 program. For a single mother of two "in full crisis mode" this meant not having to resort to living in her car when a highly aggressive landlord attempted to evict her. The call specialist caringly and expertly provided this client with the appropriate referral to legal assistance and a tenant rights information program. A followed-up call by the specialist indicated the mother had contacted the organization and they were able to prevent the eviction by taking the landlord to court where his actions were found to be illegal.

Evaluation Results

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

Caller Information

Just over three-quarters (78%) of the callers were English speakers (Figure 1). Word of mouth (40.1%) and contact with some type of agency (29.0%) were the most common ways callers reported hearing about 2-1-1. Nearly all (99.4%) of the call types were identified by United Way as "information and referral," with less than 0.5% each identified as "advocacy" and "crisis."

Figure 1. Profile of 2-1-1 Callers (n=487)

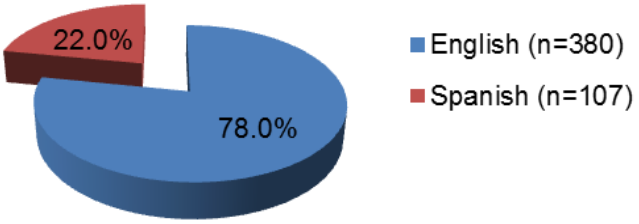
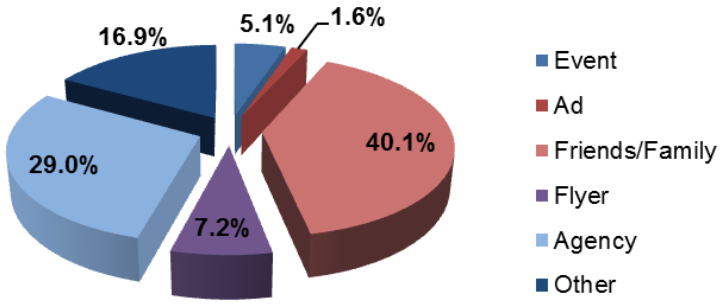
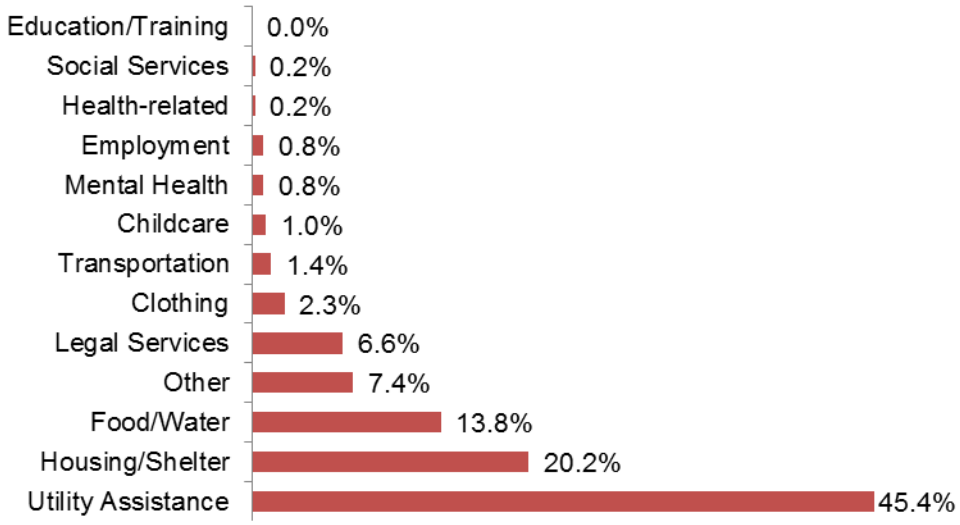


Figure 2. Means of Finding 2-1-1 (n=486)



Utility assistance accounted for nearly half (45.4%) of callers' main needs, followed by help with housing and shelter issues (20.2%) and food/water (13.8%), as shown in Figure 3. Health-related, social services, education, and child care issues were rarely identified as primary needs. Interestingly, despite some county needs assessments that suggest transportation problems limit access to services (and cause missed appointments) for many residents, only a handful of callers identified transportation as the main reason for their call.

Figure 3. Clients' Main Needs (n=515)*



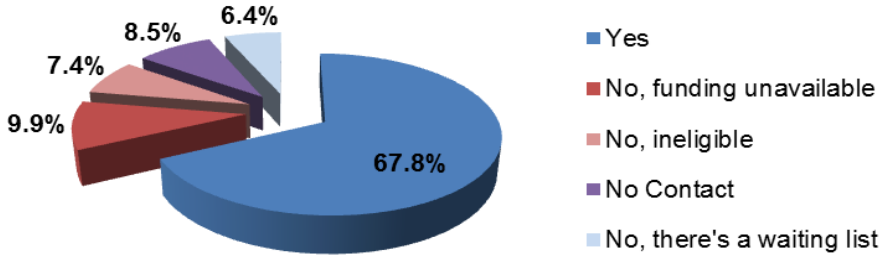
*Some callers were identified as having more than one main need.

Referrals and Services

Nearly all of the callers said they were able to obtain a referral that met their needs and generally followed through by making the contact (Figure 4), with about two-thirds, or 340 callers, saying they had or were currently receiving the services they were referred to (Figure 5). The other one-third (32.2%), or 162, of the individuals, however, were unable to access the services for reasons seen in Figure 5.

Figure 4. Callers' Ability to Obtain Referrals and Link with Services (n=502)

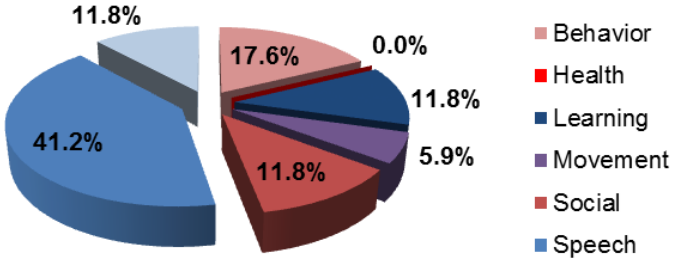
Figure 5. Callers' Ability to Receive Services from Referral Organizations (n=503)



Child Development Issues

The 65 callers with a child age 0-5 (representing 13.3% of all callers) were asked about possible child developmental concerns. The 17 (26.2%) who indicated they had a concern were asked about areas of concern and depending on the issue given a specific referral. A problem concerning speech followed by behavioral issues were the most common concerns (Figure 6).

Figure 6. Areas of Concerns Regarding Child's Development (n=17)



Client Feedback

Virtually all (97.8%) of 2-1-1 callers reported being "very satisfied" with the services they received (Figure 7). Nearly 100% found the call specialists courteous and able to understand their needs and had no hesitation to use 2-1-1 services again if needed (Table 1).

Figure 7. Caller Satisfaction with Information and Services (n=487)

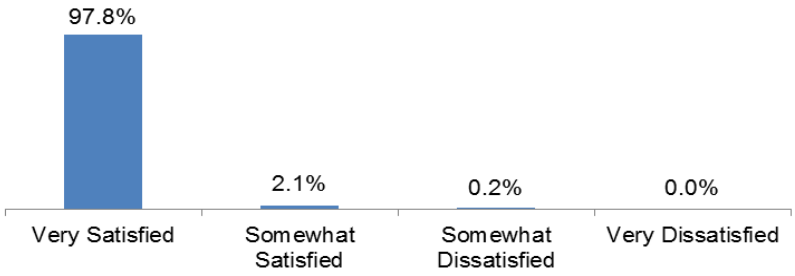
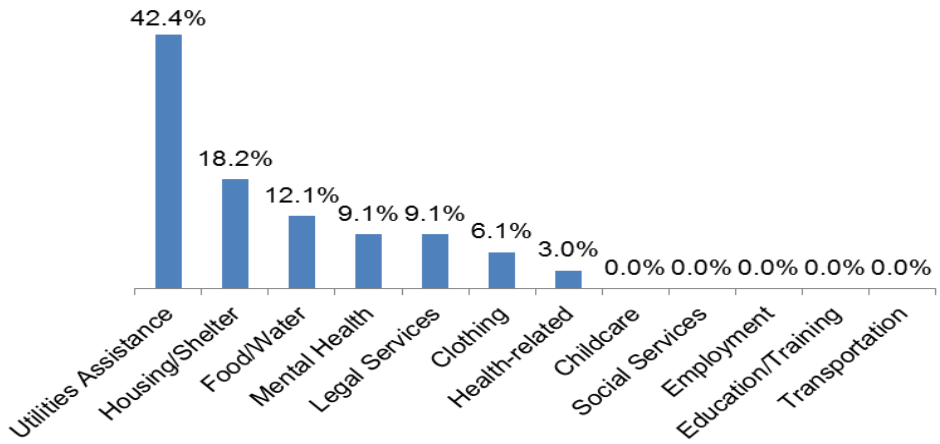


Table 1. Feedback about Staff and Likelihood to Use the Service Again (n=491)

	Yes	No	Somewhat/Maybe
Did the call specialist seem to understand your needs?	99.8%	0.2%	0.0%
Was the call specialist courteous?	99.6%	0.4%	0.0%
Would you use 211 again?	99.6%	0.2%	0.2%

Thirty-two (6.4%) of the callers indicated at the end of the follow-up call they needed additional resources or help now. By a large margin, assistance with utilities continued to be the top need for help—at nearly the same proportion as with the initial calls to 2-1-1 (42.4% at follow-up; 45.4% initially). Similarly (and with pre/post proportions about the same), help with housing/shelter remained the second-most common need.

Figure 8. Type of Additional Resources or Help Needed Now (n=32)



Conclusions/Recommendations

The program met its evaluation goal of 50% of callers able to obtain a referral for the services they were seeking. The families rated the call specialists as courteous, informative and helpful and followed through with the referrals they were given, confirming the continuing value of this community resource.

It is disconcerting that such a large proportion, about one-third, of the referrals could not lead to a solved problem. That is, the same issues that were the main problems identified in the families' initial calls remained the main problems at the time of the follow-up calls, seemingly with no resolution for those who made contact with the referral source. We imagine these high need issues for help (e.g., housing/ shelter) represent community-wide resource gaps and are scarce and/or there is high competition for receiving the services. We assume United Way of Tulare County is aware of the continuing need to identify *available* resources that can help callers and works in partnership with other community groups toward addressing these needs, to the extent possible.

It may be worth mentioning what was *not* identified as a high need for assistance. Contrary to what is often cited from anecdotal and other information about problems associated with accessing health and human services, transportation difficulties did not emerge as a high need expressed by the callers. Similarly, requests for help in finding subsidized child care—despite evidence from some local needs assessments that suggest there are too few slots—were also mostly absent. Perhaps the reason for the few calls related to these and other areas with low requests, such as employment and training, may be that there are other community information/referral sources people would more likely use for seeking that type of help.

SAVE THE CHILDREN FEDERATION

"Being poor is not the problem—it's being uneducated." - Parent participant

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.

Evaluation data were captured through 5 different tools and are included in this report for the first time. Parents completed Ages and Stages (ASQs) questionnaires at various age intervals that screened for developmental delays across several key domains such as gross and fine motor skills, communication, problem solving and personal-social development. Parents also completed a version of the CA-ESPIRS Family Literacy Project survey we modified (to shorten it) as a pretest within the first month of program enrollment and again as a posttest at the end of the program or upon exit.

Home visitors assessed the families using a Risk Inventory with risks they or the parent identified, noting after a time interval whether the issue had been resolved. At the same time, the family or staff noted any resources the family reported having access to to support them in responding to or resolving the identified risks. During the home visit, staff also used several diagnostic and screening tools designed to appraise the early stages of language development; the tools evaluated maturational lags, strengths, and deficiencies by testing auditory comprehension—how much language a child understands.

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.

It wasn't until "L," a mother of two preschoolers, enrolled in the early literacy and home visiting program that she learned the value of being her children's first and best teacher. Because the program believes a strong home-school connection sets the stage for children to grow up with a love for learning, it helped to expand her family's collection of children's books, equipping them with the skills to successfully support their children's school readiness. Additionally, connecting "L and her husband with other parent-child groups gave the children in this isolated rural community an opportunity they may otherwise not have had to develop socially and emotionally with their peers. As a result, "L" reports her children love to "read" and be read to and exhibited greater confidence in entering preschool and then later transitioning to kindergarten.

What type of risks and resources did program participants present with?

The Risk and Resource Inventory is revisited by the Early Childhood Coordinator (ECC) with the parent every 6 months after it is initially completed. If one of the risk factors is resolved before the six-month interval, staff indicates on the form that risk factor has been resolved. According to staff, identifying the risk factor generally leads to some type of referral, or support by the ECC to help the family in reducing the risk factor. For instance, a mother who is dealing with isolation (loneliness) will be encouraged to increase her social network by becoming more engaged in parent-child groups or other activities, so she can meet new friends and build her support capacity.

The 127 parents assessed with the Risk Inventory clearly presented with many factors that typically pose barriers for families. One of the greatest risk factors, living below the Federal Poverty Level, was the case for 119 or 93.7% of the parents. A list of the presenting risks is displayed in Table 1 that begins on this page. As these data show, a very small proportion of the issues were marked as being resolved during this year. [16]

Table 1. Risk Inventory of Parents, in Descending Order of Risks (n=127)

Issue	Number and Percent of Parents with Issue	Percent of Parents with Issue Resolved
Parent has not completed their education	72 (56.7%)	2.8%
English not spoken	68 (53.5%)	1.5%
Mother <age 20 for birth of at least 1 child	66 (52.0%)	0%
Housing insecure	59 (46.5%)	5.1%
Concerns/fear about parenting	54 (42.5%)	7.4%
Inadequate transportation	47 (37.0%)	6.4%
Inappropriate or difficulty re. child discipline	47 (37.0%)	15.7%
Other	46 (36.2%)	0%
Loneliness	45 (35.4%)	4.4%
Unemployment	42 (33.1%)	16.7%
Depression	41 (32.3%)	7.3%
Substance abuse problems	28 (22.1%)	0%
Inadequate child care	25 (19.7%)	0%
Chronic health problems	23 (18.1%)	0%
Smoking	22 (17.3%)	0%
Food insecure	22 (17.3%)	4.5%
Single parent	21 (16.5%)	0%
Crisis-driven lifestyle	21 (16.5%)	9.5%
Developmental concerns	20 (15.8%)	0%
No medical insurance	17 (13.4%)	0%
Domestic violence	17 (13.4%)	5.9%
Health concerns for child	15 (11.8%)	13.3%
Inadequate supervision of children	11 (8.7%)	0%

Table continues on next page.

[16] It should be noted that some risks on the list, such as having a first child before age 20 or being a single parent, are not really "resolvable," yet the Inventory still calls for this information to be indicated so we included it here.

(Table 1, cont.)

Issue	Number and Percent of Parents with Issue	Percent of Parents with Issue Resolved
Child with special needs	11 (8.7%)	9.0%
Child not living with parents	10 (7.9%)	0%
Parent(s) unable to read	6 (4.7%)	0%
Parent in criminal justice system/not in jail	5 (3.9%)	0%
CPS involvement	5 (3.9%)	40.0%
Low expectations for children	3 (2.4%)	0%
Mental health issues	3 (2.4%)	0%
Parent in jail	3 (2.4%)	0%
Inconsistent presence of parents	2 (1.6%)	8.7%
Military family	1 (0.8%)	0%

The Resource Inventory identifies sources of help and support the family or case worker identifies (Table 2). Between half and three-quarters of the parents said they had positive relationships with friends and family, an essential factor in dealing with life challenges and to emotional and physical well-being. Most impressively, 83.5% reported they regularly read to their children, a likely result of the program's 3 – 5 year-old book bag exchange component. While 56.7% of parents were identified as not having completed their education, 16.5% reported they were in the process of furthering their learning in some way.

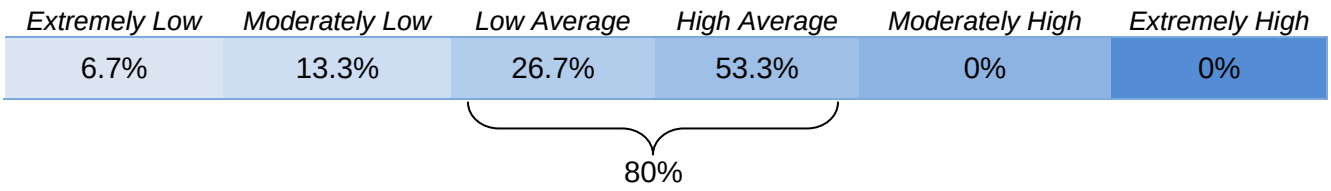
Table 2. Resources Inventory of Parents, in Descending Order of Resources (n=127)

Resource	Number of Parents with Resource	Percent of Parents with Resource
Regularly reads to children	106	83.5%
Has high hopes/expectations for children	95	74.8%
Enjoys sharing stories with children	93	73.2%
Positive relationships w/ extended family	93	73.2%
Positive relationships w/ friends	82	64.6%
Member, faith-based organization	69	54.3%
Plans for future	65	51.2%
Recreation	37	29.1%
Hobbies	34	26.8%
Parent furthering their education	21	16.5%
Parental involvement in job training	16	13.0%
Member, community center/club	12	9.4%
Member, other social organization	9	7.1%
Other	9	7.1%

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

The Peabody Picture Vocabulary Test (PPVT™-4) is a norm-referenced assessment that measures listening and understanding of single-word vocabulary beginning at age 2 years, 6 months. (An example might be the teacher asking, “Can you show me a pencil?” when pointing to a chart of various items a child should be able to recognize.) 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 1 shows, 80% of the children tested fell into the range of average, with two-thirds of them scoring at the high end of the range. Three of the children tested at below average and none at above.

Figure 1. Peabody Picture Vocabulary Test, Standard Scores (n=15)



Early Steps to School Success also uses the Preschool Language Scale (PLS) 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 one 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.) Scores for 75% of the children tested were within the normal limits; another 20.5% scored above the normal limit and 4.5% below (Figure 2). Percentile rank—which should not be confused with the percentage of correct answers on a test—indicates a child’s standing in relation to others of the same age in the normative group. The percentile rank of this group of children ranged from 2 to 99 with an average of 61.4%.

Figure 2. Preschool Language Scales/Spanish Edition, Standard Scores (n=44)

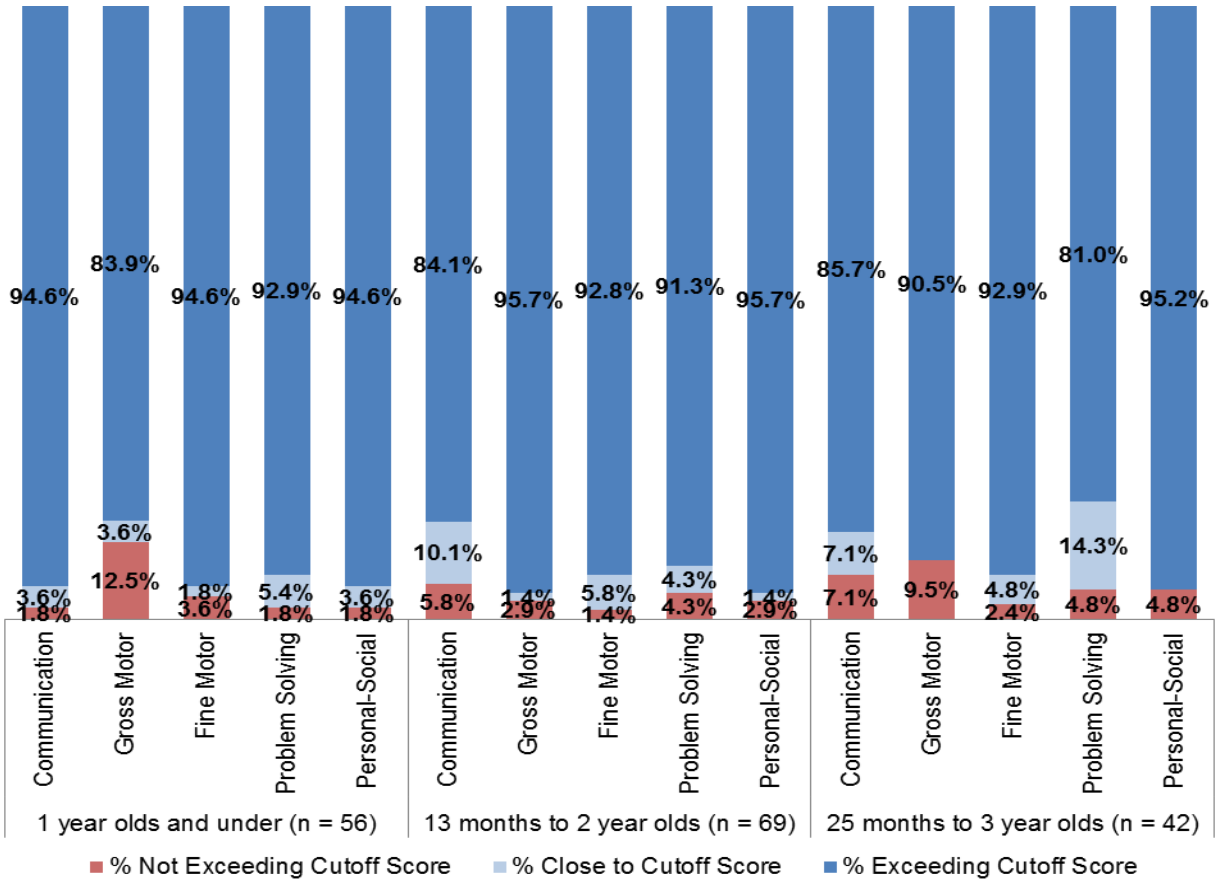
Below Normal Limits	*Within Normal Limits*	*Above Normal Limits*	*Average Percentile Ranking*
	(n=44)		(n=37)
4.5%	75.0%	20.5%	61.4%

Using the ASQ-3 All Ages questionnaire, a total of 167 children were assessed for their overall development. Children were scored on 5 different domain areas such as Communication and Problem-Solving. Dependent upon the child’s age, cutoff scores were established for each domain area. *Lower* scores signified *greater* concerns with children receiving total scores categorized as below, near, or above the cutoff scores. Children who scored below the cutoff score (coded as red) were to be referred to a professional for further evaluation. Children who scored in the midrange (coded as light blue) were to be monitored closer and were to be provided with additional learning activities and monitoring. The children who scored above the cutoff scores (coded in blue) were considered to be on schedule and did not need further evaluation.

As Figure 3 on the next page indicates, there were children in every age group who showed problems with one or more of the developmental tasks. For the one year olds and under age group, the Gross Motor area was the most problematic with 12.5% of them needing to be referred for further professional evaluation. Children in the next age group of 13-months to 2-year olds also had problems in all five domains, with the most children having difficulties in the Communication domain (5.8%). Children in the

25-months to 3-year olds also found the Gross Motor area problematic with 9.5% scoring low enough to warrant a referral for professional evaluation. Overall, across all of the age groups, the Gross Motor domain appeared to be the most problematic with almost a quarter of the entire group needing further assessment.

Figure 3. Percentage of Children Below, Near, or Exceeding Cutoff Score on the ASQ-3



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 they live helps children build vocabulary, increase awareness and comprehension, and expand horizons—all benefiting school achievement. At the time of the pretest, about half (49.8%) of the parents reported in the modified ESPIRS questionnaire having 11 or more books at home, but at the posttest over three-quarters (77.9%) having this many books, a statistically significant change (Table 3).

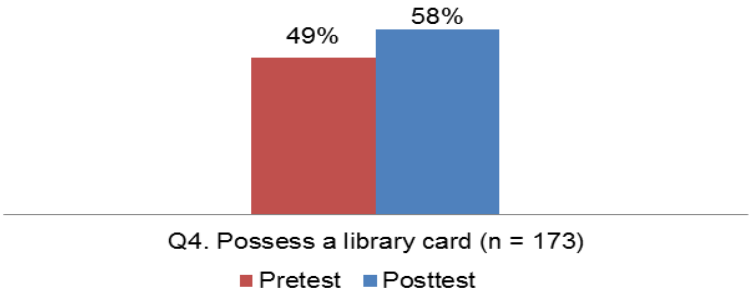
Looking at how often parents read books and told stories to their children, there was a pattern of positive behaviors occurring after participating in the literacy program. Statistically significant changes were found between the pre- and posttest with almost all of the parents on the posttest (95.5%) responding that they were reading books to their children at least 3 times a week to every day and almost three-quarters (72.9%) were telling stories to their children with the same frequency.

Table 3. Parents' Experience with Books and Reading to Children, Matched Set (n=175)

Survey Questions	Pre		Post	
	n	*%*	*n*	*%*
At this time, how many children's books do you have at home that you own as well as library books?				
1 - 2 books	7	4.0	0	0
3 - 10 books	82	46.3	39	22.0
11 - 25 books	52	29.4	66	37.3
26 - 50 books	24	13.6	39	22.0
51 + books	12	6.8	33	18.6
About how often do you read books or stories to your children?				
Never	0	0	0	0
Several times a year	0	0	0	0
Several times a month	3	1.7	2	1.1
Once a week	5	2.9	6	3.4
About 3 times a week	89	50.9	68	38.9
Every day	78	44.6	99	56.6
How often do you tell your children a story (e.g., folk and family stories, history)?				
Never	5	2.9	5	2.9
Several times a year	5	2.9	5	2.9
Several times a month	20	11.6	14	8.1
Once a week	56	32.4	23	13.3
About 3 times a week	49	28.3	61	35.3
Every day	38	22.0	65	37.6

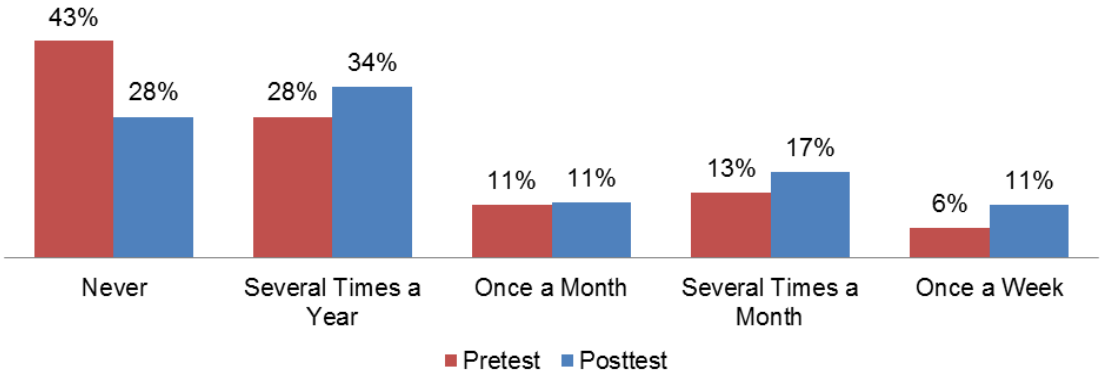
In terms of library experience for the 173 parents with both a pre/posttest, 85 (49.1%) indicated they had a library card on the pretest, while at the posttest 100 (57.8%) reported this, a statistically significant change (Figure 4).

Figure 4. Current Library Card, Matched Sample (n=173)



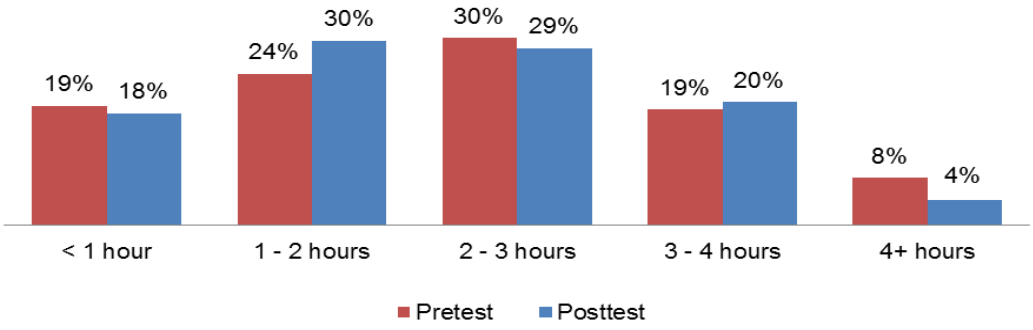
As Figure 5 shows, 43% of the parents at the pretest said they never went to the library; at the time of the posttest, the proportion of parents who reported this had decreased to 28%. Over half (57%) of the group earlier reported that they visited the library at least several times a year, while at the posttest this situation improved significantly with approximately 72% of the group reporting that they now visited the library at least several times a year.

Figure 5. Frequency of Going to the Library, Matched Sample (n=172)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Based on 172 matched pre-posttest for this question, there appeared to be a positive change with fewer parents reporting more than 4 hours of TV watching when asked on the posttest. However, about the same number of respondents, 48.3% reported watching 2-4 hours on the posttest as on the pretest. A repeated measures analysis of variance showed that changes from the pretest to the posttest were not statistically significant.

Figure 6. Hours of TV Watched Per Day, Matched Sample (n=172)



It appears that parents were already engaging in positive parental behavior related to selecting TV viewing. A large proportion of parents (64.3%) was already *always* selecting the TV program and *sometimes* watching the TV program with their children (69.6%) before participating in the program. These proportions increased slightly on the posttest, but the changes were not statistically significant (see Table 4 on the next page). There was also a positive increase with proportionally more parents reporting that they *always* asked their children about the television program after participation (21.4% on the pretest; 31.0% on the posttest)—changes that were statistically significant.

Table 4. Family TV-Watching Experience, Matched Sample (n=168)

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 (1.8%)	58 (33.9%)	110 (64.3%)	4 (2.3%)	49 (28.7%)	118 (69.0%)
When your children watch TV, do you watch the TV programs with your children?	4 (2.4%)	117 (69.6%)	47 (28.0%)	0 (0%)	119 (70.8%)	49 (29.2%)
When your children watch TV, do you ask your children questions about the TV program?	22 (13.1%)	110 (65.5%)	36 (21.4%)	0 (0%)	116 (69.0%)	52 (31.0%)

Conclusion

The finding on the Risk Inventory that so few of the parent- or staff-identified risks had been resolved after 6 months is of concern. Removing the un- or less-resolvable risks from the list (English not spoken; Parent not completed their education; Mother <age 20 for birth of at least 1 child), the average proportion of risks recorded as resolved was 4.8%. We think this may be a misrepresentation of the actual program performance. For example, for relatively uncomplicated or straightforward risks like "Concerns/ fear about parenting," if parents were offered counseling, provided reading material, referred to a parenting class, known to have followed through with a referral and receiving services, or all of the above, it seems the risk should have been marked as resolved; yet this issue was marked as resolved for only 7.4% of the parents identified with this risk. Perhaps it is how the program or we are defining "resolved" that is the problem here.

We note the outcome measure in the grantee's Evaluation Plan associated with the Risk Inventory tool reads: "The number of families with identified risks that have been resolved and the number with needed resources *that have been addressed"* (our emphasis). However, neither the Risk nor the Resource portions of the tool allows for an area for staff to note the "issue is being *addressed*." We recommend either loosening the definition of "resolved" or creating an additional column in the forms labeled Issue Being Addressed or, ideally, both. We would be happy to help in any modifying of the form the grantee agrees to.

Growing up in a houseful of books has been strongly linked to academic achievement. Research also shows the frequency of reading to children at a young age has a direct causal effect on their schooling outcomes regardless of their family background.[17] The grantee showed impressive changes in parents reading to children, having books in the home and positive parental TV-viewing practices, meeting its objective "Parents of children ages 3-5 will read together an average of 10 times per month."

On the whole, 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." With one minor exception, it appeared that a referral was not recommended when indicated by the child's score.

[17] https://www.education.vic.gov.au/documents/about/research/readtoyoungchild.pdf

RESULT AREA Part 2:

Child Health

Three grantees with goals of promoting increased breastfeeding rates and improved access to oral health services helped respond to 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 2018, 70.2% of women statewide—and 53.0% in Tulare County, down from 55.8% the year before—chose to exclusively breastfeed at the time of delivery according to in-hospital breastfeeding initiation data.[18] Tulare County's average exclusive rate, which has been rising, still places the county in the 46th of 49 county rankings.

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.[19] Between 21.9% (age 1-2) and 60.6% (age 6-9) of Tulare County children utilized their Medi-Cal dental benefits in 2016. Children 0-20 years had an annual dental visit at 47.4%.[20] Of women who had a live birth in Tulare County in 2015-16, only 37.1% reported a dental visit during their pregnancy.[21] 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.

[18] https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Hospitals-2018.pdf
[19] 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
[20] http://www.dhcs.ca.gov/services/Documents/MDSD/Fee%20For%20Service%20Performance%20Measures/FFS%20Quarterly(Fiscal%20Year)%20Reports/2015-2016/SFY15-16Q4%20SUPUtilByCounty.pdf
[21] California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program, *Maternal and Infant Health Assessment (MIHA) Survey, 2015-2016*, June 19, 2018.

FAMILY HEALTHCARE NETWORK
KINDERCARE DENTALPROGRAM

"The presentation was detailed and extremely informative, delivered in a manner that the parents could easily understand." - Program Director at a screening site

Project Purpose and Evaluation Design

This project provided oral health screenings, including applying fluoride varnish, for children 0-5 years-of-age and pregnant women throughout Tulare County schools, pre-schools, Head Start and WIC sites. Referrals are made for regular oral health maintenance and pediatric dentist specialists and for pregnant women and new mothers, as appropriate. The grantee also provides advocacy and education about good oral health care during pregnancy and early childhood at health fairs, classrooms, WIC sites, and Head Start programs. Data were analyzed from the First 5 internal data system (Milestones). The source of data includes project documentation and reported numbers of individuals served, types of services provided, oral health status information, and number and type of referrals to treatment.

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.

FHCN's partnerships with community-based organizations such as Tulare County Step Up have helped to widen outreach efforts, resulting in invitations for a greater number of oral health presentations in addition to dental screenings. Community Health representatives attended various public events and health fairs, participated in a backpack giveaway and provided presentations on oral health to groups of young mothers. For the first time, one of the schools agreed to include parent consent forms in their kindergarten enrollment packets—increasing the fluoride varnish applications at that school by 19%.

Evaluation Results

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

This year, Family HealthCare Network (FHCN) made 201 visits to screening sites during the program year, some more than once, as there were different programs at the same sites. Staff provided dental screenings for 7,648 children (serving an average of 38 children per session). Fluoride varnish was provided to 5,579 (72.9%) of the children who were screened.

One-third, or 34.4% of the children (down from 42% last year)—or 2,635 of them—were determined to have visible evidence of tooth decay, a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23%. (Note: caries prevalence is higher among Hispanic children).[22] Of the children with evidence of dental disease, 30.2% were referred for treatment while 14.3% were determined to need *urgent* dental care because of pain, swelling or infection.

Since the consequences of poor oral health can have lifelong effects, pregnancy and early childhood are particularly important times to access oral health care. Pregnancy also presents a "teachable moment" when women are receptive to changing behaviors that can benefit themselves and their children. The project assisted 77 (fewer than 252 last year) pregnant women and new mothers to link with their own dentist or with a FHCN dentist. *Of these women, more than half, 55.8%, showed evidence of decay with the need for treatment.*

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

	Number	Percent
Oral health screenings provided to children	7,648	100.0%
Number of visits to screening sites	201	
Average served per site	38.0	
Fluoride varnish provided to children	5,579	72.9%
Children with visible evidence of tooth decay[1]	2,635	34.4%
Children with visible evidence of decay referred for treatment	2,306	30.2%
Children with visible evidence of decay referred for *urgent* treatment[2]	329	14.3%
Pregnant/new mothers screened and connected with dental provider	77	100.0%
Pregnant/new mothers with evidence of tooth decay referred for treatment	43	55.8%

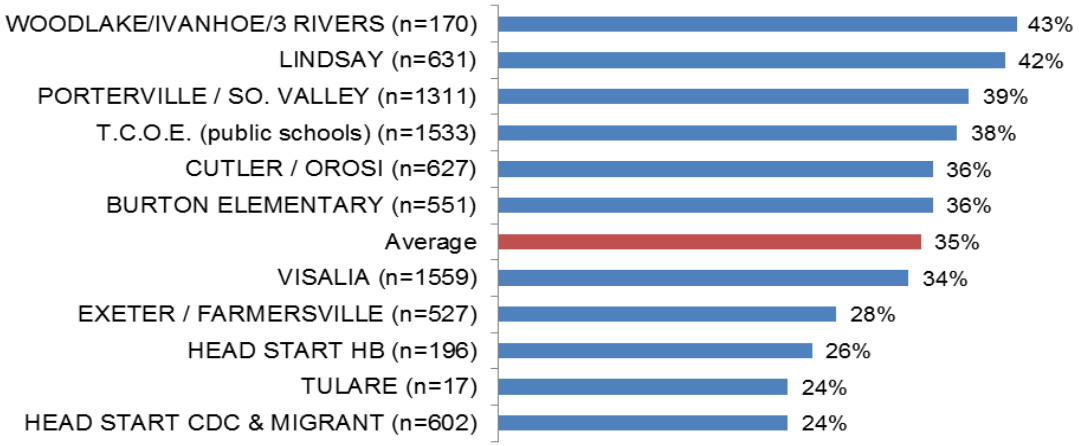
[1]Not all children with evidence of decay need a referral for treatment; some may be "watch and wait."
[2]Defined as pain, infection, swelling that needs immediate attention.

The children receive a report of their assessment, which is to be taken home to their parents. The form specifies the need for any treatment and level of urgency, and contains the phone numbers of the agency's dental sites as well as the local dental society number (although few local dentists accept patients with Denti-Cal). Staff reports that each assessment report is also forwarded to one of the FHCN patient representatives who follow up with calls to parents of the children with suspected decay and those judged to be in need of urgent care, offering assistance to secure a dental appointment. Copies of the assessments are left with the school for their follow-up as well.

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

FHCN also shared for this report its district-wide oral health assessment data from all screenings provided during 2018-19, broken down by district or area (Figure 1). The average proportion of those with evidence of tooth decay is essentially the same as population funded by First 5, 35% vs. 34.4%, but notable are the areas with the highest need for dental care.

Figure 1. Tulare County District Total Assessments (n=7724) and Percent with Suspected Decay



Source: Family HealthCare Network internal data, 2018-19.
Note: Includes 6 year-old kindergarteners, pregnant women, and women with children 1 year old or younger. Goshen Elementary & Preschool are included under Visalia U.S.D.

Conclusions/Recommendations

This program continues to serve an extremely vulnerable population as evidenced by the proportion of children assessed with visible evidence of tooth decay. Information about the *outcome* of referrals for treatment, especially for the children determined to be urgent, is unfortunately not available. We recommend this project work closely with Public Health to help it achieve improvement goals anticipated for its State-funded countywide oral health program.

The project provides an important service of screening and connecting pregnant and postpartum women with dental providers—the FHCN delivery system has the capacity to appoint them during pregnancy if they don't have their own provider—but should be encouraged to increase the number of women seen next year, especially given the extremely high rate with evidence of tooth decay.

ALTURA CENTERS FOR HEALTH

"I'm so thankful for all the advice and guidance staff gave me about breastfeeding. after my baby was born early and sent to the NICU. I almost lost faith that I would be able to successfully breastfeed."- New mom delivering at Kaweah Delta

Project Purpose and Evaluation Design

For its oral health program, dental hygiene staff visits school sites to provide screening and fluoride varnish to preschool and kindergarten children. The project also offers oral health education to the children, parents and teachers including demonstrating how to properly brush and floss their teeth. Data were analyzed from the First 5 internal data system (Milestones) as well as project documentation and reported numbers of individuals served, types of services provided and oral health status information.

Altura was also funded this grant cycle to incorporate a new 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 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 on page 110 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.

Staff attributes the success of the screening and fluoride varnish program to the strong collaboration they enjoy with Head Start and Tulare City Schools and the District's support to ensure school sites and personnel, including health aides and teachers, are prepared on the scheduled dates.

To what extent were oral health outcomes achieved for children?

The project made visits to 15 school sites during the program year (some with multiple visits). Staff provided dental screenings for 1,510 children (serving an average of 100.6 children per site). Close to 39% of the children, nearly the same proportion as last year—or 585 of them—were determined to have visible evidence of tooth decay that required a referral for dental care. 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% (note further that caries prevalence is higher among Hispanic children).[23]

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	1,510	100.0%
Number of sites	15	
Average served per site	100.6	
Children with visible evidence of tooth decay referred	585	38.7%
Fluoride varnish provided	1,494	99.9%
Oral health/tooth brushing education provided	1,394	92.3%

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, which are shown in the following pages. Please refer to the school codes in the box below to identify the specific schools in the graphs.

School Codes

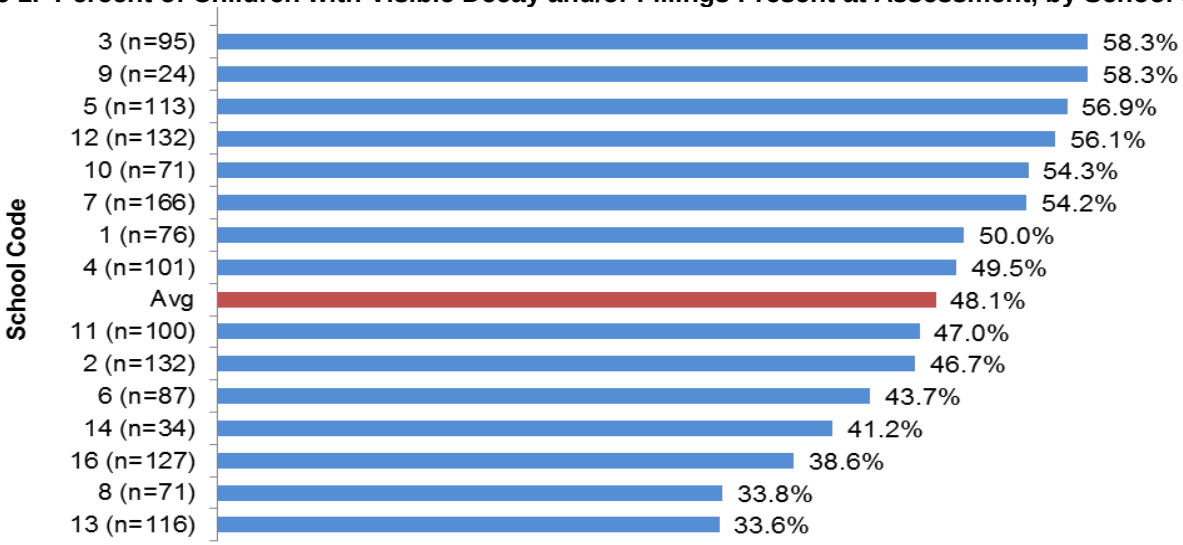
1 = Cypress Elementary
2 = Alpine Vista K and Pre-K
3 = Kohn Elementary
4 = Pleasant Elementary
5 = Lincoln Elementary K and Pre-K
6 = Garden Elementary
7 = Maple Title 1 am pre-k
8 = Maple CDC AM
9 = Tipton CDC
10 = Clinite CDC
11 = Heritage Elementary
12 = Roosevelt K
13 = Mission Valley Elementary
14 = Sundale School
15 = Palo Verde School (not reported)
16 = Wilson Elementary

As Figure 1 on the next page shows, in 7 of the schools, half or more of the children were found with evidence of current decay or prior caries experience. Eight (53%) of the 15 schools exceeded the average of the total schools. It should be noted that while these rates are higher than shown in our

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

previous report, this year we are including “and/or fillings” at the time of assessment since the presence of fillings in a child, whether or not there is evidence of current decay, indicates prior caries experience and is considered a marker of high risk status.

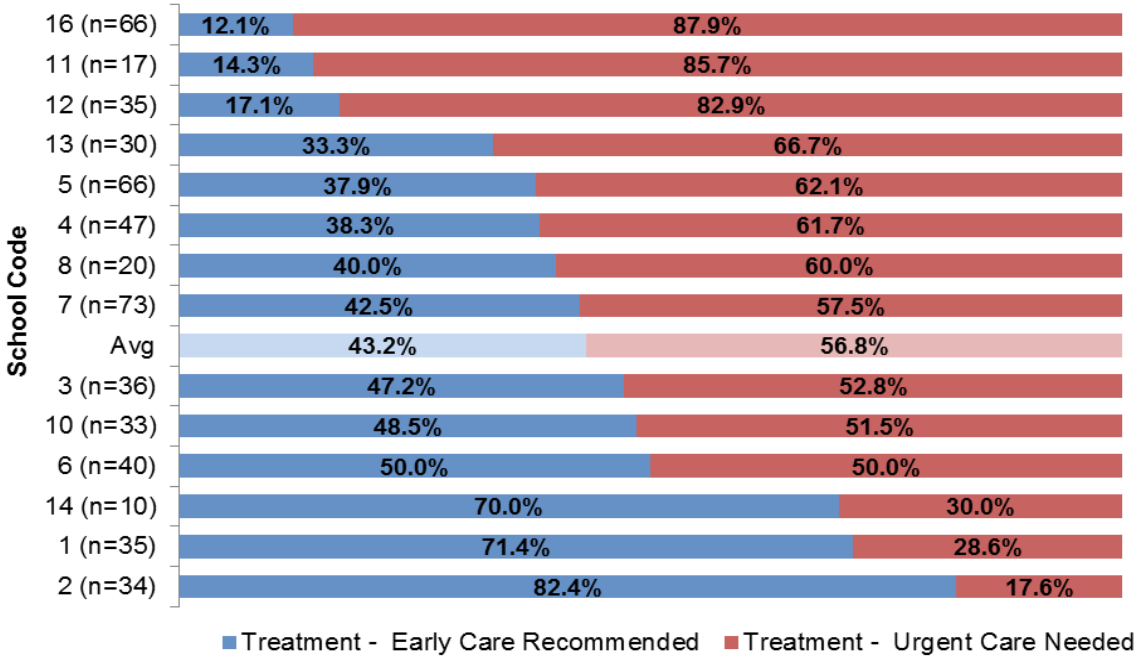
Figure 1. Percent of Children with Visible Decay and/or Fillings Present at Assessment, by School Site



Note: Schools are in rank order by highest amount of decay.

On average, 56.8% of the children with visible evidence of decay present who needed treatment were judged as needing it urgently. Eight (53.0%) of the 15 schools had urgent care needs higher than the average.

Figure 2. Percent of Children with Level of Treatment Needed at Assessment, 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.

Because Altura does not receive follow-through information from the schools (this is reported to be because of a funding issue), data on whether the family received information and a referral concerning the need for treatment or followed through with the referral for visible dental decay was not available.

Evaluation Results: BREASTFEEDING

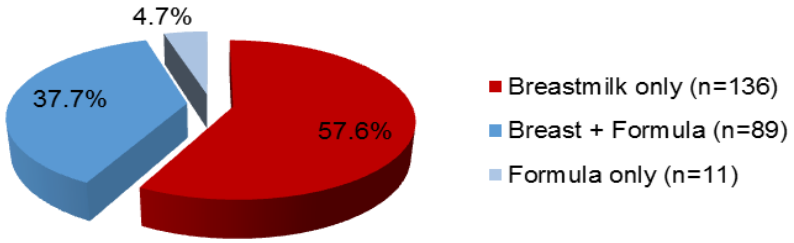
The grantee's program highlight below describes one of the benefits of its breastfeeding project.

The Lactation Consultant, who visits each delivering mother in the hospital, recognized patients would benefit from receiving written materials they could take home. The folder of educational materials she provides includes local resources and information about breastfeeding as an easily available reference during the important first days as home.

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

During FY 2018-19, the results of infant feeding choices for the evaluation were available for 236 women enrolled in the program. Looking at this sample of women, 136 or 57.6% chose to exclusively breastfeed at the time of hospital discharge or newborn visit,[24] higher than the overall county rate of 53%.[25] Another 37.7% of the women elected to use both breast- and bottle feeding, while 4.7% chose formula-only feeding (Figure 1).

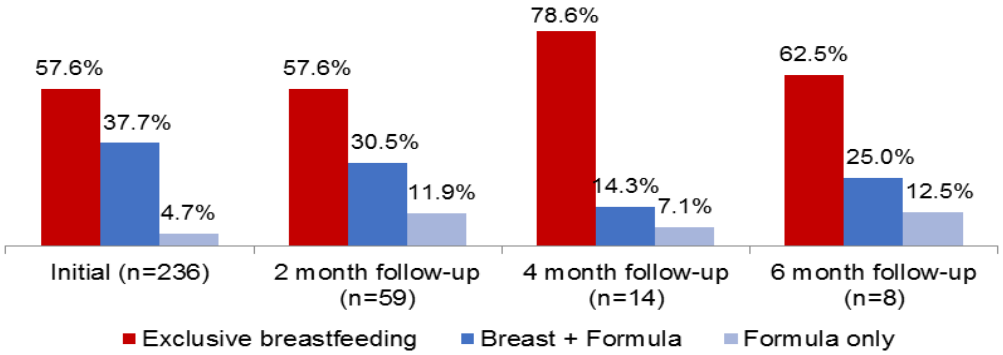
Figure 1. All New Mothers' Initial Infant Feeding Choices (n=236)



Altura connects with the new mothers at 2-, 4- and 6-month intervals to learn about feeding choices. Of the 236 enrolled women, information about infant feeding choices after initial enrollment was available for 81 (34.3%) of them at one or more points during the 6-month contact period. Of these 81 women, about half (56.6%) were exclusively breastfeeding at 2 months, 78.6% at 4 months, and 62.5% at 6 months (Figure 2 on the next page).

[24] 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.
[25] California Department of Public Health, In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence, 2018.

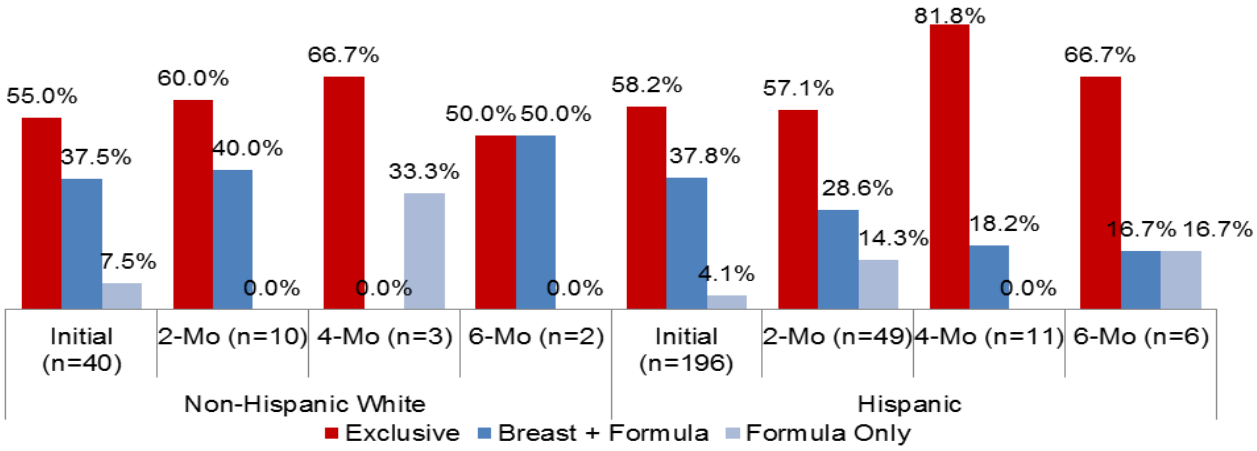
Figure 2. New Mothers' Infant Feeding Choices Initially and at 2, 4 and 6 Months, Un-Matched Sample[1]



[1]All women regardless of initial feeding choice.

Hispanic women made up 83.1% of the enrollment in this project.[26] Although the proportion of non-Hispanic white mothers in the project is so low, especially across the time intervals, we broke out the data by ethnicity to look for differences. The initiation of exclusive breastfeeding between the two groups is essentially the same (about 56.5% on average). Hispanic women appear to maintain exclusivity longer, however (Figure 3). Recall that this is an unmatched sample of deliveries, that is, 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. New Mothers' Infant Feeding Choices Initially and at 2, 4 and 6 Months By Ethnicity, Un-Matched Sample[1]

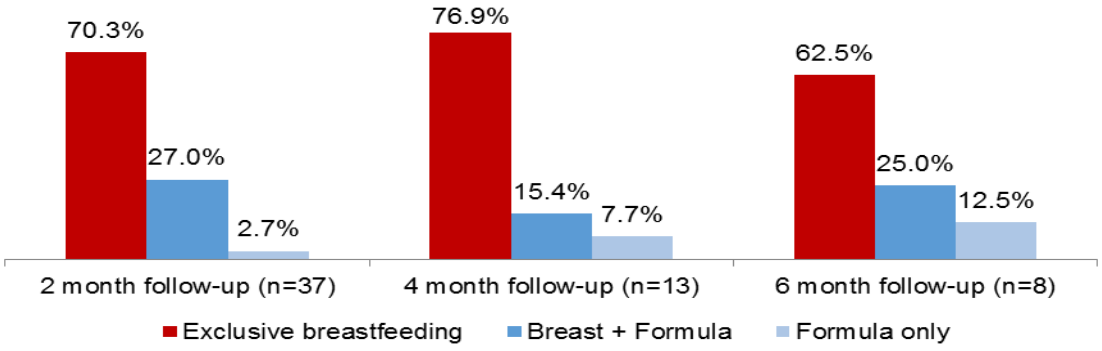


[1]All women regardless of initial feeding choice.

The results of the *matched* sample—the women exclusively breastfeeding at delivery/newborn visit who were available for contact at all follow-up periods—are shown in Figure 4. While we hesitate to include these data because of very small numbers across time, the results are impressive and we felt should they be shown. More than two-thirds (70.3%) of the women maintained exclusive breastfeeding at 2 months; at 4 months the proportion increased to 76.9%, but then dropped somewhat to 62.5% at 6 months.

[26] In Tulare County, about 74% of the births are to Hispanic women. Data source: California Department of Public Health, Birth Statistical Master Files; CDC WONDER Online Database, Natality Public-Use Data, August 2017.

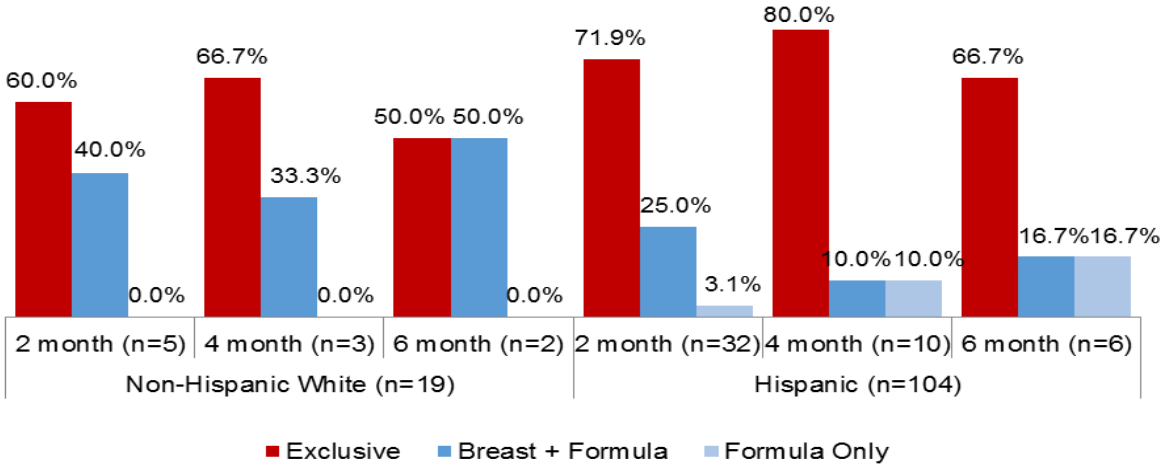
Figure 4. Percent of Women Exclusively Breastfeeding Initially and Their Feeding Choices at all Follow-up, Matched Sample[1]



[1]The same women during the entire 6-month interval.

The results of the matched set of women by ethnic group—again, with small numbers—suggest Hispanic women maintained exclusive breastfeeding longer (Figure 5).

Figure 5. Percent of Women Exclusively Breastfeeding Initially and Their Feeding Choices at Follow-up, by Ethnic Group, Matched Sample[1]



[1]The same women during the entire 6-month interval.

Conclusions/Recommendations

Altura continues to provide a valuable service of identifying the prevalence of early dental decay, which seems to have increased each year we have reviewed Tulare County oral health data. We recommend this project work closely with Public Health to help it achieve improvement goals anticipated for its State-funded countywide oral health program.

We are unsure why relatively few women who chose exclusive breastfeeding were able to be "found" at the various follow-up intervals, especially the 2-month postpartum period which is so soon after delivery, when the patients are tracked through their well-child visits, and well-child appointments are traditionally kept.

SIERRA VIEW MEDICAL CENTER (SVMC)

"I would have quit if it wasn't for the immediate response from one of the lactation Specialists on a Saturday. She made me feel heard." - New mother experiencing a problem

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. Exclusively breastfeeding babies for at least six months is widely viewed as a significant health benefit. 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 hospitals, such as Sierra View Medical Center, demonstrate practices that promote and support breastfeeding.[27] 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.

Responding to new mothers who are experiencing problems (extreme pain, cracked and bleeding nipples, etc.) that can threaten continued breastfeeding is not just a Monday - Friday service. One grateful patient shared with SVMC her appreciation of how promptly the lactation specialist responded to her call on a weekend morning, arranging to see her that afternoon to examine both mom and baby and diagnosing an unusual problem— lip and tongue tie that was interfering with the mechanics of breastfeeding and causing the mother such pain. By Monday, the infant was seen and treated with a procedure that released both ties, solving the problem and ensuring a successful breastfeeding experience for both mother and baby.

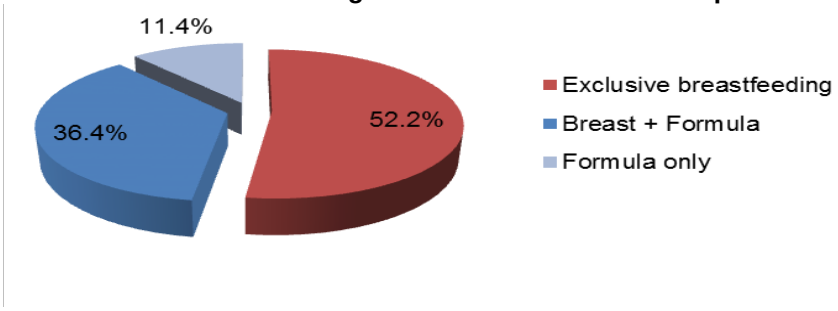
[27] The Baby-Friendly Hospital Initiative recognizes and awards birthing facilities that have successfully implemented the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. As of August 2018, there were 100 California hospitals with the BFHI designation. https://www.babyfriendlyusa.org/find-facilities/designated-facilities--by-state.

Evaluation Results

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

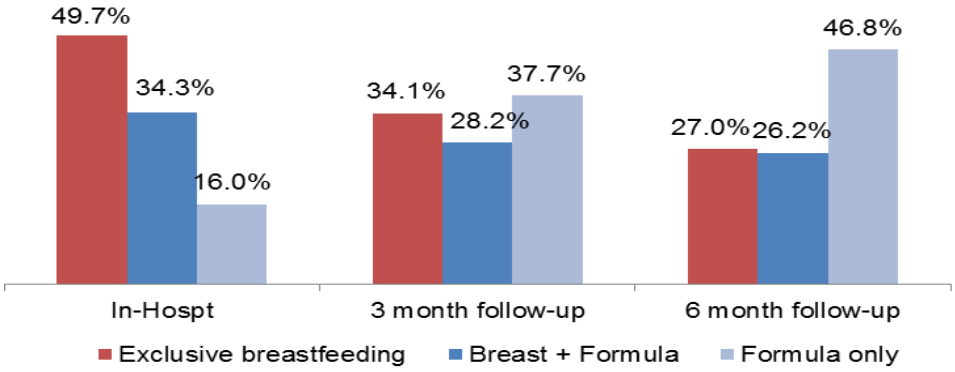
During FY 2018-19, the results of infant feeding choices for the evaluation were available for 1,332 deliveries at SVMC. [28] Looking at this year's sample of women, 695 or 52.2% (down from 59% last year, 61% the year before and 74.5% the prior year) of those who delivered at SVMC elected to exclusively breastfeed at the time of hospital discharge;[29] 36.4% of women (up from 29.9% last year) elected to both breast- and bottle feed, while 11.4% chose formula-only (Figure 1).

Figure 1. All New Mothers' Infant Feeding Choices at the Time of Hospital Discharge (n=1,332)



SVMC makes up to 2 contacts to try to connect with new mothers at 3- and 6-month intervals to learn about feeding choices. Of the total sample of 1,332 women, 515 (39%) women, *regardless of choice at hospital discharge*, were successfully contacted during the full 6-month contact period, i.e., at least 6 months had passed since delivery[30] Of these 515 women, some of whom reported changing infant feeding practices within that period, about half (49.7%) had initiated exclusive breastfeeding in the hospital; at 3 months, one-third (34.1%) of the sample was exclusively breastfeeding, and by 6 months the proportion dropped to 27% (Figure 2).

Figure 2. New Mothers' Infant Feeding Choices at Hospital Discharge and at 3 and 6 Months, Un-Matched Sample[1] (n=515)

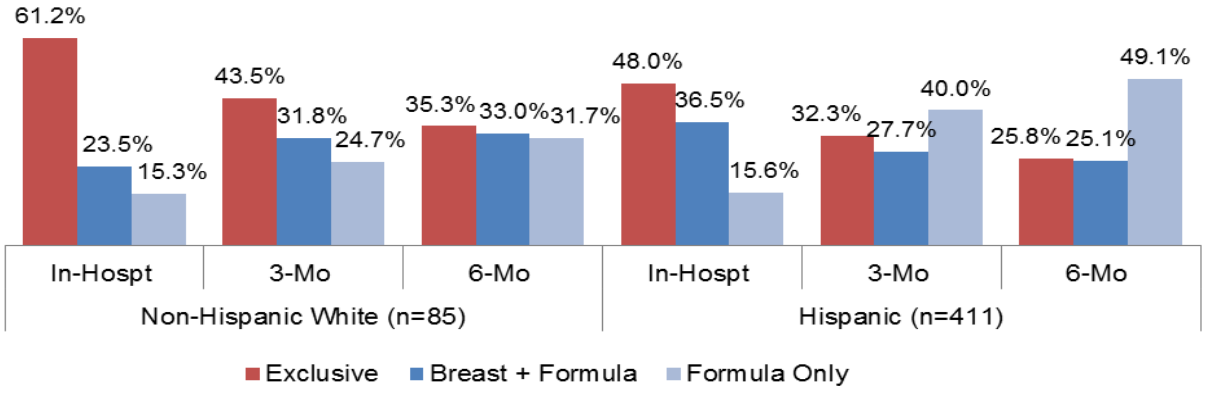


Note: Excludes women unavailable for contact.
[1]All women available for follow-up regardless of in-hospital feeding choice.

[28] Women with newborn deaths were excluded from the sample.
[29] SVMC's reported in-hospital exclusive breastfeeding rate is 60%. Data source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2018.
[30] SVMC submitted full 12-month data on breastfeeding at the time of hospital discharge for 1,367 births. The evaluation data for the full 6 months post-discharge period, the follow-up dataset, includes only the months of July – December 2018.

Hispanic women make up 80.3% of the deliveries at SVMC,[31] and represent a similar proportion (79.8%) of the women with follow-up information. The differences in infant feeding practices by ethnic group across the 6 months were relatively large. Non-Hispanic white women initiated breastfeeding at a higher percentage, 61.2%, than Hispanic women at 48.0%, a difference of 21.6%. At the 3-month follow-up, the percentage difference between the 2 ethnic groups was 25.7% (43.5% of non-Hispanic white women maintained exclusive breastfeeding compared to 32.3% of Hispanic women). Non-Hispanic white women also maintained exclusivity at a higher proportion at the 6-month follow-up than Hispanic women, 35.3% compared to 25.8%, a difference of 26.9% (Figure 3). Recall that these 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.

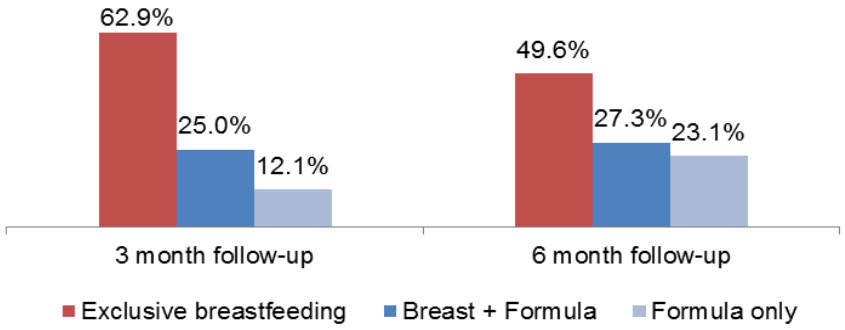
Figure 3. Breastfeeding Status at Hospital Discharge and 3 and 6 Months Follow-Up, By Ethnicity, Un-Matched Sample[1] (n=515)



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

Of the 256 women exclusively breastfeeding at hospital discharge and available for contact at both follow-up periods—a matched sample—close to two-thirds, 62.9% (up from 50.0% last year), reported exclusive breastfeeding at 3 months. Nearly one-half, 49.6% (about the same as last year, 48.6%), reported maintaining exclusive breastfeeding 6 months later (Figure 4).

Figure 4. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, Matched Sample[1] (n=256)



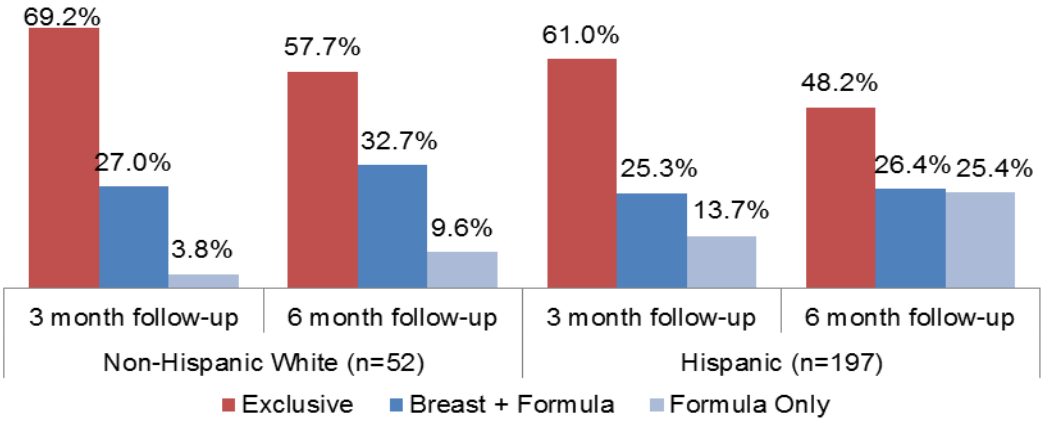
[1]The same women during the entire 6-month interval.
Note: Excludes women unavailable for contact.

[31] California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence by Race/Ethnicity: 2017. https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Occurrence-RaceEthnicity-2017.pdf

Looking at the same matched sample— the women with exclusive in-hospital breastfeeding successfully contacted at 3 and 6 months—by the two ethnic groups, well over one-half (57.7%) of the non-Hispanic white women maintained exclusive breastfeeding for 6 months while about one-half (48.2%) of Hispanic women did so, a difference of 16.5% (Figure 5).

There was also more attrition from 3 to 6 months among Hispanic women than non-Hispanic women. Hispanic women dropped 20.0% between the 2 time periods, from 61.0% exclusively breastfeeding at 3 months to 48.2% at 6 months, while non-Hispanic women dropped by 16.6%, from 69.2% to 57.7%.

Figure 5. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, by Ethnic Group, Matched Sample[1] (n=249)



[1]The same women during the entire 6-month interval.
Note: Excludes 7 cases where ethnicity was unknown and women unavailable for contact.

Conclusions/Recommendations

SVMC has continued to achieve impressive rates of exclusive breastfeeding duration with half of the women who initiate it in-hospital exclusively maintaining it 6 months later. SVMC's results reflect the many supportive resources the hospital is providing to new mothers after delivery that makes it easier for them to maintain exclusive breastfeeding.

While prevalence of breastfeeding initiation and duration to 6 months from the 2015 National Immunization Survey show a higher attrition than at SVMC—the proportion of women who initiate it drops to 46.9% at 3 months and to 24.9% at 6 months[32]—the California average of exclusive breastfeeding for Hispanic women is 65.5%.[33] Although SVMC's results are clearly positive overall and should be acknowledged as such, the relatively less favorable rates for Hispanic mothers suggests these women could benefit from more support services that might also need to include community efforts to address workplace policies and settings more supportive of breastfeeding.

We have no requests for any changes to the evaluation and remain pleased with the staff's data collection and reporting.

[32] Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/data/nis_data/results.html
[33] https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Occurrence-RaceEthnicity-2017.pdf

RESULT AREA Part 3:

Participant Follow-Up

This year we implemented a post-participation survey to learn more about the long-term impact of First 5. The purpose of this pilot was to discover what parents/caregivers had to say about the usefulness of what they received/learned and what parenting practices they reported doing differently (hopefully *better*) that they believed could be attributable to having participated in a First 5-funded program.

We designed a simple questionnaire that First 5 staff mailed to parents/caregivers who had participated at least 3 months earlier in a curriculum-based program, such as those offered at FRCs. The survey was sent as a pre-stamped form, folded in half, with a gold seal and put inside a 5 x 8 mailer. A $1 bill was included as an incentive to complete and return the survey.[34, 35] Program recipients were asked to not include any identifying information to promote candor and know that their responses could not be tied to any receipt of services.

Despite the ease of the return mailer and monetary incentive, the *Participant Follow-Up Survey* did not yield a very positive rate of return. Of 185 surveys mailed between November 2018 and May 2019, First 5 received 31 (16.8%) completed responses. The returned surveys were nearly divided between English (45%) and Spanish (55%) respondents. Table 1 shows the proportion of returned surveys by program site.

Table 1. Source of Returned Feedback Surveys, by Site (n=31)

▪ Cutler Orosi FRC	16.7%
▪ Lindsay FRC	20.3%
▪ Parenting Network FRC, Porterville	16.7%
▪ Parenting Network FRC, Visalia	4.5%
▪ Family Services of Tulare	19.3%

[34] No First 5 funds were used for the incentive.

[35] According to several marketing studies, "$1 significantly increased the survey response rate over the no-incentive control condition regardless of the number of mailings…." and in another study, "….including a dollar bill increased the return rate to nearly 60% vs. 42% with no monetary incentive." Literature review available upon request.

The majority of the services these clients reported receiving were related primarily to parenting skills/parent-child interaction and home safety (Table 2). Two of the participants did not identify the type of services they received.

Table 2. Type of Services Reported by Clients Returning a Feedback Survey (n=29)

Nutrition	Home safety	Parenting, Parent-Child	Family Relations	Screen/referral Medical/Other Issues	Other
27.6%	44.8%	65.5%	27.6%	17.2%	6.9%

We did learn how these clients viewed their parenting skills prior to participating in the various programs compared to where they felt they were now. Frequency of reading to their children was the area marked with the most percentage change, 35.4%. Having patience with their children's problems was reported as the least changed, 25.3% (Table 3). It is important to point out however, that almost half (47.5%) of the Spanish surveys—compared to 21.4% of those in English—marked all 5 of the questions as "10's" (on a scale of 1 to 10) or with just two "9's" and the rest "10's" on where they were at the start of the program. This suggests either the respondents may not have understood the intent of the question or simply felt they started out with a very high level of parenting skills.

Table 3. Clients' Self-Rated Parenting Skills Before and After Participation (n=31)

	Pre	Post	% Change
Thinking back on before you received parenting services, and now….			
How often did (do) you read books to your children?	6.5	8.8	35.4%
How well did (do) you understand your children's development?	7.1	9.3	30.9%
How confident did (do) you feel about disciplining your child?	7.2	9.3	29.2%
How well were (are) you able to stick to serving healthy food even if your family complained?	7.3	9.5	27.4%
I had (have) patience to deal with problems with my child.	7.5	9.4	25.3%

Means are based on a scale of 1 to 10 where 1 was "not very much" and 10 was "very much."

Despite the smaller-than-hoped-for sample size, the written-in responses provided by 87% of the group give testimony to the value of the First 5 services these parents received, as evidenced by their comments in Table 4 on the next page.

Table 4. Changes Reported by Parent Respondents[1] (n=27)

In your own words, what changes have you made in raising your family since participating or receiving services from this program?

English (n=12)	Spanish (n=15)
▪ I realize now I have to put my kids' interest ahead of mine. ▪ Patience has developed with more understanding. ▪ I use only whole grains now, and watch sugar intake and what we drink. ▪ The class re-confirmed I was doing a great job co-parenting. ▪ The better way I talk with my son had made a lot of changes in his behavior. ▪ I started to have more discipline to myself and children. ▪ I'm learning how to be a better listener.	▪ Now I can raise and educate my child with love. ▪ I have more patience with my children and give them the attention needed at their age. ▪ I serve more nutritious food and pass time doing family activities. ▪ I now give more attention to how my children do in school. I study with them and have more patience. I also play with them and give them healthier food. ▪ I am more aware of the dangers in the house. ▪ I am more sure on how to discipline my children. I teach them the things they do have consequences, good or bad.

[1]Comments are verbatim and selected as being representative of all comments provided; a few were edited for brevity.

FIRST 5
TULARE COUNTY

SUMMARY CONCLUSIONS AND GENERAL RECOMMENDATIONS

Data in this FY 2018-19 evaluation report demonstrated that First 5 Tulare and its funded partners are positively impacting the lives of young children and families throughout Tulare County. All 16 projects we evaluated largely met or exceeded their evaluation plan objectives. In 2018 the Commission adopted a new Strategic Plan that re-committed it to community investments, advocacy and leadership. All of the grantee outcomes linked directly or indirectly to one or more of the Strategic Plan's goals and objectives.

Concerns with the quality of the raw data, which has improved each year, were generally minimal, and with the help of First 5 and grantee staff all issues we encountered were resolved with no compromise to the integrity of this report. There were, however, some "surprises" with a few of the evaluation tools this year (unanticipated new forms, variations on existing forms, Spanish versions that were different in small but important ways from English versions of the form, no form used after all, etc.). With First 5 staff help, we have communicated with the affected grantees about any necessary changes, and going forward we anticipate few "bumps."

One of the things we learned was the DRDP Preschool and DRDP Infant/Toddler tools now have various "views" (essentially how many measures a school can choose to use in its ratings), in addition to the numerous rating *choices* that add complexity to the assessments and increase the potential for inter-rater reliability. It became apparent that not all grantees (or all raters, i.e., teachers, within the same school) were rating children on the DRDP measures in a consistent way or using the same views. We began a conversation with First 5 staff and the grantees about the inconsistencies as this report was being written, and while we agree schools can use whichever view(s) they prefer as long as we are notified, we recommend that *before* schools do their fall assessments the district person (or TCOE) responsible for DRDP teacher training schedule and conduct an update training for any personnel using the DRDPs, including how and when to use the "Conditional" rating. There is much confusing and inconsistency about the "Conditional" rating, at the state level as well as the local level. Our concern is that since not all the raters use "Conditional" in the same way—for example, the teachers who do not use "Conditional" at all and simply leave that measure blank because the child is way past that measure/skill—we could have inconsistency in next year's data analysis.

Questions about aspects of discipline are among the most common of parental concerns—and certainly not unique to your population. A number of parents in several of the programs once again provided feedback about feeling ill equipped or insecure about applying appropriate discipline methods with their young children. We recommend grantees providing direct parent services to again review their curricula and parent education materials and approaches with an eye toward the amount of emphasis they are giving to age-appropriate discipline methods to ensure adequate attention with language-appropriate educational materials gets paid to this area of 0-5 child development.

Another continuing area of concern is the amount of poor oral health identified among 0-5 children and pregnant women who received screening services. The good news of course is that the problem *is* being identified through screening, but the ongoing high rates of so many children and new mothers with evidence of dental decay is disconcerting. Hopefully the grant-specific Public Health dollars dedicated to strategies for improving oral health in the county will be impactful and show positive results in any upcoming evaluations that may be planned. We will provide a 6-year summary of your screening results in our final evaluation report for the current 3-year grant cycle.

On a more positive note, we were especially pleased to see the encouraging results continue for indicators such as reduced foster care placements, participation in home safety education, better nutrition choices, and parents adopting early literacy activities with their children. Parent participants again indicated through various evaluation tools their interest and willingness to build knowledge of child health and development in order to gain confidence and help them employ effective parenting practices.

Another positive outcome of First 5 support is the increase in initiation of breastfeeding. Duration, however, continues to be a challenge. Many workplace environments pose a challenge to breastfeeding. National studies have shown fewer than 1 in 5 working mothers who breastfeed know their rights in the workplace, influencing how long a woman will breastfeed, and we suspect the problems experienced by many women who pump milk while at work documented in these studies are also true for Tulare County mothers. Consequently, we would like to recommend implementing a survey to be administered by selected grantees to gain insight into women's awareness of breastfeeding rights and document their experiences in the workplace. We believe the survey results could be of interest as the Commission considers future ways to meet its Strategic Plan objectives. If you approve, we would plan to design the survey in early *FY 2020-21*.[36]

While we wished for a new opportunity to learn more about the long-term impact of the First 5 programs, the post-program survey we recommended last year did not yield the opportunity we expected. We were hoping this survey would become a continuing part of our evaluation process, but agreed with First 5 staff that the pilot be discontinued when the return rate was so low. However, since our *Feedback from the Parent Survey* (March 2017) provided useful information about program participation for guiding the Commission's new Strategic Plan and grant-cycle, and we know you will be preparing for the next grant cycle during CY2020, we recommend repeating the *Parent Survey* during FY 19-20 with results in time for your May 2020 Commission retreat.

[36] We are aware of a national survey by Wakefield Research that examined this question and will create a similar tool more easily relatable to the Tulare County population.

COMMISSION NOTES

This space is provided for Commissioners to jot down question/notes you may want to refer to when we present this report to you at the October 9th Commission meeting.