FIRST 5 TULARE COUNTY EVALUATION REPORT

FY 2020-2021 Grants and *FY 2018-21 Grant Summary*

Prepared for the

First 5 Tulare County Commission and Community

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Evaluation Consultants

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First 5 Tulare

2020 - 2021 EVALUATION REPORT

FIRST 5 TULARE COMMISSION

First 5 Tulare, an independent public entity, is governed by a seven-member commission. It is one of 58 county commissions created by Proposition 10 in November 1998, to support children from prenatal to age 5 through a variety of investments, projects, initiatives and advocacy efforts. In Tulare County as elsewhere, 2020 marked one of the most volatile and challenging years with the double-edged COVID-19 public health and financial crisis.

The Commission has done much to improve the outcomes of the children and families living in Tulare County. For the past 21 years, First 5 Tulare has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. With about $4.9 million allocated by the State in Proposition 10 funds this year—an amount that is declining annually consistent with the reduction of tobacco product sales— First 5 Tulare has created a number of direct service programs that target physical and mental health, oral health, literacy, parenting skills and school readiness. In this third 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

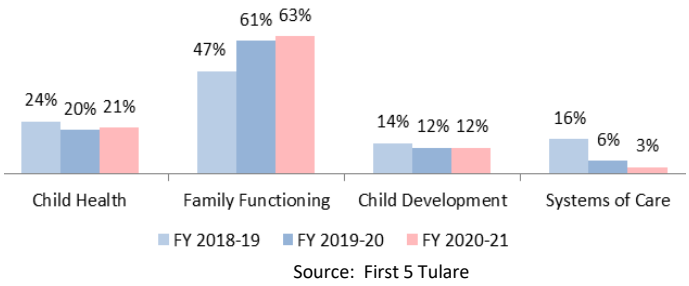
Tulare County is recognized as one of the largest agricultural-producing counties in the world. In 2019, the county was home to a population of 442,182. While California's population of 0-5-year-olds is 6.5%, Tulare County's is about 10.2%. With a median age of 30.0 years old, residents are one of the youngest regional populations in California. Only 14.3% of the adult population have attained a bachelor's degree or higher. Households in Tulare County with children have a median annual income of $41,349, less than the median annual income across the United States. While 5.1% of the state's children live in deep poverty, in Tulare County 13.2% do. Unemployment is high (16.2% in July) due in large part to the persistent and unprecedented effect of the coronavirus pandemic.

- 45,195 children age 0-5 live in Tulare County.
- 98.1% of children are fully immunized by kindergarten (94.8% state average).
- 51.0% of people age 5+ speak a language other than English at home.
- 27.7% of children live in a mother-present-only household.
- 19.5% of children live in limited English-speaking households.
- 25.7% of children live in food insecure households.
- 53.5% of newborns born in a hospital were fed breast milk exclusively (70.4% state average).
- 64.1% of children 0-5 were read stories daily by a family member, similar to statewide.

See First 5 Tulare 2021 Data Dashboard for references

INTRODUCTION

This report represents Year 3 in the FY 2018-21 grant cycle, and a 3-year grant summary. In FY 2020-21, First 5 Tulare expended a total of $4,034,968 ($11,770,380 in all 3 years) 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 most notably changed in the last 3 years in the areas of Family Functioning and Systems of Care, increasing each year in the former and decreasing in the latter. Funding towards Systems of Care saw an 81% decrease over the 3-year grant cycle.



Source: First 5 Tulare

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 early literacy development as addressed by the goals and objectives of the Commission's *2018-2023 Strategic Plan*. Consistent with the intent of the Strategic Plan, Barbara Aved Associates (BAA) developed evaluation questions to match each of the projects' goals and identified appropriate community-level indicators for each project that aligned with the strategic plan.

This report provides the evaluation findings necessary to inform the First 5 Tulare Commission and, when shared, can assist in the statewide effort to compile results from all 58 First 5 counties in reporting each year to the Legislature. First 5's own *program report* describes process indicators such as the number and type of children served and highlights key outcomes.

The *evaluation report* allows First 5 Tulare Commissioners, funded partners and community stakeholders a more comprehensive look at the Commission's notable outcomes in the current grant cycle.

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

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 evaluated for this report are described in each grantee's section.

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

First 5 Tulare	Evaluation Questions for FY 2020-21	As Measured by
Cutler-Orosi School District: Family Resource Center	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?	▪ ESPIRS
	To what extent did parents learn and apply important parenting and conflict management skills?	▪ Parenting Wisely ▪ Parents Helping Parents form
	To what extent did infants and toddlers show increased skills in a range of developmental areas?	▪ DRDP
	To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?	▪ SafeCare
	To what extent did parents demonstrate nutrition knowledge and behavior change?	▪ My Plate
	To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ Protective Factors
County of Tulare Sheriff's Department: Gang Awareness	To what extent did parents increase knowledge about effective parenting?	▪ ACT Curriculum pre/post
	To what extent did parents increase awareness of the causes of stress and how to manage it?	▪ Parental Stress Index
	What were the parenting perspectives of formerly incarcerated GAPP graduates after release and return to the community?	▪ 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?	▪ SafeCare
	To what extent did parents, and fathers in particular, demonstrate having or building protective and promotive factors that strengthen families?	▪ Protective Factors ▪ On My Shoulders
Tulare City Schools: Preschool Program	To what extent did preschoolers show increased skills in a range of developmental areas?	▪ DRDP

First 5 Tulare	Evaluation Questions for FY 2020-21	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? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ DRDP ▪ ESPIRS (modified) ▪ ASQ
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

First 5 Tulare	Evaluation Questions for FY 2020-21	As Measured by
Lindsay Family Resource Center	To what extent were women who gave birth identified as depressed and referred for help? 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 were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent did parents learn and apply important parenting and conflict management skills? To what extent did parents demonstrate having or building protective and promotive factors that strengthen families? To what extent did parents increase their knowledge about child development and gain parenting skills?	▪ Edinburg Postnatal Depression Scale ▪ SafeCare ▪ ASQ ▪ Parenting Wisely ▪ Protective Factors ▪ Abriendo Puertas
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
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? To what extent were developmental delays identified and parents referred to early intervention resources?	▪ ESPIRS (modified) ▪ PPVT-4 or PLS-5 ▪ ASQ
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? To what extent did new mothers initiate and maintain exclusive breastfeeding?	▪ CA Oral Health Assessment Form ▪ Breastfeeding follow-up form

Data Analysis

BAA received raw data from 15 grantees, in hard copy or e-files, from 28 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 27.0. 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, BS, provided research assistance and data entry, and Sarah E. Beck, MD, analyzed and reviewed sections of the child health evaluation.

FINDINGS AND PROJECT-SPECIFIC RECOMMENDATIONS

I. 3-YEAR GRANT SUMMARY, FY 2018-2021

This section of the report presents summarized findings from the 3-year grant cycle from five common evaluation tools: the risk assessment tool *Ages & Stages Questionnaires* (ASQ); the *DRDP* (Desired Results Developmental Profile), which measures results in a range of developmental areas; *CA-ESPIRS* (California Even Start Performance Information Reporting System) family literacy program; *Protective Factors* that focuses on building protective and promotive factors to reduce risk and create optimal outcomes for children and families; and, *SafeCare*, a home-based training curriculum for parents of children ages 0-5 who are at-risk for or have been reported for child neglect or physical abuse. We also report on available Child Health findings and distribution of the much-valued *Kit for New Parents*.

Children's Risk Status and Developmental Improvement

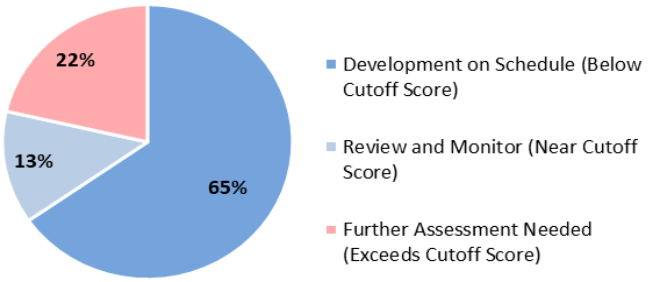
Risk Status Assessment

The parent-completed *Ages & Stages Questionnaires* (ASQ)—available in several editions—helps identify a child's social-emotional strengths and where they may need extra support. The child's total score is compared to a preset cutoff in addition to a "near the cutoff score" to identify those who need a referral for a professional assessment or evaluation to review the child further and provide learning activities and resources; it also identifies those children who warrant no further action as the child is considered to be developing on schedule.

The ASQ editions all differ from one another in structure and interpretation of the cutoff scores. The ASQ Social Emotional (ASQ:SE2) and the ASQ 3 were the most commonly used among the most grantees. We focused only on the last two years so that the results from all grantees could be combined into a two-year evaluation. The contribution to the sample of each grantee is shown in a footnote under the pie charts (Figures 1 and 2).

Out of the full 285 children assessed with the ASQ:SE2 (Figure 1), almost two-thirds were determined to be developing on schedule in their age group. Approximately 35% of the children required further monitoring or referral for professional assessment—a slightly higher proportion than national or other First 5s' experience.

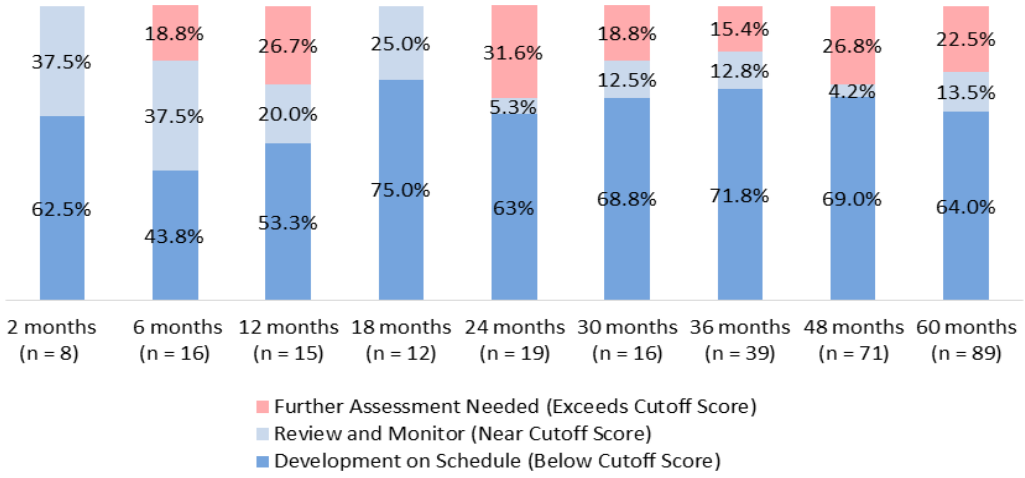
Figure 1. ASQ-SE Developmental Assessment by Cutoff Score, 2-Year Summary (n=285)



Source: Family Services EMH (n=95, 33%); Visalia Ivanhoe (n=115, 40.4%); Lindsay FRC (n=75, 26.3%).

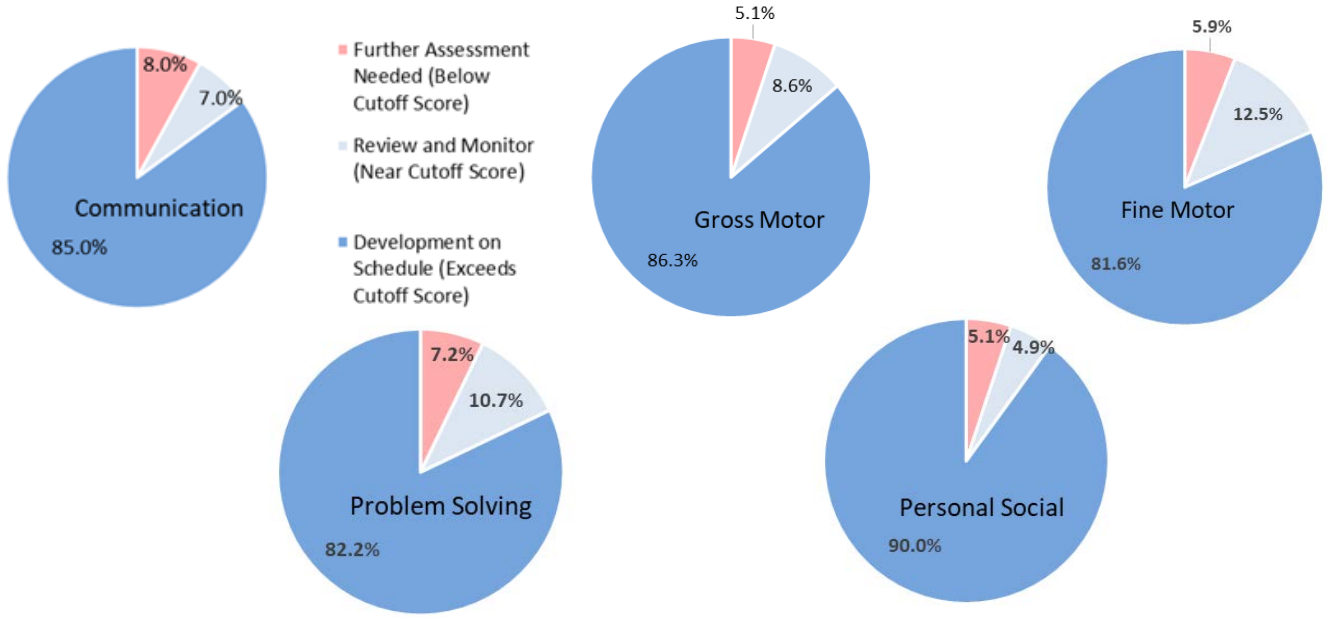
A more detailed look at the children by age group (Figure 2) in the two years of using the ASQ SE2 found there were children who needed to be referred for further professional assessment across every age group with the exception of the 2- and 18-months age groups. The children with the largest percentage who scored above the cutoff score and needed further assessment was the 24-months age group (31.6%).

Figure 2. ASQ-SE Developmental Assessment by Age Group, 2-Year Summary (n=285)



Besides the different cutoff score interpretations, children evaluated on the ASQ 3 receive *five* total scores from five domains/areas. Of the 488 children evaluated with the ASQ 3, displayed in the Figure 3 pie charts, the percentages of children scoring above the cutoff and thereby determined to be developing on schedule in their age group was 81.6% (Fine Motor domain) to 90% (Personal Social domain). The domain with the highest percentage of children scoring below the cutoff and needing further professional help was the Communication area (8.0%). Conversely, both the Gross Motor domain (5.1%) and the Personal-Social domain (5.1%) had the lowest percentage of children scoring below the cutoff scores (and needing further professional assessment).

Figure 3. ASQ 3 Developmental Assessment by Cutoff Score by Domain, 2-Year Summary (n=488)



Source: Visalia Ivanhoe (n=151, 30.9%); Lindsay FRC (n=76, 15.6%); Save the Children (n=261, 53.5%)

Every age group assessed with the ASQ 3 had children who scored below the cutoff score in every domain and needed further professional assessment. The age group with the highest percentage of these children, however, differed depending upon the domain. For example, the 25-months to three-year-olds had the most difficulty in the Problem-Solving domain (10.2%); children in the 37 months to four-year-olds had the most difficulty in the Communication domain (19.4%). These findings suggest areas that may need extra attention in programming.

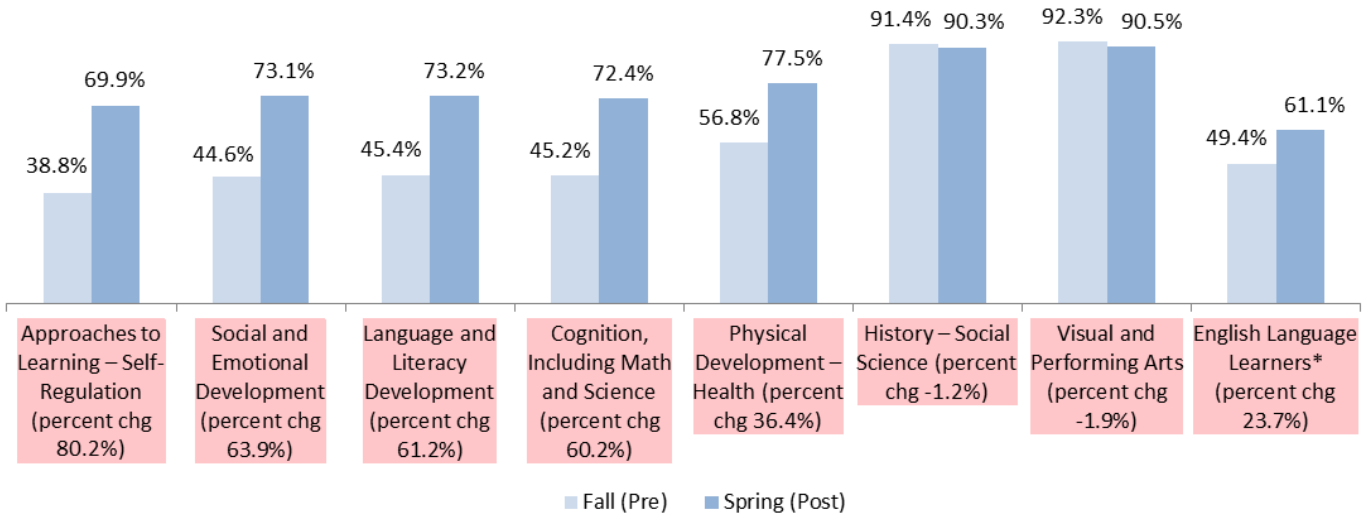
DRDP - Preschool Group

There were 789 children assessed by the DRDP- Preschool (from all versions of the tool) from the 3 grantees who utilized this assessment method. The high development level rating descriptions (i.e., descriptors at or above the level of "building") used by the teachers in their evaluation of the children at pretest and posttest are displayed in Figure 4 by domain area. (Note: the percentages are based on the actual number of ratings given and not the number of ratings possible in that there were missing ratings in many instances.)

Generally, the pattern across each of the eight domains showed a positive trend. The largest percentage change (80.2%) occurred in the Approaches to Learning – Self-Regulation domain; one of the smallest positive percentage changes (36.4%) was seen in the Physical Development domain.

The bar graph also shows two domains with *negative* percentage changes, i.e., lower performance at posttest than at pretest—the History-Social Science and Visual and Performing Arts domains. (These domains are exclusive to the "Comprehensive" version of the DRDP.) However, most of the ratings given to the children on the pretest for these domains were already at the "building" or above level so it is possible there was little room for any improvement.

Figure 4. DRDP Preschool Percent Ratings at the "Building" or Above Developmental Level, Unmatched Sample, 3-Year Summary (n=789)



* Only those children who were English language learners were evaluated on these measures.
Source: Tulare City Preschools, Visalia Ivanhoe, and Traver, all DRDP 2015 Preschool versions, FY 2018-19 – FY 2020-21

Early Childhood Literacy

Three grantees, Cutler-Orosi FRC, Save the Children Federation, and Visalia Unified City School District, Ivanhoe, used the *CA-ESPIRS* tool to capture outcomes of the family literacy component of their parenting programs. Combining matched data, nearly one-third (30.2%) of parents reported initially possessing a library card, but after participating in the program the proportion rose to about half (48.2%). The change in borrowing or purchasing a book within the past week was even more dramatic: 39.8% vs. initially 16.8% (Figure 5). These results are particularly favorable as they captured part of the library-closure experiences during COVID-19 (albeit when books could still be checked out but picked up curbside at some locations).

Figure 5. Parents' Library Card/Book Experience, ESPIRS 3-Year Average (n=546)

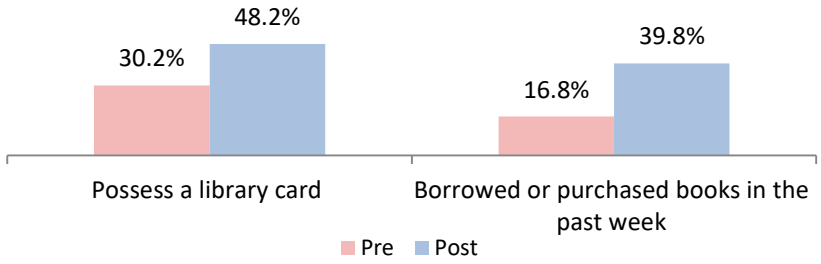
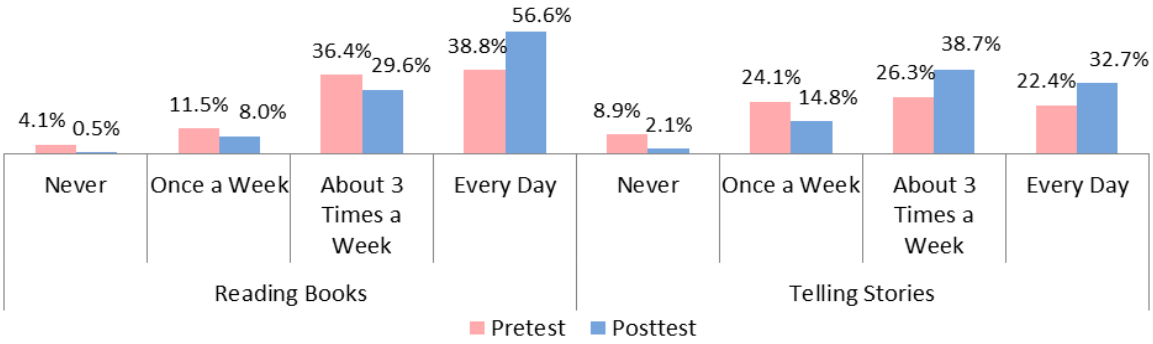


Figure 6 shows the changes for several response choices available to parents who were also asked how often they read books or told stories to their children. The program had a powerful effect as the favorable change among those who reported every-day reading at post vs. pre was statistically significant. It is also of interest to see the reduction in the percentage of parents who reported they had never shared stories to their children, a significant improvement after being exposed to the curriculum.

Figure 6. Frequency of Parents' Reading Books or Telling Stories, 3-Year Average (n=851)



In addition to reading and visiting the library, television-watching habits are important in early literacy programs. We can see in Table 1 the positive changes on average parents made in their family viewing practices, particularly in "always" selecting the TV programs their children watched (64.5% post vs. 59.9% pre). Though these pre-to-post percentages appear to be small, all were statistically significant (as indicated by a repeated measures analysis of variance).

Table 1. Family TV-Watching Experience, ESPIRS 3-Year Average (n=836)

Survey Questions	Pre "Always"	Post "Always"
When your children watch TV, do you select the TV programs your children watch?	59.9%	64.5%
When your children watch TV, do you watch the TV programs with your children?	33.6%	34.9%
When your children watch TV, do you ask them questions about the TV program?	34.6%	41.8%

Family Functioning Impact

SafeCare Modules

There were three grantees that delivered the home visiting model, *SafeCare*, during the grant cycle. This program is designed to improve parents' skills in 3 areas: parent-infant/parent-child interaction skills; health care use skills; and home safety.

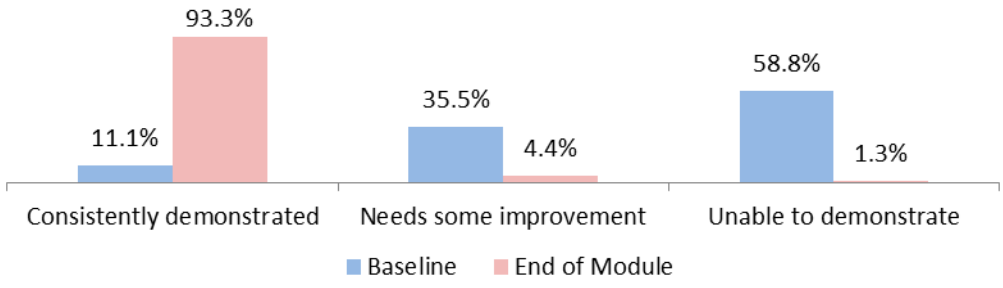
The Home Accident Prevention module assesses 3 different rooms in the home, chosen by the family, and measures the environmental and health hazards accessible to children. The observer notes the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module. Looking at nearly 420 homes assessed over the 3-year period, we can see in Table 2 that an average of 101.3 hazards per family were observed during the initial assessments but dropped to an average of 7.7 at the end of the modules, a significant reduction in home hazards of 92.4%.

Table 2. Reduction in Home Hazards Following Safety Intervention Training, 3-Year Average (n=420)

	Baseline	Post-Training
Average number of hazards per client home	101.3	7.7
Mean percent reduction	92.4%	

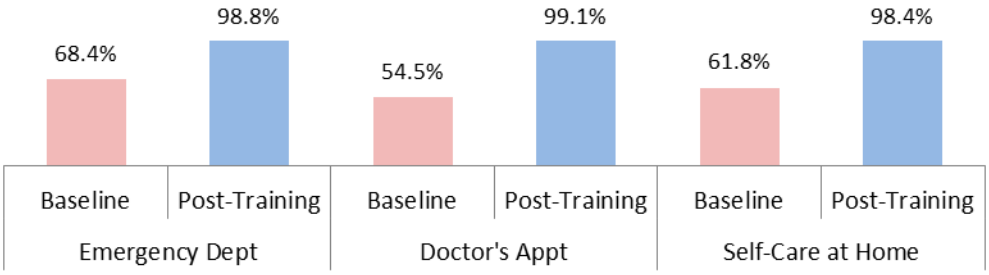
The parent-child interactions module of SafeCare is intended to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. We can appreciate in Figure 7 the striking improvement for an average of over 200 parents who participated in these sessions: 93.3% of them were rated as consistently available to demonstrate the desired behaviors vs. 11.1% at baseline.

Figure 7. Average Competency Ratings for Parent-Child Interactions, 3-Year Average (n=214)



To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. The parents were provided reference manuals with a symptom guide and other pertinent information. Looking at the outcomes over the last 3 years (Figure 8), there was an average improvement of nearly 99% in parents' understanding how to handle situations of sick or injured children after completing this module. Initially, the scenario related to the decision for making an appointment with the doctor caused the parents the most difficulty.

Figure 8. Average Correct Baseline and Post-Training Scores on Health-Related Training, 3-Year Average (n=279)

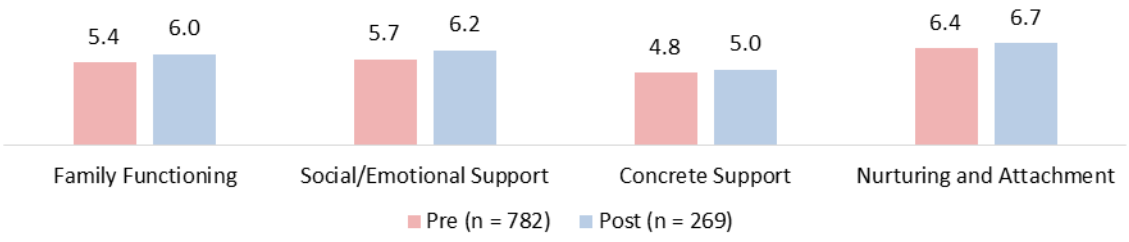


Protective Factors Program

Building protective and promotive factors to reduce risk and create optimal outcomes for children and families is the objective of the *Protective Factors* curriculum. The program values the culture and unique assets of each family and recognizes parents as decision-makers and leaders. Three grantees (at four Family Resource Center sites) delivered this program during the grant cycle.

We can see from Figure 9 the positive trends among the participants. While the Nurturing and Attachment subscale (that addresses the emotional tie along with a pattern of positive interaction between the parent and child that develops over time) changed a little less in pre/post than the other subscales, it proved to be the area of highest "protection." Consistent with individual grantee findings from this tool later in this report, we will see that the Concrete Support area for strengthening families consistently ranked as the lowest protective factor. This area, which addresses families' ability to meet basic needs for food, clothing, housing, and transportation as well as know how and where to obtain services that include childcare, health care and mental health services, may have been exacerbated by the pandemic but was in general the same finding in each of the three evaluation years.

Figure 9. Mean Scores for Parents' Protective Factors, 3-Year Average



Ratings based on a 7-point scale with higher scores more desirable, i.e., they represent a higher level of protective factors.

Child Health Impact

Oral Health

Over the last 3-year grant cycle, both oral health projects, Family Healthcare Network and Altura Centers for Health, provided oral health screenings and fluoride varnish services to children 0-5. Because of the uneven disruption in school-based services due to COVID-19, we show only a 2-year summary, FY 2018/19 – 19/20. Altura represents about 18% of the combined screening results shown in Table 3. The proportion of children screened with visible evidence of tooth decay or caries experience—34.1%—*has not changed appreciably* in at least the last 6-7 years we have been looking at this indicator. The picture for pregnant and postpartum women has remained inordinately high.

Table 3. Oral Health Services, 2-Year Summary

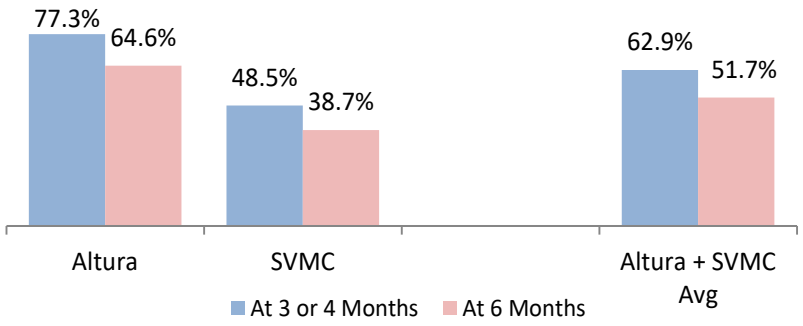
Oral health screenings[1]	16,159 total
Avg served/site	111.1
Fluoride varnish provided	12,573
% of children w/ visible tooth decay (unweighted avg)	34.1%
Pregnant/postpartum women assisted to connect with dental provider[2]	1,798
Pregnant/postpartum women with evidence of tooth decay	51.6%

[1]Not an unduplicated count; some children could have been screened in both time periods.
[2]Represents only FHCN clients.

Breastfeeding

The Commission has also made a significant commitment in its Strategic Plan and grant program to the importance of breastfeeding, supporting grantees to encourage mothers to maintain exclusive breastfeeding for at least 6 months. A 3-year analysis of a matched set of women from Altura Centers for Health (about 22% of the sample) and Sierra View Medical Center—those who exclusively breastfed initially and were available for contact at all follow-up periods—is shown in Figure 10. On average—with the caveat noted under the bar chart—62.9% of the women maintained exclusive breastfeeding at the first follow-up interval, and 51.7% were still exclusively breastfeeding 6 months later—an especially positive retention rate.

Figure 10. Percent of Women Exclusively Breastfeeding at Initial and Follow-up Periods, Matched Samples, 3-Yr Averages



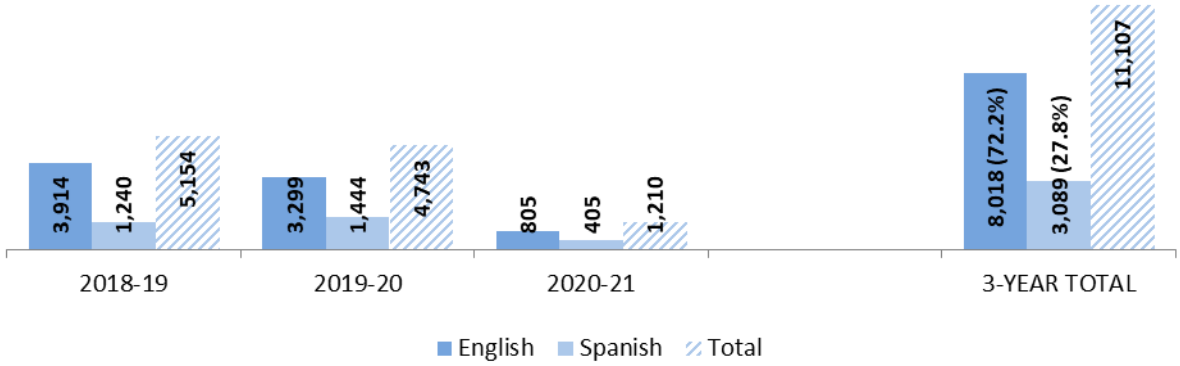
Note: Altura follows up women at 2, 4 and 6 months, SVMC at 3 and 6 months.

New Kit for Parents

The *Kit for New Parents* offers comprehensive resources to parents of newborns throughout Tulare County. It provides practical advice on a wide range of topics and includes a series of DVDs, an oral health kit, parenting brochures, a baby book and a resource guide to connect parents with local resources.

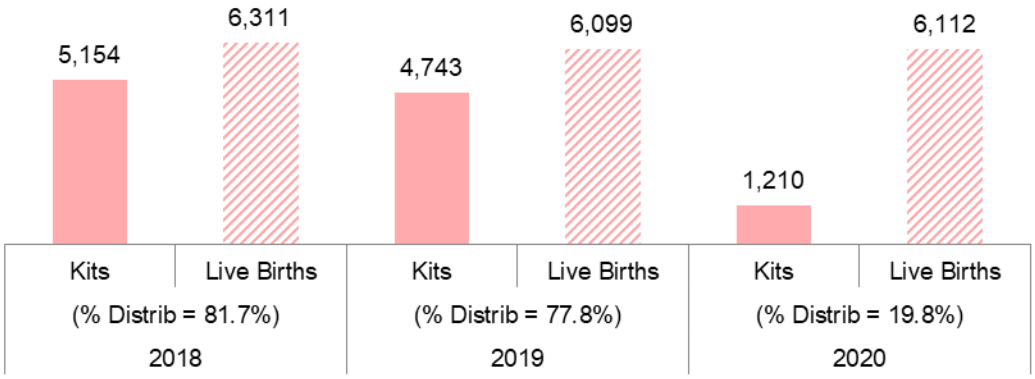
The Commission supported a total of 11,107 *Kits* during the last 3-year grant cycle (down from 19,130 three years ago, and 18,826 the three prior years). Just over 72% of the *Kit* materials were English-language and close to 28% were Spanish (Figure 11). The proportion distributed by language is in reverse proportion to the birth data by race/ethnicity for Tulare County as about 73% of births are to women identified as Hispanic (though ethnicity and language spoken at home do not always correlate of course). Note that the numbers for July 2020 – June 2021 are especially low, representing only the requests that came in during that time; First 5 staff reports there were several months where it didn't have any requests for *Kits*, and the reasons are unclear.

Figure 11. Number of *New Kit for Parents* Distributed by Type of Language



The number of *Kits for New Parents* distributed within the county in Years 1 and 2 were somewhat close to matching the number of live births in Tulare County during that period (off about 20%, on average), but were especially disparate in Year 3 (Figure 12), as noted above.

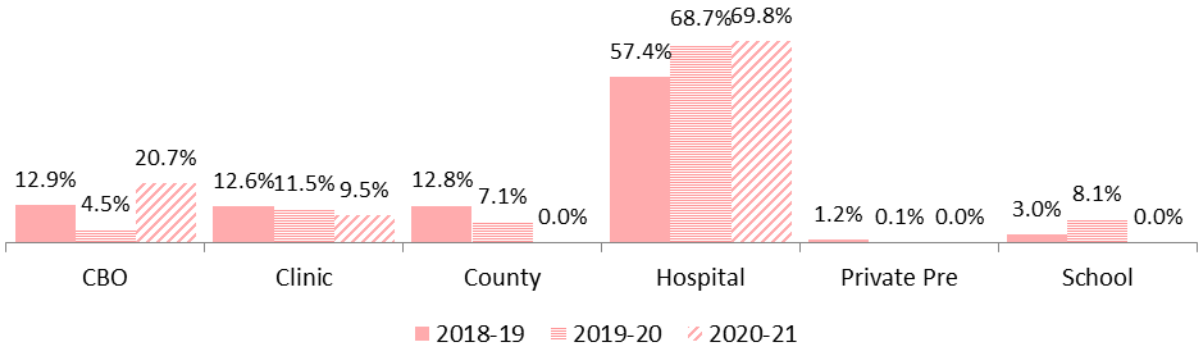
Figure 12. Number of *New Kit for Parents* Distributed by Number of Live Births



Source: California Department of Public Health.
Live births are reported by Calendar Years (CY) while *Kit* distributions are by Fiscal Years (FY)
Births are reported here by county of occurrence, not county of mother's residence, since *Kits* are distributed to Tulare County facilities/organizations regardless of where the mother resides.

The *Kits* have most frequently been provided to parents through hospital maternity services, as would be expected, particularly in Years 2 and 3 (65.3% were distributed through that source, on average), followed by community-based organizations (CBOs) and clinics at 3-year averages of 12.7% and 11.2%, respectively (Figure 13).

Figure 13. Percent of *New Kit for Parents* Distributed by Type of Organization



II. FY 2020-21 GRANTS

RESULT AREAS Part 1:

Family Functioning
Child Development
Systems of Care

CUTLER OROSI SCHOOL DISTRICT
Family Resource Center

"Most importantly, the client herself had the will and determination to improve her situation, which allowed her to following through with the services we offered."
- Program staff

Project Purpose and Evaluation Design

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

The FRC also offers a nutrition program called *My Plate* that includes four 1-hour sessions focused on healthy 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.

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.

Personal motivation, aided by the vital role the First 5 case manager played, led to one young, single mother's accomplishment of completing her schooling and becoming employed full time. After successfully completing 18 sessions of the Safe Care program and learning more about the importance of interacting with her children, she was able to address safety hazards in the home she shared with her parents, establish a routine to incorporate daily dedicated time with her children, and establish realistic goals for her children and herself. The support she received through this program and the FRC agency partners (e.g., TCOE's Connections for Quality Care program that paid for child care services), benefitted the entire family.

Evaluation Results

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

There was no data submitted this year for the DRDP Infant-Toddler group.

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

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

Table 1. Home Life Impact after Program Participation

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

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

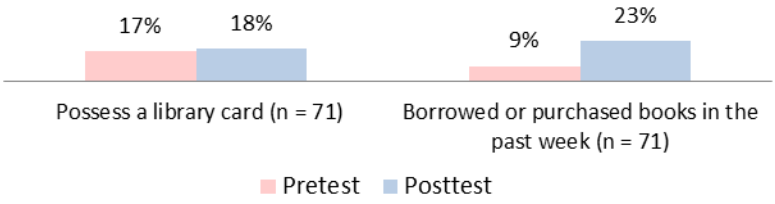
Table 2 shows the details of the early literacy program improvements. Over 40% of the parents reported having 11 or more books at home on the pretest but on the posttest, almost three-quarters (71.4%) reported having this many books. —a statistically significant change (Table 2). Looking at how often parents read books to their children and told stories to their children, statistically significant posttest changes were found with almost three-quarters of the parents on the posttest (73.9%) responding that they were reading books to their children about 3 times a week to every day and over two-thirds (69.5%) were telling stories to their children about 3 times a week to every day.

Table 2. Parents' Experience with Books/Reading to Children, Matched Sample (n=70)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	15.7	0
3 - 10 books	41.4	27.1
11 - 25 books	28.6	35.7
26 - 50 books	8.6	28.6
51 + books	5.7	7.1
About how often do you read books or stories to your children?		
Never	11.6	2.9
Several times a year	4.3	2.9
Several times a month	13.0	4.3
Once a week	21.7	15.9
About 3 times a week	27.5	33.3
Every day	21.7	40.6
How often do you tell your children a story (e.g., folk and family history)?		
Never	8.7	1.4
Several times a year	7.2	0
Several times a month	11.6	8.7
Once a week	20.3	17.4
About 3 times a week	31.9	21.7
Every day	15.9	47.8

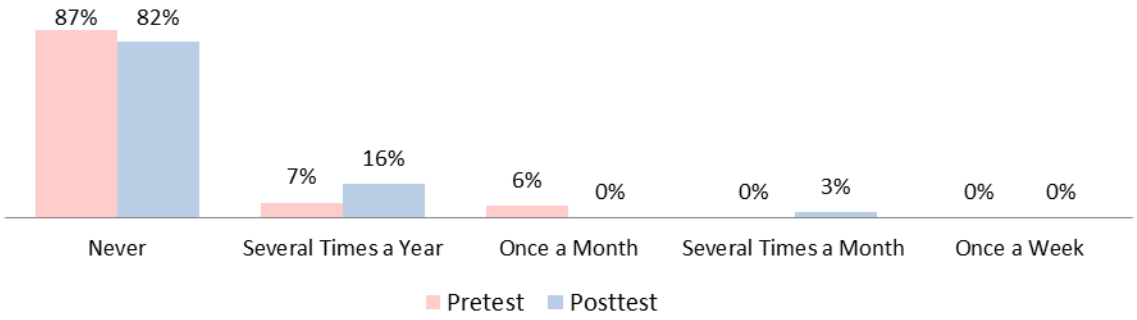
In terms of library experience for the 71 parents with both a pre/posttest, there was no statistically significant change in the percentage who said they possessed a library card before and after the program (Figure 1). There *was* a statistically significant increase however in the number of parents who said that they had checked out a library book or purchased a book in the past week.

Figure 1. Current Library Experience, Matched Sample (n=71)



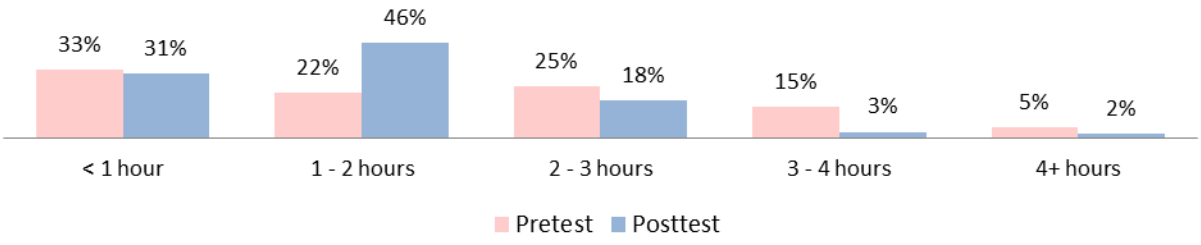
As Figure 2 shows, a total of 13% of the parents at the pretest reported they went to the library several times a year or more; the situation improved slightly by the posttest with about 19% saying they now visited the library with this frequency, however the change was too small to be significant. The percentage of parents reporting they never went to the library dropped only slightly. We suspect these numbers were probably impacted by COVID and closures caused by COVID.

Figure 2. Frequency of Going to the Library, Matched Sample (n=71)



Television-watching habits, in addition to reading and visiting the library, are of interest as this can have a negative effect on early literacy goals. The overall reduction parents reported in children's total daily hours of TV viewing (Figure 3) was statistically significant.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=67)



Parents were also asked about TV viewing experiences. After participating in the program, parents reported statistically significant changes with more of them engaging in two of the positive parental behaviors asked about in Table 3. On the posttest, over two-thirds (71.2%) said they *always* selected the TV program their children watched and more than half of them (57.8%) reported that they *always* watched the TV program with their children.

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

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	16.7%	30.3%	53.0%	3.0%	25.8%	71.2%
When your children watch TV, do you watch the TV programs with your children?	17.2%	39.1%	43.8%	1.6%	40.6%	57.8%
When your children watch TV, do you ask your children questions about the TV program?	34.9%	38.1%	27.0%	27.0%	38.1%	34.9%

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

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

With the *Parenting Wisely* tool, participants were asked a number of parenting-related questions that had correct or incorrect answers. Table 4 that starts on this page displays the percentage of them answering correctly. There was statistically significant improvement on 21 of the 34 questions (62%) from pre- to posttest. The overall percentage correct, 47.4% (last year, 68.8%), at the posttest was statistically significant.

Using 80% correct as a benchmark for total test performance, only one of the 30 parents scored over 80% on the pretest (last year, all but one of them did) but on the posttest, all of them scored over 80% correct.

Table 4. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=30)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	53%	87%	63.6%*
2. What is the best reason to use "Active Listening"?	53%	80%	50.9%*
3. In disciplining a child, what should be included along with punishment?	37%	63%	70.3%
4. What is the most important part of giving a chore?	57%	90%	57.9%*
5. What is most important in "Assertive Discipline"?	40%	90%	125.0%*
6. What is most likely to happen if parents don’t follow through on punishment?	70%	87%	24.3%
7. When might a family discussion of a problem NOT be a good idea?	47%	67%	42.6%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	77%	97%	26.0%*

Table continues on next page

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
9. What happens when parents are consistent in giving consequences?	40%	77%	92.5%*
10. What are the components of "Contingency Management"?	27%	90%	233.3%*
11. What happens if a parent monitors a child's schoolwork?	70%	87%	24.3%
12. When you first find out your child is doing poorly at school, what should you do first?	87%	93%	6.9%
13. What is the long term result of motivating children by yelling at them?	83%	90%	8.4%
14. What often happens when a parent forbids teens to see a particular friend?	83%	93%	12.1%
15. What happens when you compare siblings to each other?	87%	93%	6.9%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	53%	80%	50.9%*
17. The main reason parents yell at their children is?	43%	90%	109.3%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	80%	97%	21.3%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	43%	83%	93.0%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	67%	77%	14.9%
21. What is the purpose of an "I Statement"?	70%	100%	42.9%*
22. What are the main advantages of "Contracting" for adolescents?	40%	67%	67.5%*
23. Which of the following is an "I Statement"?	50%	90%	80.0%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	43%	97%	125.6%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	13%	77%	492.3%*
26. What is the advantage of having both parents involved with a child's homework problem?	30%	100%	233.3%*
27. What happens when parents give punishments that are severe?	73%	77%	5.5%
28. Close supervision of our children when they spend time with friends has which advantage?	77%	90%	16.9%
29. What are the main elements of "Contracting"?	47%	83%	76.6%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	50%	87%	74.0%*
31. If we need to correct our child when he with friends, what should we do?	83%	97%	16.9%
32. To help our children know which behavior to change, it is important for us to be...	57%	93%	63.2%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	93%	97%	4.3%*
34. When we talk about the positive motive behind someone's behavior the effect is?	87%	100%	14.9%*
Overall Percentage Correct	**59%**	**87%**	**47.5%***

*$p < .05$.

Parents who completed the *Parents Helping Parents SEA* parenting program used a 5-point scale and rated how often they engaged in 34 different parental practices. Table 5 contains items representing both *poor* (questions 1-13) and *good* (questions 14-34) parenting practices. Only three parents turned in both a pretest and a posttest; among these parents, there was no statistically significant change in the frequency of engaging in either the negative or the positive behaviors.

Although not statistically significant, there was either no change or a decrease in the frequency of the parents engaging in all but two of the 13 negative behaviors. Parents reported using sarcasm slightly more and repeating themselves more often on the posttest than on the pretest. Overall, they reported that they "rarely" engaged in negative behaviors on both the pretest (overall *M* = 2.2) and the posttest (overall *M* = 2.1). For the 20 positive behaviors, the parents reported they were engaging less often in these behaviors after the program (overall Pre *M* = 4.0; overall Post *M* = 3.5). It is important to point out that many of the responses to these questions were already quite positive, leaving little room for improvement.

Table 5. Parents' Report of Parenting Behaviors, Matched Sample (n=17)

Survey Questions	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
"Negative" Behavior Questions					
1. How many times do I hit my children?	2.0	.0	1.7	.6	-15.0%
2. How many times do I yell?	3.3	.6	2.7	.6	-18.2%
3. How many times do I scold my children?	3.7	1.2	2.7	1.2	-27.0%
4. How many times do I insult my children?	1.3	.6	1.0	.0	-23.1%
5. How many times do I use profanity?	1.0	.0	1.0	.0	No Change
6. How many times do I get angry?	3.7	.6	3.7	1.2	No Change
7. How many times do I use sarcasm?	1.3	.6	1.7	.6	30.8%
8. How many times do I repeat myself?	2.3	1.5	3.7	1.2	60.9%
9. How many times do I get into arguments for the sake of my children?	2.0	1.0	1.3	.6	-35.0%
10. How many times do I blame my partner or my children for my unhappiness?	1.7	1.2	1.0	.0	-41.2%
11. How many times do I fight with my partner?	2.7	.6	2.7	1.2	No Change
12. How many times do I fight with my partner in front of my children?	1.7	.6	1.7	1.2	No Change
13. Family rules are created by my husband and me without our children's participation.	2.3	1.2	2.0	1.0	-13.0%
Overall Mean for Negative Behavior Questions	**2.2**	**.2**	**2.1**	**.4**	**-4.6%**
"Positive" Behavior Questions					
14. I know where my children (are) after school and on the weekends.	5.0	.0	3.7	2.3	-26.0%
15. I know my children's friends.	4.0	1.0	3.0	1.7	-25.0%
16. I know my children's friends' parents.	3.7	1.2	3.0	2.0	-18.9%
17. I know where my children's friends live.	3.7	1.2	2.3	1.2	-37.8%
18. I know what my children are doing when they are in school.	4.3	1.2	4.0	1.7	-7.0%
20. What frequency of diversion so (sic) we have with family?**	4.0	1.7	3.3	1.5	-17.5%

Table continues on next page

"Positive" Behavior Questions, cont.					
21. How many times do we eat together as a family?	4.0	1.7	2.7	.6	-32.5%
22. How many times do we converse with our children?	4.7	.6	4.3	1.2	-8.5%
23. How many times do I talk with and encourage my children?	5.0	.0	4.3	1.2	-14.0%
24. How many times do I express affection to my children?	5.0	.0	4.0	1.0	-20.0%
25. How many times do we have family reunions to discuss issues?	3.0	1.0	3.0	.0	No Change
26. How many times do I participate in school activities with my children?	4.0	1.0	4.3	1.2	7.5%
27. How many times do I help my children with their homework?	4.0	1.0	4.0	1.7	No Change
28. How many times have I asked my children for their option to help with an issue that affects them?**	3.5	.7	2.5	.7	-28.6%
29. How many times have I talked to my children regarding drugs?	4.3	1.2	4.3	1.2	No Change
30. How many times have I talked to my children regarding gangs?	4.3	1.2	4.3	1.2	No Change
31. How many times have I talked to my children regarding sex and how to protect themselves?	2.0	1.0	3.0	1.0	50.0%
32. How many times do I pray with my children?	3.3	2.1	2.7	1.5	-18.2%
33. How many times do I attend church with my children?	3.0	1.0	2.0	1.0	-33.3%
34. How many times do I talk to my children of God?	5.0	.0	3.7	1.5	-26.0%
Overall Mean for Positive Behavior Questions	**4.0**	**.1**	**3.5**	**.9**	**-12.5%**

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?

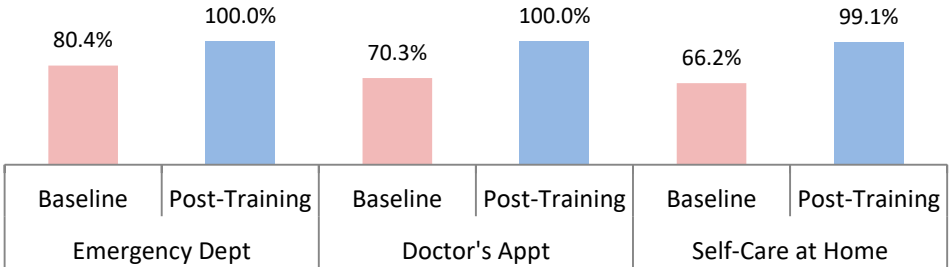
This year, 14 parents participated in the Home Accident Prevention (Safety) module of the *SafeCare program,* a home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training and providing safety latches to the families. As Table 6 shows, an average of 32.1 (102.6 last year) hazards per family were observed during the initial assessment but dropped to an average of 5.1 at the end of the module, an 84.1% reduction (94.1% last year).

Table 6. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=14)

	Baseline	Post-Training
Total number of hazards	449	72
Average number of hazards per client	32.1	5.1
Mean percent reduction	84.1%	

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

Figure 4. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=13)



The purpose of the parent-infant interactions and parent-child interactions module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. As is evident in Figures 5 and 6, the improvement in parents' ability to consistently demonstrate the desired behaviors was significant—a 344% improvement from baseline to the completion of the training for the parents with infants and a 1379% improvement for those with older children.

Figure 5. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=14)

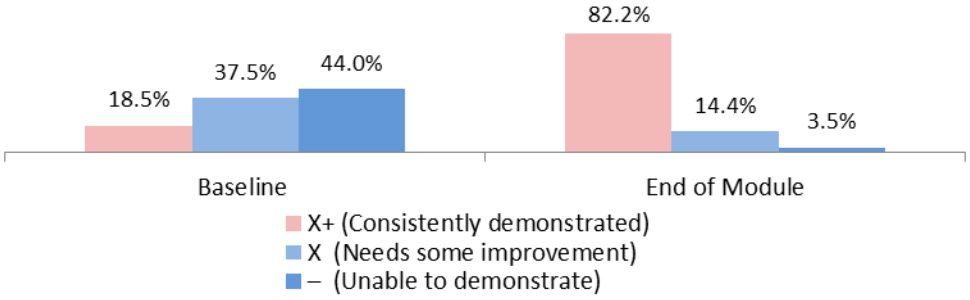
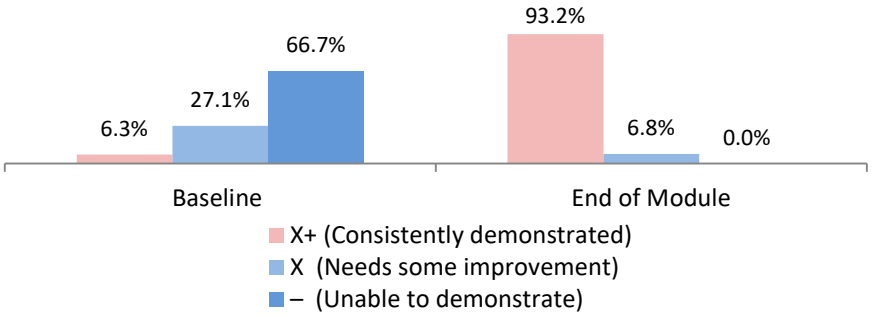


Figure 6. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=5)



As a way to look at participants' satisfaction level, the parents were asked how much they agreed or disagreed with statements relating to the SafeCare training they had completed. Each of the 4 surveys focused on a specific training module they had completed. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents rated their level of agreement using a 5-point scale.

Overall, the 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 "disagreed' to "strongly disagreed" that the Home Visitor was negative and critical or that the training did not give them new or useful information. On the Health module (*n* = 27), there were two parents who "disagreed" or "strongly disagreed" with the statement that "practicing during the sessions was useful and the statement that "the written materials were useful." On the Parent Child module (*n* = 7), there was one parent who was unhappy with the training across the board. There was one other parent who agreed with the statement that they "do not feel the PCI training gave me new or useful information or skills" for this module.

Table 7. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 27)	Home Safety (n = 22)	Parent Child (n = 7)	Parent Infant (n = 14)
Home is safer since training		1.18		
Am better able to identify hazards		1.14		
Easier to interact with my child			1.43	1
Am better able to get rid of hazards		1.09		
Easier caring for my child's health	1.04			
Have more ideas about activities to do with my child			1.71	1
Plan to continue with changes made		1.09		
Easier deciding when to take my child to doctor	1.07			
Routine activities have become easier			1.57	1
Amount of time it took was reasonable		1.24		
Easier deciding when my child needs emergency treatment	1.04			
Was comfortable letting Home Visitor check out home		1.09		
Believe that training is useful to other parents	1.04	1.05	1.71	1
Did not feel this training gave new or useful info/skills	4.93		3.86	4.71
Practice during session was useful	1.26	1.09	1.71	1
Written materials were useful	1.3	1.05	1.57	1
Home Visitor was on time	1.04	1.09	1.43	1
Home Visitor was warm and friendly	1.04	1.05	1.43	1
Home Visitor was negative and critical	4.96	5	4.57	5
Home Visitor was good at explaining materials	1	1.05	1.57	1

Score = "1" strongly agree, "2" agree, "3" for neutral, "4" for disagree, and "5" for strongly disagree.

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

Twenty-one of the 22 parents who participated in the *My Plate* nutrition classes completed both a pre- and a post survey. What they chose to buy and serve their families and the factors they considered when doing so, displayed in Table 8 below changed quite a bit after completing the sessions. Fewer parents chose randomly, more gave thought to looking for healthier choices (though none mentioned using whatever was in season), and a couple of them said they were more conscious of nutritional information on the food items. Interestingly, the

participant who said at the first class her food shopping habits were based on "cravings" gave the same frank response after taking the course.

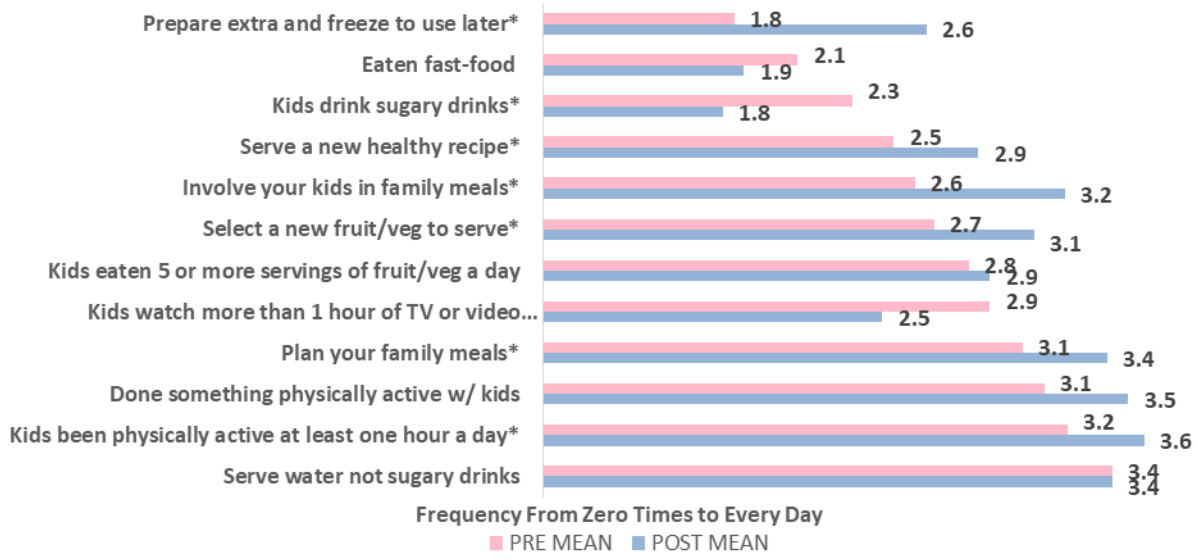
Table 8. The Main Way Participants Chose Food for the Family, in Frequency of Mention

Prior to the Nutrition Classes (n=20)	After the Nutrition Classes (n=21)
↓ I buy/cook whatever my children/husband asks for	↑ I make a grocery list/menu before going to the store
↑ I think about what we need for the week and make a list	↑ I look for green color and fresh fruits
↔ We talk and decide what to eat, sometimes a day before	↑ By looking at nutrition labels
↔ I let my mom decide	↑ I think about it (menu) the day before
↓ Based on cravings	↔ We talk and decide what to eat
↓ Whatever comes to mind when I go shopping	↔ I plan based on what food I have in the pantry
	↓ Based on cravings
	↓ We eat what we want

↑ = Desirable behavior ↓= Undesirable behavior ↔ = Neutral behavior
Note: Respondents could write more than one answer.

The parents were also asked how often they engaged in various health-related behaviors in the past week: from "zero" to "every day" (coded from 1 to 4 in order to obtain pre/post means.) Of the 12 different behaviors evaluated, eight of them were statistically significant (as noted by the asterisks in Figure 7). Parents however, did not report any statistically significant changes in how often they serve water and not sugary drinks, eat out at a fast food restaurant, engaged in something physically active with their children, or their children eating five or more servings of fruit and vegetables a day.

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

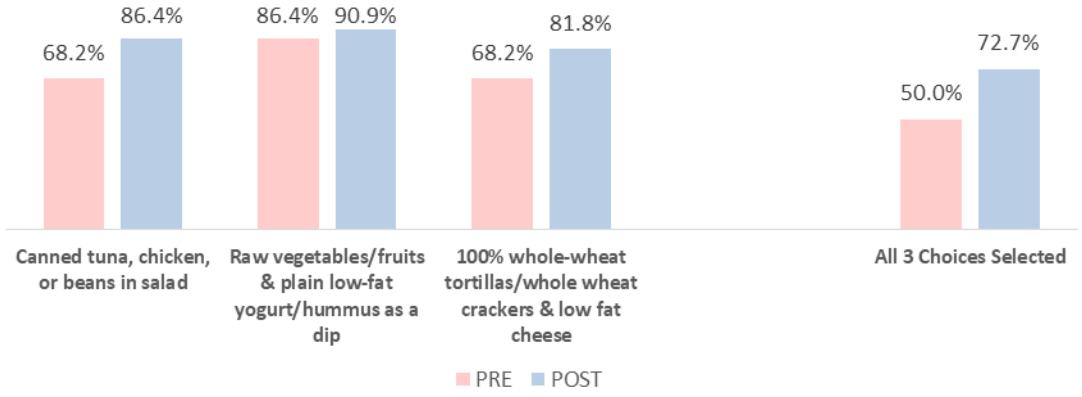


*=statistically significant ($p < .05$)

The survey listed certain food items and asked which of the choices were healthy. Since all three food items shown in Figure 8 were healthy choices, parents should have correctly selected all three choices. On the

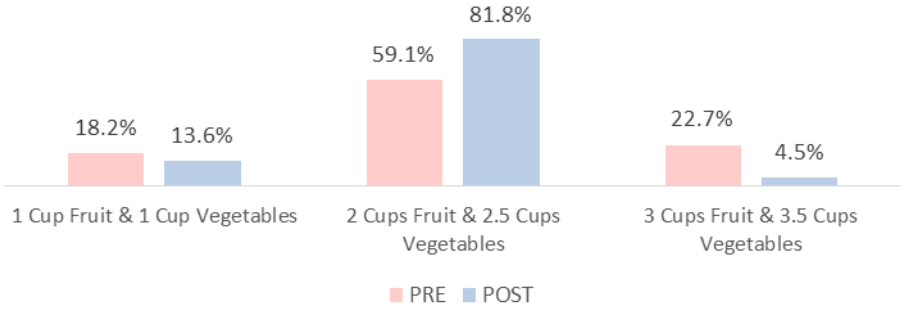
pretest, half of the parents selected all three. This percentage increased to over 72% on the posttest, though the increase was not statistically significant ($p > .05$).

Figure 8. Percentage of Parents Selecting Specific Healthy Food Choices, Matched Sample (n=22)



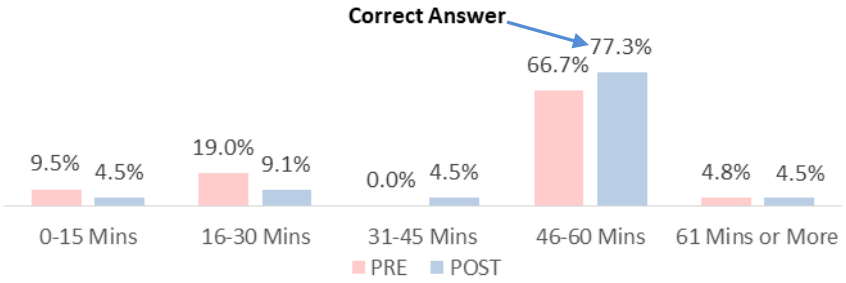
Parents were also asked what the daily recommended amount of fruit and vegetables was. Before the classes, almost 60% of the parents selected the correct answer of two cups of fruit and two and half cups of vegetables as the recommended daily amount of fruit and vegetables. After the program, the percentage of parents answering this question correctly increased to over 80% (Figure 9).

Figure 9. Parents Knowledge of Daily Recommended Amount of Fruit and Vegetables, Matched Sample (n=22)



To help children develop habits that will last a lifetime, an active, healthy lifestyle must start early in life. Parents were asked how many minutes of physical activity children six years old and older needed each day (Figure 10). The responses were recoded into 15-minute intervals. Before the classes, two-third of the parents (66.7%) responded correctly that it was 46 to 60 minutes a day. After the program, there were more parents correctly answering that children needed 46 to 60 minutes a day (77.3%).

Figure 10. Parent's Knowledge of Recommended Daily Physical Activity for Children, Matched Sample (n=22)

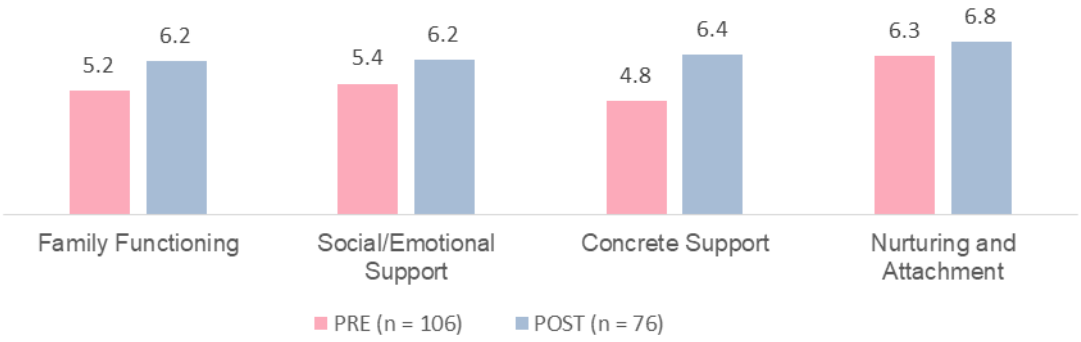


To what extent did parents demonstrate building protective and promotive factors that strengthen families?

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

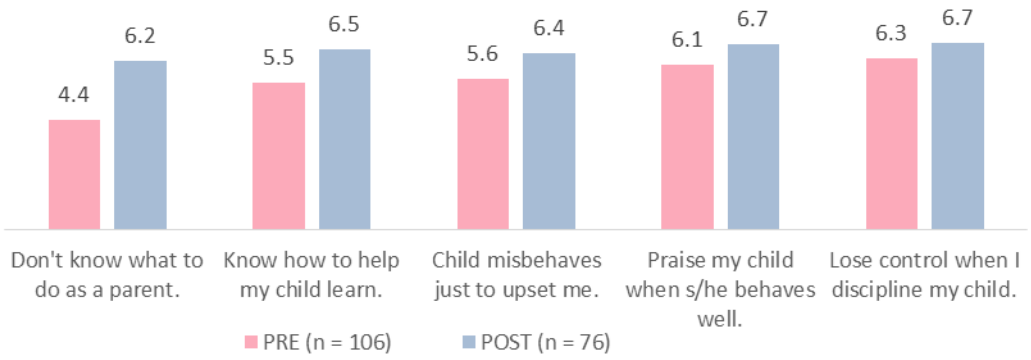
Because the participants for the pre/post were not able to be matched (the FRC sends us summarized data in an e-file), the data are not able to speak to changes in the responses of individuals. However, we can see from Figure 11 there was an increase in protective factors from pretest to posttest on all four of the subscales, with the Concrete Support subscale showing the largest increase in protective factors.

Figure 11. Mean Scores for Parents' Protective Factors



For the 5 items in the Knowledge of Parenting area (Figure 12), parents improved their knowledge about all the items covered in this tool. Similar to last year, the greatest increases were in the areas of "knowing what to do as a parent" and "knowing how to help my child learn."

Figure 12 Mean Scores for Knowledge of Parenting



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. Families participating in this FRC's programs also showed knowledge gain about positive parenting practices and demonstrated some of the important protective factors that sustain and add resiliency to families.

Taking the nutrition class “My Plate” clearly had benefits for the FRC’s participants: they not only increased knowledge about healthy food and exercise choices but more positive behaviors in *applying* that knowledge in selecting and preparing food items.

The majority of parents who completed the *SafeCare* modules appreciated and responded positively to the program training, demonstrating impressive evidence across all four modules in knowledge change about parenting practices and child health and safety information. The only suggestion we need to make here is that when copies of the evaluation forms are sent to us, staff should check for duplicates; this year we received two sets of duplicate forms (the same clients twice) for the Parent-Infant Interaction module.

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

"This is a place I can reconnect with my child."
- Non-custodial father of a young child

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

A program highlight was not submitted by the grantee this year.

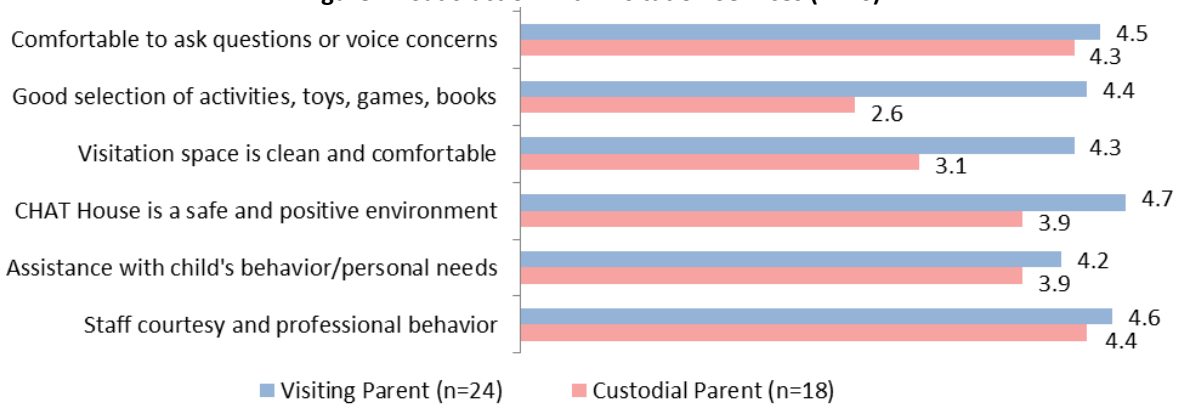
Evaluation Results

How Satisfied were Parents with the Supervised Visitation Experience?

A total of 24 visiting (the non-custodial parent) and 18 custodial parents who participated in the supervised visits program submitted completed satisfaction surveys. Overall, the visiting parents expressed greater satisfaction on all six items in the questionnaire than the custodial parents. Most of the parents viewed the staff as courteous and professional, and expressed a great deal of comfort with having an ability to ask questions or voice concerns, though custodial parents did a little less so than visiting parents.

As in all past years, the custodial parents were relatively unhappy with the cleanliness and comfort of the visitation space, and really rated the selection of activities, toys, books and games in low regard. They also expressed a bit less satisfaction concerning the staff helping with children's behavior and personal needs (Figure 1).

Figure 1. Satisfaction with Visitation Services (n=26)



Overall average satisfaction: Visiting Parents = 4.5; Custodial Parents = 3.7

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

About half of the parents provided additional feedback about the program in the form of written comments. Similar to previous years, the most frequent comment about the benefit of the program from both categories of parents was being provided a "safe, positive environment" for visiting with their child (Table 1). This set of parents made nearly the same suggestions to improve the services as previous families did—allowing children to receive gifts from the visiting parent, creating more open space for visiting, and having snacks available for the children.

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

Custodial Parents	Visiting (non-Custodial) Parents
Perceived Benefits of Having Visits at the CHAT House	
▪ I know my child is in a safe setting ▪ I like the regular schedule (set times, both parents are held accountable) ▪ This is a place I can reconnect with my child	▪ Location is good ▪ Staff is ready to help if my child has needs ▪ Fun, creative, many activities ▪ No contact between parties ▪ A safe/secure environment in which to meet ▪ I feel safe with professional help
Ways the Program Could Support Parents in Strengthening/Improving Quality of Visits	
▪ More explaining needed when documents are sent ▪ Change the child's diapers more often	▪ Allow parents to give gifts to our children ▪ There needs to be more open space ▪ Have snacks available for children ▪ Phone calls need to be returned

[1]Comments are verbatim or only 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." Over 40% of the parents (19 of 46) 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 "moderately angry" and "avoidant" (*M* = 3.9). After the program, the parents rated their relationship somewhere between "avoidant" and "cold" (*M* = 4.8). This slight improvement, with a mean percentage change of 23.5%, was statistically significant.

Table 2. Parents' Rating of Overall Relationship with Their Child's Other Parent, Matched Sample (*n* = 46)

Rating	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Please rate your overall relationship with your child's other parent.	3.9	2.2	4.8	2.1	23.5%*

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 four of the five items after completing the class, with the largest improvement seen in parents' self-rating of their ability to communicate with the child's other parent (27.8% change). There was no statistically significant difference in how parents rated their ability to shield their child from parental conflict.

Questions 7 through 10 addressed engaging in negative parenting behaviors. Although most of the participants already did not engage in these negative behaviors (overall pretest mean of 9.0), there were statistically significant positive changes afterwards on all but one item: asking their child to relay messages to the other parent; parents were already reporting that they almost never engaged in this behavior on the pretest.

Table 3. Parents' Rating of Cooperative Parenting - Boyan and Termini Survey, Matched Sample (n=53)

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.	53	5.4	3.2	6.9	2.8	27.8%*
3. Control your anger when interacting with your child's other parent.	53	7.5	2.7	8.7	1.4	16.0%*
4. Use negotiation skills when interacting with your child's other parent.	53	6.6	3.0	7.6	2.6	15.2%*
5. Keep your child shielded from parental conflict.	53	8.2	2.3	8.8	2.1	7.3%
6. Cooperate with your child's other parent on establishing mutually acceptable guidelines and agreements.	53	6.3	3.0	7.5	2.8	19.1%*
Overall Mean for Ability Questions 2 - 6	**53**	**6.8**	**2.3**	**7.9**	**1.9**	**16.2%***

Table continues on next page

How often do you participate in the following behaviors:						
7. Make negative comments about your child's other parent in front of your child.	53	9.0	1.9	9.6	1.0	6.7%*
8. Ask your child questions about the other parent's personal life.	53	9.1	2.2	9.7	1.1	6.6%*
9. Ask your child to relay messages or pass notes to the other parent.	52	9.4	1.8	9.8	1.0	4.3%
10. Argue with your child's other parent in front of your child.	51	8.6	2.4	9.4	1.2	9.3%*
Overall Mean for Participation Questions 7 - 10	**53**	**9.0**	**1.5**	**9.6**	**.8**	**6.7%***

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).
*$p < .05$.

Program staff also rated the "supervised visits" parents group on parental behaviors related to building relationships, promoting learning, and supporting confidence using the KIPS Parenting Scale. Unfortunately, of the few participants who were assessed initially, there were data submitted for only one of them assessed at follow-up, resulting in an insufficient pre/posts for analysis this year.

Conclusions and Recommendations

It is clear that parents who are served by this program believe it is beneficial for their families and are mostly satisfied with aspects of it. This meets 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." It is of concern, however, that custodial parents, year after year, report relatively low satisfaction with the physical setting—cleanliness/comfort, closed-in spaces—and availability of books, games and toys for the children. We wonder what the opportunities are for making at least some improvements in these areas since these are recurring themes.

The project met its evaluation goals for parents who participated in the Cooperative Parenting and Divorce curriculum. The parents' self-ratings of improved behaviors that help to heal fractured family relationships were very favorable. However, without program staff's observations (due to the insufficient sample of KIPS assessments) we were not able to look at the question of uniformity between parent and staff views about parenting behaviors.

FAMILY SERVICES OF TULARE COUNTY
Early Mental Health Program

"I have my boy back…the one I knew was inside there. I know how to be his mom now."
- Mother of a 4-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.

The biggest challenge this program has had has been very low referrals (due to the pandemic). Although staff has been doing outreach to pediatrician offices, child dental offices and preschools to inform them of their 0-5 early mental health services, referrals have been slow in coming. Schools not operating as usual created fewer referrals coming in through the schools to the partner FRCs—which has been the program's biggest referral source to date–created the vicious cycle of low client participation. Nonetheless, the agency continued to provide "therapy kits" to First 5 families that therapists routinely use for sessions with children and their parents including basic supplies, books, teddy bears and new art supplies. The program is also working on ways to increase referrals and let families know of their services.

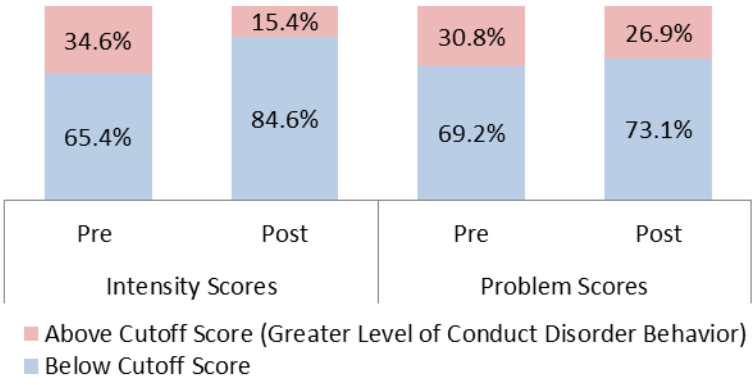
Evaluation Results

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

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

Although 48 parents completed the pre-assessment, the matched post-assessment sample size of 26 was used as the basis for the analysis. On the pre-assessment, 34.6% of the children scored at or above the cutoff score on the Intensity items, which lowered to 15.4% on the post-assessment (pink bars in Figure 1), displaying a reduced level of conduct disorder behavior. The pre/post changes on the Problem scale, 30.8% down to 26.9%) also indicated fewer behavioral concerns. Neither change from these scales however was statistically significant ($p > .05$).

Figure 1. Eyberg Child Behavior Inventory
Percentage of Children Exceeding Cutoff Points, Matched Sample (n=26)

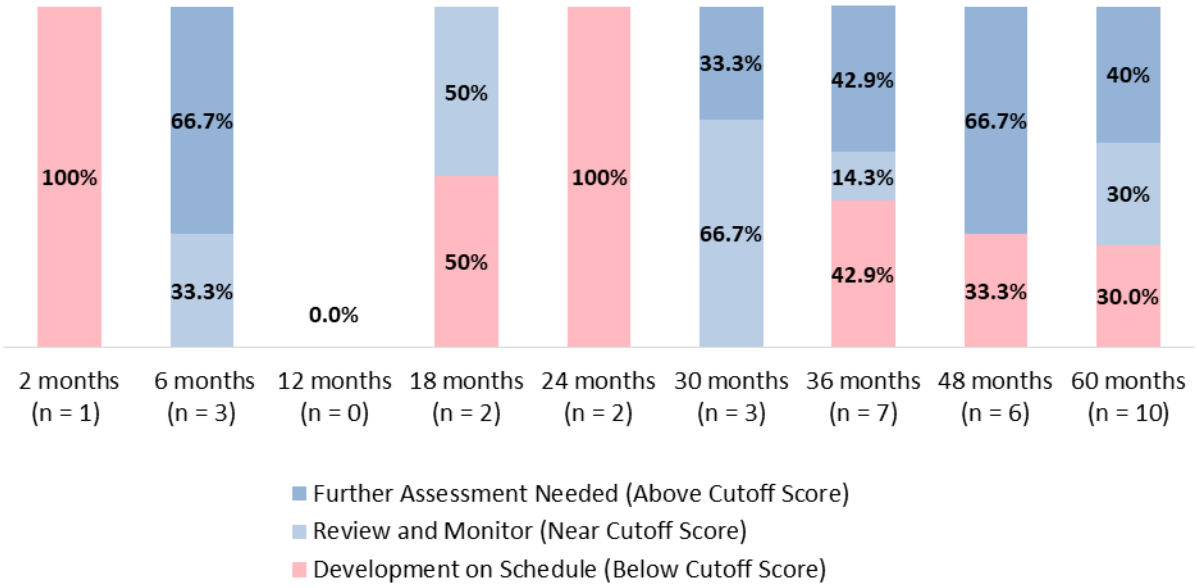


To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. Looking at the entire sample of 34 children from this year for this ASQ version (Figure 2 on the next page), 12 of them (35.3%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development (coded in pink), eight of them (23.5%) scored near the cutoff and were to be reviewed and monitored closer (light blue), and 14 of them (41.2%) scored above the cutoff which warranted further professional assessment (darker blue).

Based on a child's age, the children were classified into nine different age groups with each age group having its own cutoff score and midrange criteria. We can see from the color coding in Figure 2, of the 7 different age groups evaluated, 5 age groups had children who scored above the cutoff scores for their age group and warranted further evaluation.

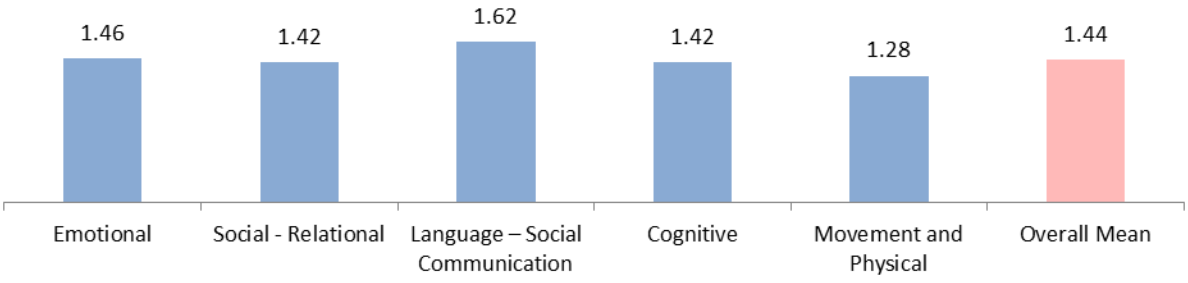
Figure 2. Percentage of Children Below, Near or Exceeding ASQ-SE Cutoff Score (n=34)



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 66 children were evaluated this year (only initial assessments are submitted to us).

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 shows the mean domain score of these ratings. Overall, children were rated the most favorably in hitting the milestones in the Movement and Physical Domain (*M* = 1.28) and the least favorably in hitting the milestones in the Language – Social Communication Domain (*M* = 1.62). The overall mean for all the ages evaluated this year was 1.44, indicating that many of the milestones were "fully present" to "inconsistently present or emerging" for the children.

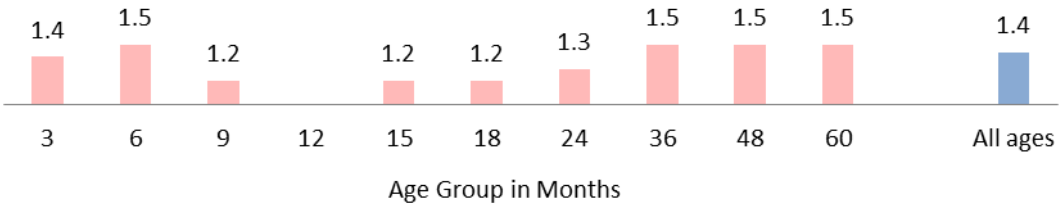
Figure 3. Average Developmental Milestones & Competency Ratings Domain (n=50)



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

Looking at the children by their age group (see Figure 4.), children in the 9 months age group (*n* = 1), the 15 months age group (*n* = 1), and the 18 months age group (*n* = 6) were evaluated the most favorably, and the children in the 6 months age group (n = 3), the 36 months age group (n = 7), the 48 months age group (n = 9), and the 60 months age group (*n* = 14) evaluated the least favorably. (There were no children in the 12 months age group for this year.)

Figure 4. Developmental Milestones and Competency Ratings, Overall Means by Age Group (n=50)



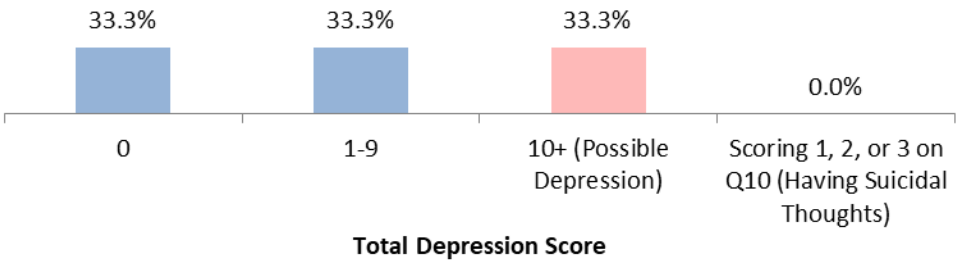
Note: 1 = fully present, 2 = inconsistently present or emerging, and 3 = absent.

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

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

This year, three women were rated by the project using this tool. As Figure 5 shows, one of the women (33.3%) scored over 10 which indicated possible depression. None of the mothers, however, responded in a way that suggested she may have had *possible suicidal thoughts* and should be referred for immediate further assessment.

Figure 5. Edinburgh Postnatal Depression Scale (*n* = 3)



Conclusions and Recommendations

This project continues to offer an essential resource for families with children for whom early mental health issues are a concern and for new mothers who may be suffering postpartum depression. The results of the Child Behavior Inventory suggest that children exhibited fewer behavioral concerns after families worked with the therapists. 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 domain in children's milestones is again, this year, the area for therapists/staff to focus on in helping children reach competency.

We assume that the *Edinburgh Postnatal Depression Scale* was applied in all cases of possible maternal depression and that the small sample size of three indicates either few postpartum clients or very few exhibiting signs suggestive of depression where screening could be helpful.

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

"Discipline is one thing I thought would be hard as a parent because I come from the streets." - Inmate at post-discharge follow-up

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 who had children ages 0-5 using the *ACT* (Adults and Children Together Against Violence) 8-week curriculum. Data were collected with the ACT Parents Raising Safe Kids Pre/Posttest tool and a *Parental Stress Scale* Pre/Posttest.

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 did not submit a highlight this year.

Evaluation Results

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

The *Parental Stress Scale* gauges how much stress parents feel by looking at their agreement and disagreement level to 18 items. Participants used a 1 to 5-point "Strongly Disagree" to "Strongly Agree" scale to rate 18 parental stress items about their feelings and perceptions about being a parent. Higher total scores mean higher levels of parenting stress. Table 1 below displays the range of scores received for this year's group of inmates. (Note: there was no outmate data available for this tool this year. The evaluation results below pertain only to the sample of inmates.) Although none of the changes was statistically significant, there was a slight reduction in the overall stress level of the parents from the pre- (M = 31.5) to the post-assessment (M = 28.5).

Table 1. Total Scores on the Parental Stress Scale, Matched Sample (n=14)

		Pretest			Posttest		
Group	N matched	Low Score	High Score	Mean	Low Score	High Score	Mean
Inmates Only	14	20	47	31.5	18	40	28.5

A closer look at each specific item on the *Stress Scale* for the matched sample of 14 inmates (Table 2) shows three items with statistically significant changes: parents on the posttest agreed more with the statement that they were happy in their role as parents and agreed less with the statements that they sometimes worried about not doing enough for their children and that having children has been a financial burden.

Table 2. Parents' Self-Report of Parenting Experience – Stress Scale, Total Sample (n=66)

Survey Statement	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
1. I am happy in my role as a parent.**	1.9	1.2	1.3	.8	-31.6*
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	1.3	.5	1.6	1.2	23.1
3. Caring for my child(ren) sometimes takes more time and energy than I have.	2.5	1.3	2.6	1.5	4.0
4. I sometimes worry whether I am doing enough for my child(ren).	4.0	1.1	3.0	1.4	-25.0*
5. I feel close to my child(ren).**	1.9	1.4	1.4	.9	-26.3
6. I enjoy spending time with my child(ren).**	1.1	.4	1.1	.4	No Change
7. My child(ren) are an important source of affection for me.**	1.3	.7	1.3	.5	No Change
8. Having child(ren) gives me a more certain and optimistic view for the future.**	1.5	.8	1.4	.7	-6.7
9. The major source of stress in my life is my child(ren).	2.1	1.4	1.7	1.1	-19.1
10. Having child(ren) leaves little time and flexibility in my life.	1.7	.9	1.7	.9	No Change
11. Having child(ren) has been a financial burden.	1.6	.8	1.3	.5	-18.8*
12. It is difficult to balance different responsibilities because of my children.	1.6	.7	1.6	.8	No Change
13. The behavior of my child(ren) is often embarrassing or stressful to me.	1.6	.7	1.4	.6	-12.5
14. If I had it to do over again, I might decide not to have child(ren).	1.3	.6	1.2	.4	-7.7
15. I feel overwhelmed by the responsibility of being a parent.	1.4	.9	1.4	.5	No Change
16. Having child(ren) has meant having few choices and too little control over my life.	1.8	1.1	1.7	1.1	-5.6
17. I am satisfied as a parent.**	1.9	1.1	1.5	1.2	-21.1
18. I find my child(ren) enjoyable.**	1.1	.3	1.1	.5	No Change
Overall Mean for Statements	**1.8**	**.4**	**1.6**	**.4**	**-11.1**

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.* * $p < .05$.

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 pages. Because this year there were only 3 outmates who participated in this program with their inmate family members, a matched pre/post data set from both

groups was too small for analysis. Thus, the summary findings reported below are only a matched set of 16 inmates.

The first set of questions in this tool asked respondents about their ideas related to children watching TV. As Table 3 shows, there were statistically significant positive changes after the course in two of the ways inmates said they would monitor their children's television viewing. Inmates reported that they more "often" explained the reality behind the TV program (*M* = 3.1) and limit the time the television was on (*M* = 3.2) after participating in the class. Before the class, the inmates stated they "sometimes" engaged in these practices.

Table 3. Parents' Behaviors Concerning Children and Television Viewing (n=16)

Survey Question #6	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Inmates Sample					
a. Limit the time the TV is on	2.5	1.0	3.2	.8	28.0%*
b. Switch channels from inappropriate programs	3.7	.8	3.6	.8	-2.7%
c. Explain the reality behind TV programs	2.4	1.2	3.1	.8	29.2%*
Overall Mean	**2.9**	**.8**	**3.3**	**.6**	**13.8%***

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

Parents were also asked what they thought about the effects of TV on children (Table 4). There was one statistically significant change in their understanding of how it might affect children's aggressive behavior. On the pretest, the parents were "unsure" when asked about this (*M* = 3.1) but after taking the class, they "agreed" with this statement (*M* = 4.1).

Table 4. Parents' Agreements about Effects of Television on Children

Survey Question #7	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
In general, watching television:					
Inmates Sample					
Decreases children's attention span	3.0	1.0	3.8	1.2	26.7%
Decreases children's physical activity	3.6	1.3	4.3	.6	19.4%
Increases children's prosocial behavior	2.9	1.1	3.1	1.3	6.9%
Increases children's aggressive behavior	3.1	1.2	4.1	1.0	32.3%*
Overall Mean	**3.2**	**.8**	**3.8**	**.6**	**18.8%***

Tables 5 and 6 on the next page display the results of parents' agreement levels about 2 different 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. Although there were large percentage changes between the pre and posttest, the inmate parents did not show any significant differences in how they answered the items shown in Table 5; they were mostly "not sure."

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

Survey Question #8	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Inmates					
a. The child is just trying to get attention.	2.8	1.2	2.7	1.2	-3.6%
b. The child doesn't understand the mother will return.	3.9	.7	4.0	.9	2.6%
c. The child is trying to stop the mother from doing something she likes.	2.0	.8	2.0	.8	No Change
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.4	.7	4.2	.9	-4.6%
e. The mother should not comfort the child, because he will become spoiled.	2.6	1.2	2.3	1.0	-11.5%
f. The mother should comfort the child or find something fun to distract him.	3.8	.9	3.8	.9	No Change
g. The mother should ignore the child more, so he won't be so upset when she leaves.	2.0	.9	2.2	.9	10.0%

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 parents were also given a list of parenting behaviors related to discipline and other issues about what is best for children (e.g., "Children will quit crying faster if they are ignored") and asked to indicate their agreement level. There were statistically significant changes for four of these statements (Table 7). For example, after participating in the program, these parents strongly disagreed that "children who are given too much love by their parents will grow up to be stubborn and spoiled" and "parents who encourage communication with their children only end up listening to complaints."

Table 7. Parents Raising Safe Kids: What's Best for Children, Matched Sample (n=16)

Survey Question #9	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Inmates					
a. Parents will spoil their children by picking them up and comforting them when they cry.	2.7	1.1	2.3	1.5	-14.8%
b. Spanking is a normal part of parenting.	2.8	1.3	1.8	.8	-35.7%*
d. Spanking is never necessary to instill proper moral and social conduct in children.	3.6	1.3	3.7	1.3	2.8%
e. Parents who encourage communication with their children only end up listening to complaints.	2.4	1.4	1.8	.8	-25.0%*
f. Sometimes, the only way to get a child to behave is to spank.	1.9	.9	1.5	.5	-21.1%
g. Children will quit crying faster if they are ignored.	2.1	.6	2.7	1.3	28.6%
i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	2.1	1.0	1.4	.5	-33.3%*
j. Young children who are hugged and kissed often will grow up to be "sissies."	1.7	.8	1.5	.5	-11.8%
l. I believe it is the parents' right to spank their children if they think it is necessary.	3.4	1.4	2.4	1.2	-29.4%*
m. Overall, I believe spanking is a bad disciplinary technique.	3.8	1.1	4.1	1.2	7.9%

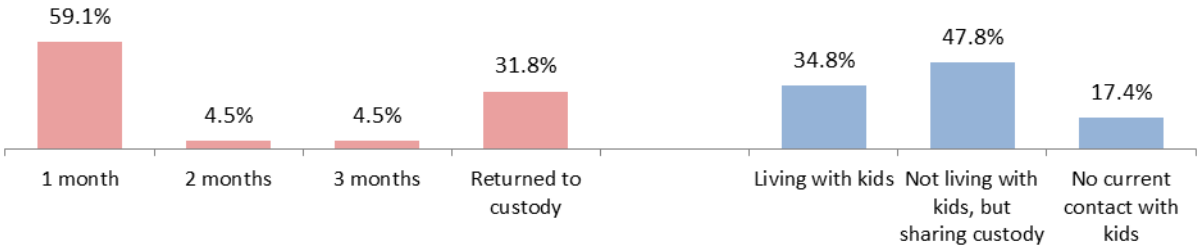
Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Not Sure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

Although the above evaluation findings pertain only to the inmates and did not include their outmates (due to small sample size), we did analyze the outmate data for all of the items described above. there was no statistically significant changes for any of the statements.

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 yielded information on 23 individuals. The majority of the fathers (59.1%) had been home for about 1 month when they were interviewed; close to one-third (31.8%) of them, however, had been returned to custody at the time of the follow-up contact. Just over one-third (34.8%) of the fathers were living with their children while nearly half (47.8%) were not but were sharing custody; 17.4% had no current contact with their children.

Figure 1. Length of Re-Entry Time and Family Living Arrangements (n=23)



The men 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. Having the patience it takes to deal with young children and knowing how to appropriately discipline (vs. physically punish) were the most common responses. Additionally, comments about trying to be a responsible parent and spending more time with their children were also cited as pre-program challenges (Table 8).

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 using more age-appropriate disciplinary methods, and learning to praise their children and show them more affection.

Table 8. Parent Perspectives about Parenting Challenges and Changes after Program Participation (n=23)

Hardest Thing About Parenting (Pre-program)	Most Useful Part of GAPP Program (Post-program at Home)
▪ "Outside influences, not spending enough time with child." ▪ "Not knowing how to discipline without getting angry or hitting them." ▪ "Not having enough money to support the children was difficult." ▪ "I have no patience." ▪ "I felt like I was already a good dad to my kids, but I could still learn more." ▪ "Getting the children up for school."	▪ "Discipline the children to their appropriate age (before I was yelling/hitting them)." ▪ "Helping me learn new ways to discipline." ▪ "Learning how to praise." ▪ "I would like to spend more time with my daughter and not go back to my past life." ▪ "Learning how to show more affection and appreciation for my child."

As a result of participating in the parenting program, the fathers rated their current level of confidence as generally high (mean score = 9.1 out of 10, higher than last year at 8.6) in being able to handle the parenting challenges they had identified; no one rated their confidence level lower than 7 (Figure 2).

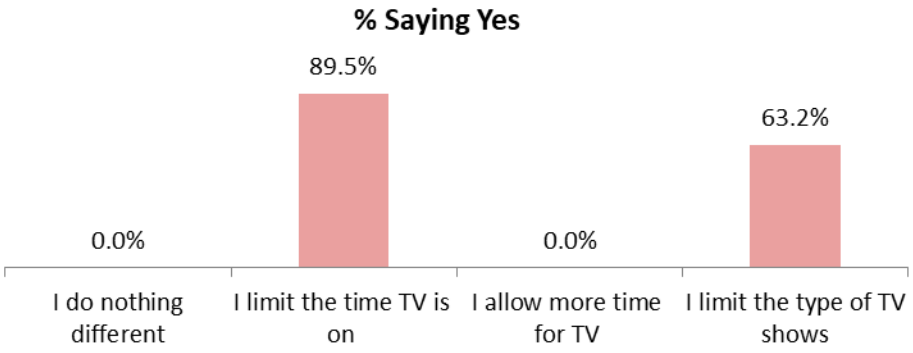
Figure 2. Fathers' Self-Reported Level of Confidence in Being Able to Handle Parenting Challenges After Participation in GAPP (n=19)

Scale 1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
0%	0%	0%	0%	0%	0.0%	10.5%	5.3%	52.6%	31.6%

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

The follow-up interview also contained a question about TV viewing habits because of the association between children's TV watching and early literacy. The greatest majority of them (89.5%) reported limiting TV time and about two-thirds (63.2%, up from 52.2% the previous year) limited the type of show they let their children watch after participating in the program. None of the fathers reported allowing children to watch *more* TV than before they were incarcerated (Figure 2).

Figure 2. Fathers' TV Viewing Behaviors Relative to their Children, Post-Release (n=19)



Note: The men could respond "yes" to more than one option.

Conclusions and Recommendations

This project achieved changes in inmate parents' understanding of positive parenting practices and the range of parental responsibilities, though to a slightly lesser degree than in previous years. Although many of the pre/post changes were not statistically significant, it was of value to see that the parents who participated in the inmate education program did increase their knowledge and improve their attitudes about effective parenting and parental roles as measured by the evaluation tools. The program seemed to be less effective in reducing areas of parenting that typically cause stress.

Because the program will not be continuing as a First 5 grantee into the next funding cycle (they did not apply), we do not have any specific recommendations at this time.

TULARE CITY SCHOOL DISTRICT
Comprehensive School Readiness Program

"I was really taken aback when I realized my son's teacher had graded him [DRDP assessment] with 100% accuracy; I had no idea how she had learned so much about him in so little time. She and her team are extremely attentive!" – Parent of a preschooler

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.

Staff credits adoption of the Learning Genie—and strong parent/teacher, parent/district relationships—with the successes it has had in delivering virtual school readiness services to families this year. (This app also allows a parent who sends a message in their home language translation of the message into English for the teacher/district.) TCSD Early Childhood staff clearly recognized that while education of the child was an important piece of the puzzle, meeting the needs of the family was the other. Through a needs assessment survey it developed, the district was able to gather information on what the individual family needs were, e.g., clothing, food, counseling, vocational services, and along with other departments within the district assist families and link them to community services.

Evaluation Results

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

Using the DRDP (2015) Preschool – Fundamental View, raters completed individual assessments of the children for 44 different developmental measures in six domain areas. The pattern across all of the DRDP ratings was positive as evident by the positive percentage changes (Table 1) for each of the 6 domains. The largest percentage change (235%) was in the Approaches to Learning-Self-Regulation domain where the percentage of "building" or above ratings increased from 18.0% at the fall assessment to 60.3% at the spring assessment. The smallest percentage change (90.6%) occurred in the Physical Development domain where the percentage at pretest of 36.1% increased to 68.8% at posttest. Overall, the percentage of teachers' ratings of "building" or above increased from 25% to 58% between the fall and spring assessments.

Table 1. Tulare City Schools DRDP Preschool Age (non-matched sample)

	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
Domains	**Pre**	**Post**	**% Change**
Approaches to Learning–Self-Regulation	18.0%	60.3%	235.0%
Social and Emotional Development	21.8%	61.9%	183.9%
Language and Literacy Development	26.2%	65.0%	148.1%
Cognition, Including Math and Science	24.3%	58.0%	138.7%
Physical Development – Health	36.1%	68.8%	90.6%
English Language*	23.3%	33.8%	45.1%
Composite of All Domains*	**25.0%**	**58.0%**	**132.0%**

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

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

Preschool children in the *special needs* group were also included in the DRDP assessments, and the pattern across each of the 5 domains for this group was also positive (see Table 2 on the next page). Children received the highest percentage of "building" or above ratings in the Language and Literary Development domain (1510.3%) where the percentage of "building" or above ratings increased from 2.9% at the pretest to 46.7% at the posttest. The smallest percentage change (at 317.6%) was seen for the Social and Emotional Development domain. The English Language learners in this group (there were two) received all "building" or above ratings for all of the measures in the English Language domain on both the fall and spring assessments. For the total children in the special needs group, the percentage of teachers' ratings of "building" or above increased initially from 23.3% to 63.2% on the posttest.

Table 2. Tulare City Schools – DRDP Preschool SPECIAL NEEDS (non-matched)

Domains	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
	Pre	Post	% Change
Approaches to Learning–Self-Regulation	8.9%	54.8%	515.7%
Social and Emotional Development	10.2%	42.6%	317.6%
Language and Literacy Development	2.9%	46.7%	1510.3%
Cognition, Including Math and Science	0%	54.7%	---
Physical Development – Health	18.0%	80.4%	346.7%
English Language*	100%	100%	No Change
Composite of All Domains*	**23.3%**	**63.2%**	**171.2%**

Note: each domain contributed equally to the composite number regardless of how many measures it had. Please see footnotes under Table 1 for a fuller explanation.

Conclusions and Recommendations

Overall, the preschool children's developmental areas from all of the school sites showed improvement between pre- and post-assessments. The positive percentage change between the two periods in the Approaches to Learning – Self-Regulation domain, similar to last year, was particularly favorable. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff which was uniquely challenging this year.

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

"The pandemic did not stop this 39-year-old mother from not only caring for her children with our help but finishing her GED class and starting a new job." - Program staff

Project Purpose and Evaluation Design

Projects at all 3 sites, Visalia, Dinuba 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 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. In addition to the program *Protective Factors*, which all FRC clients participate in, the fathers complete *On My Shoulders* to capture before/after data regarding knowledge, attitudes, confidence and parenting behaviors. 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 and parents 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.*

We report first on the evaluation findings of the **Visalia FRC**, followed by the **Porterville and Dinuba FRCs**.

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.

One of the valuable features of an FRC is its linkages with community partners. Foodlink, TCOE, and the Community Care Coalition are just a few of the relationships this site has established to benefit its families. Sometimes special situations require special linkages. This was the case for a mother (herself a former foster child with no current family) of a 3-year old living in an abusive relationship that was adversely affecting her mental health. Staff was able to not only link her with counseling services but find placement for her in a domestic violence shelter and begin working to find a more permanent, safe housing solution. The client showed much strength and resilience once she had the ongoing support of the FRC case manager.

Evaluation Results

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

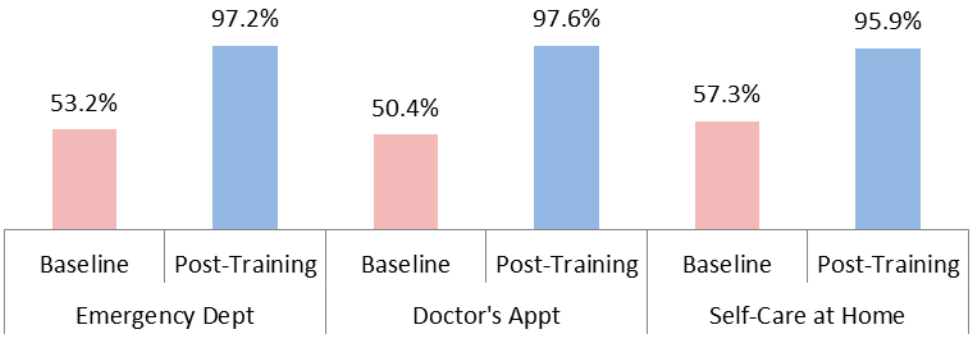
A matched set of 31 parents participated in the Home Accident Prevention Inventory module of the SafeCare program. As Table 1 shows, an average of 35.4 hazards per family were observed during the initial assessment but dropped to an average of 4.5 at the end of the module—an overall reduction of 87.3%

Table 1. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=31)

	Baseline	Post-Training
Total number of hazards	389	49
Average number of hazards per client	35.4	4.5
Mean percent reduction	87.3%	

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

Figure 1. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=31)



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: 15 parents with matching baseline and post-training data in the first age group and 22 parents in the second. The improvement in parents' ability to consistently demonstrate the desired behaviors for both age-groups was significant after receiving the training—nearly a 7-fold in the case of the parents of the older children.

Figure 2. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=15)

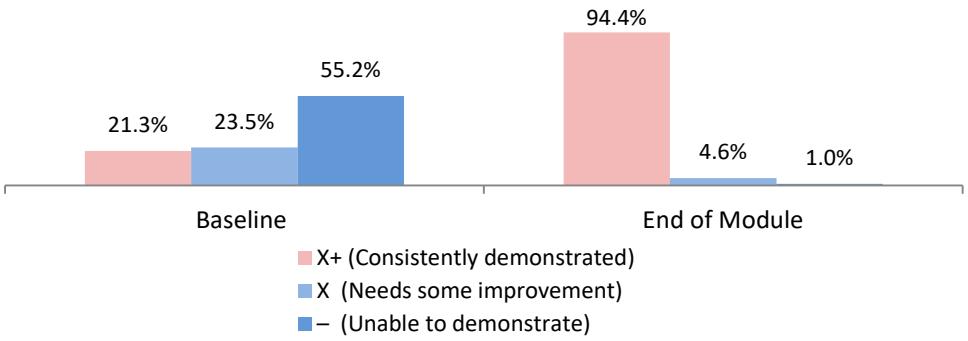
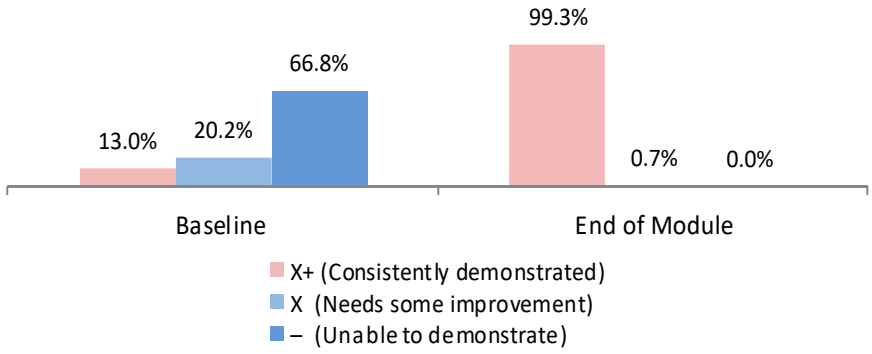


Figure 3. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=22)



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.

Although there were one or two parents/caregivers who reported feeling some dissatisfaction, the majority seemed to be satisfied with the training from the SafeCare Modules. 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.

On the Health module, one parent "agreed" that they do not feel that the health training would be useful to other parents. Another parent "strongly agreed" that the "Home Visitor was negative and critical" (although that same parent "strongly agreed" that the "Home Visitor was warm and friendly" when asked). These discrepancies also occurred on the Parent Infant module with that same parent marking "strongly agreed" when asked if the "Home Visitor was negative and critical" but also marking "strongly agreed" when asked if the "Home Visitor was warm and friendly." There was one parent who was very unhappy with the Parent Child module and marked "strongly disagreed" on all the statements and "strongly agree" on the statements that "the written materials were useful" and "the Home Visitor was negative and critical."

Table 2. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 54)	Home Safety (n = 46)	Parent Child (n = 28)	Parent Infant (n = 19)
Home is safer since training		1.22		
Am better able to identify hazards		1.2		
Easier to interact with my child			1.32	1.21
Am better able to get rid of hazards		1.26		
Easier caring for my child's health	1.15			
Have more ideas about activities to do with my child			1.43	1.26
Plan to continue with changes made		1.09		
Easier deciding when to take my child to doctor	1.17			
Routine activities have become easier			1.46	1.26
Amount of time it took was reasonable		1.26		
Easier deciding when my child needs emergency treatment	1.19			
Was comfortable letting Home Visitor check out home		1.15		
Believe that training is useful to other parents	1.07	1.07	1.25	1.16
Did not feel this training gave new or useful info/skills	4.74		4.89	4.74
Practice during session was useful	1.13	1.15	1.32	1.32
Written materials were useful	1.13	1.2	1.21	1.26
Home Visitor was on time	1.06	1.09	1.21	1.16
Home Visitor was warm and friendly	1.04	1.09	1.25	1.11
Home Visitor was negative and critical	4.87	4.87	4.82	4.79
Home Visitor was good at explaining materials	1.06	1.15	1.21	1.05

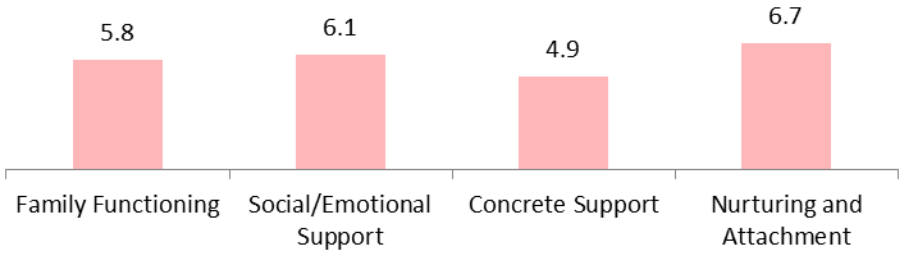
To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form[2] were asked before and after taking the classes how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. *Because we received only 2 posttests (and 79 pretests) for the English-language version of this tool, this small number added no value to the analysis and we report only the results of the pretests below.*

[2] Note. The English version does not use the same 7-point scale as the Spanish version. Due to these differences, the results have to be analyzed separately.

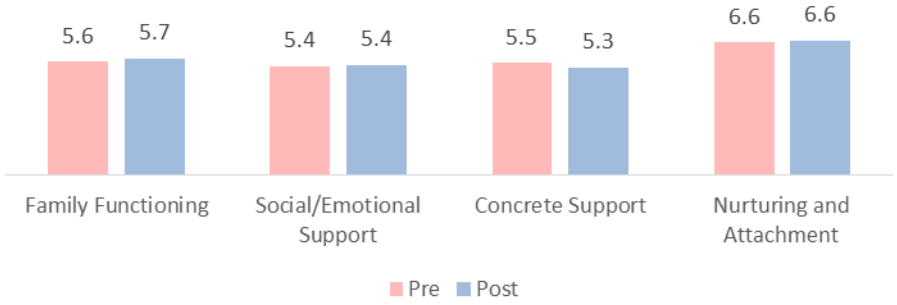
On the pretest, English-speaking parents rated the items in the Nurturing and Attachment subscale (*M* = 6.7) the highest for protective factors and items in the Concrete Support subscale (*M* = 4.9) the lowest. Of note, these same protective factors were also rated as highest and lowest among parents each of the last two years.

Figure 4.a. Mean Scores for Parents' Protective Factors (English) (n=79)



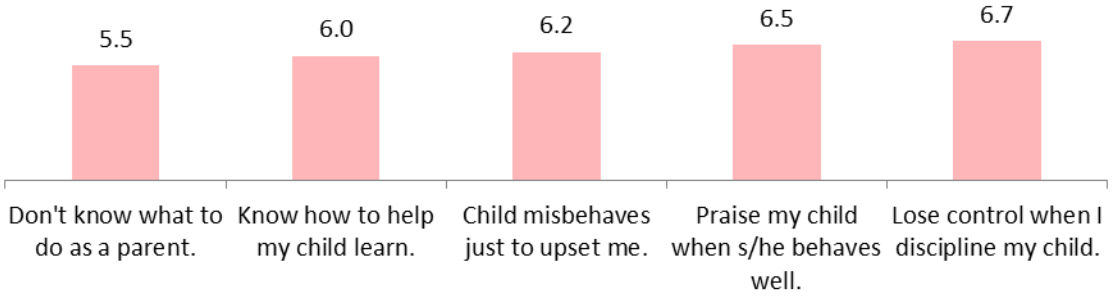
For clients who took the survey in Spanish, there was an adequate number with a matched posttest. Overall, these parents did not differ significantly in their responses from the pretest to the posttest as Figure 4.b makes clear. For both the pretest and the posttest, parents rated items in the Nurturing and Attachment subscale (*M* = 6.6) the highest for protective factors.

Figure 4.b. Mean Scores for Parents' Protective Factors (Spanish), Matched Sample, (n=11)



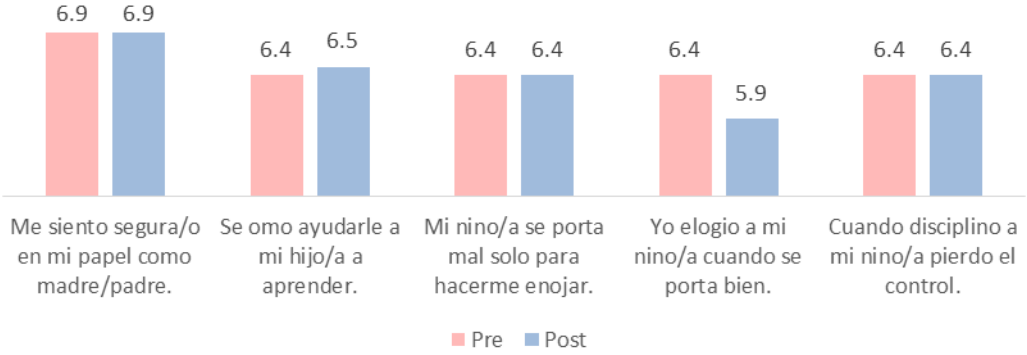
For items in the Knowledge of Parenting area (Figures 5.a), parents responding in English (pretest only) rated Item "Lose control when I discipline by child" (*M* = 6.7) the highest and "Don't know what to do as a parent" (*M* = 5.5) the lowest for protective factors.

Figure 5.a. Mean Scores for Knowledge of Parenting (English) (n=79)



Parents who answered the survey in Spanish (Figure 5.b) did not differ significantly in their responses on the items in the Knowledge of Parenting area. "Don't know what to do as a parent" received the highest mean for protective factors on both the pretest (*M* = 6.9) and on the posttest (*M* = 6.9).

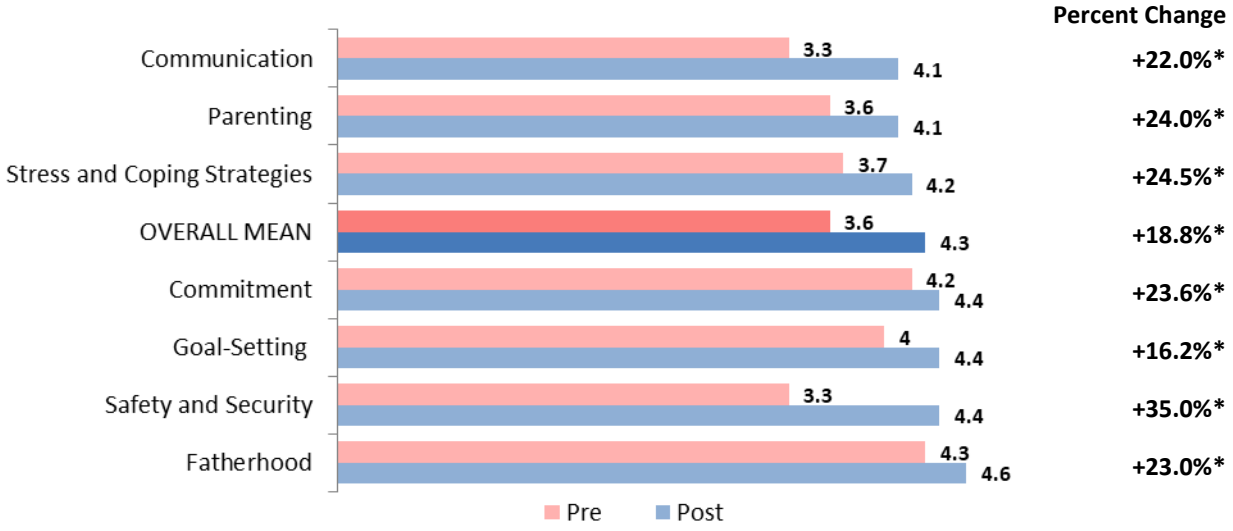
Figure 5.b. Mean Scores for Knowledge of Parenting (Spanish), Matched Sample (n=11)



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

On My Shoulders (OMS) is designed to help fathers explore the role that personality plays in relationships with others - especially with their children - and to learn to replace communication danger signs with proactive strategies for respectful talking and listening to them. Of the 8 men who participated in the program, 5 submitted both a pretest and a posttest for this year. The fathers indicated more agreement after participating in the program on each of the categories (Figure 6), with three of the seven increases statistically significant; these were in the areas of Safety and Security, Communication and Stress and Coping Strategies.

Figure 6. Skills that Promote Healthy Relationships, Matched Sample (n=5)



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.

The success this FRC achieves with some clients begins with its presence in the community: people observe their signage and reach out for help. One representative case involved a single mother (separated from her boyfriend) of a newborn who was living in a motel, isolated, experiencing instability and helplessness. Having noticed the agency's sign she reached out for help—and received the assistance she needed that included supportive services as well as placement in low-income housing. The case manager's ability to facilitate establishing linkages was due to relationships that had been built with community partners. Importantly, the case manager also checked in on the infant's well-being and monitored her follow-up care with her pediatrician.

Evaluation Results

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

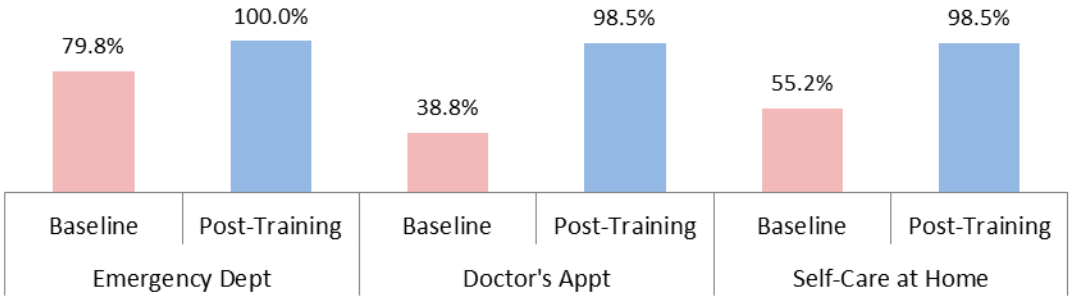
A matched set of 35 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, which was described above. As Table 3 shows, an average of 56.6 hazards per family were observed during the initial assessment but dropped to an average of 1.9 at the end of the module—a 96.6% improvement. Examples of hazards at the child's eye-level or easily accessible included lighted candles, a standing tub full of water (drowning hazard), appliances without covers, and paints/solvents within reach. The total number of home hazards recorded prior to the training ranged from 13 in one family to 84 in another family.

Table 3. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=35)

	Baseline	Post-Training
Total number of hazards	1,067	49
Average number of hazards per client	97.0	6.9
Mean percent reduction	95.4%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment, as discussed above. The 34 parents started the training with a wide discrepancy in knowledge about these behaviors as shown by their correct "pre" responses to the scenario questions (Figure 7). After successfully completing this module, they were able to nearly always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child—a 99% improvement in scores on average.

Figure 7. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=33)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. As Figures 8 and 9 make clear, the improvement in parents' ability to consistently demonstrate the desired behaviors was significant among parents of both age groups after receiving the training.

Figure 8. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=13)

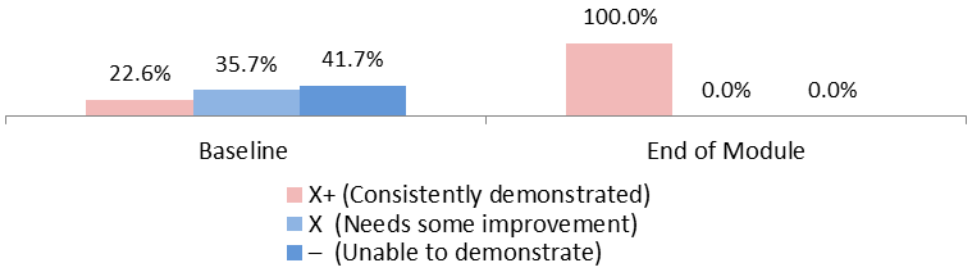
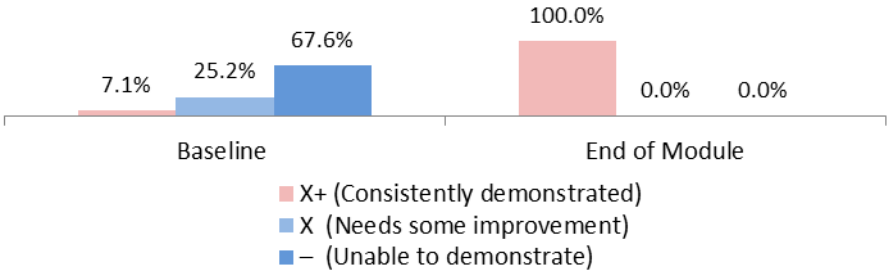


Figure 9. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=21)



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.

Although there were one or two parents/caregivers who reported feeling some dissatisfaction, the majority of them seemed to be satisfied with the training from the SafeCare Modules Table 4). On the Home Safety survey, for example, one parent "strongly disagreed" that the amount of time it took to make their home safer was reasonable. Another parent "strongly disagreed" when asked if they were "comfortable letting the Home Visitor check out my home and help me reduce hazards." Another parent answered that they "strongly disagreed" that "the Home Visitor was warm and friendly" on the Health module (this parent did not answer the statement that "the Home Visitor was negative and critical."). Two different parents "agreed" that "the Home Visitor was negative and critical" on the Health module (although both parents "agreed" or "strongly agreed" on the previous statement to this one stating that "the Home Visitor was warm and friendly.").

Table 4. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 41)	Home Safety (n = 37)	Parent Child (n = 25)	Parent Infant (n = 13)
Home is safer since training		1.35		
Am better able to identify hazards		1.16		
Easier to interact with my child			1.24	1.38
Am better able to get rid of hazards		1.16		
Easier caring for my child's health	1.32			
Have more ideas about activities to do with my child			1.32	1.23
Plan to continue with changes made		1.19		
Easier deciding when to take my child to doctor	1.29			
Routine activities have become easier			1.24	1.23
Amount of time it took was reasonable		1.49		
Easier deciding when my child needs emergency treatment	1.24			
Was comfortable letting Home Visitor check out home		1.62		
Believe that training is useful to other parents	1.07	1.14	1.12	1.15
Did not feel this training gave new or useful info/skills	4.8		4.88	4.85
Practice during session was useful	1.22	1.22	1.16	1.23
Written materials were useful	1.12	1.16	1.28	1.23
Home Visitor was on time	1.1	1.08	1.04	1.15
Home Visitor was warm and friendly	1.17	1.05	1.04	1.08
Home Visitor was negative and critical	4.8	5	4.96	5
Home Visitor was good at explaining materials	1.08	1.03	1.08	1.08

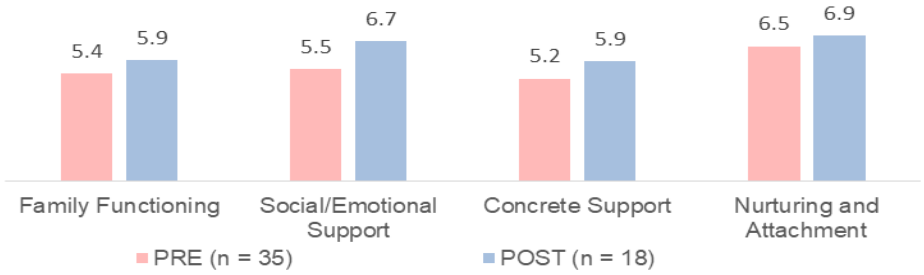
To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form at the Porterville site were also asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. Because the respondents for the pre- and posttests were not matched, the data are not able to speak to changes in the responses of individuals. However, there were general trends of increases (indicating improvement in protective factors) in all the subscales.

In the pretest group, the English-speaking parents (Figure 10.a) rated items in the Nurturing and Attachment subscale (*M* = 6.5) the highest for protective factors; they rated items the Concrete Support subscale (*M* = 5.2)

the lowest. The posttest group also rated Concrete Support as lowest, but they rated the items in Social/ Emotional Support (*M* = 6.8) as the highest in protective factors.

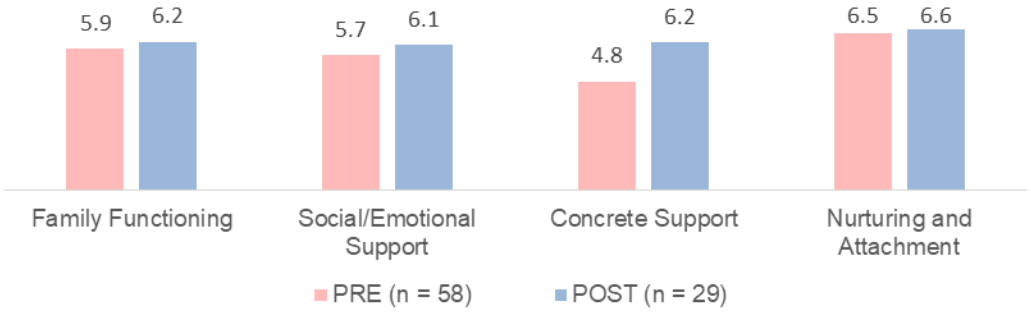
Figure 10.a. Mean Scores for Parents' Protective Factors (English)



Note: these are not matched samples. Although there were 18 posttests, only 5 of those had pretests matched to them.

Like the clients answering the survey in English, the Spanish-speaking parents (Figure 10.b) in the pretest group rated items in the Nurturing and Attachment subscale (*M* = 6.5) the highest for protective factors; they rated items in the Concrete Support subscale the lowest (*M* = 4.8). Parents in the posttest group also rated these same subscales as highest/lowest, respectively.

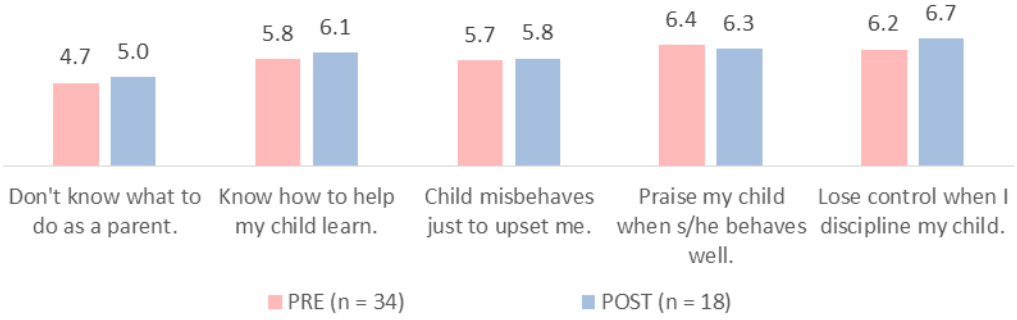
Figure 10.b. Mean Scores for Parents' Protective Factors (Spanish)



Note: these are not matched samples. Although there were 29 posttests, only 7 of those had pretests matched to them.

For items in the Knowledge of Parenting area, pretest parents responding in English rated "when I praise my child (*M* = 6.4) the highest; they rated "don't know what to do as a parent" (*M* = 4.7) as the lowest for protective factors. Parents in the posttest differed slightly by rating "lose control….." (*M* = 6.7) the highest and "don't know what to do…." (*M* = 5.0) the lowest.

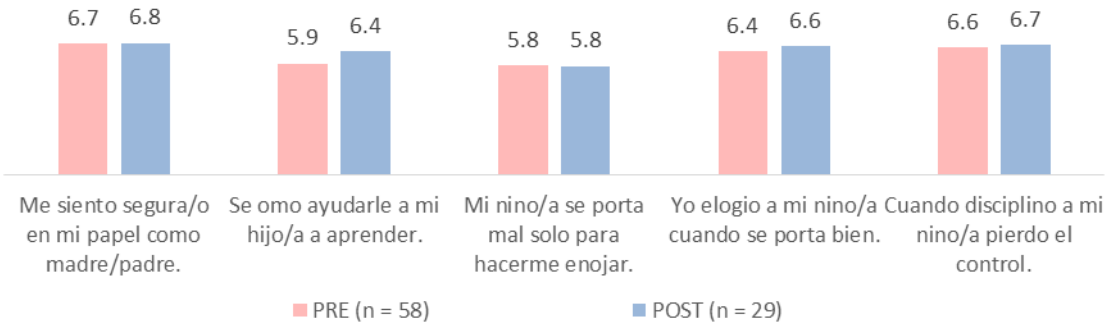
Figure 11.a. Mean Scores for Knowledge of Parenting (English)



Note: these are not matched samples. Although there were 18 posttests, only 5 of those had pretests matched to them.

For parents who answered the pretest in Spanish (Figure 11.b), parent knowledge associated with "Don't know what to do as a parent" was rated as the highest (*M* = 6.7) area, while "Child misbehaves just to upset me" (*M* = 5.8) was rated as the lowest. Parents in the posttest group continued to rate "Child misbehaves…" as the lowest area of parent knowledge, but rated "Praise my child when s/he behaves well" as the highest on the posttest. These findings are very similar to last year's group of parents.

Figure 11.b. Mean Scores for Knowledge of Parenting (Spanish)

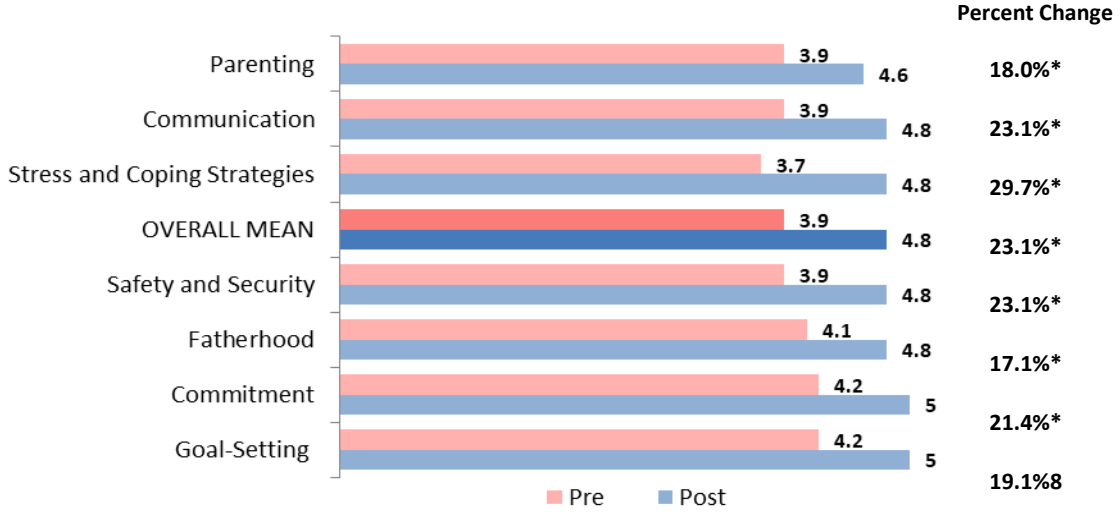


Note: these are not matched samples. Although there were 29 posttests, only 7 of those had pretests matched to them.

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

All five fathers participating in the *On My Shoulders* program submitted both a pretest and a posttest for this year. Agreement levels for five of the seven categories measured by the tool significantly increased from pretest to posttest, thereby indicating healthier and more positive parenting skills. The Stress and Coping Strategies category had the highest percentage change (29.7%) while the Fatherhood category had the lowest percentage change (17.1%) (see Figure 12).

Figure 12. Skills that Promote Healthy Relationships, Matched Sample (n=8)



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

DINUBA FRC

Program Highlight

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

Just as this site opened its doors (March 2020) the COVID-19 restrictions were put into place and the office had to close to the public. Nonetheless, as many workshops and services as possible were provided by staff through social media platforms and no-contact drop offs of various supplies. The collaborations the FRC had already established with local community partners such as CSET, TCOE and Proteus, enabled case managers to link clients to needed services. One particular story stands out: a single mother whose children's father was incarcerated had been trying to manage the children's at-home schooling and other responsibilities on her own without support from family or friends. The case manager assessed the need for mental health counseling and, because of the partnership with Dinuba Children's Services, was able to link her to needed services, bringing the support this mother needed to continue caring for her children.

Evaluation Results

No evaluation results are available yet from this newly-opened Parenting Network FRC site.

Conclusions and Recommendations

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

The majority of parents who completed the SafeCare modules appreciated and responded positively to the various modules in the program training, demonstrating evidence of knowledge change across all four modules. There are some discrepancies in ratings with some of these tools, however, that need to be addressed to increase fidelity of this program. This year, the variation in scoring for the *Home Accident Prevention Inventory (HAPI)* Assessment for the Visalia FRC was not as wide as we noted last year, but wide enough to need to be looked at. Ten different Parent Educators submitted forms from these assessments, and taking a look at their recording of information and scoring some are more complete than others, some tend to mark numerous hazards while others mark remarkably few—variations that may be more due to inter-rater differences than differences among families' homes. We also noted the sizeable discrepancy in scoring on this tool between the Visalia and Porterville sites. Based on a random sample of 11 assessments at each site, Porterville Parent Educators marked *triple* the number of hazards than Visalia did. This would not be expected. There were also a couple of errors noted in the Visalia FRC staff use of the Parent-Infant forms: one set of duplicate forms was sent (same client twice), and 9 of 15 of the forms with the wrong form (a Parent-*Child* form) used during the

assessments. Grantee staff has been apprised of this and will work to ensure staff always use the correct form meant for the specific age of the child.

Similar to last year, Nurturing and Attachment appear to be strong protective factors for the parents served at both FRC sites, whether they completed the forms in English or Spanish. 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—likely an area exacerbated by the continuing impact of the pandemic.

Project Fatherhood continues to be an important component of Parenting Network's programing and appears to uniquely reach fathers in ways the men may otherwise not participate. (Note: although the Sheriff Department chose not to apply to First 5 in FY 2021/22 for the Gang Awareness Parenting Project, Project Fatherhood has valuable implications for inmate fathers and we hope these men can continue to be referred to and served by the project after release.)

TRAVER JOINT ELEMENTARY SCHOOL DISTRICT
School Readiness

"I am so grateful I overcame my fear of COVID-19 to send my child to school. She was struggling online and now loves school again and can't wait to come each day."
- Mother of a preschooler

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.

Unlike some school districts, Traver was approved a waiver to return back to the classroom, with the First 5 program returning as well with about 70% attending in person and 30% remaining in distant learning. (Getting every child in the 3- and 4-year old classes their own IPad and internet hot spot had been a major hurdle, further challenging distant learning.) While Zoom has been difficult for young children in distant learning to stay engaged, the program credits their parents as partners in ensuring that the children go online every session and complete all work. Staff shares how many times they have heard parents say they "have a new appreciation for what teachers do day in and day out."

Evaluation Results

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

Using the DRDP (2015) Preschool - Comprehensive View, raters completed individual assessments of the children on 56 different developmental measures in eight domain areas. The pattern across all of the DRDP ratings was positive as evident by the positive percentage changes (Table 1) for each of the domains. Although the teachers used the rating of "building" or above ratings most of the time at the fall assessment, they *only* used this rating level to describe the children's development on the post-assessment. One of the largest percentage changes (35.5%) was in the Social Emotional Development domain where the percentage of "building" or above ratings increased from 73.8% at the fall assessment to 100% at the spring assessment. The smallest percentage change (2.1%) occurred in the Physical Development domain, but this little change was due to teacher's already giving this domain a high initial rating. Overall, the percentage of teachers' ratings of "building" or above increased from 81% to 100% between the fall and spring assessments.

Table 1. Traver Joint Elementary School District DRDP, non-matched sample

	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
Domains	**Pre**	**Post**	**% Change**
Approaches to Learning–Self-Regulation	76.8%	100%	30.2%
Social and Emotional Development	73.8%	100%	35.5%
Language and Literacy Development	78.3%	100%	27.7%
Cognition, Including Math and Science	78.4%	100%	27.6%
Physical Development – Health	97.9%	100%	2.1%
History – Social Science	86.2%	100%	16.0%
Visual and Performing Arts	92.2%	100%	8.5%
English Language*	61.8%	100%	61.8%
Composite of All Domains**	**80.7%**	**100%**	**23.9%**

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

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

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

Conclusions and Recommendations

The evaluation goal that children participating in early childhood education will show improvement between pre- and post-assessments was met overall in the developmental areas measured by the DRDP. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff which was uniquely challenging this year.

VISALIA UNIFIED SCHOOL DISTRICT
Ivanhoe First 5 Program

"I showed her how to hug herself with both arms to calm herself; we learned it from her teacher and now she says, 'you do it too mama'."
- Mother of a child with anxiety

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for children this year. 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 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 a version of 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 or upon exit. Parents also 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.

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.

Being flexible with the services Ivanhoe provides has been the key to continue meeting the needs of its students and families. By training staff and providing sufficient wi-fi access for families and supporting them in using digital learning, the school has overcome many of the barriers of technology and distant learning. Staff training included topics such as digital storytelling, virtual letter learning and strategies to provide ongoing family support. Despite the challenges, a strong partnership has been developed between the families and program staff as families have been relied upon to record their child's learning through video and picture taking to share developmental progress.

Evaluation Results

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

The teachers completed individual assessments of children age 0-3 on 21 different developmental measures in 5 domain areas using the *DRDP (2015) Infant Toddler - Essential View*. This year, the grantee elected to also measure the children using two additional "not required" measures in the Approaches to Learning – Self-Regulation and Social and Emotional Development domains. A child's behavior on each measure was rated using "descriptors"—lower development level descriptors ("responding" and "exploring") and a high development level descriptor ("building earlier").

The pattern across each of the 5 domains showed a general positive pre/post trend as is evident in Table 1. The teachers used fewer lower development level descriptors ("responding" and "exploring") in the spring assessment than they did in the fall assessment to describe the children's performance on the measures—accounting for the negative percentage changes from pre to post for the "responding" and "exploring" percentages that were given—and more high development descriptors ("building").

Table 1. Visalia Unified Ivanhoe SR: DRDP Infant Toddler, unmatched sample

Domain	Responding	Exploring	Building
Approaches to Learning – Self Regulation			
PRE	16.7%	83.3%	0%
POST	0%	80.0%	20.0%
% Change	-100.0%	-4.0%	--
Social and Emotional Development			
PRE	17.1%	82.9%	0%
POST	0%	83.3%	16.7%
% Change	-100.0%	0.5%	--
Language and Literacy Development			
PRE	20.0%	80.0%	0%
POST	0%	82.9%	27.1%
% Change	-100.0%	3.6%	--
Cognition, Including Math and Science			
PRE	21.4%	78.6%	0%
POST	0%	67.9%	32.1%
% Change	-100.0%	-13.6%	--
Physical Development - Health			
PRE	7.1%	92.9%	0%
POST	0%	57.1%	42.9%
% Change	-100.0%	-38.5%	--

Using the DRDP (2015) Preschool - Essential View, teachers completed individual assessments of the children on 30 different developmental measures in six domain areas. The pattern across all of the DRDP ratings was positive as evident by the positive percentage changes shown in Table 2 on the next page for each of the domains. Although the teachers used the rating of "building" or above ratings most of the time at the fall assessment, they used this higher rating level exclusively to describe the children's development on the post-assessment. The largest percentage change (32.8%) was in the Approaches to Learning – Self Regulation domain

where the percentage of "building" or above ratings increased from 75.3% at the fall assessment to 100% at the spring assessment. The smallest percentage change (14.5%) occurred in the Social and Emotional Development domain, but this small change was due to teacher's already giving this domain a high initial rating. There was also large positive percentage change (99.3%) for the English Language domain where only those children considered "English Language Learners" were evaluated. Overall, the percentage of teachers' ratings of "building" or above increased from 75.6% to 100% between the fall and spring assessments.

Table 2. Visalia Ivanhoe - SR: DRDP – Preschool, unmatched sample

	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
Domains	**Pre**	**Post**	**% Change**
Approaches to Learning–Self-Regulation	75.3%	100%	32.8%
Social and Emotional Development	87.3%	100%	14.5%
Language and Literacy Development	83.4%	100%	19.9%
Cognition, Including Math and Science	84.7%	100%	18.1%
Physical Development – Health	78.6%	100%	27.2%
English Language*	44.4%	88.5%	99.3%
Composite of All Domains**	**75.6%**	**98.1%**	**29.8%**

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

**The composite was calculated as the sum of the domains' percentages divided by the number of domains because each domain is of equal importance. Doing it this way, the results from each domain contributed equally to the composite.

Note. Although the Essential View has only 4 measures for Social and Emotional Development, the grantee evaluated 5 measures.

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

Being surrounded by lots of books in their home helps children build vocabulary, increase awareness and comprehension, and expand horizons—all of which benefit school achievement. At the time of the pretest, 60% of the parents reported in the modified *ESPIRS* questionnaire having 11 or more books at home. Although this proportion did not change on the posttest, the numbers did shift to indicate more parents reporting having in the range of 26 to 50 books. Likewise, there were more parents reporting 51 or more books at home on the posttest (13.3%) than on the pretest (6.7%).

Looking at how often parents read books and told stories to their children, there was a pattern of positive parent behaviors. For example, on the pretest one-third (33.3%) reported reading books to their children every day; this proportion rose to almost half (46.7%) on the posttest.

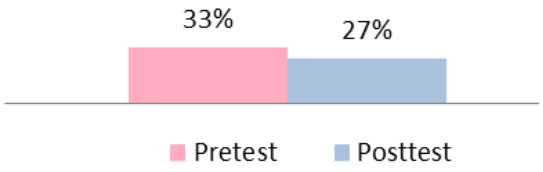
;

Table 3 Parents' Experience with Books/Reading to Children, Matched Set (n=15)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	6.7	13.3
3 - 10 books	33.3	26.7
11 - 25 books	40.0	26.7
26 - 50 books	13.3	20.0
51 + books	6.7	13.3
About how often do you read books or stories to your children?		
Never	6.7	6.7
Several times a year	0	6.7
Several times a month	0	6.7
Once a week	6.7	6.7
About 3 times a week	53.3	26.7
Every day	33.3	46.7
How often do you tell your children a story		
Never	6.7	6.7
Several times a year	0	6.7
Several times a month	6.7	0
Once a week	26.7	26.7
About 3 times a week	26.7	20.0
Every day	33.3	40.0

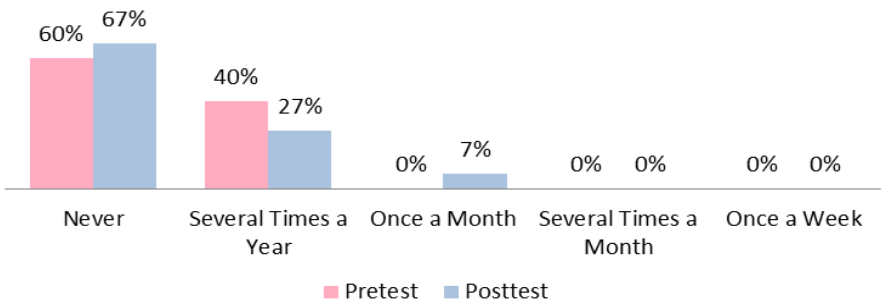
In terms of library experience, there was no statistically significant change between the pretest and posttest on parents' report of possessing a library card.

Figure 1. Current Library Card, Matched Sample (n=15)



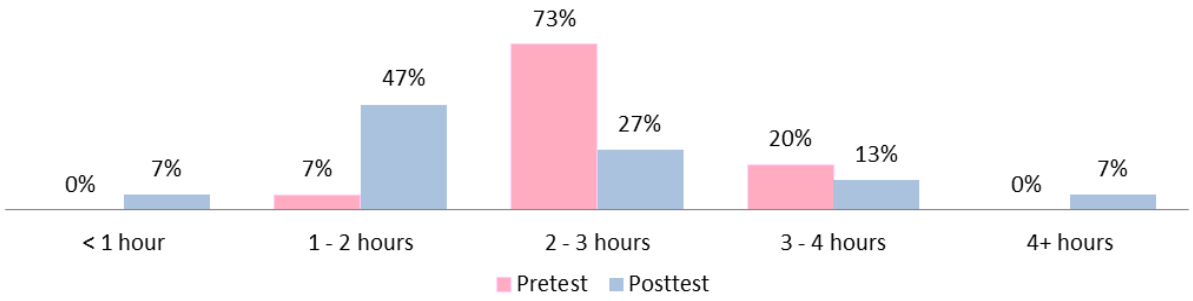
As Figure 2 shows, there was essentially no improvement and a decline in families' use of the library. A repeated measures analysis of variance indicated that the reported differences were not statistically significant, however. We suspect these responses were probably impacted by COVID-related closures.

Figure 2. Frequency of Going to the Library, Matched Sample (n=15)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Based on the 15 matched pre-posttest for this question, there was a statistically significant positive change overall (see Figure 3) with fewer parents reporting two or more hours of television watching on the posttest (47%) than on the pretest (93%).

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=15)



It appears that parents already engaged in positive parental behavior related to TV watching before the class. Over half (53.3%) reported on the pretest they "always" selected the TV program and "always" watched the TV program with their children. After the course, they continued to engage in this positive parental behavior, with still close to half (46.7%) of them reporting that they "always" selected the TV program. Fewer parents (33.3%) reported that they "always" watched the TV program with the children on the posttest than on the pretest but the analysis indicated that the change was not statistically significant. On the question of how often parents asked their children questions about the TV program, there was no statistically significant change from the pretest to the posttest.

Table 4. Family TV-Watching Experience, Matched Sample (n=15)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	0%	46.7%	53.3%	0%	53.3%	46.7%
When your children watch TV, do you watch the TV programs with your children?	0%	46.7%	53.3%	0%	66.7%	33.3%
When your children watch TV, do you ask your children questions about the TV program?	6.7%	73.3%	20.0%	0%	66.7%	33.3%

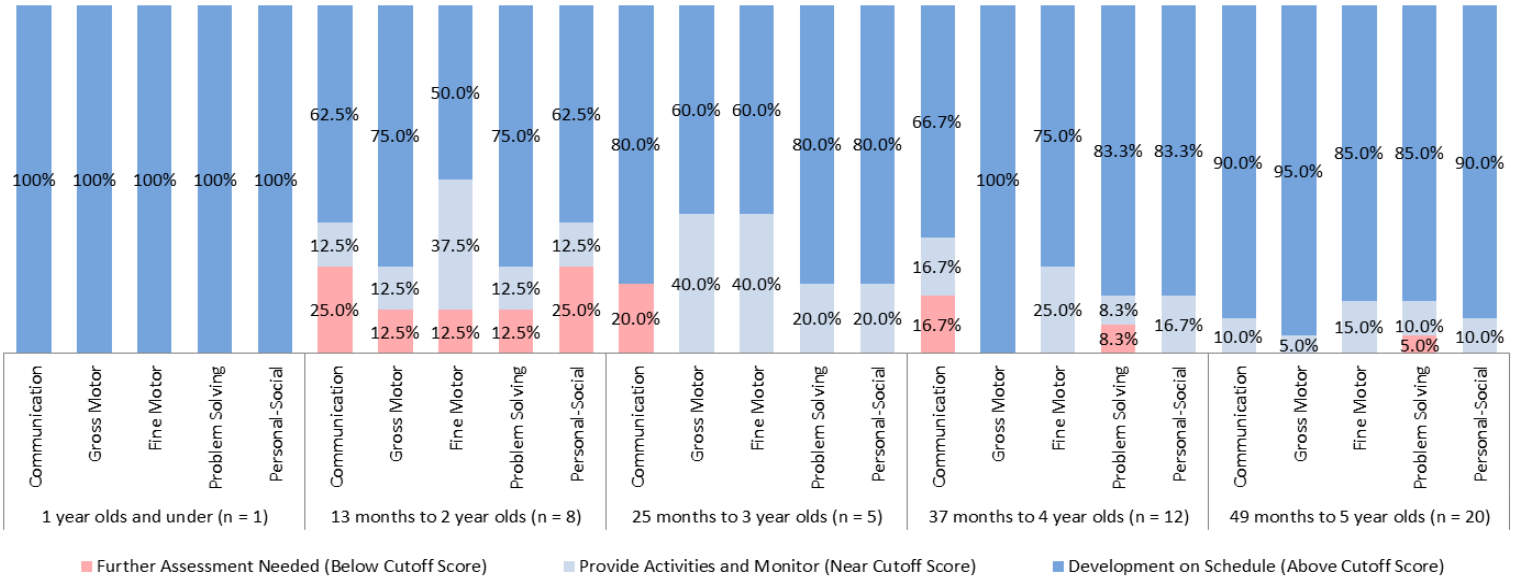
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *ASQ* screening tools provide a means of assessing these concerns. A total of 46 children were assessed for their social and emotional development using the ASQ-3 questionnaire. Children who scored below the cutoff score (coded in pink in Figure 2) were to be referred to a professional for further assessment. Children who scored in the midrange or near the cutoff score (coded in light blue) were to be monitored closer and provided with additional learning activities and monitoring. The children who scored above the cutoff scores

(coded in darker blue) were considered to be developing on schedule and did not need further evaluation. Although most of the children scored above the cutoff and were considered to be developing on schedule (from 73.9% in the Fine Motor domain to 89.1% in the Gross Motor domain), there were a few children in every domain who needed further help.

Looking at these children by age group, except for the one youngest child, all of other age groups had children who scored below the cutoff score in one or more domain and required further professional assessment. For examples, for the age group of 13 months to two-year-olds, there were one to two children in every domain who scored below the cutoff score and warranted further professional assessment. With just one child scoring below the cutoff score in the Problem-Solving domain (5%) and needing to be referred for further assessment, the majority of the children in the oldest age group (49 months to 5-year-olds) did not need any further professional assessment.

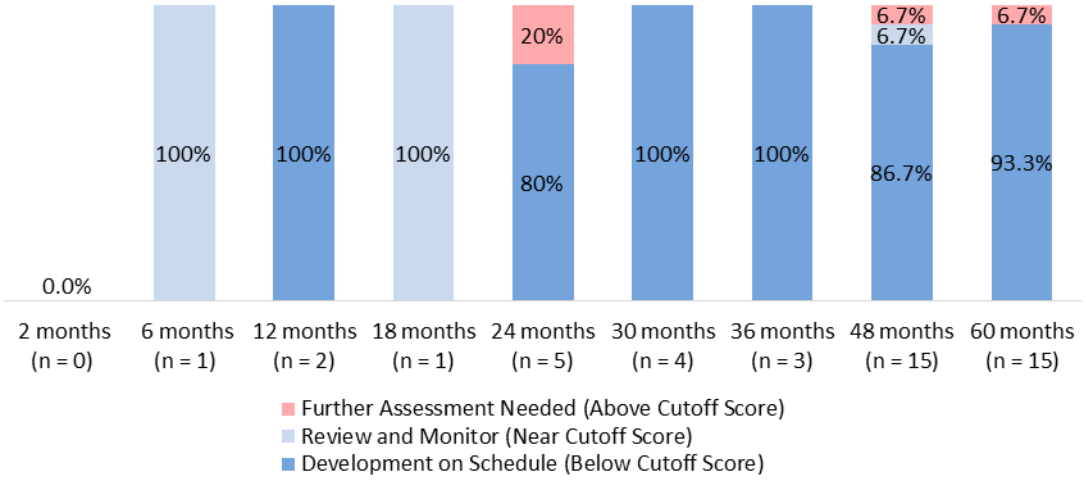
Figure 2. Percentage of Children Below, Near or Exceeding ASQ-3 Cutoff Score (n=46)



The 46 children were also assessed for their social and emotional development using the *ASQ-SE Version 2* Questionnaire from this year (Figure 3 on the next page); 40 of them (87%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development. Three of them (6.5%) scored near the cutoff and were to be reviewed and monitored closer, and three of them (6.5%) scored above the cutoff and warranted further professional assessment.

Looking at the children by age group, there was one child in the 24 months (20%), one in the 48 months (6.7%), and one in the 60 months (6.7%) age groups who scored above the cutoff scores for their age group and warranted further professional assessment (coded in pink).

Figure 3. Percentage of Children Below, Near or Exceeding ASQ-SE 2 Cutoff Score (n=46)



Conclusions and Recommendations

The grantee has continued to expand its early childhood program, benefitting the families and children served by the Visalia Unified School District, Ivanhoe. Growing up in a houseful of books has been strongly linked to academic achievement such as developing conceptual knowledge and laying a foundation for beginning reading and writing. Although the project fell short of its evaluation objective of "75% of participating parents will read books with their children daily," (about 66% reported doing so 3-7 times/week), the program did have a positive impact on having more children's books in the home. Having a library card and using the library, however, did not appear to be influenced by the program, although this year the questionnaires were completed by parents during much of COVID, which could have contributed to the low usage. We encourage staff to continue to point out the value of library use and how it can be accessed, and encourage families to make more use of this valuable community resource. Parental TV-viewing practices as reported by parents this year did appear to change in a positive direction, i.e., fewer hours in front of the TV, after participation in the program.

The evaluation goal of all children will demonstrate growth was met (although not at 100% as stated in the goal) for the preschool-age children as the project continued to demonstrate improvement among the 4- and 5-year-old group for whom DRDP assessments were completed.

From a sample review of the A*ges and Stages (ASQs)* questionnaires, it appeared families were appropriately referred when indicated by the assessment results.

CASA OF TULARE COUNTY
0-5 Program

"Simple efforts, performed on a consistent basis, can produce results, no matter how small, that touch a child's life." - Program Volunteer

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.

In very small and but consistent ways, CASA volunteers can learn details about the children in their caseload to advocate appropriately for their needs. Stories like the sibling group profiled in this year's highlight showed that an alert, caring adult, with frequent visits to the home (or through the car window or FaceTime as required during the pandemic) can produce results and touch a child's life. Recognizing progress in speech and mood, from frequent interactions with the children, and responding with care helps demonstrate the value of having these volunteers involved with such vulnerable families.

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, 2020 and June 30, 2021, 146 children (up from 72 last year), age 0-5 in the Tulare County Welfare System (CWS) were assigned to a CASA advocate. The volunteer advocate assignments lasted about 13 months on average.

Cases for 54 (37%) of the 146 children were able to be closed during this period, a lower proportion than the closure rate last year. All of the CASA children with closed cases had a permanent placement upon closure of their cases. About 43% of the children with closed cases were reunited with their parents, another 37% were adopted and about 20% 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.

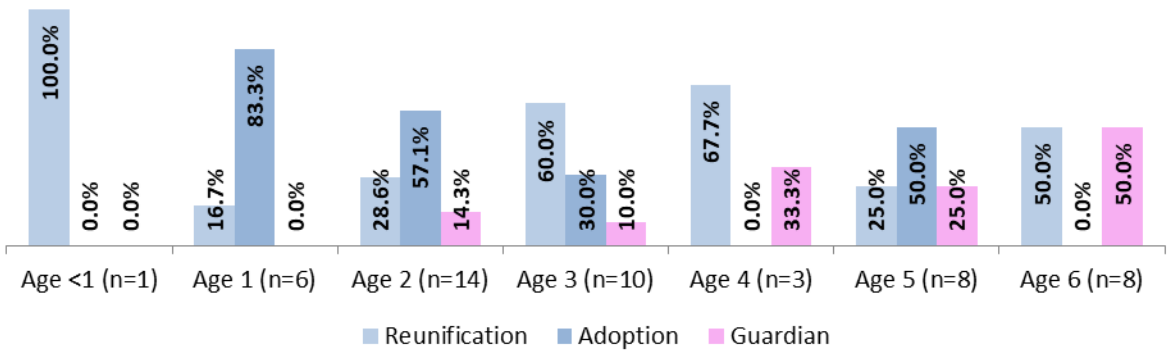
Table 1. Experience of Children Appointed to a CASA Advocate

# 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
146	54	43	0.96	0.91	23	20	11	0
					42.6%	37.0%	20.4%	0.0%

Source: CASA, July 1, 2021.

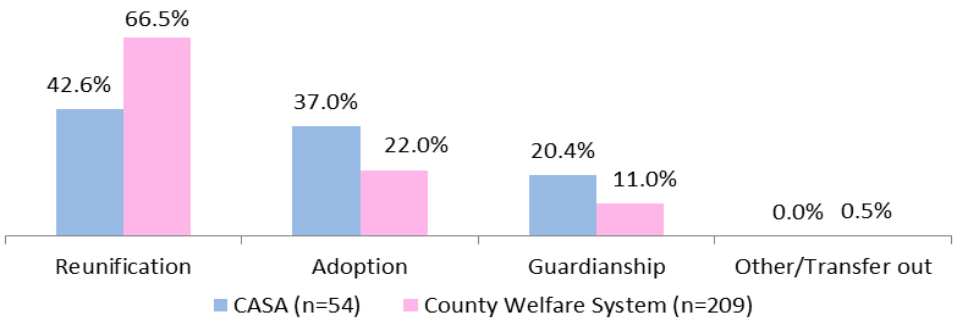
Figure 1 shows the type of permanent placements the children in CASA experienced broken out by age. (Figure 2 on the next page summarizes the placements and compares them to placements for the same age children in foster care in the Tulare County Welfare System.) In general, older children tended to be reunited with family or assigned to guardianship while younger children (age 0-3) were more likely to be adopted.

Figure 1. Disposition of Children Age 0-5 in CASA, by Age (n=54)



CWS foster care summary data show there were 569 children (up from 220 last year) age 0-5 in CWS in FY 2020-21. Looking at the type of permanent placements these and the CASA-appointed children experienced, the clear majority (66.5%) of children in CWS were reunited with a parent/guardian, 36% more than the children appointed to a CASA advocate were. About 40% more of the CASA children than CWS were adopted (Figure 2). Most (87%) of the children CWS reunified with family came to it via court order.

Figure 2. Disposition of Children Age 0-5 in the Tulare County Welfare System and CASA



Source: CASA, July 1, 2021. Tulare County Welfare System special data run July 13, 2021.

Figures 3 and 4 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 except for the infant (less than age 1) who experienced 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* (Figure 3) was again significantly higher for the infant than for the other age groups which didn't show too much variation.

Figure 3. Average Number of Placements from the Time CASA Appointed, by Age (n=50)

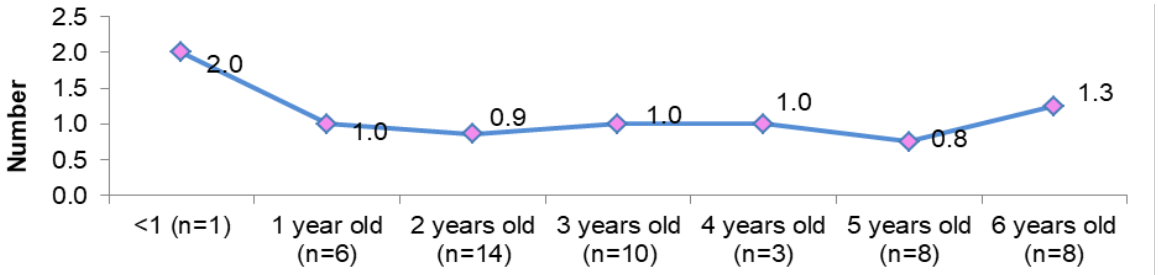
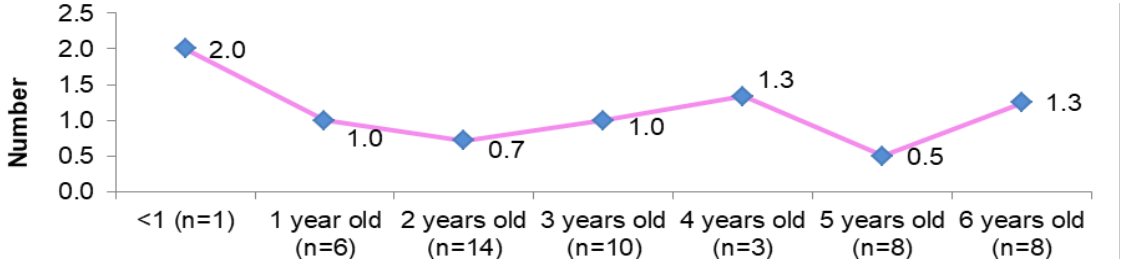
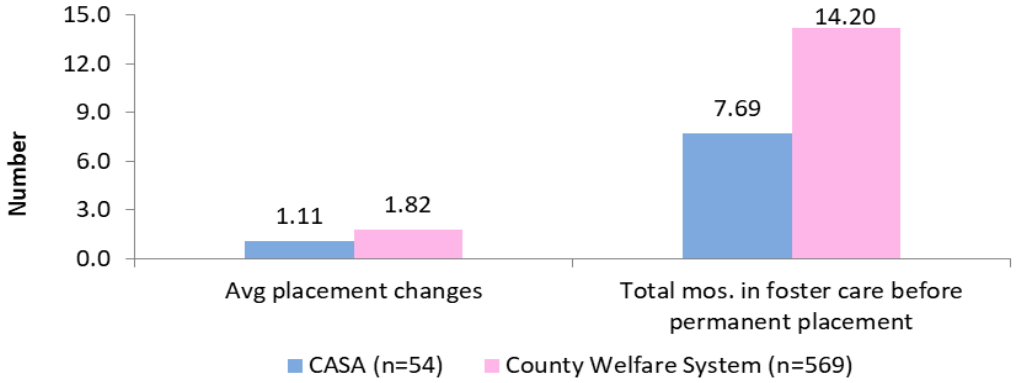


Figure 4. Average Number of Placement *Changes* from the Time CASA Appointed, by Age (n=50)



The bar graph below (Figure 5) compares CASA and CWS experience relative to placement changes and time in foster care. On average, the CASA children spent about 85% less time in foster care before permanent placement than children in CWS did. Although they experienced an average of 1.11 placements (up from 0.54 last year but down from 1.37 the prior year) from the time of appointment to the CASA agency, the CASA-assigned children experienced a fewer number of placement *changes* since being assigned an advocate compared to children 0-5 in the CWS foster care system: 1.11 vs. 1.82.

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, 2021. Tulare County Welfare System special data run July 13, 2021.

Conclusions and Recommendations

Court appointed special advocates (CASAs) are appointed by judges to represent children's best interests in child abuse and neglect cases. National studies show that having CASA involvement results in children having significantly fewer placements, with children more likely to achieve permanency.[3] These outcomes were 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.

[3] 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

"You [the case manager] are an angel sent to us by God. Thank you for never failing us when we're down." - Parent participant

Project Purpose and Evaluation Design

The project offers a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access information about services, jobs, training programs, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through 6 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 children from 1–66 months for early identification and intervention and to identify a child's strengths as well as areas that need work.

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.

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 administers the *Edinburg Postnatal Depression Scale* when indicated, and makes appropriate referrals based on findings. Parents also participate in *Abriendo Puertas* (Opening Doors), a comprehensive, 10-session parenting skills and advocacy program for low-income parents of children 0-5. Drawing from the real-life experiences of parents, and local data about their schools and communities, sessions aim to develop parents' self-understanding as powerful agents of change to improve the lives of their 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 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.

When the pandemic began, like most places, there were no plans in place to accommodate all of the needs that would eventually arise. However, with some time and continuous data sharing/gathering, this FRC was able to provide resources to families to help solve their immediate needs. They credit their successes mainly to their network of providers and the collaboration and efforts each provider contributes. In just one example, a local parent reached out to the FRC because of a Zoom presentation at her son's school; the presentation provided information on new funding for possible rent/utility assistance. This family (migrant workers displaced by the pandemic) was struggling financially and able to be helped with this assistance primarily because of the linkage with United Way.

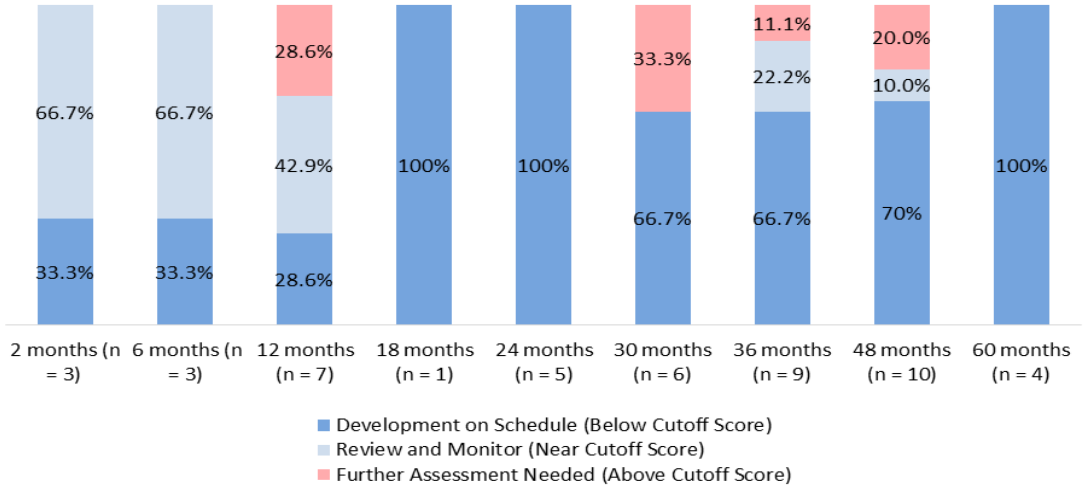
Evaluation Results

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

Figures 1 and 2 on this and the next page show the results of the parent-completed *Ages and Stages* questionnaires described above. Looking at the entire sample of 48 children from this year, 31 of them (64.6%) scored below their age group's cutoff score on the *ASQ:SE-2* and were considered to be on schedule with their social and emotional development (bars in darker blue), 10 of them (20.8 %) scored near the cutoff and were to be reviewed and monitored closer (lighter blue), and seven of them (14.6%) scored above the cutoff and warranted further professional assessment (pink).

Looking at these children by age group, the children in the 18 months, 24 months, and 60 months age groups scored below their cutoff score and needed no further assistance. A few, however, in the 2 months (66.7%), 6 months (66.7%), 12 months (42.9%), 36 months (22.2%), and 48 months (10.0%) age groups scored near the cutoff score and needed to be reviewed and monitored closer. There were two children in the 12 months (28.6%), two in the 30 months (33.3%), one in the 36 months (11.1%), two children in the 48 months (20.0%) age groups who scored above the cutoff scores for their age group and warranted further professional assessment.

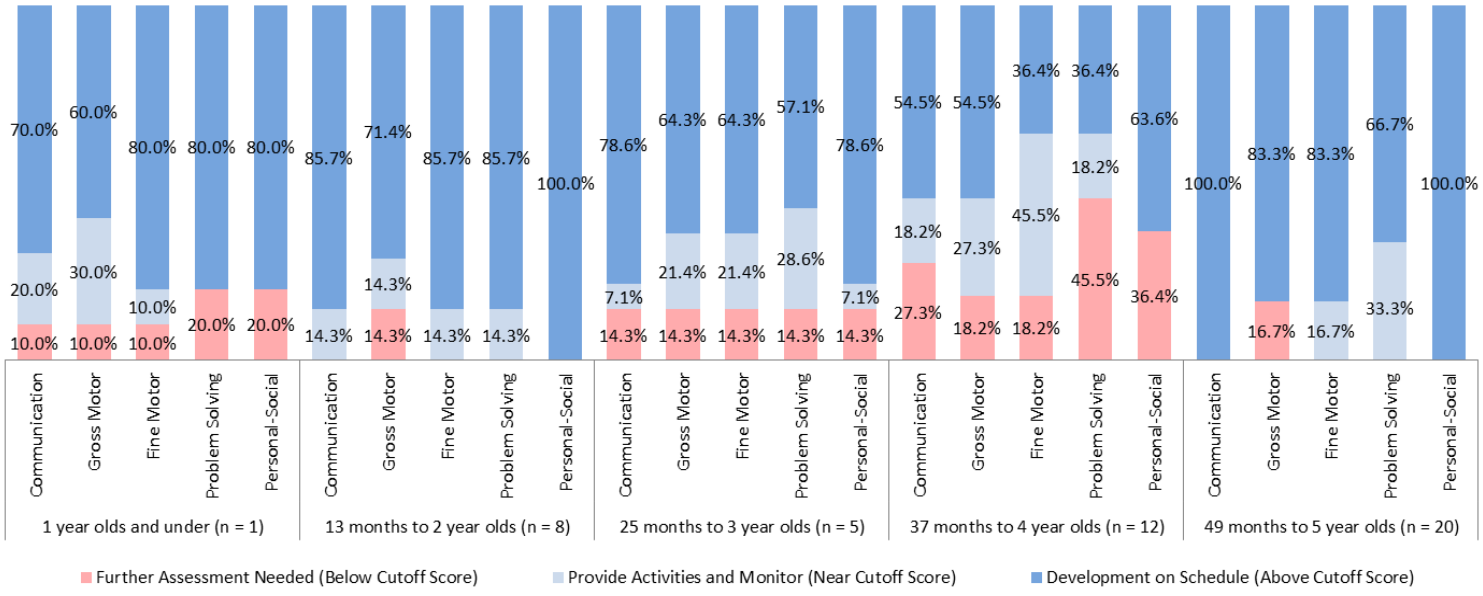
Figure 1. Percentage of Children Below, Near or Exceeding the ASQ:SE-2 Cutoff Scores (n=48)



The *ASQ-3* is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. The 48 children were also assessed for their overall development using this tool. The color coding of the cutoff levels in Figure 2 below is the same as for Figure 1 above. Although most of the children from this year scored above the cutoff and were considered to be developing on schedule (from 62.5% in the Problem Solving domain to 81.3% in the Personal Social domain), there were some in every domain who needed further help as the bar graph indicates.

We can also see that every age group had children who scored below the cutoff score in one or more domain and needed further professional assessment. The domain with the highest percentage of these children, however, differed depending upon the age group. For example, the 25 months to three-year-olds had difficulty in each of the domain with two children scoring below the cutoff score in each of the domains. Children in the 37 months to four-year-olds had the most difficulty in every domain but the largest percentage was in Problem Solving with over 45% of the children scoring below the cutoff and needing further assessment.

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



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

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

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

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

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

Table continues on the next page

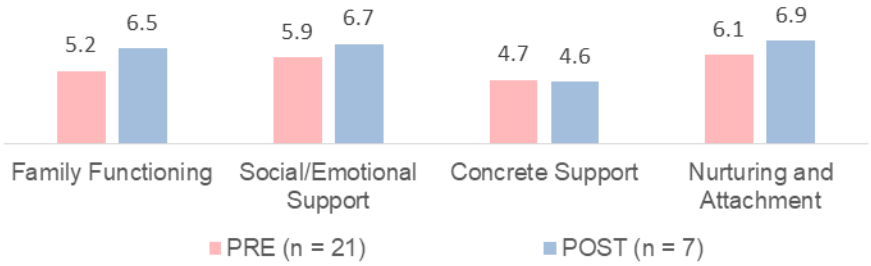
Question	% Correct on Pretest	% Correct on Posttest	% Change
27. What happens when parents give punishments that are severe?	38%	85%	123.7%*
28. Close supervision of our children when they spend time with friends has which advantage?	46%	77%	67.4%*
29. What are the main elements of "Contracting"?	31%	69%	122.6%
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	8%	38%	375.0%*
31. If we need to correct our child when he or she is with friends, what should we do?	100%	100%	No Change
32. To help our children know which behavior to change, it is important for us to be...	54%	62%	14.8%
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	85%	92%	8.2%
34. When we talk about the positive motive behind someone's behavior, the effect is to?	85%	92%	8.2%
Overall Percentage Correct	**51.4%**	**66.3%**	**29.0%***

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

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

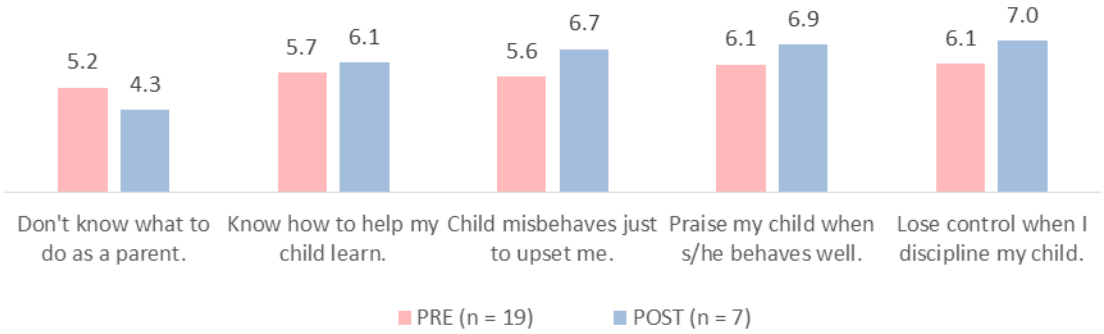
Because the participants for the pre/post were not able to be matched (for example, of 25 parents who submitted a form in English, only 3 had both a pretest and a posttest), the data are not able to speak to changes in the responses of individuals. However, generally those who provided posttest data responded with similar or higher ratings than those who provided pretest data. We can see from Figure 3.a there was a general increase in protective factors from pretest to posttest on 3 of the subscales: Family Functioning, Social/Emotional Support, and Nurturing and Attachment. The Concrete Support subscale, on the other hand, showed a slight decrease in protective factors.

Figure 3.a Mean Scores for Parents' Protective Factors, Un-Matched Sample (English)



Parents improved their Knowledge of Parenting in all 5 areas addressed by the tool (Figure 3.b on the next page), especially in understanding that children do *not* "misbehave just to upset me."

Figure 3.b Mean Scores for Knowledge of Parenting, Un-Matched Sample (English)



The dataset for parents who completed the form in Spanish are similar in that only 4 of these 35 parents had matched pre/posttests. Looking at Figure 4.a we can see that while there were positive changes in the mean scores for all of the subscales except for the slight decrease in the Family Functioning subscale. For items in the Knowledge of Parenting area (Figure 4.b), even though there were only 6 parents submitting a posttest, attention should be given to the decreases in the pre/post means for "child misbehaves…." and, especially, for the "I lose control when I discipline my child" area.

Figure 4.a Mean Scores for Parents' Protective Factors, Un-Matched Sample (Spanish)

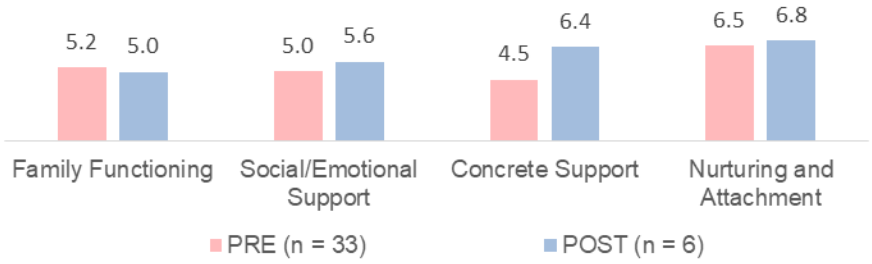
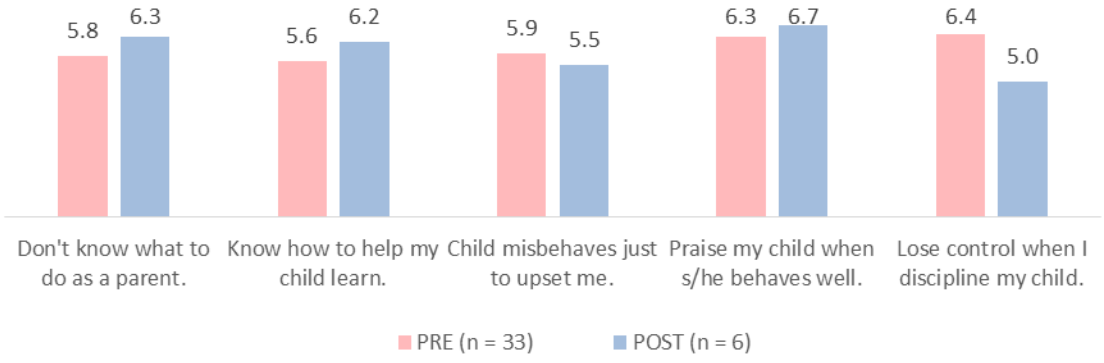


Figure 4.b Mean Scores for Knowledge of Parenting, Un-Matched Sample (Spanish)



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, 9 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, a home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children at the baseline visit (helping the parent

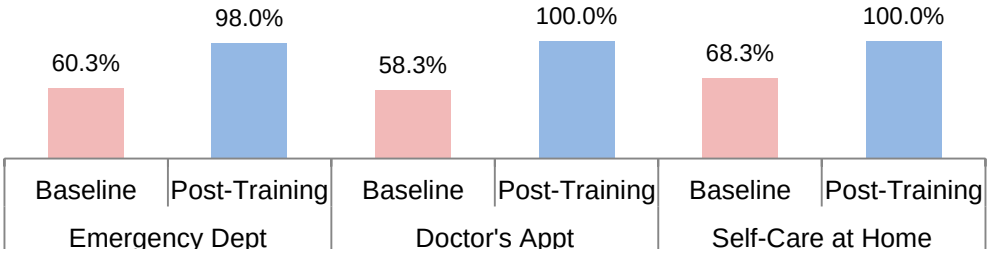
also to identify these hazards) and again at the end of the module after training. As Table 2 shows, an average of 73.1 hazards per family was observed during the initial assessment but dropped to 2.9 at the end of the module—a 96.0% improvement. The total number of home hazards recorded prior to the training ranged from 45 in one family to 92 in another family.

Table 2. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=10)

	Baseline	Post-Training
Total number of hazards	585	23
Average number of hazards per client	73.1	2.9
Mean percent reduction	96.0%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. Eleven parents were provided reference manuals with a symptom guide and other pertinent information. The parents demonstrated varying levels of knowledge about all 3 health training components at the start of the training – between about 60% and 68% of the issues were addressed correctly on average at the pretest. After successfully completing this module, the parents were able to nearly always identify symptoms of illnesses and injuries and determine and seek the most appropriate health treatment for their child, improving their scores by 99.3% on average.

Figure 5. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=11)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. From the graphs in Figures 6 and 7 on the next page it is clear 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)

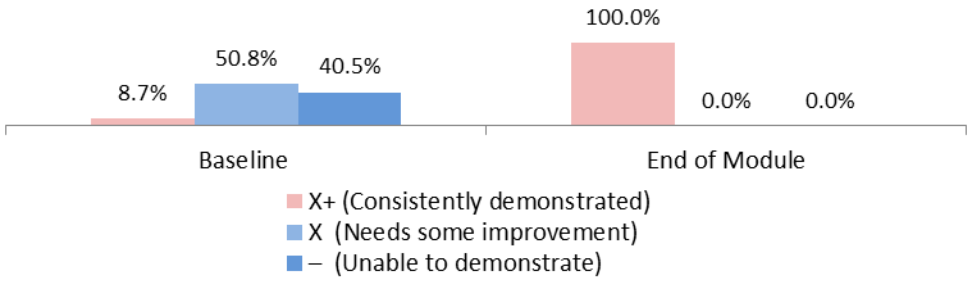
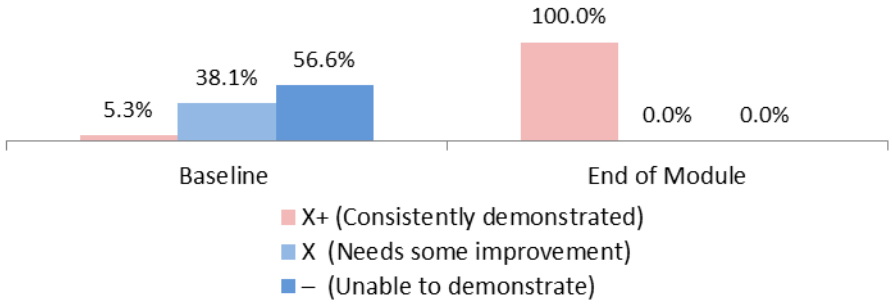


Figure 7. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=7)



The parents evaluated each training module they completed and rated their level of agreement using a 5-point scale. 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.

Table 3. Parents' Satisfaction Ratings with SafeCare Program

	Health (n = 25)	Home Safety (n = 22)	Parent Child (n = 13)	Parent Infant (n = 10)
Home is safer since training		1.14		
Am better able to identify hazards		1.05		
Easier to interact with my child			1	1
Am better able to get rid of hazards		1.09		
Easier caring for my child's health	1.04			
Have more ideas about activities to do with my child			1	1
Plan to continue with changes made		1.05		
Easier deciding when to take my child to doctor	1.08			
Routine activities have become easier			1	1
Amount of time it took was reasonable		1.05		
Easier deciding when my child needs emergency treatment	1.04			
Was comfortable letting Home Visitor check out home		1		
Believe that training is useful to other parents	1	1	1	1
Did not feel this training gave new or useful info/skills	4.92		5	5
Practice during session was useful	1.08	1	1	1
Written materials were useful	1	1	1	1
Home Visitor was on time	1.04	1	1	1
Home Visitor was warm and friendly	1	1	1	1
Home Visitor was negative and critical	5	5	5	5
Home Visitor was good at explaining materials	1.04	1	1	1

Score = "1" strongly agree, "2" agree, "3" for neutral, "4" for disagree, and "5" for strongly disagree.

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

Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[4] The *Edinburgh Postnatal Depression Scale* is commonly used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. This year, due to the sample size being only 1, there will be no report for the Edinburg Postnatal Depression tool.

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

Abriendo Puertas includes several pre/post questionnaires, and we provide the details (an "item analysis") of the questions because the results point to areas of strength and weakness of the curriculum, i.e., where parents have the least or the greatest degree of difficulty in gaining knowledge. Of the 15 questions with predetermined correct answers in Table 4, there were 6 questions that showed statistically significant difference in how the parents answered on the pretest and on the posttest. For Q2, Q3, Q5, and Q17, every participant answered the question correctly after taking the class. For the other 2 questions (Q23 and Q26), very few answered correctly on the pretest but improved significantly with almost two-thirds answering Q26 correctly and close to 85% answering Q23 correctly.

Using a benchmark of 75% correct, Q12, and Q26, and Q27 (similar to last year) were difficult for the parents to answer correctly even after taking the class. The parents had the most difficulty with Q27 with about half of them answering it correctly on the pretest and less than half answering it correctly on the posttest. Q12 and Q26 were also difficult for the parents to answer correctly at first and still slightly difficult at posttest as well.

Table 4. *Abriendo Puertas* Questions with Correct and Incorrect Answers, Matched Sample (n=13)

Questions	PRE		POST		% change
	# answering correctly	%	# answering correctly	%	
Part 1: Early Learning and Development					
1. Which period is most important for your child's brain development?	8	61.5	10	76.9	24.0%
2. Which area is most important in my child's (children's) development?	9	69.2	13	100	44.5%*
3. A child's education starts:	9	69.2	13	100	44.5%*
4. Parents can improve their child's school success by:	9	69.2	11	84.6	22.3%
Part 2: Parenting					
5. The best discipline is:	5	38.5	13	100	159.7%*
Part 3: Social-Emotional Skills & Development					
9. Developing positive social-emotional skills includes learning to….	10	76.9	11	84.6	10.0%
10. How can you help your child express and regulate his/her thoughts and feelings effectively?	10	76.9	12	92.3	20.0%
Part 4: Language and Literacy					
12. A child starts to learn language:	5	38.5	9	69.2	79.7%
14. Parents should talk with their children when:	9	69.2	12	92.3	33.4%
15. I think that a child who uses two languages:	9	69.2	10	76.9	11.1%

Table continues on next page

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

16. Reading to my child will:	8	61.5	11	84.6	37.6%
17. I should start reading to my child:	9	69.2	13	100	44.5%*
Part 5: School					
23. I think my child's opportunities to do well in school improve, if:	7	53.8	11	84.6	57.3%*
Part 6: Health					
26. On average, a 4-year old consumes 65 lbs of sugar a year.	2	15.4	8	61.5	299.4%*
27. How many servings of fruits and vegetables should healthy children eat each day?	7	53.8	6	46.2	-14.1%

* $p < .05$.
Note. The questions are direct wording from the tool.

For the questions in Table 5, means were used to indicate how confident the parent felt on a number of items regarding their parenting skills, with a mean of 1.0 indicating "not confident" to a mean of 4.0 indicating "very confident." While most of the parents were responding around the "confident" level already on the pretest and later at the posttest, there were 2 items that were statistically significant: parents felt slightly more confident after the class when asked if they could get their misbehaving child to calm down and when asked how they felt about their ability to raise their youngest child.

Table 5. *Abriendo Puertas* Questions with Responses on a Confidence Scale, Matched Sample

Questions	*n*	Pre		Post		% Change
		M	*SD*	*M*	*SD*	
Part 2: Parenting						
6. Thinking of your youngest child, how confident do you feel in your ability to raise him/her?	13	2.9	.9	3.4	.7	17.2%*
7. When your child misbehaves, how confident are you that you can get him/her to calm down and behave correctly?	13	2.5	.5	3.4	.5	36.0%*
Part 4: Language and Literacy						
13. How confident are you in your ability to help your child learn language?	13	3.0	.8	3.2	.8	6.7%
Part 5: School						
21. How confident do you feel teaching your child basic skills for kindergarten - like counting, or learning colors or letters?	13	3.0	.8	3.4	.7	13.3%
Part 7: Advocacy for our Future						
28. How confident are you in being an advocate for your child?	13	3.2	1.0	3.4	.7	6.3%

Note. Item mean scores reflect the following response choices: 1 = *not confident*, 2 = *somewhat confident*, 3 = *confident*, and 4 = *very confident.*
* $p < .05$.

For the responses to questions that were answered on an "agreement" scale (Table 6 on the next page), none of the parents' changes in agreement levels—though they were in a positive direction—was statistically significant.

Table 6. *Abriendo Puertas* Questions with Responses on an Agreement Scale, Matched Sample (n=32)

Questions	*n*	Pre		Post		% Change
		M	*SD*	*M*	*SD*	
Part 3: Social-Emotional Skills and Development						
11. My self-esteem directly affects the social-emotional development of my child.	13	3.0	1.1	3.5	1.0	16.7%
Part 4: Language and Literacy						
18. Only parents who know how to read well can share books with their children.[1]	13	2.0	1.1	2.2	1.4	10.0%
Part 5: School						
20. Attending a high quality preschool program impacts the lifelong success of my child.	13	3.2	.9	3.5	.8	9.4%
Part 6. Health						
25. My diet and exercise choices have a direct impact on my child's diet and exercise habits.	13	3.5	.5	3.7	.5	5.7%

Note. Item mean scores reflect the following response choices: 1 = *strongly disagree*, 2 = *somewhat disagree*, 3 = *somewhat agree*, and 4 = *strongly agree.*
* $p < .05$.

Parents overall reported a positive trend in their library visits. About two-thirds (61.5%) of them indicated they had never been to the library before taking class, with the proportion dropping to 38.5% afterwards. Likewise, only 15.4% of the parents reported going to the library at least once a month on the pretest but on the posttest, this had improved with almost half (46.2%) reported going to the library at least once a month. The mean differences in these responses were found to be significantly different; that is, by the posttest the same parents reported going to the library more often. Given COVID restrictions and closure of many of the libraries, these are impressive results.

Figure 8. Frequency of Library Visits

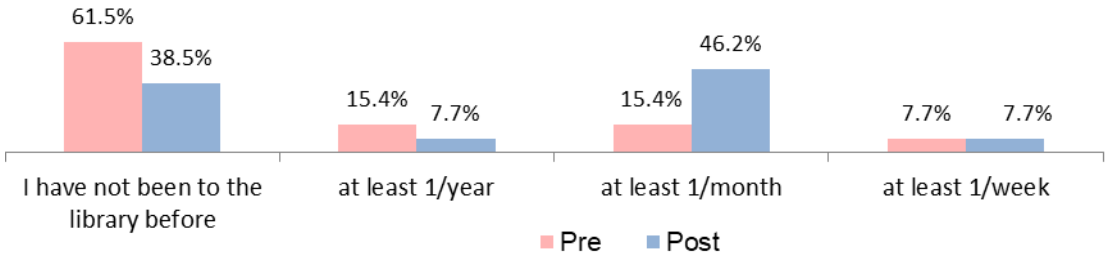
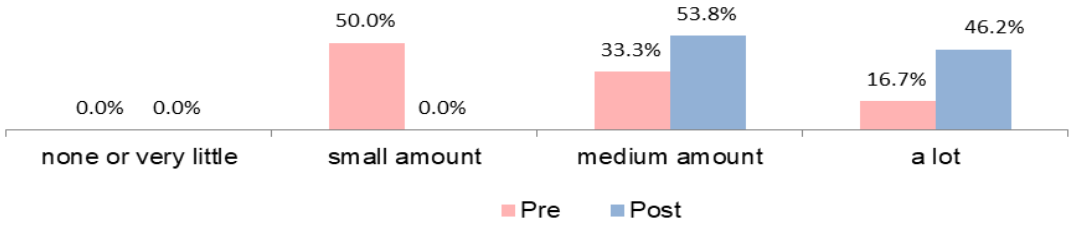


Figure 9 shows what parents reported they knew about what their child's school expects of them and their children. The pre/post changes shown in the graph were statistically significant. On the pretest, half of the parents indicated that they knew a "small amount" about what their child's school expects of them and their children. After the classes, close to half (46.2%) said they knew "a lot."

Figure 9. Parents Knowledge of School Expectations



Parents were also asked about getting children ready for kindergarten and given 4 choices of activities. Although there was no statistical significance in the endorsement rate, the biggest change from pretest to posttest was that more parents selected the choice that getting their children ready for kindergarten included counting and recognizing colors and shapes (Table 7).

Table 7. Readiness for Kindergarten, Matched Parents (n=13)

Question 24	Pre		Post		% Change
	n	%	*n*	%	
I think that getting children ready for kindergarten includes learning:					
1. To count and recognize colors and shapes.	10	76.9	13	100	30.0%
2. To identify letters and sounds.	12	92.3	12	92.3	No Change
3. To work and play with others.	10	76.9	12	92.3	20.0%
4. To speak politely to the teacher.	8	61.5	10	76.9	25.0%

* $p < .05$.

Table 8 addresses issues related to parent/child rights in the U.S. On the pretest, a little more than half of the parents (53.9%) believed that if their child was learning English, their child then has the right to be in a special program at school. At the posttest, close to 85% believed this was their right. Although Item 5 showed the same increase, the pattern of the individual responses was different enough that this increase was not statistically significant.

Table 8. Parental and Children Rights in the U.S. Matched Parents (n=13)

Question 29	Pre		Post		% Change
	n	%	*n*	%	
What are your rights as a parent in the U.S. and what are your child's rights?					
1. If your child is learning English, he/she has the right to be in a special program at school.	7	53.9	11	84.6	57.3%*
2. You have the right to be involved in decision-making at your child's school.	6	46.2	10	76.9	66.5%
3. Your child has the right to public education, regardless of legal status.	11	84.6	13	100	18.2%
4. You have the right to an interpreter for teacher-parent conferences or school meetings.	9	69.2	12	92.3	33.4%
5. You have the right to write a formal complaint letter to your child's school.	7	53.9	11	84.6	57.3%

* $p < .05$.

Conclusions/Recommendations

It was apparent that the majority of the parents who completed the *SafeCare* modules appreciated and responded well to the program training. The high post-training scores on the health-related training module, for example, demonstrated a great deal of parent knowledge gain about appropriate options for caring for a sick child. The reduction in the number of home hazards after the observations was also very positive.

Parents completing *Abriendo Puertas* showed varying amounts of knowledge about child development and parenting skills. Similar to last year, most of them did less well after taking the class in knowing how many servings of fruits and vegetables a healthy child should eat every day. There was only a slight change in agreement regarding the statement "only parents who know how to read well can share books with their children," which is a little concerning. We again suggest staff look at the results of each individual test item in the questionnaires for this tool and see where the curriculum could be strengthened/focus be increased to raise parent understanding and confidence about important issue regarding child development and parenting skills.

Parents participating in *Parenting Wisely* demonstrated improved learning and ability to apply important parenting and conflict management skills, though some did not reach the 80% correct benchmark in their posttest scores.

We assume because only 1 completed *Edinburgh Postnatal Depression Scale* form was submitted to us this year, staff assessed other postpartum women as not being at risk of depression to the extent that evaluation with this scale might have been useful.

UNITED WAY 2-1-1

"When I called I had no money….the 2-1-1 people that took my call were very patient with me and followed up to check on me." - Single mother of a 0-3 year-old

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. Per agreement with First 5, this report represents a *sample* of the follow-up calls staff made. Typically United Way receives around 8,000 calls every year; this year due to the pandemic it logged 17,724 calls.

Strategic Plan Indicators

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

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

Program Highlight

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

A unique challenge this year—on top of the pandemic—was responding to the needs that arise from SQF Complex Fire. The 2-1-1 line was used as an entry point for fire information and, in addition to road closures and evaluation information, to connect with resource needs. Collaborative relationships with Parenting Network and the Salvation Army of Visalia helped in providing temporary sheltering, daily meals and tangible supplies. Staff says that all agencies worked together on a scale rarely seen before and credits key partnerships with Self-Help Enterprises, TCOE, TCHHSA in addition to the above organizations for assessing and responding to families' needs.

Evaluation Results

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

Caller Information

This year, we received follow-up information on a sample of 230 calls though language type was reported to us for 347 calls. About 57% of the callers were Spanish-only speakers (Figure 1). Word of mouth from friends and family (43%) and contact with some type of agency (46.5%) were the most common ways callers reported hearing about 2-1-1. All (100%) of the call types were identified by United Way as "information and referral," and none as "advocacy" or "crisis."

Figure 1. Profile of 2-1-1 Callers (n=347)

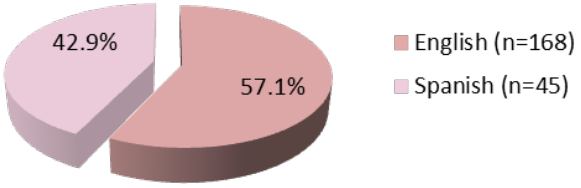
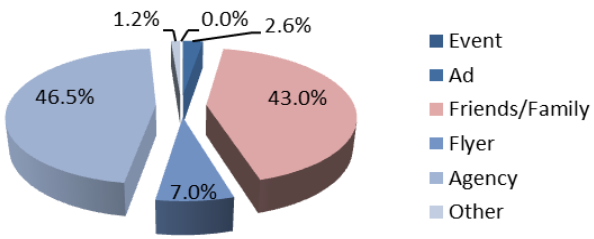


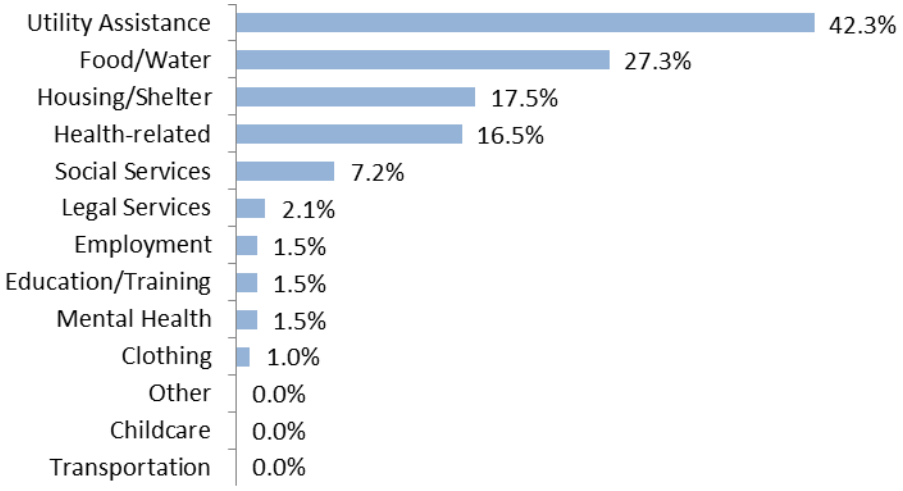
Figure 2. Ways of Finding 2-1-1 (n=230)



Callers' Needs

Utility assistance accounted for the majority (39.4%) of callers' main needs, followed by help with housing and shelter issues (27.7%, up from 20.2% last year) and food/water (11.3%), as shown in Figure 3 on the next page. Health-related, social services, education, and child care issues were rarely identified as primary needs.

Figure 3. Clients' Main Needs (n=194)



Referral Information and Receipt of Services

Virtually all of the callers said they were able to obtain a referral that met their needs and the majority generally followed through by making the contact (Figure 4), with over half (57%) or 131 callers, saying they had or were

currently receiving the services they were referred to (Figure 5). The other 43%, or 99, of the individuals, however, were unable to access the services for reasons shown in Figure 5—primary because funding was unavailable for the needed services.

Figure 4. Callers' Ability to Obtain Referrals and Link with Services (n=230)

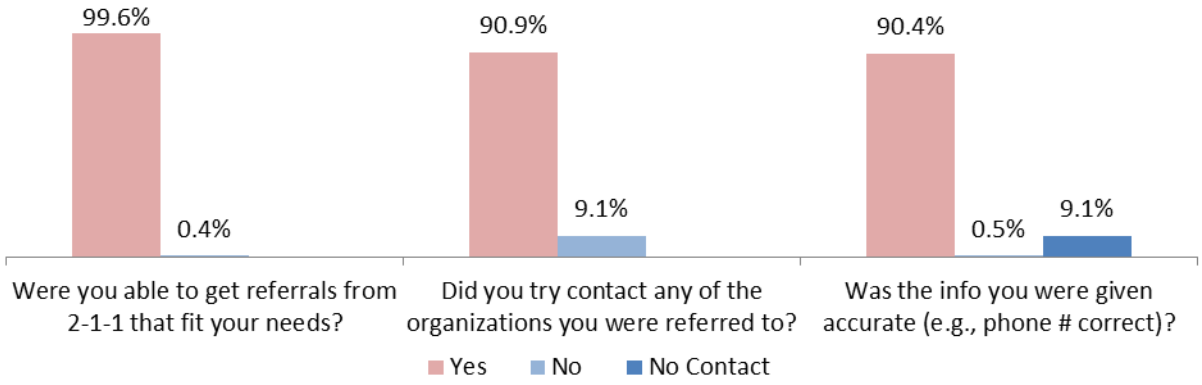
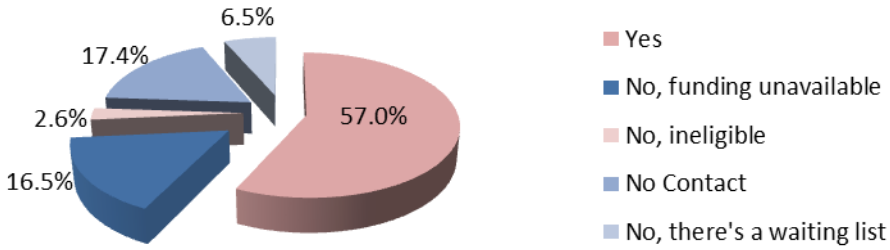


Figure 5. Callers' Ability to Receive Services from Referral Organizations (n=230)



Child Development Issues

Eight callers with a child age 0-5 (representing 3.5% of the 230-persons caller sample) stated during the initial call they had child developmental concerns—and were willing to have staff make a follow-up call (most callers decline, according to 2-1-1 staff). The parents expressed concerns related to behavior, learning, social and speech (in that order) and given one or more referrals depending on the issue, with none identifying concerns related to movement or health (Figure 6). At the follow-up call, five (62.5%) of the parents indicated they had been able to receive the help or resources they needed, while the other three were not successful (Figure 7). Of particular importance—because it shows up consistently in our parent surveys—the lease likely need to find help/resources for was child behavior.

Figure 6. Area of Concerns Regarding Child's Development (n=8)

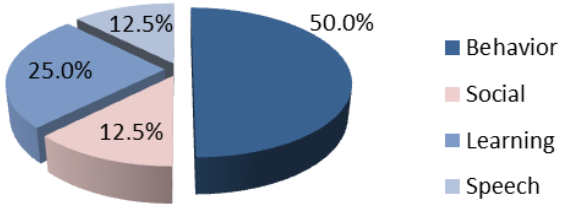
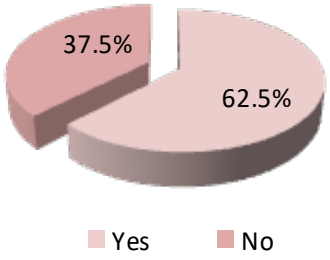


Figure 7. Success Receiving Help/Resources (n=8)



Most of the 2-1-1 callers were" very satisfied" (90%) or "somewhat satisfied" (10%) with the services they received. Virtually all of them 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).

Table 1. Feedback about Staff and Likelihood to Use the Service Again (n=230)

	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%

Only four (1.7%) of the callers indicated during the follow-up call they needed additional resources or help now. Half of them needed assistance with housing/shelter and half with utilities assistance.

Conclusions/Recommendations

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

The program met its evaluation goal of 50% of callers being able to obtain a *referral* for the services they were seeking. However, it is disconcerting that about 43% (about the same proportion as last year) of the referrals did 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. Again, it is likely that some of these high need issues for help represented community-wide resource gaps that were scarce and/or in high demand during much of the COVID-19 pandemic. However, we suggest United Way call specialists/supervisors ensure they make referrals only to places or services they know are open, with enough capacity to accept new clients, and that clients can meet eligibility criteria so that a greater proportion of the referrals can result in genuine linkages to assistance.

SAVE THE CHILDREN FEDERATION

"Learning from this program to be your child's first and most important teacher taught us how important it is to get a good education." - 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 4 different tools. 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.

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.

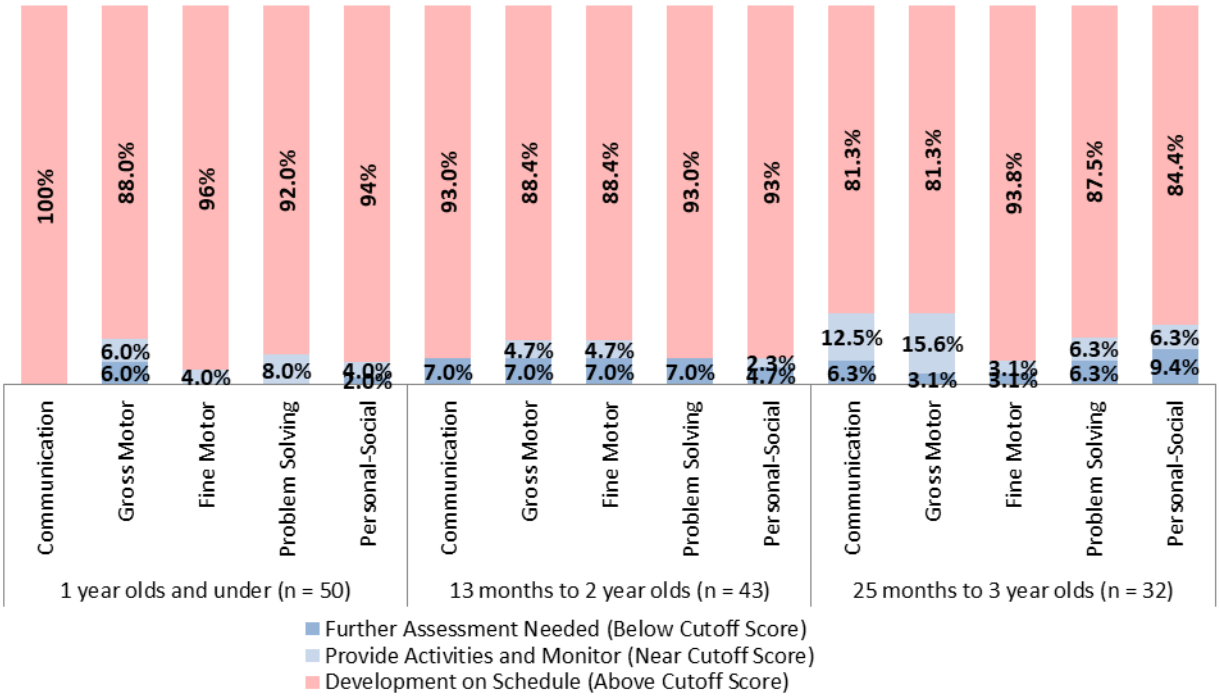
When home visiting, kindergarten readiness groups and parent engagement opportunities had to be replaced by virtual/ remote services, the key to keeping the momentum going was the meaningful relationships the program's early childhood coordinators had cultivated with the enrolled families. Importantly, the creation of an alternative Early Steps online program manual disseminated new guidance and resources quickly to partner staff to help identify and scale local innovations in the pandemic response. This included helping to address caregivers' stress and coaching and counseling families. Book sharing continues to be a cornerstone of the program but to ensure safety it transitioned from the traditional book bag model to a building home libraries model—providing families with developmentally appropriate books the families can keep, made possible by inkind and gifts from partnerships and donors such as Mattel Toys, and Lindsay Kiwanis Club.

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

This year we received results for a total of 125 children who were assessed for their overall development with the *ASQ-3* All Ages questionnaire. 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. For this ASQ version, children who scored below the cutoff (coded as darker blue) were behaving at a level of concern to the caregiver and were to be referred for further developmental evaluation and offered use of additional resources. Children who scored in the midrange were to be monitored closer (coded in lighter blue) and children scoring above this range did not need further evaluation (coded in pink).

As Figure 1 indicates, not unexpectedly every age group had children who scored below the cutoff score in one or more of the domains. Although most of the 125 children scored above the cutoff and were considered to be developing on schedule (from 86.4% in the Gross Motor domain to 92.8% in the Communication and Fine Motor domains), there were a few children who needed further evaluation or help, including from 3.2% in the Communication domain to 8.0% in the Gross Motor domain) that warranted closer monitoring and access to learning activities.

Figure 1. Percentage of Children Below, Near, or Exceeding Cutoff Score on the ASQ-3 (n=125)



The *Peabody Picture Vocabulary Test (PPVT™-4)*, used as a diagnostic, universal screening and progress monitoring tool, measures a child's listening and understanding of single-word vocabulary beginning at age 2 years, 6 months. The child listens to a word uttered by the interviewer and then selects one of four pictures that best describes the word's meaning. (An example might be, "Can you show me a fly (age 3)?" or "….a cobweb?" (age 5.) Raw scores are converted to standard scores which allow for comparison with a reference group (children of the same age group in this case. As Figure 2 on the next page shows, 85% of the children tested fell into the range of average, with 60% of them scoring at the high end of the range. Two (10%) of the children tested at moderately-to-extremely high.

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

Extremely Low	*Moderately Low*	*Low Average*	*High Average*	*Moderately High*	*Extremely High*
0.0%	5.0%	25.0%	60.0%	5.0%	5.0%

85.0%

Early Steps to School Success uses the *Preschool Language Scale (PLS-5)* Spanish Edition to assess developmental language skills of children whose primary language is Spanish. The program administers the test at age 3 to children who have received at least 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.) Standard scores between 85 and 115 correspond to one standard deviation below and above the mean, respectively; scores within this range are considered to be within normal limits. Nationally, about two- thirds of all children with typical language development obtain PLS-5 scores in this range—as did the children assessed in this Tulare County program. Scores for 69.1% of the children tested were within the normal limits (the average standard score was 108.6); another 22.3% scored above the normal limit and 3.6% below (Figure 3).

Figure 3. Preschool Language Scales/Spanish Edition, Standard Scores (n=55)

Below Normal Limits	*Within Normal Limits* (n=38)	*Above Normal Limits*	*Average Standard Score*
3.6%	69.1%	22.3%	108.6

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

Being surrounded by lots of books where in the home helps children build vocabulary, increase awareness and comprehension, and expand horizons—all of which benefit school achievement. At the time of the pretest, 27.6% of the parents reported in the *ESPIRS* questionnaire having 26 or more books at home, but at the posttest the proportion rose to 66.3%, a statistically significant improvement (Table 1 on the next page).

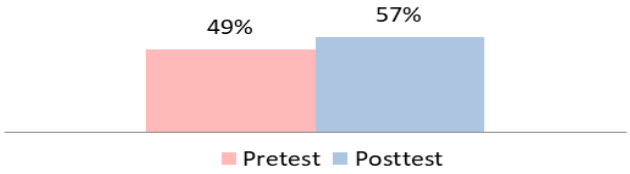
Looking at how often parents read books and told stories to their children, there was also a pattern of positive behaviors occurring after parents participated in the literacy program. Statistically significant changes occurred between the pretest and posttest with almost all of the parents (93.5%) responding that they were reading books to their children at least 3 times a week (up from 86.8% on the pretest) and almost 80% of the parents were telling stories to their children at least 3 times a week (up from 54.4% on the pretest).

Table 1. Parents' Experience with Books/Reading to Children, Matched Set (n=175)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	4.5	.4
3 - 10 books	27.2	4.1
11 - 25 books	40.7	29.2
26 - 50 books	21.4	45.7
51 + books	6.2	20.6
Never	.8	0
Several times a year	0	.4
Several times a month	2.5	3.7
Once a week	9.8	2.5
About 3 times a week	34.8	27.9
Every day	52.0	65.6
Never	8.5	.4
Several times a year	3.7	1.6
Several times a month	8.9	8.9
Once a week	24.4	10.2
About 3 times a week	26.8	44.3
Every day	27.6	34.6

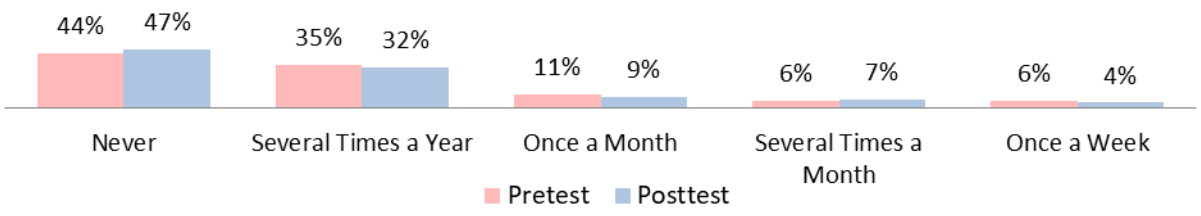
With regard to the library experience for the 241 parents with both a pre/posttest, 49% (the same percentage as last year) indicated they had a library card on the pretest, while at the posttest 57% reported having one, a small yet significant change (Figure 4).

Figure 4. Current Possession of a Library Card, Matched Sample (n=241)



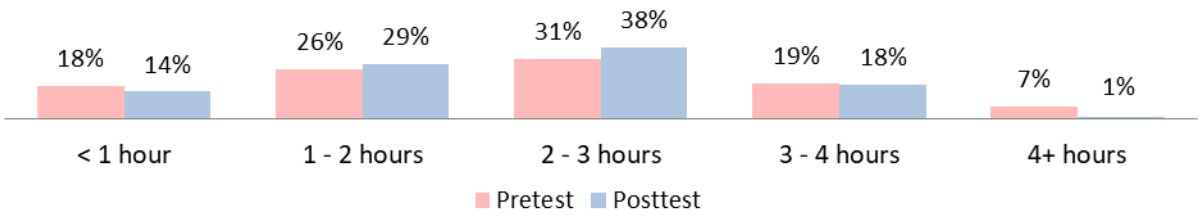
Based on the matched responses, 56% of the participants initially reported that they went to the library several times a year or more. Figure 5 indicates this situation did not change much by the posttest with approximately 53% of the group reporting that they still visited the library at least several times a year or more. This small decline, likely affected by COVID-19, was not statistically significant.

Figure 5. Frequency of Going to the Library, Matched Sample (n=238)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Despite more children at home during the day because of the pandemic, only small changes were reported in children's TV viewing from the pre- to posttest, and these were not statistically significant (Figure 6).

Figure 6. Hours of TV Watched Per Day, Matched Sample (n=246)



Some of the parents reported at the pretest they were already engaging in positive parental behavior related to managing certain TV experience of their children. For example, a relatively large percentage (60.3%) was already *always* selecting the TV program before taking the class, though the proportion reporting this frequency slightly *decreased* to 56% after participating in the class. About one-third of the parents reported that they *always* watched the TV program with their children (32.8%) but this proportion too slightly decreased (to 20.6%) at the time of posttest. The pre-to-post proportion of parents *always* asking their children questions about the TV program did not change. None of the reported changes in this tool was significant.

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

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	3.3%	36.4%	60.3%	2.5%	41.3%	56.2%
When your children watch TV, do you watch the TV programs with your children?	6.7%	60.5%	32.8%	2.1%	77.3%	20.6%
When your children watch TV, do you ask your children questions about the TV program?	7.6%	50.4%	42.0%	2.9%	55.9%	41.2%

Conclusion and Recommendations

Growing up in a houseful of books has been strongly linked to academic achievement. The grantee demonstrated positive changes in parents reading to children, having books in the home and telling stories to their children, meeting the objective "Parents of children ages 3-5 will read together an average of 10 times per month." None of the TV viewing behaviors changed significantly, however. This again is an area we suggest staff address more highly during home visits—the effects of TV viewing habits on early childhood and the critical period it represents for the development of habits and preferred activities like reading.

A review of the developmental assessments showed the project met its evaluation plan objective that "100% of age 0-3 children assessed for risk factors and developmental status who exceed the cutoff score [on the ASQ] will be referred for further evaluation as appropriate."

RESULT AREA Part 2:

Child Health

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

Much has been done in the past few years to strengthen the sources of support for women to breastfeed. The Baby Friendly Hospital (BFHI) Initiative, which First 5 Tulare supports, is an internationally recognized program to change practices that promote breastfeeding. In 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.[5] 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.[6] In 2018, only 26.7% (age 1-2) and 63.9% (age 6-9) of Tulare County children utilized their Medi-Cal dental benefits.[7] Of women who had a live birth in Tulare County in 2015-16, only 37.1% reported a dental visit during their pregnancy.[8] First 5 Tulare was one of the first Commissions to recognize the importance of making sizeable community investments in oral health and continues to make this issue a priority.

[5] https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Hospitals-2018.pdf
[6] 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
[7] Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2018. California Department of Health Care Services, Medi-Cal Dental Program.
[8] 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 DENTAL PROGRAM

"Our existing partnerships and community relationships have served us well during these trying times." - Program staff

Project Purpose and Evaluation Design

This year, FHCN was not able to provide any oral health screenings, including applying fluoride varnish, for children 0-5 years and pregnant women in any of the Tulare County schools, preschools, Head Start and WIC sites it typically serves through this project. Oral health services were limited to outreach and education via zoom meetings.

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.

Although no community/school dental screenings have been possible due to the pandemic, FHCN joined select partners' Zoom classes who were still operational. In addition, outreach to encourage the use of services was conducted at food distribution sites, through placement of brochures in people's cars. While COVID has presented the biggest challenge to delivering oral health (and other) services, the staff's continuing drive to serve the community as much as possible, and the community's desire to return to some semblance of normalcy, has made a positive difference in patient responsiveness.

Conclusions/Recommendations

This program serves an extremely vulnerable population as evidenced over previous years by the proportion of children assessed with visible evidence of tooth decay, i.e., over 30%. The project also provides an important and unique community service of screening and connecting pregnant and postpartum women with dental providers. While virtual connections have served an important purpose, with children returning to school campuses, it should be possible to once again offer in-person dental screenings in FY 2021-22.

ALTURA CENTERS FOR HEALTH
ORAL HEALTH AND BREASFEEDING PROGRAMS

"I was about to give up on breastfeeding because I thought I wasn't doing it right or giving [my baby] enough; I'm glad I saw you today to get the right information so I'm going to keep going."- New mom

Project Purpose and Evaluation Design

For the oral health program at Altura, dental hygiene staff is to visit school sites to provide screening and fluoride varnish to preschool and kindergarten children. The project is also to offer oral health education to the children, parents and teachers including demonstrating how to properly brush and floss their teeth. Due to COVID-19, this program was not able to be implemented in FY 2020-21 and no oral health data are available.

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

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 101 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.

Unfortunately, due to the continuing pandemic, Altura has not been able to conduct any school-based oral screenings. However, in continuing partnership with Tulare City School District, the agency created an Oral Hygiene Lesson Video the school district showed students during the month of February.

Evaluation Results: BREASTFEEDING

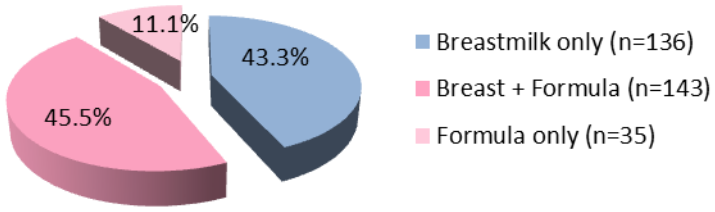
The grantee's program highlight below describes one of the benefits of its breastfeeding project.

Although new mothers have been worried about bringing their infants for appointments, staff has been able to reassure new parents of taking needed precautions to keep them safe during their visits. Video and phone visits have also been used to help answer questions/concerns, conduct breastfeeding class education, and offer support. One of the unique features of this project is the ability of Altura to offer in-clinic lactation consultation with a lactation specialist.

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

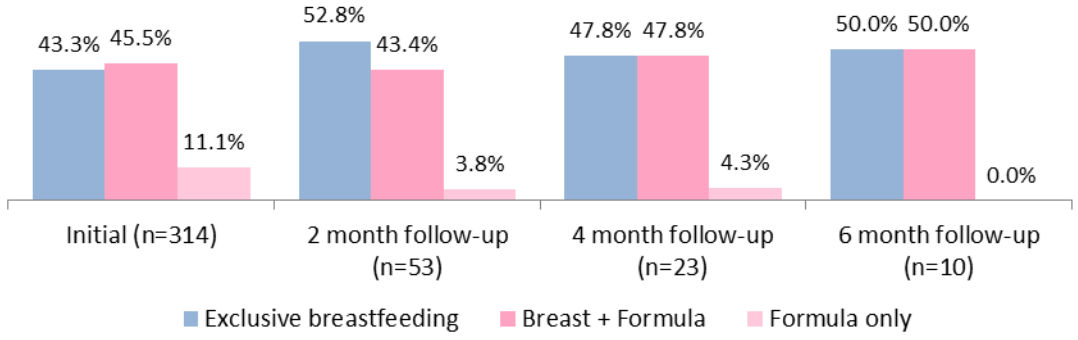
During FY 2020-21, various results of infant feeding choices for the evaluation were available for the 314 women enrolled in the program. Looking at this total sample of women, 43.3% (down from 48.8% last year) chose to exclusively breastfeed at the time of hospital discharge or newborn visit,[9] lower than the reported overall county rate of 53.0%.[10] Another 45.5% of the women elected to use both breast- and bottle feeding, while 11.1% chose formula-only feeding (Figure 1).

Figure 1. All New Mothers' Initial Infant Feeding Choices (n=314)



Altura attempts to connect with the new mothers at 2-, 4- and 6-month intervals to learn about feeding choices and offer support regardless of feeding method used. Of the women enrolled this year, just over half (52.8%) of 53 women reached at 2 months women were exclusively breastfeeding , 47.8% of 23 women were at 4 months, and 50% of 10 women were at 6 months (Figure 2). Although these are relatively small sample sizes and represent *un*matched clients,[11] the rates, which are similar to last year's findings, are positive.

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



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

[9] 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.

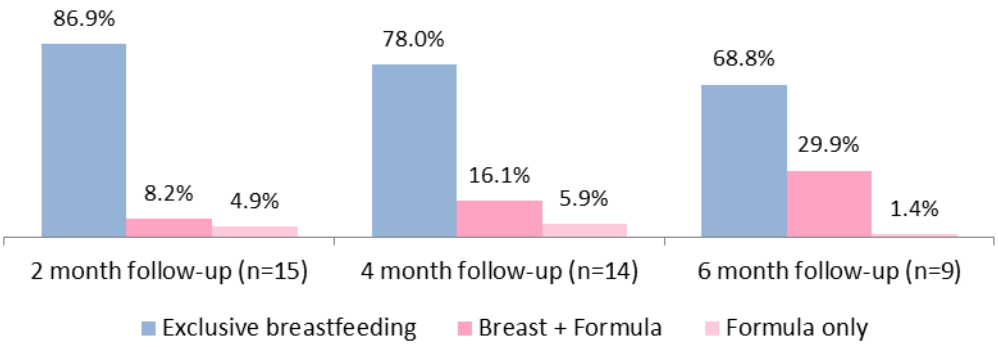
[10] California Department of Public Health, In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence, 2019.

[11] 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.

Because Hispanic women make up such a large proportion of the enrollment in this project, 81.8%, their infant feeding choices dominate the overall results. Nevertheless, we examined the data by ethnicity to look for any important differences between the non-Hispanic (n=60) and Hispanic (n=254) women; the initiation of exclusive breastfeeding between the two groups was essentially the same (about 49.2% on average).

The results of a *matched* sample—the women exclusively breastfeeding at delivery/newborn visit who were available for contact at all three follow-up periods—are shown in Figure 3. Again, these are small numbers across time, but the results are impressive. Almost 87% of the women maintained exclusive breastfeeding at 2 months; at 4 months the proportion decreased but only to 78%, and reduced again by 6 months, but only to about 69%—a very positive retention rate.

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



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

Conclusions/Recommendations

Altura provides a valuable community service of identifying the prevalence of early dental decay in young children and we hope with school campuses opening it can re-start its in-person oral health screening and referral program in FY 2021-22. We continue to suggest Altura work closely with Public Health to utilize collaborative strategies that could achieve the improvement goals Public Health set for the county oral health program in its 2018-2023 OH Strategic Plan.

Although the COVID-19 situation clearly impacted the breastfeeding program's inability to deliver in-person services, Altura ensured women continued to be contacted for follow-up information and to receive breastfeeding support services. While initiation of exclusive breastfeeding at the time of delivery is still lower than hoped for, a very large majority of those who do choose this infant feeding practice stay with it due in large part to the support they receive from this project.

SIERRA VIEW MEDICAL CENTER (SVMC)

"I did not realize how rewarding it is to breastfeed your baby."
—A mother who gave birth at SVMC

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

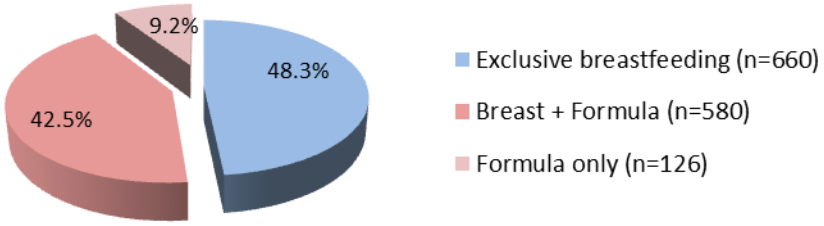
The pandemic has restricted a lot of the hospital's practices designed to satisfy clients with their needs while receiving care, yet its maternal and child health services actually improved patient satisfaction rating from 78.8% to 90%--a testament to staff's overcoming many difficult challenges and delivering optimal yet safe care. The increased workload of the RNs with an expectation to consistently work on breastfeeding initiatives was one big hurdle SVMC overcame by enhancing Reward and Recognition for nurses who had consistently documents initiating the initiative. For newly-delivered mothers, staff increased the number of calls to see how these moms were doing with breastfeeding and offer solutions to problems. Text messaging education and sending mailers—even when clients did not respond to phone calls—were other strategies SVMC employed to reach the women, connecting them with the link to the hospital website printed in the mailer so they could more easily find available programs.

Evaluation Results

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

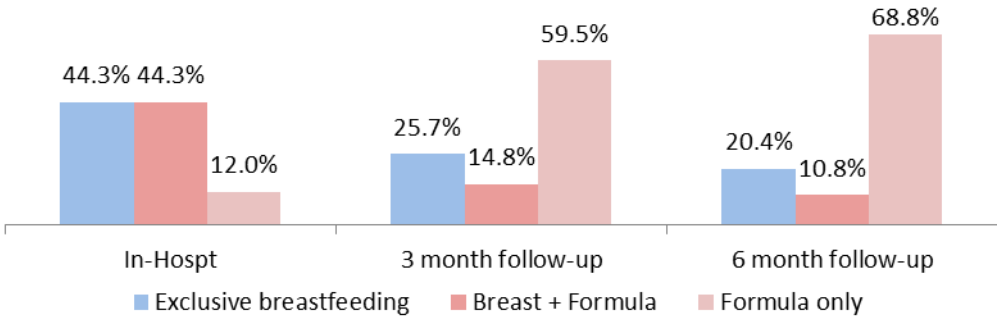
During FY 2020-21, the results of infant feeding choices were available to us for 1,366 (nearly the same as last year) deliveries at SVMC. [12] Looking at this sample of women, 660 or 48.3% of them (52.5% last year; 59% the previous year) elected to exclusively breastfeed at the time of hospital discharge;[13] 42.5% of women elected to both breast- and bottle feed, while 9.2% (11.4% last year) chose formula-only feeding (Figure 1).

Figure 1. All New Mothers' Infant Feeding Choices at the Time of Hospital Discharge (n=1,366)



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 1,366 women, 565 (41.4%, up from 32.5% last year) women, *regardless of choice at hospital discharge*, were eligible to be contacted (i.e., at least 6 months had passed since delivery)[14] and these women were successfully contacted during the 6-month contact period. Of these 565 women, some of whom reported changing infant feeding practices within that period, 44.3% (49.7% last year), had initiated exclusive breastfeeding in the hospital; at 3 months, 25.7% (26.7% last year) of the sample reported exclusively breastfeeding, and by 6 months the proportion dropped to 20.4% (21.7% last year) (Figure 2). This is to say, the exclusive breastfeeding proportion among contactable women (and not always the same women throughout the 6-month period) dropped 42% at 3 months and 54% at 6 months from in-hospital initiation.

Figure 2. New Mothers' Infant Feeding Choices at Hospital Discharge and at 3 and 6 Months, Un-Matched Sample[1] (n=565)

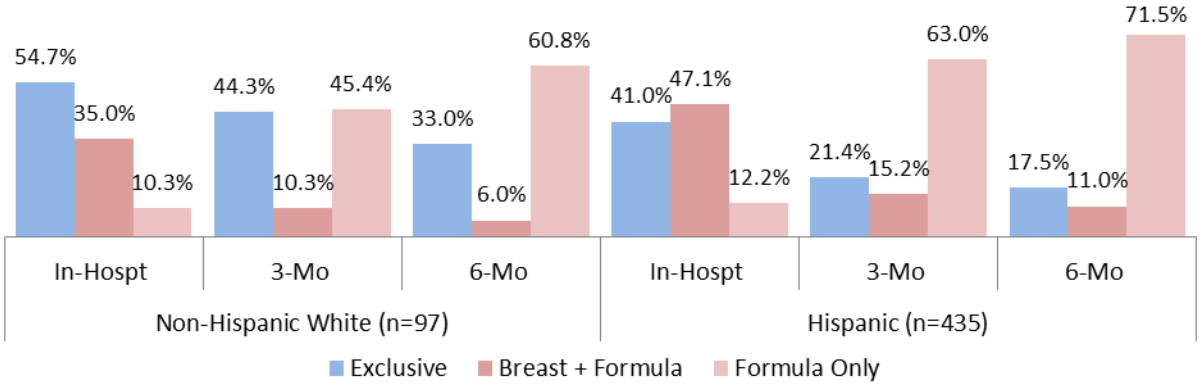


Note: Excludes women unavailable for contact.
[1]All women available for follow-up regardless of in-hospital feeding choice.

[12] Women with newborn deaths were excluded from the sample.
[13] The in-hospital exclusive breastfeeding rate SVMC reports to the State is 60%. Data source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2018.
[14] SVMC submitted full 12-month data on breastfeeding at the time of hospital discharge for 1,367 births. The evaluation data—to obtain the full 6 months post-discharge period, i.e., the follow-up dataset—includes only the months of July – December 2020.

Hispanic women make up 80.6% of the deliveries at SVMC,[15] but represent 77% of the women with full follow-up information in this evaluation. The differences in infant feeding practices by ethnic group across the 6 months were quite large this year. Non-Hispanic white women initiated breastfeeding at a higher percentage, 54.7%, than Hispanic women at 40.1%, and maintained it at a higher proportion at the 3-month follow-up. At the 6-month follow-up there was almost a 100% difference between the two groups, again with a higher percentage of non-Hispanic women reporting exclusive breastfeeding. At 6 months, about 18% more of the Hispanic mothers had switched to formula-only feeding (Figure 3). Recall that these ethnic group data are an unmatched sample of deliveries; that is, women at follow-up are not necessarily the same women who initiated exclusive breastfeeding in the hospital.

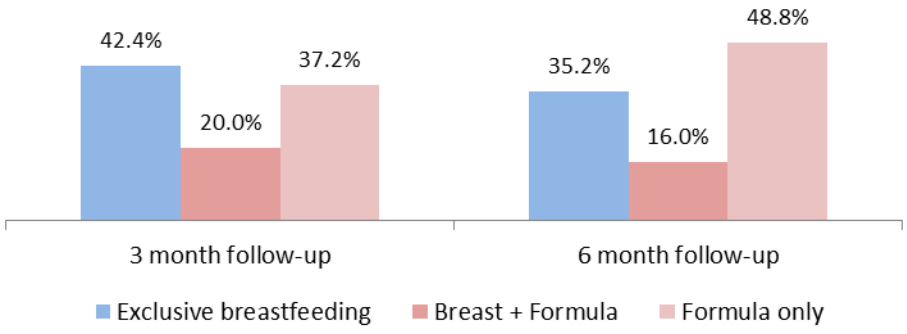
Figure 3. Breastfeeding Status at Hospital Discharge and 3 and 6 Months Follow-Up, By Ethnicity, Un-Matched Sample[1] (n=565)



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

Looking at a *matched* sample of the 250 women exclusively breastfeeding at hospital discharge and available for contact at each follow-up period, 42.4% (40% last year), reported exclusive breastfeeding at 3 months. The percentage dropped at 6 months but only to 35.2% compared to 31.0% last year (Figure 4), so this is relatively positive. On the other hand, the proportion of women who at 3 months were formula-feeding only, 37.2%, jumped to 48.8% at 6 months.

Figure 4. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, Matched Sample[1] (n=250)



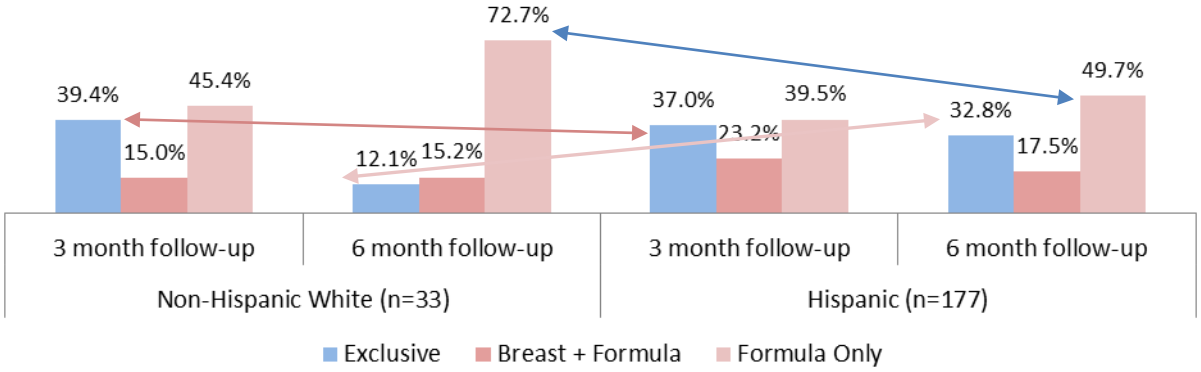
[1]The same women during the entire 6-month interval.
Note: Excludes women unavailable for contact.

[15] California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence by Race/Ethnicity: 2018. https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Occurrence-RaceEthnicity-2018.pdf

Again looking at the matched sample— women with exclusive in-hospital breastfeeding successfully contacted at both 3 and 6 months—this time by ethnic group, a similar proportion of both groups of women maintained exclusive breastfeeding for 3 months: 39.4% among non-Hispanic women and 37.0% for Hispanic (dark pink arrow in Figure 5). The proportion who maintained exclusive breastfeeding for 6 months differed significantly, however (lighter pink arrow), with Hispanic women maintaining exclusivity almost three times the proportion of non-Hispanic White women. While formula plus breastfeeding at 6 months was relatively similar between the two groups of women, at 6 months fewer Hispanic women had given up breastfeeding to switch to using only formula feeding (blue arrow in Figure 5).

Overall, there was more attrition from 3 to 6 months among non-Hispanic than Hispanic women. While Hispanic women dropped exclusive breastfeeding by 21.7% (about the same as last year) between the 2 time periods, non-Hispanic women dropped by 29.4% (16.6% last year).

Figure 5. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, by Ethnic Group, Matched Sample[1] (n=210)



[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

Although a lower proportion of women overall initiated in-hospital breastfeeding this year than last year (48.3% vs. 52.5%), SVMC's results for supporting Hispanic women (the greatest majority of their birthing clients) in maintaining exclusive breastfeeding for 6 months are impressive. Among the total matched set of all women who gave birth at SVMC and could be reached throughout a 6-month period, the proportion continuing to breastfeed exclusively, 35.2%, is particularly striking, and much higher, for example, than the 2017 National Immunization Survey sample of California women at 28.2%.[16]

It should be noted that the evaluation dataset again covered the period affected by COVID-19 when there were in-person and home visit restrictions. SVMC's results continue to reflect the supportive resources the hospital staff is providing to new mothers after delivery to make it easier to maintain exclusive breastfeeding even if that support had to be altered due to the restrictions of the pandemic. We will be interested in seeing next year's follow-up data when in-person lactation support and consultation has been more fully reinstated.

[16] Centers for Disease Control and Prevention.
https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByLocation&rdRequestForwarding=Form

SUMMARY CONCLUSIONS AND GENERAL RECOMMENDATIONS

The evaluation results in this FY 2020-21 report (Year 3 of 3), along with the 3-year grant summary, continue to demonstrate that First 5 Tulare and its network of partners have positively impacted the lives of young children and their families throughout Tulare County. Nearly all of the projects we evaluated largely met their Evaluation Plan objectives—the school-based oral health projects were an unavoidable exception this year—many implementing creative ways to continue doing so during the continuing months of the COVID-19 pandemic. The various impacts from COVID-19 and its persistent effects may continue to alter the delivery of in-person services and limit access to some needed community-based services, with ongoing disruptions in learning and social-emotional opportunities. Nevertheless, it was clear from the grantee stories we included in this report that grantees used all opportunities available to them to stay connected with families—and enroll new clients—and meet their basic concrete needs as well as address associated emotional and behavioral health concerns.

In some cases, we as well as the grantees had to adjust to the way the data were collected this year. Remote surveys are not a perfect substitute for in-person data collection, but they still provided robust data and indicators of things like children's learning activities, home environments and women's breastfeeding experience. And, despite the service adjustments, there were generally sufficient evaluation data for us to be able to talk about knowledge, skills and in some cases behavior change in this report. While we always wish for more matched sets of data (pre/post surveys and tests from the same participants), the grantees did an exemplary job of supporting parents who enrolled in services (e.g., nutrition classes, home safety training modules) to remain involved throughout the program, and thus be "found" when it was time to look at post-program effects. The quality of the raw data we received this year was especially high, with few exceptions; with the help of First 5 and grantee staff the few issues we encountered in data reporting have been identified and can be resolved.

Children with developmental concerns seemed to be identified early and referred appropriately, parents continued to report engaging in more early literacy activities with their children and making better food choices as a result of participating in certain programs, incarcerated fathers reported greater understanding around child discipline issues, divorcing and separating families found supportive services that were intended to lessen the negative impact on their children, and many parents/caregivers demonstrated increased confidence and skills to raise safe and healthy children. These are the kinds of strategies that seem to be giving you traction for your investments.

Breastfeeding duration—whether exclusive or any breastfeeding—after the first month or so continues to be a challenge, though this year we saw favorable results in both breastfeeding projects. We know that workplace environments can affect duration (pumping milk while at work, particularly for women in service/ agricultural industries who do not have the benefit of private office space, poses a particular challenge).

Studies show fewer than 1 in 5 working mothers who breastfeed know their rights in the workplace, influencing how long a woman will breastfeed. The Breastfeeding Workplace Survey we recommended last year was overshadowed by the demands of the pandemic and the priority for us and the grantees to update the Parent Survey. Considering its Strategic Plan objectives, particularly around systems change, we believe the survey results would be of interest to the Commission to gain insight into women's awareness of breastfeeding rights and to document experiences in the workplace. If approved, we can work with staff to design and administer the survey in late 2021-early 2022.

Early childhood caries continues to be a serious health problem in Tulare County and the high screening rates documented in past years remain worrisome (there is no reason to believe this improved during the COVID year). We recommend the Commission keep its eye on this issue when the next Strategic Plan is being planned for, and consider offering some of its leadership capacity to address this critical area.

This year coincided with the start of the new 3-year grant cycle, and we were asked to participate in reviewing each of the new and continuing grantees' Scopes of Work and Evaluation Plans, offering suggestions related to curricula and data collection methods and in some cases designing pre/posttests for new parent workshops. The Data Dashboard we created for you this spring provided some of the expanded community-level indicators that guided our suggestions.

As trauma-informed care continues to gain traction, more providers and community-based organizations are beginning to screen adults and children for exposure to adverse childhood experiences (ACEs) and trauma. ACEs are widely understood to undermine a child's sense of safety, stability, and bonding, and Tulare County's reported ACE scores exceeds by a small margin the statewide level.[17] We are aware of the literature that suggests it may be "reckless" or harmful to recommend a push for more screening of childhood adversity when screeners are poorly trained or screening results create demand for services that cannot be provided. This can be said no matter what screening tool is used that asks about sensitive information. In addition to the question of when and how to screen, is what to do with the information obtained from screening. In the case of ACES, while not everything can be explained by an ACE score, there is benefit to the screening—with the caveat that there be adequate support or services built around it—and we were happy to see ACES screening included in some of the new grantee Evaluation Plans based on our recommendation last year. The Commission's Home Visiting Coordination project can provide one of the forums to help support training and appropriate intervention strategies.

The Commission staff should be commended for the leadership role they have played locally as well as regionally in implementing the F5 CA Home Visiting Coordination project. Tulare County First 5 has been a standout, and this is a testament to its positive history of promoting collaboration, nurturing community agency engagement and fostering trusting relationships over competition among providers. Our experience in other counties suggests this is pretty unique.

We would also like to take this opportunity to recognize the Commission's commitment to promoting a culture of diversity, equity and inclusion in advancing its mission to support programs where all Tulare County children will thrive. As a significant community funder, First 5 grants have created and incentivized many opportunities for underserved families and communities to receive services, as well as empowering them with knowledge, skills and confidence to better meet the needs of their families.

[17] Findings on Adverse Childhood Experiences in California. Center for Youth Wellness. https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf