

FIRST 5 TULARE

**EVALUATION
REPORT**

2016-2017 Grants



**Prepared for the
First 5 Tulare County
Commission**

**BARBARA AVED ASSOCIATES
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Table of Contents

OVERVIEW	3
INTRODUCTION	4
Evaluation Design and Data Methods.....	4
Data Analysis	8
Evaluation Team	8
FINDINGS AND RECOMMENDATIONS.....	9
<i>Result Areas Part 1: Family Functioning, Child Development, Systems of Care</i>	9
Cutler-Orosi School District: School Readiness	9
Cutler-Orosi School District: Family Resource Center	14
Family Services of Tulare County: Addressing Childhood Trauma (A.C.T.)	26
Family Services of Tulare County: Early Mental Health Program.....	31
County of Tulare Sheriff's Department: Gang Awareness Parenting Project.....	36
Tulare City School District: Comprehensive School Readiness Program.....	51
Parenting Network, Inc.: Visalia Family Resource Center.....	54
Woodlake Unified School District: Family Resource Center	57
Traver Joint Elementary School District: School Readiness	63
Visalia City School District: Ivanhoe First 5 Program.....	66
CASA of Tulare County: 0-5 Program	69
Lindsay Family Resource Center	73
<i>Result Areas Part 2: Child Health, Systems of Care</i>	88
Family Healthcare Network Kindercare	89
Altura Centers for Health.....	92
Sierra View Medical Center.....	96
Tulare Regional Medical Center.....	100
GENERAL CONCLUSIONS AND RECOMMENDATIONS	104



First 5 Tulare

2016 - 2017 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.

For the past 15 years, First 5 Tulare has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. With about \$5.1 million a year allocated by the State in Proposition 10 funds this year—an amount that is declining annually consistent with the anticipated decline in the number of smokers—

First 5 Tulare has created a number of direct service programs that target physical and mental health, oral health, literacy, parenting skills and school readiness. In its 3-year grant cycle for 2015-2018, First 5 Tulare is supporting schools, community and public organizations, hospitals and family resource centers which 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

In 2016, the county was home to a population of approximately 459,863, about 10.6% (or 48,516) of whom were children age 0-5. With a median age of 28.5 years old, Tulare County residents are one of the youngest regional populations in California.¹ They are also one of the poorest with nearly double the percentage of people living in poverty as in the state.

In addition to the socioeconomic factors that can influence child well-being, family structure can have a bearing. An estimated 36% of children in the county live in single-parent households, and 4.1% to 4.9% live with grandparents who provide their primary care.

- 24,556 children age 0-2 and 23,960 ages 3-5 live in Tulare County.
- Child ethnicity is 19.8% White; 1.0% African-American; 2.3% Asian; 0.6% American Indian; 74.5% are of Hispanic or Latino origin.
- 50.9% speak a language other than English at home (persons age 5+).
- 32% of children ages 0-5 live in a married-couple family household.
- \$17,876 per capita income last 12 months (in 2015 dollars)
- 37.9% of the county's children live in poverty.

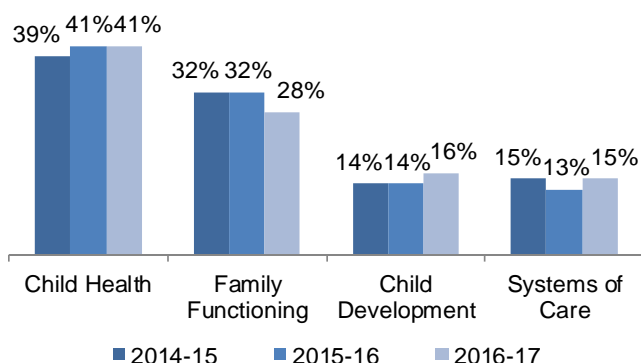
¹ <http://www.census.gov/quickfacts/map/PST045214/06107.06>





INTRODUCTION

In FY 2016-17, First 5 Tulare expended a total of \$4,368,851 in programs across four First 5 result areas: Child Health; Family Functioning; Child Development; and Systems of Care. The fund distribution among the result areas, as can be seen below, has not changed substantially in the last 3 years.



The purpose of the First 5 Tulare evaluation is to document grantee progress and measure changes resulting from grantee programs and services for children age 0-5 and their families. The evaluated projects ranged from child abuse prevention to oral health services to developmental assessments to parent literacy improvements as addressed by the goals and objectives of the Commission's *2015-2018 Strategic Plan*. Consistent with the intent of the Strategic Plan, Barbara Aved Associates (BAA) developed evaluation questions to match each of the projects' goals and identified appropriate community-level indicators for each project. The Indicators, which align with the Strategic Plan, can be tracked and relate directly or by proxy to what the projects hoped to achieve.

This report provides the evaluation findings necessary to inform the First 5 Tulare Commission and, when shared, can assist in

the statewide effort to compile results from all 58 First 5 counties in reporting to the Legislature each year. First 5 Tulare's own *program* report highlights process indicators, such as number and type of children served, and outcomes. The *evaluation* report allows First 5 Tulare Commissioners, funded partners and community stakeholders a more comprehensive look at the Commission's notable outcomes for selected programs or portions of programs in the current grant cycle.


Project-specific recommendations are included for each grantee. General recommendations to strengthen First 5's overall evaluation efforts are presented at the end of the report. With few exceptions, the results achieved by funded programs were favorable and on par with the goals and objectives described in the grantees' Evaluation Plans and the Commission's new 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. At the end of the 3-year grant cycle we will also prepare grant summary findings.

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 2016-17	As Measured by
Cutler-Orosi School District: School Readiness	<p>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?</p> <p>To what extent did infants and older children show increased skills in a range of developmental areas?</p>	<ul style="list-style-type: none"> ▪ ESPIRS ▪ DRDP
Cutler-Orosi School District: Family Resource Center	<p>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?</p> <p>To what extent did parents learn and apply important parenting and conflict management skills?</p> <p>To what extent did infants and toddlers show increased skills in a range of developmental areas?</p> <p>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?</p>	<ul style="list-style-type: none"> ▪ ESPIRS ▪ Parenting Wisely ▪ Parents Helping Parents form ▪ DRDP ▪ SafeCare
County of Tulare Sheriff's Department: Gang Awareness	<p>To what extent did parents increase knowledge about effective parenting?</p> <p>To what extent did parents increase awareness of the causes of stress and how to manage it?</p> <p>How confident did formerly incarcerated graduates of the GAPP and RSAT (substance abuse) programs feel about parenting upon release and return to the community?</p>	<ul style="list-style-type: none"> ▪ ACT Curriculum pre/post ▪ Parental Stress Index ▪ Community Re-Entry Follow-Up Form
Parenting Network, Inc.: Visalia Family Resource Center	<p>To what extent did parents learn and apply important parenting and conflict management skills?</p>	<ul style="list-style-type: none"> ▪ Parenting Wisely
Woodlake Unified School District: Family Resource Center	<p>To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?</p> <p>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?</p>	<ul style="list-style-type: none"> ▪ ASQ ▪ SafeCare

First 5 Tulare	 Evaluation Questions for FY 2016-17	As Measured by
Family Services of Tulare County: Early Mental Health	<p>How often did parents report problem behaviors in their children and with what impact?</p> <p>To what extent were children emotionally healthy and developmentally on task?</p> <p>To what extent did parents demonstrate healthy parent-child relationships?</p> <p>To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?</p>	<ul style="list-style-type: none"> ▪ Eyberg ▪ Axis V ▪ PIR GAS ▪ ASQ
Family Services of Tulare County: Addressing Child Trauma (A.C.T.)	<p>Why did parents participate in supervised visitation and how satisfied were they with the experience?</p> <p>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?</p> <p>To what extent was there a change among parents in positive parental behaviors?</p>	<ul style="list-style-type: none"> ▪ 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?	<ul style="list-style-type: none"> ▪ DRDP
Visalia City School District: Ivanhoe First 5 Program	To what extent did children show increased skills in a range of developmental areas?	<ul style="list-style-type: none"> ▪ DRDP
Tulare City Schools: Preschool Program	To what extent did children show increased skills in a range of developmental areas?	<ul style="list-style-type: none"> ▪ DRDP
CASA of Tulare County: 0-5 Program	To what extent did children reduce time in foster care, have fewer than average placements, and have a permanent placement upon closure of cases?	<ul style="list-style-type: none"> ▪ CASA data system ▪ Tulare County Welfare System Data

First 5 Tulare	Evaluation Questions for FY 2016-17	As Measured by
Lindsay Family Resource Center	<p>To what extent did parents increase their knowledge about child development and gain parenting skills?</p> <p>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?</p> <p>To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?</p> <p>To what extent did parents learn and apply important parenting and conflict management skills?</p> <p>To what extent did parents demonstrate building protective and promotive factors that strengthen families?</p>	<ul style="list-style-type: none"> ▪ Abriendo Puertas ▪ SafeCare ▪ ASQ ▪ Parenting Wisely ▪ Protective Factors
Family Healthcare Network	To what extent were oral health outcomes achieved for pregnant women and children?	<ul style="list-style-type: none"> ▪ 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?	<ul style="list-style-type: none"> ▪ Breastfeeding follow-up form
Tulare Community Health Clinic (Altura)	To what extent were oral health outcomes achieved for children?	<ul style="list-style-type: none"> ▪ CA Oral Health Assessment Form
Tulare Regional Medical Center	To what extent did new mothers initiate and exclusively breastfeed during their stay at the hospital and continue any or exclusive breastfeeding?	<ul style="list-style-type: none"> ▪ Breastfeeding follow-up form

Data Analysis

BAA received raw data from the funded projects in hard copy from 23 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 24.0. Matched samples were used for pre- and posttests only 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. Michael Funakoshi provided research assistance and data entry, and Sarah E. Beck, MD, reviewed sections of the child health evaluation.

FINDINGS AND PROJECT RECOMMENDATIONS



RESULT AREAS Part 1: Family Functioning Child Development Systems of Care

CUTLER-OROSI SCHOOL DISTRICT School Readiness

“Setting up an opportunity for a parent and child to observe a preschool experience helped the parent visualize the child participating—a huge selling point for an initially hesitant family.” - School Readiness 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 and actively engaging parents in early development activities with their children. 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.

Children were also assessed for school readiness with the DRDP (Desired Results Developmental Profile) tool to measure results in a range of developmental areas where scores can be tracked over time. However, because staff inadvertently used the wrong DRDP form (they used Infant/Toddler, not Preschool DRDP) we were not able to include those data in this report.

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 children 0-5 with a “medical home” or source of care where they are a patient of record, i.e., not an emergency room.*
- *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.

A family with limited experience with educational activities for their 3-year-old was hesitant to enroll the child in a preschool program. In going through the School Readiness program, the parent realized the importance of simply talking with her child and learning the developmental benefits of play. After enrollment at Palm Preschool the mother was able to observe the quick results in growth, interest and engagement of her daughter. She shared with staff that this “brought much joy and confidence” and reinforced her decision as a good one concerning enrolling her daughter in preschool. The client was then receptive to enrollment into the SafeCare program that has been beneficial for not only the child but also the whole family. The success of this family is a result of the relationship staff built over time, being mindful and respectful of the readiness of the family to participate and engage in services.

Evaluation Results

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

Overall, parents responded in the ESPIRS post-survey that they had more books in their home and read and told stories to their children more often at the end of the program; however, they also reported that their children watched more TV (Figure 1).

Figure 1. Home Life Experience after Program Participation

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

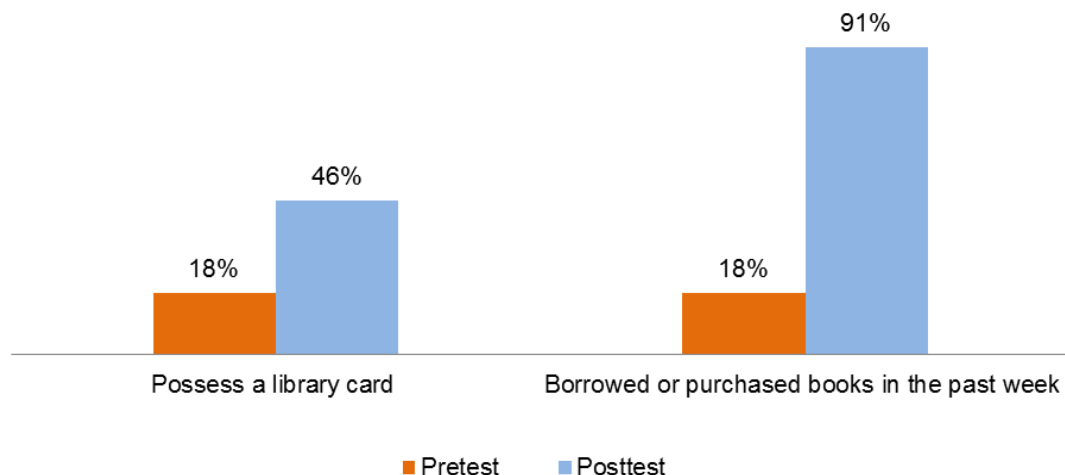
↑ = positive behaviors

Participating in the program had a positive impact on parents experience with books in the home and on reading and storytelling. About 13% of the parents reported at the pretest of owning 11 or more books. On the posttest, almost 38% of these same parents reported that they owned 11 or more books (Table 1 on the next page). This pattern of parents having more books at posttest was however not statistically significant. Looking at the frequency of reading books and telling stories to their children there appeared to be a pattern of more positive behaviors occurring after the class; that is, parents overall were reading and telling stories more frequently following the program. However, repeated measures analyses of variance indicated that these positive changes were not statistically significant for either of these items.

Table 1. Parents' Experience with Books and Reading to Children, Matched Sample

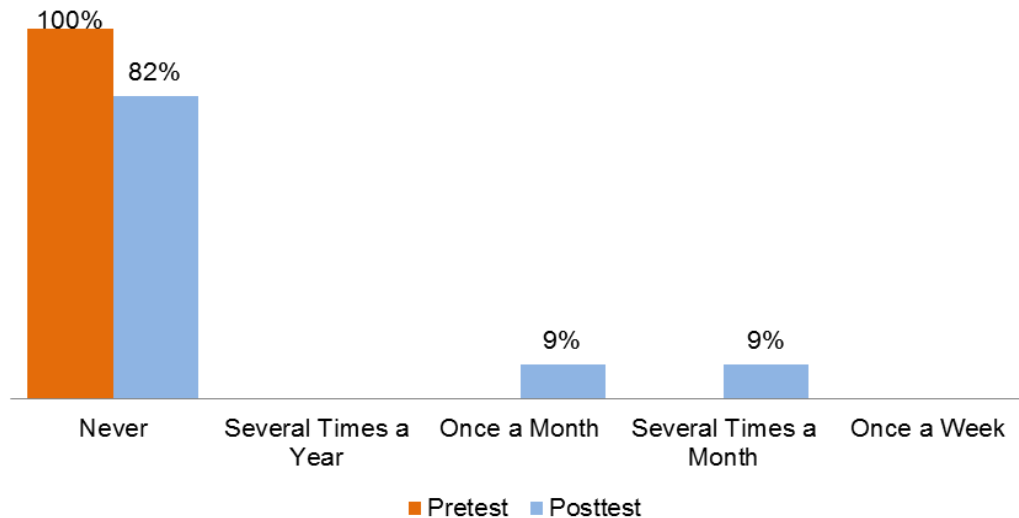
Survey Question	Pre		Post	
	<i>n</i>	%	<i>n</i>	%
<i>During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?</i>				
1 - 2 books	2	25.0	-	-
3 - 10 books	5	62.5	5	62.5
11 - 25 books	1	12.5	1	12.5
26 - 50 books	-	-	2	25.0
51 + books	-	-	-	-
<i>About how often do you read books or stories to your children?</i>				
Never	2	18.2	-	-
Several times a year	-	-	-	-
Several times a month	1	9.1	-	-
Once a week	2	18.2	1	9.1
About 3 times a week	3	27.3	5	45.5
Every day	3	27.3	5	45.5
<i>How often do you tell your children a story (e.g., folk and family history)?</i>				
Never	3	27.3	2	18.2
Several times a year	1	9.1	3	27.3
Several times a month	1	9.1	-	-
Once a week	2	18.2	1	9.1
About 3 times a week	1	9.1	2	18.2
Every day	3	27.3	3	27.3

There was no statistically significant change between the pretest and posttest regarding the 11 matched parents' library experience. Specifically, the number who reported they possessed a library card ($n = 5$) after the class did not differ significantly from the number of respondents before the class ($n = 2$). There was however a statistically significant change regarding borrowing or purchasing books. More parents reported on the posttest that they had checked out a library book or purchased a book in the past week. Before the class, only two of the 11 respondents had checked out a book from the library or had purchased a book in the past week but on the posttest, all but one respondent reported doing this in the past week (Figure 2).

Figure 2. Current Library Experience, Matched Sample (n=11)

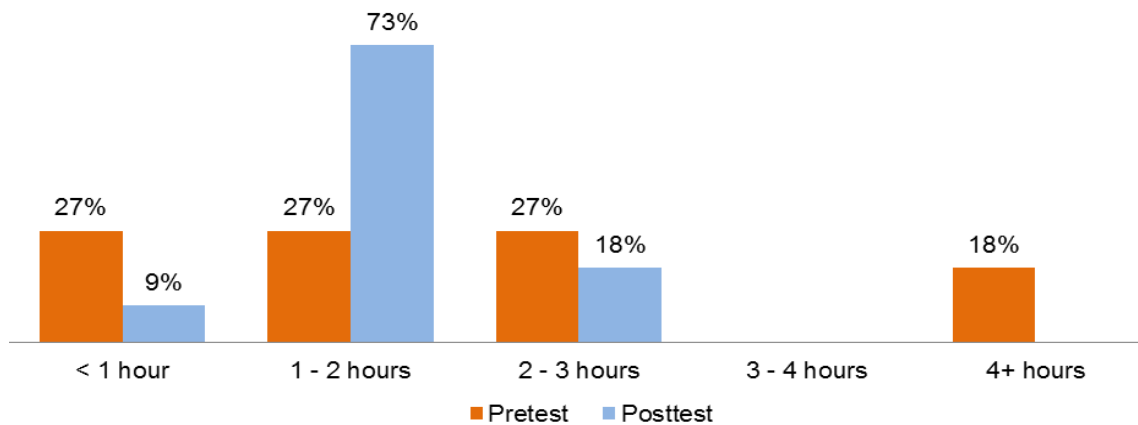
All 11 of the parents at the pretest reported that they never went to the library (Figure 3). Although there were more respondents who reported that they visited the library at least once or several times during a month at the posttest, these positive changes were not statistically significant.

Figure 3. Frequency of Going to the Library, Matched Sample (n=11)



Television-watching habits, like reading and visiting the library, are also of interest in early literacy programs. Based on 11 matched surveys, there appeared to be mixed results (Figure 4). Compared to the pretest, there were fewer parents at the posttest reporting that they watched television 1-2 hours or 2-3 hours. However, more parents reported on the posttest that they watched 3 or more hours than on the pretest. A repeated measures analysis of variance showed that these changes from the pretest to the posttest were statistically significant: there was an increase in the amount of time spent watching television after participating in the program.

Figure 4. Hours of TV Watched Per Day, Matched Sample (n=11)



Overall parental behavior related to TV viewing did not substantially change after the program. A lower proportion of parents, 45.5% pre- compared to 54.5% post, always selected the TV programs for their children after taking the course (Table 2). Similarly, fewer parents reported always watching the TV programs with their children at the posttest than before participating in the program. Although these changes were in the negative direction, i.e., not desired behaviors, these changes were not statistically significant. There were no pre-/post differences in the proportion of parents who asked their children questions about the TV programs they had watched.

Table 2. Family TV-Watching Experience, Matched Sample (n=11)

Survey Question	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	1 (9.1%)	4 (36.4%)	6 (54.5%)	3 (27.3%)	3 (27.3%)	5 (45.5%)
When your children watch TV, do you watch the TV programs with your children?	0 (0%)	4 (36.4%)	7 (63.6%)	0 (0%)	7 (63.6%)	4 (36.4%)
When your children watch TV, do you ask your children questions about the TV program?	2 (18.2%)	3 (27.3%)	6 (54.5%)	2 (18.2%)	3 (27.3%)	6 (54.5%)

Parents wrote down on the pretest and posttest television shows their children were most frequently watching. A quick review of what parents said on the pretest indicated that their children were watching programming for children such as "Dora the Explorer" and "Curious George." At the posttest, respondents continue to list this type of programming, such as "PBS Programs" and "Mickey Mouse." One respondent on the posttest did report that his/her child watches "Funniest Videos."

Conclusions and Recommendations

The strategies implemented by this project contributed to the increased literacy skills of both parents and children. Overall, the parents who participated in the program increased their understanding about the importance that early literacy activities play in their child's learning, and engaged in activities that promoted school readiness. In addition to more exposure to family reading and storytelling, families showed new interest in purchasing books or borrowing them from the library.

Because families again this year—as they have every year—reported an increase in TV-watching experience (as well as less engagement with their children around TV viewing) after participating in the program, the project should focus more attention of the curriculum on the impact these habits have on family time to engage in early literacy activities like reading, storytelling and visiting the library.

We have already spoken with the grantee about their use of the wrong DRDP form that made it impossible to include those data in this report, and staff will immediately begin using the correct form in 2017/18, i.e., the one with 56 (not 29) measures. They are also aware that all we need is the Cover Sheet stapled to the Rating Tool (not all the thick back-up pages of the rating details), which will save them a lot of time.



CUTLER OROSI SCHOOL DISTRICT Family Resource Center

"Now we are all in the same world" - Parent participant after help who initially reported family communication problems as everyone being in their own little world.

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, jobs, training programs, parent education, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through 5 different tools.

Children were assessed for school readiness by staff using the DRDP-Revised (Desired Results Developmental Profile) tool to measure results in a range of developmental areas where scores can be tracked over time. The DRDP is a child assessment tool designed by the California Department of Education and administered by teachers in the fall to help them create individualized learning plans for children, and again in the spring to look for improvement. Data from DRDPs for the birth-36 months age group were analyzed with matched pre- and post-assessments to look for developmental changes.

Children were also screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (ASQ:SE)*. The tools are designed to screen a child from 1–66 months without any gaps between the questionnaire age intervals for early identification and intervention. The questionnaires reveal a child's strengths as well as areas that need work, and they ask parents age-appropriate questions linked to specific milestones, making it easy for parents to learn about and encourage their child's development—and for teachers and other professionals to make referrals when needed.

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. Data from selected questions that most closely matched the Commission's Strategic Plan objectives and indicators were analyzed.

The grantee is one of 3 First 5-funded Family Resource Centers that is using SafeCare, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. In addition to the goal of reducing child maltreatment, the 3 program modules are designed to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value of the program and their satisfaction with various features of it. The program is not offered to all program participants, however; staff and parents decide what is needed.

The grantee also offers parent education and proactive skills development through various other standardized programs and curricula. The Parents Helping Parents SEA parenting program “serves families facing the modern challenge of raising moral children in nonviolent and nourishing ways, within the context of a violent society;” it primarily addresses appropriate methods of discipline and other positive parenting behaviors. The interactive (online) Parenting Wisely program 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, coincidentally, a 34-item tool) to determine improvement after participating in the program.

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.*
- *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.

Staff shared the case of a family referred by the school because of child behavioral issues and poor parent-child communication where the parent was initially hesitant to participate and to open up. Obtaining buy-in from the mother was difficult, but because the case manager met the client at her readiness level, she was able to build a trusting relationship, encourage the mother to attend all of the parenting classes and implement the new skills she learned, and accept counseling services for her child. Home visits provided the evidence such as chore charts on the refrigerator and more engagement in family activities designed around the needs of the children that these efforts had a positive impact on the family.

Evaluation Results

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

Raters used descriptive assessments such as "responding earlier" and "building earlier" to assess children on 27 different measures in 5 developmental domain areas on the DRDP Infant and Toddler - Calibration Version. Treating the descriptors as if they are on a scale from the lowest rating of "responding earlier" to the highest rating of "building earlier," children who were perceived by the rater as further along in their development on a measure received a higher-level descriptor (or rating). The number of times a descriptor was marked by the raters evaluating the children are summed up and

displayed in Table 1 below; the percentage change between the pre- and post-assessments is also presented.

The very general pattern across all five domains shows a positive pattern of improvements. Raters were using higher-level descriptors ("exploring middle" and above) to describe the children more often on the post-assessment than on the pre-assessment, with the largest percentage change seen in the Approaches to Learning - Self Regulation domain.

Table 1. Cutler Orosi - FRC: DRDP - Infant Toddler (Pre N = 15, Post N = 9)

Domain Area	Number of Ratings					
	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier
	1	2	3	4	5	6
Approaches to Learning - Self Regulation (5 Measures)						
PRE (TR = 75)	10 (13.3%)	14 (18.7%)	32 (42.7%)		18 (24.0%)	1 (1.3%)
POST (TR = 42)	1 (2.4%)	12 (28.6%)	6 (14.3%)		13 (31.0%)	10 (23.8%)
% Change	-82.0	52.9	-66.5		29.2	1730.8
Social and Emotional Development (5 Measures)						
PRE (TR = 75)	10 (13.3%)	19 (25.3%)	24 (32.0%)		19 (25.3%)	3 (4.0%)
POST (TR = 44)	2 (4.6%)	11 (25.0%)	10 (22.7%)		8 (18.2%)	13 (29.6%)
% Change	-65.4	-1.2	-29.1		-28.1	640.0
Language and Literacy Development (5 Measures)						
PRE (TR = 75)	11 (14.7%)	15 (20.0%)	21 (28.0%)	6 (8.0%)	14 (18.7%)	8 (10.7%)
POST (TR = 41)	5 (12.2%)	10 (24.4%)	6 (14.6%)	6 (14.6%)	5 (12.2%)	9 (22.0%)
% Change	-17.0	22.0	-47.9	82.5	-34.8	105.6
Cognition, Including Math and Science (6 Measures)						
PRE (TR = 90)	11 (12.2%)	28 (31.1%)	27 (30.0%)		22 (24.4%)	2 (2.2%)
POST (TR = 50)	4 (8.0%)	13 (26.0%)	8 (16.0%)		14 (28.0%)	11 (22.0%)
% Change	-34.4	-16.4	-46.7		14.8	900.0
Physical Development - Health (8 Measures)						
PRE (TR = 115)	16 (13.9%)	14 (12.2%)	33 (28.7%)	10 (8.7%)	27 (23.5%)	15 (13.0%)
POST (TR = 65)	6 (9.2%)	7 (10.8%)	11 (16.9%)	5 (7.7%)	20 (30.8%)	16 (24.6%)
% Change	-33.8	-11.5	-41.1	-11.5	31.1	89.2

Note. "TR" = total number of ratings.

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?

Overall, parents responded in the ESPIRS post-survey that they had more books at home and read and told stories to their children more frequently following the program. TV viewing habits were also positive (Figure 1 on the next page).

Figure 1. Home Life Experience after Program Participation

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

↑ = positive behaviors

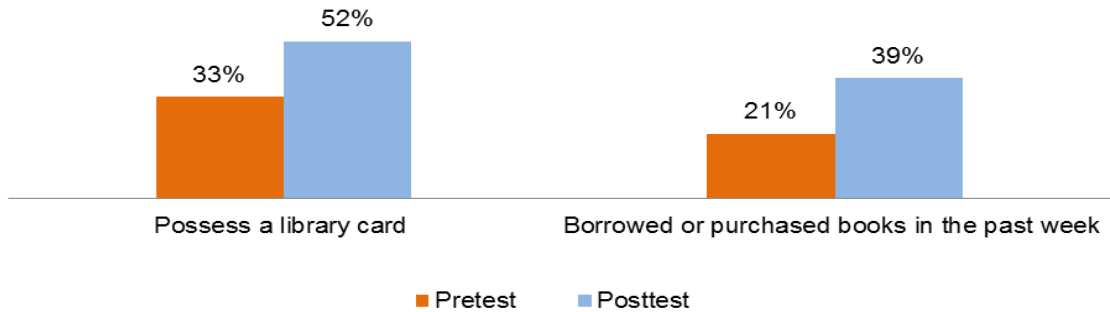
Participating in the program had a positive impact on parents experience with books in the home and on reading and storytelling. A little over half of the parents (52%) reported having 11 or more books at home at the pretest but at the posttest over 93% of the parents reported having this many books—a statistically significant difference (Table 2). There was also improvement between pre- and posttests concerning how often parents read to their children and how often they told stories to their children, though the changes were not statistically significant.

Table 2. Parents' Experience with Books and Reading to Children, Matched Sample (n=40)

Survey Question	Pre		Post	
	<i>n</i>	%	<i>n</i>	%
<i>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)?</i>				
1 - 2 books	1	3.4	-	-
3 - 10 books	12	41.4	2	6.9
11 - 25 books	5	17.2	16	55.2
26 - 50 books	9	31.0	7	24.1
51 + books	1	3.4	4	13.8
<i>About how often do you read books or stories to your children?</i>				
Never	3	9.4	2	6.3
Several times a year	1	3.1	1	3.1
Several times a month	2	6.3	3	9.4
Once a week	5	15.6	2	6.3
About 3 times a week	13	40.6	10	31.3
Every day	8	25.0	14	43.8
<i>How often do you tell your children a story (e.g., folk and family history)?</i>				
Never	2	6.5	2	6.5
Several times a year	-	-	1	3.2
Several times a month	4	12.9	3	9.7
Once a week	11	35.5	1	3.2
About 3 times a week	11	35.5	13	41.9
Every day	3	9.7	11	35.5

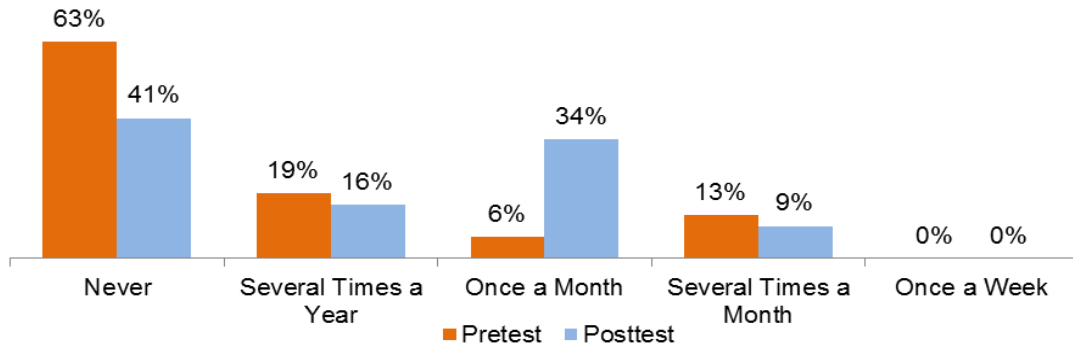
In terms of library experience, there was a statistically significant change between the pretest and posttest with more parents reporting they possessed a library card after participating in the program. Of the 33 respondents, 11 indicated they had a library card on the pretest which increased to 17 on the posttest (Figure 2 on the next page). There was also an increase, although nonsignificant, in the number of posttest respondents who said that they had checked out a library book or purchased a book in the past week

Figure 2. Current Library Experience, Matched Sample (n=33)



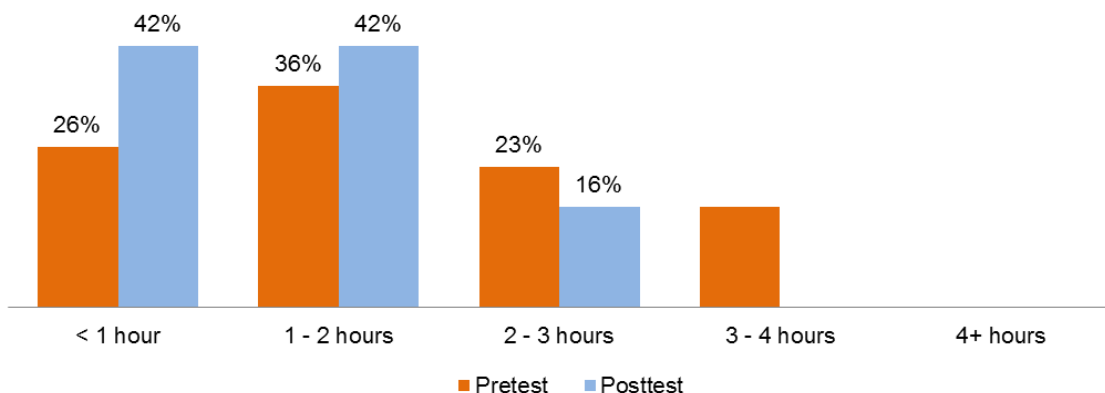
Almost two-thirds of the parents at the pretest reported that they never went to the library. Figure 3 shows that this situation improved by the posttest with almost 60% of the group reporting that they visited the library at least several times a year or more—a statistically significant difference.

Figure 3. Frequency of Going to the Library, Matched Sample (n=32)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Based on the matched pre-posttests for this question, there appeared to be a positive change (see Figure 4). Compared to the start of the program, fewer parents at the posttest reported their children watching 2 to 3 hours a day, with none of them reporting their children watched 3 hours or more of TV. A repeated measures analysis of variance showed that these changes were statistically significant.

Figure 4. Hours of TV Watched Per Day, Matched Sample (n=31)



Parent behavior related to TV viewing increased in the positive direction after the program. A larger proportion of parents, 71% compared to 51.6%, *always* selected the TV programs with their children after taking the course (Table 3). A repeated measures analysis of variance indicated that this change in selecting the programming was statistically significant. There was also a positive increase with proportionally more parents reporting that they *always* asked their children about the television program after taking the course. A similar, but smaller, shift occurred in the proportion of parents who *always* watched the television program with their children. These other changes though positive were however not statistically significant.

Table 3. Family TV-Watching Experience, Matched Sample (n=31)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	2 (6.5%)	13 (41.9%)	16 (51.6%)	-	9 (29.0%)	22 (71.0%)
When your children watch TV, do you watch the TV programs with your children?	1 (3.2%)	17 (54.8%)	13 (41.9%)	-	16 (51.6%)	15 (48.4%)
When your children watch TV, do you ask your children questions about the TV program?	1 (3.2%)	18 (58.1%)	12 (38.7%)	-	15 (48.4%)	16 (51.6%)

Respondents wrote down examples of 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 "Paw Patrol" and "Curious George." At the posttest, respondents continue to list this type of programming including "Super Y" and "Wild Kratts."

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

On the *Parenting Wisely* pre- and posttest, parents were asked questions that had correct or incorrect answers. Table 4 that starts on the next page displays the percentage of parents answering correctly. For the matched sample of 14 parents, there was significant improvement on 20 of the 34 questions regarding parenting and conflict management skills from the pretest to the posttest. For the 14 questions with no significant improvement, most of the respondents were already answering 7 of these questions (Questions 4, 11, 12, 15, 31, 33, and 34) correctly on the pretest and therefore, there was little room for improvement on the posttest (resulting in a change that was not statistically significant).

Using a benchmark of 80% correct, there were 5 questions on the test that appeared to be difficult for the respondents. Although there was significant improvement, respondents had trouble answering questions 5, 10, and 25 correctly (see Table 4 for question description). There were also 2 additional questions (3 and 22) which gave the respondents some difficulty.

A repeated measures analysis of variance on the full set of questions showed that there was a significant improvement in overall test performance from pretest to posttest, with the 14 parents averaging about 50% correct on the pretest (the range was 32% to 77%) and about 89% correct on the posttest (the range was 82% to 100%). Using 80% correct as a benchmark for total test performance,

all of the 14 parents scored under this benchmark on the pretest but all of them scored over 80% correct on the posttest.

Table 4. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=14)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	14%	93%	564%*
2. What is the best reason to use "Active Listening"?	29%	86%	197%*
3. In disciplining a child, what should be included along with punishment?	50%	64%	28%
4. What is the most important part of giving a chore?	79%	93%	18%
5. What is most important in "Assertive Discipline"?	7%	57%	714%*
6. What is most likely to happen if a parent does not usually follow through on a punishment?	57%	93%	63%
7. When might a family discussion of a problem NOT be a good idea?	64%	93%	45%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	43%	100%	133%*
9. What happens when parents are consistent in giving consequences?	50%	100%	100%*
10. What are the components of "Contingency Management"?	21%	71%	238%*
11. What happens if a parent monitors a child's schoolwork?	79%	86%	9%
12. When you first find out your child is doing poorly at school, what should you do first?	86%	100%	16%
13. What is the long term result of motivating children by yelling at them?	71%	100%	41%*
14. What often happens when a parent forbids a teen to see a particular friend?	71%	100%	41%*
15. What happens when you compare siblings to each other?	86%	93%	8%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	43%	86%	100%*
17. The main reason parents yell at their children is?	57%	100%	75%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	71%	93%	31%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	36%	79%	119%
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	57%	93%	63%*
21. What is the purpose of an "I Statement"?	50%	100%	100%*
22. What are the main advantages of "Contracting" for adolescents?	29%	64%	121%
23. Which of the following is an "I Statement"?	14%	100%	614%*
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.	57%	93%	63%

Table continues on next page

25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	14%	57%	307%*
26. What is the advantage of having both parents involved with a child's homework problem?	14%	79%	464%*
27. What happens when parents give punishments that are severe?	43%	93%	116%*
28. Close supervision of our children when they spend time with friends has which advantage?	64%	79%	23%
29. What are the main elements of "Contracting"?	14%	93%	564%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	21%	93%	343%*
31. If we need to correct our child when he or she is with friends, what should we do?	93%	100%	8%
32. To help our children know which behavior to change, it is important for us to be...	57%	100%	75%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	86%	100%	16%
34. When we talk about the positive motive behind someone's behavior, the effect is to?	86%	93%	8%
Overall Percentage Correct	50.4%	88.9%	76.4%*

* $p < .05$.

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. Parents reported a decrease or no change in all but two of the negative behaviors from the pretest to the posttest. Only one of these items that did not show a decrease or no change however was statistically significant. For question 13, parents reported more frequently that family rules were created without the child's participation, a statistically significant increase with a 43% percentage change.

For the other 20 items about positive or good parenting practices, 5 of them showed a statistically significant change from pretest to posttest. Parents reported more often that they knew their children's friends' parents, knew where their children's friends live, and helped their children with their homework. However, the parents also reported that they talked less to their children about drugs and diversion after the posttest—a change in the wrong direction.

Table 5. Parents' Report of Parenting Behaviors, Matched Sample

Survey Questions	Matched <i>n</i>	Pre		Post		% Change
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
"Negative" Behavior Questions						
1. How many times do I hit my children?	14	1.5	.7	1.6	.8	6.7%
2. How many times do I yell?	14	2.5	.8	2.4	.7	-4.0%
3. How many times do I scold my children?	14	2.9	1.0	2.9	1.0	NC
4. How many times do I insult my children?	14	1.2	.4	1.2	.4	NC
5. How many times do I use profanity?	14	1.4	.5	1.4	.5	NC
6. How many times do I get angry?	14	2.7	.7	2.5	.9	-7.4%
7. How many times do I use sarcasm?	14	1.6	.9	1.1	.4	-31.3%

8. How many times do I repeat myself?	14	2.9	1.2	2.9	1.4	NC
9. How many times do I get into arguments for the sake of my children?	14	2.1	1.1	1.9	.9	-9.5%
10. How many times do I blame my partner or my children for my unhappiness?	14	1.1	.3	1.0	.0	-9.1%
11. How many times do I fight with my partner?	14	2.3	.5	1.9	.9	-17.4%
12. How many times do I fight with my partner in front of my children?	14	1.8	1.0	1.4	.5	-22.2%
13. Family rules are created by my husband and me without our children's participation.	14	3.0	1.6	4.3	.9	43.3%*
Overall Mean for Negative Behavior Questions	14	2.1	.5	2.0	.4	-4.8%
"Positive" Behavior Questions						
14. I know where my children (are) after school and on the weekends.	13	4.9	.3	4.9	.3	NC
15. I know my children's friends.	13	4.5	.8	4.9	.4	8.9%
16. I know my children's friends' parents.	13	3.5	1.1	4.5	.7	28.6%*
17. I know where my children's friends live.	13	3.5	1.4	4.5	.8	28.6%*
18. I know what my children are doing when they are in school.	13	4.8	.4	4.7	.6	-2.1%
20. What frequency of diversion so [sic] we have with family?*	14	4.0	.6	3.5	.9	-12.5%*
21. How many times do we eat together as a family?	14	4.4	.8	4.2	.9	-4.5%
22. How many times do we converse with our children?	14	4.7	.6	4.4	.6	-6.4%
23. How many times do I talk with and encourage my children?	14	4.8	.8	4.7	.5	-2.1%
24. How many times do I express affection to my children?	14	4.5	1.2	4.7	.5	4.4%
25. How many times do we have family reunions to discuss issues?	14	3.6	1.0	3.6	.9	NC
26. How many times do I participate in school activities with my children?	13	3.5	1.2	4.1	.8	17.1%
27. How many times do I help my children with their homework?	13	3.7	1.1	4.5	.5	21.6%*
28. How many times have I asked my children for their option to help with an issue that affects them?*	12	4.0	.7	3.9	1.1	-2.5%
29. How many times have I talked to my children regarding drugs?	10	4.6	.5	4.0	.9	-13.0%*
30. How many times have I talked to my children regarding gangs?	10	4.2	1.1	4.0	.7	-4.8%
31. How many times have I talked to my children regarding sex and how to protect themselves?	6	3.2	1.6	3.0	1.3	-6.3%
32. How many times do I pray with my children?	13	3.5	.9	3.6	.9	2.9%
33. How many times do I attend church with my children?	13	3.3	.8	3.3	1.3	NC
34. How many times do I talk to my children of God?	13	4.3	.8	4.2	.9	-2.3%
Overall Mean for Positive Behavior Questions	14	4.1	.4	4.2	.4	2.4%

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, 5 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent to also identify these hazards) and again at the end of the module after training and providing safety latches to the families. Examples of hazards at the child's eye-level included medications and cleaning supplies, and small toys a toddler could choke on that were on the floor. As Table 6 shows, all of the parents achieved the "mastery" level with zero home hazards present at the post-assessment, though post-assessment data were incomplete for one family. The number of hazards per family prior to the training ranged from 12 to 101.

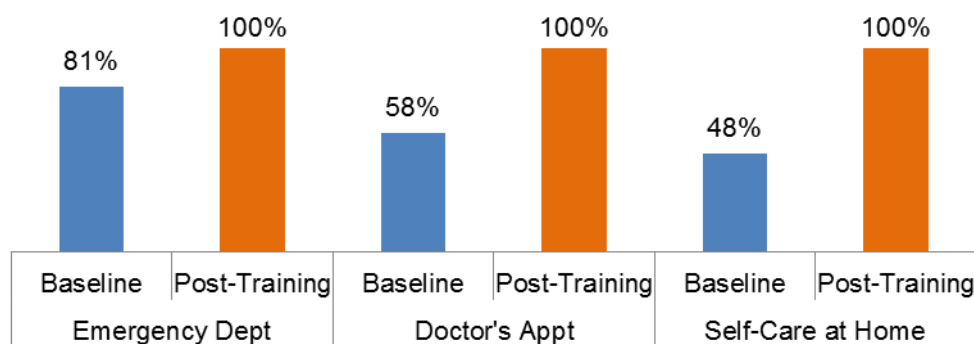
Table 6. Reduction in Home Hazards Following Safety Intervention Training (n=4)

	Baseline	Post-Training
Number of Hazards	211	0
Mean percent reduction		100%

Note: One additional parent participated in this module but data were only available for the baseline assessment, where 84 total hazards were recorded.

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. Seven parents were provided reference manuals with a symptom guide and other pertinent information. After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100% on average (Figure 5). The parents had less room for improvement for the emergency room scenario as they had tested highly (80%) at the baseline assessment.

Figure 5. Mean Baseline and Post-Training Scores on Health-Related Training (n=7)



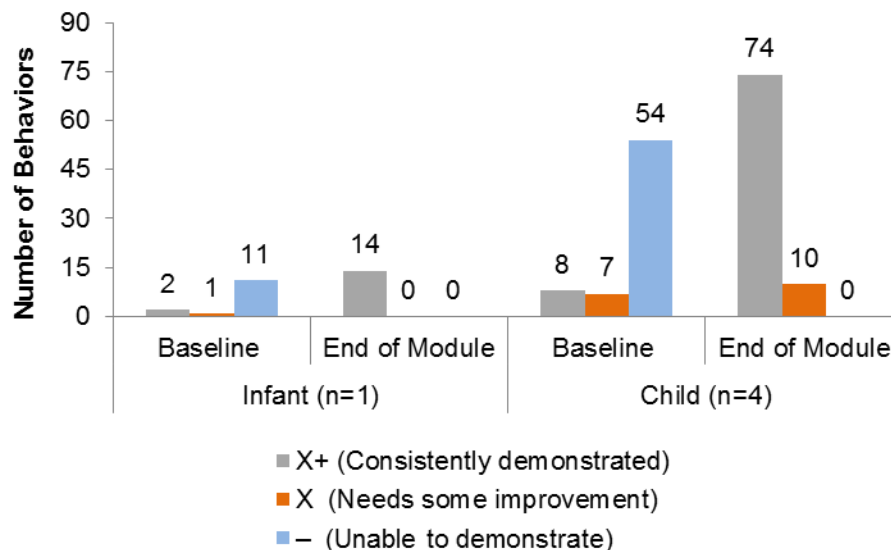
The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this



module is the Planned Activities Training (PAT) Checklist. Staff observes parent-child play and/or daily routines and code for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

One parent with an infant and four parents with an older child with matched samples participated in the training, demonstrating positive parenting behaviors such as hugging, explaining things (e.g., the reason for a nap) with gentleness, and always making good visual contact with the infant. By the end of the modules, all of the behaviors for both the infant and child interactions were consistently demonstrated with none marked as “unable to demonstrate,” although for the parent-child interactions there were still a few marked as “needs some improvement in ease and/or consistency of the behavior” (Figure 6). On average, the improvement between baseline and end-of-module interactions was significant for both groups of parents.

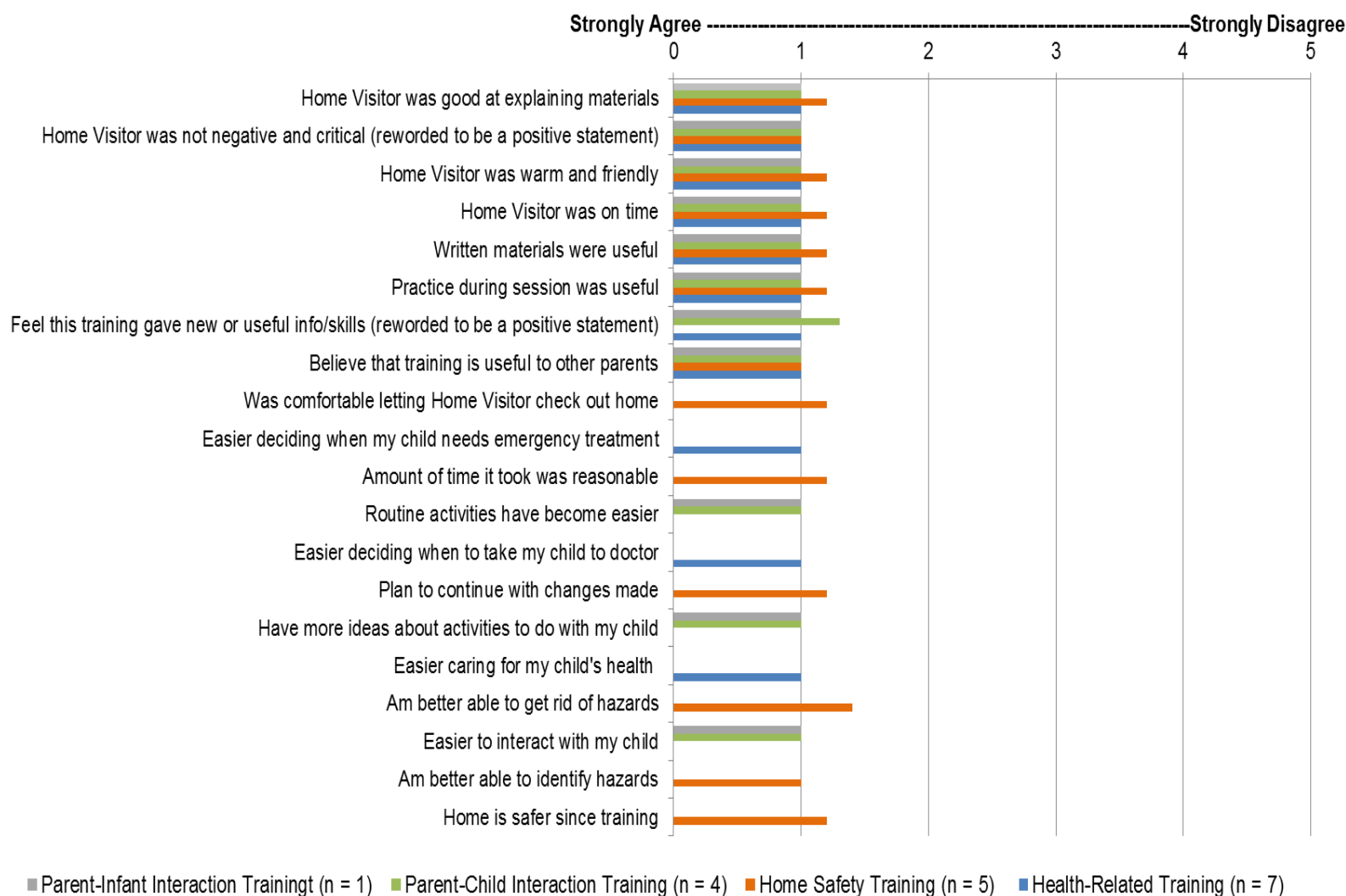
Figure 6. Mean Improvement Following Parent-Infant (n=1) and Parent Child (n=4) Interactions, Matched Sample



After completing the SafeCare training program, parents were asked to provide their thoughts and feelings 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.

Overall, parents were in strong agreement and satisfied with the skills and information they received from the training program as is evident in Figure 7 on the next page.

Figure 7. Parents' Ratings of Satisfaction with SafeCare



Conclusions and Recommendations

The strategies implemented by this project clearly continued to contribute 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; and, importantly, families' TV viewing habits this year showed a change in a positive direction. The project also met the outcome objective that 90% of children participating in early childhood education would show statistically significant gains in developmental progress.

As measured by the test of knowledge gain about parenting skills with *Parenting Wisely*, the project met its evaluation goal of 80% of families participating in bilingual health and education classes will demonstrate an increase of knowledge gained with an average of 88.9% correct on the posttest.

For the Home Safety SafeCare assessments, we appreciate that staff corrected the labeling issues from last year so that it was clear which rooms were being assessed by the home visitors.

Although not generally an age 0-5 issue, the staff should consider the finding that parents reported talking *less often* to their children about drugs and diversion after participating in the program.



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

"I hope the Courts can see how much I want to be a father." - Program participant

Project Purpose and Evaluation Design

This program served 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") and 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 Family Services opened in 1999. The Center provides a safe, neutral location for contacts between a child and a non-custodial parent. The supervised visits participants completed a satisfaction survey and family service workers completed 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 both before and after their intervention.

Strategic Plan Indicators

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

- *The number of reports of suspected and substantiated child abuse cases, and the rate of substantiated reports per 1,000 children.*
- *The number and percent of dependent children who re-entered foster care within 12 months of discharge (reentry following reunification).*

Program Highlight

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

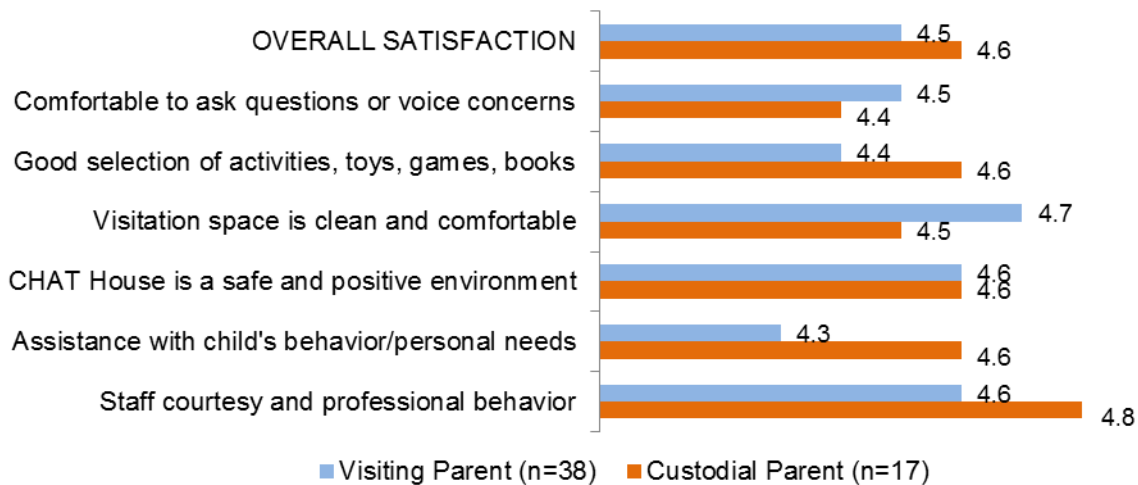
The case of a 23-year-old father of a 2-year-old son referred by Family Court because of domestic violence exemplifies what can be achieved with client determination and a supportive network of appropriate services. The father's initial assessment showed low scores in the areas of openness to a child's agenda, supporting confidence, and learning and building relationships. He was offered and accepted coaching during supervised visits, and gratefully allowed staff assistance when he needed extra support. After completing the required Batter's Intervention Program, he was able to successfully petition the Court for unsupervised visitation. His success came with his determination to complete all requirements of the Court and the resources of this Family Services program.

How Satisfied were Parents with the Supervised Visitation Experience?

A total of 55 visiting (the non-custodial parent) and custodial parents who participated in the supervised visits program submitted completed satisfaction surveys. Overall, the parents rated their satisfaction about the CHAT House experience as high, with the custodial parents only slightly more positive than the visiting parents (mean of 4.6 vs. 4.5, scale of 1 - 5). The 2 groups of parents matched their high rating that CHAT House felt like a safe environment, and nearly matched in feeling comfortable about asking questions or voicing concerns (Figure 1).

The satisfaction areas where the differences in parent opinions were more notable concerned the staff helping with children's behavior and personal needs; the visiting parents were less likely to express satisfaction with this than the custodial parents. As a group, the visiting parents were also less satisfied with the types of books, games, toys, crafts and movies than the parents who had custody of their children, and less likely to think of staff as always courteous and professional. The custodial parents felt the visitation space was not quite as clean and comfortable as the visiting parents did.

Figure 1. Satisfaction with Visitation Services



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

About two-thirds (64%) of the parents provided additional feedback in the form of written comments—with a greater proportion received from the non-custodial (visiting) parents. Similar to previous years, the most frequent comment about the benefit of the program from both categories of parents was being provided a safe and peaceful environment for visiting with their child, sometimes “without having to deal with or see the other parent” (Table 1 on the next page). Nearly all of the visiting parents wished for longer visiting hours, which would be expected. As a group, the custodial parents commented on some of the logistics of the visiting arrangements as well as some organizational issues (e.g., improvements relating to scheduling appointments).

* Some of the older version Satisfaction Survey forms that contained “not applicable” as a response choice were used during the year and so were included in the analysis. The agency has since modified the form to eliminate this response choice as we recommended doing.

Table 1. Summary of Additional Feedback from Parents about Program Benefits and Recommendations

Custodial Parents	Visiting (non-Custodial) Parents
Perceived Benefits of Having Visits at the CHAT House	
<ul style="list-style-type: none">Peaceful/safe place to visit with my child.Knowing there's adult supervision and child's parent is not under influence of any substance.Helpful for transitioning my child between parents during divorce process.Being able to avoid dealing with or seeing the other parent.Reduces awkwardness/run-ins with child's other parent.The environment doesn't look like an office.	<ul style="list-style-type: none">Peaceful/safe/neutral place to visit with my child (where child doesn't have to "witness other parent's negative behavior," or "is safe from other parent's torment").Having quality time to play with child "and show each other new things."The employees are nice/helpful.
Ways the Program Could Support Parents in Strengthening/Improving Quality of Visits	
<ul style="list-style-type: none">Give copies of the visit documentation to parents after each visit.Establish a dress code that <i>all</i> staff dress more professionally, i.e., appropriately.Have a better protocol for cases where domestic violence is involved [no specific suggestions or examples given].Notify the other party when visits are cancelled; this affects the child too.Having an outdoor area for when a situation arises where visits can't occur inside.Need to have better communication re. scheduling appointments.	<ul style="list-style-type: none">Longer visitation hours with the child.Need more outdoor space for kids to play.Need more (age appropriate) toys; more movie selections. Allow visiting parents to bring toys inside the Center.Should have some things to do art projects together.

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

Co-parenting parents were asked to rate their overall relationship with their child's other parent on a scale of 1 to 8, with 1 being "extremely hostile" and 8 being "very friendly." In general, almost half of the parents (41 of 86) 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 somewhat "avoidant" ($M = 4.3$). After participating, respondents rated their relationship as "cold" ($M = 5.0$). Despite the "cold" rating, this was a slight improvement, with a statistically significant mean percentage change of 16.3%.

Table 2. Parents' Rating of Overall Relationship with Their Child's Other Parent, Matched Sample ($n = 86$)

Rating	Pre		Post		% Change
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Please rate your overall relationship with your child's other parent.	4.3	2.0	5.0	1.8	16.3%*

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

* $p < .05$.

Questions 2 through 6 of this survey (Table 3) dealt with cooperative parenting and reflected a respondent's self-rating on a variety of parenting abilities. There was statistically significant improvement on all 5 items after the class, with the largest improvement seen in parents' ability to communicate with the child's other parent.

Questions 7 through 10 addressed engaging in negative parenting behaviors. Although most of the participants already did not engage in these negative behaviors before taking the class (overall pretest mean = 9.3), there were statistically significant changes. Parents self-reported that after taking the class they engaged less in making negative comments about the other parent in front of the child and argued less with the other parent in front of the child.

Table 3. Parents' Rating of Cooperative Parenting - Boyan and Termini Survey, Matched Sample

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.	106	5.1	3.1	6.9	2.6	35.3%*
3. Control your anger when interacting with your child's other parent.	106	7.9	2.1	8.5	1.7	7.6%*
4. Use negotiation skills when interacting with your child's other parent.	106	6.5	2.5	7.8	2.2	20.0%*
5. Keep your child shielded from parental conflict.	106	8.2	2.3	8.9	1.7	8.5%*
6. Cooperate with your child's other parent on establishing mutually acceptable guidelines and agreements.	100	5.4	2.8	6.8	2.7	25.9%*
Overall Mean for Ability Questions 2 - 6	106	6.6	1.9	7.8	1.7	18.2%*
How often do you participate in the following behaviors:						
7. Make negative comments about your child's other parent in front of your child.	99	9.4	1.2	9.4	1.2	-
8. Ask your child questions about the other parent's personal life.	101	9.4	1.5	9.7	.8	3.2%*
9. Ask your child to relay messages or pass notes to the other parent.	100	9.7	.9	9.9	.7	2.1%
10. Argue with your child's other parent in front of your child.	100	9.0	1.9	9.4	1.1	4.4%*
Overall Mean for Participation Questions 7 - 10	101	9.3	1.1	9.6	.7	3.2%*

Note. For Questions 2 - 6, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *poor* and 10 meaning *excellent*. For Questions 7 - 10, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *always* and 10 meaning *never* (higher scale ratings indicate more positive behavior).

* $p < .05$.

The results of the assessments for the "supervised visits" parents group are shown in Table 4 on the next page. Program staff rated participants on 12 items regarding parental behaviors in building relationships, promoting learning, and supporting confidence. In general, the four participants who had both a pre- and a posttest were rated as behaving in a relatively optimal manner for the observed 12 items at the pretest (overall $M = 3.4$) and again at the posttest (overall $M = 3.8$). Repeated measures analyses of variance indicated that these slight improvements were not statistically significant.

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

Parent Behaviors	Pre		Post		% of Change
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Building Relationships:					
1. Sensitivity of Responses	3.5	.6	3.5	1.7	-
2. Supports Emotions	3.5	.6	3.8	1.3	8.6%
3. Physical Interaction	3.5	.6	4.3	1.5	22.9%
4. Involvement in Child's Activities	3.8	1.5	4.0	2.0	5.3%
5. Open to Child's Agenda	3.8	.5	3.8	1.0	-
Promoting Learning:					
6. Language Experiences	3.8	1.0	3.8	1.3	-
7. Reasonable Expectations	3.3	1.0	3.5	1.0	6.1%
8. Adapts to Strategies to Child	2.8	1.5	4.0	.9	42.9%
9. Limits & Consequences	2.8	1.3	3.3	1.3	17.9%
Supporting Confidence:					
10. Supportive Directions	3.5	1.0	4.0	.8	14.3%
11. Encouragement	3.5	1.3	4.3	1.0	22.9%
12. Promotes Exploration/Curiosity	3.3	1.5	3.0	.8	-9.1%
Overall Mean	3.4	.9	3.8	.8	11.8%

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

* $p < .05$.

Conclusions and Recommendations

The positive parent feedback about the supervised visitation program indicates it is well received, and overall parents believe it is beneficial for their child and for dealing with (or for *not* having to deal with) the other parent. Although the differences in satisfaction between the custodial and the visiting parents were not major, staff should take note of them and determine where a little improvement could be made, particularly because the same two issues rose again this year—though to a lesser degree—concerning clean/comfortable space and the selection of books/toys/games.

The project met its evaluation goals for parents who participated in the Cooperative Parenting and Divorce curriculum. On average, the pre/post assessment results demonstrated a significant increase in knowledge and parental behaviors that help build family relationships and promote children's learning.



FAMILY SERVICES OF TULARE COUNTY Early Mental Health Program

*"I'm very thankful for the services because without them I wouldn't have any help;
I don't have any insurance." - Mother of 3-month old*

Project Purpose and Evaluation Design

This project provided a range of mental health services this year—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. It also contributes to creating opportunities for professional development in this area. Three different evaluation tools, captured assessment and outcome data. The Parent-Infant Relationship Global Assessment Scale (PIR-GAS) Scale (numeric scales 1 through 100) that assesses children from birth to 3 years of age was used to rate parent-child relationships and the general functioning of the children on a continuum of mental/emotional health measures.

An Emotional and Social Functioning Rating scale, called Axis-V, was used by the project (but dropped mid-year because it is no longer considered a best practice tool) to reflect a child's emotional and social functioning with important caregivers. In addition, the Eyberg Child Behavior Inventory (ECBI) was used to assess parental report of behavioral problems in children concerning conduct, aggression and attention. 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.

To screen for developmental delays, the project used the parent-completed Ages and Stages (ASQs) questionnaires. The ASQ 3 screens across several key domains: gross and fine motor skills, communication, problem solving and personal-social development (e.g., getting herself dressed or knowing her and other people's names). The ASQ:SE-2 is designed to exclusively screen for social and emotional behaviors outside a young child's typical ups and downs.

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 parents who believe their child exhibits normal mental health development.*
- *Prevalence of emotional or mental disturbance among children age 0-5. And, the percent of children who received psychological/ emotional counseling in past year.*

Program Highlight

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

Despite the challenge of having open therapist positions, and looking for bilingual therapists willing to work in rural Tulare County, the program serves as a mental health lifeline for clients referred from the FRCs. For example, a mother who lost parental rights of her other children due to substance abuse, was given the opportunity to work with an early mental health therapist while in recovery to assist her in bonding with her newest child, a 3-month-old who was born drug-exposed. Another challenge described by program staff is getting parents to follow through with their referrals for services, and not consider them as another source of stress; case managers are trying to build better alliances with these parents to facilitate compliance.

Evaluation Results

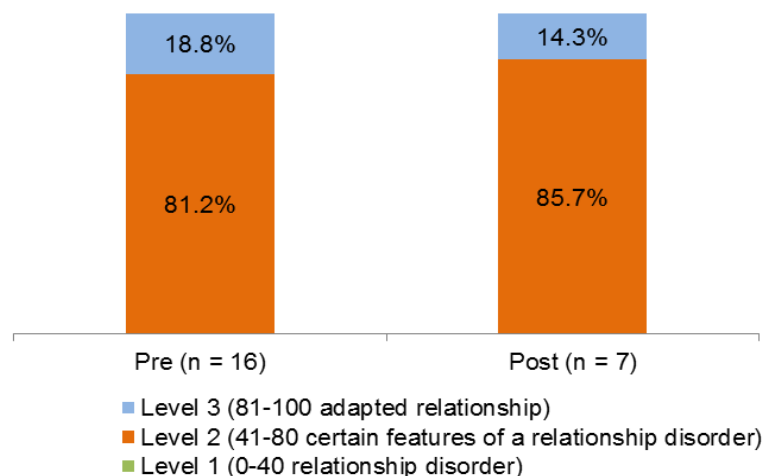
To what extent did parents demonstrate healthy parent-child relationships?

Infant mental health is defined as encompassing a child's ability to form close and secure interpersonal relationships; it is synonymous with healthy social and emotional development. The goal of diagnosis is to obtain as complete an understanding of the infant as possible, in the context of his/her family. The Parent-Infant Relationship Global Assessment Scale (PIR-GAS) for children birth to age 3 allows for a judgment about the relationship, classified as ranging from adapted to severely impaired.

Because of the small sample size, Figure 1 displays all the pretests and all of the posttests (i.e., an unmatched sample). The majority of the children on the pretest (81.2%) and on the posttest (85.7%) scored within the Level 2 range. No child on the pretest or the posttest scored in the Level 1 range.

A closer look at those children with both a pretest and a posttest (7 of the 16 children) indicated that 71% showed improvement between the two assessment periods, though none of them moved from one level to another throughout the program. Six of these children scored in Level 2 and one child scored in Level 3.

Figure 1. Percentage of PIR-GAS Pre and Post Scores at Each Assessment Level, Un-matched Sample



To what extent were children emotionally healthy and developmentally on task?

The Emotional and Social Functioning Rating scale reflects a child's emotional and social functioning with important caregivers in relation to expectable patterns of development. The scale is based on a score of between 1 to 6 where 1 represents age appropriate functioning and 6 represents functioning level not achieved. The results determine what therapy the children receive. In some cases, the assessment is repeated later yielding a "posttest." Looking at just the pretest results (Table 1), the children were rated as being on the higher end of the rating scale for possessing age-appropriate functioning. The children were rated somewhere in the middle of the rating scale, near the "immature" functioning level, for Intentional Two-Way Communication, Complex Gestures and Problem Solving, and Use of Symbols to Express Thoughts/Feelings. The children were rated the *least* favorably on Connecting Symbols Logically/Abstract Thinking.

Table 1. Rating Scale for Emotional and Social Functioning Capacities, Axis-V (n=22)

Capacity Rating Items	n	Pre	
		M	SD
Attention and Regulation	22	2.0	1.0
Forming Relationships/Mutual Engagement	22	2.2	1.1
Intentional Two-Way Communication	21	2.9	1.5
Complex Gestures and Problem Solving	20	2.7	1.3
Use of Symbols to Express Thoughts/Feelings	19	2.7	1.4
Connecting Symbols Logically/Abstract Thinking	15	3.5	1.8
Overall Mean	22	2.6	1.0

Note. Item mean scores reflect a range from 1 to 6 where 1 represents age appropriate functioning and 6 represents functioning level not achieved. A choice indicating "non applicable" (which indicates child is below the age level typically expected to have achieved the item) was removed from the data analysis.

* $p < .05$.

When we looked at the post-assessments of the 5 children with *matching* pre-assessments, all of the pre/post changes were in a negative direction; that is, they showed a decrease in functioning level (Table 2). A repeated measures analysis of variance indicated that the change for the Complex Gestures and Problem Solving item was statistically significant.

Table 2. Functional Rating Scale for Emotional and Social Functioning Capacities, Axis-V, Matched Sample (n=5)

Capacity Rating Items	n	Pre		Post		% Change
		M	SD	M	SD	
Attention and Regulation	5	2.0	.7	2.4	.9	20.0
Forming Relationships/Mutual Engagement	5	1.8	.5	2.8	1.3	55.6
Intentional Two-Way Communication	5	2.8	1.1	3.0	1.6	7.1
Complex Gestures and Problem Solving	4	3.3	1.0	5.3	.5	60.6*
Use of Symbols to Express Thoughts/Feelings	3	3.0	1.7	4.3	2.9	43.3
Connecting Symbols Logically/Abstract Thinking	-	-	-	-	-	-
Overall Mean	5	2.6	.8	3.6	1.5	38.5

Note. Item mean scores reflect a range from 1 to 6 where 1 represents age appropriate functioning and 6 represents functioning level not achieved. A choice indicating "non applicable" was removed from the data analysis.

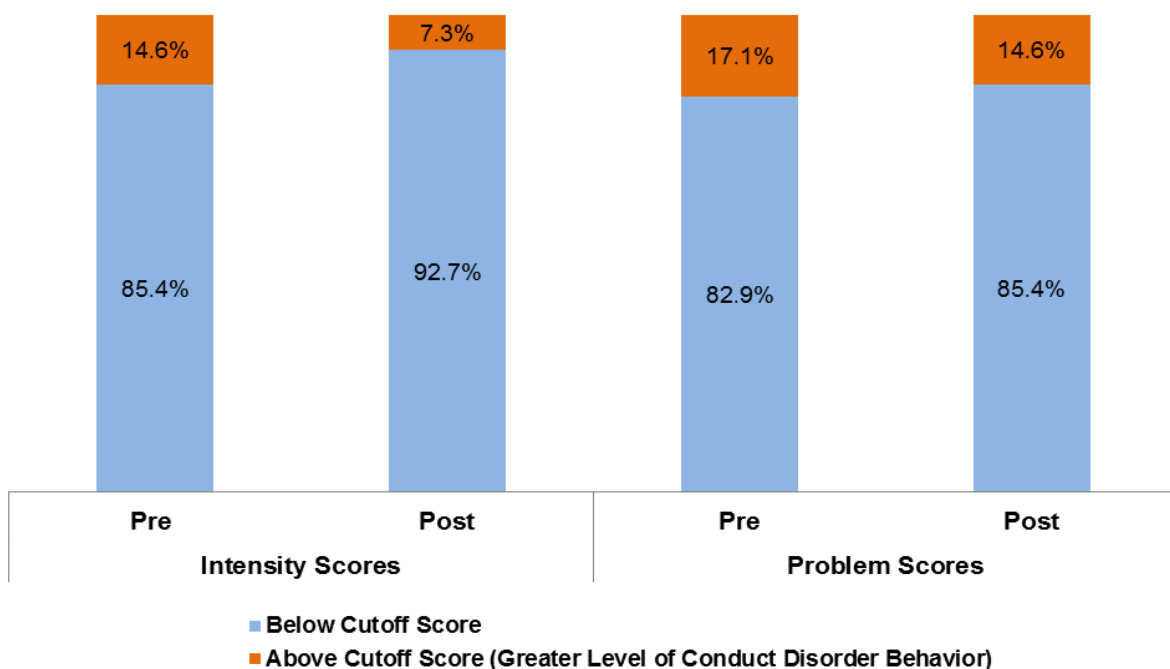
* $p < .05$.

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

The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Scale, which measures the frequency of each problem behavior and a Problem Scale which reflects parents' tolerance of the behaviors and the distress caused, i.e., the *extent* to which the parent finds the child's behavior troublesome. The scales are continuous such that higher scores indicate a greater level of conduct-disordered behavior and greater impact on the parent. Improvements suggested by the Eyberg tool have been shown in studies to be sensitive to treatment effects at post-assessment.

Using a cutoff T score of 60 for Intensity Scores and 60 for Problem Scores (higher values indicate greater levels of conduct disorder and a greater impact on the parent or teacher), approximately 15% of the pretest group scored above the cutoff (coded as orange) on Intensity items and about 17% scored above the cutoff for Problem items (Figure 2). After the program intervention, there were fewer children scoring over the cutoff with only 7% of this group scoring above the cutoff on Intensity items and approximately 15% exceeding the cutoff on Problem items.

**Figure 2. Eyberg Child Behavior Inventory
Percentage of Children Exceeding Cutoff Points, Matched Sample (n=41)**

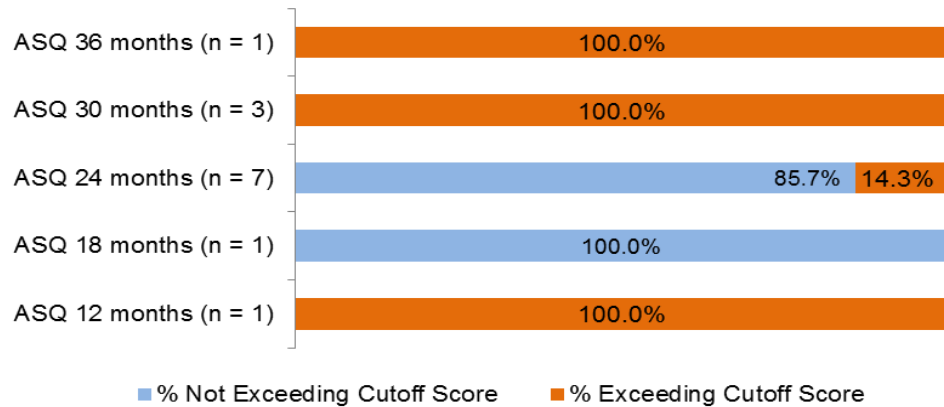


The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. A total of 13 children were assessed for their social and emotional development using the 2002 ASQ-SE questionnaire. *Higher* scores signified greater social and emotional concerns, and different cutoff scores were established for each age group. Children who met or exceeded the cutoff score after being assessed on a set of factors were to be referred for further mental health evaluation and offered the use of other resources.

Of the 5 different age groups evaluated, the one child in the 18 months age group and the six children in the 24 months age group (46% of the total children assessed) did not exceed their cutoff score and required no further assessment. Of the remaining children, all in the 12 months group, the 30 months

group, and the 36 months group exceeded the cutoff scores and were to be referred for further mental health evaluation (Figure 3).

Figure 3. Percentage of Children Meeting ASQ-SE Cutoff Score (n=13)



Conclusions and Recommendations

This project continues to offer an important resource for families with children for whom early mental health issues are a concern. The ASQ results, that nearly half of the agency's clients required a referral for further evaluation, indicate the extent of need for these services among this population of children.

Assuming that the raters were aware of the reversed scale on the Axis-V tool (where higher values reflect more inappropriate functioning), we were surprised to see that all of the changes, although not statistically significant except for one item, showed an increase in poor functioning on the posttest for the matched sample of children. While the sample size was small, we suggest staff examine this finding to confirm the validity of the raters' assessments.*

* Note: as this report was being completed it was decided that in FY 2017-18 the project will discontinue use of the Rating Scale for Emotional and Social Functioning Capacities, Axis-V, and the Parent-Infant Relationship Global Assessment Scale (PIR-GAS) Scale, replacing them with The Developmental Milestones and Competency Ratings.



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

"Thank you for helping me understand the importance of parenting classes. The first thing I will do different is respond rather than react, allowing myself to calm down and look at the overall picture; my child deserves this."
- Incarcerated father

Project Purpose and Evaluation Design

This project involved both inmates and their outmates (e.g., foster parent, adopted parent, grandparent, aunts/uncles). The aim was 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 visits to inmates and home visits to their families (the "outmates") who had children ages 0-5 using the ACT (Adults and Children Together Against Violence) 8-week curriculum. Data from both groups were collected with the ACT Parents Raising Safe Kids Pre/Posttest tool and a Parental Stress Scale Pre/Posttest. The Parents Raising Safe Kids is a lengthy tool that includes common stories (scenarios) of children's behavior. The Stress Scale is self-reported and contains 18 items representing pleasure or positive themes of parenthood to which respondents agree or disagree on a scaled basis. We also saw an opportunity this year to collect post-program data once the inmate had been released, and created a tool for staff to use during follow-up telephone call attempts.

Strategic Plan Indicators

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

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

Program Highlight

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

A striking example of client success is the incarcerated father who decided after the birth of his child to drop out of gang life he'd been in since adolescence. Despite good intentions, peer pressure and struggles with drugs and alcohol thwarted his goal, and an inability to cope with daily life stressors led to relapse and incarceration. It wasn't until he decided to focus on his parental role and wanting to be involved in his daughter's life that he understood sobriety was not just a want but a need. Participation in GAPP provided the means to a new beginning where he learned to cope with anger, stress, and his role as a father. His family's support was also crucial to his successful re-entry into the community, and 2 of his family members also participated in GAPP. The support he got from community partners such as Proteus and CSET helped link him upon release to valuable resources such as employment and the ability to provide a safe home for his child.

Evaluation Results

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

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

The positive and negative parenting-themed items measured in the Stress Scale are displayed for the total sample of participants (combining all inmates and outmates) in Table 1 on the next page. The overall improvement in how the parents perceived their parenting experience after participating in the 8-week class was favorable. Based on the entire sample of 89 participants who turned in both a pretest and a posttest (e.g., inmates, foster parent, adopted parent, grandparent, aunts/uncles), statistically significant* stress reduction was seen for 9 (50%) of the 18 items. Specifically, the respondents indicated they felt:

- less stress after the course when asked if they were happy in their role as a parent
- closer to their children
- more satisfied as a parent
- enjoyment at spending time with their children
- children were an important source of affection for them
- less overwhelmed by their parental responsibilities

They also felt that parenting:

- left little time and flexibility in their lives
- having children meant fewer choices and less control in their lives.

* A brief note about statistical significance in the 4 Stress Scale tables. Because the total sample combined represents a more global level, and examining inmates separately from outmates a less global level, the larger sample size naturally provides greater statistical power, so more of the items will show a statistically significant difference between pretest and posttest than the smaller sample sizes.

Table 1. Parents' Self-Report of Parenting Experience – Stress Scale, Total Sample

Survey Question	n	Pre		Post		% Change
		M	SD	M	SD	
1. I am happy in my role as a parent.**	87	2.1	1.3	1.5	.9	-28.6*
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	89	1.4	.9	1.2	.6	-14.3
3. Caring for my child(ren) sometimes takes more time and energy than I have.	89	2.4	1.3	2.3	1.2	-4.2
4. I sometimes worry whether I am doing enough for my child(ren).	88	3.8	1.2	3.6	1.2	-5.3
5. I feel close to my child(ren).**	89	2.2	1.3	1.7	1.0	-22.7*
6. I enjoy spending time with my child(ren).**	89	1.4	.8	1.2	.4	-14.3*
7. My child(ren) are an important source of affection for me.**	89	1.4	.9	1.2	.5	-14.3*
8. Having child(ren) gives me a more certain and optimistic view for the future.**	89	1.6	1.0	1.4	.9	-12.5
9. The major source of stress in my life is my child(ren).	89	2.0	1.2	1.7	1.0	-15.0*
10. Having child(ren) leaves little time and flexibility in my life.	89	2.3	1.2	1.9	1.0	-17.4*
11. Having child(ren) has been a financial burden.	89	2.0	1.1	1.8	1.0	-10.0
12. It is difficult to balance different responsibilities because of my children.	89	2.3	1.2	2.1	1.1	-8.7
13. The behavior of my child(ren) is often embarrassing or stressful to me.	88	1.9	1.2	1.7	1.0	-10.5
14. If I had it to do over again, I might decide not to have child(ren).	89	1.4	.9	1.3	.6	-7.1
15. I feel overwhelmed by the responsibility of being a parent.	89	2.3	1.4	1.8	1.1	-21.7*
16. Having child(ren) has meant having few choices and too little control over my life.	89	1.9	1.0	1.7	.9	-10.5*
17. I am satisfied as a parent.**	89	2.2	1.4	1.7	1.1	-22.7*
18. I find my child(ren) enjoyable.**	89	1.3	.7	1.2	.7	-7.7
Overall Mean for Statements	89	2.0	.6	1.7	.5	-15.0*

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*. * $p < .05$.

The next 3 tables display the results of various analyses for inmates and outmates (for example inmates only, inmates without outmates). To keep from breaking each table into 2 pages, which is distracting, each of the tables and text is presented on its own page. As was the case with the total sample in Table 1 above, positively worded items in the following tables were also recoded (indicated by **) so that higher values uniformly represented greater stress levels. A negative percentage change score indicates a *reduction* in levels of stress.

Table 2 focuses exclusively on the sample of 60 inmates in which there was statistically significant stress reduction for 7 (39%) of the 18 items. Specifically, the inmates indicated less stress on the posttest when asked if they were satisfied as parents, were happy in their role as parents, felt having children left little time and flexibility in their lives, felt close to their children, enjoyed spending time with their children, felt their children were important sources of affection for them, and felt having children meant having fewer choices and less control in their lives. There was no change in how they felt regarding the item, “Caring for my child(ren) sometimes takes more time and energy than I have.”

Table 2. Parents’ Self-Report of Parenting Experience – Stress Scale, Inmates Only, Matched Sample

Survey Question	n	Pre		Post		% Change
		M	SD	M	SD	
1. I am happy in my role as a parent.**	58	2.2	1.4	1.7	.9	-22.7*
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	60	1.5	.9	1.2	.6	-20.0
3. Caring for my child(ren) sometimes takes more time and energy than I have.	60	2.4	1.1	2.4	1.1	No Change
4. I sometimes worry whether I am doing enough for my child(ren).	59	3.6	1.2	3.7	1.1	2.8
5. I feel close to my child(ren).**	60	2.1	1.3	1.8	1.0	-14.3*
6. I enjoy spending time with my child(ren).**	60	1.4	.8	1.2	.4	-14.3*
7. My child(ren) are an important source of affection for me.**	60	1.4	.8	1.2	.5	-14.3*
8. Having child(ren) gives me a more certain and optimistic view for the future.**	60	1.6	.9	1.4	.8	-12.5
9. The major source of stress in my life is my child(ren).	60	2.0	1.2	1.8	1.0	-10.0
10. Having child(ren) leaves little time and flexibility in my life.	60	2.4	1.1	2.0	1.0	-16.7*
11. Having child(ren) has been a financial burden.	60	2.2	1.1	2.0	1.0	-9.1
12. It is difficult to balance different responsibilities because of my children.	60	2.4	1.1	2.2	1.1	-8.3
13. The behavior of my child(ren) is often embarrassing or stressful to me.	59	1.8	1.1	1.7	.9	-5.6
14. If I had it to do over again, I might decide not to have child(ren).	60	1.4	.9	1.3	.7	-7.1
15. I feel overwhelmed by the responsibility of being a parent.	60	2.0	1.1	1.8	1.0	-10.0
16. Having child(ren) has meant having few choices and too little control over my life.	60	2.1	1.0	1.8	.9	-14.3*
17. I am satisfied as a parent.**	60	2.3	1.4	1.7	1.0	-26.1*
18. I find my child(ren) enjoyable.**	60	1.3	.8	1.1	.6	-15.4
Overall Mean for Statements	60	2.0	.6	1.8	.4	-10.0*

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree*, and 5 = *Strongly Agree*.

* $p < .05$.

**Responses to these statements were reversed coded as required by the tool so that 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Undecided*, 4 = *Disagree*, and 5 = *Strongly Disagree*

Looking at the 29 outmate respondents only, statistically significant stress reduction was seen for 4 (22%) of the 18 items after the program. Specifically, these family members indicated less stress on the posttest when asked if they feel close to their children, if they felt overwhelmed by their parental responsibilities, if they were happy in their role as a parent, and if they worried about doing enough for their children (Table 3). There was no change reported for the sentiment, “There is little or nothing I wouldn’t do for my child(ren) if it was necessary.”

Table 3. Parents’ Self-Report of Parenting Experience – Stress Scale, Outmates Only, Matched Sample

Survey Question	n	Pre		Post		% Change
		M	SD	M	SD	
1. I am happy in my role as a parent.**	29	1.8	1.2	1.2	.6	-33.3*
2. There is little or nothing I wouldn’t do for my child(ren) if it was necessary.**	29	1.2	.8	1.2	.4	No Change
3. Caring for my child(ren) sometimes takes more time and energy than I have.	29	2.4	1.7	2.2	1.3	-8.3
4. I sometimes worry whether I am doing enough for my child(ren).	29	4.1	1.3	3.2	1.4	-22.0*
5. I feel close to my child(ren).**	29	2.2	1.4	1.4	.9	-36.4*
6. I enjoy spending time with my child(ren).**	29	1.3	.8	1.1	.3	-15.4
7. My child(ren) are an important source of affection for me.**	29	1.4	1.1	1.2	.4	-14.3
8. Having child(ren) gives me a more certain and optimistic view for the future.**	29	1.6	1.2	1.5	1.0	-6.3
9. The major source of stress in my life is my child(ren).	29	2.0	1.3	1.6	1.0	-20.0
10. Having child(ren) leaves little time and flexibility in my life.	29	2.1	1.4	1.7	1.1	-19.1
11. Having child(ren) has been a financial burden.	29	1.8	1.2	1.6	.9	-11.1
12. It is difficult to balance different responsibilities because of my children.	29	2.0	1.3	1.9	1.1	-5.0
13. The behavior of my child(ren) is often embarrassing or stressful to me.	29	2.0	1.4	1.8	1.2	-10.0
14. If I had it to do over again, I might decide not to have child(ren).	29	1.5	1.0	1.1	.4	-26.7
15. I feel overwhelmed by the responsibility of being a parent.	29	2.8	1.7	1.8	1.2	-35.7*
16. Having child(ren) has meant having few choices and too little control over my life.	29	1.5	.9	1.3	.5	-13.3
17. I am satisfied as a parent.**	29	1.8	1.3	1.6	1.2	-11.1
18. I find my child(ren) enjoyable.**	29	1.2	.4	1.3	.8	8.3
Overall Mean for Statements	29	1.9	.6	1.6	.6	-15.8*

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree*, and 5 = *Strongly Agree*.

* $p < .05$.

**Responses to these statements were reversed coded as required by the tool so that 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Undecided*, 4 = *Disagree*, and 5 = *Strongly Disagree*

Of the 60 inmates, 46 were not associated with outmates while 14 of them had one or more outmate. Table 4 separately examines these sets of inmates. Looking at only those who did *not* have an outmate matched to them, there was statistically significant stress reduction for only 3 (17%) of the 18

items. Specifically, these inmates indicated significantly less stress on the posttest when asked about being happy in their role as a parent, feeling satisfied as a parent, and feeling close to their children.

For the 14 inmates who had outmates matched to them, there was *no* statistically significant stress reduction seen on any of the 18 items. In other words, the respondents who had partners/outmates did not show significant improvement in their stress level after the training. However, the small sample size was likely the reason that some of the larger stress reduction percentage changes were not statistically significant.

Table 4. Parents' Self-Report of Parenting Experience – Stress Scale for Inmates With and Without Outmates

Survey Question	Inmate has no Outmate				Inmate has Outmate				Mixed Analysis Effect(s)
	N	Pre M	Post M	% Change	N	Pre M	Post M	% Change	
1. I am happy in my role as a parent.**	44	2.4	1.7	-29.2*	14	1.6	1.6	-	
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	46	1.4	1.2	-14.3	14	1.5	1.1	-26.7	
3. Caring for my child(ren) sometimes takes more time and energy than I have.	46	2.4	2.4	-	14	2.4	2.1	-12.5	
4. I sometimes worry whether I am doing enough for my child(ren).	45	3.7	3.6	-2.7	14	3.6	3.9	8.3	
5. I feel close to my child(ren).**	46	2.2	1.9	-13.6*	14	1.8	1.6	-11.1	
6. I enjoy spending time with my child(ren).**	46	1.4	1.2	-14.3	14	1.6	1.2	-29.4	Yes* ¹
7. My child(ren) are an important source of affection for me.**	46	1.4	1.3	-7.1	14	1.3	1.1	-15.4	
8. Having child(ren) gives me a more certain and optimistic view for the future.**	46	1.6	1.4	-12.5	14	1.7	1.5	-11.8	
9. The major source of stress in my life is my child(ren).	46	2.2	1.8	-18.2	14	1.6	1.9	18.8	
10. Having child(ren) leaves little time and flexibility in my life.	46	2.5	2.2	-12.0	14	2.0	1.6	-20.0	
11. Having child(ren) has been a financial burden.	46	2.2	2.0	-9.1	14	1.9	1.7	-10.5	
12. It is difficult to balance different responsibilities because of my children.	46	2.5	2.2	-12.0	14	2.2	2.1	-4.5	
13. The behavior of my child(ren) is often embarrassing or stressful to me.	45	1.8	1.7	-5.6	14	2.0	1.6	-20.0	
14. If I had it to do over again, I might decide not to have child(ren).	46	1.3	1.3	-	14	1.7	1.5	-11.8	
15. I feel overwhelmed by the responsibility of being a parent.	46	2.0	1.8	-10.0	14	2.1	1.9	-9.5	
16. Having child(ren) has meant having few choices and too little control over my life.	46	2.2	2.0	-9.1	14	1.9	1.4	-26.3	Yes*
17. I am satisfied as a parent.**	46	2.4	1.7	-29.2*	14	1.9	1.5	-21.1	Yes*
18. I find my child(ren) enjoyable.**	46	1.4	1.2	-14.3	14	1.1	1.1	-	
Overall Mean for Statements	46	2.0	1.8	-10.0*	14	1.9	1.7	-10.5*	Yes*

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree*, and 5 = *Strongly Agree*.

¹ To increase the sensitivity of statistically detecting any percentage change differences, a two-way mixed analyses of variance was performed on each question. Three of these questions, numbers 6, 16, and 17, showed a statistically significant change from pre- to posttest.

* $p < .05$.

**Responses to these statements were reversed coded as required by the tool so that 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Undecided*, 4 = *Disagree*, and 5 = *Strongly Disagree*

To what extent did parents increase knowledge about effective parenting?

The changes in inmate knowledge and attitudes about various parental responsibilities measured by the Parents Raising Safe Kids questionnaire are shown in the following 6 tables. The first set of questions in this tool asked respondents about their ideas related to children watching TV. As Table 5 shows, there were statistically significant positive changes in all the ways that parents learned to monitor their children's television viewing after the course. Before participating in the program, parents reported that they would "sometimes" limit the time the television was on, "sometimes" took the time to explain the reality behind television programs, and "often" switched channels from inappropriate programs. Afterwards, parents reported that they would "often" to "almost "always" engage in these behaviors.

For the inmates, there were statistically significant positive changes in the ways they learned to monitor their children's television viewing with the largest change (an increase of 62%) from parents "sometimes" to "often" taking the time to explain the reality behind television programs.

For the outmates, there were statistically significant positive changes in the way they took the time to explain the reality behind TV programs (27% change). There were no statistically significant changes however in how the outmates already limited the time the TV is on or switching channels from inappropriate programs.

Table 5. Parents' Behaviors Concerning Children and Television Viewing

Table 6: Parents' Behaviors Concerning Children and Television Viewing						
Survey Question #6	n	Pre		Post		% Change
		M	SD	M	SD	
Full Sample						
How much do you:						
a. Limit the time the TV is on	60	2.3	.9	3.4	.8	47.8*
b. Switch channels from inappropriate programs	60	3.0	1.2	3.7	.7	23.3*
c. Explain the reality behind TV programs	60	2.3	.9	3.5	.8	52.2*
Overall Mean	60	2.5	.7	3.5	.6	40.0*
Inmates Sample						
a. Limit the time the TV is on	45	2.2	.8	3.3	.8	50.0*
b. Switch channels from inappropriate programs	45	3.0	1.2	3.8	.6	26.7*
c. Explain the reality behind TV programs	45	2.1	.9	3.4	.9	61.9*
Overall Mean	45	2.4	.7	3.5	.6	45.8*
Outmates Sample						
a. Limit the time the TV is on	15	2.7	1.2	3.4	.7	25.9
b. Switch channels from inappropriate programs	15	2.7	1.3	3.6	.9	33.3
c. Explain the reality behind TV programs	15	2.6	.8	3.3	.7	26.9*
Overall Mean	15	2.7	.8	3.4	.7	25.9*

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

* $p < .05$.

There were statistically significant positive changes in the total sample of parents' understanding of how TV might affect their children's aggressive behavior, prosocial behavior, attention span, and physical activity (Table 6). For the inmates as well as the outmates, the largest change from pretest to

posttest was in their agreement level with the statement that watching television increases children's aggressive behavior—an increase of 40.6% for the former and 74.1% for the latter.

For the outmates, there was no significant change in their agreement level that TV decreases their children's physical activity or that TV decreases their children's attention span between the pretest and posttest.

Table 6. Parents' Agreements about Effects of Television on Children

Survey Question #7	n	Pre		Post		% Change
		M	SD	M	SD	
In general, watching television:						
Full Sample						
Decreases children's attention span	58	3.6	1.0	4.4	.7	22.2*
Decreases children's physical activity	58	4.0	1.0	4.6	.7	15.0*
Increases children's prosocial behavior**	57	2.9	1.1	3.7	1.3	27.6*
Increases children's aggressive behavior	57	3.1	1.1	4.5	.6	45.2*
Overall Mean	58	3.4	.7	4.3	.6	26.5*
Inmates						
Decreases children's attention span	45	3.5	1.0	4.3	.8	22.9*
Decreases children's physical activity	45	3.9	1.0	4.6	.7	18.0*
Increases children's prosocial behavior**	45	3.0	1.1	3.6	1.3	20.0*
Increases children's aggressive behavior	45	3.2	1.1	4.5	.6	40.6*
Overall Mean	45	3.4	.7	4.2	.6	23.5*
Outmates						
Decreases children's attention span	13	4.2	.8	4.6	.5	9.5
Decreases children's physical activity	13	4.2	1.1	4.5	.5	7.1
Increases children's prosocial behavior**	12	2.6	1.2	4.3	1.1	65.4*
Increases children's aggressive behavior	12	2.7	1.2	4.7	.5	74.1*
Overall Mean	13	3.4	.7	4.5	.5	32.4*

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

* $p < .05$.

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

Tables 7-10 that begin on the next page display the results of parents' agreements or disagreements about the stories of common children's behaviors.¹ The first story concerns a 1-year-old child seeing his mother leaving the house to go shopping. Even though she has left him with an adult he knows and likes, he won't stop crying.

For the full sample, there were statistically significant changes in all but one of the statements regarding the story (Table 7). Parents were already in agreement on the pretest and on the posttest that the child had a strong attachment to the mother and didn't like to be away from her. Parents showed the largest significant change in their agreement level regarding whether the mother comforting the child would spoil him.

For the inmates, all the statements showed significant changes except for statement d—the statement about the child having a strong attachment to the mother and not liking to be away from her.

¹ Note: We did not calculate an overall mean for the grouping of questions in Tables 7-10. After looking at the questions closer and the key for the scale, computing an overall mean did not make sense to us. The amount of importance could not be "translated" into how much knowledge increase there was overall.

The outmates showed statistical significant change on statements b, c, and g, with the most change on the latter two statements. They went from "not sure/disagree" to "strong disagree/disagree" regarding whether the child was trying to stop the mother from doing something she liked and the statement that the mother should ignore the child more so that he wouldn't be so upset when she leaves.

Table 7. Parents' Level of Agreement to Raising Safe Kids Story 1

Survey Question #8	n	Pre		Post		% Change
		M	SD	M	SD	
Full Sample						
a. The child is just trying to get attention.	56	2.8	1.2	2.1	1.2	-25.0*
b. The child doesn't understand the mother will return.	56	3.7	.9	4.2	1.0	13.5*
c. The child is trying to stop the mother from doing something she likes.	57	2.3	1.1	1.7	1.0	-26.1*
d. The child has a strong attachment to the mother and doesn't like to be away from her.	57	4.3	.6	4.5	.7	4.7
e. The mother should not comfort the child, because he will become spoiled.	55	2.5	1.2	1.7	.9	-32.0*
f. The mother should comfort the child or find something fun to distract him.	57	3.9	.8	4.3	.8	10.3*
g. The mother should ignore the child more, so he won't be so upset when she leaves.	57	2.2	1.0	1.6	.7	-27.3*
Inmates						
a. The child is just trying to get attention.	44	2.7	1.1	2.2	1.2	-18.5*
b. The child doesn't understand the mother will return.	44	3.6	1.0	4.1	1.0	13.9*
c. The child is trying to stop the mother from doing something she likes.	45	2.2	1.0	1.8	1.1	18.2*
d. The child has a strong attachment to the mother and doesn't like to be away from her.	45	4.3	.6	4.5	.6	4.7
e. The mother should not comfort the child, because he will become spoiled.	43	2.6	1.2	1.7	.9	-34.6*
f. The mother should comfort the child or find something fun to distract him.	45	3.8	.8	4.2	.8	10.5*
g. The mother should ignore the child more, so he won't be so upset when she leaves.	45	2.1	1.0	1.6	.7	-23.8*
Outmates						
a. The child is just trying to get attention.	12	3.1	1.4	1.9	1.5	-38.7
b. The child doesn't understand the mother will return.	12	4.1	.5	4.6	.5	12.2*
c. The child is trying to stop the mother from doing something she likes.	12	2.5	1.2	1.4	.5	-44.0*
d. The child has a strong attachment to the mother and doesn't like to be away from her.	12	4.3	.6	4.4	.9	2.3
e. The mother should not comfort the child, because he will become spoiled.	12	2.2	1.2	1.5	.9	-31.8
f. The mother should comfort the child or find something fun to distract him.	12	4.3	.6	4.7	.5	9.3
g. The mother should ignore the child more, so he won't be so upset when she leaves.	12	2.3	1.0	1.3	.5	-43.5*

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

* $p < .05$.

Table 8 concerns a father with his 2-year-old son in the grocery store. The boy grabs a box of candy; the father asks him to put it back on the shelf. The boy starts to scream, hits the father, and falls on the floor in a full-blown tantrum. There were statistically significant changes in the total sample of parents' responses to all but 1 of the behaviors related to this story. Parents did not change their agreement level on statement c about the child's parents giving in the last time he threw a tantrum.

Inmate parents also showed significant changes on all statements but statement c. They showed the most change in their agreement level for statement b regarding the child trying to manipulate his father by embarrassing him from the pretest rating of "not sure" to "disagree" on the posttest.

Outmates showed significant changes in statements a, b, e, and g. The most pronounced change was also for statement b where they went from "not sure" to "strongly disagreed" after the classes.

Table 8. A.C.T. Against Violence - Parents Raising Safe Kids: Story 2

Survey Question #9	n	Pre		Post		% Change
		M	SD	M	SD	
Full Sample						
a. The child doesn't know how to use his words well yet, so he throws a tantrum.	59	2.9	1.2	3.9	1.1	34.5*
b. The child is trying to manipulate his father by embarrassing him.	58	3.0	1.2	1.8	.8	-40.0*
c. The child's parents probably "gave in" the last time he threw a tantrum.	59	3.7	.9	3.8	1.3	2.7
d. The father should hit the boy back to teach him a lesson.	59	1.7	.7	1.4	.7	-17.7*
e. The father should try to calm the boy with gentle voice.	59	3.9	.9	4.5	.5	15.4*
f. The father should try to ignore the tantrum if the child is not in danger.	59	3.1	1.1	3.9	1.1	25.8*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	59	2.6	1.1	1.9	1.1	-26.9*
Inmates						
a. The child doesn't know how to use his words well yet, so he throws a tantrum.	45	2.9	1.1	3.8	1.1	31.0*
b. The child is trying to manipulate his father by embarrassing him.	45	2.9	1.2	1.9	.9	-34.5*
c. The child's parents probably "gave in" the last time he threw a tantrum.	45	3.7	.9	3.8	1.3	2.7
d. The father should hit the boy back to teach him a lesson.	45	1.8	.8	1.3	.5	-27.8*
e. The father should try to calm the boy with gentle voice.	45	3.8	.9	4.5	.5	18.4*
f. The father should try to ignore the tantrum if the child is not in danger.	45	3.1	1.1	3.8	1.2	22.6*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	45	2.6	1.1	2.0	1.1	-23.1*
Outmates						
a. The child doesn't know how to use his words well yet, so he throws a tantrum.	14	2.9	1.3	4.3	.8	48.3*
b. The child is trying to manipulate his father by embarrassing him.	13	3.2	1.2	1.6	.5	-50.0*
c. The child's parents probably "gave in" the last time he threw a tantrum.	14	3.6	1.2	3.9	1.3	8.3
d. The father should hit the boy back to teach him a lesson.	14	1.4	.5	1.6	1.1	14.3
e. The father should try to calm the boy with gentle voice.	14	3.9	.9	4.6	.5	18.0*
f. The father should try to ignore the tantrum if the child is not in danger.	14	3.1	1.3	4.1	1.0	32.3
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	14	2.5	1.1	1.4	.5	-44.0*

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

4 = Agree, and 5 = Strongly Agree.

* $p < .05$.

Table 9 displays parents' level of agreement about what is best for children. Of the 10 items in this table, 8 are "negatively" framed; ideally, responses should be at the lower end of the response scale, indicating disagreement. Two of the 10 items (d and m) are "positively" framed, so ideally responses should be at the higher end of the response scale, indicating agreement, and most items demonstrated this pattern.

There were statistically significant changes in all but one of the statements (item l) for the full sample. Parents were "not sure" on the pretest and also on the posttest regarding the parents' right to spank their children if they think it is necessary. This statement did not show significant change for inmates or outmates when the groups were examined separately. Although this might seem that the participants still had confusion about discipline after taking the class, all of them significantly increased their agreement that spanking is a bad disciplinary technique, with twice the proportion of outmates than inmates believing this.

Table 9. Parents' Level of Agreement About What is Best for Children

Survey Question #12	n	Pre		Post		% Change
		M	SD	M	SD	
How much do you agree or disagree with:						
Full Sample						
a. Parents will spoil their children by picking them up and comforting them when they cry.	57	2.9	1.3	1.8	1.0	-37.9*
b. Spanking is a normal part of parenting.	57	2.6	1.1	1.9	1.1	-26.9*
d. Spanking is never necessary to instill proper moral and social conduct in children.	57	3.3	1.3	4.3	1.0	30.3*
e. Parents who encourage communication with their children only end up listening to complaints.	54	2.3	.9	1.5	.5	-34.8*
f. Sometimes, the only way to get a child to behave is to spank.	57	2.1	1.0	1.6	.8	-23.8*
g. Children will quit crying faster if they are ignored.	56	2.6	1.1	2.0	1.1	-23.1*
i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	59	2.2	1.0	1.5	.7	-31.8*
j. Young children who are hugged and kissed often will grow up to be "sissies."	58	1.8	.8	1.4	.5	-22.2*
l. I believe it is the parents' right to spank their children if they think it is necessary.	59	3.1	1.2	3.1	1.3	No Change
m. Overall, I believe spanking is a bad disciplinary technique.	59	3.4	1.2	4.4	.8	29.4*
Inmates						
a. Parents will spoil their children by picking them up and comforting them when they cry.	45	2.9	1.3	1.9	1.1	-34.5*
b. Spanking is a normal part of parenting.	45	2.7	1.0	1.9	1.1	-29.6*
d. Spanking is never necessary to instill proper moral and social conduct in children.	45	3.3	1.2	4.3	1.0	30.3*
e. Parents who encourage communication with their children only end up listening to complaints.	43	2.2	.8	1.6	.6	-27.3*
f. Sometimes, the only way to get a child to behave is to spank.	45	2.1	1.0	1.7	.8	-19.1*
g. Children will quit crying faster if they are ignored.	44	2.5	1.0	2.1	1.2	-16.0
i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	45	2.2	1.0	1.6	.8	-27.3*

Table continues on next page

Table continues

Survey Question #12	n	Pre		Post		% Change
		M	SD	M	SD	
Inmates (continued)						
j. Young children who are hugged and kissed often will grow up to be "sissies."	44	1.8	.6	1.4	.5	-22.2*
l. I believe it is the parents' right to spank their children if they think it is necessary.	45	3.2	1.1	3.1	1.3	-3.1
m. Overall, I believe spanking is a bad disciplinary technique.	45	3.6	1.1	4.4	.8	22.2*
Outmates:						
a. Parents will spoil their children by picking them up and comforting them when they cry.	12	2.8	1.4	1.3	.5	-53.6*
b. Spanking is a normal part of parenting.	12	2.3	1.2	1.8	1.1	-21.7
d. Spanking is never necessary to instill proper moral and social conduct in children.	12	3.4	1.4	4.2	1.1	23.5
e. Parents who encourage communication with their children only end up listening to complaints.	11	2.4	1.0	1.5	.5	-37.5*
f. Sometimes, the only way to get a child to behave is to spank.	12	2.1	1.1	1.4	.5	-33.3
g. Children will quit crying faster if they are ignored.	12	3.0	1.2	1.8	1.1	-40.0*
i. Children who are given too much love by their parents will grow up to be stubborn and spoiled.	14	2.4	1.2	1.3	.5	-45.8*
j. Young children who are hugged and kissed often will grow up to be "sissies."	14	1.9	1.1	1.2	.4	-36.8*
l. I believe it is the parents' right to spank their children if they think it is necessary.	14	2.7	1.3	3.1	1.3	14.8
m. Overall, I believe spanking is a bad disciplinary technique.	14	2.8	1.2	4.4	.9	57.1*

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

* $p < .05$.

There were statistically significant positive changes for all the statements in Table 10 (on the next page) with parents rating all the items as "important" on the pretest and "very important" on the posttest. The largest significant change was seen for the statement about teaching children to be sensitive to the feelings of others, with parents changing their response of "important" to close to "very important."

Inmate parents showed significant changes on all but 2 of the statements. For the statement about comforting children when they are upset or afraid and teaching them an awareness of the "rules of society," inmates were already responding close to "very important" on the pretest and again on the posttest so there was little room for improvement.

Outmate parents showed significant changes on all but one statement. For the statement about expressing affection toward children, outmate parents were already rating the statement as "very important" on the pretest and later on the posttest so, similarly, there was little room for change.

Table 10. Parents' Opinions About the Importance of Parental Responsibilities

Survey Question #7	n	Pre		Post		% Change
		M	SD	M	SD	
<i>How important or unimportant is it for parents to:</i>						
Full Sample						
Comfort children when they are upset or afraid.	60	4.7	.5	4.9	.3	4.3*
Teach children an awareness of the "rules of society."	59	4.7	.5	4.9	.3	4.3*
Teach children that they do not have to be like others to get along with them.	60	4.2	.8	4.6	.6	9.5*
Provide emotional support for children.	60	4.7	.5	4.9	.3	4.3*
Express affection toward children.	60	4.7	.5	4.9	.3	4.3*
Teach children how to negotiate with others.	58	4.3	.7	4.7	.6	9.3*
Teach children to be sensitive to the feelings of others.	60	4.3	.7	4.8	.5	11.6*
Help children learn an awareness of their own feelings and how emotions affect others.	59	4.4	.7	4.9	.3	11.4*
Inmates						
Comfort children when they are upset or afraid.	45	4.8	.4	4.9	.3	2.1
Teach children an awareness of the "rules of society."	44	4.8	.4	4.9	.5	2.1
Teach children that they do not have to be like others to get along with them.	45	4.1	.9	4.5	.6	9.8*
Provide emotional support for children.	45	4.7	.6	4.9	.3	4.3*
Express affection toward children.	45	4.7	.5	4.9	.3	4.3*
Teach children how to negotiate with others.	45	4.3	.7	4.7	.6	9.3*
Teach children to be sensitive to the feelings of others.	45	4.3	.6	4.8	.6	11.6*
Help children learn an awareness of their own feelings and how emotions affect others.	44	4.5	.7	4.8	.4	6.7*
Outmates						
Comfort children when they are upset or afraid.	15	4.5	.5	5.0	.0	11.1*
Teach children an awareness of the "rules of society."	15	4.6	.5	5.0	.0	8.7*
Teach children that they do not have to be like others to get along with them.	15	4.2	.7	4.7	.5	11.9*
Provide emotional support for children.	15	4.7	.5	5.0	.0	6.4*
Express affection toward children.	15	4.8	.4	4.9	.3	2.1
Teach children how to negotiate with others.	13	4.2	.7	4.7	.5	11.9*
Teach children to be sensitive to the feelings of others.	15	4.2	.8	4.8	.4	14.3*
Help children learn an awareness of their own feelings and how emotions affect others.	15	4.4	.6	5.0	.0	13.6*

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

* $p < .05$.

How confident did formerly incarcerated graduates of GAPP and RSAT (Residential Substance Abuse Program) feel about parenting upon release and return to the community?

Connecting with inmates who have been released back to the community to obtain follow-up information was a challenge. Staff made one telephone call and if they were unsuccessful in reaching the former inmate they left a message for a return call (usually on voicemail but sometimes with a relative who answered the phone). Ten (41.7%) of the 24 follow-up forms with completed data that we received indicated a successful contact. The men most often successfully reached were GAPP-only vs. GAPP + RSAT* graduates (55.6% vs. 27.3%), although only slightly more than half (55.6%) of the total sample were reached (Table 11 below).

* Residential Substance Abuse Treatment program.

Table 11. Follow-up Outcomes of Telephone Calls

	Contact Outcome by Total Sample	Contact Outcome by Type of Program Graduate ¹	
		RSAT/GAPP (n=11)	GAPP-only (n=9)
Total (n=24)	100%		
Successful contact (n=10)	41.7%	27.3%	55.6%
Unsuccessful contact (n=14)	58.3%	72.7%	44.4%
<i>No return call (n=12)</i>	85.7%		
<i>Returned to custody in Tulare jail (n=2)²</i>	14.3%		

¹ Some forms were not marked by type of program graduate.

² One additional GAPP-only graduate was sent to prison and thus lost to follow-up.

Half of the 10 men successfully contacted had been home for 4 or more months when they were reached; 10% for 3 months; 30% for 2 months; and 10% for 1 month.

The men were asked to think back to what they knew about being a father before they participated in GAPP and recount what they thought were the hardest things about parenting. Inadequate patience (especially concerning children's misbehavior), unawareness of children's developmental stages, poor communication skills, and the stress of financial and employment worries topped the list. Receiving information about and learning to handle those challenges were later identified as the most useful parts of the GAPP program after returning home (Table 12). There were no differences by whether the GAPP graduate was also a graduate of the RSAT program.

Table 12. Parent Perspectives about Parenting Challenges and Changes after Program Participation (n=10)

Hardest Thing About Parenting (Pre-program)	Most Useful Part of GAPP Program (Post-program at Home)
<ul style="list-style-type: none"> ▪ Trying to get my child to listen to me ▪ Having the patience to deal with child's behaviors ▪ Communication with child ▪ Giving in to my child's behaviors ▪ Not understanding "ages and stages" of child development ▪ Relationship with my wife; not being able to communicate about things ▪ Not knowing difference between positive discipline and punishment ▪ The relationship I had with family members and co-workers who didn't understand my parenting methods ▪ Money worries, even though I had strong family support ▪ Work and financial issues that prevented time spent with my children 	<ul style="list-style-type: none"> ▪ Now I know what to expect [of age appropriate behavior] because I knew nothing about this before—and the right way to address challenging behaviors according to child's age ▪ I have more patience now ▪ Knowing it's OK to discipline your child because it sets boundaries and teaches them right from wrong ▪ Knowing to <i>respond</i>, not to react; checking for violence to protect my child against it ▪ Everything was useful ▪ Being aware of my feelings and how I used to react; trying to <i>respond</i> now although sometimes I'm not in the mood ▪ Learning about anger to be able to control my feelings ▪ Communication strategies



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

Figure 1. Graduates' Level of Parenting Confidence after GAPP Participation (n=10)

1	2	3	4	5	6	7	8	9	10
0%	0%	0%	0%	0%	0%	0%	30%	30%	60%

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

Since we had the opportunity for follow-up with the graduates, we added a question to the interview form concerning TV watching practices because of the association between children's TV watching and early literacy. The sample size and family arrangement differences are too small to draw conclusions, however all of the men reported current positive TV practices. As Table 13 indicates, the fathers who lived with their children tended primarily to limit the *type* of TV shows their children watched (but not limit TV time); those who shared custody placed various restrictions on the TV, with slightly more reporting they limited both TV *time* and *type* of shows.

Table 13. TV Watching Practices Regarding Children (n=10)¹

	Living with his children (n=6)	Not living with his children but sharing custody (n=4)
Do nothing differently	0%	0%
Limit time TV is on	0%	25%
Limit the type of TV shows	83.3%	25%
Limit time TV is on + limit type of shows	16.7%	50%
Allow more time for TV	0%	0%

¹ Based on the number (percent) of times the response choice was marked; respondents could mark more than one choice.

Conclusions and Recommendations

This project has continued to achieve notable results in changing both inmate and outmate parents' understanding of positive parenting. Overall, parents who participated in the inmate and outmate education program increased their knowledge and attitudes about effective parenting and parental roles as measured by the evaluation tools. Although the different subgroups showed somewhat different patterns on the parental stress scale, the program was generally effective in reducing stress levels for both inmates and outmates. It was encouraging to see that the significant changes were participants feeling happy in their parental role; satisfied as a parent; close to their children; and valued spending time with their children.

Helping parents—especially inmates—understand constructive ways of getting children to listen and using positive discipline methods are probably still areas that could benefit by even more emphasis during the trainings.

We were very pleased that this year the grantee agreed to attempt follow-ups of the inmates (including outmates would be ideal, but is probably not feasible) after release from jail to compare post-training results with longer-term results. Just as with their Residential Substance Abuse Treatment Program graduates, it was challenging for staff to contact those who also participated in this G.A.P.P. program. We've already discussed our suggestions with staff to improve the quality of next year's data and revised the follow-up form accordingly, so no further recommendations are made at this time.



TULARE CITY SCHOOL DISTRICT Comprehensive School Readiness Program

“The District is firmly rooted in the notion that early childhood education is vital to a child’s development and doesn’t think twice about supporting this endeavor financially and through the use of facilities.” — Program Director

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 Comprehensive School Readiness Program staff using the DRDP (Desired Results Developmental Profile) tool 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 to help them create individualized learning plans for children. We matched pre- and posttests for both DRDP tools to look for changes (e.g., increase in skill levels) in the children between pre- and post-assessment periods.

Strategic Plan Indicators

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

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

Program Highlight

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

One of the biggest successes this year has been the response of the new 3-year-old preschool program; all 4 classrooms were filled to capacity (with a few slots reserved for transition planning for special needs preschoolers) with a wait list of 63 students. The families have expressed a great deal of appreciation as they’ve watched their children develop social skills, learn to follow directions and grow in language development—all contributing to school readiness. Many of these families had participated in the program when their older children were 4 years-old, and now value the opportunity to give their young children 2 years of preschool instead of just one. Support staff contributes to the success by making phone calls to parents and doing home visits to help enroll children.

Evaluation Results

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

Raters used descriptive assessments on a continuum such as "responding earlier," "exploring later," "building middle," and "integrating earlier" to evaluate children on 52 different measures in 7 developmental domain areas on the DRDP Preschool. Treating these descriptors as if they are on a scale of low developmental level, mid developmental level, high developmental level, and advanced developmental level, children who were observed as further along in their development on a measure received a higher-level descriptor. The number of ratings at each descriptor level is displayed in Table 1, along with the percentage change between the pre- and post-assessments. Children who were "English Language Learners" were evaluated on 4 more measures in an English Language Development domain with different descriptors such as "discovering language" and "integrating English." Table 2 on the next page shows this information separately.

As these results show, the general pattern across all 7 domains shows improvement from the fall to the spring assessments. Specifically, there were negative percentage changes for all the lower-level ratings and the mid-level ratings for all seven domains. Relative to this, the higher-level ratings all had positive percentage changes from the pretest to the posttest for all of the domains. The only exception was for the higher-level descriptor, "building earlier." There were mixed results for the Social and Emotional Development, Language and Literacy Development, Physical Development - Health, History - Social Science, and Visual and Performing Arts domains but positive percentage changes for the Approaches to Learning - Self Regulation and Cognition domains.

Table 1. Tulare City Schools - SR: DRDP - Preschool (Pre N = 210; Post N = 180)

Domain Area	Number of RATINGS								
	LOW		MID			HIGH			ADV
	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	Integrating Earlier
Approaches to Learning - Self Regulation (7 Measures)									
PRE (TR = 1448)	40 (2.8%)	51 (3.5%)	382 (26.4%)		502 (34.7%)	330 (22.8%)	130 (9.0%)	12 (0.8%)	1 (0.1%)
POST (TR = 1258)	1 (0.1%)	6 (0.5%)	110 (8.7%)		327 (26.0%)	413 (32.8%)	122 (9.7%)	163 (13.0%)	116 (9.2%)
% Change	-96.4	-85.7	-67.1		-25.1	43.9	7.8	1525.0	9100.0
Social and Emotional Development (5 Measures)									
PRE (TR = 1022)	31 (3.0%)	38 (3.7%)	266 (26.0%)		303 (29.7%)	254 (24.9%)	102 (10.0%)	27 (2.6%)	1 (0.1%)
POST (TR = 899)	0 (0%)	6 (0.7%)	63 (7.0%)		191 (21.2%)	128 (14.2%)	124 (13.8%)	215 (23.9%)	172 (19.1%)
% Change	-100.0	-81.1	-73.1		-28.6	-43.0	38.0	819.2	19000.0
Language and Literacy Development (10 Measures)									
PRE (TR = 2074)	24 (1.2%)	24 (1.2%)	205 (9.9%)	506 (24.4%)	544 (26.2%)	478 (23.0%)	225 (10.8%)	68 (3.3%)	0 (0.0%)
POST (TR = 1798)	0 (0%)	4 (0.2%)	38 (2.1%)	173 (9.6%)	358 (19.9%)	310 (17.2%)	315 (17.5%)	356 (19.8%)	244 (13.6%)
% Change	-100.0	-83.3	-78.8	-60.7	-24.1	-25.2	62.0	500.0	Inf.
Cognition, Including Math and Science (11 Measures)									
PRE (TR = 2204)	37 (1.7%)	49 (2.2%)	744 (33.8%)		740 (33.6%)	439 (19.9%)	159 (7.2%)	36 (1.6%)	0 (0.0%)
POST (TR = 1972)	0 (0%)	17 (0.9%)	131 (6.6%)		519 (26.3%)	437 (22.2%)	379 (19.2%)	300 (15.2%)	189 (9.6%)
% Change	-100.0	-59.1	-80.5		-21.7	11.6	166.7	850.0	Inf.

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Physical Development - Health (10 Measures)									
PRE (TR = 2058)	10 (0.5%)	4 (0.2%)	180 (8.7%)	222 (10.8%)	635 (30.9%)	574 (27.9%)	268 (13.0%)	158 (7.7%)	7 (0.3%)
POST (TR = 1800)	0 (0%)	2 (0.1%)	22 (1.2%)	80 (4.4%)	291 (16.2%)	291 (16.2%)	170 (9.4%)	452 (25.1%)	492 (27.3%)
% Change	-100.0	-50.0	-86.2	-59.3	-47.6	-41.9	-27.7	226.0	9000.0
History - Social Science (5 Measures)									
PRE (TR = 1023)				371 (36.3%)	286 (28.0%)	175 (17.1%)	155 (15.2%)	36 (3.5%)	0 (0.0%)
POST (TR = 720)				98 (13.6%)	146 (20.3%)	83 (11.5%)	165 (22.9%)	142 (19.7%)	86 (11.9%)
% Change				-62.5	-27.5	-32.8	50.7	462.9	Inf.
Visual and Performing Arts (4 Measures)									
PRE (TR = 824)				325 (39.4%)	235 (28.5%)	148 (18.0%)	71 (8.6%)	44 (5.3%)	1 (0.1%)
POST (TR = 711)				66 (9.3%)	178 (25.0%)	96 (13.5%)	137 (19.3%)	136 (19.1%)	98 (13.8%)
% Change				-76.4	-12.3	-25.0	124.4	260.4	13700.0

Note. "TR" means total number of ratings.

For English Language Development measures as well, the children were rated at higher levels of performance on the posttest than on the pretest (Table 2). This is seen by the positive percentage change increases in the number of ratings at the higher-level descriptors of "building English" and "integrating English," thus suggesting greater levels of child proficiency at the posttest.

Table 2. Tulare City Schools - SR: DRDP - Preschool (Pre N = 48; Post N = 51)

English Language Development (4 Measures)						
	Discovering Language	Discovering English	Exploring English	Developing English	Building English	Integrating English
PRE (TR = 190)	27 (14.2%)	57 (30.0%)	53 (27.9%)	40 (21.1%)	13 (6.8%)	0 (0%)
POST (TR = 204)	10 (4.9%)	14 (6.9%)	35 (17.2%)	43 (21.1%)	58 (28.4%)	44 (21.6%)
% Change	-66.5	-77.0	-38.4	No Change	317.7	Inf.

Note. "TR" means total number of ratings.

Conclusions and Recommendations

On average, the children's developmental areas showed substantial improvement between pre- and post-assessments. This suggests a linkage to the training of teachers and other preschool staff as well as positive early childhood development.





PARENTING NETWORK, INC. Visalia Family Resource Center

"We are happy to be able to share our new Community Conference Room that will be available to all community partners in need of a large meeting room." - Program staff

Project Purpose and Evaluation Design

The project 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 interactive evidence-based Parenting Wisely program focused 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 Parenting Wisely, parents completed the 34-item multiple-choice questionnaire to determine changes from pre- to posttest.

Strategic Plan Indicators

The following indicators have the most relevance to this project 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.*
- *The percent of children and their caregivers with adequate food in their homes.*

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.

Among its successes—and despite the challenge of having to deal with a temporary closure of part of its building due to flood damage—are the wide range of services and numerous events the organization offers the community. For example, in addition to parenting classes that also include practical skills like sewing and sign language, families and staff were offered the opportunity to receive specialized trainings in nutrition from UC Davis and presentations from Social Security, disability rights specialists, Every Woman Counts (breast cancer) program, and the Clean Slate Program of the Public Defender's Office. The FRC was also fortunate to have the First 5 CA Hands-On Health Express attend the Special Lives without Limits event, for which it received many compliments from parents.

Evaluation Results

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

Table 1 displays the percentage of parents answering correctly on the pretest and on the posttest. For the matched sample of 65 parents, there was statistically significant improvement on 32 of the 34 questions after taking the class.

A repeated measures analysis of variance on the full set of test questions showed that there was a significant improvement in overall test performance from pretest to posttest, with the 65 parents averaging about 64% correct on the pretest (the range was 26.5% to 100%) and about 92% on the posttest (the range was 76.5% to 100%). Using 80% correct as a benchmark for total test performance, 48 (74%) of the parents scored under this benchmark on the pretest, but only 7 (11%) of them scored under 80% on the posttest.

The test question, "In disciplining a child, what should be included along with punishment?" (Question 3) was found to be somewhat difficult for the parents to answer correctly on the posttest. Using 80% correct as a benchmark, less than three-quarters (71%) of them answered it correctly.

Table 1. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=65)

Question	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	55%	89%	62%*
2. What is the best reason to use "Active Listening"?	52%	91%	75%*
3. In disciplining a child, what should be included along with punishment?	35%	71%	103%*
4. What is the most important part of giving a chore?	65%	98%	51%*
5. What is most important in "Assertive Discipline"?	49%	89%	82%*
6. What is most likely to happen if a parent does not usually follow through on a punishment?	72%	98%	36%*
7. When might a family discussion of a problem NOT be a good idea?	58%	88%	52%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	72%	92%	28%*
9. What happens when parents are consistent in giving consequences?	54%	91%	69%*
10. What are the components of "Contingency Management"?	40%	88%	120%*
11. What happens if a parent monitors a child's schoolwork?	77%	89%	16%*
12. When you first find out your child is doing poorly at school, what should you do first?	74%	94%	27%*
13. What is the long term result of motivating children by yelling at them?	83%	95%	15%*
14. What often happens when a parent forbids a teen to see a particular friend?	89%	98%	10%*

Table continues on next page

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15. What happens when you compare siblings to each other?	97%	98%	1%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	58%	92%	59%*
17. The main reason parents yell at their children is?	66%	95%	44%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	71%	88%	24%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	60%	91%	52%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	54%	86%	59%*
21. What is the purpose of an "I Statement"?	65%	95%	46%*
22. What are the main advantages of "Contracting" for adolescents?	45%	83%	84%*
23. Which of the following is an "I Statement"?	62%	98%	58%*
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.	62%	95%	53%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	34%	86%	153%*
26. What is the advantage of having both parents involved with a child's homework problem?	48%	89%	85%*
27. What happens when parents give punishments that are severe?	62%	94%	52%*
28. Close supervision of our children when they spend time with friends has which advantage?	65%	95%	46%*
29. What are the main elements of "Contracting"?	52%	89%	71%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	48%	86%	79%*
31. If we need to correct our child when he or she is with friends, what should we do?	82%	95%	16%*
32. To help our children know which behavior to change, it is important for us to be	74%	94%	27%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	89%	100%	12%*
34. When we talk about the positive motive behind someone's behavior, the effect is to?	92%	98%	7%
Overall Percentage Correct	63.5%	91.8%	44.6%*

* $p < .05$.

Conclusions and Recommendations

The project met its goal that families participating in bilingual health and education classes will demonstrate an increase of knowledge gained about various facets of parenting. All parents met the benchmark for total test performance, demonstrating the classes had the desired effect of increasing their knowledge about good parenting skills. Given the lower performance regarding the child discipline question—which was also the case last year—staff needs to emphasize that portion of the curriculum more when offering training to parents. How to handle child discipline has typically been an area where parents participating in First 5 programs have had questions.



WOODLAKE UNIFIED SCHOOL DISTRICT Family Resource Center

"It's never too late to learn new things." - 70-year-old great-grandmother participating in the parenting program

Project Purpose and Evaluation Design

The project provided a range of support and education services to families, including various screenings and referrals for children's preventive health services such as immunizations and dental visits. Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (ASQ:SE)* and *ASQ 3*. The *ASQ 3* screens across several key domains: gross and fine motor skills, communication, problem solving and personal-social development (e.g., getting herself dressed or knowing her and other people's names). *The tools are designed to screen a child from 1–66 months for early identification and intervention without any gaps between the questionnaire age intervals.* The questionnaires reveal a child's strengths as well as areas that need work, and they ask parents age-appropriate questions linked to specific milestones, making it easy for parents to learn about and encourage their child's development—and for teachers and other professionals to make referrals when needed.

Woodlake is one of 3 First 5-funded Family Resource Centers that is using SafeCare, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. In addition to the goal of reducing child maltreatment, the 3 program modules are designed to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value of the program and their satisfaction with various features of it. The program is not offered to all program participants, however; staff and parents decide what is needed.

Strategic Plan Indicators

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

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

Program Highlight

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

One of the greatest benefits of the First 5 grant is to be able to offer the culturally sensitive Abriendo Puertas program to parents, especially those recently arriving from Mexico. Staff shared the case of the 3-generation family who were initially apprehensive about receiving any type of services due to their status under political asylum; ultimately, the 18 year-old (mother of a 3-month-old), her mother (mother of a 4-year-old), and her grandmother all participated in the program. This family was able to see how what they learned taught them to be more supportive of their children's learning, and how to better communicate with them, increasing their chances of success in school and life.

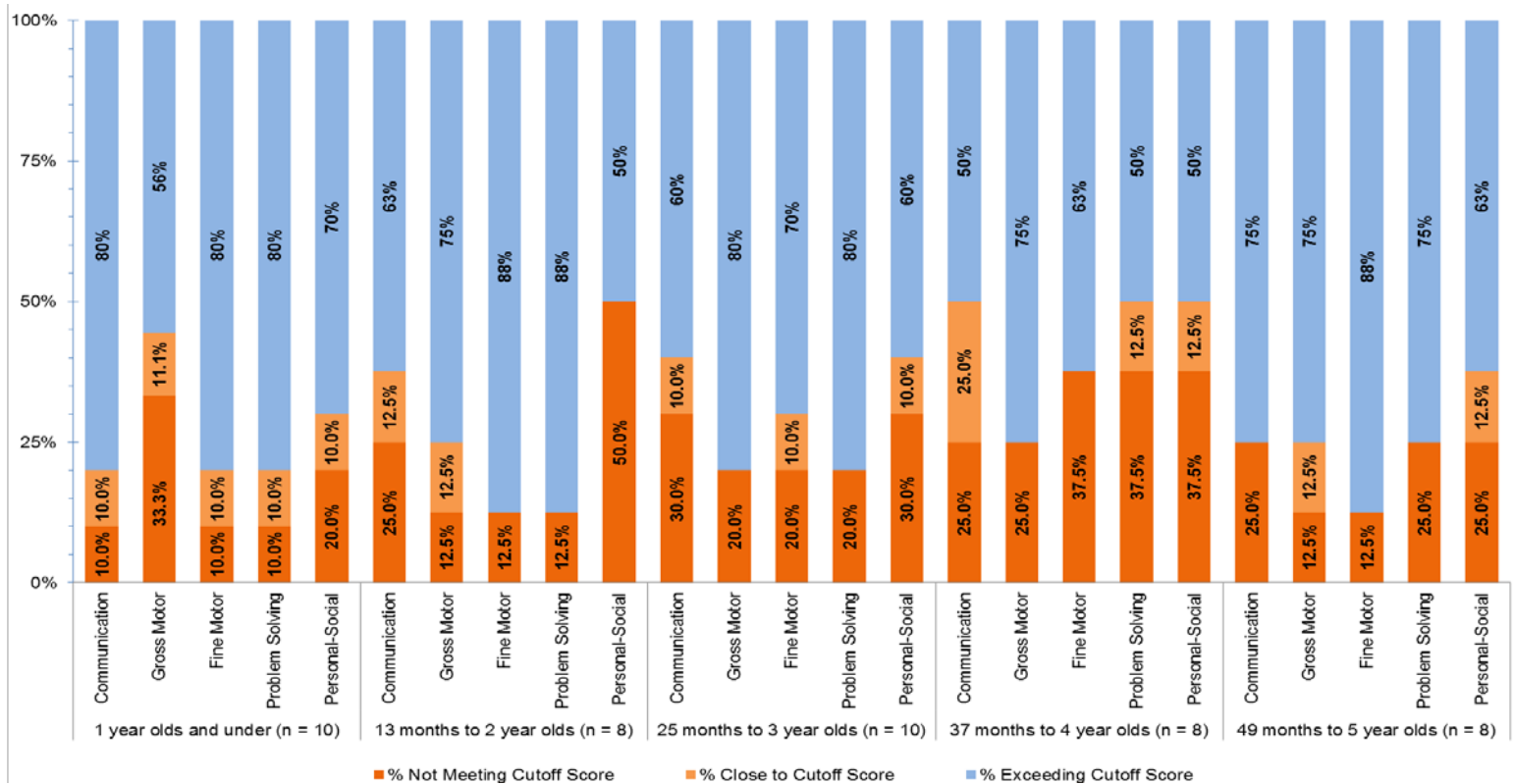
Evaluation Results

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

A total of 44 children was assessed for their overall development using the ASQ-3 questionnaire. Lower scores signified greater concerns, and different cutoff scores were established for each of the 5 developmental domains and each of the age groups. Children who met or exceeded the cutoff scores (coded in dark orange in Figure 1 on the next page) after being assessed were to be referred to a professional for further evaluation; children who were close to the cutoff scores were to be provided with additional learning activities and monitoring.

Although the majority of children exceeded the cutoff scores and did not need referral to a professional, there were children in every age group who did need further monitoring or referral to a professional for evaluation. For the age group of *1 year-olds and under*, the largest percentage of children (33%) who did not exceed the cutoff score was for the Gross Motor domain. In the *13 months to 2 year-olds* group, half of them did not exceed the cutoff score for the Personal-Social domain. For the *25 months to 3 year-olds*, the Communication domain and the Personal-Social domain were also challenging for the children with 30% of the children not exceeding the cutoff score. Children in the *37 months to 4 year-olds* found Fine Motor domain, Problem Solving domain, and Personal-Social domain the most troublesome with approximately 38% of them not exceeding the cutoff scores. These three same domains were also difficult for the *49 months to 5 year-olds*, with a quarter of them not exceeding the cutoff scores in these domains.

Figure 1. Percentage of Children at the ASQ-3 Cutoff Scores



Note: Not meeting the cutoff score means a referral to a professional for further evaluation is needed.

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, 1-4 parents completed several of the SafeCare modules. Although these are small sample sizes, we believe there is value in including the information in the evaluation.

The Home Accident Prevention (Safety) module assessed 3 different rooms in the home, as chosen by the family, to measure 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. Examples of hazards among the participating parents' homes included bobby pins, nail polish remover, sharp scissors and small beads reachable at the child's eye-level, and electrical outlets with no safety cover. As Table 1 shows, the families achieved the "mastery" level with zero hazards present at the post-assessment. The number of hazards per family prior to the training ranged from 3 to 45.

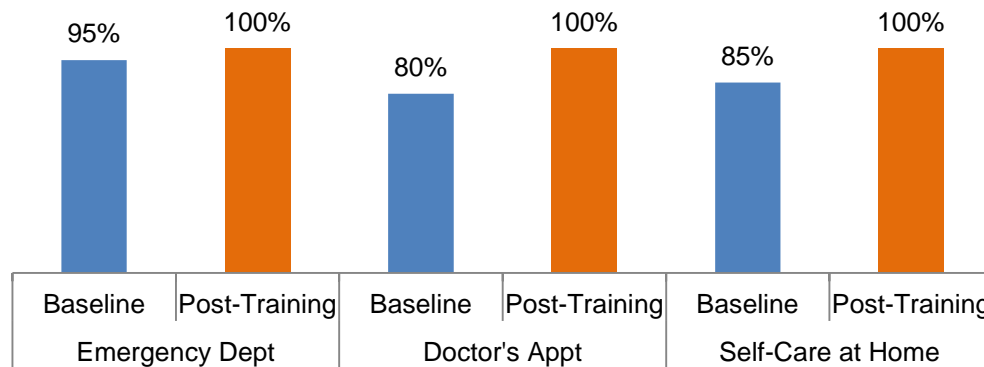
Table 1. Reduction in Home Hazards Following Safety Intervention Training (n=3)

	Baseline	Post-Training
Number of Hazards	75	0
Mean percent reduction	100%	

Note: One additional parent participated in this module but data were only available for the baseline assessment, where 61 total hazards were recorded.

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. Four parents were provided reference manuals with a symptom guide and other pertinent information. After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100% for all 3 scenarios (Figure 2). On average, the parents showed the most improvement for the self-care and doctor’s appointment scenarios where they had scored 80% and 85%--which were relatively high scores to begin with—respectively, at the baseline assessment.

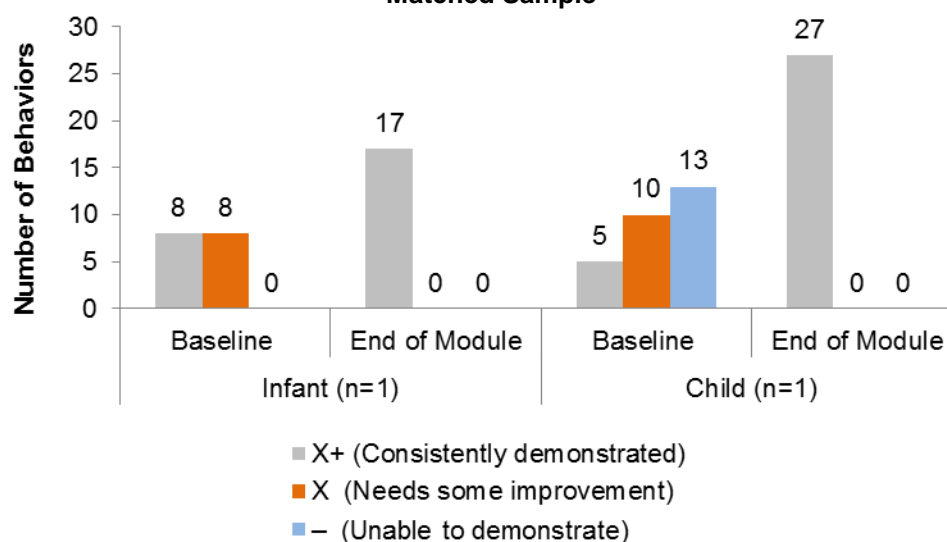
Figure 2. Mean Baseline and Post-Training Scores on Health-Related Training (n=4)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module 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 code for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

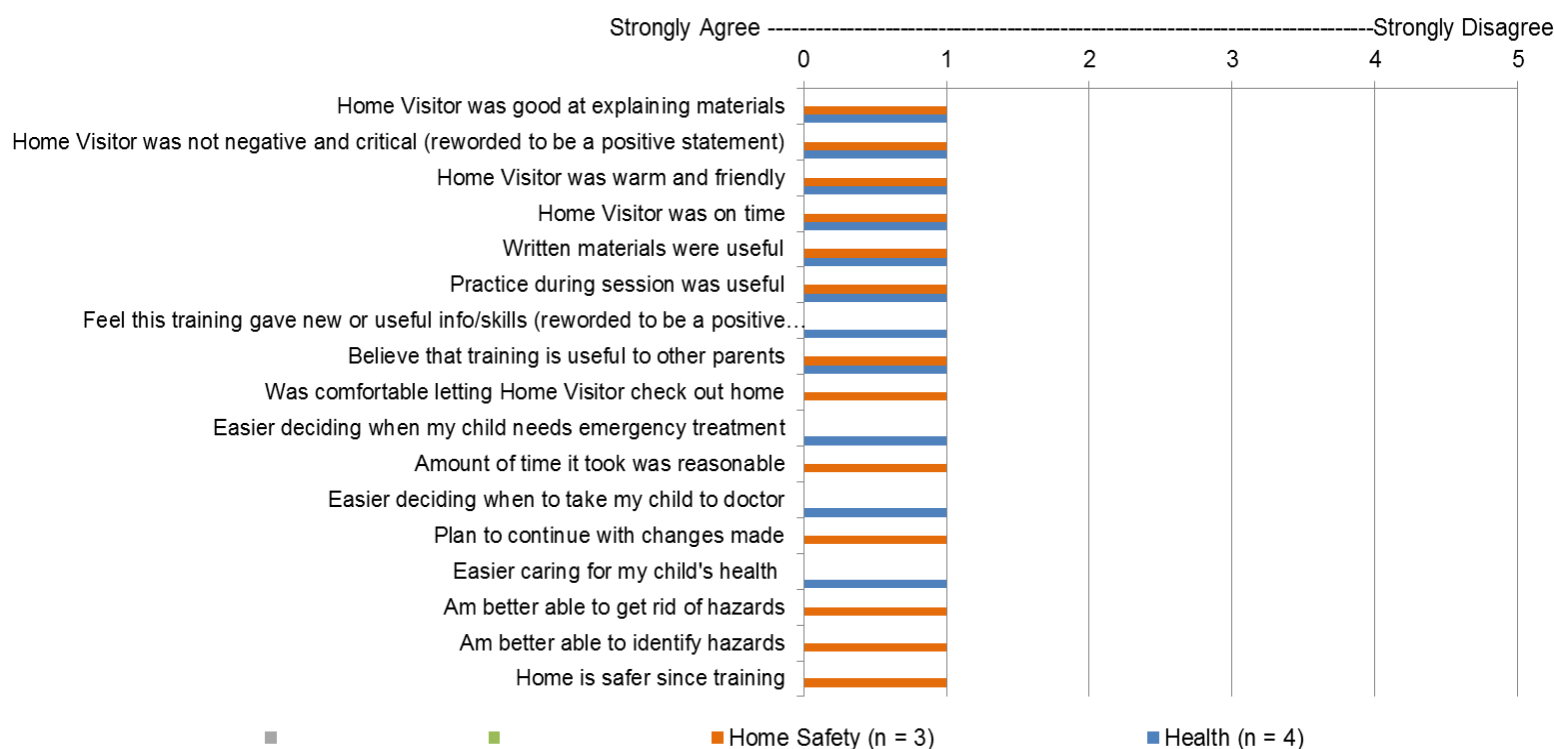
One parent with an infant and one parent with an older child participated, demonstrating parenting behavior scenarios such as touching and smiling (to promote bonding) and praising desired behaviors such as when the child knew his numbers. Although the parent with the infant was able to consistently demonstrate some positive behaviors at baseline, by the end of the module she and the other parent were consistently demonstrating them with none marked as “needs some improvement in ease and/or consistency of the behavior.” The improvement between baseline and end-of-module interactions was significant (Figure 3 on the next page).

Figure 3. Mean Improvement Following Parent-Child (n=1) and Parent Infant (n=1) Interactions, Matched Sample



Parents were asked to provide their thoughts and feelings about the SafeCare training program. Each of the surveys focused on a specific training module the parents had completed in the program. Parents were asked to rate their level of agreement using a 5-point scale. Lower mean scores signified stronger agreement and satisfaction with the program. As Figure 4 indicates, parents were in strong agreement and satisfied with the skills and information they received from the training program as all items were rated at the highest level possible.

Figure 4. Parents' Satisfaction Rating of SafeCare Training



Note. Item mean scores reflect the following response choices: 1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, and 5 = Strongly Disagree.

Conclusions and Recommendations

The parents who participated in the SafeCare program valued the skills and information they received and demonstrated the desired behavior changes relative to home safety and parent-child interactions. The Home Hazards training was particularly effective.

Looking at the results of the ASQ assessments, it appears that the Personal-Social domain was most frequently challenging when children did not reach the desired cutoff score. This was true, to varying extents, for all age groups beginning with 25-month+ age groups, and suggests an area where parent and staff training could benefit.



TRAVER JOINT ELEMENTARY SCHOOL DISTRICT School Readiness

"Mrs. D. has made a big difference in how I am now teaching my readiness class, she's a veteran teacher and the mentor teacher I look up to and reply on." - Preschool teacher

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for children and support and education services for parents utilizing a Parenting Partners™ Positive Parenting curriculum to encourage active engagement in early development activities with their children. Children were assessed for school readiness by staff using the DRDP-Revised (Desired Results Developmental Profile) tool to measure results in a range of developmental areas where scores can be tracked over time. The DRDP is a child assessment tool designed by the California Department of Education and administered by teachers in the fall (or whenever the child enters the program) to help them create individualized learning plans for children, and assessed again in the spring to look for improvement.

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.

Increasing to a 4-day week "has made a world of difference" in allowing the preschool program the time to go into greater depth with teaching concepts such as challenging children to learn the whole alphabet and pronouncing their sounds to better prepare for kindergarten. As a humorous example, they cited the case of child who came in late while the children were working on creating mummies and declined to participate saying, "I already have a Mummy [Mommy] at home." Working with the veteran kindergarten teacher, staff reports they have improved their ability to plan lessons and pace the curriculum appropriately to foster children's learning.

Evaluation Results

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

Raters used descriptive assessments on a continuum such as "responding earlier," "exploring later," "building middle," and "integrating earlier" to evaluate children on 52 different measures in 7 developmental domain areas on the DRDP Preschool. Children who were assessed by the rater as further along in their development on a measure would receive a higher-level descriptor. The number of ratings at each descriptor level is displayed in Table 1, along with the percentage change between the pre- and post-assessments. Children who are "English Language Learners" were evaluated on 4 more measures in an English Language Development domain with different descriptors such as "discovering language" and "integrating English." Table 2 on the next page shows this information separately.

As Table 1 shows, the general pattern across all 7 domains indicates improvement from the fall to the spring assessment. Specifically, there were increases in the high developmental levels (e.g., ratings of "building middle" and "building later") for all of the 7 domains from pretest to posttest. Raters were already assessing the children as performing at or above the mid developmental level at the start of the program, as indicated by the absence of "responding earlier" or "responding later" ratings across the domains. Cognition, including Math and Science, and Visual and Performing Arts appear to have shown the greatest extent of improvement.

Table 1. Traver Joint Elementary School District - SR: DRDP - Preschool (Pre N = 46; Post N = 39)

Domain Area	Number of RATINGS								
	LOW		MID			HIGH			ADV
	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	Integrating Earlier
Approaches to Learning - Self Regulation (7 Measures)									
PRE (TR = 321)	0 (0%)	0 (0%)	3 (0.9%)		33 (10.3%)	170 (53.0%)	82 (25.5%)	33 (10.3%)	0 (0%)
POST (TR = 273)	0 (0%)	0 (0%)	0 (0%)		0 (0%)	136 (49.8%)	73 (26.7%)	64 (23.4%)	0 (0%)
% Change	-	-	-100.0		-100.0	-6.0	4.7	127.2	-
Social and Emotional Development (5 Measures)									
PRE (TR = 230)	0 (0%)	0 (0%)	0 (0%)		28 (12.2%)	78 (33.9%)	113 (49.1%)	8 (4.8%)	0 (0%)
POST (TR = 195)	0 (0%)	0 (0%)	0 (0%)		0 (0%)	24 (12.3%)	122 (62.6%)	49 (25.1%)	0 (0%)
% Change	-	-	-		-100.0	-63.7	27.5	422.9	-
Language and Literacy Development (10 Measures)									
PRE (TR = 457)	0 (0%)	0 (0%)	1 (0.2%)	1 (0.2%)	43 (9.4%)	209 (45.7%)	165 (36.1%)	38 (8.3%)	0 (0%)
POST (TR = 389)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	74 (19.0%)	205 (52.7%)	76 (19.5%)	34 (8.7%)
% Change	-	-	-100.0	-100.0	-100.0	-58.4	46.0	134.9	Inf ¹
Cognition, Including Math and Science (11 Measures)									
PRE (TR = 499)	0 (0%)	0 (0%)	0 (0%)		47 (9.4%)	215 (43.1%)	220 (44.1%)	17 (3.4%)	0 (0%)
POST (TR = 428)	0 (0%)	0 (0%)	0 (0%)		2 (0.5%)	93 (21.7%)	223 (52.1%)	103 (24.1%)	7 (1.6%)
% Change	-	-	-		-94.7	-49.7	18.1	608.8	Inf

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Table continues

Physical Development - Health (10 Measures)									
PRE (TR= 457)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	12 (2.6%)	118 (25.8%)	157 (34.4%)	170 (37.2%)	0 (0%)
POST (TR= 390)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	15 (3.8%)	157 (40.3%)	213 (54.6%)	5 (1.3%)
% Change	-	-	-	-	-100.0	-85.3	17.2	46.8	Inf
History - Social Science (5 Measures)									
PRE (TR = 230)				0 (0%)	13 (5.7%)	96 (41.7%)	111 (48.3%)	10 (4.3%)	0 (0%)
POST (TR = 156)				0 (0%)	0 (0%)	14 (9.0%)	120 (76.9%)	22 (14.1%)	0 (0%)
% Change				-	-100.0	-78.4	59.2	227.9	-
Visual and Performing Arts (4 Measures)									
PRE (TR = 184)				0 (0%)	13 (7.1%)	84 (45.7%)	86 (46.7%)	1 (0.5%)	0 (0%)
POST (TR= 156)				0 (0%)	0 (0%)	7 (4.5%)	135 (86.5%)	14 (9.0%)	0 (0%)
% Change				-	-100.0	-90.2	85.2	1700.0	-

¹ "Inf" = infinite. The percentage change is positive, but cannot be mathematically calculated because the pretest value was zero, i.e., you can't get a percentage change for something that started at zero.

Note. "TR" means total number of ratings.

For children rated in English Language Development (Table 2), there was substantial improvement with a gain in the number of ratings at the "integrating English" level, suggesting greater levels of proficiency from the fall to the spring assessments.

Table 2. Traver Joint Elementary School District - SR: DRDP - Preschool (Pre N = 23; Post N = 22)

English Language Development (4 Measures)						
	Discovering Language	Discovering English	Exploring English	Developing English	Building English	Integrating English
PRE (TR = 92)	0 (0%)	0 (0%)	12 (13.0%)	15 (16.3%)	44 (47.8%)	21 (22.8%)
POST (TR = 88)	0 (0%)	0 (0%)	2 (2.3%)	7 (8.0%)	47 (53.4%)	32 (36.4%)
% Change	-	-	-82.3	-50.9	11.7	59.7

Note. "TR" means total number of ratings.

Conclusions and Recommendations

The evaluation goal that children participating in early childhood education will show improvement between pre and post assessments was met for the developmental areas measured by the DRDP, and reflects positively on the strengths of this school readiness project.



VISALIA UNIFIED SCHOOL DISTRICT Ivanhoe First 5 Program

“Students who attend the First 5 program are much further ahead in Kindergarten than their peers who did not attend.” - Ivanhoe Elementary School personnel

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for up to 48 children. Children were assessed for school readiness by staff using the DRDP-Revised (Desired Results Developmental Profile) tool to measure results in a range of developmental areas where scores can be tracked over time. The DRDP is a child assessment tool designed by the California Department of Education and administered by teachers in the fall to help them create individualized learning plans for children, and again in the spring to look for improvement.

Strategic Plan Indicators

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

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

Program Highlight

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

The program has been experimenting with separate preschool programs for 3- and 4-year-olds, but is questioning whether the youngest children are experiencing the same level of social-emotional and academic progress they did when from last year in a mixed-age classroom. They plan to continue testing and asking for parent input, and will evaluate the program structure at the end of the year to determine the best course of action for the following school year. To encourage more families to consider preschool for their children, and to create an opportunity for the children already on the waiting list, staff designed and conducted 2 Mommy and Me classes which have been very well received. Parents received information on safety, health and how to read with their child, and children received books they could take home.

Evaluation Results

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

Raters evaluated children on 52 different development measures in 7 domain areas on the DRDP (2015) Preschool using descriptors such as "responding earlier," "exploring later," and "integrating earlier." Treating these descriptors as if they are on a scale of low, mid, high and advanced developmental levels, children who were assessed by the rater as further along in their development on a measure would receive a higher-level descriptor. The number of times a descriptor was marked by the raters evaluating the children are summed up and displayed in Table 1 by domain area. The percentage change between the pretest (fall) and posttest (spring) is also presented. Children who were "English Language Learners" were evaluated on 4 more measures in an English Language Development domain with different descriptors such as "discovering language" and "integrating English." Table 2 on the next page shows this information separately.

As the results in Table 1 show, the general pattern across all 7 domains shows improvement from the fall to the spring assessments. Specifically, there were negative percentage changes for all the lower-level ratings and the mid-level ratings across all 7 domains, indicating that children were performing less often at these lower developmental levels on the spring assessment. Although there were fewer "building earlier" ratings for Physical Development - Health (the only domain with a negative percentage change for this rating category), there was a substantial percentage change gain in the use of the highest developmental rating of "integrating earlier" for this domain at the post-assessment. Raters were already assessing children at the most advanced developmental level on measures within the Language and Literacy Development domain.

Table 1. Visalia Ivanhoe - SR: DRDP - Preschool (Pre N = 45; Post N = 33)

Domain Area	Number of RATINGS								
	LOW		MID			HIGH			ADV
	Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	Integrating Earlier
Approaches to Learning - Self Regulation (7 Measures)									
PRE (TR = 313)	0 (0%)	37 (11.8%)	78 (24.9%)		136 (43.5%)	52 (16.6%)	6 (1.9%)	4 (1.3%)	0 (0%)
POST (TR = 231)	0 (0%)	0 (0%)	7 (3.0%)		66 (28.6%)	114 (49.4%)	27 (11.7%)	12 (5.2%)	5 (2.2%)
% Change	-	-100.0	-88.0		-34.3	197.6	515.8	300.0	Inf ¹
Social and Emotional Development (5 Measures)									
PRE (TR = 224)	0 (0%)	7 (3.1%)	63 (28.1%)		83 (37.1%)	54 (24.1%)	15 (6.7%)	2 (0.9%)	0 (0%)
POST (TR = 165)	0 (0%)	0 (0%)	4 (2.4%)		22 (13.3%)	76 (46.1%)	37 (22.4%)	19 (11.5%)	7 (4.2%)
% Change	-	-100.0	-91.5		-64.2	91.3	234.3	1177.8	Inf
Language and Literacy Development (10 Measures)									
PRE (TR = 440)	0 (0%)	5 (1.1%)	55 (12.5%)	136 (30.9%)	124 (28.2%)	75 (17.0%)	26 (5.9%)	11 (2.5%)	8 (1.8%)
POST (TR = 324)	0 (0%)	0 (0%)	0 (0%)	8 (2.5%)	62 (19.1%)	141 (43.5%)	44 (13.6%)	47 (14.5%)	22 (6.8%)
% Change	-	-100.0	-100.0	-91.9	-32.3	155.9	130.5	480.0	277.8
Cognition, Including Math and Science (11 Measures)									
PRE (TR = 477)	0 (0%)	20 (4.2%)	207 (43.4%)		169 (35.4%)	43 (9.0%)	22 (4.6%)	16 (3.4%)	0 (0%)
POST (TR = 361)	0 (0%)	0 (0%)	15 (4.2%)		121 (33.5%)	133 (36.8%)	54 (15.0%)	26 (7.2%)	12 (3.3%)
% Change	-	-100.0	-90.3		-5.4	308.9	226.1	111.8	Inf

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Table continues

Cognition, Including Math and Science (11 Measures)									
PRE (TR = 477)	0 (0%)	20 (4.2%)	207 (43.4%)		169 (35.4%)	43 (9.0%)	22 (4.6%)	16 (3.4%)	0 (0%)
POST (TR = 361)	0 (0%)	0 (0%)	15 (4.2%)		121 (33.5%)	133 (36.8%)	54 (15.0%)	26 (7.2%)	12 (3.3%)
% Change	-	-100.0	-90.3		-5.4	308.9	226.1	111.8	Inf
Physical Development - Health (10 Measures)									
PRE (TR = 449)	0 (0%)	0 (0%)	15 (3.3%)	26 (5.8%)	67 (14.9%)	212 (47.2%)	81 (18.0%)	40 (8.9%)	8 (1.8%)
POST (TR = 319)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	9 (2.8%)	108 (33.9%)	116 (36.4%)	67 (21.0%)	19 (6.0%)
% Change	-	-	-100.0	-100.0	-81.2	-28.2	102.2	136.0	233.3
History - Social Science (5 Measures)									
PRE (TR = 225)				74 (32.9%)	65 (28.9%)	63 (28.0%)	18 (8.0%)	5 (2.2%)	0 (0%)
POST (TR = 128)				0 (0%)	25 (19.5%)	68 (53.1%)	22 (17.2%)	12 (9.4%)	1 (0.8%)
% Change				-100.0	-32.5	89.6	115.0	327.3	Inf
Visual and Performing Arts (4 Measures)									
PRE (TR = 176)				50 (28.4%)	61 (34.7%)	51 (29.0%)	10 (5.7%)	4 (2.3%)	0 (0%)
POST (TR = 132)				4 (3.0%)	11 (8.3%)	53 (40.2%)	55 (41.7%)	9 (6.8%)	0 (0%)
% Change				-89.1	-76.1	38.6	631.6	195.7	-

¹ "Inf" = infinite. The percentage change is positive, but cannot be mathematically calculated because the pretest value was zero, i.e., you can't get a percentage change for something that started at zero.

Note. "TR" means total number of ratings.

For English Language Development, there was also a trend for raters to assess the children at higher levels of development on the post- than on the pre-assessment. This is evidenced by the positive percentage increases in the number of ratings at the higher-level descriptors of "developing English," "building English" and "integrating English," thus suggesting greater levels of proficiency and mastery at the spring assessment.

Table 2. Visalia Ivanhoe - SR: DRDP - Preschool (Pre N = 23; Post N = 15)

English Language Development (4 Measures)						
	Discovering Language	Discovering English	Exploring English	Developing English	Building English	Integrating English
PRE (TR = 92)	8 (8.7%)	18 (19.6%)	35 (38.0%)	7 (7.6%)	16 (17.4%)	8 (8.7%)
POST (TR = 60)	0 (0%)	2 (3.3%)	3 (5.0%)	14 (23.3%)	23 (38.3%)	18 (30.0%)
% Change	-100.0	-83.2	-86.8	206.6	120.1	244.8

Note. "TR" means total number of ratings.

Conclusions and Recommendations

The evaluation goal "100% will demonstrate growth"—which does not define or quantify the extent of expected "growth"—was met as the project clearly demonstrated significant improvement among the children for whom DRDP assessments were completed.



CASA OF TULARE COUNTY 0-5 Program

"After getting a slow start in life from failure to identify and act on educational delays, because of CASA this child will be able to receive the help he needs from those who have been entrusted to his care." - Program Coordinator

Project Purpose and Evaluation Design

CASA (Court Appointed Special Advocates) received funding from First 5 to address child welfare issues such as family support and foster placement as well as to ensure 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 children are in, 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 a group of over 150 trained volunteer Court Appointed Special Advocates who work with children in Tulare County who are abused, neglected and abandoned. They help to ensure the decisions made by the Court are in the best interest of the child. 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.

The 0-5 program component allows staff to visit young children very soon after being placed into foster care. In one particularly urgent situation, CASA determined a 1-year-old as adjusting very poorly after 2 weeks, and the ASQ (Ages & Stages Questionnaire) assessment showed him not to be thriving. While normally CASA would not want to further traumatize a child by changing foster placements, Staff intervened and working collaboratively with the RN and MSW assigned by CWS was able to find a new placement where the child has been content, a situation important to communicate to the judge prior to the hearing.

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?

During the program year July 1, 2016 to June 30, 2017, there were 95 children age 0-5 in the Tulare County welfare system assigned to a CASA advocate. Sixty-four cases, representing these 95 children, were closed during this period. All of the CASA children with closed cases during the year had a permanent placement upon closure of their cases, meeting the evaluation goal.

Just over one-third (37.9%) of the children with closed cases were reunited with parents, about half (49.5%) were adopted and 8.4% were placed long-term with relatives (Table 1). According to staff, CASA requests to be relieved when a permanent plan is identified, as in the case for Guardianships, Adoptions or other long-term living arrangements with relatives; however, the children technically remain in care after CASA is relieved in these circumstances. The outcome of Reunification generally means that juvenile dependency was dismissed and the children are no longer "in care."

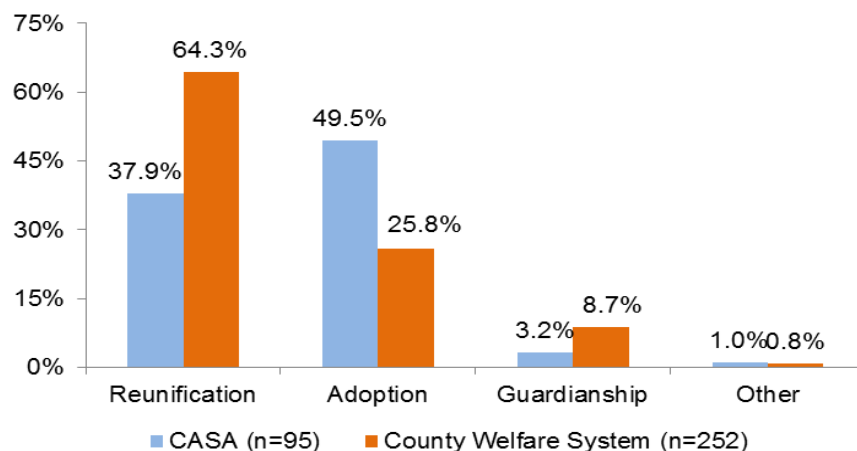
Table 1. Experience of Children Appointed to a CASA Advocate

# of Children Assigned to an Advocate	Avg Placements from the Time CASA as Agency Appointed	Avg Placement Changes Since Advocate Assigned	# of Cases Closed	# of Children Represented by Closed Cases	Disposition of Children				
					Reunification	Adoption	Guardianship	Long-Term Relative Placement	Other
95	2.13	0.65	95	64	36 37.9%	47 49.5%	3 3.2%	8 8.4%	1 1.0%

*Other = case transferred out of Tulare County jurisdiction

Tulare County Welfare System foster care summary data show there were 614 (down from 654 last year, and 817 the year before) children age 0-5 in the County's foster system in FY 2016-17. In looking at the type of permanent placements children experienced, about 40% more children in the CWS were reunited with a parent/guardian than the children appointed to a CASA advocate; twice as many CASA children than those in the CWS were adopted (Figure 1).

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



Source: CASA, July 13, 2017. Tulare County Welfare System special data run, August 7, 2017

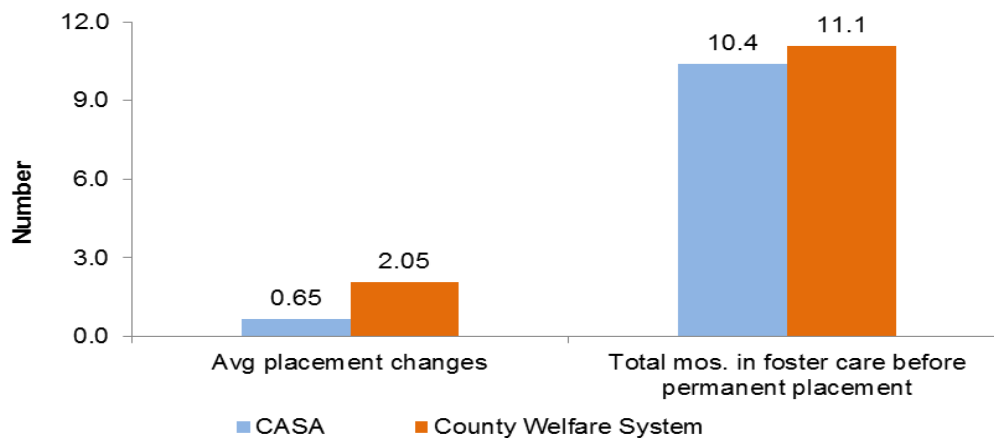
Note: CASA percentages will not total 100% because Long-Term Relative Placement category is excluded.



The CASA children experienced an average of 2.13 (down from 2.47 last year) placements from the time of appointment to the CASA agency and experienced 0.65 placement *changes* (down from 1.02 last year) since being assigned an advocate during this period. On the other hand, children 0-5 in the CWS foster care system experienced average of 2.05 (up from 2.02 last year) placement changes during the reporting period (Figure 2). The average number of CASA-assigned placement changes was three times more favorable than the CWS placement changes.

On average, the children in the CWS foster care system spent 11.1 months (down from 13.5) in the system before permanent placement. By comparison, the advocate-assigned children spent less time, 10.4 months on average, in total foster care from the time of appointment to the CASA agency, including the wait time for an advocate, to permanent placement (Figure 2).

Figure 2. Placement Experience of Children Appointed to a CASA Advocate and Children in the Tulare County Welfare System, Age 0-5



Source: CASA, July 13, 2017. Tulare County Welfare System special data run, August 7, 2017

Figure 3 on this page and Figure 4 on the next page show the age 0-5 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. Of CASA children age 0-5, the 4- and 5-year olds experienced the most placements from the time of CASA appointment; they also experienced the most placement *changes* after being assigned a CASA advocate.

Figure 3. Average Number of Placements from the Time CASA as Agency Appointed, by Age (n=95)

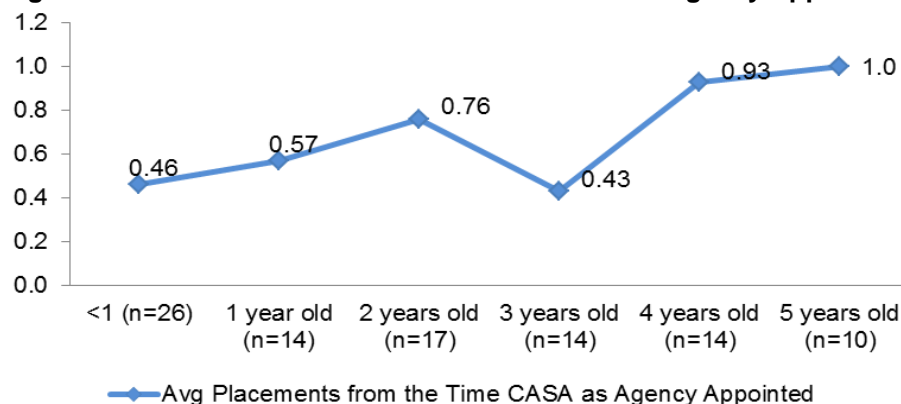
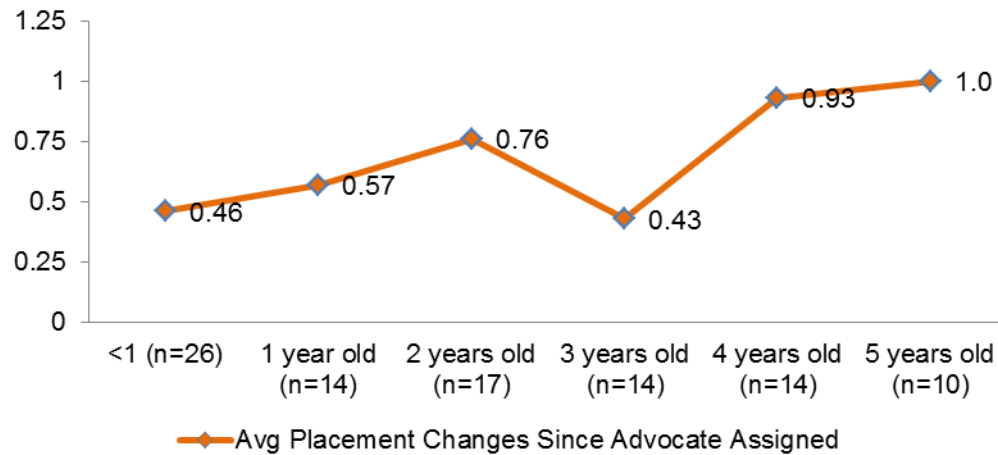


Figure 4. Average Number of Placement *Changes* from the Time CASA as Agency Appointed, by Age (n=95)



Conclusions and Recommendations

The project met its goal of 80% of children appointed to an advocate will have a permanent placement upon closure of cases throughout the year. It was also successful in meeting its goal of children having fewer placement changes and spending less time in foster care than foster care children not assigned to CASA.



LINDSAY FAMILY RESOURCE CENTER

“My daughter hardly spoke before but now she asks questions and responds appropriately when hearing her name called.” - Parent participant in Lindsay Little Learners

Project Purpose and Evaluation Design

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

Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2)* and *ASQ 3*. The tools are designed to screen a child for early identification and intervention from 1–66 months without any gaps between the questionnaire age intervals for early identification and intervention. The questionnaires reveal a child's strengths as well as areas that need work, and they ask parents age-appropriate questions linked to specific milestones, making it easy for parents to learn about and encourage their child's development—and for teachers and other professionals to make referrals when needed.

The grantee also uses SafeCare, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk or who have been reported for child maltreatment. In addition to the goal of reducing child maltreatment, the 3 program modules are designed to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value of the program and their satisfaction with various features. The program is not offered to all program participants, however; staff and parents decide what is needed.

The interactive (online) 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 Parenting Wisely, 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, using a 7-point frequency or agreement scale in areas such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.

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

Strategic Plan Indicators

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

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

Program Highlight

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

Imagine being 3 or 4 years old and never hearing your own name aloud. Intervention in Lindsay Little Learners—created to engage children lacking in social-emotional skills who had never had preschool experience—provided the opportunity for one child only ever called only by an endearment to recognize her name and associate it to herself, developing a stronger sense of self, after staff realized the reason for her lack of responsiveness when called upon. Through daily activities with music and learning how to sit on the carpet, respect personal space, and even walk in a line this child and her peers have learned how to verbalize their needs appropriately and gain confidence in themselves. The program also includes workshops for parents, facilitated by the parents engaged in learning leadership skills who have the desire to be a part of positive change within their community.

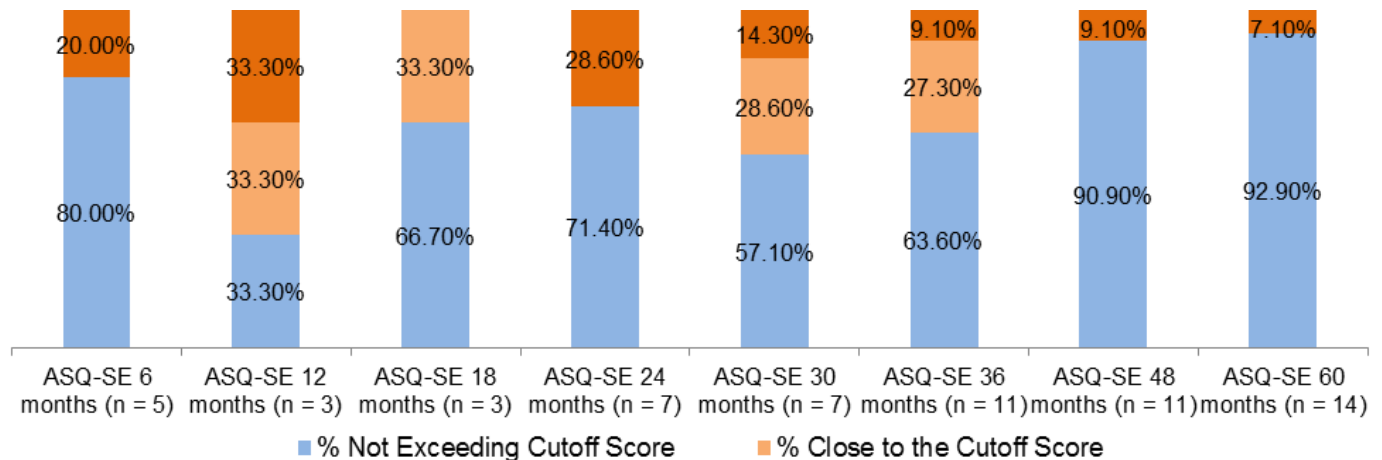
Evaluation Results

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

Figures 1 and 2 below show the results of the parent-completed *Ages and Stages* questionnaires described above. A total of 61 children were assessed for their social and emotional development using the ASQ-SE Version 2 that evaluates 7 key areas including self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. *Higher* scores signified greater social and emotional concerns, and different cutoff scores were established for each age group. Children who met or exceeded the cutoff score (coded as dark orange) after being assessed on a set of social and emotional factors were to be referred for further mental health evaluation and offered use of other resources.

With the exception of the 18 months age group, all of the 8 different age groups had children who exceeded the cutoff score and needed referrals to a professional. One child in the 12 months age group, 1 child in the 18 months age group, 2 children in the 30 months age group, and 3 children in the 36 months age group scored close to the cutoff score to warrant concern and additional monitoring (Figure 1).

Figure 1. Percentage of Children Exceeding the ASQ:SE-2 Cutoff Scores

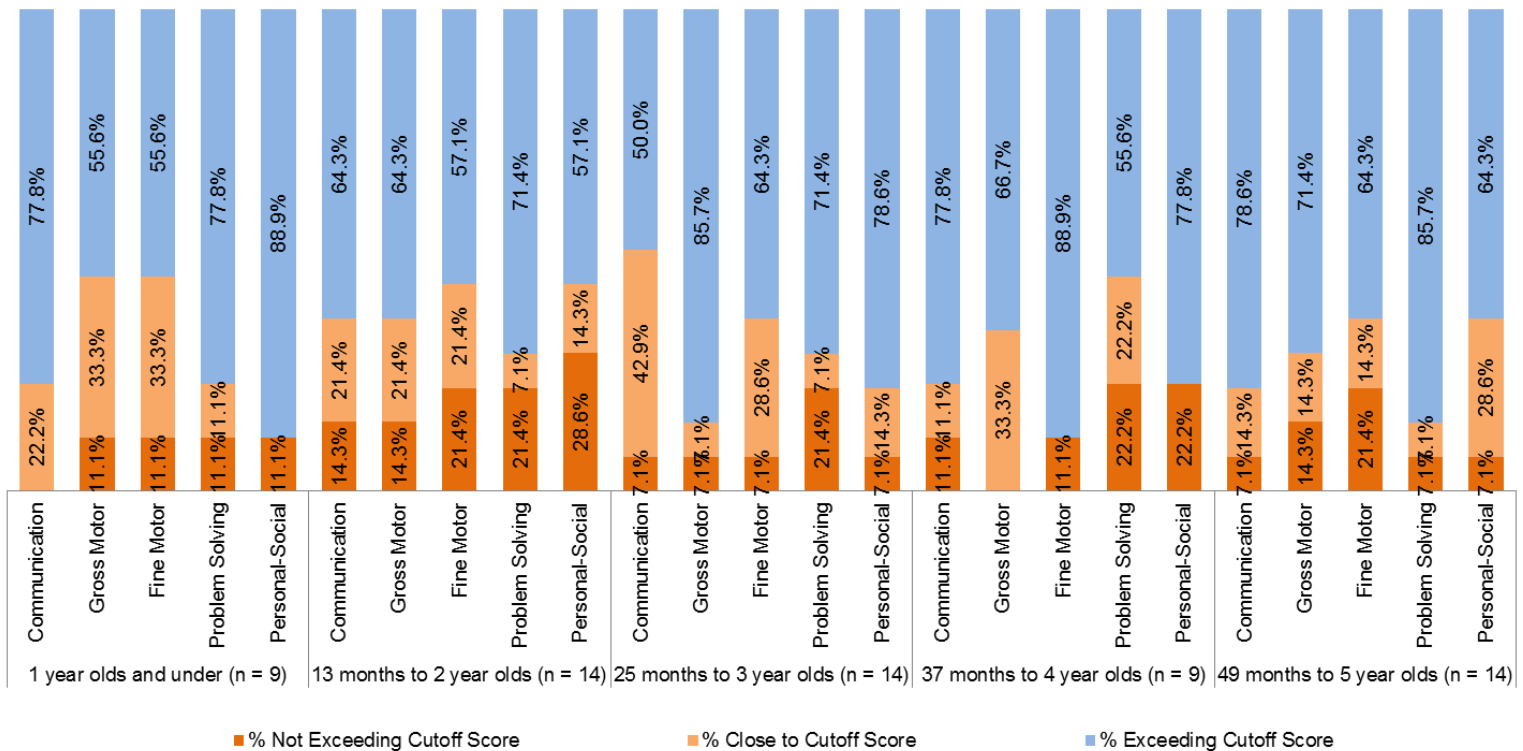


The ASQ-3 is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. A total of 60 children were assessed for their overall development using the ASQ-3 questionnaire. *Lower* scores signified greater concerns, and different cutoff scores were established for each of the 5 developmental domains and age groups. Children who did not met the cutoff scores (coded as dark orange) after being assessed on a set of factors were to be referred to a professional for further evaluation and children who were close to the cutoff scores (coded as lighter orange) were to be provided with additional learning activities and monitoring.

As the graph on the next page shows (Figure 2), each of the different age groups demonstrated challenges with different developmental domains. For the 1 year-olds and under group, children did not exceed the cutoff scores for all domains except the Communication domain. For the 13 months olds to the 2 year-olds, the Personal-Social domain was the most problematic with 29% not exceeding the cutoff score. For both the 25 months olds to 3 year-olds and the 37 months olds to 4 year-olds, the Problem Solving domain was the most problematic. There were however no children in the 37 months to 4 year-olds group who did not exceed the cutoff score for the Gross Motor domain. The Fine Motor domain provided to be the most problematic for the 49 months olds to the 5 year-olds.



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



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

As Table 1 on the next page shows, parents showed significant improvement on their *Parenting Wisely* posttest scores with the 43 parents averaging 49% correct on the pretest (the range was 21% to 77%) which rose to 83% on the posttest (the range was 62% to 97%), a statistically significant percentage change of 68.6%. Percentage changes in posttest scores were statistically significant for all but 4 (12%) of the 34 questions. These were Questions 19, 26, 30 and 31.

Using 80% correct as a benchmark for total test performance, none of the 43 parents scored over this benchmark on the pretest; however, two-thirds of them exceeded it on the posttest.

Using a benchmark of 80% correct, parents found many of the questions difficult even after the class. Of the 34 questions, there were 16 questions where parents did not meet this benchmark. At 79% correct (slightly less than the benchmark of 80%), parents had a little difficulty answering questions 3, 6, 13, 14, 25, 28, 32, and 34 correctly on the posttest. Questions 7, 10, 16, 19, 20, 22, 26, and 30 were more difficult for the parents with the range of parents answering correctly to be 74% to 37%.



Table 1. Percentage of Correct Answers on Pretest and Posttest, Matched Sample (N = 43)

Test Question	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	35%	93%	166%*
2. What is the best reason to use "Active Listening"?	42%	86%	105%*
3. In disciplining a child, what should be included along with punishment?	35%	79%	126%*
4. What is the most important part of giving a chore?	72%	98%	36%*
5. What is most important in "Assertive Discipline"?	44%	88%	100%*
6. What is most likely to happen if a parent does not usually follow through on a punishment?	60%	79%	32%*
7. When might a family discussion of a problem NOT be a good idea?	51%	74%	45%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	65%	91%	40%*
9. What happens when parents are consistent in giving consequences?	40%	88%	120%*
10. What are the components of "Contingency Management"?	19%	74%	290%*
11. What happens if a parent monitors a child's schoolwork?	47%	86%	83%*
12. When you first find out your child is doing poorly at school, what should you do first?	58%	100%	72%*
13. What is the long term result of motivating children by yelling at them?	51%	79%	55%*
14. What often happens when a parent forbids a teen to see a particular friend?	53%	79%	49%*
15. What happens when you compare siblings to each other?	81%	98%	21%*
16. Is it important to explain to our children exactly what they have done wrong before punishing?	33%	53%	61%*
17. The main reason parents yell at their children is?	60%	86%	43%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	65%	86%	32%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	70%	72%	3%
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	30%	70%	133%*
21. What is the purpose of an "I Statement"?	33%	100%	203%*
22. What are the main advantages of "Contracting" for adolescents?	51%	74%	45%*
23. Which of the following is an "I Statement"?	47%	100%	113%*
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.	50.0	100.0	100.0*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	19%	79%	316%*
26. What is the advantage of having both parents involved with a child's homework problem?	42%	56%	33%

Table continues on the next page

Table continues

Test Question	% Correct on Pretest	% Correct on Posttest	% Change
27. What happens when parents give punishments that are severe?	47%	84%	79%*
28. Close supervision of our children when they spend time with friends has which advantage?	56%	79%	41%*
29. What are the main elements of "Contracting"?	40%	88%	120%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	26%	37%	42%
31. If we need to correct our child when he or she is with friends, what should we do?	91%	95%	4%
32. To help our children know which behavior to change, it is important for us to be	23%	79%	244%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	84%	98%	17%*
34. When we talk about the positive motive behind someone's behavior, the effect is to?	53%	79%	49%*
Overall Percentage Correct	49.0%	82.6%	68.6%*

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

Parents completing the English version of the *Protective Factors* evaluation form¹ were asked how much they agreed (Items 6-14) or how often they or their family did certain things (Items 1-5 and 15-20) 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 mean numbers representing higher level of protective factors.

As Table 2 on the next page indicates, items related to nurturing and attachment issues were rated most favorably by the parents (mean = 5.9) with parents reporting they “frequently” to “very frequently” spent time with their children doing what they like to do, are able to soothe their children when they are upset, are close to their children, and are happy being with their children. Parents rated the item asking if there were times when they didn’t know what to do as a parent the least favorably with a mean score of 3.1 (“slightly agree”).

¹ Note. The English version did not use the same 7-point scale throughout the tool like the Spanish version. Also, several questions did not translate exactly the same between the 2 versions. Due to these differences, we separated the 2 samples and analyzed the results separately. Instructions from the tool stated that the Child Development / Knowledge of Parenting questions for both the English and Spanish versions are not to be averaged together.

Table 2. Parents' Ratings of Protective Factors – English Version

Survey Question	<i>n</i>	Mean	SD
Family Functioning / Resiliency			
1. In my family, we talk about problems. ^a	20	5.4	1.7
2. When we argue, my family listens to "both sides of the story." ^a	20	4.9	2.1
3. In my family, we take time to listen to each other. ^a	20	5.8	1.9
4. My family pulls together when things are stressful. ^a	20	6.0	1.6
5. My family is able to solve our problems. ^a	20	5.4	1.4
Overall Mean	20	5.5	1.4
Social Support			
6. I have others who will listen when I need to talk about my problems. ^b	20	5.5	2.0
7. When I am lonely, there are several people I can talk to. ^b	20	5.5	2.0
10. If there is a crisis, I have others I can talk to. ^b	20	5.8	1.8
Overall Mean	20	5.6	1.9
Concrete Support			
8. I would have no idea where to turn if my family needed food or housing. ^{*b}	20	2.7 (5.4)	2.0
9. I wouldn't know where to go for help if I had trouble making ends meet. ^{*b}	20	3.0 (5.0)	2.2
11. If I needed help finding a job, I wouldn't know where to go for help. ^{*b}	20	3.1 (5.0)	2.2
Overall Mean	20	5.1	1.9
Nurturing and Attachment			
17. I am happy being with my child. ^a	20	6.7	.8
18. My child and I are very close to each other. ^a	20	6.0	1.3
19. I am able to soothe my child when he/she is upset. ^a	20	5.1	1.6
20. I spend time with my child doing what he/she likes to do. ^a	20	5.9	1.3
Overall Mean	20	5.9	.8
Child Development / Knowledge of Parenting			
12. There are many times when I don't know what to do as a parent. ^{*b}	20	5.0 (3.1)	1.9
13. I know how to help my child learn. ^b	20	4.8	1.7
14. My child misbehaves just to upset me. ^{*b}	20	3.6 (4.5)	2.4
15. I praise my child when he/she behaves well. ^a	20	5.6	1.7
16. When I discipline my child, I lose control. ^{*a}	20	2.0 (6.1)	1.1
Note: According to the scoring manual no subscale score was to be calculated for this domain			

^a Item mean scores reflect the following response choices: 1 = *Never*, 2 = *Very Rarely*, 3 = *Rarely*, 4 = *About Half the Time*, 5 = *Frequently*, 6 = *Very Frequently*, and 7 = *Always*.

^b Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Mostly Disagree*, 3 = *Slightly Disagree*, 4 = *Neutral*, 5 = *Slightly Agree*, 6 = *Mostly Agree*, and 7 = *Strongly Agree*.

* Reverse scoring was used for these items when calculating the overall mean so that higher overall means indicate higher protective factors across the domains.

Parents completing the Spanish version of *Protective Factors* (Table 3 below) rated items under the nurturing and attachment area the most favorably with parents averaging 6.1 (“casi siempre,” “almost always”) for these items. They rated items under the social support area the least favorably (mean score of 4.6).

Table 3. Parents' Ratings of Protective Factors – Spanish Version

Survey Question	<i>n</i>	Mean	SD
Family Functioning / Resiliency			
1. En mi familia, hablamos acerca de los problemas.	24	4.8	1.8
2. Cuando discutimos, mi familia escucha ambas partes de la historia.	24	4.8	1.7
3. En mi familia, tomamos tiempo para escucharnos los unos a los otros.	23	5.6	1.5
4. Mi familia se apoya en momentos de estres.	24	5.5	1.5
5. Mi familia soluciona todos nuestros problemas.	24	4.9	1.8
Overall Mean	24	5.1	1.3
Social Support			
6. Tengo personas que me escuchan cuando necesito hablar de mis problemas.	24	4.7	2.0
7. Cuando me siento solo/a, tengo a varias personas con las que puedo hablar.	24	4.4	2.2
10. Si existe una crisis, tengo personas con quienes contar.	24	4.8	2.1
Overall Mean	24	4.6	1.9
Concrete Support			
8. Yo se a donde ir si mi familia llegara a necesitar comida o alojamiento provisional.	24	5.3	1.9
9. Yo se a donde (o con quien) ir para conseguir ayuda si tuviera dificultades financieras.	24	4.8	1.9
11. Yo se a donde ir para recibir ayuda si necesito conseguir un trabajo.	24	5.5	1.7
Overall Mean	24	5.2	1.6
Nurturing and Attachment			
17. Soy feliz cuando estoy con mi nino/a.	22	6.8	.6
18. Mi nino/a y yo somos muy unidos.	21	6.5	.9
19. Puedo tranquilizar a mi nino/a cuando esta enojado/a.	22	5.5	1.2
20. Yo paso tiempo con mi nino/a haciendo lo que le gusta.	22	5.5	1.1
Overall Mean	22	6.1	.7
Child Development / Knowledge of Parenting			
12. Me siento segura/o en mi papel como madre/padre.	22	6.1	1.1
13. Se como ayudarle a mi hijo/a a aprender.	22	5.1	1.6
14. Mi nino/a se porta mal solo para hacerme enojar.*	21	3.2 (4.8)	1.9
15. Yo elogio a mi nino/a cuando se porta bien.	22	5.8	1.3
16. Cuando disciplino a mi nino/a pierdo el control.*	22	2.0 (6.0)	1.2
No Subscale Score Is To Be Calculated According To Scoring Manual			

Note. Item mean scores reflect the following response choices: 1 = *Nunca*, 2 = *Casi Nunca*, 3 = *Pocas Veces*, 4 = *A Veces*, 5 = *Muchas Veces*, 6 = *Casi Siempre*, and 7 = *Siempre*.

* Reverse scoring was used for these items when calculating the overall mean so that higher overall means indicate higher protective factors across the domains. The means calculated after this reverse scoring are in parentheses.

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, 4 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at

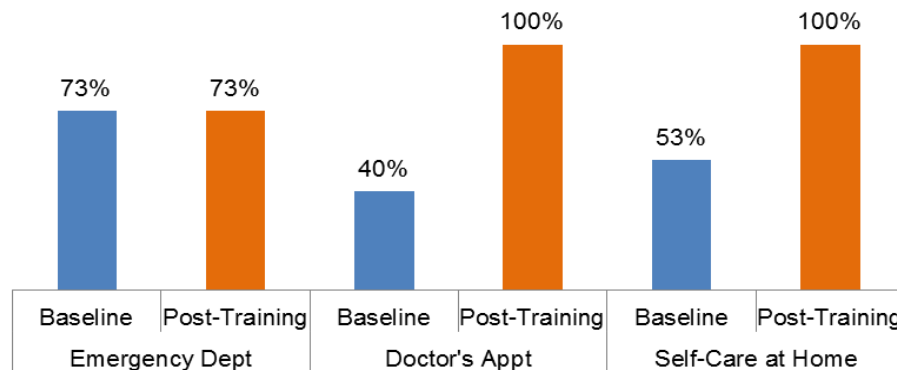
the end of the module after training and providing safety latches to the families. Examples of hazards at the child's eye-level included unsecured electrical cords, cleaning products under the sink with no safety latches, and plastic bags in a cupboard within reach. As Table 4 shows, all 3 parents achieved the "mastery" level with zero home hazards present at the post-training assessment. (One parent had had zero hazards present during the pre-training assessment of one of rooms in her home.) The number of hazards per family prior to the training ranged from 11 to 19.

Table 4. Reduction in Home Hazards Following Safety Intervention Training (n=4)

	Baseline	Post-Training
Number of Hazards	61	0
Mean percent reduction		100%

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. Three parents were provided reference manuals with a symptom guide and other pertinent information. After successfully completing this module, the participants 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 to 100% for 2 of the scenarios (Figure 4). On average, the parents did not show improvement for the emergency room scenario as they scored the same (73%) at both the baseline and post-training assessments.

Figure 4. Mean Baseline and Post-Training Scores on Health-Related Training (n=3)

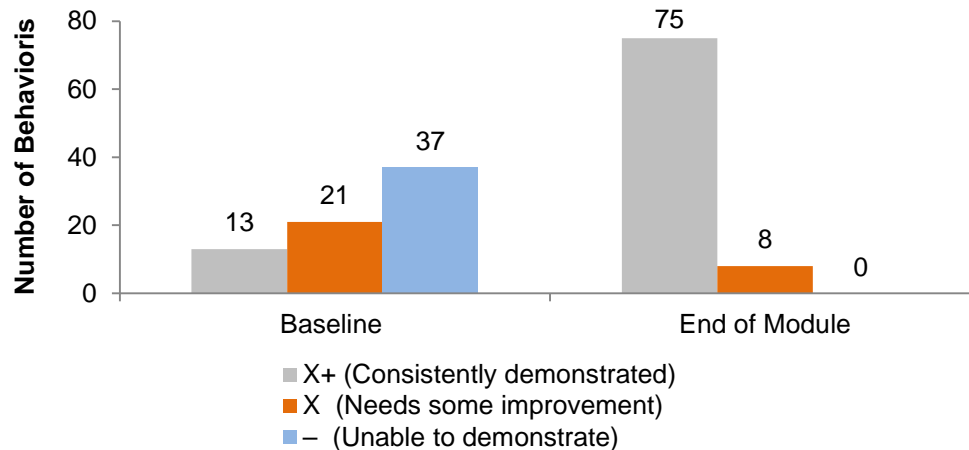


The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching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

Three parents with both baseline and post-training data participated with a child, demonstrating parenting behavior scenarios such as getting ready for bed, coloring a picture and going shopping. Whereas the parents were unable to demonstrate these activities at baseline, by the end of the module they could consistently demonstrate them, with none assessed as "needs some improvement in ease and/or consistency of the behavior" (Figure 5). The gain in the numbers of behaviors consistently demonstrated was significant for the parent-child interactions.

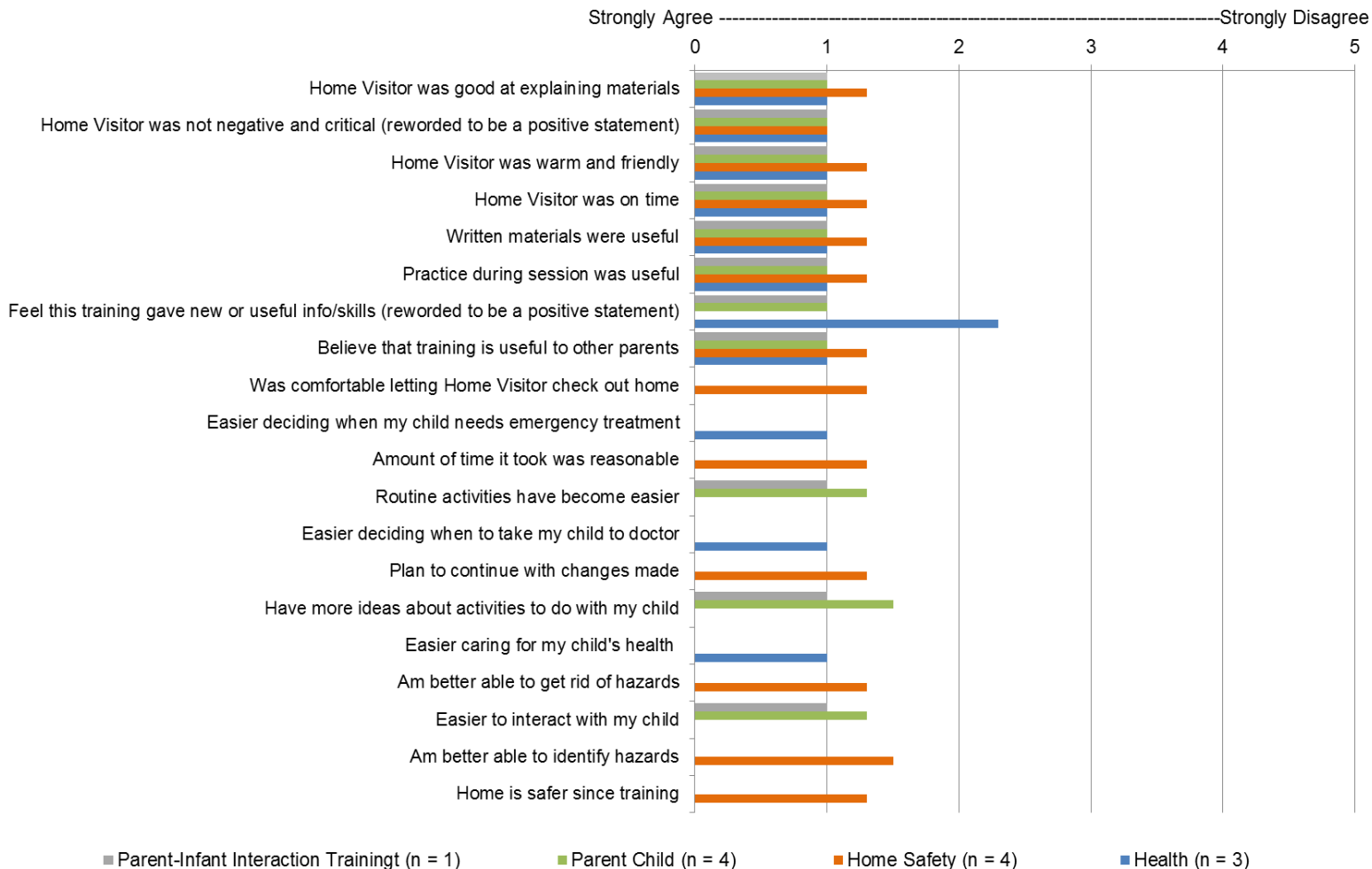


Figure 5. Mean Improvement Following Parent-Child Interactions, Matched Sample (n=3)



The parents evaluated each training module they completed and rated their level of agreement using a 5-point scale. Lower mean scores signified stronger agreement and satisfaction with the program. As Figure 6 indicates, parents were in strong agreement and satisfied with the skills and information they received from the training program, with slightly less agreement about gaining new skills in the health area.

Figure 6. Parents' Satisfaction Ratings with SafeCare Program



For the Abriendo Puertas program, there were 27 respondents who turned in both a pretest and posttest for (Table 6).¹ For the 15 questions with correct or incorrect answers (vs. written in statements), only 1 yielded a statistically significant percentage change between the pre- and posttest. This was Question 26—regarding how much sugar a 4 year-old annually consumes—where 48.1% of parents answered correctly on the posttest compared to the pretest, at 22%.

We also took a look at the posttest questions that yielded less than 75% correct. The parents had trouble correctly answering 3 of the 15 questions; Questions 23, 26, and 27. Although the improvement for Question 26 was statistically significant, as noted above, the percentage of respondents getting Questions 23 and 27 correct did not significantly improve. Of note are the 3 questions (4, 15 and 27) that showed *no* change between the 2 testing periods.

Table 6. Questions with Correct and Incorrect Answers, Matched Sample (n=27)

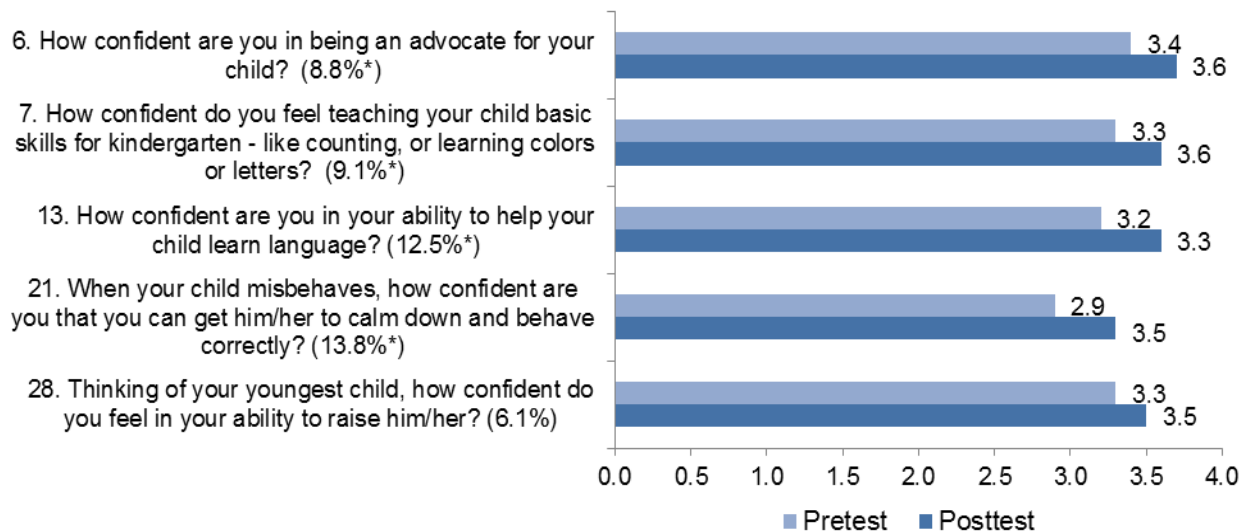
Questions	PRE		POST		% change
	# answering correctly	%	# answering correctly	%	
Part 1: Early Learning and Development					
1. Which period is most important for your child's brain development?	23	85.2	24	88.9	4.3%
2. Which area is most important in my child's (children's) development?	22	81.5	23	85.2	4.5%
3. A child's education starts:	22	81.5	25	92.6	13.6%
4. Parents can improve their child's school success by:	24	88.9	24	88.9	No Change
Part 2: Parenting					
5. The best discipline is:	17	63.0	21	77.8	23.5%
Part 3: Social-Emotional Skills & Development					
9. Developing positive social-emotional skills includes learning to:	23	85.2	25	92.6	8.7%
10. How can you help your child express and regulate his/her thoughts and feelings effectively?	25	92.6	27	100.0	8.0%
Part 4: Language and Literacy					
12. A child starts to learn language:	22	81.5	25	92.6	13.6%
14. Parents should talk with their children when:	25	92.6	26	96.3	4.0%
15. I think that a child who uses two languages:	25	92.6	25	92.6	No Change
16. Reading to my child will:	21	77.8	26	96.3	23.8%
17. I should start reading to my child:	24	88.9	26	96.3	8.3%
Part 5: School					
23. I think my child's opportunities to do well in school improve, if:	17	63.0	18	66.7	5.9%
Part 6: Health					
26. On average, a 4-year old consumes 65 lbs of sugar a year.	1	12.5	4	50.0	300.0
27. How many servings of fruits and vegetables should healthy children eat each day?	4	50.0	4	50.0	No Change

* $p < .05$.

¹ For coding purposes on those questions which were identified as having a correct or incorrect answer, a person who did not respond (i.e., missing response) was keyed as having an incorrect answer.

For Questions 6, 7, 13, 21, and 28, means were used to indicate how confident the parent felt on a number of items regarding their parenting skills, with 1.0 indicating “not confident” to 4.0 indicating “very confident.” Repeated measures analyses of variance indicated that the parents felt their confidence levels increased significantly on all of the questions except for Question 6, rising from “confident” to “very confident,” (Figure 7).

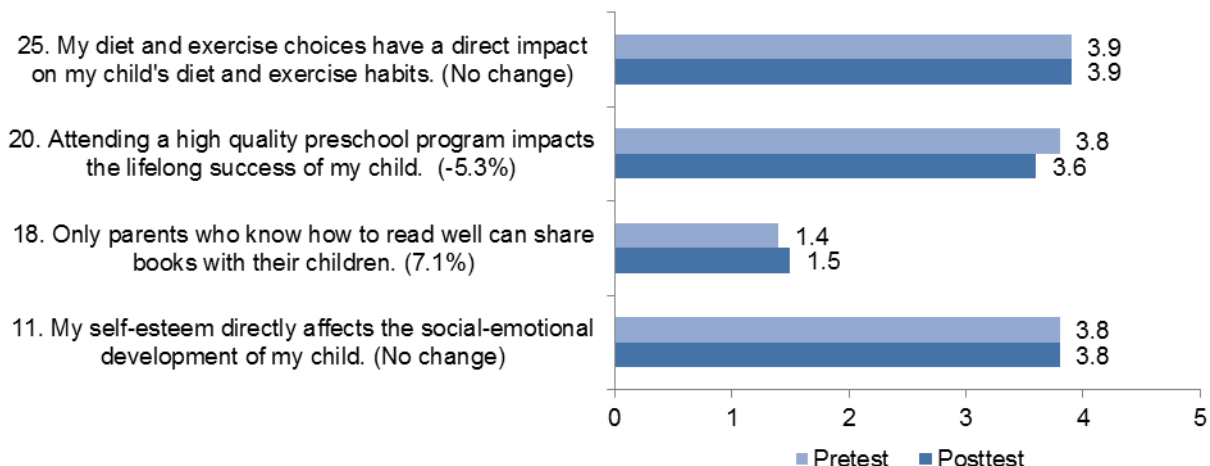
Figure 7. Parent Confidence Questions, Matched Sample (n=27)



Note. Item mean scores reflect the following response choices: 1 = not confident, 2 = somewhat confident, 3 = confident, and 4 = very confident. Percentages in parenthesis following the questions are percentage change differences between pre- and posttest means.
* $p < .05$.

For the responses to questions that were answered on an “agreement” scale (Figure 8), none of the survey results showed significant differences from pre- to posttest; responses to Questions 25 and 11 did not change between the 2 testing periods.

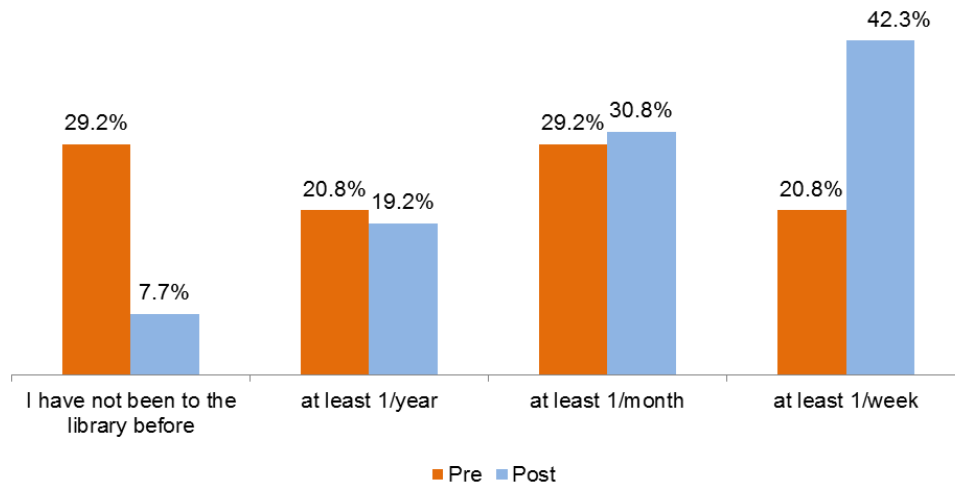
Figure 8. Parent Agreement Questions, Matched Sample (n=27)



Note. Item mean scores reflect the following response choices: 1 = not confident, 2 = somewhat confident, 3 = confident, and 4 = very confident. Percentages in parenthesis following the questions are percentage change differences between pre- and posttest means.
* $p < .05$.

Analyses of variance showed significant differences ($p < .05$) in overall pre- post-program library use by parents. About one-third (29.2%) of the parents indicated on the pretest that they had never been to the library before the program. Afterwards, only about 8% stated this was the case (Figure 9). After taking the class, over 40% of the parents reported going to the library at least once a week.

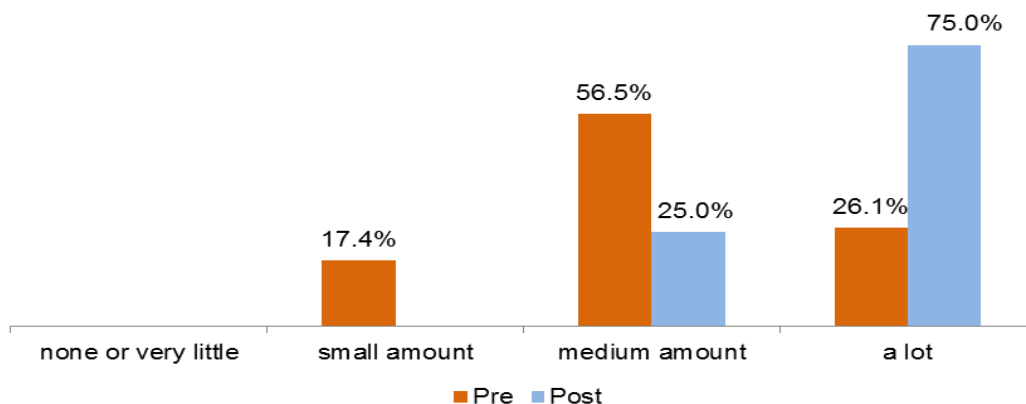
Figure 9. Frequency of Library Visits, Matched Sample (n=23)



More than half (56.5%) of the respondents indicated on the pretest that they knew “a medium amount” about what their child's school expects of them and their children. After the course, the proportion rose to three-quarters (75%).

When the response choices were coded on a scale of 1 to 4 (data not shown), the overall means were found to be significantly different ($p < .05$), that is, on average parents reported that they knew a “medium amount” when asked on the pretest but reported that they knew closer to “a lot” at the posttest.

Figure 8. Parents Knowledge of School Expectations, Matched Sample (n=23)



Parents were also asked about getting children ready for kindergarten and given 4 choices of activities. Given that only 4 viable choices to the question were correct, selecting more of them indicated greater understanding of what is involved in preparing for kindergarten. Based on repeated measures analyses



of variance, the differences in the endorsement rate for any of the choices were not statistically significant (Table 7), excluding the "I don't know" choice. However, this was most likely because the rate of endorsement at the pretest was already sufficiently high with little room for more frequent endorsements at the posttest.

Table 7. Readiness for Kindergarten, Matched Sample

Question 24	Pre		Post		% Change
	<i>n</i>	%	<i>n</i>	%	
<i>I think that getting children ready for kindergarten includes learning:</i>					
1. To count and recognize colors and shapes.	24	88.9	25	92.6	4.2%
2. To identify letters and sounds.	22	81.5	23	85.2	4.5%
3. To work and play with others.	20	74.1	21	77.8	5.0%
4. To speak politely to the teacher.	20	74.1	23	85.2	15.0%
5. I don't know.	0	0	1	3.7	-
	No choice selected	1 choice selected	2 choices selected	3 choices selected	4 choices selected
# of Pretest	1	4	2	2	18
# of Posttest	1	3	0	2	21

* $p < .05$.

Given that all 5 item choices to the question regarding parental and child rights in the U.S. were correct, selecting more choices indicated greater understanding about these rights (Table 8). Based on repeated measures analyses of variance, there was one significant difference in the endorsement rate between pretest and posttest, and that was for choice #2 ("You have the right to be involved in decision-making at your child's school").

Table 8. Parental and Children Rights in the U.S, Matched Sample

Question 29		Pre		Post		%
		<i>n</i>	%	<i>n</i>	%	Change
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.		17	63.0	23	85.2	35.2%
2. You have the right to be involved in decision-making at your child's school.		21	77.8	25	92.6	19.0%
3. Your child has the right to public education, regardless of legal status.		23	85.2	24	88.9	4.3%
4. You have the right to an interpreter for teacher-parent conferences or school meetings.		22	81.5	26	96.3	18.2%*
5. You have the right to write a formal complaint letter to your child's school.		16	59.3	23	85.2	43.7%*
	No choice selected	1 choice selected	2 choices selected	3 choices selected	4 choices selected	All 5 choices selected
# of Pretest	0	5	2	2	6	12
# of Posttest	0	1	2	0	4	20

* $p < .05$.

Conclusions/Recommendations

This grantee implemented a number of different programs for parents this year, many showing parents with significant improvement. For example, participants in *Parenting Wisely* demonstrated improved learning and ability to apply important parenting and conflict management skills, though some parents' posttest scores did not reach the 80% correct benchmark. The ASQ results provide evidence of the need for identifying developmental delays and further need for evaluation and referral of children served by this FRC.

The SafeCare program was successfully implemented this year and the evaluation-related data more easily identified in the various forms. It was obvious that parents appreciated and responded well to these training modules. Although the sample size was quite small, the slight confusion over when to seek emergency care for a sick child both before and after the class on this module might be a place to direct a little more training.

Parents completing the Abriendo Puertas parent leadership and advocacy program showed greater overall progress this year, which could be a reflection of staff's emphasis on parts of the curriculum we suggested seemed challenging to parents last year. Given that there were no pre/post changes in parent knowledge about the number of daily servings of fruits and vegetables children should eat to be healthy, and ways in which parents can improve their child's school success, these areas would be worth stressing during future classes.



RESULT AREAS Part 2: Child Health Systems of Care

Four grantees with goals of promoting increased breastfeeding rates and improved access to oral health services were added to the FY 2015-2018 evaluation. Their results appear for the first time in the annual evaluation report in the next several pages.

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 is supporting in 2 Tulare County hospitals, is an internationally recognized program to change practices that promote breastfeeding. In 2014, 66.8% of women statewide—and 51.7% in Tulare County—chose to exclusively breastfeed at the time of delivery according to in-hospital breastfeeding initiation data.¹

It is now widely acknowledged that early childhood caries (dental decay) is a preventable disease, yet 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. The problem is even greater among low-income and ethnically diverse children whose access to services is more limited.² While close to two-thirds (64%) of children with private dental benefits made a dental visit in 2015, only about half (51.2%) of children with Medi-Cal in Tulare County saw a dentist last year (a proportion similar to the statewide average).³ 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.

¹ California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form, by County of Maternal Residence, 2014. <http://www.cdph.ca.gov/data/statistics/Pages/InHospitalBreastfeedingInitiationData.aspx>

² 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

³ Updated to *Geographic Managed Care Dental Program. Are Children Any Better Off Five Years Later?* Sacramento, CA: Barbara Aved Associates. Data source: Department of Health Care Services, July 2016.



FAMILY HEALTHCARE NETWORK KINDERCARE DENTALPROGRAM

“....For some of the children [at Farmersville Child Development Center], this was the first time they have ever had access to a dentist.” - Center Supervisor

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

The completion and return of parent consent forms authorizing dental assessment and fluoride varnish application continues to be a challenge despite the numerous efforts the organization makes throughout the year to remind school personnel when the forms are due. Opportunities to engage with parents are vital to obtaining signed consent forms. Turnover of school nurse positions and limited follow-up with parents by school personnel are largely responsible, though the schools value the oral health services this program provides and work to maintain a collaborative relationship.

Evaluation Results

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

This year, the project made 189 visits to screening sites during the program year, some more than once, as there were different programs at the same sites. Staff provided dental screenings for 8,172 children (serving an average of 43.2 children per session). Fluoride varnish was provided to 5,438 (66.5%) of the children who were screened.

About one-third (up from 28.8% last year) of the children—or 2,618 of them—were determined to have visible evidence of tooth decay, a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23% (note: caries prevalence is higher among Hispanic children).¹ Of the children with evidence of dental disease, 89.6% were reported to be referred for treatment. In this population, 11.5% (slightly up from last year at 10.5%) of the children with visible decay were determined to have the need for *urgent* dental care because of pain, swelling or infection.

Pregnancy provides a “teachable moment” as well as being the only time some women are eligible for dental benefits. Yet, many women do not seek—and are not advised to seek by either their physician or dentist—dental care during pregnancy. The project assisted 1,159 (up from 260 last year) pregnant women and new mothers to link with their own dentist of record or with a Family Health Care Network dentist.

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

	Number	Percent
Oral health screenings provided	8,172	100.0%
Number of sites	189	
Average served per site	43.2	
Fluoride varnish provided	5,438	66.5%
Children with visible evidence of tooth decay	2,618	32.0%
Children with visible tooth decay referred for treatment	2,347	89.6%
Children with visible decay referred for treatment with <i>urgent</i> treatment* needed	271	11.5%
Children at a well child exam receiving an oral health assessment and fluoride varnish	22,250	
Pregnant/postpartum women assisted to connect with dental provider	1,159	

*Defined as pain, infection, swelling.

The children receive a report of their assessment, which is to be taken home to their parents. The form specifies the need for any treatment and level of urgency, and contains the phone numbers of the agency’s dental sites as well as the local dental society number (although few local dentists accept patients with Denti-Cal). Staff reports that each assessment report is also forwarded to one of their patient representatives who follows up with calls to parents of the children with suspected decay—and,

¹ Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011–2012.
<http://www.cdc.gov/nchs/products/databriefs/db191.htm>

we assume, those judged to be in need of urgent care—offering assistance to secure a dental appointment. Copies of the assessments are left with the school for their follow-up as well.

Conclusions/Recommendations

We appreciate the additional information this year about the follow-up process when referrals for dental care are needed. We again request that the project provides at least *anecdotal* information about the *outcome* of referrals for treatment (i.e., did the family follow through with care?), especially when the need for treatment was determined to be urgent.

Despite advances in professional education, many prenatal and oral health providers are limited in providing oral health care during pregnancy by their lack of understanding about its impact and safety. It is commendable that this project includes and *increased* efforts to connect pregnant and postpartum women with dental providers, despite what is likely a challenge in finding dentists who are comfortable and knowledgeable about treating women during pregnancy—and who accept Denti-Cal.



ALTURA CENTERS FOR HEALTH

“Most of these kiddos do not complain, and they just live with the pain caused by dental problems.” - School Site [not identified]

Project Purpose and Evaluation Design

Dental hygiene staff visited about 30 school sites to provide oral health screening and fluoride varnish to preschool and kindergarten children. The project also offered oral health education to the children, parents and teachers including demonstrating how to properly brush and floss their teeth. Data were analyzed from the First 5 internal data system (Milestones). The source of evaluation data includes project documentation and reported numbers of individuals served, types of services provided and oral health status information; it does not include the number of referrals to treatment for evidence of dental disease.

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.

One of the students from Wilson Elementary School screened by an Altura dental hygienist was found to have an excessive amount of abscesses in her mouth. Fortunately, when this child was referred for the urgent care that was needed, she was able to be seen and treated within a month by Smileland. In total, 14 Kindergarten students were identified as needing urgent care due to severe decay or abscesses or other critical dental problems by the dental hygienist. The health aide in particular contributes to the success of the program by calling or sending letters home to parents to get their child to the dentist; it's a great team effort.

Evaluation Results

To what extent were oral health outcomes achieved for children?

The project made 39 visits to the school sites during the program year. (Some of these sites were duplicative because Altura did screenings at the beginning of the year then returned for health education in the spring). Staff provided dental screenings for 1,697 children (serving an average of 43.5 children per session). One third (up from 25.5% last year) of the children—or 558 of them—were determined to have visible evidence of tooth decay, a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23% (note: caries prevalence is higher among Hispanic children).¹

Fluoride varnish was provided to virtually all of the children (1,695 or 99.9%) who were screened, and 1,503 (88.6%) were taught to brush and floss their teeth properly. Table 1 describes the oral health services the grantee provided this year.

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

	Number	Percent
Oral health screenings provided	1,697	100.0%
Number of sites	39	
Average served per site	43.5	
Children documented with visible evidence of tooth decay	558	32.9%
Fluoride varnish provided	1,695	99.9%
Oral health/tooth brushing education provided	1,503	88.6%

This year, because Altura submitted individual data forms, we were able to do a school-by-school analysis of the screening results, which are shown in the following pages. Please refer to the school codes in the box below to identify the specific schools in the graphs.

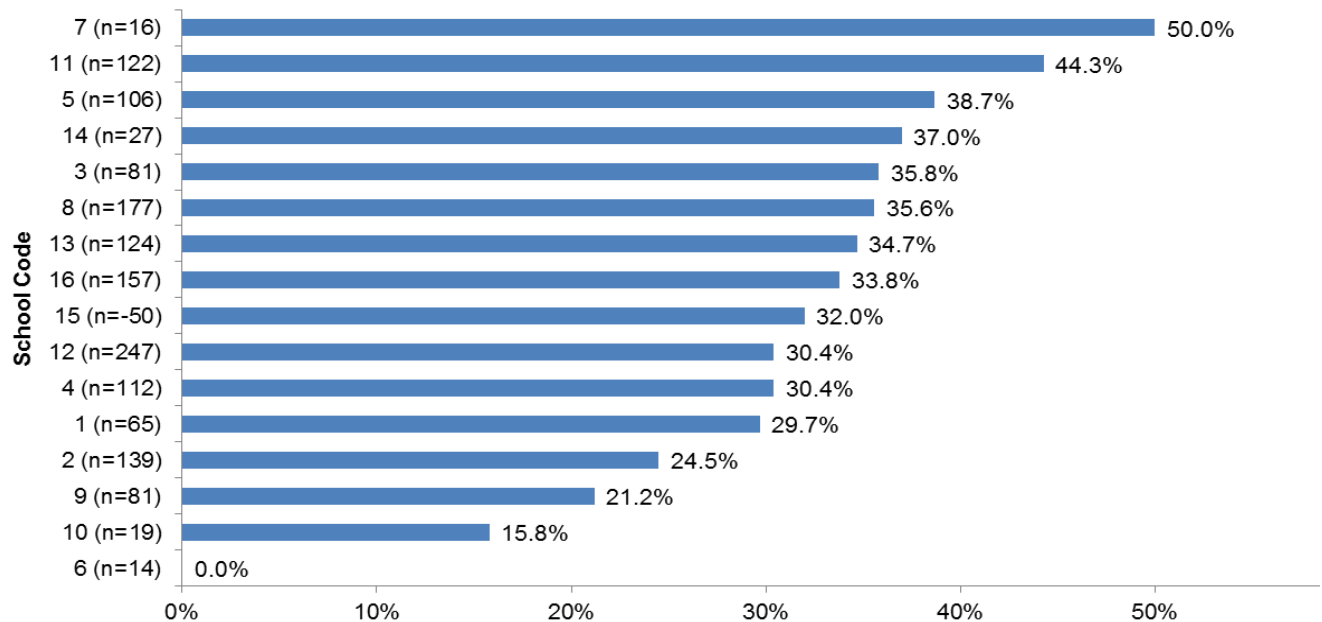
School Codes

- 1 = Cypress Elementary
- 2 = Alpine Vista K and Pre-K
- 3 = Kohn Elementary
- 4 = Pleasant Elementary
- 5 = Lincoln Elementary K and Pre-K
- 6 = Garden Elementary
- 7 = Maple Title 1 am pre-k
- 8 = Maple CDC AM
- 9 = Tipton CDC
- 10 = Clinite CDC
- 11 = Heritage Elementary
- 12 = Roosevelt K
- 13 = Mission Valley Elementary
- 14 = Sundale School
- 15 = Palo Verde School
- 16 = Wilson Elementary

¹ Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011–2012.
<http://www.cdc.gov/nchs/products/databriefs/db191.htm>

As Figure 1 shows, children assessed at the Maple Title 1 morning pre-K school, followed by Heritage Elementary School, showed the highest levels of visible dental decay.

Figure 1. Percent of Children with “Visible Decay Present” at the Time of Assessment, by School Site



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

The Oral Health Assessment form used by Altura (a state form, Rev. 2007) includes questions that appear to be in conflict with one another. In one place the assessment asks the dental professional for the child's caries experience by asking whether the child has “visible decay and/or fillings present;” in the next question, they are asked whether the child has “visible decay present.” Thus, if in the second question we learn the child has visible decay present, we don't know from the first question whether she/he also has had some fillings for prior caries or just has visible decay present as these two situations are not mutually exclusive. Nevertheless, the response to this question is shown in Figure 2.

Figure 2. Percent of Children with “Visible Decay and/or Fillings Present” at Assessment, by School Site

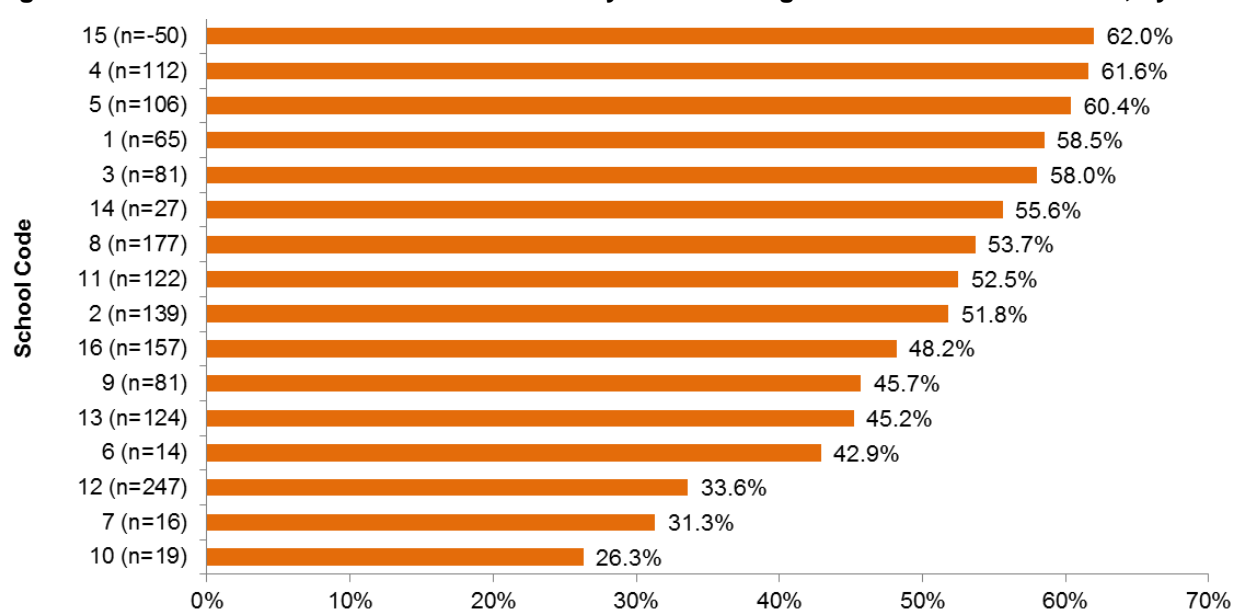
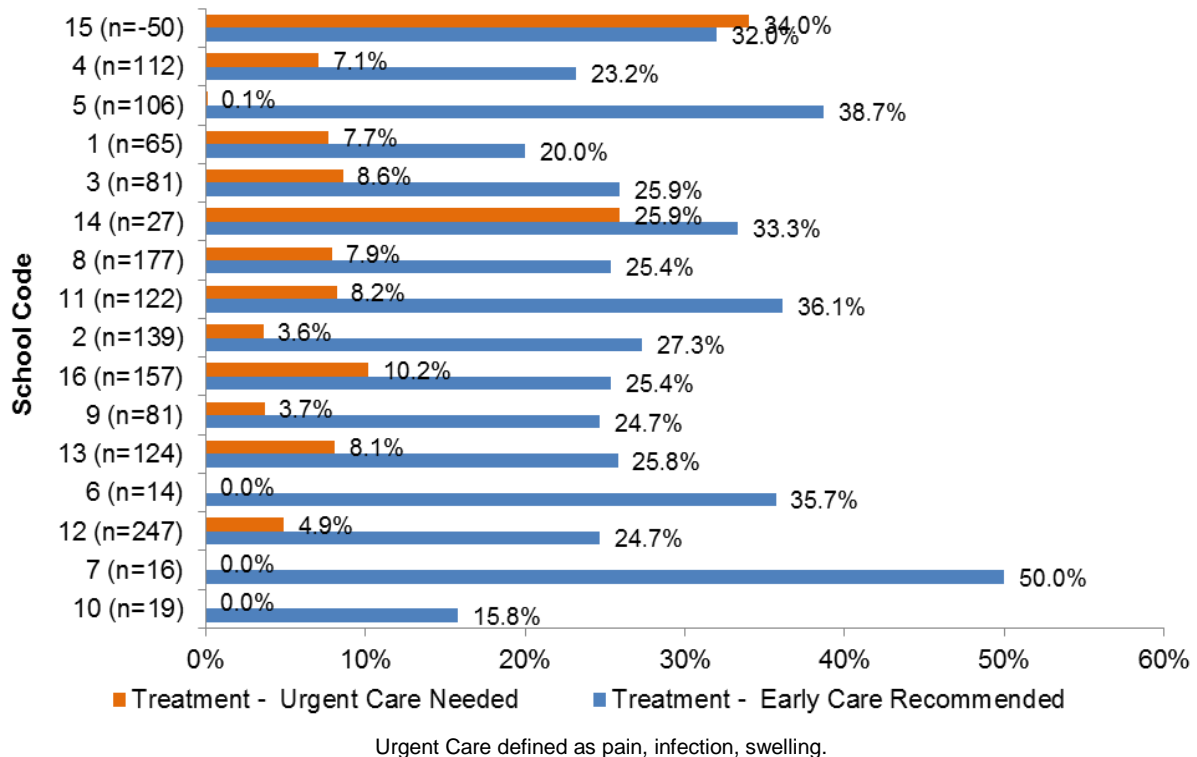


Figure 2 above indicates that children at Palo Verde, Pleasant Elementary and Lincoln Elementary K and Pre-K schools had the highest levels of previous dental work (fillings) and/or visible decay present.

As Figure 3 shows, one-third (34%) of the children at Palo Verde and one-quarter (25.9%) of the children at Sundale School with visible evidence of decay present were judged as needing urgent care. It isn't clear why, however, Maple Title 1 morning pre-K school, with 50% of the children showing evidence of visible decay (Figures 1 and 3), reported that none of these children (0.0%) needed any treatment for the decay—although possibly one-third (31.3%) of them, as indicated in Figure 2, had fillings.

Figure 3. Percent of Children with Level of Treatment Needed at Assessment, by School Site



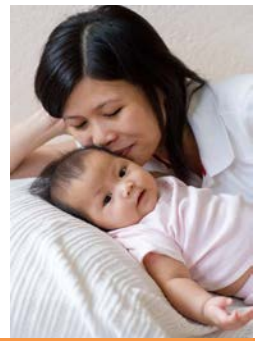
Because Altura does not receive follow-through information from the schools (reported to be a funding issue), data on whether the family received information and a referral concerning the need for treatment or followed through with the referral for visible dental decay was not available.

Conclusions/Recommendations

It is concerning that despite oral health education efforts in the schools and community, about one-third (29%) more of the children were assessed to have visible dental decay this year than last year. This could suggest an access problem to preventive dental services, as well as parent knowledge or attitude issues.

Since no data on whether children in these school sites in need of treatment were available—especially urgent care—we again encourage the project to collect and report *anecdotal* information from staff at the screening sites about the outcome of any referrals for treatment so that we have at least a sense of parental/school follow through. We also recommend each school be provided with this summary report.





SIERRA VIEW MEDICAL CENTER (SVMC)

“Success in achieving Baby Friendly Hospital designation for the hospital is accounted for by the financial support from First 5...and other collaborations.” - SVMC Maternity staff

Project Purpose and Evaluation Design

Almost all mothers try breastfeeding their babies after delivery. Hospital practices are critical to determining whether mothers exclusively breastfeed their babies, however. Baby-Friendly hospitals, such as the designation Sierra View has achieved demonstrate practices that promote and support breastfeeding.¹ This project integrated breastfeeding classes into its Childbirth Education Series and provided breastfeeding education to expectant parents via childbirth classes. It 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.

A major success for this hospital was receiving Baby Friendly Hospital designation in August 2016—the first Tulare County hospital to do so. The criteria for achieving this designation are challenging as they are designed to set the standards for the best possible breastfeeding support for mother and infant in the maternity setting, and staff credits its partnership with First 5, local breastfeeding organizations, and advice and information sharing from San Joaquin Hospital in Kern County as part of its success. One of its community events this past year included hosting Global Latch On, participating with the Tulare County Breastfeeding Coalition at the Baby Café portable breastfeeding support area at the Tulare County Fair.

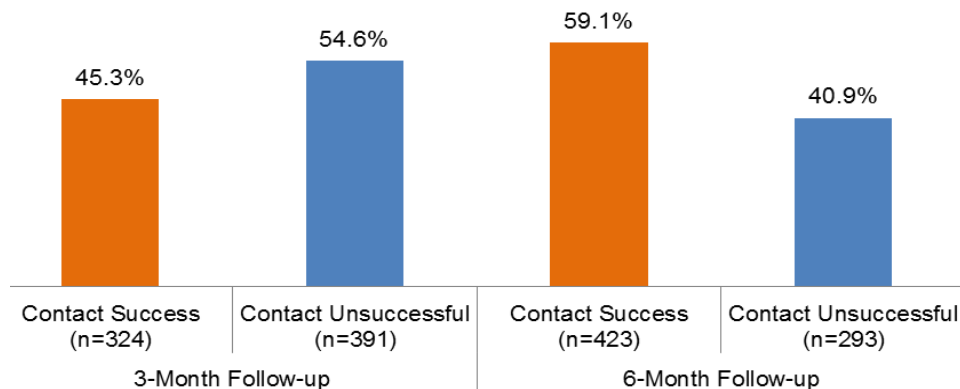
¹ The Baby-Friendly Hospital Initiative recognizes and awards birthing facilities that have successfully implemented the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. California leads the nation with 96 (38.8%) of its birthing hospitals and birthing centers BFHI designated as of July 2017. TRMC and SVMC are the 2 facilities so designated in Tulare County.

Evaluation Results

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

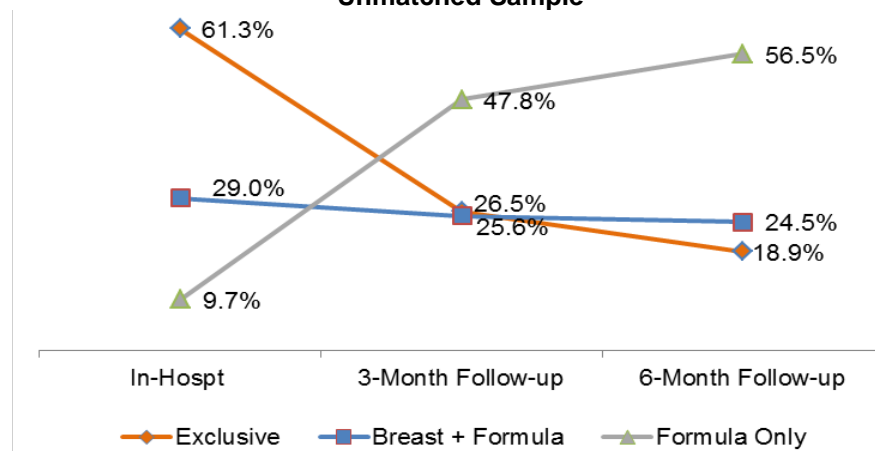
SVMC makes up to 2 contacts to try to connect with new mothers at 3- and 6-month intervals to learn about infant feeding choices. During FY 2016-17 evaluation data were available for 716 women for whom the full period of time for follow-up information was available, i.e., at least 6 months had passed since delivery.¹ As Figure 1 shows, 45.3% of the women were eligible by delivery date to be reached at 3 months and were able to be contacted; that proportion rose to 59.1% at 6 months, a 30% improvement.

Figure 1. Ability of Staff to Connect with New Mothers at 3- and 6-Month Follow-up



Just over 61% (down from 74.5% last year) of the women who delivered at SVMC elected to exclusively breastfeed at the time of hospital discharge. Three months later, the proportion of the women exclusively breastfeeding who could be contacted dropped to 26.5%; by 6 months, only 18.9% were still maintaining exclusive breastfeeding. As exclusive breastfeeding declined over time, formula-only feeding rose. Breast + formula changed very little during the 6-month period (Figure 2).

Figure 2. Breastfeeding Status of All Women at Hospital Discharge and 3 and 6 Months Follow-Up, Unmatched Sample

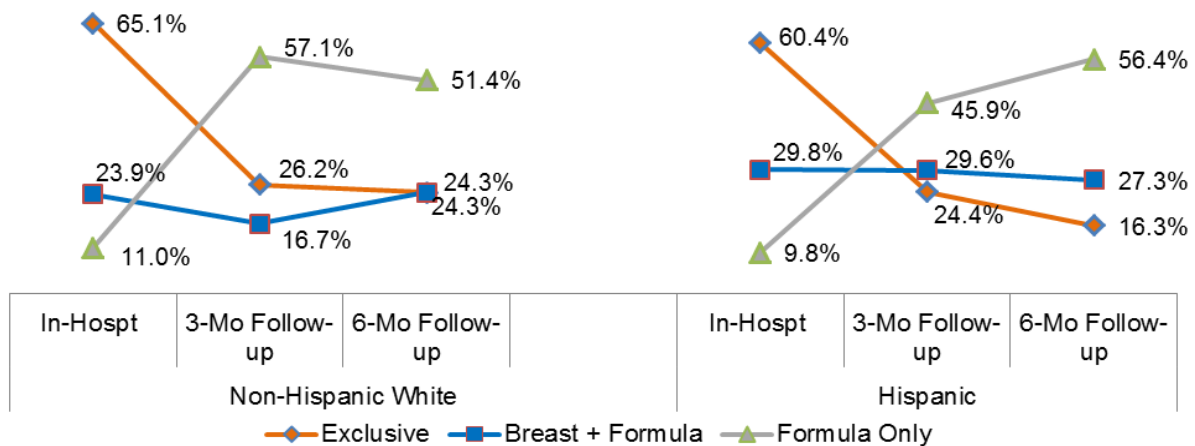


¹ SVMC submitted full 12-month data on breastfeeding at the time of hospital discharge for 1,406 births. The way the hospital reported the data, only 6 months, July – December 2016 could be used. However, as the infant feeding choices of the 1,406 births at discharge mirrored the choices of the 6-month sample with follow-up information reported above, we do not have any concerns about the reporting period.



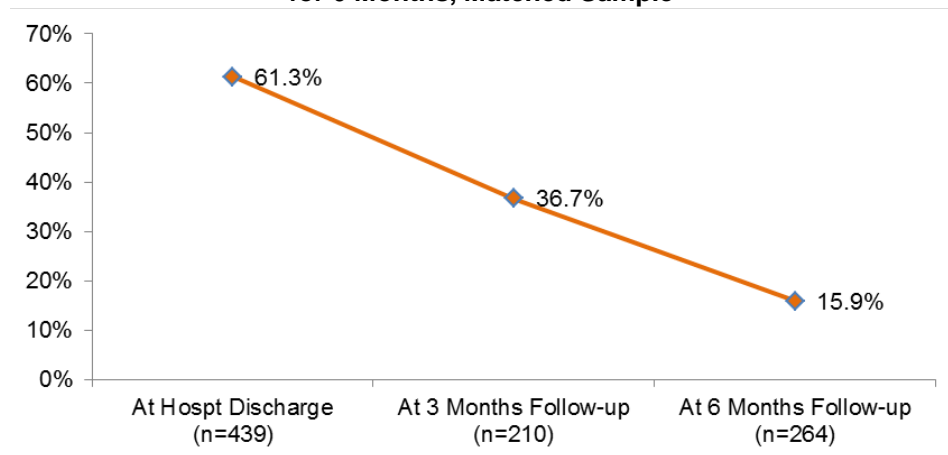
There were some differences in infant feeding practices by ethnic group across the 6 months. Hispanic mothers reported a lower initiation of breastfeeding than non-Hispanic White mothers did (60.4% vs. 65.1%). While a higher proportion of non-Hispanic mothers began and continued at month 3 to use formula only, by month 6 Hispanic mothers' use of formula only was slightly greater, 56.4% vs. 51.4% (Figure 3). The feeding choice of breast + formula changed very little across time for Hispanic mothers compared to non-Hispanic White mothers. (Note that the women at follow-up are not necessarily the same women who initiated exclusive breastfeeding in the hospital. Some women reported changing infant feeding practices, perhaps more than once, within the 6-month interval since delivering.)

Figure 3. Breastfeeding Status of Women at Hospital Discharge and 3 and 6 Months Follow-Up, By Ethnicity, Unmatched Sample



Of the *total* women at hospital discharge who chose to exclusively breastfeed and were successfully contacted 3 months later, 36.7% reported they were still exclusively breastfeeding; 6 months later, 15.9% of these *same* women (noted as “matched sample” in Figure 4) still exclusively were breastfeeding. It should be noted that these follow-up percentages exceeded last year’s proportions at 3- and 6-months postpartum, which were 11.5% and 5.3%, respectively,

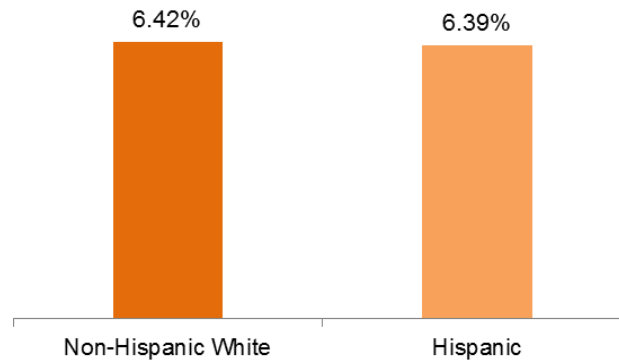
Figure 4. Percent of All Women Who Chose and Maintained Exclusive Breastfeeding for 6 Months, Matched Sample¹



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

There was virtually no difference *by ethnic group* in maintaining the commitment of an initial choice to exclusively breastfeed. Of the Hispanic and non-Hispanic White women who chose at hospital discharge to exclusively breastfeed and were successfully contacted 3 and 6 months later, 6.39% of the Hispanic mothers and 6.42% of the non-Hispanic White mothers still were exclusively breastfeeding (Figure 5).

Figure 5. Percent of Women by Ethnic Group Who Chose and Maintained Exclusive Breastfeeding for 6 Months, Matched Sample¹



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

Conclusions/Recommendations

Although fewer women than last year were able to be reached at 6 months (59.1% vs. 74%), we appreciate the continuing cooperation of SVMC staff to collect breastfeeding data as requested in their Evaluation Plan. Because the proportion of women choosing exclusive breastfeeding after delivery, 61.3%, is lower than the statewide rate 68.8%*--and Tulare County ranks 47th among California's 58 counties for this measure (in 2015)*—we encourage SVMC as a BFHI hospital to continue to support a greater number of women to choose and maintain exclusive breastfeeding for as long as possible.

It isn't clear why 30% more women could be successfully contacted at 6 months than at 3 months postpartum. We know staff makes up to 2 attempts, but not whether calls are commonly made in evenings and weekends; if not the schedule should consider this. We are unaware if the maternity staff informs women during discharge that they will be calling and how important it is that they call back if a message is left.

We suggest the hospital implement a relatively inexpensive but potentially successful incentive strategy for following up: *Tell women at discharge if they talk to the staff person when she/he calls to follow up, either by answering the phone or calling back, their name will be put into the hat for a monthly drawing for a \$50 WalMart gift card. At \$600/year, the investment would be worth it.*

We know staff is aware that in addition to following up on feeding practices, nurse-initiated telephone calls to postpartum women, both multipara and primapara, are also valuable for assessing other self-care and baby care concerns, including postpartum depression and family planning needs, so are very worthwhile to pursue.

** California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form.

http://www.cdph.ca.gov/data/statistics/Documents/County%20of%20Residence%20x%20Race_Ethnicity%20Report%202015.pdf.

* <http://www.calwic.org/storage/documents/FactSheets2016/Tulare.pdf>

http://www.calwic.org/storage/restricted/hospitalfactsheetsdata2011/statefactsheet2012_corrected.pdf





TULARE REGIONAL MEDICAL CENTER (TRMC)

“I don’t know where we would be today without this breastfeeding program.” - Program recipient in response to help meeting her breastfeeding goals

Project Purpose and Evaluation Design

Almost all mothers try breastfeeding their babies early on. However, a much lower percentage exclusively breastfeed their infants in the hospital and after they go home, and the numbers drop even more, particularly for women of color. TRMC is now designated a Baby-Friendly Hospital.¹ This project provided breastfeeding education to expectant parents during childbirth classes, provided lactation education to all new mothers during their inpatient stay, and made home visits to new mothers and babies after their discharge from the TRMC birthing center. Staff tracked and recorded on a Breastfeeding Reporting Form developed by the evaluator in-hospital exclusive and any breastfeeding rates by race/ethnicity, and documented through home visits the extent to which breastfeeding had continued 6 months later.

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.

Breastfeeding success is not only the result of a new mother's determination but on educated hospital staff supporting exclusive breastfeeding and an outpatient lactation program providing flexible day/evening appointments if needed after discharge. This flexibility was particularly demonstrated in the case of Mrs. M whose pediatrician expressed concerns about her 4-month-old baby's growth. The lactation consultant was able to conduct a thorough feeding evaluation during an outpatient appointment that led to a referral to a physician specialist who surgically released the baby's lip/tongue tie; the procedure resulted in a successful and comfortable breastfeeding relationship and progress toward a health growth pattern.

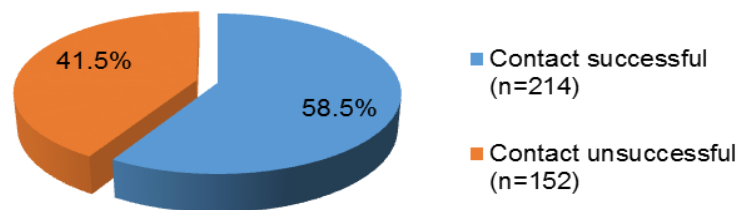
¹ The Baby-Friendly Hospital Initiative recognizes and awards birthing facilities that have successfully implemented the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. California leads the nation with 96 (38.8%) of its birthing hospitals and birthing centers BFHI designated as of July 2017. TRMC and SVMC are the 2 facilities so designated in Tulare County.

Evaluation Results

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

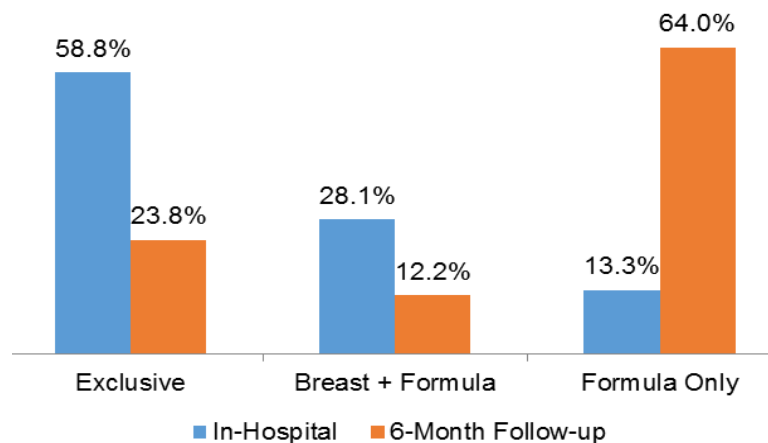
Evaluation data were available for 370 of the women delivering at Tulare Local Health Care District Regional Medical Center. The ability to contact women after discharge from the hospital is challenging. While the majority (58.5%) of the new mothers could be contacted by telephone 6 months later, connection was not successful for 41.5% of the women (Figure 1).

Figure 1. Ability of Staff to Connect with New Mothers Six Months Later (n=370)



Close to 60% (down from 67.2% last year) of the women chose to exclusively breastfeed in the hospital after delivery, 28.1% adopted both breast and formula feeding, and 13.3% elected to use formula only. The proportion choosing exclusive breastfeeding was lower than the 2015 statewide average, 68.8%, for hospital-initiated exclusive breastfeeding, but higher than the county's average rate of exclusive breastfeeding, 50.8%. *

Figure 2. Breastfeeding Status at Hospital Discharge and Six Months Later, Unmatched Sample (N=370)



Note: Babies transferred for care or deceased excluded from analysis.

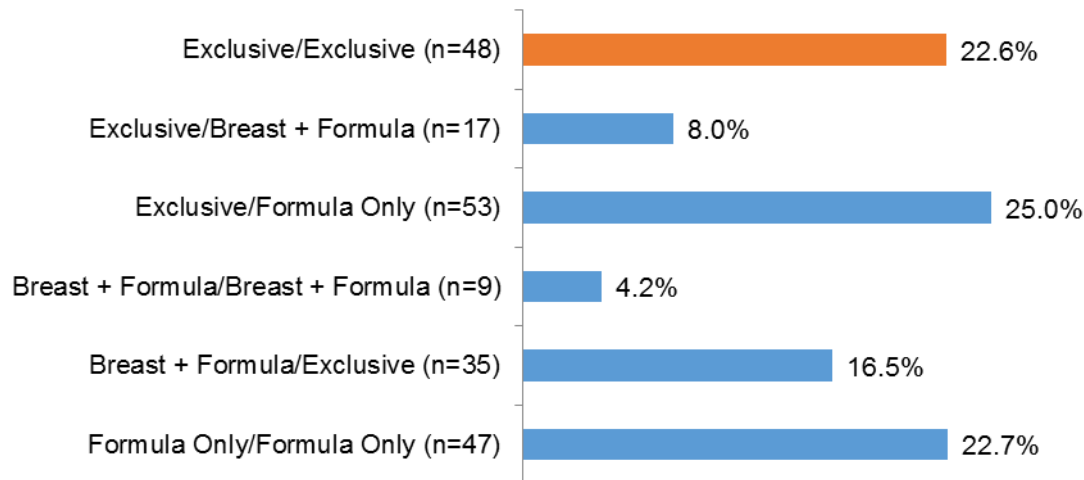
Looking at a matched set of data, 22.6% of the same mothers who started with exclusive breastfeeding in the hospital maintained exclusively feeding their babies breast milk 6 months later (Figure 2 on the next page). An additional 8% of the exclusively breastfed babies in the hospital at follow-up continued to receive breastmilk but were supplemented with formula; 25% had been switched entirely to formula.

* <http://www.calwic.org/storage/documents/FactSheets2016/Tulare.pdf>



Perhaps some of the 16.5% of women who initiated breastfeeding in the hospital supplemented with formula and then reported exclusive breastfeeding 6 months later can be explained by the difficulty many women experience at first in trying to figure out breastfeeding, as well as figuring out how to manage it all and go back to work.

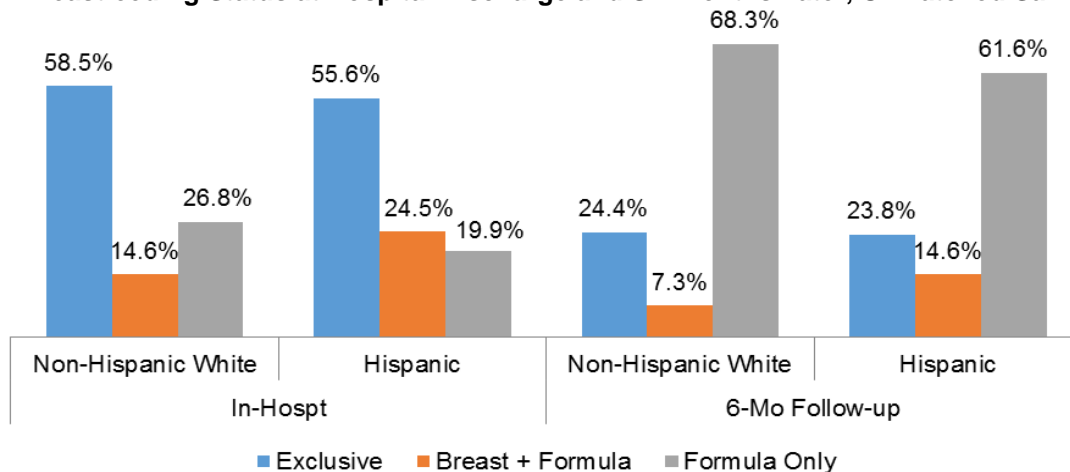
Figure 2. Breastfeeding Status at Hospital Discharge and Six Months Later, Matched Sample (N=212)



Note: Babies transferred for care or deceased excluded from analysis.

Racial/ethnic disparities in national rates of breastfeeding initiation, while not eliminated, have decreased in recent decades,¹ and this appears to also be the case among Hispanic and non-Hispanic White mothers delivering at TRMC. As Figure 3 shows, there were essentially no differences in initiation of breastfeeding between the two groups. At the time of follow-up, Hispanic mothers appear to have maintained a higher level of at least some breastfeeding. Six months later, a greater proportion of non-Hispanic White women had switched to formula only than Hispanic women (68.3% vs. 61.6%). Although the sample sizes were very small, as a group, the African American and “other” women (whose surnames names appeared to be middle eastern) were the least likely to choose to breastfeed in the hospital, consistent with national data.

Figure 3. Breastfeeding Status at Hospital Discharge and Six Months Later, Unmatched Sample (N=192)



Note: Babies transferred for care or deceased excluded from analysis.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410446/>



Conclusions/Recommendations

We very much appreciated the cooperation of Tulare Local Healthcare District to collect breastfeeding data as requested for the evaluation plan, particularly this year in extending the follow-up attempts to 6-months post-discharge. Because Tulare County continues to rank low in breastfeeding among California counties (47th of 58 in 2015),* more support continues to be needed to help a greater number of new mothers initiate *and* maintain exclusive breastfeeding choice for as long as possible.

The proportion of “unreachable” women by telephone after delivery, 41.5%, is inordinately high. Research shows that multiple telephone calls to adequately track longitudinal data are needed, especially for a subsample of participants who might require contact that is more extensive, and staff should plan their budget and time accordingly. We don’t know how many attempts are made by TCMC staff, or whether evenings and weekends are commonly when the calls are made, but if not the schedule should consider this. We are unaware if the maternity staff informs women during discharge that they will be calling and how important it is that they call back if a message is left.

We again suggest the hospital implement a relatively inexpensive but potentially successful incentive strategy for following up: *Tell women at discharge if they talk to the staff person when she/he calls to follow up, either by answering the phone or calling back, their name will be put into the hat for a monthly drawing for a \$50 WalMart gift card. At \$600/year, the investment would be worth testing.*

Another relatively inexpensive strategy for obtaining follow-up breastfeeding information is a mailed pre-stamped postcard that can be returned. The incentive strategy described above should be included (if a gift card is available). The simple question could be nothing more than “In the past week, was your baby fed a) breastmilk only; b) formula only; c) a combination of breastmilk and formula.”

We know staff is aware that in addition to following up on feeding practices, nurse-initiated telephone calls to postpartum women, both multipara and primipara, are also valuable for assessing other self-care and baby care concerns, including postpartum depression and family planning needs, so are very worthwhile.

* <http://www.calwic.org/storage/documents/FactSheets2016/Tulare.pdf>



SUMMARY CONCLUSIONS AND GENERAL RECOMMENDATIONS



This report covered FY 2016-17 grants performance, the second year of the 3-year FY 2015-2018 grant cycle, and showed that the 16 projects we evaluated met or exceeded their evaluation plan objectives. Knowledge about child development, attitudes about family relationships, skills needed for teaching and parenting young children, and in some cases behavior changes, occurred because of the range of programs and services the organizations offered with First 5 funding.

Data collection efforts by the grantees demonstrated even fewer issues this year and only one case where data could not be used. When there were questions or problems, First 5 staff capably facilitated access to the grantees, and agency staff responded promptly and amiably. We appreciate the collegial and partnership relationships we have come to enjoy with all of these staff members, which have improved the evaluation capacity each year.

These funded programs were directly linked to many of the Commission's 2015-2018 *Strategic Plan* objectives, and it is clear many have contributed to “moving the dial” for Tulare County on indicators like the percent of children fully immunized, reducing foster care placements, promoting breastfeeding and connecting families to community resources. The success/challenge stories we are now asking grantees to share for this report has been another important way to tell the First 5 Tulare story of community investment.

We expect that the FRCs and other Tulare County agencies that serve young children and their families will use the Parent Survey results we produced this year, which informed the Commission in developing its new Strategic Plan (2018-2023), to further align program services to families' needs. We appreciate that these organizations already do involve parents, family members and the community in delivering programs, and are suggesting the survey results may provide an additional source of information about parent perspectives to fine-tune outreach, direct services and arrange referrals.

Finally, we understand that because of timing for the next funding cycle, it will be this evaluation report and not the 3-year summary report we will produce next year that could be used in developing evaluation plans for the new grantees (which will likely include some of the present grantees, of course). We would be happy to help in reviewing and making recommendations regarding the evaluation plans and proposed tools in the new approved grants, and have scheduled this into our workplan for next spring. In the future, we also plan to work with First 5 staff to look for more opportunities to tie assessment results with referral outcomes. For example, programs that use the ASQ tool to look for developmental delays, oral health screenings that identify the need for urgent care, and so forth. While we recognize there is a cost in both staff time and dollars, we think it should be possible to build some limited additional data collection methods into the new grants.

We look forward to learning all of the grantee feedback to this report, and making any modifications to the evaluation that might be necessary during FY 2017-18