FIRST 5 TULARE COUNTY EVALUATION REPORT

FY 2019-2020 Grants and the *2020 Parent Survey*

Prepared for the

First 5 Tulare County Commission

BARBARA AVED ASSOCIATES

Evaluation Consultants

September 2020

Table of Contents

First 5 Tulare

2019 - 2020 EVALUATION REPORT

FIRST 5 TULARE COMMISSION

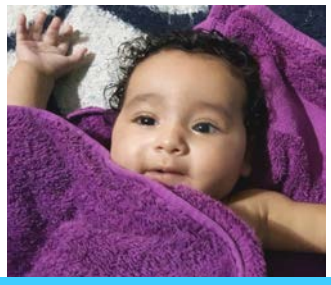
First 5 Tulare, an independent public entity, is governed by a seven-member commission. It is one of 58 county commissions created by Proposition 10 in November 1998, to support children from prenatal to age 5 through a variety of investments, projects, initiatives and advocacy efforts.

The Commission has done much to improve the outcomes of the children and families living in Tulare County. For the past 20 years, First 5 Tulare has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. With about $4.7 million allocated by the State in Proposition 10 funds this year—an amount that is declining annually consistent with the reduction of tobacco product sales— First 5 Tulare has created a number of direct service programs that target physical and mental health, oral health, literacy, parenting skills and school readiness. In this second of the 3-year grant cycle for 2018-2021, First 5 Tulare supported schools, community and public organizations, hospitals and family resource centers that are working together to provide services to children and their families in Tulare County. Evaluating these types of efforts requires developing and monitoring a unique set of indicators and a multifaceted evaluation design to provide information for accountability, assessing impact, improving results, setting policy, and identifying future strategies.

TULARE COUNTY OVERVIEW

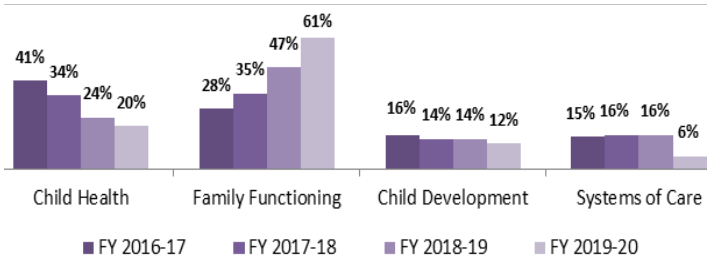
Tulare County is recognized as one of the largest agricultural-producing counties in the world. In 2019, the county was home to a population of 442,182. While California's population of 0-5-year-olds is 6.5%, Tulare County's is about 10.2%. With a median age of 30.0 years old, residents are one of the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

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



INTRODUCTION

This report represents Year 2 in the current 3-year FY 2018-21 grant cycle. In FY 2019-20, First 5 Tulare expended a total of $4,102,160 in programs distributed in the four First 5 result areas: Child Health; Family Functioning; Child Development; and Systems of Care. The fund distribution among the result areas, shown below, has most notably changed in the last 4 years in the areas of Child Health and Family Functioning, decreasing each year in the former and increasing in the latter. Funding towards Systems of Care saw a 63% drop in FY 2019-20 from the previous year.



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

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

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

This year, in addition to success stories and the results of the 2020 Parent Survey, we also report on grantee responses to COVID-19 through a special point-in-time (June 2020) survey. It will be clear throughout this report that grantees not only valiantly rose to the challenge of continuing to serve children and families but attempted to fulfill evaluation expectations when possible.

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

Evaluation Design and Data Methods

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

We annually evaluate each project independently as requested by staff. Each funded program collects data to assess program outcomes and to understand how services can be improved. Program-level surveys, assessments, and reports that were evaluated for this report are described in each grantee's section beginning on page 9.

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

First 5 Tulare	*Evaluation Questions for FY 2017-18*	As Measured by
Cutler-Orosi School District: Family Resource Center	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school? To what extent did parents learn and apply important parenting and conflict management skills? To what extent did infants and toddlers show increased skills in a range of developmental areas? To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program? To what extent did parents demonstrate nutrition knowledge and behavior change? To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ ESPIRS ▪ Parenting Wisely ▪ Parents Helping Parents form ▪ DRDP ▪ SafeCare ▪ My Plate ▪ Protective Factors
County of Tulare Sheriff's Department: Gang Awareness	To what extent did parents increase knowledge about effective parenting? To what extent did parents increase awareness of the causes of stress and how to manage it? What were the parenting perspectives of formerly incarcerated GAPP graduates after release and return to the community?	▪ ACT Curriculum pre/post ▪ Parental Stress Index ▪ Community Re-Entry Follow-Up Form
Parenting Network, Inc.: Visalia Family Resource Center and Porterville Family Resource Center	To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program? To what extent did parents, and fathers in particular, demonstrate having or building protective and promotive factors that strengthen families?	▪ SafeCare ▪ Protective Factors ▪ On My Shoulders
Tulare City Schools: Preschool Program	To what extent did infant and toddlers and preschoolers show increased skills in a range of developmental areas?	▪ DRDP

First 5 Tulare	Evaluation Questions for FY 2017-18	As Measured by
Family Services of Tulare County: Early Mental Health	How often did parents report problem behaviors in their children and with what impact? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent were women who gave birth identified as depressed and referred for help?	▪ Eyberg ▪ ASQ ▪ Developmental Milestones and Competency Rating ▪ Edinburg Postnatal Depression Scale
Family Services of Tulare County: Addressing Child Trauma (A.C.T.)	Why did parents participate in supervised visitation and how satisfied were they with the experience? To what extent did parents going through divorce demonstrate increased parenting skills, and how did they rate their relationship with the child's other parent? To what extent was there a change among parents in positive parental behaviors?	▪ Supervised Visits Satisfaction Survey ▪ Cooperative Parenting and Divorce pre/post ▪ KIPs
Traver Elementary School District: School Readiness	To what extent did children show increased skills in a range of developmental areas?	▪ DRDP
Visalia City School District: Ivanhoe First 5 Program	To what extent did children show increased skills in a range of developmental areas? To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ DRDP ▪ ESPIRS (modified) ▪ ASQ
CASA of Tulare County: 0-5 Program	To what extent did children reduce time in foster care, have fewer than average placements, and have a permanent placement upon closure of cases?	▪ CASA data system ▪ Tulare County Welfare System Data

First 5 Tulare	Evaluation Questions for FY 2017-18	As Measured by
Lindsay Family Resource Center	To what extent were women who gave birth identified as depressed and referred for help? To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent did parents learn and apply important parenting and conflict management skills? To what extent did parents demonstrate having or building protective and promotive factors that strengthen families? To what extent did parents increase their knowledge about child development and gain parenting skills?	▪ Edinburg Postnatal Depression Scale ▪ SafeCare ▪ ASQ ▪ Parenting Wisely ▪ Protective Factors ▪ Abriendo Puertas
United Way 2-1-1	What were callers' main needs for assistance and to what extent were they helped?	▪ Client Follow-Up Calls for Assistance
Save the Children Federation	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school? To what extent were developmental delays identified and parents referred to early intervention resources?	▪ ESPIRS (modified) ▪ PPVT-4 or PLS-5 ▪ ASQ
Family Healthcare Network	To what extent were oral health outcomes achieved for pregnant women and children?	▪ Oral Health project data
Sierra View Medical Center	To what extent did new mothers initiate and exclusively breastfeed during their stay at the hospital and continue any or exclusive breastfeeding?	▪ Breastfeeding follow-up form
Altura Centers for Health	To what extent were oral health outcomes achieved for children? To what extent did new mothers initiate and maintain exclusive breastfeeding?	▪ CA Oral Health Assessment Form ▪ Breastfeeding follow-up form

Data Analysis

BAA received raw data from the funded projects in hard copy from 26 different evaluation forms over the course of the program year. The data were sent in 3 batches to allow data entry and monitoring of data quality on a continuous basis.

The data were cleaned, coded and entered into Microsoft Excel spreadsheets using standard data security measures. Data analysis and statistical testing was performed using IBM SPSS Version 27.0. Matched samples were used for pre- and posttests when the sample sizes were large enough to not lose substantial amounts of data. The significance level for statistical tests was set at $p < .05$.

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

The Evaluation Team

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

FINDINGS AND PROJECT-SPECIFIC RECOMMENDATIONS

RESULT AREAS Part 1:

Family Functioning
Child Development
Systems of Care

CUTLER OROSI SCHOOL DISTRICT
Family Resource Center

"Being a dad is hard, but if you listen, you learn."
- 15-year-old teen client

Project Purpose and Evaluation Design

The project offered a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through 7 different tools.

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

Parents completed the CA-ESPIRS Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.

The FRC uses SafeCare, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. In addition to the goal of reducing child maltreatment, the 3 program modules are designed to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained

observers rate various factors associated with the modules on a pre/post basis. Parents also complete a survey at the end of each module, evaluating the value of the program and their satisfaction with various features of it.

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

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

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

Strategic Plan Indicators

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

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

Program Highlight

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

This year, the FRC had the unique opportunity of serving a very young father: a 15-year old walk-in who acknowledged, "I need classes to show me how to be a father," after learning his girlfriend was pregnant. Receiving services was especially important to this young man as he had no father to serve as a role model in his own life. The FRC case manager provided parenting classes, facilitated ongoing teen parent groups, and provided linkage to alcohol/drug counseling. With intensive and ongoing support by staff, he maintained his sobriety, consistently attending counseling and support groups and played a noticeably active role in caring for his daughter—reading, talking and singing to her. Staff acknowledges the challenges in serving this and similar teens who need continuous encouragement and support to overcome their struggles—finding transportation, maintaining sobriety, staying in school, attending parenting classes—and affirm the essential role centers such as this FRC play in clients' success.

Adjustments Due to COVID-19

SERVICE BREAKS: All in-person activities had to be discontinued, including families' abilities to receive services in person from the various resources the grantee typically referred to.

SERVICE ADJUSMENTS: Staff did their best to provide support, parenting classes, nutrition classes and case management services remotely via phone and, when families had tech capacity, through Zoom. Staff also created home activity packets for parents and children to support parent-child interaction and continued learning. They also tried to identify funding to help address basic needs and give families the ability to purchase Tablets to be able to access services remotely.

BARRIERS: The main barrier was the limited ability of families to participate because of the lack of technology in their homes and the unfamiliarity many parents had with the apps and technology itself. Due to the rural nature of the community, many families simply could not connect to the internet despite the grantee's efforts.

Evaluation Results

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

Teachers evaluated children on 29 different measures in 5 developmental domain areas on the DRDP Infant and Toddler tool. The number of *low development level* descriptors (i.e., descriptors below "building") and *high development level* descriptors (i.e., descriptors at "building") used by the teachers in their evaluation of the children at pretest and again at posttest are displayed in Table 1 as a percentage by domain, along with the percentage change between the 2 test periods.

The pattern across each of the five domains was mixed. There were positive percentage changes for the Physical Development domain (+118.4%) and the Social and Emotional Development domain with more "at building" descriptors used to rate the children on the posttest than on the pretest. Conversely, there were negative percentage changes in the number of these same descriptors on measures in the Language and Literacy Development and Cognition domains. There was no change in the children's performance on measures in the Approaches to Learning – Self-Regulation domain.

Table 1. Cutler Orosi - FRC: DRDP - Infant Toddler (non-matched sample Pre *N* = 13, Post *N* = 9)

Domain	Percent Ratings Below the "Building" Developmental Level			Percent Ratings at the "Building" Developmental Level		
	Fall	*Spring*	*% Change*	*Fall*	*Spring*	*% Change*
Approaches to Learning – Self-Regulation (5 Measures)	100%	100%	No Change	0%	0%	No Change
Social and Emotional Development (5 Measures)	100%	97.8%	-2.2%	0%	2.2%	*
Language and Literacy Development (5 Measures)	98.5%	100%	+1.5%	1.5%	0%	-100.0%
Cognition, Including Math and Science (6 Measures)	98.7%	100%	+1.3%	1.3%	0%	-100.0%
Physical Development – Health (8 Measures)	96.2%	91.7%	-4.7%	3.8%	8.3%	+118.4%

Note: The total number of ratings in each domain was 65 to 104 on the pretest and 45 to 72 on the posttest.
* The value cannot be calculated because it (the pretest score) is based on zero.

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

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

Table 2. Home Life Impact after Program Participation

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

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

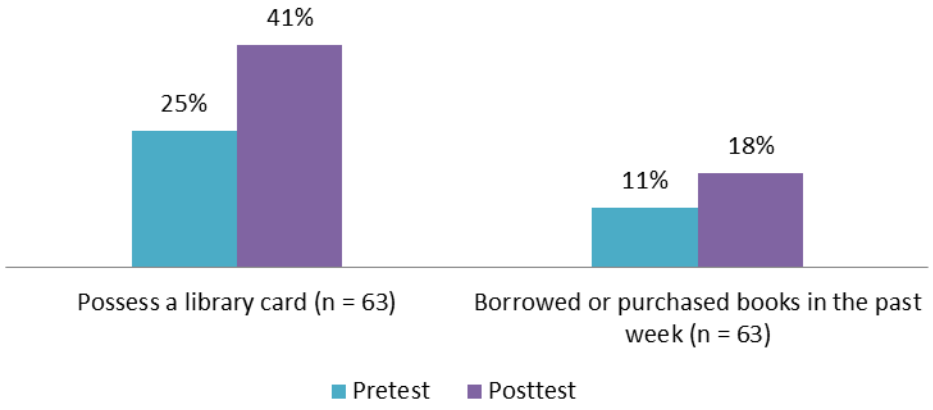
A little more than a third of the parents (37%) reported having 11 or more books at home on the pretest but on the posttest more than half (58%) of the parents reported having this many books—a statistically significant change (Table 3). Looking at how often parents read books to their children and told stories to their children, parents overall were reading and telling stories more frequently following their participation in the program. Statistically significant posttest changes were found with more than two-thirds of the parents on the posttest (70%) responding that they were reading books to their children about 3 times a week to every day and over half (59%) were telling stories to their children about 3 times a week to every day.

Table 3. Parents' Experience with Books and Reading to Children, Matched Sample (n=62)

Survey Question	Pre		Post	
	n	*%*	*n*	*%*
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?				
1 - 2 books	16	25.8	2	3.2
3 - 10 books	23	37.1	24	38.7
11 - 25 books	13	21.0	27	43.5
26 - 50 books	7	11.3	7	11.3
51 + books	3	4.8	2	3.2
About how often do you read books or stories to your children?				
Never	11	17.5	1	1.6
Several times a year	6	9.5	2	3.2
Several times a month	5	7.9	3	4.8
Once a week	12	19.0	13	20.6
About 3 times a week	17	27.0	13	20.6
Every day	12	19.0	31	49.2
How often do you tell your children a story (e.g., folk and family history)?				
Never	10	16.1	4	6.5
Several times a year	4	6.5	3	4.8
Several times a month	16	25.8	6	9.7
Once a week	14	22.6	12	19.4
About 3 times a week	13	21.0	16	25.8
Every day	5	8.1	21	33.9

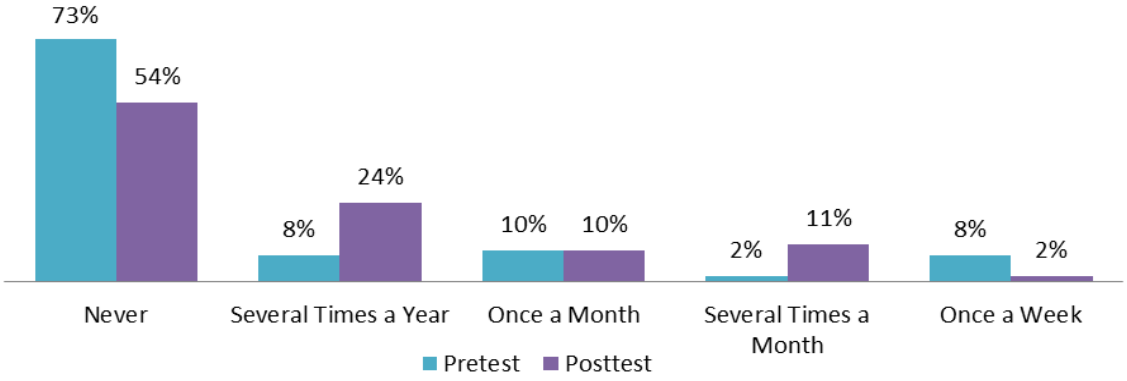
In terms of library experience for the 63 parents with both pre/posttest, 16 indicated they had a library card on the pretest (25.4%) and 26 on the posttest (41.3%), a statistically significant change. There was no statistically significant increase however in the number of respondents who said that they had checked out a library book or purchased a book in the past week from the pretest to the posttest (Figure 1).

Figure 1. Current Library Experience, Matched Sample (n=63)



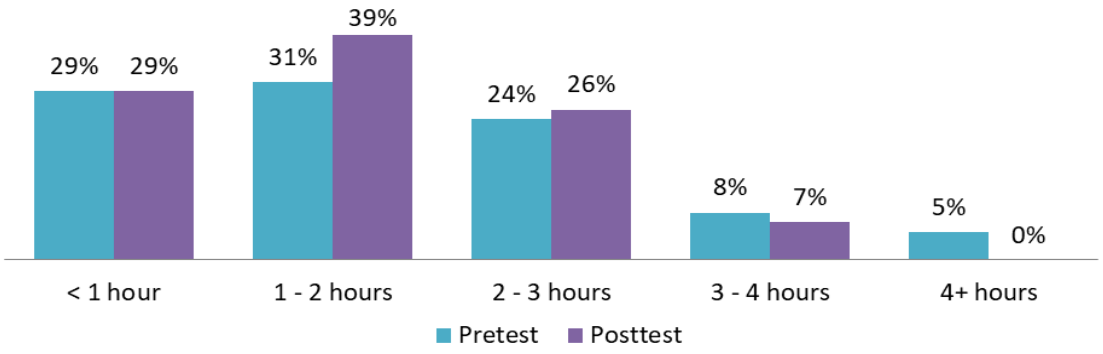
As Figure 2 shows, close to three-quarters (73%) of the parents at the pretest reported they never went to the library; at the time of the posttest, the proportion of parents who said this dropped to about half (54%). About 28% of the parents at the pretest reported going to the library several times a year or more. The situation improved by the posttest with almost half (47%) of the group reporting that they now visited the library at least several times a year or more though the difference was not statistically significant.

Figure 2. Frequency of Going to the Library, Matched Sample (n=63)



Television-watching habits, in addition to reading and visiting the library, are also important to note in early literacy program attempts. Based on 62 matched pretest-posttest for this question, there appeared to be a slight positive change (see Figure 3) with no parents reporting more than four hours of television watching on the posttest. However, more respondents reported watching two to four hours on the posttest (26%) than on the pretest (24%).

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=62)



Parents were also asked about TV viewing experiences (Table 4). Prior to program, 45% of parents was *always* selecting the TV program (53%) and *always* asking their children questions about the TV program. After taking the course, these percentages rose to 77% and 70%, respectively, changes that were statistically significant.

Table 4. Family TV-Watching Experience, Matched Sample (n=61)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	10 (16.4%)	19 (31.1%)	32 (52.5%)	0 (0%)	14 (23.0%)	47 (77.0%)
When your children watch TV, do you watch the TV programs with your children?	11 (18.0%)	26 (42.6%)	24 (39.3%)	1 (1.6%)	21 (34.4%)	39 (63.9%)
When your children watch TV, do you ask your children questions about the TV program?	16 (26.7%)	17 (28.3%)	27 (45.0%)	4 (6.7%)	14 (23.3%)	42 (70.0%)

Respondents wrote down television shows their children were watching on the pretest and posttest. A quick review of what parents said on the pretest indicated that their children were watching programming for children such as ”Arthur,” “Dora the Explorer,” “Paw Patrol," “Peppa Pig,” “Sesame Street,” and "PBS." At the posttest, respondents continue to list this type of programming including “Mickey Mouse” and “SpongeBob."

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

With the *Parenting Wisely* tool parents were asked questions that had correct or incorrect answers. Table 5 on the next page displays the percentage of parents answering correctly. For the matched sample of 26 respondents, there was statistically significant improvement on approximately three-quarters of the 34 questions (74% or a total of 25 questions) from pre- to posttest. The overall percentage correct, 68.8%, at the time of the posttest was statistically significant.

Using 80% correct as a benchmark for total test performance, all but one of the 26 parents (96%) scored under this benchmark on the pretest but all of them scored over the 80% correct benchmark on the posttest.

Table 5. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=26)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	39%	91%	133.3%*
2. What is the best reason to use "Active Listening"?	30%	78%	160.0%*
3. In disciplining a child, what should be included along with punishment?	26%	83%	219.2%*
4. What is the most important part of giving a chore?	57%	91%	59.7%*
5. What is most important in "Assertive Discipline"?	26%	87%	234.6%*
6. What is most likely to happen if parents don't follow through on punishment?	61%	96%	57.4%*
7. When might a family discussion of a problem NOT be a good idea?	65%	83%	27.7%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	74%	91%	23.0%
9. What happens when parents are consistent in giving consequences?	43%	83%	93.0%*
10. What are the components of "Contingency Management"?	26%	91%	250.0%*
11. What happens if a parent monitors a child's schoolwork?	65%	87%	33.9%
12. When you first find out your child is doing poorly at school, what should you do first?	78%	96%	23.1%*
13. What is the long term result of motivating children by yelling at them?	78%	91%	16.7%
14. What often happens when a parent forbids teens to see a particular friend?	91%	96%	5.5%
15. What happens when you compare siblings to each other?	87%	96%	10.4%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	32%	73%	128.1%*
17. The main reason parents yell at their children is?	57%	100%	75.4%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	74%	100%	35.1%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	43%	74%	72.1%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	52%	83%	59.6%*
21. What is the purpose of an "I Statement"?	57%	78%	36.8%
22. What are the main advantages of "Contracting" for adolescents?	52%	74%	42.3%
23. Which of the following is an "I Statement"?	26%	96%	269.2%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	39%	91%	133.3%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	13%	74%	469.2%*
26. What is the advantage of having both parents involved with a child's homework problem?	35%	91%	160.0%*
27. What happens when parents give punishments that are severe?	48%	96%	100.0%*
28. Close supervision of our children when they spend time with friends has which advantage?	52%	87%	67.3%*
29. What are the main elements of "Contracting"?	26%	96%	269.2%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	30%	87%	190.0%*
31. If we need to correct our child when he with friends, what should we do?	83%	100%	20.5%*
32. To help our children know which behavior to change, it is important for us to be...	65%	100%	53.9%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	78%	96%	23.1%*
34. When we talk about the positive motive behind someone's behavior the effect is?	87%	96%	10.4%
Overall Percentage Correct	**52.8%**	**89.1%**	**68.8%***

*$p < .05$.

Parents who completed the Parents Helping Parents SEA parenting program used a 5-point scale and rated how often they engaged in 34 different parental practices. Table 6 contains items representing both *poor* (questions 1-13) and *good* (questions 14-34) parenting practices. Of the 17 parents who turned in both a pre- and a posttest, there was an overall statistically significant decrease in how often they engaged in negative behaviors. However, there was a slight *increase* in how often parents said they fight with their partner in front of the children on the posttest.

For the questions addressing positive parenting practices, many of the responses to these items were already quite positive, leaving little room for improvement. Of the 20 items, five were significantly different from pre- to posttest. Parents reported they talked to their children more often regarding sex and protection (from "sometimes" to "frequently"), asking their children for their opinion with an issue that affects them (from "sometimes" to "always"), talking to their children about God (from "frequently" to "always"), knowing their children's friends' parents (from "sometimes" to "frequently"), and the question #20 which we continue to point out we do not understand.

Table 6. Parents' Report of Parenting Behaviors, Matched Sample (n=17)

Survey Questions	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
"Negative" Behavior Questions					
1. How many times do I hit my children?	1.8	.7	1.7	.6	-5.6%
2. How many times do I yell?	2.5	1.1	2.3	.9	-8.0%
3. How many times do I scold my children?	2.9	1.1	2.4	.7	-17.2%
4. How many times do I insult my children?	1.2	.5	1.2	.4	No Change
5. How many times do I use profanity?	1.5	.6	1.2	.4	-20.0%
6. How many times do I get angry?	2.8	1.0	2.6	.6	-7.1%
7. How many times do I use sarcasm?	1.7	.9	1.4	.5	-17.7%
8. How many times do I repeat myself?	2.4	1.1	2.3	.9	-4.2%
9. How many times do I get into arguments for the sake of my children?	1.9	1.0	1.5	.6	-21.1%
10. How many times do I blame my partner or my children for my unhappiness?	1.2	.5	1.2	.4	No Change
11. How many times do I fight with my partner?	2.1	1.0	1.8	.5	-14.3%
12. How many times do I fight with my partner in front of my children?	1.2	.4	1.3	.5	8.3%
13. Family rules are created by my husband and me without our children's participation.	2.7	1.6	2.2	1.4	-18.5%
Overall Mean for Negative Behavior Questions	**2.0**	**.6**	**1.8**	**.4**	**-10.0%***

Table continues on next page

"Positive" Behavior Questions					
14. I know where my children (are) after school and on the weekends.	4.5	1.3	5.0	.0	11.1%
15. I know my children's friends.	4.4	.9	4.5	.8	2.3%
16. I know my children's friends' parents.	3.7	1.5	4.4	1.0	18.9%*
17. I know where my children's friends live.	3.7	1.4	3.8	1.4	2.7%
18. I know what my children are doing when they are in school.	4.4	1.3	4.7	.9	6.8%
20. What frequency of diversion so (sic) we have with family?**	3.8	.7	4.2	.8	10.5%*
21. How many times do we eat together as a family?	4.5	.9	4.6	.7	2.2%
22. How many times do we converse with our children?	4.4	.8	4.7	.5	6.8%
23. How many times do I talk with and encourage my children?	4.7	.6	4.7	1.0	No Change
24. How many times do I express affection to my children?	4.8	.5	4.9	.2	2.1%
25. How many times do we have family reunions to discuss issues?	3.5	1.2	3.9	1.1	11.4%
26. How many times do I participate in school activities with my children?	3.7	1.3	4.2	1.0	13.5%
27. How many times do I help my children with their homework?	4.2	1.1	4.8	.6	14.3%
28. How many times have I asked my children for their option to help with an issue that affects them?**	3.6	1.2	4.7	.6	30.6%*
29. How many times have I talked to my children regarding drugs?	3.8	1.3	4.2	1.2	10.5%
30. How many times have I talked to my children regarding gangs?	3.4	1.6	4.1	1.3	20.6%
31. How many times have I talked to my children regarding sex and how to protect themselves?	2.7	1.7	3.7	1.5	37.0%*
32. How many times do I pray with my children?	3.8	1.2	4.3	1.2	13.2%
33. How many times do I attend church with my children?	3.0	1.1	3.4	.9	13.3%
34. How many times do I talk to my children of God?	4.0	1.0	4.8	.5	20.1%*
Overall Mean for Positive Behavior Questions	**4.0**	**.6**	**4.4**	**.4**	**10.0%***

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, 13 parents participated in the Home Accident Prevention (Safety) module of the *SafeCare program.* This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training and providing safety latches to the families. As Table 7 shows, an average of 102.6 hazards per family were observed during the initial assessment but dropped to an average of 5.7 at the end of the module, a 94.4%

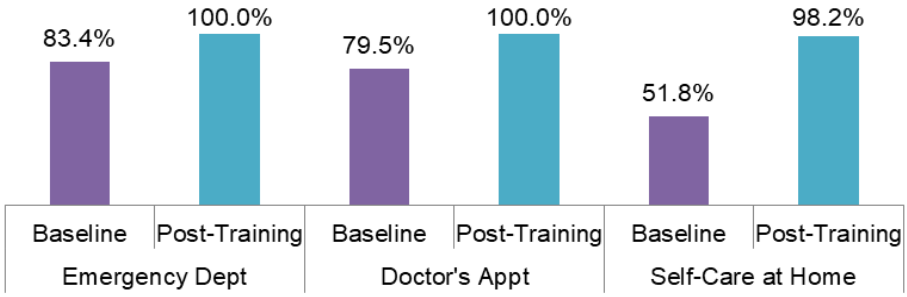
reduction. Examples of hazards at the child's eye-level included accessible kitchen knives, chemicals within reach and unsecured electrical cords. The total number of home hazards recorded prior to the training ranged from 76 in one family to 160 in another family.

Table 7. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=13)

	Baseline	Post-Training
Average number of hazards per client	102.6	5.7
Mean percent reduction	94.4%	

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

Figure 4. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=8)



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

Figures 5 and 6 (see next page) show the results of the parent-infant and parent-child interactions, respectively: 13 parents with matching baseline and post-training data in the first age group and 3 parents in the second. The improvement in the parents' ability to consistently demonstrate the desired behaviors was significant—a 440% difference from baseline to the completion of the training for the parents with infants and a 1030% improvement for those with older children.

Figure 5. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=13)

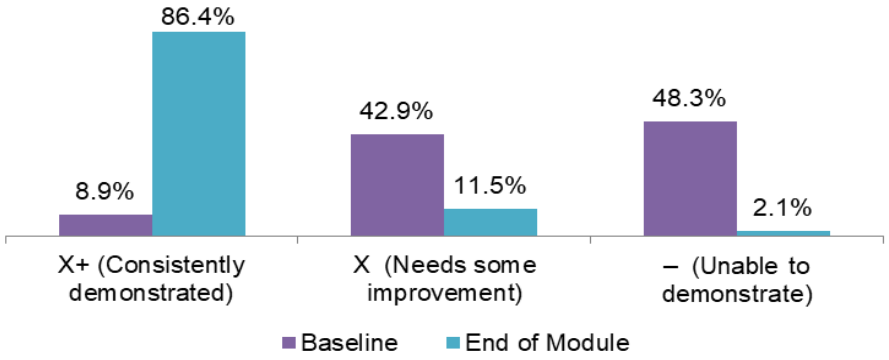
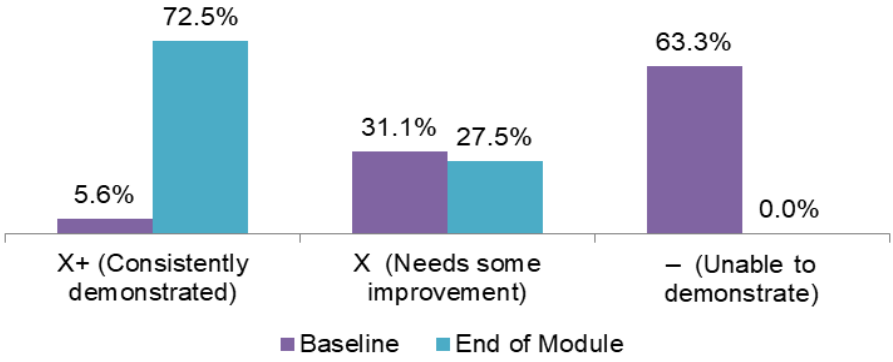


Figure 6. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=3)



After completing the SafeCare training program, parents were asked to provide their opinions about it in a survey. Each of the 4 surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement using a 5-point scale.

Overall, the parents "strongly agreed" or "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program and "strongly disagreed" that the Home Visitor was negative and critical or that the training did not give them new or useful information (Table 8 on the next page).

Table 8. Parents' Ratings of Satisfaction with SafeCare

	Health (n = 14)	Home Safety (n = 7)	Parent Child (n = 2)	Parent Infant (n = 8)
Home is safer since training		1.14		
Am better able to identify hazards		1		
Easier to interact with my child			1	1.13
Am better able to get rid of hazards		1		
Easier caring for my child's health	1.07			
Have more ideas about activities to do with my child			1	1.13
Plan to continue with changes made		1.14		
Easier deciding when to take my child to doctor	1.14			
Routine activities have become easier			1	1.25
Amount of time it took was reasonable		1		
Easier deciding when my child needs emergency treatment	1.14			
Was comfortable letting Home Visitor check out home		1		
Believe that training is useful to other parents	1	1	1	1
Did not feel this training gave new or useful info/skills	4.86		5	4.88
Practice during session was useful	1.14	1	1	1.13
Written materials were useful	1	1	1	1
Home Visitor was on time	1	1	1	1
Home Visitor was warm and friendly	1	1	1	1
Home Visitor was negative and critical	4.93	5	5	5
Home Visitor was good at explaining materials	1	1	1	1

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

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

Thirteen of the 15 parents who participated in the *My Plate* nutrition classes completed both a pre- and a post survey for the question displayed in Table 9 below. What they chose to buy and serve their families—and the factors they considered when doing so—changed little after completing the sessions, as most parents had been making good decisions and relatively healthy choices when they began the class.

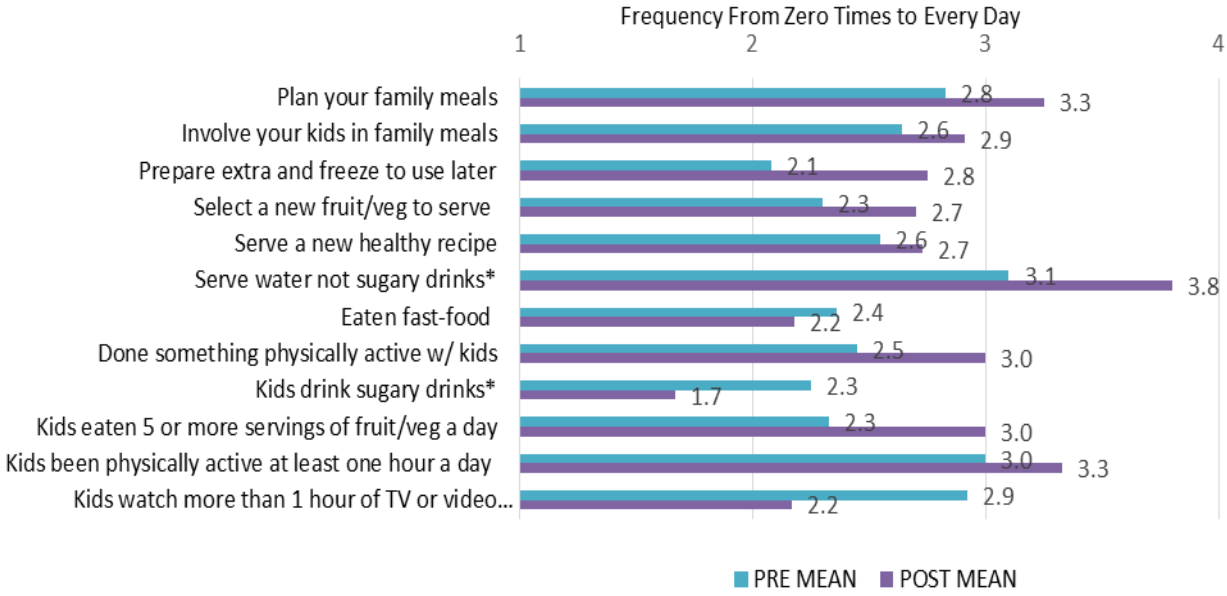
Table 9. The Main Way Participants Chose Food for the Family, in Order of Mention (n=13)

Prior to the Nutrition Classes (n=7)	After the Nutrition Classes (n=10)
↓ I cook what I like/what I want to eat	↑ I make a grocery list/menu
↑ I try to go for healthier choices	↑ I include more fruits and vegetables
↑ I use whatever is in season	↑ I look for low sugar, check prices
↔ We talk and decide on what to eat	↑ I ask the children what they want to eat, but I decide
↔ My boyfriend cooks	↑ I think about it (menu) the day before
	↔ My partner makes the food

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

The parents were also asked how often they engaged in various health-related behaviors in the past week: from "zero" to "every day" (coded from 1 to 4 in order to obtain pre/post means.) As Figure 7 shows, parents nearly always reported engaging in more positive behaviors after the program. The statistically significant changes included parents reporting that they more often served water and not sugary drinks, that their children drank less sugary drinks, and that their children watched less television or played less video games.

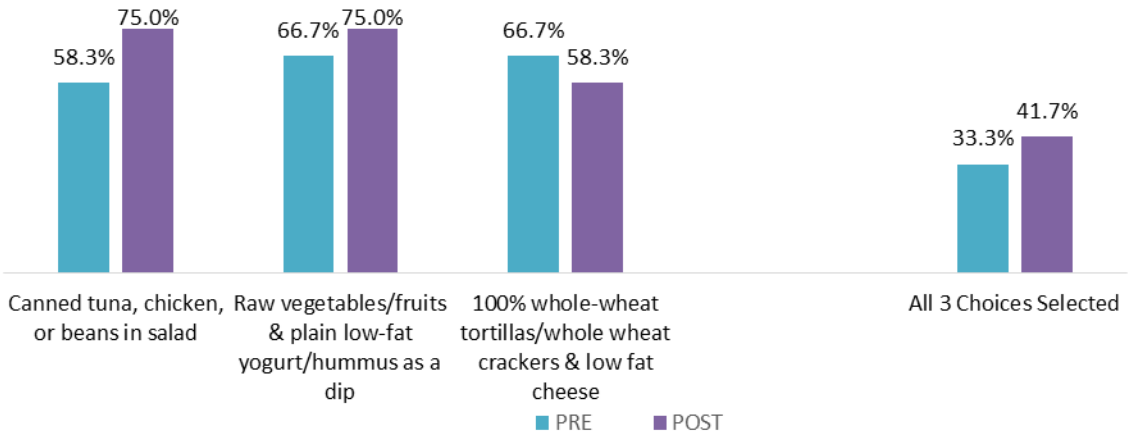
Figure 7. Frequency of Parent's Activity in Past Week (from Zero to Every Day), Matched Sample (n=14)



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

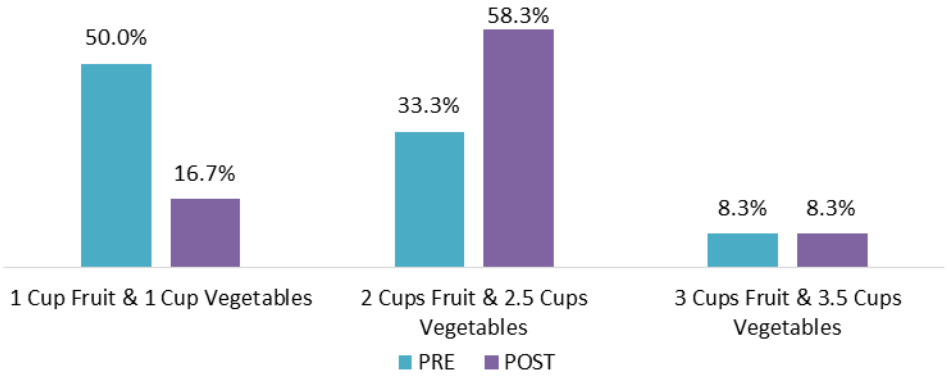
The survey listed certain food items and asked which of them were healthy choices. After the classes, more parents on the posttest understood that raw vegetables and fruit with plain low-fat yogurt or hummus as a dip and canned tuna, chicken, or beans in salad were healthy choices. The lower percent correct that whole wheat tortillas or crackers and low-fat cheese was a healthy choice on the posttest was due to one parent not agreeing (Figure 8). Since all three food items are healthy choices, parents should have correctly selected all three choices. On the pretest, approximately 36% of the parents selected all three. This percentage increased to 42% (86% last year) of the parents selecting all three choices correctly on the posttest.

Figure 8. Percentage of Parents Selecting Specific Healthy Food Choices, Matched Sample (n=12)



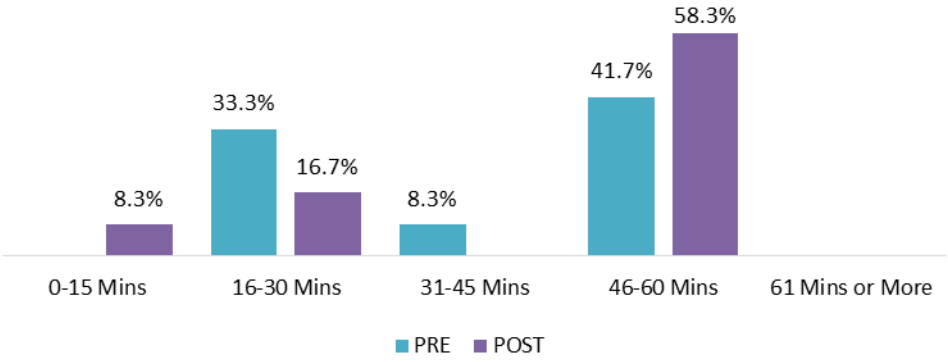
Parents were also asked what the daily recommended amount of fruit and vegetables was. Before the classes, one-third of the parents (33.3%) said correctly that the daily recommended amount was two cups of fruit and two and half cups of vegetables; after the program, over half of the parents (58.3%) responded correctly (Figure 9).

Figure 9. Parents Knowledge of Daily Recommended Amount of Fruit and Vegetables, Matched Sample (n=12)



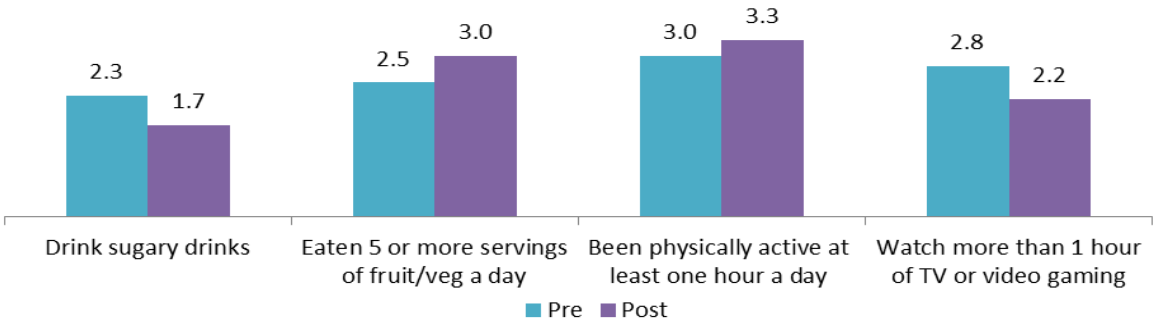
To help children develop habits that will last a lifetime, an active, healthy lifestyle must start early in life. Figures 10 and 11 address children's healthy behaviors. There was no consensus among parents on the pretest with how much physical activity children 6 years and older needed each day. One third (33.3%) of the parents thought 16-30 minutes/day was adequate, with a little over 40% of the parents correctly answering 46 to 60 minutes a day. After the program, there was a slight improvement in the percentage of parents (58%) correctly answering that children needed 46 to 60 minutes a day. No parents answered that children needed 61 or more.

Figure 10. Parent's Knowledge of Recommended Daily Physical Activity for Children, Matched Sample (n=12)



The parents were also asked how often their children *engaged* in health-related behaviors in the past week. Their responses—from "zero times" ("1) to "every day" ("4") during the past week—were coded from 1 to 4 to get the pre/post means.[2] Every one of the desired behaviors changed in a positive direction after taking the class.

Figure 11. Frequency of Children's Activity in Past Week (from Zero to Every Day), Matched Sample (n=12)

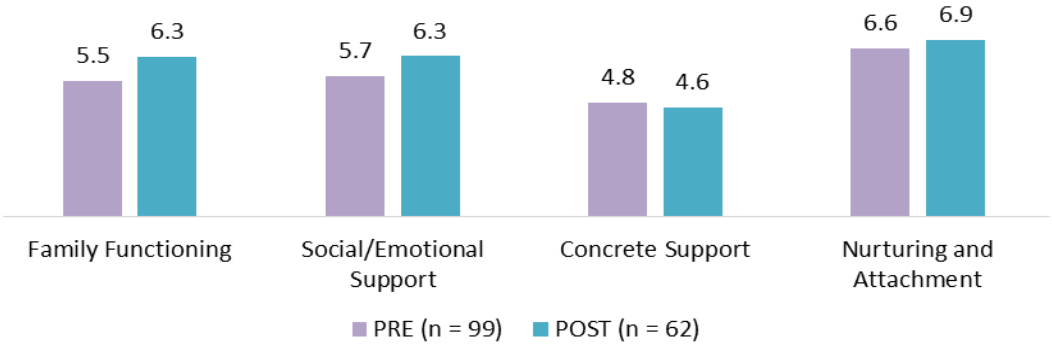


To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form[3] were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

Because the participants for the pre/post were not able to be matched (all grantees using this tool send summarized data in an e-file), the data are not able to speak to changes in the responses of individuals. However, we can see from Figure 12 there was a general increase in protective factors from pretest to posttest on 3 of the subscales: Family Functioning, Social/Emotional Support, and to a slightly lesser degree, Nurturing and Attachment. The Concrete Support subscale, on the other hand, showed a slight *decrease* in protective factors.

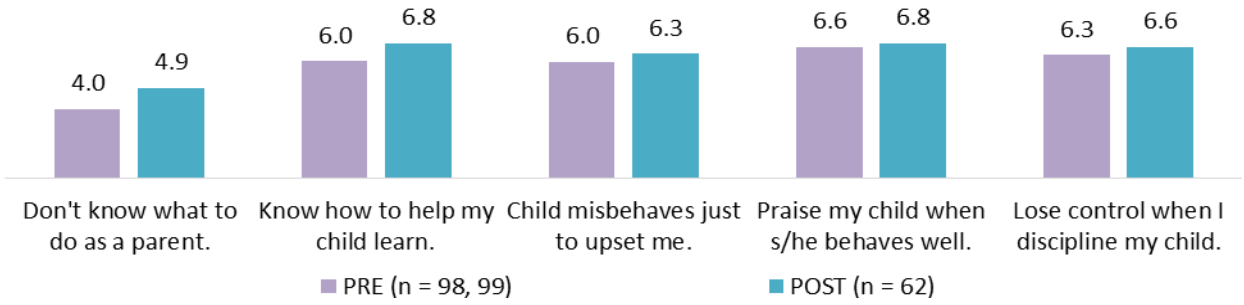
Figure 12. Mean Scores for Parents' Protective Factors



[2] These behaviors are of particular interest to look at because they align with the data First 5 tracks in its strategic plan.
[3] Lindsay did not submit results from the Spanish version pf this tool this year.

For the 5 items in the Knowledge of Parenting area (Figure 13 on the next page), parents improved their knowledge about all the items covered in this tool. The greatest increases were in the areas of "knowing what to do as a parent" and "knowing how to help my child learn."

Figure 13 Mean Scores for Knowledge of Parenting



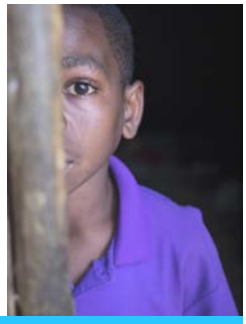
Conclusions and Recommendations

The strategies implemented by this project clearly contributed to increased literacy skills of both parents and children. Overall, the parents who participated in this project increased their understanding of the importance of early literacy activities with their children, meeting the evaluation objective for that measure. The fact that not all positive changes in book usage were statistically significant should not be interpreted as little program impact; however, staff should take note that 66% of parents at posttest said they never went to the library.

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

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

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



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

"The skills this program teaches really work—for any type of relationship. It helped me reflect on my co-parent's responses instead of reacting negatively."
- Father of 2 young children

Project Purpose and Evaluation Design

This program serves parents at higher risk for violence or high intensity conflict with the co-parent who were divorced/not still living together (the "co-parents group") as well as divorcing, non-custodial parents (referred to as the "supervised visits" group). Its purpose is to increase parents' knowledge and ability to promote children's development and adopt effective parenting skills in challenging circumstances. The supervised visits occur at CHAT House (Child Abuse Treatment House) a Supervised Visitation Center. The Center provides a safe, neutral location for contacts between a child and a non-custodial parent. The supervised visit participants complete a satisfaction survey and family service workers complete the Keys to Interactive Parenting Scale© (KIPS), an assessment of parenting behavior for families with young children focused on 12 behaviors believed to be related to effective parenting. The "co-parenting" group completed the Cooperative Parenting© Boyan and Termini Pre and Post-Assessment, a 10-item questionnaire, before and after their intervention.

Strategic Plan Indicators

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

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

Program Highlight

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

The success that brought staff the most satisfaction this year was seeing the difference it made when the agency offered the opportunity for clients to complete missed classes by attending individual make-up sessions. The change resulted in more completions.

Adjustments Due to COVID-19

SERVICE BREAKS: No services were suspended, only the way in which they are currently being offered has been altered.

SERVICE ADJUSMENTS: Staff created Power Point presentations in English and Spanish and guided clients with tech capacity through using Zoom for the co-parenting classes.

BARRIERS: The main barrier has been uneven access to technology in trying to help clients obtain low-cost internet. The clients who only want to participate are not being served but are on a waiting list.

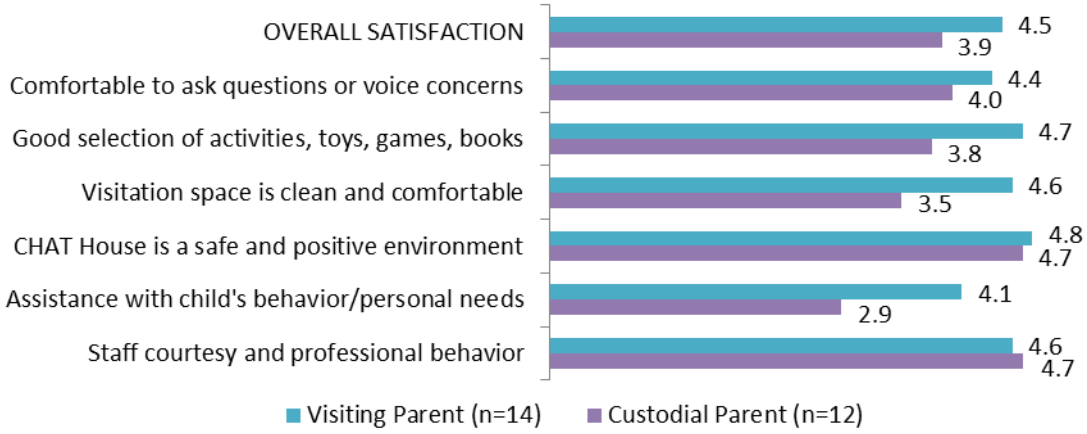
Evaluation Results

How Satisfied were Parents with the Supervised Visitation Experience?

A total of 14 visiting (the non-custodial parent) and 12 custodial parents who participated in the supervised visits program submitted completed satisfaction surveys. Most parents viewed the staff as courteous as well as professional, with custodial parents expressing only slightly more satisfaction with this than visiting parents, as is generally the case each year of our evaluation. Both sets of parents rated their satisfaction about the CHAT House experience (safe, positive environment) as high, and they generally expressed satisfaction with their ability to ask questions or voice concerns, though custodial parents a little less so than visiting parents.

As seems to be the case each year, the custodial parents felt the visitation space was not as clean and comfortable as the visiting parents did; they also regarded the selection of activities, toys, books and games less favorably. They also expressed quite a bit less satisfaction concerning the staff helping with children's behavior and personal needs—a striking difference from the views of the visiting parents (Figure 1).

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



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

About one-third of parents provided additional feedback about the program in the form of written comments. Similar to previous years, the most frequent comment about the benefit of the program from both categories of parents was being provided a "meaningful, safe, positive environment" for visiting with their child and a neutral, supervised environment (Table 1). They also made specific suggestions to improve the services; for example,

allowing children to receive gifts from the visiting parent, keeping the same supervisor during each visit for continuity, and respecting dietary restrictions. Visiting parents also expressed appreciation for the opportunity this program provides to be able to spend time with their child(ren).

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

Custodial Parents	Visiting (non-Custodial) Parents
Perceived Benefits of Having Visits at the CHAT House	
▪ My child can visit her mom/dad in a safe environment. ▪ This creates a supervised environment for my kids. ▪ Safe setting for the child. ▪ I like the regular schedule	▪ Location is good. ▪ Staff is ready to help if my child has needs. ▪ Fun, creative, many activities. ▪ No contact between parties. ▪ A safe/secure environment in which to meet.
Ways the Program Could Support Parents in Strengthening/Improving Quality of Visits	
▪ Keep the same supervisor each visit. ▪ Respect diet limitations.	▪ Allow parents to give gifts to our children. ▪ There needs to be more open space. ▪ Have snacks available for children. ▪ Please return phone calls.

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

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

Co-parenting parents were asked to rate their overall relationship with their child's other parent on a scale of 1 to 8, with 1 being "extremely hostile" and 8 being "very friendly." In general, almost 40% of the parents (35 of 88) with both a pre- and a posttest reported that their relationship with their child's other parent improved after participating in the program (Table 2). Before the program, they had expressed that their relationship with the child's other parent was somewhere between "avoidant" and "cold" (*M* = 4.4). After the program, respondents rated their relationship somewhere between "cold" and "civil" (*M* = 5.3). This slight improvement, with a mean percentage change of 23.3%, was statistically significant. A little over half of the parents (44 of 84) who answered this question on both the pretest and posttest reported that their relationship with their child's other parent generally improved after the program.

Table 2. Parents' Rating of Overall Relationship with Their Child's Other Parent, Matched Sample (*n* = 84)

Rating	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Please rate your overall relationship with your child's other parent.	4.4	1.6	5.3	1.6	23.3%*

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 five items after completing the class, with the largest improvements seen in parents' self-rating of their ability use negotiation

skills when interacting with their child's other parent (+21.2% change) and their ability to communicate with the child's other parent (+18.6% change).

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 of 9.3), there were statistically significant changes afterwards on all but the item regarding making negative comments about the child's other parent in front of the child; parents did not report any change in behavior on this item.

Table 3. Parents' Rating of Cooperative Parenting - Boyan and Termini Survey, Matched Sample (n=95)

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.	93	5.9	2.9	7.0	2.7	18.6%*
3. Control your anger when interacting with your child's other parent.	93	8.0	2.0	8.8	1.6	10.0%*
4. Use negotiation skills when interacting with your child's other parent.	94	6.6	2.5	8.0	2.4	21.2%*
5. Keep your child shielded from parental conflict.	95	8.4	2.1	9.2	1.3	9.5%*
6. Cooperate with your child's other parent on establishing mutually acceptable guidelines and agreements.	87	6.6	2.7	7.7	2.5	16.7%*
Overall Mean for Ability Questions 2 - 6	**95**	**7.1**	**1.8**	**8.1**	**1.6**	**14.1%***
How often do you participate in the following behaviors:						
7. Make negative comments about your child's other parent in front of your child.	88	9.3	1.6	9.3	1.6	No Change
8. Ask your child questions about the other parent's personal life.	87	9.4	1.8	9.8	.5	4.3%*
9. Ask your child to relay messages or pass notes to the other parent.	88	9.4	1.9	9.9	.3	5.3%*
10. Argue with your child's other parent in front of your child.	87	9.0	1.8	9.5	1.1	5.6%*
Overall Mean for Participation Questions 7 - 10	**88**	**9.3**	**1.4**	**9.6**	**.6**	**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 with the KIPS Parenting Scale for the "supervised visits" parents group are shown in Table 4 on the next page. Program staff rated participants on parental behaviors related to building relationships, promoting learning, and supporting confidence using a 1-5 scale with 5 being the "most optimal." Although there were 13 participants at the pretest, only seven of them were rated at the posttest. Because these parents were rated as behaving already in a modestly optimal manner on the observed 12 items at the pretest and relatively optimal later at the posttest there was significant improvement on only one of the items (probably due to the small matched sample size)—improvement in how the parents promoted exploration and curiosity in supporting their child's confidence.

Table 4. Observed Assessment of Parents – KIPS Parenting Scale, Matched Sample (n=7)

Parent Behaviors	Pre		Post		% of Change
	M	*SD*	*M*	*SD*	
Building Relationships:					
1. Sensitivity of Responses	3.7	1.0	3.9	.7	5.4%
2. Supports Emotions	3.9	1.2	4.1	.7	5.1%
3. Physical Interaction	4.1	1.1	4.4	.8	7.3%
4. Involvement in Child's Activities	3.7	1.1	4.1	.7	10.8%
5. Open to Child's Agenda	3.7	1.1	4.4	.8	18.9%
Promoting Learning:					
6. Language Experiences	3.6	1.1	4.0	.8	11.1%
7. Reasonable Expectations	3.3	1.3	3.4	.8	3.0%
8. Adapts to Strategies to Child	3.7	1.4	4.1	.9	10.8%
9. Limits & Consequences	3.4	1.3	4.3	1.0	26.5%
Supporting Confidence:					
10. Supportive Directions	3.1	1.2	3.7	1.1	19.4%
11. Encouragement	3.6	1.3	4.4	.8	22.2%
12. Promotes Exploration/Curiosity	2.7	1.4	3.4	.8	25.9%*
Overall Mean	**3.6**	**1.1**	**4.0**	**.5**	**11.1%**

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

Based on positive parent feedback about the supervised visitation program it is clear the program continues to be well received, and parents believe it is beneficial for their families; this meets the evaluation goal that "at least 75% of visiting and custodial parents self-report that visitation staff assisted them with addressing their child's behavioral or personal needs in a positive manner."

The project generally met its evaluation goals for parents who participated in the Cooperative Parenting and Divorce curriculum, although the parents' own ratings of improved behaviors that help to heal fractured family relationships tended to be more favorable than the program staff's observations. This discrepancy may be atypical as in previous years there has been more consistency between parents and staff assessments of parenting behaviors.

FAMILY SERVICES OF TULARE COUNTY
Early Mental Health Program

"The therapist was able to work with my son at the school and now he handles the transitions between home and school more smoothly."
- Program participant

Project Purpose and Evaluation Design

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

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

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

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

Relevant Strategic Plan Indicators

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

- *The percent of families provided with targeted intensive and/or clinical family support and referral services, including home visiting.*
- *The percentage of parents and other caregivers with skills to use effective and appropriate discipline regarding their children's behavioral issues.*

Program Highlight

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

The empathy and willingness of therapy staff to set boundaries in a supportive and therapeutic way accounts for as much of client success as does the clients' own desire to become a loving, effective parent. This was the case for a father who had never bonded with his child but gained custody because of the mother's substance abuse. His emotional issues with women, due to his past experiences, created additional challenges in his interaction with the therapist. Although he participated willingly, there were often times he would struggle to express or communicate his feelings in an appropriate way. However, over the course of his work with the therapist he learned about proper boundaries and how his personal choices affected his child, enabling him to make positive lifestyle changes and gain the parenting skills and knowledge needed to bond with his son and continue to meet his social and emotional needs. The resources provided through this program make it possible for families who may otherwise never be able to receive parenting services to do so.

Adjustments Due to COVID-19

SERVICE BREAKS: No services were suspended, only the way in which they are currently being offered has been altered.

SERVICE ADJUSMENTS: Early mental health sessions are now offered with parents and children through a telehealth platform for therapists (Doxy.me). Staff also offers sessions via phone calls or Face Time, depending on what clients have access to. Some of the therapists put together "therapy kits" for kids who need art supplies or other tools for their sessions. Some families, it was found, do not have easy access to paper, colored pencils, etc.

BARRIERS: The main barrier has been the lack of technology (no internet connection, no personal email) of the families or any idea of how to even utilize these things. (Some of the therapists have helped them obtain low-cost internet and walked them step by step through the process of using it.) Another barrier has been in engaging young clients for the full 50 minutes via phone calls or video sessions.

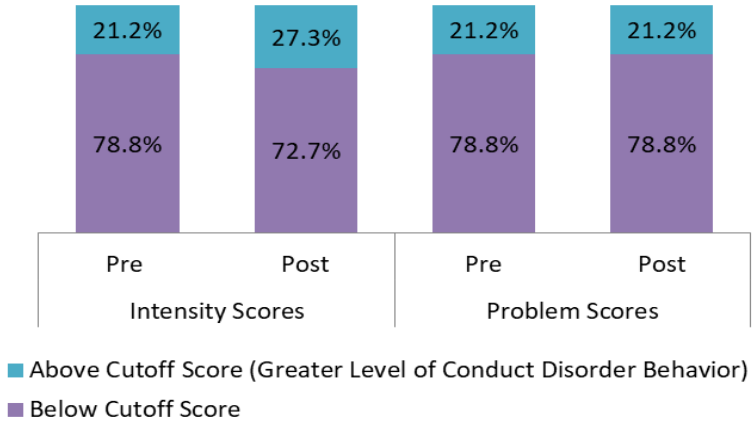
Evaluation Results

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

The Eyberg Child Behavior Inventory (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Scale, which measures the frequency of each problem behavior and a Problem Scale which reflects parents' tolerance of the behaviors and the distress caused, i.e., the *extent* to which the parent finds the child's behavior troublesome. The scales are continuous such that higher scores indicate a greater level of conduct-disordered behavior and greater impact on the parent.

Although 74 parents completed the pre-assessment, the matched post-assessment sample size of 33 was used as the basis for the analysis. Using the tool's cutoff T score of 60 for Intensity Scores and 60 for Problem Scores, 21% of the children at the pre-assessment scored above the cutoff (coded as aqua) on Intensity items and 21% scored above the cutoff score on Problem items. At the time of the post-assessments, there were more children (27%) scoring over the cutoff on Intensity items, but the same number of children (21%) scoring over the cutoff on Problem items (Figure 1 on the next page). (Note: Although these were the same children, the counts for the pre and posts involved a different distribution of the children, i.e., it was not necessarily the same children who exceeded the score on both the pre Intensity and the pre Problem.)

Figure 1. Eyberg Child Behavior Inventory
Percentage of Children Exceeding Cutoff Points, Matched Sample (n=33)

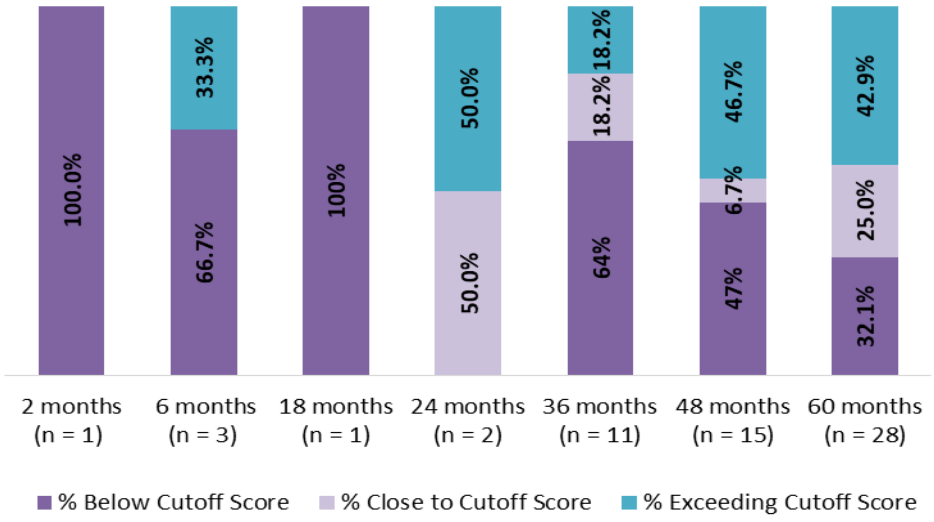


To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. A total of 61 children were assessed for their social and emotional development using the 2002 ASQ-SE questionnaire. For this ASQ version, children who exceeded the cutoff score (coded as aqua) were behaving at a level of concern to the caregiver and were to be referred for further mental health evaluation and offered use of other resources. Children who scored in the midrange were to be monitored closer (coded in light purple) and children scoring below this range did not need further evaluation (coded in purple).

Of the 7 different age groups evaluated, 5 age groups (6 months, 24 months, 36 months, 48 months, and 60 months) had children who scored above the cutoff scores for their age group and warranted further evaluation. For the two oldest age groups, over 40% of the children exceeded the cutoff score. In addition, there were children in the 24 months group, 36 months group, 48 months group, and the 60 months group who scored near the cutoff score and were to be monitored further (Figure 2).

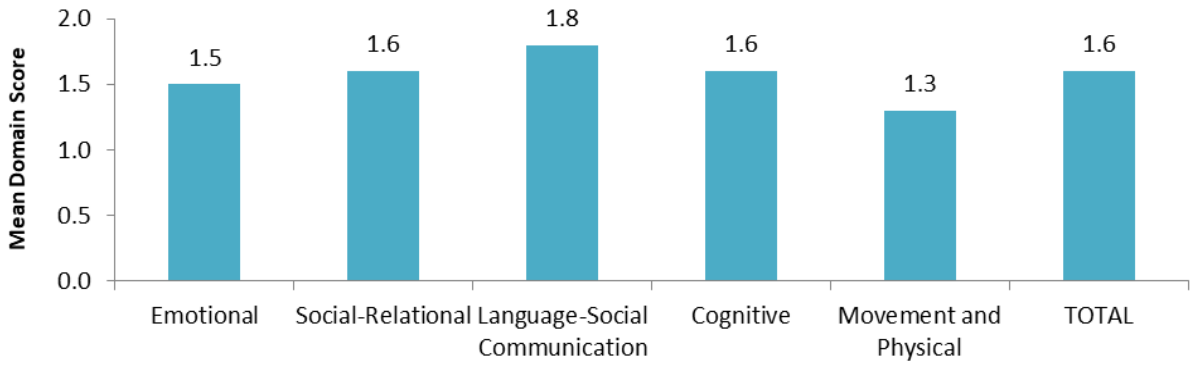
Figure 2. Percentage of Children Below, Near or Exceeding ASQ-SE Cutoff Score (n=61)



Based on their age group, children were also evaluated on several behavioral milestones on 5 domains using a Developmental Milestones and Competency Ratings tool. A total of 66 children were evaluated with the pre-assessment this year with no post-assessments available.

Ratings for each milestone were on a 3-point scale with higher scores being less favorable (i.e., a "1" meant the behavior was "fully present" and a "3" indicated the behavior was "absent"). Milestone ratings within each domain were summed and averaged to get a total Competency Domain Rating. Figure 3 shows the mean domain score of these ratings. Overall, children were rated the most favorably on hitting the milestones associated with the Movement and Physical Domain (*M* = 1.3) and the least favorably in the Language–Social Communication Domain (*M* = 1.8)—the same findings as the previous two years.

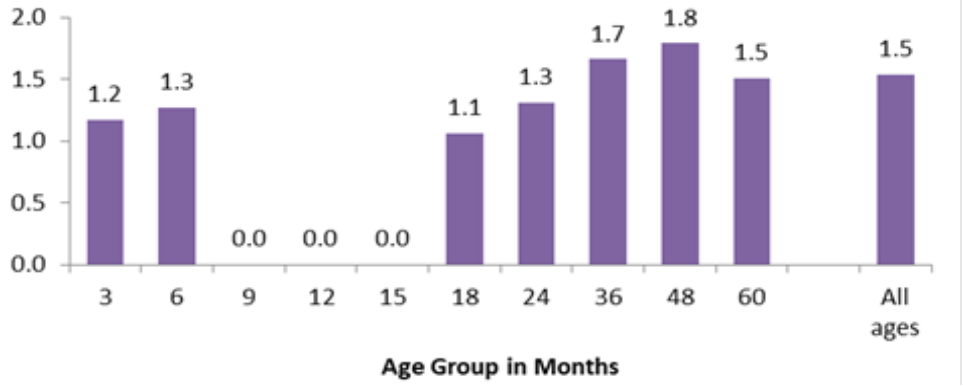
Figure 3. Average Developmental Milestones & Competency Ratings Domain (n=66)



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

Looking at the children by age group (Figure 4), children in the 48 months age group were evaluated the least favorably (*M* = 1.8) and those in the 18 months age group were evaluated the most favorably (*M* = 1.1). There were no children in the 9, 12, or 15 months age groups. The overall mean for the group of children evaluated this year was 1.5.

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



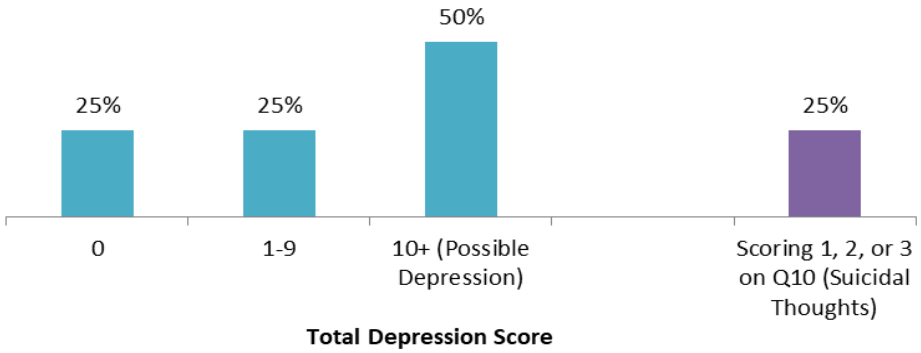
Note: 1 = fully present, 2 = inconsistently present or emerging, and 3 = absent.

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

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

This year, four women were rated by the project using this tool. As Figure 5 shows, two of the four women (50%) scored over 10 which indicated possible depression. One of the women (25%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. One of the mothers responded to Question 10 on the tool by marking "hardly ever" which suggested that she may have had *possible suicidal thoughts* and should be referred for immediate further assessment.

Figure 5. Edinburgh Postnatal Depression Scale (*n* = 4)



Conclusions and Recommendations

This project continues to offer an essential resource for families with children for whom early mental health issues are a concern and for new mothers who may be suffering postpartum depression. The results of the Child Behavior Inventory suggest that therapists' work with families made a positive impact for children exhibiting concerning behaviors. The ASQ assessments continue to demonstrate the extent of need for the unique services this organization provides for Tulare County children and their families.

The Language–Social Communication domain continues to be an important area for therapists/staff to focus on in helping children reach competency in their developmental milestones.

We wondered whether there would have been value in screening additional women for postpartum depression. Although the sample size is admittedly small this year, 2 of the 4 women (and 7 of the 8 women last year) scored in such a way as to suggest possible maternal depression. With screening, appropriate referral and treatment options, with follow-up could be indicated. It should be noted that according to studies, women living in poverty, such as those served by the grantee, have higher rates of depression than the general public.[5]

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

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

"I understand children will react to the situations they're placed in and therefore I should be more aware and patient with them." - Father of three

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

The continued encouragement, support, praise and creative ways staff found to continue services to the father quoted above who, though initially guarded and skeptical of the program, managed to graduate, is one reflection of this project's success. Despite various challenges (e.g., not having glasses he needed, the client could barely read the curricula materials), and being transferred from facility to facility, he stuck with the initial program; having his wife (outmate) enroll as well gave him motivation to complete the course and maintain accountability to his family. After release, staff shared how they witnessed this father during a home visit managing the challenging behaviors of his child in a calm and confident manner, applying the techniques he once questioned. The participant's success can also be attributed to the assistance he received from Family Services of Tulare upon release which included such practical items as diapers, a gift card to help with clothing needs and food baskets.

Adjustments Due to COVID-19

SERVICE BREAKS: Home visits to the outmates had to be suspended and the size of the inmate groups was reduced.

SERVICE ADJUSMENTS: All services to inmates' families (the outmates) were conducted by phone, text, mailing and/or Zoom. Information packets based on the curriculum were mailed out to families at least once a month. Completed assignments were turned in via text or email. Links to various videos were also provided.

BARRIERS: The current challenge is the low number of program participants (due in some part to fewer inmates being sentenced and/or arrested during the pandemic) and staffing fluctuations/reductions.

Evaluation Results

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

The *Parental Stress Scale* gauges how much stress parents feel by looking at their agreement and disagreement level to 18 items. Participants used a 1 to 5-point "Strongly Disagree" to "Strongly Agree" scale to rate 18 parental stress items about their feelings and perceptions about being a parent. Higher total scores mean higher levels of parenting stress. Table 1 below displays the range of scores received for this year's group. Although none of the changes was statistically significant, there was a slight reduction in the overall stress level of the parents from the pretest (*M* = 33.6) to the posttest (*M* = 31.7).

Table 1. Total Scores on the Parental Stress Scale

		Pretest			Posttest		
Group	N matched	Low Score	High Score	Mean	Low Score	High Score	Mean
Inmate	58	18	90	33.7	18	88	31.9
Outmate	8	22	42	33.1	22	39	30.4
Total	66	18	90	33.6	18	88	31.7

A closer look at each specific item on the scale follows.

The positive and negative parenting-themed items measured in the scale are displayed in Table 2 on the next page for the total sample of 66 participants (out of 83 participants who turned in both a pre and a posttest), combining the 58 inmates and 8 outmates. Looking at this matched sample, there were statistically significant changes on only three of the items. Parents had higher agreement levels on the posttest with the following:

- there is little or nothing they would not do for their children if it was necessary
- they were happy in their role as parents
- they were satisfied as parents

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

Survey Question	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
1. I am happy in my role as a parent.**	2.2	1.3	1.7	1.1	-22.7*
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.**	1.7	1.3	1.3	.9	-23.5*
3. Caring for my child(ren) sometimes takes more time and energy than I have.	2.4	1.3	2.5	1.4	4.2
4. I sometimes worry whether I am doing enough for my child(ren).	3.8	1.3	3.6	1.2	-5.3
5. I feel close to my child(ren).**	1.9	1.1	1.8	1.1	-5.3
6. I enjoy spending time with my child(ren).**	1.2	.6	1.2	.6	No Change
7. My child(ren) are an important source of affection for me.**	1.3	.7	1.3	.6	No Change
8. Having child(ren) gives me a more certain and optimistic view for the future.**	1.4	7	1.4	.7	No Change
9. The major source of stress in my life is my child(ren).	1.9	1.2	1.9	1.0	No Change
10. Having child(ren) leaves little time and flexibility in my life.	2.0	1.0	2.0	1.0	No Change
11. Having child(ren) has been a financial burden.	1.8	.9	1.7	1.0	-5.6
12. It is difficult to balance different responsibilities because of my children.	2.2	1.2	2.1	1.1	-4.6
13. The behavior of my child(ren) is often embarrassing or stressful to me.	1.6	.9	1.5	.7	-6.3
14. If I had it to do over again, I might decide not to have child(ren).	1.2	.6	1.2	.8	No Change
15. I feel overwhelmed by the responsibility of being a parent.	1.8	1.1	1.9	1.1	5.6
16. Having child(ren) has meant having few choices and too little control over my life.	1.7	.8	1.7	.9	No Change
17. I am satisfied as a parent.**	2.3	1.3	1.8	1.2	-21.7*
18. I find my child(ren) enjoyable.**	1.2	.7	1.1	.6	-8.3
Overall Mean for Statements					

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

Table 3 on the next page summarizes* the pre- to-post results of each group within the total sample. As the chart shows, very few of the 18 items measured by the stress scale changed significantly between the two survey periods. Generally, the participants agreed more with just two of the items: that they were happy in their role as a parent and that they were satisfied as a parent.

* Tables with the detailed results of the scale items for each group within the total sample are available upon request.

Table 3. Parents' Self-Report of Parenting Experience – Stress Scale Summary by Participant Group

Sample	Items of Statistically Significance from Pretest to Posttest*
Looking at only the:	***Increased agreement about:***
58 participants who were categorized as inmates	▪ They were happy in their role as a parent ▪ They were satisfied as a parent
8 outmates who submitted both a pre and a posttest	▪ No differences; stress level unchanged after the program
5 inmates with outmates matched to them who submitted both a pre and a posttest	▪ No differences; stress level unchanged after the program. Although not statistically significant, they agreed more that they worry whether they were doing enough for their children, indicating an increase in stress level after the program
53 inmate participants without outmates	▪ They were happy in their role as a parent ▪ They were satisfied as a parent
6 outmates who had inmates matched to them	▪ They sometimes worry whether they were doing enough for their children

*Parenting-themed items measured in the stress scale.
Note: we did not do an analysis on outmate without inmate because of the small sample size (*n* = 2).

To what extent did parents increase knowledge about effective parenting?

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

For the total sample as well as the 60 inmates alone there were statistically significant positive changes in all the ways that the parents/caregivers behaved concerning their children's television viewing. For example, before participating in the program, parents/caregivers 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. After the course, the respondents reported that they would "often" to "always" engage in each of these behaviors with the largest percentage change in how often they explained the reality behind the television programs (+39.1%).

For the outmates, similar to last year's finding, there were no statistically significant changes between the pretest and the posttest.

Table 4. Parents' Behaviors Concerning Children and Television Viewing

Survey Question #6	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Total Sample (n=68)					
How much do you:					
a. Limit the time the TV is on	2.4	.8	3.2	.8	33.3%*
b. Switch channels from inappropriate programs	3.3	1.0	3.8	.5	15.2%*
c. Explain the reality behind TV programs	2.3	.9	3.2	.9	39.1%*
Overall Mean	**2.7**	**.7**	**3.4**	**.6**	**25.9%***
Inmates Sample (n=60)					
a. Limit the time the TV is on	2.3	.8	3.2	.8	39.1%*
b. Switch channels from inappropriate programs	3.3	1.0	3.7	.6	12.1%*
c. Explain the reality behind TV programs	2.3	.9	3.2	.9	39.1%*
Overall Mean	**2.6**	**.7**	**3.4**	**.6**	**30.8%***
Outmates Sample (n=8)					
a. Limit the time the TV is on	3.5	.6	3.3	1.0	-5.7%
b. Switch channels from inappropriate programs	3.8	.5	4.0	.0	5.3%
c. Explain the reality behind TV programs	1.8	1.0	2.8	1.0	55.6%
Overall Mean	**3.0**	**.3**	**3.3**	**.5**	**10.0%**

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

Parents/caregivers were also asked what they thought about the effects of TV on children. For the total sample and inmate only sample, there was one statistically significant change: respondents' understanding of how TV watching might affect children's aggressive behavior. Parents moved from "not sure" towards "agree" for this statement (Table 5).

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

Survey Question #7	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
In general, watching television:					
Full Sample (n=68)					
Decreases children's attention span	3.4	1.0	3.7	1.1	8.8%
Decreases children's physical activity	3.8	1.3	3.9	1.3	2.6%
Increases children's prosocial behavior	2.7	1.1	3.1	1.2	14.8%
Increases children's aggressive behavior	3.2	1.0	3.6	1.1	12.5%*
Overall Mean	**3.2**	**.7**	**3.6**	**.8**	**12.5%***
Inmates (n=60)					
Decreases children's attention span	3.4	1.0	3.7	1.1	8.8%
Decreases children's physical activity	3.8	1.2	3.9	1.3	2.6%
Increases children's prosocial behavior	2.8	1.1	3.1	1.2	10.7%
Increases children's aggressive behavior	3.2	1.1	3.7	1.2	15.6%*
Overall Mean	**3.3**	**.7**	**3.6**	**.8**	**9.1%***
Outmates (n=8)					
Decreases children's attention span	3.3	.5	3.5	1.0	6.1%
Decreases children's physical activity	3.5	1.7	3.8	1.3	8.6%
Increases children's prosocial behavior	1.8	1.0	2.5	1.3	38.9%
Increases children's aggressive behavior	3.0	.8	3.3	.5	10.0%
Overall Mean	**2.9**	**.5**	**3.3**	**.9**	**13.8%**

Tables 6 and 7 display the results of parents' agreement levels about 2 different stories concerning common children's behaviors. The first story concerns a 1-year-old child seeing his mother leaving the house to go shopping. Even though she has left him with an adult he knows and likes, he won't stop crying.

For the total sample, there was one statistically significant change in the parents' level of agreement on statement e: they "disagreed/not sure" that the mother should not comfort the child because it will spoil the child. By the posttest, they were mostly in the "disagreed" range regarding this statement. Although not statistically significant, there were large percentage changes in how the outmate sample responded to statements c, e, and g. In general, these respondents were in more disagreement on these statements by the posttest.

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

Survey Question #8	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Full Sample (n=68)					
a. The child is just trying to get attention.	2.9	1.2	2.8	1.3	-3.5%
b. The child doesn't understand the mother will return.	3.9	.7	4.1	.9	5.1%
c. The child is trying to stop the mother from doing something she likes.	2.0	.8	1.9	.9	-5.0%
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.4	.7	4.2	.8	-4.6%
e. The mother should not comfort the child, because he will become spoiled.	2.6	1.2	2.2	.9	-15.4%*
f. The mother should comfort the child or find something fun to distract him.	3.8	.8	3.8	.9	No Change
g. The mother should ignore the child more, so he won't be so upset when she leaves.	2.0	.8	2.1	.9	5.0%
Inmates (n=60)					
a. The child is just trying to get attention.	2.8	1.2	2.7	1.2	-3.6%
b. The child doesn't understand the mother will return.	3.9	.7	4.0	.9	2.6%
c. The child is trying to stop the mother from doing something she likes.	2.0	.8	2.0	.8	No Change
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.4	.7	4.2	.9	-4.6%
e. The mother should not comfort the child, because he will become spoiled.	2.6	1.2	2.3	1.0	-11.5%
f. The mother should comfort the child or find something fun to distract him.	3.8	.9	3.8	.9	No Change
g. The mother should ignore the child more, so he won't be so upset when she leaves.	2.0	.9	2.2	.9	10.0%
Outmates (n=8)					
a. The child is just trying to get attention.	3.5	1.3	3.3	1.5	-5.7%
b. The child doesn't understand the mother will return.	4.0	1.4	4.3	.5	7.5%
c. The child is trying to stop the mother from doing something she likes.	2.3	1.3	1.0	.0	-56.5%
d. The child has a strong attachment to the mother and doesn't like to be away from her.	4.3	.5	4.3	.5	No Change
e. The mother should not comfort the child, because he will become spoiled.	3.3	1.0	2.0	.0	-39.4%
f. The mother should comfort the child or find something fun to distract him.	4.3	.5	4.5	.6	4.7%
g. The mother should ignore the child more, so he won't be so upset when she leaves.	2.0	.0	1.5	.6	-25.0%

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

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

- For the entire matched sample, the level of agreement changed significantly on three of the statements. The largest percentage change was seen for the statement that "the child doesn't know how to use his words well yet, so he throws a tantrum" (24.2% change). Parents also reported significantly more agreement with the statements that "the father should try to ignore the tantrum if the child is not in danger" (16.7% change) and that "the father should try to calm the boy with a gentle voice" (7.3% change).

- For the inmate sample, only two statements yielded statistically significant changes. On the posttest, parents agreed more that "the child doesn't know how to use his words well yet, so he throws a tantrum" (28.1% change) and "the father should try to ignore the tantrum if the child is not in danger" (16.7% change).

- For the outmate sample, there was no significant change in opinions between the pretest and posttest.

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

Survey Question #9	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Full Sample (n=68)					
a. The child doesn't know how to use his words well yet, so throws a tantrum.	3.3	1.2	4.1	.9	24.2%*
b. The child is trying to manipulate his father by embarrassing him.	2.4	1.2	2.1	1.1	-12.5%
c. The child's parents probably "gave in" the last time he threw a tantrum.	3.5	1.1	3.6	1.0	2.9%
d. The father should hit the boy back to teach him a lesson.	1.7	.8	1.6	.6	-5.9%
e. The father should try to calm the boy with gentle voice.	4.1	.8	4.4	.7	7.3%*
f. The father should try to ignore the tantrum if the child is not in danger.	3.0	1.1	3.5	1.3	16.7%*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	2.6	1.1	2.4	1.3	-7.7%
Inmates (n=60)					
a. The child doesn't know how to use his words well yet, so throws a tantrum.	3.2	1.3	4.1	.9	28.1%*
b. The child is trying to manipulate his father by embarrassing him.	2.4	1.1	2.2	1.1	-8.3%
c. The child's parents probably "gave in" the last time he threw a tantrum.	3.6	1.0	3.7	1.0	2.8%
d. The father should hit the boy back to teach him a lesson.	1.7	.8	1.6	.7	-5.9%
e. The father should try to calm the boy with gentle voice.	4.2	.7	4.4	.7	4.8%
f. The father should try to ignore the tantrum if the child is not in danger.	3.0	1.0	3.5	1.3	16.7%*
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	2.7	1.1	2.5	1.3	-7.4%
Outmates (n=8)					
a. The child doesn't know how to use his words well yet, so throws a tantrum.	3.8	.5	4.3	.5	13.2%
b. The child is trying to manipulate his father by embarrassing him.	2.0	1.4	1.5	.6	-25.0%
c. The child's parents probably "gave in" the last time he threw a tantrum.	3.0	1.4	2.8	1.3	-6.7%
d. The father should hit the boy back to teach him a lesson.	1.8	.5	1.3	.5	-27.8%
e. The father should try to calm the boy with gentle voice.	4.0	1.4	5.0	.0	25.0%
f. The father should try to ignore the tantrum if the child is not in danger.	3.0	1.8	3.8	1.9	26.7%
g. The father should raise his voice when he tells the child to stop, to make sure the child hears him.	1.5	1.0	1.3	.5	-13.3%

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

Parents were also given a list of 11 parenting behaviors related to discipline (e.g., "Children will quit crying faster if they are ignored") and asked to indicate their agreement level about what is best for children.[*] For the total sample as well as the inmates-alone sample, there were statistically significant changes for 7 of the statements. For items that were negatively framed, parents were significantly in stronger disagreement, moving from "not sure" to "disagree" or "strongly disagree," when given these statements:

- "Spanking is a normal part of parenting"
- "Sometimes, the only way to get a child to behave is to spank"
- "I believe it is the parents' right to spank their children if they think it is necessary"
- "Parents will spoil their children by picking them up and comforting them when they cry"
- "Children who are given too much love by their parents will grow up to be stubborn and spoiled"

The total sample of parents also significantly changed their agreement level from "not sure" to "agree" for the two positively framed statements:

- "Spanking is never necessary to instill proper moral and social conduct in children"
- "Overall, I believe spanking is a bad disciplinary technique"

The inmates-only group significantly changed their agreement level on the posttest on the same statements. However, for the statement, "spanking is never necessary to instill proper moral and social conduct in children," their agreement level did not significantly change from pretest to posttest. (This may have been due to the inmates already "agreeing" with the statement on the pretest.)

For the outmates, there were statistically significant changes for 3 of the statements after the program:

- They moved from "not sure" and "agree" to "disagree" regarding the statements that "I believe it is the parents' right to spank their children if they think it is necessary" and "spanking is a normal part of parenting."
- They also significantly changed their opinion about "spanking is never necessary to instill proper moral and social conduct in children" by "disagreeing" on the pretest to "agreeing" on the posttest.

Parents were also asked how important 8 specific parental responsibilities were *(i.e., "How important or unimportant is it for parents to teach children how to negotiate with others?")* The following 3 statistically significant changes for the total sample moved from "important" to "very important" at posttest:

- "Teaching children to be sensitive to the feelings of others"
- "Comfort children when they are upset or afraid"
- "Help children learn an awareness of their own feelings and how emotions affect others"

In addition to the above, the inmates-only also significantly changed their thinking about 2 parental responsibilities:

- "Comforting children when they are upset or afraid"
- "Helping children learn an awareness of their own feelings and how emotions affect others"

For outmates, there was no statistically significant changes for any of the items as these parents were already responding that they felt all of these statements were "important" at the pretest.

[*] Tables with the detailed results of the items for each group within the total sample are available upon request.

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

Connecting with inmates to obtain follow-up information after release back to the community was less of a challenge this year as post-program data were available for 25 former inmates; because two of these fathers had no current contact with his children they were excluded from the analysis.

Most (82%) of the 23 fathers who were living with their children or sharing custody had been home 1 month when they were interviewed; 8.7% had been home for 2 months and another 8.7% for 3 months. They were asked to think back to what they knew about being a parent before they participated in GAPP and recount what they thought were the hardest things about parenting. Having the patience it takes to deal with young children and knowing how to appropriately discipline (vs. punish) were the most common responses. Additionally, comments about trying to be a responsible parent and spending more time with their children were also cited as pre-program challenges (Table 8).

The men reported the most useful part of the program/what they learned most about—which tied to the parenting challenges they had identified—were related to using more age-appropriate disciplinary methods, strategies for having more patience, and more effective communication methods.

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

Hardest Thing About Parenting (Pre-program)	Most Useful Part of GAPP Program (Post-program at Home)
▪ "Learning the difference between discipline and punishment." ▪ "Not knowing how to approach the children, needing to have respect for them." ▪ "Trying to set the kind of example I know I should." ▪ "Understanding that each child is different." ▪ "Trying to be a responsible parent and spending enough time with my children." ▪ "Being able to let them cry and giving them consequences."	▪ "Being able to communicate with children and wife using the models I was shown." ▪ Helping me learn new ways to discipline; I won't spank my child anymore." ▪ "It helped me control my anger and know how to talk to my kids." ▪ "Learning to create more family time." ▪ "Learning how to be patient with my kids and be a good example."

As a result of participating in the parenting program, the fathers rated their current level of confidence as generally high (mean score = 8.6 out of 10) in being able to handle the parenting challenges they had identified, though 4 of them self-rated their confidence level at 6 and 7 (Figure 1).

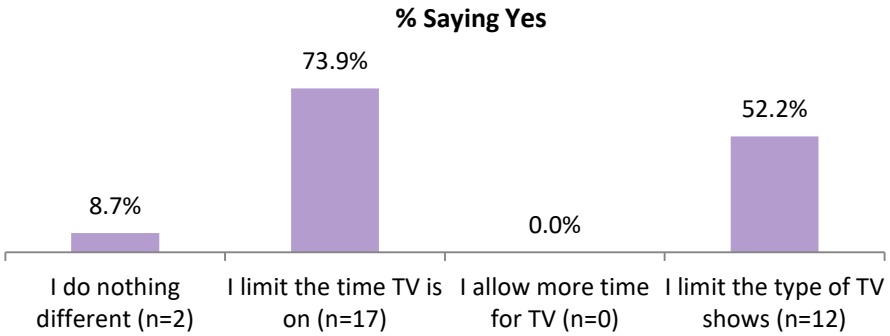
Figure 1. Fathers' Self-Reported Level of Confidence in Handling Parenting Challenges after Participation in GAPP (n=23)

Score 1	2	3	4	5	6	7	8	9	10
0%	0%	0%	0%	0%	8.7%	8.7%	26.1%	30.4%	26.1%

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

The follow-up interview also contained a question about TV viewing habits because of the association between children's TV watching and early literacy. Close to three-quarters of them (73.9%) reported limiting TV time and about half (52.2%) limited the type of show they let their children watch after participating in the program; two (8.7%) said they did nothing differently. None of the 23 fathers reported allowing children to watch *more* TV than before they were incarcerated (Figure 2).

Figure 2. Fathers' TV Viewing Behaviors Relative to their Children, Post-Release (n=23)



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

Conclusions and Recommendations

This project has continued to achieve changes in inmate parents' understanding of positive parenting practices and the range of parental responsibilities. Although the changes were relatively small this year, in general, parents who participated in the inmate education program increased their knowledge and improved their attitudes about effective parenting and parental roles as measured by the evaluation tools. While parents demonstrated positive change in how they *approached* TV watching with their family, they continued to express uncertainty about TV's *effects* on children except as it relates to aggression. It's unclear why nearly all of the pre/post results for outmates, however, were relatively static. With so few who participated this year, though, it's difficult to draw any conclusions about this sample of family members.

The program seemed to be less effective in reducing areas of parenting that typically cause stress. Although the participants at posttest reported more happiness and satisfaction in their role as a parent almost none of the other 18 items measured by the stress scale changed significantly between the two survey periods. Staff may wish to review these findings in more detail and emphasize areas of the curriculum accordingly.

The evaluation did suggest that inmate parents seemed to better understand constructive ways of getting children to listen and the value of using positive discipline methods.

We were very pleased that a higher number of inmates this year were able to be contacted for an interview after release from jail as we had hoped for. Follow-up is an important part of the scope of the project and with this information the Commission has gained the opportunity of capturing a longer-term influence of the program. The fathers who were able to be contacted benefited from having participated in the GAPP program, and if at the time of release they can be routinely linked (not just *referred*) to other fatherhood projects in Tulare County the messages received during incarceration can be reinforced with ongoing peer group support—even if it has to be through online means presently.

TULARE CITY SCHOOL DISTRICT
Comprehensive School Readiness Program

"This process was so much easier than I thought; I thought it was too late to register my child for preschool this year so I wasn't going to try." – Parent of a preschooler

Project Purpose and Evaluation Design

This comprehensive school readiness program assisted children in becoming personally, socially and physically competent, effective learners and ready to transition into kindergarten. The special services preschool portion served 3-5 year-olds with moderate to severe language and/or articulation delays. Children were assessed by staff using the DRDP (Desired Results Developmental Profile) to measure results in a range of developmental areas in the fall and again in the spring. The DRDP is administered by teachers to help them create individualized learning plans for children.

Strategic Plan Indicators

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

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

Program Highlight

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

A more efficient registration process and ongoing monitoring of open preschool slots with the help of a newly improved database has resulted in fewer spots going unfilled this year. Promotion of the program has also meant greater enrollment numbers with more parents wanting preschool experience for their children. Getting the children enrolled earlier in the school year—knowing where the spaces are and filling them quickly—has allowed more students to be served for a longer period of time prior to entering TK/Kindergarten. The efficiency has also allowed for transition spots—gaps that weren't evident before—to be used for students with special needs.

Adjustments Due to COVID-19

SERVICE BREAKS: There were no breaks in services, but alterations in how services and training were provided to students, families and staff.

SERVICE ADJUSMENTS: Weekly staff and training meetings were held by Zoom; logs were kept and shared of the online professional development staff was doing on their own; through Class Dojo teachers sent videos to parents of themselves reading stories, pictures, and activities and made twice weekly calls to each family (Facetime sessions were used as needed, especially with IEP students/families). Learning packets (in the child's native language) were delivered for pick-up to each child's preschool at designated distribution times. Coaching sessions were offered to individual parents by the teacher on how to implement curricula materials; parents who identified needs were assisted by staff to help get what they needed. Additionally, meals were provided at every elementary school site as well as at bus route stops.

BARRIERS: The main concern, despite the efforts TCSD made to continue serving students and families, is the unavoidable impact of the circumstances on the children's inability to develop the social-emotional skills needed to develop during early childhood, something that will be a primary focus going into the 20/21 school year.

Evaluation Results

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

Last year, the program added Infant/Toddlers (0-36 months) to the group of children assessed with the DRDP; however, this year we did not receive any DRDP forms for this age group. For the Preschool group, the grantee used only one view/version (the Fundamental View) of the DRDP, not two different views as last year.

The pattern across all of the DRDP ratings was positive as evident by the positive percentage changes (Table 1) for each of the 5 domains. The largest percentage change (76.1%) was in the Cognition domain where the percentage of "building" or above ratings increased from 36.0% at the fall assessment to 63.4% at the spring assessment. The smallest percentage change (34.7%) was seen for The Physical Development domain.

Table 1. Tulare City Schools DRDP Preschool Age (non-matched sample Pre *N* = 231, Post *N* = 193)

	Percent Ratings at the "Building" or Above Developmental Level		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (5 Measures)	35.9%	62.9%	+75.2%
Social and Emotional Development (5 Measures)	41.8%	64.6%	+54.6%
Language and Literacy Development (5 Measures)	42.6%	68.0%	+59.6%
Cognition, Including Math and Science (6 Measures)	36.0%	63.4%	+76.1%
Physical Development – Health (8 Measures)	54.2%	73.0%	+34.7%

The number of all ratings (not number of children) for fall was 1154 to 2298. The number of all ratings for spring was 964 to 1928.

In addition to the 39 measures, children who were "English Language Learners" were also evaluated on 4 more measures in an English Language Development domain. As Table 3 shows, the results for these children were generally positive. Although there was a slight positive increase in the percentage of below "building" descriptors from the pre- to the post-assessment, there was also a slight positive increase in the percentage of "building" and above descriptors from the fall to spring assessments suggesting that the group of children as a whole showed some improvement.

Table 2. Tulare City Schools DRDP – Preschool (Pre *N* = 231; Post *N* = 193)

	Percentage of Below "Building"		Percent Change	Percentage of at or above "Building"		Percent Change
Domain	Fall	Spring		Fall	Spring	
English Language Development	18.0%	18.5%	+2.8%	20.3%	23.6%	+16.3%

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

Preschool children in the *special needs* group were also assessed on 39 different developmental measures using the DRDP (2015) Preschool Fundamental View. The pattern across each of the 5 domains was mixed (Table 3). Although there were very small percentages, there was more "building" or "integrating" ratings on the spring than on the fall assessment (seen by the positive percentage changes) for 3 of the 5 domains: Approaches to Learning – Self-Regulation, Social and Emotional Development, and Language and Literacy Development. Children received the highest percentage of "building" or above ratings in the Approaches to Learning-Self-Regulation domain (7.7%). There was a slight decrease in the number of high development descriptors in the Physical Development – Health domain from pretest to posttest (-100.0% percentage change) and no change for measures in the Cognition domain.

Table 3. Tulare City Schools – DRDP Preschool SPECIAL NEEDS (non-matched Pre *N* = 13; Post *N* = 13)

	Percent Ratings at or above the "Building" Developmental Levels		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (7 Measures)	0%	7.7%	+%*
Social and Emotional Development (5 Measures)	0%	3.1%	+%*
Language and Literacy Development (10 Measures)	0%	0.8%	+%*
Cognition, Including Math and Science (7 Measures)	0%	0%	No Change
Physical Development – Health (10 Measures)	0.8%	0%	-100.0%

* = the actual value cannot be calculated because it is based on zero.

In addition to the 39 measures, children who are also "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." (In years past, there was no data provided to us for the English Language measures for

the special needs group.) Table 4 shows this information separately. For English Language Development, 100% of the children were rated as "conditional" on both the pretest and the posttest. A teacher is able to give a "conditional" rating when she/he believes from observation the child is already performing at a high enough level to not need to be rated.

Table 4. Tulare City Schools – DRDP Preschool SPECIAL NEEDS (Pre *N* = 13; Post *N* = 13)

	Percentage of Below "Building"		Percent Change	Percentage of at or above "Building"		Percent Change	Percentage of "Conditional"		Percent Change
Domain	Fall	Spring		Fall	Spring		Fall	Spring	
English Language Development	0%	0%	No Change	0%	0%	No Change	100%	100%	No Change

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

Conclusions and Recommendations

Overall, the preschool children's developmental areas showed improvement between pre- and post-assessments. The positive percentage changes between the two assessment periods in the Cognition and Approaches to Learning – Self-Regulation domains were particularly impressive. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff which was uniquely challenging this year.

PARENTING NETWORK, INC.
Visalia and Porterville Family Resource Centers

"I think I want to change the kind of work I'm doing in life to help other people like this program helped me and my family." - Program participant

Project Purpose and Evaluation Design

Projects at both sites, Visalia and Porterville FRCs, provided a range of support and education services to families, including referrals for children's preventive health services such as immunizations and dental visits, and offered parent education classes to improve knowledge and parenting skills. The evidence-based Project Fatherhood gives fathers an opportunity to connect better with their children and play a more meaningful role in their lives. The 14-session workshops emphasize the well-being of the child and use group leaders to encourage learning in a supportive non-judgment environment. In addition to the program *Protective Factors*, which all FRC clients participate in, the fathers complete *On My Shoulders* to capture before/after data regarding knowledge, attitudes, confidence and parenting behaviors. Parenting Network at both FRC sites also uses *SafeCare*, an evidence-based home visitation program designed for use among parents of children ages 0-5 years who are at risk of or who have been reported for child maltreatment. Trained observers rate various factors associated with the modules on a pre/post basis and parents complete a survey at the end of each module, evaluating the value and satisfaction of the program.

Strategic Plan Indicators

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

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

We report first on the evaluation findings of the **Visalia FRC** and later on the **Porterville FRC**; describing the results first for the general FRC clients followed by the Project Fatherhood clients.

VISALIA FRC

Program Highlight

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

Families raising children with special needs often feel isolated and alone. Moreover, parents sometimes feel guilty for not being able to give their other children enough attention due to the amount of care needed by the child who has special needs. To honor the challenges faced by these families, the FRC sponsored Special Lives Without Limits—an event that was attended by over 1,300 people and 29 participating vendors. The goal was to provide these families with "an amazing day designed just for them." Besides helping to raise awareness of community resources, this event included music, food, free T-shirts and other gifts made possible by generous donations such as an overnight stay and dinner provided by Tachi Palace—evidence of the FRC's successful community partnerships.

Adjustments Due to COVID-19

SERVICE BREAKS: None of the programs were halted according to the grantee.

SERVICE ADJUSMENTS: In-person services were changed to Zoom (for families with tech capacity), Face Time, phone calls, videos, text, mailings and, using safety precautions, through contacts on the doorsteps of people's homes. Staff also provided basic supplies like food boxes (partnered with FoodLink), children's activity kits, diapers, formula and, in partnership with TCOE and Central Valley Regional Center, safety items such as wipes, masks, gloves and cleaning supplies. Staff provided some of these items to families by leaving them on the front porch.

BARRIERS: The only barrier would be for families without access to Zoom and initial unfamiliarity for some with using it.

Evaluation Results

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

A matched set of 55 parents participated in the Home Accident Prevention Inventory module of the SafeCare program. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training and providing safety latches to the families. As Table 1 shows, an average of 38.2 hazards per family were observed during the initial assessment but dropped to an average of 5.1 at the end of the module. (Note, however, that one staff person's inventory forms had to be removed from the analysis; see Recommendations section for the explanation.) Examples of hazards at the child's eye-level or easily accessible included plastic bags and cigarettes within reach, broken steps, and unsecured toilets (a drowning hazard). The total number of home hazards recorded prior to the training—reduced by the outlier assessments—ranged from 21 in one family to 77 in another family.

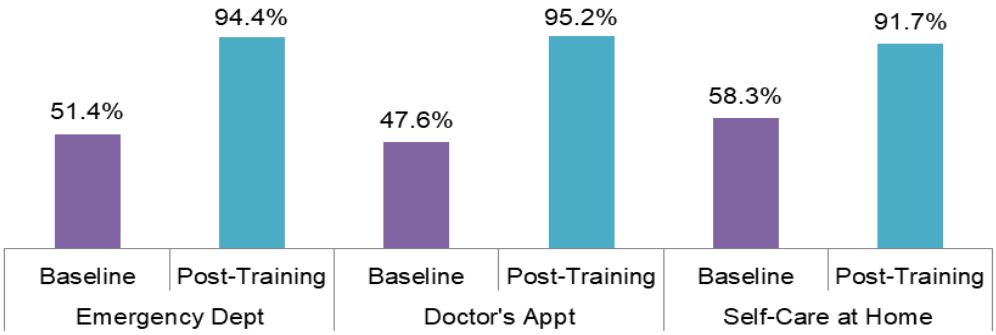
Table 1. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample[1] (n=46)

	Baseline	Post-Training
Average number of hazards per client	38.2	5.1
Mean percent reduction	86.6%	

[1]Analysis excludes 9 of the completed inventories from the original submission.

To assess and provide training concerning behaviors related to children's health, 51 parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. Parents were provided reference manuals with a symptom guide and other pertinent information. After successfully completing this module, the participants were mostly always (91.7% -95.2%) able to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, compared to their initial scores (Figure 1). Understanding when and how to seek appropriate care relative to a doctor's appointment was the most difficult, initially, for these parents.

Figure 1. Average Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=51)



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

Figures 2 and 3 show the results of the parent-infant and parent-child interactions, respectively: 17 parents with matching baseline and post-training data in the first age group and 52 parents in the second. (Note: in some cases the parents could be the same, having both a baby and an older child.) The improvement in the parents' ability to consistently demonstrate the desired behaviors was significant after receiving the training for both groups of parents—more than a 900% difference from baseline to the completion of the training.

Figure 2. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=17)

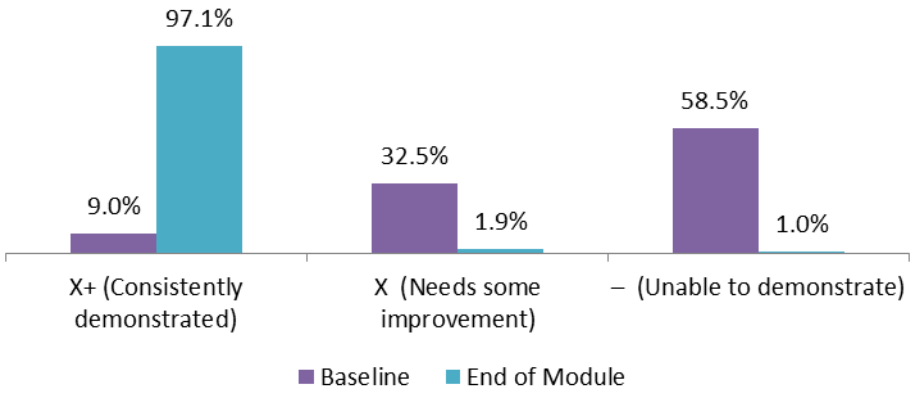
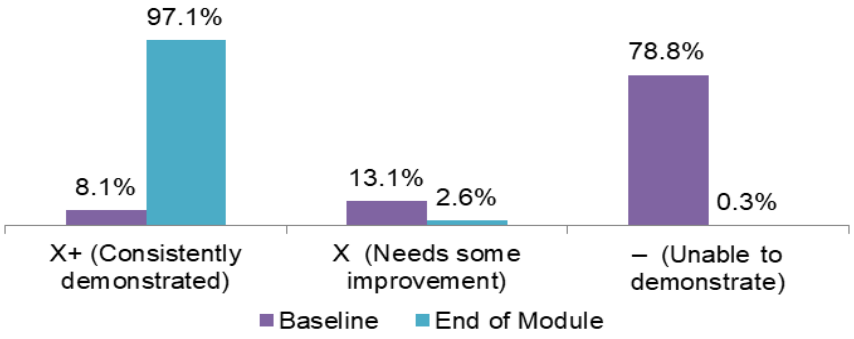


Figure 3. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=52)



After completing the SafeCare training program, parents were asked to provide their opinions about it. Each of the 4 surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement using a 5-point scale.

As Table 2 indicates, overall parents "strongly agreed" or "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program. A few parents, however, did report dissatisfaction when asked whether the training gave them new or useful information. One parent (out of 29) in the Home Safety Training module "agreed" that the Home Visitor was negative and critical and two parents (out of 25 parents) in the Parent Child Interaction module said they "strongly agree" or "agreed" that they felt the training did not give them new or useful information or skills. Nonetheless, parents and caregivers seemed overall to be satisfied with the SafeCare Modules.

Table 2. Parents' Ratings of Satisfaction with SafeCare

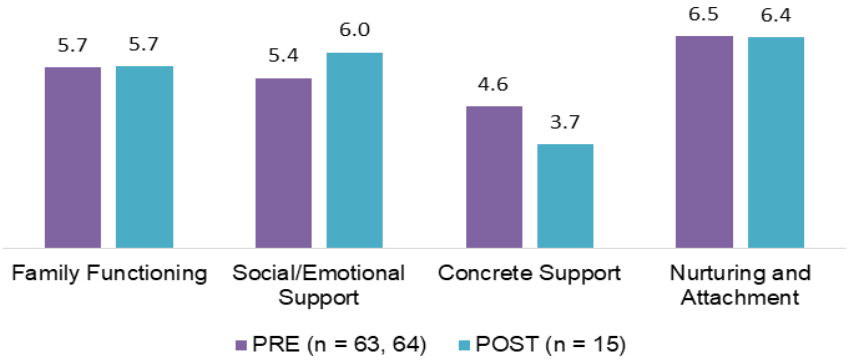
	Health (n = 23)	Home Safety (n = 29)	Parent Child (n = 25)	Parent Infant (n = 1)
Home is safer since training		1.24		
Am better able to identify hazards		1.14		
Easier to interact with my child			1.32	1
Am better able to get rid of hazards		1.24		
Easier caring for my child's health	1.22			
Have more ideas about activities to do with my child			1.36	1
Plan to continue with changes made		1.21		
Easier deciding when to take my child to doctor	1.22			
Routine activities have become easier			1.32	1
Amount of time it took was reasonable		1.21		
Easier deciding when my child needs emergency treatment	1.14			
Was comfortable letting Home Visitor check out home		1.28		
Believe that training is useful to other parents	1.09	1.17	1.2	1
Did not feel this training gave new or useful info/skills	4.78		4.64	5
Practice during session was useful	1.17	1.24	1.29	1
Written materials were useful	1.26	1.28	1.36	1
Home Visitor was on time	1.17	1.24	1.12	1
Home Visitor was warm and friendly	1.13	1.21	1	1
Home Visitor was negative and critical	4.91	4.83	4.96	5
Home Visitor was good at explaining materials	1.13	1.17	1.08	1

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

Parents completing the *Protective Factors* evaluation form[6] were asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. Because the participants for the pre/post were not matched (the sample size was too small), the data are not able to speak to changes in the responses of individuals.

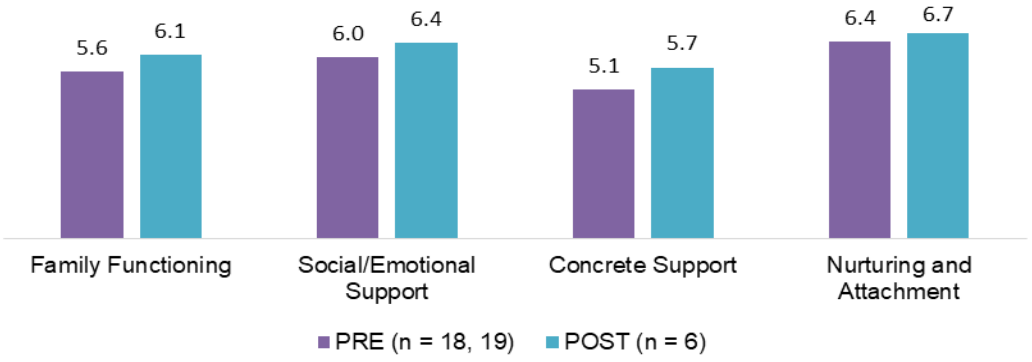
On the pretest, English-speaking parents rated the items in the Nurturing and Attachment subscale (*M* = 6.6) the highest for protective factors and items in the Concrete Support subscale (*M* = 4.6) the lowest for protective factors. These same protective factors were also rated as highest and lowest among parents in the posttest group. Though the numbers (mean scores) differ somewhat, these are essentially the same results as last year.

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



Similar to the clients who took the survey in English, the Spanish-speaking parents (Figure 4.b) in the pretest rated items in the Nurturing and Attachment subscale (*M* = 6.4) the highest for protective factors; they rated items in the Concrete Support subscale (M=5.1) the lowest. Parents in the posttest group rated these same subscales highest (Nurturing and Attachment) and lowest (Concrete Support) as protective factors.

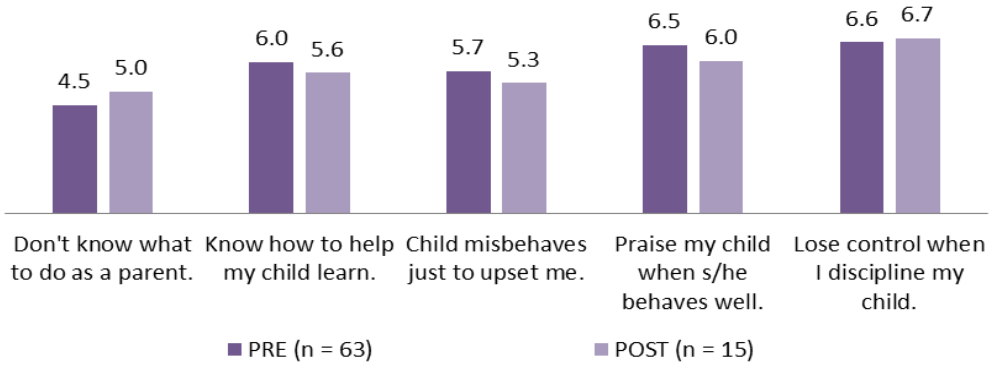
Figure 4.b. Mean Scores for Parents' Protective Factors (Spanish)



[6] Note. The English version does not use the same 7-point scale as the Spanish version. Due to these differences, the results have to be analyzed separately. The grantee sent an e-file of their summarized data (i.e., no raw data provided). The above numbers reflect those supplied to us by the grantee.

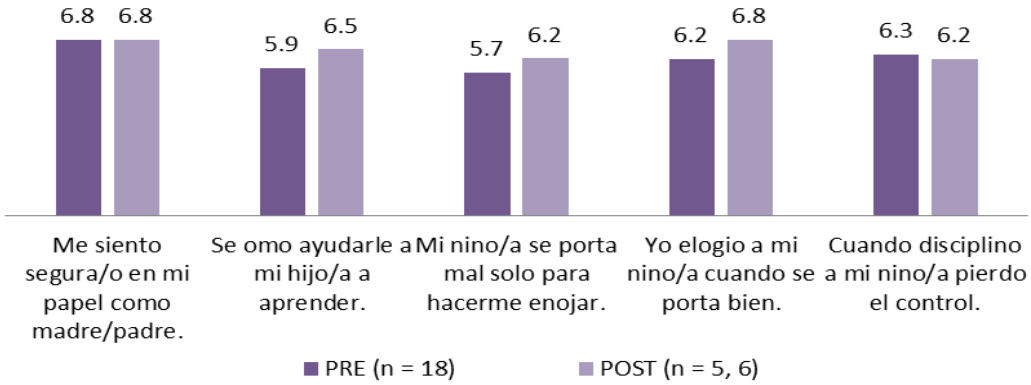
For items in the Knowledge of Parenting area (Figures 5.a and 5.b), parents responding in English at pretest rated "Lose control when I discipline my child" (*M* = 6.6) the highest and "Don't know what to do as a parent" (*M* = 4.5) as the lowest. Parents in the posttest group had the same highest/lowest ratings as the pretest group.

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



Parents who answered the pretest in Spanish (Figure 5.b), rated "Don't know what to do as a parent" as the highest (*M* = 6.8) area of parenting knowledge, while they rated "Child misbehaves just to upset me" (*M* = 5.7) as the lowest. Parents in the posttest continued to rate "Don't know what to do…." as the highest knowledge area but lost a little ground when rating "Lose control when I discipline my child" as the lowest.

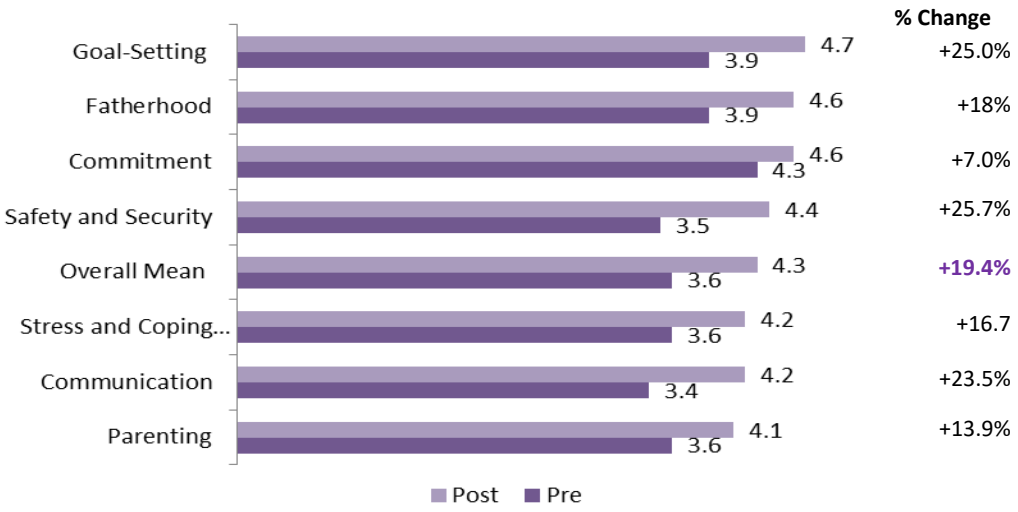
Figure 5.b. Mean Scores for Knowledge of Parenting (Spanish)



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

On My Shoulders (OMS) is designed to help fathers explore the role that personality plays in relationships with others - especially with their children - and to learn to replace communication danger signs with proactive strategies for respectful talking and listening to them. Of the 29 men who participated in the program, 11 submitted both a pretest and a posttest for this year (Figure 6 on the next page). Agreement levels on each of the 7 categories did not significantly increase from pretest to posttest. In general, the fathers stated that they were near "agree" on the pretest (*M* = 3.6), and by the end of the program, they were still around "agree" on the statements (*M* = 4.3). The Safety and Security category had the highest percentage change (+25.7%) while the Commitment category had the lowest percentage change (+7.0%)

Figure 6. Skills that Promote Healthy Relationships, Matched Sample (n=11)



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

PORTERVILLE FRC

Program Highlight

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

The fear of permanently losing his son due to substance abuse addiction was the prime motivator for one Project Fatherhood client to enroll in the program and complete the healthy relationship workshop. With continuing support and therapeutic services provided by the FRC over the course of a year and a half, staff witnessed the client's complete transformation—completing his drug program, acquiring healthy coping skills, closing his case with Child Welfare, obtaining a job, purchasing a vehicle and even finding the time to volunteer at the Tulare County Wellness Center to help those with similar struggles. Besides the personal motivation of this father and his wife for positive change, staff credits the agency's relationships with multiple partners in playing an important role in helping to provide them with the needed services and support.

Adjustments Due to COVID-19

SERVICE BREAKS: No services were halted but adjustments were made in the way they could be delivered.

SERVICE ADJUSMENTS: All previously provided in-person parent education, workshops, groups and "home visits" were conducted instead by Zoom, Facebook, and teleconference (for those with tech capacity), phone calls and mailings. Practical and educational resources were dropped off at people's homes, and families were contacted frequently to monitor their situation. Case managers altered their own work schedules to better accommodate families' schedules. Tablets were purchased for some families without them. The initiative the FRC launched called "No Family Left Without Care" consisted of home essential items (cleaning products, sanitizer, toilet paper), baby essential items (diapers, formula), parent-child enrichment (books, art/craft items), and food packages (vouchers, fresh produce). Because participation in some activities declined, the FRC is considering offering incentives (e.g., a chance to win art sets, fishing poles, gift cards) to increase participation.

BARRIERS: Some of the men in Project Fatherhood preferred to return only when there were group services again (some stated it was too challenging to try to do this from home while their children were present). The new workshop series that had been planned with a local church and inpatient facility was derailed by COVID and had to be cancelled.

Evaluation Results

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

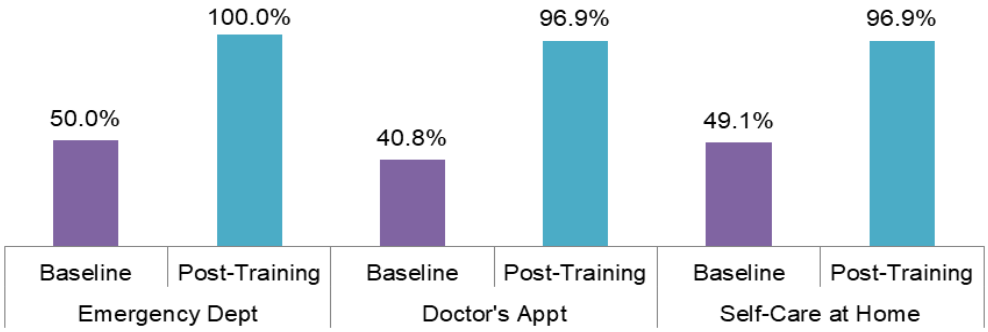
A matched set of 36 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, which was described above. As Table 3 shows, an average of 56.6 hazards per family were observed during the initial assessment but dropped to an average of 1.9 at the end of the module—a 96.6% improvement. Examples of hazards at the child's eye-level or easily accessible included lighted candles, a standing tub full of water (drowning hazard), appliances without covers, and paints/solvents within reach. The total number of home hazards recorded prior to the training ranged from 13 in one family to 84 in another family.

Table 3. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=44)

	Baseline	Post-Training
Average number of hazards per client	58.9	1.4
Mean percent reduction	97.6%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment, as discussed above. On average, the 46 parents started the training only knowing half or fewer of the correct responses to the scenario questions; similar to the group last year, these parents felt the least confident about how to determine whether a doctor's appointment was necessary based on the symptoms presented in the scenario (Figure 7). 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—a than 100% improvement in scores on average.

Figure 7. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=46)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Figures 8 and 9 show the results of the parent-infant and parent-child interactions, respectively: 13 parents with matching baseline and post-training data in the first age group and 28 parents in the second. (Note: in some cases the parents could be the same, having both a baby and an older child.) The improvement in the parents' ability to consistently demonstrate the desired behaviors was significant with parents of both age groups after receiving the training.

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

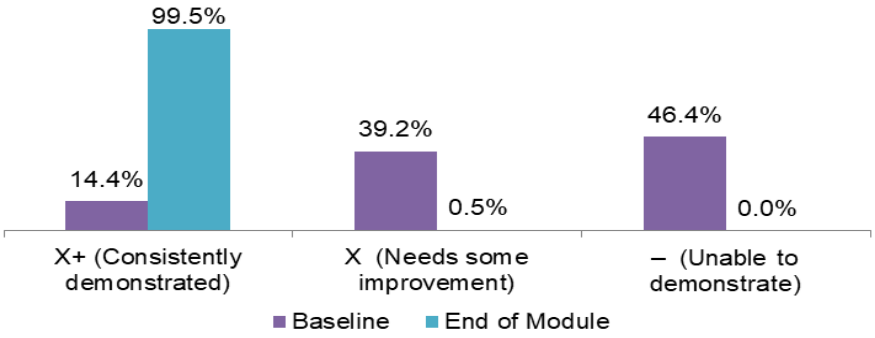
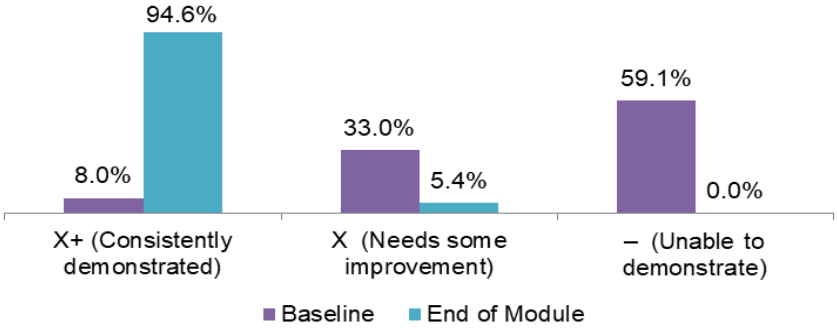


Figure 9. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=28)



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

Overall, parents were in strong agreement and were satisfied with the home visitors, skills, and information they received from the training program (Table 4). A few parents, however, did report dissatisfaction when asked if the training gave them new or useful information. One parent (out of 32) in the Health Training module, three parents (out of 20 parents) in the Parent Child Interaction module, and one parent (out of 12) in the Parent Infant Interaction module said they "strongly agree" that they felt the training did not give them new or useful information or skills. Nonetheless, parents and caregivers seemed overall to be satisfied with the SafeCare Modules.

Table 4. Parents' Ratings of Satisfaction with SafeCare

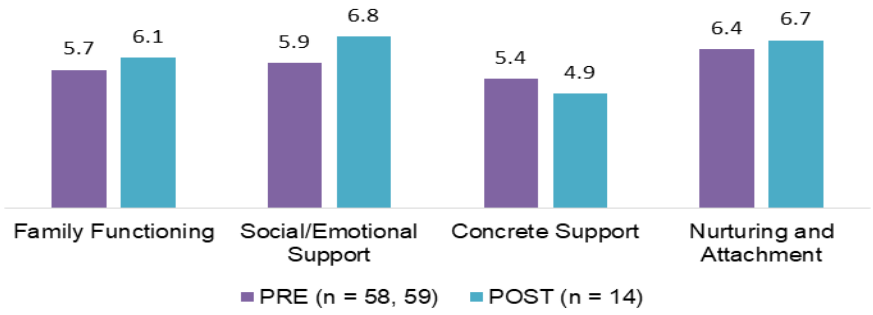
	Health (n = 32)	Home Safety (n = 31)	Parent Child (n = 20)	Parent Infant (n = 12)
Home is safer since training		1.1		
Am better able to identify hazards		1.06		
Easier to interact with my child			1.25	1.25
Am better able to get rid of hazards		1.13		
Easier caring for my child's health	1.13			
Have more ideas about activities to do with my child			1.25	1.42
Plan to continue with changes made		1.06		
Easier deciding when to take my child to doctor	1.13			
Routine activities have become easier			1.25	1.17
Amount of time it took was reasonable		1.19		
Easier deciding when my child needs emergency treatment	1.16			
Was comfortable letting Home Visitor check out home		1.29		
Believe that training is useful to other parents	1.13	1.03	1.11	1
Did not feel this training gave new or useful info/skills	4.53		4.3	4.33
Practice during session was useful	1.52	1.13	1.15	1.17
Written materials were useful	1.34	1.06	1.25	1.08
Home Visitor was on time	1.09	1.03	1.05	1
Home Visitor was warm and friendly	1.06	1.13	1.05	1
Home Visitor was negative and critical	4.88	4.87	4.85	5
Home Visitor was good at explaining materials	1.09	1.06	1.1	1

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

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

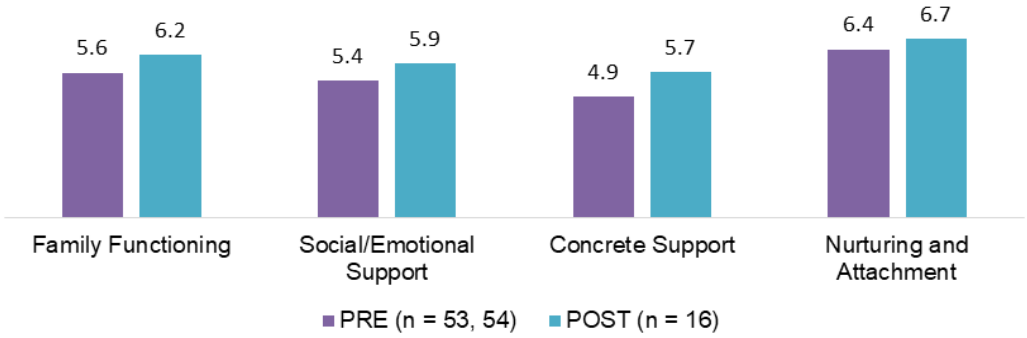
On the pretest, English-speaking parents (Figure 10.a) rated the items in the Nurturing and Attachment subscale (*M* = 6.4) the highest for protective factors and items in the Concrete Support subscale (*M* = 5.4) the lowest. The posttest group also rated Concrete Support as lowest, but they rated the items in Social/ Emotional Support (*M* = 6.8) the highest in protective factors.

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



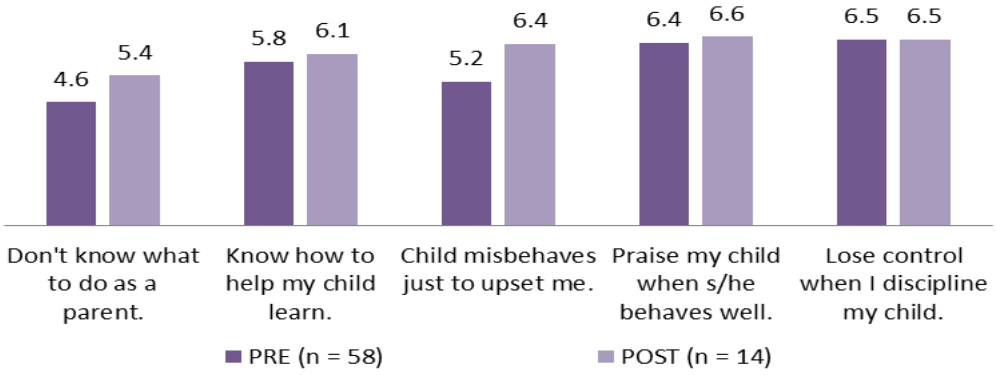
Like the clients answering the survey in English, the Spanish-speaking parents (Figure 10.b) in the pretest group rated items in the Nurturing and Attachment subscale (*M* = 6.4) the highest for protective factors; they rated items in the Concrete Support subscale the lowest (*M* = 4.9). Parents in the posttest group also rated these same subscales as highest/lowest, respectively.

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



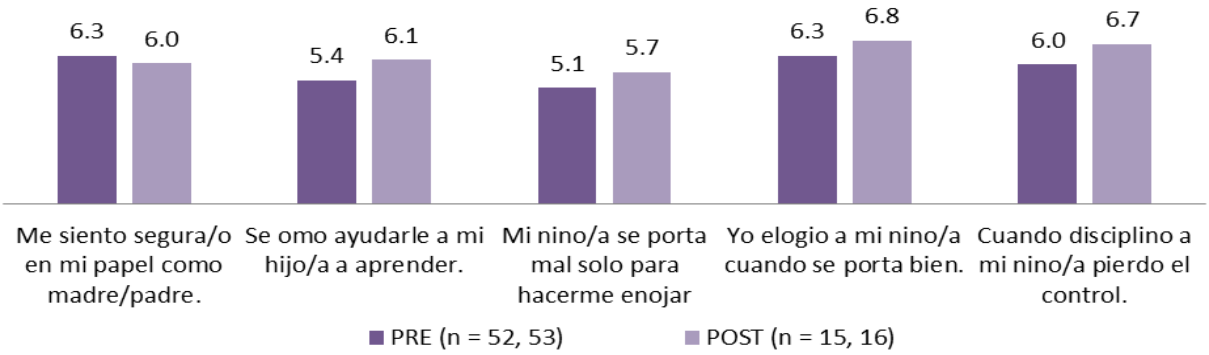
For items in the Knowledge of Parenting area (Figures 11.a and 11.b), parents responding in English on the pretest rated "Lose control when I discipline my child" (*M* = 6.5) the highest and "Don't know what to do as a parent" (*M* = 4.6) as the lowest knowledge area. Parents in the posttest group differed slightly by rating "Praise my child when s/he behaves well" the highest, but like the pretest group rated "Don't know what to do as a parent" as the lowest.

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



For parents who answered the pretest in Spanish (Figure 11.b), parent knowledge associated with "Don't know what to do as a parent" was rated as the highest (*M* = 6.3) area, while "Child misbehaves just to upset me" (*M* = 5.1) was rated as the lowest. Parents in the posttest group continued to rate "Child misbehaves…" as the lowest area of parent knowledge, but rated "Praise my child when s/he behaves well" as the highest on the posttest.

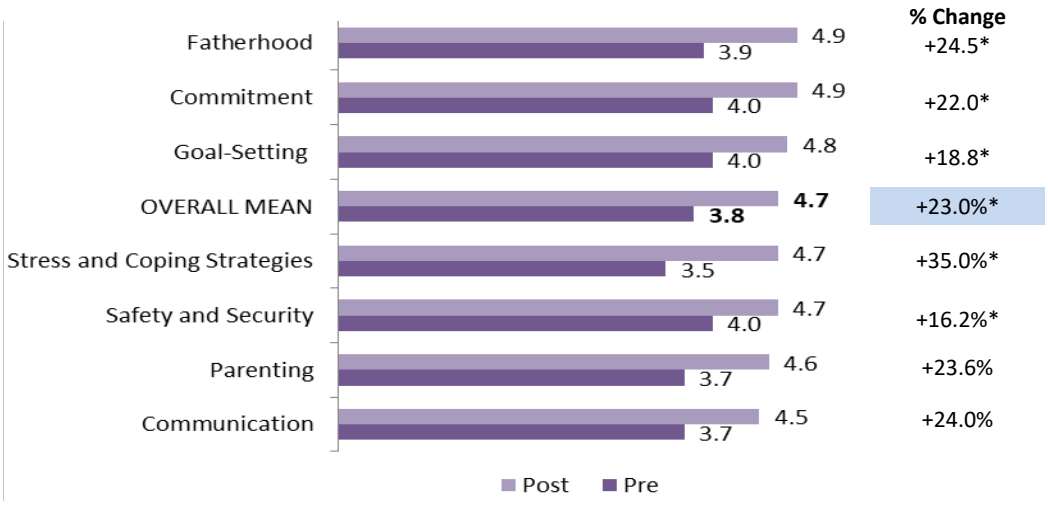
Figure 11.b. Mean Scores for Knowledge of Parenting (Spanish)



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

Of the 12 fathers who participated in *On My Shoulders*, 8 submitted both a pretest and a posttest for this year. Agreement levels for each of the 7 categories significantly increased from pretest to posttest, thereby indicating healthier and more positive parenting skills (Figure 12). In general, the fathers stated that they were "unsure" to "agree" on the pretest (*M* = 3.8), but by the end of the program, they were marking "strongly agree" on the statements (*M* = 4.7). The Stress and Coping Strategies category had the highest percentage change (+35.0%) while the Safety and Security category had the lowest percentage change (+16.2%).

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



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

Conclusions and Recommendations

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

The majority of parents who completed the SafeCare modules appreciated and responded positively to the various modules in the program training, demonstrating evidence of knowledge change. *However, we noted a significant inconsistency of scoring for the Home Accident Prevention Inventory (HAPI) Assessment form for the Visalia FRC that needs to be addressed.* While the average number of hazards identified by the staff raters prior to training was 38.2, the average number identified by one of the raters was 406. We therefore needed to remove that rater's scoring from the HAPI analysis to avoid skewing the results. There were also some discrepancies noted in the Visalia FRC staff scoring of the Parent-Infant and Parent-Child Interaction assessments; this occurred primarily with the latter form. While the variation between staff ratings with these forms was not as wide as with the HAPI forms, we suggest staff check inter-rater reliability for both program components and any sizeable discrepancies be addressed with additional training.

Similar to last year, Nurturing and Attachment appear to be strong protective factors of the parents at both FRC sites, whether they completed the forms in English or Spanish. The lowest rating of protective factors in the area of Concrete Support (which was reported both pre and post) suggests a place where the parents could use more help—findings that are consistent with the *current Parent Survey* results at the end of this report. Parents in both language groups at both sites tended to be less secure in their knowledge of knowing "what to do as a parent," validating the continuing need for more parent education classes.

Project Fatherhood continues to be an important enhancement to Parenting Network's programing and appears to uniquely reach fathers in ways the men may otherwise not participate. (Note: this project also has valuable implications for another First 5 grantee, the Sheriff's Gang Awareness Parenting Project; inmate fathers are referred to Project Fatherhood after release and some have chosen to participate.) This year, the project used the version of the *On My Shoulders (OMS)* tool we modified – due to design flaws we were concerned about - and staff translated into Spanish.

We had planned to measure the dosage impact of *OMS* (attendance of +/- 9 sessions) but staff did not identify the participants by the number of sessions each attended, as agreed, but submitted forms only for those attending 9 or more session so we are unable to comment on the results by that factor; we will assume there is no interest going forward in the grantee sending OMS results for fathers attending fewer than 9 sessions. Because none of the pre/post changes for the 7 parenting skills *OMS* measures reached significance for the Visalia sample, and all of them did for the Porterville sample, staff may want to review how the curriculum is being presented at each of those sites.

TRAVER JOINT ELEMENTARY SCHOOL DISTRICT
School Readiness

"I can't tell you how grateful I am to the preschool staff. My child loves school and has come out of her shell all of a sudden, and now wants to play 'preschool' all the time at home."
- Mother of a 3-year-old

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

Staff reports the personal attention and natural ability to encourage and nurture by the new preschool teacher—who has personally taken some young mothers under her wing—has taken the program "to a whole new level." The students have never been challenged academically as they were this year by the creativity this teacher has brought to the program and the continued support and collaboration of the whole teaching team. The students have clearly responded, becoming more engaged and even pretending, as the child referenced above did, to be a preschool teacher themselves.

Adjustments Due to COVID-19

SERVICE BREAKS: The school went to distance learning on March 17. They decided not to conduct their summer program.

SERVICE ADJUSMENTS: The teacher created a YouTube channel so that all of the children could watch/listen to her read weekly. For families with internet, the program offered weekly Zoom calls—which ended up becoming a big part of the service approach—to check on children and talk with parents. Additionally, a weekly packet of books was sent home at the start of each week. Because of unfamiliarity and limited access to technology, the school opened up its Wifi network and parents were able to utilize it from the parking lot and throughout the campus. As a result, Wifi hotspots were placed throughout the community—with 28 currently within Traver now.

BARRIERS: The main barrier has been uneven access to technology and families' initial unfamiliarity with using it.

Evaluation Results

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

Raters completed individual assessments of the children on 52 different developmental measures in seven domain areas using the DRDP (2015) Preschool Comprehensive View. The number of times a descriptor in the "building" or "integrating" levels was used by the raters in their evaluation of the children at the fall and spring assessment periods are displayed as a percentage by domain area in the table below. The results of the analysis were unusual this year but for a different reason than last year. The pattern across each of the 7 domains assessed indicated that the children were performing at much *lower* developmental levels at the posttest than at the pretest (Table 1), with the greatest amount of decline seen in the Approaches to Learning – Self-Regulation domain. Although the evaluators were rating the children as already performing at high developmental levels at the pretest, by the posttest, the evaluators were using fewer of the high development level descriptors to rate the children; hence the negative percentage changes.

Table 1. Traver Joint Elementary School District DRDP, non-matched (Pre *N* = 32, Post *N* = 29)

	Percent Ratings at or above the "Building" Developmental Levels[1]		Percent Change
Domain	Fall	Spring	
Approaches to Learning – Self-Regulation (7 Measures)	95.1%	40.4%	-57.5%
Social and Emotional Development (5 Measures)	95.0%	60.7%	-36.1%
Language and Literacy Development (10 Measures)	95.6%	54.8%	-42.7%
Cognition, Including Math and Science (11 Measures)	94.6%	49.2%	-48.0%
Physical Development – Health (10 Measures)	96.6%	61.7%	-36.1%
History – Social Science (5 Measures)	96.8%	64.6%	-33.3%
Visual and Performing Arts (4 Measures)	98.4%	66.4%	-32.5%

[1] Includes Ratings *of Building Earlier, Building Middle, Building Later,* and *Integrating Earlier*.
Note: The number of all ratings (which is not the same as the number of children) for fall was 124 to 352; for spring it was 116 to 319.

Children who are "English Language Learners" were also evaluated on 4 more measures in an English Language Development domain. As Table 2 shows, the teachers assessed the children at higher levels of development on the *pre*- than on the pre-assessment, an unexpected outcome. This is evidenced by the negative percentage change (-64.2%), thus suggesting lower levels of proficiency and mastery at the spring assessment.

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

	Percent Ratings at or above the "Building English" Developmental Level		Percent Change
Domain	Fall	Spring	
English Language Development (4 Measures)	31.3%	11.2%	-64.2%

Conclusions and Recommendations

The evaluation goal that children participating in early childhood education will show improvement between pre- and post-assessments was not met for the developmental areas measured by the DRDP. However, this may be due to a discrepancy between raters. It is hard to imagine that the children regressed to the levels shown by the results, assuming the observers entered the ratings correctly or consistently at both the pre- and the post-assessments.* We would be happy to learn otherwise if there could be a reason we are unaware of.

* Because the results were so unexpected, we re-checked our data entry with the raw forms and confirmed the data were entered correctly; thus the results are reported correctly.

VISALIA UNIFIED SCHOOL DISTRICT
Ivanhoe First 5 Program

"Now it's our turn [to do like the video], Mommy."
- 3-year old participating in the modeling parent education program

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for children this year. Staff assessed children for school readiness using the DRDP-Revised (Desired Results Developmental Profile) to measure results in a range of developmental areas where scores can be tracked over time. The DRDP is a child assessment tool administered by teachers within 60 calendar days of the child's first day of enrollment in the program and every six months thereafter. Parents also completed a version of the CA-ESPIRS Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program or upon exit. Parents also completed Ages and Stages (ASQs) questionnaires at various age intervals that screened for developmental delays across several key domains such as gross and fine motor skills, communication, problem solving and personal-social development.

Strategic Plan Indicators

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

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

Program Highlight

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

Implementing the Ready Rosie teacher-led parenting classes has facilitated the personal connection between classroom staff and parents. The multi-focused program, designed to enhance the school/home connection, began by focusing on social-emotional and self-management strategies—areas the First 5 Parent Survey confirm are of high concerns to parents—to help children get ready for kindergarten. One of the components of the program parent also find helpful are the "modeled moment" videos staff send out each week by text; showing fun ways to read to a child and how to count using items in the kitchen, for instance. Even the children look forward to receiving the videos and participating in the activities, as the above quote so aptly attests.

Program Modifications Due to COVID-19

SERVICE BREAKS: Home-based and classroom learning was halted.

SERVICE ADJUSMENTS: After the shut-down, learning packets were distributed; at-home learning kits (pencils, scissors, watercolor set, paper, flashcards, reading readiness books) were purchased and mailed; Classroom teacher reached out via phone 2 x/week to discuss family needs, concerns and developmental activities. Learning and parent engagement/modeling videos (stories being read aloud through Learning-Genie) were also sent. K-8 children were given chrome books. If parents did not have access, they were able to use VUSD-issued devices. ZOOM transition meetings for students going to TK or K with the new receiving staff. Transition meetings were held for students with an IEP or specific structures (behavior plans) in place to support positive behaviors in class. To complete DRDP and ASQ post assessments, teacher and home-base liaison held phone calls with parents.

BARRIERS: A lack of internet access/devices for pre-K families, but the solution was to encourage families to use district issued devises and hot spots.

Evaluation Results

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

Teachers completed individual assessments of children age 0-3 on 21 different developmental measures in 5 domain areas using the *DRDP (2015) Infant Toddler - Essential View*. A child's behavior on each measure was rated using "descriptors." The number of *low development level* descriptors (i.e., descriptors below "building") and *high development level* descriptors (i.e., descriptor at "building earlier") used by the raters is displayed as a percentage and by domain area in Table 1. As these data show, the pattern across each of the 5 domains did not change for the pre- or the post-assessment; the children were rated as performing below "building earlier" (i.e., low development level descriptors) on every one of the measures at the spring assessment.

Table 1. Visalia Unified Ivanhoe SR: DRDP Infant Toddler, unmatched (Pre *N* = 14, Post *N* = 10)

Domain	Percentage of Below "Building"			Percentage of "Building Earlier"		
	Pre	*Post*	*% Change*	*Pre*	*Post*	*% Change*
Approaches to Learning–Self-Regulation	100%	100%	No Change	0%	0%	No Change
Social and Emotional Development	100%	100%	No Change	0%	0%	No Change
Language and Literacy Development	100%	100%	No Change	0%	0%	No Change
Cognition, Including Math and Science	100%	100%	No Change	0%	0%	No Change
Physical Development – Health	100%	100%	No Change	0%	0%	No Change

Note: Depending on the domain, the total number of ratings given on the pre was 56 to 70 and 40 to 49 on the post.

Raters evaluated Preschool children on 25 different developmental measures in 5 domains using the *DRDP (2015) Preschool Fundamental View*. Looking at the 3 ratings within the "Building" developmental level (Building Earlier, Building Middle, Building Later), the pattern across all of the domains showed improvement from the fall to the spring assessments (see Table 2 on the next page). The higher percentage of "building" or "integrating" ratings on the post-assessment (seen by the positive percentage changes) for each of the 5 domains demonstrates higher levels of performance. The largest percentage change (at +59.0%) was for the Cognition domain where the

percentage of "building" or above ratings increased from 62.9% to 100% at the post-assessment. The smallest percentage change (at 23.2%) was seen for the Physical Development domain.

Table 2. Visalia Ivanhoe - SR: DRDP - Preschool (Pre *N* = 48; Post *N* = 36)

Domain	Percentage of Below "Building"			Percentage of at or above "Building"		
	Pre	*Post*	*% Change*	*Pre*	*Post*	*% Change*
Approaches to Learning–Self-Regulation	30.7%	0.0%	-100.0%	69.3%	100%	+44.3%
Social and Emotional Development	26.3%	0.0%	-100.0%	73.7%	100%	+35.7%
Language and Literacy Development	35.9%	0.0%	-100.0%	64.1%	100%	+56.0%
Cognition, Including Math and Science	37.1%	0.0%	-100.0%	62.9%	100%	+59.0%
Physical Development – Health	18.8%	0.0%	-100.0%	81.2%	100%	+23.2%

Depending on the domain, the total number of ratings given on the fall assessment was 186 to 315 and 131 to 226 on the spring assessment.

Children who were "English Language Learners" were also evaluated on 4 more measures in an English Language Development domain. As Table 3 shows, the results for these children were generally positive. The number of "at or above building" descriptors, which indicates higher developmental level, increased from the fall (57.8%) to the spring assessment (70.7%).

Table 3. Visalia Ivanhoe - SR: DRDP – Preschool (Pre *N* = 47; Post *N* = 36)

	Percentage of Below "Building"		Percent Change	Percentage of at or above "Building"		Percent Change
Domain	Fall	Spring		Fall	Spring	
English Language Development	33.5%	11.3%	-66.3%	57.8%	70.7%	+22.3%

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

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

Being surrounded by lots of books where they live helps children build vocabulary, increase awareness and comprehension, and expand horizons—all benefiting school achievement. At the time of the pretest, more than half (55.1%) of the parents reported in the modified *ESPIRS* questionnaire having 11 or more books at home. This number significantly increased to almost two-thirds, 65.5% (up from 49.9% last year), (Table 4).

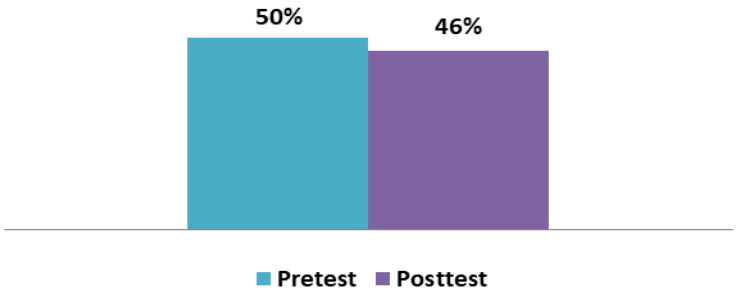
Looking at how often parents read books and told stories to their children, parents overall were doing these things more frequently following their participation in the program. Statistically significant changes were found between the pre- and posttest with over three-quarters of the parents (79.3%) responding that they were reading books to their children at least 3 times a week and almost half (44.8%) were telling stories to their children at least 3 times a week.

Table 4 Parents' Experience with Books and Reading to Children, Matched Set (n=29)

Survey Questions	Pre		Post	
	n	*%*	*n*	*%*
At this time, how many children's books do you have at home that you own as well as library books)?				
1 - 2 books	2	6.9	0	0
3 - 10 books	11	37.9	10	34.5
11 - 25 books	8	27.6	8	27.6
26 - 50 books	5	17.2	6	20.7
51 + books	3	10.3	5	17.2
About how often do you read books or stories to your children?				
Never	0	0	0	0
Several times a year	3	10.3	0	0
Several times a month	3	10.3	3	10.3
Once a week	8	27.6	3	10.3
About 3 times a week	10	34.5	15	51.7
Every day	5	17.2	8	27.6
How often do you tell your children a story (e.g., folk and family stories, history)?				
Never	1	3.4	2	6.9
Several times a year	5	17.2	0	0
Several times a month	3	10.3	5	17.2
Once a week	14	48.3	9	31.0
About 3 times a week	2	6.9	5	17.2
Every day	4	13.8	8	27.6

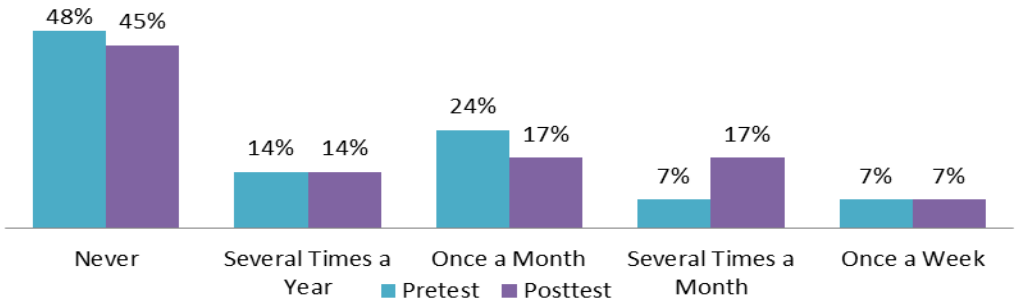
In terms of library experience for the 28 parents with both a pre/posttest, 14 (50.0%) indicated they had a library card on the pretest, while at the posttest 13 (46.4%) reported this (Figure 1)—a slight decline, but not statistically significant change.

Figure 1. Current Library Card, Matched Sample (n=28)



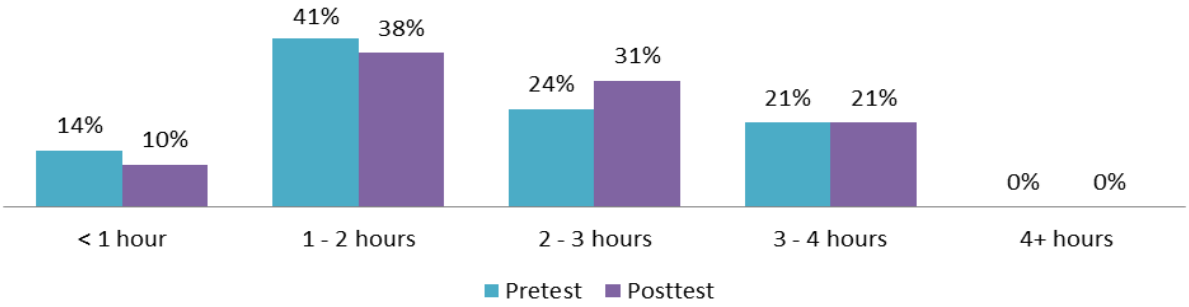
As Figure 2 shows, about half (48%, down from 82% last year) of the parents at the pretest said they never went to the library; at the time of the posttest, the proportion of parents who reported this had decreased but only to 45%. However, 14% of the parents at the pretest reported that they visited the library several times a month or more, with this activity improving slightly by the posttest with almost a quarter (24%) of the group reporting this frequency.

Figure 2. Frequency of Going to the Library, Matched Sample (n=29)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Based on 29 matched pre-posttest for this question, there was not a positive change of TV viewing: More parents reported two or more hours of TV watching on the posttest (52%) than on the pretest (45%), and no change in the proportion that watched 3-4 hours a day (21%), though these changes were not statistically significant.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=29)



Parents seemed to be already engaging in positive parental behavior related to *selecting* TV viewing. Over 69% reported on the pretest they "always" selected the TV program for their child to watch, while the proportion rose to 75.9% after the class (Table 5.) Parents reported an increase in positive parental behavior after the class when asked if they watched the TV programs with their children. On the posttest, over half of the parents (55.2%) reported that they "always" watched the TV programs with their children compared to about 38% on the pretest. On the question of how often parents asked their children questions about the TV program, there was no difference from the pretest to the posttest. The changes were not statistically significant.

Table 5. Family TV-Watching Experience, Matched Sample (n=29)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	0 (0%)	9 (31.0%)	20 (69.0%)	0 (0%)	7 (24.1%)	22 (75.9%)
When your children watch TV, do you watch the TV programs with your children?	0 (0%)	18 (62.1%)	11 (37.9%)	0 (0%)	13 (44.8%)	16 (55.2%)
When your children watch TV, do you ask your children questions about the TV program?	0 (0%)	13 (46.4%)	15 (53.6%)	0 (0%)	13 (46.4%)	15 (53.6%)

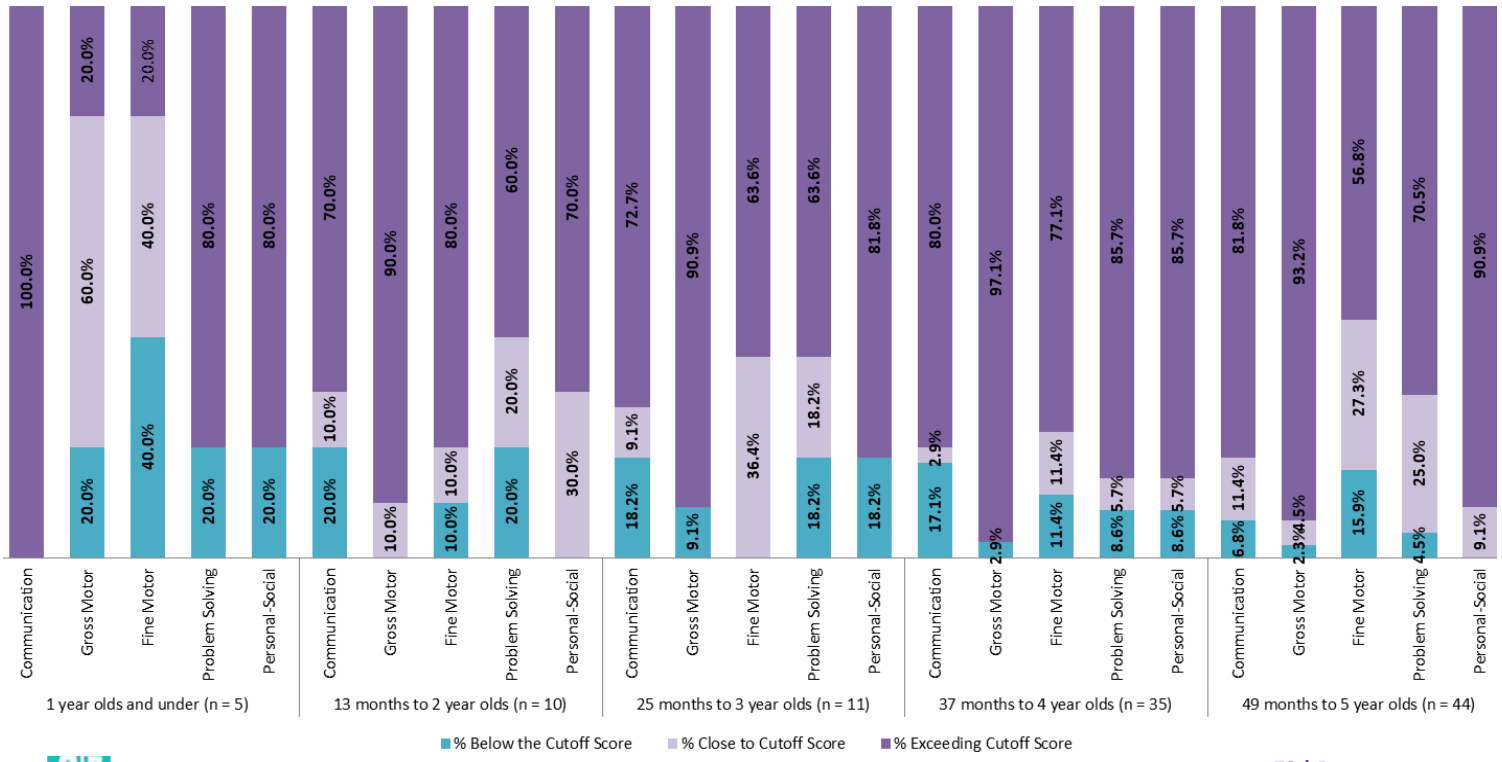
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. A total of 105 children were assessed for their social and emotional development using the ASQ-3 questionnaire. For this ASQ version, children who scored below the cutoff score (coded as aqua) were behaving at a level of concern to the caregiver and were to be referred for further mental health evaluation and offered use of other resources. Children who scored above the cutoff scores (coded as purple) were considered to be on schedule and did not need further evaluation.

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

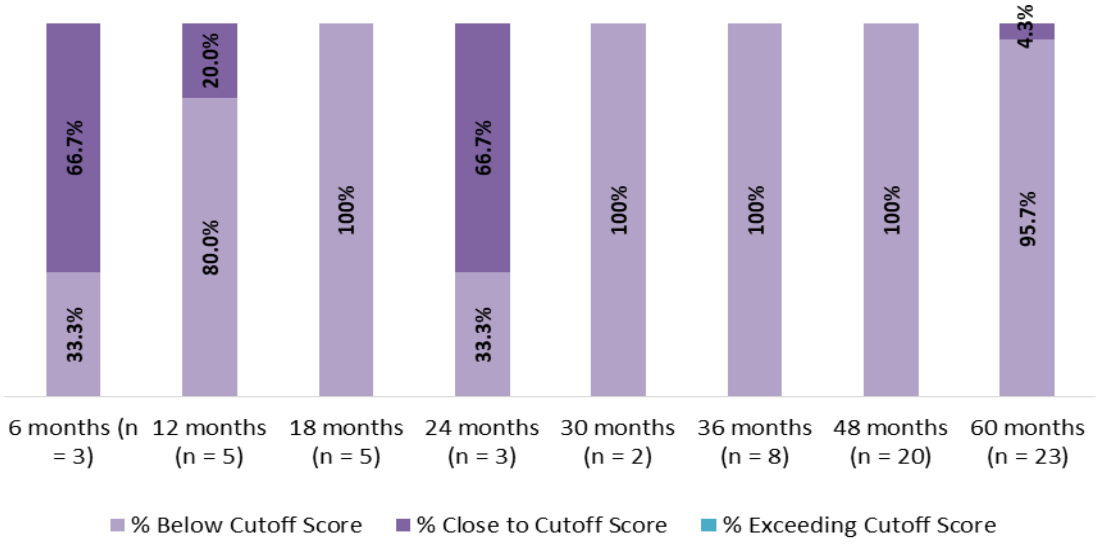
- For the one year olds and under age group, the Fine Motor area was the most problematic with 40.0% of them needing to be referred for further professional evaluation.
- Children in the next age group of 13 months to two year olds had problems in three of the five domains (Communication, Fine Motor, and Problem Solving), with 20% having problems in both the Communication and the Problem-Solving domains.
- Children in the 25 months to 3 year olds had no problem with the Fine Motor area but several did score low enough in the other four domains to warrant a referral for professional evaluation.
- In the next older age group of 37 months to 4 year olds, there were those who scored low enough in every one of the domains to warrant further evaluation by a professional.
- For the children in the oldest age group of 49 months to 5 years old, there were children who scored below the cutoff score in four of the five domains and warranted further evaluation. Only the Personal-Social domain was not problematic for these older children.

Figure 2. Percentage of Children Below, Near or Exceeding ASQ-3 Cutoff Score (n=105)



A total of 69 children were also assessed for their social and emotional development using the ASQ-SE Version 2 Questionnaire. None of these children in any of the eight age groups exceeded the cutoff score and were evaluated as not warranting further evaluation Figure 3). There were children in the 6 months (66.7%), 12 months (20.0%), 24 months (66.7%), and 60 months (4.3%) who did score near the cutoff score and were to be monitored closer and offered use of other resources.

Figure 3. Percentage of Children Below, Near or Exceeding ASQ-SE 2 Cutoff Score (n=69)



Conclusions and Recommendations

Growing up in a houseful of books has been strongly linked to academic achievement. Although the project fell short of its evaluation objective of "75% of participating parents will read books with their children daily," it did show improvement in having more children's books in the home. Having a library card and using the library, however, did not appear to be influenced by the program (note: the majority of the questionnaires were completed by parents before the restrictions imposed by COVID.) Parental TV-viewing practices also did not change after participation in the program. Staff may want to stress to parents the effects of TV viewing habits and the critical period it represents for the development of habits and desirable family activities like reading. And, encourage library use, assuming Tulare County library branches, if not yet open, offer curbside pick-up for books that are reserved online.

The evaluation goal of all children will demonstrate growth was met (although not at 100% as stated in the goal) for the preschool-age children as the project continued to demonstrate improvement among the 4- and 5-year-old group for whom DRDP assessments were completed. We are unclear why there was no improvement shown between the pre- and post-assessments for the 0-3 year-old age group, and would be interested to have the grantee's feedback about this finding.

We're pleased that the school district added Ages and Stages (ASQs) questionnaires to help parents in assessing for developmental delays. From a sample review, it appeared families were appropriately referred when indicated by the assessment results.

CASA OF TULARE COUNTY
0-5 Program

"Success is achieved with the help of many Tulare County agencies and their staff, including the business community." – Program staff

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

Staff reiterated how the holidays can be especially hard for children in resource care, and those who are in the care of extended family members. The outreach efforts of many organizations and individuals – from Porterville and Visalia and the surrounding areas – and the multiple gifts donated demonstrated their compassion and commitment to making this past Christmas better for these children.

Adjustments Due to COVID-19

SERVICE BREAKS: No services were halted or eliminated, but slowed down due to continuing adjustments in the Courts' hearing calendar, continuing cases to a future time.

SERVICE ADJUSMENTS: CASA advocates made phone instead of home visits to interview care providers and conduct ASQs (or portions of them). Reports for the Court and recommendations for medical, dental and other services are submitted electronically to judges, attorneys and social workers, and phone and email are now what is used for internal meetings and to communicate with school and CWS personnel.

BARRIERS: Although advocates are restricted from making in-home visits, having more time at home appears to have resulted in their reaching out more to the 0-5 children to ensure the children know they are cared about.

Evaluation Results

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

Between July 1, 2019 and June 30, 2020, 72 children (down from 137 last year and 179 the prior year), age 0-5 in the Tulare County welfare system were assigned to a CASA advocate. The volunteer advocate assignments lasted about 13 months on average.

Cases for 48 (66.7%) of the 72 children were able to be closed during this period, slightly higher than the closure rate last year. All of the CASA children with closed cases had a permanent placement upon closure of their cases. About 40% of the children with closed cases were reunited with their parents, another 40% were adopted and 11% were placed in guardianship (Table 1). According to staff, CASA requests to be relieved when a permanent plan is identified, as in the case for Guardianships and Adoptions; however, the children technically remain in care after CASA is relieved in these circumstances.

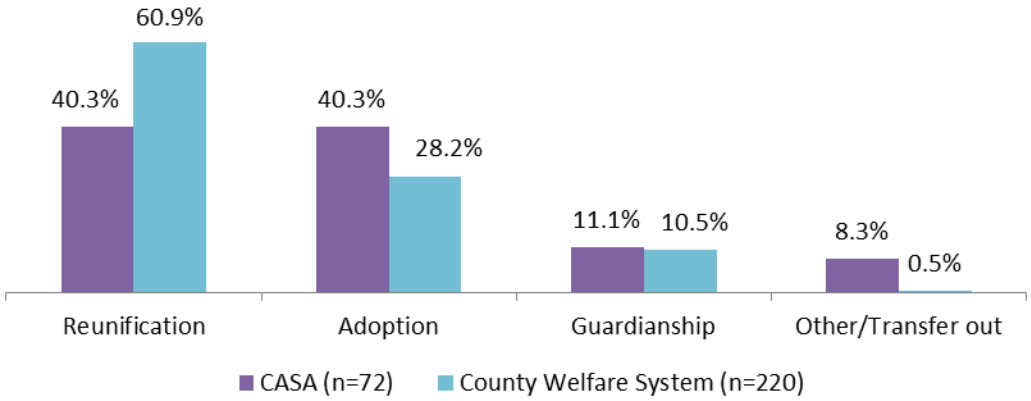
Table 1. Experience of Children Appointed to a CASA Advocate

# of Children Assigned to an Advocate	# of Children Closed Assigned to an Advocate	# of Cases Closed with an Advocate Assigned	Avg Placements from the Time CASA as Agency Appointed	Avg Placement Changes Since Advocate Assigned	Disposition of Children			
					Reuni-fication	Adoption	Guardian-ship	Transfer out of Tulare County Jurisdiction
72	72	48	1.13	0.54	29	29	8	6
					40.3%	40.3%	11.1%	8.3%

Source: CASA, July 15, 2020.

Tulare County Welfare System (CWS) foster care summary data show there were 220 children (down from 673 last year) age 0-5 in the CWS in FY 2019-20. Looking at the type of permanent placements children experienced, the results are notably different this year. About 50% more children in the CWS, compared to 20% last year, were reunited with a parent/guardian than the children appointed to a CASA advocate. While last year the proportion adopted between the CASA and the CWS children was about the same (38%), this year about 30% more of the CASA children than CWS were adopted (Figure 1 on the next page).

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



Source: CASA, July 15, 2020. Tulare County Welfare System special data run July 21, 2020.

Figures 2 and 3 below show the age breakouts for the average number of placements from the time CASA was appointed as the agency, and the number of placement *changes* since a CASA advocate was assigned, respectively. There were only slight differences in the number of placements by age with 3-year-olds and 5-year-olds experiencing the highest number of placements from the time of CASA appointment. (Note: 6-year-olds had received advocacy services from a volunteer when they were 5 years old.) The number of placement *changes* (Figure 3) was again significantly higher for the 6-year-olds than the other age groups at 2.3 changes.

Figure 2. Average Number of Placements from the Time CASA Appointed, by Age (n=67)

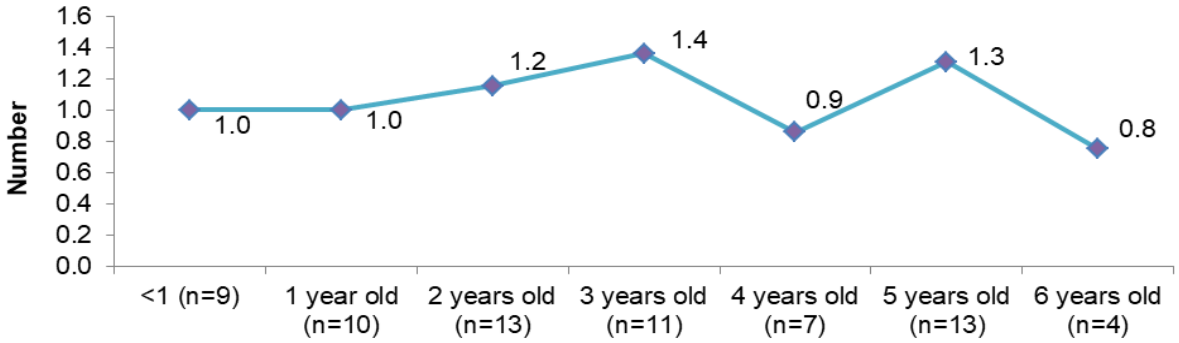
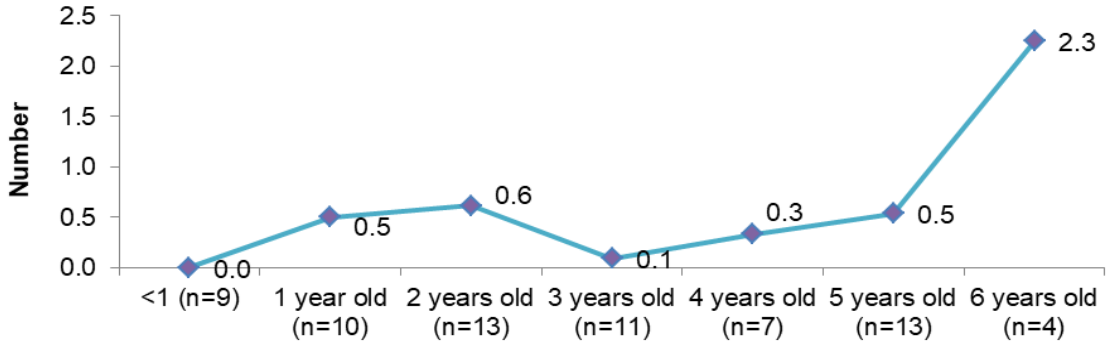
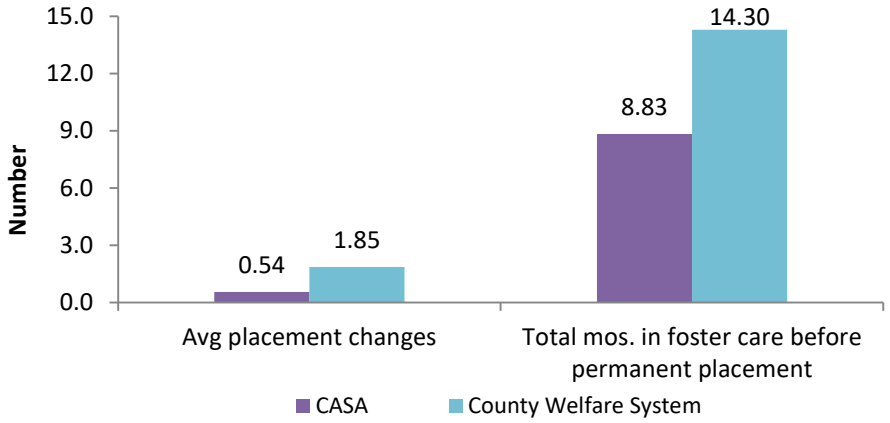


Figure 3. Average Number of Placement *Changes* from the Time CASA Appointed, by Age (n=67)



The bar graph below (Figure 5) compares CASA and CWS experience relative to placement changes and time in foster care. On average, the CASA children spent about 60% less time in foster care before permanent placement than children in CWS did. Although they experienced an average of 1.13 placements (down from 1.37 last year and 1.52 the prior year) from the time of appointment to the CASA agency, the CASA-assigned children experienced a fewer number of placement *changes* since being assigned an advocate compared to children 0-5 in the CWS foster care system: 0.54 vs. 1.85. The average number of placement changes for a CASA-assigned child was three and a half times more favorable than the CWS placement experience.

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



Source: CASA, July 15, 2020. Tulare County Welfare System special data run July 21, 2020.

Conclusions and Recommendations

National studies show that having CASA involvement results in children having significantly fewer placements, with children more likely to achieve permanency;[7] these outcomes were again demonstrated by the Tulare County CASA Agency. The program exceeded its evaluation goal that 80% of children appointed to an advocate will have a permanent placement upon closure of cases throughout the year. CASA also met its goal of children having fewer placement changes and spending less time in foster care than foster care children in the County Welfare System not assigned to CASA.

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

LINDSAY FAMILY RESOURCE CENTER

"Asking for help is not bad. I learned I should always be open to accepting any help." - Parent participant

Project Purpose and Evaluation Design

The project offered a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access information about services, jobs, training programs, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through 6 different tools.

Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3.* The tools are designed to screen children from 1–66 months for early identification and intervention and to identify a child's strengths as well as areas that need work.

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

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

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

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

Strategic Plan Indicators

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

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

Program Highlight

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

One of the unexpected measures of success in this year's Abriendo Puertas (AP) program—the most heavily attended since the program was implemented—was the number of parents who not only completed all of the sessions but decided to continue *attending regardless of the duplication of topics discussed earlier. Although a little challenging to staff for having to maintain engagement with the repeated topics and activities, the value to parents became apparent—in one case, as an out, a place they felt safe; in another, the boost they needed for following through with a referral. The gap in local mental health services and support groups for adults continues to be a challenge in Tulare County, with programs like AP helping to fill the gap.*

Program Modifications due to COVID-19

SERVICE BREAKS: **F**ace- to-face in-home visitation was the only service that had to stop. All other services were modified with use of technology.

SERVICE ADJUSMENTS: In Lindsay, there is community wifi that allows all families access to the internet. Children had a device already provided to them via their learning community. Case management, parenting curriculums and any groups were moved to FaceTime, Zoom, and WhatsApp; staff worked with clients over the phone and or via video; Fresno State interns helped. Care packages (coloring books, street chalk, sensory toys, books, canned goods, food staples) were provided to parents for ongoing engagement support and as incentives for completing parenting programs. Package drop-offs gave opportunity to make contact with some families "red-flagged" as concern due to history of abuse/neglect. For other needed items that were not in stock, staff arranged with a local grocer for parents to be able to get diapers, formula and wipes using a voucher system.

BARRIERS: Parents **were** slow to send signed or completed documents (possibly due to lack of printing/scanning machines); case management was limited to minimal linkages as not all resources were available (e.g., transportation to medical appointments).

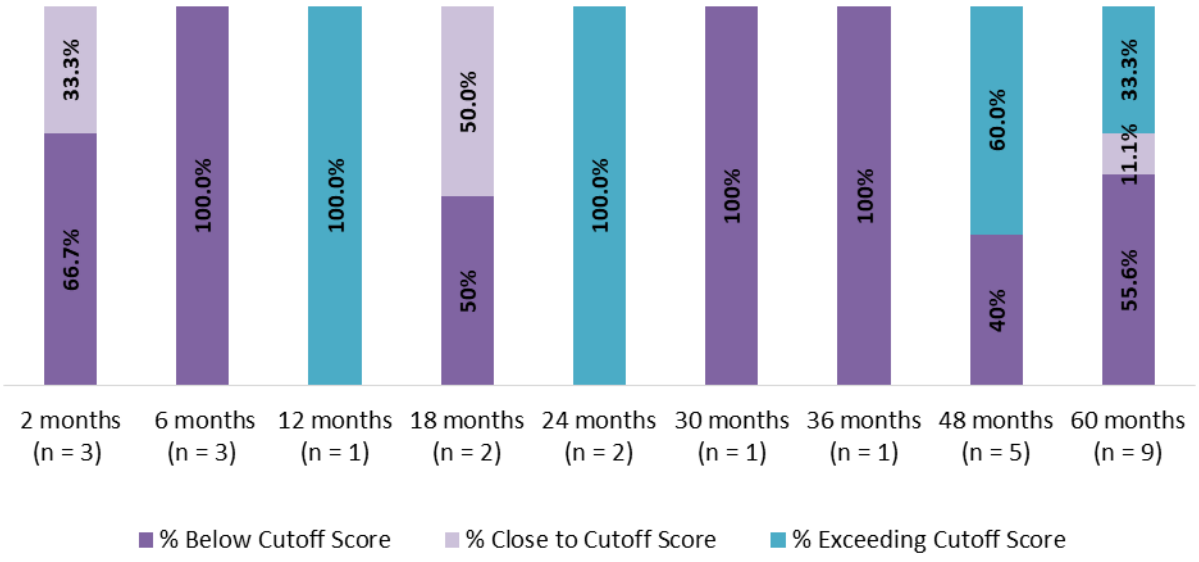
Evaluation Results

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

Figures 1 and 2 on this and the next page show the results of the parent-completed *Ages and Stages* questionnaires described above. A total of 27 children were assessed for their social and emotional development using the ASQ-SE Version 2 that evaluates 7 key areas including self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. *Higher* scores signified greater social and emotional concerns, and different cutoff scores were established for each age group. Children who exceeded the cutoff score (coded as aqua) after being assessed on a set of social and emotional factors were to be referred for further mental health evaluation and offered use of other resources. Children who scored in the midrange were to be monitored closer (coded in light purple) and children scoring below this range did not need further evaluation (coded in purple).

In the nine age groups, some children in four of the groups (the 12, 24, 48, and 60 months) scored above the cutoff scores for their age group and warranted further evaluation (Figure 1). Children in the 6, 30 and 36 months all scored below the cutoff score and appeared to be on schedule. There were children in the 2, 18 and 60 months group who scored near the cutoff score and were to be monitored further.

Figure 1. Percentage of Children Below, Near or Exceeding the ASQ:SE-2 Cutoff Scores (n=27)

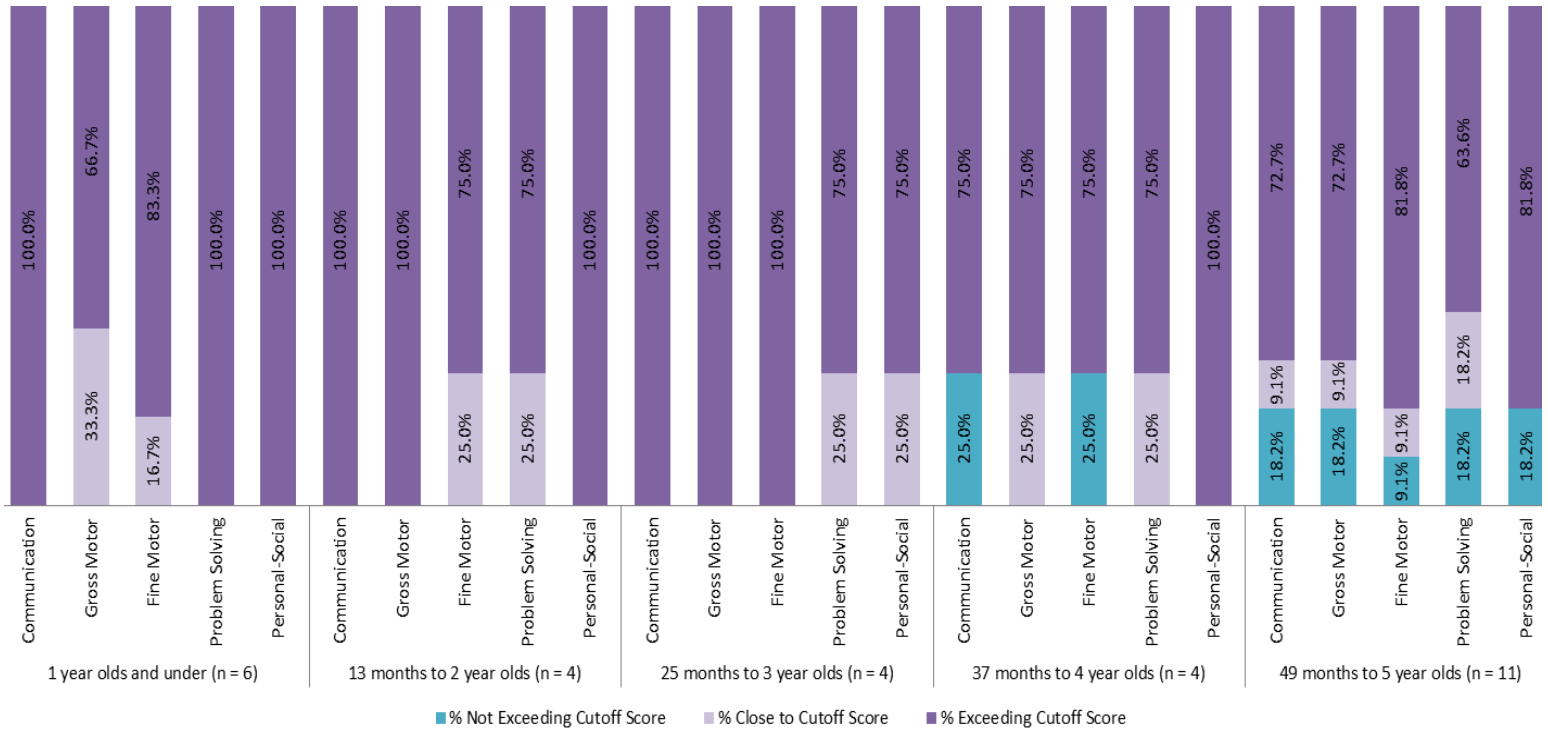


The ASQ-3 is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. A total of 52 children were assessed for their overall development using this tool. *Lower* scores signified greater concerns, and different cutoff scores were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

As Figure 2 shows:

- Children younger than 3 years old scored close to or above the cutoff score in the five domains and did not warrant further assessment by a professional.
- A quarter of the children in the 37 months to 4 years of age group scored below the cutoff score on the Communication and Fine Motor domains. These children were to be referred for additional assessment.
- The children in the oldest age group had problems in each of the five domains and were referred for further evaluation.

Figure 2. Percentage of Children Below, Near or Exceeding the ASQ-3 Cutoff Scores



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

Table 1 on the next page shows results for a matched set of 12 parents/caregivers who were asked questions on the *Parenting Wisely* tool about parenting and conflict management skills that had correct and incorrect answers. Approximately one-fifth of the 34 questions (21% or a total of 7 questions) significantly improved from the pretest to the posttest. There were also five questions that were already being answered correctly on the pretest (75% or better) and therefore, there was little room for improvement on the posttest (Questions 8, 15, 16, 18, and 33). Four questions showed respondents answering incorrectly on the posttest when they had answered correctly on the pretest (Questions 6, 10, 21, and 31). There was an overall 33.2% significant percentage change for correct answers on the posttest.

Using 80% correct as a benchmark for total test performance, none of the 12 parents scored over this benchmark on the pretest but on the posttest, 3 of them (25%) exceeded the 80% correct benchmark.

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

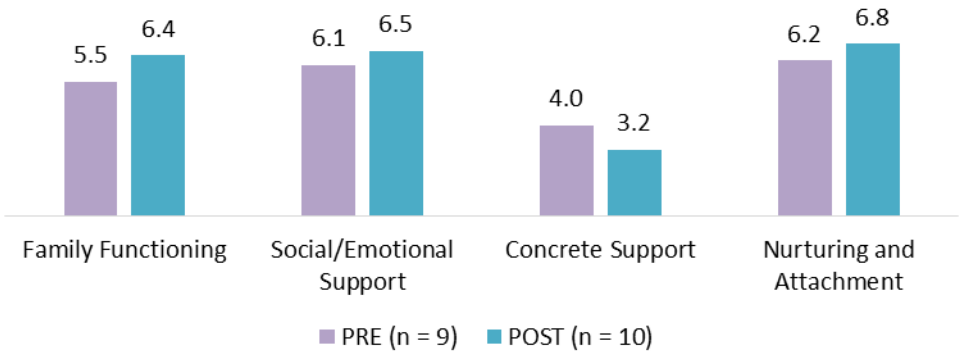
Test Question	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	33%	83%	151.5%*
2. What is the best reason to use "Active Listening"?	33%	50%	51.5%
3. In disciplining a child, what should be included along with punishment?	42%	83%	97.6%
4. What is the most important part of giving a chore?	50%	83%	66.0%*
5. What is most important in "Assertive Discipline"?	33%	58%	75.8%
6. What is most likely to happen if a parent doesn't usually follow through punishment?	83%	58%	-30.1%
7. When might a family discussion of a problem NOT be a good idea?	58%	75%	29.3%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	75%	83%	10.7%
9. What happens when parents are consistent in giving consequences?	33%	75%	127.3%*
10. What are the components of "Contingency Management"?	42%	33%	-21.4%
11. What happens if a parent monitors a child's schoolwork?	42%	67%	59.5%
12. When you first find out your child is doing poorly at school, what should you do?	50%	75%	50.0%
13. What is the long term result of motivating children by yelling at them?	50%	50%	No Change
14. What often happens when a parent forbids a teen to see a particular friend?	25%	33%	32.0%
15. What happens when you compare siblings to each other?	100%	100%	No Change
16. Is it important to explain to our children exactly what they have done wrong before punishing?	75%	75%	No Change
17. The main reason parents yell at their children is?	42%	75%	78.6%
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	92%	92%	No Change
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	25%	58%	132.0%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	17%	42%	147.1%
21. What is the purpose of an "I Statement"?	67%	58%	-13.4%
22. What are the main advantages of "Contracting" for adolescents?	33%	58%	75.8%
23. Which of the following is an "I Statement"?	50%	75%	50.0%
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.	42%	75%	78.6%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	17%	50%	194.1%*
26. What is the advantage of having both parents involved with a child's homework problem?	42%	58%	38.1%
27. What happens when parents give punishments that are severe?	33%	42%	27.3%
28. Close supervision of our children when they spend time with friends has which advantage?	58%	58%	No Change
29. What are the main elements of "Contracting"?	25%	42%	68.0%
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	17%	58%	241.2%*
31. If we need to correct our child when he or she is with friends, what should we do?	100%	83%	-17.0%
32. To help our children know which behavior to change, it is important for us to be...	50%	50%	No Change
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	92%	92%	No Change
34. When we talk about the positive motive behind someone's behavior, the effect is to?	33%	58%	75.8%
Overall Percentage Correct	**48.8%**	**65.0%**	**33.2%***

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

Parents completing the *Protective Factors* evaluation form[8] were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

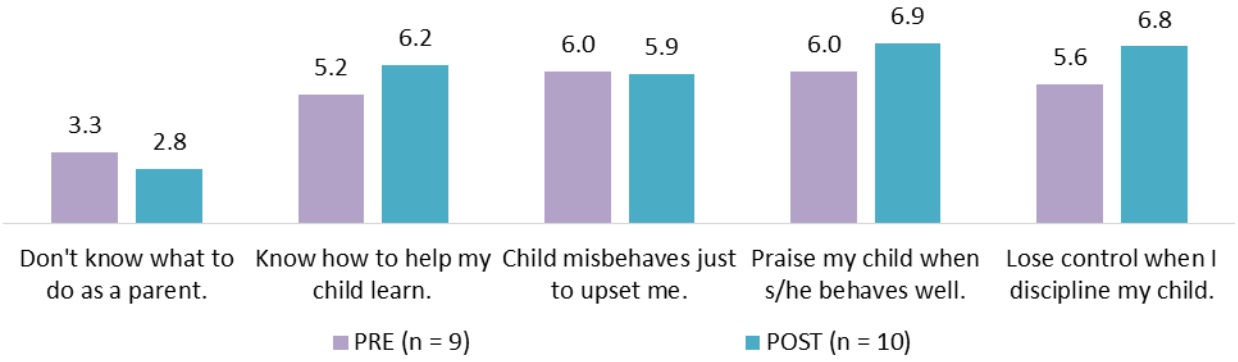
Because the participants for the pre/post were not able to be matched (all grantees using this tool send summarized data in an e-file), the data are not able to speak to changes in the responses of individuals. However, we can see from Figure 3 there was a general increase in protective factors from pretest to posttest on 3 of the subscales: Family Functioning, Social/Emotional Support, and Nurturing and Attachment. The Concrete Support subscale, on the other hand, showed a decrease by 20% in protective factors.

Figure 3. Mean Scores for Parents' Protective Factors



For the 5 items in the Knowledge of Parenting area (Figure 4), parents improved their knowledge about how to help their child learn, give praise for good behavior and maintain control when disciplining their child. They showed no improvement related to the idea that children "misbehave just to upset me," and *dropped* by a 15% change at posttest in their ability to "know what to do as a parent."

Figure 4. Mean Scores for Knowledge of Parenting



[8] Lindsay did not submit results from the Spanish version pf this tool this year.

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

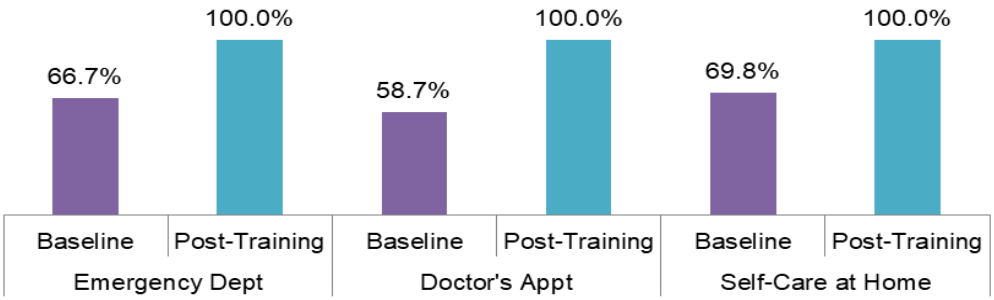
This year, 9 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training and providing safety latches to the families. As Table 2 shows, an average of 40.8 hazards per family was observed during the initial assessment but dropped to 3.0 at the end of the module—a 92.6% improvement. Examples of hazards at the child's eye-level included accessible garden spray chemicals, a guitar power strip and cords, and medicine bottles within reach. `` The total number of home hazards recorded prior to the training ranged from 21 in one family to 72 in another family.

Table 2. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=9)

	Baseline	Post-Training
Average number of hazards per client	40.8	3.0
Mean percent reduction	92.6%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. Sixteen parents were provided reference manuals with a symptom guide and other pertinent information. The parents demonstrated varying levels of knowledge about all 3 health training components–over half to about two-thirds of the issues were addressed correctly on average (Figure 5). After successfully completing this module, the participants were able to always identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child, improving their scores to 100%.

Figure 5. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=16)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this module is the Planned Activities Training (PAT) Checklist. Staff observes parent-child play and/or daily routines and codes

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

Figures 6 and 7 show the results of the parent-infant and parent-child interactions, respectively: 4 parents with matching baseline and post-training data in the first age group and 6 matching parents in the second. The parents' ability to consistently demonstrate desired interactions with their infants and children was significantly improved after completion of the training.

Figure 6. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=4)

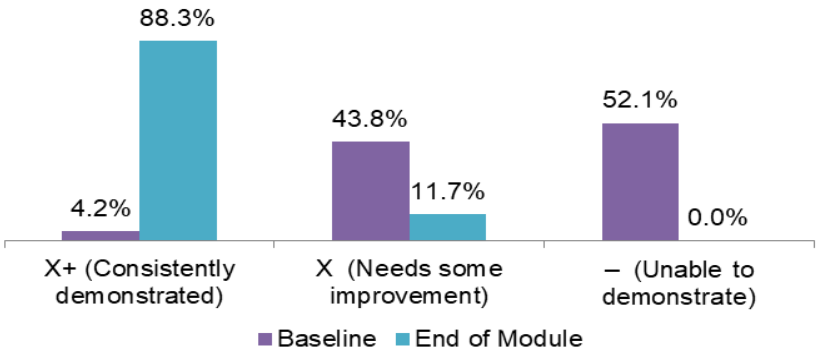
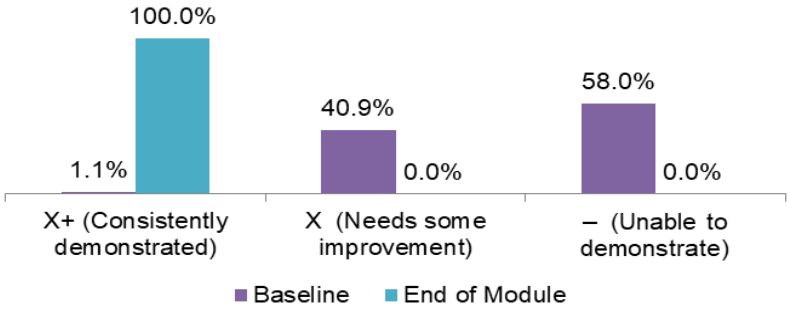


Figure 7. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=6)



The parents evaluated each training module they completed and rated their level of agreement using a 5-point scale. As Table 3 on the next page indicates, overall parents "strongly agreed" or "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program and "strongly disagreed" that the Home Visitor was negative and critical or that the training did not give them new or useful information.

Although a few parents reported somewhat less agreement with some of the items on the Home Safety survey (bars coded in red), the general consensus was that the training was satisfactory to the parents. The sample size for that module was small, however, with only four respondents.

Table 3. Parents' Satisfaction Ratings with SafeCare Program

	Health (n = 8)	Home Safety (n = 4)	Parent Child (n = 2)	Parent Infant (n = 3)
Home is safer since training		1.5		
Am better able to identify hazards		1		
Easier to interact with my child			1	1
Am better able to get rid of hazards		1.5		
Easier caring for my child's health	1.13			
Have more ideas about activities to do with my child			1	1.33
Plan to continue with changes made		1.25		
Easier deciding when to take my child to doctor	1.25			
Routine activities have become easier			1	1
Amount of time it took was reasonable		1.25		
Easier deciding when my child needs emergency treatment	1			
Was comfortable letting Home Visitor check out home		1		
Believe that training is useful to other parents	1.13	1.25	1	1.33
Did not feel this training gave new or useful info/skills	4.5		5	4.33
Practice during session was useful	1.13	1.67	1	1
Written materials were useful	1.13	1.25	1	1
Home Visitor was on time	1.13	1.25	1	1
Home Visitor was warm and friendly	1	1	1	1
Home Visitor was negative and critical	5	5	5	4.67
Home Visitor was good at explaining materials	1	1.75	1	1

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

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

Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[9] The *Edinburgh Postnatal Depression Scale* is commonly used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. This year, due to the sample size being only 1, there will be no report for the Edinburg Postnatal Depression tool.

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

There were 21 respondents who turned in both a pretest and posttest for the *Abriendo Puertas* questionnaire this year (although 37 total parents participated).[10] Of the 15 questions with correct or incorrect answers, there were six that yielded a statistically significant difference in how the parents answered. For four of these questions (Q3, Q4, Q5, and Q10), most of the respondents were already answering correctly on the pretest but by the posttest almost all of the respondents were answering the question correctly.

Questions 23, 26, and 27 proved to be the most difficult for the parents. Less than two-thirds of them answered Q23 and Q27 correctly on the pretest and on the posttest. They had even more difficulty answering Q26 correctly with less than a quarter of the respondents answering correctly on both the pretest and posttest.

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

[10] 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.

Table 4. *Abriendo Puertas* Questions with Correct and Incorrect Answers, Matched Sample (n=21)

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?	16	76.2	18	85.7	12.5%
2. Which area is most important in my child's (children's) development?	17	81.0	19	90.5	11.7%
3. A child's education starts:	17	81.0	21	100.0	23.5%*
4. Parents can improve their child's school success by:	15	71.4	20	95.2	33.3%*
Part 2: Parenting					
5. The best discipline is:	16	76.2	20	95.2	24.9%*
Part 3: Social-Emotional Skills & Development					
9. Developing positive social-emotional skills includes learning to:	14	66.7	19	90.5	35.7%
10. How can you help your child express and regulate his/her thoughts and feelings effectively?	17	81.0	21	100.0	23.5%*
Part 4: Language and Literacy					
12. A child starts to learn language:	11	52.4	17	81.0	54.6%*
14. Parents should talk with their children when:	14	66.7	19	90.5	35.7%*
15. I think that a child who uses two languages:	16	76.2	17	81.0	6.3%
16. Reading to my child will:	15	71.4	18	85.7	20.0%
17. I should start reading to my child:	16	76.2	20	95.2	24.9%
Part 5: School					
23. I think my child's opportunities to do well in school improve, if:	13	61.9	12	57.1	-7.8%
Part 6: Health					
26. On average, a 4-year old consumes 65 lbs of sugar a year.	5	23.8	4	19.0	-20.2%
27. How many servings of fruits and vegetables should healthy children eat each day?	13	61.9	14	66.7	7.8%

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

For the questions in Table 5 on the next page, means were used to indicate how confident the parent felt on a number of items regarding their parenting skills, with a mean of 1.0 indicating “not confident” to a mean of 4.0 indicating “very confident.” Overall, most of the parents were responding around the "confident" level already on the pretest and later at the posttest. The only item that was statistically significant was the increase in parents’ confidence level when asked about their ability to advocate for their children.

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

Questions	*n*	Pre		Post		% Change
		M	*SD*	*M*	*SD*	
Part 2: Parenting						
6. Thinking of your youngest child, how confident do you feel in your ability to raise him/her?	18	3.1	.8	3.4	.6	9.7%
7. When your child misbehaves, how confident are you that you can get him/her to calm down and behave correctly?	19	2.8	.7	3.0	.7	7.1%
Part 4: Language and Literacy						
13. How confident are you in your ability to help your child learn language?	19	2.9	.8	2.9	.8	No Change
Part 5: School						
21. How confident do you feel teaching your child basic skills for kindergarten - like counting, or learning colors or letters?	18	3.3	.8	3.3	.6	No Change
Part 7: Advocacy for our Future						
28. How confident are you in being an advocate for your child?	20	3.1	.8	3.5	.7	12.9%*

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

For the responses to questions that were answered on an "agreement" scale (Table 6), there was one statistically significant change on the parents' agreement level. On the pretest, parents "somewhat agreed" that their diet and exercise choices have a direct impact on their children's diet and exercise habits but on the posttest, they "strongly agreed" with this statement.

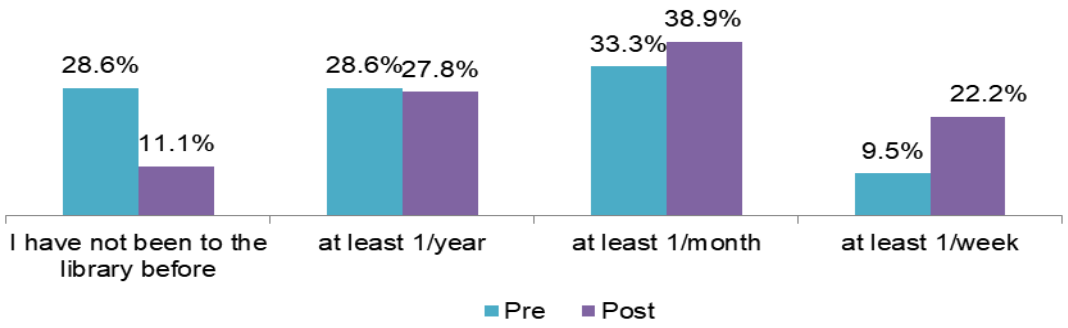
Table 6. Questions with Responses on an Agreement Scale, Matched Sample (n=32)

Questions	*n*	Pre		Post		% Change
		M	*SD*	*M*	*SD*	
Part 3: Social-Emotional Skills and Development						
11. My self-esteem directly affects the social-emotional development of my child.	19	3.0	1.1	3.4	1.2	13.3%
Part 4: Language and Literacy						
18. Only parents who know how to read well can share books with their children.[1]	18	1.6	.8	1.6	1.0	No Change
Part 5: School						
20. Attending a high quality preschool program impacts the lifelong success of my child.	19	2.8	1.2	3.2	1.1	14.3%
Part 6. Health						
25. My diet and exercise choices have a direct impact on my child's diet and exercise habits.	18	3.3	1.1	3.9	.2	18.2%*

Note. Item mean scores reflect the following response choices: 1 = *strongly disagree*, 2 = *somewhat disagree*, 3 = *somewhat agree*, and 4 = *strongly agree.*
[1]Question 18 was reverse-worded where more disagreement with the statement was more desirable.
* $p < .05$.

Overall, parents reported a positive trend in their library visits. Over a quarter (28.6%) of them indicated they had never been to the library before taking class, with the proportion dropping to 11.1% afterwards. Likewise, only 9.5% of the respondents reported going to the library at least once a week on the pretest but on the posttest, 22.2% of the respondents reported going to the library at least once a week (Figure 8). The changes, though impressive, were not statistically significant; when analysis of variance was conducted on the 18 matched pretests and posttests, the same parents reported going to the library about the same frequency as on the pretest (somewhere between at least once per year and once per month).

Figure 8. Frequency of Library Visits

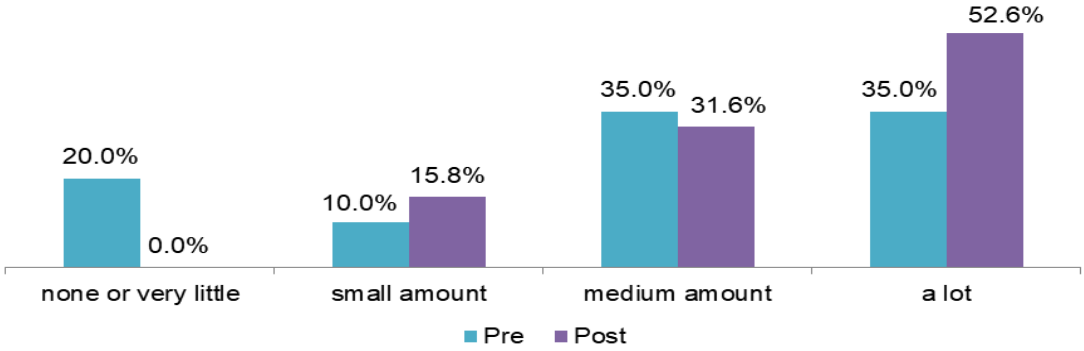


Note. Since this is a simple frequency count, pre and post samples were not matched for this frequency table.

About 70% of the parents indicated on the pretest that they knew little or none of what their child's school expects of them and their children (Figure 9). After the course, only 14.3% reported they felt this way. Over 87% of the parents reported that they knew "a lot" of what the schools expect of them and their children by the time they took the posttest.

.

Figure 9. Parents Knowledge of School Expectations



Note. Since this is a simple frequency count, pre and post samples were not matched for this frequency table.

Parents were also asked about getting children ready for kindergarten and given 4 choices of activities. One choice was endorsed significantly more on the posttest than on the pretest: more parents thought that getting their children ready for kindergarten included identifying letters and sounds on the posttest than on the pretest (Table 7 on the next page).

Given that all 4 choices provided were correct, selecting more choices indicated greater understanding of what is involved in preparing for kindergarten. On the pretest, 12 parents (63.2%) selected all 4 viable choices. For the posttest sample, the number rose to 14 respondents (73.7%).

Table 7. Readiness for Kindergarten, Matched Parents

Question 24	Pre (n=19)		Post (n=19)		% Change
	n	%	*n*	%	
I think that getting children ready for kindergarten includes learning:					
1. To count and recognize colors and shapes.	15	79.0	18	94.7	19.9%
2. To identify letters and sounds.	13	68.4	17	89.5	30.9%*
3. To work and play with others.	15	79.0	17	89.5	13.3%
4. To speak politely to the teacher.	10	52.6	14	73.7	40.1%
5. I don't know.	0	0	0	0	-
	No choice selected	1 choice selected	2 choices selected	3 choices selected	4 choices selected
# of Pretest	0	7	0	2	12
# of Posttest	2	2	1	2	14

* $p < .05$.

Based on repeated measures analyses of variance, there were no significant differences in the endorsement rate between pretest and posttest on any of the response choices regarding parental and child rights in the U.S. (Table 8). However, the rate of endorsement was already sufficiently high with little room for more frequent endorsements at the posttest. Selecting more choices (all 5 response choices provided were correct) indicated greater understanding of the issues on this topic. On the pretest, 15 parents (78.9%) selected all 5 viable choices, but the number dropped a little to 14 respondents (73.7%) on the posttest.

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

Question 29		Pre (n=19)		Post (n=19)		% Change
		n	%	*n*	%	
What are your rights as a parent in the U.S. and what are your child's rights?						
1. If your child is learning English, he/she has the right to be in a special program at school.		15	79.0	14	73.7	-6.7%
2. You have the right to be involved in decision-making at your child's school.		18	94.7	18	94.7	No Change
3. Your child has the right to public education, regardless of legal status.		16	84.2	16	84.2	No Change
4. You have the right to an interpreter for teacher-parent conferences or school meetings.		17	89.5	16	84.2	-5.9%
5. You have the right to write a formal complaint letter to your child's school.		15	79.0	16	84.2	6.6%
	No choice selected	1 choice selected	2 choices selected	3 choices selected	4 choices selected	All 5 choices selected
# of Pretest	0	3	1	1	1	15
# of Posttest	2	2	2	0	1	14

* $p < .05$.

Conclusions/Recommendations

Nurturing and Attachment, Social/Emotional and Family Functioning appear to be strong protective factors of the parents, and these assets should be capitalized on, but the posttest drop in the Concrete Support area deserves some attention. Likewise, the lowest rating in the parent knowledge area, ""knowing what to do as a parent" points to an area where parents could benefit from more help.

Parents participating in *Parenting Wisely* demonstrated improved learning and ability to apply important parenting and conflict management skills, though some did not reach the 80% correct benchmark in their posttest scores. When the ASQ results showed the need for further evaluation, a sample review of the forms confirmed staff made referrals for appropriate further assessments. The ASQ screening outcomes provide continuing evidence of the vulnerability of children served by this FRC.

Parents completing *Abriendo Puertas* showed varying amounts of knowledge about child development and parenting skills. For example, some struggled with questions about how their child's opportunities to do well in school could improve given certain factors. They also did less well after taking the class in knowing how many servings of fruits and vegetables a healthy child should eat every day. We suggest staff look at the results of each individual test item in the questionnaires for this tool and see where the curriculum could be strengthened to increase parent understanding and confidence.

It was apparent again that the majority of the parents who completed the SafeCare modules appreciated and responded well to the program training.

UNITED WAY 2-1-1

"I'm very glad 2-1-1 exists. It's very easy for me to remember and to dial. I'm disabled so even using a telephone is difficult for me."
- Grandmother in a multi-generational household

Project Purpose and Evaluation Design

The purpose of United Way 2-1-1 telephone service is to help people facing a difficult situation find the resources they need. The goal is to increase the percentage of families with access to information about services, provide linkages to jobs and training programs and offer referrals to parent education, child care, substance abuse, and other resources that can promote family stability. Call Center Specialists use a database of programs and services at local agencies to help callers connect with help. Monthly follow-up calls are made to users of the 2-1-1 program to obtain information about their experience using the system and whether or not they successfully received services; their responses are reported in a format designed for the evaluation. Per agreement with First 5, this report represents a *sample* of the follow-up calls staff made. Typically United Way receives around 8,000 calls every year; this year due to the pandemic it logged 17,724 calls.

Strategic Plan Indicators

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

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

Program Highlight

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

United Way serves many multi-generational families, linking them to community resources. In addition to referrals for basic needs like food and shelter, they depend on partnerships with resources such as Resources for Independence Central Valley (RICV) to help connect people to help with assistive technology.

Adjustments Due to COVID-19

SERVICE BREAKS: No break in services, but experiencing 4 times the amount of calls as normal.

SERVICE ADJUSMENTS: United Way Staff had to adjust to working from home while keeping up with the always-changing landscape of resources to make effective client referrals. They switched to zoom for meetings, and cloud-based documents to work with one another. During the pandemic, 2-1-1 experienced 3-4 times more calls each month. One effect of implementing new call-handling procedures was to drastically reduce the amount of questions/data collection.

BARRIERS: The main issue was the increased financial costs associated with the large influx of callers. The agency received a substantial amount of support for the 211 program from both United Way Worldwide and United Way of California.

Evaluation Results

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

Caller Information

This year, we received follow-up information on a sample of 213 calls (56% fewer than last year).* Just over three-quarters (78.9%) of the callers were English speakers (Figure 1). Word of mouth from friends and family (40.8%) and contact with some type of agency (20.7%) were the most common ways callers reported hearing about 2-1-1. All (100%) of the call types were identified by United Way as "information and referral," and none as "advocacy" or "crisis."

Figure 1. Profile of 2-1-1 Callers (n=213)

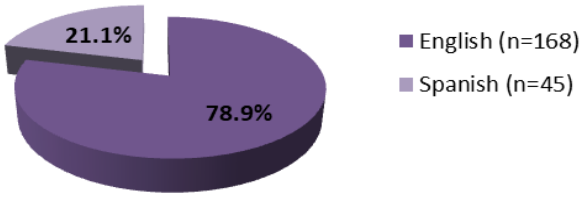
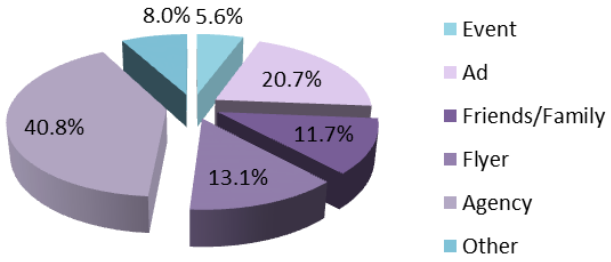


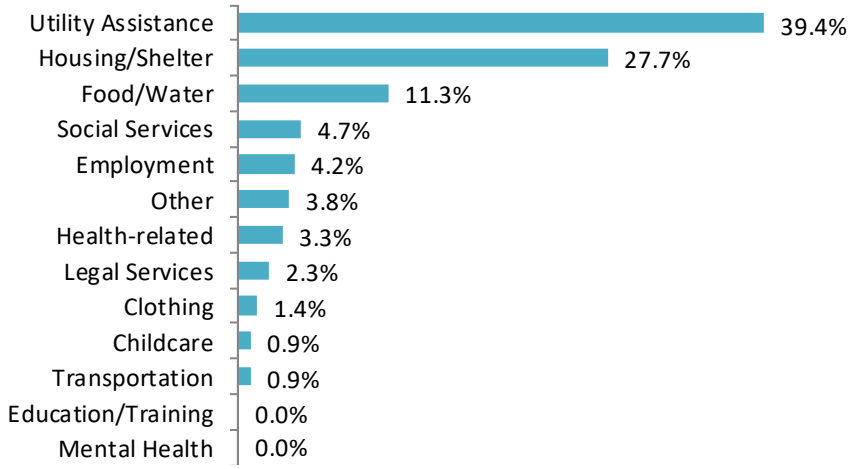
Figure 2. Means of Finding 2-1-1 (n=213)



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

* According to the grantee, the criteria for the evaluation sample of caller information are: the caller states they have children; is in need of food resources, especially if they are referred a CalFresh resource; the Call Specialist determines the caller could benefit from a follow-up due to their needs/circumstances/situation.

Figure 3. Clients' Main Needs (n=213)*



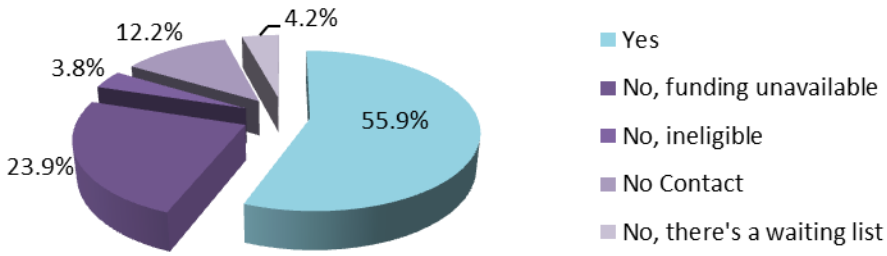
*Some callers were identified as having more than one main need.

Referral Information and Receipt of Services

Nearly all of the callers said they were able to obtain a referral that met their needs and generally followed through by making the contact (Figure 4), with over half (55.9%) or 119 callers, saying they had or were currently receiving the services they were referred to (Figure 5). The other 44.1%, or 94, of the individuals, however, were unable to access the services for reasons seen in Figure 5.

Figure 4. Callers' Ability to Obtain Referrals and Link with Services (n=213)

Figure 5. Callers' Ability to Receive Services from Referral Organizations (n=213)



Child Development Issues

Seven (compared to 65 last year) callers with a child age 0-5 (representing 3.3% of the caller sample) stated during the initial call they had child developmental concerns—and were willing to have staff make a follow-up call (most callers decline, according to 2-1-1 staff). The seven parents expressed concerns related to behavior, health and learning (in that order) and given one or more referrals depending on the issue, with none identifying concerns related to movement, social or speech (Figure 6). At the follow-up call, five (71.4%) of the parents indicated they had been able to receive the help or resources they needed, while the other two (28.6%) were not successful (Figure 7).

Figure 6. Area of Concerns Regarding Child's Development (n=7)

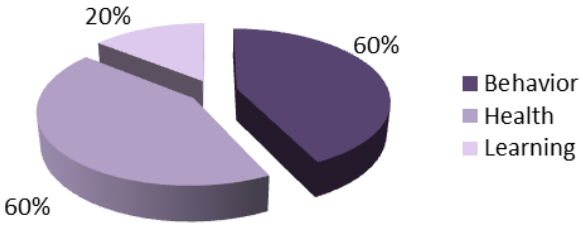
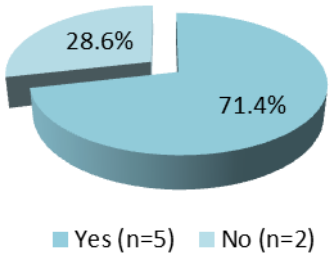


Figure 7. Success Receiving Help/Resources (n=7)



Client Feedback

Virtually all (95.8%) of 2-1-1 callers reported being "very satisfied" with the services they received (Figure 8). Nearly all of them found the call specialists courteous and able to understand their needs and had no hesitation to use 2-1-1 services again if needed (Table 1).

Figure 8. Caller Satisfaction with Information and Services (n=213)

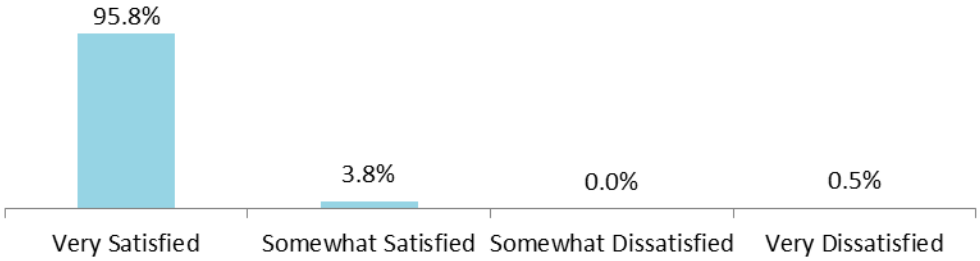


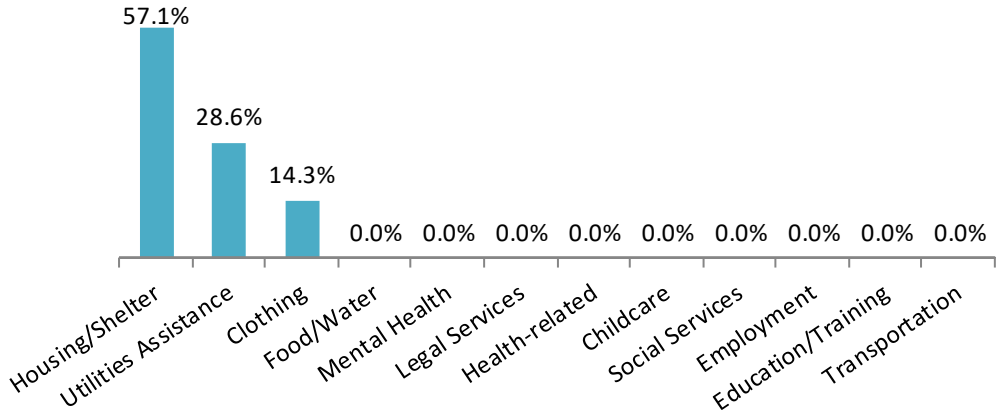
Table 1. Feedback about Staff and Likelihood to Use the Service Again (n=212)

	Yes	No	Somewhat/Maybe
Did the call specialist seem to understand your needs?	99.5%	0.0%	0.5%
Was the call specialist courteous?	99.1%	0.5%	0.5%
Would you use 211 again?	99.1%	0.0%	1.0%

Seven (3.3%) of the callers indicated during the follow-up call they needed additional resources or help now. By a large margin, assistance with housing/shelter was cited as the top need for help—nearly double the second

most common need, utilities assistance – in reverse order from what callers had identified as their main need at the time of their call to 2-1-1 (Figure 9).

Figure 9. Type of Additional Resources or Help Needed Now (n=7)



Conclusions/Recommendations

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

The program met its evaluation goal of 50% of callers being able to obtain a *referral* for the services they were seeking. However, about 45% (up from one-third last year) of the referrals did not lead to a *solved problem*. That is, the same issues that were the main problems identified in the families' initial calls remained the main problems at the time of the follow-up calls, seemingly with no resolution for those who made contact with the referral source. Again, we imagine – and certainly with closures due to COVID-19 beginning in March – these high need issues for help represented community-wide resource gaps that are scarce and/or in high demand. We assume United Way of Tulare County is aware of the continuing need to identify *available* resources that can help callers and works in partnership with other community groups toward addressing these needs. Receiving a referral to a place or service that is not open, too full, has narrow eligibility criteria, or for some other reason could not help them would be extremely frustrating to a caller in need.

We understand that due to the pandemic, 2-1-1 experienced 3-4 times more calls each month than would be typical. One effect of this increase was that the call center drastically reduced the number of questions asked and data collected from follow-up calls; hence, we have a limited amount of evaluation information this year. We hope if things have "stabilized" somewhat next year, the program will again be able to make the 40 monthly follow-up calls and ask the callers the full set of questions.

SAVE THE CHILDREN FEDERATION

"The photo the teacher showed impacted me so much I cried at the thought of what type of brain my children had." - Parent participant

Project Purpose and Evaluation Design

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

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

During the home visit, staff also used several diagnostic and screening tools designed to appraise the early stages of language development; the tools evaluated maturational lags, strengths, and deficiencies by testing auditory comprehension—how much language a child understands.

Strategic Plan Indicators

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

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

Program Highlight

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

Becoming brain builders of their young children—understanding how parents' interactions with their children contributes to brain development—is one of the important parent engagement elements of the home visiting program. During home visits and parent-child groups, staff supports parents in understanding the "why" behind activities like reading and singing with their children, explaining the brain science and showing pictures of a healthy vs. deprived brain. These visuals have been powerful teaching tools as the above client quote attests.

Adjustments Due to COVID-19

SERVICE BREAKS: Because no home visits were possible, the assessments of various developmental measures were discontinued. Additionally, parent-child groups were suspended and the 3-5 year-olds book bag component reading frequency—dependent on preschools being open—was negatively impacted.

SERVICE ADJUSMENTS: Home visitor check-ins were made by telephone, Face time/Zoom and texting with parents. ASQ assessments were done by parents over the phone with staff coaching. Parents with computers were introduced to virtual book reading website, and Zoom was used in an effort to continue offering Parent-child group meetings.

BARRIERS: Families without technology/internet capacity were not able to participate in some of the online opportunities provided. In some instances, especially early on, having all/many family members at home (including older siblings) during the interaction times with home visitors (HVs) was distracting and limited meaningful connections with families over the phone. An additional barrier is the inability of the HVs to observe parent-child interactions and capitalize on teachable moments. The HVs have been encouraged to ask more open-ended questions and use alternative methods such as appreciative inquiry.

Evaluation Results

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

The Peabody Picture Vocabulary Test (PPVT™-4) measures a child's listening and understanding of single-word vocabulary beginning at age 2 years, 6 months. This year, no PPVT assessments were submitted to us.*

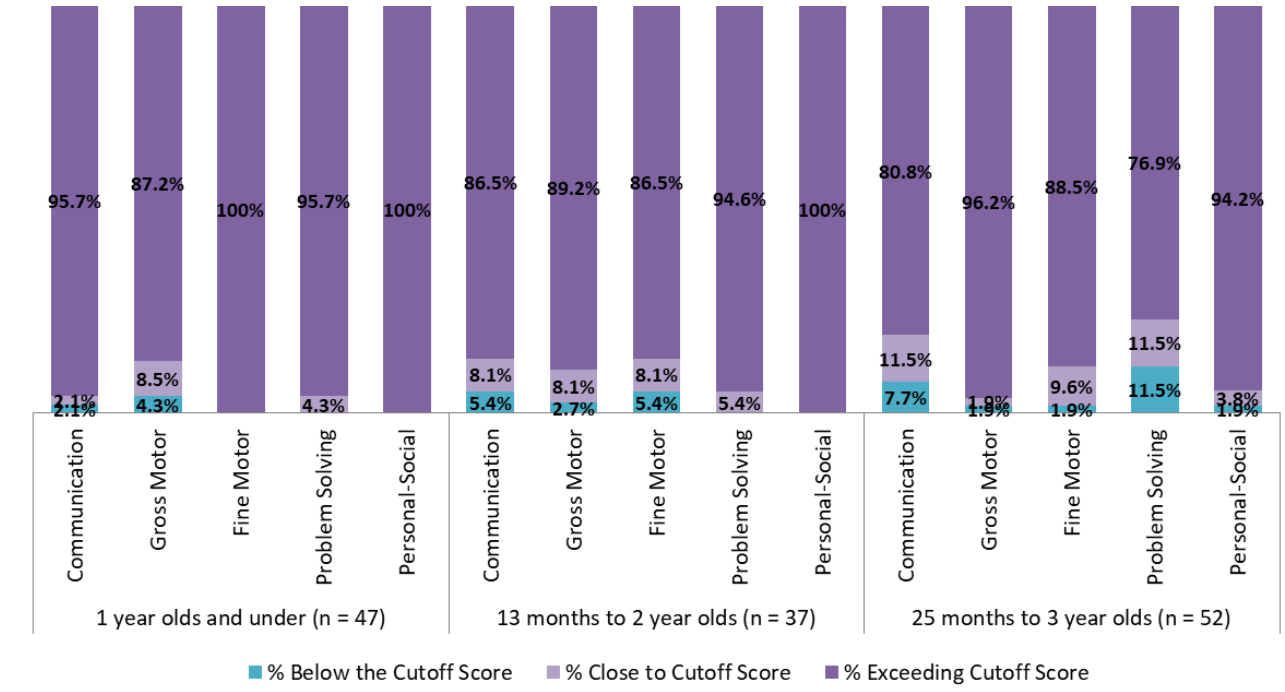
Early Steps to School Success also uses the Preschool Language Scale (PLS) Spanish Edition to assess developmental language skills of children whose primary language is Spanish. The program administers the test at age 3 to children who have received at least one year of home-based services. We received only 4 completed forms (and 2 incomplete forms) this year, so no analysis or inclusion of the results was possible.

This year we received results for a total of 136 children who were assessed for their overall development with the ASQ-3 All Ages questionnaire. Children were scored on 5 different domain areas such as Communication and Problem-Solving. Dependent upon the child's age, cutoff scores were established for each domain area. For this ASQ version, children who exceeded the cutoff score (coded as aqua) were behaving at a level of concern to the caregiver and were to be referred for further mental health evaluation and offered use of other resources. Children who scored in the midrange were to be monitored closer (coded in light purple) and children scoring below this range did not need further evaluation (coded in purple).

As Figure 3 on the next page indicates, there were children in every age group who showed problems with one or more of the developmental tasks. For the one year-old and under age group, the children had difficulty in the Communication and Gross Motor areas with the Gross Motor area being the most problematic with 4.3% of them needing to be referred for further professional evaluation. Children in the next age group of 13 months to two year-olds had problems in three of the five domains (Communication, Gross Motor, and Fine Motor), with the most children having problems with the Communication domain (5.4%) and the Fine Motor domain (5.4%). Children in the 25 months to 3 year-olds found all five domains problematic with the Problem Solving area the most problematic (11.5%). Overall, across all the age groups, the Communication domain appeared to be the most problematic with over 15% of the entire group needing further assessment.

* According to the grantee, the lack of PPVT and few PLS assessments was due to the closure of home visits in March.

Figure 3. Percentage of Children Below, Near, or Exceeding Cutoff Score on the ASQ-3 (n=136)



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

Being surrounded by lots of books where they live helps children build vocabulary, increase awareness and comprehension, and expand horizons—all benefiting school achievement. At the time of the pretest, over half (57.3% vs. 49.8% last year) of the parents reported in the modified ESPIRS questionnaire having 11 or more books at home, but at the posttest close to 90% reported having this many books, a statistically significant change (Table 1).

Looking at how often parents read books and told stories to their children, there was a pattern of positive behaviors occurring after participating in the literacy program. Statistically significant changes were found between the pre- and posttest with almost all of the parents on the posttest (95.1%) responding that they were reading books to their children at least 3 times a week to every day and almost 83% (vs. 73% last year) were telling stories to their children with the same frequency.

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

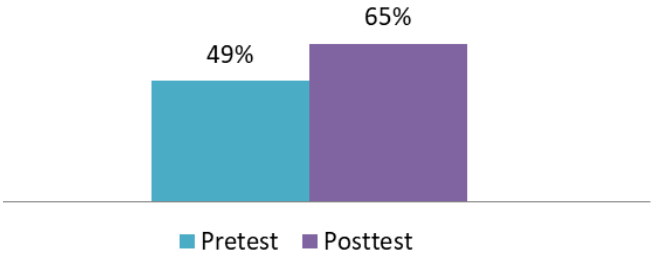
Survey Questions	Pre		Post	
	n	*%*	*n*	*%*
At this time, how many children's books do you have at home that you own as well as library books?				
1 - 2 books	24	14.6	0	0
3 - 10 books	46	28.0	21	12.8
11 - 25 books	49	29.9	70	42.7
26 - 50 books	33	20.1	57	34.8
51 + books	12	7.3	16	9.8

Table continues on next page

About how often do you read books or stories to your children?				
Never	4	2.5	0	0
Several times a year	3	1.8	0	0
Several times a month	5	3.1	1	.6
Once a week	19	11.7	7	4.3
About 3 times a week	62	38.0	37	22.7
Every day	70	42.9	118	72.4
How often do you tell your children a story (e.g., folk and family stories, history)?				
Never	9	5.7	0	0
Several times a year	9	5.7	3	1.9
Several times a month	11	6.9	8	5.0
Once a week	31	19.5	16	10.1
About 3 times a week	53	33.3	88	55.3
Every day	46	28.9	44	27.7

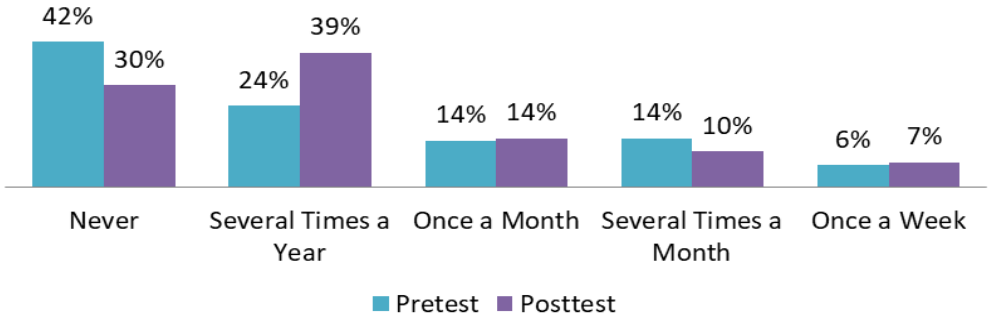
In terms of library experience for the 158 parents with both a pre/posttest, 49% indicated they had a library card on the pretest, while at the posttest 65% (vs. 100% last year) reported this, a statistically significant change (Figure 4).

Figure 4. Current Possession of a Library Card, Matched Sample (n=158)



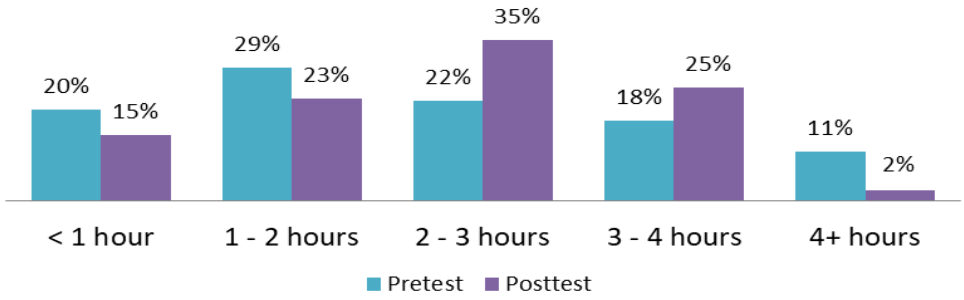
Based on the matched responses, 58% of the participants initially reported that they went to the library several times a year or more. Figure 5 indicates that this situation greatly improved by the posttest with approximately 70% of the group reporting that they now visited the library at least several times a year; however, the change was not statistically significant.

Figure 5. Frequency of Going to the Library, Matched Sample (n=156)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Based on the matched responses, more parents reported two or more hours of television watching on the posttest (62%) than on the pretest (51%).

Figure 6. Hours of TV Watched Per Day, Matched Sample (n=164)



It appears that parents were already engaging in positive parental behavior related to managing TV experience of their children. For example, a large proportion of parents (63.4%) was already *always* selecting the TV program at the pretest, and this proportion increased to 68% on the posttest, but the change was not statistically significant (see Table 2). About one-third of the parents reported that they *always* watched the TV program with their children and *always* asked their children questions about the TV program before taking the class with about the same proportion reporting this on the posttest.

Table 2. Family TV-Watching Experience, Matched Sample (n=164)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	4 (2.5%)	55 (34.2%)	102 (63.4%)	0 (0%)	52 (32.3%)	109 (67.7%)
When your children watch TV, do you watch the TV programs with your children?	2 (1.2%)	101 (62.3%)	59 (36.4%)	0 (0%)	107 (66.0%)	55 (34.0%)
When your children watch TV, do you ask your children questions about the TV program?	6 (3.7%)	103 (63.6%)	53 (32.7%)	0 (0%)	93 (57.4%)	69 (42.6%)

Conclusion and Recommendations

Growing up in a houseful of books has been strongly linked to academic achievement. The grantee again showed impressive changes in parents reading to children, having books in the home and telling stories to their children, meeting the objective "Parents of children ages 3-5 will read together an average of 10 times per month." Although the change in amount of TV watching (higher at posttest)—which parents reported pre-COVID—was not statistically significant, the grantee may want to stress to parents the effects of TV viewing habits on early childhood and the critical period it represents for the development of habits and preferred activities like reading.

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

RESULT AREA Part 2:

Child Health

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

Much has been done in the past few years to strengthen the sources of support for women to breastfeed. The Baby Friendly Hospital (BFHI) Initiative, which First 5 Tulare supports, is an internationally recognized program to change practices that promote breastfeeding. In 2018, 70.2% of women statewide—and 53.0% in Tulare County, down from 55.8% the year before—chose to exclusively breastfeed at the time of delivery according to in-hospital breastfeeding initiation data.[11] Tulare County's average exclusive rate, which has been rising, still places the county in the 46th of 49 county rankings.

While early childhood caries (dental decay) is a preventable disease, it remains the most prevalent unmet health care need for children. Children with the highest prevalence of dental disease, including children with Medi-Cal, are the ones least likely to visit the dentist, however.[12] In 2018, only 26.7% (age 1-2) and 63.9% (age 6-9) of Tulare County children utilized their Medi-Cal dental benefits.[13] Of women who had a live birth in Tulare County in 2015-16, only 37.1% reported a dental visit during their pregnancy.[14] 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.

[11] https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Hospitals-2018.pdf
[12] 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
[13] Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2018. California Department of Health Care Services, Medi-Cal Dental Program.
[14] California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program, *Maternal and Infant Health Assessment (MIHA) Survey, 2015-2016*, June 19, 2018.

FAMILY HEALTHCARE NETWORK
KINDERCARE DENTAL PROGRAM

"During the child's screening it was noted he was tongue-tied. When the hygienist asked whether he was having speech difficulties, the instructors were amazed she could identify the potential problem, and said they'd bring it up to the speech therapist."
- Preschool Director, school screening site

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

FHCN has prioritized this dental program at the department level by allocating adequate staff and leadership resources – reducing the negative effects of staff former changes – clearly contributing to the agency's ability to not only meet but exceed screening and treatment goals. Current community relationships and collaborations continue to be strengthened.

Adjustments Due to COVID-19

SERVICE BREAKS: All dental assessments and fluoride varnish applications had to be halted after mid March.

SERVICE ADJUSMENTS: Virtual presentations on oral health were possible in some cases via Zoom with parents, students and preschool teachers. Staff also gave away prefilled bags with information and giveaways to those attending food distributions provided by FoodLink within the county.

BARRIERS: Part of the barrier to in-person services was also overcome with distribution of oral health information to some families attending school lunch programs.

Evaluation Results

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

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

One-third, or 34.4% of the children (down from 42% last year)—or 2,635 of them—were determined to have visible evidence of tooth decay, a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23%. (Note: caries prevalence is higher among Hispanic children).[15] Of the children with evidence of dental disease, 30.2% were referred for treatment while 14.3% were determined to need *urgent* dental care because of pain, swelling or infection.

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

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

	Number	Percent
Oral health screenings provided to children	5,664	100.0%
Number of visits to screening sites	145	
Average number of clients served per site	39.1	
Fluoride varnish provided to children	4,241	76.6%
Children with any visible **evidence of tooth decay**	1,827	**32.3%**
Children with visible evidence of tooth decay with no pain referred for treatment[1]	1,587	86.9%
Children with visible evidence of decay with pain referred for *urgent* treatment[2]	240	13.1%
Pregnant/new mothers screened and connected with dental provider	19	100.0%
Pregnant/new mothers with **evidence of tooth decay** referred for treatment	9	**47.4%**

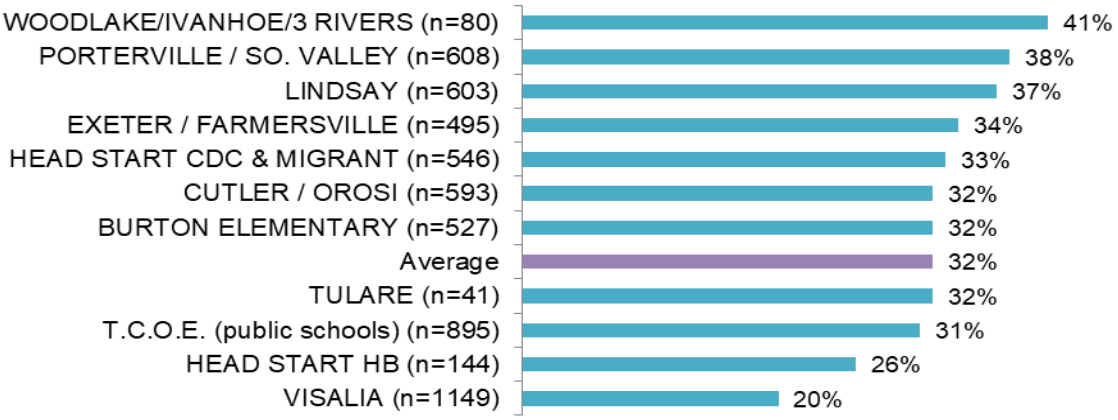
[1] Defined by FHCN as "the patient has active decay that needs treatment."
[2] Defined by FHCN as "the patient has pain, infection, swelling that needs immediate attention.

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

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

FHCN also shared for this report its district-wide oral health assessment data from all screenings provided during 2019-20, broken down by district or area (Figure 1). The average proportion of those with evidence of tooth decay is essentially the same as population funded by First 5, 32%, but also includes some women as noted in the footnote under the bar graph. Notable are the areas with the highest need for dental care such as Woodlake/Ivanhoe/3 Rivers.

Figure 1. Tulare County District Total Assessments (n=7,724) and Percent with Suspected Decay

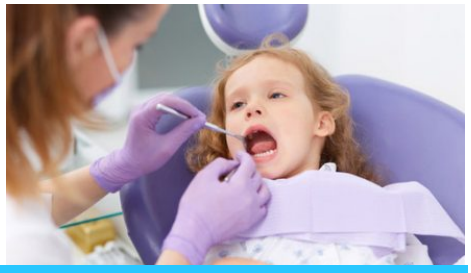


Source: Family HealthCare Network internal data, 2019-20.
Note: Includes 6 year-old kindergarteners, pregnant women, and women with children 1 year old or younger. Goshen Elementary & Preschool are included under Visalia U.S.D.

Conclusions/Recommendations

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

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



ALTURA CENTERS FOR HEALTH
ORAL HEALTH AND BREASFEEDING PROGRAMS

"I really appreciate that the staff person didn't pressure me to exclusively breastfeed; she was assuring and supportive, and if it weren't for her I would have quit long ago."
- New mom

Project Purpose and Evaluation Design

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

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

Strategic Plan Indicators

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

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

We report first on the **oral health program**, followed on page 110 by the **breastfeeding program**.

Evaluation Results: ORAL HEALTH

Program Highlight

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

Ongoing support from First 5 Tulare and partnerships with the Tulare City School District and Head Start Child Development Centers makes this a successful project according to staff.

Adjustments Due to COVID-19

SERVICE BREAKS: *The final two* oral health screenings were not able to be completed when COVID closed the schools.

SERVICE ADJUSMENTS: No service adjustments were possible to complete these screenings.

BARRIERS: The barrier of closed schools was not possible to overcome.

To what extent were oral health outcomes achieved for children?

The project made visits to 15 school sites during the program year (some with multiple visits). Staff provided dental screenings for 1,510 children (serving an average of 100.6 children per site). Close to 39% of the children, nearly the same proportion as last year—or 585 of them—were determined to have visible evidence of tooth decay that required a referral for dental care. Note that this is a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23% (note further that caries prevalence is higher among Hispanic children).[16]

Fluoride varnish was provided to virtually all of the children (99.9%) who were screened, and to 1,139 (82.1%) of these were taught to brush and floss their teeth properly. Table 1 describes these oral health services that the grantee provided this year.

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

	Number	Percent
Oral health screenings provided	1,337	100.0%
Number of sites	5	
Average served per site	267.4	
Children with visible **evidence of tooth decay** referred	409	**30.6%**
Fluoride varnish provided	1,259	99.9%
Oral health/tooth brushing education provided	1,098	82.1%

Source: First 5 Performance Measures, FY 2019-20.

Because Altura submits individual data forms by school, we were able to provide a school-by-school analysis of the screening results, which are shown in the following pages. Please refer to the school codes in the box on the next page to identify the specific schools in the graphs.

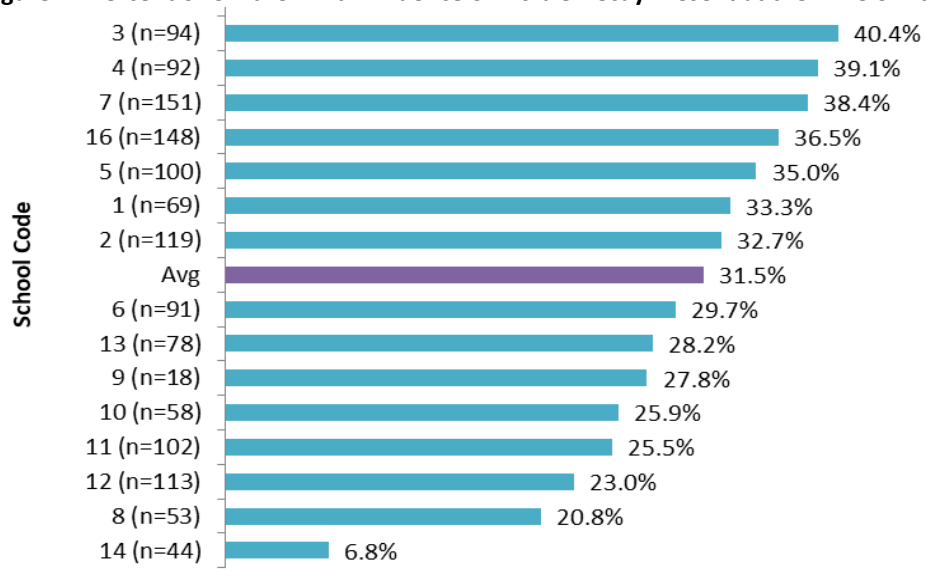
[16] Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011–2012. http://www.cdc.gov/nchs/products/databriefs/db191.htm

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 Elementary
8 = Maple Head Start, Child Development Center
9 = Tipton Child Development Center
10 = Clinite Child Development Center
11 = Heritage Elementary
12 = Roosevelt K
13 = Mission Valley Elementary
14 = Sundale School
15 = Palo Verde School (not reported)
16 = Wilson Elementary

As Figure 1 shows, children with visible evidence of decay on assessment ranged from 6.8% at Sundale School to 40.4% of the children screened at Kohn Elementary. Seven (47%) of the 15 schools exceeded the average, 31.5%, of the total schools. *

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

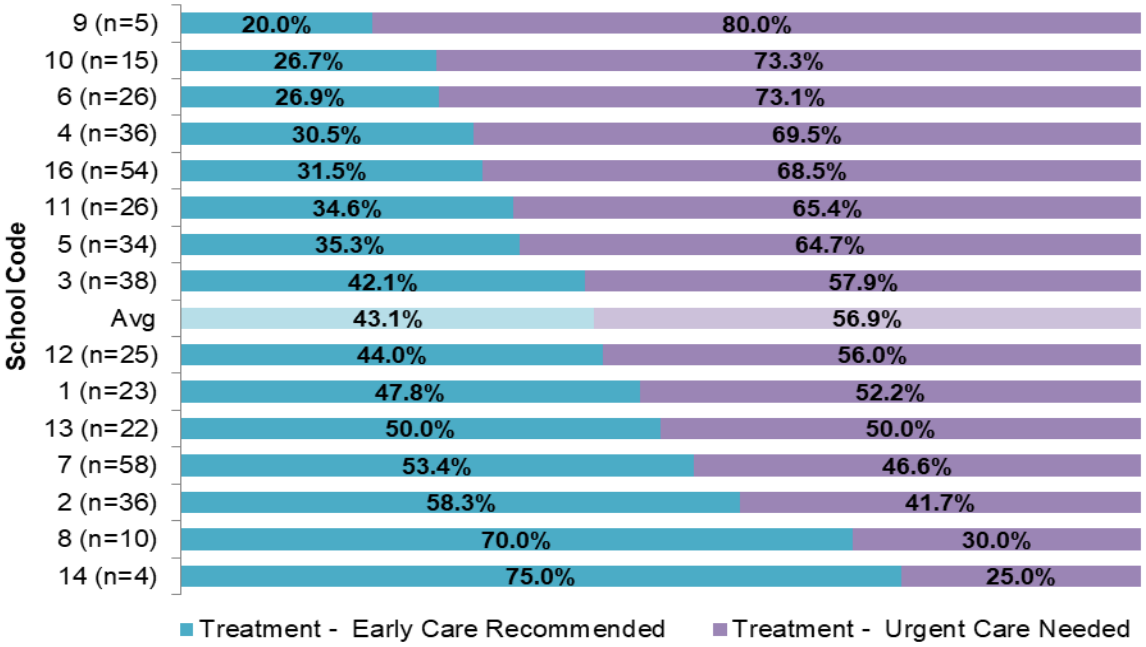


Note: Schools are in rank order by highest amount of visible decay noted.

* The dental hygienist also records children with prior caries experience (i.e., fillings). Previous caries experience is a preclinical disease marker—a risk indicator of future caries. However, the State form to record this information is very poorly structured because it combines two factors—"children with evidence of decay *and/or* prior caries experience"—thereby distorting the findings. (We've discussed this with First 5 and the project.) When we ran the analysis of data we found the average of the total schools on this item to be 43.1% with the range of findings 13.6% (Sundale School) to 59.8% (Pleasant Elementary)—rates that confuse the picture by being so excessively high compared to other communities/counties with similar demographics that we elected to not present them in this report and present only "percent of children with evidence of visible decay on assessment," consistent with what we report for FHCN's Kindercare project.

On average, 56.9% (almost exactly the same finding from last year) of the children with visible evidence of decay who needed treatment were judged as needing it urgently (Figure 2). Eight (53.0%) of the 15 schools had children with urgent care needs higher than the average of all of the schools.

Figure 2. Percent of Children in Need of Treatment with Level of Treatment Needed at Assessment Time, by School Site



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

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

Evaluation Results: BREASTFEEDING

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

In addition to seeing patients after delivery at Kaweah Delta Hospital, our lactation specialist now helps new moms with breastfeeding at Adventist Health/Tulare Regional Medical Center. She also schedules a newborn visit follow-up appointment at our Pediatric Clinic.

Adjustments Due to COVID-19

SERVICE BREAKS: In-hospital visits to newly-delivered patients had to be halted.

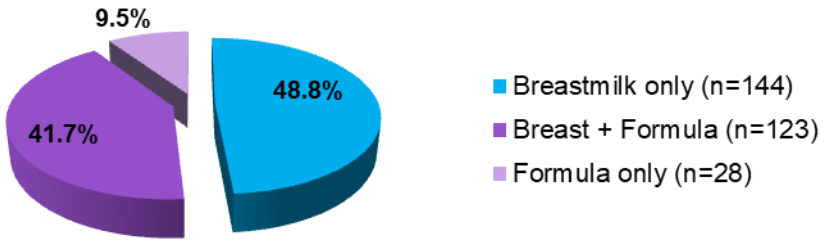
SERVICE ADJUSMENTS: Breastfeeding support was provided via video or telephone consults.

BARRIERS: As a solution, the staff now calls the hospital every morning and is transferred to the Altura patients in their rooms. Staff schedules a newborn visit for the infant, and provides lactation support to the new mother via telephone as needed.

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

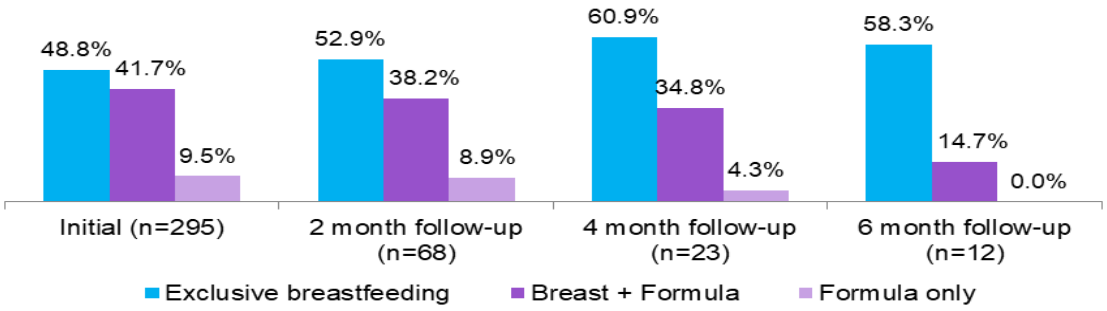
During FY 2019-20, various results of infant feeding choices for the evaluation were available for 399 women enrolled in the program. Looking at this sample of women, 144 or 48.8% chose to exclusively breastfeed at the time of hospital discharge or newborn visit,[17] lower than the reported overall county rate of 53.5%.[18] Another 41.7% of the women elected to use both breast- and bottle feeding, while 9.5% chose formula-only feeding (Figure 1).

Figure 1. All New Mothers' Initial Infant Feeding Choices (n=295)



Altura attempts to connect with the new mothers at 2-, 4- and 6-month intervals to learn about feeding choices and offer support regardless of feeding method used. Of the women enrolled this year, just over half (52.9%) of 68 women were exclusively breastfeeding at 2 months, 60.9% of 23 women were at 4 months, and 58.3% of 12 women were at 6 months (Figure 2). Although these are relatively small sample sizes and represent *un*matched clients,[19] the rates, which are similar to last year's findings, are positive.

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



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

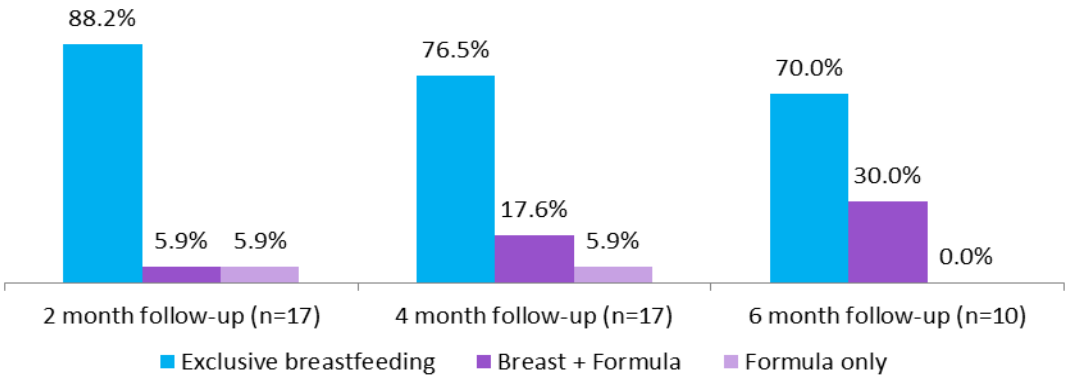
Because Hispanic women make up such a large proportion of the enrollment in this project, 82.8%, their infant feeding choices dominate the overall results. Nevertheless, we examined the data by ethnicity to look for

[17] The initial feeding choice was recorded from either the patient's chart at the time of hospital discharge or by the project nurse at the newborn visit which could occur any time after birth up to the infant's 6-week well-child visit.
[18] California Department of Public Health, In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence, 2019.
[19] Women at follow-up are not always the same women who initiated exclusive breastfeeding after giving birth and some may have changed their feeding practices, some more than once, during the 6-month interval.

differences between non-Hispanic (n=67) and Hispanic (n=323) women; the initiation of exclusive breastfeeding between the two groups was essentially the same (about 49.9% on average).

The results of a *matched* sample—the women exclusively breastfeeding at delivery/newborn visit who were available for contact at all three follow-up periods—are shown in Figure 3. Again, these are small numbers across time, but the results are impressive and should be shown. More than two-thirds (70.3%) of the women maintained exclusive breastfeeding at 2 months; at 4 months the proportion increased to 76.9%, but then dropped somewhat to 62.5% at 6 months.

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



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

Conclusions/Recommendations

With regard to its oral health screening program, Altura continues to provide a valuable service of identifying the prevalence of early dental decay in young children. We recommend this project work closely with Public Health to utilize collaborative strategies that could achieve the improvement goals Public Health set for the county oral health program in its strategic plan.

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

SIERRA VIEW MEDICAL CENTER (SVMC)

"I did not realize how rewarding it is to breastfeed your baby" –
— A mother giving birth to her fifth child

Project Purpose and Evaluation Design

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

Strategic Plan Indicators

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

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

Program Highlight

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

Greater collaboration with physician providers and re-launched education for nurses and physicians are among the strategies that have accounted for SVMC's success this year. Additionally, the Center implemented an innovative provider reward system—recognizing nurses who consistently followed the steps developed in the algorithm/guide for establishing exclusive breastfeeding, and for physicians in the outpatient clinic who could encourage at least 10 mothers to attend breastfeeding classes. The challenge of unsupportive workplace policies continued to be cited as one of the top reasons for discouraging women who return to work after giving birth to continue exclusive or any breastfeeding.

Adjustments Due to COVID-19

SERVICE BREAKS: Breastfeeding classes and outpatient consultation have been suspended.

SERVICE ADJUSMENTS: Staff continues to try to work with clients via phone calls for consultation and follow-ups. They offered Zoom but parents declined. Instead, WEBEX is used and accepted by the new mothers for support group. Because the Global Latch-On (a community support for breastfeeding) event was cancelled this year due to COVID, SVMC had to cancel its Latch-On event as well.

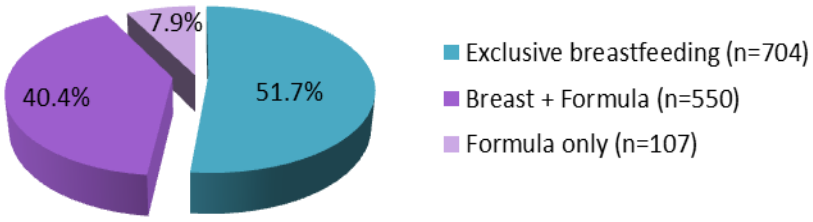
BARRIERS: The main barrier was the limited ability to provide breastfeeding support services through the usual in-person contact with clients.

Evaluation Results

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

During FY 2019-20, the results of infant feeding choices were available to us for 1,361 deliveries at SVMC. [20] Looking at this sample of women, 704 or 52.5% (almost exactly the same proportion as last year) of them elected to exclusively breastfeed at the time of hospital discharge;[21] 40.4% of women elected to both breast- and bottle feed, while 7.9% (11.4% last year) chose formula-only feeding (Figure 1).

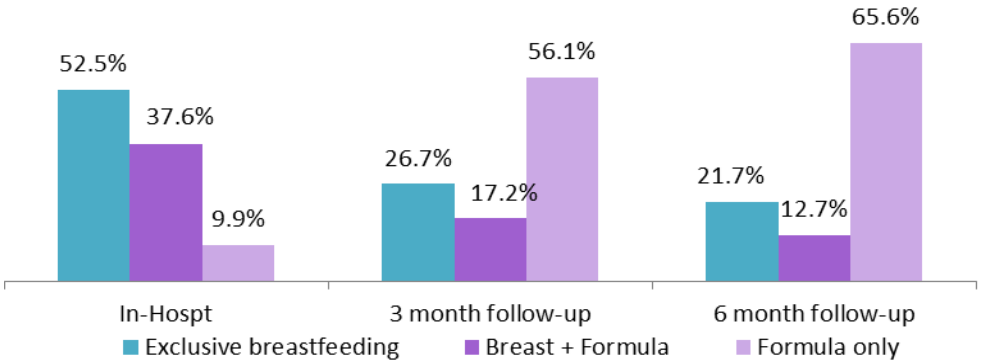
Figure 1. All New Mothers' Infant Feeding Choices at the Time of Hospital Discharge (n=1,361)



SVMC makes up to 2 contacts to try to connect with new mothers at 3- and 6-month intervals to learn about feeding choices. Of the total sample of 1,361 women, 442 (32.5%) women, *regardless of choice at hospital discharge*, were eligible to be contacted (i.e., at least 6 months had passed since delivery)[22] and were successfully contacted during the 6-month contact period. Of these 442 women, some of whom reported changing infant feeding practices within that period, just over half, 52.5% (49.7% last year), had initiated exclusive breastfeeding in the hospital; at 3 months, 26.7% (34.1% last year) of the sample reported exclusively breastfeeding, and by 6 months the proportion dropped to 21.7% (27% last year) (Figure 2).

[20] Women with newborn deaths were excluded from the sample.
[21] The in-hospital exclusive breastfeeding rate SVMC reports to the State is 60%. Data source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2018.
[22] SVMC submitted full 12-month data on breastfeeding at the time of hospital discharge for 1,367 births. The evaluation data—to obtain the full 6 months post-discharge period, i.e., the follow-up dataset—includes only the months of July – December 2019.

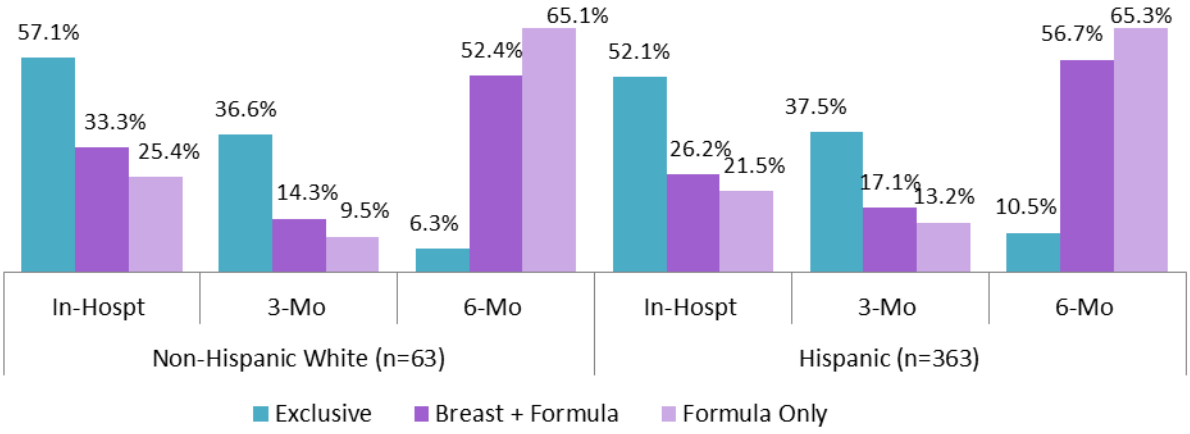
Figure 2. New Mothers' Infant Feeding Choices at Hospital Discharge and at 3 and 6 Months, Un-Matched Sample[1] (n=442)



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

Hispanic women make up 80.6% of the deliveries at SVMC,[23] but represent 85.2% of the women with full follow-up information in this evaluation. The differences in infant feeding practices by ethnic group across the 6 months were relatively small. Non-Hispanic white women initiated breastfeeding at a higher percentage, 57.1%, than Hispanic women at 52.1%, but at the 3-month follow-up, the proportion was similar, 36.6% and 37.5%, respectively. At the 6-month follow-up, however, a higher percentage of Hispanic women, 10.5%, compared to 6.3% non-Hispanic women (a difference of 40%), were exclusively breastfeeding (Figure 3). Recall that these data are an unmatched sample of deliveries, that is, women at follow-up are not necessarily the same women who initiated exclusive breastfeeding in the hospital.

Figure 3. Breastfeeding Status at Hospital Discharge and 3 and 6 Months Follow-Up, By Ethnicity, Un-Matched Sample[1] (n=426)



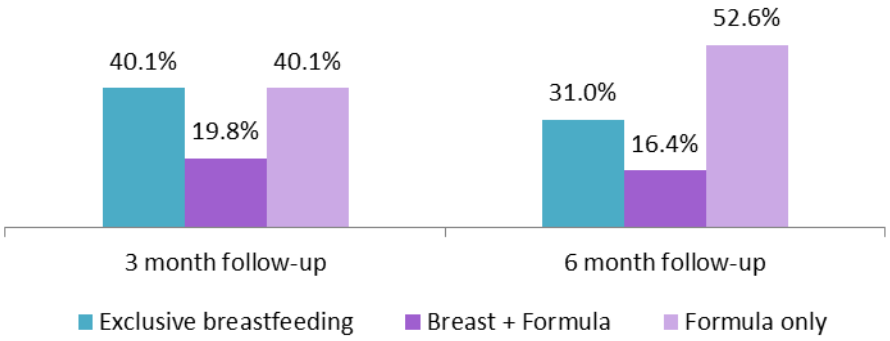
Note: Excludes women unavailable for contact.
[1]All women available for follow-up regardless of in-hospital feeding choice.

Looking at a *matched* sample, of the 232 women exclusively breastfeeding at hospital discharge and available for contact at each follow-up period, 40% (62.9% last year), reported exclusive breastfeeding at 3 months. The

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

percentage dropped to 31.0% at 6 months (Figure 4). The proportion of women who at 3 months were formula-feeding only, 40.1%, jumped to 52.6% at 6 months.

Figure 4. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, Matched Sample[1] (n=232)

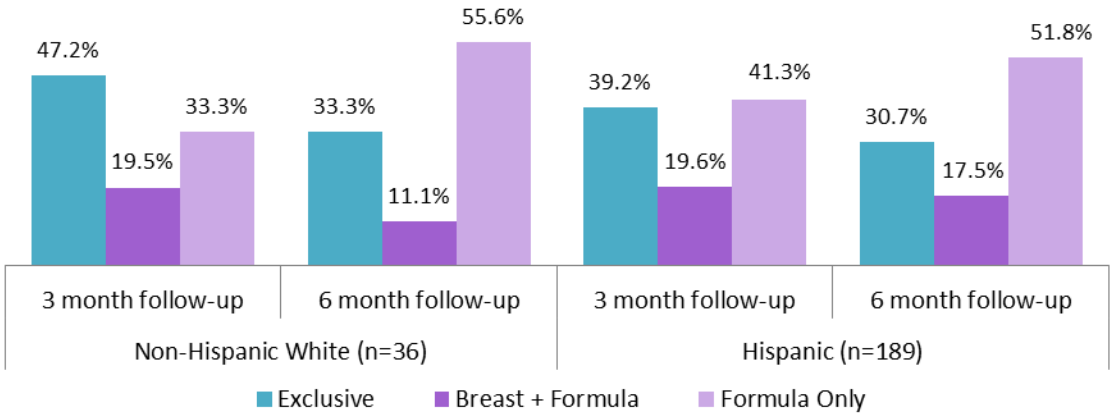


[1]The same women during the entire 6-month interval.
Note: Excludes women unavailable for contact.

Again looking at the matched sample— women with exclusive in-hospital breastfeeding successfully contacted at both 3 and 6 months—by ethnic group, a similar proportion of women maintained exclusive breastfeeding for 6 months: 30.7% among Hispanic women and 33.3% for non-Hispanic. The proportion using formula plus breastfeeding at 3 months did not change significantly between the two groups of women but did so at 6 months with proportionately more Hispanic women switching to both breast and bottle (Figure 5).

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

Figure 5. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, by Ethnic Group, Matched Sample[1] (n=232)



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

Conclusions/Recommendations

Although a slightly higher proportion of women initiated in-hospital breastfeeding this year than last year (52.5% vs. 49.7%), overall, SVMC's results of exclusive breastfeeding and breastfeeding duration were less favorable, particularly when comparing each year's matched samples. Perhaps there are explanations for the current difference and staff is aware of and has examined the reasons. (Note that the evaluation dataset did not include the period affected by COVID-19 when there were in-person and home visit restrictions.)

Contrasting statewide breastfeeding rates, more than two-thirds (70%) of all new California mothers chose to exclusively breastfeed at the time of hospital discharge, while at SVMC just over half (51.7%) did. The difference by ethnic group was also notable. While the California average of in-hospital exclusive breastfeeding for Hispanic women was 66.2% (2018 data), Hispanic women at SVMC initiated it at 52.1%.[24] Looking at national data for breastfeeding duration, the percentage of SVMC women exclusively breastfeeding through 3 months was lower than the 2017 National Immunization Survey sample, 40.1% vs. 46.9%. At 6 months follow-up, however, *SVMC's* rate, 31.0%, was more favorable than the national average, 25.6%.[25]

Although SVMC's results were not as positive this year they continue to reflect the supportive resources the hospital is providing to new mothers after delivery to make it easier to maintain exclusive breastfeeding even if that support currently can only be provided by telephone until the restrictions due to the pandemic can be lifted and outpatient consultation reinstated.

[24] https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/BFP/BFP-Data-InHospital-Occurrence-RaceEthnicity-2018.pdf
[25] Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/data/nis_data/results.html

RESULT AREA Part 3:

Highlights from the Parent Survey

This section of the report presents findings from First 5 Tulare's *2020 Parent Survey*, distributed to parents and other caregivers by 6 grantee organizations between December 2019 and March 2020. We designed the survey to help the First 5 Commission learn more about the families who use and benefit from First 5-funded services and what their needs are. Although the survey period was cut a little short by the mandatory shelter-in-place requirement and closure of schools and other organizations due to the coronavirus, the sample size is robust and actually higher than the *2017 Parent Survey*: 412 surveys were received this year compared to 241 previously. It is also important to point out that the experiences and needs of the respondents generally reflected their *pre*-COVID-19 circumstances.

Survey Sample

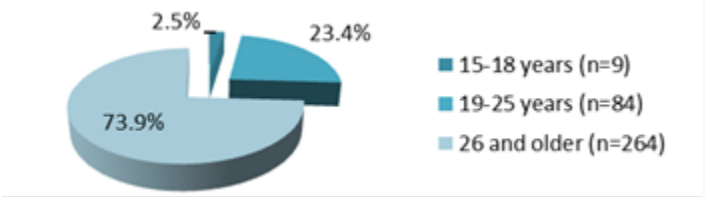
With just over half (51.2%) of the participants, the 412 surveys are over-represented by Save the Children Federation (Table 1).* Assuming responses by this grantee's families are reflective of the other grantees' families, the survey should be considered representative of First 5 families.

Table 1. Number of Completed Surveys by Grantee (n=412)

Grantee	Number	Percent
VUSD, Ivanhoe Elementary School	49	11.9%
Family Services of Tulare County	30	7.3%
Parenting Network FRC, Visalia	48	11.7%
Parenting Network FRC, Porterville	53	12.9%
Lindsay FRC	23	5.6%
Save the Children Federation	211	51.2%

Teen parents age 15-18 made up 2.5% of the current sample, half the proportion that age group represented in the previous Parent Survey. The other age groups are similar to the earlier composition of parents. It isn't clear whether a lower proportion of adolescents chose to participant this year or few of that age group is served by these grantees.

Figure 1. Survey Respondent by Age Group (n=357)



* Thus, the survey data were not analyzed by organization.

Parents who completed the survey in Spanish comprised 40% of the sample (Figure 2); about half (47.9%) of the respondents reported Spanish as "the language my child and I speak most of the time at home" (Figure 3).

Figure 2. Survey by Language Type (n=412)

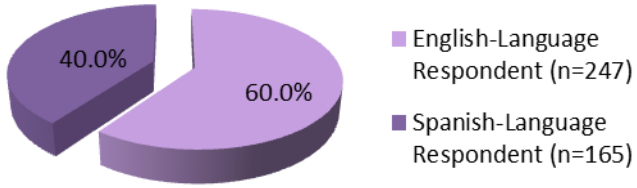
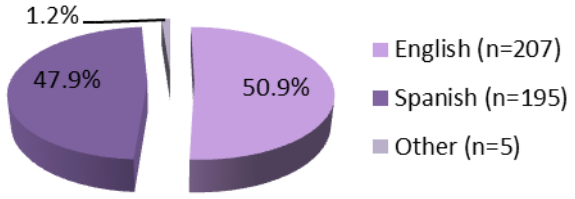
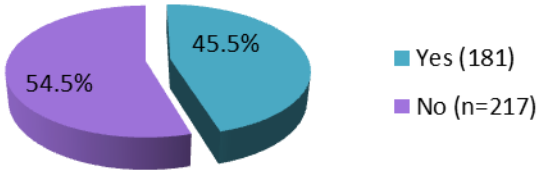


Figure 3. Language Typically Spoken at Home with Child (n=228)



Forty-five (45.5%) of the surveyed parents reported currently receiving Cal Fresh (formerly known as Food Stamps Program), which was used as a proxy measure for income level.

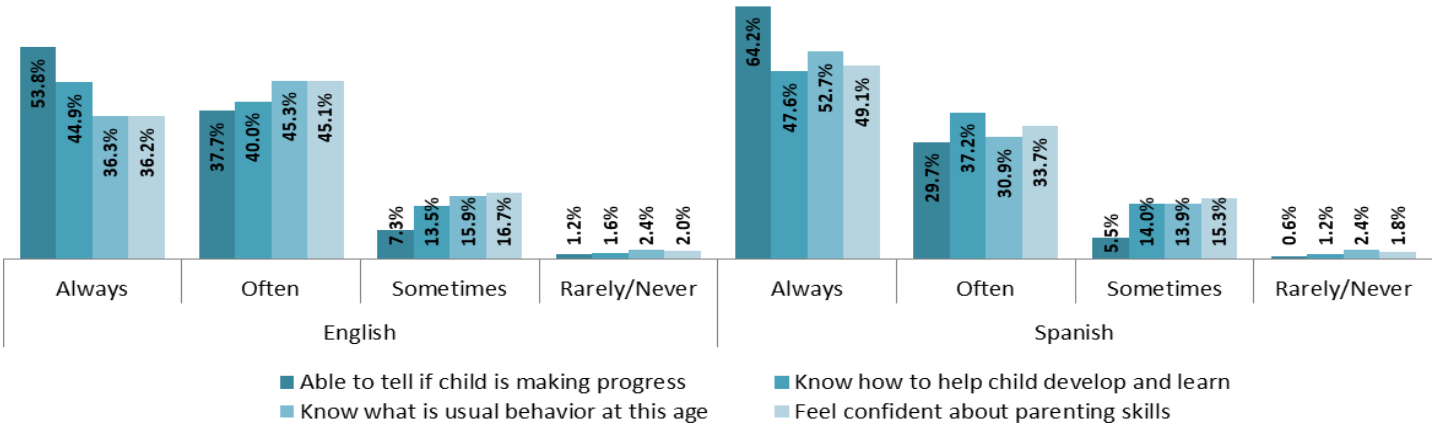
Figure 4. Survey Respondents Currently Receiving Cal Fresh (n=398)



Parent Confidence and Skills

There was little difference in parent confidence between those who completed the survey in English or Spanish except for Spanish-language respondents who expressed slightly more self-assurance in the ability to tell if their child was making development progress and in their parenting skills (Figure 5). Both expressed a similar amount of doubt when it came to knowing what usual child behavioral issues are. There were no remarkable differences when we looked at the data by age group.

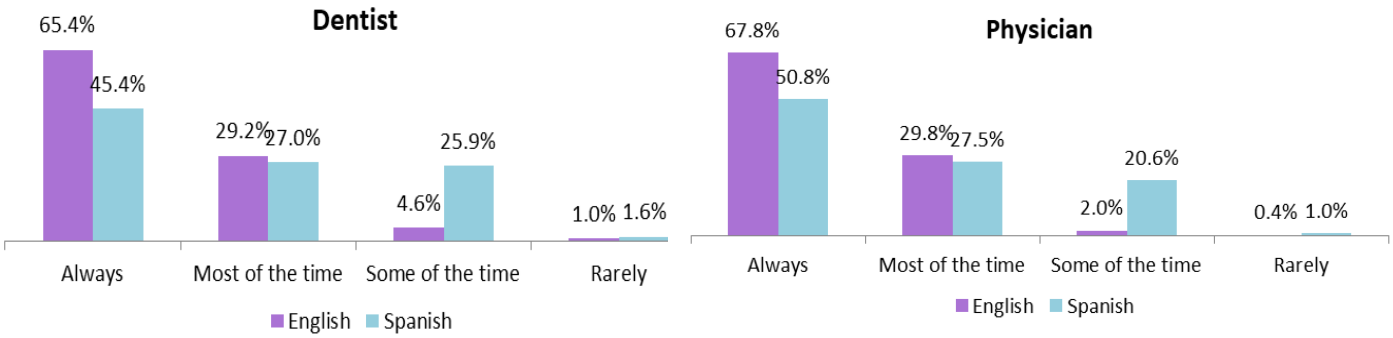
Figure 5. Parent Confidence about Various Aspects of Parenting, by Survey Language Type



Health Information and Access to Services

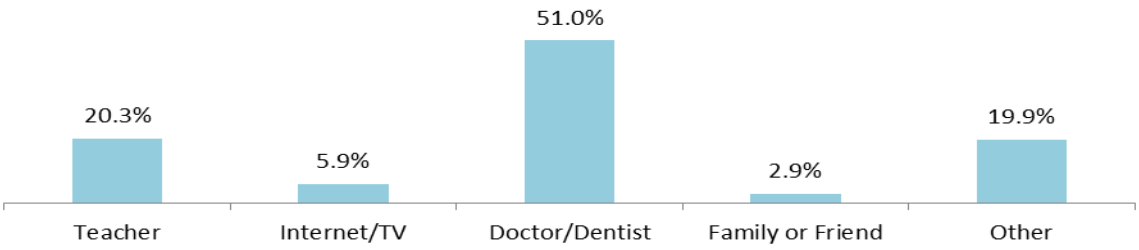
Parents' understanding of medical and dental information and ability to follow treatment or other health instructions is important to make sound decisions for their child; it may also affect the use of preventive services. Although the English survey group reported higher overall levels of understanding, both language groups reported similar understanding whether information was provided by a dentist or physician (Figure 6). The youngest age group had only a slightly higher level of understanding of the two types of providers than the older groups.

Figure 6. Parents' Understanding of Information Received from a Dentist and Doctor



Most parents (51.0%), regardless of survey language type, said they turned to their child's doctor or dentist when they wanted to get information about their child's health or development (Figure 7). Only 5.9% said they used the Internet as their primary source of information—a lower proportion than the 50%-70% of U.S. adults who report using the Internet when they have questions about their own or their family's health. Close to 20% of the parents wrote in "other source" and while a few of those responses identified Head Start and WIC as the source, the most common was Home Visitor—largely, no doubt, because the majority of the surveys were submitted by a home visiting program (Save the Children Federation).

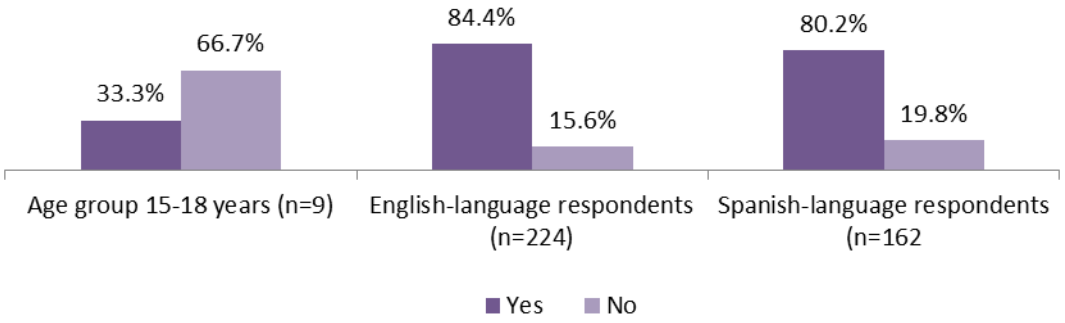
Figure 7. Parents' Primary Source of Information about Child Health and Development (n=408)



Having regular dental visits is a marker of access to health care services. The great majority (84.4% English/80.2% Spanish) of parents reported their child had a dental visit in the last 6 months, a noteworthy improvement from the previous Parent Survey when these figures were 55.4% and 71.1%, respectively. Analysis by age group showed that only one-third of the young teen parents had taken

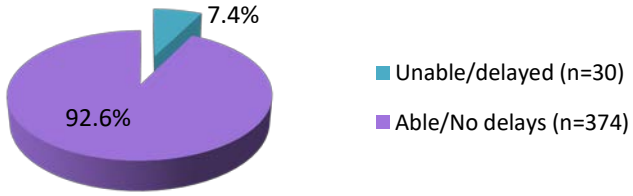
their child to the dentist that recently; however, it is possible this was because their children were infants (Figure 8).

Figure 8. Percentage of Children with a Dental Visit in the Last Six Months, by Different Respondent Groups



Only a small proportion, 7.4%, of the parents reported not being able to get or delayed getting necessary health care for their child in the last year (Figure 9). There were no significant differences by language or age group. Of the 23 parents who offered an explanation for not getting care for their child, being "too busy," working, thinking or saying "child too young" (presumably for a dental visit), waiting for a specialty referral, waiting to transfer to Tulare County, immigration status, transportation, and "clinic ran out of vaccine," were the reasons given, generally in that order.

Figure 9. Parents Unable to Get or Delayed Getting Necessary Medical or Dental for Child in the Last Year (n=404)



Family Nutrition Habits

We asked families to tell us what had been typical eating behaviors in a *usual* week. In general, these families reported relatively healthy nutrition practices (Table 2 on the next page). For example, their average number of daily servings of fresh fruit and vegetables was higher, and their consumption of soda/sweetened beverages lower than the statewide averages of CHIS* findings for Tulare County children. These favorable eating practices relative to the two datasets may very well be a reflection of families' participation in First 5 programs.

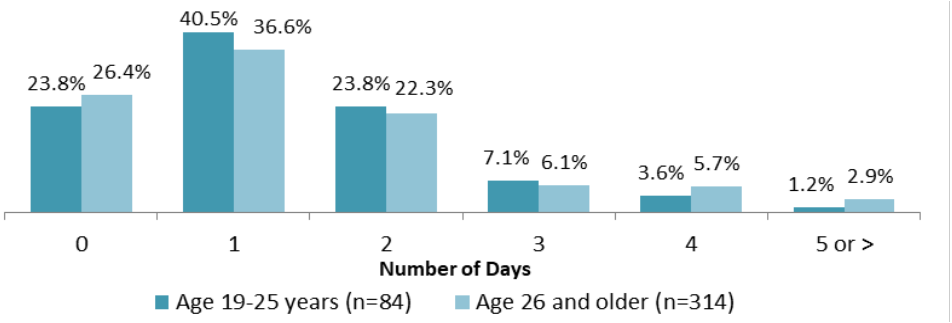
* California Health Interview Survey, UCLA.

Table 2. Families' Nutrition Practices (n=407)

NUMBER OF	Frequency					
	0	1	2	3	4	5 or >
Healthy Behaviors						
Servings of fresh fruit or vegetables, yesterday	4.2%	9.6%	36.4%	30.7%	11.1%	8.1%
Days eaten a meal together with child, in usual week	1.2%	0.7%	5.6%	12.7%	10.8%	68.9%
Unhealthy Behaviors						
Glasses/cans of soda/other sweetened drink, in the last week	30.2%	30.5%	19.7%	9.8%	4.7%	5.2%
Days child ate fast food, in the last week	26.5%	36.9%	22.6%	6.4%	5.2%	2.5%

Because the number of days of eating fast food was so much higher for the age 26 and older group in the previous Parent Survey we looked at this measure by age again. This time, the differences in frequency were quite small (Figure 10).

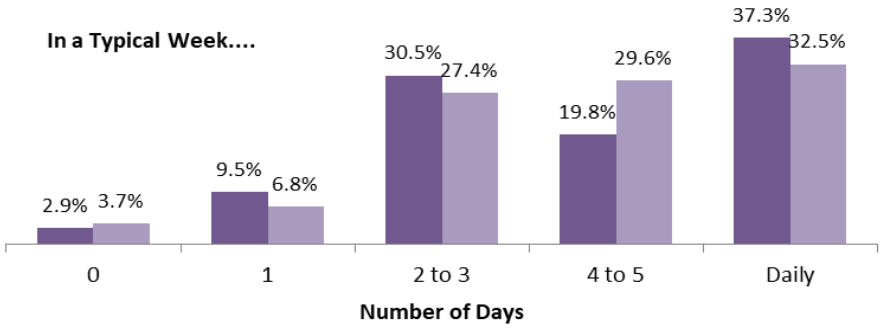
Figure 10. Number of Days Child Ate Fast Food, in the Last Week, by Age Group



Early Education Experiences

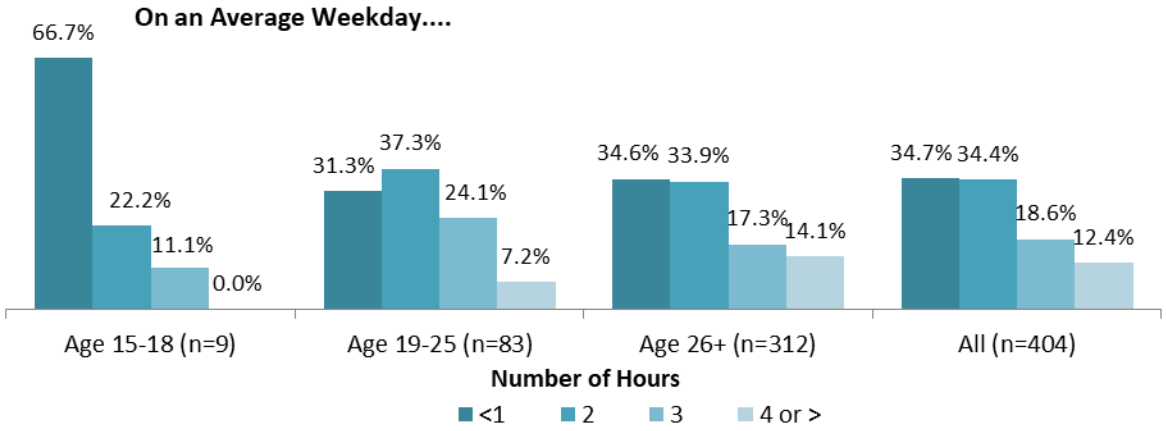
Research is very clear that reading and practicing numbers and letters with a young child promotes brain development. About 37% (up from 24.3% in the previous Survey) of the parents reported they read stories aloud to their child every day, and close to 20% said they did this 4-5 days a week. One-third counted numbers or practiced the alphabet every day while about the same proportion reported doing so 4-5 days a week (Figure 11). The improvement between the two survey periods strongly suggests the influence of grantee and countywide First 5 Talk/Read/Sing promotion and activities.

Figure 11. Number of Days Parent Read Aloud and Counted/Practiced Alphabet Child



Screen time "an inescapable reality of modern childhood." Figure 12 shows the average number of hours parents reported their child spent on screen time on weekdays. (Note: because the survey was conducted prior to COVID-19, it is likely the data reflect children's viewing only of *entertainment* screen time and not what was replacing school with iPads, cell phones, TV, etc., during the shelter-in-place requirement). Although about one-third of the children spent less than 1 hour and the same proportion spent 2 hours, 31% spent 3 - 4+ hours on screen time during an average weekday. The age group with the highest use was parents age 26+ and the group with the lowest use (again, possibly because these were infants) was the young adolescent parent group.

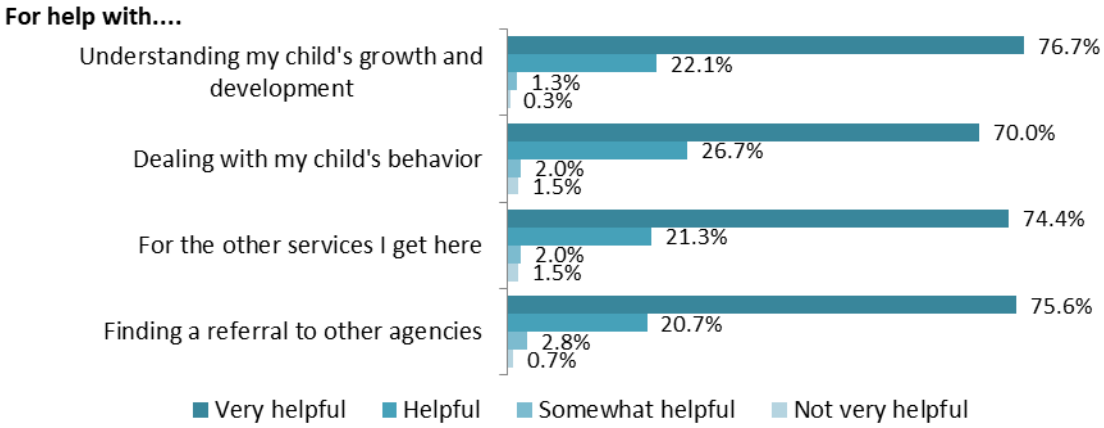
Figure 12. Average Time Child Spends on Screen Time



Helpfulness of Services

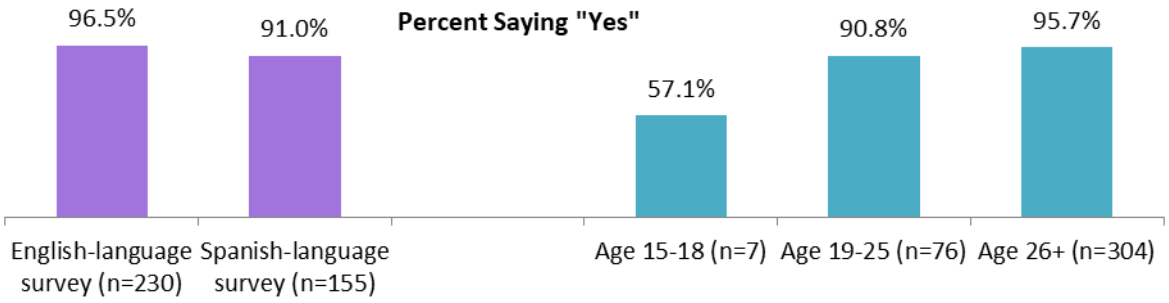
Parents and other caregivers reported a great deal of helpfulness from the organizations that distributed the survey. For help ranging from finding a referral, when needed, to understanding their child's growth and development, about three-quarters of the parents found the services "very helpful (Figure 13).

Figure 13. Parent Feedback about Helpfulness of Services (n=386 - 407)



Over nine in 10 parents answering the survey in both English and Spanish said they had someone to talk to or lean on when they were worried about their child. The difference by age group is striking for the teen parents (Figure 14). A little more than 5% of the respondents did not answer the question.

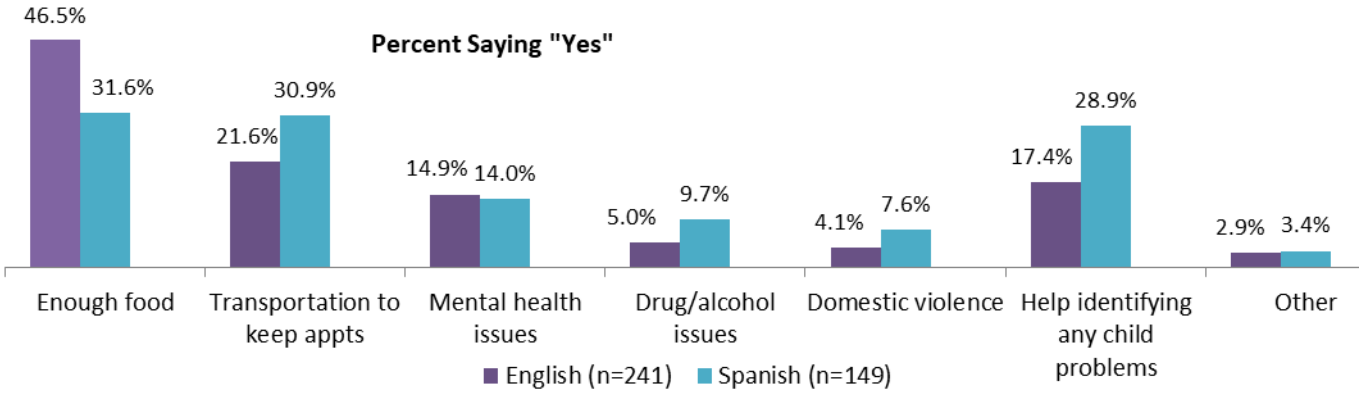
Figure 14. Parents Having Someone to Talk to When Worried about Their Child



Community Resources and Needs

The respondents were asked to think about the needs of their family and then mark which of 7 issues families often worry about were worrisome for them. As Figure 15 indicates, concerns about food dominated the list, particularly for the English-language respondents (46.5% vs 31.6%). Spanish-language respondents worried more about transportation to keep appointments and help in identifying problems such as behavior, vision, speech and autism. Domestic violence and substance abuse were relatively less of a worry for both groups of these parents.

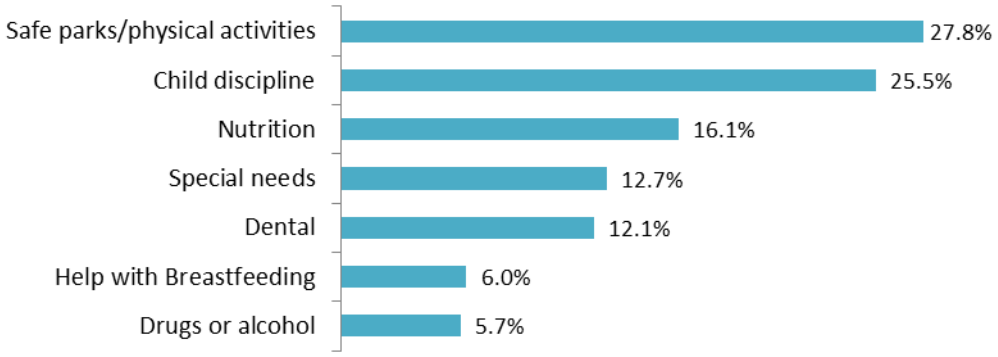
Figure 15. Issues Parents Worry About the Most



Health and Child Development

Of the things parents most frequently wanted or needed help for their family but could not find regarding health and child development, safe parks and play areas and child discipline rose to the top, reported by 27.8% and 25.5% of parents, respectively (Figure 16 below).

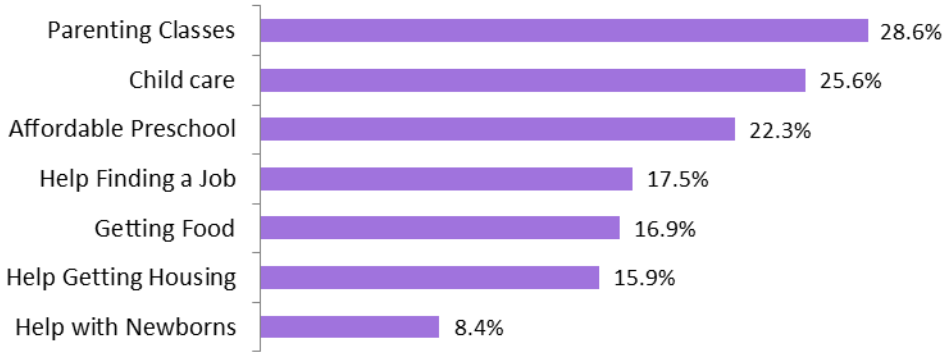
Figure 16. Help Parents Want/Need Concerning Health and Development They Can't Find



Resources for Families

Other resources parents wanted or needed but couldn't find were most commonly classes on parenting (28.6%), child care (25.6%) and affordable preschool (22.3%), followed by basic needs of employment, food and housing. The differences by language and age group (not shown in Figure 17) were not significant.

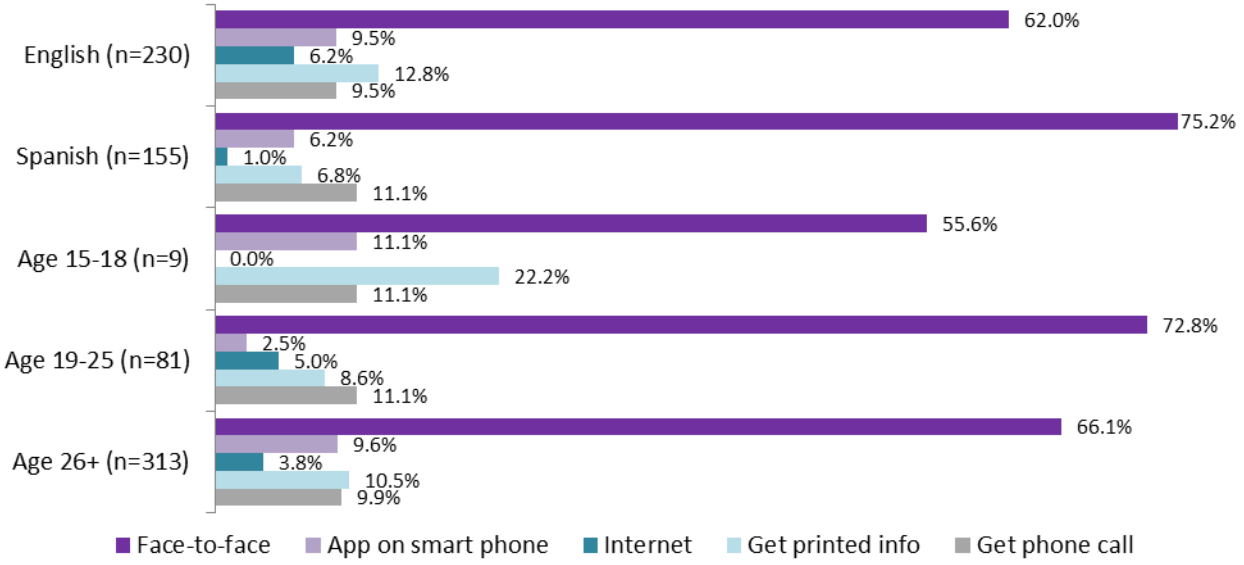
Figure 17. Resources Parents Want/Need They Can't Find



Preferred Way of Receiving Information

Parents and other caregivers, particularly those answering the question in Spanish, clearly preferred to receive information face-to-face over other forms of communications, though this was a little less the case for the teen parents (Figure 18 below). Interestingly, no one in the youngest age group said "finding information on the Internet" was their preferred method.

Figure 18. Parents' Preferred Way of Receiving Information



Relatively few (5.6%) of the parents/caregivers (Spanish- and English-language respondents in about equal numbers) offered comments and ideas for making things better and easier for their family. Their responses are shown below (Table 3) in order of frequency. We thought it was notable that the most common response of improved communication was also the most commonly written in response in the previous Parent Survey.

Table 3. Parents' Ideas for Making Things Better/Easier for Their Families

Suggestion	Frequency
Learning to communicate better (between family members; between family and teacher)	4
Information/referrals to community resources (none specified)	4
Parent-child support groups	3
Increased home visits	3
Cooking classes with my children participating	2
More social and recreational opportunities for my children to participate	2
Help with children's behavior	2
Transportation to the library	2
Special needs (not specified)	1
Budget/kitchen management	1
Potty training	1

SUMMARY CONCLUSIONS AND GENERAL RECOMMENDATIONS

Evaluation results in this FY 2019-20 report (Year 2 of 3) continued to demonstrate that First 5 Tulare and its funded partners have positively impacted the lives of many young children and families throughout Tulare County. All 18 projects we evaluated largely met their Evaluation Plan objectives, many implementing creative and in some cases gallant ways to continue doing so during the months the coronavirus pandemic has impeded usual activities.

The impact from COVID-19 this year cannot be overstated. Besides basic anxiety and stress about the unknown, the changing nature of the situation—the type, source and validity of sometimes-conflicting information— added to the challenge for local officials, organizational leaders, schools and providers in Tulare County to serve their constituent populations. Nearly every service delivery approach was altered and grantees had to make adjustments in the ways they delivered services, while some services could not be provided at all, such as those dependent on delivery at a school site. As the "COVID survey" stories above showed (although more heart-rending before we edited them for brevity), the grantees made efforts to continue to serve children and families with supplies for basic needs, educational enhancements to continue learning, social-emotional enrichments to encourage developmental progress, and frequent and ongoing contacts with caregivers to maintain communication and provide support.

It was unavoidable that the evaluation component this year would experience similar adjustments. The most evident example was the lack of enough post-assessments (with various tools) to match with pre-assessments that had been conducted prior to March. Validity, in some cases, is also a question this year in that some tools administered differently (e.g., telephone interviews with parents where staff completed forms on their behalf), could have unintentionally influenced parent response in one direction or another. At the same time, it may be that reported behaviors in some of these assessments—whether a child's "acting out" or adults' mistreatment of one another or their children—are atypical and not reflective of usual child or family circumstances. We appreciate that grantees used all opportunities available to them to continue connecting with families to meet socio-emotional and developmental as well as basic concrete needs.

As with previous years, with the help of First 5 and grantee staff all issues we encountered in data collection were resolved with no compromise to the integrity of this report except as mentioned above. Going forward, we will continue to be flexible in helping grantees with data collection challenges and in meeting their evaluation objectives.

Some of the grantees this year, as expected, switched versions of the DRDP Preschool and DRDP Infant/Toddler "views" (the difference in being how many measures a school can choose to use in its ratings). While this presented no problems, the use of "Conditional" as a rating possibly did. Last year we recommended that before schools did their fall assessments the district person (or TCOE) responsible for DRDP teacher training schedule and conduct an update training for all personnel using the DRDPs for how and

when to use the "Conditional" rating because of confusion and inconsistency about this rating. Our concern was that not all the raters used "Conditional" in the same way (some teachers didn't use it at all and some simply left a measure blank observing the child to be way past that measure/skill). We're not sure if the training occurred but since reporting on the "Conditional" rating seemed to be uneven across the grantees, we decided to not include this category in reporting DRDP results after all. Further, we are concerned about some of the DRDP findings for the Infant/Toddler group this year (the developmental skills at the post-assessment were reported by some grantees to be lower than at the pre-assessment) that may have been caused by reporting only the higher-level rating choices. Thus, depending on the DRDP view being used by the school, we plan to report the results of the lower rating categories for the youngest-age group next year to see if this makes a difference. We have already spoken to staff and grantees about this and they are in agreement.

Questions about aspects of discipline for children ages 0-5 continue to be among the most common of parental concerns as evidenced by parents who reported feeling ill equipped or insecure about applying appropriate discipline methods with their children. We think this is such a universal parent concern and significant important issue that information about young child behavior, using language and culturally-appropriate educational materials, should be fitted in to (or more highly emphasized where it already exists) all grantee programing supported by First 5.

Early childhood caries continues to be a serious oral health problem in Tulare County and your high screening results (especially Altura's when the children with prior caries experience are included) remain worrisome. Although rates as high as these have been reported elsewhere, studies suggest they are generally for more socially disadvantaged populations with sociocultural differences in oral health beliefs and practices than the Tulare County population. We recognize Public Health has major responsibility now for implementing strategies for improving oral health, but the persistent problem suggests it really belongs to the entire pediatric and early education community if "the needle is going to move." We recommend the Commission consider directing some of its leadership capacity to address this critical area.

On a more positive note, we were especially pleased to see the encouraging results continue for indicators such as reduced foster care placements, participation in home safety education, healthier nutrition choices, and parents experiencing more early literacy activities with their children. Parent/caregiver participants again indicated through various means of feedback their interest in child health and development, and willingness to build knowledge and skills.

Breastfeeding duration continues to be a challenge, though each year there seems to be increasing improvement. Workplace environments pose a significant challenge to pumping milk while at work, particularly for women in service/agricultural industries who do not have the benefit of private office space. Studies show fewer than 1 in 5 working mothers who breastfeed know their rights in the workplace, influencing how long a woman will breastfeed.[26] Last year we recommended implementing a survey to be administered by selected grantees to gain insight into women's awareness of breastfeeding rights and document their experiences in the workplace. The survey that we designed[27] was to be implemented in fall 2020, but this is not realistic now given where we are with the pandemic. We do believe the survey results would be of interest to the Commission considering its Strategic Plan objectives, so if there is a feasible way to access enough nursing mothers we can redesign the survey to be administered sometime in 2021 and analyzed before our contract ends next November.

[26] It is interesting that the Sacramento Bee on September 24, 20202, ran a lengthy article about unresolved breastfeeding/pumping challenges women in the California legislature—including legislators—experienced.

[27] We used a national survey by Wakefield Research that examined this question and created a similar questionnaire but one that was more easily relatable to the Tulare County population.

Finally, many families experience stressful life events that over time can affect a child's health and wellbeing, sometimes permanently. Adverse childhood experiences, or ACEs, are now widely understood to undermine a child's sense of safety, stability, and bonding. In adulthood, these factors have been linked to chronic health problems, mental illness, and substance misuse as well as negatively impact education and job opportunities. In Tulare County, 18.8% of the population (16.7% statewide) reportedly has 4 or more ACES.[28] Because of the importance of detecting ACEs early and connecting patients to interventions, resources, and other supports, Medi-Cal providers can now be paid $29 per screening.[29] We believe there would be great benefit to asking First 5 grantees to participate in ACES screening as they are able to see clients. The ACES questionnaire pertaining to children (the parent-caregiver report) is a simple 17-item Pediatric ACEs and Related Life Events Screener (PEARLS) tool available in multiple languages[30] that could be incorporated into every grantee's client intake. This recommendation furthers the Commission's strategic priority of Strong Families objectives, and we would be happy to take on the additional data analysis.

As a companion to the final, 3-year evaluation cycle report next year, we plan to update your Data Dashboard, adding more community-level indicators than previously. If it is of benefit to your grantmaking decisions for the upcoming RFP, we can schedule the work for late spring 2021. Having the most up-to-date data at that time will also be helpful as you get closer to creating your next Strategic Plan.

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

[29] A concern expressed about the tool is that it could create demand for services that cannot be provided. For example, if a child has a worrying score, the provider is instructed to give information about helpful resources such as food stamps or housing assistance, discuss how trauma and stress affect the developing body and brain, and, if necessary, make referrals to specialists, such as psychologists.

[30] https://www.acesaware.org/screen/screening-tools-additional-languages/