



1135 Lincoln Street (P. O. Box 8580) Red Bluff, CA 96080

presents

2004 – 05 Annual State Report

Mission

Tehama County children will be born healthy and thrive in safe, supportive, nurturing, and loving environments; and will enter school as healthy, active, socially appropriate learners.

COMMISSIONERS: Jeannie Early Jacobs, Chairperson • Christine Applegate, Vice Chairperson
Paula Brown-Almond • Bob Douglas • Beverly Grace • Mildred Johnstone • Valerie Lucero • George Russell

County Commission Narrative Form

a. County Commission's Priorities in Strategic Plan.

- a. Describe the **major issues** and/or needs facing children and families in your county as identified in your **strategic plan**.
 - Access Barriers – lack of health insurance and services with specialty physicians and dentists, health care costs, inadequate transportation in rural areas, inconvenient and lack of child care facilities, particularly for special needs children, culture and language, and few parental support resources are all prohibitive factors that impact the health of the community.
 - Demographic Challenges – children living in poverty, lack of affordable housing, unemployment varies with seasonal and migrant workers, increasing undocumented immigrants, language/cultural differences and, vastness of rural area (transportation) with few outlying programs impact the quality of life.
- b. Describe the **funding priorities** in your **strategic plan** that have been focused on in the past fiscal year (July 1, 2004 - June 30, 2005). These may include desired results related to systems of care, child and family outcomes, or outcomes for specific populations or communities.

The Commission targeted two State Commission Initiatives: **School Readiness** and **Comprehensive Approaches to Raising Educational Standards (CARES)**; and the following strategies as funding priorities:

I. Improved Family Functioning: Strong Families

Create access to mental health services for families with children 0-5; Promote parenting education and early childhood education; Increase community referrals and assistance; Support positive parenting classes and home visits

II. Improved Child Development: Children Learning and Ready for School

Promote parent involvement in child's education; Encourage child's social-emotional development; Provide Kindercamp opportunities for children with no previous preschool experience; Increase parents, providers, employers, and community knowledge of quality child care and the benefits; early childhood development; and healthy and safe home environments; Support the development of nontraditional hours of child care including early morning, evening, night and weekends.

III. Improved Child Health: Healthy Children

Provide direct therapeutic services to children 0-5; Ensure that children receive preventative care and are up to date on recommended immunizations for their age; Offer early identification of special needs and early access to appropriate services; Assist children & parents in completing applications for health insurance; Assist children in accessing services for vaccinations and for developmental assessments; Increase access to mental health services

IV. Improved Systems of Care: Integrated Services

Increase in numbers of mental health professionals trained in early childhood issues; Increase collaboration to promote continuity of care with multiple county agencies

2. Primary Activities and Programs, by Funding Priorities. (Please limit your response to this question to **five pages**.)

a. **Check the box(es)** below if your County Commission participated in any of the following statewide initiatives sponsored by First 5 California during fiscal year 2004-05.

School Readiness Initiative

Preschool for All

Health Access for All Children

Comprehensive Approaches to Raising Educational Standards (CARES)

Special Needs Project

b. For each of the key **funding priorities named above in Section 1**, please describe below: (1) the primary activities and accomplishments of your County Commission in fiscal year 2004-05, and (2) key outcomes for children, families, providers, and communities.

Provide description below.

(a) Priority Area/Initiative: School Readiness/First Steps Center and Gerber Family Center

- 1) **Primary Activities and Accomplishments:** This past year the School Readiness program was fully implemented at the First Steps Center at the Los Molinos Elementary School and the Gerber Family Center at Gerber Elementary School. Children under the age of five and their families who have been historically underserved due to the rural nature of their address were targeted for participation. Our program addresses the needs of a rural county with attention to reach out to non-English speaking families. The program also provides transportation services to enable families to participate in project activities and to obtain needed services. Over 119 children and their families participated. Based on a family resource model, the goal of the program is to integrate family and community services within the county at the local level. The program serves children and their families by promoting school readiness through kindergarten transition services, parenting/family support services, health and social services, improving schools' capacity to prepare children and families for school success, and strengthening program infrastructure, administration and evaluation.
- 2) **Outcomes:** The School Readiness program took into practice all four result elements. **Improved Child Health:** Children and their parents were assisted in completing applications for health insurance, children were assisted in accessing services for vaccinations and for developmental assessments as needed. Children and families were provided access to mental health services, including counseling when appropriate. **Improved child development:** In 2004 both sites delivered Kindercamp opportunities to children who had no previous pre-school experience. These camps were multi-week experiences taught by a Kindergarten teacher. Weekly story-time, Mommy, Daddy and Me, Family Fun Night, Kindergarten Round Up, Community Health Faire and other ECE activities targeted families with children of all ages. **Improved Family Functioning:** Classes were made available in Positive Parenting, home visits were conducted to reach out meet the individual needs of family functioning. **Improved Systems of Care:** The

School Readiness Coordinator played an integrated role in collaborations that promoted and instituted continuity of care with multiple county agencies. (Child Abuse Prevention Council, Family Resource Center Network, Health Partnership of Tehama County, Child and Family Leadership Team, Mentoring Program) In addition, the advisory council for the program consists of community members and families who benefit from services. Our program has bridged the gaps in linkage to services that were often times unavailable or unknown to the local communities within the county. Families and schools were brought together, reducing stigma and increasing communication. Through collaboration with schools, county agencies, families and other providers, we were able to identify specific needs/goals of the community members and provide programs or link services that were of direct benefit to the community.

(b) Priority Area/Initiative: School Readiness/Family Start

- (1) **Primary Activities and Accomplishments:** Northern California Child Development, Inc., implemented their Direct Services grant funded project known as the Family Start Early Intervention Collaborative Project. This bilingual (English/Spanish) family-focused early intervention home visiting program serves pregnant women and families with children 0 to 5, with priority given to children 0 to 3. Families are referred by Child Welfare Services, St. Elizabeth's perinatal unit, a program serving teen parents in Corning, and families on the Head Start waiting list. During the past year Family Start served 34 children or pregnant women. Family Start involves intensive and comprehensive home visitation, including educating parents about child development, developing a plan based on the parents' needs and desires, and obtaining needed resources. Services are provided through home visits, socializations at Head Start Centers and field trips in the community. Other activities of the program are a Latino Mothers Domestic Violence Support Group and the parenting education provided in the Dad's recovery program through Tehama County Health Department Drug/Alcohol Division.
- (2) **Outcomes:** The intermediate outcome for Family Start is to ensure that children have health and dental insurance and a regular source of medical care. Home visitors provide referrals to participating families for needed services. At the six-month follow-up, the percentage of children with health insurance, dental insurance and a medical home increased. All participating families had health insurance and a regular source of medical care for their children, and 90% had dental insurance at the six-month follow-up. While one quarter of parents reported reading to their children three or more times a week at intake, all parents reported doing this family literacy activity by the six-month follow-up survey.

(c) Priority Area/Initiative: School Readiness/ Genesis

- (1) **Primary Activities and Accomplishments:** This year New Directions to Hope, a local non-profit, implemented its First 5 Tehama Direct Services grant-funded project, the Genesis Project. In collaboration with community referral sources, specialized professional therapeutic services were delivered to pregnant women and children 0 to 5. During the first year, outreach was focused on the School Readiness Project as an underserved population and 77 clients were served – 37 children and 33 parents. Families' needs were identified and appropriate services were provided in the setting most convenient and/or appropriate for the family. Over half of the clients seen in the office were also seen in other venues (home or school), exemplifying the flexibility of Genesis services for families. The Genesis Project offers three primary components: 1) in-home therapeutic support services; 2) office and school-based therapeutic and educational services; and

3) community outreach and education of professionals. The Project provides training for mental health professionals in early childhood issues, training for community (parents, care providers, etc.) in issues related to children age 0 to 5, and development of resource and referral partnerships to benefit target population.

- (2) Outcomes: Clients receive intensive, comprehensive and holistic therapeutic services aimed at improving family functioning for the target population. Children 0 to 5 benefit by growing up in more functional, healthy homes; are more well-prepared for school as their family literacy activities increase; are healthier as the family receives appropriate referrals for health and dental services; and receive appropriate mental health care for themselves and family members that impact the development and life of the child. Families improve functioning as they learn about community resources, how to access resources and develop a family support system. And increasing the capacity of trained mental health professionals within the community will lead to more availability of appropriate services for families with children age 0 to 5. In a short time period, Genesis has become known within the community, thanks to a concentration of resources and efforts on outreach and dissemination of information to families with young children.

(d) Priority Area/Initiative: CARES/ Child Care Retention Incentive (CRI) Project

- (1) Primary Activities and Accomplishments: CRI, Child Care Retention Incentive Project in Tehama County, completed a successful second year with 51 total participants --27 returning and 24 new, including 15 private center staff, 11 Head Start staff, 19 Family Child Care home providers/assistants, and six family/friend/neighbor providers. A total of \$25,003.50 was paid in stipends. The CRI Project goals include supporting, educating, and retaining committed and qualified licensed child care providers to ensure quality child care services for children & families. Activities this past year included technical assistance, workshops on how to qualify for cash stipends, one-on-one assistance in completing applications, career counseling, assistance with applying for a Child Development Permit, online ECE classes through a collaborative partner and tuition re-imburement, assistance with Licensure, and Spanish translation. Child Care Referral & Education (CCRE) worked as a collaborative partner offering training opportunities through the CCIP project. Early Childhood units have been received through the UC Davis trainings offered through CCIP, Shasta College (a local junior college), and Cal-Net (On line ECE courses offered through Shasta by a Regional grant with Tehama County Department of Education).
- (2) Outcomes: New providers received many professional growth hours through Early Childhood trainings offered throughout the county while returning participants showed an increase in ECU units as well in addition to professional growth hours. The program saw an increase in family/friend/neighbor participation from two to six this year. Participants voiced a continued desire to remain in the field and an increased interest in applying for a Child Development Permit. One of the two family/friend/neighbor providers became licensed this year.

(e) Priority Area/Initiative: CARES/ Family, Friend and Neighbor (FFN) Caregiver Outreach Program

- (1) Primary Activities and Accomplishments: The program continues to provide outreach, support, and training activities for family, friend, and neighbor child caregivers and Spanish-speaking caregivers through home visits, outreach, workshops, and technical assistance. Approximately 90

FFN caregivers working with children ages 0-5 were served this year, as well as 30 parents and 100 children in that age group. Activities included free workshops and trainings on various child development topics for providers and parents; “Morning Out” and Playdates in the Park for children; Incentive program for providers who attend trainings/workshops where caregivers receive educational materials, health and safety items, such as first aid kits, fire extinguishers, and outlet covers, and gift certificates for educational catalogs; Information on child development issues, assistance with licensing, and linkages to other community resources.

- (2) Outcomes: Six FFN caregivers applied and qualified for the CRI/CARES stipend program. Caregiver participants reported having learned more about child development, developmentally-appropriate activities, and how to promote school readiness.

**(f) Priority Area/Initiative: St. Elizabeth Community Hospital (SECH)
Perinatal Education Program**

(1) Primary Activities and Accomplishments: 609 women and 536 supporting family and friends participated in the program this year. Prior to this program, there were no perinatal education classes in Spanish and only one childbirth class in English, taught by someone outside the community. The overall vision of training accepted member of the Latino community to provide education that was culturally appropriate has remained intact. What has changed are class topics and the audience. The program is now designed for prenatal parents and their support people; provides postpartum services, including infant massage classes and basic breastfeeding support; and referral services. Other perinatal classes are: childbirth, water birth, breast feeding, and baby basics. The support people, a population not previously targeted was one of their biggest educational impacts. Special classes have been designed for special interest groups such as Latinos, rural teens, and most recently those in juvenile hall. The program has also successfully trained staff as childbirth and lactation educators.

- (2) Outcomes: Results-based outcomes include increased preparedness for childbirth with healthy birth outcomes, increased breastfeeding initiation rates, preventive health care for infants, and education and support for women.

3. Promoting Equitable Access and Outcomes. Please answer (in no more than one page) the following question:

- a. Has your County Commission formally adopted the Principles on Equity?

Yes No

- b. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?
- c. Spanish speakers and geographically isolated families are underserved populations.
- d. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

First 5 Tehama’s Strategic Plan mandates each project funded must include the four critical principles of:

1. Serve ethnically, culturally and linguistically diverse children and families and special needs children and families;

2. Address the needs of geographically and socially isolated communities;
 3. Target traditionally under-served/high-need populations;
 4. Streamline access and removal of barriers to promote access.
- e. Have these strategies resulted in greater access to services and higher quality of services for these communities or groups? If so, describe how.

Spanish speakers: Because one of the principles for First 5 Tehama is to serve ethnically, culturally, and linguistically diverse children and families; the direct service projects addressed this need through the hiring and training of bilingual/bicultural staff and the outreach home visiting program to licensed exempt providers uses a translator. Contracts with Home Help For Hispanic Mothers and Even Start help bring down the barriers for services. ESL classes have been provided at both School Readiness sites, translation is available at most to all functions, and all flyers and notices are provided in English and Spanish. One hundred percent (100%) of First 5 Tehama's activities reduced cultural and language barriers for families in Tehama County.

Geographically isolated families: Projects funded addressed this need directly providing funded services to specific rural areas or transporting families and children directly to the service. Vehicles have been leased for First Steps Center and Gerber Family Center to increase access. Home Visitors provide direct services, and parent education programs offer satellite services, home-based services and school-based services. Because of this small bridge to services, parents and children have access to needed child care, parent education, and support services.

4. **Program Highlights. Describe at least three programs that your County Commission funded during fiscal year 2004-05 that you would highlight in your County Commission profile in the annual report. (Some program descriptions may not be included in the report because of space limitations.) Please list them starting with the program your commission would most like to see highlighted in the annual report. (These programs also may be used to highlight statewide accomplishments in other chapters of the annual report.) Please make sure that at least one of the programs described is part of the School Readiness Initiative. For each program, provide a description that addresses each of the questions below. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. (Please limit each program description to two pages.)**

Los Molinos First Steps Center & Gerber Family Center

- a. ***What is the name of the program and in which agency is it housed***

In 2004, the school readiness program was based in two locations, Los Molinos and Gerber at the Los Molinos First Steps Center at Los Molinos Elementary School and the Gerber Family Center at Gerber Elementary School.

- b. ***Is this a School Readiness Initiative program?***

Yes

- c. ***What identified need or issue does the program address?***

Analysis of parent feedback data included:

- *More pre-school spaces*
- *Knowledge of existing/available services*

- *Desire for information on what children need to know before starting school*
- *Information on behavior and/or discipline issues*
- *More library and literacy programs*
- *Need for reliable transportation*
- *Access to health and dental insurance*
- *Health and dental services*
- *Better childcare options*
- *Job training employment assistance*
- *Family recreation activities*
- *Children's sports and play groups*

d. *What is the rationale for the program?*

The program is based on a family resource model with the goal to integrate family and community services within the county at the local level. The goal is to meet the needs of children 0-5 and the families who support them by providing access to services including, but not limited to, Social-emotional, educational, medical, dental and other services as needed. Our program addresses the needs of a rural county with attention to reach out to non-English speaking families.

e. *On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning or improved systems of care?*

*In 2004 our program took into practice all four elements. **Improved Child Health:** Children and their parents were assisted in completing applications for health insurance, children were assisted in accessing services for vaccinations and for developmental assessments as needed. Children and families were provided access to mental health services, including counseling when appropriate. **Improved child development:** In 2004 both sites delivered Kindercamp opportunities to children who had no previous pre-school experience. These camps were multi-week experiences taught by a Kindergarten teacher. Weekly story-time, Mommy, Daddy and Me, Family Fun Night, Kindergarten Round Up, Community Health Faire and other ECE activities targeted families with children of all ages. **Improved Family Functioning:** Classes were made available in Positive Parenting, home visits were conducted to reach out meet the individual needs of family functioning. **Improved Systems of Care:** The School Readiness Coordinator played an integrated role in collaborations that promoted and instituted continuity of care with multiple county agencies. (Child Abuse Prevention Council, Family Resource Center Network, Health Partnership of Tehama County, Child and Family Leadership Team, Mentoring Program) In addition, the advisory council for the program consists of community members and families who benefit from services*

f. *For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?*

The program is designed for families, and/or pregnant mothers and their children 0-5. Also see answer e.

g. *If the program focuses on a specific subgroup, how does the program address the needs of that subgroup?*

The primary population for both sites is Latino. Effort is made to meet the needs of this group by having staff who are bi-lingual, bi-literate and bi-cultural. Contracts with Home Help For Hispanic Mothers and Even Start help bring down the barriers for services. ESL classes have been provided

at both sites. Translation is available at most to all functions and all flyers and notices are provided in English and Spanish.

h. What specific results-based outcomes does the program aim to achieve?

Children are better prepared for school, schools are better prepared for children and families are emotionally and physically healthier.

i. What activities and resources are offered through the program?

See question e.

j. Who staff's the program?

In 2004, the School Readiness Coordinator was an MSW. The site Family Liaison was a bi-lingual, bi-literate, bi-cultural staffer who had significant experience in ECE. Support systems (contracts) were rich in diversity and scope including, but not limited to, bi-cultural programs, case management, and other services in the health and social services fields.

k. In What special ways does the program meet the needs of your county?

In 2004, our program targeted local community members who have been historically underserved due to the rural nature of their address. Our program has bridged the gaps in linkage to services that were often times unavailable or unknown to the local communities within the county. In addition our program brought together families and schools, reducing stigma and increasing communication. Through collaboration with schools, county agencies, families and other providers, we were able to identify specific needs/goals of the community members and provide programs or link services that were of direct benefit to the community.

l. What types of positive impact has the program had on children and families?

In 2004, our program gave opportunities for children and families to streamline their healthcare, beginning at pregnancy and secure a healthy track towards school readiness by participating in programming at both sites. Children and families learned to navigate the educational system and schools learned about the needs of the children they serve. Agencies gained more frequent and more streamlined access to their target populations and were offered an adequate venue to meet regularly with local families.

m. How were these impacts measured or documented?

PEDS, family self-report, school records (e.g., cumulative file), Individual Education Plans, collaborative assessment tools/summaries, and other unidentified tools.

Family Start

a. What is the name of the program, and in which agency is it housed?

Family Start – Northern California Child Development Inc.

b. Is this a School Readiness Initiative program?

Yes

- c. **What identified need or issue does the program address?**
Improved Child Health: Healthy Children, Improved Family Functioning: Strong Families & Improved Child Development: Children Learning & ready for School
- d. **Is the program research based? What was the rationale for the program's design?**
Yes, the program is modeled after & uses many of the same standards as Early Head Start and Head Start. There are numerous studies that support the philosophy and design of the Head Start model as an ideal program to assist children and families towards school readiness and self sufficiency.
- e. **On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**
Improved Child Health: Healthy Children, Improved Family Functioning: Strong Families & Improved Child Development: Children Learning & Ready for School
- f. **For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**
Pregnant mothers, children 0-5, and their families. The program ensures that all enrolled children are up to date with recommended medical requirements for their age, provides Parenting Education & Early Childhood Education appropriate for each enrolled child's developmental level, promotes parents involvement in their child's education, encourages children's social-emotional development, offers appropriate community referrals and assistance in accessing those providers.
- g. **If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**
The program does not focus on a particular subgroup but provides services to many monolingual Spanish speaking parents and children. All materials are available in English and Spanish, Home Visitors are bi-lingual. The Latino culture and traditions, as well as others, are interwoven in educational activities and materials for all participants.
- h. **What specific results-based outcomes does the program aim to achieve?**
1. *Parent more empowered and effective as a parent; parents show increased competence as parents as evidenced by providing preventive health care to children; family reading and story telling increases; self report of increased knowledge of child development.*
 2. *Children receive preventive care and are up to date on recommended immunizations for their age.*
 3. *Early identification of special needs and early access to appropriate services.*
 4. *Home environment promotes optimal child development; referral into pre school and/or school readiness transition programs.*
 5. *Child enrolled in health insurance; child has medical home; child receives well child care from medical home and not emergency sources.*
- i. **What activities or resources are offered through the program?**
The program ensures that all enrolled children are up to date with recommended medical requirements for their age, provides Parenting Education & Early Childhood Education appropriate

for each enrolled child's developmental level, promotes parents involvement in their child's education, encourages children's social-emotional development, offers appropriate community referrals and assistance in accessing those providers. The services are provided through home visits, socializations at Head Start Centers and field trips in the community. Other activities of the program are a Latino Mothers Domestic Violence Support Group and the parenting education provided in the Dad's recovery program through Tehama County Health Department Drug/Alcohol Division.

- j. Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

Currently the program is staffed by:

- One Project Coordinator – MSW 7 years experience in the field of Social Work and Early Childhood Education.*
- 2 bilingual Home Visitors – minimum of 6 units Early Childhood Education and 2 years experience or undergraduate education in Social Work.*
- Dad's program parent educator – BA degree, Positive Parenting certification.*
- CSU Chico Social Work Interns are also assigned to the program.*

- k. In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?**

Tehama County has a high population of Spanish speaking families. Services are provided by bilingual home visitors and all materials are available in Spanish and English. Tehama County is a large rural area with limited public transportation so a home visiting model works well for all families regardless of transportations needs.

- l. What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)**

Two children were identified during the program year with special needs one has received appropriate referrals and services, the other child moved from the area. All parents received education on child development and the benefits of keeping a child up to date on medical requirements. All children are up to date on recommended medical requirements.

- m. What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)**

Two children were identified during the program year with special needs one has received appropriate referrals and services, the other child moved from the area. All parents received education on child development and the benefits of keeping a child up to date on medical requirements. All children are up to date on recommended medical requirements.

n. How were these impacts measured or documented?

Improved Child Health: Healthy Children

All children have received developmental assessments and participated or are participating in developmental intervention plans. (Either Desired Results Developmental Profile plus (DRDP+), Individual Child Development Plan (ICDP), Individual Education Plan (IEP), or Individual Family Services Plan (IFSP) or a combination of the above mentioned plans as determined by child's individual needs. (IEP and IFSP are developed by Department of Education or Far Northern Regional Center (FNRC) and co-implemented by Home Visitor, parent and developing agency.)

All children are up to date on recommended medical requirements. Parents are assisted with challenges and barriers in ensuring their children are up to date. All parents with enrolled children have had at least one home visit with a focus on dental care. All enrolled children are given new toothbrushes once per month and one tube of toothpaste. All children 3+ are required to have a dental exam. Parents are assisted with transportation or scheduling if needed.

Four pregnant mothers were served this quarter with two fathers also participating in services. One mother recently miscarried and we are continuing to support her through that loss. Several new referrals recently received from Dr. Nasise's office (new county CSPA provider) have been contacted regarding their interest in the program when services begin again in August.

Improved Family Functioning: Strong Families

NCCDI Parent Educator is facilitating DADS parenting education classes in collaboration with TC Department of Drug/Alcohol each week with 15 dad's participating over the course of the program year, one of whom is also enrolled in the Family Start program. One mother and one guardian grandmother enrolled in Family Start are participating in the TC Department of Drug/Alcohol Passages and after care recovery programs. A monthly bilingual support group targeting Spanish speaking mothers has been established with the domestic violence provider for Tehama County, Alternatives to Violence. Family Start home visitors assisted mothers to attend by providing transportation and child care at the site.

All families have received information about mental health services available to them through New Directions to Hope (NDTH) and their First 5 funded GENESIS project. Four referrals have been made to NDTH and 2 families have accessed those services. Monthly Case Conferencing meetings held at NDTH offices have been established with First 5 grantees to collaborate services provided. One Family Start parent has received counseling services through a NCCDI mental health consultant.

All families except one are receiving WIC services, five have received emergency food services through Family Start this quarter, Referrals have been made to, Head Start, State Preschool (including Gerber and Los Molinos), NDTH, TC Mental Health, Home Help for Hispanic Mothers, TC Department of Social Services, Far Northern Regional Center, and Emergency food providers.

Improved Child Development: Children Learning & Ready for School

Age appropriate discipline and other topics related to increasing parenting skills are covered with all parents during various home visits and also discussed in conjunction with viewing of First 5 Video Kits. All families have received the kits and kits are utilized during home visits. Curriculum used during home visits include Creative Curriculum & Partners for a Healthy Baby. All parents received education on child development and the benefits of keeping a child up to date on medical

requirements. All children are up to date on recommended medical requirements. Home/child Safety is also a topic covered during home visits through multiple formats: video, handouts and discussion. Current local Parenting Class flyers are consistently distributed to enrolled families.

All children have received developmental assessments and participated or are participating in developmental intervention plans. (Either Desired Results Developmental Profile plus (DRDP+), Individual Child Development Plan (ICDP), Individual Education Plan (IEP), or Individual Family Services Plan (IFSP) or a combination of the above mentioned plans as determined by child's individual needs. (IEP and IFSP are developed by Department of Education or Far Northern Regional Center (FNRC) and co-implemented by Home Visitor, parent and developing agency.)

Genesis

a. What is the name of the program, and in which agency is it housed?

The program name is the Genesis Project. It is housed in New Directions to Hope, a non-profit agency.

b. Is this a School Readiness Initiative program?

No, although we collaborate closely with the School Readiness Program (Gerber / Los Molinos) and provide services to children and families at the SRP site.

c. What identified need or issue does the program address?

Improve family function, foster healthy child development and school readiness and increase preventative care for families with children prenatal to age 5.

d. Is the program research based? What was the rationale for the program's design?

Yes. Research substantiates the importance of these formative years, the impact of parental mental health on child development and school readiness, that the most effective delivery of services is in the child's natural environment and the need for families to be involved in a holistic, strengths-based and inclusive delivery of service for most impact. The Genesis Project was designed to provide therapeutic services within these parameters to improve family functioning.

e. On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved family functioning would be the primary focus, although improved child health, improved child development and improved systems of care are all in

f. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

Families with children, prenatal to age 5. During the first year, outreach was focused on the School Readiness Project as an underserved population. Genesis provides intensive, comprehensive and holistic therapeutic services aimed at improving family functioning for the target population. Children 0 to 5 benefit by growing up in more functional, healthy homes; are more well-prepared for school as their family literacy activities increase; are healthier as the family receives appropriate referrals for health and dental services; and receive appropriate mental health care for themselves and family members that impact the development and life of the child. Families improve functioning as they learn about community resources, how to access resources and develop a family support system.

- g. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?**
Approximately 40% of our services are provided to Hispanic families (comparatively, Hispanics represent only 15% of the county population), with services provided in their primary language. However, the demand for Spanish-speaking therapy is a challenge due to the lack of qualified Spanish-speaking therapists available in the community. We are currently recruiting for another bilingual therapist for the project.
- h. What specific results-based outcomes does the program aim to achieve?**
To increase the number of mental health professionals trained in early childhood issues; create access to services for families with children 0 to 5; serve children and families through direct therapeutic services.
- i. What activities or resources are offered through the program?**
*For families with children age 0 to 5: Home-based therapy, school based therapy (School Readiness and pre-school sites), office-based therapy, PCIT (parent-child interaction therapy), resource and referrals for community and non-traditional services.
 Community capacity building: Training for mental health professionals in early childhood issues, training for community (parents, care providers, etc.) in issues related to children age 0 to 5, development of resource and referral partnerships to benefit target population.*
- j. Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**
Therapists, either licensed or wavered, provide direct services. Training includes early childhood, child abuse, family violence and other relevant trainings. PCIT staff are trained and certified through UC Davis PCIT Program.
- k. In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?**
Our primary outreach for year one was to the Spanish speaking population in rural Los Molinos / Gerber who are recognized as an underserved population within the county.
- l. What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)**
*On an individual, case-by-case basis, families are positively impacted in a variety of ways: by addressing maternal depression children are able to develop and function better, intervening in family violence areas provides a safer environment for the children that allows them to grow and develop with less anxiety and fear, improved understanding of parenting and discipline positively impacts the entire family functioning.
 Improving access to services for families in crisis, helping them to recognize their strengths as well as their needs and inclusive, holistic service delivery help families to function in a healthy manner as well as to be a positive part of the community.
 Increasing the capacity of trained mental health professionals within the community will lead to more availability of appropriate services for families with children age 0 to 5.*

m. How were these impacts measured or documented?

Testing scores (baseline and exit), data collection in PEDS and internal databases.

5. Systems Change Support Activities:

In Tehama County, continued commitment to collaboration has extended the reach of First 5 funding and added depth and richness to services to high-risk families in isolated rural settings. Three major First 5 funded projects serving families in the county have worked closely together in the past year to maximize services, eliminate duplication and ensure that the greatest number of families in need are served appropriately. This effort has been effectively targeted in Gerber, Los Molinos and Corning.

The three projects include the school readiness project implemented in two schools (Gerber and Los Molinos Elementary Schools) and their respective districts, Family Start implemented by Northern California Child Development Inc. and Genesis implemented by New Directions to Hope. All three projects offer case management and home visitation services. Project staff worked together in the past year, meeting monthly to review work with individual families and assure that they were receiving the most comprehensive and tailored services to meet their needs. Using a common referral and consent form, school readiness project staff, Genesis therapists and Family Start home visitors shared information, concerns and insights on a regular basis on individual families and needed services.

- Genesis provides therapy in home and office settings for families with children under 5 who promote infant/parent bonding, and address parental depression that might interfere with parenting. The project also offers Parent Child Interactive Therapy. The purpose of the project is to help parents improve their mental health in order to be more effective as parents.
- Family Start provides in home parenting education and family literacy to children under 3. Family Start offers home visitation services and case management to underserved and unserved children under 5. The families are referred by Child Welfare Services, St. Elizabeth's perinatal unit, a program for teen parents in Corning, and families on the Head Start waiting list. Family Start involves intensive and comprehensive home visitation including educating parents about child development, developing a plan based on the parents' needs and desires, and obtaining needed resources. Project activities include weekly home visits and group socialization and parenting discussions.
- The School Readiness project funded by First 5 Tehama County is being implemented at the First Steps Center at the Los Molinos Elementary School and the Gerber Family Center at Gerber Union Elementary School. The project serves children under the age of 5 and their families, promoting their school readiness through kindergarten transition services, parenting/family support services, health and social services, improving schools' capacity to prepare children and families for school success and strengthening program infrastructure, administration and evaluation. The program provides case management services, including transportation services, to enable families to participate in project activities and to obtain needed services.

All three of these projects record services to Core Participants in the state evaluation web based PEDS system and the evaluation consultant monitored families' services and milestones using the reporting functions in PEDS. The evaluation consultant was able to confirm that there was no overlap in families served. In interviews and focus groups conducted for the local evaluation, project

staff of the three projects reported smooth referral and linkage among the three projects so that, for example, families needing more intensive therapeutic intervention were referred and served by Genesis. Evidence of close collaboration includes the full caseloads in all projects. Regular communication among staff of all three projects improved the quality of services to families and extended the benefit of First 5 funding.

6. Child/Family/Provider Vignettes:

Family Start Early Intervention Collaborative Program

Families came to Family Start with recognized needs or had needs that became apparent during their participation in the program. One two-year-old referred to the program was thought by his mother to be asthmatic and have speech delays due to being premature as an infant. Among other services, Family Start connected him to Far Northern Regional Center (FNRC). Through the collaboration of Family Start, FNRC and medical referrals it was discovered that he actually had enlarged tonsils, restricting his breathing and causing him to have sleep apnea. He was referred for surgery to alleviate his breathing difficulties and to have ear tubes inserted. Now as a three-year-old, he is in the process of being assessed for an IEP through the Department of Education and has transitioned on to a preschool program.

7. (Optional) Photograph for County Commission Profile.



Photos of children from families participating in NCCDI-Family Start program. Photo releases are on file with program and available upon request.

8. County Commission Profile. Please indicate below whether you would like SRI International to prepare your County Commission profile or your County Commission is preparing its own draft profile. If your County Commission wants to prepare its own profile, please follow directions provided in the County Commission Profile Guidelines.

My County Commission is preparing and attaching a draft of its own profile, using the **County Commission Profile Guidelines**.

SRI International should prepare a draft of my County Commission's profile.

9. County Commission Funding Priority Outcomes and Indicators. Please indicate on the following chart the outcomes that were local funding priorities in fiscal year 2004-05.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2004-05. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	<ul style="list-style-type: none"> • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age
<input type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> • Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment 		

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> • Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age 	<ul style="list-style-type: none"> • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more 	<ul style="list-style-type: none"> • Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> • Number and percentage of children age 3 or older who receive annual dental exams • Number and percentage of children who have dental insurance 	<ul style="list-style-type: none"> • Number and percentage of children age 3 or older who receive annual dental exams 	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 years who have dental insurance
<input type="checkbox"/> Children are free of smoking-related illnesses.		<ul style="list-style-type: none"> • Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center child care spaces per 100 children • Number of licensed family child care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child care spaces for children with special needs 		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry <p>Percentage of children with special needs who participate in early childhood care and education programs</p>	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs 	
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> • Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> • Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> • Number and percentage of children under age 3 who receive a developmental screening from their primary care provider • Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children enter kindergarten “ready for school.”	Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development		<ul style="list-style-type: none"> Number and percentage of children who participate in school-linked transitional practices
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	
<input type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> Number and percentage of children with substantiated or confirmed (open) cases of child abuse Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input type="checkbox"/> Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> Number and rate of births to young teenage mothers 		<ul style="list-style-type: none"> Number and rate of births to young teenage mothers

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> Number and percentage of children living in poverty 		<ul style="list-style-type: none"> Number and percentage of children living in poverty Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) Number and percentage of children who move more than once in a year Number and percentage of mothers who completed high school or its equivalent
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<ul style="list-style-type: none"> Number and percentage of mothers screened for depression
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home 		