

First 5 California Annual Report Form

PART 1

FISCAL YEAR 2005-06

COUNTY COMMISSION NARRATIVE



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How to Submit Part 1 of the Annual Report Form

- Please **e-mail** your completed Part 1 by **October 15, 2006**, to: **First5AR@sri.com**.
- Photo release forms can be faxed to SRI International at (650) 859-5258.
- You should receive a reply within 5 days confirming receipt of any sent file(s).
- SRI International will provide First 5 California with a copy of all parts of the annual report form.

County Commission Narrative Form

Please note that your evaluation technical assistance coach can help you collect and prepare much of this information. Please use the headings and subheadings provided when entering the information.

1. 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, 2005 - June 30, 2006). 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 Kinder Camp 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 and 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 the number 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 2005-06.

- School Readiness Initiative
- Special Needs Project
- Power of Preschool
- Health Access for All Children
- Comprehensive Approaches to Raising Educational Standards (CARES)

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 2005-06, and (2) key outcomes for children, families, providers, and communities.

• **Priority Area/Initiative: School Readiness/Gerber-Los Molinos School Readiness Program**

- a) **Primary Activities and Accomplishments:** This past year the School Readiness program was fully implemented at the Gerber/Los Molinos School Readiness project housed at the First Steps Family Resource Center at Los Molinos 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 through a combination of home based and school based services with attention to outreach to non-English speaking families. The program also provides transportation services to enable families to participate in project activities and to obtain needed services. In 2005/2006, 63 children and 49 parents/guardians received intensive services. Another 13 children and 10 parents received group services. Based on a

Family Resource Center model and utilizing Parents as Teachers home based curriculum for core families, the goal of the program is to integrate family and community services at the local level. The program serves children and their families by promoting school readiness through kindergarten transition services, parenting and 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.

- b. **Outcomes:** The School Readiness program addressed 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. There was an increase in the proportion of children with a regular source of health care and those receiving the recommended number of well-child checkups.

Improved child development: In 2005 both sites delivered Kinder Camp 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 and home visits were conducted to reach out and serve overburdened families of children 0 to 5.

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 program Advisory Council 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. 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.

- **Priority Area/Initiative: Improved Family Functioning/Family Start - Early Intervention Program**

- a. **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 45 children and 37 parents intensively. 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 program activities are a Latino Mothers Domestic Violence Support Group and parenting education provided in the DADS recovery program. The DADS program operated by the Tehama County Health Services Agency, Drug/Alcohol Division, is a 16 week, 3 session per week program of substance abuse treatment, parenting education, and parent support for fathers. In 2005/2006, 27 men participated in the DADS program.

- b) **Outcomes:** Family Start home visitation outcomes include increased access to health care and promotion of a positive environment for cognitive development of children. Home visitors provide referrals to participating families for needed services. Compared to their access to health care at intake to the program, the percentage of children with health insurance, dental insurance and a medical home increased by the six month follow up. Ninety-five percent of participating families had health insurance, 90% had 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. DADS program outcomes include completion of the 16 week series and satisfaction with the program as reported on a participant survey. In 2005/2006, 26% of participating men completed the DADS program.
- **Priority Area/Initiative: Improved Family Functioning/ Genesis**
 - a. **Primary Activities and Accomplishments:** New Directions to Hope, a local non-profit organization 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 parents and guardians of children 0 to 5. During the 2005/2006, 50 children and 42 parents and guardians received intensive ongoing services. 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.

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 better 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 and how to access resources and develop a family support system. 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.

- b. Outcomes:** Outcomes for Genesis include increased access to health care, improved mental health of parents, and access to community resources. In 2005/2006, there was an increase in children having health insurance and parents reporting an increase in family literacy activities with their children. However, Genesis families continued to struggle to provide ongoing preventive health and dental care for their children. Satisfaction with the program as measured by a self report survey showed that 73% of respondents strongly agreed that they learned new skills and that counselors made useful suggestions and referrals. 53% of respondents strongly agreed that their family relationships improved. Results on the Parental Stress Index showed that the parents served were under high stress (45% scoring very high on parental stress), 54% of children scored high on stress and 73% scored high on overall life stress.
- Priority Area/Initiative: Comprehensive Approaches to Raising Educational Standards (CARES) Program**

 - a. Primary Activities and Accomplishments:** The CARES Program in Tehama County, completed a successful year with 34 total participants --23 returning and 11 new, including 7 private center staff, 8 Head Start staff, 15 Family Child Care home providers/assistants, and four family/friend/neighbor providers. A total of \$24,971 was paid in stipends. The CARES Program goals include supporting, educating, and retaining committed and qualified licensed child care providers to ensure quality child care services for children and 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 Early Childhood Education (ECE) classes through a collaborative partner and tuition re-imbusement, assistance with Licensure, and Spanish translation. Child Care Referral & Education (CCRE) worked as a collaborative partner offering training opportunities through the California Child Care Initiative Project (CCIP). ECE units have been received through the UC Davis trainings offered through CCIP, Shasta College (a local junior college), and Cal-Net (online ECE courses offered

through Shasta College by a regional grant with the Tehama County Department of Education). New providers received many professional growth hours through early childhood trainings offered throughout the county while returning participants showed an increase in ECE units as well as professional growth hours. Participants voiced a continued desire to remain in the field and an increased interest in applying for a Child Development Permit.

- b. **Outcomes:** In Tehama County, 34 child care providers received stipends: 20 providers were awarded stipends paid for by First 5 and 14 received AB212 stipends. Sixteen providers applied for a Child Development Permit. Six providers with a special needs focus received a stipend.
- **Priority Area/Initiative: Improved Child Development/Family, Friend and Neighbor (FFN) Caregiver Outreach Program**
 - a. **Primary Activities and Accomplishments:** The program continues to provide outreach, support, and training activities for FFN child caregivers and FFN Spanish-speaking caregivers through home visits, outreach, workshops, and technical assistance. Approximately 88 FFN caregivers working with children ages 0-5 were served this year, as well as 30 parents and 147 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; an 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; and assistance with licensing, and linkages to other community resources.
 - b. **Outcomes:** Four FFN caregivers applied and qualified for the CARES stipend program. Six participants applied for a child care license and four received a child care provider license.

Caregiver participants reported having learned more about child development, developmentally-appropriate activities, and how to promote school readiness.
- **Priority Area/Initiative: Improved Child Health/ St. Elizabeth Community Hospital (SECH) Perinatal Education Program**
 - a. **Primary Activities and Accomplishments:** Approximately 220 women participated in childbirth preparation classes funded by First 5 Tehama. 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 an 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, and rural teens. The program has also successfully trained staff as childbirth and lactation educators.

- b. **Outcomes:** Satisfaction with the perinatal classes was high, with 99% of 168 participants reporting they were completely satisfied. There was a 47% completion rate for the multi session childbirth preparation classes. For Spanish speakers and teens, the completion rate for a four session course was 82%.

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

- 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)?

Spanish speakers and geographically isolated families are underserved populations.

- C. 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.

- D. 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. Contracts with Home Help for Hispanic Mothers also help bring down the barriers for services for our School Readiness project. ESL classes have been provided at neighborhood sites, translation services are available at 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 through home based services, by providing funded services to specific rural areas, by transporting families and children directly to the service, and by maximizing the local transportation system. School Readiness vehicles are used to increase access. Family Resource Liaisons provide direct services, home-based services, and school-based services. We also contract with other community agencies to provide other

needed and specialized 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 2005-06 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**.)

Family Start – Early Intervention Program

- A. What is the name of the program, and in which agency is it housed?
- Family Start - Early Intervention Program is implemented by NCCDI, Northern California Child Development, Inc.
- B. Is this a School Readiness Initiative program?
- No.
- C. What identified need or issue does the program address?
- Improved Family Functioning for isolated families who have one or more factors that place them at risk such as poverty, lack of transportation, social isolation, health challenges, low education levels of parents, etc.
- D. Is the program research based? What was the rationale for the program's design?
- Family Start - Early Intervention Program is research based. Family Start is modeled after and uses many of the same standards as Early Head Start and Head Start. Studies have shown that the holistic approach that the Head Start and Early Head Start programs follow is ideal in supporting and encouraging families to reach self sufficiency and school readiness.
- E. Which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?
- Family Start - Early Intervention Program focuses on improved family functioning.
- F. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?
- Family Start - Early Intervention Program is designed for pregnant mothers, children ages 0-5, with a focus on children 0-3 years of age and their families. The program ensures that all enrolled children are current with recommended immunizations and well-child checkups. Family Start also provides parenting education and early childhood education appropriate for each enrolled child's development and age. The program promotes the importance of parental involvement in their child's education

now and in the future, and encourages children's social-emotional development. Family Start also works in collaboration with community agencies to ensure appropriate referrals and assistance is accessible for all families.

- G. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup?
- Family Start - Early Intervention Program does not focus on any one subgroup however the program serves many monolingual Spanish speaking parents and children. All three home visitors are bilingual in English and Spanish and all materials are available in both Spanish and English. The Latino culture and traditions, as well as others, are interwoven in educational activities and material for all participants.
- H. What specific results-based outcomes does the program aim to achieve?
- Parents are more empowered and effective in their parenting style: parents show increased competence as parents as evidenced by providing preventative health care to children, family reading and story telling increases, and parents talk about their increased knowledge in the area of child development.
 - Children receive preventative care and are up to date on recommended immunizations for their age.
 - Early identification of special needs and early access to appropriate services.
 - Home environment promotes optimal child development: referrals into preschool and or school readiness transition programs.
 - Assistance with getting the child enrolled in health insurance: child has medical home and receives well-child care from medical home and not emergency sources.
- I. What activities or resources are offered through the program?
- Family Start - Early Intervention Program provides parenting education and early childhood education experiences appropriate for each enrolled child's developmental level. Family Start home visitors do several screenings and assessments on all children and make appropriate referrals as needed to community agencies and programs. Home visitors also help with accessing community programs that are needed by individual families. Another important aspect of the Family Start program is the role of the home visitor on stressing the importance of finding and using a medical and dental home for each child.
 - Services are provided through home visits, monthly socializations at a Tehama County Head Start center and field trips within the local area. The program also provides the DADS Recovery Program through Tehama County Health Department Drug/Alcohol Division. This is a 16 week, 3 session per week program of substance abuse treatment and parenting classes.
- J. Who staffs the program? What professional or other special training do the staff members have?
- Family Start - Early Intervention Program is staffed by:
 - One Project Coordinator – Bachelors Degree in Liberal Studies with a Minor in Early Childhood Education with over 12 years of experience in the education/social services field. Positive Parenting Certified.

- Three Bilingual Home Visitors – Minimum of 6 units in Early Childhood Education and two years experience of undergraduate education in Social Work.
 - DADS Program Parent Educator – Bachelors Degree, Positive Parenting Certified.
- K. In what special ways does the program meet the needs of your county?
- Tehama County has a large population of Spanish speaking families; by requiring our home visitors to be bilingual we are not limited in the families that we work with. Tehama County also has a very high percentage of teen births, so an early intervention program such as Family Start - Early Intervention Program is a definite need in our community. Public transportation is not highly available throughout Tehama County so the home base model is perfect for reaching the outlying areas.
- L. What types of positive impacts has the program had on children and families?
- Families participated in the program showed an increase in access to health care: the proportion who had health and dental insurance increased as did those with a regular medical home. The percent of children with recommended well-child care increased from 62% of children at intake to 95% of children at six month follow up. In addition, 7 (26%) of 27 participants completed the DADS program of 16 weeks of substance abuse treatment and parenting education classes.
- M. How were these impacts measured or documented?
- Health outcomes are assessed using the intake and follow up surveys for core participants in PEDS. Also, each family is given a Parent Satisfaction Survey and the results show that parents were very satisfied with the Family Start - Early Intervention Program program.

Genesis

- A. What is the name of the program, and in which agency is it housed?
- Genesis Project is implemented by New Directions to Hope, a non profit organization.
- B. Is this a School Readiness Initiative program?
- No
- C. What identified need or issue does the program address?
- Improve family functioning by improving mental health of parents so that they can provide a more nurturing environment for their children. Enhance parent/child bonding and attachment for healthy child development.
- 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?
- Genesis focuses on improved family functioning.
- F. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?
- 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 better 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)?
- Thirty percent of our services are provided to Spanish Speaking families, with services provided in their primary language. The demand for Spanish speaking therapy is a challenge due to the lack of qualified Spanish speaking therapists available in the community. We recently added a part time Spanish speaking therapist to the Genesis staff.
- H. What specific results-based outcomes does the program aim to achieve?
- To serve children and families through direct therapeutic services; create access to services for families with children 0 to 5; and increase the number of mental health professionals trained in early childhood issues to build community capacity to serve the target population more effectively.
- 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 to community and non-traditional services.

Community capacity building is enhanced through 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.

- 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 waived, provide direct services. The only exception to this master's level training is the recently hired Spanish speaking therapist, who is still in graduate school. As noted, 25% of families served are Spanish speaking; the exception to the educational training was made specifically to address the needs of these families.

Specialized education and preparation for Genesis staff includes early childhood, child abuse, family violence and other relevant trainings. PCIT staff are trained and certified through New Directions to Hope Certified PCIT Trainers. Twice monthly, Genesis staff meet with an Early Childhood Consultant to staff cases and develop more advanced skills in the delivery of services to families with young children. These meetings provide hand-on training and opportunities to reinforce trainings and skill development.

- 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)?
- A major goal, and challenge, of the project has been to reach out to the underserved Spanish speaking population. Currently the project employs one part-time Spanish speaking therapist.
- 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.)
- Out of 15 families completing a questionnaire rating last years' services, 12 (80%) rated the services excellent, 1 (6%) rated the services very good and 2 (13%) gave no response. Percent of families with health insurance increased from 90% at intake to 97% at six month follow up.

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, and improved understanding of parenting and discipline positively impacts the entire family functioning. Results on the Parental Stress Index for families in Genesis showed that almost half had either high parental or child stress and three quarters had a high score for life stress.

By improving access to services for families in crisis, helping them to recognize their strengths as well as their needs, and providing inclusive, holistic service delivery help families to function in a healthy manner, as well as to be a positive part of the community. Families in the program showed an increase in the proportion with health insurance but continued to struggle to provide access to ongoing preventive health and dental care for their children.

Increasing the capacity of trained mental health professionals within the community will lead to more availability of appropriate and effective services for families with children age 0 to 5.

- M. How were these impacts measured or documented?

- Through core participant intake and follow up surveys in PEDS, and participant survey and the Parental Stress Index.

School Readiness

- A. What is the name of the program, and in which agency is it housed?
- The Gerber/Los Molinos School Readiness Program housed at First Steps Family Resource Center on the Los Molinos Elementary School campus. The program is overseen by the Tehama County Department of Education.
- B. Is this a School Readiness Initiative program?
- Yes.
- C. What identified need or issue does the program address?
- There is a large number of children in the Gerber and Los Molinos School Districts who enter kindergarten with no preschool experience. They need help to participate in a group, follow directions, and they lacked small motor skills such as holding a pencil. Separation anxiety was also common and was disruptive to the kindergarten classes.
 - Need for community linkages, resources, and referrals to health and social services.
 - Need for parent education and support services to provide optimal environments for children to develop.
- D. Is the program research based? What was the rationale for the program's design?
- The program uses Parents as Teachers, a research based parenting curriculum for home visitation programs. The site also serves as a Family Resource Center and is part of the Tehama County Resource Center Network.
- 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?
- This program addresses all four result areas but the major focus is to improve family functioning so that families provide optimal environments to children's development. The program also supports children ready for school (child development) and getting schools ready for kids (improved systems of care).
- 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 with children 0-5 or who are expecting a child. The program is particularly focused on incoming kindergarteners and their families. The program directly supports parents and children 0 through 5 with an array of services (see "I" below).
- 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)?

- Tehama County has a large Spanish-speaking population so all materials in are available in both English and Spanish. The program's family liaisons are bilingual. In addition, all program support groups, activities, etc. are conducted in both languages.
- H. What specific results-based outcomes does the program aim to achieve?
- The program's overall goal is to help families be more self sufficient and provide optimal environments for their children's development.
- I. What activities or resources are offered through the program?
- This program offers:
- Assessment of all incoming kindergartners in the spring in Gerber and Los Molinos. Staff provide release time for teachers to assess kindergarten students and also assist with the assessment process directly. The assessment information is used to determine which children are most in need of extra help getting ready for school. These children are invited to attend Kinder Camp.
 - Home Visits using PAT (Parents As Teachers) Curriculum which provides parent education and parent and child activities to promote physical, social, emotional, and cognitive development.
 - A Kinder Camp each year, which is free for families. Many of the children who attend Kinder Camp have no other preschool experience. The camp is staffed by a preschool teacher and an assistant kindergarten teacher from the school the child will be attending in the fall. In addition, each child attends Kinder Camp at the school allowing the children to get used to the kindergarten environment before school starts.
 - Funds for kindergarten teachers to get additional training on kindergarten transition activities.
 - FAST program: Families and Schools Together, a 10 week program occurs prior to Kinder Camp. All incoming kindergartners and their whole families are invited to the school one evening a week for dinner and activities. There are activities that are done as a family and then there are separate activities for the children while the parents participate in a parent support group.
 - Linkages, needed resources, and referrals to health and social services.
- 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.)?
- The program is staffed by a Director and 3 family liaisons. All 3 liaisons are bilingual, have child development backgrounds, specialized certification to provide the Parents as Teacher curriculum, and experience working with families and children. The program also has 1 AmeriCorps volunteer.
- 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)?
- The program offers all services and materials in Spanish. Tehama County covers a large geographic area and many of the central county residents have barriers to access. The program provides families with training on the public transportation

- system. They give families public transit schedules in their home language and one-on-one assistance to find the transit options available near their homes.
- 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.)
- In their initial screening of incoming kindergartners, the program identified more than 35 children from the two districts that had no preschool experience or scored low on the readiness assessment. Based on the pre and post assessment of kindergarten entry skills, children who attended Kinder Camp improved by at least 10% on their skills. Parents also reported that their children who went through the Kinder Camp program were better at following directions, were doing more things on their own, and had less separation anxiety.
- M. How were these impacts measured or documented?
- The program staff utilize the core participant intake and six month follow surveys and records them in PEDS. A kindergarten entry assessment by teachers assess children's readiness before and after the kindergarten transition program.

5. *(Optional) Systems Change Support Activities.*

There were two major systems change efforts in Tehama County in 2005/2006: (1) joint case management of at risk families with children 0 to 5 in target communities and (2) adoption of community indicators to measure progress in achieving the desired results in the revised Strategic Plan.

Joint Case Management

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. In the past year three major First 5 funded projects serving families in the county have worked closely together 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 - Early Intervention Program 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 - Early Intervention Program home visitors, shared information, concerns and insights on a regular basis on individual families and needed services. 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.

Adoption of Community Indicators

Tehama County First 5 adopted a new set of streamlined community indicators to measure progress in meeting the four goals in the Strategic Plan: improved child health, improved family functioning, improved child development and comprehensive integrated services. The community indicators mirror measures adopted in other organization's plans and assessments in order to integrate county efforts at the highest level. Indicators were drawn from the Local Child Care Planning Council, the Child Welfare Redesign effort, and the Maternal, Child and Adolescent Health Plan. The evaluation consultant and Commission staff developed candidate outcomes and guided the Commission through the process of assessing the indicators using the three criteria from Results Based Accountability: Communication Power, Proxy Power, and Data Power. The new indicators will be integrated into the annual report for Tehama County First 5 along with performance measures for funded programs to measure progress in meeting the goals of the Strategic Plan.

6. *(Optional)* **Child/Family/Provider Vignettes.** Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities. Please use the questions below to guide your description about a child, family, or provider who has benefited from one of your County Commission's funded programs. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. Feel free to include as many vignettes as you like. Please try to select examples that are representative of most children and families served by this program. Some vignettes might be selected for use in other chapters of the annual report to illustrate the effectiveness of commonly delivered services funded by County Commissions.

Family Start - Early Intervention Program Vignette

This vignette describes a family which is still in the process of changing their lives. The family consists of a Mexican father and mother in their 30's and the two children, an eleven year old boy and an eleven month baby girl. The primary language spoken in the home is Spanish, though the son and father speak English in school and at work. The mother understands and can speak limited English. The baby speaks limited Spanish due to her young age, but understands Spanish.

The family is currently living with the father's brother and his family in an apartment. The mother is struggling with depression and also with the added responsibility of caring for her addition nieces and nephews, cooking, cleaning, and lack of language ability between her English only sister-in-law. The family is also undocumented and is unable to find an apartment separate from the father's brother due to apartment requirements.

The Family Start - Early Intervention Program has begun addressing the mental health needs of the mother, along with the physical and developmental needs of the baby daughter. The family has discussed moving to another county to live with some of the mother's family and information regarding services in that county has been supplied.

The mother has been referred by Family Start - Early Intervention Program to a local counseling agency and has recently begun counseling sessions to address her depression.

She has also updated her daughter's immunizations and well-child check-ups with their local doctor. The mother has attended the home visits where she is receiving information and support regarding her daughter's development and needs physically, emotionally, and mentally. The mother and daughter have also attended the end of the year fieldtrip and awards ceremony.

The most positive outcome according to both staff and participants is that the mother has begun counseling sessions to help with her depression. She has noted that she feels better after the sessions and that she is happy that they have finally begun. Since these sessions have only recently begun, no long term affects have been noted.

Through the Partners for a Healthy Baby Curriculum, the mother has become more educated on the developmental process her daughter is going through as she grows; the age ranges at which she will develop specific skills and what to expect in the future. The mother has also noted that she enjoys reading the handouts and they give very useful information for not only her daughter but also for her well being as a mother.

Though the child in this vignette is not a year old, she is developing the skills that will help her during her school career. Her mother is learning to understand her developmental needs and to cater to and encourage the growth of these needs and skills. Through the activities brought by staff and curriculum, the mother is learning what types of activities develop which skills. Also through the encouragement of reading and talking to her daughter, even before her daughter can understand or interact through verbal language, she is teaching her daughter the value of reading and open communication, and the value of a parent's encouragement.

Each family is different and each comes with their individual needs, but each family benefits from the program in the same way. They are better able to understand their child/children and how they develop and how they and parents and/or family can help their children be better prepared for Kindergarten. In the same way, each individual family is referred as needed to local agencies that can serve their individual needs. In this county there are many families that face many obstacles. Through the Family Start - Early Intervention Program Program, these families are able to address these obstacles and work together with their advocate to eliminate these obstacles while preparing their children for the future.

Genesis Program Vignette

The Genesis Program is providing services that are focused on a three year old girl, her family and other support people in her and her family's life. The girl's family includes her five year old sister, their mother and father, and their maternal grandmother and the grandmother's husband. The grandparents are foster parents to the two girls, who are under Child Protective Services (CPS) jurisdiction. All family members are English speaking Caucasians. The girls' parents have not completed high school. Support persons include a Head Start teacher, Kindergarten teachers and the girls' child care providers.

The two girls were removed from the custody of their mother due to neglect related to the mother's substance abuse and addiction. The father was in prison at the time. Both parents have drug histories. The children were placed into foster care with their maternal

grandparents. The mother relapsed, disappeared and ended up in jail. The father was released from prison and sought visitation with the girls. The grandparents were overwhelmed with their new responsibilities of raising children and the prospect of future adoption. The grandmother has struggled with her own mental and physical health issues.

Child Protective Services referred the family to Genesis services as a means to support the grandparents, monitor the well being of the children, provide parenting skills to all caregivers, and to supervise and monitor visitation between the children and their parents.

The following services wrapped around this little girl and her family have been provided or coordinated by Genesis:

- Home based support and counseling to grandmother
- Transportation to and support at appointments, meetings or court visits
- PCIT (Parent Child Intervention Therapy) offered to the grandmother and mother with both children
- Supervision of visits between children and parents
- Parenting education with both parents
- Offered support and counseling to parents
- Coordinated with CPS worker
- Coordinated with parents' drug and alcohol programs
- Coordinated with teachers and child care providers
- Coordinated with PCIT therapist

Positive outcomes have included both girls making progress while in the grandparent's home. The children have had positive contacts with their parents. The grandparents have benefited from support and parenting education. There has been better coordination among service providers.

These services promoted school readiness by providing a more stable emotional environment for the children through parenting education and family support services. With the girls' caregivers exhibiting better parenting skills, the girls have thrived in school and in other learning activities. Health and social services provided to the family have helped the caregivers to be more emotionally and physically available to the children and provided more consistency in their care-giving. Involvement of the teachers, day care providers and other collateral contacts in family study teams and other planning situations has created a more unified, consistent and supportive environment for the whole family.

The issues facing this family are quite common among the Genesis Program treatment population, including substance abuse, incarceration of a parent, CPS involvement, grandparents as primary caregivers, etc.

School Readiness Vignette

This School Readiness family includes a mother, father, and three young children: a 4 year old girl, 3 year old boy and 1 year old boy. The family is Spanish speaking and just recently moved to the area. The father works outside the home and the family has one car.

The program found the family when they came to sign up the four-year-old girl for Kindergarten and our entrance evaluation indicated that she could benefit from Kinder Camp. She attended the five week program with near perfect attendance and improved her skills and confidence greatly. Upon further visits with the family, it was found that the youngest child had an undiagnosed medical condition and deafness. The program assisted the family in finding a local medical home and in getting treatment for the child. The family has been referred to appropriate services for help with his disability. The School Readiness program has also assisted the mother in receiving counseling for stress related situational depression.

The Parents as Teacher home visitor is making weekly home visits to assist the mother in working with her children to improve their school readiness. The three year old boy has been referred to a local pre-school program and will attend in the Fall of 2006. The mother has been linked to socialization activities and support groups to decrease her social isolation and improve her peer support network.

The school readiness was greatly impacted by this program. The 4 year old was able to participate in transition activities prior to starting kindergarten and entered kindergarten with confidence and many necessary skills. The three-year old will attend preschool to help him be better prepared for kindergarten entry; the 1 year old will receive home visits with a curriculum to help his mother be his "first teacher" and teach her the skills to enhance his development. All three children now have a medical home with proper medical attention to have good health and development and the mother now has a network of support and improved mental health to help in her role as parent. The weekly home visits provide parent education on some of her specific areas of concern with her children such as positive discipline, healthy food choices, healthy television viewing, ages and stages, sibling rivalry, and much more.

7. **(Optional) Photograph for County Commission Profile.** If you have one or more digital or scanned photographs of a child, family, or program that you would like incorporated into your County Commission profile, please submit each one electronically with this form as a JPG file. Attach a copy of the release allowing the publication of the photograph (a sample release is provided with the narrative tools.) A caption also can be submitted to accompany each photograph. The number of words used in photo captions is included in the overall word count for a County Commission profile.

- ***Photos included here; however, jpg will be forwarded electronically also.***



Size: For horizontal photographs, the width should be 3.5" (and the height will be ~2.3"); for vertical photographs, the height should be 3.5" (and the width will be ~2.3"). Larger photographs need to be resized before submitting.

Resolution: 300 dpi. We will not be able to use any photograph that is less than 300 dots per inch (dpi). (A 3.5" x 2.3" photo at 300 dpi will have pixel dimensions of 1050 x 700.) We can make adjustments for resolutions greater than 300 dpi. However, when transmitting files, remember that the file size increases as the resolution increases.

Release: All photographs that include identifiable individuals must be accompanied by a release form granting permission for the publication of the photograph. A sample of a release form is provided with the narrative tools.

- Releases will be faxed



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 2005-06.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2005-06. 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 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

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<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 		
<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

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<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 	
<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 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input 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
<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 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<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
<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 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

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<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 		