

Evaluation Design

First 5 Tehama County

2006

Introduction

First 5 Tehama County adopted a Strategic Plan on December 12, 2000 after an extensive inclusive community planning process. The Strategic Plan established goals for First 5 Tehama County in allocating revenues from the statewide tobacco tax enacted by Proposition 10 in 1998. The purpose of Prop 10 is to promote health and well being for children under 5 and their families. The original Evaluation Design document described how the Commission would evaluate progress in meeting the Strategic Plan goals.^a This Evaluation Design was updated in July of 2006 to reflect the revised Strategic Plan. It incorporates the community Indicators adopted by the Commission in April, 2006 and performance measures for funded programs.

The goals in the Strategic Plan include:

1. Strong Families: Improved Family Functioning
 - Parents will receive support to increase their knowledge of child rearing, family relationships and community resources
2. Child Learning and Ready for School: Improved Child Development:
 - Increase availability of programs that meet quality assurance standards for child care, including special needs children, both in slots and available hours of operation.
 - Increase access to voluntary structured programs of quality early care and education that integrate cognitive, social and emotional development for all three and four year old children.
3. Healthy Children: Improved Child Health
 - Increase health access to prevention and primary health care services for pregnant women and children birth through age 5.
4. Comprehensive Integrated Services: Improved Systems of Care for Families
 - Families from all cultural backgrounds are easily able to access multiple services and resources through an integrated system.

^a The original Evaluation Design was updated in August of 2003.

The state Prop 10 Initiative enacted by the voters placed a strong emphasis on funding programs that show demonstrable success in improving outcomes for children and families. Results Based Accountability includes a common language or set of defined terms and serves as an essential foundation for the approach to evaluation. There are three key evaluation terms: result, indicator and performance measure. A “result” is a desired condition of well being for children, adults, families, or communities. An “indicator” is a measure for which data are available that helps to quantify the achievement of a result. “Performance measure” is a measure of how well an agency or program service delivery is working. Results Based Accountability weaves all three together to provide a comprehensive picture of how well an organization is meeting its goals.

The Evaluation Design is organized into three sections: community indicators of child health and well being to measure progress towards the goals of the Strategic Plan, performance measures for funded programs, and how First 5 Tehama County will integrate its efforts with the First 5 California Commission evaluation.

Community Indicators

Using Results Based Accountability, county First 5 Commissions examine changes at the community level in child health and well being and program outcomes to measure progress towards the First 5 desired results. Community indicators are measures of how well a community is doing across the board in a particular area. The information for community indicators is usually readily available from public government sources on an annual or other periodic basis. Whenever possible, the information for Tehama County is compared to statewide information. Changes in community indicators are rarely made by changes from one program but rather reflect broader conditions in a community.

Community indicators are selected by First 5 Tehama County based on three criteria: communication power, proxy power and data power. Communication power means that indicators pass a “public square test” and are simple to explain to a broad audience. Proxy power means the indicator measures something of substance, of central importance, and/or a meaningful change. Data power means that quality data are available on a timely basis for the indicator. Some community indicators meet all three criteria: they are simple to understand, mean something important and the data are readily available. Other community indicators may be simple and important but data are not readily available.

The First 5 Tehama County Commission selected key indicators to measure progress within each major goal area of the Strategic Plan in April of 2006. Organized by goal area, these indicators are:

Strong Families: Improved Family Functioning

- Substantiated cases of abuse or neglect for children 0 to 5, rate per 1,000 children ages 0-5
- Children in foster care: total children 0 to 5, rate per 1,000 children ages 0-5
- The number of families utilizing services at Family Resource Centers

Children Learning and Ready for School: Improved Child Development

- Annual enrollment in Early Childhood Education and Child Development classes in local community colleges
- Supply of child care by type of provider per 100 children
- Number of Head Start and State Preschool slots
- Increase of quality early care and education services in underserved communities
- Percent of children entering kindergarten who are adequately prepared

Healthy Children: Improved Child Health

- Percent of women getting prenatal care in the first trimester by ethnicity
- Teen birth rate of women age 15 to 19 by ethnicity
- Percent of children entering kindergarten fully vaccinated
- Health status of kindergarten students

Comprehensive Integrated Services

- Individual level: Number of families receiving joint case management and service provision from First 5 funded programs annually
- Program level: instances of joint activities, joint or shared training, shared outreach, pooling of resources, and leveraged funding among First 5 funded programs and partners
- System level: instances of partnership, coalitions and collaborations formally organized to integrate services to benefit children under 5 and their families in Tehama County. Instances of leveraged funds and levels of project sustainability.

Strong Families: Improved Family Functioning

The number of substantiated cases of abuse or neglect for children under 5 as shown in Table 1 and Figure 1 is a community-wide measure of family functioning.

	Tehama County		California Rate per 1,000 Children 0 to 5
	Rate Per 1,000 children	Number of cases	
1998	18	84	14.1
1999	22.1	100	14.7
2000	26.3	113	14.6
2001	34	142	14.6
2002	25.3	104	14.8
2003	27.6	113	14.5
2004	27	112	14.5

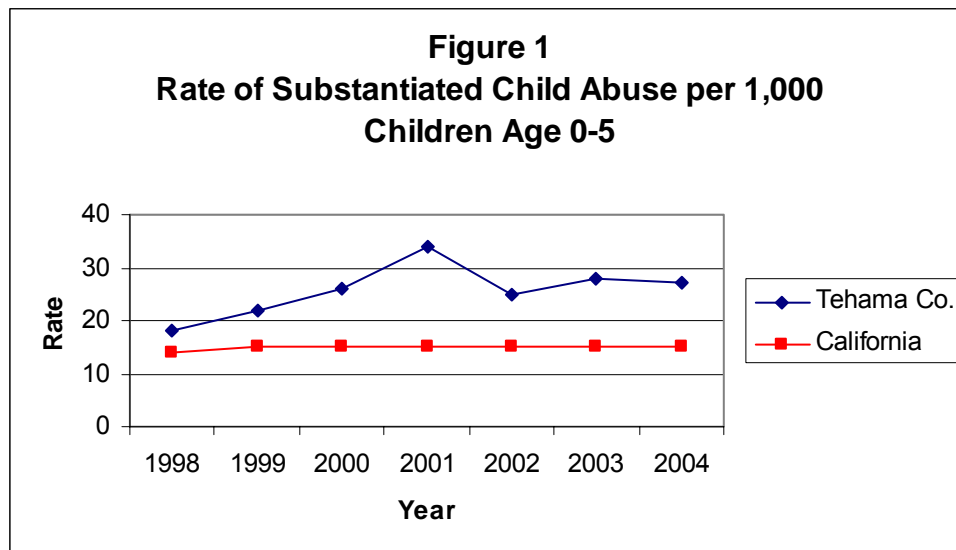
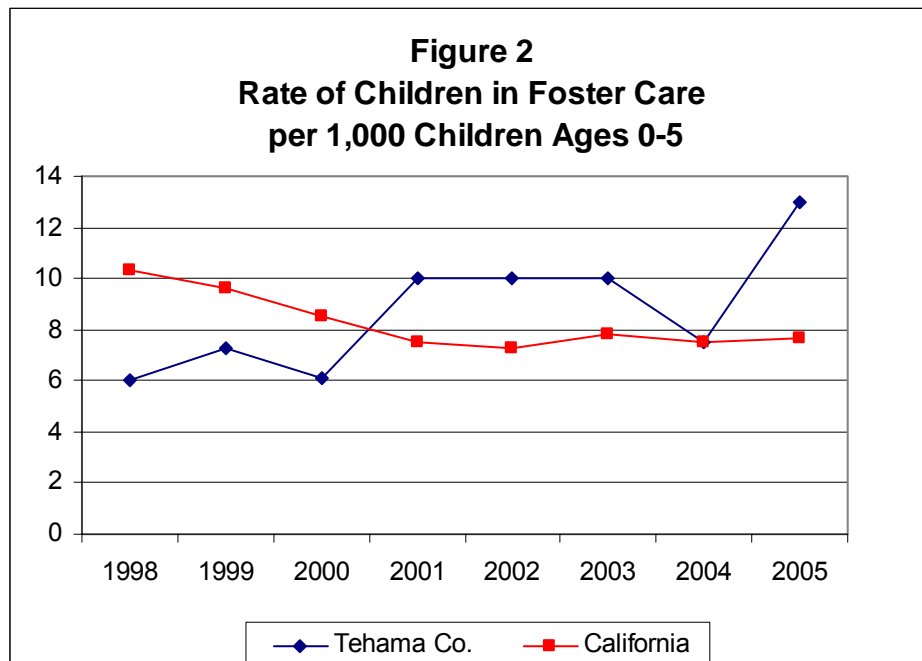


Table 1 and Figure 1 show that Tehama County's rate of young child abuse and neglect exceeds statewide averages. The county's rate was rising faster than in California as a whole until 2001, then in 2002 dropped back to the level of 2000 and has held fairly steady since that time.

The second indicator of family functioning is the number of children in foster care age 0 to 5 as a rate of all children ages 0 to 5, Table 2 and Figure 2 show that since 2001 the rates of Tehama County children under age 5 in foster care exceeded the state average.

Table 2								
Rate of Children in Foster Care per 1,000 Children Ages 0-5								
	1998	1999	2000	2001	2002	2003	2004	2005
Tehama County								
Rate per 1,000 children	6	7.3	6.1	10	10	10	7.5	13
Number in foster care 0-5	27	33	28	46	48	41	31	55
California								
Rate per 1,000 children	10.3	9.6	8.5	7.5	7.3	7.8	7.5	7.7

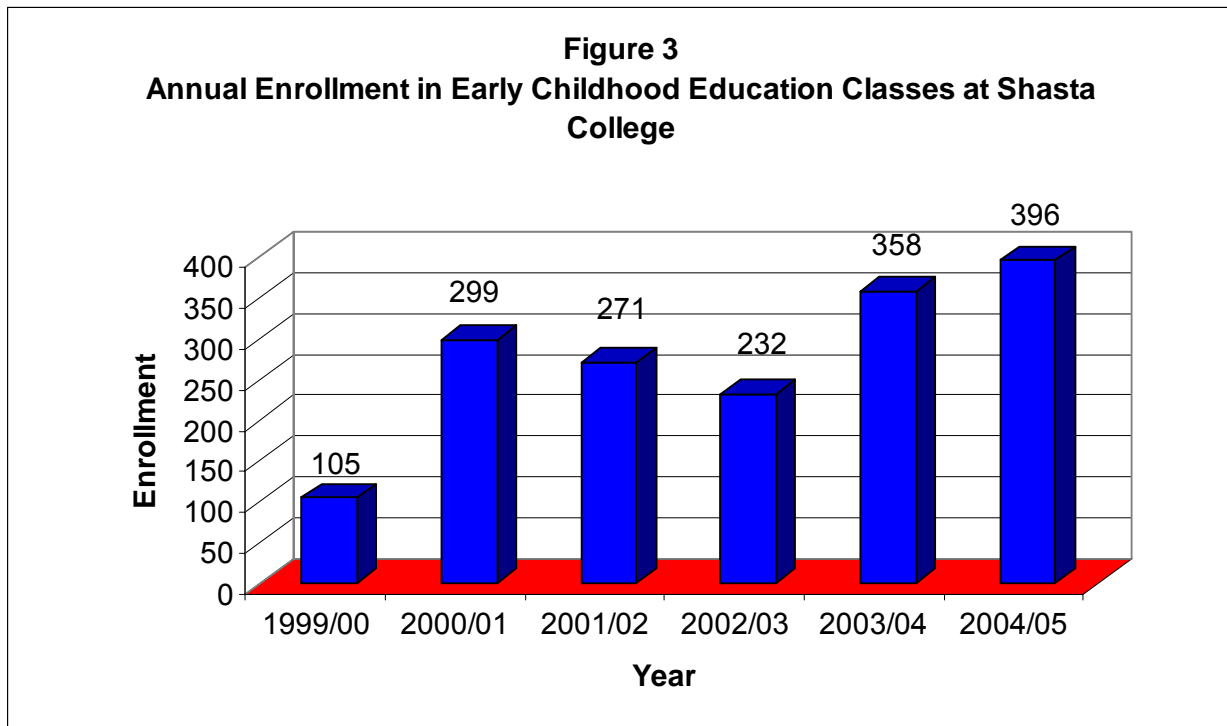


The third indicator for family functioning is the number of families utilizing the services at Family Resource Centers in Tehama County. Information on this indicator is not yet available and will be reported in evaluation reports in the future.

Children Learning and Ready for School: Improved Child Development

As an indicator of child development, Table 3 and Figure 3 illustrate the change in enrollment at Shasta College in Early Childhood Education classes. The enrollments peaked in the 2000/2001 school year and then declined. Since 2002/2003, the enrollments have risen considerably.

Year	Enrollment
1999/2000	105
2000/2001	299
2001/2002	271
2002/2003	232
2003/2004	358
2004/2005	396



A key indicator for child development is access to child care and preschool as demonstrated by the supply of child care available in Tehama County, the hours that child care is available, and the number of licensed Center spaces for special needs children. Table 4 and Figure 4 show the number and types of providers for Tehama County.

In addition, the Family Child Care Association of Shasta and Tehama County reports that 1 Tehama County home was accredited in 2001, 2 homes were accredited in 2002, 3 homes were accredited in 2003, and 7 homes are accredited in 2006. Table 5 and Figure 5 show the number of Tehama County preschool slots. Table 6 and Figure 6 show the number of Tehama County family child care providers participating in California Child Care Initiative (CCCI) training.

The baseline indicator for licensed Center spaces for special needs children was 30 slots in 2002 and the update for 2005 is 46 slots. Another indicator of child care availability is the number of providers who are open during evening and weekend hours: in January of 2003 no Centers and 28 Family Child Care Homes were open during these hours and in January of 2006 2 Centers and 46 Family Child Care Homes were open evenings and weekends.

Year	Child Care Centers	Number of Slots	Family Child Care Homes	Number of Slots	Total Slots
2000	18	567	76	704	1,271
2001	15	529	108	972	1,501
2002	19	556	94	878	1,434
2004	18	599	82	770	1,369

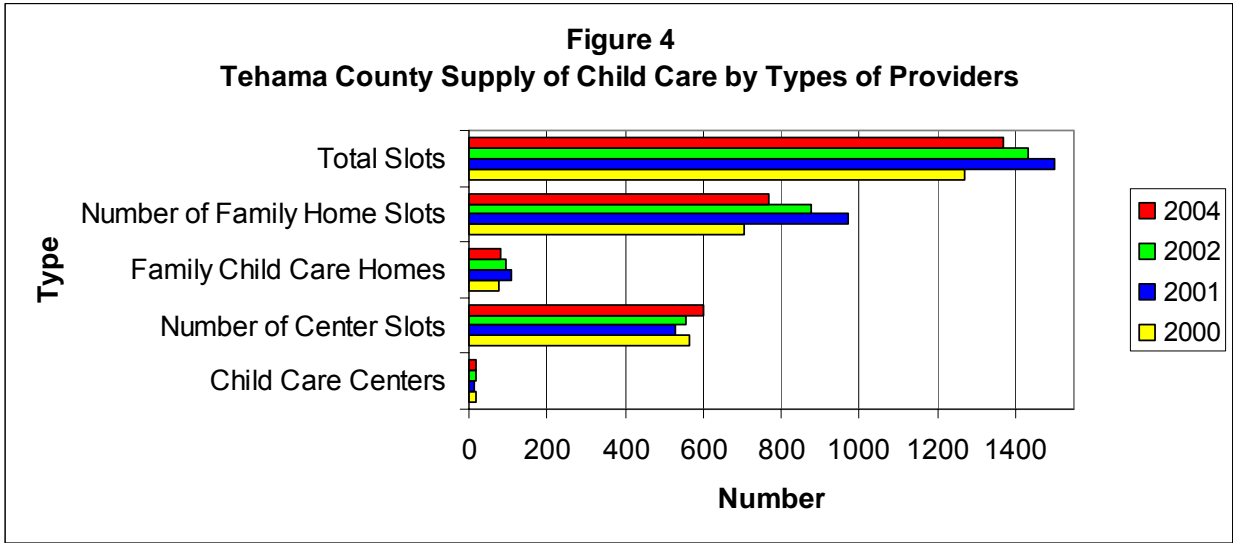
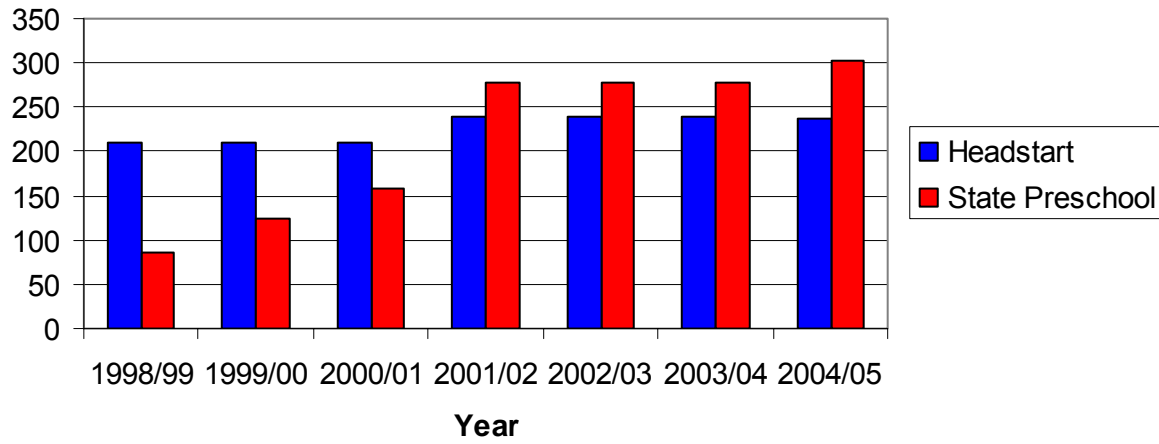


Table 5
Number of Preschool Slots in Tehama County

Year	Head Start	State Preschool	Total Slots
1998/1999	210	86	296
1999/2000	210	124	334
2000/2001	210	158	368
2001/2002	240	278	518
2002/2003	240	278	518
2003/2004	240	278	518
2004/2005	236	302	538

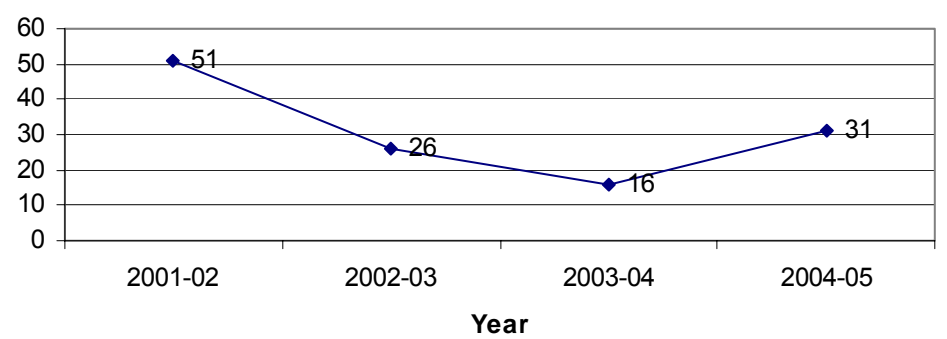
**Figure 5
Number of Preschool Slots in Tehama County**



**Table 6
Number of Participants in CCCI Family Child Care Training**

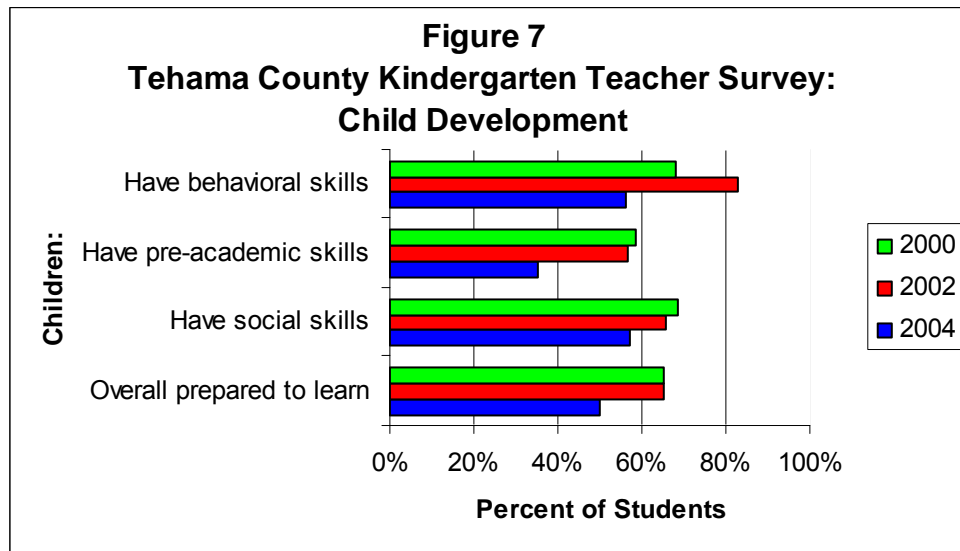
Year	Number of Family Child Care Providers Receiving Training
2001/2002	51
2002/2003	26
2003/2004	16
2004-/2005	31

**Figure 6
Number of Participants in CCCI Family Child Care Training**



Another child development indicator adopted by the First 5 Tehama County Commission in 2006 is the percent of children entering kindergarten who are: prepared to learn, have social skills, have pre-academic skills, and have behavioral skills. Every two years the Kindergarten Teacher Survey is conducted by First 5 Tehama County. All public and private schools in the county are surveyed with each Kindergarten teacher reporting on the readiness of his/her students. Teacher participation is very high, usually all kindergarten teachers fill out the survey. Table 7 and Figure 7 present three periodic assessments of child development by Tehama County Kindergarten teachers. The surveys show improvement in child readiness for kindergarten between 2000 and 2004.

Percent of Children:	2000	2002	2004
Overall prepared to learn	50%	65%	65%
Have needed social skills	57%	66%	69%
Have needed pre-academic skills	35%	57%	59%
Have needed behavioral skills	56%	83%	68%

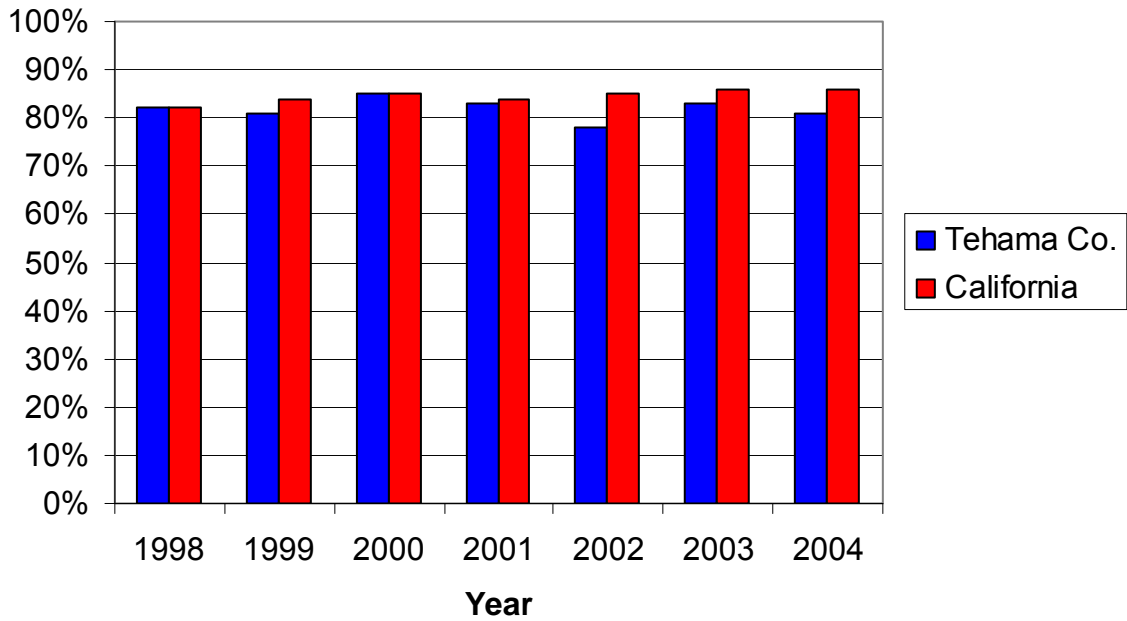


Healthy Children: Improved Child Health

A key indicator for child health is the percentage of women starting prenatal care in the first trimester of pregnancy as shown in Table 8 and Figure 8. On this indicator, Tehama County mirrored state trends in 2000 but since then has lagged behind the state average. A snapshot of the rates by ethnic group in 2001 is shown in Table 9 and Figure 9 and the ethnic rates for 2003 are in Table 10 and Figure 10.

Year	Tehama County	California
1997	79%	82%
1998	82%	82%
1999	81%	84%
2000	85%	85%
2001	83%	84%
2002	78%	85%
2003	83%	86%
2004	81%	86%

**Figure 8
Women Beginning Prenatal Care in First Trimester**



**Table 9
Women Beginning Prenatal Care During First Trimester by
Ethnicity, 2001**

	Tehama County	California
White/Unknown/Other	86%	89%
Hispanic	75%	81%
Native American	69%	72%
Asian	100%	86%
African American	50%	81%

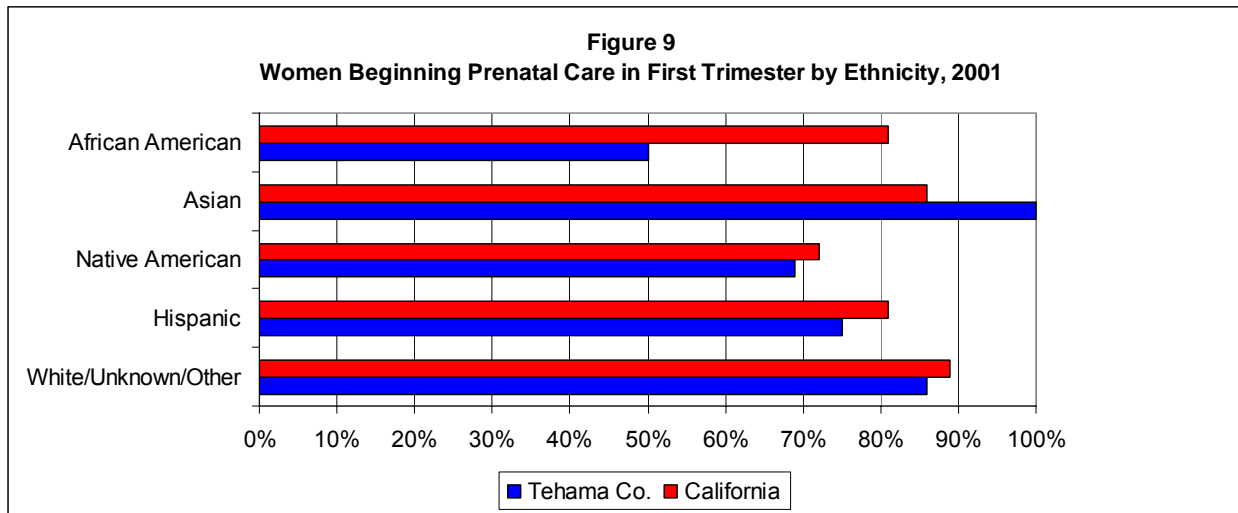
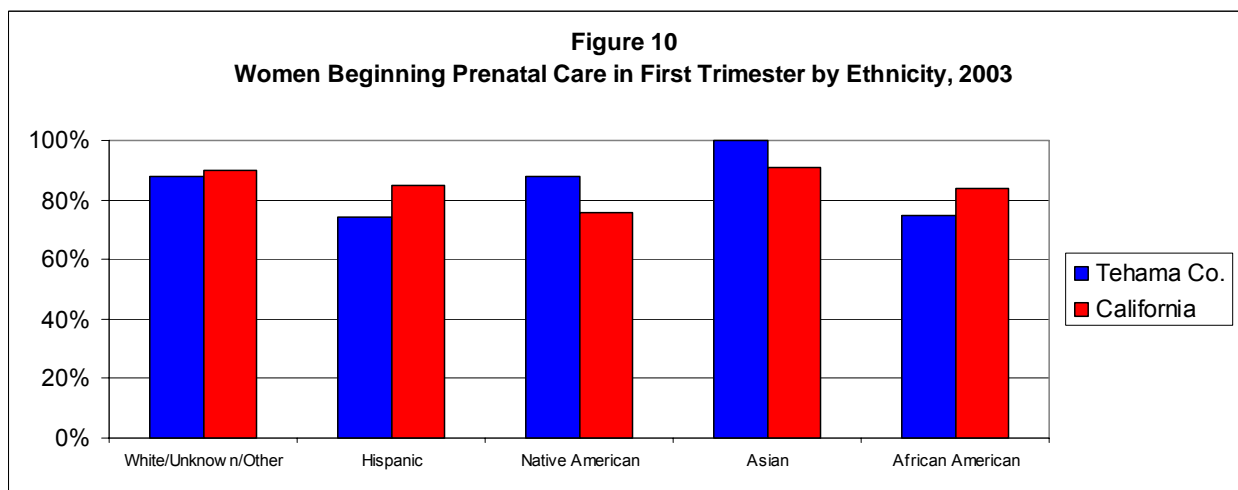


Table 10
Women Beginning Prenatal Care In First Trimester by Ethnicity, 2003

	Tehama County	California
White/Unknown/Other	88%	90%
Hispanic	74%	85%
Native American	88%	76%
Asian	100%	91%
African American	75%	84%

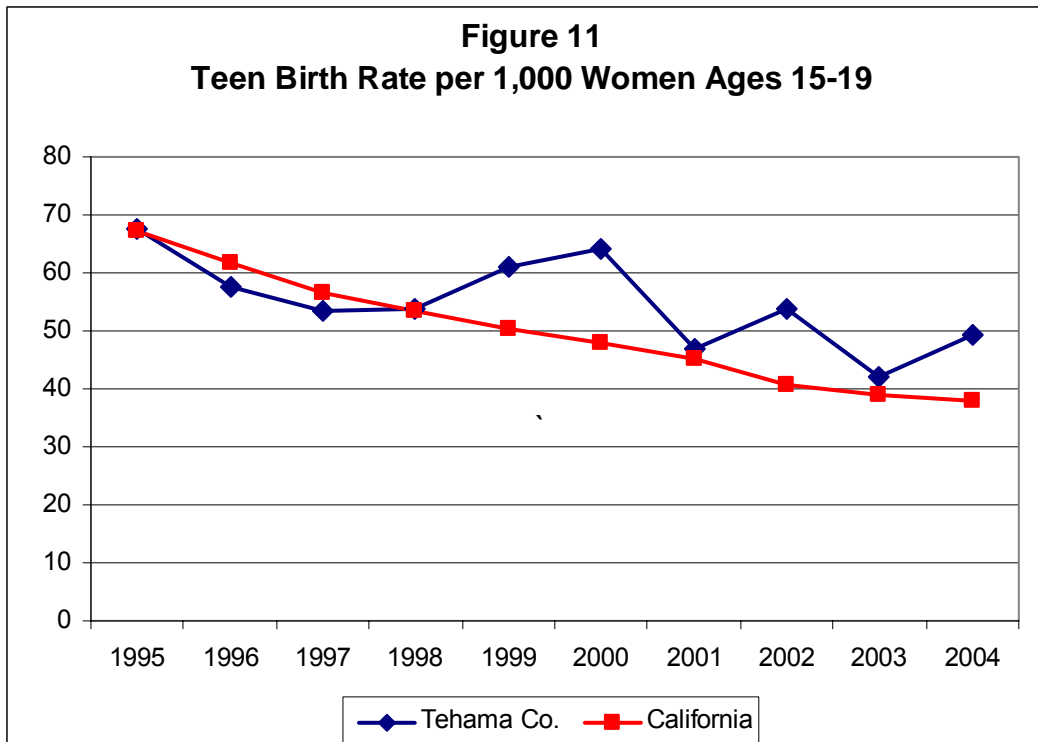


Another indicator of child health is the teen birth rate for Tehama County compared to the state as a whole, as shown in Table 11 and Figure 11. On this indicator Tehama County mirrored state trends until 1999 when the teen birth rate increased in the county.

Since 1998, Tehama County's teen birth rate has averaged 8 more births per 1,000 women aged 15 to 19 than the California rate.

	Tehama County	California
1996	58	62
1997	54	57
1998	54	54
1999	61	50
2000	64	48
2001	47	45
2002	54	41
2003	42	39
2004	49	38

CA Dept. of Health Services, Birth Records



A snapshot comparison of birth rates by ethnicity for women between the ages of 15-19 is available for the years 1999-2001. Table 12 and Figure 12 show rates for Tehama County in comparison to state rates for White and Table 13 and Figure 13 show the

rates for the same years for Hispanic teens. Only the rates for these two groups are available.

Table 12 Birth Rate for White Women Ages 15-19, Rate per 1,000		
	Tehama County	California
1999	49.8	22.8
2000	52.6	20.7
2001	35.4	18.8

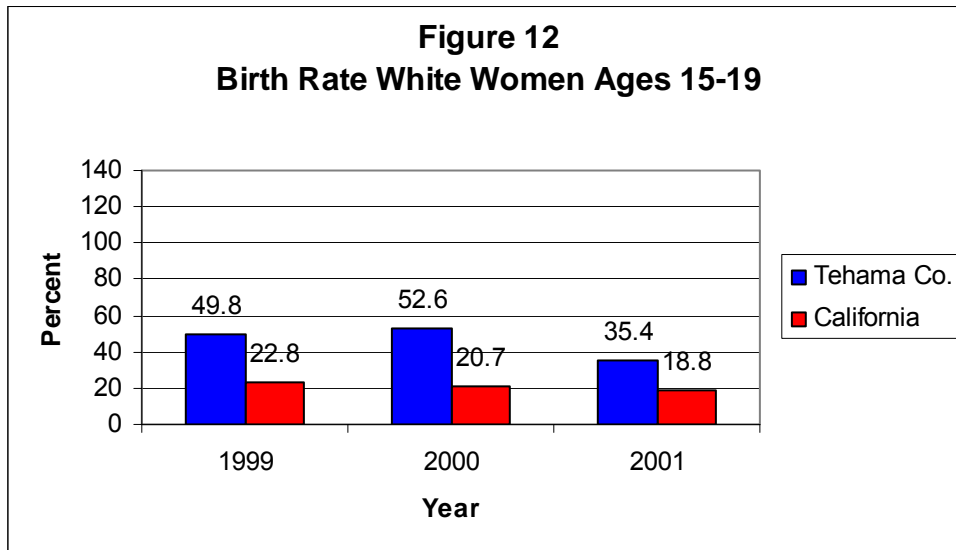
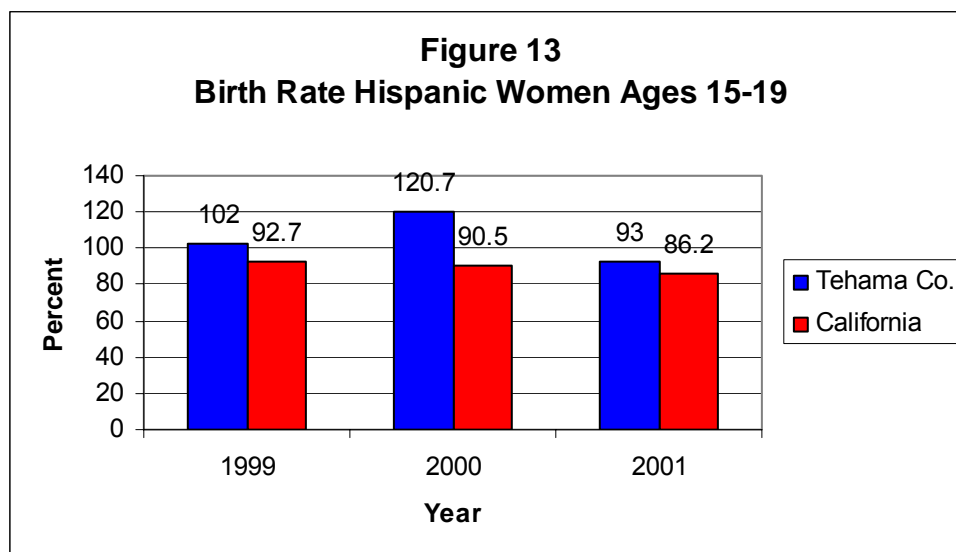


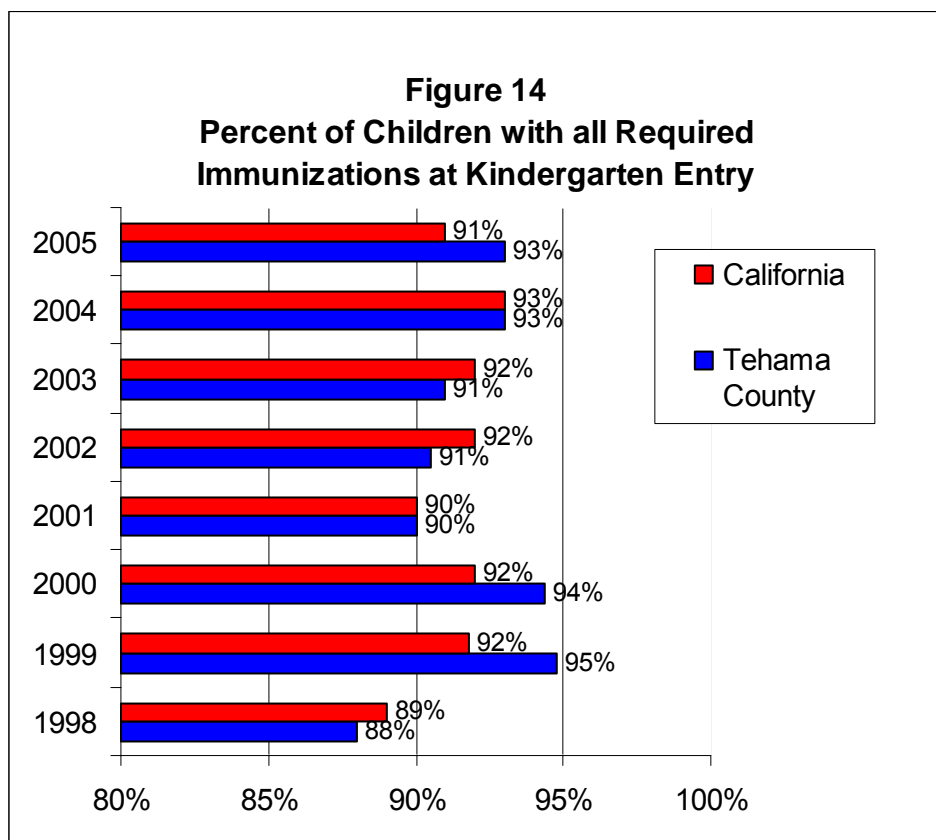
Table 13 Birth Rate for Hispanic Women Ages 15-19, Rate per 1,000 women		
	Tehama County	California
1999	102	92.7
2000	120.7	90.5
2001	93	86.2



A key child health community indicator is the proportion of children entering school who are fully immunized. Table 14 and Figure 14 compare Tehama County results to the state as a whole. Tehama County is near the state average on the proportion of fully immunized kindergarten students at entry, an important measure of school readiness.

Table 14
Percent of Children with all Required Vaccinations at Entry to Kindergarten

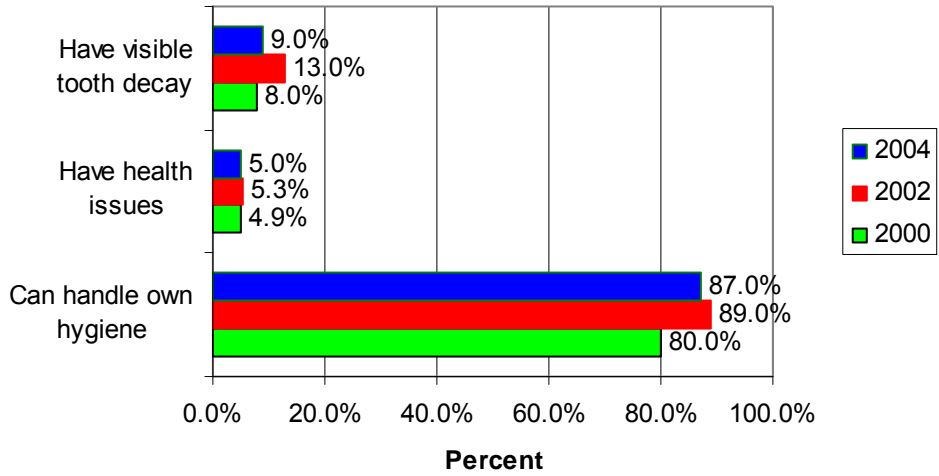
	Tehama County	California
1995	94%	94%
1996	95%	94%
1997	57%	68%
1998	88%	89%
1999	95%	92%
2000	94%	92%
2001	90%	91%
2002	91%	92%
2003	91%	92%
2004	93%	93%
2005	93%	91%



The Commission added an indicator based on the survey completed every two years by Tehama County kindergarten teachers about the students entering their classes. As shown in Table 15 and Figure 15, survey questions provide a picture of the health status of kindergarten students as it affects their school readiness. There has been little change in these areas reported over the four year period.

Children who:	2000	2002	2004
Are able to handle own hygiene	80%	89.4%	87.2%
Have a health issue that interferes with success	4.9%	5.3%	4.9%
Have noticeable tooth decay	8.1%	12.8%	8.9%

Figure 15
Tehama County Kindergarten Teacher Survey:
Child Health



First 5 Tehama County Community Indicators and Additional State Indicators

The tables below show the community indicators (marked with a “★”) adopted by First 5 Tehama County to measure progress in meeting desired results for First 5 Tehama County along with available baseline and updated information as to the status of the community on that measure.

Strong Families: Improved Family Functioning

- Parents will receive support to increase their knowledge of child rearing and family relationships

Table 16 Strong Families: Improved Family Functioning		
Potential community indicators	Baseline and updated data	Source of information
Background:		
★ Substantiated cases of abuse or neglect for children 0 to 5: <ul style="list-style-type: none"> • Rate per 1,000 children ages 0 to 5 	Rate per 1,000 children 0 to 5 1998: 18.0 compared to 14.1 statewide 1999: 22.1 compared to 14.7 statewide 2000: 26.3 compared to 14.6 statewide 2001: 34.0 compared to 14.6 statewide 2002: 25.3 compared to 14.8 statewide 2003: 27.6 compared to 14.5 statewide 2004: 27.0 compared to 14.5 statewide	Child Welfare Service Reports for California Retrieved March 2003, April 2006 from University of California at Berkeley Center for Social Services http://cssr.berkeley.edu/CWSCMS/reports
★ Children in foster care <ul style="list-style-type: none"> • Total children 0 to 5 • Rate per 1,000 children ages 0-5 	Rate per 1,000 children 0 to 5 1998: 6 compared to 10.3 statewide 1999: 7.3 compared to 9.6 statewide 2000: 6.1 compared to 8.5 statewide 2001: 10 compared to 7.5 statewide 2002: 10 compared to 7.3 statewide 2003: 10 compared to 7.8 statewide 2004: 7.5 compared to 7.5 statewide 2005: 13 compared to 7.7 statewide	

Children Learning and Ready for School: Improved Child Development

- Increase availability of programs that meet quality assurance standards for child care both in slots and available hours of operation.

Table 17		
Children Learning and Ready for School: Improved Child Development		
Community indicators	Baseline and updated data	Source of information
★ Enrollment annually in ECE and Child Development classes in local community colleges	<ul style="list-style-type: none"> • 1999/00: 105 enrollees; 2000/01: 299 enrollees; 2001/02: 271 enrollees; 2002/03: 232 enrollees; 2003/04: 358 enrollees; 2004/05: 396 enrollees. 	Shasta College Registrar
Access to child care		
★ Supply of child care by type of provider (slots per 100 children) <ul style="list-style-type: none"> • Centers • Family Child Care homes 	In 2000: <ul style="list-style-type: none"> • 18 Centers with 567 slots • 76 Family Child Care homes with 704 slots, total slots: 1,271 In 2001: <ul style="list-style-type: none"> • 15 Centers with 529 slots • 108 Family Child Care homes with 972 slots, total slots: 1,501 In 2002: <ul style="list-style-type: none"> • 19 Centers with 556 slots • 94 Family Child Care homes with 878 slots, total slots: 1,434 In 2004: <ul style="list-style-type: none"> • 18 Centers with 599 slots • 82 Family Child Care homes with 770 slots, total slots: 1,369 	2001: Local Child Care Planning Council Needs 2000, 2002, 2004: California Child Care Resource & Referral Network, The California Child Care Portfolio

Community indicators	Baseline and updated data	Source of information
Number and percentage of licensed center child care spaces for children with special needs	<ul style="list-style-type: none"> Baseline: 30 slots, 5.3% Update 2005: 46 slots, 7.67% 	Child Care Referral and Education Data
★ Number of Head Start and State Preschool slots	<p>Head Start: 1998/99 - 2000/01: 210 slots annually; 2001/02 - 2002/03: 240 slots annually; 2004/05: 236 slots annually</p> <p>State Preschool slots: 1998/99 86 slots; 1999/00 124 slots; 2000/01 158 slots; 2001/02 278 slots; 2002/03 278 slots; 2004/05 302 slots</p>	Northern California Child Development, Inc. Tehama County Department of Education Tehama Co. Report Card 2005-06
<ul style="list-style-type: none"> Number of accredited centers per 100 children Number of accredited Family Child Care homes per 100 children 	<ul style="list-style-type: none"> NAEYC accredited child care centers: none NAFCC accredited Family Child Care Homes in Tehama County: 1 in 2001, 2 in 2002, 3 in 2003, and 7 in 2006 	Local Child Care Planning Council Needs Assessment & Strategic Plan 2001-2006 NAEYC Website 2006 Family Child Care Association of Shasta & Tehama Counties 2006
<ul style="list-style-type: none"> Number of centers and homes that are open during evening and weekend hours 	<ul style="list-style-type: none"> January 2003: No Centers, 28 Family Child Care homes January 2006: 2 Centers, 46 Family Child Care homes 	Child Care Referral and Education Data 2005 Child Care Portfolio
<ul style="list-style-type: none"> Training for family child care providers 	<ul style="list-style-type: none"> 51 attendees in training 2001/2002 	California Child Care Initiative project
★ Kindergarten Teacher Survey, percent of children <ol style="list-style-type: none"> Prepared to learn With social skills With pre-academic skills With behavioral skills 	<ul style="list-style-type: none"> 2000: 35-57% (50%, 57%, 35%, 56%) 2002: 57-83% (65%, 66%, 57%, 83%) 2004: 65-69% (65%, 69%, 59%, 68%) 	Kindergarten Teacher Survey, First 5 Tehama County

Community indicators	Baseline and updated data	Source of information
Percent of children with health insurance	Age 0-1 <ul style="list-style-type: none"> • 41.4% have private insurance • 45% have Medi-Cal Age 2-4 <ul style="list-style-type: none"> • 39% have private insurance • 47% have Medi-Cal 	California Health Interview Survey, 2001, results for Tehama, Glenn and Colusa Counties Updated data not available 7/6/2006
★ Teen birth rate (births per 1,000 women ages 15 to 19) Overall and by ethnicity	<ul style="list-style-type: none"> • In 1996: 57.7 compared to statewide 61.6 • In 1997: 53.5 compared to statewide 56.7 • In 1998: 53.8 compared to statewide 53.6 • In 1999: 61.0 compared to statewide 50.2 • In 2000: 64.2 compared to statewide 48.1 • In 2001: 46.9 compared to statewide 45.1 • In 2002: 53.7 compared to statewide 40.6 • In 2003: 41.9 compared to statewide 38.9 • In 2004: 49.2 compared to statewide 38.1 Ethnicity White/Unknown/Other: <ul style="list-style-type: none"> • 1999: 50 Tehama, 23 statewide • 2000: 53 Tehama, 21 statewide • 2001: 35 Tehama, 19 statewide Hispanic: <ul style="list-style-type: none"> • 1999: 102 Tehama, 93 statewide • 2000: 121 Tehama, 91 statewide • 2001: 93 Tehama, 86 statewide 	California Dept of Health Services, Maternal and Child Health, Maternal and Child Health Data Book; May 2002. California Dept. of Health Services, Vital Statistics, 2006

Community Indicators	Baseline and updated data	Source of information
☆ Percent of children with all required vaccinations at entry to Kindergarten	1995: 94% Tehama, 94% statewide 1996: 95% Tehama, 94% statewide 1997: 57% Tehama, 68% statewide 1998: 88% Tehama, 89% statewide 1999: 95% Tehama, 92% statewide 2000: 94% Tehama, 92% statewide 2001: 90% Tehama, 91% statewide 2002: 91% Tehama, 92% statewide 2003: 91% Tehama, 92% statewide 2004: 93% Tehama, 93% statewide 2005: 93% Tehama, 91% statewide	California Dept. of Health Services, Immunizations Branch
☆ Kindergarten Teacher Survey, percent of children <ol style="list-style-type: none"> 1. Prepared to take care of own hygiene 2. With health issue that interferes with success 3. With noticeable tooth decay 	<ul style="list-style-type: none"> • 2000: 80%, 4.9%, 8.1% • 2002: 89%, 5.3%, 12.8% • 2004: 87%, 4.9%, 8.9% 	Kindergarten Teacher Survey, First 5 Tehama County

Performance Measures

In contrast to community indicators, which measure child health and well-being across an entire geographic area such as Tehama County, performance measures show how well a particular program is meeting its goals. Programs funded by First 5 Tehama County are required to establish short and long term outcomes and report regularly on their progress. Each program's performance measures are tailored to fit the activities and expected outcomes for that program. The Commission uses logic models designed collaboratively between funded program providers, Commission staff and the evaluation consultant to set up short and long term outcomes based on funded activities.

Logic models contain five elements: desired results, assumptions and activities and immediate, intermediate and long term outcomes.

- Begin with desired result or positive condition for children and families
- State assumptions about barriers to achieving desired results
- Describe activities to address issues
- Create immediate, intermediate and long term outcomes that logically arise from activities and that lead to the desired result

In a logic model, an immediate outcome is the first change detected as a result of successful activity. It is usually a count of people served and units of service provided. Next are intermediate outcomes, which are the next level of change arising from positive movement on an immediate indicator. Common intermediate outcomes include evidence of learning from an education program, or completion of a sequence of program activities. Finally, long term outcomes are deeper, lasting positive change due to sustained effort over time. Long term outcomes emerge after two or three years.

For First 5 Tehama County, logic models have been developed for:

- Catholic Healthcare West (CHW) St. Elizabeth Women's and Children's Center (formerly St. Elizabeth Community Hospital) providing classes in child birth, breastfeeding, water birth, baby basics, and infant massage.
- Child Care Referral and Education (CCRE) providing outreach, training and support to Family, Friend and Neighbor Caregivers and Spanish speaking caregivers.
- Comprehensive Approaches to Raising Educational Standards (CARES) through Tehama County Department of Education, Local Child Care Planning Council providing stipends for qualified licensed and license exempt family child care providers, Head Start staff, center-based providers, and Spanish-speaking providers.
- Northern California Child Development, Inc. (NCCDI) providing:

- Intensive home visitation services, parenting education classes and case management through Family Start.
- DADS Program integrating substance abuse treatment, parenting education, and social skills for fathers.
- Genesis Project, operating through New Directions to Hope, providing home and office-based parent/child mental health services, health and development screening and referral, parenting education and case management.
- School Readiness Project through Tehama County Department of Education, funded by First 5 California and First 5 Tehama, providing intensive services, classes and group activities, member of Family Resource Center Network.

Table 19
Performance Measures First 5 Tehama County Funded Programs
Current Grantees

Grantee: activity	Immediate outcomes	Intermediate outcomes	Long term outcomes
St. Elizabeth's Women's and Children's Center, breastfeeding, child birth, baby basics, infant massage and water birth classes; post partum calling.	<ul style="list-style-type: none"> ● # classes ● # participants and support people ● # kits distributed ● language of class ● # children 0-3, 3-5 of parents in class ● # with special needs ● # first time parents ● # Spanish speaking mothers ● Age of participants: # teen mother participants and classes completed ● # who complete all classes ● # post-partum referrals ● # follow up contacts ● # outreach activities: events, marketing materials, media ads 	<ul style="list-style-type: none"> ● Self report of new skills learned ● # who participate in all classes (except water birth) ● # Spanish speaking participants ● # referrals ● # events attended ● # brochures distributed ● # ads placed 	<ul style="list-style-type: none"> ● Mothers become effective advocates for themselves, their children, their families in health and education. ● Parents know about community resources. ● Teens utilize community resources ● Teens apply parenting skills ● Teens avoid subsequent pregnancies

Grantee: activity	Immediate outcomes	Intermediate outcomes	Long term outcomes
CCRE: home visits and workshops to Family, Friend and Neighbor child caregivers; outreach to potential Spanish speaking providers	<ul style="list-style-type: none"> • # participants • # home visits • # using technical assistance services • # packets distributed • # providers • # children 0 to 3 and 3 to 5 • # Spanish speaking providers served • # workshops 	<ul style="list-style-type: none"> • self report of learning from home visits • # providers submitting forms for license 	<ul style="list-style-type: none"> • # new licensees • use of new knowledge via self report on survey • # new Spanish speaking licensees.
Comprehensive Approaches to Raising Educational Standards (CARES) stipends for licensed and license exempt child care providers, Head Start staff, center-based providers, and Spanish-speaking providers, work with professional growth advisor	<ul style="list-style-type: none"> • # FFN participants enrolled in pre-entry program • Location (where providing care, # in priority zone) • Language of instruction • # by tier and track • Type of provider • Whether serving special needs children • # with advisor and professional growth plan 	<ul style="list-style-type: none"> • # who complete required 18 hours of training • # of new and returning participants • Location (where providing care, # in priority zone) • Language of instruction • Change in tier • # who complete ECERS or FDCRS self-assessment tool classes • Whether serving special needs children • # with advisor and professional growth plan 	<ul style="list-style-type: none"> • Participants remain involved in professional child care development offered in County • Growth in trained child care workforce • # who qualify and obtain Child Development Permit • Location (where providing care, # in priority zone) • Language of instruction • Change in tier • # who complete ECERS or FDCRS self-assessment tool classes • Whether serving special needs children

Grantee: activity	Immediate outcomes	Intermediate outcomes	Long term outcomes
Family Start intensive comprehensive home visitation services, parenting education classes and case management	<ul style="list-style-type: none"> • # families identified and enrolled • # home visits provided • # classes offered • # other parent activities • # of attendance • Information provided on preventive care, insurance options, sources of preventive health care, possible medical home • # of screenings to identify developmental delay • # of referrals for needed services • Education provided on child development • Referral of children to pre-school or school readiness program 	<ul style="list-style-type: none"> • # parents completing classes • # enrolled in health insurance • # with medical home • # with well-child care • # with dental insurance • # who receive needed services • Referral of children to pre-school or school readiness program 	<ul style="list-style-type: none"> • Family reading and story telling increase • Self report of increased parenting confidence • Self report increased parenting knowledge of child development • # who receive preventive health care • # who receive dental care • Early identification of special needs and access to appropriate services • Enrollment/participation of children in pre-school or school readiness program

Grantee: activity	Immediate outcomes	Intermediate outcomes	Long term outcomes
DADS Program integrating substance abuse treatment, parenting education, and social skills for fathers	<ul style="list-style-type: none"> • # classes/participation in substance abuse treatment • # classes/participation in parenting skills • # classes/participation in child development training • # participation in individual substance abuse treatment sessions • # of children 0-3, 3-5, special needs 	<ul style="list-style-type: none"> • # participants who complete and receive certificate • Self-report learning from classes 	<ul style="list-style-type: none"> • Dads stabilize and maintain improved health and recovery • Enhanced child/parent attachment and relationship
Genesis Project	<ul style="list-style-type: none"> • # families enrolled • Participant demographics • # mental health assessment • # parent/child interaction assessments • # home or office-based services • # referrals • # parenting education • # case management services 	<ul style="list-style-type: none"> • # children with increased access to health care • Improved family literacy • Self report of satisfaction with services • Self report of learning new skills • # referrals for children identified with special needs • # special needs children receiving needed services 	<ul style="list-style-type: none"> • Parents stabilize and maintain improved mental health and recovery • Enhanced child/parent attachment and relationship

Grantee: activity	Immediate outcomes	Intermediate outcomes	Long term outcomes
School Readiness Project	<ul style="list-style-type: none"> • # home visits • # parenting classes • # parents who receive support services • # parents who attend classes 	<ul style="list-style-type: none"> • # parents who report reading to children • # 3-5 year olds enrolled in pre-school, other early care program • # 0-3 year olds participating in evidence-based home program • # enrolled in health insurance • # with medical home • # with well-child care • # with dental insurance • # who receive needed services 	<ul style="list-style-type: none"> • Increased participation in pre-school • Increased readiness to learn upon entering kindergarten • Parents gain confidence and competence in their parenting skills and advocating for their children • Families are self sufficient

Integration with State First 5 Evaluation Efforts

Evaluation is a high priority for First 5 both at the county level and at the state level. A new evaluation framework was developed by the First 5 Association of California and adopted by the First 5 California. The new framework refines and clarifies roles and responsibilities for evaluating the impact of First 5 funded programs. The state evaluation will concentrate on fully state funded First 5 initiatives and initiatives that involve both county and state funding. County commissions will be responsible for evaluating fully county funded First 5 programs. County commissions will have simplified and streamlined reporting requirements for fully county funded projects beginning with the 2006/2007 program year. This gives county commissions both more freedom to select meaningful indicators and more responsibility to design effective data collection and reporting methods.

First 5 Tehama County will continue to build its local evaluation to address local research questions. With the exception of the School Readiness Project and CARES, all of the current grantees are funded exclusively with county First 5 funds.

First 5 Tehama County will benefit from the state evaluation in three important ways. First, the County will continue to use the free web-based data system provided by First 5 California (PEDS) to record information on participants, services and some outcomes. At the present time, all data on funded programs is being entered into PEDS, either by the grantee directly or by the evaluation consultant. Second, First 5 Tehama County will benefit from the statewide Center for Results which will bring together evaluation and research findings from county commissions throughout California as well as state studies. The Center for Results is an innovation of the new evaluation framework. It is under development at the state Commission. The Center for Results will enhance rapid learning about promising practices and effective ways to improve child health and well being across First 5 funded programs and initiatives. The third way First 5 Tehama County will relate to the state evaluation is by integrating Tehama County evaluation strategies with definitions of outcomes and indicators used in other counties to measure progress in School Readiness. Counties that receive state school readiness matching funds will be participating in a statewide evaluation of school readiness that will help to inform practice.