



ANNUAL SERVICE AND  
EVALUATION REPORT

for

Fiscal Year 08-09

*Prepared By: Sheila Kruse, Executive Director  
Evaluator*

## TABLE OF CONTENTS

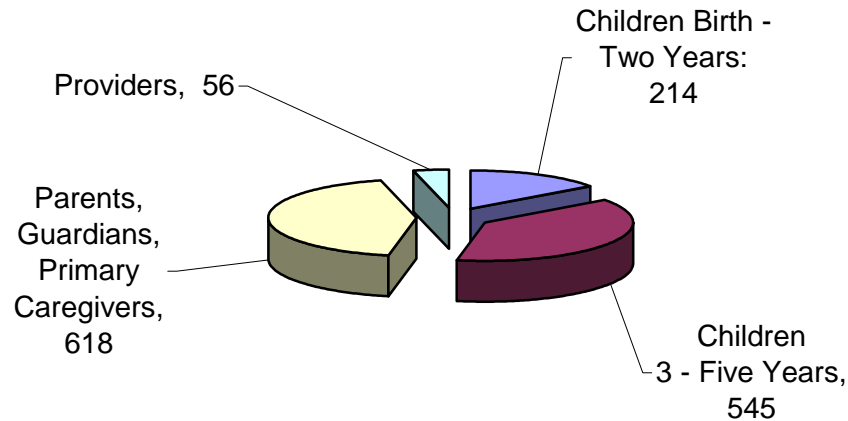
SERVICE DATA OVERVIEW AND FINANCIAL OVERVIEW .....	3-6
FUNDED PROGRAMS CHART .....	7
RESULTS: FIRST 5 TUOLUMNE HIGHLIGHTS.....	8-11
RESULTS: DETAILED REPORTS BY PROGRAM .....	12-36
A-TCAA FAMILY SUPPORT CENTERS .....	12-16
ICES RAISING HEALTHY FAMILIES .....	16-19
A-TCAA SHELTER CASE MANAGEMENT .....	20
TC SUPT. SCHOOLS- SCHOOL READINESS.....	21-29
ICES CHILD CARE QUALITY IMPROVEMENT / CARES .....	29-30
SMILE KEEPERS / DENTAL HELP FUND .....	30-34
IMPROVED SYSTEMS OF CARE.....	34-35
CONCLUSIONS.....	35
VIGNETTES.....	36-39

## Service Data Overview for FY 08-09

(Numbers are unduplicated to the extent possible within programs, not between programs.)

*First 5 Tuolumne put the majority of its investments in direct services to children and caregivers.*

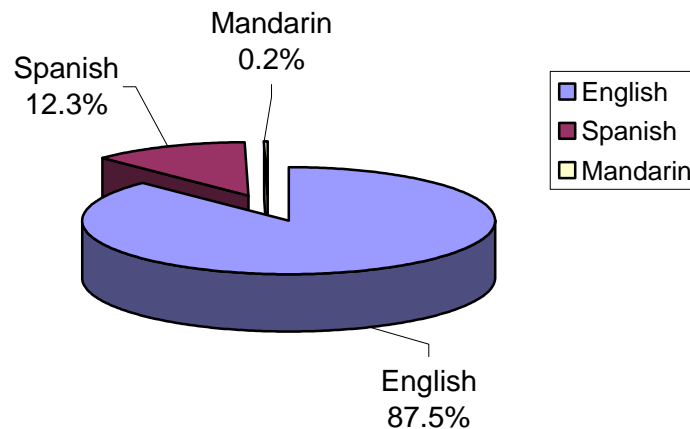
### Population Served FY 08-09



*Note: Numbers above are unduplicated program service numbers and do not include programs focused on community strengthening and provider capacity such as the Kits for New Parents, Capital Grants, Pregnancy Fair, or AmeriCorps.*

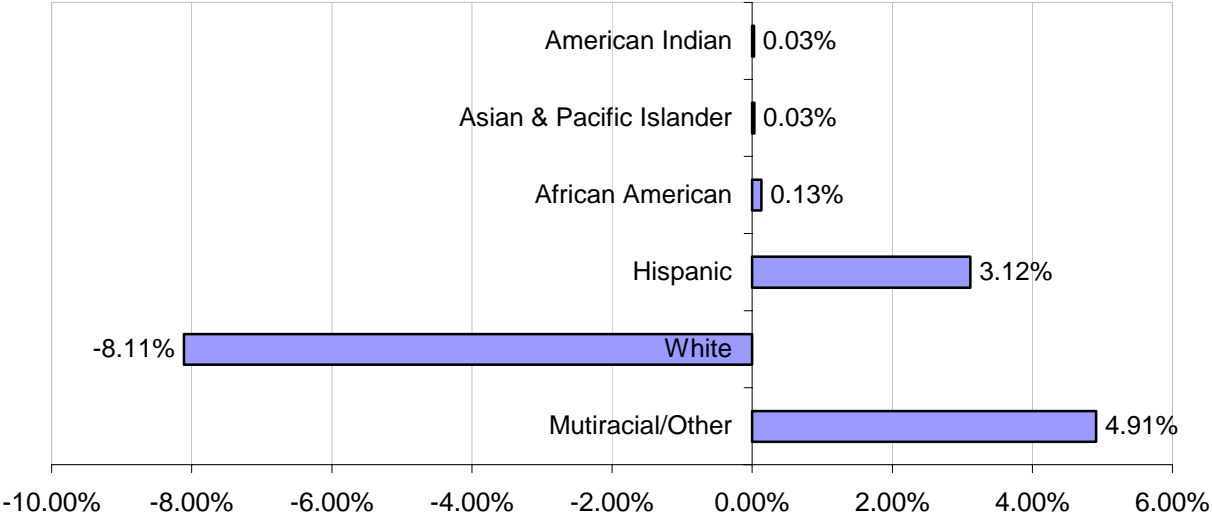
*Most services were provided in the English Language, some were provided in Spanish or in an ESL setting.*

### Primary Language Spoken in the Home FY 08-09



*Services were provided to a diverse population. Hispanic and multiracial children were represented in the service population in a higher percentage than their representation in the general population.*

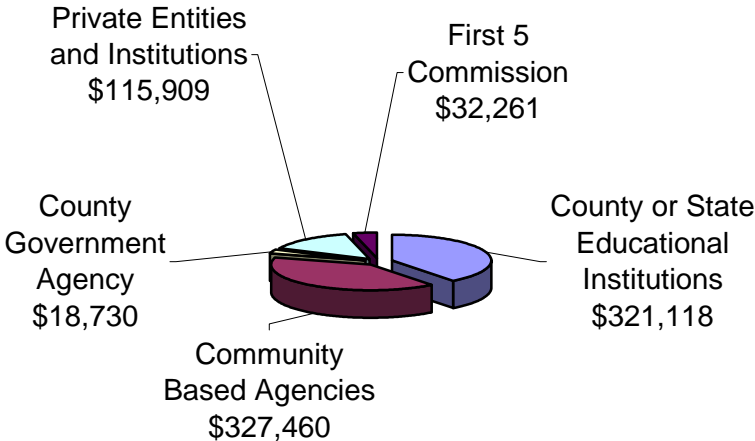
**Difference between ethnicity percentages in First 5 participants and county-wide demographics FY 08-09**



*In the graph above, the percentages represent the difference (either higher or lower) of the proportion of children served in First 5 programs as compared to their representation in the general county population.*

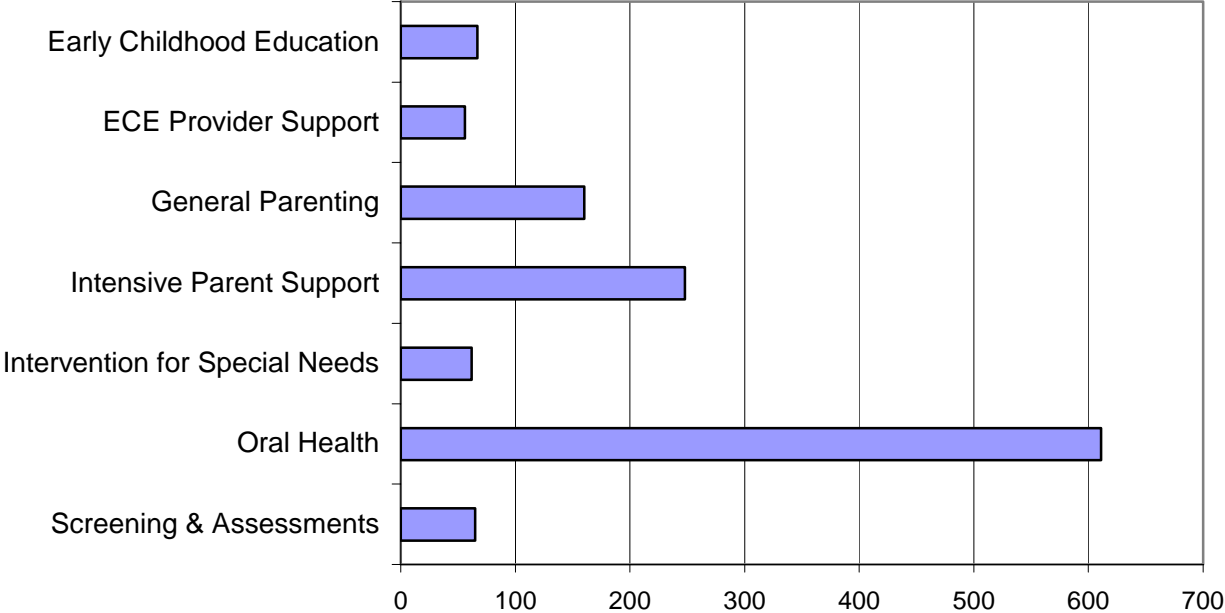
*First 5 provided funding for services through public, non-profit and private entities, with most funds going to community-based agencies.*

**Breakdown of Funding by Primary Provider FY 08-09**

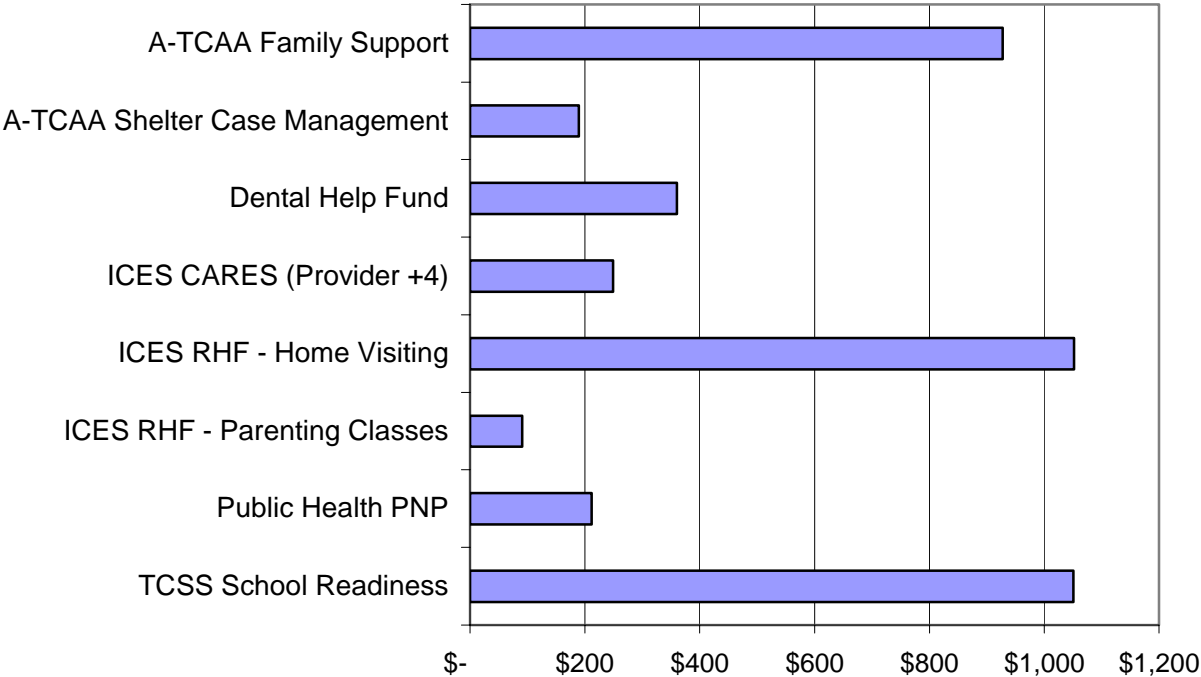


*First 5 supported both intensive intervention services and preventative services. Cost per child/caregiver was contingent on service intensity as well as the level of matching funds provided by programs.*

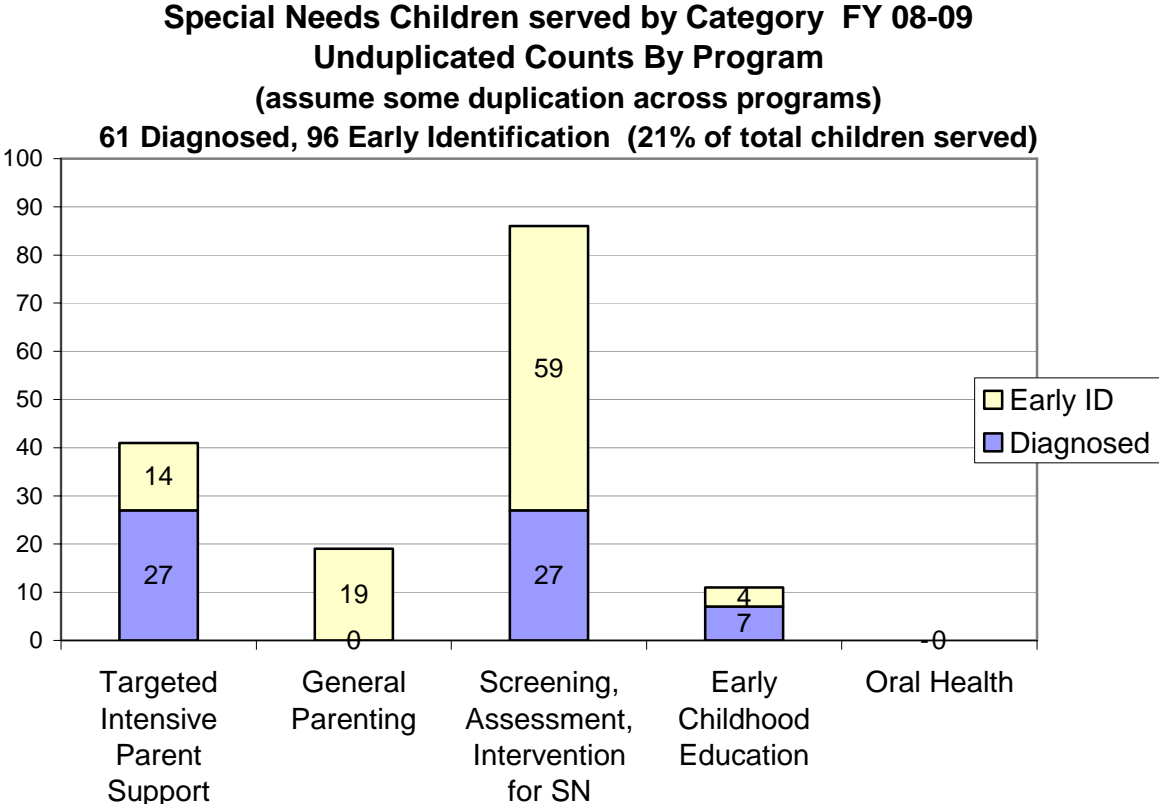
**Clients Served by Service Category FY 08-09**



**Cost per Client by Funded Program FY 08-09**



Many of the programs funded by First 5 served children with special needs, either to children who have been formally identified or diagnosed (with a Special Education Individual Education Plan or a Mental Health diagnosis) or to children who needed extra services who had not been formally identified or diagnosed. Some of the First 5 services to these children often lead to identification or diagnoses.



**Financial Overview for FY 08-09**

The figures below do not include NE Technical Assistance Funds administered by First 5 Tuolumne for an 11-county region.

- Revenues: \$646,026 (\$148,237 from State F5)
- Expenditures: \$803,530
- Amount used from fund balance: \$157,504
- Fund Balance: \$1,007,744 – 94% reserved; 6% designated

**Operations Cost Breakdown: 16%**

- Admin expenses: 10%
- Program Management: 4%
- Evaluation: 2%

**FUNDED PROGRAMS**

<b>Improved Family Functioning</b>	<b>Improved Child Development</b>	<b>Improved Health</b>	<b>Improved Systems of Care</b>
<p><u>A-TCAA Family Support Centers*</u> (Center-based intensive family support, adult education, parenting education)</p> <p><u>A-TCAA Shelter Case Management</u> (Case management services for families residing at the emergency and transitional homeless shelters)</p> <p><u>ICES Raising Healthy Families*</u> (Intensive home visiting, and provision of age-specific parenting classes)</p> <p><u>Public Health Parent-Nurse Partnership</u> (targeted case management by a Public Health Nurse through home visits).</p>	<p><u>A-TCAA Family Support Centers*</u> (Center-based early childhood education, Family Literacy)</p> <p><u>ICES CARES</u> (Retention and training of child care providers)</p> <p><u>School Readiness*</u> (First 5 Friendship School; on-site consultation and training services to ECE educators and Kindergarten teachers)</p>	<p><u>Dental Help Fund</u> (critical care dental treatment for uninsured or underinsured children)</p> <p><u>School Readiness*</u> (Child Find Screenings)</p> <p><u>Smile Keepers*</u> (oral health screening and fluoride varnish at early childhood care and education settings; parent education at childbirth classes and other settings.)</p>	<p><u>AmeriCorps Coordination Support</u></p> <p><u>Columbia College</u> (Capital grant to support site preparation for a new child development center)</p> <p><u>Pregnancy Fair</u></p> <p>Minimal outcome evaluation is done on these programs beyond service capacity data.</p>

\*Programs with asterisks were considered part of the School Readiness constellation of services in the county.

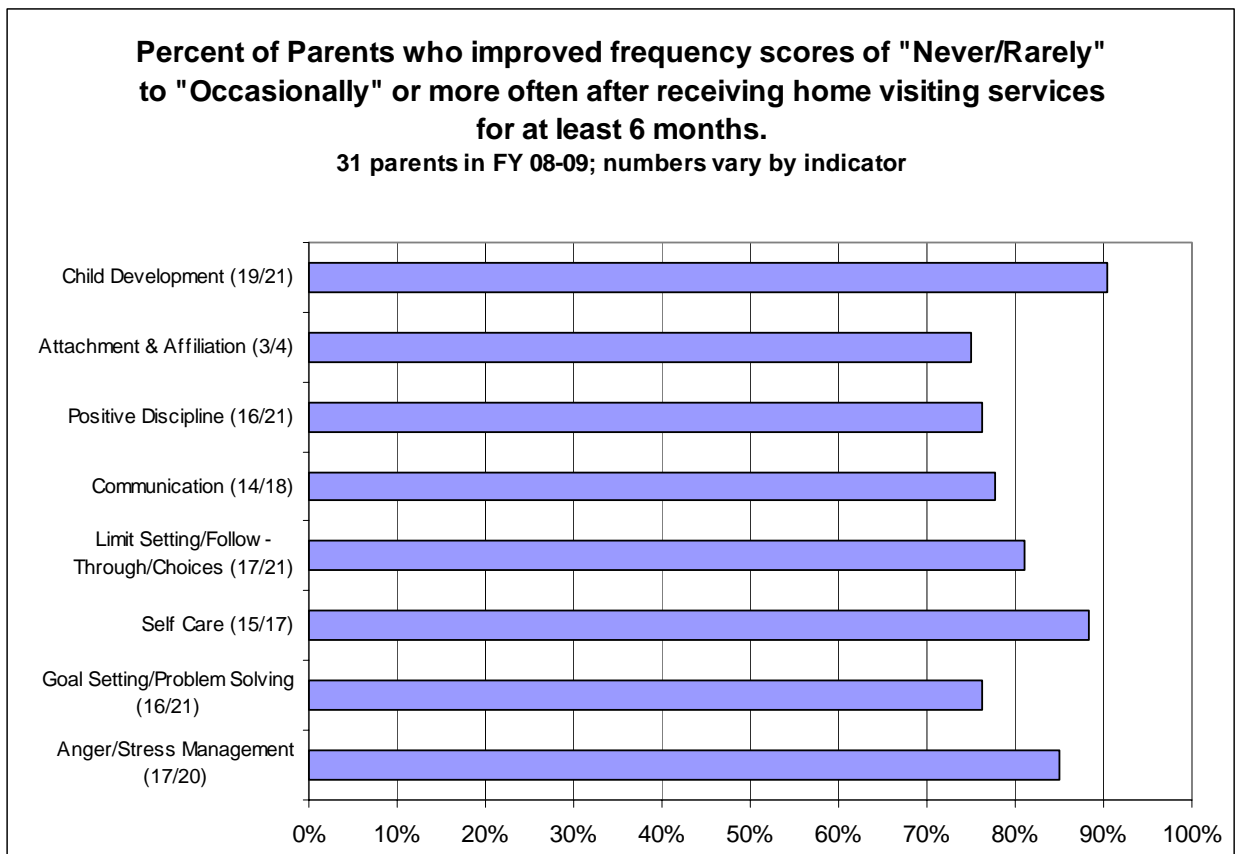
## RESULTS – FIRST 5 TUOLUMNE HIGHLIGHTS

### Family Functioning

#### **Parents receiving In Home Support improved their parenting skills**

*This data includes students served on site in the Cal Safe program.*

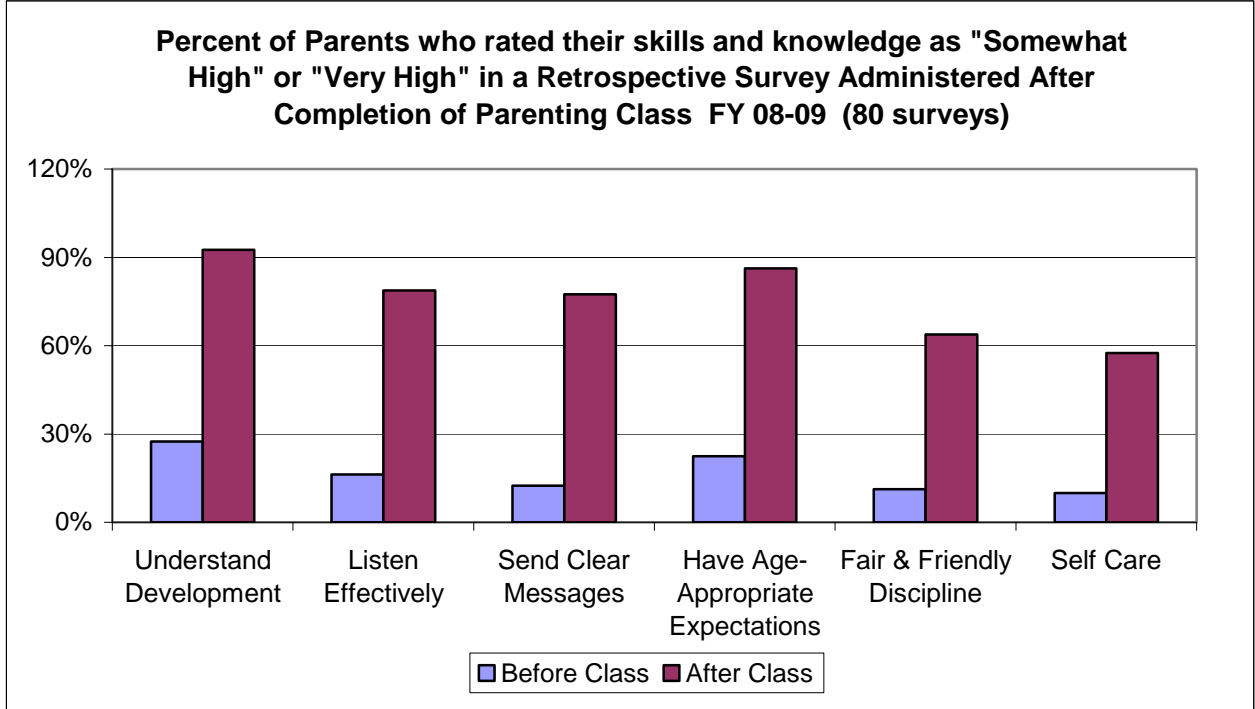
- *The highest-risk families receiving In-Home Parent Support, who were assessed with very low parenting skill rankings at entry, measurably increased their positive behaviors with their children after 6 months in the program. (ICES Raising Healthy Families program, Parent Observation Tool)*



- *100% of the 38 parents receiving home visits increased their rankings in at least one parenting skill domain. Across all domains, parents moved their averaged rankings 1 point on a 5 point scale, from “rarely-occasionally” to “occasionally-frequently”. Differences in matched pre-and post tests were statistically significant.*
- *At entry to the in-home support program, 63% of 19 parents scored at “adequate” or “high” family stability in at least 5 of 8 domains on the family stability matrix. At post-test, the percentage had risen to 89%. The differences in these matched scores were statistically significant.*

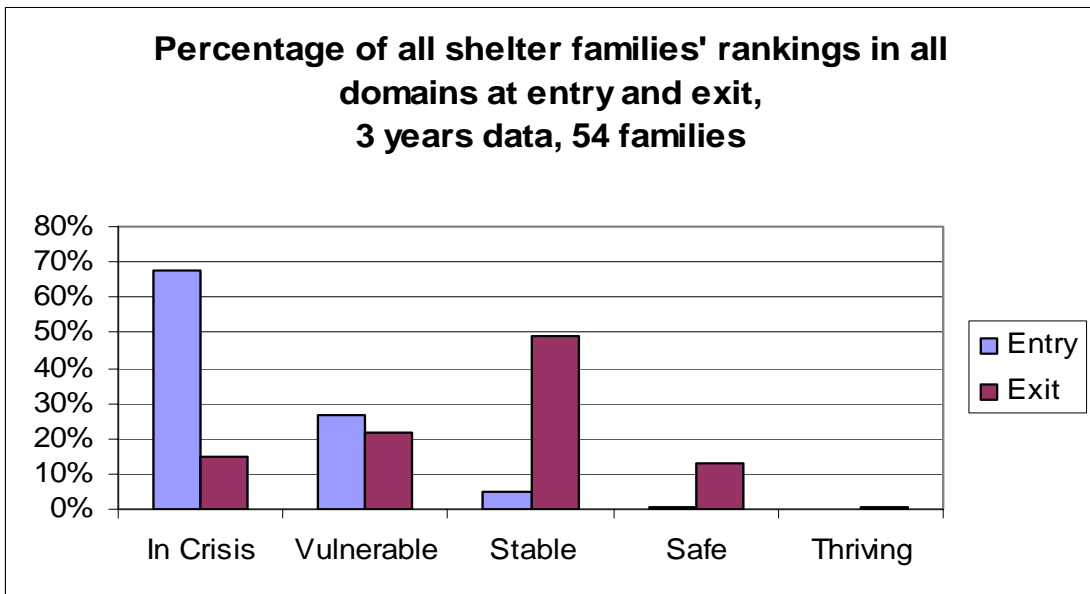
***Parents completing parenting classes reported using new skills***

- ***Families participating in parenting classes self-assessed their skill and knowledge gain as measurably higher after completing the classes. (ICES Raising Healthy Families program)***



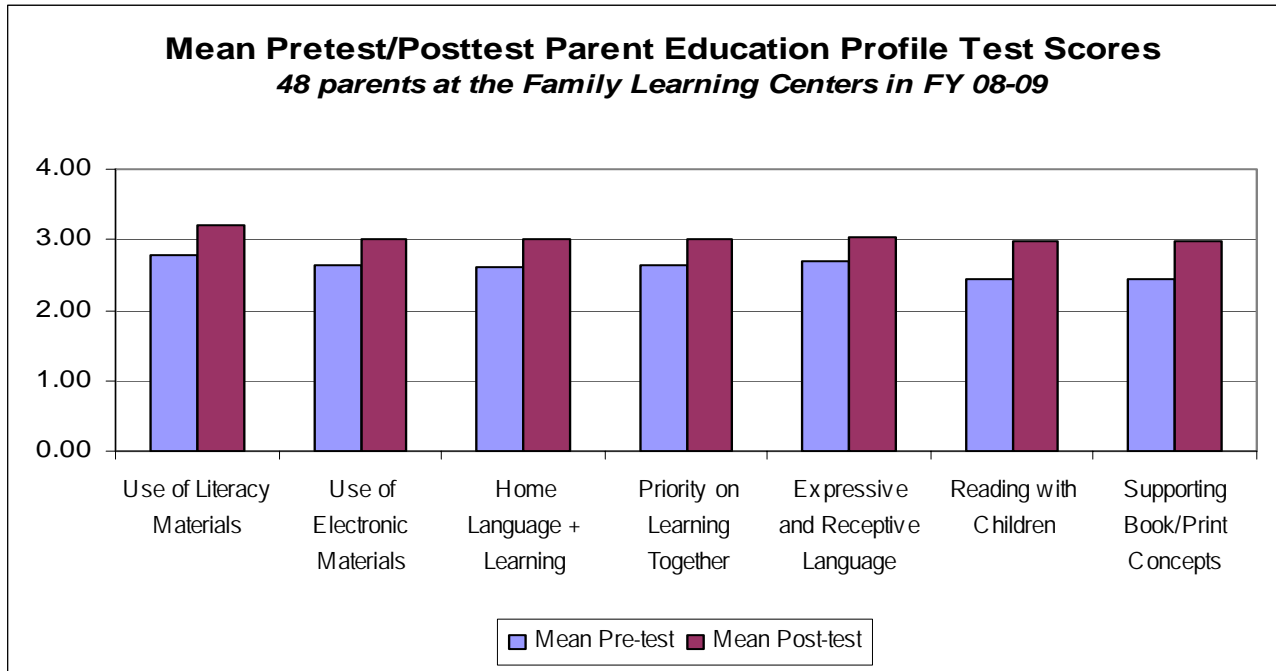
***Homeless parents receiving case management improved their family stability***

***Parents with young children at the emergency shelter and transitional shelter who received case management services improved their stability in 6 domains, moving from In Crisis or Vulnerable, to Stable or above in 58% of their low rankings.***



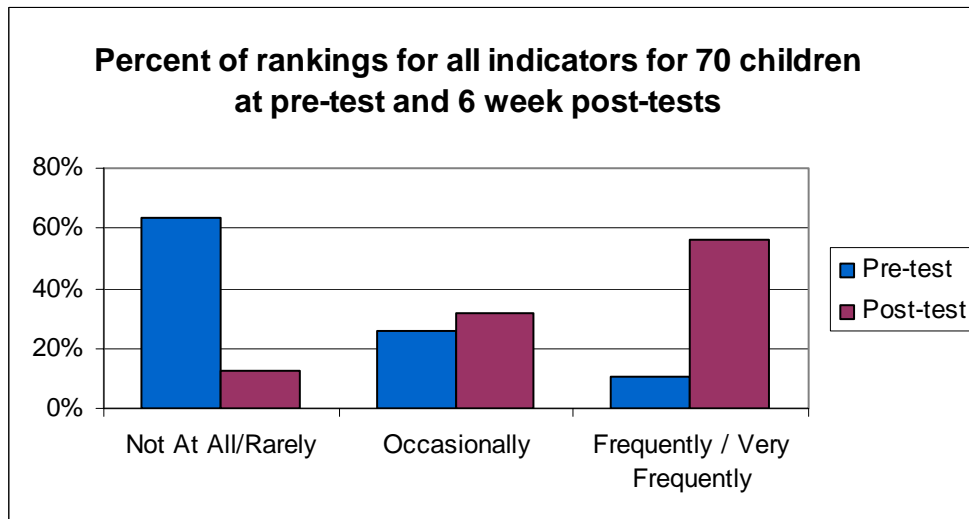
## Child Development

*Parents in Family Literacy Programs increased the frequency of literacy activities with their children.*

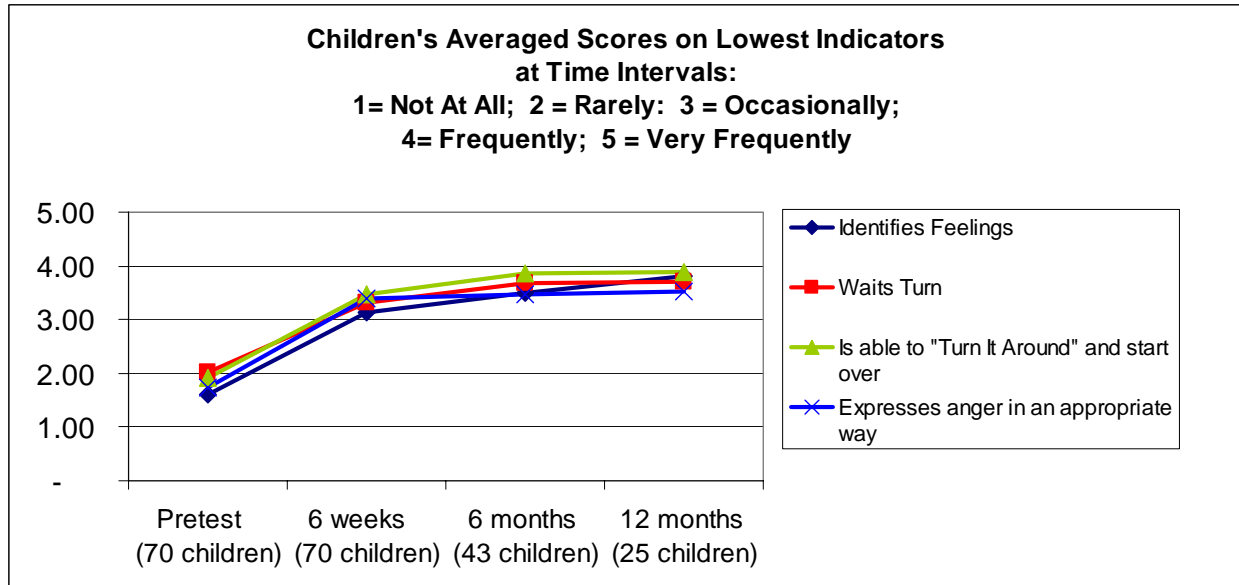


*Children receiving intensive services to promote social-emotional development increased their positive behaviors.*

- *Overall, children participating in the Friendship School increased the frequency of positive behaviors across 14 domains.*



- *For the lowest 4 behavior indicators measured at Friendship School, averaged scores moved from “Rarely” at pretest to “Occasionally” at 6 weeks and approached “Frequently” at 6 months. These improvements were generally sustained at 12 months for the children tested.*



## **Health**

***First 5 support increased access to dental health preventative treatment and strengthened community capacity for an effective comprehensive prevention approach.***

- *First 5 funds supported a 31% increase in the number of young children in the county who had at least one screening and fluoride varnish treatment. Combined funding from First 5 and the CA Department of Health Services supported oral screening and fluoride varnish for approximately 73% of the county’s 3-5 year old children.*
- *Data from Smile Keepers over six years suggests that the comprehensive prevention approach has reduced the incidence of active caries in the 0-5 population.*

***Children had greater access to developmental screening and those who were identified with disabilities and special needs received further referrals or services.***

- *196 new children participated in a Child Find Screening over a two year period. (14% of the 3-5 year olds)*
- *Of these, 95 (48%) either received services directly from the First 5 School Readiness Program, or were referred for further Special Education, Health, or Mental Health assessments and services.*

## **A-TCAA Family Support**

### **Centers**

*4 Year contract, FY 07-08 – FY 10-11*

*For 08-09:*

*58 families participated, 63 children up to age 5; average onsite attendance for children ages 0-3 was 152 hours and for children ages 3-5 was a combined 448 onsite and at partner Head Start centers. 91% of the newly enrolled families had incomes at or below the Federal Poverty Level; 88% of the newly enrolled parents did not have a high school diploma or a GED.*



*This program is funded by School Readiness funds.*

**Desired Result: Families will read or tell stories regularly to their children.**

Evaluation measure:

The *Parent Education Profile* (PEP) was administered for parents participating for at least 6 months, on a pretest and posttest basis (45 parents). The PEP consists of four scales that are based on research about the parental behaviors associated with learning outcomes for children. The program tested on two scales this year: (1) Parent's Support for Children's Learning in the Home Environment; and (2) Parent's Role in Interactive Literacy Activities. The rubric scores from 1 point (behavior not evident) to 5 points (very skilled in this area.)

**Measured Result: The desired result was met.**

Mean scores for the two scales increased by 0.4 and 0.5 points respectively, indicating gains in positive parent behaviors, with mean pre-test scores at 2.6, and mean post-test scores at 3.0 (on a five point scale). For the domain "Reading With Children," 55% percent of parents increased their score by at least 1 level at post-test. When the data was adjusted to only look at parents who had pretested in this domain with the lowest scores (1 or 2), the percent that raised their score by at least 1 level was 61%.

**Desired Result: Families will move toward increasing their capacity to become self-sufficient and advocates of their children's social and academic success through acquisition of English language, life and job skills.**

Evaluation measure: CASAS scores (English acquisition and Adult Education), GED scores, and a narrative summary of family goal attainment.

**Measured Result: The sample data indicate the desired result was met.**

All Even Start enrolled adults participated in adult education, parenting education and interactive literacy activities. Almost 60% of the adults were enrolled in ESL classes; 19% were enrolled in English GED preparation classes; 13% in vocational education and 3 adults were enrolled in adult basic education (ABE) classes.

CASAS and ESL Literacy Levels: Matched mean pretest and posttest scores for Adult Basic Education in reading and math showed a mean gain in points for all levels (ranging from 2.7 to 7.6, depending on the group, subject, and beginning skill level). The biggest gains were seen in the ESL students.

GED and Higher Education: 1 student took and passed the test.

Jobs and Other Goals: Seven adults participated in job training or vocational education classes and made progress toward achieving their documented goals. Six obtained employment or career advancement, and one entered a certified job training program. Progress was documented with an Assessment Summary based on the CASAS Employability Competency System (with students gaining certificates in skill areas.) Other students achieved goals such as improving computer literacy skills, enrolling in a postsecondary education program, obtaining a driver's license, and obtaining stable and adequate housing.



**Desired Result: Children will make developmental progress in the areas of cognitive, social, emotional, language, approaches to learning and health/physical development.**

Evaluation measure:

1. Desired Results Developmental Profile (DRDP-R) pre and post-test checklists were administered at the Family Support Centers. (One year of matched scores are available for a sample of 46 children; 29 for ages 0-3; 17 for ages 3-5). The 4 Result Areas measured by the DRDP-R are: (1) Children are personally and socially competent; (2) Children are effective learners; (3) Children show physical and motor competence; and (4) Children are safe and healthy.
2. For children ready to enter kindergarten, additional assessments were performed: the Peabody Picture Vocabulary Test (PPVT III), which measures receptive vocabulary, an important indicator for English Language Learners; and the Phonological Awareness Literacy Screening (PALS) Pre-K Upper-Case Alphabet Recognition Test.

**Measured Result: The sample data indicate the desired result was met.**

Desired Results Developmental Profile: The program changed from a DRDP assessment to a DRDP-R assessment this year, making pooling of data from previous years invalid. The DRDP-R test assessment covers a much larger age range than the DRDP, so that the gains are measured in a different fashion. It is also important to note that post-tests are often administered at a point in time where a child is not of an age to be at a developmental mastery level (for example, at year end versus a natural age break to a new scale), so the results must be viewed with that factor in mind.

All domains for all ages showed a mean gain in score, with a range of .44 to 1.02 on a 4-point scale. Highest gains were in the areas of *Language, Literacy* and *Self* for children under 3 years and *Language, Motor Skills* and *Self* for preschoolers.

The DRDP is a tool useful for a point in time assessment of a child, to aid a teacher in focusing on developmental strengths and areas of concern. The DRDP is not designed to attribute gains in an individual child’s developmental due to any one intervention. However, since most of these children eligible for enrollment in the Family Support Centers can be considered at risk for delays in some developmental domains, the progress measured is reassuring and indicates that the Family Support Center ECE component is promoting healthy development.

DRDP Data for FY 08-09 The following scores represent rankings on a scale of 1 to 4, as follows, for all 46 children:

1 = Not yet                      2 = Emerging                      3= Almost mastered                      4 = Fully mastered

46 children measured	Personally and Socially Competent (15-18 items)		Effective Learners (11-18 items)		Physical and Motor Competence (3-4 items)		Safe and Healthy (2-3 items)	
	Birth to 3 years	3-5 years	Birth to 3 years	3-5 years	Birth to 3 years	3-5 years	Birth to 3 years	3-5 years
Average Pre-test	2.6	2.0	2.4	2.1	3.0	2.2	2.7	2.2
Average Post test	3.4	2.8	3.2	2.7	3.9	3.9	3.2	2.7
Average Gain	0.8	0.8	0.8	0.6	0.9	0.8	0.5	0.5

Receptive Vocabulary (PPVT III) and Letter Recognition (PALS): These assessments are better tools to measure the gains made at the Family Support Centers, as they focus on specific skill gains. Both assessments show that, for a majority of the 3-5 year olds, gains were made in specific early literacy skills. It is important to note that the children at the Family Support Centers would not ordinarily have had any preschool experience before entering kindergarten, so the program has made a significant impact on their early learning and school readiness.

PPVT III data for Receptive Vocabulary:

- 10 children were assessed, 9 of them English Learners
- 6 children (60%) gained a minimum of 4 standard score points (benchmark for statistical significance).

- For the children that met the benchmark gain, their average gain was 10 standard score points, which was more than double the federal expectation of 4 points.

PALS data for Upper-Case Alphabet Recognition:

- 7 children were assessed; 5 of these were English Language Learners (60%), all were transitioning to Kindergarten.
- Children made an average gain of 7 letters (from an average recognition of 7 letters to 14) over the year. Those same children showed an average gain of 11 letters from their first pretest in the program (many in the previous year).
- All of the children made gains in letter recognition during the year, ranging from 2 -17 letters. 4 of the children (57%) recognized 15 letters by post-test (benchmark goal).

**Desired Result: Case management, transportation services and translation services will improve families’ access to community resources. Community partners will enrich access to services.**

Evaluation measure: Access was measured by service data, transportation data, and program linkages between service providers in the community.

**Measured Result: The desired result was met. Parents at the Family Support Centers were able to access a broad range of services that they would otherwise have been unable to access.**

Data detail.

- 47 families received regular case management services, which included referrals and arranging for transportation to medical and dental services, domestic violence assistance, assistance with securing permanent housing, supplemental food distributions, and Head Start enrollment.
- In addition to the daily transportation to and from the centers, families received additional transportation to medical and dental appointments, WIC, Head Start, Dept of Social Services, Social Security, Columbia College, emergency food and clothing providers, and the Job Connection.
- 20 families received translation services. The Family Support Centers serve as a unique resource for ESL families, providing not only language classes, but access to multiple other community resources.
- The following entities helped by providing services on site at the Summerville and/or Jamestown Centers:
  - *ICES - parenting classes*
  - *Smile Keepers - dental screenings and education*
  - *ATCAA Food Bank and EFAP*
  - *First Five Screenings*
  - *Columbia College - provided instruction for GED and ESL classes*
  - *Tuolumne County Public Health - health education classes & Health Van*
  - *Tuolumne County Behavioral Health - support groups*
  - *Mountain Women’s Resource Center - service presentations*
  - *ATCAA Housing Resource Services - financial literacy classes*

- ATCAA Home Energy Assistance - energy education classes
- Library Van
- The centers were able to leverage additional funding, as follows:
  - Contract with Tuolumne Co. DSS to provide Welfare to Work services; DSS also provided funds for computers, instructional supplies and operations
  - Family literacy funding through a grant administered by Jamestown Elementary School
  - S.H. Cowell Foundation funding

This leveraged funding, along with First 5 funding, has allowed the centers to continue operations, even with the loss of Even Start funding.

## ***ICES Raising Healthy Families***

*4 Year contract, FY 07-08 – FY 10-11*

***For 08-09:***

***(Parenting classes: 100 children, 110 primary caregivers)***

***(In-home parenting: 59 children, 59 primary caregivers)***



*This program is funded by School Readiness funds.*

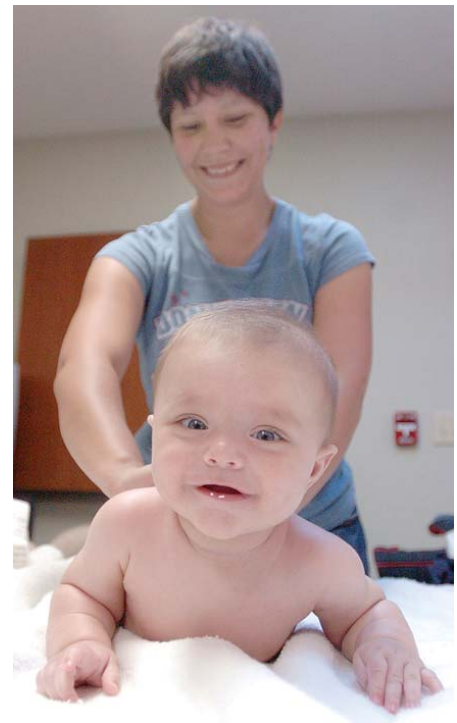
**Desired Result: At least 75% of parents that have completed a parenting class will report that their skills in parenting have improved as a result, as measured by a self-assessment upon the completion of the class.**

Evaluation measure: Class participant evaluations (n=80) Participants were asked to rate their knowledge/abilities related to a variety of parenting skills, after completion of the class, and how they felt they rated prior to taking the class. Key areas of focus were: (1) understanding developmental needs; (2) effective communication; (3) age-appropriate expectations; and (4) positive discipline.

*Example of Questions:*

- a. Looking back before you started this class, how would you rate your ability to identify and understand your children's developmental needs on a scale of 1-5?*
- b. How would you rate your ability to identify and understand your child's developmental needs on a scale of 1-5, now after completing the class?*

**Measured Result: The desired result was met.** Parent evaluations demonstrated a self-reported gain in parenting skills and knowledge of child development.



Data detail:

Skill areas	Percent rating their abilities as somewhat or very high:	
	Prior to taking the class.	After taking the class
Ability to identify and understand their children’s developmental needs	25%	93%
Ability to listen effectively	16%	79%
Ability to send clear, direct messages	13%	78%
Ability to have age-appropriate expectations	23%	86%
Ability to apply fair, firm and friendly discipline techniques	11%	64%
Commitment to taking care of and nurturing themselves as a parent	10%	58%

The majority of parents answered “Yes” to the following questions:

- As a result of taking this class, I feel more in tune with my child(ren) and am better able to identify his/her needs and meet them responsively (79%)
- As a result of taking this class, I am more aware that the relationship I have with my child(ren) affects how he/she develops and behaves and sets the foundation for how he/she will relate to all other individuals in her life. (84%)
- As a result of taking this class, I am making healthier choices for my family and myself. (90%)
- I have noticed an improvement in my relationship with my child(ren) as a result of taking this class. (75%)

*Sample comments provided by parents in response to the question about what information they found useful and applied:*

- *“I learned how to stop yelling so much and take time out for myself instead of taking out my anger on my kids.”*
- *“My husband didn’t think any of this stuff would make any difference, but I am doing it with our 3 and 5 year old sons and it works. He is starting to ask me what I am doing!”*
- *“Learning how to massage my baby was the best thing. I plan to use massage with all my children.”*
- *“Using time in really works. I can’t believe how it works. I don’t do time out anymore and he is so much happier. (So am I).*
- *“I really liked learning about the Circle of Security. I put the poster on the wall and it helps me remember what my kids really need when they are having a ‘meltdown’.”*
- *“The handouts were so good. I’m using time in and the circle with the hands lots.”*

Analysis of outcome data related to parenting classes:

Self reported data can be used as an indication of how parents felt about what they learned. It is difficult to assess a measurable change in parenting skills without outside observations, but the

responses to the evaluation surveys clearly demonstrate that the parents participating in the ICES parenting classes felt strongly that they learned valuable information, and that they had improved their own skills as a parent as a result. The fact that some parents were able to identify specific changes in their own behavior as a result of taking the class is a strong indicator of change, even if it is self reported, since it reflects both a gain in knowledge and a degree of self-analysis that is a component of changed behavior. It is also notable that data from a separate program satisfaction questionnaire indicated a high degree of satisfaction with the instructor's presentation techniques and the relevance of the material, which usually indicates that learning is taking place. Many parents expressed a wish for an opportunity to take more classes, or access ongoing parenting help when new challenges arise. A common sentiment was that just when they were getting "comfortable," the class ended. Another comment frequently expressed was that all parents should learn the information.

**Desired Result: Families enrolled in the ICES Raising Healthy Families In-Home Parenting Program will increase their parenting skills and the safety of the home environment.**

1. There will be a measurable improvement, by at least 75% of participating parents, in parenting behaviors, as measured by the home visitor, using the RHF Parent Observation Assessment as a pre-test, and at intervals of 6 months, 12 months, and program exit.
2. Safety conditions in the home environment will be improved for children ages 0-5 served through intensive in-home visitation. For families who score at High Risk or Tenuous upon intake in the category of Home Safety, 75% will improve their score to a minimum score of Adequate.
3. Annual narrative submitted to document the impact of the improved system of care on participating families. (Vignette is attached at the end of this report.)

Evaluation Measure: Two primary assessment instruments were used by home visitors. Parenting skills were assessed by the Parent Observation instrument, which has 8 observed parenting behaviors ranked on a scale from 1-5 (never to always). This tool was used at home visits and for the Cal Safe students served on site. The Family Stability Assessment domains include shelter, resources, social support, crises, home safety, health, utilization of services, parenting, and domestic violence, with parents assessed as being in a range from In Crisis to High Stability in each domain. This tool was used only on home visits. Families were assessed at intake, at 6 months, at one year, and/or at transition from the program.

**Measured Result: The desired results were met. 100% of parents made measurable improvements in parenting skills. For the 6 families at high risk for home safety, 5 of them (83%) improved their rankings to adequate safety or higher.**

Data Detail

**Parent Observation Assessment** (38 parents assessed)

- All parents raised their rankings in at least 1 category, with an average improvement in 6 of the 8 categories. On average, parent rankings (across all categories) increased by 1 point, equivalent to moving from “seldom-occasionally” (2.6) to “occasionally-often” (3.6). The biggest gains were made the categories of understanding child development, positive discipline and anger management.
- The highest risk parents improved in critical parent-child interaction categories. If the data is adjusted to look at improvements only for parents who scored no higher than a 2 on the pretest for these categories (equivalent to “never-seldom”), the improvements are notable.

Percent of Parents who raised their ranking at post-test from a score of 2 or below to 3 or above in:		Number of parents (out of 38)
Understanding of Child Development	90%	19/21
Attachment and Affiliation	75%	3/4
Positive Discipline	76%	16/21
Communication	78%	14/18
Limit Setting/Follow-Through	81%	17/21
Self-Care	88%	15/17
Goal Setting/Problem Solving	76%	16/21
Anger/Stress Management	85%	17/20

### **Family Stability Matrix** (*19 parents assessed*)

- Only 6 (32%) of the 19 parents assessed with the Family Stability Matrix scored at high risk or tenuous stability at pre-test for home safety. Of these, 5 (83%) improved their score to adequate or high stability.
- After receiving services for at least 6 months, 89% of the families ranked as adequate or high stability in at least five of the eight family stability categories (as compared to 63% of the families at pretest).

### **Significance Tests**

The mean differences between pre-tests and post-tests for 38 samples of parent observation assessments and 19 samples of family stability rankings for home safety and parenting conducted during the fiscal year were statistically significant at the  $p < .0001$  level; indicating an overall trend toward home safety and improvement in parenting.

### **Systems Working Together to Support Families**

Two vignettes are provided at the end of this report, which demonstrate effective community collaboration to support positive outcomes for families.

## **A-TCAA Shelter Case Management**

*3 Year contract, FY 06-07 – FY 08-09*

*For 3 years: 78 unduplicated families were served; 14 families in the transitional shelter, 64 in the emergency shelter (87 unduplicated children, 85 unduplicated caregivers, 7 of which were pregnant women).*

**Desired Result: Fifty percent of the families receiving case management services will increase their family stability by the time they leave the shelter, moving from a ranking of *In Crisis* or *Vulnerable* to *Stable* or higher in at least two areas of family functioning. Upon transitioning from the Transitional Shelter, 75% of residents will have secured permanent housing.**

Evaluation Measure: The CSBG Family Development Status Assessment, which has 6 domains of family stability, was used as an intake and final assessment on 57 families; 12 in the transitional shelter and 45 in the emergency shelter. The intake assessment figure was arrived at by written evaluation done by the Shelter Programs Case Manager at the time of initial intake, by information gathered in early visits and/or by referral sources. Ongoing assessment was completed at the 6-month mark, which is also the time of transition from the transitional program. (Emergency shelter clients had a shorter turn-around time.)

**Measured Result: The desired results were met.**

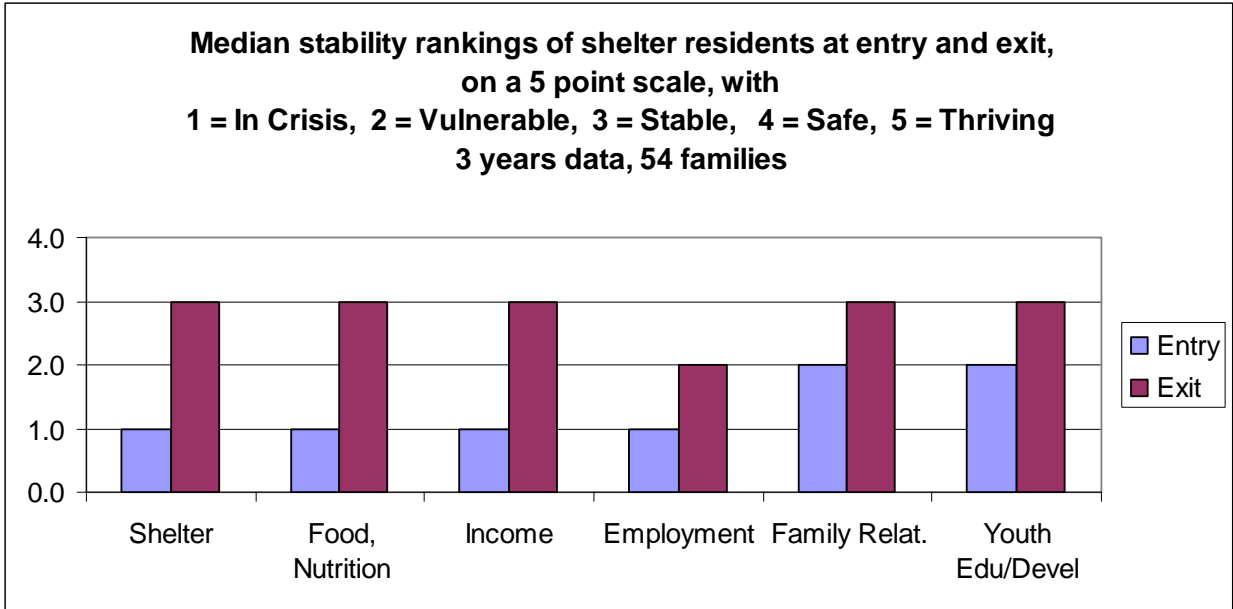
The majority of families made measurable and significant gains. Most entered with very low pre-test scores, and raised a substantial number of them. These gains were more noticeable for transitional shelter families, who receive more intensive services.

For the 12 families served in the transitional shelter over the 3-year period; 11 (92%) had secured permanent shelter, and did not seek services at the Emergency Shelter for a period of one year following their transition.

Data Detail:

<i>Data for Three Years</i>	Emergency Shelter 45 families	Transitional Shelter 12 families
The average number of domains, per family, that were ranked as <i>In Crisis</i> or <i>Vulnerable</i> at Pretest	95%	93%
Percent of families improving from “in crisis” or “vulnerable” to “stable” or above in at least 2 out of 6 low-scoring domains (goal = 50%)	73%	92%

Families, on average, pre-tested with 94% of their indicators in the 6 domains ranked at “in crisis” or “vulnerable.” At post-test, most families had moved a significant percentage of these low scores to “stable” or above. This change is most easily seen using the median (or middle) score to show the movement in each domain.



**Tuolumne Co. Supt of Schools Office - School Readiness**

*4 Year contract, FY 07-08 – FY 10-11*

*For 08-09: 103 children, 102 primary caregivers, 71 teachers/service providers served*



*This program is funded by School Readiness funds.*

**Desired Results for children who participate in an intensive therapeutic preschool/Kindergarten intervention (Friendship School):**

**(1) Children will make developmental progress in the area of social and emotional growth, especially in those social skills most directly linked to school readiness.**

**(2) Children will either transition back successfully into an early childhood education or kindergarten setting or will be referred to Special Education Services. For children who transition back to the school setting, at least 80% of those whose families remain living in the county, will remain stable in an ECE or elementary school setting for the next 12 months.**

Evaluation measure: Developmental progress is measured with a staff assessment of the child’s social-emotional status upon entry to Friendship School, upon exit from services and, where possible, 6 months later and 12 months later at the child’s school site. Stability upon transition is measured through client-level data reports annually.

**Measured Result: The desired results were met.**

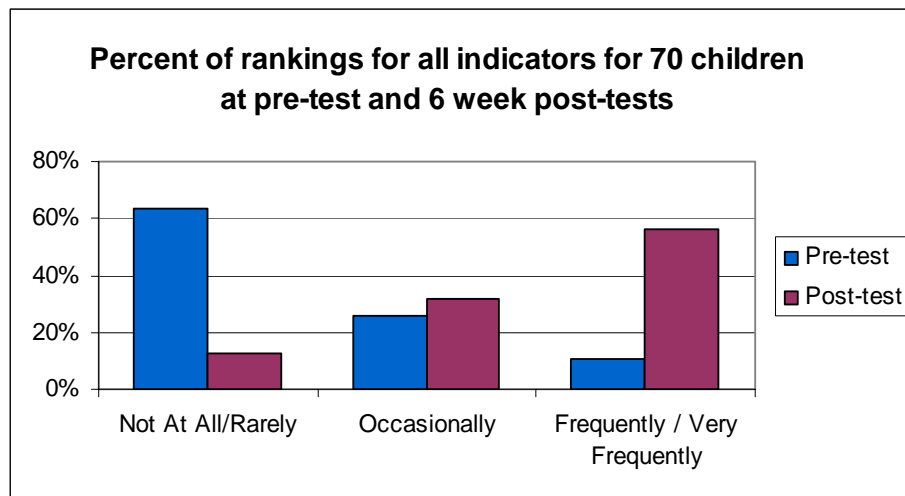
**Social Skills Data:** The teacher at the Friendship School assessed children at intake and transition on 14 behavior indicators, using a 5 point scoring rubric where “not at all” = 1, and “very frequently” = 5 . There are matched scores for 70 children at pre-test and 6-week transition for 2 years of data. Children were followed, wherever possible, for up to 12 months after transition. This was the second year that this was done, so there are fewer children in the 6 month assessment (43 children) and even fewer in the 12 month (25 children).

A high majority of children completing Friendship School increased their frequency rankings of positive behaviors, and these rankings were sustained or increased over time. For the children scoring lowest at pre-test (scores of 1 or 2), there was a high percent of improvement across all low indicators (to a score of 3 or higher), with these gains sustained over time.

**Transition Success:** 90% of the children (38 out of 42) were able to (1) successfully enter or return to their preschool or kindergarten settings with no extra support (76%); or (2) successfully enter or return to a classroom setting with extra support (14%). Three of the four children that did not transition received other services, such as enrollment in a special education classroom, speech and language services, or medical intervention for ADHD. One child was removed from a kindergarten class and enrolled in preschool for another year, and successfully transitioned to kindergarten the following year.

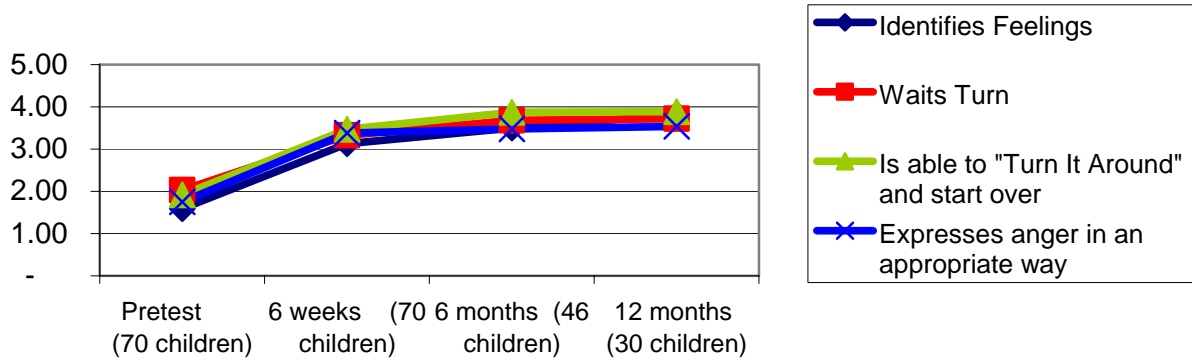
**Data detail:**

- For all children, across all 14 indicators, the trend for movement was toward a higher frequency of positive behaviors. The rate of “Not At All/Rarely” scores was 64% for all indicators at pre-test; this dropped to 12% at the 6-week post-test.



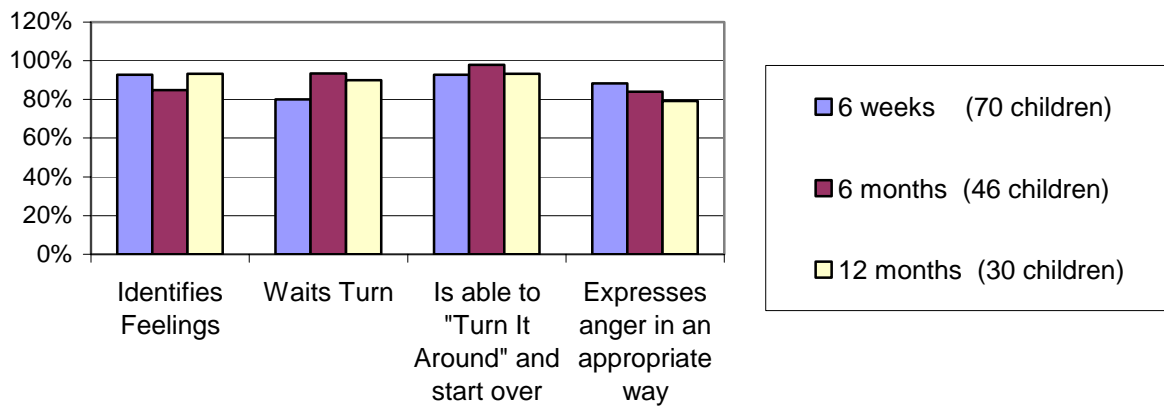
- For the lowest 4 behavior indicators measured at Friendship School, averaged scores moved from “Rarely” at pretest to “Occasionally” at 6 weeks and approached “Frequently” at 6 months. These improvements were generally sustained at 12 months for the children tested. These four indicators have consistently been the ones with the lowest rankings at entry, and the ones that children have shown substantial improvement in.

**Children's Averaged Scores on Lowest Indicators  
at Time Intervals:  
1= Not At All; 2 = Rarely; 3 = Occasionally;  
4= Frequently; 5 = Very Frequently**



- A high majority of children completing Friendship School increased their frequency rankings of positive behaviors, and these rankings were sustained or increased over time.

**Percent Change over time in the number of Friendship School  
children who increased their indicators from pretest**



- Teacher comments can be very revealing at the 6 month and 12 month assessments when the children are back in the classroom. The comments seem to fall into two categories: (1) very positive and supportive of the child's achievements; or (2) concern that the child still needs additional help. This is to be expected when looking at long-term outcomes for this population of children. The good news is that the children have been identified early, and the schools are aware that special attention is needed. Examples:

Children doing well:

*6 mo: Child does not have anger issues anymore, plays well with friends. Mom says he is doing great, can count to 100.*

*12 mo: Child struggles with academics in first grade. He is well liked by his peers and has many friends.*

*6 mo. Child is a good friend and shares nicely. She is very enthusiastic about school.*

*12 mo. Child still has difficulty stopping an activity if she isn't finished or she still wants to continue playing. She can "turn it around" on some days but not every day. She is a great helper and really wants to please.*

*6 mo: Child is a joy to have in class. He is a very important part of our school. He is a great friend, has great listening skills, handles transitions well and is a well rounded great kid.*

*12 mo: Child is a joy. Very curious and eager to learn. He participates in the daily curriculum and succeeds in the academics. He strives to be the first and the fastest which can cause problems sometimes but which also show he wants to be the best he can be. He is ready for kindergarten.*

*6 wk: referred for ADHD evaluation*

*6 mo: Child has good days and difficult days. Parents took steps that the Student Study Team suggested. He is making progress and is still a delight.*

*6 mo: He has so changed his behavior around. We are so proud of him.*

Teacher concerns:

*12 mo: Child's emotional needs are so severe that they interfere with his ability to learn. He has been enrolled in the Tuolumne County ED class to help him learn to self-monitor.*

*14 mo: Child is now in a very structured classroom. He is smart and understands all of the "rules" but will not always follow them. Many days Child will comply with staff directions and get a lot of work completed. He is a joy to work with and has great potential as his negative behavior is "pruned" and his focus and energy is directed into constructive learning.. (Note, scores improved in new classroom)*

*6 mo: Academic concerns. Knows shapes, is not grasping letters and numbers.*

*12 mo: Child has two friends he always likes to play with. He gets upset when they want to play with someone else. He also does not pay much attention to me during circle time and stories. He likes to talk and play with the person sitting next to him.*

*6 wk: Referred for full special education assessment*

*6 mo: Unable to understand when asked a question*

12 mo: Child will return for another year of preschool because of low academic scores and speech and language needs.

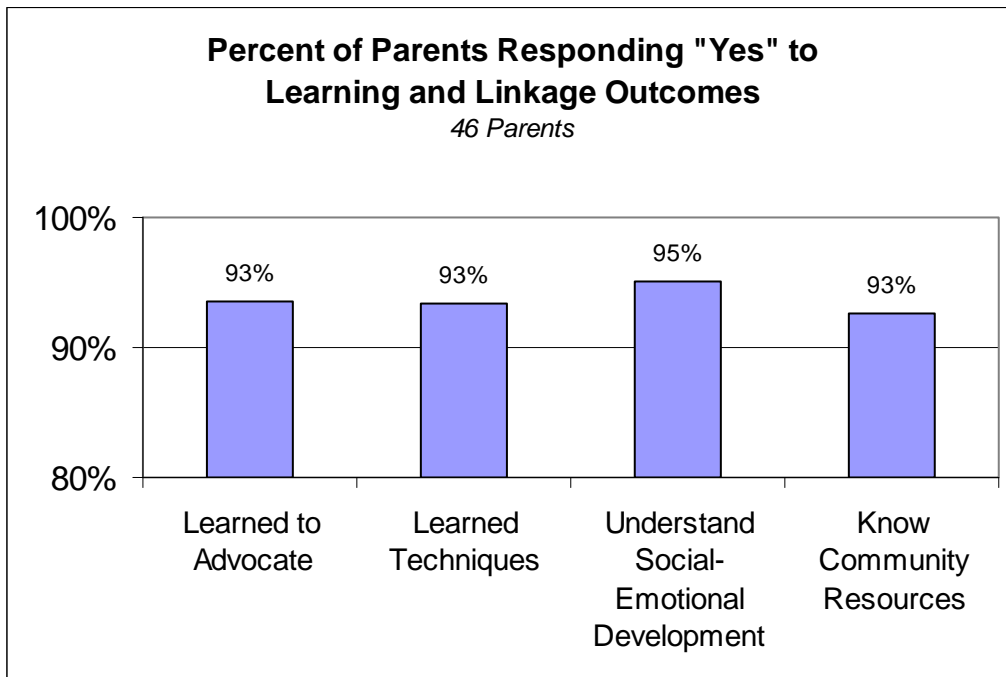
6 wk: Transition with extra support, school counselor

6 mo: I have already seen an improvement in Child's social skills since the beginning of Kindergarten.

12 mo: Child is very easily distracted and has a very hard time staying focused and on task. He has a difficult time sharing and always wants to be first.

6 mo: Concerns about eating habits, pencil/crayon grip, 1&2 step directions, sight - squints 1 eye, alphabetic principle

- Parents have reported on skill gains made as a result of their child's involvement with Friendship School.



- Parent comments also provide good insights into the impact of the program in the home environment.

*I see an improvement already, using the techniques. The more I know, the better off we are.*

*Great rules also applied at home*

*While (child) isn't interested in his stars, he still talked about why he did or did not receive 5 at the end of the day, and why or why not he had a good day. It improved communication on some level. It's been very helpful to receive feedback about (child)'s "unique" personality and how teachers may be able to help him with issues once in school.*

*Consistent routines*

*We're working on implementing new ideas. Friendship School helped connect me with speech services for my child.*

- There is a strong correlation between parent's engagement in and support of the program and the gains demonstrated by the children, either through skill gain or successful referral linkages.

### **Desired Results for children's access to developmental assessment (Child Find):**

**(1) children have greater access to developmental screening; and**

**(2) children who are identified with disabilities and special needs receive development services by the time of kindergarten entry.**

Evaluation measure: Aggregated client-level data of: (1) number of children completing a Child Find Screening; and (2) of those children, number that were referred into and received follow-up developmental services prior to kindergarten entry.

**Measured Result: The desired results were met.**

In two years, 196 children completed a Child Find Screening. Of these, 95 children (48%) were identified to receive either follow-up services or referrals, as follows (most children received more than one service):

- 50 participated in Friendship School
- 50 received on-site consultation at their school sites
- 23 were referred for a Special Education full assessment; 34 were referred for speech and language; of these, 32 received new or expanded special education services
- Referrals were made for assessment for sensory integration (1), behavioral health (8), hearing (1), ADHD (7) and gifted testing (1).

**Desired Result: Schools will be more ready for children, and systems will be ready for children, as demonstrated through: (1) participation of school personnel in on-site consultation; (2) 90% of teachers report skill gain and application; and (3) joint planning and decision making with other agencies.**

Evaluation measures: Data on participation of school personnel in on-site consultation and training; year-end survey of participating teachers; linkage and transition activities, as documented in quarterly reports.

**Measured Result: This desired result was met.**

On-site consultations for teachers serving 50 children over two years:

- Follow-up visits with teachers and providers who have children in their programs on behavior plans developed by the School Readiness program.
- Support to preschool and kindergarten teachers and family day care providers who have children in their programs who have attended the Child Find Developmental Screenings.
- Assistance to children who have participated in the Friendship School to successfully return to their kindergarten or preschool/ECE setting.

Consultations included on-site assessment, record review or telephone interview. Written reports and individualized behavior management plans were developed. Staff participated, as appropriate, in parent-teacher meetings, IEP meetings or SST (student study team) meetings. Follow up observations were conducted as needed.

Consultations were provided in FY 08-09 to teachers at center-based preschool programs (54%), to kindergarten teachers (30%) and to other ECE providers (16%). Consultations were provided at locations in 8 school districts, with 50% in the School Readiness districts of Sonora, Summerville and Jamestown.

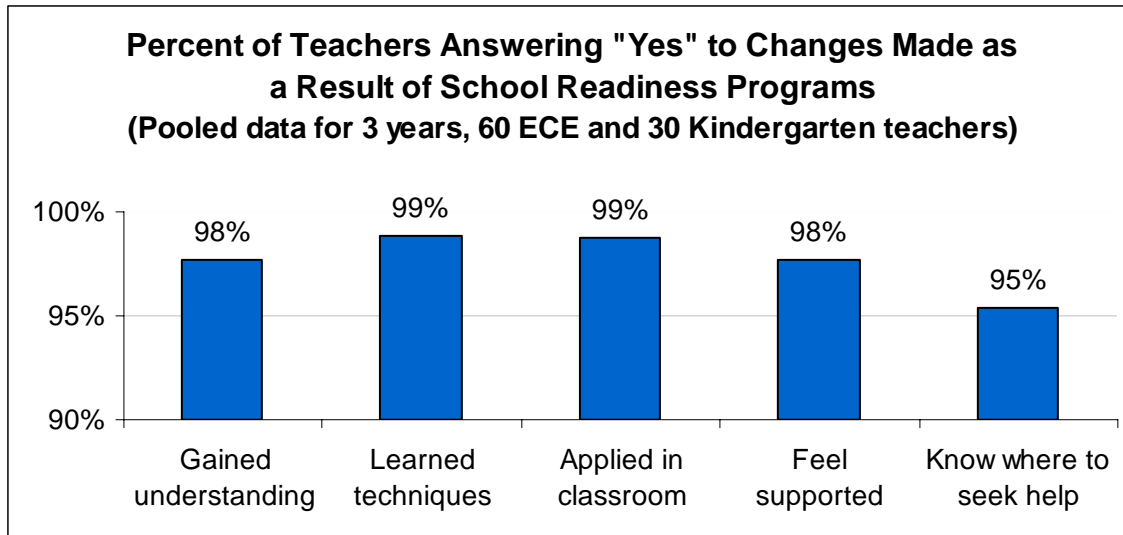
Teacher surveys:

Kindergarten and preschool teachers completed an Outcomes for Teachers Evaluation. To ensure an adequate number of responses to analyze, data has been combined for 90 teachers responding to surveys who were served in the last three years. Individuals who completed the evaluation included preschool teachers, Head Start staff, kindergarten teachers, and staff from the Family Support Centers. Thirty (33%) were kindergarten teachers, and 60 (67%) were ECE/preschool teachers or individuals that worked primarily with that age group.

The evaluation asked a series of questions regarding what services teachers received from the School Readiness/Transitions Program, techniques they have learned, and whether those techniques have been implemented in the classroom or school.

- 90 teachers surveyed reported that their experience with the School Readiness on-site consultation and/or trainings had a positive impact on their classroom teaching, specifically:
  - 98% gained a better understanding of challenging behaviors in young children
  - 99% learned techniques and teaching strategies to address these behaviors
  - 99% reported applying those strategies in their classrooms

- 98% felt supported in their efforts to work with children with challenging behaviors
- 95% knew where to seek and access follow-up help for working with children with these issues



- Seventy-nine percent of respondents had (at present or in the past), a student that had attended the Friendship School. Of these respondents, 83% reported that the reintegration period had provided them with helpful information that they could use with all of the children in the classroom and 94% were able to identify at least one change or improvement that they had made in their classroom or school to better serve children with challenging behaviors.

Joint Planning and Decision Making with Other Agencies:

The School Readiness program staff consistently reported making linkages with a number of partner organizations during the year, including the following entities:

- ICES Raising Healthy Families
- A-TCAA Family Support Centers
- Health Department
- Mountain Women's Resource Center
- Kingsview Behavioral Health
- Interagency Resource Committee (IRC)
- Tuolumne Co. Child Welfare Services
- Kindergarten teachers in the School Readiness districts and other districts
- Head Start
- ECE providers at child care centers
- Family child care providers
- Special Education
- Medical Providers

The School Readiness program staff partnered with the ICES Raising Healthy Families program to provide some training for parents and providers on addressing challenging behaviors in children.

## **ICES Child Care Quality Improvement/CARES**

*1 Year contract, FY 08-09*

*For 08-09: 50 child care providers*

### **Desired Result: Qualified Child Care providers will be retained in the community and will improve their skills.**

**Specifically**, at the end of FY 08-09:

1. 40 licensed child care providers will have demonstrated a level of retention in child care settings and professional skill level as evidenced by their eligibility to receive retention stipends during one or more program years. At least 75% of these individuals will make progress within their tracks or beyond their initial track during this period.
2. Four individuals who are unlicensed child care providers (Family Friend or Neighbor) in Tuolumne County will have demonstrated a commitment to improving their skills as evidenced by their eligibility to receive retention incentives or stipends during one or more program years. At least 50% of these individuals will participate in more than one approved CARES training activity.
3. At the end of FY 08-09, there will be evidence of a strong connection between the local community college, the LCCPC and the CARES project to support the training needs of licensed child care providers. This will be measured through evidence of implementation of course offerings and other training events that support the CARES project and that demonstrate increased access to child care providers.

Evaluation measures: CARES retention stipends awarded, quarterly program reports.

### **Measured Result: The desired result was substantially met.**

- 50 preschool teachers/child care providers participated in the program and received stipends. 80% of these made progress either within or beyond their initial tracks. Of these, 36 (72%) were child care center staff, 11 (22%) were Family Child Care Providers and 3 (6%) were Family Friend and Neighbor (or license-exempt) providers. Eighty percent met the criteria for “priority zone” participants. Of the 50 participants, 50% had participated for multiple years, with 9 providers (18%) participating for 5 or more years.
- 3 Family Friend and Neighbor providers completed CPR /First Aid training to receive stipends. One provider attended more than one approved CARES training activity.

- The additional training and consultation provided to 33 child care sites during this fiscal year resulted in 10 referrals (and 4 children qualified for) special education services. In addition, 6 children were referred to the Friendship School and 6 families were referred to the ICES Raising Healthy Families program.
- Collaboration between the Child Care Resource & Referral program, CARES, the Local Child Care Planning Council, Columbia College Child Development Department and UC Davis Cooperative Extension, resulted in an increased number of unit-bearing educational opportunities made available at convenient times and locations for child care providers.
- There has been increased participation every year since 2005, with the FY 08-09 enrollment 33% higher than 2005.
- The number of Child Development Permits increased in 5 out of 6 categories since 2005.

Further data detail is available in the annual CARES report to First 5 California. Evaluations from previous grant cycles indicate that this approach was effective in encouraging ongoing training for child care providers in our community.

## **Smile Keepers, Tuolumne County Supt of Schools Office and Dental Help Fund, First 5 Tuolumne County**

*4 Year contract, FY 07-08 – FY 10-11*

*For 08-09: 340 children served, 270 primary caregivers*



*This program is funded by School Readiness funds.*

**Desired Result: The oral health condition of the young children in Tuolumne County will be improved as a result of increased capacity for parent education, early preventative care, and treatment.**

**Evaluation measures:**

- Parent education service data and post-surveys
- Service data on dental screenings and fluoride varnish
- Dental decay data at first and second screenings; referral data
- Service data on crisis dental care coverage



**Measured Result: The desired result was met.**

FY 03-04 to FY 06-07 (previous funding cycle): Data is available for the status of children’s teeth at first screening since FY 03-04. This data indicates that the percent of children who are identified with untreated caries at the first screening decreased from 44% in FY 03-04 to 22% in FY 06-07. However, comparing these years of data is difficult as the number and make-up of sites has changed.

Percent of children with untreated caries at first screening:	FY 03-04	FY 04-05	FY 05-06	FY 06-07
	44%	24%	35%	22%

Current Funding Cycle, FY 07-08 – FY 10-11: In the current funding cycle we have instituted a client-level tracking system for evaluation, in an effort to better document the changes over time. Data for two years is available for the children served with First 5 funds as well as children served with DHS funds, in pre-K settings and in kindergarten.

Percent of children with untreated caries at first screening	FY 07-08	FY 08-09
Preschool-aged children	15%	13%
Kindergarten children	12%	12%

While acknowledging the differences in sites and children over the years, the data comparison across six years is compelling. The preventative work is having an impact on children’s oral health in Tuolumne County. However, it must be noted that the pre-K children in Head Start and state preschool sites had a much higher rate of untreated caries at the first visit than the children in private preschools (estimated at 21% versus 5%, averaging at 13% combined.)

For each year the program has been in operation, there has been a measurable change in status for children’s teeth between screenings. This year was the second year we were able to track this information through matched data, which showed that all of the First 5-funded children who had active caries at the first screening (5 out of 187) had received follow-up dental treatment. Four children who had no caries at the first screening had developed caries by the second screening.

Data is also available for the total 0-5 population served, regardless of funding source. In FY 08-09, 12% of all individuals screened were identified with active decay and were referred to dental services. Of these, 57% had received dental treatment by the second screening.

Additional program specific outcomes for the year include:

- Young children had a positive first dental care experience and;
- 93% of parents participating in preventative oral health workshops reported that the information they gained changed their habits and beliefs regarding oral health. (n= 72)

Data detail.

The Smile Keepers Program provides oral health screening on-site at preschool classrooms, Cal Safe, and Family Support Centers throughout the county, making two visits a year to serve children with oral health screenings and fluoride varnish applications. The program screens for decay and makes referrals for dental treatment. The program did 1,775 screenings and fluoride treatments in FY 08-09, serving 1,080 young children or pregnant women (through funding from First 5 and DHS.) First 5 funds supported 532 screenings and fluoride treatment for 6 pregnant women, 35 children up to age 2, and 299 children in preschool settings. Parent education is also provided by the Smile Keepers program, with education on preventative dental care provided to 270 parents (in FY 08-09) at childbirth education classes (with a follow-up reminder when the baby is 6 months old), at WIC clinics, Family Support Centers, and at training events for childcare providers, foster parents, Cal Safe students, Head Start parents and a general audience at the ICES Children’s Fair.

The dental screening and treatment programs provide positive health outcomes directly, in terms of increased access to services.

Service in FY 08-09	Birth – 2, Pregnant women (First 5 funds)	3-5 at preschools, community sites (First 5 funds)	Preschool (DHS funds)	Kindergarten (DHS funds)	Totals
1 screening	42	298	340	406	1,080
2 screenings	4	176	161	336	694
1 fluoride varnish treatment	39	295	319	392	1,041
2 fluoride varnish treatments	3	174	156	331	672

For access outcomes alone (based on an estimated population of 1,422 children ages 3-5 in Tuolumne County), this service rate indicates that the Smile Keepers program provides 73% of our 3-5 year olds in Tuolumne County with a dental screening, and 71% with at least one fluoride varnish each year. First 5 funds have supported a 31% increase in services for children, beyond the DHS service level. The data also show that a very high percentage of parents agree to the topical fluoride treatment as part of the screening. .

Of the 705 individuals that received 2 visits, 84 (or 12%) had moderate or urgent dental care needs discovered at the first visit. Of these, 48 (or 57%) had received dental treatment by the second visit and improved their status. The remaining individuals either showed no change (39%), or got worse (4%). Of the large number of individuals that had had no active caries at the first screening, close to 5% had developed caries by the second screening. These finding point out the missing links in our preventative care system: it is difficult to get children into treatment, and active vigilance and parent education are still critical, and the earlier the better. In the group of very young children served with this program (birth to age 2), 11% already had dental issues.

Parent Education: In response to the question whether the dental information they received during class changed their own habits and beliefs regarding oral health, 72 parents responded:

- Definitely (57%) or Somewhat (36%) changed - 93%
- Did not change – 7 %

The percentage for “definitely changed” was lower than previous years, this may be due to the fact that some parents had already received this information in a prior year, or through a different venue.

A further indication of learning is that parents were able to identify “the most valuable information” that they learned during the workshops. Most participants stated they learned the proper techniques for wiping out the infant mouth and the connection between bacterial transmission and dental problems throughout life. Additional comments included:

- *The importance of establishing a relationship with a dentist especially in case of an emergency;*
- *Don't use toothpaste until at least 18 months of age;*
- *The importance of parent oral health in relation to the child;*
- *Oral health diseases are passed from another person to the infant; they're not born with it;*
- *Low amounts of fluoride in CA drinking water.*

In addition to the Smile Keeper's program, 1 child was provided with crisis dental care through the Dental Help Fund in FY 08-09.

## **Parent-Nurse Partnership – Tuolumne County Public Health**

*44 children served, 41 primary caregivers / pregnant women*

**Desired Result: Seventy-five percent of the families receiving nurse home visits/case management services will increase their family stability, moving from a ranking of *In Crisis* or *Tenuous* to *Adequate Stability* or higher in at least one area of family functioning.**

Evaluation measure:

The Family Stability Assessment domains include shelter, resources, social support, crises, home safety, health, utilization of services, parenting, and domestic violence, with parents assessed as being in a range from In Crisis to High Stability in each domain. Families were assessed at intake, at 6 months, at one year, and/or at transition from the program.

**Measured Result: The desired result was met.**

Data detail. Pooled data from two years indicates that 84% of 37 families moved at least one indicator that had been “high risk” or “tenuous” to “adequate” or “high” stability. At pre-test, 51% of the indicators measured were high risk or tenuous. By post test, this had dropped to 32%, with families moving over half of their low indicators to a stable ranking.

A low percentage of families were being served by other First 5 funded programs.

Families served by:

- ICES RHF home visits or parenting classes: 10%
- A-TCAA Family Support Centers: 10%
- TCSS School Readiness Programs: 10%
- Smile Keepers or Dental Fund: 12%

## **Improved Systems of Care**

The Commission funds some programs that build capacity in the community for service provision, linkage, and community education. In addition, all multi-year programs have a requirement to focus on systems change, building new service linkages, and addressing access issues. All programs make consistent efforts in this regard, and there are a few notable results to highlight:

- In FY 08-09, ICES Raising Healthy Families and the School Readiness Program continued to link their programs to serve families with parenting support. When parents agree to participate in the RHF program, outcomes are improved. The programs have worked together to provide training and to participate in school transition meetings.
- A-TCAA Family Support Centers continued to base their project model on a collaborative framework, utilizing services and leveraging funds from a variety of public and private providers.
- All three School Readiness school districts participated in joint parent-teacher- SR program conferences for transition plans.
- The A-TCAA Family Support Center in Tuolumne had a large Spanish-speaking group of parents, focusing on ESL as well as parenting; this cluster has grown from word of mouth based on the center's quality and results.
- Grantees continued to address transportation issues in their program designs.
- The teacher training programs, highlighted in earlier sections, can also be considered as significant systems change.

The Commission funded 2 capital grant programs in past years designed to address systems change in the community. These program outcomes are highlighted below:

<b>Program</b>	<b>Desired Result</b>	<b>Measured Result</b>
ICES 2007 capital grant	ICES will sustain key educational and support programs for caregivers and for families over a five-year period.	To date (4 years), ICES has sustained the following programs at similar service levels: Child Care Resource and Referral, Alternative Payment Program for subsidized childcare, In-home child abuse prevention services.
DSS Emergency Children's Shelter	The number of children's out-of-home placements will be reduced to 2 or fewer; more sibling groups will remain intact; and children will receive a comprehensive assessment within 10 days and follow-up services.	The Shelter resumed operations in FY 08-09, housing 17 children under the age of 6 at the shelter (37% of the total number of children served.). The average number of placements per child was 1.3 and all children remained in intact sibling groups. All of the children were scheduled for CHDP and Smile Keepers visits, those that did not move to family or foster care placements prior to the appointment date received the services. Four children were determined to require a mental health assessment; 3 received one in the first 10 days of placement.

**CONCLUSIONS**

The Commission's funded programs are demonstrating desired results consistent with the Commission's Strategic Plan and School Readiness Plan. Grantees are providing data to support positive outcomes for families in the areas of family functioning, early childhood education and development, health and/or systems change.

<p style="text-align: center;"><b>VIGNETTES DEMONSTRATING COORDINATION BETWEEN FIRST 5 SERVICE PROVIDERS</b></p>
--

**Family Vignette #1 – A-TCAA FAMILY SUPPORT CENTERS**

During the past program year, our Family Advocate worked with a young mother who was living in a domestic violence relationship with the father of her newborn child. The Family Advocate connected the mother with the Mountain Women’s Resource Center and provided support and advocacy to ensure that the client would receive services. The young mother completed intake paperwork and was moved into the Domestic Violence Shelter. After the client and her child resided at the shelter for a short time, our Family Advocate was able to arrange for her to move into transitional housing and worked with her to apply for a Section 8 housing voucher. After several months, the client was approved for Section 8 and she now resides with her child in permanent and stable housing. The client continues to attend classes at the Family Support Program and participates enthusiastically in all activities. The client shared with the Family Advocate that she is so much “happier” and “confident.” She said, “I’m so glad that I started coming to school here and that I found you guys. My life is so different now. So much better.”

**Family Vignette #2**

*(Names are changed for confidentiality)*

ICES/Raising Healthy Families Annual Report FY 2008-2009

Joe called ICES/Raising Healthy Families program after a social worker from Child Welfare Services came to his house and told him they were investigating a possible child neglect situation regarding his son, Aidan, aged 2 years. Joe and his girlfriend, Anne, were living together with Joe’s father, who had a medical marijuana prescription and grew marijuana in the backyard. Both Joe and his father smoked pot regularly. His girlfriend, Anne, was angry about this and she and Joe fought regularly about it and other issues. Joe was watching Aidan while Anne attended classes at Columbia College and did not notice when Aidan went outside to play by himself. The neighbor saw him outside without supervision and, because they lived on a busy street, called CWS.

When ICES/Raising Healthy Families first visited Joe and Anne, they were struggling to put the needs of their son over their own problems, and were reluctant to admit they needed a lot of help. They didn’t want “people nosing around in their business”, as they put it. The first thing the RHF parent educator did was to address the substance abuse and domestic violence situations in the home and assure the family that our goal was to support them in becoming a healthy family. Joe agreed he smoked too much pot, and that he and Anne fought a lot and needed some help. He agreed to attend AA meetings, which he had done in the past. Anne had been in violent relationships since childhood, so a referral for counseling and group therapy at Mountain Women’s Resource Center was made by the RHF parent educator. Through our close collaboration with our community partner agencies, we were able to get her immediate one-on-one counseling with a therapist at MWRC. As we explained to both parents, how they were parented was having a major impact on how they were parenting Aidan, and that breaking the generations of family abuse and poor parenting would require effort and sometimes might be

very emotional for them. They both felt strongly that they wanted a better life for Aidan than either of them had as children and were willing to do “whatever it took” to give him a happier childhood.

Both Joe and Anne clearly loved their son, but did not have parenting skills or experience. The RHF parenting educator started with assessing their understanding of age appropriate expectations, since there had been an incident where Aidan was not being supervised appropriately for his age. Through assessing both their strengths and inadequacies in parenting, we were able to develop a plan with them to help their family.

Joe had not graduated from high school and, since Anne was going to Columbia College, he was interested in going back to school. RHF helped him enroll in the ATCAA Family Support Center to work on his GED, as well as to keep him busy during the day and less likely to resort to smoking pot when he was bored. He attended part-time to work on his education, and the RHF parent educator made weekly home visits when mom and dad and Aidan were home, to work on parenting education. Anne started attending a domestic violence group at MWRC, as well as receiving counseling.

After 6 months, this family had made big changes. They had started couples counseling and were looking for their own apartment to move away from Joe’s father, who was not a positive influence. Their parenting styles were dramatically different, and Aidan was responding well to their more nurturing and positive guidance. He was sleeping through the night, doing less “tantruming”, and seemed much happier. Dad, who had been the permissive parent, has learned how to set clear limits and boundaries to keep Aidan safe. Mom is doing less yelling (she had been the aggressive parent) and really loves doing the “time ins” with Aidan. They have developed a very structured bedtime routine as opposed to letting Aidan stay up late and watch TV with them; and Aidan is doing much better sleeping through the night. They are fighting less and no longer argue in front of Aidan. The RHF parenting educator had contacted the Columbia College Child Development Center, with permission from both parents, to ensure consistent discipline techniques were being used, both at home and in the childcare setting.

RHF continues to work with this family, as the changes they are making are dramatic and will take time and support to maintain. Both parents are currently very committed to doing whatever they need to do to become a healthier and happier family.

### **Family Vignette #3**

*(Names are changed for confidentiality)*

ICES/Raising Healthy Families Annual Report FY 2008-2009

*This next story demonstrates the perseverance and collaboration of the First 5 funded programs and all our dedication to keeping children in our county from “falling through the cracks”. It is the story of a very troubled family and the great efforts made by many service providers working together in our community to help.*

Todd first came to the attention of the ICES/RHF program in summer of 2008 through a referral from the contract consultant who provides education and support to child development centers when they have a challenging child. The consultant was working with the a local private child care center to help them manage, Todd, a 4 ½ year old who was hitting, biting, kicking, swearing and knocking over other children's projects on a regular basis. The consultant thought in-home parenting would be very helpful for this family. ICES/RHF started making home visits with Todd's mother, after a number of attempted phone calls and cancelled appointments. There appeared to be some possible domestic violence concerns with Todd's mom and her live in boyfriend. Both the consultant. and Todd's teacher at the preschool said that the boyfriend sometimes picked up Todd and they had heard him yelling and telling the child he was going to get a real spanking when he got home. They had never seen him hit Todd, not did the child have any "suspicious" bruises.

During the home visits the RHF parent educator noticed that Todd often would not listen to his mother, though he was very compliant with anything Janet (RHF parent educator) asked him to do. After only 4 home visits, mom called to say everything was better and she did not need any more help. The preschool was using the behavior plan they developed with Judy S. and things were a "bit better" there. The RHF parent educator continued to call mom and try to engage her in the home visits, but the mother declined. Then Todd stopped attending the preschool and no one was sure where the family was. During the last home visit, the RHF parent educator had told the mother about the Child Find Screening at the Tuolumne County Office of Education, and the First Five Friendship School, which we thought might be very appropriate for Todd as he was turning 5 soon.

Several months passed, and RHF sent the mother a letter letting her know she could contact us at any time to resume home visits if she still lived in the area, and included a flyer for the upcoming Child Find Screening in November. We also had alerted the Friendship School that we had recommended Todd be considered if his mother ever brought him to a screening. Meanwhile, The mother had enrolled Todd at Sonora Elementary for Fall 2008 and after 2 weeks of kindergarten his teacher had suggested to mom he was not ready for school as he was unable to "keep his hands to himself and not hurt other children". She also recommended he attend Friendship School.

His mother brought him to the screening and he was enrolled in the January 2009. Friendship School session. During his 6 weeks at Friendship School the teachers had the same concerns about Todd that had previously been mentioned and the family was case managed with ICES/RHF staff to see if we could work with the family in-home again. The mom's boyfriend was still a concern, though nothing that would require a child abuse report could ever be substantiated. Janet, the ICES/RHF parent educator called the mother once again and this time mom was interested in home visits. The mother said Todd's behaviors were worse and she admitted that the boyfriend threatened and often spanked the boy and sent him to his room for long periods. As a mandated reporter, Janet talked to the mother about her concerns for Todd's safety. This conversation led to a contact with MWRC and a decision by the mother to move out of her boyfriend's house.

Todd completed Friendship School and started kindergarten but his behaviors were still destructive and aggressive, both at home and school. It was at this time, during a home visit, that the mother told Janet that Todd was adopted, and his birth mother had been using drugs and drinking while pregnant. She said she had “made the birth mom move in with her and the substance abuse had stopped” for the rest of the pregnancy. The RHF parent educator explained that the use of drugs and alcohol in the first trimester can cause the most damage to the unborn fetus. It was very difficult for the mother to admit that Todd might have neurological problems, but she finally consented to having him assessed. Recommendations for a psychological assessment for Todd had been suggested to mom over the past year, by Judy Schroeter, the preschool staff, the Friendship School teacher and psychologist, and his kindergarten teacher. Through our strong collaboration with Tuolumne County Behavioral Health and based upon the number of people recommending a psychological evaluation for Todd, we were able to move him to the top of the list to see Dr. Roxas; instead of waiting for 3 months for an appointment.

In June of 2009 Todd finally had a psychological evaluation. He has severe neurological and emotional damage. While this is a sad story, it is also a story of hope because of the networking and persistence of parenting support and early childhood programs in our county. Todd is still young enough to benefit greatly from changes in his environment and appropriate therapeutic interventions. Mom realizes she needs help in learning how to parent Todd, and in dealing with her own problems. Mother and child are currently receiving lots of support and help and, in time, both can heal and learn more positive ways to deal with the stress and trauma they have experienced.