

First 5 Inyo County Evaluation Report 2020-2021

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Introduction

In November 1998, California voters passed Proposition 10, the “Children and Families Act of 1998.” Its intent was to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early child development, and to ensure that children are ready for school and reach their full potential.

The Inyo County Children and Families Commission was created in 1999 by the Inyo County Board of Supervisors to carry out the work of Position 10 in the county.

First 5 Inyo County is a program of Public Health and Prevention division of Inyo County Health & Human Services. Inyo County Health & Human Services works to “Strengthen Resilience and Well-Being in Our Community.”

OUR VISION: All Children in Inyo County will thrive.

OUR MISSION: First 5 Inyo builds the early childhood systems and supports needed to ensure Inyo County’s youngest children are healthy, safe and ready to succeed.

First 5 Inyo County’s Commission includes representatives from the Inyo County Board of Supervisors, Health & Human Services, parents of children 0 to 5, and representatives from early childhood education and health service organizations.

First 5 Inyo County strategic goal is to be a strong organization that serves as a catalyst of sustained positive change for children 0 to 5 and their families into the future.

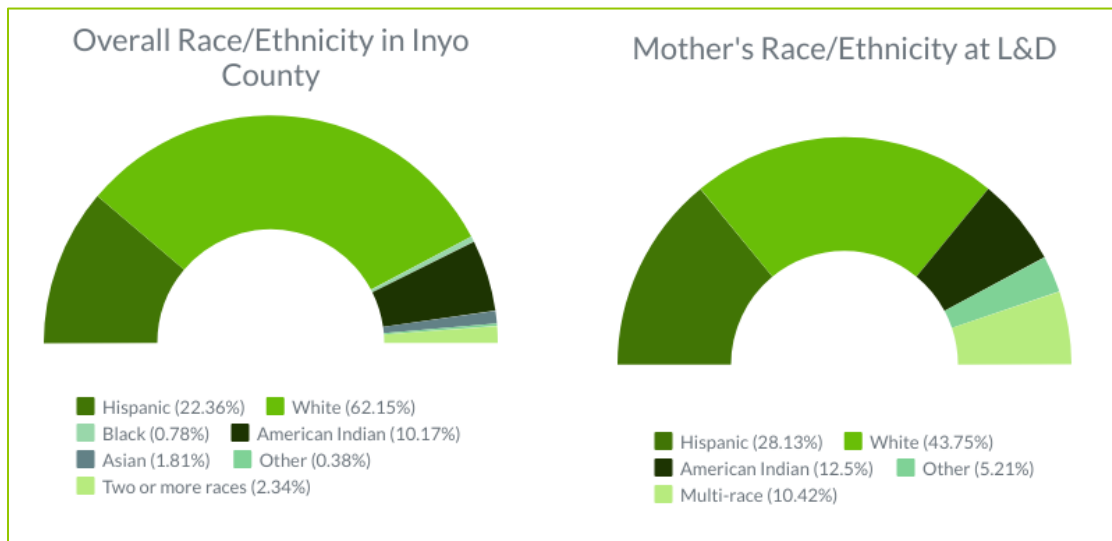
This report will address each of the four Focus Areas from the 2019-2024 Strategic Plan for First 5 Inyo, reflecting Proposition 10 and Small Population County Funding Augmentation (SPCFA) investments. Each Focus Area will include highlights of each program’s goal, services delivered, and outcomes achieved. Lastly, each section will conclude with a discussion and overview of lessons learned and next steps. First this report will provide an overview of Inyo County, describing the demographics and circumstances of families and children zero to five. The report will then provide a brief overview of fiscal revenue and expenditures. Then this report will start with Focus Area 1: Systems Building; then Focus Area 2: Resilient Families; on to Focus Area 3: Comprehensive Health and Development; and lastly Focus Area 4: Quality Early Learning.

Overview of Inyo County

Based on annual births, Inyo County is the eighth smallest county in California.¹ There are almost 1,000 children under age five.² An astonishing 14.6% of these children are living in poverty.³



Children zero to five and their families are more racially and ethnically diverse than the overall county demographics. For example, mothers giving birth in Inyo County report their race and/or ethnicity as Hispanic, American Indian, and Multi-Race in higher percentages compared to the overall population of Inyo County (see figure below).⁴⁵



¹ California Department of Public Health California Vital Data (Cal-ViDa) query tool, births in 2019 by place of residence of mother. <https://www.cdph.ca.gov/Programs/CHSI/Pages/California-Vital-Data.aspx#>

² American Community Survey 2019 ACS 5-Year Estimate Data Profile <https://data.census.gov/cedsci/table?q=inyo%20county&tid=ACSDP5Y2019.DP05&hidePreview=false>

³ American Community Survey In the Past Twelve Months <https://data.census.gov/cedsci/table?q=Inyo%20County,%20California%20Income%20and%20Poverty&tid=ACSST5Y2019.S1701>

⁴ American Community Survey 2019 Demographic and Housing Estimates <https://data.census.gov/cedsci/table?q=Inyo%20County,%20California%20Race%20and%20Ethnicity&tid=ACSDP5Y2019.DP05&hidePreview=false>

⁵ California Department of Public Health California Vital Data (Cal-ViDa) query tool, births in 2019 by place of residence of mother <https://cal-vida.cdph.ca.gov/VSQWeb>

Inyo County children and families face multiple challenges. Sixteen percent of children are living in food insecure households, which is slightly better than the state average of 18%.⁶ Forty percent of children are meeting or exceeding grade-level standards in English by Grade 3, which unfortunately is lower than the state average of 49%.⁷ However, since 2015, this average has been slowly increasing.

Inyo County contains astounding natural diversity. It includes Owens Valley and parts of Death Valley, and is located between the Sierra Nevada Mountains and the White Mountains along the California and Nevada border. It is the second largest county by area in California with 10,140 square miles; and with a population of 17,987, Inyo County has the second-lowest population density in the state with only 1.8 persons per square mile.

Overall, low education levels, low household income, high costs of living, and the remote location of communities within Inyo County are compound challenges resulting in high stress on families in Inyo County.

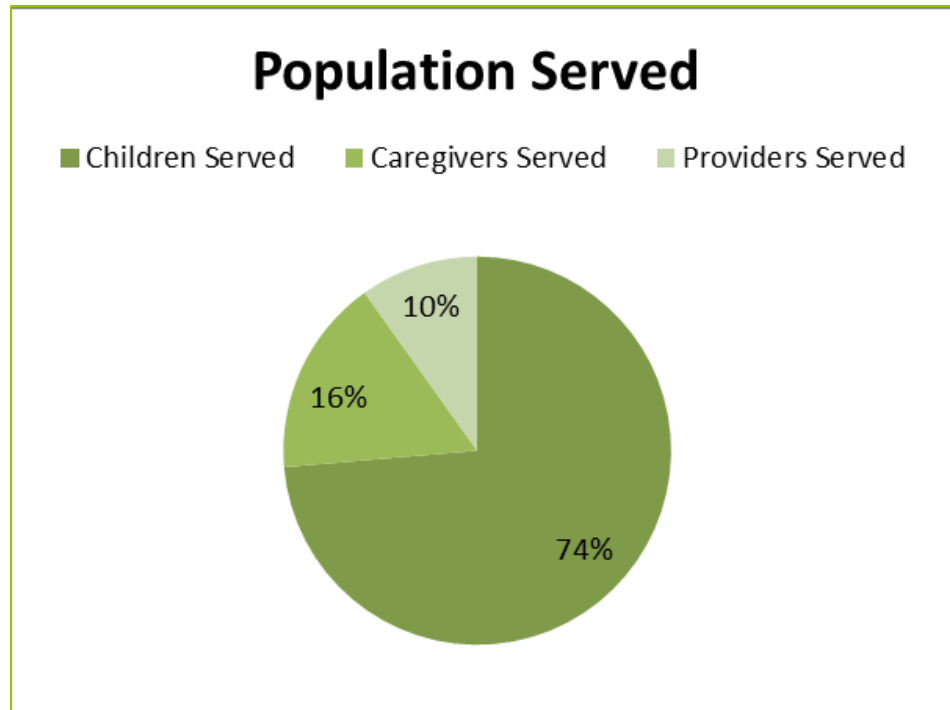
⁶ KidsData.org Children Living in Food Insecure Households <https://www.kidsdata.org/topic/764/food-insecurity/table#fmt=1168&loc=358,2&tf=95&sortColumnId=0&sortType=asc>

⁷ KidsData.org Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASPP), by Grade Level <https://www.kidsdata.org/topic/127/reading-caaspp-grade/table#fmt=133&loc=358&tf=124&ch=1249&sortColumnId=0&sortType=asc>

Overview of Fiscal Year 2020-2021

Population Served

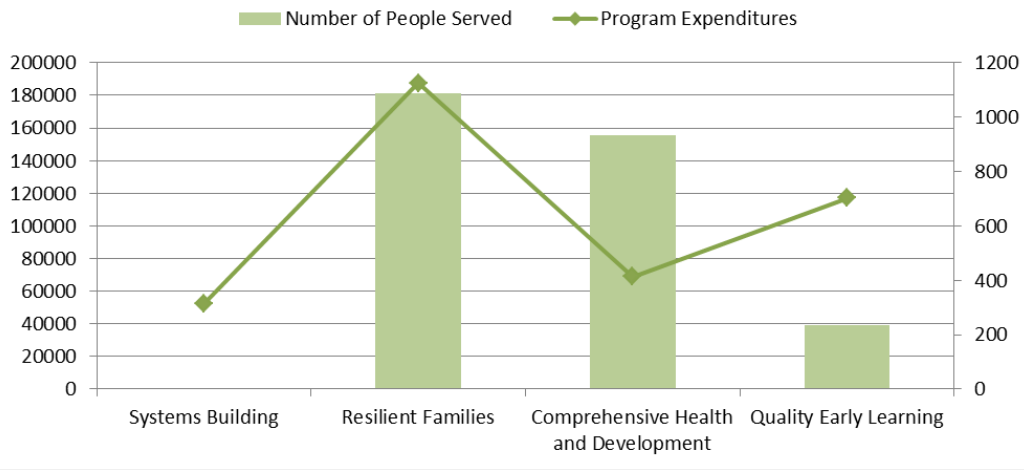
In Fiscal year 2020-2021, 1,663 children, 372 parents and 223 providers were served by First 5 Inyo County. These numbers are possibly duplicated across programs – for example, it’s possible a child or family received multiple services from multiple programs.



Funding

The total spending for Fiscal Year 2020-2021 was \$480,223 which is \$65,865 over revenues of \$414,358. Our ending fund balance as of June 30, 2020, was \$748,295. Overall, spending included \$425,913 in Programs, \$48,119 in Administration, and \$6,191 in Evaluation.

Expenditures by Focus Area and Total Served



Focus Area 1: Systems Building

Overview

The Systems Building Focus Area is one of two new focus areas for First 5 Inyo County, identified by the Commission during the needs assessment and strategic planning process in early 2019.

The goal of Focus Area 1 is to ensure county systems are integrated, strategic, and culturally responsive in their approaches to strengthening and supporting families. First 5 Inyo County works towards this goal with three Systems Building activities:

1. Inyo County Perinatal Taskforce
2. Family Strengthening Collaborative
3. Inyo County Triple P Network

Each System Building activity has an identified outcome. The Inyo County Perinatal Taskforce increases collaborative agencies’ professional competency in communication, problem solving, and trust. The Family Strengthening Collaborative improves knowledge among direct practitioners about available services. And the Inyo County Triple P Network increases the number of children and families served and referred to Triple P services.

The goal, activities, and outcomes for each of these three activities under Focus Area 1 are explained in the logic model below.

Figure 1: Systems Building Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Meeting location/zoom 	Inyo County Perinatal Taskforce: <ul style="list-style-type: none"> Facilitate bi-monthly taskforce meetings on second Thursday at noon Maintain Maternal Mental Health matrix Create Breastfeeding Care Pathway 	<ul style="list-style-type: none"> Number of providers participating in the Taskforce Number of meetings held Number of providers using the Maternal Mental Health Matrix Number of providers using the Breastfeeding and Care Pathway 	<ul style="list-style-type: none"> Increase collaborative agencies’ professional competency in communication, problem solving, and trust (Data Source: Relationships Survey) Increasing number of new mothers and infants who receive services (Data Source: Agency Data) 	County systems are integrated, strategic, and culturally responsive in their approaches to strengthening and supporting families.
<ul style="list-style-type: none"> Staff hours Meeting location/zoom 	Team Inyo for Family Strengthening <ul style="list-style-type: none"> Facilitate quarterly collaborative meetings on last Tuesday at 3pm Create an Online Resource List of family resources 	<ul style="list-style-type: none"> Number of providers participating in the collaborative Number of services listed on the Online Resource List Number of site visits to the Online Resource List 	<ul style="list-style-type: none"> Improved knowledge among direct practitioners about the available services (Data Source: Knowledge Survey) 	
<ul style="list-style-type: none"> Staff hours Meeting location/zoom Trainings Curriculum Materials 	Inyo Triple P Network <ul style="list-style-type: none"> Facilitate quarterly network meetings on fourth Tuesday at 6am Train providers in Triple P Create the Provider & Services Sheet 	<ul style="list-style-type: none"> Number of providers trained Number of providers accessing the Sheet Number of providers participating in quality improvements 	<ul style="list-style-type: none"> Increase the number of families served (Data Source: Agency Data) Increase the number of families referred to services (Data Source: Quarterly Self Report) Increase quality improvements achieved (Data Source: To be determined) 	

The following sections describe each of these three activities in more detail.

INYO COUNTY PERINATAL TASKFORCE

The first Systems Building activity this report will analyze is the Inyo County Perinatal Taskforce. The Taskforce was one of two collaborative cross-agency groups that First 5 Inyo County began to facilitate

following the 2019 Strategic Plan. The second being the Family Strengthening Collaborative, where evaluation findings will be shared in the next section. Taskforce activities include bi-monthly meetings, maintaining a Maternal Mental Health Matrix, and creating a Breastfeeding Care Pathway will be measured by tracking outputs such as number of meetings, number of providers participating in each meeting and using the Matrix and Pathway. Evaluation findings will measure two outcomes: 1) increasing collaborative agencies' professional competency in communication, problem solving, and trust, and 2) increasing the number of new mothers and infants receiving services.

Figure 2: Inyo County Perinatal Taskforce Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Meeting location/zoom 	Inyo County Perinatal Taskforce: <ul style="list-style-type: none"> Facilitate bi-monthly taskforce meetings on second Thursday at noon Maintain Maternal Mental Health matrix Create Breastfeeding Care Pathway 	<ul style="list-style-type: none"> Number of providers participating in the Taskforce Number of meetings held Number of providers using the Maternal Mental Health Matrix Number of providers using the Breastfeeding and Care Pathway 	<ul style="list-style-type: none"> Increase collaborative agencies' professional competency in communication, problem solving, and trust (Data Source: Relationships Survey) Increasing number of new mothers and infants who receive services (Data Source: Agency Data) 	County systems are integrated, strategic, and culturally responsive in their approaches to strengthening and supporting families.

Progress Towards Outputs

Twenty-three providers attended six bi-monthly meetings of the Inyo County Perinatal Taskforce in fiscal year 2020-2021. This included staff from Northern Inyo Healthcare District (NIHD), Bishop Pediatrics, Toiyabe Indian Health Project, and Inyo County Health & Human Services. Staff represents behavioral health, occupational therapy, labor & delivery, social work, registered dietician, rehabilitation, public health, women's clinic, and care coordination.

To increase number of new mothers connecting to and receiving services, the Perinatal Taskforce created the Maternal Mental Health Matrix in 2019-2020. At the May 13, 2021, Perinatal Taskforce meeting, two providers indicated they had used the matrix, and one provider shared they didn't know about the resource.

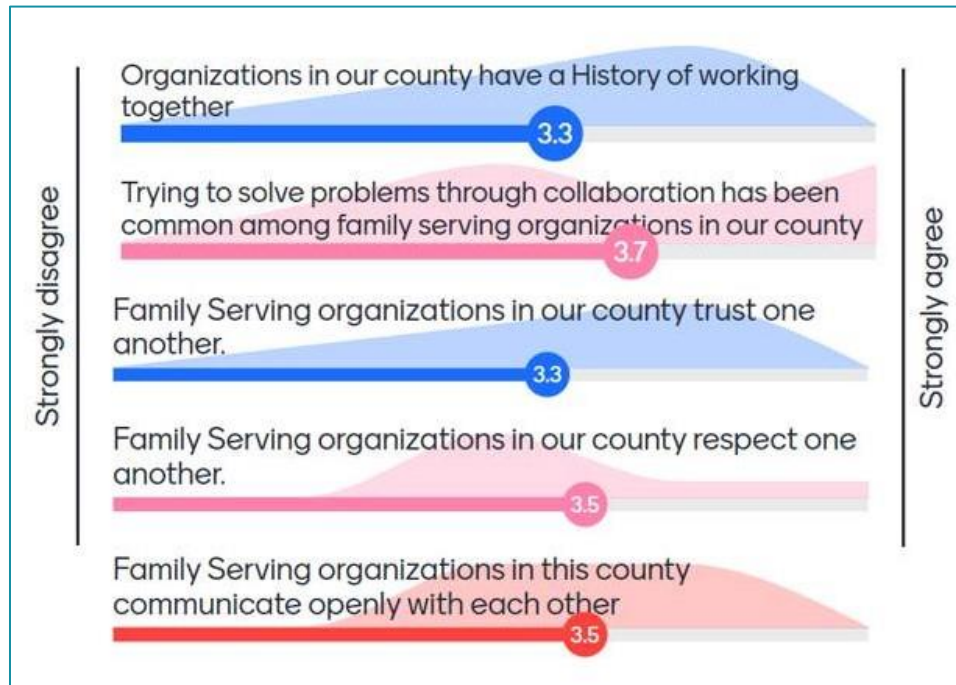
In August 2020, NIHD closed the NEST program. Taskforce members were concerned mothers would be lost to follow-up breastfeeding support as the services the NEST program provided was divided up between multiple clinics and programs. The Taskforce created a Breastfeeding sub-committee, with the first task to create a Breastfeeding Care Pathways (see Appendix page 35-36). The Breastfeeding sub-committee continued to meet quarterly to ensure services were coordinated, and the chair reported back updates to the bi-monthly Taskforce meetings. Use of the breastfeeding care pathway was not collected in the reporting year.

Progress Towards Outcomes

The Perinatal Taskforce goal is to increase collaborative agencies' professional competency in communication, problem solving, and trust. At the March 2021 Taskforce meeting, members were asked a series of questions around the relationships among family serving organizations. On a scale of one to five, one being disagree and five being strongly agree, providers responses averaged 3.5 score in

relationship professional competency. Figure 3 below shows the average score on the five-point scale for each question, as well as the distribution of responses in the background curve.

Figure 3: Perinatal Taskforce Relationship Survey Responses, March 2021



The area of strength for the Taskforce is solving problems through collaboration, and an area of opportunity for the Taskforce is improving trust and working together. This Relationship Survey will be repeated each spring to gauge the relationship professional competency of the Taskforce.

Lessons learned and next steps

The Perinatal Taskforce was created in 2019 to fill a need for agency communication and collaboration. Being doing people, we began to meet without agreeing on a vision. Staff will facilitate a vision statement activity in 2021-2022. In the first two years of the Taskforce, energy focused on sharing available resources and creating resource lists like the Maternal Mental Health Matrix and Breastfeeding Care Pathway. A future evaluation priority is to focus on improving data collection around provider use of the Matrix and Pathway, ensuring their intended purpose is being achieved.

Additionally, a second future evaluation priority is to focus on the outcome to increase the number of new mothers and infants who receive services. All of the work reported on here, to collaborate, communicate, work together, share resources, all share a common purpose in helping mothers and infants connect better to services. First 5 staff will open conversations with the Taskforce on the feasibility and functionality of sharing agency service data.

FAMILY STRENGTHENING COLLABORATIVE

The Family Strengthening Collaborative is the second of two collaborative cross-agency groups that First 5 Inyo County began to facilitate following the 2019 Strategic Plan. Collaborative activities include quarterly collaborative meetings and creating an online resource list that will be tracked by measuring the following outputs of number of providers participating, and the number of services listed in the online resource list, and number of site visits to the online resource list. These activities will lead to an outcome of improving knowledge among direct practitioners about the available services.

Figure 4: Family Strengthening Collaborative Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Meeting location/zoom 	Family Strengthening Collaborative <ul style="list-style-type: none"> Facilitate quarterly collaborative meetings on last Tuesday at 3pm Create an Online Resource List of family resources 	<ul style="list-style-type: none"> Number of providers participating in the collaborative Number of services listed on the Online Resource List Number of site visits to the Online Resource List 	<ul style="list-style-type: none"> Improved knowledge among direct practitioners about the available services (Data Source: Knowledge Survey) 	County systems are integrated, strategic, and culturally responsive in their approaches to strengthening and supporting families.

Progress Towards Outputs

The Family Strengthening Collaborative as 24 participating providers attending quarterly meetings co-facilitated by First 5 and Bishop Pediatrics. The primary success of the Collaborative in 2020-2021 was the launch of the Online Resource List, a directory of family support resources: <https://www.teaminyo.com/community-resources/>. The Online Resource List highlights 112 services in the areas of Health, Adult Services, Basic Needs, and Family Support. Each entry includes contact information, referral and/or application forms, and a brief description of the service. The List also offers printable resources, condensed formatted lists in five topic areas: Resilient Resources, Adult Services, Basic Needs, Health, and Family Support. Providers can print the lists to distribute to clients if internet access is a barrier. At this time there is no data to report on the number of site visits to the Online Resource List, as the Resource went live on June 30, 2021! Future evaluation reports will share use data including which pages are visited most frequently.

This reporting period also saw the close out of the CATCH grant (Community Access to Child Health) from the American Academy of Pediatrics. Those activities completed included six focus groups and an extensive multi-disciplinary team discussion.

Progress Towards Outcomes

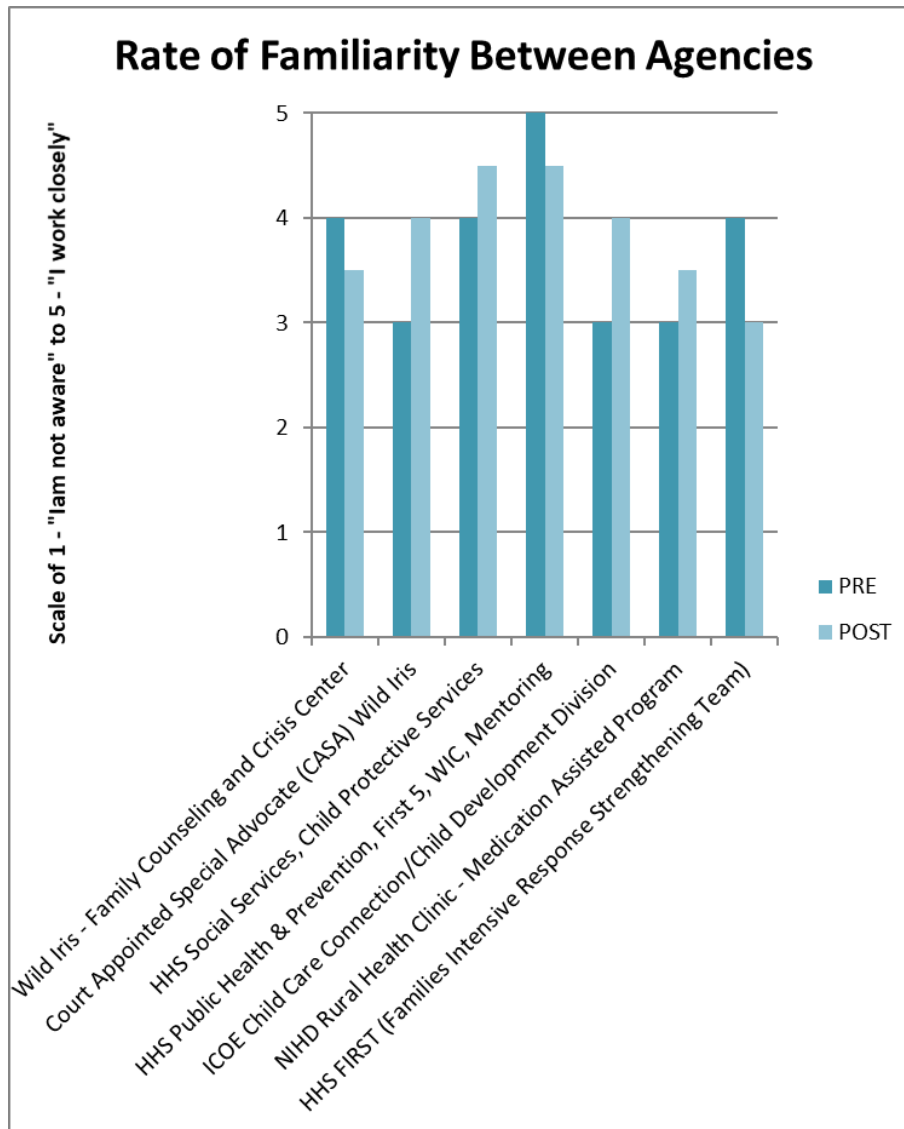
From its inception, the primary outcome of the Collaborative focused on improving knowledge among direct practitioners about the available services for families in Inyo County. In 2020-2021, providers knowledge of available services increased slightly in familiarity.

At the first collaborative meeting in August 2019, key stakeholders completed the Knowledge Survey, indicating their familiarity with a variety of family support programs in our community. In October 2021, a follow-up Knowledge Survey was sent to Collaborative members, to assess the extent to which the

Collaborative’s knowledge changed over the previous two years. The Knowledge Survey listed 11 agencies providing services to families and asked to rate the familiarity of the group from not aware of this organization (score of 1) to I work closely with this organization (score of 5).

Comparing the pre-knowledge survey in 2019 to the post-knowledge survey in 2021, four of the seven agencies increased their rate of familiarity among the collaborative members. The average rate of familiarity increased ever-so-slightly from 3.7 to 3.8. See Figure 4, Rate of Familiarity.

Figure 5: Rate of Familiarity Between Agencies



There are two significant considerations to review this data with. First, only four providers completed the post-survey, so the data is from a very limited set. Second, data from three agencies couldn't be compared pre- and post-, due to the organizations closing. An additional four agencies were added to the Knowledge Survey and will result in more data to compare in the future.

Lessons learned and next steps

With the CATCH grant closing in October 2021, First 5 and Bishop Pediatrics will focus on the sustainability of this group after the grant ends and transitioning to a formal structure like a child abuse prevention council. Activities could include connecting with Strategies TA for technical assistance in writing bylaws and creating a Prevention Plan. First 5 staff will focus on maintaining the Online Resource List, including adding new resources and updating current information. In evaluating the success of the Collaborative, staff will put more effort to ensuring a robust survey response for better data analysis.

INYO COUNTY TRIPLE P NETWORK

First 5 Inyo’s longest running systems building initiative is the Triple P Network, begun in 2017. The Network is open to any Inyo County agency implementing the Triple P Positive Parenting Program. Activities include quarterly meetings, training providers in Triple P, and creating the Provider & Services Referral Sheet. These activities will be measured through outputs including number of providers trained, number of providers accessing the Referral Sheet, and the number of providers participating in quality improvements. The Network has three outcomes to show the success of the work: increasing the number of children and families served by Triple p, increasing the number of families referred to Triple P services, and increasing the quality improvements achieved.

Figure 6: Inyo County Triple P Network Logic Model

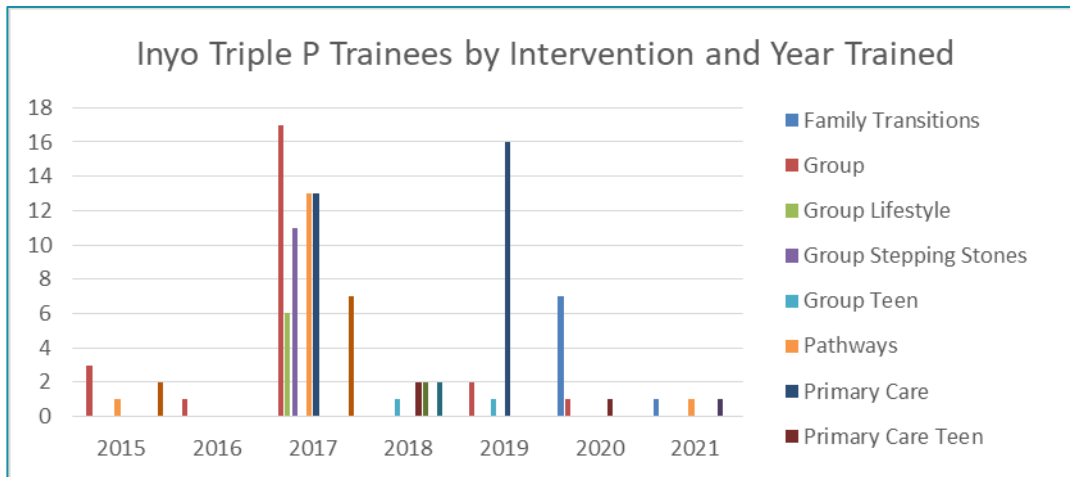
Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> • Staff hours • Meeting location/zoom • Trainings • Curriculum Materials 	<p>Inyo Triple P Network</p> <ul style="list-style-type: none"> • Facilitate quarterly network meetings on fourth Tuesday at gam • Train providers in Triple P • Create the Provider & Services Sheet 	<ul style="list-style-type: none"> • Number of providers trained • Number of providers accessing the Sheet • <i>Number of providers participating in quality improvements</i> 	<ul style="list-style-type: none"> • Increase the number of families served (Data Source: Agency Data) • Increase the number of families referred to services (Data Source: Quarterly Self Report) • <i>Increase quality improvements achieved (Data Source: To be determined)</i> 	<p>County systems are integrated, strategic, and culturally responsive in their approaches to strengthening and supporting families.</p>

Progress Towards Outputs

Currently, there are seven programs with twelve staff from four agencies actively participating in the Network. These programs include FIRST Wraparound with Inyo County Health & Human Services; First 5 with Inyo County Health & Human Services; North Star Counseling Center with Inyo County Office of Education; Kern Regional Center; Re-entry Program with Inyo County Health & Human Services; Tecopa Social Services with Inyo County Health & Human Services; and Wild Iris Family Counseling & Crisis Center, CASA of the Eastern Sierra.

First 5 Inyo County began training practitioners in Triple P in 2015. There was a significant investment in 2017, hosting six Triple P trainings locally. After this initial push, one local training was offered per year, and individual practitioners were supported in their training needs by attending regional open enrolment trainings or undergoing a special accreditation. See Figure 7 below. Since 2015, 48 unique practitioners have been trained in at least one level of Triple P. Twelve of those practitioners are currently teaching Triple P or participating in the Network.

Figure 7: Inyo Triple P Trainees by Intervention and Year Trained



In response to the pandemic, Triple P switched all trainings to virtual, increasing the access for Inyo providers to select the specific intervention needed for their program requirements. First 5 Inyo supported seven practitioners in the reporting period in accessing twelve trainings virtually in eight different interventions.

Additionally, as more practitioners began to use Triple P, the Network identified a need to coordinate services to ensure there is no wrong door for families accessing Triple P. In this reporting period, the Network created a Providers & Services Sheet in Google Docs (see Appendix page 37). The Providers & Services Sheet describes each participating member of the Network, their name, title, agency, level(s) of training in Triple P, availability to work with clients, contact information such as phone and email, referral status, stipulations of care, and referral forms if available. The sheet is intended for internal use among Network providers to facilitate referrals.

The quality improvement output has not begun. There were no providers participating in quality improvements.

Progress Towards Outcomes

The Inyo County Triple P Network works to achieve three outcomes: increasing referrals to families and the number of families served, and to increase quality improvements achieved. This is still a work in progress for the Network.

To increase the number of children and families served, the Network will undertake a countywide outcomes data project, tracking the number of families served by which agencies and which Levels of Triple P modules. This countywide outcome data project showing the number of families served will be the top priority to implement in 2021-2022. No family data has been collected at this time across the Network.

To increase the number of families referred to services, the Network created the Services Sheet in April 2021 (Appendix page 39). The Sheet was launched in April 2021, and the Network has committed to reviewing and updating as a standing agenda item at the quarterly meetings. Data collection on the number of providers accessing the sheet and the number of families referred to a Triple P provider will start to be collected in July 2021 and reported in the next evaluation summary report.

The last outcome to increase quality improvements achieved has not begun. This activity will follow the implementation of the countywide data outcomes project in 2022-2023. Triple P America released the first guidance on monitoring fidelity called the Triple P Quality and Fidelity Monitoring Process (QFMP). The QFMP includes information sheets on describing each of the core components of Triple P and a set of three checklists to inform more broad ways to continually improve upon Triple P delivery. The QFMP is designed to assist agencies with developing a process with the organization's capacity, resources and desired outcomes in mind. As the Network providers assess the core components of their programs and reflect on these components, providers will be able to identify areas of opportunity to continually improve on their Triple P delivery.

Lessons learned and next steps

The Triple P Network resumed quarterly meetings in January 2021, after a break during the first part of the pandemic in 2020. The reporting period of 2020-2021 reflects the first year of meetings virtually on zoom. As the Network re-engaged, the committed partners returned ready and excited to participate in these systems level projects. The priority is to continue to dedicate meeting and staff time to advancing the outcomes. The Network will focus first on the countywide data outcomes project and then begin discussing quality improvements.

Focus Area 2: Resilient Families

Overview

The Resilient Families focus area is the area the First 5 Commission invests the most resources and contains the activities that have been the longest running programs. The goal of this focus area is to ensure families are resilient and raising happy, healthy, and thriving children. First 5 Inyo County works to achieve this goal with the following activities:

1. Triple P Positive Parenting Program
2. You & Me Under Three Home Visiting Program
3. Families Intensive Response & Strengthening Team (FIRST) Program,
4. Reach Out and Read
5. Dolly Parton's Imagination Library

Outcomes in the Triple P Positive Parenting program investigate changes in the parents' awareness and knowledge of positive parenting. You & Me Under Three Home Visiting Program outcomes look at rates of referrals and families demonstrating increased knowledge and quality of life. The FIRST Wraparound program outcomes focus on increasing protective factors of families. Lastly, Reach Out and Read and Imagination Library focus on increasing the percentage of parents who read to their children each day.

The goal, outcomes and activities are described in the logic model below. Each activity will be described and analyzed in more detail in the coming sections.

Figure 8: Focus Area 2 Resilient Families Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Educational materials Referral agencies 	Triple P Positive Parenting Program: <ul style="list-style-type: none"> Implement Levels 1 – 5 of the Triple P Positive Parenting Program 	Level 1 <ul style="list-style-type: none"> Number of parents reached in PPAM activities Level 2-3 <ul style="list-style-type: none"> Number of parents attending a seminar, discussion group, or primary care intervention Level 4-5 <ul style="list-style-type: none"> Number of classes Number of parents who attended one or more sessions Number of parents who graduated 	Level 1: <ul style="list-style-type: none"> Increase parents awareness of Triple P (Data source: PPAM tracking) Level 2 Seminars and Level 3 Discussion Group: <ul style="list-style-type: none"> Parents increase understanding of what they can do to help their child learn new skills and behaviors (Data source: Satisfaction survey) Level 3 Primary Care and Level 4 Group: <ul style="list-style-type: none"> Parents demonstrate decreases in laxness, over-reactivity, and hostility (Data source: Parenting Scale) Level 5 Pathways and Family Transitions: <ul style="list-style-type: none"> Parents demonstrate decreases in the Depression, Anxiety, and Stress Scale (DASS) 	Families are resilient and raising happy, healthy, and thriving children.
<ul style="list-style-type: none"> Staff hours Educational materials Referral agencies 	You and Me Under Three Home Visiting Program: <ul style="list-style-type: none"> Activity 1: Implement an innovative referral process Activity 2: Provide home visiting services utilizing the Parents as Teachers foundational curriculum over the course of 6 months/bi-weekly 	Activity 1: <ul style="list-style-type: none"> Number of referrals received Number of families enrolled Number of community presentations Activity 2: <ul style="list-style-type: none"> Number of sessions attended Number of completions Number of families continuing services 	<ul style="list-style-type: none"> Increase in Community partners utilization of the referral form (Data Source: CHVP Referral Log) Family demonstrates increased abilities and knowledge learned (Data source: Life Skills Parenting Assessment) Family demonstrates increased quality of life (Data source: Quality of Life Survey) 	
<ul style="list-style-type: none"> Staff hours Educational materials 	HHS FIRST Wraparound: <ul style="list-style-type: none"> Provide targeted family support through the FIRST program 	<ul style="list-style-type: none"> Number of families engaged in FIRST intervention 	<ul style="list-style-type: none"> Parents demonstrate increase in protective factors : parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (Data Source: Family Development Matrix) 	
<ul style="list-style-type: none"> Staff hours Pediatric clinic staff Books 	Reach Out and Read: <ul style="list-style-type: none"> Distribute books to families in pediatric settings 	<ul style="list-style-type: none"> Number of books distributed Number of providers trained to distribute books Number of providers distributing books 	<ul style="list-style-type: none"> Increase percentage of parents who read to their children 15 minutes each day (Data Source: Literacy Survey) 	
<ul style="list-style-type: none"> Staff hours Promotion materials 	Imagination Library: <ul style="list-style-type: none"> Register children 0-5 in the program database 	<ul style="list-style-type: none"> Number of children registered Number of books mailed 		

TRIPLE P POSITIVE PARENTING

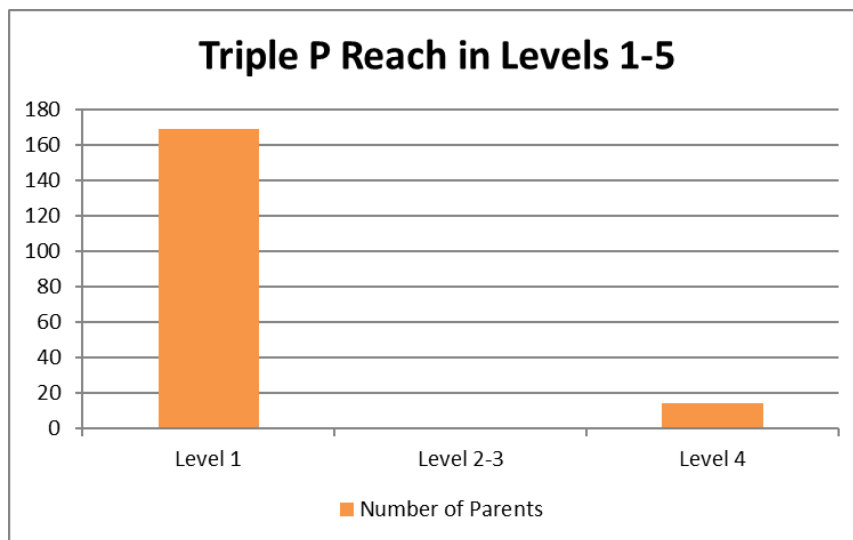
The Triple P Positive Parenting Program is an evidence-based program that gives parents the skills they need to build strong family relationships, manage misbehavior, and prevent problems from happening in the first place.

Figure 9: Triple P Positive Parenting Program Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Educational materials Referral agencies 	Triple P Positive Parenting Program: <ul style="list-style-type: none"> Implement Levels 1 – 5 of the Triple P Positive Parenting Program 	Level 1 <ul style="list-style-type: none"> Number of parents reached in PPAM activities Level 2-3 <ul style="list-style-type: none"> Number of parents attending a seminar, discussion group, or primary care intervention Level 4-5 <ul style="list-style-type: none"> Number of classes Number of parents who attended one or more sessions Number of parents who graduated 	Level 1: <ul style="list-style-type: none"> Increase parents' awareness of Triple P (Data source: PPAM tracking) Level 2 Seminars and Level 3 Discussion Group: <ul style="list-style-type: none"> Parents increase understanding of what they can do to help their child learn new skills and behaviors (Data source: Satisfaction survey) Level 3 Primary Care and Level 4 Group: <ul style="list-style-type: none"> Parents demonstrate decreases in laxness, over-reactivity, and hostility (Data source: Parenting Scale) Level 5 Pathways and Family Transitions: <ul style="list-style-type: none"> Parents demonstrate decreases in the Depression, Anxiety, and Stress Scale (DASS) 	<p>Families are resilient and raising happy, healthy, and thriving children.</p>

Progress Towards Outputs

First 5 Inyo County implements Levels 1 through 5 of the Triple P Positive Parenting Program through workshops, classes, and education in the community and in the county jail settings. The range of Triple P levels allows minimal self-sufficiency by providing the least intensive solution to a problem. Levels increase in intensity to fit the level of support parents may need, and how parents access this support, for example one-on-one or in groups.



Level 1 Triple P is a communications strategy to raise awareness of parenting issues and destigmatize asking for parenting help. First 5 Inyo Level 1 activities focus on Positive Parenting Awareness Month in January. The Inyo County Board of Supervisors declared January 2021 the third annual Positive Parenting Awareness Month. Many family serving agencies celebrated parents and caregivers by providing events and activities to support and recognize their extraordinary challenges and successes in the last year of the COVID-19 Pandemic. 169 families were reached.

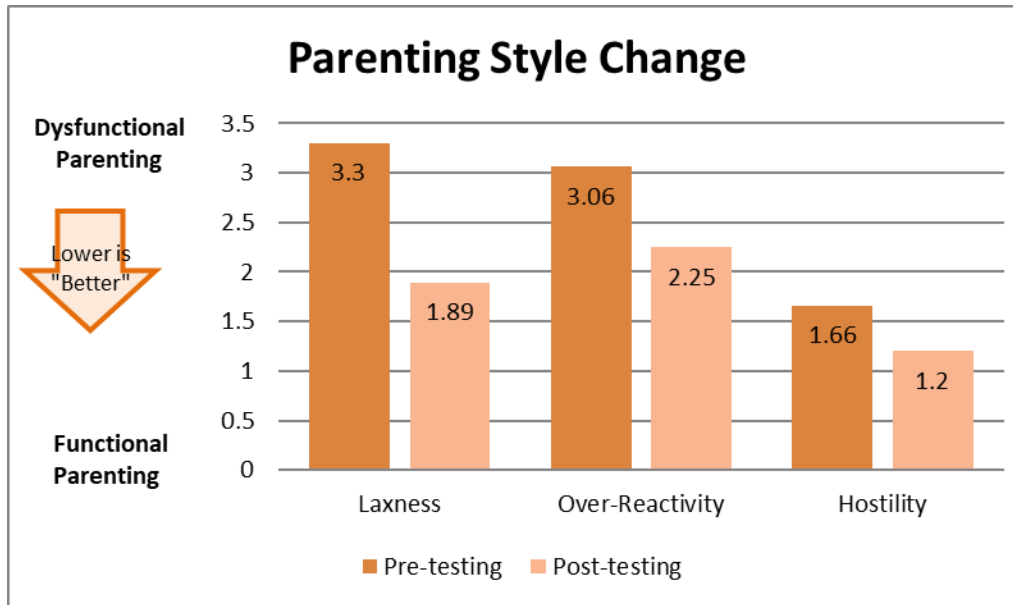
Level 2 and 3 provide direct support to parents at slightly more intense levels of support, often being offered as series of workshops (Level 2 Seminars or Level 3 Discussion Groups) or brief one-on-one support (Level 3 Primary Care). In reporting year 2020-2021, no parents were reached in Level 2 or 3. Activities in this level focused on training new staff.

Level 4 and 5 are the most intensive levels of support, often offered as multi-week intensive group classes. Level 5 typically addresses issues that complicate parenting like partner conflict, stress, mental health, anger management, and separation or divorce. Three classes of Level 4 Group were offered, two in English and one in Spanish. One Level 5 Pathways class was offered in Spanish. Fourteen parents who attended one or more sessions. Eleven parents graduated!

Progress Towards Outcomes

Level 2 Seminars and Level 3 Discussion Group outcome will focus on parents increase understanding of what they can do to help their child learn new skills and behaviors. This will be collected through a Satisfaction Survey at the end of each workshop. At this time, we have no data to share as no workshops in Level 2 or 3 were offered.

Level 3 Primary Care and Level 4 Group outcome focuses on parents demonstrating decreases in laxness, over-reactivity, and hostility from the Parenting Scale. The Parenting Scale is a measure of dysfunctional parenting style with three subscales in the areas of laxness (a style where parents let things slide and don't intervene), over-reactivity (a style where parents over-react to a problem behavior), and hostility (a style where the relationship is marked by hostility, particularly verbal). Parents completing a Triple P class (n=10) saw the greatest change in laxness parenting style, decreasing by 43%. Hostility and over-reactivity both decreased by 25%. Seven parents scored in clinical range in one or more subscales; all moved out of clinical range. Overall, intended outcomes were achieved, with Triple P parents developing more positive parenting styles.



Level 5 Pathways and Family Transitions outcome will focus on parents demonstrating decreases in depression, anxiety and stress using the DASS Scale. This will be collected through a pre and post questionnaire at the first class and last class. At this time, we have no data to share as no classes in Level 5 were offered.

Lessons learned and next steps

This reporting period showed classes resuming after a pause during the pandemic to losing staff and shifting delivery modes. Classes transitioned from zoom and back to in-person, which parents appreciated. The greatest success of the year was hiring a Bilingual Prevention Specialist to offer Triple P Classes in Spanish. Six of the fourteen parents were Spanish speaking. First 5 Inyo has never offered Triple P in Spanish before! With new staff hired, 2021-2022 will focus on continuing to train staff, offering continuous Triple P programming, and fine-tuning evaluation and program procedures.

Additionally, there is a need to separate Triple P programming in the jail from in the community, in program implantation and evaluation analysis. First 5 staff will research and create a Triple P jail hybrid curriculum, and an evaluation procedure specific to our jail population.

YOU AND ME UNDER THREE HOME VISITING PROGRAM

You & Me Under Three Home Visiting Program is a local home visiting model utilizing the Parents as Teachers foundational curriculum to provide education in the home to Inyo County’s most high-risk families.

Figure 10: You & Me Under Three Home Visiting Program

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> • Staff hours • Educational materials • Referral agencies 	<p>You and Me Under Three Home Visiting Program:</p> <ul style="list-style-type: none"> • Activity 1: Implement an innovative referral process • Activity 2: Provide home visiting services utilizing the Parents as Teachers foundational curriculum over the course of 6 months/bi-weekly 	<p>Activity 1:</p> <ul style="list-style-type: none"> • Number of referrals received • Number of families enrolled • Number of community presentations <p>Activity 2:</p> <ul style="list-style-type: none"> • Number of sessions attended • Number of completions • Number of families continuing services 	<ul style="list-style-type: none"> • Increase in Community partners utilization of the referral form (Data Source: CHVP Referral Log) • Family demonstrates increased abilities and knowledge learned (Data source: Life Skills Parenting Assessment) • Family demonstrates increased quality of life (Data source: Quality of Life Survey) 	<p>Families are resilient and raising happy, healthy, and thriving children.</p>

Progress Towards Outputs

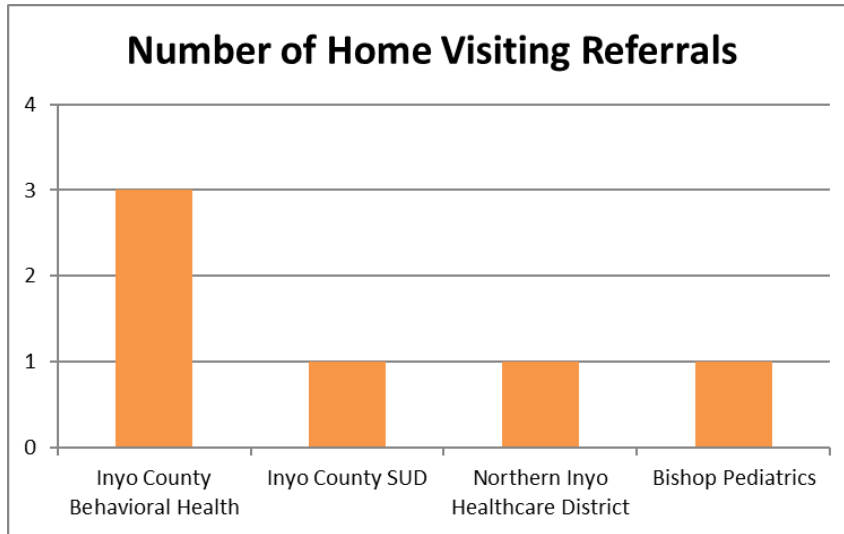
First 5 Inyo County began providing home visits utilizing the Parents as Teachers Foundational Curriculum and a local model of implementation in July 2020. Through Inyo County Health & Human Services, First 5 Inyo received an Innovations grant from California Department of Public Health, Maternal Child Adolescent Health division, California Home Visiting Project. Data shared here represent families served both before and during the new grant. The next evaluation report will represent only data of families served through the CHVP home visiting innovations project.

Six families were referred to home visiting services, and four families were enrolled in our program. First 5 staff provided one community presentation promoting the home visiting program and innovative referral process.

These four families attended ten total sessions. At this time, no families have completed the program. This data will be updated as the program reaches more families over a longer period of time.

Progress Towards Outcomes

First 5 Inyo County designed an innovative referral process utilizing a referral form to refer high-risk families to home visiting services. Six referrals were received from Inyo County Behavioral Health, Inyo County SUD program, Northern Inyo Healthcare District, and Bishop Pediatrics. Measuring an increase in community partners utilizing the referral form will be assessed in future evaluation reports.



Home visiting staff will utilize the Life Skills Parenting Assessment to show families demonstrating increased abilities and knowledge learned. This assessment is administered every six months. There is no data currently to report. Additionally, home visiting staff will utilize the Quality of Life Survey to show families participating in home visiting services demonstrate an increase quality of life. There is no data currently to report.

Lessons learned and next steps

Receiving the CHVP funding was a huge success in this program, ensuring program sustainability for two years. Additionally, adding in the innovations evaluation component has been supportive in receiving technical assistance from the HHS Analyst Team. The evaluation procedures have been put in place, and data will begin to be analyzed and shared as families continue with the home visiting program services. Efforts in 2021-2022 will focus on updating program procedures, beginning to evaluate outcomes, promoting the innovative referral system through community presentations, and expanding staff to train a bilingual home visitor.

HHS FIRST WRAPAROUND

The **Families Intensive Response & Strengthening Team (FIRST)** program is guided by the principles of wraparound, working to keep children at home with through an intensive family driven planning process.

Figure 11: HHS FIRST Wraparound Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Educational materials 	HHS FIRST Wraparound: <ul style="list-style-type: none"> Provide targeted family support through the FIRST program 	<ul style="list-style-type: none"> Number of families engaged in FIRST intervention 	<ul style="list-style-type: none"> Parents demonstrate increase in protective factors : parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children (Data Source: Family Development Matrix) 	Families are resilient and raising happy, healthy, and thriving children.

Progress Towards Outputs

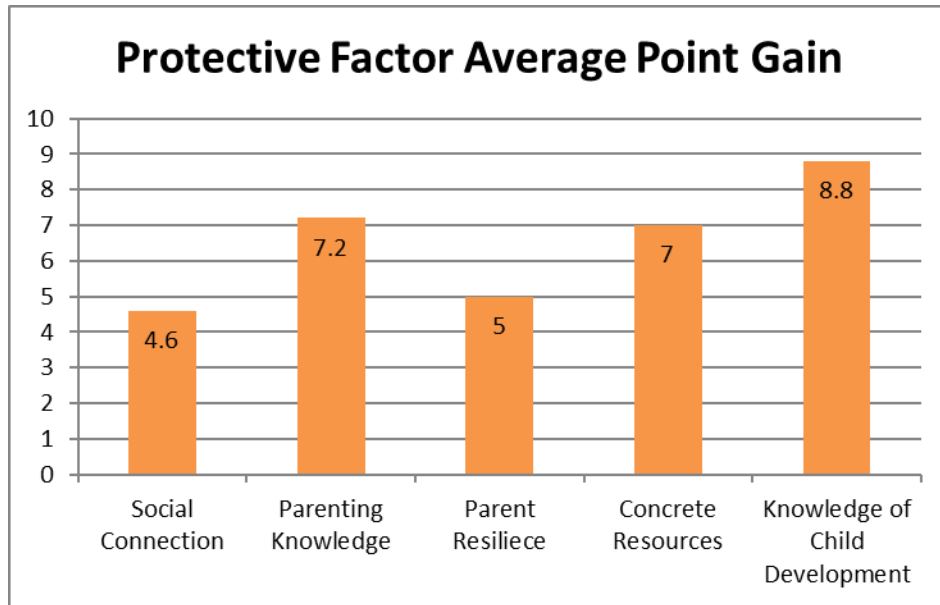
FIRST (Families Intensive Response Strengthening Team) is a family program guided by the principles of Wraparound. FIRST works to keep our children and youth at home with supportive services. Agencies refer families with youth at risk of a high level of out of home care and families at high risk of involvement with CPS or Juvenile Probation. Participation in the program is determined by the families' willingness to participate. The FIRST approach is individualized to the needs of the child/youth and family. A typical week may include a family team meeting, individual or family counseling, and other activities the family may identify that help the child/youth and/or family meet their goals. Although FIRST is intensive, the goal is to move the family away from these formal services so that they are more reliant on natural supports within their community.

FIRST served twelve families with 13 children aged five and under in 2020-2021.

Progress Towards Outcomes

FIRST program outcome measures parents demonstrating increases in protective factors including parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children, through the Family Development Matrix.

Five families have comparative matrices to examine growth in the program. Increases in the protective factor of Child Development services was the greatest average gain at 8.8 points per family. Closely behind, families also made significant gains in the protective factors of Parenting Knowledge (7.2 points) and Concrete Resources (7.0 points).



The average total protective factor point gain families with children under five was 32 points (from a total of 230), or about a 14% overall improvement in strength.

Lessons learned and next steps

Families with children under five in our program this past year struggled with deaths of caregivers from COVID, eviction from affordable housing, parental stress and depression, new financial constraints, changing school and support service models, and yet they still grew stronger and gained more skills. We also saw families fall behind and require more intensive interventions -- finding ways to invest in parental resilience and safe social connections for our families is clearly more important than ever, too. First 5 Inyo County will continue to invest and support the FIRST program in 2021-2022. First 5 staff will work with FIRST to write a MOU detailing the relationship and agreement between the programs.

REACH OUT AND READ

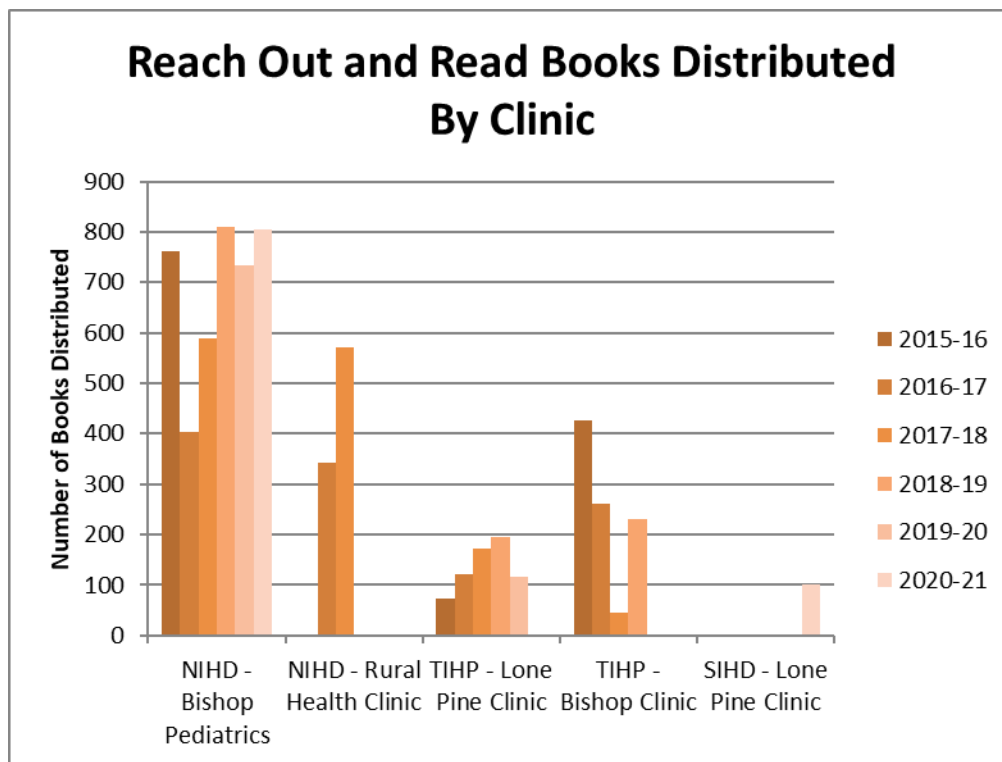
Reach Out and Read is an evidence-based program where pediatricians prescribe reading during each well child visit, and send the family home with an age-appropriate book.

Figure 12: Reach Out and Read Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Pediatric clinic staff Books 	Reach Out and Read: <ul style="list-style-type: none"> Distribute books to families in pediatric settings 	<ul style="list-style-type: none"> Number of books distributed Number of providers trained to distribute books Number of providers distributing books 	<ul style="list-style-type: none"> Increase percentage of parents who read to their children 15 minutes each day (Data Source: Literacy Survey) 	Families are resilient and raising happy, healthy, and thriving children.

Progress Towards Outputs

First 5 staff distributed a total of 905 books to participating Reach Out and Read pediatric clinics in Inyo County. Bishop Pediatrics continued as a successful partner, distributing the majority of the books at 89% (total of 805 books). For the first time, Southern Inyo Healthcare District’s Lone Pine clinic joined Reach Out and Read! The pandemic continues to significantly affect this program, with two Toiyabe Indian Health Care clinic sites not participating in the program.



Three providers were trained in 2020-2021 from Southern Inyo Healthcare District's Lone Pine clinic to open the new site, bringing the total to eight providers and staff are registered in the Reach Out and Read database to distribute books.

Progress Towards Outcomes

Outcomes of the Reach Out and Read literacy program will be evaluated by a survey of parents' reading habits. Specifically, the program will measure the increased percentage of parents who read to their children 15 minutes each day. The survey will be administered each June of the reporting year. No survey was administered in June 2021. Data will be collected and analyzed for the first time in June 2022.

Lessons learned and next steps

The Reach Out and Read program relies on medical clinics to distribute books to children. The program continues to be significantly disrupted by the pandemic. First 5 staff will focus on clinic recruitment and retainment, developing a process for promotion and individual outreach to clinics that have declined in participation. Additionally, Reach Out and Read National has provided technical assistance recommendations on how to improve evaluation efforts, primarily tracking not only the number of books distributed to clinics, but also having the clinics track the number of books real-time as they are handed out for a more complete picture of what happens each year. Lastly, First 5 staff will ensure the first literacy outcomes survey is completed in June 2022.

DOLLY PARTON IMAGINATION LIBRARY

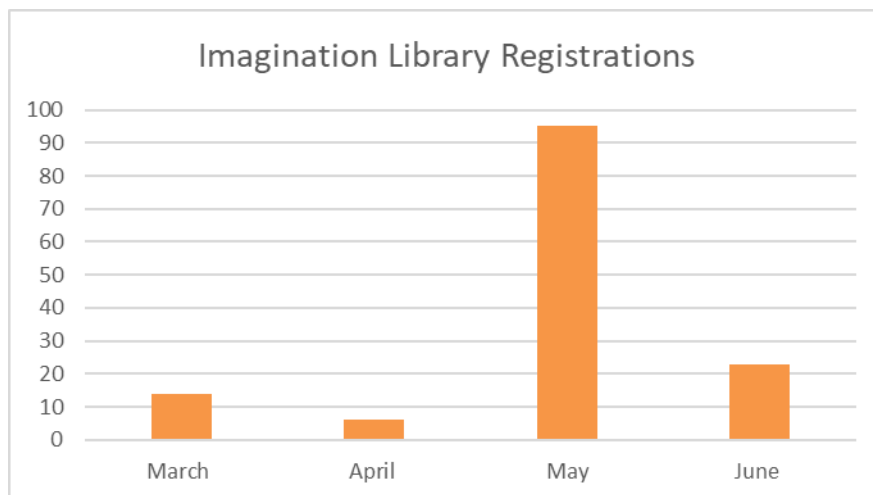
Dolly Parton’s Imagination Library is a book gifting program that mails free, high-quality books to children from birth to age five.

Figure 13: Dolly Parton's Imagination Library Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Promotion materials 	Imagination Library: <ul style="list-style-type: none"> Register children 0-5 in the program database 	<ul style="list-style-type: none"> Number of children registered Number of books mailed 	<ul style="list-style-type: none"> Increase percentage of parents who read to their children 15 minutes each day (Data Source: Literacy Survey) 	Families are resilient and raising happy, healthy, and thriving children.

Progress Towards Outputs

Dolly Parton’s Imagination Library is the newest program in First 5 Inyo County’s Resilient Families Focus Area. The book giving program launched in March 2021. In the first three months of promotion, 138 children under five were registered to receive free books each month in the mail. 71 children were over the age of three and 67 children were under the age of three.



There is a significant delay upon registering before receiving the first book, typically eight to ten weeks. Therefore, children registered in April would receive their first book in June. With the program so new, a total of 62 books were mailed before June 2021.

Progress Towards Outcomes

The intended outcome for Imagination Library aligns closely with the Reach Out and Read program, to increase the percentage of parents who read to their children 15 minutes each day. To this end, the Literacy Survey sent out each June will evaluate both literacy programs. See Reach Out and Read outcomes section above for more detail.

Lessons learned and next steps

Dolly Parton’s Imagination Library is an exciting new program that has the potential to reach every child in Inyo County, no matter their income or geographic location. First 5 staff will focus on outreach and promotion of the program to increase registrations, especially focusing on hard-to-reach populations and encouraging paper registrations for those with limited internet access. Additionally, First 5 staff will ensure the Literacy Survey is completed in June 2022 as part of the Reach Out and Read outcomes measure as well.

First 5 connected with Altrusa International of the Eastern Sierra early in the process of adopting Imagination Library (November 2020). The local chapter of Altrusa has a strong commitment to increasing literacy in young children. First 5 staff attended regular meetings of Altrusa with presentations and updates. When the Imagination Library program launched in March, Altrusa requested paper registrations and flyers. They distributed to all preschools and free libraries. First 5 staff will continue to partner with Altrusa as a key partner in connecting with children and families to increase registrations.

Focus Area 3: Comprehensive Health and Development

Overview

The Comprehensive Health and Development focus area goal is that children are born healthy and experience optimal physical, behavioral, and developmental health. First 5 Inyo County works towards this goal with two main activities:

1. Ages and Stages developmental screenings
2. Breastfeeding support.

Through developmental screenings, the outcome tracked is to improve screening and intervention for developmental delays. Through breastfeeding support, the outcome tracked is the percentage of moms who are exclusively breastfeeding at 6 months.

The goal, activities, and outcomes are explained in the logic model below. Each activity will be analyzed in more detail.

Figure 14: Comprehensive Health and Development Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> • Staff hours • Education materials 	<p>Ages and Stages Developmental Screenings:</p> <ul style="list-style-type: none"> • Train providers to administer Ages and Stages Developmental screenings in early childhood settings 	<ul style="list-style-type: none"> • Number of providers trained in administering the Ages and Stages developmental screening • Number of children receiving an Ages and Stages screening • Number of children ages 0-3 receiving an Ages and Stages screening • Number of children ages 0-3 referred to services 	<ul style="list-style-type: none"> • Increase in the number/percentage of children age 0-3 who are successfully referred to early intervention services • Increase in the number/percentage of children age 0-3 referred by First 5 who receive early intervention services 	<p>Children are born healthy and experience optimal physical, behavioral, and developmental health.</p>
<ul style="list-style-type: none"> • Northern Inyo Healthcare District staff • First 5 California New Parent Kits • Educational materials 	<p>Breastfeeding Support:</p> <ul style="list-style-type: none"> • Provide breastfeeding education through classes and groups 	<ul style="list-style-type: none"> • Number of lactation support groups conducted • Number of birth education classes • Number of parents who attended lactation support groups • Number of parents who attended birth education classes • Number of new parent kits distributed 	<ul style="list-style-type: none"> • Increase in percentage of moms who are exclusively breastfeeding at 6 months 	

AGES AND STAGES DEVELOPMENTAL SCREENINGS

The sooner a delay or disability is caught; the sooner children can connect with supports and services that make a real difference. The Ages & Stages Questionnaires are parent-completed developmental and social-emotional screenings to identify delays as early as possible. First 5 Inyo assists in coordinating screenings, connecting families with referral resources, and providing education around child development. Parents can complete screenings in-person, or online via smart phone or computer.

Figure 15: Ages & Stages Developmental Screenings Logic Model

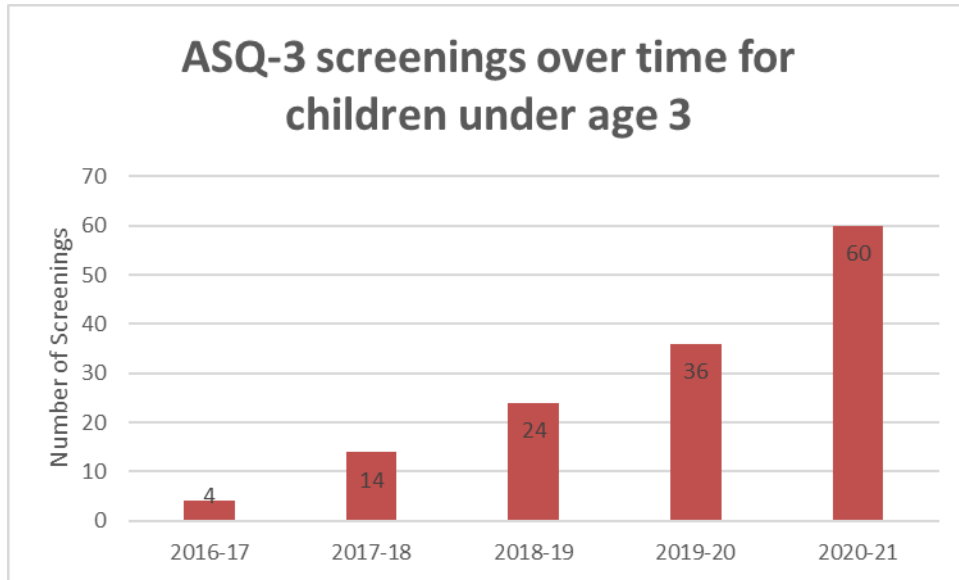
Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Education materials 	Ages and Stages Developmental Screenings: <ul style="list-style-type: none"> Train providers to administer Ages and Stages Developmental screenings in early childhood settings 	<ul style="list-style-type: none"> Number of providers trained in administering the Ages and Stages developmental screening Number of children receiving an Ages and Stages screening Number of children ages 0-3 receiving an Ages and Stages screening Number of children ages 0-3 referred to services 	<ul style="list-style-type: none"> Increase in the number/percentage of children age 0-3 who are successfully referred to early intervention services Increase in the number/percentage of children age 0-3 referred by First 5 who receive early intervention services 	Children are born healthy and experience optimal physical, behavioral, and developmental health.

Progress Towards Outputs

First 5 Inyo County directly administers screenings and supports partner agencies through technical assistance and training support. For the first time, First 5 partnered with Kern Regional Center to offer a combined Ages and Stages Questionnaire training for both ASQ-3 and ASQ-SE:2. 14 providers attended the ASQ-3 training in December 2020, and 13 providers attended the ASQ-SE:2 training in February 2021.

First 5 Inyo County hosts the ASQ Online database, available to all agencies in Inyo County to enter screenings and track referrals. 252 screenings were completed in the ASQ Online database. First 5 also provides the Family Access service to all agencies, where the ASQ screening can be offered online. 82 of the screenings were completed through family access, 45 through IMACA State Preschool as part of their online enrollment application, 32 through Bishop Pediatrics to assist with virtual well child checks, and 5 screenings through First 5 for families in the community who wanted to do a screening virtually.

Through trainings, technical assistance, and providing screenings directly, First 5 Inyo County works to increase the number of children under the age of three who receive an Ages and Stages screening. 60 children under three received a screening from five agencies. This is almost twice as many screenings offered as the previous year.



Five children under age five were eligible for a referral based on their developmental screening result (having one or more domain scoring below cutoff). Additionally, 20 parents indicated having a concern regarding their child’s development (30% of children under five who were screened). First 5 Inyo County does not have data on how many children were referred to services and received early intervention services.

Progress Towards Outcomes

First 5 Inyo County does not have data on the number of referrals and how many children successfully received early intervention services. This will be tracked in 2021-2022.

Lessons learned and next steps

First 5 Inyo County continues to excel at supporting partner agencies in administering the ASQ developmental and social-emotional screenings. This effort is seen especially in our early intervention ages zero to three. In the next fiscal year, we will work to track out referral and services received outcomes by creating an internal procedures and tracking excel sheet.

First 5 could expand the program offered in-house to screen families. First 5 staff will plan an outreach program to let families know of the screening service available at First 5 in 2021-2022.

BREASTFEEDING SUPPORT

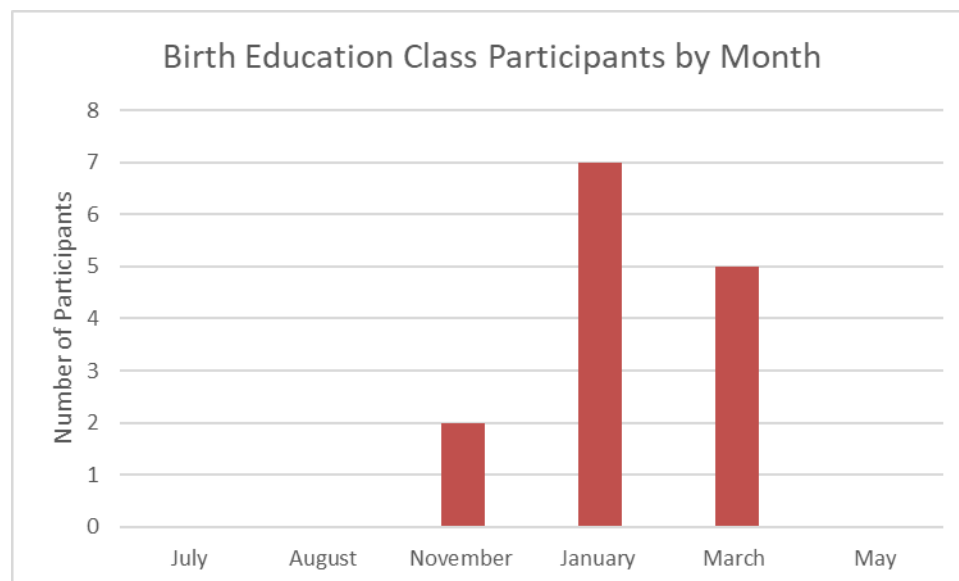
The Northern Inyo Healthcare District (NIHD) Newborn Evaluation Support and Teaching (NEST) program began in 2015, supported by an initial three-year grant from First 5 Inyo County. This year was the sixth and last year of First 5 funding supporting the NEST program.

Figure 7: Breastfeeding Support Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Northern Inyo Healthcare District staff First 5 California New Parent Kits Educational materials 	Breastfeeding Support: <ul style="list-style-type: none"> Provide breastfeeding education through classes and groups 	<ul style="list-style-type: none"> Number of lactation support groups conducted Number of birth education classes Number of parents who attended lactation support groups Number of parents who attended birth education classes Number of new parent kits distributed 	<ul style="list-style-type: none"> Increase in percentage of moms who are exclusively breastfeeding at 6 months 	Children are born healthy and experience optimal physical, behavioral, and developmental health.

Progress Towards Outputs

In August 2020, NIHD staff notified First 5 that NEST was closing due to financial difficulties. First 5 worked with NIHD to amend the contract to ensure the lactation support groups and birth education classes would continue, by shifting funds to cover staff time.



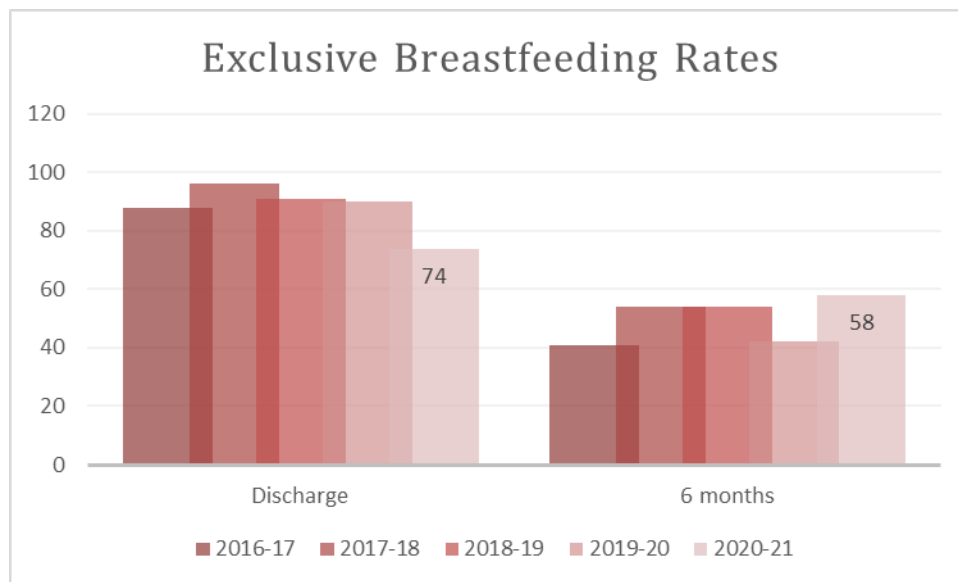
NIHD offered weekly lactation support groups via zoom, with no parents attending. NIHD also offered six birth education classes via zoom, with 14 participants attending.

Additionally, all mothers giving birth receive the First 5 California New Parent kit at hospital discharge. Included in the First 5 kit, NIHD adds the Period of Purple Crying DVD, the Haakaa breast pumps, and the Halo Sleep Sacks. 165 mothers received a New Parent Kit.

Progress Towards Outcomes

NIHD works closely with Bishop Pediatrics to ensure the assessment of data collection of infant feeding practices at hospital discharge and six months. This data was reported to First 5 in quarterly reports, and averaged for a yearly rate, reported here.

In 2020-2021, the exclusive breastfeeding rate at discharge was 74%, much lower than previous year's average, and the exclusive breastfeeding rate at six months was 58%, slightly higher than previous years.



This change could be attributed to the NEST program closing, either influencing the level of care mother and infant received while inpatient, or how the data was collected and reported.

Lessons learned and next steps

The NEST program was severely impacted by COVID, with attendance at lactation support groups and birth education class attendance decreased significantly. Lactation services were transitioned to Bishop Pediatrics, Toiyabe Indian Health Project, and Inyo County WIC, possibly resulting in some mothers being lost to follow-up care. The pandemic also influenced family habits, with more mothers working from home, possibly influencing breastfeeding rates. First 5 will continue to support NIHD through the Perinatal Taskforce and New Parent Kits.

Focus Area 4: Quality Early Learning

Overview

The Quality Early Learning Focus Area is the second of two new additions to the First 5 Inyo County Strategic Plan in 2019. Through the needs assessment, it was identified that access to child care generally and quality early learning was the most significant challenge facing families in Inyo County. The goal of this focus area is to ensure all children experience high-quality learning opportunities in all settings. This will be achieved through the activity as lead for First 5 California program Improve and Maximize Programs so All Children Thrive (IMPACT). This reporting year was the first of First 5 Inyo County being the lead agency for the First 5 California IMPACT 2020 grant. As part of this work, First 5 Inyo County subcontracts CLASS coaching and data support to Inyo County Office of Education Child Development division. The outcome of this focus area is to increase the number of children participating in quality improvement early learning sites.

The goal, activities, and outcomes are explained in the logic model below. Each activity will be described in more detail.

Figure 17: Quality Early Learning Logic Model

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours ICOE Child Development subcontract Education materials 	Improve and Maximize Programs so All Children Thrive (IMPACT) <ul style="list-style-type: none"> Recruit and coach early learning care sites including family child care homes, family friend and neighbor, and alternative sites in quality improvement activities 	<ul style="list-style-type: none"> Number of sites participating in IMPACT 	<ul style="list-style-type: none"> Increase in the number of children participating in quality improvement early learning sites 	All children experience high-quality learning opportunities in all settings.

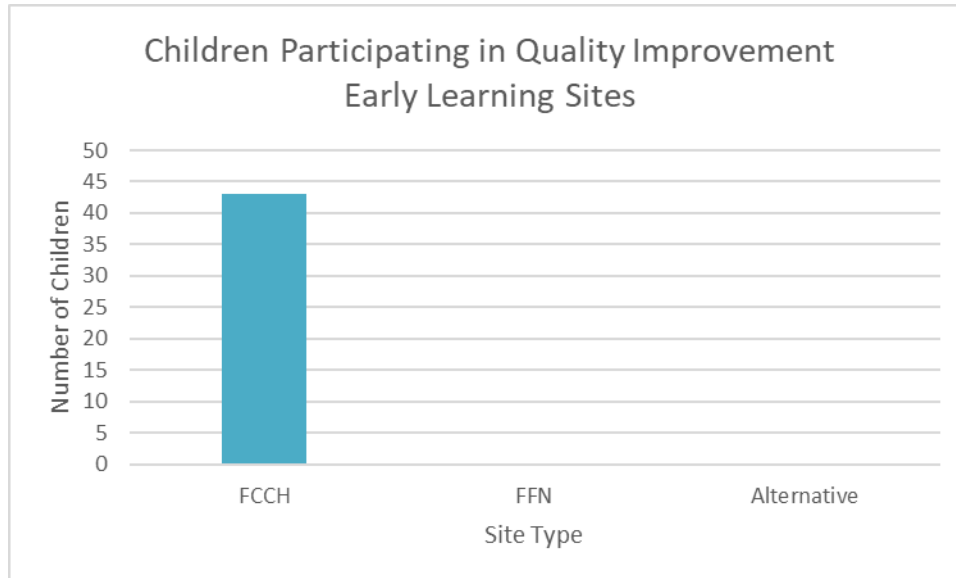
Progress Towards Outputs

Generally, First 5 and ICOE staff recruit and coach early learning care sites to participate in Quality Counts California activities to improve the quality of their learning environments. Three specific early learning care site types are targeted: family child care homes (FCCH), family friend and neighbor sites (FFN), and alternative sites. First 5 staff provide ASQ coaching and a monthly story time to all participating sites.

In the reporting period, six family child care homes participated in IMPACT coaching.

Progress Towards Outcomes

The outcome will be to assess the number of children participating in quality improvement early learning sites. As the first year of First 5 being the lead, this year will show the baseline participation, 43 children being served in a quality improvement early learning site.



In the next two years of the IMPACT grant, First 5 Inyo County will focus on recruiting FFN and alternative sites to meet site targets.

Lessons learned and next steps

As the needs assessment showed, and as Inyo County recovers from the pandemic, this is such a critical area for First 5 to focus on. With the new Quality Counts California system, the biggest success of the year was building the new Quality Counts Inyo system of services between First 5 Inyo County and Inyo County Office of Education. Looking ahead to future years, with the system foundation built, staff will be able to spend more time recruiting and supporting new providers joining the Quality Counts programs. Part of this recruitment will focus on supporting Spanish speaking providers, prioritizing offering all programming and outreach materials in Spanish.

Conclusion

This past year was remarkable for being an entire year operating in the pandemic. It was also the second year of the current strategic plan, showing a time of digging in and maintaining programs. Lastly, it was significant in that staff vacancies were hired and trained, and a full team began to operate successfully to help children and families.

Looking ahead to the next year, the focus is clear, with activities and priorities detailed. First 5 staff will prioritize building the foundation of this work through a procedures project, detailing procedures for every program. This project will assist with future transitions and program improvement endeavors. First 5 staff will also implement evaluation outcomes data tracking, completing the gaps highlighted in this report. Two program areas that will be flushed out more are developmental screenings and parenting classes with our incarcerated population. First 5 staff will brainstorm, implement, and pivot programming to better improve these activities. Our hope is these collective efforts ensure Inyo County's young children are healthy, safe and ready to succeed.



Appendix

Figure 18: Breastfeeding Care Pathway, page 1 of 2

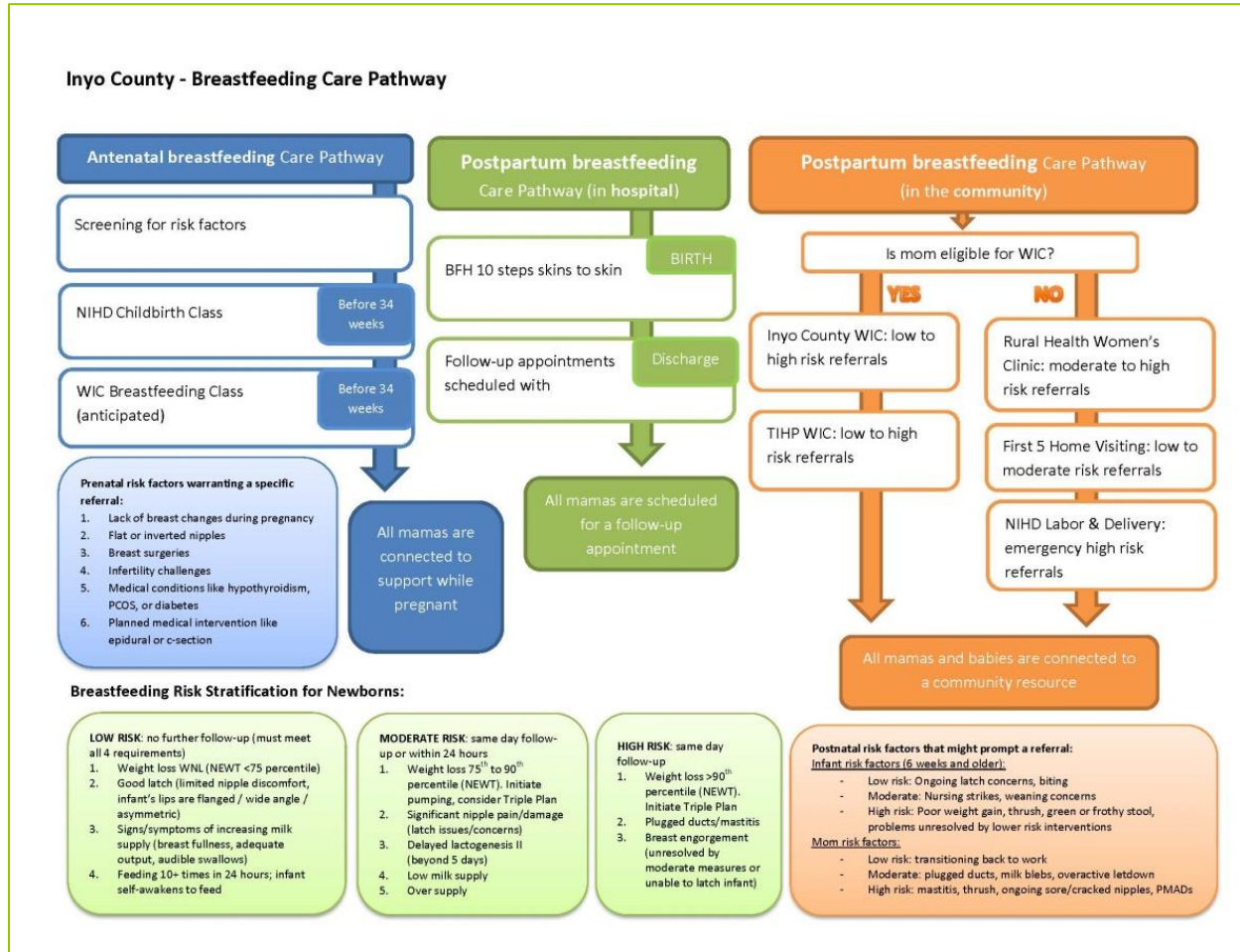


Figure 19: Breastfeeding Care Pathway, page 2 of 2

Inyo County Services for Lactation Support								
Program Name	Mild Risk	Moderate Risk	High Risk	Patient Cost	Availability	Interpreter Services	Contact Information	
Northern Inyo Healthcare District Labor & Delivery			✓	✓	Emergency after hours and weekend	Interpreter available	760-873-5811 150 Pioneer Ln, Bishop • Accepts MediCal • Accepts private insurance	
Northern Inyo Healthcare District Rural Health Women's Clinic	✓	✓	✓	✓	M & Th appointments at 3:30pm and 4pm	Interpreter available	760-873-2602 153 Pioneer Ln, Bishop • Accepts MediCal • Accepts private insurance	
Northern Inyo Healthcare District Mom's Group	✓			No Cost	Meets weekly for an hour	None	760-873-5811 x3217 • Virtual • Pre-register for zoom link	
Inyo County Health & Human Services First 5 Inyo County Home Visiting	✓			No Cost	M-F 8am-5pm	Interpreter available	760-878-8077 568 West Line Street, Bishop	
Inyo County Health & Human Services Women, Infants, and Children (WIC)	✓	✓	✓	*See eligibility guidelines	M-F 8am-5pm	Bilingual staff available (Spanish) Interpreter available (other languages)	760-872-1885 568 West Line Street, Bishop	
Toiyabe Indian Health Project Women, Infants, and Children (WIC)	✓	✓	✓	*See eligibility guidelines	M-F 8am-5pm	Interpreter available	760-920-7052 or 760-920-9538 250 N. See Vee Lane, Bishop	
WIC income eligibility guidelines: Gross Income 185% Federal Poverty Level					<p>La Leche League of Reno-Sparks is available for client consultations on the phone. This could help provide support in the evenings and on the weekends. Please share the Breastfeeding Resource Packet with clients which includes the following info:</p> <p>Danna Myers: 775-348-1593 Jessica: 805-798-4110 Brittany: 415-940-1381 (all are La Leche League Leaders, LLL)</p> <p>http://llnocal.org/reno-sparks/</p>			
Persons in Family	Annual	Monthly	Twice-Monthly	Bi-weekly				Weekly
2	\$31,894	\$2,658	\$1,329	\$1,227				\$614
3	\$40,182	\$3,349	\$1,675	\$1,546				\$773
4	\$48,470	\$4,040	\$2,020	\$1,865				\$933
5	\$56,758	\$4,730	\$2,365	\$2,183				\$1,092
*through June 30, 2021. Click for complete chart.								

Revised September 2020

Developed by First 5 Inyo County, in collaboration with Northern Inyo Healthcare District, Toiyabe Indian Health Project WIC, and Inyo County WIC.

Figure 20: Inyo County Triple P Providers & Services Sheet

Inyo County Triple P Providers & Services Sheet

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Inyo County Triple P Providers & Services Sheet

This sheet is intended for internal use to facilitate referrals; please do not share publicly.
 First 5 Inyo County will review this sheet quarterly with the Inyo County Triple P Network to make any updates.

Please note for formatting: the 'alt key + enter key' allows you to enter info below in the column you are typing in (e.g. the Services column)

Last Updated: 04/27/2021

LEGEND: Referral Status
 Green: open for referrals
 Yellow: open for referrals with stipulations
 Red: closed for referrals

Provider Name	Title	Agency	Services	General Availability	Phone	Email	Referral Status	Stipulations of Care	Referral Form Link	Service Area
[REDACTED]	MSW Trainee soon ACSW	North Star Counseling Center	Level 3-Primary Care Level 3-Primary Care Teen (S) Level 4-Group Teen (Summer during the Academic School Year Aug-May)	Open Availability	[REDACTED]	[REDACTED]	Red	Must have a student in the family who is enrolled in the public school system.	Northstar Referral Form	Primarily So County Services Big Pine Bishop once a week
[REDACTED]	First 5 Director	First 5 Inyo County	Level 5-Family Transitions Level 2-Seminars	By request	[REDACTED]	[REDACTED]	Green	Family/agency in Inyo County	First 5 Referral Form	Countywide
[REDACTED]	Community Services Specialist	Kern Regional Center	Level 2-Seminars Stepping Stones Level 4-Group Stepping Stones	By request	[REDACTED]	[REDACTED]	Yellow	Family/agency in Inyo County	Call for Referral	[REDACTED]
[REDACTED]	Reentry Services Coordinator	Inyo County HHS	Level 3-Primary Care Level 4-Teen Group Level 5-Family Transitions Level 5-Pathways	N/A	[REDACTED]	[REDACTED]	Red	Specialized case load through Inyo County Probation	N/A	
[REDACTED]	Social Services Aide	Inyo County HHS	Level 3-Primary Care & Teen Level 4-Group Level 4-Standard & Teen Level 4-Group Stepping Stone Level 5-Pathways	By request	[REDACTED]	[REDACTED]	Green	Family/agency in Inyo County		Virtual
[REDACTED]	Bilingual Prevention Specialist	First 5 Inyo County	Level 4-Group Level 5-Pathways Level 3-Discussion Group	By request	[REDACTED]	[REDACTED]	Green	Family/agency in Inyo County		Countywide