



Evaluation Report 2016-2017

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INTRODUCTION

The mission of First 5 Inyo County is to fund outcomes that promote optimal early development, shaping the trajectory of a child’s life to yield ongoing benefits and rewards. We do this by investing in the 5 Protective Factors in each Inyo community to improve child health, child development, family strengths and critical resources for children from before birth through Kindergarten entry at age 5.

In 1998 California voters passed Proposition 10 to establish the Children and Families Commission for early development, and to add a 50 cent tax on tobacco products to fund it. Of these taxes, 20% funds statewide initiatives through First 5 CA, and 80% are distributed to counties to be spent locally by a volunteer commission appointed by the county’s board of supervisors to promote early development for children from prenatal stages to age 5.

First 5 Inyo’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.

Overview of Inyo County:

6% of Inyo County's population is under 5 years old, and based on the 2016 census population estimate, there are 1,089 children ages 0-5.

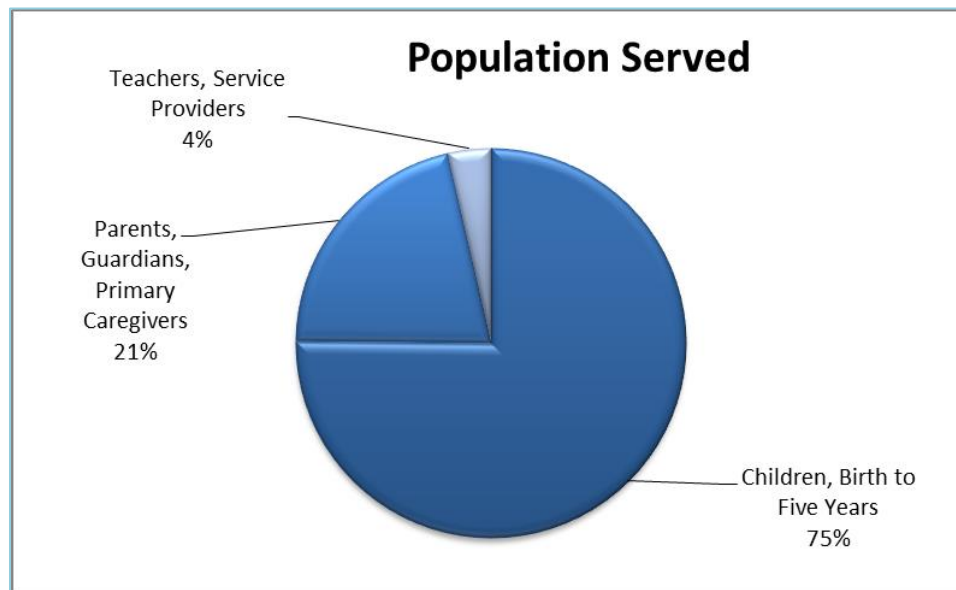
Typical factors First 5 Inyo County families are coping with:

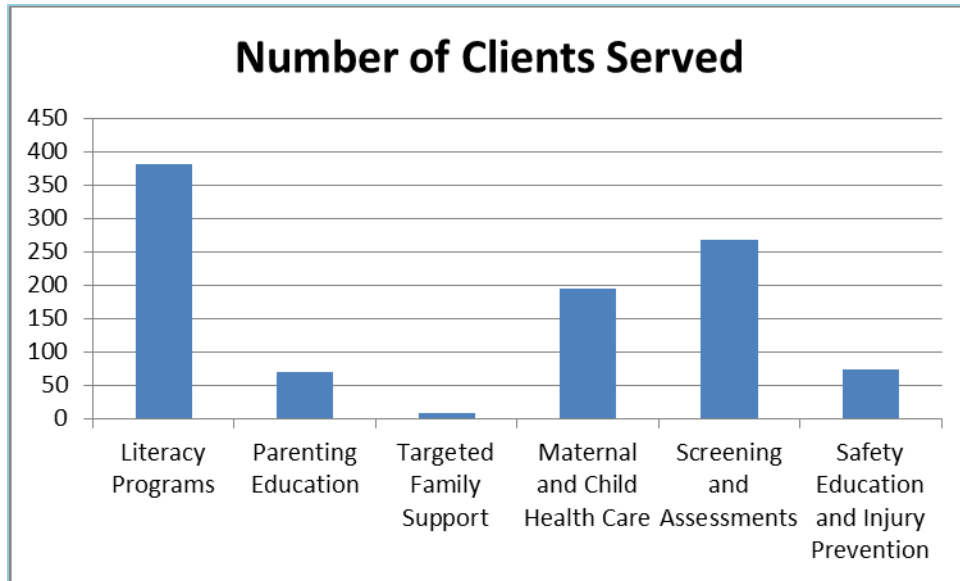
- 1 in 5 families is a TANF or CalWorks client
- 69% participate in CalFresh and 61% in WIC
- Parents report an average score of 4 on the Adverse Childhood Experience (ACE) scale which means they are at increased risk for many health and social emotional problems that may affect their family
- Many families are food insecure, reporting skipping monthly meals in order to make ends meet
- 73% of families in our extended programs have annual incomes under \$20,000, and an additional 18% have an income under \$40,000 – only 9% have incomes greater than \$40,000 annually

(Data from 15-16 Outcomes report)

CLIENTS SERVED

1,151 children, parents, and providers were served in FY 16-17. *Numbers are unduplicated to the extent possible within programs, not between programs.*





FINANCIAL OVERVIEW

In 2015, the First 5 Inyo Commission changed their funding structure to move away from only funding annual contracts, and to begin a more focused 5-year funding campaign in the goal areas of Early Child Health and Family Strengthening services. This campaign included plans to spend down the fund balance to a more key reserve figure, and invest in the following areas:

FAMILY STRENGTHENING

Literacy Programs

Parenting Education

EARLY CHILD HEALTH

Maternal and Child Health Care

Screening and Assessments

Family Wellness Promotions

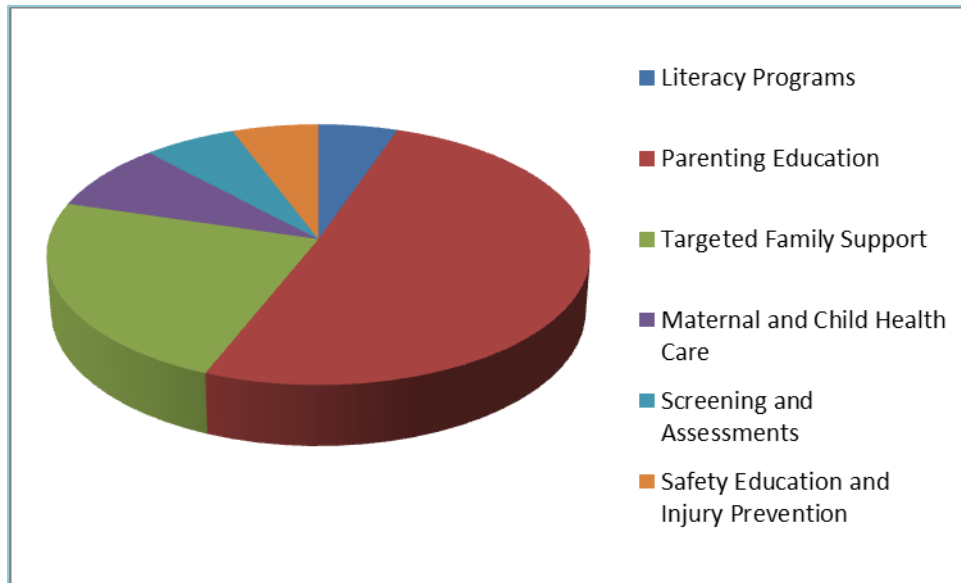
Fiscal year 2016-17 was year 2 of this focused 5-year funding plan. Overall, spending included:

- \$369,790 in Programs
- \$74,326 in Administration
- \$12,000 in Evaluation

Our total spending was \$456,835, which was \$98,646 over our revenues of \$358,189. This represents the First 5 Inyo Commission's focus on spending down the fund balance while investing in Family Strengthening efforts. Our ending fund balance as of June 30, 2016 was \$762,969.

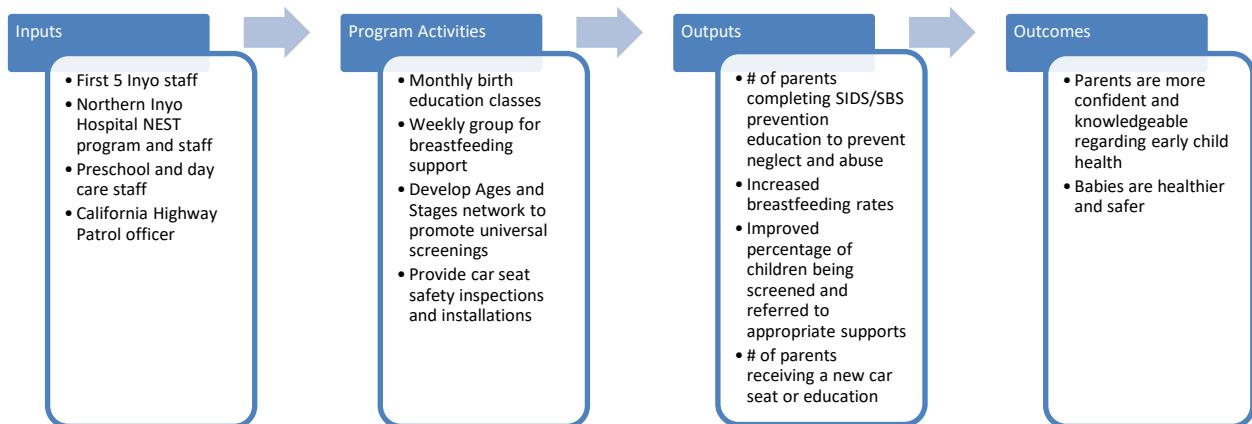
64% of program expenses were directed towards Improved Family Strengthening, spending a total of \$294,305. The remaining program expenses were directed towards Improved Child Health activities,

spending a total of \$75,485.



IMPROVED CHILD HEALTH

Children 0 to 5 throughout Inyo County are healthy.



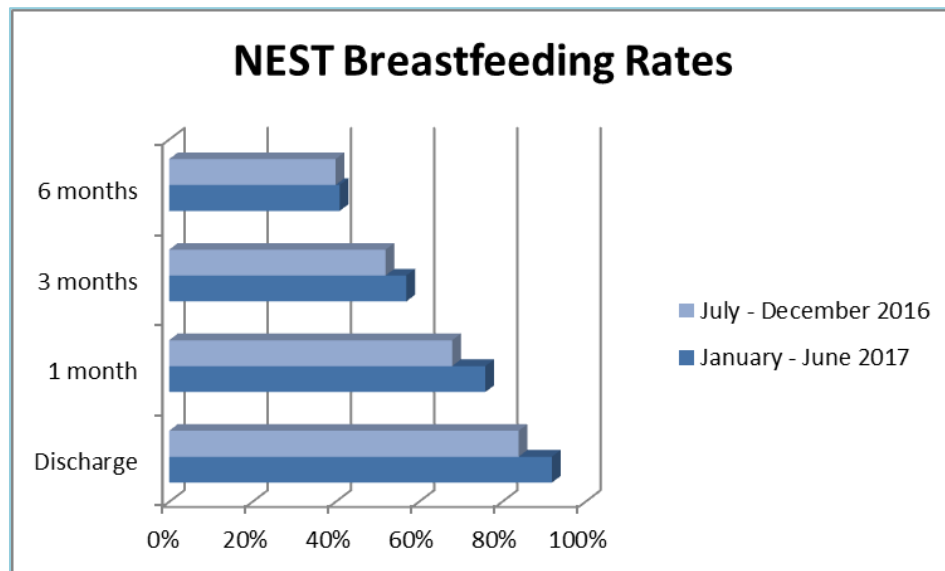
Maternal and Child Health

The Inyo NEST program is sponsored in conjunction with Northern Inyo Hospital. Begun in July 2015, their three year plan was to increase Birth and Breastfeeding services and complete the Baby Friendly

Hospital Certification process. The NEST program is coordinated by a full-time RN, working to develop Pre-Admission and Post-Discharge visits, offer a New Mom Support group, develop Childbirth Education classes, and work towards the Baby Friendly Hospital Certification. As part of the certification, activities include training staff as Certified Lactation Educators, and developing education materials for patients including a Welcome Prenatal Booklet and Prevention Kit.

	July – December 2016	January – June 2017
Childbirth Education Classes	Class not yet started	20 participants (began in March)
Pre-Admission visits	49%	54%
Post-Discharge visits	100%	100%
SIDS education	100%	100%
New Mom Support Group	0-4 moms	0 moms
Baby Friendly Hospital Certification	Dissemination phase	Dissemination phase

Since beginning to keep track of breastfeeding rates in July 2016, the NEST program has seen a moderate increase in women continuing to breastfeed at 1, 3, and 6 months after discharge.



Conclusion & Future Considerations

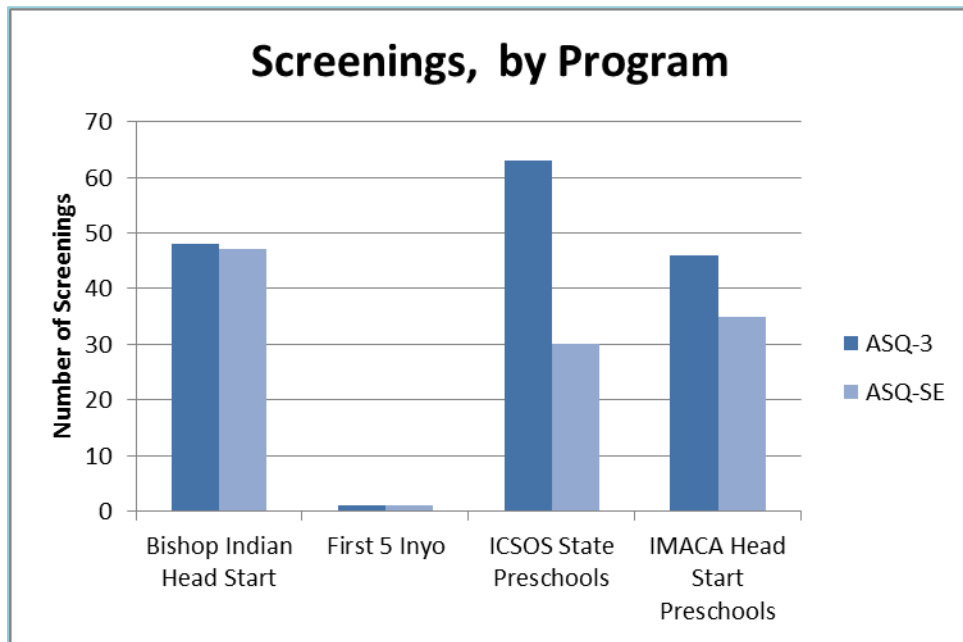
As Northern Inyo Hospital made great steps towards meeting their project goals in their second year of funding, First 5 Inyo will continue to fund their program in their third year. The NEST program has plans for 17-18 to continue to develop and offer regular childbirth education classes, examine and improve the new mom support groups, and continue to meet the steps of receiving Baby Friendly Hospital certification.

Developmental Screenings

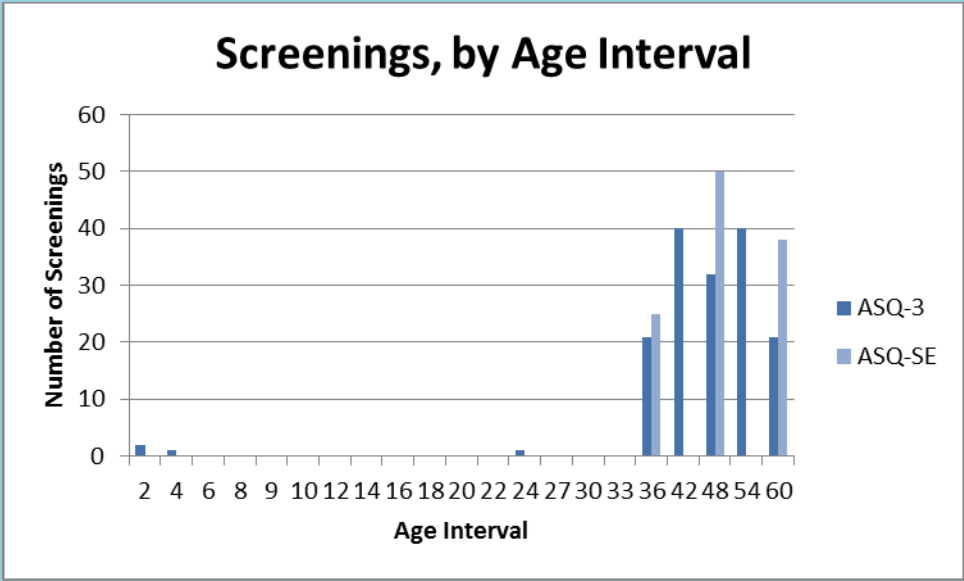
Ages and Stages Developmental Screening activities use the Ages and Stages Questionnaire Third Edition (ASQ-3) and the Ages and Stages Questionnaire – Social Emotional Edition (ASQ-SE) with preschools and family child care providers. These screening tools track developmental and social emotional development progress in children. Both are offered to families in English and Spanish.

In addition to working closely with families and schools to complete the screenings, First 5 Inyo also worked to identify and refer families with the greatest need to Inyo County Health & Human Services partner agencies. A process including paperwork was developed to determine if families were eligible for more intensive services.

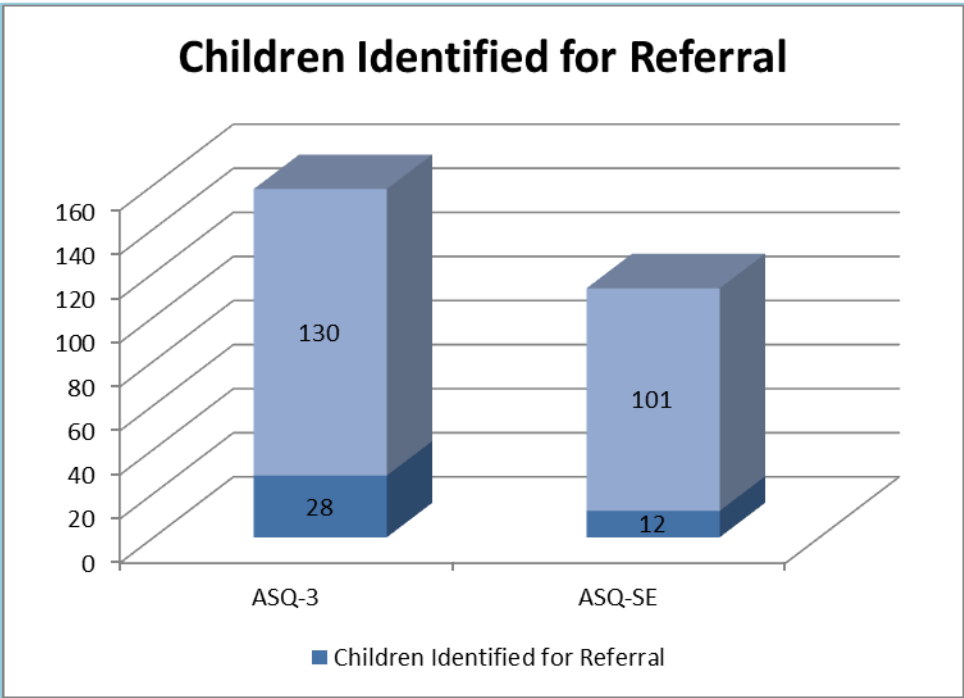
In 16-17, First 5 Inyo partners completed 158 ASQ-3 screenings and 113 ASQ-SE screenings.



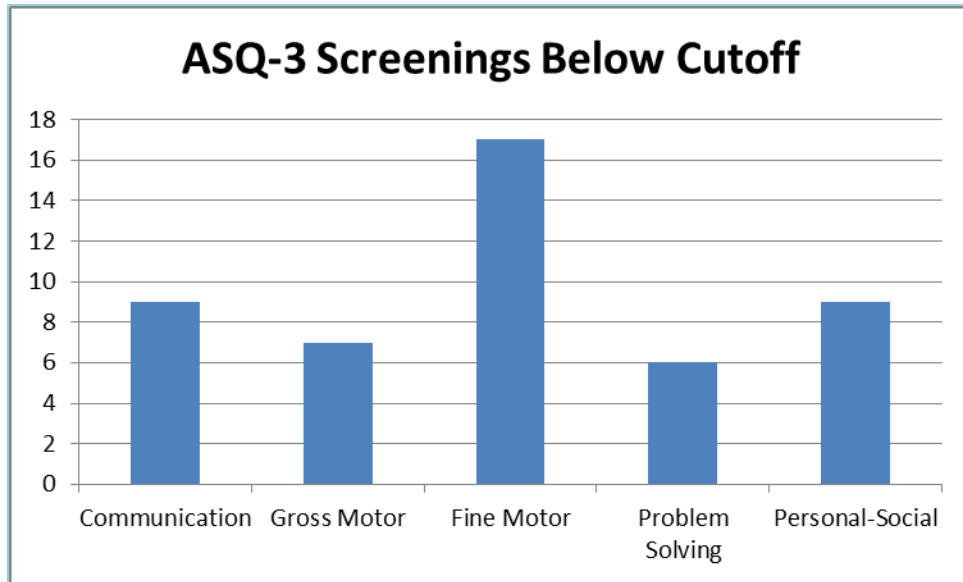
The majority of screenings were completed for children between the age intervals of 36 months and 60 months. *(Please note that ASQ-SE only screens for the following age intervals: 2, 6, 12, 18, 24, 30, 36, 48, and 60)*



40 children or 15% were identified for referral.



Looking at the ASQ-3 screenings that received below cutoff scores, the majority were for Fine Motor skills.



Conclusion & Future Considerations

In its second year of implementation, the First 5 Inyo work with partners to complete screenings was successful in engaging the majority of local preschools. The number of screenings completed in 16-17 is testament to the partnership and buy-in fostered through meetings and outreach in previous years.

Based on reviewing the age interval data, there is a great need to capture more screenings of children before they reach preschool. Efforts in 17-18 will focus on how to reach more children between the ages of 0-3. Strategies could include partnering with our Public Health MCAH program, reaching out to pediatrician offices, engaging home child day care providers, and reaching out to early head start programs.

In addition to working to capture more children, we are also excited to expand our case management activities to help connect parents to developmental, social, and emotional resources. Efforts in 17-18 will include filling a vacant staff position, whose primary focus will be case management activities around referrals. Part of these efforts will be staying engaged with First 5 Association’s Help Me Grow trainings, and developing a countywide tracking system to facilitate referrals with families.

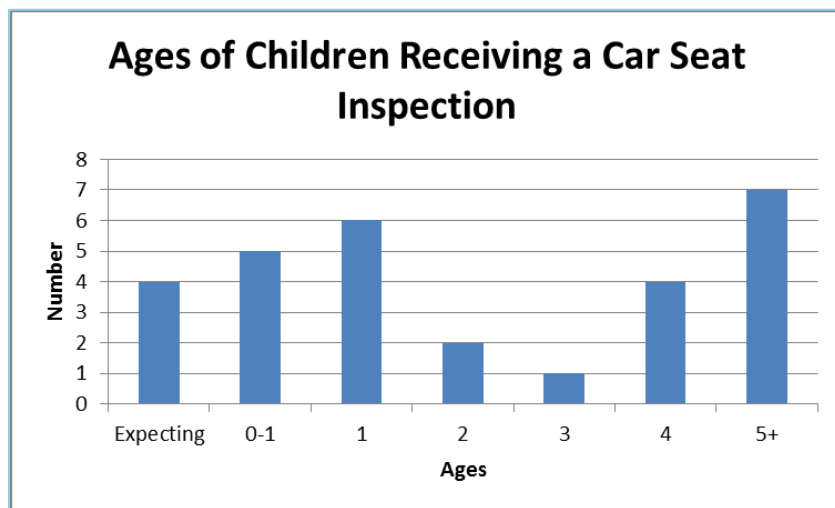
Safety Education and Injury Prevention

Members of the Inyo County Car Seat Collaborative are from many agencies all focused on the goal of ensuring all children are safe and secured in a car seat, and to provide assistance in receiving a car seat for families who are in income eligible programs. In addition to First 5 Inyo, members include California

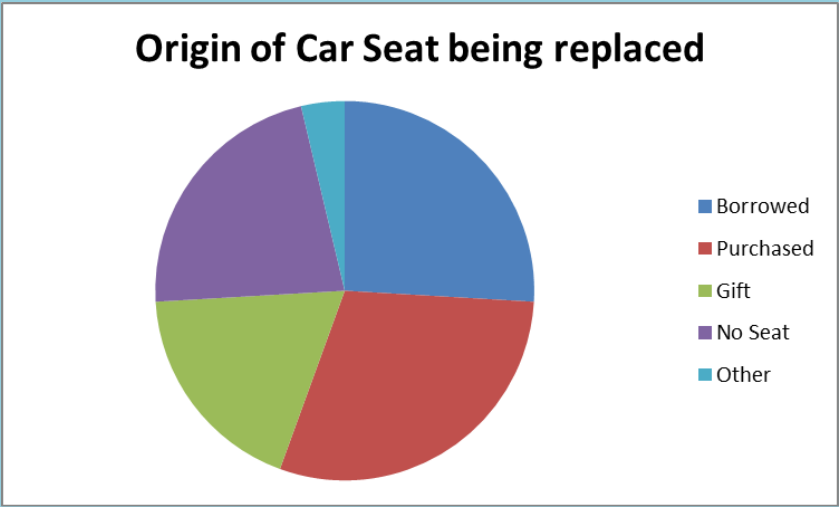
Highway Patrol, Inyo Mono Advocates for Community Action Head Start preschools, Bishop Indian Head Start preschool, Inyo County Public Health, and Toiyabe Indian Health Project Public Health. Each collaborative member has staff who are trained as car seat technicians, and Inyo County Public Health provides car seats to give to low-income eligible families.

Melissa Ruiz, Prevention Specialist with First 5 Inyo County, was trained as a car seat technician in August 2016. In addition to providing services to families at individual appointments, the Collaborative held two events in the community: one event at the Lo-Inyo Elementary School in Lone Pine on October 29, 2016, and one event at the Choo Choo Swap Meet in Bishop on May 6, 2017.

29 children and their parents received either a new car seat or education on proper car seat installation. 12 children received services from First 5, and 17 children were referred to California Highway Patrol.



Families primarily presented with a variety of issues with their current car seat, either not having one at all, borrowing the one they are currently using, or their child growing out of the one they purchased or received as a gift.

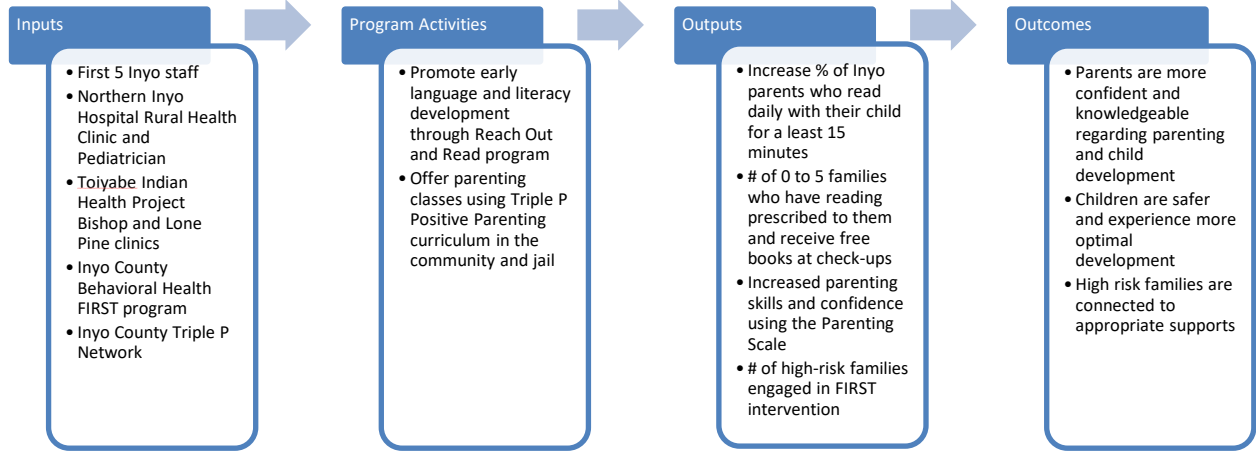


Conclusion & Future Considerations

Training First 5 Inyo staff to be a car seat technician allowed us to meet the needs of more families, ensuring all children are safe while traveling. In planning for the future, First 5 Inyo is considering training additional staff as car seat technicians, to serve the need of more clients.

FAMILY STRENGTHENING

Parents and caregivers are empowered to create healthy environments in which children thrive and succeed.

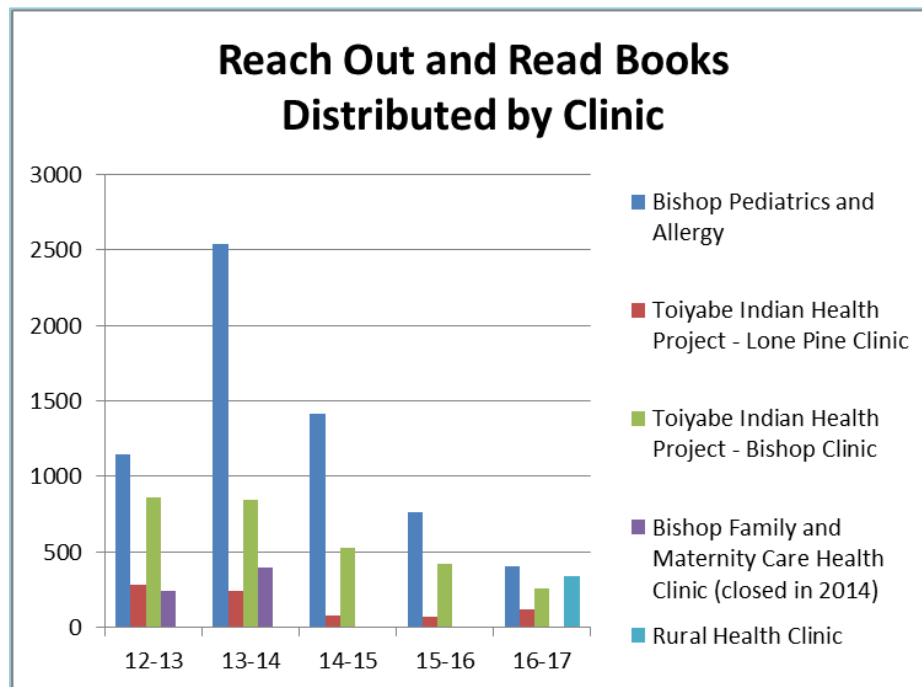


Family Literacy

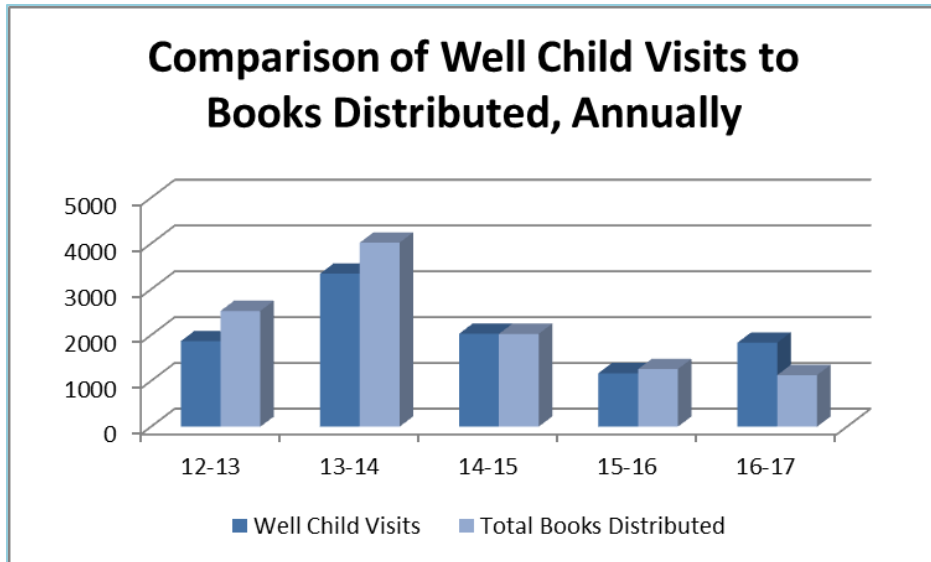
Through the Reach Out and Read literacy program, doctors and nurse practitioners prescribe parents to read aloud daily during the well child visit. To foster language-rich family interactions that support brain development, each child goes home with a new book at each well child visit.

Four clinics in Inyo County receive books to prescribe to children at well child check-ups. A fourth clinic was added in 16-17, to meet the growing need to see families. First 5 Inyo County distributes new books to each clinic for their pediatricians to prescribe during the well child visit.

In 16-17, 1,127 books were distributed to four clinics in Inyo County: Toiyabe Indian Health Project clinics in Bishop and Lone Pine, and Northern Inyo Hospital clinics in Bishop, Pediatrics and Rural Health Clinic.



Generally, the number of books distributed follows the number of well child checks at each clinic. **Note: data for Well Child Checks in 16-17 shown below does not include numbers from Toiyabe Indian Health Project clinics.*



Conclusion & Future Considerations

The number of books distributed in the recent years has somewhat declined. This could be due to staff transitions at both First 5 Inyo and the clinics. Efforts in 17-18 will include renewing relationships with clinic staff to make them aware of the importance of the program and how to implement it.

In addition to Reach Out and Read, First 5 Inyo will also pursue additional ways to support literacy promotion to Inyo County families. Possible activities include implementing a Raising a Reader program in partnership with local preschools.

Parenting Education

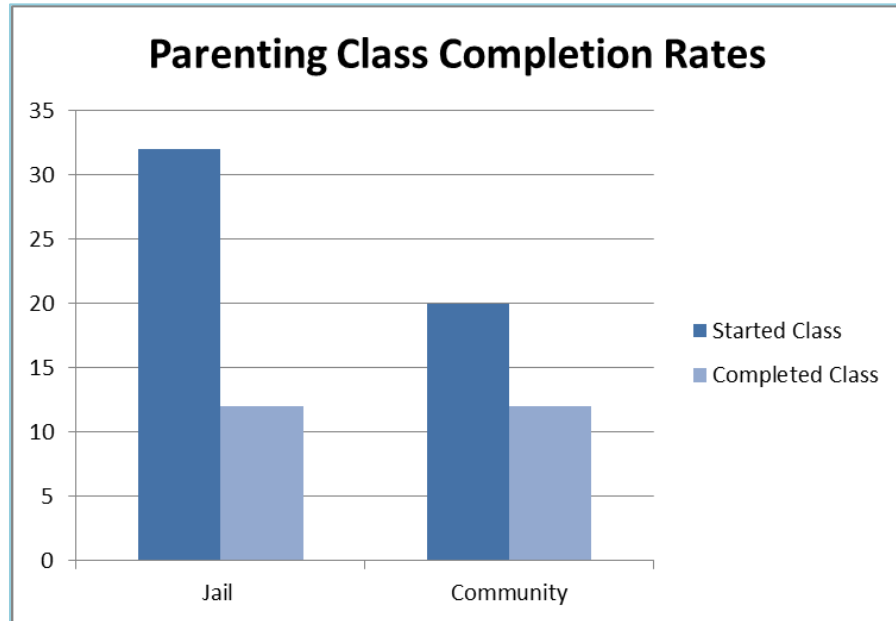
Triple P Positive Parenting Program

In First 5 Inyo’s Strategic Plan, the Commission made a significant shift to a collective impact approach, primarily focusing on and funding the evidence based Triple P program to support Family Strengthening goals. The Triple P – Positive Parenting Program gives parents the skills they need to raise confident, healthy children and to build stronger family relationships. It also helps parents manage misbehavior and prevent problems occurring in the first place.

First 5 Inyo organized the Triple P Inyo Network, and brought a series of Triple P trainings to Inyo County so partner agency staff could be trained in the Triple P curriculum. Five trainings were brought to Inyo County: Group 0-12, Primary (twice), Lifestyles, and Pathways. 60 partners were trained, representing a diverse array of organizations and staff roles including local hospital, clinic, preschool, school, probation, CPS, and Health and Human Services staff.

In addition to the trainings, First 5 Inyo staff offered Triple P parenting classes in both community and jail settings. 52 parents were reached through 6 classes, 3 classes to parents who were inmates in the

county jail and 3 classes to parents in the community. All three of the community classes were Triple Group 0-12. The three jail classes offered were each Group 0-12, Pathways (parent anger and stress management), and Co-Parenting (the only non-Triple P curriculum). 24 parents successfully completed a parenting class. This is a 36% completion rate in the jail and a 60% completion rate in the community.



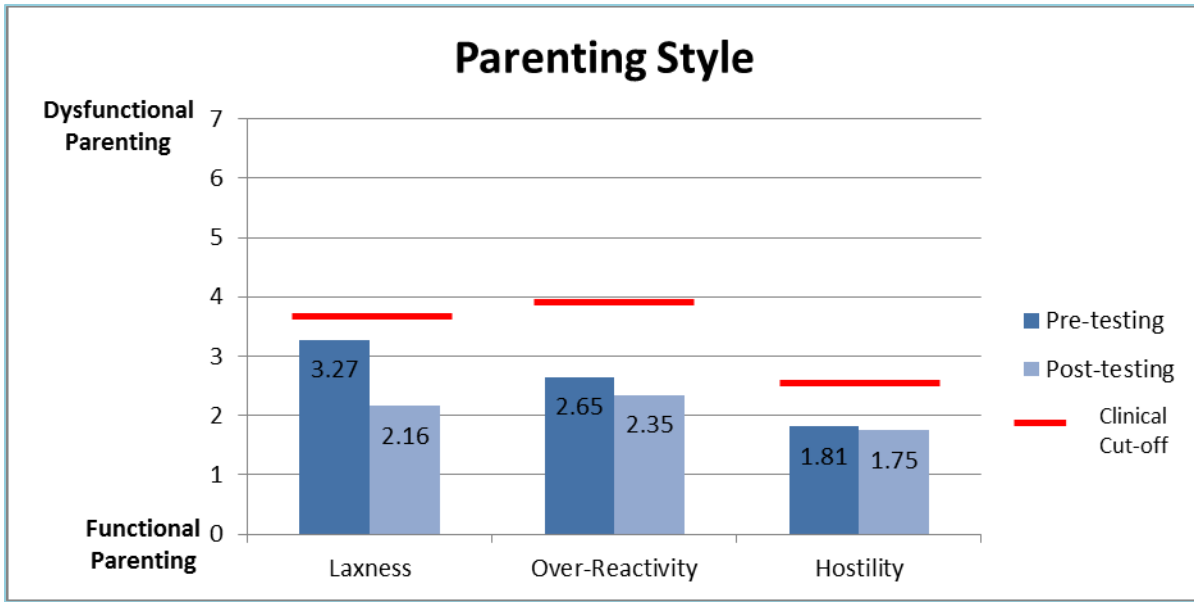
The Triple P Parenting Scale is used when offering Group 0-12 parenting classes as a pre and post testing measure of dysfunctional parenting style. The Parenting Scale measures three subscales:

- Laxness: a style where parents let things slide and don't intervene
- Over-Reactivity: a style where parents over-react to a problem behavior
- Hostility: a style where the relationship is marked by hostility, particularly verbal

Four Group 0-12 parenting classes were offered in 16-17, three in the community and one to inmates in the county jail. 29 parents started, with 15 parents successfully completing the two month class.

Pretesting at the beginning of each Triple P class indicated that 17 of the 29 parents scored in clinical ranges either for laxity, over-reactivity, or hostility. Post testing at the end of class showed that 4 of the 17 parents moved out of clinical ranges.

Overall, laxness decreased an average of 34%, over-reactivity decreased an average of 11%, and hostility decreased an average of 3%.



Parents completing the Level 4 Group classes reported in the Parent Exit Survey that 93% learned encouragement skills, 73% learned new tools to manage misbehavior, and 60% began to utilize organizational tools for planning for risky situations and scheduling family routines.

Conclusion & Future Considerations

The Triple P Network was successful in training partners, setting the foundation for future implementation and collaboration. Activities in 17-18 will focus on finishing the last local Triple P training, Stepping Stones, and supporting Network partners in their Triple P implementation activities.

First 5 Inyo staff were also successful in investing a fair amount of time being trained in a variety of courses. First 5 Inyo was also successful in starting to offer a regular schedule of Triple P classes in the community, and maintaining regular classes in the county jail. Activities in 17-18 will focus on developing Level 1 Triple P, which emphasizes promoting Triple P messaging through media and communications.

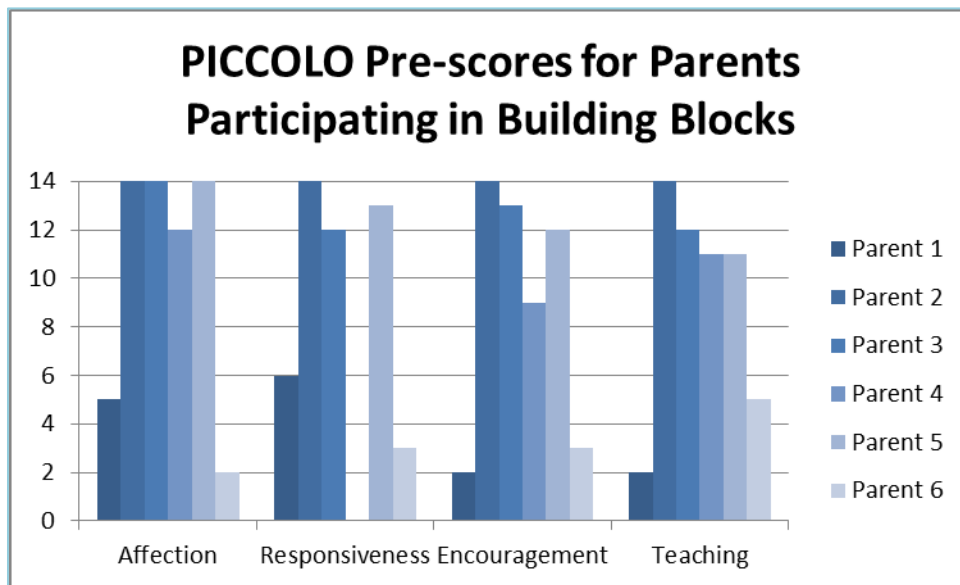
Building Blocks Developmental Coaching and Playgroups

The Building Blocks developmental coaching curriculum includes six sessions using blocks to teach parents developmentally appropriate play with their child. Lessons are divided amongst three age groups: baby, toddler, and preschool. Each session focuses on the following topics: Week 1 – Language; Week 2 – Motor Skills Play; Week 3 – Problem Solving Play; Week 4 – Spatial Skill Play; Week 5 – Social Skills Play; and Week 6 – Math Skills. Drop-in playgroups were held once a month from July 2016 – April 2017 at the Bishop Indian Head Start preschool.

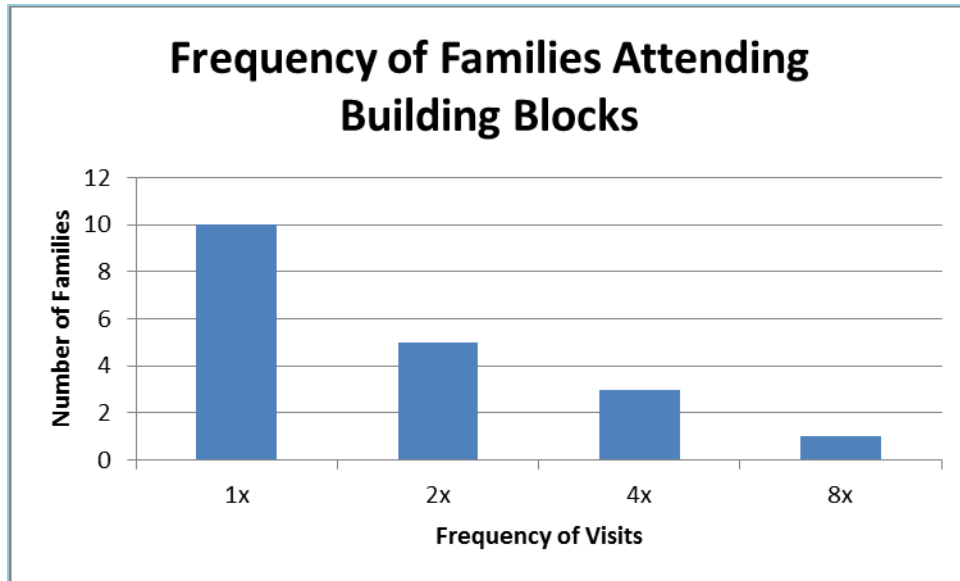
Parents were assessed using the PICCOLO scale, which measures observed parental expressions of affection, responsiveness, encouragement, and teaching during interactive play with their child. At the

beginning of the monthly play groups, six of the parents were observed playing with their child for 10 minutes.

Almost all parents do some positive things while interacting with their child. Higher scores indicate more developmentally supportive parenting behaviors. Of the four domain measures, affection averaged the highest. Two parents were rated below average, indicating that the parent and child are having difficulty engaging with each other in ways that support the child's development.



Over the course of the monthly sessions, no parent consistently attended all six lessons in order to complete the curriculum and post testing. Of the nineteen parents who attended, ten parents only attended one session.



Conclusion & Future Considerations

While the monthly drop-in playgroup encouraged social interaction between children and offered a chance for parents to develop social supports, results show that it wasn't a successful model to complete the six lesson curriculum. In planning for 17-18, First 5 Inyo staff will discuss options to shift the implementation model, possibly considering a one-on-one meeting style. The goal is to encourage consistent attendance and measure pre-and post-results.

Targeted Family Support

The Families Intensive Response & Strengthening Team (FIRST) program within Inyo County Health & Human Services is a family program guided by the principles of wraparound, that works to keep our children and youth at home with supportive services. FIRST is an intensive family driven planning process that provides support to children and their families. A child and his/her family may be in FIRST for an average of 18 months.

Families served by the FIRST program are evaluated using the Inyo Family Development Matrix. The matrix measures progress within the protective factor elements for each family. The pre and post measure was updated in the middle of the 16-17 year to a new format that is more true to the national and California model of the Family Development Matrix. Data reported here compare percentages to accommodate this midyear shift in measures.

4 families were served by the FIRST program in 16-17. One family's protective factors increased by 20% over the course of 18 months, and the second family's protective factors increased by 6% over the

course of 7 months.

Family #1 - 20% increase in Protective Factors			
8/23/2016		2/5/2018	
OVERALL AVERAGE PRE-SCORE = 40%		OVERALL AVERAGE POST-SCORE = 60%	
Social Connections		Social Connections	
4 out of 12	30%	21 out of 30	70%
Concrete Resources		Concrete Resources	
7 out of 12	58%	35 out of 60	58%
Parent Resiliency		Parent Resiliency	
5 out of 12	42%	32 out of 50	64%
Parenting Knowledge of Development		Parenting Knowledge of Development	
2 out of 8	25%	15 out of 40	38%
Child Development		Child Development	
Not applicable		36 out of 50	72%

Categorically, for Family #1, Social Connections improved by 37%, Parent Resiliency by 22%, and Parenting Knowledge by 13%. Access to resources stayed the same and at entrance the infant was too young for premeasures.

Family #2 - 6% increase in Protective Factors			
5/18/2017		1/24/2018	
OVERALL AVERAGE PRE-SCORE = 48%		OVERALL AVERAGE POST-SCORE = 54%	
Social Connections		Social Connections	
6 out of 12	50%	10 out of 30	33%
Concrete Resources		Concrete Resources	
6 out of 12	50%	44 out of 60	73%
Parent Resiliency		Parent Resiliency	
6 out of 12	50%	30 out of 50	60%
Parenting Knowledge of Development		Parenting Knowledge of Development	
2 out of 12	25%	20 out of 40	50%
Child Development		Child Development	
8 out of 12	66%	27 out of 50	54%

Categorically, for Family #2, Concrete Resource Access improved by 23%, Parent Knowledge improved by 10%, and Parent Resiliency by 25%. Social Connections and Child Development factors in this time period actually decreased. This is not unusual, as the FIRST team learned more about the family than was shared when the family presented at entry.

Due to the shift in evaluation measure, Family #3 and #4 were not able to be reported on.

Conclusion & Future Considerations

While serving a small population, the intensive services provided by FIRST are critical to improving the protective factors of our most needy families. The FIRST program provides parents and families with the

skills they need to succeed, moving the family away from these formal services so they are more reliant on natural supports within their community. First 5 Inyo will continue to support this program, which works to build on family strengths and create a family environment that supports optimal child and youth development.