FIRST 5
TUOLUMNE COUNTY

ANNUAL EVALUATION REPORT
FY 15-16

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Results – First 5 Tuolumne Highlights For FY 15-16

Desired Outcome 1:

Primary Caregivers will have the supports and resources they need to be their child's first and best teacher.

In FY 15-16, progress was measured by primary caregivers in:
1. Education and skill building on early brain development & early literacy
2. Engagement in ASQ screening.
3. Education and skill building on positive parenting techniques
4. Engagement with children's therapists, and supportive activities at home

Funded programs: ATCAA Family Learning and Support Services, ICES Raising Healthy Families, TCSS Social Emotional Learning Foundations

Desired Outcome 2:

Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction.

In FY 15-16, progress was measured by primary caregivers in:
1. Progress on educational or employment goals
2. Expansion of supportive social connections
3. Linkages to community supports and resources
4. Engagement in support services following a child abuse report.

Funded programs: ATCAA Family Learning and Support Services, ICES Raising Healthy Families, Public Health Outreach and Case Management.

Desired Outcome 3:

Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.

In FY 15-16, progress was measured by young children as follows:

1. Enrollment in a high quality early learning program.
2. Appropriate and timely medical screenings, immunizations and medical treatment.
3. Oral health education, screening and fluoride treatments and access to treatment.
4. Behavioral health services addressing significant social emotional developmental concerns.

Funded programs: ATCAA Family Learning and Support Services, ICES Raising Healthy Families, Public Health Outreach and Case Management, TCSS Social Emotional Learning Foundations, TCSS Smile Keepers

Desired Outcome 4:

Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors.

In FY 15-16, progress was measured by:

1. Completion of eligible professional development activities under CARES Plus and IMPACT.
2. Coaching for teachers, including a focus on promoting early social-emotional competencies.
3. Training in recognition of social-emotional delays and skill building for discussing issues with parents.
4. Establishment of a local QRIS Consortium and enrollment of IMPACT sites.

Funded programs: TCSS Social Emotional Learning Foundations, CARES Plus, IMPACT

All First 5 Tuolumne Programs operated under 3 Best Practice frameworks:

1. ***Strengthening Families 5 Protective Factors***
    a. *Parental Resilience;*
    b. *Social Connections;*
    c. *Concrete Supports in Time of Need;*
    d. *Knowledge of Parenting and Child Development; and*
    e. *Social & Emotional Competence in Children*

2. ***Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (CSEFEL)***

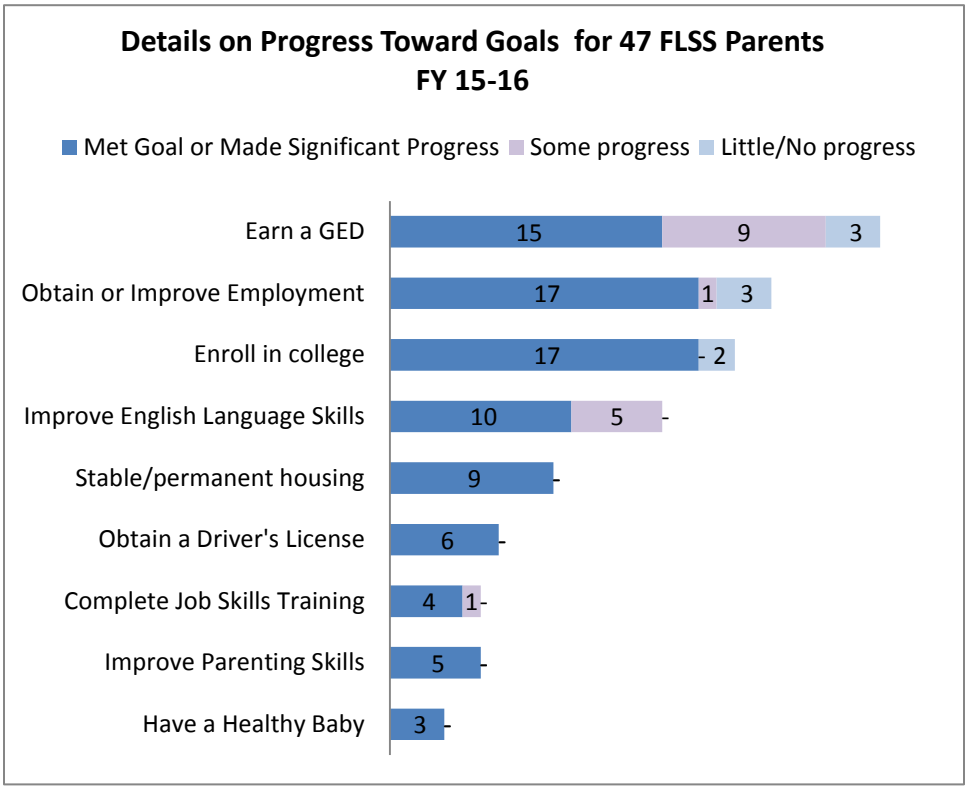
3. ***Health Services – Professional Standards of Practice***

More detailed information on outcome highlights is presented in the following sections, organized under these framework elements.

Specific, detailed information on individual programs is provided in Appendix 2, which includes logic models and the annual evaluation report findings for each program.

Parental Resilience

96% of parents participating in ATCAA Family Learning & Support Services met or made substantial progress on at least one of their annual goals. The most frequent goals set were linked to education or employment.



Social Connections

- 49% of parents at the Family Learning and Support program participated in support groups.
- 52% of parents served with ICES home visiting expanded their positive support network.

Concrete Supports in Time of Need

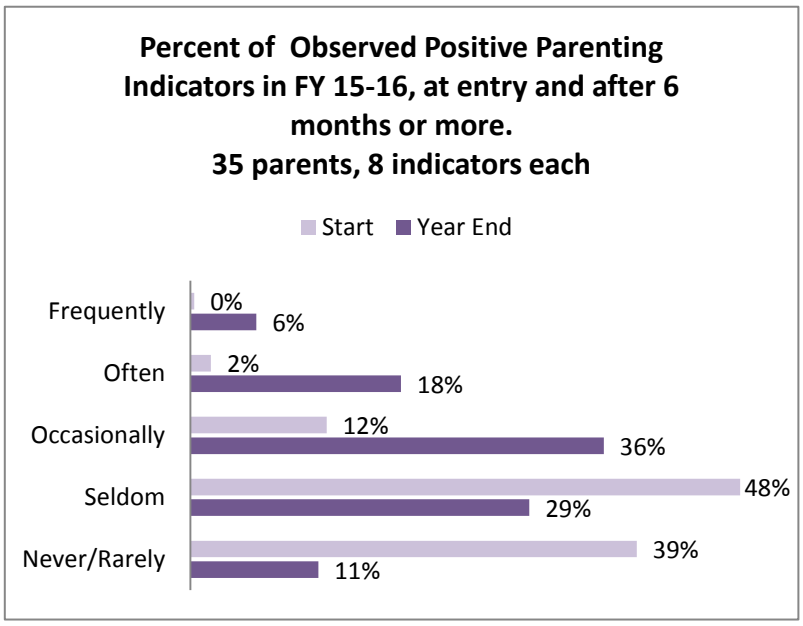
Intensive parent support programs provided referrals and followed up on outcomes. Combined data from the Family Learning Center and Raising Healthy Families shows that the following percentages of parents received services, as follows:

75% received food/nutrition services
64% received educational or job skill training services
43% received medical, dental or behavioral health services
33% received assistance in finding housing
27% received assistance in finding early childhood education
39% received assistance in finding other basic needs

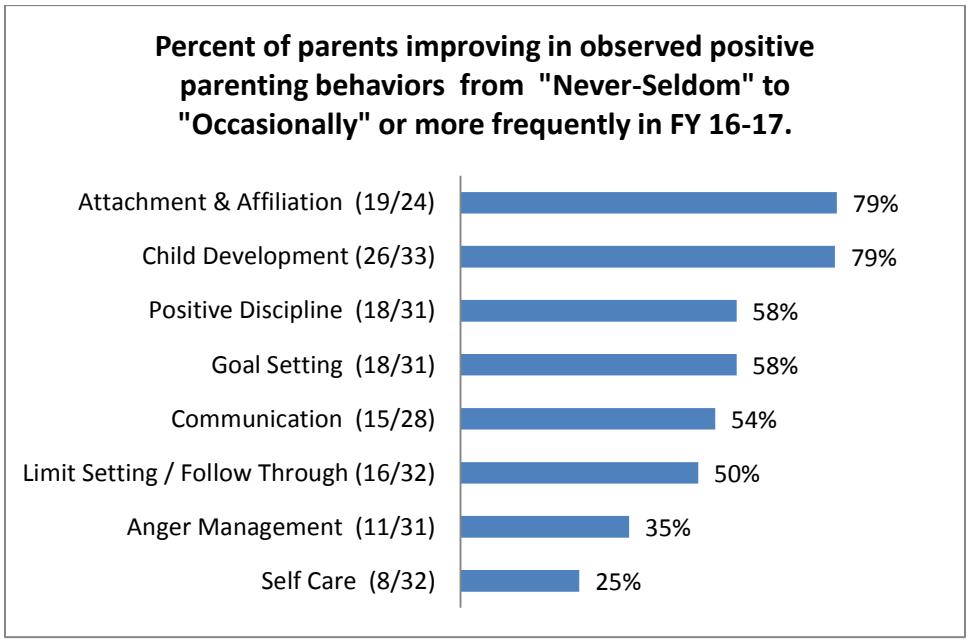
In addition, the public health outreach and case management program provided a large number of referrals to medical services; however no tracking was done on outcomes.

Knowledge of Parenting and Child Development

Parents receiving In-Home Support improved their parenting skills.
The highest-risk families receiving In-Home Parent Support measurably increased their positive behaviors with their children. (ICES Raising Healthy Families program, Parent Observations).



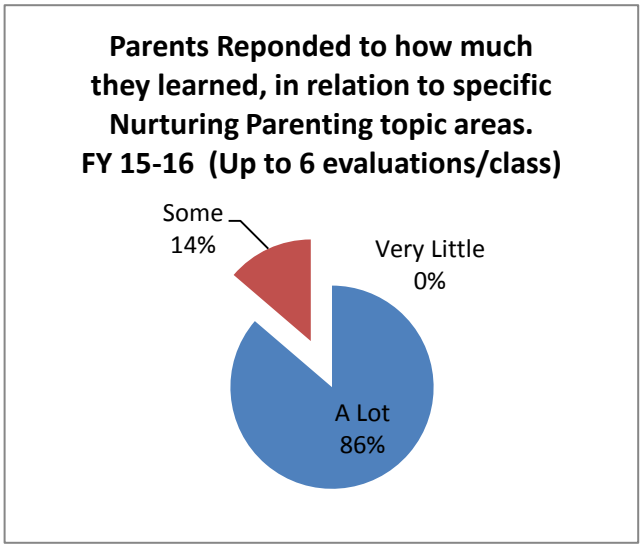
Most parents were observed never, rarely, or seldom demonstrating positive parenting practices at entry to the program. After 6 months or more, the frequency of positive parenting behaviors rose to a higher level of observed frequency.



Parents completing parenting classes improved their skills and knowledge.
(ICES Raising Healthy Families program, Parenting Class evaluations)

32 parents participating in parenting classes reported a strong level of agreement with the relevance of the information learned, the quality of the facilitator, and an increased level of confidence in parenting skills. Most reported learning "a lot" in specific concept areas, and 85% were able to identify at least one new skill that they were using at home.

- *Time with each child is so important, listening to them more, talking not yelling, and so much more*
- *Learn better ways to respond to children's behavior. I hope to change the cycle and refrain from bringing my trauma to my son's life.*
- *Learn not to hit. Take care of myself or I won't be able to handle my children.*



100% of parents reported that the general parenting classes were valuable for:

- Learning new ways of thinking about children's behavior
- Learning new ways of thinking about parenting and new approaches to try
- Learning how to feel more calm and in control and less reactive to situations
- Learning from other parents
- Learning specific, practical things to try at home with their children

Social and Emotional Competence in Children & Pyramid Model

Teachers learned new skills to teach children social-emotional competencies, and incorporated those practices. Administrators continued to support implementation of social-emotional curriculum.

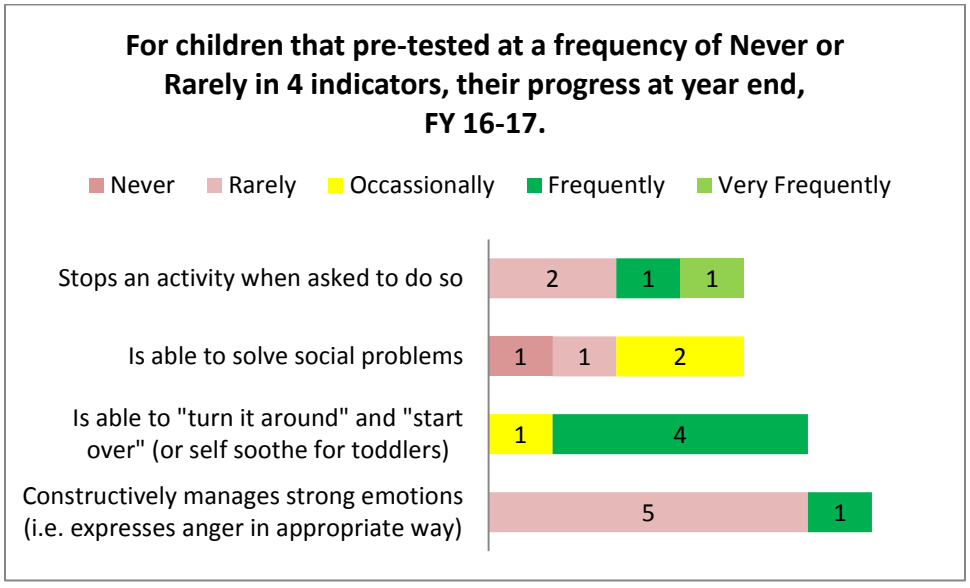
"Meeting with parents along with Donna (the SELF Coordinator) and using observations and anecdotal notes helped when communicating concerns with families."

"Most definitely we will continue use CSEFEL practices in our program. The strategies and ideas that Donna shares with the staff are vital to be able to successfully implement best practices."

Children served with individual consultation increased the frequency of positive behaviors over time.

91% of children increased most of their low frequency desired behaviors (Never-Rarely) to Occasionally-Very Frequently. On average, children showed this level of improvement in 78% of their very-low-frequency positive behaviors. *(12 children were in this analysis. The tool had 16 positive behavior indicators).*

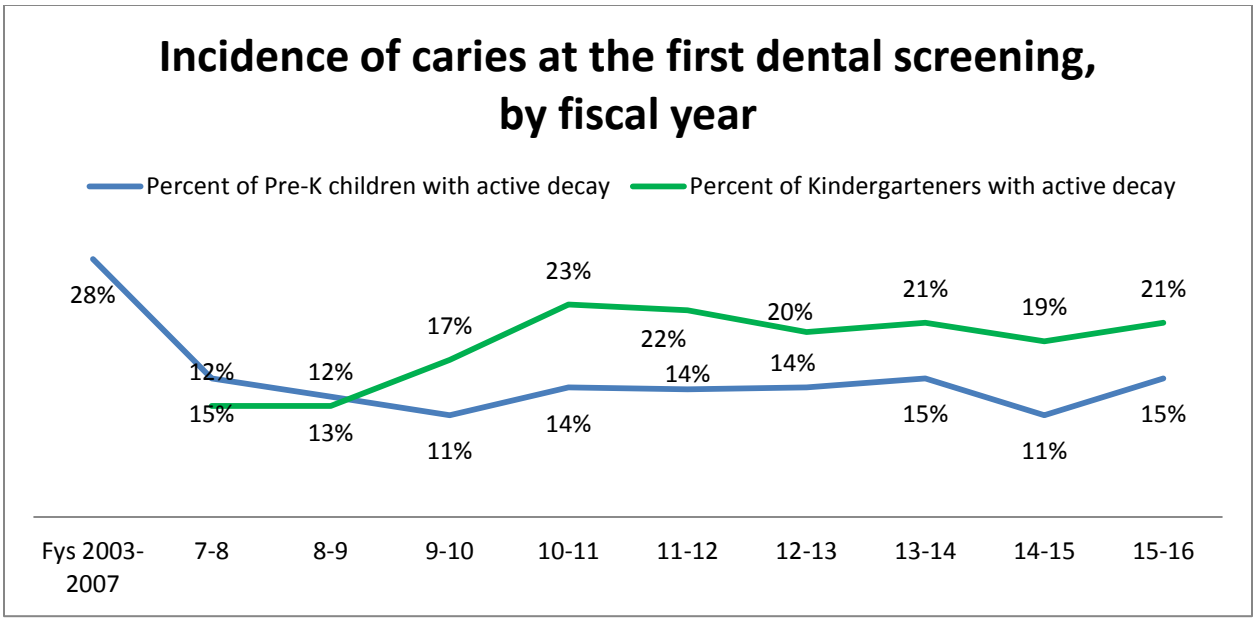
All 16 desired behaviors had at least one child score at "never" or "rarely. The 4 desired behaviors that the most children scored at "never" or "rarely" are charted below. For these indicators, some improvement was measured. (The graph includes 11 children's scores.)



Health Services

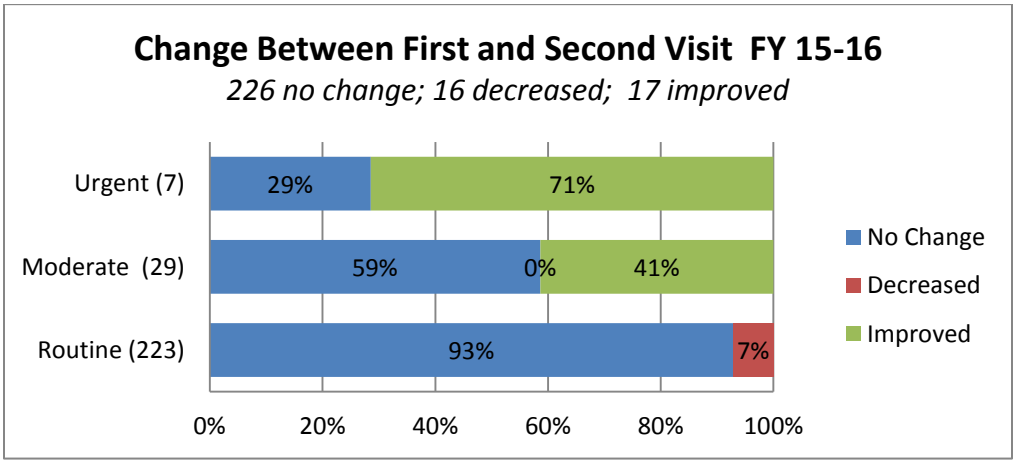
First 5 support increased access to dental health preventative treatment and strengthened community capacity for an effective comprehensive prevention approach.

- *First 5 funds supported oral screening and fluoride varnish for at least 48% of the county's 3-4 year old pre-K children.*
- *Data from Smile Keepers over 14 years suggests that the comprehensive prevention approach has sustained a reduction in the incidence of active caries (cavities) in the pre-K population.*



- *Of the 86 Kindergarten children with caries, 55 (64%) had not had a Smile Keepers visit in the previous year. This accounts for almost all of the difference in ongoing caries rate between the kindergarten and Pre-K children, and has been measured in past years as well. This is strong evidence for the power of early prevention.*

Most children who received two visits/year sustained good oral health or improved their oral health status.



Children had greater access to developmental screening and parents engaged with these assessments. Children who were identified with disabilities and special needs received further referrals or services.

Across all programs, 109 children received an ASQ and 97 children received an ASQ-SE. For these children, 97 parents/caregivers were engaged in a discussion of developmental

milestones. Twelve children who were served by the Social Emotional Learning Foundations program received additional assessments.

Children at risk were referred to services including, but not limited to, Child Find, Behavioral Health, medical services, and special educational resources.

Challenges

- Unexpected staffing changes affected 2 of our funded programs in a significant way in FY 15-16. Staff worked internally to continue to provide uninterrupted services and informed First 5 staff of the challenge.
- External factors affected client base. For example, programs depending on Welfare to Work clients were affected by new regulations regarding eligibility and retention as well as staffing shortages at CWS. A nurse home visiting program was affected by a growing number of high-risk families who refuse to allow visits in their homes or sign up for intensive case management. The challenge of engaging part-time behavioral health consultation or special education expertise for 0-5 proved to be an ongoing struggle with turn-over of individuals. In all cases, discussions were held with First 5 staff to think about other service strategies.
- The advent of IMPACT required re-looking at all ECE professional development strategies county-wide, including the social-emotional mentoring funded by First 5. Once again, alternate service strategies were discussed for the year ahead.

Conclusion:

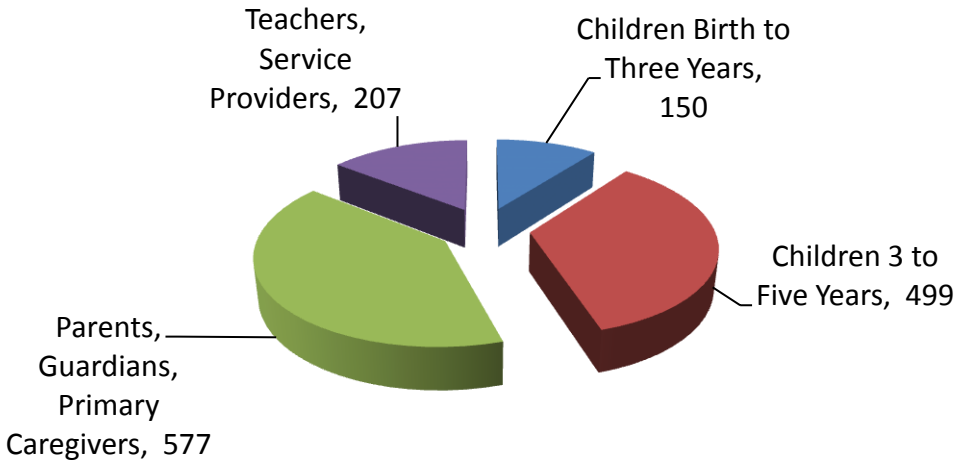
- First 5 funded programs in FY 16-17 were able to measure progress toward the Commission's desired outcomes. Children ages birth to five and their caregivers clearly benefitted from these funded programs.
- The programs used strategies consistent with the required best practice service frameworks.
- The programs continue to refer families to each other, and to strive to coordinate services to maximize family outcomes.
- First 5 funding continues to be a critical factor for the continuation of these services in the community. All programs operate with some degree of leveraged funding, but First 5 funding remains a required component for continued operations.
- Most of our funded programs faced challenges during the fiscal year with staffing changes or external changes affecting client engagement. The programs all continued to adapt, change, and adjust to best serve the families that were engaged with services. Ongoing changes will be monitored in FY 16-17.

Appendix #1: Service Data Overview for FY 15-16

Much of the service data following is provided in the Annual Report to First 5 CA.
(Numbers are unduplicated to the extent possible within programs, not between programs.)

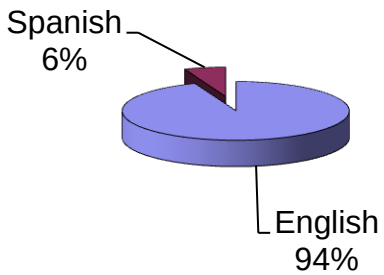
First 5 Tuolumne put the majority of its investments in direct services to children and caregivers.

Population Served FY 15-16



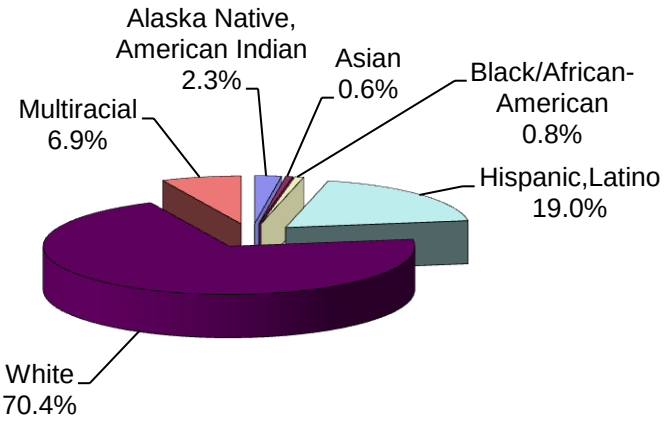
Most services were provided in the English Language, some were provided in Spanish or in an ESL setting.

Primary Language Spoken in the Home FY 15-16



Services were provided to a diverse population. Children of multiple races and ethnicities other than White were represented in the service population at a slightly higher percentage than their reported representation in the general population.

Ethnicity of children served FY 15-16

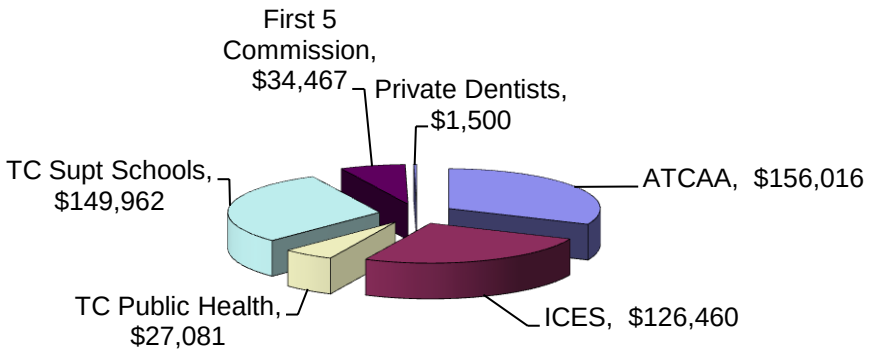


More Hispanic (9%) and multiracial (5%) children and families were served than would be predicted by their representation in the general county population. American Indian, Asian and African American families were seen at rates consistent with their representation in the county (within 1%); White families were seen at a correspondingly lower rate (13%).

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

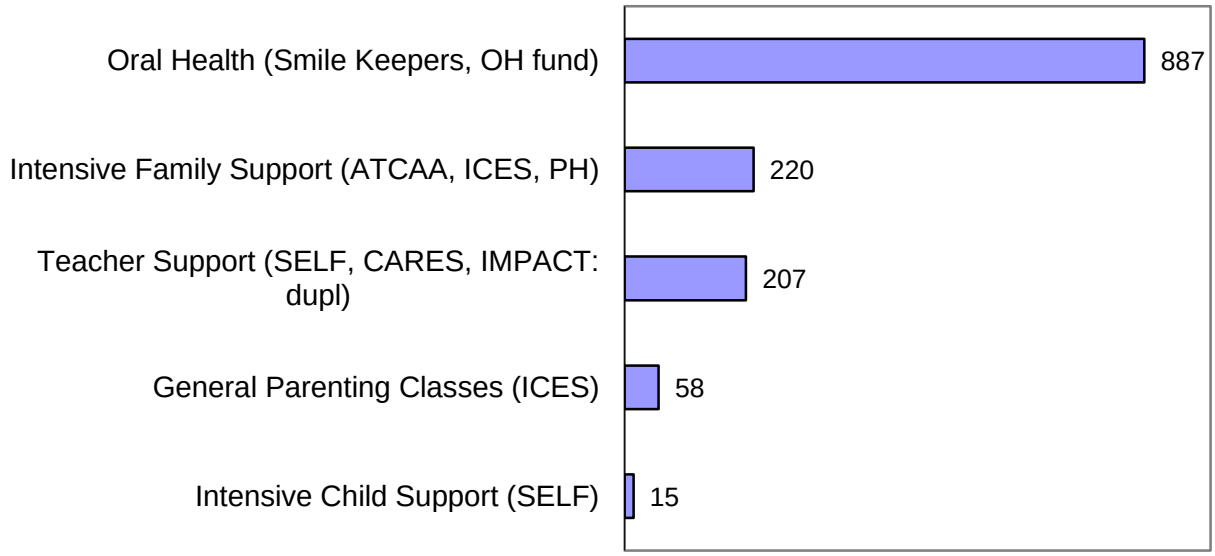
Breakdown of Funding by Primary Provider FY 15-16

Does not include fee-based services

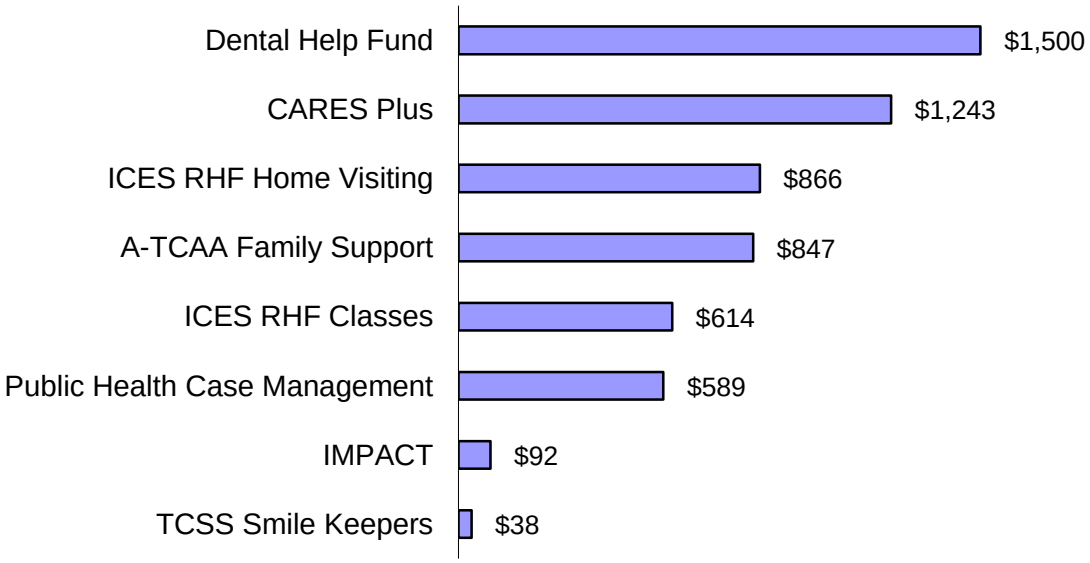


First 5 supported both intensive intervention services and preventative services. Cost per child/caregiver was contingent on service intensity as well as the level of matching funds provided by programs.

Clients (Parents, Children, Providers) Served by Service Category FY 15-16

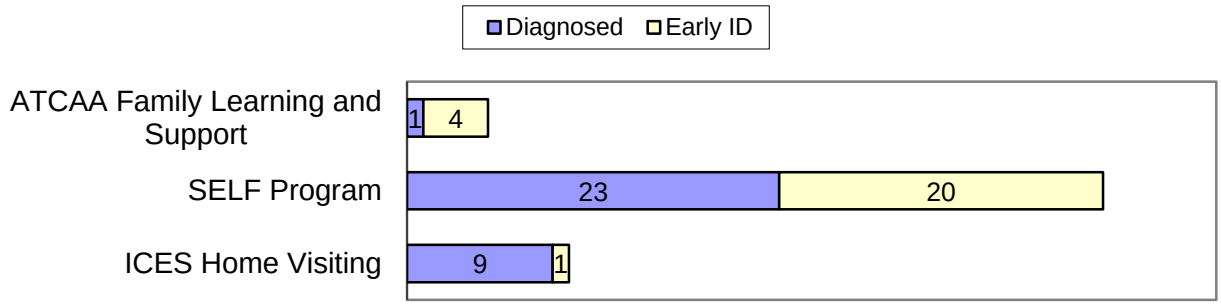


Cost per Client by Funded Program FY 15-16



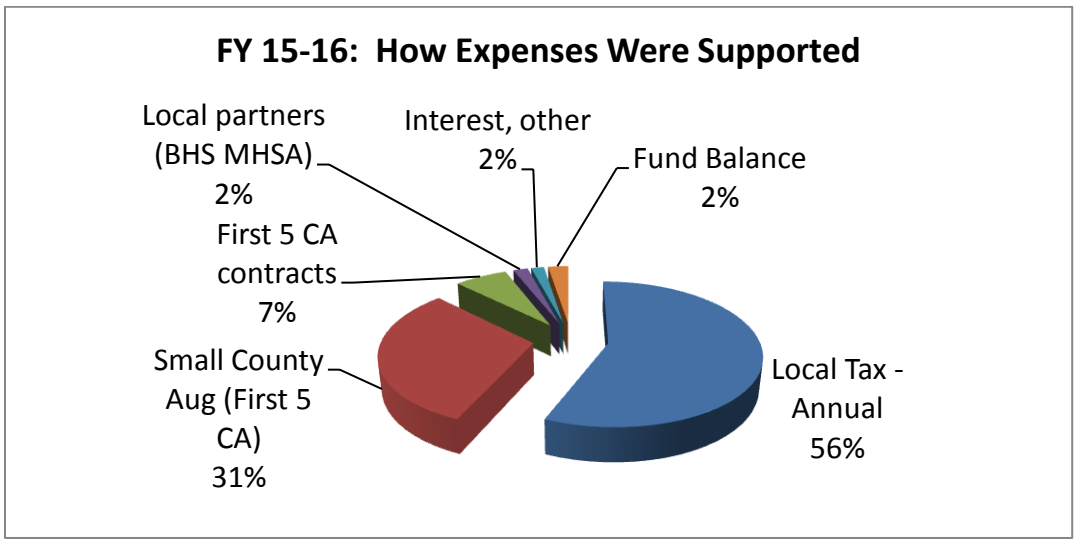
Many of the programs funded by First 5 provided services to children with special needs, either to children who have been formally identified or diagnosed (with a Special Education Individual Education Plan or a Mental Health diagnosis) or to children who needed extra services who had not been formally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

58 Special Needs Children served by Category FY 15-16
Unduplicated Counts By Program
(assume some duplication across programs)
33 Diagnosed, 25 Early Identification
(23% of total children served by these programs; oral health not included)



Financial Overview for FY 15-16

- Revenues: $543,047; Expenditures: $556,786
  - 81% for grants and programs
  - 19% for operations (Administration 9%; Program Management 8%; Evaluation 2%)
- Amount used from fund balance: $13,676
- Fund Balance: $776,864 –*All committed in contract. (The financial plan calls for a significant draw-down of the fund balance in the next 3 years.)*



Appendix 2: Logic Models & Evaluation Detail for FY 15-16

All First 5 investments are considered as contributions toward outcomes rather than singular attributions. No research studies are being conducted.

ATCAA Family Learning and Support Program

Objective: Strengthen Families and Protect Children

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
First 5 Funding to Support Staffing and Operations Welfare to Work funds. Multiple community resources on and off site. Even Start Family Literacy model. Strengthening Families 5 Protective Factors Framework.	At Bluebell Center: • GED preparation classes • Adult Basic Education • English Language Instruction • Life Skills • Job Skills • Parenting Classes • Case Management • Information and Referral • Health Education • Access to medical, dental and behavioral health services • Transportation	Pregnant women or parents with young children who wish to work toward goals in education, employment, family literacy and parenting. Primary target is parents who wish to earn a high school diploma or learn to speak/write English. Welfare-to-Work funds support a broader target audience.	Parents and children will show gains in the Strengthening Families 5 protective factors. 1. Parental Resilience 2. Social Connections 3. Concrete Supports in Time of Need. 4. Knowledge of Parenting and Child Development. 5. Social and Emotional Competence in Children	Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.

Assumptions
Leveraging funding sources and community resources maximizes quality services to families.

External Factors
Children and families have many stressful factors that impact their daily lives, including poverty, unemployment, trauma, and other factors that can impact learning.

ATCAA Family Learning and Support Services Evaluation Details FY 15-16

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
54 caregivers were served, with 71 children age birth-five. Data was collected on types of services received.	Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Progress will be measured by: 1. Improvements in financial stability / parent resilience 2. Expansion of supportive social connections 3. Linkages to community supports and resources	• Number of parents that met or made significant progress on their educational and/or employment goals. • Number of parents that attended support groups. • Tracking of utilization of community services.	Progress on Goals: 98% of parents who stayed enrolled met or made significant progress on one or more of their annual goals. Attendance at support groups: 22% attended 80% or more; 27% attended 50-79%. Community Services: 31 families utilized transportation services. Families received community services as a result of referrals. 41% - Medical/Dental/Behavioral Health 87% - Food/Nutrition 37% - Housing/Utilities 74% - Education/Employment 45%- Other basic needs
	Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Progress will be measured by: 1. Knowledge of early brain development & early literacy 2. Engagement in ASQ screening.	• Number of caregivers that participate in parent-child activities. • Number of caregivers that report learning new information and applying it. • Number of children receiving ASQ, ASQ-SE. • Number of parents engaged in a discussion of developmental milestones.	• 5 families met the goal of 80 or more hours of parent and child time together. The average number of hours was 17. • Data on early literacy feedback from parents was not useful for evaluation. The evaluator will discuss changes with program staff. • All children received an ASQ and ASQ –SE if they were old enough. • For these children, 77% of the parents (or 53 parents) engaged in a discussion of developmental milestones.
	Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn. Progress will be measured by: 1. Children are enrolled in a high quality early learning program.	• Number of children from participating families enrolled in Early Head Start, Head Start, or another licensed, quality ECE setting. • Number of children that make gains in School Readiness skills, as measured through 10 selected DRDP indicators.	Close to half (32/67) of the children were enrolled in EHS, HS/SPS or other licensed care. Of the 35 children not in care, 27 (or 80%) were age 2 or under. Enrollment was limited by no open slots; all children are on a waiting list for openings. Fourteen children had matched DRDP scores from fall – spring and all of them showed higher scores at year end. 13 children made significant gains, consistent with their age group.

ICES Raising Healthy Families

Objective: Strengthen Families and Protect Children.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
First 5 funding supports staffing and operations. Other funding supports staffing and operations for services for families with children 6 and older. (County and State funds). Strengthening Families 5 Protective Factors & Nurturing Parenting curriculum are primary service frameworks. Referrals, collaboration, cross-training and co-located services with other family support programs in the county.	Provide in-home parenting support to pregnant women and families with children birth to age five. Provide a menu of classes and workshops throughout the year at a variety of locations and times.	Home visiting: Parents of children birth to 5; primarily those at high risk or with a higher level of parenting challenges. Parenting classes: Parents of children birth to five, general audience. One set of classes offered regularly at the ATCAA Family Learning Center at Bluebell.	Parents and children will show gains in the Strengthening Families 5 protective factors. 1. Parental Resilience 2. Social Connections 3. Concrete Supports in Time of Need. 4. Knowledge of Parenting and Child Development. 5. Social and Emotional Competence in Children	Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction.

Assumptions

Home Visits: Trauma and resultant behavioral patterns are multi-generational. It must be recognized that behavior change takes time, is difficult, and incremental.

Parenting Classes: Parents will attend classes if they are high quality, relevant, geographically accessible, useful, and in their first language. Some parents will attend classes due to a court order, but will become engaged if the classes are relevant and useful and the facilitator is respectful.

External Factors

Home Visits: Parents have many stressful factors that impact their daily lives, including poverty, unemployment, trauma, and other factors that can impact learning and behavior change.

Parenting Classes: Life is busy for parents and exhausting days can get in the way of good intentions of attending an evening class.

ICES Home Visits and Parenting Class Evaluation Details FY 15-16

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
29 families with 48 parents and 48 children birth to five participated in home visiting. 3 women were pregnant. 10 children had special needs. 58 parents participated in parenting classes; these parents had 80 children ages birth to five. Most were self-referred, although some were referred from the courts, CWS, ATCAA or other providers.	Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Progress will be measured by: 1. Education and skill building on positive parenting techniques 2. Engagement in ASQ screening. 3. Knowledge of early brain development & early literacy	• Observed improvements in parenting behaviors and child engagement. • Number of children receiving ASQ, ASQ-SE. • Number of parents engaged in a discussion of developmental milestones.	• Most parents receiving home visits started out with a low frequency of positive parenting behaviors, exhibiting 87% of desired behaviors never, rarely or seldom. After 6 months or more of home visits, the most common frequency was "occasionally" (36% of the time), with 24% at often-frequent. • Parenting class evaluations showed specific topic-related learning, parent engagement and a high approval level of topics and facilitators. • 41 children (85%) received a developmental screening; 29 (60%) were screened with ASQ – SE. 44 parents engaged in a discussion of developmental milestones, and 26 were observed engaging their child in an early learning activity.
	Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Progress will be measured by: 1. Expansion of Supportive Social Connections 2. Support Services offered as early as possible following a child abuse report.	• Number of parents that participate in social networking or expand their supportive social connections. • Services offered and services engaged in following a child abuse report.	• 50% of parents participated in positive social engagements; 52% expanded their supportive social connections. This was year one of this data gathering; it may be under-reported. 1 parent participated in Parent Leadership Training. • Families received community services as a result of referrals. 17% - Medical/Dental/Behavioral Health 31% ECE 52% - Food/Nutrition 24% - Housing/Utilities 45% - Education/Employment 10% - Legal or Domestic Violence assistance 9%- Special Needs services 21% - Other basic needs Close to half of the families receiving home visits were served by a CWS case manager. Additional collaborative case management occurred with housing services, behavioral health, domestic violence advocates, Head Start family advocates, public health and the SELF program. More detailed data on services following a child abuse report, including differential response, will be collected in year 2.

Public Health Case Management

Objective: Strengthen Families and Protect Children.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
First 5 funding to support staff and operations. Federal Targeted Case Management Funds as match. Collaboration with other community family support programs and agencies.	Case Management through home visits and site-based visits. Referrals and linkages, medical assessments, health education.	Pregnant women and women with children birth to five, with a special target audience of at-risk newborns. Referrals from numerous sources, including CWS, hospitals, medical providers, other service partners.	Parents will show gains in the following Strengthening Families protective factors: 1. Concrete Supports in Time of Need. 2. Knowledge of Parenting and Child Development. 3. Social and Emotional Competence in Children	Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.

Assumptions
Leveraging funding sources and community resources maximizes quality services to families.
Utilizing the expertise of PHNs adds an extra layer of medical knowledge that is not available under paraprofessional models.

External Factors
Voluntary acceptance of having a home visitor come into one's home is difficult, especially with families who may feel at risk of having CWS involvement.

Public Health Case Management Evaluation Details FY 15-16

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
Number of parents and children served, and what types of services they receive. Demographics and other service indicators. 9 caregivers were served with case management (with 2 pregnant women and 10 children birth to two). An estimated unduplicated 46 parents of children age birth to five were seen in site-based general outreach contacts. .	Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn. Progress will be measured by: 1. Children receive appropriate and timely medical screenings, immunizations and medical treatment. 2. Caregivers learn about and have access to preventative medical care and medical treatment for their children.	• Data on medical screenings • Data on immunization status • Data on medical referrals, treatment. • Data on other health related referrals, treatment • Vignettes on outcomes • Number of caregivers that receive information, referrals	Due to low number of case management contacts, no data is available on any of these indicators. One child received a medical screening. All individuals that were engaged with in the site-based general outreach received information and some received targeted referrals to medical clinics, WIC, OB GYN, Health Dept, DSS, dental services and housing services, based on individual conversations.
	Primary Caregivers will have the supports and resources they need to be their child's first and best teacher. Progress will be measured by: 1. Engagement in ASQ screening.	. • Number of children receiving ASQ, ASQ-SE. • Number of parents receiving information about developmental milestones.	Due to low number of case management contacts, no data is available on any of these indicators. Focus was directed to more outreach-level work.
	Primary Caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction. Progress will be measured by: 1. Screening for depression, ACES, substance abuse impact, and other issues that impact parenting behavior. 2. Links to long-term family support and early education programs.	• Screenings and assessments by type. • Referrals and access outcomes. • Successful linkages; data on enrollment.	Due to low number of case management contacts, no data is available on any of these indicators. Focus was directed to more outreach-level work.

Social Emotional Learning Foundations *(Tuolumne Co. Supt. Schools)*

Objective: Support social-emotional development in young children.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
First 5 funding to support staff and operations costs. Mental Health Services Act funding of $10,000. Coordination and collaboration with Early Care and Education Providers.	Classroom consultation to 7 ECE sites, with a focus on strategies from the Center for Social Emotional Foundations for early learning (CSEFEL). Individual child consultation for children with significant social – emotional delays Consultation, classes and education provided in the community.	Licensed early care classrooms and sites who wish to participate. Families who agree to child-specific services. ECE teachers, students, and community partners.	Elements of the CSEFEL Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children will be imbedded: • Nurturing and Responsive Teacher-Child Relationships • Targeted Supports to Children • Intensive intervention for children, where needed CSEFEL strategies are used on a consistent basis. Early care providers effectively communicate with parents about strategies to support children's behavior. Children will stay stable in their ECE placement.	Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors. Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn. Primary caregivers will have the supports and resources they need to be their child's first and best teacher.

Assumptions
Research shows that children must feel safe and secure in order to be able to learn. Social-emotional skills are foundational. Teachers who learn new skills to support the social-emotional needs of children will be better able to support success in other learning domains.

External Factors
Teachers have busy days and do not have a lot of free time to train on new topics. On-site mentoring can be effective only if the teacher feels that the input is helpful and non-judgmental. Even with on-site consultation, there are very limited opportunities for in-depth discussion.

SELF Program Evaluation Details FY 15-16

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
16 teachers were served with on-site coaching in 7 classrooms; 138 total children were served, directly or indirectly. 37 additional ECE professionals were served with additional classes and workshops. 22 primary caregivers were served.	Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors • Teachers receive training and coaching on promoting early social-emotional competencies. • Teachers learn to recognize social-emotional delays and learn how to discuss shared approaches with parents. Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn. • Children with significant social emotional developmental concerns receive behavioral health services. Primary caregivers will have the supports and resources they need to be their child's first and best teacher. • Caregivers engage with children's therapists, do supportive activities at home.	Year-end questionnaire completed by teachers: 1. Identification of 3 new strategies implemented; 2. Narrative example of classroom improvement; and 3. Skills learned regarding communication with parents. The consultant records observations of teachers using CSEFEL strategies at year end to capture consistent implementation. Reporting on frequency of facilitated connections with ECE professionals and parents or caregivers. Children's social emotional skills are assessed by their classroom teacher using a pre- and post-social skills checklist. Information is collected on additional assessments and referrals. Enrollment stability status is reported at year end. Reports on parent/caregiver engagement, and whether they are trying strategies at home.	All of the lead teachers reported that they had learned and successfully implemented at least 3 new strategies. Twelve strategies were identified, the two identified by all the teachers were: (1) Developing friendship skills; and (2) teaching problem solving skills. All stated unequivocally that they intended to continue using the CSEFEL practices. Each teacher provided concrete narrative examples of classroom improvement, either using specific strategies regularly, or a shift to a more positive focus. All of the lead teachers reported that they learned new skills in communicating with parents. At year end, teachers were observed using appropriate CSEFEL strategies: • 4 of 6 (67%) were observed using strategies often/frequently at a skill level of mastery/confidence. • 2 of 6 (33%) were observed using strategies occasionally /sometimes at a steady skill gain. Students receiving individual consultation were assessed with one or more instrument. In the social-emotional realm, 91% of the children increased the frequency of one behavior shown never or rarely to occasionally or more. For the 4 indicators that were measured at the lowest frequency, the change was as follows: 17% - Constructively manages strong emotions (6 children) 100% - Able to turn it around and start over (5 children) 50% - Stops an activity when asked to do so (4 children) 50% - Is able to solve social problems (4 children) 13 of the 15 children receiving individual consultation remained stable in their current ECE setting. One child received a facilitated placement to a special education preschool. One child was modified to a 3 day/week schedule, and will be monitored by the school psychologist. All parents were engaged, with either an in-person meeting, telephone conversation or coaching. 3 engaged in further services and 3 reported trying strategies at home.

Smile Keepers (Tuolumne Co. Supt. Schools) and Dental Help Fund

Objective: Provide oral health preventative care to children to reduce caries.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
First 5 funding to support RDH and RDA to provide prevention services and for limited treatment services. Early care and education sites provide access to children and families. Local dentists provide reduced rate or negotiate payment plans for crisis care for children. Local partners provide access for parent education. Sites pay a small fee per child to help subsidize costs. Other funding supports screening, fluoride and parent education at kindergarten registrations and in kindergarten classes.	Oral screening and fluoride varnish for children at local early care and education sites. Parent education on promoting good oral health in children, with follow-up reminder system for newborns. Ongoing coordination with local dentists for treatment.	18 early care and education sites in Tuolumne County. Parents at childbirth classes, CalSAFE and kindergarten registration.	Children receiving preventative oral health care have fewer caries. Children with critical oral health needs receive treatment. Children with critical treatment needs whose parents have financial barriers to treatment receive crisis care.	Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.

Assumptions
Research shows that early oral screening and fluoride varnish reduce the incidence of caries. Early childhood experiences with preventative dental care in a fun, safe atmosphere reduces dental care anxiety. Treatment for early caries has a positive impact on the health of permanent teeth.

External Factors
Without ongoing support from parents to promote good hygiene, fluoride varnish alone is not enough to prevent caries from developing. MediCal dental services are limited in Tuolumne County. There are children who do not receive oral health screening until they arrive at kindergarten. Some parents have significant dental disease and do not want to pursue the Medi-Cal option of extraction.

Smile Keepers Program Evaluation Details FY 15-16

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
514 unduplicated children seen in early care settings. 372 primary caregivers provided with education. Information is collected on type of service provided, the current dental status and history, insurance, etc.	Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn. • Children receive oral health screenings and fluoride treatments as early as possible, practice good hygiene, and get treatment as needed. • Caregivers learn about and have access to preventative oral care and dental treatment for children 0-5.	<u>For children</u>: • Comprehensive data, reported quarterly, on oral health education, screenings and fluoride treatments. • Annual description of service elements that provide children with a positive early dental care experience and help children learn and practice prevention techniques. • Ongoing communication regarding Dental Help Fund referrals, facilitation, and child treatment. <u>For adults</u>: • Quarterly report on the number of parents who participate in oral health prevention education. • Parents report new information and skills that they learned as a result of participation. • Annual description of service elements that assist parents in accessing dental care for their children when tooth decay is present.	Children at 18 preschool or early care sites learned about tooth brushing and other preventative topics. Many schools keep toothbrushes on site and do follow-up work with the children after a Smile Keepers visit. The services are child-friendly and encourage “watchers” and “helpers” to reduce anxiety. The approach is “tell, show, do.” A total of 514 pre-K children were served. First 5 funds supported screening for 514 children and fluoride varnish for 455 children. 223 children received a second fluoride application during the year. Fourteen years of data demonstrates that Smile Keepers services has reduced the incidence of caries at the first dental screening by half, and sustained that level. The ongoing 5-10% increase in caries frequency seen at Kindergarten screenings can be primarily attributed to children who had not received Smile Keepers services the prior year. Parents were notified when children were identified with moderate or urgent dental needs, and were provided with resources to access care. The Dental Help fund helped 1 child with crisis dental care, facilitated by the Smile Keepers Coordinator. The total cost of care was supported by leveraged resources from the family and the dentist. 107 parents received presentations at childbirth education classes and CalSafe and 205 received brief instruction at kindergarten registrations. Evaluations from the childbirth classes show that parents considered the information valuable, were able to identify specific oral health practices to start with their newborn, and agreed strongly with the quality and relevance of the information.

Early Childhood Education Quality Support Programs: (CARES Plus, IMPACT)

Objective: Strengthen and enhance resources for early childhood educators to promote quality education.

LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES - IMPACT	
	Activities	Participation	Short	Medium / Long
First 5 Funding to Support: 1. Support for completion of approved professional development activities for ECE teachers and family support workers. (Stipends, extra work buy out, or support for direct training costs.) 2. Coordination of CARES program through subcontracts with ATCAA and ICES. QRIS in-kind resources, Head Start in-kind resources; Childcare Resource and Referral in-kind resources; AB212 funds; CA Mentor Teacher resources.	Provide CARES stipends to early childhood educators that complete approved professional development activities consistent with their professional development plan. Provide First 5 CA funds to support coaching and training at Head Start sites to promote and support quality improvement. Initiate a QRIS consortium and begin training opportunities for ECE sites and family support workers.	Licensed early childhood education providers in Tuolumne County meeting eligibility requirements for CARES Plus. For IMPACT: All Head Start and Early Head Start sites and home visitors Columbia College Child Care Center ICES Raising Healthy Families Program Required QRIS consortium members	Local early childhood educators and home visitors will improve professional skills.	Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors

Assumptions
Teachers and family support workers benefit from quality training which, in turn, improves classroom environments and interactions with families.

External Factors
Licensed early childhood educators face challenges of finding the time and energy to participate in and complete professional development events and classes. Translating training into effective change in classrooms and with families takes extra time, effort, and dedication.

Early Childhood Education Support Evaluation Details FY 15-16

Process Measures	Outcome Measures	Data Sources / Analysis Methods	Findings/Conclusions
For CARES Plus program: data is collected by First 5 CA in CARES Plus database. No further local evaluation is done. Reports are completed for First 5 CA as per requirements. For IMPACT: Data is collected on enrollment, ratings and progress on site Quality Improvement Plans. Reports are completed for First 5 CA as per requirements.	Early Childhood Educators will have the supports and resources they need to optimally engage children in quality early childhood learning, including children with difficult and challenging behaviors • ECE Professionals complete eligible professional development activities under CARES Plus. • A QRIS Consortium is established. • Initial planning is completed for IMPACT. Head Start, Early Head Start and Columbia College classrooms are engaged. Family support sites are engaged. .	For CARES Plus: professional development completion was documented. In addition, an informal focus group was held with teachers completing My Teaching Partner (a remote coaching program) to capture their impressions at year end. For QRIS/IMPACT: processes and early implementation activities were documented.	For the local CARES program: 33 participants completed requirements and earned stipends for professional development: 8 for CLASS training, 13 for other eligible CORE training and 12 for completing My Teaching Partner. AB212 funds were leveraged to pay stipends. Teachers completing My Teaching Partners rated it very favorably as a strong coaching tool with good outcomes. A QRIS Consortium was formed. Successful applications for IMPACT funding were approved. A good start was made on local IMPACT implementation. • IMPACT funds supported training in trauma-informed practice for ECE teachers, home visitors and family advocates. This was done as part of a larger county effort to imbed trauma-informed practice into the K-12 system at one school district.