

FIRST 5 YUBA
2013 EVALUATION
REPORT



Prepared for the
First 5 Yuba County
Commission

BARBARA AVED ASSOCIATES
Evaluation Consultants

March 2014



Table of Contents

INTRODUCTION.....	2
Organization of the Report.....	3
Evaluation Design and Data Methods.....	3
Evaluation Team and Acknowledgements	5
SECTION I. PROGRAM-LEVEL RESULTS.....	6
A. Individual Project Findings and Recommendations	7
1, 2, 3 Grow Parent.....	8
AmeriCorps	13
Bring Me a Book	16
The Depot Family Crisis Center.....	21
Gas Cards	27
Harmony Health Family Resource Centers.....	29
Nutrition and Physical Activity Self-Assessment for Child Care (Nap SACC)	40
Peach Tree Healthcare Eye Clinic	44
Ponderosa Park.....	46
Olivehurst Public Utility District (OPUD) Aquatics Program.....	48
Recreation Scholarships.....	51
School Readiness.....	54
B. Systems Findings.....	71
SECTION II. OVERVIEW OF GRANT ALIGNMENT WITH FFY RESULT AREAS	73
SECTION III. GENERAL RECOMMENDATIONS.....	75



First 5 Yuba

2012 - 2013 EVALUATION REPORT

The California Children and Families Act of 1998 established a large-scale, comprehensive approach to addressing the health, sustainability, and school readiness of the state's children and families. First 5 Yuba, an independent public entity governed by a seven-member commission, was created when California voters passed this Act (Proposition 10), adding 50 cents per pack tax on tobacco products.

With slightly over \$850,000 a year¹ allocated by the state in Proposition 10 funds, First 5 Yuba has supported a number of local programs that target physical and mental health, early literacy, parenting skills, school readiness and systems improvement all working together to strengthen children and families in Yuba County. Evaluating these efforts requires developing evaluation plans, identifying appropriate data collection tools and methods, and monitoring indicators linked to the Commission's strategic plan to provide information for the purpose of accountability, assessing outcomes, improving results, making policy and identifying future grant opportunities for community investments.

INTRODUCTION



The purpose of the First 5 Yuba (FFY) evaluation is to document grantee progress and measure changes resulting from grantee programs and services for children age 0-5 and their families. The evaluated projects ranged from support of early childhood literacy to transportation assistance to nutrition education classes that were addressed by the goals and objectives of the Commission's *2011-2016 Strategic Plan*.

This report provides the evaluation findings necessary to inform the Commission about its community investments, and assists in the statewide effort to compile results from all 58 First 5 counties in reporting to the Legislature each year. The evaluation report, along with the staff's annual report to First 5 California, allows First 5 Yuba Commissioners, funded partners and community stakeholders a comprehensive look at the Commission's notable outcomes for local programs in the current grant cycle.

With few exceptions, the results achieved by funded programs were favorable and on par with the goals and objectives described in the grantees' evaluation plans.

¹ FY 2012-13 dollars.

This evaluation report was prepared by BARBARA AVED ASSOCIATES (BAA), a Sacramento-based consulting firm serving California First 5 commissions and other health and human services organizations since 1986. BAA began serving as the evaluation contractor for FFY in January 2013.

Organization of the Report


Section I of the report, which begins on page 7, represents the annual evaluation of grantees for the FY 2012-14 grant cycle. The reporting period is *calendar* (not fiscal) year 2013 to align with grantees' quarterly reporting. The Commission funded 12 projects that are included in this report, with 9 projects generating some level of evaluation data for analysis and the remainder reporting "milestone" data* only. The report provides highlights of project-level results with recommendations for improvement, and describes the extent of each project's alignment with the Commission's *2011-2016 Strategic Plan*. Key indicators and population-based data most relevant to each project that can be tracked at the *community* (and in some cases, the *program* level) are also included. Systems findings regarding collaboration and leveraging of funds are presented at the end of this section.

Section II provides an *overall* summary of how the Commission's major grant funding aligns with its *Strategic Plan* to guide the Commission in considering areas for future community investments. And, summary conclusions and general recommendations are provided in Section III.


Evaluation Design and Data Methods

BAA assumed responsibility for the evaluation of First 5 Yuba programs after the grantees' evaluation plans had been prepared by the previous evaluation consultant, Davis Consultant Network. The plans included a set of mostly already-in-use tools (many of which had been developed by DCN), and data collection methods that First 5 and the grantees had agreed to use. In many cases, the tools collected both qualitative and quantitative data. While the tools were generally appropriate, we were able to modify some of them—with grantee concurrence—to more closely match the activities of the projects. Because the evaluation tools were not used by more than one project but were unique to each project, the ability to evaluate common findings across projects is limited. Our recommendation to use 2 additional evaluation tools that could have captured more robust and longer-term data was declined due to funding limitations.


The evaluation answers the following questions we generated that addresses grantees' unique project objectives.

First 5 Yuba	 Evaluation Questions for FY 2012-13	As Measured by
1,2,3 Grow Parent	How much did parents learn as a result of participating in this program? To what extent did children show increased skills in a range of developmental areas?	<ul style="list-style-type: none"> ▪ Family Survey ▪ Teaching Strategies GOLD assessment
AmeriCorps Administration	To what extent did children show increased skills in a range of developmental areas?	<ul style="list-style-type: none"> ▪ Teaching Strategies GOLD assessment

* "Mini-grants are not included in this evaluation.

First 5 Yuba	 Evaluation Questions for FY 2012-13	As Measured by
Bring Me A Book (BMAB) - Yuba County	<p>To what extent did parents learn and use activities for improving their children's early literacy?</p> <p>To what extent did parents and other first teachers learn from and express satisfaction with the workshops?</p> <p>How satisfied were classroom teachers with the BMAB program, and to what extent did their early literacy classroom resources and practices change?</p>	<ul style="list-style-type: none"> ▪ Parent survey ▪ First Teachers (Parents) Workshop Feedback ▪ Teachers Workshop Feedback ▪ Classroom Observation Form
The Depot Family Crisis Center, Children's Program	<p>To what extent did parents report learning and behaviors that promote early literacy and child health?</p> <p>To what extent did children show increased skills in a range of developmental areas?</p>	<ul style="list-style-type: none"> ▪ Linked Parent Survey ▪ ASQ (Ages & Stages) Infant ▪ ASQ Child
Gas Cards/ Vouchers for Special Needs- Medical/Dental Appointments	How many and what type of families benefitted who would otherwise have had difficulty keeping medical appointments?	Milestones report
Harmony Health Family Resource Centers	<p>To what extent did parents report learning and behaviors that promote early literacy and child health?</p> <p>To what extent did parents achieve the goals they identified at program enrollment?</p>	<ul style="list-style-type: none"> ▪ Parent Workshop Feedback ▪ Family Survey
Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)	To what extent did parents and providers learn about child nutrition and the importance of physical activity for children?	<ul style="list-style-type: none"> ▪ Workshop Feedback Form ▪ Provider survey
Peach Tree Healthcare Eye Clinic	How many and what type of children benefitted may not otherwise have received an eye examination?	Milestones report



First 5 Yuba	 Evaluation Questions for FY 2012-13	As Measured by
Ponderosa Park Security/Fire Alarm & Sprinkler System/Grass Installation	To what extent have park facilities in Yuba County improved, and how many and what type of families and children have benefitted?	Milestones report
Olivehurst Public Utility District Aquatics Program	To what extent did children, including those with special needs, participate in the program and how did families hear about it?	<ul style="list-style-type: none"> ▪ Program Feedback Form
Recreational Scholarships	What type of programs or activities did children participate in and how satisfied were parents?	<ul style="list-style-type: none"> ▪ Program Feedback Form
School Readiness	<p>To what extent did parents and child care providers report learning to improve relationships with children?</p> <p>To what extent did parents achieve learning and positive behavioral goals that promote early childhood development and early literacy?</p> <p>How ready to enter kindergarten were children and to what extent had they accessed health services?</p>	<ul style="list-style-type: none"> ▪ Workshop Feedback Form ▪ Raising a Reader ▪ SR Program Family Survey ▪ Kindergarten Registration Family Survey

Data Analysis

BAA received raw data in hard copy from 17 different evaluation instruments from the funded projects over the course of the program year. The data were sent in quarterly batches to allow cleaning, coding and entry on a continuous basis.

The data were cleaned, coded and entered into Excel spreadsheets using standard data security measures. Data analysis was performed using SPSS Version 20.0. Grantees were contacted when there were questions about data forms or accuracy issues and all were responsive to requests for clarification or follow-up.

The Evaluation Team and Acknowledgements

The evaluation team consisted of Barbara M. Aved, RN, PhD, MBA, Larry S. Meyers, PhD, Beth Shipley, MPH, and Elita L. Burmas, MA, representing a range of expertise in community and child health, early childhood development, and research and evaluation. BAA staff Michael Funakoshi provided research assistance and data entry. The consultants wish to thank the grantees for their participation in the evaluation process, and appreciate the collaboration with First 5 staff, particularly Karen Ewing and Claudia Contreras who translated some of the evaluation tools into Spanish. We also thank Ian Hadley of Prevent Child Abuse California who provided additional data results for two of the projects.

SECTION I.

PROGRAM-LEVEL EVALUATION FINDINGS AND RECOMMENDATIONS



County Overview

Yuba County is located in a relatively rural part of California's northern Central Valley, along the Feather River, about 50 miles from Sacramento. About 21% of the county's 73,439 residents live within the city limits of Marysville and Wheatland, another 20% live in other, smaller cities and towns while the balance, approximately 79%, live in unincorporated communities. Children age 0-5 make up 7,152 (9.7%) of the county's population. An estimated 3%-4% of all children in the county live with grandparents who provide their primary care; and, about 15% live in households with a female head of house.

With an annualized (as of December 2013) unemployment rate of 12.2%, more than one-and-a-half times higher than the state, many Yuba County children and families struggle with economic as well as health-related challenges. These include low educational attainment, living in poverty, limited access to affordable child care, limited access to health care, and overall poor health.¹ At the same time, Yuba County residents also enjoy living in a close, supportive community, a rural environment with relative access to more urban areas, geographic diversity, agricultural bounty, and expansive countryside.

Program Support

For the past 13 years, First 5 Yuba has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. In FY 2012-13, programs served a total of 2,253 children (an increase of over two-thirds from the previous year), 1,160 parents or guardians, and 113 providers of services to young children or their families. These families resided in all areas of the county.

In FY 2012-13, First 5 Yuba expended a total of \$447,030 in programs in the following 4 First 5 result areas:

Family Functioning	\$267,613	59.9%
Child Development	\$ 7,978	1.8%
Child Health	\$ 104,295	23.3%
Systems of Care	\$ 67,144	15.0%
TOTAL	\$ 447, 030	100%

¹ For greater detail, see *Identifying Priority Health Needs: Sutter and Yuba Counties Community Health Needs Assessment*, Barbara Aved Associates, September 30, 2013. available at <http://www.barbaraavedassociates.com>



A. Individual Project Findings and Recommendations



This section of the report provides project-level findings from 12 major grants along with conclusions and recommendations for improvement. The extent of each project's alignment with the Commission's *2011-2016 Strategic Plan*, and key indicators and population-based data most relevant to each project, are also presented.



1, 2, 3 GROW PARENT

Project Purpose and Evaluation Design

The Camptonville Community Partnership offered a comprehensive range of early childhood enrichment programs and resources and referrals for parents in the rural community of Camptonville. The program components included the 1,2,3 Grow Parent Preschool Program two mornings a week during the school year for a minimum of 16 children 0-5 and parent education classes. All participating children were screened for health insurance and immunization status and where needed referred for preventive services. A total of 61 unique families were served during 2013. Average daily attendance per quarter was 85 infants/toddlers and 44 preschoolers.

The Teaching Strategies GOLD® Assessment Tool,* along with the early childhood curriculum, was used by observers (AmeriCorps Members, funded through another FFY contract) to assess children's development at various time intervals. The tool addresses the domains of math, social-emotional and literacy and includes multiple objectives and dimensions under each domain. Parents also completed a Family Survey to provide feedback about their family's participation in the 1,2,3 Grow Parent Program.

Program Results

How much did parents learn as a result of participating in this program?

Parents reported a great deal of satisfaction with the 1-2-3 Grow Program and felt their child had received a quality learning experience. They also believed their participation in the classroom provided more information than they'd been aware of about how children learn and grow. Just under half of the parents, however, were unsure concerning learning about their children's oral health (Table 1).

Table 1. Parent Feedback About the Program

Survey Items	<i>n</i>	<i>M</i>	<i>SD</i>
Overall, I was satisfied with this program.	15	3.9	.3
I felt welcomed and respected by program staff.	15	3.9	.4
My child had healthy snacks at 1-2-3 Grow.	14	3.9	.4
My child received a quality toddler or preschool learning experience.	15	3.8	.4
This program will improve my relationships with my child/ren (under age 6).	15	3.3	.7
By helping in the classroom and/or participating in 1-2-3 Grow parent education programs, I learned more than I knew about how children learn and grow.	14	3.1	.7
I learned how to help my child have healthy teeth and gums.	14	2.5	1.1

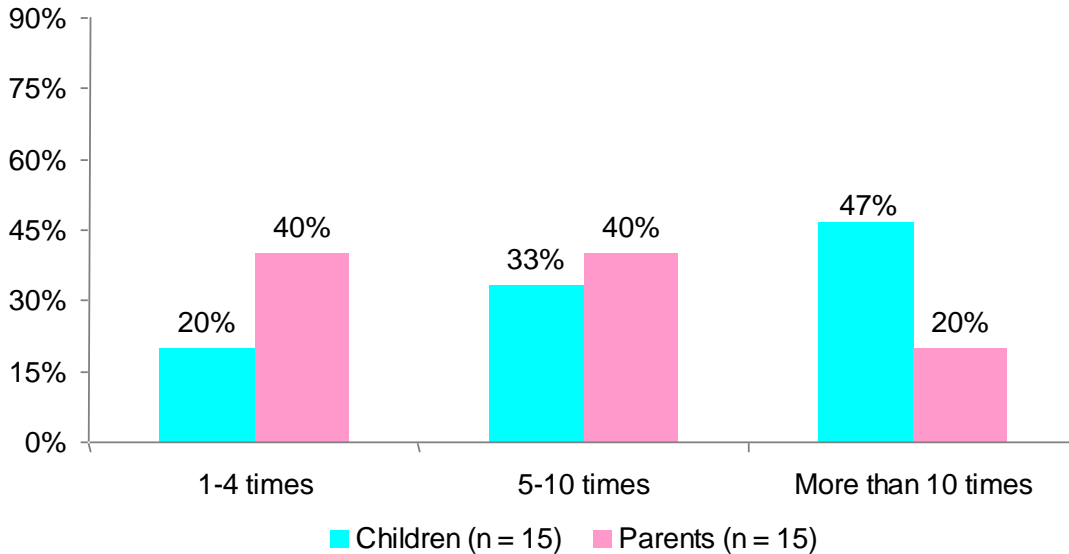
Means based on a scale of 1 to 4 where 4 is "strongly agree."

* The results from this assessment tool were provided by the Prevent Child Abuse California contractor.



About half (47%) of the parents responding to the survey indicated that their children attended the 1-2-3 Grow Program more than 10 times in the last 3 months. All of the parents actively helped out in the classroom during this time; 40% helped out up to 4 times and another 20% helped out at least 10 times (Figure 1). In addition, all of the parents reported reading to or sharing books with their children almost daily, achieving one of the program goals for early literacy.

Figure 1. Extent of Child Attendance and Parent Participation



Examples of what parents reported liking best and learning most from the program, shown in the chart below (Table 2) by frequency of mention indicate these children are becoming prepared well for school success.

Table 2. Parents' Report of Most Beneficial Outcomes From Program Participation

Children:

- Learning social skills from interacting with other children
- Gaining independence to learn more control
- Exhibiting more patience and acceptance of others during play with other children

Parents:

- Learning new methods of more appropriate discipline
- Gaining knowledge about how to teach my child at home
- Understanding more about healthier eating
- Working on "stressful challenges"
- Learning new projects that can be done at home together (gardening, sidewalk chalk art)



To what extent did children show increased skills in a range of developmental areas?

GOLD® assessment observations were available for seven matched sets of children in the area of social-emotional development and on two matched pairs in the math and literacy domains. As Table 3 shows, there was no change between the initial and last assessments in the math and literacy domains with half of the children remaining below and half meeting the objectives. Overall, children showed marked improvement in the area of social-emotional behaviors and relationships.

Table 3. Initial and Post GOLD® Assessment Results

Domain/ Objective		n	Initial Assessment			Last Assessment		
			% Below	% Meet	% Exceed	% Below	% Meet	% Exceed
Math	Use/Knowledge of:	2	50%	50%	0%	50%	50%	0%
Obj 1	Number concepts and operations							
Obj 2	Spatial relationships and shapes							
Obj 3	Comparisons and measurements							
Obj 4	Patterns							
Soc-Emotional	Regulates/Establishes:	7	29%	57%	14%	0%	29%	71%
Obj 1	Emotions and behaviors							
Obj 2	Positive relationships							
Obj 3	Cooperative, constructive in groups							
Literacy	Demonstrates:	2	50%	50%	0%	50%	50%	0%
Obj 1	Phonological awareness							
Obj 2	Knowledge of alphabet							
Obj 3	Knowledge of print and its uses							
Obj 4	Comprehension of books/text							
Obj 5	Emergent writing skills							

Successes and Challenges

This school readiness project shared many examples of successes over the course of the year. Examples included the joy the preschool children found in: harvesting and eating the various garden produce they had planted (carrots and sugar snap peas during November); modeling teacher behavior by counting aloud to younger children; letting go of anxiety and interacting more successfully; singing and increasing fluidity and facility with language; and finding and using their own library cards in the classroom. One of the teachers described attending a school readiness conference and learning new methods for teaching with art projects that proved to be insightful when implemented in the classroom.

The major challenge staff encountered involved the physical infrastructure of the classroom and its limited space. But these problems were offset by engagement of committed parent volunteers who cleaned and straightened the classroom daily and by modifying the use of various teaching supplies and equipment



The grantee noted that none of the enrolled children aged 1-5 received a dental screening (initial or follow-up) during the reporting year. They intend to offer dental screening in the first quarter of 2014.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	❶ – support family resources centers
Improve family functioning	✓	❶ – programs that increase parent education and skills
Improve child development	✓	❶ – services that prepare children for school ❷ – programs that improve preschool quality ❸ – programs that increase preschool availability
Improve the health of children	✓	❶ – programs that promote healthy eating and physical activity ❷ – programs that increase access to oral health services

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percent of children with a dental visit in the last 12 months.*

In 2012, 20.6% of children age 0-3 and 51.6% of children age 4-5 with Medi-Cal in Yuba County made at least one dental visit within the past year, according to State Denti-Cal data. These proportions were lower than children in these same age groups statewide (25.7% and 62.0%, respectively).

- *The percent of 3-5 year olds enrolled in or who regularly attend pre-K programs.*

One-third (31%) of Yuba County parents reported in the 2011-12 California Health Interview Survey their children attended preschool or Head Start at least 10 hours a week, about double the proportion (15.5%) of children statewide. The project "demand" for children needing care (based on parents in the workforce) outstrips the available slots ("supply") for full-time preschool as well as infant/toddler care, according to the Child Care Planning Council of Yuba & Sutter Counties.

Conclusions and Recommendations

A large majority overall of the parents who participated in this project increased their understanding of the importance of early literacy activities with their children and engaged in activities that promote school readiness, one of the outcome measures in the grantee's Evaluation Plan. The area of parent learning that should be strengthened in the curriculum, and reinforced a couple of additional times throughout the year, concerns oral health education. Parents should understand not only the importance of early childhood oral health but *how* to help their children have healthy teeth and gums.



There were too few children with completed GOLD[®] assessment forms to be able to generalize about the impact of the findings. The reason for the incomplete data entry for math and literacy on the GOLD[®] assessment is not clear but may be the result of scheduling those observations at a later time and not being able to access the children—which means we could be seeing a lack of matched pairs in these domains—and implying a site issue that should be addressed. The results of the GOLD[®] assessment are intended to help preschool teachers focus on what matters most for children’s success, so it will be really important next year to increase its use for all children enrolled at this site and improve its value by completing observations for all of the domains.

It will also be important that the project follow up on its plans to offer dental screening to children age 1-5 during the first quarter of 2014, and facilitate referrals to appropriate resources for follow up of identified problems.





AMERICORPS

Project Purpose and Evaluation Design

Harmony Health was contracted to coordinate placement of seven AmeriCorps members as a part of the School Readiness/Prevent Child Abuse California Initiative. The AmeriCorps members were assigned to support the work of four FRCs in Yuba County. (Results for the Camptonville FRC site are described in the previous pages.) The members' scope of work included community outreach, preschool coaching (e.g., supporting young children in literacy and pre-math skills), family advocacy, volunteer coordination and linking families with events that combined fun and education. The total number of children reported by the project as having received school readiness activities and screened with the evaluation assessment tool during 2013 was 52.[‡]

The Teaching Strategies GOLD[®] Assessment Tool* was used by the AmeriCorps observers to evaluate children's development at various time intervals. The first assessment is done within the initial 5 hours of service and the second assessment is done after 35 hours of services have been provided. A third assessment over the course of a year is optional, and none were included in the data.

Program Results

To what extent did children show increased skills in a range of developmental areas?

GOLD[®] assessment observations were available for 52 matched sets of children in the area of social-emotional development, 15 children in the math and 14 children in the literacy domains. The children showed significant growth in meeting the objectives in each of the domains between the initial and last assessments (Table 4 on the next page). Between about one-quarter and one-third of the children did not meet expected growth objectives in each of the domains at the initial assessment while nearly none of them fell into this category in the last assessment.

The greatest gain in development was in the area of literacy. At the time of the post assessment, 71% of the children exceeded the literacy development objectives expectations for their age group compared to none who did in the initial assessment. An example of this type of achievement is when a 4-year old child is able to generate a *group* of rhyming words when given a word and not just filling in a missing rhyming word.

[‡] AmeriCorps is on a different calendar than other projects, September through August.

* The results from this assessment tool were provided by the Prevent Child Abuse California contractor.

Table 4. Initial and Post GOLD® Assessment Results

Domain/ Objective		n	Initial Assessment			Last Assessment		
			% Below	% Meet	% Exceed	% Below	% Meet	% Exceed
Math	Use/Knowledge of:	15	27%	73%	0%	7%	67%	27%
Obj 1	Number concepts and operations							
Obj 2	Spatial relationships and shapes							
Obj 3	Comparisons and measurements							
Obj 4	Patterns							
Soc-Emotional	Regulates/Establishes:	52	33%	67%	0%	2%	67%	31%
Obj 1	Emotions and behaviors							
Obj 2	Positive relationships							
Obj 3	Cooperative, constructive in groups							
Literacy	Demonstrates:	14	36%	64%	0%	0	29%	71%
Obj 1	Phonological awareness							
Obj 2	Knowledge of alphabet							
Obj 3	Knowledge of print and its uses							
Obj 4	Comprehension of books/text							
Obj 5	Emergent writing skills							

Successes and Challenges

AmeriCorps members described the successes various children had in attaining learning goals and developing new skills as well as the personal satisfaction members received from being part of a preschool team, becoming involved in a child's education, and achieving professional development skills. In addition to problems families faced with transportation and childcare, that served as barriers to their participation, the members mentioned the following challenges: gaining the trust of preschool teachers (which occurred quickly), scheduling conflicts, meeting calendar deadlines, mixing very young children with preschoolers in the same workshop, having restricted space for activities, and the limitation of weather in doing certain projects.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	<ul style="list-style-type: none"> ❶ – support family resources centers ❷ – collaboration with partners and services providers
Improve family functioning	✓	<ul style="list-style-type: none"> ❶ – programs that increase parent education and skills ❷ – support free community events for families
Improve child development	✓	<ul style="list-style-type: none"> ❶ – services that prepare children for school ❷ – programs that improve preschool quality ❸ – programs that increase preschool availability
Improve the health of children	✓	<ul style="list-style-type: none"> ❶ – programs that promote healthy eating and physical activity ❷ – programs that increase access to oral health services



Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percent of young children who are read to often.*

According to the 2011-12 California Health Interview Survey (CHIS), 43.0% of Yuba County parents of children 0-5 (compared to 62.2% statewide) reported reading to their children every day. However, the proportion who read 3-6 days of the week, 52.3%, was double that amount of weekly reading among parents statewide.

- *The percent of children and their families who have adequate food in their homes.*

44.3% of low-income (<200% federal poverty level) adults in Yuba County reported not being able to afford enough food ("food insecurity") in 2011-12, according to CHIS, a slightly higher proportion than for California at 41.7%.

- *The percent of children with a dental visit in the last 12 months.*

About 9 of 10 children (91.1%) age 2-17 in Yuba County in reported visiting a dentist at least once within the past year, according to the 2011-12 CHIS. The utilization for *Medi-Cal* children in 2012, however, was 20.6% for ages 0-3 and 51.6% for ages 4-5, (proportions that were lower than the statewide averages for these young age groups, 25.7% and 62.0%, respectively).

Conclusions and Recommendations

While children have continued to develop new skills and attain learning goals, the incomplete data entry for math and literacy on the GOLD[®] assessment is concerning. It may be the result of scheduling observations that are related to those domains at a later time and not being able to access the children; this is an issue that should be addressed. The results of the GOLD[®] assessment are intended to help preschool teachers focus on what matters most for children's success, and it will be very important in the remainder of the grant cycle to increase its use by completing observations for all of the domains to maximize the value of this assessment instrument.



BRING ME A BOOK (BMAB) - YUBA COUNTY

Project Purpose and Evaluation Design

The 2-year Bring Me a Book (BMAB) project is designed to improve children's early literacy and involves four components: enhancing a children's library and providing take home books, and workshops for parents and Head Start classroom teachers. A Classroom Observation and pre/post Parent Survey forms were developed to capture findings about a variety of learning goals. Additionally, feedback forms were developed for Teachers who implemented the BMAB program in their preschool programs, and First Teachers (parents and childcare providers) who attended BMAB trainings.

Program Results

To what extent did parents and other first teachers learn from and express satisfaction with the workshops?

Approximately two-thirds of the participants attended the First Teachers workshop to learn about the children in their family while the other one-third were in the workshop to learn about children they cared for professionally. About 80% of the children were of pre-school age (Figures 2 and 3).

Figure 2. Purpose for Attending the Workshop

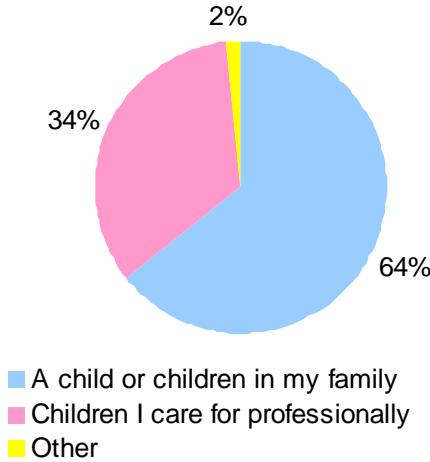
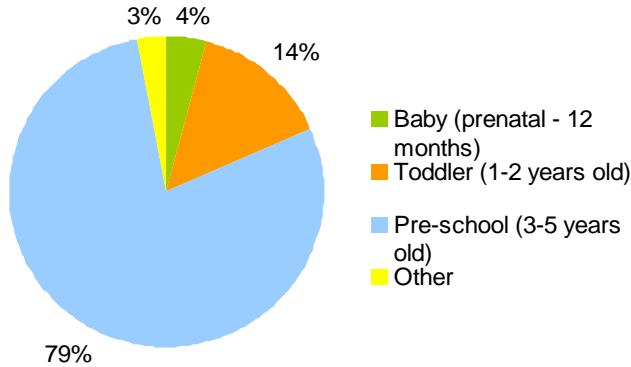
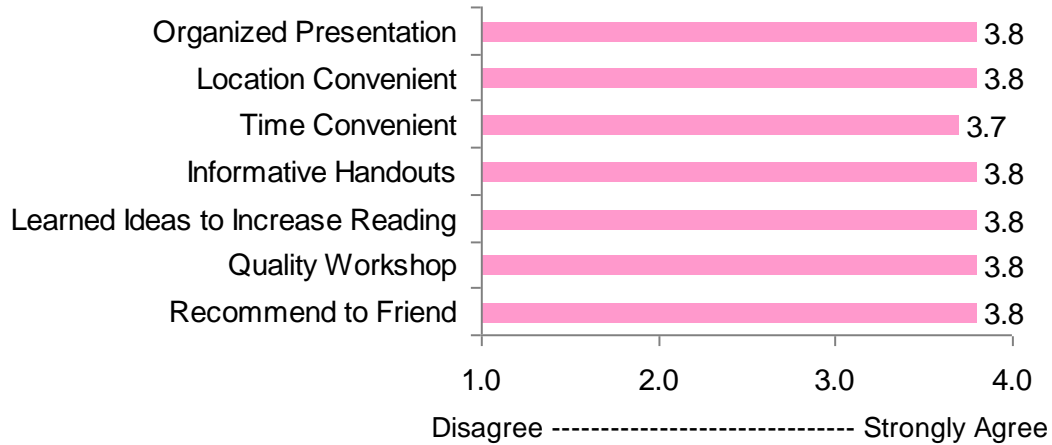


Figure 3. Age of Children Benefitting from the Program



The workshop participants were nearly uniformly in agreement that the workshop was extremely valuable and informative for them across all of the evaluation areas (Figure 4). Given the relatively large sample size, the strength of this endorsement is very notable.

Figure 4. Participants Level of Agreement About Workshop Features



To what extent did parents learn and use activities for improving their children's early literacy?

Only pre-test observations about parent learning were available for analysis this year. Between about one-third and one-half of the parents engaged in two or more of the various categories of activities with their children that the survey inquired about (the form allowed participants to check all that applied). Almost two-thirds sang songs most days, about half noticed their child pretended to read out loud, about 40% of the children were observed to make up words/rhymes, and about a third acted out songs (Table 5 on the next page).

When reading, about half of the children talked about the book, asked questions about the book, and/or were animated in some way. A little more than 40% pretended to read to the parent. Only about 6% indicated that the question did not apply to them. After reading, about 70% of the children wanted more books to be read and about 40% liked to talk about what was just read.

It appeared parents had many favorite parts of reading to their children. About 60% felt great that they were teaching their children how much fun it was to read, about 40% were happy that their children could sit still, and 40% said that their favorite part was that the children could remain focused on the material. About half to almost three-quarters of the parents believed that interacting with their children helped them learn language, prepared them for reading, gave the children a head start on school, and facilitated the children's brain development.



Table 5. Parents' Observations About Early Literacy Activities, Pretest (n=135)

Survey Question	n	%
<i>Most days, I notice my child:</i>		
Singing songs	88	65.2%
Acting out songs	40	29.6%
Pretending to read out loud	68	50.4%
Making up new words, rhymes, songs or word games	53	39.3%
<i>When we are reading my child likes to:</i>		
Talk about the book during our reading time	63	46.7%
Ask questions as we are reading	63	46.7%
Make sounds, points to letters and pictures	64	47.4%
Pretends to read to me	57	42.2%
Does not apply	8	5.9%
<i>After we read books my child:</i>		
Wants more books read to him/her	94	69.6%
Likes to talk about the books read	54	40.0%
Likes to draw a picture related to the story	14	10.4%
Other	10	7.4%
Does not apply	8	5.9%
<i>My favorite part of reading to my child is:</i>		
That my child will sit for 15 minutes or more to listen to a story	59	43.7%
Very focused on what we are reading	54	40.3%
That she/he is on my lap or touching me	34	25.2%
That I feel great that I am teaching my child how fun it is to learn to read	82	60.7%
<i>I think reading aloud, playing, singing and talking with my young child can:</i>		
Help my child learn language	84	62.2%
Prepare my child to learn to read	94	69.6%
Help my child do well when he/she starts school	73	54.1%
Affects how my child's brain is developing in preparing for school	65	48.1%
Other	7	5.2%

Please note that the percentages will not add up to 100% because the respondents were allowed to check more than one choice if it was applicable.

A few parents wrote in comments saying they felt that reading and singing together increased their child's imagination, taught them patience, and "lets the child explore outside her own brain."

In addition, parents responded to questions about the frequency with which they engaged in early literacy activities at home (the lack of posttest surveys doesn't allow us to look for any changes as a result of program participation). About one-third of the parents reported at the beginning of the program that their family enjoyed reading books together at home, and another one-quarter said they read together 3-4 times a week (Table 6 on the next page). Parents generally asked questions of their children "sometimes" or "all the time" about what was being read.



Table 6. Family Reading Experience at Home (n=135)

Survey Question	<i>n</i>	%
<i>At home our family likes to read books together:</i>		
Daily	46	34.1%
3 to 4 times a week	36	26.7%
1 to 2 times a week	42	31.1%
About once a month	7	5.2%
Did not respond	4	3.0%
<i>When we read books I ask questions about what we are reading:</i>		
All the time	78	57.8%
Sometimes	47	34.8%
Rarely	6	4.4%
Never	1	.7%
Does not apply	3	2.2%

How satisfied were classroom teachers with the BMAB program, and to what extent did their early literacy classroom resources and practices change?

Bookcase Program. Bookcases pre-loaded with specific children's books were made available to E. Center, Olivehurst and Marysville Head Start and Early Head Start offices. Classroom observers recorded baseline and follow-up information about these resources and how they were used and contributed to new activities or literacy practices in the classrooms. Because of the relatively late start in signing up sites for the bookcase program, there was only 1 matched pre/post observations set; the remainder of the evaluation forms submitted were only the baseline observations. Because the matched set was not completed accurately we were not able to note changes the tool was designed to capture. For example, the *percentage* of books by condition of books both before and after receiving a bookcase was not recorded (the observer just placed a check mark in the spaces where percentages were to be written), and children's reactions related to all of the books and activities was not described for both time periods.

Teacher Workshops. Because teachers didn't begin their work on this project until the end of the year no Teacher Workshop Feedback forms were administered in 2013.

Successes and Challenges

At the parent workshops the families were very excited and appreciative to have this program begin. The grantee reported that finalizing the Take Home Book Bag program for the youngest children, ages 0-3, was one of the challenges they faced this year. With many of the staff off during the summer, BMAB staff was further challenged in getting the needed request forms for these books submitted onto the online program. Most of the bookcases to be placed in the Head Start preschool classrooms were not placed until sometime after September, with one site deferring starting the Take Home Book Bag program until January because the parent and teacher workshops did not begin until the last portion of the year. Data collection has been a particularly challenging issue for this project.

The Parent Survey was not completed by as many parents as actually attended the workshop because the sites used an older version of the form, and Spanish form had to be re-translated



during the program year. Because the program started late there was no opportunity to administer posttest surveys during this evaluation period to look for changes in activities and learning (note: the grantee intends to collect post-surveys in April 2014).

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care		
Improve family functioning	✓	❶ – programs that increase parent education and skills
Improve child development	✓	❶ – services that prepare children for school
Improve the health of children		

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percentage of young children who are read to often.*

According to the 2011-12 California Health Interview Survey (CHIS), 43.0% of Yuba County parents of children 0-5 (compared to 62.2% statewide) reported reading to their children every day. However, the proportion who read 3-6 days of the week, 52.3%, was double that amount of weekly reading among parents statewide.

- *The percentage of public high school students who drop out of high school (based on the 4-year adjusted cohort dropout rate).*

In Yuba County, 18.3% of 9th-12th grade students (compared to 14.7% of California high school students) dropped out of high school in 2011, according to the California Department of Education.

- *The percent of mothers who completed high school or its equivalency.*

Maternal education level has an impact on many measures of child well being. For instance, young children are more likely to be read to if their mothers have completed higher levels of education, and children of mothers with high levels of education stay in school longer. In 2010, 22% of mothers giving birth in Yuba County did not have a HS diploma or GED (down from 23.3% in 2008).

Conclusions and Recommendations

The project had a number of challenges that limited its ability to capture all of the hoped-for evaluation objectives. While data collection is an added responsibility for busy teachers, it will be very important going forward that classroom personnel are helped in understanding the importance of submitting timely data, and how to administer and/or complete the bookcase-related pre/post evaluation forms so First 5 Yuba can learn about the benefit of this resource for the Head Start sites. We will look forward to having complete post-bookcase delivery forms to match to the pre-delivery forms during 2014 to include in next year's evaluation report, as well as receiving the feedback forms from the participating BMAB teachers.





THE DEPOT FAMILY CRISIS CENTER CHILDREN'S PROGRAM

Project Purpose and Evaluation Design

The Salvation Army Depot Family Crisis Center, a residential treatment program, provided a range of mental health, child care, parenting classes, and health access services for children ages 0-5 and their parents who were enrolled in the program. Parents completed surveys at the time of enrollment to provide baseline information about certain knowledge, behaviors and goals, and again 90-180 days later at program exit to assess the extent of change in those areas. Children in the program were screened using the Ages & Stages Questionnaire (ASQ). The ASQ is an empirically valid, reliable, and culturally sensitive tool used by observers to assess infants and young children for developmental delays during the first 5 years of life. Observers' ratings indicate areas of concern in the developmental domains of communication, gross motor, fine motor, problem solving, and social-emotional development.

Program Results

The project reported providing a variety of services to 37 enrolled parents. Various speakers offered a total of 72 parenting classes on child development and other parenting topics during the past year.

The parents and their children (41 of whom were ages 0-5) also participated in supervised family outings and activities such as visiting a museum and a zoo, and making and decorating cookies and attending a fire safety presentation by the local fire department. Nearly all of the parents provided volunteer hours—an average of 33 hours per parent—to the program in either the child care program or on the various outings. The program also provided individual or group mental health/counseling services to 26 (70%) of the enrolled parents at an average of 61 hours of therapeutic services per parent. All of the children age 1 and older were reported to have made a dental visit during the year, and all had up-to-date immunizations.

An average of 6 families each quarter had open Child Protective Services (CPS) cases. About as many of them had children with whom they had visitation rights but not parental custody as had custody. None of the families with open CPS cases were closed with parents gaining custody during the past year, although some parents voluntarily wanted their cases open for 6 more months.

Staff also received training. The topics included wellness for families, CPR, and parenting with positive discipline.

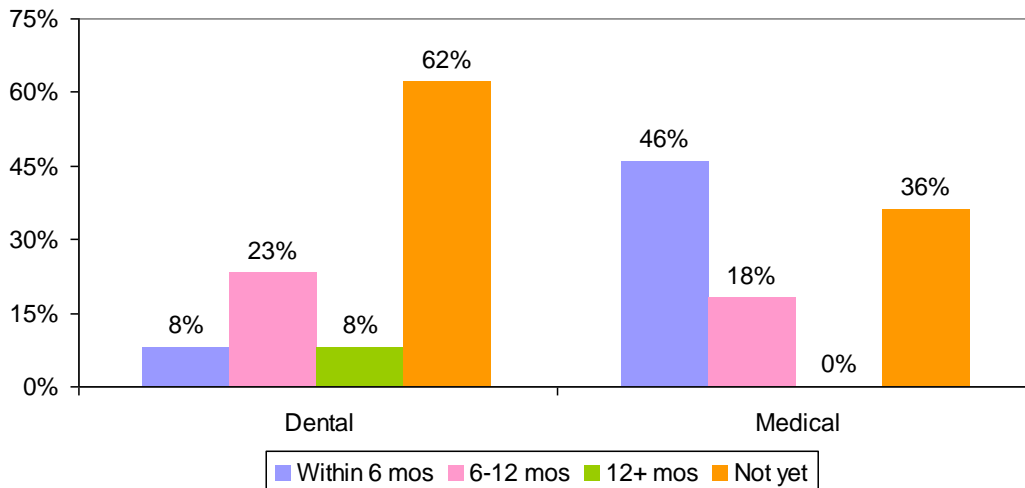
To what extent did parents report learning and behaviors that promote child health and early literacy?

Completed Family Surveys were submitted for 8 parents at the time of their enrollment ("pre-tests"), and for 3 parents at program exit ("posttests"). Of the 13 children represented by the 8 family surveys, there was matched pre-post information for 4 of them on several of the questions, described in the summary below.

To promote awareness and track utilization, parents were asked to report their child(ren)'s (under age 6) last *dental* and *well-child* visits, if they had had one. As Figure 5 shows, one-third of children had had a dental visit with the prior 12 months—which meets national oral health standards for this age group—at the time of program enrollment; however, close to two-thirds of the parents reported their children had not had a dental visit. Of those 4 children for whom there was posttest information, 3 had not yet had a dental visit at the pretest. At the posttest, 2 had a dental visit within 6 months and 2 had a dental visit within 6–12 months which was a positive change.

Concerning the last well-child visit, although about a third of the children had not yet received a visit, almost half had one within the prior 6 months, and almost 20% had a visit within the last 6 -12 month. Of these 11 children, there was matched pre-post information for 4 of them; however, the data for one was incorrect as it indicated that the child had a well-child visit within 6 months of the pretest but that the same child had not yet had a well-child visit at the posttest. At the time the family exited the program, 3 of these children had a well-child visit within 6 months and 1 had a well-child visit within 6–12 months, also a positive change.

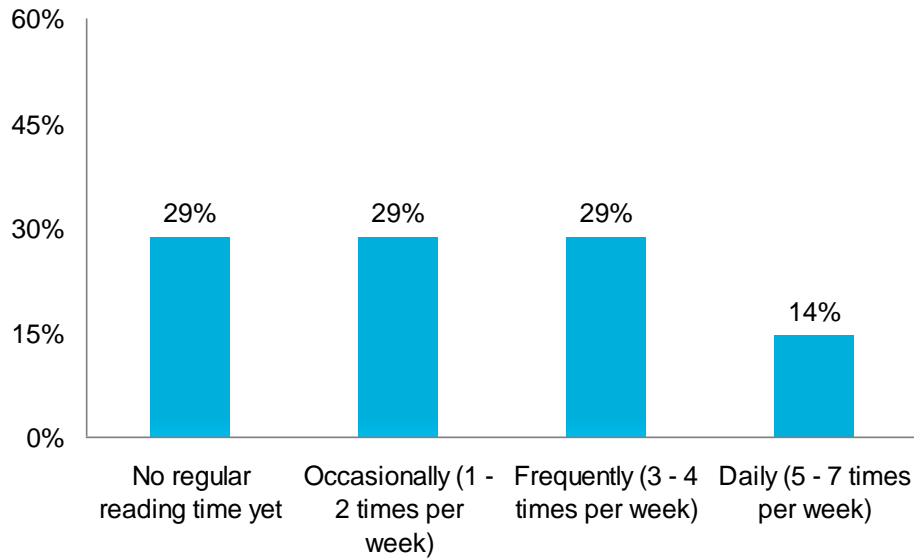
Figure 5. Children's (Age 6 and Under) Last Dental and Well-Child Visits, at Program Start



The parents were also asked about whether they or another household member shared or read books with the children. The families indicated that about a third did not engage in this activity, about a third did so occasionally, and about a third did so 3-4 times a week. Only about 14% read or shared books daily at the time the family enrolled in the program (Figure 6). (There were too few responses to this question in the post-surveys for analysis.)



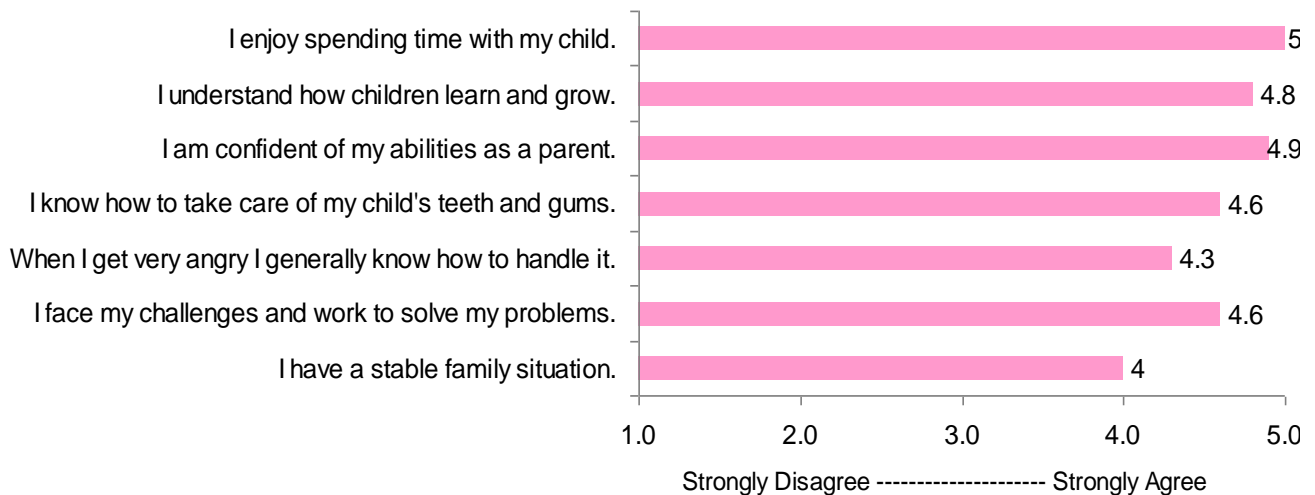
Figure 6. Frequency of Reading/Sharing Books, at Program Start



The survey also asked parents to self-evaluate on a number of diverse parenting areas. They very strongly enjoyed spending time with their children, understood how children learn, and had extreme confidence in their parenting abilities. Parents also appeared to know how to take care of their children's teeth and generally maintained that they faced their challenges. They expressed moderate ability to handle their anger and seemed to have a moderately stable family situation (Figure 7).

The three parents who completed the post-survey at program exit would strongly recommend the program to other parents in recovery and moderately believed that the program helped them to become a better parent.

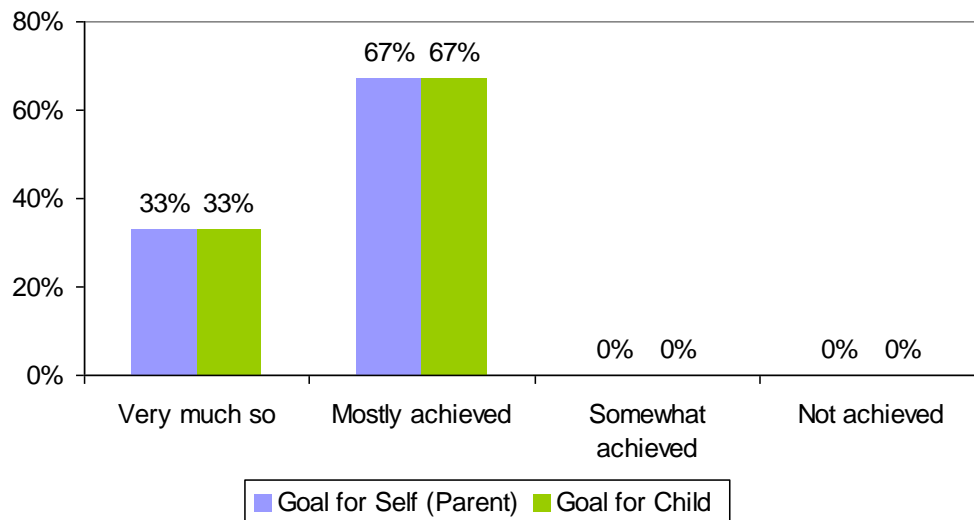
Figure 7. Parents' Level of Agreement About Various Areas of Parenting, at Program Start



At the time they enrolled in the recovery program, as well as at program exit (for those who completed post-surveys), parents stated their goals and hopes *for themselves as a parent* was "to be a better parent." They expressed this as, for example, "becoming more tolerant and patient," "to be happy and strong," and "to stay clean and sober and take care of my family." When asked at program exit to think of the progress that had occurred on that goal, 33% believed the goal was achieved "very much so" and 67% reported it was "mostly achieved" (Figure 8).

In terms of goals and hopes *for their children*, the responses at program start were more oriented to growth and behavior ("learn to share," "learn manners") and at the post-survey the responses focused a little more on positive parent-child interactions ("want more one-on-one time," "want a closer relationship"). Asked how close has their child gotten to that pre-survey goal, 33% believed the goal was achieved "very much so" and 67% reported it was "mostly achieved" (Figure 8).

Figure 8. Extent to Which Parents Reported Goals for Self and Child Were Achieved, Post-Survey



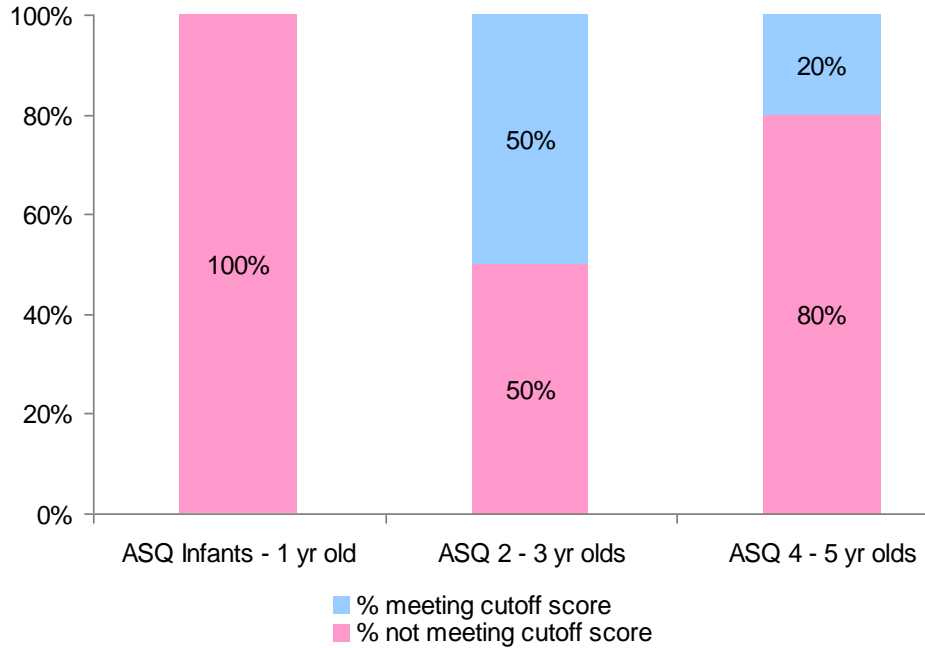
To what extent did children show increased skills in a range of developmental areas?

The project reported screening 19 children ages 0-5 using the ASQ tool which identifies children at risk for developmental or social-emotional delay. From these screenings, 12 completed ASQ forms were submitted for analysis.

Higher scores signified greater concerns, and different cutoff scores were established for different age groups. As Figure 9 on the next page shows, 3 of the completed forms were from infants-1 year olds and none exceeded the cutoff of 45 points. Four of the forms were from the 2-3 year-old age group and 2 of the 4 (50%) reached the cutoff score of 50 for that age group. The remaining 5 ASQ screens were from the 4-5 year-old age group and 1 of these children (20%) reached the cutoff score of 70 for that age group. According to the ASQ, the children who met or exceeded the cutoff are to be referred for further diagnostic assessment after considering a set of other factors.



Figure 9. Percentage of Children Meeting ASQ Cutoff Score



Note: Not meeting the cutoff score indicates no further evaluation of the child is needed.

Successes and Challenges

The program reported success in helping parents to learn about and use community-based health and social services for themselves and their children. They also reported that most clients were able to find a place to live before they graduated from the program; some were able to also find a job. Staff noted that the family outings, which for some parents was "a different way of life," seemed to give parents more opportunity to think about how life can be when they are sober and drug free. Having two children enrolled with special needs and needing to help those parents in transition of the children to preschool was described as the main challenges during the past year.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	② – collaboration with partners and service providers
Improve family functioning	✓	① – programs that increase parent education and skills ② – support free community events for families ③ – programs that support child and parent mental health
Improve child development	✓	① – programs that prepare children for school ② – programs that improve childcare/preschool quality ③ – programs that increase childcare/preschool availability
Improve the health of children		



Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The rate of births to mothers aged 15-19.*

In 2009-11, the birth rate for adolescents aged 15-19 in Yuba County was 47.6 (compared to 31.5 in California), ranking 50th worst of 58 counties.

- *Prevalence of emotional or mental disturbance among children age 0-5.*

The prevalence of “serious emotional disturbance” and “serious mental illness” among Yuba County children age 0-5, according to California Department of Mental Health estimates, is 7.9%. The figure rises to 9.17% for those at <200% federal poverty level. These proportions are very similar to statewide averages for this age group.

- *The number of domestic violence-related calls for assistance.*

According to the California Department of Justice, there were 584 calls reported for domestic violence assistance in Yuba County in 2010, a rate of 12.6, almost double the statewide rate of 6.7. Over half (53.1%) of the calls involved a weapon. Younger women, 18-24 years of age, were significantly more likely to be victims of physical intimate partner violence than women in other age groups.

- *Rate of arrests for alcohol- and drug-related offenses.*

Yuba County's rate of arrests for drug-related offenses in 2007-09, 1,272.6, exceeded the state average of 982.8. The county's rate of arrests for alcohol-related offenses more than doubled the state rate (2,868.4 vs. 1,163.0, respectively).

Conclusions and Recommendations

This residential treatment program provides a range of beneficial support services for parents of young children, and the funding from FFY has enabled them to expand mental health as well as early childhood services. The parents who participate express a great deal of satisfaction and credit the program with learning positive parenting behaviors and setting goals for closer parent-child interactions and getting their children back.

Without an adequate number of post-surveys for matched pre-post information, it is not possible to comment further about changes in goals, learned information, and utilization of services. For instance, given the relatively high proportion of children who enter the facility with no previous dental and well-child visits it would be important to assess the extent to which this had changed at program exit.

Another area of potential concern is the screening for developmental delay and other concerns. None of the children screened with the ASQ was identified in the grantee's Milestones report as needing further assessment. However, applying the instructions for this tool, it appears that 3 of the 12 children should have received or been referred for further diagnostic assessment. In the future, if after considering the set of other factors described in the ASQ screening and scoring, the program believes no additional evaluation is necessary, they should note this in the Milestone reports.



GAS CARDS FOR SPECIAL NEEDS-MEDICAL/DENTAL APPOINTMENTS

Project Purpose and Evaluation Design

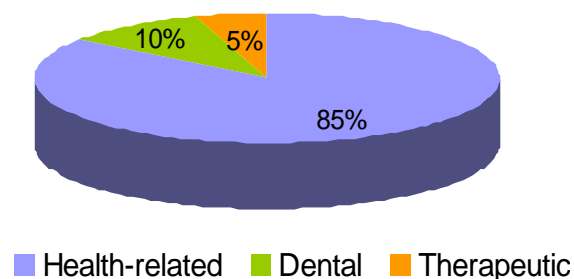
The Yuba County Office of Education (YCOE) provided gas cards or vouchers to families who had to drive out of county to receive specialty medical care for their child with special needs. All of the FFY grant dollars went directly for the gas cards or vouchers as YCOE covered the administrative costs.

Program Results

How many and what type of families benefitted who would otherwise have had difficulty keeping medical appointments?

The program distributed 172 vouchers or gas cards for 113 children, all of whom were screened and had some form of private or public health insurance coverage. Appointments for health-related issues such as prematurity, epilepsy, club foot, and brain disorders made up the greatest (85%) use of gas cards, followed by therapeutic services (speech and language) and dental services (Figure 10). Dental services were described primarily children who needed oral surgery and extensive decay requiring sedation.

Figure 10. Types of Services Families Accessed Using Gas Cards



Successes and Challenges

Families expressed great appreciation for the assistance and the relationships staff built with them, particularly in cases where the family needed on-going medical support available only out of town (Sacramento or beyond). The program expects to establish linkages with other medical centers (e.g., UC Davis) in the coming year to create a referral process for families. One of the ongoing challenges noted and described as partially resolved was finding a resource for communicating with families who did not speak English.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	<ul style="list-style-type: none"> ③ – transportation options to increase access to services ④ – services for children with disabilities and their families
Improve family functioning		
Improve child development		
Improve the health of children		

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percent of children with some form of health insurance.*

The 2011-12 California Health Information Survey shows that 98%--about the same proportion as statewide—of children 0-5 are insured either through their families' employer- based coverage or through Medi-Cal or another public program. However, children in the county have lower rates of employment-based coverage and correspondingly higher rates of Medi-Cal coverage.

- *The proportion of children with special health care needs and other disabilities.*

According to 2009-11 American Community Survey data, Yuba County had a higher rate of children with major disabilities—including hearing, vision, cognitive and ambulatory ability—than children statewide, 3.8 vs. 3.0. The percentage of children 0-5 who comprise the total special education enrollment in Yuba County was 10% (compared to 12% statewide) in 2009-10, according to the California Department of Education.

Conclusions and Recommendations

The gas card program has been an essential resource for assisting families who would otherwise be challenged in accessing specialty medical care not locally available for their child. No recommendations for change are needed at this time.



Harmony Health Family Resource Centers

Project Purpose and Evaluation Design

Harmony Health, a long-standing safety net community provider of medical and a range of health education and support services to families, was funded to offer support services for children ages 0-5 and their families at three Family Resource Centers—Harmony Health, Ella and Cedar Lane—with priority for the Cedar Lane, Ella and Linda School catchment areas.

To assess the extent of parent learning and adoption of desired parenting behaviors, parents served through this project completed a pre/post Family Survey at enrollment in the FRC and again at the time of follow-up. The parents also completed Workshop Feedback forms for assessing knowledge gain for the various parent education classes they attended. The workshops included topics such as information about Medi-Cal managed care, infant and toddler enrichment, and nutrition for a healthy heart. The project also used its own FRC Quick Survey which it administered periodically and reviewed to gain more immediate feedback about parents' satisfaction with the workshops.

Program Results

To what extent did parents report learning and behaviors that promote early literacy and child health?

Because we received only a couple of feedback forms for some workshops, the decision was made to report on the ones that had a minimum sample size of 4 attendees. Tables 7-18 below display the results of these 12 workshops. Each had slightly different learning objectives, so the feedback form was modified for each workshop. A graph (Figure 12) follows these tables that shows the results for the 3 questions that were common across all 12 forms. Because some workshops shared the same title even with different questions, the tables below are numbered rather than named. The Infant Toddler Enrichment workshops shown in Tables 7 and 8 were evaluated extremely favorably on all dimensions (a mean of 4.8 of 5.0 possible).

Table 7. Parent Workshop #1 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I would recommend these workshops to a friend.	19	4.8	.4
Learned an activity to help teach child shapes that will help child learn math concepts.	19	4.8	.4
Learned that reading with child is important for future learning and development.	19	4.7	.5
I learned ideas that will help with relationship with child.	18	4.7	.5
Learned an activity to help teach child primary colors.	19	4.7	.6
What I learned will help me be better parent.	18	4.6	.6
Overall Mean	19	4.7	.3

Note. Item mean scores reflect response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

Table 8. Parent Workshop #2 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	24	4.9	.3
Learned at this workshop it is fun to do activities with preschool age children.	24	4.9	.3
Learned that learning to work alongside other children is a developmental skill important to child's growth.	24	4.9	.3
Learned that reading with my child is important for future learning and literacy development.	24	4.9	.3
Learned that counting with children helps with number recognition and future innumeracy skills.	24	4.9	.3
I would recommend these workshops to a friend.	24	4.9	.3
Overall Mean	24	4.9	.3

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Infant/Toddler Enrichment workshop #3 shown in Table 9 was evaluated very favorably on helping with the parent-child relationship, child participation, and learning about colors, and was favorably evaluated on becoming a better parent and on the child knowing certain characteristics about apples. The workshop would generally be recommended to a friend.

Table 9. Parent Workshop #3 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	4	4.5	.6
My child learned how to participate.	4	4.5	.6
My child learned about colors.	4	4.5	.6
Child learned about how not all apples taste, smell, and look the same.	3	4.3	.6
I would recommend these workshops to a friend.	3	4.3	.6
What I learned will help me be better parent.	4	4.3	.5
Overall Mean	4	4.4	.5

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The following Infant Toddler Enrichment workshop (Table 10) was also evaluated extremely favorably on all rated dimensions.

Table 10. Parent Workshop #4 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	19	5.0	.2
What I learned will help me be better parent.	19	5.0	.2
Learned that providing child with stickers will help develop fine motor skills.	19	5.0	.2
Learned reading to kids with help better their literacy.	19	5.0	.2
Learned playing with other kids helps my child develop social and emotional competency.	19	5.0	.2
I would recommend these workshops to a friend.	19	5.0	.2
Overall Mean	19	5.0	.2

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Children's workshop results (Table 11) was evaluated extremely favorably by the participants on all of the rated dimensions.

Table 11. Parent Workshop #5 (Children's Workshop)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	8	5.0	.0
What I learned will help me be better parent.	8	5.0	.0
Learned music and singing develops expressive language skills.	8	5.0	.0
Learned auditory play is accessible at home for any age.	8	5.0	.0
Learned to encourage child's play.	8	5.0	.0
I would recommend these workshops to a friend.	7	5.0	.0
Overall Mean	8	5.0	.0

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Infant Toddler Enrichment workshop #6 shown in Table 12 was evaluated extremely favorably on all rated dimensions.

Table 12. Parent Workshop #6 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	4	5.0	.0
Learned at this workshop it is fun to do activities with preschool age children.	4	5.0	.0
Learned that this activity helps with gross motor skills.	4	5.0	.0
Learned that this activity helped with color recognition.	4	5.0	.0
I would recommend these workshops to a friend.	4	5.0	.0
Learned interacting with other children promotes social competency for my child.	4	4.8	.0
Overall Mean	4	5.0	.1

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.



The Infant/Toddler Enrichment workshop #7 was evaluated very favorably on learning to crawl, was generally favorably evaluated on child relationships and better parenting, and was favorably evaluated on improving literacy and playing with other children. This workshop would generally be recommended to a friend.

Table 13. Parent Workshop #7 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
Learned crawling is a gross motor skill which builds other motor skills.	5	4.6	.6
I learned ideas that will help with relationship with child.	5	4.4	.9
What I learned will help me be better parent.	5	4.4	.9
Learned reading to children improves literacy.	5	4.2	1.3
Learned playing with other children helps my child develop social-emotional competency.	5	4.2	1.3
I would recommend these workshops to a friend.	4	4.0	1.4
Overall Mean	5	4.3	1.0

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Infant/Toddler Enrichment workshop #8 was evaluated extremely favorably on all rated dimensions.

Table 14. Parent Workshop #8 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
What I learned will help me be better parent.	5	5.0	.0
Learned that reading with my child is important for future learning and literacy development.	6	5.0	.0
Learned that learning to work alongside other children is a developmental skill important for child's growth.	6	5.0	.0
I learned ideas that will help with relationship with child.	6	4.8	.4
Learned that counting with children helps with number recognition and future innumeracy skills.	6	4.8	.4
I would recommend these workshops to a friend.	6	4.8	.4
Overall Mean	6	4.9	.2

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Pre School Literacy/Story Time workshop (Table 15 on the next page) was evaluated very favorably on interacting with other children, child relationship, enjoying their children, gross motor skills, and counting. The workshop would be recommended to a friend.



Table 15. Parent Workshop #9 (Pre School Literacy/Story Time)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
Learned that learning to work alongside other children is a developmental skill important for child's growth.	7	4.9	.4
I would recommend these workshops to a friend.	7	4.9	.4
I learned ideas that will help with relationship with child.	7	4.7	.8
Learned at this workshop it is fun to do activities with preschool age children.	7	4.7	.8
Learned that this activity helps with gross motor skills.	7	4.7	.8
Learned that counting with children helps with number recognition and future innumeracy skills.	7	4.6	.5
Overall Mean	7	4.7	.6

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Nourishing the Heart workshop (Table 16) was evaluated extremely favorably on all rated dimensions.

Table 16. Parent Workshop #10 (Nourishing the Heart)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	5	5.0	.0
What I learned will help me be better parent	5	5.0	.0
Learned about positive reinforcements.	5	5.0	.0
Learned about positive disciplining skills.	5	5.0	.0
Learned about age appropriateness when it comes to disciplining children.	5	5.0	.0
I would recommend these workshops to a friend.	5	5.0	.0
Overall Mean	5	5.0	.0

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

The Infant Toddler Enrichment workshop was evaluated extremely favorably on all rated dimensions.

Table 17. Parent Workshop #11 (Infant Toddler Enrichment)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	10	5.0	.0
What I learned will help me be better parent.	10	5.0	.0
I learned that reading to my child promotes literacy.	10	5.0	.0
I learned interacting with other children promotes social competency for my child.	10	5.0	.0
Learned counting with child will help child learn numeracy skills.	10	5.0	.0
I would recommend these workshops to a friend.	10	5.0	.0
Overall Mean	10	5.0	.0

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.



The Let's Learn Colors and Shapes workshop shown below was evaluated extremely favorably on all rated dimensions.

Table 18. Parent Workshop #12 (Let's Learn Colors and Shapes)

Survey Question	<i>n</i>	<i>M</i>	<i>SD</i>
I learned ideas that will help with relationship with child.	8	5.0	.0
What I learned will help me be better parent.	8	5.0	.0
Learned that reading with my child is important for future learning and development.	8	5.0	.0
Learned an activity to help teach my child shapes.	8	5.0	.0
Learned an activity to help teach my child primary colors.	8	5.0	.0
I would recommend these workshops to a friend.	7	5.0	.0
Overall Mean	8	5.0	.0

Note. Item mean scores reflect the following response choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat*, 4 = *Agree*, and 5 = *Strongly Agree*.

As the graph on the next page (Figure 12) shows, with the 3 questions that were common across the 12 workshops (with the exception of #9 which did not have the "learning to be a better parent" item)—along with the graph below—these workshops were viewed by the parents as extremely beneficial for learning more about early childhood development, parent-child relationships, and age-appropriate learning activities parents can do at home with their children.

Figure 11. Overall Workshop Rating by Parents (n-12)

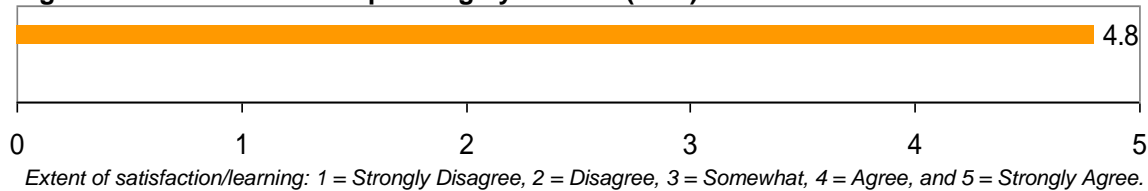
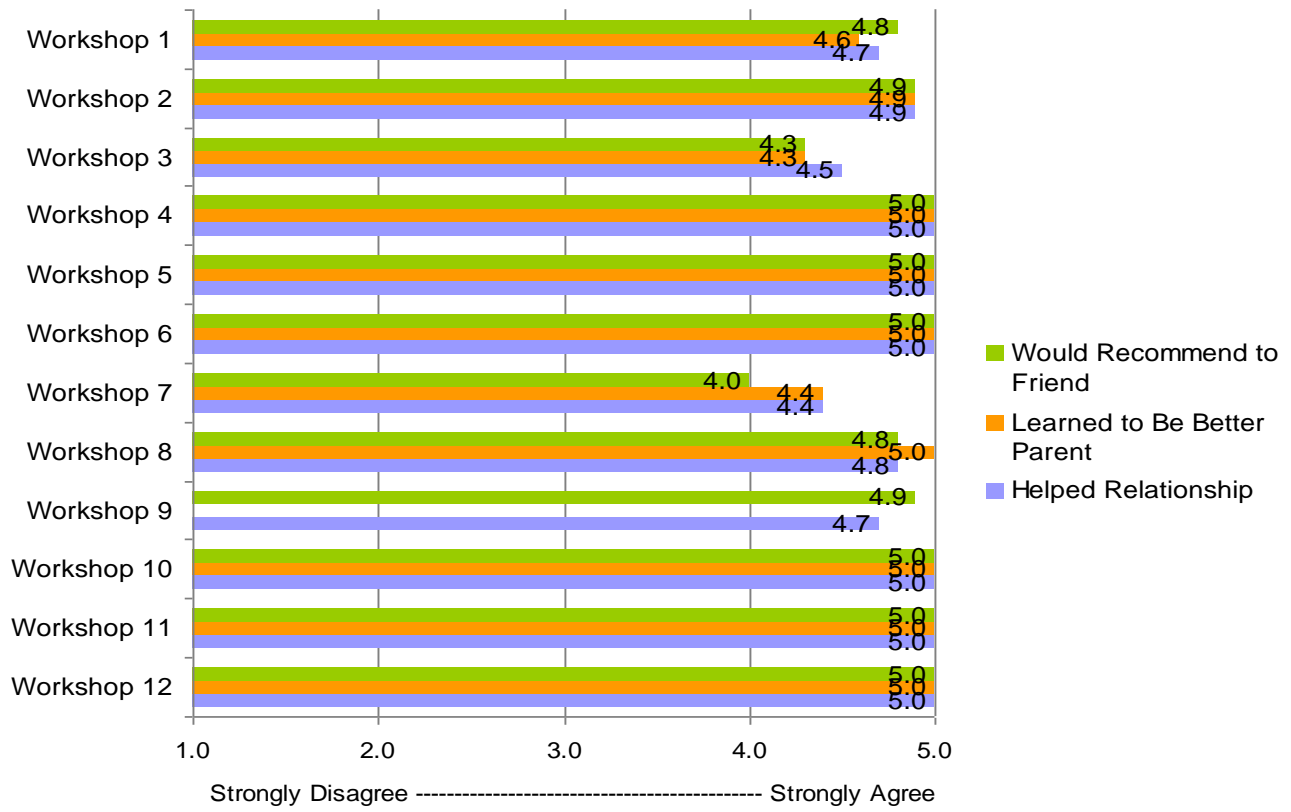


Figure 12. Parents' Satisfaction with Common Workshop Goals, by Workshop



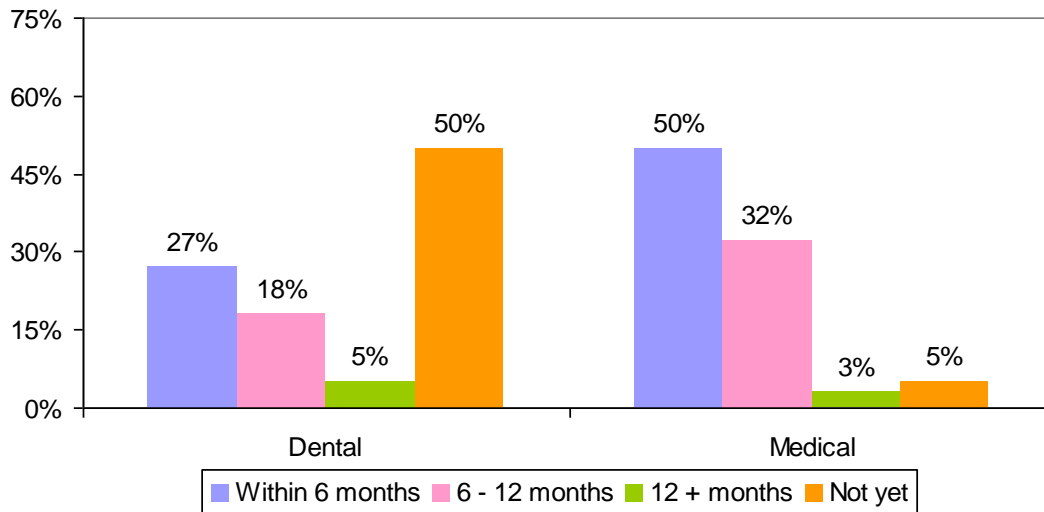
To what extent did parents achieve the goals they identified at program enrollment?

A total of 13 completed Family Surveys were submitted for the evaluation; posttest information was available for only 2 of these families. To promote awareness and track utilization of health services, parents were asked to report their child(ren)'s (under age 6) last *dental* and *well-child* visits, if they had had one. As Figure 13 on the next page shows, half of the parents reported in the initial survey their child had not had a dental visit in the last year, a little under 20% had a visit 6-12 months prior, and about a quarter had one within 6 months prior. Of the 22 children represented in these data, there was matched pre-post information for 3 of them. Of those 3, all had not yet had a dental visit at the initial survey; following the program, 1 still had not yet had a dental visit but the other 2 had a dental visit but it was more than a year ago (none of which met the national oral health standard for this age group).

Concerning the last well-child visit, half had a visit within the prior 6 months and almost a third had a visit within the last 6-12 months. Of the 22 children, there was matched pre-post information for 1 of them, and this child had had a well-child visit with 6 months of both the initial and follow-up survey.

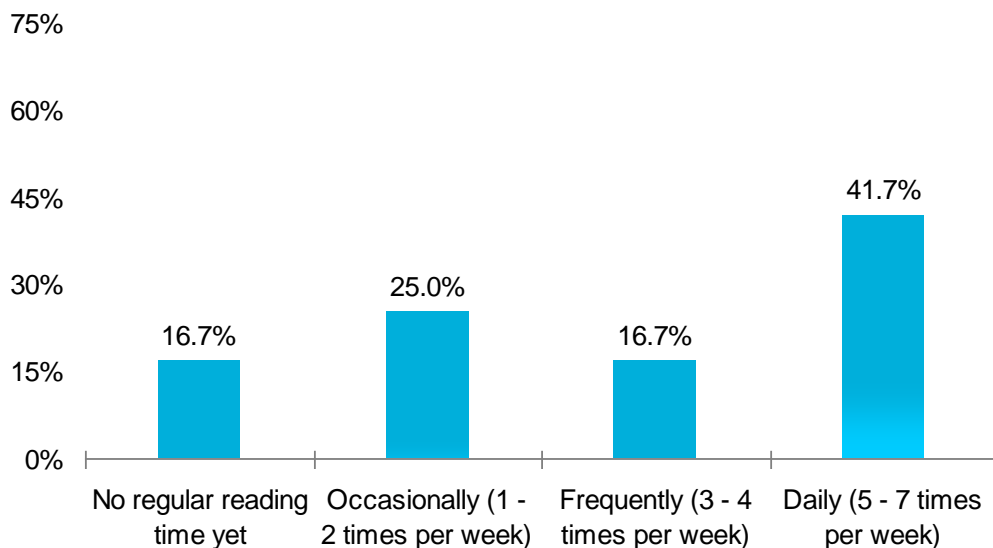


Figure 13. Children's (Age 6 and Under) Last Dental and Well-Child Visits, at Program Start



The parents were also asked about whether they or another household member shared or read books with the children. The families indicated that about 17% did not engage in this activity, a quarter did so occasionally, about 17% did so 3 to 4 times a week, and about 42% read or shared books daily. About a third did so occasionally, and about a third did so 3-4 times a week. About 17% read or shared books daily at the time the family enrolled in the program (Figure 14). (There were too few responses to this question in the post-surveys for analysis.)

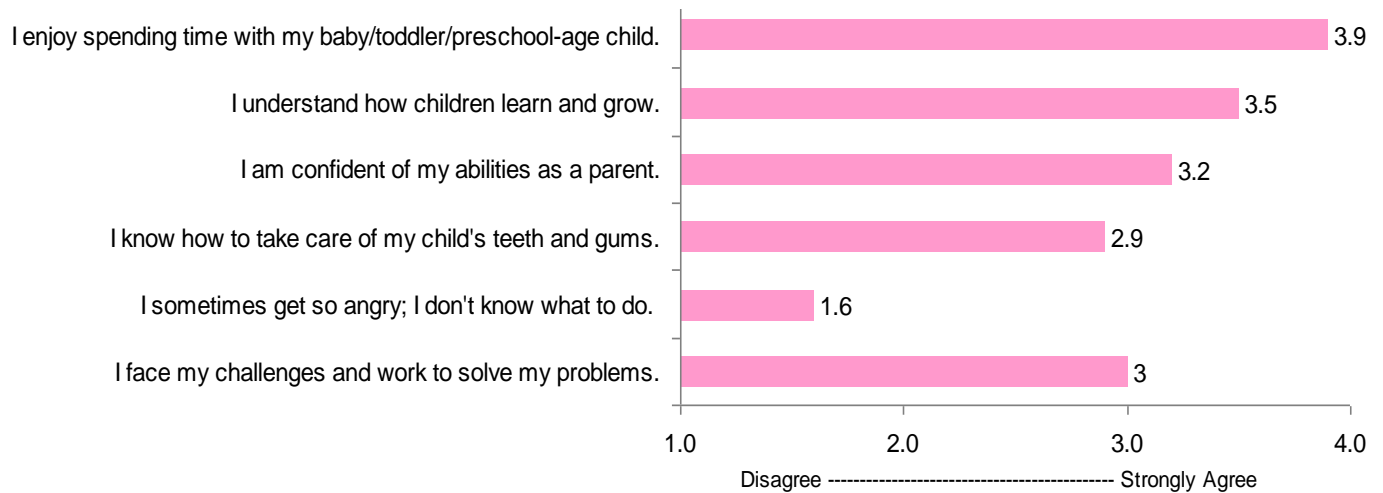
Figure 14. Frequency of Reading/Sharing Books, at Program Start



The survey also asked parents to self-evaluate on a number of diverse parenting areas. They very strongly enjoyed spending time with their children and believed that they could fully control their anger. The parents expressed moderate understanding of how their children learn. They were less than enthusiastic about their confidence as a parent, their ability to face challenges, and how to manage the dental care of their children.

The two parents who completed the post-survey indicated would recommend the program to other parents and believed that the program helped them become a better parent (Figure 15).

Figure 15. Parents' Level of Agreement About Various Areas of Parenting, at Program Start



At the time of the initial survey, as well as after receiving program services (for those who completed post-surveys), parents stated their goals for themselves as a parent. The chart below summarizes their responses (Table 19). Of the two parents who provided posttest information, both felt that their goal was "very much" achieved.

Table 19. Summary of Parents' Goals

- Learning more about child development
- Schedule a dental appointment for my child
- Read more books to my child (in English/in Spanish)
- Do activities with my child (e.g., join a play group)
- Attend a parenting class
- To stay together as a family



Successes and Challenges

The challenges noted by the program were in engaging families, keeping consistent staff, and having insufficient funding for all of the activities they wished to undertake. The needs and issues associated with the communities the agency serves—low literacy, lack of trust, transportation, fear of deportation, poverty, lack of employment, and low education level of parents—continue to be the challenges the agency addresses for their population. Because poor transportation options creates a barrier to services, the program identified it as a primary problem for the families it serves and expressed a wish for more assistance, such as being able to provide gas cards and bus passes.

The grantee worked to overcome some of these challenges by doing community outreach and working with the school staff to support and refer families to the FRC school sites for services. They noted they were working on gaining the trust of enrolled families, and found many of the families to be very interested in learning new skills to become better parents but sometimes too challenged in attending education classes because of feeling overwhelmed with work and family obligations. One way the program motivated parents to participate in workshops was to serve healthy food as an incentive. Working with collaborative partners also helped, as did constant reminders to parents about the benefit to children of good parenting skills. Parents reported learning and using different methods of discipline at home with positive results, according to client feedback. A short-term relocation while the Ella FRC site was being upgraded caused a temporary inconvenience, but the program expects the improvements will make this site as functional as their Cedar Lane site.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	<ul style="list-style-type: none"> ❶ – support family resources centers ❷ – collaboration with partners and services providers
Improve family functioning	✓	<ul style="list-style-type: none"> ❶ – programs that increase parent education and skills ❷ – support free community events for families
Improve child development	✓	<ul style="list-style-type: none"> ❶ – services that prepare children for school ❷ – programs that improve childcare/preschool quality ❸ – programs that increase childcare/preschool availability
Improve the health of children	✓	<ul style="list-style-type: none"> ❶ – programs that promote healthy eating and physical activity ❷ – programs that increase access to oral health services ❸ – programs that increase access to health care services

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percentage of infants whose mothers received prenatal care in the first trimester of pregnancy.*

According to state data, 66.6% of women who gave birth in Yuba County in 2009-2011 initiated prenatal care in the first trimester; 83.3% did so statewide. However, nearly the same proportion (76.5% in Yuba County and 79.7% in California) received "adequate prenatal care" during their pregnancy.

- *The percent of children fully immunized by entry into kindergarten.*

The proportion of Yuba County children who entered kindergarten with all required immunizations in 2012-13 was 87.6% compared to 90.3% for the state (2.7% of county children had personal belief exemptions for not being immunized).

- *The percent of children and their families who have adequate food in their homes.*

44.3% of low-income (<200% federal poverty level) adults in Yuba County reported not being able to afford enough food ("food insecurity") in 2011-12, according to CHIS, a slightly higher proportion than for California at 41.7%.

Conclusions and Recommendations

Like most other non-profit organizations in Yuba County, this agency serves a high-need population with many challenges. Because the FRC also provides health care services, there is more likelihood the children it serves will be current in their well-child exams, as the data above indicate. Access to and utilization of dental services, similar to the county as a whole, is fairly low.

Parents and other caregivers who participated in the various components of this program expressed a great deal of satisfaction with services and their feedback indicated they had put into practice some of the health information and parenting skills they learned. Despite some initial confusion at the beginning of the grant about evaluation expectations, these were easily resolved.

It is suggested that each future workshop be given a unique name so it will be easier to tie the results to the specific workshop. Another recommendation going forward is for staff to check for duplication in photocopying completed parent surveys and workshop feedback forms. (The duplicates were removed prior to analysis). Additionally, because the FRC Quick Survey was not used in the evaluation, it is up to the agency if it wishes to continue to use this form for its own purposes.



NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE (NAP SACC)

Project Purpose and Evaluation Design

The goal of the 3-year Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) project was to increase the quality of nutrition and physical activity in early childhood care programs in Yuba County. Significant evidence from longitudinal studies supports early childhood nutrition programs as one of the ways to increase students' academic achievement. Targeting young children in child care is important because of the large number of children now in out-of-home child care, and evidence for programs like NAP SACC's impact on the health of children in child care settings is well documented.

The Twin Cities Association for the Education of Young Children identified and trained trainers (i.e., NAP SACC consultants) who in turn trained 8-10 child care centers or licensed family care providers each year, in the evidence-based NAP SACC program. In 2012-13 this represented 116 providers, and over the 3-year period the program indirectly reached a total of 402 parents and 568 children age 0-5 in Yuba County. The program also provided community workshops that were open to any interested provider or family.

Child care center directors and related staff completed a pre/post NAP SACC self-assessment instrument to assess center nutrition and physical activity policies, practices, and overall environment, reporting on program practices on 54 measures. Fourteen staff provided results for the 2012-13 pre-assessment and 12 staff for the post-assessment.

Program Results

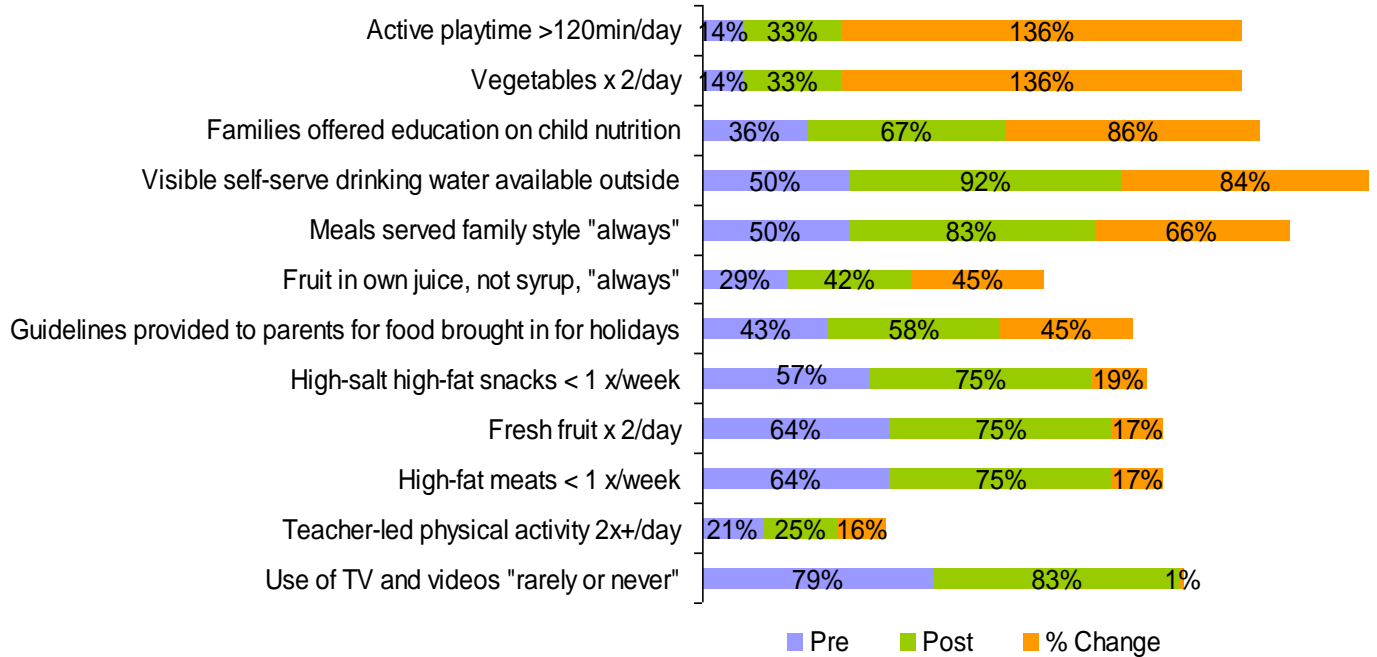
To what extent did parents and providers learn about child nutrition and the importance of physical activity for children?

Provider Assessments

Overall, the child care centers and other child care providers reported making many positive changes in their nutrition and physical activity policies and practices after attending the training. Representative measures are shown on the next page from highest to lowest percentage change. (Figure 16). Portions of fresh vegetables increased markedly and servings of high-fat meats (e.g., bacon, sausage, bologna) and unhealthy sweet and salty snacks decreased. At the time of the pre-assessment guidelines provided to parents for food brought in for holidays tended to be non available, loosely written and not always enforced; at the post assessment, over half (58%) of the participants reported the guidelines were "written and enforced." After the training, the frequency of nutrition education opportunities for parents improved by 86% according to the participants. While the number of minutes of active play time more than doubled between the two assessments, teacher-led physical activity increased only slightly after the training. The small improvement in the

use of TV and videos reflects the positive practice center staff were already employing regarding the use of these mediums.

Figure 16. Child Care Providers' Nutrition and Physical Activity Self-Assessment of Policies and Practices with Percentage Change

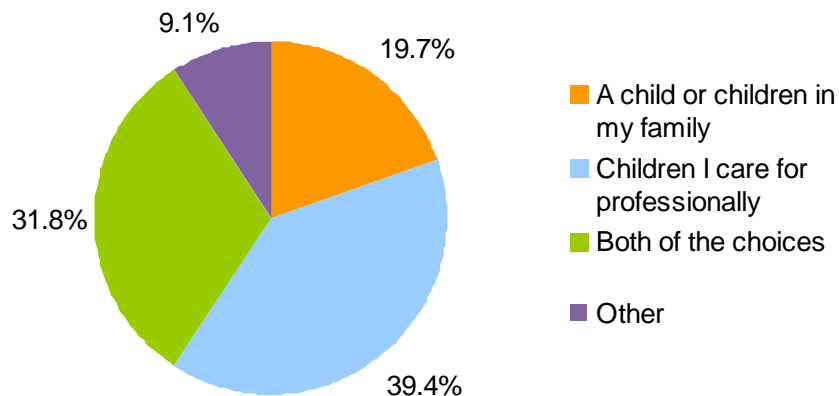


Community Workshops

NAP SACC provided 5 community workshops a year with its training partner, Child Care Planning Council of Yuba & Sutter Counties, that were attended by child care providers and parents, and from these 73 completed feedback forms were returned.

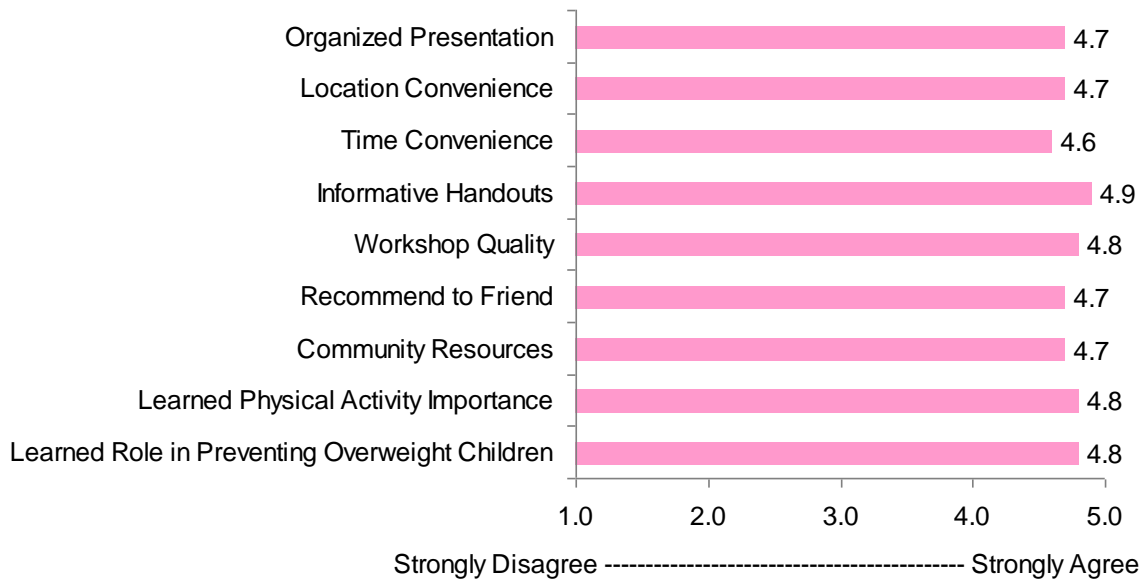
About 40% of the participants attended the workshops because of children they cared for professionally, about 20% were at the workshop for their own children, and close to a third were at the workshop for both reasons (Figure 17).

Figure 17. Age of Children Benefitting from Participation in the Program



Overall, the workshop was evaluated very positively by all of the participants (Figure 18) relative to learning goals and various efficiency factors.

Figure 18. Amount of Workshop Participant Satisfaction



Workshop participants appreciated learning specific information and skills and receiving various materials they could use with their class. They found the topics listed in Table 20 below, in order of mention, to be most informative and of value to their work with families. The workshop areas they felt needed changing or improvement are shown in Table 21 on the next page.

Table 20. Workshop Participants' Feedback About the Highest-Valued Information

- Importance of/ways to get kids to play outside more
- How to use recycled materials (e.g., tree stumps)
- Learning how to read/importance of reading food labels
- More ways to implement nutrition into the curriculum/activities
- Nutritional information about....color foods (e.g., certain vegetables), milk, meat, sugar
- Learning about Harvest of the Month
- Learning about food substitutes
- Importance of washing produce
- Value of organic foods
- New ways to spend quality time with children
- "Changed the way I thought about being healthy"
- "Realize more how people rely on me to be healthy"



Table 21. Workshop Participants' Feedback Regarding Areas for Improvement

- More convenient times, e.g., weekday evenings difficult because of family obligations
- Materials, e.g., DVD excellent but too long; no reference provided for where to find some of it; provide printed materials on white paper for more clarity in re-printing
- Having weekly menus (for day care and own family) would be valuable
- Recommend a little more interaction with the group
- Recommend more "hands on" learning
- Need more activities focused on infants
- Bring workshop to one center and invite all parents to attend and provide list of resources

Successes and Challenges

During the final portion of this project staff noted in its Milestones report only the challenge of finding a free location to host the last workshop but identified two organizations they were working with as potential resources they expected could help.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	② – collaboration with partners and services providers ① – support recreational programs for children with disabilities
Improve family functioning		
Improve child development	✓	② – programs that improve childcare/preschool quality
Improve the health of children	✓	① – programs that promote healthy eating and physical activity ② – programs that increase access to oral health services

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The proportion of children who are overweight or obese.*

According to the 2010 California Pediatric Nutrition Surveillance, the obesity prevalence rate for children 0-5 in Yuba County was 12.9%; the proportion of overweight ≤ 2 years was 15.1%. Low hemoglobin (anemia), another nutritional indicator, was reported at 15.3%.

- *The number of days children are physically active in the past week.*

About half (51.7%) of Yuba County children age under age 8 reported in the 2011-12 California Health Interview Survey being physically active for at least an hour 7 days in the past week; 12%% reported "4 days," 9% reported "3 days," and 19% reported "2 days"—higher proportions than for the state.

Conclusions and Recommendations

Participating providers improved their nutrition and physical activity environments as a result of this grant, and workshop participants clearly benefitted from certain materials and activities they expect to be able to use with their class.





PEACH TREE HEALTHCARE EYE CLINIC

Project Purpose and Evaluation Design

Peach Tree Healthcare received a grant to supplement the costs of providing vision care services to children and for purchasing necessary equipment to perform eye exams. The original plan was to modify the Peach Tree Clinic site for optometry services, but the costs for doing so far exceeded the agency's budget estimates. As an alternative solution, the Live Oak Clinic site was modified to be available for both Yuba and Sutter Counties.

Program Results

How many and what type of children benefitted may not otherwise have received an eye examination?

Because the project did not get off the ground as early as the agency hoped for, there were no direct services for 2013 to include in this evaluation report.

Successes and Challenges

In the last half of the year, the agency reported it was able to make minor modifications to the exam rooms at the Live Oak Clinic site and remove some of the cabinets in the exam rooms at the Peach Tree Clinic to lessen the crowding. An optometrist was contracted through Ridge Eye Care to perform exams 5 days a week at the Live Oak site. Staff implemented outreach efforts to notify patients of the new eye care services and set appointments. Vision care services began at both sites in December, though the agency reported fairly high no-show rates for appointments which they are trying to remedy.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	② – collaboration with partners and services providers
Improve family functioning		
Improve child development		
Improve the health of children	✓	③ – programs that increase access to health care services

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percent of children with some form of health insurance.*

The 2011-12 California Health Information Survey shows that 98%--about the same proportion as statewide—of children 0-5 are insured either through their families' employer- based coverage or through Medi-Cal or another public program. However, children in the county have lower rates of employment-based coverage and correspondingly higher rates of Medi-Cal coverage.

Conclusions and Recommendations

In addition to notifying existing patients, it is recommended the agency publicize and promote its children's vision care services to the general community as well as target outreach to preschools and other child-serving organizations in Yuba County to increase awareness and utilization of this essential service.



PONDEROSA PARK FACILITIES IMPROVEMENT PROJECT

Project Purpose and Evaluation Design

The Yuba Feather Community Services Recreation Committee ("Committee") was awarded a 2-year facilities improvement grant to update Ponderosa Park in Brownsville so that more families with children ages 0-5 and their families could benefit by using the park and attending public events. The work called for leveling the fields, installing a sprinkler system, installing grass, and installing a security and fire alarm system.

Program Results

To what extent have park facilities in Yuba County improved, and how many and what type of families and children have benefitted?

The project has not made as much progress as this organization hoped for (they received a \$60,000 advance—44% of their grant amount—in the first part of 2013) and reported no activity or progress since April 2013. At that time, the Committee noted it had installed security lighting and electrical system upgrades for cameras at the upper snack bars/bathrooms area. They also reported working with the Yuba County Sheriff's Office to arrange for clean-up by those with county probation time to work off and with community members who also volunteer their time to clean and make improvements to the park. Additionally, local businesses and other organizations have renewed or purchased banners to be placed on the outfield fence, resulting in a modest amount of leveraged funds.

Everyday playground use, an Easter egg hunt and baseball games reported in the spring, which served about 60-75 children ages 0-5, have helped to draw families to the park, many of whom noticed and made positive comments about some of the improvements that were able to be made.

Successes and Challenges

The Committee reports it has been challenging trying to work with new members who have not necessarily agreed with some of the plans for improving the facilities. One of the major stumbling blocks has been a concern about installing security cameras; unease has been expressed about lack of privacy from having families' actions and activities "recorded." As a result, the project made the decision to slow down and try to work through these challenges the remainder of last year until it could identify solutions to moving forward.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	<ul style="list-style-type: none"> ② – collaboration with partners and services providers ③ – support recreational programs for children with disabilities
Improve family functioning		
Improve child development		
Improve the health of children	✓	<ul style="list-style-type: none"> ④ – provide safe play areas

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan*

- *The proportion of children who are overweight or obese.*

According to the 2010 California Pediatric Nutrition Surveillance, the obesity prevalence rate for children 0-5 in Yuba County was 12.9%; the proportion of overweight ≤ 2 years was 15.1%. Low hemoglobin (anemia), another nutritional indicator, was reported at 15.3%.

- *The number of days children are physically active in the past week.*

About half (51.7%) of Yuba County children age under age 8 reported in the 2011-12 California Health Interview Survey being physically active for at least an hour 7 days in the past week; 12%% reported “4 days,” 9% reported “3 days,” and 19% reported “2 days”—higher proportions than for the state.

Conclusions and Recommendations

FFY should continue to encourage the grantee to build more support for and make progress in implementing the planned improvements and not lose the opportunity of the grant support to benefit the whole community with upgrades to this popular recreational resource.



OLIVEHURST PUBLIC UTILITY DISTRICT (OPUD) AQUATICS PROGRAM

Project Purpose and Evaluation Design

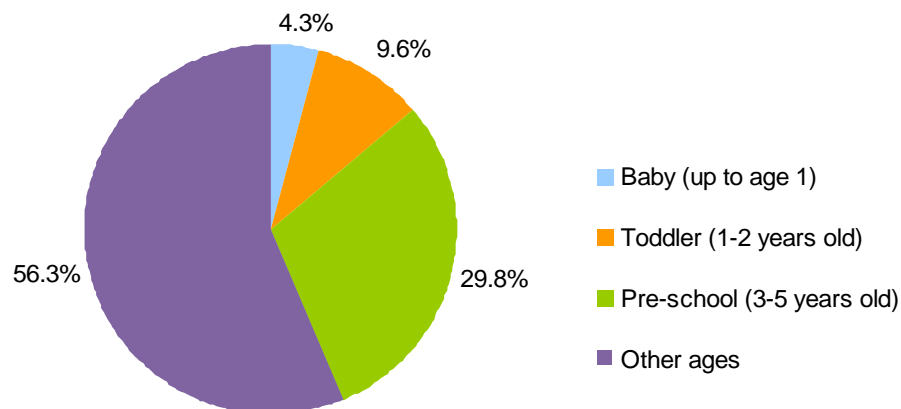
The Olivehurst Public Utility District (OPUD) was provided a grant for a summer 2013 aquatics program that offered free swimming lessons and entrance to the pool for children age 5 and under in Yuba County. In addition to a large, in-ground outdoor pool, the OPUD facilities also feature a shallow wading pool with a shade structure for younger children. The OPUD aquatic facility is located adjacent to the Olivehurst Community Park. A Participant Feedback Form was developed and distributed to an adult family member accompanying a child 0-5 who was asked to complete it at the end of the first visit, generally at the same time a season pass was issued.

Program Results

To what extent did children, including those with special needs, participate in the program and how did families hear about it?

The program reported serving 485 swimmers age 5 and under with the grant, representing 13.7% of the 3,534 swimmers who entered through the gates for Open Swim during the season. In addition to Open Swim, 221 of these young children also received swim lessons. Completed surveys were returned by 178 of the families. They indicated that more than half (56.3%) of the children who participated in the Aquatics Program were older than 5 years of age; approximately 30% were of preschool age, about 10% were toddlers, and about 4% were infants (Figure 19).

Figure 19. Ages of Children Participating in Aquatics Program

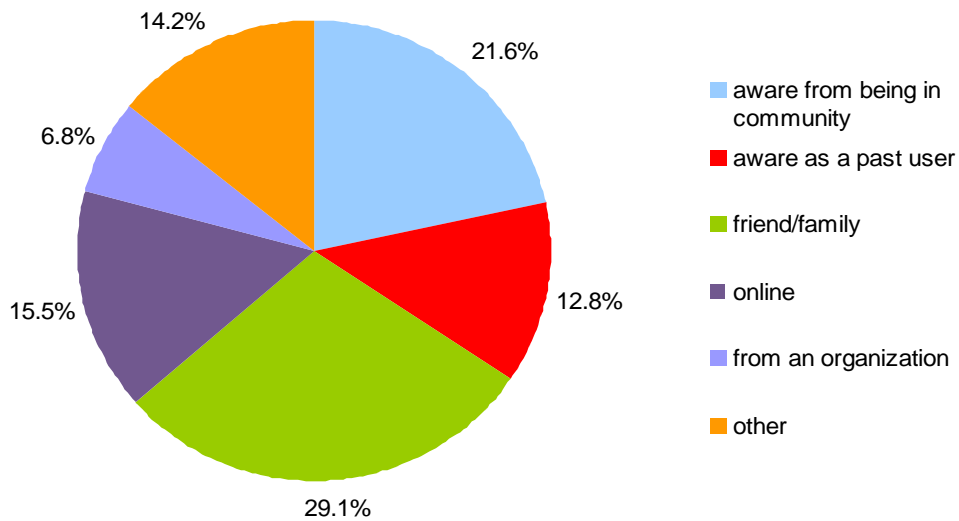


There was also a place on the feedback form for the parents to check if any of the children had special needs. Only 22 parents indicated special needs children.* Of these children it appears more than half were older than 5 years of age, about 20% each were preschoolers and toddlers, and about 5% were infants.

Of the 178 survey responses, there were 98 (55%) respondents who brought children for open swim and 79 (44%) who brought children for swim lessons.

The 2 most mentioned sources for learning about the Aquatics Program were from friends/family and from "hearing about it just being in the community." The least mentioned source was from some other local organization (Figure 20).

Figure 20. Source of Awareness About of the Program



A little over 90% of the children served resided in Yuba County, and another 8% resided in Sutter County. Some of the survey respondents (about 5%) of the survey respondents who checked "other county" and wrote in the name of the city where they lived did not recognize the city they wrote in was actually in Yuba County.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	② – collaboration with partners and services providers ④ – support recreational programs for children with disabilities
Improve family functioning	✓	② – support free community events for families
Improve child development		
Improve the health of children	✓	① – support organized outdoor physical activity

* Because of the way FFY formatted the form for this item we do not know if only 1 or more than 1 of the children had special needs. It is possible there were an additional 9 children with special needs.



Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The proportion of children who are overweight or obese.*

According to the 2010 California Pediatric Nutrition Surveillance, the obesity prevalence rate for children 0-5 in Yuba County was 12.9%; the proportion of overweight ≤ 2 years was 15.1%. Low hemoglobin (anemia), another nutritional indicator, was reported at 15.3%.

- *The number of days children are physically active in the past week.*

About half (51.7%) of Yuba County children age under age 8 reported in the 2011-12 California Health Interview Survey being physically active for at least an hour 7 days in the past week; 12%% reported “4 days,” 9% reported “3 days,” and 19% reported “2 days”—higher proportions than for the state.

- *The frequency children are taken out of the home to a family activity in a typical week.*

About one-quarter (23%) of Yuba County parents of children 0-5 (compared to 30% of parents statewide) reported in the California Health Interview Survey taking their children out of the home to the park, store, or playground every day in a usual week. Another 60% of parents, however, said their children went along on a family activity 3-6 times a week.

Conclusions and Recommendations

This project successfully met its targets during the summer months, though about half of the children who benefitted from the program were older than the 0-5 age group. If the project is funded again, it would be worthwhile to slightly revise the participant feedback form to capture a more accurate number of children with special needs.



RECREATIONAL SCHOLARSHIPS

Project Purpose and Evaluation Design

Yuba County Public Works implemented a recreation scholarship program this year to support recreational opportunities for more children ages 0-5 in Yuba County. A Program Feedback Form was developed for administration to families of young children to assess the types of programs they accessed and their opinions about and satisfaction with the services.

Program Results

What type of programs or activities did children participate in and how satisfied were the families?

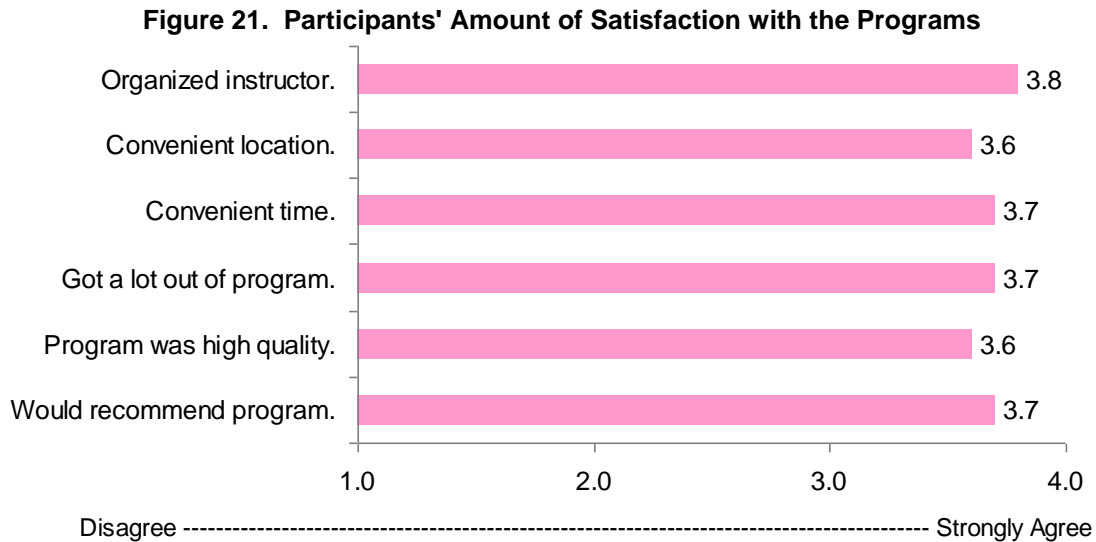
Two-thirds of the children were of pre-school age and about a third were between 6 and 12 years old. Most of them participated in swimming while others reported participating in other activities such as dance, Tae Kwan Do, and soccer. Almost all of the 19 participants were from Yuba County.

Table 22. Program Participation Characteristics

Characteristic	<i>n</i>	%
<i>Age of Children Served</i>		
Baby (up to age 1)	1	5.3%
Toddler (1 - 2 years old)	0	-
Pre-school (3 - 5 years old)	12	63.2%
Other	6	31.6%
6 years old	2	-
7 years old	1	-
8 years old	1	-
10 years old	1	-
12 years old	1	-
<i>Programs/activities children participated in</i>		
Swim lessons	9	47.4%
Gymnastics	0	-
Other	10	52.6%
Ballet	1	-
Dance	3	-
Han Mi Taw Kwan Do / Tae Kwan Do	2	-
Indoor Soccer	2	-
Turn and Learn	2	-
<i>Family County of Residence</i>		
Sutter County	1	5.3%
Yuba County	18	94.7%



Generally, the participants evaluated the recreation programs quite positively (Figure 21). For those 9 reporting they took swimming, their overall mean was 3.5 (out of 4.0). For those 10 reporting they were enrolled in "other" classes, the overall mean was 3.8. These 2 sets of ratings were not significantly different.



Successes and Challenges

After some initial challenges in making the community aware that the scholarships were available by distributing flyers to schools, the project had success in meeting its goals. Utilization was highest during the summer months because of swimming opportunities. In addition to taking advantage of the local summer swimming programs at the Olivehurst Community Pool and at the Gauche Aquatic Center and learning new skills, the children gained self confidence and endurance through the dance classes according to project staff. They also learned discipline and how to establish good relationships with one another and their instructors.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	② – collaboration with partners and services providers ④ – support recreational programs for children with disabilities
Improve family functioning	✓	② – support free community events for families
Improve child development		
Improve the health of children	✓	④ – provide safe play areas



Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The proportion of children who are overweight or obese.*

According to the 2010 California Pediatric Nutrition Surveillance, the obesity prevalence rate for children 0-5 in Yuba County was 12.9%; the proportion of overweight ≤ 2 years was 15.1%. Low hemoglobin (anemia), another nutritional indicator, was reported at 15.3%.

- *The number of days children are physically active in the past week.*

About half (51.7%) of Yuba County children age under age 8 reported in the 2011-12 California Health Interview Survey being physically active for at least an hour 7 days in the past week; 12% reported “4 days,” 9% reported “3 days,” and 19% reported “2 days”—higher proportions than for the state.

- *The frequency children are taken out of the home to a family activity in a typical week.*

About one-quarter (23%) of Yuba County parents of children 0-5 (compared to 30% of parents statewide) reported in the California Health Interview Survey taking their children out of the home to the park, store, or playground every day in a usual week. Another 60% of parents, however, said their children went along on a family activity 3-6 times a week.

Conclusions and Recommendations

The grant provided an opportunity for a small number of families to participate in a recreational opportunity for their children, two-thirds of whom were children 0-5. Additional community outreach would be helpful to increase awareness of this resource and more fully utilize the grant, including outreach to other local agencies who might want to refer eligible families to participate at no cost.



SCHOOL READINESS

Project Purpose and Evaluation Design

Marysville Joint Union School District (MJUSD) along with FFY, until June 30, 2013, jointly administered and funded the School Readiness (SR) initiative that provides outreach and other direct services to young children and their families in three catchment areas: Cedar Lane, Ella, and Linda Elementary Schools. The activities of this comprehensive program included delivering parent workshops, implementing the Raising a Reader early literacy program which prepares children ages 0-8 to enter kindergarten with a love of books and ready to learn (and provides many children and low-income families with their first exposure to books and reading); Parents as Teachers Home Visiting program with an emphasis on family literacy; health screenings and referrals; and a 4-week summer pre-K KinderCamp enrichment program.

Four evaluation tools were used in the evaluation plan for this project. A Workshop Feedback form, designed to assess participant satisfaction and what parents self-reported as knowledge gain, was administered to parents at the end of each workshop. A Family Survey form was administered as part of the parents-as-teachers home visiting program at the end of the program year to learn about achievement of learning goals and other effects of exposure to the project's activities. The evaluation for the Raising a Reader program used the short Parent Survey that was developed by the Raising a Reader organization. Parents were asked to complete the survey at the beginning of the program prior to exposure of the curriculum and then again afterwards. A Kindergarten Registration Family Survey, developed by MJUSD, was administered to families one time before their child entered kindergarten (generally between April and August). The responses to this survey are intended to help teachers prepare for their new classes of children, including assessing their access to and utilization of health screening services.

Program Results

To what extent did parents and child care providers report learning to improve relationships with children?

The School Readiness project offered approximately 191 sessions of parent workshops during the first half of the 2013-14 school year. Topics included getting fit and healthy, reading together, positive discipline and healthy cooking. These sessions also included information about community resources and hands-on activities such as crafts and making cookies. The workshops lasted between about 1 and 1.5 hours and were attended by an average of 14-15 parents. Close to 60% of the sessions were held in Spanish and about 6% in Hmong. Slightly over 100 parents submitted completed workshop feedback which is described below.

Almost all of the parents attended the SR workshops to obtain help for children in their family rather than for the purpose of caring for other children professionally (Figure 22). The parents had children ranging from infants to at least 12 years old. Approximately two-thirds of these children were of pre-school age, about 12% were toddlers, about 6% were infants, and about 21% were 6 years of age or older (Figure 23).

Figure 22. Purpose for Attending the Workshop

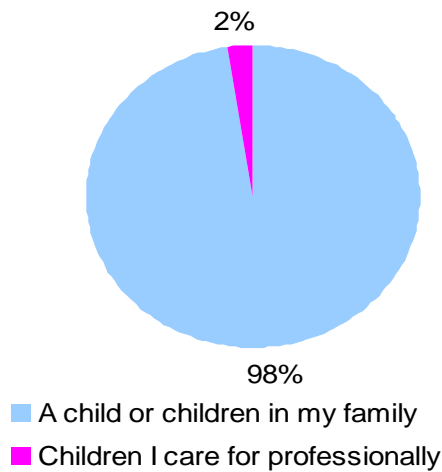
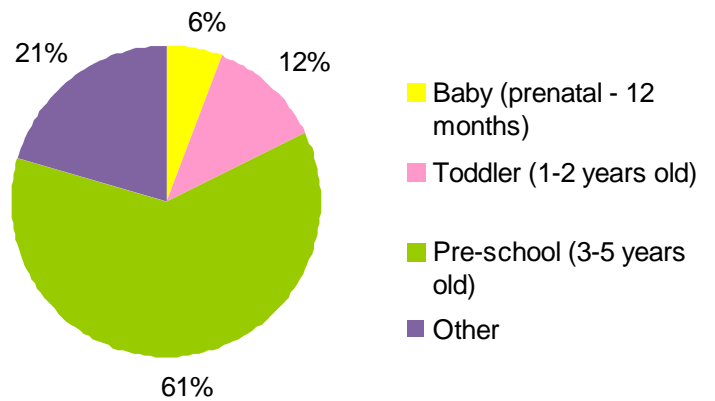


Figure 23. Age of Children Benefitting from the Program



The workshop participants were nearly uniformly in "strong agreement" that the workshop was extremely valuable and informative for them across all of the areas the survey asked about (Figure 24). Given the relatively large sample size, the strength of this endorsement is very notable.

Figure 24. Participants Level of Agreement About Workshop Features

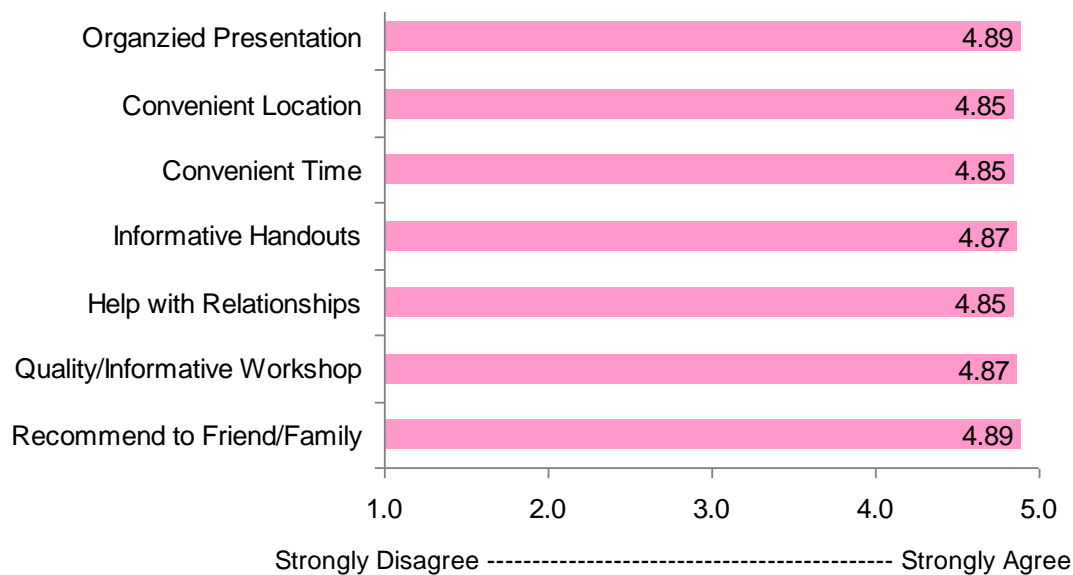


Table 23 summarizes what parents found most informative and shows some examples of how they said this will change what they do in the future as a parent. Their responses to the question of how the workshop could be improved (which about one-third answered) were primarily "everything was good" and that more of these types of workshop be offered, although a small number suggested more convenient times, the need to do more activities (without specifying what those might be), and provide more handouts with information.

Table 23. Parent Feedback about Workshop Learning and What They Will Do Differently

What was most informative?

- Helped me know how to better communicate with my children/grandchildren
- How important it is to support kids so they can have a better future
- Helped me be able to teach my kids
- Ways to talk to kids to prevent family problems

What will you do differently?

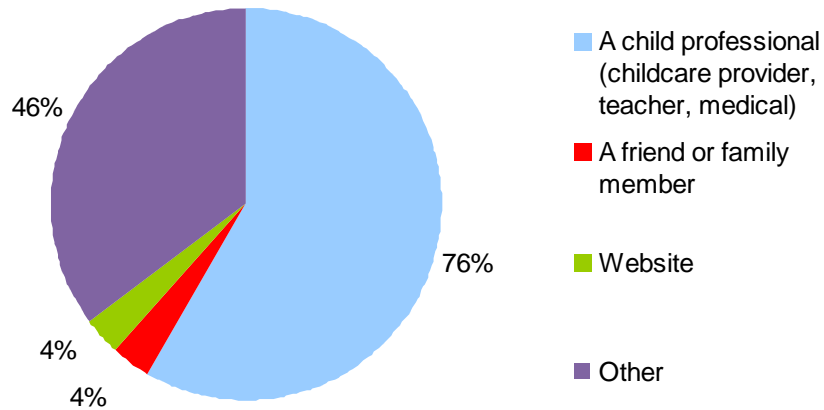
- Set and enforce rules and boundaries ("keep consistent rules")
- Give kids healthier meals/snacks ("more fruits and vegetables;" "less sugar food")
- Going to have patience with kids and going to help them without yelling
- Will give my children more respect
- Try to motivate kids to exercise
- Help kids do math instead of doing it for them ("math is important in life")

To what extent did parents achieve learning and positive behavioral goals that promote early childhood development and early literacy?

The Outreach Specialists worked with approximately 33 families during the year at all three school sites (some families dropped out and others entered), representing about 332 home visits, or 2.6 visits per family, in the Parents as Teachers Home Visitation program.

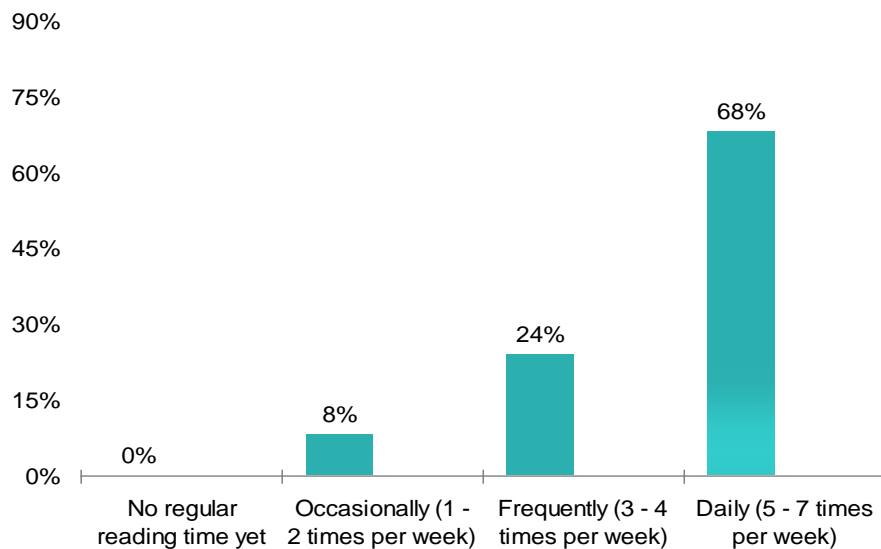
To learn about achievement of learning goals and other effects of exposure to the project's activities, 25 families completed a Family Survey at the end of the program. Most (three-quarters) of the parents indicated they had heard about the home visitation program from a community child professional (Figure 25 on the next page).

Figure 25. How Parents Heard About the Home Visiting Program



About two-thirds of the parents reported that they shared or read books with their children on a daily basis, and another quarter of them indicated that they did so several times per week. Only 8% said that they engaged in reading occasionally (Figure 26).

Figure 26. Frequency of Parents' Reading or Sharing Books with Children



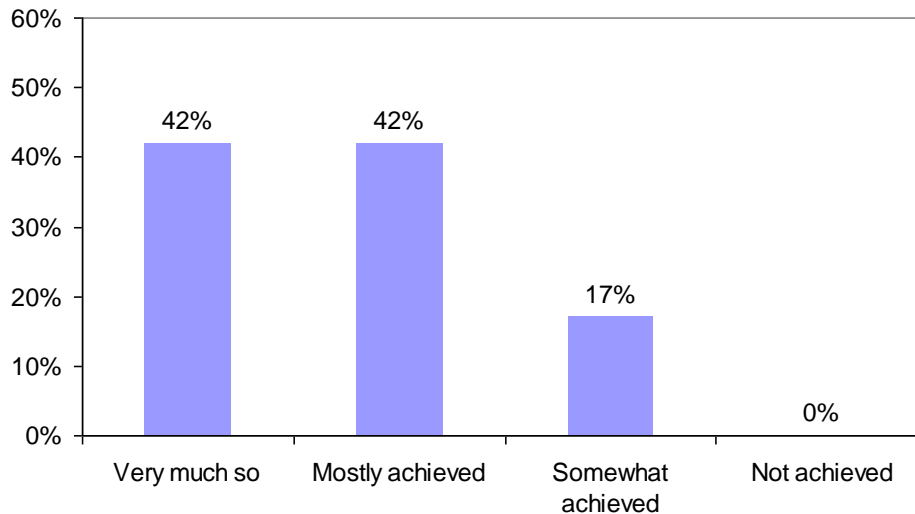
A representative example of the hopes and goals the 25 parents set for themselves—what they hoped would change as a result of working with the program—is shown in Table 24 below. Their comments center on wanting to become a more effective teacher of their child for school success and looking for ways to strengthen the parent-child relationship.

Table 24. Parent Goals and Hopes at Program Start

- Learn how to help my child learn (e.g., "so they learn what that environment is all about;" "...so she can go to a university")
- Read more with my kids
- Have more communication with my kids
- Learn how to be more organized
- Get my child to try to communicate more with other children
- Get more ideas about what to do ("for fun") with my kids

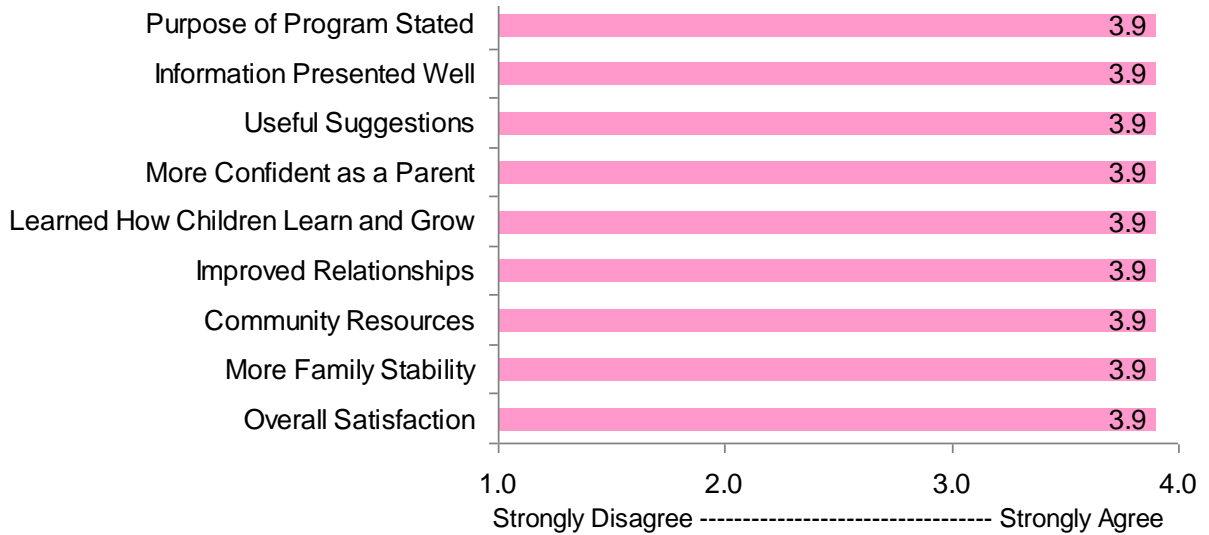
For the most part, the goals set by parents at the time of enrollment were met by more than 80% of the parents (Figure 27).

Figure 28. Extent Parents Thought They Achieved Their Pre-Program Goals



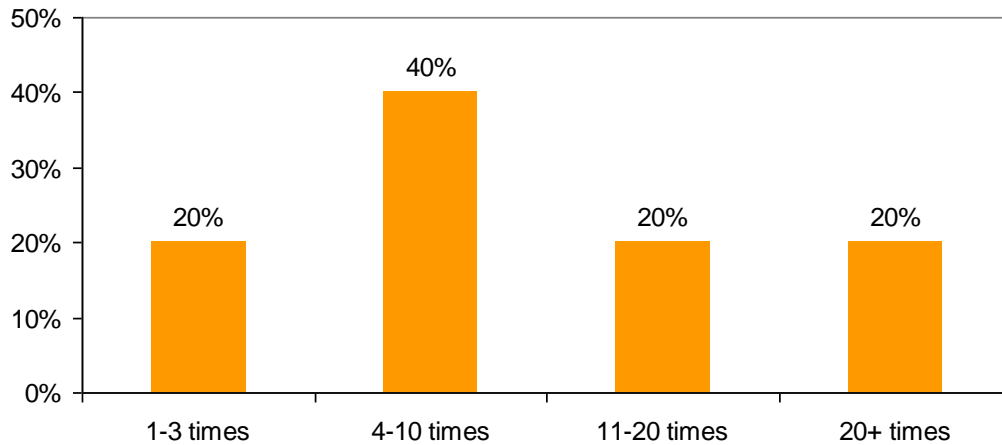
There was virtually universal "strong agreement" that the home visiting program successfully met its objectives on all of the features parents were asked to rate (mean of 3.9 of 4.0). Parents expressed essentially total agreement that participating in this program provided practical suggestions and information about community resources and how children learn and grow, instilled more confidence in parents, and led to more family stability (Figure 29 on the next page).

Figure 29. Parents' Rating of Home Visiting Program (n=25)



Of the 25 surveys that were returned, only 5 parents responded to the question about the frequency of contact (face to face, phone consult, classroom observation, home visit, meeting support or workshop) their child had with the program staff. Two respondents indicated their children had extensive contact with staff (11 or more times), and the other 3 parents reported their children had contact 10 or fewer times during the program year (Figure 30).

Figure 30. Frequency of Contact Between Program Staff and Child (n=5)



About 300 School Readiness families who participated in the Raising A Reader (RAR) early literacy and family engagement program provided feedback in "pretest" surveys. Because just over one-third of the families also completed a RAR post-survey, providing both pretest and posttest data on the same questions, the results described below are based on *matched* samples. This relatively large number of matched surveys allowed for a more sensitive evaluation of any changes that may have resulted from the program.

Figures 31 and 32 show the percentages of book-sharing frequency between children and family members—the former when a family member initiated the activity and the latter when the child initiated it. Analysis of both types of book-sharing experiences showed statistically significant increases in the children's book-sharing frequency from the pre- to the post-survey as a result of participation in the RAR program.*

Figure 31. Number of Times Child Looked at Books with Parent/Other Household Member

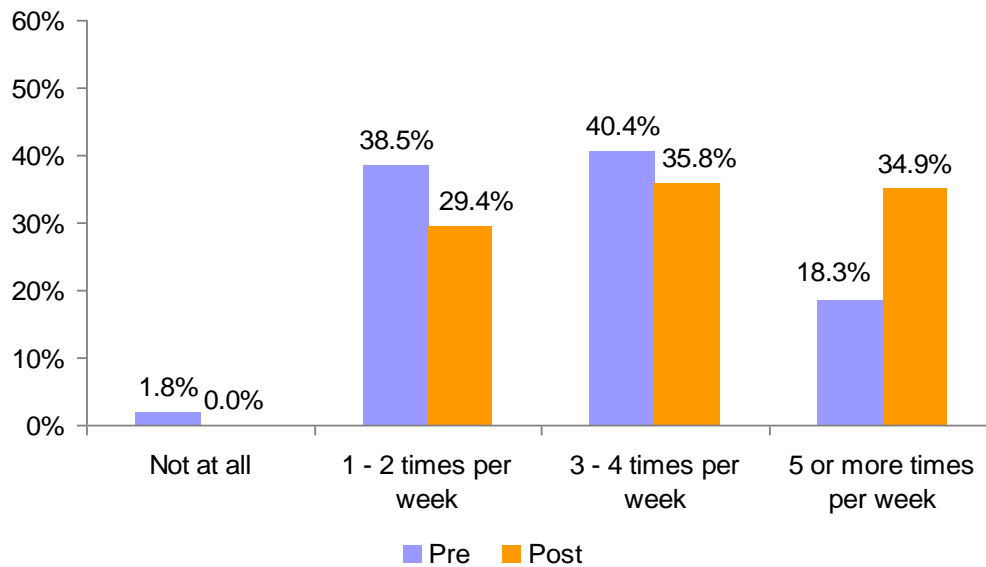
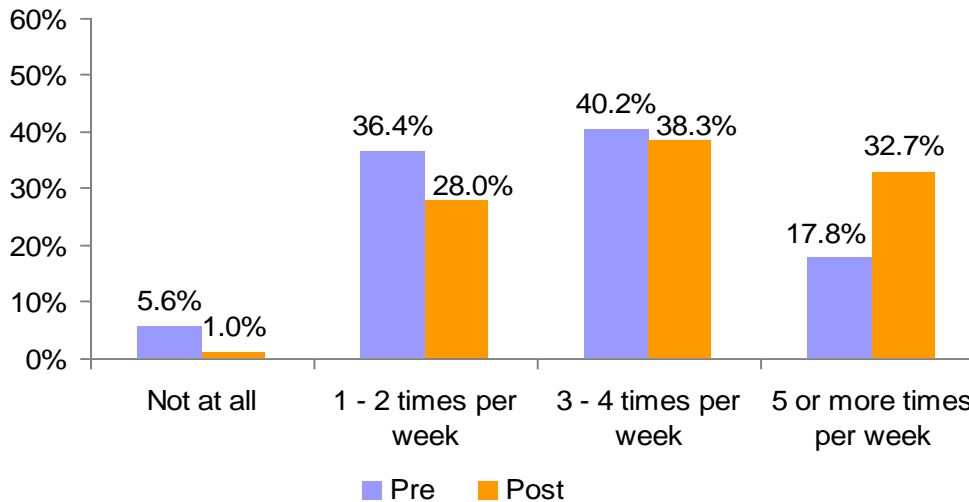


Figure 32. Number of Times Child Asked to Look at Books with Parent/Other Household Member



* With the frequency categories coded from 1 (not at all) to 4 (5 or more times), repeated measures analysis of variance showed a statistically significant ($p = .001$) increase in the means in both cases (from 2.76 to 3.06 for parent-initiated frequency and from 2.70 to 3.03 for child asking to look at books) as a result of participation in the program.



Table 25 shows the match sample's counts and percentages of how parents reported their child responded the last time they looked at books together. The frequency of positive reading/listening behaviors, which was relatively high even in the beginning of the program, shows increases in each behavior category at the end of the program. The categories of paying attention, turning pages, pretending to read, and "None of these" showed no significant changes in frequency from the pre- to the post-survey. However, the other two behavioral categories—children talking about the story and children asking questions—did yield statistically significant increases between the 2 time periods.

Table 25. Child's Response Last Time They Looked at Books with Family

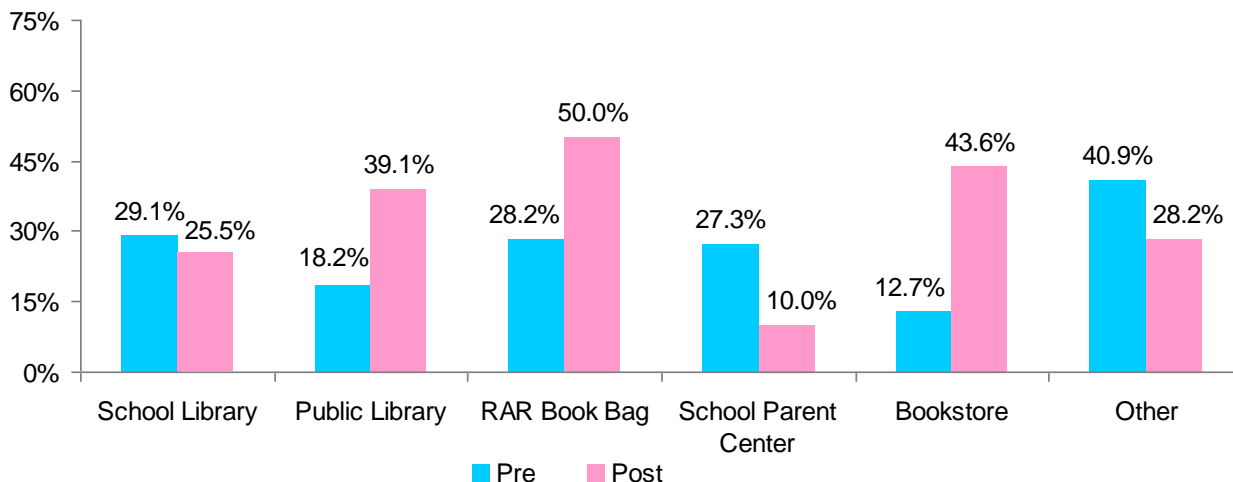
Survey Question	Pre (N = 108)		Post (N = 108)	
	n	%*	n	%*
My child paid attention to the story most or all the time.	76	70%	82	76%
My child turned the pages of the book.	74	69%	84	78%
My child talked about the story.	56	52%	70	65%
My child asked questions about the story or the book.	57	53%	78	72%
My child "read" the book to me or told me a story about the pictures.	40	37%	47	44%
None of these.	4	4%	1	.9%

*Percentages may total over 100% because participants were asked to "check as many as happened." Approximately 74% of the respondents in the pre group chose 2 or more items and 80% of the post group chose 2 or more items.

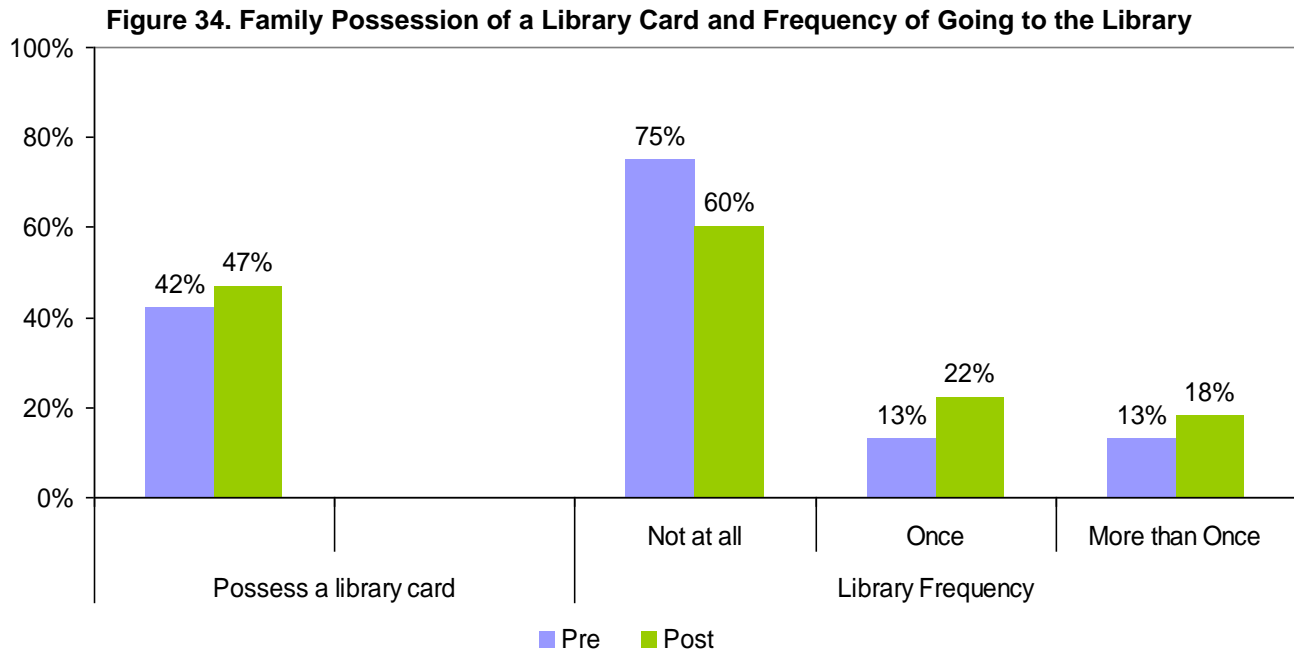
RAR asks parents to identify the places they typically find books to read with their child. Each of the sources shown in Figure 33 was evaluated separately by repeated measures analyses of variance, and all of them except "using the school library" yielded statistically significant ($p < .001$) changes from the pre- to the post-surveys. For example:

- There was a significant increase of using the public library from 18% to 39%.
- There was a significant increase of using the RAR Book Bag from 28% to 50%
- There was a significant increase of using the bookstore from 13% to 44%
- There was a significant decrease of using the school parent center from 27% to 10%

Figure 33. Place Where Parents Typically Find Books



Having a library card and visiting the library both increased at the time of the post-survey (Figure 34), though neither improvement was statistically significant. Slightly more parents reported they possessed a library card at the end of the program than at the beginning. And, about 75% at post-survey stated their children had visited the library in the past month than the proportion (60%) who reported going to the library that recently in the pre-survey.



Although there was already a good deal of enjoyment in reading to their children at the time of the initial survey, there was a statistically significant ($p = .013$) increase in the level of enjoyment at the time of the post-survey. However, the rated importance of reading to their children was endorsed so strongly at the beginning of the program that there was no room (statistically) for improvement to be seen in the post-survey (Table 26).

Table 26. Parents' Rating of Early Literacy Activities

Survey Item	n	PRE		POST	
		M	SD	M	SD
Enjoyment reading with child	96	8.5*	1.8	9.0*	1.5
Importance of reading and sharing books with child	92	9.5	1.2	9.7	1.0

Note. Scale was from 1 to 10; pre and post samples are matched.

Since TV watching can impact the home literacy environment we modified the RAR form to add questions about the frequency of TV and TV-watching behaviors. At the time of the initial survey, most families (43%) reported their children watched about 1-2 hours; the next most frequently reported category was 2-3 hours (about 23%). Relatively few parents (about 6%) indicated their children watched 4 or more hours of TV a day. When children watched TV, close to two-thirds of the families indicated they always selected the TV programs their children watched, that they sometimes watched the TV programs with their children, and that they sometimes asked their children about the TV programs (Table 27).

Because our post-survey forms were not used at the sites in 2013 no comparison data between the RAR program at the start and end are available for these measures.

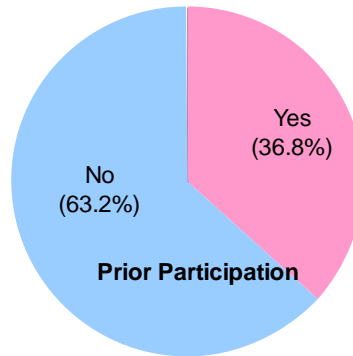
Table 27. Families' TV Watching Experiences

Survey Question	Pre-Survey (N = 140)	
	n	%
<i>About how many hours a day do your children watch TV?</i>		
1 hour or less	19	13.6%
1 - 2 hours	60	42.9%
2 - 3 hours	32	22.9%
3 - 4 hours	20	14.3%
4 or more hours	9	6.4%
<i>When your children watch TV do you...?</i>		
<i>Select the TV programs your children watch?</i>		
Always	93	68.4%
Sometimes	40	29.4%
Never	3	2.2%
<i>Watch the TV programs with your children?</i>		
Always	36	27.7%
Sometimes	91	70.0%
Never	3	2.3%
<i>Ask your children questions about the TV program?</i>		
Always	32	25.4%
Sometimes	81	64.3%
Never	13	10.3%

The majority of the families stated that had not participated in the RAR book-bag program before entering the program (Figure 35 on the next page). (This question was only asked in the pre-survey.)



**Figure 35. Had Family Participated in the RAR Book Bag Program Before?
(n=302, Pre-Survey only)**



How ready to enter kindergarten were children and to what extent had they accessed health services?

Close to 160 completed Kindergarten Registration Family Surveys were submitted for the evaluation this year. These findings provide a picture of the family and child to help teachers prepare for their new classes of children as well as give an indication of their access and utilization of health screening services.

The vast majority of families (about 84%) did not participate in any of the three school readiness activities specified in the survey (Table 28). Approximately 11.5% participated in the School Readiness Weekly Workshops, another 11.5% participated in the School Readiness Monthly Meetings, and only about 4% participated in the Whistle Walkers Program.

Table 28. Children's Prior School Readiness Experience (n=148)

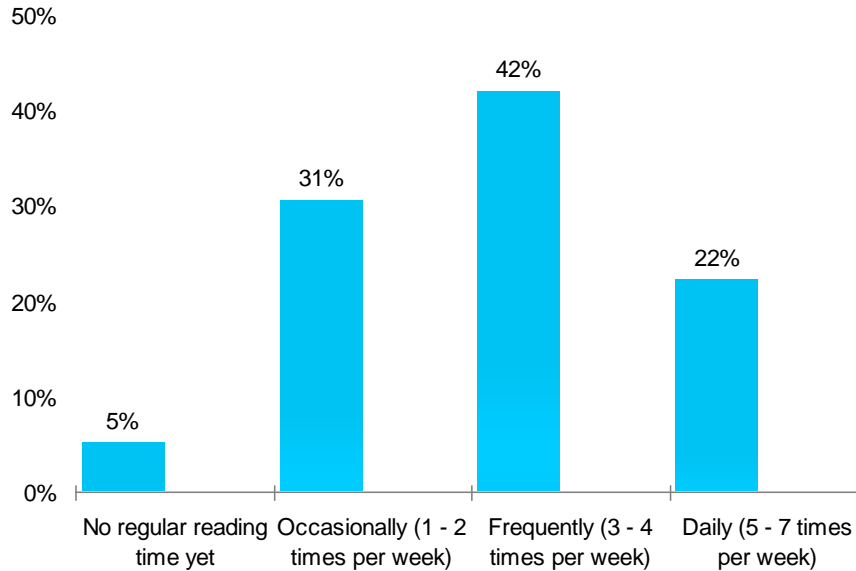
Survey Question	<i>n</i>	%*
School Readiness Weekly Workshops	17	11.5%
School Readiness Monthly Meetings	17	11.5%
Whistle Walkers Program	6	4.1%
None of these	125	84.5%

*The sum of the percentages slightly exceeds 100% because respondents could check more than one choice.

The parents indicated that less than a quarter of them or someone in their household shared or read books with their children on a daily basis; 42% indicated that they did so several times per week, and about a third said that they engaged in this activity occasionally. Only 5% reported that they had no regular reading time set aside with their children (Figure 36).

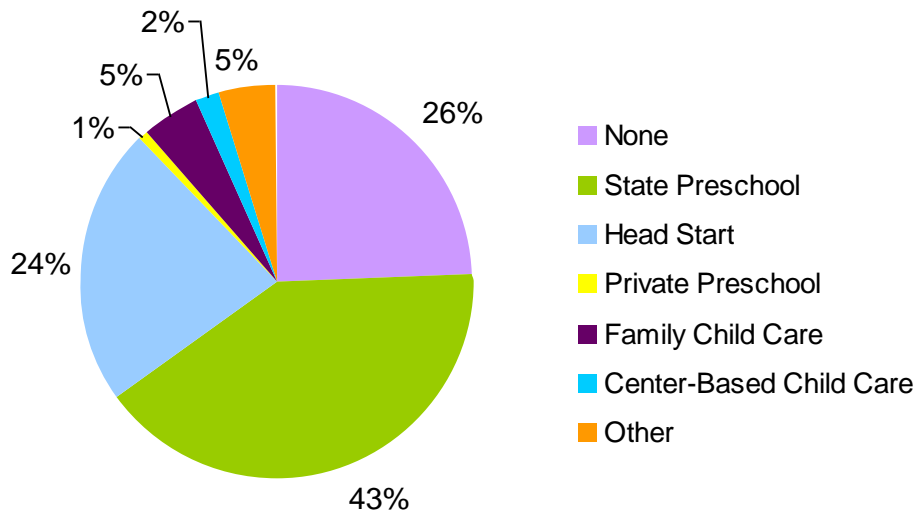


Figure 36. Frequency of Reading or Sharing Books With Child



Approximately three-quarters of the children had attended one or more type of preschool or childcare program for more than 6 months. Only 8 families indicated that their children attended 2 preschool or childcare programs; all other respondents reported that their children attended just one. Of the parents whose children attended such programs, about 43% of the children attended State Preschool, about 25% attended Head Start, a little over 5% attended Other programs, about 4.5% attended Family Child care, and 2% attended Center-based child care (Figure 37).

Figure 37. Children's Attendance (for at Least 6 Months) in Preschool or Child Care* (n=154)

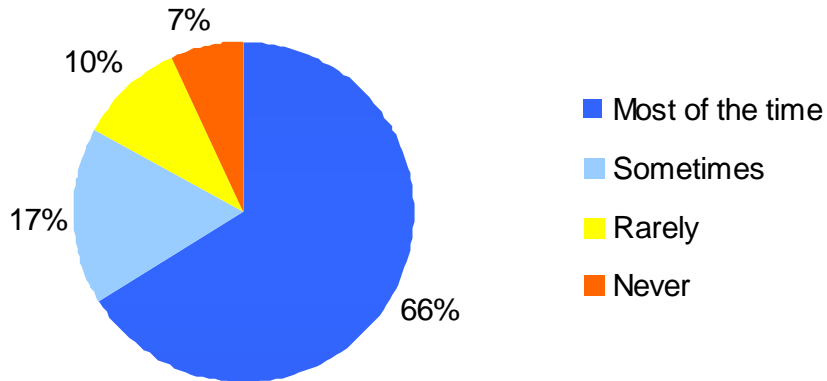


*The sum of the percentages slightly exceeds 100% because 8 respondents checked more than one choice.



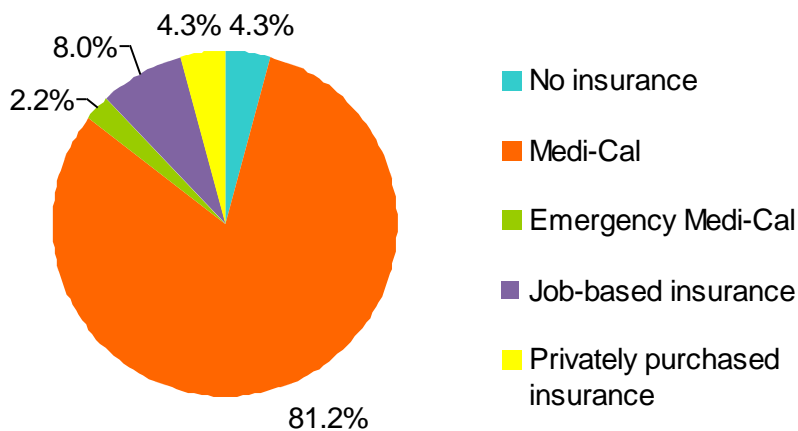
Families were also asked whether when they needed help, support or guidance, how often they had family, friends or someone they could turn to. Almost two-thirds of the respondents indicated that they had support most of the time when it was needed, and another approximately 17% said they had such support sometimes (Figure 38). However, about 17% of the parents or caregivers effectively had no support at all in times of need.

Figure 38. Availability of Support When Needed by Parent/Caregiver



Because the families that enroll their children in kindergarten in the Marysville Joint Union School District are generally low-income, over 80% of the respondents reported that they had Medi-Cal health coverage (Figure 39). Another 8% were covered with job-based insurance. Only 4.3% said that they had no health insurance.

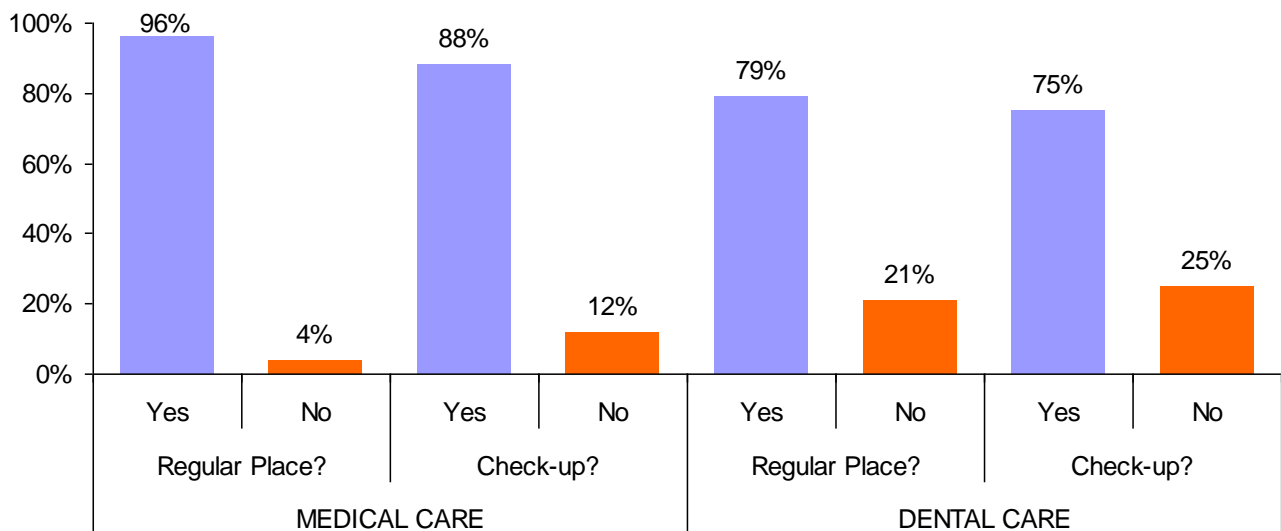
Figure 39. Type of Health Insurance Coverage for the Child



Children's access to and utilization of health care services are shown in Figure 40. More than 95% of the families said that they had a regular place to take their child for *medical care*, and about 88% of them said that their children had had a well-child check (seen by a doctor when the child was not sick) in the last year. Of the 6 respondents who stated they did not have a regular place to take their child for medical care, 3 of the 5 of them who answered the question about utilization also stated they had not taken their child anywhere for a well-child check-up.

Ability to access *dental services* was less favorable than medical services, although about 79% of the respondents said that they had a regular place for their children's dental care, and three-quarters of them said their children had a dental visit in the last year. Of the 31 respondents who stated that they did not have a regular place to take their child to for dental care, 23 (74.2%) also stated that their child has *not* had a dentist visit in the past 12 months.

Figure 40. Children's Access to and Utilization of Medical and Dental Services

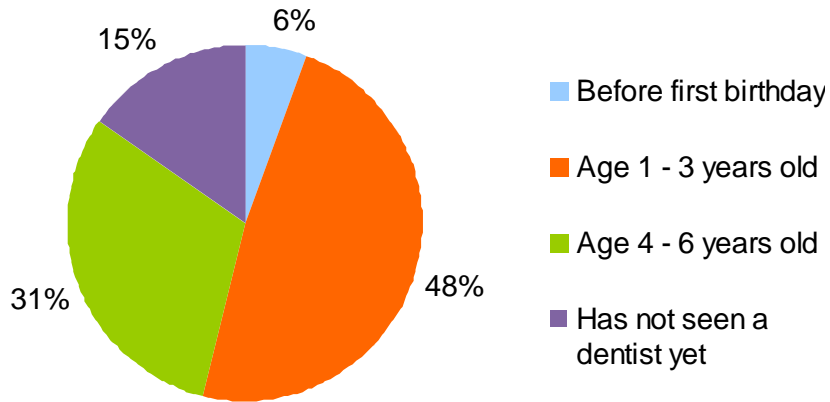


Because of the importance of children having a dental visit "with the first tooth or first birthday,"* we added a question to the RAR form about the age of the child at his/her first dental exam. Approximately 56% of parents reported that their child was between 0-3 years of age for their first dental exam (6% of parents had brought their child to a dentist before their first birthday). Of most concern, 15% of parents stated their child had never received a dental exam (Figure 41 below).

* Policies and guidelines of the American Academy of Pediatric Dentistry, American Academy of Pediatrics, et al.

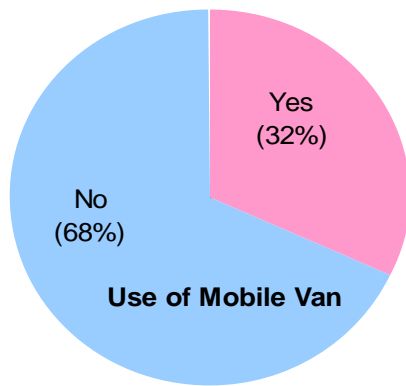


Figure 41. Age of Child at First Dental Exam (n=145)



About one-third of parents reported their child had ever used the services of the Happy Tooth Mobile (Yuba County Children’s Dental Van) (Figure 42).

Figure 42. Age of Child at First Dental Exam (n=147)



Successes and Challenges

The project documented a number of successes that confirmed parents' satisfaction and appreciation for the various program activities, such as helping families with children with challenging health conditions work with the school nurse to develop a health plan, for example for a newly diagnosed diabetic child and another child with severe allergies requiring epi-pens. The various nutrition classes (in English and Spanish) were well received and because the content was practical, creative, and "hands on" and applicable to the types of families living in Yuba County families got to experiment with healthy choices during the session to learn which new food items or recipes they would want to try at home. (For example, everyone tried and "hated" the protein shakes but "loved" the Greek yogurt with berries, nuts and cinnamon.)



Administration achievements included updating all emergency phone numbers and addresses for all of the preschool classrooms. An example of the many leveraged resources achieved was sharing space with and the collaboration between the Outreach Specialist at Ella School and Harmony Health FRC at this school site; together they were able to increase participation in the FRC, which included getting more children in for health screenings.

Extent of Direct Alignment with Strategic Plan

Result Area	Primary Impact	Strategy/Objective Addressed
Improve systems of care	✓	② – collaboration with partners and services providers ④ – services for children with disabilities and their families
Improve family functioning	✓	① – programs that increase parent education and skills
Improve child development	✓	① – services that prepare children for school ② – programs that improve preschool quality ③ – programs that increase preschool availability
Improve the health of children	✓	① – programs that promote healthy eating and physical activity ② – programs that increase access to oral health services

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project, link with the *Strategic Plan* strategies, and are able to be tracked at the community level.

- *The percent of 3-5 year olds enrolled in or who regularly attend pre-K programs.*

One-third (31%) of Yuba County parents reported in the 2011-12 California Health Interview Survey their children attended preschool or Head Start at least 10 hours a week, about double the proportion (15.5%) of children statewide. The project "demand" for children needing care (based on parents in the workforce) outstrips the available slots ("supply") for full-time preschool as well as infant/toddler care, according to the Child Care Planning Council of Yuba & Sutter Counties.

- *The percent of children with a dental visit in the last 12 months.*

In 2012, 20.6% of children age 0-3 and 51.6% of children age 4-5 with Medi-Cal in Yuba County made at least one dental within the past year, according to State Denti-Cal data. These proportions were lower than children in these same age groups statewide (25.7% and 62.0%, respectively).

- *The percent of public school students tested in 3rd grade who scored proficient or advanced on the English Language Arts (ELA) California Standards Test.*

In 2012, 46% of 3rd grade students in Yuba County scored proficient or advanced on the ELA, only slightly lower than 48% of all California 3rd-graders.



Conclusions and Recommendations

Feedback from multiple workshops, home visits, assistance with linkages to medical homes and other program activities validates the many benefits families received from this comprehensive school readiness project which has become an important resource for families with young children in the target schools. On all dimensions, the parents evaluated the program in the most positive of terms.

The impact on families from this grant has been significant—from receiving supplies of food when they are in dire need of assistance to dealing with getting health coverage and needed medical attention to learning more positive ways of handling discipline with children.

The few things the findings suggest are the number of times children have direct contact with staff in the home visitation program might need to be looked at (which could be due to the timing of the family's entry into the program during the year), and the importance of ensuring dental visits in early childhood—which school districts are required to address at kindergarten entry.

As a program improvement recommendation, we look forward to having post- as well as pre-survey information concerning TV watching behaviors at next year's evaluation.



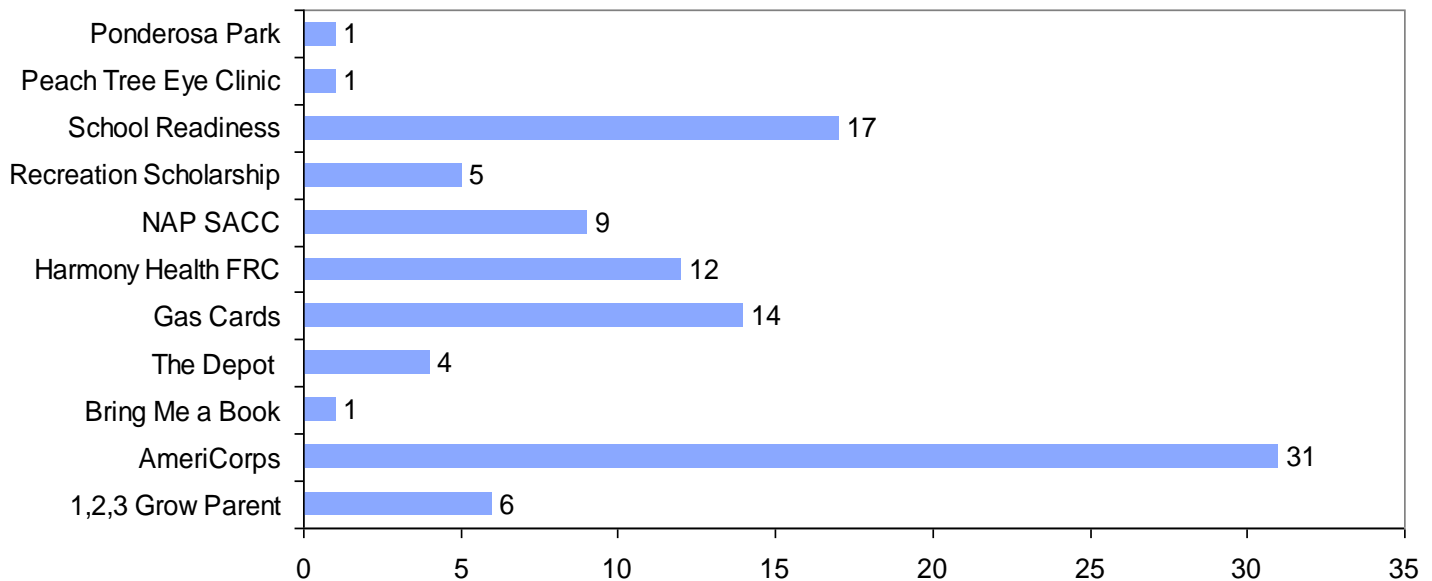
B. Systems Findings

Each major grantee reported how it leveraged resources and collaborated with other community partners.

COLLABORATION

Grantees named at least 40 collaborating agencies, including county and non-profit agencies, private businesses, media sources, educational and training institutions and partners from Yuba and adjacent counties. Figure 43 displays the reported number of organizations with whom each grantee worked during 2013. The collaborative activities ranged from referrals to services (for example, food, medical care, counseling) to sending staff to training to arranging for co-located services.

Figure 43. Reported Number of Grantee's Collaborating Partners



LEVERAGED FUNDS

The major grantees were asked to report how their FFY grant helped them leverage additional resources. Generally, the largest reported area was the success with which their FFY grant attracted other grants and donations that helped to support the program followed by in-kind volunteer hours, such as parents donating unpaid labor and skills. Together, these programs reflect a total community dollar investment of \$917,023 which represents a 41% leveraging of FFY funds by the grantees (Figure 44 and Table 29 on the next page). Note that this information reflects what the grantees understood as the meaning of "leveraged funds," which could be inconsistent from agency to agency.



Figure 44. FFY Grant Investment and Reported Additional Leveraged Resources, Calendar Year 2013

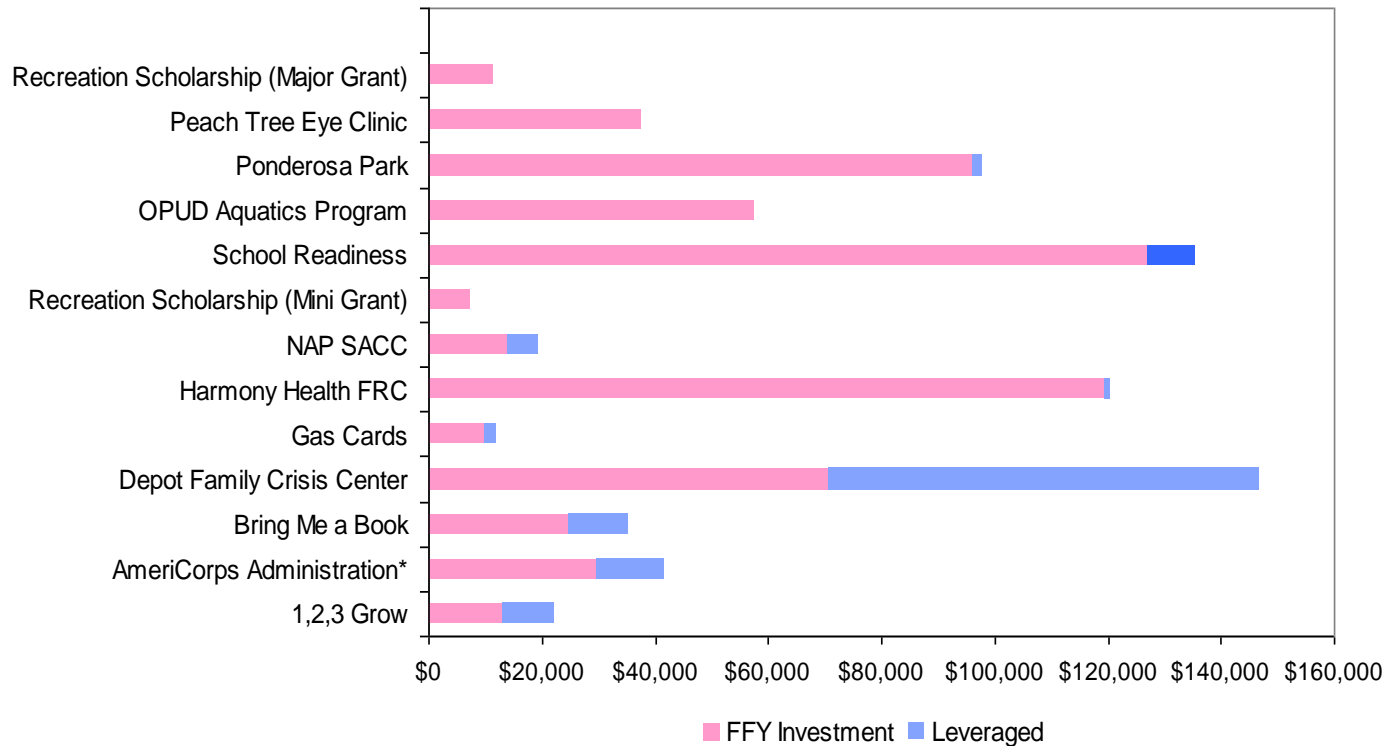


Table 29. FFY Grant Investment and Reported Additional Leveraged Resources, Calendar Year 2013

	FFY Dollar Investment	Leveraged Resources <i>(reported cash & in-kind)</i>	Total Community Investment	% of FFY Investment Leveraged
1,2,3 Grow	\$ 18,574	\$ 9,092	\$27,666	49%
AmeriCorps Administration	\$ 31,385	\$ 11,900	\$43,285	38%
AmeriCorps*	\$ 67,725	--	--	--
Aquatics Program	\$ 57,475	\$ 0	\$57,475	0%
Bring Me a Book	\$ 17,950	\$ 10,526	\$28,476	43%
Depot Family Crisis Center	\$ 70,399	\$ 76,182	\$146,581	108%
Gas Cards	\$ 7,500	\$ 2,028	\$9,528	28%
Harmony Health FRC	\$119,488	\$ 38,300	\$157,788	32%
NAP SACC	\$ 14,075	\$ 5,200	\$19,275	37%
Ponderosa Park	\$124,610	\$ 7,000	\$131,610	6%
Peach Tree	\$ 37,473	\$ 0	\$37,473	0%
Recreation Scholarship**	\$ 17,826	\$ 0	\$17,826	0%
School Readiness	\$139,527	\$137,913	\$277,440	99%
Total	\$724,007	\$298,141	\$954,423	41%

*Contract with PCA CA.

**Mini and major grants.



SECTION II.

OVERVIEW OF GRANT ALIGNMENT WITH FFY 2011-16 STRATEGIC PLAN RESULT AREAS



The four overarching results areas in the *2011-2016 Strategic Plan* are consistent with the focus and intent of the Children and Families Act and include the following areas: improve systems of care, improve family functioning, improve child development, and improve child health. The chart below summarizes the extent to which the major programs funded during 2012-13 and included in the evaluation were most directly aligned with the Strategic Plan,* and hence were areas where Commission funding impacted specific strategies and objectives.

Table 30. Summary of Direct Alignment with Strategic Plan and Reach of Commission Funding

	1,2,3 Grow Parent	AmeriCorps	BMAB	The Depot	Gas cards	Harmony Health FRC	NAP -SACC	Peachtree	Ponderosa Park	OPUD Aquatics	Recreation Scholarships	SR
Improve Systems of Care												
#1: Support FRCs												
a) Support culturally appropriate FRC services	•	•				•						
b) Support collaboration between FRCs and schools	•	•				•						
#2: Collaborate with partners and service providers												
a) Convene to identify strategies in high-need areas		•		•		•	•	•				•
b) Convene to ensure outreach/messaging		•		•		•	•	•	•	•	•	•
c) Convene to discuss and identify duplications		•		•		•	•	•				•
#3: Support transportation												
a) Support vouchers					•							
b) Advocate at Unmet Transit Needs Hearings					•							
c) Convene to discuss informal transportation methods					•							
#4: Support families with children with disabilities												
a) Increase awareness and access					•							•
b) Leverage resources w/ partners for playground equipment									•	•		
c) Support recreational programs for children with disabilities							•		•	•	•	•
Improve Family Functioning												
#1: Support increased parent knowledge and skills												
a) Increase culturally appropriate education and info resources	•	•	•	•		•						•
b) Support programs throughout the county	•	•	•	•		•						•
c) Support formation of coalitions of service providers	•	•		•		•						•

* Although other grant-funded activities were related to many of the Strategic Plan areas, they were not directly aligned.

	1,2,3 Grow Parent	Americorps	BMAB	The Depot	Gas cards	Harmony Health FRC	NAP -SACC	Peachtree	Ponderosa Park	OPUD Aquatics	Recreation Scholarships	SR
Improve Family Functioning (continued)												
#2: Support free community events for families												
a) Support free community events with educational programs		•		•		•			•	•	•	
b) Attend community events to educate residents about FFY		•		•		•			•	•	•	
#3: Support child and parent mental/behavioral health												
a) Increase community awareness and access to programs				•								
b) Advocate for substance abuse treatment and MH programs				•								
c) Support MH programs, including for postpartum depression				•								
Improve Child Development												
#1: Support school readiness services												
a) Support a range of services to prepare children for school	•	•	•	•		•						•
b) Support availability of child dev behavioral specialists	•	•		•		•						•
c) Support family literacy	•	•	•	•		•						•
d) Support parental involvement activities	•	•	•	•		•	•				•	•
#2: Support child care and preschool quality												
a) Support ECE workforce development	•	•		•		•	•					•
b) Support education/training for challenging behaviors	•	•		•		•	•					•
c) Work with partners to help family/non-traditional providers	•	•		•		•	•					•
#3: Support increased availability of child care/preschool spaces												
a) Support increased subsidized/non-subsidized spaces	•	•		•		•						•
b) Initiate conversation with CHS and CCPC to address needs	•	•		•		•						•
Improve Child Health												
#1: Support healthy eating and physical activity												
a) Work with community partners to establish programs	•	•				•	•					•
b) Develop childhood obesity educational materials to distribute	•	•				•	•					•
c) Continue to support organized in- and outdoor rec programs	•	•				•	•		•	•	•	•
#2: Support increased access to oral health services												
a) Support oral health programs, including community fluoridation	•	•				•	•					•
b) Survey DDSs/conduct key informant interviews re. anesthesia												
c) Work with FRCs re. feasibility of adding Dental Outreach Wrkr						•						•
#3: Support increased access to health care services, including enrollment												
a) Establish a task force to develop health access improvement												
b) Work with FRCs to increase application/enrollment assistance						•	•					
#4: Support the provision of safe play areas												
a) Support increased sun-protected outdoor play areas over								•	•			
b) Identify opportunities to create indoor safe play areas										•		

To the extent that programs continue to be funded in the areas with high alignment, First 5 Yuba, along with other Yuba County partners and stakeholders, can track and monitor progress for children 0-5 and their families as an indication of the long-term effectiveness of its work. The result areas with relatively little or no direct alignment suggest opportunities for future strategic planning and grantmaking.



SECTION III.

GENERAL RECOMMENDATIONS TO STRENGTHEN EVALUATION



We appreciate the collaborative relationship we've developed with FFY and its grantees and appreciate the progress that's been made with grantees remembering to include client identifiers on evaluation forms (either a name or some sort of client number), marking them as pre or posttests (so we can have more matched samples of data), completing the Data Submission Cover Sheets we created, and other improvements that affect the evaluation. We appreciate FFY facilitating requests to resolve certain reporting issues. The improvements have helped to increase accuracy and our ability to analyze the data.

The general recommendations below are based on our observations during 2013, experience as evaluators and child health and education professionals, and knowledge of similar programs elsewhere in the state, and are provided strengthen the next FFY evaluation.

Having the grant funding cycle on a fiscal year (July 1 – June 30) and the evaluation on a calendar year (January 1 – December 31) makes it challenging to obtain some of the pre- and post-surveys in the same evaluation reporting period. FFY may want to consider switching future evaluation reporting periods to coincide with grant periods when the next round of major grants is made.

Because BAA became the evaluation contractor after most of the evaluation tools prepared by the previous contractor were already in use, we suggested only minor modifications to the forms. There is room for evaluation improvement, however, as well as opportunities to increase the robustness of the data First 5 projects can capture. For example, many local First 5s use the CA Office of Education DRDP (Desired Results Developmental Profile) Infant/Toddler and Preschool forms for pre/post assessment of children's developmental growth in language, literacy, emotional-social, math concepts and other domains. The use of these forms can be incorporated into several relevant FFY projects if there is grant support for it; a marginal increase in costs is likely. Similarly, we saw an opportunity for one project (The Depot) to document the impressive long-term impact their project is making and pointed out the great value in capturing long-term outcomes whenever this is possible. These are areas for the Commission to consider in future grant support. We will be working with Commission staff during 2014 in making some of the changes to the existing evaluation-related forms, as has been discussed elsewhere.

When there is turnover of grantee staff of those positions that administer and collect evaluation tools, we recommend new staff always be oriented to understanding and using the current evaluation forms and in helping program recipients who may need extra help to complete any self-administered forms.

Our review of the relevant child health and other community indicators that align with the Commissions Strategic Plan, as well as some of the larger projects' findings, suggest areas of need in Yuba County for future priorities. We've described some of these need areas in the above

individual grantee reports, but want to reiterate as one example access to early oral health services as an important area where the Commission may wish to focus.

Prior to the next major grant cycle—and before the next strategic plan update—we recommend the Commission support a First 5-focused needs assessment/gap analysis, particularly addressing the indicators with the greatest local variance from state and national benchmarks. For example, while over 83% of women statewide began prenatal care in their first trimester of pregnancy, only two-thirds of pregnant women in Yuba County did so (2009-2011 average), offering an opportunity to direct more strategic grant support for improving birth outcomes.

Finally, we suggest the Commission share the results of this evaluation report with the 2013 grantees and sponsor a learning forum for grantee staff to provide feedback and share additional findings and recommendations not captured by this report that can enhance future evaluations and grantmaking. If the Commission agrees, we will work with FFY staff to plan and convene this forum following the March 2014 Commission meeting.

