

First 5 Inyo County Evaluation Report 2019-2020

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Introduction

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

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

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

OUR VISION: All Children in Inyo County will thrive.

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

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

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

This report will address each of the four Focus Areas from the 2019-2024 Strategic Plan for First 5 Inyo, reflecting Proposition 10 and Small Population County Funding Augmentation (SPCFA) investments. Each Focus Area will include highlights of each program’s goal, services delivered, and outcomes achieved. Each section will conclude with a discussion and overview of lessons learned and next steps.

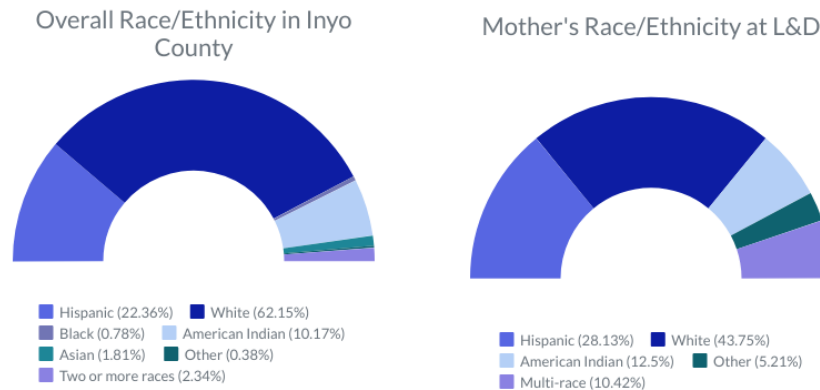
Overview of Inyo County

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

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



Children zero to five and their families are more racially and ethnically diverse than the overall county demographics. For example, mothers giving birth in Inyo County have higher percentages of Hispanic, American Indian, and Multi-Race. See figure below for comparison.⁴⁵



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

² American Community Survey 2019 ACS 5-Year Estimate Data Profile

<https://data.census.gov/cedsci/table?q=inyo%20county&tid=ACSDP5Y2019.DP05&hidePreview=false>

³ American Community Survey In the Past Twelve Months

<https://data.census.gov/cedsci/table?q=Inyo%20County,%20California%20Income%20and%20Poverty&tid=ACSST5Y2019.S1701>

⁴ American Community Survey 2019 Demographic and Housing Estimates

<https://data.census.gov/cedsci/table?q=Inyo%20County,%20California%20Race%20and%20Ethnicity&tid=ACSDP5Y2019.DP05&hidePreview=false>

⁵ California Department of Public Health California Vital Data (Cal-ViDa) query tool, births in 2019 by place of residence of mother

<https://cal-vida.cdph.ca.gov/VSQWeb>

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

⁷ KidsData.org Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASPP), by Grade Level

<https://www.kidsdata.org/topic/127/reading-caaspp-grade/table#fmt=133&loc=358&tf=124&ch=1249&sortColumnId=0&sortType=asc>

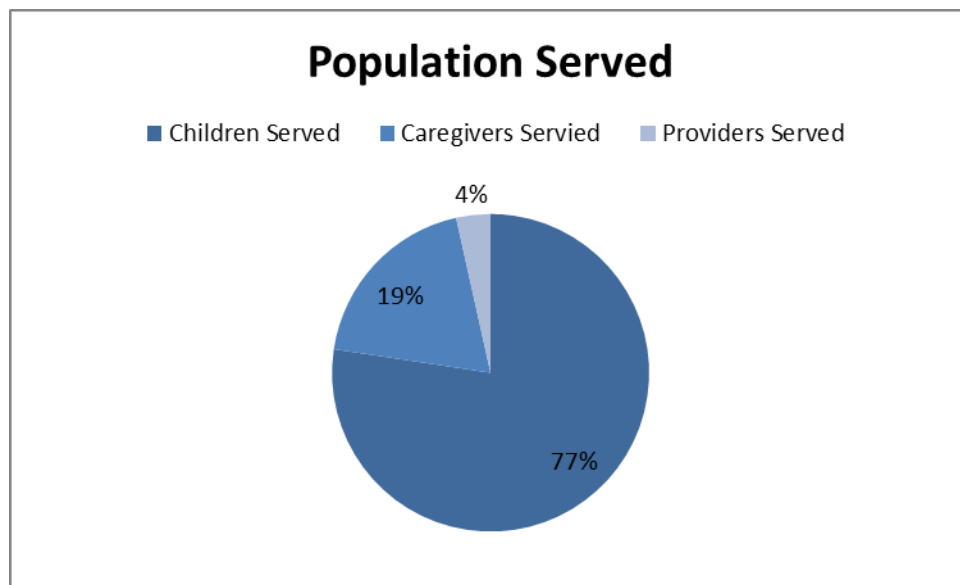
Inyo County contains astounding natural diversity. It includes Owens Valley and parts of Death Valley, and is located between the Sierra Nevada Mountains and the White Mountains along the California and Nevada border. It is the second largest county by area in California with 10,140 square miles; and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

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

Overview of Fiscal Year 2019-2020

Population Served

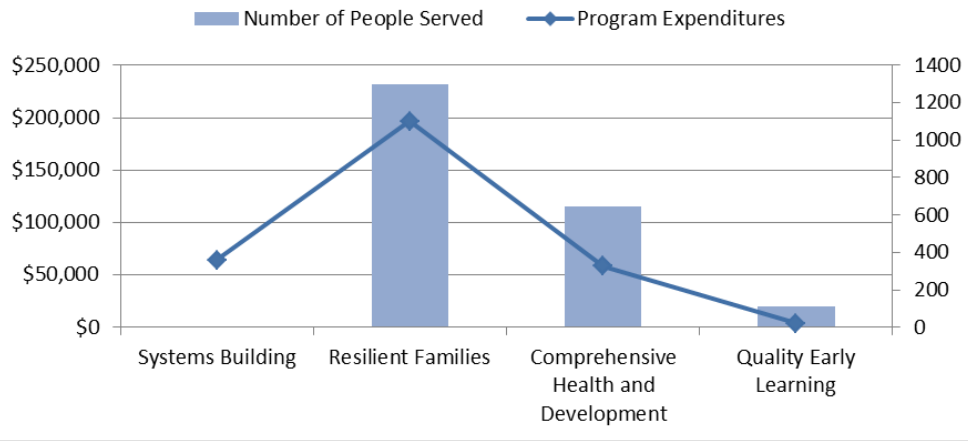
In Fiscal year 2019-2020, 1,594 children, 394 parents and 72 providers were served by First 5 Inyo County. These numbers are possibly duplicated across programs, if a child or family receives multiple services from multiple programs.



Funding

The total spending for Fiscal Year 2019-2020 was \$403,955 which is \$324 under revenues of \$404,279. Our ending fund balance as of June 30, 2019 was \$814,160. Overall, spending included \$322,991 in Programs, \$73,450 in Administration, and \$7,514 in Evaluation.

Expenditures by Focus Area and Total Served



Focus Area 1: Systems Building

The Systems Building Focus Area is one of two new focus areas for First 5 Inyo County, identified by the Commission during the needs assessment and strategic planning process in early 2019. First 5 Inyo County began to facilitate two collaborative cross-agency groups following the 2019 Strategic Plan: Inyo County Perinatal Taskforce and Team Inyo for Family Strengthening, whose collective goal is to ensure systems are integrated and strategic in their approaches to strengthening and supporting families.

- Inyo County Perinatal Taskforce:** the Perinatal Taskforce is made up of agencies who serve women and infants in the prenatal to postpartum period. In fiscal year 2019-2020, the taskforce focused on maternal mental health to improve service coordination and improve connections to services.
- Team Inyo for Family Strengthening:** the Family Strengthening Collaborative is co-hosted by Dr. Helvie with Bishop Pediatrics with the goal of ensuring a safe and nurturing home environment for all children. In fiscal year 2019-2020, the taskforce focused on improving knowledge among direct practitioners about the availability of services through quarterly meetings, an online resource list, and creation of a community-wide Multidisciplinary Team meeting.

SYSTEMS BUILDING LOGIC MODEL

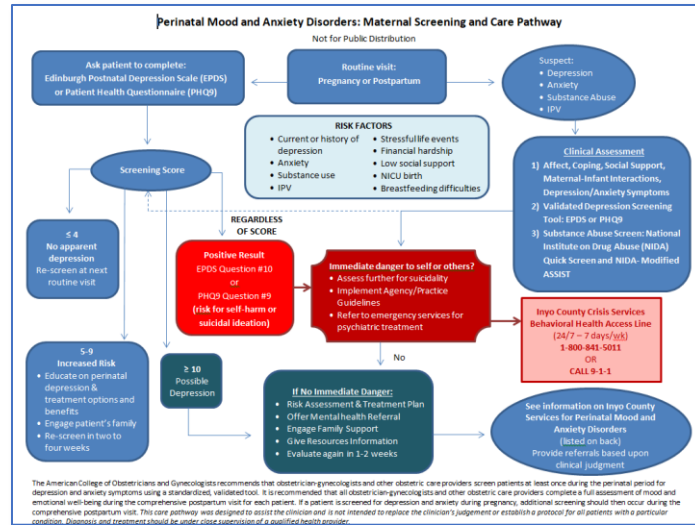
Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Meeting location/zoom 	Inyo County Perinatal Taskforce: <ul style="list-style-type: none"> Facilitate bi-monthly taskforce meetings on second Thursday at noon 	<ul style="list-style-type: none"> Number of children/families referred to services, particularly children or families in priority groups 	<ul style="list-style-type: none"> Improve service coordination and improve connections to services 	County systems are integrated, strategic, and culturally responsive in their approaches to strengthening and supporting families.
<ul style="list-style-type: none"> Staff hours Meeting location/zoom 	Team Inyo for Family Strengthening <ul style="list-style-type: none"> Facilitate quarterly collaborative meetings on last Tuesday at 3pm 	<ul style="list-style-type: none"> Number of services known 	<ul style="list-style-type: none"> Improved knowledge among direct practitioners about the available services and eligibility requirements 	

INYO COUNTY PERINATAL TASKFORCE

What services were delivered? Who was reached with those services?

Twenty two providers attended bi-monthly meetings of the Inyo County Perinatal Taskforce in fiscal year 2019-2020. This included staff from Northern Inyo Healthcare District, Bishop Pediatrics, Toiyabe Indian Health Project, Inyo County Health & Human Services. Staff represent behavioral health, occupational therapy, labor & delivery, social work, registered dietician, rehabilitation, public health, women’s clinic, and care coordination.

With a focus on maternal mental health, led by Public Health, the Taskforce created a Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway to improve service coordination and connection to services. A picture of the pathway is shared below. Additionally, funded by Inyo County Health & Human Services, a Postpartum Support International Mood Disorder training was brought to Bishop, CA, with 34 local providers attending the training.



To what extent were intended outcomes achieved?

No individual client or service data was collected in fiscal year 2019-2020. This is an area of improvement for the Taskforce to work on.

Lessons learned and next steps

The Perinatal Taskforce missed one meeting in the early months of the pandemic while services were transitioning. As the taskforce met towards the end of fiscal year 2019-2020 after the brief break, providers saw the need for coordination more than ever. It will be interesting to see how the focus and emphasis of the Taskforce shifts as the pandemic unfolds.

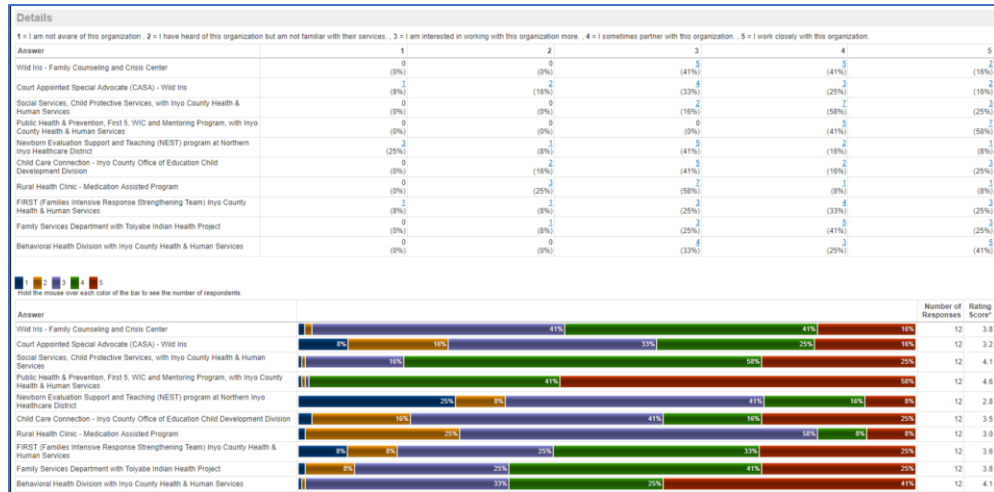
TEAM INYO FOR FAMILY STRENGTHENING

What services were delivered? Who was reached with those services?

In partnership with Bishop Pediatrics, the Team Inyo for Family Strengthening Collaborative first met in August 2019. At this initial convening, staff were given a survey before attending regarding their knowledge of programs serving children and families. At the first meeting, staff shared about their respective agencies and programs in a roundtable style. Subsequent meetings focused on visioning for the future, identifying action steps and envisioning a coordinated network. Activities were identified, primarily creating an online resource list for providers including referral forms needed, and creating a community wide multidisciplinary team to better coordinate services and identify families at risk. Lastly, Dr. Helvie, the lead pediatrician at Bishop Pediatrics, received a Community Access to Child Health (CATCH) grant from the American Academy of Pediatrics in support of this collaborative work.

To what extent were intended outcomes achieved?

At the beginning of the collaborative, staff knowledge about the available services and eligibility requirements of programs was assessed. See figure below. One provider shared in their survey response, "The time is ripe for more meaningful collaboration among our Inyo County service providers. I am excited to see where our ideas and motivation will take us!"



A second survey will be conducted in fiscal year 2020-2021 to assess change in knowledge.

Lessons learned and next steps

After a brief hiatus during the early months of the pandemic, the collaborative returned to regular meetings in June 2020. With the dedicated support of Bishop Pediatrics and the CATCH grant, staff will continue to focus on furthering the goals and activities identified in the early days of the collaborative. In addition to those goals, we would like to continue to focus on the sustainability of this group after the grant ends, and transitioning to a formal structure like a child abuse prevention council.

Focus Area 2: Resilient Families

The Resilient Families focus area goal is to ensure families are resilient and raising happy, healthy, and thriving children. First 5 Inyo County strives to reach vulnerable families who are in need of supports. Programs in this focus area include Triple P Positive Parenting Program, You & Me Under Three Home Visiting Program, FIRST Wraparound, and Reach Out and Read.

- The **Triple P Positive Parenting Program** is an evidence based program that gives parents the skills they need to build strong family relationships, manage misbehavior and prevent problems from happening in the first place.
- **You & Me Under Three Home Visiting Program** is a local home visiting model utilizing the Parents as Teachers foundational curriculum to provide education in the home to Inyo County’s most high risk families.
- The **Families Intensive Response & Strengthening Team (FIRST) program** is guided by the principles of wraparound, working to keep children at home with through an intensive family driven planning process.
- **Reach Out and Read** is an evidence based program where pediatrician’s prescribe reading during each well child visit, and send the family home with an age-appropriate book.

The primary outcome outlined in the logical model below is to see a change in parents’ knowledge of parenting. This is measured through various tools such as the Parenting Scale and the Life Skills Progression.

RESILIENT FAMILIES LOGIC MODEL

Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> • Staff hours • Educational materials • Referral agencies 	Triple P Positive Parenting Program: <ul style="list-style-type: none"> • Implement Levels 1, 2, and 4 of the Triple P Positive Parenting Program 	<ul style="list-style-type: none"> • Number of parents reached in PPAM (<i>Level 1</i>) • Number of seminars (<i>Level 2</i>) • Number of parents attending a seminar (<i>Level 2</i>) • Number of classes in the community (<i>Level 4</i>) • Number of classes in the jail (<i>Level 4</i>) • Number of parents of parents who attended one or more session of Triple P (<i>Level 4</i>) • Number of parents who graduated from the Triple P program (<i>Level 4</i>) 	<ul style="list-style-type: none"> • Parents demonstrate decreases in laxness, over-reactivity, and hostility on the Parenting Scale (<i>Level 4</i>) 	<p>Families are resilient and raising happy, healthy, and thriving children.</p>
<ul style="list-style-type: none"> • Staff hours • Educational materials • Referral agencies 	You and Me Under Three Home Visiting Program: <ul style="list-style-type: none"> • Implement a home visiting program using the Parents as Teachers foundational curriculum 	<ul style="list-style-type: none"> • Number of referrals received • Number of families enrolled • Number of parents who graduated from the Home Visiting program 	<ul style="list-style-type: none"> • Parents’ scores on the Life Skills Progression scale (will be refined as program develops) 	
<ul style="list-style-type: none"> • Staff hours • Educational materials 	HHS FIRST Wraparound: <ul style="list-style-type: none"> • Provide targeted family support through the FIRST program 	<ul style="list-style-type: none"> • Number of families engaged in FIRST intervention 	<ul style="list-style-type: none"> • Parents demonstrate increase in protective factors including parental resilience, knowledgeable parenting routines, resource connections, early childhood service participation, and positive social connections. 	
<ul style="list-style-type: none"> • Staff hours • Pediatric clinic staff • Books 	Reach Out and Read: <ul style="list-style-type: none"> • Distribute books to families in pediatric settings 	<ul style="list-style-type: none"> • Number of books distributed • Number of providers trained to distribute books • Number of providers distributing books 	<ul style="list-style-type: none"> • Increase percentage of parents who read to their children 15 minutes each day (<i>need to decide how to measure this</i>) 	

TRIPLE P POSITIVE PARENTING

What services were delivered? Who was reached with those services?

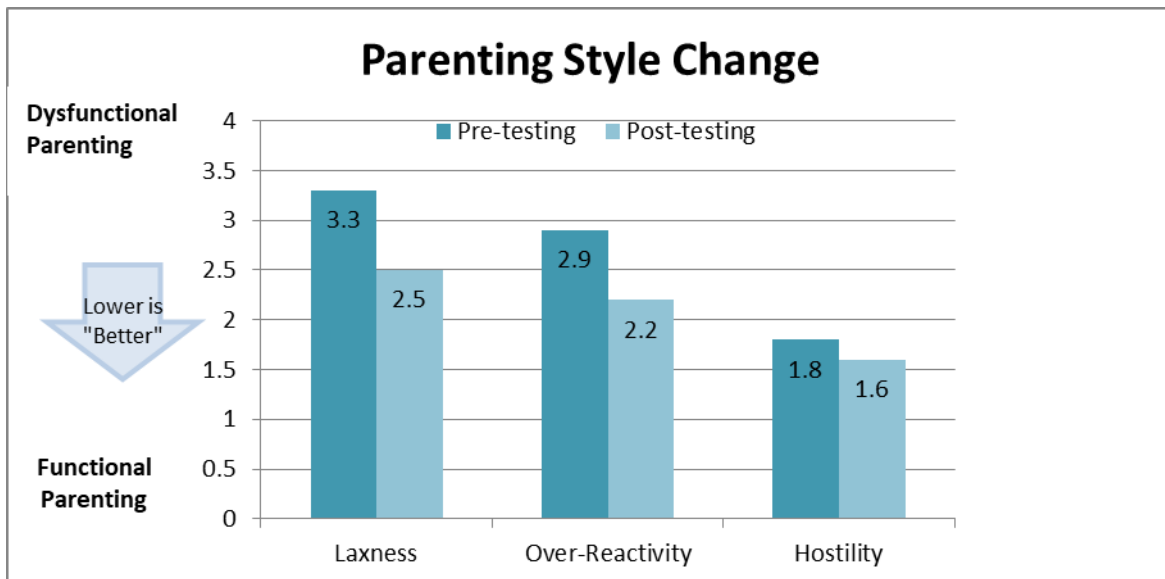
Triple P workshops, classes and education were offered to 66 parents in the community and county jail.

- 25 parents participated in two Level 2 Seminars
- Four individual parents participated in Level 3 Primary Care
- 37 parents participated in five classes of Level 4 Group and one Level 5 Pathways

15 parents graduated from an eight week intensive Level 4 or Level 5 Triple P class, for a completion rate of 40%.

To what extent were intended outcomes achieved?

Parents completing a Triple P Group or Pathways class (n=11) completed pre- and post-tests using the Positive Parenting Scale to parenting styles of laxness, over-reactivity, and hostility. As seen in the table below, parents' levels of laxness and over-reactivity decreased by about 25% from pre- to post-test, and hostility decreased by about 11%. Overall, intended outcomes were achieved, with Triple P parents developing more positive parenting styles.



Additionally, a new Parent Satisfaction Questionnaire was implemented. Graduating parents (n=12) indicated the Triple P program has helped them to deal more effectively in handling their child's behavior. One parent indicated their Triple P ah-ha moment was, "Telling my kids thank you and I love you every day."

Lessons learned and next steps

Triple P Positive Parenting Program continues to be the most significant investment for First 5 Inyo County. Offering classes where parents are, in the community and in the jail, ensures we

reach our most vulnerable and needy families. The biggest success of the year is expanding to Triple P Levels 1-5, adding in Level 2 Seminars and Level 3 Primary Care. Providing a multitude of delivery modes allowed us to reach more parents. There were two significant challenges: losing two Triple P trained staff and the pandemic putting classes on hold. After February no Triple P classes were offered. As the pandemic continues, staff will focus on shifting classes virtually, continuing services in the jail, and hiring and training new staff.

YOU AND ME UNDER THREE HOME VISITING PROGRAM

What services were delivered? Who was reached with those services?

Zero families were served. Home visiting activities focused on hiring staff, training in Parents as Teachers Foundational Curriculum, and developing procedures for the program.

To what extent were intended outcomes achieved?

Outcomes of the home visiting program will be evaluated using the Life Skills Progression scale. This outcome will be refined as the procedures are developed and the program matures.

Lessons learned and next steps

The home visiting program experienced a slowed start due to the pandemic. Just as staff were hired, trained in Parents as Teachers foundational curriculum, and a program procedures developed, the stay-at-home order went into effect and staff were sent home and in-person client interactions stopped. The program was launched in March 2020, and efforts through June primarily focused on promoting the program and informing partners of how to refer. Referrals began to be received in July 2020. Staff will focus on continuing to develop procedures, promote the program, and serve families virtually in FY 2020-2021.

HHS FIRST WRAPAROUND

What services were delivered? Who was reached with those services?

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

In fiscal year 2019-2020, FIRST served eight families with 15 children aged five and under.

To what extent were intended outcomes achieved?

Families’ parental resilience, knowledgeable parenting routines, resource connections, early childhood service participation, and positive social connections are assessed to show how participation in FIRST increased protective factors.

Eight families with children aged 5 or younger during FY 2019-20 averaged a 27 point gain across all five protective factor categories of the Family Development Matrix. This includes a spread from a family that dipped -18 points below their program base and ended up with CPS involvement to two families that graduated from FIRST with an average gain of more than 55 protective factor points.

In FY 2019-20, families with children zero to five made their most significant gains around the protective factors of improved parental resilience (+8 pts on average) and improved participation of their children in early developmental services (+6 pts on average.)

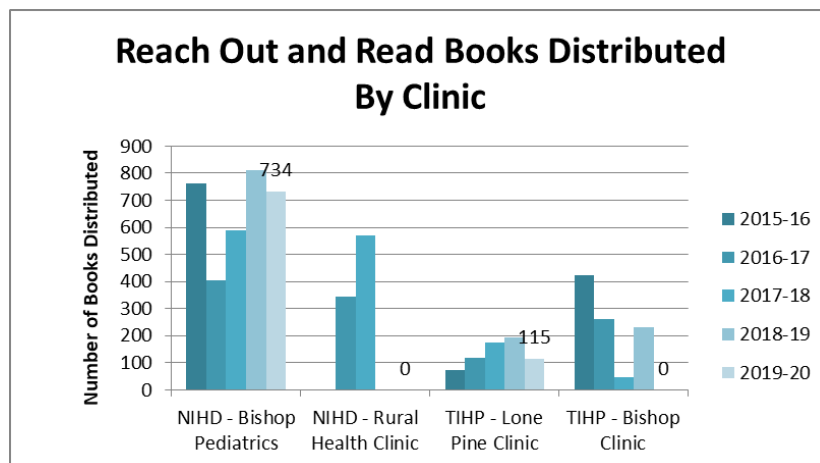
Lessons learned and next steps

For a year marked with the challenges of COVID, it is understandable that social connections were the least improved factor as everyone across the globe struggled to practice social distancing for health & safety.

REACH OUT AND READ

What services were delivered? Who was reached with those services?

Reach Out and Read distributed a total of 861 books to two pediatric clinics. Bishop Pediatrics distributed the majority of the books at 86% (total of 734 books). Toiyabe Indian Health Project Lone Pine Clinic distributed the remaining 115 books. As seen in the chart below, this is reduction in books distributed. Toiyabe Indian Health Project Bishop Clinic did not distribute any books and the NIHD Rural Health Clinic no longer is seeing children for well child checks.



Nine providers and staff are registered in the Reach Out and Read database to distribute books. Zero providers were trained in FY 2019-2020.

To what extent were intended outcomes achieved?

Outcomes of the Reach Out and Read literacy program will be evaluated by a survey of parents' reading habits. Specifically, the program will measure the increased percentage of parents who read to their children 15 minutes each day. How the survey will be administered needs to be determined.

Lessons learned and next steps

The Reach Out and Read program relies on medical clinics to distribute books to children. For this reason, the program was significantly disrupted by the pandemic. Some clinics like Bishop Pediatrics continued to see patients and were able to keep distributing books. Other clinics experienced more disruption, and one completely stopped participating. Staff will prioritize efforts to reconnect with Toiyabe Indian Health Project and support providers in continuing the program in FY 2020-2021. Reach Out and Read has released a new online training through the database. Staff will work with providers to ensure all staff in the system have completed the new required training. Additionally, staff will also research how to evaluate the outcome of this program, reporting on the increase percentage of parents who read to their children 15 minutes each day.

Focus Area 3: Comprehensive Health and Development

The Comprehensive Health and Development focus area goal is that children are born healthy and experience optimal physical, behavioral, and developmental health. Activities in this focus area target new mothers, infants and toddlers. Two programs fall under this focus area: Ages and Stages developmental screenings and breastfeeding support. The primary outcome in this focus area is to improve screening and intervention for developmental delays. The secondary outcome is that children are born healthy, and new mothers receive the breastfeeding support and education they need.

COMPREHENSIVE HEALTH AND DEVELOPMENT LOGIC MODEL

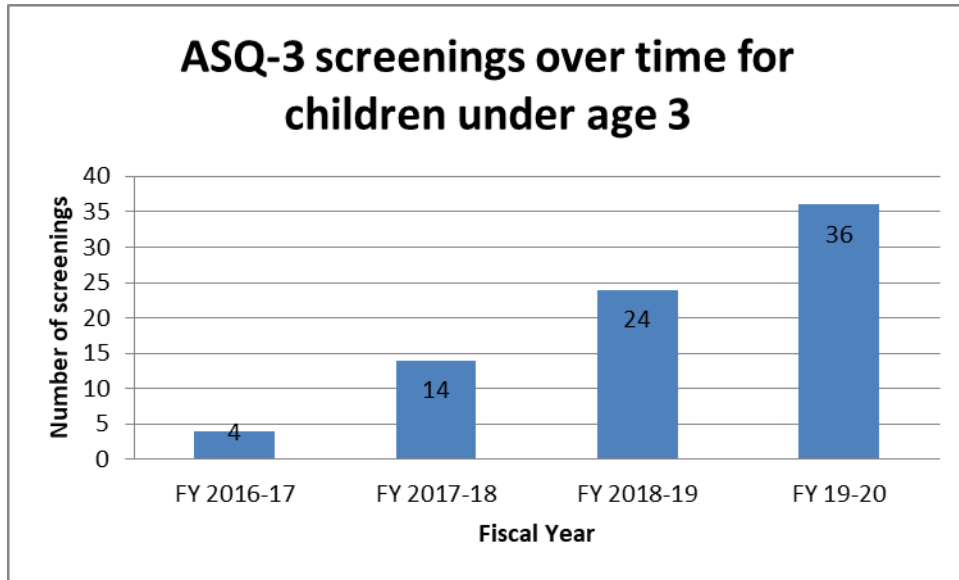
Inputs	Activities	Outputs	Outcomes	Goal
<ul style="list-style-type: none"> Staff hours Education materials 	Ages and Stages Developmental Screenings: <ul style="list-style-type: none"> Train providers to administer Ages and Stages Developmental screenings in early childhood settings 	<ul style="list-style-type: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

AGES AND STAGES DEVELOPMENTAL SCREENINGS

What services were delivered? Who was reached with those services?

First 5 Inyo County directly administers screenings, and supports partner agencies through technical assistance. Overall, 442 developmental screenings were administered through partnership with First 5. 43 of these screenings were administered in Spanish, and 58 through the online Family Access screening service. 281 or 63% of the 442 screenings were the ASQ-3 developmental screening, and 161 or 37% were the social-emotional ASQ-SE screenings.

Twelve percent of children were screening before age three, primarily through family child care homes (53%) and pediatric settings (33%).



Based on their screenings results, 72 children were identified as needed a referral to supportive services. At this time, First 5 Inyo County does not have data on how many children were actually referred to services.

Lastly, four new providers were trained in how to administer Ages and Stages Developmental Screenings. Five providers attended a Train the Trainer for both ASQ-E and ASQ-SE, sponsored by Inyo County Office of Education Child Development, and supported by First 5 Inyo County. Overall, eleven providers received technical assistance in providing screenings, utilizing ASQ Online database, and making referrals.

To what extent were intended outcomes achieved?

Kern Regional Center provides Early Start services for children birth to three years. In fiscal year 2019-2020, 64 children became eligible for Early Start services. Additionally, First 5 Inyo County will track the number of children referred from First 5 who receive early start services.

Lessons learned and next steps

First 5 Inyo County continues to excel at supporting partner agencies in administering the ASQ developmental and social-emotional screenings. In the next fiscal year, we will work to track out referral and services received outcomes by creating an internal procedures and tracking excel sheet.

The best practice for developmental screenings is to provide three screenings before age three. With only 12% of all screenings administered being for children under age three, First 5 Inyo County will put together plans to expand screenings of children under age three.

Lastly, the pandemic provided a silver lining, motivating the primary pediatric clinic in Inyo County to utilize ASQ Online Family Access screenings. As they responded to stay-at-home

orders and provided telehealth well child checks, they saw the need to provide developmental screenings digitally. This will be interesting to see if the clinic continues to utilize the online component as more well child visits return to in-person.

BREASTFEEDING SUPPORT

What services were delivered? Who was reached with those services?

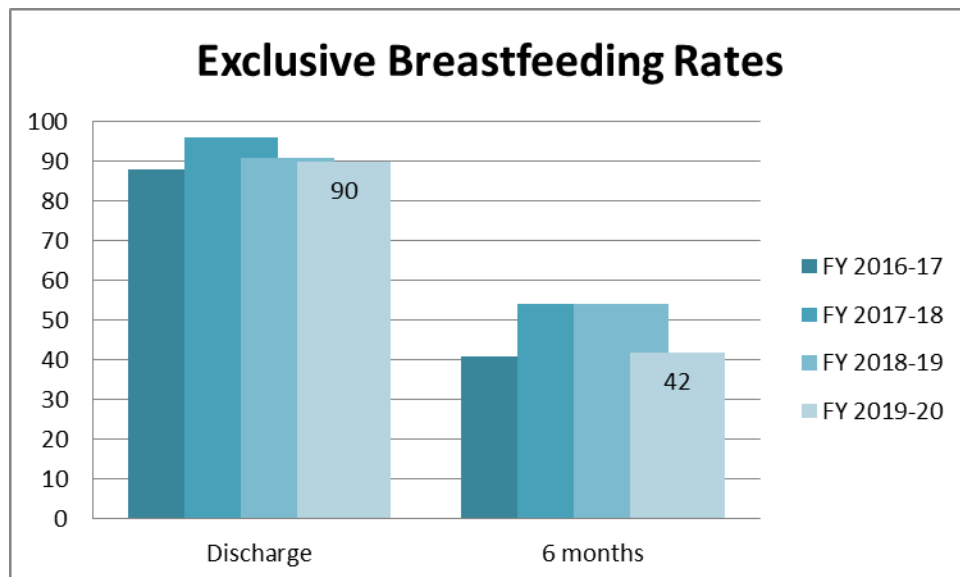
The Northern Inyo Healthcare District (NIHD) Newborn Evaluation Support and Teaching (NEST) program began in 2015, supported by an initial three year grant from First 5 Inyo County. Fiscal year 2019-2020 was the fifth year of First 5 funding supporting the NEST program.

The NEST program provided new moms lactation support prenatally through a childbirth class and postnatally through a weekly mom's group. The weekly new moms group was held July through March for a total of 34 groups. There were 133 contacts of parents attending the group. Six birth education classes were held in July, September, November, January, March and June with 39 moms and 38 support partners attending.

Additionally, all mothers giving birth receive the First 5 California New Parent kit, a halo sleep sack, and other useful items like nipple cream, diaper balm, insulated lunch bag to transport breast milk, keepsake sock with the year, and mittens to encourage skin-to-skin contact. Of the 175 mothers who received a New Parent Kit, 94% of mothers who opened the kit found it helpful.

To what extent were intended outcomes achieved?

The NEST Program tracks the percentage of moms who are exclusively breastfeeding at discharge and at six months. Averaging data reported quarterly, the fiscal year 2019-2020 exclusive breastfeeding rate at discharge was 90% and the exclusive breastfeeding rate at six months was 42%. While the exclusive breastfeeding rate at discharge stayed consistent, the exclusive breastfeeding rate at six months decreased by 6%.



Additionally, in a six month post survey, 72% of moms (n=98) indicated that the NEST program helped them breastfeed longer.

Lessons learned and next steps

Evaluation efforts improved with a survey provided to mothers at the six month well child check. In general, NEST services were extremely impacted after the onset of the pandemic in March. After pivoting to virtual, the birth education class increased attendance, while no moms attended the weekly lactation support group.

The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first six months. A little under half of Inyo County Children are exclusively breastfed for the first six months, with this amount decreasing in FY 2019-2020 instead of increasing. These rates suggest that mothers still may not be getting the support they need from health care providers, family members, and employers once they have left the in-patient world to meet their breastfeeding goals. As NIHD enters the last year of their contract with First 5 Inyo County, staff will brainstorm and plan for how to support mothers in the birth to six month time period.

Focus Area 4: Quality Early Learning

The Quality Early Learning Focus Area is the second of two new additions to the First 5 Inyo County Strategic Plan in 2019. Through the needs assessment, it was identified that access to quality early learning care was the most significant challenge facing families in Inyo County. As this is a new investment area, efforts to build out are still occurring. In FY 2019-2020, efforts included partnering with the First 5 California IMPACT lead agency Inyo County Office of Education, in supporting developmental screenings and literacy activities with family child care homes. Additionally, in spring 2020, First 5 Inyo County applied to be the lead agency for IMPACT 2020.

What services were delivered? Who was reached with those services?

First 5 staff assisted IMPACT coaches with providing support to family child care homes in the areas of developmental screenings and literacy promotion. Every other month staff would visit the family child care home and provide a story time reading and book for every child. Twelve providers participated in this support, and 101 children participated in a story time reading and received bi-monthly books. Half of these children were ages zero to three (55 children), and half were ages three to five (46 children).

To what extent were intended outcomes achieved?

A logic model and outcomes need to be determined for this focus area. First 5 Inyo County applied to be the lead for IMPACT 2020. In the next evaluation report, a more thorough report of outcomes achieved will be written.

Lessons learned and next steps

Investing in a new service area and program takes time. First 5 Inyo County prioritized building partnerships with early child quality improvement agencies to begin this work. Initial staff time was invested in supporting family child care home providers. As staff and program funding is invested through IMPACT 2020, this program will grow.

Conclusion

As is true for many First 5 County Commissions, FY 2019-2020 was a year of significant change and challenges. It was the first year of our newly adopted strategic plan, signaling a time of expansion and growth, investing in new programs and services. The Commission also indicated in the Strategic Plan a new focus on investing in systems change work, prioritizing the Director's time with systems changes projects and away from direct service. Halfway through the year, two First 5 staff gave notice and the pandemic hit. These two occurrences caused services to temporarily pause while staff were hired and services were transitioned virtually and remotely.

Technical assistance provided by Child Trends through support of First 5 California was instrumental in the completion and improvement of this evaluation plan. This report is more detailed and thorough because of the support, and our program services will improve because of the changes.

Looking ahead to the next fiscal year, we are hopeful and cognizant of the work ahead. A significant priority is to hire and train new staff. Efforts will focus on continuing to implement the new strategic plan, growing the home visiting program, participating in Quality Counts California, and being a leader of systems change work. Additionally, the Commission is aware of the needs to continue to respond to the challenges and needs posed by the pandemic. New programs emerging include Imagination Library and community grants that will continue to grow and be a part of our programming. Staff will continue to refine evaluation procedures and reporting to keep this report as comprehensive and useful as possible. Our hope is these collective efforts ensure Inyo County's young children are healthy, safe and ready to succeed.



Positive Parenting Awareness Month Proclamation at the Inyo County Board of Supervisors

January 7, 2020