



# Evaluation Report 2017-2018

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## INTRODUCTION

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

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

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

Overview of Inyo County:

Six percent of Inyo County's population is under five years old, and based on the 2016 census population estimate, there are 1,089 children ages zero to five.

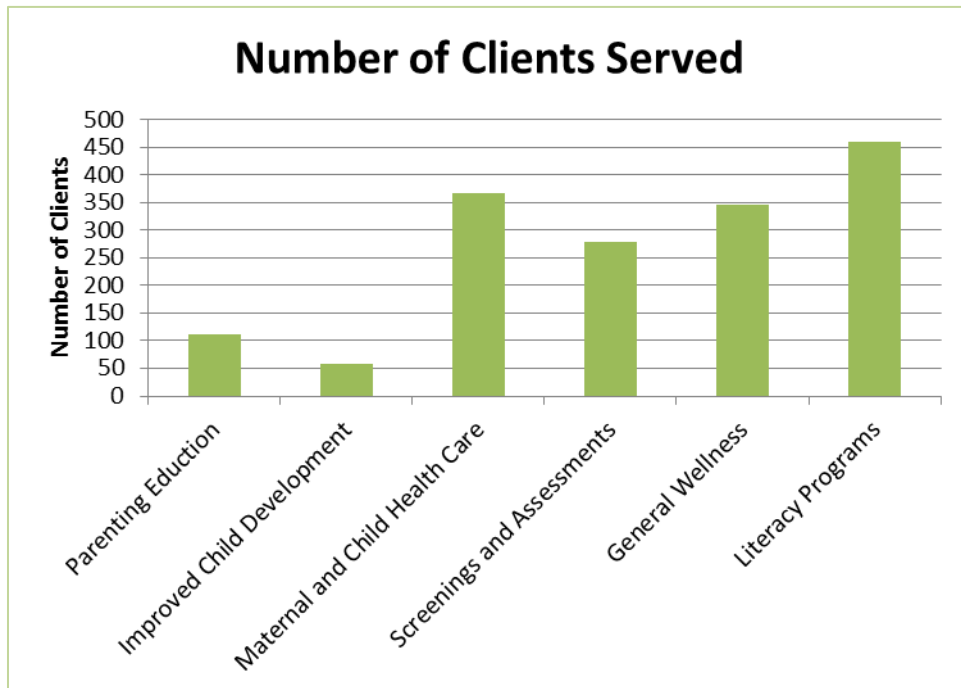
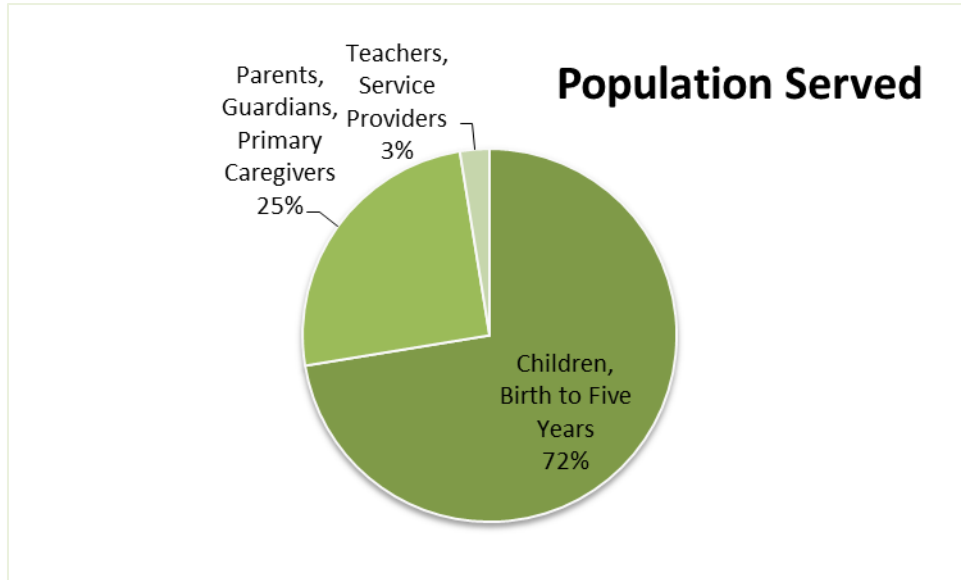
Typical factors First 5 Inyo County families are coping with:

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

*(Data from 15-16 Outcomes report)*

## CLIENTS SERVED

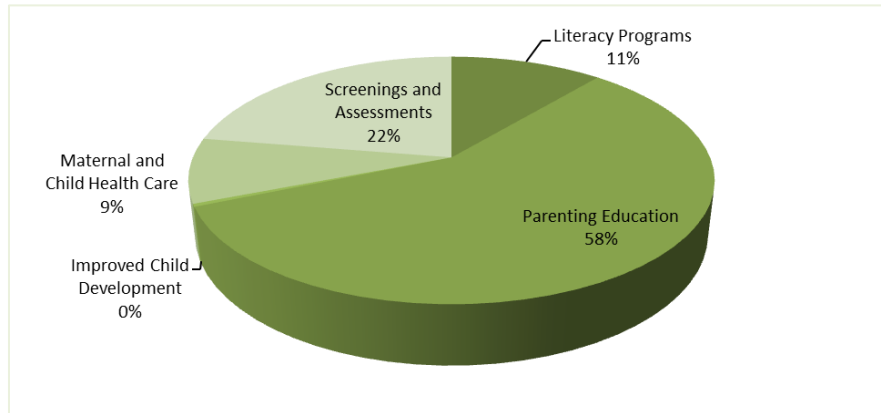
In FY 17-18, 859 children, parents, and providers were served by First 5 Inyo. *Numbers are unduplicated to the extent possible within programs, not between programs.*



## FINANCIAL OVERVIEW

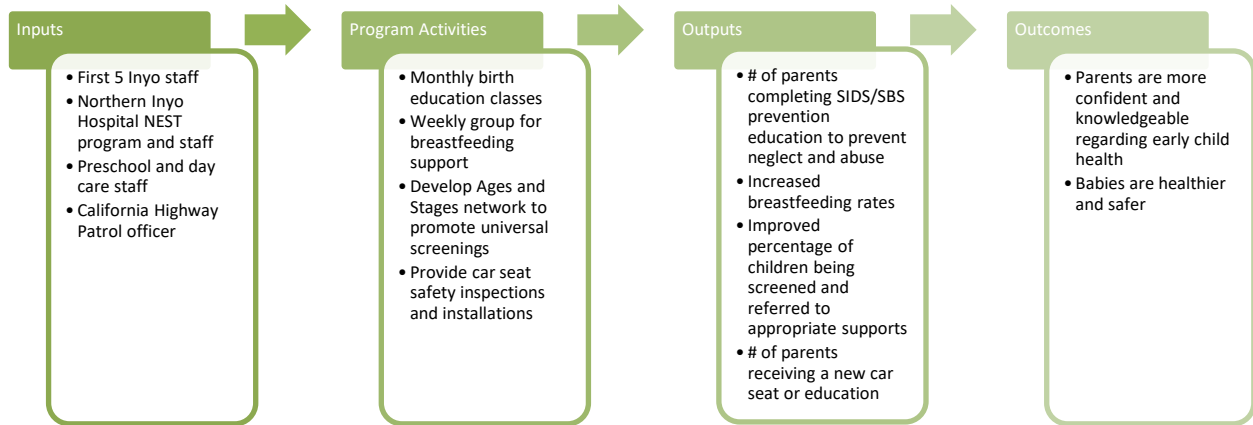
Our total spending was \$405,721, which was \$23,031 under our revenues of \$428,752. Our ending fund balance as of June 30, 2017 was \$786,000. Overall, spending included \$320,818 in Programs, \$67,267 in Administration, and \$17,636 in Evaluation.

Fifty-four percent of program expenses were directed towards Improved Family Strengthening, spending a total of \$220,484. The majority of remaining program expenses was directed towards Improved Child Health activities, spending a total of \$99,143.



## IMPROVED CHILD HEALTH

Children 0 to 5 throughout Inyo County are healthy.



## Maternal and Child Health

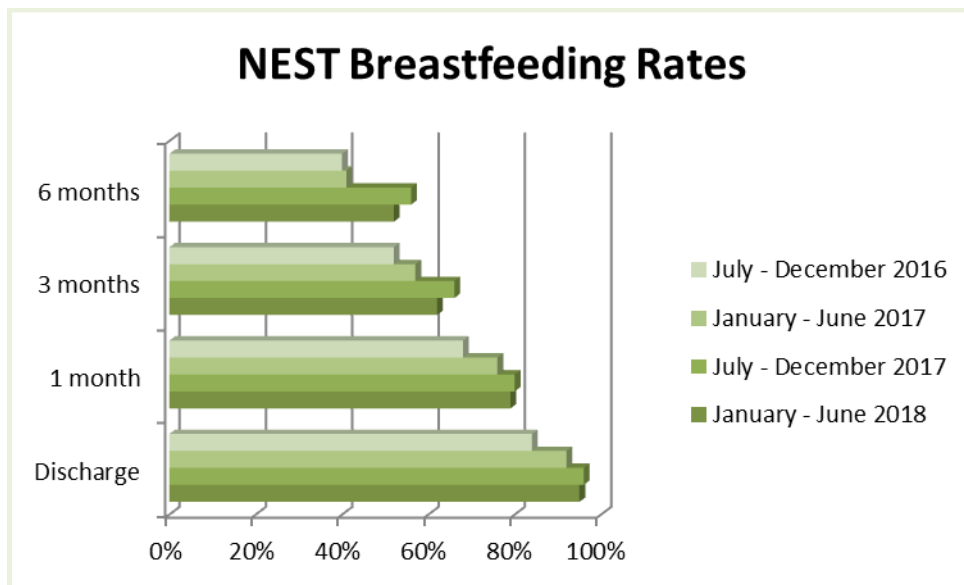
The Northern Inyo Healthcare District program NEST (Newborn Evaluation Support and Teaching) began in 2015, supported by a three year grant from First 5 Inyo County. Fiscal year 17-18 marks the third year of this funding, with the program showing success with new services and programs. Through Childbirth Classes, Pre-Admission visits and Mom Support Group, NEST strives to improve new mothers readiness for labor and delivery as well as benefit from breastfeeding support upon delivery and returning home. A major initiative of the grant is to become Baby-Friendly, a global recognition by the World Health Organization for providing optimal support and care for the breastfeeding mother and baby.

In FY 17-18, NEST saw an increase in Pre-Admission and Post-Discharge visits, in part due to a strong partnership with the Women's Health Clinic, with staff connecting patients to the NEST program.

In May 2018, NEST hosted Baby Friendly USA (BFUSA) for a two day on-site assessment, during which the BFUSA auditors interviewed staff, providers and patients, review of practices, educational materials, and charting. In June 2018, they received news they passed the on-site assessment pending the completion of a small action plan! Once this action plan is completed and submitted to BFUSA, NIH will be designated as a Baby Friendly hospital.

	July – December 2016	January – June 2017	July – December 2017	January – June 2018
<b>Childbirth Education Classes</b>	Class not yet started	20 participants (began in March)	38 participants	10 participants
<b>Pre-Admission visits</b>	49%	54%	59%	87%
<b>Post-Discharge visits</b>	100%	100%	87%	89%
<b>SIDS education</b>	100%	100%	100%	100%
<b>New Mom Support Group</b>	0-4 moms	0 moms	33 attendees	47 attendees
<b>Baby Friendly Hospital Certification</b>	Dissemination phase	Dissemination phase	Designation phase	On-Site Assessment

Since beginning to keep track of breastfeeding rates in July 2016, the NEST program has seen a moderate increase in women continuing to breastfeed at one, three, and six months after discharge. This can be attributed to early access to evidence-based pregnancy and breastfeeding education, and emphasis on staff education as International Board Certified Lactation Consultants and Certified Lactation Educators. In June 2018, NEST will have their first IBCLC nurse on the nightshift, which will be invaluable for patients to receive excellent lactation support 24/7.



### Conclusion & Future Considerations

In its first three years, the NEST program has accomplished a lot around providing evidence-based, best practices and education related to pregnancy preparation, labor, and breastfeeding support. Of the 50

counties in California, Inyo County was listed by the California WIC Association as having the 8<sup>th</sup> highest exclusive breastfeeding rate in 2015 with a rate of 86.7%.

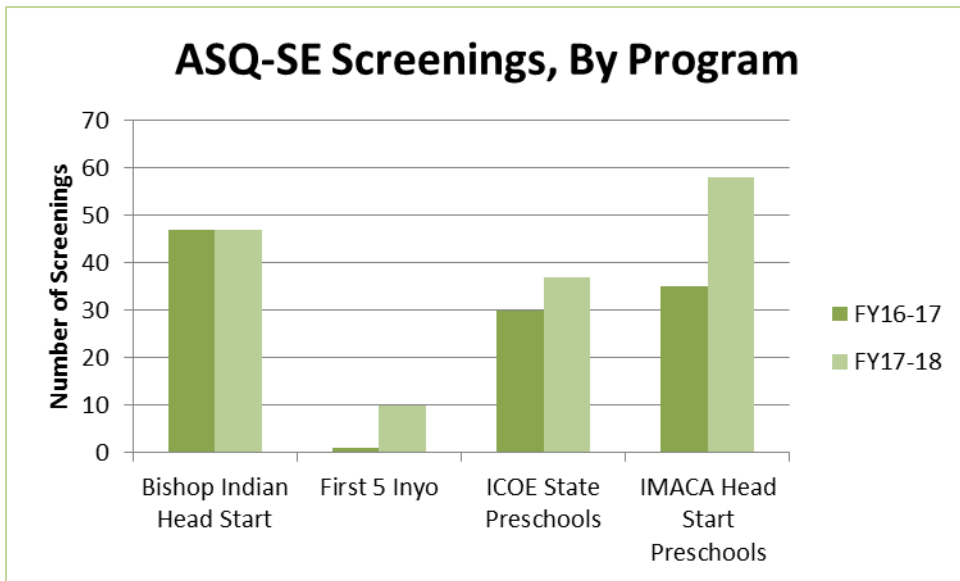
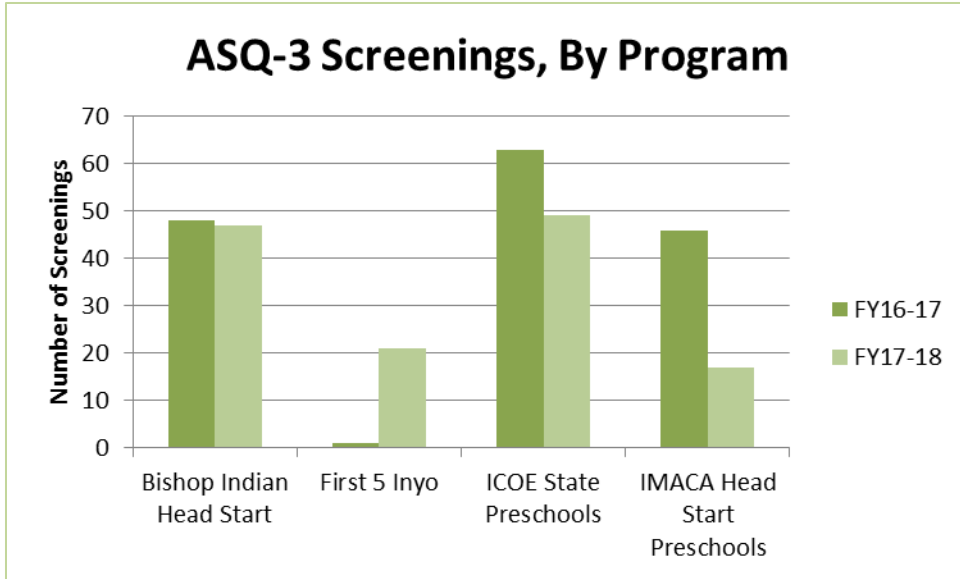
In an effort to further increase the rate of exclusively breastmilk-fed newborns, First 5 Inyo Commission will continue to support NEST with a second three year funding cycle. In addition to maintaining services listed above, NEST will seek to establish a pasteurized Donor Breastmilk Program for high risk infants who have a medical indication to be supplemented. Based on 2017 data, the Donor Breastmilk program would bring our rate of exclusively breastfed infants from 82% to 98%. Additional objectives include expanding the delivery of NEST services on the weekend and expanding marketing to reach more parents.

## Developmental Screenings

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

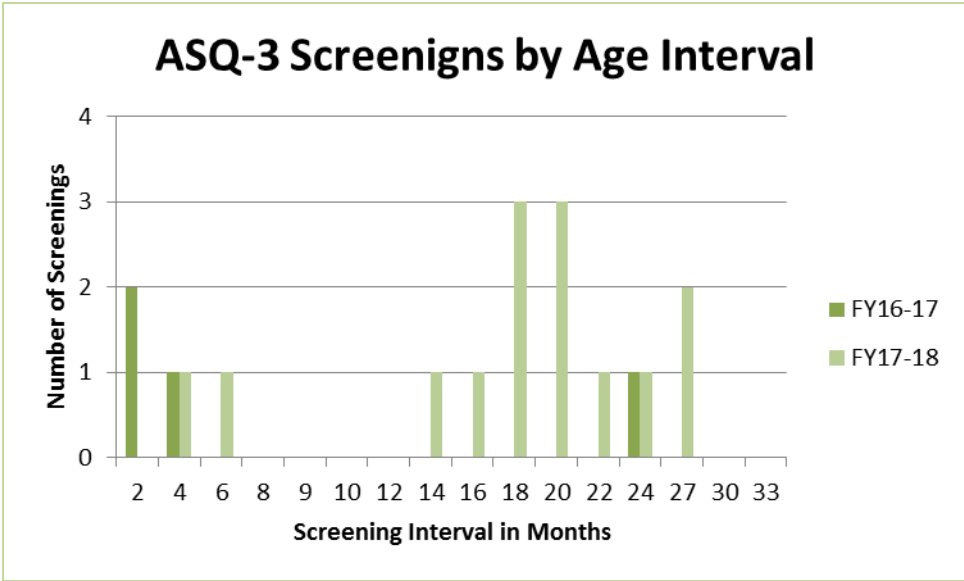
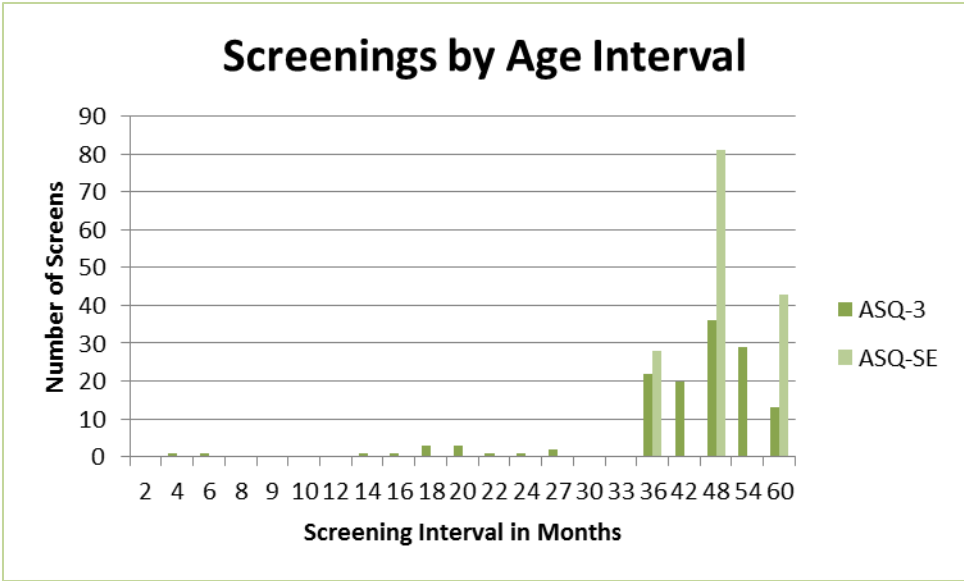
In FY 17-18, First 5 Inyo and partners coordinated parents completing 134 ASQ-3 screenings and 152 ASQ-SE screenings. Screenings completed through First 5 Inyo increased in FY 17-18, due to staff time working with in-home day care providers through Inyo County Office of Education (ICOE) IMPACT program. First 5 Inyo staff met with in-home day care providers every other month to provide education around developmental play, and used this opportunity to screen children at each site. In-home day care providers were offered an incentive through ICOE if they participated in helping collect screenings from their families. Nine of thirteen sites participated in ASQ screenings.

The number of screenings fluctuated from FY 16-17 to FY 17-18 at some of the preschool sites due to confusion between the ASQ-3 and ASQ-SE. New staff made the mistake of offering both ASQ-3 and ASQ-SE randomly to each child, not realizing they were different screenings. Thus, some children were screened with ASQ-3, and some children with ASQ-SE. First 5 Inyo staff are currently working with preschool staff to provide additional training and support in FY 18-19, to assist with the correct screening being offered.

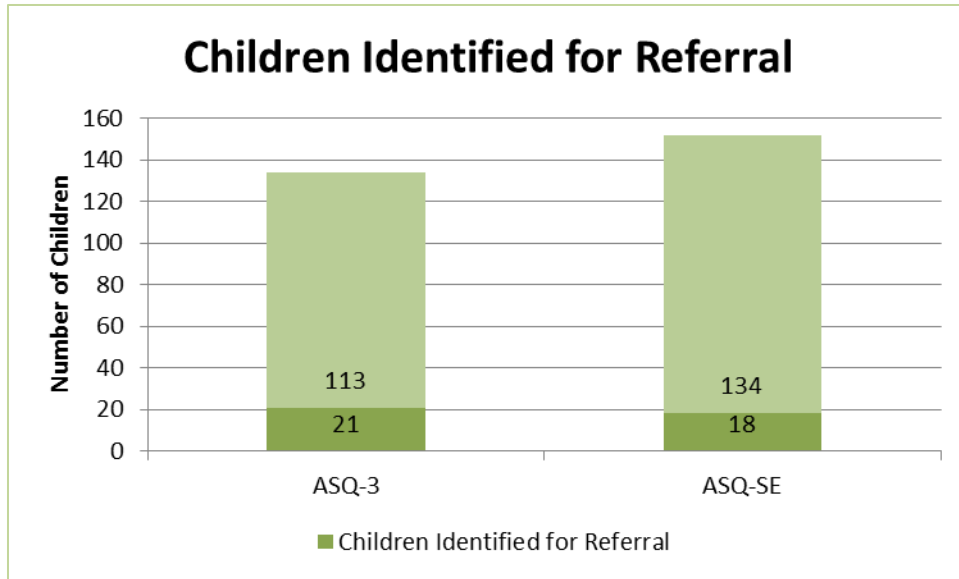


The majority of screenings were completed for children between the age intervals of 36 months and 60 months. For children under 33 months, First 5 Inyo efforts increased the number of screenings completed, by partnering with ICOE IMPACT program, coordinating with in-home day care providers to screen their children. *(Please note that ASQ-SE only screens for the following age intervals: 2, 6, 12, 18, 24, 30, 36, 48, and 60)*





Thirty-nine children or 14% were identified for referral. First 5 Inyo staff coordinated with providers and schools to review children identified for referral, ensuring they received a referral or were already receiving assistance. First 5 Inyo staff made new efforts to refer children below cut-off and in monitoring zones to First 5 programs such as Triple P Positive Parenting, Building Blocks play group, and FIRST wrap-around.



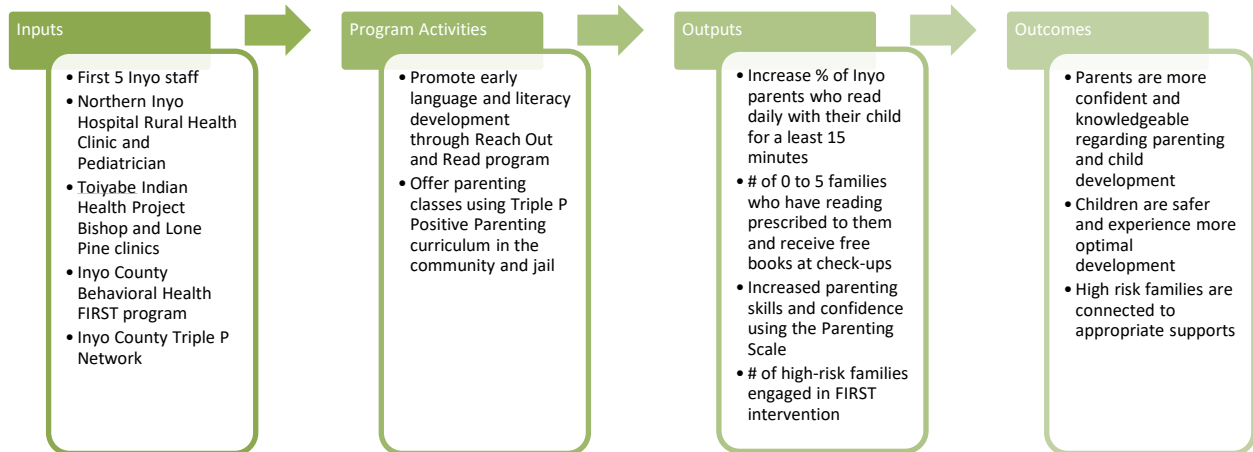
#### Conclusion & Future Considerations

In its third year of implementation, First 5 Inyo continues to excel at engaging with local preschools to screen children ages three to five. The primary success from this year is expanding to in-home day care providers, increasing the number of screenings for children ages zero to three.

As noted in the FY 16-17 Evaluation Report, there is still a great need to capture more screenings of children before they reach preschool. Efforts will continue in FY 18-19 to focus on how to reach more children between the ages of zero to three. Strategies could include partnering with our Public Health MCAH program, reaching out to pediatrician offices, engaging early head start programs, and providing access to screenings online. Lastly, First 5 Inyo will continue to pursue Help Me Grow status, participating in region discussions and trainings.

## FAMILY STRENGTHENING

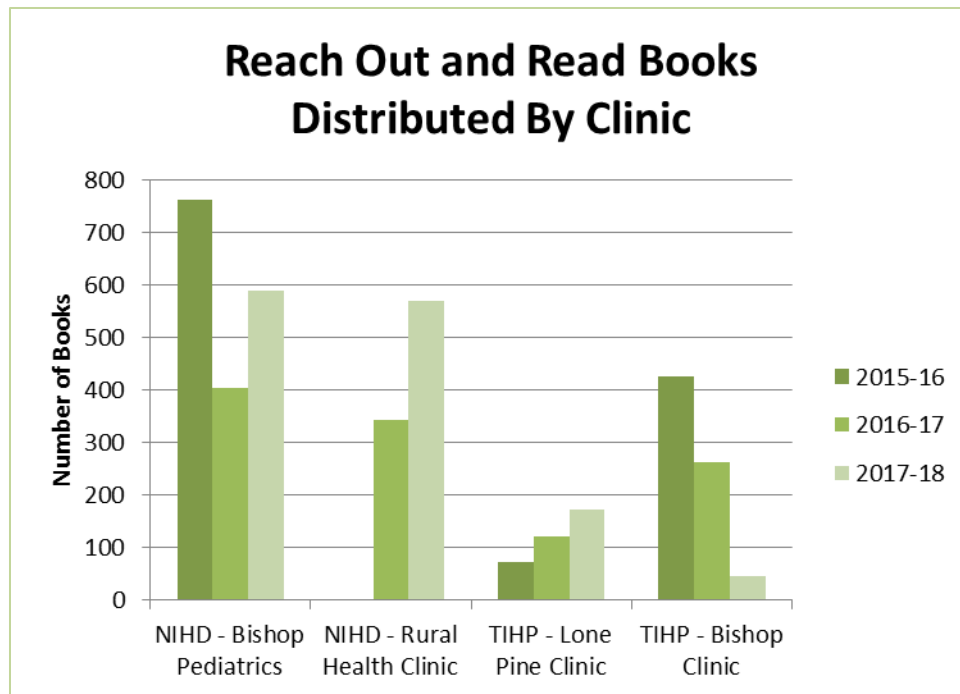
Parents and caregivers are empowered to create healthy environments in which children thrive and succeed.



## Family Literacy

First 5 Inyo County distributes new books to Inyo County clinics for their pediatricians to prescribe reading during each well child visit through the Reach Out and Read literacy program. This evidence based program has shown that doctors prescribing reading fosters language-rich family interactions that support brain development.

In FY 17-18, 1,377 books were distributed to four clinics in Inyo County: Toiyabe Indian Health Project clinics in Bishop and Lone Pine, and Northern Inyo Healthcare District clinics in Bishop, Pediatrics and Rural Health Clinic.



#### Conclusion & Future Considerations

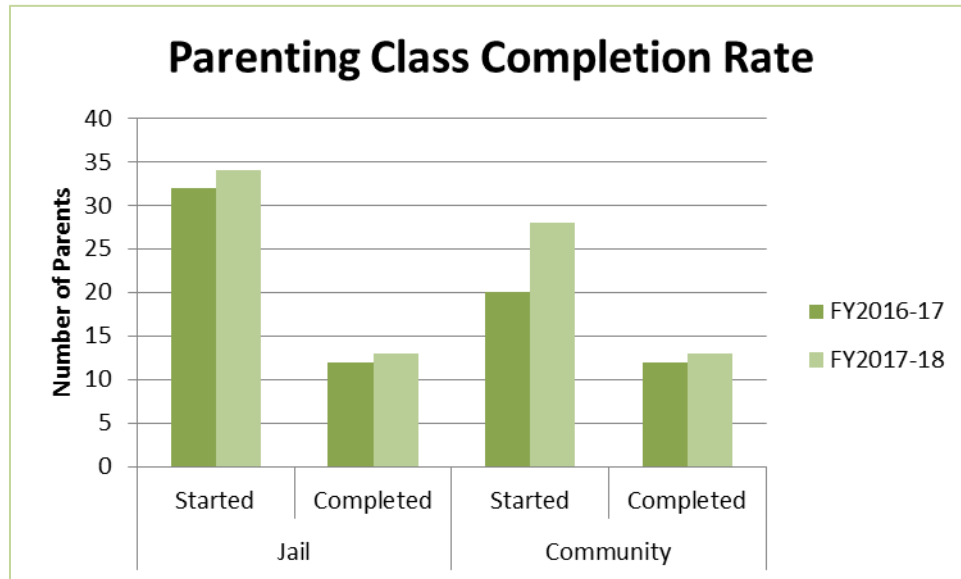
The number of books distributed to NIHD clinics increased in FY 17-18, and decreased to TIHP Bishop Clinic. This could be due to staff changes at the clinics, and varying number of clients being seen. Efforts in FY 18-19 will include renewing relationships with clinic staff to make them aware of the importance of the program and how to implement it.

### Parenting Education

The Triple P – Positive Parenting Program gives parents the skills they need to raise confident, healthy children and to build stronger family relationships. It also helps parents manage misbehavior and prevent problems occurring in the first place. First 5 Inyo has a two prong approach with Triple P – to offer direct services to clients by offering Triple P classes, and to support an Inyo Triple P Network, to achieve a population approach for improving parenting practices and children’s social and emotional well-being.

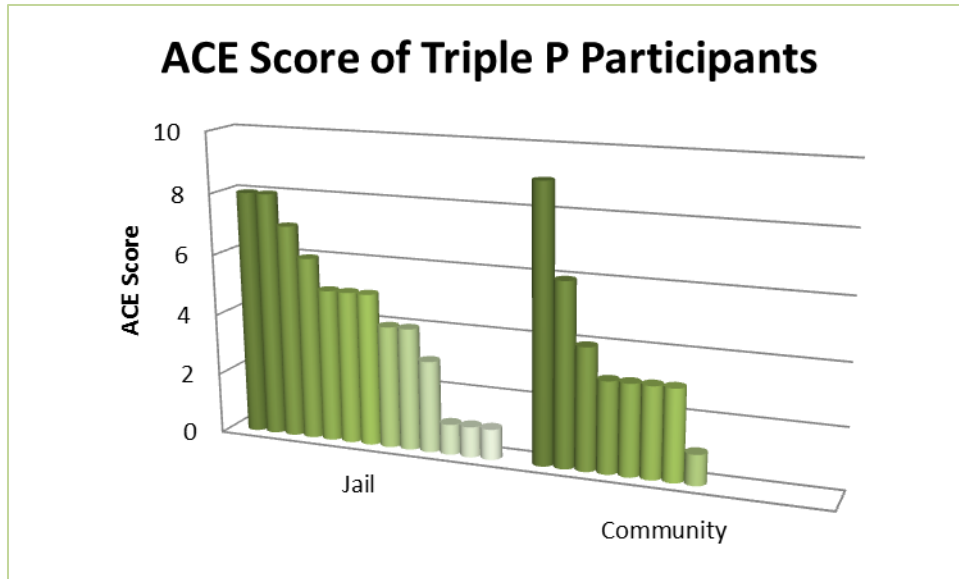
First 5 Inyo staff offered Triple P parenting classes in both community and jail settings. Six classes were offered: three classes to parents who were inmates in the county jail and three classes to parents in the community. All three of the community classes were Triple Group 0-12. Two of the three jail classes were Triple P Group 0-12, with the third being Triple P Pathways (parent anger and stress management). Thirteen parents successfully completed a community class and thirteen parents completed a jail class, for a total of 26 parents. This is a 38% completion rate in the jail and a 46% completion rate in the

community, similar to previous years.



Parents participating in a Triple P Positive Parenting class are screened for Adverse Childhood Experiences (ACEs). ACEs are traumatic events that can have negative, lasting effects on health and wellbeing, and include abuse, neglect, and household challenges. First 5 Inyo screens our parents for ACEs to serve two objectives: to understand if we are reaching our target population of at-risk parents, and to be a learning tool for helping our parents understand their own life experiences and learn about resilience, thereby learning the importance of creating a safe environment for their children.

As the number of ACEs increase, so does the risk for negative health outcomes. Four or more ACEs increase the chance of drug abuse, suicide attempts, depression, disease and cancer. Parents in both the Triple P classes offered in the community and jail had an average ACE score of four. Three out of eight parents in the community class had an ACE score of four or higher. Nine out of thirteen parents in the jail classes had an ACE score of four or higher.



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

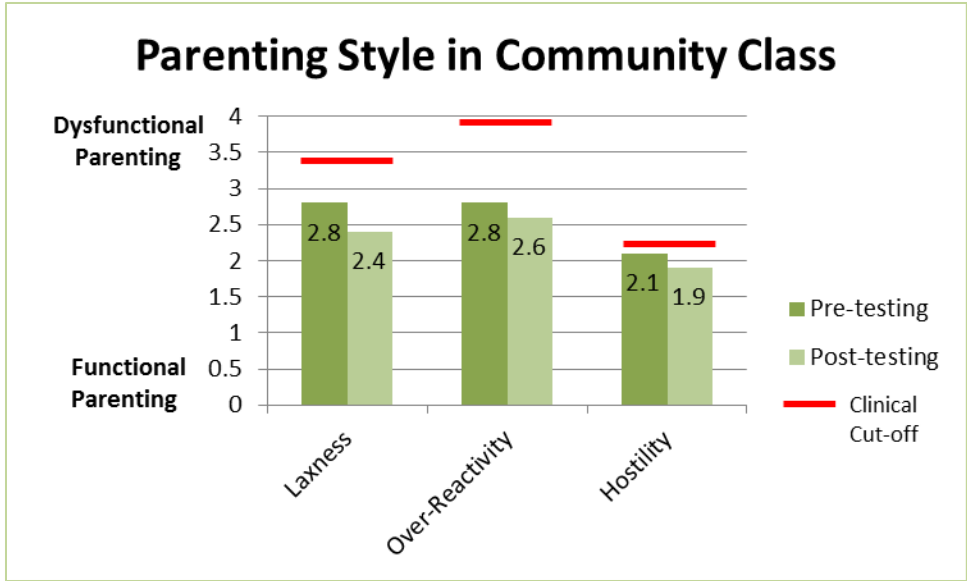
- Laxness: a style where parents let things slide and don't intervene
- Over-Reactivity: a style where parents over-react to a problem behavior
- Hostility: a style where the relationship is marked by hostility, particularly verbal

#### COMMUNITY CLASS

Parents answering the Triple P Parenting Scale at the beginning and ending of each Triple P class indicated that:

- Four parents moved out of clinical range for Laxness, with two remaining in clinical range;
- Two parents moved out of clinical range for Over-Reactivity, with one remaining;
- And two parents moved out of clinical range for Hostility, with two remaining.

Overall, laxness decreased an average of 14%, over-reactivity decreased an average of 7%, and hostility decreased an average of 10%.

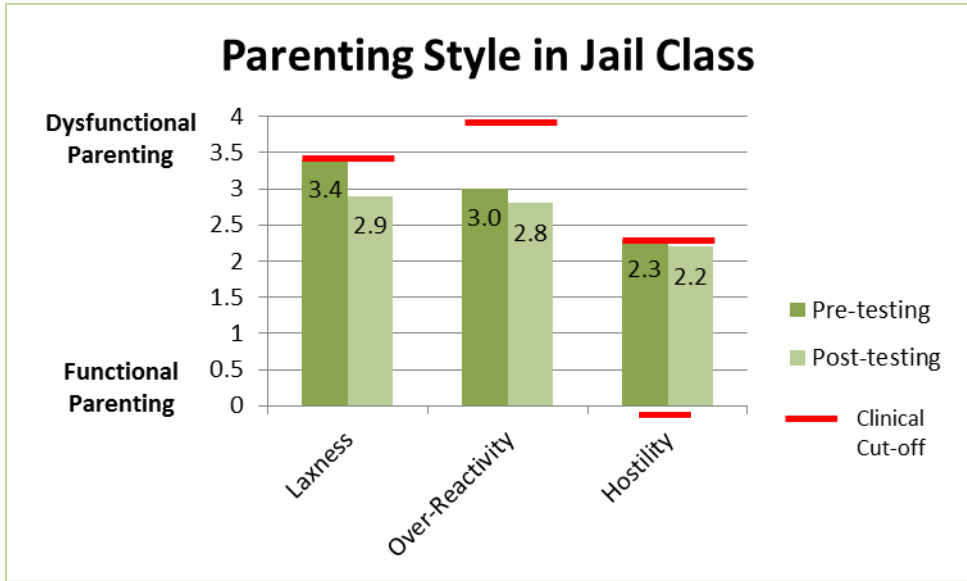


**JAIL CLASS**

Parents answering the Triple P Parenting Scale at the beginning and ending of each Triple P class indicated that:

- Four parents moved out of clinical range for Laxness, with four remaining in clinical range;
- Two parents moved out of clinical range for Over-Reactivity, with one remaining;
- And zero parents moved out of clinical range for Hostility, with five remaining.

Overall, among parents served at the jail classes, laxness decreased an average of 15%, over-reactivity decreased an average of 7%, and hostility decreased an average of 4%.



## Conclusion & Future Considerations

First 5 Inyo efforts are succeeding at reaching families with high rates of family dysfunction and trauma in both community and jail settings. Additionally, Triple P Group 0-12 offered in jail and community class, show effectiveness at improving parenting styles for laxness.

However, our numbers reached are low. To achieve a population health approach to improving parenting practices and children's social and emotional well-being, we need to reach more families. In FY 18-19, we will focus efforts towards re-engaging the Triple P Network, utilizing assistance from Triple P America. To increase the number of families reached, First 5 Inyo will also focus on Level 1 and Level 2 of Triple P's population approach, focusing on media around a Positive Parenting month campaign, and offering Triple P Seminars, a brief workshop for raising resilient kids and conveying positive parenting strategies.

## **Targeted Family Support**

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

Currently, 7 families are being served by FIRST with children five years old or younger. Almost half of the children in these families are ages 0 – 5, for a total 30 kids age 0-18. Families served by the FIRST program are evaluated using the Inyo Family Development Matrix. The matrix measures progress within the protective factor elements for each family. During this year, these 7 families with children ages 0-5 gained an average of 38 points, or an average 16% increase, in protective factors overall.

For example, one family began working with FIRST in March 2018, and completed the program in November 2018. At exit, the family had a 67 point gain, or an average of 29% increase, in protective factors overall.



<b>Family #1 - 29% overall increase in Protective Factors</b>		
Pre: 3/2018		Post: 11/2018
OVERALL AVERAGE PRE-SCORE = 48%		OVERALL AVERAGE POST-SCORE=
<b>Social Connections</b>		<b>Social Connections</b>
16 out of 30	53%	25 out of 30 83%
<b>Concrete Resources</b>		<b>Concrete Resources</b>
38 out of 60	76%	52 out of 60 87%
<b>Parent Resiliency</b>		<b>Parent Resiliency</b>
27 out of 50	54%	40 out of 50 80%
<b>Parenting Knowledge of Dev</b>		<b>Parenting Knowledge of Dev</b>
13 out of 40	33%	26 out of 40 65%
<b>Child Development</b>		<b>Child Development</b>
16 out of 50	32%	34 out of 50 68%
110 out of 230=48%		177 out of 230=77%

### Conclusion & Future Considerations

While serving a small number of families, the intensive services provided by FIRST are critical to improving the protective factors of our most needy families. The FIRST program provides parents and families with the skills they need to succeed, moving the family away from these formal services so they are more reliant on natural supports within their community. First 5 Inyo will continue to support this program, which works to build on family strengths and create a family environment that supports optimal child and youth development.