First 5 Ventura County
Annual Evaluation Report
FY 2009–10

February 2011
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Executive Summary

In 1998 California voters passed Proposition 10—the California Children and Families Act—to approve a 50 cent retail sales tax on the purchase of cigarettes and other tobacco products sold in the state. The intent of the ballot initiative was to generate new tax revenues to support an expansion of early childhood health and developmental services throughout California to improve the lives of young children and their families. The Prop 10 legislation established the First 5 California Children and Families Commission as a government entity responsible for administering state Prop 10 dollars and for distributing funds across the 58 counties and to insure resource uses were responsive to local needs. Commissions were also established in each county to oversee local expenditures of public revenues.

The First 5 Ventura County Commission is the independent local governing board established by the Ventura County Board of Supervisors to plan and allocate county investments of Proposition 10 tax revenues. The Commission’s nine volunteer members include local government officials, business leaders, educators, early care and education providers, and health and human service professionals from within Ventura County. The specific role of the Commission is to identify existing and emerging needs among children 0 to 5 and their families, to formulate a strategic plan that addresses these needs through an expanded and integrated early childhood system of care and support, to direct investments of county tobacco-tax revenues from the state, and to monitor contract performance of funded partners to ensure that desired outcomes for children and families are effectively realized.

In August of 2010, First 5 Ventura County contracted with Evaluation Management and Training (EMT) Associates, Inc. to conduct an analysis of performance data highlighting First 5 Ventura County services and outcomes within selected strategic investment areas, and to prepare their annual evaluation report for FY 2009–10. Through its strategic planning process, the Commission has identified the following set of five desired outcomes for children and families that embody the overall vision and mission of First 5 Ventura County.

- Children have access to a regular doctor and dentist for preventive care and treatment of chronic conditions.
- Children have access to developmental screenings as early as possible.
- Children are ready to enter kindergarten.
- Children have access to early intervention for identified special needs.
- Families are nurturing and supportive of their children.

These desired outcomes were each linked to one or more funded strategies or activities that represent the Commission’s Best Investment Areas for achieving improved child health, early learning and development, and positive family functioning. The seven Best Investment Areas that have been selected as the focus of the 2009–10 annual evaluation include:

- Health Insurance Outreach, Enrollment and Utilization Assistance,
- Oral Health,
- Developmental Screening,
- Parent-Child Interaction and Family Literacy,
- Preschool Services,
- Service Coordination and Case Management, and
- Early Childhood Mental Health.

Within each of these seven areas, the Commission funded multiple contracts operating at the county and local community level to engage in a broad range of direct services and capacity-building activities that are oriented toward achieving desired results.

The following summary highlights results from the First 5 Ventura County FY 2009–10 Annual Evaluation effort. It describes key accomplishments made within each of the seven Best Investment Areas and identifies future considerations for how to further build evaluation capacity to learn more about the nature and impacts of First 5 Ventura County’s investments and the relationships between implemented strategies and outcomes for children and families served.
Results of the FY 2009–10 Annual Evaluation

First 5 Ventura County’s 2005–10 Strategic Plan has directed investments of local tobacco-tax revenues to expand early childhood systems of care within the three broad strategy areas of health, early learning, and family strengthening and support. These investments have funded a wide range of direct services and supports that have filled gaps in early childhood service systems and directed resources to more disadvantaged and underserved communities where children are more likely to experience health and educational disparities. The work of First 5 Ventura County has also focused on improving the quality and capacity of existing service delivery systems to expand existing service levels, improve effectiveness and to support the sustainability of service innovations. For the 2009–10 fiscal year, these investments totaled $11.2 million in program expenditures across Ventura County.

Children and families who participated in First 5 Ventura County funded activities in FY 2009–10 were connected to services through eleven Neighborhoods for Learning (NfL), which integrate an array of child- and family-centered resources and supports into a single point of access for families. These services included health insurance enrollment assistance, dental care, early care and education programs, parent education, child development and family literacy, service coordination and case management, early childhood mental health, developmental screening programs, and resources to address basic family needs. The Neighborhoods for Learning (NfLs) and their associated local family resource centers (FRCs) covered every school district jurisdiction within Ventura County. These local NfL health, family strengthening, and early learning collaboratives involved partnerships with schools, city governments, local parks and recreation districts, libraries, local businesses, and other community-based organizations. The NfLs were supported by teams of professionals from First 5 funded county public health and behavioral health agencies, medical and dental care systems, culturally-based community outreach organizations, and other funded contractors to supplement local resources and capacity of the NfLs. These countywide contracts totaled $1,790,659 in 2009–10 allocated funding. Through this place-based service delivery approach, eleven diverse models of child and family support have emerged in response to unique cultural, linguistic, and economic needs in communities, creating opportunities for collaboration, developing community infrastructure and resources, and addressing locally-defined needs with services for participating families. In 2009–10 the eleven NfL funded partners delivered intensive health, early learning, and family strengthening services to 4,186 children and 4,098 parents/caregivers countywide.

The evaluation of First 5 funded activities for FY 2009–10 focused on seven Best Investment Areas, including Health Insurance Enrollment, Oral Health, Developmental Screenings, Preschool Services, Early Learning for Children and Parents Together and Family Literacy, Service Coordination, and Early Childhood Mental Health. The following findings from the evaluation effort highlight many of the accomplishments that were made as the result of Commission investments to expand the availability of resources that benefit young children and their families.

Health

- More than 12,000 preventive fluoride varnish treatments were provided to children across Ventura County through NfL family resource centers and preschool programs, dental offices, and physician’s offices or primary health care clinics.
- More than 1,500 children countywide received oral health screenings, dental exams, and specialty dental treatment services through mobile dental clinics or community health care centers.
- 1,078 children were successfully enrolled in MediCal, Healthy Families, Kaiser Permanente, and the county ACE for Kids low-cost health insurance program to improve access to appropriate medical care.
- 98 percent of children who were confirmed enrolled in public health insurance programs were linked to a medical home or usual source of care and 95 percent of children had visited a doctor in the past year.
- 892 children received formal, age-appropriate developmental screenings through their local NfL, representing about a quarter of all core children served through NfL-supported family resource centers and preschool programs. Of children who received developmental check-ups, 249 screened...
positive for a suspected developmental delay, disability, or other concern and were referred to community-based agencies for further assessment and intervention.

- More than 2,632 women receiving obstetrical care in community health care centers and clinics were screened for prenatal substance use risk and 96 women were referred to public health nurses for intervention and follow-up care.

**Early Learning**

- More than 1,400 children attended First 5 Ventura County funded full- and half-day preschool programs to prepare to enter kindergarten.
- 1,238 preschool spaces were supported through First 5 Ventura County funding of facilities enhancements and operational costs, representing a 190 percent increase in First 5 Ventura County supported preschool spaces since 2001.
- Ninety-one percent of all 4-year old children attending First 5 funded preschool programs had mastered developmental competencies at the building or integrating level by the end of the school year, indicating readiness to enter kindergarten.
- More than 2,500 parents or other caregivers and their children participated in parent-child focused early learning and literacy activities through their local Neighborhood for Learning (NfL).
- More than 1,800 children who attended parent and child early learning and literacy programs were infants or toddlers 0 to 3 years of age.
- By the end of their participation in early learning and family literacy services, about 84 percent of all parents/caregivers were reading or showing picture books to their children at least three or more times per week and 28 percent were reading with their children daily.

**Family Functioning**

- 3,599 children, parents, and caregivers benefitted from service coordination and case management activities provided by NfL staff and other funded partners to help them access needed services.
- Ninety-nine of parent/caregivers ‘strongly agree’ or ‘agree’ that program staff providing service coordination/case management understood their needs, and ninety-six percent felt their needs were met as the result of the assistance they received.
- 50 children with social skills deficits or problem behaviors received behavioral interventions in their preschool classrooms through the Ventura NfL.
- Seventy-one percent of children receiving preschool-classroom behavioral interventions reduced their clinical risk for social skills deficits, and nearly ninety percent reduced their risk for behavioral problems.
- 312 children experiencing social-emotional or behavioral challenges received outreach and engagement and early childhood mental health consultations from county mental health professionals.
- Mental health clinicians working in consultation with high-risk children and their families observed reductions in the frequency of children’s challenging behaviors in seventy-one percent of all participating children.

**Key Evaluation Findings**

The FY 2009–10 evaluation of First 5 Ventura County’s funded efforts across its seven Best Investment Areas identified both areas of strength and areas of opportunity for learning more about the implementation and results of funded partner activities that could be used to strengthen future performance and evaluation. The following are key findings that emerged from the compilation and analysis of performance data maintained across funded partners:
First 5 funded partners were effective in directing resources to children and families who are at high risk for health and learning disparities. First 5 Ventura County investments fill gaps in traditional early childhood systems of care to better meet the health care, early education, and family support needs of more disadvantaged children and families. On key benchmarks measuring the effectiveness of funded partners in reaching families that are most ‘at-risk’, First 5 funded partners consistently demonstrated success in identifying and enrolling children in services who are usually most vulnerable to health and learning disparities and most likely to experience positive gains from participation. These at risk populations include lower income children and families, race/ethnic and cultural minority populations, parents with lower educational attainment, and families who are isolated from service systems due to cultural or linguistic barriers, income constraints, or inadequate insurance coverage. These populations comprise the vast majority of children and families who have benefitted from First 5 funded services across partner organizations.

The majority of NFL services offered within the Preschool, Parent-Child Interaction and Family Literacy, and Service Coordination and Case Management Best Investment Areas reached or surpassed projected numbers of children and families served. These local programs and activities generally exceeded targeted service projections, and in the case of Service Coordination and Case Management, significantly increased utilization among families relative to planned capacity when compared to the previous fiscal year.

Funded partners that specifically target services to very young children, three years of age and under, substantially increased the number and proportion of children reached very early in childhood relative to the previous year. Both the public health educators who provide developmental screenings and the NFL providers who sponsor parent-child interaction and family literacy activities established explicit targets for 2009–10 for the proportion of infants and toddlers served. In each case, the programs exceeded targeted benchmarks for providing developmental services to children early in life to support learning and positive development.

Selected programs that focused on building the capacity of safety-net health care providers (i.e., community and clinic-based health clinics) to address needs of children and pregnant women were notable in far exceeding projected targets for services. Two Ventura County Public Health contracts, the oral health education and prenatal support programs, were extremely successful in expanding the number of participating medical clinics and health care practices participating in prevention and screening activities. These safety-net providers exceeded targets for the number of children receiving preventive fluoride varnish applications and the number of women receiving substance abuse risk screenings in pregnancy.

Selected funded partners, specifically mental health providers, fell short of meeting projected benchmarks related to the number of children and families served due to implementation challenges that were present in the 2009–10 fiscal year. Mental health providers identified challenges related to coordination and flow of referrals through the Neighborhoods for Learning (NFLs), which serve as the primary route of referral to mental health providers. VCBH also identified a need for a more streamlined intake process and more dedicated staffing with one of their subcontractor agencies. The contractor also experienced challenges to developing collaborative partnerships with local preschool providers that would be required to facilitate delivery of classroom-based interventions, which may have reduced the number of children reached in preschool settings.

Health insurance enrollment services delivered through centralized county offices and selected NFLs appeared to be less evenly distributed across geographic regions of the county than in the previous fiscal year. The analysis of service delivery across NFLs revealed that most services were concentrated within the four high need areas of the county where centralized county offices are located. This issue may relate to the nature of collaboration across NFLs and countywide providers and the processes that are used to determine where county providers are deployed. Given some limitations of the analysis, this finding also points to the need for improvements in data reporting to more precisely pinpoint the region and venue where services are located to better describe service approaches and respond to evaluation benchmarks related to geographic placement of services.
Recommendations for Building Evaluation Capacity

The approach to evaluating First 5 Ventura County investments across its funded partner agencies is in transition, having undergone a number of substantial changes over the past few years. These changes represent an effort to strengthen the Commission’s capacity to define and communicate outcomes and lessons learned from the work of funded partners within families, communities, and systems of care. Specific changes include the introduction and piloting of new measures (i.e., satisfaction and outcome questionnaires), changes to evaluation questions and benchmarks, and modifications to assessment tools used by funded partner agencies. The following are recommendations for continuing to build on progress that has been already made to strengthen the capacity of First 5 Ventura County’s annual evaluation.

Using process measurement to strengthen understanding of outcomes and their implications for future work. The Evaluation Frameworks provide the overarching structure for performance monitoring to ensure that partners funded through First 5 Ventura County are accountable to the Commission, as measured by their success in reaching targets for service provision and in demonstrating quantifiable improvements in outcomes. The limitation of this results-based accountability model is that it does not currently provide a mechanism for process data gathering that would support understanding of the context in which service implementation occurs. The additional of a process component would help identify challenges that influence the achievement of benchmarks, and explain observed differences in quantitative findings across funded partners.

Based on recommendations presented in the 2008–09 evaluation report, First 5 Ventura County has begun to integrate process data collection into the evaluation design. For the 2009-10 fiscal year this will involve an in-depth analysis of how NfLs differ in their approach to delivering Service Coordination and Parent-Child Interaction and Family Literacy services. This will provide a mechanism for comparing and explaining differences in program and service implementation (e.g., program staffing, content, curriculum, structure, format, and intensity), and for understanding how implementation decisions influence outcomes.

Building data systems with the capacity to communicate the linkages between client needs and services accessed through First 5 Ventura County funded partners. The data supporting evaluation questions and benchmarks quantifies service outputs and outcomes for children and families served, but does not clearly establish a connection between participant needs and utilization of appropriate services and resources. Using the intake process to more comprehensively document needs (e.g., medical and oral health service utilization, prior screening for developmental needs, previous preschool enrollment) and linking needs statements to participants’ use of services, would enable First 5 VC to move beyond statements about outputs, to highlight how services are addressing important unmet needs within communities (for example, identifying the percentage of 4-years attending preschool who had no prior history of preschool enrollment, or the proportion of child receiving oral health screenings who had never visited a dentist). This supports more powerful messaging that provides stronger justification for why First 5 Ventura County services are valued within the communities they reach, and are important to sustain in the future.

Strengthening measurement of outcomes. There were several revised survey instruments launched in FY 2009–10, two of which directly address gaps in data reporting from the previous year. The first of these two new measures is a parent satisfaction questionnaire that enables parents’ responses to be directly linked to a specific service component, allowing for more complete and meaningful parent feedback. The second measure captures outcomes associated with service coordination and case management activities to allow for more comprehensive measurement of targeted benchmarks for FY 2010-2011. These two new measures and other revised surveys, including a modified early literacy survey, were introduced mid-year in 2009–10. This time frame has served as pilot period that uncovered some administration and data reporting challenges that should be addressed for the next fiscal year. Specifically, problems with the construction of some survey items limited their interpretability. These issues are already being addressed through the development of revised questionnaires. Other challenges related to possible issues with readability and cultural understanding of survey questions on self-administered surveys, resulted in unanticipated patterns of responses. It was also determined that
selected items on universal satisfaction questionnaires were not directly relevant to all service areas, creating challenges to interpretation.

It is recommended that for future evaluation efforts, all data collection tools be revisited to ensure that each measure produces usable, reliable, and valid data. Specifically, consideration should be given to whether measures are a) relevant to both the population served and the specific service experience, b) are carefully constructed to minimize data loss, and c) have the power to communicate meaningful findings about the accomplishments of First 5 Ventura County programs and activities.

**Increasing the alignment between the Evaluation Frameworks and the way data is maintained at the funded partner level.** The introduction of new First 5 Ventura County satisfaction and outcome measures, and modifications made by external partners to data collection measures were not precisely aligned with revisions to the evaluation questions and measures. This resulted in gaps in the ability to effectively measure several benchmarks. A recommended focus for future fiscal year evaluations should be on determining the need for further refinement of both questions and benchmarks, so that they directly correspond to survey items, and more clearly define desired outcomes.

**Shifting from evaluating service components to evaluating early childhood systems.** The Neighborhoods for Learning (NfL) place-based collaborative service networks are designed to integrate a wide range of health, early learning, and family support resources into service settings that are accessible to families. The NfLs provide a strong platform for reaching out to families with multiple and complex service needs, and helping to coordinate access to resources available through the NfLs and within local communities. These place-based strategies offer an innovative way to serve children and families by addressing a full array of service needs. However, the current evaluation design is constrained in its ability to capture and convey the full benefits and impacts of these integrated service approaches due to limitations of the data collection and management structure. More specifically, the approach to recording individual participants within the GEMS system (i.e., the inability to track an individual child or family across multiple contracted providers) limits the evaluation to describing implementation and outcomes within individual contracts, rather than tracking families’ service use across multiple providers and service types. This also limits the Commission’s ability to verify the total number of clients served across all First 5 Ventura County contractors, without duplication, to document the overall reach of investments.

It is recommended that First 5 Ventura County staff and the evaluation team assess the feasibility of modifying current data collection approaches to track participants across service engagements. This would facilitate adopting a more systems-oriented perspective that can better evaluate how the needs of children and families are met through integrated networks of providers.

**Final Conclusions**

In all, results of the evaluation effort for FY 2009–10, showed that First 5 funded partners were extremely successful in meeting their projected capacity to deliver services, in many cases, exceeding expectations for the number of children and families served. Across most funded strategies, partners were also successful in meeting or exceeding targeted benchmarks for service implementation and outcomes, with only a few noted exceptions. Indicators of positive child and family outcomes associated with service participation, specifically measures of appropriate utilization of health care, early child developmental gains, increased frequency of reading in the home, and early childhood mental health and behavioral functioning, suggest that involvement in First 5 funded activities has produced important benefits for children and families that support their health, early learning, and family functioning.
Introduction

In 1998 California voters passed Proposition 10—the California Children and Families Act—to approve a 50 cent retail sales tax on the purchase of cigarettes and other tobacco products sold in the state. The intent of the ballot initiative was to generate new tax revenues to support an expansion of early childhood health and developmental services throughout California to improve the lives of young children and their families. The Prop 10 legislation established the First 5 California Children and Families Commission as a government entity responsible for administering state Prop 10 dollars and for distributing funds across the 58 counties and to insure resource uses were responsive to local needs. Commissions were also established in each county to oversee local expenditures of public revenues.

The First 5 Ventura County Commission is the independent local governing board established by the Ventura County Board of Supervisors to plan and allocate county investments of Proposition 10 tax revenues. The Commission’s nine volunteer members include local government officials, business leaders, educators, early care and education providers, and health and human service professionals from within Ventura County. The specific role of the Commission is to identify existing and emerging needs among children 0 to 5 and their families, to formulate a strategic plan that addresses these needs through an expanded and integrated early childhood system of care and support, to direct investments of county tobacco-tax revenues from the state, and to monitor contract performance of funded partners to ensure that desired outcomes for children and families are effectively realized.

The First 5 Ventura County Strategic Planning Process

The First 5 Ventura County strategic plan lays the foundation for an integrated early childhood service network created by First 5 Ventura County to better support children and their families from the prenatal period until children reach school-age. The strategic plan reflects a future vision for Ventura County where all ‘...children thrive in healthy supported environments with loving and nurturing caregivers in the home and throughout the community’ and that can ‘...ensure optimal health and development for young children and their families.’ The strategic plan is the guiding document that translates desired results for children and families into concrete strategies, activities, and areas of investment to enable the Commission to fulfill its vision. The plan is regularly reviewed and modified as needed to ensure that it remains responsive to changing resource environments and shifts in population demographics, and is reflective of local community needs and service priorities.

The tobacco-tax revenue base underlying all First 5 early childhood systems of care is a diminishing revenue source that is declining at different rates from year-to-year. This downward trend in revenues gives paramount importance to the strategic planning process, which serves as a tool to direct investments to areas of clearly demonstrated need with the greatest potential for positive impact, and to leverage investments by supporting more integrated and streamlined service delivery approaches.
Strategic Areas, Desired Outcomes, and Best Investment Areas for Evaluation

The vision for Ventura County children and families and the mission of First 5 Ventura County organization are embodied in the following five broad outcomes defined by the Commission and articulated through the First 5 Ventura County 2005–10 Strategic Plan:

- Children have access to a regular doctor and dentist for preventive care and treatment of chronic conditions.
- Children have access to developmental screenings as early as possible.
- Children are ready to enter kindergarten.
- Children have access to early intervention for identified special needs.
- Families are nurturing and supportive of their children.

These desired outcomes were each linked to one or more funded strategies or activities that represent the Commission’s Best Investment Areas for achieving improved child health, early learning and development, and positive family functioning. The seven Best Investment Areas that have been selected as the focus of the 2009–10 annual evaluation include:

- Health Insurance Outreach, Enrollment and Utilization Assistance,
- Oral Health,
- Developmental Screening,
- Parent-Child Interaction and Family Literacy,
- Preschool Services,
- Service Coordination and Case Management, and
- Early Childhood Mental Health.

Within each of these seven areas, the Commission-funded multiple contracts operating at the county and local community level to engage in a broad range of direct services and capacity-building activities that are oriented toward achieving desired results.
Evaluation Framework

The First 5 Ventura County Evaluation Framework translates desired results within each of the Best Investment Areas into objectives, funded activities, and performance benchmarks that provide the building blocks of a results-based accountability system. The Evaluation Framework defines evaluation questions and benchmarks as measures of success that align with the strategic priorities and desired outcomes of the Commission, and that have utility for producing relevant information for strategic decision-making. The Evaluation Framework also functions as a road-map for conducting the analysis and reporting of performance data, as well as a tool for achieving uniformity in reporting results across multiple funded partners and contract periods using objective metrics for assessing whether results have been achieved. These evaluation questions and benchmarks encompass a number of measurement constructs that are shared across each of the Best Investment Areas. These constructs include:

- **Service Delivery, Access and Use**, including measures of program outputs, such as the number of children and families served, their demographic characteristics, and their geographic distribution across the county based on service location;
- **Service Utilization, Intensity, and Capacity to Meet Projected Service Levels**, including the number of program contacts or ‘occurrences’ for each core participant and average contacts per participant, and measures of the actual number of participants and units of service relative to the expected number of participants and contacts;
- **Service Quality and Participant Satisfaction**, including measures of the quality of the service experience based on program observations (i.e., preschool classroom environments), and direct feedback from individual participants across all service areas that capture perceptions of the value of the services received; and,
- **Child and Family Outcomes**, including measures of the impacts of program involvement on desired outcomes using custom and standardized measurement tools. Outcome measurement tools supporting the evaluation include health access questionnaires, early childhood developmental competency ratings, parent-child interaction and family literacy surveys, child behavioral ratings, mental health symptoms measures, and service coordination/case management surveys.

**The First 5 Ventura County FY 2009–10 Annual Evaluation**

An important function of the First 5 Ventura County Commission is to support an evaluation of its funded investments. As such, First 5 Ventura County recently entered into a contract agreement with an outside evaluation contractor, Evaluation Management and Training (EMT) Associates, Inc., to conduct an annual analysis of program performance data collected from funded partners and to prepare their annual evaluation report. The contract scope of work for the 2009–10 fiscal year involved a compilation and analysis of contract performance data within each of the seven Best Investment Areas. The scope of work did not require the formulation of an evaluation design, as the research questions, measurement tools, data analysis approach, and reporting structures were articulated in the revised 2009–10 Evaluation Framework.

**Data Sources Used in the Analysis of Performance and Outcomes**

The approach to the evaluation scope of work involved taking inventory of all available data sources that support measurement of the evaluation questions and benchmarks, and mapping each of these primary data sources to the overarching Evaluation Framework. The evaluation team also sought to identify supplemental sources of quantitative and qualitative information that could offer context for interpreting the results presented. Specific sources of data are discussed below:

**First 5 Ventura County Partner Service Provisions and Budget Information**

The evaluation of funded partner activities was guided by information contained in a set of service agreements between First 5 Ventura County and their collaborating partner agencies, which outlined specific service provisions that would be implemented under each contract with projections regarding the number of children or families served and the number of anticipated service contacts per participant. This information was used to define the set of services that were relevant to the evaluation study and to weigh program outputs (i.e., number of actual participants, number of units of service delivered) against projected capacity to deliver services. The evaluation also incorporated data on program expenditures provided by First 5 Ventura County to gauge the magnitude of investments within strategic area.
Grants Evaluation Management Solution (GEMS)
The primary source of both quantitative and qualitative information used in the evaluation was the centralized, web-based Grants Evaluation Management Solution (GEMS) data system developed and maintained by the Mosaic Network, Inc. The GEMS system is a central data warehouse for storing, managing, and integrating participant and program data contributed by each funded partner, including information on participant characteristics, service projections, service utilization, client satisfaction, and participant outcomes. The Mosaic Network, Inc. facilitated the transfer of data by providing the evaluation team with direct access to the administrative interface of the GEMS system and by providing training on how to navigate and extract relevant data files from GEMS. This allowed EMT to export data directly from the web-server as needed. Once data was extracted from the GEMS system, EMT engaged in an intensive data quality review process, with assistance from First 5 program staff, to prepare the raw data files for analysis.

Information stored in the GEMS system is collected and entered remotely by data entry staff at each of the funded partner organizations. To facilitate this process and minimize data entry burden, different reporting procedures were created to handle differences between ‘more-intense’ and ‘less intense’ service encounters. ‘More intense’ services were defined as those involving repeated contact with the client and requiring more substantial staff time and fiscal resources to implement. Clients who received more intense services were recorded as ‘core clients’ and participated in a formal intake process where they were assigned a unique identifier and were asked to share basic demographic and socio-economic information with the provider. The unique identifier allows for an unduplicated count of service recipients for each contract and creates the ability to link individual clients and their characteristics to data capturing service use and outcomes. By contrast, those receiving ‘less intense’ services are recorded as ‘group clients’ who do not participate in the intake process, and are not uniquely identified. Group data reporting is often characterized by duplicate counting of participants and is subject to caution. Evaluation findings presented throughout the report incorporate both ‘core’ and ‘group’ services wherever appropriate, and include caveats to identify any limitations associated with data reporting.

Additional First 5 Ventura County Contract Data Sources
Almost all First 5 Ventura County funded partners now utilize the GEMS data management system as the tool for recording some portion of utilization and outcome data for clients. However, selected county partners, including Ventura County Behavioral Health and Ventura County Public Health, must also maintain their own internal data management systems that often contain additional detailed information not stored within GEMS. In each case, these agencies have agreed to share their internal data, when appropriate, to further supplement the annual evaluation effort as needed.

Structure of the Annual Evaluation Report
The FY 2009–10 Annual Evaluation Report presents a summary of the Commission’s progress toward achieving its desired outcomes and the extent to which benchmarks defined in the Evaluation Framework were achieved. The first section presents an overview of the 0 to 5 population of children and families living in Ventura County that are targeted for participation in early childhood services and system enhancements. It also introduces discussion of the Neighborhoods for Learning (NFL), or the place-based early childhood service networks, which provide a platform for delivering health, early learning, and family strengthening services, and for integrating a range of supplemental health and family support resources that are funded through First 5 Ventura County countywide contracts. This section also profiles the characteristics of the core participants who enrolled in First 5 VC funded services and activities through the local NFL infrastructure and were served in FY 2009–10. The subsequent sections are organized around the seven Best Investment Areas of Health Insurance Enrollment, Oral Health, Developmental Screening, Preschool Services, Parent-Child Interaction and Family Literacy, Service Coordination and Case Management, and Early Childhood Mental Health. The discussion within each of these sections is organized by the evaluation questions, benchmarks, and criteria for achieving success, which are used to frame discussion of results and to draw conclusions regarding areas of accomplishment and areas requiring future focus. The report concludes with a summary of findings that have been highlighted throughout the report and offers recommendations for how evaluation capacity could be further strengthened to support knowledge development regarding the scope and effectiveness of Commission investments moving forward.
First 5 Ventura County Service Delivery Systems and Approaches to Meeting Child & Family Needs

Ventura County Children & Families

The Ventura County population is estimated at over 850,000 residents with approximately 59,162 families with young children 0 to 5 years of age. There are more than 73,500 young children within this age group representing about 8 percent of the total county population (2009). According to the statewide projected figures, the population has grown significantly in the last ten years, and is projected to increase another 16 percent by the year 2020, reaching over 85,000 children.

The race/ethnic composition within the 0 to 5 population is predominantly Latino (53%) or White (39%), with children of mixed race of other race groups comprising about seven percent of the population. In the past ten years, the county population within this age group has experienced a gradual demographic shift with high relative rates of growth in the number of Latino children (+22%) and declining growth among White children (-3.6%). This changing demographic reflects an influx of recent immigrants to Ventura County and higher birth rates among Latino populations. Nearly half of all new mothers (47%) were born outside of the United States and are part of a large immigrant population, many of whom will face cultural and linguistic barriers. According to recent census estimates, about 7 percent of current county households are linguistically isolated, defined as there being no one in the home over the age of 5 who speaks English ‘well’. Many non-English speaking families are relatively low income laborers or service workers, and are isolated from the systems of care that traditionally support under-resourced families. These populations include a large and growing migrant farm worker community of indigenous families from Oaxaca, Mexico. This local Mixteco population, which is concentrated within the Oxnard Plains region of the county, is linguistically isolated due to limited Spanish language skills and the lack of a written indigenous language. The Mixteco community is estimated to now reach 20,000 in size and is considered a hard-to-reach population within Ventura County.5

Ventura County is often categorized as a high income, urban county with higher per capita family income and lower percentages of children living in poverty than many other counties; however, economic data aggregated at the county level conceals higher risk ‘pockets’ of the county where families are experiencing significantly higher rates of poverty and unemployment, lower educational attainment, and have more substantial resource needs. The recent economic downturn has placed even further pressure on moderate and lower income families to meet children’s basic needs due to increased unemployment and reductions in household income. Unemployment is estimated at 10.8 percent among Ventura County workers and new initial unemployment claims have increased dramatically, from 4,539 in December of 2007 to more than 14,000 in December of 2009.6

Many young families face increasing socio-economic challenges that can impact their children’s future health and learning. Specifically, about one-third of all new mothers (36%) who recently gave birth in Ventura County hospitals never graduated from high school, and nine percent were under 20 years of age at the time of delivery.7 About 5 percent of mothers had late or no prenatal care. This can reflect barriers to accessing health care services, such as inadequate health insurance, or a lack of knowledge or awareness of what is needed to ensure children’s positive health outcomes.
Newly released data from the U.S. Census American Community Survey for 2005–09 provides updated census estimates for all Ventura County elementary school district boundaries, which were used to profile the communities targeted for First 5 Ventura County services. The exhibit also reports 2009–10 data from the California Department of Education depicting the race/ethnic distribution of the school age population. The information reported in the exhibit highlights the diversity in population size and social and economic characteristics across Ventura County communities. The eleven defined areas of the county range from very small districts and communities like Ojai, Oak Park, and the small rural districts of the Santa Clara Valley, to large, more urban and suburban areas like Oxnard, the neighboring communities of Moorpark and Simi Valley, and the city of Thousand Oaks in the Conejo Valley. Poverty rates across local communities range from as little as 0 percent in the high income community of Oak Park to about a quarter of all children and families in the Oxnard, Rio, and Ocean View elementary school districts. Families in these same areas, along with Pt. Hueneme and the communities of the Santa Clara Valley, are also more linguistically isolated with as many as 18 percent of parents/caregivers unable to speak English well.

Data from the California Department of Education indicates that 33 elementary schools countywide are now designated as high priority, underperforming schools (i.e., low Academic Performance Index schools as ranked by the California Department of Education), defined as falling within the lowest three deciles on the Academic Performance Index (API) for California schools. Four elementary school districts were identified by the state as being high priority, underperforming districts that were eligible for funding under the state School Readiness Initiative, which began in 2002. These include the Hueneme, Oxnard, Rio, and Santa Paula Elementary school districts. The children and families who reside within these district boundaries are often lower income, have less formal education, and are more linguistically isolated than in other areas of the county, and have a more limited supply of resources, such as affordable, quality preschool options for children. The experiences of families living in these areas may be very different from the experiences of children and families in other more affluent parts of the county, underscoring the importance of an early childhood system of care that can respond effectively to local needs and conditions.

**Scope and Reach of First 5 Ventura County’s Investments in Children and Families**

First 5 Ventura County’s mission articulated in the five-year strategic plan is “…to promote school readiness, enhance the potential for young children to engage in life-long learning, and support the continuous improvement of environments critical to the health and well-being of children…” This is to be achieved “by creating and maintaining a community-wide effort that provides access to comprehensive, culturally competent, integrated and high quality prenatal and early childhood development services.”
First 5 Ventura County invests the county’s share of tobacco-tax revenues into expanded health, early learning, and family support initiatives at the county and local community level. The Commission infuses resources into health, family support, early learning and community-based service systems through several different funding strategies. These strategies include establishing a funding base for eleven place-based initiatives or Neighborhoods for Learning (NfLs) ($6,323,023), which deliver direct services and supports to children and families within local communities. The Commission also builds on county programs and expands resources and services through countywide Targeted Contracts ($1,790.659 million) supporting health care access, resource and referral, parent education and family support, Regional Health Professionals Contracts ($1.3 million) that fund specific strategies delivered by county health care professionals, and investments in Preschool for All ($1,591,094) that aims to improve preschool quality countywide and to expand preschool options within the community of Pt. Hueneme.

The Neighborhoods for Learning (NfL) Model

The Neighborhoods for Learning (NfL) are collaborative, place-based, early childhood systems of care that are located across eleven Ventura County communities, which approximate local school district boundaries. The Neighborhoods for Learning (NfLs) support school- and neighborhood-based family resource centers and staffing to deliver services and supports to children 0 to 5 years of age and their families. The NfLs share a common framework for implementing services across the early learning, health, and family strengthening strategies in alignment with the First 5 strategic plan. This place-based approach allows families to conveniently access a range of services and supports through a single point of access in settings that are familiar, comfortable, and accessible to them. This place-based approach was previously recognized by the W.K. Kellogg Foundation as one of eight programs nationally demonstrating a successful integration of children’s health and high quality early learning programs. These place-based strategies offer an innovative way to reach families in need, to reduce the stigma of seeking help, and to promote effective resource sharing, networking, and collaboration in service delivery.

There are several features that characterize the NfL model:

- NfLs resource levels are determined by a needs-based allocation formula that directs investments to local communities proportionate to their population size and concentrations of need, based on income (e.g., income, free/reduce lunch) and academic factors (e.g., presence of underperforming schools)
- NfLs differ in the magnitude of community needs, size, resource levels, service focus and activities, staffing and staff expertise, local service infrastructure, and opportunities for collaboration with other community-based providers.
- NfLs are designed locally to be responsive to diverse community needs and conditions and to appeal to targeted families.
- NfLs models emphasize collaboration with local school districts and other local service providers to maximize resources and share expertise.
- NfLs are responsive to the diverse cultural, ethnic, and linguistic characteristics of the communities and populations they serve, and offer services that accommodate client cultural and language needs.
- NfLs involve parents and local community members in program design, governance and implementation.
Number and Characteristics of Children and Families Served through the NfL Infrastructure

Total First 5 Ventura County investments for FY 2009–10 were used to fund a wide range of direct services to children and families to promote school readiness, strengthen families, and improve children’s access to health and dental care, early behavioral interventions, and developmental services. The Neighborhoods for Learning (NfL) provide the core platform for conducting outreach and delivering services to high need children and families. In 2009–10 the eleven NfL funded partners collectively reached 4,186 children and 4,098 parents/caregivers with more intensive provision of services (‘core’ clients). Personal information shared by parents and caregivers as part of the intake process offers a profile of the types of clients who were reached through the NfL infrastructure.

<table>
<thead>
<tr>
<th>Exhibit 2.2</th>
<th>Demographic Characteristics of Children Served through NfL Place-Based Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (n=4,184)</td>
<td>Number</td>
</tr>
<tr>
<td>Age 0</td>
<td>467</td>
</tr>
<tr>
<td>Age 1</td>
<td>494</td>
</tr>
<tr>
<td>Age 2</td>
<td>614</td>
</tr>
<tr>
<td>Age 3</td>
<td>1,030</td>
</tr>
<tr>
<td>Age 4</td>
<td>1,048</td>
</tr>
<tr>
<td>Age 5</td>
<td>531</td>
</tr>
<tr>
<td>Gender (n=4,184)</td>
<td>Number</td>
</tr>
<tr>
<td>Male</td>
<td>2,112</td>
</tr>
<tr>
<td>Female</td>
<td>2,069</td>
</tr>
<tr>
<td>Prefer Not to Say</td>
<td>3</td>
</tr>
<tr>
<td>Race/Ethnicity (n=4,184)</td>
<td>Number</td>
</tr>
<tr>
<td>Asian</td>
<td>198</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>22</td>
</tr>
<tr>
<td>Latino/Hispanic/Mexican-American</td>
<td>2,505</td>
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<tr>
<td>White</td>
<td>905</td>
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<tr>
<td>Other/Multi-Race/Unknown</td>
<td>554</td>
</tr>
<tr>
<td>Health Insurance (n=4,020)</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>3,696</td>
</tr>
<tr>
<td>No</td>
<td>324</td>
</tr>
<tr>
<td>Prefer Not to Say</td>
<td>164</td>
</tr>
<tr>
<td>Developmental Delay (n=3,978)</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>197</td>
</tr>
<tr>
<td>No</td>
<td>3,781</td>
</tr>
<tr>
<td>Prefer Not to Say</td>
<td>206</td>
</tr>
<tr>
<td>Primary Language at Home (n=4,184)</td>
<td>Number</td>
</tr>
</tbody>
</table>
| Mostly or Equally English | 2,814 | 62.5% | Child Age and Gender
The age distribution of children served shows that providers were successful in reaching all age-segments of the population. Infants comprised about twenty-three percent of the population, while toddlers and early preschool aged children together accounted for another forty percent. Pre-kindergarten age children 4- and 5-years of age made up the remaining thirty-seven percent of children served. This balanced age distribution reflects the fact that most of the Neighborhoods for Learning (NfL) currently offer a mix of child and family services that are specifically targeted to different stages of a child’s development. Male and female children were equally represented across the NFL service population.

Race/Ethnicity and Language
The race/ethnic composition of the child participant population was predominately Hispanic/Latino (60%) and White (22%). Five percent of children were Asian, less than one percent were African-American, and the remaining 13 percent were mixed race or had an ‘other’ or ‘unknown’ races. About one-third of all children served (33%) lived in families where a language other than English is the predominant language spoken in the home. Families with limited use of English at home, typically Spanish or Mixteco speakers,
are often linguistically isolated creating additional challenges to accessing services. These children are also at greater risk for future educational disparities.

**Family Income and Education Attainment**
About twenty percent of the parents or caregivers were employed full time at the time of intake, and fifty percent were unemployed. The income distribution among families also suggests that those reached through First 5 funded programs were economically-disadvantaged, with a significant percentage living at or below poverty level. Most family incomes for children served in FY 2009–10 ranked well below the median family income for Ventura County ($76,190), with over two-thirds of responding families earning less than $50,000, or below 200% of Federal Poverty Level (FPL) for a family of four. Thirty-one percent of parent/caregivers had never completed high school—a factor that places children at greater risk of poor social and educational outcomes.

**Health Insurance and Access to Health Care**
About eight percent of children did not have health insurance at the time of intake. Another 5 percent of children had been identified as having special health or developmental needs prior to entering First 5 programs. Children with special needs represent a specific population targeted for inclusion in First 5 funded programs and services.

The profile of children and parents/caregivers served through the First 5 Ventura County Neighborhoods for Learning (NfLs) suggest that funded partners were successful in reaching out to a diverse group of families, many whom had one or more demographic risk factor that made them more vulnerable to experiencing unmet health and educational needs. These families are also more likely to face socio-economic, cultural, and linguistic barriers that can limit their ability to access needed services and resources. The next sections of the report describe how these children and families utilized services and supports available through First 5 Ventura County funded organizations within each of seven Best Investment Areas.
Health Insurance Enrollment
Best Investment Area

An important step toward promoting children’s healthy development is to ensure that affordable, quality health care for all children is within reach. The Academy of Pediatrics (AAP) advises that “all infants, children, and adolescents have access to comprehensive health care benefits, including a full array of routine medical and critical care services, pediatric surgical care, behavioral health, and services for children with special health needs.” Recognizing the importance of health care access in maintaining children’s overall wellness, leading California children’s advocacy groups have identified health care coverage for all children as one of their key policy priorities.

For many families, obtaining health coverage for their children represents a significant challenge. The recent economic downturn and increases in local unemployment have caused many families to lose employer-based health care coverage, while reductions in household income have made it more difficult to afford to purchase private insurance plans. These economic challenges, combined with threatened reductions in children’s public health insurance options, have placed more children at risk of being uninsured. According to recent census estimates, within Ventura County there are now more than 6,000 0 to 5 year olds who are without health coverage, representing nearly 1 in 10 children within this age group. The rates of uninsured disproportionately impact those already at greater risk for health disparities, including Latino children and children living in lowest income households. When children are uninsured or experience lapses in coverage they are less likely to have a medical home or to attend regular well-child visits, and are at greater risk for poor health outcomes. The longer a child goes without coverage the more likely they are to experience delays in medical care, to have unmet medical needs, or to become hospitalized for health concerns that might have been prevented. While the cost to insure a single child is approximately $1,200 per year, the cost of a single preventable child hospitalization averages $7,000 per visit.

The MediCal and Healthy Families public insurance options in California have provided a safety-net of coverage for many of the county’s lowest income children, and growing program enrollments have driven increases in overall health coverage among children in the state. However, limited awareness among many families about these public health care options, and barriers related to complex eligibility screening, enrollment, and reenrollment processes, often result in underutilization of public plans. Recent estimates suggest as many as 80 percent of Ventura County children 0 to 5 who are uninsured would be eligible for coverage under MediCal or Healthy Families, but are not currently enrolled. Meanwhile, many state-funded programs that provide outreach and support to families to assist with insurance enrollment have experienced significant budget reductions in recent years, limiting their capacity to promote utilization among eligible families. First 5 Ventura County has responded to this unmet need by supporting county and local efforts to better connect eligible families with available public options, and to promote the use of appropriate medical care.

Key Highlights

- Parents or caregivers of 2,294 children five years and under received assistance from First 5 funded partners to help obtain public health insurance or to retain existing coverage.
- 1,080 children who received county assistance were confirmed to have been enrolled or reenrolled in Medi-Cal, Healthy Families, or Kaiser Permanente public insurance options, or in the county’s ACE for Kids low-cost health care program.
- More than 98 percent of all children who received enrollment assistance were linked to a medical home and had scheduled and completed well-child visits.
- 95 percent of children who were newly enrolled in health insurance programs had visited a doctor in the past year.
How is First 5 Ventura County expanding children’s access to comprehensive health care coverage?

The First 5 Ventura County 2005–10 Strategic Plan defines regular access to a doctor for preventive care and treatment of chronic health conditions as a desired health outcome for Ventura County children. The Commission's core strategy for achieving this outcome has been to fund efforts to increase enrollment in public health coverage by supporting existing county public health programs, which offer outreach, eligibility screening, and enrollment assistance to qualified families. This countywide health access strategy has been complemented by the work of NfL staff at selected Neighborhoods for Learning (NfL) who also screen children for eligibility and assist with initial program enrollments. Commission investments in these countywide and local strategies totaled $181,500 in the 2009–10 fiscal year.

Ventura County Public Health’s Health Outreach Programme (HOPE)

The Commission continues to partner with Ventura County Public Health’s, Health Outreach Programme (HOPE), to help enroll eligible families into public insurance options, including MediCal, Healthy Families, Kaiser Permanente, and the county-financed ACE for Kids program. The First 5 VC resources supporting HOPE services are supplemented with matching funds from Maternal Child Health to expand the program’s operating budget.

The county program uses trained Certified Application Assistants (CAAs) to help families obtain public health insurance, retain their coverage following enrollment, and connect with a usual source of care, or medical home, where children can access regular, appropriate health care services. The CAAs work directly with families to verify their eligibility, complete applications, and prepare necessary documentation. Families who are ineligible for MediCal, Healthy Families, or Kaiser Permanente’s low-cost health insurance program, due to income or legal immigration status, are enrolled in ACE for Kids, a low-cost, clinic-based medical care program for uninsured county children.

The CAAs also conduct routine follow-up contacts with those families who are eligible for public options to verify that they have been successfully enrolled, to help link children to a medical home, and to educate families about the appropriate use of health services (e.g., when to contact the doctor, when it’s appropriate to go to hospital emergency room). The CAAs reestablish contact with families by mail and by phone approximately 10 months from the time of initial enrollment to confirm that the child is still enrolled and to assist with the reenrollment process to prevent lapses in coverage.

Co-Locating Health Insurance Services at the Neighborhood for Learning (NfL) Family Resource Centers – First 5 Ventura County investments in health access were used to support an expansion of the HOPE program to reach underserved areas of the county. This augmented strategy supported the placement of HOPE staff at Neighborhoods for Learning (NfLs) family resource centers in targeted areas to increase points of access for families seeking help with enrollment.

Building Capacity of NfL Staff to Obtain Certification – The First 5 contract with Ventura County Public Health also included a provision to train NfL staff to become Certified Application Assistants (CAAs), or to update trained CAAs on current regulations and procedures. This strategy helps build the internal capacity of the NfL infrastructure to connect families with appropriate health care for their children. In FY 2009–10, HOPE staff provided phone and in-person consultations to 9 NfL staff members at the Oxnard, Rio, Santa Clara Valley, Simi/Moorpark, and Ventura NfLs.

Health Insurance Assistance Provided by NfL Staff

Health insurance enrollment assistance was also available to families at five NfL locations in FY 2009–10, including Moorpark/Simi Valley, Oxnard, Pleasant Valley, Rio, and Santa Clara Valley NfLs. These were typically lower intensity services to support initial enrollment, such as eligibility reviews and application assistance. Services did not involve the more intensive follow-up activities engaged in by HOPE program staff that include enrollment verification, utilization assistance, and follow-up to prevent lapses in coverage.
In 2009–10, there were 2,294 children across Ventura County who received assistance from First 5 Ventura County funded partners to enroll in public health insurance programs or to retain their current coverage. Of the children served, 2,216 received assistance through the Ventura County Public Health, Health Outreach Programme, and the remaining 78 were served by staff at an NFL family resource center. Of the 2,216 children who received assistance from the county program, **1,080 were confirmed by CAAs to have been successfully enrolled or reenrolled in public health insurance options**, including MediCal, Healthy Families, or Kaiser Permanente’s low-cost children’s health insurance program. This figure far exceeds the established target for enrollment or reenrollment of 855 children in public health insurance programs. The number with confirmed enrollments represents about half of all children assisted, and includes those who met eligibility requirements, submitted complete applications, and could be contacted to confirm their enrollment. Among those confirmed, almost three-quarters (72%) were enrolled in California’s state children’s insurance program, Healthy Families, which covers children with family incomes at or below 250 percent of the Federal Poverty Level (FPL). Another fourteen percent were enrolled in MediCal, and thirteen percent were enrolled with Kaiser Permanente, which offers low-cost insurance premiums for children. The remaining thirteen percent were referred to the county ACE for Kids program, which provides low cost, clinic-based health care services to qualified children.

For children assisted through the HOPE program, detailed data on service transactions were captured in the GEMS system for 895 individual children. Of the children in this sample, 550 were recorded as having received initial health insurance enrollment assistance, 438 received follow-up contacts and assistance with medical care utilization (e.g., linkages to a usual source of care), and 353 received reenrollment assistance 10-months from their initial contact with the program. In addition, there were 78 individual children and their families who received eligibility screening and enrollment assistance from staff at family resource centers (FRCs) in the Moorpark/Simi Valley (n=56), Rio (n=15), Oxnard (n=5), and the Santa Clara Valley NFLs (n=2).

The VCPH HOPE program has traditionally delivered services to families across a number of centralized county Health Care for Kids (HCFK) offices, located within the communities of Oxnard, Ventura, Simi Valley and Santa Paula. First 5 Ventura County resources were used to expand this original program model by funding the placement of CAAs at selected NFLs to facilitate outreach to underserved and high need areas of the county, and to further support collaboration with the Neighborhoods for Learning. This decision enabled First 5 Ventura County to continue supporting health insurance enrollment services for the 0 to 5 population as a service expansion, despite funding cutbacks to Health Care for Kids offices at the county level. This new strategy also created an opportunity to reach new populations of families through the NFL service delivery platform, and to broaden the array of services available through the NFL resource centers. The HOPE program expansion is now in its third year of implementation with staff co-located at NFLs. As an additional strategy to expand the program’s reach, the HOPE CAAs have engaged in capacity-building with NFL providers to help them become certified to offer enrollment assistance to families at FRCs throughout the county.
Calculating a Service-to-Need Ratio

An evaluation question contained in the Evaluation Framework concerned whether the children and families who received outreach and enrollment assistance were proportionately distributed across the county and concentrated in the highest areas of need. This question was explored through an analysis of service utilization by geographic area based on the city where services were located (i.e., the physical location of either a HCFK office or NFL family resource center). The distribution of services was examined in relation to the estimated need for health insurance enrollment within communities. The population of children living in poverty was used as a proxy for health insurance need due to the fact that reliable data on rates of uninsured and insurance eligibility is not typically available at the local community level. The poverty rate and estimated number of children in poverty 0 to 5 years of age were calculated using newly released census data for school district jurisdictions from the American Community Survey aggregated for 2005–09. This data allowed for an estimation of children in poverty for geographic boundaries that largely correspond to each of the eleven NFL service areas. A service-to-need ratio was calculated to compare the number of children served by city location to the size of the low income population. Each city service location was associated with its closest corresponding Neighborhood for Learning (NFL) jurisdiction to support the service-to-need analysis.

There were 973 children 0 to 5 years of age for whom records were available documenting the location where health access services were delivered. As shown in Exhibit 3.2, the four areas of the county that accounted for the largest share of clients served were associated with the Oxnard, Santa Clara Valley, Ventura and Moorpark/ Simi Valley NFL boundaries. These are all areas with high concentrations of low income children and families, and areas where Health Care for Kids (HCFK) offices are located. Outside of these four areas of the county all other NFL defined regions served fewer than fifteen participants.
### Exhibit 3.2
Distribution of First 5 Funded Health Insurance Enrollment Services: Number of Clients Served, Total Population 0 – 5 Below FPL, and Service-to-Need Ratio

<table>
<thead>
<tr>
<th></th>
<th>0-5 Population Below Poverty (%)</th>
<th>Health Insurance Enrollment Clients</th>
<th>Total Population &lt; FPL</th>
<th>Service-to-Need Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hueneme/South Oxnard NfL</td>
<td>14%</td>
<td>973</td>
<td>9,666</td>
<td>1 : 10</td>
</tr>
<tr>
<td>Conejo Valley NfL</td>
<td>19%</td>
<td>7</td>
<td>1,176</td>
<td>1 : 168</td>
</tr>
<tr>
<td>Moorpark/Simi Valley</td>
<td>8%</td>
<td>10</td>
<td>757</td>
<td>1 : 76</td>
</tr>
<tr>
<td>Ojai NfL</td>
<td>4%</td>
<td>0</td>
<td>59</td>
<td>--</td>
</tr>
<tr>
<td>Oxnard/Ocean View NfLs</td>
<td>24%</td>
<td>577</td>
<td>3,345</td>
<td>1 : 6</td>
</tr>
<tr>
<td>Pleasant Valley NfL</td>
<td>7%</td>
<td>4</td>
<td>366</td>
<td>1 : 92</td>
</tr>
<tr>
<td>Rio NfL</td>
<td>23%</td>
<td>13</td>
<td>726</td>
<td>1 : 56</td>
</tr>
<tr>
<td>Santa Clara Valley NfL</td>
<td>18%</td>
<td>133</td>
<td>976</td>
<td>1 : 7</td>
</tr>
<tr>
<td>Ventura NfL</td>
<td>16%</td>
<td>108</td>
<td>1,491</td>
<td>1 : 14</td>
</tr>
</tbody>
</table>

**NOTES:** The reported sample of clients receiving enrollment assistance (n=973) includes children served through the county and local NfLs with complete records reporting the location where services were delivered. However, data documenting the service location only records the name of the city, and does not provide detail regarding the actual site where services were delivered, which would allow for more precise assignment of clients to an NfL. Because the Oxnard, Rio, Ocean View and Hueneme/South Oxnard NfLs are all located within the Oxnard Plains region of Ventura County and fall within the city jurisdiction, a proportion of children residing within the Rio and Hueneme NfLs school districts will be included in counts for Oxnard. The Oxnard and Ocean View NfLs were combined due to challenges distinguishing between these NfLs locations.

The service-to-need calculation for the county as a whole suggests that, proportionately, one in every ten children potentially eligible for public health care coverage was reached through First 5 Ventura County funded partners. As anticipated, the lowest service-to-need ratios (i.e., communities where a higher proportion of children were reached) were found in communities where Health Care for Kids Offices were located. Outside of these four areas, the county location with the highest service-to-need ratio (i.e., fewer children were reached) was the community of Port Hueneme where only seven children received enrollment assistance relative to more than 1,000 children in poverty living within the school district boundaries. This represents a 1:168 ratio. Higher ratios were also found in communities within the Conejo Valley, Pleasant Valley, and Ojai NfLs where relatively few or no children were reached through county or NfL based providers. These are all mixed income communities where poverty rates are lower than in more concentrated areas of the county. Although the Pleasant Valley NfL contract with First 5 Ventura included a health insurance provision, no families were recorded as health insurance clients. With the exception of Ojai, which does not currently support an FRC, these NfLs may be candidates for co-locating HOPE program staff. The Rio NfL also had a high relative ratio, although NfL staff do offer enrollment assistance on-site. This finding suggests that increased outreach may be required to identify families with assistance needs. Other factors in these communities, such as more concentrated populations of undocumented families who would not qualify for public insurance programs, may also limit capacity to assist families.

The analysis, overall, indicates that health insurance providers are enrolling a substantial number of families in public health care programs relative to the estimated number who are likely to be uninsured and eligible for available options. However, the data also suggest that despite widespread access in many areas of the county, with more than twelve communities recorded as service location sites, utilization remains largely concentrated within four large population centers of the county. This pattern indicates that efforts to expand points of services access by co-locating CAAs at family resource centers and by training NfL staff have not directly translated into higher utilization across communities beyond areas where HCFK offices are located.

It should also be noted that the analysis approach has some important limitations. Specifically, due to the fact that multiple NfLs within the Oxnard Plains region of the county (i.e., Oxnard, Rio, Hueneme, and Ocean View) fall within Oxnard city boundaries, it was difficult to precisely match service delivery locations with individual NfLs. As a consequence, the analysis is likely to over-represent services delivered within the Oxnard NfL and under-represent services delivered in locations encompassed within the Rio, Hueneme, or Ocean View NfLs. The approach to estimating need was also modified slightly from the previous year’s analysis so that results were not comparable from year-to-year. Moving forward,
improvements in the ability to answer questions about geographic distribution of services may be achieved through additional data collection efforts that record the actual physical location of services. This would involve identifying a specific HCFK office site or NfL family resource center, allowing for a more precise analysis of access across points of service delivery, and an enhanced understanding of how co-located and NfL based services contribute to overall health access strategies.

**Are children better off as a result of this access to health care?**

The Evaluation Framework also focused on measuring whether children who participated in health access services were better off as a result of their participation. One core element of the HOPE program model is its follow-up component, which is used to verify that children are successfully enrolled or reenrolled in public health care options and that families gain access to the health care system. Accordingly, a benchmark in the Framework was for at least 60 percent of enrolled or reenrolled children to be followed to ensure that they have successfully completed a well-child exam, and have access to a regular source of medical care.

By design, all clients who attempt to enroll in MediCal or Healthy Families through the HOPE program are routinely contacted by CAAs who verify enrollment and provide assistance with health care utilization. In the 2009–10 fiscal year, about **86 percent of clients who received initial help with eligibility screening and enrollment assistance also received follow-up assistance with health care utilization** (e.g., connecting families to a medical home). This percentage exceeds the 60 percent targeted benchmark. In FY 2009–10 HOPE CAAs also conducted follow-up surveys with the families of 345 children who received follow-up to determine whether the child was still enrolled, had been assigned to a doctor or physician, had scheduled an appointment with a doctor and had attended the visit. Among parents/caregivers surveyed, more than 98 percent responded positively on each of these health care utilization measures. Ninety-five percent of children of parents/caregivers surveyed also reported that their child had visited a doctor within the past year, with one-third having completed doctor’s visits in the prior three month period.

**EVALUATION BENCHMARK**

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% of children who were enrolled/re-enrolled</td>
<td>86%</td>
</tr>
<tr>
<td>will be followed to assure they have a well-child exam and have a regular source of care</td>
<td></td>
</tr>
<tr>
<td>FY 2009–10 PERFORMANCE</td>
<td></td>
</tr>
<tr>
<td>86% of children receiving initial enrollment assistance also received follow-up assistance</td>
<td></td>
</tr>
</tbody>
</table>

**Exhibit 3.3**

Time Since Child Last Visited the Doctor for Children Enrolled or Re-enrolled in Public Insurance Programs (n=345)

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>114 (33%)</td>
</tr>
<tr>
<td>3 to 6 months</td>
<td>151 (44%)</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>63 (18%)</td>
</tr>
<tr>
<td>Don’t know/no response</td>
<td>15 (4%)</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>2 (1%)</td>
</tr>
</tbody>
</table>
Are parents satisfied with health insurance/coverage assistance?

The Evaluation Framework also established a benchmark for measuring client satisfaction among parents/caregivers who received assistance enrolling their children in public health insurance programs. Although a new satisfaction questionnaire was introduced in 2009–10 that could link satisfaction to specific activities, the measure was not administered to clients served by VCPH or those assisted through their local NFL family resource center. No data was available to support measurement of this evaluation question and benchmark at this time.

Section Summary

First 5 Ventura County investments in children’s health expanded access to affordable health care services to more than 1,000 children 0 to 5 years of age countywide. County and NFL funded partners provided eligibility screening, enrollment, and reenrollment assistance to nearly 2,300 low income children in 2009–10 resulting in 1,080 confirmed enrollments in MediCal, Healthy Families, and Kaiser Permanente, and ACE for Kids low cost insurance programs for children.

Children who were enrolled in health insurance programs were almost universally linked to a medical home or usual source of care, which resulted in appropriate and timely use of health care services. Results of follow-up surveys conducted by First 5 Ventura County funded partners indicated that about 98 percent of all families were still enrolled at follow-up and had scheduled and completed visits with a regular doctor through their insurance plan.

The number of children who received enrollment assistance through the county or a local Neighborhood for Learning (NFL) account for about 1 in 10 low income children in Ventura County. Families accessed insurance services at sites across twelve Ventura County communities, including centralized Health Care for Kids offices and local family resource centers. Services were largely concentrated within the four communities where county offices were located, despite efforts to deploy county CAAs to local family resource centers, or to train NFL staff to enroll new families. More detailed information about the physical location of service delivery, not currently captured in GEMS, is needed to more precisely determine whether efforts to expand points of service access are translating in a broader distribution of service delivery.

Notes & References

10 The California Health Information Survey (CHIS) is a statewide telephone survey of conducted every two years by the UCLA Center for Health Policy Research. Estimated rates for populations within counties may be subject to a high margin of error due to small representative sample sizes.

12 The city of service location was used in place of clients’ place of residence due to lower rates of missing data. Findings are not comparable to analyses from 2008–09.
Oral Health
Best Investment Area

Oral health is essential to children’s overall wellness and can be achieved through good oral hygiene and regular dental care initiated early in life. To ensure optimal dental health, the American Academy of Pediatric Dentistry recommends that all children visit the dentist every six months from the time that their first tooth appears, and no later than one year of age. Unfortunately, many families with young children are unaware of the importance of early, routine dental visits. As a consequence, dental decay remains the most common preventable illness among young children, affecting more than 1 in 4 children 2 to 5 years of age. When oral health problems are left untreated, they can lead to poor nutrition, delayed growth, unnecessary pain, and missed school days, impact children’s ability to learn. Within California, a recent study found that among school-age children, an estimated 874,000 school days were missed in a single year due to dental health problems, costing school districts $28.8 million in lost revenue.

The California Health Interview Survey (CHIS) estimates that 20,000 Ventura County children 2 to 5 years of age have never seen a dentist. Statewide rankings of California counties on measures of children’s regular use of dental care place Ventura County in the bottom among high income, urban counties, with only 82 percent of all children and 72 percent of Latino children, receiving regular dental care. Children who are least likely to visit the dentist include children under five years of age, children in low income families, those with no dental insurance coverage, Latino or African American children, and children whose parents who are not fluent in English.

According to the 2007 National Survey of Children’s Health (NSCH) California has one of the highest rates of children’s oral health problems in the nation. Within Ventura County nearly one-third (29%) of all children and as many as half (49%) of children in selected school districts, had untreated tooth decay at the time of kindergarten enrollment. By comparison, the Healthy People 2010 national health objective establishes a target for no more than 9 percent of young children to experience dental decay.

One of the leading reasons that children fail to access routine oral health care is that they lack dental insurance. Recent estimates suggest that as many as 17 percent of Ventura County children ages 0 to 5 are not currently covered by dental insurance plans. These children will be 3 times more likely to have unmet dental needs than children who are insured. Even children who do have public insurance coverage may face barriers to accessing regular dental care. For example, a recent survey of California pediatric dental providers found that less than half participated in the Medi-Cal Denti-Cal program. Of those who participated, two-thirds set limits on the number of patients they would accept into their practices. First 5 Ventura county recognizes the importance of oral health to maintaining children’s wellness and readiness to learn, and is funding direct services and capacity-building efforts to expand the reach of preventive oral health care to high need communities countywide.
How is First 5 Ventura County addressing children’s oral health needs?

As part of a comprehensive strategy to improve children’s access to preventive health care and treatment of chronic medical conditions, First 5 Ventura County identified a priority to address children’s unmet oral health needs by investing in prevention and treatment services to underserved communities throughout the county. This strategic priority is one of seven Best Investment Areas selected as a focus of evaluation efforts for the 2009–10 fiscal year. Commission expenditures on oral health care for children totaled more than $414,000 in 2009–10, invested through contracts with countywide providers to deliver oral health education, fluoride varnish, dental screenings, exams, and treatment services. Funds were also used to support capacity-building activities that expand children’s access to preventive dental care. The First 5 Ventura County health care access strategy supports this continuum of oral health services for children through four funded contracts. These include:

**Santa Barbara-Ventura Counties Dental Care Foundation Mobile Dental Clinic**
The Santa Barbara-Ventura County Dental Care Foundation’s Mobile Dental Clinic is one of two funded contracts that supports the delivery of direct oral health treatment for children. The contract supports a paid dental care provider to offer basic oral health screenings and oral health exams for children through their mobile dental clinic unit. The mobile clinic coordinates with NfL staff to schedule periodic visits to NfL family resource centers and preschool sites to offer oral health screenings, dental cleanings, x-rays, and fillings for children on-site. Children with more intensive oral health treatment needs are referred to contracted private dentists in the community to receive more specialized treatment.

**Clinicas de Camino Real—Children’s Oral Health Treatment Program**
The Children’s Oral Health Treatment Program is a contract with Clinicas de Camino Real, a non-profit medical and dental clinic with sites throughout Ventura County that focuses on the needs of lower income, medically underserved populations. The Clinicas contract provides dental cleanings, x-rays, and fillings at NfL sites using a mobile dental van, or provides services to eligible children at clinic locations that are reimbursed on a fee-for-service schedule.

**Santa Barbara-Ventura Counties Dental Care Foundation Capacity-Building Program**
The capacity-building contract with the SB-VC Dental Care Foundation involves working within the dental health care system to expand access to fluoride treatment and oral risk exams for children without a regular source of dental care, and to increase the supply of dental providers who work with young children. The contract involves recruiting and training private dentists to voluntarily participate in oral health education and fluoride varnish application events at NfL family resource centers and preschool sites. The program also provides support to dental offices to expand the use of fluoride varnish treatment during routine exams.

**Ventura County Public Health—Early Childhood Oral Health Education Program**
The Ventura County Public Health Early Childhood Oral Health Education Program also builds oral health prevention capacity by offering support and training to private physicians’ offices and medical clinics to encourage the routine use of oral health risk exams and fluoride varnish for children as part of well-child pediatric visits. VCPH health educators provide on-site technical support and training to educate medical and office management staff about children’s oral health needs, and to help them establish billing practices that reimburse for costs of delivering fluoride treatments.
In FY 2009–10, First 5 Ventura County funded partners offered a continuum of oral health services to children with unmet health needs and limited access to routine dental care. These services were offered in locations across Ventura County, including NFL preschools and family resource centers through use of mobile dental clinics, and at dental offices and community health centers. **First 5 Ventura County oral health providers delivered individualized, core services to 1,132 children countywide, in the form of oral health screenings and referrals to a dental home, regular dental exams, and treatment services.** Of the 1,132 individual children served, 22 were referred to private dentists for specialty treatment to address serious oral health concerns. An additional 440 children received oral health risk screenings and preventive care as part of group service events at preschools and family resource centers. This represents a total of 1,572 children served countywide. This number exceeds the targeted benchmark to reach 1,530 children within the 2009–10 contract year. The SB-VC Dental Care Foundation Mobile Dental Clinic also included a service provision to delivery oral health education to parents and their children as part of oral health screening and fluoride varnish events at NFLs. In 2009–10 dental care providers reached 1,169 parents/caregivers and 1,153 children through the oral health education component.

Although oral health providers collectively exceeded their benchmarks for service delivery, providers reported a higher than anticipated severity of dental needs among children served. These more intensive needs (e.g., minor restorative work) translated into more staff time and higher than average costs per child, which limited the number of children who could be served. As an example, service transactions recorded by the Clinicas Childhood Oral Health Treatment program indicate that among children reached through the program, 30 percent required 3 or more visits with a dental provider to address their oral health needs. These direct services were complemented through the work of two funded partner organizations who were increasing capacity of medical and dental providers to deliver fluoride varnish applications to children through NFL FRCs and preschools, dental offices, pediatrician’s practices, and local health care clinics countywide. This approach to oral health prevention has been shown to be an effective, relatively low-cost strategy for preventing early childhood tooth decay, particularly among low income, dentally underserved populations who are at higher risk of having unmet oral health needs. The targeted benchmark for FY 2009–10 was for health and dental care providers to deliver 9,500 fluoride varnish treatments. Through the capacity-building activities of local foundations and county agency partners, **12,722 preventative fluoride varnish treatments were applied by pediatric health care providers in community clinics or private physicians offices, or by volunteer dentists in dental offices or on-site at NFL locations.** This figure far surpasses the targeted benchmark to deliver 9,500 fluoride applications and represents a 67 percent rate of increase in the number of applications provided from the previous year (n=7,611).

The Evaluation Framework also focused on determining how successful programs were in reaching children in all areas of the county. The question reflects the intent to fill gaps in unmet dental care needs by expanding access to hard-to-reach geographic areas and communities that are traditionally underserved.

Funded partners were successful in reaching out to under-resourced areas by working through NFL family resource centers and preschools, local dental providers, and safety net health care clinics to deliver services to children. The contract with Clinicas de Camino Real involved partnerships with NFLs to deliver direct services on-site and at clinic locations. The SBVC Dental Care Foundation also delivered direct services to children in all areas of Ventura County.
services to children at NFL sites through their mobile dental clinic, and recruited and mobilized volunteer dentists to deliver fluoride applications at NFL family resource centers and preschools.

Public health educators with the county Early Childhood Oral Health Education Program worked with 38 pediatric health care providers, including health centers affiliated with the Clinicas de Camino Real, Ventura County Medical Center (VCMC), Ventura County Public Health (VCPH), and Centers for Family Health (CFH) health care systems, and with 4 large private physician’s practices. These activities were intended to create capacity to deliver fluoride to children as part of routine pediatric well-child visits. These physician’s offices and health care clinics were distributed across thirteen communities within ten of eleven NFL service areas across Ventura County. Most of these clinics are ‘safety net’ providers that serve lower income and uninsured patients who are at increased risk of having unmet oral health needs. The only NFL that did not participate in oral health access strategies was the Oak Park NFL. The community of Oak Park is relatively affluent, with a very low prevalence of untreated dental disease and very high rates of private dental insurance coverage, making underutilization of funded services appropriate within this community.

Exhibit 4.1 presents a more formal analysis of the distribution of oral health services across Ventura County communities affiliated with each of the NFLs. The exhibit reports information on the estimated need for oral health care based on rates of untreated dental disease assessed in children at the time of kindergarten enrollment, and the size of the child population living in poverty. This information is compared to the distribution of service participants by city of location where services were delivered for both core and group participants who received oral health screenings, dental exams, and specialty treatment services. The exhibit also reports counts of the number of fluoride varnish treatments applied in community and health care settings by area of the county.

<table>
<thead>
<tr>
<th>Need Estimates</th>
<th>Oral Health Screenings, Exams, and Specialty Treatment</th>
<th>Fluoride Varnish Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates of Dental Decay at Kindergarten Entry</td>
<td>0-5 Below Poverty (%)</td>
<td>Total Population &lt; FPL</td>
</tr>
<tr>
<td>Ventura County</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>Hueneme/South Oxnard</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>Conejo Valley NFL</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>Moorpark/Simi Valley</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Ojai NFL</td>
<td>27%</td>
<td>4%</td>
</tr>
<tr>
<td>Oxnard NFLs</td>
<td>15% - 40%</td>
<td>24%</td>
</tr>
<tr>
<td>Pleasant Valley NFL</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>Rio NFL</td>
<td>49%</td>
<td>23%</td>
</tr>
<tr>
<td>Santa Clara Valley NFL</td>
<td>49%</td>
<td>18%</td>
</tr>
<tr>
<td>Ventura NFL</td>
<td>40%</td>
<td>16%</td>
</tr>
</tbody>
</table>

NOTES: The reported sample of children receiving oral health services includes core and group participants served by Clinicas de Camino Real, (n=973) includes children with complete records reporting the city location where services were delivered. Four NFLs, Oxnard, Rio, Ocean View and Hueneme/South Oxnard all operated within the Oxnard Plains region of Ventura County. Many of the children who reside within the Rio, Ocean view and Hueneme NFL jurisdictions reside within the City of Oxnard. The Santa Clara Valley NFL includes services delivered in Fillmore and Santa Paula. The Oxnard and Ocean View NFLs were combined due to limits of analyzing data by city of service location, which limits the ability to distinguish between within the same city jurisdiction.

The results of the analysis show that the delivery of oral health services was relatively evenly distributed across high-need areas of the county, reaching ten of eleven NFL service areas. The more underserved areas of the county, based on the analysis, included the Rio and Hueneme NFLs, which each had higher need-to-service ratios compared to other areas of the county. Fluoride varnish applications were also evenly distributed, reaching all areas, with the exception of the Oak Park community.
It should be noted, however, that the analysis approach has some important limitations. Specifically, data only identifies the city where services were located and does not precisely identify the physical location where clients were served (e.g., NFL FRC, preschool, or community clinic). Due to the fact that multiple NFLs within the Oxnard Plains region of the county (i.e., Oxnard, Rio, Hueneme, and Ocean View) fall within Oxnard city boundaries, it was difficult to precisely match service delivery locations with individual NFLs. As a consequence, the analysis is likely to over-represent services delivered within the Oxnard NFL and under-represent services delivered in locations associated with Rio, Hueneme, or Ocean View. This data limitation may explain lower than average service counts for both the Rio and Hueneme. The approach to estimating need was also modified slightly from the previous year’s analysis so that results were not comparable from year-to-year.12

Moving forward, improvements in the ability to answer questions about geographic distribution of services can be achieved through additional data collection efforts that record the actual physical location of services—identifying an NFL family resource center, preschool program, or clinic site. This will allow for more precise analysis of service delivery across geographic region and strengthen understanding of the collaborative relationship between oral health providers and local NFLs.

Are parents satisfied with oral health treatment services?

The final question in the Oral Health Evaluation Framework focused on satisfaction with oral health services among the parents/caregivers of children served. Although a new satisfaction questionnaire was introduced in 2009–10, which could link parent satisfaction to specific program activities, the measure was not administered to clients served by oral health providers. No data was available to support measurement of the evaluation question and benchmark.

Section Summary

First 5 Ventura County invested more than $414,000 in tobacco-tax revenues to support a countywide continuum of oral health screenings, exams, and treatment services. These services ranged from oral health education for parents and basic risk screenings for children, to specialty dental treatment services to address serious dental health needs. Funded partners delivered oral health prevention and treatment services to more than 1,100 core children, and to another 440 children served through group oral health events countywide. This figure exceeded projected totals, despite higher than anticipated severity of oral health needs among the children who received care.

Oral health screenings, exams, and treatment services were evenly distributed across the county. First 5 Ventura County oral health providers, collectively, delivered dental screenings, exams, and specialty treatment services to an estimated 1 in 6 very low income children throughout Ventura County with unmet oral health needs. These services were delivered to children residing within ten of eleven NFL school district boundaries, and were generally proportionate to the size of the low income population within each community.

Funded partners are developing capacity within existing pediatric health care and dental care settings by helping to integrate the use of preventive fluoride treatments into routine office visits. This strategy has been recommended by the American Academy of Pediatrics (AAP) as an effective, low cost strategy to prevent oral health problems among lower income children who are at high risk for unmet dental needs. First 5 Ventura County partners in oral health far exceeded their targeted number of fluoride varnish applications, delivering more than 12,000 treatments to children across 38 community clinics and dental offices in 13 communities countywide. Children were also reached through multiple NFL preschools and family resource center settings. The total number of fluoride applications delivered in 2009–10 represents a 67 percent expansion in service output from the previous year.
Notes & References


Developmental Screening

Best Investment Area

Early childhood is a time of exceptional growth, marked by rapid changes in physical, cognitive, and social-emotional development. From the prenatal period and early infancy until the time children reach school-age, their brains are rapidly forming, with 85 percent of core brain structure developed by age four.\(^1\) While most children follow healthy trajectories in reaching early developmental milestones, other children may experience delayed development or disabilities, or face behavioral challenges that impact their ability to learn and grow. The number of children with these special health or developmental needs is actually more prevalent than previously understood.\(^2\) Recent estimates from the Centers for Disease Control and Prevention (CDC) show that as many as 17 percent of children nationally will be impacted by behavioral or developmental concerns.\(^3\) The early identification of these delays can be achieved through use of standardized screening tools to regularly monitor children’s physical development, communication, language and cognitive abilities, and social-emotional competence. Early screening and identification of problems accompanied by referrals to early intervention services can vastly improve children’s developmental outcomes, prevent further progression of delays, and reduce the need for more costly intervention later in life. These early intervention strategies have been shown to be cost effective, with every $1 invested generating $13 dollars in costs savings to society.\(^4\)

The optimal time to detect and address potential delays is early in childhood when children’s brains are most receptive to intervention. However, estimates suggest that, in practice, fewer than 50 percent of children with developmental problems are diagnosed before they reach school-age.\(^5\) California-based studies have found that less than 15 percent of children between 10 months and 5 years are screened for developmental or behavioral problems using standardized assessment tools.\(^6\) Pediatric health care professionals have begun to play an important and increasing role in identifying children with special needs early in their development. The American Academy of Pediatrics (AAP) policy statement recommends that all children be formally screened by a pediatric provider using standardized assessment tools as part of their 9-month, 18-month, and 24-30 month well-child visits.\(^7\) AAP sponsored studies show, however, that the use of routine screening for developmental needs remains relatively limited, with 65 percent of pediatricians feeling inadequately trained to evaluate children’s developmental progress.\(^8\)

Beyond the need for more widespread early screening, other challenges can impede children’s access to early intervention services. More specifically, studies have uncovered a lack of awareness among pediatric providers of the resources available to support children with special needs beyond state-funded developmental programs, while eligibility for state-funded services is relatively limited for children with mild to moderate delays. The study also identified challenges to tracking referrals to ensure that families are connected to and eligible for referred services, and challenges documenting whether positive outcomes of these early intervention services were achieved.\(^9\)

Key Findings

- 892 children in FY 2009-10 received a comprehensive developmental screening by a public health educator through their local Neighborhood for Learning (NFL)?
- About half (52%) of all children screened were under 3 years of age representing 1 in 3 children served by NFLs within this age group.
- More than a quarter (28%) were identified with a suspected delay or disability.
- 50% of children referred to community health and developmental agencies were confirmed to be eligible for services.
- Public health nurses worked with 30 community clinics and obstetric practices across Ventura County to conduct prenatal screenings of substance use in pregnancy.
How is First 5 Ventura County facilitating the early identification and referral of children with special needs?

The First 5 Ventura County 2005–10 Strategic Plan identifies access to developmental screenings as early as possible as one of five key desired outcomes for young children and their families. In FY 2009–10 First 5 Ventura County expended $342,810 on countywide contracts to support early screening, identification and referral, to expand pediatric screening for developmental needs within the medical community, and to build capacity among health care providers to screen women for substance use and domestic violence issues that can negatively impact early prenatal development.

Ventura County Public Health—Regional Health Professionals at NfLs

The Ventura County Public Health—Public Health Nurses/Health Educators Program is a countywide contract that is implemented through a collaborative partnership with the Neighborhoods for Learning (NfLs). Public health nurses and health educators offer a range of services to families at NfL locations with NfL staff and through home visitation. These health outreach, education and family support services, include developmental check-ups for children to detect possible developmental delays or disabilities.

Capacity Building to Integrate Developmental Screening into Pediatric Practice

First 5 Ventura County also funded a capacity-building contract with the Landon Pediatric Foundation to offer training and technical support to pediatricians and family practice providers. This technical assistance is designed to help providers integrate surveillance, screening, assessment, and referrals for developmental problems in young children into their standards of practice. Contract activities focus on developing innovative approaches to integrate recommendations and best practices for developmental screening and referral into daily clinical practice, increasing physician/provider awareness, knowledge, and skills to conduct developmental screening, and piloting intensive capacity building around early and appropriate identification of delay among selected physician practices.

Ventura County Public Health—Prenatal Care and Support

The Prenatal Care and Support Program (PCSP) increases the capacity of prenatal care providers to incorporate the 4P’s Plus screening tool with a brief intervention and referrals to community-based providers for women at risk for substance use or domestic violence in pregnancy. The program builds capacity among Ventura County’s safety net health care providers, including the Ventura County Health Care Agency’s Ambulatory Care Clinics, Clinicas del Camino Real, and the CMH Centers for Family Health. The program has also recently been expanded to work with private family practice physicians and obstetricians across Ventura County.

To what extent is First 5 Ventura County implementing universal screening across populations?

The Neighborhoods for Learning (NfLs) work in collaboration with Ventura County Public Health to provide families with children 0 to 5 years of age access to developmental check-ups with a public health educator within the NfL setting. The screenings are conducted by the parent with the child present using the Ages and Stages Questionnaire (ASQ) and/or the Ages & Stages Social Emotional (ASQ-SE) assessment, which are standardized, age-appropriate developmental assessment tools. The health educator provides assistance to the parent in completing the questionnaire, as needed, for example, with parents experiencing difficulty due to reading level or language barriers. Children who screen positive for suspected developmental delays receive referrals for follow-up evaluation with outside health, education, and developmental service agencies. In FY 2009–10, public health educators conducted development check-ups with 892 children countywide, falling just below the targeted benchmark for children screened.

The total number of children who received standard developmental check-ups represents about 22 percent of the total population of core children served through local NfLs. Across NfL settings these percentages ranged from as little as 8 percent of children served through the Santa Clara Valley NfL to...
more than half of all children served in Ocean View (54%). Generally speaking, the NFLs with a lower proportion of children screened, including Moorpark/Simi and Oxnard, were larger NFLs that screened more children overall. The Oak Park NFL was the only program that did not refer any children for developmental check-ups in 2009–10.

More than half (51.5%) of children screened, or 459 total children, were under three years of age. Infants and toddlers accounted for about one-third (29%) of all 0 to 3 year olds who participated in any NFL based services. By comparison, preschool age children who received developmental screenings account for about seventeen percent of all children served by NFLs within this older age group. This indicates the success of the program in reaching children early in life when intervention is often most effective. The age distribution of children screened across NFL setting confirmed that more preschool-focused NFLs, such as Conejo Valley or Ocean View, (i.e., where preschool services account for the largest share of programming) screened a higher percentage of children in the 3-5 age category, whereas programs emphasizing early learning and parent-child interaction programs targeting younger children generally screened children at younger ages. Exhibit 5.1 below shows that number of children screened as a percentage of the NFL population across referring NFLs.

![Exhibit 5.1 Proportion of Children Screened Relative to the NFL Participant Population](image)

Characteristics of Children Screened

Demographic information was recorded for all children who received a developmental check-up with a health educator (n=892) through their local NFL. According to program records, about two-thirds of all children were identified as Hispanic (60%) and 15 percent were White. Mixteco and Asian children together comprised 6 percent of children screened, multi-racial children accounted for another 11 percent, and the remaining children were identified as having ‘other’ or ‘unknown’ races. Forty-two percent of children lived in families where Spanish was the primary language spoken in the home, and 11 percent lived in bilingual households where families spoke a combination of Spanish and English. Around two percent of families whose children received developmental check-ups were Mixteco language speakers.

Parents were also asked about their health insurance status as part of the intake process. The majority of families were covered through MediCal (47%) or Healthy Families (10%), with 5 percent insured through Kaiser Permanente. Thirty percent had employer-based private insurance coverage, while about 4 percent of families indicated that they were uninsured at the time of screening. The health insurance status of remaining families (<5%) was either unknown or families declined to state.
Among the 892 individual children who were screened for developmental concerns, about one in three children (28%) were positively identified (n=249) indicating a need for further evaluation. This rate exceeded national norms of 10 to 12 percent of children screening positive in a universal screening population. High rates of positive screens most likely reflect the fact that children screened by health educators have often been identified by early childhood educators or NFL staff as having potential concerns, or were self-selected by parents who have expressed concerns. This form of ‘pre-screening’ translates into higher positive rates than if children were truly drawn from a universal population of 0 to 5 year old children. In some instances, rates of positive screens across NFL settings showed wide variation, most notably in the case of the Oxnard NFL where children screen positive at nearly twice the rate of children in other NFLs. This variation reflects differences in the extent to which programs ‘pre-screen’ children as well as the risk level of the population.
As part of the screening process, parents were asked a series of questions to identify any specific areas of concern they might have related to their child’s development. Among the 408 children whose parents expressed one or more developmental concerns, the most common concerns identified were communication issues (28%), problem solving skills (21%), and social-emotional challenges (20%). Parents also indicated concerns related to deficits in fine and gross motor development, behavior, and personal/social issues.

Exhibit 5.4
Areas of Concern for Tests Resulting in a Positive Screen (n=408)

NOTES: The number of areas of concern children with a positive screen exceeds the number of children who screened positive due to parents expressing multiple concerns for an individual child.

Are we appropriately referring for further assessment, ongoing surveillance and/or services?

Children who screen positive for a potential delay or disability are referred to outside agencies for further evaluation. Most commonly, children are referred to Tri-Counties Regional Center, their local school district, or to Ventura County Behavioral Health. Health educators continue to follow-up with families until it can be verified that the family was connected to services and was eligible for assistance. Children with mild or moderate disabilities who do not meet eligibility requirements to obtain services through Tri-Counties or their local school district, are typically referred to the Ventura County Public Health, Support for Special Needs Populations project for families, which is funded through First 5 Ventura County. This separate contract offers families one-on-one consultation with a health educator, case management services, workshops and support groups to educate families about their children’s development and to offer strategies to support learning. More stringent eligibility requirements for California’s Early Start program, resulting from recent budget cutbacks, have reduced the number of children referred to and eligible for services offered through the Tri-Counties Regional Center.

In FY 2009–10, there were 249 children who were positively identified and referred to outside agencies for follow-up evaluations. Many children were referred to multiple agencies, depending on the nature of their needs, so that the number of actual referrals (n=326) exceeded the number of children who were identified for follow-up. Upon follow-up with families, public health nurses were able to confirm that 149 of the 249 children who screened positive, or 60 percent, had been contacted by at least one ‘referred to’ agency and were confirmed to be eligible for services. This figure exceeds the 50 percent established benchmark rate for the percentage of children who received ongoing follow-up after a positive screening result. For 20 percent of all referrals made (n=65), the client either refused to seek services, did not follow-through, or could not be reached by the health educator at the

EVALUATION BENCHMARK
50% of children with positive screens will be followed for re-screening, assessment and services accessed.
FY 2009–10 PERFORMANCE
60% of children with positive screens were followed and confirmed eligible for services.
time of follow-up contact. For about seven percent of all referrals issued, the client was ineligible for services. For these cases, which typically involve children with more mild disabilities or delays, families are often referred to the Ventura County Public Health Support for Special Needs Populations for continuing services.

To what extent are more pediatricians and family practice physicians doing developmental screening?

First 5 Ventura County’s direct investments in developmental screening for children served through the Neighborhoods for Learning (NfL) are being complemented through a separate contract with the Landon Pediatric Foundation to build the capacity of county pediatric health care systems to increase surveillance and early detection of developmental delays in young children. Landon Pediatrics provides direct training and technical support to pediatricians and family practice physicians. This includes both sponsored workshops to introduce the basics of developmental screening, and intensive technical support to large pediatric health care clinics affiliated with the Ventura County Health Care Agency (VCHCA). This effort is designed to help health care providers integrate screening into routine well-child visits using the standardized Parents’ Evaluation of Developmental Status (PEDS) screening tool. In FY 2009–10, Landon Pediatrics worked with 12 physicians’ practices within six medical clinics or private physician’s offices, meeting their targeted benchmark for the 2009–10 program year. Participating sites included five ambulatory care clinics—the Pediatric Diagnostic Center, the Sierra Vista Family Care Center, the Santa Paula West Pediatric Clinic, Las Islas Family Care Center, and the Mandalay Bay Women & Children’s Clinic—and one private physicians’ practice—Coastal Pediatrics. Records maintained by Landon Pediatrics show that in 2009–10, 1,800 children were referred by VCHCA pediatric providers to the Tri-County Regional Center Early Start program, and 1,456 screenings were billed by VCHCA providers. This figure represents substantial growth over the 51 billed procedures in the 2008–09 fiscal year.

To what extent are women being screened during the prenatal period for preventable risks such as smoking, alcohol, and other drug use, and domestic violence using the 4Ps+ Tool?

The Ventura County Prenatal Care and Support Program (PCSP) is building capacity to expand screening within the medical community to support the early identification of substance use risk in pregnancy. Public health educators worked with 30 obstetric practices across Ventura County to train Comprehensive Perinatal Health Workers (CPHWs) on how to conduct prenatal screenings using the standardized 4Ps+ screening tool. In FY 2009–10, a total of 2,632 women were screened for prenatal substance use risk, and 96 women were referred to public health nurses resulting in 68 open cases. This figure exceeded the target to screen 1400 women for prenatal risks. During the first quarter of the 2009–10 fiscal year, the PCSP provided training at two new clinic sites—the Clinicas del Camino Real El Rio and one of eight Centers for Family Health community clinics. The program also planned to expand training to the remaining six CFH clinic sites. By the conclusion of the contract year, the program had trained five Comprehensive Perinatal Health Workers (CPHW) on use of the 4Ps screening tool, who will rotate through six Centers for Family Health clinics that are CPSP certified. Certification of the two remaining clinic sites is pending, and once finalized, will further expand the program’s reach. This 2009–10 program expansion increased the number of participating clinics and obstetric practices from 23 to 30 sites across Ventura County with seven new clinics, thus meeting the targeted benchmark.
Section Summary

First 5 funded partners have successfully integrated developmental screenings into the existing Neighborhoods for Learning (NFL) infrastructure. Public health educators screened 892 children through NFLs across Ventura County, representing a substantial increase in the number of children reached over the previous year (n=804).

The collaboration between VCPH and the local Neighborhoods for Learning was instrumental in expanding early identification of developmental needs for very young children. More than half of all children screened through NFLs were infants or toddlers who are at an optimal age for early intervention effectiveness. Approximately, 29 percent of all 0 to 3 year old children enrolled in NFL based services received a developmental check-up with a VCPH health educator.

Participation in screening services may have uncovered important delays in children’s cognitive, motor, or social-emotional development that can be addressed through intervention services for children and support to families. More than 1 in every 4 children who received developmental check-ups through a Neighborhood for Learning was identified with a suspected delay in motor skills, communication, language and cognitive development, and/or social and behavioral development. As many as 60 percent of children screening positive were confirmed as eligible for additional services, and were linked to needed health and developmental interventions.

The Ventura County Prenatal Care and Support Program (PCSP) has been extremely successful in building capacity to expand screening within the medical community to support the early identification of substance use risk in pregnancy. More than 2,600 women were screened for prenatal substance use risk and 96 were referred to public health nurses, nearly doubling the target to screen 1,400 women for prenatal risk.

Notes & References


Preschool Services
Best Investment Area

Preschool experiences give young children a strong start in life by creating opportunities for learning and social development beyond what children typically experience in the home. These structured early educational opportunities prepare children for success in school by producing benefits for later achievement such as improved reading and mathematical skills and enhanced social competence. Several longitudinal studies of children attending high quality preschool programs have also documented important longer-term benefits, including lower grade retention, fewer special education placements, and increased educational attainment. Some high quality programs have even shown potential to produce social and economic impacts that reach into adulthood, such as increased job earnings and reduced crime and welfare dependence.

The benefits of preschool can be particularly pronounced for economically disadvantaged children who are at higher risk for educational disparities. For instance, a longitudinal research study tracking children from preschool through kindergarten entry found that the largest gains in literacy outcomes were among low income and minority preschool participants. A second study found that lower income children who attended well-structured and responsive early education programs were also less likely to show aggression or to engage in rule-breaking behavior by the time they reached middle school age. Children who are enrolled early in quality preschool programs and who spend more time in the classroom experience the most substantial impacts on school outcomes. However, studies have found that children at highest risk for educational challenges, including Latino children, children with limited English proficiency, and children from lower income families, are those least likely to participate in high quality center-based programs.

Within Ventura County it has been estimated that as many as fifty percent of children entering kindergarten in public school districts have never attended preschool. Across the county there is substantial variation in rates between lower and higher income groups, with about 57 percent of 3- and 4-year olds in moderate or high income families reporting enrollment in preschool programs, compared to only 38 percent of lower income children. As a consequence, early gaps in school readiness related to economic disadvantage tend to further widen as children go on to kindergarten, missing the basic skills needed to be successful in school.

These are number of barriers that limit families’ access to preschool programs. Often noted barriers include income constraints for lower income families who fail to qualify for subsidized programs, long waiting lists for programs serving lower income families, transportation constraints, and a lack of full-day preschool options for working parents. Feasibility studies examining options for universal preschool also point to a shortage of physical spaces to house preschool programs. Specifically, Ventura County has been characterized as a ‘severe shortage county’ defined as lacking physical space for 25 percent or more of the 4-year old population. Children in underperforming school districts were found to be disproportionately impacted, having few preschool options in their neighborhoods. These children are more likely to come from families where parents did

Key Findings

- First 5 Ventura County created or supported 1,238 preschool spaces in FY 2009-2010 to expand the availability of affordable preschool options for low income families.
- 176 of these spaces were funded through scholarships and stipends for families to help subsidize the cost of tuition.
- This fiscal year 48 new preschool spaces were created in two full-day classrooms with an additional Twilight session. This expanded local capacity to accommodate 72 new preschool children within one of the county’s more high need, high priority school districts.
- Preschool programs achieved an average occupation rate of 84 percent over the course of the fiscal year.
- 91 percent of all 4-year-old participants in First 5 Ventura County funded programs had mastered developmental competencies at the ‘building’ or ‘integrating’ levels by the end of the school year, indicating readiness to enter kindergarten.
- Ninety-five percent of parents of children receiving preschool services who completed parent satisfaction questions expressed high level of satisfaction with their involvement.
not graduate from high school or who speak a language other English in the home, and are more likely to be children of color. Unmet needs for preschool spaces within these school jurisdictions were estimated to reach as high as 29 to 40 percent.11 Expanding public investments in effective preschool programs for all children has the potential to produce substantial educational, social, and economic benefits, with estimated cost-savings of $2 to $4 for every $1 invested in high quality programs.12 First 5 Ventura County plays a strong role in meeting the challenge to expand preschool opportunities by directing funds to underserved communities benefiting high need children and their families.

**What are First 5 Ventura County’s strategies to expand access to high quality, affordable preschool options for children and families?**

One of the strategic outcomes identified by the Commission is to prepare more children to enter kindergarten ready to learn by expanding the availability of affordable, high quality preschool options. In FY 2009–10 First 5 Ventura County expended $3.4 million in tobacco tax revenues to increase access to high quality programs for lower income children and families. Preschool services represent one of the seven Best Investment Areas chosen as the focus of evaluation efforts. First 5 Ventura County invests in preschool services through different funding mechanisms that include directing funds through local Neighborhoods for Learning (NfLs) to create and maintain program spaces, funding county and local efforts to improve the overall quality of the early education workforce and preschool classroom environments, and jointly funding a pilot project in Hueneme as part of the First 5 California Preschool for All (PfA) demonstration project.

**First 5 Ventura County Preschool Funding Support through the NfLs**

Creating or Supporting NfL Preschool Spaces

Ten of the eleven regional Neighborhoods for Learning identified a need within their local communities for more quality, affordable preschool opportunities for children. These NfLs have allocated funding to expand children’s access to preschool spaces within targeted communities. Most NfLs collaborate with their local school districts to support half- and full-day preschool spaces. While most NfLs fund spaces through sub-contracts with State-funded preschools, Head Start, or other established child development centers, others have chosen to develop and implement their own programs with NfL staff. Most NfLs provide current funding to fully or partially support preschool operating costs. Other spaces were created through First 5 Ventura County start-up investments to upgrade facilities (e.g., funding playground improvements, support classroom set-up), which enabled preschools to become operational or improved overall quality of classroom environments.

Subsidizing the Cost of Preschool Participation

Several NfLs also offer subsidies or scholarships to families to help cover the costs of placement in existing child care or preschool programs. These strategies are particularly effective in communities like Ojai, Moorpark and Simi Valley where there was not as strong a need for preschool expansion, but where there was high need for assistance to help cover the cost of attending existing center-based programs. Stipends and scholarships also offer a mechanism for NfL programs to support lower income families who may earn too much to qualify for publicly-funded preschool options, but who may be challenged to afford the high cost of market-rate tuition.

Improving the Quality of Preschool Environments

In addition to offering direct funding to expand access to preschool, several NfLs, including those in Moorpark/Simi Valley and Hueneme, allocate funds locally to support quality improvements among local preschool providers. These efforts include delivery of training and technical assistance for early child care providers in both center-based and family-care environments to support professional capacity-building, curriculum development, and improvements to physical spaces, as well as training on use of standardized rating tools to internally assess program quality.

**Hueneme Preschool for All (PfA) Demonstration Project**

The Hueneme Preschool for All (PfA) pilot is one of nine statewide Power-of-Preschool (PoP) projects that were selected for funding from First 5 California to establish universal preschool for all 4-year old children within communities targeted by the project. The pilot project funds no-cost, voluntary, part-day preschool programs in both center-based and family child care environments, and includes a technical assistance component to support quality improvements. It is implemented through a collaborative
partnership with the Ventura County Office of Education, the Hueneme Elementary School District, private preschool providers, Head Start and the state-funded preschool system. Specific strategies to expand access to quality preschool include upgrading existing center-based preschool and family child care environments and funding new spaces within the community. All preschool providers receive annual per child reimbursements that are tied to teacher education as a measure of program quality. Providers also receive on-site training and technical assistance in the areas of curriculum development, child assessment, parent engagement, and working with diverse populations. The technical assistance component includes skill building sessions on topics such as literacy development, language acquisition, and social and emotional development in early childhood.

Ventura County Office of Education Countywide Quality Initiative
First 5 Ventura County also invests in a countywide preschool quality improvement initiative through a partnership with the Ventura County Office of Education. The initiative supports baseline measurement of preschool classroom quality using observations of 30 center-based programs throughout the county, with priority given to programs associated with First 5 Neighborhood for Learning's, or located in lower performing (API 1-5) school districts. Findings from baseline observations are analyzed to identify areas of need and strategies for improving scores across all participating programs. The program offers quality improvement stipends of up to $500 per classroom to purchase classroom materials, providers group consultations or workshops to address common low scores across programs, links programs to existing workshops and trainings, or provides one-on-one technical assistance. On-site technical assistance is available for up to 10 hours per program and must be incorporated with other methods for addressing low scores. The program also provides seven Skills Builders sessions in areas of identified need with topics including, but not limited to: Creative Curriculum, ECERS, DRDP-R, Literacy Development & Language Acquisition, and Social & Emotional Development of Preschoolers.

How many children are attending preschool as a result of First 5 funding?

First 5 Ventura County funded partners, including ten local NFLs and Preschool for All (PfA) pilot centers, provided preschool services to 1,426 children in FY 2009–10, surpassing the target of serving 1,238 children. The distribution of preschool spaces across the Neighborhoods for Learning (NFLs) and the Hueneme PfA project is shown in Exhibit 6.1.

Exhibit 6.1
Total Number of Children Served in First 5 Ventura County Supported Preschool Programs (n=1,426)

<table>
<thead>
<tr>
<th>NFLs</th>
<th>Total Number of Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camino Valley</td>
<td>120</td>
</tr>
<tr>
<td>Moorpark/Simi</td>
<td>130</td>
</tr>
<tr>
<td>Oak Park</td>
<td>110</td>
</tr>
<tr>
<td>Ocean View</td>
<td>100</td>
</tr>
<tr>
<td>Ojai</td>
<td>110</td>
</tr>
<tr>
<td>Oxnard</td>
<td>130</td>
</tr>
<tr>
<td>Reseda Valley</td>
<td>120</td>
</tr>
<tr>
<td>Hueneme/Sierra Vista</td>
<td>140</td>
</tr>
<tr>
<td>Rio</td>
<td>110</td>
</tr>
<tr>
<td>Santa Clara Valley</td>
<td>130</td>
</tr>
<tr>
<td>Preschool N/A</td>
<td>110</td>
</tr>
</tbody>
</table>

NOTES: The count of children served in 2009–10 includes children enrolled in programs where First 5 Ventura County a) fully or mostly funded operational costs, b) partially funded operational costs, or b) provided scholarships or stipends to families to subsidize the cost of attending existing preschool programs. Total counts exclude spaces involving one-time investments in facilities enhancements (e.g., playground improvements, classroom set-up, renovations, etc.)
Are we expanding preschool spaces?

First 5 Ventura County has been instrumental in expanding the capacity within local communities to offer early education services to preschool age children. Much of this expansion has been targeted to areas served by high priority, underperforming school districts that are more likely to experience shortages in the supply of affordable, high quality, center-based options for children. In the past ten years, the number of half- and full-day preschool spaces that were partially or fully funded with First 5 Ventura County revenues, including the number funded through scholarships or stipends, has increased from 419 to 1,238 by FY 2009–10. This represents a 196 percent rate of expansion in the number of spaces supported with First 5 Ventura County dollars. The distribution of funded spaces is reported by NFL setting and funding type in Exhibit 6.2. In addition to spaces receiving support to cover operational costs, over time, First 5 Ventura County has also helped establish an additional 247 spaces within high need communities through one-time start-up investments that support upgrades to classroom and playground facilities.

Exhibit 6.2
Total Preschool Spaces by Funding Mechanism

<table>
<thead>
<tr>
<th></th>
<th>First 5 Supported Preschool Spaces</th>
<th>Operational costs funded partially by First 5</th>
<th>Type of Space Operated Partially by First 5</th>
<th>Scholarships/Stipends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Spaces</td>
<td>% of Total</td>
<td>Full by First 5</td>
<td>Partial by First 5</td>
</tr>
<tr>
<td>Ventura County</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>1,238</td>
<td>100%</td>
<td>732</td>
<td></td>
</tr>
<tr>
<td>Conejo Valley NFL</td>
<td>100</td>
<td>8%</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Hueneme NFL</td>
<td>60</td>
<td>5%</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Moorpark /Simi Valley NFL</td>
<td>100</td>
<td>8%</td>
<td>0</td>
<td>20</td>
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<td>Oak Park NFL</td>
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<td>5%</td>
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<td>Ocean View NFL</td>
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<td>8%</td>
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<td>Pleasant Valley NFL</td>
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<td>Preschool for All</td>
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<td>152</td>
<td>196</td>
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<tr>
<td>Rio NFL</td>
<td>96</td>
<td>8%</td>
<td>96</td>
<td>0</td>
</tr>
<tr>
<td>Santa Clara Valley NFL</td>
<td>89</td>
<td>7%</td>
<td>69</td>
<td>20</td>
</tr>
</tbody>
</table>

NOTES: Operation costs fully funded by First 5 = Programs whose operational costs are funded almost exclusively through First 5 funding sources. Operations costs funded partially by First 5 = Programs that received First 5 VC funding support, but that are primarily funded through other sources, such as Head Start or the state preschool program.

In the 2009–10 fiscal year, the Rio NFL invested $20,000 in local funds to cover rental costs for two new preschool classrooms located on the campus of the Rio Real Elementary School. These new spaces became operational mid-way through the 2009–10 school year. This new preschool program, created through a partnership involving First 5 Ventura County, the state-funded preschool system, and the Rio Elementary School District, establishes 48 new full-day preschool spaces to accommodate lower income children. The Rio Real program was also able to offer an evening Twilight session that could accommodate 24 additional children, increasing overall capacity to 72 spaces. This number meets and exceeds the targeted benchmark to create 48 new spaces in the 2009–10 fiscal year.

To what extent are we serving the people who need it most?

An important concern for the Commission was to ensure that opportunities for preschool participation were being provided to children with the highest levels of need for services, meaning those at greatest risk of educational disparities based on family
or environmental factors, or those who were more likely to face barriers to enrolling in high quality center-based programs. Client intake information from preschool participants (n=1,426) was used to profile the characteristics of participant populations based on information provided by the parent/caregiver at the time of intake into the program. This profile shows that children served in preschool programs were 2 years of age and older, though the vast majority were pre-kindergarten age (3- or 4-year olds). The race/ethnic composition of children who participated was predominantly Hispanic/Latino (60%) and White (15%) with Asian children (2%) and children of mixed race or other race groups comprising the remaining population. About 37 percent of children spoke a primary language other than English in the home, with Spanish as the most common language spoken.

Most children served through First 5 Ventura County funded programs were from low income families, with about 88 percent of family households earning an income of less than $50,000 per year, or about 200% of the Federal Poverty Level (FPL) for a family of five. About 64 percent of all parents/caregivers of children served through First 5 Ventura County preschools never graduated from high school. At the time of intake into the program, about 5 percent of these children had already been identified as having special needs or some form of developmental delay.

The demographic characteristics of children served were used to evaluate their risk status for early learning and developmental disparities, based on research showing that children from higher risk backgrounds (e.g., lower income households, low maternal education, and a home language other than English) were more vulnerable to educational challenges once they reach school-age. The analysis was used to determine the number and percentage of children living in families that had at least one risk factor identified in the research that predicts future early learning disparities. Three criteria were used to identify children within these at-risk groups. These included having a) a parent/caregiver who never completed high school, b) an annual family income below or near poverty level, and c) a home language other than English. The results of the analysis found that 75 percent of all children served through First 5 funded preschools were at-risk for educational disparities, exceeding the targeted 70 percent benchmark.

Are families utilizing the services?

Another interest of the Commission was to ensure that the preschool spaces funded by First 5 Ventura County were being utilized to their full capacity and that children were benefitting from early educational experiences through regular participation. The GEMS data management system records information on the number of contacts, or days of attendance, for all core participants enrolled in preschool during the 2009–10 fiscal year (n=1,426). Based on projected service levels reported by funded partners during the contracting phase of the new fiscal year, there were a total of 203,473 planned days of preschool operation for FY 2009–10.

Children enrolled in funded programs were logged as attending a total of 170,730 days over the course of the year, for an overall occupation rate of 84 percent across NfL and Preschool for All locations. This figure fell slightly below the established benchmark for preschool utilization. This rate measures the actual amount of time over the course of the year that preschool spaces were filled during classroom time.

Child preschool attendance data was also used to calculate the total number of days that each child participated in preschool programs to measure the average amount of children’s exposure to early developmental learning experiences. The average number of days of participation for children served across NfL based programs was 120 days not adjusting for differences in daily scheduling (e.g., full time versus part-time programs). Although programs adhere to different school calendars, programs operating five-days per week program would offer approximately 175 days of possible attendance, while programs operating 3-days per week would offer approximately 105 days. Participation or dosage across NfLs ranged anywhere from 85.2 days per year within the Conejo Valley programs to 105 days per year in Oxnard. The variation in total days of attendance across NfL sites results from both program (e.g., full or part time scheduling of preschool sessions) and participant factors (e.g., higher rates of mobility and turnover within the targeted preschool populations). Generally, NfLs with lower than average rates of participation were those that funded a higher proportion of preschool spaces through scholarships and
stipends (i.e., Ojai and Moorpark/Simi). This funding mechanism tends to produce more variability in utilization among participants. The Oak Park preschool programs also showed lower rates of participant attendance due to unfilled spaces and part-time participation (2-3 days per week) among many families. Given the number of factors that can influence child rates of attendances, rates should be interpreted as measures of exposure to early learning experiences that are not necessarily associated with program quality.

**Are children better off as a result of attending preschool?**

Child outcomes associated with participation in First 5 Ventura County funded preschools were assessed using standardized measures of child development. Early childhood education (ECE) providers completed the Desired Results Developmental Profile-Revised (DRDP-R) for children enrolled in all First 5 Ventura County funded preschool programs. The DRDP-R is a standardized assessment tool developed by the California Department of Education that is designed to evaluate children’s developmental competence across four domains of health and safety, effective learning, social and emotional competence and motor skills. The DRDP-R was administered by preschool teachers at the time of enrollment into a program and again at the conclusion of the school year to gauge whether children demonstrated age-appropriate gains in competency over the course of their involvement. Although there are no established norms for the DRDP-R among preschool children, there is general agreement within the early childhood education (ECE) community that most children who are prepared to enter kindergarten will have successfully mastered developmental skills at the ‘building’ or ‘integrating’ levels by the time they complete preschool. All 43-items on the DRDP-R measure were combined into a total developmental score representing an average across all individual items, with possible values ranging from 0 to 4. Among 3-year old preschool participants (n=405) the average developmental rating, measured on a 0 to 4 point scale, increased from an average of 1.92 at baseline to 3.04 at follow-up. Averages increased from 2.06 to 3.22 for 4-year old participants. The increases in both age groups were statistically significant as determined by a simple comparison of means (t-test). Total developmental scores averaged across all 43 items were rounded to allow total scores to be categorized as ‘exploring’, ‘developing’, ‘building’, or ‘integrating’.

As shown in Exhibits 6.3 and 6.4, comparisons of DRDP-R scores for 3- and 4-year old children across First 5 Ventura County funded programs demonstrate that children showed appropriate development over the course of their involvement in preschool services. On the total developmental score, about 91 percent of all 4-year old children in the matched sample (i.e., children administered both a pre- and post-DRDP assessment) had achieved the “building” or ‘integrating’ level by the time of the post-test administration. This figure exceeded the targeted benchmark that 75 percent of children would perform at this level by the conclusion of preschool. By comparison, about 85 percent of 4-years old achieved the ‘building’ or ‘integrating’ level in fiscal year 2009–10. This difference may be attributable, in part, to the inclusion in the sample this year of children from the more affluent, and high performing, Oak Park NFL, who were not represented in FY 2009–10.

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**Parent Feedback**

The program helped my son cope better around other children. Now he shows more confidence.”

“My child really benefited from this program. It helped her learn how to interact with other children and gave her an early start to her education.”

“My child has progressed so much in her writing skills and comprehension. She is more than prepared for kindergarten!”

---

**EVALUATION BENCHMARK**

75% of children will achieve “building or integrating” level as measured by the DRDP-R

**FY 2009–10 PERFORMANCE**

91% of children achieved the “building or integrating” level
The Evaluation Framework also contained questions involving a comparison of preschool performance across NFL settings measured by their achievement of targeted service capacity. Across all programs, total utilization was greater than 100 percent capacity (115%) when measured based on number of children enrolled throughout the year. This excess capacity results when children transition in-and-out of a program, creating multiple enrollments for a single preschool space. Across funded programs, nine of the ten NFLs met or exceeded 95 percent of targeted capacity levels. This figure falls slightly below the established benchmark. The only preschool program that did not achieve full-capacity when based on this measure was the Oak Park program, which had unfilled spaces during the 2009–10 school year.

Preschool programs were also compared on a second measure of capacity, the preschool occupation rate, which may provide a more accurate metric for assessing program use among enrolled families. As described in an earlier section, the occupation rate is calculated as the number of actual participation days relative to the projected total.
### Exhibit 6.5

**Total Preschool Capacity and Utilization by NFL**

<table>
<thead>
<tr>
<th>Total Participants, Preschool Spaces, Actual versus Planned Capacity, Average Days of Participation per Child, and Preschool Occupation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants</strong></td>
</tr>
<tr>
<td>Ventura County</td>
</tr>
<tr>
<td>Conejo Valley NFL</td>
</tr>
<tr>
<td>Hueneme/South Oxnard NFL</td>
</tr>
<tr>
<td>Moorpark /Simi Valley NFL</td>
</tr>
<tr>
<td>Oak Park NFL</td>
</tr>
<tr>
<td>Ocean View NFL</td>
</tr>
<tr>
<td>Ojai Valley NFL</td>
</tr>
<tr>
<td>Oxnard NFL</td>
</tr>
<tr>
<td>Pleasant Valley NFL</td>
</tr>
<tr>
<td>Preschool for All</td>
</tr>
<tr>
<td>Rio NFL</td>
</tr>
<tr>
<td>Santa Clara Valley NFL</td>
</tr>
</tbody>
</table>

**NOTES:** The new preschool classroom in the Rio NFL became operational mid-way through the 2009–10 fiscal year, reducing the occupation rate.

Across NFL and Preschool for All sites, the occupation rate ranged from a low of 48 percent in Oak Park to 95 percent in Santa Clara Valley. Lower than average occupation rates were reported for the Oak Park (48%), Conejo Valley (69%), Moorpark/Simi Valley (63%), and Rio NFLs (76%). These low occupation rates can reflect a number of factors, such as the presence of unoccupied spaces, families utilizing full-time spaces part-time (i.e., Oak Park), or higher use of scholarships and stipends (i.e., Moorpark/Simi).

### DRDP Analysis by NFL

The analysis of DRDP-R results by NFL location was also used to determine whether there were meaningful differences in program performance. Across NFLs all participants in NFL based preschool programs achieved the targeted benchmark that at least 75% of all children would achieve the ‘building’ or ‘integrating’ level. These rates ranged from a low of 85 percent in the Preschool for All sites to 100 percent of all children in the Hueneme, Oak Park, Ocean View, and Pleasant Valley NFLs.

### Exhibit 6.6

**DRDP-R Outcomes for 4-Year Preschool Participants**

Developmental Ratings at Follow-Up Administration at Percentage of Children that Met the Benchmark at Both Baseline and Follow-Up Administration Points

<table>
<thead>
<tr>
<th>Ventura County</th>
<th>1,426</th>
<th>1,238</th>
<th>115%</th>
<th>119.7</th>
<th>203,473</th>
<th>170,730</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Met the Benchmark</strong></td>
<td><strong>Children Not Met the Benchmark</strong></td>
<td><strong>Total Children</strong></td>
<td><strong>Percentage Met the Benchmark</strong></td>
<td><strong>Percentage Not Met the Benchmark</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ventura County</strong></td>
<td>433</td>
<td>1,426</td>
<td>1,238</td>
<td>115%</td>
<td>119.7</td>
<td>203,473</td>
<td>170,730</td>
</tr>
<tr>
<td><strong>Conejo Valley NFL</strong></td>
<td>16</td>
<td>0%</td>
<td>6%</td>
<td>81%</td>
<td>13%</td>
<td>13%</td>
<td>94%</td>
</tr>
<tr>
<td><strong>Hueneme/South Oxnard NFL</strong></td>
<td>29</td>
<td>0%</td>
<td>0%</td>
<td>55%</td>
<td>45%</td>
<td>14%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Moorpark/Simi Valley NFL</strong></td>
<td>&lt;5</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Oak Park NFL</strong></td>
<td>8</td>
<td>0%</td>
<td>0%</td>
<td>38%</td>
<td>62%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Ocean View NFL</strong></td>
<td>21</td>
<td>0%</td>
<td>0%</td>
<td>38%</td>
<td>62%</td>
<td>57%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Ojai Valley NFL</strong></td>
<td>&lt;5</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Oxnard NFL</strong></td>
<td>90</td>
<td>0%</td>
<td>7%</td>
<td>43%</td>
<td>50%</td>
<td>2%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Pleasant Valley NFL</strong></td>
<td>12</td>
<td>0%</td>
<td>0%</td>
<td>17%</td>
<td>83%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Preschool for All</strong></td>
<td>200</td>
<td>1%</td>
<td>15%</td>
<td>63%</td>
<td>22%</td>
<td>18%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Rio NFL</strong></td>
<td>10</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>90%</td>
<td>0%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Santa Clara Valley NFL</strong></td>
<td>45</td>
<td>0%</td>
<td>7%</td>
<td>64%</td>
<td>29%</td>
<td>20%</td>
<td>93%</td>
</tr>
</tbody>
</table>
What conditions or factors correlate to better performance (e.g., populations served, attendance levels)?

The Evaluation Framework for the Preschool Services Best Investment Area also includes an evaluation question focusing on identifying the conditions or factors present in the preschool environment that are associated with improvements in children’s development. This represents an important area investment for First 5 Ventura County through its contract with the Ventura Office of Education. The contract provides technical assistance to preschool providers countywide to support quality improvement efforts. The 2009–10 fiscal year marked the first time in which the assessment of the quality of preschool classroom environments yielded reliable observation data for a substantial number of classrooms (n=61) countywide, including programs supported with First 5 Ventura County dollars and programs funded exclusively through state preschool, Head Start, or private funds.

The Early Childhood Environment Rating Scale (ECERS) was used to observe and rate preschool settings on six domains of the classroom environment that research has shown to impact the overall quality of preschool experiences. These measurement domains include: space and furnishings, personal care, language/reasoning, activities, interaction, and program structure. Items within each sub-domain were measured on a seven-point rating scale with the following range of values: inadequate (1), minimal (3), good (5), and excellent (7). Ratings were recorded for each of the six domains and were averaged to calculate a total environmental scale for each classroom. These ratings were then aggregated separately for the groups of classrooms that receive funding through First 5 Ventura County and for the group of classrooms funded through other sources. Results from ECERS ratings were used to describe the observed quality of First 5 Ventura County programs and to provide comparisons with other preschool settings across the county.

Exhibit 6.7
Early Childhood Environmental Rating Scale (ECERS) Scores
Comparison between First 5 Ventura County Supported Center-Based Preschool Classrooms (n=32) and Non-First 5 Classrooms (n=29)

Between January and June of 2010, 61 programs were observed in school district jurisdictions covering nine of eleven Neighborhoods for Learning (NfL). The sample of classrooms included school sites in the Conejo, Hueneme, Moorpark/Simi Valley, Oak Park, Ocean View, Oxnard, Rio, Santa Clara Valley, and Ventura regions. Within the sample of observed sites, thirty-two classrooms were fully or partially supported with First 5 Ventura County dollars and 29 classrooms were funded through other sources. About 78 percent of the First 5 Ventura County preschool classrooms were located within lower performing school districts (i.e., Academic Performance Index <= 5) compared to 79 percent of the remaining classrooms. Of the thirty-two First 5 Ventura County sites, more than two-thirds employed a lead teacher with a Bachelors’ Degree or higher and all classrooms used one of five standardized preschool curricula (i.e., Creative Curriculum, High Scope, Full Circle Learning, Reggio Emilia, Houghton Mifflin Waterford) to guide instruction.
Comparison of ECERS Scores
Though First 5 Ventura County classrooms and those funded through other sources were comparable on most measures of quality, First 5 programs were more highly rated on five of the six domains and on the total environmental rating. The domains where First 5 programs outperformed other school sites by the largest margins were in the process domains of Activities, Interactions, Personal Care, and Language Reasoning. The total environmental rating for First 5 Ventura County programs averaged 5.68, compared 5.23 for other funded programs. The ratings for each of the two groups fell within the ‘good’ to ‘excellent’ range.

Are parents satisfied with preschool services?

The 2008–09 fiscal year was the first year that changes to the parent satisfaction measure would allow parent responses to be directly linked to the specific programs that the parent or children had attended. The parent/caregivers of children who attended NFL-affiliated preschool programs were asked to respond to a brief satisfaction questionnaire (n=248; 17%) to capture perceptions about their experiences with the program. The total sample of respondents represented parents of children who attended 10 preschool programs or locations across the Conejo Valley (n=46), Ocean View (n=86), Pleasant Valley (n=3), Santa Clara Valley (n=8), Moorpark/Simi Valley (n=6), Rio (n=17), Oxnard (n=40), and Oak Park NFLs (n=42).

Among respondents, 74 percent ‘strongly agreed’ that they were satisfied with the programs and services they received, and 21 percent ‘agreed’. This figure (95%) exceeds the targeted benchmark for family satisfaction with preschool opportunities. About 92 percent of caregivers also ‘agreed’ or ‘strongly agreed’ they would recommend the program the relatives and friends.

Section Summary
First 5 Ventura County invested $2.8 million to support and expand affordable, high quality preschool options to children and families. First 5 Ventura County provided funding to support 1,238 preschool spaces in FY 2009–10 to increase the availability of learning opportunities for low income families. This includes an expansion of 72 new spaces in the Rio NFL that help reduce unmet needs for preschool services within underperforming districts. First 5 Ventura fills an important gap in early education systems that lack the capacity to reach all children in need.

NFL based preschool programs and Preschool for All sites were successful in targeting children at highest risk for educational disparities. Data on children’s risk status for early learning and development based on demographic characteristics such as income, education, and language found that
three-quarters of all children served through First 5 preschools had at least one or more factor placing them at risk for future educational disparities.

Observations of the quality of preschool classroom environments for programs operating across the county demonstrated that classrooms funded by First 5 Ventura County, on average, were rated as ‘good’ to ‘excellent’ in quality. More than three-quarters of these programs were located in underperforming school districts, addressing serious gaps in the availability of high quality, affordable preschool options for children in more disadvantaged communities.

NFL based preschool programs and Preschool for All sites were successful in helping children achieve school readiness. Results of DRDP-R scores measuring pre-kindergarten children’s developmental outcomes show that 90 percent of all participants achieved ‘building’ or ‘integrating’ levels of development.

Notes & References


9 First 5 Ventura County Strategic Plan: 2001–10


Parent-Child Interaction & Family Literacy
Best Investment Area

The concept of school readiness emphasizes the importance of early learning and social experiences as a foundation for children’s future cognitive and social development. It is also known that differences in the quality of early learning experiences related to socio-economic disadvantage are linked to developmental disparities in health, cognitive development, and social-emotional competence that begin to appear as early as infancy.¹ These early developmental disparities gradually widen as children age and act as determinants of later gaps in school achievement once children reach school-age.

One seminal research study demonstrated that differences in the everyday experiences of infants and very young children involving their interactions with parents and other caregivers strongly influence early language development. By the time children reach 2 years of age, those who are spoken to more often and who have more nurturing and responsive interactions with a caregiver had nearly three hundred more words in their vocabularies than children who were spoken to less frequently. More socioeconomically-disadvantaged families showed substantially fewer verbal interactions.² Research has also consistently shown that nurturing relationships with parents and other caregivers positively impact children’s outcomes, and that children grow and thrive in environments where there are “close dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration.”³

The quality of early interactions and opportunities for learning in early childhood can be enhanced through participation in structured, evidence-based programs that focus on strengthening cognitive development, encouraging parent-child bonding, and fostering early literacy skills. One recent meta-analysis of family-centered literacy programs found programs that encouraged parents to read with their children and to teach literacy skills were associated with improvements in children’s reading abilities.⁴ The study not only found that children benefitted most when parents or caregivers were actively engaged with their children in early learning activities, but that parents also achieved adult literacy gains.⁵ Efforts to improve children’s access to books and promote book reading may also positively impact children’s future educational attainment. Specifically, research has shown that children who have access to as few as twenty-five books in the home completed an average of two more years of schooling than children raised in homes without any books present.⁶

Parent-child interaction programs that create opportunities for structured parent-child engagement and peer social interaction before children enter kindergarten can also foster positive attachments and promote development of protective factors that enhance social and cognitive development. Yet despite strong evidence that engagement in early learning and family literacy programs can positively impact future development, nationally, less than 10 percent of public investments in education and youth development focus on early childhood.⁶ First 5 Ventura County is working to address this gap by funding structured opportunities for early learning that target children in the earliest stages of development and those most vulnerable to early learning disparities.
How is First 5 Ventura County promoting early family literacy and positive parent-child relationships through its funded programs?

The First 5 Ventura County Strategic Plan identifies Early Learning as one of three broad strategy areas adopted by the Commission to achieve desired outcomes for children and families. The early learning strategy aims to ensure that all “children are ready for kindergarten” as one of its core outcomes. The early learning strategy not only involves expanding the availability of high quality, affordable preschool options for pre-kindergarten age children, it acknowledges that learning begins at birth and creates opportunities for children and families to engage in family-centered literacy and learning activities. These activities, which primarily target children ages 0-3, are designed to support parents in their role as their child’s first teacher and help them to promote children’s pre-academic skills through daily activities. These programs also include structured opportunities for caregivers and younger children to come together in learning and play environments as a way to teach parents about their children’s early development, to strengthen parent-child bonds, and to help foster the emergence of pre-literacy skills as a foundation for future learning.

The Parent-Child Interaction and Family Literacy Best Investment Area is implemented at the local, community-level as part of First 5 funded contracts with each of the eleven Neighborhoods for Learning (NfLs). Early learning programs are implemented directly by NfL staff or through sub-contracts or partner agreements with other community-based providers. In FY 2009–10 these providers included child development centers, local libraries, and other community-based agencies. Most programs are offered on-site at an NfL family resource center, although smaller NfLs may host programs at off-site venues as needed.

Early learning opportunities are also widely varied with regard to their structure and format, both across and within local NfL settings. Most NfLs feature multiple class offerings to accommodate differences in children’s ages and parents’ language needs. Most programs are offered as structured multi-week sessions involving a series of classes or workshops, scheduled consecutively one or more days per week. Some NfLs also offer one-time Family Fun Nights or workshops to educate parents about the importance of reading and to model literacy activities. Several family literacy classes implemented through the NfLs integrate evidence-based curricula that specifically target low literacy and limited English speaking families. These evidence-based models include the ‘Motheread/Fatheread’ program, which is designed to strengthen parent and child literacy skills and help families connect with their children in more positive ways, and the ‘Raising a Reader’ program, which builds parenting, critical thinking, and literacy skills, improves family communication, and promotes reading and story sharing in the home.

How many parents/caregivers are accessing services with their children as a result of First 5 funding?

First 5 Ventura County funded early learning services were utilized by approximately 2,541 unduplicated parents/caregivers during the 2009–10 fiscal year, exceeding the targeted benchmark of reaching 2,448 program participants. This number represents about 104 percent of projected capacity for FY 2009–10 based on an unduplicated count of participants. There were also 2,109 children recorded as participants in early learning activities served across eleven NfLs and in thirty-six separate parent-child interaction or family literacy program components or activities. The estimated number of children and parents/caregivers served is an approximation due to minor differences in data reporting across NfLs. Specifically, not all programs record both the parent and child as a participant, even though most programs engage both the parents/caregiver and the child together in services. Exceptions included prenatal programs for expectant mothers and a small number of literacy programs that work exclusively with the child or the caregiver. Due to these differences, the numbers of parents and children served are likely to represent conservative counts of the overall participant population. The counts of participants also exclude program participants in group activities to minimize duplication among families that engage in more than one session or event. In FY 2009–10, there was a total of 1,635 children and 1,683 parents/caregivers recorded as participants in group early learning activities or events.
Is First 5 Ventura County reaching children in the early years?

The Neighborhoods for Learning (NFL) offered a number of early learning workshops and classes that specifically targeted parents with infants and toddlers 0 to 3 years of age, in addition to programs that were age-appropriate for children in all age groups served through the NFL. Client intake information for ‘core’ clients served indicate that approximately 1,837 core children, or 87 percent of all children who participated in these early learning activities were 0-3 years of age. This number is nearly double the projected target to reach 930 0 to 3 year old children in FY 2009–10.

Exhibit 7.1
Age of Children Enrolled in Parent-Child Interaction and Family Literacy Activities (n=2,109)

Are parents/caregivers reading more often with their children?

For Fiscal Year 2009–10 First 5 Ventura County staff introduced a new family literacy outcome questionnaire to measure the impacts of parent-child interaction and family literacy activities for families. The survey questionnaire was designed as a post-retrospective questionnaire administered at the conclusion of programs services, which asked families to rate their activities for the period of time before they received NFL based services, and then to rate their activities for the time period after services had been received. Respondents represented about 43 percent of all parents/caregivers who participated in parent-child interaction programs or family literacy activities across NFLs.

Exhibit 7.2
Frequency of Reading in the Home (n=1,103)
Number of Days per Week Parents Report Reading to their Children ‘Before’ and ‘After’ Service Participation

<table>
<thead>
<tr>
<th>Time Reading per Week</th>
<th>Before Services</th>
<th>After Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>3–6 Times per Week</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>1–2 Times per Week</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Never</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

EVALUATION BENCHMARK
930 children in First 5 funded early learning activities will be ages 0–3
FY 2009–10 PERFORMANCE
Approximately 1,837 core children, or 87 percent of all children who participated in these early learning activities were 0-3 years of age.

EVALUATION BENCHMARK
80% of parents/caregivers will read with their children 3 or more times per week
FY 2009–10 PERFORMANCE
84% of parents read to their children 3 or more time per week.
Several survey items were used to capture changes over time in the frequency that parents/caregivers engaged in literacy-promoting activities with their children. These items include a measure of the number of days in a typical week that parents would read books to their children. The established target for frequency of weekly reading within families was that at least 80 percent of parents/caregivers would read to their children 3 or more times per week.

Findings from the California Health Interview Survey (CHIS) showed that 90 percent of Ventura County parents with children 0 to 5 years of age read together with their children 3 or more times per week on average. The population represented in the survey sample includes families from all income and education levels countywide. By comparison, before attending NFL-based family literacy programs, only 57 percent of families served by First 5 Ventura County NFLs reported the same reading frequency. However, after completing NFL early learning programs the number of families who read or showed picture books to their children 3 or more time per week increased to about 84 percent and 28 percent of caregivers were reading to their children every day. Results of a chi-square analysis found that this change in the percentage of families that were reading together regularly during the week was statistically significant \( p=.000 \), suggesting that since their program involvement parents have begun to integrate early literacy activities into their daily family routines. This same analysis was completed for each of nine NFLs that offered parent-child interaction and family literacy programs and that administered outcome surveys to participating clients. Exhibit 7.6 shown in a later discussion reports the number and percentage of parents who completed survey questions by the frequency with which they reported reading to their children in an average week. The exhibit also shows the percentage that met the targeted 80 percent benchmark and the results of the chi-square analysis that test for statistically significant changes in the percentage of parents that met or did not meet the target. The data in the table indicates that parent populations within seven of nine NFLs also achieved the 80 percent benchmark for reading frequency.

**Are parents/caregivers promoting early literacy?**

The Evaluation Framework also included evaluation questions measuring whether parents were engaging in activities to promote early learning and literacy, such as interacting with their children during book reading or visiting the library. The question also focused on parent awareness of the importance of initiating reading activities with the child within the first year of life. Measurement of this evaluation questions was challenging due to issues related to construction of survey items in the new Parent-Child Interaction and Family Literacy Outcome Questionnaire, which resulted in invalid survey responses for items measuring families’ library use. These surveys items have been revised for 2010-2011. As a consequence of these data limitations, measurement of the evaluation question focused on items assessing parent/caregivers’ understanding of the importance of early reading, and parents’ interactions with their children during book reading that are known to promote early literacy and that are emphasized in family literacy instruction.

When parents/caregivers who participated in early learning services were asked when they believe is the best time to begin reading to their children, 81 percent of those surveyed could correctly state that the best time to initiate reading is within the first year of life. This percentage satisfies the 80 percent criteria for success established for this measure.

At the conclusion of participation in parent-child interaction and family literacy programs, parents also reported, that when reading with their children, they were more frequently employing teaching techniques that are known to promote early literacy among children. More specifically:

- 84 percent of respondents reported holding their child or have their child sit on their lap;
- 90 percent pause while reading to ask their child to explain the pictures;
- 91 percent pause reading to point out letters or pause reading to ask their child to predict what will happen next in the story; and
- 93 percent of parents/caregivers asked their child to read with them.
Are parents/caregivers interacting with children in positive ways?

Parents/caregivers were also asked a series of questions related to the quality of their interactions with their children and the activities they have incorporated into their daily lives to support children’s learning in the home environment. Specifically, parents were asked the extent to which they agree with the statement “I spend more time playing or interacting with my child” and the statement “This program helped me use everyday activities, like grocery shopping, cooking, or doing laundry to help my children learn.”

The analysis of survey responses found that eighty-six percent of parent/caregivers either “strongly agree” or “agree” that the early learning or family literacy program that they attended through a First 5 Ventura County funded NfL has encouraged them to spend more time playing and interacting with their child. Eighty-two percent of parent/caregivers ‘strongly agree’ or ‘agree’ that the program they attended helped them use everyday activities to help their children learn. Both sets of responses exceeded the 80 percent benchmark established for early learning activities. These findings offer strong evidence that the parents/caregivers who participated in NfL based programs perceived value in their experiences and are applying information learned to their daily experiences.

Do some providers perform better than others?

To understand more about differences in provider performance across local program settings, NfLs were compared on measures of service capacity based on the actual number of children and families served during the 2009–10 fiscal year relative to projected service levels. The targeted benchmark for this measure was for programs to meet at least 95 of their projected level of capacity across the range of early learning PACT and family literacy programs offered through the eleven NfLs. Exhibit 7.5 reports the number of ‘core’, ‘group’, and ‘core’ and ‘group’ combined participants for both parents/caregivers and children summed across program activities, targeted capacity for parents/caregivers and/or children served within each NfL, and actual participants served as a percentage of targeted capacity.

The results of this comparative analysis show that seven of the eleven NfLs met or exceeded projected capacity, and in many cases, served substantially more children and families than planned at the outset of the fiscal year. Some of this excess capacity may, however, be the result of measurement error when duplicated, group reporting of participants artificially inflates the number of individuals served. Nevertheless, most programs were highly successful in recruiting families to
participate across a range of early learning activities. The remaining four NfLs, Conejo Valley, Oak Park, Rio, and Ventura, had more difficulty reaching the number of children and families projected, with capacity rates ranging from 75 to 92 percent across programs. These programs did not meet established benchmarks for this measure.

**Exhibit 7.5**

<table>
<thead>
<tr>
<th>Total Number of Child and Parent/Caregiver Participants in Early Learning PACT and Family Literacy Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Core</strong></td>
</tr>
<tr>
<td>Conejo Valley NfL</td>
</tr>
<tr>
<td>Hueneme/South Oxnard NfL</td>
</tr>
<tr>
<td>Moorpark/Simi Valley NfL</td>
</tr>
<tr>
<td>Oak Park NfL</td>
</tr>
<tr>
<td>Ocean View NfL</td>
</tr>
<tr>
<td>Ojai Valley NfL</td>
</tr>
<tr>
<td>Oxnard NfL</td>
</tr>
<tr>
<td>Pleasant Valley NfL</td>
</tr>
<tr>
<td>Rio NfL</td>
</tr>
<tr>
<td>Santa Clara Valley NfL</td>
</tr>
<tr>
<td>Ventura NfL</td>
</tr>
</tbody>
</table>

**NOTES:** 1 Targets are calculated as the percentage of core and group parent/caregivers who attended programs or activities relative to the projected numbers of participants. Targeted capacity is based only on parent/caregiver participation.

**Exhibit 7.6**

<table>
<thead>
<tr>
<th>Parent/Caregivers Reported Frequency of Reading to their Children by NfL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Ventura County</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Conejo Valley</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hueneme/South Oxnard</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Ocean View</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pleasant Valley</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Santa Clara Valley</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Ventura</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Moorpark/Simi Valley</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Rio</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Oxnard</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**NOTES:** Some parent/caregivers responded to items about the frequency of weekly reading for either the ‘before’ or ‘after’ time period, and left the response to the paired item blank. As a result, there were occasionally different numbers of respondents for ‘before’ and ‘after’ items measuring the same construct due to incomplete data.

Early learning and family literacy services were also compared on two key outcome measures of parent-child interaction quality captured on early learning outcome questionnaires to compare performance across NfLs. The outcome questionnaires were administered by nine of the eleven NfLs that offered early learning programs and activities. The results of this analysis show that more than eighty percent of parents/caregivers across eight of the nine NfLs either ‘agreed’ or ‘strongly agreed’ that they spend more...
time positively interacting with children now, than “before” participating in services, thus meeting the established benchmark for the first performance indicator. Only six of nine NfLs met the established benchmark on the second performance indicator, which measured parents/caregivers use of everyday activities to help their children learn. Although Oak Park and Ojai each offered parent-child interaction programs for parents and their children, the Oak Park programs was categorized as a less intensive, group activity that did not require outcome performance measurement. Ojai Valley, whose parent-child interaction programs are delivered through a subcontractor, did not collect outcome data for participants.

**What factors are associated with better performance?**

The change in the frequency that parents read with their children at home during a regular week, from the time ‘before’ services to the time ‘after’ services, was compared for different populations of families based on measures of educational risk (i.e., family income level, English language proficiency, and completion of high school). Exhibit 7.9 illustrates the difference in early literacy engagement between these higher and lower risk families. Specifically, parent/caregivers who were living below poverty, who spoke a primary language other than English, and who never completed high school were substantially less likely to read frequently with their children before entering services than members in lower risk categories. By the completion of services, 30 percent more parent/caregivers who were living in poverty, 36 percent
more parents who spoke a language other than English at home, and 31 percent more parents who never completed high school were reading frequently with their children. These families also experienced a greater magnitude of change in reading frequency between the ‘before’ and ‘after’ time periods and a narrowing of the gap between groups, although families with lower frequency of reading ‘before’ services also had more room to achieve improvements.

Exhibit 7.9
Comparisons of Parent/Caregiver Reading Frequency between Participant Groups

<table>
<thead>
<tr>
<th></th>
<th>Reading 3 or More Times Per Week ‘Before’ Services</th>
<th>Reading 3 or More Times Per Week ‘After’ Services</th>
<th>Percentage Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Income Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Poverty</td>
<td>70</td>
<td>73%</td>
<td>88</td>
</tr>
<tr>
<td>Below Poverty</td>
<td>140</td>
<td>52%</td>
<td>219</td>
</tr>
<tr>
<td>Language Fluency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speak mostly English</td>
<td>257</td>
<td>66%</td>
<td>345</td>
</tr>
<tr>
<td>Speak Mostly Another Language</td>
<td>79</td>
<td>36%</td>
<td>165</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents have High School or GED</td>
<td>267</td>
<td>64%</td>
<td>370</td>
</tr>
<tr>
<td>No High School or GED</td>
<td>63</td>
<td>39%</td>
<td>116</td>
</tr>
<tr>
<td>Total</td>
<td>628</td>
<td>57%</td>
<td>925</td>
</tr>
</tbody>
</table>

For the 2009–10 contract year, it was determined that to better interpret child and family outcomes and to better explain variation in outcomes across NfLs and specific activities, more needed to be known about the nature of the activities implemented across settings. Accordingly, for 2009–10 First 5 Ventura County opted to expand the evaluation scope-of-work to include an in-depth analysis of the implementation of NfL-based services and activities to provide more detailed, uniform information about outreach and recruitment strategies, staffing qualifications, program structures and curriculum and program intensity, and to use this information to more effectively explain differences in utilization and participant outcomes.

EMT is developing a data collection protocol to collect information across NfLs about each of the parent-child interaction and family literacy programs offered through the NfLs and will launch this more in-depth implementation study in February of 2011. The protocol will mix closed-ended responses with narrative elaboration from program staff for each measurement domain to explore questions related to implementation strength and approach (e.g., use of evidence-based curriculum, implementation fidelity, strengths and implementation challenges) and will linked these qualitative data to other sources of information on client characteristics, participant dosage, and resulting outcomes maintained in the GEMS data management system. The intended outcome of the analysis is to more systematically document the full range of approaches to address families’ early learning needs across NfLs and to identify effective practices to engage families in services and promote positive literacy outcomes.

Are parents satisfied with preschool services?

The 2009–10 fiscal year was the first year that changes to the parent satisfaction measure would allow parent responses to be directly linked to the specific programs that the parent or children had attended. The parent/caregivers of children who attended NfL parent-child interaction and family literacy programs were asked to respond to a brief satisfaction questionnaire (n=802) to capture perceptions about their experiences with the program. The total sample of respondents represented parents of children who attended programs sponsored by eight NfLs, including Conejo Valley (n=21), Hueneme (n=95), Pleasant Valley (n=49), Santa Clara Valley (n=133), Moorpark/Simi Valley (n=190), Rio (n=7), Oxnard (n=99), and Ventura (n=208).
Among respondents, 84 percent ‘strongly agreed’ that they were satisfied with the programs and services they received, and 12 percent ‘agreed’. About 91 percent of caregivers also ‘agreed’ or ‘strongly agreed’ that by attending the program they had become more confident as a parent, and 96 percent would recommend the program to relatives and friends.

**Section Summary**

Early learning for parents and children together and family literacy programs and activities engaged a large number of parents/caregivers and children. There were approximately 2,451 parents and their children who attended NFL based programs designed to educate families about the importance of early literacy, encourage families to share early learning experiences in the home, and work with parents to nurture positive parent-child attachments. There were thirty-six different NFL sponsored early learning programs and activities available to families across NFLs.

Early learning programs sponsored through local NFLs have been successful in reaching families with very young children to promote literacy development early on. There were more than 1800 children who participated in NFL based programs for children and their parents who were 3 years or younger.

Families who participated in early learning for parents and children together and family literacy programs reported frequently engaging in activities in the home to promote literacy development. Results of literacy outcome surveys indicate that 84 percent of parent/caregivers are reading to their children 3 or more times per week and 27 percent read to their children every day. This represents a statistically significant increase over the 57 percent who read three times or more per week before initiating services.

There was substantial variation in the capacity of programs to reach the number families they projected to serve. While many family-centered literacy and parent-child programs attracted significantly more participants than planned, others appeared to struggle to recruit families’ involvement. The explanation for why some programs outperform others, even within the same NFL, will be a focus of more in-depth analyses that will provide a better understanding how program design and implementation characteristics influence utilization and outcomes across NFL program settings.

**Notes & References**


5 Ibid.


Service Coordination
Best Investment Area

Researchers have identified three fundamental elements that can promote strong families, which include financial stability, the presence of nurturing relationships, and positive connections to people, organizations, and opportunities. While even strong families occasionally struggle to support the full health and developmental needs of their children, families who are socioeconomically disadvantaged (i.e., lower income, less formal education), culturally or linguistically isolated, or who lack adequate social support will face added challenges. Recent estimates from the U.S. Census indicate that nearly 10,000 children 0 to 5 years of age across Ventura County are now living at or below poverty level. Standard measures of family economic self-sufficiency estimate that for county residents the minimum family income required to cover basic needs, such as housing, child care, food, transportation, and health care, was approximately $70,500 annually. This figure is equivalent to median family income ($71,246), and is well-above the earned income of most families reached through First 5 Ventura County.

Recent economic conditions resulting in higher unemployment, reduced household income, and loss of job benefits, such as health coverage, places further stress on already vulnerable families. According to estimates from the California Health Interview Survey (CHIS) among the county’s lower income residents, 47 percent surveyed reported they were currently food insecure, defined as unable to afford enough food for their children or families. Children who are raised in higher stress, often less stable, family environments are typically at higher risk for experiencing poor health outcomes and learning and social-emotional challenges later in life. Even when resources are available within communities to offer assistance to families, parents will often face barriers that prevent them from seeking or obtaining help. These barriers can include income and eligibility constraints, cultural and language barriers, limited access to transportation, and lack of awareness of how to navigate service systems.

Many child and family service needs are complex and multi-faceted, and are best addressed through a coordinated approach to accessing care. There are a number of case management models that can be used to support and empower families and to help broker needed services in their communities. Although these models vary with regard to intensity, most share a core set of functions that include needs identification, planning, monitoring, linking, and advocacy. These approaches are designed to improve communication and coordination among providers, identify gaps and reduce duplication in services, and streamline service delivery to facilitate access to the resources families need. Studies have indicated that the use of case management approaches can also increase participants’ overall engagement in services.

First 5 Ventura County funded partners adopt a strengths-based approach to working together with parents and caregivers to better meet family needs. This approach supports families in developing strong, fostering attachments to their children, promotes effective parenting practices and better awareness of normal child development, builds resilience to better respond to life stressors, helps families to identify social networks that offer emotional support, and connects families to resources and opportunities within their communities.
How have First 5 funded partners helped coordinate access to resources for children and families with multiple service needs?

The First 5 Ventura Strategic Plan identifies Family Strengthening as a broad strategy area to help families become more ‘nurturing and supportive of their young children’. This strategy encompasses the Service Coordination and Case Management Best Investment Area, which offers assistance to families to help identify child and family needs and connect families with available resources. The assistance that families received falls along a continuum ranging from less intensive service coordination to more intensive case management. These services are available through most NFL family resource centers, which provide a single point of access to the network of First 5 Ventura County funded programs and activities, and a direct link to other community-based services and resources. First 5 Ventura County also supports service coordination as a provision of several countywide contracts, often as complimentary components of other direct service strategies. This Service Coordination Best Investment Area was comprised of the following service components:

Service Coordination and Case Management Offered through the Neighborhoods for Learning (NFLs) Service Coordination and Case Management activities are provided locally through the NFLs, either directly by NFL staff or through sub-contracts with other community-based providers who co-locate staff at family resource centers. Case management services can involve phone and in-person consultation and home visits for harder-to-reach families to help them coordinate care. Many NFL staff have participated in Family Resource Center Core Training, provided through a California Department of Social Services training contractor, to develop the tools and resources needed to implement quality local family strengthening programs. In the early phase of NFL development, staff also received technical support through First 5 to help establish local Coordinated Service Teams (CST), or multi-disciplinary teams (MDTs), that bring together public health nurses and educators, mental health professionals, teachers, and NFL staff to develop individualized service plans for children with special academic, health, or behavioral health needs. Most NFLs continue to utilize CSTs as a tool to coordinate services for children with special health, behavioral, and developmental risks.

Ventura County Public Health—Public Health Nurses and Educators The Ventura County Public Health Regional Professionals Contract utilizes public health nurses to offer intensive service coordination and case management for families of children with identified health and developmental risks. Families of high-risk infants and toddlers are identified and referred to public health nursing staff through county agencies, hospitals or health care systems, and through health educators working through the Neighborhoods for Learning (NFLs). Public health nursing staff conducts home visits with families to provide education, support, and assistance coordinating their care.

Ventura County Public Health—Supports for Parents of Children with Special Needs The VCPH support program for children with special needs works to increase the capacity of parents to support children who have mild to moderate developmental concerns. The service coordination component delivers support and education to parents who may require help accessing state mandated services, or whose children are ineligible for state services and need assistance accessing alternative resources.

Mixteco/Indigena Community Organizing Project (MICOP) Service Coordination The Mixteco/Indigena Community Organization Project (MICOP) contract represents a unique funded partnership between First 5 Ventura County and the MICOP indigenous community organization to improve the effectiveness of outreach to the Mixteco community. The contract offers culturally-centered family services tailored to the unique needs of this traditionally ‘hard-to-reach’ population. MICOP ‘promotoras’, or health advocates, who are recruited from within the Mixteco community, engage in local outreach to identify Mixteco families with young children and to refer them to NFL services for support. Promotoras, who are co-located at the NFLs, provide community resource and referral to health and social services, social support, and translation assistance to help families access needed community resources.

Information and Referral Services First 5 Ventura County also supports a county contract with Interface Children and Family Services to provide 24 hour county-wide administration of the 211 Ventura County comprehensive resource and referral line. The telephone call center connects families with programs and resources in their
communities. Most NFLs providers also offer less intensive resource and referral services to families to help educate parents about the programs and activities available to them in their local areas.

**Are families accessing services?**

To improve the quality of outcome measurement for service coordination and case management functions, First 5 Ventura County staff adapted a national parent outcome survey to evaluate the process and outcomes associated with participation in NFL or countywide programs. The survey measures impacts on a parent’s ability to access needed services in the community, perceptions regarding program responsiveness to family needs, parents’ knowledge, confidence, and ability to solve problems, and parent’s self-reports regarding the quality of their interactions with their children. The new questionnaire was introduced mid-way through the 2009–10 fiscal year and was completed by the sample of parent/caregivers served in the latter half of the year (n=184). About 40 percent of surveys were completed by the parent/caregiver with program staff available to explain items as needed, 34 percent were completed by parents/caregivers without staff assistance, 11 percent were completed as a face-to-face interview, and 8 percent were completed by phone. For the remaining seven percent of surveys administered (n=12), information on the method of administration was not reported. The first year of survey implementation has yield mixed results, offering important gains in knowledge about families’ case management experiences, but also posing some challenges. The challenges relate to the ability of families to understand and interpret item content and the alignment of survey items to evaluation questions and benchmarks outlined in the Evaluation Framework. The groups of parent/caregivers surveyed represented the Conejo Valley (n=4), Hueneme/South Oxnard (n=21), Moorpark/Simi Valley (n=34), Rio (n=15), Oxnard (n=34), Santa Clara Valley (n=28), and Ventura (n=43) NFLs. This sample of service coordination/case management survey respondents represents about 15 percent of the total population of participants who received intensive family support services from NFL providers. The response rate excludes countywide case management contractors who did not administer the new survey in 2009–10.

The first set of items contained on the new questionnaire focused on capturing the referral experience of families who utilized service coordination and case management services through the local NFL. More specifically, families were asked to identify the types of services that they were referred to in response to needs that were identified within a fixed set of services categories. Categories included access to community services, early learning/child care, health access, services for parents, and other services types. Parents were also asked to report whether the service need had been adequately met. In all, parent/caregivers who completed the service coordination questionnaire (n=184) reported receipt of 729 total referrals through their participation in service coordination/case management. For 89 percent of all referrals made, or 650 total referrals, parents reported that their service need had been met. This figure exceeds the established benchmark for this measure. The areas of greatest referral activity included ‘access to community services’ (n=196) which included financial assistance to address a range of basic needs, and early learning/child care services (n=186). The categories of services where families reported the highest percentage of needs being met were the areas of early learning and child care, and services for parents, such as, parent education and parent support. These are direct services and areas of program specialty for NFL providers, which enables families to be easily linked to programs and activities through the NFL as a single point of service access.
### Exhibit 8.2

**Referrals for Services by Service Category and Number and Percentage of Needs Met**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Referred for Services</th>
<th>Needs Were Met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td><strong>Access to Community Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy/ Empowerment</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Help in time of crisis</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Employment Assistance</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Food</td>
<td>60</td>
<td>57</td>
</tr>
<tr>
<td>Housing/Shelter</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Transportation</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>41</td>
<td>34</td>
</tr>
<tr>
<td>Immigration</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Legal</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td><strong>Early Learning Child Care</strong></td>
<td>186</td>
<td>172</td>
</tr>
<tr>
<td>Parent and Child Together</td>
<td>104</td>
<td>102</td>
</tr>
<tr>
<td>Preschool</td>
<td>60</td>
<td>56</td>
</tr>
<tr>
<td>Childcare</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td><strong>Health Access</strong></td>
<td>171</td>
<td>146</td>
</tr>
<tr>
<td>Health Insurance Enrollment</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>Medical Care for Child</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>Dental Care for Child</td>
<td>70</td>
<td>64</td>
</tr>
<tr>
<td>Mental Health Care for Child</td>
<td>34</td>
<td>30</td>
</tr>
<tr>
<td><strong>Services for Parents</strong></td>
<td>162</td>
<td>154</td>
</tr>
<tr>
<td>Parent Education</td>
<td>104</td>
<td>102</td>
</tr>
<tr>
<td>Parent Support Group</td>
<td>58</td>
<td>52</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Developmental Checks</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Nutrition Classes</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**NOTES:** The percentage of referrals where needs were met involving very small numbers of referrals (n<15) may be unreliable.

To what extent do families feel their needs were understood?

Parent/caregivers who received intensive family support services through an NFL or county contractor were asked about the extent to which they felt their needs and the needs of their children were understood by the service coordinator who provided assistance. Their responses suggest that, overwhelmingly, parents felt that the support they received through the NFL reflected a strong understanding of, and was responsive to, their own families’ needs. Specifically, ninety-nine percent of respondents ‘strongly agree’ (86%) or ‘agree’ (13%) that program staff providing service coordination/case management services understood their needs. This figure far exceeds the established benchmark for this measure.

To what extent do parents feel their needs were addressed?

Parent/caregivers were also asked about the extent to which their needs were met through their participation in case management services. Responses were similar to those in the previous question, with ninety-six percent of parent/caregivers stating that they ‘strongly agree’ or ‘agree’ that needs were addressed through the program. This figure also exceeds the established benchmark for this measure and reflects a high level of responsiveness on the part of programs to successfully provide, or connect families with, helping services. Only two percent of families were in disagreement, perceiving that the personal or family needs targeted by program services remained unmet.
Do some providers perform better than others?

In FY 2009–10 there were approximately 1,561 unduplicated parents/caregivers that received service coordination or case management through a county or NFL-based provider. When combined with counts of groups clients who received less intensive service coordination through the Puentes Building Bridges programs, this total reached 3,599 participants. For all programs combined, excluding the Puentes program, service coordination and case management providers operated above projected capacity (103%) based on numbers of participants served.

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants</th>
<th>Total Planned Capacity</th>
<th>Percent Capacity</th>
<th>Total Units of Service Delivered</th>
<th>Mean Units of Service per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County</td>
<td>3,599</td>
<td>2,410</td>
<td>149%</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Conejo NFL</td>
<td>243</td>
<td>230</td>
<td>106%</td>
<td>409</td>
<td>1.68</td>
</tr>
<tr>
<td>Huemen/Oxnard NFL</td>
<td>146</td>
<td>100</td>
<td>146%</td>
<td>285</td>
<td>1.82</td>
</tr>
<tr>
<td>Moorpark/Simi Valley NFL</td>
<td>131</td>
<td>120</td>
<td>109%</td>
<td>744</td>
<td>5.68</td>
</tr>
<tr>
<td>Oxnard NFL</td>
<td>231</td>
<td>300</td>
<td>77%</td>
<td>1,409</td>
<td>6.10</td>
</tr>
<tr>
<td>Rio NFL</td>
<td>122</td>
<td>60</td>
<td>203%</td>
<td>413</td>
<td>3.39</td>
</tr>
<tr>
<td>Santa Clara NFL</td>
<td>28</td>
<td>20</td>
<td>140%</td>
<td>140</td>
<td>5.0</td>
</tr>
<tr>
<td>Ventura Coordinated School Health Program</td>
<td>242</td>
<td>150</td>
<td>161%</td>
<td>362</td>
<td>2.0</td>
</tr>
<tr>
<td>Ventura NFL Coordinated Services Team (CST)</td>
<td>92</td>
<td>200</td>
<td>46%</td>
<td>304</td>
<td>2.0</td>
</tr>
<tr>
<td>Public Health Nurses/Health Educators</td>
<td>157</td>
<td>150</td>
<td>105%</td>
<td>1,143</td>
<td>4.52</td>
</tr>
<tr>
<td>Children with Special Needs and their Families</td>
<td>169</td>
<td>180</td>
<td>94%</td>
<td>1,611</td>
<td>13.2</td>
</tr>
<tr>
<td>Total Core Services</td>
<td>1,561</td>
<td>1,510</td>
<td>103%</td>
<td>6,800</td>
<td>4.4</td>
</tr>
<tr>
<td>Puentes Building Bridges to Mixteco Communitya</td>
<td>2,038</td>
<td>900</td>
<td>226%</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Eight of the eleven service coordination/case management programs exceeded the target to achieve at least 95 percent of projected service levels, while three projects (Oxnard, Ventura CST, and the VCPH case management programs for Children with Special Needs and their Families) fell below the established benchmark. Although the Oxnard NFL operated at only three-quarters of its projected capacity (77%) in terms of the number of clients served, on average the service coordination episode was much more intensive (average contacts=6.1 per clients compared to an average of 1.68 across NFLs) compared to other NFL settings. Through the middle of the fiscal year the Oxnard NFL had delivered service coordination and case management services through a sub-contract agreement, which may explain differences in service intensity. The NFL has since transitioned out of this subcontract agreement and has hired internal staff to assume service coordination and case management functions. The training and hiring of new staff may help explain lower than anticipated service levels for 2009–10.

As previously noted, there was substantial variation across NFLs in the number of service contacts per clients, with some NFLs averaging fewer than two contacts per client and others averaging five or more. This variation reflects differences in several factors, including number and intensity of needs experienced by clients, variation in service models and approaches, time and resource availability of staff, and the role and emphasis on service coordination functions within the NFL setting.

Do parents report improved knowledge, confidence, and ability to solve problems?

The service coordination and case management questionnaire included seven separate items to measure parental knowledge, confidence, and perceived ability to solve problems. The survey questionnaire was designed as a post-retrospective questionnaire, which asked families to first consider the period of time before they received NFL based services, and to then consider the time period after services had been received and to provided two sets
of ratings. The questions included items reflecting the parents’ knowledge and ability to meet families’ resources needs (e.g., “I know who to contact in my community”, “I would not know where to go for help if I had trouble making ends meet”), sense of social support (“If there were I crisis I have others I can talk to”), and overall confidence in their own ability to take care of their children. Because these items were not inter-related enough to be combined into a single measure, one item from the questionnaire, “I have confidence in my ability to parent and take care of my children”, was chosen as the key criteria for measuring progress toward achieving the targeted benchmark. The full set of responses to this item is presented in Exhibit 8.5.

Comparing the time period “before services” to the time period “after services”, the percentage of parents who ‘strongly agreed” that they were confident in their ability to parent their children increased from 29 percent for the time ‘before’ services were accessed, to 80 percent “after” services were received. More than half of individual respondents (57%) expressed a higher level of parenting confidence ‘after’ services than ‘before’ services, though this figure did not meet the 70 percent targeted benchmark for this measure. It should be noted, however, that parents reported a very high sense of parenting confidence before initiating services, with 60 percent stating that they either ‘strongly agree’ or ‘agree’ with the confidence statement. This high level represents a ‘ceiling effect’ in the data that does not allow for much movement in comparing ‘before’ and ‘after’ service responses.

For other key measures, such as a parent’s ability to access community resources, ability to solve problems and meet family needs, the following observations were made about changes on these key outcome domains. Specifically, respondents reported:

- **Increased knowledge of how to access help in their community** (e.g., 97 percent of respondents either ‘agreed’ or ‘strongly agreed’ that they knew who to contact for help in their community after receiving service coordination or case management services, compared to 39 percent before services).

- **Improved parenting confidence** (e.g., 97 percent of respondents either ‘agreed’ or ‘strongly agreed’ that they had confidence in their ability to parent and take care of their children, compared to 60 percent before services).

- **Increased sense of social support** (e.g., 82 percent of respondents either ‘agreed’ or ‘strongly agreed’ that if there were a crisis, they would have others they could talk to, compared to 48 percent of parents before services).

- **Increased ability to achieve self-sufficiency** (e.g., 93 percent either ‘agreed’ or ‘strongly agreed’ that they knew how to meet family needs with the money and resources they had, compared to 57 percent before services).

There were two survey items, however, where parent/caregivers responded in an unexpected manner that contradicted previous response patterns (i.e., more parents agreed that they had no idea where to turn if they needed food or housing, and more indicated that they would not know where to go if they had trouble making ends meet). In each case, the survey item was worded ‘negatively’ so that high levels of agreement with the statement would be valued negatively and low levels of agreement would be valued.
positively. This negative construction combined with the ‘before’ and ‘after’ structure of these items may have been difficult to interpret, particularly for parents with language or reading barriers.

To what extent are parents improving in their parent/child interactions?

Parent/caregivers were also asked a series of seven questions relating to the quality of their interactions with their child, including specific items concerning disciplinary practices, security of attachments, and perceived difficulty of the child. These items were combined into a single scaled measure of parent-child interaction quality for purposes of the analysis. The measure was rated on a five-point scale with lower ratings indicated more negative interaction quality and higher ratings indicating higher interaction quality. Sixty-three percent of parent-caregivers with both “before” and “after” service scores reported a higher average score for the time period ‘after services’ than the time period ‘before services’. Although the data showed statistically significant increase in parent-child interaction quality, this figure did not satisfy the targeted benchmark for this measure. This was largely due to a ‘ceiling effect’, where high “before” service ratings (e.g. 69% of the “before” services scores were either a 4 or 5) did not leave sufficient room for improvement. The negative construction of survey items included in the scale may have also impacted measurement for this benchmark. Specific “before” and “after” service responses to individual items are shown in Exhibit 8.7.

Exhibit 8.6
Parent/Caregiver Average Ratings on Multi-Item Measure of Parent-Child Interaction Quality (n=180)

Exhibit 8.7
Parent Ratings of Parent-Child Interactions (n=180)
To what extent are children being connected with a medical or dental home?

The new service coordination outcome survey for 2009–10 did not include explicit items measuring the extent to which children were connected to a medical or dental home. As an alternative measurement approach, parent/caregivers’ voluntary reports of the types of referrals received from service coordination/case management staff and the outcome of those referrals were used to answer the evaluation question and benchmark. The four specific categories of referral included: health insurance enrollment, medical care for the child, dental care for the child, and mental health care for the child.

For FY 2009–10, a total of 171 parent/caregivers surveyed identified referrals to health access through the service coordination episode. Of those 171 parent/caregivers, 146 (85%) reported that needs for health access services had been met. This percentage did not meet the benchmark of 90 percent of children to be connected to a medical or dental home. Specifically,

- Health insurance enrollment received 40 referrals, with 32 children (80%) receiving services as a result of the referral;
- Medical care received 27 referrals with 20 (74%) receiving services;
- Dental care received 70 referrals with 64 (91%) receiving services;
- Mental health care received 34 referrals with 30 (88%) receiving services

Results indicate that dental care referrals had the highest rate of services received from referrals, meeting the benchmark of 90 percent, while mental healthcare referrals nearly reached the benchmark at 88 percent.

To what extent are participants satisfied with service coordination/case management provided?

The parent/caregivers of children who received service coordination and case management assistance were asked to respond to the First 5 Ventura County satisfaction questionnaire (n=106) to capture perceptions about their experiences with the program. Among parents surveyed, 100 percent either ‘strongly agreed’ or ‘agreed’ that they were satisfied with the services they received through an NFL FRC or countywide provider. This figure exceeds the benchmark established for this measure. In addition, ninety-seven percent of parents indicated that they would recommend the services to a relative or friend.
Several items on the Service Coordination/Case Management Survey also assessed parent/caregivers’ impressions of program staff and the support they received through their NF L or countywide provider. Items also focused on parents’ perceptions regarding the impact of participation on different areas of their lives, including their skills in parenting, their experience of family stress, and their pursuit of personal and family goals. Parents almost universally perceived that staff in the program respected them (99%), and nearly all agreed that they would feel comfortable seeking help and support from a staff member if they needed it (98%). Parents also agreed (98%) that participation in service coordination and case management had helped them reach goals they had set for themselves and their families. Most parents also agreed that their ideas were welcomed in the program (96%) and that services had helped strengthen their parenting skills (96%). Although slightly fewer families (94%) believed that the program had helped them to reduce stress in their daily lives, there was still strong consensus about positive impacts in this area.

**Section Summary**

The use of service coordination and case management was common across NF Ls and county providers as an approach to connect families with needed resources and to coordinate comprehensive service delivery. Seven of the eleven NF Ls included service coordination and case management strategies as a component of their work in supporting children and families. Most NF Ls and county contractors experienced strong demand for service coordination and case management functions and were operating well above projected capacity.

Substantial differences were found across programs in the intensity of the service coordination and case management functions. This finding argues that service coordination has different meaning across service settings, that community needs may vary substantially, and that service delivery models and staff approaches have evolved differently across NF Ls. Understanding that more information is needed to understand the context of this service and to better document how NF L and county providers work with clients to help them identify and address a constellation of family service needs, the evaluation scope-of-work for 2009–10 will include a supplemental in-depth analysis of NF L service delivery strategies that will focus on service coordination activities. Results of this analysis should be available by the Spring of 2011.

Families who participated in service coordination and case management were actively referred to NF L and community-based services and reported that child and family needs were sufficiently met through the referral process. Among parent/caregivers surveyed (n=185), a total of 729 referrals were generated, 89 percent of which resulted in an area of need being addressed for the family.
Parents/caregivers reported increases in their overall parenting confidence and in the quality of their interactions with their children as the result of their work with First 5 service coordinators and case managers. More than half of parents served reported increases in parenting confidence and two-thirds reported improvements in parent-child interactions resulting from their program participation. Ninety-three percent ‘strongly agreed’ that they were satisfied with the help that they received.

Notes & References


4 Estimate for Ventura County were for a family of four with two preschool age children.


Early Childhood Mental Health

Best Investment Area

Early childhood mental health can be defined as a child’s capacity “to experience, regulate, and express emotions, form close and secure personal relationships, and explore the environment and learn.” As early as the first year of life, children begin to develop secure attachments to parents and caregivers, and by two to three years of age, have learned to master the concepts of self-awareness, independence, and self-control. These developmental competencies form the foundations for positive mental health and functioning. While most young children function within a normal range of social development and behavior, many will experience early symptoms that suggest an underlying special mental health need.

Although it is difficult to precisely measure the prevalence of mental health concerns in young children, recent studies indicate that as many as 15 percent of those 2 to 5 years of age may experience mental health problems, including serious emotional disorders, anxiety disorders, disruptive behavior disorders, ADHD, and depression. Early childhood educators, physicians and other health care providers who work with young children are not always trained to identify early signs of mental health problems or to understand the implications for children’s development. As a consequence, early social and behavioral challenges are often left untreated, compared to other types of developmental issues. Studies have shown that behavioral health needs are typically detected in less than one percent of young children experiencing challenges, and that between 80 and 97 percent of those identified fail to receive needed services. When children’s mental health issues are left untreated, they can evolve into more serious behavioral problems or mental health concerns later in life.

Children who are economically disadvantaged typically are at higher risk for experiencing social or behavioral problems. Cognitive, social and behavioral outcomes related to income-disparities are already apparent in children as young as 9 months of age and widen by the time children reach 24 months. Children from race/ethnic communities that are disproportionately lower income also show a higher prevalence of concerns, and experience higher rates of expulsion from preschool, yet often face access barriers that prevent them from seeking or receiving help. Health care access studies have, for example, shown that Hispanic/Latino families are often underserved by mental health systems and are less likely to receive appropriate care due to shortages of bilingual mental health professionals, higher rates of uninsured that limit access to care, or reluctance to use mental health services due to cultural barriers.

When untreated behavioral issues are disruptive enough for children to be removed from preschool classrooms, it creates missed opportunities for learning and social development. Early childhood systems that support early detection and identification of mental health needs can help address behavioral challenges early on, and can provide teachers and caregivers with the necessary tools to manage and support children’s mental health needs. This is evidenced in findings from a large national study of state-funded preschool systems, which found that the likelihood of expulsion from preschool classrooms decreased significantly when children had access to classroom-based, early mental health consultation services. First 5 Ventura County recognizes the importance of promoting children’s early mental health and development as has invested in systems of care that expand access to early mental health and developmental services for all children, families and caregivers countywide.

Key Findings

- 50 children were reached through the Ventura NFL Preschool Behavior Project, offering behavioral interventions to children in preschool classroom settings.
- Among children rated on the PKBSII measure of functioning, 90% at moderate or high risk for behavioral problems reduced their clinical risk level and 71% at high risk for social skills deficits improved their social functioning.
- Mental health professionals provided outreach and engagement services or mental health consultations to 312 children 0 to 5 years of age.
- 43% of all children receiving mental health consultations were served in preschool settings.
- 71% of children who were rated on the Ohio Scales Preschool Mental Health measure showed reductions in the frequency of their problems symptoms.
How does First 5 Ventura promote positive emotional wellness and behavioral functioning in young children?

The First 5 Ventura County strategic plan includes a priority to expand early mental health interventions to promote emotional well-being of children and to expand access to services to children at-risk for mental health disparities. The Early Childhood Mental Health Best Investment Area is part of a larger family strengthening strategy to help families better nurture and support their children and to ensure children have access to early intervention for identified special needs. The Commission invests in strategies to provide mental health and behavioral consultation services to children, their parent/caregivers, and their early childhood educators that are delivered within preschool classrooms or community and family settings. The first of two funded contracts, the Preschool Behavioral Project, is an integrated component of the Ventura Unified School District’s Jumpstart state-funded preschool, which is supported by the Ventura Neighborhood for Learning (NFL). The second is a countywide contract with Ventura County Behavioral Health to deploy mental health professionals to the Neighborhoods for Learning (NFL) who offer outreach and direct mental health consultation services to children and their families. The shared intent of these two programs is to improve children’s social and behavioral functioning and to help families build confidence in their capacity to address children’s needs. First 5 Ventura County expended more than $560,000 in the 2009–10 fiscal year to support access to early mental health interventions for underserved children countywide.

The Ventura Neighborhood for Learning (NFL) Preschool Behavior Project

The Preschool Behavioral Project funds a credentialed school counselor to deliver classroom-based behavioral interventions for 3-5 year old children who are attending nine Jumpstart state-funded preschool programs within the Ventura Unified School District (VUSD). The school counselor works within the context of the preschool classroom setting to address challenging behaviors among identified preschool participants. The counselor works in consultation with preschool teachers and parent/caregivers to build children’s social skills and to introduce strategies to modify classroom behavior.

Mental Health Professionals Co-Located at the NFLs

The Mental Health Professionals countywide contract increases access to early childhood mental health services by connecting families to mental health professionals through the NFL family resource centers and preschools. Mental health clinicians provide culturally sensitive outreach, prevention, and early intervention services in preschool classroom, home, and community settings to address the social-emotional needs of children and to provide education and support to families. The program is implemented by Ventura County Behavioral Health and two community-based subcontractor organizations that are MediCal/EPSDT providers. Mental health professionals also participate as members of NFL multi-disciplinary teams to help coordinate care for children with special health, behavioral, and developmental needs.

How many children/families are receiving mental health services as a result of First 5 funding?

<table>
<thead>
<tr>
<th>Mental Health Professionals Co-Located at the NFLs</th>
</tr>
</thead>
</table>
| The Mental Health Regional Professionals countywide contract was implemented by Ventura County Behavioral Health and its two subcontractors, Interface and City Impact. The program provided to mental health outreach, engagement, and consultation services to a total of 312 children and their parent/caregivers and/or teachers in 2009–10. This total fell short of the targeted benchmark of serving 422 children over the course of the fiscal year. Of the 312 children served, 226 children and families received direct mental health consultations with a clinician in preschool, home or community settings. This figure includes children whose cases were newly opened in 2009–10, as well as those who were continuing services as carry-overs from the previous fiscal year. The other 87 children who were referred for county mental health services and received outreach and engagement from mental health staff, but ultimately declined to participate in services. These outreach efforts often involve repeated contacts with parents prior to intake that focus on |}

- **EVALUATION BENCHMARK** 422 children will receive mental health services (VCBH)
- **FY 2009–10 PERFORMANCE** 312 children received mental health consultation services

<table>
<thead>
<tr>
<th>Mental Health Professionals Co-Located at the NFLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Mental Health Regional Professionals countywide contract was implemented by Ventura County Behavioral Health and its two subcontractors, Interface and City Impact. The program provided to mental health outreach, engagement, and consultation services to a total of 312 children and their parent/caregivers and/or teachers in 2009–10. This total fell short of the targeted benchmark of serving 422 children over the course of the fiscal year. Of the 312 children served, 226 children and families received direct mental health consultations with a clinician in preschool, home or community settings. This figure includes children whose cases were newly opened in 2009–10, as well as those who were continuing services as carry-overs from the previous fiscal year. The other 87 children who were referred for county mental health services and received outreach and engagement from mental health staff, but ultimately declined to participate in services. These outreach efforts often involve repeated contacts with parents prior to intake that focus on</td>
</tr>
</tbody>
</table>

- **EVALUATION BENCHMARK** 50 children will receive early behavioral interventions in a preschool setting (Ventura NFL)
- **FY 2009–10 PERFORMANCE** 50 children received classroom-based behavioral interventions
stabilizing families when in-crisis, educating parent/caregivers about mental health needs and services for their children, and reducing barriers that may impact the families’ ability to seek help. Families that initially decline services will often go on to accept services following a second referral.

There were several challenges to implementation identified in the 2009–10 fiscal year that may have impacted the ability of mental health professionals to engage more children and families in services. Specifically, in their annual report to the Commission, VCBH cited problems related to the flow of referrals from the Neighborhoods for Learning (NFLs), with few children referred in the first two quarters of the fiscal year followed by an influx of new referrals in the third quarter. This inconsistency coincided with challenges to staffing late in the year. The county also noted challenges to generating interest among local preschools in collaborating with mental health providers, which would have facilitated the delivery of mental health consultation services to children and teachers within preschool classroom settings. The program also cited issues with referrals and staffing within one subcontractor agency, discussed later in more detail, which impacted the number new cases opened in 2009–10. Many of these issues contributed to lower than expected service capacity and are being addressed through changes in contract agreements for 2010-2011.

**The Ventura Neighborhood for Learning (NFL) Preschool Behavior Project**
The Ventura NFL Preschool Behavior Project provided classroom-based interventions to 50 children enrolled in Ventura USD Jumpstart state-funded preschool programs to address social skills and behavioral concerns. This number meets the target of enrolling 50 children in early behavioral interventions within preschool classroom settings.

**To what extent are we serving the people who need it most?**

Research on the incidence and prevalence of health issues across population sub-groups has identified disparities in early childhood mental health based on race, ethnicity, and socio-economic status, as well as other risk factors. Young children with multiple risks are even more likely to fare poorly in achieving benchmarks for positive mental health functioning and early school success. The Evaluation Framework includes a question measuring the extent to which First 5 Ventura County funded partners were successful in reaching out to children and families with high levels of risk who are often underserved in mental health care systems. There were several sources of data that were used to establish risk profiles of children and families served at the time of intake, including demographic information, family risk measures based on assessed stability and functioning, and clinical information regarding children’s diagnoses and level of symptoms. Data on MediCal reimbursements were also used to document income and MediCal eligibility within the service population.

**Demographic Risk Factors**
The demographic risk status of children who participated in classroom behavioral interventions and mental health consultation services was profiled using intake information collected for children in the Ventura Preschool Behavior Project and for all newly opened and carry-over cases from VCBH and its subcontractors. The demographic risk characteristics include family factors that are associated with mental health disparities in children, including poverty and low educational attainment, and the presence of barriers that might impede families’ access to mental health resources for their children such as language barriers or a lack of health insurance.

As shown in Exhibit 9.1, for the combined sample of children who received classroom and community-based mental health interventions and for whom family demographic information was available, about 93 percent were from families living near or below poverty level and forty-percent had a primary caregiver who had never completed high school. Many families were also at risk for limited service access due to linguistic isolation (53% speak a primary language in the home other than English) or a lack of insurance (10% were uninsured). **When the demographic variables were combined into a composite risk measure about 81 percent of all children participating in mental health interventions were found to**
have at least one factor that placed them at higher risk for mental health disparities, exceeding the 80 target. About one-third of all children had multiple risk factors (i.e., two or more), although this is likely to be a conservative estimate due to undercounting of risk factors resulting from incomplete data reporting on some measures.

Exhibit 9.1
Risk Profile of Children Served through First 5 Funded Early Childhood Mental Health Programs based on Child Factors, Family Factors, and the Presence of Access Barriers

<table>
<thead>
<tr>
<th>Risk Indicators</th>
<th>Combined Sample</th>
<th>Preschool Behavior Project</th>
<th>Mental Health/ Social Work Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children whose primary parent/caregiver did not complete high school</td>
<td>33</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children living in families at or below poverty level (&lt;=133% FPL)</td>
<td>156</td>
<td>35</td>
<td>121</td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children living in families that mostly speak a language other than English</td>
<td>138</td>
<td>19</td>
<td>119</td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with no health insurance</td>
<td>25</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

Notes: The number of children with complete data varies substantially by indicator due to high rates of missing data for the family intake questionnaire (Parent education: VCBH=42; Ventura=40, Income: VCBH=128; Ventura =40, Language: VCBH = 217; Ventura 50, Health Insurance: VCBH = 216; Ventura =50)

Family Risk Factors
Each child and family with a newly opened case was assessed for risk based on measures of family stability and functioning using a modified version of the Family Development Matrix standardized family assessment tool. The inclusion of these items enabled the direct measurement of family challenges that would place children at risk for mental health issues, rather than relying on proxy measures, such as race/ethnicity, income level, or parental education. Mental health clinicians rated families according to their level of risk on ten key family functioning domains, including: basic needs, finances, access to health care, shelter, mobility, access to community services, family relations, and quality of parent-child interactions. Families were rated on a five point scale with values ranging from ‘Thriving’ (=1) to ‘In-Crisis’ (=5). On average, families fell within the ‘safe’ to ‘stable’ range on measures of basic needs and service access, but fell within the ‘vulnerable’ range on measures of financial stability and family dynamics, such as parent-child interaction quality and the ability to resolve family conflict. Overall, 62 percent of families were rated as “vulnerable” or “in-crisis” in at least one family risk domain, 29 percent were at-risk in 2 to 4 domains, and 22 percent were ‘vulnerable’ or ‘in-crisis’ on five or more risk measures.

Exhibit 9.2
Family Risk: Parent-Child Interaction Quality (n=128)

Exhibit 9.3
Family Risk Status at Intake: Family Relations (n=128)

Children’s Mental Health and Behavioral Functioning at Intake
Children’s risk status was also profiled using clinical information recorded at the time of intake assessing the presence and severity of symptoms of social-emotional or behavioral challenges.
Ventura Preschool Behavior Project

Children identified to participate in the Ventura NfL Preschool Behavior Project were assessed by the school counselor using the Preschool Kindergarten Behavior Scales Second Edition (PKBS II). The PKBS is a tool used by teachers and educational professionals to assess the behaviors of young children 3- to 6-years of age. The instrument is rated on a four-point scale measuring the clinician’s observations about the frequency of children’s positive social interactions and/or problem symptoms or behaviors. The individual items are combined into two major scaled domains (i.e., social skills and problems behaviors), and five corresponding sub-scales.

Among children who were rated on the PKBS (n=27), over two-thirds (70%) fell within a high to moderate range of clinical risk for social skills deficits, and half (52%) were within a high to moderate range for behavioral risks. All children scored outside of the normal range on at least one domain, and over half (n=19; 46%) had elevated risks for both social skills and behavioral concerns. Within the social skills domain, more children had difficulty with cooperative play and positive social interaction, and fewer demonstrated problems with social independence. All children at risk for behavioral problems had issues with externalizing, or ‘acting out’ behaviors, as opposed to more internalizing symptoms, such as anxiety or social withdrawal.

Mental Health Social Workers at NfLs Contract

Mental health professionals with the county or a subcontractor community-based mental health organization were asked to complete a baseline assessment of all children entering mental health services and to provide a clinical mental health diagnosis to guide the delivery of treatment. Data for this population of children was available for 144 newly opened cases for children ages 0 through 5 years of age. The vast majority of children who participated in mental health services were diagnosed with a variety of adjustment disorders (83%) and much smaller percentages were diagnosed with anxiety (3%), PTSD (3%), and other clinical diagnoses (6%).

As shown in Exhibit 9.4, at the time of intake, children served through the countywide mental health contract were exhibiting symptoms of early emotional and behavioral concerns as measured by clinician’s ratings on child intake interviews. The following lists some of the more common symptoms or behaviors, and the percentage of child participants showing high symptom prevalence (i.e., behaviors occur ‘most of the time’ or ‘all of the time’) (n=131):

- 27 percent of children insisted on getting their own way;
- 19 percent experienced uncontrollable crying and temper tantrums;
- 26 percent disobeyed adults;
- 20 percent showed signs of restlessness and over-activity;
- 15 percent showed aggressive behavior, such as hitting, biting, or kicking others;

While many of the problem behaviors measured at baseline were age-appropriate for young children depending on age, most children experienced a wide range of symptoms with relatively high intensity that were present across home, school, and other community settings. The behavioral profiles of children served through First 5 Ventura County funded mental health programs confirm that most children were showing early indications of mental health problems and were at elevated clinical risk for developing future issues that could disrupt social and behavioral functioning. This suggests that
the processes used to identify and refer children were effective in reaching an appropriate high need population of children who were likely to benefit from services.

**MediCal Eligibility**

The Evaluation Framework for Early Childhood Mental Health also establishes a benchmark for the percentage of children served who are eligible for MediCal. Although Ventura County Behavioral Health and its subcontracting agencies do not directly track children’s eligibility status, data was available recording the dollar value of MediCal reimbursements for services to eligible children. For 2009–10, these MediCal reimbursements for county mental health services totaled $243,978, representing a 52 percent match. This figure indicates that a substantial portion of children who participated in mental health services were lower income children who were eligible for reimbursements under MediCal.

**To what extent is support being provided in a preschool setting?**

Researchers and practitioners in the early childhood mental health field argue the importance of working within early child care and education (ECE) settings to create environments that are supportive of children’s social-emotional development. For the first time in 2009–10 the mental health service provisions were reformatted to differentiate between service episodes delivered within the context of the preschool setting and services delivered in home and community settings (e.g., mental health clinics, family resource centers, in-home). Service records maintained in GEMS indicate that among the 222 children who received mental health consultation services in 2009–10, 96 children or approximately 43 percent received mental health assessments or services within a preschool classroom setting. This figure does not meet the targeted benchmark for at least 50 percent of early childhood mental health services to be provided as early intervention in a preschool setting. The annual First 5 Ventura County program report submitted by VCBH identified challenges to engaging preschool programs in collaboration with mental health providers, resulting in lower than anticipated classroom-based service utilization.

**Are families utilizing services?**

The Evaluation Framework defines three specific benchmarks to determine whether children and families are actively utilizing mental health services. These included measures of the percentage of referred families who receive mental health consultations, the percentage of families that are actively engaged for the duration of treatment, and the percentage of families who leave treatment because treatment goals were met or services were no longer needed.

The second and third benchmarks contained in the Evaluation Framework were not measured for FY 2009–10 due to modifications made by VCBH to the data collection instruments that are completed by the mental health worker. The items used to support measurement of these benchmarks were dropped from the revised instrument. No data was available to support measurements of these two additional benchmarks.

**Referrals Resulting in Opened Cases**

The Mental Health Professionals contract is implemented through a close collaboration with the Neighborhoods for Learning (NFL), which serve as the primary sources of referral to county and subcontracted mental health services. In FY 2009–10, there were 289 new clients referred by NFL staff to VCBH and its subcontracting agencies, which resulted in 164 newly opened cases (57%), just under the benchmark established for this measure. The largest sources of referral over the course of the year were the large NFLs in Oxnard, Moorpark/Simi Valley, and Ventura. Relative to the size of the

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**EVALUATION BENCHMARK**

50% of services are provided as early intervention in a preschool setting (VCBH)

**FY 2009–10 PERFORMANCE**

43% received mental health assessments or services within a preschool classroom setting

---

**EVALUATION BENCHMARK**

65% of referred families utilize service

**FY 2009–10 PERFORMANCE**

57% of referred families utilize service

---

**EVALUATION BENCHMARK**

65% of participating families were rated by clinicians as ‘very active’, ‘mostly active’, or ‘somewhat active’ for the duration of treatment

**FY 2009–10 PERFORMANCE**

No data available for 2009-10

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**EVALUATION BENCHMARK**

40% of participants, the primary reason for leaving treatment is ‘treatment goals met’ or other positive reason for leaving

**FY 2009–10 PERFORMANCE**

No data available for 2009-2010
NFL service population, children from the Oxnard and Ventura NFLs were somewhat overrepresented as a referral source compared to other NFLs, while the Moorpark/Simi Valley, Pleasant Valley, and Oak Park NFLs were the most underrepresented. There are a number of reasons that families who receive mental health referrals may choose not to initiate services. Many families fear the stigma of seeking help for mental health concerns or are unaware of how interventions relate to their own child. Other families may decline services due to cultural barriers, particularly within the Latino community, where mental health treatment is less accepted as a cultural norm. Families in-crisis may be consumed with other needs and priorities for their families at the time of referral, but may seek a referral at a later time when family situations have stabilized.

Exhibit 9.5
NFL Referrals to Mental Health Professionals in FY 2009–10 (n=289)

Contact with the Mental Health Clinician
As second measure for assessing service utilization used as an alternative to the second and third benchmarks was the amount of contact between the child and the mental health clinician within the context of the treatment episode. Children who received mental health consultations services through VCBH or one of its subcontracting partners met with a mental health clinician an average of ten times over the course of the year, including initial contacts to establish contact with the family. About ten percent of children met with a clinician one or two times, a little less than a quarter had 3-5 contacts, 46 percent had 6-14 contacts, and nearly a quarter met with a clinician as many as fifteen or more times. This represents a relatively high intensity level of services.

Exhibit 9.6
Utilization of Mental Health Services for Children Served in Preschool or Community Service Settings (n=222)
Number of Contacts with a Mental Health Professional
Are children better off as a result of receiving mental health services?

The Evaluation Framework also focuses on measuring outcomes associated with participation in mental health interventions to determine whether children are better off as the result of receiving services. Both the Preschool Behavior Project and the Mental Health/Social Work Professionals contractors used standardized assessment tools administered at pre- and post-administration time points to measure the severity of children’s behavioral symptoms, and other constructs related to positive mental health and functioning.

Preschool Behavior Project Outcomes

The Preschool Kindergarten Behavior Scales Second Edition (PKBS02) was the standardized instrument used to assess the behaviors of children within preschool programs at pre- and post-time points. The PKBS measures the three social skills domains of social cooperation, social interaction, and social independence, and two broad behavioral domains of externalizing and internalizing behaviors. The measure is normed to a standardized population, allowing assessment of children’s age-appropriate functioning in relation to expectations about what constitutes a normal range. Subscale scores on the PKBS are combined to calculate an overall social skills and problem behavior measure with corresponding ranges of clinically significant risk.

Children whose social skills fall within the high risk range have a high probability of having or developing significant deficits in their adaptive social skills, placing them at risk for a range of negative social-behavioral outcomes. Similarly, children whose behavioral challenges place them in a high risk range are more likely to engage in disruptive behaviors that will persist into later childhood.

As shown in Exhibits 9.7 and 9.8, children’s risk status was profiled using clinical information recorded at the time of intake to assess the presence and severity of symptoms of social-emotional or behavioral challenges. Pre-post summary results indicate that 71 percent of children at moderate or high risk of social skills deficits and 90 percent of children at moderate or high risk of behavioral challenges reduced their clinical risk range over the course of their participation in services. Reductions in both the average social skills rating and average problem behavior ratings from pre- to post-administration were statistically significant. These demonstrated improvements in child functioning meet the established benchmark for decreases in mental health symptoms.
Mental Health Professionals Child Outcomes

Children who participated in preschool and community-based mental health consultations were rated by the mental health clinician using the Preschool Worker (0-4) and Worker (5-18) forms of a modified version of the Ohio Scales standardized instrument. The Ohio Scales also include a pre- and post-administered instrument for parents of children participating in the program, although the matched paired sample (i.e., children with both pre-and post-administrations) was too small for meaningful analysis (n=12). The total sample of children used in the VCBH outcome analysis included all children who initiated and completed mental health services within the 2009–10 fiscal year (n=105). The measures that were analyzed included measures of child behavioral symptoms and functioning contained on the Preschool Worker form.

The remaining children who received county mental health services (n=207, 66%) were excluded from the analysis because they did not have match pre and post outcome measures for 2009–10. This included 86 children who received outreach and engagement services only (28%), 55 children (18%) with open cases at the conclusion of the fiscal year whose follow-up administrations had not yet been completed, and 50 children who completed a baseline administration in the previous fiscal year that was not available through GEMS. Another 16 children, or five percent of all children served, had transitioned between the 0-4 year old and 5-18 year old versions of the Ohio Scales so that baseline and follow-up data were not comparable. To minimize data loss in the future, children who ‘age-out’ of the 0-4 year old measure will still be administered the 0-4 year old form at follow-up to maintain consistency across administration points.
Each child was rated by a mental health clinician on the frequency with which the child engaged in nineteen individual problem behaviors. For each behavior, the frequency with which it occurs was rated on a five point scale with possible ratings of ‘all of the time’, ‘most of the time’. The nineteen item ratings were summed to calculate a total symptom score ranging in value from 19 to 95. Due to the small sample of children with matched pre- and post-clinician ratings using the 5-18 year old version of the measure, these children were not summarized in the analysis.

Exhibit 9.9
Baseline to Follow-Up Measures of Child Symptoms and Parent-Child Attachment for Children Administered the 0-4 Preschool Worker Instrument

<table>
<thead>
<tr>
<th></th>
<th>Pre-</th>
<th>Post</th>
<th>Difference</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>105</td>
<td>34.8</td>
<td>24.8</td>
<td>10.00</td>
</tr>
<tr>
<td>Attachment</td>
<td>105</td>
<td>57.4</td>
<td>63.8</td>
<td>6.4</td>
</tr>
</tbody>
</table>

The analysis of matching pre/post data in the Ohio Scale Preschool Worker (0-4) database used a comparison of means to determine whether children showed statistically significant reductions in symptoms, or if families showed statistically significant improvements in parent-child attachment. As shown in Exhibit 9.9, children who received mental health consultations had an average symptom rating of 34.8 at baseline and reduced their level of symptoms to 24.8 by the conclusion of services. This represents a 29 percent reduction in number and/or frequency of symptoms, which was statistically significant. Overall, 71 percent of children reduced their overall frequency of symptoms, thirteen percent of children’s symptoms remained stable, and 15 percent had symptoms intensify over the course of the treatment episode. This percentage reduction in symptoms exceeds the 65 percent targeted benchmark.

Children and their parent/caregivers were also rated on measures of attachment between parent and child. The attachment scale combines sixteen items rated based on the clinician’s observations of the nature and quality of interactions between the parent and the child. Examples of items include: “parent appears to enjoy the child”, “parent behaves and talks about the child in positive ways”, and “parent appears confident with parenting skills”. Clinicians rated each item on a five-point scale with response options ranging from ‘strongly agree’ to ‘strongly disagree’. The sixteen item ratings were combined into a single attachment scale using an item mean. Exhibit 9.9 presents a comparison of the mean score from the baseline to follow-up administration, which increased from 57.4 to 63.8, or an 11 percent increase in measured parent-child interaction quality. Among children with paired baseline and follow-up observations, 61 percent showed improvements in their interactions with the parent/caregiver, 15 percent showed no measureable change, and 25 percent experienced a decline in attachment quality.

Relationship between Mental Health Consultation Service Intensity and Changes in Child Outcomes
These observed changes in outcomes were analyzed in relation to data on service contacts to determine whether higher rates of participation in services were associated with greater reductions in symptoms or increases in attachment. This analysis found a significant negative relationship between number of contacts and reductions in symptoms (r = .326, p-value = .001) indicating an increase in program dosage is related to a greater level of reduction in problem symptoms. There was no observed relationship,
however, between amount of contact with mental health professionals and changes in the quality of observed parent-child attachments. This can reflect the fact that often children who have more serious social and behavioral problems require high intensity levels of service, but are less responsive to treatment.

**Do some providers perform better than others?**

The Evaluation Framework also focuses on measuring differences in provider performance related to providers’ success in establishing contact with families referred to mental health services through the NFLs. The targeted benchmark accompanying this evaluation question was for 90 percent of referrals to result in direct communication with families. Within the Early Childhood Mental Health Best Investment Area, mental health services were delivered by clinicians with Ventura County Behavioral Health or by clinicians with two subcontractor agencies, Interface and City Impact. In **FY 2009–10**, **eighty-seven percent of referrals resulted in direct communication with families.** The remaining thirteen percent of families referred for mental health services through an NFL did not respond to mail or telephone outreach. The **overall percentage of families contacted by mental health program staff fell slightly below the targeted benchmark.**

Comparable data on initial communication with families (i.e., VCBH, City Impact, or Interface) was not tracked for 2009–10 at the individual provider level. Instead, an alternative measure of provider performance was used, which measured the number of referrals resulting in opened cases for each contracting agency. For the 2009–10 fiscal year, City Impact reported the highest rate of opened cases following referral (83%) with 23 newly opened cases, followed by VCBH (62%) with 128 new cases, and Interface (25%) with 13 new cases. Client contact at City Impact and VCBH is directly initiated by mental health clinicians, whereas Interface employs a centralized intake process. This different intake approach, as well as challenges recruiting and retaining bi-lingual/bi-cultural clinical staff may have contributed to a lower opened case rate at Interface. These challenges have been addressed in contracting in FY 10-11

**Are families satisfied with mental health services provided?**

Parents who received VCBH mental health services were also asked to complete the First 5 Ventura County revised parent satisfaction questionnaire, which was introduced in 2009–10, to gauge their perceptions about the impact of the program and their overall satisfaction with involvement. There were twenty-four parents who responded. Of those surveyed, **ninety-six percent expressed high levels of satisfaction with the mental health services they received for their child.** Parents also widely agreed (88%) that the program had made them more confident in their parenting, and all agreed that they would recommend the program to relatives or friends.

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**Exhibit 9.10**

Parent/Caregiver Agreement with the Statement “I was satisfied with the program and services I received” (n=24)
First 5 funded mental health services filled an important gap in services that promote child wellness and healthy development among underserved populations. Ventura County Behavioral Health, its subcontracting community-based treatment providers, and school counselors within the Ventura NfL delivered mental health services to 272 children in FY 2009–10 to address their emotional and behavioral health needs. More than 80 percent of children served through the two mental health contracts met criteria for being at high demographic risk for mental health disparities, and showed significant levels of mental health risk related to family stability and functioning and measures of problem symptoms.

First 5 Ventura County investments in county mental health consultation services did not reach as many children as the project projected to serve. There were a number of challenges in the 2009–10 fiscal year that impacted the ability of mental health clinicians to reach as many children and families as projected. The issues identified include problems related to the inconsistent flow of referrals from NfLs, difficulty recruiting preschool providers to collaborate in the delivery of classroom-based services, and challenges related to the processing of referrals and staffing of new cases within one subcontractor agency. These differential rates of referrals and opened cases across providers were explored and new strategies were developed and embedded in the contracting process for the next fiscal year that should streamline referrals and designate staff for new cases in an effort to expand the number of children and families reached in 2010-2011.

First 5 Ventura County funded mental health contractors were extremely successful in leveraging dollars to supplement funding available to support delivery of mental health services. Ventura County Behavioral Health and its subcontracting agencies leveraged more than $243,000 in MediCal funding reimbursements for services delivered to MediCal eligible children.

Children who participated in county and NfL-based mental health services and behavioral interventions reduce behavioral symptoms as the result of their program participation. Children who participated in county-based mental health consultation services showed statistically significant reductions in problem behaviors and statistically significant improvements in parent-child attachment. Children who received preschool classroom behavioral interventions through the Ventura NfL also showed significant reductions in clinical risk level for social skills deficits and problem behaviors, reducing their likelihood of serious behavioral problems and/or social adjustment disorders later in life.

Notes & References

3. Ibid
7. Ibid
Summary, Findings, and Recommendations

First 5 Ventura County’s 2005–10 Strategic Plan has directed investments of local tobacco-tax revenues to expand early childhood systems of care within the three broad strategy areas of health, early learning, and family strengthening and support. These investments have funded a wide range of direct services and supports that have filled gaps in early childhood service systems and directed resources to more disadvantaged and underserved communities where children are more likely to experience health and educational disparities. The work of First 5 Ventura County has also focused on improving the quality and capacity of existing service delivery systems to expand existing service levels, improve effectiveness and to support the sustainability of service innovations. For the 2009–10 fiscal year, these investments totaled $11.2 million in program expenditures across Ventura County.

Children and families who participated in First 5 Ventura County funded activities in FY 2009–10 were connected to services through eleven Neighborhoods for Learning (NfL), which integrate an array of child- and family-centered resources and supports into a single point of access for families. These services included health insurance enrollment assistance, dental care, early care and education programs, parent education, child development and family literacy, service coordination and case management, early childhood mental health, developmental screening programs, and resources to address basic family needs. The Neighborhoods for Learning (NfLs) and their associated local family resource centers (FRCs) covered every school district jurisdiction within Ventura County. These local NfL health, family strengthening, and early learning collaboratives involved partnerships with schools, city governments, local parks and recreation districts, libraries, local businesses, and other community-based organizations. The NfLs were supported by teams of professionals from First 5 funded county public health and behavioral health agencies, medical and dental care systems, culturally-based community outreach organizations, and other funded contractors to supplement local resources and capacity of the NfLs. These countywide contracts totaled $1,790,659 in 2009–10 allocated funding. Through this place-based service delivery approach, eleven diverse models of child and family support have emerged in response to unique cultural, linguistic, and economic needs in communities, creating opportunities for collaboration, developing community infrastructure and resources, and addressing locally-defined needs with services for participating families. In 2009–10 the eleven NfL funded partners delivered intensive health, early learning, and family strengthening services to 4,186 children and 4,098 parents/caregivers countywide.

First 5 Ventura County Accomplishments in 2009–10

The evaluation of First 5 funded activities for FY 2009–10 focused on seven Best Investment Areas, including Health Insurance Enrollment, Oral Health, Developmental Screenings, Preschool Services, Early Learning for Children and Parents Together and Family Literacy, Service Coordination, and Early Childhood Mental Health. The following findings from the evaluation effort highlight many of the accomplishments that were made as the result of Commission investments to expand the availability of resources that benefit young children and their families.

**Health**

- More than 12,000 preventive fluoride varnish treatments were provided to children across Ventura County through NfL family resource centers and preschool programs, dental offices, and physician’s offices or primary health care clinics.

- More than 1,500 children countywide received oral health screenings, dental exams, and specialty dental treatment services through mobile dental clinics or community health care centers.

- 1,078 children were successfully enrolled in MediCal, Healthy Families, Kaiser Permanente, and the county ACE for Kids low-cost health insurance program to improve access to appropriate medical care.

- 98 percent of children who were confirmed enrolled in public health insurance programs were linked to a medical home or usual source of care and 95 percent of children had visited a doctor in the past year.
892 children received formal, age-appropriate developmental screenings through their local NfL, representing about a quarter of all core children served through NFL-supported family resource centers and preschool programs. Of children who received developmental check-ups, 249 screened positive for a suspected developmental delay, disability, or other concern and were referred to community-based agencies for further assessment and intervention.

More than 2,632 women receiving obstetrical care in community health care centers and clinics were screened for prenatal substance use risk and 96 women were referred to public health nurses for intervention and follow-up care.

Early Learning

More than 1,400 children attended First 5 Ventura County funded full- and half-day preschool programs to prepare to enter kindergarten.

1,238 preschool spaces were supported through First 5 Ventura County funding of facilities enhancements and operational costs, representing a 190 percent increase in First 5 Ventura County supported preschool spaces since 2001.

Ninety-one percent of all 4-year old children attending First 5 funded preschool programs had mastered developmental competencies at the building or integrating level by the end of the school year, indicating readiness to enter kindergarten.

More than 2,500 parents or other caregivers and their children participated in parent-child focused early learning and literacy activities through their local Neighborhood for Learning (NfL).

More than 1,800 children who attended parent and child early learning and literacy programs were infants or toddlers 0 to 3 years of age.

By the end of their participation in early learning and family literacy services, about 84 percent of all parents/caregivers were reading or showing picture books to their children at least three or more times per week and 28 percent were reading with their children daily.

Family Functioning

3,599 children, parents, and caregivers benefitted from service coordination and case management activities provided by NFL staff and other funded partners to help them access needed services.

Ninety-nine of parent/caregivers ‘strongly agree’ or ‘agree’ that program staff providing service coordination/case management understood their needs, and ninety-six percent felt their needs were met as the result of the assistance they received.

50 children with social skills deficits or problem behaviors received behavioral interventions in their preschool classrooms through the Ventura NFL.

Seventy-one percent of children receiving preschool-classroom behavioral interventions reduced their clinical risk for social skills deficits, and nearly ninety percent reduced their risk for behavioral problems.

312 children experiencing social-emotional or behavioral challenges received outreach and engagement and early childhood mental health consultations from county mental health professionals.

Mental health clinicians working in consultation with high-risk children and their families observed reductions in the frequency of children’s challenging behaviors in seventy-one percent of all participating children.
Key Evaluation Findings

The FY 2009–10 evaluation of First 5 Ventura County’s funded efforts across its seven Best Investment Areas identified both areas of strength and areas of opportunity for learning more about the implementation and results of funded partner activities that could be used to strengthen future performance and evaluation. The following are key findings that emerged from the compilation and analysis of performance data maintained across funded partners:

- **First 5 funded partners were effective in directing resources to children and families who are at high risk for health and learning disparities.** First 5 Ventura County investments fill gaps in traditional early childhood systems of care to better meet the health care, early education, and family support needs of more disadvantaged children and families. On key benchmarks measuring the effectiveness of funded partners in reaching families that are most ‘at-risk’, First 5 funded partners consistently demonstrated success in identifying and enrolling children in services who are usually most vulnerable to health and learning disparities and most likely to experience positive gains from participation. These at risk populations include lower income children and families, race/ethnic and cultural minority populations, parents with lower educational attainment, and families who are isolated from service systems due to cultural or linguistic barriers, income constraints, or inadequate insurance coverage. These populations comprise the vast majority of children and families who have benefitted from First 5 funded services across partner organizations.

- **The majority of NFL services offered within the Preschool, Parent-Child Interaction and Family Literacy, and Service Coordination and Case Management Best Investment Areas reached or surpassed projected numbers of children and families served.** These local programs and activities generally exceeded targeted service projections, and in the case of Service Coordination and Case Management, significantly increased utilization among families relative to planned capacity when compared to the previous fiscal year.

- **Funded partners that specifically target services to very young children, three years of age and under, substantially increased the number and proportion of children reached very early in childhood relative to the previous year.** Both the public health educators who provide developmental screenings and the NFL providers who sponsor parent-child interaction and family literacy activities established explicit targets for 2009–10 for the proportion of infants and toddlers served. In each case, the programs exceeded targeted benchmarks for providing developmental services to children early in life to support learning and positive development.

- **Selected programs that focused on building the capacity of safety-net health care providers (i.e., community and clinic-based health clinics) to address needs of children and pregnant women were notable in far exceeding projected targets for services.** Two Ventura County Public Health contracts, the oral health education and prenatal support programs, were extremely successful in expanding the number of participating medical clinics and health care practices participating in prevention and screening activities. These safety-net providers exceeded targets for the number of children receiving preventive fluoride varnish applications and the number of women receiving substance abuse risk screenings in pregnancy.

- **Selected funded partners, specifically mental health providers, fell short of meeting projected benchmarks related to the number of children and families served due to implementation challenges that were present in the 2009–10 fiscal year.** Mental health providers identified challenges related to coordination and flow of referrals through the Neighborhoods for Learning (NFLs), which serve as the primary route of referral. VCBH also identified a need for a more streamlined intake process and more dedicated staffing with one of their subcontractor agencies. The contractor also experienced challenges to developing collaborative partnerships with local preschool providers that were required to facilitate delivery of classroom-based interventions, which may have reduced the number of children reached in preschool settings.

- **Health insurance enrollment services delivered through centralized county offices and selected NFLs appeared to be less evenly distributed across geographic regions of the county than in the previous fiscal year.** The analysis of service delivery across NFLs revealed that
Summary, Findings, and Recommendations

Most services were concentrated within the four high need areas of the county where centralized county offices are located. This issue may relate to the nature of collaboration between NfLs and countywide providers and the processes that are used to determine where county providers are deployed. Given some limitations of the analysis, this finding also points to the need for improvements in data reporting to more precisely pinpoint the region and venue where services are located to better describe service approaches and respond to evaluation benchmarks related to geographic placement of services.

Recommendations for Building Evaluation Capacity

The approach to evaluating First 5 Ventura County investments across its funded partner agencies is in transition, having undergone a number of substantial changes over the past few years. These changes represent an effort to strengthen the Commission’s capacity to define and communicate outcomes and lessons learned from the work of funded partners within families, communities, and systems of care. Specific changes include the introduction and piloting of new measures (i.e., satisfaction and outcome questionnaires), changes to evaluation questions and benchmarks, and modifications to assessment tools used by funded partner agencies. The following are recommendations for continuing to build on progress that has been already made to strengthen the capacity of First 5 Ventura County’s annual evaluation.

Using process measurement to strengthen understanding of outcomes and their implications for future work. The Evaluation Frameworks provide the overarching structure for performance monitoring to ensure that partners funded through First 5 Ventura County are accountable to the Commission, as measured by their success in reaching targets for service provision and in demonstrating quantifiable improvements in outcomes. The limitation of this results-based accountability model is that it does not currently provide a mechanism for process data gathering that would support understanding of the context in which service implementation occurs. The additional of a process component would help identify challenges that influence the achievement of benchmarks, and explain observed differences in quantitative findings across funded partners.

Based on recommendations presented in the 2008–09 evaluation report, First 5 Ventura County has begun to integrate process data collection into the evaluation design. For the 2009-10 fiscal year this will involve an in-depth analysis of how NfLs differ in their approach to delivering Service Coordination and Parent-Child Interaction and Family Literacy services. This will provide a mechanism for comparing and explaining differences in program and service implementation (e.g., program staffing, content, curriculum, structure, format, and intensity), and for understanding how implementation decisions influence outcomes.

Building data systems with the capacity to communicate the linkages between client needs and services accessed through First 5 Ventura County funded partners. The data supporting evaluation questions and benchmarks quantifies service outputs and outcomes for children and families served, but does not clearly establish a connection between participant needs and utilization of appropriate services and resources. Using the intake process to more comprehensively document needs (e.g., medical and oral health service utilization, prior screening for developmental needs, previous preschool enrollment) and linking needs statements to participants’ use of services, would enable First 5 VC to move beyond statements about outputs, to highlight how services are addressing important unmet needs within communities (for example, identifying the percentage of 4-years attending preschool who had no prior history of preschool enrollment, or the proportion of child receiving oral health screenings who had never visited a dentist). This supports more powerful messaging that provides stronger justification for why First 5 Ventura County services are valued within the communities they reach, and are important to sustain in the future.

Strengthening measurement of outcomes. There were several revised survey instruments launched in FY 2009–10, two of which directly address gaps in data reporting from the previous year. The first of these two new measures is a parent satisfaction questionnaire that enables parents’ responses to be directly linked to a specific service component, allowing for more complete and meaningful parent feedback. The second measure captures outcomes associated with service coordination and case management activities to allow for more comprehensive measurement of targeted benchmarks for FY
2010-2011. These two new measures and other revised surveys, including a modified early literacy survey, were introduced mid-year in 2009–10. This time frame has served as pilot period that uncovered some administration and data reporting challenges that should be addressed for the next fiscal year. Specifically, problems with the construction of some survey items limited their interpretability. These issues are already being addressed through the development of revised questionnaires. Other challenges related to possible issues with readability and cultural understanding of survey questions on self-administered surveys, resulted in unanticipated patterns of responses. It was also determined that selected items on universal satisfaction questionnaires were not directly relevant to all service areas, creating challenges to interpretation.

It is recommended that for future evaluation efforts, all data collection tools be revisited to ensure that each measure produces useable, reliable, and valid data. Specifically, consideration should be given to whether measures are a) relevant to both the population served and the specific service experience, b) are carefully constructed to minimize data loss, and c) have the power to communicate meaningful findings about the accomplishments of First 5 Ventura County programs and activities.

**Increasing the alignment between the Evaluation Frameworks and the way data is maintained at the funded partner level.** The introduction of new First 5 Ventura County satisfaction and outcome measures, and modifications made by external partners to data collection measures were not precisely aligned with revisions to the evaluation questions and measures. This resulted in gaps in the ability to effectively measure several benchmarks. A recommended focus for future fiscal year evaluations should be on determining the need for further refinement of both questions and benchmarks, so that they directly correspond to survey items, and more clearly define desired outcomes.

**Shifting from evaluating service components to evaluating early childhood systems.** The Neighborhoods for Learning (NfL) place-based collaborative service networks are designed to integrate a wide range of health, early learning, and family support resources into service settings that are accessible to families. The NfLs provide a strong platform for reaching out to families with multiple and complex service needs, and helping to coordinate access to resources available through the NfLs and within local communities. These place-based strategies offer an innovative way to serve children and families by addressing a full array of service needs. However, the current evaluation design is constrained in its ability to capture and convey the full benefits and impacts of these integrated service approaches due to limitations of the data collection and management structure. More specifically, the approach to recording individual participants within the GEMS system (i.e., the inability to track an individual child or family across multiple contracted providers) limits the evaluation to describing implementation and outcomes within individual contracts, rather than tracking families’ service use across multiple providers and service types. This also limits the Commission’s ability to verify the total number of clients served across all First 5 Ventura County contractors, without duplication, to document the overall reach of investments.

It is recommended that First 5 Ventura County staff and the evaluation team assess the feasibility of modifying current data collection approaches to track participants across service engagements. This would facilitate adopting a more systems-oriented perspective that can better evaluate how the needs of children and families are met through integrated networks of providers.

**Final Conclusions**

In all, results of the evaluation effort for FY 2009–10, showed that First 5 funded partners were extremely successful in meeting their projected capacity to deliver services, in many cases, exceeding expectations for the number of children and families served. Across most funded strategies, partners were also successful in meeting or exceeding targeted benchmarks for service implementation and outcomes, with only a few noted exceptions. Indicators of positive child and family outcomes associated with service participation, specifically measures of appropriate utilization of health care, early child developmental gains, increased frequency of reading in the home, and early childhood mental health and behavioral functioning, suggest that involvement in First 5 funded activities has produced important benefits for children and families that support their health, early learning, and family functioning.
## Appendix A

**First 5 Ventura County Progress toward Achieving Targeted Benchmarks, FY 2008-09 and FY 2009-2010**

### Health Insurance Enrollment

<table>
<thead>
<tr>
<th>Question</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
<th>FY 2009-10</th>
<th>FY 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are children enrolling in health insurance/coverage as a result of First 5 funding?</td>
<td>Children receive assistance enrolling or reenroll in health insurance coverage.</td>
<td>855</td>
<td>1,080</td>
<td></td>
<td>855</td>
</tr>
<tr>
<td>To what extent are we reaching children in all areas of Ventura County?</td>
<td>Health insurance enrollment assistance is provided at all eleven NfL locations.</td>
<td>--</td>
<td>--</td>
<td></td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Children served are proportionally distributed across the county and reflective of high need areas.</td>
<td>--</td>
<td>--</td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>Are children better off as a result of this access to health care?</td>
<td>Children who were enrolled or reenrolled will be followed to assure they have a well-child exam and have a regular source of care.</td>
<td>60%</td>
<td>86%</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>Are parents satisfied with health insurance/coverage assistance and oral health services?</td>
<td>Parents will indicate high satisfaction levels with health insurance/coverage enrollment and utilization assistance and oral health services.</td>
<td>90%</td>
<td>**</td>
<td></td>
<td>90%</td>
</tr>
</tbody>
</table>

### Oral Health

<table>
<thead>
<tr>
<th>Question</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
<th>FY 2009-10</th>
<th>FY 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are children receiving oral health prevention and treatment services as a result of First 5 funding?</td>
<td>Children will receive oral health treatment services (e.g., dental exams, fillings).</td>
<td>1,530</td>
<td>1,572</td>
<td></td>
<td>1,500</td>
</tr>
<tr>
<td></td>
<td>Pediatricians, family practice physicians, and volunteer dentists will provide fluoride varnish applications to children.</td>
<td>9500</td>
<td>12,722</td>
<td></td>
<td>4,000</td>
</tr>
<tr>
<td>To what extent are we reaching children in all areas of Ventura County?</td>
<td>Oral health fluoride varnish and treatment services are reaching children from all NfL service areas.</td>
<td>--</td>
<td>--</td>
<td></td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Children served are proportionally distributed across the county and reflective of high need areas.</td>
<td>--</td>
<td>--</td>
<td></td>
<td>--</td>
</tr>
</tbody>
</table>
**Are parents satisfied with oral health services?**

Parents indicate high satisfaction levels with the oral health services they received.

<table>
<thead>
<tr>
<th></th>
<th>FY 2009-10</th>
<th>FY 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>**</td>
<td>**</td>
</tr>
</tbody>
</table>

**Developmental Screening**

<table>
<thead>
<tr>
<th>Question</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent is First 5 VC implementing universal screening, across populations (e.g., age; geographical; income; race/ethnicity)?</td>
<td>Children will have received a developmental screening through an NFL.</td>
<td>900</td>
<td>892</td>
<td>900</td>
<td>898</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children 2 years and under will be screened</td>
<td>50%</td>
<td>52%</td>
<td>++</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Are we identifying children with developmental concerns?</td>
<td>Rate of positive screens will be in line with national norms for the percent of children screening positive.</td>
<td>10-12%</td>
<td>27%</td>
<td>10-12%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Are we appropriately referring for further assessment, ongoing surveillance and/or services?</td>
<td>Children with positive screenings will be followed.</td>
<td>50%</td>
<td>60%</td>
<td>50%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>To what extent are more pediatricians/family practice physicians doing developmental screening?</td>
<td>Pediatricians/family practice physicians will integrate developmental screening/surveillance in their practice.</td>
<td>12</td>
<td>12</td>
<td>8</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>To what extent are women being screened during the prenatal period for preventable risks, such as smoking, alcohol and other drugs use, and domestic violence using the 4Ps+ tool?</td>
<td>Women will received screening for prenatal risks using the 4Ps+ tool</td>
<td>1400</td>
<td>2,632</td>
<td>++</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>To what extent are provider practices providing prenatal risk screening?</td>
<td>Medical practices will integrate prenatal risk screening using the 4Ps+ tool into routine obstetric care</td>
<td>7</td>
<td>7</td>
<td>++</td>
<td>++</td>
<td></td>
</tr>
</tbody>
</table>

**Preschool Services**

<table>
<thead>
<tr>
<th>Question</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many children are attending preschool as a result of First 5 funding?</td>
<td>Children will attend First 5 funded preschools.</td>
<td>1,238</td>
<td>1,426</td>
<td>1,281</td>
<td>1,482</td>
<td></td>
</tr>
<tr>
<td>Are we expanding preschool spaces?</td>
<td>New preschool spaces will be created.</td>
<td>48</td>
<td>48</td>
<td>54</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>To what extent are we serving the people who need it the most?</td>
<td>Children in First 5 funded preschools will be from at-risk families.</td>
<td>70%</td>
<td>75%</td>
<td>70%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Are families utilizing the services?</td>
<td>Children attending preschools will have 90% attendance.</td>
<td>90%</td>
<td>84%</td>
<td>95%</td>
<td>78%</td>
<td></td>
</tr>
</tbody>
</table>
Are children better off as a result of attending preschool?

Children will achieve ‘building’ or ‘integrating’ level as measured by the DRDP-R.

<table>
<thead>
<tr>
<th>FY 2009-10</th>
<th>FY 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>91%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Do some providers perform better than others?

Providers will meet 95% of targeted capacity levels.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>10/10</td>
<td>9/10</td>
</tr>
<tr>
<td>95%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Providers will meet DRDP-R benchmarks.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>

What conditions/factors correlate to better performance? (curriculum, teacher qualifications, staff ratios, population served, attendance)

Provider differences in DRDP-R outcomes will be explained by differences in populations served; attendance levels, etc.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
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</tbody>
</table>

Are parents satisfied with preschool services?

Parents were satisfied with the services they received.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Parent-Child Interaction and Family Literacy

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many parents or caregivers are accessing services with their children a result of First 5 funding?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/caregivers will participate with their children in First 5 funded early learning activities.</td>
<td>2,448</td>
<td>2,541</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>2,390</td>
<td>3,243</td>
<td>↑</td>
</tr>
<tr>
<td>Are we reaching children in the early years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in First 5 Ventura County early learning activities will be ages 0-3.</td>
<td>930</td>
<td>1,837</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td>620</td>
<td>934</td>
<td>↑</td>
</tr>
<tr>
<td>Are parents/caregivers reading more often with their children?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/caregivers will read with their children 4 or more times per week.</td>
<td>↑</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Parents/caregivers will read with their children 3 or more times per week.</td>
<td>↑</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Are parents/caregivers promoting early literacy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/caregivers will promote early literacy in one or more area, such as: knowing that the best time to start reading is within the first year of life.</td>
<td>↑</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Are parents/caregivers interacting with children in positive ways?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/caregivers will report spending more time playing and interaction with their child.</td>
<td>↑</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Parents/caregivers will report using everyday activities to help their child learn.</td>
<td>↑</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Do some providers perform better than others?</td>
<td>FY 2009-10</td>
<td>FY 2008-09</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Providers will meet targeted 95% capacity levels.</td>
<td>11/11</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Providers will meet outcome benchmarks relative to the percent of parents reading to their children early and often.</td>
<td>9/9</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Providers will meet outcome benchmarks relative to the percent of parents who spend more time playing or interacting with their children.</td>
<td>9/9</td>
<td>++</td>
<td></td>
</tr>
<tr>
<td>Providers will meet outcome benchmarks relative to the percent of parents who use everyday activities to help children learn.</td>
<td>9/9</td>
<td>++</td>
<td></td>
</tr>
</tbody>
</table>

| What conditions/factors correlate to better performance? (program design, intensity, curriculum populations served) | |
| Provider differences in performance levels will be explained by differences in program design, intensity, curriculum, and population served. | -- | -- |

| Are parents satisfied with early learning services? | |
| Parents will indicate high satisfaction levels. | 90% | 90% |

<table>
<thead>
<tr>
<th>Service Coordination</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are families accessing services?</td>
<td>Providers report parents being able to access referred services.</td>
<td>70%</td>
<td>89%</td>
<td>++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do parents feel their needs were understood?</td>
<td>Parents report having their needs understood.</td>
<td>70%</td>
<td>99%</td>
<td>++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do parents feel their needs were addressed?</td>
<td>Parents report having their needs addressed.</td>
<td>50%</td>
<td>89%</td>
<td>++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do some providers perform better than others?</td>
<td>Providers will meet 95% of projected service levels.</td>
<td>11/11</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are parents confident about being able to respond to future issues?</td>
<td>Families report feeling confident in being able to respond to future issues.</td>
<td>70%</td>
<td>57%</td>
<td>++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are parents improving in their parent/child interactions?</td>
<td>Parents will improve in their parent/child interactions.</td>
<td>70%</td>
<td>63%</td>
<td>++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are children being connected with a medical/dental home?</td>
<td>Children will be connected with a medical/dental home.</td>
<td>90%</td>
<td>85%</td>
<td>++</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### To what extent are participants satisfied with service coordination/case management provided?

Participants report satisfaction with service coordination/case management provided:

<table>
<thead>
<tr>
<th></th>
<th>FY 2009-10</th>
<th>FY 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% 100%</td>
<td>++ ++ ++</td>
<td>++ ++ ++</td>
</tr>
</tbody>
</table>

### Early Childhood Mental Health

<table>
<thead>
<tr>
<th>How many children/families are receiving mental health services as a result of First 5 funding?</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
<th>Target</th>
<th>Actual</th>
<th>Above/Met or Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children will receive mental health services (VCBH).</td>
<td>422</td>
<td>312</td>
<td>↓</td>
<td>344</td>
<td>286</td>
<td>↓</td>
</tr>
<tr>
<td>Children will receive early behavioral interventions in a preschool setting (Ventura NfL).</td>
<td>50</td>
<td>50</td>
<td>↑</td>
<td>50</td>
<td>66</td>
<td>↑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To what extent are we serving the people who need it the most?</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children receiving mental health services will be from at-risk families.</td>
<td>80%</td>
<td>81%</td>
<td>↑</td>
<td>66%</td>
<td>85%</td>
<td>↑</td>
</tr>
<tr>
<td>Children receiving mental health services will be Medi-Cal eligible.</td>
<td>40%</td>
<td>52%</td>
<td>↑</td>
<td>40%</td>
<td>61%</td>
<td>↑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To what extent is support being provided in a preschool setting?</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are provided as early intervention in a preschool setting.</td>
<td>50%</td>
<td>43%</td>
<td>↓</td>
<td>35%</td>
<td>**</td>
<td>**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are families utilizing the services?</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred families utilize services.</td>
<td>65%</td>
<td>57%</td>
<td>↓</td>
<td>40%</td>
<td>53%</td>
<td>↑</td>
</tr>
<tr>
<td>Participating families were rated by clinician as ‘very active’, ‘mostly active’ or ‘somewhat active’ for duration of treatment.</td>
<td>65%</td>
<td>**</td>
<td>**</td>
<td>50%</td>
<td>81%</td>
<td>↑</td>
</tr>
<tr>
<td>For participants, primary reason for leaving treatment is “treatment goals met” or other positive reason for leaving.</td>
<td>40%</td>
<td>**</td>
<td>**</td>
<td>40%</td>
<td>41%</td>
<td>↑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do some providers perform better than others?</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals will be completed by providers resulting in direct communication with families.</td>
<td>90%</td>
<td>87%</td>
<td>↓</td>
<td>90%</td>
<td>82%</td>
<td>↓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are families satisfied with services provided?</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents will indicate high satisfaction levels.</td>
<td>90%</td>
<td>96%</td>
<td>↑</td>
<td>90%</td>
<td>100%</td>
<td>↑</td>
</tr>
</tbody>
</table>

### NOTES:

++ Benchmark introduced in 2009-2010
** No data available to support benchmark measurement
-- No quantifiable metric established for the evaluation question