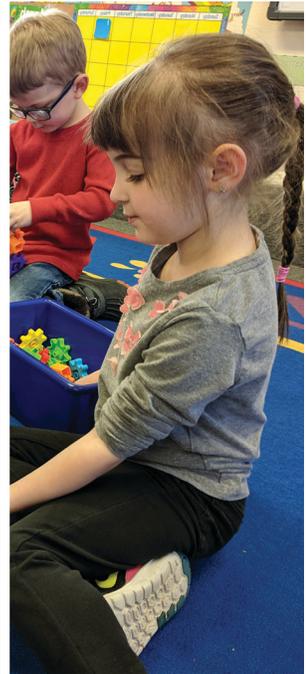




# FY 2018 - 2019 Summary / Evaluation of Programs



## First 5 Modoc Strategic Plan 2015-2020 Focus Area Expenditures

*Improved Child Development ... \$121,725*

*Improved Child Health ... \$33,557*

*Improved Family Functioning ... \$47,770*

*Improved Systems of Care ... \$27,614\*\**

*\*\*Includes First 5 Modoc policy and program implementation.*

**802 N. East Street, Room 103 • Alturas, CA 96101**  
**www.FIRST5MODOC.com • Phone 530-233-7122**

# EXECUTIVE DIRECTOR MESSAGE

In November 1998, California voters passed Proposition 10, the California Children and Families First Act. This act provided the establishment of a Children and Families Commission in each California County. Proposition 10 added a fifty-cent tax on cigarettes and other tobacco products for the purpose of promoting, supporting and improving the early development of children prenatal through five years of age.

Since its establishment twenty years ago the Modoc County Children and Families Commission has evolved, changing with community needs in relation to our prenatal through 5-year-old children and their families. As tobacco tax use and revenues decline, the Commission continues to reevaluate funding and program sustainability. It is important to note the amazing community partners First 5 continues to engage and work with.

First 5 Modoc applauds the work of its grantees and the services they provide to our rural communities. Children and families are able to access high-quality learning environments, home visiting services, early mental health therapy, and family strengthening supports.

Looking ahead to the next twenty years, First 5 Modoc will continue to focus on bridging identified services gaps and creating strong community relationships. We are committed to ensuring the optimal health, development, and well being of children prenatal through age five and their families.

Sincerely -  
**Nicole Hinton, First 5 Modoc Executive Director**

## INTRODUCTION

During the Fiscal Year of 2018 - 2019 five formal (\$10,000+) and three mini (\$1,000 - \$10,000) grant contracts were executed between local governmental and/or non-profit agencies. This report contains the evaluation and summary results of grants and First 5 Modoc activities conducted during FY 2018-2019.

Grantee agencies included the Modoc County Office of Education, Modoc County Public Health, Surprise Valley Joint Unified School District and T.E.A.C.H., Inc.

This report focuses on the results of local evaluation related to indicators identified in each grantees Evaluation Framework (Framework Implementation Plan) and it's relation to the Focus Areas identify in the FY 2015-2020 Strategic Plan. This report is used to identified program achievements, determine program effectiveness and guide the Commission in determining future funding.

It is the mission of the Commission to ensure that each and every child in Modoc County is in an environment that is conducive to optimal development, and to assure parents and families have the first option to be the primary caregiver and teacher for their prenatal through age five child.

## MODOC COUNTY

*Est. - 1874 • County Seat - Alturas 96101*

**POPULATION - 9,686**

*(April 1, 2010 Census Data)*

## COMMUNITIES

- Adin
- Alturas Rancheria
- California Pines
- Canby
- Cedarville
- Cedarville Rancheria
- Davis Creek
- Fort Bidwell Indian Community
- Eagleville
- Lake City
- Likely
- Lookout
- New Pine Creek
- Newell
- Pit River Tribe XL



# FORMAL GRANT

## Modoc County Public Health “Healthy Beginnings” - \$29,108

### Focus Area - Improved Family Functioning

Continued home visitation program, focused on strengthening and improving positive parent-infant interaction, healthy infant development and parental competencies.

**46 Children Served**  
**64 Adults Served**

| Program Strategy  | Expected Outcome  | Actual Outcome  |
|---|---|---|
| <p><b>1.1</b> Fund (15) families served. The nurse will provide interactive/educational parent meetings at least (4) times throughout the year in order to provide further educational and social opportunities for families in a safe and respectful setting. The Nurturing Parenting curriculum may be utilized during home visits and/or parent meetings in order to provide parents with strategies to develop/maintain positive interactions with their children. <b>1.2</b> If it is determined that families will benefit from a more formal parenting curriculum, the nurse will initially refer families to TEACH, Inc. for group parenting classes. <b>1.3</b> If families are unwilling or unable to participate in group parenting classes, then the nurse will provide further instruction and support during the home visit. <b>1.4</b> The nurse will assess the children of at least (15) families during home visits using the Ages and Stages Questionnaire version 3 (ASQ-3) developmental screening tool.</p> | <p><b>1.1 - 1.3</b> Parents will utilize the knowledge gained through the home visits and parent meetings with their children. 80% (12/15) of the families who are receiving in-home and/or parenting education will verbalize understanding of appropriate methods of discipline. <b>1.4</b> Appropriate referrals to partner agencies and others may be made depending on the findings of the Ages and Stages Questionnaire version 3 (ASQ-3) developmental screening tool. (15) families will be assessed.</p> | <p><b>1.1 Outcome exceeded;</b> program served (34) families. A total of (3) interactive/educational meetings were held focusing on the Value of Family Time - holiday craft project, family budgeting, and summer safety.<br/><b>1.2 Outcome successful;</b> program referred (11) families to T.E.A.C.H., Inc. for parenting classes.<br/><b>1.3 Outcome successful;</b> several families had previously participated or are currently attending formal classes. 85% of families receiving in-home parenting education verbalized the importance of appropriate methods of discipline.<br/><b>1.4 Outcome successful;</b> ASQ-3 screenings were completed for the children of (19) families. Several expectant mothers were unable to be assessed. The family of (1) child utilized the referral of speech and/or physical therapy.</p> |
| <p><b>2.1</b> Provide obesity prevention and oral health education to at least (15) families during home visits through brochures, videos, and meal planning guides. <b>2.2</b> (15) families will receive nutrition assessments. <b>2.3</b> (15) families will receive assessments on the appropriate methods used by the family to prevent oral health problems. It is anticipated that the nurse will provide oral health case management for at least (8) families. <b>2.4</b> The nurse will encourage families to utilize free dental screenings in between regular dental appointments.</p>  | <p><b>2.1 - 2.2</b> 75% (11/15) of families will discuss positive changes to their children’s diets following education by the nurse. <b>2.1 and 2.3</b> 75% (11/15) of families will verbalize understanding of appropriate dental hygiene practices. 3. 75% (11/15) of families will follow-through on preventative dental appointments for their 0-5 aged children at appropriate intervals. <b>2.4</b> (6) families will attend at least one of the screenings offered.</p>                                   | <p><b>2.1 - 2.2 Outcome exceeded;</b> the nurse completed (23) family nutrition assessments. Information was provided to educate and encourage family participation in healthy meal planning, preparation and positive diet choices. 100% of families discussed positive changes to their children’s diets.<br/><b>2.1 and 2.3 Outcome successful;</b> 100% of families receiving oral health education verbalized the importance of good hygiene. 18% (6 out of 34) of families followed up on preventative dental appointments - (9) were up to date and (10) were too young.<br/><b>2.4</b> A total of (4) families utilized at least one free dental screening provided by Public Health.</p>   |
| <p><b>3.1</b> Assist with access to care by providing transportation assistance to medical, dental, Behavioral Health, and Alcohol and Drug appointments.</p>   | <p><b>3.1</b> Provide (20) gas vouchers, (10) transports, and (15) Sage Stage passes throughout the year.</p>   | <p><b>3.1 Outcome successful;</b> transportation assistance provided through the utilization of (18) gas vouchers to medical/dental appointments and (5) Sage Stage vouchers used for local medical/dental appointments...<b>Continued on pg 4</b></p>  |

MCPH “Healthy Beginnings” continued from pg 3

| Program Strategy   | Expected Outcome   | Actual Outcome   |
|--|--|--|
| <p><b>3.2</b> Provide education about the importance of regular preventive medical and dental exams. <b>3.3</b> Provide education to increase awareness of the importance of preventing illness and disease through immunizations.</p>   | <p><b>3.2</b> 75% (11/15) of families will follow through with preventative medical and dental appointments for their 0-5 age children at appropriate intervals. <b>3.3</b> 75% (11/15) will verbalize understanding of the protection immunizations offer and follow through on immunizing their children</p> | <p><b>3.1 continued from page 4</b> groceries and/or assistance getting to preschool/school. All families were encouraged and/or have been assisted using Partnership transportation.<br/> <b>3.2</b> A total of 9 out of 14 families (64%) are up to date on dental examinations. The children of (13) families (93%) are up to date on CHDP exams.<br/> <b>3.3 Outcome exceeded;</b> 78% of families served were up to date on immunizations (36/46 children). Parents are continually educated on the importance of preventing illness and disease through immunization. The nurse utilizes the California Immunization Registry (CAIR) to remind families of scheduled immunizations prior to a home visit; families are informed of free Modoc County Public Health immunization clinics.</p> |
| <p><b>4.1</b> Collaborate with partner agencies by facilitating at least (5) case management meetings with each of the following agencies: Early Head Start, Child Protective Services, and Behavioral Health to determine an appropriate plan of care for mutual clients.</p> | <p><b>4.1</b> Families with multiple agency involvement and families with higher needs will receive higher priority during case management. The progress toward the case management plan will be evaluated during each meeting and notes will be maintained in client charts.</p>                              | <p><b>4.1 Outcome exceeded;</b> the Healthy Beginnings nurse participated in (8) Early Head Start case conferences and (7) Social Service case conferences. Partner agencies referred (4) new families during the year to Healthy Beginnings.</p>  |

**Local Service System Integration**

The Healthy Beginnings nurse participated in the following collaborative meetings to facilitate a seamless system of care for children and families served:

**Modoc County Prevention Collaborative, MCAH (Maternal Child and Adolescent Health) Collaborative, and Family Wellness Court - Case Management with Alcohol and Drug, Mental Health, TEACH, Inc. and Judge\*\***

*\*\*No participating families; Family Wellness Court is postponed.*

**Strategic Plan FY15-20 Goals Achieved**

The following Strategic Plan goals and desired results were achieved through the implementation of this program:

| Focus Area(s)  | Objectives  | Indicators Achieved   |
|--|---|---|
| <p><b>Focus Area 2 - Improved Family Functioning</b><br/> <b>Goal:</b> Empower healthy family functioning.</p> | <p><b>2.1</b> Parents will receive support to increase their knowledge in child rearing, family relationships and community resources, which lay the foundation for a safe and healthy home.</p>                  | <ul style="list-style-type: none"> <li>• Increased number of families served through home visiting.</li> <li>• Increased number of families involved in primary prevention programs (CDHP, CAIR, dental health).</li> <li>• Increased parent participation in educational prevention programs and opportunities.</li> </ul> |
| <p><b>Focus Area 3 - Improved Child Health</b><br/> <b>Goal:</b> Improved health and wellness.</p>             | <p><b>3.1</b> Identify parents and children who have health needs.<br/> <b>3.2</b> Increase health access to prevention and primary health care services for pregnant women and children birth through age 5.</p> | <ul style="list-style-type: none"> <li>• Improved and increased access to transportation services.</li> <li>• Increased parental adoption of improved nutrition and health practices.</li> </ul>  |

# FORMAL GRANT

**T.E.A.C.H., Inc. “Tulelake/Newell Family Resource Center” - \$22,113**

**Focus Area(s) - Improved Family Functioning \$14,556  
and Improved Child Health \$7,557**

**79 Children Served  
63 Adults Served**

Providing Family Resource Services and activities to families of Modoc and Siskiyou County. Services include parenting classes, service coordination and education.

*Additional funding sources supports this program including T.E.A.C.H, Inc., First 5 Siskiyou and Great Northern Corporation.*

| Program Strategy   | Expected Outcome   | Actual Outcome  |
|--|--|---|
| <p><b>1.1</b> (7) families will attend the Nurturing Parenting Series. Utilize the Nurturing Parenting Curriculum in a group setting to provide parents with strategies to develop and maintain healthy relationships with their children. <b>1.2</b> Administer the AAPI-2 to participants prior to the parenting series. Provide 12 week parenting series with structured child care, focusing on the needs indicated by the AAPI-2 test results. Administer the AAPI-2 post test and end of the series.</p> | <p><b>1.1</b> Parents will demonstrate appropriate methods of discipline while interacting with their children. <b>1.2</b> Pre/Post AAPI-2 scores will be compared and show an increase in participant’s comprehension of appropriate parenting behaviors. 90% of the families will complete the series. Families completing the series will show an average of 28% increase in knowledge.</p> | <p><b>1.1 - 1.2 Outcome successful;</b> program reported (8) parents attended the Nurturing Parenting classes provided. All participants completed the class with an average of 28% or greater increase in knowledge prior to class.</p>  |
| <p><b>2.1</b> Provide case management services to (4) families. Help promote self-sufficiency in families through case management, life skills and advocacy to families. Case management services include resource and referral, mental health services and support, employment support and training, emergency food, translation services, application assistance and domestic violence advocacy.</p>   | <p><b>2.1.</b> 80% of case-managed families will show an increase in life skills.</p>  | <p><b>2.1 Outcome exceeded;</b> providing (15) families with case management services. Each family is working on goals to become more self sufficient. A few families are continuing to participate in parenting classes hosted by the FRC in partnership with First 5 Siskiyou. Service coordination was provided for Medical Benefits (28 children/21 adults), CalFresh/ Nutrition Benefits (24 children/19 adults) and Safety Education (27 children/23 adults).</p> |

## Local Service System Integration

The Tulelake/Newell FRC (T.E.A.C.H., Inc.) participated in collaborative meetings to facilitate a seamless system of care for children and families served; FRC staff attended monthly local Modoc County partners meeting.

## Strategic Plan FY15-20 Goals Achieved

The following Strategic Plan goals and desired results were achieved through the implementation of this program:

| Focus Area(s)   | Objectives   | Indicators Achieved  |
|---|--|--|
| <p><b>Focus Area 2 - Improved Family Functioning</b><br/><b>Goal:</b> Empower healthy family functioning.</p> | <p><b>2.1</b> Parents will receive support to increase their knowledge in child rearing, family relationships and community resources, which lay the foundation for a safe and healthy home.</p>                 | <ul style="list-style-type: none"> <li>• <b>Increased parent education opportunities.</b></li> <li>• <b>Increased parent participation in educational prevention programs and opportunities.</b></li> </ul>    |
| <p><b>Focus Area 3 - Improved Child Health</b><br/><b>Goal:</b> Improved health and wellness.</p>             | <p><b>3.1</b> Identify parents and children who have health needs.<br/><b>3.2</b> Increase health access to prevention and primary health care services for pregnant women and children birth through age 5.</p> | <ul style="list-style-type: none"> <li>• <b>Increased number of families covered by health insurance.</b></li> <li>• <b>Increased parental adoption of improved nutrition and health practices.</b></li> </ul> |

# FORMAL GRANT

T.E.A.C.H., Inc. "School Readiness - Budding Tree" - \$95,230

## Focus Area - Improved Child Development

Provided high-quality education access to over-income families unable to access subsidized preschool. Research confirms children who attend a high-quality education program are better prepared for kindergarten.

**12 Children Served**  
**24 Adults Served**

| Program Strategy   | Expected Outcome   | Actual Outcome   |
|--|--|--|
| <p><b>1.1</b> Fund (12) preschool slots. <b>1.2</b> Increase the number of professional development opportunities for state preschool teachers, aides, and family support workers. A minimum of (2) professional development trainings will be provided using the CDE Preschool Learning framework and foundations, ECERS-R assessment tool. <b>1.3</b> Integration of professional trainings will occur in the classroom by staff selecting an observable goal from each of the trainings for evaluation. <b>1.4</b> Assessment of each child will be completed using the DRDP-2015 tool.</p> | <p><b>1.1</b> Increase # of preschool slots. <b>1.2</b> A minimum of (2) professional development trainings will be offered per year with 80% of staff attending each training. <b>1.3</b> Staff will be observed (3) times a year on each goal selected. Documentation of observations will occur with 100% of teachers showing goal incorporated in the classroom. <b>1.4</b> 100% of all children will be assessed and 80% will see improvement on post test.</p> | <p><b>1.1 Outcome successful;</b> program enrolled and graduated (12) students.<br/><b>1.2</b> Program teacher attended the California Association for the Education of the Young Children (CAEYC) conference. Teacher attended and passed Intergrated Pest Management Training as required by Healthy Schools Act.<br/><b>1.3</b> The program identified improvement needs to the outdoor learning environment and will be adding a play structure at the end of the school year.<br/><b>1.4 Outcome successful;</b> all students were assessed using the DRDP tool. 100% of students showed an increase in scores.</p> |
| <p><b>2.1</b> Increase parent knowledge in Kindergarten transition by providing progress reports throughout the year, a "K" readiness skills list, "Kindergarten RoundUp" meeting information and field trip.</p>  | <p><b>2.1</b> Kindergarten transition information and activities will be provided with 50% of families showing incorporation of activities into their home during the summer as evidenced by pre/post surveys and a log of activities.</p>   | <p><b>2.1 Outcome successful;</b> parents were continually provided progress reports using "Life Cubby" an online application. Daily lesson plans, photos and videos replaced paper reports with live digital messaging to describe daily events/activities. Parent/Teacher conferences were held to provide in-person progress reports, DRDP assessments and ASQ questionnaires to discuss individual student Kindergarten Readiness.</p>   |

## Local Service System Integration

Budding Tree Preschool participated and/or hosted the following collaborative meetings and/or activities to facilitate a seamless system of care for children and families served:

**Modoc County Public Health** (monthly presentations on Health and Nutrition), **Modoc Joint Unified School District** and **Modoc County Office of Education**.

## Strategic Plan FY15-20 Goals Achieved

The following Strategic Plan goals and desired results were achieved through the implementation of this program:

| Focus Area(s)   | Objectives   | Indicators Achieved   |
|---|--|---|
| <p><b>Improved Child Development</b><br/><b>Goal:</b> Children develop to their full potential.</p> | <p><b>1.1</b> Families have increased access to further education and services that enhance financial resources and family stability.<br/><b>1.2</b> Access, quality and diversity of early care and education options will be increased through programs and services that recruit, train and support early care and education professionals.</p> | <ul style="list-style-type: none"> <li>• <b>Increased access and attendance to early education environment.</b></li> <li>• <b>Increased access and implementation of assessments (DRDP).</b></li> <li>• <b>Increased parent access to information about early childhood development and Kindergarten readiness.</b></li> <li>• <b>Increased parent participation in training and educational events.</b></li> </ul> |

# FORMAL GRANT

Surprise Valley Joint Unified School District / S.V. Child Development Center

“Strong Start for Children and Families” - \$26,495

Focus Area - Improved Child Development

Provided families with increased opportunities and access to quality early childhood education and care environment.

**8 Children Served**  
**14 Adults Served**

| Program Strategy  | Expected Outcome  | Actual Outcome  |
|---|---|---|
| <p><b>1.1</b> Financial support provided for up to (12) slots. <b>1.2</b> Assessment of each child will be completed using the DRDP tool. <b>1.3</b> A minimum of (2) professional development trainings will be required for teachers and (1) for aides covering topics such as infant/toddler development, child development, early education, and/or curriculum development. These opportunities will be provided using online trainings/seminars, conferences, and/or the California Department of Education Training Resources. <b>1.4</b> Increased parent participation in parent meetings focusing on supporting child development. Increased parent participation will be supported by parent notification before each meeting, verbal reminders by teachers, and by reminders to parents that 75% of meetings must be attended for continued grant funding for their child.</p> | <p><b>1.1</b> Increase # of children attending early educational care from birth to 5 years of age from 8:00 am to 5:00 pm, Monday through Friday, 12 months a year. The infant room is currently closed until the center can hire qualified staff. <b>1.2</b> 100% of children attending this program will be assessed. Assessments will be shared with parents and used to help guide parents in home activities to further their child’s development and for older children in helping to transition the child into their next educational setting. <b>1.3</b> Professional development trainings will be tracked via sign in sheets or with certificates of completion. 100% of trainings will be completed by staff. <b>1.4</b> Increase parent participation to parent meetings with a minimum 75% attendance. Parent evaluations will occur at each meeting on what aspects parent/families found helpful and what approaches they will implement. Documentation will be kept.</p> | <p><b>1.1 Outcome successful;</b> program sustained an enrollment of (8) students ranging from full to part-time. The infant room remains closed indefinitely due to lack of qualified staffing and licensing requirements. <b>1.2 Outcome successful;</b> 100% of students were assessed using the DRDP tool. Results were shared with parents of individual students and progress was continually tracked throughout the school year. A second DRDP assessment was conducted to measure student growth and showed increased school readiness for TK/Kindergarten. <b>1.3 Outcome successful;</b> staff attended and completed Trauma Informed Care training, Mandated Reporter training and Provider Documentation training. Teacher enrolled in Foster Parent College completing (5) courses and will continue with studies. <b>1.4 Outcome exceeded;</b> parents attended (12) meetings and/or activities with an 81% attendance average. Topics included health and safety, community engagement, family activities, literacy at home, sensory play and availability of parenting classes.</p> |
| <p><b>2.1</b> Parenting meetings will be supported with strong collaboration from community agencies. <b>2.2</b> Hold one community wide event.</p>   | <p><b>2.1.</b> Collaborate with community partners and solicit information on development of topics. Documentation of collaboration will be kept and reported. <b>2.2</b> Improve family functioning through the utilization of services. Information will be provided during the event on community resources available. Documentation of information will be kept and reported.</p>   | <p><b>2.1 Outcome successful;</b> program reported parent meetings were supported and/or attended by community agencies including T.E.A.C.H., Inc. Parenting Team, First 5 Modoc, SVJUSD, Modoc Heritage Foundation and Modoc County Public Health. <b>2.2 Outcome successful;</b> program reported holding more than one community wide event.</p>   |

## Assessment of Educational Growth

As identified in the Framework Implementation Plan (FIP) the grantee evaluated the monthly growth and/or decline in educational development to help aid in future curriculum planning. A total of six students were tracked continuously using the Desired Results Development Profile (DRDP) and Zoo-phonics® Multisensory Language Arts Program. Zoo-phonics® is a kinesthetic, multi-modal approach to learning all aspects of language arts, including vocabulary development and articulation, based on phonics and phonemic awareness.<sup>2</sup>

Results of tracked student evaluations and assessments are located on page 8, see *SVJUSD Student Assessment Results*.

<sup>2</sup>Zoo-phonics® materials and information is available at [www.zoo-phonics.com](http://www.zoo-phonics.com).

## FY 18-19 • Summary / Evaluation of Programs

### SVCDC Student Assessment Results

Evaluation results for the DRDP assessment tool were continually reported on six students. Students ranged in age with three students having attended one or more years of preschool/early education. The following results were reported:

| Student   | DRDP Tool Developmental Domain         | First DRDP Assessment - Development Level | Second DRDP Assessment - Developmental Level         |
|---|--|---|--|
| <b>Student 1</b><br>-----<br><b>Zoo-phonics report:</b> At year end student recognized 100% of capital and lowercase letters including their sounds.          | Approaches to Learning Self-Regulation | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Social Emotional Development           | Building Middle                           | Integrating Earlier                                  |
|   | Language & Literacy Development        | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Cognition - Math & Science             | Building Early                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Physical Development Health            | Building Middle                           | Integrating Earlier (Kindergarten Entry Ready)       |
|   | History - Social Science               | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Visual & Performing Arts               | Building Middle                           | Integrating Earlier (Kindergarten Entry Ready)       |
| <b>Student 2</b><br>-----<br><b>Zoo-phonics report:</b> At year end student recognized 95% of capital and lowercase letters. Student mastered 100% of sounds. | Approaches to Learning Self-Regulation | Building Middle                           | Integrated Earlier, emerging into Kindergarten Entry |
|   | Social Emotional Development           | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Language & Literacy Development        | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Cognition - Math & Science             | Building Middle                           | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Physical Development Health            | Building Middle                           | Integrating Earlier (Kindergarten Entry Ready)       |
|   | History - Social Science               | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Visual & Performing Arts               | Building Middle                           | Integrating Earlier (Kindergarten Entry Ready)       |
| <b>Student 3</b><br>-----<br><b>Zoo-phonics report:</b> At year end student recognized 85% of capital and lowercase letters. Student mastered 90% of sounds.  | Approaches to Learning Self-Regulation | Building Earlier                          | Building Later                                       |
|   | Social Emotional Development           | Building Earlier                          | Building Later                                       |
|   | Language & Literacy Development        | Building Middle                           | Integrating Earlier                                  |
|   | Cognition - Math & Science             | Building Early                            | Building Later, emerging into Integrated Earlier     |
|   | Physical Development Health            | Building Early                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | History - Social Science               | Exploring Later                           | Building Middle                                      |
|   | Visual & Performing Arts               | Building Early                            | Integrating Earlier (Kindergarten Entry Ready)       |
| <b>Student 4</b><br>-----<br><b>Zoo-phonics report:</b> At year end student recognized 90% of capital and lowercase letters. Student mastered 95% of sounds.  | Approaches to Learning Self-Regulation | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |
|   | Social Emotional Development           | Building Middle                           | Building Later                                       |
|   | Language & Literacy Development        | Building Earlier                          | Building Later                                       |
|   | Cognition - Math & Science             | Building Early                            | Building Later, emerging into Integrated Earlier     |
|   | Physical Development Health            | Building Later                            | Integrating Earlier (Kindergarten Entry Ready)       |

### DRDP Domain Scale

Scale portrays developmental progression.



| Student   | DRDP Tool<br>Developmental Domain         | First DRDP Assessment -<br>Development Level | Second DRDP Assessment -<br>Developmental Level    |
|---|---|--|--|
| <b>Student 4</b><br>Continued<br>from page 8  | History - Social Science                  | Building Later                               | Integrating Earlier (Kindergarten Entry Ready)     |
|   | Visual & Performing Arts                  | Building Middle                              | Integrating Earlier (Kindergarten Entry Ready)     |
| <b>Student 5</b><br>(Age 3)<br><br>-----<br><i>Zoo-phonics</i><br><i>report:</i> At year<br>end student rec-<br>ognized 20% of<br>capital and low-<br>ercase letters.<br>Student mastered<br>40% of sounds. | Approaches to Learning<br>Self-Regulation | Exploring Earlier                            | Building Middle                                    |
|   | Social Emotional Development              | Exploring Later                              | Building Earlier, emerging into Middle             |
|   | Language & Literacy<br>Development        | Exploring Middle                             | Building Entry                                     |
|   | Cognition - Math & Science                | Exploring Early                              | Exploring Later, emerging into Bldg. Early         |
|   | Physical Development Health               | Exploring Later                              | Building Early, emerging into Middle               |
|   | History - Social Science                  | Exploring Later                              | Building Middle                                    |
|   | Visual & Performing Arts                  | Exploring Later                              | Building Middle                                    |
| <b>Student 6</b><br>(Age 2)<br><br>-----<br><i>Zoo-phonics</i><br><i>report:</i> At year<br>end student rec-<br>ognized 5% of<br>capital and low-<br>ercase letters.<br>Student mastered<br>20% of sounds.  | Approaches to Learning<br>Self-Regulation | Responding Later                             | Exploring Earlier                                  |
|   | Social Emotional Development              | Exploring Early                              | Exploring Later                                    |
|   | Language & Literacy<br>Development        | Exploring Early                              | Exploring Later, emerging into Building<br>Earlier |
|   | Cognition - Math & Science                | Exploring Early                              | Exploring Later, emerging into Building<br>Early   |
|   | Physical Development Health               | Exploring Middle                             | Building Early                                     |
|   | History - Social Science                  | Exploring Middle                             | Building Middle                                    |
|   | Visual & Performing Arts                  | Exploring Middle                             | Building Earlier                                   |

All but one child was reported to have improved child development in the areas of self-regulation, social emotional regulation, language and literacy, math and science, physical development, social science and visual and performing arts. Program reported one student did not show growth improvement in the DRDP assessment areas; student was removed by parent from the program. No SVCDC Student Assessment Results were reported for this individual student.

Data from these assessments were provided to parents/families during parent meetings on a continual basis throughout the school year. Program reported educational support materials were provided to student’s families to facilitate at home learning opportunities.

### Strategic Plan FY15-20 Goals Achieved

The following Strategic Plan goals and desired results were achieved through the implementation of this program:

| Focus Area(s)   | Objectives  | Indicators Achieved   |
|---|---|---|
| <b>Focus Area 1 -<br/>Improved Child Development</b><br>Goal: Children develop to their full potential. | 1.1 Families have increased access to further education and services that enhance financial resources and family stability.   | <ul style="list-style-type: none"> <li>• Increased access and attendance to early education environment.</li> <li>• Increased access and implementation of assessments (DRDP).</li> <li>• Increased parent access to information about early childhood development and Kindergarten readiness.</li> </ul> |
|   | 1.2 Access, quality and diversity of early care and education options will be increased through programs and services that recruit, train and support early care and education professionals. |   |
| <b>Focus Area 2 -<br/>Improved Family Functioning</b><br>Goal: Empower healthy family functioning.      | 2.1 Parents will receive support to increase their knowledge in child rearing, family relationships and community resources, which lay the foundation for a safe and healthy home.            | <ul style="list-style-type: none"> <li>• Increased parent participation in training and educational events.</li> <li>• Increased parent participation in educational prevention programs and opportunities.</li> </ul>  |

# FORMAL GRANT

## Modoc County Office of Education (SELPA) “Early Mental Health” - \$26,000

### Focus Area - Improved Child Health

Provided children (0-5) and families early mental health services and access through home-based psychotherapy prior to school entry.

**21 Children Served**  
**28 Adults Served**

| Program Strategy   | Expected Outcome   | Actual Outcome  |
|--|--|---|
| <p><b>1.1</b> Flyers will be distributed throughout the County. Families who make contact will be given a brief initial “interest form,” inquiring about contact information, type of service requested, and basic presenting problems(s) and goal(s).</p> | <p><b>1.1</b> Awareness of services will be targeted in order to increase the number of high risk families referred and served. Anticipate up to 10 families from the community annually will make contact and enroll in services. Interests forms will be used to determine level of services needed and referral data will be collected and tracked using demographic sheets and (confidential) client charts, appointment books and sign in sheets.</p> | <p><b>1.1 Outcome exceeded;</b> program served 12 families. Program collaboratively worked with T.E.A.C.H. Inc., Early Head Start, medical providers, Strong Family Health Center, Modoc County Behavioral Health, preschools and care providers to disseminate information and build program awareness.</p>                                    |
| <p><b>2.1</b> Service provider will further contact (up to 10) families annually and if appropriate, schedule evaluative clinical intake, scheduling sessions for treatment planning (or referral to other mental health services if necessary).</p>       | <p><b>2.1</b> Anticipate (up to 10) families over the year will be serviced in the home once a week for approximately 60-90 minutes.</p>   | <p><b>2.1 Outcome exceeded;</b> program reported (8) families successfully completed therapy, meeting treatment goals and objectives. Prior to counselor recommendation (2) families terminated (EMH) services/therapy. A total of 4 families were referred out to Modoc County Behavioral Health for additional treatment and/or services.</p> |
| <p><b>3.1</b> Psychotherapy will be provided to (up to 10) families as appropriate after intake is completed.</p>  | <p><b>3.1</b> Psychotherapy will involve a treatment plan with multiple-step goals worked on and agreed with client(s). The plan will be reviewed with client quarterly.</p>   | <p><b>3.1 Outcome exceeded;</b> program provided (124) in home therapy sessions ranging 60-90 minutes to (12) families throughout the year. Participating families provided feedback on therapy and goals using an Outcome Rating Scale, <b>see Figure 3.1 on page 10.</b></p>  |

### Local Service System Integration

MCOE SELPA “Early Mental Health” reported service coordination, collaboration and outreach was conducted to facilitate a seamless system of care for children and families served:

**Modoc County Behavioral Health, Modoc County Office of Education - Early Head Start and school districts, T.E.A.C.H, Inc., Strong Family Health Center, local medical providers, health clinics and daycare providers.**

### Strategic Plan FY15-20 Goals Achieved

The following Strategic Plan goals and desired results were achieved through the implementation of this program:

| Focus Area(s)   | Objectives   | Indicators Achieved  |
|---|--|--|
| <p><b>Focus Area 2 - Improved Family Functioning</b><br/><b>Goal:</b> Empower healthy family functioning.</p> | <p><b>2.1</b> Parents will receive support to increase their knowledge in child rearing, family relationships and community resources, which lay the foundation for a safe and healthy home.</p>             | <ul style="list-style-type: none"> <li>• <b>Increased awareness and access to mental health services/resources.</b></li> <li>• <b>Increased number of high-risk families referred to mental health services.</b></li> <li>• <b>Reduced number of families in crisis.</b></li> <li>• <b>Increased number of families served through home visiting.</b></li> </ul> |
| <p><b>Focus Area 3 - Improved Child Health</b><br/><b>Goal:</b> Improved health and wellness.</p>             | <p><b>3.1</b> Identify parents and children who have health needs. <b>3.2</b> Increase health access to prevention and primary health care services for pregnant women and children birth through age 5.</p> |  |

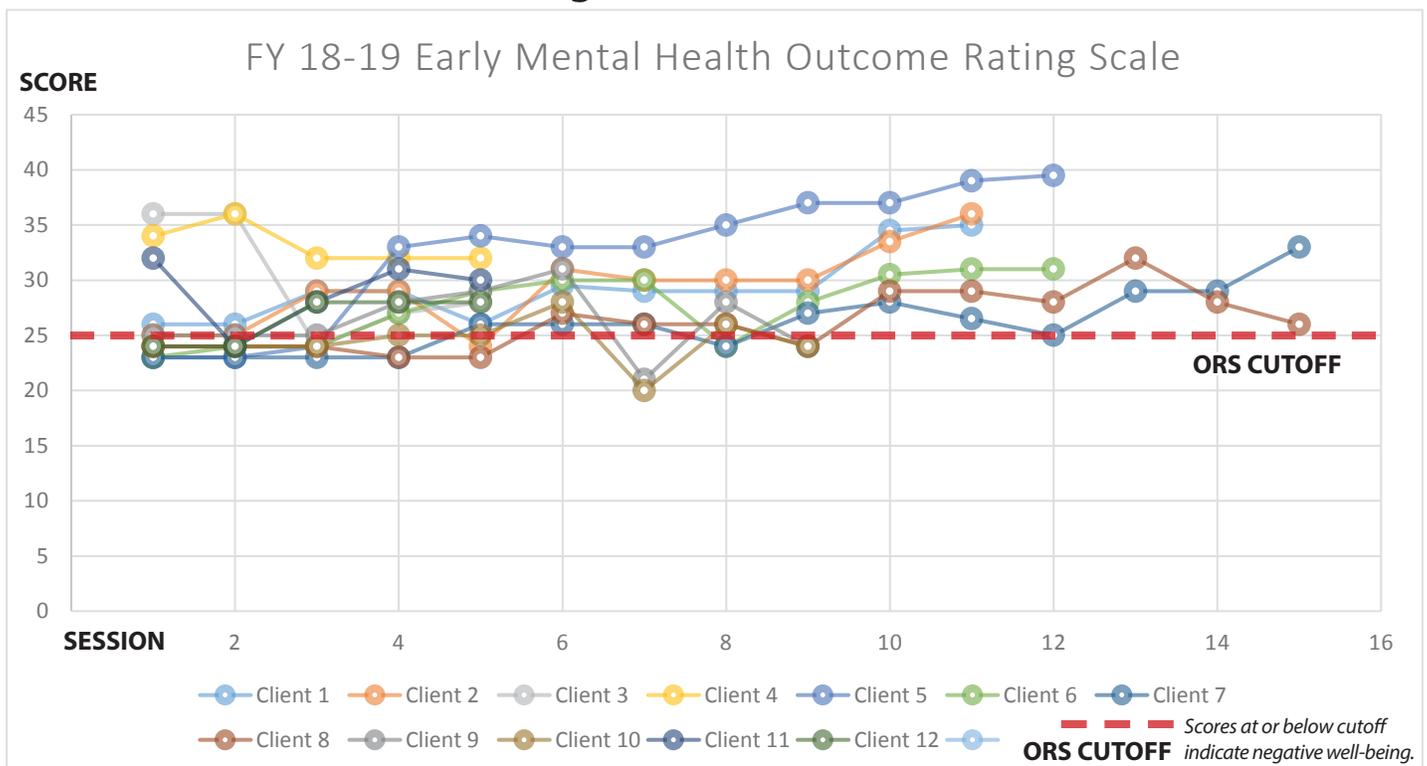
## MCOE (SELPA) “Early Mental Health” continued from pg 9

The program assessed clients (families) in treatment using an Outcome Rating Scale (ORS) as a measurement to monitor the families feedback on progress towards individually identified goals and objectives.

The ORS is a simple, four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. These areas include personal well being (Individually), family and close relationships (Interpersonal), work, school and friends (Socially), and overall well-being (Overall).<sup>1</sup>

Below, Figure 3.1, depicts the overall ORS scores reported by each client (family) after receiving individualized session treatments during the FY 2018-2019:

**Figure 3.1**  
**FY 18-19 (EMH) Outcome Rating Scale Data**



NOTE: Data provided by Modoc County Office of Education SELPA “Early Mental Health” Program, FY 18-19. Scale provides a measurement of progress.

At the end of their first treatment sessions (12) families reported an average overall ORS score of 25.38 out of 40 (64% overall well-being). Upon conclusion of treatment a total of (6) families reported an average of 35.34 out of 40 (89% overall well-being).

The data provided by the program indicates an overall 25% positive increase to participating families well-being in the four identified areas of personal well being (Individually), family and close relationships (Interpersonal), work, school and friends (Socially), and overall well-being (Overall).

The program reported (2) families discontinued treatment prior to completion, (4) families referred to Modoc County Public Health, and (8) families successfully completed therapy through the Early Mental Health program provided.

<sup>1</sup>The ORS, CORS and YCORS measures are licensed by Scott D. Miller and ICCE. The ORS scale is designed to assess distress and help measure client progress. Additional guidelines and examples on how to administer, score and interpret the ORS can be found in the ORS manual, available at [www.scottdmiller.com](http://www.scottdmiller.com).

# MINI GRANT



A combined total of 573 children have joined the MCOE Dollywood Imagination Library since 2016.

## Modoc County Office of Education - "Dollywood Imagination Library" - \$4,106

### Focus Area - Improved Family Functioning

**191 Children Served**

Continuation of third year partnership with the Dollywood Foundation

Imagination Library to inspire a love of reading within children ages zero to five. A total of (12) age appropriate books a year are mailed to participating families up to the age of five annually.

| Program Strategy   | Expected Outcome  | Actual Outcome   |
|--|---|--|
| 1.1 30% of (300) families will be contacted for participation.   | 1.1 Provided program materials and outreach to families with children age zero to five.   | 1.1 <b>Outcome exceeded;</b> initial goal was surpassed in its second year. The program continually reaches out to individual families, preschools, family child care and alternative care providers. Enrollment for Modoc County during the fiscal year was 44% (191 children) of the estimated Census population (children under age 5). A total of 321 children graduated from the program at their fifth birthday month.   |
| <b>LOCAL SYSTEMS INTEGRATION</b><br>2.1 <b>Contact and collaboration with all organizations serving children ages 0-5 for participation.</b> | 2.1 Contact was made and information about the Dollywood Imagination program shared with Early Head Start, Head Start, Strong Family Health Center, State Preschools, Surprise Valley Child Development Center, family day care providers, medical clinics, Public Health and other participating agencies. Information included brochures and books for families with children zero to five. | 2.1 <b>Outcome exceeded;</b> outreach continues with the help for collaborative partners and agencies. The programs continues to maintain a 10% increase of registered participants annually. Partners included Early Head Start, Sierra Cascade Family Opportunities Head Start, Modoc County school districts, state preschool programs, Strong Family Health Center, Surprise Valley Child Development Center, local medical providers, family child care providers, and local parenting classes. |

NOTE: Data sources provided by Dollywood Imagination Library program reporting and US Census data.

## Strategic Plan FY15-20 Goals Achieved

The following Strategic Plan goals and desired results were achieved by through the implementation of this program:

| Focus Area(s)  | Objectives  | Indicators Achieved  |
|--|---|--|
| <b>Focus Area 2 - Improved Family Functioning</b><br><b>Goal:</b> Empower healthy family functioning.      | 2.1 Parents will receive support to increase their knowledge in child rearing, family relationships and community resources, which lay the foundation for a safe and healthy home.  | <ul style="list-style-type: none"> <li>• Increased number of parents who participate in school readiness (e.g. reading programs, early literacy).</li> <li>• Decreased early childhood exposure to media/technology.</li> </ul>          |
| <b>Focus Area 1 - Improved Child Development</b><br><b>Goal:</b> Children develop to their full potential. | <p>1.1 Families have increased access to further education and services that enhance financial resources and family stability.</p> <p>1.2 Access, quality and diversity of early care and education options will be increased through programs and services that recruit, train and support early care and education professionals.</p> | <ul style="list-style-type: none"> <li>• Increased parent access to information about early childhood development and Kindergarten readiness.</li> <li>• Increased parent participation in educational activities and events.</li> </ul> |

# MINI GRANT

**Modoc County Public Health - “Just Strollin” Program - \$6,455**

**Focus Area - Improved Systems of Care**

Prenatal incentive based program aimed at increasing healthy pregnancies.

Program required expectant mothers to complete 8 out of 11 identified goals including prenatal health, education, and safety.



**20 New Parents Served**

| Program Strategy   | Expected Outcome   | Actual Outcome  |
|--|--|---|
| <p><b>1.1</b> A total of 16 clients will attend a prenatal appointment in the first trimester of the pregnancy. <b>1.2</b> A total of 10 clients will attend one dental appointment while pregnant. <b>1.3</b> A total of 12 clients will attend and complete a Child Birth Education Class series while pregnant. <b>1.4</b> A total of 14 clients will receive a Tdap and FLU vaccine (if during FLU season) while pregnant. <b>1.5</b> A total of 10 clients will attend one lactation consultant by 2 weeks postpartum. <b>1.6</b> A total of 16 clients will attend a postpartum appointment with a medical provider. <b>1.7</b> A total of 10 clients will have the car seat safety check by CHP, TEACH, or Public Health. <b>1.8</b> A total of 16 clients will attend at least (10) prenatal appointments during the pregnancy. <b>1.9</b> A total of (18) clients will get a prescription for a breast pump and get the breast pump (unless they already have one). <b>1.10</b> A total of (15) clients Client will enroll in one of the Home visiting programs in the county and have at least one visit per trimester while pregnant and two postpartum visits.</p> | <p><b>1.1</b> 80% of all participants will attend a prenatal appointment in the first trimester. <b>1.2</b> 50% of all participants will have one dental appointments during pregnancy. <b>1.3</b> There will be a 25% increase in Child Birth Education classes (9-12 people per class). <b>1.4</b> Increase in vaccination rates from 48% (current CDC) to 75% for Tdap and 70% for all participants will receive FLU vaccine. <b>1.5</b> 50% of all participants will seek lactation support from a certified lactation consultant. <b>1.6</b> 80% of all participants will attend a postpartum appointment. <b>1.7</b> 50% will receive safety evaluation/education with a certified car seat technician. <b>1.8</b> 80% of all participants will have at least 10 prenatal appointments. <b>1.9</b> 90% of all participants will acquire a breast pump. <b>1.10</b> 75% of all participants will enroll and participate in one home visiting program.</p> | <p><b>1.1 Outcome exceeded;</b> program reported (20) parents successfully completed the “Just Strollin” program and received a stroller/car seat combination device for their newborn. 90% (19) expectant mothers) were verified to have completed their first trimester appointment. <b>1.2 Outcome exceeded;</b> 70% (14 expectant mothers) received dental care/examination. <b>1.3</b> (9) expectant parents completed either in-class or one-on-one sessions; program reported low enrollment for two Child Birth Education classes. <b>1.4 Outcome successful;</b> 70% (14 expectant parents) received FLU and Tdap vaccinations. <b>1.5</b> (2) expectant mothers received a one-on-one lactation consultation. <b>1.6</b> (4) postpartum mothers attended their postpartum appointment, (2) did not attend and (12) clients were not yet 6 weeks postpartum. <b>1.7 Outcome exceeded;</b> 60% (12 expectant mothers) completed car seat safety checks. <b>1.8 Outcome successful;</b> 80% (16 expectant others) completed (10) prenatal appointments. (7) were reported still in progress. <b>1.9</b> (11) expectant mothers received a breast pump prescription, (6) were in the process and (10) did not. <b>1.10</b> (13) expectant parents enrolled in at least one home visiting program.</p> |

## Local Service System Integration

MCPH “Just Strollin” program reported key service coordination, collaboration and outreach was conducted with multiple agencies to facilitate a seamless system of care for expectant mothers and their babies, including:

**Modoc County Behavioral Health, Modoc County Office of Education - Early Head Start (Alturas and Tulelake), T.E.A.C.H, Inc., WIC, Modoc County Health Officer, Canby Family Clinic, local medical providers and health clinics.**

Social media platforms (e.g. Facebook) were also used to outreach materials (e.g. flyers) to the targeted demographic.

Due to the lack of obstetric services within Modoc County expectant mothers often travel out of area to deliver. The nearest facilities are located an average of 100 miles away, with the closest being Lake District Hospital located in Lakeview, Oregon.

# LOCAL SYSTEMS EFFORTS

## First 5 Modoc Local Systems Efforts - \$21,159

### Focus Area - Improved Systems of Care

First 5 Modoc (F5M) focused on collaborative efforts to bring program awareness and recognition to the forefront, focusing on target demographics. Grantees/agencies were encouraged to bridge system gaps and implement collaborative systems to promote sustainability. F5M staff focused on community engagement opportunities to outreach programs and to reacquaint the community with First 5.

F5M staff collaborated with numerous agencies including but not limited to Modoc County Office of Education, Modoc County Public Health (HEAT and Prevention Collaboratives, Local Oral Health Program), Modoc County Behavioral Health, Modoc County Department of Social Services, Modoc Child Development Advisory Committee, Modoc Heritage Foundation, Modoc County CattleWomen and Farm Bureau, Quality Counts North State (Region 2 HUB), Quality Counts California, Sierra Cascade Family Opportunities, Surprise Valley Joint Unified School District, T.E.A.C.H. Inc. (Foster Family Agency, Victim Services and Resource & Referral), and neighboring First 5's.

# FINDINGS SUMMARY

Programs funded by First 5 Modoc provided approximately 75% of Modoc County children the programs, services and supports to help improve child development, family functioning, child health and systems of care. A total of 357 children and 187 primary caregivers/adults were served and benefited from First 5 Modoc investments during FY 18-19.

## Overview of Goals Achieved by FY 18-19 Funded Programs

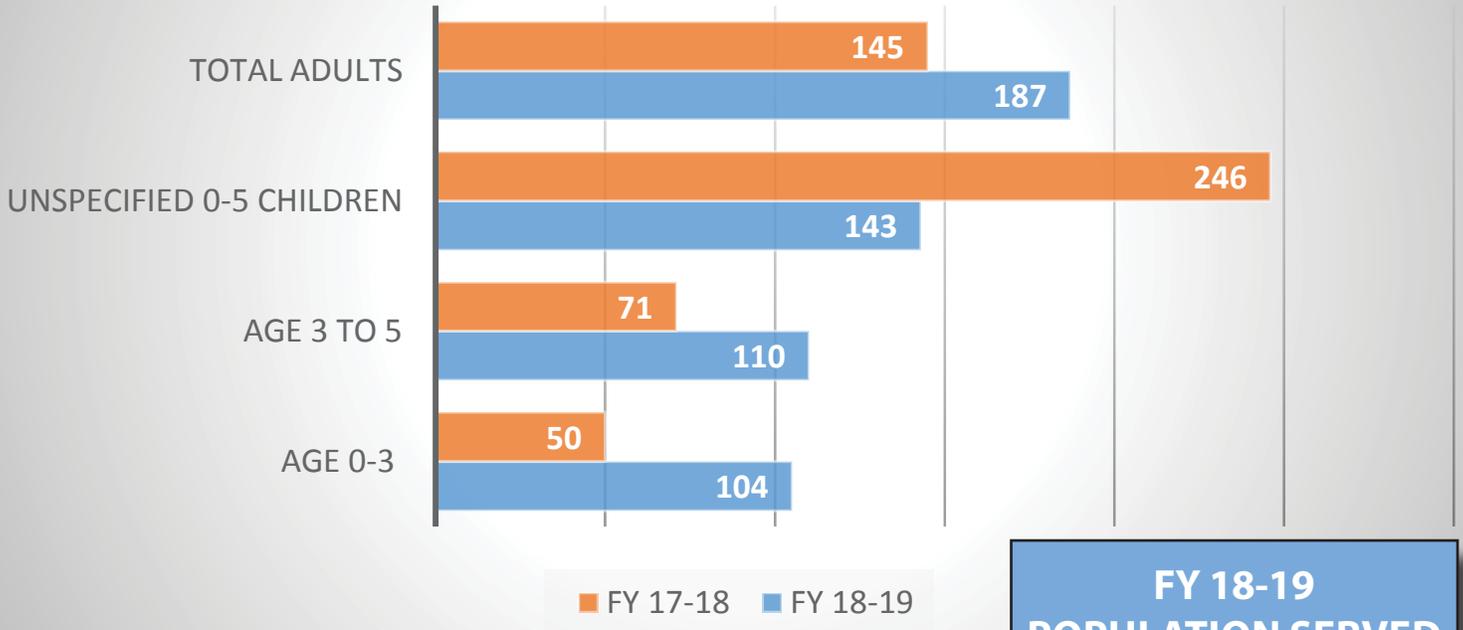
Focus Areas as identified in the First 5 Modoc FY 2015-2020 Strategic Plan.

|   | MCPH<br>"Healthy Beginnings" | T.E.A.C.H. Inc.<br>"Tulelake/Newell FRC" | T.E.A.C.H., Inc. "School<br>Readiness - Budding Tree" | SVJUSD - SVCDC<br>"Strong Start" | MCOE SELPA "Early<br>Mental Health" | MCOE "Dollywood<br>Imagination Library" | MCPH "Just Strollin" | First 5 Modoc<br>Systems Efforts |
|---|------------------------------|--|---|----------------------------------|-------------------------------------|---|----------------------|----------------------------------|
| <b>Focus Area 1</b><br><b>Improved Child Development</b><br><b>Goal:</b> Children develop to their full potential.  |                              |  | ✓   | ✓                                |                                     | ✓                                       |                      | ✓                                |
| <b>Focus Area 2</b><br><b>Improved Family Functioning</b><br><b>Goal:</b> Empower healthy family functioning.   | ✓                            | ✓  |   |                                  | ✓                                   | ✓                                       | ✓                    | ✓                                |
| <b>Focus Area 3</b><br><b>Improved Child Health</b><br><b>Goal:</b> Improved health and wellness.   | ✓                            | ✓  |   |                                  | ✓                                   |   | ✓                    | ✓                                |
| <b>Focus Area 4</b><br><b>Improved Systems of Care</b><br><b>Goal:</b> Systems of care that supports a seamless infrastructure. <i>(All programs must include Area 4)</i> | ✓                            | ✓  | ✓   | ✓                                | ✓                                   | ✓                                       | ✓                    | ✓                                |

Two grantees did not fully expend requested grant amounts in the Fiscal Year 2018 - 2019. These included the Modoc County Public Health "Healthy Beginnings" and the Surprise Valley Child Development Center (SVJUSD-SVCDC). SVCDC continued to have difficulties including the closure of the elementary school facilities, as well as administration and staffing shortages. This is the only full-day childcare facility located within 25 miles of Cedarville, CA.

One grantee, Modoc County Office of Education "Family Support Worker," was unable to complete its contractual grant obligations due to the lack of available workforce. This grantee did not request and/or expended any funds.

# Population Served FY 17-18 vs. 18-19



## FY 18-19 POPULATION SERVED

Data was collected directly from program grantee quarterly reporting.

### 357 CHILDREN

Age 0-3 Children - 104  
 Age 3-5 Children - 110  
 Unknown Age 0-5 Children - 143  
 A total of (5) children with an identified disability were served in FY 18-19.

### 187 PRIMARY CAREGIVERS / ADULTS

Includes parents and other adults

### POPULATION DEMOGRAPHICS

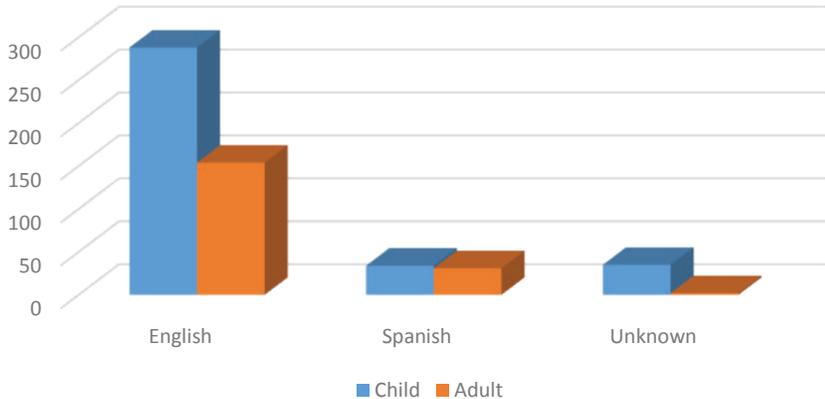
#### PRIMARY LANGUAGE

English - 288 Children / 154 Adults  
 Spanish - 34 Children / 31 Adults  
 Unknown - 35 Children / 2 Adults

#### ETHNICITY

White - 88 Children / 112 Adults  
 Hispanic/Latino - 46 Children / 43 Adults  
 Native American - 11 Children / 20 Adults  
 Multiracial (2+) - 16 Children / 6 Adults  
 Asian - 0 Children / 1 Adult  
 Unknown - 196 Children / 5 Adults

### Primary Language Spoken in the Home



### Ethnicity of Population Served

