



FY 2019 – 2020 Summary/Evaluation of Programs

First 5 Modoc Strategic Plan 2020-2025 Focus Area Investments for FY19-20

Improved Child Health - \$57,597	Improved Child Development - \$126,366	Improved Family Functioning - \$42,951	Improved Systems of Care – \$49,112
--	--	--	---

FY 19-20 • Summary/Evaluation of Programs

EXECUTIVE DIRECTOR'S 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 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.

Grantees faced significant barriers during the COVID-19 emergency and First 5 Modoc applauds their continued work in providing essential programs and resources to our rural communities. First 5 Modoc looks forward to working with grantees to continue identifying strengths and ways to bridge services gaps in order to create a more resilient community. Together 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 2019-20 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 these grant awards and First 5 Modoc systems change activities conducted during FY 2019-2020.

Grantee agencies included the Modoc County Office of Education, Modoc County Public Health, Sierra Cascade Family Opportunities, 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 Priority Areas identify in the FY 2020-2025 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



FY 2020 -2025 STRATEGIC PLAN

The First 5 Modoc Commission's FY20-25 Strategic Plan identifies four priority areas and uses these priorities to guide grantees in the steps toward program development and funding. The Commission looks for innovative and creative ways in utilizing Proposition 10 funding. Ongoing evaluations are used to help programs develop and function with the goals of maximizing the effectiveness of each program and seeking sustainability and possible leveraging with other programs and outside funding sources.

FOUR PRIORITY AREAS

The Commission strives to fund programs which provide identifiable, expectant results that coincide with the four priority areas below. These priority areas were developed using both Public and Commission input:







MEASURING OUTCOMES

Each funded grantee is required to file timely Grantee Performance Reporting Forms to aid the Commission in the evaluation of the results of every indicator outlined in the Grantee Performance Evaluation Chart as submitted in the original proposal.

This report provides comprehensive evaluation of each funded program during FY19-20. Each program evaluation includes Investment Amount, Population Served, Priority Area(s) Achieved, Program Description, Program Strategies, Expected Outcomes, Actual Outcomes, Local Service System Integration, and overarching Strategic Plan 20-25 Goals Achieved.

FY 19-20 • Summary/Evaluation of Programs

Overview of Goals Achieved in FY 19-20

	MCPH Healthy Beginnings	TEACH, Inc. Tulelake/Newell FRC	TEACH, Inc. Budding Tree	TEACH, Inc. SVCDC – Strong Start	MCOE SELPA Early Mental Health	MCOE Dollywood Imagination Library	MCPH Prenatal Incentives	First 5 Modoc Systems Efforts
 Priority Area 1 Improved Child Health Goal: Promote optimal health, physical and mental, for all children and families prenatal through age 5.	✓	✓			✓		✓	✓
 Priority Area 2 Improved Child Development Goal: Ensure all children birth through 5 have high-quality, nurturing environments for optimal development.			✓	✓		✓		✓
 Priority Area 3 Improved Family Functioning Goal: Enable all families to have the knowledge, skills, and resources to support their children's optimal development.	✓	✓	✓	✓	✓	✓	✓	✓
 Priority Area 4 Improved Systems of Care Goal: Collaboratively create systems of care that support a seamless infrastructure for children and families prenatal through age 5.	✓	✓	✓	✓	✓	✓	✓	✓

The chart above indicates the overarching Strategic Plan priorities and goals achieved by each funded program including Systems of Care (Systems Change) efforts achieved by First 5 Modoc and the First 5 Modoc Early Learning and Resource HUB.

FORMAL GRANT

Modoc County Public Health “Healthy Beginnings” - \$28,350



Priority Area 1 - Improved Child Health

57 Children Served
102 Adults Served

MCPH Healthy Beginnings home visitation program is a local model, focused on strengthening and improving positive parent-infant interaction, healthy infant development and parental competencies. Funded since 2007 the program is now fully sustained by Modoc County Public Health funding. Partnership continues into FY20-21 under the First 5 California Home Visiting Coordination Planning grant (FY20-22). *Additional funding sources leveraged by MCPH; Estimated program cost \$70,910.*

Program Strategy	Expected Outcome	Actual Outcome
<p>1.1. (15) families served. Nurse provides 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 Strengthening Families 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.</p> <p>1.2. If it is determined families will benefit from a more formal parenting curriculum, nurse will initially refer families to TEACH, Inc. for group parenting classes.</p> <p>1.3. 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.</p> <p>1.4. 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>1.1 - 1.3 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. 1.4. 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>1.1 Outcome exceeded; Program served (37) families. A total of (2) interactive educational meetings were held focusing on familial rules, routines, and responsibilities, and a holiday engagement activity night.</p> <p>1.2 -1.3 Outcome successful; A total of (3) families attended parenting classes with (0) referrals to T.E.A.C.H., Inc. 79% of families received in-home parenting education and verbalized understanding of appropriate parenting practices.</p> <p>1.4 Outcome satisfactory; ASQ-3 screenings were completed for the children of (13) families. Several expectant mothers were unable to be assessed. The children of (2) families utilized the referral to speech and/or physical therapy.</p> <p><i>Due to the COVID-19 pandemic MCPH faced significant barriers in the third and fourth quarters. Families were continuously engaged via virtual teleconference, and in-person appointments.</i></p>
<p>2.1. Provide obesity prevention and oral health education to at least (15) families during home visits through brochures, videos, and meal planning guides. 2.2. (15) families will receive nutrition assessments. 2.3. (15) families will receive assessments on the appropriate methods used by the family to prevent oral health problems. It</p>	<p>2.1 - 2.2 75% (11/15) of families will discuss positive changes to their children's diets following education by the nurse. 2.1 & 2.3. 75% (11/15) of families will verbalize understanding of appropriate dental hygiene practices. 2.3. 75% (11/15) of families will follow-through on preventative dental appointments for their 0-5 aged</p>	<p>2.1 – 2.2 Outcome exceeded; the nurse completed (22) nutrition assessments. Information was provided to educate and encourage family participation in healthy meal planning, preparation, and positive eating habits. 100% of families discussed positive changes to their diets including</p>

FY 19-20 • Summary/Evaluation of Programs

is anticipated that the nurse will provide oral health case management for at least (8) families. 2.4. Nurse will encourage families to utilize free dental screenings in between regular dental appointments.	children at appropriate intervals. 2.4. (6) families will attend at least one of the screenings offered.	reduced sugar intake, and healthier drink choices. 2.1 and 2.3 Outcome exceeded; 100% of families receiving oral health education verbalized the importance of appropriate hygiene practices. 4% (1 out of 37) followed up on preventative dental appointments – (12) children were up to date and (5) were too young. 2.4. A total of (4) families utilized free dental health screenings provided by Public Health.
3.1. Assist with access to care by providing transportation assistance to medical, dental, Behavioral Health, and Alcohol and Drug appointments. 3.2. Provide education about the importance of regular preventive medical and dental exams. 3.3. Provide education to increase awareness of the importance of preventing illness and disease through immunizations.	3.1. Provide (20) gas vouchers, (10) transports, and (15) Sage Stage passes throughout the year. 3.2. 75% (11/15) of families will follow through with preventative medical and dental appointments for their 0-5 age children at appropriate intervals. 3.3. 75% (11/15) will verbalize understanding of the protection immunizations offer and follow through on immunizing their children.	3.1 Outcome successful; transportation assistance provided through the utilization of (21) gas vouchers and (1) physical transport used for out of area medical and/or dental appointments. Locally, (4) Sage Stage vouchers were provided for medical and/or dental appointment, resource assistance access, and early childcare. Families were encouraged and/or used Partnership transportation as available. 3.2 – 3.3 Outcome successful; A total of 76% (44 out of 58 children) are current with immunizations. Families are continually educated on the importance of preventative health; nurse utilizes the California Immunization Registry (CAIR) and helps families' access immunization clinics.
4.1. 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.	4.1. 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.	4.1 Outcome successful; the nurse participated in (10) Early Head Start case management conferences and (0) Social Service case management conferences. Partner agencies referred (4) families during the year to Healthy Beginnings.

Local Service System Integration



The MCPH Healthy Beginnings nurse and/or staff 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, LOHP (Local Oral Health Program) Advisory Committee, MCDAC (Modoc Child Development Advisory Committee) **Family Wellness Court has been discontinued with participating families.

Strategic Plan FY20-25 Goals Achieved

FY 19-20 • Summary/Evaluation of Programs

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

Priority Area(s)	Objectives	Indicators Achieved
 Priority Area 1 – Improved Child Health Goal: Promote optimal health, physical and mental, for all children and families, prenatal through five.	1.1 Increase access to physical and mental health care for children and families, prenatal through five. 1.2 Children receive early prevention and intervention for developmental delays, traumatic experiences, and overall mental and physical health wellness.	<ul style="list-style-type: none"> • Increased number of families served through home visiting. • Increased number of families involved in primary prevention programs (CDHP, CAIR, dental health). • Increased parent participation in educational prevention programs and opportunities.
 Priority Area 3 – Improved Family Functioning Goal: Enable families to have the knowledge, skills, and resources to support their children's optimal development.	3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.	<ul style="list-style-type: none"> • Improved and increased access to transportation services. • Increased parental adoption of improved nutrition and health practices. • Increased family engagement opportunities. • Increased parent/family understanding of trauma.

COVID-19 Pandemic Barriers and Response

On March 19, 2020, Governor Gavin Newsom instituted an Executive Order issued and Public Health Order directing all Californians to stay home except to go to an essential job or to shop for essential needs to help prevent the spread of COVID-19. During this time Modoc County Health Services consisting of Public Health, Behavioral Health, and Environmental Health departments began the essential work to help prevent and combat COVID-19.

MCPH staff, including the Healthy Beginnings program nurse, conscientiously connected with families served through virtual teleconference and limited contact in-person sessions. In addition, MCPH staff worked with First 5 Modoc to assist in the distribution of essential need supplies (e.g., diapers, wipes, sanitizer, masks) to families through the First 5 California essential needs supply investment.

FORMAL GRANT

T.E.A.C.H., Inc. “Tulelake/Newell Family Resource Center” – \$21,172



Priority Area 3 - Improved Family Functioning

58 Children Served
51 Adults Served

Providing Family Resource Services, activities and connection to essential needs for families of Modoc and Siskiyou County. Services include parenting classes, service coordination, and education. Funded since 2012

Additional funding sources supports this program including T.E.A.C.H, Inc. Crisis Center/Emergency Services, Siskiyou County Mental Health Service Act Funds, Great Northern Corporation and Siskiyou Community Service Council. Estimated program cost \$62,986.

Program Strategy	Expected Outcome	Actual Outcome
1.1 (7) families will attend the Nurturing Parenting Series.	1.1 Parents will demonstrate appropriate methods of	1.1-1.2 Outcome not meet; Program did not provide

FY 19-20 • Summary/Evaluation of Programs

Utilize the Nurturing Parenting Strengthening Families Curriculum in a group setting to provide parents with strategies to develop and maintain healthy relationships with their children. 1.2 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.	discipline while interacting with their children. 1.2 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.	Nurturing Parenting series during Fall 2020, anticipating to begin in Spring 2021. Due to the COVID-19 Pandemic the Spring series was cancelled due to shelter-in place. Families were encouraged to join virtual sessions, however attendance was not trackable. PROGRAM SUGGESTION: Provide flexible Nurturing Parenting courses; virtual option(s) and/or in-person with trackable attendance. 1.2 Outcome successful; Program administered a one-on-one series with a parent during Fall 2020, parent completed with an overall improvement of 95%. <i>Due to the COVID-19 pandemic Tulelake/Newell FRC faced significant barriers in the third and fourth quarters. Families were continuously engaged via virtual teleconference, and in-person appointments.</i>
Provide case management services to (4) families. 2.1. 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.	2.1. 80% of case-managed families will show an increase in life skills.	2.1 Outcome successful; Case management services were provided to (39) families throughout the year. Assistance included life skills, and resource service connection to Medi-Cal and Cal Fresh. No measureable data of increased life skills achieved was provided.
3.1. During FRC business hours in person application assistance for Medi-Cal, and Cal-Fresh will be provided in English and Spanish to families to increase access to medical care and food security.	3.1. Per year (up to 30) families will receive assistance with applications for Medi-Cal and/or Cal-Fresh benefits. 75% of families receiving application assistance will receive benefits applied for.	3.1 Outcome successful; Case management services were provided to (39) families throughout the year. Assistance included life skills, and resource service connection to Medi-Cal and Cal Fresh; program reported 70% of families received benefits.
4.1. FRC staff strives to listen and respond to the needs of the community, coordinate resources, and collaborate with community and countywide partners to leverage necessary services and supports to meet those needs. While there is no formal community group that directs the services provision	4.1. Continued coordination and collaboration includes networking with individuals, families, educational institutions, including pre-schools, government entities, faith based community and service organizations, businesses, community based organizations, and other serviced providers.	4.1 Outcome successful; Program staff worked collaboratively with community members and agencies to coordinate and provide seamless service; holding (10) meeting throughout the year and seeing increased participated (from 7 up to 12).

FY 19-20 • Summary/Evaluation of Programs

within the center, FRC families are continually surveyed about what services would most benefit their families. An emphasis is put on avoiding duplication of services and improving coordination and collaboration between agencies to provide services.	(10) meetings will be held and documented showing collaboration on providing a more seamless system of services.	
---	--	--

Local Service System Integration

The Tulalake/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 and/or director attended monthly local Modoc and Siskiyou County partners meeting.



COVID-19 Pandemic Barriers and Response

On March 19, 2020, Governor Gavin Newsom instituted an Executive Order issued and Public Health Order directing all Californians to stay home except to go to an essential job or to shop for essential needs to help prevent the spread of COVID-19. During this time T.E.A.C.H., Inc. Tulalake/Newell FRC provided services by appointment, virtually, and through limited in-person contact.

In addition, T.E.A.C.H., Inc. worked with First 5 Modoc to implement the California Family Resource Association (CFRA) COVID-19 Emergency Relief grant which provided funding to procure essential need supplies, remote case management technology, parenting education materials, cover staff time, and unanticipated emergency operating expenses.

Strategic Plan FY20-25 Goals Achieved

The following Strategic Plan goals and desired results were achieved through implementation of the Tulalake/Newell FRC program:

Priority Area(s)	Objectives	Indicators Achieved
 Priority Area 1 – Improved Child Health Goal: Promote optimal health, physical and mental, for all children and families, prenatal through five.	1.1 Increase access to physical and mental health care for children and families, prenatal through five. 1.2 Children receive early prevention and intervention for developmental delays, traumatic experiences, and overall mental and physical health wellness.	<ul style="list-style-type: none"> • Increased number of families and children involved in primary prevention programs • Curtailed number of families in crisis • Increased awareness of comprehensive physical and mental health care
 Priority Area 3 – Improved Family Functioning Goal: Enable families to have the knowledge, skills, and resources to support their children's optimal development.	3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.	<ul style="list-style-type: none"> • Increased number of high-risk families referred to and/or receiving intervention and prevention services • Increased family engagement opportunities.

FORMAL GRANT

FY 19-20 • Summary/Evaluation of Programs

T.E.A.C.H., Inc. “School Readiness - Budding Tree” - \$87,124



Priority Area 2 - Improved Child Development

12 Children Served
37 Adults Served

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.

Program funded previously under MCOE CSPP. Estimated program cost \$107,830 annually.

Program Strategy	Expected Outcome	Actual Outcome
1.1 Fund (12) preschool slots. 1.2 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. 1.3 Integration of professional trainings will occur in the classroom by staff selecting an observable goal from each of the trainings for evaluation. 1.4 Assessment of each child will be completed using the DRDP-2015 tool.	1.1 Provide (12) preschool slots to over income families. 1.2 A minimum of (2) professional development trainings will be offered per year with 80% of staff attending each training. 1.3 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. 1.4 100% of all children will be assessed and 80% will see improvement on posttest.	1.1 Outcome successful; program enrolled 12 students. However, due to the COVID-19 pandemic enrollment saw a decline to 8 students during the third and fourth quarter. 1.2 Outcome successful; Program teacher attended the Fall 2019 National Association for the Education of Young Children (NAEYC) Conference with multiple breakout sessions. 1.3 Outcome successful; Program teacher participated in the Quality Counts North State program with observations and documented goal attainment under MCOE CSPP. 1.4 Outcome successful; All students were assessed using the DRDP tool. 100% of students showed an increased knowledge and/or skills comprehension.
2.1 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.	2.1 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.	2.1 Outcome successful; parents/families were continually provided progress reports using Life Cubby an online application. Daily lesson plans, photos, and videos using digital messaging described daily events/activities. Parent/Teacher check-ins also provided in-person progress reports, DRDP assessments, and/or ASQ questionnaires to discuss individual student transitional/Kindergarten readiness.
3.1 Improve systems of care by participating in bi-annual collaborative meetings with MCOE, Public Health, and Modoc Jt. Unified School District. 3.2 Monthly preschool presentation will take place by Public Health on nutrition, health, and safety.	3.1 100% participation from the four agencies with 100% of TK and kindergarten teachers attending meetings will be documented. 80% of TK and kindergarten teachers will assess a 50% improvement in children transitioning. 3.2	3.1 Outcome successful; Program director attended transitional meetings as available. Students were provided with presentations as available from local agencies and partners. <i>Due to the COVID-19 pandemic T.E.A.C.H., Inc. and the</i>

FY 19-20 • Summary/Evaluation of Programs

	100% of monthly meetings will be held and documented.	<i>Budding Tree Preschool program faced significant barriers in the third and fourth quarters to assess transition and outcomes.</i>
4.1 Sign n sheets, observation using the CLASS observation tool, DRDP-2015 assessments, and pre/post surveys.	4.1 The expected output or outcome of the activities listed will be documented and reported by using the evaluation tools listed. Each quarter staff will review reports to ensure the program is progressing as anticipated. Yearly staff will create an evaluation report that will be presented to the Commission and Public for review and analysis.	4.1 Outcome successful; Program director provided program verbal report/update at May 2020 Commission meeting.

DRDP 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 five students were tracked continuously using the Desired Results Development Profile (DRDP)*. Results are shown below:

Approaches to Learning-Self-Regulation – Approaches to Learning skills include attention maintenance, engagement and persistence, and curiosity and initiate. Self-Regulation skilled include self-comforting or feeling and behavior, imitation, and shared us of space and materials.

Fall 2019 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	9% (1) Exploring Later	27% (3) Building Earlier	9% (1) Building Middle	55% (6) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	------------------------	--------------------------	------------------------	------------------------	---------------------

Spring 2020 (n=5)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	40% (2) Building Later	60% (3) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	------------------------	-----------------------------

Early Infancy

Kindergarten Entry

Social-Emotional Development – Knowledge and/or skills include identity of self in relation to others, social and emotional understanding, relationship and social interactions with familiar adults, relationships and interactions with peers, and symbolic an sociodramatic play.

Fall 2019 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	45% (5) Building Middle	55% (6) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-------------------------	------------------------	---------------------

Spring 2020 (n=5)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	100% (5) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	----------------	------------------------------

Early Infancy

Kindergarten Entry

Language and Literacy Development

Fall 2019 (n=11)

FY 19-20 • Summary/Evaluation of Programs

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	36% (4) Building Earlier	45% (5) Building Middle	18% (2) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	--------------------------	-------------------------	------------------------	---------------------

Spring 2020 (n=5)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	LITERACY 20% (1) Building Middle	LANGUAGE 20% (1) LITERACY 40% (2) Building Later	LANGUAGE 80% (4) LITERACY 40% (2) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	----------------------------------	--	---

Early Infancy

Kindergarten Entry

Cognition: Math, Science and Physical Development – Math knowledge and/or skills include spatial relationships, classification, number sense (e.g., quantity, math operations), measurement, patterning, shapes; Science knowledge and/or skills include cause and effect, observation, investigation, documentation, communication, and understanding of the natural world. Physical development knowledge and/or skills include perceptual-motor skills, movement concepts, gross locomotor movement, gross manipulatives, fine motor manipulatives, and active physical play.

Fall 2019 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	45% (5) Building Earlier	45% (5) Building Middle	9% (1) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	--------------------------	-------------------------	-----------------------	---------------------

Spring 2020 (n=5)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	SCIENCE 20% (1) Building Middle	MATH 40% (2) SCIENCE 20% (1) PHYSICAL 40% (2) Building Later	MATH 60% (3) SCIENCE 60% (3) PHYSICAL 60% (3) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	---------------------------------	--	---

Early Infancy

Kindergarten Entry

Health (Physical Development) - Knowledge and/or skills include nutrition, safety, and personal care routines.

Fall 2019 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	27% (3) Building Middle	73% (8) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-------------------------	------------------------	---------------------

Spring 2020 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	9% (1) Building Later	91% (10) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	-----------------------	------------------------------

Early Infancy

Kindergarten Entry

History: Social Science – Knowledge and/or skills include sense of time, sense of place, ecology, conflict negotiation, and responsible conduct.

Fall 2019 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	9% (1) Building Middle	82% (9) Building Later	9% (1) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	------------------------	------------------------	----------------------------

Spring 2020 (n=11)

FY 19-20 • Summary/Evaluation of Programs

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	100% (11) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	----------------	-------------------------------

Early Infancy

Kindergarten Entry

Visual and Performing Arts– Knowledge and/or skills include visual art, music, drama, and dance.

Fall 2019 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	18% (2) Building Middle	45% (5) Building Later	36% (4) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-------------------------	------------------------	-----------------------------

Spring 2020 (n=11)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	100% (11) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	----------------	-------------------------------

Early Infancy

**Due to the COVID-19 Pandemic, Spring 2020 DRDP data is skewed in comparison to Fall 2019 DRDP results due to enrollment drop and/or student availability for assessment.*

Local Service System Integration

Budding Tree Preschool teacher and/or director 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, Modoc County Office of Education, and MCDAC (Modoc Child Development Advisory Committee).

COVID-19 Pandemic Barriers and Response:


On March 19, 2020, Governor Gavin Newsom instituted an Executive Order issued and Public Health Order directing all Californians to stay home except to go to an essential job or to shop for essential needs to help prevent the spread of COVID-19. During this time Budding Tree Preschool continued to serve essential families, however, the program did see a slight decline in enrollment.

Strategic Plan FY20-25 Goals Achieved

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

Priority Area(s)	Objectives	Indicators Achieved
 Priority Area 2 Improved Child Development Goal: Ensure all children, birth through five, have high-quality, nurturing environments for optimal development.	2.1 Improve and increase early learning environments for children zero through five by – Increasing Accessibility, Increasing Affordability and/or Improving Quality. 2.2 Increase educational supports for families and caregivers to increase awareness of physical, cognitive and social-emotional development	<ul style="list-style-type: none"> • Increased access and attendance of early learning environments • Increased number of parents/families/caregivers/educators participating in training and/or educational opportunities • Increased knowledge of digital age parenting (e.g., monitors device use, decreased screen time, reeducation of distracted parenting, educational tech use) • Increased family engagement opportunities

FY 19-20 • Summary/Evaluation of Programs

 <p>Priority Area 3 Improved Family Functioning</p> <p>Goal: Enable families to have the knowledge, skills, and resources to support their children's optimal development.</p>	<p>3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.</p>	<ul style="list-style-type: none"> • Increased number of programs and opportunities to educate parents in a culturally and/or linguistically appropriate way • Increased collaborative supports providing information about child development
---	---	---

FORMAL GRANT

T.E.A.C.H., Inc. Surprise Valley Child Development Center “Strong Start for Children and Families” - \$38,648



Priority Area 2 - Improved Child Development

7 Children Served
10 Adults Served

Provided families with increased opportunities and access to quality early childhood education and care environment. Funded since 2007

Additional funding leveraged by T.E.A.C.H., Inc.; Estimated program cost \$97,454 annually.

Program Strategy	Expected Outcome	Actual Outcome
<p>1.1. Financial support provided for up to (12) slots. 1.2. Assessment of each child will be completed using the DRDP tool. 1.3. 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. 1.4. 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>1.1 Increase # of children attending early educational care from birth age 2 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. 1.2 100% 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. 1.3 Professional development trainings will be tracked via sign in sheets or with certificates of completion. 100% of trainings will be completed by staff. 1.4 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>1.1 Outcome satisfactory; Program enrolled (7) students ranging from full to part-time children. However, due to the COVID-19 pandemic enrollment saw a decline to 3 students during the third and fourth quarter. 1.2 Outcome successful; 100% of students were assessed using the DRDP tool in the Fall and Spring. Results were shared with parents of individual students and progress was continually tracked through the program year. 1.3 Outcome successful; Teacher attended and became certified in DRDP – Data and Understanding Reports. Additionally, SVCDC became a Quality Counts North State participant. 1.4 Outcome successful; parents attended (5) meetings with an average of 89% attendance. Topics included health and safety, enrichment activities, positive parenting practices, literacy, and sensory activities. In addition, families</p>

FY 19-20 • Summary/Evaluation of Programs

		attended (2) community events promoting the center.
2.1. Parenting meetings will be supported with strong collaboration from community agencies. 2.2. Hold one community wide event.	2.1. Collaborate with community partners and solicit information on development of topics. Documentation of collaboration will be kept and reported. 2.2. 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.	2.1 – 2.2 Outcome satisfactory; Refer to above outcome(s) (e.g., 1.1-1.4).
3.1 Sign in sheets, DRDP assessments, and yearly parent satisfaction survey along with monthly zoo-phonics evaluations to show child development levels.	3.1 The expected output or outcome of the activities listed above will be documented and reported by using the evaluation tools listed. Each quarter staff will review reports to ensure the program is progressing as anticipated. Support will be provided when a program fails to meet expected outcomes. Each month staff will use the zoo-phonics evaluation to evaluate growth or decline in development and use that information to help plan curriculum. Yearly staff will create an evaluation report that will be presented to the Commission and Public for review and analysis.	3.1 Outcome satisfactory; Refer to DRDP Assessment of Educational Growth (pg. 12-14).

DRDP 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 three students were tracked continuously using the Desired Results Development Profile (DRDP)*. Results are shown below:

Approaches to Learning-Self-Regulation – Approaches to Learning skills include attention maintenance, engagement and persistence, and curiosity and initiate. Self-Regulation skilled include self-comforting or feeling and behavior, imitation, and shared use of space and materials.

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	9% (1) Exploring Later	20% (1) Building Earlier	40% (2) Building Middle	20% (1) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	------------------------	--------------------------	-------------------------	------------------------	---------------------

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	33% (1) Building Later	67% (2) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	------------------------	-----------------------------

Early Infancy Kindergarten Entry

FY 19-20 • Summary/Evaluation of Programs

Social-Emotional Development – Knowledge and/or skills include identity of self in relation to others, social and emotional understanding, relationship and social interactions with familiar adults, relationships and interactions with peers, and symbolic and sociodramatic play.

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	20% (1) Building Earlier	20% (1) Building Middle	40% (2) Building Later	20% (1) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	--------------------------	-------------------------	------------------------	-----------------------------

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	33% (1) Building Later	67% (2) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	------------------------	-----------------------------

Early Infancy

Kindergarten Entry

Language and Literacy Development

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	40% (2) Building Earlier	20% (1) Building Middle	40% (2) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	--------------------------	-------------------------	------------------------	---------------------

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	LITERACY 33% (1) Building Earlier	Building Middle	LANGUAGE 33% (1) Building Later	LANGUAGE 67% (2) LITERACY 67% (2) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	-----------------------------------	-----------------	---------------------------------	---

Early Infancy

Kindergarten Entry

Cognition: Math, Science and Physical Development – Math knowledge and/or skills include spatial relationships, classification, number sense (e.g., quantity, math operations), measurement, patterning, shapes; Science knowledge and/or skills include cause and effect, observation, investigation, documentation, communication, and understanding of the natural world. Physical development knowledge and/or skills include perceptual-motor skills, movement concepts, gross locomotor movement, gross manipulatives, fine motor manipulatives, and active physical play.

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	20% (1) Exploring Later	40% (2) Building Earlier	40% (2) Building Middle	Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-------------------------	--------------------------	-------------------------	----------------	---------------------

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	MATH 33% (1) Building Earlier	Building Middle	MATH 33% (1) SCIENCE 33% (1) Building Later	MATH 33% (1) SCIENCE 67% (2) PHYSICAL 100% (3) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	-------------------------------	-----------------	---	--

Early Infancy

Kindergarten Entry

Health (Physical Development) - Knowledge and/or skills include nutrition, safety, and personal care routines.

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	20% (1) Building Earlier	40% (2) Building Middle	40% (2) Building Later	Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	--------------------------	-------------------------	------------------------	---------------------

FY 19-20 • Summary/Evaluation of Programs

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	33% (1) Building Later	67% (2) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	------------------------	-----------------------------

Early Infancy

Kindergarten Entry

History: Social Science – Knowledge and/or skills include sense of time, sense of place, ecology, conflict negotiation, and responsible conduct.

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	20% (1) Building Middle	60% (3) Building Later	20% (1) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-------------------------	------------------------	-----------------------------

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	Building Later	100% (3) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	----------------	------------------------------

Early Infancy

Kindergarten Entry

Visual and Performing Arts– Knowledge and/or skills include visual art, music, drama, and dance.

Fall 2019 (n=5)

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	20% (1) Building Middle	60% (3) Building Later	20% (1) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-------------------------	------------------------	-----------------------------

Spring 2020 (n=3)*

Responding Earlier	Responding Later	Exploring Earlier	Exploring Middle	Exploring Later	Building Earlier	Building Middle	33% (1) Building Later	67% (2) Integrating Earlier
--------------------	------------------	-------------------	------------------	-----------------	------------------	-----------------	------------------------	-----------------------------

Early Infancy

Kindergarten Entry

**Due to the COVID-19 Pandemic, Spring 2020 DRDP data is skewed in comparison to Fall 2019 DRDP results due to enrollment drop and/or student availability for assessment.*

Local Service System Integration

Surprise Valley Child Development teacher and/or site director 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), Surprise Valley Joint Unified School District, Modoc County Office of Education, and MCDAC (Modoc Child Development Advisory Committee).

COVID-19 Pandemic Barriers and Response



On March 19, 2020, Governor Gavin Newsom instituted an Executive Order issued and Public Health Order directing all Californians to stay home except to go to an essential job or to shop for essential needs to help prevent the spread of COVID-19. During this time Surprise Valley Child Development Center continued to serve essential families, however, the program did see a decline in enrollment.

Strategic Plan FY20-25 Goals Achieved

The following Strategic Plan goals and desired results were achieved through implementation of the Surprise Valley Child Development Center program:

Priority Area(s)	Objectives	Indicators Achieved
------------------	------------	---------------------

FY 19-20 • Summary/Evaluation of Programs

 Priority Area 2 Improved Child Development Goal: Ensure all children, birth through five, have high-quality, nurturing environments for optimal development.	2.1 Improve and increase early learning environments for children zero through five by – Increasing Accessibility, Increasing Affordability and/or Improving Quality. 2.2 Increase educational supports for families and caregivers to increase awareness of physical, cognitive and social-emotional development	<ul style="list-style-type: none"> • Increased access and attendance of early learning environments • Increased number of parents/families/caregivers/educators participating in training and/or educational opportunities • Increased knowledge of digital age parenting (e.g., monitors device use, decreased screen time, reeducation of distracted parenting, educational tech use) • Increased family engagement opportunities
 Priority Area 3 Improved Family Functioning Goal: Enable families to have the knowledge, skills, and resources to support their children's optimal development.	3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.	<ul style="list-style-type: none"> • Increased number of programs and opportunities to educate parents in a culturally and/or linguistically appropriate way • Increased collaborative supports providing information about child development

FORMAL GRANT

Modoc County Office of Education (SELPA) “Early Mental Health” - \$32,834

**15 Children Served
17 Adults Served**



Priority Area 3 - Improved Family Functioning

Provided children (0-5) and families early mental health services and access through home-based psychotherapy prior to school entry. Funded since 2018

Additional funding leveraged by MCOE (SELPA); Estimated program cost \$82,345 annually.

Program Strategy	Expected Outcome	Actual Outcome
1.1 Service provider will plan and hold collaborative partners meeting to discuss referral and screening process. 1.2 By the end of each quarter the service provider will meet with all potential collaborative partners to discuss progress and identify unmet mental health needs for families with children 0-5. 1.3 Identify and offer (10) families with children age 0-5 a minimum of (8) psychotherapy sessions.	1.1 - 1.3 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 (ORS), appointment books and sign in sheets.	1.1 -1.3 Outcome successful; Program meet with multiple agency partners to strengthen referral system and discuss processes. Program successfully enrolled (9) families, serving 15 children and 17 primary caregivers. <i>Due to the COVID-19 pandemic MCOE Early Mental Health program faced significant barriers in the third and fourth quarters. Families and partner agencies were continuously engaged via virtual teleconference, and in-person appointments.</i>

FY 19-20 • Summary/Evaluation of Programs

<p>2.1 Service provider will increase family involvement and familial supports to participants identified by offering weekly psychotherapy sessions.</p>	<p>2.1 Service provider anticipates (up to 10) families over the year be provided a weekly 60-90 session offering familial support systems.</p>	<p>2.1 Outcome successful; Program served (9) families with (5) families completing therapy and/or meeting treatment goals. Prior to counselor recommendation (1) family terminated EMH services/therapy. A total of (6) families were referred out to Modoc County Behavioral health for additional treatment and/or services.</p>
<p>3.1 Psychotherapy treatment will be provided to (up to 10) families as appropriate after intake assessment is completed.</p>	<p>3.1 Psychotherapy will involve a comprehensive treatment plan with multiple-step goals worked on and agreed with participant(s). The plan will be reviewed with client quarterly. Following each session a self-report (ORS) will be completed to determine goal progress, symptom(s) reduction and to assess further treatment needs</p>	<p>3.1 Outcome succeeded; Program provided a total of (133) therapy sessions via in-person and virtual teleconference. Families attended sessions ranging from 60-90 minutes; feedback was provided using an Outcome Rating Scale, <i>see FY-19-20 Early Mental Health Outcome Rating Scale chart (pg. 17).</i></p>
<p>4.1 Service provider will hold periodic meetings with collaborative partners with identified partners including Early Head Start, school districts, Behavioral and Public Health.</p>	<p>4.1 Data on increased collaboration and increased referrals for both programs will be collected and reported using PEDs data collection sheets.</p>	<p>4.1 Outcome successful; Refer to Local Service Integration (pg. 18).</p>
<p>5.1 Evaluation methods will be conducted using evidence-based methods of assessment (including ORS). 5.2 Collaborating partners will work closely together to evaluate the community needs and assess the program as it evolves.</p>	<p>5.1 Data and demographics will be provided from pre and post Outcome Rating Scale (ORS) assessments, PEDs, client charts, referral tracking and sign-in sheets for a comparative analysis to determine overall effectiveness in relation to symptom reduction and alleviation. 5.2 EMH Program will increase services to families by providing in home services to high risk families. Program will also increase collaboration between families, Early Head Start, Behavioral Health and the school district.</p>	<p>5.1. Outcome successful; Refer to Assessment of Outcome Rating Scale(s) (pg.17-18).</p>

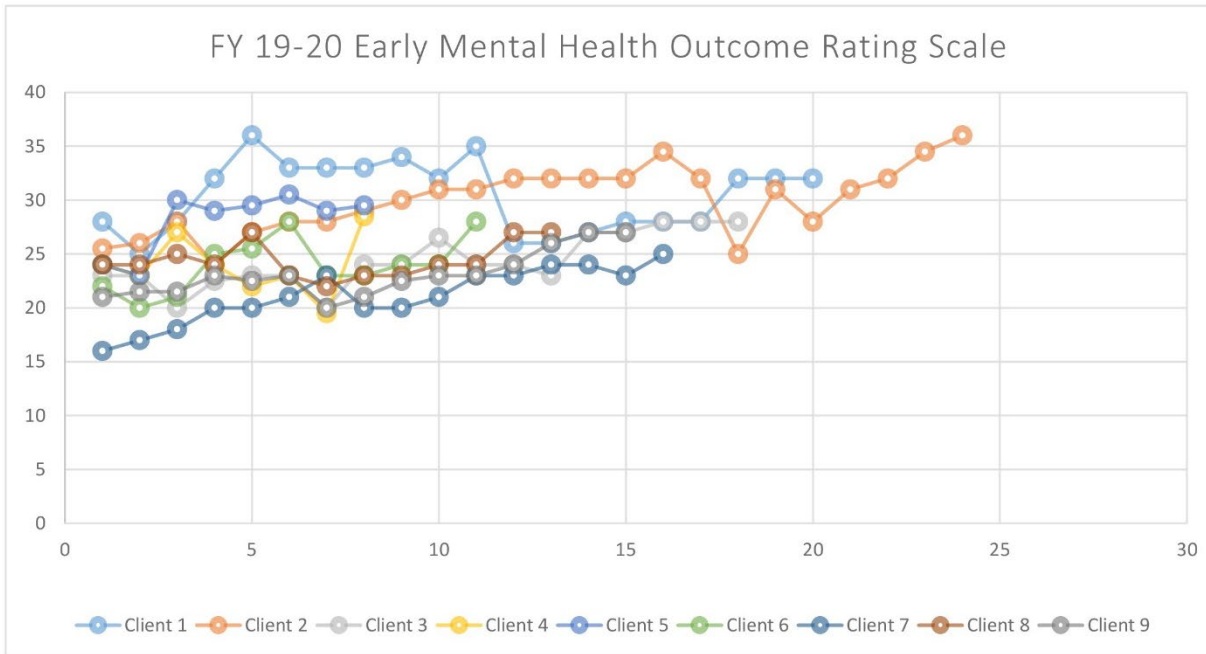
Assessment of Outcome Rating Scale(s)

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

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).¹

FY 19-20 • Summary/Evaluation of Programs

Refer to FY 19-20 Early Mental Health Outcome Rating Scale (pg. 19), which depicts the overall ORS scores reported by each client (family) after receiving individualized session treatments during the FY 2019-2020:



At the end of their first treatment sessions (9) families reported an average overall ORS score of 23.06 out of 40 (58% overall well-being). Upon conclusion of treatment a total of (9) families reported an average of 29 out of 40 (73% overall well-being). The data provided by the program indicates an overall 15% 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 (1) family discontinued treatment prior to completion, (6) families referred to Modoc County Public Health, and (5) families successfully completed therapy through the Early Mental Health program provided.

FOOTNOTE: ¹The 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.


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 Healthy, 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 FY20-25 Goals Achieved

The following Strategic Plan goals and desired results were achieved through implementation of the Early Mental Health Services program:

Priority Area(s)	Objectives	Indicators Achieved
 Priority Area 1 – Improved Child Health	1.1 Increase access to physical and mental health care for children and families, prenatal through five.	• Increased parent/family understanding of trauma (e.g., ACEs).

FY 19-20 • Summary/Evaluation of Programs

Goal: Promote optimal health, physical and mental, for all children and families, prenatal through five.	1.2 Children receive early prevention and intervention for developmental delays, traumatic experiences, and overall mental and physical health wellness.	<ul style="list-style-type: none"> • Increased educational awareness of mental health importance. • Increased number of families served through home visiting.
 Priority Area 3 – Improved Family Functioning Goal: Enable families to have the knowledge, skills, and resources to support their children’s optimal development.	3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.	<ul style="list-style-type: none"> • Increased number of families involved in primary prevention programs. • Increased parent participation in educational prevention programs and opportunities. • Increased parental adoption of improved health practices.

MINI GRANT

Modoc County Office of Education - “Dollywood Imagination Library” - \$3,591

177 Children Served
Over 1,900 Books Delivered!



Priority Area 3 - Improved Family Functioning

Continuation of fourth year partnership with Modoc County Office of Education to implement the Dollywood Foundation Imagination Library. Program inspires a life-long love of reading within children birth up to age five. A total of (12) age appropriate books a year are mailed to participating families up to the age of five annually. Funded since 2016 with committed funding through 2023.



Program Strategy	Expected Outcome	Actual Outcome
1.1 30% of (300) families will be contacted for participation (FY16-17). An additional enrollment increase of 10% each additional year is anticipated.	1.1 Provided program materials and outreach to families with children age zero to five.	1.1 Outcome exceeded; initial goal was surpassed in its second year (FY17-18). The program continually reaches out to individual families, preschools, family child care and alternative care providers. Enrollment for Modoc County was 42% (177 children) of the estimated Census population (children under age 5). A total of 485 children graduated from the program at their fifth birthday month during this fiscal year. Program has identified need to target children age birth through three for enrollment.
LOCAL SYSTEMS INTEGRATION 2.1 Contact and collaboration with all organizations serving children ages 0-5 for participation.	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	2.1 Outcome exceeded; outreach continues with the help for collaborative partners and agencies. The programs continues to maintain increased enrollment. Partners included Early Head Start, Sierra

FY 19-20 • Summary/Evaluation of Programs

	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.	Cascade Family Opportunities Head Start, Modoc County school districts, state preschool programs, Strong Family Health Center, local medical providers, family child care providers, and local parenting classes.
--	---	---

Strategic Plan FY20-25 Goals Achieved

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

Priority Area(s)	Objectives	Indicators Achieved
 Priority Area 2 Improved Child Development Goal: Ensure all children birth through 5 have high-quality, nurturing environments for optimal development.	2.2 Increase educational supports for families and caregivers to increase aware-ness of physical, cognitive and socioemotional development.	<ul style="list-style-type: none"> • Increased number of parents/families/caregivers/providers participating in training and education opportunities • Increased collaborative supports pro-viding information about child development • Increased knowledge of digital age parenting (e.g. monitored device use, decreased screen time, reduction of distracted parenting, educational tech use)
 Priority Area 3 Improved Family Functioning Goal: Enable all families to have the knowledge, skills, and resources to support their children's optimal development.	3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.	<ul style="list-style-type: none"> • Increased family engagement opportunities • Increased parent/family participation in family engagement opportunities/workshops • Increased number of programs and opportunities to educate parents in a culturally and/or linguistically appropriate way • Increased knowledge of digital age parenting (e.g. monitored device use, decreased screen time, reduction of distracted parenting, educational tech use) • Increased family engagement opportunities

MINI GRANT

Sierra Cascade Family Opportunities (Head Start) "PlusOptix Vision Screening" - \$7,100



Priority Area 1 - Improved Child Health

Early intervention and identification referral program providing vision screenings to children age two through five within Modoc County.

Additional funding leveraged by SCFO; Estimated program cost \$15,295 annually.

**24 Children Served
31 Adults Served**


Program Strategy	Expected Outcome	Actual Outcome
------------------	------------------	----------------

FY 19-20 • Summary/Evaluation of Programs


<p>1.1. Purchase PlusOptix vision screener tool. 1.2 Train Head Start staff on referral and screening process. 1.3 Complete vision screening for (15) children.</p>	<p>1.1 Provide thorough and error free vision screenings to children identified and referred. 1.2 Provide staff training/certification on proper use and implementation of screener to ensure error free results. 1.3 Provide accurate vision screening results.</p>	<p>1.1 – 1.3 Outcome exceeded; Program conducted (37) individual child vision screening. SCFO staff were trained and certified to conduct accurate vision screenings on children identified and/or referred.</p>
<p>2.1. Identify community partner programs with children to screen.</p>	<p>2.1 Provide identified and/or referred children from partner programs an accurate and timely vision screening.</p>	<p>2.1 Outcome successful; SCFO identified and worked with multiple agencies to identify screening processes, and institute a county-wide referral system.</p>
<p>LOCAL SERVICE STYSTEM INTERGRATION</p> <p>3.1. Determine and provide community partner agencies with a referral process to receive vision screenings.</p>	<p>3.1. Meet with community partner agencies (e.g., MCDAC, EHS, MCPH, SFHC) to determine method for requesting screenings; providing screening tool/assessment within 30 days of referral.</p> <p><i>Due to the COVID-19 pandemic the third and fourth quarter had significant barriers which did not allow for screenings to take place. Referrals were taken and appointments scheduled for later dates.</i></p>	<p>3.1 Outcome successful; SCFO meet with (14) community partner agencies to gather information, create, and promote the vision screening referral process. Agencies contacted include – Early Head Start, Budding Tree Preschool, MCOE State Preschool sites, Strong Family Health Center, Modoc Co. Public Health, Modoc Co. Dept. Social Services, T.E.A.C.H., Inc., Alturas Elementary School, MCAH Collaborative, Alturas Indian Rancheria, Cedarville Rancheria, and Fort Bidwell Indian Community.</p>

Strategic Plan FY20-25 Goals Achieved

The following Strategic Plan goals and desired results were achieved through implementation of the SCFO PlusOptix Vision Screening referral program:


Priority Area(s)	Objectives	Indicators Achieved
 <p>Priority Area 1 – Improved Child Health Goal: Promote optimal health, physical and mental, for all children and families, prenatal through five.</p>	<p>1.1 Increase access to physical and mental health care for children and families, prenatal through five.</p> <p>1.2 Children receive early prevention and intervention for developmental delays, traumatic experiences, and overall mental and physical health wellness.</p>	<ul style="list-style-type: none"> • Increased number of families involved in primary prevention programs (CDHP, CAIR, dental health). • Increased awareness of comprehensive physical and mental health care • Increased awareness of vision screening and eye health

FY 19-20 • Summary/Evaluation of Programs

 <p>Priority Area 3 – Improved Family Functioning Goal: Enable families to have the knowledge, skills, and resources to support their children’s optimal development.</p>	<p>3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.</p>	<ul style="list-style-type: none"> • Increased number of high-risk families referred to and/or receiving intervention and prevention services • Increased supports providing information about child health and/or development.
---	---	---

MINI GRANT

Modoc County Public Health “Prenatal Incentives Program” - \$7,501

	<p>Priority Area 1 - Improved Child Health</p> <p>Prenatal incentive based program aimed at increasing healthy pregnancies. Program required expectant mothers to complete 6 out of 9 identified goals including prenatal health, education, and safety. Program runs through December 2020, outcomes below were achieved during FY19-20.</p>	<p>11 Adults Served</p>
---	--	--------------------------------

Additional funding leveraged by MCPH; Estimated program cost \$19,067.50 annually.



Program Strategy	Expected Outcome	Actual Outcome
<p>1.1. Increase pre and post-natal health outcomes through preventative appointments and education. Target a total of (20) clients to attend a prenatal appointment in the first trimester of pregnancy in addition to the following; 1.2. Total of (15) clients will attend one dental appointment while pregnant. 1.3 A total of (12) clients will attend and complete Child Birth Education series while pregnant. 1.4 A total of (15) clients will receive a Tdap and influenza vaccination* while pregnant. (*Seasonal) 1.5 Total of (10) clients will attend one lactation consultation by 2 weeks postpartum. 1.5 Total of (10) clients will attend one lactation consultation by 2 weeks postpartum. 1.6 Total of (16) clients will attend a postpartum appointment. 1.7 A total of (18) clients will have car seat safety check completed. 1.8 A total of (18) clients will attend at least 10 prenatal appointments. 1.9 Total of (10) clients will be prescribed</p>	<p>1.1 Anticipate 85% of all participants will attend a prenatal appointment in the first trimester. 1.2 Anticipate 80% of all participants will have one dental appointment during pregnancy. 1.3 Anticipate a 25% increase in attendance to Child Birth Education classes (9 to 12 attendees). 1.4 Anticipate increase of vaccination rates, from 48% (CDC rate) to 75% for Tdap; and 70% will receive flu vaccine (seasonal). 1.5 Anticipate 50% of all participants to seek lactation support from a CLC. 1.6 Anticipate 80% of all participants will attend a postpartum appointment. 1.7 Anticipate 80% will have a safety evaluation with a certified car seat technician. 1.8 Anticipate 85% of all participants will have at least 10 prenatal appointments. 1.9 Anticipate 90% of participants to receive a breast pump (referral or direct).</p>	<p><i>Note: Program ends Dec. 2020, outcomes indicated are for two quarters in FY19-20.</i></p> <p>1.1 – 1.9 Outcomes successful and ongoing; Program had (11) participating primary caregivers. YTD 59% (3 out of 5) of participants attended their first trimester appointment. 1.2 YTD 59% (3 out of 5) participated in one dental appointment while pregnant. 1.3 YTD 20% (1 out of 5) attended Child Birth Education courses. 1.4 YTD 100% (5 out of 5) received and/or were up to date on vaccinations. 1.5 YTD 1 out of 3 participants had received a lactation consultation. 1.6 YTD 67% (2 out of 3) have attended a postpartum appointment. 1.7 YTD 100% (5 out of 5) of participants. 1.8 YTD 60% (3 out of 5) participants had attended 10 prenatal appointments. 1.9 YTD 90% (4 out of 5) participants received a breast pump.</p>

FY 19-20 • Summary/Evaluation of Programs

breast pump (unless already acquired).		
2.1 Increase referral and enrollment to local Home Visiting programs (e.g., MCPH, Early Head Start).	2.1 Anticipate 75% of all clients will enroll and participate in a local Home Visiting program.	2.1 Outcome successful and ongoing; YTD 90% (4 out of 5) participants enrolled and were participating in a local Home Visiting program.
LOCAL SERVICE SYSTEM INTERGRATION 3.1 Collaborate with clinics and agencies to promote safe and healthy pregnancies and live births. <i>Due to the COVID-19 pandemic significant barriers caused in-person child birth classes to be postponed.</i>	3.1 Outreach program to all local partners and expectant families via social media, flyers, meetings, and newspaper advertisements. Anticipate one meeting with all local partners to promote and continuous quarterly outreach. Anticipate evaluation at FY19-20 birth certificate data to identify realized improvements.	3.1. Outcome successful and ongoing; YTD Nurse attended 12 meetings (e.g., WIC, Early Head Start, local health providers) providing program outreach materials and information. In addition, outreach continuously is conducted on social media.

Strategic Plan FY20-25 Goals Achieved

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

Priority Area(s)	Objectives	Indicators Achieved
 Priority Area 1 – Improved Child Health Goal: Promote optimal health, physical and mental, for all children and families, prenatal through five.	1.1 Increase access to physical and mental health care for children and families, prenatal through five. 1.2 Children receive early prevention and intervention for developmental delays, traumatic experiences, and overall mental and physical health wellness.	<ul style="list-style-type: none"> • Increased number of pregnant mothers receiving care (e.g., fist trimester, postpartum, lactation consultation) • Increased number of high-risk families referred to and/or receiving intervention and prevention services
 Priority Area 3 – Improved Family Functioning Goal: Enable families to have the knowledge, skills, and resources to support their children's optimal development.	3.1 Support programs that provide knowledge, skills and resources to families that foster healthy development for children age zero through five.	<ul style="list-style-type: none"> • Increased number of families served through home visiting. • Increased number of families involved in primary prevention programs (e.g., CDHP, CAIR, dental health). • Increased parent participation in educational prevention programs and opportunities. • Increased parental adoption of improved nutrition and health practices.

LOCAL SYSTEM EFFORTS

First 5 Modoc Local Systems Efforts - \$49,112

616 Children Served
518 Adults Served

Including the First 5 Modoc Early Learning & Resource HUB

Priority Area – Improved Systems of Care (Systems Change)

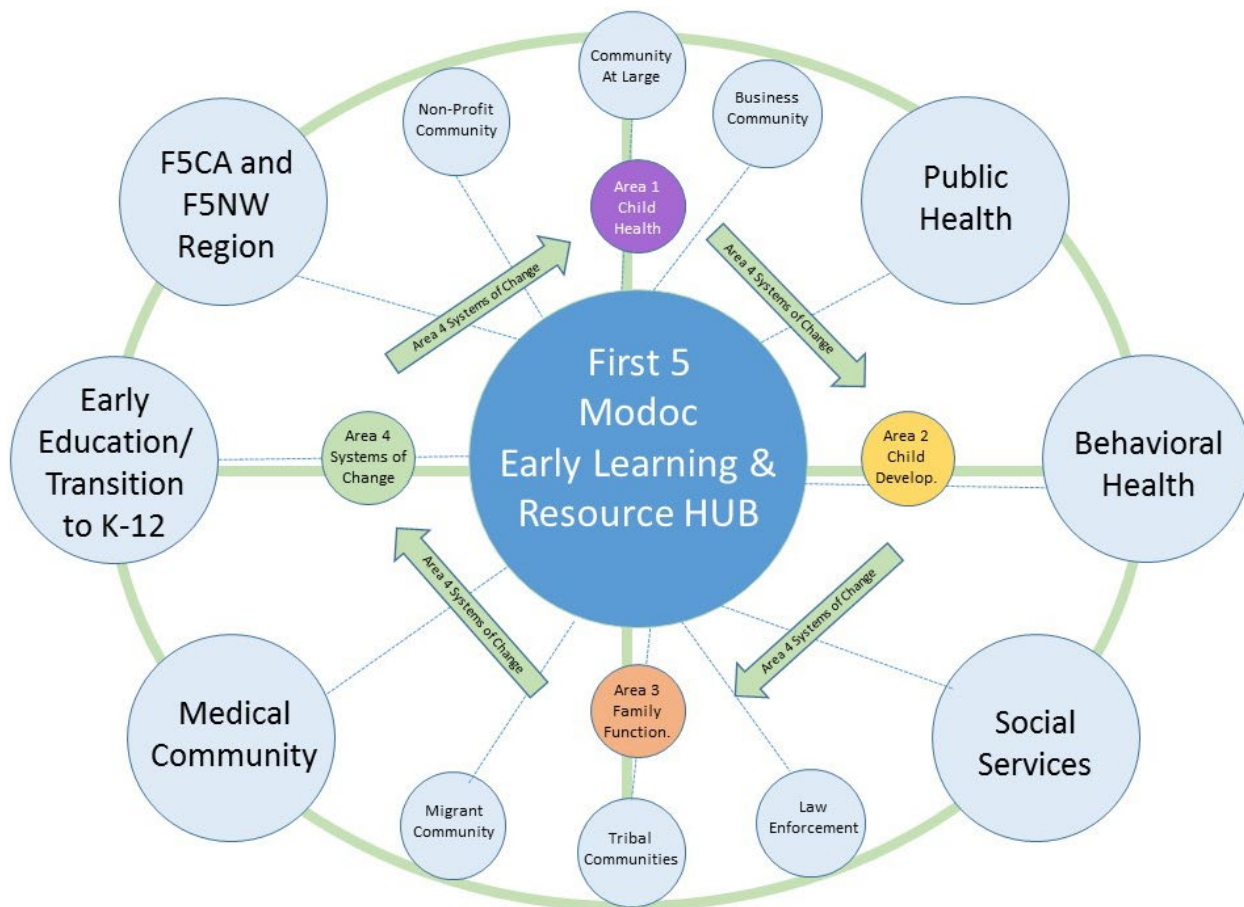
FY 19-20 • Summary/Evaluation of Programs

First 5 Modoc (F5M) continued to focus 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.

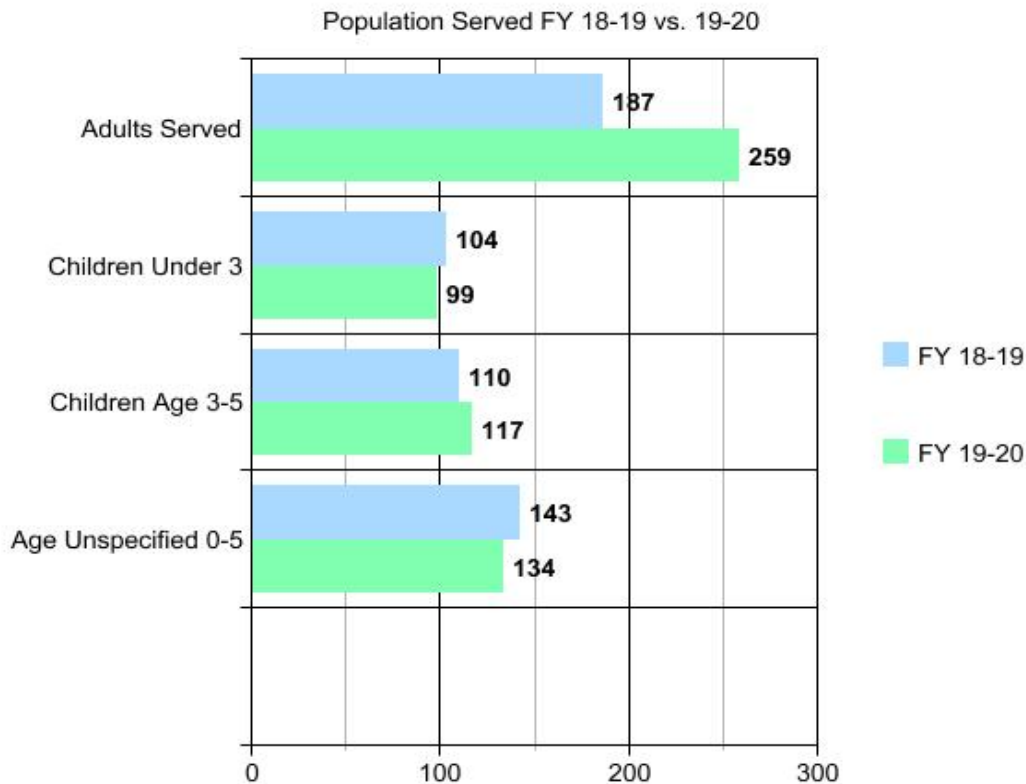
In January 2020, the First 5 Modoc Commission created the First 5 Modoc Early Learning and Resource HUB. The HUB provides whole-child, whole-family resources and connection to services for ALL Modoc families with children (0-5). The programs goal is to increase resiliency in families by offering activities focused on early literacy and reading, child development and parenting, and preventative health services, all at no cost to the families.

Throughout the COVID-19 emergency the HUB has provided direct connection to essential supplies through First 5 California investments and leveraged funds from the COVID-19 Emergency Relief Grant. First 5 Modoc assisted with relief efforts by providing access to essential supplies, leveraging funding and partnerships, and offering enrichment activities.

In addition, F5M staff collaborated with numerous local, county, regional, and state agencies throughout the year to ensure families with children (0-5) were being served and/or included in policy and program creation. During the year, 279 hours of trauma-informed training were provided to key partners and community leaders. The chart below depicts First 5 Modoc's systems change outreach and collaborative efforts with partners serving Modoc and California families.



FINDINGS SUMMARY



Programs funded provided approximately 75% of Modoc County children the programs, services and supports to help improve child development, child health, family functioning, and systems of care. These programs served a total of 350 children and 259 primary caregivers/adults were served and benefited from First 5 Modoc investments during FY19-20.

Primary languages spoken within the households served included English and Spanish. A total of 31 children and 29 adults primarily spoke Spanish; 139 children and 214 adults primarily spoke English; and 139 children and 214 adults did not report a primary language.

Programs reported the following ethnicity populations were served – Alaska Native/American Indian 12 children and 16 adults; Black/African American 2 adults; Hispanic/Latino 51 children and 59 adults; White 98 children and 156 adults; Two or more races 12 children and 10 adults; and 177 children and 16 adults were unknown.

Programs serve rural, geographically isolated, and diverse area populations; the First 5 Modoc Commission estimates less than 5% of the population is duplicated (counted more than once) by the programs it funds.

Due to the COVID-19 emergency, several funded programs did not fully expend contracted amounts. These programs included MCOE Early Mental Health, TEACH Budding Tree School Readiness, MCPH Healthy Beginnings Home Visiting, and the TEACH Surprise Valley Child Development Center.