Contents

First 5 Ventura County Commission Investments in Child Health, Early Learning, and Family Strengthening Fiscal Year 2011–12........ 1
Highlights for Fiscal Year 2011–12 .......................................................................................................................................................... 2
First 5 Ventura County Profile of Children & Families Served ........................................................................................................ 3

Activities and Outcomes within Best Investment Area
  Early Learning Programs for Parents and Children ......................................................................................................................... 6
  Service Coordination, Prenatal Care and Support, Positive Parenting, and Parent Education .................................................... 9
  Preschool Services ............................................................................................................................................................................. 13
  Developmental Screenings and Services for Children with Special Needs ................................................................................... 18
  Health Insurance Outreach ............................................................................................................................................................... 23
  Oral Health Care ............................................................................................................................................................................... 26
  Physical Fitness and Nutrition ............................................................................................................................................................ 29
  Community Organizations and Agencies ....................................................................................................................................... 32
  Early Childhood Service Systems ................................................................................................................................................... 34

Key Evaluation Findings Fiscal Year 2011–12 .................................................................................................................................. 37
First 5 Ventura County Commission Investments in Child Health, Early Learning, and Family Strengthening Fiscal Year 2011–12

First 5 was established in 1998 through voter approval of the California Children and Families First Act, or Proposition 10, which imposed a 50 cent retail sales tax on tobacco products sold in the state. The proposition established the state First 5 Commission and Commissions within each of the 58 counties to strategically allocate tax revenues to promote early childhood development and school readiness for children 0 to 5 years of age. Tobacco tax revenues were used to fund direct services and infrastructure development in the areas of child health, early education, and family strengthening.

The First 5 Ventura County Commission is the independent governing board responsible for planning and allocating local shares of Proposition 10 tobacco tax revenues within Ventura County. Each year the Commission invests in county and community early childhood systems, with an emphasis on the three broad strategy areas of health, early learning, and family strengthening. These annual investments fill gaps in early childhood systems of care and expand access to resources in underserved communities where children are most likely to experience health and educational disparities. First 5 Ventura County investments also focus on improving the quality and capacity of existing service delivery systems to expand their reach, improve their effectiveness, and support their long-term sustainability. These Commission investments in FY 2011–12 totaled nearly $10.8 million1 in program expenditures across Ventura County.

First 5 Ventura County Investment Strategies

The First 5 Ventura County Commission funds activities through annual contracts or agreements with funded partner organizations at the county and local community level. These funded partners deliver a broad range of direct services to children and families and engage in capacity-building activities that are oriented toward achieving the desired results of the Commission.

Regional Health Professionals and Other Countywide Strategies

The Commission provides funding support to established programs in the county by partnering with existing health and developmental service programs to increase capacity to address child and family needs countywide. These countywide funded contracts support children’s access to medical and dental care, early developmental screening, parenting interventions, and system-change efforts to improve access and coordination of health and social services. The countywide contractors operate as part of a collaborative network of service providers funded through First 5 Ventura County to provide support to local community-based programs.

The Neighborhoods for Learning (NfL) Place-Based Collaboratives

First 5 Ventura County allocates funding to eleven Neighborhoods for Learning (NfLs), which are geographically defined, place-based collaborative service networks that are affiliated with local school districts and/or child service organizations across Ventura County. The NfLs support 26 family resource centers that offer community-based child development and family strengthening services to promote early learning, physical and emotional development and supportive, nurturing parenting for families with young children 0 to 5 years of age. This place-based approach allows families to conveniently access a range of services and resources in settings that are familiar, comfortable, and accessible to them. These place-based strategies offer an innovative way to reach families in need, to reduce the stigma of seeking help, and to promote effective resource sharing, networking, and collaboration in service delivery.

Preschool for All (PfA)

First 5 Ventura County has a long-standing partnership with the Ventura County Office of Education, State Preschool and Head Start, and private community-based programs to implement the Preschool for All (PfA) project funded by the First 5 California Commission. PfA establishes voluntary, high quality preschool for four-year old children in identified high-need communities. The First 5 Ventura County PfA program builds preschool system capacity within the Hueneme and Ocean View School District boundary areas by expanding the number of available preschool spaces and enhancing the quality of existing spaces.

First 5 Ventura County Evaluation Framework

The First 5 Ventura County Commission promotes results-based accountability by supporting an annual evaluation of its funded investments to monitor provider performance, ensure optimal allocation of public resources, and to guide strategic decision-making. This annual evaluation is structured according to the First 5 Ventura County Evaluation Frameworks, which translate desired results within each core area of investment into the objectives, funded activities, and performance benchmarks. The Evaluation Frameworks define specific evaluation questions and benchmarks that measure progress toward achieving desired outcomes for children, families, and early childhood service systems. The frameworks are refined each year to align with program priorities and to improve evaluation capacity and measurement quality.

The First 5 Ventura County Annual Evaluation Report is a compilation of key findings from the evaluation of Commission-funded investments for FY 2011–12. It highlights summaries of activities and outcomes within each of the Commissions’ key areas of investment presented by each evaluation framework.

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1 Annual investment amount represents total expenditures for all program areas including expenditures for programs that are not represented in the evaluation frameworks.
Promoting Early Family Literacy and Positive Interactions between Parents and Children
NfLs offered a range of early learning activities to parents and their children across ten Ventura County communities.
- 2,677 parents and 2,923 children participated in early learning activities to promote parent-child bonding and school readiness.
- Eighty-seven percent of participating parents reported spending more time playing and positively interacting with their children.
- Eighty-one percent reported reading frequently with their children three or more times per week.

Connecting Families to Community Resources
NfLs and other funded partners helped to identify child and family needs and empowered families to connect with appropriate resources.
- Service coordination and case management staff reached nearly 1,700 parents offering multi-disciplinary case planning and culturally-competent assistance and support.
- Seventy-four percent of parents reported improvements in the quality of interactions with their child after engaging in service coordination activities.

Encouraging Positive Parenting to Support Children’s Social and Emotional Functioning
First 5 Ventura County partnered with Ventura County Behavioral Health strengthen families using the evidence-based, Triple P Positive Parenting Program©.
- More than 7,000 positive parenting tip sheets (Level II and III) were distributed to parents and other caregivers.
- Mental health clinicians delivered targeted intensive parenting interventions (Level IV and V) to 397 high-risk children and families.
- Ninety-three percent of high-risk children whose parents completed services demonstrated reductions in problem symptoms.

Improving Prenatal Health through Alcohol, Tobacco, and Drug Use Screening and Case Management
First 5 Ventura County partnered with Ventura County Public health to provide screening, brief intervention, and case management support to pregnant women at risk of substance use.
- County safety-net clinics screened 2,822 pregnant women for alcohol, drug, and tobacco use during pregnancy as part of routine prenatal visits.
- More than half (58%) of referred women who enrolled in case management services continued to receive intensive support throughout pregnancy and the early prenatal period.

Expanding Children’s Access to High Quality Preschool Opportunities
First 5 Ventura County invested in preschool operations, quality enhancements, and workforce development to make high-quality preschool opportunities available to more children.
- First 5 Ventura County supported 1,348 preschool spaces within an environment of countywide declines in preschool capacity.
- More than 70 percent of supported preschool classrooms were rated as “good” to “excellent” on measures of overall quality.
- Eighty-six percent of all 4-year old preschool participants demonstrated strong gains in developmental competency, achieving readiness to enter kindergarten.

Early Screening for Developmental Delays
First 5 Ventura County promoted early detection of developmental delays by supporting early screening and referrals to community services.
- Public health educators screened 1,105 children, one-third of whom screened positive for suspected delays (33 percent).
- Eighty-five percent of identified children were eligible for early intervention services.
- More than 200 children with mild or moderate delays received assistance navigating community resources or were referred to NfLs for early learning and parent support.
- Medical clinics screened 4,093 children as part of well-child visits and received training on early detection of autism and other concerns.

Improving Children’s Access to Medical Care
First 5 Ventura County expanded health care coverage for children to improve the quality and consistency of medical care.
- Certified staff enrolled or re-enrolled 1,704 children in health insurance programs.
- Ninety-two percent of children whose families were contacted at the time of reenrollment had a regular source of medical care.
- Ninety-eight percent of children had completed well-child visits.

Expanding Children’s Oral Health Services
First 5 Ventura County worked to expand the capacity of the dental care system.
- Dental providers screened 883 children for oral health needs and provided dental exams, x-rays, restorative care, and treatment to 645 children.
- More than 3,000 parents received preventive oral health and nutrition education.
- More than 12,000 children received fluoride varnish applications to prevent tooth decay at both oral health screening events and as part of well-child visits to safety-net medical clinics.

Promoting Child Nutrition and Physical Fitness
First 5 Ventura County partners addressed childhood obesity through parent education and environmental strategies.
- 650 parents countywide participated in parent education workshops focusing on children’s nutrition and physical activity.
- First 5 funded partners engaged in special projects to prevent childhood obesity, including engaging in community partnerships to target environmental and policy change, developing restaurant certification programs, promoting hospital and workplace breastfeeding support practices, and supporting information dissemination.
Profile of Children & Families Served in FY2011–12

Number & Characteristics of Children Served
In FY 2011–12 First 5 Ventura County funded partners delivered intensive health, early education, and family support services to 6,546 individual children. This figure represents an unduplicated count of children served across program activities and providers.

Child Age and Gender
First 5 Ventura County funded partners offered a broad range of direct services for children and their families targeting infants, toddlers, and preschool-age children. Infants and toddlers comprised 64 percent of the First 5 child service population and pre-kindergarten age children four and five years old made up the remaining 36 percent. Male and female children were nearly equally represented among newly enrolled and returning clients. Figure 1.1 depicts the age distribution of uniquely identified children served across funded programs after adjustment for duplication of children who enroll across provider organizations.

![Figure 1.1](image)

Age of Children Served in FY 2011–12 (n=6,442)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>763</td>
</tr>
<tr>
<td>1 Year</td>
<td>797</td>
</tr>
<tr>
<td>2 to 3 Years</td>
<td>2,586</td>
</tr>
<tr>
<td>4 to 5 Years</td>
<td>2,296</td>
</tr>
<tr>
<td>Total</td>
<td>6,442</td>
</tr>
</tbody>
</table>

SOURCE: Grant Evaluation Management Solution (GEMS) Child Intake and 2011–12 Service Transactions

Race/Ethnicity and Language Spoken At Home
The self-identified racial and ethnic composition of the child participant population was predominately Hispanic/Latino (76 percent) and White (12 percent). Another three percent of children were Asian, one percent were African-American, seven percent were mixed race, and the remaining one percent had race recorded as ‘other’ or ‘unknown’.

Nearly half of all children served in FY 2011–12 (47 percent) lived in families where a language other than English was the predominant language spoken in the home. Primary languages spoken in non-English speaking households included Spanish (95 percent), Mixteco (3 percent), and Tagalog (1 percent).

![Figure 1.2](image)

Race and Ethnic Composition of Child Participants (n=6,546)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>12.00%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.00%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>3.00%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.00%</td>
</tr>
<tr>
<td>White</td>
<td>12.00%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>1.00%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>76.00%</td>
</tr>
</tbody>
</table>

SOURCE: GEMS Child Intake and Service Transaction Files, 2011–12

Health Insurance and Access to Health Care
Nearly a quarter of all children (22 percent) served by First 5 Ventura County funded programs in FY 2011–12 lacked health insurance at the time of intake into services. This percentage is more than three times the rate of uninsured among children 0–5 in the Ventura County resident population (6 percent), indicating the success of funded partners in reaching a high need, medically underserved population. Among parents and caregivers who reported optional information about their child’s history accessing health care at the time of enrollment (n=1,778; 27 percent of total), 9 percent had no regular doctor or medical home for their children and 21 percent had never completed a well-child medical visit. This represents a significant increase from the 17 percent of children from the previous fiscal year who had never had a well-child visit. For children one year of age or older, 32 percent had no regular dentist and 43 percent had never had a dental exam. Four percent of all children served through First 5 Ventura County funded programs in FY 2011–12 were identified as having special health or developmental needs at the time of program enrollment.

2 Optional intake information documenting children’s previous medical and dental care utilization is mandatory for FY 2012-13.
3 The American Dental Association (ADA) recommends that a child’s first dental visit occur within six months after the baby’s first tooth appears, but not later than the child’s first birthday.
**Number & Characteristics of Parent/Caregivers & Families Served**

In addition to the more than 6,500 children served intensively in FY 2011–12, First 5 Ventura County partners also delivered direct services to 4,362 parents or other caregivers who accessed a range of programs and supports, including early learning and family literacy programs, parent education, service coordination and case management, and other resources addressing caregiver and family needs. About 87 percent of all parent participants were women. Forty-two percent of caregivers were full- or part-time employed, 4 percent employed as seasonal workers, 5 percent were employed on a temporary basis, and 50 percent were unemployed or out of the labor force.

**Family Size, Parent Education, and Family Income**

The children and parent/caregivers served in FY 2011–12 represent 7,583 Ventura County families who enrolled across multiple service types and provider organizations. Fifty-seven percent of these families had one child at the time of program intake, 33 percent had two children, and 8 percent had three children or more. One percent of families were first-time expectant parents and ten percent were expecting a new baby at the time of the child or parent’s enrollment into services. About one-third (31 percent) of all children served had a primary caregiver who had never completed high school, a factor placing children at greater risk for poor social and educational outcomes. Approximately two-thirds of all families (65 percent) reached through First 5 Ventura County funded programs in FY 2011–12 were economically-disadvantaged, defined as living near poverty level (<133 percent of Federal poverty level). Family incomes within the First 5 service population ranked well-below median family income ($85,235) for Ventura County overall.

**Figure 1.3**

*Family Income Distribution among Children Served in FY 2011–12 (n = 5,512)*

<table>
<thead>
<tr>
<th>Income Range</th>
<th>% of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>24%</td>
</tr>
<tr>
<td>$10,000 to &lt;$20,000</td>
<td>24%</td>
</tr>
<tr>
<td>$20,000 to &lt;$30,000</td>
<td>17%</td>
</tr>
<tr>
<td>$30,000 to &lt;$40,000</td>
<td>13%</td>
</tr>
<tr>
<td>$40,000 to &lt;$50,000</td>
<td>8%</td>
</tr>
<tr>
<td>$50,000 to &lt;$75,000</td>
<td>7%</td>
</tr>
<tr>
<td>More than $75,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Zip Code of Family Residence**

Children and families served in FY 2011–12 accessed early childhood service systems through several points-of-delivery including preschool programs, medical and dental clinics, county health offices, and NfL family resource centers located across eleven Ventura County communities. Figure 1.4 depicts the distribution of families served by families’ community of residence.

**Figure 1.4**

*Percentage of Children Served in FY 2011–12 by Family City of Residence (n=6,454) Relative to the Distribution of First 5 Funds Allocated to NfLs*

**First 5 Ventura County funded programs and activities were available to children and families across all major Ventura County communities. The number of children who were served based on city of residence were distributed roughly proportionate to need-based funding allocations to each of the eleven geographically defined NfLs (i.e., resource allocations based on the size of the 0 to 5 population adjusted for indicators of population-based need).**
Profile Summary

The profile of participants who engaged in services offered through First 5 Ventura County funded partners demonstrates success in reaching out to a diverse group of families and young children. The profile also indicates that funded partners were able to direct resources to underserved families who were economically disadvantaged and likely to have unmet health and educational needs than other county children. These children and families are more likely to face educational, cultural, linguistic barriers that can limit their ability to access available resources and supports within their communities.

The next sections of the report provide a detailed summary of the direct services and capacity-building activities that were implemented in FY 2011–12 to benefit high need populations and communities. Each section documents activities and outcomes of participation in alignment with the evaluation questions and benchmarks outlined in the First 5 Ventura County Evaluation Frameworks specific to FY 2011–12.
## Early Learning for Parents and Children Together and Family Literacy

### Desired Outcome:
Parents are engaging children in early learning and are reading to their children often, from an early age.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/ Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are parents or caregivers participating with their children in First 5 early learning activities?</td>
<td>2,304 parents/caregivers will participate with their children in First 5 funded early learning activities.</td>
<td>2,677 parents and other caregivers participated in NIL early child development and family literacy activities.</td>
<td>↑</td>
<td>2,666 parents and other caregivers participated in NIL early child development and family literacy activities.</td>
</tr>
<tr>
<td>Are we reaching children in the early years?</td>
<td>70 percent of children in First 5 funded early learning activities will be ages 0–3.</td>
<td>71 percent of children who participated in early learning activities were infants or toddlers 0 to 3 years of age.</td>
<td>↑</td>
<td>89 percent of children who participated in early learning activities were infants or toddlers 0 to 3 years of age.</td>
</tr>
<tr>
<td>Are parents/caregivers reading more often with their children?</td>
<td>85 percent of parent/caregivers will read, tell stories, or sing songs with their children three or more times per week.</td>
<td>81 percent of parents and caregivers reported reading three or more times per week with their children and 85 percent reported telling stories or singing songs three or more times per week.</td>
<td>↔</td>
<td>82 percent of parents and caregivers reported reading three or more times per week with their children and 83 percent reported telling stories or singing songs three or more times per week.</td>
</tr>
<tr>
<td>Are parents/caregivers promoting early literacy?</td>
<td>80 percent of parents/caregivers report increased interactions with children during book reading.</td>
<td>80 percent of parents reported using one or more literacy promoting technique when reading together with their children after participating in services.</td>
<td>↑</td>
<td>92 percent of parents reported using one or more literacy promoting techniques.</td>
</tr>
<tr>
<td></td>
<td>80 percent of parents/caregivers report visiting the library more frequently with their children.</td>
<td>45 percent of parents who reported infrequent library use (i.e., “less than once per month” or “not at all”) reported an increase in the frequency of library visits.</td>
<td>↓</td>
<td>Comparative data was not reported for FY2010–11.</td>
</tr>
<tr>
<td></td>
<td>80 percent of parents/caregivers report increased understanding of the importance of reading in the first year of life.</td>
<td>88 of parents surveyed after participating in NIL early learning or family literacy activities were knowledgeable about the importance of reading with their infants during the first year of life.</td>
<td>↑</td>
<td>82 percent of parents were knowledgeable about the importance of reading in the first year of life.</td>
</tr>
<tr>
<td>Are parents/caregivers interacting with children in positive ways?</td>
<td>80 percent of parents/caregivers will spend more time playing with and interacting with their children.</td>
<td>87 of parents and other caregivers reported spending more time playing with and interacting with their children.</td>
<td>↑</td>
<td>85 percent of parents and other caregivers reported spending more time playing with and interacting with their children.</td>
</tr>
</tbody>
</table>

4 Measures of library utilization ‘before’ and ‘after’ participation in services did not include enough variation in response options to allow for reasonable measurement of increased use. This item will be revised for future benchmark measurement.
<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 percent of parents/caregivers will use everyday activities to help children learn.</td>
<td>86 percent of parents and other caregivers reported using everyday activities to help their children learn.</td>
<td>↑</td>
<td>83 percent of parents and other caregivers reported using everyday activities to help their children learn.</td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources**

*Early Learning and Parents and Children Together Questionnaire (n=2,068), FY 2011–12*
Parents who participated in early learning for parents and children together and family literacy activities were administered a brief survey questionnaire at the conclusion of their involvement in services. The survey asked parents to report information about engagement in early learning activities in the home for the period “before” and “after” services.

*Grant Evaluation Management Solution (GEMS) Service Transactions Child and Parent Intake and Service Transactions, FY 2011–12*
The GEMS data management system records intake information, service transactions, and participant outcomes for children and parents or other caregivers who participate in First 5 Ventura County funded programs and activities.

**Key for Interpreting Whether Benchmark Was or Was Not Met**

- ↑ Measure met or exceeded the targeted benchmark (number or percentage) for FY 2011–12.
- ↔ Measure fell within 95 percent of target for FY 2011–12, or for benchmarks containing multiple measures, one target was met and one target was not met.
- ↓ Measure fell below 95 percent of the targeted number of percentage benchmark for FY 2011–12.
- ** Data supporting measurement of targeted benchmark was unreliable.
**First 5 Ventura County Investments in Early Learning Programs for Parents and Children Together**

First 5 Ventura County funds structured opportunities for early learning that target children in the earliest stages of development and those most vulnerable to early learning disparities.

**Family Literacy and Parent-Child Interaction and Developmental Programs Offered through Local NfLs**

Early learning programs were implemented by NfL staff or through sub-contracts and partner agreements with other community-based providers in 10 of 11 NfLs in FY 2011–12. The NfLs offered needs-driven early learning programs and activities targeting children and their parents/caregivers. These early learning opportunities were varied with regard to their structure and format, both across and within local NfL settings. Most NfLs feature multiple class offerings to accommodate differences in children’s ages and parents’ language needs. Most programs are offered as structured multi-week sessions involving a series of classes or workshops, scheduled consecutively one or more days per week. Several family literacy classes implemented through the NfLs integrate evidence-based curricula that are designed to support low literacy and limited English speaking families.

**Early Learning for Parents and Children Together and Family Literacy Activities & Outcomes**

In FY 2011–12, First 5 Ventura County Neighborhoods for Learning (NfLs) implemented a broad range of family literacy and early child developmental programs for children and their parents. NfLs enrolled a total of 2,677 parents or other caregivers and 2,923 children in intensive programs and activities, exceeding target capacity for enrollment. Approximately 71 percent of all participating children were infants or toddlers 0 to 3 years of age.

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**Figure 2.1**

*Percentage of Participating Parents Who Read and Tell Stories with their Children Three or More Times per Week “Before” and “After” Services*

![Graph showing percentage of participating parents who read and tell stories with their children three or more times per week before and after program participation.](Image)

Parents’ responses to survey questions administered at the conclusion of First 5 funded programs indicate that parents were more engaged in learning and developmental activities with their child as a result of their program participation. Specifically:

- When parent participants were asked to compare the frequency with which they read to their children at home “before” and “after” services, the percentage reporting reading three or more times per week increased from 50 percent to 81 percent. When parents were asked about the frequency with which they told stories to their children the percentage who told stories three or more times per week increased from 53 to 85 percent.

- Eighty-seven percent (n=1,684) of all parents or caregivers surveyed also reported spending more time playing or interacting with their children as the result of their program participation, and 86 percent reported using everyday activities to help their children learn.
## Service Coordination, Prenatal Care and Support, Positive Parenting, and Parent Education

### Best Investment Area

**Desired Outcomes:**
Parents have the tools, resources, and supports for healthy attachments and positive interactions with their children. Parents are linked with the services they need and other resources for which they are eligible.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are families receiving assistance accessing needed basic services?</td>
<td>1,413 families will receive service coordination/case management support to access needed basic services through NIFs or Countywide Service contracts.</td>
<td>1,696 parents and other caregivers received service coordination and case management support to access basic services.</td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Are families being connected to services to address identified family needs?</td>
<td>NFL/Provider staff report parents being able to access referred services 90 percent of the time.</td>
<td>95 percent of needs reported by families who were referred to services through service coordination or case management activities were met through service participation.</td>
<td></td>
<td>COMPARATIVE DATA WAS UNAVAILABLE FOR FY2010–11.</td>
</tr>
<tr>
<td>Do parents report improved knowledge, confidence, and ability to solve problems?</td>
<td>70 percent of parents report improved knowledge, confidence, and ability to solve problems.</td>
<td>57 percent of parents who participated in service coordination and case management reported increases in perceived levels of parenting knowledge, confidence, and ability to solve problems.</td>
<td></td>
<td>79 percent of parents who participated in service coordination and case management reported increases in perceived levels of parenting knowledge, confidence, and ability to solve problems.</td>
</tr>
<tr>
<td>Are parents reporting improved social connections and ties?</td>
<td>70 percent of parents report improved social connections and ties.</td>
<td>60 percent of parents felt more strongly that they would have someone to talk to when they were worried about their child and 57 percent felt more strongly that they would have someone to talk to in times of crisis.</td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Are parents improving their parent/child interactions? (Knowledge of Parenting and Child Development)</td>
<td>70 percent of parents will improve in their parent/child interactions.</td>
<td>74 percent of parents perceived improvements in the quality of their interactions with their child.</td>
<td></td>
<td>67 percent of parents perceived improvements in the quality of their interactions with their child.</td>
</tr>
<tr>
<td>Are women being screened during the prenatal period for preventable risks, such as smoking, alcohol and other drug use, and domestic violence?</td>
<td>2,600 women will receive screening for prenatal risks using the 4Ps+ screening tool.</td>
<td>2,822 pregnant women were screened during prenatal visits for preventable risks, such as smoking, alcohol and other drug use, and domestic violence.</td>
<td></td>
<td>2,919 pregnant women were screened during prenatal visits for preventable risks, such as smoking, alcohol and other drug use, and domestic violence.</td>
</tr>
<tr>
<td>Evaluation Question</td>
<td>2011–12 Targeted Benchmarks</td>
<td>2011–12 Results</td>
<td>Met/ Not Met</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>To what extent are women who screen positive for combined substance use during pregnancy being followed?</td>
<td>65 percent of women who are enrolled in case management services will continue to receive intensive support throughout pregnancy and the early prenatal period.</td>
<td>58 percent of women who accepted referrals to case management support continued to receive services throughout their pregnancies and the early prenatal period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are parents receiving quality education about early childhood health, healthy development, and child safety?</td>
<td>656 parents will receive quality information/education about early childhood health, healthy development, and child safety through VCPH Health Educators or MICOP Promotoras.</td>
<td>759 parents or other caregivers participated in parenting education classes and workshops on early childhood health, healthy development, and child safety.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are families receiving targeted parenting support as a result of First 5 funding?</td>
<td>1,200 parenting tips sheets will be distributed to parents with children 0–5 (Level II).</td>
<td>7,000 parenting tip sheets addressing positive parenting skills and confidence were requested by NFL providers to distribute to parents with young children 0–5 years of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 parents will participate in intensive parenting education support services (Level III) with trained staff.</td>
<td>51 parents or other caregivers received Triple P intensive parenting education support services from trained staff.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources**

**Service Coordination and Case Management Outcome Questionnaire (n=539), Grant Evaluation Management Solution (GEMS), FY 2011–12**  
Parent/caregivers who participated in service coordination and case management activities were administered a brief survey questionnaire at the conclusion of their involvement in services. Surveys were completed by 539 respondents representing 32 percent of all program participants (n = 1,696). Results may not be representative of the entire service population due to low overall response rate.

**Grant Evaluation Management Solution (GEMS) Service Transactions and Child Intake, FY 2011–12**  
The GEMS data management system records intake information, service transactions, and participant outcomes for children and parents or other caregivers who participate in First 5 Ventura County funded programs and activities.

**Ventura County Behavioral Health and Ventura County Public Health, FY 2011–12**  
Ventura County Behavioral Health and Ventura County Public Health maintain external program records for children and families served through selected county programs, including the Ventura County Triple P© Positive Parenting Program and the Ventura County Public Health Prenatal Care and Support Program.

**Key for Interpreting Whether Benchmark Was or Was Not Met**

- **↑** Measure met or exceeded the targeted benchmark (number or percentage) for FY 2011–12.
- **↔** Measure fell within 95 percent of target for FY 2011–12, or for benchmarks containing multiple measures, one target was met and one target was not met.
- **↓** Measure fell below 95 percent of the targeted number of percentage benchmark for FY 2011–12.
- **** Data supporting measurement of targeted benchmark was unreliable.
First 5 Ventura County Investments in Service Coordination, Prenatal Care and Support, Positive Parenting, and Parent Education

In FY 2011–12 First 5 Ventura County allocated funding for service coordination and case management activities to help identify child and family needs and connect families with available resources. Service coordination, and more intensive case management, is available through most NfL family resource centers, which provide a single point of access to the network of First 5 Ventura County funded early childhood programs and activities, and a direct link to other community-based services and resources. First 5 Ventura County also supports service coordination as a provision of several countywide contracts, often as complimentary components of other direct service strategies.

Service coordination and case management services encompass a range of services and activities to support families, and can involve phone and in-person consultation, home visits for harder-to-reach families to help them coordinate care, or use of multi-disciplinary teams (MDTs) that bring together public health nurses and educators, mental health professionals, teachers, and NfL staff to develop individualized service plans for children with special early learning, health, or behavioral health needs.

Service Coordination & Case Management Activities & Outcomes

Eight Neighborhoods for Learning (NfLs) and two countywide contractors provided service coordination or case management to identify children and family needs and help them access and appropriately utilize public services. In FY 2011–12, 1,696 parents or other caregivers (unduplicated) participated in service coordination or case management through a local NfL or county provider. This represents an eight percent increase in service capacity over the previous fiscal year (FY 2010–11 n=1,572).

The most frequently identified needs of parents were for child care and early learning services, including preschool services, and dental care. More specifically:

- Ninety-eight percent of families reporting basic needs for services, such as food, housing, transportation, or utility assistance, had one or more needs met through the program;
- Ninety-four percent of families reporting needs for early learning, preschool, or child care services had one or more needs met;
- Ninety-three percent of families with needs for dental care felt that dental needs were met;
- Eighty-two percent of families without health insurance felt that needs were met; and,
- Eighty-one percent of families with needs for mental health services for their children felt that these needs were met through their program participation.

<table>
<thead>
<tr>
<th>Basic Need</th>
<th>Early Learning/Preschool</th>
<th>Health Insurance</th>
<th>Dental Care</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>86</td>
<td>56</td>
<td>121</td>
<td>74</td>
</tr>
<tr>
<td>369</td>
<td>348</td>
<td></td>
<td>112</td>
<td>60</td>
</tr>
</tbody>
</table>

**Figure 3.1**
Parents Reporting an Identified Need for Services and Parents Indicating That Needs Were Met through Service Coordination Activities

**Figure 3.2**
Parents’ Perceptions Regarding Improvements in Parenting Knowledge and Confidence and Quality Parent-Child Interactions

SOURCE: First 5 Ventura County Service Coordination and Case Management Survey, FY 2011–12
Comparisons between the time “before” and “after” services also indicate that more than half of all parents (57 percent) who received assistance with service coordination felt more knowledgeable, confident and able to solve problems. Seventy-four percent of parents showed increases on measures of positive parent-child interactions. As shown in figure 3.2, for all parent participants, there were statistically significant increases in average ratings from the period before services to after services.

Prenatal Screening Activities & Outcomes

Prenatal Care and Support Program (PCSP)
The PCSP builds the capacity of the county public health care system to screen pregnant women for tobacco, alcohol and drug use and domestic violence during pregnancy. The program works with providers to integrate prenatal screening using the validated 4P’s Plus screening tool with brief motivational intervention and referrals for case management support for women who screen positive for continuing substance use. The program’s initial focus on county safety-net clinics is now being expanded to include work with private family practice physicians and obstetricians across Ventura County.

- Obstetrical care providers at 29 safety-net clinics throughout Ventura County screened 2,822 pregnant women for risks related to alcohol and other drug use, tobacco use, and domestic violence. Twelve percent of all women screened (n = 328) were positively assessed for continuing substance use after their pregnancy had been confirmed. Many of the women who were identified were served through brief motivational interventions and follow-up within their physician’s office, and 69 accepted referrals to public health nurses to receive case management support.
- Forty pregnant women who accepted public health referrals enrolled in case management services. 58 percent of whom continued to receive case management support throughout their pregnancies and the early postnatal period.

Parenting Education and Support for Positive Parenting Activities & Outcomes

Parenting Education
First 5 Ventura County supports the delivery of locally-based parent education workshops and classes specifically tailored to needs within each community. These include parenting education workshops provided by public health educators and Bebe Sano well-baby classes for Mixtec families residing in the Oxnard Plains region of the county that are led by promotoras who offer culturally-relevant instruction presented in the native language of participating families.

Triple P Support for Positive Parenting
The Triple Program offers tiered services for parents and caregivers that are tailored to the level of family functioning and degree of parental concerns. Level II services are designed to develop parenting skills and confidence through the use of age-specific tip sheets covering a range of parenting topics. Examples of parent oriented tip sheets included “Being a Parent”, “Balancing Work and Family”, or “Coping with Stress”. Level III services supplement the use of tip sheets with staff-led interventions with parents to address specific parenting challenges. In FY 2011–12, the start-up implementation of the Triple P program involved training and instruction for NILs-based staff on working with parents using the Triple P evidence-based model. In the initial year of implementation:

- More than 7,000 age-specific parenting tip sheets were requested by staff at NILs to distribute to parents seeking assistance with common parenting concerns through Level II and Level III services.
- Sixty-nine NIL staff participated in training from VCBH providers on how to deliver Level III parenting interventions. Fifty-one parents with needs for more intensive parenting support received interventions through NIL staff.
Preschool Services

Desired Outcome:
Children participate in quality preschool.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many children are attending preschool as the result of First 5 funding?</td>
<td>1,372 children will attend First 5 funded preschools (includes new and quality enhanced spaces).</td>
<td>1,660 children attended first 5 funded preschool programs, or received scholarships or stipends to subsidize their enrollment.</td>
<td>↑</td>
<td>1,485 children attended first 5 funded preschool programs, or received scholarships or stipends to subsidize their enrollment.</td>
</tr>
<tr>
<td>To what extent are we serving people who need it most?</td>
<td>70 percent of children in First 5 funded preschools will be from families at risk for educational challenges.</td>
<td>74 percent of all preschool participants met at least one criteria (i.e., low income, limited English proficiency, or low parent educational attainment) that places them at risk for educational challenges.</td>
<td>↑</td>
<td>70 percent of all preschool participants met at least one criteria (i.e., low income, limited English proficiency, or low parent educational attainment) that places them at risk for educational challenges.</td>
</tr>
<tr>
<td>Are we funding high quality preschool services?</td>
<td>50 percent of First 5 funded preschools spaces will be “good” or “excellent” quality.</td>
<td>72 percent of assessed preschool programs were rated as &quot;good&quot; to &quot;excellent&quot; quality. Among First 5 funded programs, 82 percent were &quot;good&quot; to &quot;excellent&quot; quality.</td>
<td>↑</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Are children prepared to enter kindergarten?</td>
<td>75 percent of four-year-old children will achieve “building” or “integrating” level.</td>
<td>86 percent of all four-year old children attending First 5 Ventura County preschool programs achieved the “building” or “integrating” levels on measures of developmental competency.</td>
<td>↑</td>
<td>86 percent of all four-year old children attending First 5 Ventura County preschool programs achieved the “building” or “integrating” levels on measures of developmental competency.</td>
</tr>
<tr>
<td>Are we building a more qualified workforce?</td>
<td>10 early education teachers will complete requirements for an AA or BA degree.</td>
<td>19 early education teachers completed requirements for an AA or BA degree.</td>
<td>↑</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
</tbody>
</table>

Data Sources
Desired Results Developmental Profile-2010 (n=956 Matched Pre and Post Pairs), FY 2011–12
The DRDP-2010 is a standardized assessment tool developed by the California Department of Education that is designed to evaluate children’s developmental competence across the four domains of health and safety, effective learning, social and emotional competence and motor skills. Children are rated on a 4-point scale identifying whether the child is ‘exploring’, ‘developing’, ‘building’ or ‘integrating’ on each developmental skill. Children who attended First 5 Ventura County funded preschool programs were administered the DRDP 2010 measure of developmental competency at the time of enrollment and were re-administered the measure at the conclusion of the school year. For FY 2011–12 there were 956 matched baseline and follow-up DRDP 2010 measures, representing 71 percent of all preschool participants.
Grant Evaluation Management Solution (GEMS) Child Intake and Service Transactions, FY 2011–12
The GEMS data management system records intake information, service transactions, and participant outcomes for children and parents or other caregivers who participate in First 5 Ventura County funded programs and activities.

Early Childhood Environmental Rating Scale (ECERS), FY 2011–12
The Early Childhood Environment Rating Scale (ECERS) is an observation tool that is used to assess the environment of preschool classroom settings on seven measurement domains, including space and furnishings, personal care, language/reasoning, activities, interaction, program structure, and parents and staff. Items within each sub-domain are measured on a seven-point rating scale with the following range of values: inadequate (1), minimal (3), good (5), and excellent (7).

Key for Interpreting Whether Benchmark Was or Was Not Met

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑</td>
<td>Measure met or exceeded the targeted benchmark (number or percentage) for FY 2011–12.</td>
</tr>
<tr>
<td>↔</td>
<td>Measure fell within 95 percent of target for FY 2011–12, or for benchmarks containing multiple measures, one target was met and one target was not met.</td>
</tr>
<tr>
<td>↓</td>
<td>Measure fell below 95 percent of the targeted number of percentage benchmark for FY 2011–12.</td>
</tr>
<tr>
<td>**</td>
<td>Data supporting measurement of targeted benchmark was unreliable.</td>
</tr>
</tbody>
</table>
First 5 Ventura County Investments in Quality Preschool

The First 5 Ventura County Commission has continued to invest in quality early education opportunities for children to prepare them to enter kindergarten. These investments include a range of county-wide and community-based strategies:

Preschool Operation and Expansion
NFLs in ten local communities collaborate with local school districts and community-based organizations to support half- and full-day preschool spaces by either sub-contracting with State-funded preschools, Head Start, or other established child development centers, or by developing and staffing their own programs. Funds are used to support program operating costs or provide start-up investments to establish (or set-up) preschool facilities.

Stipends and Scholarships
Through NFLs, First 5 Ventura County also offers subsidies or scholarships to families in selected communities to help cover the costs of placement in existing child care or preschool programs. Stipends and scholarships also offer a mechanism for NFLs to support lower income families who may earn too much to qualify for publicly-funded preschool options, but who may be challenged to afford the high cost of market-rate tuition.

Preschool for All (PfA) Project
First 5 Ventura County’s Preschool for All (PfA) project is one of eight projects statewide that was awarded funds to establish voluntary, high quality preschool opportunities for all four-year olds within targeted communities. The project funds no-cost, voluntary, part-day, center-based preschool programs, and includes a technical assistance component to support quality improvements. PfA targets preschool programs located within the Hueneme and Ocean View school district boundaries.

Preschool Quality Improvement Initiative
First 5 Ventura County also invests in a countywide preschool quality improvement initiative through a partnership with the Ventura County Office of Education. Programs are assessed using the Early Childhood Environment Rating Scale, develop quality improvement plans, and are eligible to receive technical assistance and quality improvement stipends to support the implementation of program improvement plans.

CARES Plus
CARES Plus is funded through a collaboration between First 5 Ventura County and First 5 California, and is blended seamlessly with the California Department of Education funded AB212 program. The program is designed to improve the quality of early learning programs by focusing on increasing the effectiveness and retention of early educators. CARES Plus assists early educators in completing college coursework that leads to degree attainment and supports professional development through training and career advising.

Preschool Activities & Outcomes
First 5 Ventura County supported 1,348 center-based preschool spaces by providing one-time, start-up investments, quality improvement stipends, or by fully or partially funding program operating costs. First 5 Ventura County preschools enrolled 1,660 children this fiscal year. Among preschools sites with recorded attendance information, programs achieved an occupation rate of 88 percent, measuring the number days that children were in attendance as a proportion of the total number of days of operation.

Figure 4.1
Children Attending First 5 Ventura County Funded Preschool Programs in FY 2011–12 (n=1,660) by NFL Relative to the Kindergarten-Age Population

Factors Placing Children at Risk for Educational Disparities
First 5 Ventura County funded preschool programs targeted services to high-need communities and families most likely to benefit from low or no-cost preschool opportunities.

- Seventy-four percent of all children served in First 5 Ventura County funded preschools were considered to be “at-risk” for more limited access to high quality preschool opportunities and for educational disparities once children reach school-age.

- More than half of all children were from families living near or below poverty level (58 percent), 41 percent were from families that mostly spoke a language other than English, and 32 percent had a primary parent or caregiver who never graduated from high school.
Children’s Developmental Competency

Early childhood education (ECE) providers completed the Desired Results Developmental Profile-2010 (DRDP-2010) for children enrolled in all First 5 Ventura County funded preschool programs. The DRDP-2010 is a standardized assessment tool developed by the California Department of Education that is designed to evaluate children’s developmental competence across four domains of health and safety, effective learning, social and emotional competence and motor skills. The DRDP-2010 was administered by preschool teachers at the time of enrollment into a program and again at the conclusion of the school year to gauge whether children demonstrated age-appropriate gains in competency over the course of their involvement.

- The percentage of three-year olds (n = 225) achieving “building” or “integrating” levels of competence increased from 13 percent at the time of enrollment to 58 percent by the conclusion of preschool services.
- The percent of four-year olds (n = 730) achieving “building” or “integrating” levels of competence increased from 26 percent at the baseline administration to 86 percent by the conclusion of services.
- The largest gains were in the areas of language and literacy, mathematical skills, social-emotional development.

Preschool Quality and Workforce Development

The Early Childhood Environment Rating Scale (ECERS) was used to observe and rate preschool settings on seven domains of the classroom environment that research has shown to impact the overall quality of preschool experiences. These measurement domains include: space and furnishings, personal care, language/reasoning, activities, interaction, program structure, and parents and staff. Items within each sub-domain were measured on a seven-point rating scale with the following range of values: inadequate (1), minimal (3), good (5), and excellent (7).

- Thirty-six of 50 preschool sites (72 percent) assessed for program quality scored within the “good” to “excellent” range (mean = 5.40). Programs were rated highest on measures of interactions (mean = 6.80), and language reasoning (mean = 6.50). First 5 Ventura County supported preschool programs were rated above average on measures of program quality, with 82 percent observed to be “good” or “excellent” quality. The two lowest rated First 5 funded programs (i.e., programs that fell outside of the “good” to “excellent” quality range) were weakest in the domain areas of space and furnishings, personal care, and activities.
- Nineteen early education teachers participating in the CARES Plus program received their AA or BA degree.
Figure 4.4
FY 2011–12 Early Childhood Environmental Rating System (ECERS)
Preschool Quality Ratings (n=50)

SOURCE: First 5 Ventura County, Early Childhood Environmental Rating System (ECERS)
## Developmental Screening and Services for Children with Special Needs

**Desired Outcome:**
*Children with special needs inclusive of social/emotional) receive intervention as early as possible in inclusive, “mainstreamed” settings (e.g., family literacy programs, preschools).*

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Are children and families who receive targeted intensive family intervention services better off?</em></td>
<td>80 percent of children who receive targeted intensive family interventions (Level IV) will show reductions in problem symptoms and problem behaviors.</td>
<td>93 percent of children who completed the full cycle of targeted intensive family interventions demonstrated reductions in the frequency and severity of their problem symptoms.</td>
<td>[Up Arrow]</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>80 percent of children who receive targeted intensive family interactions (Level IV) will demonstrate improved parental relationships and improved developmental functioning.</td>
<td>89 percent of children who completed the full cycle of interventions showed improvements in parental attachment and 64 percent demonstrated improvements in developmental functioning.</td>
<td>[Up Arrow]</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>To what extent are parents being directed to early intervention programs?</em></td>
<td>120 parents will receive individualized navigation support as a result of developmental screening.</td>
<td>217 parents of children with mild to moderate disabilities who were ineligible for more intensive early intervention services received individualized navigation support as the result of developmental screening.</td>
<td>[Up Arrow]</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td><em>Are children being served and mainstreamed into community-based services and programs?</em></td>
<td>96 children will be served and mainstreamed into community based services and programs.</td>
<td>238 children who screened positive for developmental delays and were linked to school- and community-based early intervention programs were eligible to initiate early intervention services.</td>
<td>[Up Arrow]</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td><em>Is First 5 Ventura County screening children for developmental delays as early as possible?</em></td>
<td>900 children will receive developmental screening through the NfLs.</td>
<td>1,105 children received developmental screening through First 5 Ventura County NfLs.</td>
<td>[Up Arrow]</td>
<td>1,395 children for potential developmental concerns, exceeding the targeted goal to screen 900 children in FY2010–11.</td>
</tr>
<tr>
<td>50 percent of children screened will be age two or less (&lt;24 months).</td>
<td>44 percent of children screened were infants or toddlers, two years of age or younger.</td>
<td>[Up Arrow]</td>
<td>48 percent of children screened were infants or toddlers, two years of age or younger.</td>
<td></td>
</tr>
<tr>
<td>4,000 children will receive developmental screenings at participating clinic sites.</td>
<td>4,093 children received developmental screenings at participating clinic sites as part of routine well-child visits.</td>
<td>[Up Arrow]</td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
</tbody>
</table>
## Evaluation Question

**Are we appropriately referring children for follow-up assessment and early intervention services?**

<table>
<thead>
<tr>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 percent of children screening positive for a developmental concern will be referred to follow-up assessment and early intervention services.</td>
<td>100 percent of children who screened positive for developmental concerns were routinely referred for follow-up assessments and early intervention services; of those, 88 percent of referrals were accepted by parents(^5).</td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>85 percent of child referrals for follow-up assessment and early intervention services resulted in confirmation of eligibility.</td>
<td></td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>43 percent of county ambulatory care clinics will incorporate developmental screening into routine well-child exams.</td>
<td>79 percent of all safety-net clinics countywide offering well-child care (11 of 14(^6)) provided routine developmental screenings as part of well-child visits for children 0 to 5. In addition 5 private clinics also integrated screenings into well-child care.</td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>78 percent of county ambulatory care clinics will receive training on universal developmental screenings and autism screening.</td>
<td>79 percent of all safety-net clinics countywide offering well-child care (11 of 14) participated in individual autism screening training(^7).</td>
<td></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
</tbody>
</table>

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### Data Sources

**Ventura County Behavioral Health, Ohio Scales, Preschool and Youth Worker Form, FY 2011–12**

Ventura County Behavioral Health clinicians administered the Ohio Scales Preschool and Youth Worker forms for children who participated in Level IV and Level V Triple P targeted intensive interventions. The forms are administered at the time of intake into the program and are re-administered at the point of discharge.

**Grant Evaluation Management Solution (GEMS) Child Intake and Service Transactions, FY 2011–12**

The GEMS data management system records intake information, service transactions, and participant outcomes for children and parents or other caregivers who participate in First 5 Ventura County funded programs and activities.

**Ventura County Public Health, and Landon Pediatrics FY 2011–12**

Ventura County Behavioral Health, Ventura County Public Health, and the Landon Pediatric Foundation maintain external program records for children and families served through selected county programs.

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\(^5\) Parents receiving referrals can either be lost to follow-up or sometimes refuse a referral.

\(^6\) Number of ambulatory care clinics regularly offering well-child care.

\(^7\) Delivered as part of routine support provided to clinics rather than the standalone trainings provided in FY 2010-11.
First 5 Ventura County Investments in Developmental Screenings & Capacity Building in Special Needs

First 5 Ventura County supports the early identification of children with special developmental needs through direct screening of children through NfLs or through the provisions of training and technical assistance to expand pediatric screening for developmental needs within the county safety-net clinic system.

Regional Health Professionals at NfLs
The Ventura County Public Health–Public Health Nurses/Health Educators Program is a countywide contract that is implemented through each of the Neighborhoods for Learning (NfLs). Public health nurses and health educators offer a range of services to families at NfL locations in collaboration with NfL staff. These health outreach, education and family support services include developmental check-ups for children to detect possible developmental delays or disabilities and to refer children and support their access to school and community-based early intervention and family support services.

Integrating Developmental Screening into Pediatric Practice
First 5 Ventura County partners with the Landon Pediatric Foundation to provide training and technical support to pediatricians and family practice providers to integrate surveillance, screening, assessment, and referrals for developmental problems in young children into routine well-child care. This includes specialized training related to early detection of autism.

Developmental Screening Activities & Outcomes
In FY 2011–12, VCPH health educators working through local NfLs conducted developmental check-ups with 1,105 children. As part of a capacity-building strategy to expand access to early developmental screening in medical settings another 4,093 children were screened by pediatricians and family practitioners as part of routine well-child visits.

- Forty-four percent (n = 481) of all children screened through NfLs were two years of age or under, creating opportunities for intervention early in life when impacts of services are most optimal and when eligibility criteria for early intervention services are most favorable.
- Of the children who participated in developmental screenings, thirty-three percent, or 362 children, screened positive for suspected delays, and the parents of another 296 children who were assessed within a normal range expressed concerns about their child’s development.

\[8\] The percentage of children who screened positive for developmental concerns exceeds national average rates for universal screening. Children screened through NfLs are identified for screening by parents or teachers when concerns are evident, or on a voluntary basis, which may contribute to higher rates of positive screens.

Figure 5.1
Children Screening Positive for Suspected Developmental Delays by Type of Concern (n=362)

Figure 5.2
Child Referrals to Early Intervention Services (n=396)

- All children who screened positive for suspected delays and some children with parent-identified concerns were referred to school- and community-based early intervention services including the California Early Start program, Ventura County Behavioral Health, and local school districts. Parents accepted 396 of the 451 referrals, or 88 percent of all referrals provided.
• Children referred to school and community-based providers received follow-up assistance from VCPH program staff to confirm that linkages to referred services were made. Eighty-five percent of referred children for whom eligibility was determined (i.e., excluding referrals that were lost to follow-up or referrals where eligibility for services was still pending) or 238 children with suspected developmental concerns, were confirmed to be eligible for early interventions services.
• Eleven of 14 Ventura County safety-net clinics, or 79 percent of all clinics offering well-child care, provided 4,093 developmental screenings to children as part of well-child visits. This represents a significant expansion over the number of children screened in FY2010–11.
• Eleven of 14 county safety-net clinics, or 79 percent of all pediatric clinics, also received training related to early screening and identification of autism in young children.

**Targeted Intensive Parenting Interventions**

For families of children with social-emotional and behavior challenges, Ventura County Behavioral Health and its sub-contracted partners, Interface and City Impact, implemented the Triple P evidence-based model for the first time in FY 2011–12. The model includes a targeted intensive parenting intervention component for high-need families with children 0 to 5 who were often referred to these Level IV and Level V interventions through NfLs and other providers.

---

**Figure 5.3**

**Percentage of Children 0 to 5 at Intake Whose Families Received Targeted Intensive Family Interventions by Category of Risk (n=237)**

![Percentage of Children 0 to 5 at Intake Whose Families Received Targeted Intensive Family Interventions by Category of Risk](chart)

<table>
<thead>
<tr>
<th>Category of Risk</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Crisis</td>
<td>6%</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>42%</td>
</tr>
<tr>
<td>Stable</td>
<td>24%</td>
</tr>
<tr>
<td>Safe</td>
<td>22%</td>
</tr>
<tr>
<td>Thriving</td>
<td>5%</td>
</tr>
</tbody>
</table>

SOURCE: Ventura County Behavioral Health (VCBH), Ohio Scales, Preschool and Youth Worker Intake Forms

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**Figure 5.4**

**Clinician Ratings of How Frequently Children Experience Problem Symptoms between Intake and Discharge (n=119)**

![Clinician Ratings of How Frequently Children Experience Problem Symptoms between Intake and Discharge](chart)

**Intake**
- 2.5

**Discharge**
- 1.7

SOURCE: Ventura County Behavioral Health (VCBH), Ohio Scales, Preschool Worker Form

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There were 119 children and their families who initiated and completed Triple P Level IV individual intervention services in FY 2011–12 (i.e., completed both intake and discharge administrations for purposes of measuring progress based on behavioral health status outcomes). Children were rated on various measures of functioning, including the frequency with which the child demonstrated problem symptoms, and the observed quality of attachment between parent and child.

• On one multi-item rating scale, mental health clinicians rated children on their symptom severity with a five-point rating (i.e., a five-rating indicates that symptoms occur “very frequently” and a one–rating indicates that symptoms occur “almost never”). Between the time of intake to the time of discharge, clinicians observed statistically significant reductions in the frequency of problems severity from an average of 2.50 to an average of 1.68.

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9 Detailed intake data are not collected for group Level IV participants.
**Health Insurance Outreach**

**Desired Outcome:**
Children have a medical home where they regularly receive preventive care inclusive of well-child check-ups, developmental screenings, and parent education.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
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<th>2011–12 Results</th>
<th>Met/ Not Met</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Are children enrolling in health insurance coverage as a result of First 5 funding?</td>
<td>665 children will be enrolled and/or re-enrolled in health insurance/coverage plans.</td>
<td>1,704 uninsured children were enrolled in health care coverage, including MediCal, Healthy Families, Kaiser Permanente, or Ventura County ACE for Kids public health insurance programs.</td>
<td></td>
<td>899 uninsured children were enrolled in health care coverage, including MediCal, Healthy Families, Kaiser Permanente, or Ventura County ACE for Kids public health insurance programs.</td>
</tr>
<tr>
<td></td>
<td>80 percent of children lacking health insurance at NIL intake will be connected with health insurance enrollment assistance.</td>
<td>Enrolled data at intake supporting measurement of this benchmark was unreliable for FY 2011–12. Data protocols under development in FY 2012-13 to track linkages and referrals across funded partners will support future benchmark measurement.</td>
<td>**</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Are families appropriately utilizing health care services?</td>
<td>70 percent of children enrolled and reenrolled in insurance coverage will be linked to a medical home.</td>
<td>92 percent of surveyed parents who received reenrollment assistance from CAAs reported that their child had been assigned to a regular doctor.</td>
<td></td>
<td>94 percent of surveyed parents who received reenrollment assistance from CAAs reported that their child had been assigned to a regular doctor.</td>
</tr>
<tr>
<td></td>
<td>HOPE will link 50 percent of children without a medical home at NIL to a medical home.</td>
<td>Enrolled data at intake supporting measurement of this benchmark was unreliable for FY 2011–12. Data protocols under development in FY 2012-13 to track linkages and referrals across funded partners will support future benchmark measurement.</td>
<td>**</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td></td>
<td>60 percent of children enrolled or reenrolled in insurance coverage will have completed a well-child exam.</td>
<td>98 percent of surveyed parents who received reenrollment assistance from CAAs reported that their child had completed a well-child visit.</td>
<td></td>
<td>94 percent of surveyed parents who received reenrollment assistance from CAAs reported that their child had completed a well-child visit.</td>
</tr>
</tbody>
</table>

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10 The number of children enrolled greatly exceeded the number enrolled in the previous fiscal year due to one-time funding under the American Recovery and Reinvestment Act that supported additional CAA time.
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<tbody>
<tr>
<td>Are we reaching children in all areas of Ventura County?</td>
<td>Children served are proportionally distributed across the county and reflective of high need areas.</td>
<td>CAAs enrolled or reenrolled children in health care coverage from across 30 zip code areas of residence. Services were relatively well-distributed proportionate to high need areas of the county, although selected communities where application sites were located were slightly overrepresented (i.e., Ventura and Santa Paula), while other communities were slightly underrepresented (See figure 6.2).</td>
<td>**</td>
<td>Children served by First 5 VC funded partners were proportionally distributed across high need areas of the county, with the exception of the Thousand Oaks area which is home to 10 percent of uninsured children, but only two percent of children reached the First 5 Ventura County health access providers.</td>
</tr>
</tbody>
</table>

**Notes**

1. FY 2011–12 was the pilot year for an analysis strategy to link NfL child intake information with health insurance and oral health service transactions for the purpose of assessing NfL linkage and referral processes. Findings from preliminary analyses indicate that data current year may be subject to error due to existing data limitations. Future strategies to address system integration that involve the development of protocols for tracking system linkages and referral processes should support more reliable measurement of benchmarks.

2. The distribution of children 0 to 5 years of age who were uninsured was calculated based on American Community Survey 2009-2011 3-year estimates for Census Designated Place (CDP), available for CDPs with large populations. For purposes of the analysis, zip code areas from records of children confirmed enrolled in health insurance programs were mapped to CDP within closest proximity and may be subject to error.

**Data Sources**

Health Insurance Enrollment Follow-Up Questionnaire (n=127), FY 2011–12

All parents of children enrolled in health insurance coverage are routinely contacted at the time of reenrollment and are asked to completed brief survey questionnaire capturing data on their child’s continuing enrollment status and medical utilization. The survey was completed by 127 parents or other caregivers who could be reached at the time of follow-up out of 495 children who received reenrollment assistance in FY 2011–12, representing a 26 percent response rate.

Ventura County Public Health, Health Outreach Programme (HOPE) Records

Ventura County Public Health provided service utilization data for 1,704 children ages 0 to 5 that were enrolled or reenrolled in health insurance coverage in FY 2011–12 through the HOPE program. Data included number of children enrolled and reenrolled by health insurance program and zip code of child’s residence.

**Key for Interpreting Whether Benchmark Was or Was Not Met**

- ↑ Measure met or exceeded the targeted benchmark (number or percentage) for FY 2011–12.
- ↔ Measure fell within 95 percent of target for FY 2011–12, or for benchmarks containing multiple measures, one target was met and one target was not met.
- ↓ Measure fell below 95 percent of the targeted number of percentage benchmark for FY 2011–12.
- ** Data supporting measurement of targeted benchmark was unreliable.
First 5 Ventura County Investments in Health Care Access for Children

In FY 2011–12 First 5 Ventura County continued to support countywide and local strategies to assist eligible, low income families in obtaining health care coverage and to help families access appropriate medical care for their children. Specific strategies include:

Countywide Strategies to Enroll Children in Health Insurance

The Ventura County Public Health (VCPH), Health Outreach Programme (HOPE) employs trained Certified Application Assistants (CAA) who help families obtain health care coverage, connect with a medical home and schedule well-child check-ups, and retain their coverage following enrollment. First 5 Ventura County enhanced the HOPE program by co-locating CAAs at selected NIL family resource centers and other community locations to increase points-of-access for families seeking help with enrollment. Additionally, 2 NILs in FY 2011–12 provided eligibility reviews and application assistance to help families with enrollment in health care coverage.

Health Access Activities & Outcomes

In FY 2011–12, 1,704 uninsured children received assistance enrolling or reenrolling in health care coverage. More specifically:

- CAAs enrolled or reenrolled 1,704 eligible 0 to 5 year old children in public health insurance programs, including Healthy Families, MediCal, and Kaiser Permanente, and provided medical utilization assistance to children following initial enrollment.
- When contacted at the time of reenrollment, 92 percent of parents surveyed indicated that their child had been linked to a medical home following enrollment and 98 percent had completed a well-child visit with a physician.

VCPH supported ten health insurance application sites across the communities of El Rio, Oxnard, Santa Paula, Simi Valley, and South Oxnard. Two sites were co-located at the Oxnard and Rio NIL family resource centers. Children who were enrolled in health care coverage were the residents of 30 zip code areas of the county. When the distribution of enrolled or reenrolled children was compared to the distribution of children who are uninsured countywide, it appeared that services were distributed relatively proportionate to high need areas, although children enrolled from the communities of Santa Paula and Ventura were slightly overrepresented, while children from the more mixed income communities of Simi Valley, Moorpark, and Thousand Oaks were somewhat underrepresented.

![Figure 6.1](Image) Children 0–5 Years of Age Confirmed Enrolled in Health Coverage by Program (n=1704)

SOURCE: American Community Survey (ACS), 2009–11 3-Year Estimate, U.S. Census, Ventura County Public Health

![Figure 6.2](Image) Distribution of Health Access Clients by Location Relative to the Distribution of Children 0–5 Uninsured (n=1704)

SOURCE: American Community Survey (ACS), 2009–11 3-Year Estimate, U.S. Census, Ventura County Public Health
### Evaluation Question

<table>
<thead>
<tr>
<th>Desired Outcome:</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/Not Met</th>
<th>2010–11 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are children receiving preventative oral health services as the result of First 5 funding?</td>
<td>15,210 fluoride varnish applications will be delivered to children in preschools, family resource centers, and medical offices or clinics.</td>
<td>12,036 fluoride varnish applications were delivered to children through preschools, family resource centers, and medical offices or clinics.</td>
<td>↓</td>
<td>14,374 fluoride varnish applications were delivered to children through preschools, family resource centers, and medical offices or clinics.</td>
</tr>
<tr>
<td>Are parents receiving education on oral health for their children?</td>
<td>3,440 parents/caregivers will receive preventive oral health and nutrition education.</td>
<td>3,021 parents of children who participated in oral health screening and fluoride varnish events were educated about children’s preventive oral health and nutrition.</td>
<td>↓</td>
<td>3,297 parents received preventive oral health and nutrition education in FY2010–11. This figure did not meet the targeted benchmark for oral health education service capacity.</td>
</tr>
<tr>
<td>Are children receiving oral health exams and dental treatment services as a result of First 5 funding?</td>
<td>1,015 children will receive oral health preventive and treatment services (i.e., dental exams, x-rays, filings).</td>
<td>645 children received preventive and restorative oral health care and specialty dental treatment services.</td>
<td>↓</td>
<td>734 children received preventive and restorative oral health care and specialty dental treatment services.</td>
</tr>
<tr>
<td>Are we reaching children in all areas of Ventura County?</td>
<td>Children served are proportionally distributed across the county and reflective of high need areas.</td>
<td>Oral health preventive services (i.e., fluoride varnish) were accessible to children across all Ventura County communities and were distributed proportionate to high areas of need. Oral health screenings, dental exams, x-rays, and specialty treatment services were largely concentrated within the communities of Oxnard and Ventura, which were overrepresented relative to other high need areas of the county (i.e. Port Hueneme, Simi Valley, Moorpark).</td>
<td>↔</td>
<td>Oral health screening and treatment services were available to children across all of the mid-size to large communities in the county; however, the mixed-income cities of Camarillo, Thousand Oaks, and Simi Valley were underserved relative to their share of their uninsured population 0–5 years of age.</td>
</tr>
</tbody>
</table>
**Notes**

1. FY 2011–12 was the pilot year for an analysis strategy to link NfL child intake information with health insurance and oral health service transactions for the purpose of assessing NfL linkage and referral processes. Findings from preliminary analyses indicate that data current year may be subject to error due to existing data limitations. Future strategies to address system integration that involve the development of protocols for tracking system linkages and referral processes should support more reliable measurement of benchmarks.

2. The distribution of children 0 to 5 years of age who were uninsured was calculated based on American Community Survey 2009-2011 3-year estimates for Census Designated Place (CDP), available for CDPs with large populations. For purposes of the analysis, city of residence for children who received core oral health services (oral health screenings or preventive and restorative treatments) were mapped to CDP within closest proximity and may be subject to error.

**Data Sources**

**Grant Evaluation Management Solution (GEMS) Service Transactions and Child Intake, FY 2011–12**

The GEMS data management system records intake information, service transactions, and participant outcomes for children and parents or other caregivers who participate in First 5 Ventura County funded programs and activities.

**First 5 Ventura County Program Staff**

First 5 Ventura County staff coordinated with funded partners to collect specific data elements maintained outside of the GEMS system that support measurement of evaluation benchmarks.

**Key for Interpreting Whether Benchmark Was or Was Not Met**

<table>
<thead>
<tr>
<th>Arrow</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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<td>Measure fell below 95 percent of the targeted number of percentage benchmark for FY 2011–12.</td>
</tr>
<tr>
<td>**</td>
<td>Data supporting measurement of targeted benchmark was unreliable.</td>
</tr>
</tbody>
</table>
First 5 Ventura County Investments in Children’s Oral Health

The First 5 Ventura County Commission is addressing children’s unmet oral health needs by investing in direct preventive care and specialty treatment, while building the capacity of local medical and dental health systems to better serve high-need communities countywide. Funded programs include:

SB-VC Dental Care Foundation Mobile Dental Clinic
The Santa Barbara-Ventura Counties Dental Care Foundation provides preventive and restorative dental care to children through its mobile dental clinic. The clinic coordinates with NfL staff to schedule visits to family resource centers and preschool sites to offer on-site parent education, oral health screenings, dental cleanings, x-rays, and fillings. Children with more intensive oral health treatment needs are referred to contracted private dentists in the community to receive more specialized treatment.

Clinicas de Camino Real–Children’s Oral Health Treatment Program
Clinicas de Camino Real is a Federal Qualified Health Center (FQHC) and non-profit medical and dental clinic system that focuses on the needs of lower income, medically underserved populations. The Clinicas contract provides parent education, dental cleanings, x-rays, and fillings at NfL sites using a mobile dental van, or provides services to eligible children at clinic locations. Services are free to families and reimbursed to providers on a fee-for-service schedule.

SB-VC Dental Care Foundation Capacity-Building Program
The SB-VC Dental Care Foundation program recruits and trains private dentists to voluntarily participate in oral health education and fluoride varnish application events at NfL family resource centers and preschool sites. The program also provides support to dental offices to expand the use of fluoride varnish treatment during routine exams.

VCPH Early Childhood Oral Health Education Program
The Ventura County Public Health Early Childhood Oral Health Education Program provides parent education and training to private physicians’ offices and medical clinics to integrate oral health risk exams and fluoride varnish treatments into well-child pediatric visits.

Oral Health Access Activities & Outcomes

- More than 3,000 parents and other caregivers of children who received fluoride applications and preventive and restorative dental care participated in oral health education;
- Dental and medical providers delivered 12,036 preventive fluoride varnish applications to children to prevent childhood tooth decay among lower income-dentally underserved populations.
- A total of 883 children participated in oral health screening events and received referrals to a dental home;
- First 5 Ventura County funded dental care providers provided x-rays, dental cleanings, fillings, and specialty treatment services to 645 children countywide through the mobile dental clinic and dental clinics sites.
- Fluoride varnish applications were widely available to children at safety-net clinics across all Ventura County communities. Delivery of more intensive core, oral health preventive and restorative services (i.e., exams, x-rays, and fillings) was more concentrated within the high-need cities of Oxnard and Ventura, which together accounted for 86 percent of all children served.

Figure 7.1
Distribution of Children’s Oral Health Prevention and Treatment Services by Location of Service Delivery (n=1,377)\(^\text{11}\)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent of Children Served</th>
<th>Percent of County Uninsured Population 0–5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarillo</td>
<td>6.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Oxnard</td>
<td>46.1%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Port Hueneme</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Santa Paula</td>
<td>6.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Simi/ Moorpark</td>
<td>16.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Thousand Oaks</td>
<td>13.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Ventura</td>
<td>6.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Other</td>
<td>6.4%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

SOURCE: American Community Survey (ACS), 2009–11 3-Year Estimate, U.S. Census, GEMS Core Service Transactions and Child Intake Forms

\(^{11}\) Core oral health services reported by child residence include Mobile Dental Clinic oral health screening and referral, x-rays, cleanings, fillings and specialty treatment, and Clinicas del Camino Real x-rays, cleanings, and fillings.
Desired Outcome:
Children have good nutrition and physical activity practices necessary to prevent and combat childhood obesity.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Are families receiving information about good nutrition and physical activity?</td>
<td>240 families will attend parent education classes/workshops on child nutrition/physical activity, with a focus on families from Oxnard Plains and the Santa Clara Valley.</td>
<td>650 parents and other caregivers attended parent education classes and workshops on child nutrition. These programs were offered through the Moorpark/Simi Valley NIL and at locations countywide through VCPH public health educators (i.e., 93% of VCPH service locations were within the Oxnard Plains region of the county).</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
<td></td>
</tr>
<tr>
<td>Are First 5 funded programs serving healthy food and including physical activity into their programming?</td>
<td>90 percent of funded programs will adopt and adhere to First 5 standards for nutrition and physical activity.</td>
<td>36 percent of NIL governance groups (four NILs) have adopted the Nutrition and Physical Activity Standards and seven NILs intend to do so by March 2013. Adoption and adherence to the Standards will be incorporated into each NIL’s contract under Operational Provisions in FY 2012-13.</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
<td></td>
</tr>
<tr>
<td>Are more hospitals and workplaces developing breastfeeding friendly policies?</td>
<td>Three hospitals will act upon identified gaps in breastfeeding policies/resources.</td>
<td>This work was funded by an external agency and contracting delays meant that the work began later than anticipated. In FY 2011–12, F5VC conducted a policy scan to look at breastfeeding best practices across six maternity care hospitals within Ventura County. Areas reviewed include rooming-in, skin-to-skin protocols, and hospital sponsorship of prenatal breastfeeding classes and breastfeeding support groups. This benchmark will be completed in FY2012–13.</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Five large employers will make information on breastfeeding, workplace and community resources available to pregnant employees and/or their partners.</td>
<td>This work was funded by an external agency and contracting delays by the funder meant that the work began later than anticipated. In FY 2011–12, F5VC conducted a policy scan of workplace lactation policies/practices of seven major employers located within Ventura County. The scan reviewed aspects of workplace lactation such as dedicated lactation rooms, and breastfeeding support services to employees. This benchmark will be completed in FY2012–13.</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
<td></td>
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</tr>
<tr>
<td>Are parks and recreation departments offering programming for children 0–5?</td>
<td>Two parks and recreation departments will begin targeting physical activity programming to children under five.</td>
<td>This project was funded by an external agency and the originally anticipated scope of work was changed during contracting. These Parks and recreation department activities scheduled for FY 2011–12 will be completed in FY2012–13.</td>
<td>**</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td></td>
<td>Parks and recreation departments will begin adopting good nutrition standards for young children.</td>
<td>This project was funded by an external agency and the originally anticipated scope of work was changed during contracting. These Parks and recreation department activities scheduled for FY 2011–12 will be completed in FY2012–13.</td>
<td>**</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
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**Data Sources**

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**First 5 Ventura County Program Staff**
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First 5 Ventura County Investments in Children’s Physical Fitness and Nutrition

The First 5 Ventura County Commission invests in a range of direct service and systems-change strategies to prevent childhood obesity and to promote healthy nutrition and active living across high-need communities throughout the Ventura County. These strategies represent one of First 5 Ventura County’s core areas of investment for families with young children. These activities were incorporated into new evaluation frameworks developed for the 2011–12 fiscal year. Specific strategies include:

Parenting Education and Children’s Fitness Programs
First 5 Ventura County supports county public health and community-based parenting education programs to encourage children’s physical activity and health eating practices. These classes and workshops are designed to educate parents about the importance of nutrition and physical activity to prevent childhood obesity. Activities are targeted to Ventura County communities experiencing higher rates of childhood obesity.

Hospital and Workplace Strategies to Promote and Support Breastfeeding among New Mothers
First 5 Ventura County’s breastfeeding initiative was launched in FY 2011–12. This year First 5 developed a Healthy Ventura County website featuring breastfeeding information and local and national breastfeeding resources. In partnership with the Breastfeeding Coalition of Ventura County, First 5 developed a breastfeeding resource directory which was distributed at hospitals and clinics and co-sponsored county workplace awards honoring organizations and individuals who have demonstrated exceptional support for breastfeeding mothers. First 5 also conducted a policy scan to look at breastfeeding best practices among employers which examined workplace lactation policies and supports such as lactation rooms across major employers in the County, including Amgen, Magnolia Women and Children’s Clinic, Simi Valley Chamber of Commerce, Monsanto (Oxnard), Community Memorial Hospital, Ventura County Medical Center, Naval Base Ventura County Fleet and Family Services.

Special Projects Promoting Healthy Eating and Active Living
First 5 Ventura County staff engaged in a number of special projects countywide and within targeted communities that aim to improve children’s health through the promotion of physical activity and good nutrition. These special projects include:

- Participation in the West Ventura Kaiser HEAL Zone and the countywide CDC Transforming Communities grant targeting environmental and policy strategies related to healthy eating and physical activity;
- Participation in the Good for Kids restaurant certification program; and,
- Support for the Healthy Ventura County Partnership to develop web-based capabilities to disseminate physical and nutrition information to families throughout Ventura County.

Physical Fitness and Nutrition Activities & Outcomes

- First 5 Ventura County funded partners reached 650 parents and other caregivers through core and groups parent education programs aimed at preventing childhood obesity and improving childhood nutrition and physical fitness. Parent education workshops were offered through the Moorpark/Simi NFL and Ventura County Public Health. VCPH services targeting the Oxnard Plains and Santa Clara Valley regions of the county were provided at service locations affiliated with the Oxnard, South Oxnard/Hueneme, and Pleasant Valley NFLs.
- First 5 Ventura County conducted a policy scan that identified six maternity care hospitals within Ventura County that have each continued to support existing breastfeeding policies or have adopted new policies for FY 2011–12. These policies include rooming-in, skin-to-skin protocols, and sponsorship of prenatal breastfeeding classes and breastfeeding support groups.
- For FY 2012–13, five hospitals will also be participating in a new hospital consortium addressing best practices for breastfeeding information and support.
- The newly expanded Healthy Ventura County Partnership website reaches more than 600 visitors each month providing families with access to information on physical activity and nutrition.
### Community Organizations and Agencies

**Desired Outcome:**
Community organizations and agencies dedicate resources to early childhood services.

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<tr>
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<td>Has First 5 developed new partnerships to bring more resources to young children and their families?</td>
<td>First 5 will develop five new local partnerships in FY 2011–12 that can result in enhanced resources to young children.</td>
<td>First 5 Ventura County engaged in five separate community partnership efforts this fiscal year to support resource development for early childhood health, education, and family strengthening. These include membership in Healthy Ventura County, Community Funding Solutions, the Kaiser Permanente HEAL Zone Collaborative, the CDC Community Transformation Grant Partnership, and engagement of several Ventura County Chamber of Commerce education committees.</td>
<td><img src="image" alt="↑" /></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Has First 5 been able to bring new financial resources to Ventura County?</td>
<td>First 5 will bring in an additional $50,000 in FY 2011–12.</td>
<td>First 5 Ventura County was awarded $33,883 in new funding in FY 2011–12 from Federal grants and other sources. This dollar figure fell slightly below the target of garner $50,000 in new funding resources. ¹²</td>
<td><img src="image" alt="↑" /></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Are First 5 NfLs working with local community partners to augment resources to meet the needs of young children?</td>
<td>Local NfLs will work with a minimum of two external community partners.</td>
<td>On average, each NfL has 17 community partners, with the range being 14 to 23. In total, 191 community partners support NfLs through cash or in-kind contributions, programmatically or by hosting visits for children and their families.</td>
<td><img src="image" alt="↑" /></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td>Are parents involved with First 5 activities, locally and countywide?</td>
<td>A Friends of First 5 Ventura County group will be formed.</td>
<td>The newly formed Friends of First 5 Ventura County established a framework in FY 2011–12 and has begun recruiting representatives from each NfL.</td>
<td><img src="image" alt="↑" /></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td></td>
<td>Each NfL will have parents on their governance board.</td>
<td>Nine of 11 NfLs have parents involved in their governance. In total, 22 parents are on governance boards.</td>
<td><img src="image" alt="↔" /></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
<tr>
<td></td>
<td>Each NfL will have volunteer opportunities for parents (e.g., advisory groups, programs).</td>
<td>Across 11 NfLs 63 parents are involved in an advisory capacity and 201 are volunteering in programmatic activities.</td>
<td><img src="image" alt="↑" /></td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
</tr>
</tbody>
</table>

¹² Efforts during FY 2011-12 resulted in up to $4,270,850 additional leveraged funds that will be available over the next three years from July 1, 2012 through December 31, 2015.
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<td>Are business and community leaders engaged in the work of First 5?</td>
<td>First 5’s business leaders and community alliance will host third annual convening in FY 2011–12.</td>
<td>First 5 Ventura County successfully hosted its 3rd Annual Business &amp; Community Leaders Summit, held on June 22, 2012 that brought together 40 business leaders from across Ventura County to educate them about early childhood issues and First 5 Ventura County programs and initiatives.</td>
<td>**</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
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<td>Additional convenings and preschool visits will be held to educate and inform new business leaders.</td>
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<td>First 5 Ventura County partners were involved in five major civic and community events in FY 2011–12 to engage business and community leaders in First 5 activities and initiatives. These events included webinars, presentations and one-on-meetings with members of Chambers of Commerce, and convenings with local business leaders.</td>
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<td>NEW BENCHMARK FOR FY 2011–12</td>
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<td>Quarterly newsletter will be launched.</td>
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<td>First 5 Ventura County successfully launched its new quarterly newsletter in FY 2011–12 targeting business and community leaders. The inaugural issue was launched in October 2011 and reached 185 business leaders across Ventura County. Subsequent issues focused attention on the local Heckman webinar luncheon and promoted the BCLA Summit held on June 22. The newsletter has a current distribution to 205 business leaders countywide.</td>
<td>**</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
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**Data Sources**

**First 5 Ventura County Program Staff**
First 5 Ventura County staff coordinated with funded partners to collect specific data elements maintained outside of the GEMS system that support measurement of evaluation benchmarks.

**Key for Interpreting Whether Benchmark Was or Was Not Met**

- **Measure met or exceeded the targeted benchmark (number or percentage) for FY 2011–12.**
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# Early Childhood Service Systems

**Desired Outcome:**

**Developing an integrated early childhood system.**

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>2011–12 Targeted Benchmarks</th>
<th>2011–12 Results</th>
<th>Met/ Not Met</th>
<th>2010–11 Results</th>
</tr>
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<tr>
<td><strong>Does First 5’s service delivery structure facilitate reaching children most likely to benefit from services?</strong></td>
<td>Two-thirds of population served by First 5 funded partners will be from at-risk populations (e.g., low income, English language learners).</td>
<td>There were 6,457 children served through First 5 Ventura County funded programs delivered through local, community-based NfLs or through countywide providers. Seventy-five percent of all the children served were from at-risk populations defined as living near poverty level, experiencing language barriers, and having a parent who never graduated from high school. These children are those most likely to benefit from the no-cost, easily accessible early education, health, and family strengthening services funded through Commission investments.</td>
<td>Met/ Not Met</td>
<td>NEW BENCHMARK FOR FY 2011–12</td>
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<td><strong>Are children utilizing more than one service?</strong></td>
<td>Baseline data will be collected for FY 2011–12.</td>
<td>Children served through the First 5 Ventura County funded early childhood developmental service system were reached through a number of points of access, including, but not limited to the NIL family resource centers, preschool programs, county public health and behavioral health care programs, and safety-net clinics systems and private practices. Baseline data established for FY 2011–12 indicates that 8 percent of all children served were enrolled in services through multiple funded partner agencies (i.e., 2 or more).</td>
<td>Met/ Not Met</td>
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<tr>
<td><strong>Are children who are identified in need of services appropriately referred and able to access services?</strong></td>
<td>Systems will be developed for ongoing data collection and analysis in FY2012–13.</td>
<td>First 5 Ventura County staff coordinated with external contractors to enhance data management system and evaluation capacity by improving and streamlining data input, report generation and navigation functions in the GEMS software systems. GEMS intake screens were modified, the progress report format was revised, and output for analysis was modified.</td>
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<td><strong>Are children who are identified in need of services appropriately referred and able to access services?</strong></td>
<td>Systems/protocols will be developed for tracking children who demonstrate unmet needs at intake and referral/access to services.</td>
<td>First 5 Ventura County is establishing new systems protocols in FY2012–13 to track referrals and linkages to services for children who demonstrate unmet needs at intake. The protocols will be fully implemented for children enrolling in funded services in FY2013–14.</td>
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<td>Is there alignment between countywide strategies and NfLs?</td>
<td>Regional health professionals will participate in local NfL multi-disciplinary team meetings.</td>
<td>Regional professionals from Ventura County’s Behavior Health and Public Health Agencies participated in 38 multidisciplinary team meetings at NfLs in FY 2011–12. Six NfLs collaborated with regional professionals to either periodically or regularly participate in case management meetings. Three NfLs are primarily funded to provide preschool education and therefore, do not have intensive family support as part of their provision for services.</td>
<td>![Up]</td>
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<td>Annual convenings will be held between NfLs and providers/organizations funded under “Countywide Strategies.”</td>
<td>First 5 Ventura County, Interface Children and Families Services, and eight other community partners planned and supported a convening titled “A Shared Lens: Exploring the 5 Protective Factors Together” on June 7, 2012. The event was attended by 90 managers, administrators, and other key staff from early education, health and social services, and child welfare agencies. The purpose of the convening was to initiate a process of integrating the Strengthening Families/5 Protective Factors framework into Ventura County service systems countywide. A second convening is scheduled for April 2013 to continue efforts initiated at the first event.</td>
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<td>Is First 5 working to meet the needs of young children?</td>
<td>First 5 will have working relationships with 100 percent of organizations also serving children 0–5 (beyond funded partner relationships).</td>
<td>First 5 Ventura County has on-going working relationships with at least 36 local, countywide, statewide and national organizations serving or investing in the lives of children 0–5. Local key organizations include: ALEANVC; HEAL West Ventura Coalition; Oxnard Alliance; Protective Factors Countywide Implementation Planning Group; United Way Community Impact Collaborative; Oral Health Collaborative; Ventura County Together; Breastfeeding Coalition; Partnership for Safe Families; Community Commission for Ventura County; Perinatal Substance Abuse Committee; Child Death Review Team; Fetal Infant Mortality Review; SELPA Interagency Coordinating Council; VC Developmental Screening Collaborative; Local Planning Council (LPC); PEI Kinship Collaborative; Transitional Kindergarten Consortium and Steering Committee; VC Child Abuse and Neglect Education Committee; ECE Stipend Project (CARES Plus &amp; AB212) Advisory Board; VCBH MHSA Prevention/Early Intervention Planning Workgroup; and the Ventura County Early Education Consortium</td>
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<td>Are other organizations referring to (and/or building on) the First 5 NfL community based service platform?</td>
<td>Systems will be developed to track for FY2012–13.</td>
<td>First 5 Ventura County is establishing new systems protocols in FY2012–13 to track cross-agency referrals to First 5 NfLs. The protocols will be fully implemented for children enrolling in funded services in FY2013–14.</td>
<td>Met/Not Met</td>
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<td>Protocols will be developed for transitioning children to other systems (e.g., kindergarten transition protocols).</td>
<td>First 5 Ventura County is establishing new systems protocols in FY2012–13 to track cross-system referrals, for example, for children transitioning from early childhood education programs to elementary school systems. The protocols will be fully implemented for children enrolling in funded services in FY2013–14.</td>
<td>Met/Not Met</td>
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<td>Are children who are in First 5 funded preschool being assessed for health and family support services and referred to services when needed?</td>
<td>Systems will be developed for ongoing data collection and analysis in FY2012–13.</td>
<td>First 5 Ventura County is establishing new systems protocols in FY2012–13 to strengthen formal assessments of health and family support needs among children served through First 5 Ventura County supported preschool programs. The protocols will be fully implemented for children enrolling in funded services in FY2013–14.</td>
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Key Evaluation Findings and Recommendations

The First 5 Ventura County annual evaluation report documents the reach and impact of First 5 Ventura County Commission investments in early education, health, and family support for families with young children 0 to 5 years of age. The report highlights the efforts of multiple funded partner agencies to deliver direct services and resources to high need families and communities and to enhance early childhood systems of care.

The annual evaluation of First 5 Ventura County funded investments is guided by a results-based accountability framework that identifies 85 performance benchmarks, measuring child and family service outcomes and system enhancements. The First 5 Ventura County investment strategy and evaluation approach focuses on seven areas of investment in child and family services addressing children’s health care access, oral health, early screening and intervention for children with special needs, physical fitness and nutrition, early learning and family literacy, preschool services, and service coordination and case management support for families. These core areas of investment account for the largest share of Commission expenditures each year, which totaled $10.8 million countywide in FY 2011–12. First 5 Ventura County also introduced two new systems-oriented evaluation frameworks to capture additional outcomes related to community collaboration, resource development, and early childhood systems integration efforts.

First 5 Ventura County Findings and Recommendations

This final section of the report highlights program successes for FY 2011-12 and identifies areas of investment where funded partners demonstrated strongest performance with regard to the number and percentage of benchmarks that were achieved or surpassed. The section also identifies any program areas where selected benchmarks were not met, and discusses some of the factors or challenges that influenced why funded partners were unable to reach selected program targets.

- First 5 Ventura County funded partners were able to maintain core service levels for children and their parents and caregivers despite reductions in funding resulting from gradual declines in the tobacco-tax revenue base. First 5 Ventura County funded partners delivered intensive early education, family support, and health and developmental services to 6,547 unique children and 4,362 parents and caregivers in FY 2011–12. This represents only a small decline in the number of children and parents who were served relative to the previous fiscal year (7,124 children and 4,734 parent/caregivers) despite reductions in available funding. When compared to the number of children who participated in programs and activities in FY 2009-10, the number of parents served remained relatively stable and the number of children served actually increased.

Some funded initiatives, such as health insurance enrollment, actually expanded their reach in FY 2011-12 due to infusions of supplemental funding from outside sources. For other core programs, such as preschool services, funded partners were able to maintain services at high levels of quality despite a countywide trend toward declining preschool capacity. First 5 staff has been able to anticipate changes to the funding landscape and has continued to pursue resource development and collaborative strategies that help identify sources of funding and leverage existing resources to sustain services over time. As revenues continue to decline, First 5 Ventura County staff and funded partners should continue to pursue these strategies, as well as continue to monitor the impacts of declining tax revenues on the scope and quality of funded investments.

- Funded partners were successful in reaching children with identified family risks for health and educational disparities and engaging families with very young children in early learning programs (i.e., children two years of age or under). Three-quarters of all children (74 percent) served by First 5 Ventura County funded partners this fiscal year had one or more family characteristic (i.e., low income, language barriers, or low parental educational attainment) that placed them at risk for health or educational disparities. This represents an increase in the proportion of higher need families served relative to the previous fiscal year (70 percent) and indicates that providers were successful in penetrating traditionally underserved populations that were most likely to benefit from available services and resources.

NFLs were also successful reaching out to families with very young children to participate in early learning and family literacy activities that optimize children’s early development. More specifically, 71 percent of all children who participated in these early learning activities were 0 to 3 years of age. County public health educators also continued to engage in targeted recruitment of families to screen young children (0-2 years) for developmental delays. This fiscal year 44 percent of children screened were two years or younger relative to the established 50 percent target. The ability of NFLs to engage families with children 0 to 2 may be tied to the service composition of different NFLs, some of which are more oriented toward preschool-age participants. To help maximize recruitment of children early in their development, when eligibility criteria for early interventions are most favorable, funded partners should attempt to identify factors influencing participation among infant and toddler-age children, and develop strategies to expand outreach to children within the optimal age range, including outreach beyond the NFL service population.

- The countywide distribution of children served across the First 5 early childhood system demonstrated that providers were successful in delivering services to children and families across targeted communities proportionate to need-based funding allocations. At the funded partner level, intensive service use was well-documented; however, less information was known about how funded partners (i.e., NFLs and countywide providers) worked together to coordinate services across agencies or to determine how program resources should be allocated across NFL settings. These strategies are the focus of two new evaluation frameworks that capture activities and outcomes related to community collaboration, resource development, and systems integration. More
comprehensive data collection strategies and protocols that identify NfL locations where county services are delivered and that more systematically document referral processes could serve to better identify gaps in geographic distribution, inform understanding of how providers partner in the delivery of care, and track how children and families are connected across agencies based on identified needs.

- **Funded strategies to integrate early screening and preventive health practices into routine medical visits were extremely successful in expanding the service delivery capacity of participating clinics and reaching a significant number of children and pregnant women.** County government agencies and one local pediatric clinic continued to partner with county ambulatory care clinics, hospitals, and physicians’ practices to support the delivery of oral health fluoride varnish applications, early screening for developmental delays, and prenatal screening of pregnant women at-risk for alcohol, drug, tobacco use, and domestic violence. These strategies, which build-upon the existing health services infrastructure, expand the reach of evidence-based, preventive health and developmental services and can be effectively sustained within a declining resource environment.

- **First 5 Ventura County supported the integration of a new evidence-based program model to promote positive parenting and family functioning.** The program was highly successful in engaging parents at the most intensive levels of intervention (Levels IV and V), but did encounter challenges with early implementation of less intensive, community-based program components (Level III). This fiscal year First 5 Ventura County partnered with Ventura County Behavioral Health to implement the Triple P Positive Parenting Program© to help families build parenting skills and confidence and more effectively address children’s behavioral challenges. The program model involves a multi-tiered intervention approach that targets services to different levels of family risk and functioning. For the first year of implementation, the existing behavioral health services infrastructure and presence of trained mental health practitioners, facilitated the implementation of clinician-led targeted intensive interventions (Levels IV and V). This enabled providers to reach 397 families with young children at the highest levels of intervention. Among children whose parents completed these targeted parenting interventions, an extremely high percentage (93 percent) demonstrated reductions in problem symptoms, and showed improvements in parent-child interactions and parenting attachment. However, community providers (i.e., NfL staff) who were trained in Level III interventions were accredited in the third quarter of the fiscal year and experienced some challenges launching the interventions.

Recognizing the presence of these challenges, First 5 should work closely with funded partners for FY 2011-13 to identify and remove barriers to implementation for Level III services and to monitor implementation status until the program becomes more well-established. First 5 Ventura County should also continue its strategy to pursue evidence-based models and quality standards within other relevant program areas (e.g., obesity prevention, service coordination) to continue to ensure program quality, fidelity, and effectiveness. This strategy becomes increasingly critical in the face of declining revenues and increased pressure for programs to demonstrate meaningful results.

- **Prenatal care and support strategies to prevent substance use during pregnancy resulted in the screening of more than 2,800 pregnant women across 29 clinic locations and the identification of 328 women who continued to use substances after a pregnancy was confirmed.** However, data capturing the provision of brief intervention services delivered within the context of the prenatal visit was not formally documented, which created gaps in understanding of how the needs of identified women were addressed. Of the women who were positively assessed for continuing use (12% of women screened), 69 accepted referrals for case management support and 40 women enrolled in services. However, only about half (58%) of those who enrolled continued to received case management support throughout pregnancy and the early prenatal period. This finding points to the challenges inherent in engaging higher risk, hard-to-reach clients in intensive services. The finding also suggests the need for more in-depth understanding of how interventions are delivered, how women are linked to case management support, and what factors influence retention in services.

- **Oral health providers encountered challenges reaching established targets for the number of children and parents served.** Oral health providers implemented a continuum of prevention and oral health treatment services to dentally underserved children and their families; however, high demand for more intensive and costly treatment for children with serious oral health needs, resulted in fewer children being served. The challenge related to balancing prevention and treatment needs of high risk children and families as a safety-net provider represents a continuing tension for funded partners within the oral health area of investment, and a subject warranting future focus and consideration.

Overall, the FY 2011–12 annual evaluation has demonstrated the overarching success of First 5 Ventura County funded partners in implementing an array of prevention, intervention, and treatment services that were responsive to the needs of children and families. First 5 has also been instrumental in helping to build the capacity of the existing services infrastructure countywide to deliver quality health, education, and family strengthening services. Despite an environment characterized by declining tax revenues and fewer available resources, First 5 Ventura County continues to be a driving force in addressing the resource needs of young children and families countywide.