



Annual Evaluation Report 2022-2023



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Executive Summary

Lassen County Children and Families Commission (herein referred to as First 5 Lassen) was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 through 5 and their families. First 5 Lassen operates on an annual budget of approximately \$415,795 made up of Prop 10 funds and Small Population County Funding Augmentation (SPCFA) provided by First 5 California. It also draws upon its fund balance to fully fund efforts to achieve its strategic plan. First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve outcomes for children and families. The Commission is guided by its strategic plan, as well as its vision and mission.

The First 5 Lassen strategic plan has identified four primary goals which comprise:

Families are Strong	Children are Ready for School	Children are Healthy	Systems are Improved
Families and other caregivers of children prenatal through five will provide optimal parenting and a healthy environment.	Every child prenatal through five will reach his or her developmental potential and be ready for school.	Every child prenatal through age five will achieve optimal health potential.	First 5 funded programs, county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through five that maximize the efficient use of resources.

To achieve these goals, First 5 Lassen invests in the Pathways Home Visiting (PHV) Program.



The program targets families with high-need characteristics such as teen or first-time parents, parents with mental health or substance use issues, low-income families, families that include individuals who were not born in the United States, families that include individuals with low literacy, families at risk for child abuse, and families who are experiencing homelessness or housing instability.

First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve results for children and families. The primary purpose of this evaluation report is to assess the impact of the Pathways Home Visiting Program within the framework of the Commission Strategic Plan.

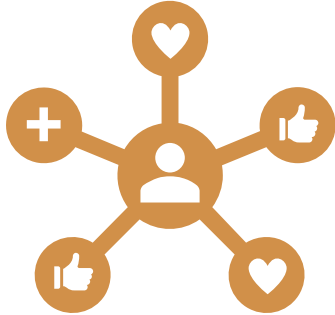
The primary services provided through **Pathways Home Visiting** include:

- **Parent education and child development**
- **Developmental screenings and assessments**
- **Referrals to community service providers**
- **Group meetings and interactive playgroups**

The First 5 Lassen Commission updated its Strategic and Long-Range Financial Plan for 2024-2028 in the spring of 2023; however, this FY22-23 Annual Evaluation Report utilizes the goals, strategies, and indicators included in the prior, FY18-23 Strategic Plan framework and associated FY22-23 Evaluation Plan to guide reporting and evaluation activities.

During FY 2022-2023, First 5 Lassen investments in home visiting resulted in the following accomplishments:

Families are being supported in providing optimal parenting and healthy environments for children aged zero through five.



A total of 43 families were provided with home visiting services.

- A total of 591 home visits were conducted.
- A total of 25 referrals to other community resources were provided to families through home visiting services, 20 of which resulted in follow-up appointments that were kept.
- Families received an additional 1,664 services, the majority of which were focused on facilitating access to basic needs, such as food and hygiene supplies, or supporting families involved in the child welfare system through visitation and family reunification activities.

Children aged zero to five are being served in ways that support optimal development and health.



The majority of children aged zero through five that participated in the PHV program received a physical and dental exam as recommended for their age.

48 participating children also received an early screening for developmental delays and other special needs through administration of the Ages and Stages Questionnaire (ASQ).

On average, children participating in home visiting for whom data was available experienced growth in the areas of communication, motor skills, problem solving, social-emotional, and regulation, as demonstrated by the Life Skills Progression (LSP) tool.

Families are satisfied with home visiting services.



100% of the 25 families who completed the participant satisfaction survey agreed or strongly agreed that their satisfaction with the program was very good.

- 100% of families that completed the satisfaction survey either agreed or strongly agreed that their home visitor explained things to them about the program, arrived on time to visits, and responded professionally to questions and concerns.
- 100% of families that completed a satisfaction survey either agreed or strongly agreed that they learned something new about child development and that they have knowledge about how to parent their child as a result of the program.

Lassen Children and Families Commission

First 5 Lassen was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 through five and their families. First 5 Lassen operates on an annual budget of approximately \$415,795 made up of Prop 10 funds and Small Population County Funding Augmentation (SPCFA) provided by First 5 California. It also draws upon its fund balance to fully fund efforts to achieve its strategic plan. First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve outcomes for children and families. The Commission is guided by its strategic plan, as well as its vision and mission.

Vision

All Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.

Mission

The Lassen County Children and Families Commission is designed to support and encourage, on a countywide basis, a comprehensive, integrated, coordinated system of early childhood development services. The focus of the Commission is on quality health care, family strengthening, and early childhood education. The Commission will support prevention and intervention programs for children prenatal through five years of age, and their families.

Strategic Plan Goals

Every child prenatal through five will reach his or her developmental potential and be ready for school.

Families and other caregivers of children prenatal through five will provide optimal parenting and a healthy environment.

Every child prenatal through age five will achieve optimal health potential.

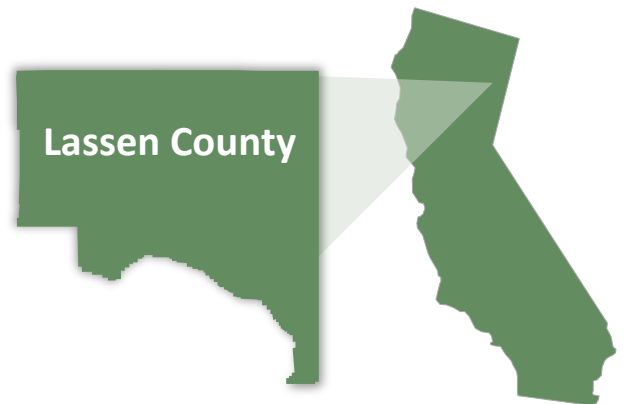
First 5 funded programs, county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through five that maximize the efficient use of resources.

Lassen County Context

The following section includes information regarding Lassen County’s geography, demographics, economy, early education, and population health and is intended to provide additional context to evaluation report findings. Note that various data sources are used throughout the report and caution should be taken when comparing similar data (i.e., population) between subsections. It should also be noted that due to Lassen County’s small population size, data on key indicators that could inform child health (e.g., breastfeeding) are not always available for inclusion.

Geography

Lassen County is located in northeastern California along the Cascade mountain range. Though distinctively rural, Lassen County’s varied terrain encompasses forested plateaus, green mountain meadows, snow-capped peaks, and vast open agricultural valleys. The county is approximately the size of the state of Connecticut, covering 4,557 square miles. To the north of Lassen is Modoc County; Shasta County is to the west; Plumas County and Sierra County are to the south. The state of Nevada borders Lassen County to the east, and state Routes 44 and 36 connect the county to the greater Sacramento Valley and the City of Redding, while Reno is an 85-mile drive via Highway 395.



Demographics

Although sizeable, Lassen County is sparsely populated with over half of its estimated residents (16,728 or 56%) residing in Susanville, the county seat.^{1,2} It is important to note that Lassen County’s population and demographic profile have historically been influenced by its prison population. For example, the population in Lassen County was estimated at 29,842 in September 2022. During approximately this same time period (August 2022), the High Desert State Prison housed 1,779 inmates and California Correctional Center housed 2,341 inmates.³ The estimated net population for this time period, discounting the prison population, was 25,722. It should be noted that the California Department of Corrections and Rehabilitation (CDCR) announced that the California Correctional Center (CCC) in Susanville was deactivated as of June 30, 2023.⁴ It is likely that this deactivation may lead to a decrease in the population within the county, both as the population of incarcerated individuals decreases and as staff from CCC who resided in the county may need to relocate for employment opportunities.



Estimated Population, 2022²	29,842
Prison Population³	4,120
Estimated Non-Incarcerated Population	25,722

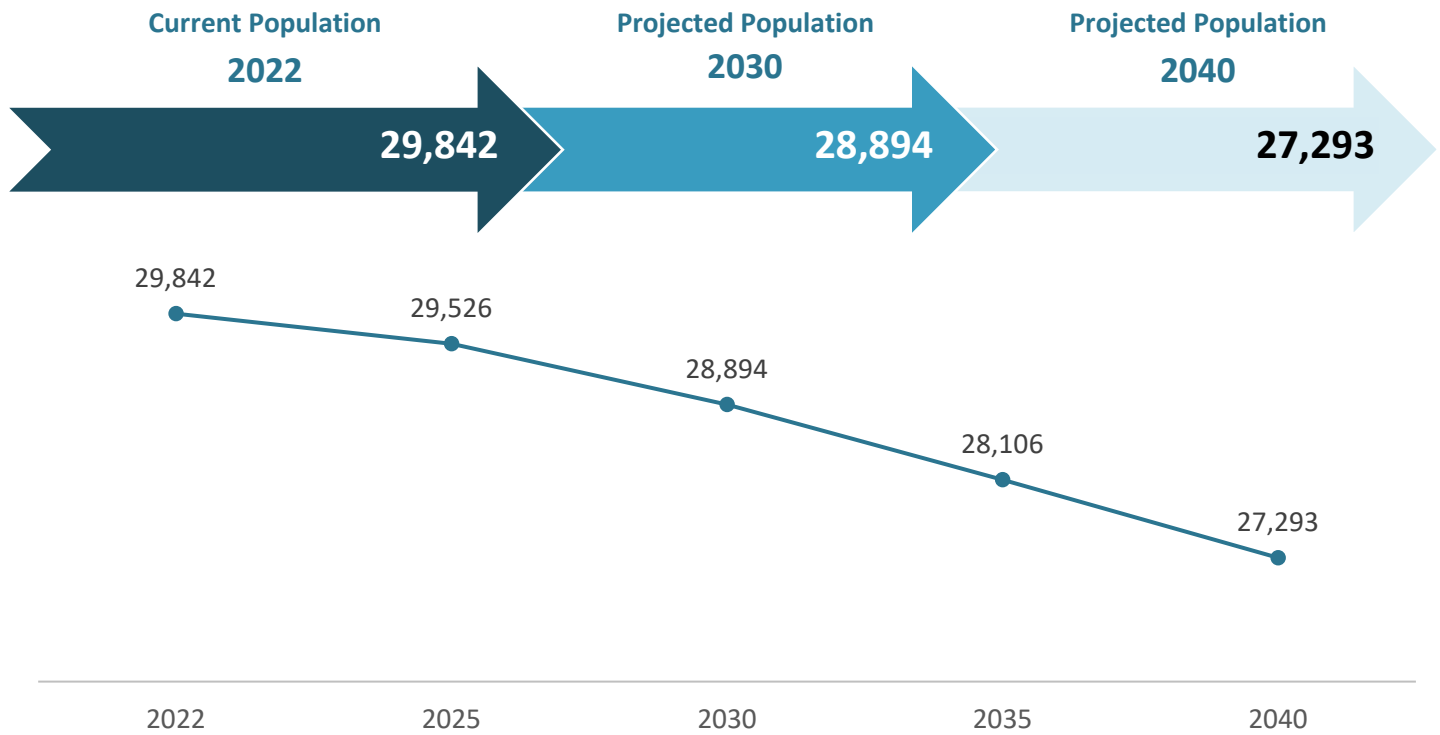
¹ Susanville City, California. United States Census Bureau. Accessed June 29, 2023 at <https://data.census.gov/cedsci/profile?g=1600000US0677364>

² State of California Department of Finance. P-2A Total Population for California and Counties. Accessed June 29, 2023 at www.dof.ca.gov/Forecasting/Demographics/Projections/

³ California Department of Corrections and Rehabilitation. Monthly Report of Population as of June 29, 2023. <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2022/09/Tpop1d2208.pdf>

⁴ California Department of Corrections and Rehabilitation. California Correctional Center (CCC). Accessed October 10, 2023 at <https://www.cdcr.ca.gov/facility-locator/ccc/>

In general, it is projected that California’s population will continue to grow. Conversely, Lassen County’s population is projected to decrease by 2040.⁵

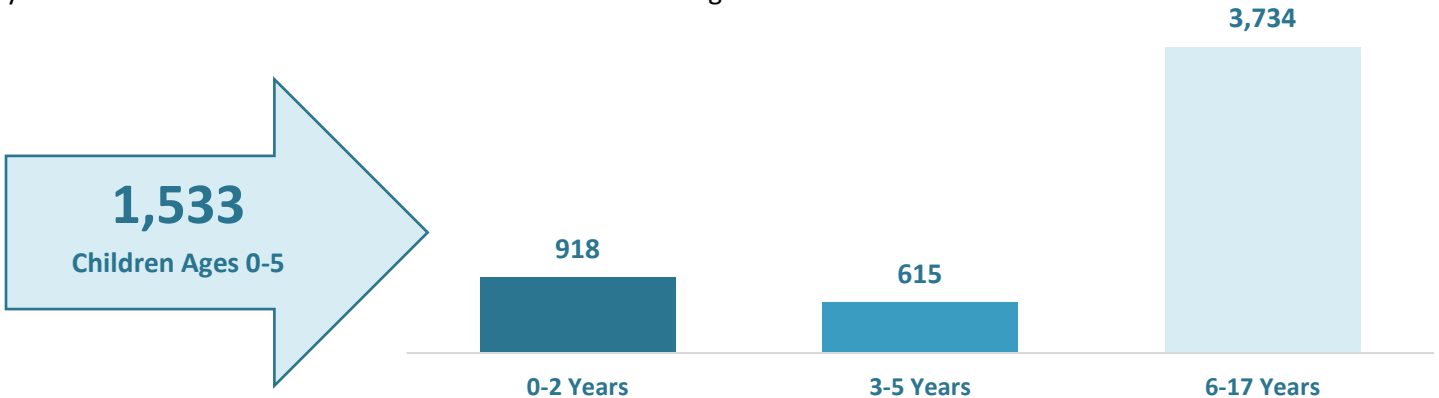


Because demographic data for the prison population is not available separately, the following sections provide demographic data for Lassen County with the prison population included.

⁵ State of California Department of Finance. P-2A Total Population for California and Counties. Accessed June 29, 2023 at www.dof.ca.gov/Forecasting/Demographics/Projections/.

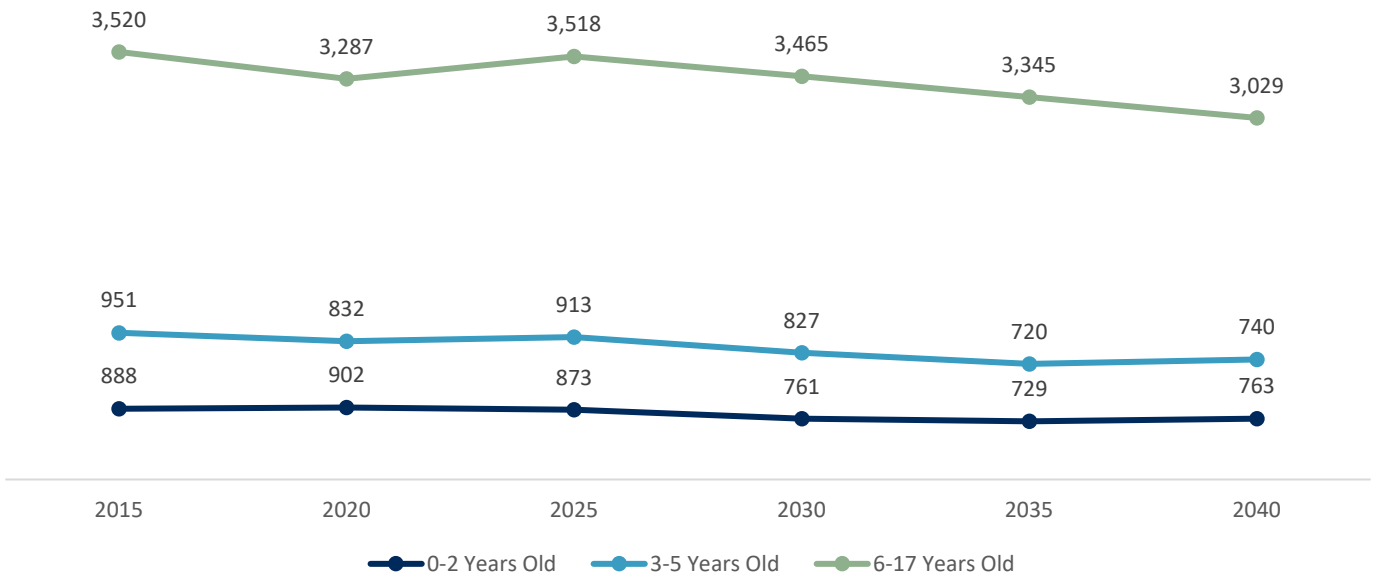
Population of Children in Lassen County

The total number of children and youth under 18 in Lassen County was projected to be 5,267 in 2022, the most recent year for which data was available as demonstrated in the figure below.⁶



Based on California Department of Finance Projects, the population in each age range has decreased slightly since 2015 and is projected to generally continue this slow decline, in keeping with projected county-wide decreases in population.⁷ This may impact First 5 Lassen’s future projections about its service population.

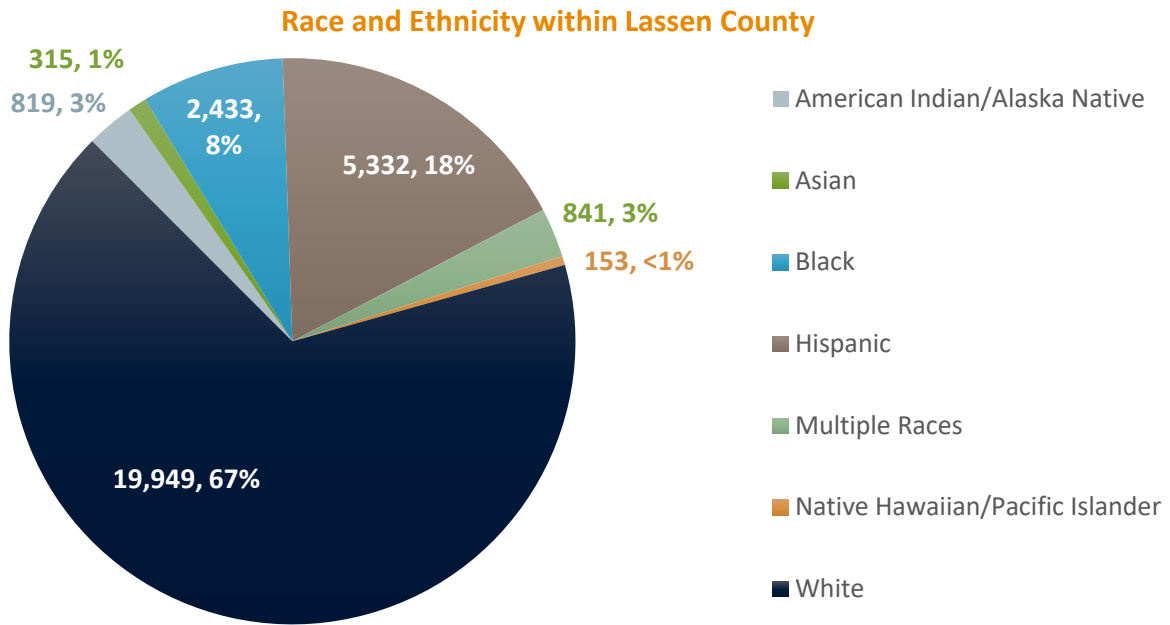
Child Population Trends Over Time



⁶ State of California Department of Finance. P-2B County Population by Age. Accessed June 29, 2023 at www.dof.ca.gov/Forecasting/Demographics/Projections/
⁷Ibid.

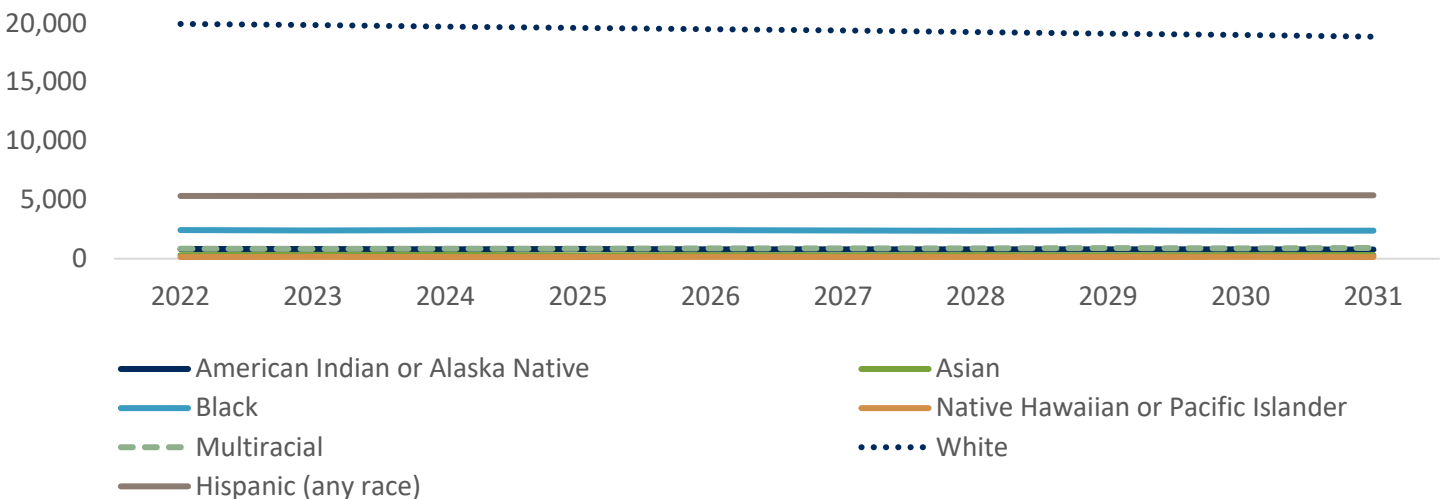
Race and Ethnicity

White individuals comprise the largest racial group in Lassen County, followed by Hispanic or Latino (of any race), and Black or African American, as demonstrated in the graph below.⁸



Population projections for 2022-2031 estimate that the racial and ethnic distribution will remain relatively the same in Lassen County for the next ten years.⁹

Population Projections by Race and Ethnicity

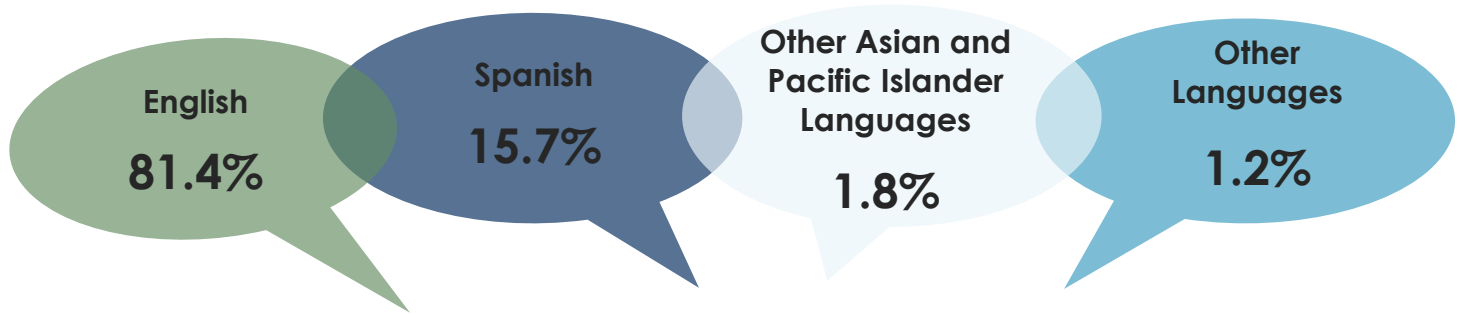


⁸ State of California Department of Finance. P-2D County Population by Total Hispanic and Non-Hispanic Race. Accessed June 29, 2023 at www.dof.ca.gov/Forecasting/Demographics/Projections/

⁹ Ibid.

Primary Language Spoken at Home

The majority of Lassen County residents speak English at home, followed by Spanish and other Asian and Pacific Islander languages.¹⁰



Education

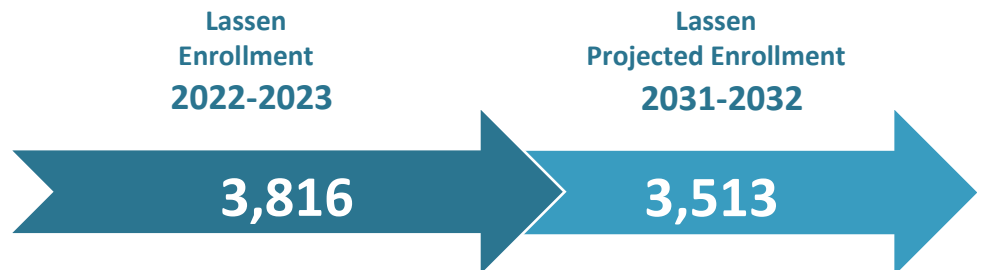
Early Education

A growing body of research has found that early learning programs—if they include certain qualities such as appropriate teacher qualifications, family engagement activities, and small class sizes—help prepare children for school academically, socially and emotionally, and improve their economic prospects. Studies have found this to be especially true for lower-income students, those learning English, and others considered disadvantaged.

Although recent, publicly available data that reports on the number or percentage of children in Lassen County who are eligible but not enrolled in preschool is limited, recent legislation passed in California may help support increased access to early care and education for young children in the county. As noted by the California Department of Education, “in 2021, legislation was passed that requires any local educational agency (LEA) operating a Kindergarten to also provide a TK [Transitional Kindergarten] program for all 4-year-old children by 2025–26”, meaning that every child in California, including within Lassen County, will have access to TK as a quality learning experience the year before Kindergarten.¹¹

School Enrollment

Enrollment in public schools can also help to determine population changes and inform future programming for school-aged children. Lassen County is expected to see a slight decline in their K-12 school enrollment over the next ten years.¹²



¹⁰ Lassen County, California. United States Census Bureau. Accessed June 29, 2023 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

¹¹ California Department of Education. “Universal Prekindergarten FAQs.” Accessed October 10, 2023 at <https://www.cde.ca.gov/ci/gs/em/kinderfaq.asp#what-is-upk-and-how-is-it-related-to-universal-transitional-kindergarten-utk-updated-27-may-2022>

¹² State of California Department of Finance. California Public K-12 Graded Enrollment Projections Table, 2022 Series. Accessed June 29, 2023 at <https://dof.ca.gov/forecasting/demographics/public-k-12-graded-enrollment/>

Economy

The following sections detail economic indicators for Lassen County.

Income¹³

The median household income in Lassen County is estimated at approximately \$59,292. Lassen County’s median household income remains substantially lower than California’s median income of \$84,097.¹⁴

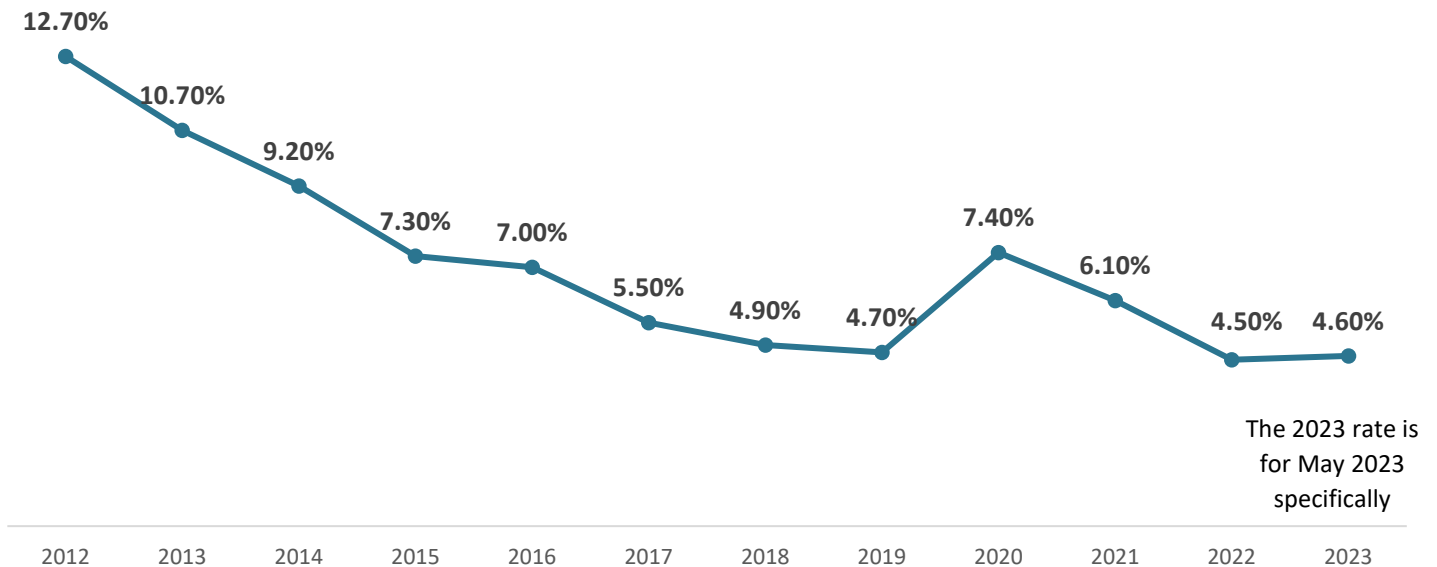
	Lassen County	California
Median Income ¹³	\$59,292	\$84,097

Employment

Unemployment and labor force participation are important indicators of the economic health of a region.

The unemployment rate in Lassen County has been declining overall since 2012, with increases in 2020 likely a result of the COVID-19 pandemic.¹⁵ In May 2023, the unemployment rate in Lassen County was estimated at 4.6%¹⁵, slightly higher than that of California (4.5%)¹⁶.

Lassen County Unemployment Rates



¹³ Lassen County, California. United States Census Bureau. Accessed June 29, 2023 at <https://data.census.gov/cedsci/profile?g=05000000US06035>

¹⁴ Quick Facts: California. United States Census Bureau. Accessed June 29, 2023 at <https://www.census.gov/quickfacts/fact/table/CA/BZA210220>

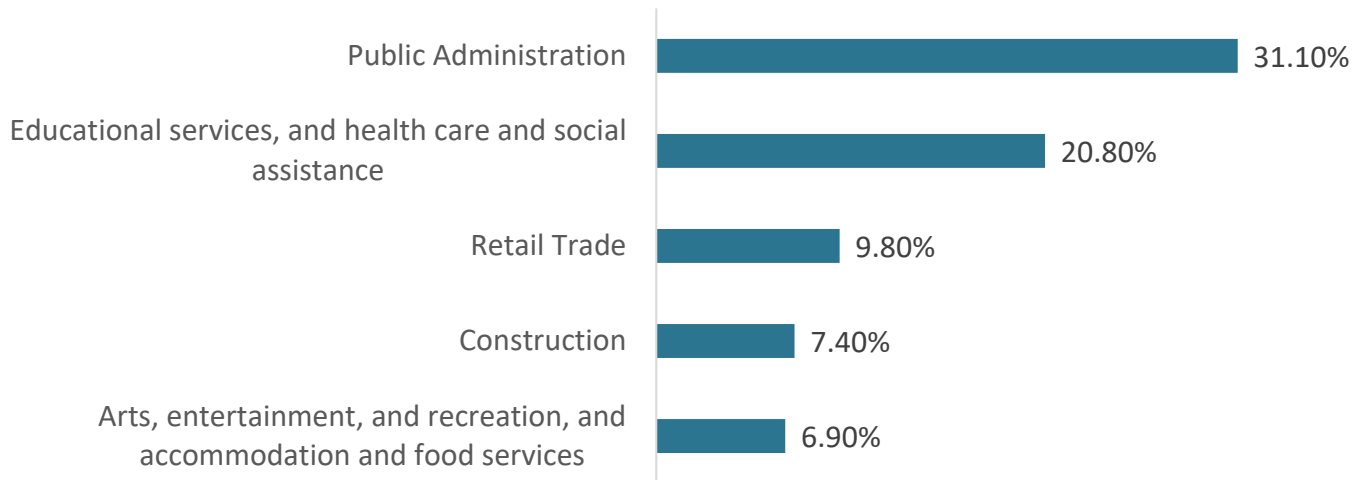
¹⁵ U.S Bureau of Labor Statistics. Local Area Unemployment Statistics Map. Accessed June 29, 2023 at <https://data.bls.gov/lausmap/showMap.jsp>

¹⁶ Ibid.

Labor Force

A total of 30.8% of the Lassen population was estimated to be in the labor force during 2021 (the most recent year for which data is available); in comparison, 57.6% of California’s population was in the labor force.¹⁷ The top 5 industries in which civilians are employed in Lassen County are illustrated in the graphic below.

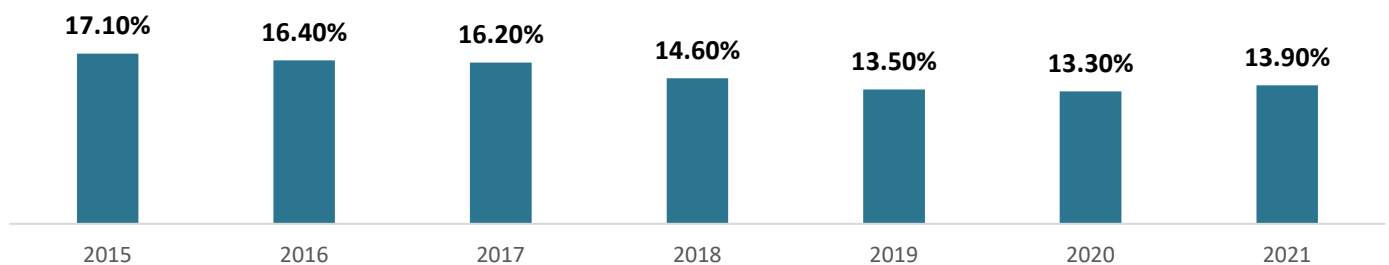
Employment Industries in Lassen County



Poverty

The poverty threshold, calculated by the U.S. Census, is a standardized measure used nationwide. Current estimates indicate that approximately 13.9% of Lassen County’s population live in poverty.¹⁸ The following graph demonstrates this trend from 2015-2021, the most recent year for which data was available.

Lassen County Poverty Rates



While the percentage of people living in poverty continued to drop from its peak in 2015, some families in Lassen continue to struggle. Prior challenges to meeting basic needs such as housing, food, education, medical expenses, and transportation were exacerbated by the COVID-19 pandemic as income was reduced and access to services decreased for some families.

As noted previously, Lassen County is home to approximately 5,251 children, and it is estimated that ~15.7% of these children live in poverty.¹⁹

¹⁷ Lassen County, California. United States Census Bureau. Accessed June 29, 2023 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

¹⁸ Ibid.

¹⁹ Ibid.

Housing and Homelessness

Housing is yet another factor that can influence families’ well-being and demonstrate the economic health of a region. The rate of home ownership in Lassen County was 69.1% in 2021²⁰ (the most recent year the data was available), higher than the state’s rate of 54.2%.²¹

For renters, the picture is a little different. In Lassen County, the FY2023 fair market rent for a two-bedroom space was \$972/month, up from \$937 in 2022.²² A household is traditionally considered rent-burdened if they spend more than 30% of their income on rent. The 2023 Point in Time Report estimated that 46% of households who rent in Lassen County are rent overburdened, up from 27% in the 2022 Point in Time Report.²³



2023 Fair Market Rent for Two-Bedroom



\$972/Month

Minimum Income Required for Household
to Not be Rent Overburdened



\$38,880/year

Individuals who are unable to afford housing may end up experiencing homelessness, living in weekly motels, or finding housing arrangements not fit for long-term living. While homelessness is most closely linked to poverty, increasing rents may be the “tipping point” for individuals or families. In January 2023, Lassen County counted 96 individuals as utilizing emergency shelter or transitional housing (i.e., experiencing sheltered homelessness) and 38 individuals experiencing unsheltered homelessness.²⁴

Health

Healthy families and children are the center of First 5 Lassen’s work. Changes to both the state and national health care landscape have influenced children’s health in Lassen County.

In May 2016, Medi-Cal expanded access to health insurance for children across the state as the implementation of Health4AllKids took effect. As of 2021, approximately 97% of children in Lassen County were estimated to have health insurance.²⁵

Oral health can also be an important health indicator. Less frequent dental visits lead to disruption of a child’s learning, diminished nutrition, and poor sleeping habits. For every dollar spent on preventative oral health care, as much as \$50 in

²⁰ U.S. Census Bureau, Homeownership Rate for Lassen County, CA. Retrieved from FRED Economic Research on June 29, 2023 at <https://fred.stlouisfed.org/series/HOWNRATEACS006035>.

²¹ U.S. Bureau of the Census, Homeownership Rate for California [CAHOWN]. Retrieved from FRED Economic Research on June 29, 2023 at <https://fred.stlouisfed.org/series/CAHOWN>.

²² US Dept. of Housing and Urban Development, FY 2023 Fair Market Rent Documentation System. Accessed July 11, 2023 at https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2023_code/2023summary.odn.

²³ 2022 Point in Time Count Report and 2023 Point in Time Count. NorCal Continuum of Care. Accessed June 29, 2023 at <https://co.lassen.ca.us/dept/housing-and-grants/documents>.

²⁴ Ibid.

²⁵ U.S. Census Bureau. Selected Characteristics of Health Insurance Coverage, S2701: Lassen County. Accessed June 29, 2023 at <https://data.census.gov/table?g=050XX00US06035&tid=ACSST5Y2021.S2701>.

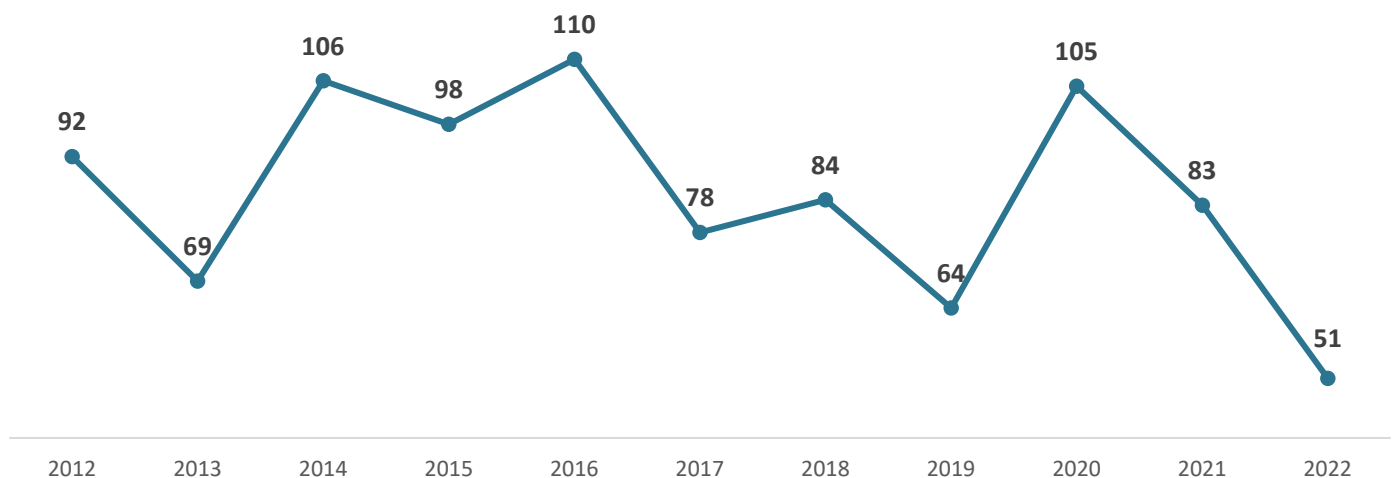
saved on restorative and emergency oral health procedures.²⁶ Recent data on dental care access for young children is not publicly available for Lassen County, but in prior First 5 Lassen Evaluation Reports, it was noted that only 36% of children ages 0-5 who are low income had visited a dentist in 2018.

Health Insurance	Dental Visits
<h1>97%</h1> <p>of children had insurance as of 2021</p>	<h1>36%</h1> <p>of children 0-5 who are low-income have visited a dentist in the past year <i>(data from 2018)</i></p>

Child Maltreatment

In California, approximately one out of every four children experience an investigation for maltreatment.²⁷ In 2022, 476 child maltreatment allegations were reported in Lassen County²⁸; of these, 51 (10.7%) were substantiated.²⁹ Given the impact that a substantiated child maltreatment allegation can have on a child and their family, this is an important metric to monitor over time. As the figure below illustrates, this indicator has been decreasing over recent years, with the exception of 2020, when increases may be partially attributable to circumstances caused by the pandemic.

Lassen County Child Maltreatment Substantiations



²⁶ American Dental Education Association. <http://www.help.senate.gov/imo/media/doc/Swift.pdf>

²⁷ 2022 California Children’s Report Card. Retrieved June 30, 2023 from <https://www.childrennow.org/portfolio-posts/2022-california-childrens-report-card/>

²⁸ Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Hammond, I., Ayat, N., Gomez, A., Jeffrey, K., Prakash, A., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A. & Ensele, P. (2022). CCWIP reports. Retrieved Jul 22, 2022, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>

²⁹ Ibid.

Pathways Home Visiting Program

First 5 Lassen supports achievement of its strategic plan through its primary investment in the Pathways Home Visiting Program. While the program is open to all families with children prenatal through age five, it targets high need populations such as teen or first-time parents, parents with mental health or substance use issues, families at risk for child abuse, and families who are experiencing homelessness. The target populations served by Pathways are some of the most difficult to reach and maintain relationships with for an extended period of time due to their complex issues and needs. However, success with this group offers the greatest opportunity to position children and their families for future success. The primary services provided through Pathways include:

- **Parent education and child development** lessons are offered using the Parents as Teachers (PAT) curriculum. PAT is a nationally recognized program philosophy of providing parents with child development knowledge and support. By understanding what to expect during each stage of development, caregivers can capture the teachable moments in each day to enhance their child's language development, intellectual growth, social development, and motor skills.
- **Screenings and assessments** are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. Children are screened for developmental delays using the Ages and Stages Questionnaire (ASQ & ASQ-SE) while simple PAT health screenings are used for hearing and vision. The Life Skills Progression Tool (LSP) is used with families enrolled in home visiting. This tool allows each home visitor to gauge the strengths of a family and the areas that need support. The home visitor is able to make targeted referrals based on the results of the LSP and communication with the family.
- **Referrals to community service providers** are offered to families to ensure they know about and can access other support services available. Needs are identified by families directly as well as through the screenings and assessments completed with each family served.
- **Group meetings and interactive playgroups** are provided to complement home visiting services. In these settings families get to learn about child development activities, and children get an opportunity to socialize and grow in a developmentally rich environment.



Why Home Visiting?

The first five years of a child's life is a period for dramatic changes to the brain, and children learn faster at this time than at any other time in their lives. Recent scientific advances in knowledge about child and brain development reveal that experiences and conditions during early childhood can have long-term benefits and consequences.

Research shows home visiting can be an effective method of delivering family support and child development services that lead to improved child health and development as well as strengthened parenting skills. It has also been an effective intervention in decreasing the number of children in the social welfare, mental health, and juvenile corrections systems.

Evaluation Framework

As a component of Prop 10 funding, First 5 Lassen is required to demonstrate results. The results-based accountability model, as adopted by the state First 5 Commission, requires the collection and analysis of data and the reporting of findings in order to evaluate the effectiveness of investments.

The primary purpose of the First 5 Lassen evaluation is to assess the impact of home visiting services to three of the four result areas within the First 5 Lassen Strategic Plan. The Pathways Home Visiting Program is required to provide services that are responsive to the strategic plan and corresponding indicators that help to determine outcome achievement. These indicators make up the basis of the evaluation report and include an examination of the following:

Who was provided with home visiting services?

- ✓ Number and demographics of families participating in family strengthening activities through home visiting services (pgs. 19-20).
- ✓ Number of children aged zero to five in families with at least one high-needs characteristic participating in family strengthening activities through Pathways Home Visiting services (pg. 20).

How did home visiting services impact family functioning?

- ✓ Number of families participating in Pathways Home Visiting services that report increased positive behaviors, knowledge, and practices in parenting skills and healthy lifestyles (pgs. 22-25).

How many children were provided with developmental screenings?

- ✓ Number of children participating in Pathways Home Visiting services that received a developmental screening (pg. 27).

How did programs use the results of developmental screenings to support optimal child development?

- ✓ Number of children identified as needing additional supports for developmental growth (pg. 27).
- ✓ Number of children identified as needing additional supports for developmental growth that received a referral (pg. 26).

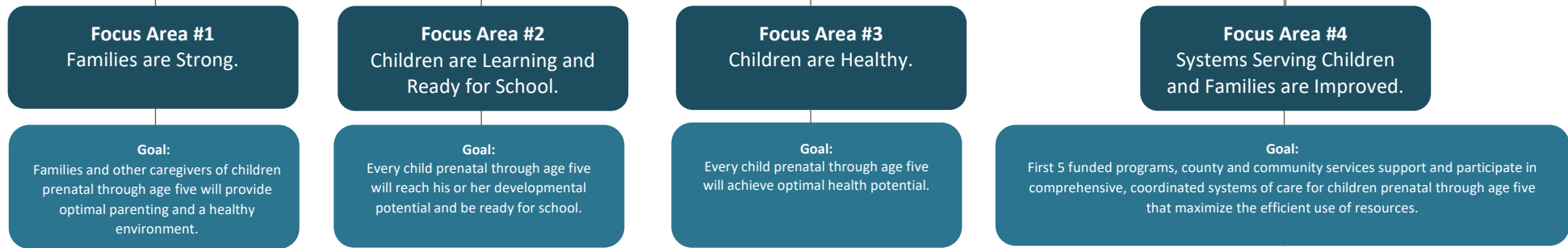
How many children are accessing regular health and dental care?

- ✓ Number of children participating in Pathways Home Visiting services that received an annual physical health exam (pg. 27).
- ✓ Number of children participating in Pathways Home Visiting services that received an age-appropriate oral health screening (pg. 27).
- ✓ Number of children identified as needing additional supports for health or dental health needs (pg. 27).

In addition, First 5 Lassen encourages activities that are intended to support an improved system of care. A description of those efforts is provided in this report on page 29.

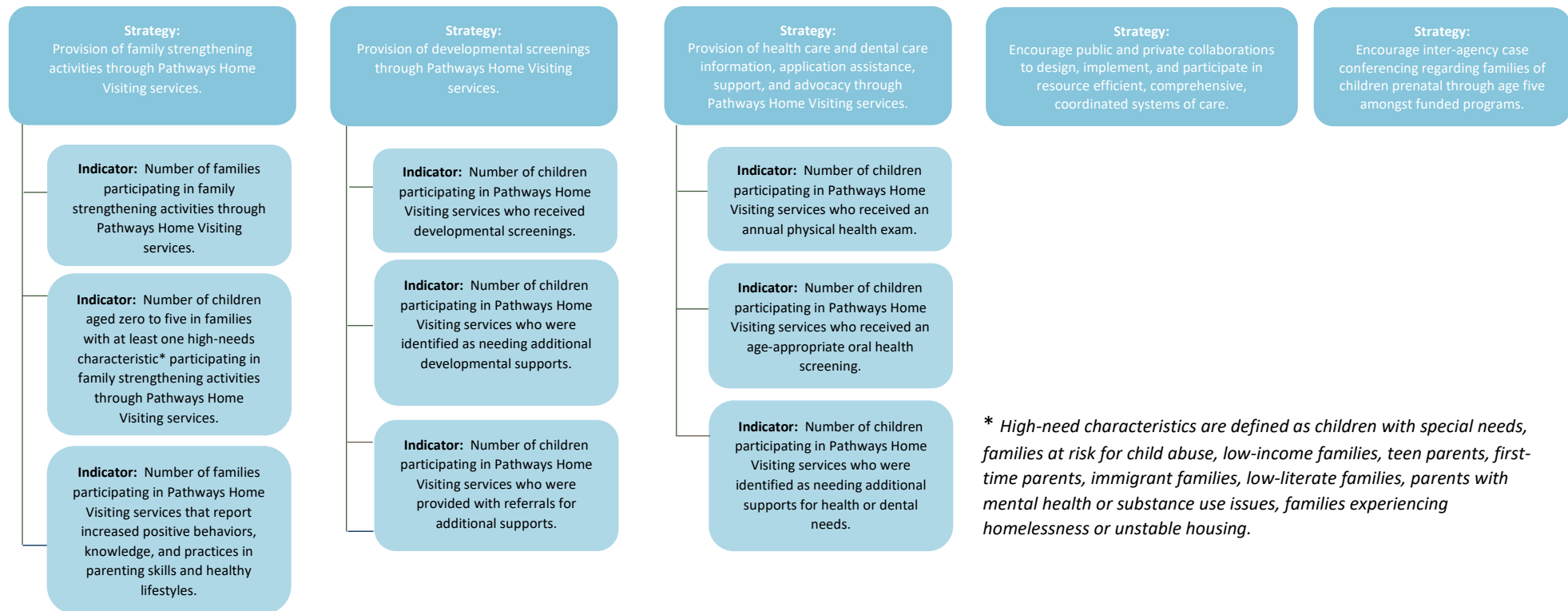
First 5 Lassen Home Visiting Evaluation Pathway

All Lassen County children will thrive in supportive, nurturing, and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.



Implemented through the Pathways Home Visiting Program

Encouraged by First 5 Lassen



* High-need characteristics are defined as children with special needs, families at risk for child abuse, low-income families, teen parents, first-time parents, immigrant families, low-literate families, parents with mental health or substance use issues, families experiencing homelessness or unstable housing.

Methods

This evaluation is focused on First 5 Lassen’s Pathways Home Visiting Program (PHV) participants, who are children under six and their families who participated in services between July 1, 2022 and June 30, 2023. For the purpose of this report, a home visit is any contact made with a family that meets the definition included on page 18.

The following types of data were collected to evaluate First 5 Lassen efforts:

Administrative Data

Demographic and service data is collected and recorded for every family that participates in services. Every family completes an intake packet upon program entry. Additionally, home visitors record the number and type of services and referrals that are provided to families. Case management notes, contact logs, and referral follow-up tracking forms are used to document progress with families in the program. Most of this information is collected and recorded in an online database.

Parent Satisfaction Surveys

Surveys are collected from parents regarding their participation in the program as well as their participation in parent/child group meetings. Parents are also asked to assess their satisfaction with the referrals they received. This information is collected by Pathways staff and recorded in the online database.

Life Skills Progression (LSP) Assessments

LSP assessments are completed by home visitors based on a variety of different data sources, as well as their individual observations about a family. Results of these assessments are recorded in the online database.

Developmental Screening Tools

Home visitors utilize the Ages and Stages Questionnaire (ASQ) to conduct developmental screenings. The ASQ is a general developmental screening tool that is used with parents to assess age-specific development in five domains. There is also a separate tool that is used to measure social-emotional development of children called the ASQ-SE. Results of screenings are provided directly by Pathways staff and are not recorded in the database.

In addition to these data sources, additional qualitative data is gathered through interviews with the First 5 Executive Director and the Pathways Program Director to collect information about program implementation efforts and systems-change activities. All of these data sources combined make up the content of this evaluation report.

Considerations and Limitations

The following considerations and limitations should be considered during review of the data included in this report:

- The majority of data was provided directly by Pathways Home Visiting staff to the evaluation team or exported in aggregate from the Pathways Home Visiting database. The majority of data was not available at the client-level, or could not be disaggregated by client or by service activity provided, and therefore aggregate counts could not be validated by the evaluation team. It should also be noted that First 5 Lassen, Pathways, and external evaluation staff have been in discussions with the database developer to better understand the data being presented via the aggregate count reports generated by the system; based on these discussions it is possible that some (i.e., service and referral counts) may be underreported in this and prior annual evaluation reports.
- Per the instructions provided for LSP tool use, ratings for child development domains should be based on a developmental screening or assessment such as an ASQ or ASQ:SE. These development screenings are not available for children under the age of two months, meaning that home visitors cannot provide scores for children under two months in the LSP areas of communication, gross motor, fine motor, problem solving, and social-emotional.
- Prior to the FY19-20 Local Evaluation Report, reports in this series reported Life Skills Progression (LSP) scores using a scale of 0-12 rather than the 1-5 scale provided in the LSP scoring sheet and associated instructions. This was updated in the FY19-20 and subsequent reports and briefs so that figures used to illustrate average changes in LSP scores for Pathways’ participants matched the LSP rubric. A concordance table illustrating the differences between the rubric provided in the LSP instructions (“assessment score”) and those used in prior reports (“report score”) is provided below for reference.

Due to this change in score presentation, caution should be taken when comparing LSP data prior to FY19-20 to LSP data after FY19-20. The concordance table to the right may be helpful in aligning scores year-to-year. However, it should be noted that while the change in scoring presentation may impact the scale or extent of change experienced by families participating in the program, it does not negate the presence of growth overall. Higher scores in both scoring methodologies equate to a stronger score and better circumstances for the families being assessed; a stronger average post score within a domain or skill compared to a pre-score represents positive average change for the families included.

ASSESSMENT SCORE	REPORT SCORE
No selection, data, or N/A	0
Low	2
1.0	3
1.5	4
2.0	5
2.5	6
3.0	7
3.5	8
4.0	9
4.5	10
5.0	11
High	12

Definitions and Terms Used in This Report



Home Visit: One-on-one home (or personal) visits, during which the parent educator meets with the family in its home or a mutually agreeable alternative location. The Parents as Teachers model requires that affiliates offer a minimum of 12 home visits annually to families with one or no high-needs characteristics, and a minimum of 24 home visits annually to families with two or more high-needs characteristics. Home visits last a minimum of 60 minutes.*



Points of Contact: The number of times that a service recipient participated in a home visit.

Example: One home visit occurred where three family members were present = three points of contact.



Standard Services: Standard services are those that occur during every home visit. They include early childhood education, parent education, and parental support and guidance.



Additional Services: Services, other than the standard services, that were provided to families who may or may not have received a home visit.



Additional Services Include:

- Academic or Educational Services
- Basic Needs Supports
- Family Functioning Services
- Health and Wellness Supports
- Referrals to Community Resources



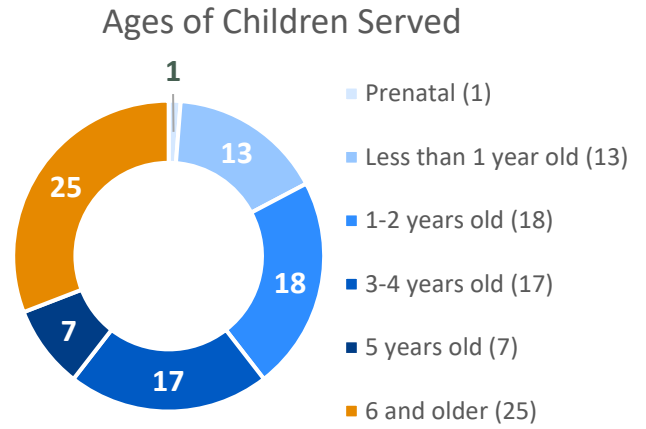
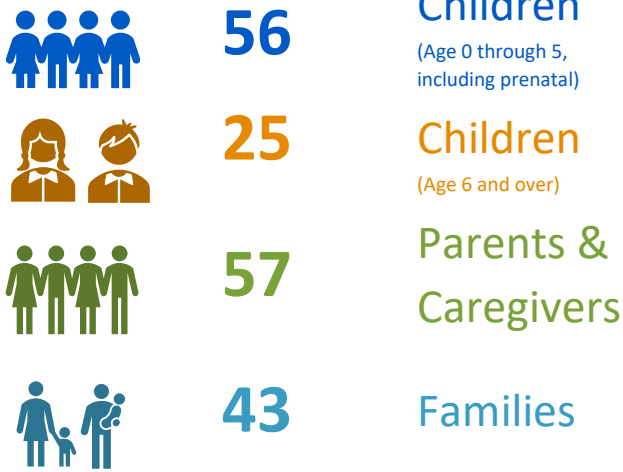
**Definition of Home Visit was retrieved on February 12, 2021 from:

[https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20\(PAT\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20(PAT)%C2%AE/Model%20Overview)

Results

Client Characteristics

Who was Served through Home Visits?*



*Note that demographics are provided only for individuals that received a home visit as defined on page 18 during the period July 1, 2022-June 30, 2023.

Children (ages 0-5) with Special Needs at Intake

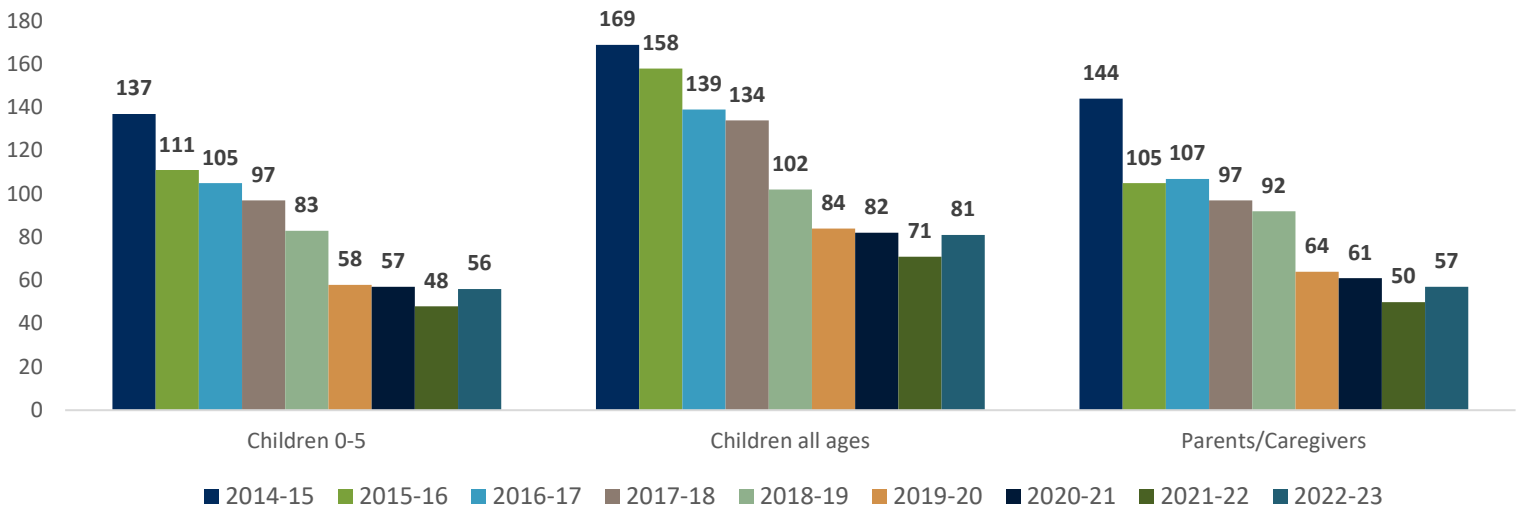
Eligible for Part C (early intervention, 0-3 years)

0

Eligible for Part B (special education services through district, 3-5 years)

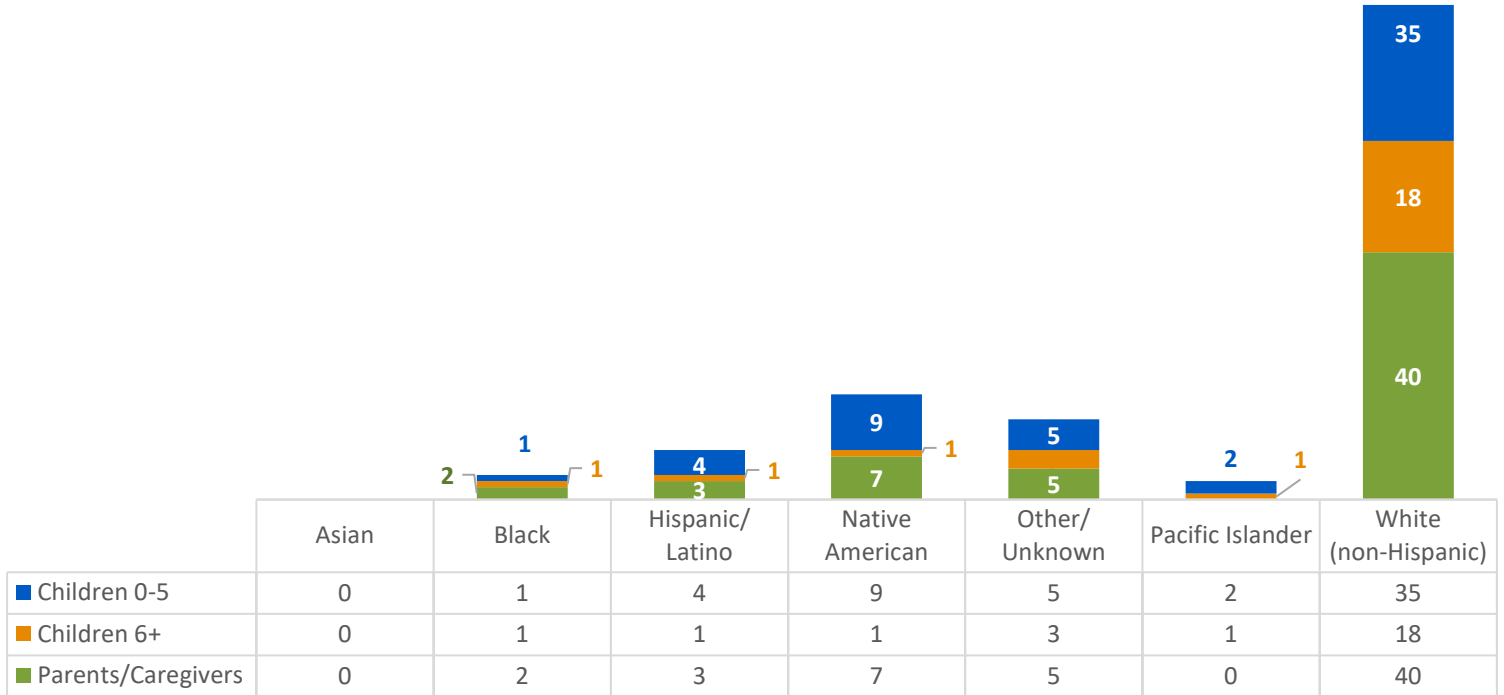
3

Five-Year Comparison of Individuals Served



Since FY14-15, the number of children and adults being served by the program has decreased year over year, with 138 total individuals served in FY22-23 compared to 313 in FY14-15.

Race/Ethnicity of those Served

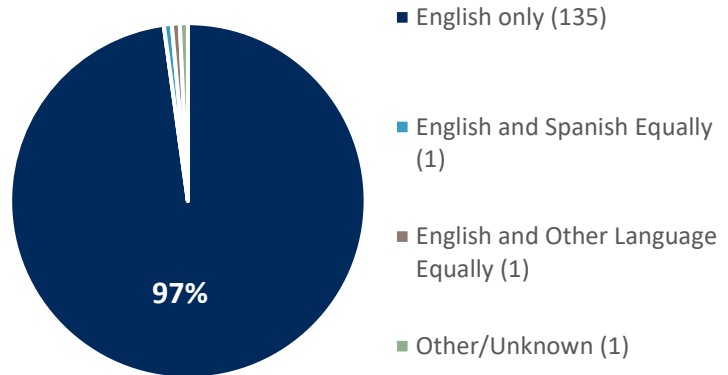


The majority of participants served identified as White, making up 67% of the total. The next largest group served identified as Native American (12% of total).

Language Spoken in the Home of those Served

The majority of participants served identified English as the primary language spoken in their home.

Three individuals identified that English and either Spanish or another language were spoken equally at home.

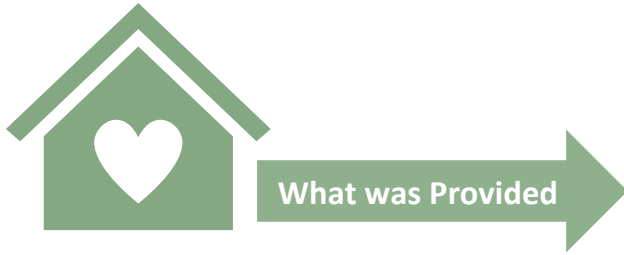


High Need Characteristics

The Pathways program assesses family need as a requirement of program entry. In FY22-23, 100% of families participating in the Pathways Home Visiting program were demonstrating at least one high-need characteristic at program entry, and therefore all children aged zero to five served by the program were part of a family with at least one high-needs characteristic.

Services Provided

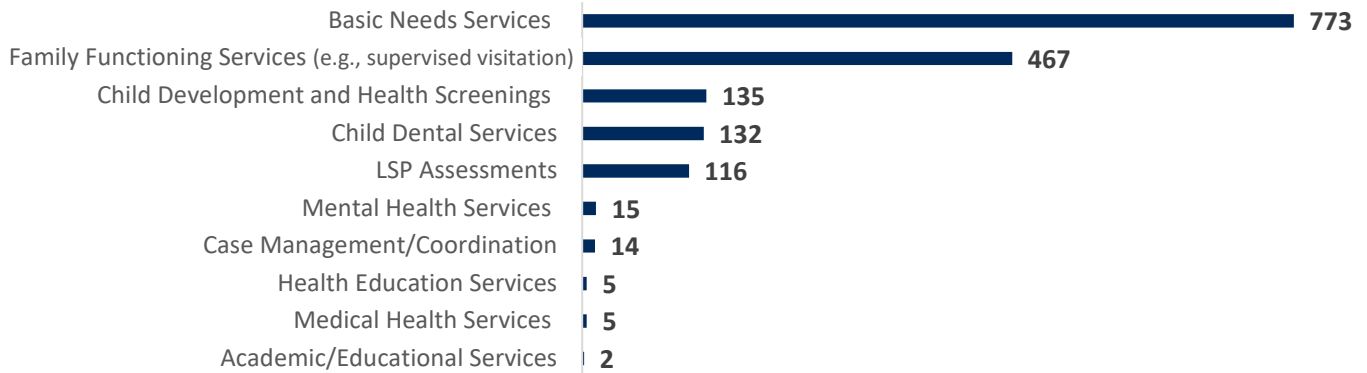
Home Visits and Other Services



Number of Home Visits Conducted	591³⁰
Number of Points of Contact	1,513
Number of Services Provided Outside of Standard Services	1,664
Number of Referrals Made	25

Between July 1, 2022 and June 30, 2023, a total of **591** home visits were provided to families. During every home visit, a variety of services are provided including parenting education, family support, and case planning. In addition to these standard services, home visitors also provide additional direct services to families in the program. The chart below indicates what type of additional services were provided to families, either during a home visit or during a separate interaction.

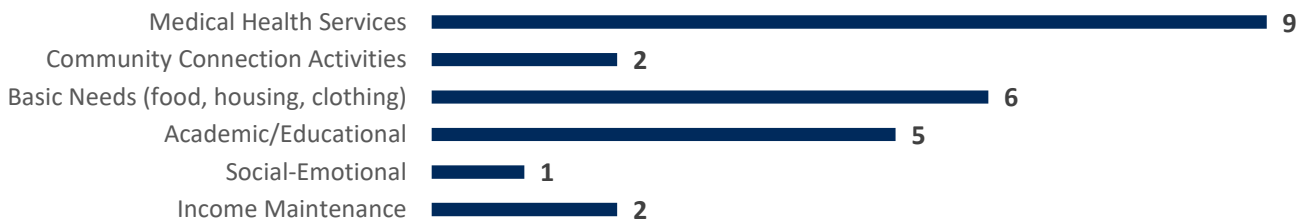
Services Provided



Referrals

Between July 1, 2022 and June 30, 2023, home visitors provided families with **25** referrals to other community resources.

Referrals Provided



Of the 25 referrals made to community resources, **20** resulted in an appointment kept by the family. Satisfaction with these referrals is detailed on the bottom of page 25.

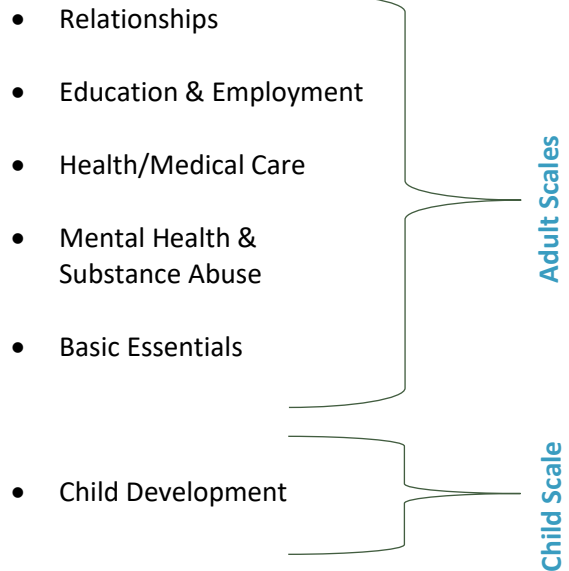
³⁰ Note that the current data management system does not provide the information necessary to determine if each visit included in this total lasted for a minimum of 60 minutes per the PAT model. The count of home visits is calculated on the number of visits received by the primary adult service recipient.

Impact on Families

Improved Family Functioning

To measure improvements in family functioning, the Life Skills Progression (LSP) tool is used by home visitors to develop a profile of family strengths and needs, establish service plans, and to monitor progress in outcomes. The tool is used upon program entry and at six-month intervals. The tool describes individual parent and infant/toddler progress using 43 types of life skills, which are grouped into the six scales depicted to the right.

Assessment scores (ranging from 0 to 5) are tied to specific circumstances for each family for the six months prior to the time of assessment completion. A score of zero or NA indicates the question was not asked, not applicable, or could not be answered. Higher numbers indicate a stronger score and better circumstances for the families being assessed. Those scores, when inserted into the online database produce a report score that is then averaged for all families in which a pre and post assessment have been completed. Average scores are used to demonstrate life skill development growth.³¹ Note that beginning in the FY19-20 Annual Report, the LSP score scale utilized was updated to align with the LSP scoring sheet and associated instructions. More information on the implications of this update is available on page 18.



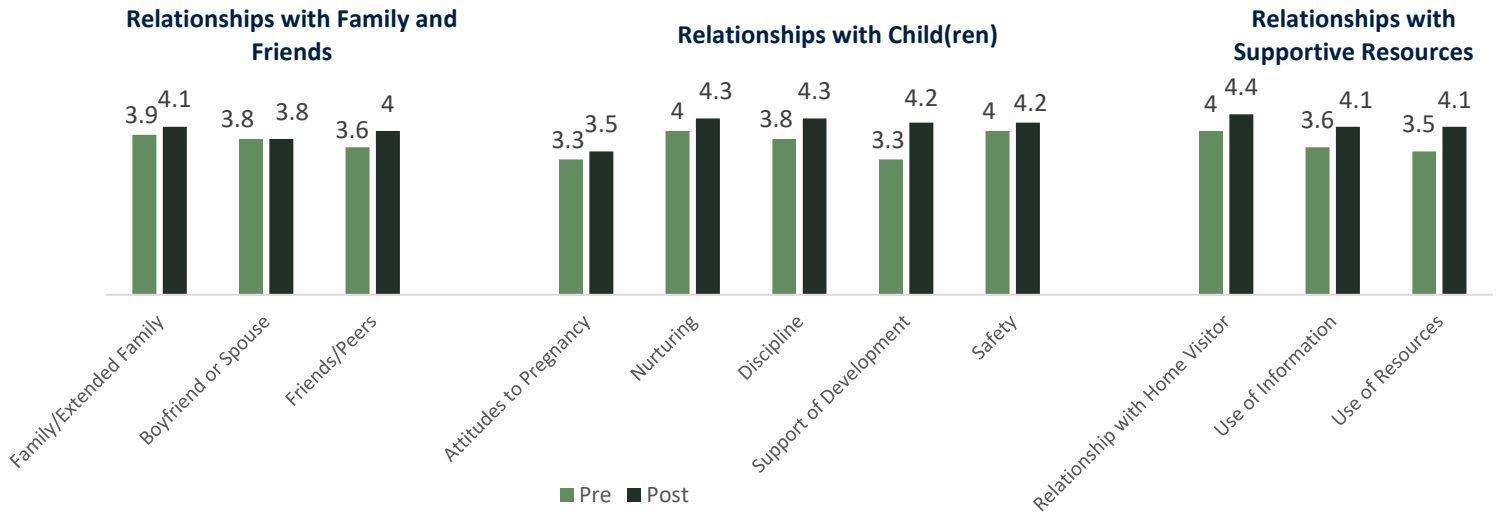
In FY22-23 a total of 31 adults were assessed with the LSP, 24 of whom had both a pre and post assessment; 48 children were assessed with the LSP, 35 of which had both a pre and post assessment. Only individuals with a pre and post assessment are included in the figures that begin on the next page, and score increases or decreases are an average of all individuals for which pre and post data is available; individual results of those included in aggregate may differ from the average. Caution should be taken when generalizing the results given the small number of families for which pre and post data is available.

The data provided on the following should also be interpreted with caution as movement from one score tier to another within certain categories may be difficult for some families to achieve in their current circumstances regardless of the amount of support provided by the home visiting program, particularly if they live in a rural or remote community. The full LSP tool is available for review in [Appendix A](#).

³¹ Clinical or participant-specific decisions should only be made by utilizing the individual-specific report.

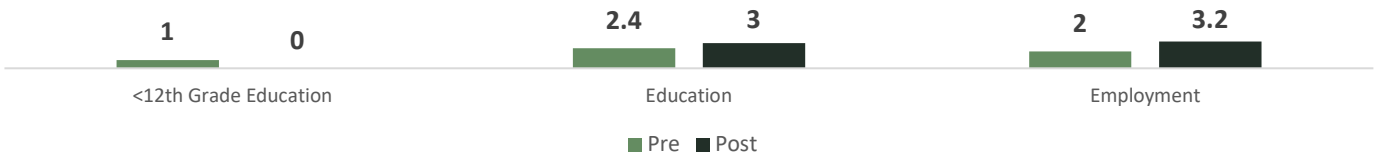
Relationships

LSP completers had increased scores in most of the areas related to relationships, with the most growth seen within the areas of Support of Development (increase of .9) and Use of Resources (increase of .6), and Use of Information (increase of .5). Increases in the Support of Development area indicates better understanding, interest in, and application of child development information. Increases in Use of Resources and Use of Information indicates increased utilization of resources and interest in/acceptance of information provided by the home visitor.



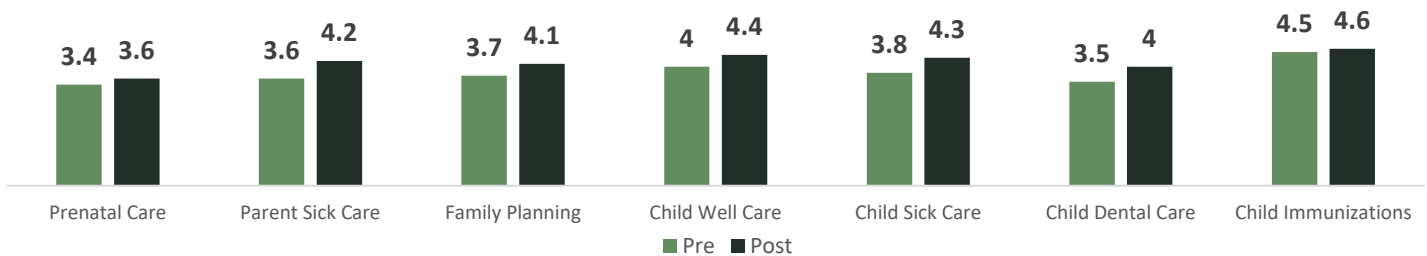
Education and Employment

LSP completers experienced gains in the Education and Employment areas, with the largest increase seen in the area of Employment (increase of 1.2). An increase in this area represents more stable employment and increased earning potential. The decreases in 12th Grade Education may indicate that home visiting participants have decreased their enrollment or regularity of attendance in an education program since completing their initial LSP.



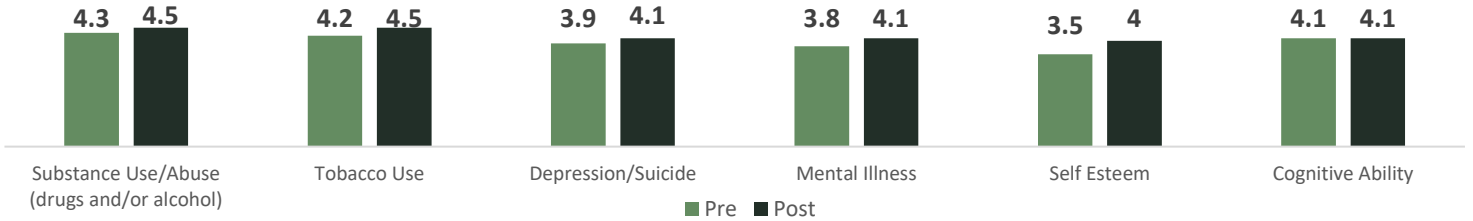
Health and Medical Care

LSP completers experienced gains in every type of measurement related to health and medical care. Higher scores in this area represent more access to care and more use of preventative care



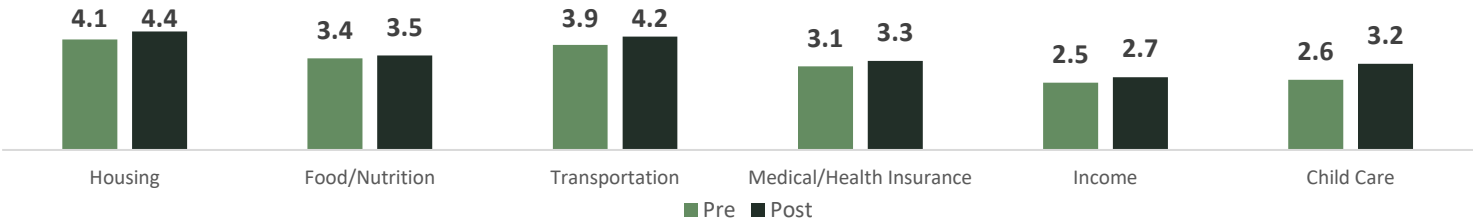
Mental Health and Substance Abuse

LSP completers experienced gains in most measurements related to mental health and substance abuse. Higher scores in this area represent reduced reports of substance use/misuse and lower reports of depression and mental illness and/or better management of depression and mental illness.



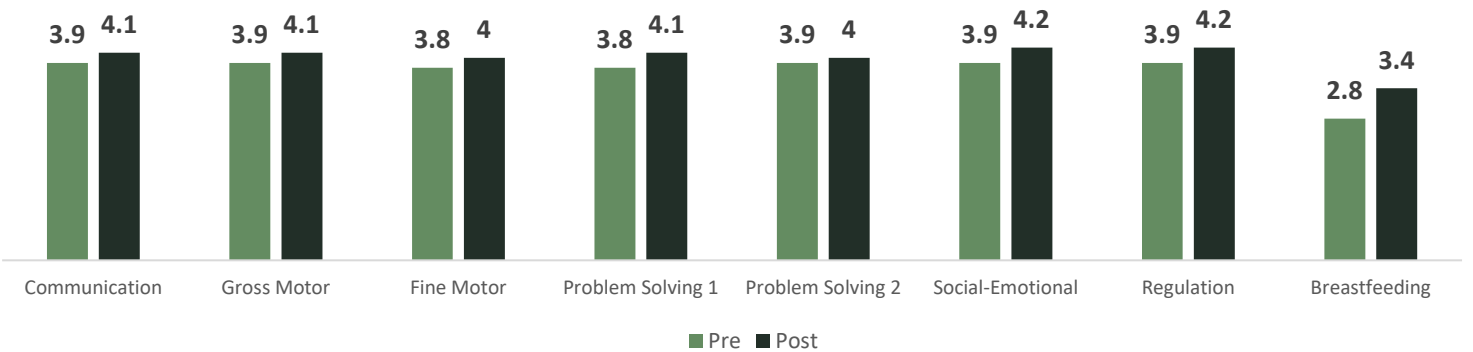
Basic Essentials

LSP completers experienced gains in all measurements related to accessing basic essentials. Higher scores in this area represent more stable housing; adequate income; increased access to food, transportation, medical insurance; and more reliable and/or safe and supportive childcare.



Child Development

Pre- and post- LSP data was available for 35 children. Results indicate growth of these children in all areas of assessment.



Impact on Families

Satisfaction with Home Visiting Participation

Program Satisfaction Results (n=25)	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
• My home visitor explains the program, the weekly activities, and what I should expect during our visits.	22	3	0	0	0
• My home visitor arrives on time to visits and is flexible in arranging visits that work with my schedule.	22	3	0	0	0
• My home visitor responds professionally to my questions and concerns.	22	3	0	0	0
• I learned something new about my child and/or child development as a result of my involvement in the program.	22	3	0	0	0
• I have a good understanding of how children develop and the range of typical development in children as a result of the program.	21	4	0	0	0
• I have a good understanding of a variety of activities to do with my child to help them develop and learn new skills as a result of the program.	21	4	0	0	0
• I have knowledge about how to parent my child as a result of the program.	22	3	0	0	0
• I feel more confident in my role as a parent as a result of what I learned from my home visitor.	21	4	0	0	0
• I have used what I learned with my child/family since I started the program.	21	4	0	0	0
• The referrals made on my behalf by my home visitor helped me get connected to services.	20	2	0	0	3
• Overall, I would rate my satisfaction with the program as very good.	22	3	0	0	0

Based on the survey results, participants overall were satisfied with home visiting programming.

Referral Satisfaction Results (n=20)

Parent Satisfaction with Referrals Received



90%

of families (18/20) who kept a referral appointment agreed that they were treated well.

70%

of families (14/20) who kept a referral appointment felt like their needs were fully met. Three indicated that their needs were partially met, and three indicated that their needs were not met.

70%

of families (14/20) who kept a referral appointment indicated that they would recommend this service. Three were neutral and three did not answer this question.

Impact on Families

Improved Child Development

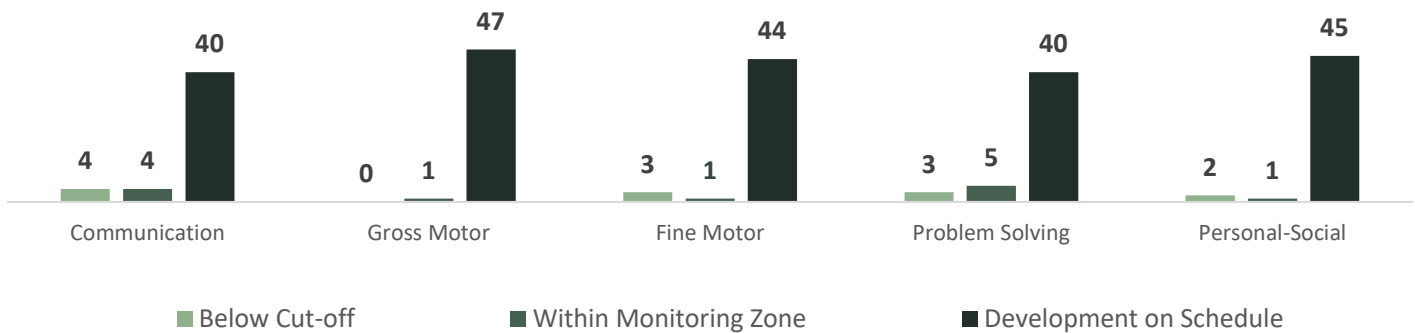
Developmental Screening (ASQ)

To ensure that children receive early screening and intervention for developmental delays and other special needs, the Pathways Home Visiting Program utilizes the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire for Social Emotional Needs (ASQ:SE).

Between July 1, 2022 and June 30, 2023, a total of **48** children (ages 0 through 5) received 70 Ages and Stages Questionnaire (ASQ) screenings (20 children received two more screenings each during this time). Only the most recent screening result for each child is included in the figure below. Based on these results, the majority of children had development that was on schedule during their most recent screens; six children were below the cut off in at least one domain on their most recent screen.

Of the six children who were below the cut off in at least one domain, three were referred for early intervention services and two were provided with skill building activities by Pathways staff and upon a rescreen their development was above the cutoff. For the remaining child with a screen indicating they were below the cut off, Pathways discussed referral options with the family who then chose to engage with Pathways for a longer period of time before moving forward with a referral.

ASQ Results



Social Emotional Screening (ASQ:SE)

Between July 1, 2022 and June 30, 2023, a total of 15 children received ASQ:SEs. This tool screens specifically for a child’s social emotional growth and development.

Three of the children screened with the ASQ:SE demonstrated a score that indicated a possible concern. The families of two of these children are working with Pathways staff to implement behavior strategies and have shown improvement, and the family of the remaining child moved out of county before the referral process could be completed.

Impact on Families

Improved Child Health

Physical Exams



The Pathways Home Visiting Program tracks whether children served by the program had received an annual physical exam from their primary care provider.

Between July 1, 2022, and June 30, 2023, it was reported that a total of **53** children (ages 0 through 5) participating in the Pathways Home Visiting program had received an annual physical exam from a health care provider. One additional child was prenatal during the program year and not eligible for an exam, and Pathways staff has supported the parent of the remaining two children in scheduling a physical exam appointment and will be providing transportation to the upcoming appointment as well.

Oral Health Exams



The Pathways Home Visiting Program ensures that children in the program receive an annual oral health screening.

Between July 1, 2022, and June 30, 2023, it was reported that a total of 40 children (ages 1 through 5) participating in the Pathways Home Visiting program received an oral health screening. 14 children were under the age of one or not yet born when home visiting services occurred and not recommended for an oral health exam until after their first birthday. Pathways staff has supported the parent of the remaining two children in scheduling an oral exam appointment.



Impact on Families

What Clients Have Said

The support and advice that we have gotten has been so valuable. We needed resources and felt that the whole world is against us. Our home visitor never stops reassuring us, teaching us, pointing out our strengths and keeps us from giving up.

This program has given us so much support and we have had so much fun. My kids absolutely love our home visitor and our visits. They are excited and confident to start school and we give credit to our home visits. We wish we could stay in this program forever. We will recommend Pathways to all of our friends.

This program helps me know what to expect developmentally for our youngest and our home visitor goes the extra mile and provides guidance for home schooling.

Our home visitor is knowledgeable about trauma and brain development. I have taken parenting classes from the 1970s that are outdated and all we did was work sheets and watch old videos. I like that our home visitor has new information.



Pathways is the best program I have found to help understand a child's behavior. I recommend this program all the time

We have needed help for so long and it has been such a relief to find Pathways home visiting program. Our Home Visitor is helping develop a plan for each one of my children to address the trauma they have experienced and to teach me how to help them regulate.

Pathways has been so educational and supportive. I feel like I can be a better parent because of what I have learned and I have referred two of my friends who enrolled in the program.

System Improvements

In FY22-23, First 5 Lassen and the Pathways Home Visiting Program either led, supported, or participated in the following activities to help support comprehensive, coordinated systems of care for children prenatal through age five that maximize the efficient use of resources.

- **Participating in the Lassen Links collaborative.** Both First 5 Lassen and the Pathways Home Visiting Program are members of Lassen Links, a network of local organizations serving children and families through community services, supports, referrals, and resources. In FY22-23, both organizations supported the collaborative by offering services and resources to meet the developmental needs of children and families through a coordinated home visiting system.
- **Expanding home visiting services to additional families.** In FY22-23, the Pathways Home Visiting program explored additional funding streams and models that could be used to offer home visiting services to more families in the county.
 - As of the end of FY22-23, Pathways has contracted with the CalWORKs Home Visiting Program (HVP), in addition to First 5 Lassen, to offer home visiting. The purpose of this California Department of Social Services (CDSS) program is to “support positive health development and well-being outcomes for pregnant and parenting people, families, and infants born into poverty, expand their future educational, economic, and financial capability opportunities, and improve the likelihood that they will exit poverty.”³²
 - Pathways was also in conversations with the California Maternal, Child, and Adolescent Health Division (MCAH) in FY22-23 to explore offering services through the California Home Visiting Program (CHVP). This program is “designed for overburdened families who are at risk for Adverse Childhood Experiences (ACEs), including child maltreatment, domestic violence, substance use disorder and mental health related issues”³³, and utilizing the additional funding and supports offered by MCAH would allow Pathways to expand the number of families they are able to serve through home visiting.

All programs offered through Pathways are anticipated to utilize the evidence-based Parents as Teachers (PAT) model currently utilized by Pathways staff. In support of this, in FY22-23 Pathways staff began exploring formal PAT re-affiliation, which will help to guarantee more fidelity to the PAT model and provide access to additional data management supports. By offering a consistent approach to home visiting services in the county through multiple programs and funding streams, Pathways is seeking to align the systems that serve children while expanding services available to families.

- **Contributing to inter-agency case coordination activities.** First 5 Lassen encourages funded programs to engage in inter-agency case conferencing efforts. In FY22-23, the Pathways program participated in a variety of case coordination activities including:
 - Attending Child and Family Team Meetings to support families engaged in the child welfare system
 - Communicating progress and activities with relevant staff on behalf of families referred to Pathways through the court system
 - Engaging in other formal and information conversations with local providers to determine how to best meet a family’s needs

³² CalWORKs Home Visiting Program. California Department of Social Services. Accessed October 10, 2023 at <https://www.cdss.ca.gov/calworks-home-visiting-program#:~:text=CalWORKs%20HVP%20aims%20to%20support,that%20they%20will%20exit%20poverty.>

³³ California Home Visiting Program. California Department of Public Health. Accessed October 10, 2023 at <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/default.aspx>

Summary and Recommendations

First 5 Lassen has invested in the Pathways Home Visiting Program as its primary strategy for achieving its vision that “**all Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.**” The following findings are provided to document how First 5 Lassen investments supported this vision in FY2022-23, while recommendations are offered for consideration in strengthening efforts in the future.

The results of this, and other recent evaluation reports, illustrate that the Home Visiting Program is having a sustained, positive impact on families served. Support for this finding include:

- **43 families, comprising 138 individuals, were provided with a total of 591 home visits and 1,664 additional services.**
 - Approximately half (46%) of the additional services provided were focused on helping families meet their basic needs. The Life Skills Progression tool results demonstrate aggregate growth in all measurements related to accessing basic essentials for families in which data is available (pg. 24). These results indicate that the provision of these services is supporting families meet their basic needs.
- **Satisfaction with the program remains high,** with families for whom data is available indicating near universal agreement for all questions included on the satisfaction survey (pg. 25). However, it is worth noting that for the second year in a row, some families reported that the referrals they received did not fully meet their needs, and not all indicated they would recommend the referral service.

Recommendations

FY2023-24 represents the first year of the Commission’s updated 2024-2028 Strategic and Long-Range Financial Plan as well as implementation of the associated FY2023-24 Evaluation Plan. The following recommendations are provided to support implementation of this new evaluation plan, highlight potential areas of improvement, and, if actioned, can establish an expanded understanding of the impact of the Pathways Home Visiting program.

Consider Use of a Participatory Evaluation Process: As the updated evaluation plan is implemented within the new strategic planning framework, the Commission and Pathways staff may want to consider inclusion of participatory evaluation activities. Participatory evaluation includes the active involvement of key partners in the evaluation process, such as through the joint analysis and co-creation of evaluation findings and recommendations. Including service recipients specifically in the review and interpretation of program data, and in the development of evaluation recommendations, may support an increased understanding of the program’s impact and ensure that the Commission is being responsive to the needs of young children and families in Lassen County. It may also be a mechanism to help key partners understand the link between the Commission Strategic Plan, its programs, and how evaluation efforts assist in supporting program improvements and measuring outcomes.

Connect with Families to Explore Potential Areas of Improvement with the Referral Process: As noted above, for the past several years families have reported less than full satisfaction with the referrals made on their behalf. Referrals to supportive resources represent a key element of the service provision provided by the Pathways program as well as of the Commission’s future plans (e.g., through the Lassen Links collaborative). Therefore, it is recommended that families are asked to provide additional feedback on how the referral process and network in the county can be improved. This

activity can also be designed to align with and support the inclusion of participatory evaluation activities outlined in the recommendation above.

Work with Pathways to Understand the Impact of Expanded Programming and Braided Funding on Evaluation

Activities: As described on page 29, Pathways staff is exploring additional funding streams and resources that will allow the program to offer home visiting services to more families in Lassen County. It is possible that these funding streams will have evaluation requirements, data management systems, and processes that may or may not align with those outlined in the First 5 Lassen FY2023-24 Evaluation Framework. It is recommended that the Commission, Pathways Director, and the external evaluation team connect regularly to discuss the potential impact of these differences, and consider how to design and/or align evaluation activities to both provide the Commission with the information they need to assess program impact and guide future-decision making, as well as reduce undue reporting burden on Pathways staff.



Appendix A

Appendix A

Life Skills Progression Tool

THE LIFE SKILLS PROGRESSION (LSP) _____ **Parent Scale Page 1**

Family record ID # _____ Indiv. # _____ Initial __/__/__ Months of service _____

Web ID # _____ Ongoing # _____/_____/____ No. attempted visits _____ No. completed visits _____

Client name _____ Closing __/__/__ Home visitor _____
(last name, first name)

Client DOB __/__/__ Female Male Race _____ Ethnicity _____ Agency/program _____

Medical codes _____

Item	Score	Areas of Life Skill Development	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High	
RELATIONSHIPS WITH FAMILY AND FRIENDS															
RELATIONSHIPS	1	Family/ Extended Family	Hostile, violent, or physically abusive family relationships	Separated. No contact. Not available for support	Conflicted, critical, or verbal abuse; frequent arguments. Reluctant support or in crisis	Inconsistent or conditional support. Emotionally distant but available	Very supportive. Mutually nurturing family relationships								
	2	Boyfriend, FOB, or Spouse	Hostile, violent, or physically abusive; multiple partners or uncertain paternity	Separated. No contact. Not available for support	Conflicted, critical, or verbal abuse; frequent arguments. Reluctant support or in crisis	Inconsistent or conditional support. Emotionally distant but available	Very supportive. Loving, committed (unmarried, married, or common law)								
	3	Friends/Peers	Hostile, violent, or high-risk friends; friends gang linked	Very few or no friends. Socially isolated and lonely	Conflicted, casual, or brief friendships. Some crisis support from friends	A few close friends who can be counted on for support	Many close friends. Extensive support network								
	RELATIONSHIPS WITH CHILD(REN)														
	4	Attitudes to Pregnancy	Unplanned and unwanted. Abortion or adoption plan	Unplanned, ambivalent, fearful. Coerced to keep child	Unplanned and accepted	Planned but unprepared	Planned, prepared, welcomed								
	5	Nurturing	Hostile, unable to nurture, bond, or love child; very limited responsiveness	Indifference, apathy, depression, or DD impair nurturing	Lacks information/modeling of love. Afraid nurturing "spoils." Marginal connectedness	Bonded; loves, responds inconsistently. Some reciprocal connections	Loving, responsive, praises; regulates child well. Reciprocal connections								
	6	Discipline	Has shown reportable levels of physical abuse or severe neglect	Uses physical punishment. Frequent criticism; verbal abuse	Mixture of impatient/critical and appropriate discipline	Inconsistent limits. Ineffective boundaries. Teaches desired behavior effectively sometimes	Uses age-appropriate discipline. Teaches, guides, and directs behavior effectively								
7	Support of Development	Poor knowledge of child development. Unrealistic expectations. Ignores or refuses information	Little knowledge of child development. Limited interest in development. Passive parental role	Open to child development information. Provides some toys, books, and play for age	Applies child development ideas. Interested in child's development skills, interests, and play	Anticipates child development changes. Uses appropriate toys/books; plays and reads with child daily									

Instructions: Complete on primary parent and infant/toddlers < 3 yrs at intake, every 6 months, and at closure. Circle applicable scale categories and enter numerical score. Send to data clerk and file original in chart.

Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk, by L. Wollesen and K. Peifer. Copyright © 2006 Paul H. Brookes Publishing Co., Inc. All rights reserved.

Appendix A

THE LIFE SKILLS PROGRESSION (LSP) Family record ID # _____ Indiv. # _____ Parent Scale Page 2

Item	Score	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
RELATIONSHIPS WITH CHILD(REN) CONT.													
8		Safety		Child hospitalized for Tx of unintentional injury. Has permanent damage	Outpatient/ERTx of unintentional injury to child. No permanent damage	No unintentional injury to child. Home/car unsafe; not childproofed	No unintentional injury to child. Home partially safe. Uses car seat. Uses information	Child protected, no injury. Home/car safe. Teaches safety. Seeks/uses information for age					
RELATIONSHIPS WITH SUPPORTIVE RESOURCES													
RELATIONSHIPS	9	Relationship with Home Visitor		Hostile, defensive. Refuses HV services	Guarded, distrustful. Frequent broken appointments	Passively accepts information and visits. Forgets some appointments	Seeks/uses information. Calls for help or to cancel appointments	Trusts; welcomes visits; asks for information; keeps appointments					
	10	Use of Information		Refuses information from HV or HC	Uses inaccurate information from informal sources	Passively accepts some information from HV and HC	Accepts/uses most information from HV or HC	Actively seeks/uses information from HV, HC, and other sources					
	11	Use of Resources		Resource needs unrecognized. Community resources not used or refused; hostile	Resource needs unrecognized. Limited use when assisted by others. Misses most appointments	Accepts help to identify needs; uses resources when assisted by others. Keeps some appointments	Identifies needs. Uses resources with little assistance. Keeps most appointments	Identifies needs. Uses resources independently. Keeps or reschedules appointments					
EDUCATION & EMPLOYMENT													
EDUCATION	12	Language (for non-English speaking only)		Low/no literacy in any language	Literate in primary language. Some verbal English skills	Takes ESL classes. Verbal ESL established	Takes ESL classes. Written ESL established	Fully bilingual					
	13	<12th Grade Education		Not enrolled	Enrolled, limited attendance any program. Not at grade level	Enrolled, attends regularly any program. Not at grade level	Attends regularly; at grade level. Adult school or independent study. Goal: GED	Attends regularly at grade level. HS/Alt HS Goal: HSD					
	14	Education		<12th grade education in any country	Has graduated with GED or HSD	Attends and/or graduated job/tech training	Attends and/or graduated community college	Attends and/or graduated college or grad school					
	15	Employment		Unemployed, unskilled, or no work experience	Occasional, seasonal, or multiple entry level jobs	Stable employment in low-income job	Stable employment with adequate salary and benefits	Career of choice with potential good salary and benefits					
	16	Immigration		Undocumented. No permit/card. Frequent moves/trips disrupt services, work, or education	Has work permit/card. In U.S. < 5 years. Migrant. Plans return to country of origin	Has work permit/card. In U.S. > 5 years. Migrant. Plans to live in U.S.	Has work permit/card or temporary visa. Applying for citizenship	Obtained U.S. citizenship					
HEALTH & MEDICAL CARE													
	17	Prenatal Care		No prenatal care	Care starts 2nd–3rd trimester. Keeps some appointments	Care starts 2nd–3rd trimester. Keeps most appointments	Care starts in 1st trimester. Keeps most appointments	Keeps postpartum appointments					

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Appendix A

THE LIFE SKILLS PROGRESSION (LSP) Family record ID # _____ Indiv. # _____ Parent Scale Page 3

Item	Score	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
HEALTH & MEDICAL CARE CONT.													
HEALTH & MEDICAL CARE	18	Parent Sick Care	Acute/chronic conditions go without Dx/Tx. No medical home	Seeks care only when very ill. Uses ER for care. No medical home	Seeks care inconsistently; inconsistent Tx follow-up. Unstable medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Cure or control obtained. Has medical home						
	19	Family Planning	No FP method used. Lacks information about FP	FP method use rare. Limited understanding of FP	Occasional use of FP methods. Some understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Plans/spaces pregnancies						
	20	Child Well Care	None; no medical home	Seldom; no medical home	Occasional appointments. Unstable medical home	Has annual exam only. Has stable medical home	Keeps regular CHDP/well-child appointments with same provider						
	21	Child Sick Care	Medical neglect. No Dx/Tx for acute or chronic conditions	Has care only when very ill. Uses ER for care	Timely care for minor illness but inconsistent Tx f/u	Timely care of minor illness. Follows Tx recommended	Obtains optimal care/control for acute or chronic conditions						
	22	Child Dental Care	No dental home or care with serious ECC. Poor hygiene	No dental home or care with some ECC and inadequate Tx/hygiene	Has dental home and hygiene but late Tx of ECC	Has dental home. Some preventive care/timely Tx	Has dental home. Regular preventive care and timely Tx						
	23	Child Immunizations	None or refused	IZ history uncertain. Records lost	IZ begun, but no return appointment	IZ delayed, has return appointment	Complete or up-to-date IZ						
MENTAL HEALTH & SUBSTANCE USE/ABUSE													
MENTAL HEALTH	24	Substance Use/Abuse (drugs and/or alcohol)	Chronic Hx drug and/or alcohol abuse with addiction	Drug/alcohol binge or intermittent use, without apparent addiction	Rare or experimental use of drugs or clean; in recovery group or Tx program	Occasional use of legal substances; stops if pregnant	No Hx or current use/abuse						
	25	Tobacco Use	Chain smokes; >2 packs/day; uses smokeless; heavy second-hand exposure	Non-chain use or some second-hand exposure	Decreases amount when pregnant. Controls second-hand exposure	No use or second-hand exposure in past 6 months or current pregnancy	None or never						
	26	Depression/Suicide	Recurrent chronic depression with suicidal attempts/thoughts. Severe problem with ADL, parenting, and insight/perception	Recurrent chronic depression without suicidal attempts/thoughts; Moderate problem with ADL, parenting, and insight/perception	Recent postpartum or situational depression. Some problem with ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Not depressed; optimistic						
	27	Mental Illness	Severe symptoms of MI with/without Dx/Tx/medications). Severe problem with ADL, parenting, and insight/self-perception	Symptoms of MI. Diagnosed but Tx inconsistent or ineffective. Moderate problem with ADL, parenting, and insight/perception	Symptoms under control. Diagnosed and in Tx. Some problem with ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	No observed mental illness						

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Appendix A

THE LIFE SKILLS PROGRESSION (LSP) Family record ID # _____ Indiv. # _____ Parent Scale Page 4

Item	Score	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
MENTAL HEALTH & SUBSTANCE ABUSE CONT.													
MENTAL HEALTH	28	Self-Esteem		Poor; self-critical. Anticipates criticism from others. Rarely initiates; avoids trying new skills	Copes sometimes but with limited confidence and flat affect. Limited initiative for learning new skills	Irritable/defensive. Makes excuses, blames others. Initiates/starts using new skills but gives up easily	Beginning to actively initiate. Develops skills and recognizes own competence. Emerging confidence visible	Confident in skill and ability to learn. Expresses pride in achievements and successes					
	29	Cognitive Ability		Suspected mild-moderate DD. No Dx or support services. Severe problem with ADL, parenting, and judgment	Diagnosed DD or LD; has education and/or support services. Moderate problem with ADL, parenting, and judgment	Diagnosed or suspected mild DD/LD. Needs some support by others. Some problem with ADL, parenting, and judgment	Suspected or known special education or LD. Support by others not needed. Adequate ADL, parenting, and judgment	Average or above average cognitive ability. Competent ADL					
BASIC ESSENTIALS													
BASIC ESSENTIALS	30	Housing		Homeless, in shelter, or extremely substandard place	Unstable/inadequate, crowded housing with frequent moves	Stable rental. Lives with strangers or friends	Lives with family/extended family (own or FOBs). Shares expenses	Rents/owns apartment or house					
	31	Food/Nutrition		Relies on emergency food banks/charity; runs out of food	Inadequate or unavailable resources. Worried about amount/quality of food	Regularly uses government resources; WIC and/or food stamps	Low family income provides adequate amount/quality of food	Income provides optimal amount and quality of food					
	32	Transportation		None or inadequate resources, or unable to use resources	Uses public transport	Some access to shared car. Rides with others; no license	Has own license/drives. Borrows car	Has own car and drives with license and insurance					
	33	Medical/Health Insurance		None/unable to afford care or coverage	Medicaid for pregnancy or emergency only	Medicaid full-scope benefits with or without Share of Cost	State-subsidized or partial-pay coverage	Private insurance with or without co-pay for self/others					
	34	Income		None or illegal income only	TANF and/or child support; SDI	Employed with low income. Seasonal or 200% FPL	Employed with moderate income; meets expenses most of time	Adequate salary					
	35	Child Care		None used yet or no resources available	Multiple sources. Occasional use. Unsafe or inadequate environment	Uses caring friend/relative with safe/stable environment, but limited developmental support	Uses caring friend/relative with safe/stable environment and good developmental support	High-quality child care center with safe environment and good developmental support					

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THE LIFE SKILLS PROGRESSION (LSP)

Child Scale Page 5

Family record ID # _____ Indiv. # _____ Initial ___/___/___ Parent's months of service _____

Web ID # _____ Ongoing # ___/___/___

Child's name _____ Closing ___/___/___
(last name, first name)

Child's DOB ___/___/___ Female Male Age ___/___ (years/months) Medical codes _____

Item	Score	Areas of Life Skill Development	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
INFANT/TODDLER DEVELOPMENT (4 MONTHS–3 YEARS)														
CHILD DEVELOPMENT	36	Communication*			Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA					
	37	Gross Motor*			Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria; Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA					
	38	Fine Motor*			Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA					
	39	Problem Solving*			Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA					
	40	Personal-Social*			Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA					
	41	Social-Emotional**			Shows signs of neurological or environment-linked concerns. No IMH services	Shows signs of neurological or environment-linked concerns. Referred to or court ordered IMH. Limited participation	Shows signs of neurological or environment-linked concerns. Regular participation in IMH with positive results	No signs of neurological or environment-linked concerns requiring referral to IMH	Responsive, social, alert; communicates needs/feelings. Emotionally connected to parent					
	42	Regulation			Irritable; hard to console or poor self-regulation. Cues unclear. Non- or overly responsive to environment	Passive/flat affect; little exploration. Does not seek comfort or share delight often	Anxious, withdrawn, clingy. Relies on coregulation. Limited self-regulation, exploration, and play	Quiet or changeable moods; seeks comfort and uses self-regulation, exploration, and play	Happy, content; easily consoled. Well connected to parent. Explores, plays, shares delight					
	43	Breast Feeding			Not breast-fed or breast-fed < 2 weeks	Breast-fed/expressed < 1 month	Breast-fed/expressed for 1–3 months	Breast-fed/expressed 3–6 months, with or without supplement	Breast-fed/expressed > 6 months with some supplement					

* Rating should be based on a developmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE) or ** on a social-emotional screening (ASQ:SE).

Instructions: Complete on primary parent and infant/toddlers < 3 yrs at intake, every 6 months, and at closure. Circle applicable scale categories and enter numerical score. Send to data clerk and file original in chart.

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