FIRST 5 KERN
ANNUAL REPORT
FISCAL YEAR 2011-2012

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FIRST 5 KERN

Acknowledgements

The 2011-12 Annual Report resulted from invaluable collaborative efforts of several key stakeholders. As the Principal Investigator, I would like to take this opportunity to thank the following professionals and organizations for their indispensable support in FY 2011-12.

- First 5 Kern Commissioners Mimi Audelo, Roland Maier, Larry J. Rhoades, Pat Cheadle, Karen K. Goh, Claudia Jonah, Nancy Puckett, James Waterman, and Al Sandrini
- First 5 Kern Technical Advisory Committee (TAC)
- First 5 Kern Commission staff:
  - Jamie Henderson, Executive Director
  - Judith Harniman, Assistant Director
  - Kathy Ives, CPA, MPA, Chief Finance Officer
  - Sharon Powell, Administrative Assistant
  - Anastasia Lester, Program Officer
  - Paula De La Riva, Program Officer
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  - Theresa Martinez, Senior Research Analyst
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  - Charlene McNama, Administrative Finance Specialist
  - Diana Navarro, Finance Specialist
  - Patti Taylor, Senior Finance Officer
  - Jan St Pierre, Communications Officer
- Institutional Review Board of California State University, Bakersfield led by Drs. Paul Newberry and Steve Suter.

In this report, alternate commission members are recognized in Exhibit 1, and TAC members are identified in Appendix B. Contributions of the supporters listed above are reflected throughout this report. While appreciating their support, I conducted the data analyses, and shall be fully responsible for the report accuracy.

Jianjun “JJ” Wang, Ph.D.

Professor of Research Design and Statistics
Principle Investigator

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Executive Summary

Kern County Children and Families Commission (First 5 Kern) was established by Proposition 10 to administer the Children and Families First Trust Fund in Kern County. California voters approved the proposition in 1998 to collect a 50 cent per pack tax on cigarettes and other tobacco products, and distribute 80% of the fund based on the proportion of live births in each county. Over the past decade, Kern County was the fastest growing county within California Central Valley (Smith, 2011). In 2011, Kern County had 86,946 children ages 0-5 throughout 11 incorporated cities and 41 unincorporated communities (California Department of Finance, 2012). This year, First 5 Kern received approximately $10.5 million to sponsor 40 service programs across a region that is approximately equivalent to the size of New Jersey.

This report is based on the Outcome-Based Accountability (OBA) model from Proposition 10 to summarize the impact of the state funding on key indicators of early childhood development in culturally diversified *mountain, desert*, and *valley* communities of Kern County. The OBA model, also known as Results-Based Accountability (RBA), has been incorporated in First 5 Kern's Strategic Plan that "requires the collection and analysis of data and a report of findings in order to evaluate the effectiveness of funded programs" (First 5 Kern, 2012, p. 16). As mandated by Proposition 10, the Strategic Plan has been reviewed annually through public hearings since 2001, and four focus areas, *Health and Wellness, Parent Education and Support Services, Early Childcare and Education*, and *Integration of Services*, are designated by the current plan to delineate service priorities for this funding cycle.

Features of the Annual Report

In this report, the Statewide Evaluation Framework (SEF) is used to guide the summary of service results on three aspects. More specifically, descriptive data from service counts are examined at the program level. Secondly, value-added assessments are incorporated to articulate outcome measures in support of the local priority setting. On the third aspect, longitudinal data are analyzed to track improvement of sustainable accomplishments beyond the annual report cycle.

While maintaining the same structure sequence from last year, this report incorporates two new features to address additional local needs:

(1) Index outcome measures of program performance for local stakeholders

To enhance utility of this report, evidence-based findings are indexed for each program. An appendix is added for the index listing (Appendix C). This new feature not only enhances the individual program directory, but also facilitates a comparison of service results across programs.

(2) Incorporate indicators of network building in service integration

Proposition 10 has identified "a compelling need in California to create and implement a comprehensive, collaborative, and integrated system" [Proposition 10, Sec. 2(a)]. In research literature, network analyses have been used to examine

groundwork of partnership building toward service integration (Freeman, 2000). "But this tool is not well-known outside the small group of researchers who study networks, and it is seldom used as a method of assisting communities" (Provan, Veazie, Staten, & Teufel-Shone, 2005, p. 603). This tool is adopted in this report to reveal a balanced distribution of home-based services in early childhood education across Kern County.

Summary of Multilevel Changes

According to the RBA model, continuous progresses exceeding a linear trend of the original baseline are called "turning the curve" (Friedman, 2005). To surpass the baseline trend from last year, First 5 Kern has implemented three substantial changes this year:

(1) Establish a New Platform to Optimize Utility of Evaluation Findings

In the past, the entire evaluation team belonged to an external company. While it was important to maintain objectivity of external evaluation, the internal monitoring of service improvement played a pivotal role in the "turning the curve" process. In optimizing utility of the evaluation findings, First 5 Kern introduced a combination of internal and external mechanisms this year to balance the supports for *service accountability* and *program improvement*. The new platform has strengthened alignment of the evaluation capacity with both the SEF and local needs.

(2) Recruit Matching Funds to Expand Existing Services

A recommendation was provided in the last annual report to "identify and/or develop 'signature programs' through a balanced consideration between *existing partners* with exemplary track records and *new partners* with strong potential to deliver groundbreaking services" (Wang, 2012, p. 79). In response, the Commission led local partners in recruiting external funding to further expand groundbreaking services in Kern County. As a result, a grant proposal has been funded by Child Signature Program (CSP) to sponsor an Early Learning System Specialist to oversee quality-improvement activities across 30-34 classrooms in early childhood education. The CSP project was awarded with the maximum matching fund allocated by the State Commission in the next three years.

(3) Maintain Stability of Program Funding in Next Five Years

Proposition 10 has specified the service scope at ages 0-5. To track effectiveness of service support across the first five years, First 5 Kern has extended its funding cycle from three years to five years. This change not only enhances funding stability for local programs, but also sustains the persistent effort of developing "signature programs" recommended by the State Commission.

Service Outcomes from First 5 Kern Funding

First 5 Kern adjusted its list of service providers to reflect contextual changes on multiple fronts. At the local program level, two projects, *Rush 2 Learning* and *Healthy Kids Kern County*, ended before the beginning of this fiscal year. Meanwhile, the Medically Vulnerable Care Coordination Project (MVCCP) leveraged $19,000 from Kaiser

Permanente to support the care coordination program. At the state level, Governor Brown signed the Public Safety Realignment Act (Assembly Bill 109) that caused a midyear relocation of *Mother Infant Program* to a facility outside of Kern County. By end of Fiscal Year (FY) 2011-12, those multilevel changes have reduced the number of funded programs from 44 in last year to 40 this year.

While administering the Children and Families First Trust Fund in Kern County, First 5 Kern promoted community awareness of child needs and available services at 36 public forums, and initiated 17 events that were aligned with four focus areas of the Strategic Plan. In addition, First 5 Kern actively solicited wide-ranging input through extensive outreach efforts at 16 local events, such as community gatherings, public hearings, and board meetings, to expand new partnerships and enhance the existing support for early childhood development. The impact of First 5 Kern funding has been identified by the following service outcomes on four fronts:

Child Health

1. More mothers received prenatal care at the first trimester this year. This outcome impacted 1,784 children in 18 programs. In addition, 15 programs reported an increase in the full-term pregnancy rate over last year (1,071 children impacted).
2. The percent of children with low birth weight dropped in 14 programs (965 children impacted). Meanwhile, breastfeeding rates increased in 11 programs that served 769 children in FY 2011-12.
3. Fifteen programs showed more children receiving all immunizations this year as compared to last year (1,184 children impacted). Fewer children had no dental visits (1,630 children from 19 programs impacted). Kern County Children's Dental Health Network illustrated a drop of plaque index from 75 to 42 for 330 children within a year.
4. More progress was made on smoking cessation. Fewer mothers smoked during pregnancy in 16 programs (1,240 children impacted). In addition, fewer children ages 0-5 were exposed to smoking environments this year than last year (884 children impacted at 13 program sites).
5. More children were granted healthcare access. The 2-1-1 Kern County answered queries from 13,482 callers with children ages 0-5. The number of new callers has increased 6% this year. Meanwhile, Kern County Children's Health Initiative (CHI) enrolled 3,551 children, a 10% increase over last year.

Family Functioning

6. More children were read to twice or more times per week at home. Nineteen programs demonstrated an increase of the reading percentage over last year (1,712 children impacted).
7. More parents extended their support for pre-school attendance. The percent of parents supporting pre-school activities increased in seven programs (582 children impacted).

8. More parents increased their knowledge to support child development. Based on the Nurturing Skills Competency Scale (NSCS), five programs demonstrated significant expansion of nurturing parenting knowledge for 522 parents. Four additional programs showed significant improvement of child-rearing attitudes on all constructs of Adult-Adolescent Parenting Inventory-2 (AAPI-2) (431 parents impacted).
9. Family stability was enhanced through case management. The Kern County Network for Children (KCNC) divided the county into seven *differential response* areas to monitor 765 family cases this year. The number of families *in crisis* or *at risk* dropped from 90 to eight within the first nine months.

Child Development

10. In comparison to last year, more children participated in statewide school readiness initiatives (Phases I & II) this year. Child performance was assessed in five child development areas of Child Assessment-Summer Bridge (CASB). The pretest and posttest results demonstrated significant progress in seven Summer Bridge programs (356 children impacted).
11. More children developed early-learning skills in local programs. Twenty-two skills have been identified by the *Ready to Start* (R2S) project to support kindergarten preparation. Significant improvements in mathematics, reading, and supportive skills were found from R2S assessment results in five school districts (828 children impacted).
12. More children demonstrated well-rounded developments across *gross motor*, *fine motor*, *communication*, *personal-social*, and *problem solving* domains. Assessment outcomes from Ages and Stages Questionnaire-3 (ASQ-3) indicated that 90% or more children passed the ASQ-3 thresholds across all five domains at the 36th and 48th months (17 programs involved and 394 children assessed).
13. Quality of local capacity building has been strengthened in early childhood education. School Readiness Articulation Survey data were gathered from 160 classroom teachers, school administrators, and community members, and 91% of the respondents *strongly agreed* or *agreed* that early education programs in the community did a good job in teaching children.

Systems of Care

14. More partnerships have been established to serve hard-to-reach communities. Eight programs offered home-based early childhood education services in rural communities. The number of partnerships with the remaining 32 programs has reached 195, or 42% of the total partnership count for all 40 programs. Those programs with over half of their budgets contributed by First 5 Kern accounted for 85% of the partnerships to support the home-based education services.
15. Legal representation and case-management services were streamlined through countywide child protection programs. Starting at the first report of child abuse or neglect, the *Differential Response* program provided intensive home visitation services to avoid the case recurrence with 1,839 children. Meanwhile, the Domestic Violence Reduction Project offered services to address various needs of 259 children from 169 families. Grandparents or caregivers received help from the Guardianship Caregiver Project to rebuild stable homes for 224 children from 209 case-managed families.

16. Family Resource Centers featured *Systems of Care* across Kern County. All 17 local centers served children and families through case management and parental education. In addition, the referral network has facilitated resource sharing across service centers, including health insurance applications across 11 centers and developmental screening or transportation support at four centers.
17. More families did not move this year. Proposition 10 funding is available in all 58 counties across California, and the service quality could attract families to relocate to another county. Twenty-nine programs demonstrated positive results of retaining more families in their current service locations (2,514 families impacted).

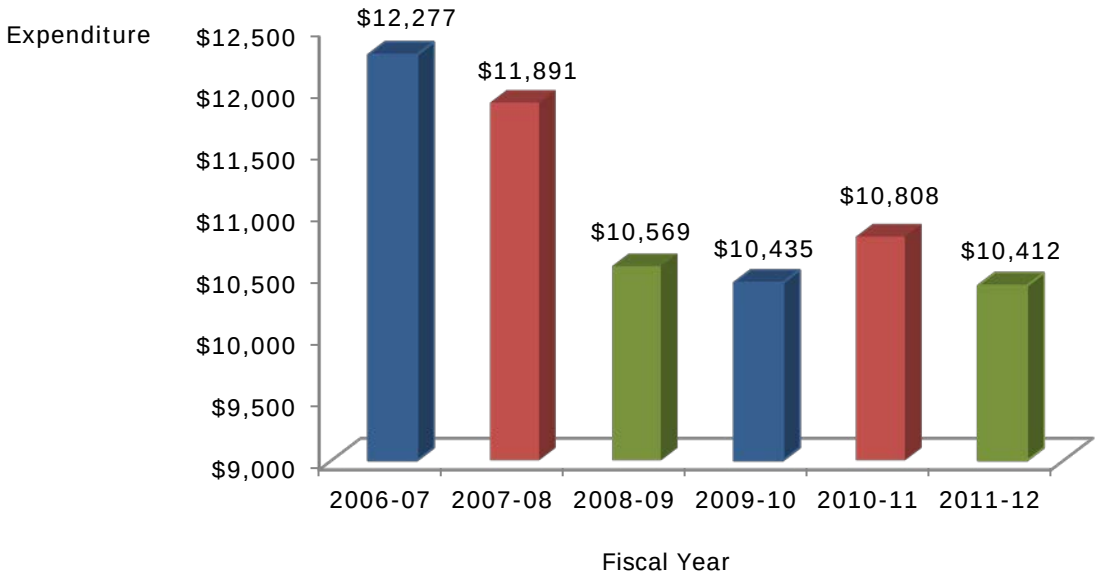
Limited by space of the Executive Summary, compelling evidences are aggregated here from common core instruments to expand the program coverage across multiple focus areas. More program-specific outcomes are presented in this report to describe what worked for whom and in which context. The multilevel findings jointly illustrate sustainable *systems of care* for local children during the period of economic recession. Despite a 4 percent drop of its investment this year, First 5 Kern has expanded its impact on improving the well-being of children ages 0-5 and their families across Kern County, regardless of ethnic, immigration, or socioeconomic status.

Chapter 1: First 5 Kern Overview

First 5 Kern was funded by the Proposition 10 ballot initiative to support services for children prenatal to age five in Kern County. As the third largest county of California in geographic area, Kern County has been ranked among the top five most productive agricultural counties in the U.S. (Dall, 2012). Starting in 2007, the U.S. economy has entered the worst recession since the Great Depression. The unemployment rate of Kern County soared from 8.1% in 2007 to 14.9% in 2011 (Kern County Network for Children, 2012). Consequently, "one out of every three children under the age of five live in poverty and 4,372 children were abused or neglected in Kern County in 2011" (Pelz, 2012, p. 6).

To address local needs in this critical period, First 5 Kern has made a decision to extend the current funding cycle from three years to five years. Funding stability is much-needed because of the ongoing decline of state revenue from Proposition 10. The trend in Figure 1 shows reduction of First 5 Kern annual investment from approximate $12.3 million in FY 2007-08 to $10.4 million in FY 2011-12.

Figure 1: Total First 5 Kern's Investment Since 2007 (in $1,000)

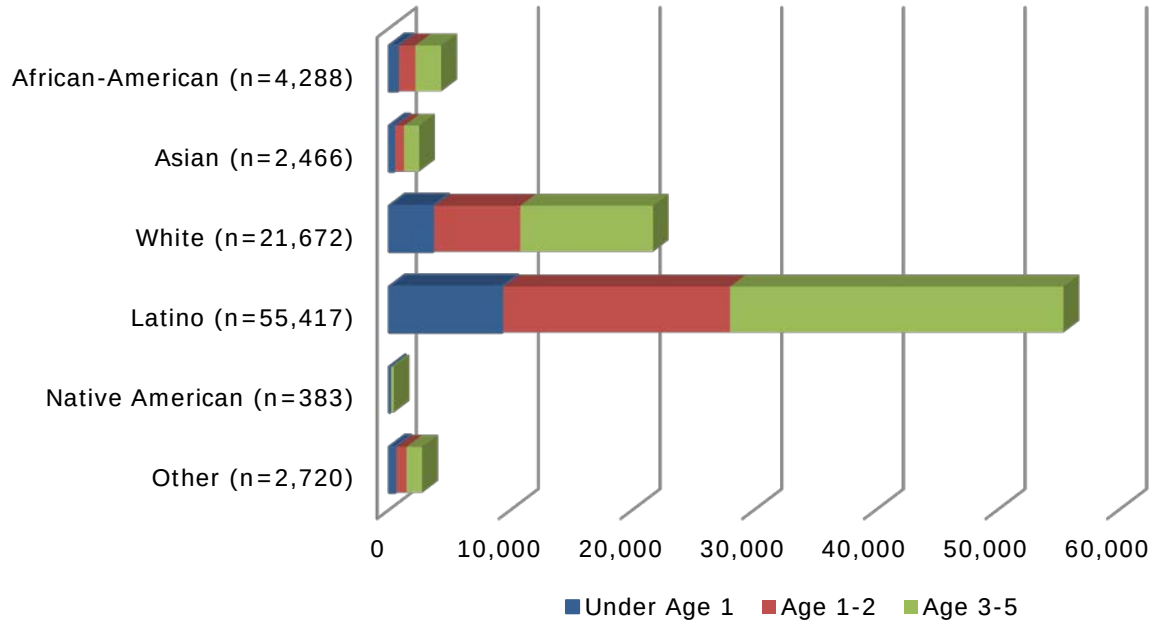


Accompanied with the resource decrease is a growing demand of early childhood support. For more than a decade, Kern County had the fastest population growth in California Central Valley (Smith, 2011). During the economic recession, "Kern County's rate of population growth continues to slightly outpace California, which grew at 0.7 percent overall from 2010 to 2011" (Kern County Network for Children, 2012, p. 2). Without adding extra resources, program evaluation becomes a viable approach to promote cost-effective practices, and thus, sustain First 5 Kern's support for more children in the next five years.

Profile of Kern County Children

In FY 2011-12, 86,496 children ages 0-5 lived in Kern County. As shown in Figure 2, the majority of local children came from a Latino/Hispanic family background. In the current literature, however, "research on service utilization and developmental outcomes among Hispanic children is insufficient" (Alzate & Rosenthal, 2009, p. 1). To fill this void, First 5 Kern (2011) has strategically planned its services to ensure that "All children will have an early start toward good health [and school readiness]" (p. 5).

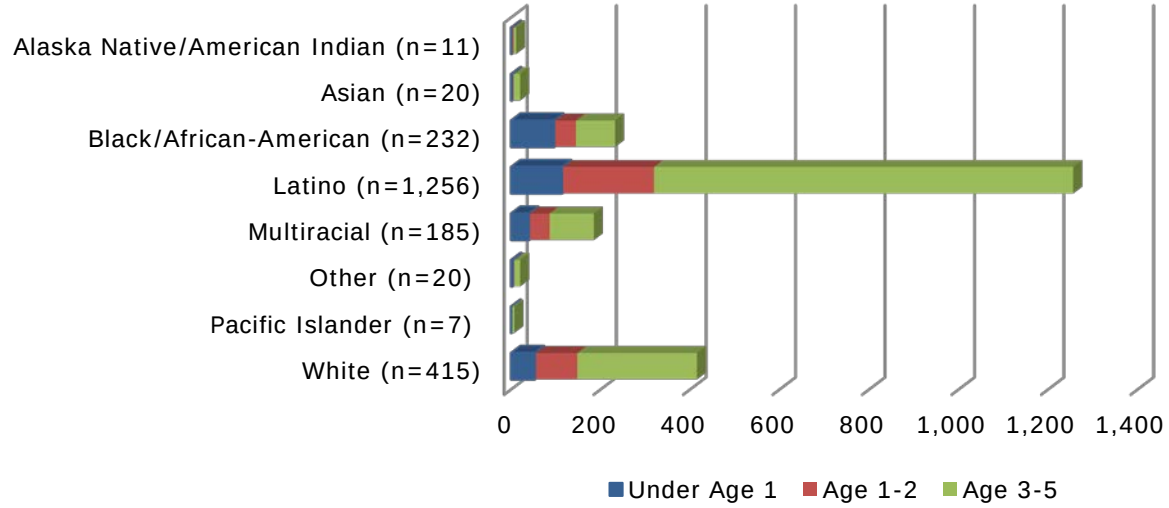
Figure 2: Children Ages 0-5 Living in Kern County



Source: California Department of Finance

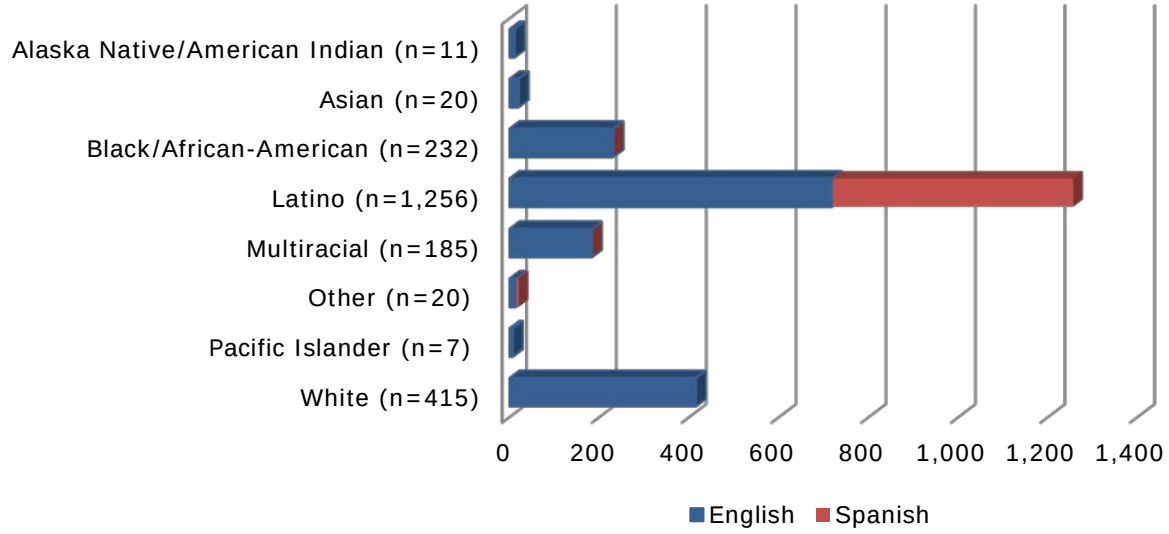
The child profile has been proportionally reflected by the number of children being served by multiple programs. As part of the effort to document service coverage, the family demographic survey was conducted at the individual level to describe the *age* and *ethnicity* distributions across 30 programs. Based on demographic data from 2,146 children, programs funded by First 5 Kern served more children from the Latino/Hispanic ethnic group (Figure 3).

Figure 3: Age and Ethnicity of Children Served by First 5 Kern



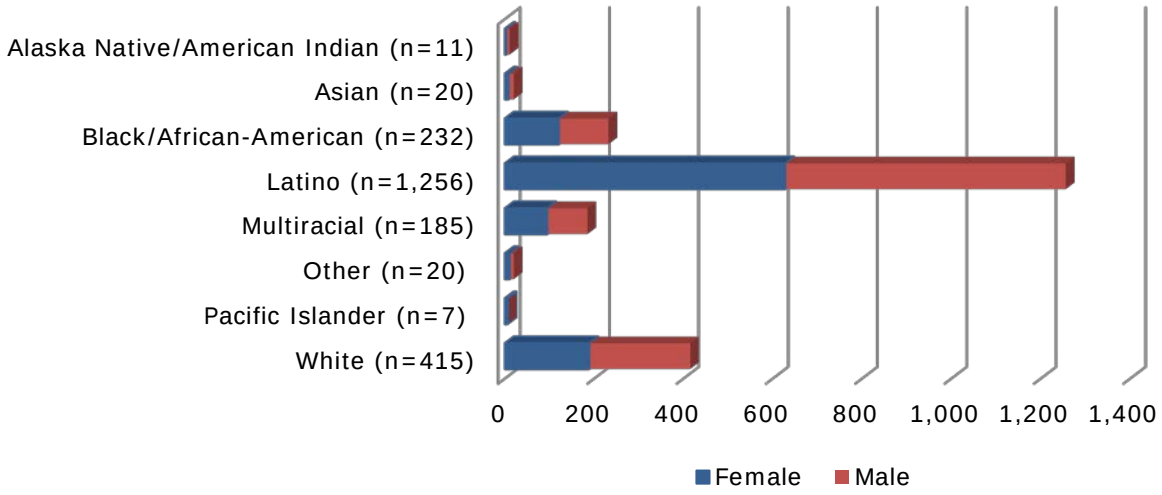
Starting at age two, language acquisition becomes a critical outcome of early childhood development (Harlaar, Hayiou-Thomas, Dale, & Plomin, 2008). Valladares (2003) observed, "Lack of knowledge or money prevents thousands of Latino children from ever attending early education programs" (p. 20). In FY 2011-12, service access has been granted to more children from ethnic minorities, and many children of Latino/Hispanic origin acquired English or Spanish as their primary language (Figure 4).

Figure 4: Language Acquisition for Children Across Ethnic Groups



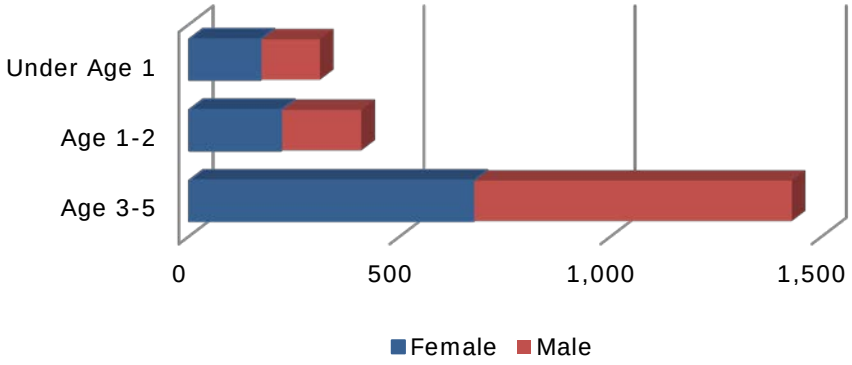
In addition to ethnic identities, child profiling provides more information on equity of service coverage across the gender dimension. Goodway, Crowe, and Ward (2003) reported that boys typically attracted more attention of their parents. Alzate and Rosenthal (2009) concurred that "Hispanic girls were more likely than Hispanic boys to be neglected" (p. 5). To extend support for all children, First 5 Kern-funded programs served approximately the same number of boys and girls among all ethnic groups (Figure 5).

Figure 5: Equity of Service Access Between Boys and Girls Across Ethnic Groups



Barbu, Cabanes, and Maner-Idrissi (2011) further cautioned variations of child development between boys and girls across different ages. In particular, they discovered that "Sex differences are not stable throughout social development, but they rather reflect a developmental gap between girls and boys" (p. 3). To amend the gender gap, programs sponsored by First 5 Kern evened up the coverage of boys and girls in each age group (Figure 6).

Figure 6: Balanced Gender Coverage Across Age Groups



In summary, child profiles have been considered by service providers to ensure impartial coverage of local children in various *culturally diversified* communities. Since its inception on December 5, 1998, First 5 Kern has allocated more than $150 million to support development of all children in Kern County. In FY 2011-12, a new commitment has been made to balance the revenue decline with an approximate $12 million contribution from the First 5 Kern Commission. The fund is budgeted for sustaining the current level of program support over the next five years.

First 5 Kern Commission

The First 5 Kern Commission has been charged with the authority to supervise administration of the Children and Families First Trust Fund in Kern County. Pursuant to California Health and Safety Code section 130140, "The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members". Furthermore, the commission shall include one member from the county's board of supervisors and additional persons responsible for county functions such as: child support, public health, behavioral health, social services, and tobacco and other substance abuse preventions and treatments. Four alternate members were available to substitute the existing commissioners, if needed. In combination, the commission has ensured representation of various stakeholders, including elected officials, service providers, program administrators, community volunteers, and First 5 Kern advocates. Commissioners who supervised First 5 Kern operations in FY 2011-12 are recognized in Exhibit 1.

Exhibit 1: First 5 Kern Commission Members FY 2011-12

Commissioner	Affiliation
Mimi Audelo (Chairperson)	Director of Special Events, San Joaquin Community Hospital
Roland Maier (Vice-Chairperson)	Superintendent, Cuyama Joint Unified School District
Larry J. Rhoades (Treasurer)	Retired Kern County Administrator
Pat Cheadle (Secretary)	Director, Kern County Department of Human Services
Karen K. Goh	Supervisor, 5th District
Claudia Jonah, MD	Health Officer, Kern County Department of Public Health
Nancy Puckett	Program Coordinator, Kern River Valley Family Resource Center
James Waterman, PhD	Director, Kern County Department of Mental Health
Al Sandrini	Retired School District Superintendent
Alternate Members	
Dena Brashear	Chief Deputy Director, Kern County Department of Human Services
Deanna Cloud	Children's System of Care Administrator, Kern County Mental Health System of Care
Mike Maggard	Board of Supervisor County of Kern (3rd District)
Lucinda L. Wasson, R.N.	Director, Public Health Nursing, Kern County Department of Public Health

Vision and Mission Statements

Among the 40 programs funded by First 5 Kern this year, 28 programs are community-based, and 12 programs are countywide. The following vision statement has been employed to integrate these programs into a family-focused, culturally-appropriate, and community-based service system:

Vision

All Kern County children will be born into and thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn. (First 5 Kern, 2011, p. 2)

In addition to identifying health and school readiness as important service outcomes, the vision incorporates capacity buildings in the home and neighborhood contexts to support early childhood development.

As was indicated by the State Commission, "While counties design their programs to fit their specific local needs, they must provide services in each of the following four focus areas: Family Functioning, Child Development, Child Health, [and] Systems of Care" (First 5 California, 2011, p. 15). Following the state requirement, First 5 Kern has identified four focus areas in the Strategic Plan, *Health and Wellness*, *Parent Education and Support Services*, *Early Childcare and Education*, and *Integration of Services*. Table 1 shows a complete alignment of the focus areas between state and county levels. More information about the program affiliation is included in Appendix A.

TABLE 1: ALIGNMENT OF THE STATE AND COUNTY FOCUS AREAS

State Focus Area	First 5 Kern Focus Area
Family Functioning	Parent Education and Support Services
Child Health	Health and Wellness
Child Development	Early Childcare and Education
Systems of Care	Integration of Services

The first three focus areas provide a broad categorization of program services. Built on an assumption that the whole could be greater than the sum of its parts, the fourth area, *Systems of Care*, is primarily addressed through integration of local services across programs. As stipulated by Proposition 10, "No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system" (p. 10).

To support establishment of the local partnerships, First 5 Kern adopted the following mission statement to guide the service provision for children and families across those focus areas:

Mission

To strengthen and support the children of Kern County prenatal to five and their families by empowering our providers through the integration of services with an emphasis on health and wellness, parent education, and early childcare and education. (First 5 Kern, 2011, p. 2)

In carrying out this mission, First 5 Kern staff initiated and/or supported 36 outreach forums to advocate child needs and available services in Kern County (Table 2). As a result, 462 partnerships have been established among the 40 programs funded by First 5 Kern, and 122 of the collaborations have been confirmed as mutual supports. More descriptions of the partnership establishment are provided in Chapter 3 through social network analyses.

TABLE 2: FIRST 5 KERN'S OUTREACH EFFORT TO PROMOTE PUBLIC AWARENESS

Event Level	Initiator	Participant	Count
Community	• Rotary groups • Ridgecrest City Council • Arvin City Council • Taft City Council	• Health Fairs (7)	5
County	• Chamber of Commerce Governmental Review Council • First 5 Kern Open House • Kern County Board of Supervisors Meetings • Kern County School Boards Association • Nurturing Parenting- Best Practices Meetings • News Conferences (3)	• Kern Council for Social Emotional Learning Meetings • Safely Surrendered Babies Committee • Purple Ribbon Month Committee – Safety in and around vehicles • Water Safety Coalition • Kern County Nut Festival Committee	11
State	• Legislative Action Day in Sacramento	• First 5 Association – Staff Development Summit • First 5 State Association Meetings • Southern California Regional Communications Committee • First 5 Statewide Communications Teleconference	5

*Numbers inside the parentheses are the counts for reoccurring events.

According to Proposition 10, "The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate" (p. 10). Besides holding annual public hearings for strategic plan review, First 5 Kern staff served in various leadership capacities in community organizations to gather feedback from public and private sectors (Table 3).

TABLE 3: FIRST 5 KERN'S EFFORT ON SOLICITING PUBLIC INPUT

Sector	Initiator	Participant	Count
Public	• Children's Health Initiative Outreach and Enrollment Committee • Children's Health Initiative Outreach and Technical Advisory Committee • Legislative Action Day – Meeting • Medically Vulnerable Care Coordination Committee • School Readiness Coordinators Meeting – Facilitator	• Bakersfield College Child Development Advisory Committee • Childhood Council of Kern Meetings • Board Member of CSUB National Children's Study • Good Neighbor Festival Committee • Kern County Collaborative – Meetings • Kern County Juvenile Justice/ Delinquency Prevention Commission – Chair • Kern County Network for Children – Board Member • Clinica Sierra Vista – Key Informant/Partner	13
Private	• Mendiburu Magic Foundation – Community Advisory Board	• Chamber of Commerce – Leadership Bakersfield • Dignity Health, Community Benefit Committee	3

In FY 2011-12, ongoing program adjustments have been made according to local needs and state requirements. For instance, two school readiness initiative programs in Arvin and Lamont have been reclassified from *Child Development* to *Family Functioning* to improve program alignments with the state focus areas. Additionally, a program named *Make a Splash* was moved from *Early Childcare and Education* to *Health and Wellness* to reflect its emphasis on water safety and child protection. The impact of those program-specific outcomes is evaluated in Chapter 2 of this report.

Evaluation Framework

To evaluate the impact of state investment, First 5 Kern has contractually required its service providers to single out result statements and measurable objectives in a unified Scope of Work-Evaluation Plan (SOW-EP) that delineates resources, data collection tools, performance and result indicators, milestones, and targets at the program level. Internal evaluators conducted site visits to ensure timely collection of need-based, verifiable, and accurate data. According to Bodenhorn and Kelch (2001), the strategic planning on the "end" results is a characteristic of Proposition 10 investment to promote local creativity.

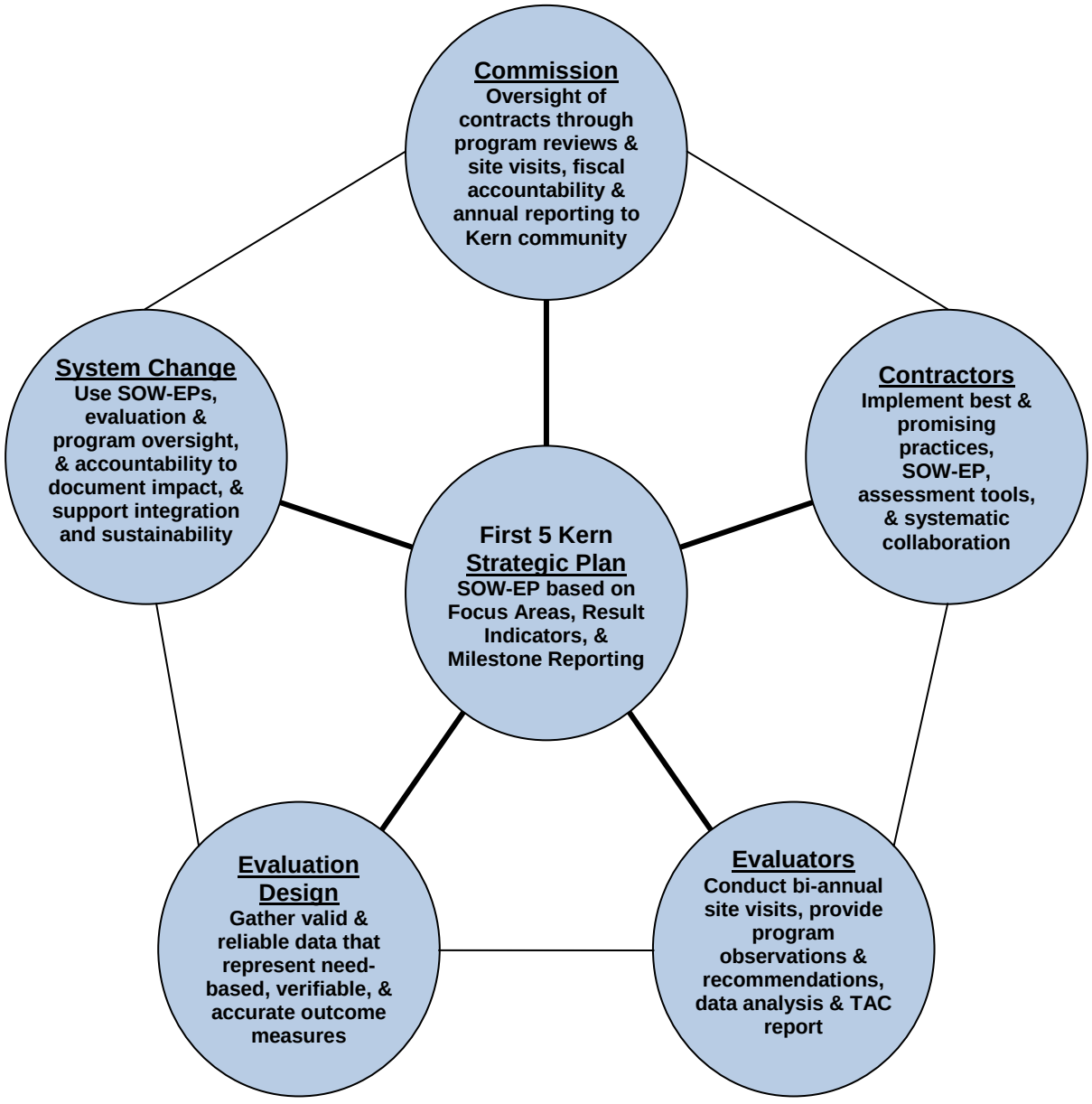
Under the Commission leadership, performance outcomes are tracked quarterly by Program and Finance Officers of First 5 Kern. Based on the Institutional Review Board (IRB) protocol at California State University, Bakersfield (CSUB), 10 programs provided aggregated data and 30 programs submitted client-level data this year. Valid and reliable data entries have been retained through collaborative efforts of data cleaning between internal and external evaluators. Guidance from the Technical Advisory Committee (TAC) has been sought to establish and improve the evaluation framework[1]. Recommendations from the previous annual report have been employed

[1] TAC members are recognized in Appendix B.

by First 5 Kern to facilitate system changes consistent with the designated priorities of the Strategic Plan.

In summary, the evaluation design incorporates key components of "learning" and "accountability" according to the Statewide Evaluation Framework (SEF) (First 5 California, 2005). While *evaluation for "learning"* enriches the current understanding of successful strategies, *evaluation for "accountability"* is focused on whether a funding strategy has an impact. The entire Evaluation Framework is depicted in Exhibit 2 to accommodate those key components.

Exhibit 2. First 5 Kern Evaluation Framework



Structure of this Report

This report is based on quantitative and qualitative data from multiple levels. At the family level, face-to-face interview data were gathered longitudinally at intake and quarterly thereafter using the Family Stability Rubric (FSR). At the individual level, Core Data Elements (CDE) data were collected to monitor health and social service outcomes. In addition, assessment results were analyzed from several instruments to examine effectiveness of childcare and parental education programs under a pretest and posttest setting. The findings are triangulated with aggregated data from the Integration of Service Questionnaire (ISQ) and School Readiness Articulation Survey (SRAS) to assess the broad impact of systems of care. Following First 5 Kern's Strategic Plan, evaluation findings are expected "to help continually improve the Commission's efforts to better the health and well-being of children and families throughout Kern County" (First 5 Kern, 2012, p. 16). To identify what works, for whom, and in what context, Chapter 2 is devoted to the description of program-specific data in the areas of *Health and Wellness*, *Parent Education and Support Services*, and *Early Childcare and Education*.

Under the *Context, Input, Process*, and *Product* paradigm, outcomes from the previous *Product* phase set a new baseline to maintain program improvement through service integrations. The fourth focus area, *Integration of Services*, is described in Chapter 3 to summarize the partnership building across 40 programs. Chapter 4 includes results of CDE and FSR data analyses to illustrate longitudinal progresses on the time dimension. This report ends with a *Conclusions and Future Directions* chapter to sustain the ongoing improvement of First 5 Kern services beyond the boundary of annual reporting.

Chapter 2: Impact of First 5 Kern-Funded Programs

According to the Statewide Evaluation Framework, two levels of data are needed "to provide accountability information to all stakeholders" (First 5 California, 2005, p. 5). At the first level, descriptive data indicate *who is being served, how many are served, by whom*, and *for what purposes*. The fact finding is intended to document the impact of Proposition 10 funding in each focus area. At the second level, outcome data are gathered from value-added assessments to reflect service improvement. As indicated by Allen (2004), "Value-added assessment generally involves comparing two measurements that establish baseline and final performance" (p. 9). This chapter is based on both descriptive and outcome data across three focus areas of the Strategic Plan, i.e., *Health and Wellness, Parent Education and Support Services,* and *Early Childcare and Education*. Besides aggregation of service counts for program description, statistical analyses are conducted to examine assessment outcomes under a pretest and posttest setting.

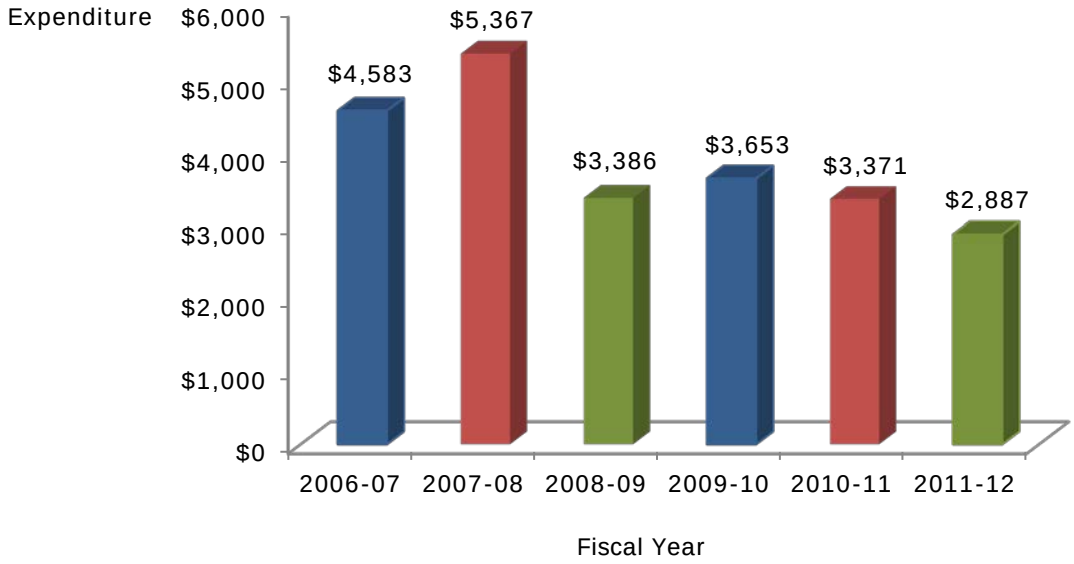
While program-specific measures reflect the impact of service providers, outcome data across focus areas support a broad comparison of program effectiveness for ongoing improvement. Depending on the source of information, assessment data from parents, such as construct measures of NSCS, are presented in the *Parent Education and Support Services* section. Child assessment outcomes from ASQ-3 are summarized in the *Early Childcare and Education* section. In addition, budget information is described in each focus area to display the trend of state funding on the time dimension. On the space dimension, geographic information systems (GIS) are incorporated in Chapter 3 to address the fourth focus area, *Integration of Services*, across Kern County.

Focus Area 1: Health and Wellness

During the current recession, "Real spending on tobacco products fell by 23%" (The Economist, 2011, ¶. 1). Thus, state revenue from Proposition 10 dropped sharply in recent years. First 5 Kern's investment in *Health and Wellness* fell from a peak of $5,367,396 in FY 2007-08 to $2,886,714 in FY 2011-12 (Figure 7). The California Assembly Committee on Budget (2011) acknowledged that "Health and human services programs that serve children are among the most seriously affected by this lack of funding" (p. 1).

To sustain local service capacities during the recession, First 5 Kern invested approximately $320,000 to purchase child service equipment for the Children's Mobile Immunization Program of San Joaquin Community Hospital (SJCH). This one-time expenditure from last year improved delivery of immunization services to remote areas. Because no additional purchases occurred this year, Figure 7 shows less spending in FY 2011-12. The cost reduction was also contributed by discontinuation of two projects, *Health Net Community Solutions* and *Healthy Kids Enrollment Agency*, at beginning of this year.

Figure 7: First 5 Kern's Investment in *Health and Wellness* (in $1,000)



Service Expansion

Across the United States, 85% of children ages 0-5 were rated by their parents as having excellent or very good health. In California, the figure dropped to 75%. For Latino children, only about 60% were reported to have excellent or very good health (Inkelas et al., 2003; Matthews, Moore, & Terzian, 2009). Since a large portion of children in Kern County had Latino origin, *Health and Wellness* has been properly identified as a focus area in First 5 Kern's Strategic Plan.

Influenced by the variation in population density, "Health, developmental, and mental health services are more likely to be located in urban areas than in rural areas" (Smith et al., 2009, p. 6). To support children in rural communities, mobile health services were provided by two programs, Kern County Children's Dental Health Network (KC_Dental) and SJCH Children's Mobile Immunization Program, to overcome transportation barriers. In addition, Early Intervention Program (EIP) was established in Delano to offer mental health services near the northern border of Kern County. The EIP facility served a large proportion of residents from minority groups, including 71.5% of the population with Latino origin.

Meanwhile, African-American children were 1.5 to 2 times as likely as their White peers to have low birth weights, and more than twice as likely to die before first birthdays (Kern County Public Health Services Department, 2012). "Racial/ethnic disparities in health status prevent many young children in California from the optimal developmental trajectories that First 5 hopes to help achieve" (Inkelas et al., 2003, p. viii). To reduce the infant mortality rate and improve health indicators, Black Infant Health (BIH) received funding from First 5 Kern to expand services in African American communities. As BIH expanded to year-round operation, First 5 Kern increased its investment from $63,729 last year to $137,204 this year.

Although medical services are free in some countries as a citizen's right[2], healthcare coverage in the U.S. remains costly, particularly for children with special needs. First 5 Kern funded the Medically Vulnerable Infant Program (MVIP) to sponsor nurse visitation services to infants released from Neonatal Intensive Care Unit of local hospitals. Two other programs, Children's Health Initiative (CHI) and Successful Application Stipend (SAS), assisted children in need of health insurance enrollment at 24 Census Designated Places (CDPs). The countywide support was important because "Many families may qualify for insurance but because of a lack of information, they do not access it" (Smith et al., 2009, p. 6). In combination, MVIP, CHI, and SAS facilitated service access for all children across the spectrum of intensive care and health insurance coverage.

"While many entities purportedly provide care coordination, there is a lack of communication among the multiple agencies serving the same child" (Smith et al., 2009, p. 7). Built on modern telecommunication, First 5 Kern funded the *2-1-1 Kern County* program to provide referrals to and information about community services in both English and Spanish. Besides meeting the general needs, the Medically Vulnerable Care Coordination Project (MVCCP) coordinated manifold supports for medically vulnerable children. Since 2008, over 30 partner organizations have held bi-monthly meetings at First 5 Kern to review medical cases pertaining to (1) preterm infants, (2) infants with special healthcare needs, (3) infants at risk for socioeconomic/medical reasons, and (4) infants with high morbidity rates. The partnership building has led MVCCP to leverage $19,000 from Kaiser Permanente this year to support care coordination. Due to networking with multiple service providers, both 2-1-1 Kern County and MVCCP had over half of their budgets contributed by external sources other than First 5 Kern.

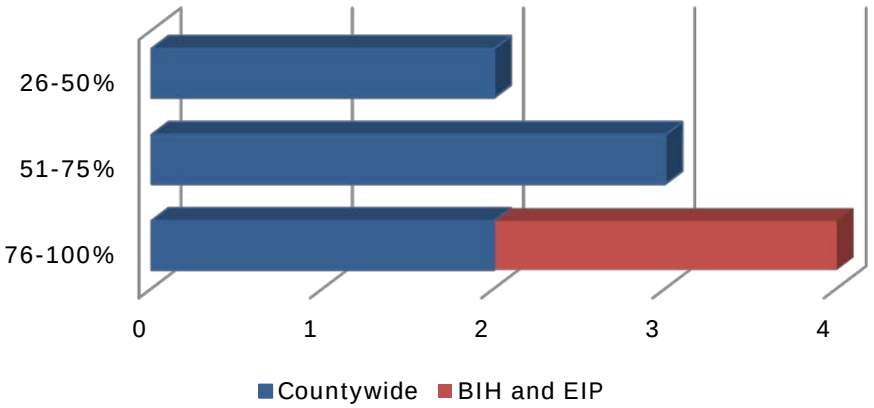
[2] www.medicalnewstoday.com/info/health-insurance/
www.cnn.com/2012/06/28/health/countries-health-care/index.html

TABLE 4: CLASSIFICATION OF FIRST 5 KERN-FUNDED PROGRAMS IN HEALTH AND WELLNESS

Classification	Tasks/Client	Program
Special Need Service	Special service for mental health children or African-American children	Early Intervention Program Black Infant Health
	Mobile services to reach traditionally under-served communities	Kern County Children's Dental Health Network SJCH Children's Mobile Immunization Program
Task-Focused Assistance	Assistance on health insurance Application	Children's Health Initiative Successful Application Stipend
	Assistance for infants from Neonatal Intensive Care Unit	Medically Vulnerable Infant Program
Multiple-Front Support	Referral to multiple service providers	2-1-1 Kern County Medically Vulnerable Care Coordination Project

In summary, programs funded by First 5 Kern conformed to the Strategic Plan of ensuring that "All children will have an early start toward good health" (First 5 Kern, 2011, p. 5). Depending on their service scopes, programs in *Health and Wellness* can be classified into *special-need service*, *task-oriented assistance*, and *multiple-front support* categories (Table 4). To meet special local needs, First 5 Kern fully funded four programs to deliver services in traditionally underserved communities. The remaining five programs were jointly funded by First 5 Kern and other local partners to provide *task-focused assistance* or *multiple-front support* across the county (Figure 8).

Figure 8: Proportion of First 5 Kern Funding for Programs in *Health and Wellness*



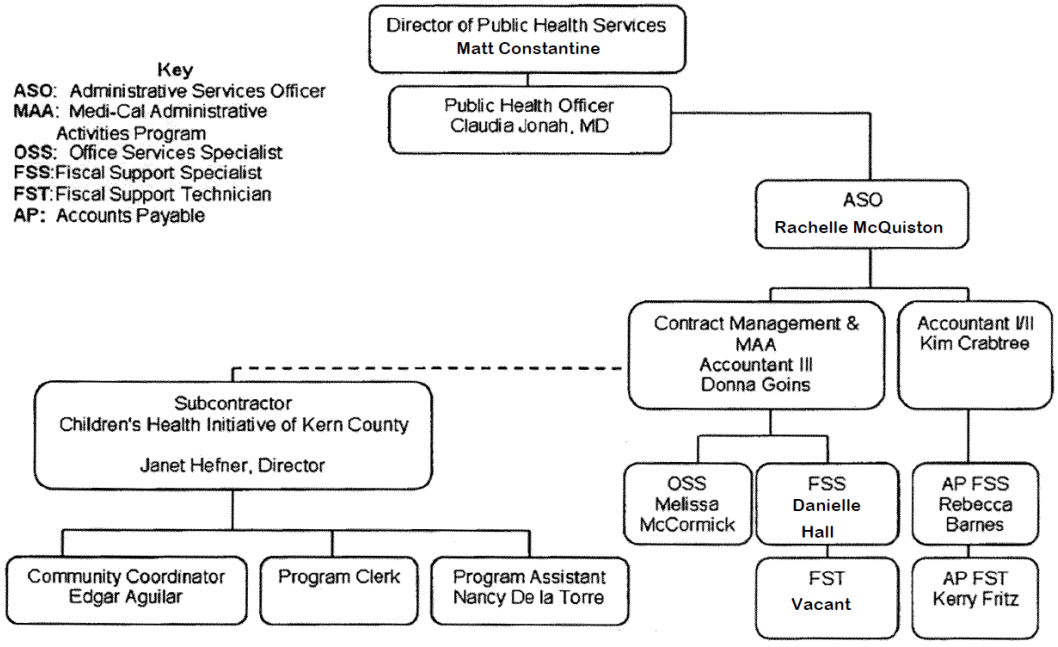
Capacity Building

Child health and school readiness are two inseparable outcomes identified in the vision statement of First 5 Kern. In a study reported by National Center for Education Statistics (1993), kindergarten teachers rated child health as the most important condition for school readiness. Inadvertently, "Too often child health is viewed as

separate and distinct from early childhood care and learning rather than as an integral part of an overall school readiness strategy" (Bruner, 2009, p. 1). In preparing children for school readiness, "the need [is] not just to enroll children in health insurance but to retain them once enrolled" (Inkelas et al., 2003, p. x).

Through a long-lasting collaboration between First 5 Kern and CHI/SAS programs of Kern County Department of Public Health Services, a support structure has been built at multiple levels to sustain enrollment and retention of children in healthcare systems (see Figure 9). As a result, enrollment assistance has been made available for any children within a 10-mile radius of their home location. The service network sponsored by First 5 Kern has enhanced "The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs" (Proposition 10, p. 8).

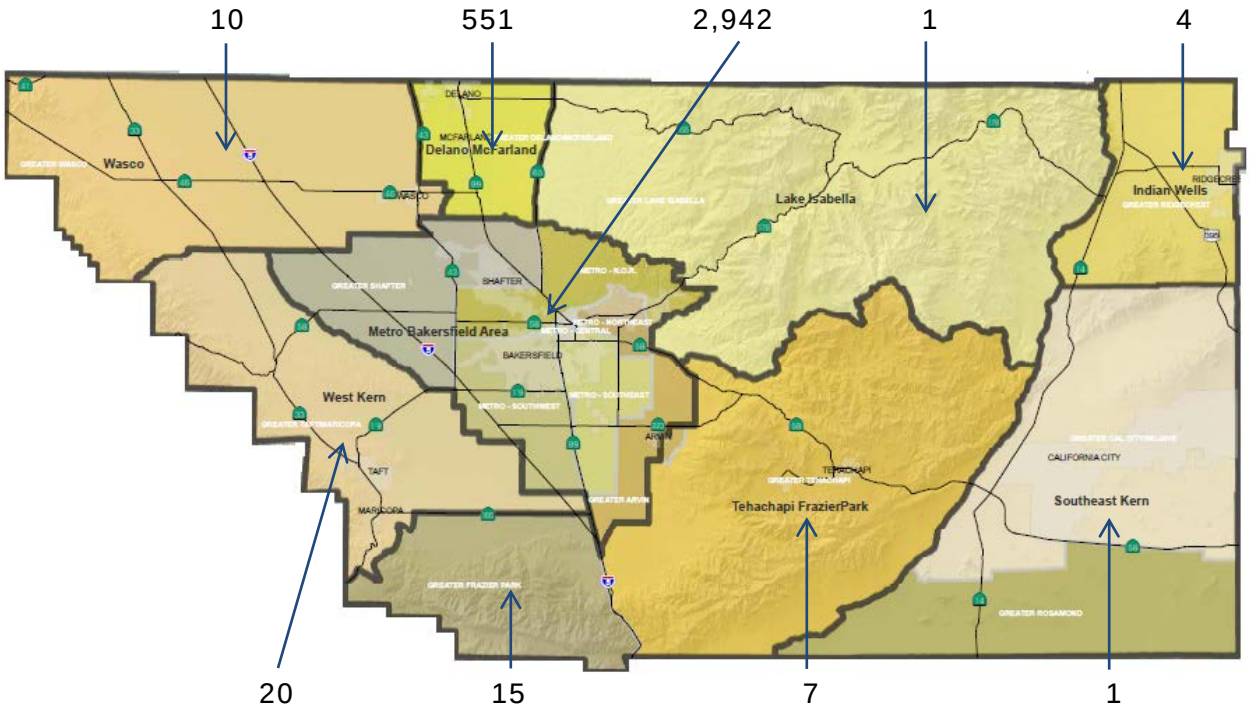
Figure 9: Capacity of Service Providers for Assisting Health Insurance Application



According to the local housing developments, Kern Council of Governments (KCOG) divided the county into nine subareas. Seven subareas were designated for mountain and desert communities, including Tehachapi and Frazier Park that were often combined in KCOG reports due to their sparse population density[3]. Figure 10 shows the number of children being granted healthcare access through CHI/SAS programs in various subareas.

[3] http://www.co.kern.ca.us/planning/pdfs/he/HE2008_Ch1.pdf

Figure 10: Distribution Of Children Being Assisted By CHI/SAS Enrollment Services



Besides the physical distance, psychological factors also impacted the enrollment effort. On one hand, enrollment assistance often handled repetitive work of the same kind, and thus, it was challenging to keep enrollment assistants motivated all the time. On the other hand, parental support is needed to complete child enrollments (Dall, 2012). For instance, teen mothers need to be educated on the importance of getting health coverage for their children despite the fact that they might not have had the insurance protection during their own childhoods (Pourat & Finocchio, 2010). In addition, "One of the greatest barriers to coverage is that immigrant families fear that if they apply for a government program, then they will not be granted citizenship" (Dall, 2012, p. 11). The funding from First 5 Kern has supported the outreach efforts in remote areas, including focused visits to migrant workers at Grimmway Farms and Bolthouse Farms, the two largest carrot growers in the world.

Figure 11: Scatter Plot Of SAS Enrollment Count With Local Population Size

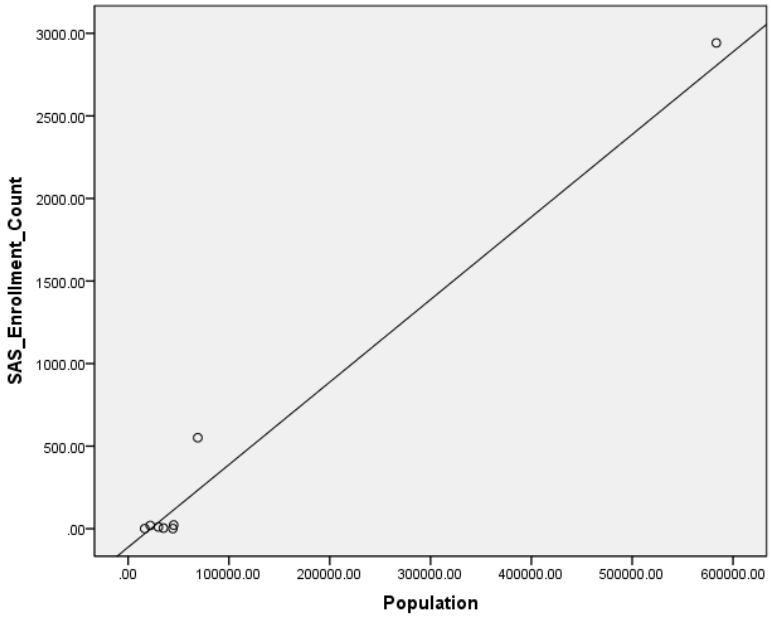


Figure 11 indicates a strong and significant correlation between SAS enrollment numbers and local population sizes across Kern County ($r=.99$, $p<.0001$). While "poverty and minority status pose significant barriers to gaining access to both primary care and dental care" (Platt & Cabezas, 2000, p. 5), the outreach services not only connected children to medical and dental homes, but also granted access to locally available programs, such as MediCal and Healthy Families. The countywide support was echoed by a general trend throughout the state since "Access to health insurance for young children has become a major policy and programmatic initiative statewide in California and a focus area for many First 5 commissions" (Inkelas et al., 2003, p. ix).

Descriptive Results

Descriptive data are aggregated below for each program to provide service counts on how many children and families benefited from First 5 Kern's support in *Health and Wellness*:

1. SAS assisted health insurance enrollments for 3,551 children this year, a 10 percent increase over last year.
2. According to the enrollment classification from CHI, Kern County had 1,786 new enrollments and 1,763 renewed enrollments, making the total enrollment exceeding 121 percent of the annual CHI target.
3. One hundred ninety-seven families were tracked through MVIP services. The rate of smoke exposure dropped from nine percent last year to six percent this year, and the percent of infants never seeing a dentist was reduced from 86 percent to 76 percent during the same period.
4. 2-1-1 Kern County responded to queries from 1,374 expectant mothers and 13,482 callers with children ages 0-5. Referrals were made for enrollments in Family Resource Center (725 counts), prenatal care (49 counts), and health insurance (659 counts).

5. KC_Dental served 3,920 children ages 0-5, and provided 1,247 case management services. In addition, KC_Dental offered 14,968 preventative services, and made 3,846 referrals to dental service providers.
6. MVCCP established 194 medical homes and created partnerships with 43 healthcare agencies across the state.
7. SJCH provided 13,008 immunization vaccines, and set up 174 immunization clinics through the mobile service unit.
8. Case management services in BIH supported 39 infants born with healthy weight. One hundred sixty children received the recommended immunizations for their age. Education activities were provided to 115 mothers on smoking cessations and alcohol/substance prevention.
9. EIP therapy services demonstrated improvements of mental health conditions for 113 children from 73 families. Twenty parents received court-mandated parental education, and 21 parents completed program-specific curriculum. In-service trainings and workshops were conducted for 778 parents, caregivers, and/or community stakeholders.

Assessment Outcomes

In FY 2011-12, 2-1-1 Kern County had follow-up communications with initial callers to check the number of successful referrals. Likewise, KC_Dental tracked reduction of plaque index and improvement of parental knowledge on child dental care. Program effectiveness is summarized below using the assessment data from repeated measures:

1. Correlation between referrals and program enrollments

Referral numbers were tracked monthly to document the impact of 2-1-1 Kern County on client enrollments. For healthcare access, a high correlation ($r=.95$) has been found between 2-1-1 Kern County referrals and health insurance enrollments. In contrast, prenatal care and Family Resource Centers (FRC) might involve services of different kinds. Hence, the correlation coefficient between *referral* and *enrollment* of prenatal service dropped to $r=.89$, and the correlation coefficient between FRC *referral* and *enrollment* fell to $r=.76$. Despite the different correlation outcomes, all correlation coefficients were highly significant at $\alpha=.005$.

2. Improvement of parental knowledge on child dental care

KC_Dental assessed parent knowledge on child dental care under a pretest and posttest setting. The scale was divided into *no knowledge*, *some knowledge*, and *full knowledge* categories. Initially, most parents were rated near the *some knowledge* level. In the posttest, *full knowledge* was acquired by almost all parents. The data from 233 parents suggested significant improvement of parent knowledge through KC_Dental services [$t(232)=18.88$, $p<.0001$]. The effect size, as measured by Cohen's *d* index, has reached 1.68. According to Cohen (1969), an effect size of 0.8 is "grossly perceptible and therefore large". Thus, KC_Dental's services demonstrated a strong practical impact on improvement of parental knowledge.

3. Reduction of plaque index through dental services

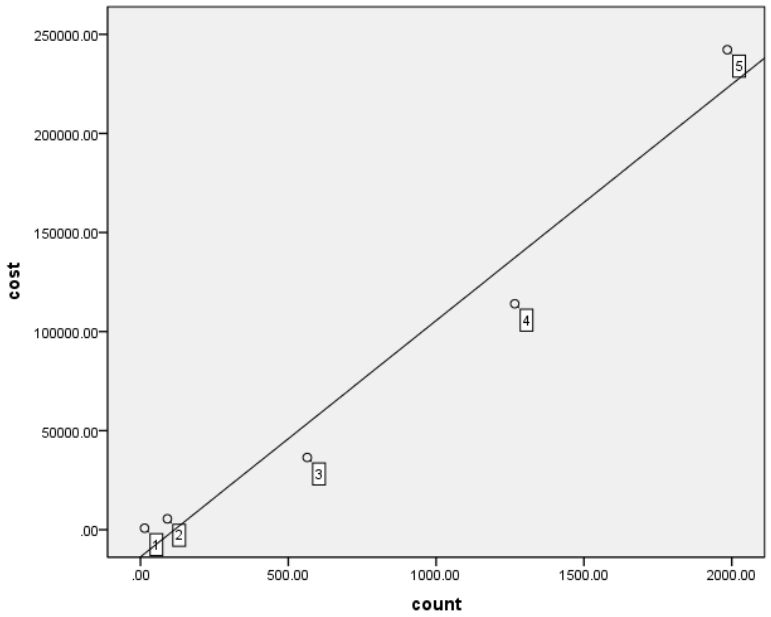
A tooth has five external faces, including four sides and one top (or bottom) part. The plaque index could be zero if no issues exist on any of the faces. A child with 24 teeth can have a maximum plaque index of 120 (i.e., 24 teeth x 5 faces). Before KC_Dental's service for 330 children, the average plaque index was 74.50. After the service access, the plaque index dropped to 41.63. The index reduction was significant at α=.0001 [t(329)=-26.17, p<.0001]. Cohen's *d* value was 1.45, indicating a large effect size. Hence, the KC_Dental services demonstrated a practical impact on plaque reduction.

4. Correlation between costs and dental services

The American Academy of Pediatric Dentistry recommended children receive a dental check-up before their first birthday. This year, First 5 Kern invested over $1.3 million for KC_Dental services. As was observed by Shobo (2002), "although dental disease is preventable, dental decay is still the most common and costly oral health problem among children" (p. 1). Cost of the dental services has been plotted against service counts across ages 0-5 (see Figure 12).

Figure 12 displays a significant correlation between the cost and service count (r=.98, p<.003). In addition, higher cost was identified for children ages 1, 2, and 5. Among the children being served by KC_Dental this year, less than 3.00 percent were under age three, and 50.61 percent of the children reached age five. Therefore, one plausible cost-saving measure is to deliver the services before the children's fifth birthday. Nonetheless, under the law of compulsory education, pre-school is not required for children ages 3-4. Enhancement of parental education is needed to support the mobile service access in various communities.

Figure 12: Relationship Between Dental Service Cost and Service Count

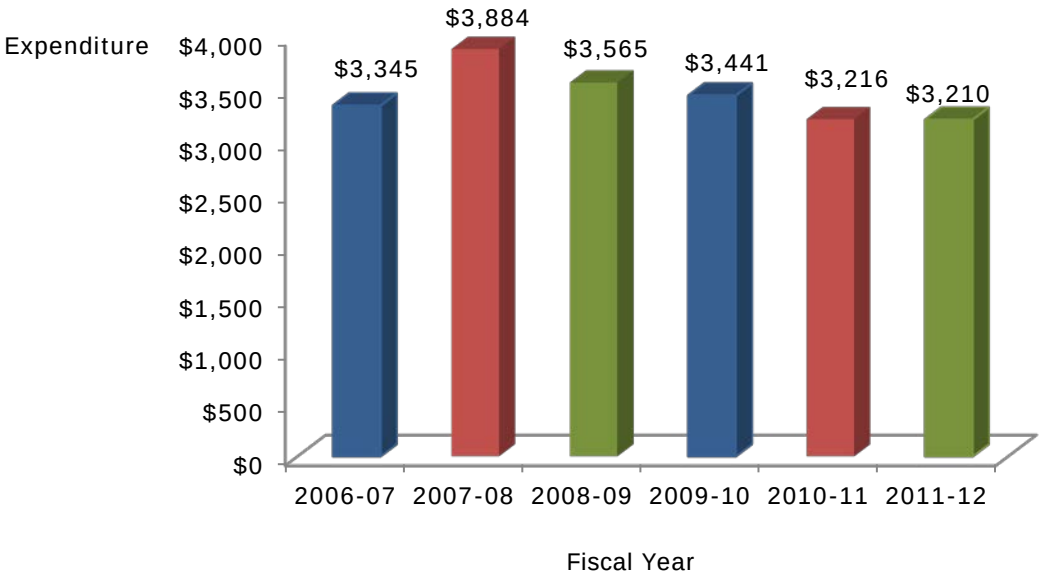


In summary, while service counts have been accumulated in descriptive data across all programs, value-added assessments require repeated measures. Nonetheless, no child is expected to enroll in health insurance twice a year, nor should a child repeat immunization shots beyond a doctor's recommendation. Therefore, assessment outcomes in this section are confined to programs with follow-up data collections. Although a wide range of individuals and institutions have impacted the outcome difference between repeated measures, "the role of parents is paramount in the development of healthy children" (BC Council for Families, 2011, ¶. 3). To improve program delivery and service access, *Parent Education and Support Services* has been identified as a focus area in First 5 Kern's Strategic Plan.

Focus Area 2: Parent Education and Support Services

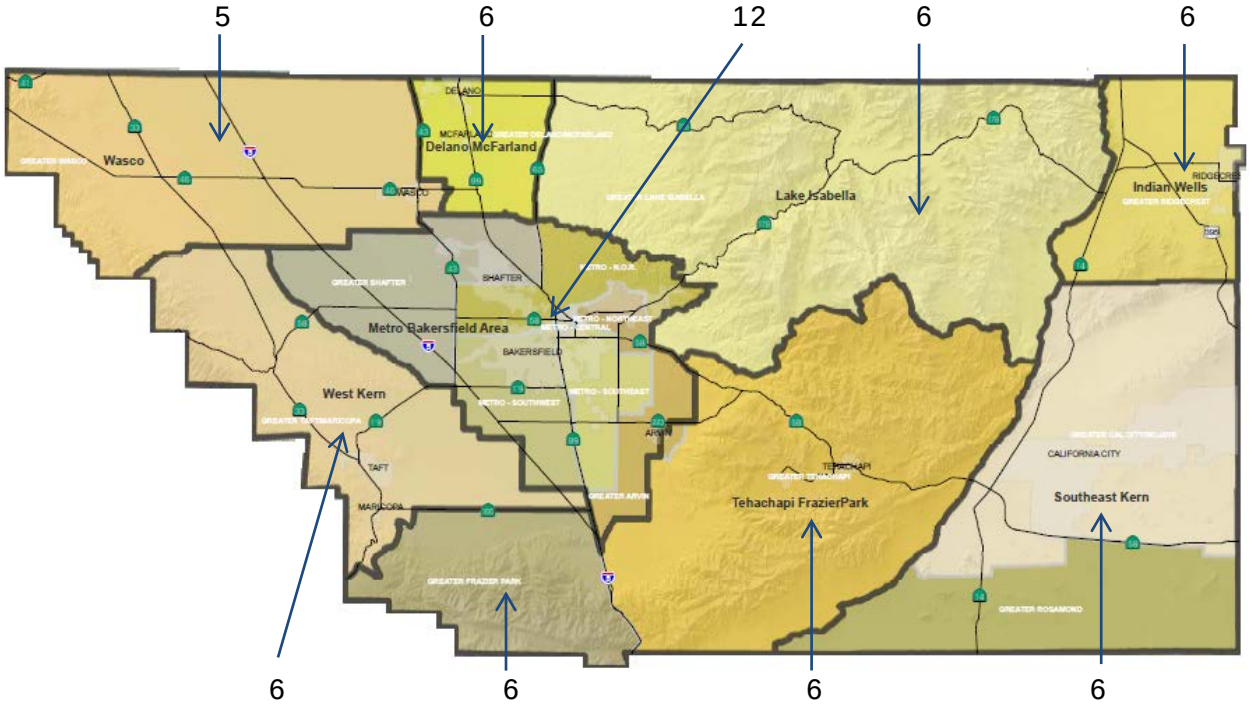
In FY 2011-12, First 5 Kern funded 18 programs in *Parent Education and Support Services*. Due to an approximately 4 percent drop in the state revenue, First 5 Kern had to reduce its local reserve to maintain funding stability for local contractors this year (Figure 13). Meanwhile, inflation was an unavoidable factor behind budget shortfalls. Without scaling down the service capacity, 11 programs strengthened their efforts on partnership building to recruit additional funds equivalent to a quarter or more of their annual budgets this year.

Figure 13: First 5 Kern's Investment in *Parent Education and Support Services* (in $1,000)



The funding level over the last two years remained the lowest in Figure 13, which inevitably impacted results in *Parent Education and Support Services*. According to Friedman (2009), "RBA [Results-Based Accountability] makes a fundamental distinction between Population Accountability and Performance Accountability" (p. 2). While performance accountability could be demonstrated in a *turning the curve* process to surpass the original baseline, population accountability requires delivery of the intended services across a designated geographic area. Figure 14 indicates program distributions across nine subareas of Kern County.

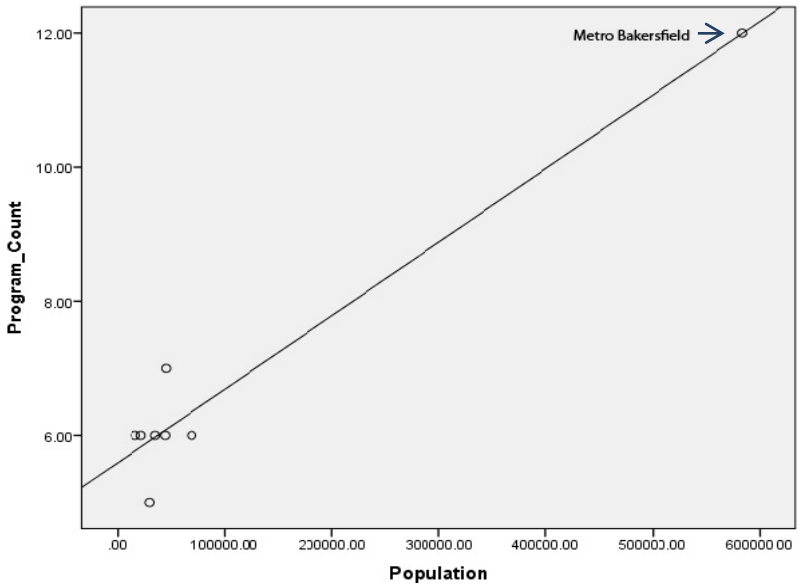
Figure 14: Program Distribution In *Parent Education and Support Services*



Note: Duplicate counts occurred for countywide programs across the nine subareas

Boundaries of the subareas were drawn by Kern Council of Governments (KCOG). Using the subarea as a unit of observation, Figure 15 illustrates a strong and significant correlation between population size and the number of service providers across Kern County ($r=.97$, $p<.0001$). Since the majority of the county population resides in the subarea of *metro Bakersfield*, more programs are funded at that location to address population accountability (Figure 15).

Figure 15: Scatter Plot Of Population Sizes And Service Program Counts In Focus Area 2

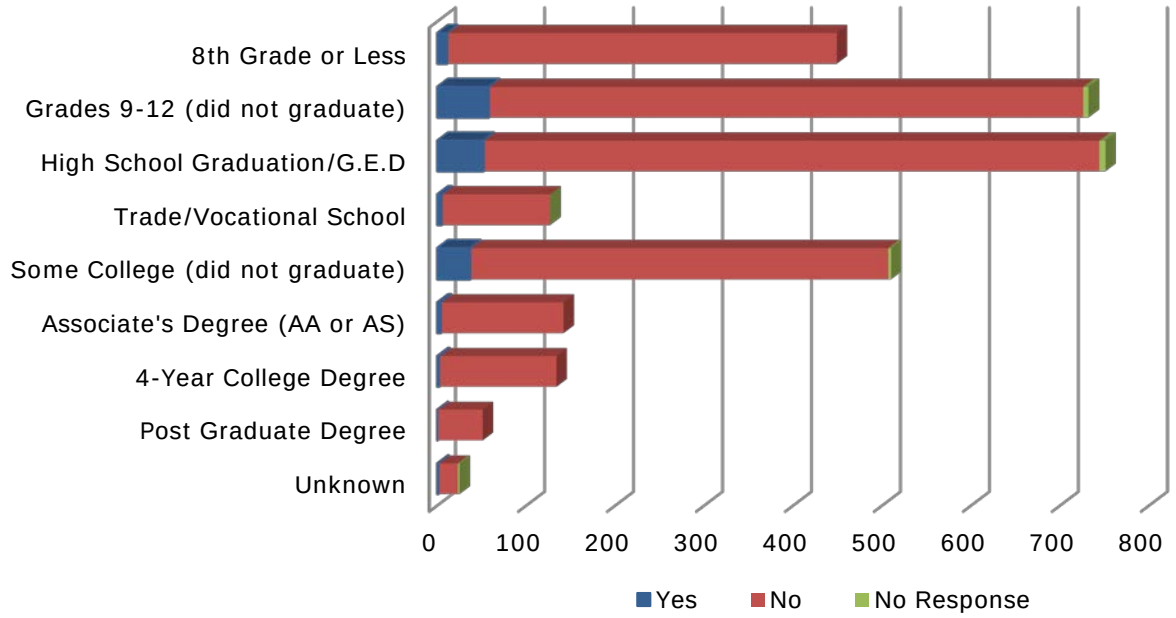


To evaluate performance accountability, Samuelson (2010) observed that "Effective parent education programs have been linked with decreased rates of child abuse and neglect, better physical, cognitive and emotional development in children, increased parental knowledge of child development and parenting skills" (p. 1). In this chapter, both descriptive and assessment data are analyzed below to examine service impact on child protection and parent education. Additional results on child development are presented in the third focus area, i.e., *Early Childcare and Education*.

Parent Education and Child Protection

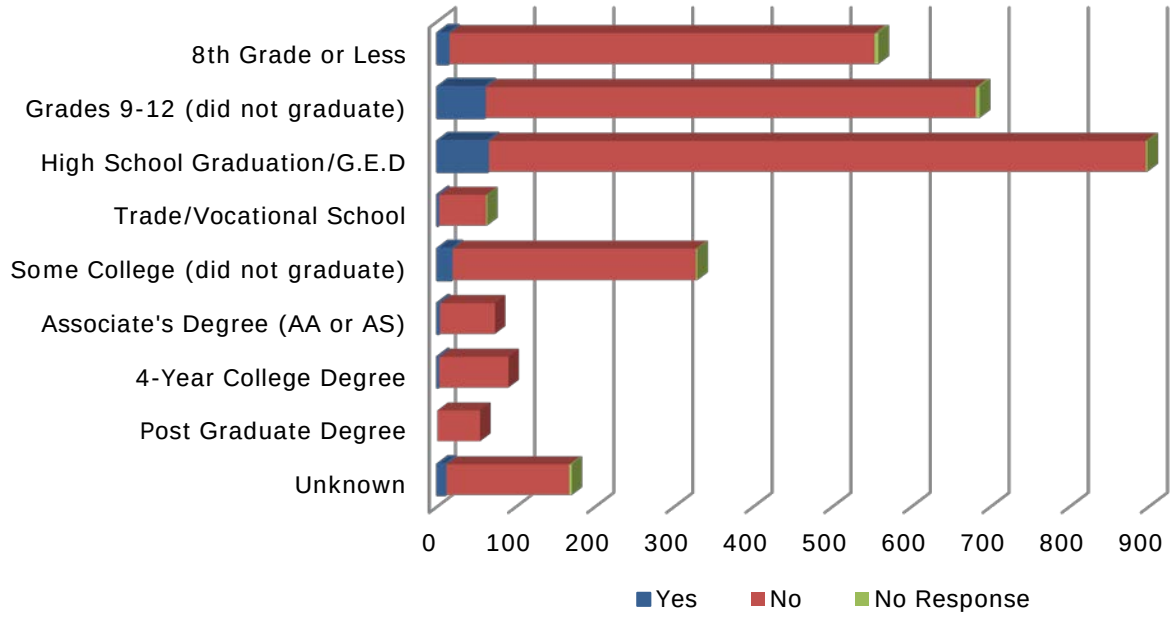
Kern County has been ranked among the lowest regions in adult education across the United States (Brookings Institution, 2010). At the county seat, Zumbrun (2008) concurred that Bakersfield was ranked as one of the least educated metropolitan areas across the nation. Figures 16 and 17 show relationships between parent education and child exposure to home smoking. Still, "Tobacco consumption patterns are complex and vary across different categories of parental smokers" (Blackburn et al., 2004, p. 190). For those families receiving First 5 Kern support, no children were exposed to smoking environments where at least one parent held an Associate's degree or higher level of education.

Figure 16: Relationship Between Mother's Education and Smoke Exposure at Home



In Figures 16 and 17, most parents did not reach the level of Associate degree. The parent group with an education at or below high school graduation accounted for 73 percent of the father population and 66 percent of the mother population. This was also the group that had most cases reporting use of tobacco. According to a new study by Hernández-Martínez, Val, Subías, and Sans (2012), second-hand smoking directly affected the neurodevelopment in early childhood.

Figure 17: Relationship Between Father's Education and Smoke Exposure at Home



Parallel to the low level of parent education, the 2010 California County Scorecard indicated that only 61 percent of children in Kern County were reported as having *excellent* or *very good* health, much lower than the corresponding results of 75 percent for California and 85 percent for the nation. In response, First 5 Kern has designated specific programs in the current funding cycle to strengthen parental support in *Child Health*, *Family Functioning*, and *Child Development*.

Parental Support for Child Health

The Kern County Nurse Family Partnership (NFP) received funding from First 5 Kern to monitor pregnancy outcomes for high-risk, low-income, first-time mothers. Public health nurses offered intensive case management and parental education services to increase local rates of breastfeeding, full-term pregnancy, and normal birth weight. As part of a nationally recognized project across 23 states, the NFP program provided countywide services to local families for two and half years. The following results demonstrated the service impact to children ages 0-2.5 and their families this year:

1. Public health nurses repeatedly visited parents to provide developmental assessments for 118 children across Kern County.
2. One hundred ninety-three children had all immunizations for their age.
3. Thirty newborns were breastfed.
4. Despite the involvement of high-risk mothers, only *one child* was born with low birth weight, and *no children* were born with very low birth weight this year.
5. Seventy-seven parents were educated for smoke cessation and prevention of alcohol or substance abuse.

For children beyond the infant stage, Richardson Special Needs Collaborative (RSNC) offered countywide services to screen and identify behavioral needs of infants before age 3. Based on the results, RSNC integrated multidisciplinary prevention and/or intervention services to strengthen linkages between healthcare and early childhood development at the preschool stage (i.e., ages 3-5). Due to the implementation of a holistic approach to address special needs of children, RSNC was recognized as a recipient of Kern County Community Solution Makers Award in 2012. Through the combination of case management, parental education, and referral services, RSNC has extended the following supports for preschoolers and their families:

1. Ninety-five families received case management services to strengthen family stability.
2. Fifty-five parents were educated to expand their knowledge on child health, developmental milestones, and appropriate parenting practice.
3. Fifty-five preschoolers were supported with integrated services to address special needs.
4. One hundred sixteen parents participated in in-service trainings and/or workshops.
5. Eighty-five families were referred to additional support services.

Altogether, NFP and RSNC jointly provided seamless services for children ages 0-5 and their families. While NFP extended direct support for high-risk, low-income, first-time mothers during a *prenatal to infant* stage of child development, RSNC offered additional case management and service integrations for preschoolers with special needs. Since a healthy home environment hinged on the improvement of family functioning, additional programs were funded by First 5 Kern to address family support for early childhood development.

Parental Assistance on Family Functioning

Parent education and support services are needed to protect children in unstable families (Sebeliu, 2012). First 5 Kern funded three programs, *Differential Response* (DR), *Domestic Violence Reduction Project* (DVRP), and *Guardianship Caregiver Project* (GCP), to improve family functioning. DR divided Kern County into seven differential response areas to monitor 765 family cases, and the number of families *in crisis* or *at risk* dropped from 90 to eight within the first nine months. In addition, its intensive home visitation services eliminated case recurrences for 1,839 children this year. Meanwhile, DVRP offered services to address various needs of 259 children from 169 families. Grandparents or caregivers received help from GCP to rebuild stable homes for 224 children from 209 case-managed families.

In addition to those descriptive results, assessment data have been tracked through repeated measures within DR, DVRP and GCP programs. DR established a family database to monitor social conditions of 574 children this year, and effectiveness of the case management has been demonstrated across 12 key areas within the first nine months (Table 5).

TABLE 5: NUMBER OF CASES IN CRISIS OR AT RISK BETWEEN ENTRY AND MONTH 9

Key Area	Case Count at Entry	Case Count at Month 9
Income and Budget	174	17
Employment	287	22
Housing Situation	87	5
Food and Nutrition	44	3
Health Care	74	4
Transportation	142	7
Adult Education	193	7
Family Relations	90	8
Community Involvement	155	11
Child Care	32	3
Condition of Children	48	1
Drugs and Alcohol	57	4

Along with the reduction of child neglect cases, more mothers were educated to receive timely prenatal care this year than last year. Meanwhile, fewer mothers smoked during their pregnancy, and more mothers breastfed. Those findings are presented in Table 6 to contrast the outcome differences between two adjacent years.

TABLE 6: IMPROVEMENT OF CHILDCARE INDICATORS IN DR PROGRAM

Child Indicators	FY 2010-11		FY 2011-12	
	n	percent	n	percent
Prenatal Care at 1st Trimester	429	80	501	81
Smoking During Pregnancy	393	26	145	23
Breastfeeding	288	54	388	62

While KCNC provided DR services through broad collaborations with nine county agencies and 13 community-based organizations, DVRP and GCP services were delivered by a single agency, Greater Bakersfield Legal Assistance (GBLA), with a clear focus on the improvement of the family environment. By design, parental education was embedded in DVRP case management services to help children and survivors of domestic violence move toward greater economic and family stability. In addition, parents were trained through GCP case management services to gain access to various support services, including medical homes, healthcare access, mental health screenings, and local school enrollments. Table 7 indicates more improved cases this year than last year in DVRP and GCP programs. In addition, the results demonstrated consistent progress within the first three months of DVRP and GCP services.

TABLE 7: ASSESSMENT OUTCOMES IN DVRP AND GCP PROGRAMS IN TWO ADJACENT YEARS*

Indicators	Domestic Violence Reduction				Guardianship Caregiver			
	2011 (n=74)		2012 (n=130)		2011 (n=13)		2012 (n=131)	
	Initial	Month3	Initial	Month3	Initial	Month3	Initial	Month3
Miss school/work for transportation	16	3	38	1	0	0	3	0
Lack transportation for all household	18	3	36	1	0	0	2	0
Unmet food needs for all household	9	2	17	1	0	0	1	0
Inconvenient childcare provider	14	1	11	0	1	1	2	0
Miss school/work for childcare	6	1	10	0	0	0	1	0
Unmet childcare needs at home	4	1	11	0	1	1	2	1

*Note: Fiscal Year ending in 2012 is represented by 2012, etc.

Parental Education for Child Development

Parental education services are offered through *group-based*, *home-based*, and *court-mandated* programs. Nurturing Skills Competency Scale (NSCS) is employed to assess impact of *group-based* and *home-based* parent education, and Adult-Adolescent Parenting Inventory-2 (AAPI-2) is adopted to evaluate effectiveness of *court-mandated* parent education. Because outcomes of child development are inseparable from parental education, NSCS and AAPI-2 results are analyzed in this section across focus areas of *Parent Education and Support Services* and *Early Childcare and Education*.

(1) NSCS Findings

NSCS is a *criterion-referenced, self-report* inventory grounded on the Nurturing Parenting Curriculum to provide comprehensive information about parenting beliefs, knowledge and skills. "The Nurturing Parenting Program is an internationally recognized, group-based approach for working with parents and their children in reducing dysfunction and building healthy, positive interactions" (Edwards, Landry, & Slone, 2012, p. 1). Outcomes of the NSCS assessment includes two subscales: Part A assesses knowledge of the nurturing parenting attitudes and skills, and Part B covers application of nurturing parenting concepts, practices and strategies.

According to Bavolek (2009), "The NSCS is ideally utilized as a pre and post-test" (p. 1). Table 8 shows the NSCS sample sizes from 11 programs in *Parent Education and Support Services* and five programs in *Early Childcare and Education*.

TABLE 8: SIZE OF PROGRAM DATA FROM NSCS ASSESSMENTS

Focus Area	Program	Pretest	Posttest	Matched Pairs
Parent Education and Support Services	Arvin	53	17	11
	BCSD	134	185	90
	Buttonwillow	29	28	28
	East Kern	24	15	13
	Greenfield	104	94	80
	Kern River Valley*	32	9	0
	Lamont	58	24	23
	Mtn. Communities*	5	1	0
	RSNC	55	40	34
	SENP*	18	0	0
	Taft	36	23	21
Early Childcare and Education	Blanton CDC	14	16	14
	Delano*	80	1	1
	McFarland	39	34	33
	NOR*	172	15	4
	Small Steps*	14	0	0

In Table 8, pretest and posttest scores have been sorted to identify matched pairs in each program, and six programs marked with a * sign had zero or one observation for a pretest and posttest comparison. To support value-added assessments, those programs had to be excluded from parametric statistical analyses. Consequently, NSCS data were aggregated by the focus areas. In *Parent Education and Support Services*, 304 parents participated in the NSCS pretest and posttest, and significant improvements have been found in Parts A [$t(303)=5.44$, $p<.0001$] and B [$t(303)=8.37$, $p<.0001$] of the NSCS scale.

Although five programs in *Early Childcare and Education* participated in the pretest data collection, the Small Step CDC program did not gather data from the NSCS posttest. The remaining four programs in Table 8 jointly demonstrated significant improvement in Parts A [$t(47)=2.23$, $p<.0304$] and B [$t(47)=4.49$, $p<.0001$] on the NSCS scale. In comparison to *Parent Education and Support Services*, smaller data from the programs of *Early Childcare and Education* might have rendered improvement of Part A outcome at a relatively lower significance level (i.e., $\alpha=.05$).

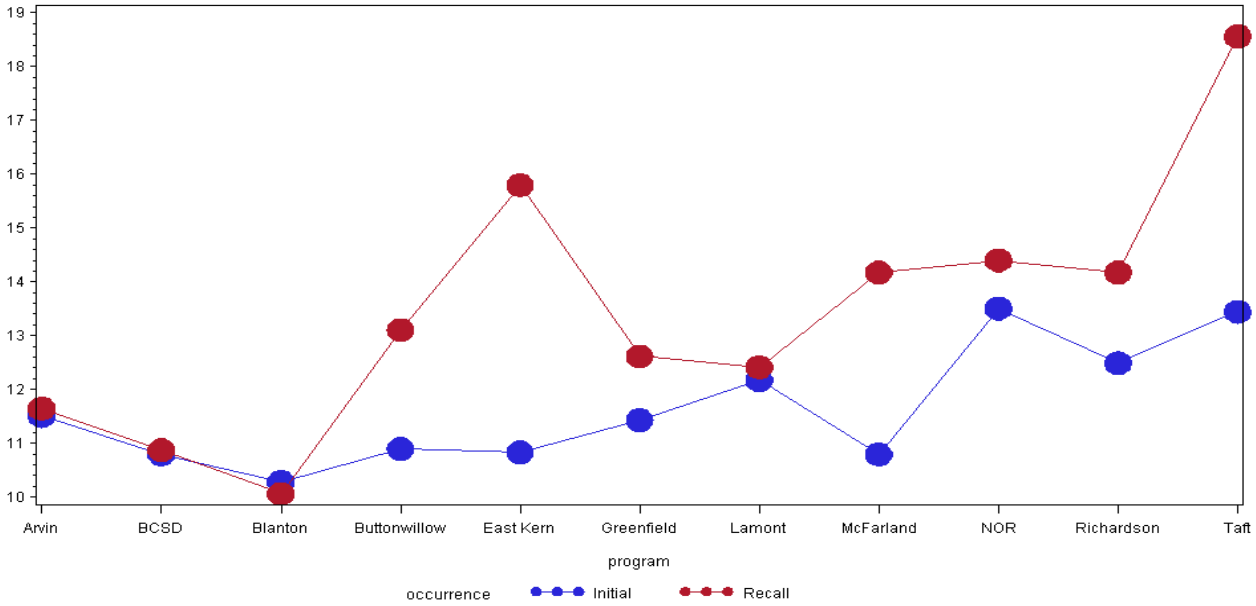
Alternatively, effect size is less sensitive to the impact of sample size, and has been recommended to represent a practical difference in research reports (Wilkinson, 1999). The American Psychological Association (2001) suggested that "For the reader to fully understand the importance of your findings, it is almost always necessary to include some index of effect size or strength of relationship in your Results section" (p. 25). The effect sizes on Parts A and B of the NSCS scale are listed in Table 9.

TABLE 9: EFFECT SIZE COMPARISON ON PARTS A AND B OF THE NSCS SCALE

NSCS Subscale	Parent Education and Support Services	Early Childcare and Education
Part A	0.50	0.66
Part B	0.31	0.33

According to Cohen (1969), an effect size of 0.5 is described as "medium" and is "large enough to be visible to the naked eye" (p. 23). In Table 9, effect sizes for Part B of the NSCS scale are below 0.5. Hence, after controlling the effect of sample size, practical differences from First 5 Kern-funded programs are primarily reflected on Part A of the NSCS scale. In both focus areas of *Parent Education and Support Services* and *Early Childcare and Education*, the practical impact of First 5 Kern-funded programs has been reflected in the improvement of parental knowledge. At the program level, differences between pretest and posttest are plotted in Figure 18.

Figure 18: Improvement Of Nurturing Parenting Knowledge Across Programs



Evidently, almost two thirds of the programs demonstrated improvement between pretest and posttest (Figure 18). Variations of the score gap could be tracked down to program alignment with the Nurturing Parenting Curriculum (NPC). Researchers of the NPC adoption adduced the following reasons for similar lack of improvement in the past:

> The ineffectiveness of the parenting education being offered to the parents, which includes: a) the dosage (number of total lessons offered are inadequate to the level of parental need); b) the intensity of the dosage (classes are condensed into a short period of time not allowing the information time to incubate into normal parenting patterns); or c) parenting lessons that do not meet the needs of the parents. That is, program focused lessons not parent focused lessons. (Assessing Parenting, 2012, p. 1)

Those observations could be helpful to the four programs that did not demonstrate positive improvement of parental knowledge in Figure 18.

(2) AAPI-2 Results

AAPI-2 data were gathered from seven *court-mandated* parent education programs across focus areas of *Parent Education and Support Services* and *Early Childcare and Education* (Table 10). Responses to the AAPI-2 inventory are employed to assess five constructs:

Construct A - Expectations of Children
Construct B - Parental Empathy Towards Children's Needs
Construct C - Use of Corporal Punishment
Construct D - Parent-Child Family Roles
Construct E - Children's Power and Independence

TABLE 10: SIZE OF PROGRAM DATA FROM AAPI-2 ASSESSMENTS

Focus Area	Program*	Pretest	Posttest	Matched Pairs
Parent Education and Support Services	BAS	194	145	116
	East Kern	15	8	6
	Indian Wells Valley	21	24	13
	Kern River Valley	32	9	3
	Shafter	48	36	27
	SENP	18	14	11
Early Childcare and Education	NOR	108	81	35

*Program acronyms are provided in Appendix C.

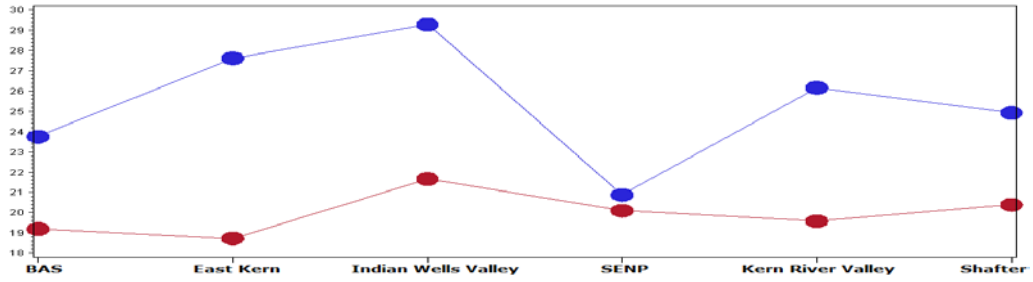
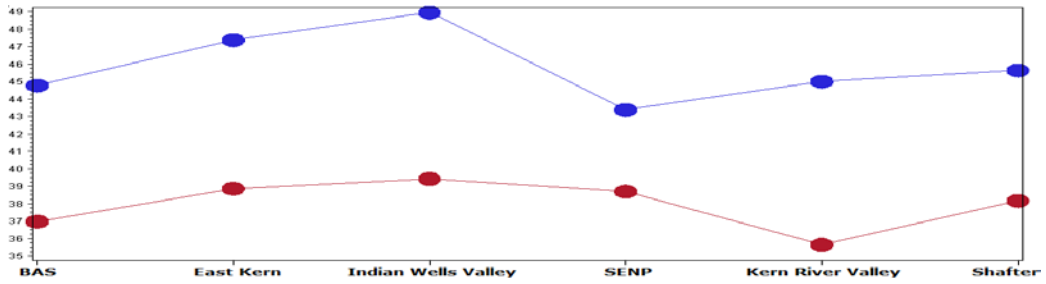
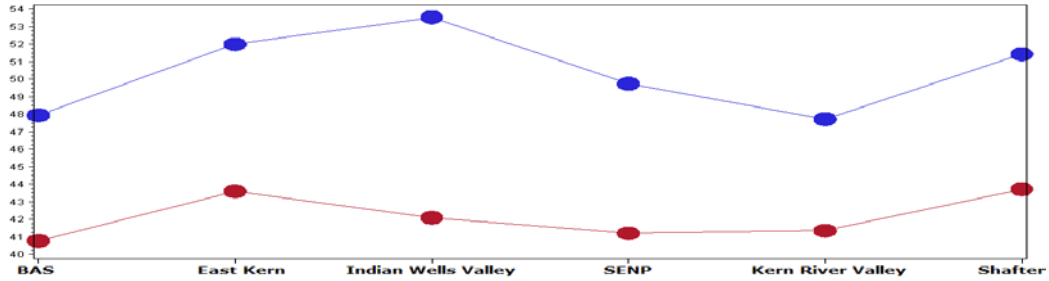
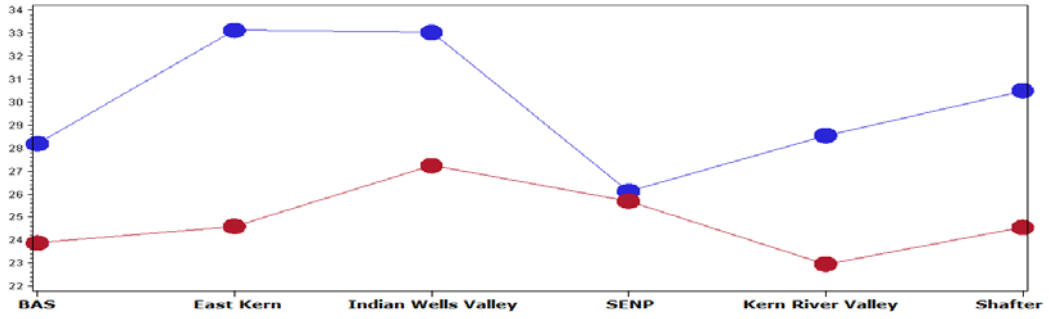
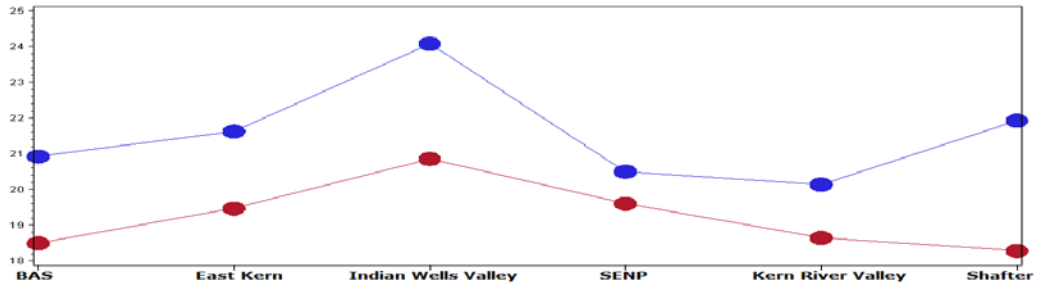
Two of the programs in *Parent Education and Support Services* had six or fewer observations. Due to the small sample sizes, program data were aggregated, and significant improvements have been demonstrated in this focus area across all five constructs (Table 11).

TABLE 11: RESULTS OF T TEST ON IMPROVEMENT OF AAPI-2 CONSTRUCTS

Construct	Pretest	Posttest	Related Sample t Test
A	19.74	24.33	$t(178) = 9.34$, $p < .0001$
B	37.59	45.14	$t(178) = 17.25$, $p < .0001$
C	41.77	48.44	$t(178) = 12.27$, $p < .0001$
D	23.93	28.45	$t(178) = 11.72$, $p < .0001$
E	18.65	20.92	$t(178) = 8.64$, $p < .0001$

At the program level, all six programs of *Parent Education and Support Services* seem to have higher scores in posttest than pretest. Nonetheless, Table 12 does not include information for sample sizes, and thus, only provided a partial description of the outcome. Statistical analyses cannot be conducted for programs at East Kern and Kern River Valley due to their small sample sizes (see Table 10).

TABLE 12: IMPROVEMENT OF CONSTRUCT-BASED SKILLS ACROSS PROGRAMS

Construct	Improvement Between Pre- and Post-AAPI-2 Assessment (Red – Pretest, Blue – Posttest)
A	
B	
C	
D	
E	

For the four remaining programs, statistical testing has been conducted to examine improvement of Constructs A-E. Table 13 exhibits that education programs at Bakersfield Adult School Health Literacy Program (BAS) and Indian Wells Valley (IWV) have significant improvement on all constructs. The parent education program at Shafter has resulted in significant improvement in Constructs A-D, but no significant change occurred at Shafter on Construct E (Table 13). Because Construct E addresses parental respect for *Children's Power and Independence*, it might be too early to establish that construct at the stage of early childhood development.

TABLE 13: IMPROVEMENT OF AAPI-2 CONSTRUCTS AT BAS AND SHAFTER

Construct	BAS	IWV	SENP	Shafter
A	t(115)= 6.64, p<.0001	t(12)=4.94, p=.0003	t(10)=2.04, p=.0687	t(26)=5.11, p<.0001
B	t(115)=13.48, p<.0001	t(12)=6.88, p<.0001	t(10)=3.74, p=.0039	t(26)=6.73, p<.0001
C	t(115)= 9.82, p<.0001	t(12)=4.83, p=.0004	t(10)=2.28, p=.0458	t(26)=4.44, p=.0001
D	t(115)= 8.04, p<.0001	t(12)=5.55, p=.0001	t(10)=3.57, p=.0051	t(26)=4.57, p=.0001
E	t(115)= 7.57, p<.0001	t(12)=3.84, p=.0024	t(10)=4.49, p=.0012	t(26)=1.20, p=.2421

Table 13 also displays significant improvements at SENP on Constructs B-E (α=.05). For Construct A, the small sample (N=11) could have caused insufficient statistical power to detect a significant difference. In this type of circumstance, Kaufman (1998) recommended effect size for indicating practical impact. Table 14 showed the lowest effect size for Construct E at Shafter. All the rest of the effect sizes were larger than 0.50. Thus, with one exception, the existing data in *Parent Education and Support Services* demonstrated practical impact across five constructs.

TABLE 14: EFFECT SIZES OF AAPI-2 CONSTRUCT IMPROVEMENT

Construct	BAS	IWV	SENP	Shafter	Parent Education and Support Services
A	0.63	1.52	0.62	0.98	0.71
B	1.25	2.32	1.15	1.31	1.23
C	0.92	1.65	0.71	0.87	0.92
D	0.75	1.81	1.13	0.88	0.88
E	0.71	1.07	1.36	0.23	0.65

In *Early Childcare and Education*, NOR was the only program that participated in the AAPI-2 assessment. Results of the data analysis are presented in Table 15.

TABLE 15: AAPI-2 RESULTS FOR NOR

Construct	Pretest	Posttest	Related Sample t Test	Effect Size
A	21.89	26.31	t(34)=5.35, p<.0001	0.91
B	40.09	47.34	t(34)=7.71, p<.0001	1.33
C	44.14	52.83	t(34)=9.11, p<.0001	1.60
D	27.69	33.31	t(34)=8.25, p<.0001	1.47
E	22.23	22.28	t(34)=3.84, p=.0005	0.66

Besides reconfirming significant improvements in all constructs, the NOR results concurred the smallest effect size for Construct E from its court-mandated parental education classes. Perhaps because the court-mandated components were more rigorous in implementing Nurturing Parenting Curriculum, the AAPI-2 results showed consistent agreements between statistical testing and effect size configuration.

In summary, Proposition 10 was designed to "Establish community-based programs to provide parental education and family support services relevant to effective childhood development" (p. 2). In *Parent Education and Support Services*, systematic **support services** have been provided at both *child* and *family* levels. Starting at child pregnancy, high-risk, low-income, first-time mothers were supported by intensive case managements from the Kern County Nurse Family Partnership (NFP) program. Meanwhile, Richardson Special Needs Collaborative (RSNC) offered screening services to identify behavioral needs at the infant stage. The results are monitored by RSNC during preschool years with timely prevention and/or intervention services. At the family level, Differential Response (DR), Domestic Violence Reduction Project (DVRP), and Guardianship Caregiver Project (GCP) programs jointly helped parents improve family functioning, and protect children from an abusive or neglectful environment.

For **parent education**, *group-based, home-based*, and *court-mandated* classes were offered by local programs across Kern County. Based on NSCS pretest and posttest data from 304 parents in *group-based* and *home-based* parent education classes, significant improvements occurred in enhancement of nurturing parenting knowledge and skills. The AAPI-2 assessments also showed better posttest scores in all five parenting constructs across six programs (Table 12). While insufficient data were gathered in some programs, the aggregated results across the focus area showed both significant and practical impact of the *court-mandated* classes in improving nurturing parenting constructs this year (see Tables 11 & 13).

Parents are children's first and most important teachers. Hence, *group-based, home-based*, and *court-mandated* parent education classes were also offered in programs of *Early Childcare and Education*. Four programs gathered NSCS data in this focus area, and the aggregated results demonstrated significant improvement in nurturing parenting knowledge and skills from these *group-based* and *home-based* parent education classes. Court-mandated classes were offered through NOR, and resulted in a significant and practical impact on the enhancement of all five parenting constructs designated by AAPI-2. These findings have been incorporated in this section to facilitate comparison of similar programs across focus areas. While the NSCS and AAPI-2 data were collected at the parent level, additional assessments have been conducted at the child level to evaluate results of early childhood development. The outcome data from child assessments are analyzed in the next section to support program evaluation across Focus Areas 2 and 3.

Focus Area 3: Early Childcare and Education

First 5 Kern funded *Early Childcare and Education* (ECE) services to "help ensure that children enter kindergarten physically, mentally, emotionally and cognitively ready to learn" (First 5 Kern, 2011, p. 2). To assess the well-rounded development, descriptive data have been aggregated in this section from multiple sources to summarize service deliveries stipulated by Proposition 10. In addition, assessment

outcomes are analyzed at the child level to compare service impact across focus areas using well-established instruments, including Ages and Stages Questionnaire-3 (ASQ-3), Child Assessment-Summer Bridge (CASB), Desired Results Developmental Profile (DRDP), and School Readiness Articulation Survey (SRAS).

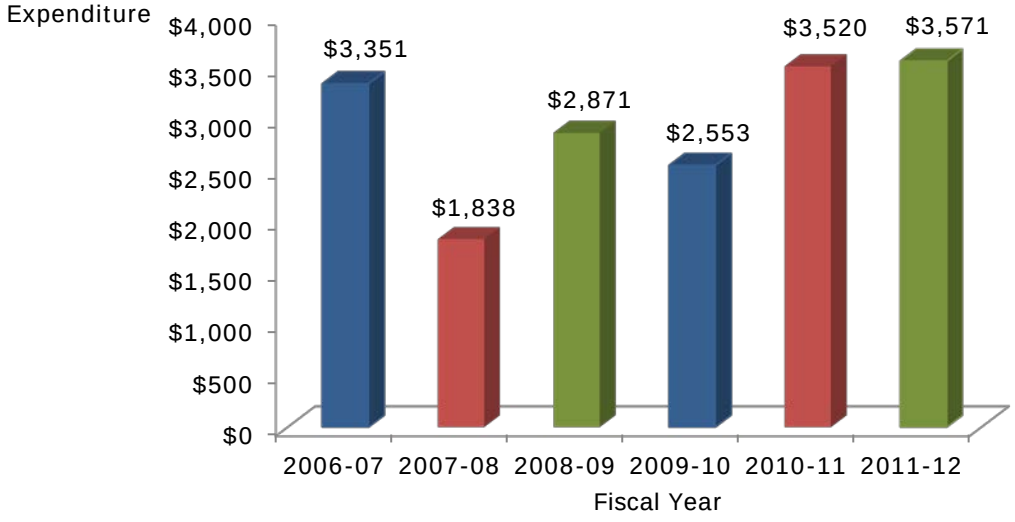
Program Adjustments

According to First 5 Kern's *Annual Report to the State*, 14 programs were aligned with the *Child Development* focus area identified by First 5 California (see Appendix A). Due to the 2011 Public Safety Realignment Act (Assembly Bill 109), the *Mother Infant Program* was relocated midyear to another county. While the program categorization remains unchanged in the state report, *Make a Splash* has been reclassified into *Health and Wellness* this year (see Appendix A). In partnership with the City of Bakersfield Recreation and Parks, this program offers the following services:

1. Swim lessons are offered to children ages 0-5 and their parents.
2. Water safety lessons are provided children in classroom instruction with take-home materials for parents and/or guardians.
3. Classes are set at various locations to train parents on Water Safety, CPR, and First Aid.
4. Free family swim is supported during the summer season to accommodate children up to age 5 and their parents/guardians.

The local reclassification hinges on the fact that drowning has been a vital threat to children's lives. According to the Centers for Disease Control, drowning was responsible for more unintentional deaths among children ages 1 to 4 than any other causes except for birth defect. In 2010, Kern had a drowning rate that was 342% higher than the rate for Los Angeles. To document the impact of *Make a Splash*, service counts are accumulated according to the state report classification. Listing the program under the *Child Development* category also facilitates configuration of investment trend during the recession (Figure 19) – Despite the ongoing decline of Proposition 10 revenue, the trend data indicate a slight increase of First 5 Kern funding in *Child Development* this year.

Figure 19: First 5 Kern's Investment in *Early Childcare and Education* (in $1,000)



Descriptive Findings

Since it takes the whole village to raise a child, all programs in *Child Development* are community-based. Table 16 shows service head counts for each program across different platforms (home-based vs. center-based), child conditions (special education vs. regular education), and support areas (parent education, preschool daycare, and nutritional services). Except for *Make a Splash*, no local changes occurred to the categorization of other programs in Table 16.

TABLE 16: DESCRIPTIVE RESULTS FROM PROGRAMS IN CHILD DEVELOPMENT

Program	Service Head Count*
Delano School Readiness	Insurance Application (101), Parent Education (85), Immunization (78), Summer Bridge (33), Case Managements (23), Center-Based (31)/Home-Based (14) ECE
Lost Hills Family Resource Center	Parent Education (32), Case Managements (31), Center-Based (26)/Home-Based (20) ECE, Summer Bridge (16)
McFarland Family Resource Center	Case Managements (55), Center-Based ECE (47), Parent Education (42), Summer Bridge (25)
Discovery Depot Licensed Child Care Center	Nutritional Services (10,507), Center-Based (57)/Home-Based (38) ECE, Developmental Assessment (1)
Small Steps Child Development Center	Nutritional Services (10,287), Center-Based ECE (57), Developmental Assessment (26), Parent Education (10)
Blanton Child Development Center	Parent Education (238), Center-Based ECE (36), Case Managements (34)
South Fork Preschool	Center-Based ECE (26), Parent Education (24), Transportation (18)
Ready to Start	Summer Bridge (830), Dental Screening (67), Health Screening (20)
Make a Splash	Center-Based Water Activity (4,152), Parent-Child Water Activity (637)
Women's Shelter	Developmental Assessments (39), Case Managements (27)
NOR	Center-Based ECE (345), Parent Education (324)
Special Start for Exceptional Children	Center-Based Child Development in Special Education (40)
Wind in the Willows	Center-Based ECE (48)

*Service Head Count is listed inside parentheses. To improve the table readability, programs were sorted in a descending order according to the number of service types.

To integrate mutual supports from different communities, 1,882 referral services have been provided among service providers. Based on Table 16, 10 indicators are aggregated below under four service domains to describe the overall impact within Focus Area 3:

1. Center-Based Service
   (i) Nine hundred four children participated in Summer Bridge programs to enhance school readiness through center-based learning activities.
   (ii) Seven hundred thirteen children experienced early childcare and education activities at 11 center-based facilities.
   (iii) Twenty thousand, seven hundred, and ninety-four nutrition services were provided at Discovery Depot Licensed Child Care Center and Small Steps Child Development Center.

2. Parent Education
   (iv) Four hundred sixty-seven parents had *nurturing parenting* training to understand child development milestones and improve parenting skills.
   (v) Six hundred thirty-seven parents and children participated in water activities at First 5 Kern-sponsored public swimming pools, and 4,152 children accessed those center-based services this year.
   (vi) In-service trainings and workshops were provided to 286 parents, caregivers, and/or community stakeholders to support early childhood development.

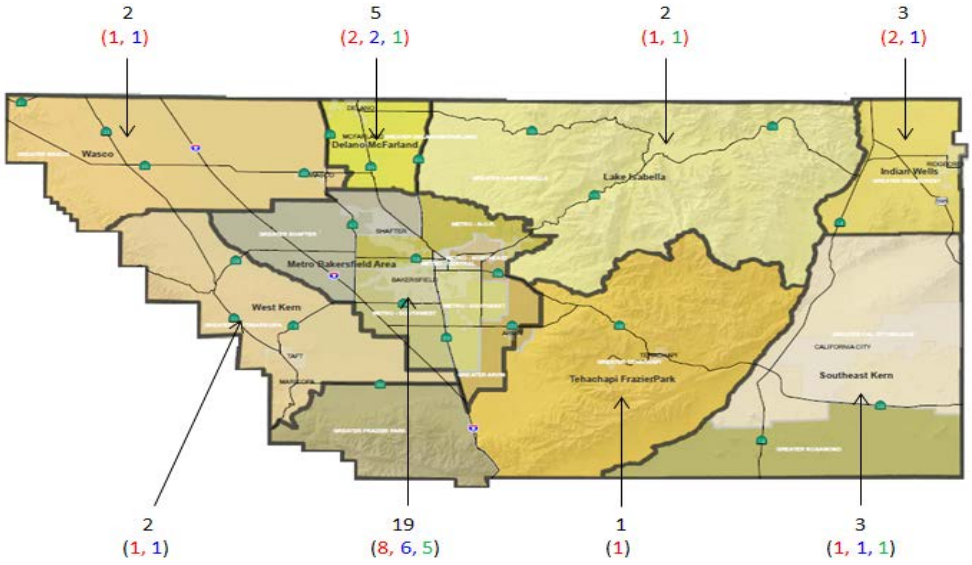
3. Case Management
   (vii) One hundred eighty-six case management services were offered to strengthen family stability.
   (viii) Eight articulation meetings were held to establish and review standardized transition plans for incoming kindergarteners.

4. Home-Based Support
   (ix) Seventy-two families received home-based support for early childhood development.
   (x) Ninety-four families were supported with transportation services to access family-focused services.

Population Accountability

Because *early childcare and education* are inseparable from *parent education*, programs in Focus Areas 2 and 3 gathered comparable data at both *child* and *parent* levels. Assessment data on parental education have been analyzed in Focus Area 2. This section is focused on the examination of child-level data between focus areas. Figure 20 shows the geographic distribution of data gathering from child assessments across Kern County. Based on the 2010 Census Adjustment from Kern Council of Governments, over half of Kern households are located in Metro Bakersfield Area. Accordingly, more data have been gathered from this densely populated area to enhance assessment of child development.

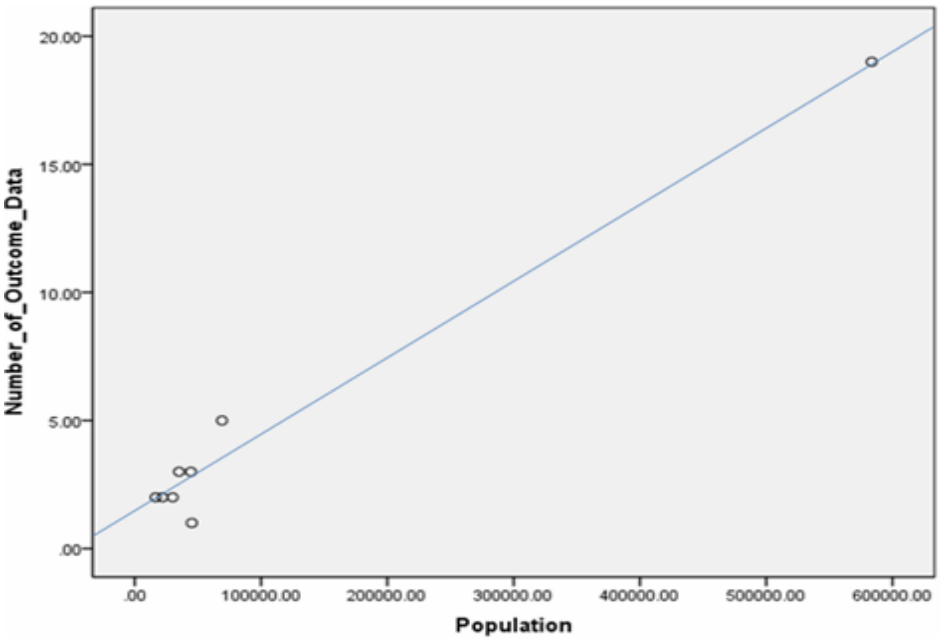
Figure 20: Distribution Of Outcome Data Sets From Child Assessments Across Focus Areas



Legend: Black= total number of outcome data sets in subarea
Red= number of programs using ASQ-3
Blue =number of programs using CASB
Green = number of programs using DRDP

Figure 21 contains a scatter plot to display a strong and significant correlation between population sizes and the number of outcome measures across subareas ($r=.99$, $p<.0001$). The results reconfirm First 5 Kern's consideration of *population accountability* during the process of data gathering.

Figure 21: Scatter Plot Of The Data Density Across Population Of Kern County



Assessment Results

While descriptive data from service counts indicate the scope of support at the program level, improvements of early childcare and education are tracked by assessment data across focus areas. In addition to the trend data from Ages and Stages Questionnaire-3 and School Readiness Articulation Survey (SRAS), pretest and posttest results from Desired Results Developmental Profile (DRDP) and Child Assessment-Summer Bridge (CASB) are analyzed below to support value-added assessments.

(1) ASQ-3 Results

Crossley (2012) observed, "Though many screening tools are in use today, few have been as rigorously researched as ASQ" (¶. 4). In particular, its current version (i.e., ASQ-3) has gone through field testing 15,138 children from all 50 states and several U.S. territories that mirror the U.S. population in terms of race, ethnicity, and socio-economic groups (Assuring Better Child Health & Development, 2012). ASQ-3 data at the 36th month are employed in this report to indicate cumulative child development at end of age 3. It was stated in Proposition 10 that

> It has been determined that a child's first three years are the most critical in brain development, yet these crucial years have inadvertently been neglected. Experiences that fill the child's first three years have a direct and substantial impact not only on brain development but on subsequent intellectual, social, emotional, and physical growth. (sec. 2c)

In addition, ASQ-3 results at the 48th month are employed to support value-added assessments during the 12-month span after age 3.

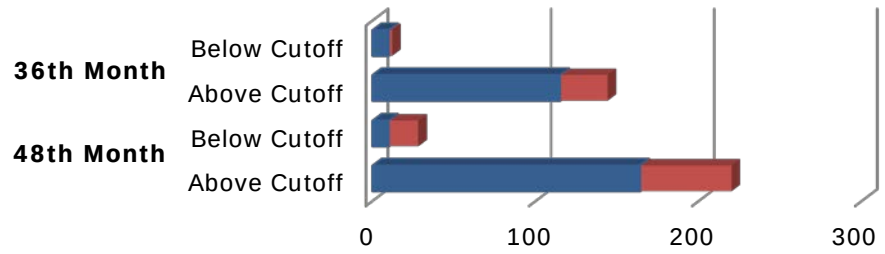
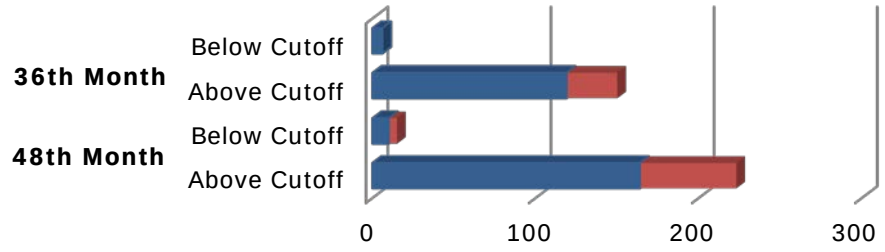
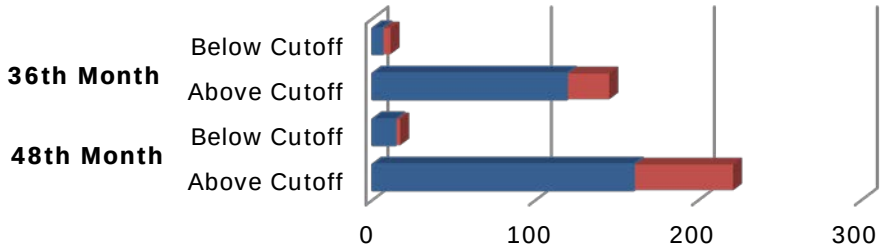
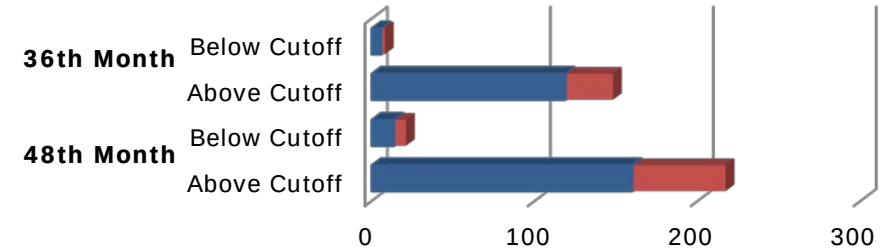
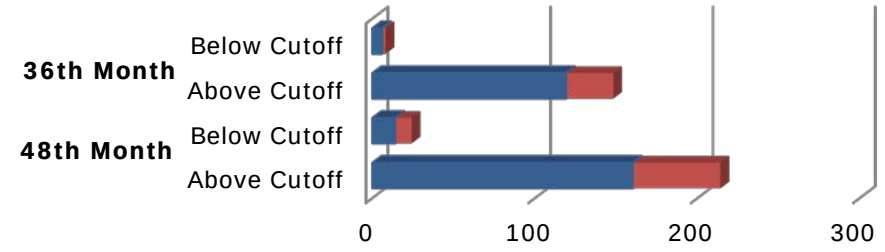
Table 17 contains 17 programs with ASQ-3 data collection across Focus Areas 2 and 3. The 36th month assessment was conducted with 156 children and the 48th month data came from 238 children. Since sample sizes were small for most programs, the ASQ-3 results have been aggregated in this section to compare service impact by focus areas.

TABLE 17: SIZE OF ASQ-3 DATA ACROSS PROGRAMS

Domains of Comparison	Program Site	n	
		36th Month	48th Month
Parent Education and Support Services	Arvin	9	18
	BCSD	56	55
	Buttonwillow	9	12
	East Kern	3	3
	Greenfield	13	24
	Indian Wells Valley	10	7
	Kern River Valley	8	8
	Lamont	7	11
	Lost Hills	0	5
	Mtn. Communities	1	6
	Shafter	1	18
	SENP	4	5
	Taft	4	7
Early Childcare and Education	Delano	1	3
	McFarland	8	19
	NOR	21	36
	Women's Shelter	1	1

Following the ASQ-3 administration guideline, indicators of child growth include *communication, gross motor, fine motor, problem solving*, and *personal-social* skills. As a screening instrument, "[ASQ] Scores beneath the cutoff points indicate a need for further assessment" (How ASQ Works, 2011). The number of children performing above or below the thresholds is contrasted in Table 18. In combination, the proportion of children below each threshold is less than 9% across 17 programs.

TABLE 18: ASQ-3 OUTCOME COMPARISON BETWEEN FOCUS AREAS AT 36TH MONTH

Indicator	Outcome Comparison ■Focus Area 2 ■Focus Area 3
Communication	
Gross Motor	
Fine Motor	
Personal Social	
Problem Solving	

In comparison of the ASQ-3 outcomes between focus areas, *Parent Education and Support Services* show more children above the thresholds on *personal-social* and *problem solving* indicators (Table 19). The remaining results vary between Focus Areas 2 and 3. Because *personal-social* and *problem solving* skills pertain to higher levels of Maslow's (1954) hierarchy, the ASQ-3 findings seem to highlight the role of parenting in promoting development of advanced skills for children at 36th and 48th months.

TABLE 19: PERCENT OF CHILDREN SCORING ABOVE THE THRESHOLD OF ASQ-3 ASSESSMENTS

Age	Focus Area	Communication	Gross Motor	Fine Motor	Personal Social	Problem Solving
36th Month	Parent Education and Support Services	92	95	95	95	95
	Early Childcare and Education	94	100	84	94	94
48th Month	Parent Education and Support Services	94	94	92	92	92
	Early Childcare and Education	88	92	95	89	84

(2) SRAS Findings

School Readiness Articulation Survey (SRAS) data have been gathered from 160 classroom teachers, school administrators, and community members. To facilitate value-added assessment, the results are compared to SRAS findings from 138 respondents last year.

TABLE 20: PERCENT OF "AGREE" OR "STRONGLY AGREE" RESPONSES TO SRAS INDICATORS

SRAS Indicators	2010-11	2011-12
Early education programs in the community do a good job teaching children	78	91
Parents in the community know about good parenting	25	28
Children in the community have an early start toward good health	39	43
Community programs do a good job of mixing services for children and families	59	74
Overall, children in the community are well prepared for kindergarten	34	36
Early education programs in the community do a good job taking care of children	76	89

Based on the percentage of "Agree" or "Strongly Agree" responses, improvement has been demonstrated across six indicators this year (Table 20). In terms of education support, 91% of the respondents *strongly agreed* or *agreed* that "Early education programs in the community do a good job teaching children" in FY 2011-12. Regarding childcare, 89% of the respondents *strongly agreed* or *agreed* that "Early education programs in the community do a good job taking care of Children". Hence, the SRAS results indicate ongoing improvement of childcare and education within local communities.

(3) DRDP Results

Desired Results Developmental Profile (DRDP) Assessment System includes three components for *infants and toddlers*, *preschoolers*, and *children of special education* in Individualized Education Programs (IEPs). The first two components are assessed by DRDP *Infant/Toddler* and DRDP *Preschool* instruments, respectively. DRDP *Access* is the instrument to address the third component in special education. Table 20 shows the DRDP data coverage across seven programs.

TABLE 20: SIZE OF DRDP DATA ACROSS PROGRAMS

Program	DRDP Access		DRDP Infant/Toddler		DRDP Preschool	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Special Start	26	26				
Small Steps			6	1	16	4
Discovery Depot			11	5	8	9
BAS					40	50
Delano					29	12
South Fork Preschool					27	22
Wind in the Willows					19	45

Among the nine pairs of pretest-posttest data in Table 20, four pairs have posttest sample sizes under 10. Due to the issue of limited data, the results below are focused on the following programs with relatively large sample sizes:

(A) Special Start for Exceptional Children (Special Start) – DRDP Access
(B) Bakersfield Adult School Health Literacy Program (BAS) – DRDP Preschool
(C) South Fork Preschool (South Fork) – DRDP Preschool
(D) Wind in the Willows Preschool (Wind in the Willows) – DRDP Preschool
(E) Delano School Readiness (Delano) – DRDP Preschool

For those programs with small samples, attempt has been made subsequently to compare the mean score differences for preliminary assessment.

(A) Results of DRDP Access Assessment

DRDP *Access* includes 10 assessment domains. However, the maximum scores vary from *five* to *nine* points across the indicator scales. Because "A child is not expected to score at the same level of mastery across all measures within an Indicator" (Desired Results Access Project, 2012, p. 7), mean scores are provided in Table 21 to facilitate result comparisons across all 10 indicators.

TABLE 21: IMPROVEMENT OF CHILD PERFORMANCE ON THE DRDP ACCESS SCALE

DRDP Access Domain	Pretest	Posttest	Effect Size
Self-Concept	3.79	4.23	1.08
Social and Interpersonal Skills	2.85	3.39	1.16
Self-Regulation	3.58	4.23	1.04
Language	3.83	4.33	1.22
Learning	3.66	4.32	0.98
Cognitive Competence	3.30	4.02	1.41
Math	2.26	2.71	1.44
Literacy	2.78	3.46	1.10
Motor Skills	3.93	5.21	1.33
Safety and Health	2.28	2.71	1.19

Kaufman (1998) cautioned that *trivial* differences could appear statistically *significant* because of large samples. Since the sample size from the DRDP *Access* assessment is not large and yet significant improvement has been detected at α=.05, the mean score difference between pretest and posttest is unlikely a result of statistical artifacts (see Table 21). For verification, effect sizes have been included in Table 21 to avoid "mistaking statistical significance for practical significance" (Rosenthal, Rosnow, & Rubin 2000, p. 4). According to Cohen's (1969) groundbreaking work on effect size computing, strong practical impact is identified by an effect size larger than 0.8. Table 21 shows the effect size values above 0.8 across all DRDP *Access* domains. In particular, the two domains with largest effect sizes are *Cognitive Competence* and *Math*, and thus, practical impact from the Special Start program is virtually strong in preparing children for school readiness.

(B) Findings from DRDP Preschool Assessments

Four programs at *BAS*, *Delano*, *South Fork*, and *Wind in the Willows* gathered child-level data from DRDP *Preschool* assessments. Unlike DRDP *Access*, the DRDP *Preschool* instrument has a fixed five-point scale to rate child development levels across all indicators:

0=Not yet at first level
1=Exploring
2=Developing
3=Building
4=Integrating

Table 22 demonstrates higher posttest scores from DRDP *Preschool* assessments across all four programs. In comparison to the baseline results, children served by BAS and Delano seem to have lower pretest scores than their peers at South Fork and Wind in the Willows. In the majority of the development domains, gaps remain in the posttest results across programs.

TABLE 22: DRDP PRESCHOOL MEAN SCORES AT BAS, DELANO, SOUTH FORK, AND WIND IN THE WILLOWS

Development Domains	BAS		Delano		South Fork		Wind in the Willows	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Self and Social	2.10	2.56	1.55	2.41	2.29	2.96	2.36	2.95
Language and Literacy	1.91	2.26	1.43	2,17	2.28	2.97	2.20	3.11
English Language *	1.85	2.47	1.92	3.00	2.63	2.75	--	--
Cognitive	2.35	2.72	1,57	2.54	2.38	2.99	2.64	3.21
Mathematical	2.03	2.36	1.49	2.14	2.23	2.96	2.07	2.99
Physical	2.68	3.09	1.92	2.78	3.11	3.76	3.28	3.73
Health	2.32	2.88	1.49	2.13	2.29	3.73	2.26	2.96

*No outcome was provided on English Language Development at Wind in the Willows.

Like in the DRDP *Access* findings, the DRDP *Preschool* results do not show a strong sample-size impact. For instance, the BAS data are relatively large (see Table 20), and the results from related sample t tests show significant progress in the *Language and Literacy Development* and *Cognitive Development* domains (α=.05). At the site of *Wind in the Willows Preschool*, significant improvements are found in *Language and Literacy Development*, *Mathematical Development*, and *Health*. Despite their relatively small samples, highly significant improvements have been found at Delano (α=.005) and South Fork (α=.0005) across all DRDP domains, except for *English Language Development*. Based on the result comparison, the South Fork program has been profiled in First 5 Kern's *Annual Report to the State* in the area of *Improved Child Development*.

It should be noted that data from *Small Steps* and *Discovery Depot* are very small ($1 \leq N \leq 9$). Hence, mean score comparisons for those programs are preliminary in nature, and Table 23 exhibits higher average scores in the posttest across all DRDP indicators.

TABLE 23: DRDP PRELIMINARY RESULTS AT SMALL STEPS AND DISCOVERY DEPOT

Assessment	Domain	Discovery Depot		Small Steps	
		Pretest	Posttest	Pretest	Posttest
DRDP Preschool	Self and Social Development	2.10	3.05	2.66	2.94
	Language and Literacy Development	1.51	2.90	2.59	3.08
	English Language Development	2.50	3.56	2.58	3.00
	Cognitive Development	2.39	3.27	3.02	3.39
	Mathematical Development	1.13	2.63	2.68	3.25
	Physical Development	3.29	3.81	3.23	3.67
	Health	2.27	3.06	3.03	3.38
DRDP Infant/ Toddler*	Self and Social Development	3.00	3.76	3.07	3.42
	Language and Literacy Development	3.01	4.05	3.17	3.50
	Cognitive Development	2.84	3.64	3.17	3.27
	Health	2.82	3.40	3.60	5.00

*Motor and Perceptual Development of DRDP Infant/Toddler assessment was missing from both programs.

(4) Summer Bridge Findings

Summer Bridge (SB) is a general term to describe school-readiness programs for preschool-aged children before kindergarten entry. With support at both state and local levels, First 5 Kern funded two tracks of SB programs through the *state-cosponsored* School Readiness Initiative (SRI) and the *community-developed* Ready to Start (R2S) program.

Following the Request for Funding (RFF) guidelines (2008) from the state commission, Child Assessment-Summer Bridge (CASB) has been developed to assess improvements of *communication, cognitive, self-help, social emotional* and *motor* skills in SRI programs. Meanwhile, R2S incorporated desired learning outcomes in math, reading, and social skills that were critical for kindergarten preparation. In FY 2011-12, 391 children participated in the CASB assessment, and 828 children took the R2S Standard Tests that included scales of *Reading Readiness (0-8 points)*, *Math Readiness (0-10 points)* and *Social Skills (0-4 points)* under a pretest and posttest setting. Effect sizes have been computed below to compare practical impact from those programs.

R2S Findings

R2S offered SB programs for four-year-old pre-kindergartners in the Greenfield Union, Panama-Buena Vista Union, Rosedale Union, Standard and Beardsley School Districts. "All classrooms throughout the program follow the same structured curriculum each day, focusing on English/Language Arts (reading and writing), Math and Social Skills" (Ready to Start, 2012, p. 1). Table 24 indicates higher average scores in the posttests across all five districts.

TABLE 24: COMPARISON OF AVERAGE SCORES FROM R2S PRETEST AND POSTTEST

Program	n	Math		Reading		Social Skills	
		Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
Beardsley	41	6.39	8.95	5.95	7.49	2.66	3.61
Greenfield Union	344	5.49	8.31	4.68	6.92	1.75	3.30
PBVUSD	235	6.41	9.42	5.63	7.68	2.57	3.69
Rosedale	120	6.53	9.33	6.18	7.68	2.61	3.53
Standard	88	6.00	9.34	5.73	7.68	2.55	3.61

While cognitive development is involved in the *math* and *reading* preparations, social skills incorporate supportive classroom interactions, such as following instructions and demonstrating oral participation, for kindergarten entry. Although sample sizes vary from 41 to 344, related sample t tests indicate a significant improvement of school readiness skills in all three categories. With effect sizes larger than 0.8, the findings in Table 25 illustrate a strong practical impact of the R2S program on early childhood development.

TABLE 25: RESULTS OF T TEST AND EFFECT SIZE FROM THE R2S DATA ANALYSES

Program	df	Math		Reading		Social Skills	
		t*	Effect Size	t*	Effect Size	t*	Effect Size
Beardsley	40	7.60	1.22	8.30	1.58	6.82	1.11
Greenfield Union	343	23.99	1.30	21.44	1.18	22.88	1.26
PBVUSD	234	23.62	1.72	21.92	1.65	14.56	1.04
Rosedale	119	17.80	1.84	11.89	1.40	10.48	1.04
Standard	87	18.00	2.23	11.98	1.62	10.35	1.17

*The t values were all highly significant at α=.0001.

CASB Indicators of Cognitive Development

Unlike the curriculum-based R2S program, SRI encourages adoption of different SB curricula in local contexts. Improvement of cognitive skills is indicated by CASB outcomes at 12 program sites. SRI Coordinators and kindergarten teachers collaborated on the development of CASB according to developmental milestones. Columns 2-4 of Table 26 exhibit higher posttest scores across all programs, regardless of the size of child enrollments.

TABLE 26: TEST OF AVERAGE SCORE DIFFERENCE ON CASB COGNITIVE SKILLS

Program	n	Pretest	Posttest	t	p-value	Effect Size
Arvin	24	31.79	59.10	9.27	.0001	2.23
BCSD	112	45.53	51.22	9.04	.0001	0.59
Buttonwillow	32	57.00	69.30	6.99	.0001	1.30
Delano	30	48.33	58.48	3.31	.0032	0.72
East Kern	14	68.93	76.00	1.25	.2362	0.51
Greenfield	51	50.73	75.20	7.98	.0001	1.17
Indian Wells Valley	17	70.18	82.58	3.63	.0039	0.69
Lamont	66	42.47	46.30	2.34	.0230	0.30
Lost Hills	14	29.71	45.08	3.07	.0106	0.91
McFarland	24	42.63	48.17	4.07	.0005	0.84
Shafter	26	57.23	76.71	8.26	.0001	1.67
Taft	47	39.09	83.20	20.82	.0001	3.36

Results of related sample t tests are listed in Columns 5-6 of Table 26. Although the improvement at East Kern is not statistically significant, its effect size has reached 0.51, indicating a moderate practical impact from that program. All other programs demonstrate significant improvement of child cognitive skills at α=.05, and half of the programs have reached a level of highly significant improvement (α=.0001). In addition, the *effect size* result indicates strong practical impact in seven programs according Cohen's (1969) threshold of 0.8.

In comparison of the results between SB tracks, the range of effect size is 1.04~2.23 for R2S (Table 25) and 0.30~3.36 for SRI (Table 26). This difference could be resulted from the curriculum features between R2S and SRI. In promoting local creativity, the state-cosponsored SRI accommodates curriculum variations across 12 program sites. However, school districts participating in R2S are required to follow the same structured curriculum each day for five weeks. Hence, the effect size range is much narrower for R2S programs.

It should be noted that similar curriculum variation existed in parent education programs. As Zepeda and Morales (2001) recollected, "Although a consensus exists about the significant role that parents play in a child's development, there exists neither a singular 'one size fits all' approach to parent education that has been promulgated statewide, nor any major local initiatives" (p. 5). At the beginning of this funding cycle, First 5 Kern adopted Nurturing Parenting Curriculum to enhance alignment of local programs with professional practices. Built on that experience, First 5 Kern may consider coordinating discussions between the R2S and SRI programs to enhance quality of the SB curriculum in the local settings.

In summary, service **context** has been identified in this chapter for both countywide and community-based programs within Focus Areas 1, 2, and 3. Local needs were evaluated at the **input** phase to support value-added assessments at *child, parent*, and *family* levels. Population accountability was addressed in the **process** of service delivery to ensure a fair distribution of First 5 Kern-funded programs. In the **product** phase, impact of Proposition 10 funding has been examined to articulate outcomes between descriptive service counts and assessment data analyses. As Sloane (2008) suggested, "We change the basic research question from what works to what works for whom and in what contexts" (p. 43). Based on the paradigm of Context, Input, Process, and Product (CIPP), the extensive accomplishments at the program level provide a sustainable foundation to support outcomes of service integration in the next chapter.

Chapter 3: Effectiveness of Service Integration

In comparison to other federal and state grants, Proposition 10 investment is distinguished by its requirement of strategic planning to envision the "end" results from local services (Bodenhorn & Kelch, 2001). Following the Strategic Plan of First 5 Kern, the first three focus areas were examined in Chapter 2 to assess service impact at the program level. The fourth focus area, *Integration of Services*, is grounded on collaborative efforts across programs to facilitate "the creation of a seamless system of integrated and comprehensive programs and services" [Proposition 10, Section 2(m)]. In this chapter, individual programs are viewed as *units of integration* from three aspects, *planned program, implemented program,* and *achieved program*. According to Resnick (2012),

> An important goal of First 5 funding is to act as a catalyst for change in each county's systems of care. ... Increases in coordination and collaboration would indicate that agencies are better able to share resources and clients, reduce redundancies and service gaps, and increase efficiency. (p. 1)

To sustain the local capacity building, partnership counts are aggregated on common Results Indicators (RIs) to address local needs in program planning. Service barriers are identified during the program implementation to enhance collaborative support in hard-to-reach communities. Results of social network analysis are reported at the end of this chapter to examine the impact of First 5 Kern funding on the partnership building.

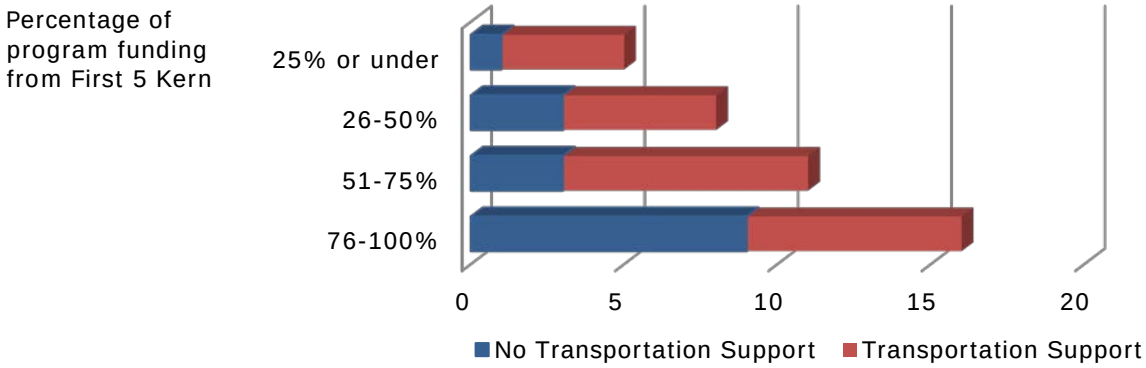
Focus Area 4: Integration of Services

The mission statement of First 5 Kern (2011) has a key component of "empowering our providers through the integration of services with an emphasis on health and wellness, parent education, and early childcare and education" (p. 2). Thus, support for *Systems of Care* involves partnership building among service providers in different focus areas.

Articulation of Internal and External Support

Among 40 service providers in FY 2011-12, 16 programs received First 5 Kern funding to cover 76-100% of their annual budget (Figure 22). The remaining 24 programs obtained additional external support from other sources. For instance, neither First 5 Kern nor its funded partners are in the transportation business, but transportation support plays an important role for service delivery in remote regions. Figure 22 shows the incorporation of transportation support across all funding levels. As California's third largest county in land area, Kern County also needs mobile service units to reach local populations widely scattered over mountain, desert, and valley communities.

Figure 22: Funding and Transportation Support Across 40 Programs

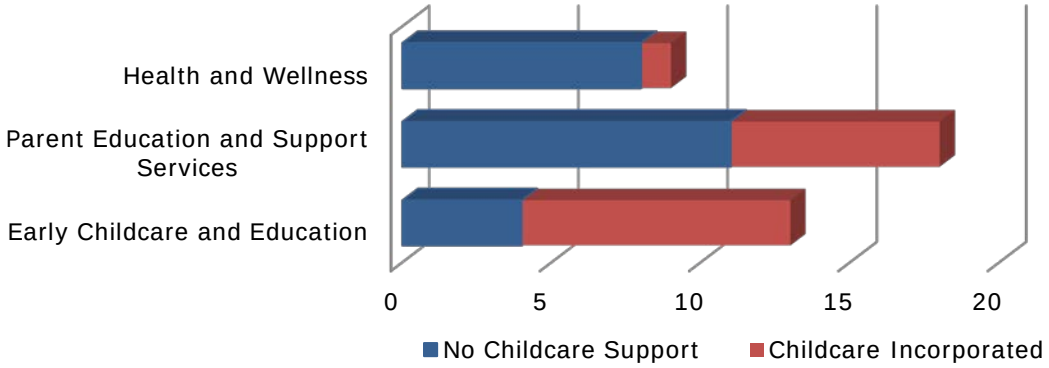


According to King and Meyer (2005), "The integration of services across programmes provided on an agency level is an often overlooked, yet important, aspect of efficient and holistic service delivery" (p. 485). To address this issue at the planning stage, First 5 Kern contractually requires service providers to define Results Indicators (RI) in a Unified Scope of Work-Evaluation Plan (SOW-EP). As a result, five common RIs are identified below:

1. Strengthen healthcare protection for children and their families by expanding the support for insurance application across Kern County (13 programs involved);
2. Enhance family stability through delivery of case management services among countywide and local partners (20 programs involved);
3. Improve parent knowledge to support childcare, healthcare, and early childhood development in culturally diversified mountain, desert, and valley communities (20 programs involved);
4. Create learning opportunities to help children enter kindergarten physically, mentally, emotionally, and cognitively ready to learn (26 programs involved);
5. Collaborate with external agencies to improve service access at community locations (17 programs involved).

In the above list, the program count for each RI is larger than the number of service providers in a specific focus area. "While programs in the health care domain incorporate education components to disseminate current knowledge on child care and protection, education programs reciprocally support health care agencies in expanding the service access" (Wang, Henderson, & Harniman, 2012, p. 13). As a result, childcare support is not exclusively provided by programs in *Early Childcare and Education*. Programs in *Health and Wellness* and *Parent Education and Support Services* have incorporated childcare RI in their SOW-EP through internal program planning (Figure 23).

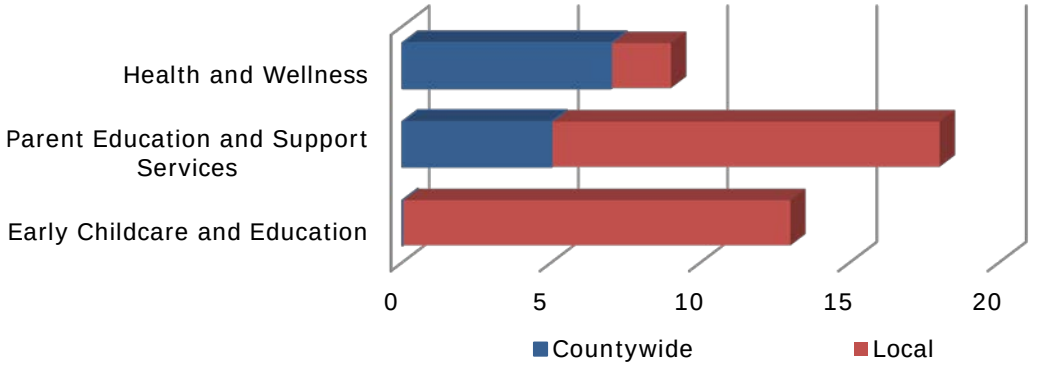
Figure 23: Integration of Childcare Services Across Focus Areas



Systems of Care in Kern County

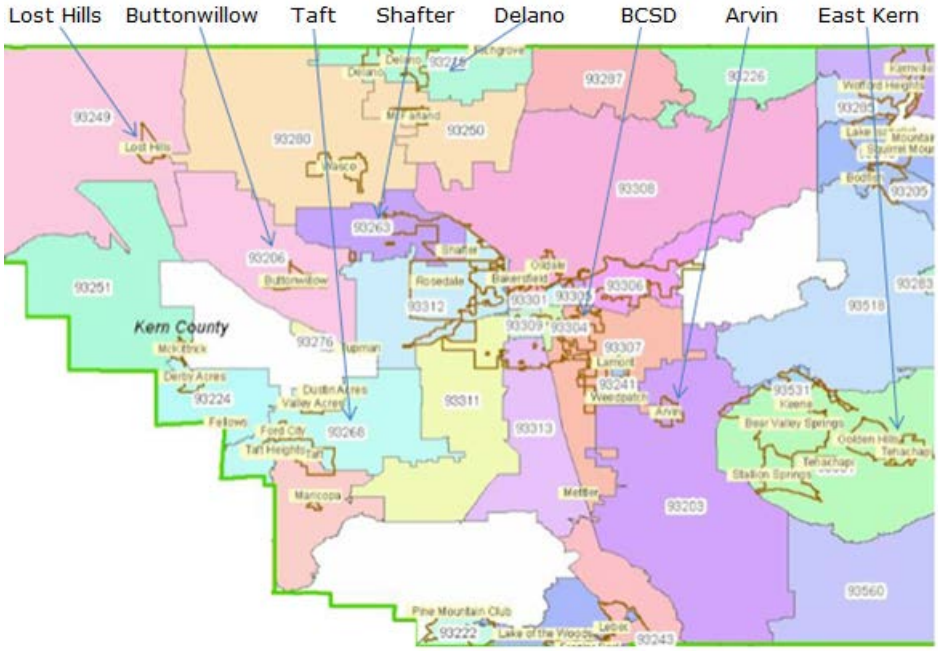
Systems of Care in Kern County are based on an effective plan of support coordination between countywide and local programs across focus areas. While local programs in *Early Childcare and Education* are designed to support articulation of community-based values, cultures, and resources, more countywide programs are funded in *Health and Wellness* to extend professional healthcare services across the county (Figure 24).

Figure 24: Program Numbers Across Focus Areas



Service integration is also built on collaborative support between families and service providers. Figure 25 illustrates a balanced distribution of home-based childcare services across Kern County. Those local programs have been designed to support families with children ages 0-5 in hard-to-reach communities.

Figure 25: Distribution Of Programs With Home-Based Childcare Services



Programs in *Parent Education and Support Services* demonstrate a combination of support between *countywide* and *local* services. On one hand, countywide programs offer *Support Services* in medical and legal fields to assist first-time mothers and victims of domestic violence, respectively. On the other hand, "Lack of awareness about cultural differences can make it difficult to achieve optimal outcomes for children and families" (First 5 California, 2010, p. 22). Thus, *Parent Education* is integrated in this focus area to articulate *family-focused*, *culturally-appropriate*, and *community-based* services. Table 27 shows the program coverage in both *Parent Education* and *Support Services* across geographic subareas of Kern County.

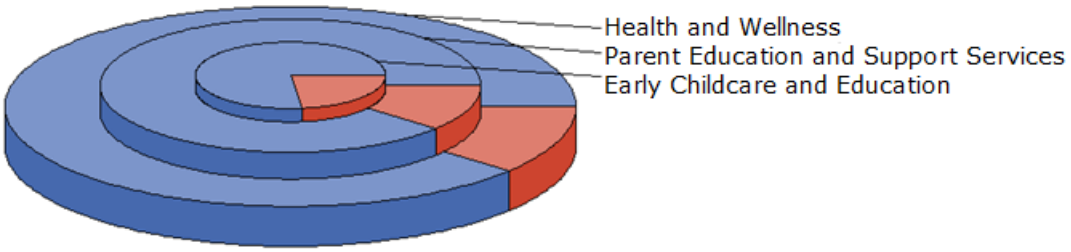
TABLE 27: PROGRAM DISTRIBUTION IN PARENT EDUCATION AND SUPPORT SERVICES

Area	Parent Education Programs	Parent Support Programs
Delano/ McFarland	Shafter Healthy Start Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Frazier Park	Mountain Communities Family Resource Center Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Indian Wells Valley	Indian Wells Valley Family Resource Center Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Lake Isabella	Kern River Valley Family Resource Center - Great Beginnings Program Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership

Area	Parent Education Programs	Parent Support Programs
Metro Bakersfield	Arvin Family Resource Center Bakersfield Adult School Health Literacy Program BCSD School Readiness Buttonwillow Community Resource Center Greenfield School Readiness Lamont Vineland School Readiness Program Richardson Special Needs Collaborative Southeast Neighborhood Partnership	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Southeast Kern	East Kern Family Resource Center Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Tehachapi	Bakersfield Adult School Health Literacy Program Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Wasco	Richardson Special Needs Collaborative	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership
Westside	Richardson Special Needs Collaborative West Side Community Resource Center	Differential Response Domestic Violence Reduction Project Guardianship Caregiver Project Nurse Family Partnership

In summary, First 5 Kern has developed a clear vision to support all children ages 0-5 in Kern County. As a result, common RIs are identified in the SOW-EP to guide development of *Systems of Care*. While most programs in *Health and Wellness* provide countywide services, community-based programs have been made available across Kern County to enhance *Early Childcare and Education* and *Parent Education and Support Services*. Led by the effort on strategic planning, most programs have demonstrated service capacities at community-based locations (Figure 26).

Figure 26: Proportion Of Programs Offering Services At Community-Based Locations



Legend: Blue – Services provided at community-based locations, Red – No service at those locations.

Overcome Service Barriers in Program Implementation

Based on Proposition 10, "each County Commission is required to *describe how programs, services and projects relating to early childhood development will be integrated into a consumer-oriented and easily accessible system*" (First 5 California, 2010, p. 17). Although much has been written about effectiveness of service integration, relatively little has been published about how to best implement these notions (Hayes, 2002; King & Meyer, 2005). Examples of implemented programs are described in this section to enhance service integration, and barriers of service access are examined to improve the systems of care across Kern County.

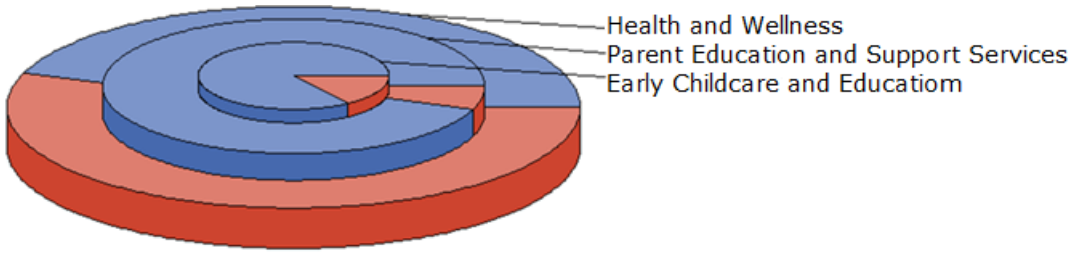
Center-Based Service Integration

One important platform for implementing service integration is Family Resource Centers. Thompson and Uyeda (2004) pointed out,

> Family resource centers have also emerged as a key platform for delivering family support services in an integrated fashion. They serve as "one-stop" community-based hubs that are designed to improve access to integrated information and to provide direct and referral services on site or through community outreach and home visitation. (p. 14)

First 5 Kern funded 17 Family Resource Centers (FRC) to support the countywide *Systems of Care*. Based on the data aggregation, the majority of programs in *Parent Education and Support Services* and *Early Childcare and Education* have addressed the needs of multiple family members through integrated services at the center locations (Figure 27).

Figure 27: Center-Based Support For Multiple Family Members

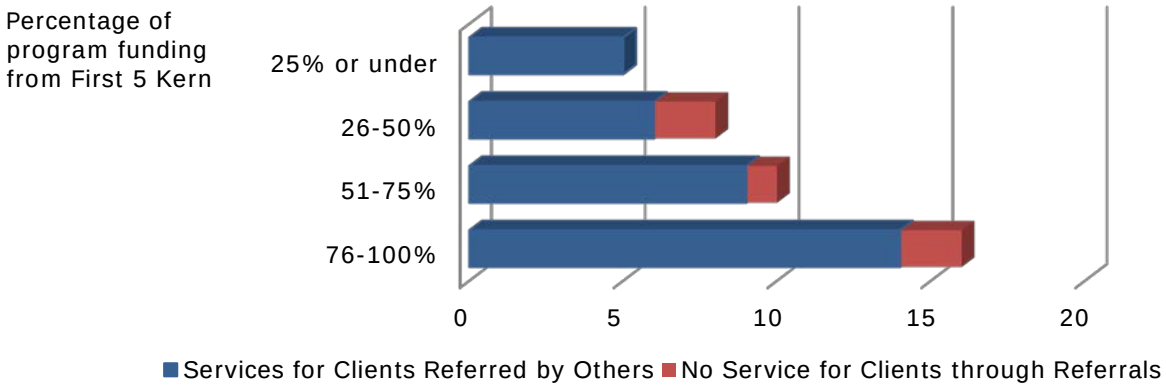


Legend: Blue – Services provided at center-based locations, Red – No service at those locations.

Incorporation of Referral Services

While FRCs are designed to support services within local communities, resource sharing is facilitated by the establishment of referral networks. In FY 2011-12, 11 FRCs outside of *Health and Wellness* collaborated on insurance applications, and four FRCs incorporated developmental screening services. The impact has been extended to other communities because most programs provide services for clients referred by other programs, regardless of their funding levels from First 5 Kern (Figure 28).

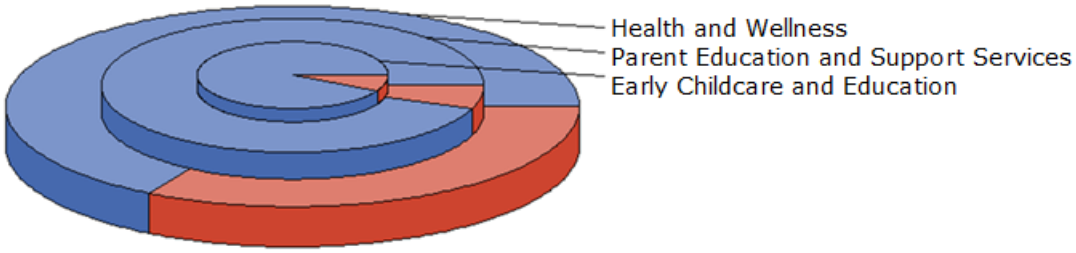
Figure 28: First 5 Kern's Funding For Programs Accepting Referrals



Integrated Services for Language Minority

Since a good portion of children with Latino/Hispanic origin do not speak English as their primary language (see Figure 4), translation services are needed to support local service delivery. Figure 29 shows availability of translation services across focus areas. In comparison, *Parent Education and Support Services* and *Early Childcare and Education* have more community-based programs, and thus, translation services have been made available at more service sites.

Figure 29: Integration Of Translation Services For Bilingual Children



Legend: Blue – Translation services provided, Red – No translation services available.

Service Barriers in Hard-to-Reach Communities

Communities of immigrant families tend to be neglected by government-sponsored services (Dall, 2012). Besides restrictions on legal residency, language barriers often cause misunderstandings of federal or state regulations. Breaking the barrier is important for First 5 Kern because Proposition 10 imposes "no restrictions [for service access] based on immigration status" (First 5 California, 2010, p. 23). During the program implementation, translation services are integrated by service providers to support English Language Learners (ELL) from immigrant families (Figure 30).

Figure 30: Translation Support For English Language Learners

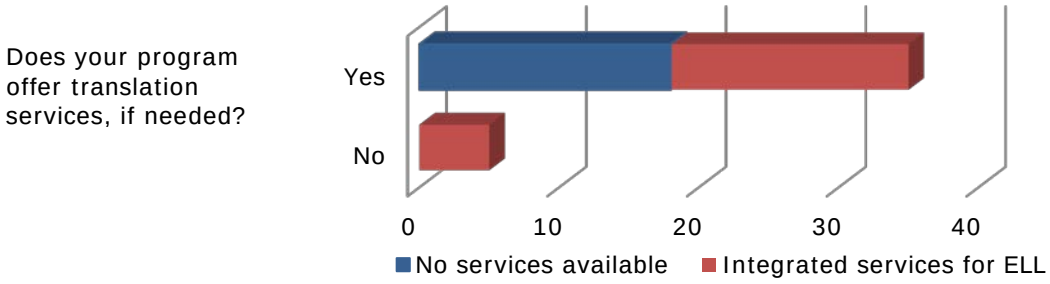
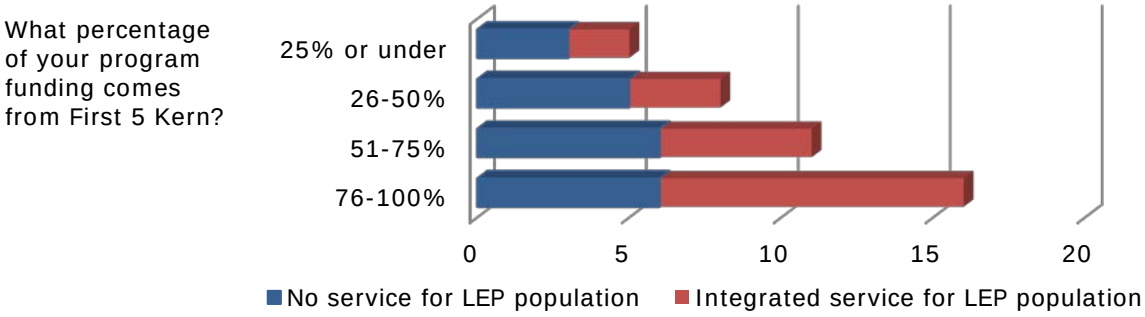


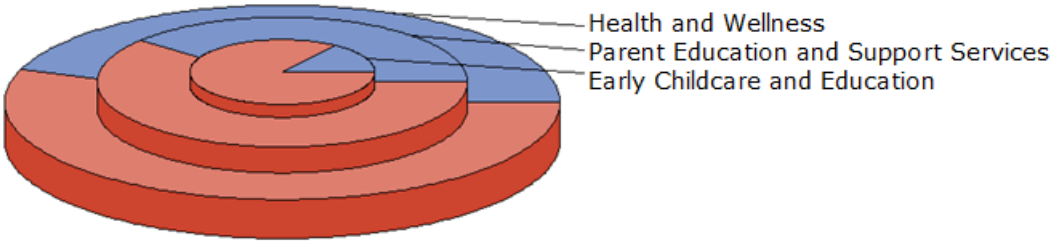
Figure 31 shows that funding from First 5 Kern has played an important role in the service implementation for children with Limited English Proficiency (LEP). As the funding level increases, more programs accommodate services for the LEP population.

Figure 31: First 5 Kern's Support For Serving LEP Population



In contrast, Figure 32 exhibits that most programs funded by First 5 Kern do not have their services coordinated by other county, state, or national agencies. Therefore, the "glue" money from First 5 Kern becomes the major source of support for local service integration. According to Proposition 10, county commissions are urged to pay "particular attention to traditionally undercounted populations such as ethnic/cultural minorities and immigrants" (First 5 California, 2010, p. 13). By addressing the service needs in traditionally underserved communities, First 5 Kern has filled an important void in the existing systems of care.

Figure 32: Proportion of Coordinated Services Across Focus Areas



Legend: Red – No coordination by other agencies before, Blue – Existence of past coordination.

Partnership Building to Support Service Integration

As a unit of service delivery, a program may actively link other programs as its collaborators, or passively become a partner of other organizations. Thus, program identities are portrayed as a *doer* (i.e., the "I" perspective) or *object* (the "me" perspective) during partnership building (Wang, 2007; Wang, Oliver, & Staver, 2008). In addition to the one-sided relationship, reciprocal relationships can be developed to enhance mutual network support. According to Provan, Veazie, Staten, and Teufel-Shone (2005), "In the academic literature, network analysis has been used to analyze and understand the structure of the relationships that make up multiorganizational partnerships" (p. 603). In this section, social network analysis (SNA) is conducted to examine both one-sided and mutual partnerships across focus areas. Assessment outcomes are analyzed to compare differences in the network building between different phases of School Readiness Initiatives (SRI). The NetDraw software from Borgatti (2002) is employed to create network graphs among service providers.

Description of Network Relationship

In SNA terminology, confirmation occurred when "the relationships reported by an organization confirmed by its link partner" (Provan et al., 2005, p. 605). While confirmed links represent stronger partnerships, one-sided links can be quite useful in exploring collaborations for future development (Davis, Koroloff, & Johnsen, 2012). In FY 2011-12, 40 programs participated in a survey of integration services to identify partners of collaboration across focus areas. The results reveal 462 one-sided links between service providers, and 122 of them are confirmed by mutual partners.

To identify key players of service integration, centrality indices are listed in Table 28 for programs that are ranked among the top-10 most linked sites. As suggested by M'chirgui (2007),

> Degree centrality simply reflects the total number of collaborative ties (scores) that a firm formed in a period. A firm with a high score is considered central and consequently expected to play an essential role in the network. In contrast, a firm with a low degree of centrality is considered to be isolated from other firms, and consequently expected to play a marginal role in the network. (p. 37)

MVCCP and *2-1-1 Kern County* are referral or coordination programs, and have demonstrated the highest number of *one-sided* and *confirmed* links, respectively (see Table 28). The structure of high centrality is much needed because "Networks that are highly centralized can spread information and resources effectively from the influential members" (Ramanadhan et al., 2012, p. 3).

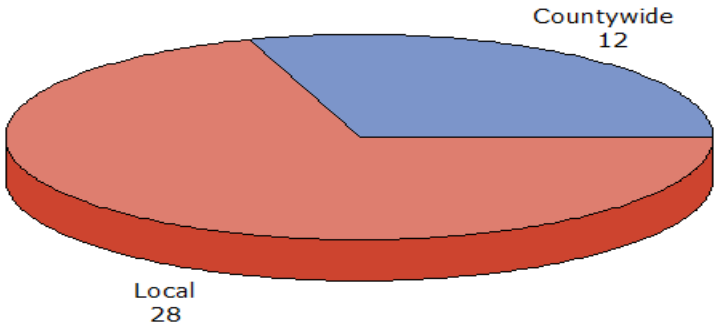
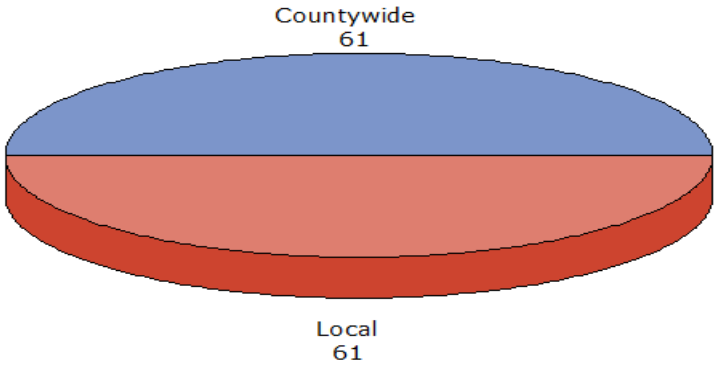
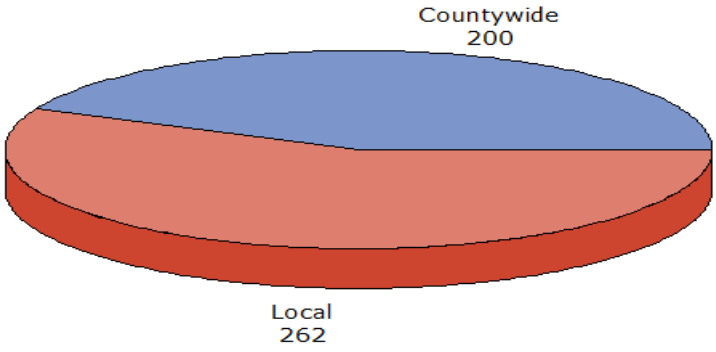
TABLE 28: TOP-10 FREQUENTLY LINKED PROGRAMS FOR NETWORK BUILDING*

One-Sided Links	Confirmed Links
MVCCP (31)	2-1-1 (20)
2-1-1 (29)	CHI (11)
DR (24)	BCSD (10)
MVIP (22)	BIH (7)
BCSD (20)	East Kern (7)
CHI (20)	DR (6)
East Kern (20)	DHN (6)
Kern River Valley (18)	EIP (6)
Lamont (18)	Kern River Valley (6)
SAS (17)	Delano, Greenfield, MVCCP (5)

*The number of links originated from each program is listed in parentheses.

In addition, Table 28 exhibits more frequently-linked programs in *Health and Wellness* than in other focus areas. In part, this is because more countywide programs are funded in *Health and Wellness*. For illustration, the program count in Table 29 shows 12 countywide programs across three focus areas. Although it comprises less than one-third of the total number of funded programs, half of the confirmed links are initiated from these countywide programs. The number of one-sided links from countywide programs has reached 200, far above one third of the total links (Table 29). Hence, countywide programs have played a critical role to expand the service network in Kern County.

TABLE 29: COMPARISON OF PARTNERSHIP BUILDING BETWEEN COUNTYWIDE AND LOCAL PROGRAMS

Comparison	Count by Location
Program Counts	
Confirmed Links	
One-Sided Links	

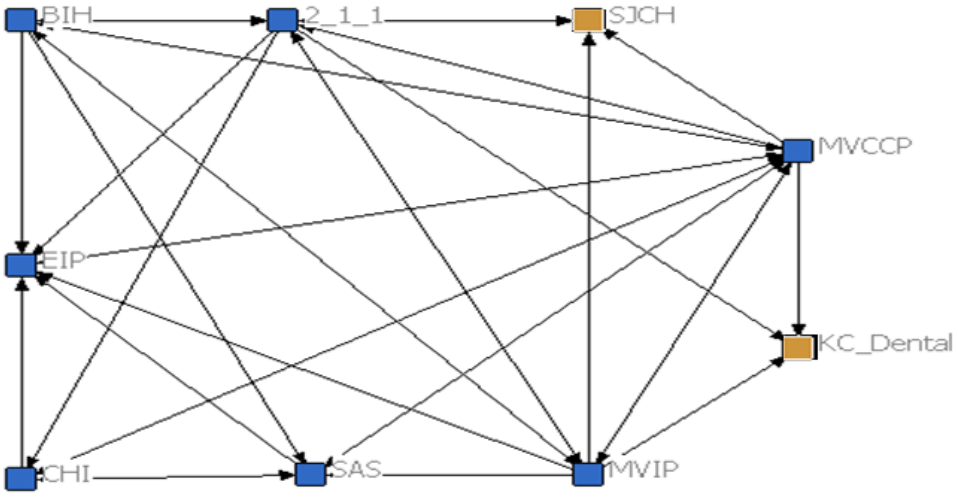
The average number of *one-sided* and *confirmed* links is listed in Table 30 for each focus area. The results show more partnership links initiated from *Health and Wellness*. Although news media often isolate healthcare programs from early childhood development services (Bruner, 2009), the SNA findings suggest an extensive network support to incorporate them as an integral part of the service system. Luque et al. (2010) concurred that "Social network analysis [SNA] of service systems has been identified as a promising area for public health program evaluation to answer questions at the systems level" (p. 657).

TABLE 30: AVERAGE NUMBER OF LINKS PER FOCUS AREA

Focus Area	One-Sided Links	Confirmed Links
Health and Wellness	17.44	8.43
Parent Education and Support Services	12.22	4.08
Early Childcare and Education	6.54	2.50

Figure 33 displays the entire partnership network within *Health and Wellness*. Multiple links are confirmed with programs for referral service (2-1-1, MVCCP, and MVIP), healthcare application (CHI and SAS), and community-based support (BIH and EIP). Researchers suggested that "Relationship strength can be measured in two ways—through link confirmation and through multiplexity" (Provan et al., 2005, p. 607). The network in Figure 33 demonstrates strong capacity building among these confirmed partnerships.

Figure 33: Partnership Network Within Health and Wellness



In addition, Provan et al. (2005) further cautioned that "when links among organizations are not confirmed, this does not necessarily reflect the absence of a link" (p. 607). In Figure 33, Kern County Children's Dental Health Network (KC_Dental) and SJCH Children's Mobile Immunization Program (SJCH) display one-sided links from other programs, and the number of links is not as many as any other programs in *Health and Wellness*. However, mobile services from those programs are indispensable for children in remote communities. Hence, as was demonstrated by other researchers in the past (see Kogut, 2000; Ruef, 2002), weak ties have played pivotal roles to sustain the systems of care in Kern County.

Network Density Assessment

Krebs (2011) pointed out that "Common wisdom in personal networks is 'the more connections, the better.' This is not always so. What really matters is where those connections lead to -- and how they connect the otherwise unconnected!" (¶. 4). To describe where the connections lead to, researchers typically use value-added assessment across different points in time (see Allen, 2004).

Among 40 service providers funded by First 5 Kern, SRI programs are differentiated in Phase I and II cycles on time dimension. Phase I funding ended in 2008, and supported four programs. Seven programs received Phase II funding after 2008, and FY 2011-12 is the last year of state support from First 5 California[1]. The SRI network data are analyzed below to assess differences in the network building.

[1] http://www.first5california.com/pdf/RFO/RFF-Cycle2-Round3-SR.pdf

To represent the connectedness of an entire network, density is defined as "the proportion of potential connections that were reported by network members" (Ramanadhan et al., 2012, p. 3). When the density is close to 1, the network is considered dense; otherwise it is sparse. Table 31 contains density indices for SRI programs in both phases.

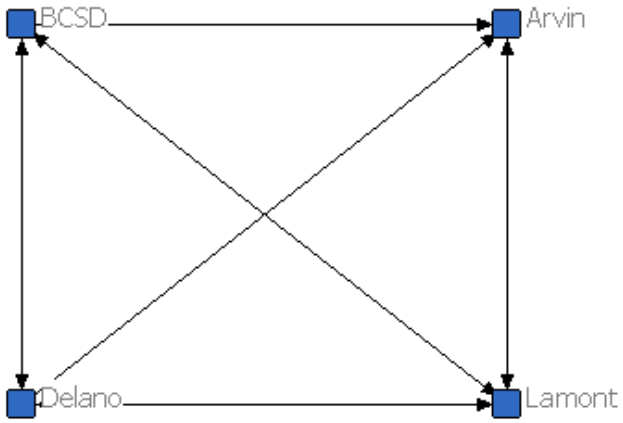
TABLE 31: DENSITY OF NETWORK CONNECTION IN SRI PROGRAMS

Phase	Program	Density
I	Arvin	1.00
	BCSD	1.00
	Delano	1.00
	Lamont	1.00
II	Buttonwillow	0.43
	East Kern	0.43
	Greenfield	-
	Lost Hills	0.43
	McFarland	0.14
	Shafter	0.29
	Taft	0.57

Phase I programs have attained the highest level of density in their network connections. Most programs in Phase II did not reach a density of 0.5. As Fuller et al. (2012) asserted, network development takes time and not all programs proceed at the same pace during the process. Nonetheless, the sustainability of partnership building has been clarified by the results in Table 31. Although state matching fund for Phase I programs was exhausted in 2008, the network density has been maintained at the highest level for all service providers.

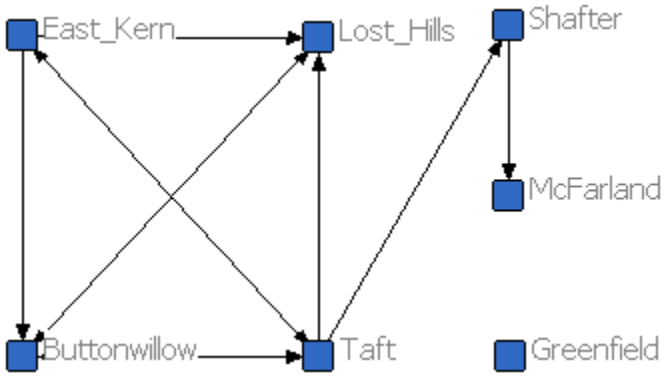
To assess stages of network development, "valuable information can be uncovered by comparing confirmed and unconfirmed data. When a high proportion of the relationships reported are actually confirmed, this typically indicates a network that is well developed and mature" (Provan et al., 2005, p. 607). Figure 34 shows confirmation of most partnerships among Phase I programs.

Figure 34: Network Structure Among Phase I Programs



In comparison to the network structure for Phase II programs (Figure 35), the network maturity for Phase I programs is demonstrated by both quantity (i.e., higher network density) and quality (i.e., more confirmed links).

Figure 35: Network Structure Among Phase II Programs



Local Network Coverage

Subareas of Kern County are classified according to regional home development. To demonstrate the local service coverage, density of network has been computed for home-based childcare services. "The two concepts or measures most used in network analysis are network density and centrality" (M'chirgui, 2007, p. 36). From the density perspective, Table 32 shows more service sites in *Parent Education and Support Services*. The partnership variations across communities are reflected by a large range of density index from 0.29 to 1.00.

TABLE 32: DENSITY OF NETWORK AMONG HOME-BASED CHILDCARE PROGRAMS

Focus Area	Site	Density
Parent Education and Support Services	Arvin	0.57
	BCSD	0.86
	Buttonwillow	0.57
	East Kern	0.86
	Shafter	0.29
	Taft	1.00
Early Childcare and Education	Delano	0.86
	Lost Hills	0.57

To describe centrality of the network, Figure 36 includes both confirmed and one-sided links among the home-based childcare services. Blue-colored links are initiated from services in *Early Childcare and Education*. In comparison of all links on the map, both longest and shortest geographic distances come from red links initiated in *Parent Education and Support Services*, which verifies more community variations in that area. Based on the links of both colors, the entire network coverage demonstrates extensive overlaps with the densely populated regions of Kern County.

Figure 36: Network Links Among Home-Based Childcare Programs

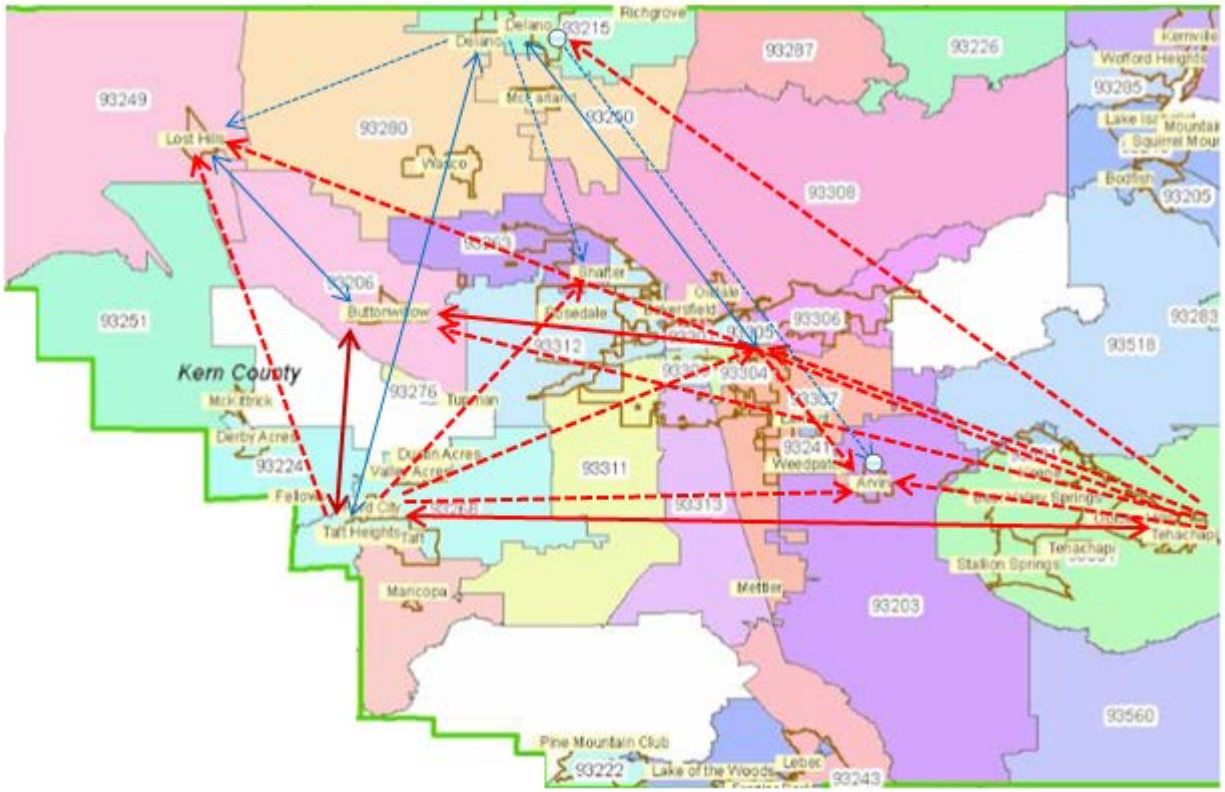
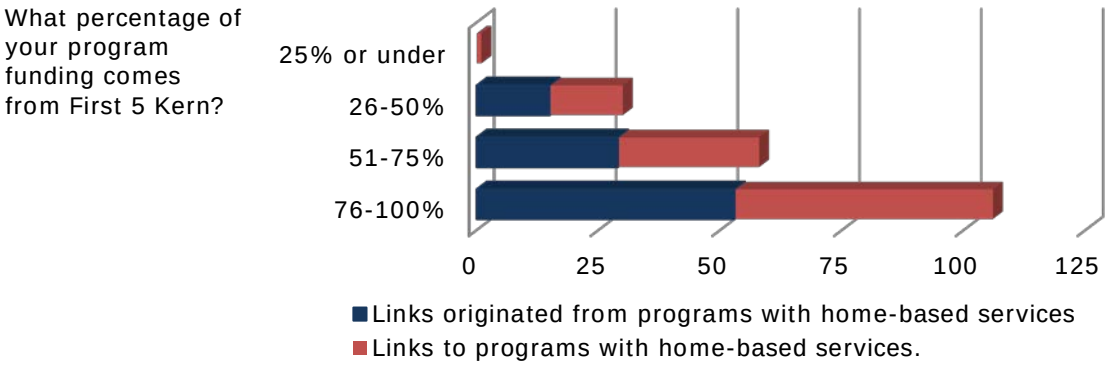


Figure 36 also shows multiple links of home-based childcare services in periphery communities, such as East Kern, Delano, Lost Hills, and Taft. Although not all the partnerships have been represented by confirmed links, results of the network analyses indicate the partnership support in remote communities.

As part of the service system, programs that offer home-based childcare services concurrently established collaborations with the remaining 32 programs funded by First 5 Kern. The number of collaborative partnerships has reached 195, suggesting an average density of 0.79 at the program level. Eighty-five percent of the 195 links occurred in those programs with over half of their budgets contributed by First 5 Kern funding (Figure 37).

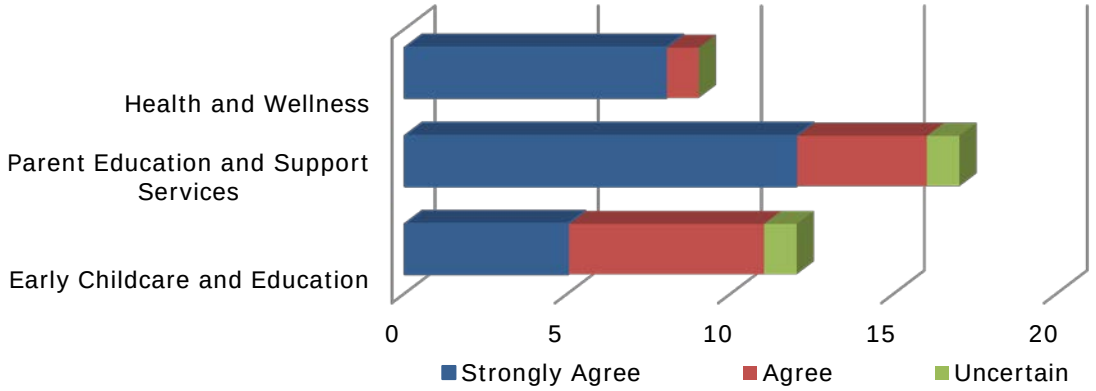
Figure 37: Funding And Partnership Building For Home-Based Childcare Services



It should be noted that those programs offering home-based childcare services also incorporated center-based services. While home-based support customizes childcare services to fit specific family context (Johnson, 2009), center-based programs enhance child development in well-structured learning environments (Dowsett, Huston, Imes, & Gennetian, 2008). As Ahnert and Lamb (2003) observed, "We can now begin to understand both the specific potentials of the two care environments and the ways in which families and child care centers may complement each other" (p. 1047). The complementary roles have made the whole of the support system larger than the sum of its parts (Park & Turnbull 2003).

In summary, systems of care are examined in this chapter through an examination of the integration of services across the phases of *planned*, *implemented*, and *achieved* programs. Through articulation of internal and external support in the local ***context***, program planning has facilitated identification of Results Indicators (RI) at the ***input*** stage. Barriers of service integration are analyzed in the implementation ***process*** to improve service delivery to hard-to-reach communities. SNA results have been employed to summarize ***product*** of service integration in Kern County. Based on the CIPP paradigm, 95% of the service providers *agreed* or *strongly agreed* that their partnerships have increased program awareness in local community (Figure 38). More results on the ongoing progress are examined in Chapter 4 to illustrate longitudinal impact of First 5 Kern funding across focus areas.

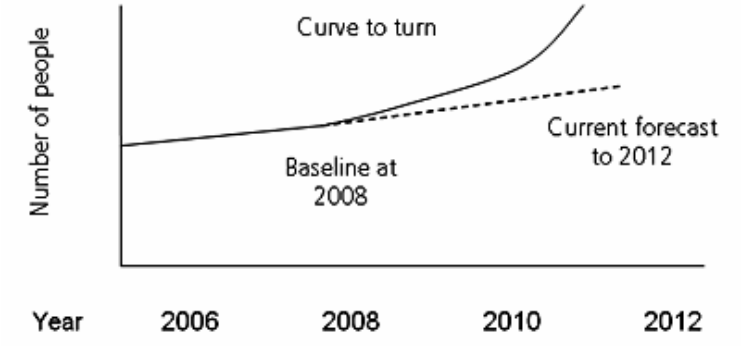
Figure 38: Partnership Increased Program Awareness In Local Community



Chapter 4: Turning the Curve

According to the Results-Based Accountability (RBA) model adopted by First 5 commissions across California, service providers are expected to "define success as **turning the curve** away from the baseline or beating the baseline" (Friedman, 2005, p. 58). Based on the RBA literature, the *turning the curve* effect is illustrated in Figure 54.

Figure 54: Illustration Of The *Turning the Curve* Effect



Adopted from http://www.yhsccommissioning.org.uk/docs/MarkFriedmanFlyer.pdf

As state revenue dwindles down steadily for less tobacco consumption, *turning the curve* across time is the only feasible way to sustain First 5 Kern services in Kern County. While cross-sectional examinations in Chapters 2 and 3 were important in assessing impact of First 5 Kern funding across four focus areas, baseline data from FY 2010-11 are incorporated in this chapter to compare with the corresponding results this year at both *child* and *family* levels.

Per the state commission's guidance, "Evaluation should be conducted in such a way that it provides direct feedback to the County Commission and to the community as a whole" (First 5 California, 2010, p. 17). In support of future service improvement, longitudinal analyses across programs are needed to provide value-added feedback in a timely fashion. During the two adjacent years of FY 2010-12, CDE data were gathered from 29 programs. Meanwhile, FSR data were collected from 18 programs last year and 17 programs this year. Results of the data analysis are presented in specific domains of *Child Health*, *Family Functioning*, and *Child Development* as required by the State Commission (First 5 California, 2012).

Enhancement of Child Health

Inkelas et al., (2003) maintained that "Good health allows children to grow, to adapt to changing environments and to face life's challenges" (p. iiv). Table 33 provides information for child distribution at ages 0-5 in Kern County. Based on the head count for each year, the results indicate more children at age 1 or 2. Therefore, local demand for First 5 Kern services is still on the rise, and enhancement of child health is needed through the *turning the curve* process.

TABLE 33: DISTRIBUTION OF CHILD AGE IN KERN COUNTY

Age	Kern County	Head Count/Year
0-2	42,634	21,317
3-5	42,710	14,237

Source: http://www.kidsdata.org/data/topic/table/child-population-age.aspx

Prenatal Care

Improvement of child health begins with prenatal care. Medical doctors reported that "prenatal care that started in the first trimester was associated with better pregnancy outcome" (Showstack, Budetti, & Minkler, 1984, p. 1003). In the Birth Survey, descriptive data are tracked to document the starting date of prenatal visit for pregnant mothers on an annual basis. Table 34 shows the percent of mothers receiving prenatal care at first trimester. In comparison to last year, the percent consistently increases across 17 programs this year (Table 34).

Lu et al. (2000) suggested that "We recommend that each county Proposition 10 Commission consider allocating a portion of its Proposition 10 monies to expanding local efforts on prenatal smoking cessation" (p. 29). The U.S. Department of Health and Human Services set a target that 77.9% of pregnant women receive prenatal care beginning in the first trimester by 2020.[1] With the exception of two programs serving African-American or homeless women populations, the ongoing effort has assisted all other programs in Table 34 to surpass the national benchmark this year.

TABLE 34: INCREASE OF TIMELY PRENATAL CARE BETWEEN TWO ADJACENT YEARS

Program	FY 2010-11		FY 2011-12	
	n	Prenatal care @ 1st trimester (%)	n	Prenatal care @ 1st trimester (%)
BAS	76	82	63	86
Black Infant Health	49	71	81	75
Blanton CDC	34	74	24	79
Delano	88	94	92	97
Early Intervention Program	33	91	50	94
East Kern	70	71	67	85
Greenfield	96	83	128	86
Lamont	72	85	93	86
Lost Hills	60	92	31	97
McFarland	66	88	80	89
MVIP	85	84	77	94
NOR	235	94	288	95
NFP	68	78	26	81
Shafter	72	89	55	93
SENP	106	90	162	94
Wind in the Willows	32	97	22	100
Women's Shelter	31	71	39	74

[1] http://healthypeople.gov/2020 [Link to the note above Table 34]

In addition, Kern County Network for Children (KCNC) offers services to reduce child neglect from prenatal to age 17. Four hundred and six mothers served by KCNC have timely prenatal care this year. Altogether, the improvement on prenatal care impacts a total of 1,784 children in 18 programs in FY 2011-12.

Full-Term Pregnancy

Improvement of prenatal care has led to an increase of full-term pregnancy over last year across 15 programs that served a total of 1,071 children in FY 2011-12 (Table 35). Except for *medically vulnerable infants* and *special education children* in MVIP and Special Start for Exceptional Children (SSEC) programs, the average full-term pregnancy rate has reached 89.31%. The rate is above the average 87.80% for Kern County in 2010[4].

TABLE 35: INCREASE OF FULL-TERM PREGNANCY BETWEEN TWO ADJACENT YEARS

Program	FY 2010-11		FY 2011-12	
	n	Full term pregnancy (%)	n	Full term pregnancy (%)
Arvin	77	91	90	92
BAS	76	86	63	87
Blanton CDC	33	81	24	83
Discovery Depot	50	86	29	90
East Kern	70	80	67	84
Greenfield	96	87	128	91
Kern River Valley	26	85	50	86
Lamont	72	86	93	91
MVIP	85	21	77	34
NOR	235	89	288	93
NFP	67	92	26	96
Shafter	72	85	55	87
Small Steps	5	80	40	88
South Fork	22	91	28	93
Special Start	25	44	13	54

Low Birth Weight

Children born prematurely are at risk for adverse outcomes, such as low birth weight (LBW) (March of Dimes, 2010). Levere (2012) rated premature birth as one of the most serious health issues in early childhood development. Table 36 shows that 65% of the children in the MVIP program have LBW. The SSEC program has 31% of the children with LBW. First 5 Kern funded programs in Table 36 to offer a combination of education, prevention, and treatment services, and two of the programs have reduced the LBW rate to zero this year. In comparison to last year, consistent reductions of *the LBW percent* occur across 14 programs, and a total of 965 children benefited from the ongoing progress in FY 2011-12.

[4] http://www.kidsdata.org/data/topic/table/preterm_births.aspx

TABLE 36: DECREASE OF CHILD PROPORTION IN THE LOW BIRTH WEIGHT CATEGORY

Program	FY 2010-11		FY 2011-12	
	n	Low birth weight (%)	n	Low birth weight (%)
Blanton CDC	34	18	24	4
Early Intervention Program	33	9	50	6
East Kern	70	23	67	10
Greenfield	96	10	128	8
Indian Wells Valley	50	2	27	0
MVIP	85	78	77	65
NFP	68	10	26	0
NOR	235	7	288	5
Shafter	72	10	55	7
Small Steps	5	20	40	10
Special Start	25	36	13	31
Taft	110	15	109	12
Wind in the Willows	32	13	22	9
Women's Shelter	31	13	39	8

Breastfeeding

According to the American Academy of Pediatrics (2012), breast milk has the most complete form of nutrition for infants. Based on annual descriptive data from KCNC, the number of breastfed children has increased from 156 last year to 241 this year. During the same period, 11 other programs show increases in the breastfeeding rate. Those programs in Table 37 provide services to 769 children this year.

In 2011, the federal government sponsored development of a national objective to have at least 46% of children breastfed through three months old (HealthyPeople.gov, 2011). Last year, one program in Table 37 had a rate below 46%. In FY 2011-12, all 11 programs funded by First 5 Kern achieve the designated breastfeeding objective (Table 37).

TABLE 37: INCREASE OF BREASTFEEDING RATE BETWEEN TWO ADJACENT YEARS

Program	FY 2010-11		FY 2011-12	
	n	Breastfeeding (%)	n	Breastfeeding (%)
BAS	76	75	63	86
Blanton CDC	34	68	24	92
Discovery Depot	50	50	29	69
Early Intervention Program	33	73	50	76
Kern River Valley	26	54	50	56
Lamont	72	75	93	80
Lost Hills	60	58	31	81
McFarland	66	59	80	68
Shafter	72	63	55	73
Small Steps	5	40	40	63
Special Start	25	48	13	69

Immunization

Immunization is a cost-effective measure for disease prevention (Centers for Disease Control and Prevention, 2010). It is estimated that vaccinated children across the U.S. have saved $9.9 billion from direct healthcare cost (U.S. Department of Health and Human Services, 2011). In comparison to last year, the percent of children receiving all shots has increased across 15 programs (Table 38). In particular, two programs show 100% children receiving all shots recommended by doctors in FY 2011-12. In addition, nine programs demonstrate the percent of vaccinated children above Kern County's average 89.6%[5]. Expansion of service coverage has impacted 1,184 children this year.

TABLE 38: INCREASE OF IMMUNIZATION RATE BETWEEN TWO ADJACENT YEARS

Program	FY 2010-11		FY 2011-12	
	n	Had all shots (%)	n	Had all shots (%)
BAS	110	71	82	95
Black Infant Health	49	29	87	40
Blanton CDC	37	84	33	85
Buttonwillow	51	96	74	100
Delano	99	98	91	100
Indian Wells Valley	92	80	57	93
Lamont	96	86	122	95
Lost Hills	99	93	29	97
MVIP	111	81	86	84
Mtn. Communities	66	89	57	93
RSNC	89	97	116	98
SENP	161	81	167	89
Special Start	27	93	26	96
Taft	128	68	121	84
Women's Shelter	33	61	36	64

Dental Care

Dental care is often a neglected area for young children (Hughes, 2007; Platt & Cabezas, 2000). "Because dental caries are one of the most frequent as well as debilitating and untreated chronic health conditions in children, access to dental care is an important indicator of access to health care" (Inkelas et al., 2003, p. x). Visiting dentists regularly not only ensures proper treatment, but also expands family knowledge on tooth and gum protection (Pourat & Finocchio, 2010). First 5 Kern funded programs to grant children dental care access at ages 0-5. To assess the existing barrier, Table 39 shows percent of children *without dental check-ups* each year. In comparison to the results from FY 2010-11, the percentage is consistently lower this year (see Table 39). A total of 1,630 children benefited from the improvement in dental care access in FY 2011-12.

[5] http://www.kidsdata.org/data/topic/dashboard.aspx?cat=53

TABLE 39: DECREASE IN THE PERCENT OF CHILDREN WITHOUT DENTAL CARE IN THE PAST

Program	FY 2010-11		FY 2011-12	
	n	Never saw dentist (%)	n	Never saw dentist (%)
Arvin	118	24	105	15
BCSD	352	28	281	17
Black Infant Health	49	67	87	29
Buttonwillow	51	33	74	30
Delano	99	31	91	29
Discovery Depot	64	66	38	61
Greenfield	124	34	178	30
Lamont	96	15	122	7
Lost Hills	99	36	29	7
McFarland	106	26	81	19
MVIP	111	86	86	76
Mtn. Communities	66	52	57	46
NFP	76	39	47	21
Small Steps	5	60	56	39
South Fork	40	33	37	16
SENP	161	48	167	43
Special Start	27	63	26	58
Wind in the Willows	69	25	32	13
Women's Shelter	33	73	36	47

Smoking During Pregnancy

According to Proposition 10, parents should be educated "on the dangers caused by smoking and other tobacco use by pregnant women to themselves and to infants and young children" (p. 3). With smoking prevalence rates declining, the remaining pool of smokers is likely to be more resistant to cessation (Liles et al., 2009). Despite the mounting difficulty, Table 40 shows a reduction in the percent of pregnant mothers with a smoking habit. The percent has reached zero in three programs this year. The overall improvement across 16 programs impacts 1,240 children in FY 2011-12.

Secondhand Smoke

Proposition 10 further cautioned against "the dangers of secondhand smoke to all children" (p. 3). As Robles, Vargas, Perry, and Feild (2009) reported, "exposure of children to environmental tobacco smoke (ETS) has been associated with multiple health problems. These problems, including asthma, are particularly critical for children younger than 5 years" (p. 8-9). Programs funded by First 5 Kern maintained a "focus on anti-tobacco education programs" (Armstrong, 2012, p. 21). This year, 13 programs demonstrate reduction of the *smoke exposure rate* for 884 children in home settings (Table 41).

TABLE 40: PERCENT OF SMOKING MOTHERS DURING PREGNANCY

Program	FY 2010-11		FY 2011-12	
	n	Smoke while pregnant (%)	n	Smoke while pregnant (%)
Arvin	77	4	90	1
Blanton CDC	34	15	24	4
Delano	88	3	92	0
Discovery Depot	50	24	29	17
Early Intervention Program	33	9	50	4
East Kern	70	18	67	10
Greenfield	96	4	128	2
Lamont	72	3	93	0
KCNC	393	26	145	23
MVIP	85	8	77	5
RSNC	50	10	67	3
Shafter	72	10	55	7
SENP	108	10	162	8
Special Start	25	16	13	0
Taft	110	30	109	16
Women's Shelter	31	23	39	13

TABLE 41: REDUCTION OF SMOKE EXPOSURE RATE BETWEEN ADJACENT YEARS

Program	FY 2010-11		FY 2011-12	
	n	Exposed to smoke (%)	n	Exposed to smoke (%)
BAS	110	3	82	1
Blanton CDC	37	19	33	3
Delano	99	2	91	0
Lost Hills	99	0	29	0
McFarland	106	7	81	2
MVIP	111	9	86	6
Mtn. Communities	66	3	57	2
NFP	76	9	47	8
RSNC	89	6	116	3
South Fork	40	20	37	5
SENP	161	8	167	7
Special Start	27	4	26	0
Wind in the Willows	69	13	32	12

Improvement of Family Functioning

In research literature, the strengthening of family function has been linked to promoting positive child-rearing conditions (Freiberg, Homel, & Lamb, 2007). As shown in Table 1, the state focus area of *Family Functioning* is aligned with the local focus area of *Parent Education and Support Services*.

Unmet Food Needs

At an initial level, family functioning is reflected on daily food coverage for all family members (Devine, 2005; Vermeir & Verbeke, 2006). For instance, Wethington and Johnson-Askew (2009) pointed out,

> Expected transitions, such as the birth of a child, can encourage mothers to improve their food choices as a way of maintaining health and energy. The birth of a child might also result in the family eating healthier if the goal is to feed their children a proper diet. (p. S75)

Table 42 lists the number of families reporting *unmet food needs* upon program entry. The data show an average of 4 families per program with *unmet food needs* last year and 3.8 families per program with the same issue this year. Without effective interventions prior to First 5 Kern's support, the difference at the entry point is insignificant between last year and this year [$t(16)=0.31$, $p=0.76$].

TABLE 42: BASELINE DATA ON NUMBER OF FAMILIES WITH UNMET FOOD NEEDS

Program	FY 2010-11		FY 2011-12	
	n	Unmet food needs for the family	n	Unmet food needs for the family
Arvin	25	1	26	0
BCSD	31	1	167	7
Blanton CDC	31	1	13	0
Buttonwillow	12	1	15	0
Delano	53	6	78	5
East Kern	26	2	27	1
Greenfield	7	2	30	6
Indian Wells Valley	26	2	14	4
Kern River Valley	23	5	29	1
Lamont	36	8	29	4
Lost Hills	18	3	13	0
McFarland	49	3	56	3
Mtn. Communities	10	3	-	-
RSNC	61	3	65	3
Shafter	58	4	50	4
SENP	78	13	65	11
Taft	16	7	27	13
Women's Shelter	20	7	23	3

However, through center-based support, the average number of families with *unmet food needs* is reduced to 1.44 per program last year and 1.05 per program this year (Table 43). The improvements within the first three months are significant at $\alpha=.005$ for both years.

TABLE 43: FIRST QUARTER DATA ON NUMBER OF FAMILIES WITH UNMET FOOD NEEDS

Program	FY 2010-11		FY 2011-12	
	n	Unmet food needs for the family	n	Unmet food needs for the family
Arvin	25	0	26	0
BCSD	31	2	167	1
Blanton CDC	31	2	13	0
Buttonwillow	12	2	15	0
Delano	53	1	78	2
East Kern	26	3	27	0
Greenfield	7	1	30	0
Indian Wells Valley	26	0	14	0
Kern River Valley	23	0	29	0
Lamont	36	0	29	4
Lost Hills	18	1	13	0
McFarland	49	2	56	2
Mtn. Communities	10	0	-	-
RSNC	61	2	65	1
Shafter	58	1	50	3
SENP	78	9	65	2
Taft	16	0	27	2
Women's Shelter	20	0	23	1

Missed Work/School Due to Lack of Childcare

Family functioning has also been found inseparable from job security (Wilcox, 2009). Table 44 shows the number of families reporting *missed work or school due to lack of childcare* at program entry. On average, *missing work or school* occurred in 8.83 families per program last year and 9.29 families per program this year. The initial gap at program entry is not statistically significant between the two adjacent years [$t(16)=0.04$, $p=0.97$].

TABLE 44: NUMBER OF FAMILIES MISSED WORK / SCHOOL FOR LACK OF CHILDCARE AT PROGRAM ENTRY

Program	FY 2010-11		FY 2011-12	
	n	Missed work / school due to lack of childcare	n	Missed work / school due to lack of childcare
Arvin	25	4	26	2
BCSD	31	2	167	21
Blanton CDC	31	5	13	6
Buttonwillow	12	4	15	3
Delano	53	10	78	14
East Kern	26	6	27	2
Greenfield	7	4	30	4
Indian Wells Valley	26	6	14	4
Kern River Valley	23	5	29	4
Lamont	36	17	29	8
Lost Hills	18	1	13	0
McFarland	49	6	56	7
Mtn. Communities	10	2	-	-
RSNC	61	14	65	15
Shafter	58	8	50	5
SENP	78	40	65	38
Taft	16	14	27	14
Women's Shelter	20	11	23	11

Within the first quarter of First 5 Kern's support, the average family count has dropped to 3.00 per program last year and 3.65 per program this year. Besides the significant improvements in both years (α=.01), five programs also show zero issues in FY 2011-12 (Table 45).

TABLE 45: NUMBER OF FAMILIES MISSED WORK/SCHOOL FOR LACK OF CHILDCARE IN FIRST QUARTER

Program	FY 2010-11		FY 2011-12	
	n	Missed work/school due to lack of child care	n	Missed work/school due to lack of child care
Arvin	25	1	26	0
BCSD	31	1	167	9
Blanton CDC	31	1	13	1
Buttonwillow	12	2	15	3
Delano	53	1	78	4
East Kern	26	6	27	1
Greenfield	7	0	30	0
Indian Wells Valley	26	4	14	0
Kern River Valley	23	4	29	2
Lamont	36	2	29	6
Lost Hills	18	0	13	0
McFarland	49	3	56	5
Mtn. Communities	10	0	-	-
RSNC	61	13	65	14
Shafter	58	5	50	7
SENP	78	5	65	7
Taft	16	6	27	3
Women's Shelter	20	0	23	0

Missed Work/School for Lack of Transportation

In examining barriers of family functioning, Schroeder and Stefanich (2001) identified transportation as a reason for family members to miss work or school. Except for children and families at Lost Hills, the transportation barrier is confirmed at other communities at the stage of program entry. In Table 46, the average family count was 8 per program in FY 2010-11. This year, the average count starts at 8.82 per program. Despite the baseline gap, the difference at the beginning point is not statistically significant between two years [$t(16)=0.29$, $p=0.77$].

TABLE 46: NUMBER OF FAMILIES MISSED WORK/SCHOOL FOR LACK OF TRANSPORTATION AT PROGRAM ENTRY

Program	FY 2010-11		FY 2011-12	
	n	Miss work/school due to transportation	n	Miss work/school due to transportation
Arvin	25	6	26	5
BCSD	31	1	167	20
Blanton CDC	31	13	13	4
Buttonwillow	12	1	15	3
Delano	53	9	78	14
East Kern	26	7	27	10
Greenfield	7	1	30	2
Indian Wells Valley	26	8	14	1
Kern River Valley	23	2	29	4
Lamont	36	17	29	6
Lost Hills	18	0	13	0
McFarland	49	4	56	9
Mtn. Communities	10	2	-	-
RSNC	61	9	65	5
Shafter	58	5	50	4
SENP	78	34	65	38
Taft	16	15	27	14
Women's Shelter	20	10	23	11

In Table 47, the average family count drops to 3.06 per program last year and 3.71 per program this year. Three programs also show zero counts in either year after receiving First 5 Kern-funded services for three months (Table 47). The quarterly improvement was significant at α=.05 last year [i.e., $t(17)=2.59$, $p=0.0189$]. The results for this year suggest highly significant improvement at α=.005 [i.e., $t(16)=3.44$, $p=.0033$]. As was discussed in Chapter 3, First 5 Kern's funding has enhanced partnership building to sustain transportation support in FY 2011-12.

TABLE 47: NUMBER OF FAMILIES MISSED WORK/SCHOOL FOR LACK OF TRANSPORTATION IN FIRST QUARTER

Program	FY 2010-11		FY 2011-12	
	n	Miss work/school due to transportation	n	Miss work/school due to transportation
Arvin	25	4	26	1
BCSD	31	5	167	17
Blanton CDC	31	3	13	2
Buttonwillow	12	0	15	2
Delano	53	2	78	3
East Kern	26	7	27	1
Greenfield	7	0	30	0
Indian Wells Valley	26	3	14	0
Kern River Valley	23	1	29	2
Lamont	36	0	29	5
Lost Hills	18	1	13	0
McFarland	49	2	56	7
Mtn. Communities	10	1	-	-
RSNC	61	5	65	7
Shafter	58	7	50	5
SENP	78	6	65	7
Taft	16	8	27	3
Women's Shelter	20	0	23	1

Unmet Transportation Needs for Family Members

Transportation needs are not confined within those family members at work or in school. As Waller (2005) observed, "In rural areas, public transportation options are scarce and have limited hours of service" (p. 2). At program entry, the number of families with transportation issues is listed in Table 48. On average, the *unmet transportation needs* are concurred by 8.89 families per program last year and 10.00 families per program this year. Nonetheless, the entry difference remains at an insignificant level between two adjacent years [$t(16)=1.18$, $p=0.25$].

TABLE 48: NUMBER OF FAMILIES WITH UNMET TRANSPORTATION NEEDS AT PROGRAM ENTRY

Program	FY 2010-11		FY 2011-12	
	n	Unmet transportation needs for the family	n	Unmet transportation needs for the family
Arvin	25	6	26	3
BCSD	31	1	167	20
Blanton CDC	31	8	13	4
Buttonwillow	12	5	15	3
Delano	53	8	78	17
East Kern	26	8	27	9
Greenfield	7	4	30	4
Indian Wells Valley	26	13	14	5
Kern River Valley	23	6	29	3
Lamont	36	20	29	15
Lost Hills	18	2	13	2
McFarland	49	3	56	7
Mtn. Communities	10	29	-	-
RSNC	61	8	65	4
Shafter	58	5	50	8
SENP	78	16	65	37
Taft	16	9	27	14
Women's Shelter	20	9	23	15

Although more families indicated *unmet transportation needs* at the beginning of this year (Table 48), the family count drops to 3.71 per program at end of the first quarter. In contrast, the corresponding average was 3.89 per program last year. Meanwhile, the number of families with *unmet transportation needs* drops to zero in two programs last year and four programs this year (Table 49). Thus, more progress has been made this year than last year.

TABLE 49: NUMBER OF FAMILIES WITH UNMET TRANSPORTATION NEEDS IN FIRST QUARTER

Program	FY 2010-11		FY 2011-12	
	n	Unmet transportation needs for the family	n	Unmet transportation needs for the family
Arvin	25	4	26	1
BCSD	31	6	167	13
Blanton CDC	31	1	13	1
Buttonwillow	12	5	15	3
Delano	53	2	78	3
East Kern	26	7	27	0
Greenfield	7	0	30	0
Indian Wells Valley	26	7	14	1
Kern River Valley	23	4	29	1
Lamont	36	3	29	14
Lost Hills	18	1	13	0
McFarland	49	1	56	7
Mtn. Communities	10	10	-	-
RSNC	61	5	65	5
Shafter	58	3	50	5
SENP	78	8	65	4
Taft	16	3	27	5
Women's Shelter	20	0	23	0

Support of Child Development

Availability of Convenient Childcare

Based on the perspective of service delivery, First 5 Kern's support for child development has been demonstrated by program coverage across all subareas of Kern County (see Figures 10, 14, & 20). From the client's point of view, parents or guardians have a chance to confirm availability of childcare services during quarterly Family Stability Rubric data collections. Table 50 shows the number of families in need of *accessible and convenient childcare* at program entry. Before receiving First 5 Kern-funded services, the average number of families *in need of convenient childcare* is 10.72 per program last year and 12.06 per program this year. Without prior program intervention, the gap is insignificant between two adjacent years [$t(16)=0.40$, $p=0.70$].

TABLE 50: NUMBER OF FAMILIES IN NEED OF CONVENIENT CHILDCARE AT PROGRAM ENTRY

Program	FY 2010-11		FY 2011-12	
	n	Need accessible / convenient childcare	n	Need accessible / convenient childcare
Arvin	25	13	26	5
BCSD	31	2	167	28
Blanton CDC	31	0	13	6
Buttonwillow	12	3	15	3
Delano	53	10	78	16
East Kern	26	9	27	22
Greenfield	7	4	30	11
Indian Wells Valley	26	9	14	5
Kern River Valley	23	9	29	4
Lamont	36	17	29	6
Lost Hills	18	0	13	0
McFarland	49	5	56	8
Mtn. Communities	10	4	-	-
RSNC	61	12	65	18
Shafter	58	14	50	4
SENP	78	52	65	38
Taft	16	13	27	14
Women's Shelter	20	17	23	17

After quarterly services, the average number of families *in need of convenient childcare* drops to 4.71 this year, and three programs indicate zero issue regarding their access to convenient childcare (Table 51). The improvement has also reached a higher level of significance at α=.005 [i.e., $t(16)=3.44$, $p=.0033$]. Last year, similar improvement occurred within the first three months, and the difference reached a significance level of α=.05 [$t(17)=2.59$, $p=.0189$]. Based on the difference in significance levels, more progress has been made in overcoming the childcare barrier this year.

TABLE 51: NUMBER OF FAMILIES IN NEED OF CONVENIENT CHILDCARE AT FIRST QUARTER

Program	FY 2010-11		FY 2011-12	
	n	Need accessible / convenient childcare	n	Need accessible / convenient childcare
Arvin	25	11	26	0
BCSD	31	5	167	16
Blanton CDC	31	0	13	1
Buttonwillow	12	5	15	5
Delano	53	2	78	4
East Kern	26	5	27	4
Greenfield	7	0	30	1
Indian Wells Valley	26	6	14	0
Kern River Valley	23	6	29	2
Lamont	36	1	29	6
Lost Hills	18	1	13	0
McFarland	49	3	56	9
Mtn. Communities	10	0	-	-
RSNC	61	11	65	14
Shafter	58	4	50	7
SENP	78	9	65	7
Taft	16	7	27	3
Women's Shelter	20	0	23	1

Unmet Childcare Needs

While convenient childcare centers are important for some families, "For many working parents, hiring a caregiver to work in their home is the best solution for their child care and household needs" (Child Care Inc., 2012, p. 1). Table 52 shows the number of families with *unmet childcare needs* at program entry. An average of 6.61 families per program had *unmet childcare needs* last year. The corresponding number increases to 8.94 this year at program entry. Still, the initial difference is insignificant between two adjacent years [$t(16)=0.89$, $p=0.36$].

TABLE 52: NUMBER OF FAMILIES WITH UNMET CHILDCARE NEEDS AT PROGRAM ENTRY

Program	FY 2010-11		FY 2011-12	
	n	Unmet childcare needs	n	Unmet childcare needs
Arvin	25	3	26	1
BCSD	31	0	167	19
Blanton CDC	31	3	13	6
Buttonwillow	12	6	15	4
Delano	53	9	78	14
East Kern	26	10	27	2
Greenfield	7	1	30	4
Indian Wells Valley	26	6	14	2
Kern River Valley	23	13	29	4
Lamont	36	16	29	7
Lost Hills	18	2	13	0
McFarland	49	1	56	4
Mtn. Communities	10	1	-	-
RSNC	61	10	65	17
Shafter	58	10	50	4
SENP	78	16	65	38
Taft	16	0	27	14
Women's Shelter	20	12	23	12

After receiving First 5 Kern-funded programs for three months, several programs show zero families with unmet needs (Table 53). On average, the number of concerned families drops to 2.83 per program last year and 3.71 per program this year. Although the entry gap between last year and this year was 2.83 per program (i.e., 8.94 - 6.61), the gap at the third month has been reduced to 0.88 per program (i.e., 3.71 - 2.83). While reconfirming significant improvements at α=.05, the results demonstrate more progress this year in addressing childcare needs within the first quarter.

TABLE 53: NUMBER OF FAMILIES WITH UNMET CHILDCARE NEEDS AT FIRST QUARTER

Program	FY 2010-11		FY 2011-12	
	n	Unmet childcare needs	n	Unmet childcare needs
Arvin	25	4	26	0
BCSD	31	2	167	13
Blanton CDC	31	4	13	1
Buttonwillow	12	3	15	4
Delano	53	2	78	3
East Kern	26	6	27	0
Greenfield	7	0	30	0
Indian Wells Valley	26	2	14	0
Kern River Valley	23	9	29	2
Lamont	36	0	29	6
Lost Hills	18	0	13	0
McFarland	49	1	56	5
Mtn. Communities	10	0	-	-
RSNC	61	7	65	14
Shafter	58	3	50	3
SENP	78	8	65	7
Taft	16	0	27	3
Women's Shelter	20	0	23	2

Home Reading Activities

Armbruster, Lehr, and Osborn (2006) pointed out, "Learning to read and write can start at home, long before children go to school" (p. 1). Children who are not ready for school need extra support to catch up with their peers; otherwise, they tend to fall further behind over time. Thus, First 5 Kern's Strategic Plan (2012) has designated an indicator on the "Number and percentage of families who report reading or telling stories regularly to their children" (p. 12). Table 54 shows that children are more often living with parents who read to them twice or more per week this year. This progress impacts 1,712 children at 19 program sites funded by First 5 Kern.

TABLE 54: INCREASE IN PERCENT OF CHILDREN WITH TWICE OR MORE READING PER WEEK

Program	FY 2010-11		FY 2011-12	
	n	Twice or more reading per week (%)	n	Twice or more reading per week (%)
Arvin	118	68	105	78
BCSD	352	82	280	84
BAS	110	68	82	82
Buttonwillow	51	64	72	86
Delano	99	67	91	68
Discovery Depot	64	55	38	63
Early Intervention Program	35	74	48	81
East Kern	85	71	72	72
Greenfield	124	69	177	77
Indian Wells Valley	92	76	57	82
Lamont	96	66	122	73
Lost Hills	99	37	29	45
MVIP	111	36	86	40
Mtn. Communities	66	86	56	87
Small Steps	5	60	55	71
SENP	161	48	163	62
Special Start	27	81	26	85
Wind in the Willows	69	90	32	91
Taft	128	66	121	72

Preschool Attendance

Early childhood education is not confined within the home setting. Table 55 shows that children are more likely to be supported to attend preschool this year. This positive change impacted a total 582 children at seven service delivery locations.

TABLE 55: INCREASED SUPPORT FOR CHILDREN TO ATTEND PRESCHOOL

Program	FY 2010-11		FY 2011-12	
	n	Support pre-school attendance (%)	n	Support pre-school attendance (%)
BCSD	201	14	280	15
RSNC	81	86	116	87
Small Steps	3	0	55	44
South Fork	40	63	37	74
Special Start	8	50	26	81
Wind in the Willows	66	76	32	81
Women's Shelter	11	9	36	17

In summary, CDE and FSR data are analyzed in this chapter to examine relationships of service outcomes between FY 2010-11 and FY 2011-12. Under the CIPP paradigm, the focus on variable relations naturally incorporates past *products* as the current *contexts* to sustain the ongoing service improvement. The result tracking has illustrated the impact of First 5 Kern funding on 11 fronts:

1. More mothers received prenatal care at the first trimester this year than last year. This outcome impacted 1,784 children in 18 programs. In addition, 15 programs reported an increase in full-term pregnancy rate over last year (1,071 children impacted).
2. The percent of children with low birth weight dropped in 14 programs (965 children impacted). Meanwhile, breastfeeding rates increased in 11 programs that served 769 children in FY 2011-12.
3. Fifteen programs showed more children receiving all immunizations this year as compared to last year (1,184 children impacted). Fewer children had no dental visits (1,630 children from 19 programs impacted).
4. More progress was made on smoking cessation. Fewer mothers smoked during pregnancy in 16 programs (1,240 children impacted). In addition, fewer children were exposed to smoking environments this year than last year (884 children impacted at 13 program sites).
5. More families met their food needs. The average number of families with *unmet food needs* was significantly reduced in the first three months of program enrollment at 17 service sites this year.
6. Fewer families had to miss work or school for lack of childcare. Within the first quarter of First 5 Kern's support, the average family count significantly dropped from 9.29 to 3.65 per program this year.
7. Fewer families had to miss work or school for lack of transportation. After receiving First 5 Kern-funded services for a quarter, the average family count significantly dropped from 10.00 to 3.71 per program this year.
8. More families indicated availability of convenient childcare service. At the end of the first quarter, the average number of families in need of convenient childcare significantly dropped from 12.06 to 4.71 per program this year.
9. More families met their childcare needs. Within the first three months, the number of families with *unmet childcare needs* significantly dropped from 8.94 to 3.71 per program this year.
10. More children were read to twice or more times per week at home. Nineteen programs demonstrated an increase of the reading percentage over last year (1,712 children impacted).
11. More parents extended their support for pre-school attendance. The percent of parents supporting pre-school activities increased in seven programs (582 children impacted).

Those accomplishments represented well-rounded progresses across the state-designated focus areas of *Child Health* (Points 1, 2, 3, & 4), *Family Functioning* (Points 5, 6, & 7), and *Child Development* (Points 8, 9, 10, & 11). Sustainability of the service outcomes has been demonstrated by the multilevel findings beyond the annual result tracking within FY 2011-12.

Chapter 5: Conclusions and Future Directions

Following the Statewide Evaluation Framework (First 5 California, 2005), a total of three approaches have been taken to support the annual reporting. Two of the approaches were incorporated in Chapters 2 and 3 to aggregate multilevel findings across focus areas. In the first approach, descriptive data from service counts were examined at the both *child* and *family* levels to demonstrate service impact across Kern County. In addition, value-added assessments were conducted to analyze outcome differences under a pretest and posttest setting. In support of the *turning the curve* process, a third approach was taken in Chapter 4 to investigate variable relationships between two adjacent years under the CIPP paradigm. These approaches have all contributed to providing clear, convincing, and sufficient evidences for justifying results-based accountability and program improvement.

Angelo (1999) maintained, "Though accountability matters, learning still matters most" (¶. 1). To recap the story of First 5 Kern, this chapter begins with a broad highlight of the commission leadership on multiple aspects. In addition, past recommendations are reviewed to assess ongoing progresses this year, and new recommendations are suggested at end of this chapter to sustain the future process.

Recap of First 5 Kern Story

According to the RBA model, one additional step beyond *turning the curve* is to tell the *"story behind the curve"* (Hayes, 2002, p. 15). Following First 5 Kern's vision and mission, features of the *turning the curve* story are highlighted in five aspects:

(1) Maintain strong and professional leadership in budget planning

First 5 Kern Commission has demonstrated professional leadership to maintain service quality during an extraordinary period of economic uncertainty. As indicated in last annual report, Assembly Bill 99 (AB99) was intended to take $11.7 million from First 5 Kern. To maintain its commitment to supporting all programs in the current funding cycle, the commission took prudent measures to initiate cuts to its own budget, deplete its reserves, and rewrite contracts with service providers. When AB99 failed, the commission did not return the set-aside funds to its reserve. Instead, First 5 Kern made a two-year extension for all currently funded programs, contingent upon their performance. The decision not only sustained the same level of support for children ages 0-5 and their families, but also gave service providers more time to track and improve outcomes from their existing services. The leadership on budget planning also enhances First 5 Kern's alignment with the five-year funding cycle of County of Kern's practice.

(2) Enhance collaborations with service providers and community stakeholders

In addition to administering the Children and Families First Trust Fund in Kern County, First 5 Kern has strengthened local capacity building to establish a *community of learners* among service providers. Multiple trainings have been offered to service providers on how to handle confidential data collection and how to use the new data management system, *Grant Evaluation and Management Solution* (GEMS). First 5 Kern also published a quarterly newsletter, *Handprints*, to disseminate program news and

commission updates within the local communities. On September 28, 2011, First 5 Kern raised funds from the community to sponsor the second Open House to showcase accomplishments of Proposition 10 funding in Kern County. Posters and brochures displayed at this event attracted attention of the local media[6], and provided networking opportunities for service providers to enhance service integration.

(3) Support service providers in external grant recruitment

Smith et al. (2009) initiated a report to the Lucile Packard Foundation (LPF) on California's "lack of access to comprehensive care coordination" (p. 1). In 2010, First 5 Kern started working with service providers to develop a service coordination model for medically vulnerable children[7]. In FY 2011-12, a representative of LPF visited First 5 Kern to learn more about care coordination services from the MVCCP program funded by First 5 Kern. The well-organized discussion involved Executive Director (Jamie Henderson) and Assistant Director (Judith Harniman) of First 5 Kern, as well as the MVCCP Director and the Principal Investigator. On March 28, 2012, First 5 Kern was invited to present its model at "Rural Health Issues Meeting for the California Collaborative for Children" sponsored by LPF. With the persistent support from First 5 Kern, MVCCP has been granted $40,000 from LPF to evaluate and generalize its model from First 5 Kern to three First 5 county commissions in FY 2012-13.

(4) Develop a partnership proposal for State Commission matching fund

In FY 2011-12, Ms. Harniman and Senior Finance Officer (Ms. Patti Taylor) collaborated with Ms. Tammy Burns of Kern County Superintendent of Schools (KCSOS) to develop a proposal for the state Child Signature Program (CSP). The proposal received $315,000 from First 5 California to provide assistance and training in 30 to 34 preschool classrooms in Kern County over the next three years. The state matching fund will smooth transition of local children to kindergarten, and assist improvement of preschool quality in traditionally underserved communities.

(5) Increase visibility of First 5 Kern support beyond Kern County

In FY 2011-12, Commission Chairperson Mimi Audelo, Commissioner Al Sandrini, Mr. Henderson and Ms. Harniman met with legislators in Sacramento to provide an update on Proposition 10 programs in Kern County. The commission leaders delineated First 5 Kern-funded services in each electoral district, and reported sustainable outcomes to meet local needs. At the 2012 First 5 Association Summit, Mr. Henderson made a well-received presentation on the *Ready to Start* program. Among 58 counties across the state, First 5 Kern was one of less than a dozen commissions making a Summit presentation this year.

In summary, an important component of the RBA model is to recap "a summary of news stories where outcomes approaches have been highlighted in the media" (Friedman, 2011, p. 1). Although those five points were not derived from assessment

[6] http://people.bakersfield.com/home/ViewTopic/13492

[7] http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=0CEQQFjAD&url=http%3A%2F%2Fwww.f5ac.org%2Fitem.asp%3Fid%3D4294&ei=1DbOUK25BaK9iwLw_ICwCw&usg=AFQjCNHQwgy6AC6SepqbEULZzJCuDyIU-g&bvm=bv.1355325884,d.cGE

data at the program level, they have been confirmed by the local media[8]. Hence, those points are recapped here to enrich First 5 Kern's story behind the *turning the curve* process.

It should be noted that Proposition 10 funding is available in all 58 counties of California. Thus, service quality could be a factor for families to move across counties for better service. Table 56 lists the percentage of families who remained in the same location of Kern County for the entire year. The percent is higher this year than last year across 29 programs. Although this indicator does not fit any particular focus area, results in Table 56 reflect the decision of more families to stay with First 5 Kern-funded services in Kern County.

TABLE 56: PERCENT OF FAMILIES WITH NO RELOCATION OVER PAST 12 MONTHS

Program	FY 2010-11		FY 2011-12	
	n	No Family Relocation (%)	n	No Family Relocation (%)
Arvin	118	61	105	86
BAS	110	65	82	85
BCSD	353	77	280	94
Black Infant Health	49	71	87	93
Blanton CDC	37	38	30	63
Buttonwillow	51	80	72	90
Delano	99	68	91	81
Discovery Depot	64	3	38	32
Early Intervention Program	35	69	48	92
East Kern	85	31	72	88
Greenfield	124	70	177	93
Indian Wells Valley	92	41	57	89
Kern River Valley	57	47	67	78
Lamont	96	61	122	94
Lost Hills	99	88	29	100
McFarland	106	76	81	96
MVIP	111	59	86	86
Mtn. Communities	66	65	56	93
NOR	345	75	242	84
NFP	76	62	47	92
RSNC	89	70	116	96
Shafter	81	74	59	92
Small Steps	5	0	55	42
SENP	161	48	163	80
Special Start	27	30	26	92
South Fork	40	55	37	84
Taft	128	42	121	74
Wind in the Willows	69	78	32	97
Women's Shelter	33	15	36	42

[8] http://www.first5kern.org/stories/storyReader$25

Past Recommendations Revisited

In the last annual report, the following recommendations were made to maintain the momentum of First 5 Kern's progress this year:

(1) Identify and/or develop "signature programs" through a balanced consideration between *existing partners* with exemplary track records and *new partners* with strong potential to deliver groundbreaking services;

(2) Collect timely feedback from service providers to enhance performance tracking;

(3) Invite input from service providers on additional evidences that could be gathered to represent their outcome-based contributions.

The first recommendation has two components relevant to *new* and *existing* partners, respectively. In FY 2011-12, First 5 Kern extended the current funding cycle from three years to five years, and thus, provided more opportunities for existing programs to develop exemplary track records. Meanwhile, new partnerships have been built with KCSOS to support the CSP proposal development. The groundbreaking services across 30 to 34 classrooms will receive state matching funds, and an Early Learning System Specialist will be designated to support quality improvement. Based on these evidences, the first recommendation has been completely addressed by First 5 Kern.

To support information tracking in the second recommendation, First 5 Kern offered ongoing GEMS trainings throughout this fiscal year. All past contact data have been transferred to GEMS from the previous data management system, Outcomes Collection, Evaluation and Reporting Service (OCERS). This change was imposed to First 5 Kern because the OCERS owner ended its contract. In comparison, OCERS had a function to remind service providers the due dates of data collection, but that function has yet to be incorporated in GEMS. Despite this perplexity, most programs completed data collections for NSCS, ASQ-3, and DRDP assessments (see Tables 8, 17, & 20). By design, GEMS keeps all assessment data on the same platform, which will facilitate data tracking for future assessments. Hence, First 5 Kern has chosen a well-established data management system to address the second recommendation this year.

Similar to the first recommendation, the third recommendation is pertinent to both *new* and *existing* programs. Input from service providers has been solicited through partnership collaborations between First 5 Kern and local stakeholders. In the *new* CSP grant, the evaluation plan not only includes state-required DRDP assessment, but also incorporated locally-chosen instruments, such as Classroom Assessment Scoring System (CLASS) and Early Language and Literacy Classroom Observation (ELLCO). As an *existing* program, MVCCP identified the need of input on (1) verifying alignment between Result Indicators and Strategic Plan, (2) creating a GEMS form for output data collection, (3) developing new surveys for parents and providers, and (4) entering survey results into GEMS. The ongoing discussion initiated in FY 2011-12 has led to a joint staff meeting between MVCCP and First 5 Kern to incorporate additional outcome-based indicators. Therefore, the third recommendation was implemented by First 5 Kern for both *new* and *existing* programs.

In conclusion, First 5 Kern has not only sustained effective services across four focus areas of its Strategic Plan, but also responded to all recommendations from the

2010-11 annual report. As a general indicator, more families with children ages 0-5 chose to stay in Kern County this year than last year to continue the service coverage from First 5 Kern.

New Recommendations

Promoting local creativity is at the heart of Proposition 10. "This emphasis encourages flexibility in local planning, program design, allocation and evaluation" (First 5 California, 2010, p. 6). Through the School-Readiness Initiative (SRI) sponsored with matching funds from the State Commission, Summer Bridge programs have been created at 11 sites across Kern County. No restrictions were imposed on those programs except for using a jointly-developed instrument, Child Assessment-Summer Bridge, for outcome assessment. Built on past experience, the SRI Summer Bridge programs were compared in Chapter 2 with a well-structured Ready to Start curriculum to avoid random explorations through a trial-and-error approach. Similarly, curriculum-based outcome measures, such as AAPI-2 and NSCS, were introduced in this funding cycle to enhance alignment of parent education programs with professional practice.

To streamline the ongoing knowledge accumulation, **the first recommendation is to take a systematic approach to coordinate local curriculum development through planning, implementation, and completion stages**. At the first stage, the focus could be placed on the *planned program* in FY 2012-13 to ensure a proper alignment of the curriculum mapping with professional practice. In the subsequent years, the focus can be switched to the *implemented program* to identify local needs and monitor potential barriers at each service site. At the third stage, the *achieved program* is assessed to collect *clear*, *convincing*, and *sufficient* evidences on the program effectiveness. Creativity can be exercised throughout the process by inviting input from local stakeholders on additional evidences that should be gathered to support outcome-based assessments.

This year, First 5 Kern's Program Officers and Finance Officers made a joint administrative visit to each program site. In addition, Senior Research Analyst and Research Associate conducted one formal site visit and multiple informal visits to each site to monitor potential problems from data gathering, management, and reporting. Observations from those visits can be accumulated in a common knowledge base to avoid repeated discoveries of the same issue and/or solution by different representatives of First 5 Kern. Therefore, **the second recommendation is to establish an integrated platform for information sharing**. The record gathering and monitoring can facilitate identification of the current conditions or baselines, and thus, support the ongoing "turning the curve" process at the program side. In addition, program profiles can be compared to guide development of signature programs in the future funding cycles.

While First 5 Kern's funding cycle has been extended to five years, past Strategic Plans were developed under a three-year framework (e.g., First 5 Kern, 2008). Hence, the **third recommendation is to align the current Strategic Plan with the new funding cycle**. Proposition 10 requires "that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted" (p. 10). The last public hearing occurred in March, 2012. First 5 Kern is in full compliance with the legislative statutes.

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Appendix A
Program Classification Across State and Local Focus Areas

State Focus Area	Local Focus Area		
	Early Childhood Education **(n=17)**	***Parent Education and Support Services*** **(n=14)**	***Health and Wellness*** **(n=10)**
Child Development (n=14)	• Alliance Against Family Violence & Sexual Assault – Small Steps Child Development Center • Bakersfield Homeless Center dba Bethany Services – Discovery Depot Licensed Child Care Center • Caring Corner – Special Start for Exceptional Children • Delano Union School District – Delano Union School District School Readiness • Kern County Superintendent of Schools – Blanton Child Development Center • Lost Hills Union School District – Lost Hills Family Resource Center • McFarland Unified School District – McFarland Family Resource Center • North of the River Recreation and Park District – Neighborhood Place Parent Community Learning Center • Ready to Start Foundation – Ready to Start • South Fork Union School District – South Fork Preschool • The Wind in the Willows Education Organization – Wind in the Willows Preschool	• Turning Point of California, Inc. – Turning Point Kern County Mother/Infant Program[9] • Women's Center- High Desert, Inc. – Women's Shelter Network	• Recreation and Parks, City of Bakersfield – Make a Splash

[9] Turning Point of California, Inc. – Turning Point Kern County Mother/Infant Program received funding through 01/30/2012.

State Focus Area	Local Focus Area		
	Early Childhood Education **(n=17)**	***Parent Education and Support Services*** **(n=14)**	***Health and Wellness*** **(n=10)**
Family Functioning (n=18)	• Bakersfield City School District – Supporting Families and Children for School Readiness • Buttonwillow Union School District – Buttonwillow Community Resource Center • Clinica Sierra Vista – East Kern Family Resource Center • Greenfield Union School District – Greenfield School Readiness • Richland School District – Shafter Healthy Start • Taft City School District – West Side Community Resource Center	• Arvin Union School District – Arvin Family Resource Center • Clinica Sierra Vista – Indian Wells Valley Family Resource Center • Clinica Sierra Vista – Southeast Neighborhood Partnership Family Resource Center • El Tejon Unified School District – Mountain Communities Family Resource Center • Greater Bakersfield Legal Assistance – Domestic Violence Reduction Project • Greater Bakersfield Legal Assistance – Guardianship Caregiver Project • Kern County Department of Public Health – Nurse Family Partnership Program • Kern County Network for Children – Differential Response • Kern County Superintendent of Schools – Richardson Special Needs Collaborative • Kernville Union School District – Kern River Valley Family Resource Center – Great Beginnings Program • Lamont School District – Lamont Vineland School Readiness Program	• Bakersfield Adult School/Kern High School District – Bakersfield Adult School Health Literacy Program
Child Health (n=9)	N/A	• Henrietta Weill Child Guidance Clinic – Early Intervention Program	• Clinica Sierra Vista – Medically Vulnerable Infant Program • Community Action Partnership of Kern – 2-1-1 Program • Kern County Department of Public

State Focus Area	Local Focus Area		
	Early Childhood Education **(n=17)**	***Parent Education and Support Services*** **(n=14)**	***Health and Wellness*** **(n=10)**
			Health – Black Infant Health • Kern County Department of Public Health – Successful Application Stipend • Marc Thibault – Medically Vulnerable Infant Care Coordination Project[10] • Mercy Foundation-Bakersfield – Children's Health Initiative of Kern County • San Joaquin Community Hospital – SJCH Children's Mobile Immunization Program • West Kern Community College District – Kern County Children's Dental Health Network

[10] Marc Thibault – Medically Vulnerable Infant Care Coordination Project was reported under Improved Systems of Care focus area.

Appendix B
Technical Advisory Committee

Mimi Audelo (Chair and Commissioner)
Director of Special Events, San Joaquin Community Hospital

Elena Acosta
Assistant Director, Child Protective Services - Kern County Department of Human Services

Tammy Burns
Coordinator, Early Childhood Council of Kern - Kern County Superintendent of Schools

Deanna Cloud
Children's System of Care Administrator, Kern County Mental Health System of Care

Tom Corson
Executive Director, Kern County Network for Children

Jesus Cordova
Coordinator, Shafter Healthy Start - Richland School District

Irene Cook
Childcare Director, Small Steps Child Development Center - Alliance Against Family Violence and Sexual Assault

Karen Goh (Commissioner)
Executive Director, Garden Pathways, Kern County Supervisor 5th District

Jan Hefner
Director, Children's Health Initiative of Kern County - Mercy Foundation - Bakersfield

Sandy Koenig
Coordinator, West Side Community Resource Center - Taft City School District

Cathy Monsibais
Mental Health Unit Supervisor, Kern County Mental Health Systems of Care

Bill Phelps
Chief of Programs, Clinica Sierra Vista

Nancy Puckett (Commissioner)
Program Coordinator, Kern River Valley Family Resource Center Great Beginnings Program - Kernville Union School District

Lucinda Wasson, R.N.
Director, Public Health Nursing, Kern County Department of Public Health

Debbie Wood
Coordinator, Supporting Parents & Children for School Readiness - Bakersfield City School District

Appendix C
Program Index

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