



# Annual Evaluation Report 2020-2021



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## Executive Summary

Lassen County Children and Families Commission (herein referred to as First 5 Lassen) was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Lassen operates on an annual budget of approximately \$431,000 made up of Prop 10 funds. As a small county, First 5 Lassen is dependent on Small Population County Funding Augmentation (SPCFA) provided by First 5 California. It also draws upon its reserve account to fully fund efforts to achieve its strategic plan.

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

### Families are Strong

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

### Children are Ready for School

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

### Children are Healthy

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

### Systems are Improved

- First 5 funded programs, county and community services support, and participate in comprehensive, coordinated systems of care.

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



While the program is open to all families with children prenatal through age five, it targets high-risk populations such as teen parents, families involved with child protective services, and pregnant women who are homeless.

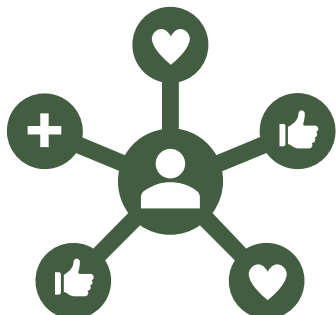
First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve results for children and families. The primary purpose of this evaluation report is to assess the impact of the Pathways Home Visiting Program within the framework of the Commission Strategic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

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

- Parent education and child development
- Developmental screenings and assessments
- Referrals to community service providers
- Group meetings and interactive playgroups (not offered in FY20-21 due to COVID-19 restrictions)

During FY 2020-2021, First 5 Lassen investments in home visiting resulted in the following accomplishments:

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



A total of 45 families were provided with home visiting services.

- A total of 491 home visits were conducted either in-person or virtually.
- A total of 14 referrals to other community resources were provided to families through home visiting services, 10 of which resulted in follow-up appointment that were kept.
- Families received an additional 756 services, the majority of which were focused on facilitating access to basic needs, such as food and hygiene supplies, or improving functioning of families involved in the child welfare system through visitation and family reunification activities.

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



All children aged zero to five that participated in the PHV program received a physical and dental exam as recommended for their age.

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

Additionally, participating children on average experienced some growth in the areas of gross motor and fine motor skills, problem solving, social-emotional development, and self-regulation, and moderate growth in the area of breastfeeding, as demonstrated by the Life Skills Progression (LSP) tool.

**Families are satisfied with home visiting services.**



100% of parents who completed the participant satisfaction survey (25 out of 25) agreed that they would rate their satisfaction with the program as very good.

- 100% of program participants that completed a program satisfaction survey either agreed or strongly agreed that their home visitor explained things to them about the program, arrived on time to visits, and responded professionally to questions and concerns.
- 100% of program participants who completed a program satisfaction survey either agreed or strongly agreed that they learned something new about child development and that they feel more confident in their role as a parent as a result of what they learned from their home visitor.



## Lassen Children and Families Commission

First 5 Lassen was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Lassen operates on an annual budget of approximately \$431,000 made up of Prop 10 funds. As a small county, First 5 Lassen is dependent on Small Population County Funding Augmentation (SPCFA) provided by First 5 California. It also draws upon its reserve account to fully fund efforts to achieve its strategic plan. First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve results for children and families. The Commission is guided by its strategic plan, as well as its vision and mission.

### Vision

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

### Mission

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

### Strategic Plan Goals

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

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

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

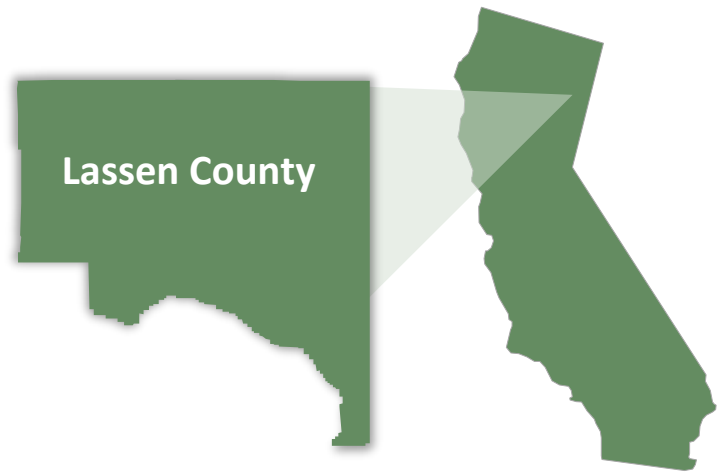
*First 5 funded programs, county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through five that maximize the efficient use of resources.*

## Lassen County Context

The following section includes information regarding Lassen County’s geography, demographics, economy, early education, and population health and is intended to provide additional context to evaluation report findings. Note that various data sources are used throughout the report and caution should be taken when comparing similar data (i.e. population) between subsections.

### Geography

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



### Demographics

Although sizeable, Lassen County is sparsely populated with over half of its residents (16,728 or 51 percent) residing in Susanville, the county seat.<sup>1,2</sup> It is important to note that Lassen County’s population and demographic profile are influenced by its prison population. The population in Lassen County was estimated at 29,965 in September 2021. However, High Desert State Prison housed 3,233 inmates in August of 2021, and California Correctional Center housed 2,097 inmates.<sup>3</sup> The estimated net population, discounting the prison population, is 24,635. It should be noted that in April 2021 the California Department of Corrections and Rehabilitation (CDCR) announced the planned deactivation of the California Correctional Center (CCC) in Susanville by June 30, 2022.<sup>4</sup> Legal actions taken to preclude this closure are unresolved at the time of this report, but CCC’s deactivation would likely impact the total population counts in future years.

Understanding Lassen County’s Population	Estimated Population, 2021 <sup>2</sup>	29,965
	Prison Population <sup>3</sup>	5,330
	Estimated Non-Incarcerated Population	24,635

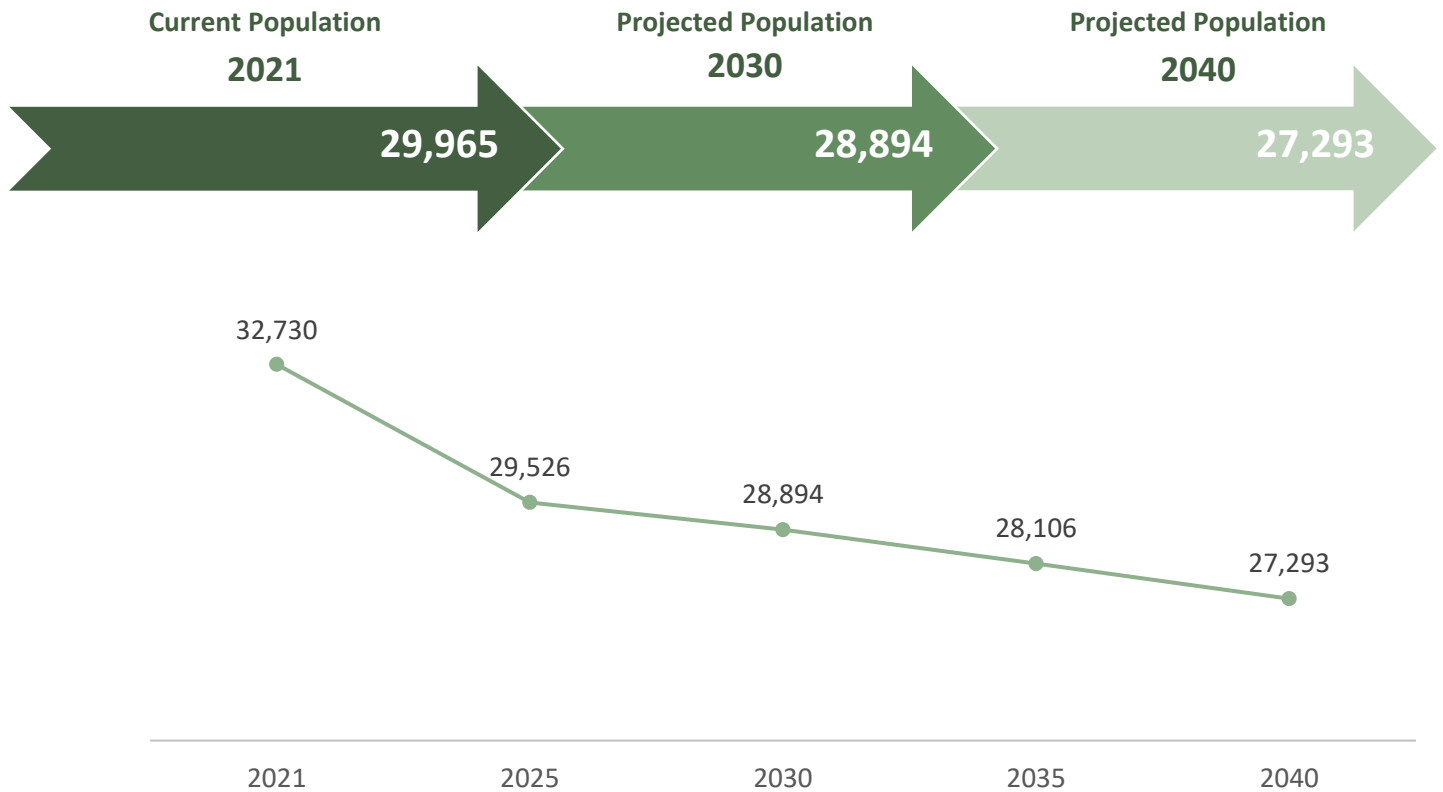
<sup>1</sup> Susanville City, California. United States Census Bureau. Accessed September 23, 2021 at <https://data.census.gov/cedsci/profile?g=1600000US0677364>

<sup>2</sup> State of California Department of Finance. P-2A Total Population for California and Counties. Accessed August 31, 2021 at [www.dof.ca.gov/Forecasting/Demographics/Projections/](https://www.dof.ca.gov/Forecasting/Demographics/Projections/)

<sup>3</sup> California Department of Corrections and Rehabilitation. Monthly Report of Population as of August 31, 2021. <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2021/09/Tpop1d2108.pdf>

<sup>4</sup> “Susanville Attempts to Forestall the Closure of the California Correctional Center”. Sierra Nevada Ally. August 18, 2021. Accessed September 22, 2021 at <https://www.sierranevadaally.org/2021/08/18/susanville-attempts-to-forestall-the-closure-of-the-california-correctional-center/>

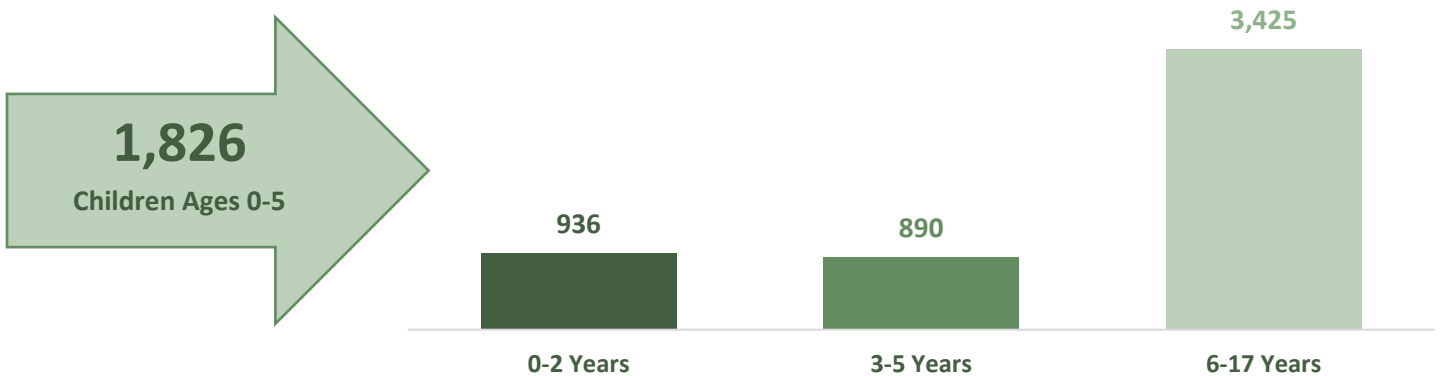
In general, it is projected that California’s population will continue to grow. Conversely, Lassen County’s population is projected to decrease by 2040.<sup>5</sup>



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

### Population of Children in Lassen County

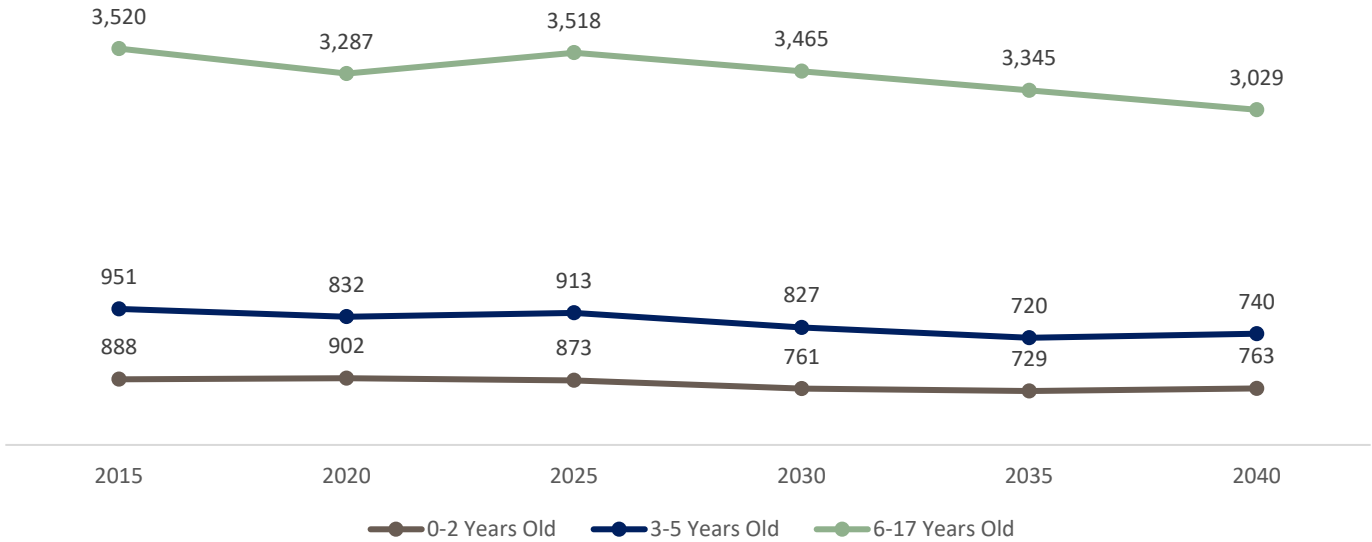
The total number of children and youth under 18 in Lassen County was projected to be 5,251 in 2021.<sup>6</sup>



<sup>5</sup> State of California Department of Finance. P-2A Total Population for California and Counties. Accessed August 31, 2021 at [www.dof.ca.gov/Forecasting/Demographics/Projections/](http://www.dof.ca.gov/Forecasting/Demographics/Projections/)

<sup>6</sup> State of California Department of Finance. P-2B County Population by Age. Accessed August 31, 2021 at [www.dof.ca.gov/Forecasting/Demographics/Projections/](http://www.dof.ca.gov/Forecasting/Demographics/Projections/)

### Child Population Trends Over Time



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

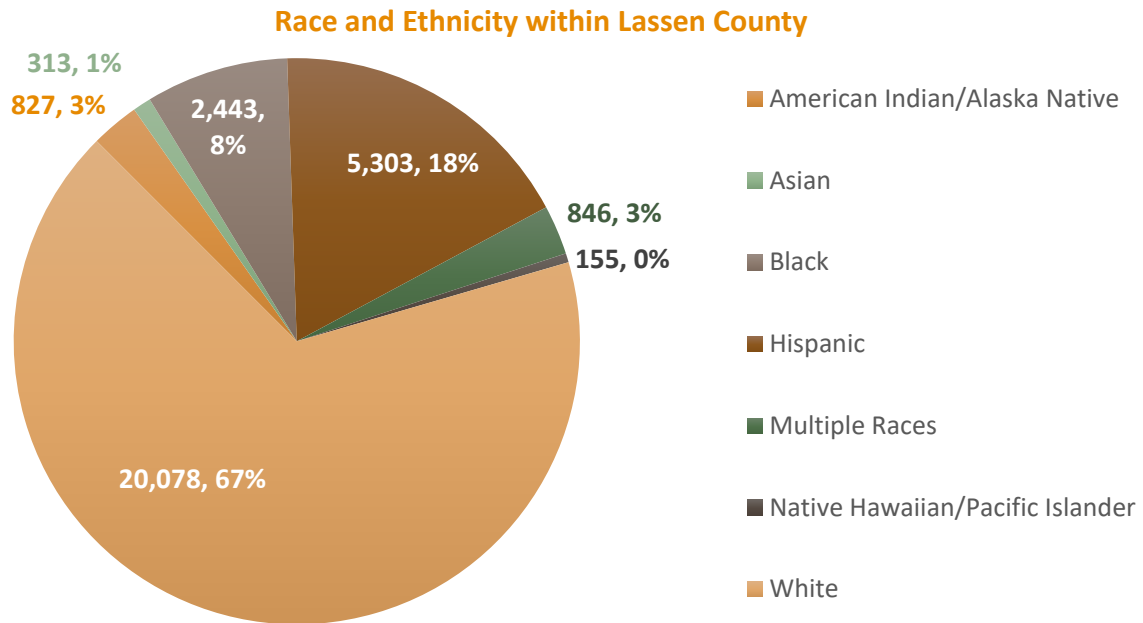


<sup>7</sup>Ibid.

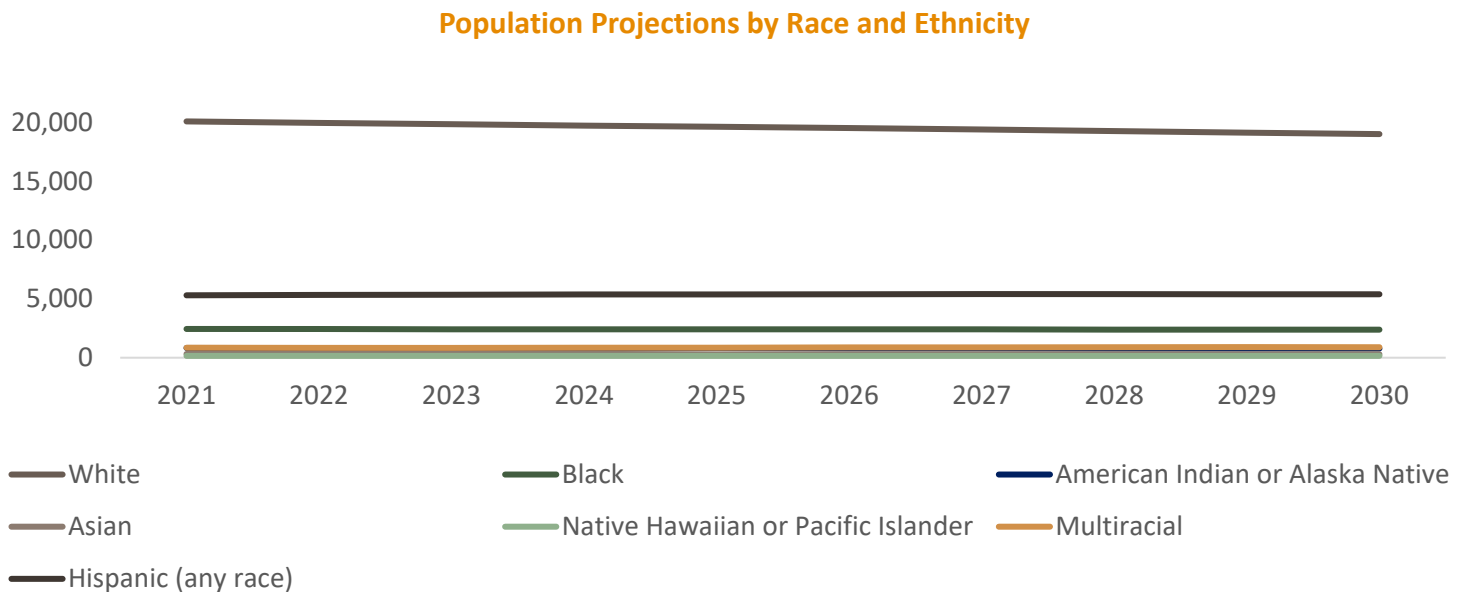


## Race and Ethnicity

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



Population projections for 2021-2031 estimate that the racial and ethnic distribution will remain relatively the same in Lassen County for the next ten years.<sup>9</sup>

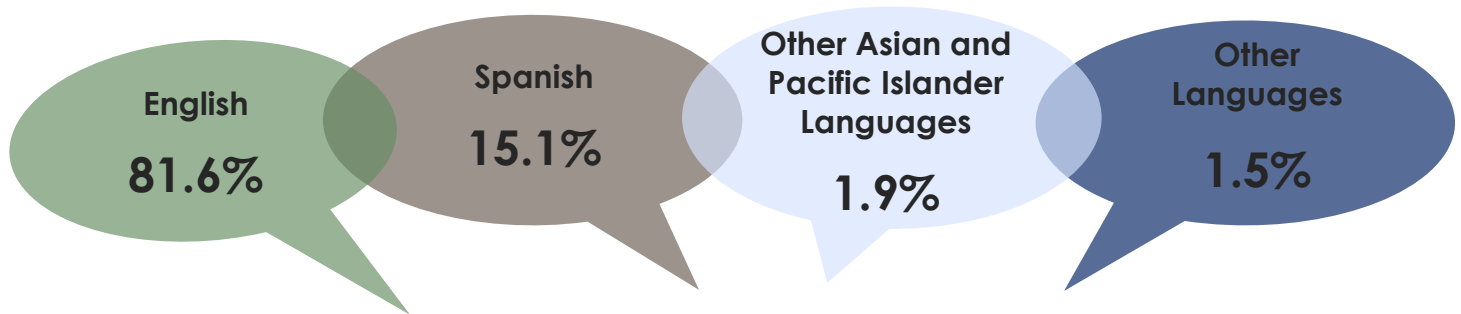


<sup>8</sup> State of California Department of Finance. P-2D County Population by Total Hispanic and Non-Hispanic Race. Accessed August 31, 2021 at [www.dof.ca.gov/Forecasting/Demographics/Projections/](http://www.dof.ca.gov/Forecasting/Demographics/Projections/)

<sup>9</sup> Ibid.

## Primary Language Spoken at Home

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



## Education

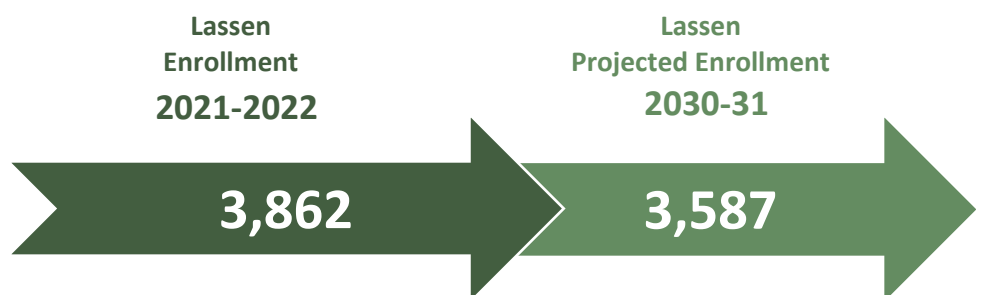
### Early Education

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

Based on the most recent year for which data is available, **Lassen County has a large percentage of children who are eligible but not enrolled in preschool.** Only 52% of 3- and 4-year-olds were reported as attending nursery or preschool in 2014.<sup>11</sup> The cost of early education and care (affordability), the lack of slots (availability), and transportation challenges (access) present barriers to parents placing their children in quality early learning environments.

### School Enrollment

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



<sup>10</sup> Lassen County, California. United States Census Bureau. Accessed September 23, 2021 at <https://data.census.gov/cedsci/profile?g=05000000US06035>

<sup>11</sup> “3- and 4-year-olds who attend preschool by county in Lassen”. Kids Count Data Center. Accessed September 15, 2021.

<sup>12</sup> State of California Department of Finance. California Public K-12 Graded Enrollment Projections Table, 2021 Series. [http://www.dof.ca.gov/Forecasting/Demographics/Projections/Public\\_K-12\\_Graded\\_Enrollment/](http://www.dof.ca.gov/Forecasting/Demographics/Projections/Public_K-12_Graded_Enrollment/)

## Economy

The following sections detail economic indicators for Lassen County.

### Income

The median household income in Lassen County is estimated at approximately \$56,352. Lassen County's median household income remains substantially lower than California's median income of \$80,440.<sup>13</sup>

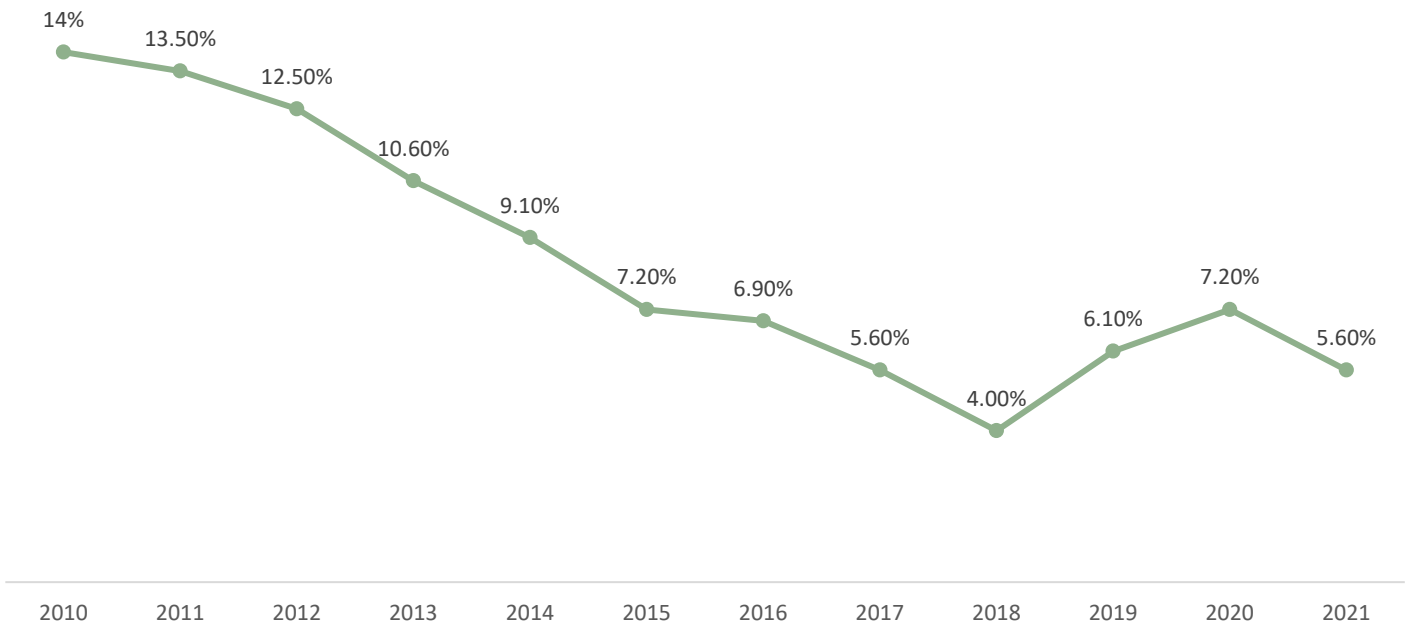
	Lassen County	California
Median Income <sup>13</sup>	\$56,352	\$80,440

### Employment

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

The unemployment rate in Lassen County has been declining overall since 2010, although it has risen slightly from a ten year low around 4%.<sup>14,15</sup> As of August 2021, the unemployment rate in Lassen County was estimated at 5.6%<sup>15</sup>, lower than that of California (7.5%)<sup>16</sup>.

#### Lassen County Unemployment Rates



<sup>13</sup> Lassen County, California. United States Census Bureau. Accessed September 23, 2021 at <https://data.census.gov/cedsci/profile?g=05000000US06035>

<sup>14</sup> California Labor Market Review. May 2019. <https://www.labormarketinfo.edd.ca.gov/Publications/Labor-Market-Analysis/calmr.pdf>

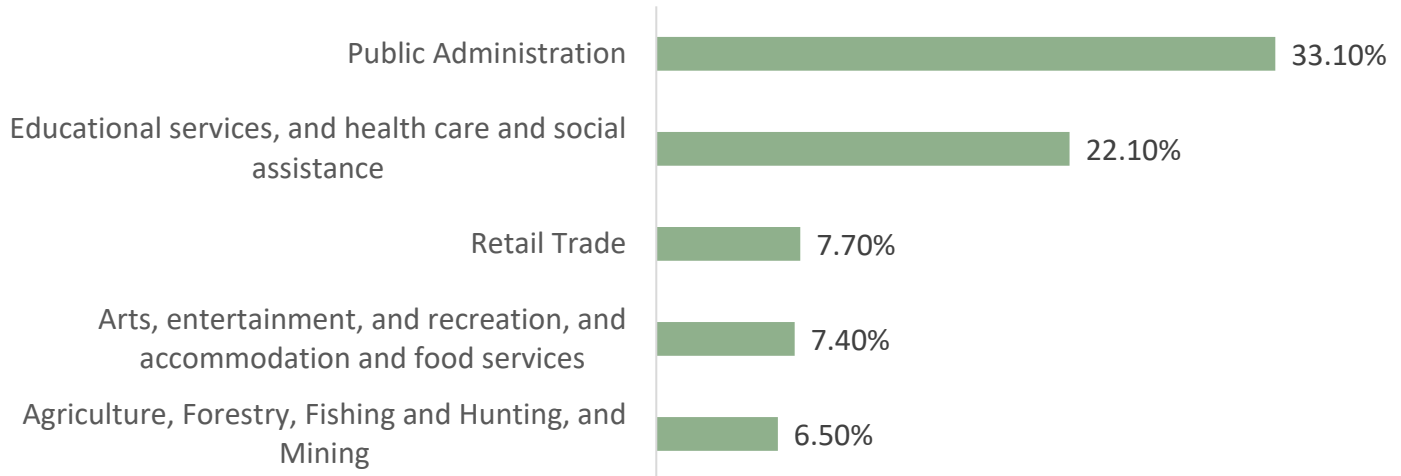
<sup>15</sup> State of California Employment Development Department. LAUS-Lassen County. Accessed September 23, 2021 at <https://data.edd.ca.gov/Labor-Force-and-Unemployment-Rates/Local-Area-Unemployment-Statistics-LAUS-Lassen-Cou/5b42-i5mn>

<sup>16</sup> U.S. Bureau of Labor Statistics. LAUS- California. Accessed September 23, 2021 at <https://www.bls.gov/lau/>

## Labor Force

A total of 32.3% was estimated to be in the labor force in 2019 (the most recent year for which data is available); in comparison, 60.3% of California's population was in the labor force.<sup>17</sup> The top 5 industries in which civilians are employed in Lassen County are illustrated in the graphic below.

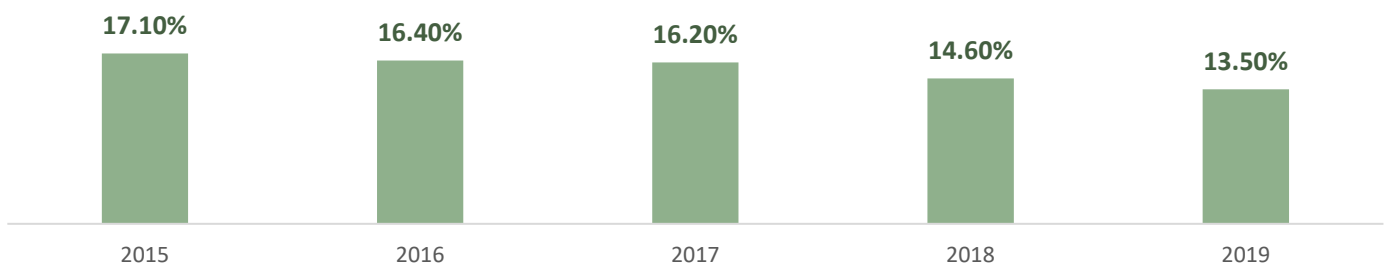
### Employment Industries in Lassen County



## Poverty

The poverty threshold, calculated by the U.S. Census, is a standardized measure used nationwide. Current estimates indicate that approximately 13.5% of Lassen County's population live in poverty.<sup>18</sup> The following graph demonstrates this trend from 2015-2019, the most recent year for which data was available.

### Lassen County Poverty Rates



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

<sup>17</sup> Lassen County, California. United States Census Bureau. Accessed September 23, 2021 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

<sup>18</sup> Lassen County, California. United States Census Bureau. Accessed September 23, 2021 at <https://data.census.gov/cedsci/profile?g=0500000US06035>



## Potential Impact of Poverty on Lassen County Children

As noted previously, Lassen County is home to approximately 5,251 children, and it is estimated that ~16.7% of these children live in poverty.<sup>19</sup> In the following table, several economic indicators provided elsewhere in this report are combined to give a sense of how children may have been impacted by income and poverty rates changes over the prior four years for which data is available.

Attribute	2016	2017	2018	2019	Change since 2016
Lassen County Children 0-17	5,262	5,025	5,583	5,251	➔
Lassen County Children Aged 0-17 living in poverty	24%	20.1%	13.8%	16.7%	➔
Lassen County Median Household Income	\$51,457	\$54,083	\$56,362	\$56,352	➔

## Housing and Homelessness

Housing is yet another factor that can influence families' well-being and demonstrate the economic health of a region. The rate of home ownership in Lassen County was 67.1% in 2019<sup>20</sup> (the most recent year the data was available), higher than the state's rate of 54.8%.<sup>21</sup> The state's rate increased to 55.9% in 2020 but this data was not available yet for Lassen County.

For renters, the picture is a little different. In Lassen County, the 2021 fair market rent for a two-bedroom space was \$935/month, up from \$901 in 2020.<sup>22</sup> A household is traditionally considered rent-burdened if they spend more than 30% of their income on rent. Using this calculation, a family would need to have a minimum annual income of \$37,400 in 2021 so as not to be rent burdened. The 2021 Point in Time Report estimated that 27% of households in Lassen County are rent overburdened.<sup>23</sup>



2021 Fair Market Rent for Two-Bedroom



\$935/Month

Minimum Income Required



\$37,400/year

<sup>19</sup> Lassen County, California. United States Census Bureau. Accessed September 23, 2021 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

<sup>20</sup> U.S. Census Bureau, Homeownership Rate for Lassen County, CA. Retrieved from FRED Economic Research on September 23, 2021 at <https://fred.stlouisfed.org/series/HOWNRATEACS06035>.

<sup>21</sup> U.S. Bureau of the Census, Homeownership Rate for California [CAHOWN]. Retrieved from FRED Economic Research on September 23, 2021 at <https://fred.stlouisfed.org/series/CAHOWN>.

<sup>22</sup> US Dept. of Housing and Urban Development, FY 2021 Fair Market Rent Documentation System. Accessed September 23, 2021 at

[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/2021summary.odn?&year=2021&fmrtype=Final&selection\\_type=county&fips=0603599999](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn?&year=2021&fmrtype=Final&selection_type=county&fips=0603599999)

<sup>23</sup> 2021 Point in Time Count. NorCal Continuum of Care. Accessed September 23, 2021 at <https://www.co.shasta.ca.us/index/housing-community/norcal-continuum-of-care>.

Individuals who are unable to afford housing may end up experiencing homelessness, living in weekly motels, or finding housing arrangements not fit for long-term living. While homelessness is most closely linked to poverty, increasing rents may be the “tipping point” for individuals or families. In January 2021, Lassen County counted 80 individuals as utilizing emergency shelter or transitional housing (i.e. experiencing sheltered homelessness); data on the number of individuals experiencing unsheltered homelessness was not available.<sup>24</sup>

## Health

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

In May 2016, Medi-Cal expanded access to health insurance for children across the state as the implementation of Health4AllKids took effect. As of 2019, approximately 96% of children in Lassen County were estimated to have health insurance.<sup>25</sup>

Oral health can also be an important health indicator. Less frequent dental visits lead to disruption of a child’s learning, diminished nutrition, and poor sleeping habits. For every dollar spent on preventative oral health care, as much as \$50 is saved on restorative and emergency oral health procedures.<sup>26</sup> In Lassen, 36% of children ages 0-5 who are low income had visited a dentist in 2018.<sup>27</sup>

Health Insurance	Dental Visits
<b>96%</b> of children had insurance as of 2019	<b>36%</b> of children 0-5 who are low-income have visited a dentist in the past year (data from 2018)

## Child Maltreatment

An estimate of approximately one out of every eight children ages 0-17 will be victims of maltreatment in the United States.<sup>28</sup> In 2020, 548 child maltreatment allegations were reported in Lassen County; of these, 103 (18.8%) were substantiated.<sup>29</sup> Given the impact that a substantiated child maltreatment allegation can have on a child and their family, this is an important metric to monitor over time.

<sup>24</sup> Ibid.

<sup>25</sup> U.S. Census Bureau. Selected Characteristics of Health Insurance Coverage, S2701: Lassen County. Accessed September 23, 2021 at <https://data.census.gov/cedsci/table?g=05000000US06035&tid=ACSST5Y2019.S2701&hidePreview=true>.

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

<sup>27</sup> Community-Wide Strategic Planning and Needs Assessment. <http://headstart4u.org/wp-content/uploads/2019/07/2019-Community-Wide-Strategic-Planning-and-Needs-Assessment.pdf>

<sup>28</sup> 2020 California Children’s Report Card. <https://www.childrennow.org/portfolio-posts/20-report-card/>

<sup>29</sup> CWS Outcomes System Summary for Lassen County. Accessed September 23, 2021 at <https://ccwip.berkeley.edu/download-center>

## Transportation

Transportation in Lassen County is coordinated through the Lassen County Transportation Commission. These services help reduce barriers to employment and service access. However, despite transportation available through county programs and the rural transit system, Lassen County residents are largely reliant on personal transportation.



## Pathways Home Visiting Program

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

- **Parent education and child development** lessons are offered on a weekly basis using the Parents as Teachers (PAT) curriculum. PAT is a nationally recognized program philosophy of providing parents with child development knowledge and support. By understanding what to expect during each stage of development, caregivers can capture the teachable moments in each day to enhance their child's language development, intellectual growth, social development, and motor skills.
- **Screenings and assessments** are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. Children are screened for developmental progress using the Ages and Stages Questionnaire (ASQ & ASQ-SE); simple PAT health screenings are used for hearing and vision. The Life Skills Progression Tool (LSP) is used with families enrolled in home visiting. This tool allows each home visitor to gauge the strengths of the family and the areas that need attention. The home visitor is able to make targeted referrals based on the results of the LSP and weekly communication with the family.
- **Referrals to community service providers** are offered to families to ensure they know about and can access other support services available. Needs are identified by families directly as well as through the screenings and assessments completed with each family served.
- **Group meetings and interactive playgroups** are provided to complement home visiting services. In these settings families get to learn about child development activities, and children get an opportunity to socialize and grow in a developmentally rich environment. Note that these services were not offered in FY20-21 due to COVID-19 restrictions.



### Why Home Visiting?

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

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



## Impact of COVID-19 on the Pathways Home Visiting Program

The 2020-21 COVID-19 pandemic has had a dramatic impact on how home visiting programs are serving families. As described in more detail below, staff reported an increased reliance on virtual service delivery, a stronger focus on helping families meet their basic needs, and a substantial reduction in the number of new families who could be accepted into the program.

### Changes to Service Delivery

Beginning in March 2020, most services ceased to be offered in-person, and First 5 staff and the Pathways Home Visiting program adjusted to virtual service delivery whenever possible. During periods of mandated county-wide shutdowns, home visits were conducted only through virtual means (i.e. over the phone or via Facebook Messenger's video chat function). When staff determined that in-person visits would be of most value to families, these were conducted only following a health check with the family to determine that no one was exhibiting symptoms or had experienced a recent COVID-exposure, only outside and/or following physical distancing recommendations, and always with use of personal protective equipment. **Staff estimate that approximately half of all home visits were conducted virtually in FY20-21.**

#### *Challenges to Virtual Service Delivery*

Staff reported challenges with conducting effective home visits in a virtual environment. The largest impact was on the efficacy of parent education and child development activities, as those topics are more successfully covered when they can be modeled or demonstrated through a hands-on approach. It is unlikely that a home visitor is able to observe all of a child's movements, activities, and interactions over a video chat, making it difficult to give constructive feedback to the parent as to their child(ren)'s behavior or development. Finally, staff reported completing fewer developmental screenings on children. Home visitors have traditionally completed the ASQ screenings on behalf of families, as this has led to greater numbers of completed screens, but were unable to utilize this approach during virtual visits.

### Family Needs

Families required more assistance obtaining supplies and food during FY20-21, both because of reduced income as well as reduced access to items caused by business closures. Home visitors facilitated access to diapers, food, and hygiene items through the following activities: by directly delivering diapers and hygiene supplies provided by First 5 Lassen to families and by supporting access to food via referrals as well as through direct distribution. These supports were especially helpful for families experiencing quarantine who could not leave their homes to obtain these items themselves.

### Impact on the Number of Families Served

For most of FY20-21, PHV staff restricted acceptance of new clients into the program to only the highest priority families, specifically those for which reunification with detained children required home visiting participation. The primary driver for this decision was the challenge in retaining and hiring staff; with less staff available, PHV had to prioritize program participation to only the most in-need families.

## Evaluation Framework

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

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

### Who was provided with home visiting services?

- ✓ Number and demographics of families participating in family strengthening activities through home visiting services (pg. 21).

### How did home visiting services impact family functioning?

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

### How many children were provided with developmental screenings?

- ✓ Number of children participating in Pathways Home Visiting services that received a developmental screening (pg. 29).

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

- ✓ Number of children identified as needing additional supports for developmental growth (pg. 29).
- ✓ Number of children identified as needing additional supports that received a referral (pg. 29).

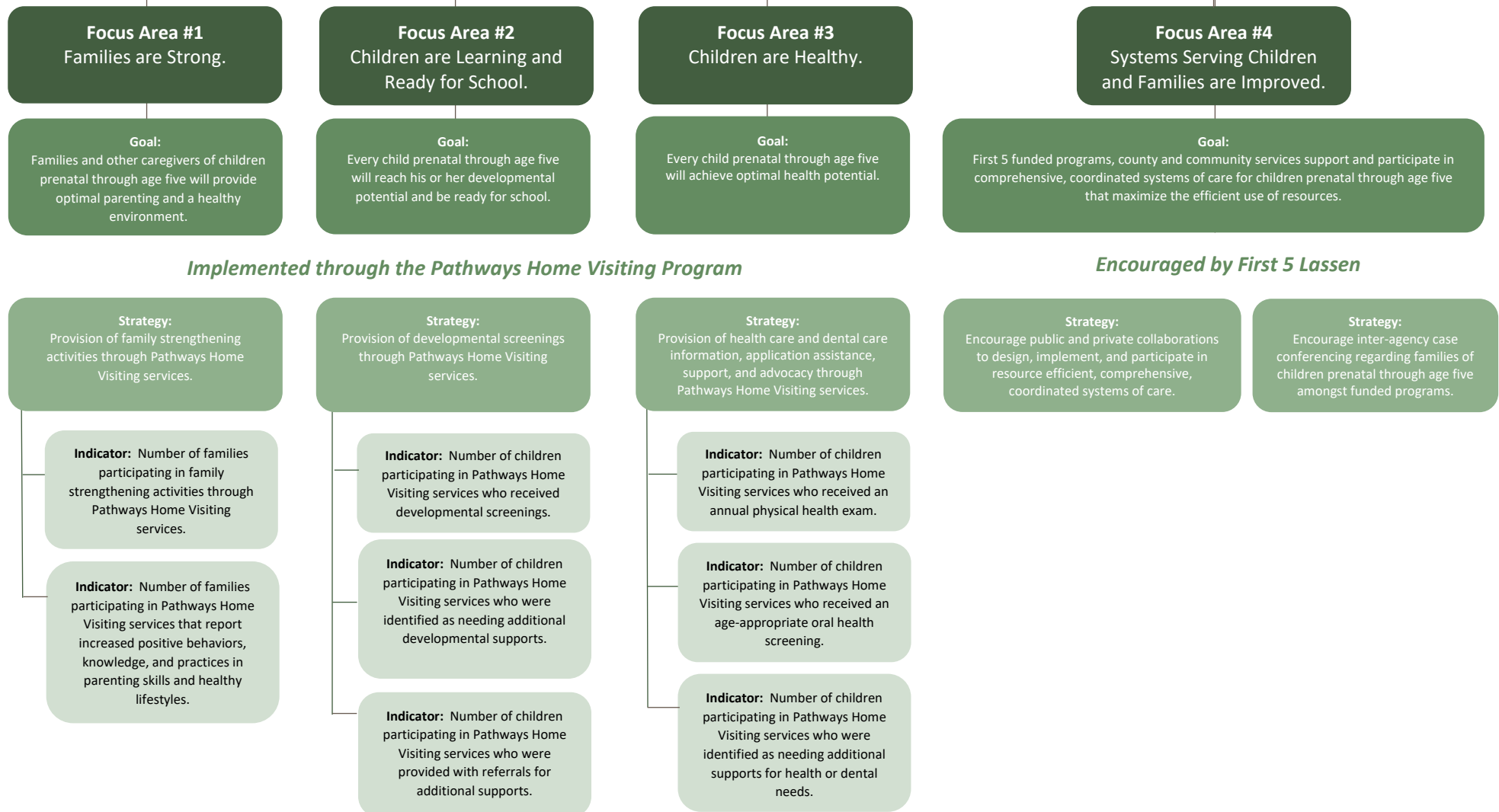
### How many children are accessing regular health and dental care?

- ✓ Number of children participating in Pathways Home Visiting services that received an annual physical health exam (pg. 30).
- ✓ Number of children participating in Pathways Home Visiting services that received an age-appropriate oral health screening (pg. 30).
- ✓ Number of children identified as needing additional supports for dental health issues (pg. 30).

In addition, First 5 Lassen encourages activities that are intended to support an improved system of care. A description of those efforts is provided in this report on page 32.

## First 5 Lassen Home Visiting Evaluation Pathway

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



## Methods

This evaluation focused on First 5 Lassen's Pathways Home Visiting Program (PHV) participants, who are children under six and their families, who participated in services between July 1, 2020 and June 30, 2021.

The ongoing COVID-19 pandemic impacted both service delivery and data collection efforts within Lassen County as described on page 15. Beginning in March 2020, most services ceased to be offered in-person, and First 5 staff and the Pathways Home Visiting program adjusted to virtual service delivery whenever possible and at times offered door-step visits to drop off supplies to families as the need for basic supports such as diapers, hygiene supplies, and food was exacerbated by the pandemic.

Consistent with the Parents as Teachers model of home visiting, "virtual service delivery refers to services both through interactive video conferencing technology and phone calls." For the purpose of this report, a home visit is any contact made with a family in-person or in a virtual setting that meets the definition included on page 20.

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

### Administrative Data

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

### Parent Satisfaction Surveys

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

### Life Skills Progression (LSP) Assessments

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

### Developmental Screening Tools

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

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



## Considerations and Limitations

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

- The majority of data was provided directly by Pathways Home Visiting staff to the evaluation team or exported in aggregate from the Pathways Home Visiting database. The majority of data was not available at the client-level, or could not be disaggregated by client or by service activity provided, and therefore aggregate counts could not be validated by the evaluation team.
- Prior to the FY19-20 Local Evaluation Report, reports in this series reported Life Skills Progression (LSP) scores using a scale of 0-12 rather than the 1-5 scale provided in the LSP scoring sheet and associated instructions. This was updated in the FY19-20 and subsequent reports and briefs so that figures used to illustrate average changes in LSP scores for Pathways' participants matched the LSP rubric. A concordance table illustrating the differences between the rubric provided in the LSP instructions ("assessment score") and those used in prior reports ("report score") is provided below for reference.

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

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

## Definitions and Terms Used in This Report



**Home Visit:** One-on-one home (or personal) visits, during which the parent educator meets with the family in its home or a mutually agreed upon alternative location (including virtually). The Parents as Teachers model of home visiting relies upon the parent educator delivering most services within the home setting and that home visits last a minimum of 60 minutes in length.\*\* In FY20-21, many home visits were conducted virtually due to COVID.



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

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



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



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



Additional Services Include:

- School Readiness Instruction
- Transportation
- Employment Assistance
- Health and Wellness Supports
- Referrals to Community Resources

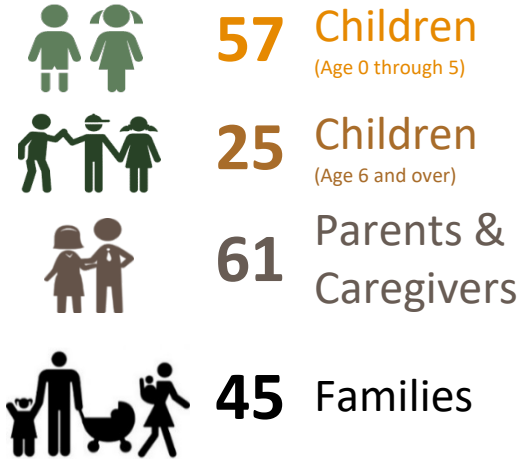
\*\*Definition of Home Visit was retrieved on February 12, 2021 from:

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

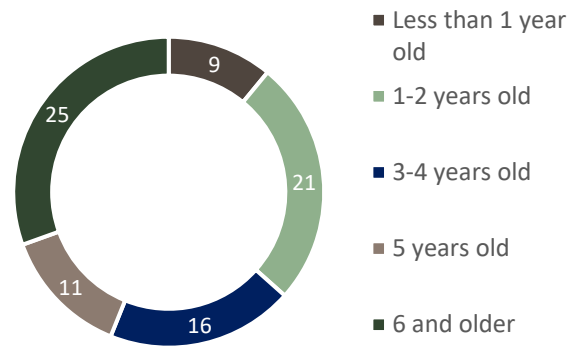
## Results

### Client Characteristics

#### Who was Served through Home Visits?\*



#### Ages of Children Served



\*Note that demographics are provided only for individuals that received a home visit as defined on page 20 during the period July 1, 2020-June 30, 2021. Individuals that received only additional services are not included in this demographic summary.

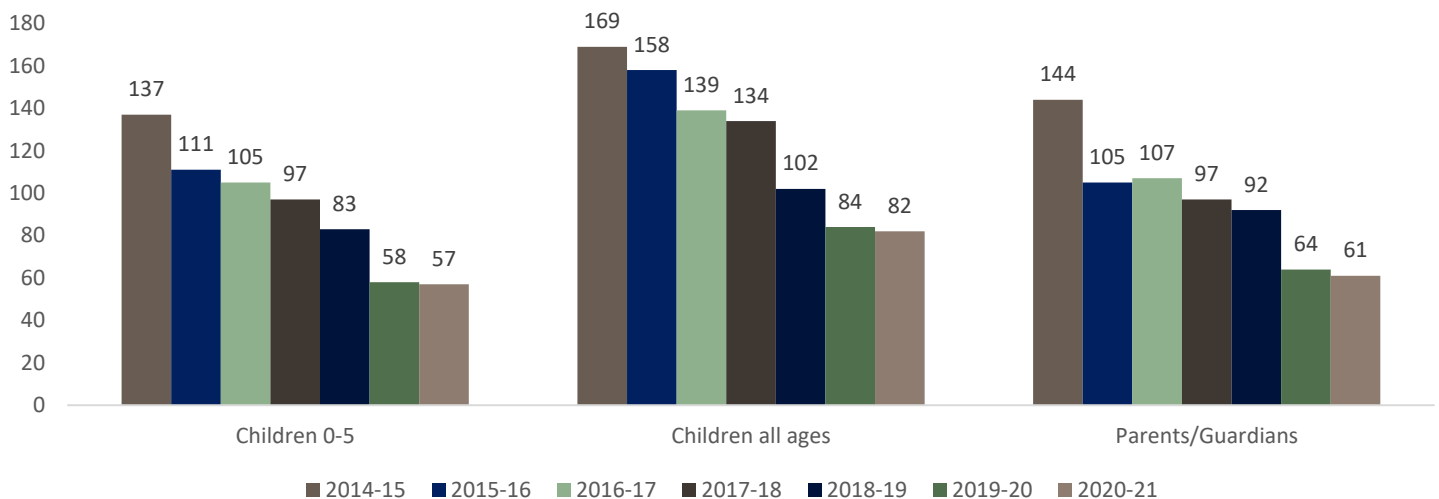
#### Children with Special Needs at Intake

Suspected/Concern for a Delay **4**

Eligible for Part C (early intervention, 0-3 years) **2**

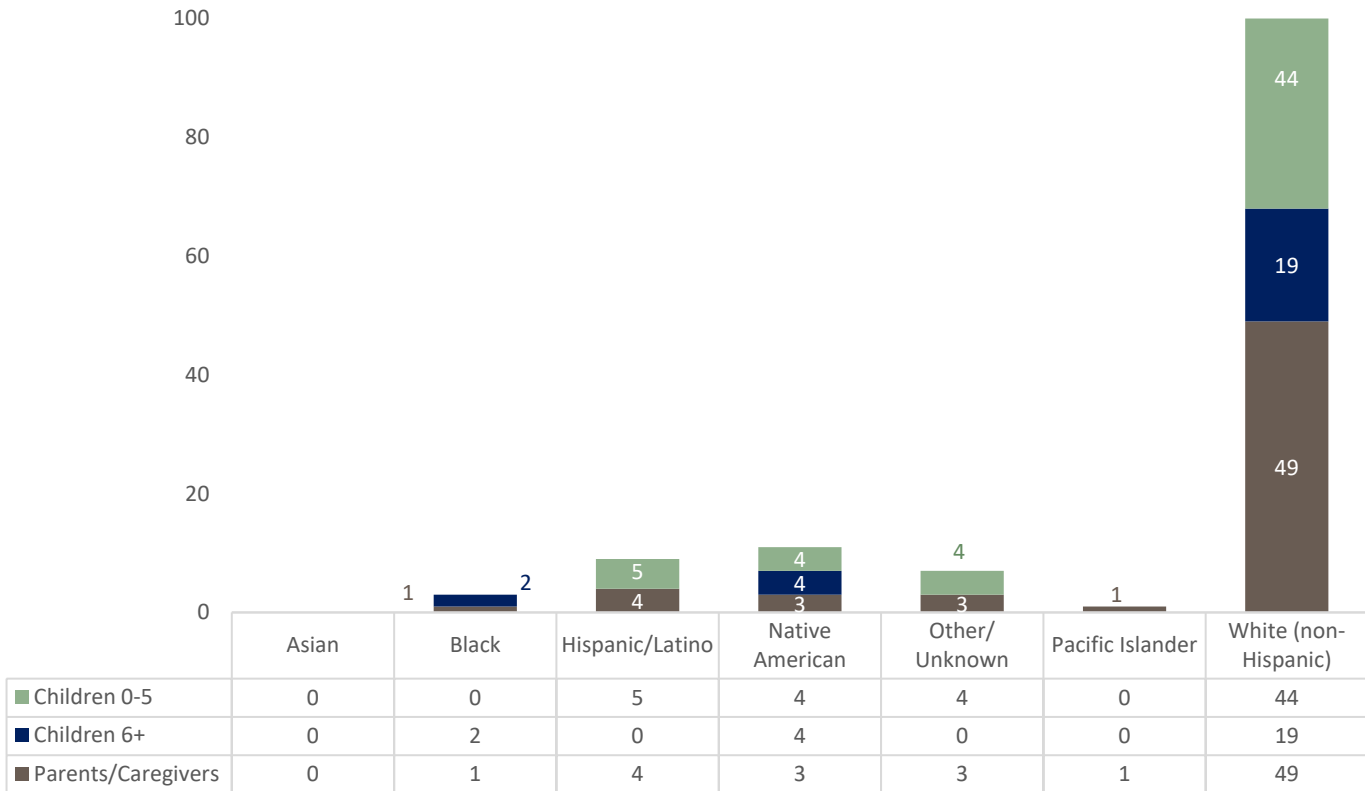
Eligible for Part B (special education services through district, 3-5 years) **2**

#### Five Year Comparison of Individuals Served



Since FY14-15, the number of children and adults being served by the program has decreased year over year, with less than half the total number of individuals served in FY20-21 compared to FY14-15 (200 vs. 450).

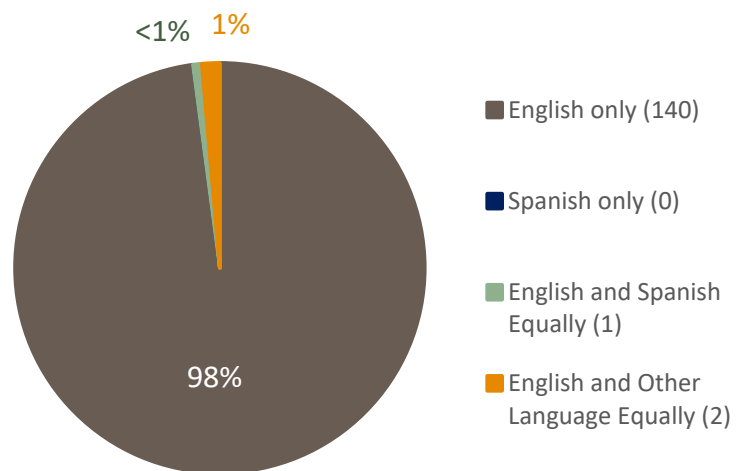
## Race/Ethnicity of those Served



The majority of participants served identified as White, making up 78% of the total. The next largest group served identified as Alaska Native/American Indian (8% of total).

## Language Spoken in the Home of those Served

The majority of participants served spoke English. Three individuals spoke English and either Spanish or one other language equally at home.





## Services Provided

### Home Visits and Other Services

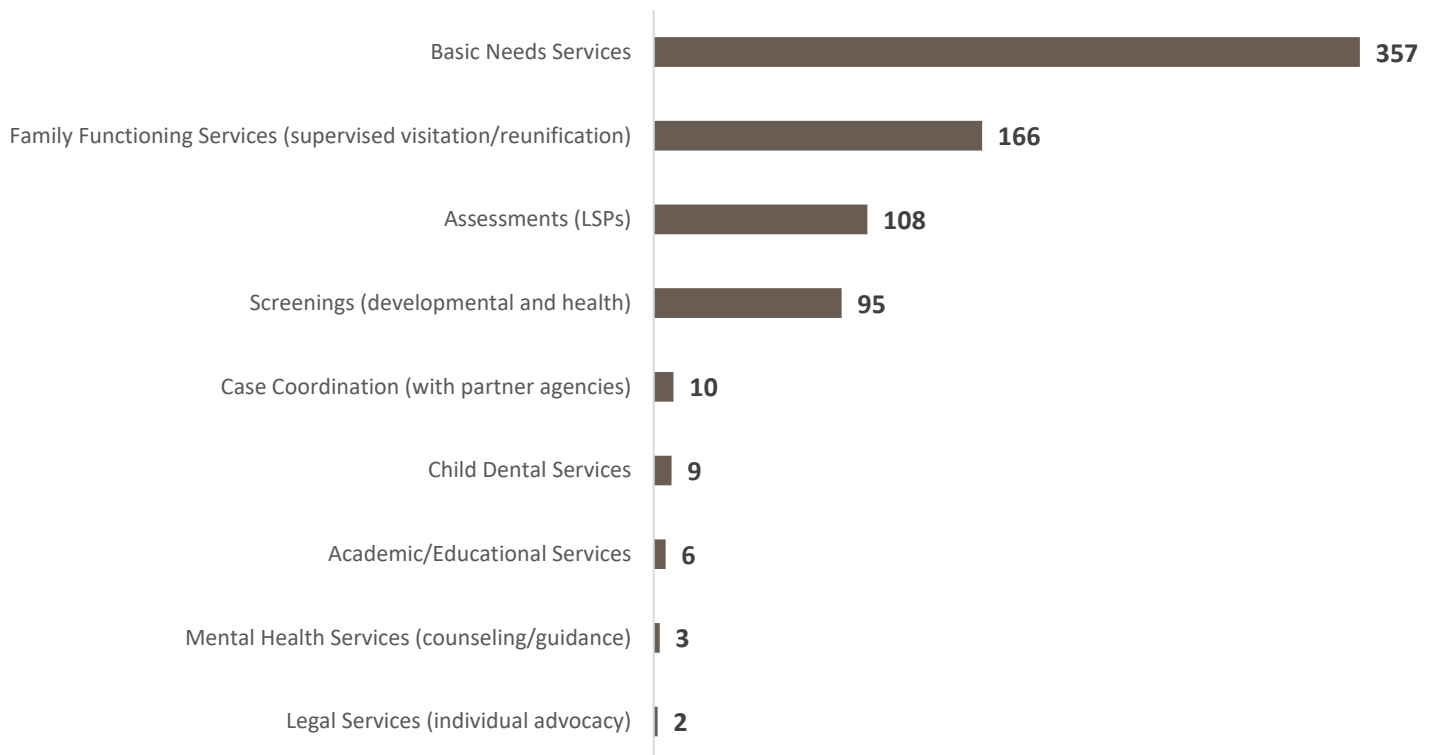


#### What was Provided

Number of Home Visits Conducted	<b>491</b>
Number of Points of Contact	<b>1,380</b>
Number of Services Provided Outside of Standard Services	<b>756</b>
Number of Referrals Made	<b>14</b>

Between July 1, 2020 and June 30, 2021, a total of **491** home visits were provided to families. During every home visit, a variety of services are provided including parenting education, family support, and case planning. In addition to these standard services, home visitors also provide additional direct services to families in the program. The chart below indicates what type of additional services were provided to families, either during a home visit or during a separate interaction. The chart on the following page details the referrals made by home visiting staff in support of families.

## Services Provided

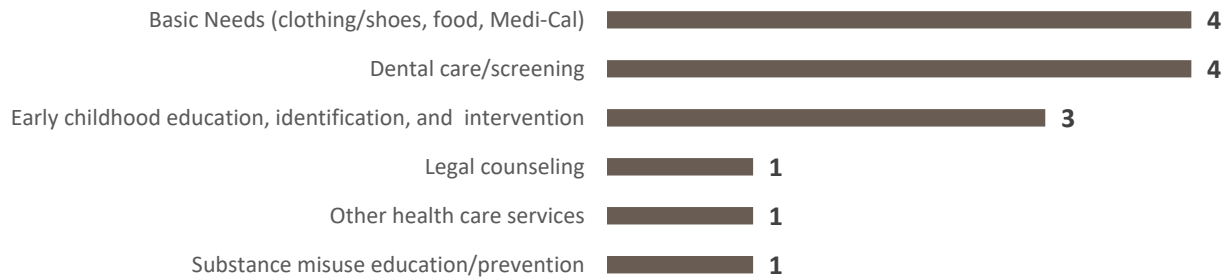


## Services Provided

### Referrals

Between July 1, 2020 and June 30, 2021, home visitors provided families with **14** referrals to other community resources.

#### Referrals Provided



Of the 14 referrals made to community resources, **10** resulted in an appointment kept by the family.

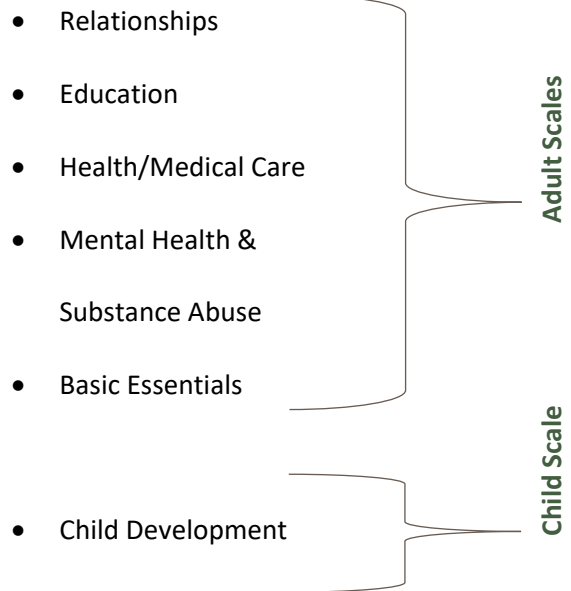


## Impact on Families

### Improved Family Functioning

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

Assessment scores (ranging from 0 to 5) are tied to specific circumstances for each family for the six months prior to the time of assessment completion. A score of zero or NA indicates the question was not asked, not applicable, or could not be answered. Higher numbers indicate a stronger score and better circumstances for the families being assessed. Those scores, when inserted into the online database produce a report score that is then averaged for all families in which a pre and post assessment have been completed. Average scores are used to demonstrate life skill development growth.<sup>30</sup> Note that beginning in the FY19-20 Annual Report, the LSP score scale utilized was updated to align with the LSP scoring sheet and associated instructions. More information on the implications of this update is available on page 19.



**In FY20-21 a total of 31 adults were assessed with the LSP, 23 of which had both a pre and post assessment; 42 children were assessed with the LSP, 27 of which had both a pre and post assessment. Only individuals with a pre and post assessment are included in the figures that begin on the next page, and score increases or decreases are an average of all individuals for which pre and post data is available; individual results of those included in aggregate may differ from the average.**

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

<sup>30</sup> Clinical or participant-specific decisions should only be made by utilizing the individual-specific report.

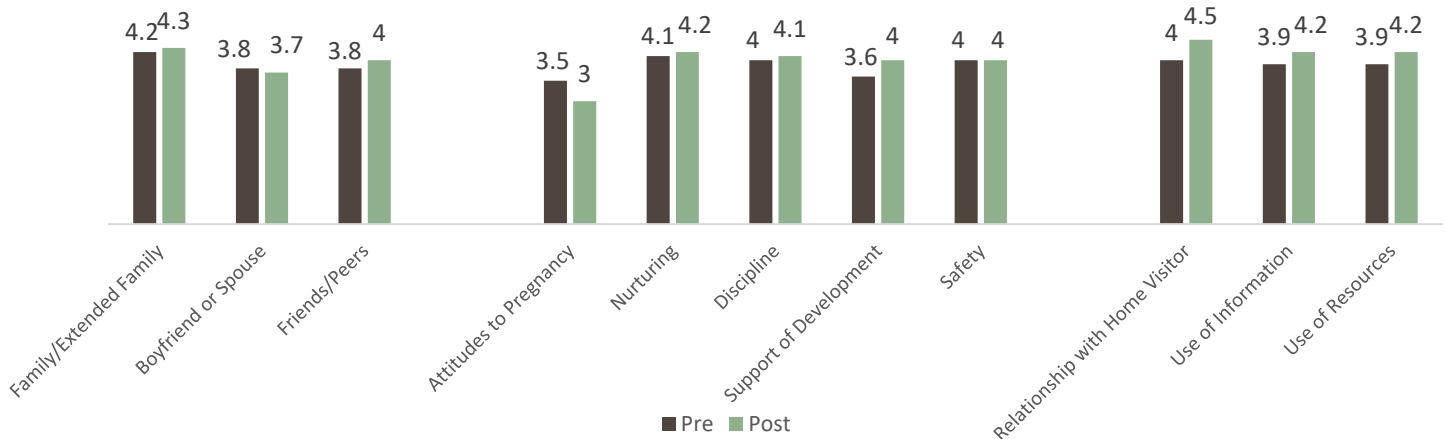
## Relationships

Home visiting participants had increased scores in most of the areas related to relationships, with the most growth seen within the areas of Relationship with Home Visitor (increase of .5) and Support of Development (increase of .4). Two areas showed decreases in scores: Attitudes to Pregnancy (decrease of .5) and Relationship with Boyfriend or Spouse (decrease of .1). Higher scores in the former represent planned, prepared, and welcome pregnancies while lower scores represent unplanned and/or unwanted pregnancies or ambivalence to the pregnancy.

### Relationships with Family and Friends

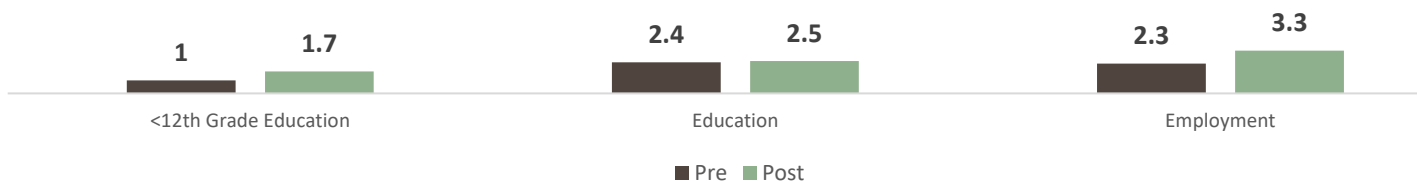
### Relationships with Child(ren)

### Relationships with Supportive Resources



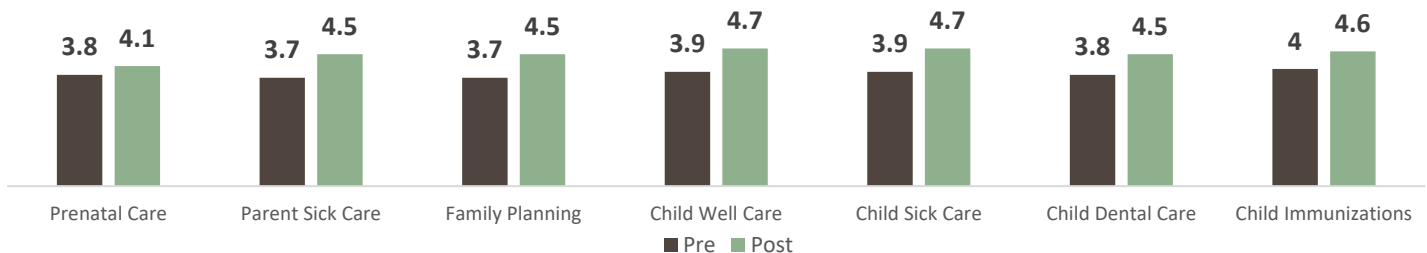
## Education and Employment

Home visiting participants experienced gains in the Education and Employment areas, with the largest increase seen in the area of Employment. An increase in this area represents more stable employment and increased earning potential.



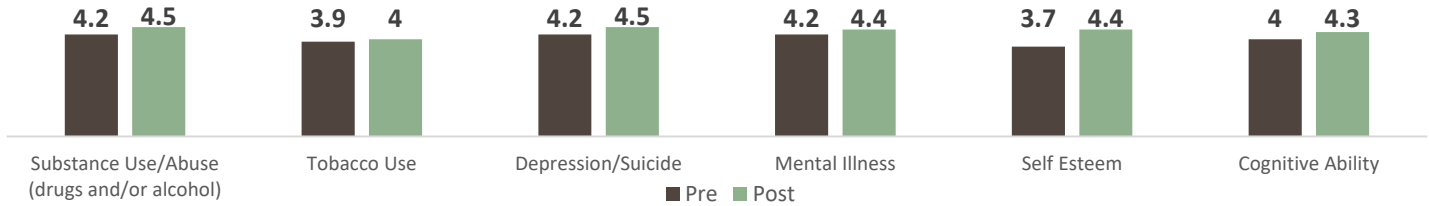
## Health and Medical Care

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



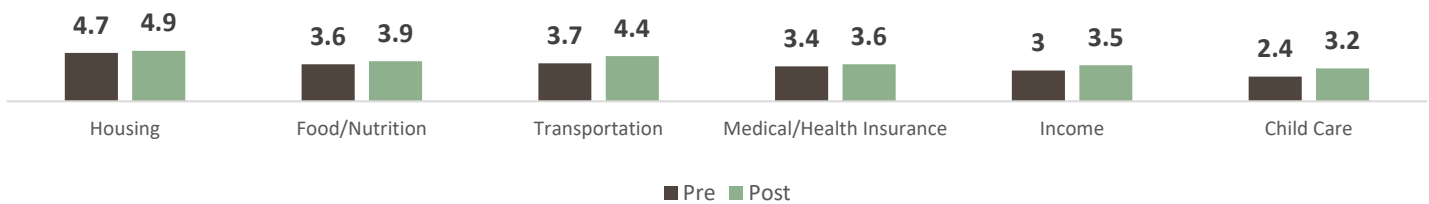
## Mental Health and Substance Abuse

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



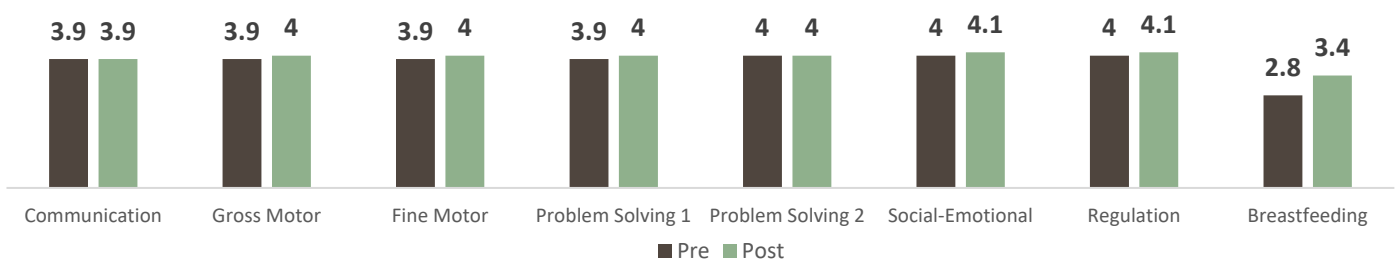
## Basic Essentials

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



## Child Development

Twenty-seven of the children served during this reporting period had both a pre and post assessment. The results below indicate minor growth of these children in four areas of assessment and moderate growth in one area (Breastfeeding) of assessment before and after participation in Pathways. A higher score in the latter represents longer durations of breastfeeding.



## Impact on Families

### Satisfaction with Home Visiting Participation

#### Program Satisfaction Results (n=25)

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
• My home visitor explains the program, the weekly activities, and what I should expect during our visits.	23	2	0	0	0
• My home visitor arrives on time to visits and is flexible in arranging visits that work with my schedule.	23	2	0	0	0
• My home visitor responds professionally to my questions and concerns.	22	3	0	0	0
• I learned something new about my child and/or child development as a result of my involvement in the program.	22	3	0	0	0
• I have a good understanding of how children develop and the range of typical development in children as a result of the program.	20	5	0	0	0
• I have a good understanding of a variety of activities to do with my child to help them develop and learn new skills as a result of the program.	20	5	0	0	0
• I have knowledge about how to parent my child as a result of the program.	20	5	0	0	0
• I feel more confident in my role as a parent as a result of what I learned from my home visitor.	21	4	0	0	0
• I have used what I learned with my child/family since I started the program.	21	4	0	0	0
• The referrals made on my behalf by my home visitor helped me get connected to services.	13	4	0	0	8
• Overall, I would rate my satisfaction with the program as very good.	23	2	0	0	0

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

#### Referral Satisfaction Results (n=10)

#### Parent Satisfaction with Referrals Received

**90%**

of families (9/10) who kept a referral appointment agreed that they were treated well.

**70%**

of families (7/10) who kept a referral appointment felt like their needs were fully met. The remaining three felt that their needs were partially met.

**70%**

of families (7/10) who kept a referral appointment indicated that they would recommend this service. The remaining three were neutral.



## Impact on Families

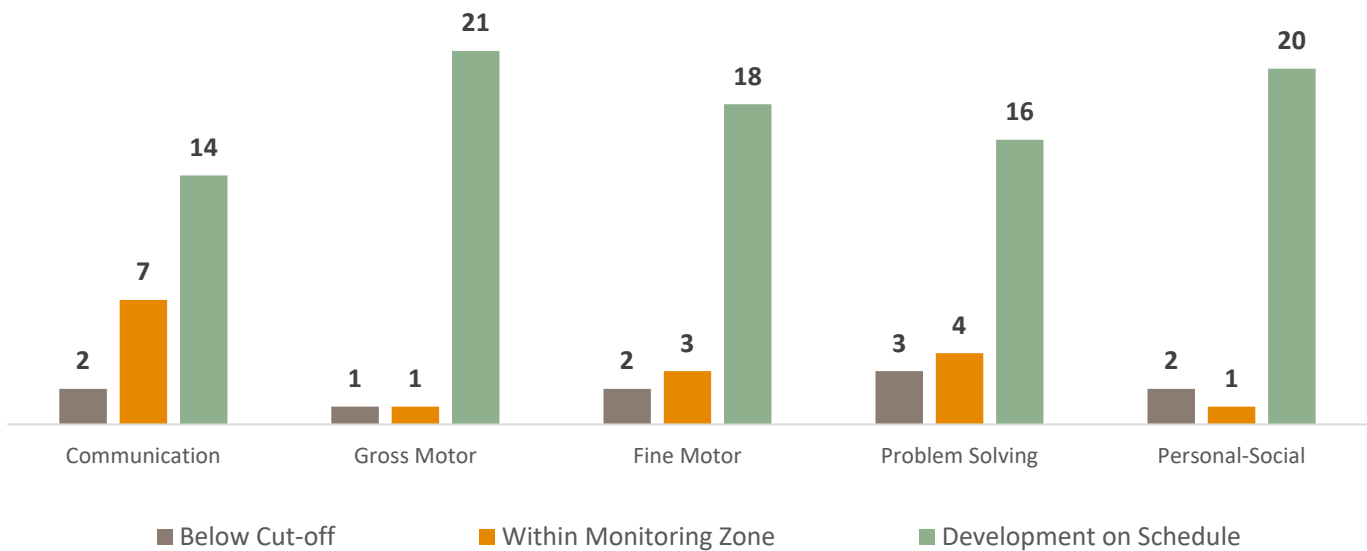
### Improved Child Development

#### Developmental Screening (ASQ)

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

Between July 1, 2020 and June 30, 2021, a total of **23** children (ages 0 through 5) received 26 Ages and Stages Questionnaire (ASQ) screenings (some children received more than one screening). Only the most recent screening result for each child is included in the figure below. Based on these results, the majority of children had development on schedule during their most recent screens. Children that had scores below the cut-off received referrals and are participating in special education at the preschool level.

ASQ Results



#### Social Emotional Screening (ASQ:SE)

Between July 1, 2020 and June 30, 2021, a total of **15** ASQ:SEs were completed for children aged 0 through five. This tool screens specifically for a child's social emotional growth and development. Six of the children screened demonstrated a score that indicated a possible concern. Three of these children received referrals and are engaged in services, one is being monitored and has been provided with supportive tools, and the remaining two are engaged with Pathways or other specialized services.



## Impact on Families

### Improved Child Health

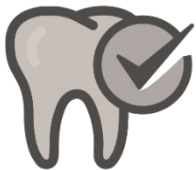
#### Physical Exams



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

Between July 1, 2020, and June 30, 2021, a total of **56** children (ages 0 through 5) participating in the Pathways Home Visiting program had received an annual physical exam from a health care provider. The remaining child aged 0-5 in the program in FY20-21 received a prenatal exam.

#### Oral Health Exams



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

Between July 1, 2020, and June 30, 2021, a total of **45** children (ages 1 through 5) participating in the Pathways Home Visiting program received an oral health screening. The remaining 12 children aged 0-5 in the program in FY20-21 were under the age of one when home visiting services occurred and not recommended for an oral health exam until after their first birthday.

Four children received referrals for further dental care based on their oral health exams.



## Impact on Families

### What Clients Have Said

*I have been given so much help from Pathways. I recommend it to everyone. My daughter has benefited so much, and I don't believe she would be ready for school without this program. I don't want to exit when she starts kindergarten. Our whole family looks forward to visits.*

*Pathways and our home visitor has been such a big part of our lives. If not for this program we would not have gotten needed resources for our boys...we are staying with Pathways until our youngest ages out. She will age out soon and I wish we didn't have to say goodbye to our home visitor. She will always be a friend and feels like a member of our family. I am comfortable to contact her with any future needs or questions or just to say hi.*

*We were so lost until a friend told us about Pathways. Since enrolling our son has been screened and gotten referrals to get us to the help he needs.*

*Pathways has provided us with so many great developmental and school readiness activities. Our son is ready for kindergarten and has all of the skills on the school readiness list thanks to this. Our home visitor has done such a good job at challenging our son.*

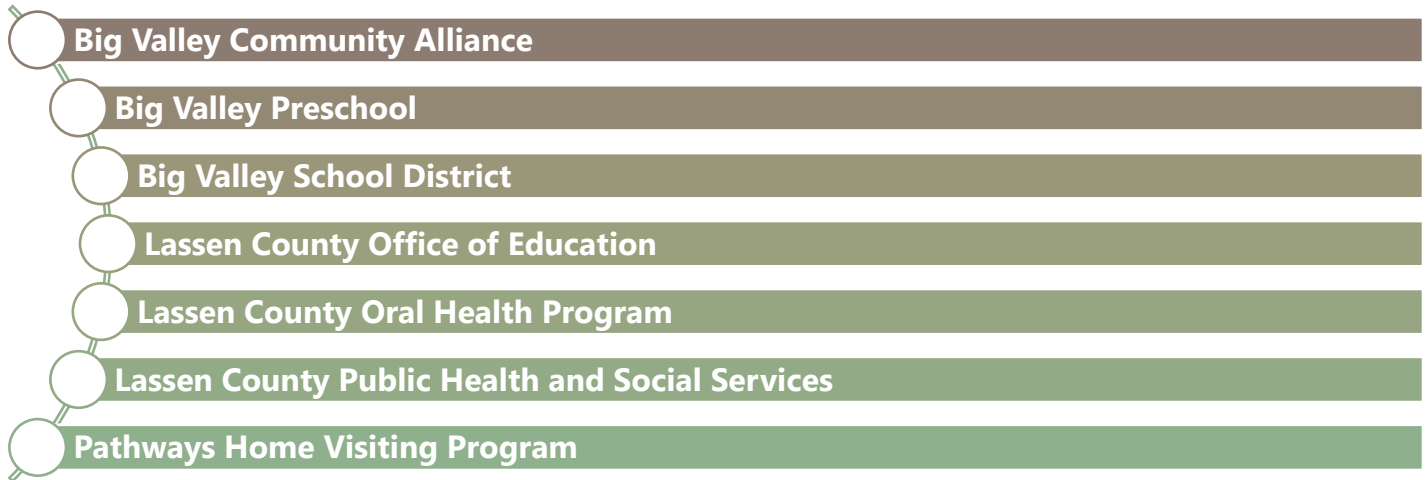
*This is the greatest program, and our home visitor is awesome!*

*Lately I have had concerns about my parenting and my home visitor addressed this and offered me encouragement and support and tools to help me be more patient.*

*Our home visitor has become more like family. We have no family here and we really appreciate the support. Our home visitor has given us clear directions about what we need to do and has given us great information about parenting and development.*

## Coordinated System of Care

The Commission encourages public and private collaborations that help to design, implement, and participate in resource efficient, comprehensive, coordinated systems of care. Local partners targeted to participate in these efforts include:



The Commission either supported or participated in the following systems building efforts:

### Support for Comprehensive Systems of Care

- First 5 Lassen submitted a Home Visiting Coordination application to First 5 California to support expanded home visiting. The application was approved in FY20-21; work began in December 2020 and will continue through June 2026. Associated funding will be used to support a countywide assessment of needs and identification of opportunities for service enhancement or expansion.
  - A key component of this enhancement is expected to result in the development of a web-based referral platform. In December 2020 First 5 Lassen convened key partners in the county to begin the work to design an embedded system of referral and referral follow-up to increase inter-agency communications and create a “soft handoff” for high-risk families. Upon completion, this referral platform will assist families in gaining access to the resources that are available to them and to help children thrive.

### Multi-Agency Case Conferencing

- The Pathways Home Visiting program participated in inter-agency case conferencing meetings led by Public Health up until suspension due to COVID 19 considerations. As soon as these resume, the program will resume participation.

### Addressing Unmet Needs

- First 5 and the Pathways Home Visiting Program partnered with First 5 California and local partners including Resource & Referral (R&R), Public Health, Quality Counts, Lassen Hearts, and the Lassen County Office of Education to provide supplies childcare providers so they could sustain their operations during the pandemic.
  - 19 childcare providers were supplied with disinfectant spray, adult masks, children masks, disposable gloves, thermometers, diapers and wipes, all-purpose cleaner, and liquid hand soap.
- Diapers and wipes were also made available to the community through Lassen HEARTS.

## Conclusions and Recommendations

First 5 Lassen has invested in the Pathways Home Visiting Program as its primary strategy for achieving its vision that **“all Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society”**. The following conclusions are provided to document how First 5 Lassen investments supported this vision in FY20-21, while recommendations are offered for consideration in strengthening efforts in the future.

### Conclusions

Based on the evaluation’s findings, First 5 Lassen’s Pathways Home Visiting program is making a positive impact on families being served.

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

45 families were provided with a total of 491 home visits, as well as 756 additional services. Over 20% of these additional services were in support of supervised visitation and reunification of families, indicating a strong focus in FY20-21 on serving one of the program’s target populations—those involved in the child welfare system. Almost half of these additional services were related to basic needs provisioning, supporting families’ access to food, supplies, and other items needed to create a healthy environment for their children.

Families for which data was available also experienced average gains (as measured by the Life Skills Progression tool) related to their relationships, their education and employment, their access to health and medical care, their mental health and substance misuse, as well as the ability to meet their family’s basic needs.

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

All children aged zero to five that participated in the PHV program received a physical and dental exam as recommended for their age. Approximately half also received an early screening for developmental delays and other special needs through administration of the Ages and Stages Questionnaire. Additionally, participating children on average experienced some growth in the areas of gross motor and fine motor skills, problem solving, social-emotional development, and self-regulation, and moderate growth in the area of breastfeeding, as demonstrated by the Life Skills Progression tool.

#### **Families are satisfied with home visiting services.**

Parents and caregivers who completed a satisfaction survey agreed or strongly agreed that their home visitor explains things to them about the program, arrives on time to visits, and responds professionally to questions and concerns. Additionally, they indicated that they learned something new about child development, have a good understanding of child development, and have increased knowledge and confidence in their role as a parent because of their participation in the program. They also indicated that referrals helped them get connected to services and that their satisfaction with the program was very good.



## Recommendations

The following recommendations are provided for consideration in strengthening future program and evaluation efforts. It may be beneficial for First 5 Lassen to consider these recommendations in alignment with other findings or recommendations that are produced through First 5 California Home Visiting Coordination funded activities.

**1. Review evaluation indicators and define population of program focus.** Conversations between First 5 Lassen, Pathways staff, Bailey Data Management (as the developer of the current data management system), and SEI (as the evaluation team) have highlighted the need to establish shared definitions of services and a clearer understanding of what the Commission is most interested in understanding about their investments in Home Visiting services. With this in mind, it is recommended that the Commission continue the conversation that took place at the June 2021 Commission Meeting and revisit its evaluation framework to confirm or refine what it is that they are most interested in knowing about Home Visiting outcomes. This will help ensure that data collection and reporting are aligned to those expectations.

Specific activities included in this recommendation are (but should not be limited to):

- **Define High-Risk Families:** The First 5 Lassen Strategic Plan calls for the Pathways program to serve 60-80 high-risk families annually. Both program outreach and evaluation efforts can be strengthened through a clearer understanding of what demographic or personal circumstances define a “high-risk” family.
- **Review Evaluation Tools:** It is also recommended that the Commission review the tools being used to inform program outcomes and determine if they are the best fit for the areas of inquiry being explored. Specifically, the structure of the LSP tool, while very appropriate for use in determining client needs and assisting with goal setting, may not allow for a more nuanced understanding of how families are improving their circumstances through home visiting services.

It may be most appropriate to conduct the activities outlined in this recommendation as part the annual review and update of the current strategic plan.

**2. Explore alternate, more nimble data management systems.** Over the last year, First 5 and PHV staff, Bailey Data Management, and SEI have conducted an extensive review of the data being collected, how it is entered and managed in the current database, as well as the reports that can be generated. This has resulted in a better understanding of the data collection tools, and clarity around what can and cannot be understood through these data.

First 5 Lassen’s current data management system is limited in the types of reports it can produce and types of analysis it can facilitate. The inability of staff or the evaluation team to access client-level reports (i.e. “raw data”) severely limits their ability to validate data, identify and correct issues, and engage in an exploration of alternate areas of inquiry that might better speak to program outcomes. It also restricts the team’s ability to conduct a deeper dive into the data to fully understand the variety and breadth of services and supports offered to families.

The need for an improved data management system is likely to become a more pressing issue if the Commission identifies additional areas of inquiry it would like to explore in the future. As such, efforts to explore alternate data management systems should not be undertaken until after the resolution of recommendation one.

**Consider increasing staffing and outreach to connect more families to this program.** Evaluation results indicate that families are benefiting from their participation in the Pathways Home Visiting program. However, program participation has decreased annually over the last seven years, meaning that less people are able to utilize this valuable program. First 5 Lassen and PHV leadership should consider what changes to outreach and staff are necessary to make it possible for the Pathways program to serve the 60-80 families per year specified in their current strategic plan.

These activities will be most effective if considered after the resolution of recommendation one.

## Appendix A

## Appendix A

## Life Skills Progression Tool

THE LIFE SKILLS PROGRESSION (LSP) Parent Scale Page 1

Family record ID # \_\_\_\_\_ Indiv. # \_\_\_\_\_ ☐ Initial \_\_\_\_/\_\_\_\_/\_\_\_\_ Months of service \_\_\_\_\_  
 Web ID # \_\_\_\_\_ ☐ Ongoing # \_\_\_\_/\_\_\_\_/\_\_\_\_ No. attempted visits \_\_\_\_\_ No. completed visits \_\_\_\_\_  
 Client name \_\_\_\_\_ ☐ Closing \_\_\_\_/\_\_\_\_/\_\_\_\_ Home visitor \_\_\_\_\_  
 (last name, first name) Next LSP due \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency/program \_\_\_\_\_  
 Client DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Female ☐ Male Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Medical codes \_\_\_\_\_

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

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

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## Appendix A

## THE LIFE SKILLS PROGRESSION (LSP)

Family record ID # \_\_\_\_\_ Indiv. # \_\_\_\_\_

Parent Scale Page 2

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

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## Appendix A

## THE LIFE SKILLS PROGRESSION (LSP)

Family record ID # \_\_\_\_\_ Indiv. # \_\_\_\_\_

Parent Scale Page 3

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

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## Appendix A

## THE LIFE SKILLS PROGRESSION (LSP)

Family record ID # \_\_\_\_\_

Indiv. # \_\_\_\_\_

Parent Scale Page 4

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

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## Appendix A

## THE LIFE SKILLS PROGRESSION (LSP)

Child Scale Page 5

Family record ID # \_\_\_\_\_ Indiv. # \_\_\_\_\_ ☐ Initial \_\_\_/\_\_\_/\_\_\_ Parent's months of service \_\_\_\_\_Web ID # \_\_\_\_\_ ☐ Ongoing # \_\_\_/\_\_\_/\_\_\_Child's name \_\_\_\_\_ ☐ Closing \_\_\_/\_\_\_/\_\_\_  
(last name, first name)Child's DOB \_\_\_/\_\_\_/\_\_\_ ☐ Female ☐ Male Age \_\_\_/\_\_\_ (years/months) Medical codes \_\_\_\_\_

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

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

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

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