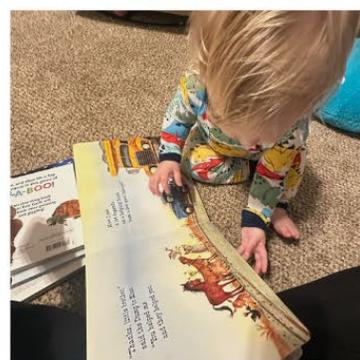


FY 2024-25 ANNUAL EVALUATION REPORT

Mission

Through partnerships and innovative leadership, First 5 Tehama promotes, facilitates, and supports 0-5 systems that improve inclusive access to high-quality early education, health, and family support resources.



Vision

Tehama County is a community where families and young children are hopeful, resilient, healthy, and thriving.

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Dear Tehama,

Writing this letter reminded me that every small connection carries weight beyond the initial depth, creating ripples that last far beyond what we can see. Each number in this report reflects more than a single action, more than a single life; it represents a ripple of impact of the lives touched and the energy, resilience, skills, and knowledge carried beyond this point in time. This year, we turned our attention to the earliest ripples of connection, weaving them into a whole child, whole family systems approach where **every strand of support strengthens another, creating a tapestry of lasting change.**

Through collaboration, we developed innovative responses to local challenges like early literacy and postpartum depression (PPD). 49 new mothers received **PPD screenings**, 25 were connected to follow-up care, and **100% showed improvement in symptoms**. Each of those 25 lives changed forever, and the ripple extends through every child they nurture. We piloted new postpartum services *and* embedded them into **Behavioral Health, Public Health, and continuation high school systems**, so this support endures and grows.

In expanding family support, **small shifts led to big impacts**. Social-emotional development – a top family concern – took center stage through a raffle for **car seats installed by a Help Me Grow technician** and extensive outreach. Over 100 ASQ-SE screenings were completed in one month, and with Early Childhood P2P partners sharing the tool, **screening data quadrupled countywide**. This matters because when parents understand social-emotional milestones, they build healthier interactions and resilience. Families seeking screenings are connected to individualized resources and ongoing Help Me Grow supports. Countywide data continues to inform learning and new initiatives like the **Lunch Bunch series** and **Infant Mental Health Consultation** outreach.

At the heart of these individual ripples is a belief that **expanded impact happens through relationships with partners and families**. Through relationships, we can upskill and upscale our lasting impact. This year, 13 postpartum interventions resulted in five new certifications, six new **Triple P** providers, and five new **community health workers**, all now embedded in local systems.

Our bilingual specialists are also seed planters, joining 27 **community events** and connecting families across schools, recovery programs, and celebrations. Their efforts contributed to 587 new children in the **Imagination Library** (1,014 total reach, 54% outside Red Bluff and 19% receiving bilingual books). Similarly, their outreach contributed to 55 families engaging in the **Positive Parenting Program** (Triple P), resulting in reduced stress and significantly improved parenting experiences.

This year affirmed what we've always known: progress happens when we move together. Ripples connect and strengthen one another, literacy leads to parenting education, and developmental knowledge leads to mental health resources.

Together, we are building a Tehama where connection drives change and every small act sets in motion a wave of impact, shaping a thriving future for all children and families.



Heidi Mendenhall

Heidi Mendenhall

Executive Director, First 5 Tehama

About First 5 Tehama

WHO WE ARE

Through Proposition 10 (1998), California recognized the first five years of life as the foundation for human development. The measure is now realized through an **integrated, collaborative network** including the First 5 California Commission, 58 local County First 5 Commissions, and the First 5 Association. Tehama County Commission for Children and Families (First 5 Tehama) is a proud partner in this statewide network dedicated to the comprehensive health and well-being of California's children and families from prenatal to age five.

Because the earliest years are the most critical, and children thrive when their families and communities do, we take a **whole-child, whole-family** approach, laying the critical foundations of healthy brain development, and supporting the parents, providers, and the broader community who shape children's early experiences. As a trusted partner, connector, and driver of change, our **four key goals** aim to help Tehama County's youngest children grow up healthy, resilient, and ready to learn, including:

- Our children and families have hope, resilience, and well-being;
- Adults who influence young children's growth and development demonstrate developmentally appropriate knowledge and practices;
- Our children have increased access to quality and affordable early education; and
- Our community understands why the 0-5 foundational years matter and where to find resources.

THE WAY WE WORK

First 5 Tehama leads through **relationships, connection, equity, integration, and action**.

- **Relationships** are central to all we do. **Connection** is embedded in our ethos.
- We **center equity in community voice** to understand the strengths and needs across all families.
- We **integrate** what we learn to leverage local assets, expand access, and build sustainable partnerships, programs, and community education.
- We inspire and lead **action** that is data-driven, innovative, rural-focused, and rooted in lived experience.

Starting with Family: The Work In Action

Melina (fictional name) was referred to HMG because she **wanted to learn how to support her children's development**. She participated in home visits, playgroups, Family Champions, and her children received developmental screenings. She had concerns about her youngest son's speech as well as behaviors that made outings challenging and isolating. The ASQ validated her concerns and gave her hope and a clear next step. HMG connected Melina to Far Northern for speech and behavioral therapy while continuing home visits.

Her son made great improvements in his speech and behavior, and can now use words to express his needs. Melina has grown significantly, too. She now has tools to help her son and remain calm when he gets upset. She also feels more empowered to participate in her older children's schooling and activities. Today, with HMG's support, **Melina feels confident she can support her children's development and meet their needs**.



“ Este programa **me ha ayudado mucho...** He visto mucho avance en mi niño y **estoy muy agradecido con todo** ”

This program has helped me so much... I have seen so much progress in my child and I am very grateful for everything.

FY 2024-25 Reach

During FY 2024-25, the Commission invested \$1.3M to help Tehama County’s youngest children grow up healthy, resilient, and ready to learn. Funded programs reached 3,400 people, First 5 **increased reach by 75% compared with FY 2023-24** (1,947). First 5 served 28% of the countywide 0-5 population.¹

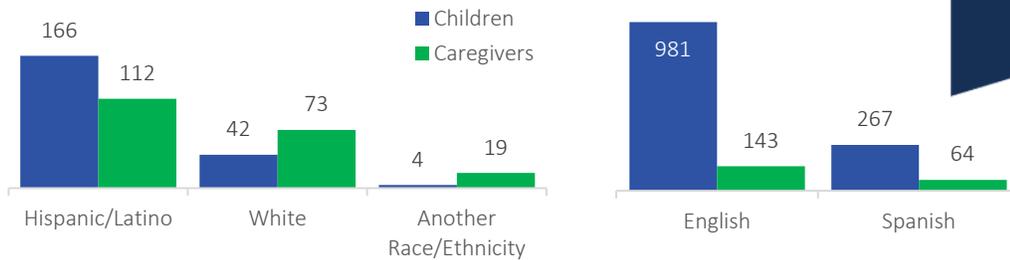
Additional investment details are available in [Appendix B1](#).

\$1,334,897

Invested in programs, resources, and trainings for

1,313 children
2,038 caregivers
49 providers

Figure 1. Ethnicity and Primary Language of First 5 Tehama Participants*



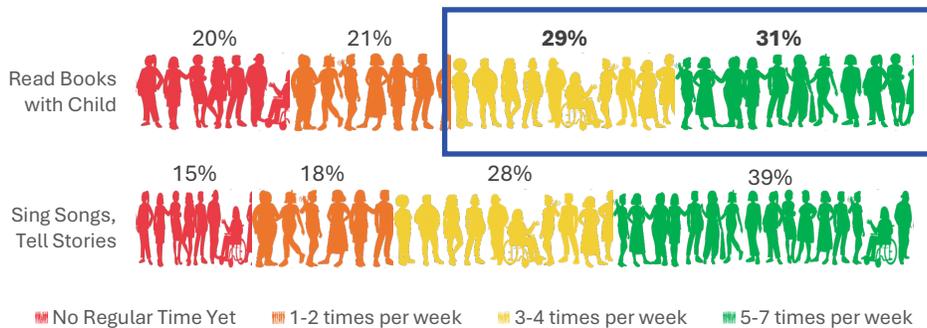
Source: First 5 California Annual Report data. *For whom data are known - Demographic data not collected by all funded activities. See [Appendix B2](#) for additional demographic details.

PROFILE OF PARTICIPANTS AT INTAKE

Caregivers participating in Help Me Grow, Triple P, or other light-touch family support activities are asked to complete a Family Information Form (FIF) at the start of services to describe their literacy activities, access to community support, and perceived hope. In FY 2024-25 (n = 209):²

- 67% were **singing or telling stories** with their children at least three times a week
- 59% were **reading** with their children at least three times per week
- 58% were never or rarely (less than once a year) **visiting the library** or bookstore at intake
- FIF data show a **link between literacy activities and family support**. Participants with no regular reading time with their children were least likely to feel knowledgeable about community resources or their child’s development stages and social-emotional needs (see [Appendix B6](#)).

Figure 2. Frequency of Family Literacy Activities (Intake)



At the start of services, **3 out of 5 caregivers** said they were **reading with their children at least three times a week**

Source: FY 2024-25 Family Information Form. N = 209. Represents first reported responses in fiscal year

¹¹ Based on Department of Finance 2024 Population Projections (April 2025 Data release) (N = 4,656)

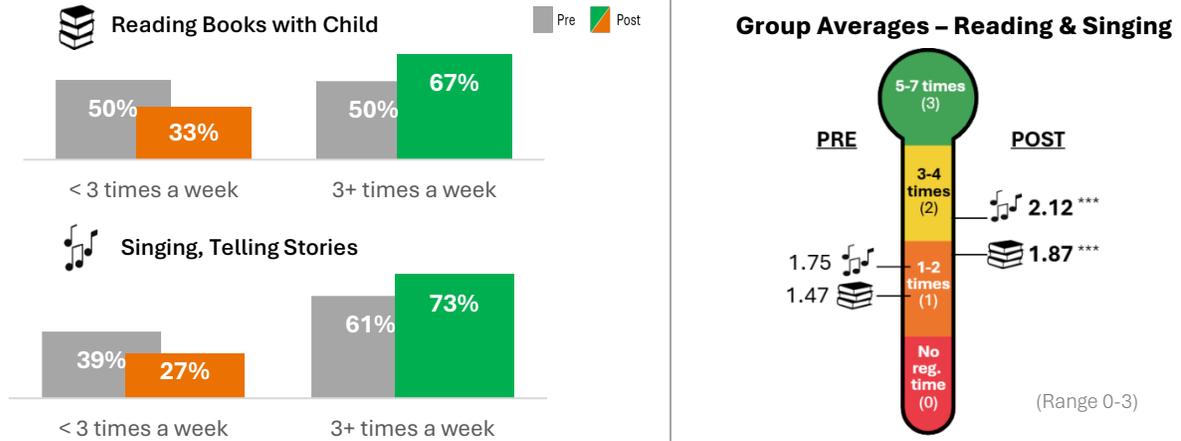
² Additional demographic and detailed characteristics from Family Information Form responses are available in [Appendix Tables](#)

Family Changes from Intake to Follow-Up

Participants completing a follow-up showed improvements in literacy activities and hope.

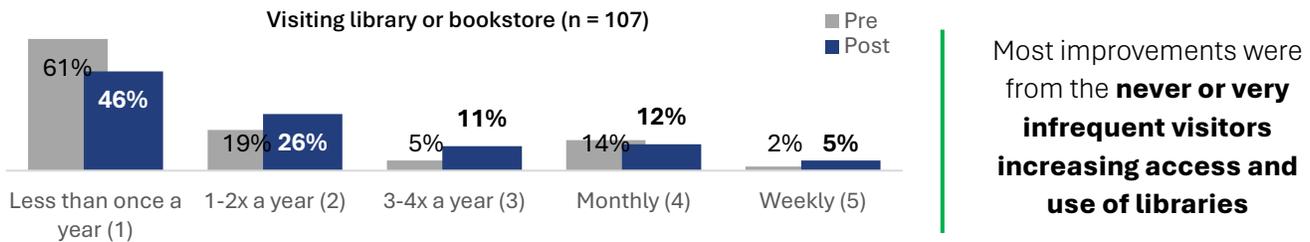
On average, **participants significantly increased time spent reading and singing/storytelling.** Specifically, 45 of the 109 families reported singing/storytelling more, and 49 families reported reading more.

Figure 3. Literacy Activity (Group Averages and Percentage by Category - Matched Pairs, n = 109)

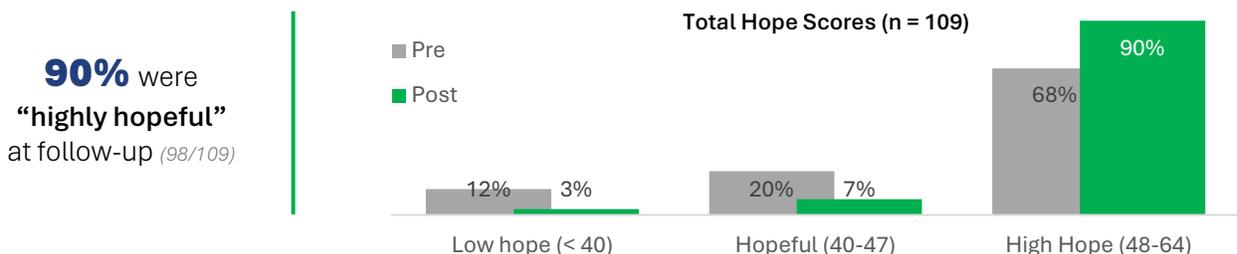


Source: FY 2024-25 Family Information Form. Matched set N = 109, unduplicated by primary program participation. Statistical significance shown as * $p < .05$, ** $p < .01$, *** $p < .001$.

Participants also **significantly increased library or bookstore visits**, on average (1.76 to 2.04, range 1-5), and 30 of the 109 families reported more frequent library/bookstore visits.



On average, **participants significantly increased hopefulness** overall (50.3 to 55.7), and in both domains (*Agency*: 24.9 to 27.9, *Pathways*: 25.4 to 27.8). Two-thirds of the families (74 of 109) increased their agency scores, and 65 of the participants (60%) had higher pathways scores.



See additional details about literacy and hope pre-post data in [Appendix B8](#).

COUNTY PROFILE: DEVELOPMENTAL SCREENINGS

- ▶ In 2023, 32% of children ages 0-3 in the North/Mountain Region received developmental screenings, compared to 40.3% statewide and the Healthy People 2030 goal (35.8%).

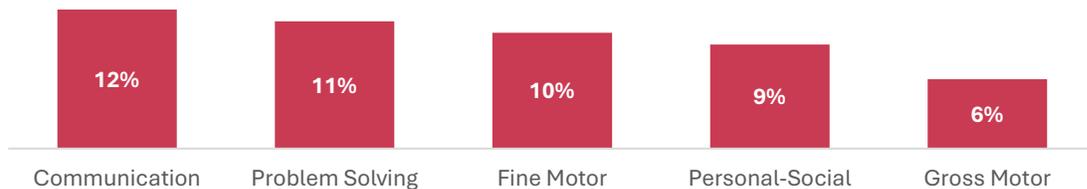


Developmental Support

Early screenings like the Ages and Stages Questionnaire-3 (ASQ-3) give every child the best chance to thrive, offering families hope, guiding timely support, and strengthening our community. Through partnerships with Help Me Grow, Corning Promise, NCCDI, Healthy Families Tehama, and State Preschool, the ASQ-3 is used countywide to identify needs early and connect families with resources for healthy development.

In 2024-25, 839 Tehama County children ages 0-5 received 907 developmental screenings. Among them, **53% were “on schedule” in all domains.** Meanwhile, 21% were “flagged” for concerns/delays in at least one domain.³ The *Communication* domain (12%) had the highest proportion of children flagged (below cutoff).

Figure 4. Countywide ASQ-3 Results, Percent Flagged (Below Cutoff) by Domain

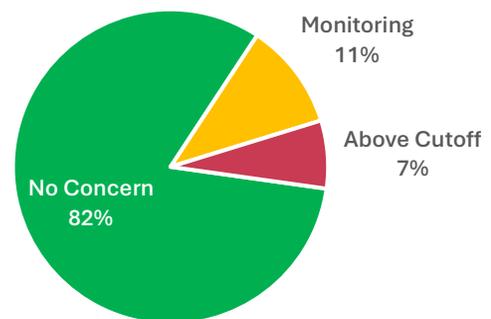


Source: ASQ-3 Screening Data provided by NCCDI, Corning Promise, Healthy Families Tehama, and Help Me Grow.

Listening to families’ needs, First 5 and partners integrated the ASQ-SE tool into mental wellness promotion as a pathway to understanding each child’s social-emotional foundation. As a result, 472 Tehama County children received 497 ASQ-SE screenings—a **dramatic increase from just 44 the year before.**

While 82% of screenings indicated no social emotional concerns, one in 10 screenings were in the monitoring zone and **7% were above cutoff, indicating further assessment with a professional may be needed.**

Figure 5. ASQ-SE Screening Results, FY 2024-25 Screenings



Source: FY 2024-25 ASQ-SE Screenings, TCDE, NCCDI, Help Me Grow, and Healthy Families Tehama (N = 491).

³ Remaining proportions may include those who are not “flagged” but have at least one “monitoring” domain

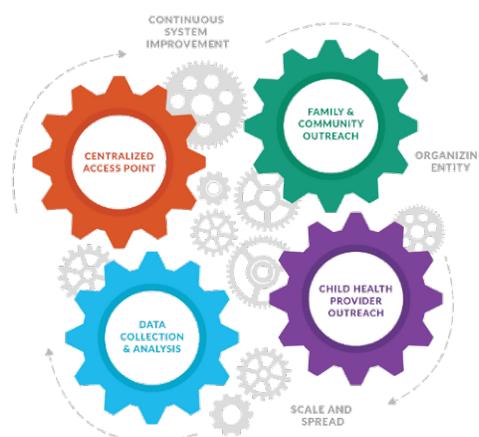
COUNTY PROFILE: STRENGTHENING FAMILIES

- 28% of Tehama County children 0-5 lived **below the poverty level**. The proportion was higher for *Hispanic/Latino children (33%) compared to White children (23%)* (2023).
- One in five Tehama County children (0-17) were **food insecure** (21%) (2023).
- 35% of Tehama County households were **housing cost-burdened** (2023).
- **Substantiated maltreatment allegations** (14.9 per 1,000 children ages 0-5) were nearly double the statewide rate (7.8) (2024).



Help Me Grow

Help Me Grow is built to connect families to the most meaningful resources for early development, parenting, and family protective factors. This four-part system is led by *First 5 Tehama in partnership with United Way 211 NorCal, Tehama County Health Service Agency, and Tehama County Department of Education*. Its components include centralized access to **developmental screenings, case management** and navigation services tailored to families’ needs, a strong **outreach and referral network** for education, community health, and social services, and support for countywide **data collection and analysis** to inform family and provider support.



This year Tehama County has reached more families, increased provider referrals and developmental screenings, and strengthened a community-level commitment to quality data.

HMG was critical to these successes via their leadership in and partnerships with:

Tehama County Health Services Agency	School District Connections	Family Champions	Local Planning Council (LPC)	Car Seat Coalition
→ Promoted ASQ-3 to WIC families and health educators	→ Launched new partnerships to integrate ASQ-3 awareness into early education	→ Spread awareness through relationship-based conversations with parents, both focused and flexible	→ Connected ASQ-3 outreach with car seat giveaway events	→ Served as a trusted access point for referrals, aligning with the program’s health focus

Families also shared their appreciation for Help Me Grow social connections (i.e., playgroups) where they learned about new ways to “play” and interacted with other families, as well as other community providers.

“ [Help Me Grow] me ha ayudado mucho. [Ella] **siempre está disponible para ayudarme** a mi y a mi familia. [Ella] me refirió para que le dieran terapias a mi niño de lenguaje y comportamiento. He visto mucho avance en mi niño **y estoy muy agradecido con todo** ”

[Help Me Grow] has helped me so much. [She] is always available to help me and my family. [She] referred me to receive speech and behavior therapy for my child. I have seen so much progress in my child and I am very grateful for everything

HELP ME GROW CASE MANAGEMENT

In partnership with the Tehama County Department of Education, families can receive developmental screenings and support tailored to their specific needs. This can range from informational conversations about local resources to more goal-oriented, solution-focused case management lasting up to eight weeks.

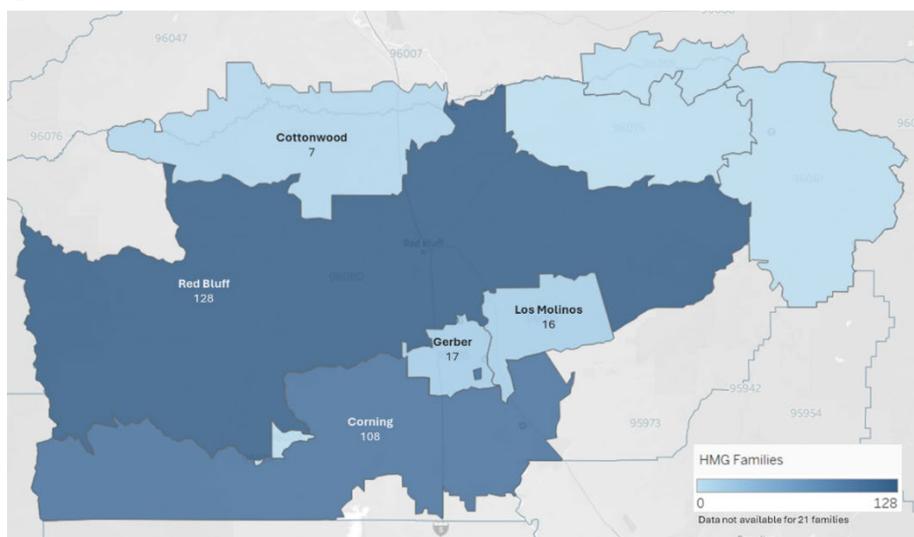
Families with more extensive needs are often invited to participate in the Parents as Teachers Home Visiting program, funded through Promise Neighborhoods via First 5 and the Tehama Health Services Agency MCAH.

HMG case management is tailored to families' specific needs, goal oriented, and solution focused.

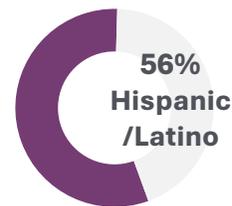
Families may also participate in Parents as Teachers home visiting.

In FY 2024-25, **348 caregivers and 219 children** ages 0-5 engaged with Help Me Grow case management, including 84 caregivers receiving home visits. More than half (56%) of the children served were Hispanic/Latino and nearly one-third (30%) spoke Spanish as their primary language.

Figure 6. Location of Help Me Grow Families

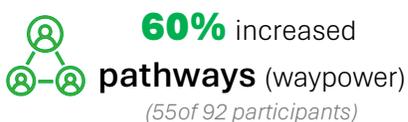


Source: FY 2024-25 Help Me Grow records (N = 299, data not available for 21 families, and not shown on map in areas with <5 participants)



According to the Adult Hope Scale (AHS), 71% of Help Me Grow (HMG) participants were **highly hopeful** (group average: 51.3) at the start of services, including 74% highly hopeful in the *Pathways* domain. *Pathways* highlight the connection between hope and available community support.

At follow-up, participants showed significant improvements, on average (50.9 to 56.3, n = 92). Participants with “low hope” decreased from 14% to 2% and **92% were “highly hopeful” at follow-up**, showing individual and collective gains in willpower and waypower for hope and family resiliency (see [Appendix B9](#)).



92% were “highly hopeful” at follow-up (61/92)
↑ from 68% at intake

HELP ME GROW HOME VISITING

HMG Home Visiting is implemented through the Department of Early Learning at Tehama County Department of Education through multiple funding streams.⁴ Help Me Grow (HMG) uses the evidence-based Parents as Teachers (PAT) home visiting model to improve family functioning, child health, and child development within Tehama County.

This FY, 84 caregivers and 80 children ages 0-5 received home visiting. Most children identified as Hispanic/Latino (88%) and more than half (53%) primarily spoke Spanish.

Parent-Child Interactions

HMG uses the PICCOLO assessment to measure parent-child interactions throughout the home visiting curriculum.⁵ PICCOLO includes four major domains: *Affection*, *Responsiveness*, *Encouragement*, and *Teaching*.



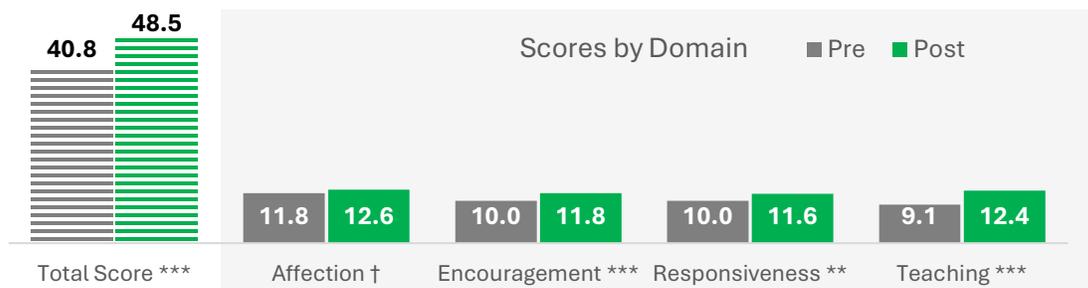
75% improved
total PICCOLO scores
(21 of 28 participants)

This FY, 28 PAT home visiting families had at least two PICCOLO assessments to measure progress. Among them, 75% (21/28) increased their total score, and 82% improved in at least one domain. The group **significantly improved** overall. Consistent with previous years, the *Teaching* domain had the most substantial point increase, on average (9.1 to 12.4). See [Appendix B10](#) for more details.



71% improved
teaching
(20 of 28 participants)

Figure 7. Average Increases in PICCOLO Scores among Home Visiting Participants (Matched Pairs)



Source: Help Me Grow PAT Home Visiting PICCOLO Assessment, 2024-25. Matched Pair N = 28. Statistical significance shown as † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$. Significance should be interpreted with caution due to small sample.

Parent Satisfaction

Nearly all home visiting participants “agreed” or “strongly agreed” that the program helped **increase their understanding** of their child’s development (94%, 31/33), motivated them to **try new parenting strategies** (91%, 30/33), and that they were **satisfied with the program** (91%). Participants also agreed that their parent educator shares screening results in ways that make sense (94%), encourages them to read with their children (91%), helps them work toward goals (91%) and find new resources (91%), and has their family’s best interests in mind (91%) (See [Appendix B11](#) for more information).

⁴ First 5’s contribution funds the HMG infrastructure and 10 HV families. Decreases to direct service funding is a direct result of Prop 10 fund decreases.

⁵ Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

Centering Family Voice: Help Me Grow Home Visiting

Isabel and Diego (fictional names) moved to Tehama County with their four children (infant and toddler daughters, and two school-age sons) from South America about a year ago. The transition was difficult as the family did not speak English and had trouble adapting to the cultural changes.

The family needed many resources. They were living in a small one-bedroom apartment and needed food, household items, beds, mattresses, blankets, and car seats. Isabel learned about Help Me Grow through a church and contacted them for support.

HMG connected Isabel and Diego to WIC, parenting classes, and the Salvation Army for monthly food support. Diego was connected to job services for resume and employment support. Both parents enrolled in HMG Parents as Teachers home visiting, participated in playgroups, and received referrals for housing support and medical care. Isabel signed up for the Dolly Parton Imagination Library, and their three-year-old was enrolled in preschool. Both parents also started English classes.

One year later, the family's life already looks very different. They recently moved into a four-bedroom apartment, and Diego now has a stable job. Both parents earned US high school diplomas and, with support, are transferring their higher ed credentials from their home country. Because of the degree translation services, Diego has been able to accept an exciting opportunity with the County School District.

“ [My home visitor is] just like an angel sent from God to help us navigate this rough time. **We have felt cared for** and you have been **consistent, reliable and trustworthy** to our family with everything we have been through. ”

With HMG's support, Isabel and Diego learned how to navigate systems and access resources to support their family. They now have a spacious home with all the necessary things to live a stable and better life than when they first arrived from South America.

211 TEHAMA — HELP ME GROW CENTRALIZED 24-HOUR HOTLINE

211 Tehama provides connections and referrals for essential resources, including, but not limited to, food/clothing, housing, transportation, child care, mental health services, and Help Me Grow.

In FY 2024-25, 211 Tehama had 314 contacts with residents with children ages 0-8. At least one out of 10 callers (13%) primarily spoke Spanish, and 27% (85/314) were under the age of 30. Consistent with previous years, housing was the top need expressed (60%), followed by case management, specialized information, referrals (20%), and utility payment assistance (15%).⁶

Top Needs of 211 Tehama Callers



60%
Housing



20%
Information/
Referrals



15%
Utility Payment
Assistance

Counts may exceed 100% as callers may have multiple needs. Does not reflect all needs disclosed.

⁶ Percentages may exceed 100% as callers may have multiple needs.

FAMILY CHAMPIONS: PARENT PARTNERSHIP

Family Champions began as a pilot program in FY 2023-24 and quickly became a core component for ongoing family partnerships, trusted messenger knowledge, and clear insights into the resources most needed by Tehama County 0-5 families. This strategy included quarterly small group meetings, co-facilitated by First 5 and HMG, offering opportunities to connect in a pressure-free space to share feedback and experiences.

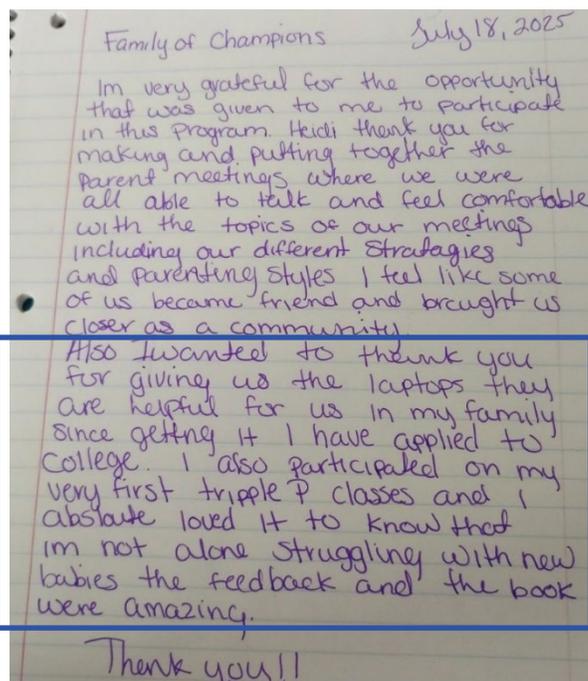
Nine Family Champions participated in FY 2024-25, including primarily Spanish-speaking parents of young children ages 0-4, residing in both South and North County.

One goal of the Family Champions is to ensure a **continued ripple effect of sharing information** with other families. At each meeting, Family Champions received new resources that they were encouraged to share with neighbors, families, and friends. Anecdotally, **First 5 observed increased requests for New Parent Kits, Dolly Parton Imagination Library signups, and online ASQ screenings following meeting dates.**

A second goal is to **create space to learn from and with the Family Champions** about community members' experiences. One example of a robust discussion that emerged during a session involved family culture and navigating **expectations of family of origin while also parenting their own children** (e.g., "parentified" eldest children who are now adults with their own children), especially for those whose culture was outside the US and/or involved a specific birth order/gender combination (i.e., oldest female sibling). Participants discussed how they wished this had been talked about openly earlier in life, so they knew how to juggle these different roles. This discussion engaged parents to **consider new perspectives, identify shared experiences, and connect with other community members.**

Discussions with Family Champions also revealed barriers to digital literacy and access. First 5 was able to identify **funds for long-term laptop loans to Family Champion participants.** There were immediate benefits to this increased access. Family Champions used the laptops to complete referrals for friends and family, and at least one participant registered and began college courses.

“ ... since getting [the laptop] **I have applied to college.** I also participated [in] my very **first [Triple P] class** and I absolute[ly] loved it to **know that I'm not alone** struggling with new babies...”



According to feedback from Family Champions, the information that stuck with them the most included:

- The importance of **managing stress**, relaxing, and emotional regulation for both parents and children.;
- **Parenting strategies** and teaching methods (e.g., setting limits, explaining why); and
- **Peer support** and shared experiences with other parents in a supportive environment.

HELP ME GROW PROVIDER AND COMMUNITY OUTREACH

In March 2025, 51 providers attended the fourth annual **Stressbuster Café**, a care coordinator network training for child health professionals to collaborate, share experiences, and integrate new tools and community resources into their work, reinforcing a coordinated approach to supporting children and families.



Key topics included the **Community Resilience Model**, active strategies (e.g., grounding, co-regulation), and reflective practices to build **resilience** and **well-being**.

All participants completing a follow-up survey agreed they learned something new and would recommend the Stressbuster Café to a colleague (36/36). They most valued collaboration and new information.

Providers felt **most knowledgeable** about...

- 89%** - Resources for food needs
 - 86%** - Mental health support and counseling
 - 86%** - Developmental resources for child
 - 86%** - Adverse Childhood Experiences (ACEs)
- (% “moderately” or “very” knowledgeable)

See more details in [Appendix B12](#)

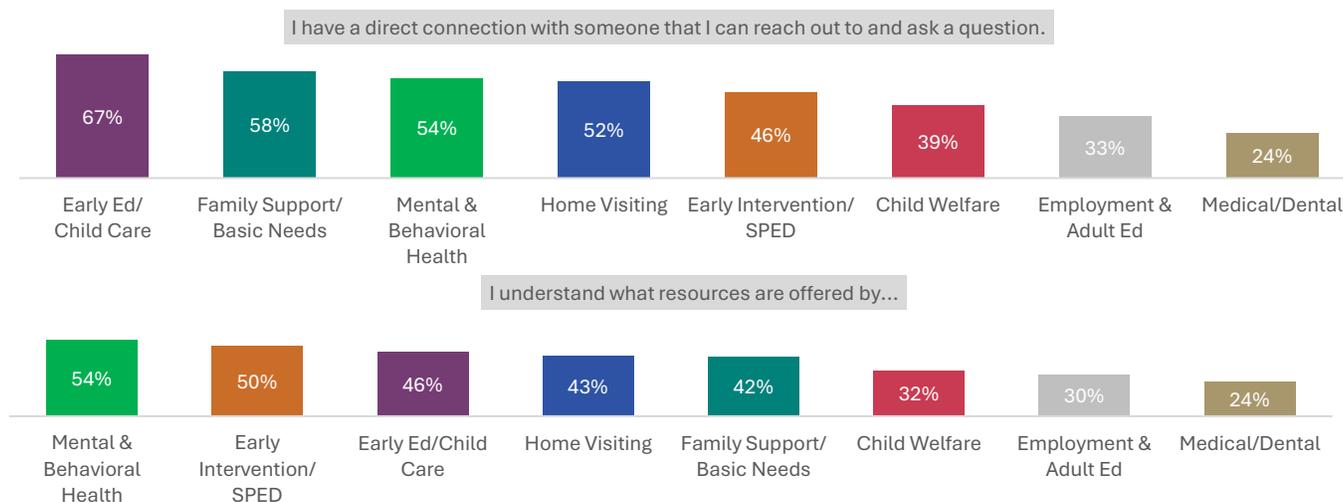
Yet felt **least knowledgeable** about...

- 33%** - Resources for housing needs
 - 28%** - Tobacco/Alcohol or Drug Use
 - 28%** - Early Literacy Development
 - 28%** - Prenatal Care
- (% “none” or “minimal” knowledge)

Perceived connections and knowledge helped with continuous training and networking opportunities.

- Participants most strongly agreed they had a direct connection with **Early Child Care**, **Family Support/Basic Needs**, and **Mental/Behavioral Health** providers.
- Knowledge of resources and services was highest about **Mental/Behavioral Health**, **Early Intervention/SPED**, and **Early Child Care**.
- **Child Welfare**, **Employment/Adult Ed**, and **Medical/Dental** had the lowest agreement for both questions.

Figure 8. Direct Connections and Knowledge of Resources in other Sectors (% who Strongly Agree)



Source: FY 2024-25 Provider Information Form. N = 33.

Mental & Behavioral Health connections and knowledge have increased compared to FY 2022-23 (38% and 31% “strongly agree”, respectively). Early infant mental health, postpartum screenings, and Stressbusters strategies likely contributed to increased familiarity and knowledge of this sector.

Triple P Parenting Education

Parenting doesn't come naturally for everyone, and no one should have to figure it out alone. With the right tools, encouragement, and connections, parents can grow into the role they want for themselves and their children.

"I thought parenting just came naturally, but I've learned it's okay to ask for help."

-Triple P Participant

First 5 Tehama leads a two-pronged Parenting Initiative to enhance parenting education via the evidence-based Positive Parenting Program (Triple P; PPP). Triple P equips parents with critical skills, confidence, and hope to reduce abuse and foster mental wellness and resilience within families. First 5's investments include:

- ▶ **Funding and promoting Triple P courses** in both English and Spanish at partner organizations, including courses at different times of day, with child care, and in different communities
- ▶ **Strengthening the capacity** of local facilitators through training scholarships, a Community of Practice, and a common registration system

Funding for this initiative comes from multiple partners, including Prop 10, CYBHI Round 1, and Promise Neighborhoods, as well as the time, expertise, and resources provided by additional partners and facilitators.

TRIPLE P PARENTING EDUCATION COURSES

Some parents who engage in Triple P are working toward reunification with their children, while others are simply becoming the parents they had always hoped to be. Participants frequently reported improved communication, the ability to set realistic expectations, and stronger bonds with their children.

In FY 2024–25, 55 caregivers attended **7 Triple P parenting education courses** funded by First 5:



- 5** courses provided **child care**
- 3** were **evening** courses
- 2** were **Triple P for Baby** courses
- 2** courses were in **Corning**
- 3** courses included **bilingual support** and **1** was held entirely in **Spanish**

Of the 55 parents/caregivers, about 23% were Hispanic/Latino and 20% primarily spoke Spanish.⁷

Triple P participants significantly improved their overall hope (47.9 to 52.6). Two-thirds of the participants showed improved hope scores, and **none of the participants reported "low hope" at the end of the course.** See [Appendix B13](#) for more information.

 **67%** increased **agency** (willpower)
(12 of 18 participants)

 **56%** increased **pathways** (waypower)
(10 of 18 participants)

83% were **"highly hopeful"** at follow-up (15/18)
↑ from 61% at intake

The Parental Stress Scale (PSS) Questionnaire was added in fall 2024 as a CYBHI Round 1 data requirement. As a group, parental stress decreased (35.7 to 34.9). While changes were not statistically significant, **two-thirds (67%) of the participants showed slight-to-moderate-reduced parental stress.**

⁷ Based on 35 participants completing demographic information on Family Information Form at intake

The questions with the highest reported stress at the start of the courses also showed the largest decreases. “I sometimes worry whether I am doing enough for my children” had the largest improvements, suggesting that the course time spent sharing experiences may have helped reduce the emotional weight of parenthood.

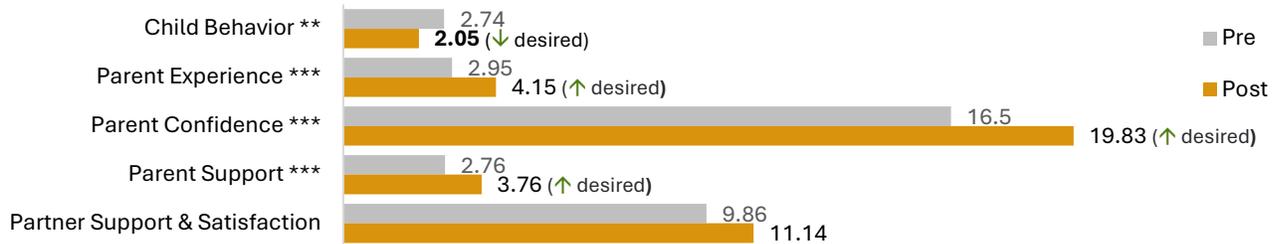
Figure 9. PSS Items with Group Improvements in High Stress (% Agree or Strongly Agree)



Source: FY 2024-25 Triple P Parental Stress Scale, Matched Set N = 18. All items coded for decreases to show improvement. Values shown here indicate % who “agree” or “strongly agree,” indicating high levels of parental stress.

As a group, participants **significantly improved their parenting experiences**. Nine out of 10 parents (90%, 19/21) improved in at least one area of the **Parenting Experience Survey**, including overall perceptions (89%, 16/18 increased) and confidence (75%, 15/20).

Figure 10. Triple P Parenting Experience Survey Average Scores, by Domain (Matched Set)



Source: Triple P Parenting Experience Survey (N = 21). Score ranges vary by domain. Statistical significance shown as * p < .05, ** p < .01, *** p < .001. Significance should be interpreted with caution due to small sample size. See [Appendix B14](#) for more.

Centering Family Voice: Triple P Parenting Classes

Derrick (fictional name) is a single father to a 10-year-old daughter. While he does not yet have full custody, he has been participating in weekly supervised visits, with a plan to graduate to unsupervised visits and overnights in the coming months. Derrick has also been engaged in drug and alcohol cessation programs and counseling, showing his commitment to creating a stable, supportive environment for his daughter.

While participating in Triple P, Derrick realized that he had been holding unrealistic expectations for his pre-teen daughter. He recognized gaps in his understanding of her development and interests. **Parenting classes taught him new ways to communicate and truly listen, helping him build a healthier, more positive relationship with his daughter.** The facilitator’s guidance, support, and practical parenting skills in the course offered Derrick a path toward a stronger bond with his daughter.

Derrick thanked his facilitator for their encouragement, and said, “... I wish I would have taken this class a long time ago. I am grateful to have learned better coping skills and tools to have a more healthy and positive relationship with my daughter.”

TRIPLE P PROVIDER CAPACITY

Equally important as the skills learned in class are the providers who engage with parents to ensure support is available when it's needed most. Having trained and engaged providers with the capacity and resources to facilitate parenting support is essential to creating sustainable community support systems.

First 5 leveraged funds from CYBHI Round 1 and Promise Neighborhoods to provide **Triple P facilitator training/accreditation scholarships**. At the time of this writing, Tehama County has 23 providers trained and accredited in six Triple P curricula/levels. Six new providers were trained during FY 2024-25 and facilitators were trained in three *new* curricula, in addition to enhancing expertise in existing areas.

23 providers trained and accredited in **6** Triple P curriculum areas in Tehama County



A **Triple P Community of Practice (COP)** was convened in FY 2023-24 for providers to share resources and tools for success, strengthen connections, and provide community support. Using feedback from participants, First 5 staff developed a calendar of topics for ongoing COP support, including:

- **Shared Data Practices** – improving how providers collect and use data collectively
- **Supporting Each Other with Secondary Trauma** – building resilience among facilitators
- **Embedding the Community Resilience Model** – strengthening family and community well-being
- **Advanced Mental Health Services** – exploring support options for families, especially young children

These topics were prioritized based on facilitators' experiences and observations of participants in Triple P courses and in their other community roles (e.g., wellness technicians, social workers, teachers).

“ Me pareció muy valioso **el respeto** y **la confianza** que te dan las educadoras ”
(I found very valuable the respect and trust that the educators give you)

- Parenting focus survey participant

COUNTY PROFILE: PRENATAL AND PERINATAL SUPPORTS

- In 2021-2023, 80.8% of Tehama mothers received **adequate prenatal care**, which was higher than statewide (73.7%) and aligned with the Healthy People 2030 goal (80.5%).
- In 2021-2023, 12.1% of Tehama mothers had one or more **perinatal mental health conditions** at delivery, which was 1.4 times the statewide rate (8.7%).
- **Postpartum depression** affected nearly one in six women in the North/Mountain Region in 2020-2022 (15.9%). Additional vulnerabilities can increase the likelihood of postpartum depression, including poverty, substance use, and teen births.



Perinatal and Early Infant Mental Health

First 5 Tehama prioritized perinatal and young child mental health in its 2020–2027 Strategic Plan. While initial resources were limited, First 5 began leveraging existing programs, such as connecting birthing class participants to home visiting programs and expanding home visitors' understanding of infant mental health.

Through persistence, First 5 Tehama secured two rounds of CYBHI funding, Small County Augmentation funds, and federal Promoting Safe and Stable Families resources to build the infrastructure and capacity needed to fully advance this priority. Efforts include:

- **Direct services** to meet families' immediate needs (i.e., Triple P Baby, Birthing Classes, postpartum support)
- **Strengthening the countywide network of providers** serving children and families (i.e., education and skills resources, piloting postpartum and infant mental health consultation services)

Together, these strategies lay the groundwork for responsive, coordinated mental health supports for families during the earliest years of life.

PRENATAL AND PERINATAL SUPPORTS FOR FAMILIES

Reinstating **birthing classes** offered families a structured **pathway of support to ongoing 0-5 resources**. First 5 attended **six** birthing classes on the second day of instruction to proactively connect expectant families to 0–5 resources – particularly postpartum support. This resulted in increased referrals and stronger connections to ongoing services.

A pilot program of **evidence-based postpartum support classes** was launched with Tehama County Health Service Agency (TCHSA), including:

- Individual and group therapy provided by TCHSA to **25 parents**
- A partnership with SheRisesTherapy for online support groups increased the accessibility of mental health resources for those who prefer a virtual environment; a pilot program served **seven mothers**.

All TCHSA participants showed decreased depression symptoms, and participants who attended five or more sessions experienced the greatest improvements.⁸

⁸ Edinburgh Postnatal Depression Scale (EPDS) data summarized and provided by TCHSA

Based on the success of the support groups, partners piloted a **Safe Sleep & Perinatal Mental Health Summit** to increase screenings and awareness of postpartum support resources in Tehama County in late spring 2025. There were 24 attendees at the pilot event, EPDS scores ranged from 0 to 15 (maximum 30), with an average of 4.5, and two participants were referred for individual therapy.

Additionally, part of the intentional focus on perinatal supports included expanding Triple P Parenting Education to include Triple P Baby courses. Two courses were offered in spring 2025 (discussed in the previous section). Outcomes for future cohorts will be discussed in future reports.

BUILDING PROVIDER CAPACITY

Early intervention is critical in rural communities with limited access to specialized perinatal and infant mental health supports. First 5 Tehama provides scholarships, training, and learning opportunities to ensure a coordinated network of care that provides appropriate support and builds a workforce attuned to families' lived experiences and insights.

The **Infant Toddler Resilience Building Lunch Bunch Series** was a professional learning series

offering family child care providers short, “bite-sized” learning grounded in typical infant/toddler behaviors to build mental wellness. The series emphasized self-care and **practical tools, social-emotional screenings**, and understanding **trauma and resilience in relation to infant brains**. Providers reflected with powerful reminders such as, “Don’t let your inner get outta order” and “Listening to your own body is an act of bravery.”

FY 2024-25 also began the two-year launch of the **Infant Early Childhood Mental Health Consultation (IECMHC)** program in partnership with Tehama County Department of Education and CYBHI Round 3. Year 1 strategies included program design, implementation of community referral pathways, and three community informational webinars. Early successes included establishing partnership opportunities with Foster Families and Family Childcare Providers. First 5 also partnered with UCSF and First 5 Placer County to develop and enroll a regional cohort for the consultation program. This cohort will begin training in fall 2025.



COUNTY PROFILE: EARLY LITERACY

- ▶ Three out of four socioeconomically disadvantaged 3rd graders were below proficiency in reading and/or math in Tehama County in 2023-24.
- ▶ In 2023-24, 22% of TK-3rd graders in Tehama County were English Learners. Only **one out of 20 English learner 3rd graders** were reading at or above grade level (6%, compared with 15% statewide).
- ▶ **60.5%** of Tehama County adults were at risk for literacy difficulties (Level 1 or Level 2) in 2023.



Early Literacy

Literacy is critical to lifelong success in school, career, and health, and is established in the earliest years through rich language experiences, adult-child connections in reading, and exposure and exploration to print materials. First 5 Tehama makes literacy a key focus of every investment, including supporting home language and literacy development.

First 5 aims to strengthen **community-wide literacy outcomes and build family resilience** by increasing access to books, fostering a culture of reading in the community through local leaders, and enhancing the skills and knowledge of those providing early literacy experiences.

“ I signed my son up for Dolly Parton’s Imagination Library as soon as it was available in our area. I love it because it gives me the **opportunity to sit down with my son and read** a variety of books with him. He loves ... that he can point to [pictures] and tell me what they are and he has already had a **huge improvement in his vocabulary** because of the daily book readings. I am so excited to be able to continue this journey with him and to be able to start a new experience with him and his little brother soon! ”

About 22% of the County’s 0-5 population received book(s) through the Dolly Parton Imagination Library in FY 2024-25⁹

⁹ Based on Department of Finance 2024 Population Projections (April 2025 Data release) (N = 4,656)

DOLLY PARTON IMAGINATION LIBRARY

The Dolly Parton Imagination Library (DPIL) is a free-to-families program where specially selected, high-quality, and age-appropriate books are delivered to each child once a month, by mail. DPIL launched in Tehama County in FY 2023-24, offering bilingual book options to children who have not yet reached their fifth birthday.

1,014 Tehama County children ages 0-5 engaged with the Dolly Parton Imagination Library in FY 2024-25.

- ▶ 7,800+ books were mailed, including over 1,200 Spanish books
- ▶ 587 new children were registered (↑37% from 428 in Year 1).
- ▶ 106 children turned five and graduated during the FY.
- ▶ Books reached families in all of Tehama County’s zip codes, with nearly one-quarter (23%) located outside of Tehama County’s more frequently engaged areas (Red Bluff, 45% and Corning, 31%).
- ▶ One in five children (19%) were receiving bilingual books, highlighting the value of bilingual learning in Tehama County homes.



After FY 2024-25, 30 parents/caregivers completed a brief follow-up survey. Among them, 90% somewhat or strongly agreed that DPIL **increased how often they read with their child(ren)**. Agreement increased compared with FY 2023-24 (68%, 25/37).

When asked about their favorite part of the Dolly Parton Imagination Library, participants mentioned:

- ▶ The **availability, variety, and quality** of the book selection
- ▶ **Children’s excitement** for the books and the process of receiving them by mail
- ▶ Access to **bilingual** books
- ▶ Added encouragement to spend **time reading with their children**



Survey participants also shared feedback to help Tehama County improve the implementation of the program. Most participants described the program as “amazing” or “perfect” and expressed gratitude for First 5 and the availability of the resource.

The feedback that can inform Tehama County’s implementation, support, or recommendations to the Imagination Library program itself included:

- ▶ Extending the program to kids **older than five**
- ▶ **Increased promotion and outreach** to “let more parents know about it!” One participant suggested: “offer enrollment at the farmer’s market or something.”
- ▶ **Administrative challenges or uncertainty.** Two participants mentioned either a lag between deliveries or that they had not yet received any books. Another participant did not know how to change their address after moving and had to resort to picking up books at their old house.

“ I love this program ... I’m thrilled we have it, and sad that my daughter is about to age out... ”

– Dolly Parton Imagination Library Participant

INCREASING ADULT SKILLS TO SUPPORT EARLY LITERACY

First 5 Tehama partnered with Expect More Tehama to offer a **“How to Help Your Children Learn to Read” pilot program** for parents of children ages 4-8. The evidence-based Science of Reading curriculum was provided free to the public by the University of Florida Literacy Institute (UFLI) and led by a reading tutor.

The nine attendees were a diverse group of parents, caregivers, and youth-focused professionals/educators (i.e., family child care, preschool, K-12, charter, homeschool, and community program providers).

“ I feel **more confident in how to help my child** with homework and ask his teacher questions ”

Participants served infants to elementary age, as well as those with **speech delays, multilingual learning, or general academic struggles**, highlighting a broad need for literacy support across ages and contexts.

Participants described their primary goals as supporting children with reading challenges, motivation, comprehension, fluency, and confidence, to foster a love of reading, and to gain strategies and resources for home or classroom support. Some participants also wanted to strengthen their resources to support children’s reading needs in their professional roles.

Participants agreed that the pilot training resulted in positive learning outcomes. One parent said, “I feel more confident in how to help my child with homework and ask his teacher questions.”

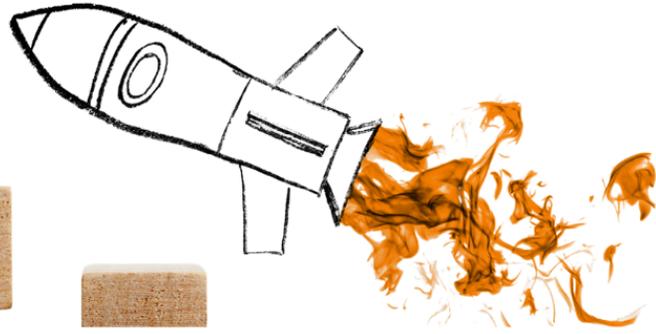
COMMUNITY CONNECTION TO LITERACY

“Light touch” community events like book giveaways and bilingual resources promote early literacy, family resilience, and parenting knowledge while connecting First 5 directly with Tehama County families. These activities also strengthen agency collaboration, creating seamless pathways to programs like the Pregnancy 2 Preschool Partnership.

Community events promote early literacy, family resilience, parenting knowledge, agency collaboration, and pathways to First 5 and community programs.

In FY 2024-25, First 5 Tehama’s outreach goals were exceeded, with many new families enrolling in the Dolly Parton Imagination Library and bilingual families showing **increased enrollment and referrals** to community resources, demonstrating the power of connection to expand early learning and family support. Additionally:

- First 5 Tehama continued the **Badges with Books** and **Business with Books** communication literacy activities, engaging the public and private sectors as positive literacy role models.
 - ➔ Participating **businesses increased 38%** (26 in the first two years to 36, including nine dental offices).
- First 5 Tehama expanded **access to bilingual literacy** through key partnerships, including:
 - ➔ Purchasing **600 bilingual books** to expand access to bilingual offerings at the library; and
 - ➔ Launching the **Bilingual Story Hour** in Tehama, Los Molinos, and Corning. Attendees shared that they appreciated seeing multiple languages valued in Tehama County.
- First 5 continued **Book Club outreach** online communications, literacy events (e.g., Adobe Park Story Walks, Library Play and Stay), and pop-up book giveaways at community events like Corning Night Markets and the Tehama County Fair Makerspace. Bilingual outreach specialists partnered with local events in Red Bluff, Corning, Gerber, and Los Molinos to **ensure countywide access**, resulting in increased Pregnancy to Preschool (P2P) referrals and Dolly Parton Imagination Library (DPIL) sign-ups.



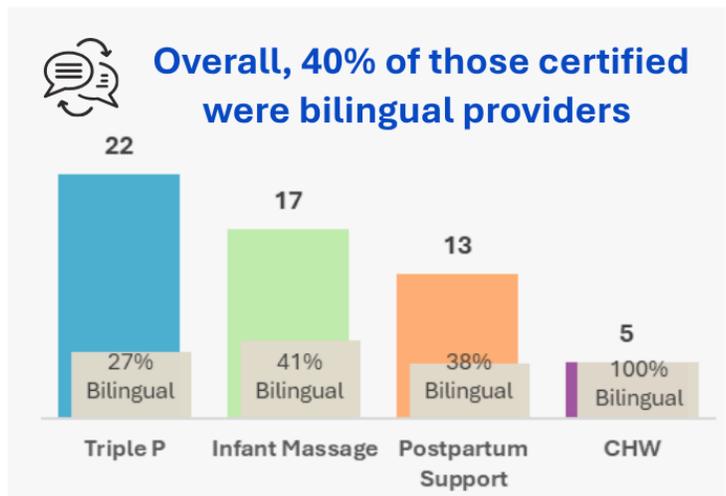
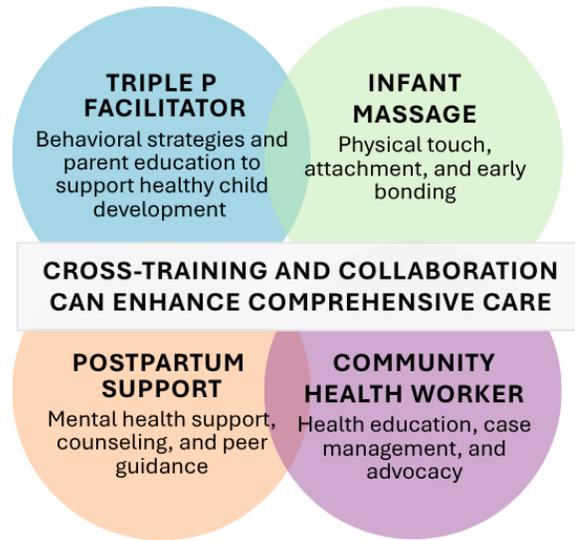
Systems Spotlight: Tehama County Provider Certification

First 5 Tehama centers community members as a key asset to our rural approach to strengthening systems. Upskilling and expanding education to diverse providers in the 0-5 system of care **strengthens interagency collaboration, increases access to (bilingual) services, and leverages lived experience and knowledge, to ensure service delivery is culturally relevant and responsive.**

Between Fall 2022 and Spring 2024, First 5 Tehama **partially or fully sponsored** 57 advanced level provider certifications in four areas, to increase the County’s access to trained providers and comprehensive care:

- **Triple P Facilitator**
- **Infant Massage**
- **Postpartum Support**
- **and Community Health Worker (CHW)**

Each certification offers a unique lens on early childhood development for the well-being of families and children ages 0-5.



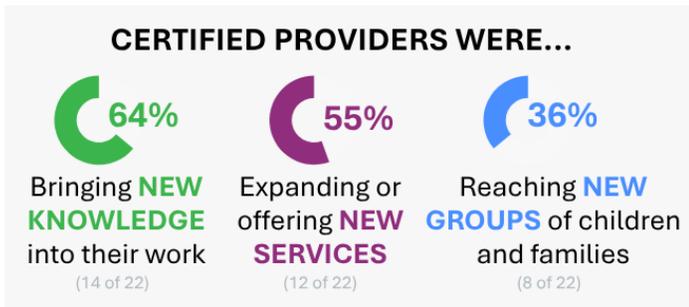
“

I am grateful for the opportunity to **expand my knowledge** and ... **serve the community that I live in.** The sense of fulfillment and satisfaction that I feel in giving back to others ... is indescribable. **As a first-generation child of immigrants this is also fulfilling my family’s dream.**

Community Impact

In June 2025, 22 providers* completed a brief survey about the impact of the certification(s). Most participants (68%, 15/22) **expanded their professional network**, including 32% (7) who met professionals within their sector *and* from different sectors.

Participants shared heartfelt appreciation for First 5 Tehama, saying the certifications helped them more fully **support families, connect with parents, share valuable resources, and foster meaningful relationships** in the community.



Catalytic Impact

While the provider trainings were specific to Tehama County providers, cross-county work and partnerships enabled a regional reach. These trainings have served as catalyst to improve and elevate multiple opportunities, such as funding and early career expansion, impacting the broader region:

“ After completing the training, I finished the certification process and am now certified to provide infant massage classes to families. I have conducted two 5-week community classes thus far.

I am also applying for a local PEI grant to fund eight professionals in the Yuba-Sutter community to obtain their infant massage certification. ”

Personal Impact

When Marely became a mother at 16 she connected with a Help Me Grow **bilingual family liaison trained as a CHW and in Infant Massage**, who provided trusted guidance, health resources, and emotional support including a postpartum depression screening and connection to the bilingual Circle of Hope.

Marely found confidence and support as a parent. Today, she actively supports her son’s early development, including reading, singing, and speaking Spanish.

Reflecting on her experience she said, **“Help Me Grow helped me learn so much about my child... Through infant massage, I learned new ways to bond with my baby,”** showing how combined skills, certifications, and lived experience can create lasting impact for two generations at a time.



“ I am about to begin my first certification for supporting clients with postpartum this week. I am grateful [for] this training so I can provide quality treatment ... in Shasta and Tehama County.

Before being awarded this training, I would not have been able to financially invest in training ... This allows me to provide better care for future clients. ”

* 22 providers representing 29 certifications including 17 Infant massage certifications, 8 Triple P facilitators, 4 CHW and 3 Postpartum.

Systems Work at a Glance

In alignment with [The Way We Work](#), First 5 Tehama builds connection, sustainable partnerships, community education, and action by investing in context-specific trainings and sponsoring partner-led events. This year’s focus was centered on **trauma-informed practices** and **early childhood mental health**. We leveraged local assets and regional collaboration by embedding early childhood into broader county and regional initiatives, such as Career Technical Education at the Expect More Tehama Summit. We integrated early childhood priorities into cross-sector efforts and role-specific trainings like trauma-informed practices for home visiting, ensuring providers left with practical strategies to better support children and families.

An overview of First 5 Tehama’s Systems collaborations, partnerships, and sponsorships can be seen below:

First 5 Led Programming

- Perinatal Mental Health Initiative
- Early Intervention Partnership (EIP)
- Pregnancy to Preschool Partnership (P2P)
- Car Seat Coalition

The EIP, P2P, and Car Seat Coalition will be highlighted in more detail in the next section.

Provider Strengthening

- Infant Toddler Resilience Building Series
- Trauma Informed Practices for Home Visitors
- Certifications (Triple P, Postpartum, CHW)

Sponsorships: Collaborative Professional Learning

- Northern ACEs Collaborative
- Expect More Tehama

Statewide and Regional First 5 Collaboration and Partnerships

- First 5 Network (Counties, Association and State)
- Quality Counts North State
- Universal Pre K Collaborative
- BEELs

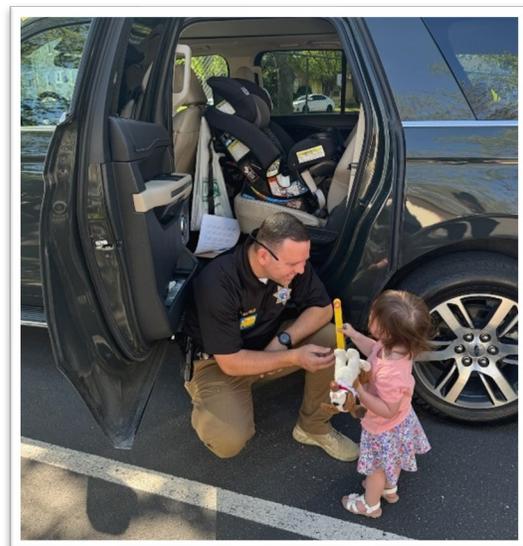
Sponsorships: Collaborative Community Outreach

- Christmas Festival
- Gerber Children’s Festival
- Week of the Young Child Children’s Festival

Regional First 5 Networks



Car Seat Coalition



Early Intervention Partnership

The Early Intervention Partnership (EIP) prevention committee of the Blue-Ribbon Commission on Children strives to improve communication, coordination, and integrated systems service delivery. Each year, members describe **collaboration/connections and resource/knowledge sharing** as EIP’s key values.

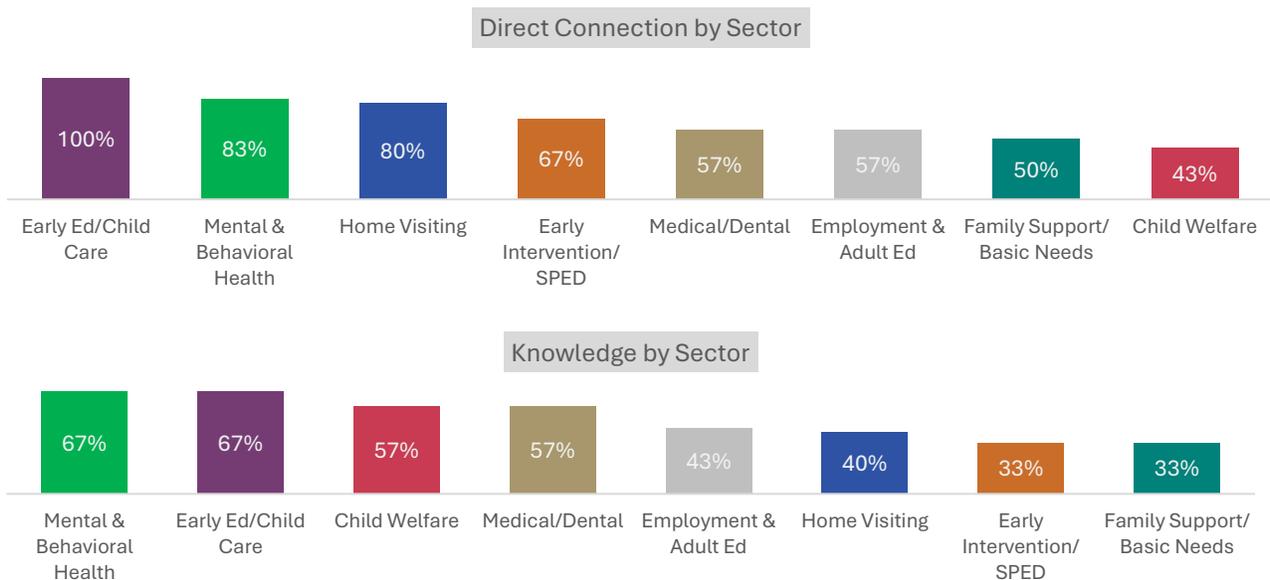
All members completing the 2025 survey (n = 8), agreed that EIP has had a moderate to major impact on Tehama County, and participants felt EIP impacted their knowledge of local data about Adverse Childhood Experiences, Protective Factors, and Early Literacy. Participants shared EIP outcomes data in meetings, convenings, and with administration and direct staff “to identify areas of concern for the 0-5 population.”

Participants identified *reading practices at home, postpartum screenings, and protective factors* as the measures that would be most impactful/beneficial to a **coordinated system of care**. Future EIP meetings will include discussions of these tools to consider how to move forward.

EIP survey participants also described their connections with one or more people and knowledge or understanding of services/resources provided across various sectors in Tehama County. This provided insights into what we can learn as a community and collaborative to continue contributing to each of the EIP’s key values (collaboration/connection and resource/knowledge) between and within member organizations.

- Participants most strongly agreed they had a direct connection with, and knew what resources were offered by **Early Child Care** providers and **Mental/Behavioral Health** providers.
- Knowledge and connections with **Family Support/Basic Needs** ranked among the lowest.
- Interestingly, **Home Visiting** ranked toward the top for direct connections, yet among the lowest for knowledge/understanding of services offered.

Figure 11. Direct Connections and Knowledge of Resources in other Sectors (% of EIP participants who Strongly Agree)



Source: FY 2024-25 EIP Survey. N = 7. Represents “Strongly Agree” responses to “I have a direct connection with one or more people at a Tehama organization [in each sector] that I can reach out to and ask a question.” and “I understand what resources are offered by [each sector] organizations in Tehama County.” Scores range from 0 “strongly disagree” to 4 “strongly agree.”

PREGNANCY TO PRESCHOOL PARTNERSHIP (P2P)

The P2P offers a “no wrong door” approach for Tehama County families to access services and ensure they do not slip through the cracks. P2P includes the following Tehama County partners:



Access to P2P member organizations includes **online self-referrals** through the [First 5 Tehama website](#) and coordinated closed-loop referrals between organizations via an **online referral portal**.

Self-Referrals: 43 self-referrals were submitted via the First 5 website. Families mostly lived in Corning (47%) and Red Bluff (26%), while 23% lived in another Tehama County zip code. HMG received 37% of self-referrals, followed by HFT (23%), and State Preschool, NCCDI, and FCCHEN (21% each).

Closed-Loop Referrals: Outcomes for the closed-loop referrals sent between members included:

- ▶ **223 total referrals** sent on behalf of 165 caregivers. Referrals and caregivers have increased each year.
- ▶ **63% went to Help Me Grow** for car seat resources, ASQ screenings, new parent kits, and other support.
- ▶ **61% received services** (137/223) by the end of the fiscal year (enrolled/accepted, already receiving services, or received the requested resources).

Figure 12. P2P Referral Counts by Fiscal Year

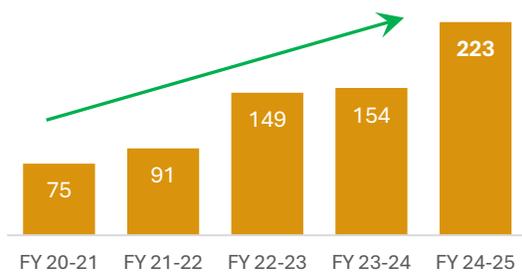
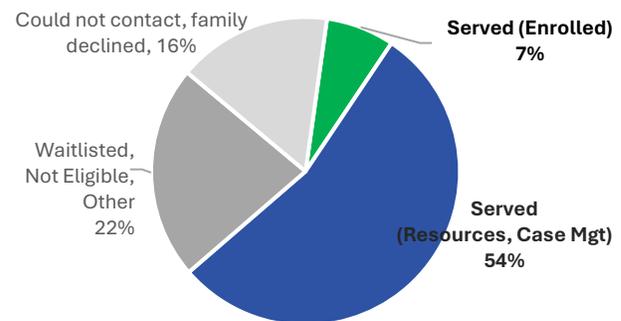


Figure 13. FY 2024-25 P2P Referral Outcomes



Source: P2P Referral Tracker. Data are as of the end of FY and may not reflect ongoing communication with participants.

CAR SEAT COALITION

The Car Seat Coalition expanded its reach by engaging support from agencies in neighboring counties and **hosting events**, including identifying opportunities in strategically prioritized locations to reach families with the greatest needs/barriers. Notable successes included the LIFT Event, Rancho Tehama, and Los Molinos Sports Night. LIFT and Rancho Tehama are strong examples of this intentional outreach.

The Coalition leveraged existing collaborative partnerships to meet families where they are and provide equitable access to resources. At each event, partners coordinated **timely follow-up support** via the P2P referral pathway. This was especially critical for families with day-of barriers to ensure no family is left behind (e.g., did not have their vehicle present for installation).

The Coalition continues to gain **recognition and demand** in the community, underscoring the value and credibility of this work. This year, Recovery Happens, a key partner serving highly vulnerable populations, requested a car seat event from the Coalition.

Sustainable funding remains essential to preserve and strengthen activities. Members actively work to pursue opportunities to ensure the Coalition’s long-term stability (e.g., Office of Traffic Safety).

Stay Connected with First 5 Tehama

First 5 Tehama uses a range of online communications and social media to convey information about local 0-5 resources and practices in real time, keeping our families at the center of the conversation and creating equitable access to a wider audience.

TO STAY CONNECTED WITH FIRST 5 TEHAMA...

- Browse the [First 5 Tehama Website](#) and sign up for the First 5 newsletter
- Sign up to request a free [Kit for New Parents](#), including useful resources and information
- Explore our videos on [YouTube](#)
- Listen to the **Champions for NorCal Kids** podcast
- Follow us on Facebook and Instagram **@First5TehamaCounty**
- View our calendar of [events](#) to connect with us in our community



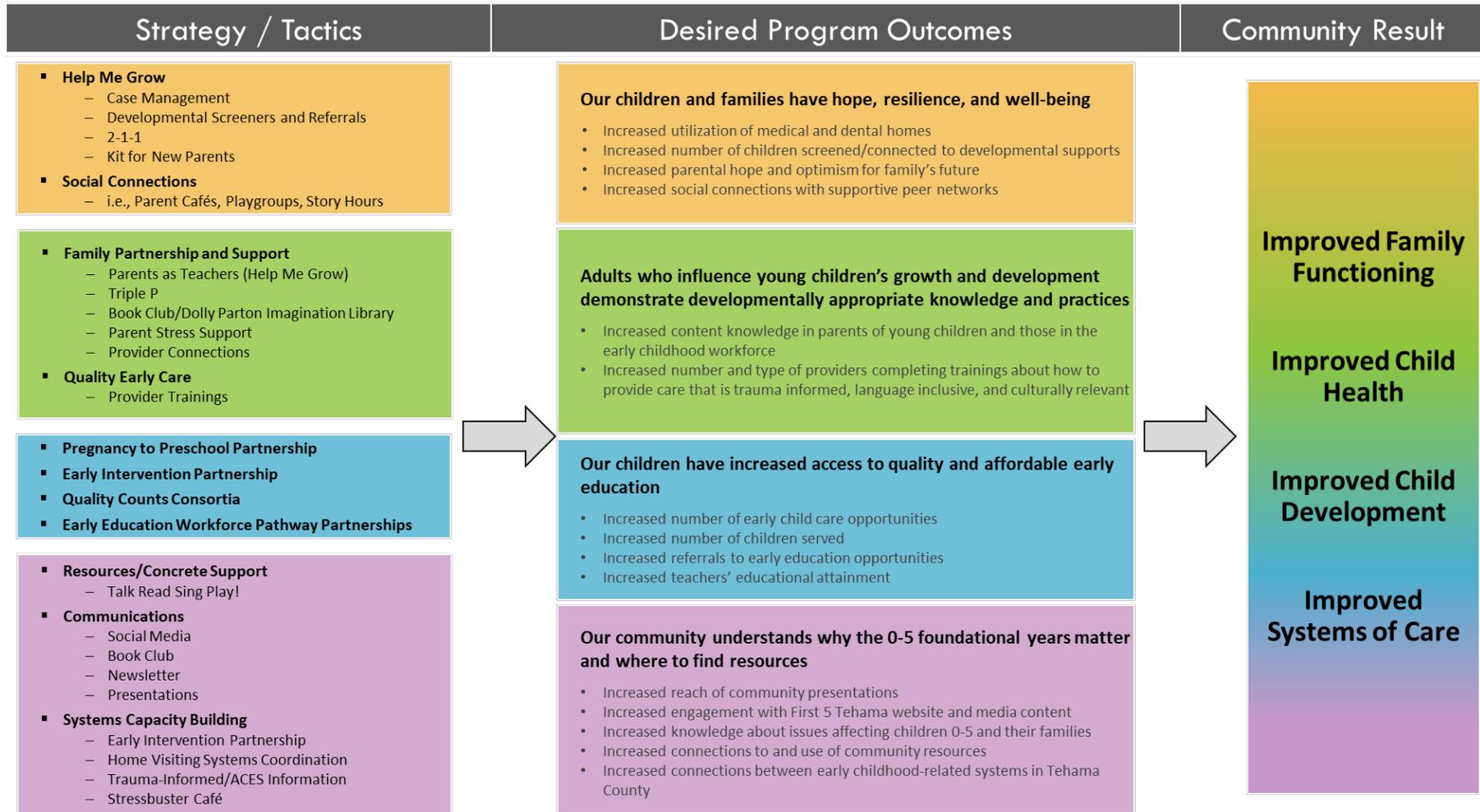
Sample Kit for New Parents



Families can complete a **self-referral into the P2P network** through the [First 5 Tehama website](#) to get connected to early learning and home visiting providers.

Additionally, anyone in Tehama County can call **211 Tehama**, visit www.211tehama.org, or text their zip code to 898211 to connect with a live person to receive connections and referrals for essential resources, such as food/clothing, housing, transportation, child care, legal services, support groups, healthcare, senior services, drug and alcohol treatment, mental health services, and crisis hotlines.

Appendix A: First 5 Tehama Strategic Framework 2022-2027



Note: Many strategies/tactics impact multiple outcome areas

For more information, see [First 5 Tehama’s 2022-2027 Strategic Plan](#)

Appendix B: Detailed Data Tables

B0. COUNTY PROFILE: COMMUNITY INDICATORS

	TEHAMA COUNTY				STATE OF CALIFORNIA
	Trend Comparison 2021	2022	2023	2024	
Developmental screenings in first three years of life ¹⁰	33.5%	37.8%	32.2% 🟡	-	40.3% 🟡
Children under age 6 living below poverty level (total) ¹¹	26.0%	28.4%	27.8% 🟡	-	15.1% 🟡
Child Food Insecurity (ages 0-17) ¹²	18.4%	21.9%	21.1% 🟡	-	16.9% 🟡
Housing Cost Burdened Households (30%+ income on housing) ¹³	35.6%	34.9%	35.4% 🟡	-	41.2% 🟢
Substantiated maltreatment (rate per 1,000 children ages 0-5) ¹⁴	13.7	15.7	12.1	14.9 🟡	7.8 🟡
Adequate prenatal care (3-year rolling rates) ¹⁵	81.5%	81.7%	80.8% 🟡	-	73.7% 🟢
Perinatal mental health condition(s) at delivery (3-year rolling rates) ¹⁵	9.0%	10.6%	12.1% 🟡	-	8.7% 🟡
Postpartum Depression (North/Mountain Region 3-year rolling rates) ¹⁶	15.6%	15.9% 🟡			14.1% 🟡
Low SES 3rd Graders Reading At or Above Grade Level ¹⁷	18.4%	20.2%	25.0%	24.0% 🟢	32.5% 🟡
Eng. Learners 3rd Graders Reading At or Above Grade Level ¹⁷	8.1%	5.7%	5.3%	5.7% 🟡	15.4% 🟡
Low SES 3rd Graders At or Above Grade Level in Math ¹⁷	20.5%	22.0%	26.8%	25.9% 🟢	35.1% 🟡
Adults Below Literacy (% <= Level 1 or Level 2) ¹⁸	-	-	60.5% 🟡	-	54.1% 🟡

County Trend: Current rate is ● Baseline, 🟢 improving, 🟡 about the same, or 🟡 faring worse than 2021 rate based on standardized thresholds per indicator type.

Statewide Comparison: Tehama rate is: 🟢 meeting or surpassing, 🟡 slightly worse (±5%), 🟡 faring worse (e.g., 95% or 105% the state rate).

B1. INVESTMENTS IN CHILDREN, FAMILIES, AND COMMUNITIES

	FY 2024-25	% OF TOTAL
Total Revenue by Funding Source	\$1,458,875	
Proposition 10	\$394,260 ¹⁹	27%
First 5 CA Small County Augmentation	\$135,062	9%
External Sources (e.g., CYBHI)	\$929,553	64%
Total Expenses by Content Area	\$1,334,897.74	
Improved Systems of Care	\$621,859.59	47%
Improved Child Health	\$279,692.64	21%
Administration	\$214,845.00	16%
Evaluation	\$116,418.00	9%
Improved Family Support	\$102,081.51	8%
Improved Child Development	\$0	0%

Source: FY 2024-25 First 5 Tehama tabulations for First 5 California Annual Report; Note: First 5 strategies aim to influence many goals.

¹⁰ MediCal. (2024, April). Medi-Cal Managed Care External Quality Review Technical Report July 1, 2023-June 30, 2024.

¹¹ US Census American Community Survey. (2023). B17020 Poverty Status in the Past 12 Months (5-Year Estimates).

¹² Feeding America. (2025). Food Insecurity among the Overall Population in the United States.

¹³ US Census American Community Survey. (2023). DP04 Selected Housing Characteristics (5-Year Estimates).

¹⁴ UC Berkeley. (2024). California Child Welfare Indicators Project. Maltreatment Allegation Rates

¹⁵ CA. Dept. of Public Health Health Maternal, Child & Adolescent Health Division (MCAH)

¹⁶ CA Dept. of Public Health Maternal and Infant Health Assessment (MIHA)

¹⁷ California Department of Education, DataQuest. (2025). California Assessment of Student Performance and Progress English Language Arts/Literacy and Mathematics (2023-24).

¹⁸ National Center for Education Statistics, Program for the International Assessment for Adult Competencies (PIAAC); Data analyzed by North State Together

¹⁹ Note: 10% decrease from FY 2023-24; Tehama County Children and Families Commission (First 5 Tehama) Audited Financial Statements June 30, 2024.

B2. PROFILE OF CHILDREN AND FAMILIES (TOTAL REACH)

	FY 2024-25	Children	Caregivers	Providers
Total Reach	Total #	1,313	2,038	49*
Child Age	Under 3	875 (67%)	-	-
	3-5	438 (33%)	-	-
	Age unknown (Birth to <6)	0 (0%)	-	-
Race/Ethnicity	Hispanic/Latino	166 (78%)	112 (55%)	-
	White	42 (20%)	73 (36%)	-
	Other	<5 (2%)	19 (9%)	-
	<i>Unknown/not specified (excluded from reporting %)</i>	<i>1,101</i>	<i>1,834</i>	<i>-</i>
Primary Language	English	981 (79%)	143 (69%)	-
	Spanish	267 (21%)	64 (31%)	-
	<i>Unknown/not specified (excluded from reporting %)</i>	<i>65</i>	<i>1,831</i>	<i>-</i>

Source: FY 2024-25 First 5 Tehama tabulations for First 5 California Annual Report. Other ethnicities include individuals identifying as Alaska Native/American Indian, Asian, Black/African American, Multiracial, or Other (fewer than 5 children and 19 caregivers). * Counts do not match First 5 California totals as providers are represented in Systems activities and thus not represented in Result Areas for which providers are counted in individuals directly served.

B3. DEMOGRAPHIC CHARACTERISTICS AT INTAKE (FIF PARTICIPANTS)

	FY 2024-25 Family Information Form	96021	96035	96055	96080	OTHER	Total
	Total Participants	86	18	14	82	9	209
Program (First in FY)²⁰	HMG (Case Management and/or Home Visiting)	70 (81%)	13 (72%)	12 (86%)	59 (72%)	6 (67%)	160 (77%)
	Triple P	14 (16%)	S	S	14 (17%)	S	34 (16%)
	Other First 5 Activity	S	S	S	9 (11%)	S	15 (7%)
Sex	Female	82 (95%)	18 (100%)	12 (86%)	71 (87%)	7 (78%)	190 (91%)
	Male	S	S	S	9 (11%)	S	15 (7%)
Race/Ethnicity (Duplicated)	Hispanic/Latino	60 (70%)	11 (61%)	10 (71%)	38 (46%)	S	121 (58%)
	White	22 (26%)	6 (33%)	5 (36%)	44 (54%)	6 (67%)	83 (40%)
	Multiracial	S	S	S	S	S	6 (3%)
	Alaska Native/American Indian	S	S	S	S	S	5 (2%)
	Another Race/Not Provided	6 (7%)	S	S	S	S	13 (6%)
Relationship to Child	Parent	81 (94%)	17 (94%)	14 (100%)	76 (93%)	9 (100%)	197 (94%)
	Grandparent	S	S	S	S	S	6 (3%)
	Foster Parent/Other Relative/Adult	S	S	S	S	S	6 (1%)
Family Income	Less than \$15,000	13 (15%)	5 (28%)	6 (43%)	19 (23%)	S	43 (21%)
	\$15,000-\$25,000	11 (13%)	S	S	13 (16%)	S	28 (13%)
	\$25,001-\$50,000	23 (27%)	5 (28%)	S	20 (24%)	S	52 (25%)
	More than \$50,000	13 (15%)	S	S	16 (20%)	S	38 (18%)
	Unknown/Not Reported	26 (30%)	S	S	14 (17%)	S	48 (23%)
Primary Language	English	53 (62%)	8 (44%)	10 (71%)	64 (78%)	8 (89%)	143 (68%)
	Spanish	32 (37%)	10 (56%)	S	17 (21%)	S	64 (31%)
	Other/Unknown	S	S	S	S	S	2 (1%)

Source: FY 2024-25 Family Information Form. N = 209. Represents first reported responses in fiscal year. Zip codes not specified when ≤ 5 responses to preserve anonymity. Due to large differences in participation, interpret comparisons between zip codes with caution. Percentages may not equal 100% due to missing data/non-response for some items.

²⁰ Participants may engage in multiple programs. Each person is counted once here, based on their first and/or most complete program participation to represent “unduplicated” reach.

B4. PARENTING KNOWLEDGE AND SUPPORT – TOTAL AND BY ZIP CODE (INTAKE ONLY)

		96021	96035	96055	96080	OTHER	Total
Total N (Intake)		86	18	14	82	9	209
I know what program to contact in my community when I need help for basic needs (e.g., housing, food)	Not at all true for me	8 (9%)	S	S	7 (9%)	S	19 (9%)
	Somewhat true for me	46 (53%)	9 (50%)	6 (43%)	44 (54%)	S	108 (52%)
	Definitely true for me	31 (36%)	8 (44%)	5 (36%)	31 (38%)	6 (67%)	81 (39%)
I know where I can get helpful information about parenting and taking care of children	Not at all true for me	8 (9%)	S	S	9 (11%)	S	20 (10%)
	Somewhat true for me	38 (44%)	10 (56%)	8 (57%)	35 (43%)	S	95 (45%)
	Definitely true for me	39 (45%)	6 (33%)	5 (36%)	38 (46%)	5 (56%)	93 (44%)
I know what to expect at each age as my child grows and develops	Not at all true for me	10 (12%)	S	-	9 (11%)	S	20 (10%)
	Somewhat true for me	44 (51%)	11 (61%)	13 (93%)	39 (48%)	S	110 (53%)
	Definitely true for me	31 (36%)	6 (33%)	S	33 (40%)	6 (67%)	77 (37%)
I know how to meet my child's social and emotional needs	Not at all true for me	8 (9%)	S	S	5 (6%)	S	16 (8%)
	Somewhat true for me	39 (45%)	8 (44%)	9 (64%)	43 (52%)	S	102 (49%)
	Definitely true for me	38 (44%)	8 (44%)	S	33 (40%)	6 (67%)	89 (43%)

Source: FY 2024-25 Family Information Form. N = 209. Zip codes not specified when ≤ 5 responses to preserve anonymity. Due to large differences in participation, interpret comparisons between zip codes with caution. Percentages may not equal 100% due to missing data/non response for some items.

B5. FREQUENCY OF LITERACY ACTIVITIES, TOTAL AND BY ZIP CODE (INTAKE ONLY)

		96021	96035	96055	96080	OTHER	TOTAL
Total N (Intake)		86	18	14	82	9	209
How often do you sing songs or tell stories with your child?	% No Regular Time Yet (0)	11 (13%)	S	S	16 (20%)	S	31 (15%)
	% 1-2 times a week (1)	15 (17%)	S	S	15 (18%)	S	38 (18%)
	% 3-4 times a week (2)	22 (26%)	8 (44%)	6 (43%)	21 (26%)	S	59 (28%)
	% 5-7 times a week (3)	38 (44%)	5 (28%)	5 (36%)	30 (37%)	S	81 (39%)
	Group Average (Range 0-3)	2.0	1.9	2.1	1.8	1.7	1.9
How often do you read books with your child?	% No Regular Time Yet (0)	17 (20%)	S	S	18 (22%)	S	41 (20%)
	% 1-2 times a week (1)	19 (22%)	6 (33%)	S	13 (16%)	S	43 (21%)
	% 3-4 times a week (2)	24 (28%)	S	8 (57%)	23 (28%)	S	60 (29%)
	% 5-7 times a week (3)	26 (30%)	5 (28%)	S	27 (33%)	5 (56%)	64 (31%)
	Group Average (Range 0-3)	1.7	1.6	1.6	1.7	2.1	1.7
How often do you visit the library or bookstore with your child?	% Less than once a year (1)	52 (60%)	13 (72%)	7 (50%)	48 (59%)	S	121 (58%)
	% 1-2 times a year (2)	15 (17%)	S	S	10 (12%)	S	33 (16%)
	% 3-4 times a year (3)	6 (7%)	-	S	8 (10%)	S	19 (9%)
	% Monthly (4)	9 (10%)	S	S	9 (11%)	S	25 (12%)
	% Weekly (5)	S	-	-	7 (9%)	-	10 (5%)
Group Average (Range 1-5)	1.4	0.9	1.9	1.6	2.8	1.6	

Source: FY 2024-25 Family Information Form. N = 209. Zip codes not specified when ≤ 5 responses to preserve anonymity. Due to large differences in participation, interpret comparisons between zip codes with caution. Percentages may not equal 100% due to missing data/non response for some items.

B6. LINK BETWEEN LITERACY ACTIVITIES & PARENTING KNOWLEDGE AND SUPPORT AT INTAKE

Knowledge and support by reading frequency at program intake		No regular time yet	1-2x week	3-4x week	5-7x week	Total
Total N		41 (20%)	43 (21%)	59 (29%)	64 (31%)	209
I know what program to contact in my community when I need help for basic needs (n = 207)	Not at all true for me	7 (17%)	4 (9%)	4 (7%)	4 (6%)	19 (9%)
	Somewhat true for me	23 (56%)	20 (47%)	35 (59%)	30 (47%)	108 (52%)
	Definitely true for me	11 (27%)	19 (44%)	20 (34%)	30 (47%)	80 (39%)
I know where I can get helpful information about parenting and taking care of children. (n = 207)	Not at all true for me	10 (24%)	4 (9%)	4 (7%)	2 (3%)	20 (10%)
	Somewhat true for me	22 (54%)	22 (51%)	24 (41%)	27 (42%)	95 (46%)
	Definitely true for me	9 (22%)	17 (40%)	31 (53%)	35 (55%)	92 (44%)
I know what to expect at each age as my child grows and develops (n = 207)	Not at all true for me	12 (29%)	4 (9%)	2 (3%)	2 (3%)	20 (10%)
	Somewhat true for me	22 (54%)	28 (65%)	31 (53%)	29 (45%)	110 (53%)
	Definitely true for me	7 (17%)	11 (26%)	26 (44%)	33 (52%)	77 (37%)
I know how to meet my child’s social and emotional needs (n = 206)	Not at all true for me	7 (17%)	3 (7%)	4 (7%)	2 (3%)	16 (8%)
	Somewhat true for me	24 (59%)	25 (58%)	26 (44%)	27 (42%)	102 (49%)
	Definitely true for me	10 (24%)	15 (35%)	29 (49%)	34 (53%)	88 (43%)

Source: FY 2024-25 Family Information Form. N = 209. Zip codes not specified when ≤ 5 responses to preserve anonymity. Due to large differences in participation, interpret comparisons between zip codes with caution. Percentages may not equal 100% due to missing data/non-response for some items.

B7. ADULT HOPE SCALE (AHS), TOTAL AND BY ZIP CODE (INTAKE ONLY)

The AHS measures agency or willpower (“I meet the goals that I set for myself”) and pathways or waypower (“I can think of many ways to get the things in life that are important to me.”) Item scores range from 1 “definitely false” to 8 “definitely true.” Higher scores represent higher levels of hope. Totals between 8-<40 indicate “low hope,” 40-47 is “hopeful,” and 48-64 is considered “highly hopeful.”²¹ Help Me Grow (HMG) and Triple P participants complete the AHS via the Family Information Form at the start and end of services.

	96021	96035	96055	96080	OTHER	TOTAL
Total N (Includes HMG and Triple P only)	83	15	13	73	9	193
Average Total HOPE Score (Range 8 – 64)	49.6	46.2	52.0	52.2	51.4	50.6
% Low hope (< 40)	13 (16%)	S	S	7 (10%)	S	25 (13%)
% Hopeful (40-47)	14 (17%)	5 (33%)	S	12 (16%)	S	35 (18%)
% High Hope (48-64)	56 (67%)	7 (47%)	10 (77%)	54 (74%)	6 (67%)	133 (69%)
Average Agency Domain Score (Range 4 – 32)	24.4	22.6	25.5	25.9	26.1	25.0
% Low hope (< 20)	14 (17%)	5 (33%)	S	8 (11%)	7 (78%)	30 (16%)
% Hopeful (20-23)	15 (18%)	S	S	13 (18%)	S	34 (18%)
% High Hope (24-32)	54 (65%)	6 (40%)	10 (77%)	52 (71%)	S	129 (67%)
Average Pathways Domain Score (Range 4 – 32)	25.2	23.6	26.5	26.3	25.3	25.6
% Low hope (< 20)	10 (12%)	S	S	7 (10%)	S	20 (10%)
% Hopeful (20-23)	15 (18%)	6 (40%)	S	10 (14%)	S	34 (18%)
% High Hope (24-32)	58 (70%)	8 (53%)	11 (85%)	56 (77%)	6 (67%)	139 (72%)

Source: FY 2024-25 Family Information Form. N = 209. Zip codes not specified when ≤ 5 responses to preserve anonymity. Due to large differences in participation, interpret comparisons between zip codes with caution. Percentages may not equal 100% due to missing data/non response for some items.

²¹ Gwinn, C., & Hellman, C. (2023). Hope Score. Retrieved from <https://hopescore.com/hope-score-results/#:~:text=With%20the%20Adult%20Hope%20Scale,in%20a%20low%20hope%20category.>

B8. PRE-POST IMPROVEMENTS – LITERACY ACTIVITIES AND ADULT HOPE SCALE (MATCHED SET)

FAMILY ENGAGEMENT AND SUPPORT		PRE	POST		
How often do you sing songs or tell stories with your child? (n = 109)	% No Regular Time Yet (0)	20 (18%)	9 (8%)		
	% 1-2 times a week (1)	23 (21%)	20 (18%)		
	% 3-4 times a week (2)	30 (28%)	29 (27%)		
	% 5-7 times a week (3)	36 (33%)	51 (47%)	29 (27%)	#/% at max pre & post
	Group Average (Range 0-3)	1.75	2.12 ***	45 (41%)	#/% who improved
How often do you read books with your child? (n = 109)	% No Regular Time Yet (0)	29 (27%)	13 (12%)		
	% 1-2 times a week (1)	26 (24%)	23 (21%)		
	% 3-4 times a week (2)	28 (26%)	38 (35%)		
	% 5-7 times a week (3)	26 (24%)	35 (32%)	17 (16%)	#/% at max pre & post
	Group Average (Range 0-3)	1.47	1.87 ***	49 (45%)	#/% who improved
How often do you visit the library or bookstore with your child? (n = 107)	% Less than once a year (1)	65 (61%)	49 (46%)		
	% 1-2 times a year (2)	20 (19%)	28 (26%)		
	% 3-4 times a year (3)	5 (5%)	12 (11%)		
	% Monthly (4)	15 (14%)	13 (12%)		
	% Weekly (5)	2 (2%)	5 (5%)	1 (<1%)	#/% at max pre & post
	Group Average (Range 1-5)	1.76	2.04 *	30 (28%)	#/% who improved
ADULT HOPE SCALE (TOTAL MATCHED POPULATION N = 109)		PRE	POST		
Average Total HOPE Score (Range 8 – 64)		50.3	55.7 ***	73 (67%)	#/% improved (numeric) score
% Low hope (< 40)		13 (12%)	3 (3%)		
% Hopeful (40-47)		22 (20%)	8 (7%)		
% High Hope (48-64)		74 (68%)	98 (90%)	67 (61%)	#/% at max (category) pre & post
Average Agency Domain Score (Range 4 – 32)		24.9	27.9 ***	74 (68%)	#/% improved score
% Low hope (< 20)		16 (15%)	2 (2%)		
% Hopeful (20-23)		21 (19%)	9 (8%)		
% High Hope (24-32)		72 (66%)	98 (90%)		
Average Pathways Domain Score (Range 4 – 32)		25.4	27.8	65 (60%)	#/% improved score
% Low hope (< 20)		10 (9%)	3 (3%)		
% Hopeful (20-23)		23 (21%)	9 (8%)		
% High Hope (24-32)		76 (70%)	97 (89%)		

Source: FY 2024-25 Family Information Form. Matched set n = 109, unduplicated by primary program participation. Statistical significance reported as * p < .05, ** p < .01, *** p < .001.

B9. HMG SUBSET - ADULT HOPE SCALE PRE-POST IMPROVEMENTS (MATCHED SET) (N = 92)

ADULT HOPE SCALE (HMG MATCHED POPULATION)		PRE	POST		
Average Total HOPE Score (Range 8 – 64)		50.9	56.3 ***	61 (66%)	#/% improved (numeric) score
% Low hope (< 40)		13 (14%)	2 (2%)		
% Hopeful (40-47)		16 (17%)	5 (5%)		
% High Hope (48-64)		63 (68%)	85 (92%)	58 (63%)	#/% at max (category) pre & post
Average Agency Domain Score (Range 4 – 32)		25.3	28.3 ***	62 (67%)	#/% improved score
% Low hope (< 20)		11 (12%)	2 (2%)		
% Hopeful (20-23)		16 (17%)	5 (5%)		
% High Hope (24-32)		63 (68%)	83 (90%)		†
Average Pathways Domain Score (Range 4 – 32)		25.6	28.0 **	55 (60%)	#/% improved score
% Low hope (< 20)		8 (9%)	2 (2%)		
% Hopeful (20-23)		19 (21%)	6 (7%)		
% High Hope (24-32)		63 (68%)	82 (89%)		

Source: FY 2024-25 Family Information Form. Matched set N = 92 HMG participants. Statistical significance reported as * p < .05, ** p < .01, *** p < .001.

B10. HMG HOME VISITING PICCOLO PRE-POST ASSESSMENT (MATCHED PAIRS) (N = 28)

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) measures how well children exhibit age-appropriate development and/or school readiness skills, and whether parents and caregivers display increases in confidence, knowledge, and engagement via four major domains:

Affection: parenting behaviors which help children feel close and connected to parents and help establish parent/child relationships and support children’s development (Range 0-14).

Responsiveness: parents responding to children’s cues, emotions, words, interests, and behaviors. This trait is an important foundation for social-emotional development (Range 0-14).

Encouragement: parenting behaviors actively supporting children’s exploration, effort, skills, initiative, curiosity, creativity, and play to promote social and cognitive skills (Range 0-14).

Early Teaching interactions: shared conversation and play, explanations, and questions for cognitive and language stimulation (Range 0-16).

PARENT-CHILD INTERACTIONS (PICCOLO)	PRE	POST	#/% WHO IMPROVED SCORE
Overall - PICCOLO Average	40.82	48.46***	21 (75%)
Affection Domain	11.79	12.64 †	13 (46%)
Responsiveness Domain	9.96	11.61 **	17 (61%)
Encouragement Domain	9.96	11.82 ***	18 (64%)
Teaching Domain	9.11	12.39 ***	20 (71%)

Source: Help Me Grow PAT Home Visiting PICCOLO Assessment, 2024-25. Matched N = 28. Statistical significance reported as † $p < .10$, ** $p < .01$, *** $p < .001$. Small sample, Interpret with caution.

B11. HMG HOME VISITING PARENTS AS TEACHERS PARENT SATISFACTION SURVEY (N = 33)

PROGRAM CHARACTERISTICS	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL AGREE
Helped increase my understanding of child's development	0 (0%)	2 (6%)	0 (0%)	8 (24%)	23 (70%)	33 (94%)
Helped me connect with other families	0 (0%)	1 (3%)	6 (18%)	13 (39%)	13 (39%)	33 (79%)
I am better able to handle stress because of program	0 (0%)	2 (6%)	3 (9%)	11 (34%)	16 (50%)	32 (84%)
Motivated me to try new parenting strategies	1 (3%)	1 (3%)	1 (3%)	10 (30%)	20 (61%)	33 (91%)
I am satisfied with this program	1 (3%)	1 (3%)	1 (3%)	6 (18%)	24 (73%)	33 (91%)
I would recommend this program to a friend	2 (6%)	1 (3%)	1 (3%)	5 (15%)	25 (74%)	34 (88%)
PARENT EDUCATOR CHARACTERISTICS	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL AGREE
Encouraged me to read books to child	1 (3%)	2 (6%)	0 (0%)	7 (22%)	22 (69%)	32 (91%)
Helped me work toward goals	1 (3%)	1 (3%)	1 (3%)	5 (15%)	25 (76%)	33 (91%)
Has my family's best interests in mind	2 (6%)	1 (3%)	0 (0%)	5 (15%)	25 (76%)	33 (91%)
Helped me find useful resources	2 (6%)	1 (3%)	0 (0%)	5 (16%)	24 (75%)	32 (91%)
Shared screening results in a way that makes sense	1 (3%)	1 (3%)	0 (0%)	9 (27%)	22 (67%)	33 (94%)

Source: PAT Satisfaction Survey, Parents as Teachers N = 33.

B12. STRESSBUSTERS CAFÉ KNOWLEDGE OF LOCAL TEHAMA RESOURCES (N = 36)

	NONE	MINIMAL	MODERATE	VERY	MODERATE + VERY
Resources for Food Needs	0 (0%)	4 (11%)	16 (44%)	16 (44%)	32 (89%)
Developmental resources for child	0 (0%)	5 (14%)	19 (53%)	12 (33%)	31 (86%)
Mental Health Support and Counseling	0 (0%)	5 (14%)	20 (56%)	11 (31%)	31 (86%)
ACEs	0 (0%)	5 (14%)	23 (64%)	8 (22%)	31 (86%)
Child Care/Preschool	1 (3%)	6 (17%)	16 (44%)	13 (36%)	29 (81%)
Strengthening Protective Factors	0 (0%)	7 (19%)	22 (61%)	7 (19%)	29 (81%)
Health Care/Health Insurance	0 (0%)	8 (22%)	21 (58%)	7 (19%)	28 (78%)
Kindergarten Readiness Information	1 (3%)	8 (22%)	19 (53%)	8 (22%)	27 (75%)
Prenatal Care	1 (3%)	9 (25%)	21 (58%)	5 (14%)	26 (72%)
Tobacco, Alcohol, or Drug Abuse	0 (0%)	10 (28%)	20 (56%)	6 (17%)	26 (72%)
Early Literacy Development	0 (0%)	10 (28%)	14 (39%)	12 (33%)	26 (72%)
Resources for Housing Needs	0 (0%)	12 (33%)	12 (33%)	10 (28%)	22 (61%)
Resources for Food Needs	0 (0%)	4 (11%)	16 (44%)	16 (44%)	32 (89%)

Source: FY 2024-25 Provider Information Form, Stressbuster Café March 2025 (N = 36).

B13. TRIPLE P SUBSET - ADULT HOPE SCALE PRE-POST IMPROVEMENTS (MATCHED SET) (N = 18)

ADULT HOPE SCALE (TRIPLE P MATCHED POPULATION N = 18)	PRE	POST		
Average Total HOPE Score (Range 8 – 64)	47.9	52.6*	12 (67%)	#/% improved (numeric) score
% Low hope (< 40)	2 (11%)	0 (0%)		
% Hopeful (40-47)	5 (28%)	3 (17%)		
% High Hope (48-64)	11 (61%)	15 (83%)		
Average Agency Domain Score (Range 4 – 32)	23.2	25.8*	12 (67%)	#/% improved score
% Low hope (< 20)	3 (17%)	0 (0%)		
% Hopeful (20-23)	5 (28%)	4 (22%)		
% High Hope (24-32)	10 (56%)	14 (78%)		
Average Pathways Domain Score (Range 4 – 32)	24.7	26.4†	10 (56%)	#/% improved score
% Low hope (< 20)	2 (11%)	0 (0%)		
% Hopeful (20-23)	4 (22%)	3 (17%)		
% High Hope (24-32)	12 (67%)	15 (83%)		

Source: FY 2024-25 Family Information Form. Matched set n = 18, including all participants who engaged in Triple P. Statistical significance reported as † p < .10, * p < .05, ** p < .01, *** p < .001. Interpret with caution due to small sample size.

B14. TRIPLE P PARENTING EDUCATION PARENTING EXPERIENCE SURVEY PRE-POST (MATCHED PAIRS) (N = 21)

Parenting Experience Survey: A Triple P curriculum assessment measuring five areas related to children’s behaviors and issues related to being a parent. Higher scores in the *Child Behaviors* domain indicate more difficult behaviors (range 1-5, decrease desired); while higher scores for *Parent Experience* (range 5-25), *Parent Confidence* (range 1-5), *Parent Support* (range 1-5), and *Partner Support and Satisfaction* range (2-16) indicate more positive experiences.

PARENT EXPERIENCE SURVEY	PRE	POST	#/% WHO IMPROVED SCORE
Child Behavior (n = 19)	2.74	2.05*	9 (17%)
Parent Experience (n = 20)	2.95	4.15***	15 (75%)
Parent Confidence (n = 18)	16.5	19.83***	16 (89%)
Parent Support (n = 21)	2.76	3.76***	14 (67%)
Partner Support & Satisfaction (n = 14)	9.86	11.14	9 (64%)

Source: Triple P Parenting Experience Survey, 2024-25. Matched Pair N = 21. Statistical significance reported as * p < .05, ** p < .01, *** p < .001. Interpret with caution due to small sample size

B15. PREGNANCY TO PRESCHOOL PARTNERSHIP CLOSED LOOP REFERRAL OUTCOMES (N = 223)

	FY 2024-25	% OF TOTAL
Served – Enrolled/Accepted	16	7%
Served – Resources, Education, Case Management	121	54%
Resource/Education Request Fulfilled	111	
Already receiving services/enrolled elsewhere	10	
Not Enrolled/Not Served	50	22%
Waitlisted	7	
Not enrolled – Not Eligible	8	
Not enrolled – Other or Not specified	35	
Other	36	16%
Could not contact	21	
Family declined	10	



THANK YOU!

to all of our partners, funders, and families who make this work possible