



**SNOHOMISH COUNTY EARLY HEAD START
SELF-ASSESSMENT
AUGUST 2024**

RESOURCES

2024 Family Outcome Survey (based on the PFCE Outcomes)
2020 - 2024 Home Visit completion
2020-2024-PIR Performance Indicator Report
2024 Snohomish County Homeless Point in Time Count
2023-2024 Office of Superintendent of Instruction School District Report Card
2023 Snohomish County Human Services Low Income Community Needs Assessment
2023 Snohomish County Health Department Parental Mental Health Matters Report
2022 Snohomish Health Department Community Health Assessment
2023 FA2 Monitoring Report
2020-2024 Strategic Plan

SUMMARY OF ASSESSMENT ACTIVITIES

Snohomish County Early Head Start (EHS) completed an in-depth analysis of data sets, that align with the program indicators, using a group process including staff and parents, and including a review of the 2024 Family Outcomes Survey (which was linked to the PFCE Framework), PIR Performance Indicator Report (Health Data), and Snohomish County Community Health Reports. Staff, families, and governing bodies spent March- July in several strategic planning sessions, supported by a contracted facilitator, to develop the goals, objectives and action steps for the 5 Year Strategic Plan to be included in the 5 Year Baseline Grant (2025-2030). EHS also used the Region 10 Training and Technical Assistance Team to provide direction in the development of the strategic planning process. In addition to the specific self-assessment activities and development of the 5 Year Strategic Plan, information from ongoing monitoring was included to determine Strengths and Areas of Concerns.

PROGRAM OUTCOMES FROM PREVIOUS TWO YEARS

Transition Planning

The transition planning process for families and children to the next early learning setting was improved to be a more collaborative process between the Infant Toddler Specialist (ITS) and the family when the child is 30 months old. The process includes child strengths, family strengths, potential challenges, and short- and long-term goals related to family well-being and school readiness. The goal was for 60% of families to have a well-being goal included in their transition plan; 100% of transition plans now include a well-being goal with action steps. Progress for this goal is monitored at 33 months and 36 months.

Curriculum, Assessment and Data

The program transitioned to using BabyTalk Curriculum, Desired Results Developmental Profile (DRDP) and ChildPlus to better align practices and services within a home visiting model. Baby Talk is a research-based home visiting curriculum that builds positive relationships and engaging and responsive interactions between parents/caregivers and child. The curriculum is grounded in the following foundational concepts: (1) importance of building relationships, (2) meeting families where they are, and (3) coming alongside families through partnership and collaboration to support the development of the child. Baby Talk emphasizes relationship-based family services. The mission of Baby Talk is to positively impact child development by nurturing healthy and responsive relationships during the critical early years. The curriculum's approach promotes building a trustworthy system of relationships that creates equitable and inclusive access to opportunities for families. The foundation of the work is building relationships with families that honor the cultures, strengths, individuality, and perspectives of every family. Baby Talk emphasizes the importance of providing resources and referring families to resources in the community. The curriculum materials, including learning experiences, learning goals, parenting practices, and guidance, support children across all the Head Start Early Learnings Outcomes Framework (ELOF) sub-domains.

Snohomish County EHS uses the Desired Results Developmental Profile (DRDP), an early childhood developmental continuum, to assess children's development each quarter while enrolled in the program. The DRDP is a strength-based assessment that considers the wide range of typical development at any age by offering positive descriptions of children's knowledge and skills across a broad continuum of development and learning. The DRDP assesses children's knowledge and skills in each developmental domain and is completed based upon parental input and staff observations of parent-child interactions in the family home. The results of the assessment are used to plan curriculum for home visits to support the child's development. These domains are in direct alignment with ELOF.

DRDP is integrated in ChildPlus, which also tracks required services and child/family data (i.e., home visits, screenings, immunizations, medicals, dentals, etc.).

KEY STRENGTHS

Family Outcomes Survey

Family Well Being

Ninety- nine percent of parents found the program to be somewhat helpful to very helpful in the Family Well Being Outcome. There were 12 questions in the survey that addressed Family Well Being

Parent-Child Relationships

One hundred percent of parents found the program to be somewhat helpful to very helpful in the Parent-Child Relationships Outcome. There were seven questions in the survey that addressed Parent- Child Relationships.

Families As Lifelong Educators

One hundred percent of parents found the program to be somewhat helpful to very helpful in the Families As Lifelong Educators Outcome. There were ten questions in the survey that addressed Families As Lifelong Educators.

Families As Learners

Ninety nine percent of parents found the program to be somewhat helpful to very helpful in the Families As Learners Outcome. There were five questions in the survey that addressed Families As Learners.

Family Engagement In Transitions

One hundred percent of parents found the program to be somewhat helpful to very helpful in the Family Engagement In Transitions Outcome. There were four questions in the survey that addressed Family Engagement In Transitions.

Family Connections to Peers and Community

Ninety-six percent of parents found the program to be somewhat helpful to very helpful in the Family Connections to Peers and Community Outcome. There were two questions in the survey that addressed Family Connections to Peers and Community.

Families As Advocates and Leaders

Ninety eight percent of parents found the program to be somewhat helpful or very helpful in the families As Advocates and Leaders Outcome. There were three questions in the survey that addressed Families As Advocates and Leaders.

Program Information Report Data

Health:

- Medical Exams: 95%
- Dental Exams:87%
- Immunizations:
 - Up to Date: 80%
 - Not Received All/Past Due: 12%
 - Exception/Waiver: 4%
 - Up to Date All Possible For Age/Behind: 4%
- Medical Home: 100%
- Medical Insurance: 100%

Disabilities:

- 23% of families enrolled in SC EHS have an Individual Family Service Plan

SUMMARY OF KEY FINDINGS/AREAS OF CONCERN

Parent Family and Community Engagement:

- Staff need additional training to support families to set goals and track progress around family well-being
- Staff requesting additional training to support prenatal and postpartum clients

Data-informed Continuous Quality Improvement System

- Data inconsistently entered making accurate aggregate data a challenge
- Data inconsistently used to inform child development planning with families

Health Services Outcomes

- Dental exam rate is lower than medical exams
- Families identified a need for additional mental health resources

PLAN FOR CONTINUOUS IMPROVEMENT

Parent Family and Community Engagement:

- Snohomish County EHS ITS staff will be confident in their ability to support families to utilize goal setting strategies that lead to family well-being and economic self-sufficiency. (Goal 3, 2025-2030 Strategic Plan)
- Snohomish County EHS Program will focus on enhancing the skills of the Infant Toddler Specialists by investing in their well-being and professional development utilizing both program-wide and individual coaching strategies with a focus on diversity, equity, and inclusion. The Program has identified increased knowledge in infant mental health principles as a key component of professional development. (Goal 2, 2025-2030 Strategic Plan)
- Staff will be trained to identify and support individual family needs for referrals through a lens of equity and cultural humility. One prioritized topic is supporting family through the pregnancy and postpartum period. (Goal 5, 2025-2030 Strategic Plan)

Data-informed Continuous Quality Improvement System

- Snohomish County EHS will improve its data management system to maximize the program's ability to effectively gather, measure and analyze data to implement continuous quality improvement activities utilizing parent, governing body, and community partner input in addition to program data. (Goal 1, 2025-2030 Strategic Plan)

Health Services Outcomes

- Snohomish County EHS ITS staff will sustain and improve physical and mental health outcomes for all children enrolled in the program. Staff will provide additional information to families highlighting the importance of children under three receiving dental care in response to current trends identified when analyzing dental exam data. Staff will participate in training on Infant/Toddler Mental Health and social emotional learning to share with families in home visits. (Goal 3, 2025-2030 Strategic Plan)