



## FIRST 5 SANTA CRUZ COUNTY



## ANNUAL EVALUATION REPORT



**July 1, 2019 - June 30, 2020**

October 2020

## Acknowledgements

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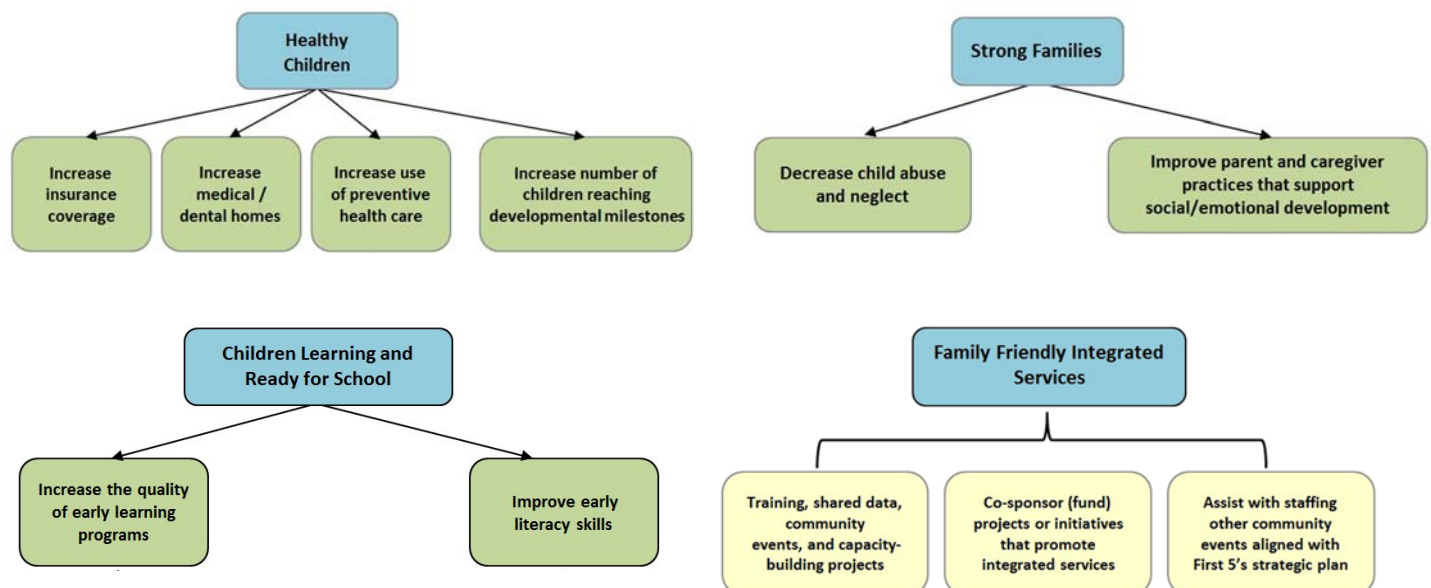
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# EXECUTIVE SUMMARY

## First 5 Santa Cruz County's Strategic Framework

First 5 Santa Cruz County has the great privilege and responsibility to act as the steward of Proposition 10 ("tobacco tax") resources for young children from prenatal to age 5 in Santa Cruz County. Since its inception in 1998, the Commission has worked to establish a coordinated and integrated system of care and support for children 0-5 and their families.

The 2016-2020 First 5 Santa Cruz County Strategic Plan articulates community goals and results in goal areas of Healthy Children, Strong Families, Children Learning and Ready for School, and Family Friendly Integrated Services. The Strategic Plan was developed with the intentions of: 1) maintaining and further developing current initiatives that were showing high impact and sustainability in the community, 2) continuing to provide a leadership role in several community programs and initiatives, and 3) recognizing a significant decline in funds due to the strategic exhaustion of First 5's fund balance and the ongoing decline in Proposition 10 revenue. The First 5 Santa Cruz County Commission utilizes the strategic framework shown below to guide its funding and programmatic decisions. This enables First 5 to allocate its resources effectively and measure the impact of its investments. See Appendix A for a detailed version of this framework.



This annual report summarizes findings of the First 5 Santa Cruz County evaluation from **July 1, 2019 to June 30, 2020**. Many programs are multi-year investments, and therefore some information presented reflects multiple years of data.

## Meeting the Challenge of the COVID-19 Coronavirus Pandemic

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As the world continues to face the unprecedented difficulties and restrictions caused by the COVID-19 pandemic, state and local communities are rallying together to meet the challenge. First 5 and its partners have been working on a number of fronts to support the health, safety, and development of young children and their families during this crisis.

- The **Baby Gateway Newborn Enrollment Program** continues to help enroll eligible newborns into Medi-Cal, at all three hospitals in the county.
- The **VisionFirst program** is working on developing safe and efficient methods for providing vision screening services to young children during the coronavirus pandemic.
- The **Neurodevelopmental Foster Care Clinic (NDFCC)** converted all in-person visits to telephone or online telehealth visits, and was able to respond to all new referrals from Child Protective Services and maintain all recommended follow-up visits.
- During this pandemic, the NDFCC also participated in three county-wide online **Parent Support Groups** co-hosted by First 5, Live Oak Cradle to Career, and the County Office of Education to continue offer parenting support and information through Triple P services.
- First 5 helped the **Triple P practitioners** to continue to offer parenting support services by phone, videoconferencing platforms, or Triple P Online (a structured online program). In April, the Inmate Programs staff switched to an Independent Study program at the local correctional facilities, which allowed participants to continue their Triple P services during the Shelter-in-Place order.
- **Families Together** transitioned to a telehealth service model, and contacted all clients to inform them that services would still be available and staff were going to work via phone or internet to ensure that they received services.
- **Quality Counts Santa Cruz County (QCSCC)** offered professional development and other supports in online formats. A portion of IMPACT and related funding was reallocated to an emergency fund for providers serving children of essential workers.
- First 5 also partnered with the County Office of Education and the Child Development Resource Center on two **supply giveaway events** to hundreds of child care providers in the County, where they distributed supplies provided by First 5 California and other state and local partners. Supplies included diapers, wipes, cleaning supplies, masks, touchless thermometers, children's books, and other valuable resources.
- The **Santa Cruz Reading Corps** Literacy Tutors shifted their service work to creating literacy materials for their classrooms, attending virtual preschool and TK classes, participating in professional development trainings, and volunteering in the community.
- **Raising A Reader** continued to find ways to provide reading materials to families and reach out to the community during the pandemic, and in the coming year will be continuing the rotating book bag program through the local public libraries.

- Drawing on supplies from First 5 California and a generous grant from the Central California Alliance for Health, First 5 completed distribution of baby food, diapers, and baby wipes to over 1,000 **community residents impacted by the pandemic**. First 5 couldn't have succeeded in that effort without their community partners: Santa Cruz Community Health Centers, PVUSD Migrant and Seasonal Head Start, the San Andreas Regional Center and the STARS program, Community Bridges, Encompass Community Services, and Public Health.
- First 5 continued to promote the vital importance of the community's participation in the **2020 Census**.

The COVID-19 pandemic is challenging and on-going, but First 5 is committed to working with County leaders and partners in navigating these tumultuous events and ensuring the collective well-being of our County's children and families. It is First 5's firm conviction that together we will emerge stronger and more interconnected than ever before.

## Summary

The following is an Executive Summary of this *Annual Evaluation Report*, providing a review of key County indicators of child and family well-being, a description of the population served by First 5-funded programs, and highlights of the activities and achievements in each of the four goal areas of the 2016-2020 First 5 Santa Cruz County Strategic Plan.

### *The Importance of Investing in Young Children*

A growing body of scientific evidence points to the economic and societal impacts of wise investments in the early years. The Harvard Center for the Developing Child states:

*A vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Health in the earliest years lays the groundwork for a lifetime of vitality.*

*Experiences during the first few years of life – good and bad – literally shape the architecture of the developing brain. Stable, positive relationships with adults and growth-promoting experiences are keys to the development of the architecture that forms the foundation for all future learning, behavior, and health. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.<sup>1</sup>*

First 5 Santa Cruz County is dedicated to giving children the opportunities they need to reach their full potential.



#### **First 5 Santa Cruz County's Vision**

*All Santa Cruz County children enter school ready to achieve to their greatest potential.*



#### **First 5 Santa Cruz County's Mission**

*To help children succeed in school and in life, First 5 Santa Cruz County invests in health, early learning, and family support to promote optimal development of Santa Cruz County children.*

<sup>1</sup> <http://developingchild.harvard.edu>

## Overall Well-Being of Children in the County

First 5 Santa Cruz County invests in health, early learning, and family support to promote the well-being of children. To help guide its investments and partnerships, First 5 monitors county-wide trends that affect child well-being. The year 2019-2020 marks the final year of the 2016-2020 strategic plan, and the following data reflect the status of young children and their families in the County (the most recent data available are reported).

- **Santa Cruz County has a diverse population of young children which is slightly decreasing in number.** In 2020, there were 16,304 children ages 0-5 in Santa Cruz County, continuing a decreasing trend since a high of 18,745 in 2012. The majority of these children were either Hispanic (49%), or Caucasian (44%). This diversity continues into kindergarten, where in 2020 over 38% of children had a primary language other than English.
- **Unemployment is rising, but varies greatly across the County.** In 2019-20, the average unemployment rate in the County was 7.4%, higher than it was the year before (4.9%). Within the County, the percent of unemployed residents differs greatly by area; the average unemployment rate ranges from 2.2% in Capitola to 12.7% in Watsonville.
- **Salaries are rising, but many are still living in poverty.** Although the 2019 median family income was higher than it was five years previously, it was still not enough for many in this County to make ends meet. According to the U.S. Census Bureau, in 2019 over 10% of all people in the County were earning less than the Federal Poverty Level (FPL), and almost 3% of all children ages 0-5 were living in poverty. However, when incomes were analyzed using different measures that are considered more comprehensive measures of income adequacy (such as the California Poverty Level and Self-Sufficiency Standard), 2019 data estimated that 19% to 45% of families in Santa Cruz County were not able to meet their basic needs.
- **There is varying enrollment in public assistance programs.** In the past five years, there was a relatively unchanged number of students receiving Free and Reduced Price Meals, and decreasing enrollment in the Women, Infants, & Children program. Interestingly, however, in the last year there was an increase in the number of County residents participating in the CalWORKS and the CalFresh programs.
- **Children have health insurance.** In 2019, the vast majority of County children had health insurance (99%). First 5 Santa Cruz County continues to provide assistance to families to enroll in public health insurance programs, to help every child aged 0-5 get insured.
- **Children have access to a provider for routine preventive care.** In 2019, 93% of County children (ages 2-6) who were enrolled in Medi-Cal had access to a primary care practitioner, and 80% of County children (ages 3-6) who were enrolled in Medi-Cal had received a well-child check-up.

*"Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health."*

*Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.*

*Research is clear that poverty is the single greatest threat to children's well-being."*

- National Center for Children in Poverty  
< <http://www.nccp.org> >



- **Not all of our youngest children are getting important early screenings.** In 2018, CHIS data showed that 72% of County children ages 0-5 had been to the dentist in the last year. When looking just at children enrolled in Medi-Cal, data from the California Department of Health Care Services showed that 52% of children ages 1-2, and 69% of children ages 3-5 had been to the dentist in the last year, and these numbers had been increasing over the past five years. Early vision screening is also important, and across the state, 2018 data show that only 40% of California children ages 0-5 were getting screened for possible vision problems.
- **Not enough young mothers are receiving prenatal care in the first trimester.** In 2018, the percentage of mothers who received prenatal care in their first trimester was high – 86% — which exceeded the Healthy People 2020 target rate of 78%. However, younger mothers (ages 24 and younger) tended to fall below this target rate, with only 73% receiving first trimester care, although this number has been increasing since a low of 68% in 2013. Additionally, there were differences in receipt of early prenatal care based upon the mother’s source of payment for the care. In 2018, 78% of mothers with Medi-Cal insurance began receiving prenatal care during the first trimester, compared to 94% of mothers with private insurance, although this number has been rising.
- **The number of preterm births and children with low birthweights is staying relatively level.** In 2018, approximately 7.6% of all mothers had preterm births and 6.1% had children with low birthweights, a percentage that has stayed relatively level over the past five years. Interestingly, since the previous year there was very small rise in the percentage of younger mothers (ages 24 and under) having children with low birthweights.
- **The percentage of births to teen mothers in the County is staying low.** In 2018, the percentage of births to teen mothers represented 3.6% of all births in Santa Cruz County, and there was a teen birth rate of 7 per 1,000 (ages 15-19). Both of these measures are staying relatively level after a decreasing trend over the previous five years.
- **Almost half of the births by women in the County were paid for by Medi-Cal.** In 2018, 47% of births, across all age groups, were paid for by Medi-Cal. However, Medi-Cal was utilized by 78% of the births to women under the age of 25.
- **Only some income-eligible children are enrolling in subsidized child care.** In 2020, only 25% of income-eligible infants and toddlers ages 0-2 were enrolled in subsidized child care. Data for income-eligible preschool children ages 3-4 showed that 64% were enrolled in subsidized preschool, an increase over the previous three years. Results from the County DataShare database showed that in 2017, 32% of children ages 0-12 in working families were enrolled in licensed child care.
- **Young children with developmental challenges are getting support.** In 2018-19, 7% of kindergarten students in Santa Cruz County received special education services, demonstrating the importance of having services available to address the developmental issues of these very young children.

- **Third graders are struggling with their reading skills.** In 2019, only 41% of 3<sup>rd</sup> grade students met or exceeded standards in English language arts/literacy, which is lower than the state average of 49%. Although the county-wide 3<sup>rd</sup> grade English language arts/literacy scores increased slightly over the previous four years, there are still significant disparities by students' English-language fluency, ethnicity, and economic status.
- **There are decreasing rates of child maltreatment.** The rate of substantiated allegations of child maltreatment in Santa Cruz County has been decreasing, and in 2010 Santa Cruz County moved from being substantially above or at the statewide rates, to below them. However, data are revealing that infants still have substantially higher rates of abuse than toddlers and preschoolers.
- **Many children are experiencing Adverse Childhood Experiences (ACEs).** The extreme stress and adversities that children experience can have lifelong impacts on health, well-being, and economic opportunities. Approximately 14% of children ages 0-17 in our county have experienced two or more adverse experiences, as reported by their parents.

## ***A Profile of First 5 Participants***

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### **First 5 Santa Cruz County reaches children who can make great gains with early and smart investments**

First 5's goal is to serve the most vulnerable children ages 0-5 and their families in Santa Cruz County, including very low-income families, English language learners, and families who live in higher risk zones of the County.

- **First 5-supported programs are wide-reaching:** In 2019-20, First 5 partners served **5,288** unique children ages 0-5, representing 32% of all children these ages in Santa Cruz County. Approximately **2,545 additional services** were provided to children who participated in programs where no client ID was available to track their participation, or who were indirectly supported by a First 5 funded program.
- **First 5 serves a high number of dual language learners:** Of the children served by First 5, 78% were Latino, and 42% of children spoke Spanish in their household. Of all Latino children ages 0-5 in Santa Cruz County, 52% participated in services funded by First 5.
- **First 5 is serving children in the highest risk zones of the County.** The new "California Strong Start Index" uses information collected at birth to understand the conditions under which California's babies are born at a very local level, and measures resources that are tied to good outcomes and resilience throughout a person's lifespan, such as healthy birth weight, timely prenatal care, parental education level, and parents' ability to afford and access health care. Of the children served by First 5 in 2019-20 who had known ZIP codes, the vast majority (90%) lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, Freedom, and Watsonville), showing that First 5 partners are reaching children and families who typically experience the greatest barriers to good health and well-being.



## First 5 strengthens systems by enhancing the capacity of service providers

In addition to supporting direct services to children and families, First 5 aims to boost the capacity of local systems in order to extend the reach of critical early education, family support, and health services to a larger number of children and families. Systems enhancements help ensure better services for years to come. Examples of First 5's capacity-building work in 2019-20 include:

- **Skill development and coaching for early childhood educators.** In 2019-20, **50** early childhood educators from preschools, Transitional Kindergarten classrooms, licensed family child care homes, and Santa Cruz Reading Corps tutors received training and coaching from the SEEDS of Learning® program, **12** SEEDS Quality Coaches provided literacy environmental assessments and literacy coaching to early educators receiving SEEDS of Learning® instruction during the year, **35** family child care providers participated at Step 3 in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated, **22** family child care providers participated at Step 2 in the local Quality Rating and Improvement System, received technical assistance, and are not yet rated, and **12** family, friend, and neighbor child care providers attended Quality Improvement workshops and received materials and information, for a total of **120 unique early childhood educators**.

Many additional early childhood educators working in state- and federally-funded center-based programs received professional development training, but were not tracked using a Unique ID. These include **over 125** teachers from centers participating in Quality Counts Santa Cruz County who received coaching and technical assistance, and **hundreds** of early childhood educators who provided the Raising A Reader program to children.

- **Development of a population-based system of parent education.** In 2019-20, **22** parent education practitioners received training to deliver the Triple P –Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors.

## Healthy Children

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For the past several years, First 5 Santa Cruz County has invested in strategies to help ensure that all children have health insurance and access to care.

### First 5 Santa Cruz County insures children

- **Santa Cruz County's newborns are getting connected to medical care.** During 2019-20, the Baby Gateway Newborn Enrollment Program provided 92% of all mothers with a newborn visit while in the hospital (or via phone during the Shelter-in-Place order). Of all mothers with Medi-Cal births, effectively all (99.8%) were assisted to complete a Medi-Cal Newborn Referral application for their new baby, and 99% of these mothers identified a preferred primary care provider (PCP) or clinic for their child before discharge from the hospital.

- **Newborns and their families have access to food.** The current COVID-19 situation has many families in our community struggling with access to food. The Newborn Enrollment Coordinators (NECs) also assist families at hospitals to enroll in CalFresh and WIC.

- **Fewer children are using the emergency department (ED).** Ideally, children and their families who have insurance and who have a medical home will be more likely to access their provider for routine preventive care, and less likely to use the emergency department (ED) for non-urgent medical care.

- The services provided by the Baby Gateway Newborn Enrollment Program may have had an effect on the use of the ED for very young infants, and particularly those who were covered by Medi-Cal. Since the launch of this program at Watsonville Community Hospital in 2009, the number of infants (under age 1) on Medi-Cal who visited the Emergency Department dropped 47%.

- **Children are getting vision screening.** The VisionFirst program provides children as young as 6 months old with a simple instrument-based vision screening right in their child care and transitional kindergarten settings. In 2019-20—the fifth year of this program—830 children were screened, and 131 (16%) had possible vision problems identified. At the time of this report, 92 of those children have followed up with a full vision exam at an optometrist, and 85 of these children (92%) have been prescribed eye glasses or are being monitored.
- **Children are getting support to reach developmental milestones.** Foster children with neurodevelopmental needs are getting referred to supportive services through a coordinated and multidisciplinary system called the *Neurodevelopmental Foster Care Clinic*.

*Uninsured children are:*

- Over 13 times more likely to lack a usual source of care;
- Nearly 5 times more likely to have delayed or unmet medical needs;
- Over 3 times more likely to have unmet mental health service needs;
- 5 times more likely to have unmet dental and vision care needs;
- Nearly 4 times more likely to have an unmet need for prescription drugs.

- Children Now  
<<http://www.childrennow.org>>

## Strong Families

One indicator of child safety are the County measurements of child abuse and neglect. Fortunately, the rates of child maltreatment are decreasing, and in 2010 Santa Cruz County moved from being substantially above or at the statewide rates, to below them.

- In Santa Cruz County, the rates (*per 1,000*) for **children under age 1** have decreased from a high of **37.1** in 2005, to **11.0** in 2019.
- For **children ages 1-2**, rates (*per 1,000*) dropped from a high of **19.8** in 2004, to **3.7** in 2019.
- For **children ages 3-5**, rates (*per 1,000*) dropped from a high of **17.5** in 2005, to **3.4** in 2019.

This improvement may have been assisted by the efforts of the county-wide Triple P – Positive Parenting Program and the Families Together program, which launched in late 2009 and 2006, respectively.

## First 5 Santa Cruz County helps strengthen parent-child relationships and reduce risk for child abuse and neglect

Through innovative programs, First 5 and its partners are helping to decrease the risk and incidence of child abuse and neglect.

- First 5 continued the implementation of the Positive Parenting Program, or **Triple P**. The program consists of five levels of intervention, from broad-based, universal efforts in the community to more intensive, focused efforts with individual parents. The Triple P model is an evidence-based program shown in numerous randomized studies to increase parental confidence and efficacy, promote positive parent-child interactions and child behaviors, and reduce rates of child maltreatment.

Highlights of Triple P include:

- **Evidence-based parenting support is available.** First 5 has implemented all five levels of Triple P in Santa Cruz County, ranging from a media campaign to intensive and focused individual services. Between 2010-2020, over 14,400 parents with over 27,600 children have participated in the program.
- **Parents are engaged and seek more opportunities.** Over the past several years, analyses have consistently shown that brief services are an effective way of getting parents initially engaged in the program, and gives them an opportunity to participate in further services. Parents who attend Seminars and Workshops frequently request follow-up services, and parents who participate in one or two brief consultations for specific parenting concerns often return later for in-depth consultations and multi-session programs.
- **Parenting skills and knowledge are improving along several domains.** Parents who completed assessments that measured their levels of parenting skills and knowledge along several domains showed substantial improvements in all domains, including:
  - Increased use of positive parenting styles • More consistent parenting • Less coercive parenting • More positive encouragement • Improved parent-child relationships • Improved family relationships • Improved levels of confidence in parenting • Reduced levels of conflict over parenting • Increased support in their role as a parent • Increased levels of satisfaction with their relationship with co-parents • Improved parental teamwork • Reduced levels of conflict between parents • Decreased levels of emotional difficulties • Improved parent emotional well-being • Improvements in child behavior • Fewer child emotional difficulties • Fewer child challenging behaviors • Improvements in family nutrition and physically active lifestyles
- **Parents with more serious parenting issues are making the greatest improvements.** There was also evidence that parents who began the program with more serious parenting issues demonstrated the greatest improvements as a result of receiving

Parents are more confident in their parenting skills, are helping to improve their children's behavior, and are building positive relationships within their families.

in-depth services (8 or more sessions). This is particularly true for parents of adolescents, and parents of children with special needs.

- **Participants at local correctional facilities are getting involved in Triple P.** Triple P practitioners from Community Bridges continued to provide three concurrent 12-week workshop series in English and Spanish at local correctional facilities, with very high participation and satisfaction rates. Early results indicate that participants have more confidence in being a parent, and are showing increased knowledge of effective parenting.
- **Parents are satisfied with services.** Parents have rated the quality of services very high, noting that they had received the help they wanted, were dealing more effectively with problems in their family, and would come back to the program if they needed to seek help again.
- **Parents are continuing to use the skills they learned.** On average, parents felt that the Seminars and Workshops answered their questions, and that they would continue to use the strategies they learned. Parents who received more in-depth training felt that the programs had helped them develop skills that could be applied to other family members, and helped them deal more effectively with their child's behavior.
- In partnership with the County's Human Services Department-Family and Children's Services and Encompass Community Services, First 5 supports a program called **Families Together**. Families Together is Santa Cruz County's differential response program, a strategy used to intervene early with families in which there has been an allegation of abuse. This home visiting program includes comprehensive intake and risk assessments, development of a tailored case plan, parent support and education, child development activities, and periodic assessments.

At-risk parents have improved parenting styles and reduced risk of maltreatment.

The percentage of Families Together participants assessed as being at *high risk* or *very high risk* of child maltreatment dropped from 75% to 17% after one year.

Results of the program have been very encouraging:

- **Reduction of risk.** Parents/primary caregivers receiving services from Families Together had their levels of risk assessed while they were in the program. Pre and post risk assessments for several years combined indicated that families reduced their level of risk for future maltreatment.
- **Reduced rates of child maltreatment.** Results from 2019 show that 99% of families who received services from the Families Together program had no substantiated allegations of maltreatment in the six months after their cases closed. This suggests that even though some families are still experiencing high risk factors that lead to a child welfare report, they may have gained skills and resources during their participation in Families Together that prevent court-mandated involvement with child welfare.

## Children Learning and Ready for School

### First 5 is helping to improve the quality of early learning programs in Santa Cruz County



Santa Cruz County is one of 58 counties participating in Quality Counts California, a “statewide, locally implemented quality rating and improvement system (QRIS) that funds and provides guidance to local and regional agencies, and other quality partners, in their support of early learning and care providers.” Formerly known as the Quality Early Learning Initiative (QELI), in 2018-19 this was officially renamed Quality Counts Santa Cruz County.

In 2012, First 5 Santa Cruz County launched the local QRIS, partnering with family child care and child care center providers to improve the quality of early learning for children ages birth through 5 in Santa Cruz County. First 5 established this initiative as a result of receiving funding through California’s Race to the Top - Early Learning Challenge federal grant, and First 5 California’s Child Signature Program.

Drawing on resources from both grants, the Quality Early Learning Initiative (QELI) Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, and other early learning stakeholders. Together, members of the QELI Consortium—now called Quality Counts Santa Cruz County—worked to develop and pilot a local Quality Rating and Improvement System (QRIS), aligning with the California Quality Continuum Framework, as a way to foster on-going quality improvement that is proven to help children thrive.

In fiscal year 2015-16, First 5 California launched IMPACT (Improve and Maximize Programs so All Children Thrive), and partnered with the California Department of Education to create the California QRIS (CA-QRIS). Renamed Quality Counts California (QCC) in fiscal year 2017-18, QCC helps to ensure that children ages 0 to 5—particularly those who are low-income, English learners, or children with disabilities or developmental delays—have access to high quality early learning programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

*“A growing body of research confirms the importance of quality early learning experiences to effectively prepare young children not only for school, but for life.”*

- First 5 California

During this past year, Quality Counts Santa Cruz County (QCSCC) has: provided technical assistance and coaching to program directors, teachers and providers; maintained the QCSCC database; coordinated independent assessments; facilitated Professional Learning Communities; collaborated with partners to provide system-wide trainings; and created a plan for marketing, communications, and branding which includes QCSCC materials for sites, and information on quality programs for teachers and families. In addition, First 5 contracted with Go Kids, Inc. to continue to lead the QCSCC Consortium’s quality improvement activities for Family Child Care (FCC) programs. In 2019-2020, the Go Kids, Inc. Quality Improvement Coordinator recruited 3 new FCC providers to Quality Counts (for a total of 57 Family Child Care providers) and coordinated trainings and independent assessments.

- Full ratings of all participating Quality Counts sites in Santa Cruz County were conducted in December 2019. Sites were rated on a 5-tier scale (1=lowest tier; 5=highest tier), and as of the most recent rating in 2019:

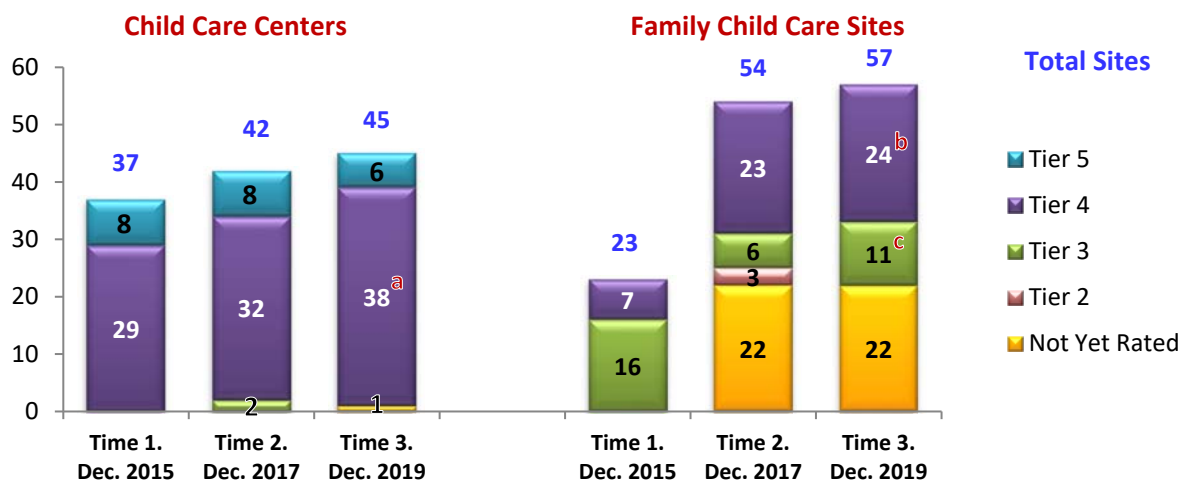
- 0 sites received a Tier 2 rating
- 11 sites received a Tier 3 rating
- 62 sites received a Tier 4 rating
- 6 sites received a Tier 5 rating

It is important to note that several sites are just 1 point away from moving to the next higher Tier rating:

- Nine Tier 3 family child care sites are 1 point from moving to Tier 4.
- Six Tier 4 centers and five Tier 4 family child care sites are 1 point from moving to Tier 5.

- In fiscal year 2019-20:
    - 22 additional Family Child Care providers participated in Quality Counts Santa Cruz County, bringing the total to 57 FCC participants. Of these 57 providers, 35 are participating at Step 3 and received a full rating in December 2019.
    - 12 Family, Friend or Neighbor (informal, unlicensed providers) joined Quality Counts Santa Cruz County at Step 1 (Quality Improvement) and participated in the first of a series of six trainings. Due to the pandemic Shelter-in-Place order, the workshop series was cancelled.
- In fiscal year 2019-20, Quality Counts Santa Cruz County conducted assessments and full ratings of all participating Step 3 sites. The following table presents the results of these ratings.

**Number of QCSCC Sites at each Tier Rating, by Rating Time and Type of Site**



Source: First 5 Santa Cruz County, 2020.

<sup>a</sup> Six Tier 4 centers are 1 point from moving to Tier 5.

<sup>b</sup> Five Tier 4 Family Child Care sites are 1 point from moving to Tier 5.

<sup>c</sup> Nine Tier 3 Family Child Care sites are 1 point from moving to Tier 4.

- **Local Quality Counts Santa Cruz County resources are leveraged through participation in regional partnerships.** Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito and Monterey counties to form the Bay Area Quality Early Learning Partnership (BAQELP). This regional consortium (labeled Region 4 HUB by Quality Counts California, and now called Quality Counts Bay Area) was developed so that these eight neighboring counties could strategize together, share resources, leverage funds, and align practices. This regional approach has resulted in strengthening the current resources available for professional development.

### First 5 Santa Cruz County builds early literacy foundations by training early childhood educators to enhance language-rich practices in the classroom

One of the most powerful indicators of later success is a child's reading proficiency at the end of 3<sup>rd</sup> grade,<sup>2</sup> and data show that Santa Cruz County children are struggling with their reading skills. First 5 Santa Cruz County is working to improve these long-term trends by encouraging families to read together, providing language and literacy skill development for early childhood educators, and encouraging child assessments in order to individualize instruction.

- **The SEEDS of Learning<sup>®</sup> framework is being used throughout Santa Cruz County child care programs.** Since the founding of the Early Literacy Foundations Initiative in 2006-07, 637 unique educators have been trained in the SEEDS of Learning<sup>®</sup> framework. This includes 246 educators in state- and federally-subsidized classrooms, 20 educators in public school transitional kindergarten classrooms, 288 educators in licensed family child care homes and private/non-profit centers, and 83 Santa Cruz Reading Corps Literacy Tutors.
- **Classrooms and home-based settings of SEEDS-trained early educators are being transformed into literacy-rich environments.** SEEDS-trained early childhood educators are working to ensure their children are on target for kindergarten readiness by using evidence-based early literacy strategies, receiving on-site coaching, and integrating materials into their learning environments. Cumulative assessment results are showing that SEEDS-trained and coached teachers are improving the quality of support they provide in their classrooms for children's development of early literacy:
  - In **preschool and transitional kindergarten (TK) classrooms** taught by SEEDS-trained early childhood educators, results from the *Early Language and Literacy Classroom Observation* tool showed that between 2011-2019,<sup>3</sup> the percentage of classrooms that provided high quality support for early literacy increased from 34% at pre-assessment to 88% at post-assessment.

637 early childhood educators, Reading Corps Literacy Tutors, and informal family child care providers throughout the county have been trained to promote strong language and literacy foundations for children.

<sup>2</sup> Kidsdata.Org, Lucile Packard Foundation for Children's Health, *Reading Proficiency*, retrieved from <http://www.kidsdata.org/>, 2013.

<sup>3</sup> The *ELLCO Pre-K* assessment is used to evaluate the quality of support for language and literacy in SEEDS classrooms, and is completed at the beginning and end of the fiscal year. However, in 2020 the "post" (2nd) evaluation had to be cancelled due to the COVID-19 pandemic. Therefore there are no new results for fiscal year 2019-20, but the cumulative results for 2011-2019 are discussed.



- In **family child care settings**, there were substantial improvements from the first training to the final training. Cumulative results for the *Child/Home Early Language and Literacy Observation* tool from 2007-2020 showed that overall, the percentage of family child care settings that were rated as having high quality support for early literacy increased from 45% to 90%.

## First 5 Santa Cruz County helps children build the foundation for later reading success

- **Children are developing skills in key areas of reading success.** The focus of the Santa Cruz Reading Corps is to promote strong literacy and language foundations for young children, especially dual language learners. AmeriCorps volunteers—called Literacy Tutors—are trained to assess children in five areas of early reading predictors: Vocabulary/Oral Language, Comprehension, Phonological Awareness, Alphabet Knowledge, and Letter Sounds. These assessments help them select children who are at risk for not being ready for kindergarten, who then receive tailored literacy-based interventions on a daily basis. Beginning in 2012-13, all Reading Corps classrooms began to emphasize the development of children’s vocabulary skills in English during these interventions. The goal is to increase the number of children “on target” with early reading predictors, particularly in their English vocabulary.

*“The seeds of literacy are planted before children enter school.*

*Important literacy skills do not develop spontaneously, instruction shapes them.”*

*- Snow, Burns, & Griffin, 1998*

In 2019-20, Santa Cruz Reading Corps trained and placed 12 Literacy Tutors in 14 different classrooms, serving 413 children. However, this program year was greatly impacted by the Shelter-in-Place order issued on March 16, 2020. As classrooms closed, Literacy Tutors were not able to continue their AmeriCorps service for the remainder of the program year. Therefore, no interventions nor Spring assessments were conducted with children after that date.

Nevertheless, results from the first two assessments (Spring and Fall) for 2019-20 continue to support previous years’ findings, which show that children who need the biggest boost in key early literacy areas—and particularly their English vocabulary skills—benefit when they receive individualized literacy-based interventions.

- In **State Pre-K and TK classrooms**:
  - Children in these SEEDS-trained classrooms improved in four of the five pre-literacy skill areas—in English—no matter what their primary language was. “Vocabulary/Oral Language” (*PELI*) was the only skill area where the percentage of children “At/Above” target level did not increase over time. It is important to remember, however, that the *PELI* raises the Benchmark Target levels for each skill area at each assessment time period, so by the end of the year the Benchmark Target for each skill area is higher than at all earlier assessments.



- When assessed in English, Spanish-speaking children on average started with lower scores than English-speaking children, but by their last *PELI* assessment they had increased their scores by similar amounts.
- Improvement in English language vocabulary development was particularly evident among primarily Spanish-speaking children who had received the **tailored interventions** that focused on this important pre-literacy skill. An analysis of average scores on the *PELI* Fall and Winter benchmarks showed that when assessed in English, Spanish-speaking children who were selected to receive tailored interventions started with lower scores than Spanish-speaking children who did not require tailored interventions. But by their last assessment they had increased their scores by a *higher amount* in Picture Naming (vocabulary development).

This last result is especially encouraging, as it suggests that these children are getting the tailored help they need to increase their vocabulary and enter kindergarten on par with their peers.

- **Parents are getting involved in their children's reading.** SEEDS classrooms and family child care homes also implemented Raising A Reader, a weekly rotating book bag program for families, to boost shared reading practices and impact children's early literacy skills. In the 2019-20 fiscal year, 3,659 children and their families participated in the program throughout the county, and over 27,000 children have participated since the beginning of this program in 2006.

## ***Integrated Services and Systems***

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First 5 continues to focus on building system integration efforts and supporting community initiatives, training, shared data, community events, and capacity-building projects. The following key initiatives are highlighted in this report:

- **Collective of Results and Evidence-based (CORE) Investments.** Beginning in 2015 and initially focused on the transition of the City and County of Santa Cruz's Community Programs funding model, CORE Investments is both a funding model and a broader movement to create the conditions for equitable health and well-being across the life span; prenatal through end of life. While not limited to the well-being of young children and families, CORE has emerged as a substantial and critical initiative designed to help create the type of equitable, integrated services and systems originally envisioned by the authors of Prop 10.

First 5 serves on the CORE Steering Committee, helping guide the project through a multi-phase, collaborative planning process, which has resulted in defining eight interdependent “CORE Conditions for Health and Well-being.”

The CORE Conditions represent vital aspects of health and well-being where equitable opportunities must exist in order for individuals, families, and communities to achieve equitable outcomes. When applied to a systems of care approach, the interconnected conditions represent essential sectors and services in an integrated early childhood system of care. First 5’s investments and partnerships focus on enhancing outcomes in specific CORE Conditions, as well as strengthening the linkages between programs and systems partners that address multiple CORE Conditions.



In fiscal year 2019-20, First 5 continued to serve on the CORE Steering Committee, helping guide the project through a multi-phase development process. In addition, the strategic priorities and desired results in First 5’s new strategic plan, adopted in June 2020, is aligned with the CORE framework by design. This reflects the myriad ways that First 5’s investments have contributed—and will continue to contribute—to multiple dimensions of equitable health and well-being across the community.

- **Thrive by Three.** In January of 2017 the Santa Cruz County Board of Supervisors approved Supervisor Ryan Coonerty’s request to establish the Thrive by Three Early Childhood Fund.



Thrive by Three was established to invest in the earliest years of childhood, support evidence-based two generation approaches to achieve breakthrough outcomes for young children and their families, and to help develop an integrated and comprehensive prenatal to 3 system of care dedicated to improving the following desired outcomes:

- **Babies are born healthy**
  - Prenatal care in the first trimester
  - Full term births and healthy birthweight
- **Families have the resources they need to support children’s optimal development**
  - Access to high-quality care and early learning opportunities
  - Access to economic and self-sufficiency supports
- **Young children live in safe, nurturing families**
  - Parenting confidence and practices, parent-child relationships
  - Parent and caregiver emotional well-being
- **Children are happy, healthy and thriving by age 3**
  - Prevention of child maltreatment and entries into foster care

Using a systems of care approach, Thrive by Three partners representing home visiting, health care, early care and education, County Health and Human Services, and City government have leveraged resources, increased capacity and coordination, implemented innovative approaches, and supported local and state policies that address and link the CORE Conditions for Health & Well-being for young children and their families. Notable accomplishments in the 2019-20 fiscal year include:

- Strengthened key partnerships with Thrive by Three system partners
- Leveraged other local and state funds
- Provided \$70,000 in Early Learning Scholarships
- Contributed to the Child Care Provider Emergency Response Fund
- Supported adoption of HealthySteps
- Increased enrollment in home visitation programs
- Supported creation of a local progress page for Thrive by Three

In the 2019-20 fiscal year, First 5 continued to serve in a backbone function for the initiative, coordinating the Thrive by Three Advisory Committee, administering the Early Learning Scholarship program, and overseeing the initiative's evaluation.

- **DataShare Santa Cruz County.** In September of 2017 the Health Improvement Partnership of Santa Cruz County (HIP) initiated a collaborative effort to develop a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county.



DataShare's mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website, [www.datasharescc.org](http://www.datasharescc.org), is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health, economy, education, environment, government and politics, public safety, transportation, and social environment.

In fiscal year 2019-20 First 5 continued to sit on the DataShare Santa Cruz County Steering Committee and support on-going development of the platform, including the establishment of new "Local Progress" pages for Thrive by Three and the Live Oak Cradle to Career (C2C) initiative (both featured in this report). In addition, as a member of the Steering Committee, First 5 supported a process in the latter half of 2019-20 to transition leadership of the project from the Health Improvement Partnership to a consortium of local organizations including the County of Santa Cruz, the Santa Cruz County Office of Education, United Way of Santa Cruz, and the Pajaro Valley Health Trust.

- **Central Coast Early Childhood Advocacy Network.** Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in fiscal year 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families. Representatives from each of the First 5s serve on the Planning Group (i.e., Steering Committee), along with representatives from each county's Local Child Care Planning Council.

In FY 2019-20, the Network membership roster included 192 individuals (including 70 from Santa Cruz County, 60 from Monterey, 37 from San Benito, and 25 whose county of origin was unknown), many of whom represented 33 organizational members.

In fiscal year 2019-20 the Network continued and even expanded its efforts to build collective power, highlight the everyday experiences of families with children, and advocate for policies and structural changes to meet families' needs. Key accomplishments included:

- Hosted a bilingual Storytelling for Advocacy workshop
- Hosted the first annual Parent Power Summit
- Coordinated a virtual COVID Advocacy Briefing
- Convened four virtual, bilingual legislative visits

- **Live Oak Cradle to Career.** The Live Oak Cradle to Career Initiative (C2C) has grown from a nascent idea in 2013 championed by Supervisor John Leopold, to a vibrant results-based collaboration between Live Oak parents, and local education, health, and social service leaders. Initially focused on three parent-identified goal areas, 1) Good Education, 2) Good Health, and 3) Good Character, the initiative recognized a 4th goal of Community Engagement in 2017-18.



In 2019-20 the Live Oak C2C continued to flourish within a governance structure that includes a Parent Leadership Committee, Steering Committee, Data Committee, and other working groups, each populated by parent and community leaders working in partnership for the betterment of the Live Oak community and its residents. Like so many others in Santa Cruz County, C2C had to rapidly adjust to the onset of the COVID-19 crisis and related Shelter-in-Place orders beginning in March of 2020. Staff and volunteers quickly converted Parent Leadership and Steering Committee meetings, as well as Zumba classes, to virtual formats, and mastered the use of the online simultaneous translation tools provided by Zoom in particular. In addition, C2C created a resource guide and webpage to help families navigate the crisis. Parent volunteers helped expand the distributions of food and essential supplies. The scope and scale of the C2C Family Engagement Coordinators' work increased significantly as they found new and innovative ways to support Live Oak families during the pandemic that included expansion of the Passion for Produce program, helping deliver

Chromebooks and school packets to families isolated at home, and providing technical support to families struggling with remote learning.

In 2019-20 First 5 continued to serve on the C2C Steering Committee, integrated core programming into the initiative (such as Triple P and Reading Corps), and provided financial support for the overall operations of the initiative (and specifically for simultaneous translation services), helping ensure that the voices of all Live Oak community members were heard and that all were able to fully participate in the initiative.

- **2020 Census outreach.** In the summer of 2019, First 5 Santa Cruz County joined the Santa Cruz County Complete Count campaign in preparation for the 2020 Census. Santa Cruz County developed a strategic plan to roll out county-wide Census outreach in three phases: Educate, Motivate, and Activate. As a part of this plan, Hard to Count (HTC) population sub-committees were formed and began meeting in the fall of 2019. First 5 became the lead of the Santa Cruz County Complete Count “Age 0-5” sub-committee, and met monthly to develop specific Census outreach activities and engagement for families with children ages 0-5.



As trusted messengers in the community, partner agencies on this sub-committee reached out directly to the families they serve in the community to encourage them to fill out their Census forms, and answered any questions they may have had. They connected with clients at numerous touchpoints, including preschools, family child care sites, enrollment appointments, local libraries, food distribution sites, clinics, parent workshops, social media, and more. Partners also distributed an abundance of Census related collateral materials provided by First 5 and the First 5 Association to families with young children.

First 5’s Health Outreach team also began incorporating Census information into their Baby Gateway visits at hospitals. They also began calling families who had been a part of the VisionFirst program to encourage them to fill out their Census. By the end of August 2020, the Health Outreach team had contacted 2,016 families via the Baby Gateway Newborn Enrollment Program, and 535 families via the VisionFirst program, with information and encouragement to complete their 2020 Census forms.

- **Community Support.** Drawing on supplies from First 5 California and a generous grant from the Central California Alliance for Health, First 5 completed distribution of baby food, diapers, and baby wipes to over 1,000 community residents impacted by the pandemic. First 5 couldn’t have succeeded in that effort without their community partners: Santa Cruz Community Health Centers, PVUSD Migrant and Seasonal Head Start, the San Andreas Regional Center and the STARS program, Community Bridges, Encompass Community Services, and Public Health.



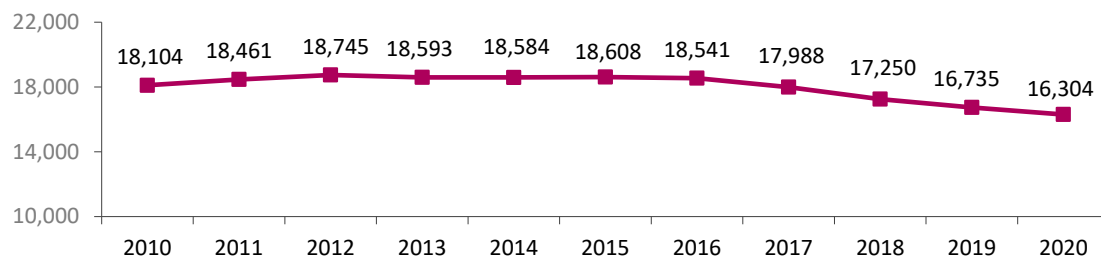
# OVERALL WELL-BEING OF CHILDREN IN THE COUNTY



## A Profile of Santa Cruz County's Youngest Children

Santa Cruz County has a diverse population of young children. In 2020, there were 16,304 children ages 0-5 living in the County, the majority of whom were either Hispanic (49%), or White (44%). This diversity continues into kindergarten, where in 2020, 38% of children had a primary language other than English.

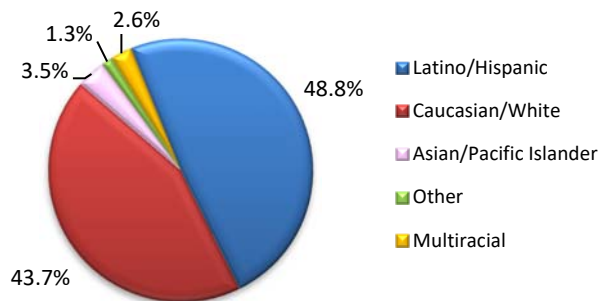
**Figure 1: Number of County Children ages 0-5**



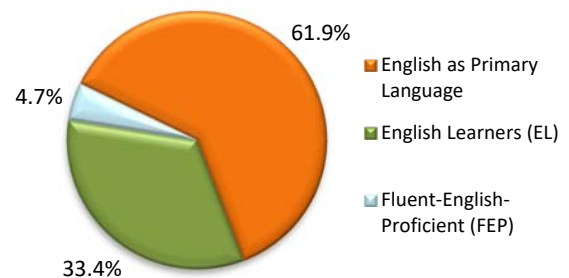
Source: California Department of Finance, *P-2: County Population Projections (2010-2060)*, 2020.

Note: In 2017, the Department of Finance began using a new methodology for calculating projected population numbers for years 2010 and beyond, using recent migration patterns revealed by the American Community Survey (ACS) rather than the traditional inter-Census net migration residual method. Due to differences in this projection methodology, comparisons to years prior to 2010 are not recommended. All years' numbers are updated annually to reflect the most current, corrected information provided by this source.

**Figure 2: Ethnicity of County Children ages 0-5 (2020)**



**Figure 3: English Language Proficiency of County Kindergarteners (2019-20)**



Source: (Ethnicity) California Department of Finance, Demographic Research Unit, 2020. (English Language Proficiency) California Department of Education, DataQuest, 2019-20.

N: (Ethnicity) N=16,304; (English Language Proficiency) N=3,296.



## County-Wide Trends in Indicators of Child and Family Well-Being

Indicator	County Population <sup>1</sup>	Current Data <sup>2</sup>	Change Over Time <sup>3</sup>	
			1 Year	5 Years
Financial Well-Being				
Unemployment Rate (2020)	Santa Cruz County <i>(Average monthly rate; fiscal year July-June)</i>	7.4%	↑ +2.5 net increase	↔ -0.7 net decrease
	Watsonville <i>(Average monthly rate; fiscal year July-June)</i>	12.7%	↑ +2.5 net increase	↑ +2.3 net increase
	Capitola <i>(Average monthly rate; fiscal year July-June)</i>	2.2%	↔ +0.8 net increase	↔ -0.2 net decrease
Median Family Income (2019)	Families <i>(with own children under 18 years)</i>	\$99,173	↑ +8.5%	↑ +32.9%
	Female householder, no spouse present <i>(with own children under 18 years)</i>	\$39,974	↔ -0.9%	↓ -28.2% <i>(2-year trend)</i>
	Male householder, no spouse present <i>(with own children under 18 years)</i>	\$91,879	↑ +25.0%	↑ +38.9% <i>(2-year trend)</i>
Living Below the Federal Poverty Level (2019)	General population	10.1%	↓ -2.2 net decrease	↓ -6.7 net decrease
	Children (ages 0-5)	2.8%	↓ -9.0 net decrease	↓ -16.1 net decrease
Living Below the Self-Sufficiency Standard (2019)	Families	45.1%	↔ -0.6 net decrease	↓ -14.4 net decrease
Living Below the California Poverty Level (2018 <i>3-year avg.</i> )	General population	18.6%	↓ -3.1 net decrease	↓ -3.5 net decrease <i>(7-year trend)</i>
Enrollment in Public Assistance Programs				
CalWORKS (2020)	General population <i>(Average monthly enrollment; fiscal year July-June)</i>	3,036	↑ +1.8%	↓ -29.2%
CalFresh Program/Food Stamps (2020)	General population <i>(Average monthly enrollment; fiscal year July-June)</i>	24,839	↑ +14.2%	↔ +0.2%
Free and Reduced Price Meals (2020)	Student population <i>(Annual enrollment; school year July-June)</i>	21,540	↔ -0.7%	↔ -0.1%
Women, Infants, & Children Program (WIC) (2019)	General population <i>(Average monthly enrollment, calendar year)</i>	5,554	↓ -6.8%	↓ -35.3%
Medical Care				
Has Health Insurance (2019)	Children (ages 0-5)	99.2%	↔ -0.2 net decrease	↔ +0.5 net increase
Has Access to a Primary Care Practitioner (2019)	Children with Medi-Cal (ages 2-6)	92.7%	↑ +1.1 net increase	↑ +2.5 net increase <i>(4-year trend)</i>
Received a Well-Child Visit (2019)	Children with Medi-Cal (ages 3-6)	80.2%	↑ +1.3 net increase	↑ +4.9 net increase <i>(4-year trend)</i>
Been to the Dentist <i>(in the last year)</i> (2018)	Children (ages 0-5)	72.4%	↓ -24.0 net decrease	↑ +44.7 net increase
Been to the Dentist <i>(in the last year)</i> (2018)	Children with Medi-Cal (ages 1-2)	52.4%	↑ +6.3 net increase	↑ +37.4 net increase
	Children with Medi-Cal (ages 3-5)	68.5%	↑ +1.2 net increase	↑ +31.5 net increase
Had a Vision Test <i>(in the last year)</i> (2018)	California children (ages 0-5)	39.4%	↑ +6.6 net increase	↔ -0.2 net decrease <i>(6-year trend)</i>

INDICATOR	COUNTY POPULATION <sup>1</sup>	CURRENT DATA <sup>2</sup>	CHANGE OVER TIME <sup>3</sup>					
1 YEAR								
5 YEARS								
BIRTHS AND PRENATAL CARE								
Prenatal Care in the First Trimester (by Mother's Age) (2018)	All Mothers	85.8%	↑	+3.2	net increase	↑	+5.1	net increase
	Mothers (ages 24 and under)	73.0%	↑	+3.4	net increase	↑	+5.0	net increase
Prenatal Care in the First Trimester (by Payment Method) (2018)	Private insurance	94.0%	↑	+1.4	net increase	↑	+2.3	net increase
	Medi-Cal insurance	77.6%	↑	+1.3	net increase	↑	+5.8	net increase
Preterm Births (2018)	All Mothers	7.6%	↔	-0.8	net decrease	↔	-0.6	net decrease
	Mothers (ages 24 and under)	8.1%	↔	+0.6	net increase	↔	+0.2	net increase
Low Birthweight (2018)	All Mothers	6.1%	↔	-0.1	net decrease	↔	-0.6	net decrease
	Mothers (ages 24 and under)	7.3%	↑	+1.7	net increase	↔	-0.3	net decrease
Births to Teen Mothers (2018)	Teen mothers (ages 19 and under)	3.6%	↔	+0.1	net increase	↓	-2.6	net decrease
Teen Birth Rate (per 1,000) (2018)	Teen mothers (ages 15-19)	6.9	↔	-0.3	net decrease	↓	-1.0	net decrease
Births Paid by Medi-Cal (2018)	All Mothers	46.7%	↓	-4.3	net decrease	↓	-4.8	net decrease
	Mothers (ages 24 and under)	78.2%	↓	-2.6	net decrease	↓	-5.8	net decrease
EDUCATION								
Percentage of income-eligible infants and toddlers enrolled in subsidized child care (2020)	Infants/Toddlers (ages 0-2)	24.8%	↔	-0.2	net decrease	↓	-1.8	net decrease (3-year trend)
Percentage of income-eligible children enrolled in subsidized preschool (2020)	Preschool children (ages 3-4)	64.4%	1-year comparison data not yet available			↑	+7.7	net increase (3-year trend)
Children in working families that have licensed child care slots available (2017)	Children (ages 0-12)	32.0%	1-year comparison data not yet available			↑	+2.0	Net increase
Enrolled in Special Education (2019)	Kindergarten children	7.3%	↔	+0.9	net increase	↔	+0.3	net increase
Met or Exceeded Standards in English Language Arts/Literacy (2019)	3rd Grade Students – Overall	41%	↔	+0.5	net increase	↑	+7.8	net increase (4-year trend)
	3rd Grade Students – English-Only Speakers	54%	↑	+1.2	net increase	↑	+5.4	net increase (4-year trend)
	3rd Grade Students – English Learners	15%	↓	-1.8	net decrease	↑	+2.6	net increase (4-year trend)
SAFETY / CHILD WELFARE								
Rate of Substantiated Allegations of Child Maltreatment (per 1,000) (2019)	Children (under age 1)	11.0 per 1,000	↔	-0.3	net decrease	↔	-0.3	net decrease
	Children (ages 1-2)	3.7 per 1,000	↔	-0.1	net decrease	↔	-0.3	net decrease
	Children (ages 3-5)	3.4 per 1,000	↔	-0.03	net decrease	↔	-0.2	net decrease
Experienced two or more Adverse Childhood Experiences (ACEs) (2018 3-year avg.)	Children (ages 0-17)	14.2%	1-year comparison data not yet available			5-year comparison data not yet available		

<sup>1</sup> Data are for Santa Cruz County, unless otherwise noted.

<sup>2</sup> This table reflects the most current data available at the time of this report.

- Current data are for 2020, unless otherwise noted.

- Many of the agencies that provide these data also update their data for past years. Therefore, the “Change over time” comparisons in this table are based on the most current data available for all years (current and previous), rather than on the data reported in previous *First 5 Annual Evaluation Reports*.

<sup>3</sup> For data that are quantities (e.g., enrollment numbers), change over time is calculated using a percent change. For data that are already percentages (e.g., unemployment rates), change over time is calculated using a net change (subtraction of percentages).

Sources:

Unemployment Rate: State of California Employment Development Department, Labor Market Information Division, *Unemployment Statistics*. Previous years’ rates have been modified to reflect updated EDD data.

Median Family Income: United States Census Bureau, *American Community Survey*. Includes families (of any size) where the householder has their own children under 18 years old.

Federal Poverty rates: (Federal Poverty Level) U.S. Census Bureau, *2018 American Community Survey 1-Year Estimates*.

Self-Sufficiency Standard: (California Self-Sufficiency Standard) Center for Women's Welfare, The Self-Sufficiency Standard for California 2020, 2020. The Self-Sufficiency Standard (SSS) is a more comprehensive measure of income adequacy than the Federal Poverty Level, as it takes into account the costs of housing, child care, health care, transportation, food, and taxes, as well as economic differences between counties. In this table, the annual SSS for a family of five was calculated as the median self-sufficiency wage of all county families of five containing two adults and three children, where at least one child was five years old or younger. (Family income ranges) United States Census Bureau, *American Community Survey*.

California Poverty Level: The California Poverty Measure is a new index that improves upon conventional poverty measures. Unlike the official poverty measure, the CPM tracks the full range of necessary expenditures, adjusts for geographic differences in housing costs, and includes food stamps and other non-cash benefits as resources available to poor families. The CPM is jointly produced by the Stanford Center on Poverty and Inequality (CPI) and the Public Policy Institute of California (PPIC). Public Policy Institute of California, *California Poverty by County and Legislative District*.

CalWORKS: State of California Department of Social Services, *CalWORKs Cash Grant Caseload Movement Report*.

CalFresh: California Department of Social Services, Food Stamp Program Participation and Benefit Issuance Report.

Free and Reduced Price Meals: California Department of Education, *DataQuest*.

WIC: California Department of Public Health; Women, Infants and Children Program; Data Analysis, Research & Evaluation Section, *WIC Participants Residing in Santa Cruz County by Certification and Issuance Status, Monthly*. Note: Between Sept 2019 through March 2020, this agency was transitioning to a new information management system. Because of this transition and the movement of participants, the last few months of 2019 data may have some margin of error.

Health Insurance: United States Census Bureau, *American Community Survey*.

Primary Care Practitioner: Central California Alliance for Health, *HEDIS Results*.

Well-Child Visit: Central California Alliance for Health, *HEDIS Results*.

Dental: UCLA Center for Health Policy Research, *California Health Interview Survey (CHIS)*.

Medi-Cal Dental: California Department of Health Care Services, Medi-Cal Dental Services Division, *Multi Year Medi-Cal Dental Measures Data by County and Age*, California Health and Human Services (CHHS) Agency Open Data Portal.

Vision Screening: National Survey of Children's Health. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website.

Births and Prenatal Care: Santa Cruz County Health Services Agency, Public Health Division. *Births, Santa Cruz County*. Santa Cruz County, CA. 2018 data are the most recent results available.

Child care enrollment; income-eligible children: Santa Cruz County Child Care Planning Council, Santa Cruz County Early Care and Education Needs Assessment, June 2016-2021; Applied Survey Research, Santa Cruz County Thrive by Three Fund: Preliminary Evaluation Report; Santa Cruz County Childhood Advisory Council, Santa Cruz County Child Care Expansion Priority Report, 2020.

Child care enrollment; children in working families: DataShare Santa Cruz County, *Children in Working Families that Do Not Have Licensed Child Care Slots Available*, <https://www.datasharescc.org/>, using California Child Care Resource & Referral Network data and maintained by Conduent Healthy Communities Institute. “Working families” indicates families where both parents are employed.

Special Education: California Department of Education, *DataQuest*.

Met or Exceeded Standards In English Language Arts/Literacy: California Department of Education, California Assessment of Student Performance and Progress (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the unprecedented circumstances surrounding the coronavirus pandemic, CAASPP summative testing was suspended for 2019-20.

Substantiated Allegations of Abuse: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., Gonzalez, A., & Briones, E. (2020). *CCWIP reports*. Retrieved Aug 27, 2020, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>.

ACEs: KidsData.org, Lucile Packard Foundation for Children's Health, *Childhood Adversity and Resilience*. See additional information about this ACEs measure in Appendix G: *Measurement Tools*.



# POPULATION SERVED BY FIRST 5 FUNDED PROGRAMS



## Children and Families Served

Since the development of its evaluation system, First 5 Santa Cruz County has had the unique ability to gather unduplicated counts of individuals served within and across partner programs. These data—or Client Characteristic Data (“CCDs”)—are collected by First 5 staff or submitted by partners and analyzed to determine the unduplicated count of individuals served by program, by goal area, and overall.<sup>4</sup>

### Unduplicated number of clients

The following table shows the **unduplicated number of clients** who participated in First 5-funded programs where complete CCDs were collected, by Goal Area and also overall.

Figure 4: **Unique Number of Children and Parents (with CCDs) Served by First 5-funded Services, by Goal Area (2019-2020)**

GOAL AREA	NUMBER OF CHILDREN (AGES 0-5)		NUMBER OF PARENTS	
	NUMBER	PERCENT	NUMBER	PERCENT
Healthy Children	2,256	36.9%	1	0.2%
Strong Families	181	3.0%	413	99.8%
Children Learning and Ready for School	3,685	60.2%	0	0.0%
<b>Unduplicated Number of Clients</b> <i>(unduplicated across all goal areas)</i>	<b>5,288</b>		<b>414</b>	

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

### Total number of services

The next table shows the **total number of services** to clients who participated in First 5-funded programs where complete CCDs were collected. These numbers include any and all services to clients who participated any number of times.

Figure 5: **Number of First 5-funded Services Provided to Children and Parents (with CCDs), by Goal Area (2019-2020)**

GOAL AREA	SERVICES TO CHILDREN (AGES 0-5)		SERVICES TO PARENTS	
	NUMBER	PERCENT	NUMBER	PERCENT
Healthy Children	2,257	34.6%	1	0.1%
Strong Families	185	2.8%	1,269	99.9%
Children Learning and Ready for School	4,072	62.5%	0	0.0%
<b>Total Number of Services</b> <i>(includes clients served multiple times, In multiple goal areas)</i>	<b>6,514</b>	<b>100%</b>	<b>1,270</b>	<b>100%</b>

<sup>4</sup> In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as the “First 5 CCD database.”

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

Note that the previous tables only include children and parents for whom a Unique ID was able to be created. It is important to note, however, that the number of individuals reached through First 5's investments is actually greater than what is reported in the unduplicated count of people served. The following table shows the estimated number of additional services provided to clients who participated in First 5-funded programs where complete CCDs were not collected, or who were indirectly involved through the participation of another family member.

**Figure 6: Estimated Number of Additional First 5-funded Services to Children and Parents (without CCDs, or indirectly served), by Goal Area (2019-2020)**

GOAL AREA	ADDITIONAL SERVICES TO CHILDREN (ALL AGES)	ADDITIONAL SERVICES TO PARENTS
Healthy Children	16	2,426
Strong Families	2,529	861
Children Learning and Ready for School	0	3,659
<b>Estimated Number of Additional Services</b> <i>(includes clients served in multiple goal areas)</i>	<b>2,545</b>	<b>6,946</b>

Sources: First 5 CCD database for July 1, 2019 – June 30, 2020, and funded partners' Annual Progress Reports.

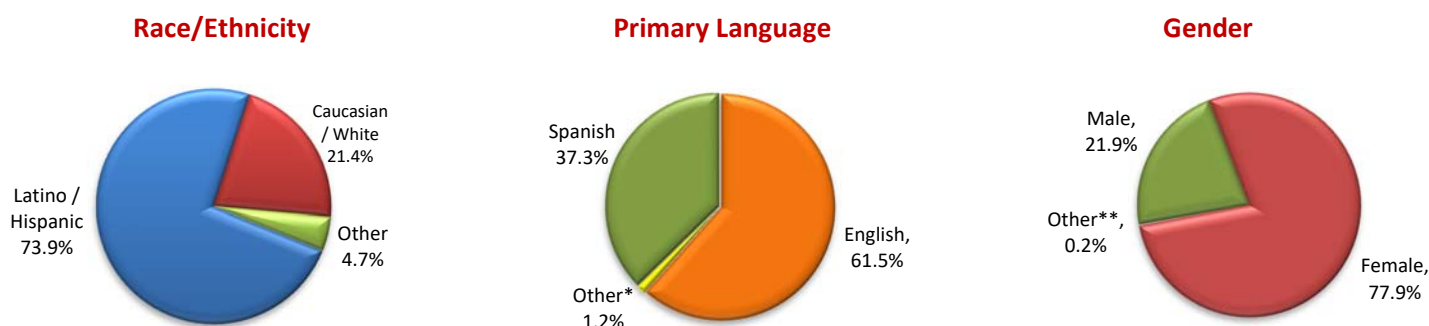
Note: These services include: parents (and their children) who took brief levels of Triple P or who chose not to have their program data included in the evaluation analyses; children ages 6 and older whose parents were engaged in Triple P, Baby Gateway Newborn Enrollment Program, and VisionFirst; parents who received a visit through the Baby Gateway Newborn Enrollment Program; eligible parents of children ages 0-5 who also receive assistance from the Baby Gateway Newborn Enrollment Program in applying for insurance; and parents/caregivers of children engaged in the Raising A Reader and Neurodevelopmental Foster Care Clinic programs.

This does not include the hundreds of children who have benefited from the professional development of their teachers and family child care providers.

### Indicator: Demographics of parents and children served by First 5

As can be seen in the following figures, the majority of parents are Latino (74%), and 62% of all parents speak English as their primary language. Just over three-fourths of parents participating in First 5-funded services are women, and almost one-fourth are men. Nearly 78% of children are Latino, and 42% speak Spanish.

**Figure 7: Demographics of Parents served by First 5-funded services (2019-20)**



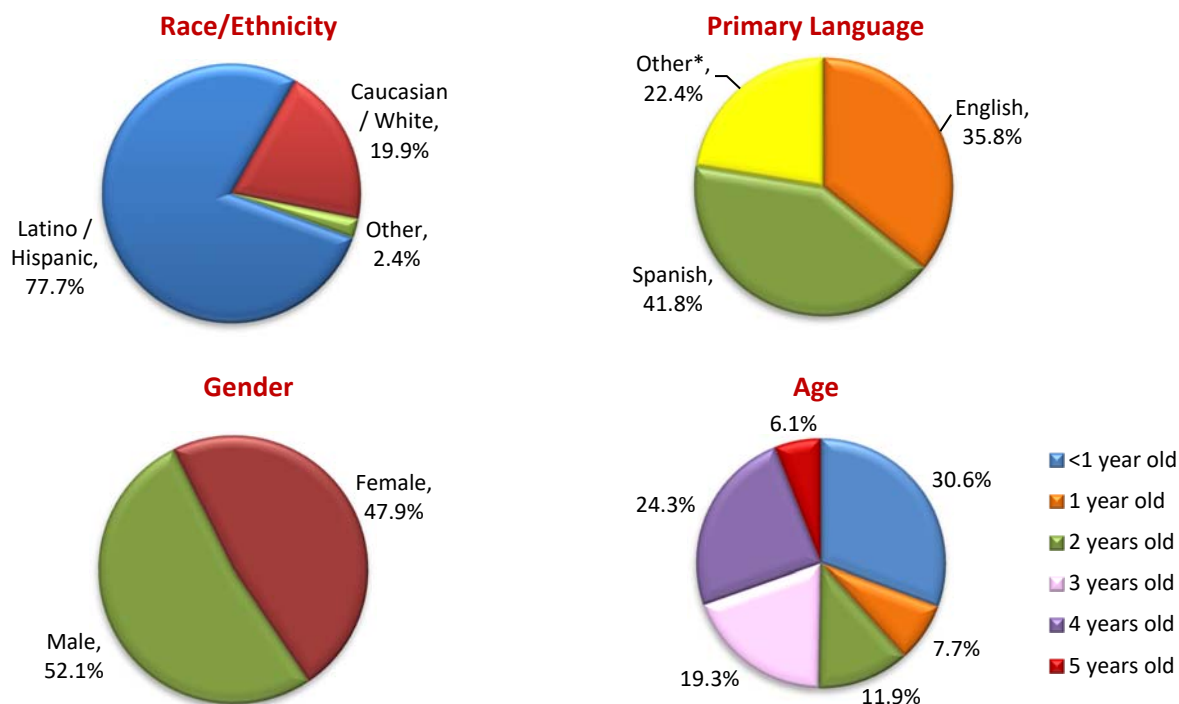
Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.

\*\* "Other" gender options include transgender, genderqueer, questioning or unsure.

N: (Ethnicity)=299, (Language)=405, (Gender)=411.

**Figure 8: Demographics of Children (Ages 0-5) served by First 5-funded services (2019-20)**



Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.

N: (Ethnicity)=5,265, (Language)=5,288, (Gender)=5,287, (Age)=5,288.

### Indicator: Percentage of children in Santa Cruz County served by First 5

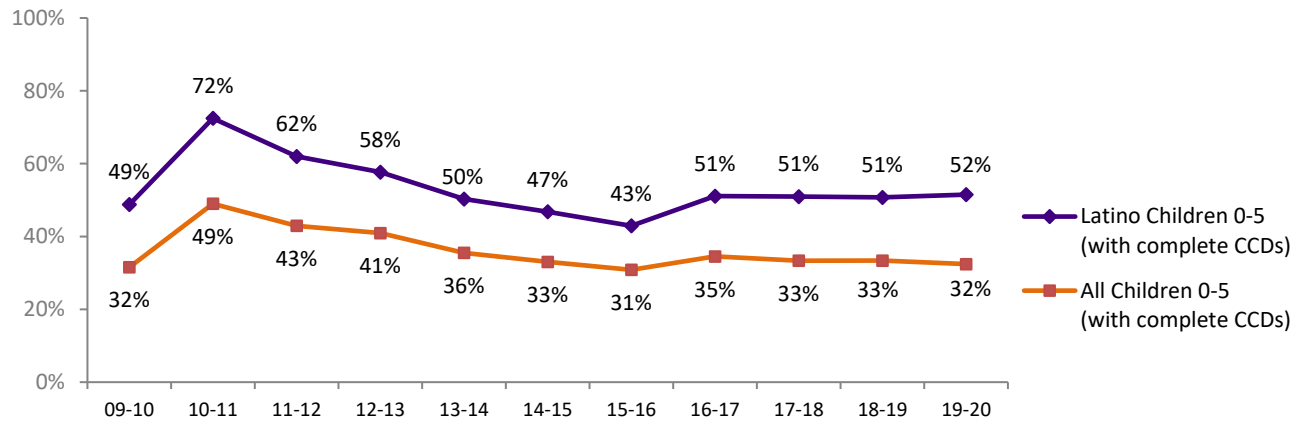
According to the 2020 population estimates for Santa Cruz County, there were approximately 16,304 children ages 0-5 residing in the County (including 7,950 Latino children).<sup>5</sup>

- Approximately 32% of all children ages 0-5 in the County, and 52% of all children ages 0-5 among the Latino population participated in services funded by First 5.
- In truth, the percentage of children supported by First 5 services is certain to be much higher when the number who were either directly or indirectly served are included. Approximately 2,545 additional services were provided to children who participated in programs where full CCDs were not collected, or who were indirectly supported by a First 5-funded program.

<sup>5</sup> California Department of Finance, P-2: County Population Projections (2010-2060), 2020.



**Figure 9: Percentage of Children 0-5 (with CCDs) in Santa Cruz County Served by First 5**



Source: (Children 0-5 served by First 5) Client counts are for fiscal years, taken from First 5 CCD database, July 1, 2010 – June 30, 2020. (County populations of children 0-5) California Department of Finance, P-2: *County Population Projections (2010-2060)*, 2020.

## Increased Services in Communities with the Highest Needs

### Indicator: Levels of children's vulnerability in Santa Cruz County

First 5 Association of California and Children's Data Network launched a new tool in 2019 to help service providers, policymakers, and government agencies more effectively support children and families, and direct resources where they are needed most. The "California Strong Start Index" uses information collected at birth to understand the conditions under which California's babies are born, at a very local level. The California Strong Start Index is comprised of 12 variables, and the "Strong Start score" is calculated by simply counting the number of assets present at birth (0-12). These birth indicators and measurements continue to be updated, and this current version of the Index now uses data from 2017.

As described in their press release, the index focuses on resources that promote resilience. These resources come in the form of family, health, services, and financial assets that are used to create a Strong Start score for every newborn child. They include factors such as healthy birth weight, timely prenatal care, parental education level, and parents' ability to afford and access health care. These factors are tied to good outcomes and resilience throughout a person's lifespan.

Currently, Santa Cruz County's Strong Start score is 9.5, slightly higher than the statewide score of 9.3. The map below shows the average number of Strong Start assets for babies born in 2017 within each Census tract in Santa Cruz County, relative to all other neighborhoods in California. For example, bright green (81-100% percentile) indicates that the average number of Strong Start assets for births in that neighborhood is in the top 20% for neighborhoods in California. Dark tan (0-20% percentile) represents areas with lower Strong Start scores—which is an indication of social, economic, environmental, and other systemic barriers to accessing the health, education, and economic services and supports that every family needs to provide their newborns with a strong start in life.

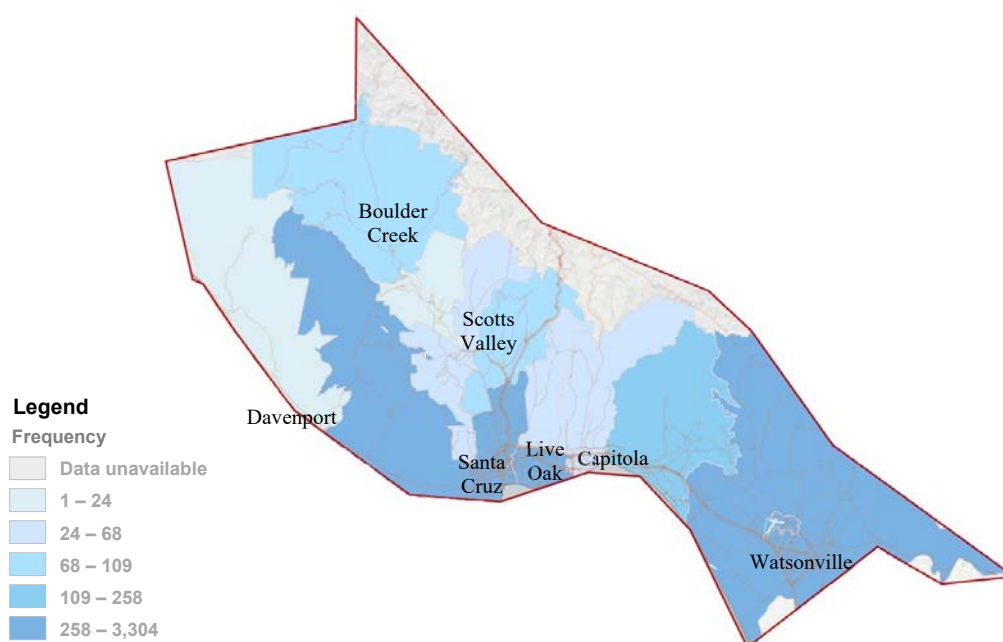
Figure 10: **Levels of Children's Strong Start Assets at Birth in Santa Cruz County, by Census Tract (2017)**



Source: First 5 Association of California and Children's Data Network, *California Strong Start Index*, 2020.

In order to determine whether First 5 is allocating its resources equitably, this second map displays the relative size of client populations served by First 5's partners, with darker blue colors indicating more First 5 participants served than lighter blue colors. As seen in the following table, 90% of children (with known ZIP codes) served by funded partners lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, Freedom, and Watsonville), showing that First 5 partners are reaching children and families who typically experience the greatest barriers to good health and well-being.

**Figure 11: Distribution of County Children Who Received Services, by ZIP Code (2019-2020)**



**Figure 12: Number of County Children Who Received Services, by ZIP Code (2019-2020)**

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	109	2.1%
Ben Lomond	95005	19	0.4%
Boulder Creek	95006	68	1.3%
Brookdale	95007	7	0.1%
Capitola	95010	57	1.1%
Davenport	95017	8	0.2%
Felton	95018	45	0.9%
Freedom	95019	258	5.1%

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Mt. Hermon	95041	1	0.0%
Santa Cruz*	95060	525	10.3%
Santa Cruz (Live Oak)*	95062	494	9.7%
Santa Cruz	95064	24	0.5%
Santa Cruz	95065	53	1.0%
Scotts Valley*	95066	81	1.6%
Soquel	95073	52	1.0%
Watsonville*	95076	3,304	64.7%
<b>Total</b>	-	<b>5,105</b>	<b>100%</b>

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* Children with Post Office mailing addresses in these areas were included in the area totals.

Note: Only children with known ZIP codes are included in this analysis.

## Early Childhood Educators Served

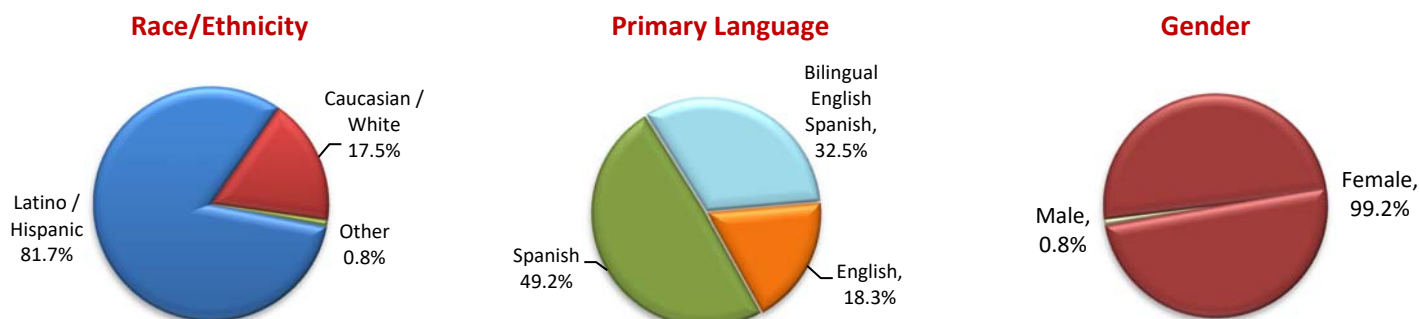
First 5 Santa Cruz County helps support the professional development of early childhood educators in the community. In 2019-20, a total of **120 unique early childhood educators** received professional development training from funded programs that collected enough information to create a Unique ID for each client, thereby allowing these early childhood educators to be enumerated and tracked across multiple services. This includes:<sup>6</sup>

- **50** early childhood educators from preschools, Transitional Kindergarten classrooms, licensed family child care homes, and Santa Cruz Reading Corps tutors who received training and coaching from the SEEDS of Learning<sup>®</sup> program,
- **12** SEEDS Quality Coaches who provided literacy environmental assessments and literacy coaching to early educators receiving SEEDS of Learning<sup>®</sup> instruction during the year,
- **35** family child care providers who participated at Step 3 in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated,
- **22** family child care providers who participated at Step 2 in the local Quality Rating and Improvement System, received technical assistance, and are not yet rated,
- **12** family, friend, and neighbor child care providers who attended Quality Improvement workshops and received materials and information.

There were additional early childhood educators from state- and federally-funded center-based programs who received professional development training, but who were not tracked using a Unique ID. These include:

- **Over 125** teachers from centers participating in Quality Counts Santa Cruz County who received coaching and technical assistance.
- The **hundreds** of early childhood educators who provided the Raising A Reader program to children.

Figure 13: **Demographics of Early Childhood Educators served by First 5-funded services (2019-20)**



Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.  
N: (Ethnicity)=120, (Language)=120, (Gender)=120.

<sup>6</sup> Some educators participated in more than one funded program and are duplicated in these breakdowns.

# PROGRAM PROFILES



## PROGRAM PROFILES

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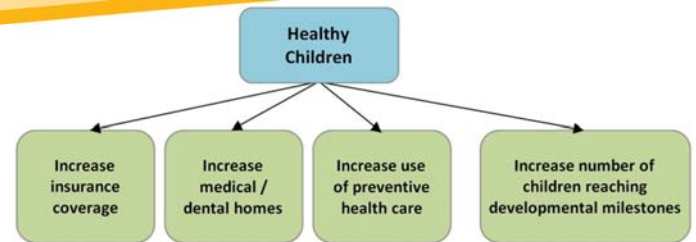
This section of the report provides a snapshot of each of First 5's programs and the related work of its funded partners between July 1, 2019 and June 30, 2020.

Utilizing quantitative and qualitative data submitted by First 5's funded partners or collected directly by First 5, the Program Profiles highlight the work and related outcomes of each program in fiscal year 2019-20. Organized by goal area (Healthy Children, Strong Families, Children Learning and Ready for School, and Integrated Services and Systems), each profile briefly lists:

- Description of the program
- Challenges and successes related to the COVID-19 pandemic that began in March 2020.
- Population served
- Client outcome objectives achieved (and in a few cases, also program objectives achieved)

# HEALTHY CHILDREN

*The programs listed in this section support the Commission's goals to increase insurance coverage among county children ages 0-5, connect them to medical, vision, and dental homes so they can receive regular and preventive health care, and to help children receive the support they need to reach critical physical and developmental milestones.*



Public health insurance programs are essential to the overall health and well-being of children, including prenatal care during their mother's pregnancy. Through the efforts of First 5 Santa Cruz County and community-based organizations, many income-eligible families have been assisted with applying and enrolling in health insurance programs such as Medi-Cal, Covered California, and the Medi-Cal Access Program (MCAP). Covered California and MCAP are for families who do not have health insurance and whose income is too high for no-cost Medi-Cal.

Before May 2016, undocumented children could apply for the local Healthy Kids health insurance plan. Currently, Healthy Kids is no longer offered because Medi-Cal now provides health coverage to low-income children and young adults ages 0-26, regardless of their immigration status.

With the introduction of the Affordable Care Act (ACA) and the expansion of Medi-Cal, there have been many changes to public health insurance programs available to children. First 5 Santa Cruz County and community-based organizations have received intensive training that allows them to provide families with the assistance and support necessary to keep eligible children and pregnant mothers enrolled in public health insurance benefits, which helps ensure a more successful enrollment and retention process in all programs.

## Baby Gateway Newborn Enrollment Program

### Program Description

The Baby Gateway Newborn Enrollment Program operates in three local hospitals with funding and support provided by First 5 of Santa Cruz County: Watsonville Hospital, Dominican Hospital, and Sutter Maternity & Surgery Center of Santa Cruz. The main goals of the project are to provide Medi-Cal enrollment assistance to mothers and their newborns, establish a seamless Medi-Cal coverage process for Medi-Cal-eligible newborns, and to link those newborns to a medical home, all during a visit from a Newborn Enrollment Coordinator (NEC) before they leave the hospital.

In addition, all new mothers are offered the *First 5 Kit for New Parents* containing expert guidance for raising healthy infants and children. In particular, parents are oriented to the *What To Do If My Child Gets*

*Sick* booklet, which provides information in utilizing primary care appropriately, and clarifies what issues should prompt a visit to the emergency room, and which should be handled in the medical home.

In Santa Cruz County, Newborn Enrollment Coordinators (NECs) have become an integral part of the hospital team—including doctors, nurses, social workers, and lactation consultants—that supports these newborns and their families.

## Pandemic challenges and successes

The results for the Baby Gateway Newborn Enrollment Program this fiscal year are particularly astounding, as nearly four months of services occurred during the COVID-19 pandemic. During the county’s Shelter-in-Place order and throughout this pandemic, the NECs analyzed and updated their processes at each hospital to minimize the interactions they had with people, minimize the time they spent in rooms with the mothers, and “met” with mothers via telephone when necessary. These precautions enabled them to continue assisting mothers at each hospital with their Medi-Cal paperwork.

Many mothers expressed concern regarding taking their newborn to their first doctor’s visit, which is supposed to happen two to three days after delivery. The NECs contacted all local clinics to determine what safety precautions they were taking during patient visits, and provided this information to the mothers, who were more at ease about taking their newborn to the doctor.

The pandemic also affected the ability of NECs to order and distribute customized versions of the *First 5 Kit for New Parents*. In response to these issues a new process was implemented, and NECs began emailing the *First 5 Kit for New Parents* information to families that could not get a physical copy of the kit, ensuring that all families got this valuable resource.

## Population Served

	Newborn applications <sup>2</sup>	New applications <sup>3</sup>	Renewal applications <sup>4</sup>	Total 2019-20
Children ( <i>ages 0-5, unduplicated</i> <sup>1</sup> )	1,323	7	5	1,335
Pregnant mothers		1		1

Source: (Population) First 5 CCD database for July 1, 2019 – June 30, 2020. (Application types) First 5 Apricot database, 2019-2020.

<sup>1</sup> Some children may have received assistance with both new and renewal applications within the same fiscal year. This number represents the total number of unique children who received any assistance with applications.

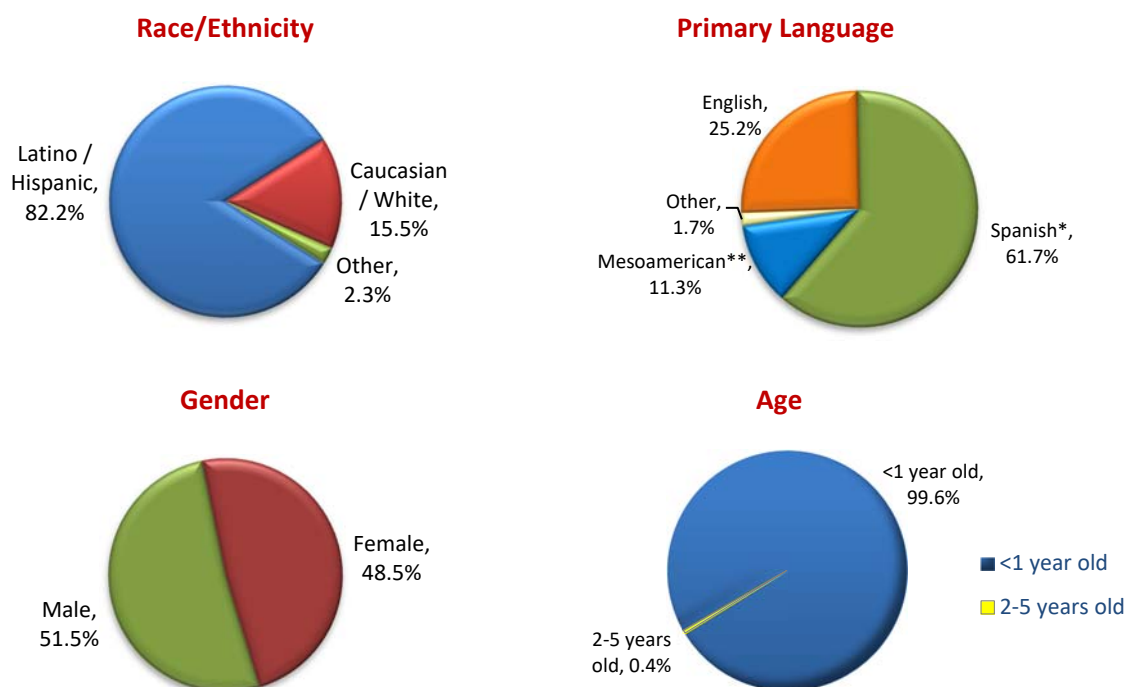
<sup>2</sup> For Newborn applications, this number only includes newborns who were born between 7/1/19 – 6/30/20 and received help with their Newborn application, regardless of service date.

<sup>3</sup> For New applications, any client who was served during the fiscal year is included. Prior to 2015-16 this number included enrollment assistance provided by other agencies. They are no longer required to provide First 5 with their enrollment totals (e.g., Salud Para La Gente, La Manzana Community Resources, WIC, PVUSD, Santa Cruz Women’s Health Center). Beginning in 2015-16, this number only reflects the new applications provided by First 5 NECs, and only for families who had children ages 0-5 in the household.

<sup>4</sup> For Renewal applications, any client who was served during the fiscal year is included. Beginning in 2014-15, the number of renewal applications prepared by NECs dropped dramatically, as all parents enrolled in Medi-Cal and Covered California whose incomes were verified electronically automatically had their coverage renewed.



Figure 14: **Demographics of Children Benefitting from Baby Gateway Newborn Enrollment Program (2019-2020)**



Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Spanish" includes Spanish, bilingual English/Spanish.

\*\* "Mesoamerican" includes Mixtec, Oaxacan, Zapoteco.

N: (Race/Ethnicity)=1,334; (Primary Language)=1,335; (Gender)=1,335; (Age)=1,335.

Note: Newborns are assigned their mothers' primary language.

## Outcomes

### Enrolling newborns in health insurance

Data from 2019-20 show how successful this program has been in providing these services to Santa Cruz County mothers and newborns.

- Of all births that occurred in Santa Cruz County hospitals in 2019-20, 92% of mothers received a newborn visit from a Newborn Enrollment Coordinator (NEC) while in the hospital (or via phone during the Shelter-in-Place order), and 83% received a *Kit for New Parents* (or already had one).
- Of all mothers with Medi-Cal births, effectively **all** (99.8%) were assisted by a Newborn Enrollment Coordinator to complete a Medi-Cal Newborn Referral application for their new baby.
- Of the mothers who were assisted with a Medi-Cal Newborn Referral application for their baby by a Newborn Enrollment Coordinator, 99% had identified a preferred primary care provider (PCP) or clinic for their child before discharge from the hospital, and were helped by the NECs to schedule the first appointment for the newborn.

Figure 15: **Baby Gateway Newborn Enrollment Program Project Statistics (2019-2020)**

PROGRAM COMPONENT	WATSONVILLE COMMUNITY HOSPITAL	DOMINICAN HOSPITAL	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	TOTAL	
Total Number of All Births in Santa Cruz County hospitals	862	735	837	2,434	
Total Number of Newborn Visits (regardless of insurance status)	862	656	724	2,242	92.1%
Number of parents who received a Kit for New Parents <sup>1</sup>	758	591	671	2,020	83.0%
Total Number of Medi-Cal Births <sup>2</sup>	722	391	158	1,326 <sup>2</sup>	
Number of Completed Newborn Medi-Cal Applications <sup>3</sup>	751	370	202	1,323	99.8%
Number of Newborn Medi-Cal Applicants who have identified a Preferred Primary Care Provider or Clinic for their newborn, before discharge	751	358	197	1,306	98.7%

Source: (County births, Medi-Cal births at hospitals) Santa Cruz County Health Services Agency, Public Health Division; (Total Medi-Cal births) Santa Cruz County Employment and Benefit Services Division; (Visits, Kits, Application data) First 5 Santa Cruz County, *Baby Gateway Newborn Enrollment Program records*, 2019.

<sup>1</sup> This includes the number of parents who received a Kit during their current Newborn visit, and also those who already had a Kit from a previous service.

<sup>2</sup> The sum of Medi-Cal births at the three hospitals does not equal the Total, as there are two sources of data for Medi-Cal births which include slightly different populations. The numbers of Medi-Cal births at each hospital come from birth certificates completed at each hospital, and only include births where Medi-Cal was the mother's primary insurance. However, the Total number of Medi-Cal births comes directly from the County Medi-Cal office, and includes births where Medi-Cal was the primary or secondary insurance; unfortunately these data are not available by hospital. Therefore, the number of Medi-Cal births at each hospital is a close approximation, but the Total number of Medi-Cal births is accurate.

<sup>3</sup> The number of newborns assisted with Medi-Cal applications includes children whose mother had Medi-Cal as a primary or secondary insurance, and may therefore be higher than the number of Medi-Cal births reported at that hospital, which only includes mothers with Medi-Cal as the primary insurance. Also, beginning in FY19-20, these newborn application client numbers reflect the number of *newborns who were born during the fiscal year* who received assistance, no matter when the service was provided (as opposed to the number of Newborn services provided during the fiscal year). This change allows us to focus on the children who were born during the fiscal year, which is the target newborn population in this analysis. For New and Renewal applications, any service provided during the fiscal year is included, no matter the birth date of the applicant.

### Ensuring access to food

The current COVID-19 situation has many families in our community struggling with access to food. The Newborn Enrollment Coordinators (NECs) also assist families at hospitals enroll in CalFresh and WIC.

- The CalFresh Program issues monthly electronic benefits that can be used by families to buy food. NECs assist families with existing CalFresh accounts to add their newborn to it, which in some cases can contribute to families getting more money for food. For those families that are not already enrolled in CalFresh, the NEC provides parents with resources that allow them to apply for CalFresh with a trained Community Outreach Coordinator.
- Women, Infants, and Children (WIC) is a nutrition program that serves pregnant women, breastfeeding women, postpartum women, infants, and children up to the age of 5. WIC benefits include food coupons and nutrition education. Children up to the age of 5 and pregnant women—who are on Medi-Cal—automatically qualify for WIC, and NECs make sure

that all mothers on Medi-Cal are enrolled in WIC. For those mothers who are not enrolled but indicate that they are interested in applying for WIC, the NEC provides them with the resources to apply.

During their Newborn Visits to mothers in the hospital, in 2019-20 Newborn Enrollment Coordinators (NECs) connected mothers to these food resources:

- 294 newborns were added to their mothers' CalFresh account
- 164 mothers and their newborns were assisted in applying for CalFresh
- 215 mothers and their newborns were assisted in applying for WIC

### ***Emergency Department Visits***

The services provided by the Baby Gateway Newborn Enrollment Program may also have had an effect on the use of the Emergency Department (ED) for children less than one year old who were covered by Medi-Cal.

#### **ED use of children covered by Medi-Cal**

- At Watsonville Community Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 47% between the year prior to the Baby Gateway Newborn Enrollment Program's launch (2008) and the most current year (2019).
- At Dominican Hospital, ED visits for infants under age 1 who were covered by Medi-Cal have stayed relatively level between the year prior to the Baby Gateway Newborn Enrollment Program's launch (2010) and the most current year (2019).

Further research into this result at Dominican Hospital suggests that this hospital was already at an "optimum" level of infant ED visits for the last several years. The national rate of ED visits for infants under age 1 is 816 per 1,000,<sup>7</sup> so as Dominican's rates have been consistently below this level (259 per 1,000 in 2019), it would not be expected to decrease much further over time. Similarly, Watsonville Hospital has also reached this optimal level and has begun to level off (442 per 1,000 in 2019).

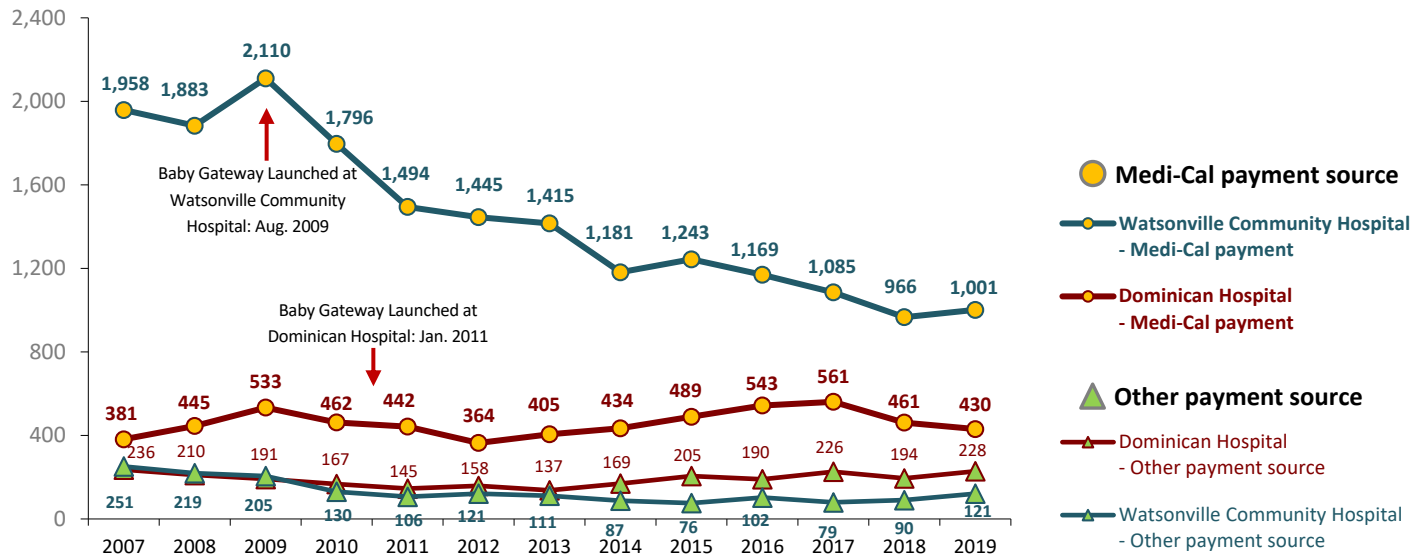
#### **ED use of children covered by other payment sources**

- The number of ED visits for infants under age 1 who were covered by other payment sources has stayed relatively level at both hospitals, suggesting that the Baby Gateway Newborn Enrollment Program is having the most impact on children covered by Medi-Cal.

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<sup>7</sup> Weiss AJ (Truven Health Analytics), Wier LM (Truven Health Analytics), Stocks C (AHRQ), Blanchard J (RAND). *Overview of Emergency Department Visits in the United States, 2011*. HCUP Statistical Brief #174. June 2014. Agency for Healthcare Research and Quality, Rockville, MD. [<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb174-Emergency-Department-Visits-Overview.pdf>].

**Figure 16: Number of Emergency Department Visits (Infants under 1 Year Old) – by Payment Method**



Source: State of California, Office of Statewide Health Planning and Development (OSHPD), Information Services Division, *Emergency Department Data* and customized reports, 2020.

### One Newborn Enrollment Coordinator Story

“One day, a Newborn Enrollment Coordinator (NEC) received a message from a nurse requesting her to see a mother who had no health insurance, and who would be moving out of the county a couple of days after discharge. As a trained Certified Enrollment Counselor, the NEC was able to screen the mother to determine what health insurance programs she was qualified to enroll in, and discussed the different options she had.

Ultimately, the NEC was able to make an appointment for the newborn for the following day with a local health clinic that would be able to see the baby and provide him with temporary Medi-Cal. The NEC also provided the mother with the necessary information to complete the Medi-Cal process in the county she would be moving to, and presented her with clinic options where her newborn could be seen.

The on-call pediatrician was relieved that the baby was going to be seen soon, and that the mother had all the resources she needed before she left the hospital.”

- First 5 Baby Gateway Newborn Enrollment Program

## VisionFirst

### Program Description

The American Optometric Association recommends that infants should have their first comprehensive eye exam at 6 months of age, and then they should have additional eye exams at age 3, and just before entering kindergarten or the first grade.

*“The preschool years are a time for developing the visual abilities that a child will need in school and throughout his or her life. Steps taken during these years to help ensure vision is developing normally can provide a child with a good ‘head start’ for school.”<sup>8</sup>*

In an effort to help identify vision problems early in life, VisionFirst was developed in Santa Cruz County as a way to provide children as young as 6 months old with a simple instrument-based vision screening right in their child care setting. First 5 Outreach staff were trained to use the Spot Vision Screener, a handheld portable device designed to quickly and easily detect vision issues. The Spot Vision Screener detects potential vision problems, such as nearsightedness, farsightedness, blurred vision, unequal refractive power, eye misalignment, and unequal pupil size.

The Spot Vision Screener does not replace a complete eye examination by an optometrist. Rather, it only identifies a potential vision issue. Parents of children who are found to be “out of range” (showing a potential vision problem) are encouraged and assisted in following up with a full vision exam from an optometrist. At this appointment, the optometrist can determine if the child requires glasses, needs to be monitored, or has no vision problem.

Following the completion of a successful pilot program in summer 2015, VisionFirst was integrated into First 5’s Santa Cruz Reading Corps program, which increased the reach of the program. In 2016-17, VisionFirst was expanded to include all state-funded preschool programs in the County. In addition, because the Spot Vision Screener can provide screenings to children as young as 6 months old, First 5 piloted screenings in 19 infant and toddler classrooms.

Since the start of the program, vision screenings have been completed in 41 state-funded preschool classrooms, 6 infant and toddler classrooms, 4 additional state migrant classrooms, 4 Early Head Start classrooms, 13 Head Start classrooms, and 1 private preschool classroom, providing screenings at a total of 69 different classrooms in Santa Cruz County.<sup>9</sup>

Due to the success of the VisionFirst program, some local partners (including Migrant/Seasonal Head Start and Santa Cruz Community Health Centers) purchased their own Spot Vision Screeners to provide on-going screening in future years.



A happy VisionFirst client enjoys his new glasses

<sup>8</sup> American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 8/24/16 from <http://www.aoa.org/>], 2016.

<sup>9</sup> A site with one physical classroom is counted twice if there is a morning session with one group of children and an afternoon session with a different group of children.

## Pandemic challenges and successes

The COVID-19 pandemic greatly affected the VisionFirst program. Due to the Shelter-in-Place order issued on March 16, 2020, vision screenings that had been scheduled for 17 classrooms had to be cancelled, and many families were not able to schedule or attend optometrist appointments. With the continuing fear of catching the COVID-19 coronavirus, some families are also choosing to postpone taking their child to visit an optometrist at this time.

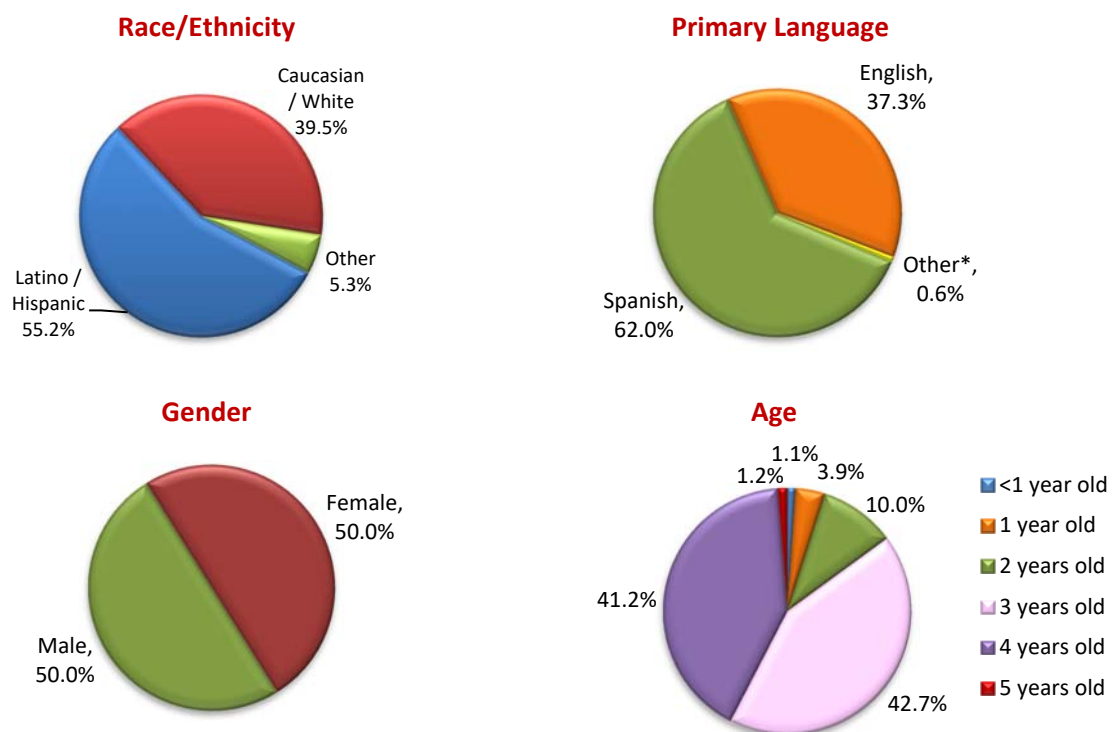
In addition, the VisionFirst Outreach staff had been preparing to train the staff at Head Start to begin using the Spot Vision Screener that they purchased. This would have increased the capacity to start vision screenings at new sites this year, but due to the Shelter-in-Place order, that training was postponed. Even with these challenges, First 5 staff managed to screen 830 children in 2019-20.

## Population Served

2019-2020	
Children	830

Source: First 5 Santa Cruz County, *VisionFirst records*, 2020.

Figure 17: Demographics of Children (Ages 0-5) Participating in VisionFirst (2019-20)



Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.  
N=830.

*One VisionFirst Story*

The VisionFirst program has helped start the dialogue of why vision exams are essential at an early age, and we are happy to have been able to encourage many parents to take their children to their first optometrist appointment.

When they first receive a call from a VisionFirst Coordinator, it's common for parents to say that they don't think their child has a vision problem or is too young to see an optometrist.

As one mom put it, "I never suspected my child had any vision problems. He never complained or expressed any difficulty with his vision. But after my son received his glasses, he said that he was able to see now, and that everything looked beautiful. It was evident that what he saw was different. His pair of glasses changed his world, and for this, I am very grateful to the VisionFirst program."

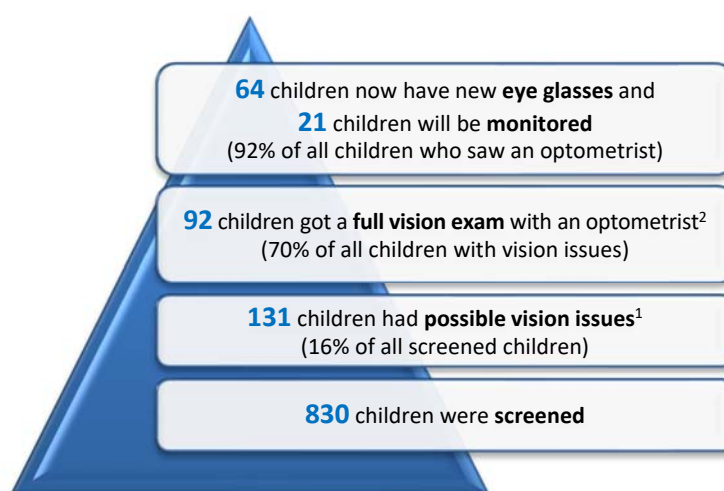
- First 5 VisionFirst program

## Outcomes

VisionFirst helped identify children who might have vision problems, many of whom then had full vision exams at an optometrist. First 5 Outreach staff reported these screening results:

- Of the 830 children screened, 131 (16%) had possible vision problems identified, and their parents were contacted about these results.
- 92 of those children (70%) have followed up with a full vision exam at an optometrist (to date).
- Of those children who had a full vision exam, 64 were prescribed eye glasses, and 21 will continue to be monitored for possible vision issues (a total of 92% of all children who saw an optometrist).

Figure 18: **VisionFirst Results – Santa Cruz County (2019-20)**



Source: First 5 Santa Cruz County, *VisionFirst records*, 2020.

<sup>1</sup> Children with possible vision issues whose parents were successfully contacted about the results.

<sup>2</sup> Full vision exams were conducted either for the first time, or with the child's current optometrist.

### ***Local partner activities***

The PVUSD Migrant/Seasonal Head Start (MSHS) program adopted this program and purchased two Spot Vision Screener devices after First 5 Outreach staff conducted a series of screenings at their center sites in 2016. In 2019-20 MSHS conducted their own screenings and follow-up, and reported these significant results:

- Of the 255 children screened at MSHS, 68 (27%) had possible vision problems identified.
- 61 of those children (90%) followed up with a full vision exam at an optometrist.
- Of those children who had a full vision exam, 43 (70%) were prescribed eye glasses.

The impact of the VisionFirst program—and at agencies that adopt this program—may be even greater, as it’s likely that these efforts may also lead to families getting vision exams for their other children as well. Future work by the VisionFirst program will focus on developing safe and efficient methods for providing these services during the coronavirus pandemic, expanding these screenings to additional child care sites, and helping more families follow up with full vision exams.



## Neurodevelopmental Foster Care Clinic

### Program Description

The Neurodevelopmental Foster Care Clinic (NDFCC) is an innovative, coordinated approach to address the neurodevelopmental needs of very vulnerable children age 0-5 in the foster care system. Nationally, almost one in five children face developmental disabilities or disabling behavioral challenges before age eighteen, but fewer than half of these children are identified before the age of five.<sup>10</sup> On the other hand, research suggests that early detection and intervention for children with developmental disabilities can reduce the need for later interventions.<sup>11</sup> We know early intervention works, yet children who have already endured abuse and neglect typically do not receive the early assessment and coordinated services they need. Children with disabilities are more likely to be abused and neglected and yet, once in the system designed to protect them, their needs may go unaddressed – thereby missing a critical window of opportunity to set a healthy life course.

The Neurodevelopmental Foster Care Clinic is a collaboration between Lucile Packard Children's Hospital Developmental-Behavioral Program, Santa Cruz County Children's Behavioral Health, Santa Cruz County Family and Children's Services, and First 5 Santa Cruz County, and is located at Stanford Children's Health specialty services clinic in Capitola. The NDFCC takes a holistic approach to evaluate infants and children in the foster care system from 4 months to age 5, in a wide range of developmental and behavioral domains.

"Naomi" is 16 months old and has been living with a foster care family since birth. At her first visit with the NDFCC team, her evaluation showed a significant delay in gross motor skills, and borderline delays in language and visual motor skills. Naomi was referred to Early Start and prescribed physical therapy.

At her second evaluation, her NDFCC team was delighted to see that she had made tremendous progress due to Early Start services and weekly physical therapy. She also had consistent growth in weight, height, and head circumference."

- Neurodevelopmental Foster Care Clinic, Annual Progress Report

Using an interdisciplinary approach, the NDFCC integrates health information and trauma history with developmental assessment, evaluation of social skills, and consideration of environmental conditions. They assess children for delayed language, thinking, and social or motor skills, as well as children who have challenges with sleep, eating, behavior, discipline, or temperament. Their interdisciplinary team focuses on early intervention to address the needs of young children who have recently entered foster care, and to provide comprehensive services to these foster children, their families, and foster families. To this end, all children in Santa Cruz County under the age of 6 who are in foster care or who are involved with Child Protective Services (CPS) are referred to the program.

<sup>10</sup> American Academy of Pediatrics (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118 (1), 405-420.

<sup>11</sup> Centers for Disease Control and Prevention, "Child Development: Using Developmental Screening to Improve Children's Health," Centers for Disease Control and Prevention. <http://www.cdc.gov/ncbddd/child/improve.htm> (accessed July 22, 2008).

The Neurodevelopmental Foster Care Clinic provides the following services:

- A therapist from County Mental Health meets with the child and foster family for a mental health assessment of the child (over the age of one).
- A Developmental-Behavioral Pediatric specialist (psychologist or nurse practitioner) evaluates the development and behavior of children and meets with the child, biological family, and foster family to discuss developmental and behavioral history and milestones.
- Standardized developmental and behavioral testing is conducted. The results of the testing and recommendations are provided to the biological and foster families at the end of the assessment.
- A follow-up consultative report is provided to all members of the interdisciplinary team, and the biological and foster families.
- A county mental health therapist provides ongoing counseling to those children needing therapy services.
- A Licensed Clinical Social Worker coordinates and case manages the program.
- Children needing developmental services (e.g., occupational therapy, physical therapy, speech therapy, special education) are referred to local resources and the school district in which they reside.
- Any identified medical services (e.g., audiology, ophthalmology) are coordinated through the primary care provider.

## Pandemic challenges and successes

The Neurodevelopmental Foster Care Clinic (NDFCC) adapted quickly to the Shelter-in-Place restrictions of the COVID-19 pandemic, and converted all in-person visits to telephone or online telehealth visits. Children with electronic medical records, or with family maintenance cases while living with a parent, were evaluated using a telehealth visit. Foster parents who could not legally consent to electronic medical record access received telephone consults. Through these new processes, the NDFCC team has been able to respond to all new referrals from Child Protective Services and maintain all recommended follow-up visits. Each telephone session with caregivers now includes information from the *California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19*.

To help with the continuation of Triple P services during this pandemic, NDFCC also participated in three county-wide online Parent Support Groups co-hosted by First 5, Live Oak Cradle to Career, and the County Office of Education to continue to offer parenting support and information regarding Triple P services, facilitated eight Triple P workshops via Zoom in May and June through Stanford Developmental Behavioral Pediatrics, and continued to offer Triple P services via Zoom meetings throughout the year.

## Population Served

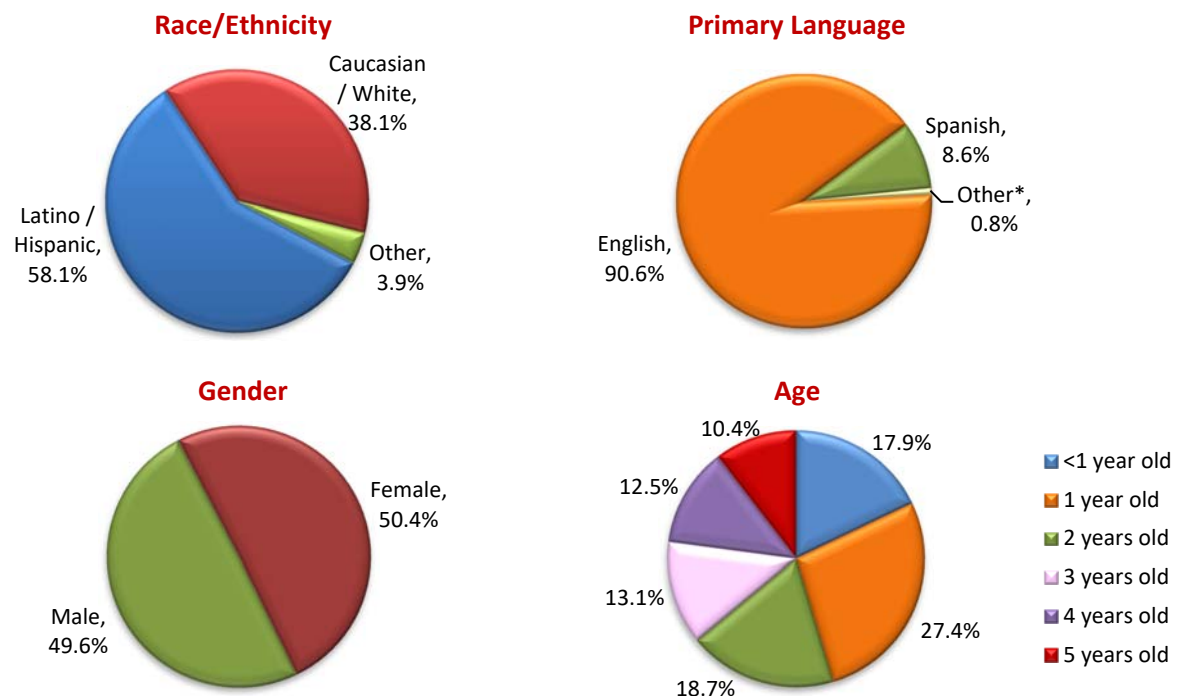
	THIS FUNDING CYCLE 2019-2020	CUMULATIVE TOTALS* 2011-2020
Children	(ages 0-5) 92	(ages 0-5) 770 (ages 6+) 19

Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2020.

\* Due to the increased confidentiality requirements of this partner, it is not possible to track clients who may be duplicated across fiscal years for this agency. Therefore, these cumulative totals likely include some duplicated clients.

In the following results, data from all the years of this program (2011-2020) have been aggregated in order to present a more robust profile of the children served.

Figure 19: Demographics of Children (Ages 0-5) Participating in NDFCC (2011-2020)



Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2020.

\* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.

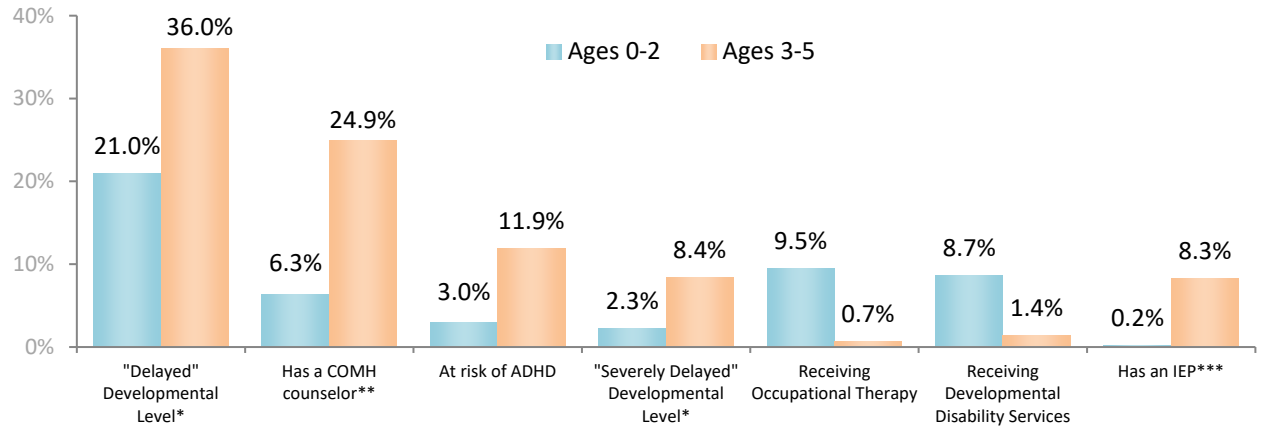
N=770.

**Outcome Objective: Ensure that all children within the dependency court system age 0-5 in Santa Cruz County receive early developmental and mental health services.**

In the analyses of the following diagnoses, services, and referrals, all the data since the commencement of NDFCC have been aggregated (2011-2020) in order to present a more robust portrait of the extent to which NDFCC is helping children in the dependency court system obtain

comprehensive developmental and behavioral evaluations to identify early intervention, mental health, or educational needs.

**Figure 20: Percentage of Children in NDFCC (Ages 0-5) With These Diagnoses and Services, at Intake (2011-2020)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2020.

Note: Data for different diagnoses and services were not always collected every year. Therefore, the number of children analyzed for each diagnosis and service may vary. Only diagnoses and services with percentages higher than 4% for at least one age group are shown.

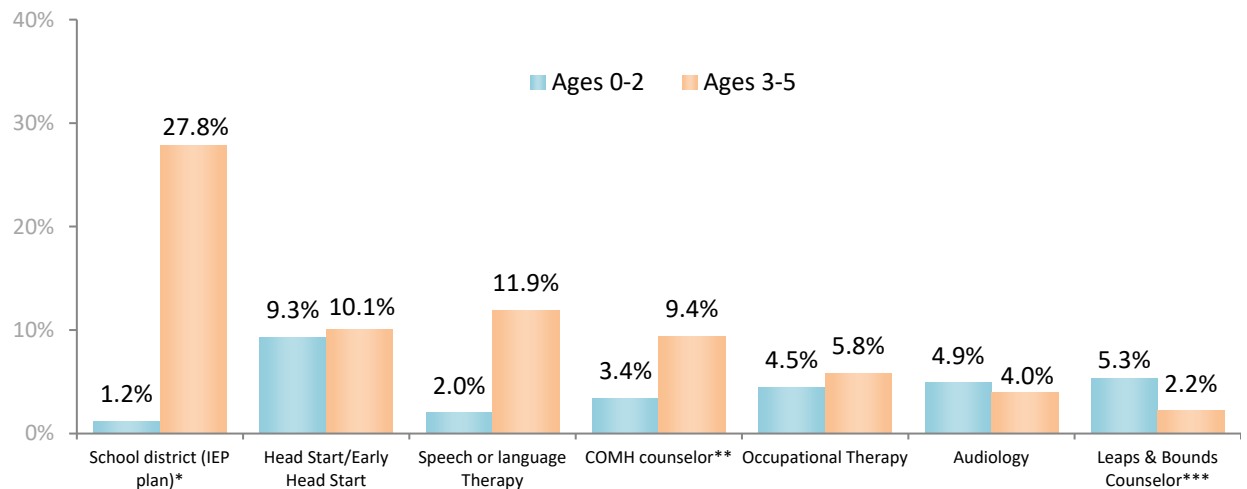
\* Children's developmental levels were assessed using one of two standardized assessments, depending on the age of the child: the *Bayley Scales of Infant and Toddler Development* or the *Wechsler Preschool and Primary Scales of Intelligence, 3rd edition*.

\*\* COMH = County Office of Mental Health

\*\*\* IEP = Individualized Education Program

N: (Ages 0-2) 482-493; (Ages 3-5) 275-277.

**Figure 21: Percentage of Children in NDFCC (Ages 0-5) Provided With These Referrals (2011-2020)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2020.

Note: Data for different referrals were not always collected every year. Therefore, the number of children analyzed for each referral may vary. Only referrals with percentages higher than 4% for at least one age group are shown.

\* IEP = Individualized Education Program

\*\* COMH = County Office of Mental Health

\*\*\* The Leaps & Bounds program is designed to support the healthy development of children ages 0-5 whose parents are recovering from methamphetamine or other drug use and who are participating in the County's Dependency Drug Court Program.

N: (Ages 0-2)=493; (Ages 3-5)=277.

**Outcome Objective: Positive Parenting Program (Triple P)\* parent education and coaching will be provided for biological parents of children served in the NDFCC**

Client Outcome Objective	2019-2020
By June 30, 2020, up to 50 biologic and foster parents will participate in Triple P Level 2 Seminars or Level 3 Workshops.	N=16
By June 30, 2020, up to 75 biologic and foster parents will receive one-time Triple P Level 2 individual consultations.	N=47

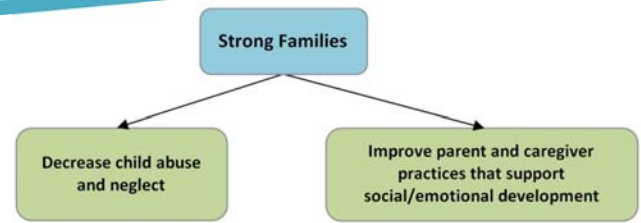
Source: First 5, Triple P Master Client Data Collection Template, 2020.

\* See the section on Triple P in this report for more information about this program.



# STRONG FAMILIES

*The programs listed in this section support the Commission's goals to decrease child abuse and neglect and improve parent and caregiver practices that support children's social/emotional development.*

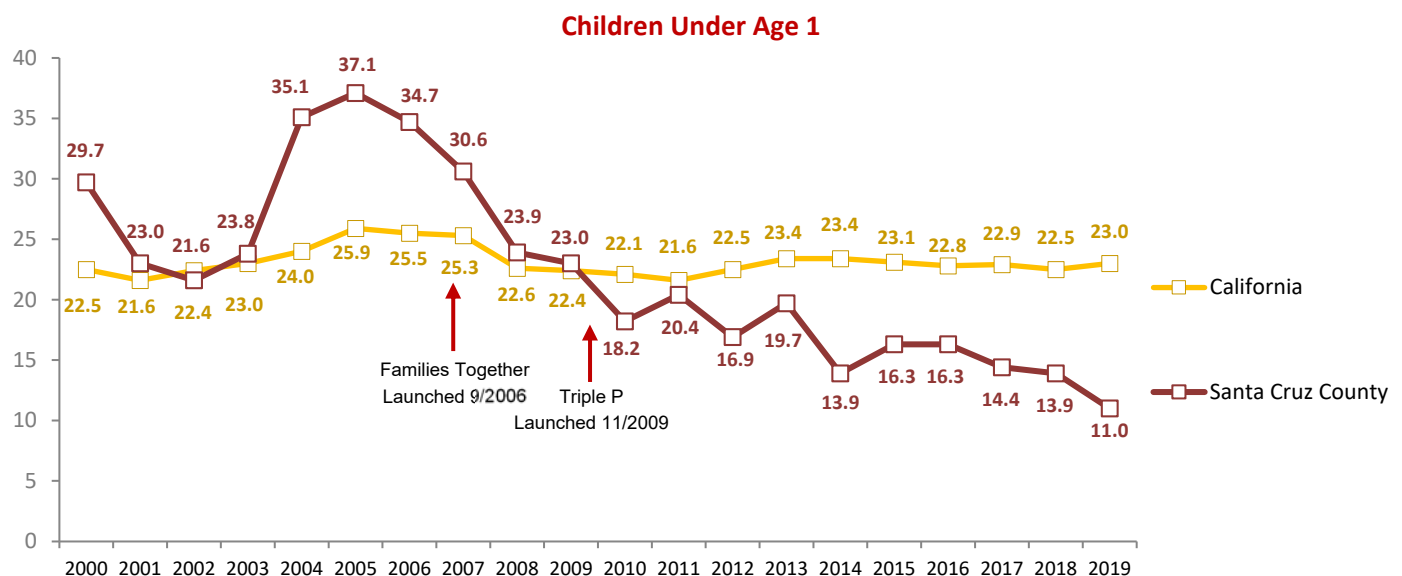


One indicator of child safety are the County measurements of child abuse and neglect. Fortunately, the rates of child maltreatment have been steadily decreasing, and in 2010 Santa Cruz County moved from being substantially above (or at) the statewide rates, to below them.

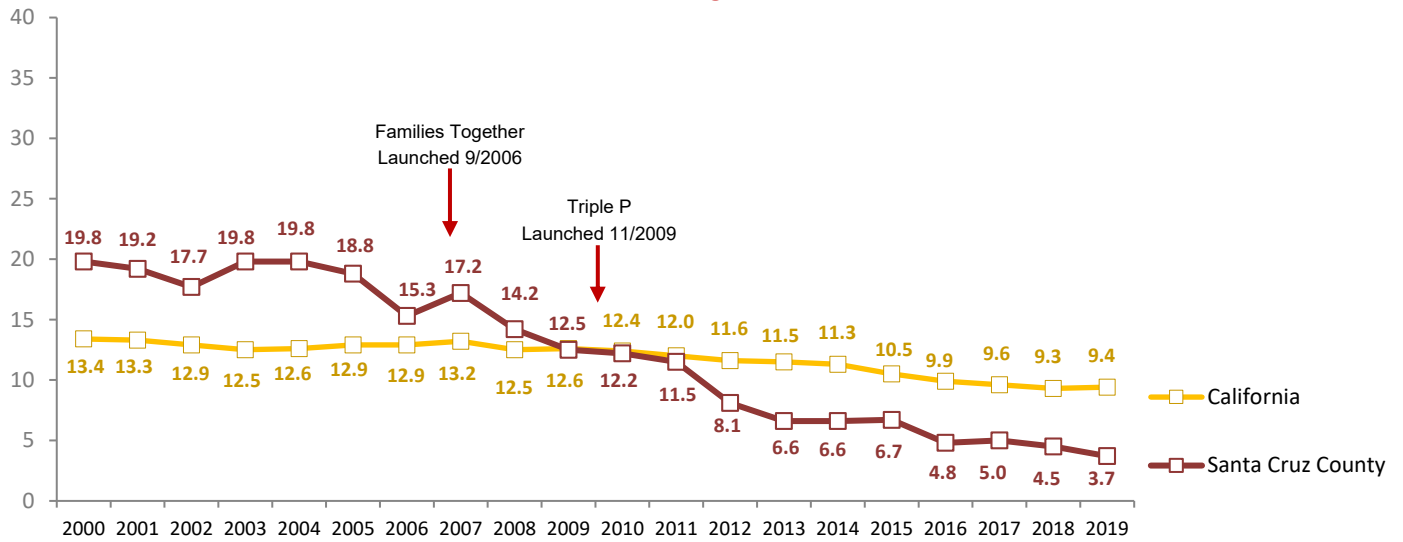
- In Santa Cruz County, the rates (*per 1,000*) for **children under age 1** have decreased from a high of **37.1** in 2005, to **11.0** in 2019.
- For **children ages 1-2**, rates (*per 1,000*) dropped from a high of **19.8** in 2004, to **3.7** in 2019.
- For **children ages 3-5**, rates (*per 1,000*) dropped from a high of **17.5** in 2005, to **3.4** in 2019.

The decreasing rates in Santa Cruz County may have been assisted by the efforts of the county-wide Triple P – Positive Parenting Program and the Families Together program, which launched in late 2009 and 2006, respectively.

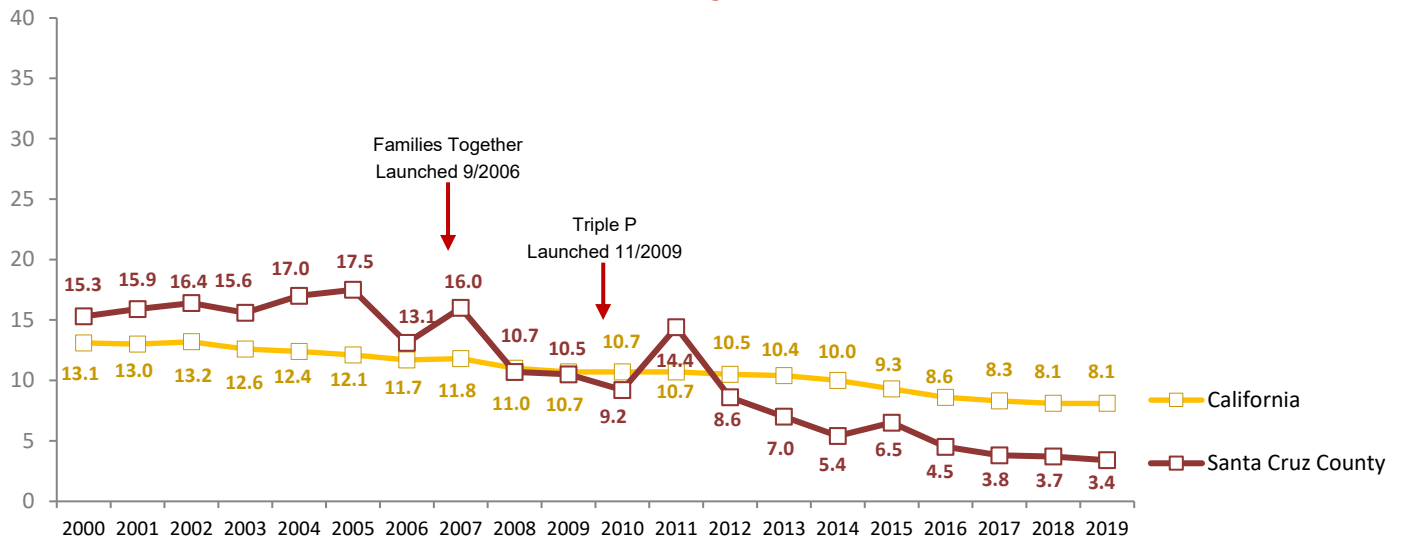
Figure 22: **Rate of Substantiated Allegations of Child Maltreatment in Santa Cruz County and California (per 1,000)**



### Children Ages 1-2



### Children Ages 3-5



Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Williams, C., Miramontes, A., Ayat, N., Sandoval, A., Hoerl, C., McMillen, B., Wade, B., Yee, H., Flamson, T., Hunt, J., Carpenter, W., Casillas, E., Gonzalez, A., & Briones, E. (2020). CCWIP reports, Retrieved Aug 27, 2020, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>



## Triple P – Positive Parenting Program

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### Program Description

Triple P (Positive Parenting Program) is a comprehensive, evidence-based parenting and family support system designed to increase parents' confidence and competence in raising children, improve the quality of parent-child relationships, and make practical, effective parenting information and interventions widely accessible to parents. The Triple P system can reach an entire community, as well as individual families who need more intensive services, through the following five levels of interventions:

- *Level 1: Universal Triple P* disseminates information about positive parenting to the entire community through a media-based social marketing campaign and pocket guides.
- *Level 2: Selected Triple P* provides brief information through one-time consultations (*Level 2 Individual*) or a series of Seminars on general parenting topics (*Level 2 Seminars*).
- *Level 3: Primary Care Triple P* offers brief, targeted parent education and skills training through Workshops on specific topics (*Level 3 Workshops*) or 3-4 brief consultations on an individual basis (*Level 3 Individual*) or in a group with other families (*Level 3 Brief Group*).
- *Level 4: Standard & Group Triple P* provides in-depth parent education and skills training through 10 sessions with a practitioner on an individual basis (*Level 4 Standard*) or 8-9 sessions in a group with other families (*Level 4 Group*).
- *Level 5: Enhanced, Pathways, Family Transitions, and Lifestyle Triple P* offer additional support to help parents deal with stress and improve communication with their partners or co-parents (*Level 5 Enhanced*), handle anger or other difficult emotions (*Level 5 Pathways*), co-parent after a divorce or separation (*Level 5 Family Transitions*), and promote healthy lifestyles in their families with children who are overweight or obese (*Level 5 Lifestyle*).

Beginning in late 2009, three local funders (First 5 Santa Cruz County, County of Santa Cruz Health Services Agency, and County of Santa Cruz Human Services Department) established the Triple P system in partnership with other agencies that serve children and families. The program has been implemented in stages, with the goal of making parenting information and support widely available to families throughout Santa Cruz County.

The Triple P program is available in Santa Cruz County for:

- Families with children from birth – 12 years old (Core Triple P)
- Families with teens 13 – 16 years old (Teen Triple P)
- Families with children who have special needs (Stepping Stones Triple P)

First 5 contracts with and/or supports several community agencies to provide Triple P services throughout the county, including Community Bridges (through their Family Resource Collective), Families Together, Parents Center, other organizations, and numerous independent practitioners.

## Partnerships

First 5 continuously expands the availability and accessibility of Triple P services through partnerships with other agencies, systems, and funders. In 2019-20, First 5 coordinated the provision of Triple P services for these partners:

- **CalWORKs:** Practitioners offered Triple P workshops as part of the CalWORKs Winter Workshop series in January 2020. Topics were selected based on their relevance to working families, including The Power of Positive Parenting; Raising Confident, Competent, Children; Balancing Work and Family; and Supporting Your Partner. Practitioners were scheduled to offer a similar set of workshops for the CalWORKs Spring Workshop series, but ultimately the classes were canceled due to COVID-19 and the associated Shelter-in-Place order.
- **Live Oak Cradle to Career (C2C):** Practitioners offered Spanish Triple P workshops for families at Del Mar Elementary (3 classes in December 2019) and Live Oak Elementary (3 classes in February 2020) on topics selected by the Parent Leadership group at each school site: The Power of Positive Parenting; Building Children’s Communication & Problem-Solving Skills; Preventing & Handling Tantrums; Fighting & Aggression; Raising Confident, Competent Children; Coping With Stress; and Preventing & Managing Disobedience. This was the fifth year that Triple P workshops were incorporated into the C2C initiative, and the second year that the workshops were offered at Del Mar Elementary.
- **Probation and Santa Cruz County Sheriff’s Office – Inmate Programs:** Triple P practitioners from Community Bridges continued to provide three concurrent 12-week workshop series in English and Spanish at the Rountree facility and Rehabilitation and Reentry facility in Watsonville. These in-custody Triple P services were funded by an AB109 grant through the Santa Cruz County Probation Department.

All in-custody Triple P classes were canceled in mid-March when the county issued the Shelter-in-Place order due to COVID-19. By the end of April, the Inmate Programs staff instituted an Independent Study Program, which enabled First 5 and Community Bridges to resume providing Triple P parenting support to participants in the correctional facilities. Adapting the in-person workshop materials to an independent study format required a fair amount of time and resources, but participants have expressed appreciation for the availability, relevance, and helpfulness of the content.

- **Santa Cruz County Parent Support Community:** When the Shelter-in-Place order was issued, causing schools, businesses, and many child care programs to close, life was upended for children and families everywhere. Many parents and caregivers not only experienced fear about the coronavirus, but food insecurity, lost jobs and income, concerns about the impact of social distancing on children’s social emotional health, and stress from the demands of working as an essential worker or working from home while also trying to manage their children’s distance learning. In response to these multiple concerns, Allison Guevara (a local social impact consultant who leads the Live Oak Cradle to Career initiative), First 5’s Triple P Coordinator, and the County Office of Education collaborated to offer a brief series of county-wide virtual parent support groups. Several Triple P practitioners supported this rapid response to parents’ needs by presenting an overview of Triple P principles of positive parenting and helping guide small-group discussions. Eventually, individual school districts took over the role of hosting and facilitating support groups for families in their districts, building on the foundation and structure established by the county-wide Parent Support Community.

## Pandemic challenges and successes

Because of all the changes, uncertainty, and social distancing due to the impact of the coronavirus pandemic, it’s only logical that many parents are feeling heightened levels of stress, anxiety, and frustration. The risk for child abuse, neglect, family violence, and other forms of adverse childhood experiences is high, especially since many children and families may be more isolated than usual. Making Triple P support readily available alongside other essential services remained a priority for First 5.

- Shift from in-person to remote services.
  - First 5 helped the Triple P practitioners to continue to offer **Triple P classes and 1:1 sessions** by phone, videoconferencing platforms (e.g., Zoom or Microsoft Teams), or Triple P Online (a structured online program). Triple P International and Triple P America issued helpful guidelines for delivering remote services and developed a timely, bilingual tip sheet and parenting guide on “Parenting in Uncertain Times.” First 5’s Triple P Coordinator developed a 4-part workshop series based on this tip sheet and guide, which served as the launch of virtual Triple P services. Triple P practitioners co-facilitated in teams, with coaching and technical support provided by the Triple P Coordination team. This “all-hands-on-deck” approach was vital, as practitioners were learning how to use Zoom while also learning how to adapt their teaching and facilitation methods for a virtual environment.

- In the early stages of sheltering in place, practitioners administered the Triple P assessments over the phone or through traditional mail. These options are still available for parents who need assistance or do not have electronic devices or internet access. However, the majority of Triple P demographic and assessment data can now be obtained electronically. Parent demographics, satisfaction surveys, and attendance data for Seminars and Workshops are gathered through the Zoom registration, polling, and report features. Family demographics, pre/post assessments, and satisfaction surveys for the 8-week groups (Level 4) are currently collected in English and Spanish through SurveyMonkey (an online survey development company). First 5 will continue to continuously improve the electronic data collection tools and procedures to ensure they are easy to use, especially for parents with limited literacy or technology skills.
- After a brief interruption the Inmate Programs were also reestablished.
  - In April, the Inmate Programs staff began an **Independent Study** program, where each participant received a packet that included several pages of engaging information about that week's topic. Participants were asked to read the material, answer the questions, and complete the activities included in the packet ("homework"). Every four weeks they answered an additional set of "Parent Knowledge" questions that measured their understanding of the material. Practitioners reviewed the completed packets and provided feedback, and copies were returned to the participants so they could see the practitioners' comments.

All of these extraordinary efforts to build the capacity to provide virtual classes have achieved remarkable results. Practitioners are getting into a rhythm and are growing more comfortable with the online facilitation, parents are signing up and enjoying the virtual classes, and adapted data collection strategies are working well. There's even a desire to maintain some virtual classes even after the restrictions on group gatherings are lifted, as an additional and effective way to reach new clients.

## Population Served

The total number of clients who participated in Triple P is comprised of three groups:

- 1) Clients who participated in individual or group sessions AND who consented to have their assessment data anonymously included in this evaluation (who consequently provided enough information to create a Unique ID)
- 2) Those who participated in brief services like Seminars or Workshops where only minimal client data were collected (usually not enough to create a Unique ID).
- 3) Those who participated in individual or group sessions but did NOT consent to have their client data included in this evaluation of Triple P.

	This Funding Cycle					Cumulative Totals				
	2019-2020					2010-2020				
Clients Participating in Individual or Group Sessions – Unduplicated; client data analyzed *										
Parents/Guardians					366					4,735
	AGES 0 – 5	AGES 6 – 12	AGES 13 – 16	AGES 17+		AGES 0 – 5	AGES 6 – 12	AGES 13 – 16	AGES 17+	
Children	104	122	74	18	318	2,263	1,870	647	270	5,050
Clients Participating in Seminars & Workshops – Includes duplicates; some client data analyzed **										
Parents/Guardians					839					9,348
Children (all ages)					2,272					22,055
“Non-Consenting” Clients Participating in Individual or Group Sessions – Client numbers only; no client data analyzed										
Parents/Guardians					22					335
Children (all ages)					43					509
TOTAL ***						TOTAL ***				
Parents/Guardians					1,227					14,418
Children (all ages)					2,633					27,614

Source: First 5 CCD database for July 1, 2019 – June 30, 2020, and 2010-2020.

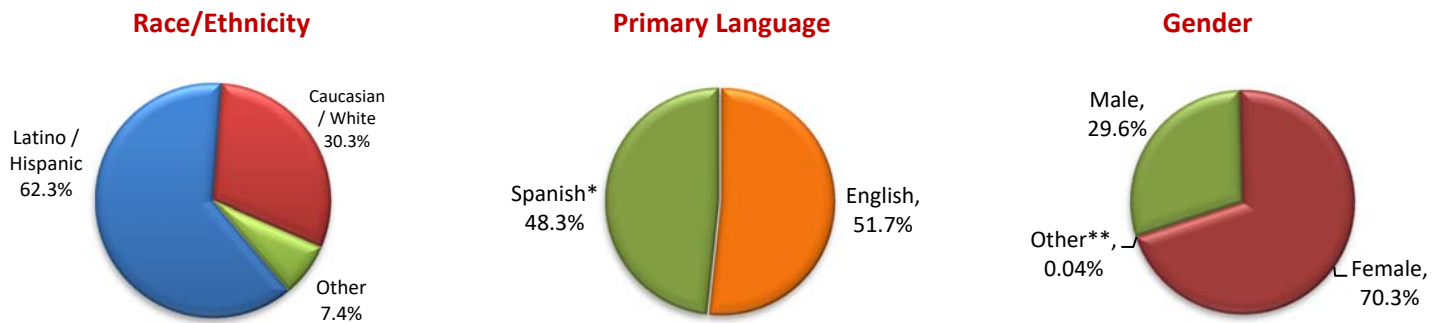
\* Includes parents and children for whom enough personal information was collected to be able to create a Unique ID. This includes parents participating in Levels 2 (Individual), and parents and children participating in Levels 3 (Individual/Brief Group), 4, and 5. Parents may have participated in more than one Triple P service, but are only reported once in this calculation of the number of unique clients served. Children with unknown birth dates are not included.

\*\*Includes parents and children in all Triple P program levels where only some names or personal information were collected (such as Seminars and Workshops), and the children of parents who participated in Level 2 Individual sessions (where only parents had personal information collected). Parents may have participated in more than one Triple P service. Therefore, these numbers are more representative of the number of services provided, rather than the number of clients served. Since the number of children is dependent on the accuracy of the parents and providers, the total number of children reported here should be considered a close approximation.

\*\*\* These totals include clients who may have participated in more than one Triple P service.

## Triple P Participant Details

Figure 23: Demographics of Triple P Parents/Guardians (2010-2020)



Source: First 5 CCD database for 2010-2020.

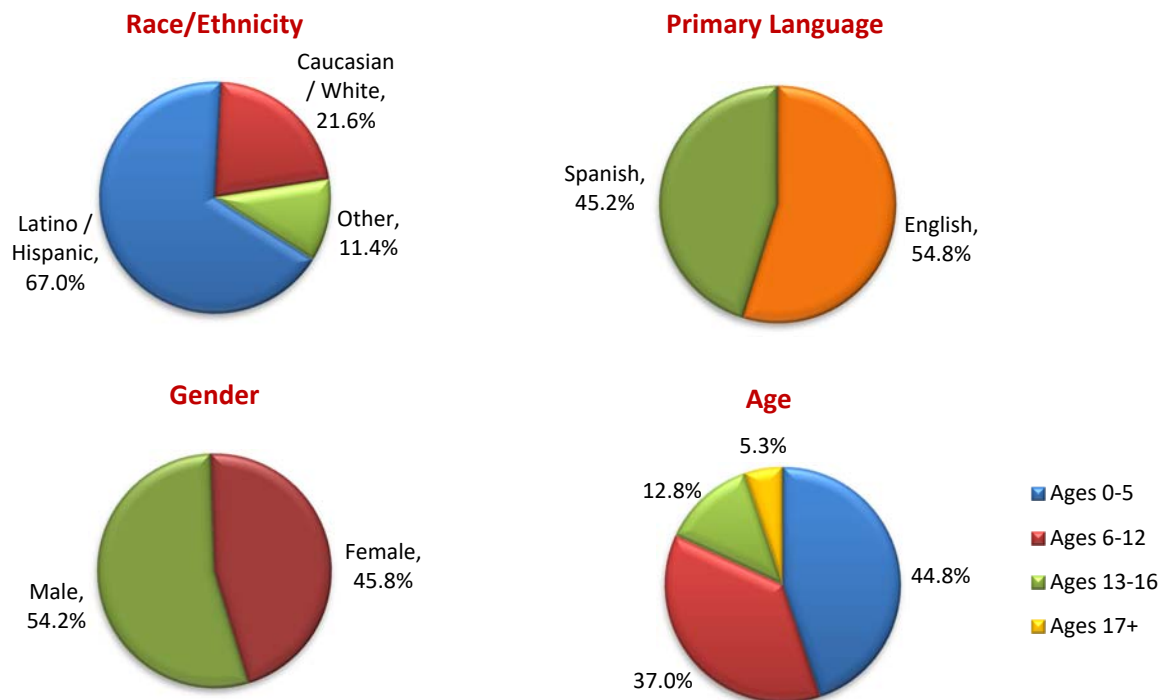
Note: Demographics are based on the unique number of parents in all levels of Triple P, including Level 2 Seminars, Level 3 Workshops, Level 2 Individual, Level 3 Individual/Brief Group, Level 4, and Level 5. Language refers to the language used to conduct the Triple P services.

\* Spanish language = Spanish + Bilingual Spanish/English.

\*\* "Other" gender options include transgender, genderqueer, questioning or unsure.

N: (Ethnicity)=2,987, (Language)=5,377, (Gender)=5,338.

Figure 24: Demographics of Children Benefitting from Triple P (2010-2020)



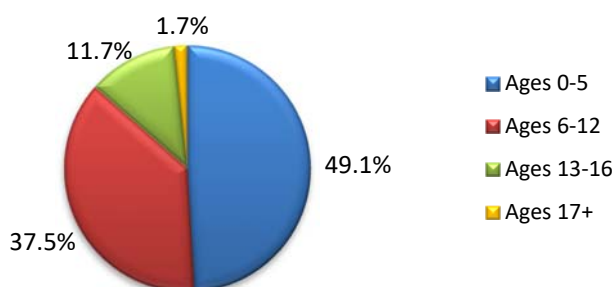
Source: First 5 CCD database for 2010-2020.

Note: Demographics are based on the unique number of children of parents participating in the levels of Triple P where basic information is provided about their children: Levels 2 Individual, 3 Individual/Brief Group, 4, and 5. Language refers to the language used to conduct the Triple P services.

N: (Ethnicity)=4,839, (Language)=5,037, (Gender)=5,037, (Age)=5,050.

Parents in the more intensive services of Triple P completed assessments at the beginning and end of their services, as a way to measure improvement in parenting issues and child behavior. When parents filled out their assessments, they were asked to choose one child in their family (“Index Child”), whose behaviors they were most concerned about or had the most difficulty handling, and to complete the assessments keeping just that one child in mind.

**Figure 25: Ages of Children Chosen as the “Index” Child (2010-2020)**



Source: First 5, Triple P Master Client Data Collection Template, 2020.

Note: Percentages represent ages of these Index Children, after any duplicates have been removed. Levels 3 (Individual or Brief Group), 4, and 5 participants only. N=2,344.

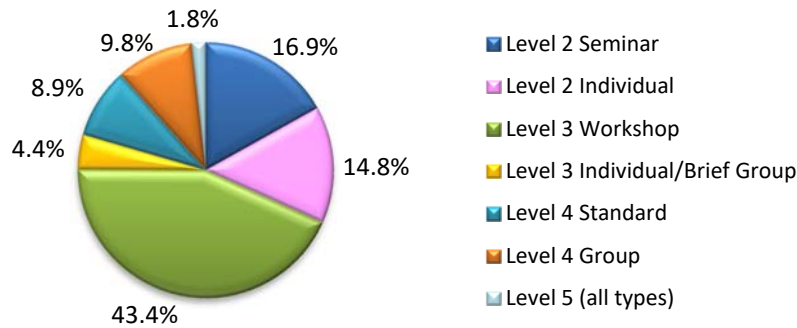
## Triple P Highlights

Triple P’s population-based approach to parenting support provides the minimally sufficient level of care for parents to enable them to independently manage their family issues. This section provides an overview of how families in Santa Cruz County have been helped to receive the levels of support that they needed through their participation in Triple P, and highlights some of the key achievements in each of these levels.

The following charts show the types of Triple services that have been provided to participants, since the commencement of the program.

- When all years are combined, results show that families are engaged in all levels of Triple P. Not surprisingly, the majority are participating in the briefest services, which include Level 2 Seminars, one-time Level 2 Individual consultations, and Level 3 Workshops. This mirrors the intent of the Triple P system, with a greater proportion of the community accessing briefer, targeted parenting support, and a smaller proportion of the community accessing in-depth, comprehensive parenting support.

Figure 26: Types of Services Provided (2010-2020)



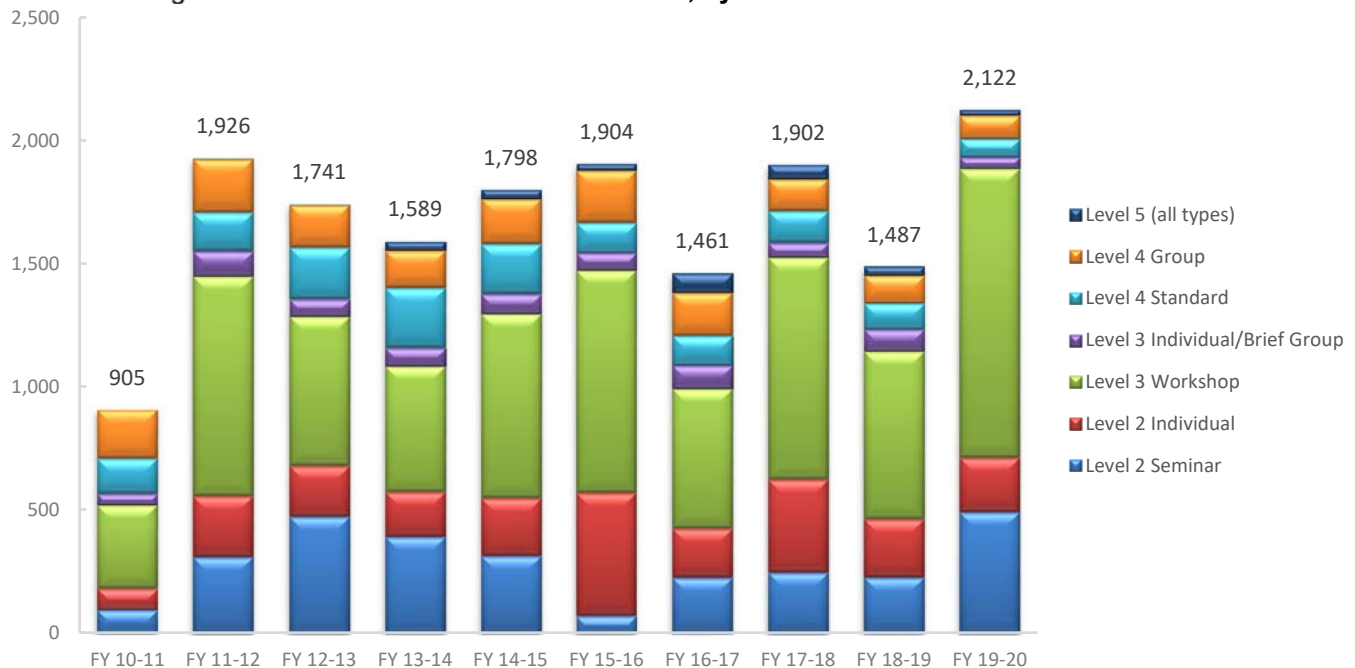
Source: First 5, Triple P Master Client Data Collection Template, 2020.

Notes: Percentages include the services of clients who may have participated in multiple services, and the services to clients who did not consent to have their assessment data included in this evaluation.

N=16,835 services.

- When looked at individually, each year follows this pattern, with brief services being the most frequently utilized. During FY 2019-20, when the pandemic began half-way through the fiscal year, the number of higher-level services was greatly impacted. However, between the capacity-building efforts to provide services online, and the continuing development of the Inmate Programs, the number of Seminars and Workshops grew and even outpaced those of previous years.

Figure 27: Number of Services Provided, by Year



Source: First 5, Triple P Master Client Data Collection Template, 2020.

Notes: Numbers include the services of clients who may have participated in multiple services, and the services to clients who did not consent to have their assessment data included in this evaluation.



**Level 1: Universal**

First 5 continues to implement a robust social marketing campaign to saturate the community with positive parenting messages, normalize the need to seek help for parenting challenges, and promote First 5 as the central point of contact for getting assistance with accessing Triple P services. Information is disseminated through print and electronic media, social media, community outreach events (pre-pandemic), sponsorships, advertising, and locally-developed marketing materials. Data indicate that the social marketing campaign is an effective way to reach and engage families in Triple P services, and that they are highly satisfied after receiving services.

- **Accessibility of information.** Families are responding to Triple P messages in the media and online. They are using First 5's website to register for parenting classes and requesting assistance with accessing Triple P services through the centralized "warmline," Facebook, and the Triple P email address.
- **Encouragement to participate.** Since the beginning of the Triple P program, over 14,400 parents and 27,600 children have benefitted from Triple P services. These figures include parents who participated in multiple services, and reflect the widespread interest in—and reach of—this parenting program.

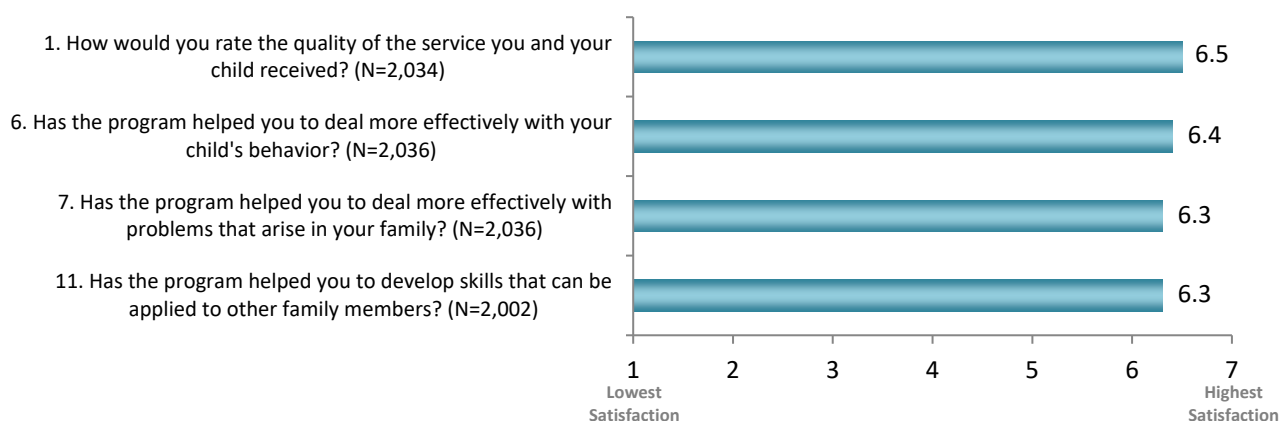
**Client Participation in Triple P**

	THIS FUNDING CYCLE 2019-2020	CUMULATIVE TOTALS 2010-2020
Parents/Guardians	1,227	14,418
Children (all ages)	2,633	27,614

Source: First 5, Triple P Master Client Data Collection Template, 2020.

Note: These totals include clients who may have participated in more than one Triple P service.

- **Satisfaction with services.** On average, parents rated the quality of services very high, strongly agreeing that they were dealing more effectively with problems in their family, and were able to apply the skills they learned to other family members.

**Parents' Satisfaction with Various Aspects of the Triple P Program (2010-2020)**

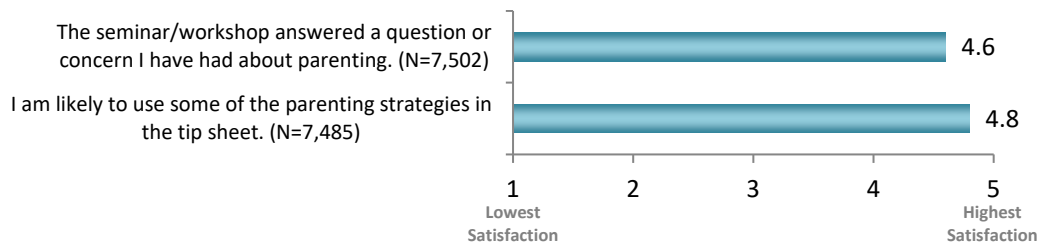
Source: Triple P data from the Parent Satisfaction Survey, Jan. 2010 - June 2020.

## Level 2: Selected (Individual & Seminars) & Level 3: Primary Care (Workshops)

The briefest forms of Triple P services are giving parents an opportunity to be introduced to Triple P and providing easy access to general parenting support.

- **Gateway to more services.** Over the past several years, analyses have consistently shown that brief services are an effective way of getting parents initially engaged in the program, and gives them an opportunity to participate in further services. Parents who attend Seminars and Workshops frequently request follow-up services, and parents who participate in one or two brief consultations for specific parenting concerns often return later for in-depth consultations and multi-session programs.
- **Continued use of the skills they learned.** On average, parents strongly agreed that the Seminars and Workshops answered their questions, and that they would continue to use the strategies they learned.

### *Seminars/Workshops: Satisfaction Survey (2010-2020)*

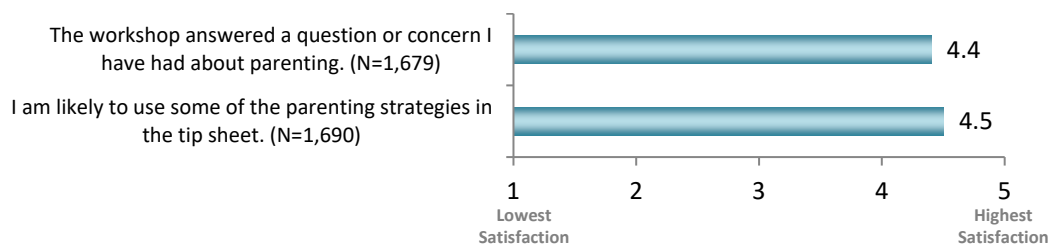


Source: Triple P data from the Seminar/Workshop Satisfaction Survey, Jan. 2010 - June 2020.

- **Workshop series at local correctional facilities.** Triple P practitioners from Community Bridges continued to provide three concurrent 12-week workshop series in English and Spanish at the Rountree facility and Rehabilitation and Reentry facility in Watsonville. All in-custody Triple P classes were canceled in mid-March when the county issued the Shelter-in-Place order due to COVID-19. By the end of April, the Inmate Programs staff instituted an Independent Study Program, which enabled First 5 and Community Bridges to resume providing Triple P parenting support to participants in the correctional facilities (see “Pandemic challenges and successes” earlier in this Program’s section for more information about First 5’s response to the pandemic challenges).

**High satisfaction:** On the Satisfaction Survey, participants strongly agreed that the workshops had answered a question they had about parenting, and that they were likely to use the strategies they’d learned in the workshop.

### *Inmate Programs Workshops: Satisfaction Survey (2017-2020)*



Source: Triple P data from the Inmate Programs Workshop Satisfaction Survey, 2017-2020.

The participants' comments in the Satisfaction Survey were particularly inspiring. When asked what they learned from the classes, answers included:

- I learned to reward positive behavior. Never reward children for negative behavior, such as buying them a toy at grocery store just to shut them up.
- I learned how to make rules that your kids can understand and follow.
- The next time I see my child, I will ask her how she is feeling and what makes her feel that way.
- One parenting strategy I will use is when my daughter brings me a drawing of an animal, I will ask her what sound it makes and what it eats.
- The most useful thing I learned was how to listen to my partner when discussing strategies on how to discipline/communicate with our son.
- I recognize now that parenting as a team is difficult, and it takes patience to be an effective co-parent.
- During COVID-19 it is difficult to think about loved ones. I do my best, to be honest.

**Effective parenting.** When the Triple P workshops were conducted in person at the correctional facilities, participants were asked to fill out an assessment at the beginning and end of their services. However, all Inmate Programs services must be available on an open enrollment basis, which means that participants can join and leave the 12-week Triple P workshop series at any time. This made it difficult to obtain the traditional pre- and post-assessment data, as not every participant began the series at the same time or attended every class (i.e., participants often miss class when they have court dates), some participants were released from the correctional facilities before the series ended, and other participants were absent during the final session of the series when the post-assessment was completed. Consequently, it was not always possible to obtain matched, usable pre- and post-assessment data for each 12-week workshop series. Nevertheless, results from available matched assessments showed that participants had improved knowledge of parenting skills, and these assessments continued to be used at the beginning of the 2019-20 fiscal year.

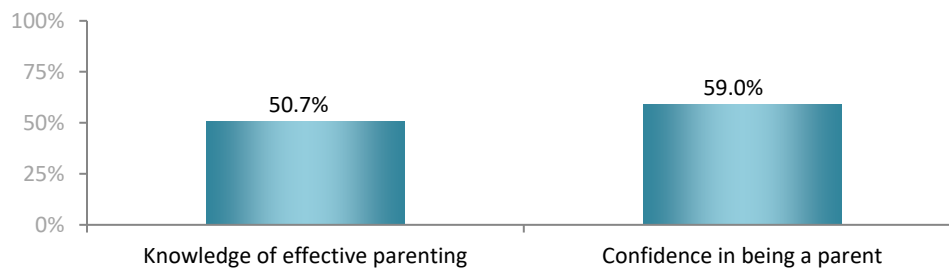
**“Be calm with your kids, and listen to their feelings.”**

-Triple P Inmate Programs participant

When the Triple P Independent Study program was launched in April 2020, the evaluation forms were modified to work better with the new training formats. Instead of utilizing the prior assessment form in the first and last session of the series, the Triple P Coordinator includes a brief Parenting Questionnaire at the end of the lesson every four weeks. The Parenting Questionnaire asks about the participant's level of confidence in being a parent (this question was retained from the prior assessment form) and a few additional Parent Knowledge questions related to the set of topics that had been covered in the prior three lessons.

Results from both of these evaluation sets indicate that participants are showing increased knowledge of effective parenting and have more confidence in being a parent.

**Inmate Programs Workshops:  
Percentage of Participants Who Demonstrated Improvement in Key Parenting Issues**



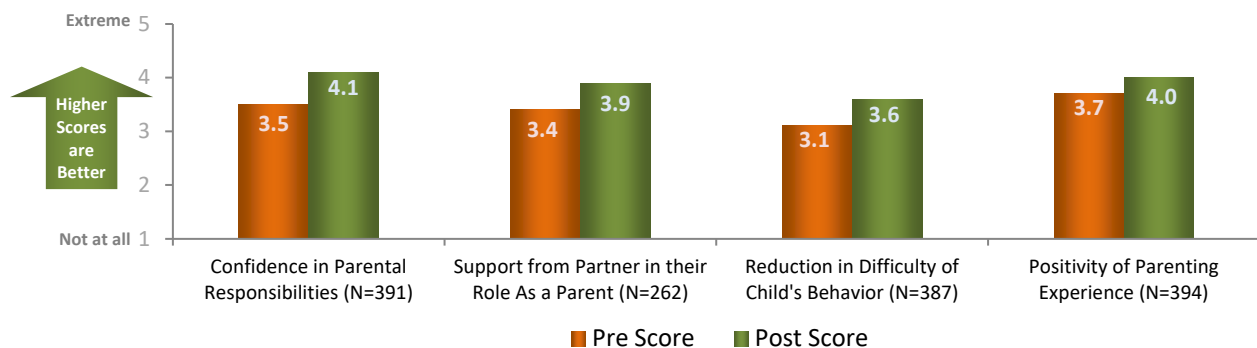
Source: (Knowledge) Triple P assessment results, *Knowledge of Effective Parenting Scale (KEPS)*, and *Parent Knowledge Questions*; (Confidence) Triple P assessment results, *Parenting Experience Survey, Questions 3 & 4*, 2018-20.  
N: Knowledge=67, Confidence=78.

### Level 3: Primary Care (Individual or Brief Group)

Brief consultations about specific parenting concerns are resulting in increased positive parenting experiences.

- **Support for specific parenting challenges.** Parents are reporting increased confidence in parenting, more support from their partners, less difficulty with their children's behavior, and increased enjoyment in their parent/child relationship.

**Increases in Positive Parenting (2010-2020)**



Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2020.

Note: The *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. This analysis only includes parents who participated in Level 3 Primary Care (Individual/Brief Group) services.

### Level 4: Standard & Group

Through more intensive services, families are receiving in-depth support for moderate to severe behavioral and emotional difficulties.

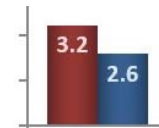
Note that in fiscal year 2018-19, First 5 began using two new assessments for the intensive Triple P services (Levels 4 and 5) that had been researched and validated by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. Triple P America now recommends all practitioners use the *Child Adjustment and Parental Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scale (PAFAS)* in place of the four previously recommended assessments (*Eyberg Child Behavior Inventory*, *Parenting Scale*, *Depression-Anxiety-Stress Scale–Short Version*, and *Parent Problem Checklist*), as they measure

similar parenting domains and outcomes and are more user-friendly for both families and practitioners.

These two new assessments replaced the four that First 5 used in previous years (although a few clients continued to use the four older assessments during 2018-19 if they had begun their services during the previous fiscal year). Additional assessments are still used for specific program levels and variants (e.g., *Conflict Behavior Questionnaire* for Level 4 Teen Triple P).

In this report, results for both sets of assessments are provided:

- The newer two assessments covering the years **2018-20** (using colors of orange and green):
- The older four assessments covering the years **2010-19** (using colors of maroon and dark blue):

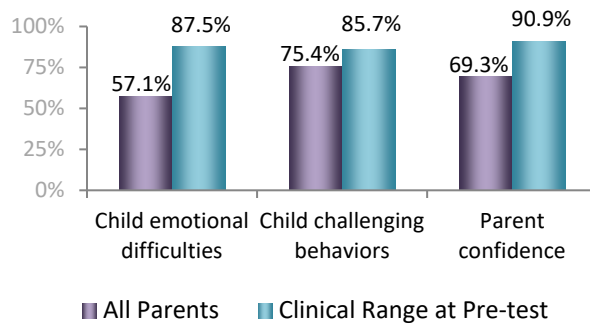


However, due to methodological differences in assessments used in these two time periods, the cumulative assessment results for 2018-20 (e.g., pre/post percentages, magnitude of change in scores, etc.) should not be compared to cumulative results for 2010-19. In addition, the results for 2018-20 are promising but should be interpreted with caution, as the sample sizes are still relatively low, especially when compared to the sample sizes for 2010-19.

- **Intensive services may have a stronger impact on parents who begin the program with more serious parenting issues.** First 5's evaluation results have consistently shown that:
  - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting domains.
  - Parents whose pre-assessment scores were high enough to be in a "Clinical Range of Concern" were *even more likely* to show improvement by the end of the program, suggesting that Triple P was effective for parents who had more serious parenting issues.
  - The majority of parents who began the program in a "Clinical Range of Concern" moved out of the range of concern by the end of the program.

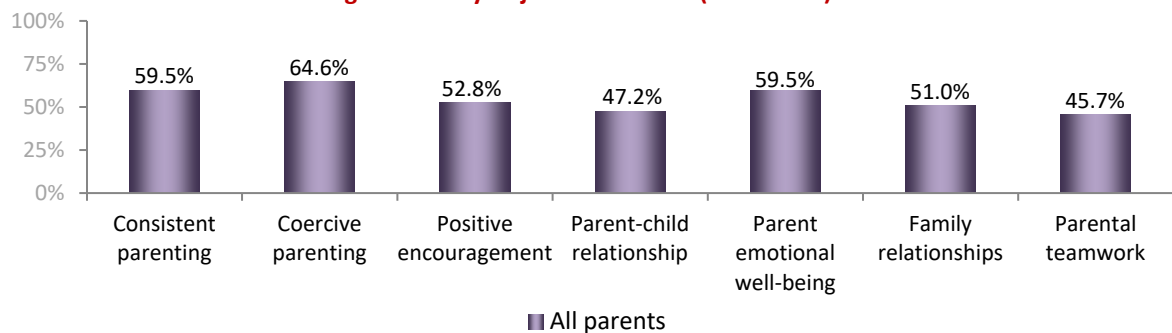
### Percentage of Parents Who Demonstrated Improvement in Key Parenting Issues

#### Child Problems and Parent Confidence Issues (2018-2020)



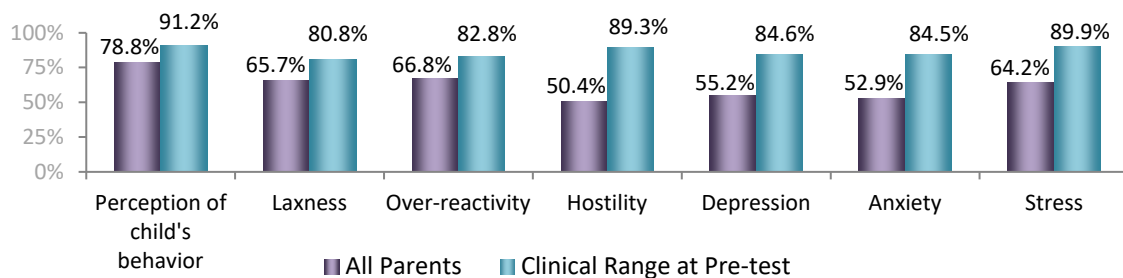
Source: Triple P assessment results, July 2018 - June 2020. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.  
N: (Emotional difficulties) All=177, Clinical=16; (Challenging behaviors) All=179, Clinical=21; (Confidence subscales) All=179, Clinical=22.

#### Parenting and Family Adjustment Issues (2018-2020)

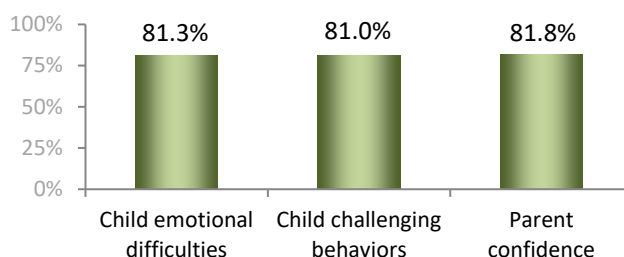


Source: Triple P assessment results, July 2018 - June 2020. *Parenting and Family Adjustment Scales (PAFAS)* subscales.  
Note: There is no clinical cut-off for the PAFAS scores, so there is no "Clinical Range at Pre-test" sub-population to analyze for this assessment.  
N: (Consistent parenting)=195; (Coercive parenting)=195; (Positive encouragement)=195; (Parent-child relationship)=195; (Parent emotional well-being)=195; (Family relationships)=194; (Parental teamwork)=129.

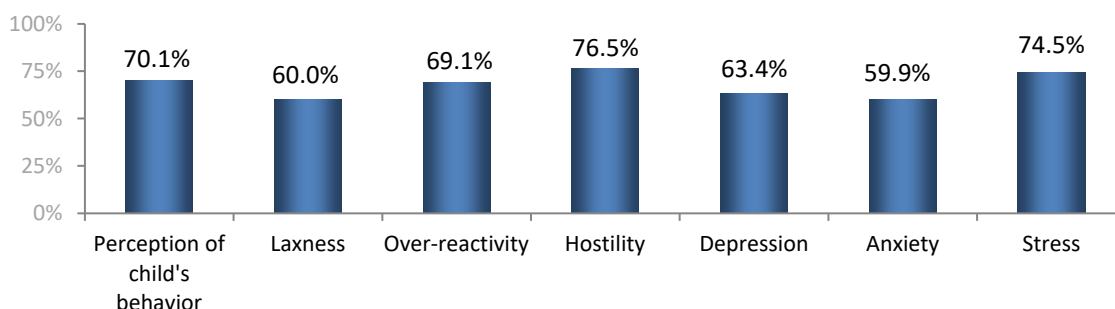
#### Child Behavior and Parenting Problems (2010-2019)



Source: Triple P assessment results, Jan. 2010 - June 2019. (Child behavior) *ECBI, Problem subscale*; (Laxness, Over-reactivity, Hostility) *Parenting Scale*; (Depression, Anxiety, Stress) *DASS-21*.  
N: (Child behavior) All=1,106, Clinical=535; (Laxness) All=1,286, Clinical=553; (Over-reactivity) All=1,285, Clinical=505; (Hostility) All=1,283, Clinical=298; (Depression) All=1,411, Clinical=369; (Anxiety) All=1,411, Clinical=471; (Stress) All=1,409, Clinical=368.  
Note: These assessments were discontinued in 2018-19 and were replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

**Percentage of Parents Who Moved Out of the “Clinical Range” of Concern in These Key Parenting Issues****Child Problems and Parent Confidence Issues (2018-2020)**

Source: Triple P assessment results, July 2018 - June 2020. *Child Adjustment and Parent Efficacy Scale (CAPES) subscales*.  
N: (Emotional difficulties)=16; (Challenging behaviors)=21; (Confidence subscales)=22.

**Child Behavior and Parenting Problems (2010-2019)**

Source: Triple P assessment results, Jan. 2010 - June 2019. (Child behavior) *ECBI, Problem subscale*; (Laxness, Over-reactivity, Hostility) *Parenting Scale*; (Depression, Anxiety, Stress) *DASS-21*.

N: (Child behavior)=535; (Laxness)=553; (Over-reactivity)=505; (Hostility)=298; (Depression)=369; (Anxiety)=471; (Stress)=368.

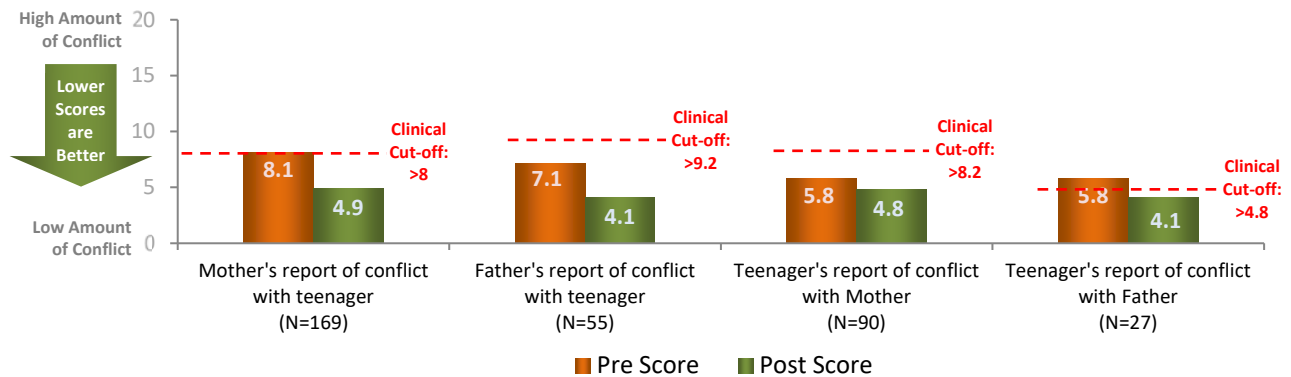
Note: These assessments were discontinued in 2018-19 and were replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

- **Parents with adolescents are among those experiencing more serious parenting issues and benefitting from Triple P.** While the majority of parents who received in-depth services were in Core Triple P (for families with children ages 0-12), a growing number of parents have completed Teen Triple P (for families with youth ages 13-16).

**Parents in Teen Triple P report decreased amount of conflict with teenagers**

- On average, both mothers and fathers reported decreases in the amount of conflict between themselves and their teenagers. On average, mothers tended to score above the clinical cut-off at the beginning of the program, and most ended the program out of a range of concern.
- Teenagers also reported decreased amounts of conflict with their mothers and fathers by the end of the program.

### Amount of Conflict Between Parents and Their Teenagers (2010-2020)

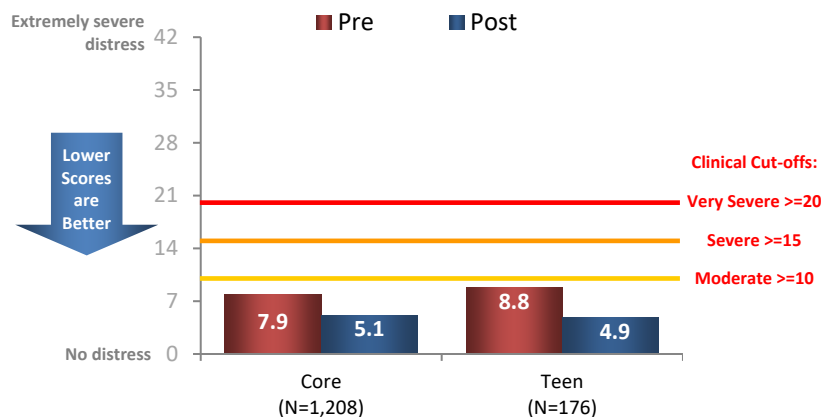


Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2020.

### Parents in Teen Triple P report more anxiety, and demonstrate greater improvement

- Although parents in both Core and Teen Triple P showed improvement in their parenting issues, parents in Teen Triple P tended to demonstrate a greater amount of improvement in their levels of anxiety.

### Improvements in Anxiety Comparison of Clients in **Core Triple P** (families with children 0-12) and **Teen Triple P** (families with teens) (2010-2019)



Source: Triple P data from the *Depression, Anxiety, Stress Scale – Short Version (DASS-21)*, Jan. 2010 - June 2019.

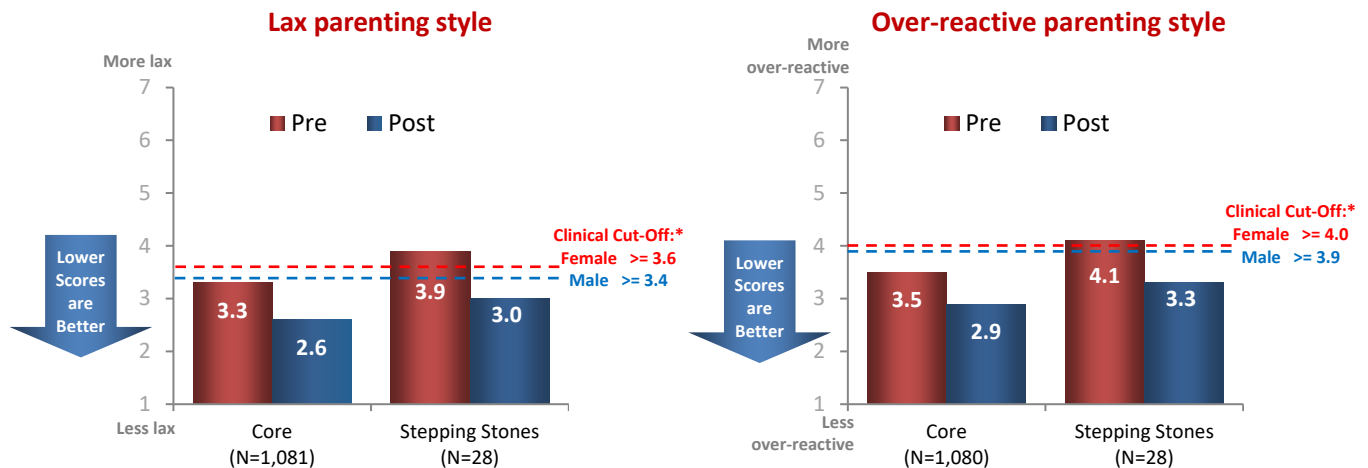
Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

- Parents of children with special needs are also among those experiencing more serious parenting issues, and are also benefitting from Triple P.** A small but growing number of parents have completed Stepping Stones Triple P, a specialized program for families with children who have special needs. Results are already showing that these parents are making considerable progress.
  - Parents in Stepping Stones Triple P tended to report more serious parenting issues than parents in Core Triple P, particularly in the areas of lax and over-reactive parenting styles.



- In these two parenting styles, parents in Stepping Stones Triple P tended to score above the clinical cut-off at the beginning of the program, and demonstrated a greater degree of improvement by the end of the program than did parents in Core Triple P.

**Improvements in Selected Parenting Issues**  
**Comparison of Clients in *Core Triple P* (families with children 0-12)**  
**and *Stepping Stones Triple P* (families with children who have special needs)**  
**(2010-2019)**



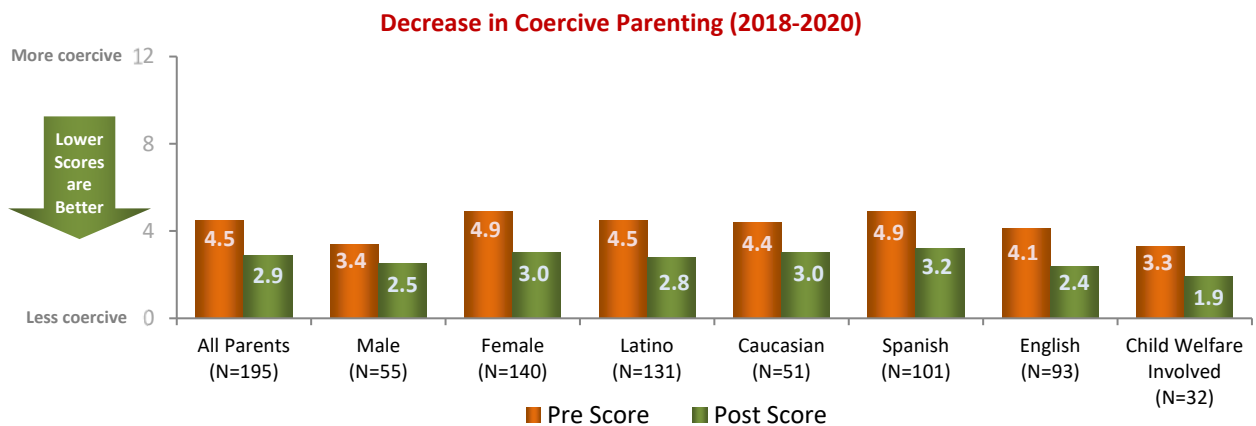
Source: Triple P data from the *Parenting Scale*, Jan. 2010 - June 2019.

\* When there were separate Clinical Cut-offs for Males and Females, this has been taken into account in each analysis so that results could be reported overall. In these instances, the separate Cut-off levels for each gender that are shown in the charts are for illustration purposes only.

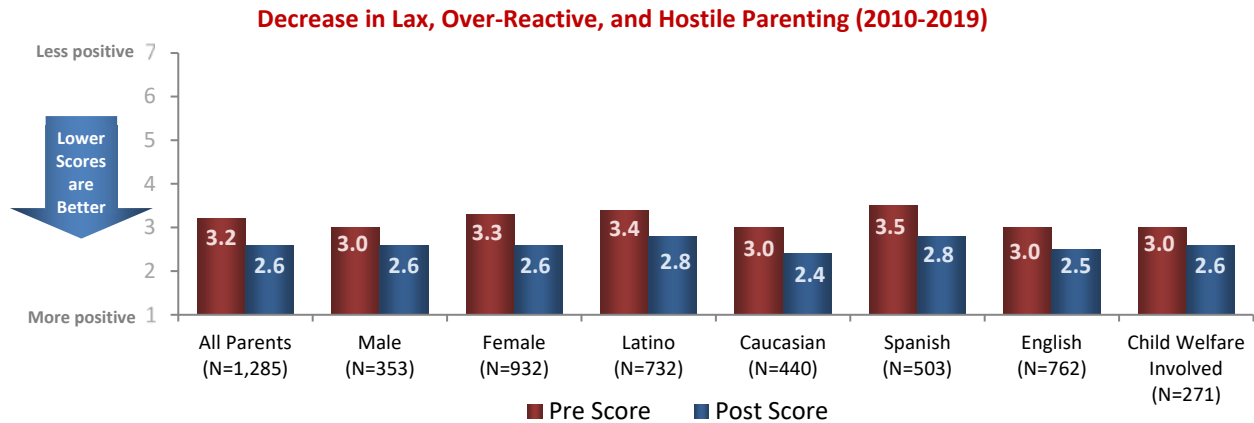
Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

- **Increased use of positive parenting styles.** There were substantial improvements in parents' overall style of discipline, indicating their parenting style became less coercive, less lax, less over-reactive, and less hostile through the course of the Triple P program.

**Parents' Use of Positive Parenting Styles**



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Coercive Subscale, July 2018 - June 2020.

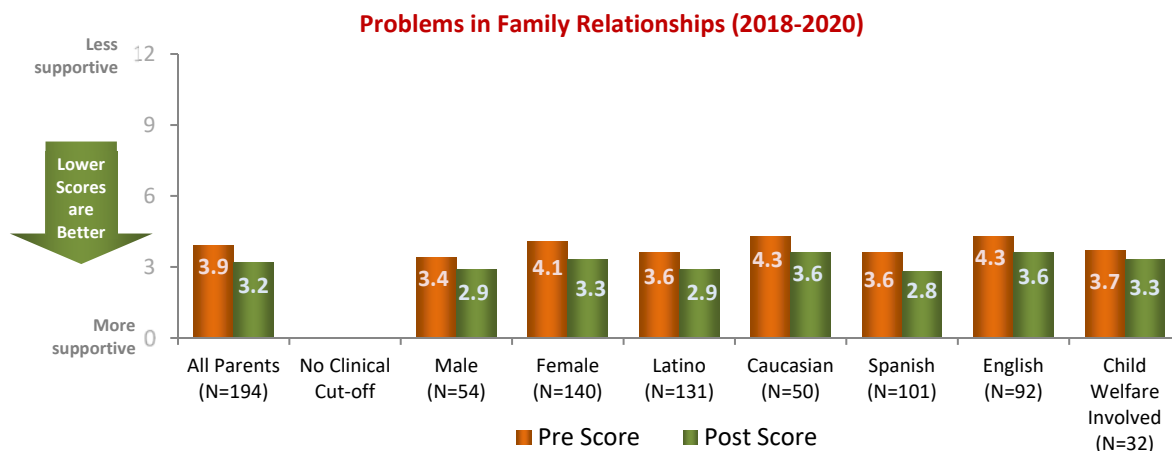


Source: Triple P data from the *Parenting Scale*, Overall scores, Jan. 2010 - June 2019

Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

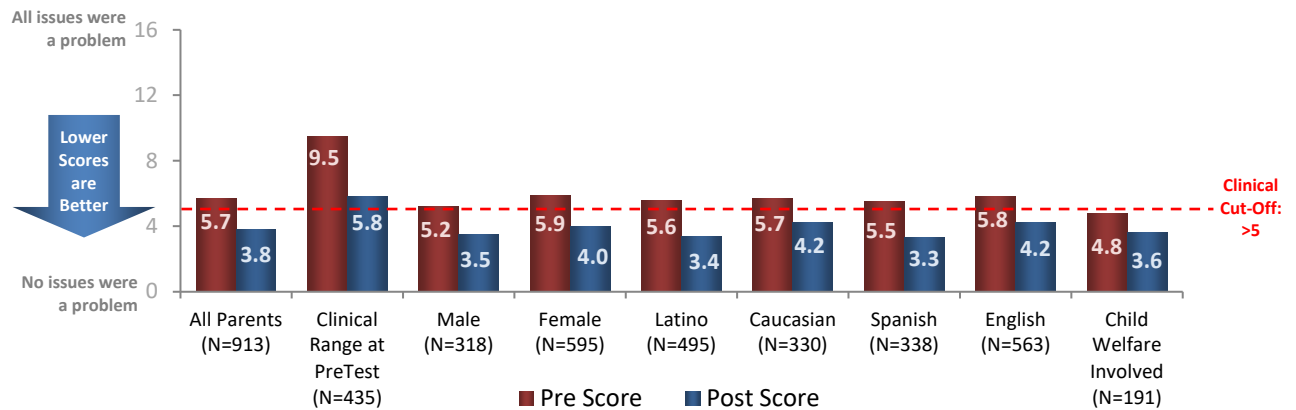
- **Reduced levels of conflict over parenting.** After completing the program, parents on average indicated that there were substantially fewer relationship and parenting issues that were problems.
  - On average, of the parents who completed the *Parenting and Family Adjustment Scales*, All Parents and all sub-populations demonstrated improvement in family relationships, feeling more supported by the end of their services, particularly among the Female and Spanish-speaking sub-populations.
  - Of the parents who completed the *Parent Problem Checklist*, on average, All Parents and most sub-populations tended to score above the clinical cut-off at the beginning of the program, and most ended the program out of a range of concern. On average, although parents in the Clinical Range at Pre-test were still scoring above the clinical cut-off by the end of the program, the amount of improvement was much higher for these parents than almost all other sub-populations, suggesting that these intensive services have a stronger impact on parents who begin the program with more serious parenting issues.

#### **Number of Parenting Issues That Have Been a Source of Conflict Between Parents**



Source: Triple P data from the *Parenting and Family Adjustment Scales: Family Relationships subscale*, July 2018 - June 2020.

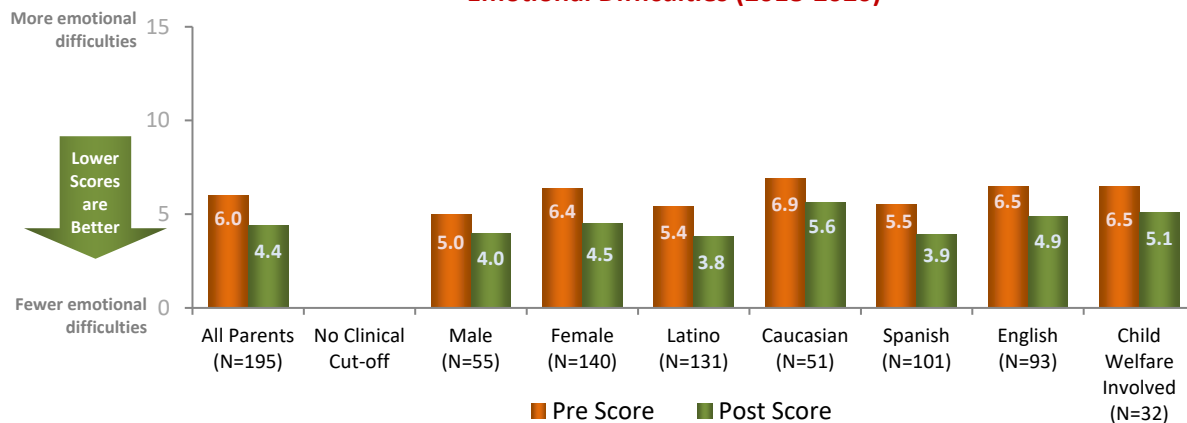
Note: There is no clinical cut-off for this assessment's scores.

**Parenting and Relationship Problems (2010-2019)**

Source: Triple P data from the *Parent Problem Checklist: Problem subscale*, Jan. 2010 - June 2019.

Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

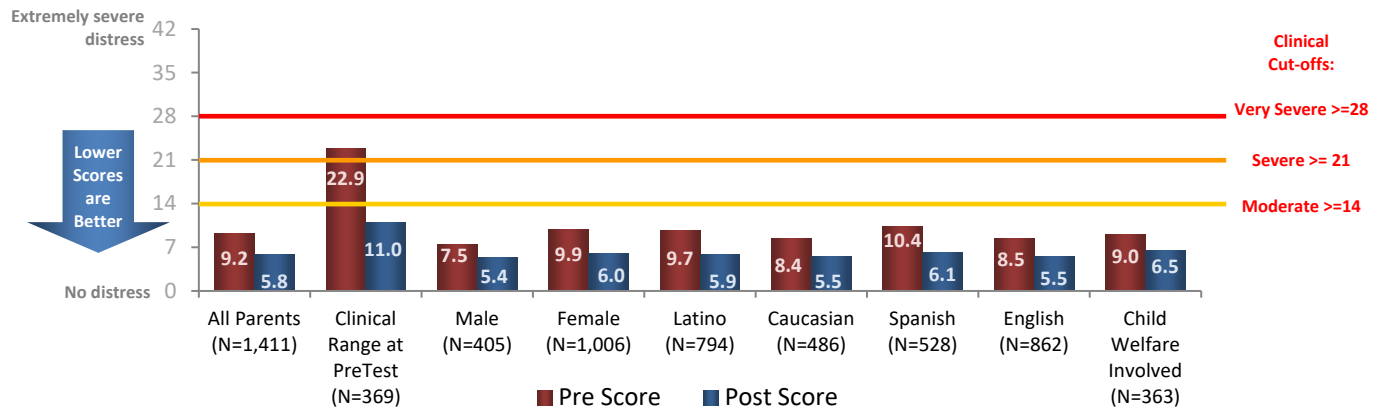
- Increased levels of emotional well-being.** The following figures indicate that on average, All Parents and all sub-populations showed improvement in their levels of emotional well-being.
  - On average, of the parents who completed the *Parenting and Family Adjustment Scales*, All Parents and all sub-populations reported fewer emotional difficulties, particularly among the Female sub-population.
  - Of the parents who completed the *Depression, Anxiety, and Stress Scale – Short Version*, on average, All Parents and all sub-populations substantially lowered their level of depression, anxiety, and stress. The amount of change was much higher for parents with scores in the Clinical Range of Concern at Pre-test. This was the only sub-population that began within the Severe range, and ended out of a range of concern.

**Level of Parental Emotional Well-Being****Emotional Difficulties (2018-2020)**

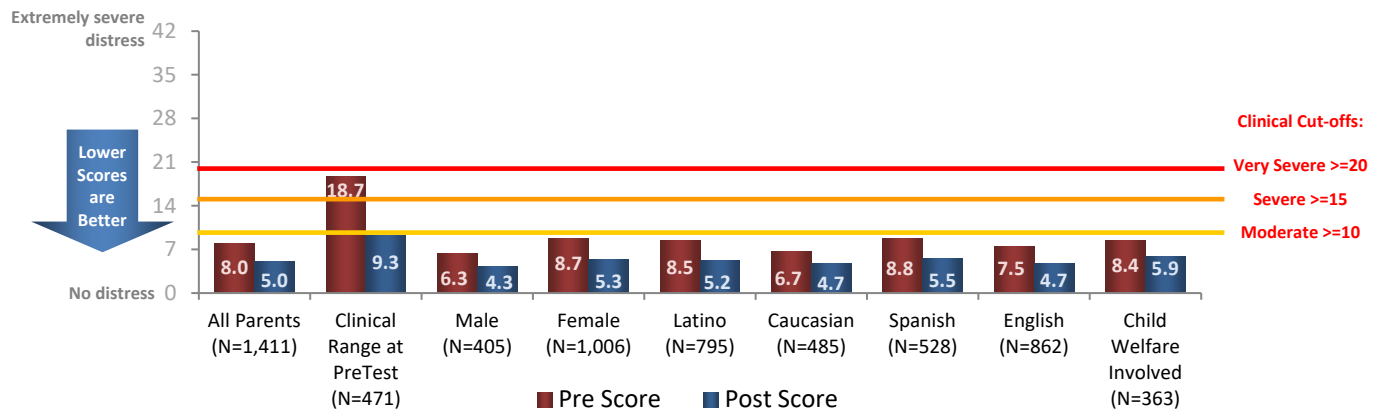
Source: Triple P data from the *Parenting and Family Adjustment Scales: Emotional Well-being subscale*, July 2018 - June 2020.

Note: There is no clinical cut-off for this assessment's scores.

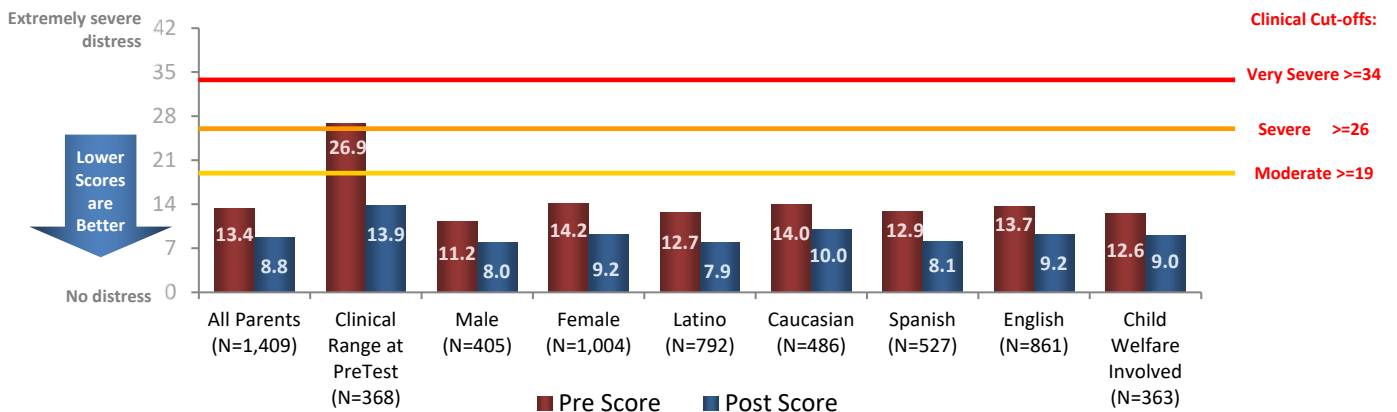
### Depression (2010-2019)



### Anxiety (2010-2019)



### Stress (2010-2019)

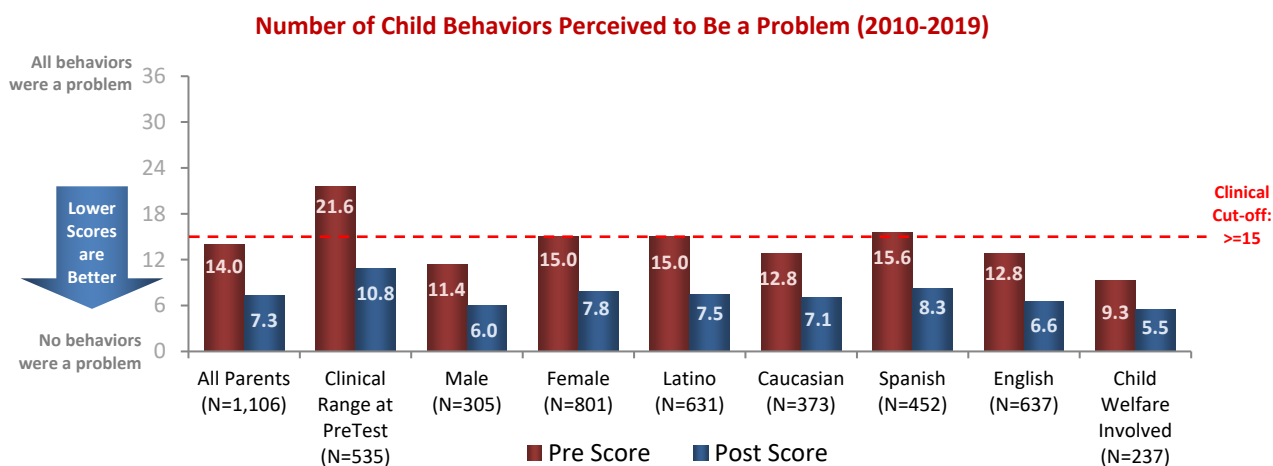
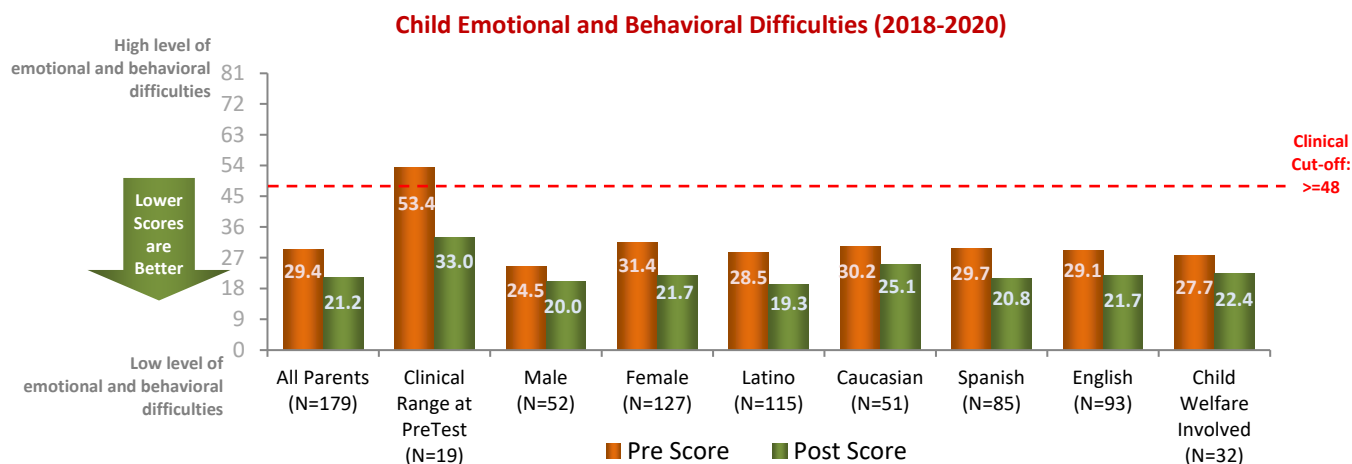


Source: Triple P data from the Depression, Anxiety, and Stress Scale – Short Version (DASS-21), Jan. 2010 - June 2019.

Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

- **Improvements in child behavior.** For All Parents and all sub-populations, there was a substantial reduction in the number of child behaviors that were perceived to be a problem.
  - On average, of the parents who completed the *Child Adjustment and Parent Efficacy Scale*, All Parents and all sub-populations reported that their child had fewer emotional and behavioral difficulties by the end of services, especially in the Female, Latino, and Spanish-speaking sub-populations. The amount of improvement was highest for parents who had scores in the Clinical Range of Concern at the beginning of their services.
  - Of the parents who completed the *Eyberg Child Behavior Inventory*, the amount of change was also highest for parents with scores in the Clinical Range of Concern at Pre-test. Of special note, certain sub-populations of parents scored above the clinical cut-off at the beginning of the program, and subsequently ended out of a range of concern by the end of the program. These sub-populations included Females, Latinos, and Spanish-speaking parents.

#### Improvements in child behavior

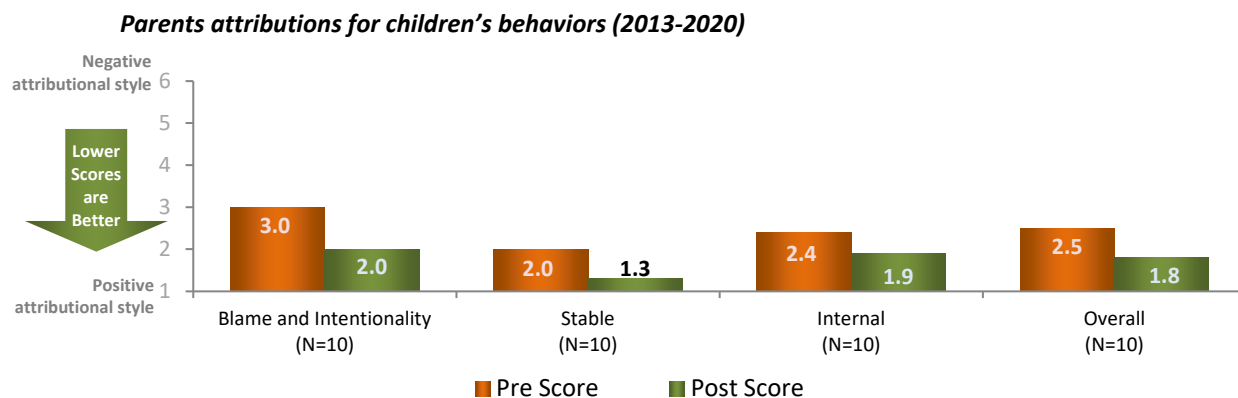


### Level 5: Enhanced, Pathways, Family Transitions, and Lifestyle

Level 5 offers additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties (Level 5 Enhanced), there is risk for child maltreatment due to parents' anger management issues or negative beliefs about their children's behaviors (Level 5 Pathways), parents are divorced or separated (Level 5 Family Transitions), or parents of children who are overweight or obese (Level 5 Lifestyle).

There has been a growing level of participation in Level 5 Pathways, Level 5 Family Transitions, and Level 5 Lifestyle. Unfortunately, no new clients completed any Level 5 programs in 2019-2020 due primarily to the onset of the COVID-19 pandemic and the associated Shelter-in-Place order. However, we continue to present findings from multiple years of program implementation in this report, and for parents who have completed Level 5 programs, the following results demonstrate the considerable improvement in these parents' anger management, co-parent relationships, and healthy lifestyles. These results are particularly noteworthy considering the small number of parents who have participated in these programs so far.

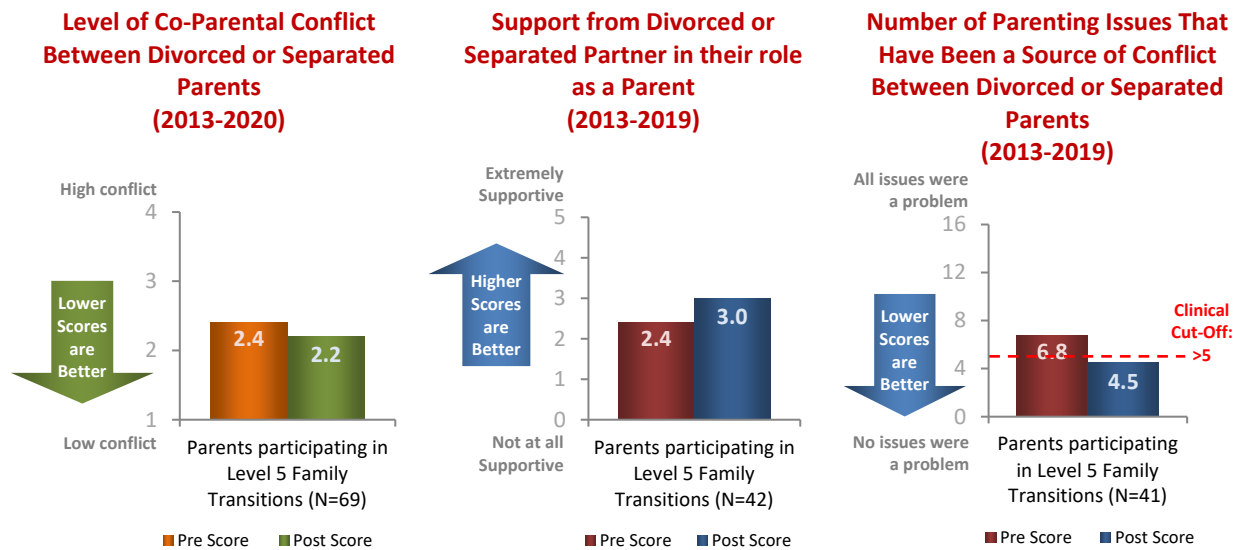
- **Improved anger management.** Level 5 Pathways helps parents learn how to handle anger or other difficult emotions, and to better understand the reasons for their children's behavior.
  - Early results are showing that parents are making remarkable improvements in their anger management, and consequently are responding more positively in their understanding of their children's behavior.



Source: Triple P data from the *Parents Attributions for Child's Behavior Measure*, Jan. 2013 - June 2020.  
Note: No new clients completed a Level 5 Pathways service in FY 2019-20.

- **Reduced levels of conflict between divorced/separated parents.** After participation in Level 5 Family Transitions, parents reported slight decreases in the level of conflict with their divorced or separated partner, and modest increases in the level of support from their co-parent. Of particular interest, divorced or separated parents reported fewer parenting issues that were a source a conflict

between them. In this matter, parents scored above the clinical cut-off at the beginning of the program, and subsequently ended out of a range of concern by the end of the program.



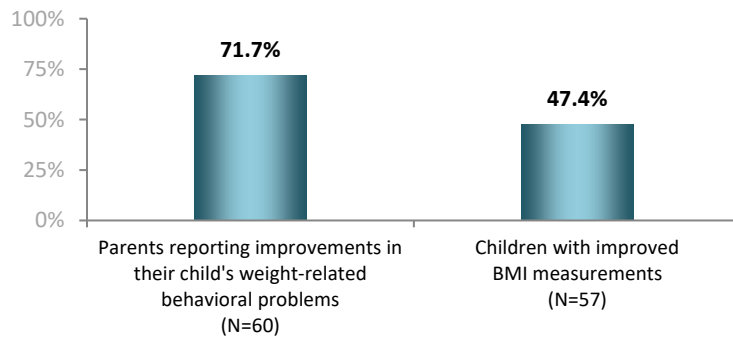
Source: Triple P data from the *Acrimony Scale*, 2013-2020; and *Parent Problem Checklist*, Question 17 and Problem Subscale, 2013-2019.

Note:

- Only clients who participated in Level 5 Family Transitions were included in these analyses. No new clients completed a Level 5 Family Transitions service in FY 2019-20.
- The *Parent Problem Checklist* was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

- Improvements in family nutrition and physically active lifestyles.** Level 5 Lifestyle teaches parents how to provide children with healthy food choices, increase children's physical activity, and use positive parenting strategies to make gradual, permanent changes in the whole family's lifestyle. First 5 Santa Cruz County successfully launched Level 5 Lifestyle in the Pajaro Valley in 2016, making Santa Cruz County one of the first communities in California to implement this specialized Triple P program.
  - The majority of parents (72%) reported improvements in their child's weight-related behavioral problems, as measured by the *Lifestyle Behavior Checklist*.
  - Over 47% of the "Index Children" (children who were identified by parents as their primary concern or reason for participating in Level 5 Lifestyle) had slightly improved BMIs at post-assessment. This outcome should be interpreted with caution because of the small number of children with improved BMIs (n=27), and the short length of time between measurements (an average of 69 days). This outcome is expected to become more powerful as more parents participate and they have more time to implement their healthy lifestyle changes with their children.

**Figure 28: Percentage of Clients with Improvements in Weight-related Health and Behavioral Problems (2016-2020)**



Source: Triple P data from the Lifestyle Behavior Checklist (Problem subscale) and the BMI data collection template, 2016-2020.  
Note: No new clients completed a Level 5 Lifestyle service in FY 2019-20.



## Families Together

### Program Description

Families Together provides an alternative, voluntary and prevention-focused way for Santa Cruz County to respond to reports of abuse and neglect received by Family and Children's Services (FCS). Of all the referrals to the child welfare screening unit, only about 8% meet the necessary criteria to receive services from FCS. However, many of the families that don't qualify for services from FCS still have needs and circumstances that place them at risk for future incidents of child abuse and neglect. By assisting these families, Santa Cruz County can intervene early, before family difficulties escalate to the point of maltreatment, in order to increase child safety, engage families in decision-making, and support healthy child development.

Encompass Community Services is the lead agency for Families Together. Other collaborative partners, such as Family and Children's Services (a division of the County of Santa Cruz Human Services Department), County of Santa Cruz Health Services Agency, and Families in Transition also play critical roles in the program.

Most families are referred through the Child Welfare System, but they participate in Families Together voluntarily. Beginning in 2012-13, Families Together also began accepting a limited number of "community-referred" families (e.g., through Head Start, Early Head Start, or public health nurses) when space allowed.

Families Together's home visiting program includes comprehensive intake and risk assessment, development of a tailored case plan, parent support and education, child development activities, and periodic assessments. Using a strengths-based approach, participating families are encouraged to identify goals and objectives that will support healthy family relationships, child health and safety, positive parenting, family literacy and school readiness.

"I am a single mother of three girls, and we could not be more happy with the tremendous amount of help and support our Clinician has provided, especially during a time like this pandemic.

Thanks to her, I have the emotional and mental support that has kept me sane—to say the least—and not only by calling or doing Zoom sessions, but also by providing diapers, books, references, resources, and stuff to make my home a healthier environment for my daughters who have health issues.

So thank you Families Together for working with me and my children. It has meant a lot, and I look forward to seeing what the future holds with you guys alongside!"

— Client quote from a mother about how Families Together has helped her family

### Pandemic challenges and successes

After the pandemic began, Families Together transitioned quickly to a telehealth service model, and contacted their clients to inform them that services would still be available and staff were going to work via phone or internet to ensure that they received services.

For a home visiting program, providing services remotely is a significant shift, and the team is doing everything they can to stay in touch with families and make contact with children directly. This has allowed them to deliver much-needed supplies to doorsteps—such as diapers, gift cards for food, and baby formula—for families who are in need and are still waiting for their cases to be officially opened at Families Together.

There have been a number of families who have voluntarily elected to stay on the waitlist until they can be seen in person, and Families Together is finalizing social distancing protocols which will allow them to safely meet with these clients face-to-face.

Some of the pandemic-related changes are here to stay; clients who frequently “no-show” can be offered remote services over telehealth if appropriate; offering services online allows the creation of schedules that are flexible enough to meet the families’ and staff’s needs; and many processes previously handled on paper have been converted to digital format. The team is caring, flexible, client-focused, and prepared to not only continue the important work they’re doing, but improve by opening more cases, developing safe in-person protocols, and supporting children as creatively as possible.

## Population Served

	Families Together Pathway*				Subtotal All Pathways	2019-2020	
	Brief	Intensive	Pending	Exited early		Triple P only** Additional clients who received Triple P services	Total All Pathways + Triple P ***
Parents/Guardians	31	23	9	1	<b>64</b> (with children ages 0-5)	43 (with children of all ages)	<b>107</b>
Children	40	26	14	1	(ages 0-5) <b>81</b>	(ages 0-5) 1 (ages 6+) 13	(ages 0-5) <b>82</b> (ages 6+) <b>13</b>

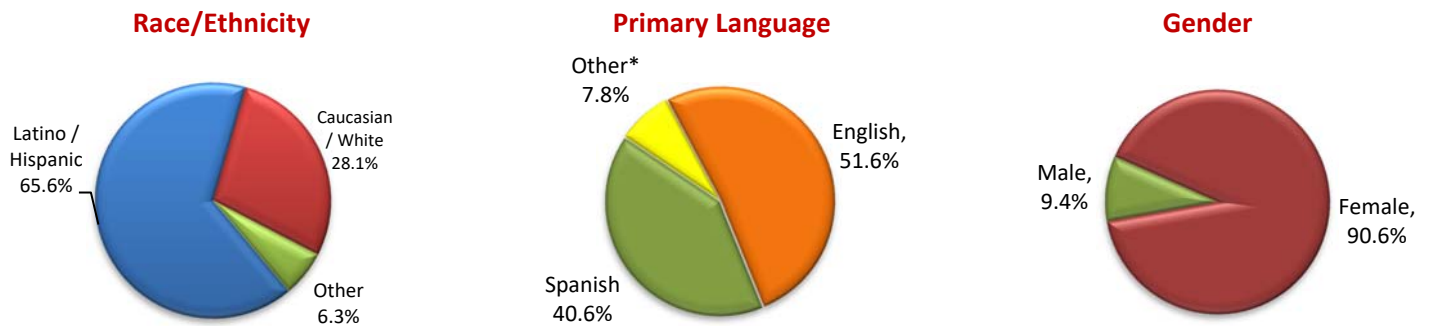
Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* The risk assessment results guide the pathway assignment decision: families who score *Low* or *Moderate* work within the Brief Pathway with a Family Support Specialist for 3-6 months. Those who score *High* or *Very High* work within the Intensive Pathway for up to 12 months, also with a Family Support Specialist.

\*\* Families Together only reports to First 5 the clients who are primary caregivers and who have a child under 6 years old. Therefore, although all of the clients who participate in Triple P through Families Together are also enrolled in Families Together, some clients may be reported as only being a Triple P client in this report if they are a “secondary caregiver,” if they are a primary caregiver with no child under age 6, or are a family member or friend of a Families Together client. Triple P is one of the only funded partners that reports the number of children ages 6+ who received services. Demographics of Triple P clients are reported in the Triple P section of this report.

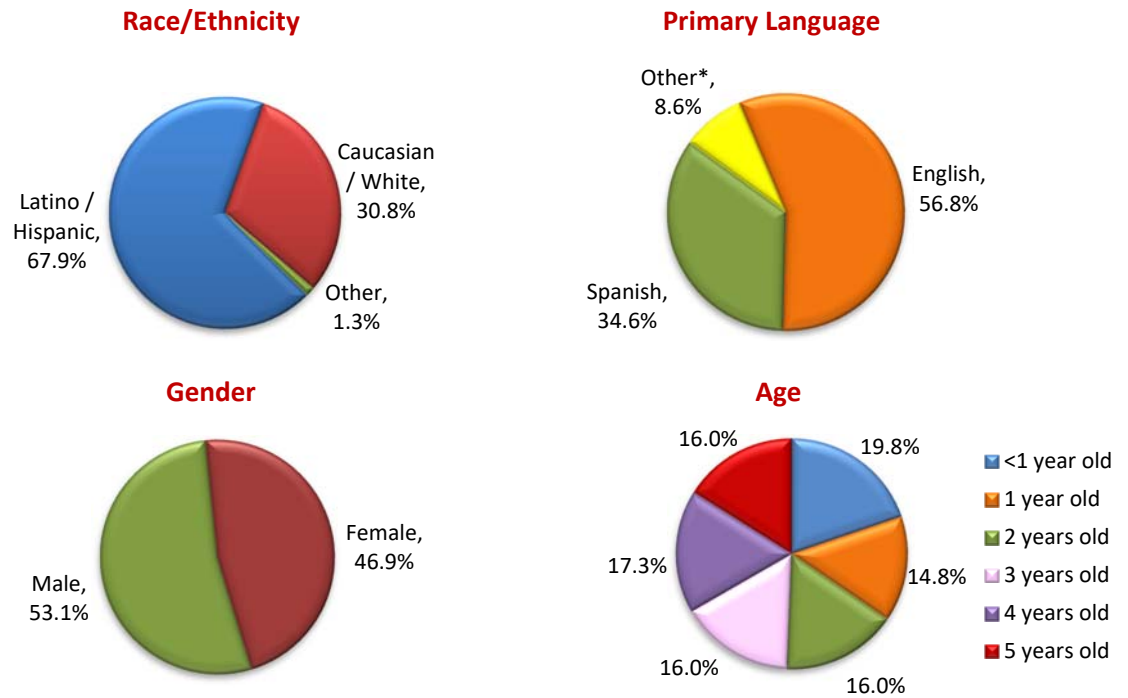
\*\*\* Includes parents of children ages 0-5, and all parents who participated in Triple P no matter the age of their children. Parents who did not participate in Triple P and had no children ages 0-5 are not included.

Figure 29: Demographics of Parents/Guardians Participating in Families Together (2019-2020)



Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* “Other” language options may include bilingual English/Spanish, Mesoamerican languages, and other languages. N=64.

**Figure 30: Demographics of Children Benefitting from Families Together (2019-2020)**

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.

N: (Ethnicity)=78, (Language, Gender, Age)=81.

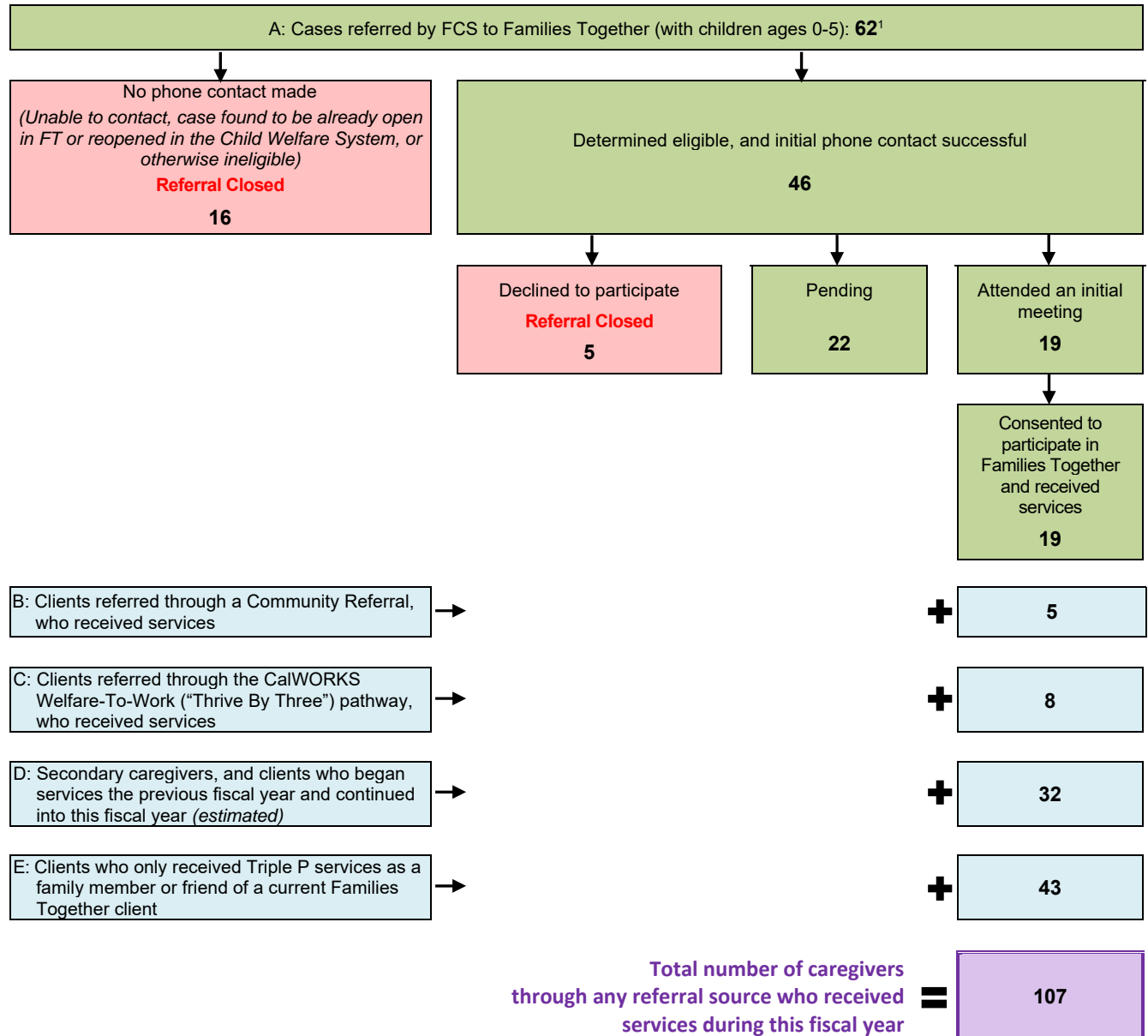
**Outcome Objective: Families receive referrals, initial assessments, and assigned services**

Program Objectives	2019-2020
Accept referrals for at least 130 families per year who will be referred from Family and Children's Services (FCS) to Families Together. Referrals will also be accepted from other community sources, and at any given time, up to 15 families referred from the community will be offered services. FCS families will receive priority and community referrals will be monitored and reviewed prior to the provision of Families Together services.	<ul style="list-style-type: none"> <li>157 FCS referrals <ul style="list-style-type: none"> <li>62 families with children ages 0-5</li> <li>95 families with children ages 6-17</li> </ul> </li> <li>2 CalWORKS Welfare-To-Work ("Thrive By Three") referrals</li> </ul>
Of families who agree to a referral to Families Together (and who are successfully contacted), 50% will connect with a clinician for an initial meeting.  Note: For this analysis, only primary caregivers with children ages 0-5 who were referred by Family and Children's Services during the fiscal year are included. This does not include families served through the new CalWORKS Welfare-To-Work ("Thrive By Three") pathway, secondary caregivers, primary caregivers with no children under age 6, Community Referrals, or clients who began their services the previous fiscal year but continued their services into this fiscal year.	<ul style="list-style-type: none"> <li>46 eligible FCS referrals with children ages 0-5 were successfully contacted. Of these: <ul style="list-style-type: none"> <li>19 clients (41%) attended an initial meeting and consented to participate in services</li> <li>22 clients are pending services</li> <li>5 clients declined services</li> </ul> </li> </ul>
At least 100 primary caregivers per year will receive from Families Together individualized services emphasizing child development, safety, and parent-child relationships.  Note: This analysis includes all caregivers who received a service this fiscal year, no matter how or when they were initially referred to Families Together.	<ul style="list-style-type: none"> <li>64 primary caregivers with children ages 0-5 received services this fiscal year</li> <li>43 additional clients received Triple P services.</li> </ul> <p>Note: These "additional" clients were either a "secondary caregiver," a primary caregiver with no child under age 6, or were a family member or friend of a Families Together client.</p>

Source: (Referrals and meetings) Families Together *Biannual and Annual Progress Reports*; (Number of clients receiving services) First 5 Apricot database, 2020.

Figure 31: **Case Flow Diagram (2019-2020)**

This diagram shows the flow of cases referred by Family and Children’s Services (FCS) during the fiscal year. These numbers may differ from the Population Served numbers reported above due to differences in the included population (see footnotes below), but are successful in illustrating the process from initial referral to actual participation in Families Together. The total number of additional clients served this fiscal year from different populations and referral sources are added at the bottom in order to reflect the total number of clients served.



Source: Families Together Referral and Initial Engagement Data Template and Biannual and Annual Progress Reports, 2020.

<sup>1</sup> This referral number only includes primary caregivers with children ages 0-5 who were referred by Family and Children’s Services (FCS) during the fiscal year. If the same participant was referred more than once, each referral is tracked separately in these referral numbers. This FCS referral number does *not* include participants who were referred the prior fiscal year (even if the participant continued to receive services during the current fiscal year), secondary caregivers, primary caregivers with no children under age 6, or referrals from partner agencies (‘Community Referrals’). Due to the complicated nature of tracking the ever-changing status of each referral, these numbers represent the best estimate of the status of clients referred by Family and Children’s Services, using a combination of the program’s Families Together Referral and Initial Engagement Data Template, Biannual and Annual Progress Reports, and First 5’s CCD database.

## Outcome Objective: Families demonstrate decreased levels of risk

In Families Together, risk assessment serves a variety of purposes. Every family participating in Families Together is given a baseline risk assessment at the beginning of their services, and reassessments are administered in 6-month intervals (or at closing, if the case is open for less than 6 months). The assessments help staff link parents with the appropriate service pathways, such as brief or intensive services. Follow-up assessments help assess whether risk has been reduced.

Client Outcome Objective	2019-2020
70% of primary caregivers who participate in Families Together will demonstrate decreased risk based on a final assessment	72.1% N=61

Source: First 5 Apricot database, Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST) data, 2019-20.

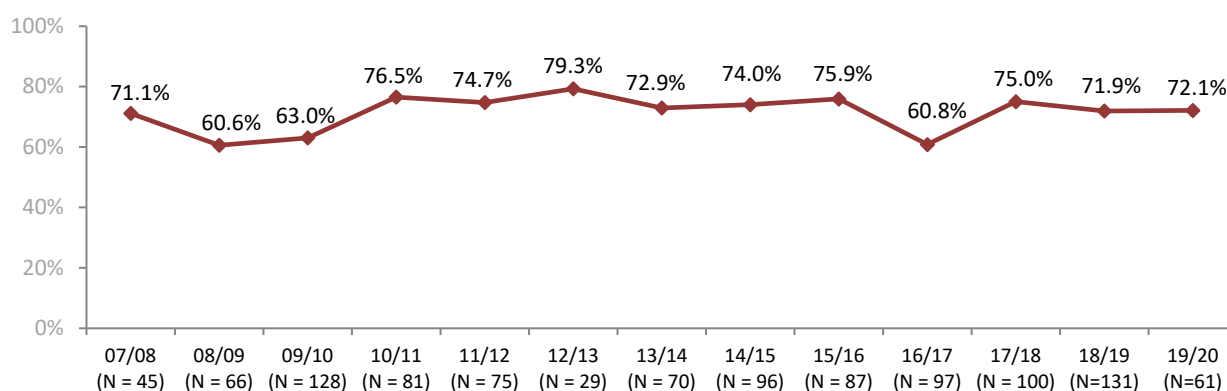
Notes:

- Although very few families had a “low risk” score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Clients who had at least one assessment given during the fiscal year (baseline, 1st, 2nd, or 3rd reassessment) were included in this analysis. Assessments after the end of the fiscal year were not included.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

As seen in the following figure, the *Structured Decision Making: Family Prevention Services Screening Tool* used in the Families Together program is helping to show that families reduce their level of risk while in the Families Together program.

- In 2019-20, 72% of parents were found to have lower levels of risk at reassessment than at baseline. This is following on the same trend as the last several years.

**Figure 32: Percentage of Families Together Participants Who Showed Decreased Risk of Child Maltreatment**



Source: First 5 Apricot database, Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST) data.

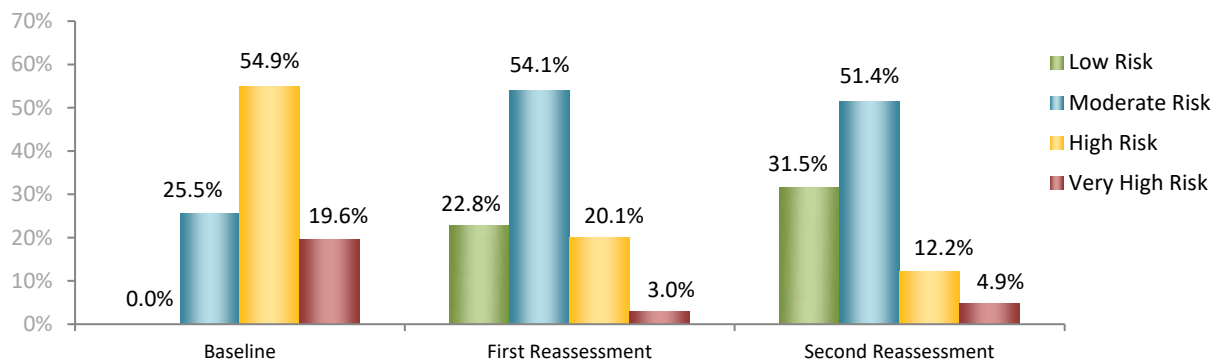
Notes:

- Although very few families had a “low risk” score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Clients who had at least one assessment given during the fiscal year (baseline, 1st, 2nd, or 3rd reassessment) were included in this analysis.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

A second view of these risk assessment data looks at *how much* families improved over time, as they moved from “Very High Risk” to “Low Risk.” In this analysis, the same set of families are analyzed at each assessment period (at baseline, 1<sup>st</sup> reassessment, and 2<sup>nd</sup> reassessment). Several years of data have been aggregated in order to present a more robust portrait of the extent to which Families Together participants are reducing their risk for future involvement with the child welfare system.

- Results indicate that the program is helping families reduce their level of risk. Of all the families that completed three assessments between 2007-2020, **75%** of families were assessed as being “high risk” or “very high risk” upon intake, and this dropped to **23%** six months later (1<sup>st</sup> reassessment). The percentage assessed as being “high” or “very high risk” dropped to **17%** for families who stayed in the program a full year (2<sup>nd</sup> reassessment).

**Figure 33: Change in Families’ Risk Levels During Participation in the Families Together Program (2007 - 2020)**



Source: First 5 Apricot database, Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST) data, 2007-2020.

Notes:

- Although very few families had a “low risk” score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.
- The same set of families is analyzed at each assessment period.

N = 368.

A deeper analysis was conducted in 2014-15 to address the question of whether the improved results by the 2<sup>nd</sup> reassessment might be due to changes in the population at that point, rather than changes in actual risk level.<sup>12</sup> Results demonstrated that there was little evidence that there were significant differences between the population of clients who began the Families Together program and left prior to 6 months and those who stayed long enough to reach the 1<sup>st</sup> and 2<sup>nd</sup> reassessments. The results showed that clients who were at highest risk were not necessarily more likely to drop out of the program than other clients, and if anything, it was the lower-risk clients who tended to leave the program early (either completing the program within six months as designed, or dropping out). Therefore, the results suggested that the improved levels of risk by the 1<sup>st</sup> and 2<sup>nd</sup> reassessments were the result of the impact of the Families Together program, rather than the result of a changing population of clients.

<sup>12</sup> First 5 Santa Cruz County, *The Impact of the Families Together Program on Families’ Levels of Risk: A Deeper Look*, January 2015.

**Outcome Objective: Families do not experience a high rate of recurrence of abuse**

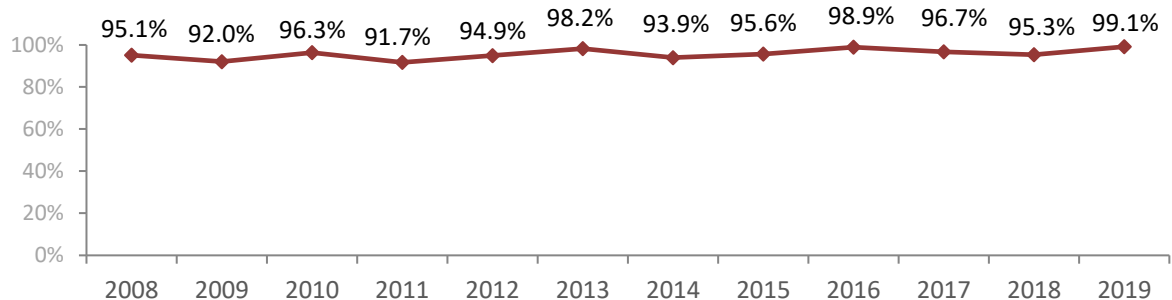
Client Outcome Objective	2019
At least 95% of families who participate in Families Together will not have a substantiated allegation of abuse at least 6 months after case closure.	99.1% N=107

Source: Santa Cruz County Human Services Department and Children's Research Center. *Families Together: Substantiated Child Abuse Study, 2019, 2020.*  
Note: Data are for each calendar year, in order to allow at least a 6-month period after case closure.

- Of the 107 families who received services from Families Together *and* had their cases closed in the 2019 calendar year:
  - 99% **did not** have a substantiated allegation of maltreatment within six months after case closure. This figure is similar to what was observed in previous years.
  - An additional study found that 79% of families **did not** have a re-referral to child welfare within six months after their exit from Families Together, following a multi-year trend.

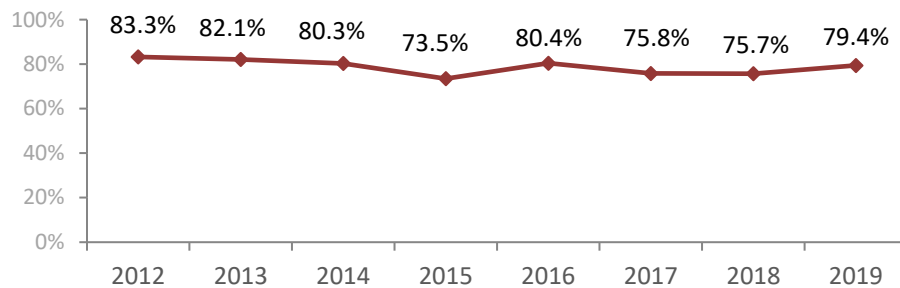
These results indicate that although some families are re-referred to child welfare after exiting from Families Together, the rate of substantiated abuse is low. This suggests that even though families are still experiencing high risk factors that lead to a child welfare report, they may have gained skills and resources during their participation in Families Together that prevent court-mandated involvement with child welfare.

**Figure 34: Percentage of Families Together Participants Who Did Not Have a Substantiated Allegation of Maltreatment Within 6 Months After Exit from Families Together**



Source: Santa Cruz County Human Services Department and Children's Research Center. *Families Together: Substantiated Child Abuse Study, 2019, 2020.*  
Note: Data are for each calendar year, in order to allow at least a 6-month period after case closure.  
N: (2008)=61, (2009)=74, (2010)=82, (2011)=72, (2012)=78, (2013)=56, (2014)=66, (2015)=68, (2016)=92, (2017)=120; (2018)=107; (2019)=107.

**Figure 35: Percentage of Families Without a Re-Referral to Child Welfare Within 6 Months After Exit from Families Together**



Source: Santa Cruz County Human Services Department and Children's Research Center. *Families Together: Substantiated Child Abuse Study, 2019, 2020.*  
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.  
N: (2012)=78, (2013)=56, (2014)=66, (2015)=68, (2016)=92, (2017)=120; (2018)=107; (2019)=107.

### Outcome Objective: Children have health insurance and a medical home

Client Outcome Objective	2019-2020
98% of children ages 5 and under have health insurance <i>by exit</i> from the program.	94.3% N=53
98% of children ages 5 and under will have a medical home <i>by exit</i> from the program.	92.5% N=53

Source: First 5 Apricot database, Medical Home & Insurance Status at Closure report, 2019-2020.

### Outcome Objective: Families will have access to parenting support services structured by the Triple P curriculum

Client Outcome Objective	2019-2020
Of families who engage in Families Together services— demonstrated by at least seven weeks of services —at least 70% will receive parenting support through the Triple P curriculum.*	48.4% N=128
Of these families, at least 50% will complete the curriculum, as indicated by documentation of completed curriculum.	85.5% N=62
Of families who engage in less than 7 weeks of services (but at least 2 face-to-face sessions), 40% will receive parenting support through Triple P Level 2 tip sheets.	52.9% N=17

Source: Families Together *Biannual and Annual Progress Reports, 2020.*

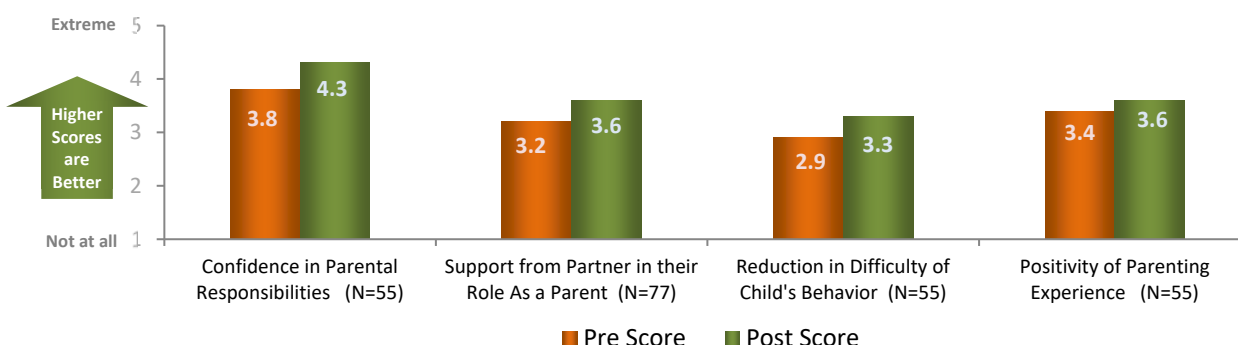
\* Of the parents and caregivers at Families Together (with children of any age), who received at least seven weeks of service, this analysis reports the percentage who engaged in any program level of Triple P.



## Families Together participants received support for specific parenting challenges

Families Together clients who participated in brief Triple P services (Level 3) reported increased confidence in parenting, less difficulty with their children's behavior, and increased enjoyment in their parent/child relationship. Clients who participated in both brief sessions (Level 3) *and* in-depth Triple P sessions (Levels 4 and 5) reported increased support from their partner in their role as a parent.

Figure 36: **Increases in Positive Parenting (Families Together: 2010-2020)**



Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2020.

Note: The Level 3 *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. The analysis of question 6 (Support from Partner in Their Role as a Parent) includes data from parents in Levels 3, 4, and 5, as this question was expanded to all of these levels of service in 2011-12.

Note: No new Families Together clients completed a Level 3 Individual/Brief Group service in FY 2019-20.

## Parents increased their use of positive parenting styles

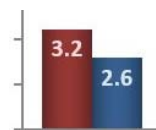
Families Together clients who completed Levels 4 and 5 of the Triple P program reported an increase in their use of positive parenting styles.

Note that in fiscal year 2018-19, First 5 began using two new assessments for the intensive Triple P services (Levels 4 and 5) that had been researched and validated by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. Triple P America now recommends all practitioners use the *Child Adjustment and Parental Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scale (PAFAS)* in place of the four previously recommended assessments (*Eyberg Child Behavior Inventory*, *Parenting Scale*, *Depression-Anxiety-Stress Scale–Short Version*, and *Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners.

These two new assessments replaced the four that First 5 used in previous years (although a few clients continued to use the four older assessments during 2018-19 if they had begun their services during the previous fiscal year). Additional assessments are still used for specific program levels and variants (e.g., *Conflict Behavior Questionnaire* for Level 4 Teen Triple P).

In this report, results for both sets of assessments are provided:

- The newer two assessments covering the years **2018-20** (using colors of orange and green):
- The older four assessments covering the years **2010-19** (using colors of maroon and dark blue):

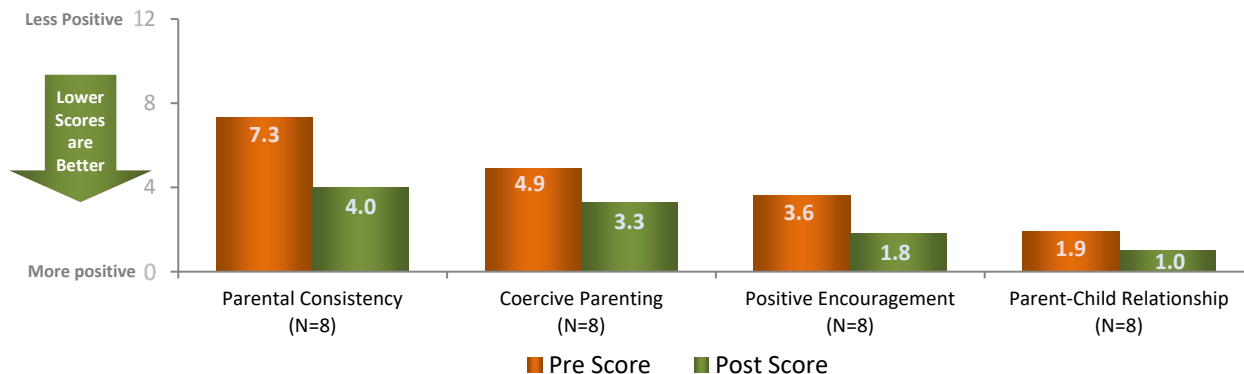


However, due to methodological differences in assessments used in these two time periods, the cumulative assessment results for 2018-20 (e.g., pre/post percentages, magnitude of change in scores, etc.) should not be compared to cumulative results for 2010-19. In addition, the results for 2018-20 are promising but should be interpreted with caution, as the sample sizes are still relatively low, especially when compared to the sample sizes for 2010-19.

- On average, there were improvements in parents' parenting styles, in that they indicated their parenting style became more consistent, less coercive, more encouraging, and more positive.
- On average, for All Parents and all analyzed sub-populations, there were substantial improvements in parents' overall style of discipline, indicating their parenting style became less lax, less over-reactive, and less hostile through the course of the Triple P program.

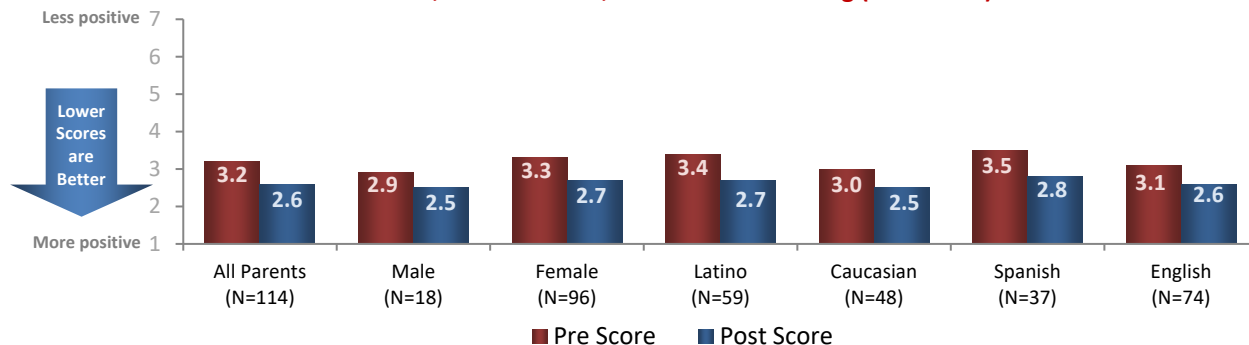
**Figure 37: Parents' Use of Positive Parenting Style (Families Together)**

**Decrease in Inconsistent, Coercive, Discouraging, and Negative Parenting (2018-2020)**



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, all Parenting Scale subscales, July 2018 - June 2020.

**Decrease in Lax, Over-Reactive, and Hostile Parenting (2010-2019)**



Source: Triple P data from the *Parenting Scale*, Overall scores, Jan. 2010 - June 2019.

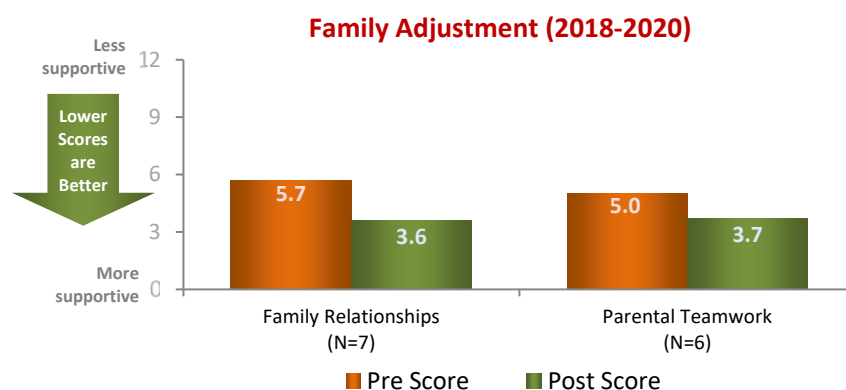
Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

## Parents reported reduced levels of conflict over parenting

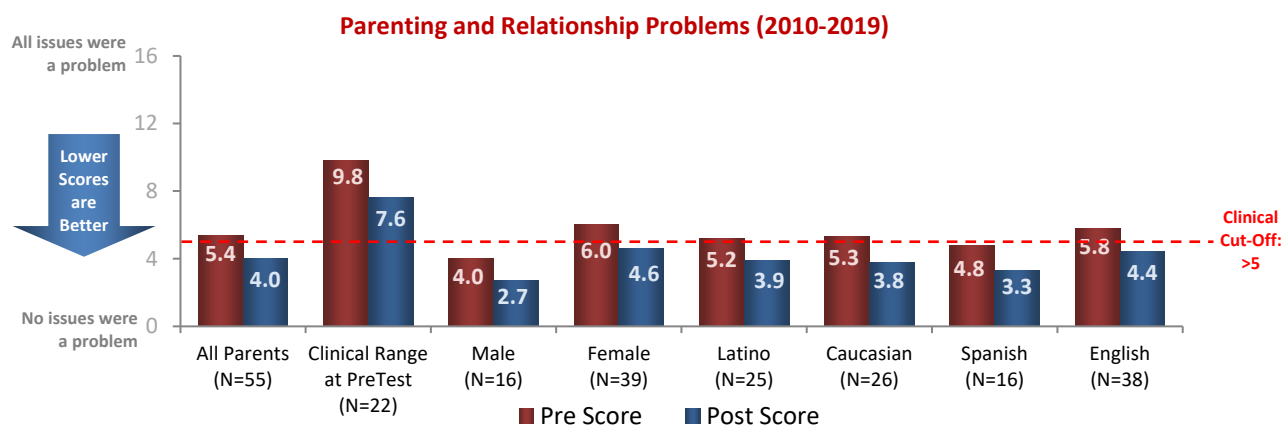
After completing the program, Families Together clients on average indicated that there were improvements in family adjustment, and substantially fewer parenting and relationship issues that were problems.

- On average, there were improvements between pre- and post-assessments in family relationships and parental teamwork.
- For All Parents and all sub-populations, on average there was substantial improvement from pre- to post-assessment regarding the number of parenting and relationship issues that were a source of conflict between parents.
  - The amount of improvement was much higher for parents with scores in the Clinical Range of Concern at Pre-test.
  - On average, All Parents and many sub-populations tended to score above the clinical cut-off at the beginning of the program, and ended the program out of a range of concern.
  - Males tended to report fewer parenting issues that were a source of conflict, compared to other sub-populations.

Figure 38: **Number of Parenting Issues That Have Been a Source of Conflict Between Parents (Families Together)**



Source: Triple P data from the *Parenting and Family Adjustment Scale*, Family Relationship and Parental Teamwork subscales, July 2018 - June 2020.



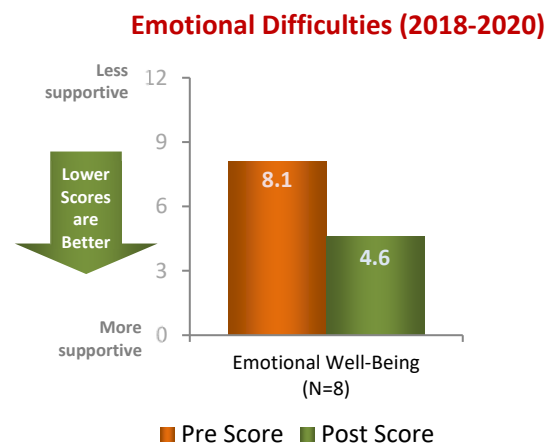
Source: Triple P data from the *Parent Problem Checklist: Problem subscale*, Jan. 2010 - June 2019.

Note: This assessment was discontinued in 2018-19 and was replaced by the Child Adjustment and Parent Efficacy Scale (CAPES) and Parenting and Family Adjustment Scales (PAFAS).

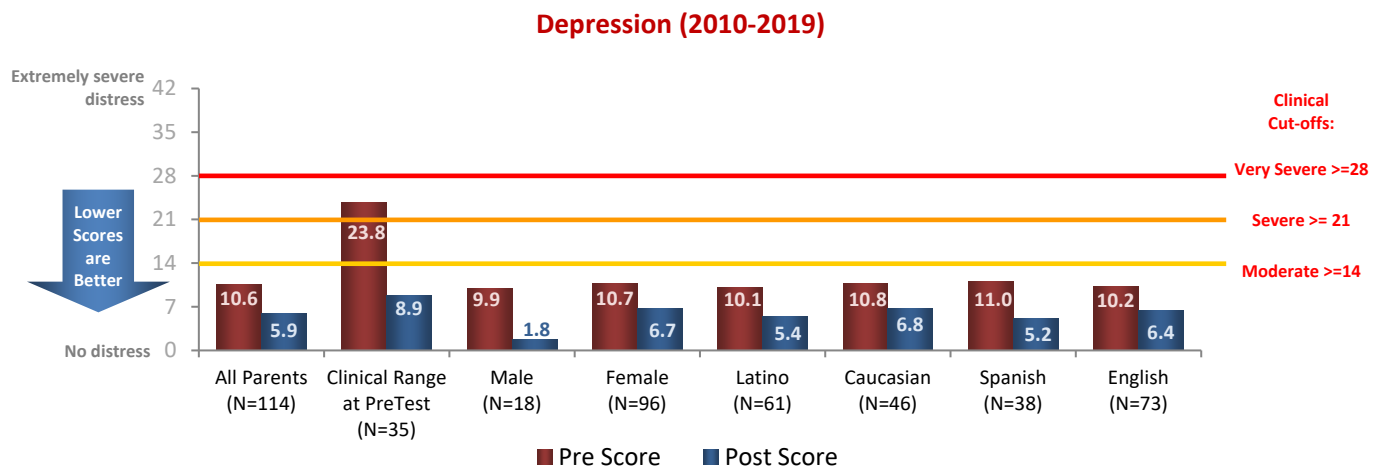
## Parents have increased levels of emotional well-being

- On average, parents participating in Triple P at Families Together reported improvements in their overall emotional well-being.
- On average, All Parents and all sub-populations substantially lowered their level of depression, anxiety, and stress.
  - The amount of change was much higher for parents with scores in the Clinical Range of Concern at Pre-test. This was the only sub-population that began within the Severe range, and ended out of a range of concern.

Figure 39: Level of Parental Emotional Well-Being (Families Together)

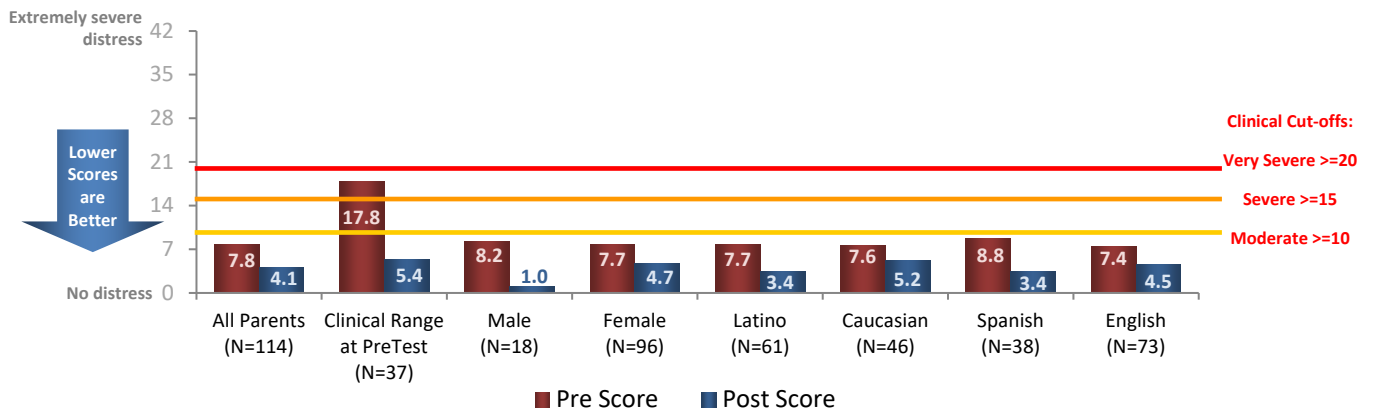
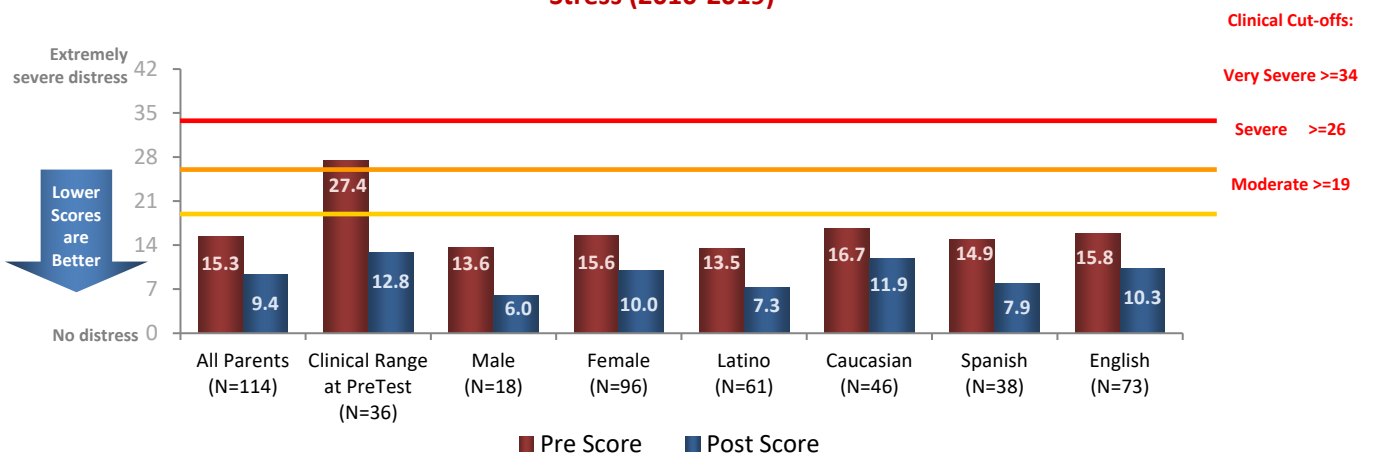


Source: Triple P data from the *Parenting and Family Adjustment Scales: Emotional Well-being subscale*, July 2018 - June 2020.



Source: Triple P data from the *Depression, Anxiety, and Stress Scale – Short Version (DASS-21)*, Jan. 2010 - June 2019.

Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

**Anxiety (2010-2019)****Stress (2010-2019)**

Source: Triple P data from the Depression, Anxiety, and Stress Scale – Short Version (DASS-21), Jan. 2010 - June 2019.

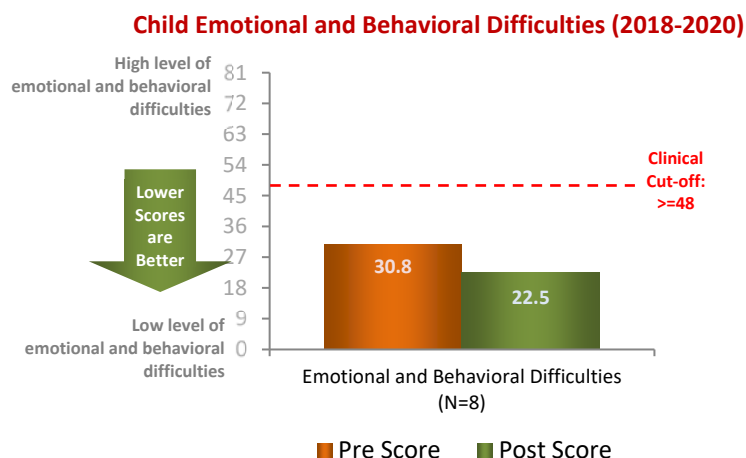
Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

## Parents reported improved child behavior

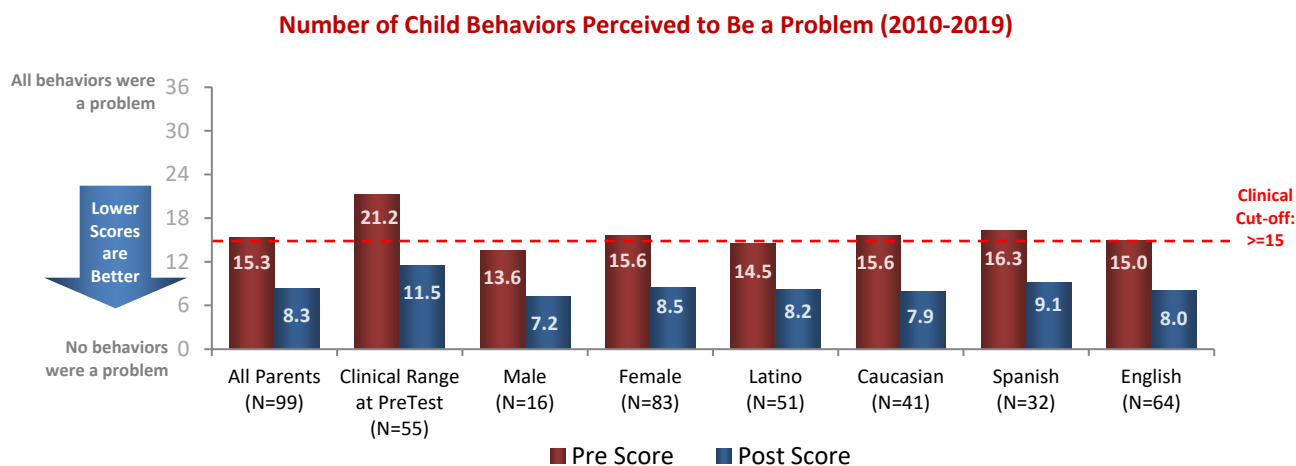
Families Together clients who completed the Triple P Program also reported a substantial decrease in the number of child behaviors that were perceived to be a problem.

- On the *CAPES* assessment, on average parents reported fewer emotional and behavioral difficulties with their children.
- On the *ECBI* assessment, All Parents and most sub-populations began their services in the Clinical Range of Concern, and ended out of a range of concern.

Figure 40: Number of Child Behaviors Perceived to Be a Problem (Families Together)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity subscale*, July 2018 – June 2020.



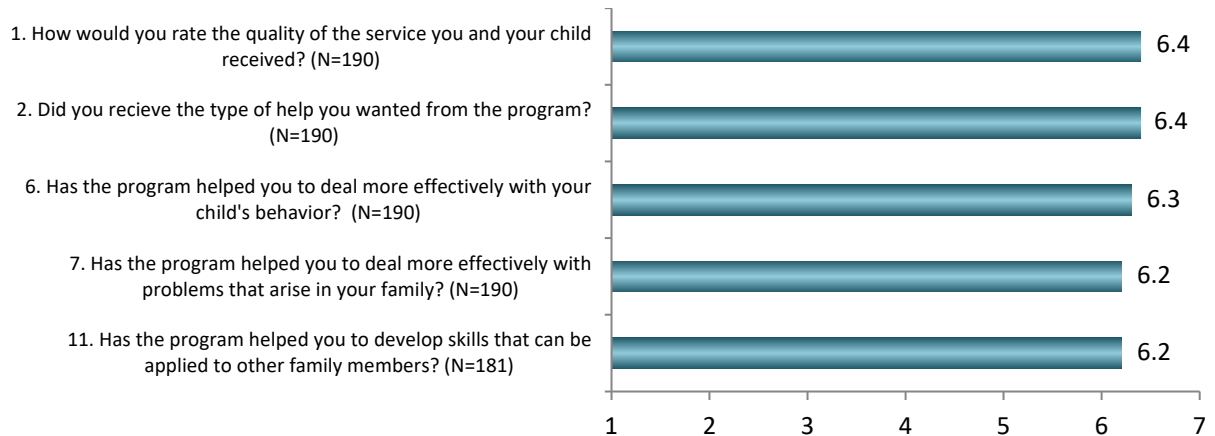
Source: Triple P data from the *Eyberg Child Behavior Inventory: Problem subscale*, Jan. 2010 - June 2019.

Note: This assessment was discontinued in 2018-19 and was replaced by the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)*.

## Client Satisfaction with Triple P Services

Families Together parents receiving Triple P services reported high levels of satisfaction with the program.

**Figure 41: Parents' Satisfaction with Various Aspects of the Triple P Program (Families Together: 2010-2020)**



Source: Triple P data from the Parent Satisfaction Survey, Jan. 2010 - June 2020.

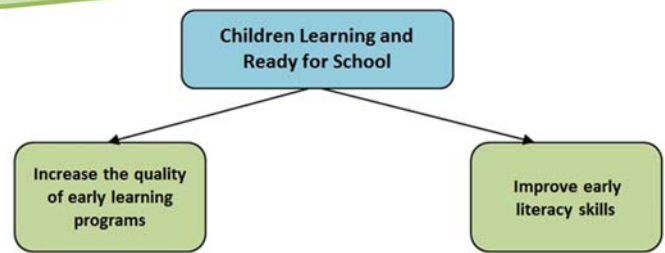
Note: All items were on a 7-point scale. Higher scores indicate greater satisfaction.





# CHILDREN LEARNING AND READY FOR SCHOOL

*The programs listed in this section support the Commission's goals of increasing the quality of early learning programs and improving children's early literacy skills.*



One of the most powerful indicators of later success is a child's reading proficiency at the end of 3<sup>rd</sup> grade.<sup>13</sup> A report released by the Annie E. Casey Foundation found that students who aren't reading proficiently by 3<sup>rd</sup> grade are four times less likely to graduate from high school, compared to proficient readers.

*"Up until the end of third grade, most children are learning to read. Beginning in fourth grade, however, they are reading to learn, using their skills to gain more information in subjects such as math and science, to solve problems, to think critically about what they are learning, and to act upon and share the knowledge in the world around them. Up to half of the printed fourth-grade curriculum is incomprehensible to students who read below that grade level."*<sup>14</sup>

Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills. Data from 2018-19<sup>15</sup> show that:

- In 2018-19, only 41% of 3<sup>rd</sup> grade students met or exceeded standards in English language arts/literacy, which is lower than the state average of 49%.
- Although the county-wide 3<sup>rd</sup> grade English language arts/literacy scores have increased slightly over the last four years, there are still significant disparities when looking at students' English-language fluency, ethnicity, and economic status.
- The new *English Language Proficiency Assessments for California* (ELPAC) assessment has been designed to measure how well English learners are progressing toward English language proficiency. Results show that in 2018-19, only 11.3% of Santa Cruz 3<sup>rd</sup> grade English Learner students had well-developed English skills, although this was a slight increase from the previous year.

*"Reading proficiently by the end of third grade ... can be a make-or-break benchmark in a child's educational development."*

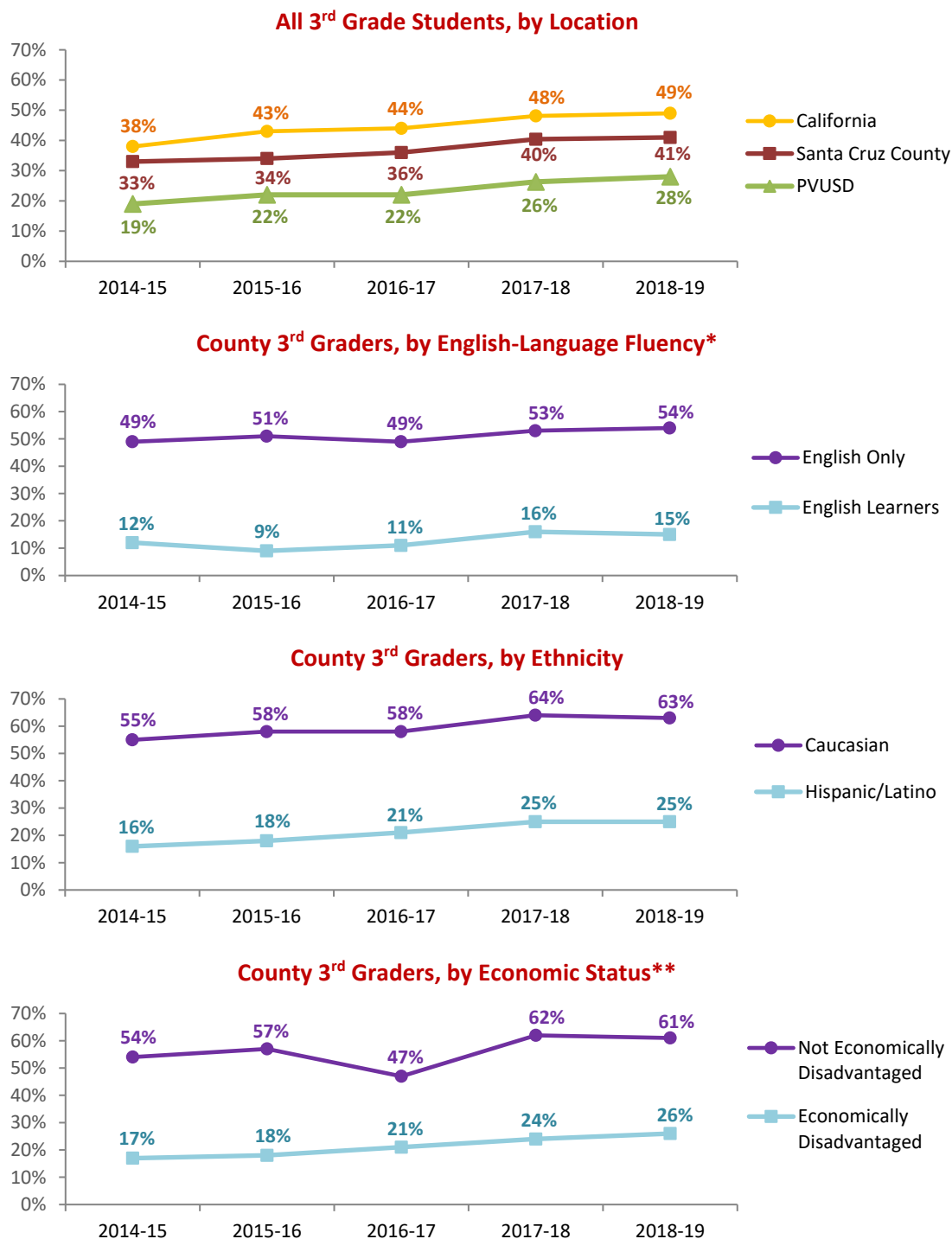
*- Annie E. Casey Foundation*

<sup>13</sup> Kidsdata.Org, Lucile Packard Foundation for Children's Health, *Reading Proficiency*, retrieved from <http://www.kidsdata.org/>, 2013.

<sup>14</sup> Annie E. Casey Foundation, *2010 KIDS COUNT Special Report: Why Reading by the End of Third Grade Matters*, 2010.

<sup>15</sup> Two assessments conducted by the California Department of Education (the California Assessment of Student Performance and Progress (CAASPP), and English Language Proficiency Assessments for California (ELPAC)) provide measurements of 3<sup>rd</sup> grade students' English language arts/literacy skills. Due to the unprecedented circumstances surrounding the coronavirus pandemic, CAASPP summative testing was suspended for 2019-20, so data from 2018-19 are the most recent data available.

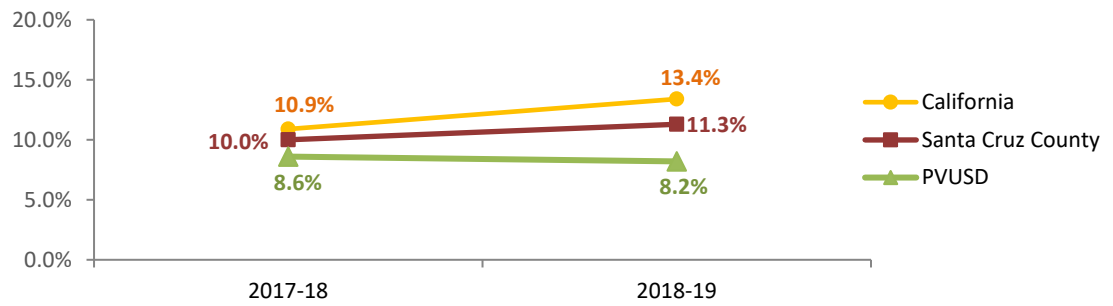
**Figure 42: Percentage of 3<sup>rd</sup> Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy**



Source: California Department of Education, California Assessment of Student Performance and Progress (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*, 2015-2019. Due to the unprecedented circumstances surrounding the coronavirus pandemic, CAASPP summative testing was suspended for 2019-20.

\* The California Department of Education defines English learner students as those students for whom there is a report of a primary language other than English on the state-approved Home Language Survey and who, on the basis of the state approved oral language (grades kindergarten through grade twelve) assessment procedures and literacy (grades three through twelve only), have been determined to lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to succeed in the school's regular instructional programs.

\*\* Economically Disadvantaged Students include students eligible for the free and reduced priced meal program (FRPM), foster youth, homeless students, migrant students, and students for whom neither parent is a high school graduate.

**Figure 43: Percentage of 3<sup>rd</sup> Grade English Learner Students with “Well-Developed” English Skills**

Source: California Department of Education, English Language Proficiency Assessments for California (ELPAC), *Summative ELPAC*, 2017-2019. Due to the unprecedented circumstances surrounding the coronavirus pandemic, CAASPP summative testing was suspended for 2019-20.

Notes:

- The *Summative ELPAC* is administered only to students who were previously identified as English learners based upon the results of the *Initial ELPAC*. The *Summative ELPAC* measures how well English learners are progressing toward English language proficiency.
- English Learner students who are evaluated by the *Summative ELPAC* as having “well developed” English skills can usually use English to learn new things in school and to interact in social situations. They may occasionally need help using English.

First 5 Santa Cruz County is working with partners to improve these long-term trends by encouraging families to read together, providing language and literacy skill development for early childhood educators, and encouraging child assessments and individualized instruction.

## Quality Counts Santa Cruz County

### Program Description

Santa Cruz County is one of 58 counties participating in Quality Counts California, a “statewide, locally implemented quality rating and improvement system (QRIS) that funds and provides guidance to local and regional agencies, and other quality partners, in their support of early learning and care providers.”<sup>16</sup> Formerly known as the Quality Early Learning Initiative (QELI), in 2018-19 this was officially renamed Quality Counts Santa Cruz County.



In 2012, First 5 Santa Cruz County launched the local QRIS, partnering with family child care and child care center providers to improve the quality of early learning for children ages birth through 5 in Santa Cruz County. First 5 established this initiative as a result of receiving funding through California’s Race to the Top - Early Learning Challenge federal grant, and First 5 California’s Child Signature Program.

Drawing on resources from both grants, the Quality Early Learning Initiative (QELI) Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, and other early learning stakeholders. Together, members of the QELI Consortium—now called Quality Counts Santa Cruz County—worked to develop and pilot a local Quality Rating and Improvement System (QRIS), aligning with the California Quality Continuum Framework, as a way to foster on-going quality improvement that is proven to help children thrive.

In fiscal year 2015-16, First 5 California launched IMPACT (Improve and Maximize Programs so All Children Thrive), and partnered with the California Department of Education to create the California QRIS (CA-QRIS). Renamed Quality Counts California (QCC) in fiscal year 2017-18, QCC helps to ensure that children ages 0 to 5—particularly those who are low-income, English learners, or children with disabilities or developmental delays—have access to high quality early learning programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

*“A growing body of research confirms the importance of quality early learning experiences to effectively prepare young children not only for school, but for life.”*

- First 5 California

### Quality Rating Improvement System (QRIS)

A QRIS helps to improve early care and education programs by measuring current quality levels against research-based standards. In California, these standards focus on what research shows are the key components of quality early care and education, including learning environments, teacher-child ratios, adult-child interactions, staff qualifications, as well as other related criteria. A QRIS can assist early learning educators with increased training to expand their skills in working with young children; provide coaching to help programs create learning environments that nurture the emotional, social, language and cognitive development of every child; and provide families with information to help them understand and choose quality programs.

<sup>16</sup> Quality Counts California, <https://qualitycountscalifornia.net>, 2019.

The process of building a QRIS ultimately results in:

- A shared definition of child care quality based on reliable and validated research
- A comprehensive and consistent approach to assess quality
- A design to evaluate the rating system and its impact
- Access to a system that supports quality improvement, especially for programs serving children with high needs (low income children, infants, dual language learners, children with special needs)
- A consistent way for providers to communicate to parents and caregivers about quality
- Increased consumer awareness about-and demand for-high quality child care

## Improve and Maximize Programs so All Children Thrive (IMPACT)

In 2015, Santa Cruz County received approval and funding to participate in First 5 California's IMPACT Program. The foundation of the First 5 IMPACT work is the Quality Counts California (formerly California QRIS) Framework which stems from the Race to the Top-Early Learning Challenge (RTT-ELC) grant pilot, which concluded in June of 2016. The Quality Counts California Framework includes the Quality Counts California Rating Matrix (see Appendix B) and the Quality Counts California Continuous Quality Improvement Pathways (CQI Pathways; see Appendix C). It encompasses 15 elements of quality, including seven rated elements<sup>17</sup> and eight elements in the CQI Pathways.

First 5 IMPACT funds focus on the intersection of three key systems within a comprehensive early childhood system: Early Learning and Development; Child Health; and Family Support and Strengthening. Within this Comprehensive Early Childhood System, First 5 IMPACT strives to coordinate seven system functions to ensure thriving children and families (see Appendix E).

*"At-risk children who receive high-quality early care and education benefit greatly, often exceeding national averages on measures of school readiness...[and] these gains persist"*

- First 5 California

First 5 IMPACT supports the expansion of the Quality Counts California Framework by allowing early learning sites to enter at their selected level of implementation along a continuum of quality improvement. This continuum ranges from quality improvement (QI) efforts with a single focus, such as health and safety (STEP 1), to a quality improvement system (QIS) that covers at least 4 quality elements (STEP 2), and finally to a full QRIS which includes rating and public awareness (STEP 3) (see Appendix D). At STEPS 2 and 3, strategies that address effective teacher-child interactions and family engagement and strengthening are required.

In fiscal year 2019-20, the local Quality Counts Santa Cruz County includes the following funding sources and collaborations:

- **California State Preschool Program QRIS Block Grant:** The California Department of Education (CDE) appropriated \$50 million annually statewide for the purpose of allowing a local consortium to give QRIS block grants to local California State Preschool Program (CSPP) sites participating and rated in the QRIS. Consortia use the QRIS block grant to support local early learning programs and

<sup>17</sup> There are 7 rated elements for Child Care Centers and 5 rated elements for Family Child Care programs.

increase the number of low-income children in high-quality state-funded preschool programs. This grant is administered locally by the Santa Cruz County Office of Education, who are the co-leads in the Santa Cruz County QRIS efforts.

- **Quality Counts California QRIS block grant:** Twelve million dollars appropriated statewide for fiscal year 2019-2020 to support local QRIS consortia to provide training, technical assistance and resources to help child care providers meet a higher tier of quality on the Quality Counts California matrix. The funds are for Early Learning and Care settings serving children with high needs with first priority for infants and toddler programs. This grant is administered locally by First 5 Santa Cruz County.
- **First 5 IMPACT:** First 5 California invested \$190 million over five years (fiscal years 2015-16 to 2019-20) to support a network of local QRIS statewide. Striving toward high-quality, evidence-based standards, First 5 IMPACT will improve the quality of early learning settings across the entire continuum, from alternative settings and family, friend and neighbor care, to family child care homes, centers, and preschools. It will ensure more early learning settings can support children to gain the skills and knowledge necessary to be successful in school and life. This grant is administered locally by First 5 Santa Cruz County.

#### *One Provider's Experience*

"They gave me stipends...that encouraged me to go back to school. After this semester I'll be at a site supervisor level, and in a couple semesters I'll graduate."

- Provider quote from the Quality Counts California website  
[<https://qualitycountscalifornia.net/providers>]

## Quality Counts Santa Cruz County - Local Quality Rating and Improvement System

First 5 established the Quality Counts Santa Cruz County Consortium (QCSCC)—formerly the Quality Early Learning Initiative—bringing together organizations, stakeholders, and 30 early learning professionals who share a commitment to improving the quality of early learning and creating a county-wide Quality Improvement Plan (QIP).

Together, members of the QCSCC Consortium have been working to achieve coherence and alignment in utilizing the Quality Counts California and IMPACT Implementation Steps as a way to foster ongoing improvement of early care and education programs in Santa Cruz County.

The QCSCC Consortium adopted the Quality Counts California Rating Matrix as the foundation of their local QRIS. This framework identifies five tiers of quality, with points assigned to each tier for seven elements of quality,<sup>18</sup> such as teacher-child ratios, teacher qualifications, and teacher-child interactions (for more information, see Appendix B).

In December 2019, all sites participating at the local QRIS (IMPACT STEP 3) level received a rating based on their cumulative scores in all seven elements (or five, for Family Child Care programs) that became publicly available to families seeking child care and early learning programs through Quality Counts California and the local Resource and Referral Agency. This system provides a set of standards that describe the requirements that center- and home-based early learning programs must meet in order to qualify for a QRIS rating; the higher the quality, the higher the rating. In 2019-2020, there were 41 state-

<sup>18</sup> There are 7 rated elements for Child Care Centers and 5 rated elements for Family Child Care programs.

and federally-funded center sites with 67 classrooms (from 11 child development programs); 4 private/non-profit center sites with 7 classrooms; and 35 Family Child Care homes participating and rated in Quality Counts Santa Cruz County. Twenty-two additional family child care providers are participating in QCSCC at the STEP 2 level (Quality Improvement) in 2019-20, receiving professional development, training, and coaching throughout the year.

It is important to note that QRIS ratings can help parents choose the best early learning and care program for their child. At the same time, a QRIS rating helps programs identify areas for potential quality improvement and QCSCC provides support, training, and financial incentives to make improvements that lead to higher ratings and ultimately to higher quality child care programs.

- Full ratings of all participating Quality Counts sites in Santa Cruz County were conducted in December 2019 and are valid for 3-5 years (5 years for sites rated at Tiers 4 or 5, and 3 years for sites rates at Tier 3 or below). Sites were rated on a 5-tier scale (1=lowest tier; 5=highest tier), and as of the most recent rating in 2019:

- 0 sites received a Tier 2 rating
- 11 sites received a Tier 3 rating
- 62 sites received a Tier 4 rating
- 6 sites received a Tier 5 rating

It is important to note that several sites are just 1 point away from moving to the next higher Tier rating:

- Nine Tier 3 family child care sites are 1 point from moving to Tier 4.
- Six Tier 4 centers and five Tier 4 family child care sites are 1 point from moving to Tier 5.

**Figure 44: Ratings of QCSCC Sites in Santa Cruz County**

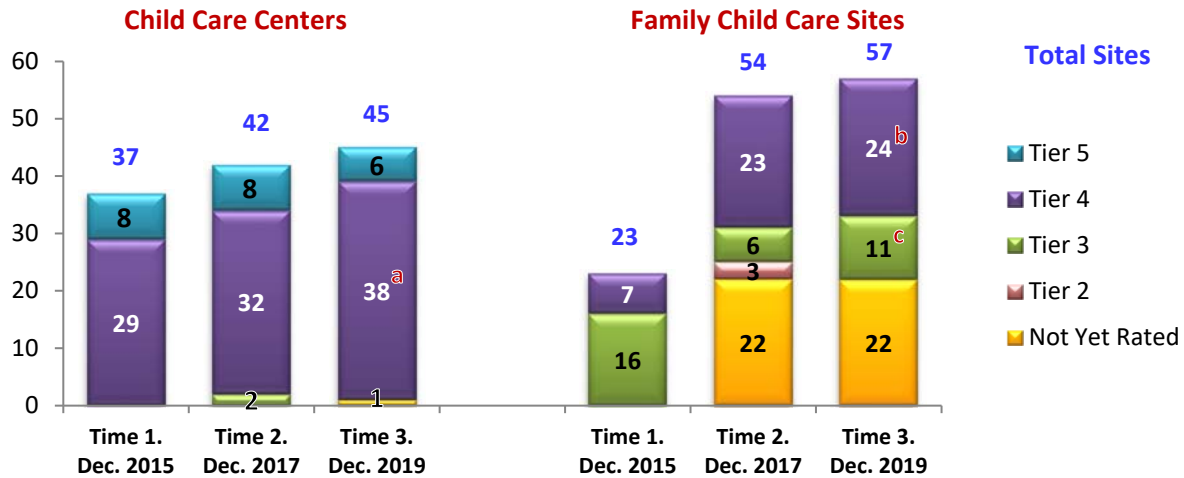
QUALITY TIER	NUMBER OF SITES WITH THIS RATING				
	DEC. 2013 PROVISIONAL RATINGS	DEC. 2014 PROVISIONAL RATINGS	DEC. 2015 FULL RATINGS	DEC. 2017 FULL RATINGS	DEC. 2019 FULL RATINGS
Tier 1	0	0	0	0	0
Tier 2	0	23	0	1	0
Tier 3	24	17	20	8	11*
Tier 4	16	28	41	55	62**
Tier 5	0	1	10	8	6
<b>Total sites</b>	<b>40</b>	<b>69</b>	<b>71</b>	<b>72</b>	<b>79***</b>

Source: First 5 Santa Cruz County, 2020.

\* Nine Tier 3 Family Child Care sites are 1 point from moving to Tier 4.

\*\* Six Tier 4 centers and five Tier 4 Family Child Care sites are 1 point from moving to Tier 5.

\*\*\* Three additional sites participated but closed down prior to the December 2015 full rating. In all, 82 sites participated at Step 3 from 2012-2020.

**Figure 45: Number of QCSCC Sites at each Tier Rating, by Rating Time and Type of Site**

Source: First 5 Santa Cruz County, 2020.

<sup>a</sup> Six Tier 4 centers are 1 point from moving to Tier 5.<sup>b</sup> Five Tier 4 Family Child Care sites are 1 point from moving to Tier 5.<sup>c</sup> Nine Tier 3 Family Child Care sites are 1 point from moving to Tier 4.**Figure 46: QCSCC Overall Participation, by Site Type**

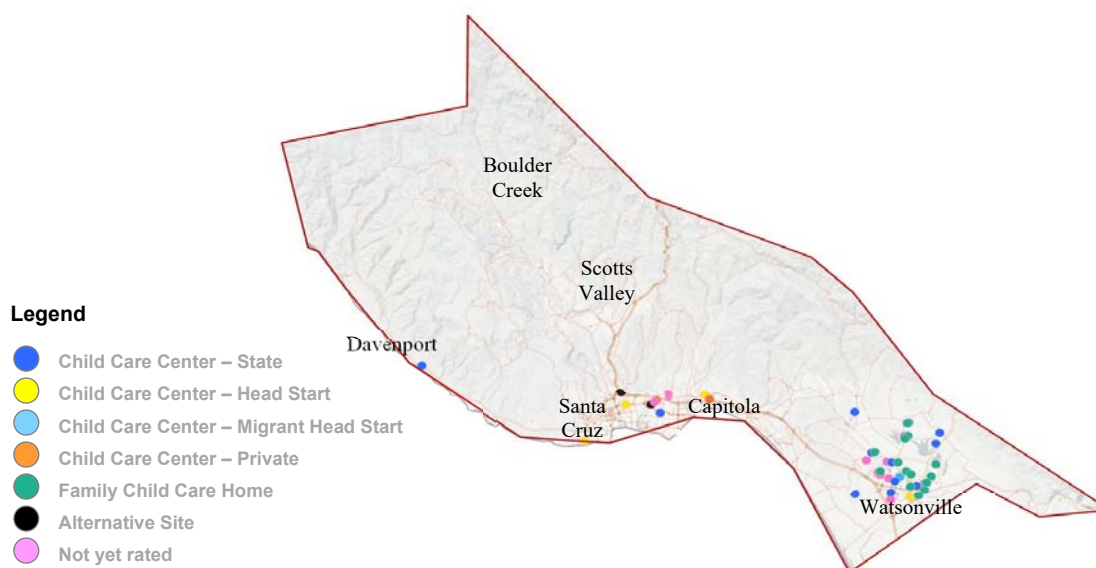
SITE TYPE	NUMBER OF PARTICIPATING PROVIDERS / SITES
Child Care Centers Participating and Rated	44 (sites)
Child Care Centers Participating and Not Yet Rated	1 (site)
Family Child Care Sites providers Participating and Rated at Step 3	35 (providers/sites)
Family Child Care Sites providers Participating at Step 2, Not Yet Rated	22 (providers/sites)
Workshops for Family, Friends, and Neighbors Sites	12 (providers/sites)
<b>Total sites</b>	<b>114 (providers/sites)</b>

Source: First 5 Santa Cruz County, 2020.

## ➤ In fiscal year 2019-20:

- 22 additional Family Child Care providers participated in Quality Counts Santa Cruz County, bringing the total to 57 FCC participants. Of these 57 providers, 35 are participating at Step 3 and received a full rating in December 2019.
- 12 Family, Friend or Neighbor (informal, unlicensed providers) joined Quality Counts Santa Cruz County at Step 1 (Quality Improvement) and participated in the first of a series of six trainings. Due to the pandemic Shelter-in-Place order, the workshop series was cancelled.



**Figure 47: Distribution of QCSCC Sites in the County (2019-2020)**

Source: First 5 Santa Cruz County, 2020.

## Quality Improvement Activities

During this past year, Quality Counts Santa Cruz County (QCSCC) has: provided technical assistance and coaching to program directors, teachers and providers; maintained the QCSCC database; coordinated independent assessments; facilitated Professional Learning Communities; collaborated with partners to provide system-wide trainings; and created a plan for marketing, communications, and branding which includes QCSCC materials for sites, and information on quality programs for teachers and families.

In addition, First 5 contracted with Go Kids, Inc. to continue to lead the QCSCC Consortium's quality improvement activities for Family Child Care (FCC) programs. In 2019-2020, the Go Kids, Inc. Quality Improvement Coordinator recruited 3 new FCC providers to Quality Counts (for a total of 57 Family Child Care providers) and coordinated trainings and independent assessments.

## Pandemic challenges and successes

Due to the Shelter-in-Place order, trainings that were scheduled for the months of March through June had to be cancelled. The monthly Director Meetings facilitated by the QCSCC program manager moved to an online format, and then was opened to teachers working in Quality Counts programs as well. A portion of IMPACT and related funding was reallocated to an emergency fund for providers serving children of essential workers. This funding—totaling over \$338,000—was allocated to 188 family child care providers and 24 centers.

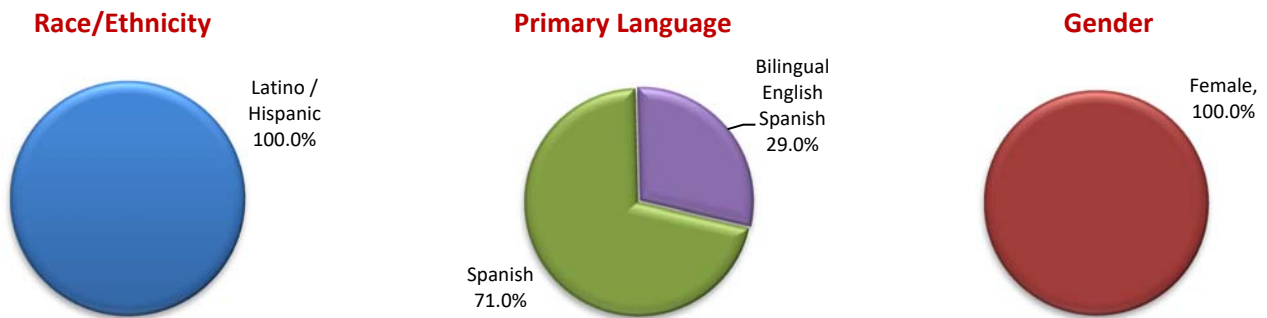
The following table presents the number of individuals and sites that participated in professional development provided through Quality Counts Santa Cruz County in 2019-20.

**Figure 48: Individuals and Sites that Participated in Professional Development (2019-20)**

INDIVIDUALS AND SITES	NUMBER
Number of early childhood educators in QCSCC sites who attended the full-day training on <i>Meaningful Observation and Portfolio Training on the Desired Results Developmental Profile (DRDP-2015)</i>	<ul style="list-style-type: none"> <li>8 center-based educators</li> </ul>
Number of directors from center-based QCSCC sites participating in monthly technical assistance meetings with the Early Learning Systems Specialist in person. Beginning in March, these meetings moved online and met weekly, and were opened to teachers as well.	<ul style="list-style-type: none"> <li>12 directors</li> <li>5 teachers</li> </ul>
Number of QCSCC Family Child Care sites participating in monthly technical assistance meetings with the Family Child Care Education Manager - Rated at Step 3	<ul style="list-style-type: none"> <li>35 family child care sites</li> </ul>
Number of QCSCC Family Child Care sites participating at STEP 2, creating a Quality Improvement plan, and meeting with the Family Child Care Education Manager	<ul style="list-style-type: none"> <li>22 family child care sites</li> </ul>
Number of informal care providers (family, friend, or neighbor) who attended quality improvement workshops	<ul style="list-style-type: none"> <li>12 family, friend, or neighbors (FFN)</li> </ul>

Source: First 5 Santa Cruz County, 2020.

Note: Some teachers may have participated in multiple professional development opportunities.

**Figure 49: Key Demographics of Providers Who Participated in QCSCC Trainings (2019-2020)**

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Other" language options may include Mesoamerican languages, and other languages.

Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID. N=69.

### Bay Area Quality Early Learning Partnership (BAQELP)

Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito and Monterey counties to form the Bay Area Quality Early Learning Partnership (BAQELP). This regional consortium (labeled Region 4 HUB by Quality Counts California, and now called Quality Counts Bay Area) was developed so that these eight neighboring counties could strategize together, share resources, leverage funds, and align practices. This regional approach has resulted in strengthening the current resources available for professional development.

In fiscal year 2016-17, Regional Coordination and Training and Technical Assistance Hubs (Hubs) were created for consortia participating in First 5 IMPACT and Quality Counts California. As described by First 5 California,<sup>19</sup> these Hubs have provided funding for our regional partnership to:

- Help identify local and regional strengths and assets, and determine local and regional gaps and needs
- Coordinate regional activities to implement the Quality Counts California elements and systems functions
- Reduce regional duplication of efforts
- Build local and regional expertise, and incorporate state and federal evidence-based practices/models
- Maintain a strong connection to Quality Counts California

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<sup>19</sup> First 5 California, *Regional Coordination and Training and Technical Assistance Hubs (Hubs): Request for Application*, March 2016.

## Early Literacy Foundations (ELF) Initiative

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### Program Description

California 3<sup>rd</sup> graders are struggling to become proficient readers. Local and statewide data indicate that a large percentage of 3<sup>rd</sup> grade children are not meeting or exceeding the state standards. Because language development in the early years is crucial to later reading proficiency, early childhood educators have a unique role in influencing language and literacy development and later educational success. According to a report published in the *Journal of Educational Psychology*, early childhood educators play a key role in the language development of children from high poverty backgrounds:

*“Language development has a profound effect on young children’s successful transition to school and, in particular, on their success in learning to read. Children who arrive in first grade with a foundation in pre-literacy skills and the interest and motivation to learn are better prepared to engage in the complex task of learning to read.*

*Most children acquire language and pre-literacy skills through interactions with adults and peers who use language in ways that are consistent with the majority culture and correspond to the printed word. Unfortunately, many children raised in poverty have limited access to opportunities to develop language and literacy skills in such ways.*

*As one important illustration, Hart and Risley (1995) reported that by the age of 3, children in poverty were already well behind their more affluent peers in their acquisition of vocabulary and oral language skills. Snow et al. (1998) also reported that children in poverty lack necessary pre-literacy skills at the beginning of kindergarten. Similar research indicates that socioeconomic status is the strongest predictor of performance differences in children at the beginning of the first grade and that this gap persists as children progress from elementary to high school.”<sup>20</sup>*

With the evidence of limited language and literacy opportunities in low-income homes, more emphasis has been placed on showing early childhood educators how to build language opportunities into their daily child care routines, through fun and meaningful instruction. First 5’s Early Literacy Foundations Initiative builds skills among early childhood educators to promote strong literacy and language foundations for young children.

The ELF Initiative features:

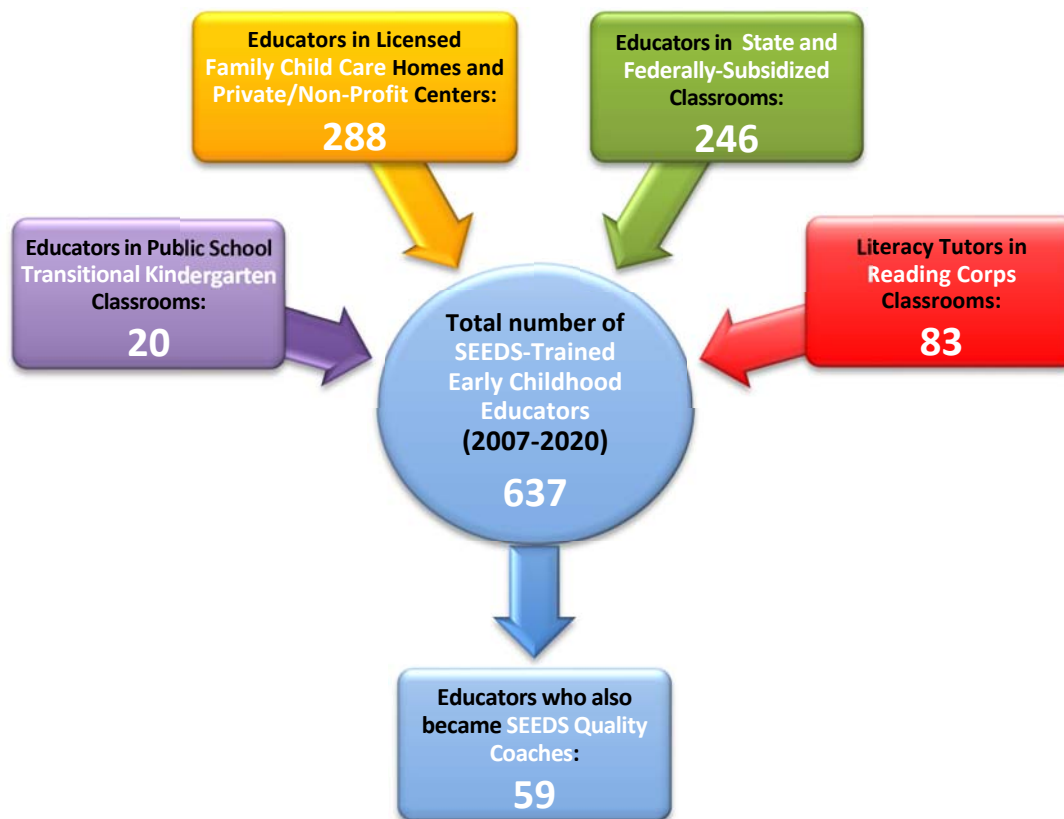
1. Professional development for early childhood educators working in **center-based Pre-K and TK sites** through **SEEDS of Learning®** training and coaching. Educators earn an educational award and attend literacy labs. This program is described in more detail on the following pages.

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<sup>20</sup> American Psychological Association (2006). *The Effects of a Language and Literacy Intervention on Head Start Children and Teachers*. *Journal of Educational Psychology*, 98, (1), 63–74.

2. Professional development for **family child care providers** working with Spanish-speaking children through **SEEDS of Learning**® training and coaching. Training includes opportunities to create literacy-based materials to use in the family child care home environment through “Make and Take” workshops. This program is described in more detail on the following pages.
3. Development and expansion of the **Santa Cruz Reading Corps**. This program places one AmeriCorps volunteer (called a Literacy Tutor) in each state-funded preschool classroom in the Pajaro Valley Unified and Live Oak school district catchment areas, and also in four transitional kindergarten classrooms in these districts. The goal of this program is to develop children’s early literacy skills in English in preparation for kindergarten. The Literacy Tutors are trained in research-based strategies following the SEEDS of Learning® framework, collaborate with the classroom teaching staff to enhance daily literacy opportunities, and conduct literacy assessments to provide individualized support to help children in Santa Cruz County become successful readers by 3<sup>rd</sup> grade. This program is described in more detail on the following pages.
4. **Assessment of children’s development** of early literacy skills in English, who are enrolled in State Pre-K and TK classrooms with Reading Corps Literacy Tutors. In 2018, the Minnesota Reading Corps identified the *Preschool Early Literacy Indicators (PELI)* as their new assessment tool, and in fiscal year 2018-19 First 5 Santa Cruz County also began using this new assessment (in place of the *Individual Growth and Development Indicators (IGDIs)*) and continued using the *Formative Assessment System for Teachers (FAST)*. These assessments help teachers identify children who could benefit from individualized instruction in early literacy strategies. The results of these analyses are described in more detail on the following pages.
5. Family Engagement through continuation of the “**Raising A Reader**” weekly rotating book bag program. All Raising A Reader classrooms and family child care homes have SEEDS trained staff, resulting in mutually complimentary interventions to boost shared reading practices with children and their families, and to impact children’s early literacy skills. Information on this program can be found in the Raising A Reader partner profile.

Figure 50: **Number of SEEDS-Trained Early Childhood Educators, by type of classroom (2007-2020)**

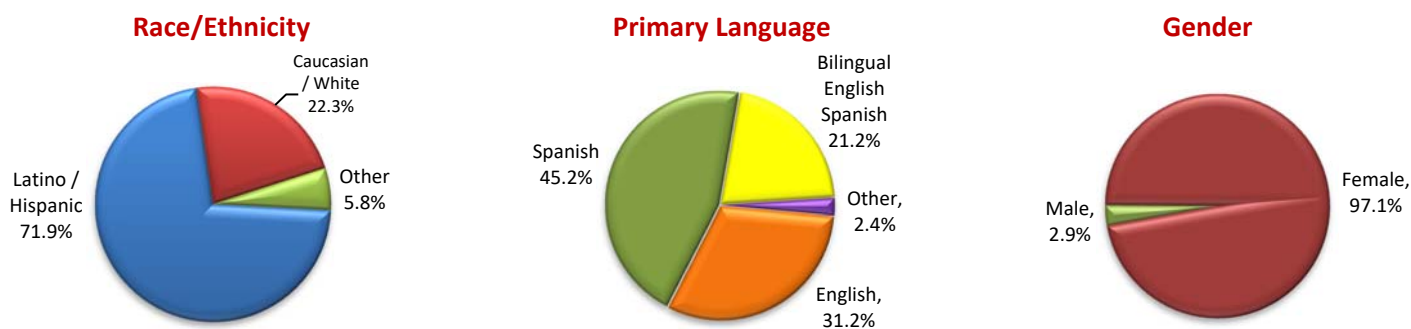


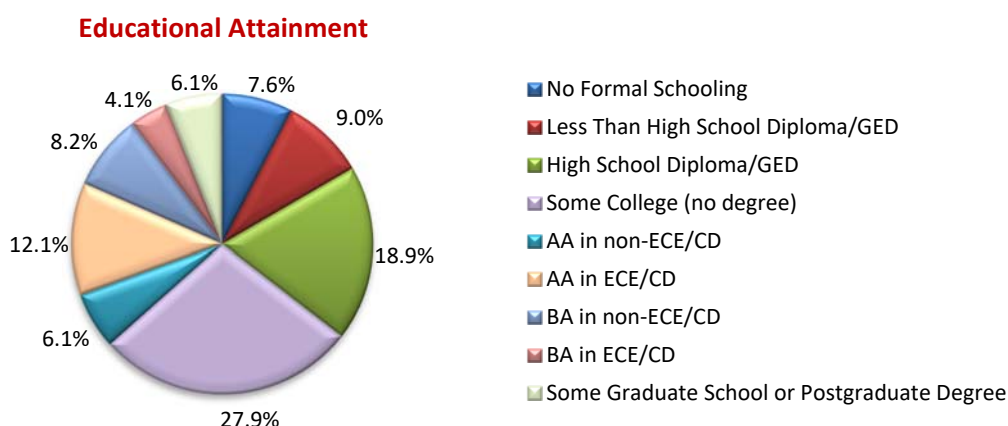
Source: First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2020.*

Notes:

- Beginning in 2017-18, this figure also includes the Reading Corps Literacy Tutors, who are also trained in the SEEDS of Learning® framework.
- "Light touch" and "refresher" trainings in the SEEDS of Learning® framework were also provided in the past: 1) Between 2007-2020, up to 150 Family, Friend or Neighbor (FFN) informal child care providers attended "light touch" SEEDS of Learning® workshops that modeled basic early literacy concepts. 2) Between 2011-2013, some educators participated in the SEEDS Plus program, which was designed for "graduates" of the basic SEEDS of Learning® classes. This course was designed to promote and embed the ongoing use of SEEDS strategies, identify children who would receive tailored literacy-based interventions (using Response to Interventions (RtI) strategies), and increase the number of children on target with early reading predictors. Currently, SEEDS skills are incorporated into all SEEDS of Learning® trainings for SEEDS coaches and early childhood educators, without the use of RtI.

Figure 51: **Demographics of SEEDS-Trained Early Childhood Educators (2007-2020)**



**Demographics of SEEDS-Trained Early Childhood Educators (2007-2020) (cont.)**

Source: First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2020.

Note: SEEDS-Trained Early Childhood Educators include SEEDS coaches and participants in all SEEDS classes offered since 2007. Santa Cruz Reading Corps Literacy Tutors began to be included in these analyses in 2017-18. Early childhood educators and coaches may have participated in more than one SEEDS class, but are only counted once in these analyses. For these clients, their language and education data are as of their earliest class, in order to assess the status of these educators at the beginning of their participation in the SEEDS program. Educators might also speak other languages that they do not consider their primary language.

N: (Ethnicity)=548, (Language)=580, (Gender)=583; (Education) N=488.

The following descriptions provide more detailed information about the SEEDS of Learning<sup>®</sup> and the Santa Cruz Reading Corps.

## SEEDS of Learning<sup>®</sup>

This professional development initiative follows the SEEDS of Learning<sup>®</sup> framework that has been researched by the University of Minnesota. Research on the SEEDS model shows that teachers trained and coached on the SEEDS of Learning<sup>®</sup> framework score significantly higher on the *Early Language and Literacy Classroom Observation* (ELLCO) tool and show greater change over time in teaching strategies than teachers without such training or coaching. Results also indicate that preschool children who were taught by teachers trained in SEEDS entered kindergarten ready to read at higher rates than children in non-SEEDS groups (Lizakowski, 2005).

The SEEDS Professional Development model consists of training early childhood educators on how to effectively integrate research-based language and literacy strategies and materials into their classrooms. Early childhood educators are taught to use the strategies of both embedded instruction (planned strategies that occur within the typical routines of the class day) and explicit instruction (teacher-directed activities that emphasize the teaching of a specific skill), and to create a classroom environment that is designed to target early literacy predictors.

These predictors of later reading success include:

- **Oral Language, Conversation and Comprehension**: The ability to produce or comprehend spoken language
- **Phonological Memory and Awareness**: The ability to detect, manipulate, or analyze the auditory aspects of spoken language, including the ability to distinguish or segment words, syllables, rhymes, and beginning sounds
- **Book and Print Concepts**: Refers to what children understand about how books and print work, such as left-right, front-back, letters, words and that print has meaning
- **Alphabetic Knowledge**: The ability to visually discriminate the differences between letters and say the names and sounds associated with printed letters
- **Vocabulary and Meaning**: A collection of words that relate to experiences and knowledge that a child has of the world around him/her

This diagram displays the five essential SEEDS Quality Interactions and the five predictors of literacy.



The Santa Cruz County's SEEDS of Learning® program has proven to be very effective at strengthening classroom environments and practices, as well as influencing changes in children's skills on research-based predictors of early reading.



In 2019-20 First 5 Santa Cruz County offered SEEDS of Learning<sup>®</sup> programs to early childhood educators:

***SEEDS of Learning<sup>®</sup> refresher workshops for center-based Pre-K and TK teachers***

This Basic SEEDS program provided a series of professional development workshops for early childhood educators working in Pre-K and transitional kindergarten (TK) centers who had previously taken a SEEDS of Learning<sup>®</sup> class. In an effort to support teachers as they work to include the SEEDS concepts into daily practice, this academic year-long workshop series was designed to focus on the SEEDS strategies through embedded and explicit instruction, modeling, and practice.

Participants in the Basic SEEDS Class for Center-based Pre-K/TK received:

- 12 three-hour instructional sessions
- 3 literacy labs with books and curriculum materials to use in their centers
- 10 hours of coaching

***SEEDS of Learning<sup>®</sup> program for family child care providers working with Spanish-speaking children***

The Basic SEEDS of Learning<sup>®</sup> program was held in the summer of 2019 (from May – July), and was designed for providers who were new to the SEEDS of Learning<sup>®</sup> framework. Utilizing the SEEDS for Parents curriculum framework, instruction was aimed towards working with children ages 0-5, with a special focus on children ages 0-3.

Each participant received:

- 5 Make and Take workshops comprised of:
  - 2 hours of instruction
  - 2 hours to create literacy-based materials to use in their programs
- 5 two-hour on-site coaching visits
- Pre and post literacy environment assessments
- 5 children’s books and curriculum materials to use in their program
- A tour of 3 Family Child Care homes that exemplify SEEDS Quality environments

***“Diving Deeper into SEEDS of Early Math” virtual series for Center-based Pre-K and TK teachers***

In the Spring of 2020 (May-June) this Early Math series provided professional development workshops for early childhood educators working in Pre-K and transitional kindergarten (TK) centers who had previously taken a SEEDS of Learning<sup>®</sup> class. This series focused on five components of early math—Number Sense and Operations, Measurement, Geometry, Patterns, and Data Analysis—and was offered virtually via the Zoom platform.

Participants received:

- 5 workshops comprised of:
  - 1 ½ hours of instruction
  - 5 children’s books and curriculum materials to use in their program for in-person and distance learning with children

## Pandemic challenges and successes

Although the COVID-19 pandemic hit in March in the midst of the training year, First 5 is committed to ensuring that early child care providers continue to receive the professional development training and support they need to provide high-quality learning environments.

- Because of the local Shelter-in-Place order, trainings were no longer possible in the usual person-to-person format. Instead, the First 5 team conducted two virtual series during the pandemic: 1) “SEEDS of Early Literacy” for Spanish-speaking family child care providers; and 2) “Diving Deeper into SEEDS of Early Math” for center-based Pre-K and TK teachers. Instructors researched the Zoom platform in order to make the virtual class content engaging and meaningful for participants.
- Teachers/providers were in need of support in order to meet their goals for professional development in a safe way. It was quickly realized that in addition to the academic training objectives, it was necessary to focus on the participants’ emotional and technological needs as well. Class content was also revised to address questions and concerns that participants were struggling with, regarding how to conduct distance learning with young children, how to use technology, and meeting the emotional needs of the children and families they work with. The First 5 Quality Counts team offered professional development and other supports in online formats, and played an integral role in converting over \$338,000 in First 5 California IMPACT and local funding into an Emergency Response Fund that provided cash assistance to 212 child care programs (center-based and family child care) that are caring for children of essential workers and at-risk populations during the pandemic.
- First 5 also partnered with the County Office of Education and the Child Development Resource Center on two supply giveaway events where they distributed supplies provided by First 5 California and other state and local partners to hundreds of child care providers in the County. Supplies included diapers, wipes, cleaning supplies, masks, touchless thermometers, children’s books, and other valuable resources.

Trainers and teachers/providers continue to navigate the many challenges of teaching and training during these difficult times.

## Population Served

	THIS FUNDING CYCLE 2019-2020	CUMULATIVE TOTALS 2007-2020
Educators in licensed family child care homes and private/non-profit centers	17	288
Educators in State- and Federally-subsidized classrooms	19	246
Educators in public school Transitional Kindergarten classrooms	2	20
<b>TOTAL (unduplicated)</b>	<b>38</b>	<b>554</b>

Source: (Current FY) First 5 CCD database for July 1, 2019 – June 30, 2020, (Cumulative providers) First 5 Santa Cruz County, *Early Literacy Foundations* program records, 2007-2020.

## **Outcome Objective: Increase the number of early education settings that provide high quality support for language and literacy**

### **Preschool and Transitional Kindergarten (TK) Classrooms**

Research on teacher effectiveness shows that by focusing professional development on language and literacy and social/emotional development, children are much better prepared for school and have higher academic achievement. The first indicators of change are the literacy environment, teacher-child interactions, and language opportunities that teachers provide to children.

First 5 SEEDS Quality Coaches are trained to assess SEEDS classrooms that are teaching children ages 3-5, using the *Early Language and Literacy Classroom Observation Pre-K Tool* (ELLCO Pre-K). The ELLCO Pre-K is used to assess the following five classroom components: “*Classroom Structure*,” “*Curriculum*,” “*Language Environment*,” “*Books and Book Reading*,” and “*Print and Early Writing*.” Items are scored along a 5-point scale, where 1 is deficient and 5 is exemplary. From this scale, early childhood educators’ classroom scores can be categorized into three levels, indicating that their classroom environment provides **low-quality support**, **basic support**, or **high-quality support for language and literacy**. In every Pre-K SEEDS course since 2007, coaches have used varying elements of the ELLCO to assess the classrooms of their mentees (early childhood educators receiving SEEDS training) at the beginning and end of the semester. The results are then used as a coaching tool, supporting teachers in setting early literacy goals.

For these analyses, several years of data have been aggregated in order to present a more robust portrait of the extent to which SEEDS-trained preschool and transitional kindergarten teachers were providing high quality support for language and literacy in their classrooms.

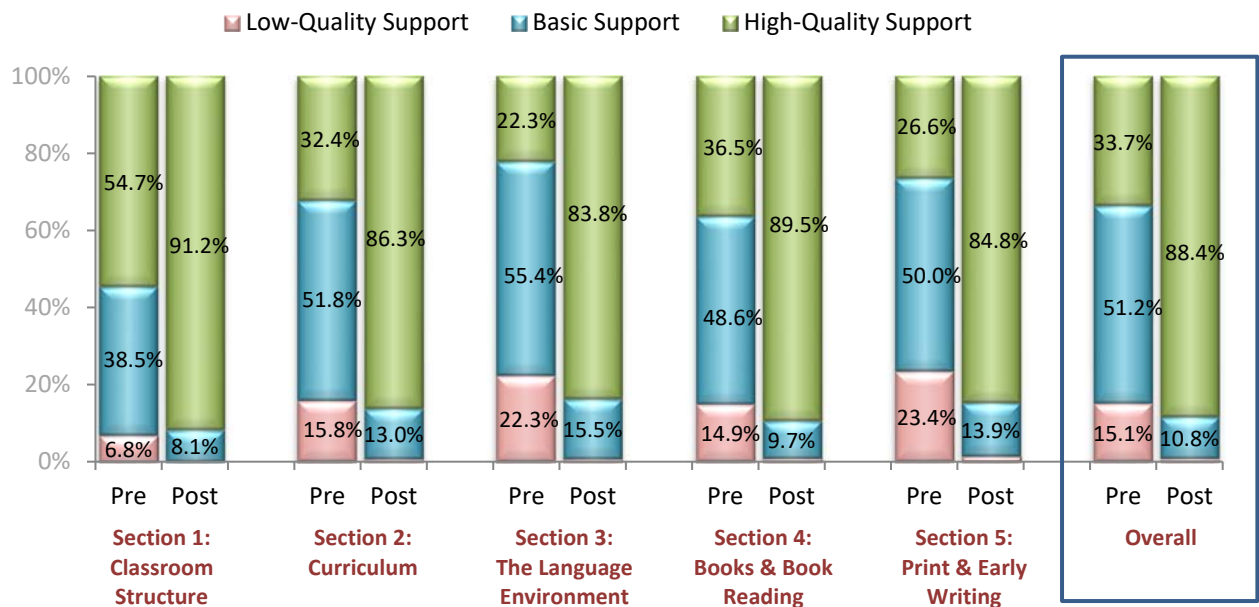
### **Results**

The ELLCO Pre-K assessment is used to evaluate the quality of support for language and literacy in SEEDS classrooms, and is completed at the beginning and end of the fiscal year. However, in 2020 the “post” (2<sup>nd</sup>) evaluation had to be cancelled due to the COVID-19 pandemic. Therefore there are no new results for fiscal year 2019-20, but the cumulative results for 2011-2019 are shown below.

Across all components, classrooms showed improvements from the beginning of the semester to the end.

- Overall, the percentage of classrooms that were rated as having High-Quality Support increased from 34% to 88%.
- The classroom component where the most change occurred was in “Language Environment,” where the percentage of classrooms rated as having High-Quality Support increased from 22% at the beginning of the semester to 84% by the end of the semester.

**Figure 52: Preschool and Transitional Kindergarten Classrooms: Support for Language and Literacy (2011-2019)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Early Language and Literacy Classroom Observation (ELLCO) Pre-K*, 2011-2019  
Notes:

- Low-quality support = means less than or equal to 2.5; Basic support = means between 2.51 and 3.5; High-quality support = means between 3.51 and 5. Percentages less than 3% are not labeled. This analysis includes data from SEEDS coaches and early childhood educators who attended SEEDS of Learning® courses; classrooms with only Reading Corps tutors are not included.
- Between 2007-2011, early childhood educators used an early version of the ELLCO. Beginning in 2011 they used the newer ELLCO Pre-K. Therefore, this analysis represents the results for only the years that the newer ELLCO Pre-K has been utilized (2011-12 through the present fiscal year).

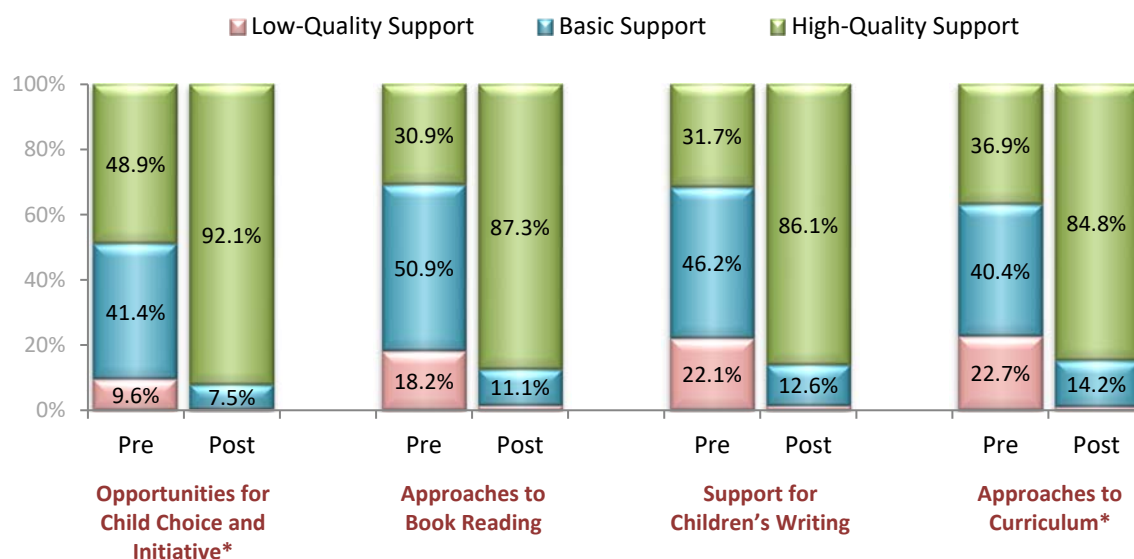
Note: No new providers in Preschool and Transitional Kindergarten (TK) Classrooms completed a “post” (2<sup>nd</sup>) ELLCO assessment in FY 2019-20. N: (Section 1)=148; (Section 2)=284; (Section 3)=148; (Section 4)=362; (Section 5)=368; (Overall)=371.

Four specific ELLCO items were chosen for individual study, using the same type of analysis of classroom quality: *Opportunities for Child Choice and Initiative*, *Approaches to Book Reading*, *Support for Children’s Writing*, and *Approaches to Curriculum*.

## Results

As reflected in this figure, SEEDS-coached teachers have consistently improved the quality of support they provide in their classrooms for children’s development of early literacy.

- For each of the four ELLCO items, the vast majority of classrooms were rated as providing high quality support at post-assessment: “Opportunities for Child Choice and Initiative” (92%), “Approaches to Book Reading” (87%), “Support for Children’s Writing” (86%), and “Approaches to Curriculum” (85%).
- The classroom component where the most change occurred was in “Approaches to Book Reading,” where the percentage of classrooms rated as having High-Quality Support increased from 31% at the beginning of the semester to 87% by the end of the semester. Similar increases were found in “Support for Children’s Writing.”

**Figure 53: Preschool and Transitional Kindergarten Classrooms: Key Language and Literacy Supports (2007-2019)**

Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Early Language and Literacy Classroom Observation (ELLCO)* & *ELLCO Pre-K*, 2007-2019.

**Notes:**

- Clients may be included more than once if they participated in multiple SEEDS classes during these years. Low-quality support = means less than or equal to 2.5; Basic support = means between 2.51 and 3.5; High-quality support = means between 3.51 and 5. Percentages less than 3% are not labeled. This analysis includes data from SEEDS coaches and early childhood educators who attended SEEDS of Learning® courses.
- These four ELLCO items were present in both the earlier version of the assessment tool (ELLCO) and the current version (ELLCO Pre-K). Therefore, this analysis includes cumulative data since 2007.

\* The analysis of these questions marked with an asterisk began in 2007-08, so results reflect the combined data since 2008.

Note: No new providers in Preschool and Transitional Kindergarten (TK) Classrooms completed a "post" (2<sup>nd</sup>) ELLCO assessment in FY 2019-20.

N: (Child Choice and Initiative)=280, (Book Reading)=324, (Children's Writing)=366, (Approaches to Curriculum)=282.

## Family Child Care Settings

Early childhood educators from licensed family child care settings also participated in SEEDS training and received SEEDS coaching. Their sites were observed at the beginning of their SEEDS training in May and again at the end in July, 2019.

The *Child/Home Early Language and Literacy Observation (CHELLO)* is a tool designed to rate the early literacy environment in home-based child care settings of children ages birth to 5 years. Two sections of the CHELLO tool were used to assess home-based classrooms: the Group/Family Observation section and the Literacy Environment Checklist. For the Group/Family Observation section, items were scored along a 5-point scale, where 1 is deficient and 5 is exemplary. Early childhood family child care providers' scores were categorized into three levels, indicating their classroom environment provided **low-quality support**, **basic support**, or **high-quality support for language and literacy**. Scores on the Literacy Environment Checklist ranged from 1 to 26, and were similarly categorized into three levels of support (**Poor, Fair, Excellent**).

Early childhood educators in home-based child care settings were also assessed on a measurement of phonological awareness in the classroom environment, using the *Early Language and Literacy Classroom Observation (ELLCO) Pre-K*. Early childhood family child care providers' scores were similarly categorized into three levels, indicating their classroom environment provided **low-quality support, basic support, or high-quality support** for Phonological Awareness.

For these analyses, several years of data have been aggregated when possible,<sup>21</sup> in order to present a more robust portrait of the extent to which SEEDS-trained early childhood educators in family child care settings were providing high quality support for language and literacy in their preschool classrooms.

## Results

The following figures present the PRE and POST scores gathered from early childhood educators in family child care settings for infants/toddlers, using the CHELLO and ELLCO tools. Across all these components, classrooms showed substantial improvements from the first training to the final training.

- Results from the Group/Family Observation section showed that overall, the percentage of family child care settings that were rated as having High-Quality Support increased from 45% to 90%.
- Among the individual Group/Family Observation components, by the end of the trainings the majority of family child care settings were rated as having High-Quality Support in all areas: “Physical Environment for Learning” (93%), “Support for Learning” (88%), and “Adult Teaching Strategies” (76%).
- Scores on the Literacy Environment Checklist showed that the percentage of family child care settings that were rated as having Excellent Support increased from 42% to 65%.
- In 2019-20, scores on the amount of Phonological Awareness showed that the percentage of family child care settings that were rated as having Excellent Support increased from 11% to 56%.

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<sup>21</sup> Between 2008-2011, early childhood educators in family child care settings did not use the CHELLO, and consequently no CHELLO data were collected during those years. Therefore, this analysis represents the results for the years that the CHELLO has been utilized (2007-2008, and 2011-present).

**Figure 54: Family Child Care Settings: Support for Language and Literacy (2007-2020)**

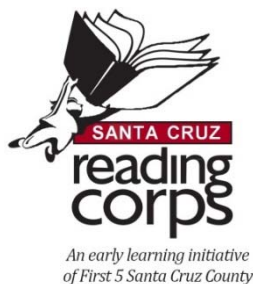
Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Child/Home Early Language and Literacy Observation (CHELLO)*, 2007-2019. In 2015-19, no clients answered enough questions in the CHELLO Group/Family Observation section to enable a complete score.

Note: Low-quality support = means less than or equal to 2.5; Basic support = means between 2.51 and 3.5; High-quality support = means between 3.51 and 5. Percentages less than 3% are not labeled.

N: (Physical Environment for Learning)=42; (Support for Learning)=41; (Adult Teaching Strategies)=38; (Group/Family Observation Overall)=38; (Literacy Environment Checklist)=123; (Phonological Awareness)=9.



## Santa Cruz Reading Corps



AmeriCorps is a national service organization with about 100,000 members serving across the United States to help meet critical needs in the areas of education, health, the environment, disaster services, veterans, and economic opportunity. In the summer of 2012, First 5 Santa Cruz County partnered with AmeriCorps<sup>22</sup> to create the Santa Cruz Reading Corps, with the goal of training and placing AmeriCorps volunteers in state-funded preschool and transitional kindergarten classrooms in both the Live Oak and Pajaro Valley Unified School Districts, as well as in six transitional kindergarten classrooms in these districts. The Santa Cruz Reading Corps is modeled after the Minnesota Reading Corps, the largest single state AmeriCorps initiative in the country.

The focus of the Santa Cruz Reading Corps is to promote strong literacy and language foundations for young children, especially dual language learners. Local and statewide data indicate that well over half of 3<sup>rd</sup> grade children in California—and Santa Cruz County—are not meeting or exceeding the state standards. Research shows that when students get off to a poor start in reading, they rarely catch up with other students. Happily, research also shows that almost all children have the capacity to learn to read proficiently if effective interventions are provided. Due to the fact that language development in the early years is crucial to later reading proficiency, the Santa Cruz Reading Corps members are using the evidence-based SEEDS of Learning<sup>®</sup> framework to help boost the early literacy skills of children in English as they prepare to enter kindergarten.

During a typical academic school year (running from September to May) Santa Cruz Reading Corps members—called Literacy Tutors—collaborate with the classroom teaching staff to enhance daily literacy opportunities, and provide support to classrooms’ routines by implementing specific research-based strategies from the SEEDS of Learning<sup>®</sup> framework. Each Literacy Tutor receives extensive training, individualized coaching, and support to track and guide children in English language development through one-on-one and small group interventions. Santa Cruz Reading Corps Literacy Tutors also facilitate Raising A Reader, the weekly rotating book bag program that provides books and support for families to read aloud with their children.

### *One Literacy Tutor's Experience*

“Thinking back on my life, it’s safe to say that my year with Reading Corps is one of the most important things I have ever done.

It is part of my own personal foundation. I had just gotten out of high school when I signed up for a year with Reading Corps. It was the first “work” experience I had. But, it wasn’t “work,” it was service! It set the standards for what I wanted to experience in a professional setting, and the bar was set pretty high.

You don’t always get the chance to grow your personal and professional skills while also serving your community. I will always remember my little kiddos. Knowing that I contributed to their success as future learners, and leaders, is a great source of pride for me. I will also never forget our little tribe of AmeriCorps members who were like family to me for that year.

I will forever be grateful for my experience with Reading Corps!”

<sup>22</sup> In 2001, representatives of the First 5 California and the First 5 Association were invited by the Governor’s Office on Service and Volunteerism (GO SERV) to discuss the utilization of AmeriCorps members in First 5 funded programs and initiatives. Through this partnership, the First 5 Service Corps was developed. In this report, this collaboration is simply referred to as AmeriCorps.



In addition to their daily work with students, Literacy Tutors typically assess each child in their classroom three times; once in October, once in late January, and once in May, in five areas of early reading predictors (Vocabulary/Oral Language, Comprehension, Phonological Awareness, Alphabet Knowledge, and Letter Sounds). These assessments help them select children who receive tailored literacy-based interventions on a daily basis. Each of these children's progress is monitored monthly to see if the interventions are effective.

The program goal of the Santa Cruz Reading Corps is to increase the number of children on target with early reading predictors. Through all these efforts, children are provided the assistance they need to enter kindergarten more school-ready and to become fluent readers by 3<sup>rd</sup> grade.

### Pandemic challenges and successes

This program year was greatly impacted by the Shelter-in-Place order issued on March 16, 2020. As classrooms closed, Literacy Tutors were not able to continue their AmeriCorps service for the remainder of the program year. Therefore, no interventions nor the spring assessments were conducted with children after that date.

When the Literacy Tutors began to shelter in place, they shifted their service work to creating literacy materials for their classrooms, attending virtual preschool and TK classes, participating in professional development trainings, and volunteering in the community.



Photo collage made by the Reading Corps Literacy Tutors, with their good-bye message to their students:

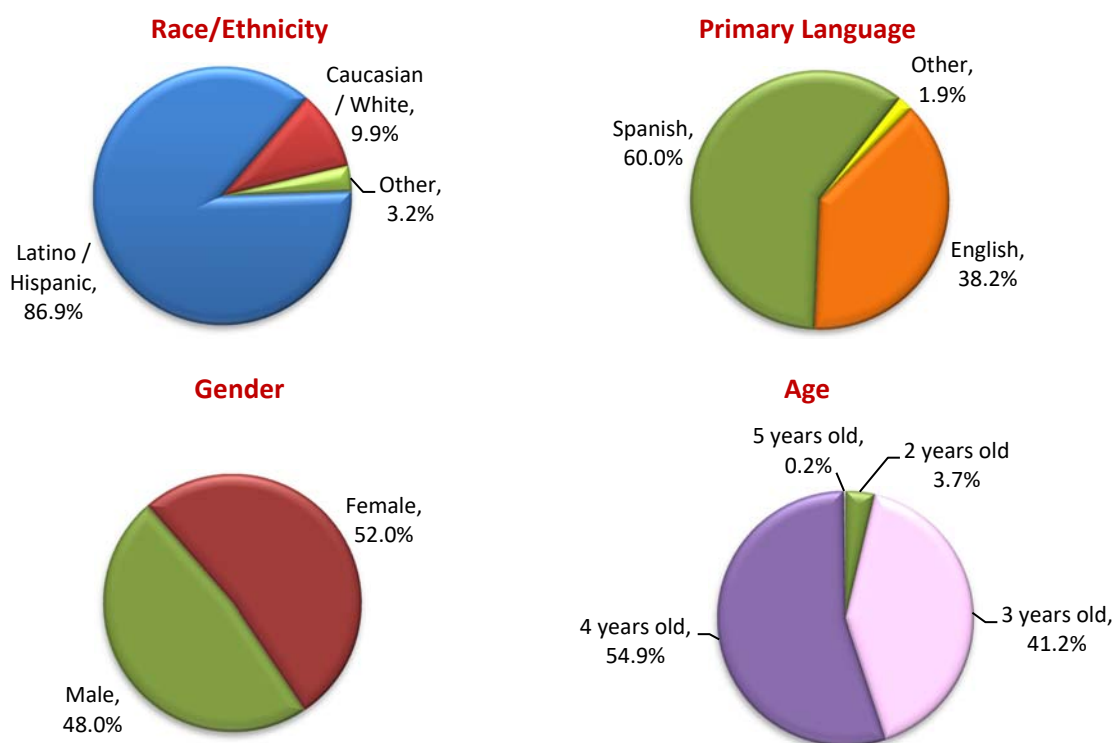
"Dear super friends, we miss all of you so much. Please stay safe, have fun, and be kind to your loved ones."

## Population Served

	THIS FUNDING CYCLE 2019-2020	CUMULATIVE TOTALS 2012-2020
Literacy Tutors in Reading Corps Classrooms	12	83
Children in classrooms with a Reading Corps Literacy Tutor	413	3,751

Source: (This Funding Cycle and Child Cumulative Total) First 5 CCD database for July 1, 2019 – June 30, 2020, (Literacy Tutor Cumulative Total) First 5 Santa Cruz County, *Early Literacy Foundations* program records, 2012-2019.

**Figure 55: Demographics of Children (Ages 0-5) in classrooms with a Reading Corps Literacy Tutor (2012-2020)**



Source: First 5 Santa Cruz County, *Santa Cruz Reading Corps records*, 2020.  
N: (Ethnicity)=3,751, (Language)=3,734, (Gender)=3,751; (Age) N=3,751.

## Outcome Objective: Children will increase their skills in research-based predictors for reading success

The Santa Cruz Reading Corps places one AmeriCorps volunteer (called a Literacy Tutor) in state-funded preschool and transitional kindergarten classrooms in both the Live Oak and Pajaro Valley Unified School Districts. The goal of this program is to develop children's early literacy skills in English in preparation for reading readiness in kindergarten. The Literacy Tutors are trained in research-based strategies following the SEEDS of Learning® framework, collaborate with the classroom teaching staff to enhance daily literacy opportunities, and conduct literacy assessments to provide individualized

support to help children in Santa Cruz County become successful readers by 3<sup>rd</sup> grade. In 2019-20, 12 Literacy Tutors were trained and placed in 14 different classrooms, serving 413 children.

Santa Cruz Reading Corps' Literacy Tutors are trained in the use of Response to Interventions (**RtI**) strategies as a way to provide children with tailored literacy support.<sup>23</sup> Literacy Tutors use the *Preschool Early Literacy Indicators (PELI)* to measure Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge. They also measure Letter Sound fluency for 4- and 5-year-olds using the *Formative Assessment System for Teachers (FAST™)*. These assessments help the Literacy Tutors recognize children who need tailored literacy support and respond in ways that help the children experience early school success.

There are important factors to note regarding these analyses of children's pre-literacy skills:

- **Focus on English vocabulary skills.** Beginning in 2012-13, all Reading Corps classrooms began to emphasize the development of children's vocabulary skills in English. In 2016-17, First 5 stopped using the Spanish-language assessments altogether, in order to focus on children's proficiency in English. The analyses in this report illustrate the amount of improvement that children made in their *English* pre-literacy skills.
- **Focus on children about to enter kindergarten.** Only children ages 4 and 5 were included in these *PELI* analyses, in order to focus on children who were at a similar developmental age just before entering kindergarten. Additionally, the companion assessment given along with the *PELI* assessment (the *Formative Assessment System for Teachers (FAST™)*) is not designed for children younger than 4. Overall, it is the intent of Reading Corps to focus interventions on children in the year prior to Kindergarten.
- **Change in literacy assessment.** In 2018-19, the assessment tool that the Reading Corps Pre-K program has used since its inception (*IGDIs 1.0*) became outdated and is no longer in print, and Reading and Math, Inc. (National Reading Corps) chose the *Preschool Early Literacy Indicators (PELI)* to replace it. The *PELI* measures the four pre-literacy skill areas of Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge. This new assessment has several advantages: it closely ties to components of the Reading Corps "Repeated Read Aloud" Intervention, collects information about students' comprehension and oral language skills (neither of which were measured by the *IGDIs*), and meets twice as many state standards. Unlike the *IGDIs* assessment that has just one Benchmark Target for the entire year, the Benchmark Target for each *PELI* skill area is raised at each of the three assessment periods (Fall, Winter, Spring). That is, in the same way that children's progress in a skill area grows over time, the Benchmark Target also increases, representing the level of skill that children should have at each time period. Consequently, if a child is able to achieve the Spring benchmark score, that

<sup>23</sup> Children who received tailored literacy-based intervention strategies received more frequent monitoring. In addition to the three benchmark *IGDIs* assessments, these children took two additional assessments between the 1<sup>st</sup> and 2<sup>nd</sup> benchmark assessments (called *Progress Monitoring 1 and 2*), and then two more assessments between the 2<sup>nd</sup> and 3<sup>rd</sup> benchmark assessments (called *Progress Monitoring 3 and 4*). If a child demonstrated sufficient improvement by the 2<sup>nd</sup> benchmark assessment, the intervention was ended with that child and was begun with another child who was not on target with early reading predictors at that time. This new child then received two additional assessments between the 2<sup>nd</sup> and 3<sup>rd</sup> benchmark assessments (*Progress Monitoring 3 and 4*). Consequently, every child who received an intervention was monitored at least two additional times with the Progress Monitoring assessments.

child will enter kindergarten prepared to succeed in that skill area. The *Formative Assessment System for Teachers (FAST™)*—which measures the Letter Sounds skill area—is still being used as the companion assessment to *PELI*.

For a complete analysis of the Santa Cruz Reading Corps over the years, the results for the *PELI* and *FAST™* assessments are shown below, along with the previous years' *IGDIs* and *FAST™* results.<sup>24</sup>

- **Cumulative results.** When available, several years of data have been aggregated in order to present a more robust portrait of the extent to which children were benefiting from the SEEDS of Learning® framework and individualized support.
- **Limited data collection.** Spring data for the *PELI* and *FAST™* assessments were not collected in 2019-20, due to school closures caused by the COVID-19 pandemic. Therefore, only the cumulative results for the Fall and Winter benchmarks are displayed.

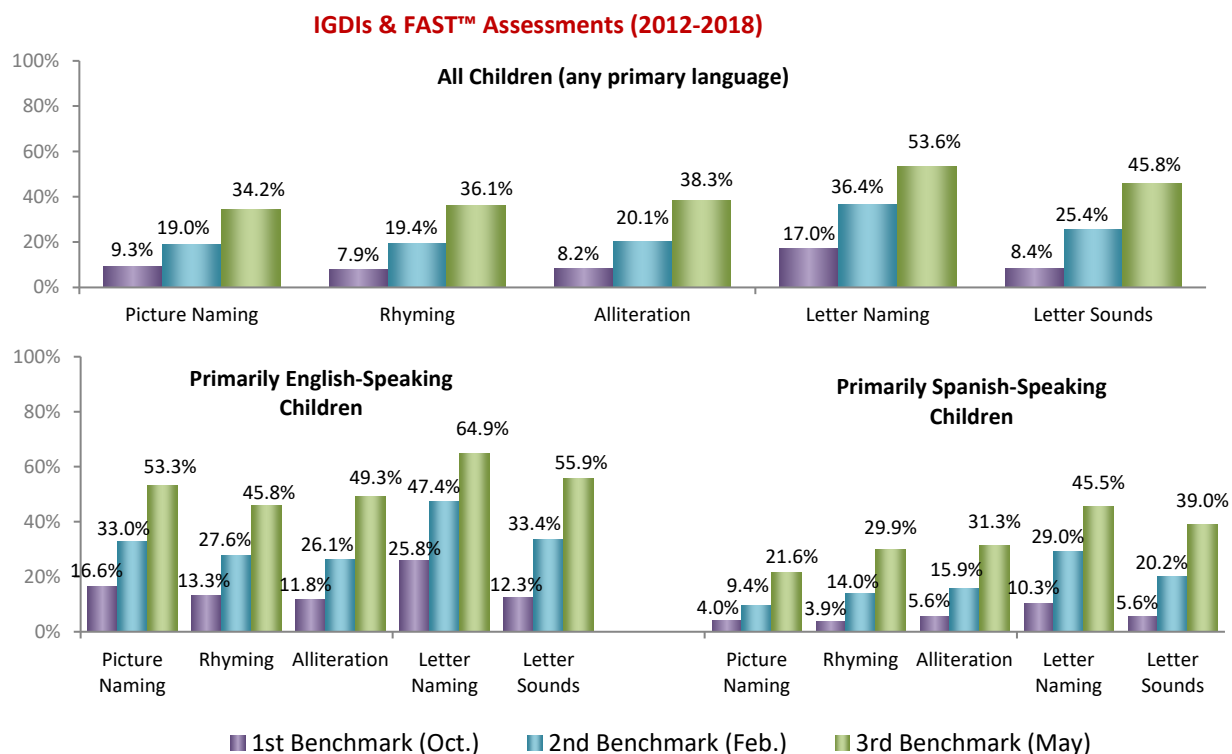
## Results

**Children in classrooms incorporating the SEEDS of Learning® framework are demonstrating improvements in their pre-literacy skills.** When looking at the percentage of children ages 4+ who were meeting targets for later reading success in English (scoring “At” or “Above” target level), results showed that:

- **For the five pre-literacy skills measured by the *IGDIs* and *FAST™* (2012-2018):**
  - On average, by the end of the year more children were “At/Above” target level in all five pre-literacy skill areas—in English—no matter what their primary language was.
  - Letter Naming (*IGDIs*) and Letter Sounds (*FAST™*) were the skill areas that had the highest percentage of children who were “At/Above” target level by the end of the school year.
  - An analysis of average scores on the Fall, Winter, and Spring benchmarks demonstrated how much progress children made over the course of the school year. When assessed in English, Spanish-speaking children on average started with lower scores than English-speaking children, but by their last *IGDIs* assessment they had increased their scores by a *higher amount* than English-speaking children in Picture Naming (vocabulary development), and nearly equaled the English-speaking children’s increase in scores in Rhyming.

<sup>24</sup> “Rhyming” is the only skill area that was measured by the *IGDIs* but not the *PELI*. However, although ‘Rhyming’ isn’t directly measured by the *PELI*, the *PELI* ‘Phonological Awareness’ skill area is measured using two different tasks: Word Parts and First Sounds. AmeriCorps notes that “These tasks will give us good information about a child’s current skill level on the Phonological Awareness continuum. Rhyming is part of that continuum and rhyming interventions will still be used when needed.”

**Figure 56: Children Ages 4+ in Reading Corps Classrooms (2012-2018): Percent At/Above Targets for Later Reading Success, in English**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps (2012-2018) *Individual Growth and Development Indicators (IGDIs)* and *Formative Assessment System for Teachers (FAST™)* Assessment Tools.

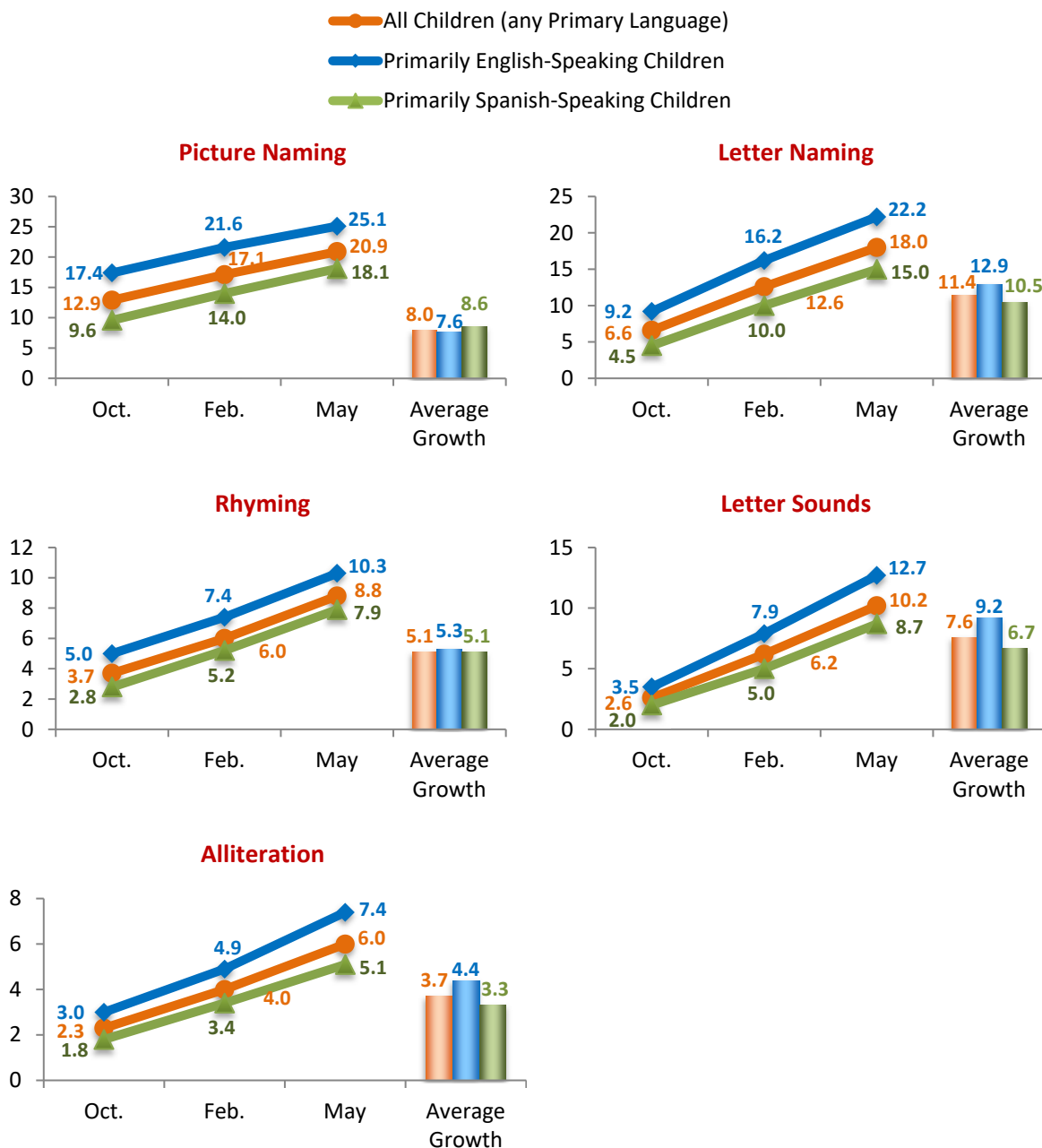
Note:

- The *IGDIs* assessment measures the 4 skill areas of Picture Naming, Rhyming, Alliteration, and Letter Naming; the *FAST™* measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. In 2015-16, the At/Above target for Letter Sounds was adjusted slightly higher (more challenging), to match the adjustment made by the Minnesota Reading Corps.
- This assessment was discontinued in 2018-19 and was replaced by *Preschool Early Literacy Indicators (PELI)*.

N: *IGDIs* 2012-2018: (All) 1,854-2,186; (English-speakers) 745-858; (Spanish-speakers) 1,046-1,265.

Figure 57: **Children Ages 4+ in Reading Corps Classrooms (2012-2018): Average Scores and Average Growth in Scores, in English**

**IGDIs & FAST™ Assessments (2012-2018)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps Individual Growth and Development Indicators (IGDIs) and Formative Assessment System for Teachers (FAST™) Assessment Tools, 2012-2018.

Note:

- The IGDIs assessment measures the 4 skill areas of Picture Naming, Rhyming, Alliteration, and Letter Naming; the FAST™ measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis. Average scores and average growths have been rounded. In 2015-16, the At/Above target for Letter Sounds was adjusted slightly higher (more challenging), to match the adjustment made by the Minnesota Reading Corps.
- This assessment was discontinued in 2018-19 and was replaced by *Preschool Early Literacy Indicators (PELI)*.

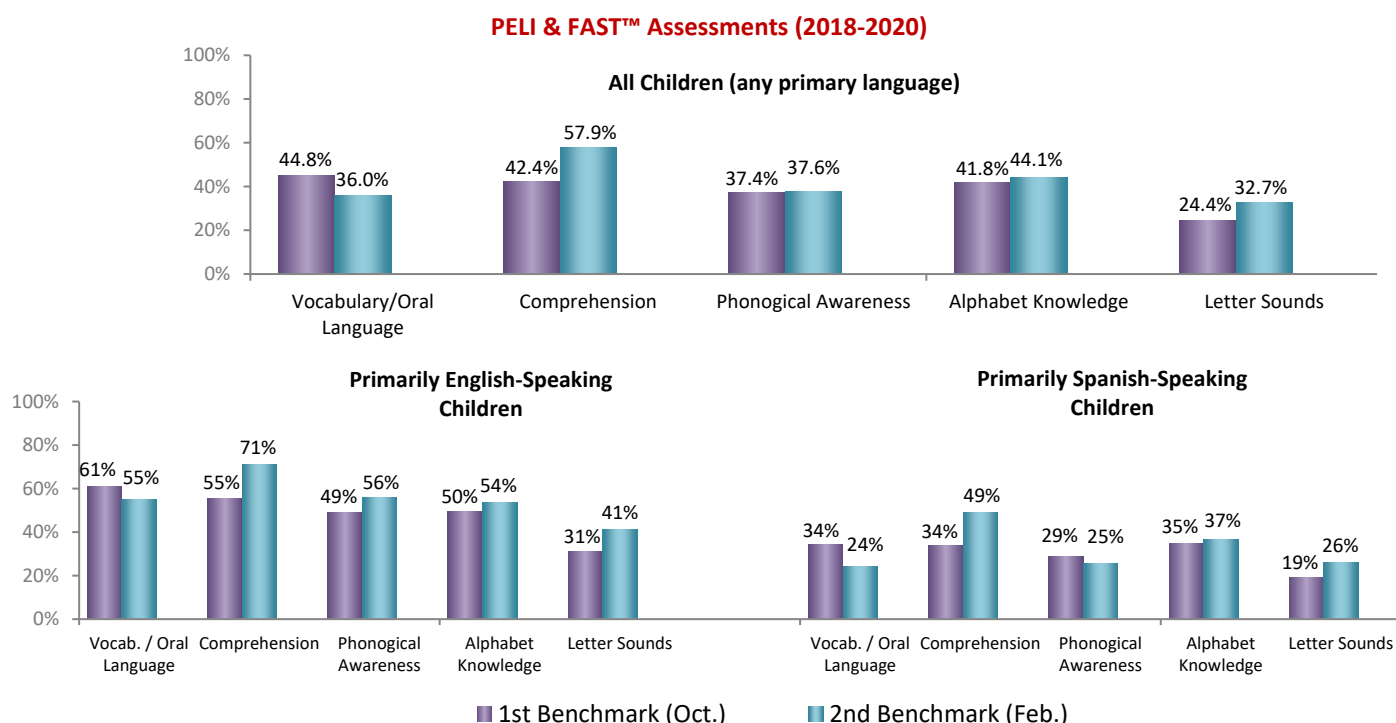
N: (All) 1,854-2,186; (English-speakers) 745-858; (Spanish-speakers) 1,046-1,265.

▪ **For the five pre-literacy skills measured by the *PELI* and *FAST™* (2018-2020):**

Note that the COVID-19 pandemic caused school closures in the spring, and therefore the 3<sup>rd</sup> (Spring) assessments for the *PELI* and *FAST™* were not collected in 2019-20. Therefore, only the results for the Fall and Winter benchmarks for all fiscal years are presented.

- On average, by the Winter (2<sup>nd</sup>) assessment, more children were “At/Above” target level in four of the five pre-literacy skill areas—in English—no matter what their primary language was. “Vocabulary/Oral Language” (*PELI*) was the only skill area where the percentage of children “At/Above” target level did not increase over time. It is important to remember, however, that the *PELI* raises the Benchmark Target levels for each skill area at each assessment time period, so by the end of the year the Benchmark Target for each skill area is higher than at all earlier assessments.
- Comprehension (*PELI*) and Letter Sounds (*FAST™*) were the skill areas that had the highest percentage of children who were “At/Above” target level by the Winter (2<sup>nd</sup>) assessment.
- An analysis of average scores on the Fall and Winter benchmarks demonstrated how much progress children made between those two assessments. When assessed in English, Spanish-speaking children on average started with lower scores than English-speaking children, but by their last *PELI* assessment they had increased their scores by similar amounts.

**Figure 58: Children Ages 4+ in Reading Corps Classrooms (2018-2020): Percent At/Above Targets for Later Reading Success, in English**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps *Preschool Early Literacy Indicators (PELI)* and *Formative Assessment System for Teachers (FAST™)* Assessment Tools 2018-2020.

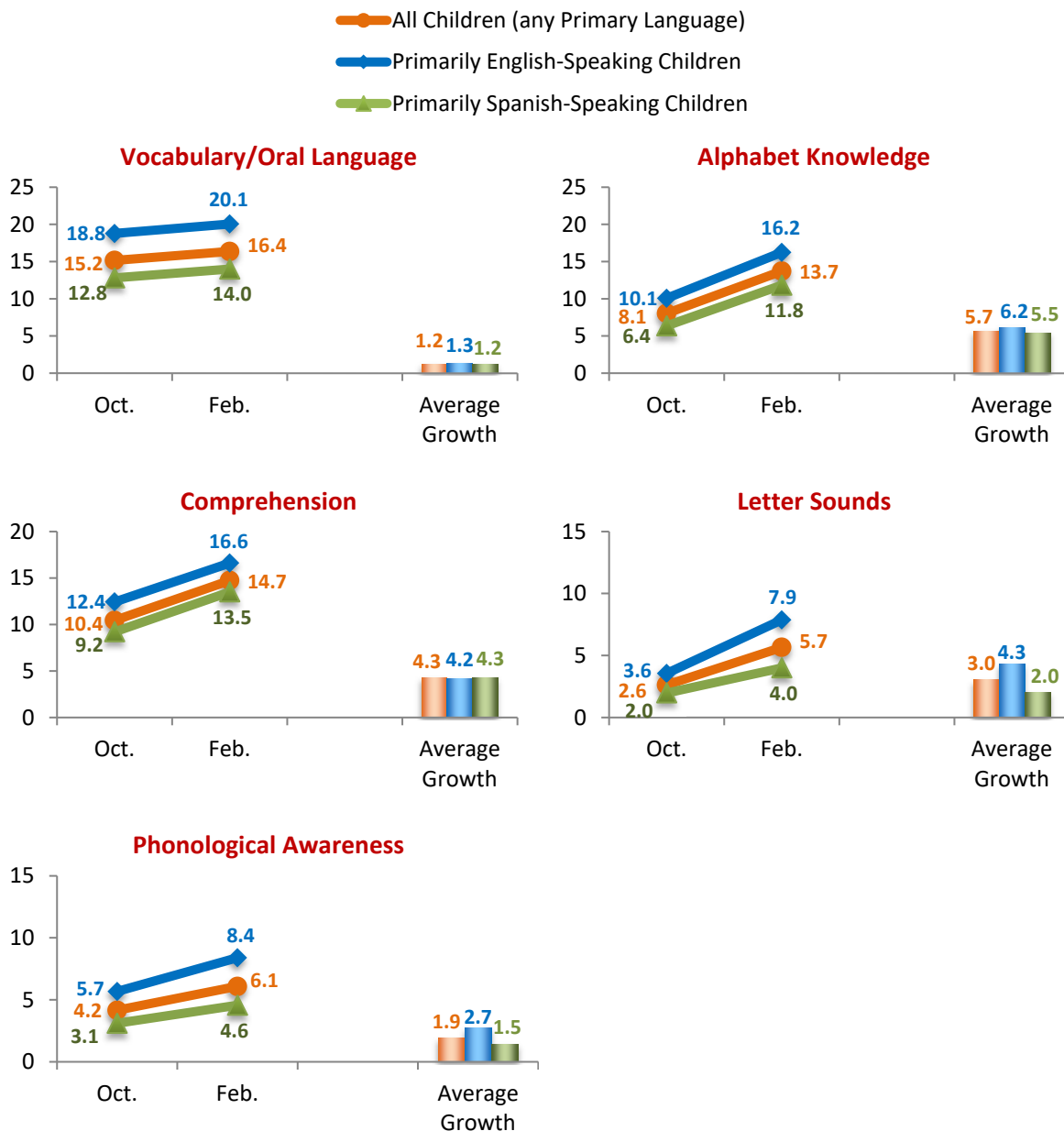
Note: The *PELI* assessment measures the 4 skill areas of Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge; the *FAST™* measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis. Average scores and average growths have been rounded. Spring data were not collected in 2019-20, so only the cumulative results for the Fall and Winter benchmarks are displayed.

N: (All) 440-495; (English-speakers) 172-193; (Spanish-speakers) 260-290.



Figure 59: **Children Ages 4+ in Reading Corps Classrooms (2018-2020): Average Scores and Average Growth in Scores, in English**

**PELI & FAST™ Assessments (2018-2020)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps Preschool Early Literacy Indicators (PELI) and Formative Assessment System for Teachers (FAST™) Assessment Tools, 2018-2020.

Note: The PELI assessment measures the 4 skill areas of Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge; the FAST™ measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis. Average scores and average growths have been rounded. Spring data were not collected in 2019-20, so only the cumulative results for the Fall and Winter benchmarks are displayed.

N: (All) 440-495; (English-speakers) 172-193; (Spanish-speakers) 260-290.



**Children who received tailored interventions are improving their English vocabulary skills.**

Although these improvement results are greatly encouraging, it is important to note that there are still some areas where only a small percentage of children are meeting targets for later reading success. In particular, more work is needed to help Spanish-speaking children increase their English vocabulary (Picture Naming).

To this end, 2014-15 was the first year that the “Repeated Read Aloud” (RRA) strategy became the main intervention for children needing extra help with their English vocabulary. It was used as a way to increase vocabulary and fluency in English, which is done by teaching words in the context of a story. The Big 5 early literacy skills are strategically spaced throughout the week so that there is a different instructional focus each day, including specific pre-literacy skills. Consequently, the RRA intervention is considered one of the most effective strategies in bringing about change in children’s pre-literacy skills. This tailored intervention is specifically geared to dual language learners and the instruction is matched to children’s individual learning styles. The intervention provides Literacy Tutors with a systematic way to discuss books as they re-read them with children, and encourages children to talk more each day. Literacy Tutors originally used the *IGDIs* and *FAST™* assessments (from 2012-2018), and beginning in 2018-19 used the *PELI* and *FAST™* assessments to help them identify five to seven children in each classroom session who were most challenged in picture naming (vocabulary), and provided each of these children with this tailored intervention.

In these analyses of *IGDIs*, *PELI* and *FAST™* assessments in English, the results are shown for both children who did not require interventions, and for children who did receive the RRA tailored interventions. The first set of analyses show the percentage of children who are at/above target proficiency, and the second analysis shows the average scores at each of the three benchmarks, and the average growth between the first and last assessment. For all assessments, data have been aggregated in order to present a more robust portrait of the extent to which children were benefiting from the SEEDS of Learning® framework and individualized support.

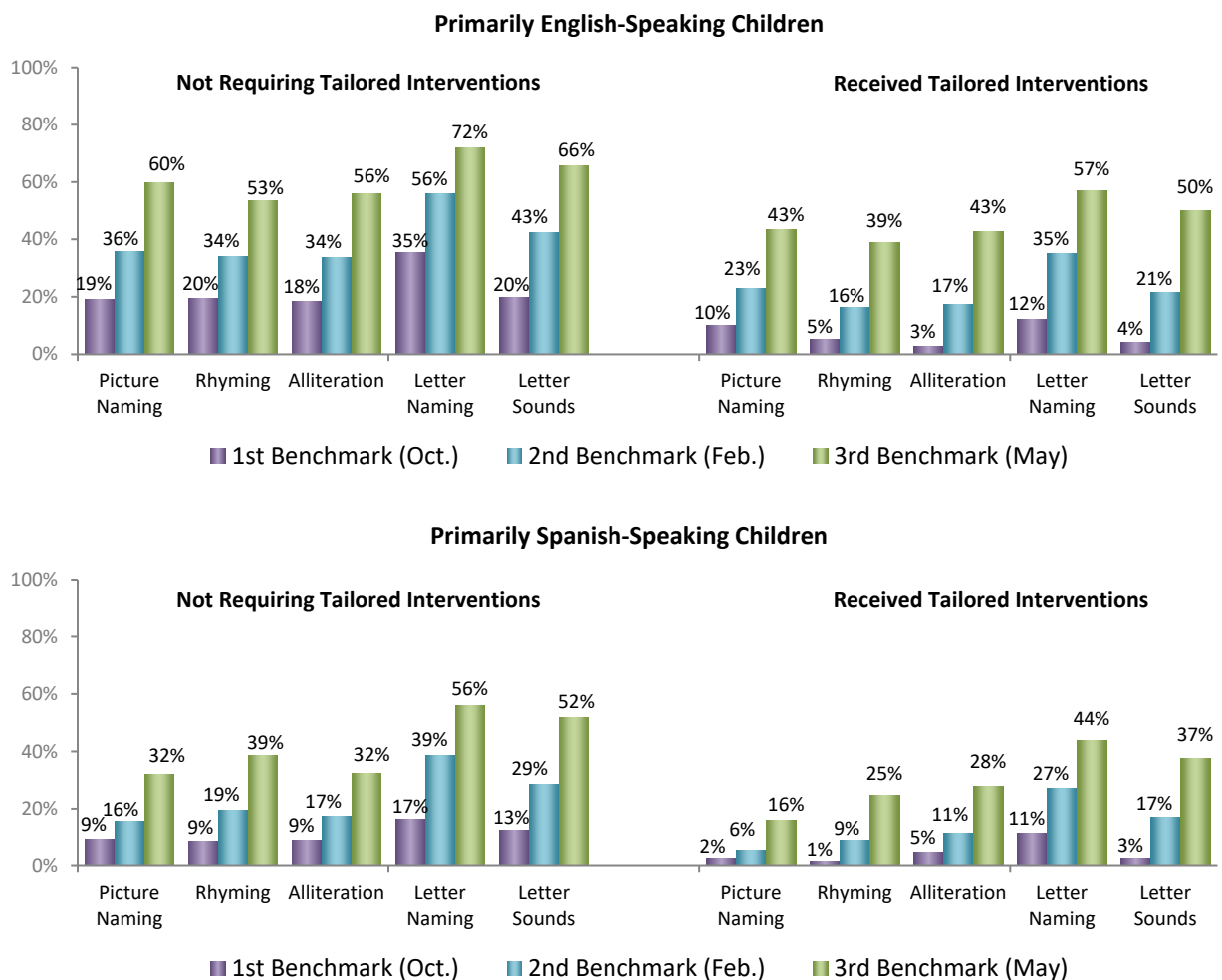
- **For the five pre-literacy skills measured by the *IGDIs* and *FAST™* (2012-2018):**
  - Overall results show that children who received tailored interventions showed progress towards reaching greater proficiency in Picture Naming/Vocabulary (*IGDIs*) in English, which was the focus of these targeted intervention strategies.
  - As would be expected, very few of the children who were chosen to receive tailored interventions scored “At/Above” target at the beginning of the school year on the English-language assessments. However, by the end of the school year, substantially more of these children were scoring “At/Above” target proficiency.
  - Improvement in English language Picture Naming/Vocabulary (*IGDIs*) was particularly evident among primarily Spanish-speaking children who had received the tailored interventions that focused on this important pre-literacy skill.
    - An analysis of average scores on the Fall, Winter, and Spring benchmarks showed that when assessed in English, Spanish-speaking children who were selected to receive tailored interventions started with lower scores than Spanish-speaking children who

did not require tailored interventions. But by their last assessment they had increased their scores by a *higher amount* in Picture Naming (vocabulary development).

This last result is especially encouraging, as it suggests that these tailored interventions are greatly helping dual-language learners who are the most challenged with their English vocabulary skills. These children are getting the tailored help they need to increase their vocabulary and enter kindergarten on par with their peers.

Figure 60: **Impact of Tailored Interventions (2014-2018): Percent of Children At/Above Targets for Later Reading Success, in English**

**IGDIs & FAST™ Assessments (2014-2018)**



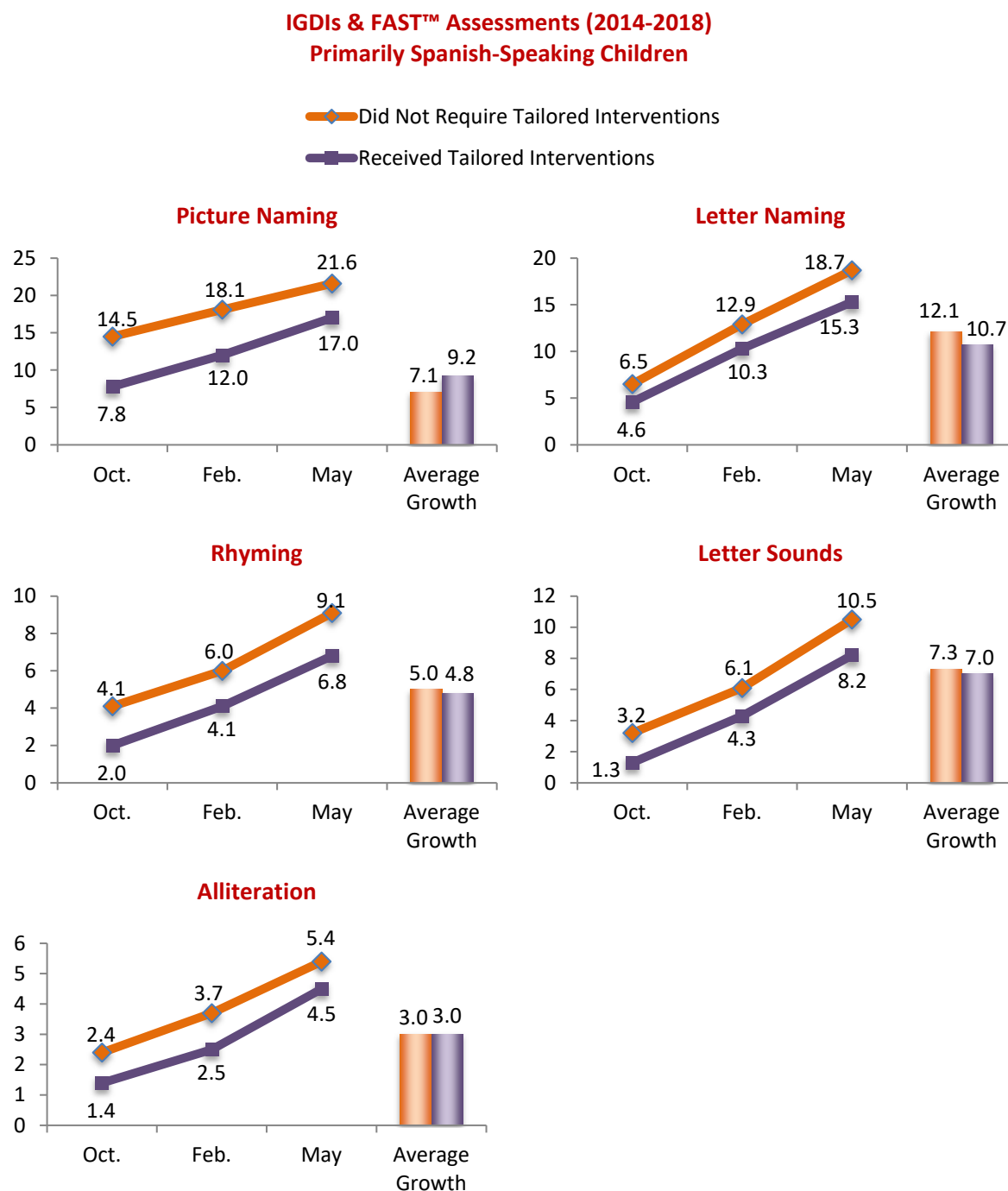
Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps *Individual Growth and Development Indicators (IGDIs)* and *Formative Assessment System for Teachers (FAST™)* Assessment Tools, 2014-2018.

Note:

- The *IGDIs* assessment measures the 4 skill areas of Picture Naming, Rhyming, Alliteration, and Letter Naming; the *FAST™* measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis.
- This assessment was discontinued in 2018-19 and was replaced by *Preschool Early Literacy Indicators (PELI)*.

N: (English-speaking Children with No Intervention) 622-723; (English-speaking Children with Interventions) 533-607; (Spanish-speaking Children with No Intervention) 277-327. (Spanish-speaking Children with Interventions) 341-400.

**Figure 61: Impact of Tailored Interventions on Primarily Spanish-Speaking Children (2014-2018): Average Scores and Average Growth in Scores – in English**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps *Individual Growth and Development Indicators (IGDIs)* and *Formative Assessment System for Teachers (FAST™)* Assessment Tools, 2014-2018.

Note:

- The *IGDIs* assessment measures the 4 skill areas of Picture Naming, Rhyming, Alliteration, and Letter Naming; the *FAST™* measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis. Average scores and average growths have been rounded.
- This assessment was discontinued in 2018-19 and was replaced by *Preschool Early Literacy Indicators (PELI)*.

N: (English-speaking Children with No Intervention) 622-723; (English-speaking Children with Interventions) 533-607; (Spanish-speaking Children with No Intervention) 277-327. (Spanish-speaking Children with Interventions) 341-400.

- **For the five pre-literacy skills measured by the *PELI* and *FAST™* (2018-2020):**

Overall results show that children who received tailored interventions showed progress towards reaching greater proficiency in Vocabulary/Oral Language (*PELI*) in English, which was the focus of these targeted intervention strategies.

- Of the children who received tailored interventions, there was an increase in the percentage who were At/Above Target in *PELI*'s "Vocabulary/Oral Language" skill area by the last assessment. This was true for both primarily English- and Spanish-speaking students.

However, it is important to remember that—unlike the *IGDIs*—the ***PELI Benchmark Targets are increased*** at each assessment time period, so by the last assessment the Benchmark Target for each skill area is higher than at all earlier assessments. That is, in the same way that children's progress in a skill area grows over time, the Benchmark Target also increases, representing the level of skill that children should have at each time period. Therefore, if a child is able to achieve the Spring benchmark score, that child will enter kindergarten prepared to succeed in that skill area.

Consequently, it was also helpful to look at the analysis of average scores and average growth in scores to appreciate the improvement made by children who had received the tailored interventions; and particularly the Spanish-speaking children who struggled the most with their English vocabulary

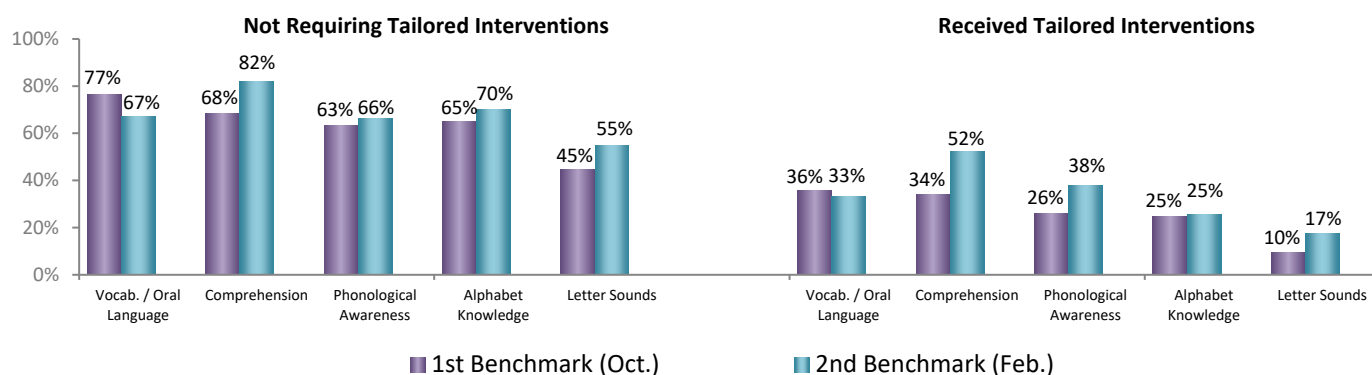
- An analysis of average scores on the Fall and Winter benchmarks showed that when assessed in English, Spanish-speaking children who were selected to receive tailored interventions started with lower scores than Spanish-speaking children who did not require tailored interventions. But by their last assessment they had increased their scores by a *higher amount* in Vocabulary/Oral Language and Comprehension.

This last result is especially encouraging, as it suggests that these tailored interventions are helping dual-language learners who are the most challenged with their English vocabulary skills. These children are getting the tailored help they need to increase their vocabulary and enter kindergarten on par with their peers.

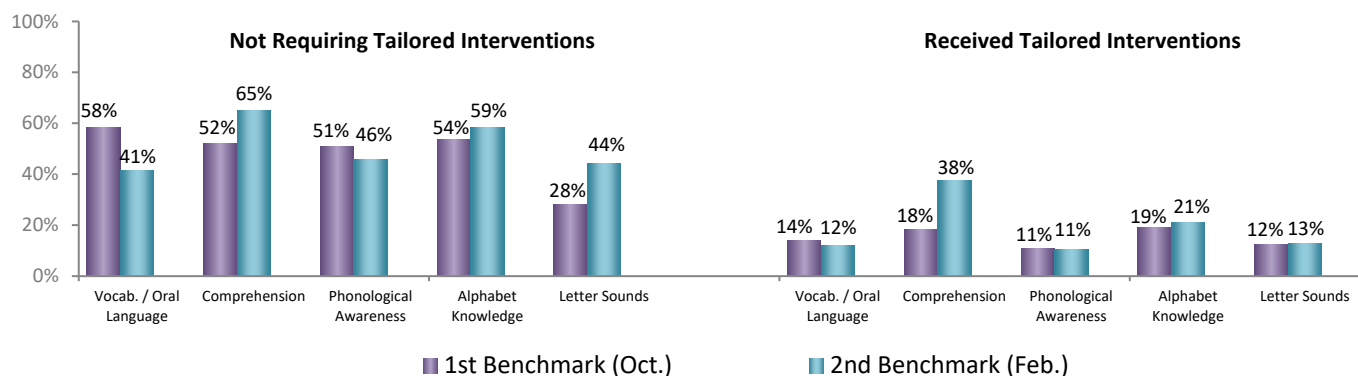
**Figure 62: Impact of Tailored Interventions (2018-2020):  
Percent of Children At/Above Targets for Later Reading Success, in English**

**PELI & FAST™ Assessments (2018-2020)**

**Primarily English-Speaking Children**



**Primarily Spanish-Speaking Children**

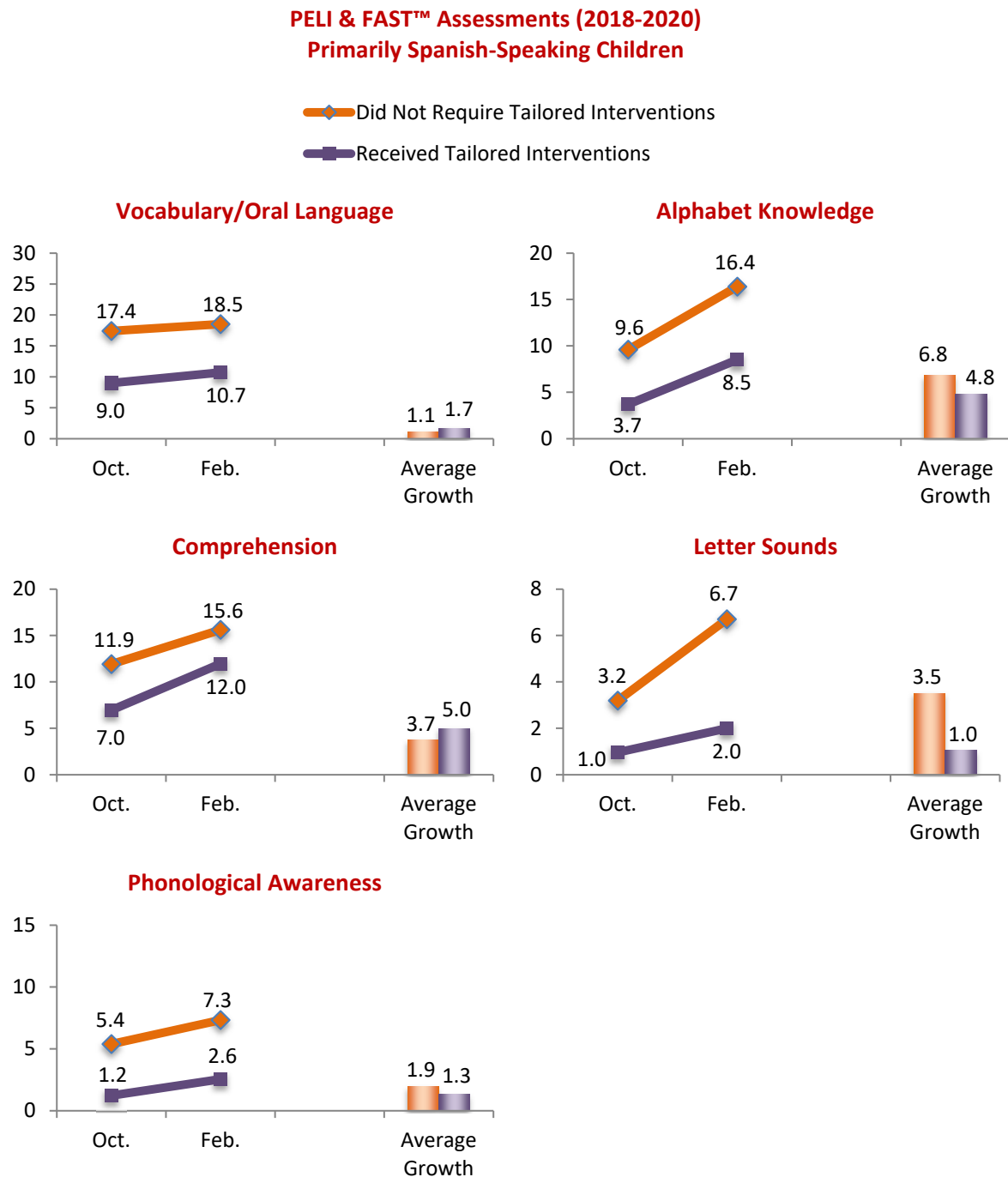


Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps *Preschool Early Literacy Indicators (PELI)* and *Formative Assessment System for Teachers (FAST™)* Assessment Tools, 2018-2020.

Note: The *PELI* assessment measures the 4 skill areas of Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge; the *FAST™* measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis. Average scores and average growths have been rounded. Spring data were not collected in 2019-20, so only the cumulative results for the Fall and Winter benchmarks are displayed.

N: (English-speaking Children with No Intervention) 109-120; (English-speaking Children with Interventions) 63-73. (Spanish-speaking Children with No Intervention) 111-132. (Spanish-speaking Children with Interventions) 149-158.

**Figure 63: Impact of Tailored Interventions on Primarily Spanish-Speaking Children (2018-2020): Average Scores and Average Growth in Scores – in English**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, Reading Corps *Preschool Early Literacy Indicators (PELI)* and *Formative Assessment System for Teachers (FAST™)* Assessment Tools, 2018-2020.

Note: The *PELI* assessment measures the 4 skill areas of Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge; the *FAST™* measures the Letter Sounds skill area. Children who completed at least (any) two benchmark assessments within a pre-literacy skill area were included in the analysis of that skill. Only children ages 4 and 5 were included in this analysis. Average scores and average growths have been rounded. Spring data were not collected in 2019-20, so only the cumulative results for the Fall and Winter benchmarks are displayed.

N: (Spanish-speaking Children with No Intervention) 111-132. (Spanish-speaking Children with Interventions) 149-158.

## Raising A Reader

### Program Description

Raising A Reader (RAR) fosters healthy brain development, supports parent-child bonding, and motivates families to read aloud with their children which helps develop the early literacy skills that are critical for school success. Raising A Reader (RAR) began operation in Watsonville during the last quarter of the 2005-06 fiscal year, and has served over 27,000 children since then. The program provides a way for children and their parents or caregivers to participate in a weekly rotating book bag program through early care and education settings.

On a weekly basis, participating RAR classrooms and family child care homes provide children with bags that are filled with various award-winning books, which they borrow and bring home to their parents. RAR provides training and information to parents and caregivers on how to effectively share these books with their children at home, to help develop their children's early literacy skills.

RAR also connects families with their local public library, and at the end of the program children are given a book bag of their own as a way to encourage families to continue the practice of borrowing and reading books together.

### Pandemic challenges and successes

Due to the Stay-At-Home order and restrictions caused by the COVID-19 pandemic, Raising A Reader staff had to ask every participating center and provider to stop the red book bag rotation until further notice, and started working on collecting all of the materials that had been distributed up to that point. A *Site Inventory Checklist* was emailed to teachers to help them identify what materials still needed to be picked up, and many child care centers reached out to parents to safely bring back any RAR materials that they still had at home. Although it was impossible to collect everything, these efforts helped reduce the loss of materials.

Because of the closing of the participating sites, neither the *Parent Retrospective Survey* nor the *Teacher/Provider Refresher Survey* were conducted, so no evaluations are available this fiscal year.

However, Raising A Reader continued to find ways to provide reading materials to families and reach out to the community. Raising A Reader National donated 4,000 RAR magazines in English and Spanish so that each child participating in the red book

#### *What Providers Are Saying*

"During the state mandated closures, two families asked me if they could keep their books bags during the quarantine. Families already had the habit of sharing books, after months of participating in the RAR program. They were using the interactive reading techniques and wanted to continue."

"Some parents ask if they can keep their favorite book at home. I disinfected those books and let the families enjoy them."

- Raising A Reader, Annual Progress Report

bag program could receive physical reading material to share at home with family members. PVUSD RAR staff helped with the distribution of these magazines by:

- Dividing family child care providers serving migrant families by areas within Watsonville for efficient distribution
- Creating a bilingual letter to providers and teachers about the magazines and explaining the purpose
- Pairing the magazine with interactive reading strategies for center-based migrant programs

During this unprecedented time, PVUSD RAR staff focused on education, networking, and sharing resources such as:

- Providing Raising A Reader webinars and virtually attending weekly National RAR Town Hall Meetings to address COVID 19 and the book bag program, as well as other pertinent topics
- Continuing contact with RAR sites via emails, phone calls, and mailings
- Networking with other affiliates, such as the local libraries and RAR National
- Sharing Read-Aloud materials in Spanish and English online

Raising A Reader and the entire community of early childhood development leaders have brainstormed innovative ways to continue supporting children. In the coming year, Raising A Reader will be using blue books bags to rotate library books, through the local public libraries. Each child will be given a personal blue library bag to keep and to carry the books home. Families will use children's library cards to check out a bundle of four books to put in this blue bag, and when they are finished, they will return the library books to the same library and pick up another bundle of books. The librarians will make sure that all books are quarantined after they are returned and are safe for distribution according to public health guidelines.



With this new process, Raising A Reader is encouraging families to continue the habit of sharing books with young children so that—even during a pandemic—parents and their children can reach for books and connect over the printed page.

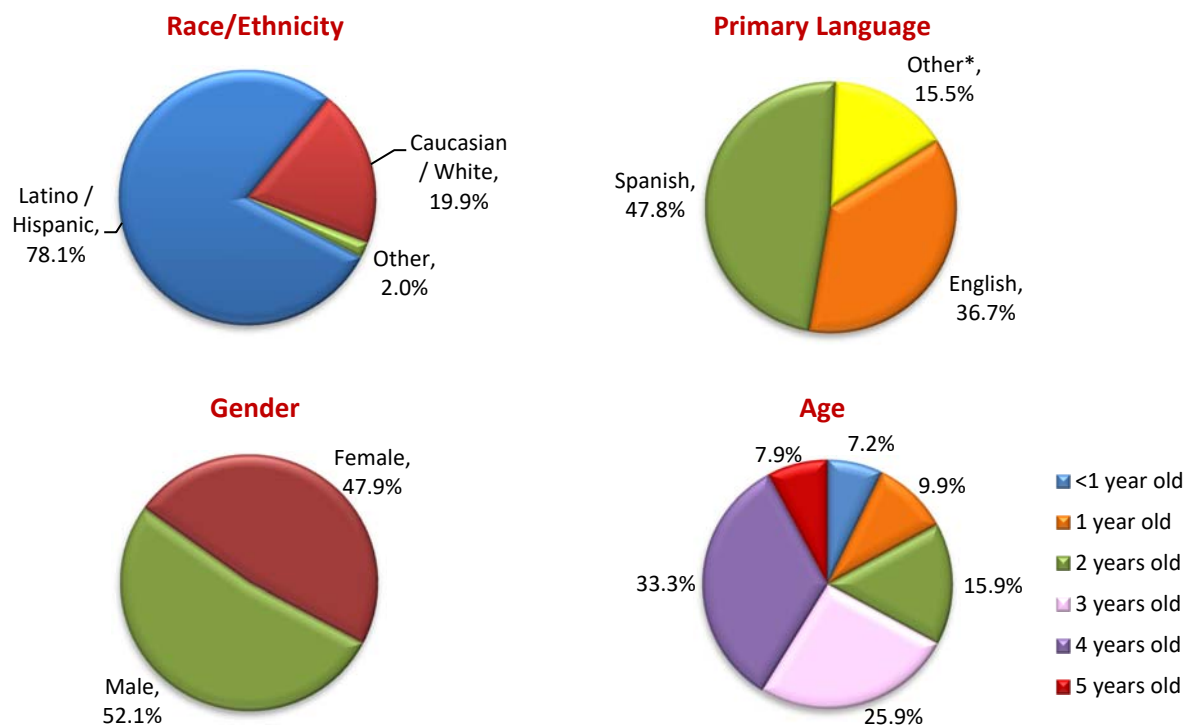
## Population Served

	New	Existing	2019-20
Children	1,985	1,674	3,659

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

Note: "New" children are those who began participating in Raising A Reader for the first time during this fiscal year. "Existing" children are those who began participating in Raising A Reader before this fiscal year. Client numbers also include children who participated in Raising A Reader as part of the services they received via the Families Together program.



**Figure 64: Demographics of Children (Ages 0-5) Participating in Raising A Reader (2019-20)**

Source: First 5 CCD database for July 1, 2019 – June 30, 2020.

\* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.

Note: These demographics include children enrolled in classrooms providing Raising A Reader, and also children who participated in Raising A Reader as part of the services they received via the Families Together program.

N: (Race/Ethnicity)=3,639; (Primary Language)=3,659; (Gender)= 3,658; (Age)=3,659.

### Program Objective: Support existing sites offering Raising A Reader

RAR staff visit participating child care sites to monitor how well the program is operating, and provide refresher books or trainings as needed. Indeed, as more and more sites in the county have implemented RAR over the years, the objectives of RAR have shifted from adding new sites to maintaining and supporting the existing ones.

The following results show the number of sites that have been supported during the past year. Some sites may be listed more than once if they required additional assistance throughout the year. In addition to supporting existing sites, RAR was also able to enroll one new site in 2019-20.

Existing sites	Number of Visits at Existing Sites <sup>1</sup>		2019-20 Total
	Family Child Care Home	Preschool/Child Care Center	
Between July 1, 2019 and June 30, 2020, sustain, monitor and support 237 sites with RAR since 2006.	65	109	174

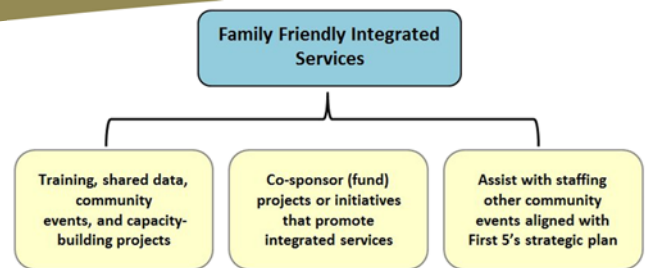
Source: Raising A Reader *Biannual and Annual Progress Reports*, 2019-2020.

<sup>1</sup> Some sites may be visited more than once. Additionally, the actual number of classrooms participating in Raising A Reader is likely to be higher than the total number of sites, as one site may include more than one classroom.



# INTEGRATED SERVICES AND SYSTEMS

*The programs and initiatives listed in this section address the Commission's goals of building system integration through leadership roles in community initiatives, training, shared data, community events, and capacity-building projects.*



## Integrated Services and Systems

Proposition 10, the proposition that in 1998 created First 5 Commissions across the state of California, said in unambiguous terms that,

*“It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development ....”*

The authors of Proposition 10 understood that such a broad mandate could not be accomplished by First 5 Commissions alone, but required active leadership and participation of the education, health and human services sectors, both public and private at the state and local level. In addition to the workforce development and direct services that First 5 Santa Cruz County has funded for many years, the Commission continues to actively participate and strategically invest in a number of cross-sector initiatives across the county that share the same overarching intent as Proposition 10, to create integrated systems of care to ensure the well-being of young children and families.

## Collective of Results and Evidence-based (CORE) Investments

Beginning in 2015 and initially focused on the transition of the City and County of Santa Cruz's Community Programs funding model, CORE Investments is both a funding model and a broader movement to create the conditions for equitable health and well-being across the life span; prenatal through end of life. While not limited to the well-being of young children and families, CORE has emerged as a substantial and critical initiative designed to help create the type of equitable, integrated services and systems originally envisioned by the authors of Prop 10. First 5 serves on the CORE Steering Committee, helping guide the project through a multi-phase, collaborative planning process, which has resulted in defining eight interdependent “CORE Conditions for Health and Well-being.”

Figure 65: **CORE Conditions for Health and Well-being**



The CORE Conditions represent vital aspects of health and well-being where equitable opportunities must exist in order for individuals, families, and communities to achieve equitable outcomes. When applied to a systems of care approach, the interconnected conditions represent essential sectors and services in an integrated early childhood system of care. First 5's investments and partnerships focus on enhancing outcomes in specific CORE Conditions (e.g., Health & Wellness of young children and families, Lifelong Learning & Education, and Thriving Families), as well as strengthening the linkages between programs and systems partners that address multiple CORE Conditions.

In fiscal year 2019-20, First 5 continued to serve on the CORE Steering Committee, helping guide the project through a multi-phase development process. In addition, the strategic priorities and desired results in First 5's new strategic plan, adopted in June 2020, is aligned with the CORE framework by design. This reflects the myriad ways that First 5's investments have contributed—and will continue to contribute—to multiple dimensions of equitable health and well-being across the community.

## Thrive by Three



In January of 2017 the Santa Cruz County Board of Supervisors approved Supervisor Ryan Coonerty's request to establish the Thrive by Three Early Childhood Fund. Thrive by Three was established to invest in the earliest years of childhood, support evidence-based two generation approaches to achieve breakthrough outcomes for young children and their families, and to help develop an integrated and comprehensive prenatal to 3 system of care dedicated to improving the following desired outcomes:

### **Babies are born healthy**

- Prenatal care in the first trimester
- Full term births and healthy birthweight

### **Families have the resources they need to support children's optimal development**

- Access to high-quality care and early learning opportunities
- Access to economic and self-sufficiency supports

**Young children live in safe, nurturing families**

- Parenting confidence and practices, parent-child relationships
- Parent and caregiver emotional well-being

**Children are happy, healthy and thriving by age 3**

- Prevention of child maltreatment and entries into foster care

Using a systems of care approach, Thrive by Three partners representing home visiting, health care, early care and education, County Health and Human Services, and City government have leveraged resources, increased capacity and coordination, implemented innovative approaches, and supported local and state policies that address and link the CORE Conditions for Health & Well-being for young children and their families. Notable accomplishments in the 2019-20 fiscal year include:

- ✓ **Strengthened key partnerships with Thrive by Three system partners** including the County of Santa Cruz Human Services Department, Health Services Agency, and Public Health Department, First 5 Santa Cruz County, Encompass Community Services, the Health Improvement Partnership, Santa Cruz Community Health Centers, Salud Para La Gente, and Applied Survey Research.
- ✓ **Leveraged other local and state funds**, increasing the County's annual \$350,000 investment in Thrive by Three-related activities to nearly \$1 million dollars in the current fiscal year.
- ✓ **Provided \$70,000 in Early Learning Scholarships (ELS)** for 86 providers (83 Family Child Care Homes and 3 Centers) benefiting 460 infants and toddlers. The scholarships help close the gap between the cost of providing high-quality infant and toddler care and available state subsidies.
- ✓ **Contributed to the Child Care Provider Emergency Response Fund** – As part of the agency's COVID-19 response, First 5 distributed \$338,574 from multiple sources to 188 Family Child Care Homes and 24 centers that continued to provide child care to the children of Essential Workers and At Risk Populations in the first four months of the pandemic crisis. These funds helped providers deal with the extraordinary costs associated with providing child care in as safe a manner as possible, consistent with state and local guidelines.
- ✓ **Supported adoption of HealthySteps**, an evidence-based pediatric care model in Santa Cruz Community Health Centers and Salud Para La Gente safety net clinics across the county that will lead to improved family-based holistic care for children ages zero to three.
- ✓ **Increased enrollment in home visitation programs.** In the most recent year, Thrive by Three-affiliated home visiting programs (Nurse Family Partnership, Public Health Field Nursing, Families Together, and Early Head Start Home Visiting) served over 700 pregnant women and families, with over 630 children from birth through age 3. The increase in enrollment is a particularly noteworthy accomplishment, especially given persistent staffing challenges experienced by nearly all of the home visiting programs and the significant disruption to services caused by the pandemic.

- ✓ **Supported creation of a local progress page for Thrive by Three** on Data Share Santa Cruz County. Partners provided input throughout the design process and assisted with selecting featured indicators and identifying data sources for indicators not already included on the DataShare platform.

In the 2019-20 fiscal year, First 5 continued to provide backbone support for the initiative, coordinating the Thrive by Three Advisory Committee, administering the Early Learning Scholarship program, and overseeing the initiative's evaluation.

## DataShare Santa Cruz County

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In September of 2017 the Health Improvement Partnership of Santa Cruz County (HIP) initiated a collaborative effort to develop a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county.

DataShare's mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website, [www.datasharescc.org](http://www.datasharescc.org), is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health, economy, education, environment, government and politics, public safety, transportation, and social environment.

In fiscal year 2019-20 First 5 continued to sit on the DataShare Santa Cruz County Steering Committee and support on-going development of the platform, including the establishment of new "Local Progress" pages for Thrive by Three and the Live Oak Cradle to Career (C2C) initiative (both featured in this report). In addition, as a member of the Steering Committee, First 5 supported a process in the latter half of 2019-20 to transition leadership of the project from the Health Improvement Partnership to a consortium of local organizations including the County of Santa Cruz, the Santa Cruz County Office of Education, United Way of Santa Cruz, and the Pajaro Valley Health Trust.

## Central Coast Early Childhood Advocacy Network

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Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in fiscal year 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families. Representatives from each of the First 5s serve on the Planning Group (i.e., Steering Committee), along with representatives from each county's

Local Child Care Planning Council. In FY 2019-20, the Network membership roster included 192 individuals (including 70 from Santa Cruz County, 60 from Monterey, 37 from San Benito, and 25 whose county of origin was unknown), many of whom represented 33 organizational members.

In fiscal year 2019-20 the Network continued and even expanded its efforts to build collective power, highlight the everyday experiences of families with children, and advocate for policies and structural changes to meet families' needs. Key accomplishments included:

- ✓ **Hosted a bilingual Storytelling for Advocacy workshop**, attended by 47 Network members, including 17 parent leaders. The 3-hour workshop conducted by Spitfire, a national expert in strategic communications, provided practice, accessible tools, and tactics for using storytelling to influence change.
- ✓ **Hosted the first annual Parent Power Summit**, attended by 55 participants. Parent leaders and Network members continued to dialogue with each other about their strengths, passions, and community issues they care about, increase their advocacy and community organizing skills and confidence, and continue practicing their storytelling skills.
- ✓ **Coordinated a virtual COVID Advocacy Briefing** with Network members, and subsequently prepared an advocacy letter that urged state legislators to prioritize policies in the upcoming legislative session that would provide both immediate and long-term relief to children and families in the areas of food security, child care, income, support for immigrant families, housing, mental health, and education.
- ✓ **Convened four virtual, bilingual legislative visits** with Assemblymember Stone, Assemblymember Rivas, Assemblymember Caballero, and Senator Monning to voice the needs of tri-county children and families and the caregiving support systems that communities rely on. Twenty-two Network members participated, including eight parent leaders who shared their personal and powerful stories.

## Live Oak Cradle to Career



The Live Oak Cradle to Career Initiative (C2C) has grown from a nascent idea in 2013 championed by Supervisor John Leopold, to a vibrant results-based collaboration between Live Oak parents, and local education, health, and social service leaders. Initially focused on three parent-identified goal areas, 1) Good Education, 2) Good Health, and 3) Good Character, the initiative recognized a 4<sup>th</sup> goal of Community Engagement in 2017-18.

In 2019-20 the Live Oak C2C continued to flourish within a governance structure that includes a Parent Leadership Committee, Steering Committee, Data Committee, and other working groups, each populated by parent and community leaders working in partnership for the betterment of the Live Oak community and its residents. Like so many others in Santa Cruz County, C2C had to rapidly adjust to the onset of the COVID-19 crisis and related Shelter-in-Place orders beginning in March of



2020. Staff and volunteers quickly converted Parent Leadership and Steering Committee meetings, as well as Zumba classes, to virtual formats, and mastered the use of the online simultaneous translation tools provided by Zoom in particular. In addition, C2C created a resource guide and webpage to help families navigate the crisis. Parent volunteers helped expand the distributions of food and essential supplies. The scope and scale of the C2C Family Engagement Coordinators' work increased significantly as they found new and innovative ways to support Live Oak families during the pandemic that included expansion of the Passion for Produce program, helping deliver Chromebooks and school packets to families isolated at home, and providing technical support to families struggling with remote learning.

In 2019-20 First 5 continued to serve on the C2C Steering Committee, integrated core programming into the initiative (such as Triple P and Reading Corps), and provided financial support for the overall operations of the initiative (and specifically for simultaneous translation services), helping ensure that the voices of all Live Oak community members were heard and that all were able to fully participate in the initiative.

## 2020 Census outreach

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In the summer of 2019, First 5 Santa Cruz County joined the Santa Cruz County Complete Count campaign in preparation for the 2020 Census. Santa Cruz County developed a strategic plan to roll out county-wide Census outreach in three phases: Educate, Motivate, and Activate. As a part of this plan, Hard to Count (HTC) population sub-committees were formed and began meeting in the fall of 2019. First 5 became the lead of the Santa Cruz County Complete

Count "Age 0-5" sub-committee, and met monthly to develop specific Census outreach activities and engagement for families with children ages 0-5.

As trusted messengers in the community, partner agencies on this sub-committee reached out directly to the families they serve in the community to encourage them to fill out their Census forms, and answered any questions they may have had. They connected with clients at numerous touchpoints, including preschools, family child care sites, enrollment appointments, local libraries, food distribution sites, clinics, parent workshops, social media, and more. Partners also distributed an abundance of Census related collateral materials provided by First 5 and the First 5 Association to families with young children, which included over 3,500 "*We Count!*" books. These books were written as an engaging counting book for young children, while also educating the reader about the importance of the Census.

First 5's Health Outreach team also began incorporating Census information into their Baby Gateway visits at hospitals starting in October 2019, continuing through the end of August 2020. In June 2020, they also began calling families who had been a part of the VisionFirst program to encourage them to fill out their Census. By the end of August 2020, the Health Outreach team had contacted 2,016 families via the Baby Gateway Newborn Enrollment Program, and 535 families via the VisionFirst program, with information and encouragement to complete their 2020 Census forms.



## Community Support

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Drawing on supplies from First 5 California and a generous grant from the Central California Alliance for Health, First 5 completed distribution of baby food, diapers, and baby wipes to over 1,000 community residents impacted by the pandemic. First 5 couldn't have succeeded in that effort without their community partners: Santa Cruz Community Health Centers, PVUSD Migrant and Seasonal Head Start, the San Andreas Regional Center and the STARS program, Community Bridges, Encompass Community Services, and Public Health.

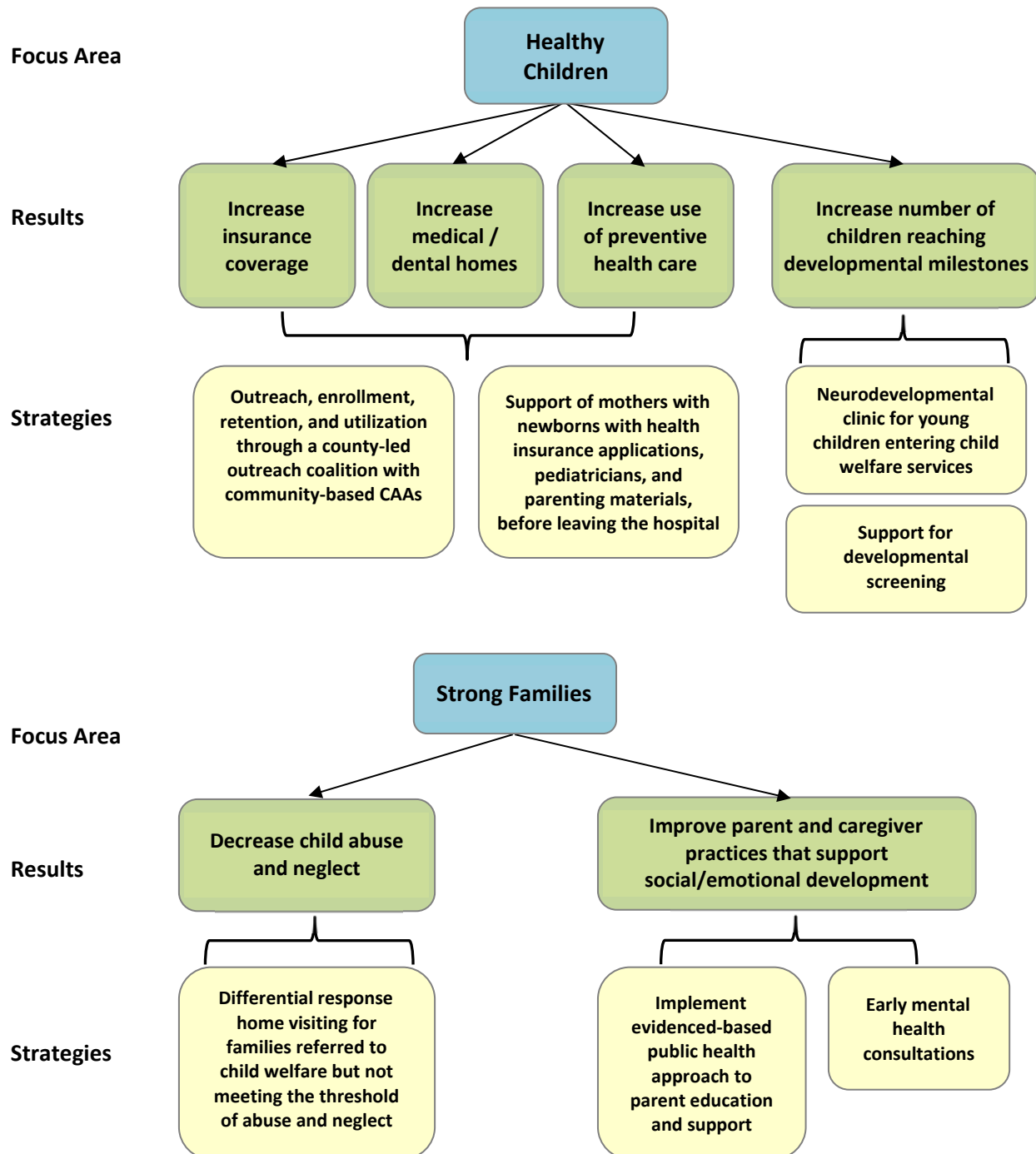


# APPENDICES



## Appendix A: First 5 Santa Cruz County Strategic Framework

The 2016-2020 First 5 Santa Cruz County Strategic Plan was developed with the intentions of maintaining and further developing current initiatives that were showing high impact and sustainability in the community, continuing to provide a leadership role in several community programs and initiatives, while recognizing a significant decline in funds due to the strategic exhaustion of its fund balance and the ongoing decline in Proposition 10 revenue. The following diagrams illustrate the focus areas, results, and strategies in which the Commission chose to invest between 2016 and 2020.



**Focus Area****Children Learning and  
Ready for School****Results****Increase the quality  
of early learning  
programs****Improve early  
literacy skills****Strategies****Implement a Quality Rating  
and Improvement System  
(QRIS) in early care and  
education settings****Implement early  
literacy  
professional  
development  
strategies****Increase early literacy  
and English language  
skills in state  
preschool classrooms****Expansion of  
family book  
access  
programs****Focus Area****Family Friendly Integrated  
Services****Strategies****Training, shared data,  
community  
events, and capacity-  
building projects****Co-sponsor (fund)  
projects or initiatives  
that promote  
integrated services****Assist with staffing  
other community  
events aligned with  
First 5's strategic plan**

## Appendix B: Quality Counts California Rating Matrix

QUALITY COUNTS CALIFORNIA RATING MATRIX WITH ELEMENTS AND POINTS FOR CONSORTIA COMMON TIERS 1, 3, AND 4					
ELEMENT	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS
CORE I: CHILD DEVELOPMENT AND SCHOOL READINESS					
1. Child Observation	<input type="checkbox"/> Not required	<input type="checkbox"/> Program uses evidence-based child assessment/observation tool annually that covers all five domains of development	<input type="checkbox"/> Program uses valid and reliable child assessment/observation tool aligned with CA <i>Foundations &amp; Frameworks</i> twice a year	<input type="checkbox"/> DRDP (minimum twice a year) and results used to inform curriculum planning	<input type="checkbox"/> Program uses DRDP twice a year and uploads into DRDP Tech and results used to inform curriculum planning
2. Developmental and Health Screenings	<input type="checkbox"/> Meets Title 22 Regulations	<input type="checkbox"/> Health Screening Form (Community Care Licensing form LIC 701 "Physician's Report - Child Care Centers" or equivalent) used at entry, then: 1. Annually OR 2. Ensures vision and hearing screenings are conducted annually	<input type="checkbox"/> Program works with families to ensure screening of all children using a valid and reliable developmental screening tool at entry and as indicated by results thereafter AND <input type="checkbox"/> Meets Criteria from point level 2	<input type="checkbox"/> Program works with families to ensure screening of all children using the ASQ at entry and as indicated by results thereafter AND <input type="checkbox"/> Meets Criteria from point level 2	<input type="checkbox"/> Program works with families to ensure screening of all children using the ASQ & ASQ-SE, if indicated, at entry, then as indicated by results thereafter AND <input type="checkbox"/> Program staff uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate AND <input type="checkbox"/> Meets Criteria from point level 2
CORE II: TEACHERS AND TEACHING					
3. Minimum Qualifications for Lead Teacher/ Family Child Care Home (FCCH)	<input type="checkbox"/> Meets Title 22 Regulations (Center: 12 units of Early Childhood Education (ECE)/Child Development (CD) FCCH: 15 hours of training on preventive health practices)	<input type="checkbox"/> Center: 24 units of ECE/CD <sup>2</sup> OR Associate Teacher Permit <input type="checkbox"/> FCCH: 12 units of ECE/CD OR Associate Teacher Permit	<input type="checkbox"/> 24 units of ECE/CD + 16 units of General Education OR Teacher Permit AND <input type="checkbox"/> 21 hours professional development (PD) annually	<input type="checkbox"/> Associate's degree (AA/AS) in ECE/CD (or closely related field) OR AA/AS in any field plus 24 units of ECE/CD OR Site Supervisor Permit AND <input type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Bachelor's degree in ECE/CD (or closely related field) OR BA/BS in any field plus 24 units of ECE/CD OR master's degree in ECE/CD OR Program Director Permit AND <input type="checkbox"/> 21 hours PD annually
4. Effective Teacher-Child Interactions: CLASS Assessments <sup>1</sup> (Use tool for appropriate age group as available)	<input type="checkbox"/> Not Required	<input type="checkbox"/> Familiarity with CLASS for appropriate age group as available by one representative from the site	<input type="checkbox"/> Independent CLASS assessment by observer to inform the program's professional development/improvement plan	<input type="checkbox"/> Independent CLASS assessment by reliable observer with minimum CLASS scores: Pre-K ▪ Emotional Support – 5 ▪ Instructional Support – 3 ▪ Classroom Organization – 5 Toddler ▪ Emotional & Behavioral Support – 5 ▪ Engaged Support for Learning – 3.5 Infant ▪ Responsive Caregiving (RC) – 5.0	<input type="checkbox"/> Independent assessment with CLASS with minimum CLASS scores: Pre-K ▪ Emotional Support – 5.5 ▪ Instructional Support – 3.5 ▪ Classroom Organization – 5.5 Toddler ▪ Emotional & Behavioral Support – 5.5 ▪ Engaged Support for Learning – 4 Infant ▪ Responsive Caregiving (RC) – 5.5

1. Approved assessments are: Creative Curriculum GOLD, Early Learning Scale by National Institute of Early Education Research (NIEER), and Brigance Inventory of Early Development III.

2. For all ECE/CD units, the core eight are desired but not required.

Note: Point values are not indicative of Tiers 1-5 but reflect a range of points that can be earned toward assigning a tier rating (see Total Point Range).

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ELEMENT	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS
<b>CORE III: PROGRAM AND ENVIRONMENT - Administration and Leadership</b>					
<b>5. Ratios and Group Size</b> (Centers Only beyond licensing regulations)	<input type="checkbox"/> Center: Title 22 Regulations Infant Ratio of 1:4 Toddler Option Ratio of 1:6 Preschool Ratio of 1:12 <input type="checkbox"/> FCCH: Title 22 Regulations (excluded from point values in ratio and group size)	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler - 4:16 Toddler - 3:18 Preschool - 3:36	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler - 3:12 Toddler - 2:12 Preschool - 2:24	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler - 3:12 or 2:8 Toddler - 2:10 Preschool - 3:24 or 2:20	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler - 3:9 or better Toddler - 3:12 or better Preschool - 1:8 ratio and group size of no more than 20
<b>6. Program Environment Rating Scale(s)</b> (Use tool for appropriate setting: ECERS-R, ITERS-R, FCCERS-R)	<input type="checkbox"/> Not Required	<input type="checkbox"/> Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan	<input type="checkbox"/> Assessment on the whole tool. Results used to inform the program's Quality Improvement Plan	<input type="checkbox"/> Independent ERS assessment. All subscales completed and averaged to meet overall score level of 5.0	<input type="checkbox"/> Independent ERS assessment. All subscales completed and averaged to meet overall score level of 5.5 OR Current National Accreditation approved by the California Department of Education
<b>7. Director Qualifications</b> (Centers Only)	<input type="checkbox"/> 12 units ECE/CD - 3 units management/ administration	<input type="checkbox"/> 24 units ECE/CD + 16 units General Education + with 3 units management/ administration OR Master Teacher Permit	<input type="checkbox"/> Associate's degree with 24 units ECE/CD + with 6 units management/ administration and 2 units supervision OR Site Supervisor Permit AND <input type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Bachelor's degree with 24 units ECE/CD + with 8 units management/ administration OR Program Director Permit AND <input type="checkbox"/> 21 hours PD annually	<input type="checkbox"/> Master's degree with 30 units ECE/CD including specialized courses + with 8 units management/ administration OR Administrative Credential AND <input type="checkbox"/> 21 hours PD annually
<b>TOTAL POINT RANGES</b>					
<b>Program Type</b>	<b>Common-Tier 1</b>	<b>Local-Tier 2<sup>3</sup></b>	<b>Common-Tier 3</b>	<b>Common-Tier 4</b>	<b>Local-Tier 5<sup>4</sup></b>
Centers 7 Elements for 35 points	Blocked (7 points) - Must Meet All Elements	Point Range 8 to 19	Point Range 20 to 25	Point Range 26 to 31	Point Range 32 and above
FCCHs 5 Elements for 25 points	Blocked (5 points) - Must Meet All Elements	Point Range 6 to 13	Point Range 14 to 17	Point Range 18 to 21	Point Range 22 and above

3. Local-Tier 2: Local decision if Blocked or Points and if there are additional elements.

4. Local-Tier 5: Local decision if there are additional elements included California Department of Education, February 2014 updated on May 28, 2015; effective July 1, 2015

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## Appendix C: Quality Counts California Continuous Quality Improvement Pathways

### QUALITY COUNTS CALIFORNIA CONTINUOUS QUALITY IMPROVEMENT PATHWAYS

#### CORE TOOLS & RESOURCES<sup>1</sup>

(Adopted by the RTT-ELC Consortia on October 15, 2013)

CORE I: CHILD DEVELOPMENT & SCHOOL READINESS	
School Readiness	
Goal (Pathway)	All children receive individualized instruction and support for optimal learning and development informed by child observation and assessment data.
Related Element(s)	CORE I.1 Child Observation and Assessment
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">CA Foundations and Frameworks</a></li> <li>• <a href="#">Preschool English Learner Guide</a></li> <li>• <a href="#">Desired Results Developmental Profile Assessment (DRDP) Tools</a></li> <li>• <a href="#">National Data Quality Campaign's Framework</a></li> <li>• <a href="#">Ages and Stages Questionnaire (ASQ)</a></li> </ul>
Social-Emotional Development	
Goal (Pathway)	Children receive support to develop healthy social and emotional concepts, skills, and strategies.
Related Element(s)	CORE I.2 Developmental and Health Screenings
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">CA CSEFEL Teaching Pyramid Overview and Tiers 1-4 (Modules 1-3)</a></li> <li>• <a href="#">CA Foundations and Frameworks - Social-Emotional Development</a></li> <li>• <a href="#">Ages and Stages Questionnaire – Social Emotional (ASQ-SE)</a></li> </ul>
Health, Nutrition, and Physical Activity	
Goal (Pathway)	Children receive support for optimal physical development, including health, nutrition, and physical activity.
Related Element(s)	CORE I.1 Child Observation and Assessment and Core 1.2 Developmental and Health Screenings
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">CA Preschool Foundations and Frameworks– Health and Physical Development Infant/Toddler Program Guidelines</a></li> <li>• <a href="#">CA Infant/Toddler Foundations and Frameworks-Perceptual/ Motor</a></li> <li>• <a href="#">USDA Child and Adult Care Food Program Guidelines</a></li> </ul>
CORE II: Teachers and Teaching	
Effective Teacher-Child Interactions	
Goal (Pathway)	Teachers are prepared to implement effective interactions in the classroom.
Related Element(s)	CORE II.4 Effective Teacher-Child Interactions
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">Classroom Assessment and Scoring System (CLASS) for relevant age grouping</a></li> <li>• <a href="#">Program for Infant-Toddler Care (PITC)</a> Program Assessment Rating Scale (PARS), as applicable and available.</li> </ul> <p><b>* No current source Web page for PARS</b></p>

<sup>1</sup> This document accompanies the CA-QRIS Rating Matrix as part of the CA-QRIS Quality Continuum Framework. These are the tools and resources that were listed in California's Federal Race to the Top – Early Learning Challenge (RTT-ELC) application that local consortia are required to include in their Quality Improvement plans.




### QUALITY COUNTS CALIFORNIA CONTINUOUS QUALITY IMPROVEMENT PATHWAYS

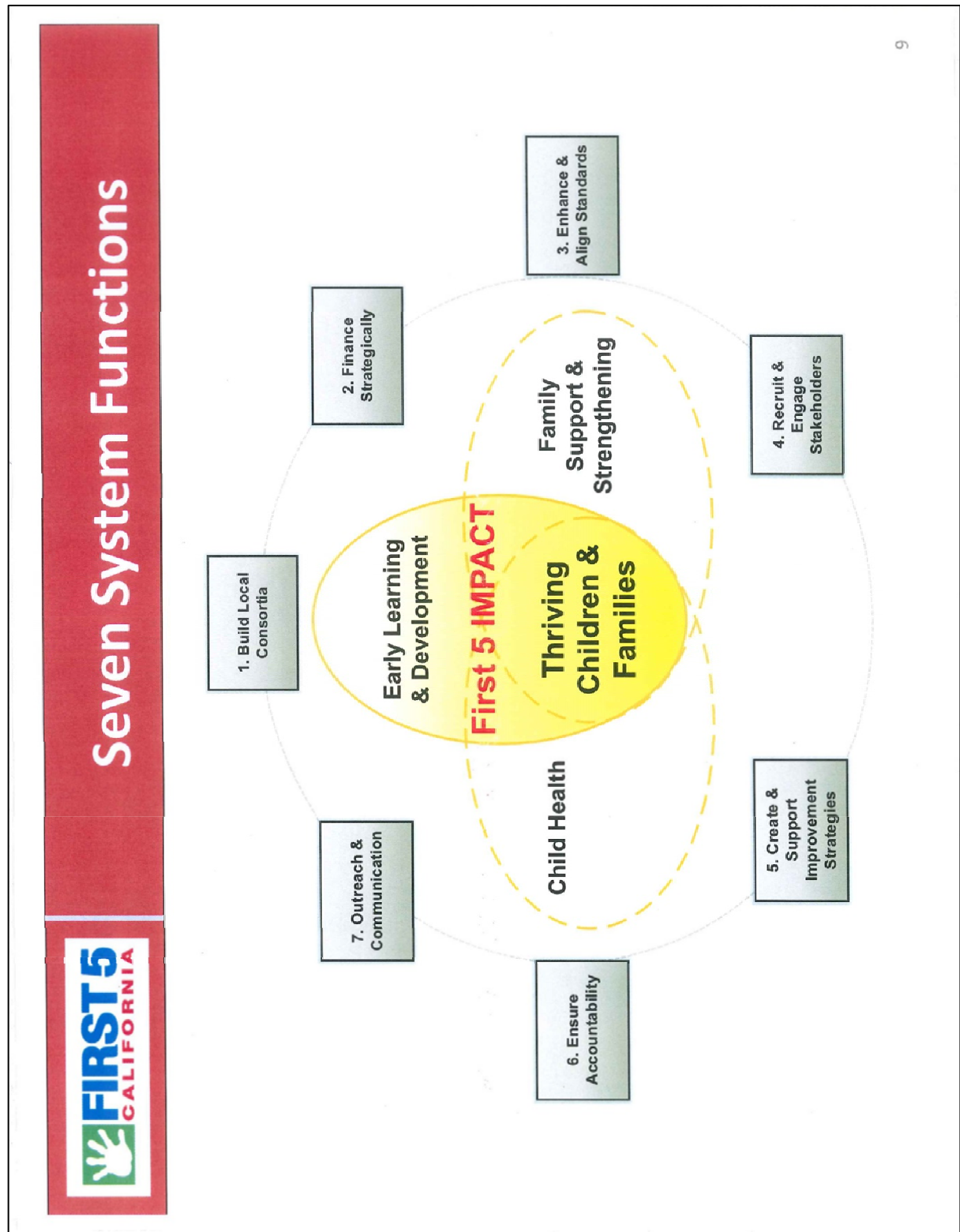
Professional Development	
Goal (Pathway)	Teachers are life-long learners.
Related Element(s)	Core II.3 Minimum Qualifications and Core II.4 Effective Teacher-Child Interactions
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">Common Core 8<sup>2</sup></a></li> <li>• <a href="#">Early Childhood Educator (ECE) Competencies</a></li> <li>• <a href="#">ECE Competencies Self-Assessment Tool</a></li> <li>• Professional Growth Plan</li> </ul>
CORE III: PROGRAM AND ENVIRONMENT	
Environment	
Goal (Pathway):	The program indoor and outdoor environments support children's learning and development.
Related Element(s)	CORE III.6 Program Environment Rating Scale(s) (ERS)
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">Environment Rating Scales</a> (Harms, Clifford, Cryer):               <ul style="list-style-type: none"> <li>○ Infant-Toddler Environment Rating Scale (ITERS)</li> <li>○ Early Childhood Environment Rating Scale (ECERS)</li> <li>○ Family Child Care Environment Rating Scale (FCCERS)</li> </ul> </li> </ul>
Program Administration	
Goal (Pathway):	The program effectively supports children, teachers, and families.
Related Element(s)	All
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> <li>• <a href="#">Business Administration Scale (Family Child Care) – (BAS)</a></li> <li>• <a href="#">Program Administration Scale (Centers) – (PAS)</a></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Self-Assessment using the <a href="#">Office of Head Start (OHS) Monitoring Protocols</a> and continuous improvement through a Program Improvement Plan (PIP)</li> </ul>
Family Engagement	
Goal (Pathway)	Families receive family-centered, intentional supports framed by the Strengthening Families™ Protective Factors to promote family resilience and optimal development of their children.
Related Element(s)	All (III.6 ERS <i>Provision for Parents</i> Indicator)
RTT-ELC Core Tool(s) & Resources	<a href="#">Strengthening Families™ Five Protective Factors Framework</a>

<sup>2</sup> Recommended

## Appendix D: First 5 IMPACT Implementation Steps

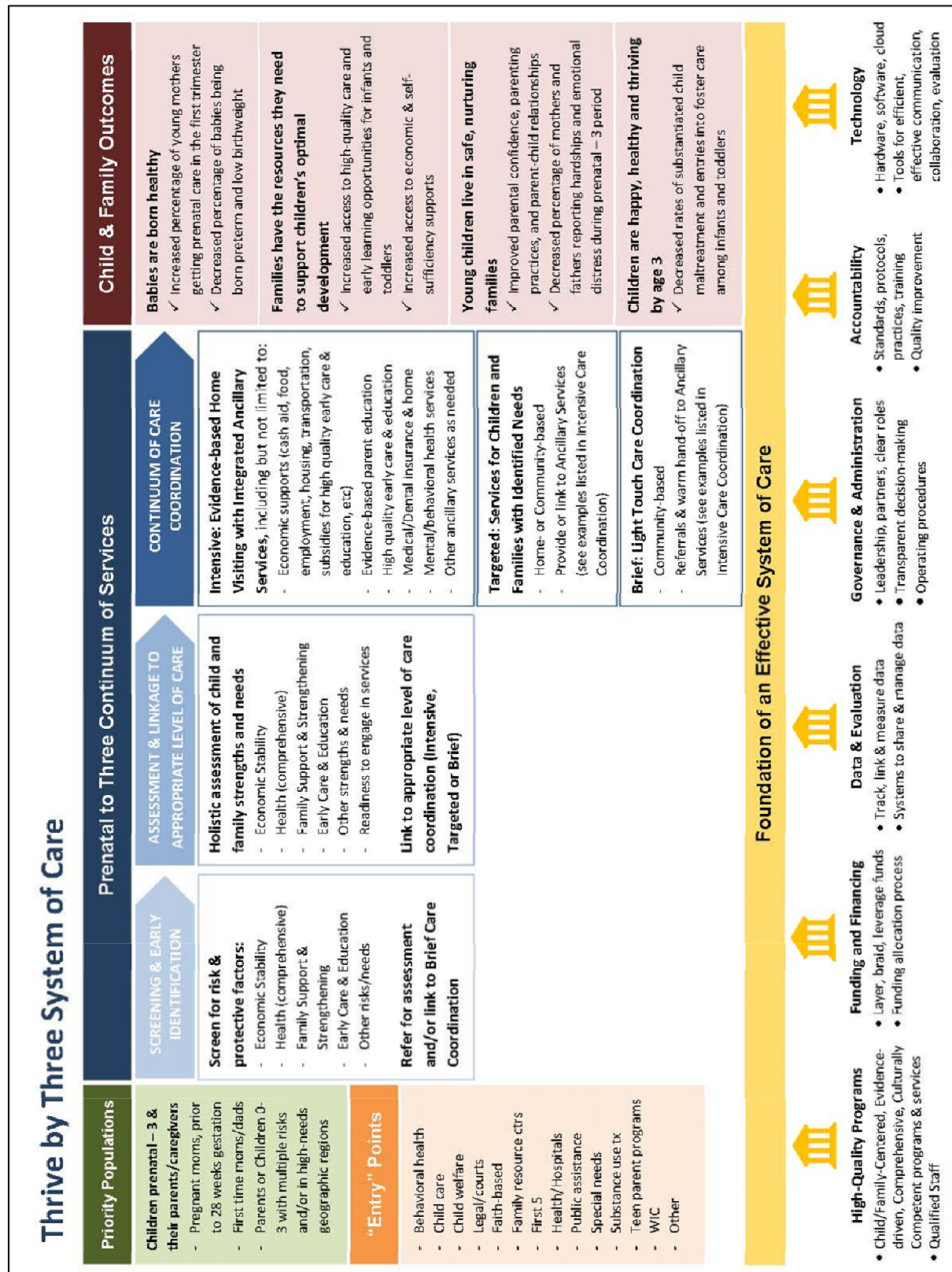
First 5 IMPACT - Implementation Steps					
		CA-QRIS Framework Elements	System Functions	Quality Improvement Plan	Tiered Rating
Step					
Step 1 - QI		Minimum of one element: Local decision	Minimum of six system functions, must include: <ul style="list-style-type: none"><li>• Build Local Consortia</li><li>• Finance Strategically</li><li>• Recruit and Engage Participants</li><li>• Enhance and Align Standards</li><li>• Create and Support Improvement Strategies</li><li>• Ensure Accountability</li></ul>	Not required	Not required
Step 2 - QIS		Minimum of four elements, must include: <ul style="list-style-type: none"><li>• Teacher-Child Interactions</li><li>• Family Engagement</li></ul>	Minimum of six system functions, must include: <ul style="list-style-type: none"><li>• Build Local Consortia</li><li>• Finance Strategically</li><li>• Recruit and Engage Participants</li><li>• Enhance and Align Standards</li><li>• Create and Support Improvement Strategies</li><li>• Ensure Accountability</li></ul>	Required of all sites	Not required
Step 3 - QRIS		All elements of Rating Matrix  From Pathways, must include: <ul style="list-style-type: none"><li>• Teacher-Child Interactions</li><li>• Family Engagement</li></ul>	All seven system functions	Required of all sites	Required
11					

## Appendix E: First 5 IMPACT Seven System Functions





## Appendix F: Thrive by Three System of Care Approach



## Appendix G: Measurement Tools

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The following assessments and measurement tools were used to collect evaluation data during this funding cycle. They are listed in alphabetical order.

### Acrimony Scale

The *Acrimony Scale* (Emery, 1982) is utilized by Triple P clients who participate in the Level 5 – Family Transitions program. This scale measures co-parental conflict between separated or divorced parents. Scores are calculated as the average of all questions, and can range from 1 (low acrimony) to 4 (high acrimony).

### Adverse Childhood Experiences (ACEs)

kidsdata.org (a program of Lucile Packard Foundation for Children's Health) developed a measurement of Adverse Childhood Experiences (ACEs), titled “Children with Adverse Experiences (Parent Reported), by Number.” As they explain,

*Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well being. ... Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health. The toxic stress associated with traumatic, and often cumulative, early adverse experiences can disrupt healthy development and lead to behavioral, emotional, school, and health problems during childhood and adolescence. It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression. The more traumatic and toxic events experienced by a child, the more likely the impact will be substantial and long-lasting.*

*Resilience, an adaptive response to hardship, can mitigate the effects of adverse childhood experiences. It is a process of adapting well in the face of adversity, trauma, threats, or other significant sources of stress. Resilience involves a combination of internal and external factors. Internally, it involves behaviors, thoughts, and actions that anyone can learn and develop. Resilience is also strengthened by having safe, stable, nurturing relationships and environments within and outside the family.*

-- kidsdata.org

This measurement developed by kidsdata.org was based on nine possible adverse childhood experiences: (1) experienced economic hardship, (2) parent or guardian got divorced or separated, (3) parent or guardian died, (4) parent or guardian served time in jail, (5) witnessed domestic violence, (6) witnessed or experienced neighborhood violence, (7) household member was mentally ill, (8) household member abused alcohol or drugs, (9) treated unfairly because of race/ethnicity.

Using data collected through the U.S. Dept. of Health and Human Services, *National Survey of Children's Health*, this measurement estimates the percentage of children ages 0-17 with and without adverse childhood experiences (ACEs), by the number of traumas experienced, as

reported by the parents. There are other measurements of ACEs that include more or different types of ACEs, but across all of these measurements the concept is the same: the more ACEs a child experiences, the greater the risk for later health, social, emotional, and behavioral problems.

### **Ages & Stages Questionnaires®, 3<sup>rd</sup> Edition (ASQ-3™)**

The *Ages & Stages Questionnaires® Third Edition (ASQ-3™)* is used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to screen infants and young children for developmental delays during the crucial first 5 ½ years of life. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ-3 is able to identify children's strengths as well as concerns, and also teaches parents about child development and their own child's skills. Each questionnaire covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.<sup>25</sup>

### **Ages & Stages Questionnaires®, Social-Emotional, 2<sup>nd</sup> Edition (ASQ:SE-2™)**

The *Ages & Stages Questionnaires®, Social-Emotional, 2<sup>nd</sup> Edition (ASQ:SE-2™)* is a parent-completed tool used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to help identify young children (ages 1 month – 6 years old) at risk for social or emotional difficulties. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ:SE-2 can quickly pinpoint behaviors of concern and identify any need for further assessment or ongoing monitoring. Each questionnaire screens for the social-emotional areas of self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.<sup>26</sup>

### **Bayley Scales of Infant and Toddler Development, 3<sup>rd</sup> Edition**

The *Bayley Scales of Infant and Toddler Development* is a standardized test that is used by the Neurodevelopmental Foster Care Clinic ("NDFCC") to assess children's developmental skills in the areas of cognition, language, and motor skills. There are also additional measures of adaptive skills and emotional functioning. The instrument is used for children from ages 16 days to 42 months. Standard scores have a mean of 100 and standard deviation of 15.

### **Child Adjustment and Parent Efficacy Scale (CAPES and CAPES-DD)**

The *Child Adjustment and Parent Efficacy Scale* assesses children's behavior problems and emotional maladjustment, and parent's self-efficacy in managing specific child problem behaviors. There are two versions of this scale: CAPES is used in the Core Triple P program (families with children ages 0-12) and the Teen Triple P program (families with teens).

<sup>25</sup> Brookes Publishing, *Ages & Stages Questionnaires® Third Edition*, <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/>.

<sup>26</sup> Brookes Publishing, *Ages & Stages Questionnaires®, Social-Emotional, 2<sup>nd</sup> Edition*, <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/>.

CAPES-DD is used in the Stepping Stones Triple P program (families with children who have special needs).

### *CAPES (Core/Teen Triple P)*

This survey has four subscales that are each scored as the sum of its items.

- Child Emotions: Scores range from 0-9; higher scores indicate greater levels of emotional difficulties.
- Child Behaviors: Scores range from 0-72; higher scores indicate greater levels of challenging behaviors.
- Total Intensity Score: Scores range from 0-81; higher scores indicate greater levels of emotional or behavioral difficulties.
- Parent Confidence: Scores range from 19-190; higher scores indicate greater levels of parent confidence.

### *CAPES-Developmental Disability (Stepping Stones Triple P)*

This survey has five subscales that are each scored as the sum of its items.

- Child Emotions: Scores range from 0-9; higher scores indicate greater levels of emotional difficulties.
- Child Behaviors: Scores range from 0-30; higher scores indicate greater levels of challenging behaviors.
- Total Intensity: Score Scores range from 0-48; higher scores indicate greater levels of emotional or behavioral difficulties.
- Child Prosocial Behaviors: Scores range from 0-24; higher scores indicate greater levels of difficulties.
- Parent Confidence: Scores range from 16-160; higher scores indicate greater levels of parent confidence.

## **Child and Adolescent Needs and Strengths (CANS)**

The Child and Adolescent Needs and Strengths (CANS) is used by Families Together, and is a document that organizes clinical information collected during a behavioral health assessment in a consistent manner to improve communication among those involved in planning care for a child or adolescent. The CANS is also used as a decision-support tool to guide care planning, and to track changing strengths and needs over time. The following areas are addressed in the instrument: life functioning, behavioral/emotional needs, risk factors and behaviors, caregiver resources and needs, acculturation, transition to adulthood, and child strengths. The CANS is an item-level tool; each domain is scored on a 4-point scale (0-3), and there is no total score.

## Child/Home Early Language and Literacy Observation Tool (CHELLO)

*Child/Home Early Language and Literacy Observation (CHELLO)* is a tool designed to rate the early literacy environment in home-based child care settings of children ages birth to 5 years. The CHELLO is used to develop accurate profiles of materials and practices in family/group child care settings, improve early childhood educator literacy supports and interactions with children, and measure changes in the quality of environments over time.

The CHELLO tool is used by the Early Literacy Foundation Initiative, and assesses home-based classrooms using the Literacy Environment Checklist, and along the three dimensions of the Group/Family Observation section: Physical Environment for Learning, Support for Learning, and Adult Teaching Strategies.

## Classroom Assessment Scoring System™ (CLASS™)

The Classroom Assessment Scoring System™ (CLASS™) is a group of observational instruments used to assess classroom quality in Pre-K, Toddler, and Infant classrooms participating in Quality Counts Santa Cruz County. The CLASS™ instrument measures teacher-student interactions in a classroom setting and offers resources for strengthening those interactions across any subject area or age group. It includes four cycles of 15-minute observations of teachers and students by a certified CLASS™ observer. Those observations are then rated using a manual of behaviors and responses.

## Conflict Behavior Questionnaire (CBQ)

The *Conflict Behavior Questionnaire* (Robin & Foster, 1989) is utilized by clients participating in the Teen variant of Levels 4 and 5 of the Triple P Program. It is a 20-item true/false scale that assesses general conflict between parents and their children. The CBQ is completed by both parents and adolescents, and discriminates between distressed and non-distressed families.

This 20-item measure contains both “positive” and “negative” statements regarding a child’s social competence/conflictual behaviors. Clients answer each question by responding with “true” or “false.” To obtain an overall measure of social competence, distressed responses are given the value of 1, while non-distressed responses are given the value of 0. Then all 20 items are summed to obtain an overall score and measure of conflictual behaviors, with scores ranging from 0 (non-distressed) to 20 (distressed). A non-zero score indicates some conflictual behaviors; a high score indicates a great amount of conflict.

## Depression, Anxiety, and Stress Scale (DASS-21)

The *Depression, Anxiety, and Stress Scale – Short Version* (DASS-21) is utilized by participants in Levels 4 and 5 of the Triple P Program. It is a 21-item brief version of the *Depression Anxiety Stress Scales* (Lovibond & Lovibond in 1995). It is a self-report measure used to assess the levels of depression, anxiety, and tension/stress experienced, which is completed by parents in the program. Respondents indicate how much they felt each of the 21 symptoms



during the previous week. The scale is psychometrically sound – it has good convergent and discriminant validity. It also has high internal consistency in clinical and non-clinical samples, and across different ethnic groups.

## Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)

The first version of the ELLCO (ELLCO Toolkit) was designed to evaluate the teaching practices of early childhood educators in the areas of language and literacy, in pre-kindergarten to third-grade classrooms.<sup>27</sup> The newest version of the tool (ELLCO Pre-K) is comparable to the ELLCO Toolkit, and has been reorganized so that it reduces the bias towards classrooms that have many resources, and focuses more on the *use* of materials rather than just their presence in the preschool classrooms.<sup>28</sup>

The ELLCO Pre-K is used by the Early Literacy Foundation Initiative to help identify the effectiveness of classroom teaching on children's language and literacy development by focusing on five components: "*Classroom Structure*," "*Curriculum*," "*Language Environment*," "*Books and Book Reading*," and "*Print and Early Writing*." Items are scored along a 5-point scale, where 1 is deficient and 5 is exemplary. From this scale, early childhood educators' classroom scores can be categorized into three levels of support for language and literacy, indicating their classroom environment provides either Low-Quality Support (with means less than or equal to 2.5), Basic Support (with means between 2.51 and 3.5), or High-Quality Support (with means between 3.51 and 5).

## Eyberg Child Behavior Inventory Intensity Scale (ECBI)

The *Eyberg Child Behavior Inventory Intensity Scale* (ECBI; Eyberg & Pincus, 1999) is utilized by participants in Levels 4 and 5 of the Triple P Program (this is only completed if the parent has at least one child aged 18 months or older). The ECBI is a 36-item parent report measure of behavior problems among children. Parents indicate the frequency of common behavior problems, such as wetting the bed, whining, or having temper tantrums. Parents indicate how frequently each of the problem behaviors occur (from *never* to *always*) and whether or not they feel that the behavior is a problem (*yes* or *no*). The ECBI has good psychometric properties (reliability and validity). The ECBI is useful in determining children who may have a diagnosable disruptive behavior disorder, as well as for helping intervene to reduce early behavior problems and to reduce negative parent-child interactions that may contribute to the development of disruptive behavior problems.<sup>29</sup>

<sup>27</sup> Education Development Center, Inc., Center for Children and Families, *Early Language and Literacy Classroom Observation Toolkit*, 2002.

<sup>28</sup> Review by Maria Cahill (University of Tennessee), of the *User's Guide to the Early Language & Literacy Classroom Observation Pre-K Tool*, Education Review website [<http://edrev.asu.edu/index.php/ER/issue/viewFile/133/34>], 2008.

<sup>29</sup> Berkovits, M. D., O'Brien, K. A., Carter, C. G., & Eyberg, S. M. (2010). Early identification and intervention for behavior problems in primary care: A comparison of two abbreviated versions of parent-child interaction therapy. *Behavior Therapy*, 41, 375 – 387.

## First 5 Apricot Database

On a biannual basis, funded partners are required to submit information on the program participants who they directly served, and also on the status of their programs' outcome objectives. Client Characteristic Data (CCDs) and outcome data are gathered in one of three ways, First 5's Apricot database, customized Excel forms, or partner-specific data collection forms.<sup>30</sup>

- First 5's online database, originally called Santa Cruz County Services Unifying Network (SCC SUN), was launched on January 1, 2004, and many partner agencies used this database to record their clients' data and other outcome data. The database is integrated, meaning that information can be shared between agencies, if the appropriate consent is obtained. Demographic information about these clients can then be extracted for analysis, using unique IDs that maintained clients' anonymity. In April 2015 this database was upgraded to a more flexible and efficient database called Apricot, all previous data in SCC SUN were migrated to this new database, and all current data are now being collected and reported using Apricot.
- Partner agencies not using First 5's Apricot database collect and submit demographic and outcome data either using customized Excel forms developed by First 5, or in partner-specific data collection forms.

In the course of evaluating CCDs, a "cleaning" process is performed. In this process, each program's data are standardized to use the same response sets, reviewed for accuracy and completeness, and corrected wherever possible. These data are then migrated to a customized statistical database that aggregates them and determines the unduplicated count of individuals served by goal area, partner agency, and overall. Each client characteristic is analyzed, with results that report the total number of individuals with data for that variable, and the frequency and percentage of each response to that variable.

- Children's ages are determined in these ways:
  - For all partners except Triple P, children's ages are calculated as of the *first day of the funding cycle*. This enables all children ages 0-5 to be included in the analyses, even if they turn six years old later in the fiscal year. Children not yet born by the first day of the funding cycle (i.e., born later in the funding cycle) are also included in the analyses and categorized as being under one year of age.
  - For Triple P children, their ages are calculated as of the *date of their parent's first assessments* ("Pre-assessments"), or the *date of their single program session*. This date is chosen since many Triple P assessments require that the child be within a certain age range for the parent to complete it. Therefore, this more exact determination of the child's age as of the date of the assessment is needed in order

<sup>30</sup> In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as "First 5 CCD database."

to identify whether or not it is appropriate to include those data in the analysis of that assessment.

- o The cities where clients live are organized into the following sub-county areas:

SUB-COUNTY AREA	CITIES
North County	Bonny Doon, Capitola, Davenport, Live Oak, Santa Cruz, Scotts Valley, Soquel
South County	Aptos, Corralitos, Freedom, La Selva Beach, Seacliff, Watsonville
San Lorenzo Valley	Ben Lomond, Boulder Creek, Brookdale, Felton, Mount Hermon

## Formative Assessment System for Teachers (FAST™)

Santa Cruz Reading Corps tutors assess four children’s pre-literacy skills using the *Preschool Early Literacy Indicators (PELI)*, and also the skill area of Letter Sounds, as measured by the *Formative Assessment System for Teachers (FAST™)* literacy assessment (FastBridge Learning®, 2015). Along with the *PELI* assessment, the *FAST™* literacy assessment is administered three times a year to all children in Reading Corps classrooms and is used to help measure children’s progress in key pre-literacy skill areas.

## Healthcare Effectiveness Data and Information Set (HEDIS) Indicators

First 5 uses the Healthcare Effectiveness Data and Information Set (HEDIS) data to track the quality of care that children are receiving in Santa Cruz County. Selected health care quality indicators are requested annually by First 5 California and the California Endowment from every operating insurance plan based on data entered into HEDIS. HEDIS is a “set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans.”<sup>31</sup>

## Individual Growth and Development Indicators (IGDIs)

*Individual Growth and Development Indicators (IGDIs)* are a set of measures designed and validated for use by early education professionals for the purpose of monitoring children’s growth and progress in early reading predictors. Unlike standardized tests that are administered infrequently, *IGDIs* is designed to be used repeatedly by early childhood educators in order to estimate each child’s “rate of growth” over time. The distinctive benefit of this approach is that the information can be used to directly inform intervention design, implementation, and modification at reasonable levels of training, time, and cost. The tools provide helpful information about children’s growth in three key areas of reading predictors: Picture Naming (a measure of vocabulary development), Rhyming, and Alliteration.

Beginning in 2012-13, there was a change in the method used for determining each child’s primary language, which is now directly noted by the teacher. Children noted as bilingual (English/Spanish) are included in the “Primarily English-Speaking” analyses. Although the

<sup>31</sup> National Committee for Quality Assurance (NCQA), *Guidelines for Advertising*, Retrieved from <http://www.ncqa.org/>, 2012.

previous method of determining primary language was highly accurate, this new method was introduced to ensure complete precision.

Only children ages 4 and 5 are included in these *IGDIs* analyses,<sup>32</sup> in order to focus on children who are at a similar developmental age just before entering kindergarten. Additionally, the companion assessment given along with the *IGDIs* assessment (the *Formative Assessment System for Teachers (FAST™)*) is not designed for children younger than 4. This focus on children ages 4 and 5 began in 2013-14, and *IGDIs* and *FAST™* data for all previous years have been adjusted accordingly.

In 2018-19, the *IGDIs 1.0* tool became outdated and is no longer in print. Reading and Math, Inc. (National Reading Corps) chose the *Preschool Early Literacy Indicators (PELI)* to replace it.

## Knowledge of Parenting Effectiveness Scale (KEPS)

The *Knowledge of Parenting Effectiveness Scale* (University of Queensland, 2012) measures knowledge of effective parenting strategies. First 5 Santa Cruz County is using a shortened version of the original KEPS (using 11 of the original 28 questions), and also includes two questions from the *Parenting Experience Survey (PES)* at the end (PES questions 3 and 4). The KEPS is scored as the sum of the number of correct answers, ranging from 0-11, with higher scores indicating more knowledge of effective parenting strategies. The two PES questions measure confidence and support in being a parent, and scores can range from 1 to 5, with higher scores indicating more positive parenting experiences.

First 5 Santa Cruz County is using the modified KEPS assessment in its Inmate Programs for the Probation and Santa Cruz County Sheriff's Office, providing customized Triple P classes for the inmate population. The KEPS is intended to be completed at the beginning and end of the series of Inmate Programs workshops, to measure change in their knowledge of effective parenting strategies.

## Lifestyle Behavior Checklist (LBC)

The *Lifestyle Behavior Checklist* (West & Sanders, 2009) is a 25-item assessment that measures parental perceptions of their children's behavioral problems with overweight and obesity, and parents' self-efficacy in dealing with these behaviors. The assessment includes questions about child problem behaviors related to eating, activity, and being overweight. The questionnaire consists of a Problem scale and a Confidence scale. The Problem scale measures the extent to which parents perceive each of the 25 behaviors as a problem for them with their child, on a 7-point scale from 1 (not at all) to 7 (very much), and total scores that can range between 25 (not at all a problem) and 175 (very much a problem). The Confidence scale measures the extent to which parents feel confident about managing each

<sup>32</sup> To be included in these analyses, children had to be at least 4 years old as of October 1<sup>st</sup> of that fiscal year, which was the time of the 1<sup>st</sup> benchmark assessment.

of the behaviors, on a 10-point scale from 1 (certain I can't do it) to 10 (certain I can do it), with total scores that can range from 25 (certain I can't do it) to 250 (certain I can do it).

## Parent Problem Checklist

The *Parent Problem Checklist* (PPC; Dadds & Powell, 1991) is utilized by Levels 4 and 5 of the Triple P Program. It is a 36-item self-assessment measure of parental and relationship conflict, completed by each parent (or each adult who is co-parenting the child). For each issue (e.g., disagreement over household rules), parents identify if the issue has been a problem (*yes* or *no*), and the extent to which the issue has been a problem, from *not at all*, to *very much*. It has been shown to have high internal consistency, test-retest reliability, and convergent validity.

In 2012, two questions from the *Parenting Experience Survey* (PES) were added to the end of this assessment that asked additional questions about the parent's relationship with the co-parenting adult, allowing a more robust analysis of Triple P participants' relationship issues.

## Parenting Experience Survey

The *Parenting Experience Survey* (Sanders et. al., 1999) is utilized by Level 3 of the Triple P Program. It is a self-report measure of issues related to being a parent, and is completed by parent participants. It consists of 7 items and assesses parents' experiences related to issues such as how difficult they perceive their child to be, how stressful they feel parenting to be, and how rewarding they feel parenting to be. There are 3 items which are specific to parents who have a partner. Those items are used to assess agreement on discipline, partner support, and relationship happiness. This survey has been used to show changes in parental attitudes and behaviors from the beginning to the completion of the Triple P Program.

## Parenting and Family Adjustment Scales (PAFAS)

The *Parent and Family Adjustment Scales* (Sanders & Morawska, 2010) assess parenting practices, and parent and family adjustment. They consist of a Parenting scale that includes four subscales (Parental Consistency, Coercive Parenting, Positive Encouragement, and Parent-Child Relationship) and a Family Adjustment scale that includes three subscales (Emotional Well-Being, Family Relationships, and Parental Teamwork). Each item in the PAFAS is rated on a 4-point scale, and some items are reverse scored. For each subscale of the PAFAS Parenting scale and PAFAS Family Adjustment scale, the items are summed to provide scores, with higher scores indicating higher levels of dysfunction.

## Parenting Scale

The *Parenting Scale* (Arnold, O'Leary, Wolff & Acker, 1993) is utilized by clients in Levels 4 and 5 of the Triple P Program, as part of the general "Core" variant of program (this is only completed if the parent has at least one child aged 18 months or older). It is a measure of parenting styles for handling child misbehavior, completed by parents. It consists of 30 items, which are grouped into 3 factors: laxness, over-reactivity, and hostility (some items are not

part of any factor, and are called “No Factor” items). Clinical cut-off scores have been evaluated for all three factors and the overall score, which determine whether a client is at a level of clinical concern in those areas. The *Parenting Scale* has good test-retest reliability, discriminant validity, and correlates with other self-report measures of child behavior, marital discord, and child behavior.

For clients who are participating in the “Teen” variant of the Triple P Program, there is a “Teen” version of the scale that consists of 13 items that are grouped into 2 factors: laxness and over-reactivity (one item is not part of any factor, and is called a “No Factor” item). All of the questions in this Teen variant of the scale are also part of the scale used in the Core variant. Unlike the Core version, however, no clinical cut-off scores have yet been evaluated by the developers of this tool, for either of the two Teen factors or for the Teen overall score.

In 2012, modifications were made by First 5 Santa Cruz County to the Core *Parenting Scale* to accommodate the launching of the “Teen” variant of the Triple P program. This modified scale incorporates all of the “Teen” items, and all of the “Core” items that constitute one of the 3 factors. Core items that were not part of any factor (“No Factor” items) were omitted. Because all of the Teen items were also part of the original Core scale, these changes reduced the total number of items in the modified scale from 30 to 17. This one modified scale is designed to be filled out by clients in both the Teen and Core variants, and the appropriate items are used to calculate the factors and overall scores specific to that variant.

The impact of these modifications on the original Core version is minimal, with all three Core factors still containing the same items, and all factors using the same clinical cut-off scores. However, the Core overall score is calculated differently since the “No Factor” items were omitted. Therefore, the clinical cut-off score for the Core overall score is no longer appropriate, and caution should be used when comparing the Core overall score to previous years’ overall scores.

## **Parent’s Attribution for Child’s Behavior Measure**

The *Parent’s Attribution for Child’s Behavior Measure* (Pigeon & Sanders, 2004) is utilized by Level 5 Pathways of the Triple P Program (this is only completed if the parent has at least one child aged 18 months or older). It is a self-report measure of attributions for children’s behaviors. The instrument consists of 6 hypothetical situations describing different types of difficult child behavior, with 4 questions related to each situation. The questions for each situation relate to innateness of the child’s behavior, the child’s intentionality, and the blameworthiness of the child. The total score and the 3 subscale scores for this tool have good internal consistency and discriminant validity.

## **Preschool Early Literacy Indicators (PELI)**

Santa Cruz Reading Corps Literacy Tutors assess children’s pre-literacy skills using the *Preschool Early Literacy Indicators (PELI)* assessment, and also the *Formative Assessment System for Teachers (FAST™)*.

The *Preschool Early Literacy Indicators* (Dynamic Measurement Group) is a set of standardized subtests within a storybook format for children 3 to 6 years. The assessment measures children's current early literacy and language skills and growth in these skills across the school year. The subtests in *PELI* are Vocabulary/Oral Language, Comprehension, Phonological Awareness, and Alphabet Knowledge. The *PELI* is untimed and takes about 15 minutes to administer. Two main indicators are used for analysis and reporting: 1) The *PELI* Composite Score is a combination of multiple *PELI* scores and provides the best overall estimate of the student's early literacy skills. 2) The *PELI* Language Index combines the Vocabulary/Oral Language and Comprehension scores and is a better indicator of overall language skill.

In 2018-19, the assessment tool that the Reading Corps Pre-K program has used since its inception (*IGDIs 1.0*) became outdated and is no longer in print, and Reading and Math, Inc. (National Reading Corps) chose the *Preschool Early Literacy Indicators (PELI)* to replace it. This new assessment has several advantages: it closely ties to components of the Reading Corps "Repeated Read Aloud" Intervention, collects information about students' comprehension and oral language skills (neither of which were measured by the previous tools), and meets twice as many state standards. Another difference is that the Benchmark Target Score for each *PELI* skill area is increased at each of the three assessment periods (Fall, Winter, Spring), instead of having the same Benchmark Target for the entire year. That is, in the same way that children's progress in a skill area grows over time, the Benchmark Target also increases, representing the level of skill that children should have at each time period. Consequently, if a child is able to achieve the Spring benchmark score, that child will enter kindergarten prepared to succeed in that skill area.

## Structured Decision Making (SDM)

The *Structured Decision Making* (SDM) model is a set of assessments for guiding decision-making at each of the decision points for children in Families Together. One assessment is the SDM Family Prevention Services Screening Tool (FPSST), used to make two decisions: whether or not to offer voluntary prevention services and, if so, the frequency of ongoing case manager contact. The screening tool identifies families who have low, moderate, high, or very high probabilities of future abuse or neglect. The risk level identifies the degree of risk of future maltreatment, guides the decision to offer voluntary prevention services, and helps determine the frequency of case manager contact.

The SDM:FPSST is also used to reassess a family in order to make two decisions: whether or not to continue voluntary prevention services past 12 months for these families receiving intensive services, and past 3 months for those receiving a brief intervention and, if so, the frequency of case manager contact.<sup>33</sup>

<sup>33</sup> Children's Research Center, *Structured Decision Making Policy and Procedure Manual*, 2006.



## Triple P Satisfaction Survey

### *Multiple Sessions (Individual or Group)*

The *Multiple Sessions Satisfaction Survey* is utilized by parents who complete Levels 3 (Individual /Brief Group), 4, or 5 of the Triple P Program. It consists of 16 items: 13 closed-ended items and 3 open-ended items. Parents assess many different dimensions of the program including: the quality of the program, the extent to which the program met their needs and their child's needs, how much the program helped parents deal with problems in their family or with their children, relationship improvement, child behavior improvement, and overall satisfaction. Participants also have the option of providing their email address if they are interested in receiving the Triple P newsletter.

### *Single Sessions (Seminars & Workshops)*

The *Single Session Satisfaction Survey* is utilized by parents who participate in Level 2 Seminars and Level 3 Workshops of the Triple P Program. It consists of 4 items: 3 closed-ended questions, and 1 open-ended question. Participants fill out this short survey which assesses if they felt that the Seminar or Workshop addressed their questions, whether they are going to use any of the parenting strategies they learned, and if they are satisfied, overall, with the Seminar or Workshop. Participants can also add any additional comments they have. Late in fiscal year 2011-12 an additional question was added that asked participants how they first heard about the program, and beginning in 2012-13 participants had the option of providing their email address if they were interested in receiving the Triple P newsletter.

## Wechsler Preschool and Primary Scales of Intelligence, 4<sup>th</sup> edition (WPPSI-IV)

The WPPSI IV is used by the Neurodevelopmental Foster Care Clinic ("NDFCC"), and is an individually administered test designed to reflect the cognitive functioning of young children, with two bands available: one for children ranging in age from 2 years, 6 months to 3 years, 11 months, and another for children ranging in age from 4 years to 7 years, 7 months (to accommodate the substantial changes in cognitive development that occur during early childhood). The test yields three levels of interpretation: Full Scale, Primary Index scale, and Ancillary Index scale levels. A full scale composite IQ is also calculated. Standard scores have a mean of 100 and standard deviation of 15.