First 5 Santa Cruz County

Annual Evaluation Report

July 1, 2020 - June 30, 2021

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EXECUTIVE SUMMARY

First 5 Santa Cruz County's Strategic Framework

When Proposition 10 passed in 1998, California made a definitive and enduring commitment to promote the health and well- being of young children (prenatal through age five) and their families. For over 20 years, First 5 Santa Cruz County has had the great privilege and responsibility to serve as the steward of Prop 10 revenue, ensuring these public funds benefit young children and their families throughout Santa Cruz County.

First 5 is dedicated to giving children ages 0-5 the opportunities they need to be healthy, able to learn, and emotionally well developed and ultimately reach their full potential. Since its inception, First 5 Santa Cruz County has invested in many innovative, effective programs and initiatives that help:

- Ensure all children ages birth through age 5 have access to health insurance and preventative care
- Increase protective factors and decrease child abuse and neglect
- Improve access to affordable, quality early care and education
- Build early language and literacy skills that are the foundation for future learning

First 5 Santa Cruz County's Vision of Success

Healthy, happy, and well-prepared children.
Thriving Families.
Connected communities.
Equitable systems.

First 5 Santa Cruz County's Mission

To ensure early childhood systems and supports foster equitable health, development, and well-being for all young children and their families in Santa Cruz County.

To help realize this vision, First 5 Santa Cruz County has established four strategic priorities for 2020 - 2025:

Healthy Children

- Increased access to affordable quality health care for children 0-5
- Increased use of preventive health care
- Improved maternal, infant, and child health

Thriving Families

- Increased resilience of young children and their families
- Improved parenting practices and parent-child relationships
- Increased "social capital" (relationships and connections) of young children and their families
- Decreased child abuse and neglect

- Increased access to affordable, high quality early care and education
- Increased early learning and school readiness skills (developmental, social-emotional, cognitive)
- Increased stability and sustainability of the early care and education (ECE) system

- Increased coordination and integration among organizations and sectors serving young children and families
- Increase in local, state, and federal policies and legislation that prioritize prevention, early intervention, and equity for young children and their families
- Increase in local, state, and federal funding to sustain and institutionalize investments in the early childhood system of care

This annual report summarizes findings of the First 5 Santa Cruz County evaluation from **July 1, 2020 to June 30, 2021**. 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

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 continued to work 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** continued to help enroll eligible newborns into Medi-Cal and provided information about new County programs at all three hospitals in the county.
- The **VisionFirst program** was not able to provide any vision screenings this fiscal year due to the COVID-19 pandemic, but staff used this time to gather and prepare important resources for families and teachers.
- The **Neurodevelopmental Foster Care Clinic** (NDFCC) provided consults and assessments via telephone, telehealth, and in person, and was able to respond to all new referrals from Child Protective Services and maintain all recommended follow-up visits.
- **Triple P** practitioners continued to offer Triple P classes and 1:1 sessions by phone, videoconferencing platforms, independent study (Inmate Programs only), or Triple P Online

(CalWORKs only). Practitioners' skills and confidence in delivering virtual services continued to grow, and they remained flexible and open to adapting as needs and circumstances changed.

- **Families Together** continued to be flexible and cognizant of the physical and emotional needs of both clients and staff, and adapted their programs to match each client's "comfort level," such as in-person vs. online formats, and home vs. clinic visits.
- **Quality Counts Santa Cruz County** offered professional development and other supports in online formats, and played an integral role in converting a portion of IMPACT and related funding into an Emergency Response Fund that provided cash assistance for providers serving 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 three **supply giveaway events** where supplies provided by First 5 California and California Department of Social Services were distributed to hundreds of child care providers in the County. Supplies included diapers, baby wipes, cleaning supplies, masks, gloves, hand sanitizer, touchless thermometers, children's books, and other valuable resources.
- Due to the continuing COVID-19 pandemic throughout FY 2020-21, all **SEEDS of Learning©** workshops were held virtually. SEEDS coaches provided 1:1 support to ensure that each workshop participant was able to connect virtually, and trainers spent many hours learning the Zoom format to ensure that participants would receive the same high-quality information and engagement for which these workshops are known.
- The **Santa Cruz Reading Corps** program was discontinued for FY 2020-21 as California State Preschool programs were not open to in-person instruction.
- **Raising A Reader** modified the book distribution process and began rotating library books through the local public libraries, and helped maintain and support all participating child care sites by distributing books and other resources that could be used with families both onsite or online.

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 2020-2025 First 5 Santa Cruz County Strategic Plan.

Overall Well-Being of Children in the County

First 5 Santa Cruz County invests in efforts that support its vision of Healthy, Happy, and Well-Prepared Children, Thriving Families, Access to Affordable, Quality Early Care and Education, and Connected and Equitable Community Systems. To help guide its investments and partnerships, First 5 monitors county-wide trends that affect child well-being. The year 2020-2021 marks the first year of the 2020-2025 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 2021, there were 16,114 children ages 0-5 in Santa Cruz County, continuing a deceasing trend since a high of 19,591 in 2012. The majority of these children were either Hispanic (47%), or Caucasian (45%). This diversity continues into kindergarten, where in 2020 over 38% of children had a primary language other than English.

- **Unemployment varies greatly across the County.** In 2020-21, the average unemployment rate in the County was 8.1%, slightly higher than the year before. Within the County, the percent of unemployed residents differs greatly by area; the average unemployment rate ranges from 2.0% in Capitola to 13.6% in Watsonville.

- **Gender inequalities are affecting family income.** In 2019, for families with a female householder and no spouse present, the median family income was about $40,000, compared to almost $92,000 for families with a male householder and no spouse present.

> *"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>

- **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 (using 5-year averages), in 2019 over 13% of all people in the County were earning less than the Federal Poverty Level (FPL), and almost 15% of all children ages 0-5 were living in poverty. However, there are different measures that are considered more comprehensive measures of income adequacy: the California Poverty Level 2019 data estimated that 17% of all people in the County were in

poverty, and the Self-Sufficiency Standard 2021 data estimated that 78% 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 decreasing enrollment in CalWORKs, the number of students receiving Free and Reduced Price Meals, and enrollment in the Women, Infants, & Children program. Interestingly, there has been a growing increase in the number of County residents participating in the CalFresh program.
- **Children have health insurance.** In 2019, the vast majority of County children ages 0-5 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 2020, 84% of toddlers on Medi-Cal (ages 15-30 months) received a well-child check-up.
- **The percentage of young children getting dental care is increasing.** Data indicate that the percentage of children enrolled in Medi-Cal who have been to a dentist has been increasing. In 2019, 52% of children ages 1-2 saw a dentist in the last year, which is an increase of 36 percentage points over the past five years. Similarly, 70% of children ages 3-5 had visited the dentist in the last year, an increase of 33 percentage points over the past five years.
- **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 percentage has been rising 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 percentage 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 6.9 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 2018, only 16% of income-eligible infants and toddlers ages 0-2, and 45% of income-eligible preschool children ages 3-4 were enrolled in subsidized child care, showing a decreasing trend over the previous three years.

- **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 3rd grade students met or exceeded standards in English language arts/literacy, which is lower than the state average of 49%. Although the county-wide 3rd 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.

- **Foster care entry rates are staying relatively constant.** In 2020, the foster care entry rate for children under age 1 was 5.8 per 1,000, with little change over the past five years.

- **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 16% of children ages 0-17 in the County have experienced two or more adverse experiences (as reported by their parents), which is a slight increase from the year before.

A Profile of First 5 Participants

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 English language learners, and families who live in higher risk zones of the County.

- **First 5-supported programs are wide-reaching:** In 2020-21, First 5 partners served **4,763** unique children ages 0-5, representing 30% of all children these ages in Santa Cruz County. Approximately **1,489 *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, 73% were Latino, and approximately 54% of children lived in households that spoke Spanish or bilingual Spanish/English, a Mesoamerican language, or another non-English language. Of all Latino children ages 0-5 in Santa Cruz County, it's estimated that at least 42% 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 2020-21 who had known ZIP codes, the vast majority (86%) 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 2020-21 include:

- **Skill development and coaching for early childhood educators.** In 2020-21, **54** early childhood educators from preschools, child care centers, Transitional Kindergarten classrooms, and licensed family child care homes received training and coaching from the SEEDS of Learning© program, **5** SEEDS Quality Coaches provided literacy coaching to early educators receiving SEEDS of Learning© instruction during the year, **57** family child care providers participated in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) with 35 receiving a full rating, and 22 receiving technical assistance and training, for a total of **99 unique early childhood educators**.

- **Development of a population-based system of parent education.** In 2020-21, **16** 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

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 2020-21, the Baby Gateway Newborn Enrollment Program provided 96% of all mothers with a newborn visit while in the hospital (or via phone), and 95% received a *Kit for New Parents*. Of all mothers with births paid by Medi-Cal, 97% 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 are getting connected with new County programs.** First 5 has begun assisting with two new programs that have been implemented in Santa Cruz County, which the Newborn Enrollment Coordinators have incorporated into their newborn visits:
  - The **State-wide Student Identification number (SSID)** is created for newborns by the Santa Cruz County Office of Education and is used to support the social, emotional, and academic development of children from birth through 12th grade.
  - The Santa Cruz Community Ventures (SCCV) **Semillitas college savings account program** for newborns creates a savings account for college or vocational education after high school for every child born in Santa Cruz County. With county partners like Dientes and Salud Para La Gente, the program also incentivizes healthy behaviors by making additional payments into these savings accounts for accomplishing important health milestones (such as a baby going to the dentist by the emergence of their first tooth or their first birthday, whichever comes first).

- **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 provide families at hospitals with resources to apply for the CalFresh program and Women, Infants, and Children (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

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>

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 74% by 2020. The dramatic decrease in ED visits between 2019 and 2020 may be due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms.

- **New vision screening materials are being developed.** Due to the continuing COVID-19 pandemic, VisionFirst outreach staff were not able to provide any vision screenings this fiscal year. Staff used this time to gather and prepare important resources for families and teachers, which will be used to support the children and parents once this program is able to restart.
- **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*.

Thriving 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 **8.3** in 2020.
- 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 **1.7** in 2020.

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. The sharp decline in 2020, however, may largely be a reflection of the shelter-in-place order related to the COVID-19 pandemic, when child care, schools, health and social services were disrupted, and there were fewer interactions between children and adults who were mandated reporters.

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 2010-2021, over 15,000 parents with over 29,000 children have participated in the program.

- **Parents are engaged and seeking 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:
    - Improvements in child behavior and emotional regulation
    - Increased use of positive parenting styles
    - Improvements in parental emotional well-being and family relationships
    - Increased parental confidence

- **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 in-depth services (8 or more sessions).

- **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 at local correctional facilities, with very high participation and satisfaction rates. Results indicate that participants are demonstrating knowledge of effective parenting and have more confidence in being a parent

- **Parents are satisfied with services.** Parents have rated the quality of services very high, noting that the program helped them deal more effectively with their child's behavior, and with problems in their family.

- **Parents are continuing to use the skills they learned.** On average, parents who participated in the Seminars and Workshops felt that they would continue to use the

strategies they learned, and parents who received more in-depth training felt that the program helped them develop skills that could be applied to other family members.

- 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.

  Cumulative assessment results show that 74% of families were assessed as being "high risk" or "very high risk" upon program intake, but this dropped to 16% of families who stayed in the program a full 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 2020 show that no families who received services from the Families Together program had a substantiated allegation 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.

Early Care and Education

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."

In 2012, First 5 Santa Cruz County launched a 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 Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, home visiting program partners, and other early learning stakeholders. Together, this 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.

Since 2015, a statewide QRIS has been established in all 58 counties. Renamed Quality Counts California (QCC) in FY 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.

In FY 2020-21, The California Department of Education (CDE), California Department of Social Services (CDSS) and First 5 California (F5CA) created the Quality Counts California (QCC) Local Consortia and Partnership Grants program unifying funds from several sources. This three-year grant (FY 2020-2023) is designed to achieve a common purpose — funding a system of continuous quality improvement support and an infrastructure for assessing, coordinating delivery of professional development, and promoting quality across the spectrum of early learning and care providers and programs in California, including family, friend, or neighbor care, family child care, center-based, and alternative settings.

Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System. The QCSCC Consortium adopted the Quality Counts California Framework which includes the QCC Rating Matrix and the QCC Continuous Quality Improvement Pathways as the foundation of their local QRIS. This framework encompasses 15 elements of quality, including seven rated elements and eight elements in the CQI Pathways. The elements that are rated include teacher-child ratios, teacher qualifications, and teacher-child interactions.

- **Site ratings.** 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.

- **Growing number of Family Child Care providers.** In FY 2020-21, 22 additional Family Child Care providers participated in Quality Counts Santa Cruz County, receiving quality improvement supports and coaching, bringing the total to 57 FCC participants. Of these 57 providers, 35 received a full rating in December 2019.

- **Quality Improvement Activities.** During this past year, Quality Counts Santa Cruz County (QCSCC) has: provided online technical assistance to program directors, teachers and providers; maintained the QCSCC database; facilitated an online Professional Learning Community; and collaborated with partners to provide system-wide trainings. 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 2020-21, the Go Kids Quality Improvement Coordinator supported all 57 FCC providers in applying for emergency COVID funding and ensuring they received emergency supplies such as masks, gloves, disinfectant, and hand sanitizer.

- **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 Quality Counts California Region 4 Hub. Regional Hubs are funded by First 5 California and were developed so that neighboring counties could strategize together, share resources, leverage funds, and align practices.

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 3rd grade,[1] 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.

655 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.

- **The SEEDS of Learning© framework is being used throughout Santa Cruz County child care programs.** Since the founding of the Early Literacy Foundations Initiative in 2006-07, 655 unique educators have been trained in the SEEDS of Learning© framework. This includes 257 educators in state- and federally-subsidized classrooms, 20 educators in public school transitional kindergarten classrooms, 295 educators in licensed family child care homes and private/non-profit centers, and 83 Santa Cruz Reading Corps Literacy Tutors.

[1] The Annie E. Casey Foundation, *Early Warning! Why Reading By The End Of Third Grade Matters. A KIDS COUNT Special Report On The Importance Of Reading By 3rd Grade*, retrieved from http:// www.aecf.org/, 2021.

- **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, and integrating materials into their learning environments.

  Due to the COVID-19 pandemic it was not possible to conduct classroom-based assessments in FY 2020-21. Prior-year assessment results are provided below to illustrate the known effects of the SEEDS of Learning© program.

  > *"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 **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,[2] the percentage of classrooms that provided high quality support for early literacy increased from 34% at pre-assessment to 88% at post-assessment.
  - 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%.

- **Parents are getting involved in their children's reading.** SEEDS classrooms and family child care homes also implemented Raising A Reader (RAR), a weekly rotating book bag program for families, to boost shared reading practices and impact children's early literacy skills. In FY 2020-21, RAR modified this process due to the COVID-19 pandemic and began rotating library books through the local public libraries. In the 2020-21 fiscal year, 2,335 children and their families participated in the program throughout the county, and over 28,000 children have participated since the beginning of this program in 2006.

Equitable and sustainable early childhood systems

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

CORE Investments
Santa Cruz County

[2] 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.

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 to 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 (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 2020-21, First 5 continued to serve on the CORE Steering Committee and help guide the project through the multi-phase development process. In addition, the strategic priorities and desired results in First 5's new strategic plan, adopted in June 2020, are aligned with the CORE framework by design. This helps ensure that First 5's activities are complementary to other organizations' efforts to support equitable health and well-being of all county residents across the Core Conditions.

- **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**
  - Improved parental confidence, parenting practices, and 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 of First 5 and Thrive by Three system partners in the 2020-21 fiscal year include:

- Adapted home visiting services in light of COVID-19 and the CZU wildfires
- Leveraged local and state funds
- Provided $105,000 in Early Learning Scholarships (ELS)
- Contributed to the Child Care Provider Emergency Response Fund
- Supported adoption of HealthySteps
- Launched a new 2-year, $200,000 "Home Visiting Coordination" grant

In the 2020-21 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.** 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, 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 FY 2020-21 First 5 continued to sit on the DataShare Santa Cruz County Steering Committee and support on-going development of the platform.

- **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 FY 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 the first half of FY 2020-21 CCECAN hosted a virtual Town Hall with Congressman Panetta that drew 112 participants. Later in the fiscal year the network launched a Policymaking Learning pilot cohort for parents and child care providers that featured curriculum and activities co-created with parents. Two bilingual "prep" sessions were held that focused on the basics of the policy/legislative process, how to connect their stories to the specific policy priorities under discussion, and how to have the most impact as a speaker. Cohort members then participated in five virtual visits with state and federal legislators to directly advocate on policy issues.

  CCECAN also held its annual Parent Power Summit virtually in FY 2020-21 which drew 159 participants. Topics for discussion included: Advocating for Children at School; Leadership & Community Organizing; Demystifying Systems of Power; Public Communication to Build Community Support; Advocating for Children with Special Needs; and Working with Schools to Create Change.

- **Live Oak Cradle to Career.** The Live Oak Cradle to Career Initiative (C2C) has grown from a nascent idea in 2013 championed by former 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.

  Even with the unprecedented challenge of the ongoing COVID-19 Pandemic, Live Oak C2C continued to expand, establishing a 3rd Parent Leadership Committee at Green Acres Elementary School, complementing the Parent Leadership Committees already established at Live Oak and Del Mar Elementary schools.

  Focusing on basic needs of Live Oak residents, since April of 2020 Live Oak C2C has distributed $515,000 in financial aid directly to Live Oak families. The initiative also partnered with the Live Oak School District to follow up with students who were not regularly attending and/or participating in school during distance learning.

In 2020-21 First 5 continued to serve on the C2C Steering Committee, integrated core programming into the initiative (such as Triple P), 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 able to fully participate in the initiative.

- **ACEs Network of Care.** The Santa Cruz County Adverse Childhood Experiences (ACEs) Network of Care is made possible through a series of grants to the County of Santa Cruz, Health Services Agency, Public Health Division's Family Health Unit, funded by the Office of the California Surgeon General (CA-OSG) and the California Department of Health (DHS), as part of the ACEs Aware Initiative, which seeks to interrupt the harmful cumulative effects of ACEs and toxic stress.

  Beginning in early 2021 First 5 Santa Cruz County led a virtual learning series focused on promoting the ACEs Aware initiative, educating the community about the harmful effects of ACEs and toxic stress, exploring the root causes of ACEs through the "Pair of ACEs," a framework developed by the Center for Community Resilience at George Washington University, and strengthening the coordination and collaboration among the Medi-Cal provider community and other key social and human services partners serving children and families in Santa Cruz County.

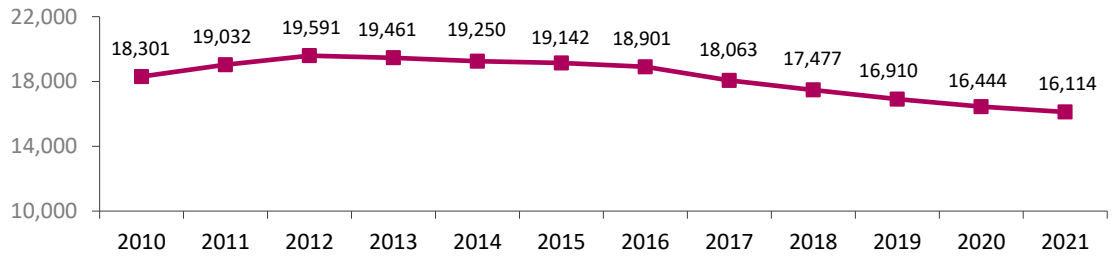
  As the fiscal year came to a close First 5 focused on establishing a local ACEs Network of Care website, completing a comprehensive inventory of toxic-stress "buffering" services in the county, and the establishment of an ACEs Community Advisory committee to help guide development of the network moving forward.

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 2021, there were 16,114 children ages 0-5 living in the County, the majority of whom were either Hispanic (47%), or Caucasian (45%). This diversity continues into kindergarten, illustrated by the percentage of children with a primary language other than English. Data collection for English language proficiency in 2021 was hampered by the remote administration of these assessments (due to challenges related to the COVID-19 pandemic), but when these data were last comprehensively collected in 2020, 38% of kindergarteners were identified as being English Learners or Fluent-English-Proficient.

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



Source: California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021.
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: **Race/Ethnicity of County Children ages 0-5 (2021)**

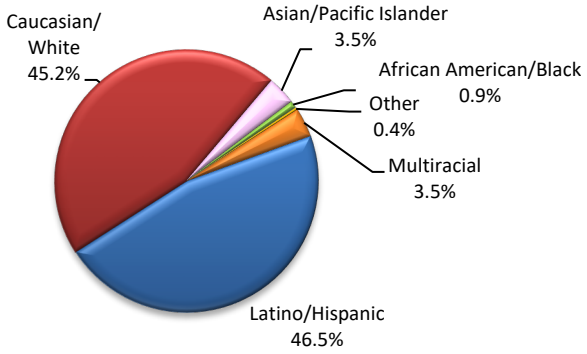
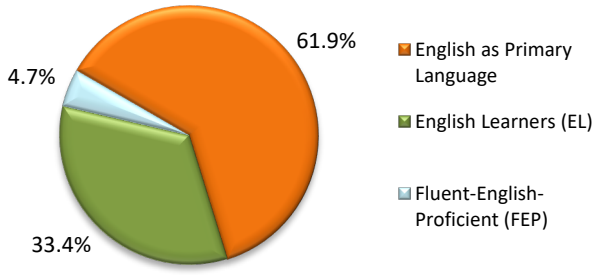


Figure 3: **English Language Proficiency of County Kindergarteners (2019-2020)***



Source: (Ethnicity) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021. (English Language Proficiency) California Department of Education, DataQuest, 2019-20.
N: (Ethnicity) N=16,114; (English Language Proficiency) N=3.296.
* For English Language proficiency of County kindergarteners, 2019-20 data are shown as this was the more recent year when these data were able to be comprehensively collected. In 2020–21, the California Department of Education noted that the Annual Census Day Enrollment had lower English Learner (EL), Initially-Fluent English Proficient (IFEP), and Reclassified Fluent English Proficient (RFEP) student enrollment counts due to difficulties experienced by local educational agencies (LEAs) while transitioning to remote administration of the initial and summative English Language Proficiency Assessments for California (ELPAC) during "distance-learning" resulting from the COVID-19 pandemic. For the same reason, 2020–21 Annual Census Day Enrollment had a higher count of students with an English Language Acquisition Status (ELAS) of "To Be Determined" or TBD.

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

INDICATOR	COUNTY POPULATION[1]	CURRENT DATA[2]	CHANGE OVER TIME[3] 1 YEAR	CHANGE OVER TIME[3] 5 YEARS
FINANCIAL WELL-BEING				
Unemployment Rate (2021)	Santa Cruz County *(Average monthly rate; FY July-June)*	8.1%	⇔ +0.7 net increase	⇔ +0.9 net increase
	Watsonville *(Average monthly rate; FY July-June)*	13.6%	⇔ +0.9 net increase	⇔ +0.2 net increase
	Capitola *(Average monthly rate; FY July-June)*	2.0%	⇔ +0.3 net increase	⇩ -2.9 net decrease
Median Family Income (2019)	Families *(with own children under 18 years)*	$99,173	⇧ +8.5%	⇧ +32.9%
	Female householder, no spouse present *(with own children under 18 years)*	$39,974	⇔ -0.9%	⇩ -28.2% *(2-year trend)*
	Male householder, no spouse present *(with own children under 18 years)*	$91,879	⇧ +25.0%	⇧ +38.9% *(2-year trend)*
Living Below the **Federal Poverty Level (2019** *5-year avg.***)**	General population	13.1%	⇩ -1.2 net decrease	⇩ -2.2 net decrease
	Children (ages 0-5)	14.7%	⇩ -2.5 net decrease	⇩ -3.2 net decrease
Living Below the **Self-Sufficiency Standard (2021*)**	Families	78.3%	⇧ +12.3 net increase	⇧ +24.7 net increase
Living Below the **California Poverty Level (2019** *3-year avg.***)**	General population	17.0%	⇩ -1.6 net decrease	⇩ -6.8 net decrease *(3-year trend)*
ENROLLMENT IN PUBLIC ASSISTANCE PROGRAMS				
CalWORKs (2021)	General population *(Average monthly enrollment; FY July-June)*	2,914	⇩ -4.0%	⇩ -25.5%
CalFresh Program/Food Stamps (2021)	General population *(Average monthly enrollment; FY July-June)*	26,947	⇧ +8.5%	⇔ +0.9%
Free and Reduced Price Meals (2021)	Student population *(Annual enrollment; school year July-June)*	20,682	⇩ -4.0%	⇩ -4.1%
Women, Infants, & Children Program (WIC) (2020)	General population *(Average monthly enrollment, calendar year)*	5,465	⇩ -1.6%	⇩ -28.1%
MEDICAL CARE				
Has Health Insurance (2019)	Children (ages 0-5)	99.2%	⇔ -0.2 net decrease	⇔ +0.5 net increase
Received a Well-Child Visit (2020)	Children on Medi-Cal (ages 15-30 mo.)	83.9%	New indicator: 1-year comparison data not yet available	New indicator: 5-year comparison data not yet available
Been to the Dentist *(in the last year)* **(2019)**	Children on Medi-Cal (ages 1-2)	51.5%	⇔ -0.9 net decrease	⇧ +35.8 net increase
	Children on Medi-Cal (ages 3-5)	69.7%	⇧ +1.2 net increase	⇧ +32.7 net increase
Had a Vision Test *(in the last year)* **(2019)**	California children (ages 0-5)	39.1%	⇔ -0.3 net decrease	⇔ -0.4 net decrease *(3-year trend)*

INDICATOR	COUNTY POPULATION[1]	CURRENT DATA[2]	CHANGE OVER TIME[3] 1 YEAR	CHANGE OVER TIME[3] 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 children enrolled in subsidized child care (2018)	Infants/Toddlers (ages 0-2)	16.4%	⇩ -8.6 net decrease	⇩ -10.2 net decrease *(3-year trend)*
	Preschool children (ages 3-4)	45.4%	1-year comparison data not available	⇩ -11.3 net decrease *(3-year trend)*
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)*
CHILD WELFARE / SAFETY				
Foster care entry rates *(per 1,000)* **(2020)**	Children (under age 1)	5.8 per 1,000	⇔ -0.2 net decrease	⇔ -0.5 net decrease
	All Children (ages 0-17)	1.0 per 1,000	⇔ -0.1 net decrease	⇔ -0.2 net decrease
Rate of Substantiated Allegations of Child Maltreatment *(per 1,000)* **(2020/2019)**	Children (under age 1: 2020)	8.3 per 1,000	⇔ -0.3 net decrease	⇔ -0.8 net decrease
	Children (ages 1-2: 2019)	3.7 per 1,000	⇔ -0.1 net decrease	⇔ -0.3 net decrease
	Children (ages 3-5: 2020)	1.7 per 1,000	⇔ -0.2 net decrease	⇔ -0.5 net decrease

INDICATOR	COUNTY POPULATION[1]	CURRENT DATA[2]	CHANGE OVER TIME[3]	
			1 YEAR	5 YEARS
Experienced two or more Adverse Childhood Experiences (ACEs) (2019 *3-year avg.*)	Children (ages 0-17)	16.0%	⇧ +1.8 net increase	5-year comparison data not yet available

[1] Data are for Santa Cruz County, unless otherwise noted.
[2] This table reflects the most current data available at the time of this report.
- Current data are for 2021, 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*.

[3] 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).
* See the source notes for this indicator (below), for important details about these results.
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. Results for 2020 were not available as of the publishing of this report, due to challenges related to the COVID-19 pandemic.

Federal Poverty rates: (Federal Poverty Level) U.S. Census Bureau, *2019 American Community Survey 3-Year Estimates*. Results for 2020 were not available as of the publishing of this report, due to challenges related to the COVID-19 pandemic.

Self-Sufficiency Standard: (California Self-Sufficiency Standard) Center for Women's Welfare, The Self-Sufficiency Standard for California 2021. 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*. Family income data for 2020 and 2021 were not available as of the publishing of this report. due to challenges related to the COVID-19 pandemic. In this table, the family incomes from 2019 were used for these 2020 and 2021 calculations, with the understanding that this may slightly inflate the percentage of families earning less than the Self-Sufficiency Standard for those years.

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*.

Health Insurance: United States Census Bureau, *American Community Survey*. Results reflect the most current data available at the time of this report.

Well-Child Visit: Central California Alliance for Health, *HEDIS Results*. Note: The "Well-Child visit" HEDIS measure was modified in 2020 to cover different age ranges. Results for the age range 0-15 months are not reported here, due to challenges in including newborns whose first 3-4 visits are reported under the mother's ID and are therefore not discoverable. Therefore, only the results for the age range 15-30 months are reported in this year's report. The "Children's Access to Primary Care Practitioners" measure was retired in 2020, and is no longer included in this report.

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: Child and Adolescent Health Measurement Initiative. *National Survey of Children's Health (2016-present)*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

Births and Prenatal Care: Santa Cruz County Health Services Agency, Public Health Division. *Births, Santa Cruz County*. Santa Cruz County, CA. Results reflect the most current data available at the time of this report.

Child care enrollment; income-eligible children: (2015-2017) Santa Cruz County Child Care Planning Council, *Santa Cruz County Early Care and Education Needs Assessment*; Applied Survey Research, *Santa Cruz County Thrive by Three Fund: Preliminary Evaluation Report*; (2018) Childhood Advisory Council of Santa Cruz County & Santa Cruz County Office of Education, *Santa Cruz County 2021 Child Care Needs Assessment*, August 2021.

Special Education: California Department of Education, *DataQuest*. Results reflect the most current data available at the time of this report.

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*. Assessment results reflect the most current data available at the time of this report.

Foster care entry rates: Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Ayat, N., Misirli, E., Hoerl, C., Yee, H., Flamson, T., & Gonzalez, A. (2021). CCWIP reports. Retrieved Aug 12, 2021, from University of California at Berkeley California Child Welfare Indicators Project website.

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., Ayat, N., Misirli, E., Hoerl, C., Yee, H., Flamson, T., & Gonzalez, A. (2021). *CCWIP reports*. Retrieved Aug 12, 2021, from University of California at Berkeley California Child Welfare Indicators Project website.

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

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.[3]

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 (2020-2021)**

Goal Area	Number of Children (ages 0-5)		Number of Parents	
	Number	*Percent*	Number	*Percent*
Healthy Children	2,286	*47.8%*	0	*0.0%*
Thriving Families	162	*3.4%*	436	*100.0%*
Early Care and Education	2,335	*48.8%*	0	*0.0%*
Unduplicated Number of Clients *(unduplicated across all goal areas)*	**4,763**		**436**	

Source: First 5 CCD database for July 1, 2020 – June 30, 2021.

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 (2020-2021)**

Goal Area	Services to Children (ages 0-5)		Services to Parents	
	Number	*Percent*	Number	*Percent*
Healthy Children	2,286	*47.7%*	0	*0.0%*
Thriving Families	171	*3.6%*	882	*100.0%*
Early Care and Education	2,335	*48.7%*	0	*0.0%*
Total Number of Services *(includes clients served multiple times, In multiple goal areas)*	**4,792**	***100%***	**882**	***100%***

Source: First 5 CCD database for July 1, 2020 – June 30, 2021.

[3] 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."

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 (2020-2021)**

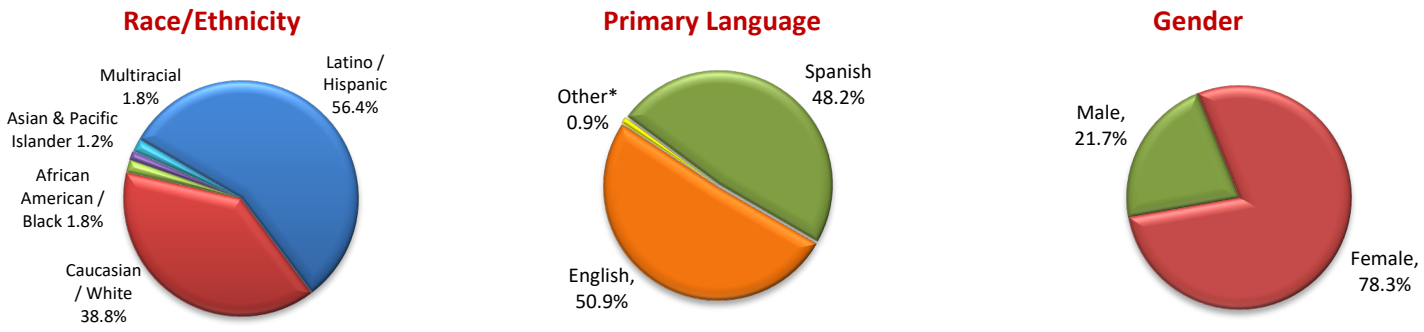
GOAL AREA	ADDITIONAL SERVICES TO CHILDREN (ALL AGES)	ADDITIONAL SERVICES TO PARENTS
Healthy Children	0	2,341
Thriving Families	1,489	447
Early Care and Education	0	2,335
Estimated Number of Additional Services *(includes clients served In multiple goal areas)*	**1,489**	**5,123**

Sources: First 5 CCD database for July 1, 2020 – June 30, 2021, 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, VisionFirst, or the Neurodevelopment Foster Care Clinic; parents who received a visit through the Baby Gateway Newborn Enrollment Program; eligible parents of children ages 0-5 who also received 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

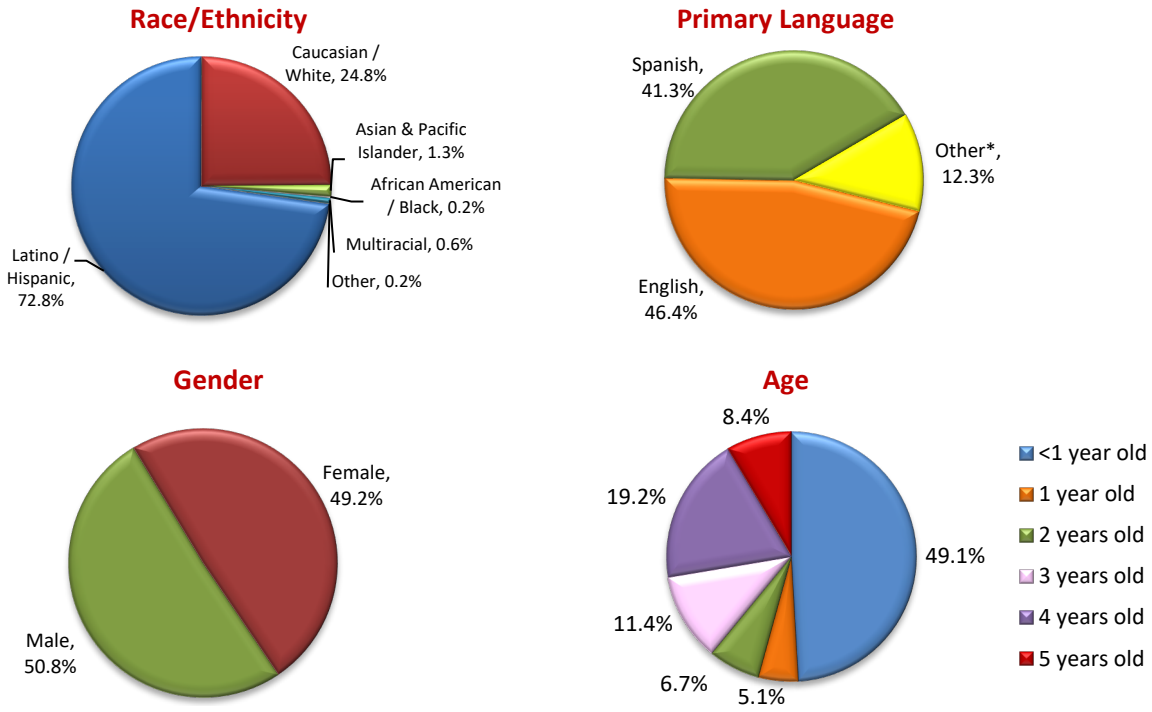
As can be seen in the following figures, the majority of parents are Latino (56%) or Caucasian (39%), and most speak either English (51%) or Spanish (48%) as their primary language. Just over three-fourths of parents participating in First 5-funded services are women. Nearly 73% of children are Latino, and the majority speak English (46%) or Spanish (41%) as their primary language.

Figure 7: **Demographics of Parents served by First 5-funded services (2020-21)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* "Other" language options include bilingual English/Spanish, Mesoamerican languages, and other languages.
N: (Ethnicity)=165, (Language)=436, (Gender)=434.

Figure 8: **Demographics of Children (Ages 0-5) served by First 5-funded services (2020-21)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* "Other" language options includes bilingual English/Spanish, Mesoamerican languages, and other languages.
N: (Ethnicity)=4,343, (Language)=4,763, (Gender)=4,761, (Age)=4,763.

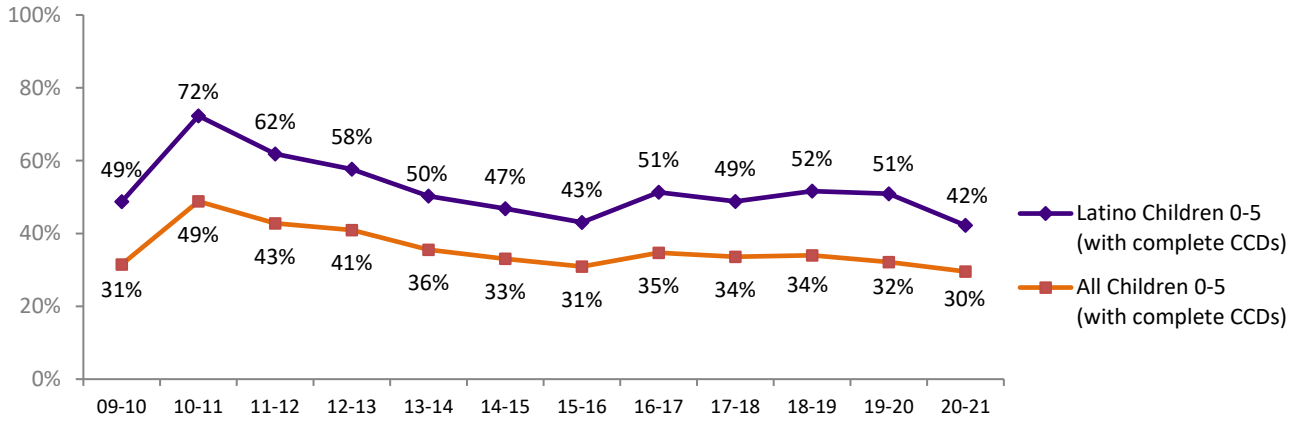
Indicator: Percentage of children in Santa Cruz County served by First 5

According to the 2021 population estimates for Santa Cruz County, there were approximately 16,114 children ages 0-5 residing in the County[4] (including 7,491 Latino children).

- Approximately 30% of all children ages 0-5 in the County, and 42% 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 indirectly served are included. Approximately 1,489 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.

[4] California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021.

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, 2021. (County populations of children 0-5) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections*; Vintage 2020 Release). Sacramento: California. July 2021. All years' percentages are updated annually to reflect the most current, corrected information provided by these sources.

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 the current version of the Index now uses data from 2019.

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 9.4, equal to the statewide score. The map below shows the average number of Strong Start assets for babies born in 2019 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 (2019)**

Source: First 5 Association of California and Children's Data Network, *California Strong Start Index*, 2021.

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, 86% 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 (2020-2021)**

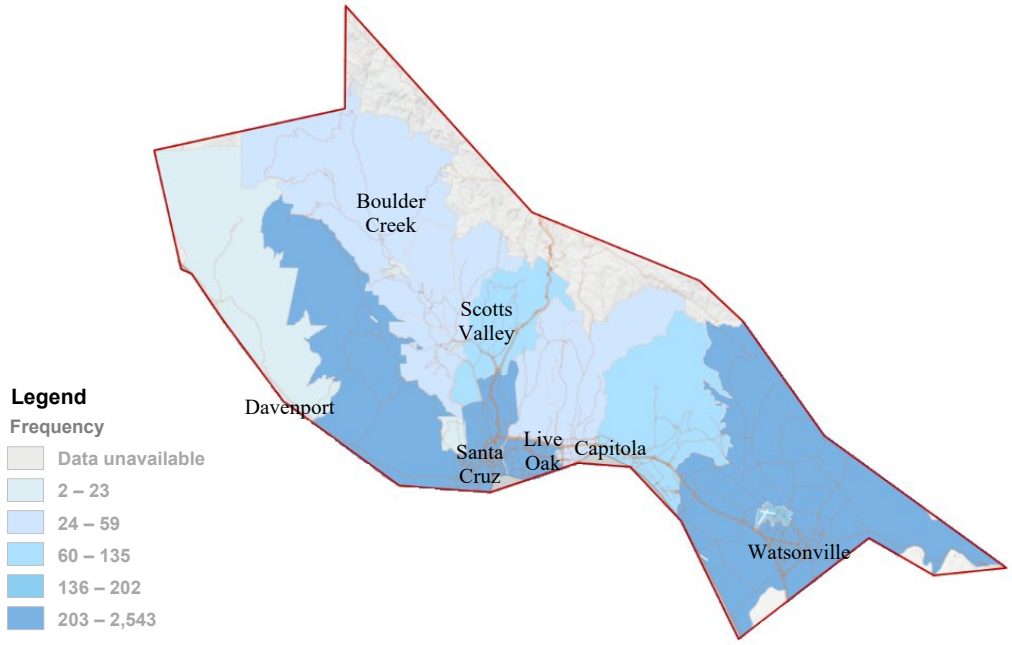


Figure 12: **Number of County Children Who Received Services, by ZIP Code (2020-2021)**

Area	ZIP Code	Children Served	
		Number	Percentage
Aptos, Rio Del Mar*	95003	135	3.3%
Ben Lomond	95005	43	1.0%
Boulder Creek	95006	45	1.1%
Brookdale	95007	7	0.2%
Capitola	95010	51	1.2%
Davenport	95017	8	0.2%
Felton	95018	47	1.1%
Freedom	95019	202	4.9%

Area	ZIP Code	Children Served	
		Number	Percentage
Mt. Hermon	95041	2	0.0%
Santa Cruz*	95060	404	9.8%
Santa Cruz (Live Oak)*	95062	410	9.9%
Santa Cruz	95064	23	0.6%
Santa Cruz	95065	59	1.4%
Scotts Valley*	95066	100	2.4%
Soquel	95073	51	1.2%
Watsonville*	95076	2,543	61.6%
Total	-	**4,130**	**100.0%**

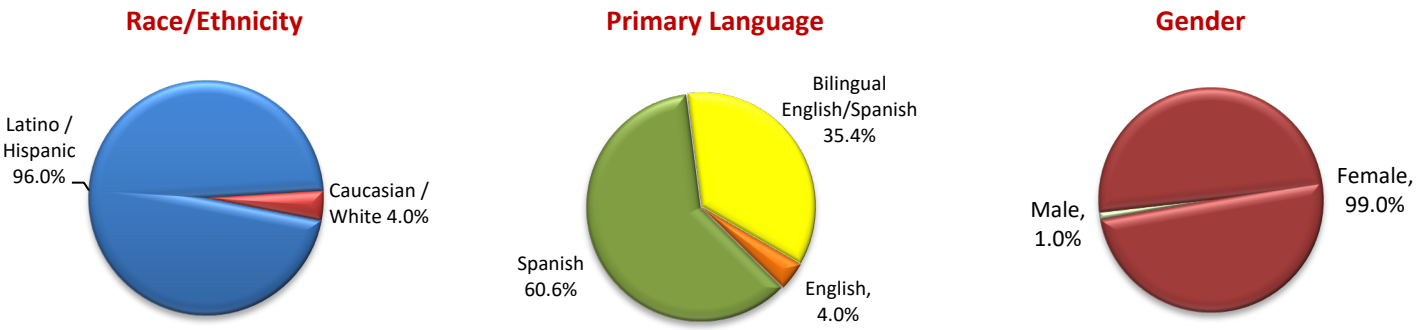
Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* Children with Post Office mailing addresses in these areas were included in the area totals.
Note: Only children with known ZIP codes are included in this analysis.

Early Childhood Educators Served

First 5 Santa Cruz County helps support the professional development of early childhood educators in the community. In 2020-21, a total of **99 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:[5]

- **54** early childhood educators from state and federally-subsidized preschools, private and non-profit child care centers, Transitional Kindergarten classrooms, and licensed family child care homes,
- **5** SEEDS Quality Coaches who provided literacy coaching to early educators receiving SEEDS of Learning© instruction during the year,
- **35** family child care providers who participated in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated,
- **22** family child care providers who participated in the local Quality Rating and Improvement System, received technical assistance and training, and are not yet rated,

Figure 13: **Demographics of Early Childhood Educators served by First 5-funded services (2020-21)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.
N: (Ethnicity)=99, (Language)=99, (Gender)=99.

[5] Some educators participated in more than one funded program and are duplicated in these breakdowns.

Parent Educators Served

First 5 Santa Cruz County supports the training of parent educators to deliver the Triple P – Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors. In 2020-21, a total of **16 unique parent educators** received training and were accredited to provide Triple P services. This includes:

- **8** practitioners providing **Targeted** levels of Triple P (Level 3-Individual/Brief Group, Levels 4 and 5)
- **8** practitioners providing **General** levels of Triple P (Level 2-Individual, Level 2 Seminar, Level 3 Workshop)

Figure 14: **Demographics of Parent Educators served by First 5-funded services (2020-21)**

Source: First 5, Triple P program information.
N=16.

Program Profiles

PROGRAM PROFILES

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, 2020 and June 30, 2021.

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 (FY) 2020-21. Organized by goal area (Healthy Children, Thriving Families, Early Care and Education, and Equitable and Sustainable Early Childhood Systems), each profile briefly lists:

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

HEALTHY CHILDREN

First 5 Santa Cruz County is working to improve coordination across systems of care to increase access for young children to the health services they need to be ready to succeed in school and in life. First 5 believes in a family-centered approach that focuses on prevention and early interventions.

First 5 Santa Cruz County is working to increase access to affordable quality health care for children 0-5, increase the use of preventative health care, and improve overall maternal, child and infant health.

- Increased access to affordable quality health care for children 0-5
- Increased use of preventive health care
- Improved maternal, infant, and child health

Baby Gateway Newborn Enrollment Program

Program Description

The Baby Gateway Newborn Enrollment Program operates in three local hospitals: Watsonville Community Hospital, Dominican Hospital, and Sutter Maternity & Surgery Center of Santa Cruz. The project is financially supported by Kaiser Permanente Northern California Community Benefit Programs, Sutter Maternity & Surgery Center of Santa Cruz, and Dignity Health, Dominican Hospital. 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.

Awards and recognition

In October 2020, First 5's Health Outreach and Enrollment Manager—Alicia Fernandez—received state recognition for her leadership by being awarded the **"2020 Northern California Assister of the Year"** by the California Coverage & Health Initiatives (CCHI). Through the dedication and accomplishments of Ms. Fernandez and all of the Newborn Enrollment Coordinators in the Baby Gateway Newborn Enrollment Program, newborns in Santa Cruz County are getting connected with the medical support they need to get a healthy start in life.

In February 2021, the **"Oral Health Hero Award for outstanding non-dental professionals"** was given to First 5's Executive Director—David Brody—and Health Outreach and Enrollment Manager—Alicia Fernandez—at the Oral Health Summit, hosted by the Oral Health Access Santa Cruz County Steering Committee (OHA). As described by OHA, this award recognized "their steadfast and synergistic collaboration to promote and disseminate oral health education to families of young children, therefore aiding in the prevention of childhood caries." Oral health information is one of the many components of the First 5 *Kit for New Parents*, which is offered to all mothers during their newborn visit as part of the Baby Gateway Newborn Enrollment Program.

New County programs

First 5 has begun assisting with two new programs that have been implemented in Santa Cruz County, which the Newborn Enrollment Coordinators (NECs) have incorporated into their newborn visits. Families now have the opportunity to have a state-wide student identification number (SSID) created for their newborn by the Santa Cruz County Office of Education and used to support the social, emotional, and academic development of their child from birth through 12th grade. In addition, families are offered the opportunity to voluntarily share their contact information with Santa Cruz Community Ventures (SCCV) to connect them to their child's Semillitas[6] savings account, which is now established by SCCV for every newborn in Santa Cruz County upon birth.

- **State-wide Student Identification number (SSID)**

  In October 2020, the Santa Cruz County Office of Education initiated the process of creating a "School ID" at birth for every child. This state-wide non-personally-identifiable student identification number (SSID) is entered into the California Longitudinal Pupil Achievement Data System (CALPADS) to maintain relevant information about a student, including key demographics, course data, staff assignments, and assessment scores. This database will allow early childhood programs to be aware of important information about their students, and by the time the children enter kindergarten, educators will have more data to help them provide the best educational resources to their students. This database will also allow the ability to follow students in and out of public schools and districts across the state.

[6] The name of this SCCV program was recently changed from SEEDS to Semillitas.

- **SCCV's Semillitas program**

  With the goal of getting Santa Cruz County families thinking about their child's higher education, the Semillitas program initiates dedicated savings accounts that are set up at the time of a child's birth, at no cost to the parents. Funds are held in this account for the child to be used for college or vocational education after high school. Parents can get a gift of up to $50 when their child is born, and as the child grows and achieves various health and educational milestones, more money is added to the account. The money comes from local government, state grants, and donations from partner organizations, philanthropic foundations, and individuals in the community.

  SCCV has been working on establishing Semillitas in the County since 2017, and secured funding from philanthropic foundations to start piloting the program in early 2019 with women receiving prenatal care at a local health clinic. These mothers were the first to have accounts opened for their newborns in the fall of 2019. In October 2020, Semillitas was expanded to Watsonville Hospital, and in January 2021 the program went county-wide.

  The Semillitas program is made possible by a partnership between Santa Cruz Community Ventures (SCCV), the County of Santa Cruz Health Services Agency (HSA), and numerous other partners including First 5 Santa Cruz County. SCCV creates an account for every newborn using birth information provided by HSA. First 5 began a data sharing partnership with SCCV in October 2020, and Newborn Enrollment Coordinators (NECs) started presenting information about the program to parents during their newborn visits. With parents' consent, NECs provide their contact information to SCCV, so that SCCV can later connect them to their child's account that is already up and running.

  First 5 partners with SCCV's Semillitas program as it supports the objective that all Santa Cruz County children enter school ready to achieve their greatest potential. Studies have shown that children with college savings are three times more likely to attend college, and four times more likely to graduate than those without any college savings.[7] Studies have also shown that Children's Savings Account programs support the social-emotional development of children for whom accounts are established. A program like Semillitas is designed to support child development and encourage families to build high expectations and valuable lifelong financial habits.

Pandemic challenges and successes

Despite the COVID-19 pandemic, Newborn Enrollment Coordinators (NECs) were able to assist nearly all mothers who delivered at County hospitals. NECs took the necessary precautions to meet safely during their visits with the mothers, and continued to "meet" with mothers via telephone when necessary.

NECs provided information to the mothers about the safety precautions being followed at local clinics so that they felt comfortable taking their newborns to their first doctor's visit, which is

[7] Beer, A., Ajinkya, J., & Rist, C. (2017). *Better Together: Policies that Link Children's Savings Accounts with Access Initiatives to Pave the Way to College*. Institute for Higher Education Policy and Corporation for Enterprise Development.

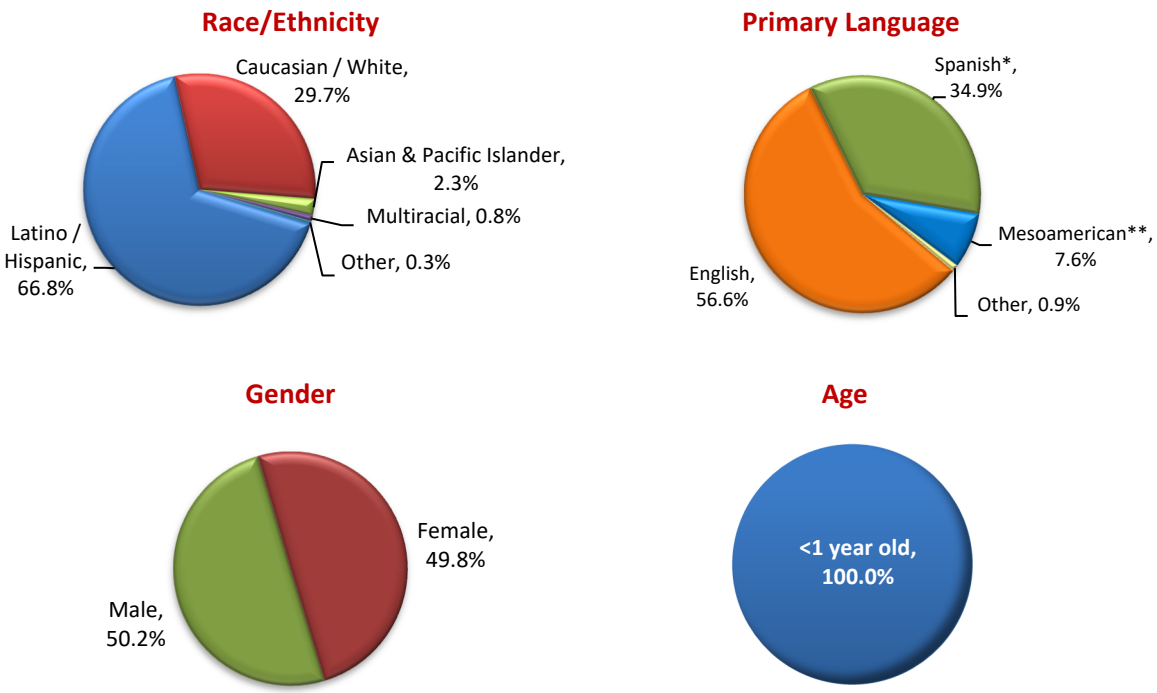
supposed to happen two to three days after delivery. NECs also continued emailing the First 5 *Kit for New Parents* information to families that could not get a physical copy of it, ensuring that all families got this valuable resource.

Population Served

	Newborns assisted with Medi-Cal enrollment, and connected to County programs	Privately insured newborns connected to County programs	Newborns provided with insurance options and other essential resources[1]	**Total 2020-21**
Children	1,277	516	408	**2,201**

Source: (Population) First 5 CCD database for July 1, 2020 – June 30, 2021. (Application types) First 5 Apricot database, 2020-2021.
[1] This includes newborns where the mother was: privately insured and not living in Santa Cruz County (SCC); privately insured and living in SCC, but who declined having the NEC provide their information to the Semillitas and SSID programs; or already enrolled in Medi-Cal and living in SCC but did not want assistance from the NEC with their child's Medi-Cal paperwork.

Figure 15: **Demographics of Children Benefitting from Baby Gateway Newborn Enrollment Program (2020-2021)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* "Spanish" includes Spanish, bilingual English/Spanish.
** "Mesoamerican" includes Mixtec, Oaxacan, Zapoteco.
N: (Race/Ethnicity)=1,791; (Primary Language)=2,201; (Gender)=2,200, (Age)=2,201.
Note: Newborns are assigned their mothers' primary language.

Outcomes

Enrolling newborns in health insurance

Data from 2020-21 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 2020-21, 96% of mothers received a newborn visit from a Newborn Enrollment Coordinator (NEC) while in the hospital or via phone, and 95% received a *Kit for New Parents* (or already had one).
- Of all mothers with births paid by Medi-Cal, 97% 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, and were helped by the NECs to schedule the first appointment for the newborn.

Figure 16: **Baby Gateway Newborn Enrollment Program Project Statistics (2020-2021)**

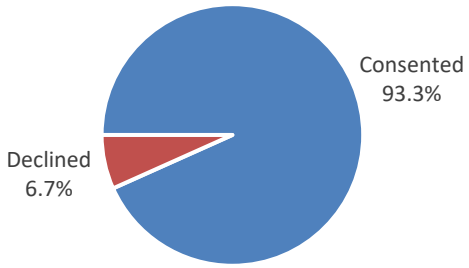
PROGRAM COMPONENT	WATSONVILLE COMMUNITY HOSPITAL	DOMINICAN HOSPITAL	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	TOTAL	
Total Number of All **Births in Santa Cruz County hospitals**	798	732	754	2,284	
Total Number of **Newborn Visits** [1] (regardless of insurance status)	799	701	701	2,201	96.4%
Number of parents who received a **Kit for New Parents** [2]	772	692	694	2,158	94.5%
Total Number of **Births paid by Medi-Cal** [3]	684	422	208	1,314	
Number of **Completed Newborn Medi-Cal Applications** [4]	684	400	193	1,277	97.2%
Number of Newborn Medi-Cal Applicants who have **identified a Preferred Primary Care Provider** or Clinic for their newborn, before discharge	684	390	190	1,264	99.0%

Source: (County births, births paid by Medi-Cal) Santa Cruz County Health Services Agency, Public Health Division; (Visits, Kits, Application assistance data) First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2021.
[1] The total number of newborn visits made by NECs may be higher than the total number of births in hospitals. Babies born outside the hospital (e.g., homebirths, born in an ambulance) are not counted as "hospital births," but these mothers may go into the hospital after the birth, where they then receive a newborn visit.
[2] 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.
[3] These Medi-Cal Birth numbers are the combination of two sources of data: 1) Each hospital reported the number of birth certificates where Medi-Cal was the mother's primary insurance, and 2) The number of mothers assisted by an NEC where Medi-Cal was the secondary insurance.
[4] These newborn Medi-Cal application numbers reflect the number of babies born during the fiscal year who were assisted with Medi-Cal applications, where Medi-Cal was the mother's primary or secondary insurance.

State-wide Student Identification number (SSID)

- Between October 2020 and June 2021, First 5 Newborn Enrollment Coordinators (NECs) obtained consents from 1,236 mothers (93% of all eligible mothers) to provide their information to the County Office of Education for the purpose of creating a Student Identification number for their newborn.

Figure 17: **Percentage of eligible mothers visited by NECs, who consented to have their contact information shared with COE**



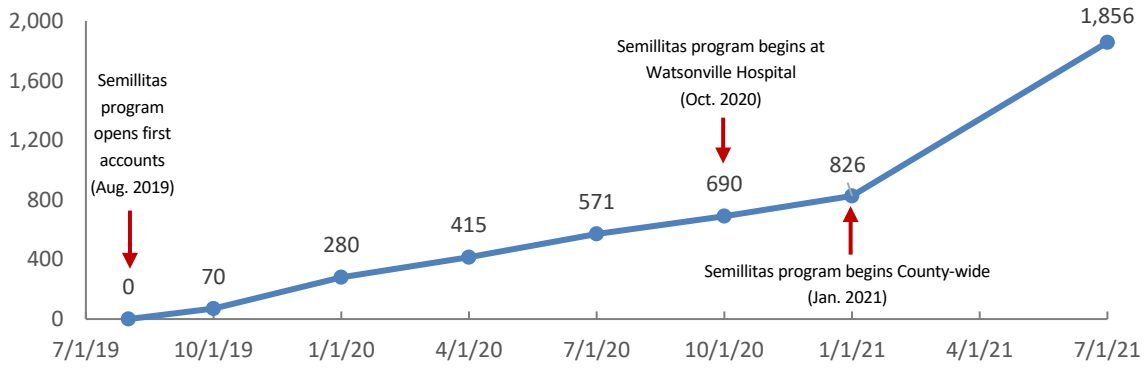
Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2021.
N = 1,325.

Santa Cruz Community Ventures' Semillitas program

Early results from this growing program show that increasing numbers of newborns are getting set up with these dedicated savings accounts.

- Since the program began (between August 2019 – June 2021), a total of 1,856 Semillitas accounts have been set up by Santa Cruz Community Ventures (SCCV).

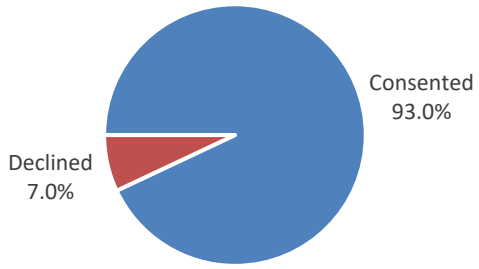
Figure 18: **Growth of the total number of Semillitas accounts opened**



Source: Santa Cruz Community Ventures, Program records, 2021.

- Between October 2020 and June 2021, First 5 NECs obtained consents from 936 mothers (93% of all eligible mothers) to provide their contact information to SCCV for the purpose of receiving more information about their child's Semillitas account.

Figure 19: **Percentage of eligible mothers visited by NECs, who consented to have their contact information shared with SCCV**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2021.
N = 1,006.

- In 2021, County partners Dientes and Salud Para La Gente began making additional payments into Semillitas savings accounts for accomplishing important health milestones (such as a baby going to the dentist by the emergence of their first tooth or their first birthday, whichever comes first).

Ensuring access to food

Many families in our community are struggling with access to food. The Newborn Enrollment Coordinators (NECs) also provide families at hospitals with resources to apply for 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 2020-21, Newborn Enrollment Coordinators (NECs) connected mothers to these food resources:

- 373 newborns were added to their mothers' CalFresh account
- 228 mothers and their newborns were provided with resources to apply for CalFresh
- 221 mothers and their newborns were provided with resources to apply for WIC

One Newborn Enrollment Coordinator Story

"The different COVID restrictions (tiers) guided a lot of our conversations this year with families. With businesses being closed, many parents were laid off or working fewer hours. More parents were asking about applying for Medi-Cal, CalFresh, WIC, and Paid Family Leave. Our protocol at First 5 has always been to offer these resources to all mothers during their newborn visit.

A Newborn Enrollment Coordinator (NEC) at Watsonville Hospital assisted a first-time mother with accessing Medi-Cal for her newborn. Although the mother was privately insured, she was planning on returning to work part-time rather than full-time, so adding her baby to her private health insurance plan would have been too expensive.

The NEC was able to share options and provide her with [Medi-Cal] eligibility information. In addition, the NEC sent a referral directly to an Eligibility Worker at Watsonville Hospital to help her apply for Medi-Cal for the baby. Collaborations like this help ensure that every newborn has medical insurance and a medical home before they leave the hospital."

- First 5 Baby Gateway Newborn Enrollment Program

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 74% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most current year (between 2008 and 2020).
- At Dominican Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 52% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most current year (between 2010 and 2020). Note that before 2020, the annual number of infant visits at this hospital has stayed relatively level.

The dramatic decrease in ED visits between 2019 and 2020 may be due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms.

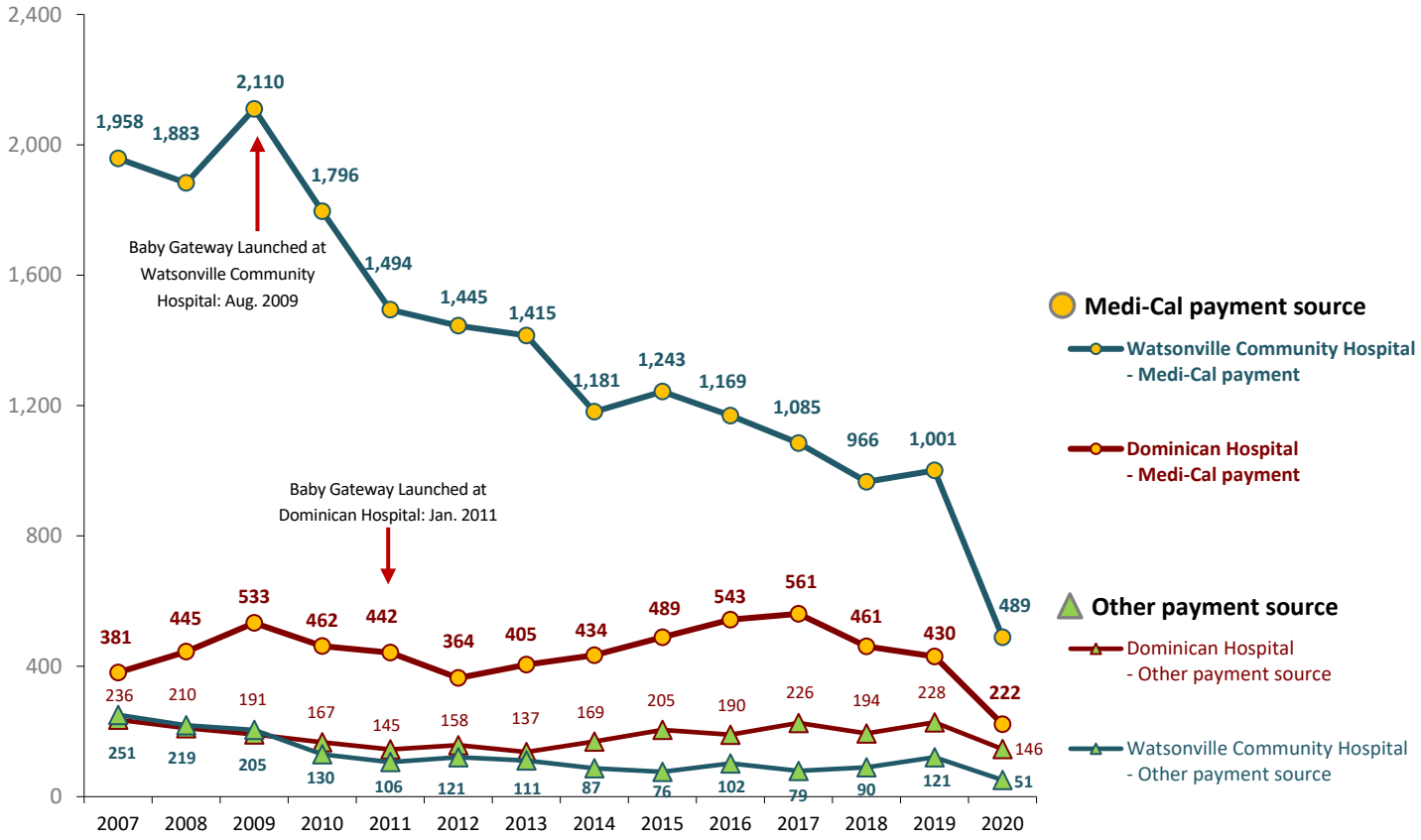
It will be interesting to observe if the annual number of infant visits at either hospital rises back to the levels and trends of the previous years, once the COVID-19 pandemic is under control. Currently, the 2020 data show that both hospitals are well below the national rate of ED visits for infants under

age 1 (101 per 100[8])—with a rate of 54 per 100 at Watsonville, and 37 per 100 at Dominican Hospital—so these numbers would not be expected to decrease much further over time.

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.

Figure 20: **Number of Emergency Department Visits (Infants under 1 Year Old) – by Payment Method**



Source: (ED visit) State of California, Office of Statewide Health Planning and Development (OSHPD), Information Services Division, *Emergency Department Data* and customized reports, 2021. (Population of Santa Cruz County children under age 1) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021.

[8] Center for Disease Control and Prevention, National Center for Health Statistics, *Emergency Department Visit Rates by Selected Characteristics: United States, 2018*, retrieved 8/23/21 from https://www.cdc.gov.

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."*[9]

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.

Between 2015-2020 (before the pandemic began), 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.[10]

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.

[9] American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 8/24/16 from http://www.aoa.org/], 2016.
[10] 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.

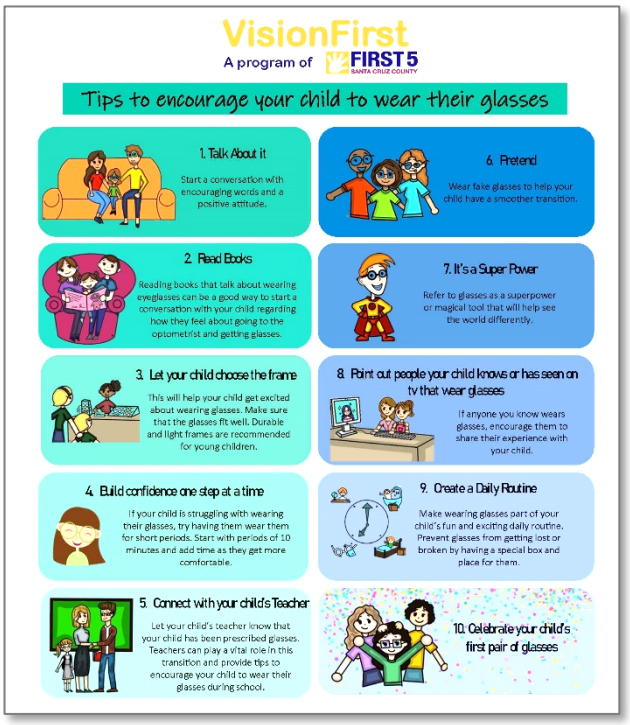
Pandemic challenges and successes

Due to the continuing COVID-19 pandemic, VisionFirst outreach staff were not able to provide any vision screenings this fiscal year. Staff used this time to gather and prepare important resources for families and teachers, including:

- Videos that focus on answering some of the most common questions parents have about their child's vision screening results.
- A new flyer for children getting their first pair of glasses, to help make this transition successful.
- Teaching ideas that show teachers how to provide "dramatic play" activities for children, to help them get more comfortable with the idea of wearing glasses.
- Lists of engaging videos and books for children, with stories about getting glasses and people who wear them.

In addition, IMPACT money allowed VisionFirst outreach staff to spend almost $5,000 ordering books for classrooms, fake eyeglasses (props for dramatic play), eyeglass straps with ear grip hooks, and cases for eyeglasses.

Many local partners that purchased their own Spot Vision Screeners also had to cancel their in-person screenings due to the pandemic, but are planning to restart these screenings in the coming year if they are able to do so safely.



VisionFirst outreach staff will be meeting to evaluate when it may be possible to go back to classrooms for vision screenings. Once this program is able to restart, the new resources developed this year and ongoing partnerships with local partners will help VisionFirst outreach staff continue to provide these important services and support to the children and parents in this program.

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.[11] On the other hand, research suggests that early detection and intervention for children with developmental disabilities can reduce the need for later interventions.[12] 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.

> **"Maria" was living with a loving foster family at the time of her developmental and behavioral assessments. Her risk factors included intrauterine drug and alcohol exposure. At 8 months of age Maria's foster parents expressed concerns about her development, and assessments confirmed delays in cognitive, gross, and fine motor and adaptive areas of development. NDFCC referred her to Early Start to work with a developmental specialist and occupational therapist. A year later, her developmental and behavioral milestones were all in the average range. Early intervention services were critical in helping her to overcome her developmental delays."**
>
> - Neurodevelopmental Foster Care Clinic, Annual Progress Report

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.

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.

[11] 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.

[12] 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

During the COVID-19 pandemic, the Stanford Neurodevelopmental Foster Care Program adapted quickly to meet the needs of their high-risk patients by providing consults and assessments via telephone, telehealth, and in person, as needed. Through these efforts they were able to respond to all new referrals from Child Protective Services, and maintain all recommended follow-up visits. Since they serve a high risk and vulnerable population, thoughtful adjustments to the approach were required for developmental and behavioral evaluations and referrals for services. Close coordination with Santa Cruz County Family Services (CPS) and Santa Cruz County Children's Behavioral Health ensured that the developmental and behavioral needs and referrals for children ages 0-5 in Santa Cruz County continued to be addressed during the pandemic. In-person clinic visits were offered to children when needed, to ensure that appropriate services, such as special education, could be accessed.

Referrals from CPS during the first half of the year were lower than usual due to COVID-19 related issues, and staff used this time to develop protocols and implement ACEs (Adverse Childhood Experiences) screening into the Stanford Neurodevelopmental Foster Care Program. The screening will be used to help mitigate the effects of trauma and toxic stress on children.

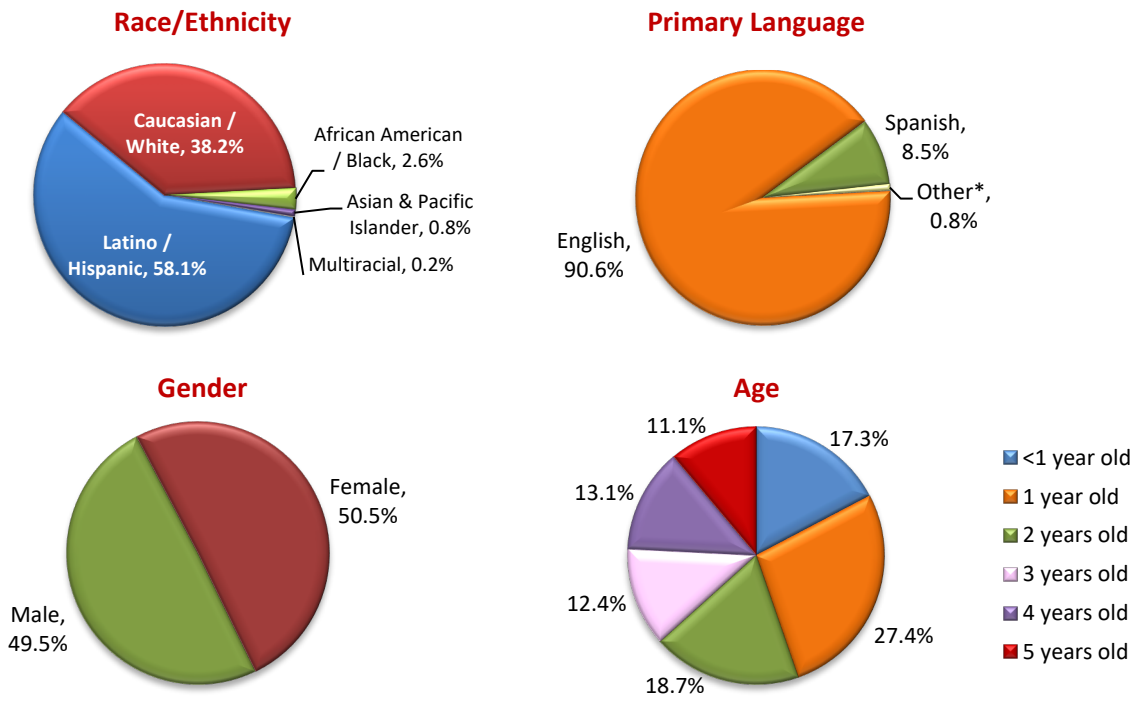
Population Served

	THIS FUNDING CYCLE 2020-2021	CUMULATIVE TOTALS* 2011-2020
Children	*(ages 0-5)* 85	*(ages 0-5) 855* *(ages 6+)* 19

Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2021.
* 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 (2011-2021) have been aggregated in order to present a more robust profile of the children served.

Figure 21: **Demographics of Children (Ages 0-5) Participating in NDFCC (2011-2021)**



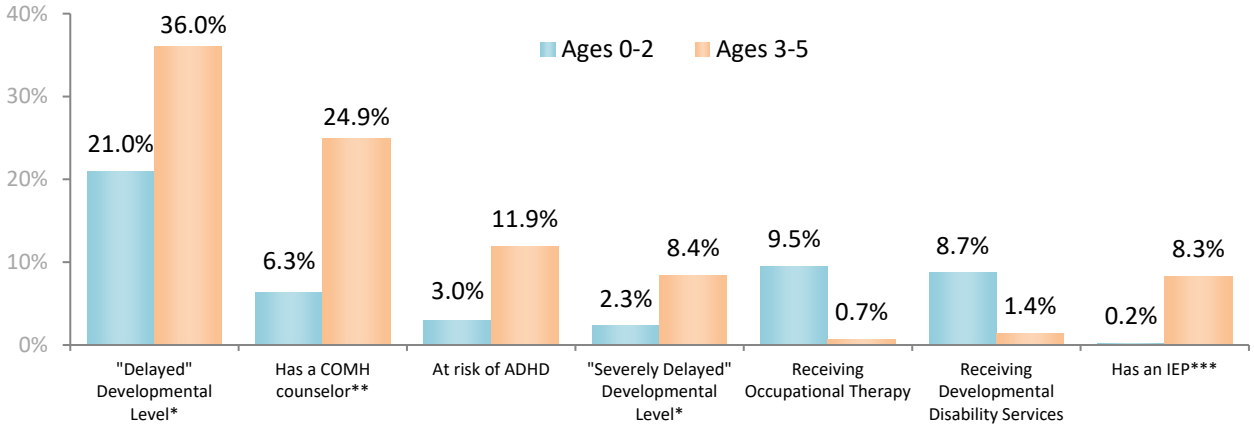
Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2021.
* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.
N=855.

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 (2011-2021) in order to present a more robust portrait of the extent to which NDFCC is helping children in the dependency court system obtain

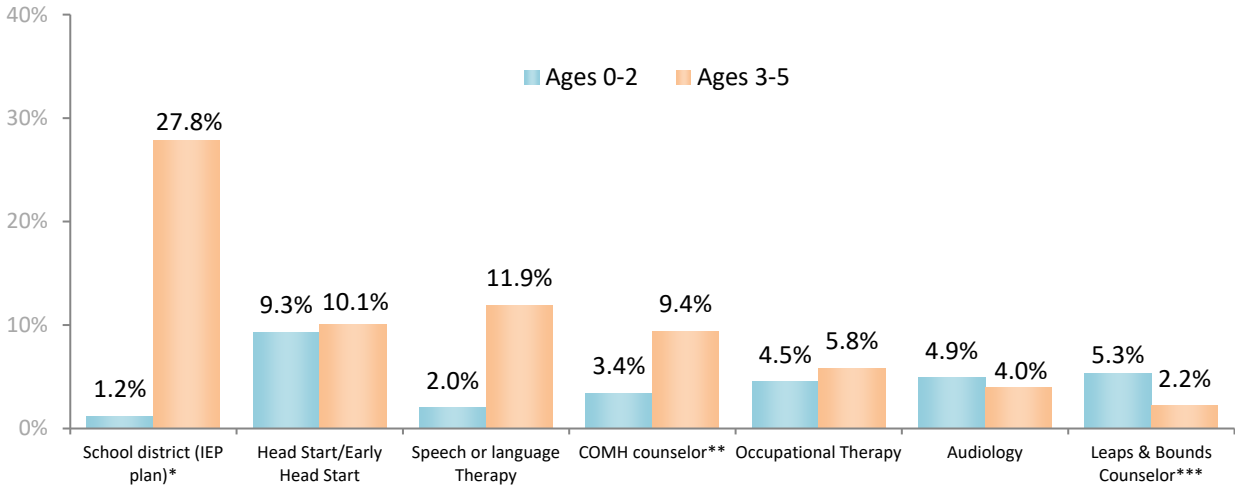
comprehensive developmental and behavioral evaluations to identify early intervention, mental health, or educational needs.

Figure 22: **Percentage of Children in NDFCC (Ages 0-5) With These Diagnoses and Services, at Intake (2011-2021)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2021.
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) 531-542; (Ages 3-5) 311-313.

Figure 23: **Percentage of Children in NDFCC (Ages 0-5) Provided With These Referrals (2011-2021)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2021.
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)=542; (Ages 3-5)=313.

Outcome Objective: Positive Parenting Program (Triple P)* services will be provided for biological parents of children served in the NDFCC

Client Outcome Objective	2020-2021
By June 30, 2021, up to 50 biological and foster parents will participate in Triple P Level 2 Seminars or Level 3 Workshops, and up to 75 biological and foster parents will receive one-time Triple P Level 2 individual consultations.	**54** (unique) parents participated in Level 2 Individual consultations, Level 2 Seminars, or Level 3 Workshops

Source: First 5, Triple P Master Client Data Collection Template, 2021.
* See the section on Triple P in this report for more information about this program.

THRIVING FAMILIES

First 5 Santa Cruz County strengthens families and promotes resiliency by addressing the socio-emotional development of young children through parenting support.

- Increased resilience of young children and their families
- Improved parenting practices and parent-child relationships
- Increased "social capital" (relationships and connections) of young children and their families
- Decreased child abuse and neglect

Young children need the security, confidence, and trust with the adults responsible for their care to develop their growing ability to regulate emotions and behavior. Children who have secure relationships with their primary caregivers are able to engage in learning and develop meaningful relationships throughout their lives.

First 5 Santa Cruz County works to increase the resilience of young children and their families, improve parenting practices and parent-child relationships, increase "social capital" (relationships and connections) of young children and their families, and decrease child abuse and neglect.

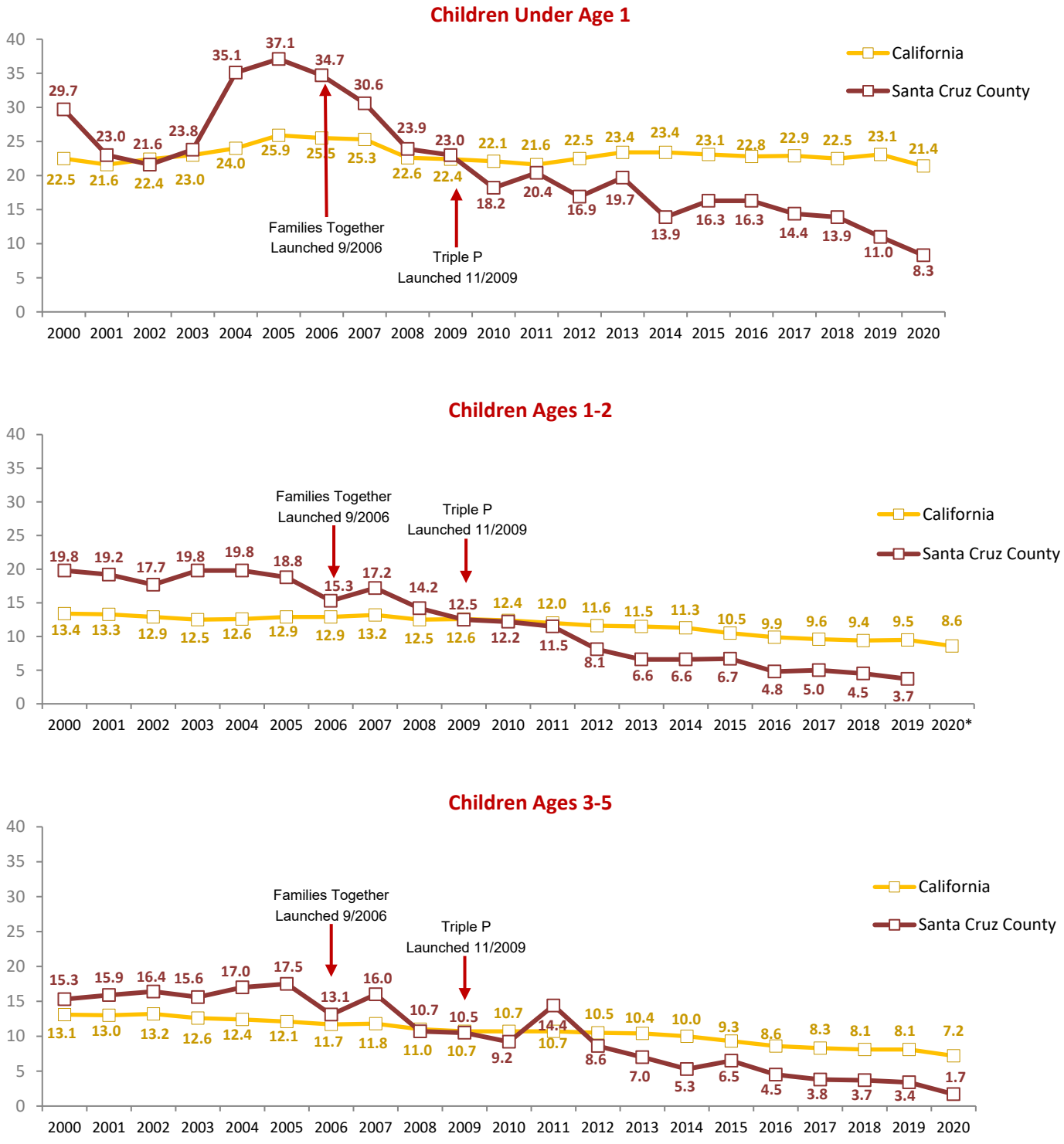
Child safety in Santa Cruz County

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 **8.3** in 2020.
- 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 **1.7** in 2020.

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. The sharp decline in 2020, however, may largely be a reflection of the shelter-in-place order related to the COVID-19 pandemic, when child care, schools, health and social services were disrupted, and there were fewer interactions between children and adults who were mandated reporters.

Figure 24: **Rate of Substantiated Allegations of Child Maltreatment in Santa Cruz County and California (per 1,000)**



* Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties.

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Ayat, N., Misirli, E., Hoerl, C., Yee, H., Flamson, T., & Gonzalez, A. (2021). *CCWIP reports*. Retrieved Aug 12, 2021, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu.

Notes: Previous years' data have been updated to reflect slight methodological changes made by the California Child Welfare Indicators Project. Results now include the category "Missing," if present (i.e., includes children with missing data).

Triple P – Positive Parenting Program

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)*. In 2020-21, practitioners began offering a 10-session series of 2-hour workshops specifically for parents of children birth – 3 years old *(0-3 Baby Group Workshops)*.
- *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*), or in an online, self-paced course *(Triple P Online)*.
- *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 2020-21, First 5 coordinated the provision of Triple P services for these partners:

- **CalWORKs**: Triple P workshops for CalWORKs participants could not be offered again in FY 2020-21 due to COVID-19 and the associated public health and safety measures. However, First 5 partnered with the Human Services Department (HSD) to launch a small pilot of Triple P Online (TPOL) for CalWORKs participants. HSD contracted with First 5 to purchase TPOL program access codes, establish a referral and data collection process, and provide up to four coaching sessions to program participants.

  TPOL is a relatively new option that offers a way to provide evidence-based parenting support to parents and caregivers who prefer self-paced learning using a smartphone, tablet, or computer with internet access. It is available in English and Spanish and can be used as an early-intervention strategy or as a more intensive program for parents of children up to 16 years old. It has been designed to help providers and organizations reach families who might face barriers to attending in-person Triple P classes or one-on-one sessions due to geographical distance, lack of childcare, work schedules, social distancing requirements, or other barriers.

  TPOL's flexibility allows parents to access support at their preferred time, place, and pace of learning, and to revisit the information, activities, and their goals as often as needed. The program is designed to be simple to use, engaging, and interactive. It includes video clips demonstrating parenting skills; exercises designed to help parents apply the Triple P strategies; personalized content and goal setting; between-session practice tasks and self-reflection to encourage goal setting and problem solving; and podcasts to review session content. There is also a customizable and downloadable workbook for parents to use as they complete the course. TPOL is equivalent to a Level 4 Triple P intervention.

  While TPOL is designed for parents and caregivers to complete independently, CalWORKs participants who enroll in TPOL will receive up to four coaching sessions from an accredited Triple P practitioner. This local adaptation of TPOL provides parents and caregivers the opportunity to receive emotional and technical support throughout the program, while still allowing flexibility to complete the program at their own pace. The CalWORKs TPOL pilot launched at the end of FY 2020-21, so no evaluation data is available yet.

- **Live Oak Cradle to Career**: Practitioners offered virtual Spanish Triple P workshops for families of Live Oak and Del Mar Elementary Schools on topics selected by the Parent Leadership group at each school site: Balancing Work, Family & School; Creating a Positive

Learning Environment at Home; Monitoring Screen Time During the Pandemic; Supporting Children During Distance Learning; Coping With Stress; and Building Children's Communication & Problem-Solving Skills. This was the sixth year that Triple P workshops were incorporated into the Cradle to Career initiative (C2C).

- **North Santa Cruz County Special Education Local Plan Area (SELPA) Community Advisory Committee (CAC)**: Practitioners offered virtual bilingual Stepping Stones Triple P workshops for families with children who have special needs. Workshop topics were selected by SELPA staff and the virtual classes were offered during the CAC's regular meetings: Supporting Children with Special Needs in Distance Learning; Helping Teens Cope with Anxiety and Depression; Parenting in Uncertain Times (4 workshops). This is the fourth year that Stepping Stones Triple P workshops were incorporated into the CAC's annual meeting schedule.
- **Probation and Santa Cruz County Sheriff's Office – Inmate Programs**: Triple P practitioners from Community Bridges continued to provide weekly independent study lessons and TeleClasses for inmates at the Rountree and Rehabilitation and Reentry facilities in Watsonville. 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.

Methodology changes

In 2020-21, the methodologies used to calculate the amount of improvement between Pre and Post assessment scores were thoroughly reviewed and improved to be more statistically accurate. Beginning this first year of the new 2020-2025 Strategic Plan, "improvement" is measured using the statistical calculation that corresponds to the type of assessment data being analyzed (see Appendix D for a description of these new methodologies).

There are two main advantages to matching the improvement analysis to the corresponding type of assessment data being analyzed: 1) this improves the statistical validity and significance of the results, and 2) this provides the benefit of allowing us to compare results across assessments that use the same methodology.

Beginning this FY 2020-21, all cumulative improvement results have been recalculated using this new methodology. Therefore, these results in this year's report should not be compared to previous reports' results, due to the different methodologies. First 5 is intentionally beginning the use of these new methodologies at the start of the current Strategic Plan, to provide a seamless evaluation from this time forward.

Maintaining Access to Services During the Pandemic

Triple P practitioners continued to offer Triple P classes and 1:1 sessions by phone, videoconferencing platforms (e.g., Zoom or Microsoft Teams), independent study (Inmate Programs only), or Triple P Online (CalWORKs only). Practitioners' skills and confidence in delivering virtual services continued to grow, and they remained flexible and open to adapting as needs and circumstances changed.

Population Served

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

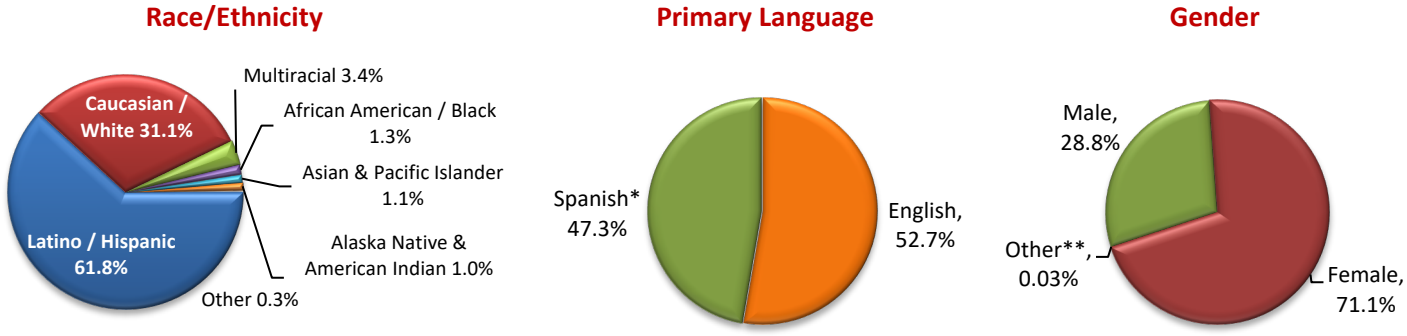
1) **Unique Clients:** Those who participated in individual or group sessions AND who consented to have their assessment data anonymously included in this evaluation (who consequently provided enough information to create a Unique ID)
2) **"Unidentified" Clients:** Those who participated in brief services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

	This Funding Cycle 2020-2021					Cumulative Totals 2010-2021				
Unique Clients Participating in Individual or Group Sessions – *Unduplicated; client data analyzed* *										
Parents/Guardians					397					5,070
	AGES 0 – 5	**AGES 6 – 12**	**AGES 13 – 16**	**AGES 17+**		**AGES 0 – 5**	**AGES 6 – 12**	**AGES 13 – 16**	**AGES 17+**	
Children	*90*	*70*	*30*	*22*	212	*2,314*	*1,930*	*675*	*293*	5,212
"Unidentified" Clients Participating in Seminars & Workshops – *Includes duplicates; some client data analyzed* **										
Parents/Guardians					425					9,773
Children *(all ages)*					1,325					23,380
"Non-Consenting" Clients Participating in Individual or Group Sessions – *Client numbers only; no client data analyzed*										
Parents/Guardians					22					357
Children *(all ages)*					42					551
					TOTAL* **					**TOTAL*** **
Parents/Guardians					**814**					**15,200**
Children *(all ages)*					**1,579**					**29,143**

Source: First 5 CCD database for July 1, 2020 – June 30, 2021, 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 clients in Triple P program levels where only limited information was collected, and therefore no Unique IDs were able to be created for them. This includes parents *and* children in Seminars and Workshops, and just the *children* of parents who participated in Level 2 Individual sessions. Parents may have participated in more than one Triple P service, but may not be identified due to the lack of a Unique ID. 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.

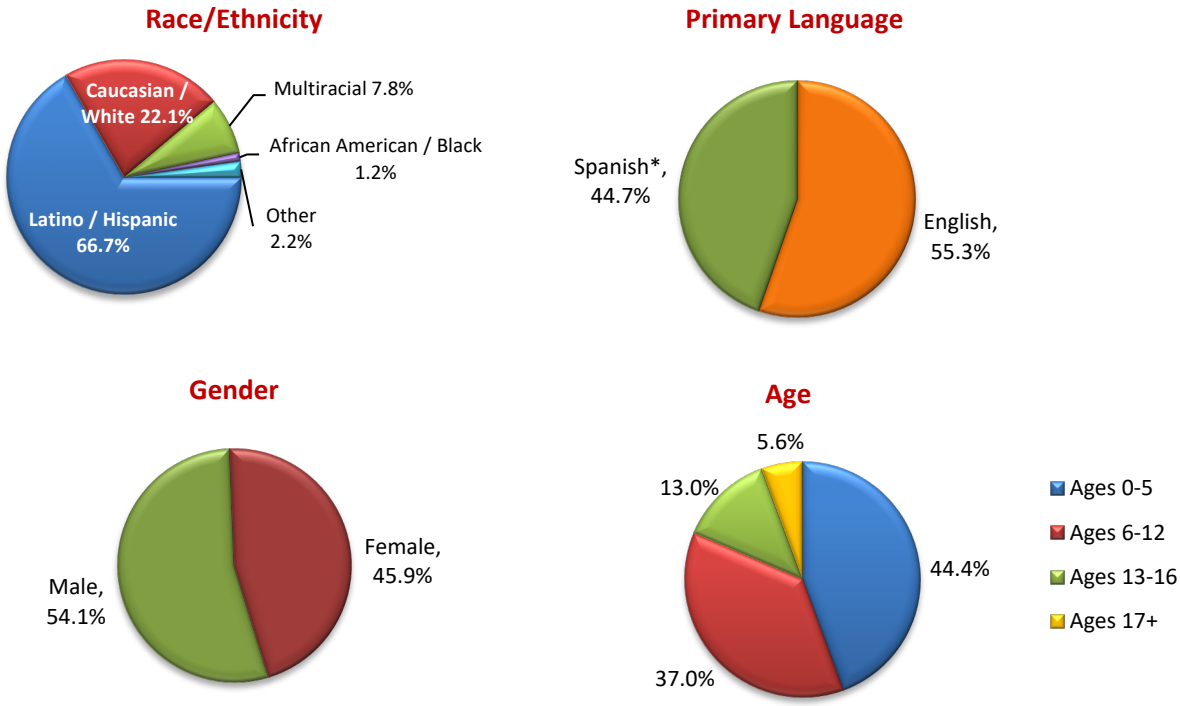
Triple P Participant Details

Figure 25: **Demographics of Triple P Parents/Guardians (2010-2021)**



Source: First 5 CCD database for 2010-2021.
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)=3,111, (Language)=6,094, (Gender)=6,047.

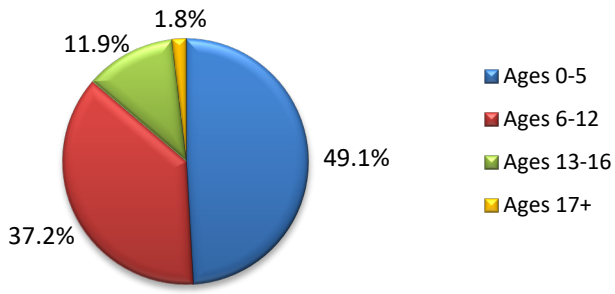
Figure 26: **Demographics of Children Benefitting from Triple P (2010-2021)**



Source: First 5 CCD database for 2010-2021.
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 3 Individual/Brief Group, 4, and 5. Language refers to the language used to conduct the Triple P services. Category options less than 1% are added to the "Other" category.
* Spanish language = Spanish + Bilingual Spanish/English.
N: (Ethnicity)=5,000, (Language)=5,200, (Gender)=5,199, (Age)=5,212.

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 (referred to as the "Index Child" in this report), 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 27: **Ages of Children Chosen as the "Index" Child (2010-2021)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2021.
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=2,358.

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.

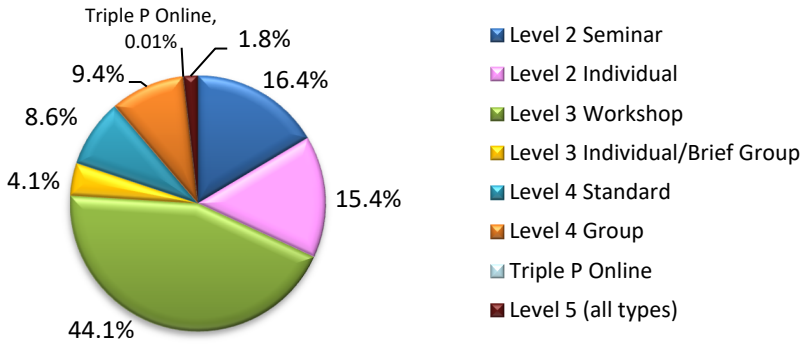
In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in 2020-21, the results for four Level 4 assessment tools that were discontinued in 2018 are no longer reported in these analyses of Triple P outcomes, and only the results for the current Level 4 assessments are included.

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 (including 2 clients who have already completed the newest level being offered: Triple P Online). Not surprisingly, the majority of parents 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.

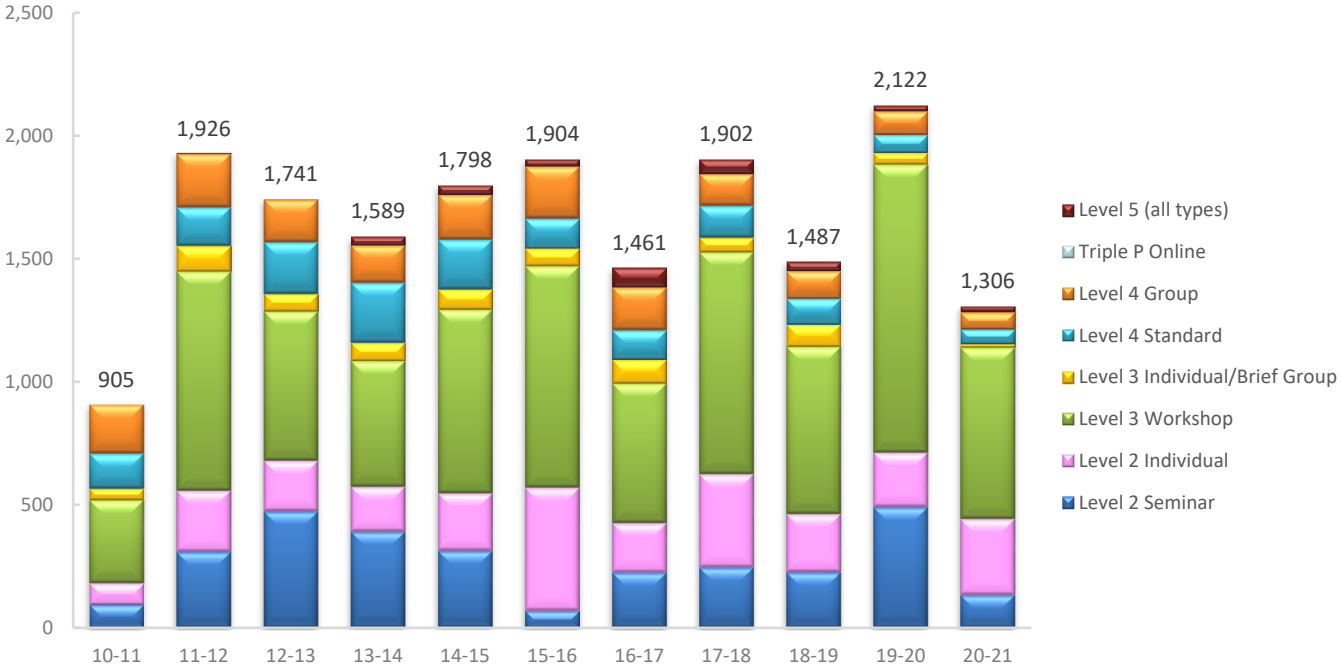
Figure 28: **Types of Services Provided (2010-2021)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2021.
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=18,141 services.

- When looked at individually, each year follows this pattern, with brief services being the most frequently utilized. During FY 2020-21, the continuing pandemic continued to impact the number of clients participating in higher-level services. However, the number of clients participating in Seminars and Workshops stayed about the same as the years before the pandemic began.

Figure 29: **Number and Type of Services Provided, by Fiscal Year**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2021.
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, 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 15,000 parents and 29,000 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 2020-21	CUMULATIVE TOTALS 2010-2021
Parents/Guardians	**814**	**15,200**
Children *(all ages)*	**1,579**	**29,143**

Source: First 5, Triple P Master Client Data Collection Template, 2010-2021.
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 (2010-2021)

Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2021.

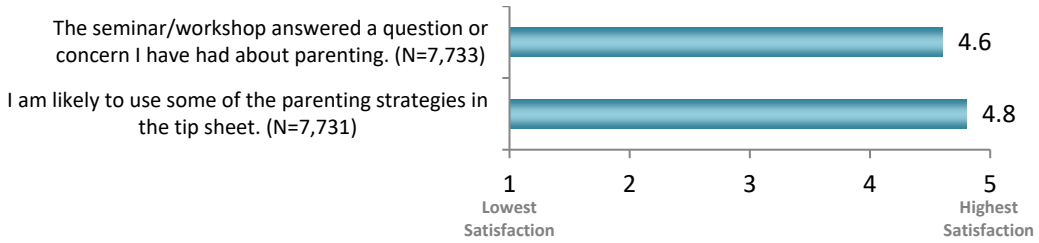
Level 2: Selected (Individual & Seminars) & Level 3: Primary Care (Workshops)

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 (2010-2021)



Source: Triple P data from the *Seminar/Workshop Satisfaction Survey*, Jan. 2010 - June 2021.

- **Inmate Programs: Workshop series at local correctional facilities.** Triple P practitioners from Community Bridges continued to provide three concurrent 12-week workshop series (in English only) at the Rountree facility and Rehabilitation and Reentry facility in Watsonville. Because of the ongoing pandemic and cancellation of in-person classes, lessons continued to be offered via the Independent Study program. In addition, beginning in 2020-21 participants at one facility were able to take part in lessons via virtual TeleClasses.

  - **Participant details**: Between 2018-2021,
    - A total of 324 participants attended at least one workshop.
    - The majority of participants were Latino (60%) or Caucasian/Non-Latino (28%).
    - Participants ranged in age from 16 to 65, and most (72%) were between the ages of 21 – 40.
    - Of the participants who provided their parental status, 69% had at least one child between ages 0-12.

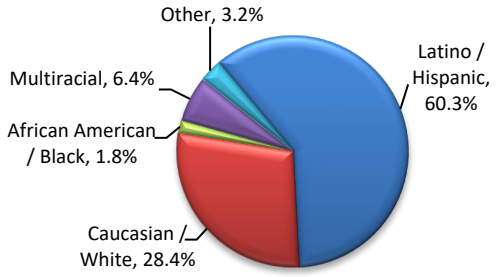
What is one parenting strategy you will use the next time you see or talk to your child(ren)?

"Have honesty with your feelings and thoughts. Own your part of the relationship and listen, really listen."

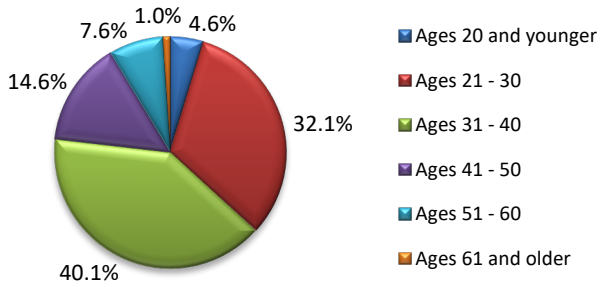
- Triple P Inmate Programs participant
Answer to a Satisfaction Survey question

Inmate Programs Workshops: Participant Demographics (2018-2021)

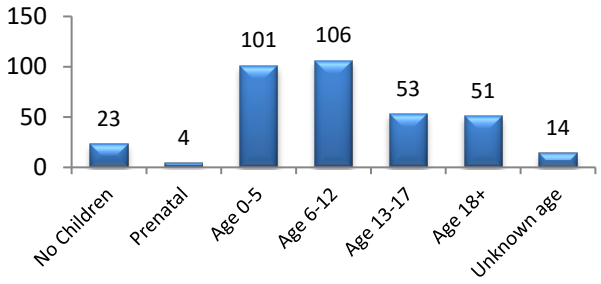
Participant Race/Ethnicity



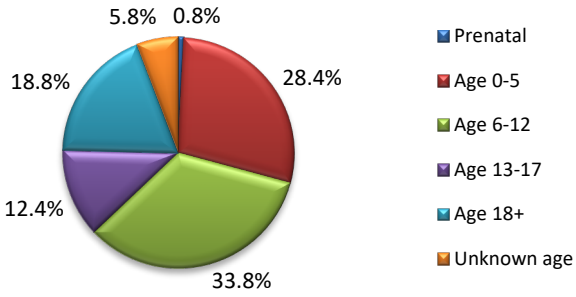
Participant Age



Number of Participants with At Least One Child in these Age Groups



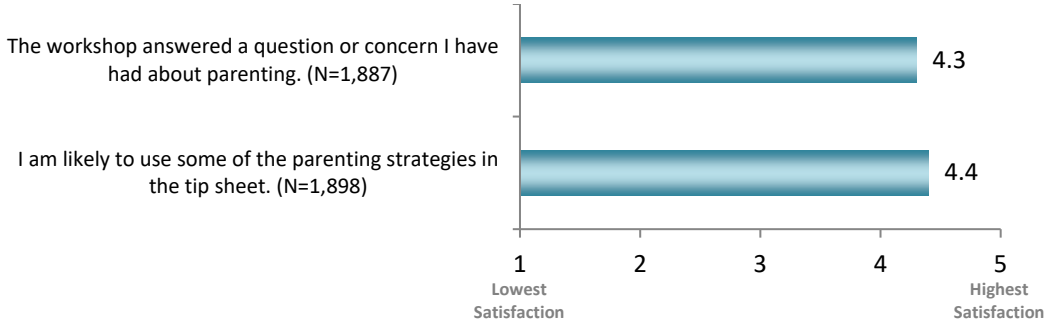
Age of Participants' Children



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
N: (Ethnicity)=282; (Age)=302; (Participants with child in age group)=232; participants may be duplicated if they have children in multiple age groups; (Child ages)=500.

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

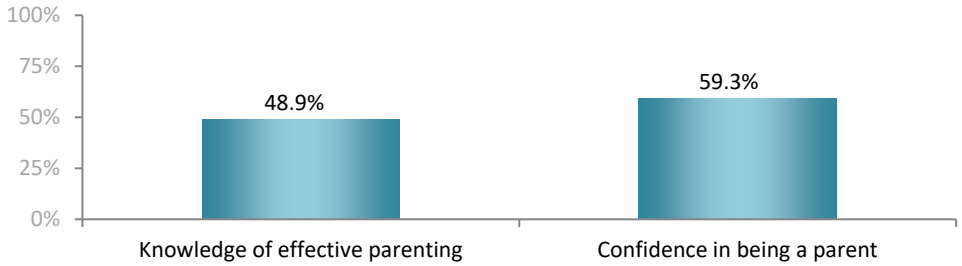
Inmate Programs Workshops: Satisfaction Survey (2018-2021)



Source: Triple P data from the Inmate Programs Workshop Satisfaction Survey, 2018-2021.

Effective parenting. Results from the evaluation sets for each year have been combined, and results indicate that participants are demonstrating 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 (2018-2021)



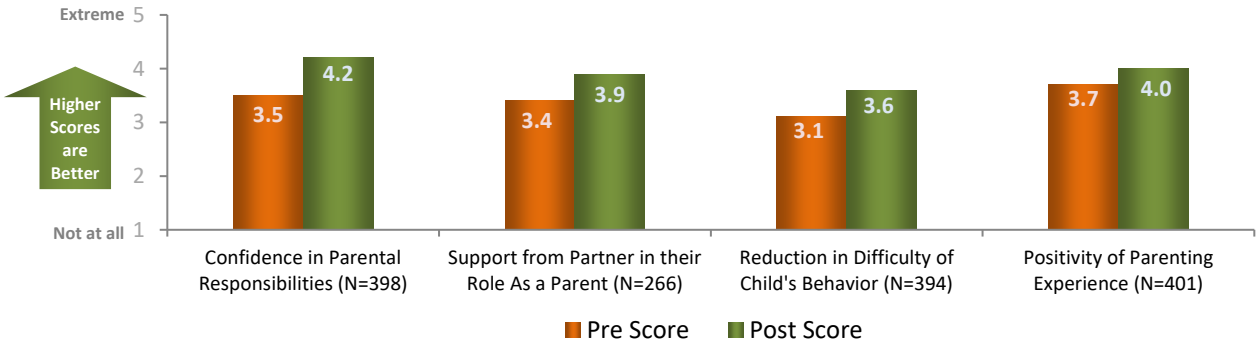
Source: (Knowledge) Triple P assessment results, *Knowledge of Effective Parenting Scale (KEPS)*, and *Parent Knowledge Questionnaire*; (Confidence) Triple P assessment results, *Parenting Experience Survey, Question 3,* 2018-21.
N: Knowledge=92, Confidence=91.

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 *statistically significant* improvements in their confidence in parenting, support from their partners, number of difficult child behaviors, and enjoyment in their parent/child relationship. Regarding parent confidence, partner support, and reduced difficult behaviors, parents on average experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically significant but also *meaningful*.

Increases in Positive Parenting (2010-2021)



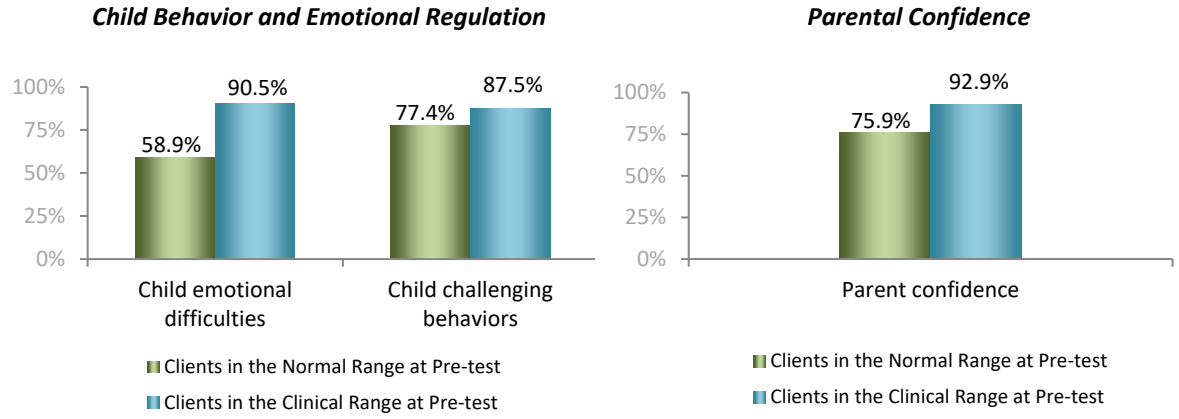
Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2021.
Note: The *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. This analysis only includes parents who participated in Level 3 Primary Care (Individual/Brief Group) services.

Level 4: Standard & Group

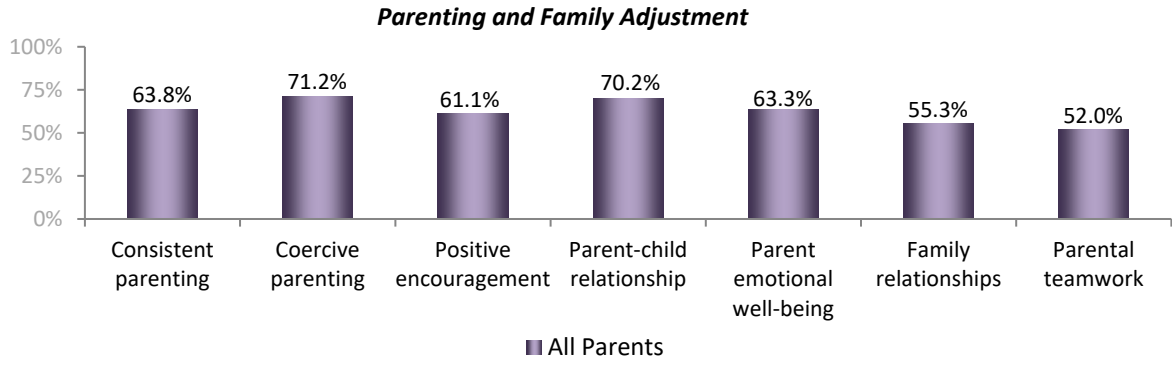
Through more intensive services, families are receiving in-depth support for moderate to severe behavioral and emotional difficulties.

- **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 reported improvements in child emotional and behavior regulation, parental confidence, parental emotional well-being and family relationships, and increased use of positive parenting styles.
  - 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" had moved out of the range of concern by the end of the program.

Percentage of Parents Who Demonstrated Improvement in Key Parenting Issues (2018-2021)

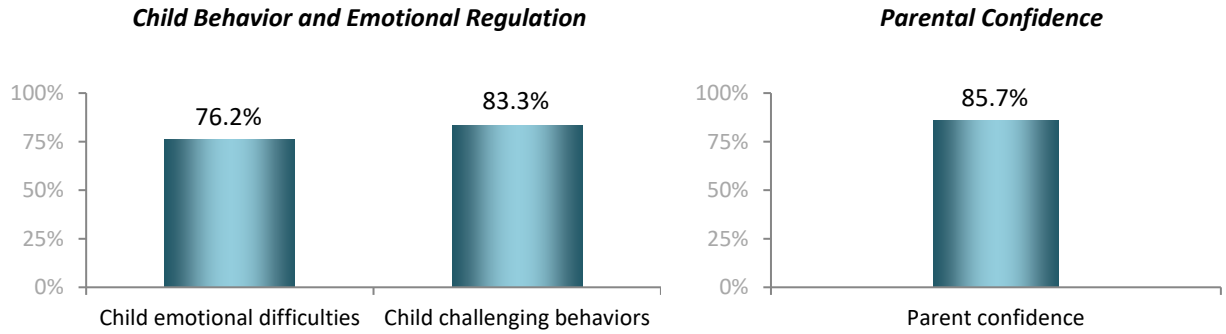


Source: Triple P assessment results, July 2018 - June 2021. *Child Adjustment and Parent Efficacy Scale (CAPES) subscales.*
N: (Emotional difficulties) Normal=190, Clinical=21;(Challenging behaviors) Normal =208, Clinical=24; (Confidence subscales) Normal =191, Clinical=28.



Source: Triple P assessment results, July 2018 - June 2021. *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)=254; (Coercive parenting)=233; (Positive encouragement)=226; (Parent-child relationship)=161; (Parent emotional well-being)=245; (Family relationships)=226; (Parental teamwork)=152.

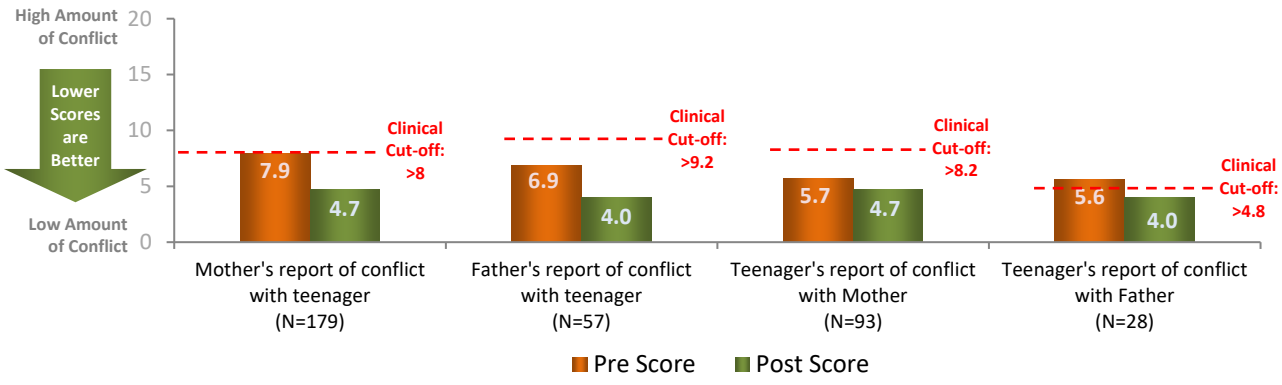
Percentage of Parents Who Moved Out of the "Clinical Range" of Concern in Key Parenting Issues (2018-2021)



Source: Triple P assessment results, July 2018 - June 2021. *Child Adjustment and Parent Efficacy Scale (CAPES) subscales.*
N: (Emotional difficulties)=21; (Challenging behaviors)=24; (Confidence subscales)=28.

- **Parents in Teen Triple P report decreased amount of conflict with teenagers.** 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).
  - On average, both mothers and fathers reported significant decreases in the amount of conflict between themselves and their teenagers. Both parents experienced a moderate to large magnitude of change, indicating that their decreases in conflict were not only *statistically significant* but also *meaningful*.
  - By the end of the program, teenagers also reported significantly lower amounts of conflict with their mothers. The amount of conflict also decreased with their fathers, and may reach statistical significance as the number of these assessments increases.

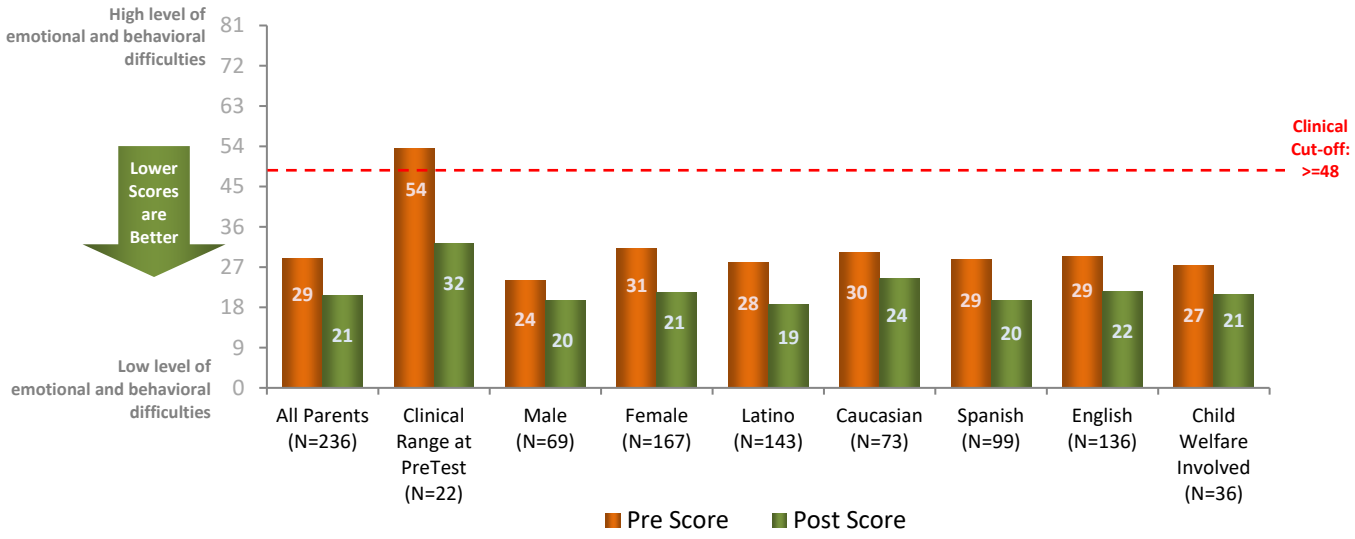
Amount of Conflict Between Parents and Their Teenagers (2010-2021)



Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2021.

- **Improvements in child behavior and emotional regulation.** On average, all Parents and all sub-populations reported significant improvements in their children's challenging behaviors and emotional difficulties.
  - On average, 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.
  - In addition, All Parents and all sub-populations experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically *significant* but also *meaningful*.

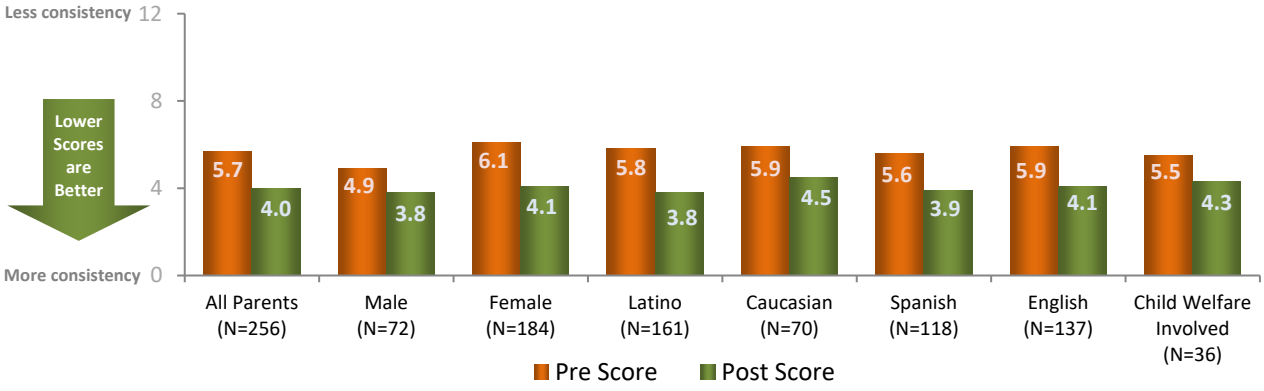
Child Emotional and Behavioral Difficulties (2018-2021)



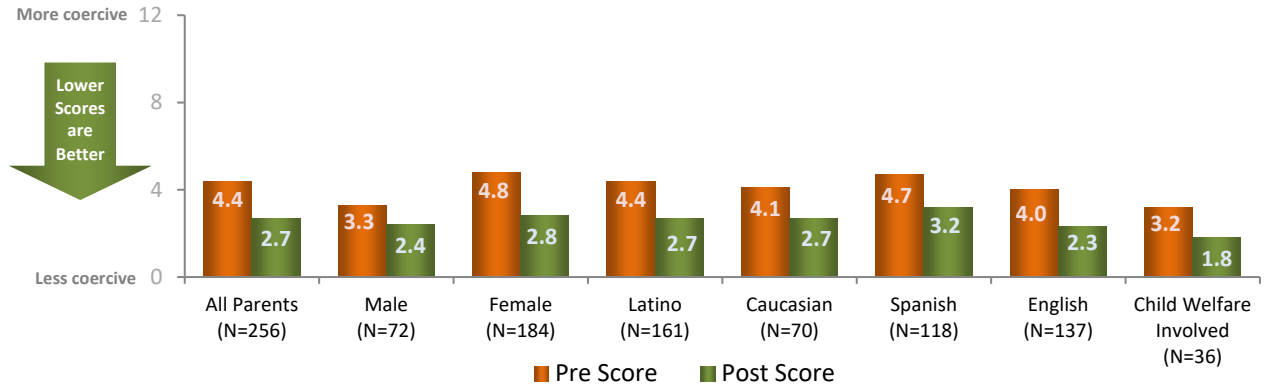
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2021.

- **Increased use of positive parenting styles.** There were significant improvements in parents' overall style of discipline, as their parenting style became more consistent and less coercive through the course of the Triple P program.
  - In addition to the significant improvements in consistent parenting, on average All Parents and almost all sub-populations (Female, Latino, Caucasian, primarily Spanish-speakers, primarily English-speakers) experienced a moderate to large *amount* of improvement.
  - Similarly, in addition to the significant improvements in coercive parenting, All Parents and almost all sub-populations (Female, Latino, Caucasian, primarily Spanish-speakers, primarily English-speakers, Child welfare involved) also experienced a moderate to large magnitude of change.

Improvement in Consistent Parenting (2018-2021)



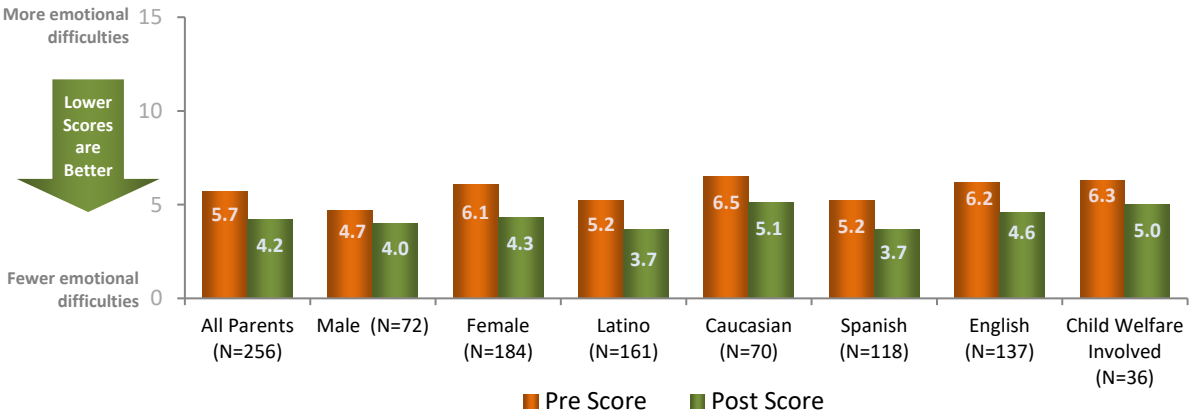
Decrease in Coercive Parenting (2018-2021)



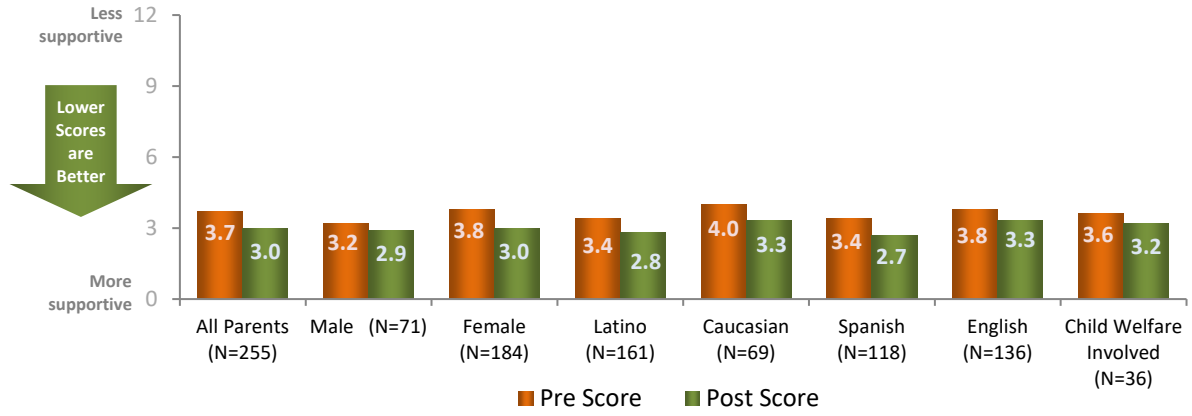
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Subscales, July 2018 - June 2021.

- **Improvements in parental emotional well-being and family relationships.** On average, parents reported significantly improved emotional well-being and fewer relationship issues that were problems after participating in the program.
  - On average, All Parents and all sub-populations reported significantly fewer emotional difficulties. All Parents and almost all sub-populations (Female, Latino, Caucasian, primarily Spanish-speakers, primarily English-speakers) also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.
  - Similarly, All Parents and most sub-populations on average reported significant improvements in family relationships, feeling more supported by the end of their services. Although not yet statistically significant, parents with child welfare cases also demonstrated improvement. In addition, parents who were primarily Spanish-speakers also experienced a moderate magnitude of change, indicating that their observed differences were not only statistically *significant* but also *meaningful*.

Parental Emotional Well-being (2018-2021)



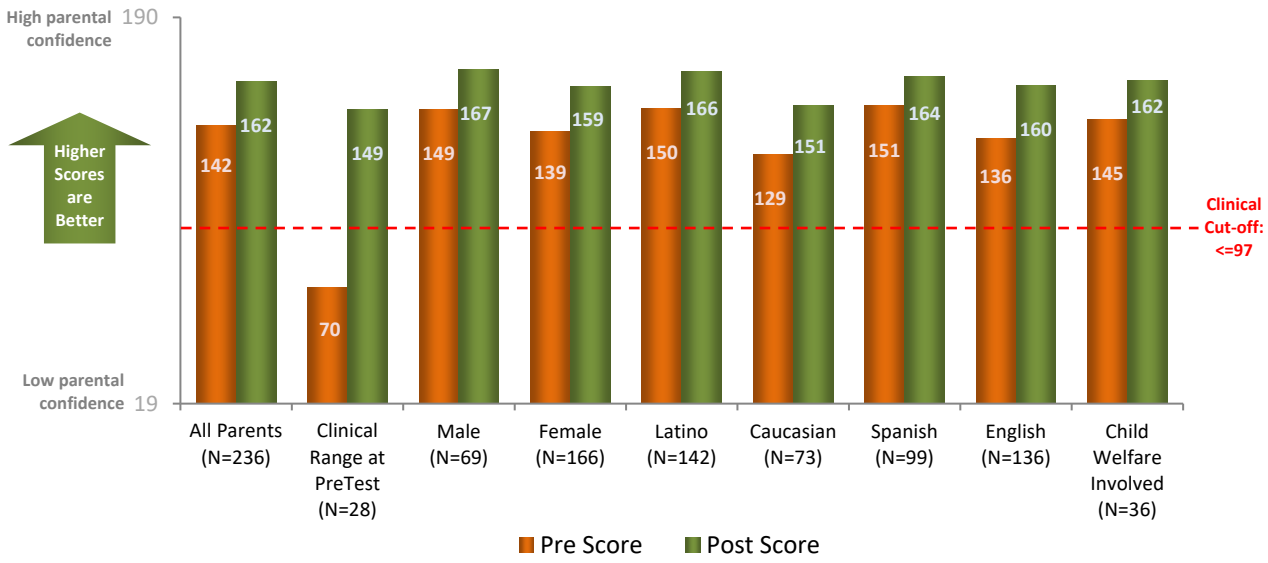
Family Relationships (2018-2021)



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*: Emotional Well-being and Family Relationships subscales, July 2018 - June 2021.
Note: There is no clinical cut-off for this assessment's scores.

- **Increased parental confidence.** There were *significant* improvements in parents' confidence (All Parents and all sub-populations) through the course of the Triple P program.
  - Of special note, parents who had scores in the Clinical Range of Concern at the beginning of their services experienced a significantly large magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.

Improvement in Parental Confidence (2018-2021)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2021.

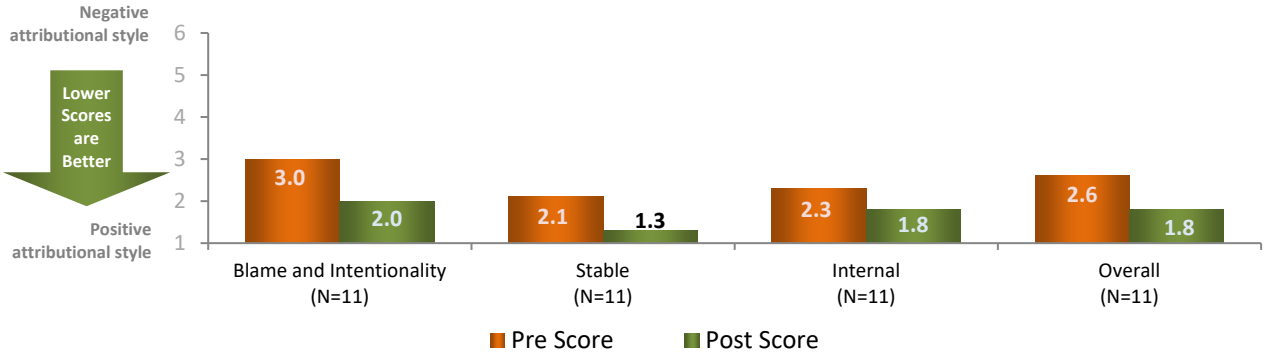
Level 5: *Enhanced, Pathways, Family Transitions, and Lifestyle*

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, and the following results demonstrate the considerable improvement in these parents' anger management, decreased co-parental conflict, 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 already showing that parents are making *statistically significant* improvements in their anger management, and consequently are responding more positively in their understanding of their children's behavior.

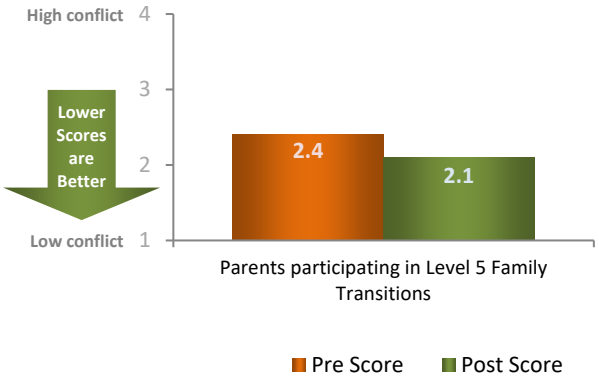
Parents attributions for children's behaviors (2013-2021)



Source: Triple P data from the *Parents Attributions for Child's Behavior Measure*, Jan. 2013 - June 2021.
Notes: Results should be interpreted with caution, as the sample sizes are still relatively low.

- **Reduced levels of conflict between divorced/separated parents.** After participation in Level 5 Family Transitions, parents reported small—yet *statistically significant*—decreases in the level of conflict with their divorced or separated partner.

Level of Co-Parental Conflict Between Divorced or Separated Parents (2013-2021)

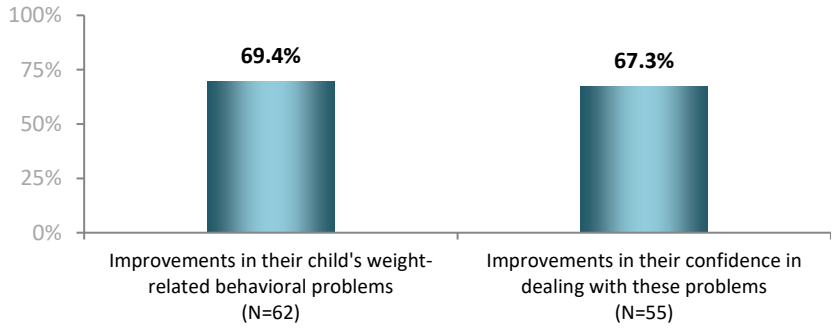


Source: Triple P data from the *Acrimony Scale*, 2013-2021
Note: Only clients who participated in Level 5 Family Transitions were included in these analyses.
N=77.

- **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 (69%) reported significant improvements in their child's weight-related behavioral problems, and a similar number of parents (67%) reported significantly increased confidence in dealing with these problems.

Percentage of Parents Reporting Improvements After Completing the Level 5 Lifestyle Program (2016-2021)



Source: Triple P data from the Lifestyle Behavior Checklist, 2016-2021.

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.

One client's story

"One client was having overwhelming problems parenting her high-needs child. She was feeling at the end of her rope, and was unable to get support through any of the means she had tried.

Families Together staff was able to work with her on parenting strategies. Through education, developmental assessments, and goal setting, she was able to achieve success as a parent in small steps that began to add up to a larger goal of feeling that she was capable and competent in parenting her child. Families Together was also able to help her navigate the county mental health systems to ensure that she was able to advocate for her child, and connected her with programs that will continue to work with her.

She left the program in literal tears of gratitude, and said in her last session that she truly believes this program saved her life. She is feeling hopeful for the first time in a long time, and now has a greater support system both externally and internally to support her and her son."

- Families Together, Annual Progress Report

Pandemic challenges and successes

When the pandemic first began, Families Together transitioned quickly to a telehealth service model. As the pandemic has continued, Families Together has reintroduced in-person services when possible, and continues to inform clients about COVID-19 safety protocols and precautions. In order to connect with as many families as possible, Families Together has been adapting the programs to match each client's "comfort level," such as in-person vs. online formats, and home vs. clinic visits. They are also exploring new processes that will enable them to reach more clients via online groups.

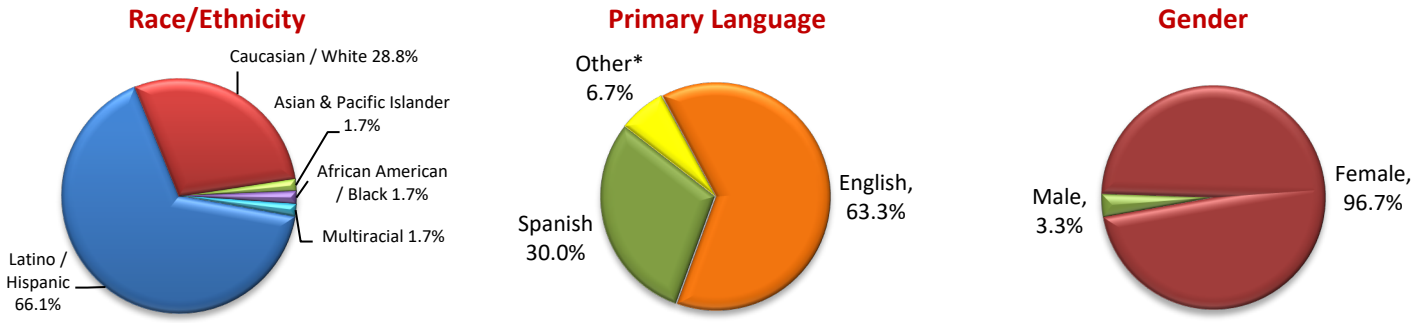
Families Together has learned to be flexible and cognizant of the physical and emotional needs of both clients and staff. The ongoing pandemic has made client participation extremely challenging, but the program's enduring outreach has shown resilience and is an indication of a strong future as they continue to navigate through an unprecedented time.

Population Served

	Families Together Pathway*					2020-2021	
	Brief	Intensive	Pending	Exited early	**Subtotal** *All Pathways*	**Triple P only**** Additional clients who received Triple P services	**Total** *All Pathways + Triple P ****
Parents/Guardians	27	16	12	5	**60** *(with children ages 0-5)*	18 *(with children of all ages)*	**78**
Children	36	25	13	7	*(ages 0-5)* **81**	*(ages 0-5)* 0 *(ages 6+)* 4	*(ages 0-5)* **81** *(ages 6+)* **4**

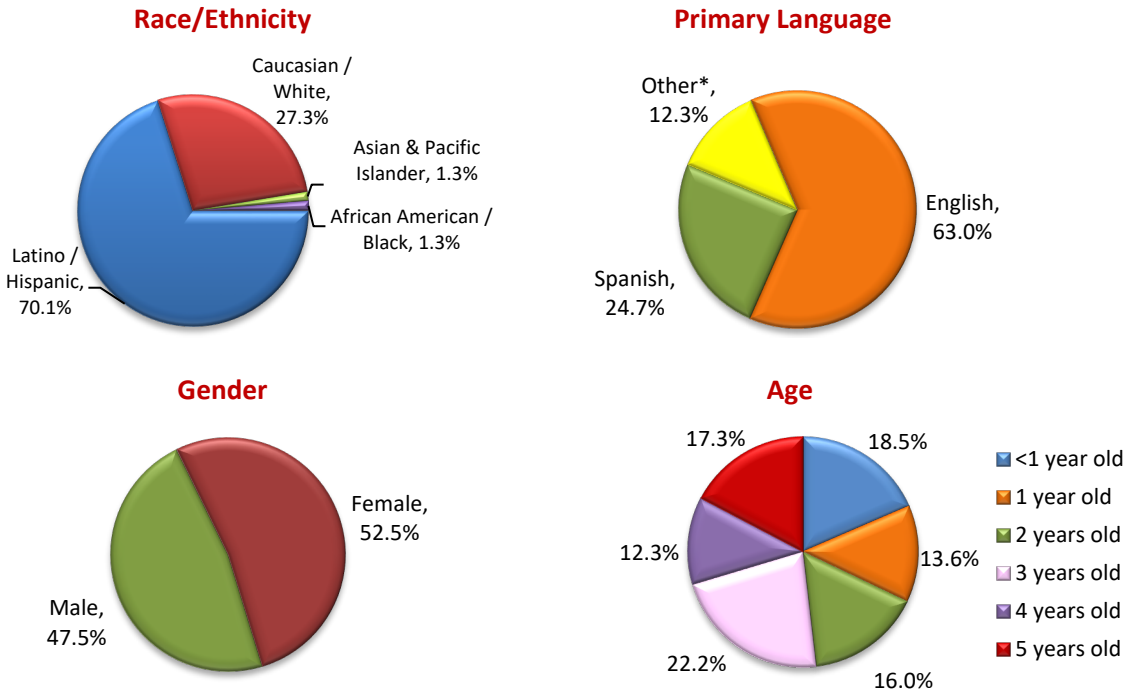
Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* The risk assessment results guide the pathway assignment decision: families who score *Low* or *Moderate* work within the Brief Pathway with a Family Support Specialist for 3-6 months. Those who score *High* or *Very High* work within the 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 in this population total.

Figure 30: **Demographics of Parents/Guardians Participating in Families Together (2020-2021)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.
N: (Race)=59; (Language)=60; (Gender)=60.

Figure 31: **Demographics of Children Benefitting from Families Together (2020-2021)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* "Other" language options may include bilingual English/Spanish, Mesoamerican languages, and other languages.
N: (Ethnicity)=77; (Language)=81; (Gender)=80; (Age)=81.

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

Program Objectives	2020-2021

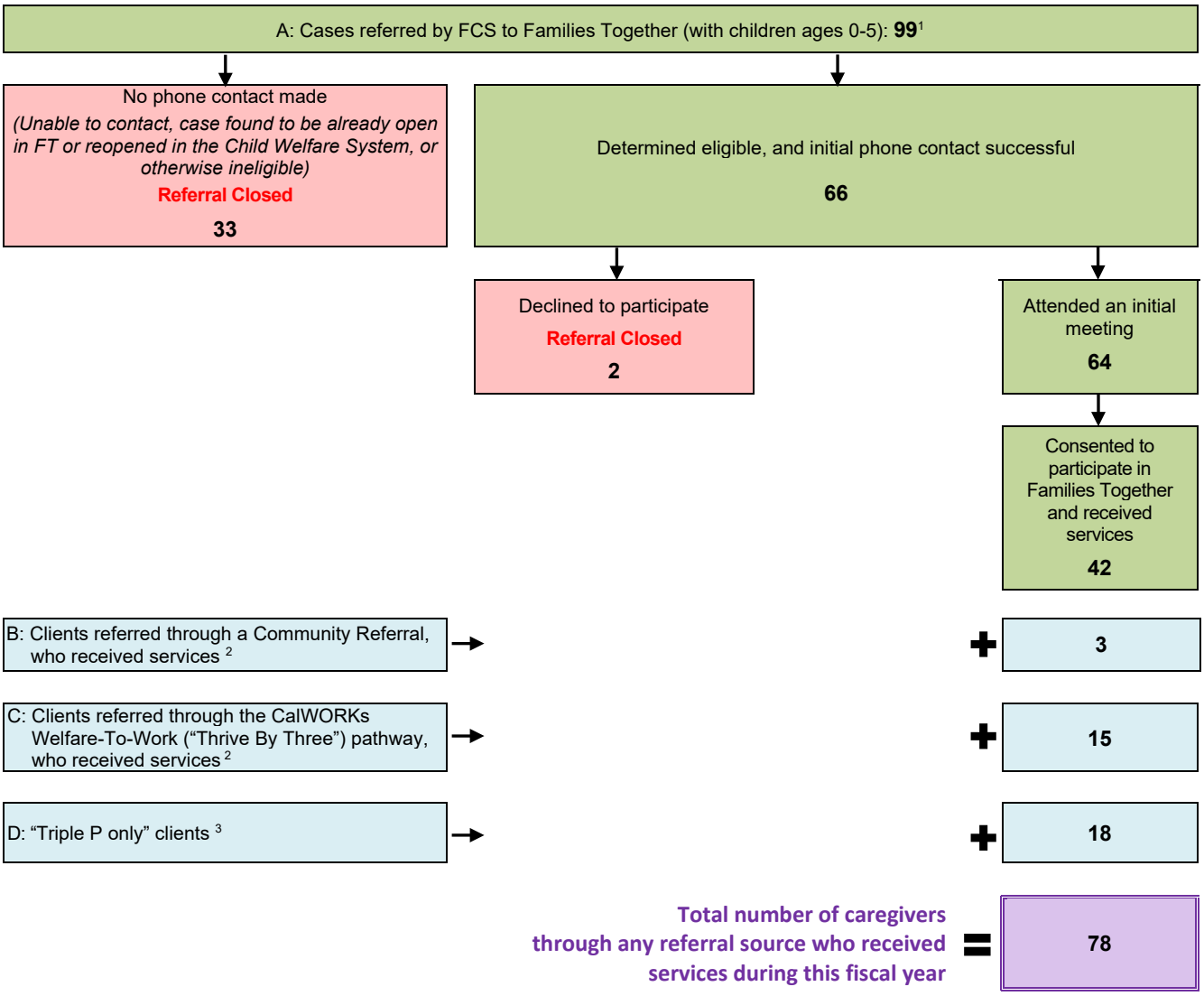
Accept referrals for at least 130 families per year who will be referred from Family and Children's Services (FCS) to Families Together. Referrals will also be accepted from other community sources, and at any given time, up to 15 families referred from the community will be offered services. FCS families will receive priority and community referrals will be monitored and reviewed prior to the provision of Families Together services.	• 207 FCS referrals
	  ○ 99 families with children ages 0-5
	  ○ 108 families with children ages 6-17
	• 15 CalWORKs Welfare-To-Work ("Thrive By Three") referrals
	• 3 Community Referrals

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 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.	• 66 eligible FCS referrals with children ages 0-5 were successfully contacted. ○ 64 of these contacted families accepted an initial meeting (65% of the original 99 FCS referrals).
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 with children ages 0-5 who received a service this fiscal year, no matter how they were initially referred to Families Together.	• 60 primary caregivers with children ages 0-5 received services this fiscal year • 18 additional clients received Triple P services. 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.

Source: (Referrals and meetings) Families Together *Annual Progress Report*; (Number of clients receiving services) First 5 Apricot database, 2021.

Figure 32: **Case Flow Diagram (2020-2021)**

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 *Annual Progress Report*, 2021 and First 5 Apricot database, 2021.
[1] 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). Clients referred via other sources have been added at the bottom of this Diagram to illustrate the total number of clients funded by First 5 who received services at Families Together.
[2] This number includes client who were referred from partner agencies ("Community Referrals" or CalWORKs Welfare-To-Work ("Thrive By Three")).
[3] This number reports clients who only received Triple P services at Families Together, and were either a "secondary caregiver," a primary caregiver with no child under age 6, or were a family member or friend of another Families Together client.
Note: 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.

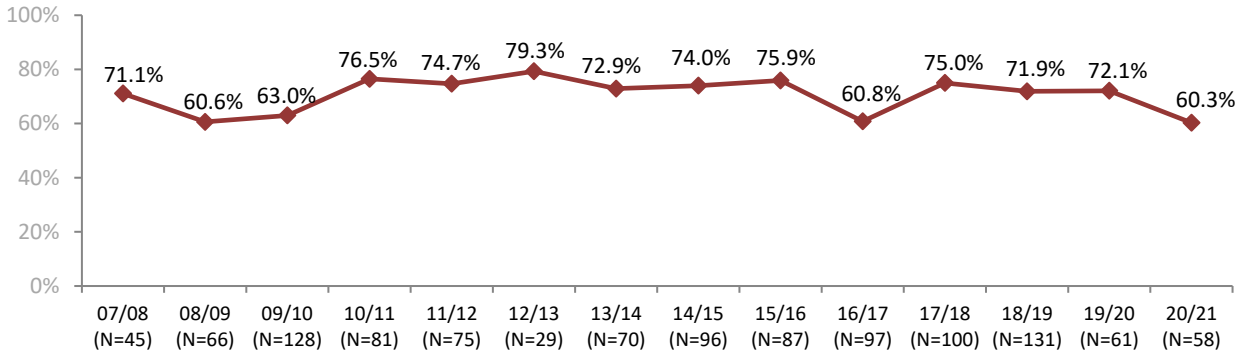
Client Outcome Objective	2020-2021
70% of primary caregivers who participate in Families Together will demonstrate decreased risk based on a final assessment	60.3% N=58

Source: First 5 Apricot database, Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST) data, 2020-21.
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 reassessment given during the fiscal year (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 2020-21, 60% of parents were found to have lower levels of risk at reassessment than at baseline. This is a slightly lower percentage compared to previous years, and may reflect the impact of living with the coronavirus pandemic for over a year.

Figure 33: **Percentage of Families Together Participants Who Showed Decreased Risk of Child Maltreatment**

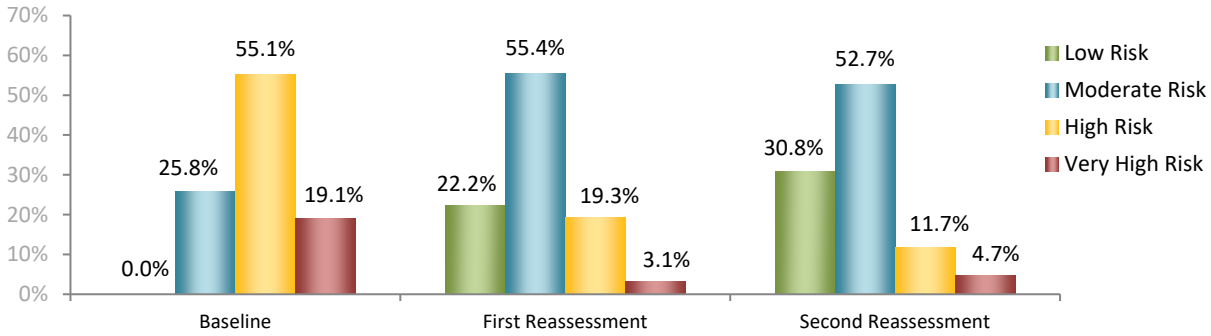


Source: First 5 Apricot database, Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST) data.
Notes:
- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Clients who had at least one reassessment given during the fiscal year (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, 1st reassessment, and 2nd 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 2007-2021, **74%** of families were assessed as being "high risk" or "very high risk" upon intake, and this dropped to **23%** six months later (1st reassessment). The percentage assessed as being "high" or "very high risk" dropped to **16%** for families who stayed in the program a full year (2nd reassessment).

Figure 34: **Change in Families' Risk Levels During Participation in the Families Together Program (2007 - 2021)**



Source: First 5 Apricot database, Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST) data, 2007-2021.
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 = 383.

Additional analyses in past years have confirmed that the improved levels of risk by the 1st and 2nd reassessments were the result of the impact of the Families Together program, rather than the result of a changing population of clients.

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

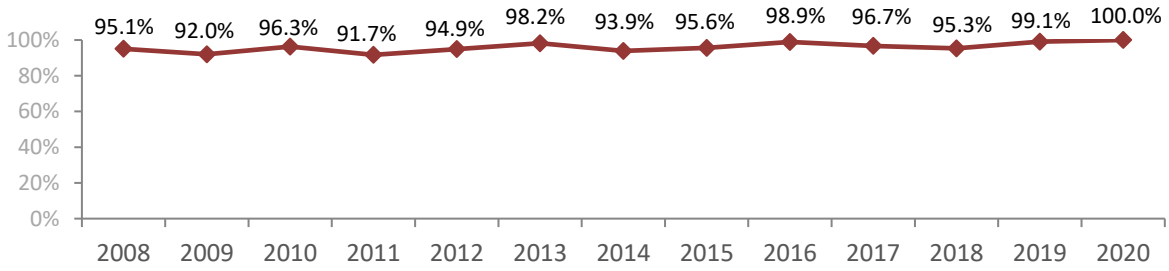
Client Outcome Objective	2020
At least 95% of families who participate in Families Together will not have a substantiated allegation of abuse at least 6 months after case closure.	100% N=61

Source: Santa Cruz County Human Services Department and Children's Research Center. *Families Together: Substantiated Child Abuse Study, 2020,* 2021.
Note: Data are for each calendar year, in order to allow at least a 6-month period after case closure.

- Of the 61 families who received services from Families Together *and* had their cases closed in the 2020 calendar year:
  - **No families** had 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 85% 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.

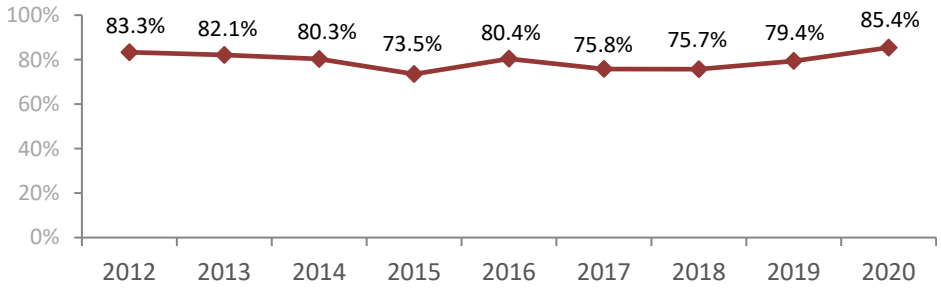
These results indicate that although some families are re-referred to child welfare after exiting from Families Together, the rate of substantiated abuse is low. This suggests that even though families are still experiencing high risk factors that lead to a child welfare report, they may have gained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

Figure 35: **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, 2020,* 2021.
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; (2020)=61.

Figure 36: **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, 2020,* 2021.
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; (2020)=61.

Outcome Objective: Children have health insurance and a medical home

Client Outcome Objective	2020-2021
At least 98% of children ages 5 and under have health insurance *by exit* from the program.	95.8% N=48
At least 98% of children ages 5 and under will have a medical home *by exit* from the program.	95.8% N=48

Source: First 5 Apricot database, *Medical Home & Insurance Status at Closure report*, 2020-21.

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

Client Outcome Objective	2020-2021
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.*	61.9% N=42
Of these families, at least 50% of those who participated in higher-level programs (e.g., L3-Individual/Brief Group, L4-Standard/Group) will complete the curriculum, as indicated by documentation of completed curriculum.	20.0% N=5
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.	83.3% N=24

Source: Families Together *Annual Progress Report*, 2021.
* 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.

Triple P Assessment Results

In the following Triple P analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which Families Together clients are demonstrating improvement in their parenting knowledge and skills.

Methodology changes

In 2020-21, the methodologies used to calculate the amount of improvement between Pre and Post assessment scores were thoroughly reviewed and improved to be more statistically accurate. Beginning this first year of the new 2020-2025 Strategic Plan, "improvement" is measured using the statistical calculation that corresponds to the type of data being analyzed (see Appendix D for a description of these new methodologies).

Level 2: Individual

This brief form of Triple P is giving Families Together parents an opportunity to be introduced to Triple P and is providing easy access to general parenting support through one-time consultations.

- Between 2010-21, **192** unique clients have received Level 2 Individual services.

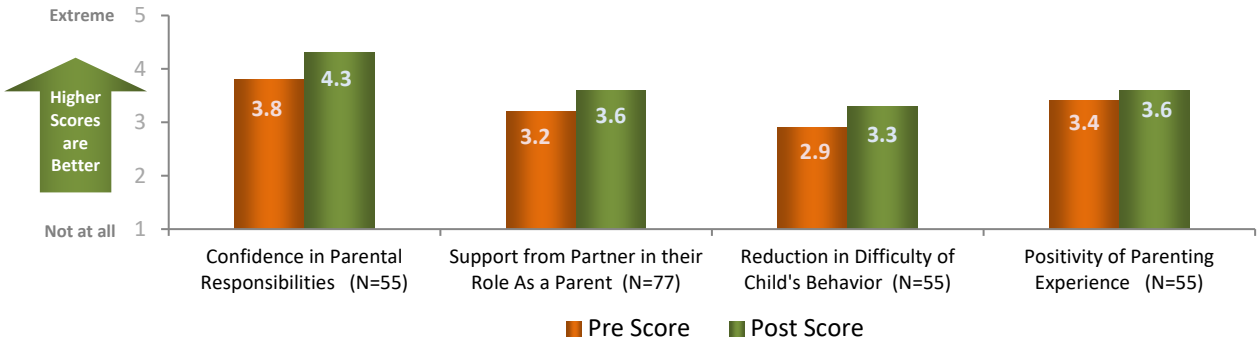
Level 3: Primary Care (Individual or Brief Group)

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

- **Families Together participants received support for specific parenting challenges.** Families Together clients who participated in brief Triple P services (Level 3) reported *statistically significant* improvements in their parental confidence, number of difficult child behaviors, and enjoyment of the parenting experience. Of special note, on average, parents who demonstrated improvements in parental confidence also experienced a moderate to large magnitude of change, indicating that these observed differences were not only *statistically significant* but also *meaningful*.

  Clients at Families Together who participated in both brief sessions (Level 3) and in-depth Triple P sessions (Levels 4 and 5) also reported *statistically significant* improvement in the support from their partner in their role as a parent.

Increases in Positive Parenting (Families Together: 2010-2021)



Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2021.
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 have completed a Level 3 Individual/Brief Group service since FY 2018-19.

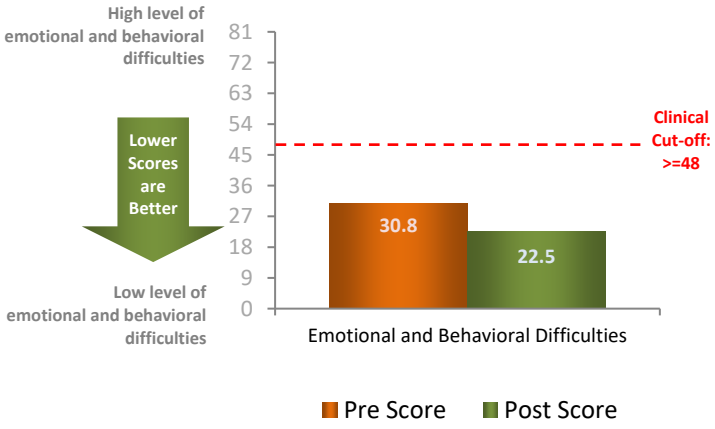
Level 4: Standard & Group

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

Beginning this FY 2020-21, the results for the four Level 4 assessment tools that were discontinued in 2018 are no longer reported in these analyses of Triple P outcomes, and only the results for the current assessments are included. Results for these current assessments are promising but should be interpreted with caution, as the sample sizes are still relatively low.

- **Parents reported improved child behavior.** Families Together clients who completed Triple P Level 4 reported fewer emotional and behavioral difficulties with their children.

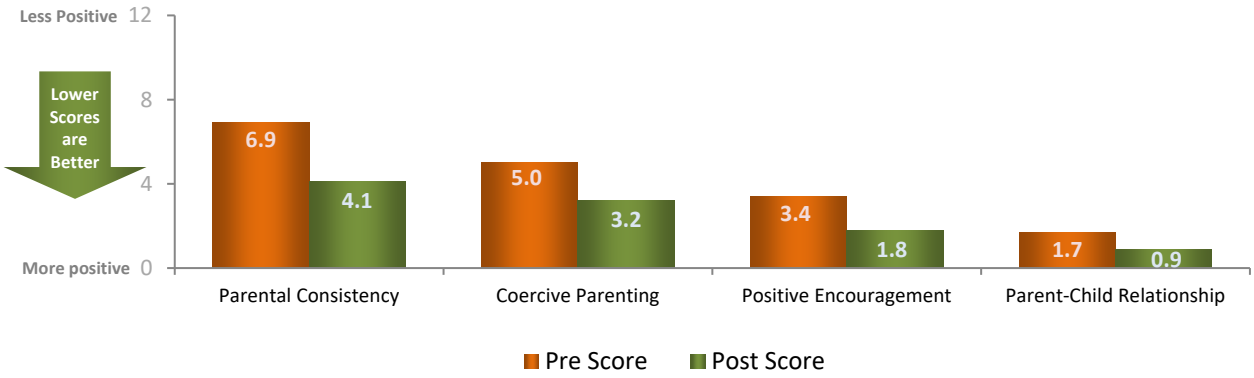
Child Emotional and Behavioral Difficulties (Families Together: 2018-2021)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2021.
Note: No new Families Together clients completed this assessment in FY 2020-21.
N=8.

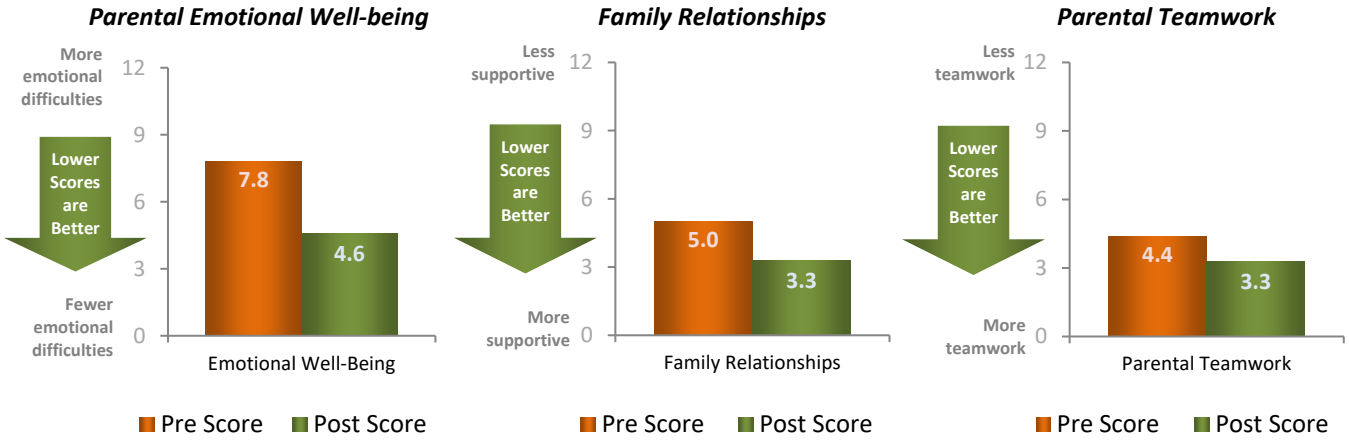
- **Parents increased their use of positive parenting styles.** On average, there were improvements in Families Together parents' parenting styles, in that they became more consistent, less coercive, more encouraging, and more positive. Of special note, parents on average demonstrated *statistically significant* improvements in parental consistency, which is particularly remarkable due to the small number or participants.

Decrease in Inconsistent, Coercive, Discouraging, and Negative Parenting (Families Together: 2018-2021)



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, all Parenting Scale subscales, July 2018 - June 2021.
N=9.

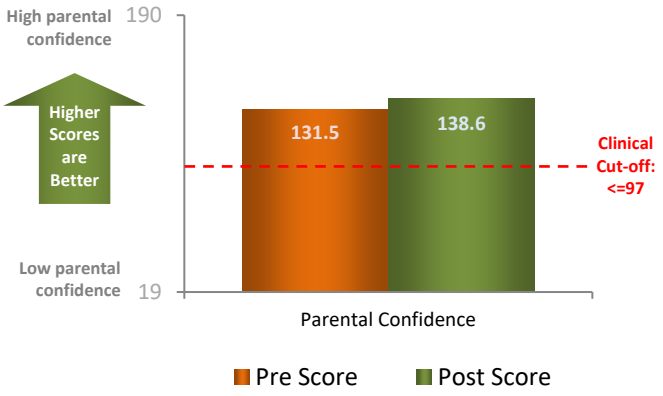
- **Parents reported improvements in emotional well-being and family relationships.** After completing the program, Families Together clients on average reported improvements in their emotional well-being and relationship issues after participating in the program. Of special note, clients also reported *statistically significant* improvements between pre- and post-assessments in parental teamwork.



Source: Triple P data from the *Parenting and Family Adjustment Scales*: All subscales, July 2018 - June 2021.
N: (Well-being)=9; (Relationships)=8; (Teamwork)=7.

- **Increased parental confidence.** On average, Families Together parents reported improvements in their confidence through the course of the Triple P program.

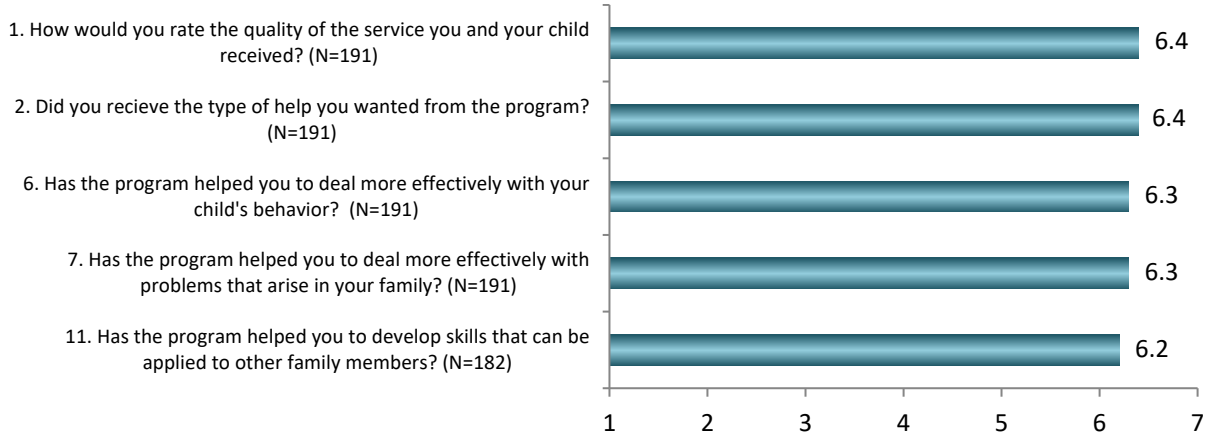
Improvement in Parental Confidence (Families Together: 2018-2021)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2021.
Note: No new Families Together clients completed this assessment in FY 2020-21.
N=8.

- **Client Satisfaction with Triple P Services.** Families Together parents receiving Triple P services reported high levels of satisfaction with the program.

Parents' Satisfaction with Various Aspects of the Triple P Program (Families Together: 2010-2021)



Source: Triple P data from the Parent Satisfaction Survey, Jan. 2010 - June 2021.
Note: All items were on a 7-point scale. Higher scores indicate greater satisfaction.

EARLY CARE AND EDUCATION

Supporting and improving the quality of early learning programs in Santa Cruz County.

First 5 Santa Cruz County is working to improve children's early literacy skills by encouraging families to read together, providing language and literacy skill development for early childhood educators, and offering supports to enhance language-rich practices in the classroom.

- Increased access to affordable, high quality early care and education
- Increased early learning and school readiness skills (developmental, social-emotional, cognitive)
- Increased stability and sustainability of the early care and education (ECE) system

First 5 Santa Cruz County believes that all children deserve quality early childhood experiences in the crucial first five years of life in order to be ready for kindergarten and beyond. It's known that 90% of a child's brain develops before their fifth birthday and therefore First 5 supports programs that apply evidence-based approaches about early brain development in order to increase quality and access to early education experiences.

Reading proficiency in Santa Cruz County

One of the most powerful indicators of later success is a child's reading proficiency at the end of 3rd grade. A report released by the Annie E. Casey Foundation found that students who aren't reading proficiently by 3rd 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."* [13]

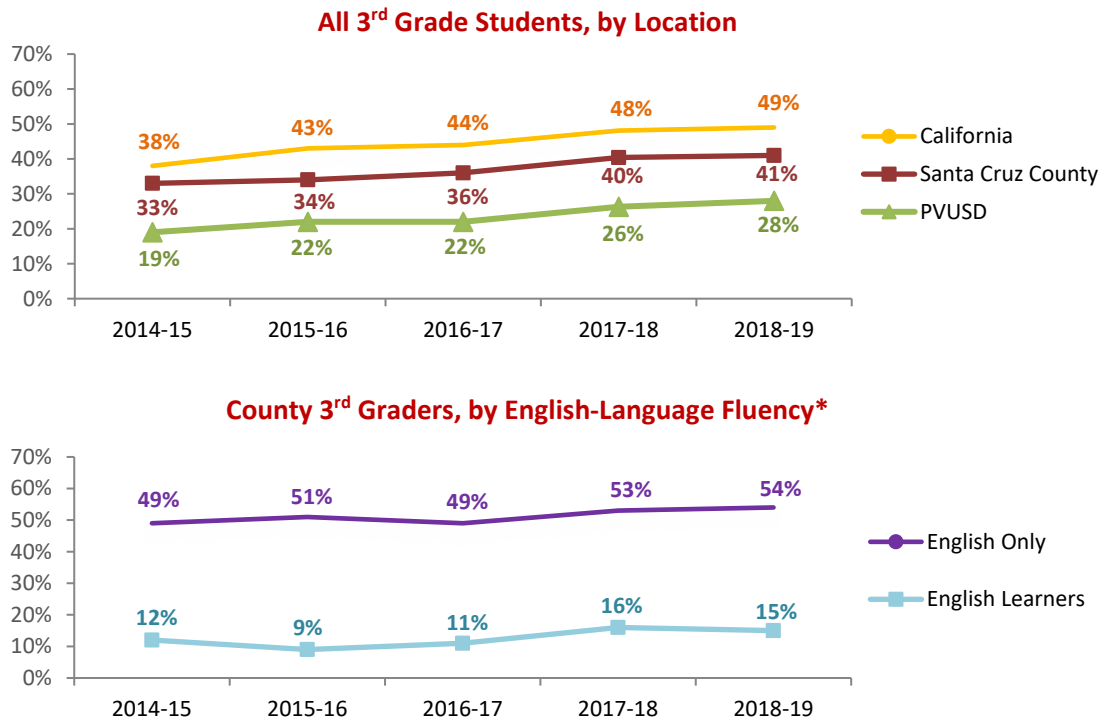
[13] The Annie E. Casey Foundation, *Early Warning! Why Reading By The End Of Third Grade Matters. A KIDS COUNT Special Report On The Importance Of Reading By 3rd Grade*, retrieved from http:// www.aecf.org/, 2021.

Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills. Assessment results for 2018-19[14] (the most current data available at the time of this report) show that:

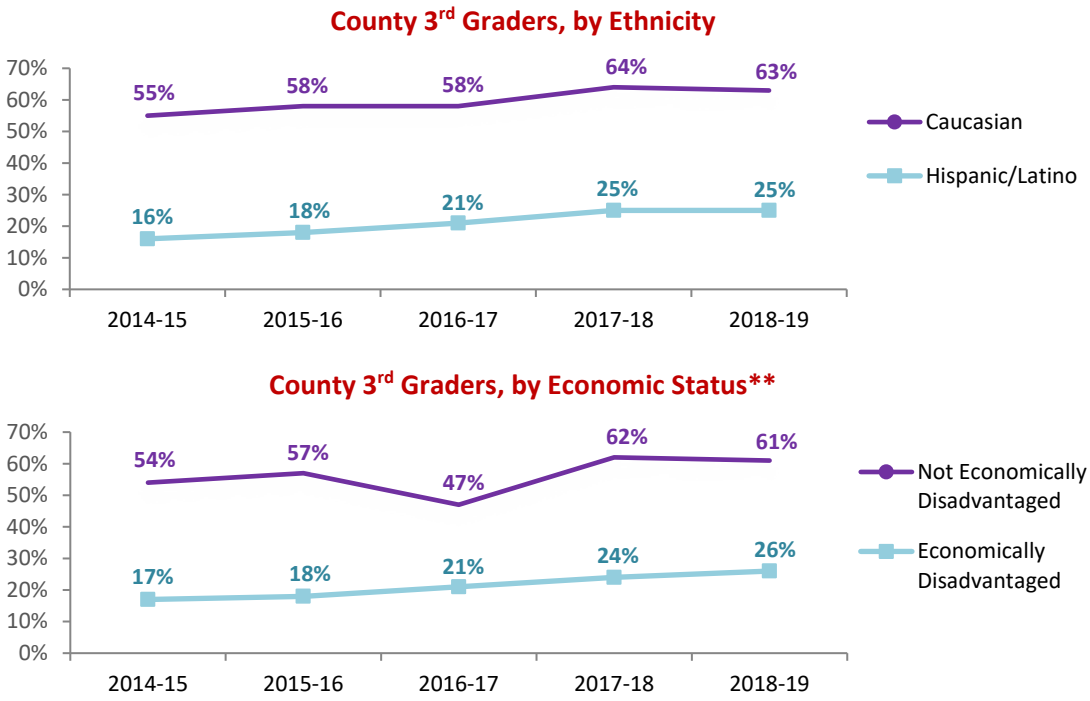
> *"Reading proficiently by the end of third grade … can be a make-or-break benchmark in a child's educational development."*
>
> *- Annie E. Casey Foundation*

- In 2018-19, only 41% of 3rd grade students met or exceeded standards in English language arts/literacy, which is lower than the state average of 49%.
- Although the county-wide 3rd 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 3rd grade English Learner students had well-developed English skills, although this was a slight increase from the previous year.

Figure 37: **Percentage of 3rd Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy**

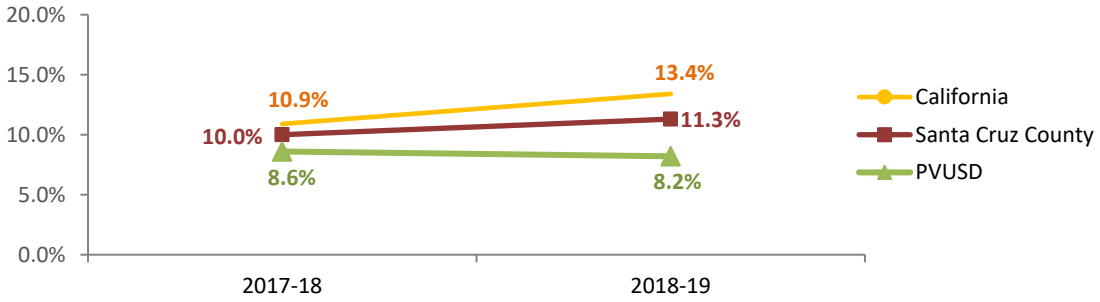


[14] Two assessments conducted by the California Department of Education (the California Assessment of Student Performance and Progress (CAASPP), and English Language Proficiency Assessments for California (ELPAC)) provide measurements of 3rd grade students' English language arts/literacy skills. Assessment results reflect the most current data available at the time of this report.



Source: California Department of Education, California Assessment of Student Performance and Progress (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*, 2015-2019. Assessment results reflect the most current data available at the time of this report.
* 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 38: **Percentage of 3rd 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. Assessment results reflect the most current data available at the time of this report.
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."[15]

In 2012, First 5 Santa Cruz County launched a 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 Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, home visiting program partners, and other early learning stakeholders. Together, this 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.

Since 2015, a statewide QRIS has been established in all 58 counties. Renamed Quality Counts California (QCC) in FY 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

In FY 2020-21, The California Department of Education (CDE), California Department of Social Services (CDSS) and First 5 California (F5CA) created the Quality Counts California (QCC) Local Consortia and Partnership Grants program unifying funds from several sources:

- **F5CA IMPACT (Improve and Maximize Programs so All Children Thrive) 2020**
  First 5 California has invested $69.3 million over three fiscal years to support a network of local QRIS's 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, or neighbor care, to family child care homes, child care 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.

[15] Quality Counts California, https://qualitycountsca.net, 2019.

- **Quality Counts California QRIS block grant (now including the California Migrant Program (CMIG) Block Grant)**
  Twelve million dollars have been appropriated statewide for FY 2020-2021 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 as well as for children receiving services through a California Migrant Program (locally through PVUSD). This grant is administered locally by First 5 Santa Cruz County.

> *"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

- **California State Preschool Program QRIS Block Grant**
  The California Department of Education (CDE) appropriated $50 million annually statewide for the purpose of allowing local consortia 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 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.

- **Federal Preschool Development Grant Birth through Five (B-5) Renewal (PDG-R)**
  The funding for this grant comes from the renewal of the federal Preschool Development Grant and is administered by the California Department of Health and Human Services. California will receive $40.2 million through December 30, 2022: to enable local consortia to provide professional development, and training and technical assistance supports that build early learning and care (ELC) programs and home visiting capacity; to expand access to infants and toddlers, and children experiencing trauma (such as homelessness, foster care, natural disasters etc.); and to create partnerships for family engagement. This grant is administered locally by First 5 Santa Cruz County.

- **CDE Workforce Development Pathways Grant**
  For FY 2020-21, CDE appropriated $12,281,316 statewide for the QCC Workforce Pathways Grant, designed to align with the QCC professional development system and to focus on local workforce needs across all child care setting types. This includes training of professional growth advisors, ensuring all ELC's are participating in the California ECE Workforce Registry, and providing grants for access to higher education in ECE. This grant is administered locally by the Santa Cruz County Office of Education.

This three-year grant (FY 2020-2023) is designed to achieve a common purpose — funding a system of continuous quality improvement support and an infrastructure for assessing, coordinating delivery of professional development, and promoting quality across the spectrum of early learning and care providers and programs in California, including family, friend, or neighbor care, family child care, center-based, and alternative settings.

The QCC Local Consortia and Partnership Grant program asks counties to build stronger and more diverse partnerships, set more specific engagement and quality improvement goals, and move toward a more holistic vision of quality improvement including:

- trauma-informed practice;
- serving the highest impact populations (e.g., children living in poverty, who are experiencing disasters and/or homelessness, etc.);
- integrating the CDE/CDSS Child Care and Development Grant quality projects and the "Talk. Read. Sing.®" campaign;
- educating families about the importance of quality early learning and helping them identify quality early learning and care environments (i.e., family child care home or child care center);
- creating connections to other services, such as home visiting;
- Providing access to tools and resources for quality partners like QRIS administrators, coaches, trainers, and higher education faculty.[16]

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.

One Provider's Experience

"Before, always, people thought we were babysitters … so now I can say I have a certificate, and a permit. I'm an accredited program."

- Provider quote from the Quality Counts California website

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
- 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 design to evaluate the rating system and its impact
- A consistent way for providers to communicate to parents and caregivers about quality
- Increased consumer awareness about-and demand for-high quality child care
- Training and incentives for providers of wrap-around and enrichment care (such as FFN providers), so that children receive quality care in all settings

[16] Quality Counts California (QCC) Local Consortia and Partnership Grants FY 20-21 through FY 22-23 Request for Applications, Jan. 2020.

Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System

The QCSCC Consortium adopted the Quality Counts California Framework which includes the Quality Counts California Rating Matrix (see Appendix A) and the Quality Counts California Continuous Quality Improvement Pathways (CQI Pathway; see Appendix B) as the foundation of their local QRIS. This framework encompasses 15 elements of quality, including seven rated elements and eight elements in the CQI Pathways. The elements that are rated include teacher-child ratios, teacher qualifications, and teacher-child interactions.

In December 2019, all sites participating in QCSCC that were ready to be rated received a rating based on their cumulative scores in all seven elements (or five, for Family Child Care programs) across five tiers of quality, with points assigned to each element (for more information, see Appendix A). These ratings 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. As of this most recent rating in 2019: there were 41 state- 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 Quality Improvement level, receiving professional development, training, and coaching.

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:

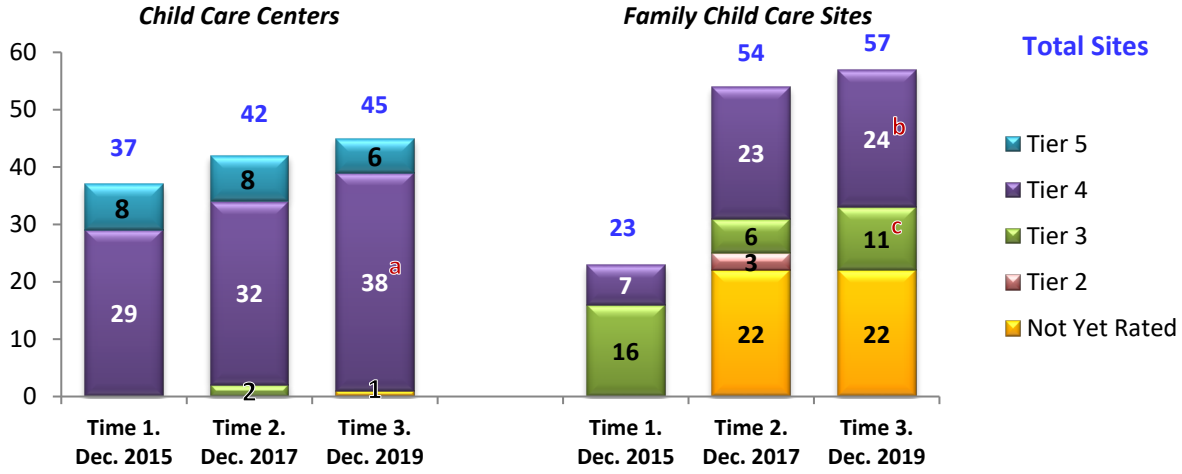
    - Nine Tier 3 family child care sites are 1 point from moving to Tier 4.
    - Six Tier 4 centers and five Tier 4 family child care sites are 1 point from moving to Tier 5.

Figure 39: **Ratings of QCSCC Sites in Santa Cruz County**

	NUMBER OF SITES WITH THIS RATING				
QUALITY TIER	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
Total sites	**40**	**69**	**71**	**72**	**79*** **

Source: First 5 Santa Cruz County, 2021.
* 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 have been rated between 2012-2021.

Figure 40: **Number of QCSCC Sites at each Tier Rating, by Rating Time and Type of Site**



Source: First 5 Santa Cruz County, 2021.
[a] Six Tier 4 centers are 1 point from moving to Tier 5.
[b] Five Tier 4 Family Child Care sites are 1 point from moving to Tier 5.
[c] Nine Tier 3 Family Child Care sites are 1 point from moving to Tier 4.

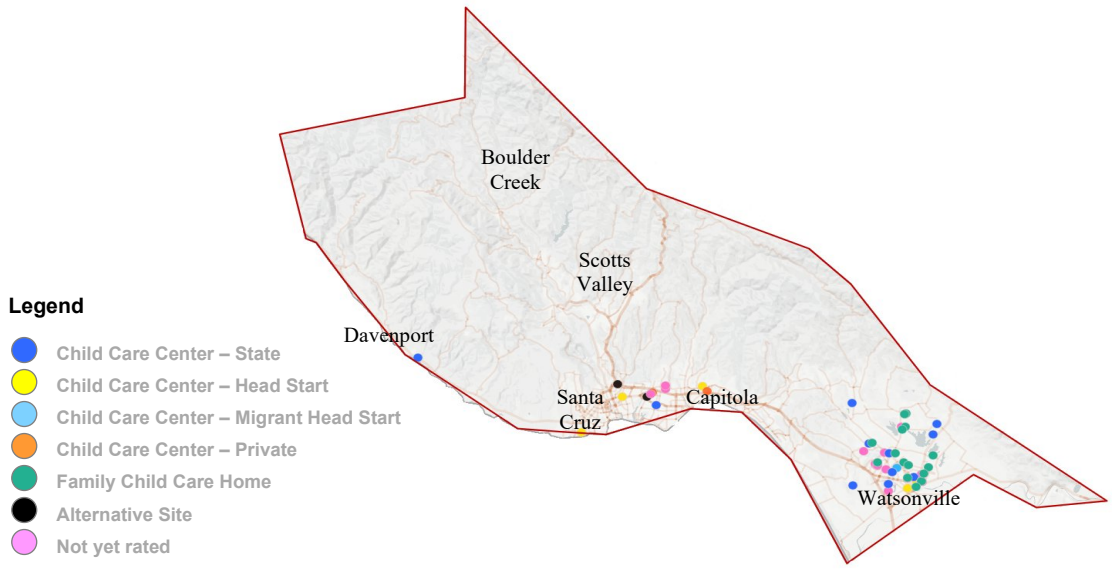
Figure 41: **QCSCC Overall Participation, by Site Type**

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 Participating and Rated	35 (providers/sites)
Family Child Care Sites Participating and Not Yet Rated	22 (providers/sites)
Total sites	102 (providers/sites)

Source: First 5 Santa Cruz County, 2021.

- In FY 2020-21:
  - 22 additional Family Child Care providers participated in Quality Counts Santa Cruz County, receiving quality improvement supports and coaching, bringing the total to 57 FCC participants. Of these 57 providers, 35 received a full rating in December 2019.

Figure 42: **Distribution of QCSCC Sites in the County (2020-2021)**



Source: First 5 Santa Cruz County, 2021.

Quality Improvement Activities

During this past year, Quality Counts Santa Cruz County (QCSCC) has: provided online technical assistance to program directors, teachers and providers; maintained the QCSCC database; facilitated an online Professional Learning Community; and collaborated with partners to provide system-wide trainings.

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 2020-21, the Go Kids Quality Improvement Coordinator supported all 57 FCC providers in applying for emergency COVID funding and ensuring they received emergency supplies such as masks, gloves, disinfectant, and hand sanitizer.

Pandemic challenges and successes

Due to the COVID-19 pandemic, all trainings in FY 2020-21 were held virtually. The monthly Director Meetings facilitated by the QCSCC program manager moved to an online format, and included teachers working in Quality Counts programs.

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 $175,000 in private foundation funding into an Emergency Response Fund that provided cash assistance to 212 child care programs (center-based and family child care homes) 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 three supply giveaway events where supplies provided by First 5 California and California Department of Social Services were distributed to hundreds of child care providers in the County. Supplies included diapers, baby wipes, cleaning supplies, masks, gloves, hand sanitizer, touchless thermometers, children's books, and other valuable resources.

In past years, QCSCC has engaged informal care providers to learn about quality care in their homes. These providers, called Family, Friend, or Neighbor (known statewide as FFN) have attended workshops on topics that are based on the Quality Counts California Rating Matrix. First 5 traditionally connected with these providers in person at elementary school sites, training FFN's in the school library after they dropped off

school-age children. Due to the pandemic, the school sites were closed to in-person instruction and therefore First 5 was not able to provide workshops for FFN's during the 20-21 academic year.

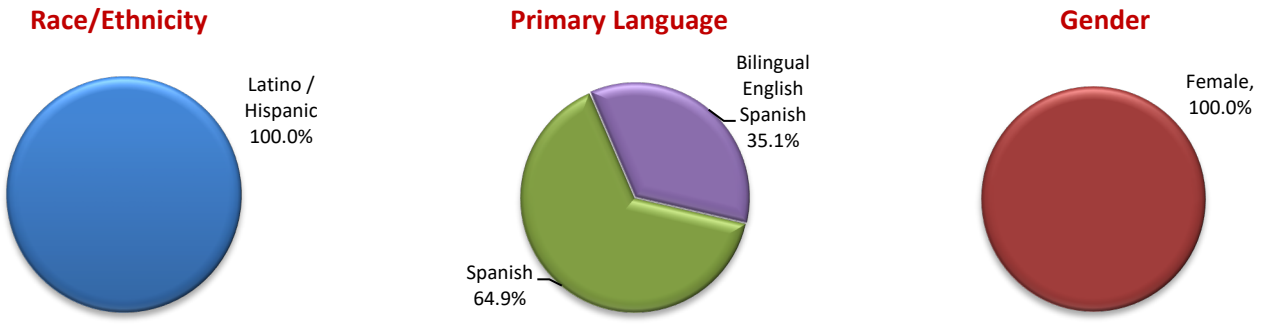
The following table presents the number of individuals and sites that participated in professional development provided through Quality Counts Santa Cruz County in 2020-21.

Figure 43: **Individuals and Sites that Participated in Professional Development (2020-21)**

INDIVIDUALS AND SITES	NUMBER
Number of Family Child Care providers in QCSCC who attended a training on the *Frame Their Learning System*	• 55 family child care providers
Number of directors from center-based QCSCC sites participating in twice-monthly virtual technical assistance meetings with the Early Learning Systems Specialist	• 10 directors • 5 teachers
Number of QCSCC Family Child Care sites that are rated and participating in virtual technical assistance meetings with the Family Child Care Education Manager	• 35 family child care sites
Number of QCSCC Family Child Care sites not yet rated that are creating a Quality Improvement plan, receiving technical assistance and meeting with the Family Child Care Education Manager	• 22 family child care sites

Source: First 5 Santa Cruz County, 2021.

Figure 44: **Key Demographics of Providers Who Participated in QCSCC Trainings (2020-2021)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID. N=57.

Quality Counts California Region 4 Hub

Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito, and Monterey counties to form the Quality Counts California Region 4 Hub. Regional Hubs are funded by First 5 California and were developed so that neighboring counties could strategize together, share resources, leverage funds, and align practices.

As described by First 5 California,[17] 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

[17] First 5 California, *Regional Coordination and Training and Technical Assistance Hubs (Hubs): Request for Application*, March 2016.

Early Literacy Foundations (ELF) Initiative

Program Description

California 3rd graders are struggling to become proficient readers. Local and statewide data indicate that a large percentage of 3rd 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."*[18]

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. For FY 2020-21, SEEDS of Learning© training took place via an online format. This program is described in more detail on the following pages.

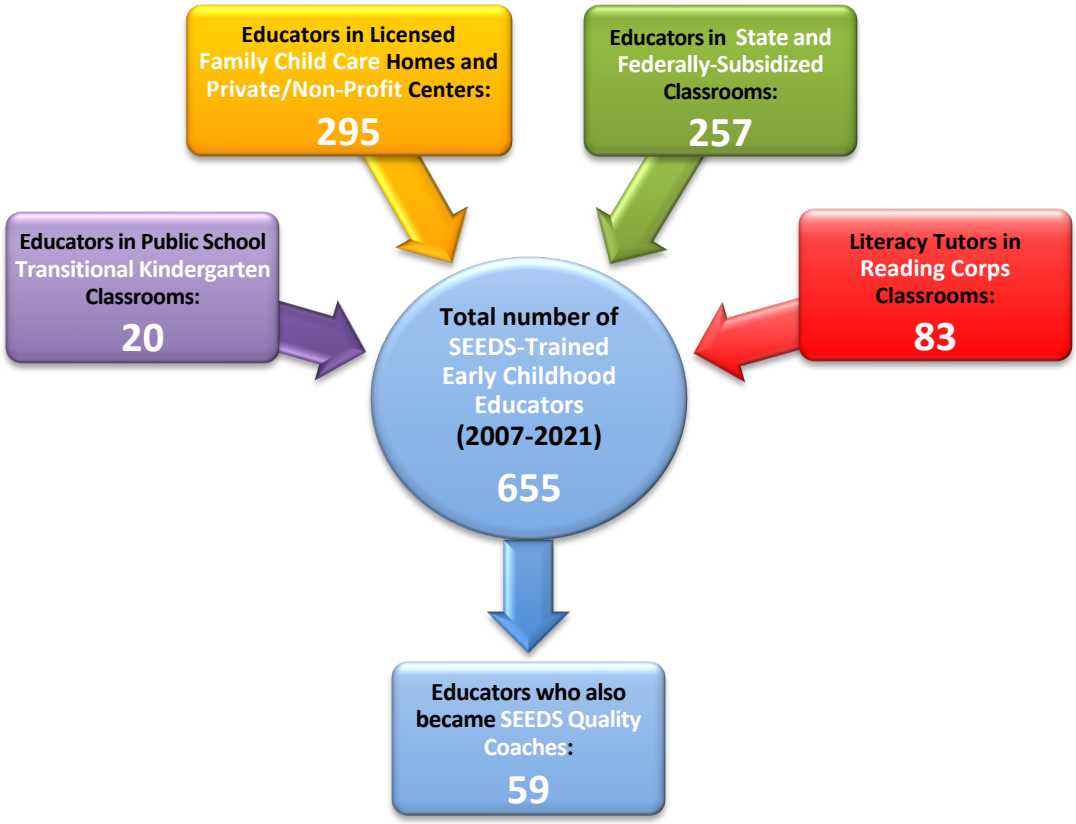
2. Professional development for **family child care providers** working with Spanish-speaking children through **SEEDS of Learning©** training and coaching. Training includes opportunities

[18] 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.

to create literacy-based materials to use in the family child care home environment through "Make and Take" workshops. For FY 2020-21, professional development for FCC providers took place via an online format. This program is described in more detail on the following pages.

3. 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. In FY 2020-21, Raising A Reader modified the book rotation process due to the COVID-19 pandemic. Information on this program can be found in the Raising A Reader partner profile.

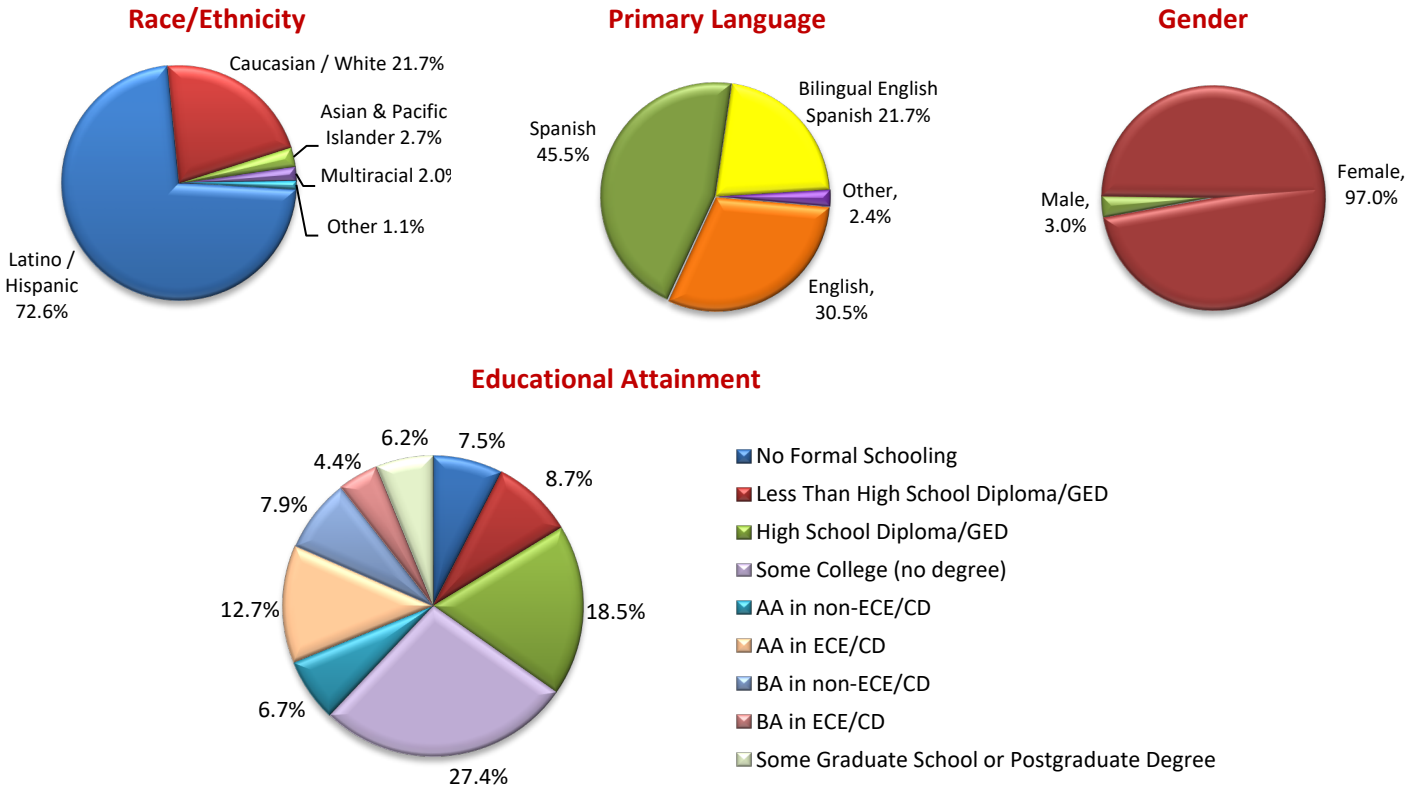
Figure 45: **Number of SEEDS-Trained Early Childhood Educators, by type of classroom (2007-2021)**



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2021.
Notes:

- This figure includes the Santa Cruz Reading Corps Literacy Tutors, who were also trained in the SEEDS of Learning© framework. The Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction, so this cumulative total of Literacy Tutors reflects the years that this program was provided: 2012-2020.
- "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 46: **Demographics of SEEDS-Trained Early Childhood Educators (2007-2021)**



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2021.
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)=562, (Language)=594, (Gender)=596; (Education) N=504.

The following descriptions provide more detailed information about the SEEDS of Learning©.

SEEDS of Learning©

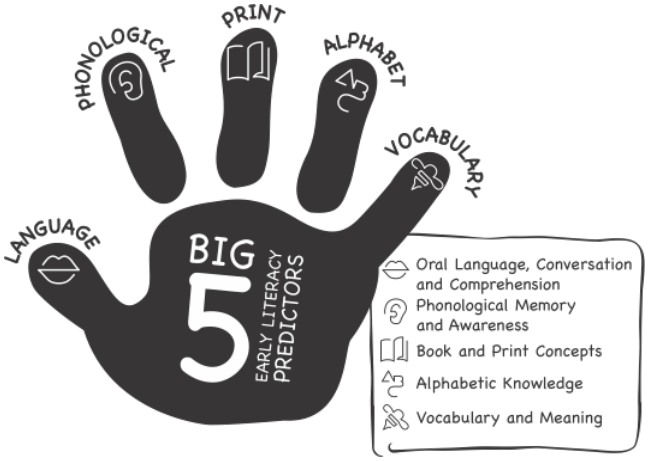
This professional development initiative follows the SEEDS of Learning© framework that has been researched by the University of Minnesota. Research on the SEEDS model shows that teachers trained and coached on the SEEDS of Learning© framework score significantly higher on the *Early Language and Literacy 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 and early math 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 and math 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 predictors of later math literacy success include:

- **Comparison and Classification**
- **Geometry and Spatial Sense**
- **Measurement**
- **Numbers and Operations**
- **Patterns**

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 and math.

In 2020-2021 First 5 Santa Cruz County offered SEEDS of Learning© programs to early childhood educators via an online format:

SEEDS of Learning© program for family child care providers working with Spanish-speaking children

The Basic SEEDS of Learning© program was held in the summer of 2020 (July - September), designed for Spanish-speaking family child care providers who work with Spanish-speaking children ages 0-3 in migrant families. Utilizing the SEEDS for Parents curriculum framework, this series of five workshops was designed to teach basic evidence-based literacy skills that, with the support of a coach, the provider would then embed into practice. Due to the pandemic, this training moved from in-person to a virtual format, with light-touch coaching provided via virtual breakout rooms. The First 5 Master Literacy Coach built packets containing all the materials and instructions needed to create props to support the literacy environments in their homes, and providers picked up these packets curb-side at a central location before each workshop.

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 children's books and curriculum materials to use in their program
- Stipend of $100 at the end of the series

Diving Deeper in SEEDS of Learning© refresher workshops for center-based Pre-K and TK teachers

The Diving Deeper into SEEDS© program was held in fall of 2020 (October – December) and provided professional development for early childhood educators working in Pre-K and transitional kindergarten (TK) centers who had previously taken a SEEDS of Learning© class. This series of five workshops was conducted via the virtual Zoom platform and included lab time to complete "Make and Take" props. The First 5 Master Literacy Coach built packets containing all the materials and instructions needed to create props to support the literacy environments in their classrooms, and teachers picked up these packets curb-side at a central location.

Participants in the Diving Deeper into SEEDS© workshop series received:

- 5 three-hour instructional sessions including lab time via Zoom
- Light-touch group coaching during each session, in Zoom breakout rooms
- 5 books and curriculum materials to use in their centers or online with their families
- Stipend of $100 at the end of the series

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

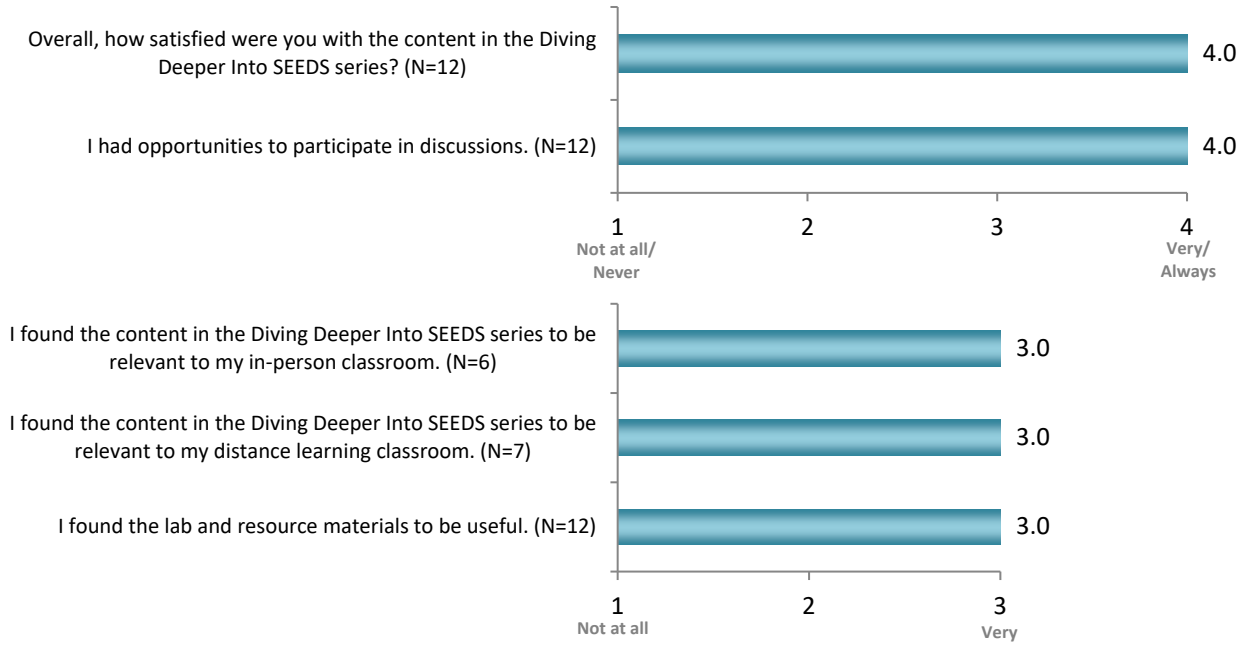
In the Spring of 2021 (February - April) this Early Math series provided professional development workshops for early childhood educators working in Pre-K and transitional kindergarten (TK) centers who had previously taken a SEEDS of Learning© class. This series focused on five components of early math—Number Sense and Operations, Measurement, Geometry, Patterns, and Data Analysis—and was offered virtually via the Zoom platform. It included a lab for teachers to make early math props for their classrooms. As with the Summer and Fall trainings, the First 5 Master Literacy Coach built packets containing all the materials and instructions needed to create props to support the early math environments in their classrooms, and teachers picked up these packets curb-side at a central location.

Participants received:

- 5 workshops comprised of:
  - 1 ½ hours of instruction
  - 1 ½ hours of lab time
  - Light-touch group coaching in Zoom breakout rooms
  - 5 children's books and curriculum materials to use in their program for in-person and distance learning with children
  - Stipend of $100 at the end of the series

Participants found this program to be highly effective and useful. At the end of the series, early childhood educators reported that they were very satisfied, found the content to be very useful and relevant to their classroom formats, and that they always had opportunities to participate in the discussions.

Participant Satisfaction with the "Diving Deeper into SEEDS of Early Math" Program (2020-2021)



Source: First 5 Santa Cruz County "Diving Deeper into SEEDS of Early Math" Program, *Final Evaluation*, 2021.

Pandemic challenges and successes

Due to the continuing COVID-19 pandemic throughout FY 2020-21, all SEEDS of Learning© workshops were held virtually, which at the beginning was unfamiliar to most of the participants, as well as the trainers. To help with the learning curve, the FCC Quality Counts coach and SEEDS coaches provided one-to-one support to ensure that each workshop participant was able to connect virtually. Trainers spent many hours learning the Zoom format to ensure that participants would receive the same high-quality information and engagement for which these workshops are known.

Pre-pandemic, teachers and providers would participate in "Make and Take" labs, making props to support the literacy environments in their classrooms. However, as the pandemic made it necessary for these workshops to be conducted virtually, First 5 staff brainstormed a way to ensure that the "Make and Take" lab portion of the trainings could continue. To this end, the First 5 Master Literacy Coach built packets containing all the materials and instructions needed to create props to support their literacy environments. Participants picked up these packets curb-side at a central location.

Due to the COVID-19 pandemic it was not possible to conduct classroom-based assessments in FY 2020-21. Prior-year assessment results are provided below to illustrate the known effects of the SEEDS of Learning© program.

Population Served

	THIS FUNDING CYCLE 2020-2021	CUMULATIVE TOTALS 2007-2021
Educators in licensed family child care homes and private/non-profit centers	22	295
Educators in State- and Federally-subsidized classrooms	31	257
Educators in public school Transitional Kindergarten classrooms	1	20
Literacy Tutors in Reading Corps Classrooms*	-	83
TOTAL *(unduplicated)*	**54**	**655**

Source: (Educator current Funding Cycle) First 5 CCD database for July 1, 2020 – June 30, 2021, (Educator Cumulative Totals) First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2007-2021. (Literacy Tutor Cumulative Total) First 5 Santa Cruz County, *Early Literacy Foundations program records*, 2012-2019

* The Santa Cruz Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction; therefore no Literacy Tutors were trained this funding cycle. The cumulative total for Literacy Tutors reflects the years that this program was provided: 2012-2020.

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.

Due to the COVID-19 pandemic, it was not possible to complete any ELLCO Pre-K assessments during the last two fiscal years (2019-21). However, assessment results from prior years are shown below to illustrate the known effects of the SEEDS of Learning© program in preschool and transitional kindergarten (TK) classrooms.

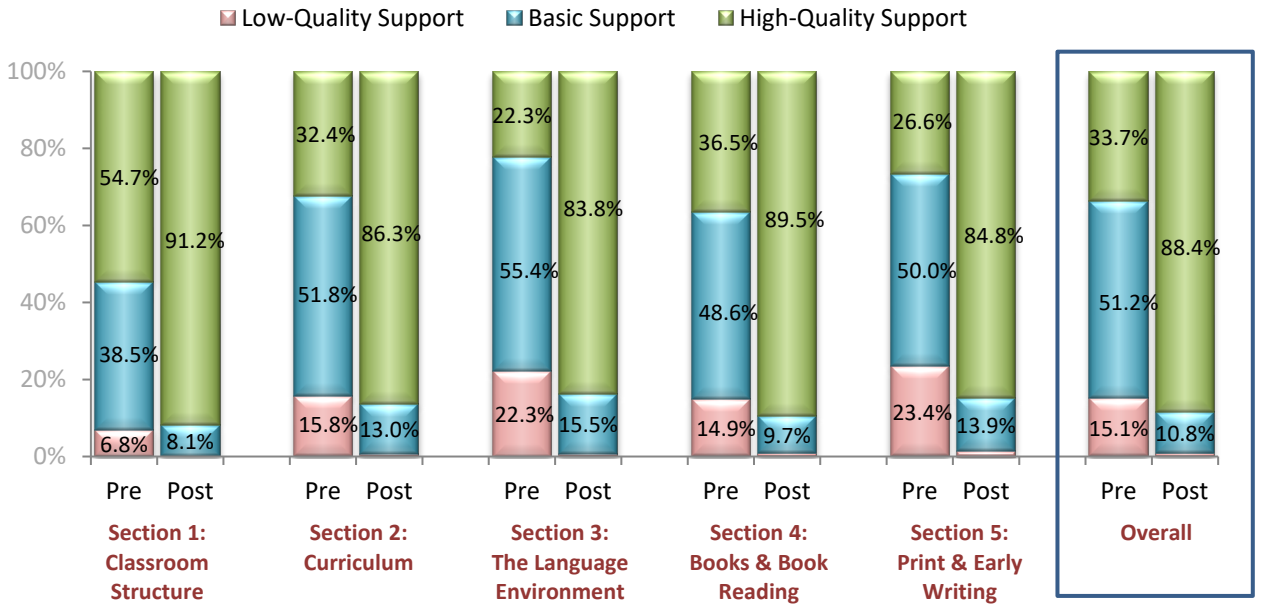
Results

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.

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 47: **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: Due to the COVID-19 pandemic, no providers in Preschool and Transitional Kindergarten (TK) Classrooms completed a "post" (2nd) ELLCO assessment in FY 2019-20, and no assessments were conducted in FY 2020-21.
N: (Section 1)=148; (Section 2)=284; (Section 3)148=; (Section 4)=362; (Section 5)=368; (Overall)=371.

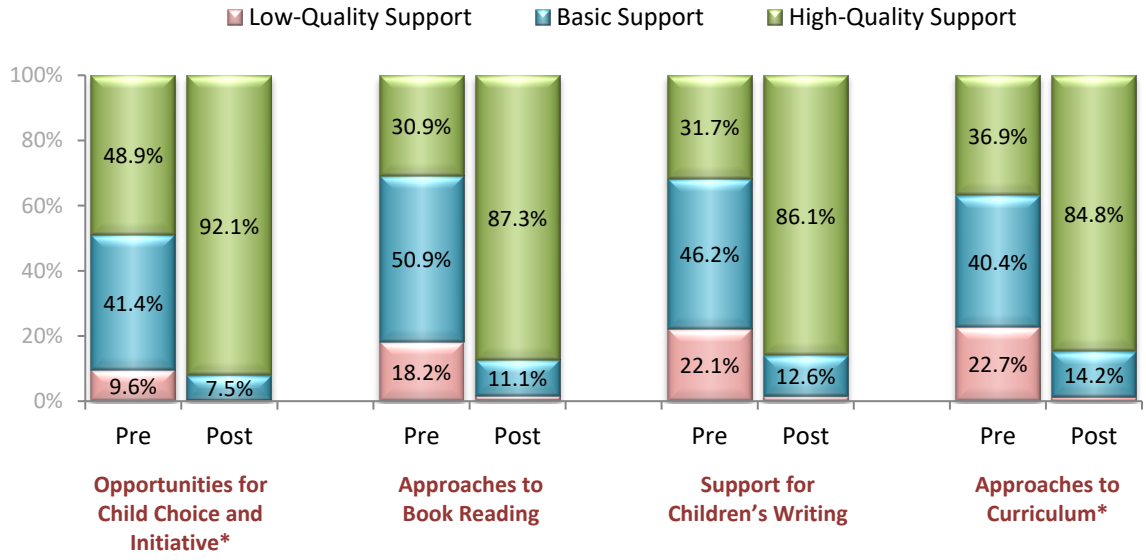
Four specific ELLCO items were chosen for individual study, using the same type of analysis of classroom quality: Opportunities for Child Choice and Initiative, Approaches to Book Reading, Support for Children's Writing, and Approaches to Curriculum.

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 48: **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: Due to the COVID-19 pandemic, no providers in Preschool and Transitional Kindergarten (TK) Classrooms completed a "post" (2nd) ELLCO assessment in FY 2019-20, and no assessments were conducted in FY 2020-21.
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 of the fiscal year, in July.

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,[19] 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.

Due to the COVID-19 pandemic there are no new results for FY 2020-21, but the cumulative results for 2007-2020 are shown below.

Results

The following figures present the PRE and POST scores gathered from early childhood educators in family child care settings for infants/toddlers. 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%.

[19] 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-most current year).

Figure 49: **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.
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.
- No new assessments were conducted in FY 2020-21 due to challenges related to the COVID-19 pandemic.

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.

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 almost 28,000 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

Despite the continuing COVID-19 pandemic, Raising A Reader continued to be successful in supporting families and their young children with sharing books together. Although the usual process of rotating the RAR books in red book bags at child care sites had been halted during this pandemic, RAR began using blue book bags to rotate library books through the local public libraries. In this process, families used children's library cards to check out a bundle of four books, and children were given a blue library bag to carry the books home. When they were finished, families returned the library books to the same library, and picked up another bundle of books. Librarians made sure that all books were quarantined after they were returned and were safe for distribution according to public health guidelines.

The pandemic also caused significant challenges to the family child care homes and child care centers that had been participating in RAR. Many child care sites closed during the pandemic, limited their enrollment numbers, or began serving children virtually. RAR staff helped maintain and support all participating child care sites by distributing books and other resources that could be used with families both onsite or online. RAR also provided magazines and materials for families to take and keep at home. Materials were delivered directly to the sites, were offered via curbside pickup at the PVUSD main office, or were dropped outside providers' homes.

During this unprecedented time, RAR staff continued educating, networking, and sharing resources:

- Attended Town Hall meetings about serving migrant programs with Raising A Reader.
- Teachers, providers, and parents were reached through Zoom trainings including the annual RAR Literacy Network Refresher Training presented by Common Sense Media for early educators.
- Met with organizations from the county and PVUSD through their service on an Early Literacy Collaborative. The focus of this group is called "Footsteps to Brilliance/ Paso a Paso" which provides literacy practice through an interactive application to build reading skills and vocabulary. Participants network and support each other's efforts in early literacy throughout the county.
- Collaborated with Triple P to present an online workshop to families called "Family Reading Time is Quality Time."
- Books encouraging families to participate in the 2020 Census were delivered to PVUSD providers so they could pass them out to families.
- Children's books introducing the concept of diversity (that include content and illustrations of children of all races, ethnicities, genders, and abilities) and a book addressing COVID-19 were distributed throughout the county during the last quarter. Links to videos featuring the two "diversity" books were also emailed to the sites to share with families.

What Providers Are Saying

"We are glad that the children get to take home these books you gave us. Families are grateful for books and magazines which provide comfort and routine during these times."

- Raising A Reader, Annual Progress Report

In their Annual Progress Report, Raising A Reader expressed their delight—and gratitude—in being able to continue these services throughout the year:

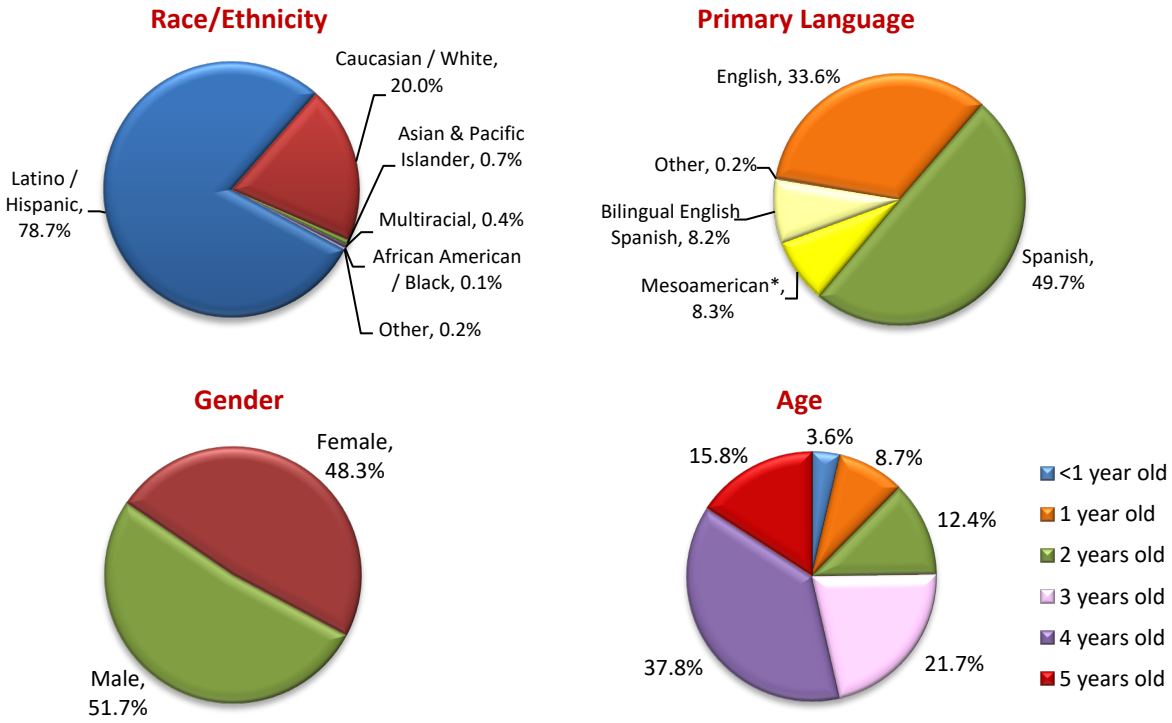
> *"Despite a year and a half of living with a pandemic with many sites closed, operating in a hybrid model, or experiencing intense challenges, Raising A Reader was able to provide literacy experiences, book access, and tools to over 2,300 children in the community. Children continued to rotate books thanks to a partnership with the local public libraries. Families received reading materials to keep at home, and providers shared high quality books addressing diversity and changes associated with COVID-19. Parents and caregivers expressed their gratitude for receiving these tools to help them continue the love of reading at home and online."*

Population Served

	New	Existing	2020-21
Children	805	1,530	**2,335**

Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
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.

Figure 50: **Demographics of Children (Ages 0-5) Participating in Raising A Reader (2020-21)**



Source: First 5 CCD database for July 1, 2020 – June 30, 2021.
* Mesoamerican languages include Mixtec, Oaxacan, and Zapoteco.
Note: These demographics are for the children enrolled in classrooms providing Raising A Reader.
N: (Race/Ethnicity)=2,333; (Primary Language)=2,335; (Gender)= 2,335; (Age)=2,335.

Program Objective: Support existing sites offering Raising A Reader

RAR staff work with participating child care sites to monitor how well the program is operating, and provide refresher books or trainings as needed. The following results show the number of sites that were supported during the past year. Many sites are listed more than once if they were assisted or received resources throughout the year.

Between July 1, 2020 and June 30, 2021, sustain, monitor and support 237 existing RAR sites.	Family Child Care Homes (FCCH)	Preschools/Child Care Centers
Quarter 1: Distributed 4,000 magazines, and "Census books" to PVUSD FCCH	119	104
Quarter 2: Distributed 1,594 blue Library Bags and program participation information	5	45
Quarter 3: Emailed literacy resources and activities	119	104
Quarter 4: Delivered 515 books, and 2 "diversity" books and 1 COVID book to each site	71	100

Source: Raising A Reader *Annual Progress Report*, 2020-21.
Note: Many 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.

In addition to supporting these existing sites, RAR was also able to enroll **eight new sites** in 2020-21.

EQUITABLE AND SUSTAINABLE EARLY CHILDHOOD SYSTEMS

First 5 believes in a family-centered approach that focuses on prevention and early interventions.

While First 5's work supports all young children and their families in Santa Cruz County, they prioritize serving the most vulnerable among us including low-income families, English language learners, and families who live in communities with the highest need. First 5 has also played a central role in strengthening the early childhood system of care by:

- **Leveraging** Prop 10 resources to create, strengthen, or fill gaps in service delivery systems;
- **Supporting** community initiatives, training, data sharing, community events, and capacity-building projects;
- **Implementing** and **evaluating** evidence-based and research-informed programs and practices;
- **Facilitating** collaboration among public, nonprofit, and private partners in order to connect siloed systems and services;
- **Serving** as the backbone for collective impact collaboratives, such as Quality Counts Santa Cruz County and Thrive by Three;
- **Advocating** for policies and budgets that prioritize early childhood;
- **Convening** partners to implement local solutions to systems and policy changes initiated at the local, state, and federal levels.

- Increased coordination and integration among organizations and sectors serving young children and families
- Increase in local, state, and federal policies and legislation that prioritize prevention, early intervention, and equity for young children and their families
- Increase in local, state, and federal funding to sustain and institutionalize investments in the early childhood system of care

Over the last 20 years, these service integration and systems building functions have become a cornerstone of First 5's strategy to create sustainable impacts. Systems building as a sustainability strategy has become increasingly important as Prop 10 revenue has steadily declined due to reductions in tobacco use.

First 5 Santa Cruz County is proud to serve as conveners, leaders, and thought partners in the community initiatives described in this section.

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 51: **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 2020-21, First 5 continued to serve on the CORE Steering Committee and help guide the project through the multi-phase development process. In addition, the strategic priorities and desired results in First 5's new strategic plan, adopted in June 2020, are aligned with the CORE framework by design. This helps ensure that First 5's activities are complementary to other organizations' efforts to support equitable health and well-being of all county residents across the Core Conditions.

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

- Improved parental confidence, parenting practices, and 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 (see Appendix C for more information). Notable accomplishments of First 5 and Thrive by Three system partners in the 2020-21 fiscal year include:

✓ **Adapted home visiting services in light of COVID-19 and the CZU wildfires.** All the home visiting programs experienced challenges with maintaining typical levels of service delivery, due to COVID-19 and the CZU wildfires. All programs conducted virtual or telehealth home visits for much of the fiscal year.

✓ **Leveraged local and state funds**, increasing the County's Thrive by Three annual investment of $150,000 in home visiting services to over $700 thousand dollars in the current fiscal year.

✓ **Provided $105,000 in Early Learning Scholarships (ELS)** for 95 providers (92 Family Child Care Homes and 3 Centers) benefiting 474 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 $175,000 to 180 family child care homes and 42 centers that continued to provide child care to the children of essential workers and at-risk populations during 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.

In the 2020-21 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. In 2020-21 First 5 Santa County staff also launched a new 2-year, $200,000 "Home Visiting Coordination" grant from First 5 California, integrating the grant's purpose to "help counties create a sustainable, unified system that supports families with the home visiting services" with Thrive by Three's goals for a sustainable early-childhood system of care in the county. Grant-related activities in 2020-21 included an environmental scan of home visiting and family support services in Santa Cruz County and development of a comprehensive Home Visiting Action Plan focused on the coordination and alignment of home visiting and other family support services in the county.

DataShare Santa Cruz County

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, 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 FY 2020-21 First 5 continued to sit on the DataShare Santa Cruz County Steering Committee and support on-going development of the platform.

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 FY 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 the first half of FY 2020-21 CCECAN hosted a virtual Town Hall with Congressman Panetta that drew 112 participants. Later in the fiscal year the network launched a Policymaking Learning pilot cohort for parents and child care providers that featured curriculum and activities co-created with parents. Two bilingual "prep" sessions were held that focused on the basics of the policy/legislative process, how to connect their stories to the specific policy priorities under discussion, and how to have the most impact as a speaker. Cohort members then participated in five virtual visits with state and federal legislators to directly advocate on policy issues.

CCECAN also held its annual Parent Power Summit virtually in FY 2020-21 which drew 159 participants. Topics for discussion included: Advocating for Children at School; Leadership & Community Organizing; Demystifying Systems of Power; Public Communication to Build Community Support; Advocating for Children with Special Needs; and Working with Schools to Create Change.

Live Oak Cradle to Career

The Live Oak Cradle to Career Initiative (C2C) has grown from a nascent idea in 2013 championed by former 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.

Even with the unprecedented challenge of the ongoing COVID-19 Pandemic, Live Oak C2C continued to expand, establishing a 3rd Parent Leadership Committee at Green Acres Elementary School, complementing the Parent Leadership Committees already established at Live Oak and Del Mar Elementary schools.

Focusing on basic needs of Live Oak residents, since April of 2020 Live Oak C2C has distributed $515,000 in financial aid directly to Live Oak families. The initiative also partnered with the Live Oak School District to follow up with students who were not regularly attending and/or participating in school during distance learning.

In 2020-21 First 5 continued to serve on the C2C Steering Committee, integrated core programming into the initiative (such as Triple P), 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 able to fully participate in the initiative.

ACEs Network of Care

The Santa Cruz County Adverse Childhood Experiences (ACEs) Network of Care is made possible through a series of grants to the County of Santa Cruz, Health Services Agency, Public Health Division's Family Health Unit, funded by the Office of the California Surgeon General (CA-OSG) and the California Department of Health (DHS), as part of the ACEs Aware Initiative, which seeks to interrupt the harmful cumulative effects of ACEs and toxic stress.

Beginning in early 2021 First 5 Santa Cruz County led a virtual learning series focused on promoting the ACEs Aware initiative, educating the community about the harmful effects of ACEs and toxic stress, exploring the root causes of ACEs through the "Pair of ACEs," a framework developed by the Center for Community Resilience at George Washington University, and strengthening the coordination and collaboration among the Medi-Cal provider community and other key social and human services partners serving children and families in Santa Cruz County.

The series included the following 6 sessions:

1. The Pair of ACEs in Practice – What are "The Pair of ACEs"?
2. Connecting Across Sectors – How can the ACEs Network of Care positively impact communities?
3. Connecting ACEs, Equity and Resilience – How can we center equity at the heart of our work?
4. What's in Our Soil? – What are the key ingredients to growing community resilience and strength?
5. Building & Strengthening Network Connections – How can community connections and partnerships lead to lasting success?
6. Getting to Know Our Network – Who makes up our ACEs Network of Care and how will ACEs strategies be incorporated into our public health strategies?

As the fiscal year came to a close First 5 focused on establishing a local ACEs Network of Care website, completing a comprehensive inventory of toxic-stress "buffering" services in the county, and the establishment of an ACEs Community Advisory committee to help guide development of the network moving forward.

Appendices

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**	☐ Not required	☐ Program uses evidence-based child assessment/observation tool annually that covers all five domains of development	☐ Program uses valid and reliable child assessment/ observation tool aligned with CA *Foundations & Frameworks*[1] twice a year	☐ DRDP (minimum twice a year) and results used to inform curriculum planning	☐ Program uses DRDP twice a year and uploads into DRDP Tech and results used to inform curriculum planning
2. **Developmental and Health Screenings**	☐ Meets Title 22 Regulations	☐ 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	☐ 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** ☐ Meets Criteria from point level 2	☐ Program works with families to ensure screening of all children using the **ASQ** at entry and as indicated by results thereafter **AND** ☐ Meets Criteria from point level 2	☐ 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** ☐ Program staff uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate **AND** ☐ Meets Criteria from point level 2
CORE II: TEACHERS AND TEACHING					
3. **Minimum Qualifications for Lead Teacher/ Family Child Care Home (FCCH)**	☐ Meets Title 22 Regulations [**Center:** 12 units of Early Childhood Education (ECE)/Child Development (CD) **FCCH:** 15 hours of training on preventive health practices]	☐ **Center:** 24 units of ECE/CD[2] **OR** Associate Teacher Permit ☐ **FCCH:** 12 units of ECE/CD **OR** Associate Teacher Permit	☐ 24 units of ECE/CD + 16 units of General Education **OR** Teacher Permit **AND** ☐ 21 hours professional development (PD) annually	☐ 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** ☐ 21 hours PD annually	☐ Bachelor's degree in ECE/CD (or closely related field) **OR** BA/BS in any field plus/with 24 units of ECE/CD (or master's degree in ECE/CD) **OR** Program Director Permit **AND** ☐ 21 hours PD annually
4. **Effective Teacher–Child Interactions: CLASS Assessments** **(*Use tool for appropriate age group as available)**	☐ Not Required	☐ Familiarity with CLASS for appropriate age group as available by one representative from the site	☐ Independent CLASS assessment by reliable observer to inform the program's professional development/improvement plan	☐ 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	☐ 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
CORE III: PROGRAM AND ENVIRONMENT - Administration and Leadership					
5. Ratios and Group Size (Centers Only beyond licensing regulations)	☐ **Center:** Title 22 Regulations **Infant** Ratio of 1:4 **Toddler Option** Ratio of 1:6 **Preschool** Ratio of 1:12 ☐ **FCCH:** Title 22 Regulations *(excluded from point values in ratio and group size)*	☐ **Center - Ratio: Group Size** **Infant/Toddler** – 4:16 **Toddler** – 3:18 **Preschool** – 3:36	☐ **Center - Ratio: Group Size** **Infant/Toddler**– 3:12 **Toddler** – 2:12 **Preschool**– 2:24	☐ **Center - Ratio: Group Size** **Infant/Toddler** – 3:12 or 2:8 **Toddler** – 2:10 **Preschool** – 3:24 or 2:20	☐ **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
6. Program Environment Rating Scale(s) (Use tool for appropriate setting: ECERS-R, ITERS-R, FCCERS-R)	☐ Not Required	☐ Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan	☐ Assessment on the whole tool. Results used to inform the program's Quality Improvement Plan	☐ Independent ERS assessment. All subscales completed and averaged to meet overall score level of 5.0	☐ 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
7. Director Qualifications (Centers Only)	☐ 12 units ECE/CD+3 units management/ administration	☐ 24 units ECE/CD + 16 units General Education +/with 3 units management/ administration **OR** Master Teacher Permit	☐ Associate's degree with 24 units ECE/CD +/with 6 units management/ administration and 2 units supervision **OR** Site Supervisor Permit **AND** ☐ 21 hours PD annually	☐ Bachelor's degree with 24 units ECE/CD +/with 8 units management/ administration **OR** Program Director Permit **AND** ☐ 21 hours PD annually	☐ Master's degree with 30 units ECE/CD including specialized courses +/with 8 units management/ administration, **OR** Administrative Credential **AND** ☐ 21 hours PD annually
TOTAL POINT RANGES					
Program Type	**Common-Tier 1**	**Local-Tier 2**[3]	**Common-Tier 3**	**Common-Tier 4**	**Local-Tier 5**[4]
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 B: Quality Counts California Continuous Quality Improvement Pathways

QUALITY COUNTS CALIFORNIA
CONTINUOUS QUALITY IMPROVEMENT PATHWAYS

CORE TOOLS & RESOURCES[1]
(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	• CA Foundations and Frameworks • Preschool English Learner Guide • Desired Results Developmental Profile Assessment (DRDP) Tools • National Data Quality Campaign's Framework • Ages and Stages Questionnaire (ASQ)
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	• CA CSEFEL Teaching Pyramid Overview and Tiers 1-4 (Modules 1-3) • CA Foundations and Frameworks - Social-Emotional Development • Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
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	• CA Preschool Foundations and Frameworks– Health and Physical Development • Infant/Toddler Program Guidelines • CA Infant/Toddler Foundations and Frameworks-Perceptual/ Motor • USDA Child and Adult Care Food Program Guidelines
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	• Classroom Assessment and Scoring System (CLASS) for relevant age grouping • Program for Infant-Toddler Care (PITC) Program Assessment Rating Scale (PARS), as applicable and available. * **No current source Web page for PARS**

[1] *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.*

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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	• Common Core 8[2] • Early Childhood Educator (ECE) Competencies • ECE Competencies Self-Assessment Tool • Professional Growth Plan
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	• Environment Rating Scales (Harms, Clifford, Cryer): ○ Infant-Toddler Environment Rating Scale (ITERS) ○ Early Childhood Environment Rating Scale (ECERS) ○ Family Child Care Environment Rating Scale (FCCERS)
Program Administration	
Goal (Pathway):	The program effectively supports children, teachers, and families.
Related Element(s)	All
RTT-ELC Core Tool(s) & Resources	• Business Administration Scale (Family Child Care) – (BAS) • Program Administration Scale (Centers) – (PAS) **OR** • Self-Assessment using the Office of Head Start (OHS) Monitoring Protocols and continuous improvement through a Program Improvement Plan (PIP)
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 *Provision for Parents* Indicator)
RTT-ELC Core Tool(s) & Resources	Strengthening Families™ Five Protective Factors Framework

[2] Recommended

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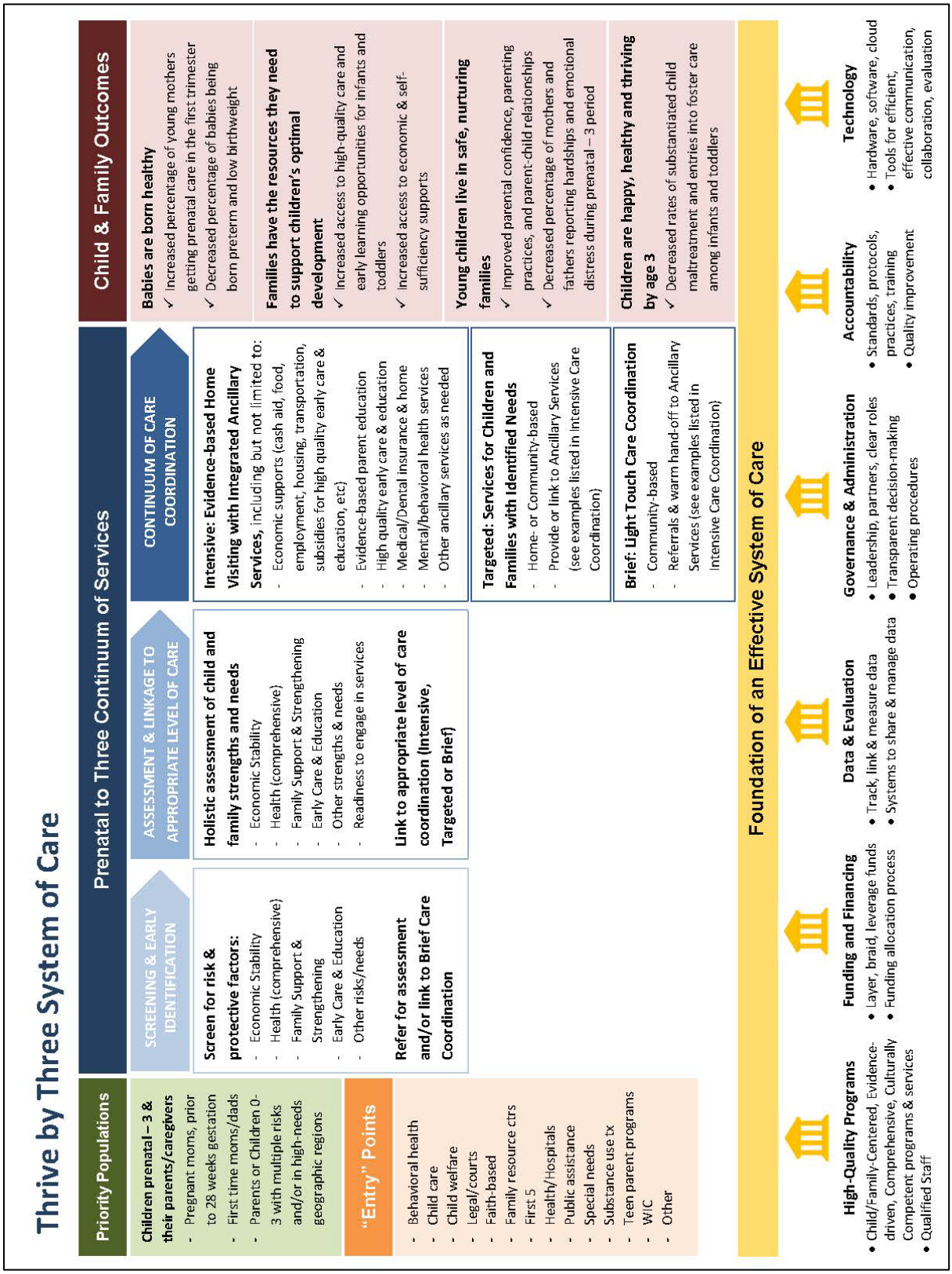
Appendix C: Thrive by Three System of Care Approach



Appendix D: Measurement Tools and Methodologies

This Appendix includes a list of the assessments and measurement tools used to collect evaluation data during this funding cycle (listed in alphabetical order), and details of new methodology changes in regards to analyzing Triple P assessments.

Measurement Tools

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®, 3rd 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.[20]

Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition (ASQ:SE-2™)

The *Ages & Stages Questionnaires®, Social-Emotional, 2nd 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.[21]

Bayley Scales of Infant and Toddler Development, 3rd 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.

[20] Brookes Publishing, *Ages & Stages Questionnaires® Third Edition*, *http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/.*

[21] Brookes Publishing, *Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition*, *http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/.*

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). CAPES-DD is used in the Stepping Stones Triple P program (families with children who have special needs).

Both the *Child Adjustment and Parent Efficacy Scale* (CAPES) and *Parenting and Family Adjustment Scales* (PAFAS) were developed and tested by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. In 2018, Triple P America recommended that all practitioners use the CAPES and PAFAS in place of the previously recommended assessments (*Eyberg Child Behavior Inventory*, *Parenting Scale*, *Depression-Anxiety-Stress Scale*, and *Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners. Beginning in 2020-21, the results for the four discontinued assessments are no longer reported in the analyses of Triple P outcomes, and only the results for the current assessments are included.

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.

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.

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.[22] 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.[23]

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).

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.[24]

- 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

[22] Education Development Center, Inc., Center for Children and Families, *Early Language and Literacy Classroom Observation Toolkit*, 2002.
[23] 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.
[24] 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."

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 to identify whether or not it is appropriate to include those data in the analysis of that assessment.
- 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

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."[25]

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

[25] National Committee for Quality Assurance (NCQA), *Guidelines for Advertising*, Retrieved from http://www.ncqa.org/, 2012.

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 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).

Parental Infant/Child Responsiveness Instrument

The *Parental Infant/Child Responsiveness Instrument* (PICR) is used by clients in the Triple P 0-3 Baby Group Workshops. It is an exact copy of the *Maternal Infant Responsiveness Instrument* (MIRI; Linda Amankwaa, PhD, RN & Rita Pickler, PhD, RN, 2002), which is a 22-item scale designed to measure parental responsiveness to infant cues. For First 5's use in Santa Cruz County, the MIRI assessment's title was modified to use the more gender-neutral "Parental" term, since both mothers and fathers participate in the Triple P program. No other changes were made to the original assessment. Each item is answered using a 5-point scale, and the assessment is scored as the sum of all items. Scores can therefore range from 22 to 110, with higher scores indicating higher responsiveness.

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.

Both the *Child Adjustment and Parent Efficacy Scale* (CAPES) and *Parenting and Family Adjustment Scales* (PAFAS) were developed and tested by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. In 2018, Triple P America recommended that all practitioners

use the CAPES and PAFAS in place of the previously recommended assessments (*Eyberg Child Behavior Inventory*, *Parenting Scale*, *Depression-Anxiety-Stress Scale*, and *Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners. Beginning in 2020-21, the older results for the four discontinued assessments are no longer included in this report, and only the results for these current two assessments are reported.

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.

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.[26]

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

[26] Children's Research Center, *Structured Decision Making Policy and Procedure Manual*, 2006.

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 FY 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, 4th 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.

Methodology Changes

This section describes key methodologies that were modified and new calculations of statistical significance that were added in 2020-21 to improve the analyses of the Triple P assessments.

Multiple types of improvement calculations

In FY 2020-21, the methodologies used to calculate the amount of improvement between Pre and Post assessment scores were thoroughly reviewed and improved to be more statistically accurate. Beginning this first year of the new 2020-2025 Strategic Plan, "improvement" is measured using the statistical calculation that corresponds to the type of data being analyzed.

- **Relative Percent Change:** This statistical calculation is used for assessments where the overall score is the *sum* of its items (i.e., a *ratio* scale with a discrete range of scores). Improvement is calculated as the amount of change between Pre and Post scores relative to the maximum possible amount of change. Assessments such as the *Parenting and Family*

Adjustment Scales (PAFAS) and *Child Adjustment and Parent Efficacy Scale (CAPES)* would use this methodology.

- **Net Change**: This statistical calculation is used for assessments where the overall score is the *average* of all its items (i.e., an *interval* scale). Improvement is calculated as the difference between the Pre and Post scores (simple subtraction). An assessment such as the *Acrimony Scale* would use this methodology.

  Net Change is also used when calculating the amount of improvement *between two percentages*, such as the difference between a child's BMI percentile (which is expressed as a percentage, such as "the 85th percentile") at Pre and Post.

- **Standard Percent Change**: This statistical calculation is used for assessments that are a scale with a "fixed" zero and no set maximum value (i.e., a *ratio* scale that begins at zero and has an unlimited maximum). Improvement is calculated using the standard percent change between Pre and Post scores, relative to the Pre score. Measurements such as the *Body Mass Index* score (which is expressed as a number, such as 24.9) are analyzed using this methodology.

There are two main advantages to matching the improvement analysis to the corresponding type of assessment data being analyzed: 1) this improves the statistical validity and significance of the results, and 2) this provides the benefit of allowing us to compare results across assessments that use the same methodology.

Beginning this FY 2020-21, all cumulative improvement results have been recalculated using this new methodology. Therefore, these results in this year's report should not be compared to previous reports' results, due to the different methodologies. First 5 is intentionally beginning the use of these new methodologies at the start of the current Strategic Plan, to provide a seamless evaluation from this time forward.

Analysis Populations

Analysis of Improvement: When analyzing the amount of improvement between Pre and Post scores, clients who have no room for improvement (i.e., clients who already scored the highest/best score on the initial (Pre) assessment) are excluded from this analysis. This is the statistically accurate methodology for analyzing a population whose improvement is being measured.

All improvement analyses are calculated as the average of all clients' improvement scores, following the statistically preferred way of calculating averages within a population.

Analysis of Average Pre/Post scores: In contrast, all clients (including those who already scored the highest/best score on the initial (Pre) assessment) are included in the calculation of average Pre and Post scores, as this analysis is not specifically measuring the amount improvement.

Measures of Statistical Significance

Calculations of the amount of improvement are now also analyzed for statistical significance (using a paired samples t-test) and Effect Size (using Cohen's d for paired-samples t-test).

These two calculations together provide a more comprehensive description of any differences—hopefully improvements—that are found between Pre and Post assessments. Statistical significance indicates how sure you can be that the improvement is real, but says nothing about the *size* of the improvement. On the other hand, Cohen's d and other measures of Effect Size measure how big—or meaningful—the change in scores is (and in which direction). Improvement results are considered *significant* if $p <= .05$, and are also deemed *meaningful* if the Effect Size is > 0.5.