

First 5 Santa Barbara County

Evaluation Report

2014 - 2015



A REPORT TO THE
Santa Barbara County First 5 Commission



February 2016



The mission of First 5 Santa Barbara County is *“To help all children prepare for kindergarten by supporting families to be healthy and strong and by enhancing the availability of high-quality childcare and preschool.”*

Acknowledgments

The following people and organizations provided invaluable support, encouragement, leadership, and participation in helping make the work of First 5 Santa Barbara County a success and helping strengthen our partnership:

- First 5 Santa Barbara County Staff
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- Participating Children and Families
- Participating Professionals and Providers
- Vertical Change
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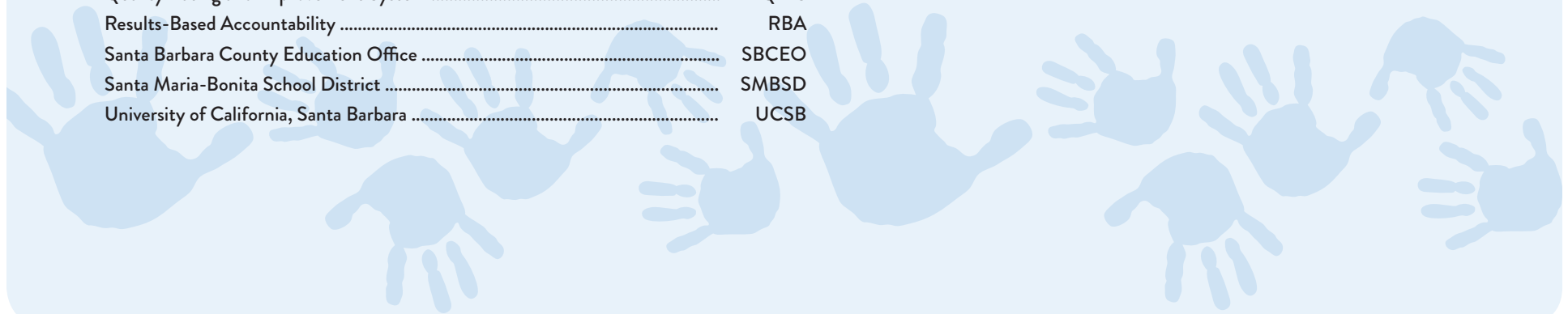
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Glossary of Frequently Used Acronyms

Ages & Stages Questionnaire -3	ASQ-3
Ages & Stages Questionnaire -Social-Emotional	ASQ-SE
Center on the Social and Emotional Foundations for Early Learning	CSEFEL
Child Abuse Listening and Mediation	CALM
Child Care Planning Council	CCPC
Child Welfare Services	CWS
Children’s Resource & Referral	R&R
Community Action Commission	CAC
Comprehensive Approaches to Raising Educational Standards	CARES
Desired Results Developmental Profile	DRDP
Differential Response	DR
Early Care and Education	ECE
Family Child Care	FCC
Family Development Matrix	FDM
Family Support	FS
Family Resource Center	FRC
Fiscal Year	FY
Kindergarten	K
National Association for the Education of Young Children.....	NAEYC
National Association for Family Child Care	NAFCC
Protective Factors Survey	PFS
Quality Rating and Improvement System	QRIS
Results-Based Accountability	RBA
Santa Barbara County Education Office	SBCEO
Santa Maria-Bonita School District	SMBSD
University of California, Santa Barbara	UCSB





EVALUATION REPORT 2014-2015

Executive Summary

Background

The First 5 Santa Barbara County Children and Families Commission was established in February 1999 to plan and oversee the estimated \$2.5-\$5.5 million in the Children and Families Act (Proposition 10) funds that come into the county each year. The 13-member Commission worked closely with an Advisory Board, families, local community-based organizations, public agencies, and the community-at-large to set local priorities that support the optimal development of Santa Barbara County's young children. In Santa Barbara County, the Commission served as a grant-maker responsible for allocating Proposition 10 resources. It also established its role as (a) a *community partner* working with existing public and private organizations for the benefit of children, (b) a *catalyst* to promote ongoing community support for young children and families, and (c) a *facilitator* to bring together individuals and agencies with common goals.

In fiscal year (FY) 2014-2015, First 5 Santa Barbara County began the implementation of its Strategic Plan for 2014-2017. This Strategic Plan guides its efforts as a funder, partner, convener, and advocate to maximize successful outcomes in collaboration with parents and other stakeholders. It was developed through a process designed to include public input, research, and analysis and seeks to: 1) effectively and directly address the most pressing needs of children prenatal to five years old and their families, 2) build upon the existing strengths of the broader system of support for children and families, and 3) lay the groundwork for the future expansion of that system by leveraging funds and increasing and diversifying revenue streams.

In recognition of declining Proposition 10 revenues, First 5 Santa Barbara County changed funding and service strategies in its Strategic Plan for 2014-2017 to focus on fewer areas to target and on serving those children and families with greater risk. One result was that more funding was shifted to North County, where there was a greater need for services. This Strategic Plan delineated two primary areas where First 5 Santa Barbara County will focus the majority of its external and internal investments over the next three years: Family Support (FS) and Early Care and Education (ECE). Within the FS focus area, strategies include parent education and support, intensive case management, and increasing child and maternal health access. Within the ECE focus area, strategies include improving the quality of existing childcare and preschool services, creating new quality childcare and preschool services, and expanding access to these services. The Strategic Plan also delineated secondary focus areas of capacity building and systems change, communications, and health insurance and access for children.

Every year, First 5 Santa Barbara County and its funded partners strive to achieve not only the service delivery goals required by their contract, but also to have a positive influence on the communities they serve. First 5 Santa Barbara County is very proud of the fact that all of the agencies they work with delivered successfully on their contract goals, often exceeding their service delivery targets. However, their success in providing these services as part of their contract does not get to the real impact that these agencies have. That impact is the focus of this evaluation report.

This report is organized to address the three fundamental questions that form the basis of measuring performance within a Results-Based Accountability (RBA)¹ approach to program evaluation: *How much did we do? How well did we do it? Is anyone better off?* The evaluation information is presented first as an overview of the work of First 5 Santa Barbara County, including their systems improvement efforts, and then by indicator within the focus areas of Family Support and Early Care and Education. Within each focus area, all three RBA questions are addressed.



First 5 Santa Barbara County

HOW MUCH DID WE DO?

- In FY 2014-2015, First 5 Santa Barbara County spent nearly \$2.8 million funding services for 1,641 children, 1,981 parents or family members, 386 individual providers, and 124 individual programs.
- This year, as part of the Strategic Plan for 2014-2017, First 5 Santa Barbara County partners collected baseline data on levels of risk for families served by FS and ECE (see page 23 for a detailed description of the indicators of risk measured). Overall, the families served by First 5 Santa Barbara County funded programs reported experiencing low to medium levels of risk, with more families reporting higher levels of risk in North County. In any community, only a small percentage of families will show the absolute highest levels of risk. However, there are many families showing low to moderate levels of risk, and they need service and support to prevent them from moving into the highest risk or even crisis level. Therefore, serving families at lower to moderate risk can serve an important early intervention function. Across Santa Barbara County, risk was most often indicated in the following areas: education level, living at or below poverty level, and difficulty making ends meet (e.g., perceived poverty).

HOW WELL DID WE DO IT?

- First 5 Santa Barbara County focused on increasing *Health Insurance Access* for children in FY 2014-2015. First 5 Santa Barbara County helped fund the efforts of The Healthy Kids Santa Barbara Coalition to ensure all children in the county were insured and had access to quality medical, dental, and vision care services, as well as worked to enhance the funding base. Funds provided coverage for the county's youngest uninsured children (birth to 5 years of age), who were ineligible for Medi-Cal and Healthy Families, and whose families had an income at or below 300% of the Federal Poverty Level.
- In FY 2014-2015, the Commission increased its investment in *Communications Outreach* with the goal of directly connecting and engaging with parents, providers, and members of the community around the roles each can play in support of 0-5 year olds and their families. Specifically, First 5 Santa Barbara County sought to connect directly with parents to assist them in supporting their child's early brain development. The first step in achieving this goal required identifying parents of 0-5 year olds and asking them to "join" First 5 Santa Barbara County. During FY 2014-2015, 1,090 active members joined, 781 being parents of 0-5 year olds.
- First 5 Santa Barbara County also sought to engage the community, parents, and providers in learning, communications, outreach, and professional development through small co-sponsorships. Co-sponsorships support community outreach and educational events connecting parents and the broader community with information, resources, and/or services that support strong families and healthy child development. During FY 2014-2015, co-sponsorships were provided to 14 organizations to support 14 events, totaling \$15,150 in community events and trainings with more than 5,000 community members, parents, providers, and stakeholders attending.

Continued on next page.



First 5 Santa Barbara County *Continued*

- As part of their goal of being responsive to timely community needs and efforts, First 5 Santa Barbara County funded several *One-Year Capacity-Building Grants* in this area, including the 2-1-1 Helpline, the implementation of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) strategies, the Children’s Oral Health Collaborative, and the Santa Barbara County Education Office (SBCEO)’s Promotores Network.
 - ▶ The *2-1-1 Helpline* connects individuals to health and human service information to improve the health and well-being of the people residing in Santa Barbara County. In FY 2014-2015, the 2-1-1 Helpline served 4,052 parents and family members and 1,674 providers. In addition, 32 new agencies were added to the 2-1-1 Helpline central registry and database.
 - ▶ *SBCEO’s implementation of CSEFEL strategies* sought to improve family functioning by building capacity in Santa Barbara County to disseminate strategies to promote the social-emotional development and school readiness of children 0-5 years old. Two coaches were trained in the CSEFEL framework and can now deliver workshops and provide coaching to preschool teachers. In FY 2014-2015, SBCEO provided CSEFEL training and fieldwork to 50 providers. A library of materials was also purchased to be a resource for coaches and Promotores to use with the parents of at-risk children.
 - ▶ *SBCEO’s Promotores Network* expanded core training to improve participation in the Santa Barbara County Promotores Network, successfully providing training to 46 Promotores (see page 28 for a definition of “Promotor/a”). Four Promotores gained employment due to the training efforts of this grant. In addition, a Lead Promotor/a position was funded to furnish the necessary structure and support of the countywide Promotores Network.
 - ▶ The *Children’s Oral Health Collaborative* sponsored the Children’s Oral Health Summit, which provided information to health professionals on local dental disease statistics and promising practices. Trainings and necessary supplies to conduct fluoride varnish application were provided and distributed to dental offices. Overall, the Oral Health Collaborative provided dental provider support to 15 providers and 6 programs as well as distributed a dental provider list.

"Promotores are now a crucial part of almost every health fair and screening event throughout Santa Barbara County."

—SBCEO’S PROMOTORES NETWORK



Family Support

This section describes the work of the Family Support (FS) focus area and its funded partners.

HOW MUCH DID WE DO?

- Family Support served 1,582 individual and 139 aggregate children (i.e., duplicated) as well as 1,949 individual and 7,091 aggregate parents or family members. Through FS, 40 children and 204 parents received case management services; 931 children and 58 parents received child and maternal health access services; 1,052 individual and aggregate children and 8,711 individual and aggregate parents received family support referrals, linkages, and follow-up; and 4 children and 263 parents received parent education and support services. Families served by FS reported experiencing low to medium levels of risk, with risk in regards to education level, poverty level, and difficulty making ends meet (e.g., perceived poverty) being indicated most often.

HOW WELL DID WE DO IT?

- *To improve provider capacity building, training, and support, Commission staff worked to expand the use of the Family Development Matrix (FDM).* First 5 Santa Barbara County staff worked to support local providers in building capacity and having the knowledge and support needed to provide high-quality, evidence-based services to children and families. The FDM is an evidence-based case management assessment tool that has helped re-focus case management towards a strength-based framework with standardized measures of families' progress across 21 indicators. Through the collaborative efforts of Commission staff with

partners throughout the county, additional agencies have been brought on and have begun to use the FDM including St. Vincent's and the Department of Social Services (DSS) CalWORKs Employment Services. The impact of the FDM is that the tool provides common indicators and language across the 13 agencies currently using the FDM and will provide a countywide data snapshot for the children and families served.

- *Changes in investment, policy, or practices led to changes in components, connections, infrastructure, or scale of supportive services for children and families.* Family Support services were guided by the prevention-focused Protective Factors Framework, which includes: social connections, parental resilience, knowledge of parenting and child development, concrete support, and social and emotional competence of children. These protective factors were used to determine funding and, as a result, Commission staff continued supporting the Santa Barbara County Network of Family Resource Centers, which promoted evidence-based practices, advocated on behalf of parents locally and at the state level, and provided training and technical assistance for members. Commission staff also led efforts to implement common standards of quality across community-based family support organizations, locally, and at the state and national levels. Commission staff were actively engaged in spear-heading these systems improvement efforts. These efforts outline both minimum and high-quality indicators and work to move family support organizations along the path towards high quality.

- *To increase the quality of services provided to diverse communities, Commission staff and Family Support funded partners held trainings and measured their own cultural and linguistic competency.* First 5 Santa Barbara County focused on building and enhancing the capacity of FS funded partners through trainings on topics that support quality services to children and families. Commission staff in FS held an Advocate Retreat and multiple provider workshops throughout the year to provide training and promote cross-agency information-sharing and collaborations. Overall, advocates reported that the trainings were valuable to their work. In addition, the majority of providers indicated they and their agency engaged in culturally proficient practices frequently or to a great degree.
- *Families felt services were accessible, understandable, and culturally-sensitive.* Across countywide services, the vast majority of parents reported that services were accessible, understandable, and culturally-sensitive with less than 1% disagreeing.
- *Families were satisfied with the services received.* Overall, the majority of families strongly agreed they were treated with respect and were satisfied with services. Less than 1% of respondents disagreed with these statements.

Continued on next page.

Family Support *Continued*

IS ANYONE BETTER OFF?

- *Parents are using healthy and developmentally appropriate parenting practices with their children.* Parents receiving services from FS partners showed statistically significant improvements in their parenting skills, from 86% “Safe/Self-Sufficient” in parenting at intake to 96% at follow-up. In addition, parents participating in evidence-based parent education programs showed improvements in nurturing and attachment and parenting knowledge. At intake, 69% of parents reported strengths in nurturing and attachment. By follow-up, 83% were reporting strengths. In terms of parenting knowledge, parents reported more strengths in the areas of knowing what to do as a parent, knowing how to help their child learn, and praising their child when he/she behaves well.
- *There were fewer subsequent referrals for suspected child abuse reports among families in the Front Porch Differential Response (DR) program.* Family Support funded partners are one of a few core providers of the Front Porch DR program that provide support services for children and families. Information obtained from Santa Barbara County Child Welfare Services (CWS) showed a drop in the rate of subsequent substantiated referrals for child abuse within three months of Front Porch referral. Re-referral decreased from 7% in FY 2008-2009 to 0.3% in FY 2014-2015 for families that participated in Front Porch and received services.
- *Parents are better able to meet their families’ basic needs and access services.* Parents receiving services from FS partners showed statistically significant improvements in their ability to meet the basic needs of their families, from 47% “Safe/Self-Sufficient” at intake to 65% at follow-up. For access to services, 33% were “Safe/Self-Sufficient” at intake, which increased to 53% at follow-up.
- *Parents are showing greater quality of social support.* Parents receiving services from FS partners showed statistically significant improvements in their social support, from 45% “Safe/Self-Sufficient” at intake to 61% at follow-up. Additionally, parents participating in parent education programs and receiving child and maternal health support services reported significant improvements in social support. At intake, 51% of parents in parent education programs and 45% of parents receiving child development visits reported social support as a strength; by follow-up, 74% and 89%, respectively, were reporting strengths in this area.
- *Children and their families have increased access to health services.* Newborn home visiting nurses identified needs in the families they served and provided intervention or referrals to meet these needs. The majority of mothers who received newborn home visiting services were breastfeeding (80%), and most infants were free of tobacco exposure (94%) and had their nutritional needs met (68%), as monitored by the nurses. Newborn home visiting nurses helped mothers who were struggling with breastfeeding or needed help in meeting the nutritional needs of their infant. In addition, 2,539 referrals to community-based services were made by FS funded partners to address a variety of family and child needs. Most of the referrals made addressed the area of concrete support, which includes referrals concerning basic needs, childcare, education, job training, financial assistance, or health and wellness. The majority of children and families (84%) had successful referral outcomes. Overall, children and families continue to be better able to access needed supportive services after being in contact with First 5 Santa Barbara County FS funded partners.

Early Care and Education

This section describes the work of the Early Care and Education (ECE) focus area and its funded partners.

HOW MUCH DID WE DO?

- The Early Care and Education focus area provided services to 59 individual children, 32 individual parents, 285 individual providers and professionals, and 668 aggregate (i.e., duplicated) providers and professionals. Families served by the Preschool and Childcare Expansion Project were indicated to experience low to medium levels of risk, with risk in regards to education level, poverty level, and difficulty making ends meet (e.g., perceived poverty) being indicated most often.
- ECE focus area staff conducted multiple site visits to 124 childcare programs for program development purposes, gave stipends to 120 providers, issued bachelor's degree scholarships to 16 providers, and provided accreditation facilitation to 88 programs. Overall, the programs served by the ECE focus area represent approximately 5,000 children. The Preschool and Childcare Expansion Project provided parent education to 32 parents and served 59 children through opening or saving infant/toddler and preschool enrollment spaces in the communities of Carpinteria, Isla Vista, and Santa Maria.

HOW WELL DID WE DO IT?

- *Commission staff engaged in provider capacity building, training, and support.* ECE focus area and Children's Resource & Referral staff helped facilitate knowledge of the accreditation process among ECE providers to help more become accredited and re-accredited. They also worked with providers participating in the Quality Rating and Improvement System (QRIS) on improving the quality of care and child outcomes. This included technical assistance, trainings, organizing assessments of multiple quality domains, and offering provider education. Participating QRIS providers were trained to monitor child needs and progress through the use of the Desired Results Developmental Profile and the Ages & Stages Questionnaire developmental screening, which helps efforts to identify and address any developmental concerns before kindergarten entry. Due to the QRIS system in Santa Barbara County, more childcare programs are screening children for developmental delays. A total of 1,604 children are now receiving developmental screenings in programs that did not conduct screenings prior to QRIS.
- *Changes in investment, policy, or practices led to changes in components, connections, infrastructure, or scale of supportive services for children and families.* For FY 2014-2015, the primary goal for the ECE focus area was a more

aligned and integrated early care and education support system for Santa Barbara County, with a specific focus on the Quality Rating and Improvement System and Accreditation Facilitation. In an innovative partnership with the National Association for the Education of Young Children (NAEYC), a cross-validation process was created that allows the NAEYC validator to validate for both accreditation and QRIS; thus, saving time, money and effort on the part of the provider and the ECE focus area staff. A pilot was implemented this year, with great results for 10 sites that were accrediting or re-accrediting. Commission staff plan to fully implement the system next FY, and develop a similar crosswalk for family childcare.

- *Childcare providers felt services were accessible, understandable, and culturally-sensitive.* Across trainings, technical assistance, individual support, and program support services provided by ECE focus area, the vast majority of providers reported that services were accessible, understandable, and culturally-sensitive with only 2% to 5% disagreeing across service types.
- *Childcare providers were satisfied with the services received.* Overall, the majority of providers strongly agreed they were treated with respect and were satisfied with services. Less than 5% of respondents disagreed with these statements.

Continued on next page.

Early Care and Education *Continued*

IS ANYONE BETTER OFF?

- *ECE programs are showing program quality improvement.* For both childcare centers and family childcare homes participating in QRIS, there was a statistically significant improvement in the overall quality of the program over time. In addition, programs funded by the Preschool and Childcare Expansion Project improved in program quality over the year.
- *The number of accredited childcare centers in Santa Barbara County reached an all-time high of 48, and the number of accredited family childcare homes doubled.* Accreditation indicates a higher level of quality for a childcare program. Commission staff and Children's Resource & Referral of Santa Barbara County offered technical assistance and supported providers through the process that leads to national accreditation. There was an overall trend toward an increase in accredited childcare centers from 2000 to the present, with 48 childcare centers accredited this year compared to 46 last year, which means more children are being served in high-quality environments. For family childcare homes, the number accredited increased to eight from four last year.

- *The percentage of early care educators at childcare centers with a bachelor's degree increased slightly to 34% and at family childcare homes has remained approximately the same, around 10%, over the past three years.* The Comprehensive Approaches to Raising Educational Standards (CARES) Plus program provided 120 stipends to ECE providers to assist them in pursuing higher education. In addition, 82 recipients received bonus awards to further help them attain their educational goals. Of these, 26 providers enrolled in a bachelor's degree program, eight graduated with their bachelor's degree, and 69 completed six or more college units for credit.



Conclusion

The efforts of First 5 Santa Barbara County staff and funded partners are helping improve the lives of young children and their families. Families participating in services funded by First 5 Santa Barbara County showed improvement in having their basic needs met, accessing needed resources and services, and in several aspects of parenting quality. Over the past decade, the efforts of the Commission have contributed to increases in childcare quality and a greater number of accredited childcare programs. Thus, First 5 Santa Barbara County has been a benefit to local children and families.



EVALUATION REPORT 2014-2015

Introduction to 2014-2015 Evaluation Report & the Santa Barbara County Context

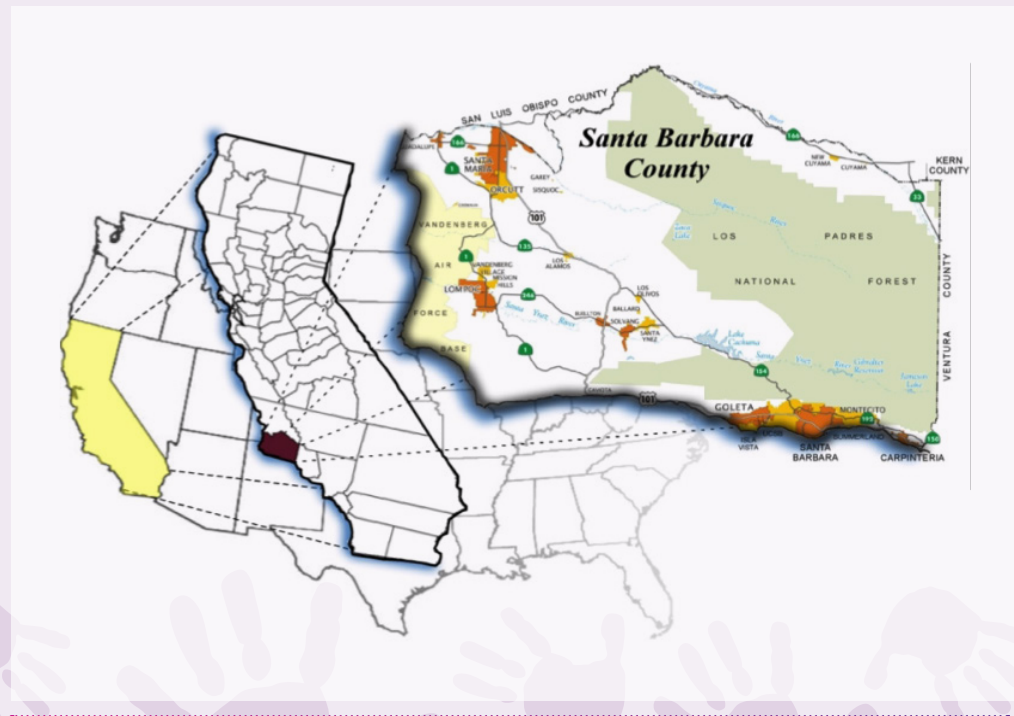
Results-Based Accountability

The organizing principles of evaluation for First 5 Santa Barbara County (also referred to as the Commission) reflect a Results-Based Accountability (RBA) framework. As advocated by Mark Friedman, RBA is a model for decision-making, funding, planning, and evaluating ways to improve the well-being of children and families. This framework defines results as conditions of well-being for given populations, which should be the primary focus of funding and service delivery. This model also simplifies the conceptual framework for program evaluation into straightforward, easy-to-communicate sets of interlocking questions.¹ All program evaluation information addressed these three questions: *How much did we do? How well did we do it? Is anyone better off?*

Organization of Evaluation Report

The organization of the information contained in the evaluation report directly addressed the questions of *How much did we do? How well did we do it? Is anyone better off?* When available, trends across multiple fiscal years were reported. We begin by providing the Santa Barbara County context and then an overview of the work of First 5 Santa Barbara County within that context. We describe the overall *How Much Did We Do?* for First 5 Santa Barbara County as a whole, and also describe their systems improvement efforts in the form of communications outreach and capacity-building grants to community partners. Then, we focus on the two main focus areas of the strategic plan: Family Support and Early Care & Education. Within each focus area, all three RBA questions are addressed in order to provide the reader a comprehensive view of the results being accomplished. We end with final thoughts and next steps.

We hope this evaluation report provides useful information about the work First 5 Santa Barbara County did to improve the lives of young children and their families in our communities. Any questions or suggestions can be directed to the UCSB Evaluation Team at (805) 893-5419. Thank you.



Overview

Of the 58 counties in California, Santa Barbara County is ranked as the 19th county with the most 0-5 year old children. The following demographic information was obtained from the American Community Survey. Please see <http://www.census.gov/acs/> for more information. As of 2014, the county was estimated to have a total population of 440,668 people, with 46% White, 44% Latino, 6% Asian, 2% African American, and 2% Native American. The median age was 33.6 years. In addition, the county had 28,203 children under the age of five years. In terms of household finances, the median family income was \$71,652 with the majority of families in Santa Barbara County earning between \$50,000 and \$74,999.

In contrast, the percentage of all people living in poverty was 16%, an increase from the previous year. For children under 18 years of age, the poverty rate was 24.5%, an increase of nearly 4% from 2013, and 23.3% for all children under the age of five years, an increase as well from 2013. For families headed by a female, with no spouse present, the rate of poverty for children under the age of five years was 42%, an increase from 2013 of 7%. Lastly, in terms of education for the county's population that is 25 years or older, 80% had a high school degree or higher, with 30% having a bachelor's degree or higher. For those individuals with less than a high school degree, the rate of poverty was nearly 10% higher than the average of those with a high school degree and five times that of individuals with a bachelor's degree.



FIGURE 1-1:
Substantiated Cases of Child Abuse and Neglect

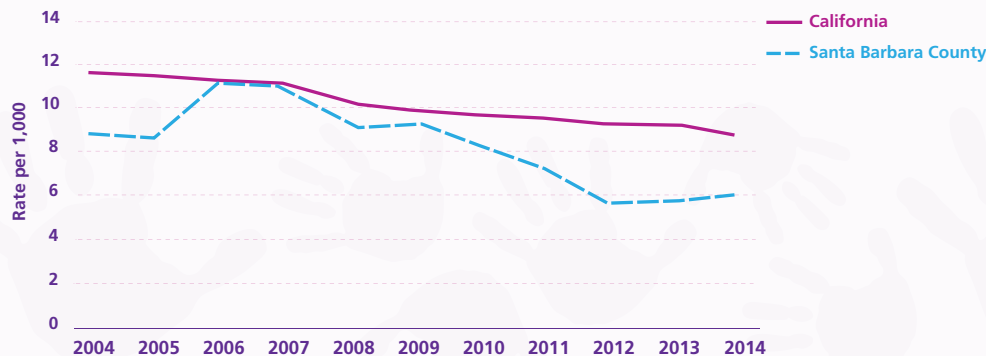
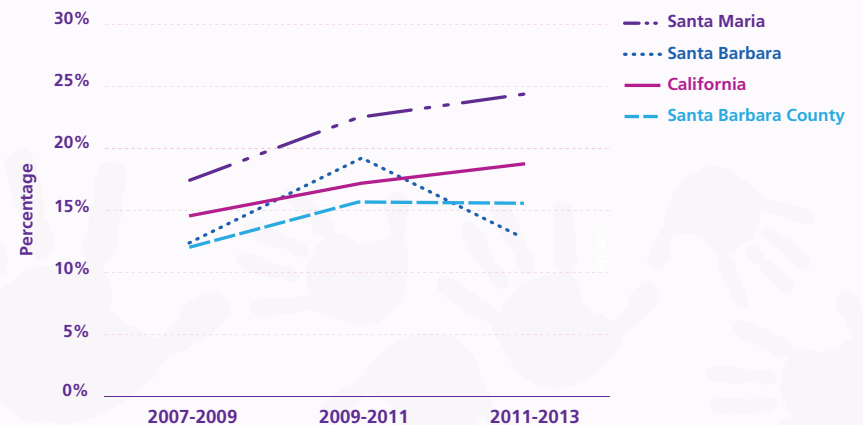


FIGURE 1-2:
Percentage of Families with Children Living in Poverty



Children Are Free from Abuse

Figure 1-1 on page 16 shows the rate of substantiated child abuse cases for Santa Barbara County from 2004 to 2014. In 2014, the Santa Barbara County rate of substantiated child abuse cases of 6 children per 1,000 was below the statewide rate of 8.7 children per 1,000 for that year. Over the past three years, this rate has remained relatively stable for Santa Barbara County. Information was obtained from kidsdata.org.²

Children's Families Can Provide for Them

The percentage of children in Santa Barbara County living in families with incomes below the federal poverty threshold is displayed in **Figure 1-2** on page 16.³



Children Have Appropriate Childcare

Only 29% of the 45,405 children ages 0-12 estimated to need care had a space available to them in 2014. This is a slight decrease from 2012. Nevertheless, the availability of childcare spaces in childcare centers increased as a result of local efforts, but the number of spaces at licensed family childcare homes decreased. The largest request for childcare came from parents of infants and toddlers, ages 0 to 2 years, from whom 46% of requests came.⁴

Children Are Born at Normal Birth Weight

Figure 1-3 shows the rate of low birth weight babies in Santa Barbara County compared to the state, which was obtained from the Santa Barbara County Department of Public Health.



Children Have Health Insurance

This past year, 55% of children 0-5 were covered by Medi-Cal, compared to 32% in 2003.⁵ At the same time, the trend for those children covered by employment-based insurance has been the reverse.⁵ (see **Figure 1-4**)

FIGURE 1-3:
Low Birth Weight and Preterm Births 2006 - 2013

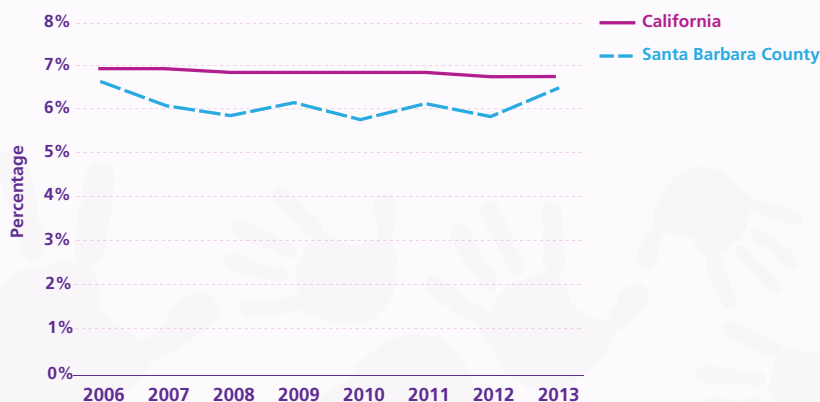
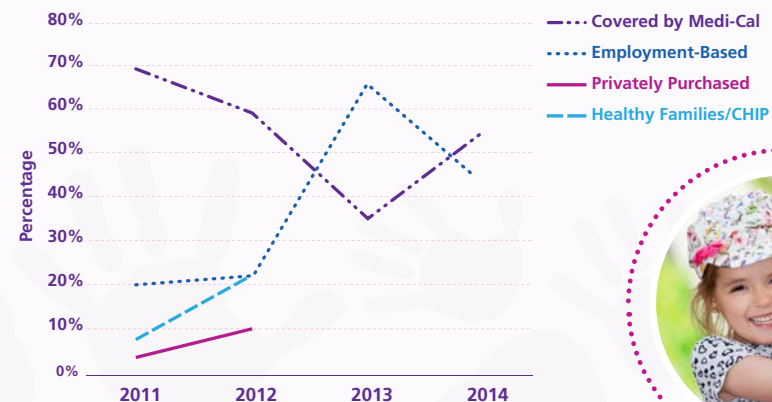


FIGURE 1-4:
Children Covered by Health Insurance in Santa Barbara County



Risk in Santa Barbara County

Studies have shown that many disparities in health and well-being can be traced to early childhood. These disparities reflect gaps in access to services, unequal treatment, adverse hereditary health conditions, and exposures in the early years linked to elevated community and family risks.^{6,7,8} First 5 Santa Barbara County tracked these community risks in an effort to better understand the conditions in which many of our children live. For 2012, the following data were analyzed and converted to an index to show levels of risk based on zip code:

- Children who have multiple risk factors (three or more demographic risk factors – poverty, parent single and/or non-English speaking, less than high school education, no employment).
- Children birth to 6 whose racial/ethnic origin is non-white.
- Children birth to 6 living in extreme poverty (family income at or below 50% of the federal poverty level) or below the poverty threshold.

The risk data are presented by zip code (**Figure 1-5**) and place (**Figure 1-6**; defined by the Census Bureau are incorporated places, such as a city, town or village, or census designated place).

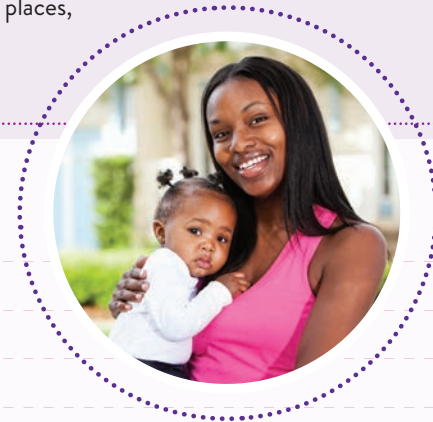


FIGURE 1-5:
Risk in Santa Barbara County by Zip Code

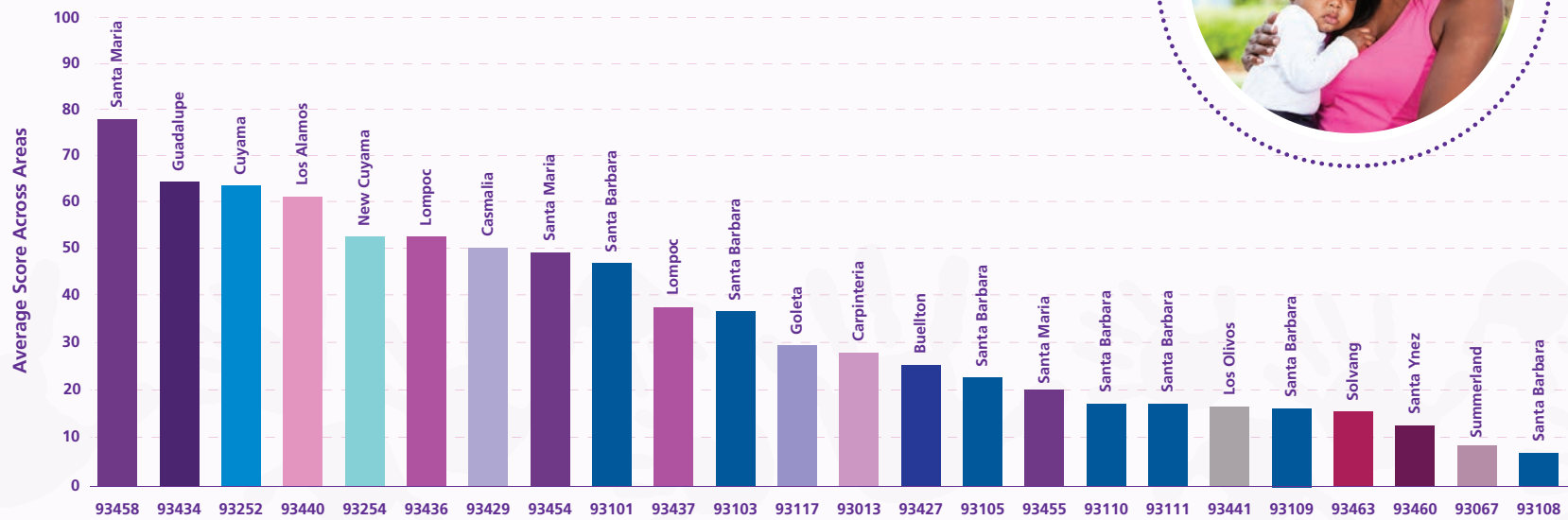
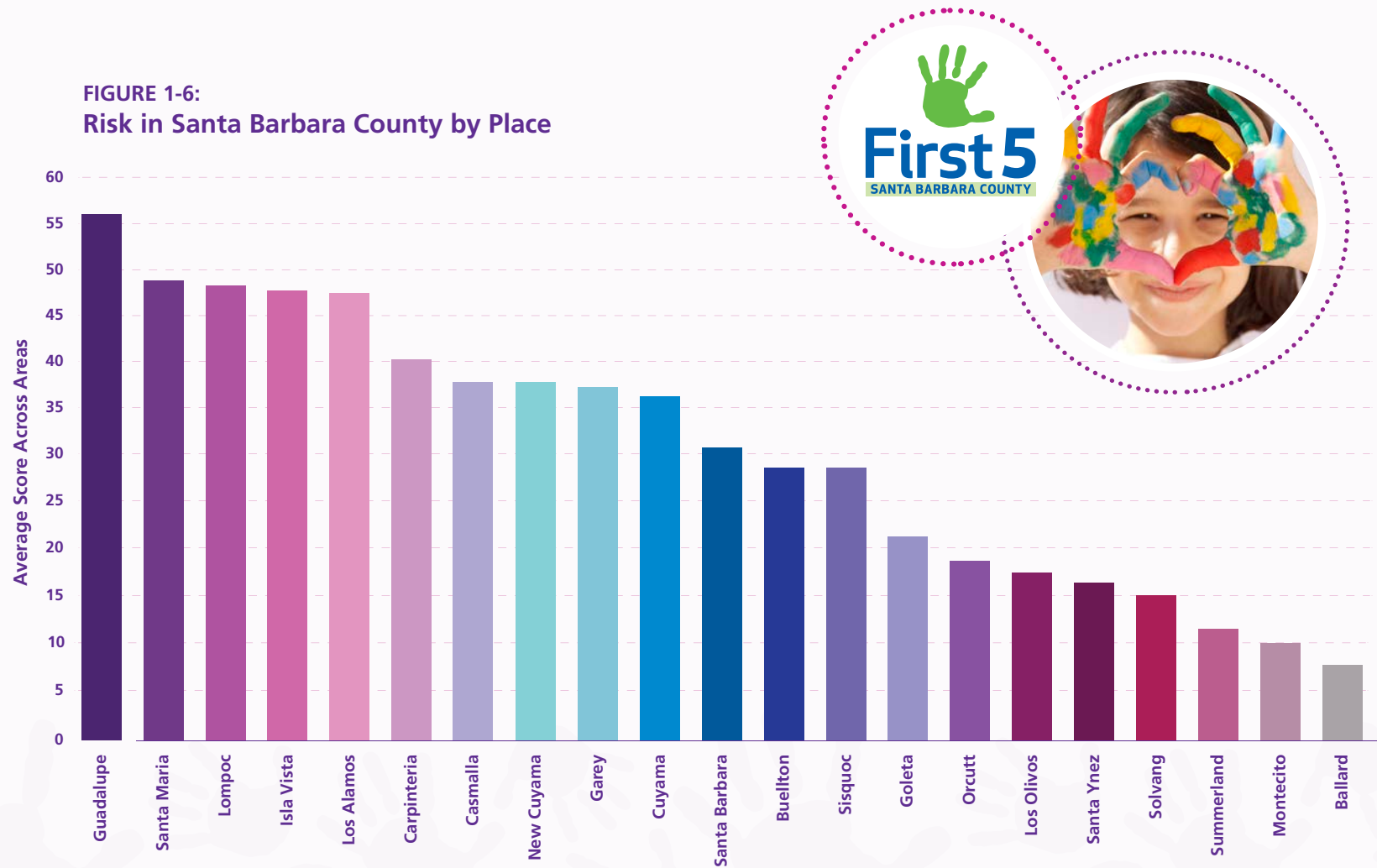


FIGURE 1-6:
Risk in Santa Barbara County by Place





EVALUATION REPORT 2014-2015

First 5 Santa Barbara County



First 5 Santa Barbara County

The vision of First 5 Santa Barbara County is that all children are healthy, safe, and ready for kindergarten.

All children deserve the best start in life. In the first five years of a child's life, critical connections are made in the brain that impact lifelong learning. How we nurture and support our children today will impact their success in school and in life. In recognition of this, voters in California passed Proposition 10, which taxed tobacco products to fund prevention, early intervention, and treatment services for children ages 0-5 years and their families. First 5 California was established and each county receives funding to support services determined by a Commission.

First 5 Santa Barbara County (i.e., the Commission) works in partnership with individuals and organizations throughout the county to support the health, early learning, and well-being of children pre-natal through five years of age and their families. The Commission invests in programs and activities that are consistent with priorities identified in its strategic plan and in line with its five guiding principles. These principles include serving those most at risk, supporting tiered levels of services to meet the diverse needs of families, leveraging funding and results, funding evidence-based strategies while also being flexible to respond to emerging needs and opportunities, and maintaining a clear separation between the role of First 5 Santa Barbara County in supporting direct services and its role in assuring accountability, public review, and reporting on results.

The First 5 Santa Barbara County Strategic Plan for 2014-2017 directed its efforts as a funder, partner, convener, and advocate to maximize successful outcomes in collaboration with parents and other stakeholders. In recognition of declining Proposition 10 revenues, First 5 Santa Barbara County changed funding and service strategies in this Strategic Plan to focus on fewer areas to target and on serving those children and families with greater risk. One result was that more funding was shifted to North County, where there was a greater need for services. This Strategic Plan delineated two primary focus areas: Family Support (FS) and Early Care and Education (ECE). Within the FS focus area, strategies include parent education and support, intensive case management, and increasing child and maternal health access. Within

the ECE focus area, strategies include improving the quality of existing childcare and preschool services, creating new quality childcare and preschool services, and expanding access to these services. The Strategic Plan also delineated secondary focus areas of capacity building and systems change, communications, and health insurance and access for children.

Funding Strategies

In fiscal year (FY) 2014-2015, the Commission funded the primary focus areas of Family Support and Early Care and Education, and the secondary focus areas of capacity building and systems change, communications, and health insurance access. ECE funds were leveraged with funding from First 5 California and the California Department of Education for early care and education workforce development; Orfalea Foundation for program quality improvement and accreditation facilitation; and California Department of Education to create a Quality Rating and Improvement System. **Table 2-1** shows the funding for this year.

**TABLE 2-1:
Funding for Fiscal Year 2014-2015**

Area	Amount
Family Support	\$1,178,207
Early Care and Education	\$1,125,000**
Systems Change & Capacity-Building Grants	\$148,440
Communications	\$170,000
Health Insurance & Access for Children	\$180,000

** This amount includes allocation for Preschool Spaces \$200k, \$100k for Preschool and Childcare Expansion Project, \$625k for ECE Quality work.

HOW MUCH DID WE DO?

Figure 2-1 shows the total client contacts. This number reflects some duplication across service providers, as a child and family could have received services from more than one First 5 Santa Barbara County-funded provider. First 5 Santa Barbara County is working to obtain an unduplicated count for next FY. **Figure 2-2** shows client contacts by region. For **Figure 2-2**, client counts have been summed across program areas, and thus likely contain significant duplication, as a given child or family may have received services from multiple programs or agencies, especially those high-risk families where agencies worked together to ensure families' needs were met. The Systems Change & Capacity-Building grants First 5 Santa Barbara County awarded in FY 2014-2015 were focused on the entire county; therefore, regional information is not applicable for them this year.

FIGURE 2-1:
Total Clients Served by Client Type for Fiscal Year 2014-2015

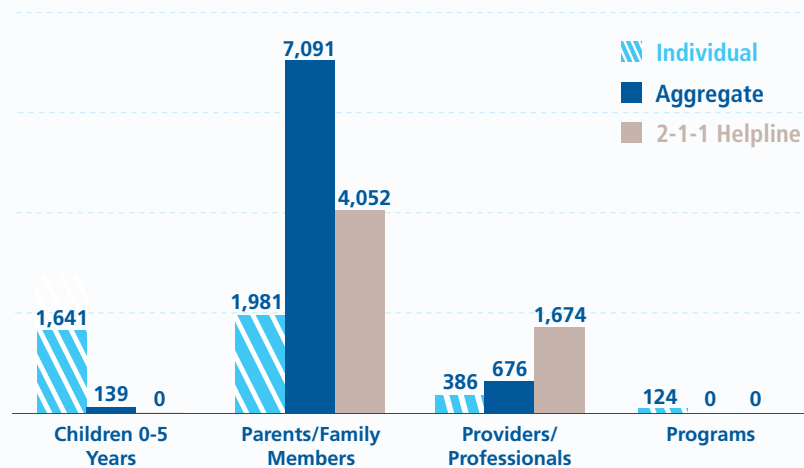
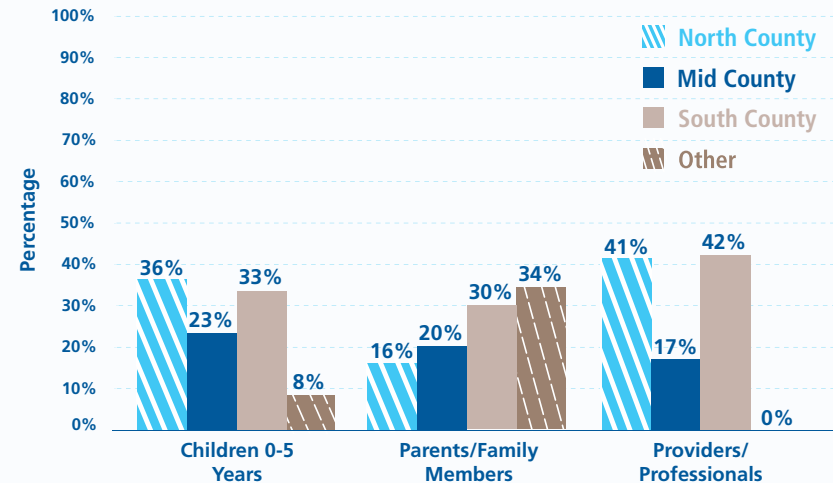


FIGURE 2-2:
Total Clients Served by Region for Fiscal Year 2014-2015



NOTE 1. The percentages reported here for Children 0-5 Years, Parents/Family Members, and Providers/Professionals are based only on unduplicated (i.e., individual) counts.

NOTE 2. The percentages shown include clients who received newborn home visiting services in South County, as these services are funded by First 5 Santa Barbara County. In North County, initial home visits are provided by Marian Regional Medical Center of Santa Maria, and those visits are not included in the numbers above.

NOTE 3. The category "Other" includes unincorporated areas of the county and clients for whom regional information was unavailable.



CLIENTS SERVED BY LEVEL OF RISK

As part of the Strategic Plan for 2014-2017, First 5 Santa Barbara County aims to serve the families who are currently experiencing higher levels of risk and, therefore, with whom the highest possible impact can be achieved. In FY 2014-2015, First 5 Santa Barbara County partners collected baseline data, using the Intake Assessment, on areas of risk for families served by Family Support and the Early Care and Education sites funded through the Preschool and Childcare Expansion Project. Families provided their demographic information including: home language, health, income, marital status, race/ethnicity, education, and concerns about child development. In addition, the Intake Assessment provided a measure of the level of environmental and personal risk contributing to each child and their family's health and well-being, allowing First 5 Santa Barbara County to assess whether their goal of serving families experiencing higher risk is being achieved. Research related to child and family risk consistently reports several key risk indicators as contributing to family and child outcomes.⁹ Specifically, the 11 risk indicators below were measured. Parents could decline to answer any question on the Intake Assessment.

1. **Parent age at child's birth:** Parents under the age of 20 at the time of childbirth were considered teen parents and noted as being at risk.
2. **Home language:** Parents whose home language is a language other than English were indicated to be at risk. Bilingual parents who speak English in addition to another language were not considered to be at risk on this indicator.
3. **Worry, anxiety, or depression causing difficulty at work, at home, or in getting along with others:** Parents who endorsed "yes" on this item were indicated to be at risk.
4. **Child's exposure to tobacco smoke in the home:** Parents who endorsed "yes" on this item were indicated to be at risk.
5. **Child's birth weight:** Risk was indicated if the child weighed less than 5.5 pounds at birth.

6. **Difficulty making ends meet:** Families who reported "yes" in regards to having difficulty making ends meet were indicated to be at risk. This indicator measures families' perceptions of whether they are experiencing financial hardship.
7. **Concerns about conditions, safety, or overcrowding at home:** Parents who endorsed "yes" on this item were indicated to be at risk.
8. **Poverty level:** Federal poverty guidelines based upon size of household and household income were used to determine risk. Families who, according to these guidelines, were living below the poverty level were indicated to be at risk. This indicator offers an objective measure of experiences of financial hardship.
9. **Marital status of parent(s):** Families who are not continuously intact (traditional nuclear family) were considered to be at risk.
10. **Race and Ethnicity:** Parents reporting a race and ethnicity other than Non-Hispanic White were indicated to be at risk, based on this being a proxy indicator for other risks.⁶
11. **Education:** Parents whose highest education level was less than a high school degree were indicated to be at risk.

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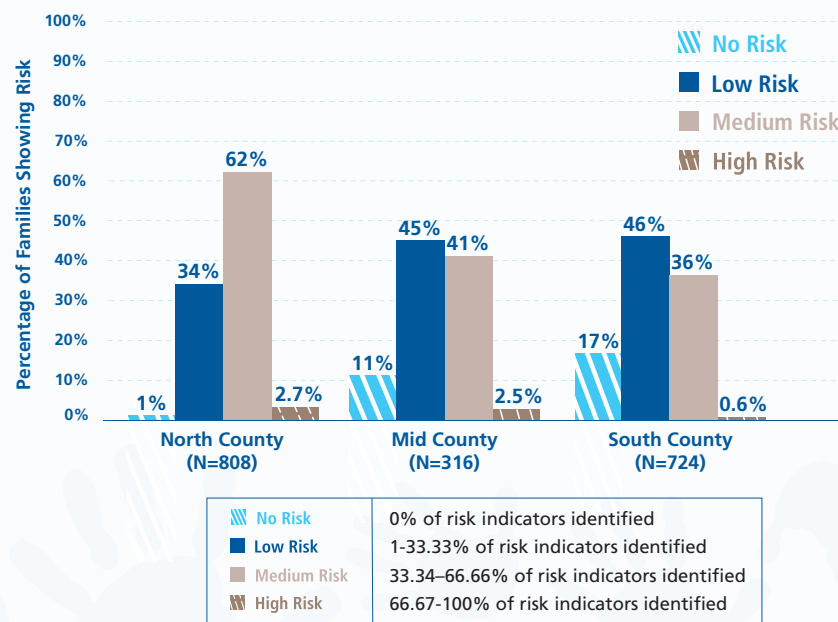


First 5 Santa Barbara County tracks community risks in an effort to better understand the conditions in which many of our children live.

Although families' information provided on the Intake Assessment was used to determine their current risk status, it is also important to note that experiencing risk does not inherently determine family or child outcomes. Rather, this information indicates families' potential for experiencing adverse outcomes. Risk status is changeable and alone does not determine child outcomes or school readiness. Collecting this information, however, informs First 5 Santa Barbara County's efforts to mitigate risk experienced by the families whom they serve. **Figure 2-3** shows the percentage of families currently reporting no, low, medium, and high risk. Higher levels of risk indicate more risk factors identified.

Overall, the families served by First 5 Santa Barbara County funded programs indicated experiencing low to medium levels of risk, with more families reporting higher levels of risk in North County. In any community, only a small percentage of families will show the absolute highest levels of risk. However, there are many families showing low to moderate levels of risk, and they need service and support to prevent them from moving into the highest risk or even crisis level. Therefore, serving families at lower to moderate risk can serve an important early intervention function. The top three potentially modifiable risk factors indicated by families within each county region were also examined. Families served across Santa Barbara County most often indicated risk on the following indicators: Education Level (47% to 71% of families), Poverty Level (34% to 66% of families), and Difficulty Making Ends Meet (i.e., perceived poverty, 39% to 44% of families). Across all regions, a lower education level was the risk indicator most often identified for families served by First 5 Santa Barbara County funded programs.

FIGURE 2-3:
Countywide Risk Estimates by Region for Fiscal Year 2014-2015



HOW WELL DID WE DO IT?

First 5 Santa Barbara County Systems Improvement Efforts

First 5 Santa Barbara County defined systems improvement as *making changes in the way major parts of community service systems (e.g., education, health care, social services, government) are linked together and how they function*. The goal is to make programs more effective by reducing costs and improving results for participants. Preventing problems is at the heart of systems change. The following are the results Commission staff hoped to achieve through these systems improvement efforts:

1. **Improve the accessibility and use of services that children and families need;**
2. **Increase advocacy within the community for the needs of children and their families;**
3. **Increase sustainable funding sources;**
4. **Increase the quality of services provided to diverse communities.**

Systems improvement has broad goals aimed at changing the climate in which agencies interact in order to make services to families and their children more efficient and effective. This section describes the results for the systems improvement efforts of the Commission as a whole, which are in the areas of health insurance access, communications outreach and education, and systems change and capacity-building grants. The systems improvement efforts of Family Support (FS) and Early Care and Education (ECE) are detailed in their sections of the evaluation report.

HEALTH INSURANCE ACCESS FOR CHILDREN

These efforts addressed the focus of First 5 Santa Barbara County on increasing the accessibility of services that children and families need. In fiscal year (FY) 2014-2015, the Healthy Kids Santa Barbara Coalition worked to ensure that all children in the county were insured and had access to

quality medical, dental, and vision care services. Funds provided coverage for the county's youngest uninsured children (birth to 5 years of age), who were ineligible for Medi-Cal and Healthy Families, and whose families had an income at or below 300% of the Federal Poverty Level. First 5 Santa Barbara County helped fund this effort, and has worked to enhance the funding base.

COMMUNICATIONS OUTREACH

The efforts in this area focused on increasing advocacy within the community for the needs of children and their families. In FY 2014-2015, the Commission increased its investment in communications outreach with the goal of directly connecting and engaging with parents, providers, and members of the community around the roles each can play in support of 0-5 year olds and their families. The relationship building approach used by First 5 Santa Barbara County was based on a Community Building Model. First 5 Santa Barbara County communications outreach laid the groundwork for increased investment and activity in support of children and families in the early years with the goal to create a true community of support for 0-5 year olds. More specifically, the communications outreach will help parents:

- Understand their role in their child's early brain development by sharing information on brain science in the early years and how they as parents can support and nurture their child by giving them tactics and strategies to support synaptic connections.
- Support their child's early literacy by encouraging them to read with their children. Commission staff will deliver the Talk, Read, Sing messaging and provide them with "Potter the Otter" books and other early literacy materials.
- Learn about the importance of maternal and early child health by incorporating messaging in these areas into First 5 Santa Barbara County's higher priority messaging strategies (i.e., "Potter the Otter") and by delivering specific health related messaging opportunities as they arise (i.e., vaccines, car seat safety, and developmental screenings).

Continued on next page.

- Increase their awareness about the importance of, and also the demand for, high-quality preschool and childcare. Commission staff will educate parents about the ways in which high-quality care is critical to their child's healthy brain and social-emotional development by sharing information to help them know what to look for and what types of questions they should ask when selecting an appropriate provider.

In this initial year, the primary goal First 5 Santa Barbara County sought to achieve was connecting directly with parents to assist them in supporting their child's early brain development. The first step in achieving this goal required identifying parents of 0-5 year olds and asking them to "join" First 5 Santa Barbara County. Of course, joining this public organization does not cost anything, but asking parents to opt into an information-sharing and support network is the first step in establishing a lasting relationship. During FY 2014-2015, 1,090 active members joined First 5 Santa Barbara County, 781 being parents of 0-5 year olds. Once parents joined the organization, the next step in the Community Building process was to help parents play their key role as their child's first teacher and as the driving force in building their child's brain. First 5 Santa Barbara County will share information, research, parenting tips, materials, supplies, referrals to services, invitations to community events, and connections with other parents. First 5 Santa Barbara County is now building the capacity, messaging, materials, and systems to engage with parents on an ongoing basis, connecting with parents regularly through social media, direct mail, internet and email communications, community events, and large and small group presentations.

In FY 2014-2015, Commission staff presented to the Santa Barbara Unified School District's (SBUSD's) state preschool educators about brain science and the importance of parents understanding their role in constructing their child's brain. After the presentation, 80% of preschool educators in attendance joined First 5 Santa Barbara County by filling out the membership form. The preschool educators also facilitated in the recruitment and outreach to their students' parents to join First 5 Santa Barbara County by distributing individual welcome packets for each child in each classroom. The packets included a letter from the First 5 Santa Barbara County Executive Director, a parent membership form, a developmental wheel, information on oral health and car seat safety, and a "Potter the Otter" book to read with their children.

As a result of this presentation, First 5 Santa Barbara County received 259 memberships from parents served by the SBUSD state preschools. First 5 Santa Barbara County is now able to share information directly with these parents in their preferred language about how they can best support their child's brain and social-emotional development.

First 5 Santa Barbara County also seeks to engage the community, parents, and providers in learning, communications, outreach, and professional development through small co-sponsorships. Co-sponsorships support community outreach and educational events that connect parents and the broader community with information, resources, and/or services that support strong families and healthy child development for 0-5 year olds. They also support trainings, conferences, and professional development opportunities for providers who serve 0-5 year olds and their families. In FY 2014-2015, First 5 Santa Barbara County provided co-sponsorships to 14 organizations, supporting 14 events, totaling \$15,150 in community events and trainings with more than 5,000 community members, parents, providers and stakeholders attending.

Preliminary Information Collection

When parents join First 5 Santa Barbara County, they are encouraged to complete a survey to help staff understand more about their family and the areas they are interested in learning more about for their child's healthy development. The survey helps Commission staff assess the degree to which parents/providers feel they have the resources and support they need to promote their child's development. It also helps Commission staff tailor messaging to individual parents' needs and interests. For evaluation purposes, the survey also measures the degree to which parents have the knowledge and strategies necessary to effectively support their child's healthy brain and social-emotional development. A year after they complete the initial survey, parents will be surveyed again to assess changes in their knowledge and practices as a result of First 5 Santa Barbara County's messaging and communications. In FY 2014-2015, 49 parents completed the communications survey, revealing that:

Continued on next page.

- They most often used books (78%), parents or family members (71%), and the Internet (65%) when looking for information about their child’s learning and education.
- The majority (92%) of survey respondents indicated that the following statement BEST described their understanding of early brain development: “there are periods during development, such as from birth to age five, when the brain is more responsive to stimulation from the environment.”
- The top four activities rated as having a major impact on the development of a child from birth to three years of age were: feeding them a healthy diet (97%), playing with them (97%), encouraging and/or praising their efforts (97%), and reading to them (97%).
- 58% of survey respondents indicated that they felt “prepared” or “absolutely prepared” as a parent in supporting their child’s early brain development. In regards to early literacy, 69% of respondents indicated that they had 20 or more children’s books in their household and 67% indicated that they typically read to their child every day.
- 71% of parents and family members indicated that they need childcare for their children aged 0-5 while they or the child’s father/mother are at work. Additionally, 68% of survey respondents indicated that someone other than themselves provided childcare for their child on a regular basis. Grandparent(s) of the child (29%), licensed childcare in a center-based program (27%), and a private caretaker in the home like a nanny or an au pair (12%) were reported to be used most often.
- Of those families surveyed, 27% indicated that, in the past year, they wanted to enroll their child in preschool or a childcare program, but were unable to find or access those services.
- The most highly rated obstacles preventing the families from accessing those programs were that the program was “too expensive” (20%), “the program was full/there was a waiting list” (10%), parents “could not find a program in their community” (6%), and “I was not sure my child would like it” (6%).

SYSTEMS CHANGE & CAPACITY-BUILDING GRANTS

As part of their goal of being responsive to timely community needs and efforts, First 5 Santa Barbara County funded several one-year grants in this area, including the 2-1-1 Helpline; training coaches and Promotores in the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) model; the Children’s Oral Health Collaborative; and infrastructure to build the “Promotores Movement.” The grants targeted several different systems improvement areas, depending on the grant, and are described in the sections that follow. **Table 2-2** summarizes clients served by each grant. A summary of what each grant accomplished follows.

TABLE 2-2:
Systems Change & Capacity-Building Grants -
Clients Served by Service Type for Fiscal Year 2014-2015

Service Category	Number of Clients Served		
	Parents/ Family Members	Providers	Programs
2-1-1 Helpline	4,052	1,674	0
> Outreach Events	3,732	0	0
> Unduplicated Calls from Parents of Children 0-5	320	0	0
> Providers Reached	0	1,674	0
Implementation of CSEFEL Strategies	0	50	0
> CSEFEL Field Work	0	20	0
> CSEFEL Training	0	30	0
Promotores Network	0	50	0
> Promotores Training	0	46	0
> Promotores Who Gained Employment	0	4	0
Children’s Oral Health Collaborative	0	23	6
> Dental Providers Support	0	15	6
> Distribution of Dental Provider List	0	8	0

2-1-1 Helpline

The focus of this capacity-building grant was to connect individuals to health and human service information to improve the health and well-being of the people residing in Santa Barbara County. Santa Barbara County's 2-1-1 Helpline is available to all community members as the first point-of-access to community services, such as information and referrals to housing, food, drug and alcohol abuse prevention and treatment, health facilities, counseling, mental health services, senior issues, financial assistance, legal assistance, childcare, child and elder abuse services, recreation, and disaster relief. Calls placed are free and confidential and service is available in 150 languages. In November 2014, Community Action Commission (CAC) stepped into the role of 2-1-1 host for Santa Barbara County. Their goal was to develop and monitor standards of service quality and promote interagency collaboration through developing their central registry and database. In November 2014, 231 agencies were active in the 2-1-1 database and as of June 2015, 32 new agencies were added. CAC also created marketing materials and a website, and hosted many community outreach activities that led to increased call volume.

IN REFERENCE TO THE IMPORTANCE OF THE CSEFEL TRAINING, ONE PROGRAM SHARED:

"Supporting young children with the development of social/emotional skills is a lifelong skill.

The Teaching Pyramid [a CSEFEL training series] is laying the foundation for success beginning in infancy by caring for the child and teaching about feelings."

Santa Barbara County Education Office (SBCEO)'s Implementation of CSEFEL Strategies

This addressed the systems improvement goal of increasing the quality of services to diverse children and families. Specifically, this grant was to improve family functioning by building capacity in Santa Barbara County to disseminate strategies to promote the social-emotional development and school readiness of children 0-5 years old. Prior to this grant, there were no authorized CSEFEL trainers or coaches in Santa Barbara County, no library of materials available to families, and no Promotores trained in helping parents support the development of social-emotional skills in their children. A Promotor/a is a member of the Latino community who receives specialized training to provide basic health education in the community without being a professional health care worker.

Two coaches were trained in the CSEFEL framework and can now deliver workshops and provide coaching to preschool teachers. In addition, 32 Promotores from all over Santa Barbara County (Santa Maria, Lompoc, Solvang, Los Alamos, Santa Barbara, Goleta, Isla Vista, and Carpinteria) attended the training *Soluciones Positivas para las Familias*, and can now help families struggling with challenging child behavior. Finally, a library of materials was purchased to be a resource for coaches and Promotores to use with the parents of at-risk children.

As part of their efforts to support the diverse needs of families, SBCEO, with the support of First 5 Santa Barbara County staff, collected baseline information on their ability and competency to address cultural and linguistic diversity among the children and families they serve. CSEFEL service providers (N=25) reflected at the beginning and end of the fiscal year (FY) on the degree to which their practices and attitudes reflect competency for working with diverse children and families in the areas of communication, values, attitudes, resource materials, and physical environment.

Continued on next page.

Results indicated statistically significant increases in average competency scores from Assessment 1 to Assessment 2 in the areas of: (1) displaying pictures, posters, and materials sensitive to cultures of families served ($t(19) = -2.98, p = .008$), and (2) planning an environment and implementing activities that reflect the cultural diversity within the society at large ($t(22) = -3.76, p = .001$). These results are presented in **Figure 2-4**. Additional improvements from the beginning to the end of the FY were seen in the areas of: programs located in environments that are physically accessible and in compliance with the Americans with Disabilities Act (ADA); keeping in mind that individuals with limited English proficiency may not be literate in their language of origin or in English; accepting family/parents as the ultimate decision-makers for services and supports for their children, even though providers' professional or moral viewpoints may differ; and recognizing and understanding that traditional approaches to disciplining children are influenced by culture.

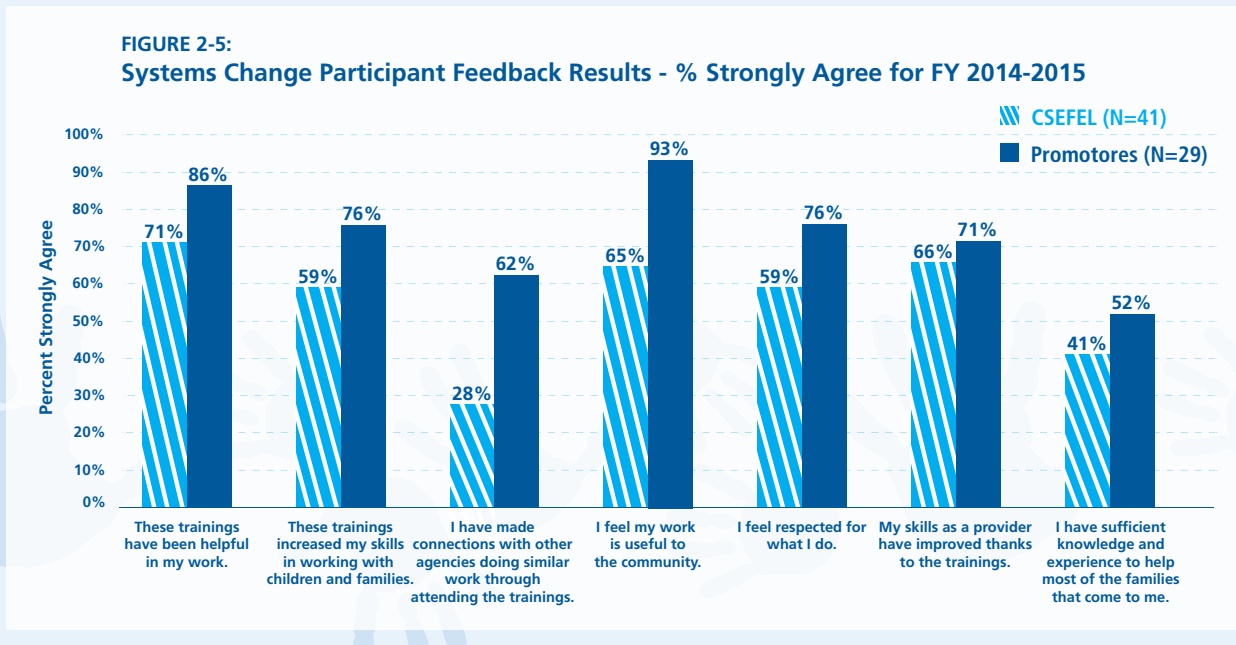
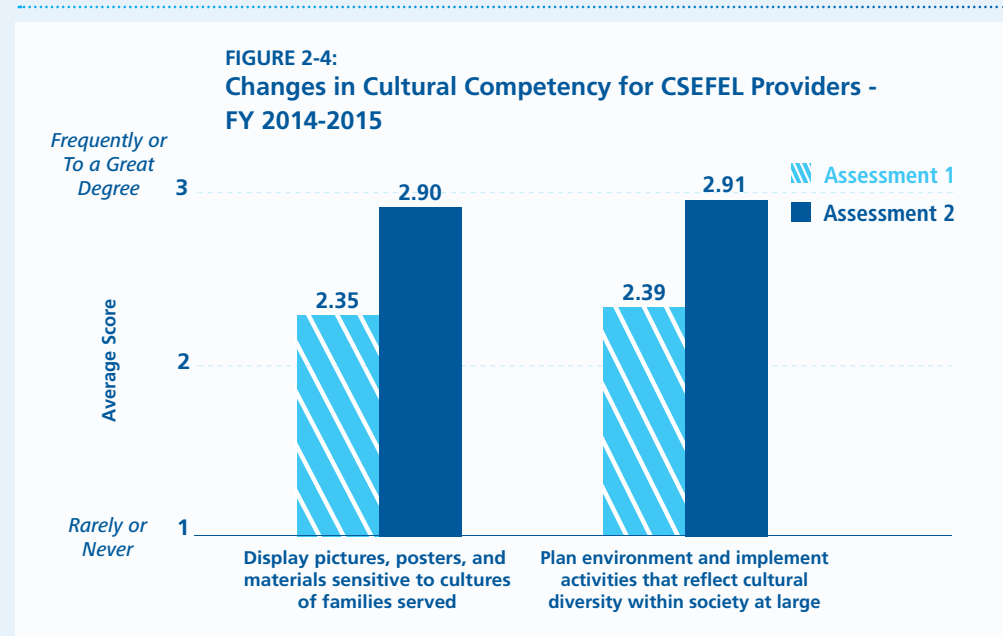


Figure 2-5 shows feedback from the CSEFEL staff and the Promotores (see next section) on the trainings that they attended as part of this capacity-building grant. Only the highest standard of % Strongly Agree is displayed. Evaluation data support that the majority of the CSEFEL providers found the trainings valuable to their work and useful to the community. They also felt that their skills as a provider had improved thanks to the trainings. The only area which seems to need further improvement and additional focus is helping providers make connections with other agencies doing similar work through attending the trainings.

Promotores Network

Santa Barbara County public and private agencies are embracing the “Promotores Movement” as a means to increase their capacity and maximize the effectiveness and reach of their health and human services outreach and educational activities (see page 28 for a definition of a “Promotor/a”). The “Promotores Movement” addresses several of the First 5 Santa Barbara County systems improvement goals, including improving the accessibility of services, increasing the advocacy within the community for the needs of children and their families, and increasing the quality of services provided to diverse communities. Specifically, this capacity-building grant enabled SBCEO’s Promotores Network to expand core training to improve participation in the Santa Barbara County Promotores Network. Having a coordinated, trained and supported Promotores Network with embedded community members who are knowledgeable about and connected to available services is showing positive impact on the delivery and integration of services in the community. First 5 Santa Barbara County helped fund a Lead Promotor/a position to furnish the necessary structure and support of the countywide Promotores Network. As the “Promotores Movement” has grown, so has its impact. The Promotores influence families and communities by exposing them to new information and resources and by becoming more knowledgeable about issues important to the Latino community. There has been an increase in agencies recruiting and providing additional trainings for Promotores who completed the 40-hour core trainings. Several Promotores have taken advantage of these trainings to increase their knowledge and skills in a variety of topics. For some this has resulted in opportunities for employment or stipends. Promotores help reach vulnerable, low-income underserved members of the Latino populations by improving messaging around key issues. We have seen success in several areas of health education and prevention efforts as well as access to health insurance programs. In Santa Barbara County, Promotores have helped deliver key messages about nutrition and physical activity, tobacco prevention, supporting healthy pregnancies, and risk factors and prevention of chronic illness. Promotores are now a crucial part of almost every health fair and screening event throughout Santa Barbara County.

As part of their efforts to support the diverse needs of families, the Promotores Network, with the support of First 5 Santa Barbara County staff, collected baseline information on their ability and competency to address cultural and linguistic diversity among the children and families they serve. A total of 29 Promotores completed the self-assessment once during the fiscal year. Across the areas of communication, values, attitudes, resource materials, and physical environment, the majority of the Promotores indicated that they and their agency engaged in culturally proficient practices frequently or to a great degree. The Promotores’ responses indicated relative strengths (97-100% frequently or to a great degree) in the following areas: (1) understanding and accepting that family is defined differently by different cultures, and (2) accepting family/parents as the ultimate decision-makers for services and supports for their children, even though providers’ professional or moral viewpoints may differ.

Figure 2-5 on page 29 shows the Promotores’ satisfaction with the trainings they attended. Only the highest standard of % Strongly Agree is displayed. The vast majority of the Promotores who completed this survey felt that the trainings were helpful in their work and had increased their skills in working with children and families. Through attending the trainings, they were also able to make connections with other agencies doing similar work. It is important to note that no one disagreed with any of the statements.

Children’s Oral Health Collaborative

The grant to SBCEO’s Children’s Oral Health Collaborative addressed the systems improvement goals of improving the accessibility and use of services children and families need and increasing advocacy within the community for the oral health needs of young children. A major part of this effort was sponsoring the Children’s Oral Health Summit, which provided information to health professionals on local dental disease statistics and promising practices. Nine years of local data were presented in a “Santa Barbara County Children’s Oral Health Collaborative Update” showing that North County dental disease rates in state preschoolers were cut in half in the communities where the children were exposed to water fluoridation and fluoride varnish application

by the pediatric medical providers. Two keynote speakers presented on a "Vision for Integrated Care." Dr. Susan Fischer-Owens, a pediatrician and Assistant Professor at the University of California, San Francisco presented on the "Critical Role of Oral Health in Optimal Child Health." Dr. Irene Hilton, a dentist and consultant with the National Network for Oral Health Access presented on "Integrating Oral Health into Primary Care Practice." A comprehensive Report on Children's Oral Health in Santa Barbara County 2005-2015 was created to engage stakeholders in addressing children's oral health needs. It was disseminated at the Summit and also widely throughout Mid and South County to reach beyond those who attended the Summit. Evaluation data from the summit (N=29) showed that all participants felt the summit was relevant to their program/agency and the conference was well prepared and organized. Most providers (97%) indicated that they knew more about children's oral health in Santa Barbara County after the conference and they learned useful strategies on how to improve children's oral health. The conference also resulted in increased advocacy, as seven new participants wanted to join the Dental Access Resource Teams (DARTs) and three volunteered to help with dental screenings at schools. Others pledged continued support to the collaborative and renewed efforts to reinforce the importance of fluoride varnish application in medical clinics and addressing children's oral care with parents at home visits.

The Oral Health Collaborative also provided training on fluoride varnish application throughout the county. In addition, all necessary supplies were distributed for each office to begin immediate implementation. This included fluoride varnish kits, toothbrushes, stickers, information flyers on fluoride varnish, and Oral Health Education Brochures for parents. Each person trained (20 total) received a training packet which included information on oral health assessment and guidance for implementing protocols and billing for their office. For the first time, two important medical providers (offices) who see hundreds of children regularly began regular fluoride varnish application with their patients age 5 years and under. Mid County has some of the worst rates of dental disease found in subsidized state preschools.

The Oral Health Collaborative executive committee members (N=6) completed a self-assessment of their collaboration using the Wilder Collaboration Factors Inventory in order to identify areas of strength and

needed capacity building. The survey measures the strength of the collaborative on 20 factors that are important for the success of collaborative projects and can be used as a basis for constructive discussion and planning for initiatives. For the Oral Health Collaborative, 16 out of 20 factors had scores above 4.0 on a 5-point scale (from 1=*strongly disagree* to 5=*strongly agree*), which indicate strengths in each area. The highest among these were a shared vision (4.75), unique purpose (4.67), and skilled leadership (4.67). Four factors scored between 3.0 - 3.9 which means they are borderline and should be discussed by the group to see if they need attention; only one of these was under 3.5 – sufficient funds, staff, materials, and time. There were no factors scoring 2.9 or less which would reveal a concern that should be addressed. The Oral Health Collaborative will use these results to strengthen their network.

In sum, First 5 Santa Barbara County has provided avenues for responding to timely community needs with innovative strategies through their communications outreach and capacity-building grant-making efforts. They also made initial strides this year in assessing the risk level of families receiving their services, which is a value expressed in the Strategic Plan for 2014-2017. The following sections will examine the focus areas of Family Support and Early Care and Education, following the Results-Based Accountability Framework.





EVALUATION REPORT 2014-2015

Family Support

HOW MUCH DID WE DO?

INTRODUCTION

The Family Support (FS) focus area consists of a network of community-based family strengthening programs in the county that provide support services and community linkages to address the diverse needs of children and families. FS helped connect children and families to needed resources, promoted emotional health and resilience in children and parents, helped parents provide safe and nurturing environments for their children, and encouraged parental participation in their child's early learning. FS services are guided by the prevention-focused Protective Factors Framework:¹⁰

1. **Social Connections** - Positive relationships that provide emotional, informational, instrumental, and spiritual support.
2. **Parental Resilience** - Ability to manage stress and function well when faced with challenges, adversity, and trauma.
3. **Knowledge of Parenting and Child Development** - Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
4. **Concrete Support** - Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
5. **Social & Emotional Competence of Children** - Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

STRATEGIES

In fiscal year (FY) 2014-2015, FS offered a wide range of family support services based on community need. The following four fundable components provide the umbrella for the agency-specific strategies to support children and families:

1. **Parent education and support:** Defined by the California Evidence-Based Clearinghouse as training, program, or other intervention that helps parents acquire skills to improve parenting of and communication with their children to prevent child maltreatment or reduce a child's disruptive behavior. Parent education and support can be delivered individually or in a group.
2. **Case management:** Using strength-based approaches in the development of case plans and support services for children prenatal to age five and their families that will increase child and family functioning. The intent is that everyone benefits when families reach their optimum level of wellness, autonomy and self-management, and functional capability. Case management includes services that may address health, differential response, or other needs that may necessitate additional support for a family to overcome a barrier.
3. **Family support information and referral/linkages & follow-up:** Support for outreach efforts to connect children prenatal to age five and their families to services which they may be eligible for or in need of. Referrals can be made for concerns such as basic needs, health insurance enrollment, food pantry, breastfeeding, etc., and all will have follow-up to know outcome of referral.
4. **Child and maternal health access:** Health services for women during pregnancy, childbirth, and the postpartum period that are *outside* of the current/existing systems of care within the county and that link to support for *families beyond medical care* to ensure that children's development is on track. Child and maternal health access services may include support for families through the provision of basic needs, breastfeeding interventions, child development visits, and nurse visits.

FUNDED PROGRAMS IN FY 2014-2015

FS consists of the following community-based family support programs, which were encouraged to apply as collaboratives:

- Alpha Resource Center
- Carpinteria Children’s Project
- Cuyama Valley Family Resource Center (FRC)
- Family Service Agency Collaborative (comprised of Family Service Agency, Isla Vista Youth Projects, and Santa Ynez Valley People Helping People)
- Santa Barbara County Education Office (SBCEO) Welcome Every Baby
- Santa Maria Family Support Project (comprised of Santa Maria-Bonita School District, Child Abuse Listening & Mediation (CALM), Santa Maria Youth and Family Services, and Fighting Back Santa Maria)
- THRIVE Guadalupe Family Service Center (FSC) (comprised of Community Action Commission (CAC), CALM, Santa Maria Youth and Family Services, and Santa Barbara County Education Office)

HOW MUCH DID WE DO?

The following Figures and Tables show the clients served, regional information, services provided, and an initial assessment of risk status, per the Strategic Plan. Please note that the families served by First 5 Santa Barbara County programs have children age 0-5 years old. Individual counts represent the unduplicated people served, whereas aggregate counts can include duplication (e.g., estimated audience attendance at a training, where people may have chosen to attend several trainings). Clients served individually by a single program were unduplicated, but a given child or family may have received services from multiple programs or agencies, especially those high-risk families where agencies worked together to ensure families’ needs were met. Therefore, when summed across programs, there may be duplication. Risk status estimates reflect information provided by families at intake into services.

FIGURE 3-1:
FS: Clients Served by Client Type for Fiscal Year 2014-2015

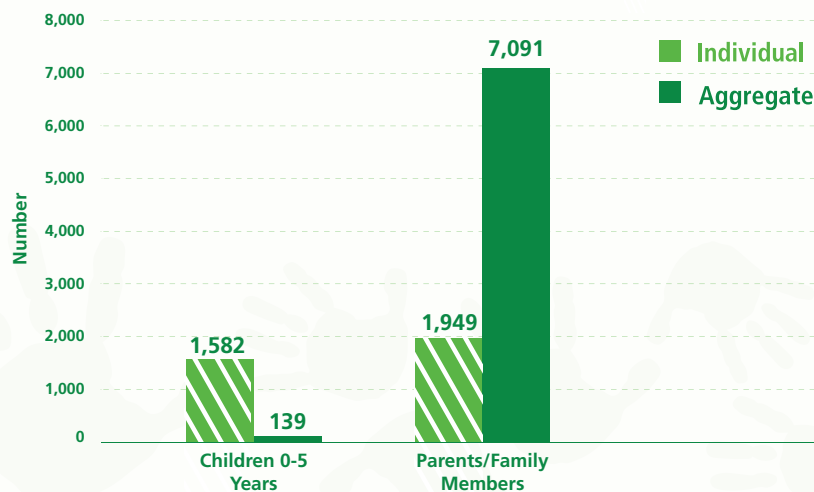
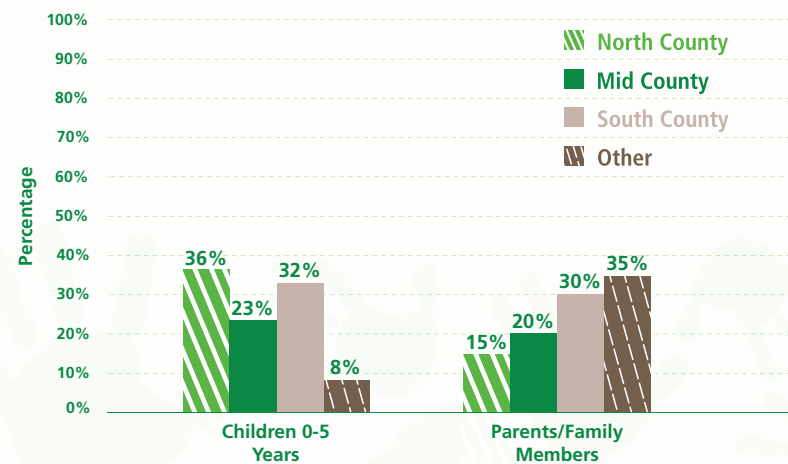


FIGURE 3-2:
FS: Clients Served by Region for Fiscal Year 2014-2015



NOTE. The category “Other” includes unincorporated areas of the county and clients for whom regional information was unavailable.

TABLE 3-1:
FS - Clients Served by Service Type for Fiscal Year 2014-2015

Service Category	Number of Clients Served	
	Children	Parents/Family Members
Case Management	40	204
Child and Maternal Health Access	931	58
Family Support Referrals, Linkages, & Follow-Up	1,052	8,711
Parent Education and Support	4	263

NOTE 1. The numbers in this table represent Individual and Aggregate counts added together for case managed, and in some agencies non-case managed, families. Aggregate counts can include duplication (e.g., estimated audience attendance at a training, where people may have chosen to attend several trainings).

NOTE 2. Family support referrals, linkages and follow-up is for families that do not rise to the level of need to qualify for case management, but do need help connecting to services.

As part of the First 5 Santa Barbara County value of serving those most at need, this year risk was estimated using information parents provided at intake into services. The risks assessed are those research has linked to lower school readiness^{6,9} (see page 23 for a detailed description of the risk indicators measured). Risk status estimates are presented for families who received services from a FS funded partner (N=1,815). **Figure 3-3** presents the percentage of families falling into the no, low, medium, and high risk categories. Overall, the families served by FS indicated experiencing low to medium levels of risk. In any community, only a small percentage of families will show the absolute highest levels of risk. However, there are many families showing low to moderate levels of risk, and they need service and support to prevent them from moving into the highest risk or even crisis level. Therefore, serving families at lower to moderate risk can serve an important early intervention function.

Table 3-2 presents the three most common potentially modifiable risk factors identified for the families served by FS. All are indicators of socioeconomic status. Poverty level is an objective indicator of where the family is based on U.S. Census definitions of poverty. Difficulty making ends meet reflects the family's perception of whether they are experiencing financial hardship. The results presented focus only on potentially modifiable risk factors – those indicators that can be modified through intervention or prevention efforts. These risks need systemic, concerted efforts across many different areas to produce change, and no one program can be solely responsible for changing trends in these areas. However, programs can contribute to overall, countywide change efforts, as FS does.

FIGURE 3-3:
FS: Risk Estimates by Program for Fiscal Year 2014-2015

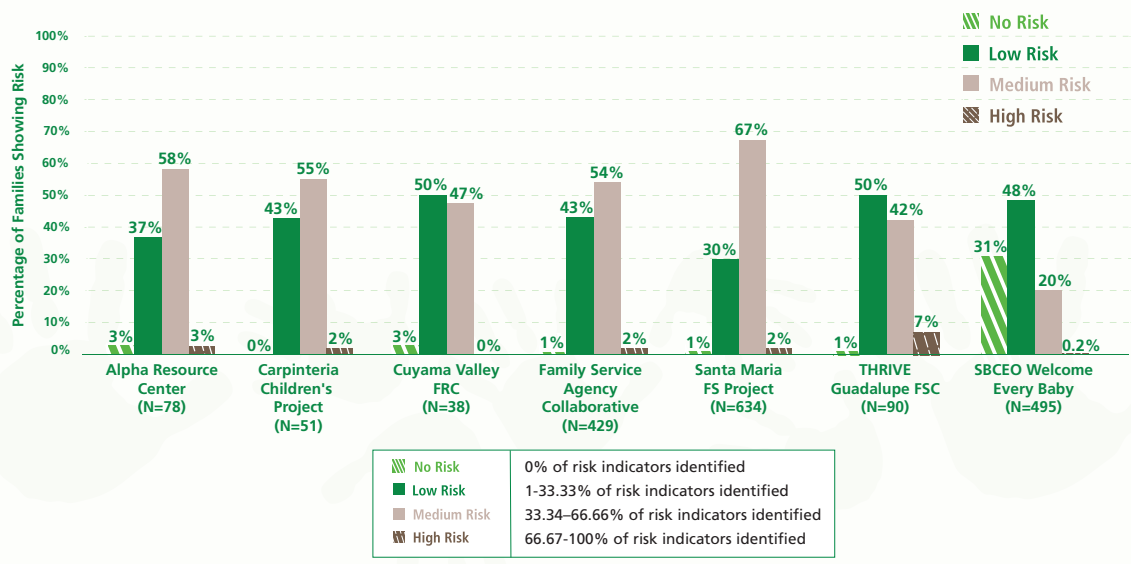


TABLE 3-2:
Risk Factors Most Frequently Identified for Family Support Families (N=1,815)

First	Second	Third
Education Level (51%)	Poverty Level (50%)	Difficulty Making Ends Meet (40%)



HOW WELL DID WE DO IT?

The following section describes the systems improvement efforts of the Family Support (FS) Program Lead and funded partners, by result area. A detailed description of the Systems Improvement Result Areas for First 5 Santa Barbara County is found on page 25.

Result 1: Improve the Accessibility and Use of Services Children and Families Need

INDICATORS:

1. **Improve service outreach, planning, support, and management.**
2. **Improve provider capacity building, training, and support.**

RESULT 1, INDICATOR 1:

Improve Service Outreach, Planning, Support, and Management.

The information for this indicator focuses on what Family Support (FS) funded partners did to further improve their reach and capacity in serving the families in their communities; information on what First 5 Santa Barbara County staff did is described in the next indicator. One major effort was to increase staffing to support access to services by underserved families. As one example, with funding from First 5 Santa Barbara County, Alpha Resource Center hired a bilingual team member to improve access to their parent education and support programs for families whose primary language is Spanish. This allowed more direct contact and relationship-building with Spanish-speaking families, through home and office visits. In the past, most of these services were provided via phone due to limited bilingual capacity in the office. This helped Alpha Resource Center serve an additional 72 families this fiscal year. First 5 Santa Barbara County also identified that Lompoc was being underserved in terms of newborn home visiting. Based on this, newborn home visiting service providers increased visits in Lompoc.

Funded partners also used First 5 Santa Barbara County funding to implement new models of services in communities. For example, Cuyama Valley Family Resource Center began steps to build a network of parent volunteers through a Promotores program (see page 28 for a definition of a "Promotor/a"). A lead staff member completed basic training to become a Promotora and began learning from the Promotores program in place in Guadalupe. Another funded partner, the Family Service Agency Collaborative, implemented a tiered approach to service delivery guided by a triage protocol to ensure families at greater risk received the appropriate level of service for their needs, while building upon their existing protective factors. Through this tiered approach, they established a modality of service referred to as "Referral, Linkage, and Follow-Up," which expanded their existing information and referral services by ensuring that families had both the knowledge and ability to access resources with added support and follow-up provided by program staff. This approach has become an avenue to further identify needs and, at times, prescribe a higher level of intervention, such as parenting classes and/or case management services.

Another systems improvement goal is to improve coordination efforts among service providers. There are many efforts to do this throughout the county, but one example involves Carpinteria Children's Project. They have been working to reinvigorate their partner network through the use of public health-based strategies they learned from Magnolia Place/UCLA Center for Healthier Children, Families, and Communities. They collected data from network partners about their referrals and discussion with new clients about the variety of services available in the network. They used the data to discern where they needed to focus additional attention. Likewise, newborn home visiting services established memoranda of understanding to improve communication between different service providers offering newborn home visiting in Santa Maria.

Overall, these efforts by funded partners will help diverse families easily find and engage with the help they need to support their children's healthy development. There will be fewer gaps in the service system as a result.

RESULT 1, INDICATOR 2:

Improve Provider Capacity Building, Training, and Support.

As a funder and advocate for early childhood services, First 5 Santa Barbara County staff work to support local providers in building capacity and having the knowledge and support needed to provide high-quality, evidence-based services to children and families. In support of this, Commission staff worked to expand the use of the Family Development Matrix (FDM), an evidence-based case management assessment tool, throughout the county. Use of the FDM in Santa Barbara County has helped re-focus case management towards a strength-based framework with standardized measures of families' progress across 21 indicators. The FDM provides evidence-informed interventions based on the assessment information, which helped create consistency across agencies about the quality of case management services received. First 5 Santa Barbara County historically has partnered with the Department of Social Services (DSS) Child Welfare Services and the Office of Child Abuse Prevention in funding the use of the FDM, with all agencies requiring their funded programs to use the tool. Through the collaborative efforts of Commission staff with partners throughout the county, additional agencies have been brought on and have begun to use the FDM including St. Vincent's and the DSS CalWORKs Employment Services. The impact of the FDM is that the tool provides common indicators and language across the 13 agencies currently using the FDM and will provide a countywide data snapshot for the children and families served.

CONCLUSION

Commission staff and FS funded partners engaged in several successful efforts to improve the accessibility of high-quality services to families and their young children. Commission staff helped with disseminating evidence-informed services throughout the county for both funded and non-funded partners to provide consistent quality of care and common measurement of results. The results of these efforts show that First 5 Santa Barbara County is helping improve the access and quality of services.

Result 2: Increase Advocacy within the Community for the Needs of Children and Their Families

INDICATORS:

1. **Change in investment, policy, or practices that will lead to changes in components, connections, infrastructure, or scale of supportive services for children and families.**

RESULT 2, INDICATOR 1:

Change in Investment, Policy, or Practices.

Commission staff in Family Support (FS) continued supporting the Santa Barbara County Network of Family Resource Centers, which works collectively to promote best practices in the field of family support. Specifically, the Network of Family Resource Centers promoted evidence-based practices, advocated on behalf of parents locally and at the state level, and provided training and technical assistance for members. Commission staff also led efforts to implement common standards of quality across community-based family support organizations, locally, and at the state and national levels. California was the catalyst in this nationwide effort to delineate standards of quality indicators, and local Commission staff were actively engaged in spear-heading these systems improvement efforts. These efforts outline both minimum and high-quality indicators and work to move family support organizations along the path towards high quality.

In addition to the work in which the Commission staff engaged, funded FS partners engaged in innovative work to strengthen their communities. THRIVE Guadalupe Family Resource Center (FRC) has long been a leader in strengthening their community to address its own needs. This year,

Continued on next page.

THRIVE Guadalupe FRC continued to build parent leadership in the community through their “Community Changers” campaign, which has grown from four parents in 2011 to 19 parents this fiscal year, and is overall more active and engaged. This led to the development of a new staff position of the Parent Engagement Coordinator. The coordinator worked alongside parents to help them develop and manage the Guadalupe Parent Academy, the Parent Involvement through Dialogue and Action (PIDA), the Reading Festival, Ciclovia, and the Tianguis/Parent Leap Scholarship Fund. They also continued efforts that began in previous years through the Supporting Father Involvement initiative (see First 5 Santa Barbara County Evaluation Report 2013-2014 for more details). Now, 40% of their staff are male, and procedures have been changed to invite fathers to participate in home visits and other program activities. Male staff especially make it a point to connect with fathers and encourage their involvement, education, and volunteer service. For example, during a monthly Food Truck event, the center offered “Dads in the Kitchen,” a cooking class for fathers.

CONCLUSION

Commission staff worked with funded programs to increase the quality of FS programs and family resource centers as well as expand the reach of their services through their leadership in state and local organizations. This leadership influenced efforts at the local level, where funded partners encouraged parents’ involvement and leadership in the community. As a whole, these efforts should improve the ability of the service system and individual communities to prepare young children for school and a healthy life.

WHEN ONE MOM WAS ASKED WHY SHE WAS INTERESTED IN PURSUING PARENT LEADERSHIP OPPORTUNITIES, SHE RESPONDED:

"to better myself and my kids and not be afraid, and to learn more about the program. ... I want to educate parents and let them know there are resources in the community."

Result 3: Increase Sustainable Funding Sources

INDICATORS:

1. **First 5 Santa Barbara County and its funded programs are leveraging funding.**

RESULT 3, INDICATOR 1:

First 5 Santa Barbara County and Its Funded Programs Are Leveraging Funding.

FS funded partners engaged in significant efforts to leverage First 5 Santa Barbara County funding, and were able to leverage approximately \$400,000 in funds. They also contributed nearly \$375,000 in in-kind funding to support their work.

CONCLUSION

Funded partners leveraged First 5 Santa Barbara County funds and applied for grants to maintain and expand services.



Result 4: Increase the Quality of Services Provided to Diverse Communities

INDICATORS:

1. Programs have the training, knowledge, and capacity to work with the diverse needs of children and families.
2. Programs are providing high-quality services.

RESULT 4, INDICATOR 1:

Programs Have the Training, Knowledge, and Capacity to Work with the Diverse Needs of Children and Families.

One of the main community needs to address is prevention and early intervention for child abuse and neglect. First 5 Santa Barbara County partnered with the Child Abuse Prevention Council (CAPC) to co-sponsor the Child Abuse Prevention (CAP) Academy to build the knowledge and ability of the community to support at-risk families. **Figure 3-4** presents

community members' (N=92) preparation and understanding of their role for preventing and identifying child abuse and neglect after attending the CAP Academy training. Overall, after the CAP Academy training, advocates reported feeling more prepared to identify and report abuse and had a greater understanding of their role in prevention.

First 5 Santa Barbara County focused on building and enhancing the capacity of Family Support (FS) funded partners through trainings on topics that support quality services to children and families. Commission staff in FS held an Advocate Retreat and multiple provider workshops throughout the year to provide training and promote cross-agency information-sharing and collaborations. Trainings focused on topics relevant to the current training needs of family resource center (FRC) staff and others, such as: principles of case management with diverse families; working with lesbian, gay, bisexual, and transgender clients; mandated reporting and protective factors; and supporting fathers. Results indicate that advocates found the trainings valuable to their work (see **Figure 3-5**). Although the percentage of advocates who strongly agreed with each statement decreased slightly this year when compared to previous years, it is important to acknowledge that no one disagreed. The vast majority of FRC staff (98% - 100%) either agreed or strongly agreed that the trainings improved their skills and had a benefit for the children and families they serve.

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FIGURE 3-4:
Training Effect on Knowledge and Skills for Preventing Child Abuse and Neglect

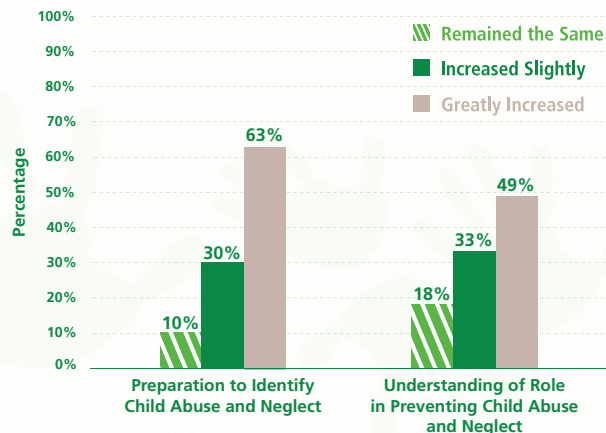
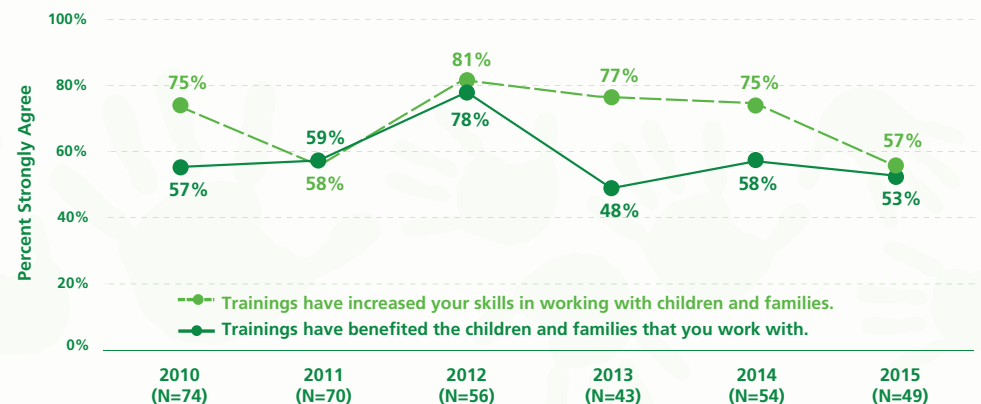


FIGURE 3-5:
Quality of Advocate Trainings 2010-2015



Information on specific trainings, such as the Mental Health (MH) First Aid course or the Health Insurance Update workshop, also supports the benefits of the trainings FS offered. Participants in the MH First Aid class felt more confident about recognizing the signs of a MH problem or crisis (62%), reaching out to someone who may be dealing with a MH problem or crisis (69%), and helping them connect with community, peer, and professional supports (69%). Advocates who attended the Health Insurance Update workshop reported that, after the training, they felt comfortable communicating the expanded benefits of the Affordable Care Act to their clients (98%), they knew about Healthy Kids Santa Barbara health insurance and who qualifies for it (98%), and they felt confident in knowing the procedures for enrolling clients in Medi-Cal (100%). Overall, advocates' knowledge on health insurance increased significantly after the workshop ($t(40) = -15.72, p < .001$) and all of them reported that they plan to use this information in their work. In sum, the trainings offered by Commission staff were used to ensure uniform, high-quality service at FRCs throughout the county for both funded and non-funded programs.

First 5 Santa Barbara County also collected baseline information from funded partners on their view of their capacity to support culturally and linguistically diverse families. FS funded partners responded about the degree to which their practices and attitudes reflect competency for working with children and families in the areas of communication, values, attitudes, resource materials, and physical environment. This information was collected to identify and potentially address needs in these areas. A total of 34 providers completed the self-assessment at the beginning and the end of the fiscal year. Results indicated consistent levels of cultural and linguistic competency across areas over time, with the majority of providers reporting they and their agency engaged in culturally proficient practices frequently or to a great degree. Providers' responses revealed relative strengths (94-97% strongly agree) in the following areas: (1) keeping in mind that limitation in English proficiency is in no way a reflection of individuals' intellectual functioning when interacting with families, (2) understanding and accepting that family is defined differently by different cultures, and (3) accepting family/parents as the ultimate decision-makers for services and supports for their children even though providers' professional or moral viewpoints may differ. Relative to

other areas, providers indicated some need for help in: (1) arranging accommodations for individuals who may require communication assistance to ensure full program participation, (2) seeking information related to behaviors, customs, etc. that are unique to families of cultural groups served in providers' programs before visiting or providing services in the home setting, and (3) displaying pictures, posters, and materials that reflect the diverse cultures and backgrounds of the children and families served. Commission staff may want to identify the few agencies who expressed need in this area for some targeted support.



RESULT 4, INDICATOR 2:

Programs Are Providing High-Quality Services.

First 5 Santa Barbara County affirms that client satisfaction data are important to inform quality of care for children and families while in the program. First 5 Santa Barbara County also encourages funded programs in their efforts to acknowledge and respect diversity, support participation in a diverse society as well as engage in ongoing learning and adaptation to diversity. **Table 3-3** shows feedback from parents on a variety of indicators of client satisfaction. The majority of families showed strong levels of satisfaction. In fact, only between 0% and 1% were not satisfied. Program leads and funded partners reviewed the feedback from the parent satisfaction survey at evaluation meetings. Any areas that look relatively low were discussed with funded partners to determine if changes were needed.

CONCLUSION

Commission staff was committed to ensuring the capacity of the family support agencies to meet the needs of local families and children. Training and capacity building to address child abuse and neglect through evidence-based strategies should continue, as well as needed trainings on other timely issues (e.g., mental health first aid). First 5 Santa Barbara County collected baseline information on cultural competency in order to guide their efforts as a funder to support agencies in their efforts to maintain, and at times improve, cultural and linguistic competency. As agencies consistently rated themselves positively across most areas, with only a few acknowledging some need, First 5 Santa Barbara County may want to consider addressing needs in this area in an agency-specific manner, versus general trainings across all funded partners, if this is a priority. Overall, parents were satisfied with First 5 Santa Barbara County services.

**TABLE 3-3:
Parent Satisfaction Survey Results for Family Support Agencies - FY 2014-2015 (N = 726)**

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1. The people helping me and my family listened to what we had to say.	0.1%	0.1%	0.6%	37%	62%
2. The service provider(s) spoke to my family in a way that we understood.	0.4%	0.3%	0.3%	35%	64%
3. The service provider(s) treated us with respect.	0.1%	0.3%	0.1%	32%	68%
4. The services met my family's needs.	0.1%	0.1%	1.0%	36%	63%
5. Overall, I am satisfied with the services that myself and my child received.	0.3%	0.0%	0.3%	32%	68%



IS ANYONE BETTER OFF?

BACKGROUND

Children's relationships with their caregivers are influential in promoting healthy development. A home that has access to resources for the family and absence of risk factors, including poverty, language barriers, low education level, and social isolation, is more likely to develop and promote the skills necessary for a child to succeed in school, be safe, and have emotional health. Countywide, Family Support (FS) programs are available to help families build the protective factors that will provide a secure launching pad for their young child(ren). Having a stable, secure, and nurturing relationship with at least one competent, caring adult is an essential factor in preparing young children for school and in the development of emotional health. There are several factors that influence secure attachment and emotional development including socioeconomic status, parental education, parents' knowledge of child development and parenting skills, parents' own attachment, and mothers' mental health and degree of social support.¹¹ When families, especially the most vulnerable families, are connected to responsive and supportive networks, services, and institutions, it helps foster strong family relationships and contributes to children's school readiness. For example, this is why the FS partners funded by First 5 Santa Barbara County focused on using the Protective Factors Framework to guide services.

RESULT AREAS

The goal of the Family Support result area is that children live in safe, stable, and nurturing family environments. The results the Commission and funded partners are working towards include:

- Reduce the rate of child abuse and neglect;
- Increase the number of parents who use healthy and developmentally appropriate parenting practices;
- Increase the number of families who can identify, access, and use family and child resources;
- Increase access to health services for children and their families.

This section describes the data that answer the question *Is Anyone Better Off?* for this focus area. When available, data across multiple years are presented.

Result 1: Reduce the Rate of Child Abuse and Neglect

INDICATORS:

1. **Number and percent of Differential Response clients with subsequent, substantiated child abuse referrals after services.**

RESULT 1, INDICATOR 1:

Number and Percent of Differential Response Clients with Subsequent, Substantiated Child Abuse Referrals after Services.

BACKGROUND

Differential Response (DR) allows Child Welfare Services (CWS) to respond to reports of child abuse or neglect in a more flexible manner by utilizing a strategy that creates a new intake and service delivery structure. The response is

Continued on next page.

customized based on the assessment of safety, risk, and protective capacity, as well as the strengths and needs of the family. By providing earlier and more meaningful responses to signs of emerging family problems, resources can be provided to support families before problems escalate and necessitate more serious interventions. The focus of Differential Response is on engaging families in both recognizing behaviors that put their children at risk, and availing themselves of supports and services to change those behaviors. Since inception, “Front Porch”, Santa Barbara County’s Differential Response Program, has connected families to needed community-based services for the purpose of early intervention and prevention services.

MEASURE

FS partners provided support services to families referred by Santa Barbara County CWS. CWS provided information on rates of subsequent substantiated referrals for Santa Barbara County DR clients within three months of referral to the Front Porch program as one indicator of program success. This is a countywide indicator that also reflects the collective work of CWS-funded partners in the county, such as Child Abuse Listening and Mediation (CALM), Community Action Commission (CAC), and First 5 Santa Barbara County-funded Family Resource Centers.



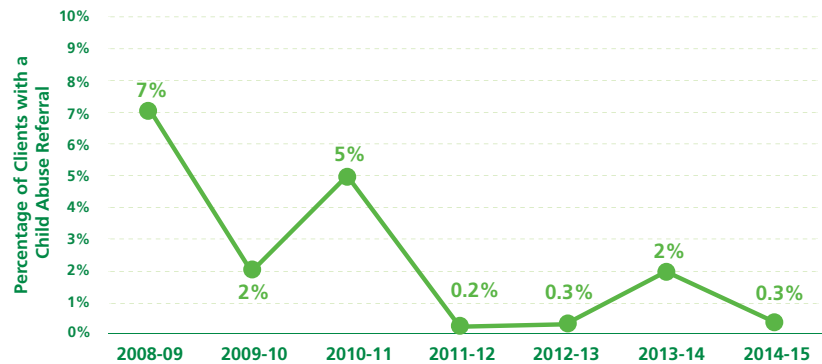
RESULTS

The ultimate goal is that at-risk families in the Front Porch program will not have a subsequent referral for child abuse or neglect. The Front Porch program began tracking recidivism in fiscal year (FY) 2008-2009 and **Figure 3-6** displays the drops in subsequent referrals for all children who received services through DR/Front Porch since then. This year, the rate for subsequent substantiated CWS referrals is down to 0.3%. There has been a significant drop in subsequent referrals for families who participated in the Front Porch (DR) program. This supports that the services were making a difference.

CONCLUSION

Children are growing up in safer home environments as a result of the partnership between CWS (lead agency), First 5 Santa Barbara County, CAC, and CALM to provide Differential Response services. At the county level, rates of recidivism for referrals to CWS decreased, and First 5 Santa Barbara County helped contribute to this success.

FIGURE 3-6:
Rate of Subsequent Substantiated Referrals for Santa Barbara County Differential Response Clients within 3 Months of Front Porch Referral



NOTE. Information obtained from Santa Barbara County Child Welfare Services.

Result 2: Increase the Number of Parents Who Use Healthy and Developmentally Appropriate Parenting Practices

INDICATORS:

1. The number of families showing increased capacity for self-sufficiency.
2. Parents increase positive parenting practices they use with their children.

RESULT 2, INDICATOR 1:

The Number of Families Showing Increased Capacity for Self-Sufficiency.

BACKGROUND

Family Support (FS) partners monitored the growth of case managed families across several important family functioning domains using the evidence-informed Family Development Matrix (FDM). Families may receive case management services because of identified risk for child abuse and neglect that placed them in the Differential Response (DR) program, or because of other identified risks as determined by each FS agency. The FDM is a case management assessment system that provides suggestions for interventions based on family needs, and is also used to evaluate family progress on an individual (i.e., progression through case management) and aggregate (i.e., overall program evaluation) level.

MEASURE

More information on the FDM is available at: <http://www.matrixoutcomesmodel.com/matrixlogin.php>. Providers and families jointly rated their family functioning using the FDM on a 4-point scale from “In Crisis” to “Safe/Self-Sufficient.” The FDM measured 21 items and a statistical procedure called a factor analysis was conducted to determine how the items group together. With Santa Barbara

County data, four groupings were identified: Access to Services, Parenting, Emotional Health, and Basic Needs. The FDM group used for this indicator was Emotional Health, which consisted of the following items: support system, family communication, emotional well-being/sense of life value, and presence of substance abuse.

Nurses in the one-time newborn home visiting service monitored for social risk factors, such as signs of domestic violence, child abuse or neglect, substance abuse, and social isolation of the primary caregiver, using their Service Log. Each nurse used a set of operational definitions to determine if social risk factors were present, and if an intervention was needed, which was recorded on the Service Log. If present, the nurse intervened and made referrals for services appropriate to the level of risk, such as subsequent child development visits.

SAMPLE

For the FDM, the results presented here represent any family who received FS case management services (both DR and non-DR) in fiscal years (FYs) 2013-2015 (i.e., past two years). Families who received case management services tend to be higher risk families, as determined by each FS agency. For families that had three assessments (N=311; approximately 9 months into receiving services) in FYs 2013-2015, statistical analysis was conducted across all three assessment time points to illustrate the patterns of change. The sample size may vary across items if a parent refused to provide information for a particular item.

For newborn home visiting, information was available for 488 nurse visits this FY.

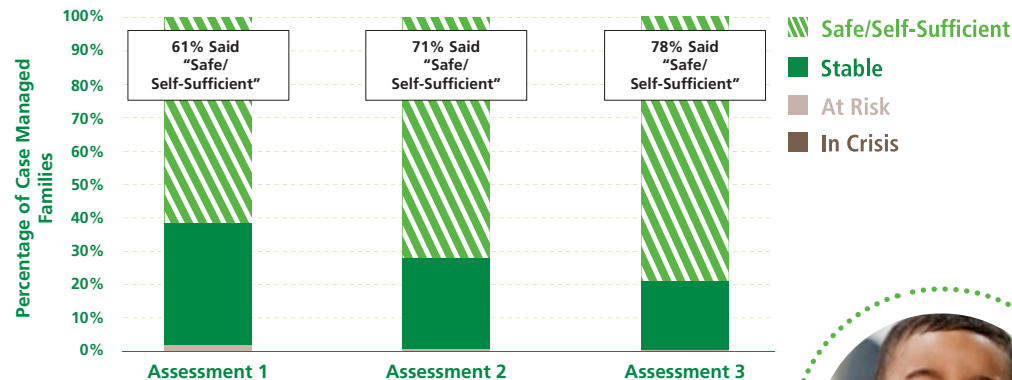


RESULTS

Parents who received FS case management services showed a statistically significant improvement ($F(2, 309) = 41.29, p < .001$) in emotional health across each FDM assessment (see **Figure 3-7**). Statistically significant improvement means that the changes are unlikely to be due to random or chance factors, and more likely indicate a real change. All of the families identified with risk in this area were no longer at risk after nine months of services. Parents who are emotionally healthy can parent their child better. Conversely, parental depression is a risk factor for poor outcomes for children. These results support that parents receiving First 5 Santa Barbara County services are improving in their emotional health, which has positive implications for overall family functioning.

For newborn home visiting services, at the nurse visit within the first week of birth, 12% of families had social risk factors present. Newborn home visiting nurses provided resource information on addressing the identified social risk factors, and served as an early detection and referral source to other providers who can help.

FIGURE 3-7:
Changes in Emotional Health on the FDM (N=311)



CONCLUSION

Parents with FS case management services showed improvements in their emotional health over the course of their involvement with services, which has positive implications for family life. Given that most families already showed stable levels of emotional health at intake, likely only the few families that were at risk received targeted services in this area. It could be that families were at risk in other areas of functioning. Regardless, supporting the maintenance of emotional health is an important part of fostering family resiliency. Through newborn home visiting services, families who may be struggling were identified based on social risk factors and were provided referrals for further support services. Depending on the situation, this may be a referral to their local family resource center, mental health agency, health care provider, or child welfare services.

RESULT 2, INDICATOR 2: Parents Increase Positive Parenting Practices They Use with Their Children.

BACKGROUND

First 5 Santa Barbara County supports the use of evidence-based and evidence-informed parenting education services throughout the county. Funded partners are required to use evidence-based parenting programs and evidence-informed case management interventions (through the Family Development Matrix [FDM]) with the families they serve. Supporting and educating parents in their parenting role is a prime way to support the optimal development of children age 0-5 years.

MEASURE

Family Support (FS) partners monitored the growth of families across several important family functioning domains using the FDM. See Result 2, Indicator 1 for further information on the FDM. The FDM group used for this indicator was Parenting, which is composed of the following items: child supervision, nutrition, risk of emotional or sexual abuse, nurturing, appropriate development, and parenting skills.

The Protective Factors Survey (PFS) was used to evaluate results obtained from parents who completed evidence-based parent education programs or classes funded by First 5 Santa Barbara County (e.g., Parent to Parent, Nurturing Parenting, Great Beginnings, or Incredible Years), as well as during newborn home visiting child development specialist (CD) visits provided by Child Abuse Listening and Mediation (CALM). The PFS tool was not required for evaluation

of the CD visits; however, this information was collected as part of their own internal evaluation efforts. The PFS measured social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Results reported here show the percentage of parents that reported each area as a strength. An area of strength was defined as a rating of six or higher, which represents either “Mostly Agree” or better, or “Very Frequently” or better.

SAMPLE

For the FDM, the results presented here represent any family who received FS case management services in fiscal years 2013-2015. As described under Result 2, Indicator 1, approximately 311 families completed an initial and two follow-up assessments (i.e., Assessment 1 through Assessment 3). The sample size may vary across items.

Intake and follow-up information on the PFS was available for 193 parents who completed parent education programs and for 56 families who received child development visits in North County. It is important to note that for the parent education classes, only families who completed the program are included in the analysis (i.e., who had at least 70% attendance). Families who “dropped out” or did not complete the program were not included. These families may be the more at-risk families with higher barriers to completing services.

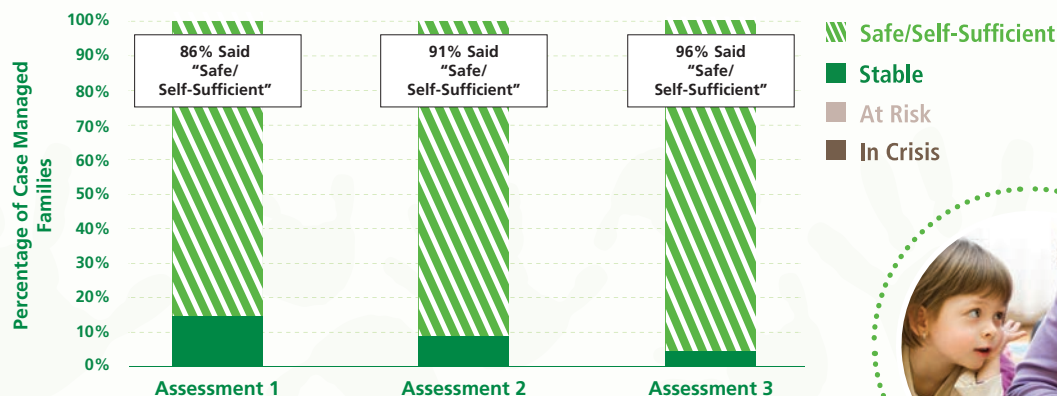
RESULTS

Families who received First 5 Santa Barbara County services showed improvement in parenting quality (see **Figure 3-8**). Specifically, there was a statistically significant improvement in the proportion of parents rated as “Safe/Self-Sufficient” at each assessment ($F(2, 309) = 43.15, p < .001$). No families showed in crisis or at-risk parenting at any of the assessments. It is important to note that although families may score high in parenting, they may score low in other areas, which may have been what necessitated case management services. The goal is to maintain and improve “Safe/Self-Sufficient” levels of parenting.

Parents who were specifically identified as having a need (e.g., CWS referral, recently released from prison, and some self-referral) for parent education were enrolled in an evidence-based parenting program. In addition, families of newborns in North County received child development specialist visits on a voluntary basis.

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FIGURE 3-8
Changes in Parenting on the FDM (N=311)



RESULTS *Continued*

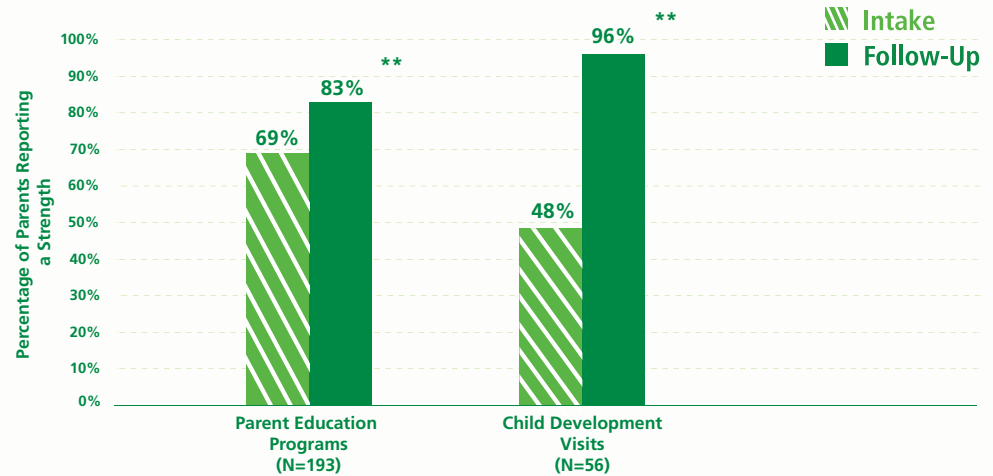
Figure 3-9 shows the changes in nurturing and attachment from intake to follow-up for the parents who completed parent education programs and for those who received child development specialist visits. Results showed a statistically significant improvement over time for both groups of parents ($p < .001$), with the vast majority of parents reporting nurturing and attachment as a strength by follow-up. The focus of all FS programs on building protective factors may have helped this.

Figure 3-10 shows the improvement in parenting knowledge from intake to follow-up for parents in the parent education programs. Specifically, they showed a statistically significant improvement in knowing what to do as a parent ($p < .001$), knowing how to help their child learn ($p < .001$), believing their child does not misbehave to upset parent ($p = .002$), and praising their child when he/she behaves well ($p < .001$). This supports the effectiveness of parent education classes. Results (not displayed) for parents who received child development visits showed that their knowledge of child development stayed the same from initial visit to follow-up.

CONCLUSION

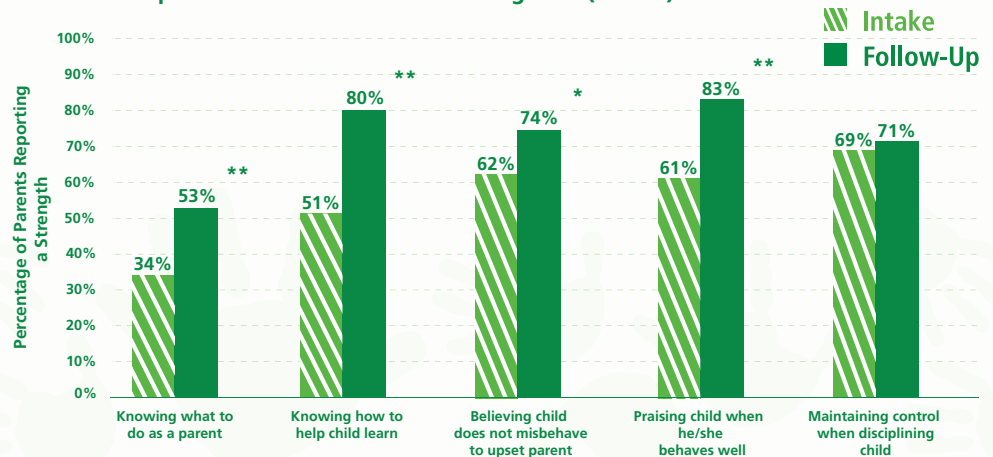
Families showed improvements in nurturing, attachment, and knowledge of parenting as a result of First 5 Santa Barbara County funded services. For case managed families, at each assessment, a greater proportion of families were rated as “Safe/Self-Sufficient” in parenting. Parents enrolled in an evidence-based parent education program showed improvements in nearly all areas assessed, which supports continuing to offer these services. Families who received ongoing newborn home visiting services showed improvements in nurturing and attachment, but not in knowledge of parenting, which parents already rated as high. As the parent education programs being offered are showing results, it will be important to continue the focus on getting them to the families who are at the most risk, and helping families who are at risk of “dropping out” to complete the program.

FIGURE 3-9:
Changes in Nurturing and Attachment as a Strength following Completion of Parent Education Programs and Child Development Visits



** Results are statistically significant at the $p < .001$ level.

FIGURE 3-10:
Changes in Parenting Knowledge as a Strength following Completion of Parent Education Programs (N=193)



* Results are statistically significant at the $p < .01$ level.

** Results are statistically significant at the $p < .001$ level.

Result 3: Increase the Number of Families Who Can Identify, Access, and Utilize Family and Child Resources

INDICATORS:

1. Families have a social support system when needed.
2. Families can get their basic needs met.

RESULT 3, INDICATOR 1:

Families Have a Social Support System When Needed.

BACKGROUND

Social support is a well-documented protective factor that is especially useful in times of need.¹⁰ It can help protect against physical and mental health problems when individuals are undergoing ongoing stress. Family Support (FS) is guided by trying to increase protective factors, which will subsequently reduce risk or negative outcomes for children and families.

MEASURE

FS partners monitored the growth of case managed families across several important family functioning domains using the Family Development Matrix (FDM). See Result 2, Indicator 1 for further information on the FDM. The FDM item on the quality of the social support system for the family is used here.

Change in available social support was also monitored using a short version of the Protective Factors Survey (PFS). This measure was administered to parents who completed evidence-based parent education programs or classes, as well as during newborn home visiting child development specialist (CD) visits. See Result 2, Indicator 2 for further information on the PFS.

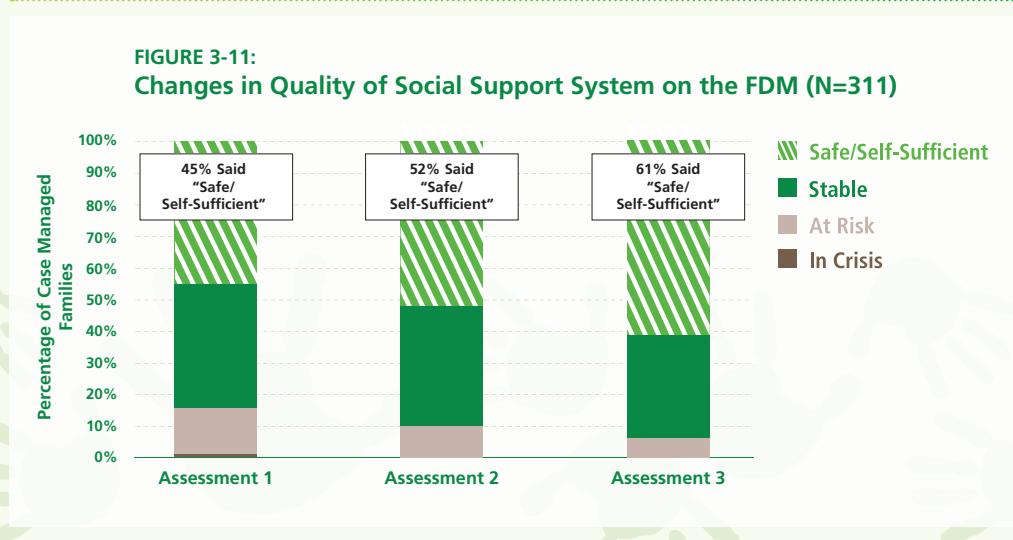
SAMPLE

For the FDM, the results represent any family who received FS case management services (Differential Response [DR] or non-DR) in fiscal years 2013-2015. As described under Result 2, Indicator 1, approximately 311 families had an initial and two follow-up assessments (i.e., Assessment 1 through Assessment 3). The actual sample size may vary across items. Intake and follow-up information on the PFS was available for 193 parents who completed parent education programs or classes and for 56 families who received child development visits.

RESULTS

Families that received FS case management services significantly improved ($F(2, 309) = 27.47, p < .001$) in the quality of parents' social support system across each of the three FDM assessments (see **Figure 3-11**). More families were in crisis or at risk on this FDM area than the other FDM areas reported thus far. However, no families were in crisis any longer by Assessment 3, and the proportion of "at-risk" families was substantially reduced. Strong social connections are important to foster and create for families in order to weather times of stress and need and reduce the risk of social isolation on family health.

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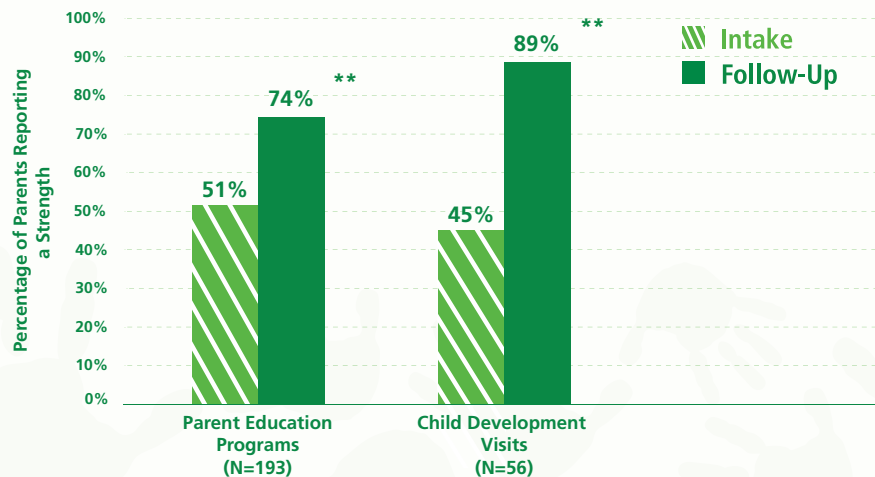
RESULTS *Continued*

Families who completed evidence-based parent education programs and those who received extended newborn home visiting services also showed improvements in social support (see **Figure 3-12**). Results for both groups of parents were statistically significant ($p < .001$). Social support is a protective factor when families are coping with times of stress.

CONCLUSION

The quality of parents' social support network improved after receiving First 5 Santa Barbara County funded case management, parent education, and/or extended newborn home visiting services. Families initially showed more risk in this area than in other areas of family life, and so it was necessary to address. Social support is an important protective factor that can help people maintain adequate functioning and mental health under times of stress.¹⁰

FIGURE 3-12:
Changes in Social Support as a Strength following Completion of Parent Education Programs and Child Development Visits



** Results are statistically significant at the $p < .001$ level.

RESULT 3, INDICATOR 2:

Families Can Get Their Basic Needs Met.

BACKGROUND

Having basic needs met is an essential building block for subsequent health and well-being. When there are not stable sources of food, clothing, shelter, and health care, then families operate in crisis mode, and children are put at risk. As part of their focus on the Protective Factors Framework, the Family Support (FS) funded partners serve an important role in helping vulnerable families get their basic needs met and learn how to access services and available resources.

MEASURE

FS funded partners monitored the growth of case managed families across several important family functioning domains using the Family Development Matrix (FDM). See Result 2, Indicator 1 for further information on the FDM. The FDM groups for this indicator were (1) Basic Needs, comprised of: access to transportation, stable employment, and suitable childcare; and (2) Access to Services, which included: community resources knowledge, access to child health insurance, and access to health services.

SAMPLE

The results presented here represent any family who received FS case management services in fiscal years 2013-2015. As described under Result 2, Indicator 1, approximately 311 families had an initial and two follow-up assessments (i.e., Assessment 1 through Assessment 3). The actual sample size may vary across items.

RESULTS

Parents' ability to meet the basic needs of their families ($F(2, 309) = 30.37, p < .001$) and access services ($F(2, 309) = 53.75, p < .001$) both showed a statistically significant improvement across each FDM assessment (see **Figures 3-13** and **3-14**). For both areas, the proportion of families in crisis or at risk decreased substantially. More families reported risk in these areas than many other areas assessed by the FDM, suggesting the importance of the FS funded partners in addressing the basic needs of families and connecting them to needed resources available in the community.

CONCLUSION

Families increased in their ability to meet basic needs for their families and access services after involvement in FS case management services. They continued to improve in these areas over time.

FIGURE 3-13:
Changes in Basic Needs on the FDM (N=311)

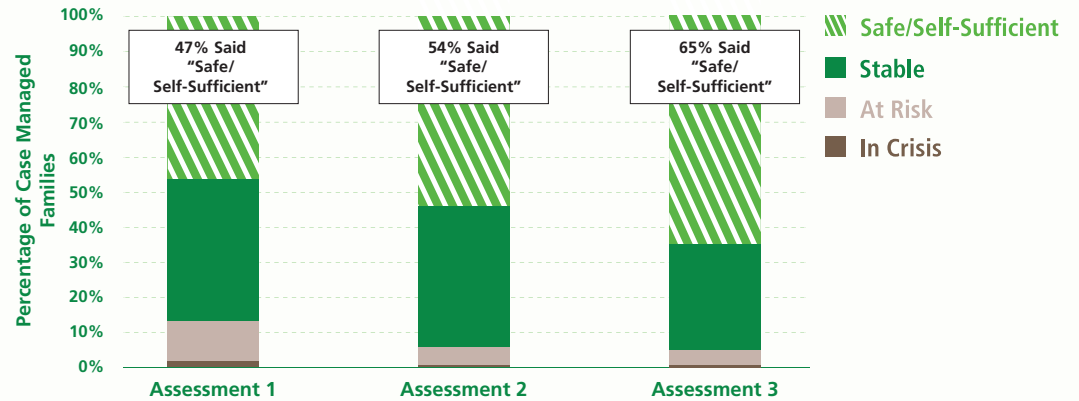
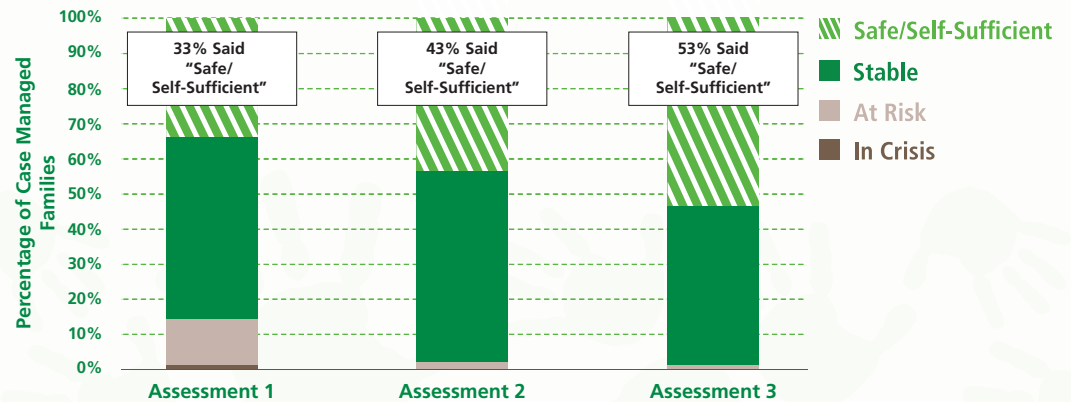


FIGURE 3-14:
Changes in Access to Services on the FDM (N=311)



Result 4: Increase Access to Health Services for Children and Their Families

INDICATORS:

1. Early identification of health needs among newborns and their parents.
2. Number and percentage of successful referrals for needed services.

RESULT 4, INDICATOR 1:

Early Identification of Health Needs among Newborns and Their Parents.

BACKGROUND

First 5 Santa Barbara County has a long history of supporting the earliest identification of child and family needs possible through ongoing newborn home visiting efforts, in partnership with local hospitals and the Public Health Department. Family Support (FS) funded partners providing one-time newborn home visiting services offered early identification and support in the areas of well-baby visits, breastfeeding and nutritional needs of the infant, tobacco exposure, and emotional difficulties in the parent present (most often mother).

MEASURE

Nurses in the newborn home visiting services documented their efforts in the above-mentioned areas using their Service Log. Each provider used a set of operational definitions to determine if difficulties existed in any area assessed, and if an intervention was needed, which was recorded on the Service Log. If difficulties were present, the nurse intervened and made referrals appropriate to the level of risk.

SAMPLE

Information from the Service Log the nurse completed was obtained at each nurse visit for a total of 488 nurse visits this fiscal year.

RESULTS

Information from newborn home visiting nurses suggested that they are identifying needs in the families they serve. For example, this year 59% of the families served had a well-baby visit completed, compared to 73% the previous year. To help address this barrier to access, newborn home visiting nurses often referred the family to the family resource centers in FS. Likewise, 12% of mothers showed symptoms of emotional difficulties at the initial nurse visit and were provided either informational resources or referred for additional assessment or services.

Newborn home visiting nurses also assessed whether the infant was free of exposure to tobacco smoke in the home. This year, 94% of the infants served were free of tobacco exposure. If there were smokers in the home, as was the case for 4% of families, the nurses provided an intervention by discussing the dangers of second hand smoke for infants and by offering information on smoking cessation programs.

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AFTER RECEIVING NEWBORN HOME VISITING SERVICES, A MOTHER SHARED:

"Knowing that Santa Barbara provides such a wonderful service to families has made the uncertainty of being a new parent that much more comforting and reassuring."

RESULTS *Continued*

During the home visits, nurses also monitored that the nutritional needs of the infant were being met.

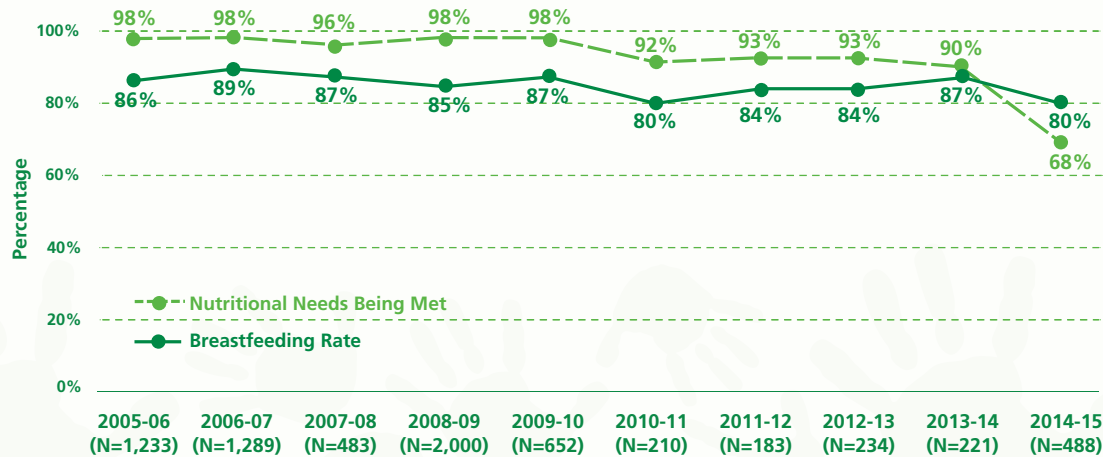
Figure 3-15 shows that for the majority of families (68% this year), infants’ nutritional needs were being met. The nurse needed to provide informational resources and assistance to 72% of the families visited to help ensure the infants’ nutritional needs were being met, which is an increase over needing to help 45% of families last year. Although most mothers (80%) were breastfeeding at the initial nurse visit, which occurred within 2-7 days of hospital discharge, this is also a decrease from previous years. If a mother

was not breastfeeding, it was usually because there was a medical issue (64 mothers), she chose not to breastfeed (21 mothers), or had a perceived lack of milk (11 mothers). The nurse helped 85% of all mothers they visited with breastfeeding during the visit. This assistance could involve providing the mother with handouts, education, and assistance regarding latching/positioning, medical concerns, expressing milk, engorgement and nipple integrity as it relates to breastfeeding. Nurses would provide a referral for lactation support services if the issue could not be addressed within the meeting. Taken together, it may be that a small sub-group of parents are needing more help in the initial weeks of their infant’s life.

CONCLUSION

Newborn home visiting nurses helped families schedule and complete regular well-baby visits by providing them with information about doctors and clinics and by referring them to the family resource centers in FS. Regular health care exams can help identify child health needs early that should be addressed to promote optimal health and development. The majority of mothers who received newborn home visiting services were breastfeeding and most infants were free of tobacco exposure and had their nutritional needs met, as monitored by the nurses. Newborn home visiting nurses helped mothers who were struggling with breastfeeding or needed help in meeting the nutritional needs of their infant. If a mother was not breastfeeding, the most common reasons were a medical issue, a personal decision, or a perceived lack of milk.

FIGURE 3-15:
Trends in Breastfeeding Rates and Infants’ Nutritional Needs Being Met at Initial Nurse Visit



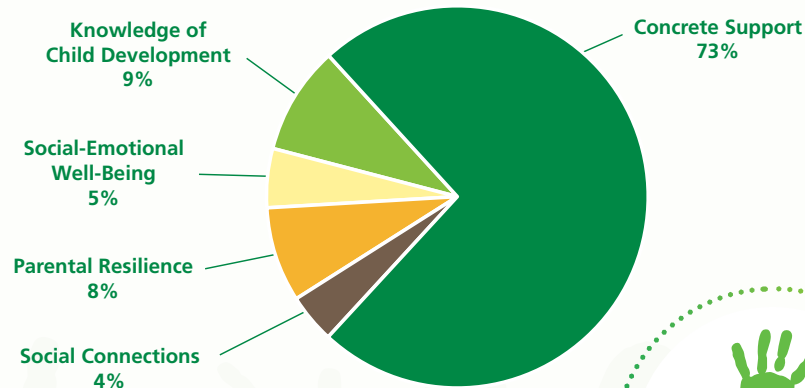
RESULT 4, INDICATOR 2:

Number and Percentage of Successful Referrals for Needed Services.

BACKGROUND

Family Support (FS) services were guided by the Protective Factors Framework; thus, their efforts in the area of referrals and linkages are designed to increase protective factors and build strong families, promote healthy child development, and lessen the likelihood of child abuse and neglect. Family advocates followed up with families to see if the referral for services was completed and to support families in overcoming barriers.

FIGURE 3-16:
Protective Factors Addressed by Referrals (N=2,468)



MEASURE

FS funded partners monitored their referrals of children and families for additional support and services using the Universal Referral Tracking form. This measure provided information on where the child/family was referred, for what type of service, and the outcome of the referral at the time of follow-up. This helped First 5 Santa Barbara County determine if families were being connected to needed supportive services.

SAMPLE

In fiscal year 2014-2015, a total of 2,539 referrals were made for a variety of family and child needs, and follow-up information was available on 2,528. Every year, follow-up information may not be available for the families most recently referred to services, as they need time to access and benefit from the service. There could be more than one referral for a child or family, so the number of referrals should not be equated to number of people.

RESULTS

Figure 3-16 shows which protective factors the referrals were meant to address. Most of the referrals made by the FS funded partners addressed the area of concrete support, which includes referrals concerning basic needs, childcare, education, job training, financial assistance, or health and wellness.

Continued on next page.



RESULTS *Continued*

Across programs, children and families were referred for additional services based on need. **Table 3-4** displays the type of service for which children and families were referred, as well as the outcome of the referral at the time of follow-up (end of June or exit from the program). A referral is considered successful if services were successfully completed or are in progress. The majority of children and families (84%) had successful referral outcomes. If a child or family was not receiving a service, as was the case in 395 referrals, the reasons were either that the family declined services (22%), an appointment was never made (19%), the family moved or was unreachable (18%), the family reported lack of time (15%), or the family did not qualify for services (12%).

CONCLUSION

Children and families continue to be better able to access needed supportive services after being in contact with First 5 Santa Barbara County FS funded partners. This trend has been consistent for several years. Children and family members were referred to services to address their needs. Evaluation data suggest that most families were connected successfully to the needed resources and services and benefited from them.

**TABLE 3-4:
Family Support Referrals for Additional
Services and Outcomes**

2014-2015 (N = 2,539 Referrals)	
Type of Service to Which Child/Family Was Referred	%
Family Support Services	44%
Further Evaluation/Eligibility Determination	27%
Intervention/Treatment	26%
Kindergarten Readiness Skills	3%
Outcome of Referral	%
Not Receiving Services	12%
Pending/Services in Progress	24%
Placed on Waiting List	4%
Services Completed/Successful	60%



IN REFERENCE TO A SPECIFIC FAMILY THAT WAS HELPED, FAMILY SERVICE AGENCY SHARED THAT THEY "helped the family by honoring, appreciating, empowering, and supporting them in identifying their strengths, building social connections, and achieving financial stability through referrals, linkages, and follow-up as well as parent education."

THANKS TO THE SERVICES THIS FAMILY RECEIVED, THE MOTHER "has tapped into her strengths and is both a leader within the community and within her family."



EVALUATION REPORT 2014-2015

Early Care & Education

HOW MUCH DID WE DO?

INTRODUCTION

The primary goal for First 5 Santa Barbara County in the Early Care and Education (ECE) focus area was to increase the quality and availability of early care and education services in Santa Barbara County and raise awareness of the importance of ECE to the social and economic vitality of the community. First 5 Santa Barbara County staff, in partnership with Children's Resource & Referral of Santa Barbara County (R&R) and the Santa Barbara County Child Care Planning Council (CCPC), help address the ECE focus area of the First 5 Santa Barbara County Strategic Plan.

STRATEGIES

In fiscal year (FY) 2014-2015, First 5 Santa Barbara County supported the professional development of individual ECE professionals through training, technical assistance, and stipends for continued professional growth and degree attainment. To increase the quality of ECE programs, support was provided by First 5 Santa Barbara County and Children's R&R staff to improve program quality and to facilitate accreditation of childcare programs through the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care (NAFCC), and the implementation of the quality standards that are a part of Quality Counts, Santa Barbara's Quality Rating and Improvement System (QRIS). First 5 Santa Barbara County also focused on retention of existing ECE programs and the expansion of new childcare spaces through technical assistance, permitting, program development, and business support for center-based ECE programs. The ECE focus area began the Preschool and Childcare Expansion Project this year, through which childcare spaces were saved or added in Carpinteria, Isla Vista, and Santa Maria. First 5 Santa Barbara County and partners worked diligently this year to integrate quality program components with the intent of streamlining processes, simplifying participation for participants, and preserving resources.

FUNDED PROGRAMS IN FY 2014-2015

- **Accreditation Facilitation** was implemented by First 5 Santa Barbara County and Children's R&R. This is a quality improvement program for family and center-based childcare programs to lead to national accreditation, and is now included in the QRIS as a required element for the top tier. As part of the QRIS, quality improvement grants, coaching, technical assistance with developing accreditation plans, and learning communities were offered to QRIS participants. First 5 Santa Barbara County assisted center-based programs to become NAEYC accredited, while Children's R&R supported family childcare providers to achieve or maintain NAFCC accreditation.
- **Quality Counts – Santa Barbara's Quality Rating and Improvement System (QRIS)** is a comprehensive rating and program quality improvement system funded by a Federal Race to the Top Early Learning Challenge (RTT-ELC) grant secured by the California Early Education and Support Division, which builds upon the local ECE quality improvement system funded through First 5 Santa Barbara County. The system revolves around a matrix that outlines seven quality elements, the individual scoring of which makes the basis for an overall rating for a childcare center or a family childcare home. In partnership with Children's R&R and CCPC, this past year was devoted to developing the QRIS systems, specialized training, data collection, enrolling additional sites into the system, and conducting the reliable Classroom Assessment Scoring System (CLASS) and Environment Rating Scale (ERS) assessments resulting in "full" QRIS ratings for all sites.

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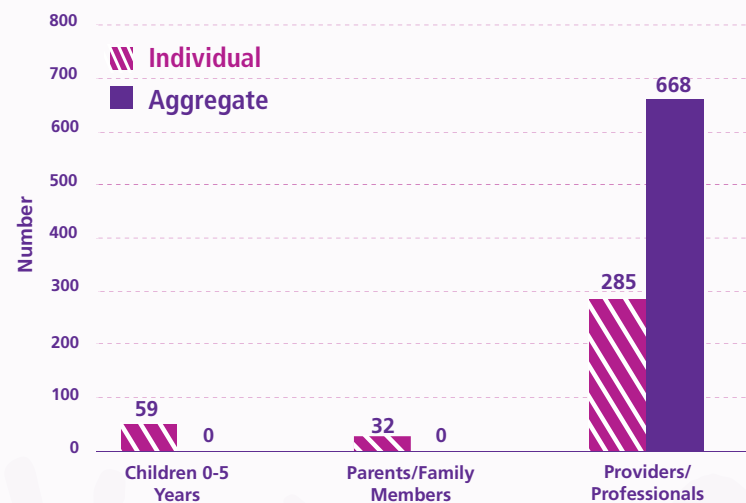
FUNDED PROGRAMS *Continued*

- Professional Development** - First 5 Santa Barbara County staff offered stipends, advising sessions, and technical assistance for center-based and family childcare ECE providers to continue their professional growth through the Comprehensive Approaches to Raising Educational Standards (CARES) Plus program, as well as through the QRIS which requires units and professional learning for all lead teachers and directors. The alignment of CARES Plus and QRIS was a focus for staff this year, as there are common elements and great opportunities for support of both programs. Through both projects, opportunities were available for online and in-person community trainings, support for achievement of a bachelor's degree, and training and coaching on teacher-child interactions. Additionally, CARES Plus program activities are all culturally and linguistically sensitive, offering both English and Spanish services provided by bilingual staff. The CARES Plus program was funded in part through First 5 California CARES Plus and the state-funded AB212 program.
- Capacity Building and Advocacy (CBA)** - First 5 Santa Barbara County staff provided technical assistance for childcare start-up and retention to five childcare programs who requested help identifying appropriate sites, obtaining permits, and developing program models. Staff also worked on specific strategies to streamline the childcare facilities development process, paving the way for new childcare spaces in the county, including providing input on zoning and planning language for childcare and assistance with permitting processes. First 5 Santa Barbara County also partnered with local colleges and universities to increase the availability of ECE classes and degree programs in the county.
- Preschool and Childcare Expansion Project** - First 5 Santa Barbara County worked with funded partners in Carpinteria, Isla Vista, and Santa Maria to identify community needs and barriers to accessing high-quality early care and education. They provided support to existing providers and offered financial support to sites to save or create childcare spaces, offered scholarships to parents to increase their ability to access quality childcare, and provided support and technical assistance to providers to increase their quality.

HOW MUCH DID WE DO?

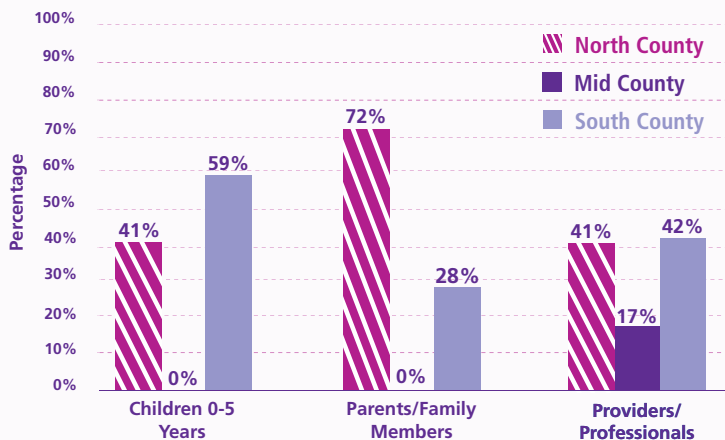
The following Figures and Tables show the clients and programs served, regional information, services provided, and risk status. Individual counts represent the unduplicated people served, whereas aggregate counts can include duplication (e.g., estimated audience attendance at a training, where people may have chosen to attend several trainings). Risk status estimates reflect information provided by families on the Intake Assessment (described on page 23).

**FIGURE 4-1:
ECE: Clients Served by Client Type for
Fiscal Year 2014-2015**

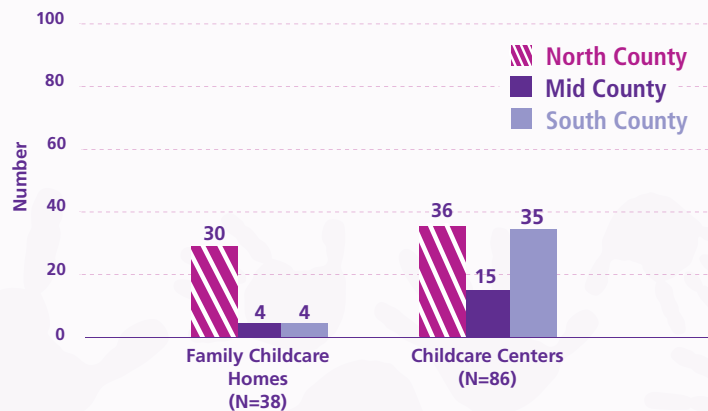


NOTE. First 5 Santa Barbara County-funded ECE services indirectly reached approximately 5,000 children ages 0-5.

**FIGURE 4-2:
ECE: Clients Served by Region for
Fiscal Year 2014-2015**



**FIGURE 4-3:
ECE: Programs Served by Program Type and
Region for Fiscal Year 2014-2015**



**TABLE 4-1:
ECE - Clients Served by Service Type for Fiscal Year 2014-2015**

Service Category	Number of Clients Served			
	Children	Parents/ Family Members	Providers/ Professionals	Programs
ECE Focus Area				
Accreditation Facilitation	0	0	0	88
Advising Sessions	0	0	285	0
ECE Classes	0	0	820	0
ERS and CLASS Assessments	0	0	0	86
Outreach & Information	0	0	285	124
Program Grants to QRIS Sites for Program Improvement	0	0	0	124
Program Site Visits	0	0	0	124
Quality Improvement Plans	0	0	0	124
Staff/Provider Stipends (CARES Plus)	0	0	120	0
Staff/Provider BA Scholarships	0	0	16	0
Preschool and Childcare Expansion Project				
Parent Education on Promoting Protective Factors	0	32	0	0
Infant/Toddler Enrollment Spaces	20	0	0	0
Preschool Enrollment Spaces	39	0	0	0

NOTE. All numbers in the table above represent Individual (i.e., unduplicated) counts only, except the numbers for ECE Classes, which represent Individual and Aggregate counts combined and can include duplication.

Overall, the work of the ECE focus area is estimated to better prepare approximately 5,000 children every year for kindergarten and life, through improving the quality of their early care and education experiences.



Risk status estimates are presented for families (N=45) receiving scholarships for their children to attend preschool or childcare at a childcare center participating in the Preschool and Childcare Expansion Project. **Figure 4-4** presents the percentage of families falling into the no, low, medium, and high risk categories (see page 23 for a detailed description of the risk indicators measured). Overall, most of the families served by the Preschool and Childcare Expansion Project centers indicated experiencing low to medium levels of risk. In any community, only a small percentage of families will show the absolute highest levels of risk. However, there are many families showing low to moderate levels of risk, and they need service and support to prevent them from moving into the highest risk or even crisis level. Therefore, serving families at lower to moderate risk can serve an important early intervention function.

FIGURE 4-4:
ECE: Risk Estimates by Preschool and Childcare Expansion Project Site for Fiscal Year 2014-2015

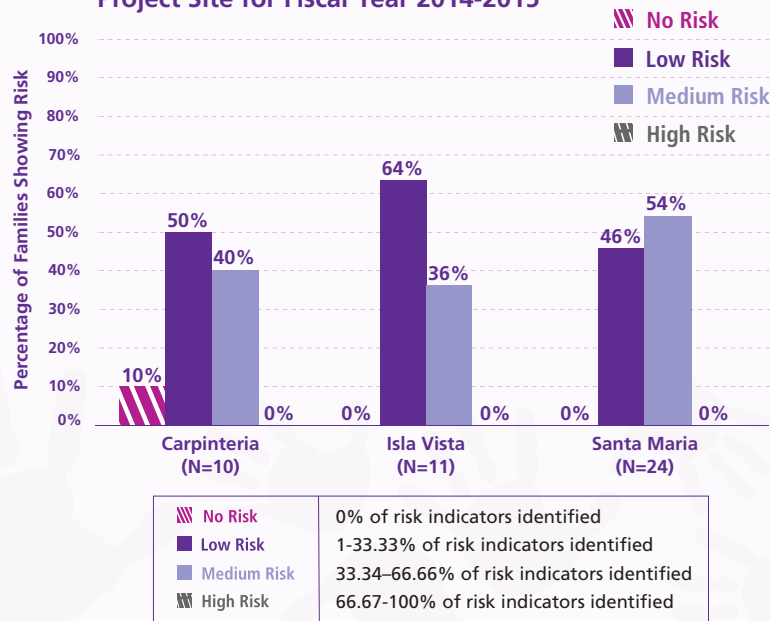


Table 4-2 presents the three most common potentially modifiable risk factors identified for the families served by the Preschool and Childcare Expansion Project. All are indicators of socioeconomic status. Poverty level is an objective indicator of where the family is based on U.S. Census definitions of poverty. Difficulty making ends meet reflects the family’s perception of whether they are experiencing financial hardship. The results presented focus only on potentially modifiable risk factors – those indicators that can be modified through intervention or prevention efforts. These risks need systemic, concerted efforts across many different areas to produce change, and no one program can be solely responsible for changing trends in these areas. However, programs can contribute to overall, countywide change efforts, as the Preschool and Childcare Expansion Project does.

TABLE 4-2:
Risk Factors Most Frequently Identified for Families Served by the Preschool and Childcare Expansion Project (N=45)

First	Second	Third
Education Level (45%)	Difficulty Making Ends Meet (28%)	Poverty Level (27%)



HOW WELL DID WE DO IT?

The following section describes the systems improvement efforts of the Early Care and Education (ECE) focus area, Preschool and Childcare Expansion Project, and funded partners. A detailed description of the Systems Improvement Result Areas for First 5 Santa Barbara County is found on page 25.

Result 1: Improve the Accessibility and Use of Services Children and Families Need

INDICATORS:

1. Improve service outreach, planning, support, and management.
2. Improve provider capacity building, training, and support.

RESULT 1, INDICATOR 1:

Improve Service Outreach, Planning, Support, and Management.

This indicator focuses on what First 5 Santa Barbara County funded partners (e.g., the sites involved in the Preschool and Childcare Expansion Project, Children's Resource & Referral of Santa Barbara County, and the Santa Barbara County Child Care Planning Council) did to improve services, whereas the second indicator in this section focuses on the specific efforts of Commission staff in the Early Care and Education (ECE) focus area. A major systems improvement effort for fiscal year (FY) 2014-2015 was funding the Preschool and Childcare Expansion Project at sites in Carpinteria, Isla Vista, and Santa Maria in order to improve access for families to high-quality early care and education. All sites reported increased access for families through increasing or saving spaces (for more information on this, see *Is Anyone Better Off?* Result 3, Indicator 2 on page 77). In addition, with First 5 Santa Barbara County support, Isla Vista Children's Center upgraded their half-day program to a full-day preschool program, based on local research showing that young children in full-day preschool programs show better school readiness at kindergarten entry.

Funded partners also conducted numerous community outreach efforts to engage families to enroll their children in the available ECE programs. Efforts included organizing community networks, attending community events, disseminating brochures, media campaigns, public speaking, and door-to-door outreach.

Sites also worked to improve the quality of services provided. For example, Isla Vista Children's Center (with support from First 5 Santa Barbara County) engaged in significant work towards becoming accredited throughout FY 2014-2015, ultimately receiving accreditation in August 2015. In addition, through the facilitation of the Santa Barbara County Child Care Planning Council, Carpinteria Children's Project used Race to the Top funds from First 5 Santa Barbara County to receive year-long intensive training on helping young children develop social and emotional skills, through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL). They also invested in educational materials, such as puppets and books, to help children engage in developing these social-emotional skills.

Finally, due to implementation of the Quality Rating and Improvement System (QRIS) in Santa Barbara County and through Commission and Children's Resource & Referral staff, more family and center-based childcare programs are screening children for developmental delays. An estimated 1,604 children are now receiving developmental screenings in ECE programs that had not conducted screenings prior to QRIS implementation. As providers and parents respond to concerns identified through this effort, children will have a better chance for early interventions, and thus, for being ready for kindergarten. In addition, through QRIS programs, there are 3,191 children receiving developmental assessments using the Desired Results Developmental Profile (DRDP) twice per year. This assessment process helped teachers in QRIS programs better focus their teaching on the individual needs of children, and thus better prepare them for kindergarten. Of those children, 253 would likely not have received the assessment if the program had not joined QRIS.

**RESULT 1, INDICATOR 2:
Improve Provider Capacity Building, Training,
and Support.**

The Early Care and Education (ECE) focus area staff engaged in numerous activities to build capacity among providers and programs. For example, they continued to encourage childcare providers to seek accreditation, which is the highest standard of quality for childcare. Commission and Children’s Resource & Referral (R&R) staff helped facilitate knowledge of the accreditation process to help more family and center-based childcare providers become accredited and re-accredited. The ECE focus area also helped childcare providers who were accredited or were seeking accreditation to communicate to parents the importance of accreditation as a symbol of high-quality care. They provided informational flyers about how high-quality care benefits children to childcare providers to deliver to parents.

Fiscal year (FY) 2014-2015 was the first fully operational year of the Quality Rating and Improvement System (QRIS) in Santa Barbara County, serving a total of 3,967 children. Commission and Children’s R&R staff

provided technical assistance, organized independent assessments of multiple quality domains, and offered provider education. All 124 participating center and family childcare sites developed plans and received assessments, coaching, training, grants, and ratings. The QRIS program in Santa Barbara County is unique in that it requires accreditation for the top tier. This model will continue to be the framework for the local QRIS, and will help sustain the local QRIS by providing a validation system for quality elements that can be adapted as the QRIS elements change and new quality projects are added. Participating QRIS providers were also trained to monitor child needs and progress through the use of the Desired Results Developmental Profile and the Ages & Stages Questionnaire developmental screening, which supported efforts to have any developmental concerns identified and addressed before kindergarten entry.

As noted, Commission, Children’s R&R, and Child Care Planning Council (CCPC) staff in the ECE focus area offered several trainings and workshops throughout the year to childcare providers from centers and family childcare homes to improve their knowledge and skills for working with children and families. These trainings were on topics relevant to their current professional needs,

such as overviews of the different assessments for quality, center or family childcare accreditation, supporting social-emotional learning and development, developmental screenings, and others. To help evaluate these trainings, ECE providers were asked to report their satisfaction on each of the following indicators: the (training) staff helping them listened to what they had to say, the staff spoke to them in a way they understood, the staff treated them with respect, the trainings met their (and/or their program’s) needs, and overall satisfaction with the trainings. **Table 4-3** displays the full range of responses from Strongly Disagree to Strongly Agree for each of the five satisfaction indicators. Overall, the majority of providers were very positive about the quality of the trainings received. Only 3% disagreed with the statements.

CONCLUSION

First 5 Santa Barbara County and its funded partners helped improve access to high-quality early care and education. This included supporting specific communities to increase or save spaces, offer full-day programs, and successfully obtain accreditation. Commission staff, Children’s Resource & Referral, and Child Care Planning Council staff also worked to improve quality early care and education throughout the county through QRIS and various trainings for ECE providers. Their success at the implementation of QRIS is discussed further in *Is Anyone Better Off?* Result 2, Indicator 1 on page 68.

**TABLE 4-3:
ECE Provider Satisfaction Survey Results for Trainings Completed in FY 2014-2015 (N=77)**

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1. The staff helping me listened to what I had to say.	3%	0%	1%	32%	64%
2. The staff spoke and/or wrote in a way that I understood.	3%	0%	1%	25%	71%
3. The staff treated me with respect.	3%	0%	0%	24%	73%
4. The services met my (and/or my program's) needs.	3%	0%	3%	34%	61%
5. Overall, I am satisfied with the services that I received.	3%	0%	1%	30%	66%

NOTE. Percentages may not add up to 100% due to rounding.

Result 2: Increase Advocacy within the Community for the Needs of Children and Their Families

INDICATORS:

1. **Change in investment, policy, or practices that will lead to changes in components, connections, infrastructure, or scale of supportive services for children and families.**

RESULT 2, INDICATOR 1:

Change in Investment, Policy, or Practices.

For fiscal year (FY) 2014-2015, the primary goal for the Early Care and Education (ECE) focus area was a more aligned and integrated early care and education support system for Santa Barbara County, with a specific focus on the Quality Rating and Improvement System (QRIS) and Accreditation Facilitation. First 5 Santa Barbara County funds and grants supported programs and individual providers through QRIS, Accreditation Facilitation, Preschool and Childcare Expansion, and Workforce Development. All of the elements, standards, criteria, tools and other supports available through these services can be duplicative or overwhelming for childcare providers, especially as they have other regulations and programs that they are addressing at the same time. Per ECE focus area staff, childcare providers frequently voiced that alignments, crosswalks, or integration is needed across the system to make it more manageable.

For that reason, Commission staff, Children's Resource & Referral (R&R), and Child Care Planning Council (CCPC) staff made specific efforts to align the services, requirements, and standards to ease the implementation and administrative burden and free up more time to focus on the children. In an innovative partnership with the National Association for the Education of Young Children (NAEYC), the pilot for a cross-validation process was created that allows the NAEYC validator to validate for both accreditation and QRIS; thus, saving time, money and effort on the part of the provider and the ECE focus area staff. A pilot was implemented this year, with great results for

10 sites that were accrediting or re-accrediting. Commission staff plan to fully implement the system next FY and develop a similar crosswalk for family childcare. The vision is an integrated QRIS and accreditation system that is streamlined for providers and adaptable as the system grows and changes – a model that can be used by other counties across the state.

CONCLUSION

First 5 Santa Barbara County and its funded partners made significant progress in streamlining the available programs and systems that support high-quality early care and education. This will reduce duplication and increase efficiency of services.

Result 3: Increase Sustainable Funding Sources

INDICATORS:

1. **First 5 Santa Barbara County and its funded programs are leveraging funding.**

RESULT 3, INDICATOR 1:

First 5 Santa Barbara County and Its Funded Programs Are Leveraging Funding.

First 5 Santa Barbara County Early Care and Education (ECE) focus area staff and their funded partners engaged in significant efforts to leverage funding, and were able to leverage approximately \$1,200,000. The ECE focus area continued to receive grant funding from the Orfalea Foundation for an Accreditation Facilitation Project that included technical assistance, training, and mini-grants. As part of the California Race to the Top Early Learning Challenge grant, First 5 Santa Barbara County leveraged state funding to continue to support the implementation of the Quality Rating and Improvement System in Santa Barbara County. The Comprehensive

Continued on next page.

Approaches to Raising Educational Standards (CARES) Plus program was funded in part through First 5 California and the Santa Barbara County Education Office (SBCEO) through the state-funded AB212 program. The Preschool and Childcare Expansion Project sites received approximately \$12,000 in in-kind contributions to further support their early care and education programs. Children's Resource & Referral of Santa Barbara County leveraged First 5 Santa Barbara County funding to secure additional funds from the Santa Barbara Foundation to more deeply support QRIS family childcare sites in the use of the Desired Results Developmental Profile and protective factors.

CONCLUSION

The ECE focus area and funded partners leveraged First 5 Santa Barbara County funds and applied for grants to maintain and expand services. All of this has helped stretch needed dollars farther in addressing the need for high-quality early care and education in Santa Barbara County.



Result 4: Increase the Quality of Services Provided to Diverse Communities

INDICATORS:

1. Programs have the training, knowledge, and capacity to work with the diverse needs of children and families.
2. Programs are providing high-quality services.

RESULT 4, INDICATOR 1:

Programs Have the Training, Knowledge, and Capacity to Work with the Diverse Needs of Children and Families.

Commission staff in the Early Care and Education (ECE) focus area offered technical assistance and support services to childcare providers and early care and education programs to build their capacity to provide high-quality services. Providers were surveyed about their satisfaction with the program and individual services they received. Examples of ECE program services include: coaching for quality improvement or accreditation, mini grants, and support in starting up, maintaining, or expanding the childcare program or center. Individual provider support services include services such as child development permit support, education support, Comprehensive Approaches to Raising Educational Standards (CARES) Plus application support, CARES Plus stipends, or ECE Bachelor's Degree (BA) scholarships.

ECE providers reported, separately for each service type, whether they felt the staff helping them listened to what they had to say, spoke to them in a way they understood, and treated them with respect. They also rated their perception of whether the services they received met their (and/or their program's) needs and expressed their overall satisfaction with services.

Continued on next page.

Table 4-4 displays the full range of responses from Strongly Disagree to Strongly Agree for each satisfaction area. Overall, the majority of providers agreed or strongly agreed they were listened to, treated with respect, and the services they received met their (and/or their program's) needs. In fact, only between 2% and 5% disagreed with these statements. In addition, most providers felt that their participation in these services had benefited the children and families that they work with and had increased their skills in working with children and families. ECE focus area staff and funded partners will review the feedback from the ECE provider satisfaction survey at evaluation meetings. Any areas that look relatively low will be discussed to determine if changes are needed in program design and/or implementation.

**RESULT 4, INDICATOR 2:
Programs Are Providing
High-Quality Services.**

Parents whose children attended a childcare center that participated in the Early Care and Education (ECE) Preschool and Childcare Expansion Project provided feedback on their satisfaction with their child's program by completing the Desired Results Parent Survey. All parents who completed the survey (N=56) reported that they were either satisfied (21%) or very satisfied (79%) with the overall quality of the childcare program. The program characteristics parents were most satisfied with (80% - 82% reporting *very satisfied*) included: languages spoken by staff, health and safety policies and procedures, and daily activities. The areas with the lowest

parent satisfaction rates were: interaction with other parents (48% *very satisfied*), parent involvement (62% *very satisfied*), and location of program (64% *very satisfied*). Program leads and funded partners discussed the feedback from the Desired Results Parent Survey at evaluation meetings and used it to determine ways in which they can improve the quality of their program and the services provided to children and their families.

CONCLUSION

ECE providers and parents of children in ECE settings were satisfied with the First 5 Santa Barbara County services they received.

**TABLE 4-4:
ECE Provider Satisfaction Survey Results by Type of Service Received - FY 2014-2015 (N=131)**

ECE Program Services (n = 59)	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1. The staff helping me listened to what I had to say.	2%	2%	2%	22%	73%
2. The staff spoke and/or wrote in a way that I understood.	2%	0%	2%	24%	73%
3. The staff treated me with respect.	2%	0%	0%	14%	85%
4. The services met my (and/or my program's) needs.	3%	2%	7%	25%	63%
5. Overall, I am satisfied with the services that I received.	2%	3%	3%	24%	68%
Individual Provider Support Services (n = 69)					
1. The staff helping me listened to what I had to say.	4%	0%	1%	22%	72%
2. The staff spoke and/or wrote in a way that I understood.	4%	0%	3%	19%	74%
3. The staff treated me with respect.	4%	0%	1%	16%	78%
4. The services met my (and/or my program's) needs.	4%	0%	3%	24%	69%
5. Overall, I am satisfied with the services that I received.	4%	0%	3%	20%	72%
General Section (n = 112)					
1. Do you feel that your participation in these services and trainings has benefited the children and families that you work with?	4%	1%	4%	33%	57%
2. Do you feel that by participating in these services and trainings you have increased your skills in working with children and families?	4%	1%	5%	29%	60%

NOTE 1. One-hundred and three of the 131 survey respondents worked at a childcare center, and 28 at a family childcare home.

NOTE 2. Percentages shown in the table above may not add up to 100% due to rounding.

IS ANYONE BETTER OFF?

BACKGROUND

Children who participate in early childhood programs or preventive services, including attending high-quality early care and education (ECE) programs, are more likely to experience positive outcomes in school. Research shows that early childhood interventions that combine child-focused educational activities with parent-child relationship building, positively affect children's cognitive and social-emotional development.¹² For example, numerous studies have shown that well-designed, child-focused early interventions lead to better standardized test scores, particularly on measures of intelligence.¹³ In addition, children who attend high-quality ECE programs have been found to be more cognitively advanced and have better social-emotional development than similar children who did not attend programs, a trend that seems particularly strong for children from disadvantaged families.^{14,15}

When parents are involved in their child's education, this increases children's self-esteem, self-competence, school adjustment, classroom behavior, and academic performance.^{16,17} Parents' involvement and support for learning is related to social-emotional readiness for school, especially for vulnerable children. For example, children whose parents are involved in their education tend to have fewer behavior challenges and more adaptive skills, including adaptability and social skills.¹⁸ A home that works to promote learning and language development through reading to children can reduce the negative effects of adverse life conditions. Daily parent-child reading interactions have been found to decrease child risk factors and increase child protective factors.¹⁹ Reading to children encourages literacy and promotes enhanced oral language skills. The frequency that children are read and exposed to storybooks is correlated with children's vocabulary scores and the rate that children report reading for pleasure in later elementary school years.^{20,21,22} Literacy also promotes social skills, as children are able to more effectively communicate their wants and needs.²³

RESULT AREAS

The goal of the Early Care and Education (ECE) focus area was that children were ready for kindergarten (K). Ultimately, all the ECE focus area work, including the work focused on childcare providers and programs, is geared to supporting children. Having higher quality childcare spaces and providers positively affects the enrolled children and their families.

The results the Commission and funded partners are working towards include:

- Increase the percent of children entering kindergarten who are deemed ready for school;
- Increase the quality of early learning opportunities;
- Increase access to quality early care and education experiences;
- Increase the number of families who have the awareness and skills to help support their child's school readiness.

This section describes the data that answer the question *Is Anyone Better Off?* for this focus area. When available, data across multiple years are presented.



Result 1: Increase the Percent of Children Entering Kindergarten Who Are Deemed Ready for School

INDICATORS:

1. Children 0-5 years old with a comprehensive developmental and social-emotional screening in the past year.
2. Children in the Preschool and Childcare Expansion Project will show progress on indicators of school readiness.

RESULT 1, INDICATOR 1:

Children 0-5 Years Old with a Comprehensive Developmental and Social-Emotional Screening in the Past Year.

BACKGROUND

First 5 Santa Barbara County has been one of the advocates for early developmental and social-emotional screenings of young children in Santa Barbara County. They have continued their support of this through providing training and resources to Quality Rating and Improvement System (QRIS) sites to understand and conduct the screenings, and to share the results with families of children enrolled. The QRIS sites complete screenings to check for developmental, emotional, or behavioral concerns that may affect children's ability to succeed in school. If a child was already screened within the past year by an outside agency, such as by their pediatrician or through the local education agency, then a child was not re-screened. Therefore, these screenings represent children who otherwise may not have had a comprehensive early screening that can detect potential developmental or social-emotional concerns. If a concern is identified, the child is referred for further assessment or services. All QRIS sites conduct screenings, but those funded through the Preschool and Childcare Expansion Project submitted the children's scores on the assessments to First 5 Santa Barbara County for analysis, which is detailed below.

MEASURE

The QRIS sites funded through First 5 Santa Barbara County's Preschool and Childcare Expansion Project conducted comprehensive developmental and social-emotional screenings with the Ages & Stages Questionnaire-3 (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE), respectively, and shared those results with First 5 Santa Barbara County. Information on the ASQ-3 is available at: <http://www.brookespublishing.com/tools/asq/index.htm>, and information on the ASQ-SE is available at: <http://www.brookespublishing.com/tools/asqse/index.htm>.

SAMPLE

In fiscal year (FY) 2014-2015, 35 children receiving scholarships through the Preschool and Childcare Expansion Project received developmental screenings and 36 children received social-emotional screenings.

RESULTS

Approximately 6%-14% (2-5 children) of children 0-5 years who were screened on the ASQ-3 had a possible concern identified in one or more developmental areas. Of the children screened on the ASQ-SE, 20% (7 children) were either in the borderline concern or concern identified range, and were referred for further assessment or services.

CONCLUSION

Children who would not have otherwise received a comprehensive developmental or social-emotional screening did so through QRIS. Of the children receiving First 5 Santa Barbara County scholarships through the Preschool and Childcare Expansion Project, providers referred children with concerns for further assessments or services, which will help in having these concerns successfully addressed prior to kindergarten entry.

RESULT 1, INDICATOR 2:

Children in the Preschool and Childcare Expansion Project Will Show Progress on Indicators of School Readiness.

BACKGROUND

First 5 Santa Barbara County is working to help more children access high-quality early care and education through the Quality Rating and Improvement System (QRIS) and the Preschool and Childcare Expansion Project. As part of the evaluation, indicators of developmental growth were monitored to see if children improved over the course of the year.

MEASURE

The childcare programs in QRIS that received scholarships through the Preschool and Childcare Expansion Project monitored children’s growing readiness for school using the Desired Results Developmental Profile – Preschool (DRDP-PS). Teachers use the DRDP-PS to observe and rate the learning, development, and progress of children attending their early care and education program. Children’s abilities are rated in seven domains: Self and Social Development, Language and Literacy Development, English Language Development, Cognitive Development, Mathematical Development, Physical Development, and Health. Competencies in these areas are indicated to fall into one of five developmental levels: *Not Yet at First Level*, *Exploring*, *Developing*, *Building*, and *Integrating*, with children at the *Integrating* level showing the greatest skills in a given area. Results are then used by teachers to plan curriculum and instruction for individual and groups of children.

Information on the DRDP-PS is available at:

<http://www.marinschools.org/ECE/Documents/2014-15%20ECE%20Q1%20Documents/drdp2010preschooleng.pdf>.

SAMPLE

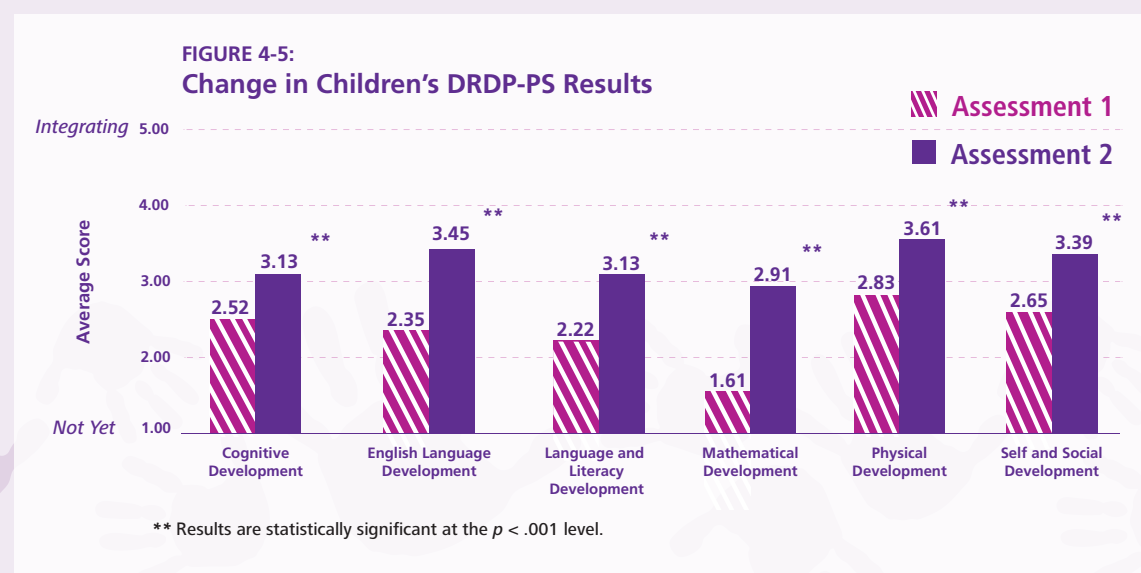
In fiscal year (FY) 2014-2015, the Santa Maria-Bonita School District (SMBSD) site completed DRDP-PS ratings, as part of the QRIS, for 23 children once at the beginning of the school year and again six months later, toward the end of the school year. No health ratings were available for these children. Although data for the other Preschool and Childcare Expansion Project sites were collected this year, they were not usable for this report due to differences in measurement and calculation of scores, which did not allow for combining of the data.

RESULTS

Children significantly improved across all areas of developmental readiness for school that were assessed (see **Figure 4-5**). Without a comparison group of children not receiving preschool, we do not know if this gain is greater than what would be expected by normal developmental growth. However, if the tool is used correctly, it serves to inform and assist with the teacher’s curriculum and program-improvement decisions to support the development of children.

CONCLUSION

Children at Preschool and Childcare Expansion Project sites are showing growth in the developmental domains that are associated with kindergarten readiness.



Result 2: Increase the Quality of Early Learning Opportunities

INDICATORS:

1. Early care and education (ECE) programs are showing program quality improvement.
2. ECE settings that are accredited.
3. Early childhood teachers with a bachelor's degree and specialized training in early childhood.



RESULT 2, INDICATOR 1:

Early Care and Education (ECE) Programs Are Showing Program Quality Improvement.

BACKGROUND

First 5 Santa Barbara County, with Children's Resource & Referral (R&R) and the Santa Barbara County Child Care Planning Council (CCPC) as partners, is implementing an inclusive countywide Quality Rating and Improvement System (QRIS), funded through a Federal Race to the Top Early Learning Challenge grant operated by the state of California, the Orfalea Foundation, and First 5 Santa Barbara County funds. QRIS has been implemented in Santa Barbara County for several years now. Childcare centers were supported in program quality improvement by Commission staff; whereas, family childcare (FCC) homes were supported by Children's R&R staff. QRIS sites were rated on various quality elements, two of which require independent assessment. Individualized quality improvement plans were developed for each site addressing goals, action plans, and requested grant amount for each

quality element. Each program was assigned a coach to provide on-site technical assistance and support. The sites participating in the Preschool and Childcare Expansion Project also participated in measuring their program quality through QRIS, and these evaluation data are also presented here.

MEASURE

Program quality was rated across seven quality elements, representing three core areas of (1) child development and school readiness, (2) teachers and teaching, and (3) program and environment. Centers were rated by a trained observer on a scale of 1 to 5 for the seven quality elements, whereas family childcare homes were rated on only five quality elements (two elements do not apply to family childcare).

As part of the program quality rating, programs also received independent individual assessments by a reliable observer on the Classroom Assessment Scoring System (CLASS), and on the Environment Rating Scale (ERS) specific to the age group and setting [i.e., the Early Childhood Environment Rating Scale (ECERS-R), the Infant/Toddler Environment Rating Scale (ITERS-R), or the Family Childcare Environment Rating Scale (FCCERS-R)].

SAMPLE

In fiscal year (FY) 2014-2015, 124 sites participated in QRIS, which included 86 childcare centers and 38 FCC homes. Baseline and follow-up information is available for 71 of the participating centers and 20 of the participating family childcare homes. For the four centers participating in both the QRIS and Preschool and Childcare Expansion Project, baseline and follow-up information on the QRIS ratings is available.

Independent follow-up CLASS assessment scores are available for 73 pre-k classrooms, 42 toddler classrooms, and 12 infant classrooms from the childcare centers and family childcare homes participating in QRIS. In addition, 70 pre-k classrooms and 32 infant/toddler classrooms from childcare centers received an independent ERS assessment.

RESULTS

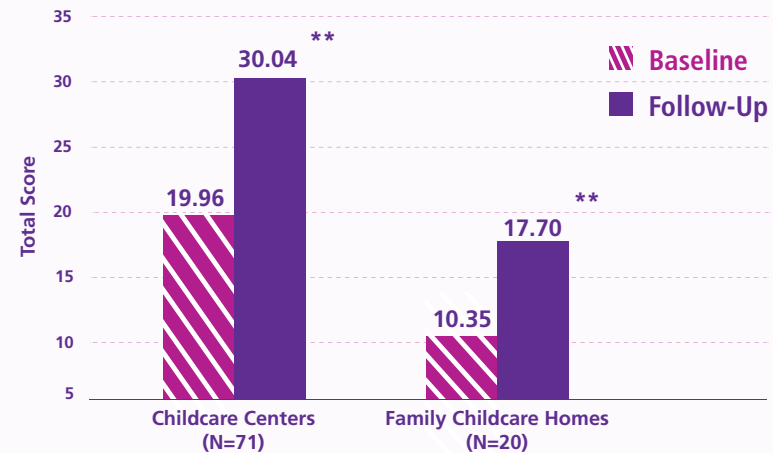
For both childcare centers and family childcare homes, there was a statistically significant improvement in the overall quality of the program over time, $t(70) = -23.07, p < .001$ and $t(19) = -14.15, p < .001$, respectively (see **Figure 4-6**). In addition, **Table 4-5** shows that programs moved up tiers in the Quality Rating and Improvement System. In part, improvement could be due to programs beginning to incorporate developmental screenings into their program, which is an indicator of quality. It is important to note that improvements in the elements of Effective Teacher-Child Interactions – CLASS and Program Environment Rating Scale reflect the completion of independent assessments conducted after baseline data collection. Scores greater than two on these elements are not possible without the inclusion of an independent assessment by a trained observer. Once the independent assessments were completed, these programs were able to achieve higher quality ratings.

"A successful QRIS Quality Rating and Improvement Project results in more children educated and cared for in increasingly higher quality learning environments."

—ECE FOCUS AREA



FIGURE 4-6:
Quality Rating and Improvement System Results for Childcare Centers and Family Childcare Homes



** Results are statistically significant at the $p < .001$ level.

NOTE. QRIS total scores can range from 0 to 35 points for childcare centers and from 0 to 25 points for family childcare homes. The difference in point ranges is because two of the seven QRIS elements are for centers only and are not included in the total scores of FCC homes.

TABLE 4-5:
Changes in Number of QRIS Centers and Family Childcare Homes at Each Service Tier

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Total
Childcare Centers						
Baseline	0	29	40	2	0	71
Follow-up	0	0	4	54	13	71
Family Childcare Homes						
Baseline	0	20	0	0	0	20
Follow-up	0	1	8	10	1	20

The Preschool and Childcare Expansion Project sites also showed improvements in program quality (see **Table 4-6**). Results show that all of the programs participating in this project moved up tiers in QRIS, with each achieving a rating of Tier 4 by the time of follow-up. The greatest improvements were seen in the elements of Developmental and Health Screenings, Effective Teacher-Child Interactions – CLASS assessments, and Program Environment Rating Scale(s).

For a more detailed look at areas of overall QRIS quality, trends in the individual assessments comprising QRIS are described here. **Figure 4-7** on page 71 shows the percentage of center and FCC classrooms that received CLASS scores meeting the highest standard on this QRIS Rating element. To receive the highest rating of 5 points, a pre-k classroom needs to achieve minimum CLASS scores of 5.5 (on a scale of 1 to 7) for Emotional Support, 5.5 for Classroom Organization, and 3.5 for Instructional Support; a toddler classroom needs to achieve minimum CLASS scores of 5.5 for Emotional and Behavioral Support and 4.0 for Engaged Support for Learning; and an infant classroom needs to achieve a minimum CLASS score of 5.0 for Responsive Caregiving.

Centers were also rated on environmental quality, and baseline results are available for the first time for FY 2014-2015. Approximately 24% of preschool classes and 28% of infant-toddler classes met the highest QRIS standard for that element. Classrooms need to achieve an overall score level of 5.5 (on a scale from 1 to 7) for the highest rating of 5 points.

CONCLUSION

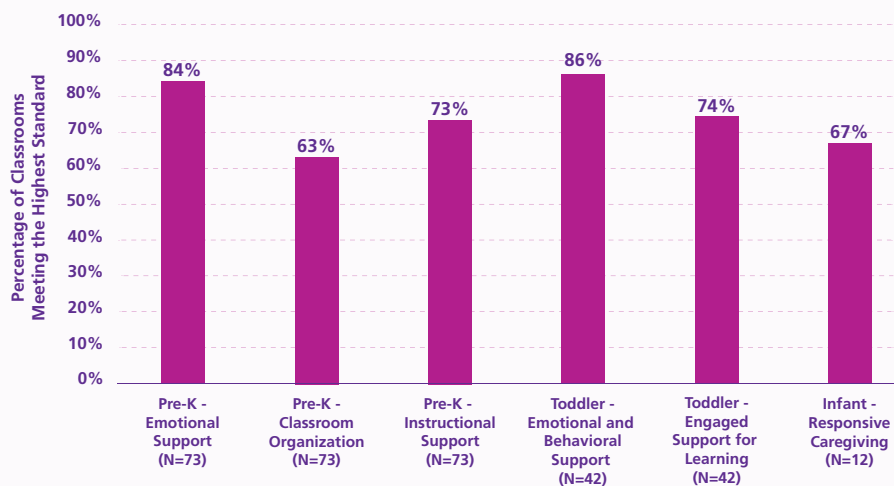
The overall quality of the childcare centers or homes improved through their participation in QRIS. Programs were making substantial improvements in many areas of quality that are associated with improved child outcomes. The quality of early care and education is associated with school readiness at kindergarten entry.



TABLE 4-6:
QRIS Rating Results for the Preschool and Childcare Expansion Project Sites – FY 2014-2015

	Carpinteria Main Preschool		Carpinteria Main Infant Center		Isla Vista Children's Center		SMBSD - Bruce State Preschool (THRIVE Classroom)	
	Baseline Score	Follow-Up Score	Baseline Score	Follow-Up Score	Baseline Score	Follow-Up Score	Baseline Score	Follow-Up Score
Core I: Child Development & School Readiness								
<i>Element 1: Child Observation</i>	1	4	1	4	4	4	5	5
<i>Element 2: Developmental and Health Screenings</i>	3	5	3	5	1	5	2	4
Core II: Teachers and Teaching								
<i>Element 3: Lead Teacher Qualifications</i>	2	4	4	3	2	2	5	5
<i>Element 4: Effective Teacher-Child Interactions – CLASS</i>	2	5	2	5	2	5	2	5
Core III: Program and Environment								
<i>Element 5: Ratios and Group Size (Centers Only)</i>	4	4	5	5	4	4	3	4
<i>Element 6: Program Environment Rating Scale</i>	2	5	2	4	2	5	2	4
<i>Element 7: Director Qualifications (Centers Only)</i>	5	5	5	5	4	4	4	4
Total Score	19	32	22	31	19	29	23	31
Tier Rating	Tier 2	Tier 4	Tier 3	Tier 4	Tier 2	Tier 4	Tier 3	Tier 4

**FIGURE 4-7:
QRIS Center and FCC Classrooms Meeting the Highest Standard
on QRIS Rating Element 4: Effective Teacher-Child Interactions**



**RESULT 2, INDICATOR 2:
ECE Settings Are Accredited.**

BACKGROUND

Accreditation indicates a higher level of quality compared to licensure. Licensing standards for childcare are established by the state of California. These standards reflect the minimal health and safety requirements and are aimed at protecting children’s physical and psychological well-being. For programs striving to reach a higher level of quality than licensure, accreditation offers a voluntary process that enables programs to measure themselves against a set of national comprehensive standards that have been shown to result in high-quality settings for children. It is estimated that achieving accreditation involves two years of preparation for a program. The Quality Rating and Improvement System (QRIS) includes national accreditation, via the National Association for the Education of Young Children and the National Association for Family Child Care, as a requirement to attain the highest rating. This was a community decision, and it reflects the commitment of the Santa Barbara County early care and education field to achieve the highest mark of quality. First 5 Santa Barbara County staff and partners have

integrated accreditation and QRIS, and have advocated at the state level for the inclusion of accreditation in the state’s model. As a result, beginning in fiscal year (FY) 2015-2016, accreditation is a substitute for the Environment Rating Scale tool for centers. First 5 Santa Barbara County staff are working on a similar substitution for family childcare.

MEASURE

The countywide rates for accreditation were compiled by the Early Care and Education (ECE) focus area each year. There was not one sole organization responsible for the rate of accredited programs. Although most programs seeking national accreditation received funding or support from the Accreditation Facilitation Project funded by First 5 Santa Barbara County, Children’s Resource & Referral, and Orfalea Foundation, a few local programs independently pursued accreditation or re-accreditation. There were many factors that contributed to the countywide accreditation rate and its fluctuation (see **Figure 4-8** on page 72), such as changes in the accreditation system, financial support, level of support in achieving accreditation, and broader social factors like the economy.

SAMPLE

The sample consisted of the total number of childcare centers and family childcare homes by year.

RESULTS

Accreditation is an important standard of quality in early childhood education. Programs that are accredited, or are in the accreditation process, are continuously improving in order to provide the best possible education opportunities for children. ECE focus area staff offered support and technical assistance to help center-based childcare facilities, and Children’s Resource & Referral of Santa Barbara County supported family childcare providers, through the process that leads to national

Continued on next page.

RESULTS *Continued*

accreditation, including support to maintain and renew their accreditation status. **Figure 4-8** shows the trends in accreditation from June 2000 to the present. As can be seen, there was an overall trend toward an increase in accredited childcare centers from 2000 to the present, with 48 childcare centers accredited this year compared to 46 last year. Eighteen additional centers were in the accreditation process as of June 30, 2015. For family childcare homes, the number accredited this year doubled to eight from four the year before. In addition, 18 other homes were on the way to accreditation as of June 30, 2015. In comparison, only six childcare centers and no family childcare homes were accredited this year in Monterey County, a county with similar characteristics to Santa Barbara County. **Figure 4-9** shows the proportion of licensed center and family childcare in Santa Barbara County that is accredited, which has increased slightly since last year. For comparison, the national rate of accredited childcare centers in 2014 was 10.3% and the national rate of accredited family childcare homes was 1.4%.

CONCLUSION

First 5 Santa Barbara County continued to encourage accreditation and provided technical assistance, specialized training, site visits, and funding to centers and family childcare homes through the process of accreditation. The total number of accredited centers increased slightly and the number of accredited family childcare homes doubled since last year. Looking at the trends over the past decade, it has been easier to maintain and increase the number of accredited centers due to the funding and staff resources dedicated to these efforts. It has been more challenging to maintain and increase the number of accredited family childcare homes that did not have the same level of support, compared to centers. With the inclusion of accreditation into the QRIS, the committed and experienced staff, and more dedicated resources to family childcare providers through new funding, it is hoped that the rate for family childcare accreditation will continue to rise in coming years.

FIGURE 4-8:
Number of Accredited Childcare Centers and Family Childcare Homes by Fiscal Year

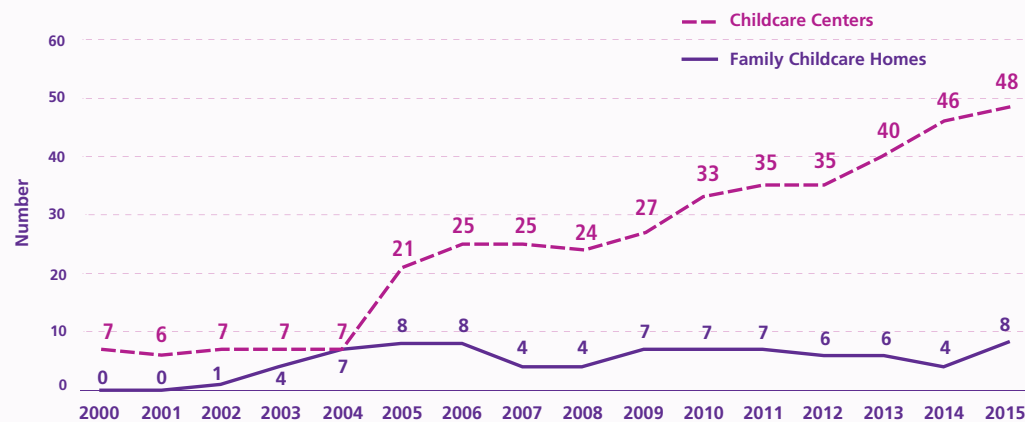
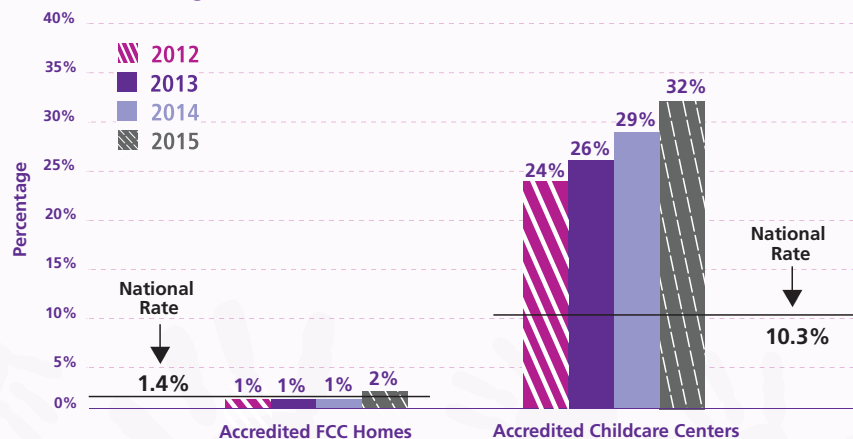


FIGURE 4-9:
Percentage of Licensed Childcare that is Accredited



NOTE 1. The total number of family childcare (FCC) homes in Santa Barbara County was 438 in 2012, 420 in 2013, 376 in 2014, and 382 in 2015. The total number of childcare centers was 148 in 2012, 152 in 2013, 161 in 2014, and 151 in 2015.

NOTE 2. The national rates of accredited FCC homes and childcare centers were obtained from ChildCare Aware of America – <http://usa.childcareaware.org>. Estimates are based on data provided by Child Care Resource and Referral Agencies for Child Care Aware of America's 2015 State Fact Sheet Survey and reflect the 2014 calendar year.

ONE RECIPIENT OF AN ECE BACHELOR'S DEGREE SCHOLARSHIP WROTE:

"Thanks to you, I am one step closer to my short-term goal of earning my bachelor's degree, and my long-term goal of being a quality Early Childhood Educator. ... Your generosity has inspired me to help others and give back to the community."

RESULT 2, INDICATOR 3:

Early Childhood Teachers with a Bachelor's Degree and Specialized Training in Early Childhood.

BACKGROUND

Having a well-educated early care and education (ECE) workforce is crucial to providing high-quality early care and education. Studies have shown that teacher education, such as having a bachelor's degree and specialized training in early childhood education and development, was related to higher quality care for children and better classroom environments, including the teachers having more positive interactions with children and being better able to support and promote children's healthy development and academic achievement.^{24,25} Additionally, advanced and specialized education often gave teachers a better understanding of child behavior.²⁴ Having well-educated teachers was related to better child outcomes in several developmental domains, including language, social competence, school readiness, and behavior problems.^{25,26}

A recent comprehensive study, funded by the U.S. Department of Health and Human Services, examined the number and characteristics of the ECE workforce in the United States in 2012. Using nationally-representative data from the National Survey of Early Care and Education (NSECE), results for 2012 indicate that 36% of center-based teachers and caregivers serving children age 0-5 have a bachelor's degree or higher. The NSECE percentage represents a somewhat higher estimate for the proportion of ECE providers with college degrees than those usually reported in prior studies, possibly reflecting the recent emphasis of such teacher credentials in Head Start and public school pre-k programs, as well as more rigorous study methodology that improves the confidence in current estimates.²⁷ The results of the NSECE also serve as a point of comparison for our local data, which are described below.

MEASURE

In terms of local data, First 5 Santa Barbara County annually obtains information from childcare centers and family childcare (FCC) homes on the education status of teachers and providers. Information on family childcare providers was obtained from Children's Resource & Referral of Santa Barbara County, which maintains a database of this information.

To obtain this information from childcare centers, First 5 Santa Barbara County and their UCSB Evaluation Team conducted an online survey during May/June of each year, as a comparative database to that of family childcare is not yet available. At the center level, school directors, site supervisors, or district administrators were asked the following questions:

1. How many staff members do you have that directly work with children (e.g., teachers, teacher assistants)?
2. How many of those staff members have associate degrees, but not bachelor's degrees?
3. How many of those staff members have bachelor's degrees?
4. How many of the bachelor's degrees are related to early childhood education (e.g., psychology, education, child development, sociology)?
5. How many of the teachers and teacher assistants have worked at this childcare center for at least 1 year and how many for at least 5 years?

SAMPLE

Out of the 151 early childhood education centers currently operating in Santa Barbara County, 132 sites (87.4%) participated in the study in fiscal year (FY) 2014-2015, which is the highest response rate achieved so far. The sites that did not participate were ones that the researchers were unable to reach after two to three attempts of phone calls and/or e-mails. For family childcare homes, data this year were obtained from 382 FCC providers (100% response rate) in a database maintained by Children's Resource & Referral.

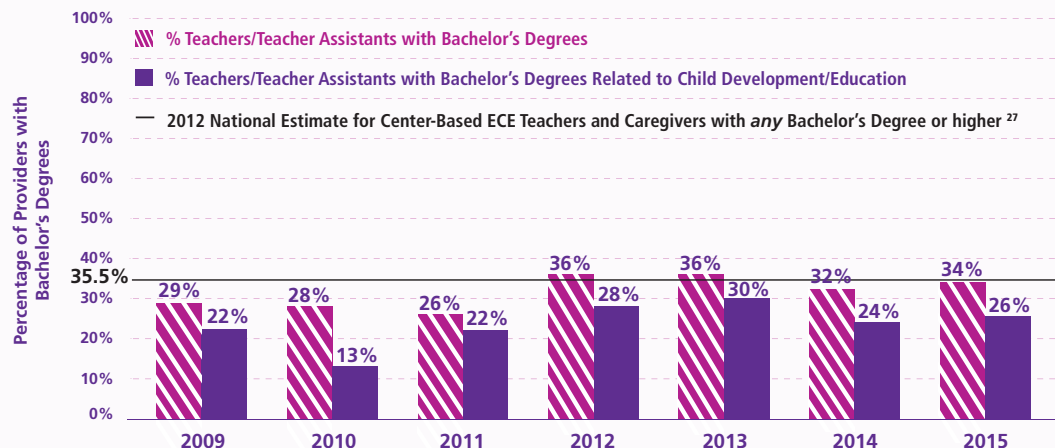
RESULTS

Results for FY 2014-2015 indicate that for centers, 22% of teachers and teacher assistants had associate degrees and 34% had bachelor's degrees, with 26% of all providers holding bachelor's degrees in a relevant field (e.g., psychology, education, child development). For family childcare providers, results obtained from Children's Resource & Referral of Santa Barbara County indicate that, in 2015, 10% had a bachelor's degree and 6% had one in a relevant field. **Figures 4-10** (Centers) and **4-11** (FCC) show trends by year, which were consistent across years. The results for Santa Barbara County, though lower, are still very close to the 2012 national estimate of 35.5% for center-based ECE teachers and caregivers with any bachelor's degree or higher.²⁷

An important thing to consider is that this is a population-based indicator, and no one program in the county can be responsible for changing trends in this area. Instead, each program can contribute to change, but alone cannot be responsible for the rate, as there are many factors at work that can affect this indicator. In an effort to help local ECE providers achieve higher education, First 5 Santa Barbara County, in partnership with the Orfalea Foundation and the Santa Barbara Scholarship Foundation, provided 16 scholarships to local ECE professionals to enter into or complete bachelor's degree programs in the field of Early Care and Education, Child Development, or other closely related fields. In FY 2014-2015, through the First 5 Santa Barbara County Comprehensive Approaches to Raising Educational Standards (CARES) Plus program (along with AB212 from the Child Care Planning Council and First 5 Santa Barbara County funds), 120 stipends were awarded and 82 recipients received bonus awards (e.g., for retention or bachelor's degree completion) to further help them attain their educational goals. Achievements for this year include: 26 providers enrolled in a bachelor's degree program, eight graduated with their bachelor's degree in Child Development/ECE, and 69 completed six or more college units for credit.

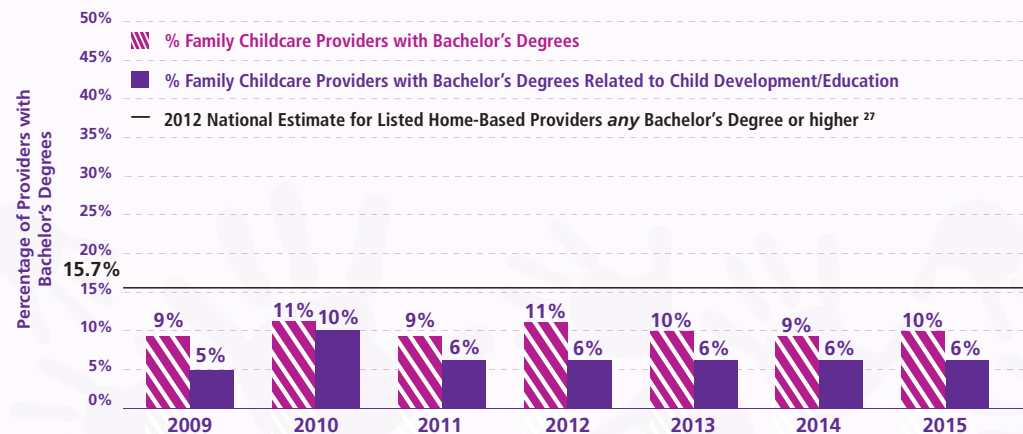
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FIGURE 4-10:
Percentage of ECE Center-Based Childcare Providers with Bachelor's Degrees by Year



NOTE. The category for center-based ECE teachers and caregivers, as defined in the 2012 National Survey of Early Care and Education, includes aides, teachers or instructors, assistant teachers, and lead teachers serving children birth to age five and not yet in kindergarten.²⁷

FIGURE 4-11:
Percentage of ECE Family Childcare Providers with Bachelor's Degrees by Year



NOTE. The category for listed home-based providers, as defined in the 2012 National Survey of Early Care and Education, includes primarily licensed or regulated family childcare providers serving children 0-13, but also other listed home-based providers such as license-exempt providers and providers participating in Early Head Start.²⁷

Without the funding and support of the CARES Plus program, many current ECE professionals would have been unable to take courses to complete their degrees. It is currently not known how many CARES Plus participants, over the lifetime of the program, have achieved a bachelor's degree.

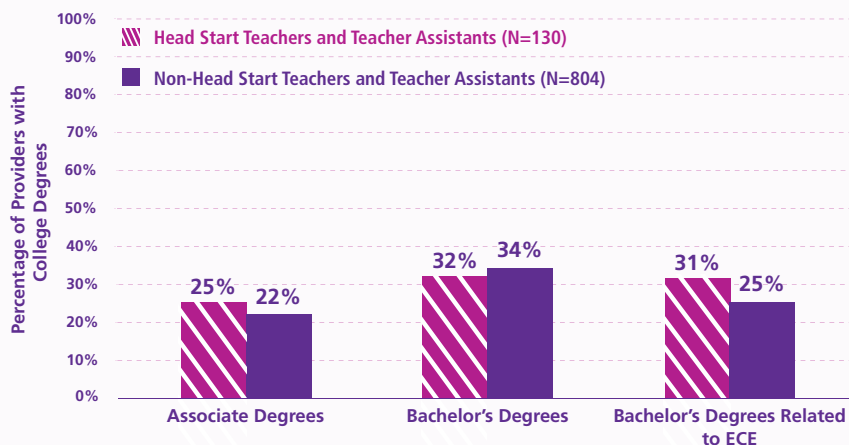
Federal regulations state that as of September 30, 2013, at least half of all Head Start teachers in center-based programs nationwide must have a bachelor's or advanced degree in early childhood education or a related field. To determine how much the Santa Barbara County rates estimated in this study are affected by these recent changes in federal legislation, the education rates of teachers and teacher assistants in Head Start centers versus those in non-Head Start centers in the county were compared (see **Figure 4-12**).

There were no major differences in the percentages of Head Start ECE providers with associate or bachelor's degrees, when compared to those for the non-Head Start ECE providers in Santa Barbara County. However, there was a statistically significant difference in the number of bachelor's degrees related to early childhood education, with Head Start teachers and teacher assistants having more ECE-related bachelor's degrees than the non-Head Start teachers and teacher assistants ($\chi^2(1, 313) = 9.11, p = .003$) (see **Figure 4-13**).

CONCLUSION

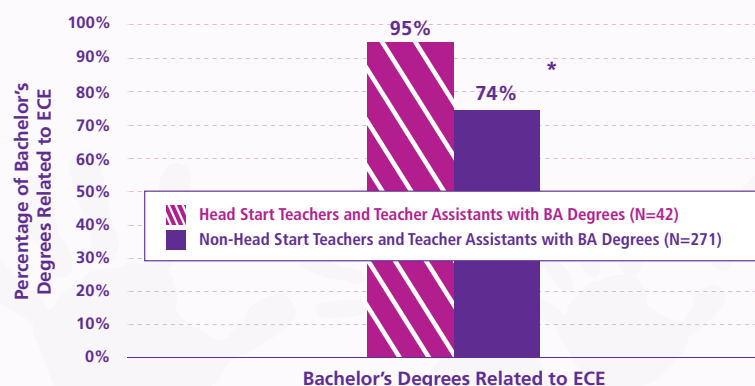
The rate of ECE center-based educators with a bachelor's degree in Santa Barbara County is getting closer to the national average. However, consistently only a minority of family childcare providers in Santa Barbara County had a bachelor's degree, and the rate is lower than the national average. The CARES Plus program awarded 120 stipends, along with 16 scholarships, to help ECE providers attain their educational goals. Achievements for this year include: 26 providers enrolled in a bachelor's degree program, eight graduated with their bachelor's degree in Child Development/ECE, and 69 completed six or more college units for credit. Without the funding and support of the CARES Plus program, many current ECE professionals may have been unable to take courses to complete their degrees. This contributed to the overall county rate of providers with a bachelor's degree, but a single program was not responsible for the countywide results. It is recommended that First 5 Santa Barbara County invest time and resources to determine how many ECE providers ultimately received a bachelor's degree over the 10 years of CARES Plus implementation.

FIGURE 4-12:
Comparison of ECE Providers with College Degrees in Head Start Centers and in Non-Head Start Centers - 2015



NOTE. Head Start centers represented in this study included all Community Action Commission (CAC) centers in Santa Barbara County.

FIGURE 4-13:
Proportion of Bachelor's Degrees Related to ECE at Head Start and Non-Head Start Centers - 2015



* Results are statistically significant at the $p < .01$ level.

Result 3: Increase Access to Quality Early Care & Education Experiences

INDICATORS:

1. Countywide trends in licensed childcare.
2. Number of new childcare spaces at family childcare homes or centers.
3. Increase the number and percentage of at-risk children 0-5 years old who are enrolled in high-quality early learning programs.

RESULT 3, INDICATOR 1: Countywide Trends in Licensed Childcare.

BACKGROUND

The availability of affordable and trusted childcare is important to working families, and is a factor in the economic stability of families. This is a countywide indicator, in that it is not the sole responsibility of any one program or agency. Rather, it takes collective efforts from multidisciplinary partners to affect change in this indicator. First 5 Santa Barbara County works to contribute to maintenance or improvement in this indicator, but is not solely responsible for increases or decreases by year. These data provide context, whereas the data in Result 3, Indicator 2 show the contribution of First 5 Santa Barbara County.

MEASURE

The information on licensed childcare per 100 working families with a child aged 0-12 years was compiled by kidsdata.org, who obtained the data from the

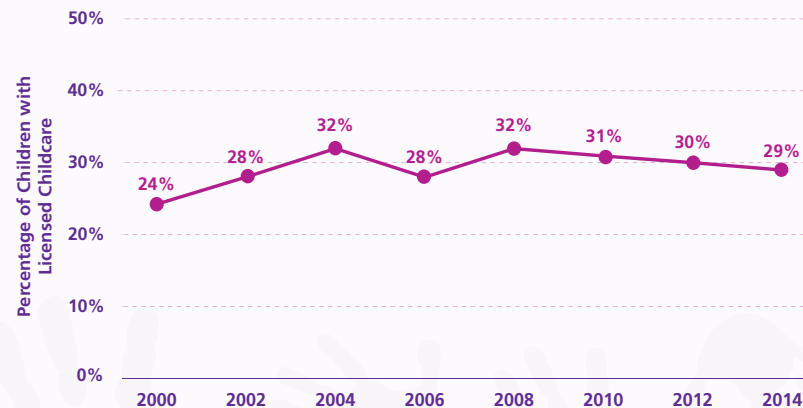
California Child Care Resource & Referral Network. The data used in this evaluation report were derived from: <http://www.rrnetwork.org/>. Updates are provided every two years. The total numbers of licensed family childcare spaces and childcare center spaces were obtained from the Santa Barbara County Child Care section of the 2015 California Child Care Portfolio produced by the California Child Care Resource & Referral Network.

RESULTS

Overall, since the year 2000 there is increased availability of licensed childcare for working families (see **Figure 4-14**). However, there has been a slight, but steady decline in availability in recent years. The data indicated that less than one-third of working families had access to licensed childcare in Santa Barbara County.

Continued on next page.

FIGURE 4-14:
Changes in Licensed Childcare Spaces per 100 Working Families - Santa Barbara County



NOTE. This graph shows the percentage of children with parents in the labor force for whom licensed childcare is available. Figures for 2000-2008 cover children ages 0-13, but 2010-2014 figures cover children ages 0-12. Data obtained from kidsdata.org.

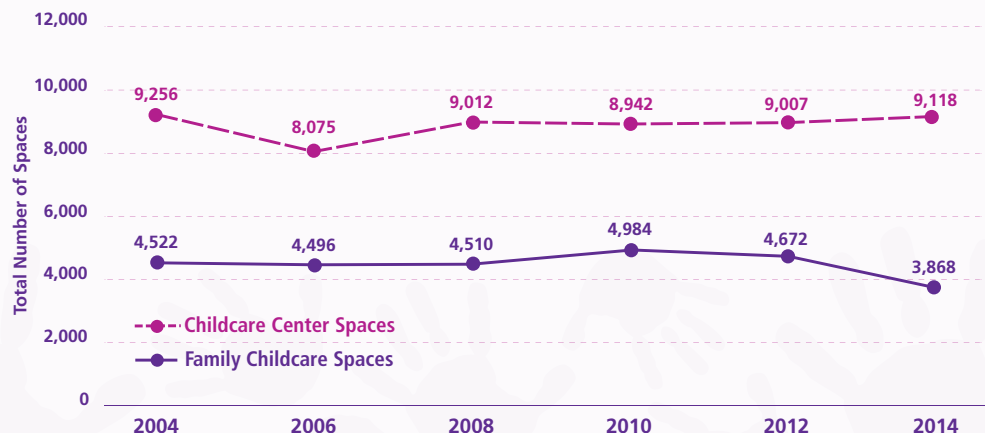
RESULTS *continued*

Another picture of licensed childcare can be seen in **Figure 4-15**, which shows trends in family childcare and center spaces since 2004. Results are available every other year. Overall, there is relative stability in the number of childcare center spaces, with some indication that capacity is improving. For family childcare spaces, there continues to be a downward trend, which likely contributed to the reduction of licensed childcare per 100 noted in the previous graph.

CONCLUSION

Less than one-third of working families can obtain licensed childcare in Santa Barbara County. Although the number of center spaces shows a slight trend towards improvement, it does not offset the continued decline in the number of family childcare spaces. The overall countywide rate of licensed childcare should be viewed in the context of the broader social and economic factors that may affect the opening and closing of childcare businesses. No one program or agency is solely responsible for the rates of licensed childcare, as multiple, complex factors influence these trends. However, increased efforts across funded and non-funded partners to promote licensed childcare, as well as the higher quality of accredited childcare, are needed.

FIGURE 4-15:
Total Number of Licensed Family Childcare Spaces and Childcare Center Spaces in Santa Barbara County by Year



NOTE 1. Data were obtained from the Santa Barbara County Child Care Portfolios produced by the California Child Care Resource & Referral Network (http://www.rrnetwork.org/rr_research_in_action).

NOTE 2. Numbers for 2004-2008 cover children ages 0-13, and numbers for 2010-2014 cover children ages 0-12.

RESULT 3, INDICATOR 2:

Number of New Childcare Spaces at Family Childcare Homes or Centers.

BACKGROUND

To support the ability of working families to access licensed childcare, the Early Care and Education (ECE) focus area has worked to help open or save childcare centers, through providing technical assistance to prospective or current operators on their start-up or expansion project, and by collaborating with local government, social service agencies, school districts, and housing representatives to remove barriers and create opportunities. Additionally, First 5 Santa Barbara County supported targeted efforts with funded partners in Carpinteria, Isla Vista, and Santa Maria to open or save childcare spaces in these communities through its Preschool and Childcare Expansion Project. First 5 Santa Barbara County provided financial and technical support to the centers participating in this project and offered scholarships to parents to increase their ability to access quality childcare for their child.

MEASURE

The openings and closings of licensed childcare centers were tracked by Community Care Licensing on a monthly basis and ECE focus area staff obtained this information to monitor trends in availability of licensed childcare. The Preschool and Childcare Expansion Project sites reported the number of ECE enrollment spaces that were opened or saved with First 5 Santa Barbara County funding during fiscal year (FY) 2014-2015, using their New Child Enrollment Spaces assessment tool.

SAMPLE

The annual number of spaces added minus the number of spaces lost was used to understand the overall change in childcare spaces in Santa Barbara County. The number of spaces opened or saved with First 5 Santa Barbara County funding was used to assess the impact of the Preschool and Childcare Expansion Project in Carpinteria, Isla Vista, and Santa Maria.

RESULTS

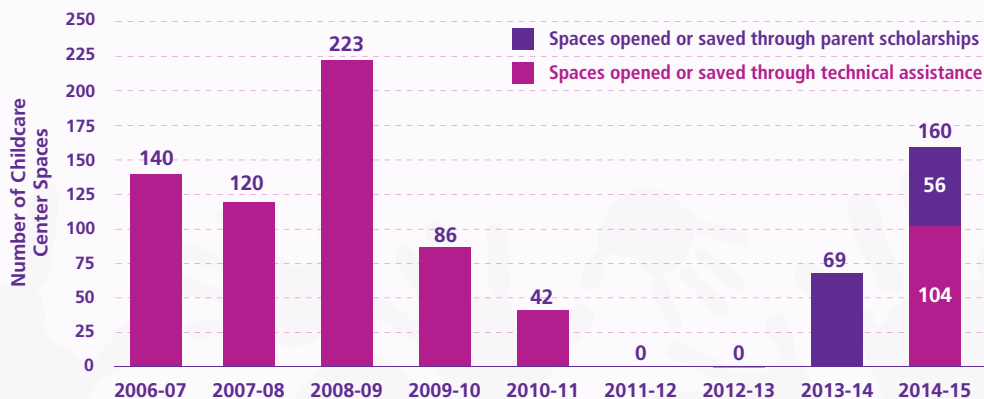
Figure 4-16 shows the number of center spaces that were opened or saved through the direct help of the ECE focus area since FY 2006-2007. This year,

160 childcare spaces were opened or saved through the help of the ECE focus area, which is an increase from the 69 spaces opened or saved the year before. In FY 2014-2015, First 5 Santa Barbara County ECE focus area assisted a total of six projects to start up or "save" childcare programs. Two of these programs successfully completed the projects for a total of 104 new or saved spaces, three are in progress (with a potential for 129 new or saved spaces), and one canceled their project. As seen in the graph, there has been great variability over the years in terms of number of spaces opened or saved. In FYs 2005-2010, the ECE focus area had a Constructing Connections grant that helped them to direct more resources to the technical assistance that would help start or save spaces. Following this, there was the

economic downturn that sharply reduced the number of childcare start-ups proposed as a result of the economy and state cuts to childcare, which continued through FY 2013-2014. Programs struggled to remain open during the recession, and ECE focus area efforts focused on maintenance support, as well as increased focus on quality. With the new Strategic Plan for 2014-2017, there is renewed focus on ways to help maintain or increase childcare spaces, including funding parent scholarships so that centers have their spaces filled. This has led to improvements in the number of spaces saved or opened compared to previous years.

Continued on next page.

FIGURE 4-16:
Number of Childcare Center Spaces Opened or Saved with Assistance by ECE Focus Area



NOTE. In FY 2013-2014, the ECE focus area began tracking the number of spaces opened or saved through First 5 Santa Barbara County funding for parent scholarships.



RESULTS *continued*

Table 4-7 shows in greater detail the changes in childcare spaces by year since 2008. As can be seen, there has been a net loss of family childcare home spaces since 2009, likely due in part to the recession, but the rate of loss has slowed this year. There was significant effort by Children’s Resource & Referral to enroll new licensed family childcare homes, to offset the losses. There was a large increase in the number of childcare center spaces in the county in 2013 and 2014.

Through its Preschool and Childcare Expansion Project, this year First 5 Santa Barbara County also opened or saved a total of 48 childcare spaces (14 in Carpinteria, 10 in Isla Vista, and 24 in Santa Maria) by offering childcare scholarships. The children served through this project were all from low-income families and mostly Latino, and five of them were homeless. All participating sites reported that without the support and funding of First 5 Santa Barbara County, these spaces would have been lost and staffing reduced. More importantly, the parent scholarships allowed families to access quality childcare and preschool for their children, who would not have otherwise been able to attend.

CONCLUSION

First 5 Santa Barbara County has been effective in their efforts to help save or open childcare spaces through their technical assistance, and specifically through the Preschool and Childcare Expansion Project.

TABLE 4-7:
Changes in Number of Family Childcare Spaces and Childcare Center Spaces in Santa Barbara County by Year

		2008	2009	2010	2011	2012	2013	2014
		#	#	#	#	#	#	#
Family Childcare Spaces	Spaces Added	558	470	428	278	360	435	322
	Spaces Lost	470	700	644	532	558	732	384
	Changes in Spaces	88	-230	-216	-254	-198	-297	-62
Childcare Center Spaces	Spaces Added	227	82	133	65	94	130	193
	Spaces Lost	58	60	174	182	50	22	72
	Changes in Spaces	169	22	-41	-117	44	108	121

ONE PROGRAM SHARED:

"The support from First 5 Santa Barbara County to fund six full-day, year-round spaces greatly benefits each and every one of our families."



RESULT 3, INDICATOR 3:

Increase the Number and Percentage of At-Risk Children 0-5 Years Old Who Are Enrolled in High-Quality Early Learning Environments.

BACKGROUND

As part of the federal Race to the Top initiative, grantees are asked to increase the number of at-risk children who can access childcare and preschool. The federal definition for high-needs children states that they are children age 0-5 years who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays; who are English learners; who reside on “Indian lands;” who are migrant, homeless, or in foster care; and other children as identified by the State.²⁸

MEASURE

The number and percentage of high-needs children enrolled in the childcare centers and family childcare homes participating in the Santa Barbara County Quality Rating and Improvement System (QRIS) was used to measure results on this indicator.

SAMPLE

Information on the number of high-needs children enrolled in high-quality early learning environments was available for 82 childcare centers and 30 family childcare homes participating in QRIS as of June 30, 2015.

RESULTS

As of June 30, 2015, 2,918 high-needs children were enrolled in childcare centers participating in QRIS, which represents 86% of their enrollment (many of these programs are state or federally subsidized). Of the family childcare homes participating in QRIS, 156 high-needs children were enrolled, representing 56% of their enrollment (very few of these spaces are state or federally subsidized). This is the first year this information has been provided to the UCSB Evaluation Team; therefore, there is not prior enrollment information for comparison. This information will continue to be documented in subsequent fiscal years.

CONCLUSION

The QRIS program participants in Santa Barbara County, especially the center-based programs, are serving a large proportion of high-needs children.



Result 4: Increase the Number of Families Who Have the Awareness and Skills to Help Support Their Child's School Readiness

INDICATORS:

1. Percent of parents reporting they know how to help their children learn.

RESULT 4, INDICATOR 1:

Percent of Parents Reporting They Know How to Help Their Children Learn.

BACKGROUND

The Preschool and Childcare Expansion Project sites were collecting data on the percentage of parents who know how to help their child learn. A number of the sites had difficulties in collecting viable data to evaluate this indicator. Due to this, we do not have data to report on this indicator this year. The UCSB Evaluation Team has offered guidance and support to the Early Care and Education (ECE) focus area to help their funded sites with data collection and management, and is working directly with the sites on addressing the different issues across sites that led to lack of quality data this year.





EVALUATION REPORT 2014-2015

Final Thoughts and Next Steps

Final Thoughts and Next Steps

In line with the First 5 Santa Barbara County Strategic Plan for 2014-2017, in fiscal year (FY) 2014-2015, First 5 Santa Barbara County restructured its focus areas and services in order to overcome increasing fiscal challenges while continuing to meet the most pressing needs of the children and families in the county. With this, there was renewed energy to provide services in the most efficient and effective manner feasible. Some of the new efforts this year included obtaining baseline measures of the risks faced by the families served that are linked by research to school readiness and success; increased focus on communications outreach and community advocacy for children 0-5 years old; collecting baseline information on the cultural sensitivity and competence of the services being offered; and meeting timely community needs and improving service systems through one-year capacity-building grants. First 5 Santa Barbara County invested in efforts to improve access to health care for children age 0-5 years, support families, and improve access to high-quality early care and education.

There have been many areas of success over the last few years. **Family Support (FS)** continued to show that their work with families receiving case management services had an impact. Their partnership with Child Welfare Services on the Differential Response program has continued the trend of an overall dramatic reduction in at-risk families having a subsequent referral for child abuse and neglect. Families who received case management services also showed increased stability and self-sufficiency in the areas of parenting, meeting basic needs, accessing services, and social support. Parents who received one of the evidence-based parent education programs supported by First 5 Santa Barbara County showed significant improvements in parenting knowledge and skills. This means more children are growing up in safer, more stable home environments.

The Early Care and Education (ECE) focus area made significant headway in improving access to high-quality early care and education. The successful trend of increasing the number of accredited childcare centers in the county continued, which reached 48 this year, and also the number of accredited

family childcare homes doubled. The Preschool and Childcare Expansion Project saved or increased early care and education spaces, while also increasing program quality, in three sites across the county. This means more children have access to the highest quality of care. They also continued work in implementing an inclusive countywide Quality Rating and Improvement System (QRIS), funded through a Federal Race to the Top Early Learning Challenge grant. QRIS sites were rated by a trained observer on seven quality elements and individualized classroom improvement plans/goals were developed. Overall, there was progress on participating sites improving through the tiers of quality. The QRIS effort is important because high-quality childcare directly benefits the cognitive, social, and emotional development of young children. ECE focus area staff will also continue to monitor the number of ECE providers in the county with bachelor's degrees and bachelor's degrees related to early childhood education. Additional strategic planning, innovative strategies, and collaborations are needed to improve the overall rate countywide, especially for family childcare programs.

These successes are promising, but First 5 Santa Barbara County is always focused on continuous quality improvement, with results for families and children at the heart of its efforts. There are limits to the conclusions that can be drawn from these evaluation data because of a lack of a comparison group of children and families with need, but who are not receiving services. Although overall trends in the evaluation data are promising, without a comparison group, we cannot answer the question of whether the positive improvement would have occurred anyway, without assistance from First 5 Santa Barbara County and its funded partners. There are pragmatics that have prevented the use of a comparison group thus far, but opportunities to do this more stringent evaluation should continue to be explored. Thank you for taking the time to read this report. If you have any questions about the programs or evaluation information in this report, please contact First 5 Santa Barbara County at (805) 884-8085.

DUE TO HER INVOLVEMENT WITH A FAMILY SUPPORT-FUNDED PROGRAM, A MOTHER REPORTED THAT SHE NOW "has more positive communication with her child" AND THAT SHE "is very proud of her child and feels more confident as a parent."



Data Sources and References

1. Friedman, M. (2005). *Trying hard is not good enough: How to produce measurable improvements for customers and communities*. Victoria, BC: Trafford.
2. Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., ... Hoerl, C. (2015). *California Child Welfare Indicators Project (CCWIP) reports*. UC Berkeley Center for Social Services Research. Retrieved from Kidsdata.org website: <http://www.kidsdata.org/topic/6/childabuse-cases/Trend#fmt=1218&loc=273,2&tf=1,79>
3. U.S. Census Bureau. (2013). Poverty status in the past 12 months of families (Table S 1702). *2009-2013 American Community Survey*. Retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
4. California Child Care Resource & Referral Network. (2015). *2015 California child care portfolio*. San Francisco, CA: California Child Care Resource & Referral Network. Retrieved from http://www.rnetwork.org/2015_portfolio
5. UCLA Center for Health Policy Research. (2014). *California Health Insurance Survey*. Los Angeles, CA: Author.
6. Garcia, E. (2015). *Inequalities at the starting gate: Cognitive and noncognitive skills gaps between 2010-2011 kindergarten classmates* (Research Report). Washington, DC: Economic Policy Institute.
7. Huffman, L. C., Mehlinger, S. L., & Kerivan, A. S. (2000). Risk factors for academic and behavioral problems at the beginning of school. In *Off to a good start: Research on the risk factors for early school problems and selected federal policies affecting children's social and emotional development and their readiness for school* (pp.1-94). Chapel Hill, NC: University of North Carolina, FPG Child Development Center.
8. Japel, C. (2008). Factors of risk, vulnerability and school readiness among preschoolers: Evidence from Quebec. *IRPP Choices*, 14(16).
9. Project THRIVE. (2008). *State indicators for early childhood* (Short Take No. 7). New York, NY: National Center for Children in Poverty.
10. Center for the Study of Social Policy. (n.d.). *Strengthening families: A protective factors framework*. Washington, DC: Author.
11. Guralnick, M. J. (Ed.). (2005). *The developmental systems approach to early intervention*. Baltimore, MD: Brookes.
12. Camilli, G., Vargas, S., Ryan, S., & Barnett, W. S. (2010). Meta-analysis of the effects of early education interventions on cognitive and social development. *Teachers College Record*, 112, 579–620.
13. National Research Council and Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. Committee on Integrating the Science of Early Childhood Development. J. P. Shonkoff and D. A. Phillips (Eds.), Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
14. Phillips, D. A., & Lowenstein, A. E. (2011). Early care, education, and child development. *Annual Review of Psychology*, 62, 483–500. doi:10.1146/annurev.psych.031809.130707
15. Bridges, M., Fuller, B., Rumberger, R., & Tran, L. (2004). Preschool for California's children: Promising benefits, unequal access. *PACE Policy Brief*, 04-3. Berkeley, CA: Policy Analysis for California Education (PACE).
16. Pavelski, R. (2001). *Description of the school readiness needs of Latino preschoolers and their families and prediction of kindergarten success: Infusing contextual variables and cultural sensitivity into the school readiness discussion*. Technical paper, University of California, Santa Barbara.

Data Sources and References

17. Topor, D. R., Keane, S. P., Shelton, T. L., & Calkins, S. D. (2010). Parent involvement and student academic performance: A multiple mediational analysis. *Journal of Prevention & Intervention in the Community*, 38, 183-197. doi:10.1080/10852352.2010.486297
18. Kingston, S., Huang, K. Y., Calzada, E., Dawson-McClure, S., & Brotman, L. (2013). Parent involvement in education as a moderator of family and neighborhood socioeconomic context on school readiness among young children. *Journal of Community Psychology*, 41, 265-276. doi:10.1002/jcop.21528
19. Inkelas, M., Halfon, N., Uyeda, K., Stevens, G., Wright, J., Holtby, S., & Brown, E. R. (2003). *The health of young children in California: Findings from the 2001 California Health Interview Survey*. Los Angeles: UCLA Center for Health Policy Research.
20. Evans, M. A., Shaw, D., & Bell, M. (2000). Home literacy activities and their influence on early literary skills. *Canadian Journal of Experimental Psychology*, 54, 65-75.
21. Sénéchal, M. (2006). Testing the home literacy model: Parent involvement in kindergarten is differentially related to grade 4 reading comprehension, fluency, spelling, and reading for pleasure. *Scientific Studies of Reading*, 10, 59-87.
22. Sénéchal, M., Pagan, S., Lever, R., & Ouellette, G. P. (2008). Relations among the frequency of shared reading and 4-year-old children's vocabulary, morphological and syntax comprehension, and narrative skills. *Early Education & Development*, 19, 27-44. doi:10.1080/10409280701838710
23. Farver, J. A., Xu, Y., Eppe, S., & Lonigan, C. J. (2006). Home environments and young Latino children's school readiness. *Early Childhood Research Quarterly*, 21, 196-212.
24. Fukkink, R. G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. *Early Childhood Research Quarterly*, 22(3), 294-311.
25. Bueno, M., Darling-Hammond, L., & Gonzales, D. (2010). A matter of degrees: Preparing teachers for the Pre-K classroom. *Education Reform Series*.
26. Manlove, E. E., Vazquez, A., & Vernon-Feagans, L. (2008). The quality of caregiving in child care: Relations to teacher complexity of thinking and perceived supportiveness of the work environment. *Infant and Child Development*, 17(3), 203-222.
27. National Survey of Early Care and Education Project Team. (2013). *Number and characteristics of early care and education (ECE) teachers and caregivers: Initial findings from the National Survey of Early Care and Education (NSECE)*. OPRE Report #2013-38, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
28. California Department of Education. (2012). Race to the Top – Early Learning Challenge (RTT-ELC) [Federal Grant Application]. Retrieved from <http://www.cde.ca.gov/sp/cd/rt/documents/rttelcappbody.pdf>.





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