Evaluation Committee Meeting

Tuesday, March 10, 2020

First 5 – Conference Room
5385 Hollister Avenue, Building 10
Santa Barbara

9:00am to 12:00pm
Committee Members:
Tanja Heitman – Chair
Suzanne Grimmesey
Steve Ortiz
Flo Furuike
Terri Allison

Staff Lead:
Mari Ortega-Garcia

EVALUATION COMMITTEE MEETING

•First 5 Santa Barbara County – Conference Room•
5385 Hollister Avenue, Building 10, Suite 110, Santa Barbara

Tuesday, March 10, 2020
9:00 am to 12:00 pm

A. REGULAR BUSINESS

1. Welcome and Roll Call
5 Min

2. Motion to approve minutes from the May 20, 2019 meeting
5 Min

3. Public Comment for items not in the agenda

B. INFORMATIONAL ITEMS

1. 2020 Evaluation Committee Meeting Schedule
5 Min

C. ACTION ITEMS

   a. Motion to accept the draft FY 2018-2019 Annual Evaluation Report and to recommend it to the Commission for final approval
   100 Min

D. PRESENTATION/DISCUSSION ITEMS

1. Discussion of timeline for future evaluation reports by UCSB – Michelle Robertson
   10 Min

2. Proposed Evaluation Framework for new Strategic Plan – Michelle Robertson/Mari Garcia
   55 Min
REGULAR BUSINESS
EVALUATION COMMITTEE MEETING MINUTES

• Board of Supervisors – Conference Room
  511 East Lakeside Parkway, Santa Maria

Monday, May 20, 2019
12:30 pm to 2:00 pm

TELECONFERENCE
Participation by Teleconference pursuant to Government Code Section 54953(b), will be available at the following location:

University of California, Santa Barbara
Department of Counseling, Clinical, & School Psychology
University of California, Santa Barbara
Santa Barbara, CA  93106

First 5 – Santa Barbara Office
5385 Hollister Avenue, Building 10
Santa Barbara, CA  93111

A. REGULAR BUSINESS

1. Welcome and Roll Call
   Chair Kokotovic convened meeting at 12:32PM

   Member Present:
   Anna Kokotovic, Tanja Heitman, Steve Ortiz, Flo Furuike, and Terri Allison

   Member Absent:
   Suzanne Grimmesey

   UCSB Staff Present:
   Erika Felix and Antoniya Terzieva

   Staff Present:
   Wendy Sims-Moten, Mari Ortega-Garcia, Suzanne Hayes, Katie Torres, and Sara Gonzalez

2. A motion was made by Furuike, seconded by Heitman to approve minutes from the February 4, 2019 meeting. The motion carried by the following votes: YES – 5  NO – 0  ABSTAIN – 0

In compliance with the Americans with Disability Act, if you need special assistance to participate in this meeting, or if translation assistance is requested please contact First 5 Santa Barbara County, Children and Families Commission
3. Public Comment for items not in the agenda
   None Received

B. INFORMATIONAL ITEMS

   Committee members and staff reviewed, discussed and provided feedback on the Final
   2017-2018 Evaluation Report with Erika Felix and Antoniya Terzieva from UCSB.

C. ACTION ITEMS

1. UCSB Proposed Work Statement changes – Mari Ortega-Garcia
   a. A motion was made by Allison, seconded by Heitman to approve the proposed
      statement of work changes to the UCSB contract FY 2019-2021 to include
      consultation on development of systems improvement evaluation. The
      contract for FY 2019-2021 is in the amount of $215,097. The motion carried
      by the following votes: YES – 5  NO – 0  ABSTAIN – 0

Meeting Adjourned at 1:47pm
INFORMATIONAL ITEMS
# 2020 Evaluation Committee Meeting Schedule

**Staff Lead:**  
*Mari Ortega-Garcia – 805-803-8744*

**Staff Support:**  
*Sara Gonzalez – 805-803-8743*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
</table>
| March 10     | 9:00 AM – 12:00 PM | **First 5 SB Office**  
5385 Hollister Ave., Bldg. 10  
Santa Barbara | Review Draft Evaluation Report |
| May 1        | 1:00 PM – 4:00 PM | **First 5 SB Office**  
5385 Hollister Ave., Bldg. 10  
Santa Barbara | Finalizing Draft Evaluation Report |
| August 20    | 9:00 AM – 12:00 PM | **First 5 SB Office**  
5385 Hollister Ave., Bldg. 10  
Santa Barbara | Discuss Evaluation Framework |
| September 30 | 1:00 PM – 4:00 PM | **First 5 SB Office**  
5385 Hollister Ave., Bldg. 10  
Santa Barbara | Finalizing the Evaluation Framework and Indicators for the RFP |
ACTION ITEMS

A Report to the Santa Barbara County

First 5 Commission

March 2020
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
- First 5 Santa Barbara County Commission and Advisory Board
- First 5 Santa Barbara County Funded Programs, Partnering Agencies, and Staff
- Participating Children and Families
- Participating Professionals and Providers
- Vertical Change

Report Prepared by:

Erika Felix, Ph.D.
Antoniya Terzieva, B.A.
Jason Fly, B.A.
Gevirtz Graduate School of Education
University of California, Santa Barbara

We hope this evaluation report provides useful information about First 5 Santa Barbara County’s investments and work 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.

Contact Information:

Telephone: (805) 893-5419

Email: efelix@ucsb.edu
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How Well Did We Do It? First 5 Santa Barbara County Systems Improvement Efforts ...........................................................

Communications and Policy .......................................................................................................................................................

Systems Change and Capacity-Building Grants .......................................................................................................................

Family Support ...........................................................................................................................................................................

How Much Did We Do? ............................................................................................................................................................

How Well Did We Do It? ............................................................................................................................................................

Result 1 – Establish High-Performance Programs and Services Within the System that Produce Results for System Beneficiaries .........................................................................................................................

Result 2 – Improve the Political Context that Surrounds the System so It Produces the Policy and Funding Changes Needed to Create and Sustain It .................................................................................................................................

Result 3 – Create Strong and Effective Linkages Across System Components that Further Improve Results for System Beneficiaries .........................................................................................................................

Result 4 – Develop the Supports Systems Needed to Function Effectively and with Quality .........................................................................................................................................................................................

Result 5 – Sustain Health Insurance Access .............................................................................................................................

Is Anyone Better Off? .................................................................................................................................................................

Result 1 – Reduce the Rate of Child Abuse and Neglect .................................................................................................................................

Result 2 – Parents Use Healthy and Developmentally Appropriate Parenting Practices .........................................................................................................................................................................................

Result 3 – Increase the Number of Families Who Can Identify, Access, and Use Family, Health, and Child Resources .........................................................................................................................................................................................

Result 4 – Parents Receive Information and Education on How to Promote Positive Health Practices and Access Health Services .........................................................................................................................................................................................

Early Care & Education .............................................................................................................................................................

How Much Did We Do? ............................................................................................................................................................

How Well Did We Do It? ............................................................................................................................................................

Result 1 – Establish High-Performance Programs and Services Within the System that Produce Results for System Beneficiaries .........................................................................................................................
Result 2 – Improve the Political Context that Surrounds the System so It Produces the Policy and Funding Changes Needed to Create and Sustain It.

Result 3 – Create Strong and Effective Linkages Across System Components that Further Improve Results for System Beneficiaries.

Result 4 – Develop the Supports Systems Needed to Function Effectively and with Quality.

Is Anyone Better Off?

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

Result 2 – Increase the Quality of Early Learning Opportunities.

Result 3 – Increase Access to Quality Early Care & Education Experiences.

Summary and Recommendations

Data Sources and References
### Glossary of Frequently Used Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Name</th>
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<tbody>
<tr>
<td>CSEFEL</td>
<td>Center on the Social and Emotional Foundations for Early Learning</td>
</tr>
<tr>
<td>CALM</td>
<td>Child Abuse Listening Mediation</td>
</tr>
<tr>
<td>CWS</td>
<td>Child Welfare Services</td>
</tr>
<tr>
<td>CRR</td>
<td>Children’s Resource &amp; Referral</td>
</tr>
<tr>
<td>CLASS</td>
<td>Classroom Assessment Scoring System</td>
</tr>
<tr>
<td>DR</td>
<td>Differential Response</td>
</tr>
<tr>
<td>ECE</td>
<td>Early Care and Education</td>
</tr>
<tr>
<td>ERS</td>
<td>Environment Rating Scale</td>
</tr>
<tr>
<td>FCC</td>
<td>Family Child Care</td>
</tr>
<tr>
<td>FDM</td>
<td>Family Development Matrix</td>
</tr>
<tr>
<td>FRC</td>
<td>Family Resource Center</td>
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<tr>
<td>FS</td>
<td>Family Support</td>
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<tr>
<td>First 5 SBC</td>
<td>First 5 Santa Barbara County</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>IMPACT</td>
<td>Improve and Maximize Programs so All Children Thrive</td>
</tr>
<tr>
<td>KSEP</td>
<td>Kindergarten Student Entrance Profile</td>
</tr>
<tr>
<td>NAEYC</td>
<td>National Association for the Education of Young Children</td>
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<tr>
<td>NAFCC</td>
<td>National Association for Family Child Care</td>
</tr>
<tr>
<td>PFS</td>
<td>Protective Factors Survey</td>
</tr>
<tr>
<td>QC</td>
<td>Quality Counts</td>
</tr>
<tr>
<td>RBA</td>
<td>Results-Based Accountability</td>
</tr>
<tr>
<td>SBCEO</td>
<td>Santa Barbara County Education Office</td>
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<tr>
<td>SMBSD</td>
<td>Santa Maria-Bonita School District</td>
</tr>
<tr>
<td>UCSB</td>
<td>University of California, Santa Barbara</td>
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<tr>
<td>UCLA</td>
<td>University of California, Los Angeles</td>
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EXECUTIVE SUMMARY

Background
First 5 Santa Barbara County (First 5 SBC) is a community leader in supporting the early learning, well-being, and health of children prenatal through 5 years of age and their families through their role as a funder, collaborator, and advocate. The First 5 SBC Children and Families Commission oversees the estimated $3 million in funds that come into the county each year through the Children and Families Act (Proposition 10). The 13-member Commission worked closely with Advisory Board members, 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.

Fiscal year (FY) 2018-2019 was the inaugural year of implementing the Strategic Plan 2017-2021. The plan prioritized: 1) addressing the most pressing needs of children prenatal through age five and their families, 2) building upon the existing strengths of the broader system of support for children and families, and 3) laying the groundwork for the future expansion of that system by leveraging funds and increasing and diversifying revenue streams. First 5 SBC invested in two primary focus areas: Family Support (FS) and Early Care and Education (ECE). The secondary focus area strategies for investment included Communications and Policy as well as Systems Change and Capacity Building.

This report addresses the three fundamental questions that form the basis of measuring performance within a Results-Based Accountability (RBA) approach to program evaluation: How much did we do? How well did we do it? Is anyone better off? First, an overview of the work of First 5 SBC and its evaluation results is provided, including its systems improvement efforts. Second, evaluation results by indicator within the focus areas of FS and ECE are presented. Within each focus area, all three RBA questions are addressed.

First 5 Santa Barbara County (First 5 SBC)

How Much Did We Do?

In FY 2018-2019, First 5 Santa Barbara County
served ...
**Note.** 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.

- **First 5 SBC aims to serve families who are currently experiencing significant levels of risk.** Data on areas of risk for families served by FS and ECE were collected at intake into services. The most common risk factors were parents having less than a high school education, parents who were less than 20 years old when they had their first child (i.e., teen parents), and parents whose annual family income was less than $20,001. A high proportion of FS families also reported having problems making ends meet.

### Percentage of Families Showing Risk on the Risk Indicators

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>FS (n = 1,495)</th>
<th>ECE (n = 25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or Both Parents Were &lt; 20 yrs old when They Had 1st Child</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Parents Had Anxiety/Depression in Past 30 Days</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>Children Exposed to Tobacco Smoke at Home</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Children Had Low Birth Weight</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Parents Have Problems Making Ends Meet</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>Did Not Live in Stable Housing in Past 2 Months</td>
<td>38%</td>
<td>32%</td>
</tr>
<tr>
<td>Annual Family Income is &lt; $20,001</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Single Parent, Divorced, Etc.</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Parents Have Less than High School Education</td>
<td>49%</td>
<td>60%</td>
</tr>
</tbody>
</table>

**How Well Did We Do It?**

- **First 5 SBC funded a “Talk, Read, Sing” communications campaign to increase awareness among parents and caregivers about their important role in supporting the optimal physical, social-emotional, and brain development of their children.** After participating in the campaign, parents and providers reported talking, reading, and singing to children more frequently than before. These results are consistent with research by the UCLA Center for Health Policy Research, which showed that California parents who were familiar with the “Talk, Read, Sing” campaign were more likely to read or sing to their children three or more days per week than parents who were not familiar with the campaign.2

- **First 5 SBC staff, in partnership with others, held a children’s literacy event in honor of El Día de los Niños/El Día de los Libros.** El Día de los Niños/El Día de los Libros (Day of
the Child/Day of the Books) is a Mexican holiday that falls on April 30th each year and celebrates children, families, and reading. The day emphasizes the importance of literacy for children of all linguistic and cultural backgrounds by linking families to diverse books, languages, and culture. Overall, 117 sites (both childcare centers and family childcare homes) participated in this event, and 3,462 children were exposed to the message.

- **First 5 SBC funded mini-grants focused on outreach, engagement, and education strategies for parents of children prenatal through 5 years of age who are not currently connected with, or served by, the applicant agency.** The funded organizations were: Community Action Commission, Little House by the Park, Postpartum Education for Parents, and Isla Vista Youth Projects.

- **Timely community needs were addressed through multi-year systems change grants that targeted several different systems improvement areas, depending on the grant.** This year, First 5 SBC funded the 2-1-1 Helpline, further implementation of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) teaching model, and the Children’s Oral Health Collaborative.

**Family Support (FS)**
The funded strategies in the FS focus area included parent education and support, tiered levels of case management services, child and maternal health access, and information and referral/linkages to services with follow-up. Staff also supported the broader system of family strengthening within Santa Barbara County.

**How Well Did We Do It?**
- **The FS focus area changed its funding model this year by supporting lead agencies that oversee the work of other subcontracting agencies.** This is to allow for strong leadership for the subcontractors, consistency in protocols and services, and continual, effective monitoring of scope of work and outcomes.

- **FS funded and facilitated several trainings to help funded partners provide quality services and support to children and families.** The FS providers found the trainings very helpful and were highly satisfied with them. In addition, they showed statistically significant improvements in their knowledge and professional abilities following the trainings.

- **FS staff worked to expand the reach of their services and develop effective collaborations.** For example, they funded programs that provide transitional sober living housing to single mothers and their young children. They also collaborated with the Santa Barbara County Department of Social Services, the California Highway Patrol, the Network of Family Resource Centers (FRCs), the Partnership for Strengthening Families, Resilient Santa Barbara, and the Sheriff’s Office. In some collaborations, it will shape the way services are being offered, and in others, it will provide needed services to parents who are incarcerated.

- **Commission staff continued to be a leader in the Network of FRCs in Santa Barbara County, which works collectively to promote best practices in the field of family support.**
Currently, the Network has expanded to include 17 agencies that provide oversight to over 50 FRCs, serving an estimated 16,500 families annually. Commission staff helped develop and implement the Standards of Quality for Family Strengthening and Support, which have now expanded nationally.

- Families were satisfied with the convenience, supportiveness, and helpfulness of the services provided by the FS-funded partners and felt that the services met their families’ needs. Only about 1% of all parents surveyed reported being not satisfied.

Is Anyone Better Off?

- There were fewer subsequent substantiated referrals for suspected child abuse among families in the Front Porch Differential Response program since the program began tracking recidivism in FY 2008-2009.

![Subsequent Substantiated Referrals to Child Welfare Services Are Reduced](chart)

*Note.* Information obtained from Santa Barbara County Child Welfare Services.

- Families who received case management services improved in all domains of family functioning assessed, as measured on the Family Development Matrix (FDM).
Parents reported engaging in positive parenting practices more often than before. As the parent education programs and child development visits being offered are showing results, it will be important to continue to offer these services in the future.
• Families of newborns who received registered nurse home visits were doing well on indicators of a positive family environment when screened at the initial nurse visit. Families that showed need or could benefit from additional support services were either referred for an additional nurse visit or to a family resource center for support. Across both groups, parents showed gains in reading and singing to their baby, which is important for supporting brain development and language acquisition.

• Families are being connected to needed services.

Referrals Made by FS Programs in FY 2018-2019

2,521 Referrals Made

81% Addressed Concrete Support

90% Successful Outcomes
Early Care and Education (ECE)
ECE funded efforts to improve the quality of existing childcare and preschool services through their partnership with Santa Barbara County Quality Counts, create new quality childcare and preschool services with First 5 SBC local funding, and expand access to these services.

Overall, the childcare centers and family childcare homes served by Santa Barbara County Quality Counts provided childcare to approximately 4,000 children birth through 5 years of age.

How Well Did We Do It?

- Oversight of the Santa Barbara County Quality Counts (QC) system transitioned to the Santa Barbara County Education Office Child Development Program (SBCEO), with Children’s Resource & Referral of Santa Barbara County (CRR) as a subcontractor. This included being the fiscal and program lead for the First 5 California Improve and Maximize Programs so All Children Thrive (IMPACT) funding, which supports the program quality rating and improvement of childcare centers and family childcare (FCC) providers in Santa Barbara County. As of June 30, 2019, 88 centers and 46 FCC programs were enrolled in QC.

- Commission staff and funded partners provided trainings, learning communities, and technical support to help ECE providers improve their knowledge and skills for working with children and families. Overall, ECE providers were very positive about the quality of trainings received and reported a statistically significant improvement in their knowledge across all types of trainings.

- First 5 SBC is participating in statewide efforts to understand and improve educational services for dual language learners (DLLs). This year, First 5 California started the first phase of their five-year DLL Pilot Study, and Santa Barbara County is one of the 16 participating counties. Phase 1 of the DLL Pilot Study focuses on understanding What’s Happening across the state to support DLLs. Approximately 800 early learning settings across California were selected to complete a survey about their programs.

- Childcare providers were satisfied with the services received. Overall, most providers (87% - 95%) reported being highly satisfied with the services they received from the ECE-funded partners, and agreed or strongly agreed that the services were convenient, supportive, and met their (and/or their program’s) needs.

Is Anyone Better Off?

- Children who received access to preschool services funded by First 5 SBC showed higher levels of school readiness, as measured on the Kindergarten Student Entrance Profile (KSEP), than children who were unable to access high-quality early care and
education. This supports the usefulness of the First 5 SBC’s Preschool and Childcare Expansion Project in providing preschool access to children who need it.

- **ECE programs improved in quality.** For both childcare centers and FCC homes participating in QC, 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.

| Changes in Number of QC Centers and FCC Homes by Quality Tier Rating |
|-------------------------------------------------------------|-------------------------------------------------------------|
| **Baseline**       | **Latest Post-Assessment** |
| 0 Centers, 9 FCC Homes                           | 0 Centers, 0 FCC Homes                                      |
| 40 Centers, 23 FCC Homes                           | 3 Centers, 0 FCC Homes                                      |
| 45 Centers, 1 FCC Homes                            | 4 Centers, 10 FCC Homes                                     |
| 5 Centers, 0 FCC Homes                             | 49 Centers, 17 FCC Homes                                    |
| 0 Centers, 0 FCC Homes                             | 34 Centers, 6 FCC Homes                                     |

- **ECE settings are accredited.** Over nearly two decades, there was a substantial increase in accredited childcare programs in Santa Barbara County, with 64 childcare centers and 19 FCC homes now accredited.

- **This year, 150 childcare spaces were opened or maintained through the direct help of the ECE focus area and its funded partners, including 24 center spaces at QC sites in Santa Maria and 126 new FCC spaces for children ages birth through 5 years across 21 new FCC providers countywide.** Some participating sites reported that without the support and funding of First 5 SBC, these spaces would have been lost or would not have been filled. Furthermore, this funding allowed families to access quality childcare and preschool for their children, who would not have otherwise been able to attend.

- **As of June 30, 2019, 2,796 high-needs children were enrolled in childcare centers participating in QC, which represents 71% of their actual enrollment, and 298 high-needs children were enrolled in FCC homes participating in QC, which also represents 71% of their actual enrollment.** For FCC homes, there was a significant increase in the
proportion of high-needs children enrolled this year when compared to the previous two years. Overall, this means that the QC program participants in Santa Barbara County are serving a large proportion of at-risk children.

Conclusion
First 5 SBC staff and funded partners are helping improve the lives of young children and their families. Families participating in services funded by First 5 SBC showed improvement in having their basic needs met, accessing needed resources and services, and in several aspects of parenting quality. Over nearly 20 years, the efforts of the Commission have contributed to increases in childcare quality and to a greater number of accredited childcare programs. All of this demonstrates that First 5 SBC has been a benefit to local children and families.
Introduction & the Santa Barbara County Context

This demographic information was obtained from the American Community Survey 1-year estimates. Please see https://data.census.gov/cedsci/ for more information. As of 2018, Santa Barbara County was estimated to have a total population of 446,527 people, with 46% Latino, 44% White, 5% Asian, 2% African American, 0.5% American Indian or Alaska Native, 0.03% Native Hawaiian or Other Pacific Islander, and 2% two or more races. This is the third year in a row that the estimate shows that the Latino population in the county is larger than that of White alone. The median age was 34.0 years. The estimated number of children under 5 years old was 27,464, which is a slight decline in numbers over previous years. In terms of household finances, the median household income was $77,472, with the majority of families in Santa Barbara County (62%) earning $99,999 or less.

In 2018, the percentage of all people living in poverty in the county was 12.5%. For children under 18 years of age, the poverty rate was 14.3%, and for all children under the age of 5 years, it was 11.7%. For families headed by a female, with no spouse present, the rate of poverty for children under the age of 5 years was 15.3%. Lastly, in terms of education for the county’s population that is 25 years or older, 81.5% had a high school degree or higher. In addition, 34.8% had a bachelor’s degree or higher. For those individuals with less than a high school degree, the rate of poverty was nearly 9% higher than that of those with a high school degree and more than four and a half times that of individuals with a bachelor’s degree or higher.

Results-Based Accountability

This is the context in which First 5 Santa Barbara County (First 5 SBC) funds services to support the needs of children ages birth through 5 years and their families. The evaluation framework used by First 5 SBC (also referred to as the Commission) centers on 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: \textit{How much did we do? How well did we do it? Is anyone better off?}

\textbf{Organization of Evaluation Report}

The information contained in the evaluation report directly addressed the questions of \textit{How much did we do? How well did we do it? Is anyone better off?} When available, trends across multiple fiscal years were reported. The report begins by providing the Santa Barbara County context and then an overview of the work of First 5 SBC within that context. Next, the overall question of \textit{How Much Did We Do?} for First 5 SBC as a whole is described, followed by its systems improvement efforts in the form of communications outreach and systems change and capacity-building grants to community partners. Then, the two main focus areas of the strategic plan: Family Support and Early Care & Education are presented. Within each focus area, all three RBA questions are addressed in order to provide the reader with a comprehensive view of the results being accomplished. The report ends with a summary and recommendations for the future.
First 5 Santa Barbara County

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

How we nurture and support our children today will impact their future success in school. In the first five years of a child's life, critical connections are made in the brain that impact lifelong learning. In recognition of this, voters in California passed Proposition 10 in 1999, which began taxing tobacco products to fund a system of support for children prenatal through age five and their families. This money is used to fund prevention, early intervention, and treatment services for children in their earliest years. Each county in California receives funding to support strategies adopted by an appointed Commission.

First 5 Santa Barbara County (First 5 SBC; i.e., the Commission) collaborates with individuals and organizations throughout the region to build a system of care for children prior to their entrance into kindergarten. The Commission invests in programs and activities that are in line with its guiding principles. These principles include:

- Serving families facing significant risk factors, and recognizing that risk factors may affect any family;
- Supporting tiered levels of services to meet the full diversity of needs that all families face;
- Funding direct services through evidence and research-informed strategies;
- Maintaining the flexibility necessary to meet the diversity of needs families face and to respond to emerging opportunities;
- Maintaining a clear separation between the role of First 5 SBC in supporting direct services and its role in assuring accountability, public review, and reporting on results;
- Leveraging both funding and results.

The 2017-2021 Strategic Plan delineated two primary focus areas: Family Support (FS) and Early Care and Education (ECE). Within the FS focus area, fundable components include parent education and support, tiered levels of case management services, child and maternal health access, and information and referral/linkages to services with follow-up. Staff also supported the broader system of family strengthening within Santa Barbara County by partnering with local efforts such as Resilient Santa Barbara and the Partnership for Family Strengthening.

Within the ECE focus area, fundable components include improving the quality of existing childcare and preschool services through the partnership with Quality Counts California, creating new quality childcare and preschool services with First 5 local funding, and expanding access to these services. First 5 SBC staff also continued to advocate in the Early Childhood Education field by participating in multiple committees and consortia throughout the county and the state.

Finally, the Strategic Plan also delineated secondary focus areas of Communications and Policy as well as Systems Change and Capacity Building. Efforts in these areas include legislation advocacy, the “Talk, Read, Sing” campaign, providing co-sponsorships to partner organizations,
and contributing to essential systems within our county through a small grants program.

**Funding Strategies**

In fiscal year (FY) 2018-2019, the Commission continued its funding of the components detailed above. **Table 2-1** shows the funding for the last two FYs.

<table>
<thead>
<tr>
<th>Area</th>
<th>Amount</th>
<th>FY 2017-2018</th>
<th>FY 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support</td>
<td>$1,160,000</td>
<td>$1,300,000</td>
<td></td>
</tr>
<tr>
<td>Early Care and Education</td>
<td>$615,000</td>
<td>$477,500</td>
<td></td>
</tr>
<tr>
<td>Systems Change &amp; Capacity-Building Grants</td>
<td>$100,000</td>
<td>$90,000</td>
<td></td>
</tr>
<tr>
<td>Communications &amp; Policy</td>
<td>$200,000</td>
<td>$146,400</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,075,000</strong></td>
<td><strong>$2,013,900</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Note 1.* This amount includes allocation of $215,000 for IMPACT, $200,000 for ECE Capacity & Access, and $200,000 for ECE Quality work.

*Note 2.* This amount includes allocation of $160,000 for ECE Capacity & Access and $175,000 for ECE Quality work.

**How Much Did We Do?**

This section describes how many people were served and regional information. **Figure 2-1** shows the total client contacts. Individual clients represent the individual children, parents, and providers served, whereas aggregate clients represent the people who received group services and 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 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. **Figure 2-2** shows the percentage of individual client contacts by region.
Note. The percentages shown include clients who received newborn home visiting services in South County, as these services are funded by First 5 SBC. 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.
**How Well Did We Do It?**  
**First 5 Santa Barbara County Systems Improvement Efforts**

First 5 Santa Barbara County (First 5 SBC) 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 the Commission hoped to achieve through these systems improvement efforts:

1. Establish high-performance programs and services within the system that produce results for system beneficiaries;
2. Improve the political context that surrounds the system so it produces the policy and funding changes needed to create and sustain it;
3. Create strong and effective linkages across system components that further improve results for system beneficiaries;
4. Develop the supports systems needed to function effectively and with quality.

Systems improvement has broad goals aimed at changing the climate in which agencies interact. This section describes the results for the systems improvement efforts of the Commission as a whole, which are in the areas of Communications and Policy as well as Systems Change and Capacity-Building grants. The systems improvement efforts of Family Support and Early Care and Education are detailed in their respective sections of the evaluation report.

**Communications and Policy**

The investment of First 5 SBC in Communications and Policy is to build a community of support for children ages birth through 5 years and their families. This “community building” approach focused primarily on increasing awareness among parents about the important role they play in supporting the healthy development of their children, including the tools and strategies they can use to support that healthy growth. The Communications and Policy focus area helped parents:

- *Understand their role in their child’s early brain development* by sharing information on brain science and giving parents strategies to support synaptic connections in the brain. Commission staff provided information and resources on a variety of topics identified by parents as being important areas of interest relating to early child development, health, safety, and early learning.

- *Support their child’s early literacy by encouraging them to talk, read, and sing with their children.* The “Talk, Read, Sing” campaign is a media event that encourages parents and caregivers to build language and literacy skills in their children from the moment they are born. Doing such aids in brain development, builds vocabulary, and helps form the brain...
connections that will determine how their children learn, think, and grow. For more detailed information, see narrative below.

- **Increase their awareness about the importance of high-quality preschool and childcare.** Commission staff educated parents about how high-quality care is critical to their child’s healthy brain and social-emotional development. Commission staff shared information with parents on what to look for in determining quality and what types of questions they should ask when selecting an appropriate provider.

**Community Building and Education**

Parents and community members were encouraged to join First 5 SBC and become active in either supporting children directly or supporting policies and programs that serve children and families. Getting members to “join” First 5 SBC was accomplished through presentations to new parents, the sharing of First 5 materials, social media, and through recruitment by funded and non-funded partners. Once parents joined, First 5 SBC shared information, research, parenting tips, materials, supplies, referrals to services, invitations to community events, and connections with other parents. First 5 SBC connected with parents regularly through social media, direct mail, internet and email communications, and large and small group presentations. The parents also received the monthly newsletter via text message.

**Annual “Talk, Read, Sing” Campaign**

Some children start kindergarten unprepared, lagging behind their peers in critical language, math, and social-emotional skills. To help address these issues, First 5 SBC launched a campaign locally to boost the early brain development and language skills of children in Santa Barbara County from birth through age five, in alignment with the First 5 California campaign.

In October and November 2018, the community-wide “Talk, Read, Sing” campaign worked with First 5 SBC-funded family resource centers, childcare providers involved in the Quality Counts system, libraries, the County of Santa Barbara Department of Child Support Services, and local businesses to distribute workbooks and support materials to parents of children ages birth through 5 years over an 8-week period. Simple, everyday interactions with young children – like describing objects seen during a walk or a bus ride, singing songs, or telling stories – can build their vocabularies, prepare them for school, and lay a strong foundation for lifelong learning. Based on the interest and capacity of agencies, they were offered three different levels of participation:
To evaluate the impact of the “Talk, Read, Sing” campaign, a sample of participating parents (N = 58) and providers (N = 22) completed an online survey about their satisfaction with the effectiveness of the campaign message, the usefulness of the materials provided, their knowledge on the topic before and after the campaign, and other aspects of the initiative. Results indicated that:

- **Parents learned about the “Talk, Read, Sing” campaign from a wide variety of places.** Most parents reported learning about the campaign from a center-based childcare program (31%), a Department of the County of Santa Barbara (17%), family resource centers (12%), family childcare programs (10%), or from First 5 SBC social media (10%). Other places (31% total) included the bus transit system of Santa Maria, local schools, TV commercials, the Women, Infants, and Children (WIC) program, and friends and family members.

- **Parents and providers increased their knowledge about the importance of building language and literacy skills in their children, as a result of the campaign.** There was a statistically significant increase in parents’ ($t(57) = -4.42, p < .001$) and providers’ ($t(21) = -2.89, p = .009$) knowledge after the campaign about the importance of talking, reading, and singing to children. Average scores increased from 8.34 to 9.48 for parents and from 9.50 to 9.95 for providers on a scale from 0 to 10, with 10 being “very knowledgeable.”

- **After the campaign, parents and providers reported talking, reading, and singing to children more often than before.** Figure 2-3 (parents) and Figure 2-4 (providers) show the statistically significant increase in parents’ and providers’ self-reported frequency of talking, reading, and singing to children after participating in the campaign, with most of them reporting engaging in these activities most of the time (4 to 5 days a week) or daily after the campaign. Our sample size is small, so results should be interpreted with caution, as it could have been the most highly motivated parents that responded. However, these results are consistent with the findings of a recent study done by the UCLA Center for Health Policy Research, which showed that California parents who were familiar with the “Talk, Read, Sing” campaign were more likely to read or sing to
their children three or more days per week than parents who were not familiar with the campaign.²

- **Providers were very satisfied with the overall effectiveness and delivery of the campaign message.** Providers positively rated First 5 SBC staff in terms of their effectiveness in conveying the campaign message (a mean score of 9.45) and their responsiveness to campaign questions and concerns (a mean score of 9.41) on a scale of 0-10, with 10 being “excellent.”

- **Parents and providers were also very satisfied with the materials provided during the campaign and would like to participate again next year.** In addition to sending books and materials to parents who participated in the “Talk, Read, Sing” campaign, this year the campaign also included a book fair for all family childcare and center-based providers, who received books for their libraries. Overall satisfaction with the campaign materials was very high (parents 8.14, providers 9.59 on a scale of 0-10, with 10 being “excellent”). On average, parents reported that the materials assisted or enhanced their parenting to a high degree (7.71), and providers reported that the materials improved their work with children and families (9.14). In addition, the vast majority of parents (95%) and providers (100%) expressed their desire to participate in the campaign again, if offered next year.

![Figure 2-3. Change in Parents' Frequency of Talking, Reading, and Singing to Their Children After Participating in the Campaign (N = 58)](image)

* Results are statistically significant at the $p < .05$ level; *** Results are statistically significant at the $p < .001$ level.
Results are statistically significant at the $p < .05$ level.

**El Día de los Niños / El Día de los Libros**

First 5 SBC staff, in partnership with the First 5 Association of California, Children’s Resource & Referral of Santa Barbara County (CRR), and the Child Care Planning Council, organized and promoted a children’s literacy event in honor of El Día de los Niños/El Día de los Libros. El Día de los Niños/El Día de los Libros (Day of the Child/Day of the Books) is a Mexican holiday that falls on April 30th each year and celebrates children, families, and reading. The day emphasizes the importance of literacy for children of all linguistic and cultural backgrounds by linking families to diverse books, languages, and culture. To promote this event, First 5 SBC purchased the bilingual book called *Book Fiesta!: Celebrate Children's Day/Book Day; Celebremos El dia de los niños/El dia de los libros* by Pat Mora and asked center-based and family childcare sites enrolled in the Santa Barbara County Quality Counts system to read this book to the children in their care on April 30th. Providers were also asked to write a short narrative about the day and take photos of the celebrations and activities in which children, parents, and staff participated. These were then shared on the First 5 SBC’s social media platforms. In addition, CRR held two small presentations to family childcare programs about cultural awareness. At these workshops, providers learned about the holiday and how it came to be, and received the books and other resources with ideas on how to celebrate and promote the day. Overall, 117 sites (both childcare centers and family childcare homes) participated in this event, and 3,462 children were exposed to the message.

**Communications Mini-Grants**
Communications Mini-Grants were funded to provide outreach, engagement, and education strategies targeting the parents of children prenatal through 5 years of age who are not currently connected with, or served by, the applicant agency. Thus, the grants addressed Systems Improvement Result Area 3 through expanding the web of contact that agencies have with parents of children birth through 5 years of age and educating them about the important role of parents in supporting their child’s health and development. Four community organizations were awarded grants up to $5,000. The following is a list of the funded organizations and an update on the status of the grant objectives.

**Community Action Commission**
The focus of this grant was to recruit and enroll 425 unduplicated parents, participate in the “Talk, Read, Sing” campaign, and purchase and distribute bilingual books. They purchased books for over 470 unduplicated children, exceeding their goal.

**The Little House by the Park**
The goal was to recruit and enroll 100 unduplicated parents, host workshops for parents on child development, distribute First 5 SBC materials at outreach events, revamp their social media presence, and update email software to better reach families with information about infants and young children. They were partially able to meet their goals, with a total of 66 unduplicated parents enrolled.

**Postpartum Education for Parents (PEP)**
The goal of this grant was to advertise a PEP group for Spanish-speaking parents, and recruit and enroll 200 unduplicated parents. The outreach method was the purchase of Spanish-language radio ads. The ads were run, but only five unduplicated parents were enrolled as a result. Although this did not reach the target goal, it is useful to know for the future that radio ads are not the most effective outreach strategy to get parents enrolled.

**Isla Vista Youth Projects**
The goal of this grant was to recruit 125 unduplicated parents through outreach efforts to state preschool programs, door-to-door outreach, and dissemination of program materials. They reported that the majority of families contacted were monolingual Spanish-speaking. The total number of unduplicated parents enrolled was 66. In the process of doing this outreach, they discovered an important barrier to address in order to increase parent enrollment. They noted that many of the individuals contacted were hesitant to sign up for services due to immigration and unfamiliarity with the role of First 5 SBC.

**Systems Change and Capacity-Building Grants**

**Systems Change Grants**
First 5 Santa Barbara County (First 5 SBC) funded multi-year grants as part of its goal of being responsive to timely community needs and efforts. These grants are one effort of many to address the systems improvement goals outlined on page X. This year, the grants include the 2-1-1 Helpline, further implementing the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) model, and the Children’s Oral Health Collaborative. The grants
targeted several different systems improvement areas, depending on the grant, and are described in the sections that follow.

2-1-1 Helpline
This grant addresses Systems Improvement Result Area 1. The funds helped support Santa Barbara County’s 2-1-1 Helpline, which is a comprehensive information and referral system that connects people quickly and effectively to local health and human services, disaster relief, and public information. Calls placed are free and confidential, and service is available in 150 languages. This year, 2-1-1 Helpline staff attended over 20 community outreach events to promote the helpline services, reaching over 3,000 families. There were 362 unduplicated calls from an adult associated with a child age 0-5 years old; however, the actual calls may not have been related to early childhood needs.

Implementation of the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Teaching Model
This grant aimed to address Systems Improvement Result Area 4. The focus was to establish a countywide model for supporting the social-emotional development and school readiness of children ages birth through 5 years. One goal was to develop a group of CSEFEL trainers countywide to provide early care and education (ECE) professionals with training in the CSEFEL model. Another goal was to promote CSEFEL in the community. This year, these efforts included providing training at the Leadership Kick-Off event for ECE providers on how to integrate CSEFEL into their existing programs. The main objective was to provide a series of five age-specific trainings as well as coaching throughout the year. This year, a total of 175 providers, including not only ECE professionals, but also school psychologists and promotores, were trained in CSEFEL.

Children’s Oral Health Collaborative (COHC)
This grant addressed Systems Improvement Result Areas 2 and 3, through supporting the capacity of an existing system of care by partially funding an Oral Health Program Manager. COHC is a public/private partnership to improve the oral health of economically disadvantaged children in Santa Barbara County through programs that emphasize prevention, early identification, and treatment of dental disease. Services provided include oral health and nutrition education, fluoride varnish applications, dental screenings, preventive and restorative treatment, health insurance enrollment, and case management. COHC maintained a comprehensive data collection system, coordinated dental screening and fluoride varnish efforts countywide, and maintained partnerships with other agencies, such as dental assistance programs. This fiscal year, 4,938 fluoride varnish applications were provided countywide to young children. The COHC program manager also advocated for the return of water fluoridation in Santa Maria to help prevent dental decay and served on relevant Boards to support a comprehensive system of care for early childhood oral health.

Conclusion
In sum, First 5 SBC continued its communications outreach targeting all parents of young children mainly through the “Talk, Read, Sing” campaign. This year, new systems improvement goals were included in the Strategic Plan, and systems change grants were one effort to partially address these expansive goals.
Family Support
How Much Did We Do?

Introduction

The Family Support (FS) focus area consists of community-based family strengthening programs throughout the county that provide supportive services and community linkages to meet the 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 parents’ participation in their child’s early learning. FS services are guided by the prevention and early intervention-focused and evidence-informed Protective Factors Framework, which includes:

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) 2018-2019, First 5 Santa Barbara County funded:

1. **Parent education and support**: Evidence-based or evidence-informed training, program, or other intervention that helps parents gain skills to improve parenting and communication with their children. These services are designed to prevent child maltreatment or reduce a child’s challenging behavior.

2. **Intensive case management**: Direct service staff use strength-based and evidence-informed best practices to help families meet goals to support the welfare of their child and family. 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 family well-being, health, differential response (child abuse prevention), or other needs that may necessitate additional support for a family to overcome a barrier.

3. **Information and referral/linkages to services with follow-up**: Support for outreach efforts to connect children and their families to needed and eligible services. Referrals can be made for concerns such as basic needs, health, prevention/early intervention services in relation to a family’s well-being, etc., and all will have follow-up to know outcome of referral.
4. **Child and maternal health access:** Services for social, health-related, or educational purposes during a woman’s postpartum period that are outside of the current/existing systems of care within the county. The aim of these services is to link families to support beyond medical care and 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, nurse visits, therapy, and in-home education programs.

5. **Meeting a diversity of needs that all children and families face:** This is a new strategy for investment to allow flexibility in funding support services to children and families regardless of sociodemographic background or risk level. This can include creative outreach opportunities, information and linkage, parent education, and transitional housing support.

**Funded Programs in FY 2018-2019**

FS consists of the following community-based family support programs:

- **Cuyama Valley Family Resource Center,** including its subcontracting agency:
  - Child Abuse Listening Mediation
- **Family Service Agency Collaborative,** comprised of:
  - Family Service Agency
  - Carpinteria Children’s Project
  - Isla Vista Youth Projects
  - Guadalupe Little House by the Park
  - Fighting Back Santa Maria
  - Santa Ynez Valley People Helping People
  - Child Abuse Listening Mediation
  - Santa Barbara County Education Office Welcome Every Baby
  - Santa Maria-Bonita School District
- **St. Vincent’s Family Strengthening Program**

**How Much Did We Do?**

The following Figures and Table show the clients served, regional information, and services provided based on the Strategic Plan. Information on some of the risks children and families are facing is also provided. Individual clients represent the individual children and parents served, whereas aggregate clients represent the people who received group services and 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.

Figure 3-1. FS: Clients Served by Client Type for Fiscal Year 2018-2019

Figure 3-2. FS: Individual Clients Served by Region for Fiscal Year 2018-2019
**Table 3-1. FS - Clients Served by Service Type for Fiscal Year 2018-2019**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Number of Clients Served</th>
<th>Children</th>
<th>Parents/Family Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td></td>
<td>0</td>
<td>178</td>
</tr>
<tr>
<td>Child and Maternal Health Access (Total)</td>
<td></td>
<td>878</td>
<td>8</td>
</tr>
<tr>
<td>Child Development Home Visits</td>
<td></td>
<td>386</td>
<td>0</td>
</tr>
<tr>
<td>Registered Nurse Home Visits</td>
<td></td>
<td>306</td>
<td>0</td>
</tr>
<tr>
<td>Therapy</td>
<td></td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Parent Education and Support</td>
<td></td>
<td>0</td>
<td>143</td>
</tr>
<tr>
<td>Referrals, Linkages, &amp; Follow-Up</td>
<td></td>
<td>33</td>
<td>769</td>
</tr>
<tr>
<td>Meeting a Diversity of Needs that All Children and Families Face (Total)</td>
<td></td>
<td>30</td>
<td>7,605*</td>
</tr>
<tr>
<td>Support Linkage &amp; Referrals through Outreach Events</td>
<td></td>
<td>0</td>
<td>7,553*</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td></td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td>STEP Program</td>
<td></td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Love &amp; Logic Parenting Class</td>
<td></td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

*Note.* The numbers marked with an asterisk (*) represent Aggregate/Group clients and can include duplication.

**Risk Factors Faced by Families Served**

**Figure 3-3** displays the percentage of families who showed risk at intake on the items assessed during the intake process. The most common risk factors were parents having less than a high school education and parents having trouble making ends meet.
Figure 3-3. FS: Percentage of Families Showing Risk on the Risk Indicators (N = 1,495)

- One or Both Parents Were < 20 yrs old when They Had 1st Child: 33%
- Parents Had Anxiety/Depression in Past 30 Days: 21%
- Children Exposed to Tobacco Smoke at Home: 2%
- Children Had Low Birth Weight: 7%
- Parents Have Problems Making Ends Meet: 42%
- Did Not Live in Stable Housing in Past 2 Months: 17%
- Annual Family Income is < $20,001: 32%
- Single Parent, Divorced, Etc.: 28%
- Parents Have Less than High School Education: 49%

Percent "Yes"
How Well Did We Do It?

The following section describes the systems improvement efforts of the First 5 Santa Barbara County (First 5 SBC) Family Support focus area staff and funded partners, by result area. The overall goal for their systems improvement efforts is to promote a system of community-based services and supports available to children and their families. A detailed description of the Systems Improvement Result Areas for First 5 SBC is found on page 20.

**Result 1: Establish High-Performance Programs and Services Within the System that Produce Results for System Beneficiaries**

**Indicators:**
1. Improve existing service structure through better outreach, practices, and/or management.
2. Provide quality trainings that help providers serve the diverse needs of children and families.

**Result 1, Indicator 1: Improve Existing Service Structure Through Better Outreach, Practices, and/or Management.**

In this section, new efforts, or changes to existing efforts, are highlighted. Commission staff served as a Renew’22 Ambassador. Renew’22 is a multi-year, countywide initiative to transform how the County of Santa Barbara operates by the year 2022. It aims to re-vision the County as an organization, re-balance its resources, re-design how it does its work, respond to residents and customers with the highest quality of services within its means, retain high-performing employees and prepare the next generation of leaders. In addition, Family Support (FS)-funded agencies worked to improve service engagement through numerous community outreach efforts such as organizing community networks, attending community events, disseminating brochures and newsletters, media campaigns, social media outreach, public speaking, and door-to-door outreach. All outreach activities were designed to increase parental involvement and engagement to lead to stronger, healthier families. This year, First 5 Santa Barbara County (First 5 SBC) expanded the reach of services to support transitional sober living houses to single mothers and their young children through funding the St. Vincent’s Family Strengthening program. St. Vincent’s provides a range of services from parent education classes to therapy. Becoming an FS partner involved St. Vincent’s agreeing to adopt the evidence-informed Family Development Matrix (FDM) case management model. The First 5 SBC program lead noted improvements in their case management practices as a result. In addition, Santa Barbara Unified School District joined the FDM Collaborative, far expanding its usage in our county. First 5 SBC and funded partners worked to improve the local FDM by streamlining the assessment and by making improvements to the database.

**Result 1, Indicator 2: Provide Quality Trainings that Help Providers Serve the Diverse Needs of Children and Families.**

First 5 SBC funded and facilitated several trainings to help FS-funded partners provide quality services and support to children and families. The trainings offered are listed in Table 3-2, and information on the overall satisfaction with the trainings is provided in Table 3-3, whereas the helpfulness of trainings is shown in Figure 3-4. Overall, there was a high degree of satisfaction with the trainings. Helpfulness ratings were also high, but varied more by training. Finally, Figure 3-5 displays the statistically significant improvements in knowledge following the trainings. This feedback is used by the program
lead of FS to guide decision-making on future trainings.

<table>
<thead>
<tr>
<th>Table 3-2. FS Trainings Completed in FY 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating a Culture of Self-Sufficiency &amp; Breaking the Cycle of Poverty</td>
</tr>
<tr>
<td>Domestic Violence – The Cycle of Violence and Support in Santa Barbara County</td>
</tr>
<tr>
<td>Five Strategies for Resilience</td>
</tr>
<tr>
<td>Housing: Resources for Homeless, Updates, Availability</td>
</tr>
<tr>
<td>Immigration Workshop</td>
</tr>
<tr>
<td>Learning Community: Family Centeredness</td>
</tr>
<tr>
<td>Learning Community: Family Strengthening</td>
</tr>
<tr>
<td>Mandated Reporting &amp; Protective Factors</td>
</tr>
<tr>
<td>Partnership for Strengthening Families</td>
</tr>
<tr>
<td>Principles of Case Management: Overview of Case Management, Case Notes, Boundaries, Home Visitation Safety</td>
</tr>
<tr>
<td>Vehicles for Change – System Change Work</td>
</tr>
<tr>
<td>Year-End Advocate Retreat: The 4 Corners of Connection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3-3. Providers’ Satisfaction with the Trainings (N = 142)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Score</strong></td>
</tr>
<tr>
<td>1. The presenters’ effectiveness in conveying the information provided.</td>
</tr>
<tr>
<td>2. The presenters' knowledge of the information provided.</td>
</tr>
<tr>
<td>3. The usefulness of the information presented.</td>
</tr>
<tr>
<td>4. The usefulness of the handouts received.</td>
</tr>
<tr>
<td>5. The overall quality of the presentation.</td>
</tr>
<tr>
<td>6. The potential to use this information in your work.</td>
</tr>
</tbody>
</table>

*Note.* Each satisfaction item was rated on a scale from 0 (very poor) to 10 (excellent).
Figure 3-4. Helpfulness of Trainings Offered in FY 2018-2019

Note. Trainings are ordered from most helpful to least helpful, as rated by the advocates. The number of advocates who attended and rated each training is indicated in parentheses.
**Results are statistically significant at the \( p < .01 \) level; *** Results are statistically significant at the \( p < .001 \) level.

**Conclusion:**

Commission staff and FS-funded partners engaged in several efforts to improve services being offered to children and families, including how the County operates, the accessibility of services to families and their young children, and continued improving and expanding the reach of their evidence-informed case management system to improve the quality of services families receive. Commission staff provided training for funded partners that resulted in an increase in their knowledge, which is an important step in supporting the diverse needs of children and families. Results support that advocates find the trainings helpful and are satisfied with them. These efforts show that First 5 SBC is helping improve the access and quality of services.

**Result 2: Improve the Political Context that Surrounds the System so It Produces the Policy and Funding Changes Needed to Create and Sustain It**

**Indicators:**

1. Change in investment, policy, or practices that will lead to improved service systems.

**Result 2, Indicator 1: Change in Investment, Policy, or Practices that Will Lead to Improved Service Systems.**

The Family Support (FS) focus area has changed its funding model over the years from funding several different agencies with contracts across regions countywide, to funding lead agencies, such as Family Service Agency and Cuyama Valley Family Resource Center as leads, with most individual agencies
serving as subcontractors. This is to allow for strong leadership for the subcontractors, consistency in protocols and services, and continual, effective monitoring of scope of work and outcomes. Memoranda of Understanding were completed with each subcontractor to ensure understanding and adherence to First 5 Santa Barbara County (First 5 SBC) policies and procedures, and establish expectations. Within this collaborative model, subcontractors were required to provide quarterly data reports to the lead agency to understand successes, challenges, and progress on the scope of work, and met quarterly to monitor progress.

Conclusion:
First 5 SBC made changes to the funding of FS programs, through supporting lead agencies that oversee the work. This is an effort to improve the efficiency of services through better managing resources.

Result 3: Create Strong and Effective Linkages Across System Components that Further Improve Results for System Beneficiaries

Indicators:
1. Support effective collaborations.
2. Expand the reach of needed services.

Result 3, Indicator 1: Support Effective Collaborations.

Commission staff continued its collaboration with the Santa Barbara County Department of Social Services (DSS) and began developing a relationship with the California Highway Patrol (CHP). First, First 5 Santa Barbara County (First 5 SBC) worked with CalWORKs staff to screen the movie Resilience and train in the evidence-based Protective Factors Framework to help shape the way services are offered to families in the CalWORKs program. The collaboration is also focused on helping broaden the range of services and supports to which CalWORKs can refer families, and making changes within DSS based on First 5 SBC recommendations. With the CHP, Commission staff met with their Public Information Officer to discuss ways to better collaborate, with a specific focus on child passenger safety laws and how to safely transport children in car seats.

Commission staff in Family Support (FS) continued supporting the Network of Family Resource Centers (FRCs) in Santa Barbara County, which works collectively to promote best practices in the field of family support. The Network has 17 agencies that provide oversight to over 50 FRCs, both funded and non-funded partners, serving an estimated 16,500 families annually. Specifically, the Network 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 in FS created, developed, and have been a leader in the Network of FRCs for the past decade. Commission staff also helped at the state level with the drafting, adoption, and implementation of the Standards of Quality for Family Strengthening and Support. This work has now expanded nationally with over 3,000 family support programs currently using the Standards, a practice that supports quality in family support programs. In total, since the release of the Standards, 150 family advocates have been trained in Santa Barbara County.

To evaluate the implementation of the Standards across FRCs within Santa Barbara County over the last four fiscal years, First 5 SBC collected data from directors and direct service staff members who have
been certified in the Standards (i.e., advocates, case managers, etc.). A total of 29 providers completed a baseline and a follow-up survey over the last four fiscal years and rated on a scale of 0 (not at all) to 10 (always) the degree of implementation of each element of the Standards within their agency (i.e., family centeredness, family strengthening protective factors, embracing diversity, community building, and evaluation). Results were consistent over time and showed that staff members believe their program implemented each Standard to a high degree (average scores ranged from 8.62-9.02 at baseline and 8.56-9.30 at follow-up). Providers also reported that the Standards improved the quality of practice for children, families, and their respective community.

The Network of FRCs also played a role in getting state legislation, SB 436, passed. SB 436 formalizes FRCs in statute, officially recognizing their involvement in programmatic activities within the Office of Child Abuse Prevention. FRCs are now identified as a key delivery network of services and as conduits to strengthening families via family-centered, community-based and culturally sensitive services that include cross-system collaboration as a means to prevent child abuse and neglect.

In addition, Commission staff served on the Partnership for Strengthening Families (PFSF), which is made up of members from the Child Abuse Prevention Council, Child Care Planning Council, Child Welfare Services, and the Network of FRCs. This partnership is focused on three distinct outcomes: strengthening families, optimal child development, and reduced incidence of child abuse and neglect. PFSF’s unifying principles guide attitudes and worker practices for a changed relationship with parents with a focus on the protective factors all families need to thrive. They focused on institutionalizing the Protective Factors Framework\(^3\), and understanding the impact of traumatic events on individuals, communities, and organizations.

Commission staff also participated in the Resilient Santa Barbara network and served on the Santa Barbara County Prevention Team with other key agencies and stakeholders in Santa Barbara County who are already committed and engaged in countywide prevention planning through the KIDS Network, the Child Abuse Prevention Council, the Child Welfare Stakeholders Group, and the PFSF. The shared purpose is to build integrated networks of support for children, youth, and families for the reduced incidence of child abuse and neglect. This team developed an action plan that focuses on primary, secondary, and tertiary prevention services by utilizing theoretical frameworks and approaches that aim to promote protective factors, resilience, and best practices among service providers and community stakeholders.

**Result 3, Indicator 2: Expand the Reach of Needed Services.**

This was addressed in part through the Communications mini-grants, whose results are summarized on p. X. In addition, Commission staff have started work with the Sheriff’s Office on developing the capacity to offer evidence-based parenting and/or healthy relationship classes to inmates. At this time, the background check process is underway, and may take up to a year, before trained staff can enter the facility to offer these services. Continued updates on this expansion of services will be provided.

**Conclusion:**

First 5 SBC has been taking several steps to expand the reach of their services and develop effective collaborations with DSS, CHP, the Network of FRCs, the PFSF, the Resilient Santa Barbara network, and the Sheriff’s Office. In some collaborations, it will shape the way services are being offered, and in
others, it will provide needed services to parents who are incarcerated. These systems improvement activities are multi-year efforts.

**Result 4: Develop the Supports Systems Needed to Function Effectively and with Quality**

**Indicators:**
1. Support continual program improvement through the use of data.
2. Programs are providing high-quality services.

**Result 4, Indicator 1: Support Continual Program Improvement Through the Use of Data.**

Family Service Agency (FSA) is a collaborative lead among several of the Family Support (FS) programs, and implemented efforts to support the quality of data collection and its use to improve services. For example, they used evaluation data to note some barriers that prevent access and use of the collaborative services, specifically their parent education program. Based on this, FSA began offering on-site childcare, a healthy meal during each class, and when needed, transportation assistance. They also connected families in the parent education program to a family advocate, who could offer assistance with concrete support, when needed. FSA also reviewed outcome data from the parent education program to assess risk factors for child abuse and neglect pre- and post-program, and found a reduction in risk level.

**Result 4, Indicator 2: Programs Are Providing High-Quality Services.**

To help ensure that providers are offering high-quality services, First 5 Santa Barbara County (First 5 SBC) funds evidence-based parenting education programs, which means research has shown that the parenting programs work in improving parenting skills, attachment, and other relevant parenting-related indices. First 5 SBC also supports evidence-informed case management and referral and linkage practices.

Another indicator of quality is parents’ satisfaction with services. If parents are not satisfied, they will not complete the program, even if it is evidence-based or evidence-informed. Parents showed a strong level of satisfaction with the convenience, supportiveness, and helpfulness of the services provided by FS-funded partners (see Table 3-4). In fact, *only about 1%* of all parents reported being 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.

<table>
<thead>
<tr>
<th>Table 3-4. Parent Satisfaction Survey Results for Family Support Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2018-2019 (N = 726)</td>
</tr>
<tr>
<td><strong>Agree</strong></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>1. Services and activities are offered at a convenient location.</td>
</tr>
</tbody>
</table>
2. Services and activities are offered at convenient times. | 36% | 62%
---|---|---
3. Staff members are welcoming and respectful. | 27% | 71%
4. Staff members have asked me about my family's strengths, needs, and interests. | 34% | 64%
5. Staff members speak my language. | 27% | 71%
6. Staff members understood my family's identity and culture (traditions, values, religion, sexual orientation, special needs, etc.). | 34% | 64%
7. I have opportunities to share my opinions and ideas about the program. | 35% | 61%
8. Staff members have helped me to learn about services, resources, and opportunities that are available in the community. | 30% | 68%
9. The services met my family's needs. | 31% | 67%
10. Overall, this program has provided valuable support for me and my family. | 28% | 70%

**Conclusion:**
First 5 SBC requires the use of evidence-based and evidence-informed services among FS providers, which is an important systems improvement activity to enhance quality. First 5 SBC also actively seeks parent feedback on the services provided, and parents indicated they were highly satisfied with FS services.

**Result 5: Sustain Health Insurance Access**

**Indicators:**
1. Engage in efforts that support the ability of families to meet their child’s health needs.

**Result 5, Indicator 1: Engage in Efforts that Support the Ability of Families to Meet Their Child’s Health Needs.**

First 5 Santa Barbara County (First 5 SBC) engaged in several efforts to support families in meeting their health needs. First, Family Support (FS)-funded agencies made a total of 275 referrals for children’s health insurance and 117 referrals for adults’ health insurance. Most of these referrals were successful/services were completed (77%), or services were in progress (18%). In addition, parents who received FS case management services significantly improved ($\chi^2(9, N = 184) = 39.51, p < .001$) in their ability to access and maintain health insurance for their child using the Family Development Matrix (FDM; see Figure 3-6). More families were in crisis or at risk in this FDM indicator than the other FDM areas assessed. However, the proportion of “in crisis” or “at-risk” families was substantially reduced by Assessment 2.
Conclusion:

First 5 SBC supported families in meeting their health needs through referral and linkage as well as case management services. Evaluation data support that families improved in these areas.
Is Anyone Better Off?

Background

A positive, stable family environment is crucial in promoting healthy infant and child development across a variety of domains. A home that has access to resources for the family and minimal risk factors, such as 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 solid foundation for their young child(ren). There are several factors that influence secure attachment and emotional development including socioeconomic status, parent education level, parents’ knowledge of child development and parenting skills, parents’ own attachment style, and mothers’ mental health and degree of social support. When families, especially those experiencing moderate to high levels of risk, are connected to responsive and supportive networks and services, it helps foster strong family relationships and contributes to children’s school readiness. This is why the FS partners funded by First 5 Santa Barbara County (First 5 SBC) focused on using the Protective Factors Framework to guide services.

Result Areas

The goal of the FS focus area is that children live in healthy, safe, stable, and nurturing family environments. The results the Commission and funded partners are working to achieve include:

- Reduce the rate of child abuse and neglect;
- Parents use healthy and developmentally appropriate parenting practices;
- Increase the number of families who can identify, access, and use family, health, and child resources;
- Parents receive information and education on how to promote positive health practices and access health services.

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:

For county context, Figure 3-7 shows the rate of substantiated child abuse cases for children age 0-17 years old in Santa Barbara County from 2004 to 2018. In 2018, the Santa Barbara County rate of substantiated child abuse cases of 6.2 children per 1,000 was below the statewide rate of 7.5 children per 1,000 for that year. Information was obtained from the California Child Welfare Indicators Project website.
In response to the problem of recurrent child maltreatment, Differential Response (DR) allows Child Welfare Services (CWS) to respond to reports of child abuse or neglect with more flexibility. The CWS response is customized based on the assessment of safety, risk, and protective capacity, as well as the strengths and needs of the family. In fiscal year (FY) 2018-2019, Path 4 was introduced where CWS will offer to families that have successfully completed a Voluntary Family Maintenance (VFM) or Family Maintenance (FM) case plan and are transitioning to case closure, to focus on prevention of entry and/or re-entry into the CWS system. Through Path 4, a CWS social worker works with the Front Porch program (Santa Barbara County’s DR program) to engage the family in services, resulting in a warm hand-off referral to the family resource centers. Additionally, quarterly meetings have been established in the coming FY to coordinate care and best practices and discuss areas that need additional support. By providing early and effective responses to signs of emerging family problems, resources can be provided to support families before problems escalate and necessitate more serious interventions. Families who do not qualify for CWS services are then referred to community-based organizations. The focus of DR is to engage families in both recognizing behaviors that put their children at risk and obtaining support services to change those behaviors. Since its inception, Front Porch has connected families to needed community-based services for the purpose of early intervention and prevention services.

Measure:
Family Support 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: Child Abuse Listening Mediation, Community Action Commission, and First 5 Santa Barbara County-funded family resource centers.

Results:
In FY 2018-2019, 360 families were referred to the Front Porch program and 216 of them engaged in services, for a 60% engagement rate. For comparison, in FY 2017-2018, 617 families were referred to the program and 411 engaged in services, for a 67% engagement rate. 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 began tracking recidivism in FY 2008-2009, and Figure 3-8 displays the drops in subsequent substantiated referrals for all children who received services through DR/Front Porch since then. This year, the rate for subsequent substantiated CWS referrals was 0.3%, which represents two referrals, and is consistent with the similarly low rate from previous years. Table 3-5 shows the total number of referrals and subsequent substantiated referrals.

Overall, the data support that Front Porch is maintaining its success and the services are making a difference.

![Figure 3-8. Rate of Subsequent Substantiated Referrals for Santa Barbara County Differential Response Clients within 3 Months of Front Porch Referral](image)

Table 3-5. Number of Referrals Made to the Santa Barbara County Front Porch Program by Fiscal Year

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Subsequent Substantiated CWS Referrals</td>
<td>16</td>
<td>11</td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>22</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>----------------------------------------</td>
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<td>---</td>
</tr>
<tr>
<td>Total Number of Referrals Made to Front Porch</td>
<td>227</td>
<td>463</td>
<td>476</td>
<td>519</td>
<td>694</td>
<td>1,155</td>
<td>1,015</td>
<td>998</td>
<td>728</td>
<td>689</td>
</tr>
</tbody>
</table>

*Note.* Information obtained from Santa Barbara County Child Welfare Services.

**Conclusion:**
Children are growing up in safer home environments as a result of the partnership to provide DR services. At the county level, the rate of recidivism for referrals to CWS is almost none, and family resource centers funded by First 5 Santa Barbara County help contribute to this success.

**Result 2: Parents 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:**
The evidence-informed Family Development Matrix (FDM) has been guiding the case management services offered by Family Support (FS) partners for a decade. 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 on their plans for tiered levels of services. The FDM provides suggestions for interventions based on family needs, and evaluates family progress.

FS services were also guided by the Protective Factors Framework and thus are designed to increase protective factors and build strong and healthy families. One important protective factor, as measured by the evidence-based Protective Factors Survey (PFS), is family functioning/resilience, which represents the family’s ability to share positive and negative experiences, manage and solve problems together, have adaptive skills, and persevere in times of crisis.

**Measure:**
*Family Development Matrix.* Providers and families who received case management services jointly rated their family functioning using the FDM on a 4-point scale from “In Crisis” to “Safe/Self-Sufficient.” The FDM measured 21 family functioning domains, and a statistical procedure called a factor analysis was conducted to determine how these domains group together. 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: quality of social support system, family communication skills, emotional well-being/sense of life value, and presence of substance abuse. More information on the FDM is available at: [http://www.matrixoutcomesmodel.com/famdevmatrix.php](http://www.matrixoutcomesmodel.com/famdevmatrix.php).
**Protective Factors Survey.** Change in family functioning/resilience was also monitored using a revised version of the PFS. The revised PFS was administered to parents who completed evidence-based parent education programs funded by First 5 Santa Barbara County (First 5 SBC; e.g., *Nurturing Parenting*), as well as during newborn home visits provided by the Santa Barbara County Education Office Welcome Every Baby (WEB) program and child development home visits provided by family resource centers (FRCs) and Child Abuse Listening Mediation (CALM). The survey measured social supports, family functioning/resilience, nurturing and attachment, and positive parenting practices, but only the area of family functioning/resilience is reviewed under this indicator.

**Sample:**
For the FDM, 302 families received FS case management services (both DR and non-DR) in fiscal years (FYs) 2017-2019, and out of these, 192 families had an intake and at least one follow-up assessment (approximately three months into receiving services). In order to get a sufficient sample size of families with two FDM assessments, two years of data were combined. The actual sample size may vary across items if a parent refused to provide information for a particular item or if the item was not applicable to them.

Information on the PFS was available for 128 parents who completed parent education programs funded by First 5 SBC (e.g., *Nurturing Parenting*), and for 109 families who received child development visits provided by CALM in FY 2018-2019. For the parent education classes, only parents who completed the program are included in the analysis shown below (i.e., who had at least 70% attendance).

**Results: Families Receiving Case Management Services**
Parents who received FS case management services showed a statistically significant improvement in emotional health from Assessment 1 to Assessment 2, \( \chi^2(6, \ N = 192) = 131.87, \ p < .001 \) (see **Figure 3-9**). Statistically significant improvement means that the changes are unlikely to be due to random or chance factors, and more likely indicate a real change. Parents who are emotionally healthy can parent their child better. Conversely, parental depression is a risk factor for poor outcomes for children.
Families Receiving Parent Education Services
Parents who completed an evidence-based parent education program (e.g., *Nurturing Parenting*) showed a statistically significant improvement in their family functioning/resilience from intake to follow-up (i.e., from Assessment 1 to Assessment 2), as measured on the PFS, $t(125) = -2.97, p = .004$, (see Figure 3-10).

Families Receiving Child Development Visits
Families who received child development visits by CALM for their newborns showed statistically significant improvement in family functioning/resilience over time, $t(106) = -18.06, p < .001$, (see Figure 3-10).
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. Supporting the maintenance of emotional health is an important part of fostering family resiliency. Families who received child development visits or who received parent education classes also showed improvements in their views of their families’ functioning and resiliency. This helps support a healthy family environment for optimal child development.

Result 2, Indicator 2: Parents Increase Positive Parenting Practices They Use with Their Children.

Background:
First 5 SBC funded a variety of services to support the use of positive parenting practices within families. Partners used evidence-based parenting programs, evidence-informed case management interventions (through the FDM), and/or child development visits to families of newborns with the families they served. Supporting and educating parents in their parenting role is a prime way to support the optimal development of children ages birth through 5 years.

Measure:
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.

A revised version of the PFS was used to evaluate results obtained from parents who completed evidence-based parent education programs funded by First 5 SBC (e.g., *Nurturing Parenting*), as well as during child development home visits provided by CALM. See Result 2, Indicator 1 for further information on the PFS. The PFS areas reviewed under this indicator include nurturing and attachment and positive parenting practices. The nurturing and attachment items were completed only by the parents who attended parent education programs.

**Sample:**
For the FDM, the results presented here represent any family who received FS case management services (both DR and non-DR) in FYs 2017-2019 and had an intake and at least one follow-up assessment. As described under Result 2, Indicator 1, approximately 192 families completed Assessment 1 and Assessment 2. The actual sample size may vary across items.

Information on the PFS was available for 128 parents who completed parent education programs (e.g., *Nurturing Parenting*) and for 109 families who received child development visits provided by CALM in FY 2018-2019. For the parent education classes, only parents who completed the program are included in the analysis shown below (i.e., who had at least 70% attendance). No statistically significant differences were found between the parents who completed the parent education program (i.e., had both intake and follow-up data) and those who dropped out of the program (i.e., had only intake data) on gender, ethnicity, or the intake PFS measures of social supports, family functioning/resilience, nurturing and attachment, and positive parenting practices.

**Results:**
**Families Receiving Case Management Services**
Families who received First 5 SBC case management services showed improvement in parenting quality (see Figure 3-11). This is consistent with data from previous years. Specifically, there was a statistically significant improvement in the proportion of parents rated as “Safe/Self-Sufficient” from Assessment 1 to Assessment 2 ($\chi^2(1, N = 189) = 43.58, p < .001$). For the fourth year in a row, 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.
Families Receiving Parent Education Services

Parents who were specifically identified as having a need for parent education were enrolled in an evidence-based parenting program (e.g., *Nurturing Parenting*). Figure 3-12 shows the changes in nurturing and attachment, and Figure 3-13 shows the changes in positive parenting practices from intake to follow-up for the parents who completed parent education programs. Results showed that parents significantly improved in their parenting in almost all areas assessed, with the biggest improvements seen in the areas of nurturing and attachment ($t(121) = -4.49, p < .001$), reading books to baby/child ($t(125) = -4.99, p < .001$), and staying calm and using a calm-down strategy when baby/child is crying ($t(125) = -4.27, p < .001$). This supports the effectiveness of parent education programs and the need to continue to offer these services in the future.
*** Results are statistically significant at the $p < .001$ level.

**Figure 3-12. Improvement in Nurturing & Attachment for Parents Who Completed the *Nurturing Parenting* Parent Education Program (N = 128)**

![Bar chart showing improvement in Nurturing & Attachment scores from Assessment 1 to Assessment 2 for parents who completed the Nurturing Parenting Parent Education Program.](chart.png)

<table>
<thead>
<tr>
<th>Nurturing &amp; Attachment</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.63</td>
<td>2.96</td>
</tr>
</tbody>
</table>

**Figure 3-13. Improvement in Positive Parenting Practices for Parents who Completed the *Nurturing Parenting* Parent Education Program (N = 128)**

![Bar chart showing improvement in positive parenting practices scores from Assessment 1 to Assessment 2 for parents who completed the Nurturing Parenting Parent Education Program.](chart.png)

*Consistently (multiple times a day)*

<table>
<thead>
<tr>
<th>Practice</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singing to baby/child</td>
<td>2.83</td>
<td>3.03</td>
</tr>
<tr>
<td>Reading books to baby/child</td>
<td>2.49</td>
<td>2.94</td>
</tr>
<tr>
<td>Smiling at and praising baby/child</td>
<td>3.48</td>
<td>3.70</td>
</tr>
<tr>
<td>Not finding it hard to be affectionate with baby/child</td>
<td>3.14</td>
<td>3.43</td>
</tr>
<tr>
<td>Telling baby/child I love him or her</td>
<td>3.62</td>
<td>3.79</td>
</tr>
<tr>
<td>Not finding it hard to soothe baby/child when s/he is crying</td>
<td>2.78</td>
<td>3.12</td>
</tr>
<tr>
<td>Staying calm and using a calm-down strategy when baby/child is crying</td>
<td>2.79</td>
<td>3.18</td>
</tr>
</tbody>
</table>
Families Receiving Child Development Visits

Families of newborns in North County received nurse home visits from Dignity Health, who referred the high-risk families to CALM for child development visits. Figure 3-14 shows the changes over time in parents’ positive parenting practices with their children for those high-risk families who received child development visits in FY 2018-2019. Results show a statistically significant improvement from Assessment 1 to Assessment 2 in almost all areas assessed. The biggest improvements were seen in the areas of singing to baby/child ($t(108) = -9.05, p < .001$), reading books to baby/child ($t(108) = -9.17, p < .001$), smiling at and praising baby/child ($t(108) = -8.71, p < .001$), telling baby/child I love him/her ($t(107) = -5.00, p < .001$), and staying calm and using a calm-down strategy when baby/child is crying ($t(108) = -4.81, p < .001$). Overall, these results support the effectiveness of child development home visits in helping families better adjust to their new parenting roles.

**Conclusion:**
Families showed improvements in parenting as a result of First 5 SBC-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 nurturing and attachment and in the use of positive parenting practices, which supports continuing to offer these services. Families who received child development home visits also showed
improvements in many areas of parenting knowledge. As the parent education programs and child
development visits 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.

**Result 3: Increase the Number of Families Who Can Identify, Access, and Use
Family, Health, 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 helpful in times of need.³ It can
protect against physical and mental health problems when individuals are undergoing ongoing stress, and
is an important component of general emotional well-being. Family Support (FS) staff and funded
partners worked to increase protective factors, which will subsequently reduce risk of 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 supports was also monitored using a revised version of the Protective Factors
Survey (PFS). This measure was administered to parents who completed evidence-based parent education
programs (e.g., *Nurturing Parenting*) or received child development home visits provided by Child
Abuse Listening Mediation (CALM). See Result 2, Indicator 1 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 (FYs) 2017-2019 and had an intake and at least one follow-up
assessment. As described under Result 2, Indicator 1, approximately 192 families completed Assessment
1 and Assessment 2. The actual sample size may vary across items.

Information on the PFS was available for 128 parents who completed parent education programs and for
109 families who received child development visits in FY 2018-2019.

**Results:**
*Families Receiving Case Management Services*
Families that received FS case management services significantly improved ($\chi^2(9, N = 192) = 89.17, p < .001$) in the quality of parents’ social support system from Assessment 1 to Assessment 2 (see **Figure 3-15**). More families were in crisis or at risk in this FDM area than the other FDM areas reported.
However, the proportion of “in crisis” or “at-risk” families was substantially reduced by Assessment 2.
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.

**Families Receiving Parent Education Services**
Families who completed evidence-based parent education programs showed a statistically significant improvement over time in social support, as measured on the PFS ($t(127) = -6.36, p < .001$; see Figure 3-16). Social support is a protective factor when families are coping with times of stress.

**Families Receiving Child Development Visits**
Statistically significant improvement in social support from Assessment 1 to Assessment 2 was also seen for the parents who received child development visits provided by CALM, $t(108) = -10.24, p < .001$, (see Figure 3-16).
Conclusion:
The quality of parents’ social support network improved after receiving First 5 Santa Barbara County-funded case management, parent education, and/or child development home visiting services. Families in case management initially showed more risk in this area than 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.3


Background:
The percentage of children in Santa Barbara County living in families with incomes below the federal poverty threshold is displayed in Figure 3-17.6 Having basic needs met is an essential building block for subsequent health and well-being. When there are no 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 Framework3, the 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 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:
For the FDM, the results represent any family who received FS case management services (both DR and non-DR) in FYs 2017-2019 and had an intake and at least one follow-up assessment. As described under Result 2, Indicator 1, approximately 192 families completed Assessment 1 and Assessment 2. The actual sample size may vary across items.

Results:
Families Receiving Case Management Services
Parents’ ability to meet the basic needs of their families \( (\chi^2(4, N = 157) = 48.97, p < .001) \) and access services \( (\chi^2(4, N = 192) = 14.79, p = .005) \) both showed a statistically significant improvement after three months of case management services (see Figures 3-18 and 3-19). For both areas, there were no families in crisis, and the proportion of families at risk decreased substantially by Assessment 2. 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.
Figure 3-18. Changes in Basic Needs on the FDM (N = 157)

- 66% said "Safe/Self-Sufficient" at Assessment 2.
- 44% said "Safe/Self-Sufficient" at Assessment 1.

Figure 3-19. Changes in Access to Services on the FDM (N = 192)

- 62% said "Safe/Self-Sufficient" at Assessment 2.
- 30% said "Safe/Self-Sufficient" at Assessment 1.
Conclusion:
Families improved over time in their ability to meet basic needs for their families and access services after involvement in FS case management services.

**Result 4: Parents Receive Information and Education on How to Promote Positive Health Practices and Access Health Services**

**Indicators:**
1. Number and percent of successful referrals for needed services.
2. Support a positive family environment for families of newborns.

**Result 4, Indicator 1: Number and Percent 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.

**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 (First 5 SBC) determine if families were being connected to needed supportive services.

**Sample:**
In fiscal year (FY) 2018-2019, a total of 2,521 referrals were made for a variety of family and child needs, and follow-up information was available on 2,473 referrals. 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:**
The referrals on the Universal Referral Tracking Form addressed the following five protective factors:

- **Social-Emotional Well-Being (4%)** – includes referrals for child abuse prevention, domestic violence support, and children’s mental health.
- **Knowledge of Child Development (2%)** – includes referrals for health education, developmental screenings and assessments, speech/language services, and assessments for individual education plan (IEP) or individual family service plan (IFSP).
- **Concrete Support (81%)** – includes referrals for: basic needs, health and wellness, childcare and early education, education/job training, financial assistance, and other services (e.g., legal services, immigration, translation services).
- **Social Connections (2%)** – includes referrals for recreation/enrichment (e.g., library, recreational/physical activities, neighborhood/community groups).
- **Parental Resilience (12%)** – includes referrals for parent education, parent support, and parents’ mental health.

Table 3-6 displays the type of service for which children and families were referred and 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 completed or are in progress. The majority of children and families (90%) had successful referral outcomes, meaning services were completed or are still in progress. This is consistent with previous years. Another 4% of families were placed on a waiting list. If a child or family was not receiving a service/the referral was not successful, as was the case in 146 referrals, the reasons were either that the family declined services (31%), the family moved or was unreachable (20%), an appointment was never made (20%), the family did not qualify for services (17%), the family reported lack of time (8%), or the services were not in the family’s language (4%). Most of the referrals that were placed on a waiting list (n = 92) were for the following areas of concern: childcare and early education (38%), basic needs (35%), or parenting needs (16%). Out of those referrals where an appointment was never made or the family declined services (n = 74), most were for health and wellness needs (46%), basic needs (22%), or parenting needs (18%).

<table>
<thead>
<tr>
<th>Table 3-6. Family Support Referrals for Additional Services and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 2018-2019</strong> (N = 2,521 Referrals)</td>
</tr>
<tr>
<td>Type of Service Requested</td>
</tr>
<tr>
<td>Family Support Services</td>
</tr>
<tr>
<td>Further Evaluation/Eligibility Determination</td>
</tr>
<tr>
<td>Intervention/Treatment</td>
</tr>
<tr>
<td>Kindergarten Readiness Skills</td>
</tr>
<tr>
<td>Outcome of Referral</td>
</tr>
<tr>
<td>Not Receiving Services</td>
</tr>
<tr>
<td>Pending/Services in Progress</td>
</tr>
<tr>
<td>Placed on Waiting List</td>
</tr>
<tr>
<td>Services Completed/Successful</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Conclusion:**
The trend continued that children and families were better able to access needed supportive services after being in contact with First 5 SBC Family Support funded partners. Evaluation data suggest that most families were connected successfully to needed resources and services and benefited from them.

**Result 4, Indicator 2: Support a Positive Family Environment for Families of Newborns.**
Background:
First 5 SBC has supported 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. This year, FS-funded partners providing newborn home visiting services such as registered nurse home visits implemented the evidence-based Family Connects model which focuses on improving children’s and parents’ well-being by offering prevention and early identification/intervention services and support in the areas of maternal and infant health, health care and childcare plans, parent-child relationship, household safety, family and community safety, substance abuse, parent well-being, and parent emotional support. During the home visits, nurses assessed the family’s strengths and risks, responded to any immediate needs, and, if needed, referred the family to local community resources for further assessment and services. For more information on the Family Connects model, see http://www.familyconnects.org/about.

Measure:
Nurses assessed the strengths and needs of the families they visited using a revised version of the PFS. The survey measured social supports, family functioning/resilience, nurturing and attachment, and positive parenting practices. The nurturing and attachment items do not apply to newborns and therefore are not reviewed in this indicator.

Sample:
Information from the PFS the parents completed was obtained for a total of 279 families who had nurse visits this FY. Some of these families (n = 83) received more than one nurse visit and completed the PFS more than once in order to measure changes in protective factors and positive parenting practices over time. The actual sample size may vary across items if a parent refused to provide information for a particular item or if the item was not applicable to them. PFS data are also available for 18 higher-risk families, who were referred for additional assessment and services to a family resource center in the community.

Results:
Figures 3-20 and 3-21 show the PFS results for the families who had at least one Family Connects nurse visit this FY. On average, families scored high in perceived social supports, family functioning/resilience, and positive parenting practices such as smiling at and praising baby/child, not finding it hard to be affectionate with baby/child, telling baby/child I love him or her, and staying calm and using a calm-down strategy when baby/child is crying.
Of the families with at least two PFS ratings, results showed a statistically significant increase in parents’ self-reported frequency of reading (from 1.94 to 2.43, $t(76) = -3.79, p < .001$) and singing (from 2.74 to 2.95, $t(81) = -2.62, p = .010$) to their baby after receiving the nurse visits. Higher scores indicate greater consistency of that practice. All other areas assessed did not show any statistically significant change over time. Higher-risk families that were referred for further assessment and services to a family resource center in the community ($n = 18$) also showed a statistically significant improvement in the areas of singing to baby/child (from 2.83 to 3.50, $t(17) = -2.49, p = .024$) and reading books to baby/child (from 1.82 to 3.29, $t(16) = -3.82, p = .001$) after receiving both Family Connects registered nurse visits and additional home visits by a family advocate. All other areas assessed did not show any statistically significant change over time.
Conclusion:
Most families of newborns were doing well on indicators of a positive family environment when screened at an initial nurse visit. Families that showed need or could benefit from additional support services were either referred for an additional nurse visit or to a family resource center for support. Across both groups, parents showed gains in reading and singing to their newborn, which is important for supporting brain development and language acquisition.
Early Care & Education
How Much Did We Do?

Introduction

Early care and education is not only a crucial resource to families with young children, but contributes to the social and economic vitality of Santa Barbara County. The goals for First 5 Santa Barbara County (First 5 SBC) in the Early Care and Education (ECE) focus area were to advocate for the importance of early care and education and to increase the quality and availability of early care and education in the county. Commission staff, in partnership with Children’s Resource & Referral of Santa Barbara County (CRR), the Santa Barbara County Child Care Planning Council, and the Santa Barbara County Education Office (SBCEO), addressed the ECE focus area.

Strategies

First 5 SBC supported the professional development of individual ECE providers through training and technical assistance. In order to increase the quality of ECE programs so that children are healthy, safe, and ready for school, support was provided through Santa Barbara County Quality Counts (QC). QC is the local implementation of the state’s Quality Rating and Improvement System known as Quality Counts California (QCC). QC includes seven quality elements and accreditation through the National Association for the Education of Young Children (NAEYC) for centers and the National Association of Family Child Care (NAFCC) for family childcare (FCC) programs. The ECE focus area also continued the First 5 SBC Preschool and Childcare Expansion Project, which focused on the retention of existing ECE programs and the expansion of new childcare spaces through technical assistance offered through CRR. As part of this project, childcare spaces were added or maintained in Santa Barbara, Santa Maria, Guadalupe, and Lompoc.

Funded Programs in FY 2018-2019

Quality Counts (QC) – Santa Barbara County’s Quality Rating and Improvement System (QRIS) is a comprehensive rating and program quality improvement system funded originally by the federal Race to the Top – Early Learning Challenge (RTT-ELC) grant. QC built upon the local ECE quality improvement system funded through First 5 SBC and private and public funding partners. QC is not a single intervention; rather, it is an organizing framework that includes diverse activities implemented across many levels and supporting multiple outcomes to improve the quality of early care and education. The system revolves around a matrix that outlines seven quality elements, the individual and cumulative scoring of which makes the basis for an overall rating for a childcare center or an FCC home. Unique to Santa Barbara County is the requirement of national accreditation for the top tier. The end goal of QC is to improve child outcomes, but its activities also aim to strengthen other important areas, such as outcomes for the early childhood workforce and early care and education systems. QC activities include coaching, specialized training, data collection and access, enrollment of additional sites into the system, and conducting the reliable Classroom Assessment Scoring System (CLASS) and Environment Rating Scale (ERS) assessments resulting in “full” QC ratings for all sites. The transition of QC to SBCEO is in the second year of implementation. In order to fully operate, QC funding comes from a variety of sources including First 5 California IMPACT (Improve and Maximize Programs so All Children Thrive), the
Accreditation Facilitation was implemented by SBCEO and CRR through coaching, technical assistance to develop accreditation plans, and accreditation learning communities that support programs seeking national accreditation. These efforts focus on understanding the accreditation standards, the steps to become accredited, or how to maintain accreditation. SBCEO assisted center-based programs to achieve or maintain NAEYC accreditation, while CRR supported FCC providers to achieve or maintain NAFCC accreditation. To streamline efforts and for ease of implementation by providers, First 5 SBC has integrated accreditation into the QC system, and the state QCC Matrix recognizes national accreditation status as a standard for the highest points in the QCC Matrix’s ERS element. As a result, providers have an easier time navigating the two systems, and external assessments are not required for accredited centers, saving tens of thousands of dollars each year.

Preschool and Childcare Expansion Project - First 5 SBC provided technical and financial support to existing FCC and center-based programs in order to maintain childcare spaces and level of quality. Funding was also provided for new FCC providers to help them attain a first-time FCC license and create new FCC childcare spaces through support and technical assistance by CRR.

How Much Did We Do?

The following Figures and Table show the clients served by First 5 SBC, regional information, and services provided based on the Strategic Plan. Information on some of the risks with which children and families are contending is also provided. Individual clients represent the individual children, providers, and programs served, whereas aggregate clients represent the people who received group services and include duplication (e.g., estimated audience attendance at a training, where people may have chosen to attend several trainings).
In addition to the 26 children served through the ECE Preschool and Childcare Expansion Project, 3,878 children birth through 5 years of age were served indirectly through Quality Counts that is funded through First 5 Santa Barbara County, First 5 California, and the California Department of Education.

Figure 4-1. ECE: Clients and Programs Served by Type for Fiscal Year 2018-2019

Figure 4-2. ECE: Individual Clients and Programs Served by Region for Fiscal Year 2018-2019
Table 4-1. ECE - Clients Served by Service Type for Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Number of Clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children</td>
</tr>
<tr>
<td><strong>Santa Barbara County Quality Counts Grant</strong></td>
<td></td>
</tr>
<tr>
<td>Accreditation Visits</td>
<td>0</td>
</tr>
<tr>
<td>Accreditation Learning Communities</td>
<td>0</td>
</tr>
<tr>
<td>Quality Grants</td>
<td>0</td>
</tr>
<tr>
<td>Quality Counts Trainings</td>
<td>0</td>
</tr>
<tr>
<td><strong>Preschool and Childcare Expansion Project</strong></td>
<td></td>
</tr>
<tr>
<td>Center-Based Expansion</td>
<td></td>
</tr>
<tr>
<td>Preschool Program Enrollment (Spaces) – First 5 SBC Funded</td>
<td>26</td>
</tr>
<tr>
<td>Family Childcare (FCC) Expansion</td>
<td></td>
</tr>
<tr>
<td>Expansion FCC Start-Up Grants</td>
<td>0</td>
</tr>
<tr>
<td>Expansion Pre-Licensing Home Visits</td>
<td>0</td>
</tr>
<tr>
<td>Expansion FCC Start-Up Trainings</td>
<td>0</td>
</tr>
<tr>
<td>Child Care Initiative Project (CCIP) Quality Grants</td>
<td>0</td>
</tr>
<tr>
<td>CCIP Quality Home Visits</td>
<td>0</td>
</tr>
<tr>
<td>CCIP Quality Family Child Care Environment Rating Scale (FCCERS) Plan</td>
<td>0</td>
</tr>
<tr>
<td>CCIP Quality Trainings</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note. All numbers in the table above represent individual (i.e., unduplicated) clients, except the numbers marked with an asterisk (*), which represent Aggregate/Group clients and can include duplication.

Risk Factors Faced by Families Served

Figure 4-3 displays the percentage of families who showed risk at intake on the items assessed during the intake process. The most common risk factors were parents having less than a high school education, parents who were less than 20 years old when they had their first child (i.e., teen parents), and parents whose annual family income was less than $20,001.
Figure 4-3. ECE: Percentage of Families Showing Risk on the Risk Indicators (N = 25)

- One or Both Parents Were < 20 yrs old when They Had 1st Child: 40%
- Parents Had Anxiety/Depression in Past 30 Days: 4%
- Children Exposed to Tobacco Smoke at Home: 0%
- Children Had Low Birth Weight: 4%
- Parents Have Problems Making Ends Meet: 4%
- Did Not Live in Stable Housing in Past 2 Months: 8%
- Annual Family Income is < $20,001: 38%
- Single Parent, Divorced, Etc.: 20%
- Parents Have Less than High School Education: 60%

Percent "Yes"
How Well Did We Do It?

The following section describes the systems improvement efforts of the First 5 Santa Barbara County (First 5 SBC) Early Care and Education (ECE) focus area staff and funded partners, by result area. A detailed description of the Systems Improvement Result Areas for First 5 SBC is found on page X.

**Result 1: Establish High-Performance Programs and Services Within the System that Produce Results for System Beneficiaries**

**Indicators:**
1. Improve existing service structure through better outreach, practices, and/or management.
2. Provide quality trainings that help providers serve the diverse needs of children and families.

**Result 1, Indicator 1: Improve Existing Service Structure Through Better Outreach, Practices, and/or Management.**

A major, multi-year systems improvement effort has been the rollout of Quality Counts California, a statewide system to improve early care and education quality. This year, oversight of the local Santa Barbara County Quality Counts (QC) system was transitioned to the Santa Barbara County Education Office Child Development Program (SBCEO), with Children’s Resource & Referral of Santa Barbara County (CRR) as a subcontractor. This included being the fiscal and program lead for the First 5 California IMPACT (Improve and Maximize Programs so All Children Thrive) funding. The benefits of this transition include having the majority of the Early Care and Education (ECE) focus area quality direct service work being under one local education infrastructure that is already receiving the bulk of the state funding for quality and workforce efforts. First 5 Santa Barbara County (First 5 SBC) continued to support SBCEO as they made this transition. As of June 30, 2019, 88 centers and 46 family childcare (FCC) programs were enrolled in QC, compared to 91 centers and 46 FCC programs the year before. With support from First 5 SBC, CRR and SBCEO provided coaching, quality grants, accreditation support, and technical assistance to the FCC programs (support provided by CRR) and childcare centers (support provided by SBCEO) participating in QC.

Another multi-year systems improvement effort has been the Preschool and Childcare Expansion Project that aims to improve access for families to high-quality early care and education. All sites that received First 5 SBC funding through this project reported increased access for families through creating or maintaining spaces. Furthermore, as part of this project, 21 new FCC providers became licensed and opened up their services, thus creating 126 new FCC spaces countywide for children ages birth to 5 years. This project also helped another 10 FCC providers improve the quality of their learning environments.

All ECE-funded partners also engaged in numerous community outreach efforts such as organizing community networks; attending community events, celebrations, or fairs; disseminating brochures and newsletters; media campaigns; social media outreach; and public speaking. The success of some of these outreach efforts was demonstrated in the strong and trusting relationship that the ECE-funded agencies have built with local community partners, who have encouraged and referred multiple early childcare providers and programs to learn more about and become a part of our local QC system.
Result 1, Indicator 2: Provide Quality Trainings that Help Providers Serve the Diverse Needs of Children and Families.

The ECE focus area and its funded partners provided a variety of trainings and learning communities to childcare providers from centers and FCC homes to improve their knowledge and skills for working with children and families. These trainings were on topics relevant to providers’ current professional needs, see Table 4-2. Information on the overall satisfaction with the trainings is reported in Table 4-3. Overall satisfaction ratings were high, although there was a range. However, the percentage of people reporting dissatisfaction with trainings was extremely low (1% or less).

### Table 4-2. ECE Trainings Completed in FY 2018-2019

<table>
<thead>
<tr>
<th>TRAININGS FOR ALL QUALITY COUNTS (QC) PARTICIPATING SITES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Facilitation Project (AFP) Learning Community</td>
<td></td>
</tr>
<tr>
<td>California Preschool Instructional Network (CPIN) Training - Family Partnerships and Culture</td>
<td></td>
</tr>
<tr>
<td>Strengthening Families – A Protective Factors Approach</td>
<td></td>
</tr>
<tr>
<td>Supporting Dual Language Learners in ECE</td>
<td></td>
</tr>
<tr>
<td>Trauma-Informed Training</td>
<td></td>
</tr>
<tr>
<td>TRAININGS FOR FAMILY CHILDCARE (FCC) HOMES PARTICIPATING IN QC</td>
<td></td>
</tr>
<tr>
<td>Ages &amp; Stages Questionnaire-3 (ASQ-3) Follow-Up and Its Role in the National Association for Family Child Care (NAFCC) Standards</td>
<td></td>
</tr>
<tr>
<td>Desired Results Developmental Profile (DRDP) Curriculum and Its Role in the NAFCC Standards</td>
<td></td>
</tr>
<tr>
<td>Family Child Care Environment Rating Scale (FCCERS) and Its Role in the NAFCC Standards</td>
<td></td>
</tr>
<tr>
<td>NAFCC Intro to Self-Study</td>
<td></td>
</tr>
<tr>
<td>Networking &amp; Work Night Community Care Licensing (CCL), QRIS, and NAFCC Record Keeping and Documentation</td>
<td></td>
</tr>
<tr>
<td>NAFCC Home Tours</td>
<td></td>
</tr>
<tr>
<td>FCC EXPANSION TRAININGS</td>
<td></td>
</tr>
<tr>
<td>Am I Ready? Steps to Licensing</td>
<td></td>
</tr>
<tr>
<td>FCCERS Trainings</td>
<td></td>
</tr>
<tr>
<td>From Paperwork to Padlocks (overview of documentation and safety requirements)</td>
<td></td>
</tr>
<tr>
<td>Operating a Strong Family Child Care Business</td>
<td></td>
</tr>
</tbody>
</table>

### Table 4-3. Providers’ Satisfaction with the Trainings (N = 419)

<table>
<thead>
<tr>
<th>Average Score</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The presenters' effectiveness in conveying the information provided.</td>
<td>9.44</td>
</tr>
</tbody>
</table>
2. The presenters’ knowledge of the information provided. 9.61 3 - 10  
3. The usefulness of the information presented. 9.56 3 - 10  
4. The usefulness of the handouts received. 9.50 4 - 10  
5. The overall quality of the presentation. 9.58 4 - 10  
6. The potential to use this information in your work. 9.65 4-10  

**Note.** Each satisfaction item was rated on a scale from 0 (very poor) to 10 (excellent).

ECE providers were also asked to rate their knowledge before and after the trainings (see Figure 4-4), and participants reported a statistically significant improvement in their knowledge across all types of trainings. The vast majority of the ECE providers were also highly satisfied with the usefulness of the information presented at each training and the overall quality of the presentations.

![Figure 4-4. Changes in ECE Provider Knowledge due to Trainings](image)

**Conclusion:**
First 5 SBC and its funded partners engaged in systems improvement activities to improve access to high-quality early care and education. This included trainings to ECE providers to improve the quality of early care and education throughout the county. ECE providers reported improvements in knowledge and generally high satisfaction with the trainings provided. Their success at the implementation of QC is discussed further in the section Is Anyone Better Off? Result 2, Indicator 1.
Result 2: Improve the Political Context that Surrounds the System so It Produces the Policy and Funding Changes Needed to Create and Sustain It

Indicators:
1. Change in investment, policy, or practices that will lead to improved service systems.

Result 2, Indicator 1: Change in Investment, Policy, or Practices that Will Lead to Improved Service Systems.

This year, First 5 Santa Barbara County (First 5 SBC) staff focused on improving their knowledge and understanding of the upcoming census. Information was provided to First 5 SBC indicating that children ages 0-5 are undercounted in Santa Barbara County on the census, because families are not reporting them. Commission staff attended a local census meeting to hear state representatives discuss California’s plan for the 2020 census and participated in a brainstorming session focusing on county and city implementation. The main goal was developing a 0-5 Hard-to-Count (HTC) plan that included strategies on how to inform the public about the importance of the census and how to work with various special populations. There is potential for some of the First 5 SBC-funded agencies to be a part of this effort. This effort is in alignment with the First 5 Association of California, who is taking a very robust approach to the 2020 census to ensure that there is a more accurate count of our 0-5 years old population. An accurate child count assures that funding for state and federal children’s services and support is allocated in alignment with need. First 5 SBC has been assigned a regional coordinator and a toolkit to assist in our local efforts.

In addition, Commission staff began learning about the Help Me Grow California (HMGC) initiative, which is an effort by the First 5 Association to ensure that all children in the state are supported by a system of accessible developmental and behavioral resources in their communities. As First 5 SBC considers becoming one of the counties involved in HMGC, Commission staff attended several workshops and an HMGC network call to learn the model and its requirements, and connected with leaders in other counties who are implementing the model.

Conclusion:
The Early Care and Education focus area staff and partners are involved in several efforts to improve the system of care for young children and their families and are looking to additional opportunities to align with other statewide systems work.

Result 3: Create Strong and Effective Linkages Across System Components that Further Improve Results for System Beneficiaries

Indicators:
1. Support effective collaborations.
2. Expand the reach of needed services.

Result 3, Indicator 1: Support Effective Collaborations.
This year, First 5 California started the first phase of their five-year Dual Language Learner (DLL) Pilot Study, and Santa Barbara County is one of the 16 participating counties. Early Care and Education (ECE) key stakeholder agencies such as Head Start, Child Care Planning Council, Children’s Resource and Referral, school districts, and large childcare centers participated in small group conversations with First 5 California-contracted researchers in October 2018. Phase 1 of the DLL Pilot Study focuses on understanding What’s Happening across the state to support DLLs. Approximately 800 early learning settings across California were selected to complete a survey about their programs.

Result 3, Indicator 2: Expand the Reach of Needed Services.

The First 5 Santa Barbara County (First 5 SBC) Preschool and Childcare Expansion Project was designed to address the high demand for quality early care and education for working families in Santa Barbara County. As part of this project, Santa Maria-Bonita School District (SMBSD) received First 5 SBC funds to maintain the existence of 24 center-based childcare spaces within their Twilight preschool program. Children’s Resource and Referral of Santa Barbara County (CRR) received funds that enabled them to license 21 new family childcare (FCC) homes, thus creating 126 new FCC spaces for children ages birth through 5 years. In order to achieve this, CRR addressed a specific barrier to obtaining an FCC license. Prior to this year, there was difficulty in providers being able to access in both English and Spanish the Preventative Health and Safety training required for licensure. CRR now has three specialists able to provide this training in English and Spanish. Both SMBSD and CRR were also able to leverage additional funding from other sources with which they further expanded the reach and impact of their services.

Conclusion:
First 5 SBC is participating in statewide efforts to understand and improve educational services for dual language learners. They have also continued to engage in efforts to expand the reach of quality early care and education.

Result 4: Develop the Supports Systems Needed to Function Effectively and with Quality

Indicators:
1. Support continual program improvement through the use of data.
2. Programs are providing high-quality services.

Result 4, Indicator 1: Support Continual Program Improvement Through the Use of Data.

All Early Care and Education (ECE) focus area partners report on how they use data to improve services. The following two examples from Children’s Resource & Referral of Santa Barbara County (CRR) and the Santa Barbara County Education Office (SBCEO) highlight how data are being used. CRR used data from the Provider Satisfaction Surveys and Training Evaluations from last year to guide service improvements for this fiscal year. As one example, last year, providers reported that they were dissatisfied with the lack of notice they were receiving for professional development opportunities. CRR used that feedback to create an Annual Training Calendar that includes all upcoming professional development opportunities for the year. This enabled providers to
adjust their schedules appropriately and plan ahead accordingly. As a result, there was increased participation. SBCEO used the continuous quality improvement plans that are entered into the Vertical Change system to identify trends to inform Santa Barbara County Quality Counts planning and development. This readily accessible data now better inform individualized supports offered to sites. The National Association for the Education of Young Children (NAEYC)'s evolving Provider Portal is also providing reliable information about the status of sites nearing their accreditation renewal windows.

**Result 4, Indicator 2: Programs Are Providing High-Quality Services.**

Providers were surveyed about their satisfaction with the services they received from the ECE-funded partners (see **Table 4-4**). Overall, most providers (87% - 95%) were highly satisfied with the services they received. Only *between 2% and 6%* of all providers surveyed disagreed with one or more of the statements. This year, the area with the lowest satisfaction rate was “staff members asked me about my strengths, needs, and interests” (13% of providers surveyed did not agree). ECE focus area staff and funded partners reviewed this feedback at evaluation meetings. Any areas that look relatively low were discussed to determine if changes were needed in program design and/or implementation.

![Table 4-4. ECE Provider Satisfaction Survey Results](Image)

**Conclusion:**

The ECE focus area continues to use data to improve services. Provider satisfaction survey results show a high level of satisfaction with the services provided.
Is Anyone Better Off?

Background
Participating in high-quality early care and education (ECE) programs can help children experience positive academic and social-emotional outcomes in school. 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 such programs, a trend that is particularly strong for children from disadvantaged families.

We know that high-quality ECE is beneficial to the development of young children, but often times parents have difficulty accessing high-quality care due to lack of available spaces in their community, affordability issues, and not knowing the value of indicators of quality, such as accreditation. The First 5 Santa Barbara County (First 5 SBC) ECE focus area targeted these areas in its efforts to achieve results.

Result Areas
The goals of the ECE focus area are improving the quality of existing childcare and preschool services, creating new childcare and preschool services, and expanding access to these services. Ultimately, all ECE focus area work is geared to supporting children. Having higher quality childcare spaces and educators 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.

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

Indicators:
1. Children in the Preschool and Childcare Expansion Project will show progress on indicators of school readiness.

Result 1, Indicator 1: Children in the Preschool and Childcare Expansion Project Will Show Progress on Indicators of School Readiness.

Background:
First 5 Santa Barbara County (First 5 SBC) is working to help more children access high-quality early care and education through the Santa Barbara County Quality Counts system 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 Kindergarten Student Entrance Profile (KSEP) is a universal screening measure of students’ school readiness skills that has been shown to predict later academic success. It was completed by kindergarten teachers in the Santa Maria-Bonita School District (SMBSD) who observed children in their naturalistic school setting during the first month of school. Each child was rated on 12 items (6 social-emotional items and 6 school-ready knowledge items).
Sample:
All KSEP scores were assessed when children started kindergarten in the 2018-2019 school year. Students who had missing scores on any of the 12 KSEP items were excluded from the analysis. The rest of the children were divided into five groups: group a. - children who participated in the 2017-2018 First 5 SBC Preschool and Childcare Expansion Project, group b. - other children in SMBSD who also went to preschool, group c. - SMBSD children who were in transitional kindergarten (TK) in fiscal year (FY) 2017-2018 but are now in kindergarten, group d. - SMBSD children who have no preschool experience, and group e. - SMBSD children for whom it is unknown whether or not they went to preschool.

Results:
An indicator of school readiness (the KSEP) was compared across children who participated in the Preschool and Childcare Expansion Project in FY 2017-2018 and other children in SMBSD. Figure 4-5 displays the results, which showed a statistically significant difference in the average KSEP scores between the five groups. Results revealed that the students who went to TK are more ready for school, followed by the children who participated in the First 5 SBC Preschool and Childcare Expansion Project or went to preschool (the Expansion group is equivalent to the preschool group, as the project funded preschool spaces for these children). Although we were not able to examine the effects of age directly, it is likely that the children in the TK group were (on average) older than the students in the other groups, which might also partially explain their slightly higher KSEP ratings.

Note 1. Results are statistically significant at the $p < .001$ level.
Note 2. The lines within each bar show the standard deviation for each group (i.e., how spread out the KSEP scores are within each group). The letters above each bar indicate which groups are significantly different from the one represented by the bar.

Note 3. Shared with permission of the Santa Maria-Bonita School District.

Conclusion:
Children who received access to preschool services funded by the First 5 SBC Preschool and Childcare Expansion Project are showing higher levels of school readiness than children who were unable to access high-quality early care and education. This supports the usefulness of the Preschool and Childcare Expansion Project in providing preschool access to children who need it.

**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 are accredited.

**Result 2, Indicator 1: Early Care and Education (ECE) Programs Are Showing Program Quality Improvement.**

**Background:**
The Santa Barbara County Quality Counts (QC) system, which is partially funded by First 5 Santa Barbara County (First 5 SBC), continued implementation this year. QC sites were rated on various quality elements, which require independent assessments at follow-up. 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 receiving First 5 SBC funding through the Preschool and Childcare Expansion Project also participated in measuring their program quality through QC.

**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. Childcare centers were rated on a scale of 1 to 5 for the seven quality elements, whereas family childcare (FCC) homes were rated on five quality elements (two elements do not apply to FCC).

**Sample:**
*Countywide Quality Counts Efforts to Improve Quality*
This year, 139 sites participated in QC, which included 90 childcare centers and 49 FCC homes. Baseline and post-assessment information on the QC ratings was available for 90 of the participating centers and 33 of the participating FCC homes. The long-term goal of QC is for all interested and eligible county programs to participate as additional funds are made available.

*First 5 SBC Expansion Efforts to Improve Availability and Quality*
Baseline and post-assessment information on the QC ratings was also available for four childcare centers that received First 5 SBC childcare expansion funding this year and participated in QC. The Preschool and Childcare Expansion Project also supported 10 FCC providers in improving the quality of their learning environments.
Results:

Countywide Quality Counts Efforts to Improve Quality
For both centers (t(89) = -27.16, p < .001) and FCC homes (t(32) = -20.33, p < .001), there were statistically significant improvements in quality ratings over time (see Figure 4-6). Consistent with this, Table 4-5 shows that programs moved up tiers in QC. At baseline, only 6% of centers and 0% of FCC homes were rated at Tier 4 or Tier 5 (no program was rated at Tier 5 at baseline), but by their latest post-assessment, this percentage had increased to 92% for centers and 70% for FCC homes. In part, improvement could be due to programs beginning to incorporate new tools and processes, such as developmental screenings, into their program, which are indicators of quality.

Table 4-5. Changes in Number of QC Centers and Family Childcare Homes at Each Quality Tier

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Latest Post-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare Centers (N = 90)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tier 2</td>
<td>40</td>
<td>3</td>
</tr>
<tr>
<td>Tier 3</td>
<td>45</td>
<td>4</td>
</tr>
</tbody>
</table>

Note. QC total scores can range from 7 to 35 points for childcare centers and from 5 to 25 points for FCC homes. The difference in point ranges is because two of the seven QC elements are for centers only and are not included in the total scores of FCC homes.

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

**Figure 4-6. Quality Counts Rating Results for Childcare Centers and Family Childcare Homes**
First 5 SBC Expansion Efforts to Improve Availability and Quality

This section focuses on funded efforts to improve the availability and quality of childcare through the First 5 SBC Preschool and Childcare Expansion Project. As part of this project, 21 new FCC providers became licensed in fiscal year (FY) 2018-2019 and opened up their services. Another 10 FCC providers received trainings, individualized coaching, assessments, and $500 worth of quality educational materials, as a result of which they improved the quality of their learning environments and supported their retention as providers. Of these 10 providers, there were statistically significant improvements in their ability to provide appropriate space and furnishings, from a mean score of 4.07 to 5.48 on a scale of 1-7, where 7 is excellent, $t(9) = -4.25, p = .002,$ and appropriate developmental materials and activities for the children in their care, from a mean score of 3.06 to 4.58, $t(9) = -5.90, p < .001.$ This indicates progress in areas that were initially rated in need of support.

The childcare centers that received First 5 SBC funding through the Preschool and Childcare Expansion Project also showed improvements in other elements of program quality. All of the centers that had both a baseline and three post-assessment ratings by the end of FY 2018-2019 moved up tiers in QC with each achieving a rating of Tier 4 (three programs) or Tier 5 (one program) by the time of their latest post-assessment (see Table 4-6). The greatest improvements were seen in the elements of child observation, developmental and health screenings, and program environment, with each center achieving or maintaining the highest standard of 5 points for each of these elements by their latest post-assessment rating. Sites at Tier 5 must also be nationally accredited; however, this does not preclude sites to be accredited at Tier 3 or Tier 4 as well.

| Tier 4 | 5 | 49 |
| Tier 5 | 0 | 34 |

Family Childcare Homes (N = 33)

| Tier 1 | 9 | 0 |
| Tier 2 | 23 | 0 |
| Tier 3 | 1 | 10 |
| Tier 4 | 0 | 17 |
| Tier 5 | 0 | 6 |

Table 4-6. Improvements in Quality Tiers for the Childcare Centers Funded by the First 5 SBC Preschool and Childcare Expansion Project (N = 4)

| Tier 1 | Baseline | 1st Post-Assessment | 2nd Post-Assessment | 3rd Post-Assessment |
| Tier 2 | 0 | 0 | 0 | 0 |
| Tier 3 | 4 | 0 | 0 | 0 |
| Tier 4 | 0 | 2 | 3 | 3 |
Conclusion:
The overall quality of the childcare centers or FCC homes improved through their participation in QC. 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.

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 and reflect the minimal health and safety requirements that are aimed at protecting children’s physical and psychological well-being. For programs striving to reach a higher level of quality than licensing, 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 locally designed QC system includes national accreditation, via the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC), as a requirement to attain the highest rating. The Santa Barbara County Education Office (SBCEO) staff offered support and technical assistance to help center-based childcare facilities, and Children’s Resource & Referral of Santa Barbara County (CRR) supported FCC providers, through the process that leads to national accreditation, including support to maintain and renew their accreditation status.

Measure:
The countywide rates for accreditation were compiled by the ECE focus area staff and funded partners each year. There was not one sole organization responsible for the rate of accredited programs; rather, there were many partners that offered support to providers and programs seeking accreditation, including SBCEO and CRR. There were also many factors that contributed to the countywide accreditation rate and its fluctuation over time (see Figure 4-7), such as changes in the NAEYC accreditation system, assessment capacity of NAFCC, financial support available, turnover and closure of programs, and broader social factors like the economy.

Sample:
The sample consisted of the total number of childcare centers and FCC 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. Figure 4-7 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 programs from 2000 to the present, with 64 childcare centers and 19 FCC homes now accredited, although there was a drop in accredited centers and FCC homes since last year. The drop in accredited FCC homes was either due to program closure or to the new continuing education units requirement added by NAFCC. Five other FCC homes were in the process of accreditation as of
June 30, 2019. Most sites were participating in QC — 63 of the 64 accredited centers and all of the 19 accredited FCC homes, which supports the efforts of QC in promoting accreditation.

**Figure 4-7. Number of Accredited Childcare Centers and Family Childcare Homes by Fiscal Year**

*Figure 4-8* shows the proportion of licensed center and family childcare in Santa Barbara County that is accredited. For both centers and FCC homes, it has increased substantially compared to previous years, and is better than the current California rate.

Note 2. The California rates of accredited FCC homes and childcare centers were estimated using data from the NAFCC and NAEYC Accreditation websites and Child Care Aware of America.

Conclusion:
First 5 SBC funded local partners to improve early care and education quality and strongly encourage accreditation. As a result of the efforts of multiple agencies, Santa Barbara County has maintained a high rate of accredited programs, although there was a slight drop in numbers this year. This has been achieved through the inclusion of accreditation into the QC system, committed and experienced staff, and more dedicated resources to FCC providers through funding. It is expected that the rate of FCC accreditation will continue to rise in coming years.

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

Indicators:
1. Number of new childcare spaces at family childcare homes or centers.
2. Increase the number and percentage of at-risk children ages birth through 5 years who are enrolled in high-quality early learning programs.

Result 3, Indicator 1: Number of New Childcare Spaces at Family Childcare Homes or Centers.

Background:
Trends in the availability of licensed childcare spaces in Santa Barbara County for children ages birth to 12 years with parents in the labor force are displayed in Figure 4-9. Data indicate that only around one
in five children 0-12 years old in the county estimated to need care had a space available to them in 2016. The largest request for childcare came from parents of infants and toddlers, ages birth to 2 years, from whom 45% of requests came.\textsuperscript{12} All of this information indicates that there is a significant need for licensed childcare in Santa Barbara County.

A recent report compiled by the California Child Care Resource & Referral Network provides a closer look at the state of family childcare (FCC) in California.\textsuperscript{13} FCC homes are a significant part of California’s childcare supply system. However, there has been a steady decline in the number of licensed FCC homes since the great recession. In 2008, there were 39,000 FCC homes in California compared to only 27,500 in 2017 (approximately 30% decline in numbers). Santa Barbara County has seen a 23% decline in numbers for the same time period. The main challenges that current FCC providers are facing in trying to keep their business open are related to low pay, lack of benefits, and inability to fill the childcare program. Other challenges include startup costs, policies, access to required trainings, licensing process, natural disasters, and different career interests/professional goals.\textsuperscript{13}

In addition, the latest available data from the Santa Barbara County Child Care Portfolio show that there has also been a loss in the total number of licensed childcare centers and childcare center spaces in the county. The total number of licensed childcare centers decreased from 174 in 2014 to 151 in 2017 (approximately 13% decline in numbers), and the total number of childcare center spaces decreased from 9,118 in 2014 to 7,833 in 2017 (14% decrease in numbers).\textsuperscript{12}

In an effort to help increase the availability of childcare spaces in both childcare centers and FCC homes, the First 5 Santa Barbara County (First 5 SBC) Early Care and Education (ECE) focus area staff worked to help open or save childcare programs, through providing technical assistance and by collaborating with local government, social service agencies, school districts, and housing representatives to remove barriers.
and create opportunities. Additionally, First 5 SBC invested directly in the creation and maintenance of spaces at childcare centers and FCC homes in Santa Barbara, Santa Maria, Guadalupe, and Lompoc through its ECE spaces expansion funding. The Commission invested its funding for new center-based spaces with a requirement that a 2/3 match in funding to support the projects be secured, thereby sharing the cost for the spaces and encouraging other funders or agencies to invest in this manner.

**Measure:**
The opening and closing of licensed childcare programs was tracked by Community Care Licensing on a monthly basis. The sites that received First 5 SBC childcare expansion funding reported the number of ECE enrollment spaces that were opened or maintained with First 5 SBC funding using their Childcare Expansion assessment tool.

**Sample:**
Data were obtained from Children’s Resource & Referral on the total number of licenses by type of license. In addition, 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 (see Table 4-7). The number of spaces opened or maintained with First 5 SBC funding by fiscal year was used to assess the impact of the First 5 SBC efforts to improve the availability of licensed childcare in the county (see Figure 4-11).

**Results:**
*Countywide Trends in Licensed Childcare Spaces*
As of June 30, 2019, there were 360 licensed FCC homes with 3,069 available spaces for children ages birth through 5 years based on licensing capacity and 138 licensed childcare centers with 6,741 spaces for children ages birth through 5 years based on licensing capacity in Santa Barbara County. **Figure 4-10** shows the changes in number of licensed childcare programs in the county by type of license over the last two years.
Table 4-7 shows the changes in childcare spaces by calendar year since 2014. There has been a net loss of FCC spaces since 2014. In 2017, there was an increase in net spaces due to a huge influx of funders that wanted to fund FCC spaces and improve their quality, which is a positive note after years of losses. However, in 2018, funding decreased and there was again a net loss in both FCC spaces and childcare center spaces. No one program is responsible for the countywide trends; however, this indicates that more efforts are needed to increase the availability of licensed childcare in Santa Barbara County.

| Table 4-7. Changes in Number of Childcare Spaces in Santa Barbara County by Calendar Year |
|-----------------------------------------------|-----------|-----------|-----------|-----------|-----------|
|                                               | 2014 #   | 2015 #   | 2016 #   | 2017 #   | 2018 #   |
| Family Childcare Spaces                       |          |          |          |          |          |
| Spaces Added                                  | 322      | 208      | 221      | 258      | 234      |
| Spaces Lost                                   | 384      | 484      | 362      | 200      | 348      |
| Changes in Spaces                             | -62      | -276     | -141     | 58       | -114     |
| Childcare Center Spaces                       |          |          |          |          |          |
| Spaces Added                                  | 193      | 76       | 119      | 279      | 94       |
| Spaces Lost                                   | 72       | 235      | 312      | 119      | 142      |
Changes in Spaces

| Changes in Spaces | 121 | -159 | -193 | 160 | -48 |

**First 5 SBC Efforts to Improve Availability of Licensed Childcare**

Figure 4-11 shows the number of childcare spaces that were opened or maintained through the direct help of the First 5 SBC ECE focus area and its funded partners since the implementation of Strategic Plan 2014-2017. This year, 150 childcare spaces were opened or maintained with assistance by the ECE focus area, including 24 center spaces at Quality Counts (QC) sites in Santa Maria, and 126 new FCC spaces for children birth through 5 years across 21 new providers countywide (see Figure 4-12 as well). Some participating sites reported that without the support and funding of First 5 SBC, these spaces would have been lost or would not have been filled. Furthermore, this funding allowed families to access quality childcare and preschool for their children, who would not have otherwise been able to attend. Another five FCC providers that were supported using First 5 SBC funding were in the process of becoming licensed as of June 30, 2019.

![Figure 4-11. Number of Childcare Spaces Opened or Maintained with Assistance by the ECE Focus Area](image-url)
Conclusion:
Several efforts come together to support the availability of quality early care and education in Santa Barbara County. Efforts by the ECE focus area and its funded partners have helped maintain or save spaces, and assisted new FCC providers in opening their doors.

Result 3, Indicator 2: Increase the Number and Percentage of At-Risk Children Enrolled in High-Quality Early Learning Programs.

Background:
The definition of “high-needs children” First 5 SBC used originated from the federal Race to the Top initiative. The federal definition states that these are “children from birth through kindergarten entry 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.” California includes infants and toddlers and “children receiving protective services through the local county welfare department as well as children identified by a legal, medical, social service agency or emergency shelter as abused, neglected or exploited or at risk of abuse, neglect or exploitation.”

Measure:
The number and percentage of high-needs children enrolled in the childcare centers and FCC homes participating in the Santa Barbara County QC system were 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 88 childcare centers and 46 FCC homes participating in QC, as of the end of the fiscal year (i.e., June 30).

Results:
As of June 30, 2019, there were 2,796 high-needs children enrolled in childcare centers participating in QC, representing 71% of their actual enrollment. Of the FCC homes participating in QC, 298 high-needs children were enrolled, also representing 71% of their actual enrollment. Figure 4-13 compares the percentage of high-needs children over the last three years. Results for centers remained relatively consistent over time, but for FCC homes, there was a significant increase in the proportion of high-needs children enrolled. This increase could be due to the new Emergency Child Care Bridge Program funded through the California Department of Education. QC sites are now better prepared to enroll children who are in foster care and are experiencing trauma, both of which are high-needs categories.

Conclusion:
The QC program participants in Santa Barbara County are serving a large proportion of high-needs children.
SUMMARY AND
RECOMMENDATIONS
SUMMARY

First 5 Santa Barbara County (First 5 SBC) transitioned to a new Strategic Plan in fiscal year (FY) 2018-2019. This brought opportunities to continue many effective programs and services that have supported young children and their families over the years, while also modifying newborn home visiting services, increasing focus on trying new communication strategies, and funding systems change and capacity building opportunities that may emerge or change. This report shared their results as part of First 5 SBC’s ongoing commitment to accountability, transparency, and supporting evidence-informed efforts. In the sections below, we summarize some of the many strengths, while also attending to areas to improve, as part of our philosophy of continuous program improvement.

Strengths

First 5 SBC has been a county leader on funding and advancing the use of evidence-based and evidence-informed service strategies for both the Family Support (FS) and Early Care and Education (ECE) focus areas. For FS, this includes funding evidence-based parent education programs, advancing the use countywide of the Family Development Matrix, a case management tool, and supporting the creation and implementation of Standards of Quality for Family Strengthening and Support for family resource centers. Families who have received FS services have shown improvements in numerous critical areas, including access to health care, social support, concrete support, and parenting practices.

For ECE, the implemented evidence-informed practices include continually supporting center and family childcare in the accreditation process, leading to a higher percentage of childcare in Santa Barbara County that is accredited compared to the California average. They have also advanced and supported the Santa Barbara County Quality Counts system, and have helped increase access to high-quality early care and education through expansion funding, to name a few.

As part of ongoing efforts at systems improvement, First 5 SBC staff serve on many countywide councils, committees, and meetings, which brings visibility to the issues faced by young children and their families, and expands First 5 SBC’s spheres of influence. They have been a reliable voice for young children in our county for two decades.

Areas to Improve

First 5 SBC is in an advantageous position as a funder to lead systems improvement efforts countywide. However, there is a need to better align their efforts across the ECE and FS focus areas, communications and policy, and systems change grants to more directly align with the Systems Improvement Result Areas outlined in the current Strategic Plan. Some efforts, including systems change grants, started before the new Strategic Plan, and thus may be less directly aligned than if they had been created in response to the Strategic Plan. Thus, there is room for growth as all areas encompassed under First 5 SBC take ownership and responsibility for addressing the Systems Improvement indicators as outlined in the Strategic Plan.

First 5 SBC initiated communications mini-grants this FY to help agencies expand the reach of their services to families not already connected. It is expected with any first-time implementation of any program, that there are many lessons learned the first year—things do not often go as planned. This was true for several of the grantees whose outreach efforts to engage families were not as successful as they projected. For example, Spanish-language radio ads did not increase enrollment as expected. There were also barriers to outreach to immigrant communities, given the political climate in which we are
embedded. These are important lessons learned, and should not be a barrier to continue funding these agencies, as long as their new outreach plans incorporate new strategies in response to these lessons learned.

Finally, 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 SBC 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.

**Recommendations**

1. All focus areas, communications and policy efforts, and systems change grants should be responsible for addressing systems improvement efforts outlined in the Strategic Plan. Currently, addressing these indicators seems more of a side thought, rather than a central focus of efforts with a systematic plan.
2. Continue to lead the efforts on the use of evidence-based and evidence-informed practices. As new agencies come on board, they may need assistance in implementing these programs to fidelity (i.e., as intended by the developer). Funding may be needed for training in the evidence-based programs, ongoing supervision the first year from program developers, and implementing fidelity checks.

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 SBC at (805) 884-8085.
Data Sources and References


PRESENTATION/DISCUSSION ITEMS
**F5 CA Annual Report Guidelines**

**County Revenue & Expenditures Summary:** captures county commission fiscal data showing the relationship between all financial resources and services

**County Service Demographic Summary:** unduplicated counts of populations served including breakdowns by population category, race/ethnicity and primary language spoken in the home

**County Evaluation Summary & Highlights - Evaluation Questions:**

1. Provide a description of the evaluation activities completed, evaluation findings, and their policy impact during the fiscal year. (4,000 characters maximum)
2. Describe 2-3 highlights or accomplishments during the fiscal year. (2,000 characters maximum)

### Result Area: Improved Family Functioning

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Definition</th>
<th>Data</th>
</tr>
</thead>
</table>
| General Family Support               | - short-term, non-intensive instruction on general parenting topics, support for basic family needs and related case management, referrals to family services  
- adult, family literacy, fatherhood programs also included  
- support services and classes for families provided by paraprofessional staff | Children  
Providers  
Primary caregivers  
Expenditures |
| Targeted Intensive Family Support Services | - clinical services by a paraprofessional and/or professional designed to support at risk parents and families to increase knowledge and skills related to parenting and improved family functioning  
- comprehensive and/or intensive services to special populations (i.e., homeless, teen parents, foster children, special needs). |                                                                         |

### Result Area: Improved Child Development

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Definition</th>
<th>Data</th>
</tr>
</thead>
</table>
| Quality Early Learning Support       | - QRIS investments as part of First 5 IMPACT and Quality Counts California.  
- may include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. | Children  
Providers  
Primary caregivers  
Expenditures |
| Early Learning Programs              | - early learning programs for children 0–5 years old, with direct costs for First 5 county commissions (preschool programs, kindergarten transition services, and early learning programs for all ages.  
- early learning programs for primary caregiver and their children together (playgroups)  
- programs for homeless children; migrant programs; and similar investments. |                                                                         |
## Result Area: Improved Child Health

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Definition</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Education and Promotion</td>
<td>- programs promoting children’s healthy development, nutrition, fitness, access to health/dental/vision insurance and health services</td>
<td>Children Providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caregivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expenditures</td>
</tr>
<tr>
<td>Perinatal and Early Childhood Home Visiting</td>
<td>- home visiting provided in home with parents prenatally to age 3</td>
<td></td>
</tr>
<tr>
<td>Prenatal &amp; Infant/Toddler Pediatric Support</td>
<td>- out-of-home prenatal care and follow up for healthy development-related services birth to age 3</td>
<td></td>
</tr>
<tr>
<td>Oral Health Education &amp; Treatment</td>
<td>- dental screening, preventative care, treatment, parent education on importance of oral health care</td>
<td></td>
</tr>
<tr>
<td>Early Intervention</td>
<td>- programs providing screening, assessment, diagnostic services, referrals and follow up services</td>
<td></td>
</tr>
</tbody>
</table>

## Result Area: Improved Systems of Care

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Definition</th>
<th>Data</th>
</tr>
</thead>
</table>
| Policy & Public Advocacy | - Community awareness, public outreach and education on issues related to children birth to 5 and their families  
- Focused work on policy change, work with local and statewide stakeholders, and related efforts                              | Expenditures |
| Systems Building       | - Efforts to improve service quality, connections between programs, infrastructure support, and professional development.  
- strategic planning, business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums.  
- creating strong and effective linkages across particular system components, or leveraging funding to sustain the system of care.  
- database management and other cross-agency systems evaluation support                                                      |            |
### 2019 County of Santa Barbara Reading and Math Proficiency Scores by District

#### High Priority ☐  Second Priority ☐  Meeting Proficiency ☐

#### Region 1 – Cuyama

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuyama Elementary</td>
<td>37%</td>
<td>26%</td>
</tr>
</tbody>
</table>

#### Region 2 – Guadalupe

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Buren Elementary</td>
<td>26%</td>
<td>20%</td>
</tr>
</tbody>
</table>

#### Region 3 – Santa Maria-Bonita

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arellanas Elementary</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Ontiveos Elementary</td>
<td>49%</td>
<td>44%</td>
</tr>
<tr>
<td>Oakley Elementary</td>
<td>22%</td>
<td>12%</td>
</tr>
<tr>
<td>Bruce Elementary</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Jimenez Elementary</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>Miller Elementary</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td>Alvin Elementary</td>
<td>34%</td>
<td>27%</td>
</tr>
<tr>
<td>Rice Elementary</td>
<td>34%</td>
<td>31%</td>
</tr>
<tr>
<td>Adam Elementary</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Taylor Elementary</td>
<td>43%</td>
<td>29%</td>
</tr>
<tr>
<td>Battles Elementary</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>Liberty Elementary</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>Tunnel Elementary</td>
<td>62%</td>
<td>23%</td>
</tr>
<tr>
<td>Sanchez Elementary</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Fairlawn Elementary</td>
<td>30%</td>
<td>27%</td>
</tr>
<tr>
<td>Bonita Elementary</td>
<td>25%</td>
<td>23%</td>
</tr>
</tbody>
</table>

#### Region 4 – Orcutt & Blochman

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olga Reed Elementary</td>
<td>40%</td>
<td>26%</td>
</tr>
<tr>
<td>Patterson Elementary</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>Nightingale Elementary</td>
<td>51%</td>
<td>53%</td>
</tr>
<tr>
<td>Dunlap Elementary</td>
<td>52%</td>
<td>43%</td>
</tr>
<tr>
<td>Shaw Elementary</td>
<td>51%</td>
<td>40%</td>
</tr>
<tr>
<td>Pine Grove Elementary</td>
<td>58%</td>
<td>47%</td>
</tr>
<tr>
<td>Blochman Elementary</td>
<td>53%</td>
<td>36%</td>
</tr>
</tbody>
</table>
### Region 5 – Lompoc (Vandenburg and Lompoc)

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hapgood Elementary</td>
<td>37%</td>
<td>26%</td>
</tr>
<tr>
<td>Miguelito Elementary</td>
<td>49%</td>
<td>40%</td>
</tr>
<tr>
<td>La Canada Elementary</td>
<td>51%</td>
<td>35%</td>
</tr>
<tr>
<td>Buena Vista Elementary</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Leonora Fillmore Elementary</td>
<td>31%</td>
<td>17%</td>
</tr>
<tr>
<td>Clarence Ruth Elementary</td>
<td>35%</td>
<td>21%</td>
</tr>
<tr>
<td>Vandenburg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crestview Elementary</td>
<td>71%</td>
<td>56%</td>
</tr>
</tbody>
</table>

### Region 6 – Santa Ynez Valley (Buellton, Solvang, Los Olivos, College, and Vista Del Mar)

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oak Valley Elementary</td>
<td>59%</td>
<td>46%</td>
</tr>
<tr>
<td>Solvang Elementary</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>Ballard Elementary</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>Los Olivos Elementary</td>
<td>70%</td>
<td>61%</td>
</tr>
<tr>
<td>College Elementary</td>
<td>68%</td>
<td>50%</td>
</tr>
<tr>
<td>Vista Del Mar Elementary</td>
<td>30%</td>
<td>27%</td>
</tr>
</tbody>
</table>

### Region 7 – Goleta (Goleta and Hope)

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foothill Elementary</td>
<td>78%</td>
<td>74%</td>
</tr>
<tr>
<td>Isla Vista Elementary</td>
<td>63%</td>
<td>61%</td>
</tr>
<tr>
<td>Brandon Elementary</td>
<td>66%</td>
<td>60%</td>
</tr>
<tr>
<td>Hollister Elementary</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>Ellwood Elementary</td>
<td>59%</td>
<td>51%</td>
</tr>
<tr>
<td>Kellogg Elementary</td>
<td>74%</td>
<td>67%</td>
</tr>
<tr>
<td>La Patera Elementary</td>
<td>54%</td>
<td>41%</td>
</tr>
<tr>
<td>El Camino Elementary</td>
<td>50%</td>
<td>41%</td>
</tr>
<tr>
<td>Mountain View Elementary</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>Monte Vista Elementary</td>
<td>75%</td>
<td>61%</td>
</tr>
<tr>
<td>Hope Elementary</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>Vieja Valley Elementary</td>
<td>69%</td>
<td>60%</td>
</tr>
</tbody>
</table>
### Region 8 – Santa Barbara

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Elementary</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Roosevelt Elementary</td>
<td>47%</td>
<td>45%</td>
</tr>
<tr>
<td>Adams Elementary</td>
<td>52%</td>
<td>49%</td>
</tr>
<tr>
<td>Franklin Elementary</td>
<td>57%</td>
<td>49%</td>
</tr>
<tr>
<td>Monroe Elementary</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Harding Elementary</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>McKinley Elementary</td>
<td>28%</td>
<td>10%</td>
</tr>
<tr>
<td>Cleveland Elementary</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>SB Community Academy</td>
<td>40%</td>
<td>32%</td>
</tr>
</tbody>
</table>

### Region 9 – Carpinteria and Montecito

<table>
<thead>
<tr>
<th>School</th>
<th>English Language Arts</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold Spring Elementary</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>Montecito Elementary</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>Canalino Elementary</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>Aliso Elementary</td>
<td>52%</td>
<td>56%</td>
</tr>
<tr>
<td>Carpinteria Family School</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Summerland Elementary</td>
<td>84%</td>
<td>88%</td>
</tr>
</tbody>
</table>
Kindergarten Student Entrance Profile – 2019 (Baseline)

Demographics of 2019 Kindergarten Students

Total Enrollment = 128

Males = 61  Females = 65

Spanish = 53  English = 59

Attended Preschool or TK = 62 (48%)

Data analysis did not indicate a significant difference between genders or language status in determining readiness. The most significant indicator of Kindergarten Readiness was the indication of at least 1 year of early education prior to Kindergarten (TK, Head Start, or other Preschool experience).

"The Guadalupe Union School District will provide each student the academic, social and technological skills that will assist them in becoming high school graduates, as well as, college and career ready. In collaboration with parents and community, the district will assist students in becoming independent thinkers, lifelong learners, and responsible, productive members of society in a nurturing, family-style atmosphere."
### Ready to Go by Indicator

<table>
<thead>
<tr>
<th>Social - Emotional</th>
<th>RTG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Seeks adult help when appropriate.</td>
<td>37%</td>
</tr>
<tr>
<td>2. Engages in cooperative play with peers.</td>
<td>63%</td>
</tr>
<tr>
<td>3. Exhibits impulse control and self-regulation.</td>
<td>40%</td>
</tr>
<tr>
<td>4. Maintains attention to tasks (attention focus).</td>
<td>23%</td>
</tr>
<tr>
<td>5. Is enthusiastic and curious about school.</td>
<td>39%</td>
</tr>
<tr>
<td>6. Persists with tasks after experiencing difficulty (coping).</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Ready Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Recognizes own written name.</td>
<td>86%</td>
</tr>
<tr>
<td>8. Demonstrates expressive verbal ability.</td>
<td>17%</td>
</tr>
<tr>
<td>9. Understands that numbers represent quantity.</td>
<td>68%</td>
</tr>
<tr>
<td>10. Child writes own name.</td>
<td>59%</td>
</tr>
<tr>
<td>11. Recognizes colors.</td>
<td>53%</td>
</tr>
<tr>
<td>12. Recognizes shapes.</td>
<td>26%</td>
</tr>
<tr>
<td>13. Names Upper Case alphabet letters.</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Social-Emotional Readiness

- RTG
- Qtr Monitor
- Monthly Monitor
- Immediate Follow-up

### School Ready Knowledge Readiness

- RTG
- Qtr Monitor
- Monthly Monitor
- Immediate Follow-up

Data indicates that there are several areas of focus that can be identified for improvement. In Social-Emotional development, children can be supported to build resiliency skills when faced with a challenge as well as learn skills to block out distractions in order to complete a task. In preparing for cognitive development, families and ECE educators can promote the concepts of symbols and shapes having meaning (i.e. letters) and also encourage more verbal language development for expression.
Percentage of Children Ready for Kindergarten

KSEP: Kindergarten Student Entrance Profile

69% of children are not ready for kindergarten
By 3rd Grade, only...

36% Are Meeting Math Standards

47% Are Meeting English Language Standards