Thrive by Three Early Childhood Fund

FY 2020-21 Implementation & Evaluation Report

July 2021

Submitted by:

FIRST 5 SANTA CRUZ COUNTY

Thrive by Three: Historical Milestones

January 2017: The Santa Cruz County Board of Supervisors (the Board) established the Thrive by Three Early Childhood Fund, dedicated to achieving improving the following outcomes for Santa Cruz County's youngest children (prenatal through age 3) and their families:

1. Babies are born healthy, measured by:
   - Prenatal care in the first trimester
   - Babies born at full-term and healthy birthweight
2. Families have the resources they need to support children's optimal development, measured by:
   - Access to high-quality care and early learning opportunities for infants and toddlers
   - Access to economic and self-sufficiency supports
3. Young children live in safe, nurturing families, measured by:
   - Parenting confidence and practices, parent-child relationships
   - Parent and caregiver emotional well-being
4. Children are happy, healthy, and thriving by age 3, measured by:
   - Reduction of child maltreatment and entries into foster care among infants and toddlers

February 2017 – January 2018: After an extensive stakeholder engagement and planning process, the Board adopted a values-based system of care approach (Attachment 1) and an implementation plan for FY 2017 – 18, with agreed-upon goals, strategies, short-term outcomes, activities, and funding allocations (including additional leveraged investments).

February 2018 – June 2018: Thrive by Three implementation began, with a focus on establishing partnerships and processes to achieve these three goals:

1. Enhance system **capacity**
2. Enhance system **coordination**
3. Strengthen the system **foundation**

July 2018 – June 2021: Thrive by Three implementation continued, with a central focus on enhancing the system of care capacity, coordination, and foundation. Investments in the Thrive by Three system of care have created opportunities for alignment and coordination with other countywide initiatives (e.g., CORE Investments, ACEs Aware, and the Child Abuse Prevention Workgroup) as well as Federal and State policies and budget priorities.

Services in the Thrive by Three system of care were heavily impacted by the ongoing COVID-19 crisis and CZU Complex Wildfires throughout 2020 and into 2021. Although many programs are starting to resume in-person services, recovering from the health, economic, educational, and social impacts on families—and service providers—is likely to take many months, if not years.

Thrive by Three: FY 2020-21 Implementation & Evaluation Report

Goal 1: Enhance System CAPACITY

Strategy 1: Increase capacity to provide Intensive Care Coordination to high-risk families (prenatal – 3) through home visiting programs.

This strategy is designed to ensure that young children and families who are facing multiple, complex challenges have access to intensive care coordination in the Thrive by Three system of care through the appropriate home visiting (HV) programs. The four HV programs in the Thrive by Three system of care include:

1. **Early Head Start Home Visiting (EHS-HV):** A program of Encompass Community Services for low-income pregnant women and families with children birth through age 3.
2. **Families Together (FT):** A program of Encompass Community Services for families at risk for child abuse and neglect.
3. **Nurse-Family Partnership (NFP):** A program of Health Services Agency for low-income, first-time mothers.
4. **Public Health Field Nursing (PHFN):** A program of Health Services Agency serving the low-income maternal, child, and adolescent population.

Implementation Activities

1.1.1 Triage and route prenatal – 3 home visiting referrals from CalWORKs to appropriate home visiting (HV) programs. Provide direct HV services to 0-3 CalWORKs customers.

1.1.2 Expand nurse home visiting capacity in Public Health Field Nursing (PHFN) and/or Nurse-Family Partnership (NFP), based on demand.

Implementation Update

- In FY 2020-21, the Board approved an allocation of $150,000 from the Thrive by Three Fund to enhance the capacity of existing HV programs to serve families with children prenatal through 3 years old, with a particular emphasis on CalWORKs customers. Additional investments from the Human Services Department (HSD) via CalWORKs ($226,427) and the CalWORKs Home Visiting Initiative ($326,600) increased the **total annual System Capacity Investments for home visiting to $703,027.**
- All the HV programs experienced challenges with maintaining typical levels of service delivery, due to COVID-19 and the CZU wildfires. All programs conducted virtual or telehealth home visits for the majority of the fiscal year. In some situations, this helped increase participation and decrease the frequency of cancellations and “no-shows,” compared to pre-COVID. In other situations, virtual/telehealth visits created new challenges and barriers to work through, such as lack of access to or familiarity with technology and a

stable internet connection.

- The **Public Health Nurses** were deployed to assist with the County's response to COVID and the wildfires for a significant portion of the year, which greatly reduced home visiting capacity in **NFP and PHFN**. Staff vacancies in PHFN further limited the program's capacity to accept new referrals for much of the year. As of June 2021, all NFP nurses had returned to their usual roles, but it will take time to bring the referral pipeline and service delivery back up to full capacity.
- The **Early Head Start-Home Visiting (EHS-HV)** program was relatively stable throughout the year, with fewer staffing challenges (compared to center-based programs) and a higher-than-usual (97%) participation rate in virtual sessions. However, EHS still had openings throughout the year and anticipates needing to fill 100 slots when the new program year begins in August 2021. While EHS-HV had flexibility to provide virtual services during the pandemic, home visits will have to be conducted in person to meet Federal reporting requirements when the new program year begins in August.
- **Families Together (FT)** also experienced capacity limitations related to staff vacancies and COVID-related health and safety protocols. FT was able to adapt and provide virtual home visits (telehealth services) throughout the year. Thrive by Three referrals from CalWORKs began to increase in December 2020, and FT resumed in-person services on a limited basis in the Spring.
- **CalWORKs** enrollments also stayed relatively flat during the year. This was somewhat surprising given the economic fallout of the pandemic but was also a statewide trend. In FY 2020-21, CalWORKs developed a new internal process for identifying Prenatal-3 families (pregnant or with children up through age 3), then conducted refresher trainings on Thrive by Three and making referrals to home visiting. In addition, one employee was assigned to contact all Prenatal-3 CalWORKs families and refer them to the appropriate HV programs. This "triage" role had previously been fulfilled by Families Together's 0-3 Specialist but was transitioned to CalWORKs due to challenges with FT staff turnover and difficulty filling the position.

Short-Term Outcomes

- Increased enrollment in prenatal – 3 home visiting programs
- Increased linkages to Ancillary Services and support for high-risk prenatal – 3 families served by home visiting programs

Home Visiting Program Enrollments

The impact of the pandemic on home visiting capacity is evident in Figure 1 below, which displays the total **number of families (pregnant or with children up through age 3) and children (birth through age 3)** enrolled in home visiting programs in calendar years 2017 to

2020. A small number of families likely participated in multiple HV programs, and thus may be double counted in the totals below.

Figure 1: Total Home Visiting Enrollment of Prenatal-3 Families, 2017-2020

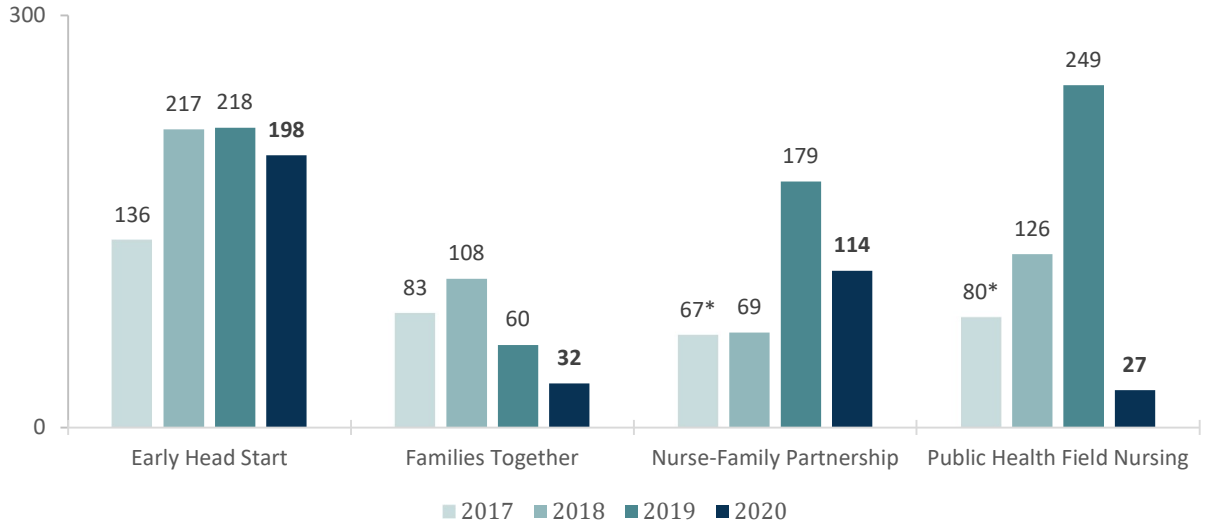
	2017	2018	2019	2020
Prenatal-3 Families Enrolled	366*	520	706	371
Children (Birth-3)	400*	527	633	349

*The 2017 data are likely to be an understatement of the true totals because data for NFP and PHFN were only available for the July-December 2017 period. NFP did not start until April 2017.

Sources: Santa Cruz County HSA, Encompass Community Services, First 5 Santa Cruz County

In Figure 2, enrollment of Prenatal-3 families is disaggregated by HV program in each calendar year. Again, the decreases in each program reflect the impacts of deploying Public Health Nurse to other duties, staff turnover in multiple HV programs, and the difficulty of conducting virtual outreach and building rapport in the midst of heightened health, economic, and social challenges caused by the pandemic and wildfires.

Figure 2: Prenatal-3 Families Enrolled in Home Visiting Programs, 2017-2020

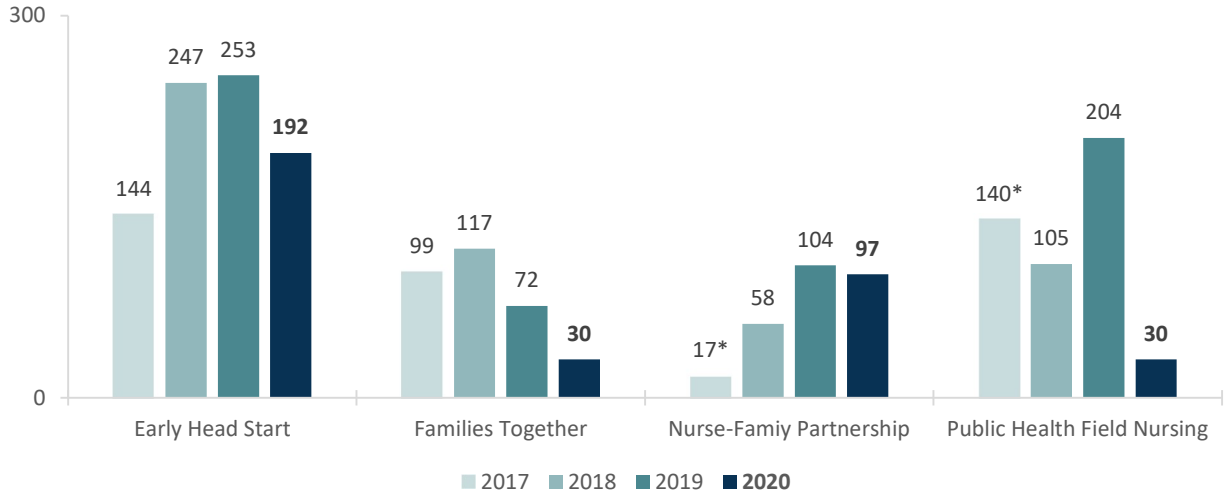


*2017 totals for NFP and PHFN were only available for the July-December period, and NFP started in April 2017.

Sources: NFP & PHFN totals are from Santa Cruz County HSA. Early Head Start and Families Together totals are from Encompass Community Services.

Figure 3 shows the number of children (birth through age 3) enrolled in all four HV programs, which also declined, consistent with changes in family enrollments.

Figure 3: Children (Birth through Age 3) Enrolled in Home Visiting Programs, 2017-2020



*2017 totals for NFP and PHFN were only available for the July-December period, and NFP started in April 2017.
Sources: NFP & PHFN totals are from Santa Cruz County HSA. Early Head Start and Families Together totals are from Encompass Community Services.

Home Visiting Referrals to Ancillary Services

Each of the four home visiting programs has a different process for documenting the referrals they make to clients for ancillary services, such as housing, economic supports, early care and education, transportation, and parent education. Referrals are either documented in narrative case notes, which would require a manual review to produce a quantitative report, or the timeline for entering referral data in electronic databases does not coincide with the Thrive by Three report timeframe. As such, it is still too difficult to aggregate the referral data or conduct comparative analyses across programs in this evaluation report.

However, the launch of UniteUs in May 2021 as part of the broader Together We Care initiative (described further under Goal 2) provides hope for a systemic solution to this challenge. UniteUs is a web-based platform for sending and receiving referrals among participating programs, including communicating about the status and outcome of the referrals—e.g., whether families were successfully connected to other services.

As of June 2021, all of Encompass Community Services' programs were participating in UniteUs, including Early Head Start and Families Together, but no referrals had been made or received yet, since the training and onboarding was still in progress. Similarly, discussions about adopting UniteUs had just begun with key County stakeholders and will continue in FY 2021-22. The goal is to support widespread adoption and use of UniteUs among partners in the Thrive by Three system of care, in order to enhance access to and coordination of home visiting and other family support services.

Goal 1: Enhance System CAPACITY

Strategy 2: Leverage and supplement existing childcare subsidies for high-quality infant & toddler care.

The Early Learning Scholarship (ELS) program is intended to help close the gap between the cost of providing high-quality infant/toddler care and available reimbursement through state and federal subsidies. The Thrive by Three ELS program provides a mechanism for the County of Santa Cruz and other funders to focus scarce local resources on the provision of high-quality care to infants and toddlers in families with low incomes, with the long-term goals of increasing provider capacity and family access to quality care. As the ELS program continues to mature and scale, it also provides a pathway to strengthen linkages between infant/toddler care providers, HV programs, and health care providers, and other partners in the Thrive by Three system of care.

Implementation Activity

1.2.1. Implement the Early Learning Scholarship (ELS) Program (gap subsidy) for a minimum of 25 high-risk 0 – 3 families, with priority given to providers serving families receiving HV services

Implementation Update

- Each year since the inception of Thrive by Three, the Board has allocated a base amount of $70,000 to implement an **Early Learning Scholarship (ELS) program** administered by First 5. In FY 2020-21, First 5 and HSD agreed to reallocate $35,007 from other line items to the ELS, as the system development and evaluation costs were less than anticipated. This brought the County's Thrive by Three Fund allocation for ELS to $105,007.
- ELS are awarded to providers serving families who are eligible for state subsidies. Eligible providers are required to participate in the Santa Cruz Quality Counts, California Quality Rating and Improvement System (CA-QRIS) framework. In FY 2020-21, First 5 distributed $105,152 in scholarships to 95 providers (3 childcare centers and 92 family childcare homes) for services provided to approximately 474 children. The total amount of ELS awarded is slightly higher than budgeted due to rounding award amounts to whole dollars. Scholarship amounts ranged from $424 to $1,272, based on the number of children served who were eligible for state-funded subsidies, with an average award amount of $1,107. Ninety-four percent of the funds were awarded to sites in Watsonville and Freedom. The scholarships are designed to be unrestricted so that providers can determine how to best use the resources to enhance the quality of care.
- In addition, as part of COVID-19 emergency response activities, First 5 distributed **$30,317** from the **City of Santa Cruz Children's Fund** to 11 childcare providers operating within the jurisdictional boundaries of the City of Santa Cruz who had continued to serve children and families during the COVID-19 crisis between Mach and June of 2020. The funds were

distributed to 11 childcare providers, representing 7 childcare centers and 4 licensed family childcare homes, providing care to a total of 178 children. The cash awards ranged in in size from $1,365 to $5,110, based on the number of children served, with an average award amount of $2,756. The awards were unrestricted and intended to help the childcare providers deal with the extraordinary costs associated with providing safe care to young children during the pandemic.

Short-Term Outcomes

- Increased funding provided to infant/toddler care providers.
- Changes in capacity of providers.
- Increased access to high quality infant/toddler care.
- Increased participation in the local quality improvement framework.

Funding to Child Care Providers

The Early Learning Scholarship (ELS) program has contributed $365,072 directly to infant and toddler care providers since the inception of Thrive by Three, as shown below.

Figure 4: Thrive by Three Early Learning Scholarship Distribution (2017-20)

	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	TOTAL 2017-20
Family Child Care Homes	$40,300	$90,618	$63,073	$102,608	**$296,599**
Child Care Centers	$29,620	$29,382	$6,927	$2,544	**$68,473**
Total	**$69,920**	**$120,000**	**$70,000**	**$105,152**	**$365,072**

Source: First 5 Santa Cruz County

The majority of Thrive by Three ELS have been distributed to Family Child Care Home (FCCH) providers – many of which are small businesses that are minority- and woman-owned and serving children and families in South Santa Cruz County.

Figure 5: Percent of ELS Awarded to Providers, by Type (2017-20)

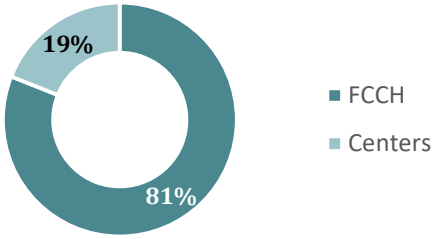


Figure 6: Percent of ELS Awarded to Providers, by Geography (2017-20)

Geographic Area	Zip Codes	% of Total ELS Awards
South County	95019, 95076	87%
Mid County	95003, 95010, 95062 95073	2%
North County	95005, 95060, 95064, 95066	11%

In addition, First 5's administration of the ELS program provided the infrastructure that enabled the City of Santa Cruz to quickly and effectively disseminate its first round of Children's Funds ($30,317) to childcare providers operating within the jurisdictional boundaries of the City of Santa Cruz who had continued to serve children and families during the COVID-19 crisis. This is a strategy that could be replicated with other local jurisdictions.

Changes in Capacity of Providers

ELS funds are distributed to providers based on provision of care to infants and toddlers whose families are income-eligible for subsidies. ELS funds can be used by the programs to improve their quality and capacity as they see fit. This flexibility has been appreciated by providers in the past and was particularly valuable during COVID-19.

With the intent of limiting administrative burden on providers during the pandemic, awardees were not required to formally report on the use of the emergency funds. At the same time awardees have told First 5 that the funds were very important to them and that they were used immediately for expenses associated with extra help in classrooms, staff retention and to pay for personal protective equipment for staff and children.

Increased Access To High Quality Child Care

One intent of the ELS funding is to incentivize programs to continue or even expand their provision of high-quality infant and toddler care to low-income families in Santa Cruz County. The ultimate measure of success in that regard will be reflected in "Outcome 3, Increased access to high-quality care and early learning opportunities for infants and toddlers" reported on later in this report. However, the most recent data available for that outcome is from 2018, so it does not provide a true picture of the current availability of infant and toddler care.

Increased Participation In Local Quality Improvement Framework

As of June 2021, Santa Cruz County's local Quality Rating and Improvement System, Quality Counts Santa Cruz County (QCSCC), included 97 sites. The majority of participating Family Child Care Homes (FCCHs) and Child Care Centers are Achieving Quality Standards (Tiers 3 & 4), and six Child Care Center sites are Exceeding Quality Standards (Tier 5). Twenty-two FCCHs are "not yet rated," as they are new to QCSCC and will be rated in 2022.

Figure 7: QCSCC Sites & Quality Ratings, 2019-20

	Not Yet Rated	Tier 3	Tier 4	Tier 5	Total
Family Child Care Homes	22	10	24	0	**56**
Child Care Centers	0	10	59	6	**41**
Total	**22**	**20**	**83**	**6**	**97**

Source: First 5 Santa Cruz County

Goal 2: Enhance System COORDINATION

Strategy 1: Centralize eligibility and coordinated entry into the Thrive by Three System of Care.

The intent of this strategy is to facilitate coordinated entry and care management in the TbT System of Care. This strategy was prioritized by TbT partners and stakeholders to minimize duplication of services, reduce wait times and other barriers to accessing community resources, and match families with the services that best fit their strengths and needs. Efforts to establish a coordinated entry and care management system have centered on the HV programs, with the goal of expanding to include other programs and providers (e.g., childcare, health care, other psychosocial services).

Implementation Activities

2.1.1 Develop and implement TbT coordinated entry and care management system.

2.1.2 Provide coordination, training, and technical assistance to support integration of HealthySteps into the TbT system of care via safety net clinics. Explore sustainable funding options for HealthySteps implementation.

Implementation Update

- TbT representatives are participating in a countywide, collaborative effort to implement an **electronic care coordination system** known as "**Together We Care**" (TWC). TWC is led by Santa Cruz Health Information Organization (SCHIO), in collaboration with many County and nonprofit partners. The Health Improvement Partnership (HIP) serves as a liaison between SCHIO and TWC partners, including TbT.

  While TWC extends beyond the scope of the prenatal-3 system of care, TbT partners are participating in the design of the electronic care coordination system with the hope that it could eventually meet TbT's needs for an electronic system that (1) helps community partners identify which home visiting program is the best fit for individual families, (2) connects those families to the appropriate HV services, and (3) facilitates "closed-loop referrals" (communicate about the status and outcome of referrals) among HV providers and other services, such as pediatric primary care, housing, and child care.

  SCHIO and participating TWC partners selected ACT.md (now known as Activate Care) as the care coordination system vendor and UniteUs as the vendor for the closed-loop referral platform, and efforts are underway to establish a Single Sign On procedure for agencies using both platforms. The UniteUs platform can also function as a community resource directory, and discussions are in progress with United Way Santa Cruz County to explore the possibility of integrating the 2-1-1 community information database with UniteUs.

- **HealthySteps** is an "interdisciplinary pediatric primary care program that promotes positive

parenting and healthy development for babies and toddlers, with an emphasis on families living in low-income communities." The evidence-based program model provides custom support for families facing complex challenges related to child development and navigating systems of care. In June 2019, Salud Para La Gente and Santa Cruz Community Health Centers participated in the inaugural HealthySteps training organized by HIP, on behalf of TbT. Since then, teams from both safety net clinics have hired HealthySteps Specialists (a requirement to implement the HealthySteps model), established workflows, and received technical assistance and guidance on their implementation plans from HIP and the national HealthySteps office.

HIP also convened a meeting with the safety net clinics, Central California Alliance for Health, Beacon Health Options, and the County's Children's Behavioral Health Division to discuss and share knowledge about the new Medi-Cal benefit for dyadic care (i.e., mild/moderate behavioral health visits can be reimbursed based on parental risk factors rather than requiring a mental health diagnosis for an infant or child). This new Medi-Cal benefit could be a viable and important strategy for scaling and sustaining HealthySteps within safety net clinics.

Short-term Outcomes

- Increased coordination among TbT system of care partners.
- Decreased number of prenatal – 3 families placed on wait lists for home visiting and/or infant/toddler care.

Coordination Among TbT System of Care Partners

In FY 2020-21, coordination among HV providers occurred primarily through the TbT Leadership Team meetings or among individual staff seeking specific resources for families. The quarterly **Home Visiting Learning Collaborative** (HVLC) meetings were paused during much of the year, due to the impact of COVID and the CZU wildfires on HV providers and County staff. The County employee who typically convened the HVLC was reassigned to handle other aspects of the County's COVID response and recently retired. In FY 2021-22, the TbT partners will explore options for reconvening and staffing the HVLC, which may include expanding the participants and topics to include key partners that don't provide home visiting services and rotating the leadership and convening role.

UniteUs was selected as the vendor for the **closed-loop referral system** in 2020, then launched in the Spring of 2021. As of June 2021, 62 programs from 49 agencies were registered partners in UniteUs, including most of the core TbT partners (Early Head Start and Families Together – Encompass Community Services, Santa Cruz Community Health Centers, and Salud Para La Gente). However, no data on closed-loop referrals is available for this evaluation report, as

implementation was still too new at the time this report was prepared.

The Public Health Department (PHD) expressed interest in learning how UniteUs could interact with their existing database (Persimmony) without creating burdensome duplication for NFP and PHFN staff. HIP helped begin this exploratory discussion with UniteUs and the PHD, but it was paused soon after when SCHIO and HIP initiated a broader strategy to engage all client-serving County departments in using UniteUs.

Other efforts to support HealthySteps implementation in safety net clinics and develop the Activate Care platform for use with HealthySteps had limited progress in FY 2020-21, largely due to staffing and capacity challenges (and changes) experienced by the clinics and SCHIO. In FY 2021-22, HIP will continue to serve as a liaison between SCHIO and TbT partners, helping to ensure that the TWC electronic coordinated care system remains aligned with TbT's need for a coordinated entry and care management system.

Wait Lists

This outcome was not measured during FY 2020-21 due to the COVID-related disruptions. Home Visiting partners either reported consistent openings (i.e., no wait lists) throughout the year, or they were unable to accept new referrals and therefore did not maintain wait lists. This short-term outcome will be revisited and modified in FY 2021-22, as it has been a challenge (even prior to COVID) to establish a common definition of and process for handling wait lists and cross-referrals among HV providers.

Goal 3: Strengthen System FOUNDATION

Strategy 1: Establish essential "pillars" of the Thrive by Three system of care foundation.

Achieving the Thrive by Three outcomes requires a system of care approach that is built on a strong foundation supported by these essential pillars: High-quality programming, funding and financing, data and evaluation, governance and administration, accountability, and technology. During the stakeholder engagement process conducted in the Spring of 2017, partners with early childhood expertise recommended that a portion of Thrive by Three funds be invested each year in critical system-building efforts, to ensure that investments in direct services were implemented and evaluated effectively. In addition, HSD and First 5 have identified opportunities to leverage other resources and systems-building efforts and immediately amplify the impact of Thrive by Three investments.

The establishment of these pillars is evidenced both by the specific actions detailed within Goals 1 & 2 of this report as well as by broader system-level shifts that may occur gradually, and which may only become visible over longer periods of time. The summary of visible progress

achieved thus far toward the establishment of each pillar is documented in the Implementation & Evaluation Updates below.

Implementation Activities

3.1.1 Evaluate Thrive by Three implementation (process) and short-term outcomes. Track community-level outcomes.

3.1.2 Provide backbone organizational support for the Thrive by Three initiative.

3.1.3 Support implementation of the locally defined subsidized childcare plan for Santa Cruz County.

3.1.4 Provide guidance as requested to jurisdictions that are establishing and/or implementing Child Care Developer Fee Loan programs for expansion and/or improvements of childcare facilities.

3.1.5 Support implementation of recommended ECE workforce development strategies.

Short-Term Outcomes

- Increased coordination among system partners responsible for developing, funding, implementing, and evaluating the Thrive by Three system of care.

Implementation & Evaluation Updates

- First 5 contracted with Clarity Social Research Group (CSRG) to provide evaluation services for TbT. During FY 2020-21, CSRG assisted First 5 with gathering and synthesizing program data and updating community-level outcomes for the **year-end evaluation report**.
- First 5 continued to convene the **Thrive by Three Advisory Committee** as a committee of the First 5 Commission and contracted with Nicole Young, Optimal Solutions Consulting, to provide assistance with project management. During this fiscal year, four Advisory Committee meetings were held on:
    - November 12, 2020 – meeting held in conjunction with the ACEs Aware Network of Care learning session on "The Pair of ACEs in Practice" – Adverse Childhood Experiences in the context of Adverse Community Environments (coordinated by First 5 in collaboration with HSA – Public Health Department, HSD – Family & Children's Services Division, Health Improvement Partnership, and CORE Investments)
    - December 17, 2020 – meeting held in conjunction with the Child Abuse Prevention Workgroup (convened HSD – Family & Children's Services)
    - April 15, 2021 – meeting held in conjunction with the Child Abuse Prevention Workgroup (convened HSD – Family & Children's Services)
    - June 9, 2021 – meeting held in conjunction with the ACEs Aware Network of Care learning session on "Getting to Know Our Network of Care"

  Meetings were held in conjunction with ACEs Aware learning sessions and the Child Abuse Prevention Workgroup to foster shared learning and cross-sector action to address the Pair

of ACEs, build community resilience, and strengthen early childhood and family support systems with an antiracist, racial equity lens.

- In addition to the Advisory Committee meetings, First 5 convened **Leadership Team** meetings with key implementation partners (First 5, HSD/CalWORKs, HIP, Families Together, NFP, PHFN, Early Head Start). These meetings have provided a valuable mechanism for maintaining communication and support among implementation partners, particularly during a year characterized by constant change and uncertainty.
- There are no updates for activities 3.1.3 – 3.1.5 in FY 2020-21.

Other system developments

- **Home Visiting Coordination (HVC) Grant:** In 2020, First 5 California dedicated $24 million over five years to help counties create a sustainable, unified system that supports home visiting efforts within a coordinated early childhood system of care. First 5 CA awarded several 2-year grants (July 1, 2020 – June 30, 2022) to First 5s and other organizations across the state, although implementation did not begin until contracts were executed in January 2021. The HVC funding is intended to help counties support families in recovering from the COVID-19 crisis by rebuilding and strengthening home visiting programs and embedding home visiting into other systems of child and family support.

  First 5 Santa Cruz received a 2-year, $200,000 HVC grant. Implementation activities are centered on strengthening the TbT system of care, with HV programs as a central point of entry and linkage to other early childhood and family support services. First 5 was able to successfully apply for and receive this HVC grant and subsequently complete the required Action Plan and environmental scan because of the established relationships and communication among TbT partners. The Leadership Team meetings have served as the HVC planning meetings, which has helped ensure the grant activities and deliverables reflect the input and commitments of the TbT partners.

- **Thrive by 5:** At the end of FY 2019-20, First 5 began exploring the possibility of reimagining the purpose and scope of Thrive by Three beyond the current prenatal-3 system of care. The concept of establishing "Thrive by 5" (Tb5) as the countywide structure dedicated to the well-being of all children prenatal-5 and their families was supported by Supervisor Coonerty (who initiated Thrive by Three), the Human Services Department, the TbT Advisory Committee, and First 5 Santa Cruz County Commissioners.

  Key steps to define and formally establish Thrive by 5—including establishing a countywide, unified vision for how a coordinated early childhood system can address the needs of families and expanding the Advisory Committee structure to be inclusive of parent/family representatives—were built into the HVC Action Plan, and planning discussions have been

incorporated into the Leadership Team meetings. This transition process, including formal adoption of the name Thrive by 5, is expected to be completed by December 2021.

Thrive by Three Long-Term Outcomes

Below are the most recent countywide measures for each long-term outcome in Santa Cruz County, the three comparable counties, and the state overall. The three comparable counties— Santa Barbara, Sonoma, and Monterey— were established in the original TbT Evaluation Plan from March 2018. There are multiple data sources provided for some the outcome indicators because there is often not a single source that provides the most recent data and is the most applicable indicator. Data sources are noted after each chart or table.

The most significant updates to the TbT long-term outcome data resulted from availability of new data and changes in some of the data sources, as described below:

- **Outcome 1** – Increased percentage of young mothers getting prenatal care in the first trimester and **Outcome 2** – Decreased percentage of babies being born pre-term and at low birthweight
    - A 2020 update to the CDC Wonder[1] database now provides an array of disaggregated county and statewide birth statistics from 2016 to 2019. These new data are provided below for all birth-related outcomes.
- **Outcome 3** – Increased access to high-quality care and early learning opportunities for infants and toddlers
    - Updated to include additional data for 2017 and 2018.
- **Outcome 4** – Increased access to economic and self-sufficiency supports
    - Updated to reflect the California Poverty Measure through 2018.
- **Outcome 7** – Decreased rates of substantiated child maltreatment and entries into foster care among infants and toddlers
    - Updated all data to reflect the age categories reported in the California Child Welfare Indicator Project (0-2 instead of 0-3).

In addition, there is still no publicly available, countywide data source for Outcome 5, and the original data source for Outcome 6 has not been updated since 2015 and should be reconsidered when the evaluation plan is updated in FY 2021-22.

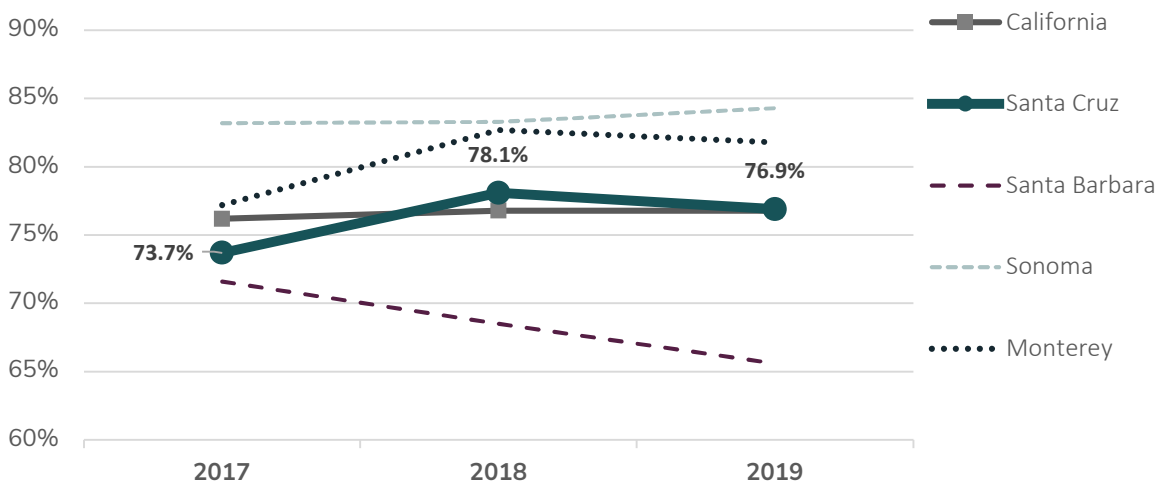
[1] Centers for Disease Control and Prevention, Wonder online database. https://wonder.cdc.gov

Outcome 1 - Increased percentage of young mothers getting prenatal care in the first trimester.

COUNTY BASELINE (2017): 73.7% of mothers under age 25 received prenatal care in the first trimester.

2019 UPDATE: The rate is on par with the state rate but has moved down 1.2 percentage points from 2018.

Figure 8: Percentage of Mothers Under Age 25 with Early Prenatal Care, California & Four Counties (2017-19)



	2017	2018	2019
California	76.2%	78.1%	76.9%
Santa Cruz	**73.7%**	**78.1%**	**76.9%**
Monterey	77.2%	82.7%	81.8%
Santa Barbara	71.6%	68.5%	65.6%
Sonoma	83.2%	83.3%	84.3%

Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

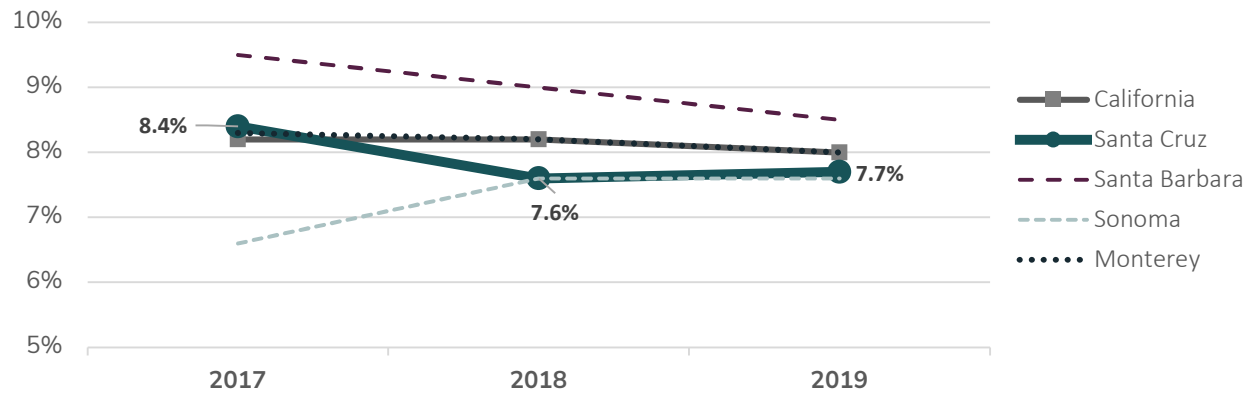
Outcome 2 – Decreased percentage of babies being born pre-term and at low birthweight.

Pre-Term Births (born less than 37 weeks into pregnancy)

COUNTY BASELINE (2017): 8.4% of babies were born less than 37 weeks into the mother's pregnancy.

2019 UPDATE: The rate is slightly lower than the state and has remained stable since 2018.

Figure 9: Percentage of Babies Born Pre-Term, California & Four Counties (2017-19)



	2017	2018	2019
California	8.2%	8.2%	8.0%
Santa Cruz	**8.4%**	**7.6%**	**7.7%**
Monterey	8.3%	8.2%	8.0%
Santa Barbara	9.5%	9.0%	8.5%
Sonoma	6.6%	7.6%	7.6%

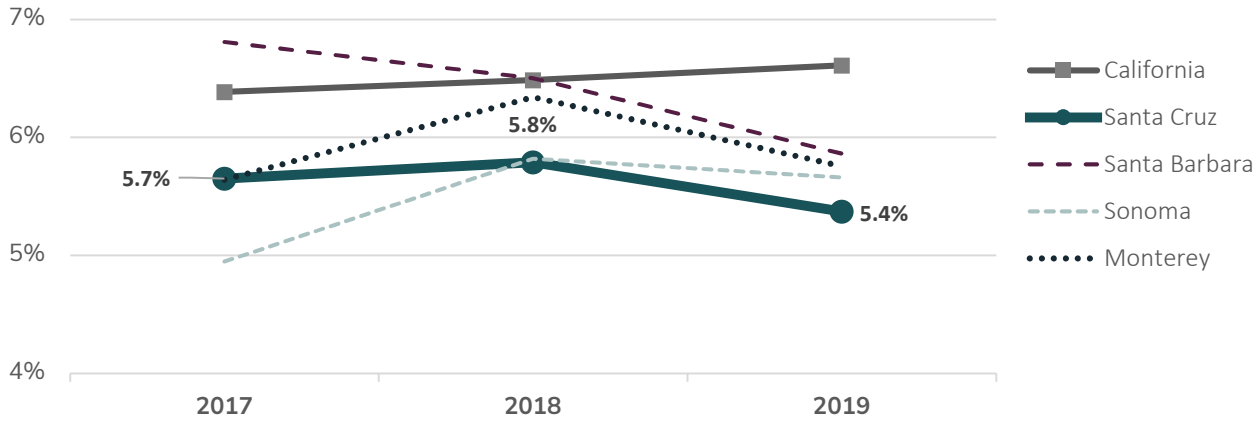
Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

Low Birthweight (under 2,500 grams at birth)

COUNTY BASELINE (2017): 5.7% of babies were born at low birthweight.

2019 UPDATE: The rate remained lower than the state and dropped 0.4 percentage points from 2018.

Figure 10: Percentage of Babies Born at Low Birthweight, California & Four Counties (2017-19)



	2017	2018	2019
California	6.4%	6.5%	6.6%
Santa Cruz	**5.7%**	**5.8%**	**5.4%**
Monterey	5.6%	6.3%	5.8%
Santa Barbara	6.8%	6.5%	5.9%
Sonoma	4.9%	5.8%	5.7%

Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

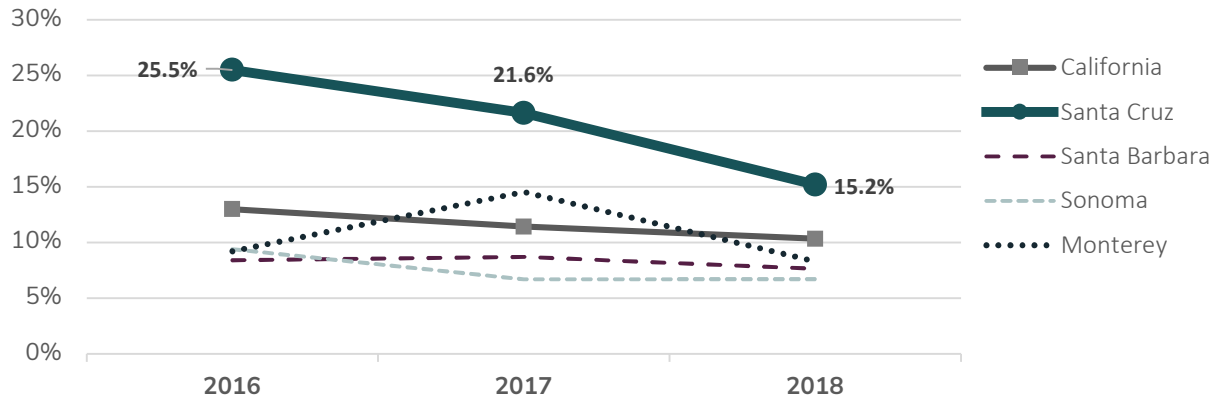
Outcome 3 - Increased access to high-quality care and early learning opportunities for infants and toddlers.

This outcome is measured by the percentage of income-eligible infants and toddlers that are enrolled in subsidized childcare. The Early Learning Needs Assessment Tool[2] is the most complete data source for county-level and statewide childcare enrollment and eligibility data.

COUNTY BASELINE (2016): 25.5% of Santa Cruz County children under 36 months of age and whose families earned less than 85% of state median income (SMI) were estimated to have been enrolled in subsidized childcare.

2018 UPDATE: The percentage dropped to 15.2%, which means the unmet need for subsidized infant and toddler care rose to 84.8%, even before the COVID-19 crisis.

Figure 11: Enrollment in Subsidized Child Care, Children Under 36 Months (2016-18)



	2016	2017	2018
California	13.0%	11.4%	10.3%
Santa Cruz County	**25.5%**	**21.6%**	**15.2%**
Monterey County	9.2%	14.5%	8.3%
Santa Barbara County	8.4%	8.7%	7.6%
Sonoma County	9.4%	6.7%	6.7%

Source: American Institutes for Research, Early Learning Needs Assessment Tool. Accessed July 20, 2021, at http://elneedsassessment.org/.

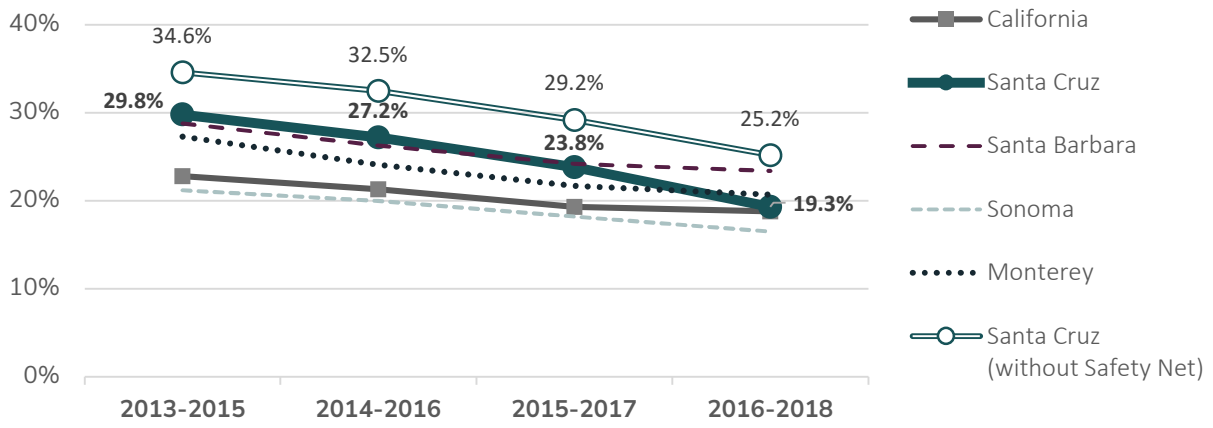
[2] The Early Learning Needs Assessment Tool is a subscriber-only web site containing child care eligibility and enrollment data for California counties, compiled and hosted by American Institutes for Research: http://elneedsassessment.org/

Outcome 4 - Increased access to economic and self-sufficiency supports.

COUNTY BASELINE (2015-17): In 2018, Thrive by Three leadership decided to use the California Poverty Measure (CPM) to assess families' access to economic and self-sufficiency supports. The CPM estimates the extent to which programs such as CalFresh, CalWORKs, and the Earned Income Tax Credit (EITC) help to lift families out of poverty, while also factoring in the cost of living in each county. According to the CPM for 2015-2017, Santa Cruz County had the third highest child poverty rate in the state (23.8%).

UPDATE (2016-18): The CPM Child Poverty Rate declined to 19.3% in the 2016-2018 period. The Public Policy Institute of California (PPIC) estimates that safety net programs have lowered the county's child poverty rate by nearly six percentage points (% pts), while statewide nearly 13 percent of children were lifted out of poverty through these programs between 2016 and 2018. The CPM is calculated based on 2018 data, which is the most current data available, but does not reflect the economic impact of COVID-19.

Figure 12: Percentage of Children in Poverty (after safety net benefits & cost of living adjustment)



Source	Year	California	Santa Cruz	Monterey (& San Benito)	Santa Barbara	Sonoma
PPIC, California Poverty Measure	2013-2015	22.8%	29.8%	27.3%	28.8%	21.2%
	2014-2016	21.3%	27.2%	24.1%	26.3%	20.0%
	2015-2017	19.3%	23.8%	21.7%	24.2%	18.2%
	2016-2018	18.8%	19.3%	20.7%	23.4%	16.5%
Increase in Child Poverty *Without* Safety Net Programs (percentage points, or % pts)	2013-2015	8.2 % pts	4.8% pts	8.9% pts	6.6% pts	5.2% pts
	2014-2016	13.9 % pts	5.3% pts	9.8% pts	7.3% pts	4.7% pts
	2015-2017	12.6 % pts	5.4% pts	9.1% pts	6.8% pts	4.2% pts
	2016-2018	12.8% pts	5.9% pts	8.1% pts	6.3% pts	3.8% pts

Source: Public Policy Institute of California, Poverty in California. https://www.ppic.org/publication/poverty-in-california/
Note: CPM rates include all children under 18. The CPM reports Monterey and San Benito together.

Outcome 5 - Improved parental confidence, parenting practices, and parent-child relationships.

No county or state population-level data have been identified to assess this outcome. Thrive by Three leadership continues to explore other potential data sources to inform this outcome in Santa Cruz County, including but not limited to Triple P-related assessments or other surveys that could be administered countywide.

Outcome 6 - Decreased percentage of mothers and fathers reporting hardships and emotional distress during pregnancy and the child's first three years of life.

COUNTY BASELINE (2013-2015): See Figure 9 (below) with six emotional hardship and distress indicators, as experienced by mothers who recently gave birth (father data not available).

The county level data that exist for this outcome are available for the 2013-15 period (*applies to mothers only).*

STATEWIDE & COMPARABLE COUNTIES (2013-2015): The percentage of mothers reporting hardships and emotional distress in Santa Cruz County, Statewide, and in comparable counties.

Figure 13: Percentage of Mothers Reporting Hardship and Emotional Distress

Maternal Hardship/ Distress	Year	California	Santa Cruz	Santa Barbara	Sonoma	Monterey
Prenatal depressive	2013-2015	14%	16%	17%	14%	18%
Intimate partner violence during preg.	2013-2015	7%	7%	10%	6%	9%
No support during preg.	2013-2015	5%	5%	6%	5%	5%
Moved during preg.	2013-2015	6%	5%	6%	7%	7%
Homeless during preg.	2013-2015	3%	3%	4%	4%	3%
Postpartum depressive	2013-2015	14%	14%	15%	14%	15%

Source: Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, 2013-2015. California Department of Public Health, 2018. 2013-2015 is the most recent report period from MIHA.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotCo

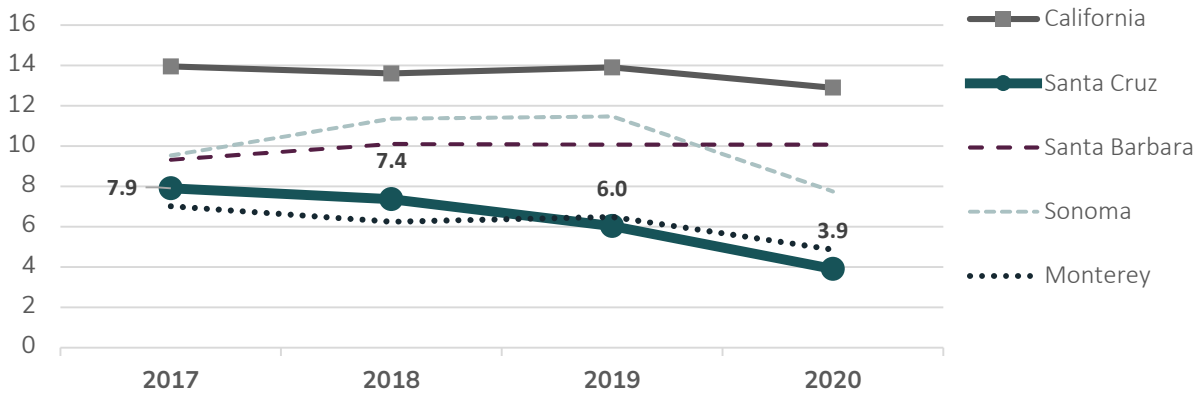
Outcome 7 - Decreased rates of substantiated child maltreatment and entries into foster care among infants and toddlers.

Child Maltreatment

COUNTY BASELINE (2017): 7.9 per 1,000 children 0-2 years had substantiated allegations of mistreatment.

2020 UPDATE: The rates for California (12.9 per 1,000) and Santa Cruz County (3.9) continued to decline. While the reported rates of substantiated child maltreatment allegations appear to have decreased dramatically between 2019 and 2020, readers should note the increased difficulty in the identification and reporting of suspected maltreatment during this time of COVID-19 shelter-in-place orders.

Figure 14: Rate of Child Maltreatment Substantiations per 1,000 children, 0-2 years (2017-20)



	2017	2018	2019	2020
California	14.0	13.6	13.9	12.9
Santa Cruz	**7.9**	**7.4**	**6.0**	**3.9***
Monterey	7.0	6.2	6.5	4.9
Santa Barbara	9.3	10.1	10.1	10.1
Sonoma	9.5	11.4	11.5	7.8

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Ayat, N., Misirli, E., Hoerl, C., Yee, H., Flamson, T., & Gonzalez, A. (2021). CCWIP reports. Retrieved Jul 20, 2021, from University of California at Berkeley California Child Welfare Indicators Project website, https://ccwip.berkeley.edu/.

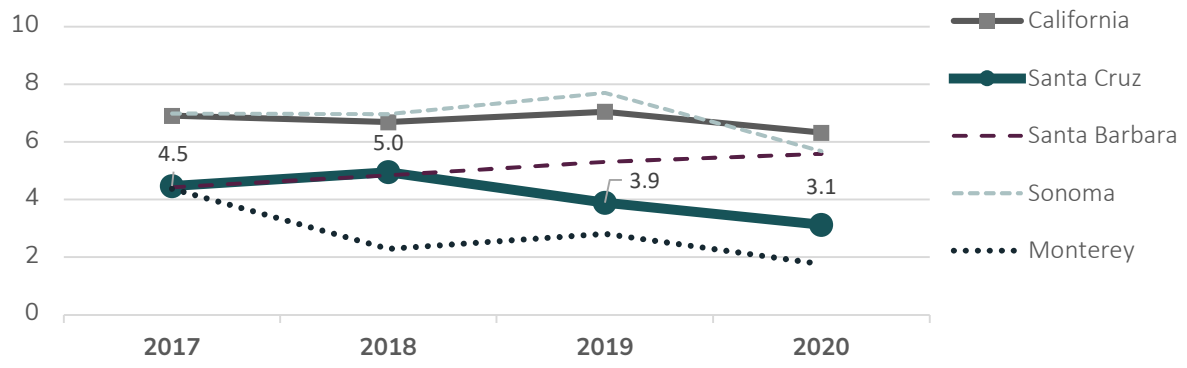
* Data should be interpreted with caution. The number of substantiated allegations was suppressed because of the small number for 1–2-year-olds (≤10), in order to protect confidentiality. The potentially maximum number (i.e., 10) was used to calculate the rate per 1,000 children 0-2 years old. Therefore, the actual substantiation rate for this population could be smaller than presented.

Foster Care Entry Among Infants and Toddlers

COUNTY BASELINE (2017): 4.5 per 1,000 children 0-2 years entered foster care.

2020 UPDATE: The rate remained lower than the state rate and shows dramatic and continuing decline since 2018. As above, while these trends are encouraging, the impact of the COVID-19 pandemic may be masking a substantial number of cases that would have otherwise been detected and resulted in entrance into foster care.

Figure 15: Foster Care Entry Rates (per 1,000 children 0-2 years)



	2017	2018	2019	2020
California	6.9	6.7	7.0	6.3
Santa Cruz	**4.5**	**5.0**	**3.9***	**3.1***
Monterey	4.4	2.3*	2.8	1.8*
Santa Barbara	4.4	4.8	5.3	5.6
Sonoma	7.0	7.0	7.7	5.7

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Chambers, J., Hammond, I., Ayat, N., Misirli, E., Hoerl, C., Yee, H., Flamson, T., & Gonzalez, A. (2021). CCWIP reports. Retrieved Jul 20, 2021, from University of California at Berkeley California Child Welfare Indicators Project website, https://ccwip.berkeley.edu/.

* Data should be interpreted with caution. The number of entries to foster care was suppressed because of the small number for 1–2-year-olds (≤10), in order to confidentiality. The potentially maximum number (i.e., 10) was used to calculate the rate per 1,000 children 0-2 years old. Therefore, the actual foster care entry rate for this population could be smaller than presented.