Thrive by Three
Early Childhood Fund

FY 2021-22 Implementation & Evaluation Report

October 2022

Submitted by:

FIRST 5
SANTA CRUZ COUNTY

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Thrive by Three: Background

On January 24, 2017, the Santa Cruz County Board of Supervisors (Board) voted to dedicate $350,000 to establish the Thrive by Three (TbT) Early Childhood Fund to improve the following outcomes for the county's youngest children, prenatal through age 3, and their families:

- Babies are born healthy
- Families have the resources they need to support children's optimal development
- Young children live in safe, nurturing families
- Children are happy, healthy, and thriving by age three

The rationale for establishing the TbT Early Childhood Fund (TbT Fund) was based on research demonstrating that the earlier investments are made in a child's life, the greater the impact on their future well-being. The establishment of the TbT Fund also aligned with emerging state policy priorities for children 0-3 years of age, creating opportunities to leverage the investment.

Subsequently, the county Human Services Department (HSD) and Health Services Agency (HSA) worked closely with First 5 Santa Cruz County (First 5) and other key partners representing health, nutrition, early care and education, home visiting, and family strengthening programs to determine the best strategies and goals to influence the desired outcomes and allocate the County's TbT investment.

Taking a system of care approach, the TbT funding was allocated across three goal areas:

1. Enhance System Capacity
2. Enhance System Coordination
3. Strengthen the System Foundation

Each year, TbT funds are invested in activities to support these goals, with a specific focus on increasing access to and coordination of home visiting, early learning, pediatric primary care services, and other early childhood and family support services. The cross-sector coordination and collaboration among TbT partners improved the system's ability to identify and respond to urgent community needs resulting from the pandemic and CZU Complex Wildfires. In addition, the collaborative leadership structure of TbT and the systems-level focus has created opportunities to leverage additional funding and align with Federal and State policies and other countywide initiatives (e.g., CORE Investments, ACEs Aware, and the Child Abuse Prevention Workgroup).

In May 2022, the Board was presented with a proposal to expand the scope and purpose of the TbT Fund to "Thrive by 5" (Tb5). Establishing Tb5 as the countywide structure dedicated to the well-being of all children prenatal-5 (PN-5) and their families is supported by the current TbT leadership structures and system partners and will be the focus of the coming fiscal year.

Thrive by Three: FY 2021-22 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 expectant parents and families with children birth through age 3 who meet income or other eligibility requirements.
2. **Families Together (FT):** A program of Encompass Community Services for families with children and youth referred by Family & Children's Services or CalWORKs.
3. **Nurse-Family Partnership (NFP):** A program of Health Services Agency available for first-time expectant mothers, and until their child turns 2, who qualify for Medi-Cal or meet income requirements.
4. **Public Health Field Nursing (PHFN):** A program of Health Services Agency offering support to expectant parents and families with children birth to 5 years old.

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.

FY 2021-22 Implementation Update

- Leveraged funds contributed by HSD and First 5 have increased the total investment in HV system capacity to $1.1 million – more than seven times greater than the annual allocation from the TbT Fund. This leveraging strategy has enhanced the capacity of local HV programs to serve families with children prenatal through 3 years old, with a particular emphasis on CalWORKs customers and expanding the availability of NFP.

TbT Fund	HSD CalWORKs	HSD CalWORKs HV Program	HSA California HV Program	First 5 HV Coordination Grant	FY 2021-22 Total
$150,000	$222,427	$327,613	$327,885	$116,589	**$1,144,514**

- CalWORKs hired a social worker whose role is to contact all PN-5 CalWORKs families (pregnant or with children up through age 5) and refer them to the appropriate HV programs, using the new "coordinated entry and referral" process (described further in Goal 2).
- As the pandemic has been receding, home visiting programs resumed in-person service and most of the programs saw growth in program enrollments this year compared to last year. However, many programs continue to experience challenges with maintaining typical levels of service delivery, due to COVID-19 and staffing shortages that have characterized much of the health and helping professions this year.

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 Figures 1 – 3 below, which show enrollment patterns for each calendar year since the launch of Thrive by Three. It should be noted that in Figures 1 – 3, 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 was launched in April 2017.

Figure 1 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 during calendar years 2017 through 2021. A small number of families likely participated in multiple HV programs, and thus may be double counted in the totals below. This figure does not reflect the total number of Prenatal-3 Families Enrolled in the Early Head Start home visiting program during calendar year 2021, as the data were not available.

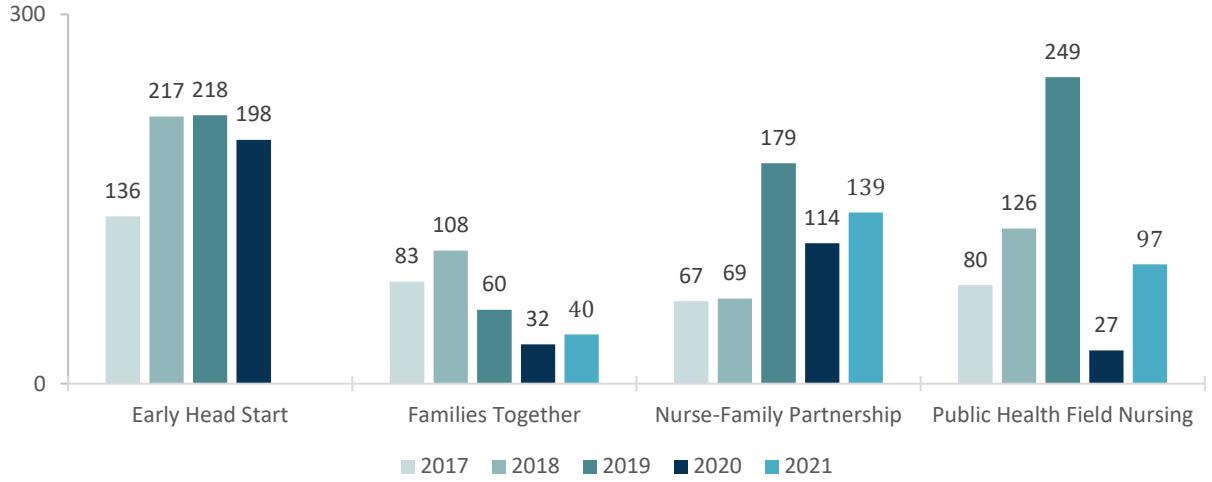
Figure 1: Total Home Visiting Enrollment of Prenatal-3 Families, Calendar Years 2017-2021

	2017	2018	2019	2020	2021
Prenatal-3 Families Enrolled	366	520	706	371	**276**
Children (Birth-3)	400	527	633	349	**317**

Sources: Santa Cruz County Health Services Agency, 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 the pandemic and ongoing economic uncertainty, though a slight rebound is observed in most programs. This figure does not reflect the total number of Prenatal-3 Families Enrolled in the Early Head Start home visiting program during calendar year 2021, as the data were not available.

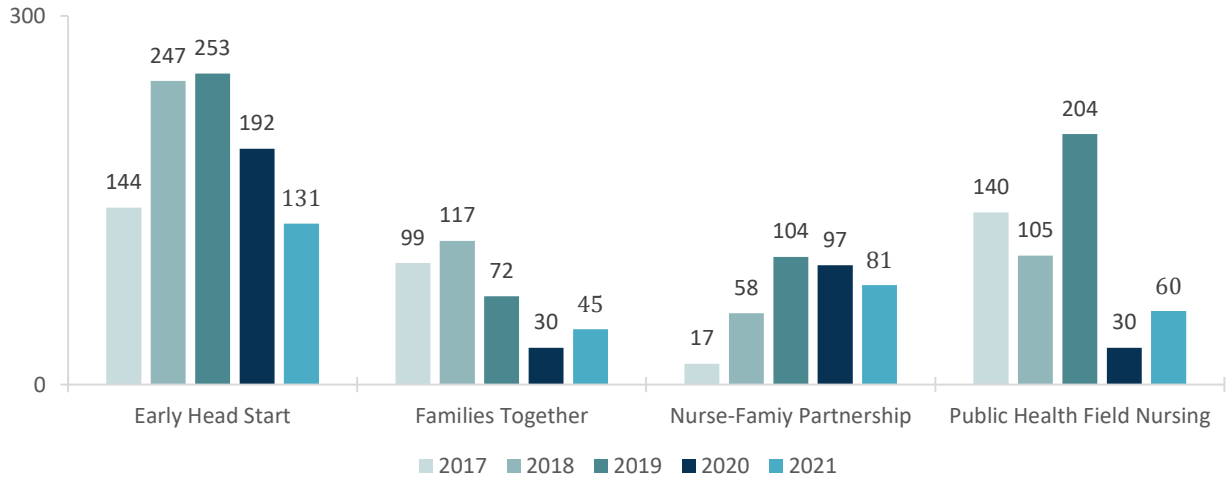
Figure 2: Prenatal-3 Families Enrolled in Home Visiting Programs, 2017-2021



Sources: Early Head Start and Families Together totals are from Encompass Community Services. Nurse-Family Partnership and Public Health Field Nursing totals are from Santa Cruz County Health Services Agency.

Figure 3 shows the number of children (birth through age 3) enrolled in each HV program.

Figure 3: Children (Birth through Age 3) Enrolled in Home Visiting Programs, 2017-2021



Sources: Early Head Start and Families Together totals are from Encompass Community Services. Nurse-Family Partnership and Public Health Field Nursing totals are from Santa Cruz County Health Services Agency.

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, while the specific details of referrals made are unavailable, NFP reported 1,042 referrals and PHN reported 262 referrals made to ancillary services in FY 2021-22.

The launch of Unite Us 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. Unite Us 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. The goal is to support widespread adoption and use of Unite Us among partners in the Thrive by Three system of care, 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 childcare subsidies. The processes and infrastructure established for the 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.

FY 2021-22 Implementation Update

- ELS funded by the County's TbT Fund (TbT ELS) are awarded to providers serving families who are eligible for state subsidies. Prior-year requirements for new ELS recipients to participate in the Santa Cruz County Quality Counts, California Quality Rating, and Improvement System (CA-QRIS) were suspended in FY 2021-22 due to a pause in statewide QRIS activities and because the local program has reached its limit in terms of capacity to support new eligible providers. First 5 distributed **$95,197** in TbT ELS to 91 early learning providers (89 family childcare homes and 2 childcare centers), benefitting 232 children. Scholarship amounts ranged from $410 to $1,231, based on the number of children served who were eligible for state-funded subsidies, with an average award amount of $1,046. Over ninety 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.
- As part of the COVID-19 emergency response, First 5 distributed **$188,142** to 127 family childcare homes and 29 childcare centers through funds contributed by the **Monterey Peninsula Foundation** ($100,006) and **City of Santa Cruz Children's Fund** ($88,136). Awards ranged from $50 to $15,236, based on the number of children ages 0-5 served, with an average award of $1,169. Funds awarded through the City of Santa Cruz Children's Fund benefitted 330 children served by childcare providers located within the City limits, while funds awarded through Monterey Peninsula Foundation benefitted 1,987 children served by providers outside of Santa Cruz City limits. These 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 $460,198 directly to infant and toddler care providers since the inception of Thrive by Three, as shown in Figure 4 below.

Figure 4: Thrive by Three Early Learning Scholarship Distribution (2017-22)

	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	TOTAL 2017-22
Family Child Care Homes	$40,300	$90,618	$63,073	$102,608	**$93,555**	**$390,154**
Child Care Centers	$29,620	$29,382	$6,927	$2,544	**$1,641**	**$70,114**
Total	**$69,920**	**$120,000**	**$70,000**	**$105,152**	**$95,126**	**$460,198**

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 Zip Code (2017-2022)

Geographic Area	Zip Codes	% of Total ELS Awards
South County	95019, 95076	86%
Mid County	95003, 95010, 95062, 95065, 95073	4%
North County	95005, 95060, 95064, 95066	10%

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. TbT partners and stakeholders prioritized this strategy 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. To date, 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.

FY 2021-22 Implementation Update

- TbT representatives have been 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 the original purpose of TWC extended beyond the scope of the prenatal-3 system of care, TbT partners participated 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 would (1) help community partners identify which home visiting program was the best fit for individual families, (2) connect those families to the appropriate HV services, and (3) facilitate "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.

  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, all of Encompass Community Services' programs were registered users of Unite Us, including Early Head Start and Families Together. No referral data are available for FY 2021-22, though, since implementation has occurred gradually in these HV programs while new referral workflows were created, and staff were trained. In addition, several programs that these HV programs typically refer to and/or receive referrals from are not yet using Unite Us, including CalWORKs, NFP, and Public Health Field Nursing, which limits the opportunities to use it.

  Discussions about adopting Unite Us have been occurring with the County and key health and hospital system partners and are still underway with key County agencies and other major partners in health and human services systems. However, it remains unknown whether or how soon these entities will join.

- First 5 contracted with Leslie Goodfriend (September 2021 – June 2022) to conduct a brief assessment of current intake and referral procedures within CalWORKs and the four HV programs in order to identify what is working well and recommend and implement strategies to improve the TbT coordinated entry and care management system. All the HV programs agreed that the coordinated entry system worked best when a designated person was responsible for receiving all HV referrals from CalWORKs, communicating with families to determine which HV program was most appropriate, and following up with CalWORKs and HV staff on the status of referrals. This "triage" role had previously been handled by Families Together, but it was disrupted due to staffing changes and then COVID.

As a result of the HV assessment findings, Leslie convened an ad hoc Coordinated Entry Workgroup on behalf of First 5, with key staff from CalWORKs and the four HV programs. The Workgroup re-established a coordinated entry and referral process and began piloting it with CalWORKs referrals for HV, starting in June 2022. A CalWORKs Social Worker will identify and contact CalWORKs participants who have at least one child (prenatal-5) to normalize the challenges of raising children and to explain the availability of HV programs. The Social Worker will gauge families' interest in HV, refer them to the most appropriate HV program, then follow up to ensure the referrals were received by the HV programs and that families were connected to resources. Key steps in this "closed loop" referral process will occur electronically (via secure email) and be tracked by the Social Worker in a simple spreadsheet. Data from this pilot will be reviewed quarterly, at a minimum, during FY 2022-23 to gauge its effectiveness and make necessary process improvements.

If, or when, all the Thrive by Three partners are using Unite Us (or another platform) to make closed loop referrals, this coordinated entry process will be even more streamlined and effective. Eventually, this coordinated entry process will be expanded to include referrals and care coordination among a broader array of programs that serve families with children prenatal-5.

- **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 program supplies, training, and technical assistance through HIP, peer meetings, the Zero to Three national conference, and the national HealthySteps office.

  Salud Para La Gente hired a HealthySteps site supervisor this FY for case management and parent coach supervision, as PEARLS/ACES and maternal depression screenings scaled up. In 2022,[1] Salud saw 4,021 patients ages 0-5 and conducted:
  - 1,331 developmental screenings for children ages 0-5
  - 928 social emotional screenings
  - 373 maternal depression screenings
  - 318 ACES screenings for children ages 0-5

[1] Service numbers included here are reported over the past 12 months as of May 2022.

Santa Cruz Community Health saw a total of 1,404 patients, including 942 patients aged 0-3. While the majority of clients received Tier 1 care, roughly 8% received Tier 2 or Tier 3-level care. Just over one-third (37%) of clients identify as Spanish-speaking, while the majority (85%) identify as English-speaking.

First 5 contracted with the Health Improvement Partnership **(HIP)** to coordinate with the safety net clinics and Central California Alliance for Health (CCAH) on exploring sustainability strategies, such as billing Medi-Cal for HealthySteps services. These discussions resulted in:

- A billing guide for pediatric screenings conducted by Healthy Steps sites. CCAH prepared this guide for the safety net clinics, complete with billing codes, descriptions, and rules.
- The determination that it is not feasible at this time for HealthySteps services to be billed under 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).
- Shared interest in further exploration of the new Community Health Workers (CHW) Medi-Cal benefit. While more information and guidance are needed to understand this benefit, it could be a near-term revenue opportunity for Salud, as their Parent Coaches are Community Health Workers who may be able to bill part of their time under the CHW benefit.

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 2021-22, 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 resumed in March 2022 after a pause during the 2020-21 fiscal year, due to the impact of COVID and the CZU wildfires on HV providers and County staff. The March HVLC meeting provided an opportunity for HV program staff to reconnect and obtain their input on future topics, while the June HVLC provided an opportunity for the HV partners to learn about trauma informed practices and preparing families for the COVID-19 vaccine for children ages 6 months to 5 years old.

Wait Lists

This outcome continues to be challenging to measure (even prior to COVID), due to different definitions of and processes for handling wait lists and cross-referrals among HV providers. However, Early Head Start reports having had 29 children (ages birth to 3) on their waitlist. NFP

and PHN both reported that no children or families were waitlisted last fiscal year. The TbT partners will assess whether this indicator is meaningful and feasible to measure when the Thrive by 5 evaluation plan is updated.

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.

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 2021-22, 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 of Optimal Solutions Consulting to

provide assistance with project management. During this fiscal year, four Advisory Committee meetings were held on:

  - August 19, 2021 – Theory of Change and ACEs Aware context (TbT Advisory Committee and Child Abuse Prevention Workgroup)
  - April 14, 2022 - Thrive by Three history and accomplishments; Discussion of Thrive by 5 expansion, theory of change, key activities, and leadership structure
  - May 17, 2022 – NFP Advisory Board update; Spotlight on Healthy Steps; Discussion of Board presentation on Thrive by Three and proposed expansion to Thrive by 5
  - June 9, 2022 – CA Home Visiting Program and NFP program updates; Spotlight on Thrive by Three progress and evaluation report from 2021-22; Thrive by 5 Advisory Committee structure.

- 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.

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. A no-cost one-year extension was granted in June 2022.

- **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 2022.

Thrive by Three Long-Term Outcomes

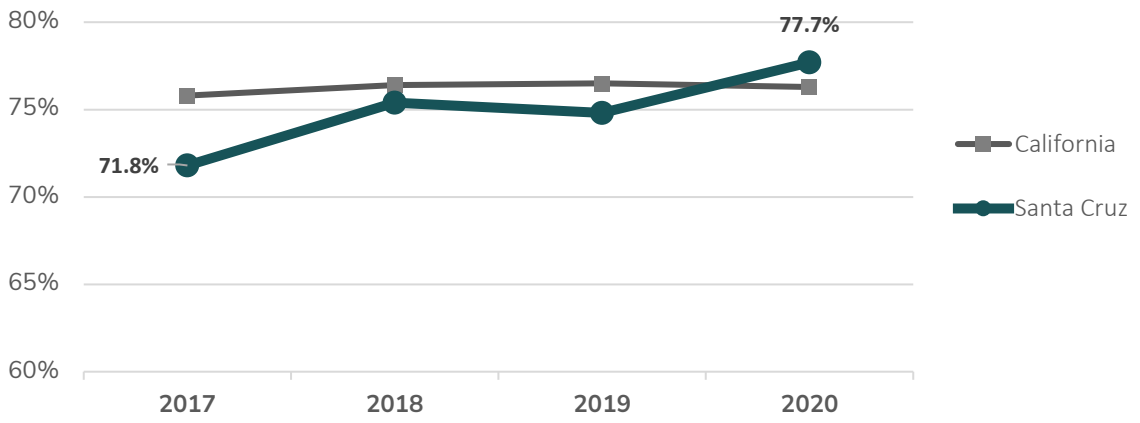
Below are the most recent countywide measures for each long-term outcome in Santa Cruz County, the three comparable counties, and the state overall. The three comparable counties— Santa Barbara, Sonoma, and Monterey— were established in the original TbT Evaluation Plan from March 2018. There are multiple data sources provided for some of 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.

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

COUNTY BASELINE (2017): 71.8% of mothers under age 25 received prenatal care in the first trimester.

CURRENT DATA (2020): The rate has moved up 2.9 percentage points from 2019 to 77.7%, higher than the state average.

Figure 6: Percentage of Mothers Under Age 25 with Early Prenatal Care (2017-20)



	Baseline 2017	2018	2019	2020
California	75.8%	76.4%	76.5%	76.3%
Santa Cruz	**71.8%**	**75.4%**	**74.8%**	**77.7%**
Monterey	66.1%	73.5%	72.1%	71.4%
Santa Barbara	70.8%	67.8%	65.4%	64.2%
Sonoma	82.2%	81.4%	83.5%	84.1%

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 2016-2020, on CDC WONDER Online Database, October 2020. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

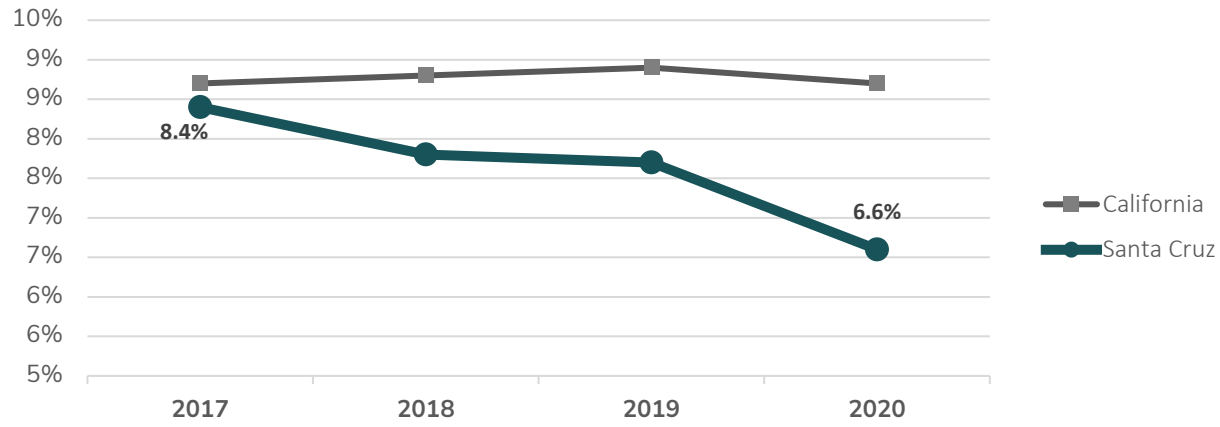
Outcome 2: Decreased percentage of babies being born pre-term and at low birthweight

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.

CURRENT DATA (2020): The rate has moved down to 6.6 percent, lower than the three comparable counties.

Figure 7: Percentage of Babies Born Pre-Term (2017-20)



	Baseline 2017	2018	2019	2020
California	8.7%	8.8%	8.9%	8.7%
Santa Cruz	**8.4%**	**7.8%**	**7.7%**	**6.6%**
Monterey	8.4%	8.2%	8.1%	7.3%
Santa Barbara	9.5%	9.0%	8.5%	9.0%
Sonoma	6.6%	7.6%	7.8%	7.7%

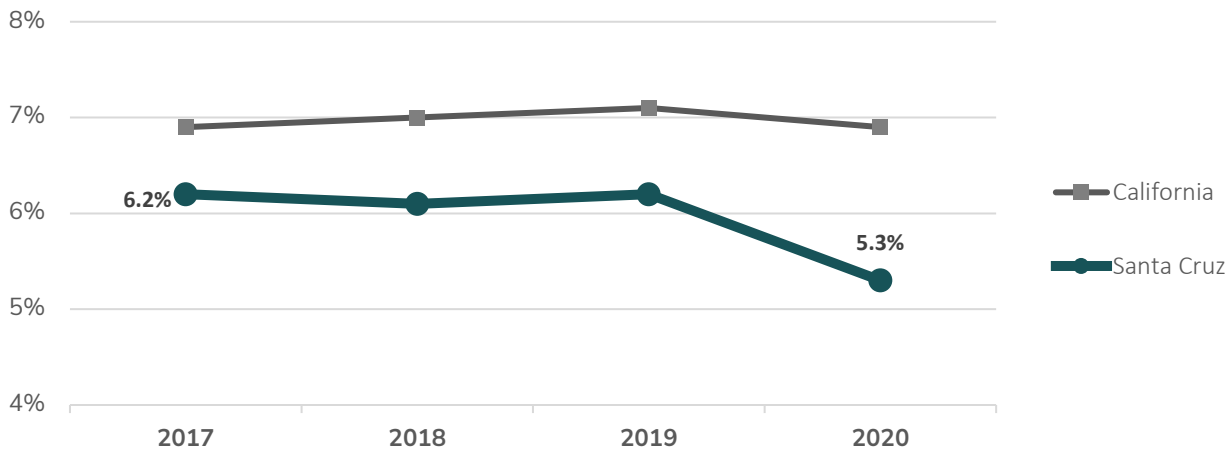
Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020. Accessed at http://wonder.cdc.gov/natality-expanded-current.html

Low Birthweight (under 2,500 grams at birth)

COUNTY BASELINE (2017): 6.2% of babies were born at low birthweight.

CURRENT DATA (2020): The rate has decreased to 5.3%, lower than the state average and the three comparable states.

Figure 8: Percentage of Babies Born at Low Birthweight (2016-20)



	Baseline 2017	2018	2019	2020
California	6.9%	7.0%	7.1%	6.9%
Santa Cruz	**6.2%**	**6.1%**	**6.2%**	**5.3%**
Monterey	6.1%	6.7%	6.3%	6.1%
Santa Barbara	7.3%	6.7%	6.2%	7.0%
Sonoma	5.3%	6.2%	5.8%	6.1%

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

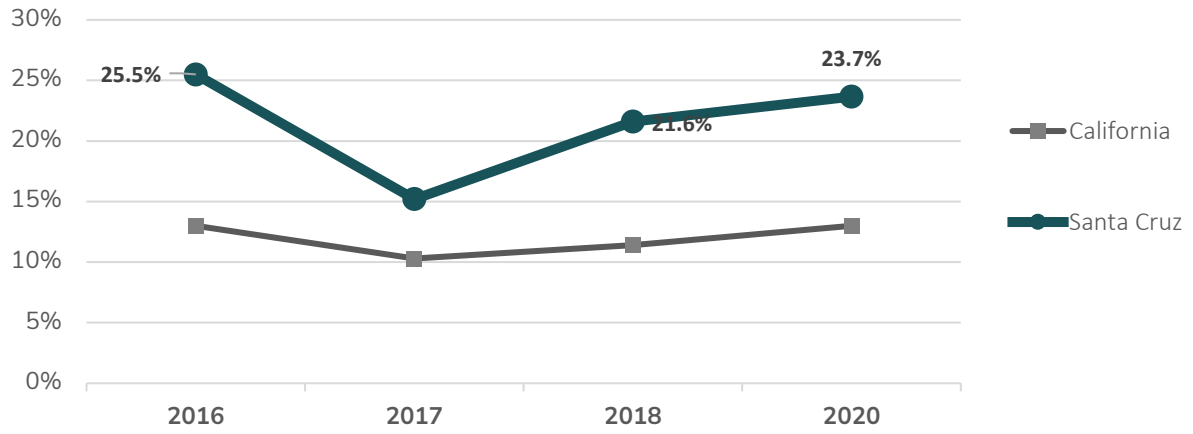
Outcome 3: Increased access to high-quality care and early learning opportunities for infants and toddlers

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.

CURRENT DATA (2020): The percentage was 23.7%, which was slightly higher than 2018 but still lower than the 2016 baseline. These data also may not fully reflect the impact of the COVID-19 pandemic.

Figure 9: Enrollment in Subsidized Child Care, Children Under 36 Months (2016-20)



	Baseline 2016	2017	2018	2020
California	13.0%	10.3%	11.4%	12.6%
Santa Cruz County	**25.5%**	**15.2%**	**21.6%**	**23.7%**
Monterey County	9.2%	8.3%	14.5%	7.3%
Santa Barbara County	8.4%	7.6%	8.7%	11.1%
Sonoma County	9.4%	6.7%	6.7%	8.2%

Source: American Institutes for Research, Early Learning Needs Assessment Tool. Accessed October 17, 2022, 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/.

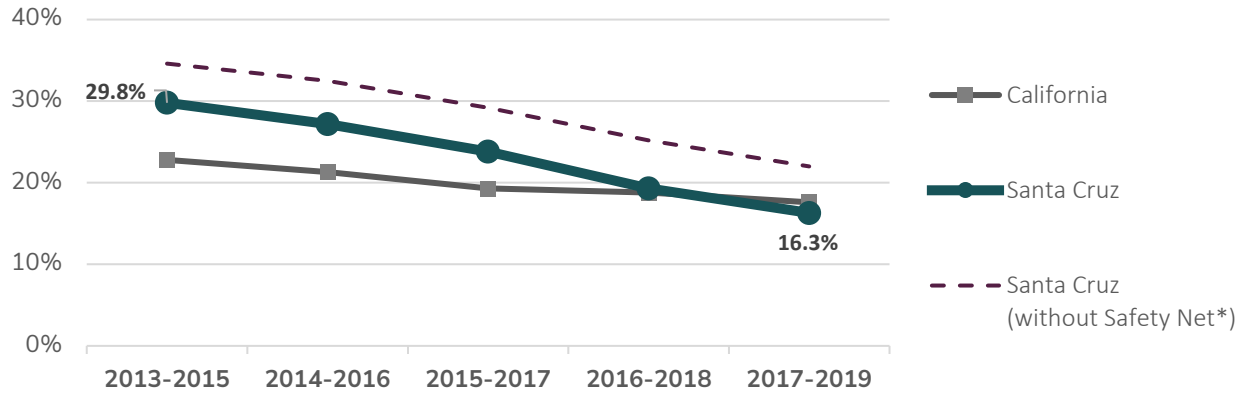
Outcome 4: Increased access to economic and self-sufficiency supports

Children in Poverty

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%), although rates have continued to decline since.

CURRENT DATA (2017-19): The CPM Child Poverty Rate declined to 16.3% in the 2017-2019 period. The Public Policy Institute of California (PPIC) estimates that government safety net programs have lowered the county's overall poverty rate by nearly six percentage points between 2017 and 2019, compared to 12 percentage points statewide. However, these data do not yet reflect the economic impact of COVID-19 or subsequent policies.

Figure 10: 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%
	2017-2019	17.6%	**16.3%**	21.9%	22.8%	15.7%
Increase in 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
	2017-2019	12.1% pts	**5.7% pts**	7.1% pts	5.7% pts	3.5% pts

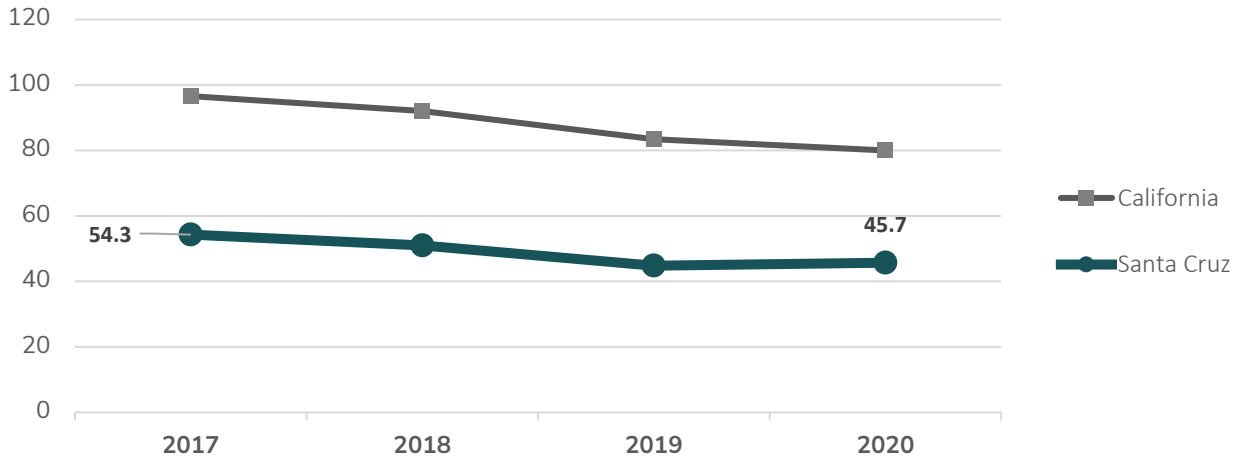
Source: Public Policy Institute of California, Poverty in California. https://www.ppic.org/publication/poverty-in-california/
***** CPM rates include all children under 18. Only PPIC has an available data point for the increase in child poverty without safety net programs. The data in this report reflect the increase in poverty without safety net programs for all populations.
Note: The CPM reports Monterey and San Benito together.

Children Participating in CalWORKs

COUNTY BASELINE (2017): 54.3 children per 1,000 children (ages 0-17) participated in CalWORKs.

CURRENT DATA (2020): The rate has remained lower at 45.7 than the state average at 80 per 1,000 Children.

Figure 11: Rate of Children Participating in CalWORKs per 1000 Children (2017-20)



	Baseline 2017	2018	2019	2020
California	96.6	92	83.4	80
Santa Cruz	**54.3**	**51**	**44.8**	**45.7**
Monterey	87.5	77.9	67.8	62.3
Santa Barbara	74.9	70.7	66.2	63.6
Sonoma	35.8	33	28.1	28.7

Source: Children Participating in CalWORKs by KidsData. https://www.kidsdata.org/topic/670/calworks/table#fmt=2783&loc=2,127,347,1763,331,348,336,171,321,345,357,332,324,369,358,362,360,337,327,364,356,217,353,328,354,323,352,320,339,334,365,343,330,367,344,355,366,368,265,349,361,4,273,59,370,326,333,322,341,338,350,342,329,325,359,351,363,340,335&tf=110&sortColumnId=0&sortType=asc. Number of children receiving at least $10 of CalWORKs cash aid in the month of January, per 1,000 children ages 0-17 (e.g., in January 2020, 80 per 1,000 California children participated in CalWORKs).

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 reporting hardships and emotional distress during pregnancy and the child's first three years of life

COUNTY BASELINE (2013-2015): See Figure 12 (below) with six emotional hardship and distress indicators, as experienced by mothers who recently gave birth.

CURRENT DATA (2016-2018): The percentages of mothers reporting hardships and emotional distress are relatively stable in Santa Cruz County, Statewide, and in comparable counties, while the percentage of mothers experiencing prenatal depressive symptoms reduced three percentage points from 16% to 13%.

Figure 12: 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%
	2016-2018	15%	**13%**	19%	13%	17%
Intimate partner violence during pregnancy	2013-2015	7%	**7%**	10%	6%	9%
	2016-2018	6%	**7%**	8%	7%	5%
No support during pregnancy	2013-2015	5%	**5%**	6%	5%	5%
	2016-2018	5%	**4%**	4%	3%	6%
Moved during pregnancy due to problems paying rent or mortgage	2013-2015	6%	**5%**	6%	7%	7%
	2016-2018	6%	**7%**	5%	7%	8%
Homeless during pregnancy	2013-2015	3%	**3%**	4%	4%	3%
	2016-2018	3%	**3%**	4%	3%	7%
Postpartum depressive	2013-2015	14%	**14%**	15%	14%	15%
	2016-2018	12%	**13%**	13%	9%	13%

Source: Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, 2016-2018. California Department of Public Health, 2022. https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotCo

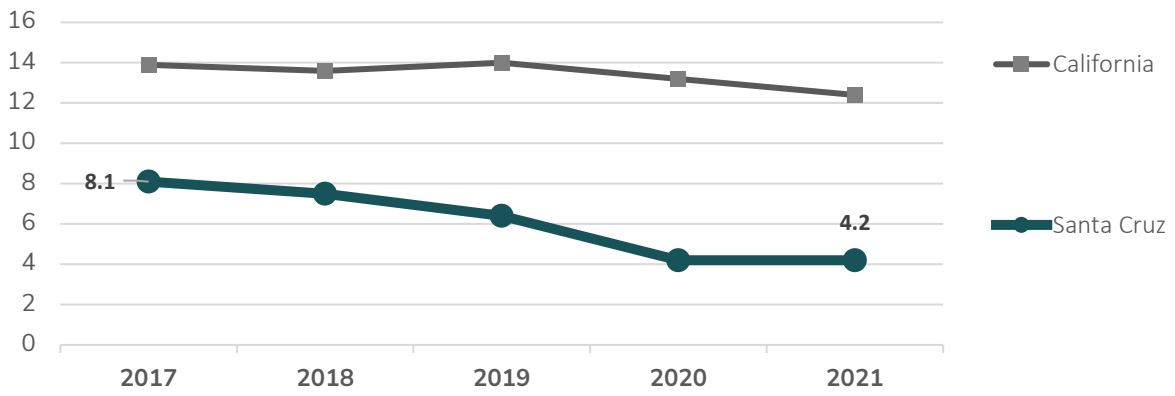
Outcome 7: Decreased rates of substantiated child maltreatment and entries into foster care among infants and toddlers

Child Maltreatment

COUNTY BASELINE (2017): 8.1 per 1,000 children 0-2 years had substantiated allegations of mistreatment.

CURRENT DATA (2021): The rate for Santa Cruz County (4.2) remained low, compared to the state rate (12.4). While the reported rates of substantiated child maltreatment allegations appear to have decreased dramatically between 2019 and 2020 and stayed low between 2020 and 2021, readers should note the increased difficulty in the identification and reporting of suspected maltreatment during the pandemic.

Figure 13: Rate of Child Maltreatment Substantiations per 1,000 Children, 0-2 years (2017-21)



	Baseline 2017	2018	2019	2020	2021
California	13.9	13.6	14.0	13.2	12.4
Santa Cruz	**8.1**	**7.5**	**6.4**	**4.2***	**4.2***
Monterey	6.9	6.2	6.4	5.1	3.9
Santa Barbara	9.4	10.2	10.3	10.3	9.3
Sonoma	9.2	11.1	11.7	8.5	11.3

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Hammond, I., Ayat, N., Gomez, A., Jeffrey, K., Prakash, A., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A. & Ensele, P. (2022). CCWIP reports. Retrieved Jul 29, 2022, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu

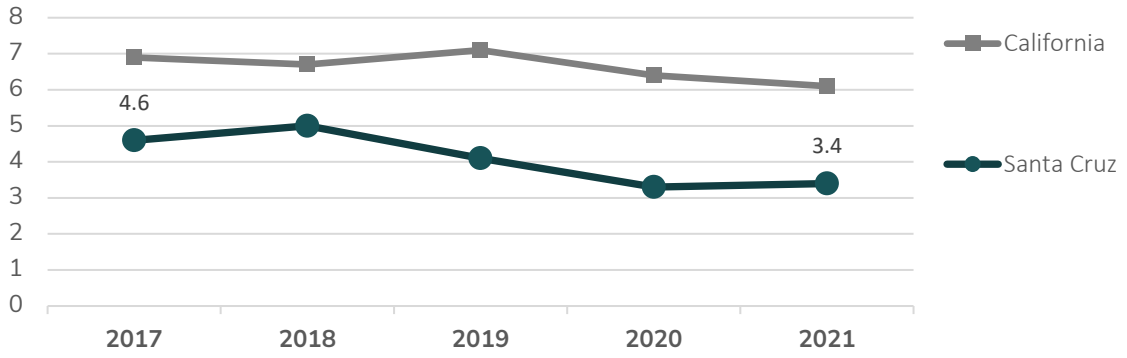
* Data should be interpreted with caution. The number of substantiated allegations was suppressed because of the small number (≤10) of a specific age group for confidentiality. The potentially maximum number (i.e., 10) was used to calculate the rate in such case. Therefore, the actual substantiation rate could be smaller than presented.

Foster Care Entry Among Infants and Toddlers

COUNTY BASELINE (2017): 4.6 per 1,000 children 0-2 years entered foster care.

CURRENT DATA (2020): The foster care entry rate (3.4 per 1000 children 0-2 years) 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 14: Foster Care Entry Rates (per 1,000 children 0-2 years)



	Baseline 2017	2018	2019	2020	2021
California	6.9	6.7	7.1	6.4	6.1
Santa Cruz	**4.6**	**5.0**	**4.1***	**3.3***	**3.4***
Monterey	4.5	2.3*	2.8	1.7*	1.5
Santa Barbara	4.5	4.9	5.4	5.7	5.2
Sonoma	6.7	6.8	7.9	5.9	6.9

Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Hammond, I., Ayat, N., Gomez, A., Jeffrey, K., Prakash, A., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A. & Ensele, P. (2022). CCWIP reports. Retrieved Jul 29, 2022, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu

* Data should be interpreted with caution. The number of entries to foster care was suppressed because of the small number (≤10) of a specific age group for confidentiality. The potentially maximum number (i.e., 10) was used to calculate the rate in such case. Therefore, the actual foster care entry rate for this population could be smaller than presented.