

First 5 Monterey County Early Learning Opportunities

Fiscal Year 2016-17 Client & Service Delivery Data Report

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prepared by

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based on work by



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Introduction

In 2016-17, First 5 Monterey County (F5MC) funded 27 agencies to provide early childhood services.

Those agencies were funded through the Early Learning Opportunities (ELO) Strategic Plan and included the following vision areas: Parent Development, Early Care and Education, and Child Health. Each is further defined in the box on the right. Funding under this cycle of the Strategic Plan spans fiscal year (FY) 2006-07 through FY 2016-17.

Services were offered throughout the county and were targeted toward communities identified as having the most need. This report presents data collected by F5MC-funded partners to better understand the populations they serve and inform future work under the new Strategic Plan commencing in FY 17-18. The first section of the report provides data on total clients served throughout FY 2016-17, as well as a breakdown of the numbers of children, parents, and providers served in each of the 3 vision areas. The second section contains client-level demographic data, including parent education, language, gender, age, race/ethnicity, and insurance status. The report concludes by looking at the regions F5MC targets. To further examine trends, data from previous years are presented when relevant and available.

Community Visions for ELO-Funded Partners

Vision I: Parent Development

These are programs that maintain relationships with parents to build knowledge, skills, and confidence in parenting as well as their ability to access resources to assist their family. Funding is primarily, but not exclusively, focused on parents with children from the prenatal stage to age 3.

Vision II: Early Care and Education

These are programs that enhance child care provider/caregiver education, child care environment quality, child care workforce development, and parent-teacher interactions.

Vision III: Child Health

These include special needs assessment, screening, and support. Vision III programs provide a coordinated system of screening, referrals, and services for children with special needs, including emotional delays. Vision III also includes coordinated, flexible, and individualized support and services for children who have experienced trauma or prenatal exposure to drugs/alcohol.

Service Delivery: Programs Offered

F5MC-funded programs fall under 3 distinct community visions

This section presents an overview of the number and types of services that were provided by F5MC-funded partners in FY 2016-17. Exhibit 1 details the specific programs funded. The questions this section seeks to address are:

- How many people are being served?
- What services are being offered by ELO-funded partners?

Programs in the *first vision area* include home visitation, playgroups, general parenting education, community resources, and referrals. Programs in the *second vision area* provide early child care and education services and support early educators in maximizing development of children ages 0 to 5. Programs in the *third vision area* offer services including home visitation, inperson consultation, screening, counseling services, and programs for children with special needs. Some agencies work in multiple vision areas.

E1. Funded Programs by Community Vision	FY 2016-17
 ACTION, Home Visiting and Playgroup, and 	South County
Alisal USD, Family Resource Center	
 Centro Binacional para el Desarrollo Indígen 	a Oaxaqueño
City of Salinas, Public Library	
Easter Seals Central California, Strengthenir Families	ng Special Needs
I. Parent Go Kids, DSS Playgroup Project	
Development Kinship Center, Parenting	
MCHD, Public Health Nursing, Teen Parentil	ng Program
MCOE, Dads in Action	
Monterey Peninsula USD, Family Resource	Center
 North Monterey County USD, Castro Plaza F 	Family Resource Center
Pajaro Valley USD, Pajaro Family Resource	Center
 Soledad USD, Adult School 	
Chualar USD, TA	
 Community Action Partnership (CAPSLO), T 	A
Continuing Development, Inc. , TA	
 Go Kids, Caring for Children in the Home (Al su Casa) 	ooyando a los Niños en
II. Early Care Gonzales USD, TA	
and Education Greenfield USD, TA	
 Hartnell Community College and Foundation 	
Mexican American Opportunity Foundation,	
MCOE, Quality Rating Improvement System Kindergarten	and Transitional
Monterey Peninsula College and Foundation	, CARES
■ WestEd, IFECMH	
Door to Hope, MCSTART and Special Needs	s Initiative
■ Go Kids, Nuevas Posibilidades	
III. Child Health MCHD, Behavioral Health, Secure Families	
Pajaro Valley Prevention and Student Assist	
MC Probation Department, Child Advocate F	Program

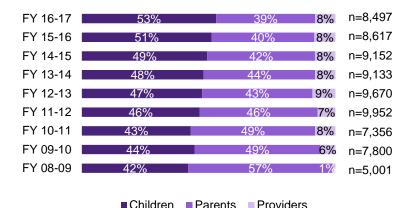
Service Delivery: Numbers Served

In FY 2016-17, F5MC provided services to more than 35,000 children, parents, and providers

As shown in Exhibit 2, F5MC provided services to 8,497 unduplicated/consented clients in FY 2016-17. About half (53 percent) were children, 39 percent were parents, and the remaining 8 percent were providers. These numbers are consistent with those of previous years and show an increase in the percentage of children served over time.

Exhibit 3 shows the total number of individuals served by F5MC, including aggregate data. F5MC-funded programs served a total of 35,423 children, parents, and providers in FY 2016-17.

E2. Percentage of Unduplicated/Consented Clients Served



E3. Total Numbers Served by Year

	FY	FY	FY	FY	FY	FY	FY	FY	FY
	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
Children	8,621	9,845	16,034	14,254	18,535	10,285	17,827	13,942	15,108
Parents	9,026	18,423	20,231	23,491	20,025	11,746	21,347	15,934	19,417
Providers	971	2,134	1,531	1,015	1,684	1,107	1,384	716	898
Unknown	17,685	-	-	-	-				
Total Served	36,303	30,402	37,796	38,760	40,244 ¹	23,138	40,558	30,592	35,423

Source: Persimmony; data for consented clients and aggregate data.

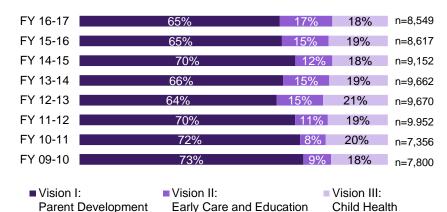
¹ Starting in FY 12-13, seminar participants were not included in the total numbers served since there were no other demographic data about them and were largely duplicated across seminars and other programs.

Service Delivery: Numbers Served-

Almost two-thirds of clients served for Community Vision Areas participated in Parent Development services

Exhibit 4 shows that, of the 8,549 unduplicated/consented clients that were served for each of the 3 ELO Community Vision Areas in FY 2016-17, two-thirds (65%) were served by programs in the first Vision Area, parent development. Seventeen percent received services from funded programs in Vision Area II, early care and education, and the remaining 18% were served by Vision Area III, child health.

E4. Percentage of Clients Served by Vision Areas



Service Delivery: Numbers Served-

In FY 2016-17, F5MC-funded programs delivered 76,981 units of service across all service types, an amount nearly on par with that of previous years, as seen in Exhibit 5. Service units represent a single time a participant accessed a particular service.

Playgroups are consistently the service type with the highest service count. Screening and Assessment saw the largest increase from FY 15-16 to FY 16-17 (10.0 percent). The numbers of high-intensity consultations, home visits, information and referrals, community capacity building, parent group series and transition and other family support all saw decreases in FY 16-17.²

E₅. Service Units by Service Type

Service Type	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 15-16 to FY 16-17 (% Change)
Playgroups	26,207	33,172	32,405	31,874	39,319	41,765	6.2%
High-intensity consultations and interventions	14,800	17,278	12,307	11,262	10,835	10,117	-6.6%
Home visits	8,158	8,540	9,909	11,500	9,846	9,791	-0.6%
Information and referral	6,014	6,930	8,738	5,847	5,112	4,395	-14.0%
Community capacity building	4,068	3,988	3,859	4,489	4,749	4,221	-11.1%
Screening or assessment	1,586	1,833	2,186	2,242	2,340	2,575	10.0%
Parent group series	4,242	3,804	5,173	5,118	2,299	2,201	-4.3%
Transition and other family support	3,206	3,058	2,231	2,239	1,926	1,916	-0.5%
Total	68,281	78,603	76,808	75,621	76,426 ²	76,981	0.7%

Source: Persimmony; data from consented clients and aggregate data.

² Starting in FY 15-16, Transitional Kindergarten participants are included with aggregate participants rather than with consented direct clients as was done in the previous year.

Client Demographics

Demographic data provide a perspective for understanding the specific populations that F5MC targets

F5MC-funded programs collect demographic information to obtain an accurate representation of the characteristics of the children, parents, and providers they serve. These demographic characteristics help F5MC staff and the Commission understand its progress toward serving intended populations, as well as the extent to which funded services reach populations in the places they work and gather.

More specifically, the data aim to address the following questions:

- Who is being served?
- Are funded partners reaching the appropriate target populations?

This section describes characteristics of the families and providers who received F5MC-funded services in FY 2016-17, along with comparison data from previous fiscal years through 2008-09 where available.

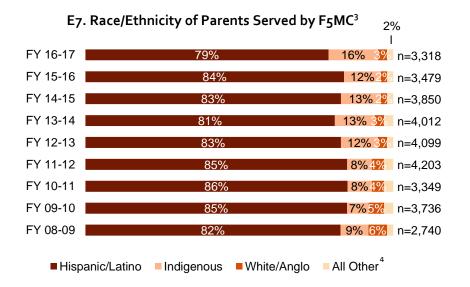
Client Demographics: Race/Ethnicity

The majority of people served by F5MC are Hispanic/Latino

As in previous years, the large majority of parents served by F5MC in FY 2016-17 were Hispanic/Latino (79 percent), as shown in Exhibit 7. Most children and providers were also Hispanic/Latino (87 percent and 79 percent, respectively), which is consistent with past trends.

E6. Race/Ethnicity of Parents Served in FY 2016-17

	Count	Adjusted %
Hispanic/Latino	2624	79
Indigenous/Native American	522	16
White/Anglo	84	3
Multiracial	32	1
Asian	28	1
Other	13	<1
Pacific Islander	8	<1
Black/African American	7	<1
Total	3318	100
Missing/Unknown	17	



³ Does not include parents with missing or unknown race/ethnicity data.

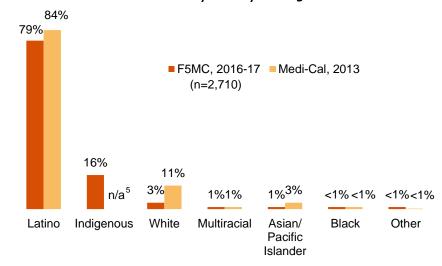
⁴ "All Other" includes Black/African American, Asian, Pacific Islander, Multiracial, and other racial/ethnic categories.

Client Demographics: Race/Ethnicity

Comparing mothers served by F5MC and Medi-Cal for Monterey County

F5MC and its funded partners use several data sources, including Census and Medi-Cal funded birth data, to help target services to Monterey County families in need. Exhibit 8 compares the race/ethnicity distribution of mothers served by F5MC in FY 2016-17 to that of mothers with Medi-Cal funded births in Monterey County in 2013. In FY 2016-17, 79 percent of mothers served by F5MC were Hispanic/Latino, which was somewhat lower than the proportion of Hispanic/Latino mothers in Monterey County with Medi-Cal funded births, however Medi-Cal birth data does not track indigenous people separately as F5MC does.

E8. Race/Ethnicity of Mothers Served in FY 2016-17 Compared to Race/Ethnicity of Mothers with Medi-Cal Funded Births in Monterey County in 2013



Source for F5MC data: Persimmony, Data from consented clients.

Source for Medi-Cal data: Source: California Department of Public Health, Health Information and Research Section, Birth Statistical Master File 2013; statistical analyses performed by Monterey County Health Department, Surveillance and Epidemiology Unit. Data exclude births where the mother's race/ethnicity was unknown.

⁵ Medi-Cal funded birth data does not include an Indigenous/Native American category. As a result, Medi-Cal funded birth data does not provide a point of comparison.

Client Demographics: Parent Level of Education-

F5MC mostly serves parents with less than a high school education

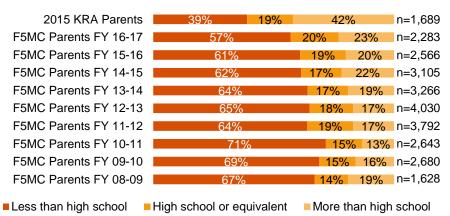
In general, the educational distribution of parents served by F5MC has slowly increased over the years. Most parents still have less than a high school education. As Exhibit 9 demonstrates, 57 percent of parents served in FY 2016-17 had less than a high school education, while 11 percent had at least a college education.

Exhibit 10 compares the level of education of F5MC parents over the past 8 years to the level of education reported in the 2015 Monterey County Kindergarten Readiness Assessment (KRA), a representative sample of Monterey County parents whose children entered kindergarten in fall 2015. This fiscal year, 57 percent of parents served by F5MC-funded programs had less than a high school education, compared to 39 percent of parents with children entering kindergarteners in 2015. These findings suggest that F5MC-funded programs are serving parents with lower levels of education than participating KRA parents.

Eq. Level of Education of Parents Served in FY 2016-17

	Count	Adjusted %
Less than 6 th Grade	753	33%
Between 6 th Grade and High School	553	24%
Finished High School/GED	466	20%
More than High School	263	12%
Finished College	173	8%
More than College	75	3%
Total	2283	100%
Missing/Unknown	1027	

E10. Level of Education of Parents Served by F5MC Compared to Parents of Incoming Kindergarteners in Monterey County⁶

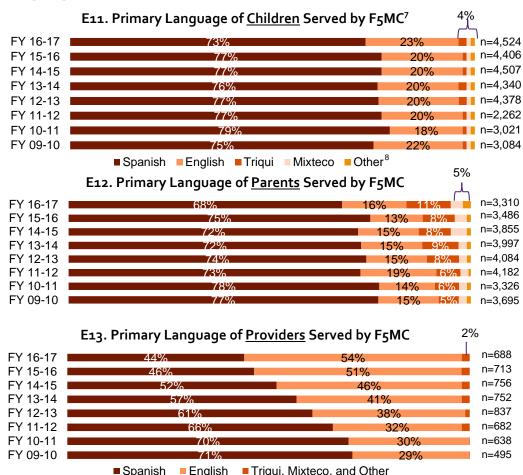


⁶ There was missing or unknown parent level of education data in FY 08-09 (n=1,221), FY 09-10 (n=1,175), FY 10-11 (n=687), FY 11-12 (n=727), FY 12-13 (n=923), FY 13-14 (n=764), FY 14-15 (n=694), FY 15-16 (n=924), and FY 16-17 (n=1027).

Client Demographics: Primary Language

Spanish continues to be the most common language spoken by F5MC children and parents

In FY 2016-17, funded programs reported that most children (73 percent), and parents (68 percent), spoke Spanish as their primary language, with English as the second most common language spoken (Exhibits 11 and 12). The percentage of Spanish speakers dropped to the lowest rate in the past nine years. Providers more commonly spoke English (54 percent) as like the previous year (Exhibit 13). There has been a gradual decrease of Spanish-speaking providers served since FY 2009-10.



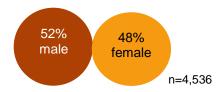
⁷ Missing or unknown language data is not included here.

³ "Other" languages spoken by children, parents, and providers include Tagalog, Chinese, Zapotec, and Vietnamese.

Client Demographics: Gender and Age of Children —

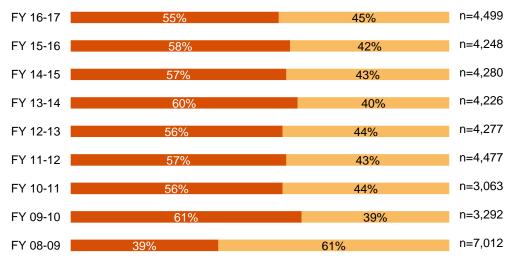
Boys and girls are equally represented among the children served by F5MC, over half of whom are ages o-3

Gender. In FY 2016-17, there was almost an equal representation of males (52 percent) and females (48 percent) among children served. This distribution was the same as the previous years.



Age. The F5MC ELO Strategic Plan prioritizes providing services to families with children ages 0-3. Exhibit 14 shows the age breakdown of children served by F5MC over the last nine years. In FY 2016-17, 55 percent of children served were between 0 and 3 years old.

E14. Age of Children Served by F5MC9



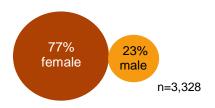
■0-3 years (up to 36 months) ■3-5 years

⁹ The missing or unknown age data for children are not included.

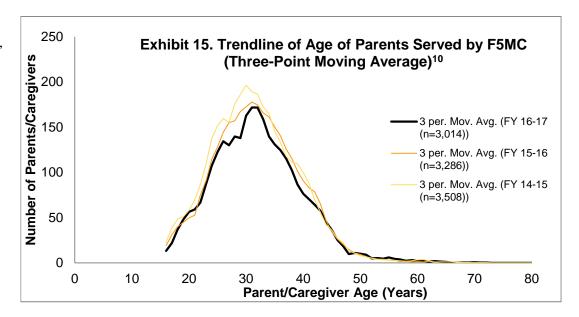
Client Demographics: Gender and Age of Parents -

F5MC primarily serves parents who are female and 21 to 40 years old

Gender. The large majority of parents served by F5MC have been female. Similar to previous years, nearly three-fourths of consented parents who received F5MC-funded services in FY 2016-17 were female.



Age. The age distribution of parents has been nearly identical over the past few years. As seen in Exhibits 15 and 16, parents between the ages of 21 and 40 years represent the largest proportion of those served (81 percent). In FY 2016-17, parents/caregivers' ages ranged from 14 (n=7) to 72 years old (n=1).



E16. Age Ranges of Parents Served by F5MC

	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17
	(n=3,442)	(n=3,033)	(n=4,271)	(n=3,671)	(n=3,703)	(n=3,508)	(n=3,286)	(n=3,014)
	Adj %							
14 - 20 years	8	8	8	9	8	8	7	8
21 - 30 years	46	44	45	44	45	44	42	42
31 – 40 years	36	32	36	37	37	38	40	39
41 – 50 years	9	8	8	8	9	8	10	10
50+ years	2	2	2	2	2	1	1	2

Source for age data: Persimmony, Data from consented clients.

Source for gender data: Persimmony, Data from consented clients and aggregate data.

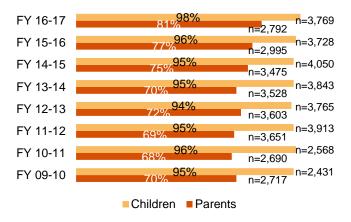
¹⁰ In order to show trends more clearly, age distribution data are depicted using moving average trendlines, meaning that every 3 data points are averaged and plotted based on that number. For example, if the first 3 data points are 7 parents at age 14, 9 parents at age 15, and 24 parents at age 16; these data would be graphed as an average of 13.3 parents at ages 15.

Client Demographics: Health Insurance Status-

Medi-Cal is the most common form of health insurance for F5MC children and parents

Exhibit 17 shows that, while children served by F5MC are largely covered by some form of health insurance, a smaller percentage of parents are insured. Similar to previous years, nearly all children served in FY 2016-17 were covered by health insurance (98 percent), compared to 81 percent of parents. However, FY 2016-17 has the highest percentage of insured parents, which is likely because of the rollout of the Affordable Care Act (ACA) in 2013.

E17. Percentage of Insured Children and Parents Served by F5MC



E18. Heath Insurance Types of Children and Parents
Served in FY 2016-17

	Chi	ldren	Parents		
	Count Adjusted %		Count	Adjusted %	
Medi-Cal	2,922	78	1,056	38	
Employer Provided	311	8	365	13	
Emergency Medi-Cal	70	2	573	21	
Parent Purchased	29	1	27	1	
Other	355	9	230	8	
None	82	2	541	19	
Total	3,769		2,792		
Missing/Unknown	776		543		

Medi-Cal continues to be a primary source of health insurance for F5MC parents and children. As shown in Exhibit 18, Medi-Cal covered 78 percent of children and 38 percent of parents served in FY 2016-17. These numbers account for the transition of Healthy Families enrollees to Medi-Cal in 2013. Twenty-one percent of parents were covered by Emergency Medi-Cal. Employer-provided insurance plans were a less common form of insurance for both children (8 percent) and parents (13 percent).

¹¹ Missing or unknown health insurance are not included.

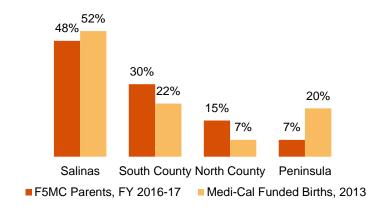
¹² Under AB1494, all enrollees in the Healthy Families program were transferred to Medi-Cal beginning on January 1, 2013.

Client Demographics: Regions Served-

Similar to previous years, about half of parents that F5MC served this fiscal year resided in Salinas (48 percent), of which about one third resided in East Salinas (31 percent). As Exhibit 19 shows, the geographic distribution of parents served by F5MC also generally reflects the distribution of Medi-Cal funded births in Monterey County for Salinas. Parents from North County and South County are overrepresented and parents from the Peninsula are underrepresented compared with Medi-Cal funded births.

On the following page, Exhibit 20 displays more detailed data comparing geographic distribution of F5MC parents to Medi-Cal funded births, including ratio and percentage point difference, by region and city. Most areas where the ratio is higher (i.e., greater than 1.0), such as East Salinas, Greenfield, Gonzales, Pajaro, and Castroville, have been identified as priority areas in the F5MC ELO Strategic Plan.

E19. Geographic Distribution of Parents Served in FY 2016-17 and 2013 Medi-Cal Funded Births in Monterey County¹³



Source for F5MC data (Exhibits 19 and 20): Persimmony, Data from consented clients.

Source for Monterey County Medi-Cal funded birth data (Exhibits 19 and 20): California Department of Public Health, Health Information and Research Section, Birth Statistical Master File 2013; statistical analyses performed by Monterey County Health Department, Surveillance and Epidemiology Unit. County-level data exclude births where mother's zip code of residence was unknown.

¹³ Percentages omit participants reported as being from out of the county. An additional 9 parents served by F5MC in FY 14-15 were reported as being from out of the county.

Client Demographics: Regions Served-

E20. Consented Parents Served in FY 2016-17, by Region and Zip Code, Compared to 2013 Medi-Cal Funded Births in Monterey County

		-	-	=	-	=		•
Region	City	Zip Code	A. F5MC Parents Served (Count)	B. F5MC Parents Served (Adjusted %)	C. Medi-Cal Funded Births, 2013 (Count)	D. Medi-Cal Funded Births, 2013 (Adjusted %)	E. Ratio (Column B/ Column D)	F. Percent Point Difference (Column B - Column D)
Salinas			1,586	48.5	2,303	51.8	0.9	-3.3
	East Salinas	93905	1,000	30.6	1,220	27.4	1.1	3.2
	North Salinas	93906	345	10.5	684	15.4	0.7	-4.9
	South Salinas	93901	127	3.9	205	4.6	0.8	-0.7
	North of Salinas	93907	90	2.8	154	3.5	0.8	-0.7
	River Road	93908	10	0.3	26	0.6	0.5	-0.3
		Other zip codes ¹⁴	14	0.4	14	0.2	2.0	0.2
Peninsula			225	6.9	871	19.6	0.4	-12.7
	Seaside	93955	178	5.4	452	10.2	0.5	-4.8
	Marina	93933	28	0.9	120	2.7	0.3	-1.8
	Monterey	93940	16	0.5	200	4.5	0.1	-4
		Other zip codes	3	0.1	99	2.2	0.0	-2.1
South County			976	29.8	965	21.7	1.4	8.1
_	Greenfield	93927	613	18.7	382	8.6	2.2	10.1
	King City	93930	142	4.3	244	5.5	0.8	-1.2
	Soledad	93960	100	3.1	197	4.4	0.7	-1.3
	Gonzales	93926	100	3.1	102	2.3	1.3	0.8
		Other zip codes	21	0.6	40	0.9	0.7	-0.3
North County			485	14.8	308	6.9	2.1	7.9
	Pajaro	95076	256	7.8	102	2.3	3.4	5.5
	Castroville	95012	211	6.4	175	3.9	1.6	2.5
	Aromas	95039	2	0.1	13	0.3	0.3	-0.2
		Other zip codes	16	0.5	18	0.4	1.3	0.1
Total			3,272	100	4,447	100	1.0	0

Missing/Unknown

51

Source for F5MC data: Persimmony, Data from consented clients.

¹⁴ Some zip codes were aggregated in order to protect client confidentiality.

Closing

F5MC and its funded partners continue to serve tens of thousands of families throughout Monterey County. Over time, the demographic portrait of F5MC clients has remained consistent; F5MC programs serve a majority Latino, Spanish-speaking population with less than a high school education. The race/ethnicity and geographic distributions of F5MC families mirror those of Monterey County's Medi-Cal funded birth population, an indicator of low-income status. This level of detailed data remains critical for capturing the numbers and types of people receiving services to further strengthen early childhood services and refine strategies that address each community-identified vision area.

Technical Notes

In 2008, F5MC-funded partners began using the Persimmony client-level data system. This system allowed for greater levels of consistency by ensuring accuracy in data collection and reporting. Furthermore, Persimmony provided an efficient way to track clients who continue to use funded services from year to year. The data system has allowed funded programs to make progress toward collecting unduplicated client counts and producing data that is both accurate and reliable.

It is important to note that, in general, the percentage of missing and unknown data has decreased compared with data collected during Persimmony's first years of implementation, suggesting that funded partners are able to collect more complete data on the parents, children, and providers they serve. For certain characteristics (e.g., level of education and health insurance status), the large number of missing or unknown data comes from services with limited interaction (e.g., a one-time event or screening) where it is too intrusive to ask participants sensitive information.

All percentages in this report are adjusted — i.e., figures omit participants for whom data were reported as unknown or missing and only portray characteristics of participants for whom data were reported.

Client and service delivery information available in this report are derived from 2 distinct groups:

Consented Clients: provides information on *unduplicated/consented clients*. Generally, these data are collected for clients receiving services (e.g., playgroups, home visits, intensive consultations and therapy, technical assistance) that lend themselves to systematic and ongoing collection of unduplicated, client-level data. This data are considered the most accurate since clients in this group have consented to the evaluation by funded partners who regularly collect standardized client and service delivery data.

Aggregate Data: provides information on *non-consented clients* (i.e., those who participated in transitional kindergarten), as well as basic information collected at *F5MC-sponsored community events* and *through the dissemination of First 5 Parent Kits*. Programs collecting data within this group collect aggregate versus unduplicated data because they provide services that may not lend themselves to systematic and ongoing collection of data at the individual client level. Client-level data reports prior to FY 13-14 did not combine the non-consented clients with those collected at community events and through Parent Kit dissemination.