The following are the major accomplishments, challenges and successes for the Annual Report for the Early Education Grant for Santa Clara County - Circle of Care Project.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS DURING THIS PERIOD:

EARLY EDUCATION

De Anza College Spring 2014 Courses
In spring of 2014, Circle of Care, in collaboration with De Anza College, developed and conducted a series of three innovative courses tailored to the needs of Early Education Providers in Santa Clara County. These courses encompassed the findings of focus groups and current best practice teaching strategies to improve the learning environment for children in the Child Welfare system or who have experienced trauma. Experts in the field of trauma intervention and early learning instructional methodology teamed together to teach the courses. Briefly, the course objectives were as follows:

Course Objectives

- Participants will be introduced to trauma-informed care and the impact of trauma
- Participants will learn about trauma-informed practices to attain the goals of:
  - Safety
  - Permanency
  - Well-being

Course content:

- Trauma can change children’s world views, their sense of safety and how they interpret the behavior of others – including people who are trying to help them.
- Trauma can impact relationships, work, health and other areas of life differently for each child or adult.
- Trauma can be cumulative, with multiple traumatic events building upon one another in a negative way.
- Sustained, chronic, or multiple exposures to trauma often impact children’s development and their ability to form attachments and relationships, self-regulate, and learn.
- Factors that may mediate the impact of a potentially traumatic event, such as:
  - The child’s age and developmental stage
The child’s perception of the danger faced
Whether the child was the victim or a witness
The child’s relationship to the victim or perpetrator
The child’s past experience with trauma
The adversities the child faces following the trauma
The presence/availability of adults who can offer help and protection

- Effects of trauma
- Benefits of partnering with youth and families
- Barriers to partnering with youth and families
- Positive outcomes that can be expected from early intervention services
- Costs of failing to address the challenging behaviors of children
- Participants learned the 5 Protective Factors:
  1. Parental resilience
  2. Social connections
  3. Knowledge of parenting and child development
  4. Concrete support in times of need
  5. Social and emotional competence of children
- Key principles for increasing protective factors in families:
  ✓ Professionals can help children overcome trauma by enhancing their natural strengths and resilience.
  ✓ Positive and stable relationships are vital to children’s ability to overcome traumatic experiences.
  ✓ Trauma can result in overwhelming emotions and serious misunderstandings about safety, personal responsibility, and self-concept.
  ✓ Children may need assistance to help them cope with overwhelming emotions.

While the class was open to all Early Education instructors throughout Santa Clara County, outreach was focused specifically in targeted geographical locations in Santa Clara County areas where the majority of young children age five and under and involved in the Child Welfare System resided.

![Percentages of Pre-School Children by City of Provider](image)

**Figure 1: Distribution of Preschool Children by City of Provider**

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Characteristics of Teachers

There were 63 teachers who attended at least one of the courses offered in the spring. The following figure shows the breakdown of the type of learning center they came from. The majority of teachers represented family child care facilities (36%) followed by Head Start (27%). Participants held a range of positions in their organizations, as shown in Figure 2. The composition of participants and the variety of preschool types attest to the wide range of recruitment and outreach. The breadth of this professional development clearly shows effective system change and provides the foundation for a strong infrastructure. This will lead to wide and substantial impact on teaching practice and on provision of supports for foster children in the classroom.

**Figure 2: Preschool Types Represented by Course Participants**

![Preschool Types](image)

**Positions Held by Course Participants: De Anza College Spring 2014**

![Position](image)
Teachers who enrolled were expected to complete the entire series; however, not all were able to be present for all three courses. Table 1 shows the enrollment of each course—the numbers represent duplicated counts of teachers.

<table>
<thead>
<tr>
<th>Course</th>
<th># of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD101W</td>
<td>55</td>
</tr>
<tr>
<td>CD102W</td>
<td>47</td>
</tr>
<tr>
<td>CD103W</td>
<td>56</td>
</tr>
<tr>
<td>Grand Total</td>
<td>158</td>
</tr>
</tbody>
</table>

Table 1: Enrollment in De Anza Courses: Spring 2014

Additionally, 45 early education providers completed a 32+ hour hands-on modeling course focusing on the California Teaching Pyramid—Supporting Positive Behaviors, through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) that was offered in July-Aug 2014. This course is usually offered over a few months. An offering over is being piloted over three weekends. The program is designed to work in teaching teams. Priority was given to early education providers who have completed all three units of the spring De Anza College Circle of Care courses and have at least one partner (co-worker) who can commit to participating for the full session. In-home child care provider who did not have additional staff, were able to team with a nearby home day care provider, provided that they commit to serving as a integrated support network after the training.

Both the De Anza Courses and CSEFEL classes were designed to build a cohort of teachers interested in improving education and life outcomes for children in foster care. The Circle of Care team is pleased to see that many of the Early Education Providers who completed the courses agreed to begin a grassroots “learning cohort” and will continue to meet to champion changes in the early education setting for children in foster care and expand their learning. Meetings will launch in the winter months of 2014.

The Circle of Care is able to offer CARES hours’ certification, which made the class more desirable as it helped early education providers fulfill required license certification. Forty-two percent (n = 21) of the course attendees were currently participating in CARES Plus, thus, were availing themselves of additional professional growth opportunities—such as a BA degree program, My Teaching Partner, or other training.

In addition, another important goal for the Early Education Grant was to increase Early Education enrollment for foster youth ages 3-5 who reside in Santa Clara County (SCC), the majority of whom living in three identified geographic “hot spots” including the downtown, Eastside and Gilroy area. Enrollment for children ages 3-5 in county as of September 2014 is at 33%, 70 children ages 3 to 5 of the 204. Please
see Figure 3. Enrollment in Head Start is actually low at this time and the Department is working to identify any additional geographical matches for children in need of Early Education enrollment in any of the areas with Head Start slots available.

The breakdown by age for those children 0-5 in Out-of-Home (OHP) placement who do have an education provider listed is:

- Age 0 – 0 (0%)
- Age 1 – 0 (0%)
- Age 2 – 0 (0%)
- Age 3 – 11 (15%)
- Age 4 – 29 (41%)
- Age 5 – 30 (48%)

Overall, only approximately 33% (70 children of a total 209) of children ages 3-5 with a listed education provider (up from 17% on 9/16/14).

**Figure 3:** Early Education children enrolled

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Children Who Do Have an Education Provider Listed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years old</td>
<td>30</td>
<td>63</td>
</tr>
<tr>
<td>4 years old</td>
<td>29</td>
<td>71</td>
</tr>
<tr>
<td>3 years old</td>
<td>11</td>
<td>75</td>
</tr>
</tbody>
</table>

**PUBLIC HEALTH HOME VISITATION PROGRAM**

An additional goal for Santa Clara County through this partnership is to have 90% of the 400+ children in foster care (ages 0-5) receive assessment screenings by our Public Health Nurse (PHN) Home Visitation Program in an effort to screen for early identification of any needs and then make the appropriate referrals. Progress to achieve this is highlighted below:
There were a total of 427 children in Out of Home Placement ages 0 to 5 as of 10/24/14. Of those 427:

- 272 (64%) of children ages birth through age 5 have been screened by a PHN since the program launch in November 2012. (64% up from 58% in August 2014.)
- 155 children (36%) still need to be screened by a PHN.
- An additional PHN was hired and paid for in a public/private partnership through the Public Health Department and First 5 SCC in order to meet the growing demand and to allow for the expansion of public PHNs for children of young parents age 24 and younger who are currently or were previously in the foster care or juvenile probation systems.
- Santa Clara County is still in negotiations with the Union bargaining chapter to mandate social workers to obtain PHN screening for all children ages birth to age 5. This is scheduled to be settled in November 2014.
- Santa Clara County PHNs utilize the ASQSE for the screenings for children. Consideration of a Trauma Screening Tool was looked at but currently this tool is designed for use by Mental Health Professionals and not PHNs. In addition, the Omaha Documentation is used to document and rate the parent or foster parent’s Knowledge, Behavior and Status of the bonding.

**Figure 4: Progress to date for PHN screening and Early Education Enrollment for children**

**PROCESS INTER AGENCY MAPPING**

Process mapping detailing the inter-play between partners was completed in draft form last report period. A more detailed process mapping describing the inter-play between partners continues to be in process. This will fold into revised MOUs for
Spring 2015 and trainings in each of the respective agencies to their staff to make sure all partner agencies and staff are fully informed about the process and importance of support for early education. The combined effort should result in a more coordinated interplay of service partners that ensure that children at risk of abuse and neglect are screened and then connected to resources and supports.

We are focusing on how we can improve all entries into the system over the next two years through an additional expansion to those families referred to Differential Response and receiving prevention services by the end of 2015.

COMPLETE DRAFT OF PROCESS MAPPING AVAILABLE UPON REQUEST

EVALUATION

CIRCLE OF CARE EVALUATION PLAN

Three Strands

- Improve Infrastructure and Coordination
- Improve Alignment & Quality of Children and Family Services
- Expand Services to ECE Professionals

Activities

- Partner Surveys
- Focus Groups
- Data on SCC Kids age 0-5 – Gilroy, Downtown SJ, Eastside
- Monitoring and Tracking of PEN services and referral to ECR, etc.
- Pre-Post Test for Education Providers participating in training

Outputs

- Partner survey reports measuring improvements in coordination of services and collaboration
- Profile analysis of targeted children
- Reports detailing the ECE enrollment trends for SUI children.
- Reports that detail referrals made by PEN
- Statistical data analysis showing improvement in knowledge & skills of providers participating in training

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<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>STATUS</th>
<th>NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner Surveys</td>
<td>Baseline and midterm complete.</td>
<td>Will continue follow-up surveys with partners to continue measuring attitudes on collaboration</td>
</tr>
<tr>
<td><strong>Focus Groups</strong></td>
<td>Completed. Included in evaluation Draft</td>
<td></td>
</tr>
<tr>
<td><strong>Data on SCC Kids age (0-5) – Gilroy, Downtown SJ, Eastside</strong></td>
<td>Baseline and changes in early education enrollment and PHN visitation to date recorded (see “accomplishments and work ahead” below)</td>
<td>Continue to measure changes for this group over the next 6-12 months (grant extension period)</td>
</tr>
<tr>
<td><strong>Monitoring and Tracking of PHN services and referral to KCN, etc.</strong></td>
<td>Baseline and changes in the numbers of PHN home visits recorded</td>
<td>Continue to measure changes for this group over the next 6-12 months (grant extension period)</td>
</tr>
<tr>
<td>Pre-Post Test for Education Providers participating in training</td>
<td>Administered for 2013-14 classes. Results included in draft evaluation</td>
<td>Will administer for 2014-15 classes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTPUTS</th>
<th>STATUS</th>
<th>NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partner survey reports measuring improvements in coordination of services and collaboration</strong></td>
<td>Information to date included in evaluation draft</td>
<td>Will deport final outcomes in the completed evaluation by end of grant cycle extension.</td>
</tr>
<tr>
<td><strong>Profile analysis of targeted children</strong></td>
<td>Information to date included in evaluation draft</td>
<td>Will deport final outcomes in the completed evaluation by end of grant cycle extension.</td>
</tr>
<tr>
<td><strong>Reports detailing the ECE enrollment trends for SCC children.</strong></td>
<td>Reported below. Needs to be added in the next evaluation draft</td>
<td>Will deport final outcomes in the completed evaluation by end of grant cycle extension.</td>
</tr>
<tr>
<td><strong>Reports that detail referrals made by PHN</strong></td>
<td>Reported below. Needs to be added in the next evaluation draft</td>
<td>Will deport final outcomes in the completed evaluation</td>
</tr>
</tbody>
</table>
**SUSTAINABILITY**

We continue to work through issues that will enable us to successfully navigate with the Union and child welfare to implement the procedures into the regular framework and procedures of the department. In addition to the implementation plan reported last grant period, we will focus on the following:

- Early education training has been built into all induction training for newly hired social workers and for interns.
- Agreement for an annual training on early education for social workers is in place. Head Start increased the priority for children in foster care into the available slots for Head Start, and Early Start has agreed to follow and track all young children identified with potential special needs.
- Team members agree that we need to develop even more detailed roles and responsibilities for each respective agency to hold one another accountable for this important work and to ensure sustainability. This is in process.
- Department leaders fully supporting this work and a report back to the Board of Supervisors is planned for December 2014 with a Study Session for pre-work to occur in November 2014 regarding Early Childhood Education.
Problems

EARLY EDUCATION

- Initial discussions are underway to explore expanding our Early Education Training with other community colleges. Three additional community colleges have expressed interest for changes in their curriculums. In addition, De Anza College, has folded this curriculum change into their existing programs and is now a part of the regular curriculum certificate for those pursuing an Early Childhood Education degree. An additional course curriculum is scheduled through De Anza for FY 2014-15, and plan to expand to other colleges starting 2015-16.

- We continue to find ways to improve data input of educational information into the California Child Welfare Case Management System (CWS/CMS) statewide database system and we are exploring use of two other educational data systems that would allow greater use of data.

PHN PROGRAM/ PROCESS

As noted above, 64% of children aged birth to age 5 have been screened by a PHN to date. Expansion to two other identified high needs was discussed earlier this year including: (1) young parents in foster care or who have recently emancipated, ages 14-24 who are parenting and (2) parents involved in Differential Response prevention services, who are diverted from entry into the Child Welfare System. As noted above, we have expanded the PHN screenings to young parents in foster care or who have emancipated.
We will continue to seek ways to be able to expand the Visiting Public Health Nurse Program to parents involved in the Differential Response prevention services. In response to feedback we received from birth parents earlier this year, indicating we may have some work to do on cultural sensitivity or cultural humility by the public health nurses, we have encouraged public health nurses to attend the Santa Clara County Child and Family Practice Model in order to make sure that all persons involved with families in the child welfare system are utilizing cultural humility, engagement skills and better understanding trauma and the impact for families.

**EVALUATION**

While we continue to work through data sharing challenges, we did convene key partners to work through a data sharing process. As reported in the last grant report, we were able to provide a unique identifier through mental health and DFCS for the 400+ children we have identified specifically for the project. DFCS in collaboration with County Mental Health and First 5 partner agency are collecting data. Efforts are underway to sustain data collection efforts in a meaningful way.

**SUSTAINABILITY**

We continue to have a strong partnership with key agencies. Despite changes within persons involved, each respective agency remains committed to the overall goals for this project and the sustainability of changes needed to support Early Education and Early Childhood Well-Being. Next steps are to finalize the process mapping and responsibilities and training for each respective agency and to continue to troubleshoot barriers as they present.

**SIGNIFICANT FINDINGS AND EVENTS**

**EARLY EDUCATION**

**Course Outcomes**

*Satisfaction with Courses*

Participants were overwhelmingly satisfied with the courses, and all of the 49 who answered the question on recommending the class to colleagues were either “extremely likely” (76%) or “likely” (24%) to recommend the course. Overall ratings for the class could range from “excellent” to “poor” and Figure 5 shows the breakdown of responses. None rated the course as poor, and only 2% rated it as “fair”. The vast majority (78%) rated the class as “excellent”.

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One area of desired improvement was managing the enrollment process. Since the class was paid for by the grant, we needed to take various extra steps. Our partnership with Head Start has increased and we are leveraging help and support from Head Start family partners to complete applications with caregivers. Enrollment for the Fall 2024 into available Head Start slots nearly double from the previous year. In addition, we are working with Head Start for continuous tracking of open slots and children in need of placement to cross walk geographical locations throughout the year and facilitate more placements. A full detailed draft of the evaluation completed to date has been submitted with this report.

**PHN PROGRAM/ PROCESS**

Additional nurses have been hired to support the expanded outreach of services to young parents who are in foster care as youth parents or who have recently emancipated.

Priority screening for mental health services and a direct link into Mental Health services. We now have a Katie A. Mental Health Coordinator that will triage all mental health concerns and services for all children in foster care.

Despite changes in staff at respective agencies over the past several months, all partners remain committed and on board for sustainability and the importance of early education and screening.

**EVALUATION**

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SUSTAINABILITY

Team members are still fully committed and want this to move this work forward. There is backing by the Cross Agency Systems Team with agency Directors to support training and full implementation across all county linked agencies for the trauma component and link to early childhood education.

DISSEMINATION ACTIVITIES

EARLY EDUCATION –
The early education providers training curriculum is being revised based on feedback. The class will be offered by De Anza College in 2014-15 and initial discussion with other community colleges are underway for replication starting 2015-16. This curriculum will be made available for distribution. In addition, information about Head Start and the enrollment process has been widely distributed to all social workers and all caregivers caring for children between the ages of 3 and 5.

PHN PROGRAM/ PROCESS –
Public Health Nurse Home Visitation program information has been widely distributed to social workers and caregivers. Second mailing planned for December 2014.

EVALUATION –
We conducted the Wilder Study to access partner collaboration and will be conducting class evaluations of the Early Education courses by the early education providers. Gaps have been identified and a second evaluation will be underway for Spring 2015.

SUSTAINABILITY –
All partners are assessing how the work we are doing is aligning with the core mission and developing strategies to adopt long term system change commitments to continue our work. The Circle of Care ALL HAND collaborative group will be documenting these commitments and any identified gaps.

OTHER ACTIVITIES

All details reported above.

ACTIVITIES PLANNED FOR NEXT REPORTING PERIOD

EARLY EDUCATION
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An additional series of training for up to 55 Early Education Providers is being planned through De Anza College for the Spring 2015 semester and will be followed by an additional 36 hours of the Inclusion Collaborative CSEFEL, hands on classroom training. De Anza Community College has agreed to ensure that this training becomes part of the Early Education training offered through the college.

We continue to actively enroll more children into available Head Start slots.

We are looking at the database available from Washington State for feasibility of replication and to be able to track placement into Early Education providers outside of HeadStart who have completed the specialized training.

**PHN PROGRAM/ PROCESS**

We continue to advocate to have SCC adopt the mandate that will require social workers to comply with the new move to have all children ages 0-5 accessed by a public health nurse. To this end, we have completed the necessary Union negotiations in November 2014 so that it will be a Department. In addition, we will launch ongoing trainings for all social workers, caregivers and early education providers. We are targeting Spring 2015 for all social workers, caregivers and early education providers trainings.

**EVALUATION**

We will continue focusing on completing the following report outputs as extend our grant work 6-12 months with our no cost extension:

- Partner survey reports measuring improvements in coordination of services and collaboration
- Profile analysis of targeted children
- Reports detailing the ECE enrollment trends for SCC children.
- Reports that detail referrals made by PHN
- Statistical data analysis showing improvement in knowledge & skills of providers participating in training

**SUSTAINABILITY**

Continue to work though our sustainability plan detailed above.

**MISC**

A brief overview of our work ahead for each of our 3 major deliverables is outlined below:
Report back on Indicators as Requested by the Children’s Bureau

- **Type of Trauma Screens Used (if any):** ASQ-SE
- **Number of Children Screened for Trauma (if any):** 272
- **Type of Trauma/Well-Being Assessments Used (if any):** ASQ-SE and Omaha Documentation is used to document and rate the parent or foster parent’s Knowledge, Behavior and Status of bonding between the child and caregiver.
- **Number of Children Assessed for Trauma/Well-Being (if any):** 0
  (NOTE: This refers to using a reliable, valid and objective well-being measure to measure symptoms and functioning (including those associated with trauma). The measure might be used as part of a trauma-informed clinical assessment to determine treatment needs and to design a treatment plan. It might also be used to measure outcomes and treatment progress over time. Examples might include measures like the CAFAS, CANS, SDQ, CBCL, ASQ-SE, PSC-17, etc.)
- **Number of Clinicians Trained in Trauma-Focused Evidence-Based Interventions (if any):** Over 200 Social Workers trained in the Santa Clara County Child and Family Practice Model (California Partners for Permanency-CAPP and Safety Organized Practice and Trauma informed engagement with families)