



MONTEREY COUNTY
CHILDREN'S COUNCIL

2020-2021 Annual Report

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Vision Statement

All children in Monterey County live in safe, nurturing homes and communities; they are healthy, valued, succeed in school and realize their full potential.

Mission Statement

The Children's Council provides leadership and policy direction to encourage the development of a comprehensive and collaborative delivery system of services to children and youth in Monterey County.

Guiding Principles

Collaborative – promoting cross-agency policies and procedures that enhance seamless service delivery; encourage interdisciplinary problem-solving and support; and address the barriers to success;

Comprehensive, Coordinated and Integrated – recommending a full array of services and supports where the entire range of needs is addressed in an efficient, responsive and effective manner;

Family-Centered and Family-Driven – honoring, respecting and empowering families as their child's first teacher and strongest advocate;

Culturally Responsive – ensuring diverse populations receive culturally responsive services and supports;

Community-Based/Community Driven – ensuring that services are available and accessible in a variety of settings and locations;

Participatory – ensuring that program recipients participate in making and shaping decisions; and

Outcomes-Oriented – measuring outcomes for children, youth and families and using data to facilitate decision-making, identify obstacles and improve services.

A Message from the Children's Council Chair

Honorable Board of Supervisors and Monterey County residents,

The Monterey County Children's Council (Children's Council) is pleased to present its FY 2020-2021 Annual Report, a snapshot documenting the status of children and youth in our County in an effort to not only have a better understanding of their needs, but to help incite continued and enhanced commitment in meeting these needs. Public comment and feedback on the work of the Children's Council is welcomed and strongly encouraged.

The Children's Council membership includes the executive leaders from major public, private, and non-profit sectors of the County whose agencies and organizations serve children and youth in a wide variety of ways. The Children's Council members meet monthly to coordinate cross-sector work focused on addressing systemic issues that are impacting the health, education, and well-being of children and youth in Monterey County. The Council is guided by its purpose and its vision: To provide leadership and policy direction to encourage the development of a comprehensive and collaborative delivery system of services for children and their families so that all children in Monterey County live in safe nurturing homes and communities; they are healthy, valued, succeed in school and realize their full potential.

This report reflects current efforts in support of the Children's Council's purpose and vision. The report presents a comprehensive data set which offers an understanding of the status of children and youth in Monterey County and more importantly, provides a context for focusing the work that needs to be done to improve the conditions and success of our children and youth. I am pleased to report that the Children's Council continued to focus on its Bright Beginnings Initiative, primarily funded by the Monterey County Board of Supervisors, and this critical work is highlighted in this report. This year, the Children's Council kicked off its series of presentations by receiving an overview of efforts happening in our community to advance racial equity with the goal of sharing a common language and commitment to applying a racial lens to our work. Based on its self-assess priorities, the Children's Council continued to focus on behavioral health and COVID-19 response and recovery efforts, focusing on strategies to improve resiliency of our children, families, and caregivers. Presentations were delivered both by its membership and other community stakeholders and partners and can be found on our [Website](#). The report concludes with the historic record of previous Children's Council Initiatives and areas of focus that have successfully impacted the health, education, and well-being of children and youth in Monterey County.

The Children's Council Annual Report is a call to action for all of us to prioritize the health, education, and well-being of our children and youth, particularly now as we continue to respond to the COVID-19 Pandemic which has further exacerbated the challenges faced by many of our young residents who are already disparately impacted. We believe that this report reflects the Children's Council's goal of connecting its work to a broad group of stakeholders and community members. Only through collective action, can we ensure every child and youth in Monterey County thrives and is prepared for success.

Sincerely,

Elsa Mendoza Jimenez, Chair, Monterey County Children's Council

Acknowledgments

The Monterey County Children's Council would like to acknowledge and extend its deepest appreciation to the honorable Judge Stephanie Hulsey and Superintendent Tim Vinoli, for their years of service and dedicated support on the Council. Judge Hulsey has moved to a different division in the courts in June 2020. Tim Vinoli retired as Superintendent of Soledad Unified School District in December 2020.

Why this Children's Council Annual Report is Important

The Annual Report was created to help our community understand the needs of our children and youth, in order to build community commitment to meet these needs. It is a local and state "snapshot" documenting the status of our children and youth. This Annual Report is intended to help community members make informed decisions regarding public policy issues, volunteer efforts and support for nonprofit organizations.

The Annual Report has four goals:

- To serve as a benchmark to measure how children and youth are faring over time
- To serve as a catalyst to mobilize community wide efforts to address the most critical challenges to children and youth's circumstances
- To recognize areas in which services and initiatives have been successful in improving children and youth's quality of life in order to maintain continued support for these efforts
- To present multiple indicators in a simple arrangement and location

Methodology

This Annual Report serves as a benchmark to measure the relative success of efforts to improve conditions for all children ages 0-24. The Fiscal Year 2020-2021 Annual Report is based exclusively on secondary data reports. A list of indicators was created by the Children's Council in 2018. Secondary data was then collected from local and state-level published reports. The quality of the data was evaluated and then it was determined whether it addressed pertinent indicators for this Annual Report. Data was collected from a variety of sources as indicated on the specific pages and data series with historic trends and comparison between state and local rates were preferred.

Measuring Results

Thirty indicators have been selected and organized into three major age ranges: birth to 18 years of age, birth to five years of age, and six to 18 years of age for which conditions for children are assessed as "stable", "fluctuating", "increasing", "decreasing", or "N/A" (not available) for Monterey County and the State of California. You will find this assessment on the Executive Summary page for each particular indicator.

Three new indicators (Digital Divide, Suicide Rates in Youth and Substance Abuse and Overdoses in Youth) were added to this year's report based on COVID-19 impacts on children and youth to assure we continue to monitor these indicators as our community shifts to recover from COVID-19 impacts.

Executive Summary

Birth to 18	Monterey County Trend	State Trend
Children Supported by CalWORKs *	Decreasing	N/A
Children Living Below Poverty Level *	Decreasing	N/A
Children with Health Insurance	Fluctuating	N/A
Child Abuse and Neglect *	Fluctuating	Stable
Children in Foster Care *	Decreasing	Stable
Socio-Economically Disadvantaged Students *	Decreasing	N/A
Student Homelessness *	Increasing	N/A
Digital Divide*	Year 1 Data Trend Unavailable	N/A

Birth to 5		
Low Birth Weight	Stable	N/A
Early Prenatal Care	Increasing	N/A
Education of Mother	Increasing	N/A
Child Care Slots Available	Fluctuating	N/A
Child Care Costs	Increasing	N/A
Kindergarten Readiness	N/A	N/A

6 to 18		
Public School Enrollment *	Decreasing	N/A
Children Enrolled in Special Education *	Increasing	N/A
English Language Arts	N/A	N/A
English Language Learners *	Increasing	N/A
Math CAASPP Scores	N/A	Increasing
Graduation Rates Over Time *	Fluctuating	Fluctuating
Student Suspension Rates Over Time *	Decreasing	Decreasing
Student Expulsion Rates Over Time *	Decreasing	Decreasing
Student Drop Out Rate *	Decreasing	N/A
Births to Teens	Decreasing	N/A
Sexually Transmitted Infection Cases	Increasing	N/A
Juvenile Misdemeanor and Felony Arrests *	Decreasing	N/A
Suicide Trends in Youth*	Increasing	N/A
Substance Abuse and Non-Fatal Overdoses in Youth*	Increasing	N/A
Substance Abuse and Overdoses in Youth*	Increasing	N/A
College Going Rate	N/A	Fluctuating

Note: When an indicator has been assessed as “stable”, this means that the trend line is flat, indicating that there is not much change or inconsistency on the data figures. On the other hand, when an indicator is assessed as “fluctuating”, this means that the data figures are inconsistent from year to year. An assessment of “increasing”, refers to higher numbers in the value of the data and an assessment of “decreasing”, refers to lower numbers in the value of the data. When looking at the assessment of “increasing” or “decreasing”, please keep in mind that these terms reflect how the rate or number in each particular trend is changing. They do not indicate improvement or worsening.

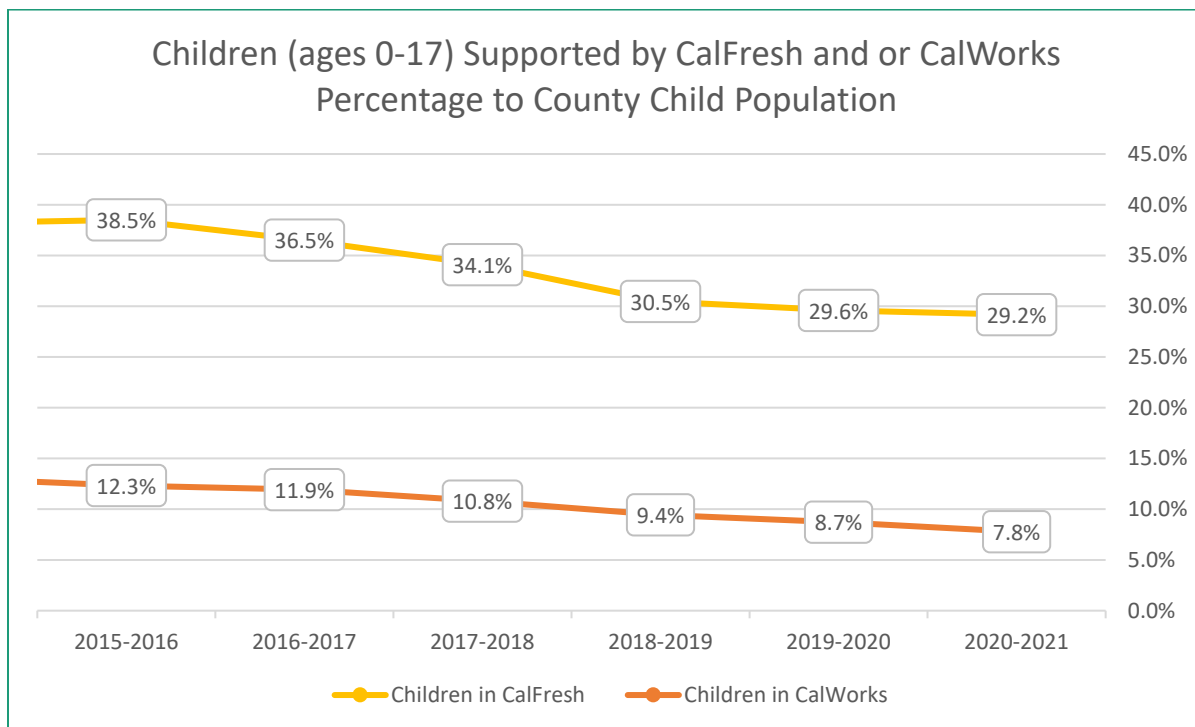
Due to the continued Covid-19 pandemic and timing to complete this report, much of the data remains the same from previous versions of this report. Indicators with an * have updated data in this report.

Definition of the Indicator

The federal welfare reform legislation, Personal Responsibility and Work Opportunity Reconciliation Act of 1996, known as CalWORKs, provides financial assistance to needy children and families in Monterey County. This indicator reflects the average annual caseload of children under the age of 18 receiving financial assistance through CalWORKs.

Why the Indicator is Important

The CalWORKs program has multiple goals, including reduced welfare dependency, increased self-sufficiency, and decreased non-marital childbearing. The CalWORKs legislation sought to achieve the goals of improving child and family well-being by strengthening work first requirements and increasing support services for families engaged in work activities. California efforts to continue a focus on child well-being include provisions of a safety net program for children when adults are sanctioned or reach their sixty-month limit on aid, their requirement of school attendance, child immunizations, and assisting with paternity and child support enforcement activities.



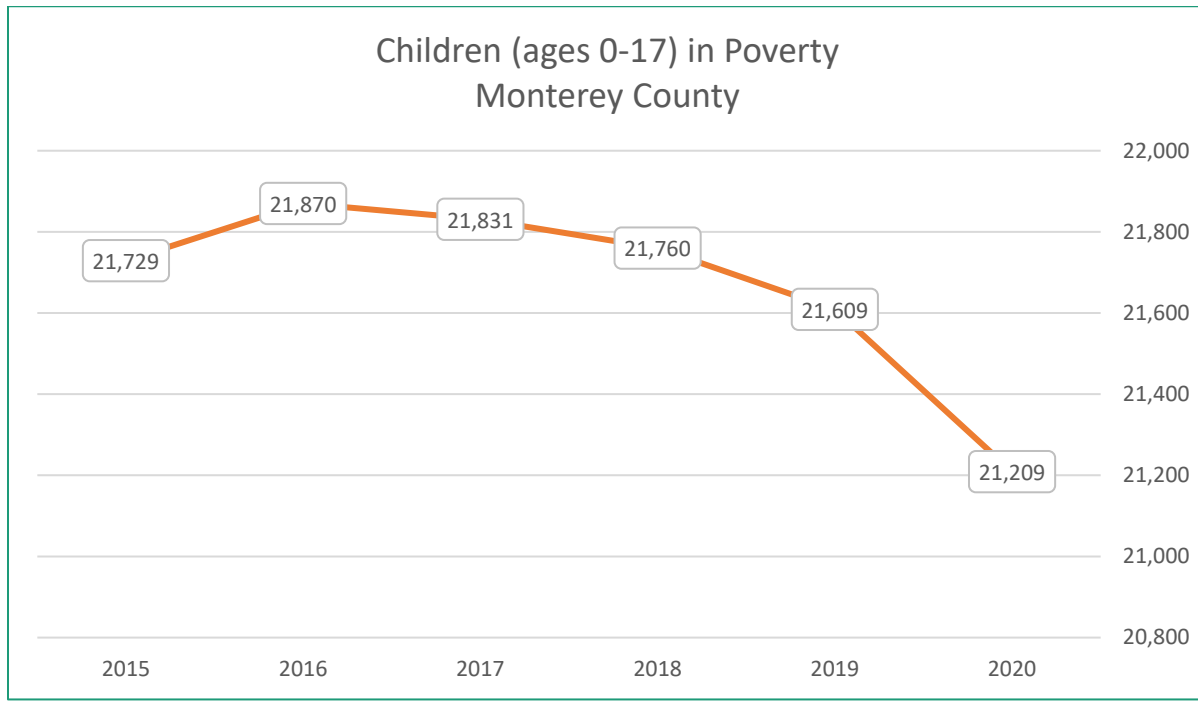
Source: Monterey County Department of Social Services — IT Data Development 2021

Definition of the Indicator

The number of children under the age of 18 living in households with incomes below the federal poverty level based on 2018 Federal Poverty Guidelines of annual income \$14,150 or less for a family of three.

Why the Indicator is Important

Childhood poverty has both immediate and lasting negative effects. Children living below the poverty line are more likely to have difficulty in school, become teen parents, and experience higher rates of unemployment and low-income earnings in adulthood. Poverty is also an important factor linked to the health of children and youth.



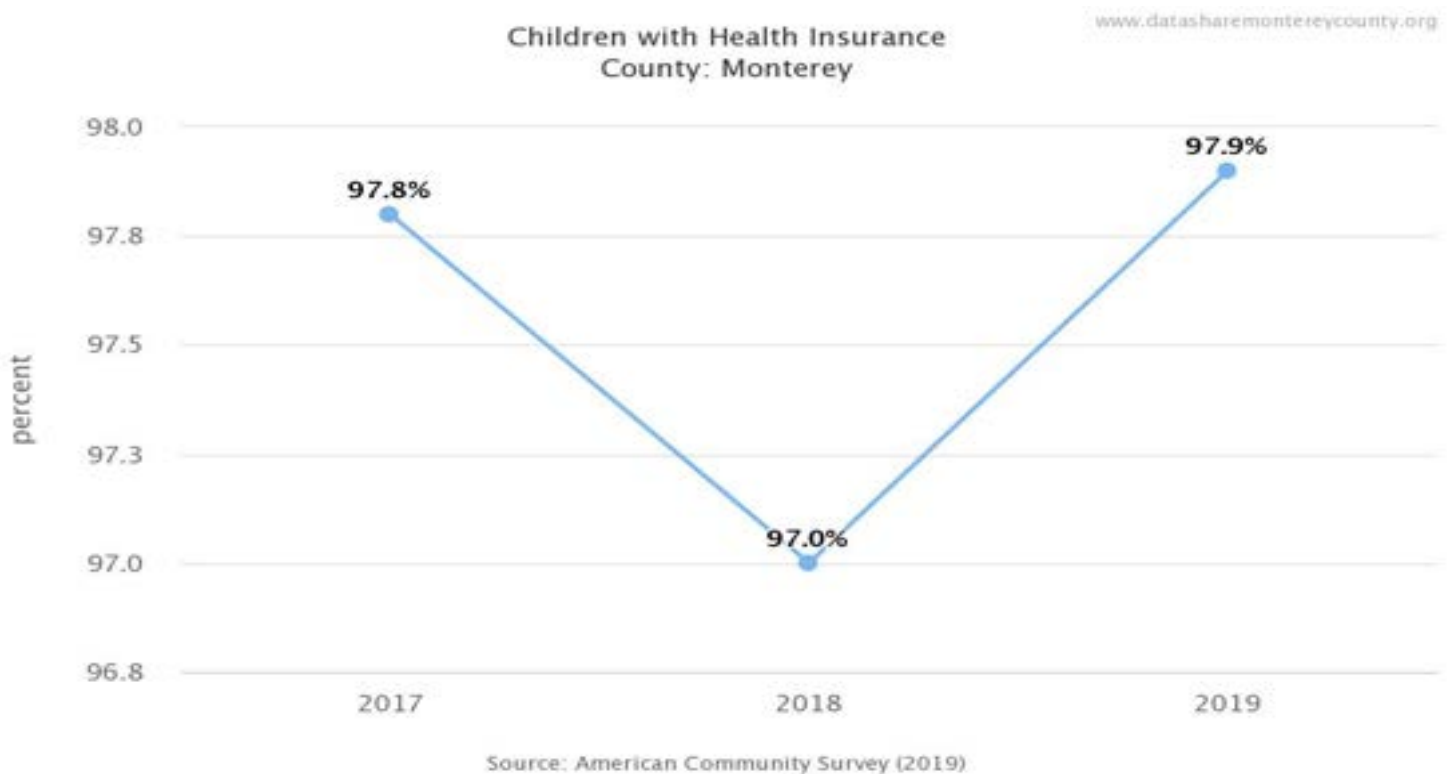
Source: Monterey County Department of Social Services — IT Data Development 2021

Definition of the Indicator

The percentage of children aged 0-18, with health insurance is based on the number of children who have private and public health insurance. The percentage of those who have health insurance was calculated by dividing the number of those insured by the total number of children living in Monterey County. Health policy changes occurred in 2014 when many provisions of the Patient Protection and Affordable Care Act (ACA) went into effect. One of those provisions included changes to the definition of a "qualifying child". Under ACA, a qualifying child is aged 0-26.

Why the Indicator is Important

Health insurance allows children to access health care services such as required regular checkups, dental and vision care, urgent medical services, and primary care services for illness and injury. Children with health insurance are more likely to receive preventative care and immunizations that will aid in decreasing the likelihood of illness and reduce out-of-pocket medical expenses. Generally, children with health insurance will experience better overall health throughout their childhood and into early adulthood.



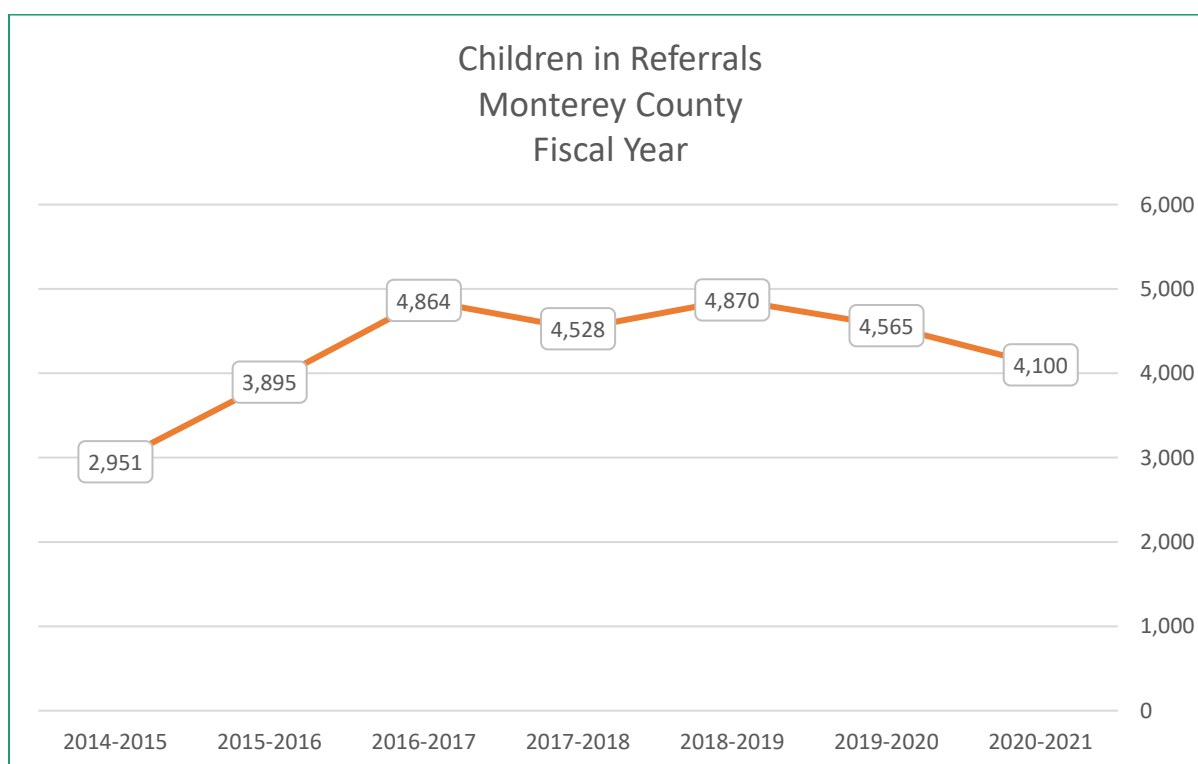
[Note: Data above is not yet available for 2020 or 2021 as of January 21, 2022.]

Definition of Indicator

The rate of substantiated reports in which a referral was made due to allegations of child abuse, neglect, and/or exploitation of children 18 years of age or less.

Why the Indicator is Important

This indicator represents the prevalence of child abuse in Monterey County. State law requires several categories of professionals, including teachers, nurses, social workers, law enforcement officers and childcare providers to report suspected cases of maltreatment or child abuse. Other sources of child abuse reporting include parents, neighbors, friends, and anonymous persons. A report to the Child Abuse Hotline is the primary entry point for children and families into the Child Welfare Services of Monterey County. Depending on the severity of the report, there are established time standards for initiating the investigation. Reports are investigated and assigned to one of three disposition categories – “Unfounded”, “Inconclusive”, or “Sustained”.



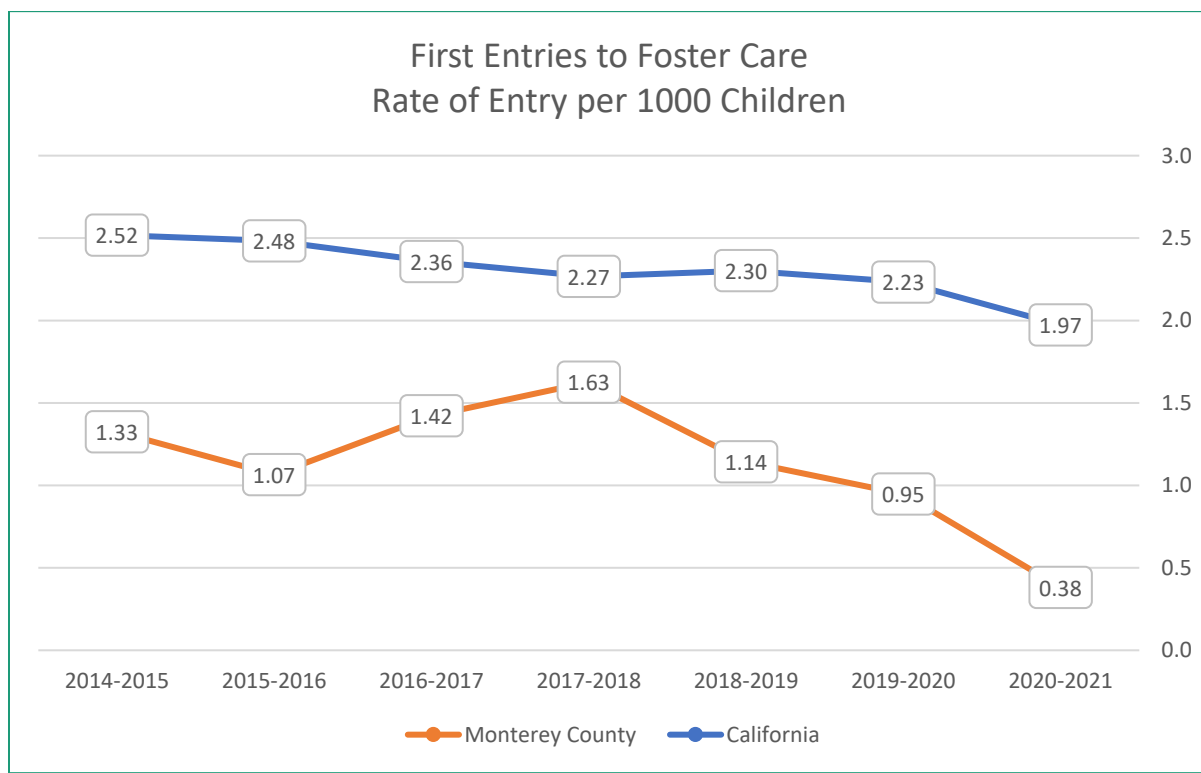
Source: *CCWIP reports*. University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucbc_childwelfare

Definition of Indicator

Rate of children placed in welfare supervised care including shelter, court-specified home, kin, guardian or other.

Why the Indicator is Important

Removal of children from their families and placement in foster care is a difficult intervention for children and only exercised when risk to children is extreme. Best practice as well as both federal and state laws discourage the removal of children from their homes unless absolutely necessary to ensure the child's safety. The placement of children in out-of-home care is an indicator of family problems that are so difficult, that a child cannot remain with his or her family. Child abuse and neglect are serious problems that cross socioeconomic boundaries and have profound effects on the safety and well-being of impacted children.



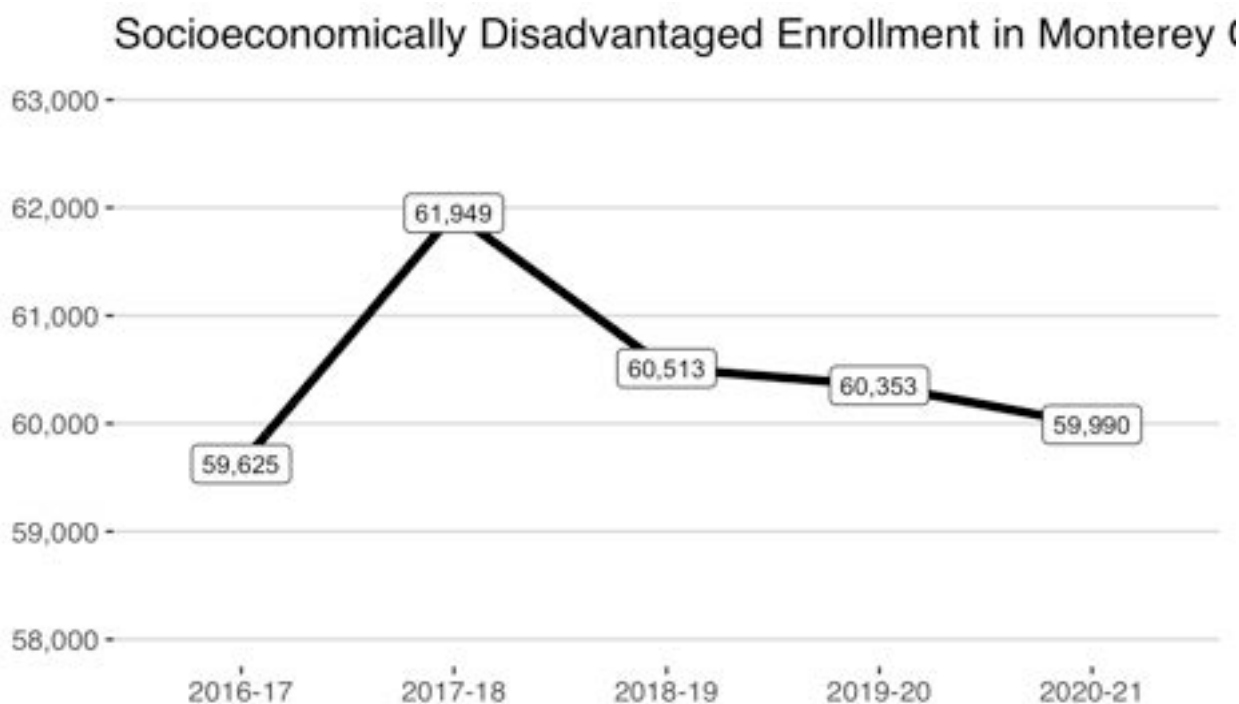
Source: *CCWIP reports*. University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucbc_childwelfare Monterey County DSS IT

Definition of the Indicator

Enrollment is based upon the Cumulative Enrollment from the California Longitudinal Pupil Achievement Data System (CALPADS). This includes information about total enrollment, Free and Reduced Meal Program, Homeless, Els and others. Socioeconomically Disadvantaged (SED) students are defined as students: (1) who are eligible for the free or reduced-price meal (FRPM) program (also known as the National School Lunch Program, or NSLP), or have a direct certification for FRPMs, or (2) who are migrant, homeless, or foster youth, or (3) where neither of the parents were a high school graduate.

Why the Indicator is Important

Knowing the size of a population helps determine the needed scale and scope. Poverty is highly correlated with academic achievements and success in life.



Source: Cumulative Enrollment Data
<https://www.cde.ca.gov/ds/ad/filesenrcum.asp>

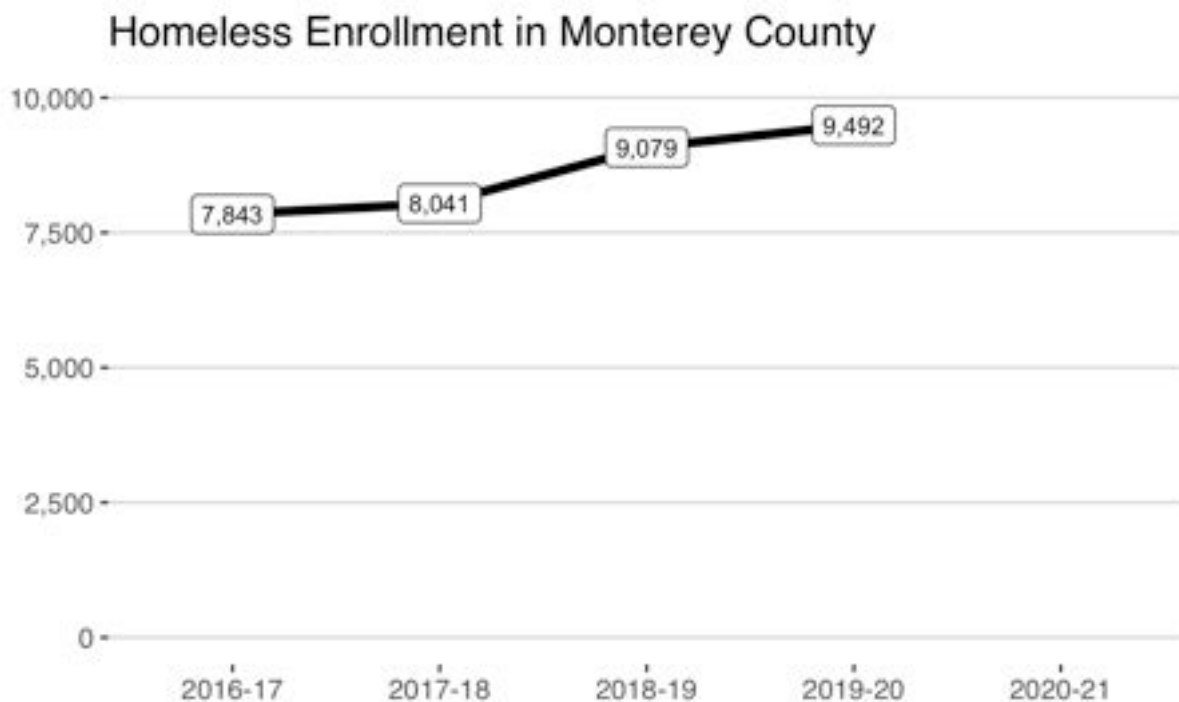
Source: <https://www.cde.ca.gov/ds/ad/filesenrcum.asp>
<https://www.cde.ca.gov/ta/ac/sa/documents/datadefinitions2021.docx>

Definition of the Indicator

Enrollment is based upon the Cumulative Enrollment from the California Longitudinal Pupil Achievement Data System (CALPADS). This includes information about total enrollment, Free and Reduced Meal Program, Homeless, Els and others. Homeless as defined by McKinney-Vento (A) means individuals who lack a fixed, regular, and adequate nighttime residence; and (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Why the Indicator is Important

Knowing the size of a population helps determine the needed scale and scope. Students experiencing homelessness have lower graduation rates and without support for the whole child they can struggle to thrive in the classroom.



Source: Cumulative Enrollment Data
<https://www.cde.ca.gov/ds/ad/filesenrcum.asp>

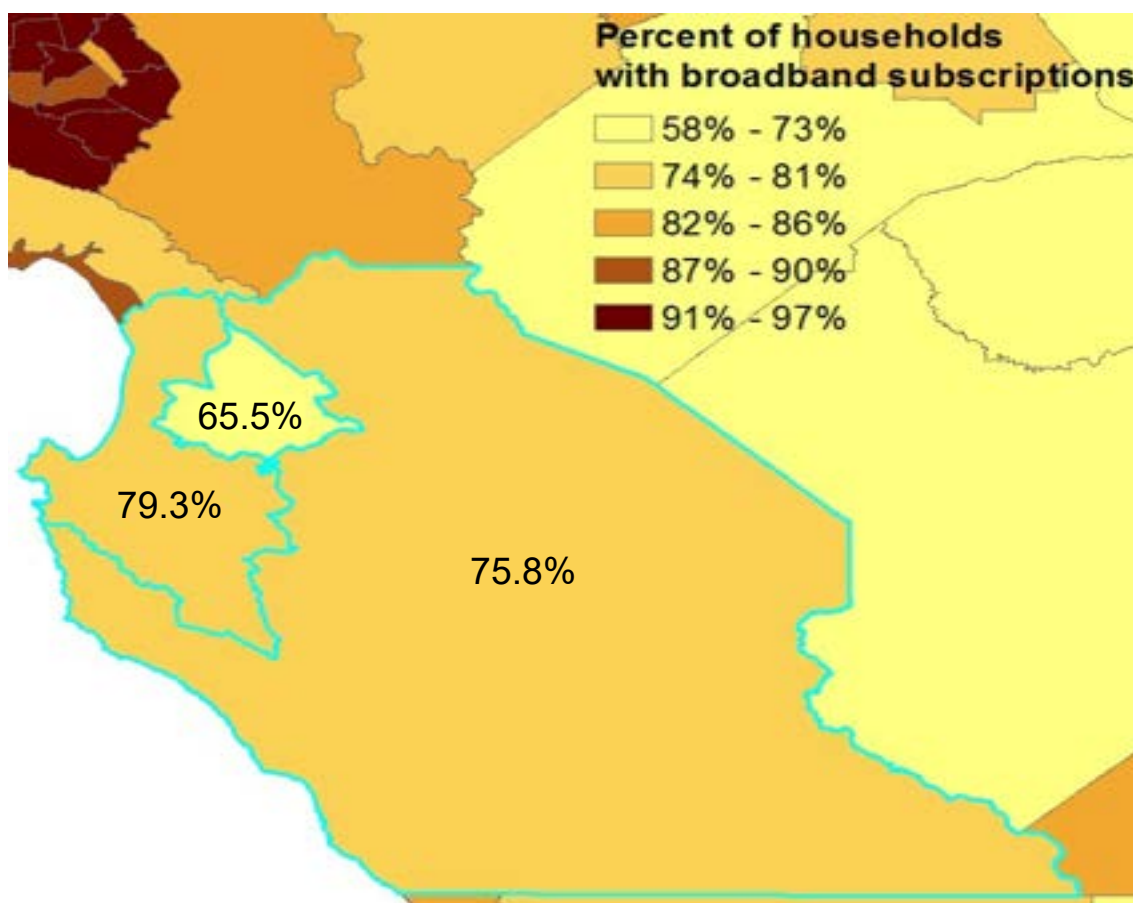
Source: <https://nche.ed.gov/mckinney-vento-definition/>
<https://www.cde.ca.gov/ds/ad/filesenrcum.asp>

Definition of Indicator

The rates of broadband subscription in Monterey County as identified in the 2019 American Community Survey, PULSE Household Survey and analyzed by the Public Policy Institute of California. Areas of analysis are the Public Use Microdata Areas (PUMAs), geographic regions that the US Census Bureau has defined for disseminating statistical information about the population. Each PUMA is built on its constituent census tracts and surrounding county or counties and contains at least 100,000 people. Note that PUMAs borders do not always match county borders, so the south county portion of Monterey County also includes San Benito County as well.

Why the Indicator is Important

Californians use the internet for a range of activities, including financial services (70%), telecommuting (39%), job searches (21%), and online classes or job training (21%). Telehealth has also been on the rise. As the pandemic shifted many activities online, usage almost certainly increased. Nearly all schools and colleges switched to distance learning in spring 2020, creating unprecedented demand for internet at home, particularly in households with multiple users.



Note: This new indicator was added to this year's report based on COVID-19 impacts on children and youth to assure we continue to monitor these indicators as our community shifts to recover from COVID-19 impacts.

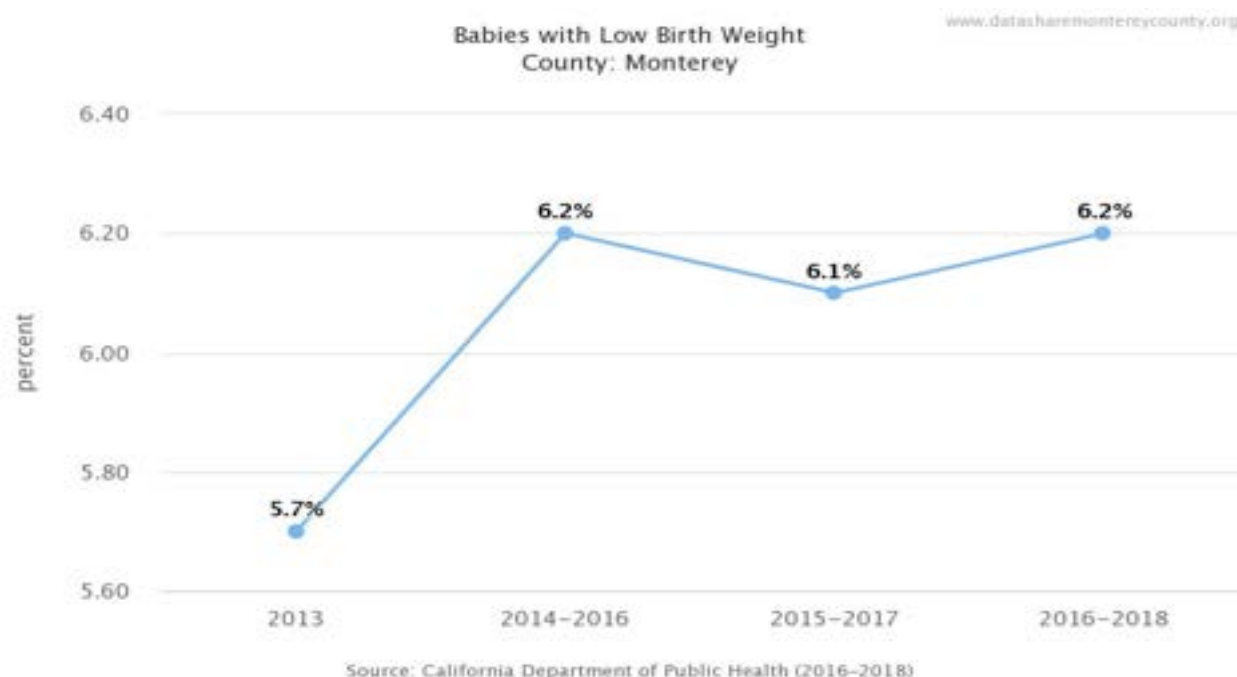
Source: <https://www.ppic.org/publication/californias-digital-divide/> and personal communication with authors Dr. Niu Gao and [Joe Hayes](#)

Definition of Indicator

The percentage of children born weighing less than 2500 grams (about 5.5 lbs.)

Why the Indicator is Important

Children born with low birth weights are more prone to infant death as well as developmental delays and certain chronic diseases. Causes of low birth weight babies include premature birth, smoking and maternal drug use.



Early Prenatal Care

Birth-5

Definition of Indicator

The percentage of pregnant women who receive prenatal screening and treatment for medical conditions and identification of behavioral risk factors in the first three months of pregnancy.

Why the Indicator is Important

Studies have shown that earlier prenatal care is associated with better health and developmental outcomes for newborns as well as fewer complications for mothers.

Indicator	2015	2016	2017	2018	2019
Proportion of Births to Mothers with Entry to Prenatal Care During First Trimester Among All Monterey County Births	73%	76%	75%	82%	87%

[Note: All data above is not yet available for 2020 or 2021 as of January 21, 2022.]

Definition of Indicator

The percentage of mothers who have at least completed high school. A GED equivalency exam also qualifies as completing high school. Schooling obtained in Mexico or other national systems is also recognized.

Why the Indicator is Important

Maternal education level is closely tied to future academic achievement, health, and economic status for the mother and her children.

Indicator	2015	2016	2017	2018	2019
Proportion of Births to Mothers with at Least a High School Diploma or Equivalent Among All Monterey County Births	62%	63%	63%	63%	66%

Data sources: Communicable Disease Data: Monterey County Health Department, Communicable Disease Unit. Birth Information: State of California, California Department of Public Health, VRBIS, California Comprehensive Birth File. Population Data: State of California, Department of Finance, Population Estimates. Analysis by Monterey County Health Department, Epidemiology and Surveillance Unit.

Child Care Slots Available

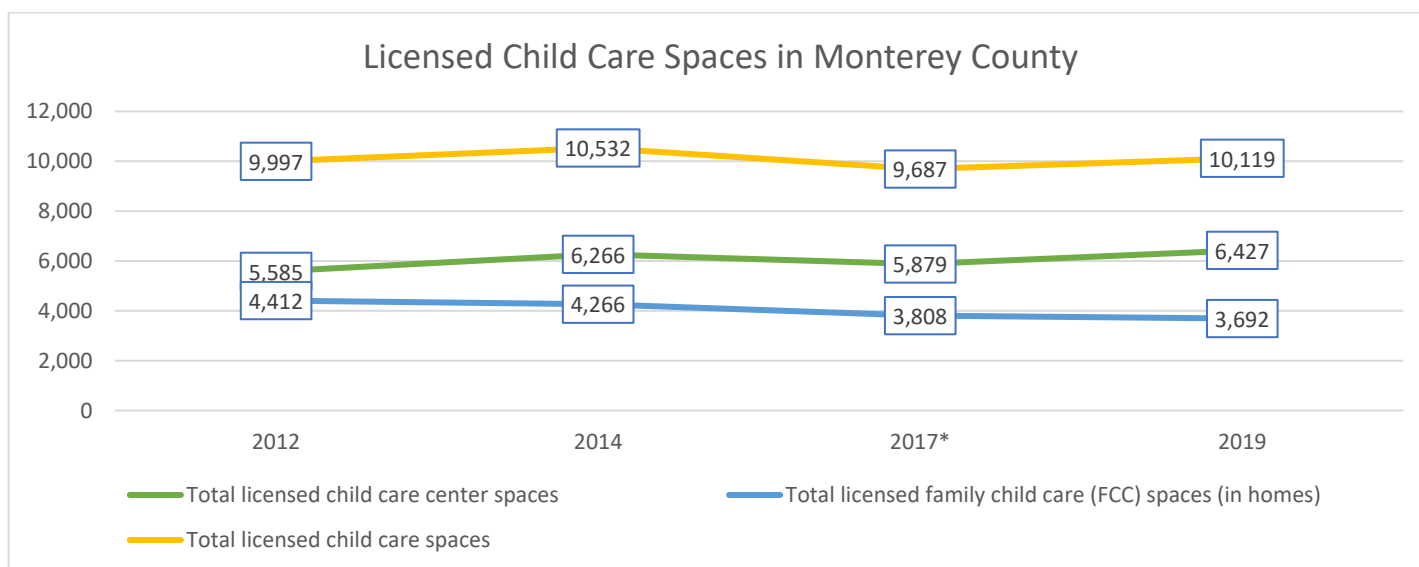
Birth-5

Definition of Indicator

The number of licensed child care slots includes both part-day and full-day care for infant, toddler, and preschool. This also includes expansion of Transitional Kindergarten in school districts serving four year old children. It does not include license-exempt or family and neighbor care scenarios.

Why the Indicator is Important

Quality child care is very beneficial for a child's social, emotional and cognitive development. Many working parents have a difficult time locating quality care. Licensed care is available for about a third of parents in the labor force.



[Note: All data above is not yet available for 2020 or 2021 as of January 21, 2022.]

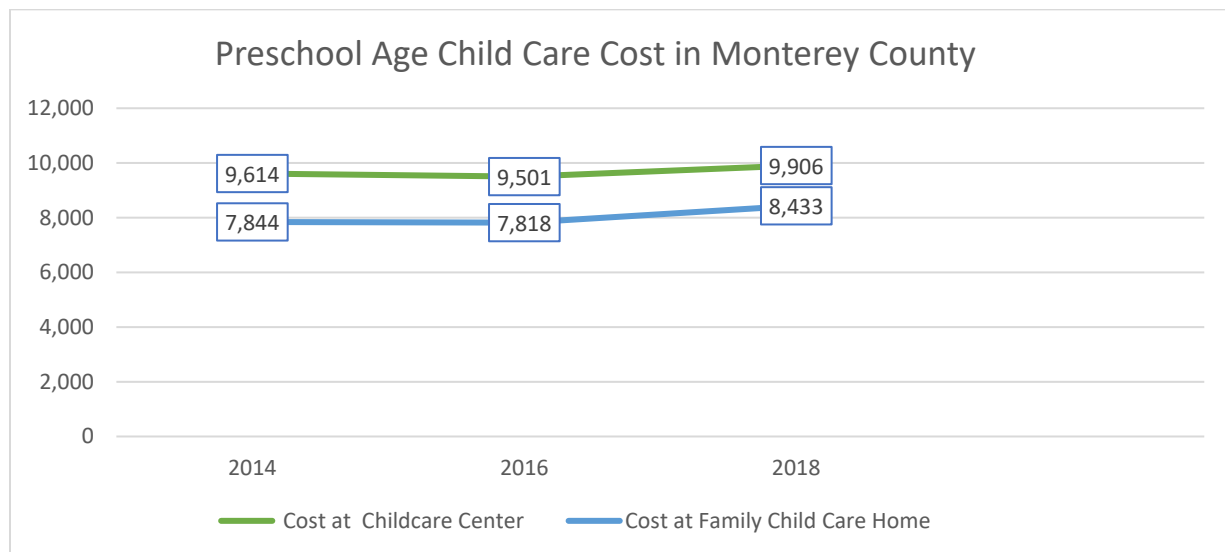
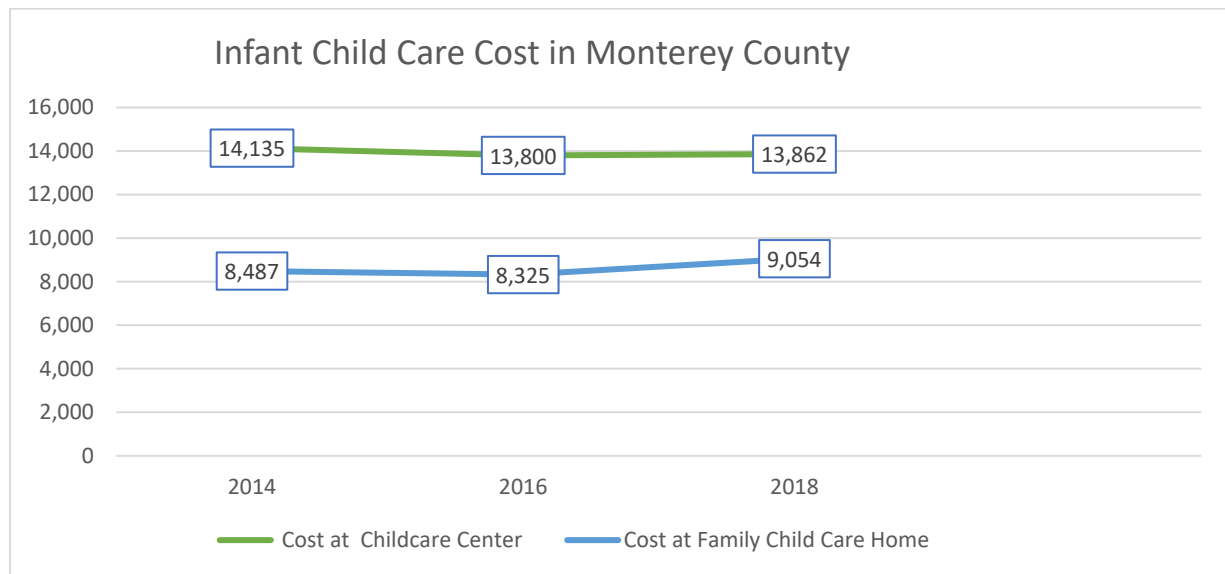
Source: www.rnnetwork.org

Definition of Indicator

Estimated annual cost of full-time licensed child care, by age group and type of facility in Monterey County

Why the Indicator is Important

Paying for quality childcare can be a large burden on a family, especially families living at the cut off for subsidized care. Likewise, keeping trained quality childcare providers is difficult if they cannot earn an adequate salary.



[Note: All data above is not yet available 2019 and 2020 as of January 21, 2022.]

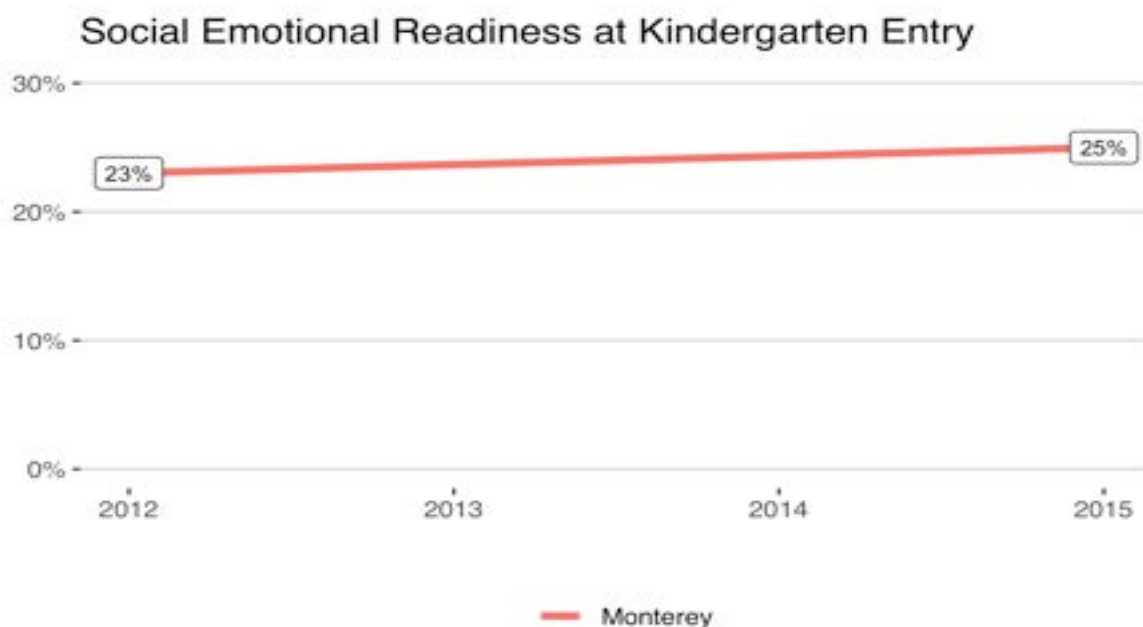
Source: <https://www.kidsdata.org/topic/1849/child-care-cost/>

Definition of the Indicator

The School Readiness indicator measures the readiness of the school system to appropriately support a child's development and learning on entry into Transitional Kindergarten or Kindergarten. It is based on the Desired Results Developmental Profile (DRDP), providing a rating in four developmental domains. The assessment includes three tools. One is completed by teachers who have observed the child in the classroom setting. The second is a survey of Administrators and TK-K and early childhood educators on their views of the readiness of the early learning system. The third is a survey of parents to include their views on the readiness of the system and the experiences of their children prior to entering Kindergarten.

Why the Indicator is Important

This indicator is the overarching indicator of success for the Bright Beginnings Early Childhood Development Initiative. Understanding the readiness of the early learning system and environment surrounding our children helps us as a holistic system of care provide the supports young children and their families need to succeed.



Source: First 5 Monterey County Kindergarten Readiness Assessments

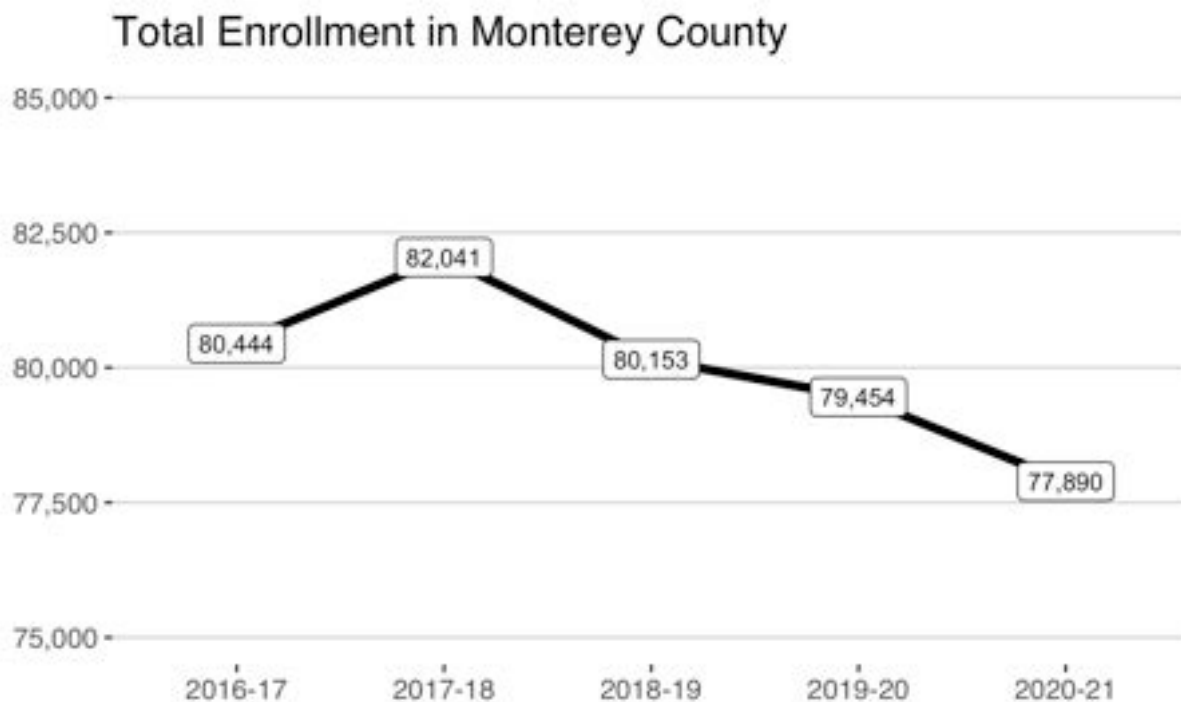
Note: In Monterey County, the School Readiness Assessment was last completed in 2015 (then called the Kindergarten Readiness Assessment) and had been completed every three years prior. The assessment tools and processes have been re-evaluated to ensure appropriate focus on systems change and supporting early learning opportunities for all students, regardless of their early care and learning experiences before entering the school system, home language, or other contextual factors. This can lead to narrowing the racial and/or familial income equity gap in levels of educational support and attainment. Due to the pandemic, implementation of the assessment was postponed. The next assessment with the new tool set will be completed Fall of 2022, and the report will be ready early in 2023.

Definition of the Indicator

Enrollment is based upon the Cumulative Enrollment from the California Longitudinal Pupil Achievement Data System (CALPADS). This includes information about total enrollment, Free and Reduced Meal Program, Homeless, Els and others. Cumulative enrollment consists of the total number of unduplicated primary and short-term enrollments within the academic year (July 1 to June 30), regardless of whether the student is enrolled multiple times. If a student is enrolled in multiple schools within a district during the academic year, they are counted only once in the district's cumulative enrollment. Note this is a different source from prior years since it includes additional updated student groups.

Why the Indicator is Important

Knowing the size of a population in question helps to determine the scale and scope of efforts to support the population.



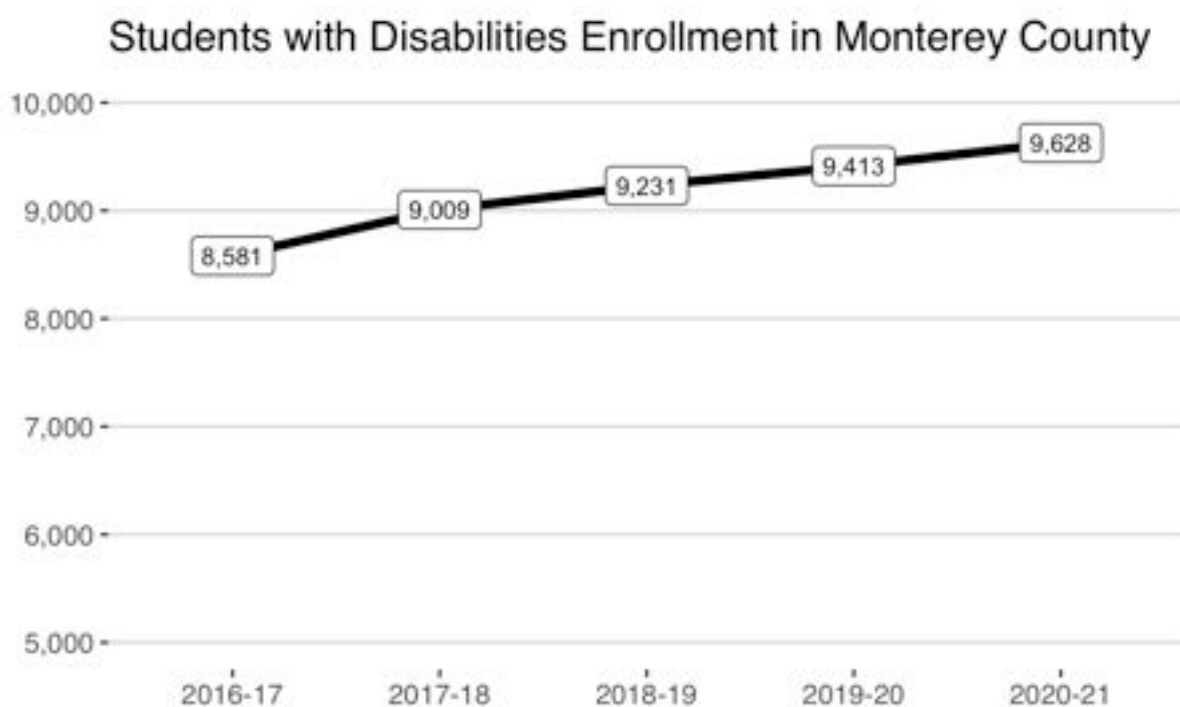
Source: Cumulative Enrollment Data
<https://www.cde.ca.gov/ds/ad/filesenrcum.asp>

Definition of the Indicator

California provides specially designed instruction, at no cost to parents, to meet the unique needs of children with disabilities. This instruction is provided in a variety of settings that allow infants and their families, preschoolers, students, and young adults to be educated with their peers as much as possible; that is, in the least restrictive environment. Special education services are available in a variety of settings, including day-care settings, preschool, regular classrooms, classrooms that emphasize specially designed instruction, the community, and the work environment. The disability categories and enrollment breakdown in California for individuals who received special education services are as follows: autism, near-blindness, deafness, emotional disturbance, hard of hearing, intellectual disabilities, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.

Why the Indicator is Important

SPED enrollment is a key component in addressing the needs of all students and being able to deliver an enriched learning experience. Accurate student count affects funding to provide the necessary supports.



Source: Cumulative Enrollment Data
<https://www.cde.ca.gov/ds/ad/filesenrcum.asp>

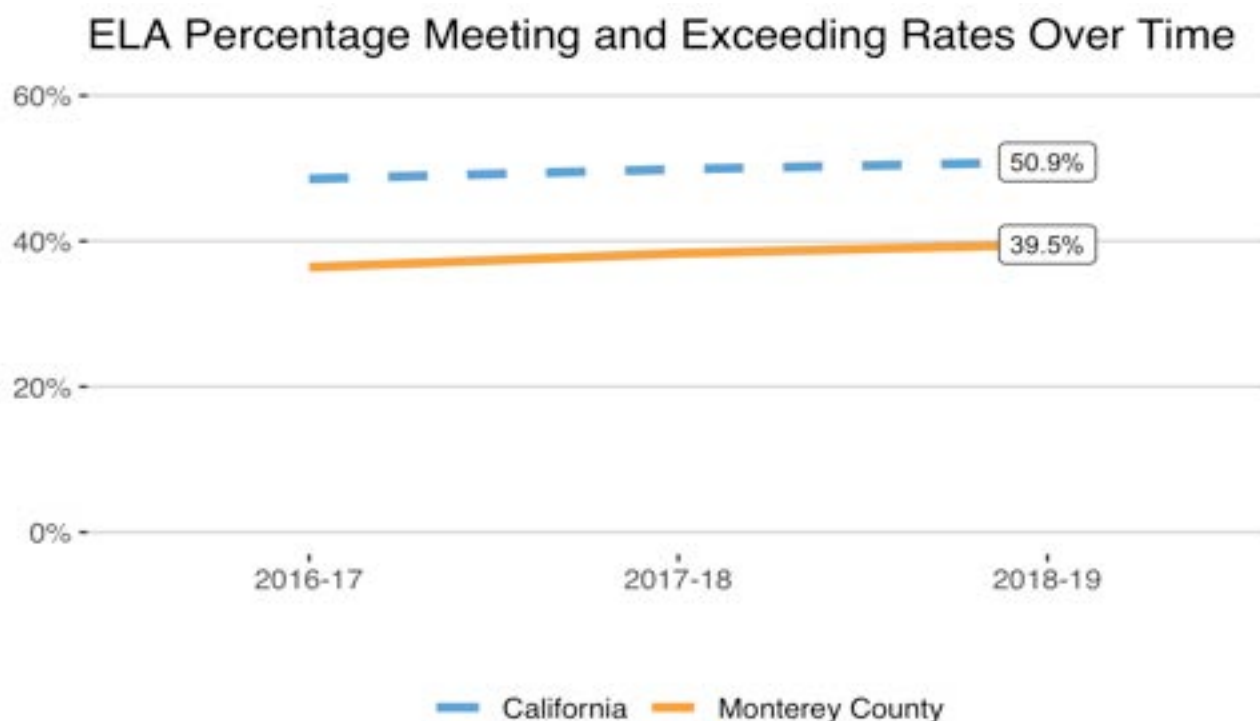
Source: <https://www.cde.ca.gov/sp/se/sr/cefspeced.asp>

Definition of the Indicator

California's academic standards – what we want students to know and be able to do – are designed so students graduate ready for college and/or career. One way student progress is measured is through computer-based assessments, for grades 3rd -8th and 11th. These assessments were created to gauge each student's performance in English Language Arts. Because the California Assessment of Student Performance and Progress (CAASPP) tests are given statewide, they provide an opportunity to measure the skills of all students against the same academic standards. The tests are computer-adaptive, allowing more precise measurement of individual skills. Parents receive a written report of their child's scores and can compare progress from one year to the next.

Why the Indicator is Important

The purpose of the CAASPP system is to assist teachers, administrators, students, and parents to better understand academic performance in order to improve student achievement in California's Academic Content Standards.



Source: CAASPP Research Files
<https://caaspp-elpac.cde.ca.gov/caaspp/ResearchFileList>

Note: Only about a tenth of eligible students took the CAASPP ELA and Math tests in spring of 2021. As a reminder, districts were able to determine the most viable assessment to implement. In Monterey County six districts elected to use the CAASPP ELA and Math tests. Because of the many unique circumstances last spring combined with the low numbers of students taking the state tests, it is not appropriate to analyze county level results and how they compare to other years.

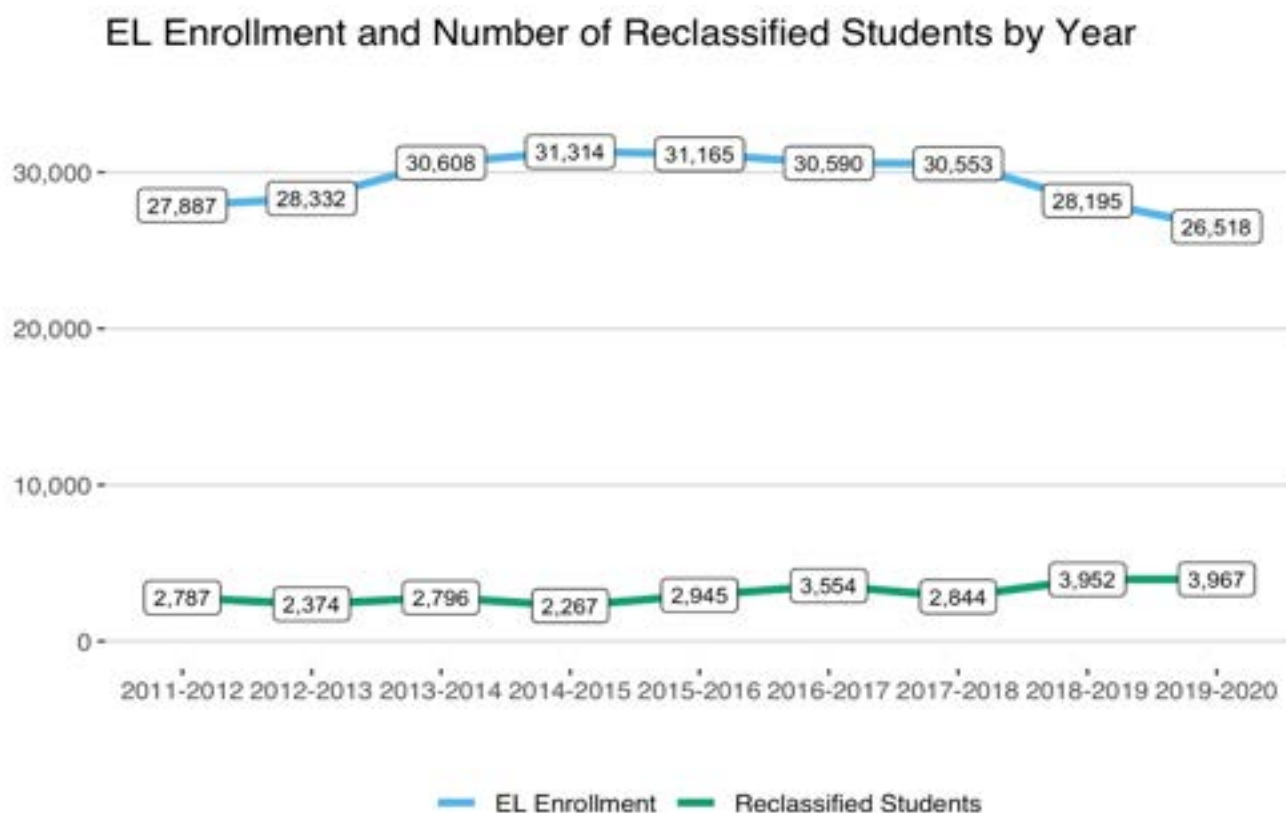
Definition of the Indicator

Enrollment is based on reclassification numbers identifying the entire English Learner (EL) population. English Learner students are those students for whom (1) parents report of a primary language other than English on the state-approved Home Language Survey **and** (2) who lack English-language skills based on the state approved assessment (Initial ELPAC) in listening comprehension, speaking, reading, and writing which are necessary to succeed in the school's regular instructional programs. EL students are reclassified according to the multiple criteria including assessment results (Summative ELPAC) and district-adopted standards that demonstrate that students have an English-language proficiency comparable to that of average native English speakers.

Why the Indicator is Important

Knowing the size of the population in question helps to determine the scale and scope of efforts needed to support the population. EL students may need additional English Language Development support to create equitable learning environments. This helps ensure that English learners acquire full proficiency in English as rapidly and effectively as possible and attain parity with native speakers of English.

The EL reclassification rate gauges the success of meeting the state goal to have students redesignated as English proficient. Becoming English proficient is a step towards growth by aiding EL students to succeed with peers whose primary language is English. Reclassification also allows students more opportunities to take additional elective courses.



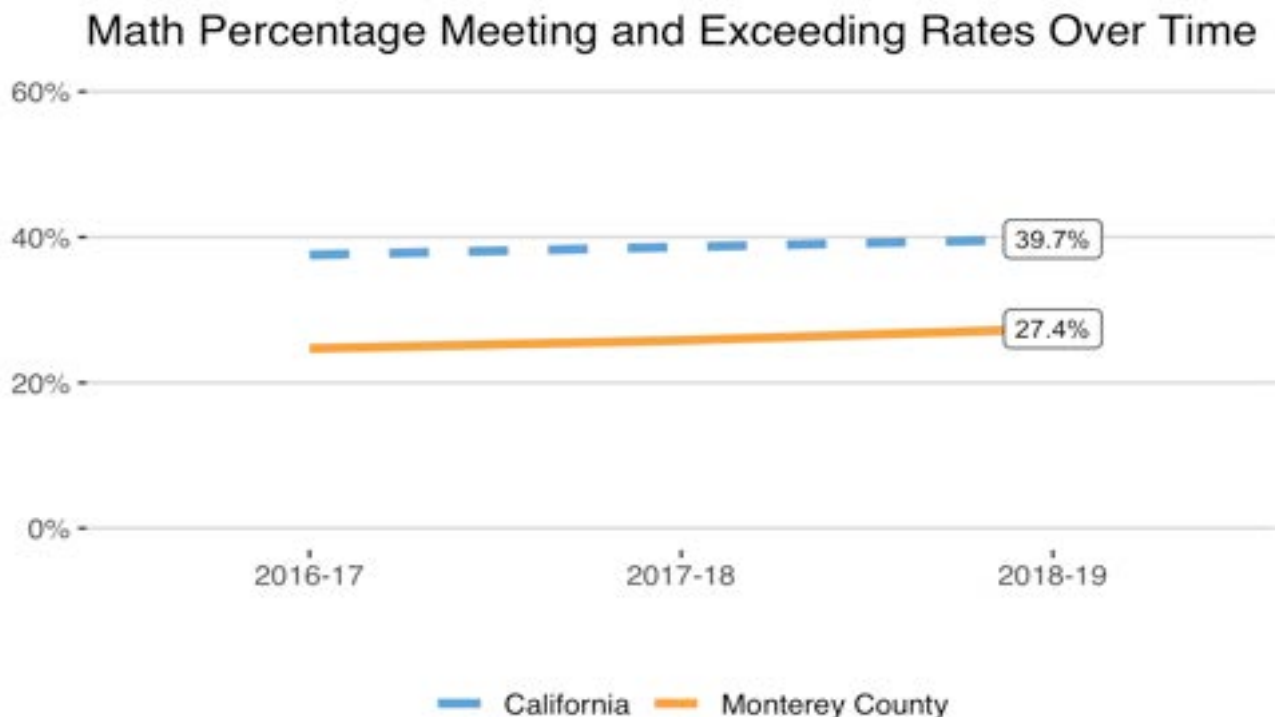
Source: EL Reclassification Data
<https://www.cde.ca.gov/ds/sd/sd/filesreclass.asp>

Definition of the Indicator

California's academic standards – what we want students to know and be able to do – are designed so students graduate ready for college and/or career. One way student progress is measured is through computer-based assessments, for grades 3rd – 8th and 11th. These assessments were created to gauge each student's performance in mathematics. Because CAASPP tests are given statewide, they provide an opportunity to measure the skills of all students against the same academic standards. The tests are computer-adaptive, allowing more precise measurement of individual skills. Parents receive a written report of their child's scores and can compare progress from one year to the next.

Why the Indicator is Important

The primary purpose of the CAASPP System is to assist teachers, administrators, students, and parents by promoting high-quality teaching and learning through the use of a variety of assessment approaches and item types. These assessments are a measure of student achievement in the grade level standards adopted by the California State Board of Education.



Source: CAASPP Research Files
<https://caaspp-elpac.cde.ca.gov/caaspp/ResearchFileList>

Note: Only about a tenth of eligible students took the CAASPP ELA and Math tests in spring of 2021. As a reminder, districts were able to determine the most viable assessment to implement. In Monterey County six districts elected to use the CAASPP ELA and Math tests. Because of the many unique circumstances last spring combined with the low numbers of students taking the state tests, it is not appropriate to analyze county level results and how they compare to other years.

Definition of the Indicator

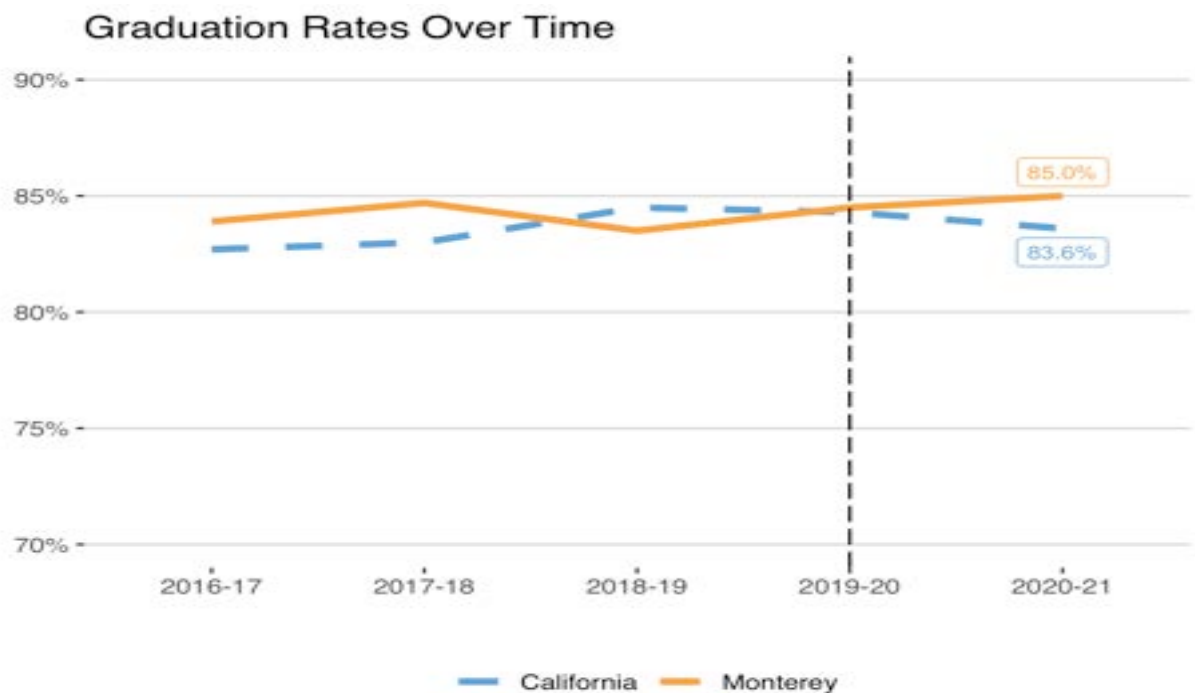
The Four-Year Adjusted Cohort Graduation Rate (ACGR) is the number of students who graduate from high school in four years with a regular high school diploma, divided by the number of students who form the adjusted cohort for the graduating class. The four-year cohort is based on the number of students who enter grade 9 for the first time adjusted by adding into the cohort any student who transfers in later during grade 9 or during the next three years and subtracting any student from the cohort who transfers out, emigrates to another country, transfers to a prison or juvenile facility, or dies during that same period. Graduation data, including DASS graduation data, are reported in the CALPADS by LEAs and extracted via the CALPADS ODS.

For the ACGR, a “regular high school diploma” is the standard high school diploma awarded to the preponderance of students in a state that is fully aligned with the state’s standards and does not include a general equivalency diploma (GED), certificate of completion, certificate of attendance, or any other similar or lesser credential, such as a diploma based on meeting Individualized Education Program (IEP) goals.

The figures reported here include all charter schools and DASS schools.

Why the Indicator is Important

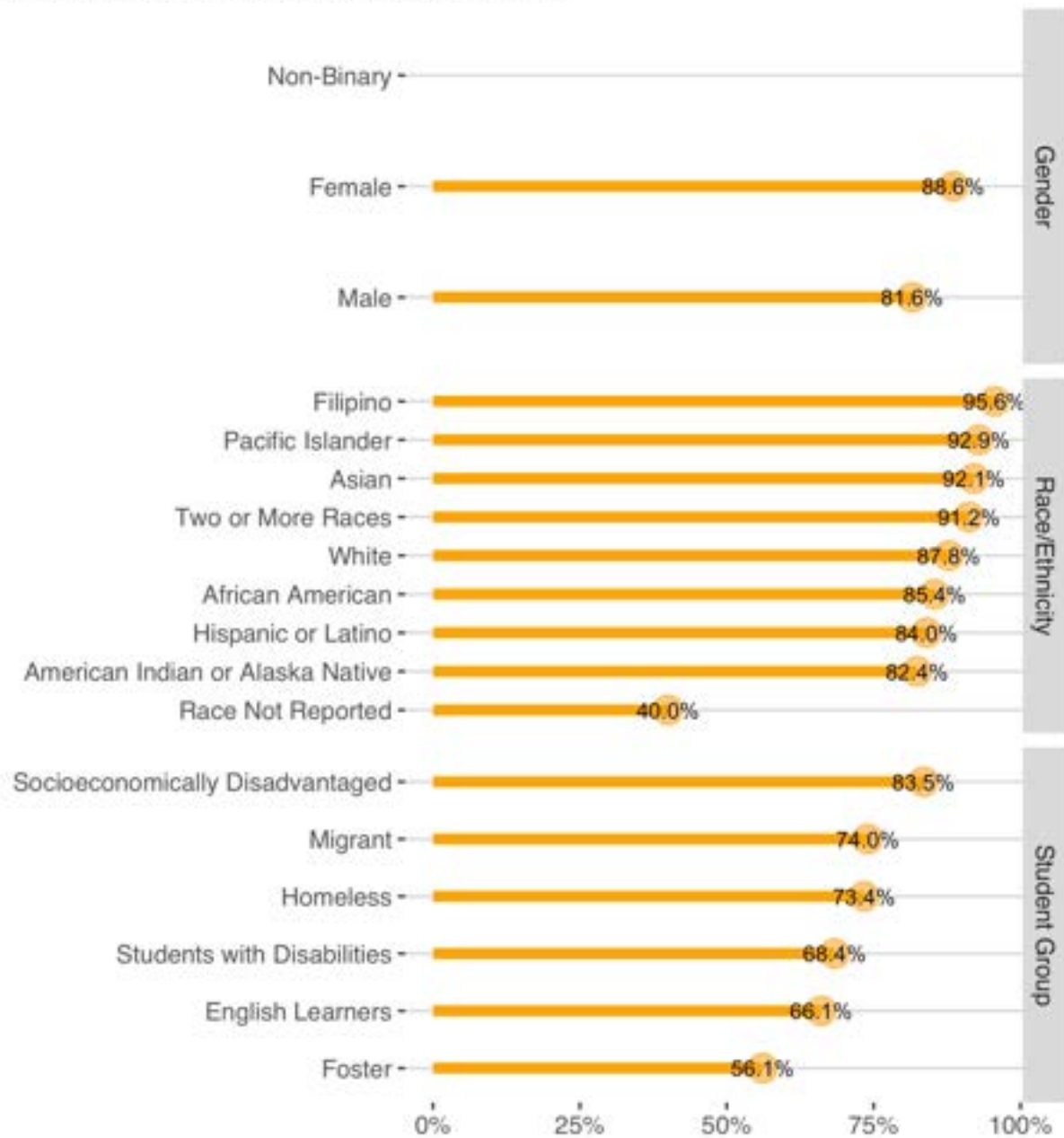
Education provides the foundation for young people to realize their fullest potential as productive, successful members of society. The graduation rate is a standard measure of basic academic competence. It is generally considered a minimum requirement for entry into the professional workforce and is an essential prerequisite for additional education and training. Greater economic earnings, health and social well-being correlate strongly with educational level.



Source: Adjusted Cohort Outcome Data
<https://www.cde.ca.gov/ds/sd/sd/filesacgr.asp>

Source: <https://www.cde.ca.gov/ds/sd/sd/acgrinfo.asp>

Graduation Rates by Student Group



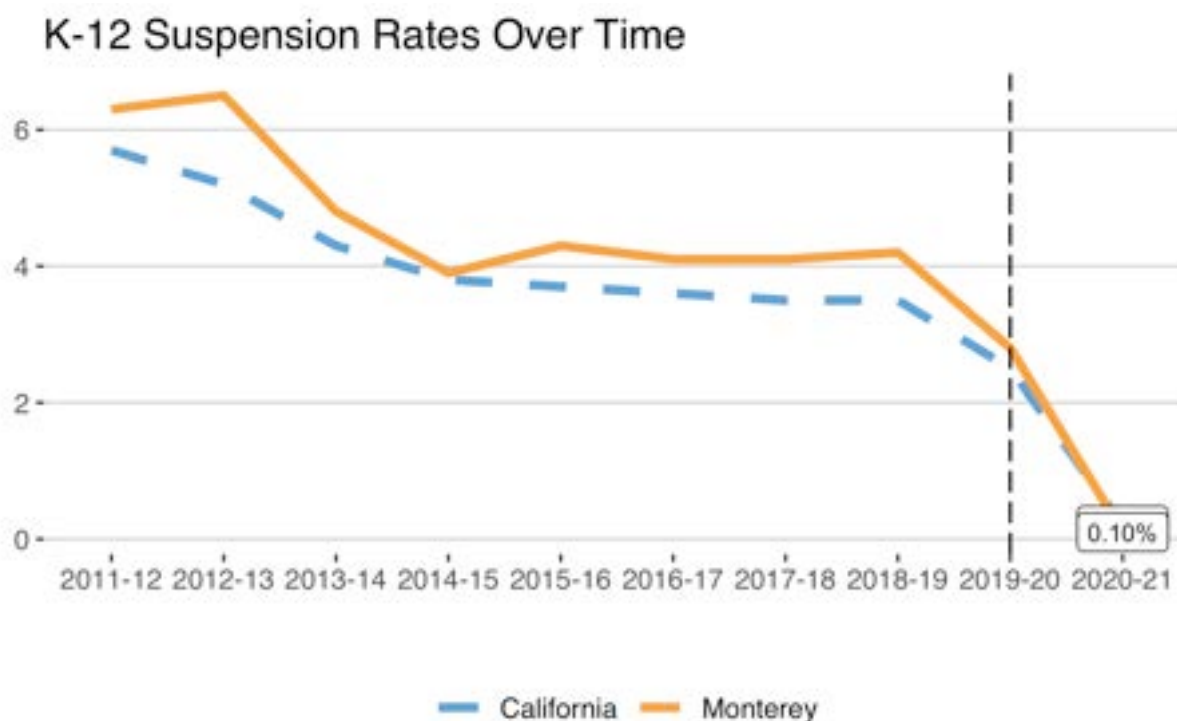
Source: Adjusted Cohort Outcome Data
<https://www.cde.ca.gov/ds/sd/sd/filesacgr.asp>

Definition of the Indicator

The Suspension Rate indicator is based on the number of students who were suspended at least once in the current school year. Note: If a student was suspended more than once in the school year, they are counted only once. The Suspension Rate is calculated by dividing the number of students suspended for an aggregate total of one full day in the current year by the cumulative enrollment. For this measure the desired outcome is a low suspension rate.

Why the Indicator is Important

Effectively improving the school climate and creating an inclusive and equitable learning environment begins with keeping kids in the classroom. Exploring suspension rates can identify challenges of school culture and climate and identify students most affected.



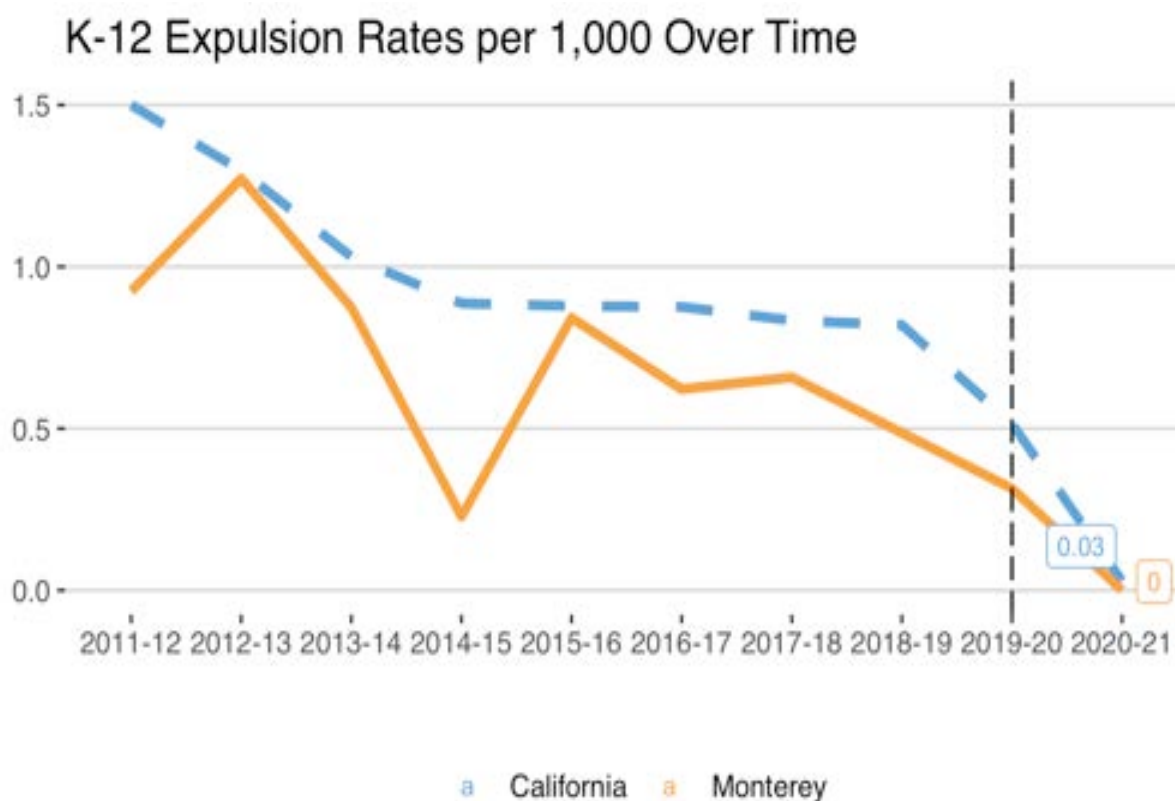
Source: Suspension Data Files
<https://www.cde.ca.gov/ds/sd/sd/filesd.asp>

Definition of the Indicator

Discipline data are submitted by local educational agencies (LEAs) and charter schools to the California Department of Education (CDE) as part of the annual End of Year 3 (EOY 3) data submission in the California Longitudinal Pupil Achievement Data System (CALPADS). Offenses that students may be expelled for include violent incidents, weapons possessions, controlled substances incidents, and defiance.

Why the Indicator is Important

Expulsions indicate students for whom their educational and social system has not been successful. There were no expulsions in Monterey County in 2020-21 due to school closures during the pandemic. County and school district superintendents develop plans that outline individualized educational alternatives for expelled students that identify gaps in educational services to them and develop strategies for filling those service gaps. The goals of the plan are to ensure that expelled students have appropriate options; decrease the dropout rate; and increase the graduation rate.



Source: Expulsion Data Files
<https://www.cde.ca.gov/ds/sd/sd/filesed.asp>

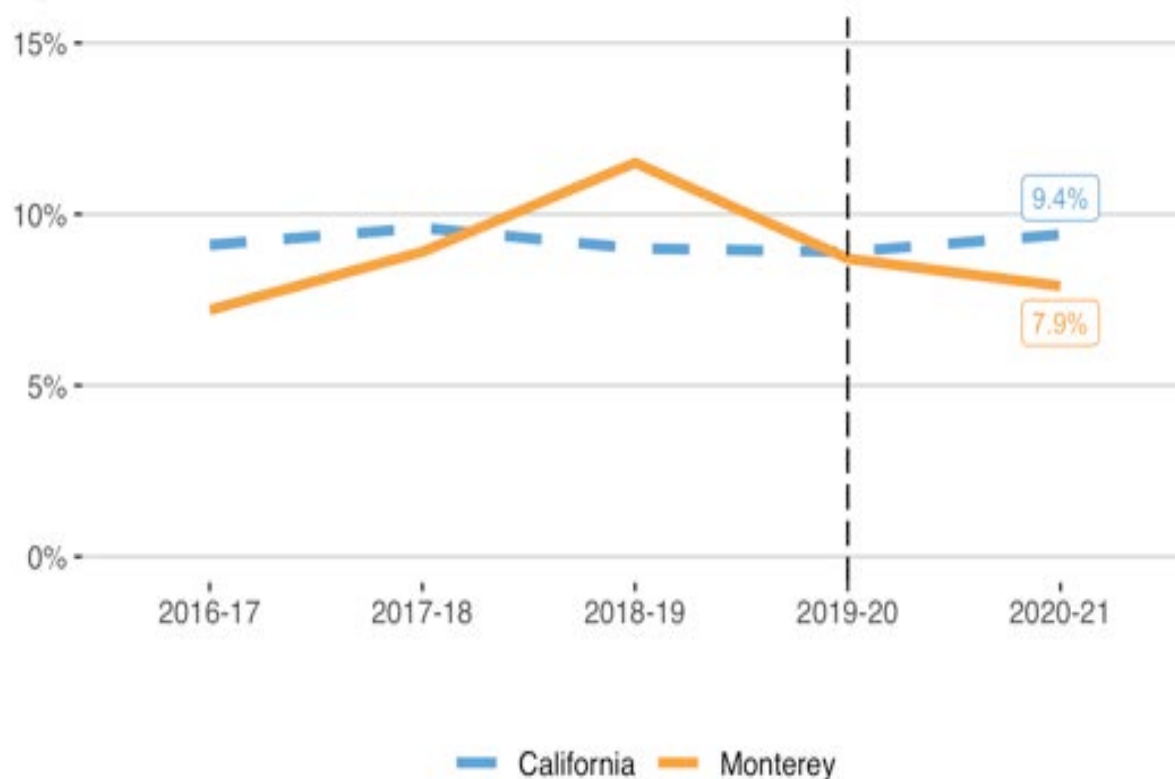
Definition of the Indicator

The number of students who dropped out from the cohort. The four-year cohort is based on the number of students who enter grade 9 for the first time adjusted by adding into the cohort any student who transfers in later during grade 9 or during the next three years and subtracting any student from the cohort who transfers out, emigrates to another country, transfers to a prison or juvenile facility, or dies during that same period.

Why the Indicator is Important

Students who fail to complete high school are less likely to find and keep a good job. It is generally considered a minimum requirement for entry into the professional workforce and is an essential prerequisite for additional education and training, greater economic earnings, health and social well-being correlate strongly with educational level.

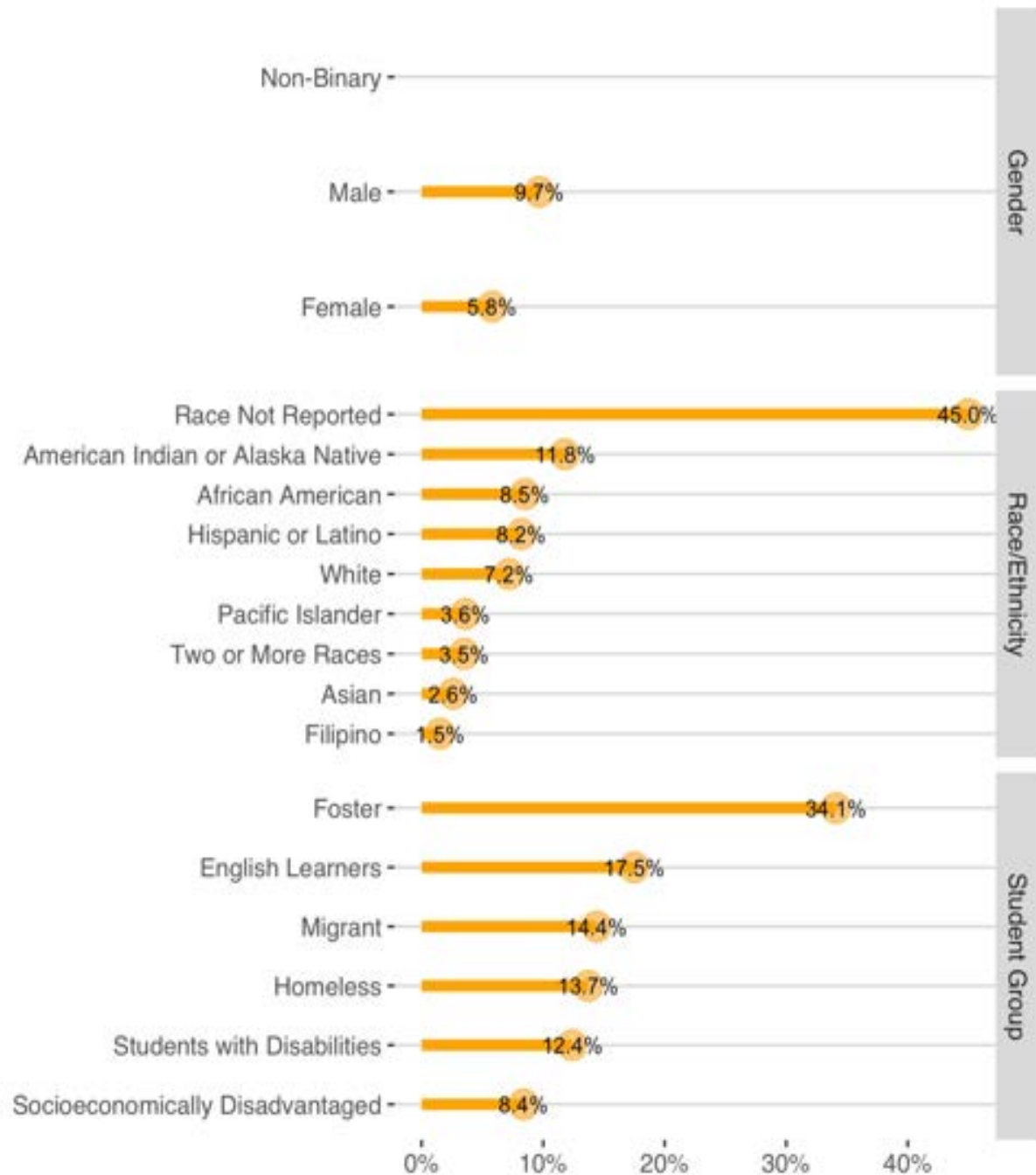
Dropout Rates Over Time



Source: Adjusted Cohort Outcome Data
<https://www.cde.ca.gov/ds/sd/sd/filesacgr.asp>

Source: <https://www.cde.ca.gov/ds/sd/sd/acgrinfo.asp>

Dropout Rates by Student Group



Source: Adjusted Cohort Outcome Data
<https://www.cde.ca.gov/ds/sd/sd/filesacgr.asp>

Definition of Indicator

The rate of live births to teen mothers 15 to 19 years of age per 1000 births to the same age group during a specific year.

Why the Indicator is Important

The impact of giving birth as a teen can have negative consequences for both the mother and the child. Teen mothers are less likely to complete high school or college and are more likely to require public assistance and live in poverty than their peers who are not mothers.

Research demonstrates that birth to teen mothers is highly correlated to economically disadvantaged communities or families, poor educational achievement, low self-esteem, substance abuse or behavioral problems, and in turn being the child of a teen mother.

Year range	3-year rolling rate (per 1000)
2012-2014	36.9
2013-2015	33.5
2014-2016	30.6
2015-2017	28.4
2016-2018	26.5
2017-2019	25.4
2018-2020	23.8

Sexually Transmitted Infection Cases

Definition of Indicator

Number of reported chlamydia and gonorrhea cases among youth ages 13-19.

Why the Indicator is Important

While chlamydia and gonorrhea are treatable, left untreated, they may cause long-term harm including reproductive health issues, fetal and premature problems, and increased sexual transmissions.

Indicator	2015	2016	2017	2018	2019
Teen Chlamydia Rate (per 100,000 teens age 13-19 years)	636	598	647	670	701
Teen Gonorrhea Rate (per 100,000 teens age 13-19 years)	32	45	40	31	51

[Note: This data is not yet available for 2020 or 2021 as of January 21, 2022.]

Source: Birth Information: California Department of Health, VRBIS, California Comprehensive Birth File. Communicable Disease Data: Monterey County Health Department, Communicable Disease Unit.

Definition of Indicator

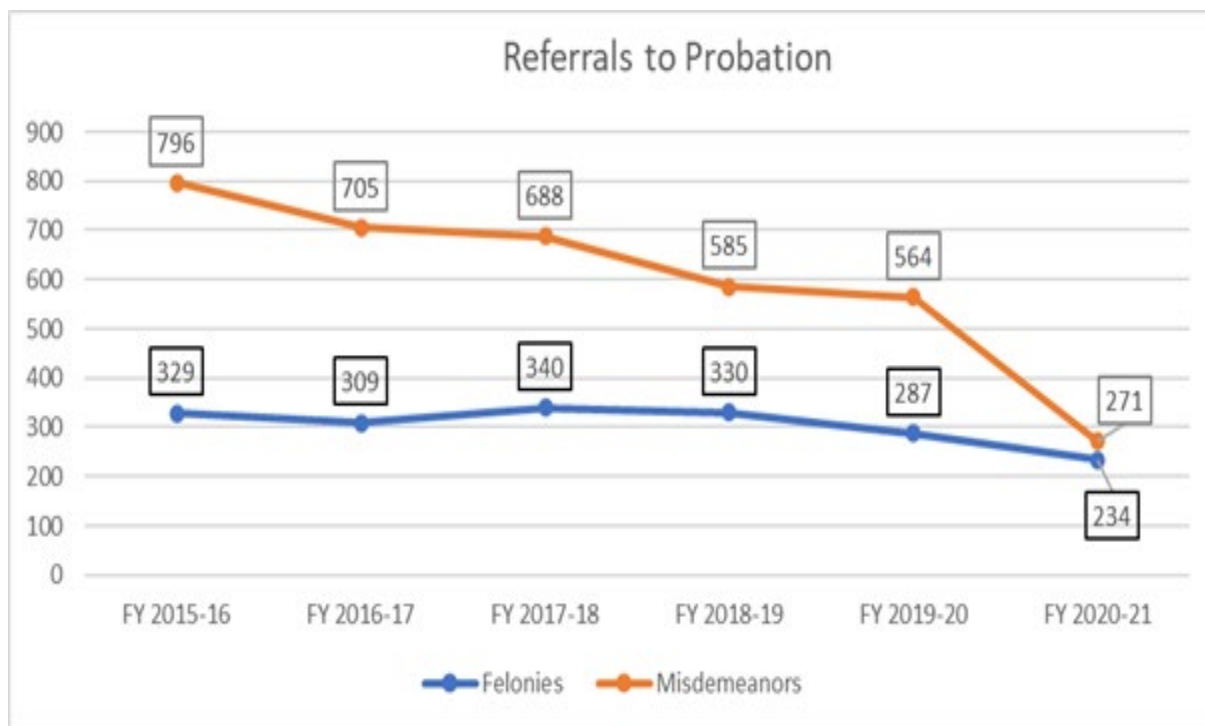
Rates of arrest are perhaps the most widely quoted indicator of crime. It is important to make the distinction between minor crimes, misdemeanors and more severe crimes, felonies, which may impose a more stringent sentence. Misdemeanor arrests refer to the number of arrests of youth ages 12 to 17 for less serious or less violent offences, such as petty theft, vandalism or trespassing. Felony arrests indicate the number of arrests of youth 12 to 17 for the most serious violent, property, drug and sex offenses including homicide, forcible rape, robbery, assault and kidnapping.

It is also important to note that this definition is based upon the number of arrests rather than the number of individual offenders, and that an arrest is not a conviction. A single youth may be arrested several times a year, so arrests do not necessarily match the actual number of juvenile offenders. More often than not, felony arrests exceed the actual number of juveniles charged with felony crimes.

Why the Indicator is Important

Youth crime is an important factor in community safety. Additionally, youth who engage in criminal activities are exhibiting self-destructive behavior. As a risk factor, early offenders recidivate at high rates, often well into adulthood. Furthermore, adults who are arrested for the most serious and violent crimes are more likely to have been youthful offenders than are adults who commit lesser crimes.

Arrests for violent crimes are an indicator of more severe risk factors than any other type of arrest. The level of youth lack of violence in society may be viewed as an indicator of young people's ability to control their behavior, as well as the adequacy of socializing agents such as families, peers, schools, and other institutions to guide youth behavior to acceptable norms. Violence affects the quality of life of young people who experience, witness or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect the victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.



Source: Monterey County Probation Department, IT Case Management system, Smart Probation 2021.

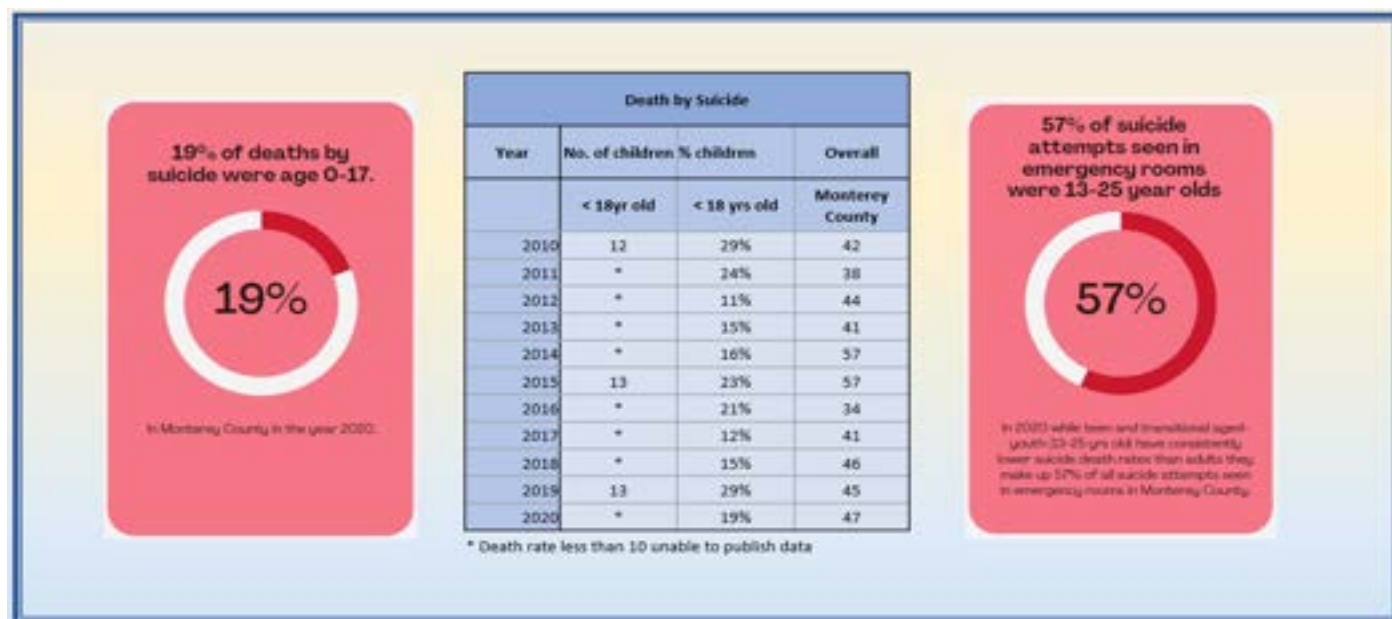
Definition of the Indicator:

The death by suicide rate of children under age 18 is reported as both number of individuals and as a percentage. Where the number of suicide deaths is less than 10 among children less than 18 years of age actual numbers are redacted. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population and is a way to make fairer comparisons between groups or counties with different age distributions. The age-adjusted suicide death rate in Monterey County is 11 per 100,000. The Coroner's data for the last 10 years indicates that on an average, 19% of suicide deaths were among children less than 18 years of age.

Suicide ideation and attempts data are widely under-reported. Specifically for suicide attempts among children, since 2013 due to ICD code changes, attempts data is incomplete. The suicide ideation data is based on the responses to the question in CHIS survey among Monterey County residents- *During the past 12 months, did you ever seriously consider attempting suicide?* The percentages data indicate "yes" to this question.

Why the Indicator is Important

The death of a child is tragic. Suicide is a serious public health problem in the US and has lasting effects on individuals, families, and communities. The COVID-19 pandemic has exacerbated the overall mental health challenges for children and youth as a result of isolation, fear, stress, and uncertainty. Research indicates that mental health concerns, trauma (including suspected or confirmed abuse, neglect, and domestic violence), family-related problems (including divorce, custody disputes, parental substance use, family history of suicide or mental health concerns), or school problems (including expulsion, changing schools, suspension, bullying) were contributing factors for children who died by suicide. Further, research suggests young children who attempt suicide are six times more likely than their peers to attempt suicide again once they enter adolescence. To prevent subsequent child and youth suicide attempts and prevent child death it is important to address risk factors at the individual, family, and community level. Key prevention strategies include: building individual and family resilience (promoting connectedness, develop support networks, increased coping skills and parenting skills), building protective environments, strengthening economic supports for families, increasing awareness of mental health and suicide risk factors, and increasing access and delivery of mental health care.



Data Source: Monterey County Coroner's office, US Census Bureau

References: <https://www.cdc.gov/suicide/index.html>

Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhu, M., Horowitz, L. M., Campo, J. V., & Bridge, J. A. (2021). Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the United States, 2013-2017. *JAMA network open*, 4(7), e2115683-e2115683.

Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:888–894.

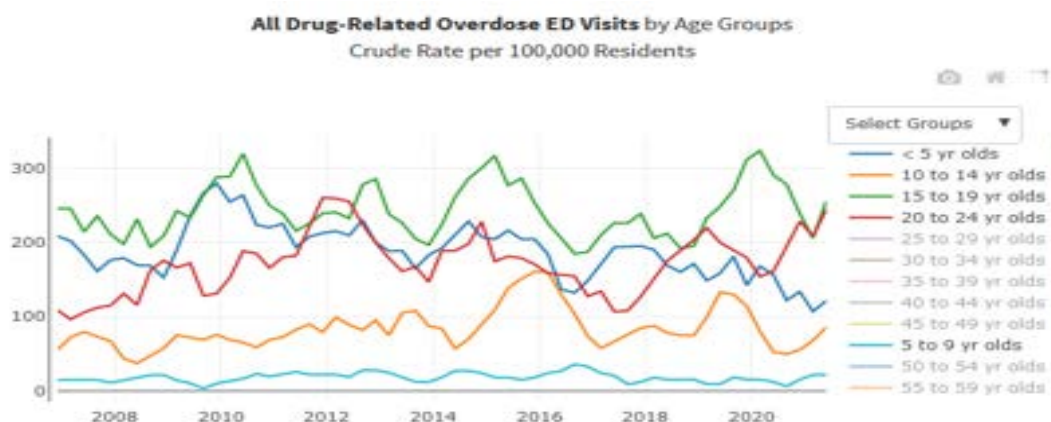
Note: This new indicator was added to this year's report based on COVID-19 impacts on children and youth to assure we continue to monitor these indicators as our community shifts to recover from COVID-19 impacts.

Definition of Indicator:

Crude Rate per 100,000 residents for all drug-related overdose ED visits in Monterey County by year by age groups for those up to 24 years of age.

Why the Indicator is Important

This indicator shows the trends of ED visits for overdose in the Monterey County youth over this time period. All drug overdose emergency department visits caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.



Substance Abuse and Fatal Overdoses in Youth

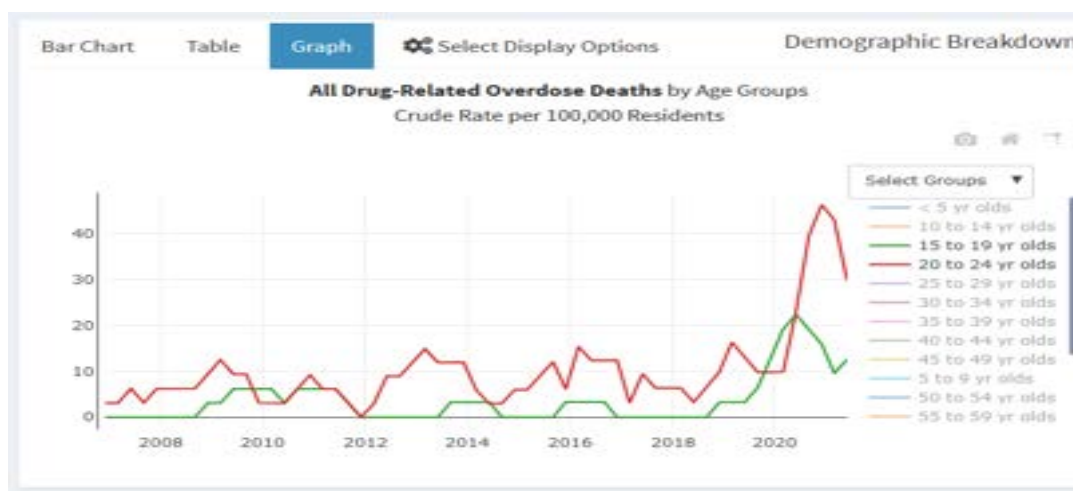
6-18

Definition of Indicator:

Crude Rate per 100,000 residents for drug related overdose deaths by year for the age groups of 15-24 years of age.

Why the Indicator is Important

This indicator is reflective of the lives lost to drug overdose in teens and young adults.



Note: These new indicators were added to this year's report based on COVID-19 impacts on children and youth to assure we continue to monitor these indicators as our community shifts to recover from COVID-19 impacts.

The Bright Beginnings Early Childhood Development Initiative: *Transforming Systems to Better Support All Children in Monterey County*

Transforming systems is an audacious goal. It takes a common agenda for the common good; collective action centered on equity, race, diversity and inclusion; and an ever-deepening sense of community, connection, and compassion.

When it comes to the wellbeing of children and their families in Monterey County, we cannot fall short of audacious. The traumatic effects of the current COVID-19 pandemic and other natural disasters compounds the longstanding disparities in health and wealth outcomes. Our youngest are most vulnerable to traumatic events like these, as they are in critical stages of development. They need a strong system of holistic supports to counter trauma and build resiliency that lasts a lifetime.

In 2020-2021, the collective spirit of the Bright Beginnings Early Childhood Development Initiative rose to the occasion, audaciously.

Systems Transformation in 2020-2021

A decade ago, we used the goalpost of “Kindergarten Readiness” as a measure for the wellbeing of young children. The further the Bright Beginnings Early Childhood Development Initiative moved into transforming the systems that support young children and their families, it became clear that instead of asking, “Are children ready for school?”, we needed to be asking, “Are our systems ready for children?”

In response, the First 5 Monterey County-led evaluation team that conducts the Kindergarten Readiness Assessment did something new: they developed the School Systems Readiness Assessment. Previously focused on primarily measuring the performance of children on standardized scales for cognitive, physical, and social-emotional development, it now also looks more broadly at how schools are ready to meet children where they are. (The assessment, scheduled for Fall 2021, was postponed due to COVID).

Within Bright Beginnings, we've adapted the [countywide strategic framework](#)¹ to reflect this shift, applying the equity-focused targeted universalism to defining the Initiative's **overarching objective**:²

- *Universal Objective*: Change systems to double the number of children who are holistically supported so that they are healthy, their development is on track, and they are well prepared for kindergarten. Currently, it is assessed at 25% of children.
- *Targeted Objective*: Significantly reduce the gaps in school systems readiness between children in low-income households and children in non-low-income households.

ITEM 1 – Targeted-Universalism for School Systems Readiness

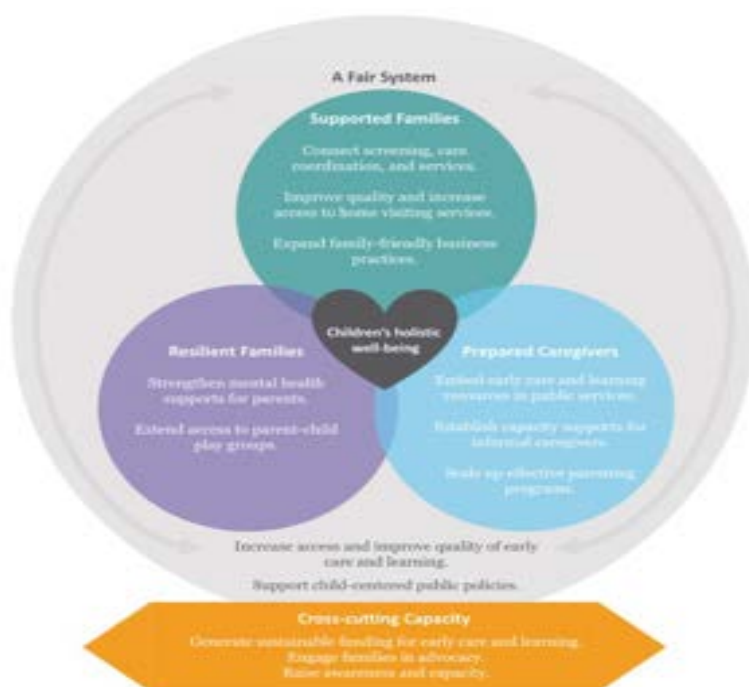


The collective work of the Initiative is anchored in the Bright Beginnings **seven core principles**, to ensure **sustainability and co-powerment**:

1. Holistic view of children and families.
2. The power of interconnected community systems.
3. The rights of all children to access equitable opportunities.
4. Culturally responsive and trauma-informed practices.
5. Co-creating solutions.
6. A tenacious focus on results.
7. Informed by research.

The framework prioritizes strategies within four **drivers of influence in a young child's life**:

1. A fair, equitable system of quality early care and learning.
2. Socially emotionally, and mentally resilient families.
3. Holistic and coordinated family supports.
4. Prepared caregivers that can appropriately respond to a child's developmental needs.
5. Cross-cutting capacity building for sustainable funding, engagement, and awareness.



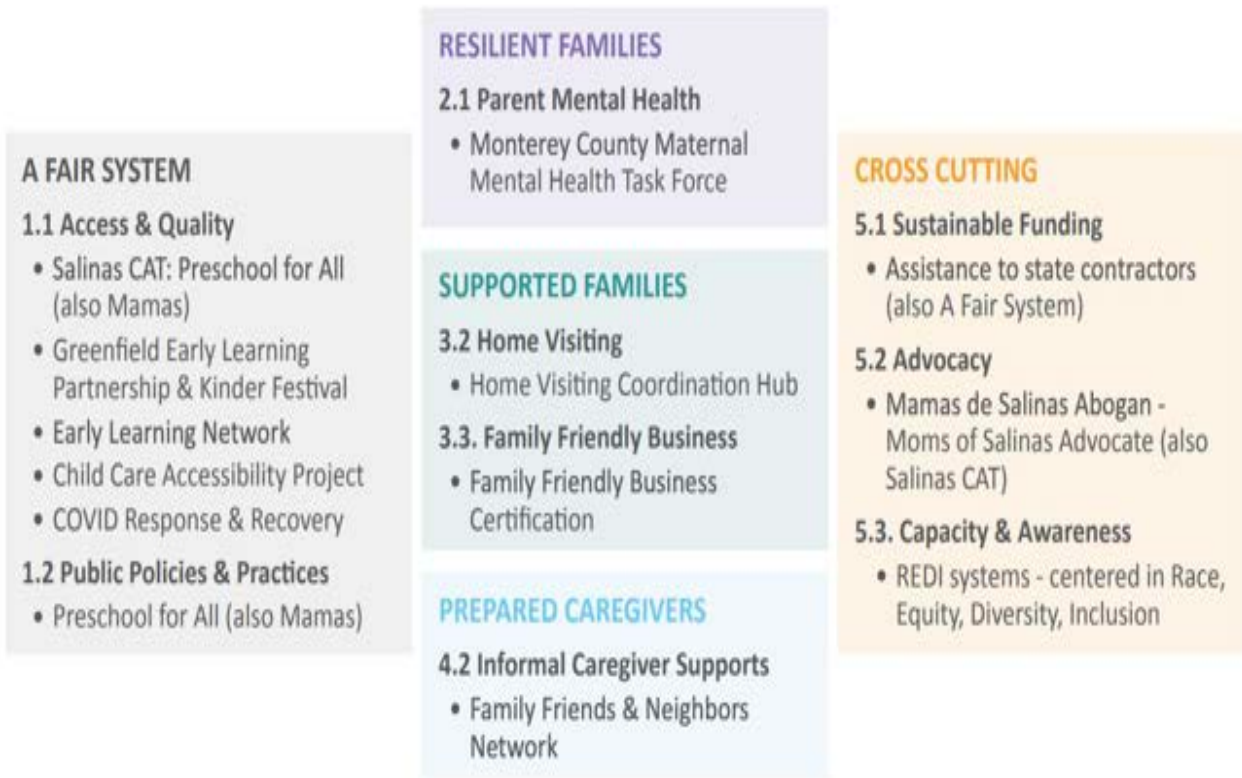
¹ Early Childhood Strategic Framework: www.brightbeginningsmc.org/strategic-framework

² powell, john a., Stephen Menendian, Wendy Ake. [Targeted Universalism Policy & Practice](#). Haas Institute for a Fair and Inclusive Society. May 2019.

To transform systems, we must address all aspects that influence them: the structural aspects that lay above the surface, such as policies, practices, and resource flows, and the less tangible aspects that lay below the surface, such as relationships, connections, power dynamics, and mental models.³ We find that it is the latter that leads the way for the more visible and transformational change can happen. As such, within the Initiative, we seek to understand and communicate the needs of children, families, and the systems that support them, and uncover the root causes that keep disparities in place. We build networks, advocate for resources, and improve how we work together across disciplines and sectors to be more efficient and effective. Through that work, we ensure that our systems are ready to meet children where they are, so that the color of a child’s skin, their gender identify, the neighborhood they grew up in, or the jobs their parents have do not dictate the life-long outcomes of that child. We believe every child should and can have what they need to succeed.

What does systems transformation look like in our community? Below are highlights from the strategy-aligned change projects that are supported by the Bright Beginnings backbone team.

ITEM 4 – 2020-2021: Change Projects Supported by the Bright Beginnings Backbone



³ Kania, etc., The Water of Systems Change, FSG (2018)

KEY DRIVER ONE: A FAIR SYSTEM

A fair, equitable system of quality early care and learning.

In 2020-2021, the Bright Beginnings backbone supported four change projects within the key driver, A Fair System: 1) Child Care & Wellbeing COVID-19 Response & Recovery Coalition; 2) Early Learning Network, 3) Child Care Accessibility Project, 4) Greenfield Early Learning Partnership.

Child Care & Wellbeing COVID-19 Response & Recovery

Why: In a time of crisis, coming together to connect, share experiences and needs, and to mobilize resources is crucial.

What: A countywide coalition of those that serve young children coalesced at the onset of the pandemic. They continued to connect and mobilize, coming together virtually every other week.

Who: Core planning team includes Child Care Planning Council, Quality Matters, United Way and MAOF Resource & Referral.

How: During the biweekly meetings, updated COVID statistics were presented (usually by representatives from the Health Department), updates on state and local mandates for child care and other settings shared, and other announcements and reports from the field made.

In between meetings, the Initiative's backbone and various partners:

- Provided support to private and subsidized child care centers as they navigated changing COVID guidance, opening and closures.
- Coordinated distribution of supplies from First 5 California, MAOF, United Way and County for child care and education providers.
- Organized and staffed vaccine clinics for child care providers and families in Salinas and Greenfield, administering 1,176 doses of the vaccine in partnership with Visiting Nurses Association. Of note was helping to break down barriers to access, including working with Centro Binacional el Desarrollo Indígena Oaxaqueño to provide multi-lingual translation. See [KSBW](#) and [NBC](#) news coverage.
- Reported on needs for the early child care and learning field and families to policy-makers, in part based on data analysis support for the Community Alliance for Racial Equity's direct outreach and assistance to community members in highly impacted communities.
 - Identified response and recovery needs of children and their families, co-developing the Pathway for Recovery for Children and Families 2021, a set of solutions to address the holistic needs of children and those that serve them. (See section on Sustainable Funding for more details.)
 - Issued a [weekly resource eDigest](#)⁴ to Coalition members and maintained the Coalition web portal for resources.
 - Launched a joint "Memo to Early Educators," with key information directed at teachers and administrators of child care centers and family child care homes, issued from the Child Care Planning Council, MAOF Resource & Referral, and Bright Beginnings.
- Collaborated with the Community Alliance for Racial Equity and Bright Futures to analyze thousands of conversations with community members, connecting families with resources based on their specific needs.
- Provided resources to the VIDA Community Health workers: with First 5 Monterey County, offered reflective practice circles to support mental health and distributed children's books; with First 5 Monterey County, TAMC and MyMuseum, distributed Shelter in Play boxes for children; provided diapers for families with children that were isolating with COVID, and provided initial support on data collection.



⁴ COVID Resource Digest: brightbeginningsmc.org/covid-19-response-recovery-resources/ 36

Child Care Accessibility Project

Why: Increase access to resources for finding child care, and for providers of child care and early education.

What: Centralized web-hub for all things child care: www.MontereyCountyChildCare.org

Who: Quality Matters, Child Care Planning Council, First 5 Monterey County, MAOF Resource & Referral, and United Way

How: Working as a team to identify content needs, primarily in response to COVID-related needs, the following happened:

- Upgraded and maintained up-to-date information on the website and troubleshoot barriers to referrals.
- Posted information on accessing emergency child care, PPE, vaccinations, and other COVID-related resources for families and early educators alike, tying content to the Coalition's web portal, weekly eDigest, educator memos, and partner websites.
- In order to better support timely updates that meets the local needs, site management was moved locally from LA-based MAOF headquarters. Bright Beginnings backbone manages the site with team oversight. MAOF, United Way and Bright Beginnings contributed financially to website maintenance.
- The website saw a steady increase in new users, ranging from about 250 new users to 1600, depending on the month.

Early Learning Network

Why: Provide a forum for school-based early learning teachers to connect across schools, share experiences and resources, and establish a common language and capabilities, including preschool, kindergarten and transitional kindergarten professionals.

Who: Monterey County Office of Education – Education Services

What: Meet quarterly with time to connect and presentations and hands-on workshops on best practices in the classroom, and emerging policies and practices.

How: Held three network meetings:

- Broadened from transitional kindergarten teachers to include preschool and kindergarten teachers.
- In response to feedback from participants, covered family engagement during distance learning, phonics and language toolkit, and Pre-K Glad.
- Had 21 distinct attendees, with an average of 15 attendees per meeting. Five school districts and other early childhood agencies represented.

Greenfield Early Learning Partnership

Why: Ensure families know the importance of early childhood education and how to access it locally.

Who: Co-leads: Greenfield Unified School District (GUSD) and City of Greenfield.

What: Convene local early childhood champions to connect and share resources. Hold community events to support families with young children access resources and enroll in school-based early education.

How: Five core partners meet almost monthly to connect and share resources and understanding of needs, and to plan community events.

- Re-designed and renamed team to Greenfield Early Learning Partnership.
- Launched social media campaign for enrollment and immunizations. Navigating the application and access to immunizations is a major barrier for timely enrollment of children.
- Provided input to City on Prop 68 grant for park innovation for early childhood needs.
- Presented to school Board of Trustees on the work of the Partnership.
- Plan and held annual Kinder Festival at GUSD on April 28. This year the event was a drive through, with enrollment information and goodie-bags full of resources, books and shelter-in-play kits. A mobile immunization clinic was available. At least 250 cars rolled through, compared to an estimated 150 families attending the in person event in previous year.



KEY DRIVER THREE: SUPPORTED FAMILIES

Holistic and coordinated family supports.

In 2020-2021, the Bright Beginnings backbone supported two projects within the key driver, Supported Families: 1) Home Visiting Coordination Hub; and 2) Family Friendly Business.

Home Visiting Coordination

Why: Coordinate early childhood related home visiting programs across agencies to better connect families with the services they need.

What: Convene home visitors to connect the local network of providers. Build a common understanding of best practices and capacities, including trauma-informed practices. Support care coordination and data sharing.

Who: Co-led with Monterey County Health Department.

How: Despite ongoing setbacks in staffing this project, revolving individuals representing four programs convened to refresh their interest in coordinating outreach, referrals and capacity building across programs. In between meetings, they:

- Finalized 12-month action plan. Realized that a re-orientation needs to occur, due to turnover of staff at partner agencies and pandemics hiatus.
- The Health Department's Nurse Family Partnership program partnered with Behavioral Health to integrate trauma-informed practices into their program, winning an innovation grant from California Maternal, Child, and Adolescent Health over 2½ years.
- Participated in F5CA Home Visiting grant technical assistance on data collection and sharing.

Family Friendly Business

Why: Foster relationships and relevance of all-things early childhood in the business & economic development arena. Increase practices and policies that support working parents and all young children as the future workforce.

What: Grow the Family Friendly Business Certification program. Support favorable local and state policymaking. Network through business and economic development associations.

Who: Co-led with First 5 Monterey County.

How: Developed three-pronged approach to expanding the Bright Beginnings Family Friendly Business strategy (see Why and What). Action included:

- Joined the Salinas Valley and Monterey Peninsula Chambers, active in various committees.
- Participated actively in development of the County Economic Development Strategy (CEDS) development and Community Resilience Emergency Plan.
- Participated in the Monterey Bay Economic Partnership Regional Economic Summit. Attended US Chamber of Commerce's National Summit on Equality of Opportunity: Moving from Conversations to Real Action. Met with County's Housing Development Manager Anastacia Wyatt.
- Placed article in the Salinas Valley Business Journal [October 2020](#) issue,⁵ and ran ads in various issues for Family Friendly Business.
- Worked with Mamas de Salinas Abogan and the Central Coast Early Childhood Advocacy Network to advocate for state-level policies that supports family friendly business practices.
- Certified the Monterey County Health Department as a Gold Standard Family Friendly Employer. A total of 32 agencies are certified.

⁵ Business Journal October Issue: brightbeginningsmc.org/balancing-business-workforce-well-being-productivity-profitability/



KEY DRIVER TWO: RESILIENT FAMILIES

Socially emotionally, and mentally resilient families.

In 2020-2021, the Bright Beginnings backbone supported the Maternal Mental Health Task Force within the key driver, Resilient Families.

Maternal Mental Health Task Force

Why: Support resilience and wellness of pregnant and parenting mother and primary caregivers. Promote better access to services.

What: Strengthen a network of service providers and catalyze new partnerships. Raise awareness about maternal mental health amongst service providers and the general public. Build shared understanding of practices to support mothers with perinatal or postpartum mood and anxiety disorder (PMAD).

Who: Co-chaired by Monterey County Behavioral Health Staff

How: 60 unique individuals representing at least 22 agencies attended 9 meetings, with an average of 21 participants per meeting and 10 agencies represented at each meeting.

At the meetings, they covered presentations from partners, Beacon Health Options, MomsWell, Door to Hope, MCHD Nurse Family Partnership home visiting program, planned actions, and shared resources.

In between meetings, they:

- Were awarded a collaborative grant from Central California Alliance for Health, with CSUMB as lead. With the funds, released asynchronous [online training series](#)⁶ with continuing education credits on effective assessment and treatment of woman with PMAD. At least 175 attended the workshops, and 80% reported increased knowledge and skills. (Grant spans fiscal years 2020-2021 and 2021-2022 – more activities will be reported in the next annual report.)
- Developed a system to track referrals with Beacon Health Options.
- Held a training with Department of Social Services Women-Infant-Children program on maternal mental health, with 26 people attending (December 2020).
- Hosted 116 people virtually at the national 20/20 Mom Forum, building a shared understanding of maternal mental health across agencies and disciplines (March 2021).
- Supported activities to raise awareness of maternal mental health during Mental Health Awareness month in May:
 - Supported the adoption by the Board of Supervisors of a county resolution declaring Maternal Mental Health Awareness Week in May, sponsored by Monterey County Behavioral Health. Read more [here](#).⁷
 - Launched Blue Dot Project social media campaign, "Making Over Motherhood."
- Published local stories by Mamas in illustrated eZine: ["Out of the Shadows: Personal Stories of Pregnancy and Postpartum."](#)⁸
- Circulated a monthly newsletter full of resources (available online since October 2021 [here](#)⁹).
- Helped promote the Parenting Connection postpartum supports. In 2020, the warmline maintained a steady stream of calls from parents at an average of 20 a quarter, and more than doubled the number of texts, maxing at 41 a quarter. They increased their referrals to providers from an average of about one a month to almost six a month. Their virtual support circles stayed steady with an average of 21 participants.

⁶ Maternal Mental Health Online Training Series: mailchi.mp/brightbeginningsmc/maternal-mental-health-webinar-series

⁷ County Resolution on Maternal Mental Health: <drive.google.com/file/d/1XlhJN25MzmoJ-j9ymg6Lf4HzTI9OZ5t9/view>

⁸ Out of the Shadows eZine: www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/bh-home/information-resources/maternal-mental-health/stories-of-struggle-and-strength#item-1

⁹ Monthly Maternal Mental Health Newsletter: www.brightbeginningsmc.org/maternal-mental-health/



STRATEGIC DRIVER FOUR: PREPARED CAREGIVERS

Prepared caregivers that can appropriately respond to the child's developmental needs.

In 2019-2020, the Bright Beginnings backbone supported the Family, Friends and Neighbors Network within the key driver, Prepared Caregivers.

Family, Friends & Neighbor Capacity Building

Why: As one of the primary sources for child care for many families, increase the ability of informal family, friend and neighbor caregivers (FFN) to provide age and stage appropriate care and education to the children they serve.

What: Support FFN through playgroups, peer network, workshops, and other resources. Connect those who provide support to informal caregivers to improve services, share resources, and coordinate efforts towards a common goal.

Who: GoKids and First 5 Monterey County, CAPSLO and United Way

How: Both GoKids and CAPSLO continued virtual playgroups and other support to FFN:

- With funding and technical assistance from F5MC, GoKids supports about 120 FFN in Salinas.
- With funding from United Way and evaluation assistance from Bright Beginnings, CAPSLO supported 27 unique FFN in Greenfield and Gonzales. Greenfield added this year.
- As a part of the Response & Recovery efforts, United Way received grants from the Packard Foundation, Monterey County Community Foundation, and Financial Independence Initiative to provide resources to FFN in Monterey County. Collectively designed with F5MC, GoKids, and CAPSLO, they were able to provide cash assistance, iPads, and reflective practice to support these informal heroes of child care during the pandemic.
- As part of Women's Policy Institute, produced [a video](#)¹⁰ featuring local FFN and recognizing their role in supporting children in the Alisal Unified School District during pandemic-related distance learning.



CROSS-CUTTING STRATEGIC DRIVER: CAPACITY BUILDING

Sustainability, co-empowerment and broad shared understanding.

In 2020-2021, the Bright Beginnings backbone supported strategies that cuts across all drivers: 1) Sustainable funding for early childhood, 2) Engaging parents in shaping policies, budgets and service design, 3) Awareness raising and capacity building.

Sustainable Funding for Early Childhood

Why: Consistent funding is key to stabilize programs that stabilize families with young children, whether through city, county, state or federal funding.

What: Coordination and alignment of current public, private and philanthropic funding for improved efficiency. Generation of new public, private and philanthropic funding dedicated to early childhood.

How: The backbone team supports collaborative grant writing as described in the various projects (such as Home Visiting, Maternal Mental Health, and Family Friends and Neighbors, and advocates for local funding. This year, the highlight was the Pathway to Recovery for Children & Families 2021,¹¹ a broad vision for what families with young children and the systems that support them need to recover from the pandemic.

¹⁰ Family, Friends & Neighbors Recognition Video: brightbeginningsmc.org/family-friends-and-neighbors-ffn-recognition/

¹¹ Pathway to Recovery for Children & Families 2021: docs.google.com/document/d/1r82dU2T1qXSiOikq325PgilAQFsTcxydtoQh-d471AU/edit

Led by the backbone team, a set of comprehensive priorities for public investment in recovery for children and families was co-developed through ongoing feedback with the Child Wellbeing COVID-19 Response & Recovery Coalition, Child Care Planning Council, Children's Council, and Community Alliance for Racial Equity. Initiative partners and parents mobilized to County Budget Committee meetings and in the Board Chambers to express community need and public support of the recommendations.

The Pathway recommendations to the Board were ultimately narrowed to investments that align with the American Rescue Plan Act (ARPA) guidelines, to focus on child care capacity and affordability, unanimously voting to fund \$1.54million in fiscal year 2021-2022, across three agencies – Monterey County Office of Education, First 5 Monterey County, and Bright Beginnings. Business leaders also called for funding for child care so that workers could return to the workplace.

This effort helped to transform our systems primarily by changing mental models so that more local public funding and resources flow into child care and education infrastructure. It was also an opportunity where needs voiced by the community influenced decision-makers during a public budgeting process, thus helping to shift power dynamics. While this is one-time funding, we hope that this elevates the need to sustainably invest local resources in early childhood.

Engagement & Advocacy – Las Mamas de Salinas Abogan

Why: Connect parents for mutual support and to build capacity for engagement and advocacy. Support community ownership of policies, practices and the flow of resources so that they reflect the needs of all families and young children. Grow community-based spheres of influence.

What: A consistent total of 13 mothers and community members in Salinas that care deeply about the wellbeing of young children, gathered as Las Mamas de Salinas Abogan 22 times to connect, learn about early childhood development, and plan their community outreach and advocacy work. The Mamas have quite a following on their social feeds (over 3000), where they offer light-spirited parenting support and resources and a place to connect more broadly.

In between meetings, they are very active, often collaborating with other community groups such as Padres Unidos, Mujeres en Accion, and others. Here are some examples of how various Mamas engaged in the community:

- Mobilized for the Census 2020 and participated in VIDA as a community health workers.
- Participated in Central Coast Early Childhood Advocacy Network, including the storytelling workshop, "Centering Children & Families at the Heart of Recovery" in September; Parent Power Summit in January; and 3 legislative visits.
- Provided public comment at County and City of Salinas budgeting processes.
- Helped form and participated in the AUSD Buckhorn Early Learning Center Parent Committee, spoke at School Board of Trustee meetings, and participated in the DLAC and LCAP processes.
- Supported AUSD early learning enrollment fair.
- Interviewed on Facebook radio segments to share how the Mamas share the importance of preschool for all, with "Mujer al Dia with Lupita G." from La Preciosa, and with Valenzuela.
- Participated in Quality Matters Consortium and MCOE All In for Equity conference; Centro Binacional el Desarrollo Indígena Oaxaqueño Language Summit; ACEs Resilience for the Community Santa Cruz County webinar; and BHC Healing Circles.

Awareness and Capacity

Why: Key to systems change is changing mental models, such as centering on race, equity, diversity and inclusion, to ensuring that child care and wellbeing is everyone's business – not simply an individual family's responsibility.

What: Continuous communications and learning.

How: In addition to project-based work, the backbone team issued [10 newsletters](#)¹² and ongoing social media (admittedly not nearly as popular as the Mamas). It conducts quarterly internal Continuous Quality Improvement cycles, understanding and learning from levers of and barriers to success, and looking for how projects can mutually reinforce each other (e.g., Mamas participate in activities of the Maternal Mental Health Task Force).

¹² Bright Beginnings Newsletter: brightbeginningsmc.org/newsletter-archive/ 41

Backbone staff stay present in the community, actively engaging in: the Children's Council, Child Care Planning Council, Quality Matter Consortium, Community Alliance for Peace, Bright Futures Steering Committee and Equity Task Force, and CISNE. They participate in state level meetings about state-funded programs and policy. They continue to develop their skills in collective impact and in centering race, equity, diversity and inclusion, by participating the Governing for Racial Equity learning series, the Office of Education's All in for Equity conference, in the national StriveTogether Cradle to Career convening, Results-Based Facilitation training, and the First 5 Monterey County Infant Family Early Childhood Mental Health training series.

To support the Initiative's growing scope, the Initiative added a needed 0.5FTE Program & Administrative Support position. Woohoo!

Looking Ahead: 2022 and Beyond

In 2020-2021, through some of the toughest times our world has collectively faced, the Bright Beginnings Early Childhood Development Initiative stretched and grew in ways previously unimagined. It's moved forward with audacity against the odds, to bring attention and resources to young children and their families, to support the deep systems transformation we need for a just, equitable Monterey County.

Our community will likely be in some form of "response & recovery" mode to the pandemic for years to come. Disruptions will normalize and our work, child care and school schedules will adopt a new level of flexibility. In the wake of ongoing heightened stress and loss, supporting mental health is paramount through all aspects of our daily lives. The retention and attraction of teachers and health professionals is in a critical state from the early years onward. Child care has suddenly become everyone's business, no longer only an individual family's struggle to find and afford, but a matter of short and long-term economic resiliency that must be addressed from a standpoint of the collective and as a common good for all.

We have established powerful, committed partnerships within the Bright Beginnings Early Childhood Development Initiative, full of champions ready to mobilize their resources, including their voices, for transformation. There are still large gaps between parts of our community and the systems that support it. Inspired by the work of the Mamas de Salinas Abogan, VIDA Community Health Workers, and the various networks we support, when we look ahead, we seek to answer: "How can we be a better bridge system?"

As scholar and organizer Angela Y. Davis shared, "It is in collectivities that we find reservoirs of hope and optimism." Together, even in the hardest of times, we *can* transform the systems so that *all* children thrive. In fact, we already are on the way.

About the Initiative

In 2012, the Monterey County Children's Council launched the Early Childhood Development Initiative. The name "Bright Beginnings" was added later, and it also became the steward of the early childhood related goals within the new Bright Futures Education Partnership cradle to career initiative.

In 2018, a countywide strategic framework was launched, "Together, preparing every child for life and school." The framework defines a common goal and prioritizes the collaborative efforts of partners within the Bright Beginnings Early Childhood Development Initiative. The Bright Beginnings backbone, hosted by First 5 Monterey County, supports the

Initiative by shepherding the strategic framework, supporting collaborative projects, and by providing continuous communications and accountability through a shared measurement system. It is guided by the Early Childhood Development Advisory Group and governed by the Children's Council.

Ancestor, Community and Partner Acknowledgment

We respect the lives and wisdom of those that came before us and will come after us. We honor the indigenous people of Monterey County that have stewarded these lands for thousands of years, from the Ohlone, Costanoan, Rumsen, Mutsun, and Esselen tribes. We acknowledge those amongst us that have been forcibly removed from their native lands and traditions. We uplift the voices that have been and continue to be oppressed and excluded. We uphold the equal rights and equitable opportunities for people of color, women, and LGBTQ+ people. We care and advocate for *all* children of Monterey County.

The Bright Beginnings Early Childhood Development Initiative is an ever growing and evolving initiative. It would not exist without the many partners, leaders and followers that guide, fund and do the work in our community. While only a partial list has been captured here, we are grateful for the commitment of all.

MONTEREY COUNTY CHILDREN'S COUNCIL LEADERSHIP

Elsa Jimenez - Monterey County Health Department (Council Chair)
Edward Moreno - Monterey County Health Department (Initiative Co-Chair)
Francine Rodd - First 5 Monterey County (Initiative Co-Chair)

BRIGHT BEGINNINGS BACKBONE

Sonja Koehler – Director
Cristina De Orta - Program Support
Iris Gamez - Communications & Community Engagement Coordinator
Laura Keeley-Saldana - Early Learning Systems Program Manager

EARLY CHILDHOOD DEVELOPMENT ADVISORY GROUP

(indicates Bright Futures Steering Partner)*

Jose Arreola - City of Salinas
Alma Cervantes – Building Healthy Communities
Laura Dunn - Carmel Unified School District
Dana Edgull - Behavioral Health
Claudia Gomez - Door to Hope
Eliza Gomez - MCOE - Quality Matters
Limary Guterrez - Greenfield Unified School District
Deneen Guss - Monterey County Office of Education
Krista Hanni - Health Department
Ella Harris - Monterey County Health Department
Niaomi Hrepich - Monterey County Department of Social Services
Sonia Jaramillo - Monterey County Office of Education - Early Learning Program
Caryn Lewis* - Monterey County Office of Education - Ed Services
Noemy Loveless - North Monterey Unified School District
Josh Madifs* - United Way Monterey County
Sarait Martinez - Centro Binacional
Megan Matteoni - Monterey County Office of Education - Quality Matters
Libby McMahon - Read to Me Project
Edward Moreno - Monterey County Health Department
Fernanda Ocana - City of Salinas
Maria Ortiz - MAOF Resource & Referral
Mayra Perez Diaz - United Way Monterey County
DeeDee Perez-Granados - CSUMB
Ginger Pierce - Child Abuse Prevention Council
Angie Ramirez - CAPSLO
Laurie Ramirez - Monterey County Office of Education - Child Care Planning Council & Quality Matters
Maria Ramirez - Go Kids, Inc.
Beth Reeves-Fortney - First 5 Monterey County
Francine Rodd* - First 5 Monterey County
Mayola Rodriguez - Go Kids, Inc.
Wendy Root Askew – Office of the Supervisor – District 4
Josh Warburg - Bright Futures
Shannan Watkins* - Early Development Services

And thanks to all those sponsoring, leading, and participating in collaborative action teams across sectors, across disciplines, and across the county.

Previous Initiatives and Areas of Focus

2011: All Kids, *Our Kids*, Be There for Them Every Day

In 2011, Children's Council launched All Kids *Our Kids* based on the three assets all children and youth need in order to succeed in school and life: caring relationships, high expectations for all that they can be and do, and opportunities for meaningful participation. Children and youth thrive and succeed when these three assets are part of their life experience at home, in school, with their peers and in the community. The initiative grew out of the council's initial task force on "Graduating Healthy Students Prepared for Success" (see below).

The Children's Council is pleased to report that All Kids, *Our Kids* has been successfully launched from Children's Council as an independent program now known as Positive Behavior Interventions and Supports for All Kids (PBIS) and is housed in the Monterey County Office of Education.

2010: Graduating Healthy Students Prepared for Success

In 2010, the Children's Council conducted an inventory of initiatives and programs around the county that are directed at early childhood development, parent education, literacy, job training, and other efforts aimed at influencing positive outcomes for young people graduating from high school. With these initial tools, a task force on "Graduating Healthy Students" began. Building on research gathered and embracing the strengths-based philosophy of the earlier work of the Children's Council, this group worked on supporting the development of the expansion of community-driven resources and services that aim at improving educational outcomes for the children and youth and derive a process or model that serve the entire county.

This task force eventually expanded and focused in 2011 to become the All Kids, *Our Kids* Initiative, aimed at significantly impacting adult behavior to value, respect and know all children, through a framework of building developmental assets in children and youth from the pre-natal stage through high school graduation.

One result of the work of this task force was the development of benchmarks in the areas of physical and emotional health, social competence and civic engagement, and in academic and work preparedness that have become a basis for the presentation of many of the indicators of the council's annual reports over the years.

2008: Community Alliance for Safety and Peace

In 2008, the Children's Council began to direct efforts at finding ways to reduce violence and the influence of the culture of violence in our communities. In response to a rising rate of homicide and gun violence among young males, related to gang activity, the Council's Violence Prevention Subcommittee was formed. In 2009, the committee transitioned into a countywide coalition known as the Community Alliance for Safety and Peace (CASP). This alliance is made up of organizations and leaders of Salinas and Monterey County that are determined to reduce violence and build a better future for our children.

CASP's strategy for doing this has been developed in partnership with the community, uniting in a campaign called For Our Future/Para Nuestro Futuro. The strategy is based on four key principles:

- A single operational structure manages action and progress.
- Action is research and data-driven.
- The youth are at the center.
- There is deep and meaningful engagement with the community

CASP is made up of youth service organizations, county housing and health officials, local and state elected officials, criminal justice and law enforcement officials, educational leaders, business leaders, representatives

of the faith community, and private funding organizations. More than 30 organizations and leaders are involved.

While the immediate tragedy of gang violence continues to compel this effort, CASP seeks to achieve both a present and long-term benefit across the continuum of prevention, intervention, enforcement, and re- entry.

2004: Transitional Housing (THP) for Probation Youth not in Placement

In November of 2004, the Council appointed a committee to research the needs of transition age youth leaving the probation or child welfare systems. While many make substantial progress in the structured environment of the Youth Center, or drug recovery programs, their transition back into the community is often complicated by returning to unsafe or inappropriate housing which generated many of the original problems. The committee developed a plan for housing alternatives.

The Behavioral Health Division of the Health Department (BHD) included the recommendation to target youth exiting the youth center in the Mental Health Service Act (MHSA) plan submitted to the state in October 2005. A Request for Proposal for transition age youth housing was issued in January 2006 and a contract was awarded to Peacock Acres. Services began in January 2007, with one house continuing in operation and four youth being served. The Department of Social and Employment Services supported Peacock Acres to start a THPP+ program for youth exiting the Foster Care System. THPP+ began in early 2008 and provides housing for emancipated youth. CHISPA has also worked with Behavioral Health in creating a Transition Age Youth house. In 2009, Community Human Services opened Safe Passage, a transitional supportive housing program in Monterey, for homeless youth aged 18-21.

2003: Children's Behavioral Health System of Care (La Familia Sana/The Healthy Family)

In 2003, the Children's Council began a collaboration with the Monterey County Health Department, Behavioral Health Services to develop a comprehensive Community Mental Health Services Program for Children and their Families. This was, and continues to be a groundbreaking local effort to establish a network of partnerships among Health, Probation, Social Services, Education, community-based

organizations, and families all with the intention of increasing the capacity of families to effectively address a wide variety of issues that affect their lives, through the implementation of evidence-based interventions.

In partnership with youth, families, and system of care collaborators, La Familia Sana/The Healthy Family builds on the strengths of its mental health services for children by improving interagency partnerships to provide seamless services, improving cultural competence, and including family members in all service levels. All programs are implemented through an integrated, collaborative, inter-agency System of Care.

The implementation was carried out with emphasis on system of care values, including:

- Honoring family and youth partnerships
- Striving for cultural competence at all system of care levels
- Collaborating with interagency partners to provide seamless services for children focusing on the individual needs of every child and family

Highlights Include:

- The Children's Council worked with La Familia Sana to implement evidence-based practice titled Parent Child Interaction Therapy in conjunction with First 5 Monterey to address the mental health needs of children ages 2-8.
- A Family Partnership Program was established to provide direct services and support to families and to involve families in leadership/advisory roles
- La Familia Sana implemented specific programs targeted at Transition Age Youth, ages 16-25.
 - The mission is to empower these youth and families to create and sustain positive measurable change in their lives

2000: Child Welfare Redesign/Child Welfare System Improvement Planning

Child Welfare Redesign represents an ongoing strategy that began in the early 2000s and was initially intended to improve the local child welfare system's capacity to plan, implement and measure improvement in four key areas:

1. Recurrence of Maltreatment
2. Child Abuse/Neglect Referrals
3. Timely Social Worker Visits
4. Multiple Foster Care Placements

Family Children's Services (FCS) and Probation have been successful with their focused system improvement. In 2009, the Monterey County Department of Social Services took over full oversight of the Child Welfare System Improvement Planning Process to allow the Children's Council to focus their efforts on strategies for addressing the increasing violence in the county.

2020-2021 Presentations

Year Focus: The overarching theme was mental health and broadening the focus to include substance use disorder or behavioral health on how it affects 0-24 year-olds.

July

- a. Racial Equity Presentation – Rosemary Soto, County Administrative Office
- b. COVID-19 Recovery and Resiliency
 - Update on Reopening of school's plan – Dr. Deneen Guss, MCOE
 - Impacts on Children and Youth
 - Landscape on Childcare – Sonja Koehler, Bright Beginnings
- c. General Update on Reopening of Industries – Elsa Jimenez, Health Department

August

- a. Census 2020
- b. 2020-2021 MCCC focus discussion – Part 1
- c. COVID-19 Recovery and Resiliency
 - Update on Reopening of school's plan – Dr. Deneen Guss, MCOE
 - Digital Divide Taskforce presentation – Dr. Deneen Guss, MCOE
- d. COVID-19 Update – Elsa Jimenez, Health Department
- e. 2020-2021 MCCC focus discussion – Part 2

September

Children and Family Resiliency

- a. Distance Learning Update – Dr. Deneen Guss, MCOE
 - Best practices in Distance Learning and Challenges
 - Learning Pods
 - Resources for parents to support Distance Learning
- b. Child Care – Sonja Koehler and Laura Keeley-Saldana, Bright Beginnings
 - Pop-Up Care

October

Children and Family Resiliency

- a. Mental Health Supports in Schools- Esther Rubio, MCOE
- b. Mental Health and Suicide Awareness – Marni Sandoval, Kacey Rodenbush and Nivedita Meethan, Behavioral Health
- c. Gonzales Youth Council Mental Health Assessment – Carmen Gil, City of Gonzales

November

- a. Data Share Monterey County- Elsa Jimenez, Health Department
- b. Children and Family Resiliency – Food Insecurity
 - 211 Food Report – Katy Castagna, UWMC
 - Schools Food Distribution Program - MCOE
 - County Food Distribution Efforts – Lori Medina, DSS
- c. Diabetes Awareness Month
 - Childhood Obesity Presentation- Brennan Phelan, CHI

December

- a. Overview of Annual Report Plan Contents and Approval Process
- b. Review learnings for 2019-2020
 - Small group discussion
 - Large group share out and discussion

January

- a. Overview of 2019-2020 Annual Report – Elsa Jimenez and Sonja Koehler
- b. COVID-19 Pandemic Update
 - County Vaccination Distribution – Elsa Jimenez
 - Reopening of Schools – Deneen Guss

February

- a. Monterey County COVID-19 Collaborative Presentation -Dan Baldwin, Erika Matadamas, and Michael Castro, CFMC
- b. COVID-19 Pandemic Update
 - Reopening of Schools – Deneen Guss
 - County Vaccination Distribution – Elsa Jimenez

March

- a. Child and Youth Mental Health Impacts during the Pandemic -Dr. Marni Sandoval, Behavioral Health
- b. Overdoses and Mental Health Challenges in the ER – Dr. Reb Close
- c. Shared Youth Supports Proposal – Cynthia Holmsky, Bright Futures
- d. Distance/Virtual Learning Educator Testimonials – Dr. Deneen Guss, MCOE

April

- a. Child and Youth Substance Abuse Impacts during the Pandemic
 - Youth Outpatient Treatment Program Presentation - John Bokanovich, and Michael Salinas, Valley Health Associates
- b. Children and Youth Unintended Consequences in Education
 - Truancy landscape – Jeannine Pacioni, Mary Tatum, and Amy Paterson, District Attorney Office
 - Challenges for students with disabilities – Allison Gribben, MCOE
- c. Wellness & Resilience Building in the Child Serving Workforce Sectors – Dr. Marni Sandoval, Behavioral Health
- d. Behavioral Health Supports through VIDA Project – Krista Hanni and Rosemary Soto, Health Department

May

- a. Overview of Summer Digital Guide – Dr. Guss, MCOE
- b. Overview of Early Childhood Needs – Sonja Koehler

June

Bridging Together to Advance Racial Equity – Krista Hanni, Health Department and Rosemary Soto, County Administrative Office

2020-2021 Members

Executive Committee	Membership	Organization
Katy Castagna	Executive	United Way Monterey County
Elsa Jimenez	Executive	Monterey County Health Department
Deneen Guss	Executive	Monterey County Office of Education
Todd Keating	Executive	Monterey County Probation Department
Lori Medina	Executive	Department of Social Services

General Assembly	Organization
Jose Arreola	Community Alliance for Safety and Peace
Wendy Askew	Supervisor, District 4
Dan Baldwin	Community Foundation for Monterey County
Stephen Bernal	Sheriff
Dan Burns	Salinas Union School District
Susan Chapman	Public Defender
Laura Dunn	Child Care Planning Council
Les Gerard	County Counsel
Jose Gomez	Housing Authority of Monterey County
Larry E. Hayes	Juvenile Justice Division
Kristan Lundquist	City of Salinas
Lori Luzader	Special Kids Connect
Robin McCrae	Community Human Services
Laura Neal	Department of Social Services
Eduardo Ochoa	California State University, Monterey Bay
Annette Oswald	Monterey Peninsula Chamber of Commerce
Jeannine Pacioni	District Attorney
Virginia R. Pierce	Child Abuse Prevention Council
Lucero Robles	Behavioral Health
Francine Rodd	First 5 Monterey County
Hillary Theyer	Monterey County Free Libraries
Gina Uccelli	Washington Union School District

2020-2021 Designated Alternates

Alternates	Organization
Yuri Anderson	Supervisor Jane Parker's Office
Berenice Astengo	Monterey County Free Libraries
Randy Bangs	Soledad Unified School District
Annette Cutino	County Counsel's Office
Ernesto Vela	Monterey County Office of Education
Cynthia Nelson Holmsky	California State University, Monterey Bay
Laurel Lee-Alexander	Community Foundation for Monterey County
Jayne Surbeck	Sheriff's Office
Josh Madfis	United Way Monterey County
Shirley Milleco	Community Human Services
Edward Moreno	Health Department
Marisol Medina	Monterey County District Attorney's Office
Julia Cooper Altman	Child Abuse Prevention Council
Beth Reeves-Fortney	First 5 Monterey County
Joni Ruelaz	Housing Authority of Monterey County
Marni Sandoval	Deputy Director, Behavioral Health
Daniel Stonebloom	Lagunita Union School District
Heidi Whilden	Juvenile Justice Division
Michelle Wouden	County Counsel's Office

