

2020 Zero to Five Needs Analysis Data Book

Providing Key Statistics and Information
on the Riverside County Zero to Five Population

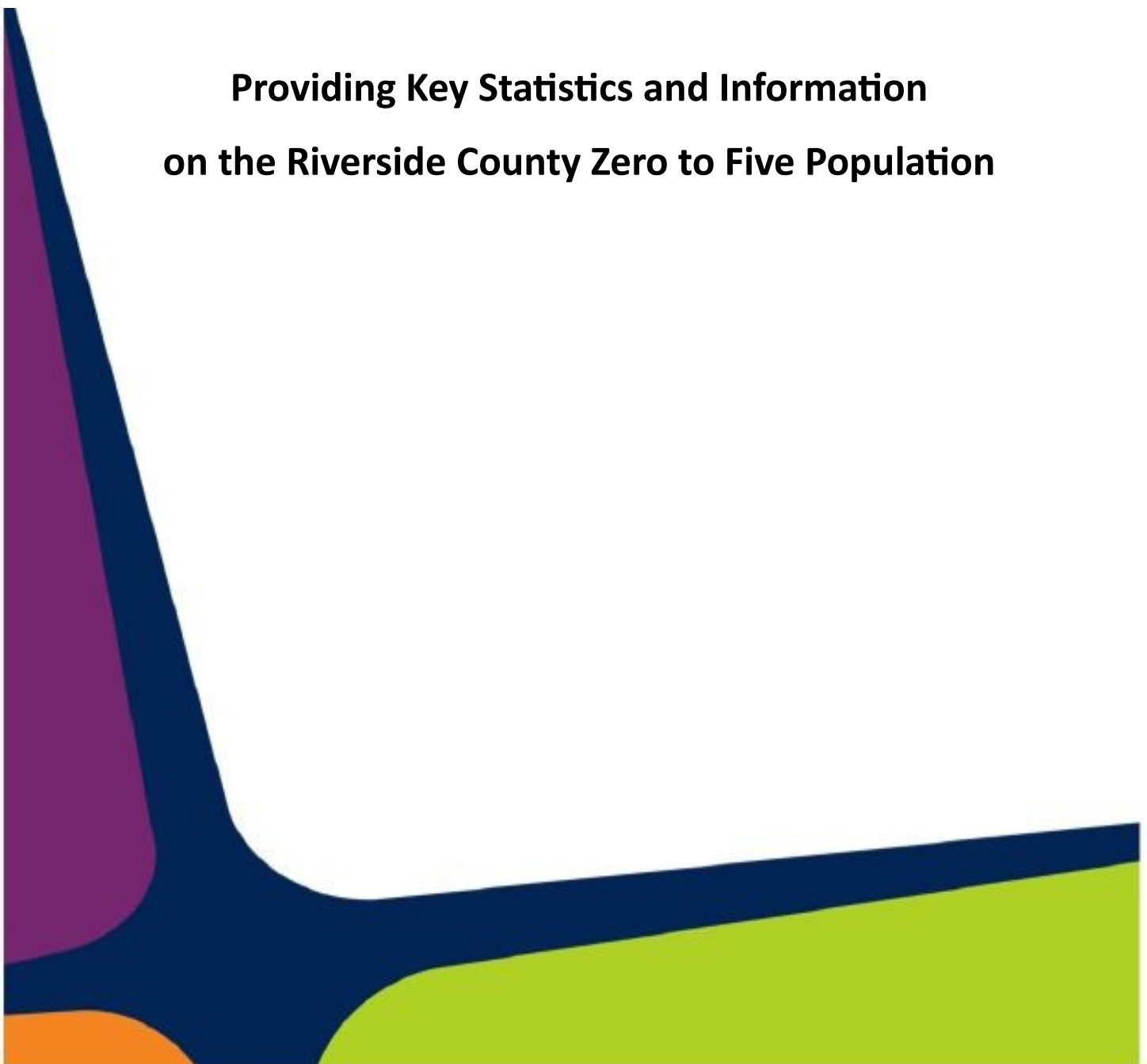


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Preschool 0-5 Programs Overview

Riverside University Health System—Behavioral Health (RUHS-BH) SET-4 School project is a part of the RUHS-BH Preschool 0-5 Programs, which was established to provide quality evidence-based services for young children and their families throughout Riverside County, focusing on the social and emotional development and mental well-being of children in their early years. Preschool 0-5 Programs are designed to provide services to children and families who otherwise may not have accessibility to needed services. Preschool 0-5 services include, but not limited to, **Parent-Child Interaction Therapy (PCIT)**, **Teacher-Child Interaction Training (TCIT)**, **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**, **Incredible Years (IY)**, and **Positive Parenting Program (Triple P)**.

The Riverside County Children and Families Commission, First 5 Riverside, has partnered with RUHS-BH for a number of years to bring social-emotional screening, early intervention and treatment services to children and families in Riverside County. More recently, First 5 Riverside provided SET-4 School with three years of funding for an Early Identification and Early Intervention—Integrated Systems of Care to provide a comprehensive continuum of early identification (screening), early intervention, and treatment service model. Additionally, it was a goal to build upon integrated systems of care.



Early Identification and Early Intervention Integrated Systems of Care

The Riverside County Children and Families Commission, First 5 Riverside provided funding to RUHS-BH Preschool 0-5 Programs for an Early Identification and Early Intervention Integrated Systems of Care project entitled, SET-4-School. SET-4 School is designed to promote social competence and decrease the development of disruptive behavior disorders among children 0 through 5 years of age, through screening, early intervention and mental health treatment to children and families. Services include early intervention for mild to moderate needs addressing a range of concerns including social and emotional development, behavioral difficulties and parenting.

The Integrated System of Care approach includes partnerships and collaborative efforts for an early identification multi-model system that leverages from past investments made by First 5 Riverside (F5R). The program seeks to expand existing effective services and systems for identification, prevention, early intervention, and mental health treatment.

Early Identification and Early Intervention Integrated Systems

Major Functions, Tasks and Activities:

- Establish and document an infrastructure within RUHS-BH to coordinate an Integrated System of Care for children 0 to 5 years of age.
- Begin research (needs assessment, focus groups, community surveys) to identify existing resources, gaps and barriers. Actively engage in outreach activities to school districts, daycares and community agencies to participate in needs assessment, focus groups, surveys, and workgroups.
- Exploring means of supporting school districts to offer their own prevention, early intervention, and treatment services.
- Create a resource network to address broad needs of children, not limited to only educational and mental health needs.
- Train community partners in evidence based and best practice models and provide additional training as identified from a planning process.
- Strengthen the professional development system for infant and early childhood mental health providers by making available a cohort of experts that provide comprehensive training and coaching.
- Increase capacity to provide mental health consultations to early care and education providers/teachers to support children with, or at risk of, social, emotional, and behavioral problems.

This report is focused on the scope target goal to begin research to identify existing resources, gaps and barriers through a needs assessment, focus groups, and surveys. Some literature sources are also included in this document. The data in this document is organized into chapters and is a compilation of publicly available population data, summaries of focus group and survey data, gathered from parents of young children and early education providers, to gain information on these stakeholders experiences and perspectives on their needs. Also included is a short summary of research literature information on parents perceptions social-emotional development in young children.

Growing Health Minds Initiative

While it is beyond the design of this particular report, RUHS-BH would also like to note the progress made with regards to the SET-4 School target goal of coordinating an Integrated System of Care for Children 0 to 5 years of age. This includes creating a more integrated system of care coordination. The RUHS-BH Preschool 0-5 Programs team is leading the effort, under the guidance of the department's Central Children's Administrator and Children's Deputy Director, to utilize various resources to carry out the Integrated System of Care development. These efforts have resulted in RUHS-BH Preschool 0-5 Programs implementing the Growing Health Minds (GHM) Initiative. The GHM Initiative was created in response to the need for determining how to strengthen a quality coordinated system of care to screen, refer, and treat young children's mental health needs. Seeking to expand partnerships and increase access, the goal is to create a strong, coordinated, and responsive system in supporting families and improving outcomes for young children across the spectrum of social services. The GHM Initiative also focused on strengthening and building a quality coordinated system of care that moves early childhood providers into an Infant Early Childhood Mental Health Consultation model (IECMHC). Furthermore, a GHM Initiative collaborative was created to advance these efforts by bringing together community partners to inform and work collectively to improve services to children and families in Riverside County.

The GHM Initiative collaborative is provided in partnership with First 5 Riverside. Participants may include early care providers, educators, community based providers, medical and social service professionals, and other community members supporting the 0 to 5 population of children and their families. RUHS-BH hosted a kickoff event for the GHM Initiative Early Childhood Mental Health Collaborative in January 2020 with approximately 75 collaborative partners, including early care providers, educators, community-based providers, medical professionals, social services and other community members who support the 0 to 5 population. Quarterly in-person follow-up meetings were scheduled after the initial meeting; however, due to COVID-19, these meetings were then shifted to shorter virtual monthly meetings via Zoom. The virtual meetings resumed in June 2020 to continue the movement forward, and it is available to 0-5 champions interested in obtaining updates and contributing to the latest development of the 0-5 system of care and central access support for Riverside County.

The GHM Initiative also established a partnership with Riverside County Information Technology to develop a new Growing Healthy Minds' website to include social and emotional resources for caregivers and providers specific to Riverside County. The previous campaign and domain (<http://www.growinghealthyminds.org>) that First 5 initiated and maintained was utilized. The website is expected to launch in the Fall of 2020.

Information posted on the website will include, but not be limited to:

1. Available Trainings
2. E-Learning Courses for Early Care Providers and Caregivers
3. Tip Sheets
4. A countywide interactive resource map for the purpose of researching, outlining, and plotting services available to children ages 0-5 across Riverside County
5. A Screening Matrix for specific geographic regions of Riverside County



Chapter 1. Surveys and Focus Group Results

Integrated System of Care

Needs Assessment

Surveys and Focus Groups Results

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Executive Summary

As part of the needs assessment efforts of the Integrated Systems of Care approach, RUHS-BH SET-4 School program, surveyed providers serving young children ages 0 to 5 years old in Riverside County (Provider Survey), as well as parents of young children ages 0 to 5 who reside in Riverside County (Parent Survey). Additionally, focus groups were conducted with parents and caregivers of young children ages 5 and younger. RUHS-BH Preschool 0-5 Programs partnered with contractors across the county to recruit participants for both the Provider Survey and Parent Survey, as well as for the Focus Groups.

There were a total of 133 participants for the Provider Surveys, with the majority of respondents reporting their role as Teacher (39.10%) and Teacher's Aid (36.84%). Some of the survey results showed that providers reported a need for training on social-emotional development (about 51% indicated they only received training "once every few months" or "once every year"), and only 57% of providers indicated they feel prepared to manage challenging behavioral issues of young children.

There were a total of 36 participants for the Parent Surveys, with the majority being Female (69.4%), residing in the city of Hemet (39.1%), and predominantly Hispanic/Latino (33.3%) and White/Caucasian (25.0%). Due to COVID-19, additional participants were difficult to obtain. Preliminary results showed that more than a third of parents indicated they did not know how to recognize unhealthy social-emotional development, or how to help their children, and where to get help if their children were showing signs of unhealthy social-emotional development. About two-thirds of parents indicated they had more knowledge in these areas. However, only a little more than half of the participants reported an interest in attending activities that would help them support their children's healthy social-emotional development.

There were 5 focus groups conducted from February 13, 2020 to March 12, 2020, with a total of 53 participants, who were predominantly Female (92.5%) and Hispanic/Latino (88.7%). The majority of parents and caregivers felt there is a lack of readily available information and resources available to assist them in promoting healthy social-emotional development in their young children (ages 5 and under). They also felt there is a lack of information and resources to assist them. Their preferred methods to receive information included receiving support from religious groups, family, friends, and professional services/programs.

Recommendations for future investigation includes, increasing the surveys' sample size and conducting more focus groups in more locations within Riverside County regions, especially in underserved regional areas, and to target participants who are in underserved populations. COVID-19 impeded the ability to complete the data collection.



Early Childhood Providers

Survey Results





Needs Assessment Provider Survey

Data Collection

Riverside University Health System-Behavioral Health, SET-4 School program, surveyed providers serving children ages 0 to 5 years old in Riverside County. The objective of this survey was to reach early childhood care providers across the county to gather information that could guide professional development training efforts focused on social-emotional development and behavioral difficulties.

The survey included items on professional development needs with regards to identifying and screening for social-emotional developmental needs, communication of needs to families, resources available, and interest in training or consultation on social-emotional development and/or behavioral difficulties, professional development needs to improve mental health services and results for children and their families. The survey consisted of 11 items ranked on a Likert scale , 1 multiple choice item, and 3 open-ended items for survey respondents to comment. The complete provider survey is shown on the following page.



The provider surveys were first administered at a public conference for individuals who were in the field of providing services for children ages 5 and under and their families at an early childhood care facility. Conference attendees included individuals from Riverside County, as well as other local counties. Attendees who volunteered to complete the survey at this public conference were entered into a raffle for a door prize.

The provider surveys were also administered at various early childhood care facilities within Riverside County. All of the surveys were completed voluntarily, and all participants were given the option to complete the surveys in either English or Spanish.



Growing Healthy Minds—Provider Survey



Date: _____ Role/Position (please specify): _____

Agency Name: _____ City: _____

Instructions: This is a survey for providers serving children ages 0 to 5 years old. Your responses will help guide efforts to improve mental health services and results for children and families. Please read the following definition of social-emotional development and respond to the questions below.

Social-emotional development is a child’s ability to understand the feelings of others, control their own feelings and behaviors, and get along with peers...A child’s social-emotional development is as important as their cognitive and physical development. It is important to know that children are not born with social-emotional skills. It is the role of parents, caregivers, and teachers of children to teach and foster these abilities” (Early Childhood Connections, 2013)

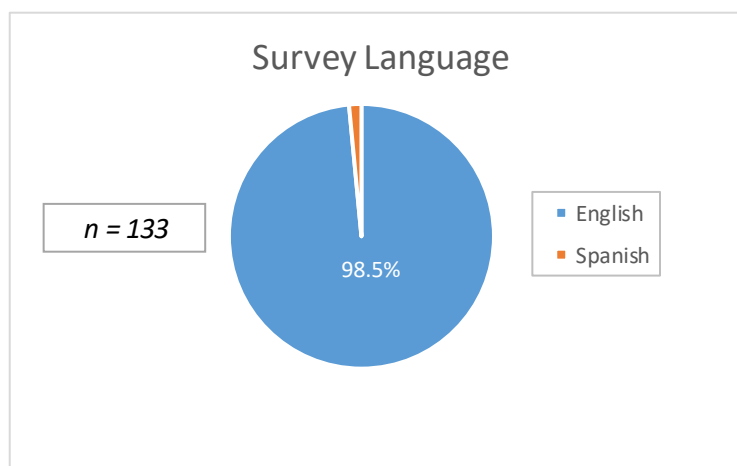
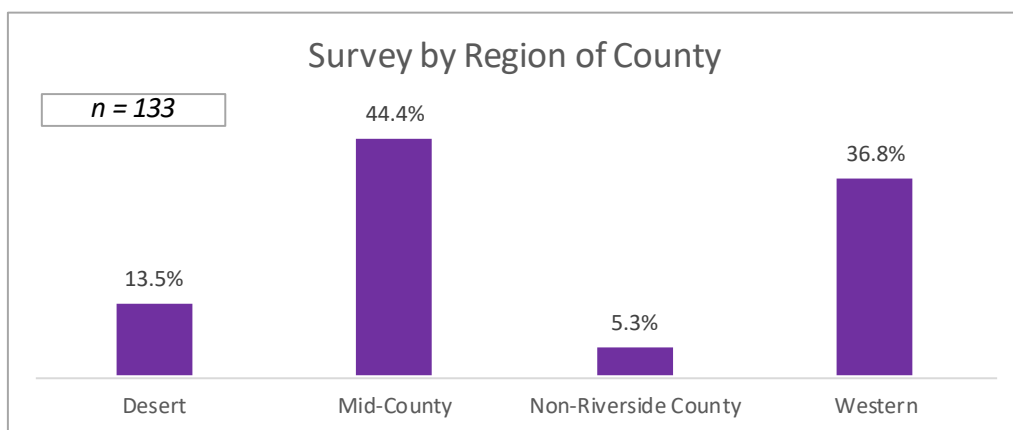
For each statement below, please select one of the following response choices:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Agencies like mine should be implementing activities that encourage healthy social-emotional development of young children (ages 5 and under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Agencies like mine should discuss with parents about their child’s healthy social-emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is my agency’s/center’s role to talk to parents about potential concerns related to their child’s behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agencies like mine should play a role in assisting parents with the social-emotional development of their young children (ages 5 and under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel equipped to talk to parents about healthy social-emotional development in their young children (ages 5 and under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My agency could use more information to give parents about how to manage behavioral concerns in their young children (ages 5 and under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is easy to find resources for a young child (ages 5 and under) in our center/ agency that may need assistance with behaviors or social- emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It would be beneficial to my professional growth to learn more about social-emotional development in young children (ages 5 and under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. As a provider, I feel prepared to manage challenging behavioral issues of young children (ages 5 and under).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It would be beneficial for me to have a mental health consultation for managing behavioral concerns in young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It would be beneficial to have a consultant that assists teachers/providers with managing a young child with behavior issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How often do you receive regular training/presentations on the topic of social-emotional development of young children (ages 5 and under). Please select one: <input type="checkbox"/> Never <input type="checkbox"/> Once a month <input type="checkbox"/> Once every few months <input type="checkbox"/> Once every year <input type="checkbox"/> Once every few years					
13. What types of provider services to support social-emotional development would be the most helpful for your organization? _____					
14. Does your agency conduct screening for social and emotional concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what screening tools are being used? _____					
15. Does your agency provide automatic linkage such as referrals and resources to parents with children experiencing social and emotional concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what referrals and resources are being provided? _____					



Survey Regions and Language

There were a total of 133 provider surveys completed. The majority of providers who completed the surveys were from the Mid-County region (44.4%), followed by Western (36.8%), and Desert region (13.5%). There were also 7 providers who completed the survey at a public conference who were not from Riverside County (5.3%).

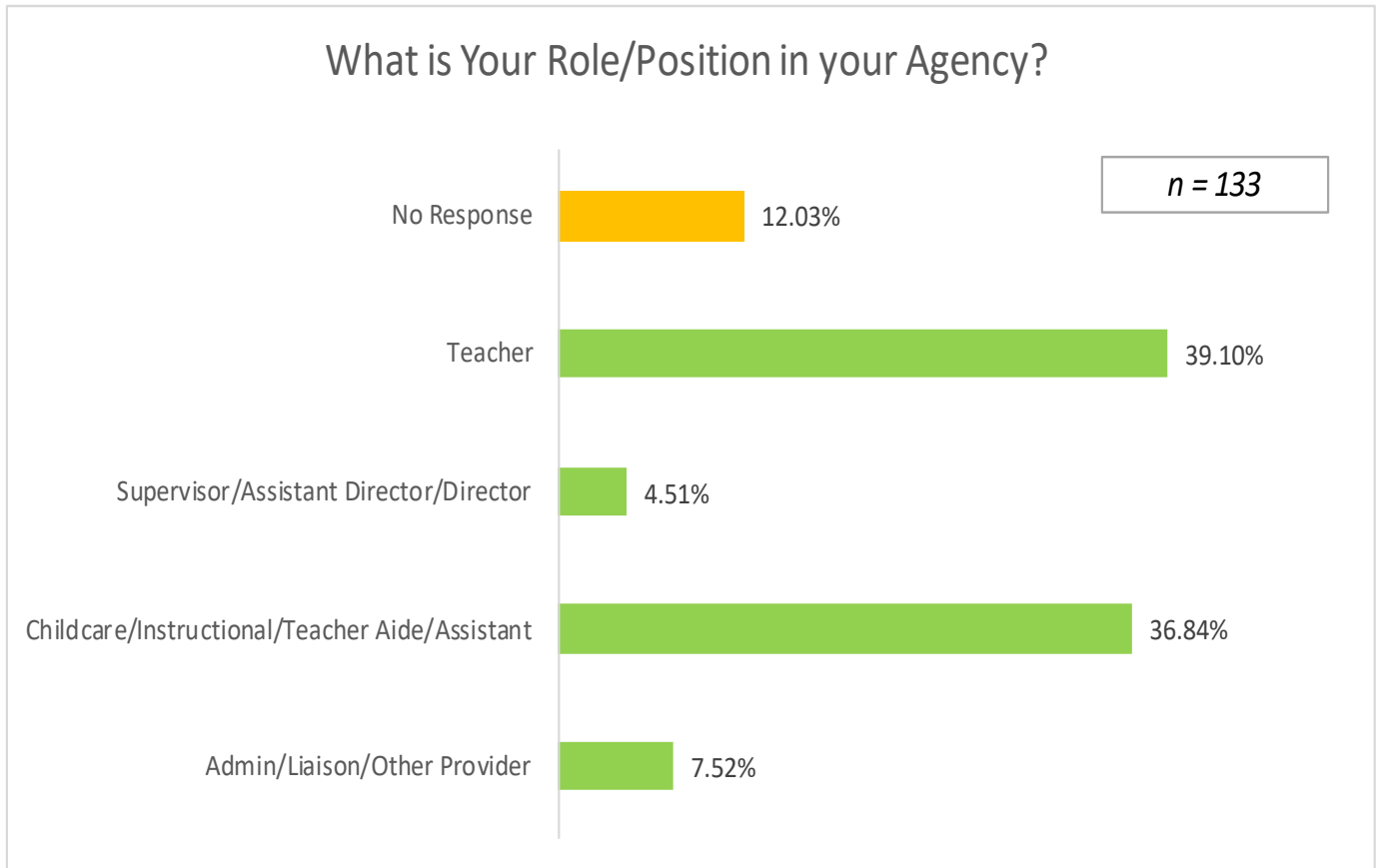
Survey Regions	Number of Respondents
Desert	18
Mid-County	59
Western	49
Non-Riverside County	7
Total Surveys Completed:	133



There were a total of 131 participants (98.5%) who chose to complete the survey in English, while the remaining two participants (1.5%) completed the survey in Spanish. It should be noted that the language in which the survey was completed does not imply that to be the participants primary language.



Roles within Agencies



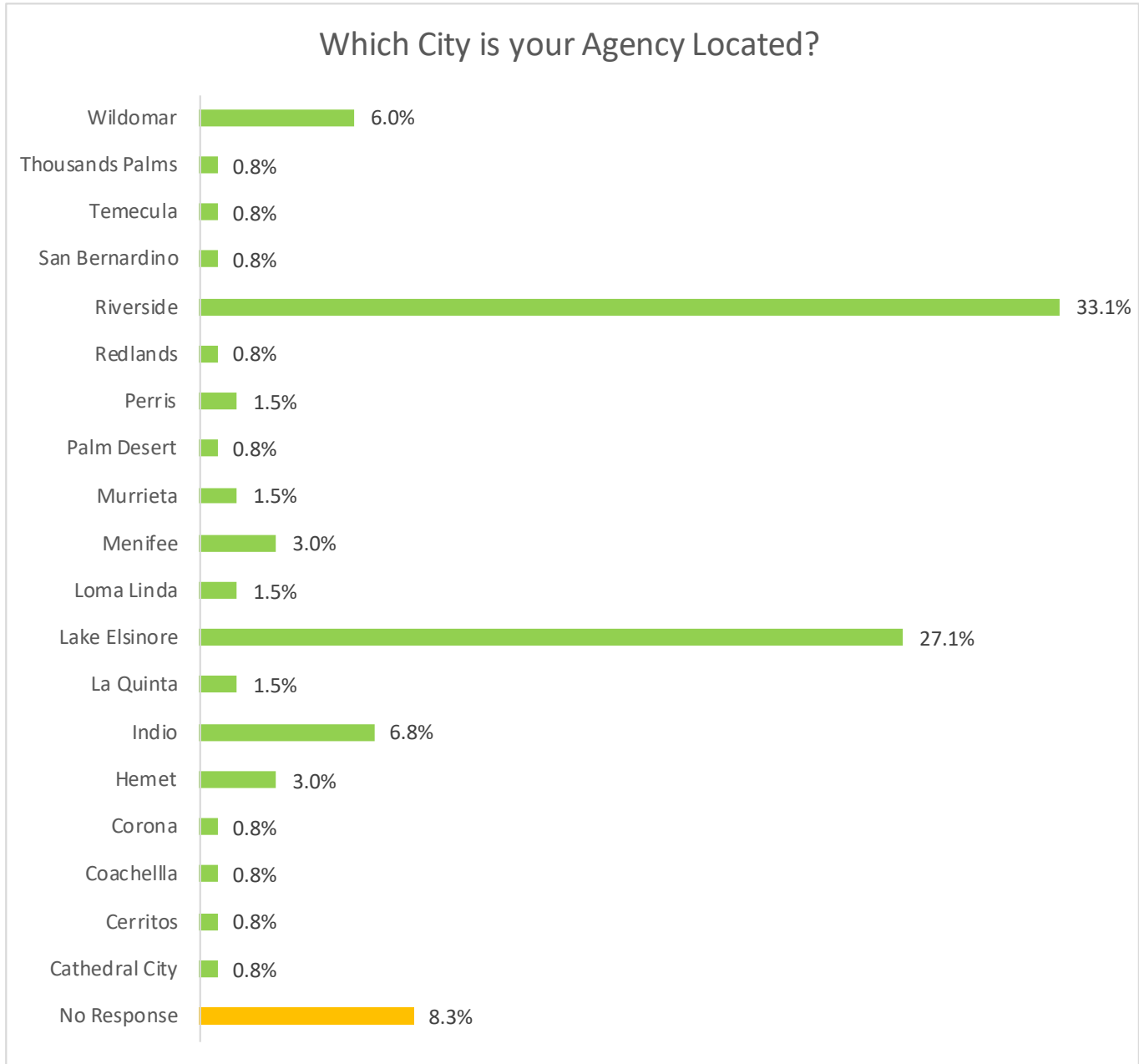
Providers were asked to specify their role/position within their corresponding agencies. Since there were a variety of different responses, we grouped the participants' role/positions within their agencies into the following types and calculated the percentages:

- ◆ *Teacher*
- ◆ *Supervisor/Assistant Director/Director* (i.e. managerial or supervisory position)
- ◆ *Childcare/Instructional/Teacher Aide/Assistant* (i.e. an aide/assistant position)
- ◆ *Admin/Liaison/Other Provider* (i.e. an administrative position or other type of uncategorized provider position).

The majority of participants (39.10%, *n* = 52) indicated that their role was “Teacher” within their agencies, followed by “Teacher Aide/Assistant” (36.84%, *n* = 49). The remainder indicated that they were in “Admin/Other Provider” (7.52%, *n* = 10) or “Supervisor/Assistant Director/Director” roles (4.51%, *n* = 6), while there were also 16 participants (12.03%) who chose not to respond this question.



Location of Agencies



The majority of providers indicated that their agency location is in Riverside (33.1%, n = 44), followed by Lake Elsinore (27.1%, n = 36). The remaining locations were a smaller proportion and included the cities of Wildomar, Thousand Palms, Temecula, San Bernardino, Redlands, Perris, Palm Desert, Murrieta, Menifee, Loma Linda, La Quinta, Indio, Hemet, Corona, Coachella, Cerritos, and Cathedral City. About 8.3% (n = 11) chose not to respond.



Summary of Provider Survey Results

The Provider Survey focused on participants' responses to various statements regarding social-emotional development in young children. There were 11 items with the following response choices, ranging from 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. The summary of provider surveys are listed below:

- ◆ Most providers (nearly 95%) agreed or strongly agreed that they should be implementing activities that promote healthy social-emotional development and that as providers they should discuss healthy social-emotional development with parents.
- ◆ Nearly 80% agreed or strongly agreed it was their role to talk to parents about potential concerns related to their child's behavior.
- ◆ Nearly 80% agreed or strongly agreed they should be assisting parents with the social-emotional development of their young children.
- ◆ Many providers (nearly 40%) indicated they were not equipped to talk to parents about how to manage behavioral concerns in their young children. In addition, 87% of providers indicated their agency could use more information to give parents about how to manage behavioral concerns in their young children (ages 5 and under).
- ◆ Providers' opinions were mixed on whether or not it was easy to find resource for behavioral concerns: 38% did not agree that it was easy to find resource, while only 27% strongly agreed that it was easy to find resources.
- ◆ Most providers (about 96%) agreed or strongly agreed that learning more about social-emotional growth would be beneficial to their professional growth.
- ◆ Only 57% of providers indicated they feel prepared to manage challenging behavioral issues of young children.
- ◆ Most providers (about 86%) indicated it would be beneficial to have mental health consultation for managing behavioral concerns.
- ◆ A little more than half of the providers (57%) indicated it would be beneficial to have a consultant to assist teachers/providers with managing young children (ages 5 and under).

See table on the following page for all survey items and participants' responses.





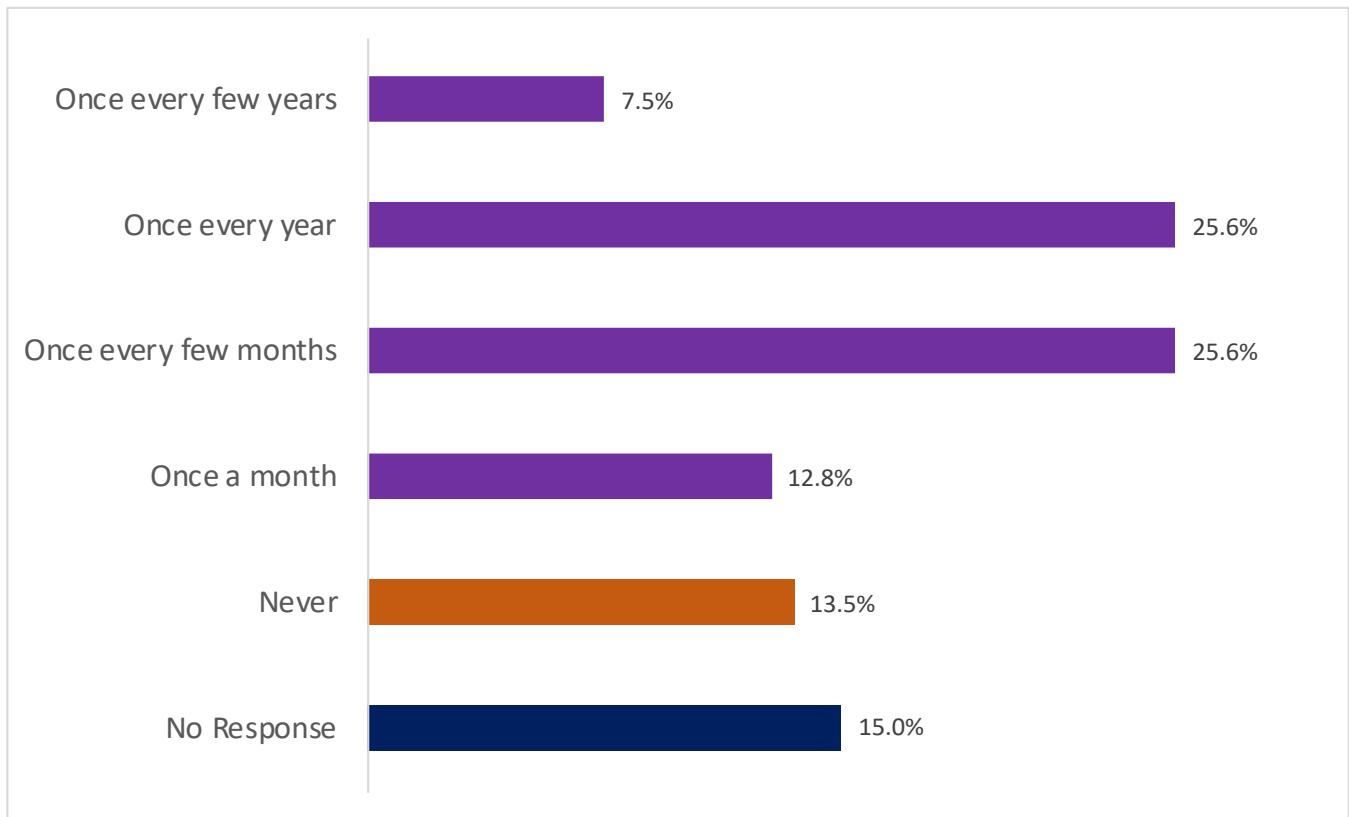
Provider Survey Items and Responses

Item #	Survey Questions	No Response	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Agencies like mine should be implementing activities that encourage healthy social-emotional development of young children (ages 5 and under).	0.8%	3.0%		2.3%	15.0%	78.9%
2	Agencies like mine should discuss with parents about their child's healthy social-emotional development.		3.0%	1.5%	0.8%	15.8%	78.9%
3	It is my agency's/center's role to talk to parents about potential concerns related to their child's behavior.		1.5%	0.8%	7.5%	24.8%	65.4%
4	Agencies like mine should play a role in assisting parents with the social-emotional development of their young children (ages 5 and under).	0.8%	2.3%	0.8%	4.5%	23.3%	68.4%
5	I feel equipped to talk to parents about how to manage behavioral concerns in their young children (ages 5 and under).	0.8%	1.5%	11.3%	25.6%	33.8%	27.1%
6	My agency could use more information to give parents about how to manage behavioral concerns in their young children (ages 5 and under).	1.5%	3.0%	0.8%	9.0%	30.1%	55.6%
7	It is easy to find resources for a young child (ages 5 and under) in our center/agency, that may need assistance with behaviors or social-emotional development.		0.8%	11.3%	26.3%	33.8%	27.8%
8	It would be beneficial to my professional growth to learn more about social-emotional development in young children (ages 5 and under).		2.3%		1.5%	22.6%	73.7%
9	As a provider, I feel prepared to manage challenging behavioral issues of young children (ages 5 and under).	0.8%	0.8%	15.0%	26.3%	34.6%	22.6%
10	It would be beneficial for me to have a mental health consultation for managing behavioral concerns in young children.	0.8%	2.3%	1.5%	9.8%	27.1%	58.6%
11	It would be beneficial to have a consultant that assists teachers/providers with managing a young child with behavior issues.	0.8%	2.3%		3.8%	21.8%	71.4%



Training Frequency

How often do you receive regular training/presentations on the topic of social-emotional development of young children (ages 5 and under)?



We were also interested in knowing how often participants received (if any) regular training, or presentations on the topic of social-emotional development of young children (ages 5 and younger). We asked participants to select one from the following options:

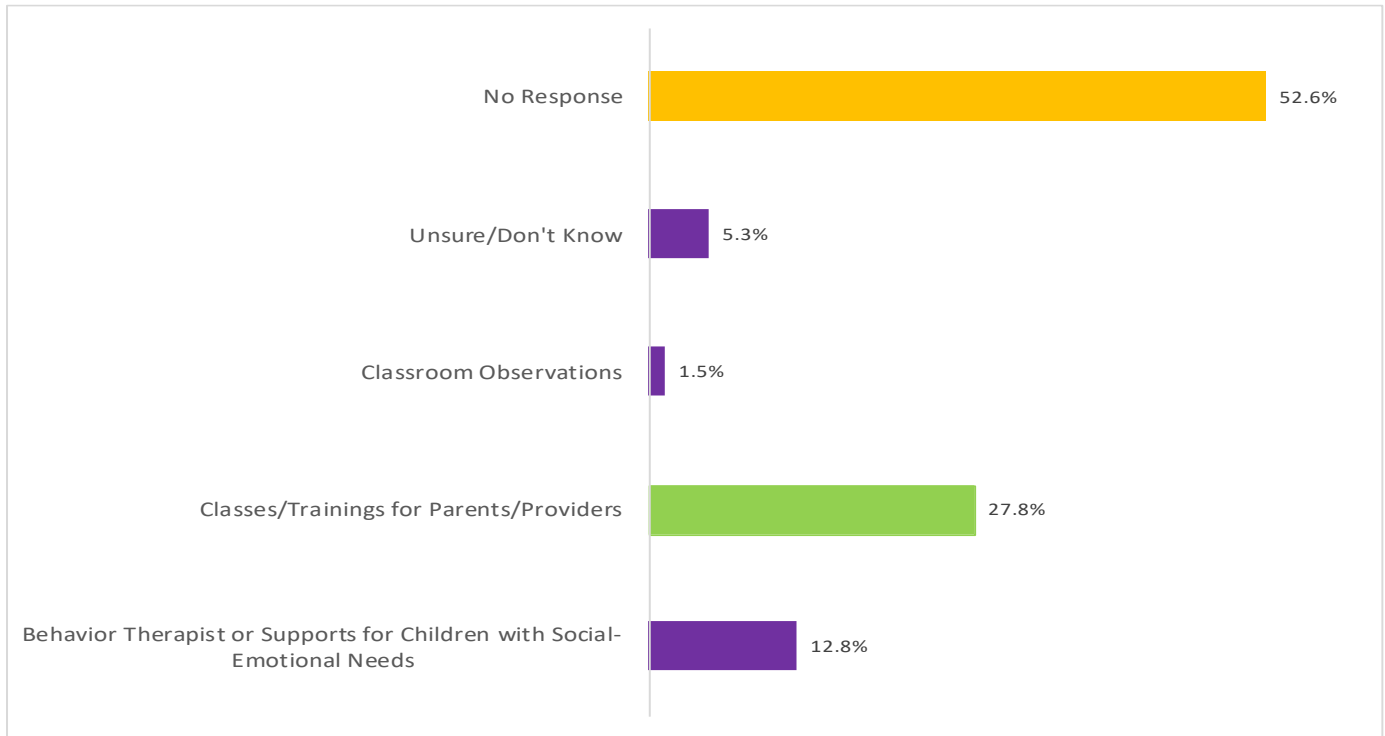
- ◆ Never
- ◆ Once a month
- ◆ Once every few months
- ◆ Once every year
- ◆ Once every few years

The same number of providers (25.6%, n = 34 on both options) indicated that they have received training/presentation on either “*once every year*” or “*once every few months*”. The remaining participants indicated that they have received training/presentation every “*once a month*” (12.8%, n = 17), or “*once every few years*” (7.5%, n = 10). There were 18 participants (13.5%) who indicated that they “*never*” received regular training/presentation in the topic of social-emotional development.



Most Helpful Services

What types of provider services to support social-emotional development would be the most helpful for your organization?



Providers were asked what types of services that they think would be the most helpful for their agencies. This question was asked as open-ended, to give participants the option to elaborate on their response, if needed. Due to the variety of responses, we have grouped similar responses amongst all participants and calculated the percentages on the type of services that these providers thought would be the most helpful into the following categories:

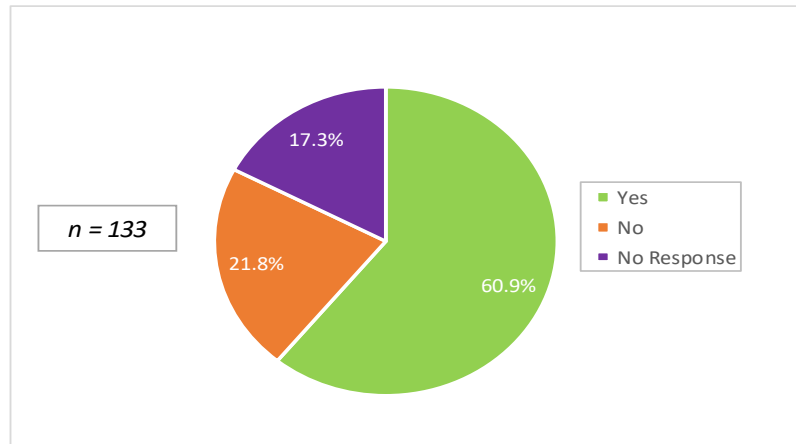
- ◆ *Classes or Trainings for Parents and/or Providers*
- ◆ *Behavior Therapist or Supports for Children with Social-Emotional Needs*
- ◆ *Classroom Observations*

Interestingly, there were more than half of the participants (52.6%, n = 70) who chose not to respond to this question, which could indicate the need for more needs assessment surveys to be distributed in the future. For those participants who did respond, the majority indicated that the most helpful services to be provided by their own agencies would be under the category of “*Classes/Trainings for Parents/Providers*” (27.8%, n = 37). There were smaller percentages of participants who indicated that “*Behavior Therapists or Supports for Children with Social-Emotional Needs*” (12.8%, n = 17), and “*Classroom Observations*” (1.5%, n = 2) would be the most helpful types of services to be provided by their agencies. There was also a small percentage of participants who indicated they were “*Unsure or Don’t Know*” (5.3%, n = 7) about what would be the most helpful services that should be provided by their agencies.

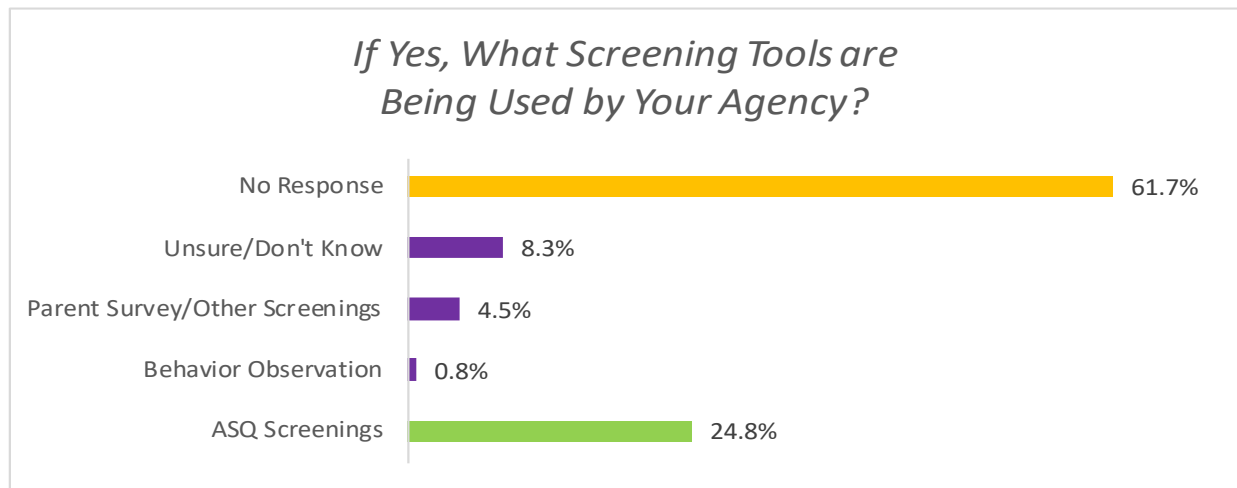


Screening Tools

Does your agency conduct screening for social and emotional concerns?



Providers were asked if their agencies conducted screenings for young children (ages 5 and younger) for social and emotional concerns, and the results were as follows: 81 providers (60.9%) responded “Yes”, while 29 providers responded “No” (21.8%). There were also 23 providers chose not to respond (17.3%).



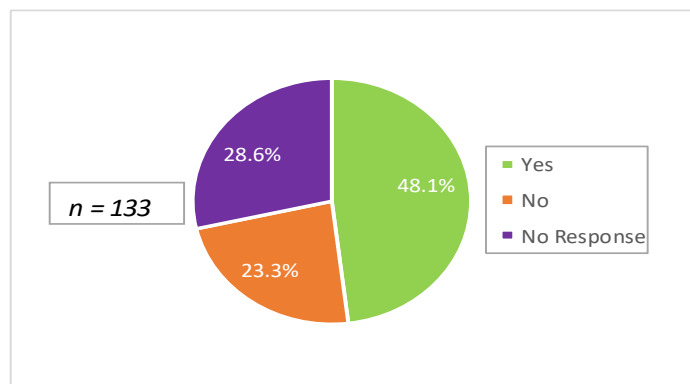
Following up on the agency’s screening question, we asked providers to indicate the types of screening tools that their agencies currently use. This is an optional follow-up question, *if* the participants have responded “Yes” to the previous screening question. Since there were a variety of responses to this question, we grouped similar responses and calculated the percentages, and found that the majority of participants who did respond, indicated that “ASQ Screenings” (24.8%, n = 29) was the type of screening tool that their agencies are currently using. There were 6 providers (4.5%) who responded that their agencies are using “Parent Survey/Other Screenings”, while 1 provider (0.8%) responded “Behavior Observation” is the type of screening tool being used. There were also 11 providers (8.3%) who indicated “Unsure/Don’t Know” to this question, while 82 participants (61.7%) chose not to respond.

It is noted that the “No Response” could either mean that the participants have responded “No” to the previous screening question (therefore, no follow-up answer was needed), or that they simply chose not to respond.

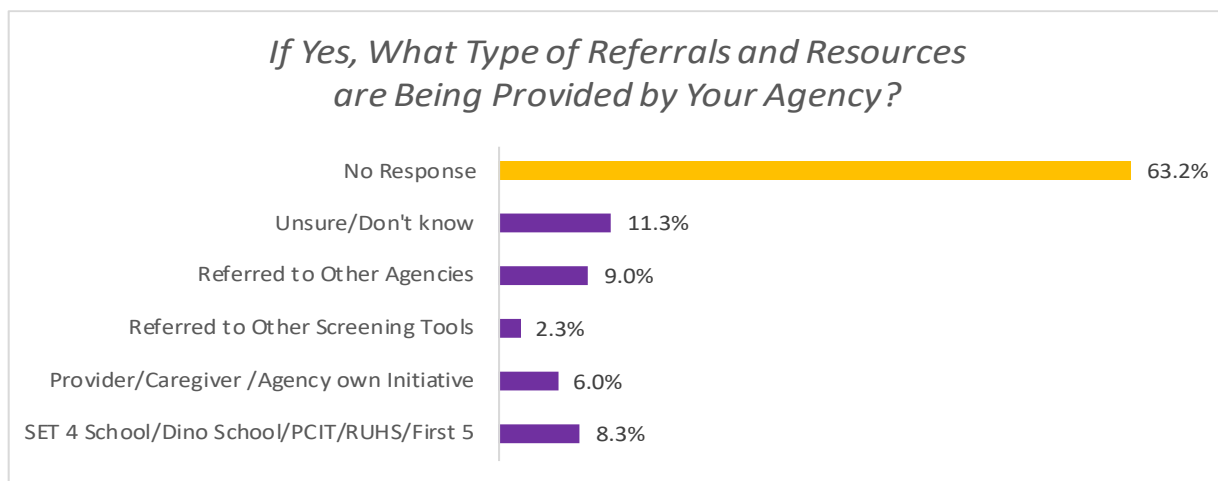


Linkages to Referrals/Resources

Does your agency provide automatic linkages (e.g. referrals and resources) to parents with children experiencing social-emotional concerns?



Participants were also asked if their agencies provided referrals and/or resources to parents with young children (ages 5 and younger) experiencing social and emotional concerns. There were 64 providers (48.1%) who responded “Yes”, while 31 providers (23.3%) responded “No”. The remaining 38 providers (28.6%) chose not to respond to this question.



Following up on the referral question, we asked participants to indicate the types of referrals and/or resources that their agencies currently provide. This is an optional follow-up question, *if* the participants have responded “Yes” to the previous referral question. Due to the variety of responses, we grouped similar responses and calculated the percentages as listed below:

- ◆ 15 participants (11.3%) responded that they were “Unsure/Don’t Know” about the types of referrals being used by their own agencies
- ◆ 12 participants (9.0%) responded that parents were referred to “Other Agencies”
- ◆ 11 participants (8.3%) responded that parents were referred to “SET-4-School/Dino School/PCIT/RUHS/First 5” services
- ◆ 8 participants (6.0%) responded that parents were given “Agency’s Own Initiative” (e.g. by providing referrals/resources to provider/caregiver within their own agencies)
- ◆ 3 participants (2.3%) responded that parents were given “Other Screening Tools”

The majority of participants (63.2%, n = 84) had chosen not to respond, although it is also noted that the “No Response” could either mean that the participants have responded “No” to the previous screening question (therefore, no follow-up answer was needed), or that they simply chose not to respond.



Provider Surveys Summary and Recommendation

The data collected from the early childhood care provider surveys showed that the majority of providers agreed that learning more about social-emotional growth would be beneficial to their professional growth. Nearly all providers agreed that they should be implementing activities that promote healthy social-emotional development, and discussing healthy social-emotional development with parents. It was also found that providers believe it was their role to talk to parent about potential concerns related to their child's behavior, and that they should be assisting parents with the social-emotional development of their young children.

Providers also believed that their agencies should be equipped with behavior therapists and staff that are knowledgeable about recognizing concerns, implementing interventions, and that their agencies could use more information to give parents about how to manage behavioral concerns in their young children (ages 5 and under). There were still some mixed opinions about whether or not it was easy to find resources for behavioral concerns.

The data also shows that providers reported needing more frequent training on the topic of social-emotional development (about 51% indicated they only received training "once every few months" or "once every year"), and only 57% of providers indicated they feel prepared to manage challenging behavioral issues of young children. Most providers indicated it would be beneficial to have mental health consultation for children with behavioral concerns, and are interested in more assistance with managing social-emotional needs. Providers believed that this type of assistance would be beneficial for them in a professional capacity.

A small percentage of participants also indicated that they were not sure or did not know about the type of screening tools used and the type of referrals/resources used by their agencies, which could suggest that some type of internal training within their own agencies might be useful to be provided to the providers.

It is recommended to increase the sample size for the future needs assessment across all three regions of Riverside County. Future participants should also be encouraged to respond to all of the questions instead of choosing not to respond, especially on the open-ended questions regarding the type of screening tools and the type of most helpful services that could be provided to parents with young children ages 5 and younger experiencing social-emotional concerns. It is also recommended to increase the participation amongst not only those in the role of Teachers, but also Administrators, Directors/Assistant Directors, and other types of providers. Increasing the participation of individuals in these roles will provide the information necessary to determine if the receptiveness to move into a mental health consultation model is shared across Early Childhood Care Provider roles.





Parents of 0-5 Children Survey Results





Needs Assessment Parent Survey

Data Collection

The needs assessment conducted by Riverside University Health System-Behavioral Health, Set-4 School program, also included the administration of surveys to parents or caregivers with children ages 0 to 5 years old in Riverside County. The objective of this survey was to gather their thoughts and experiences about how young children develop social skills and healthy emotions (social-emotional development).

The survey included items on whether parents recognize the signs of social-emotional development, how confident they are in helping to meet their children's social-emotional needs, where to get help if their children are showing social-emotional concerns, how interested they are in receiving screenings or other types of resources, and where they would like to receive the additional resources. The survey consisted of items ranked on a Likert scale and 1 multiple choice item, and also included demographic information such as gender, race/ethnicity, city of residence, and the number of children within 0 to 5 years old. There were also 2 optional questions in regards to family income and current living arrangements. The complete survey is shown on the following two pages.

The parent surveys were administered in various early childhood care facilities within Riverside County. All of the surveys were completed voluntarily, and similar to provider surveys, all participants were given the option to complete the surveys in either English or Spanish. Gift cards were also given to participants who completed the parent surveys.

There were a total of 36 parents/caregivers who participated in the parent surveys. It should be noted that this was only a preliminary collection as COVID-19 prevented additional data collection.





Growing Healthy Minds—Parent Survey



Instructions: This is a survey for parents with children age 0-5 years old. We are interested in your thoughts about how young children develop social skills and healthy emotions (social-emotional development). Your responses will help us guide efforts to improve supports to children and families. Please read the following definition of social-emotional development and respond to the questions below:

“Social-emotional development is a child’s ability to understand the feelings of others, control their own feelings and behaviors, and get along with peers...A child’s social-emotional development is as important as their cognitive and physical development. It is important to know that children are not born with social-emotional skills. It is the role of parents, caregivers, and teachers of children to teach and foster these abilities” (Early Childhood Connections, 2013).

Please indicate how much you agree with the following statements regarding your child who is 0 to 5 years old.

Strongly Disagree *Disagree* *Neutral* *Agree* *Strongly Agree*

1. I know enough about how to help my child develop healthy social-emotional skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want more information on how I can help my child develop healthy social-emotional skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know how to tell if my child is showing signs of unhealthy social-emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know where to get help if I feel my child is showing signs of unhealthy social-emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am interested in having my child participate in a free screening to examine his or her social-emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am interested in attending activities that would help me support my child’s healthy social-emotional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Below is a list of resources to help parents of young children. Please rate how interested you are in using each of these resources.	<i>Not at all Interested</i>	<i>Slightly Interested</i>	<i>Moderately Interested</i>	<i>Very Interested</i>	<i>Extremely Interested</i>
• One-on one parenting consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information to parents on the social-emotional screening results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presentation on how to best support healthy emotions and social skills in young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prosocial groups for children in their preschool/daycare class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assistance with assessing a variety of services (e.g., special education, preschool enrollment, other community resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Where do you feel most comfortable participating in this activities? Please check only one activity from choices below.					
<input type="checkbox"/> In my home					
<input type="checkbox"/> My child’s school/childcare setting					
<input type="checkbox"/> Church					
<input type="checkbox"/> Community Centers					
<input type="checkbox"/> At a doctors office/health center					



Parent Demographic Information

DATE: _____

Please respond to the following statements:

I identify as: Male Transgender
 Female Other (please specify) _____

My race/ethnicity is: Caucasian African American Asian/Pacific Islander Native American Multiracial
 Hispanic/Latino Other (please specify): _____

City: _____ Zip Code: _____

Please tell us how many children you have within these age groups (enter number only):

Ages 0-2 years: _____ Ages 3-5 years: _____

What was your total family income in the last 12 months? (OPTIONAL)

- Less than \$10,000
- \$10,000—less than \$20,000
- \$20,000—less than \$30,000
- \$30,000—less than \$40,000
- \$40,000—less than \$50,000
- \$50,000—less than \$75,000
- \$75,000—less than \$100,000
- More than \$100,000
- No answer/prefer not to say

Where does your family currently live? (OPTIONAL) Please check only 1 box.

Note: This information will be used to determine if your child qualifies for additional assistance.

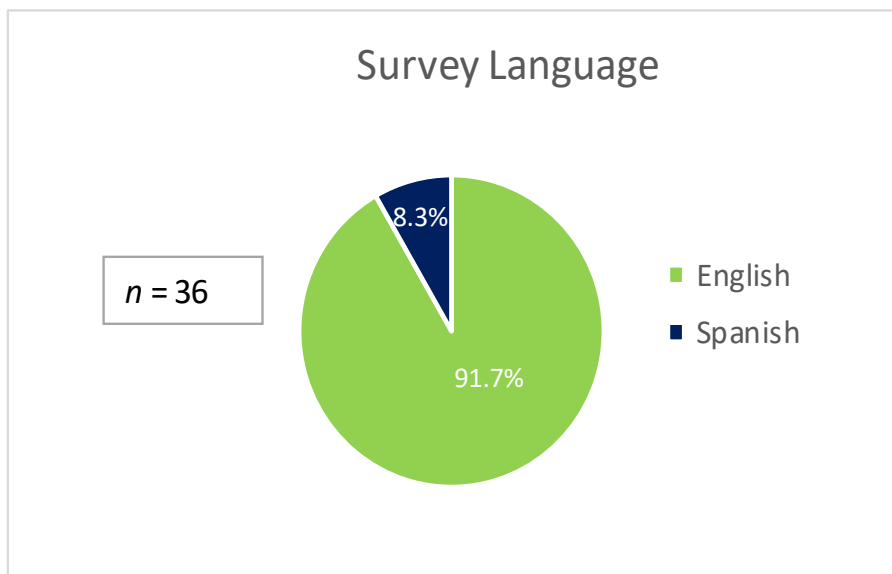
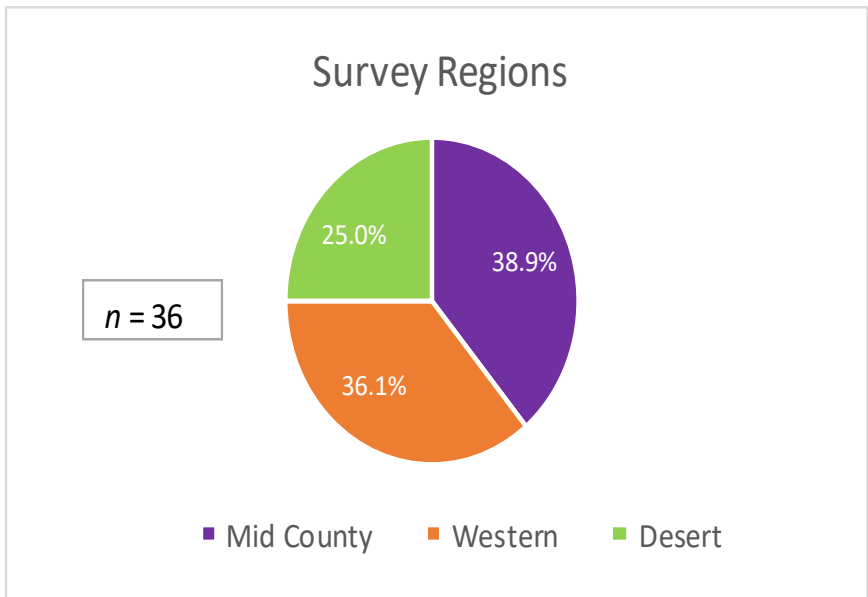
- In a single-family residence
- With more than one family in a house or apartment due to economic hardship
- With more than one family in a house or apartment by preference
- In a shelter or transitional housing program
- In a motel, car, or camp site
- Foster care placement or group home



Survey Regions and Language

There were a total of 36 parent surveys completed. The majority of participants were from Mid-County region (38.9%, n = 14), followed by Western region (36.1%, n = 13), and Desert region (25.0%, n = 9).

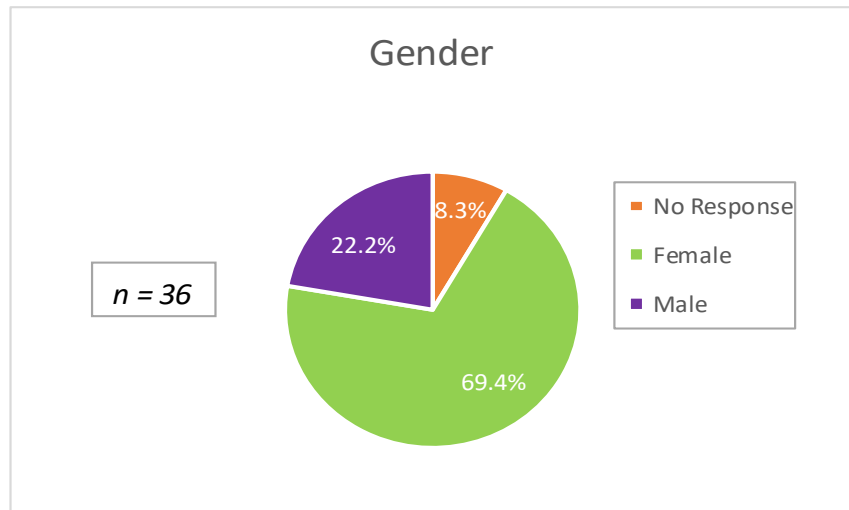
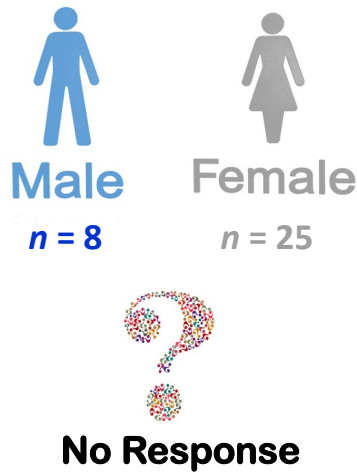
Survey Regions	Number of Participants
Desert	9
Mid-County	14
Western	13
Total Surveys Completed:	36



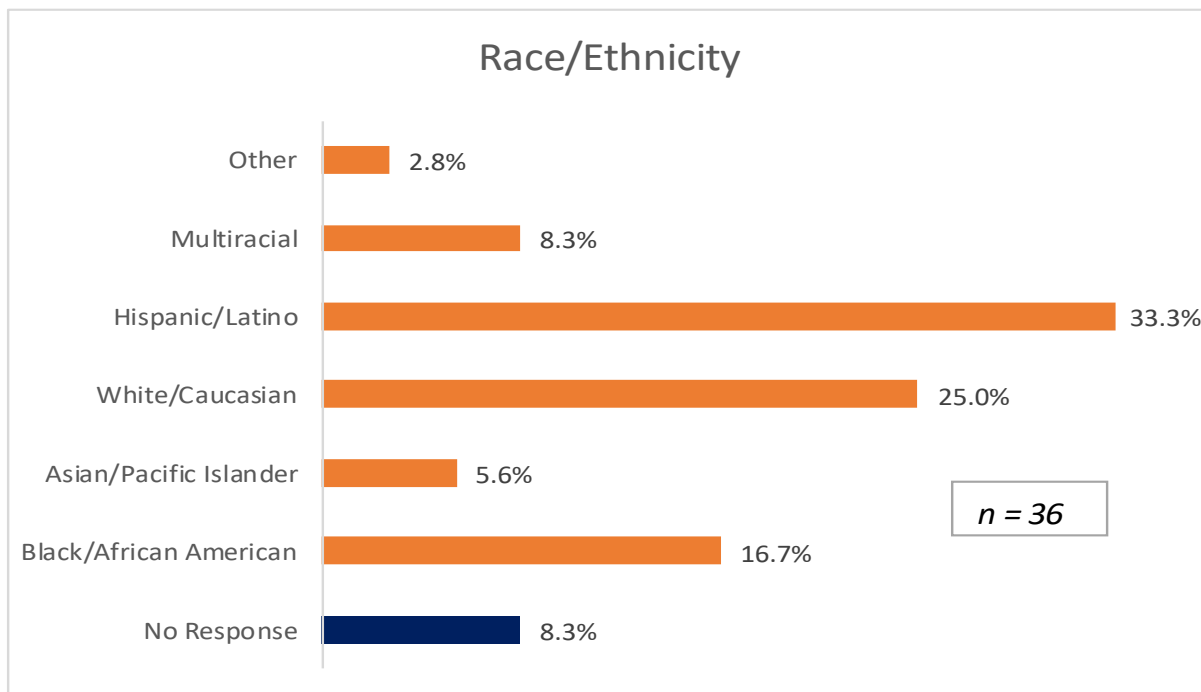
Out of 36 total participants, 23 participants (91.7%) chose to complete the surveys in English, while the remaining 3 participants (8.3%) completed the surveys in Spanish.



Gender and Race/Ethnicity



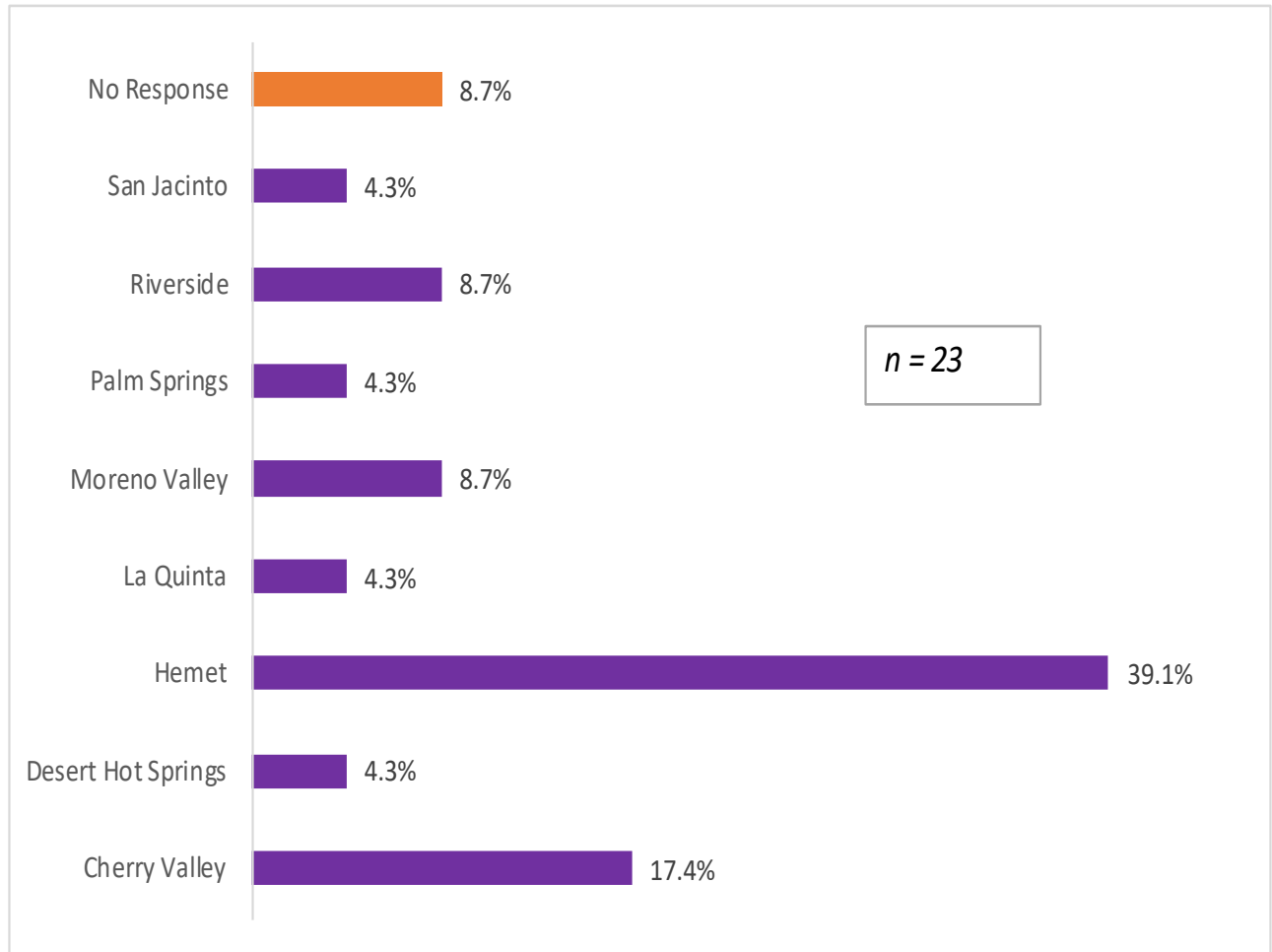
From a total of 36 participants who completed parent surveys, 25 participants (69.4%) were female, while 8 participants (22.2%) were male. There were also 3 participants (8.3%) who chose not to respond.



The majority of participants indicated that they were Hispanic/Latino (33.3%, *n* = 12), followed by White/Caucasian (25.0%, *n* = 9), Black/African American (16.7%, *n* = 6), Multiracial (8.3%, *n* = 3), Asian/Pacific Islander (5.6%, *n* = 2), and Other (2.8%, *n* = 1). The remaining 3 participants (8.3%) chose not to respond.



City of Residence



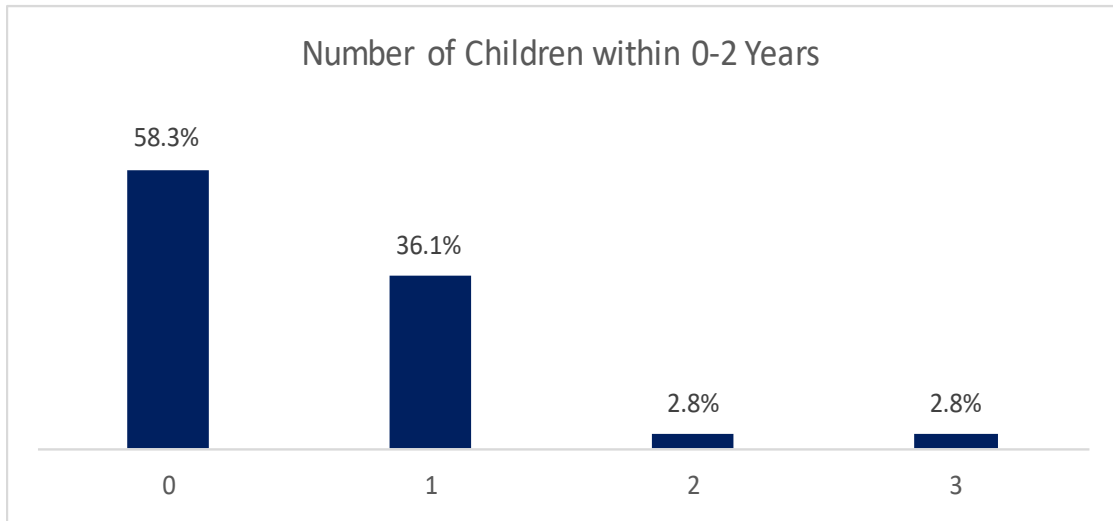
There were two versions of the surveys used for parents, and the first version did not ask participants their *City of Residence* and *Zip Code*. The second version of the surveys was then modified so that it would include the city of residence where the participants currently live. This modification was made to better inform on location in which the participants currently reside, and to examine if there could be different needs within the different regions of Riverside County.

There were a total of 23 participants who were surveyed using the second version of the parent survey, which includes *City of Residence* and *Zip Code*. The majority of participants indicated that their current city of residence is Hemet (39.1%), followed by Cherry Valley (17.4%). The remaining participants reside in Riverside and Moreno Valley (8.7%, *n* = 2, in each location), as well as San Jacinto, Palm Springs, La Quinta, and Desert Hot Springs (4.3%, *n* = 1, in each location). There were also 2 participants (8.7%) who chose not to respond.

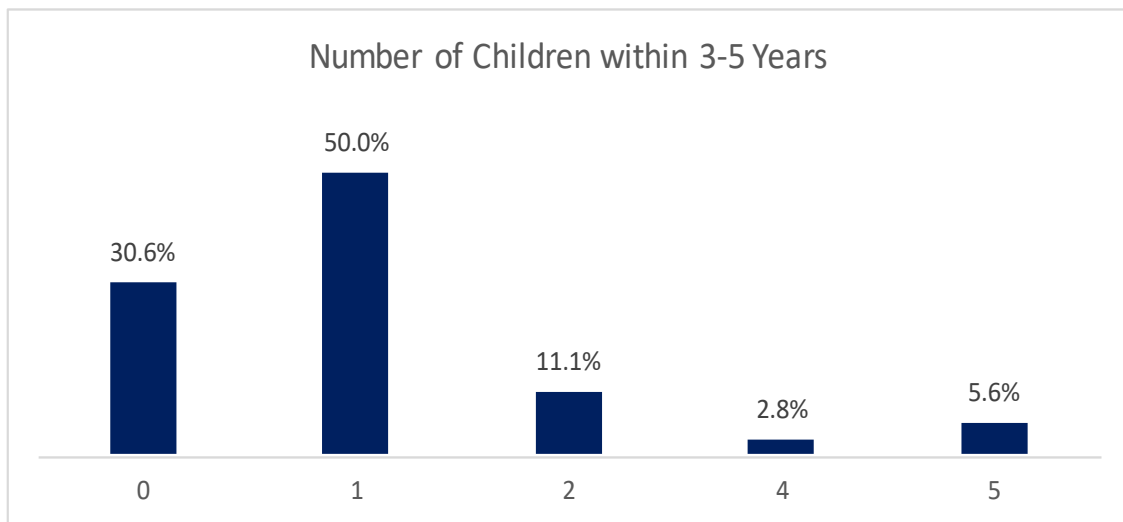


Number of Children within 0 to 5 Years of Age

We asked participants the number of children within 0 to 5 years of age they currently have, and we categorized them between two age groups: 0 to 2 years old, and 3 to 5 years old. For each of the age group category, we asked participants to enter the number of children that they have.



The majority of participants (58.3%, n = 21) responded that they do not have children within the ages of 0 to 2 years old, followed by 13 participants (36.1%) who responded that they have 1 child within this age group. The remaining participants indicated that have 2 children (2.8%, n = 1) and 3 children (2.8%, n = 1) within the ages of 0 to 2 years old.



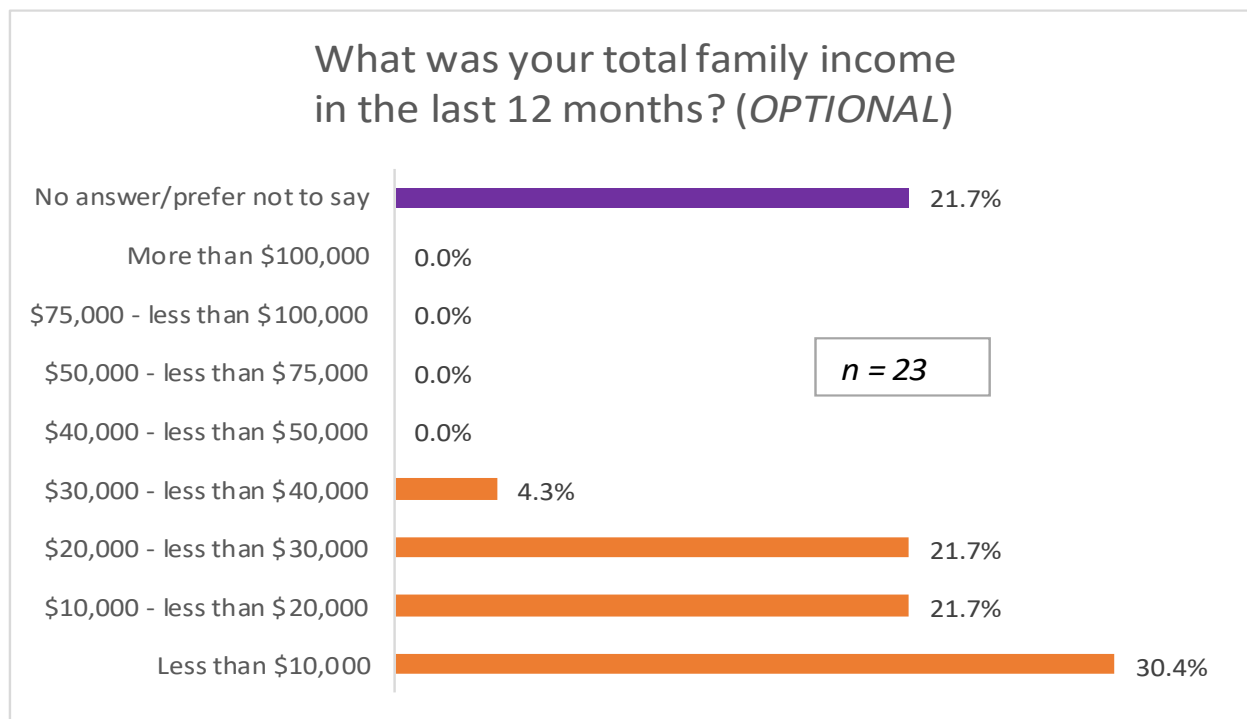
The majority of participants (50.0%, n = 18) responded that they have 1 child within 3 to 5 years of age, followed by 30.6% (n = 11) who responded that they do not have any child within this age group. The remaining participants indicated that they have 2 children (11.1%, n = 4), 4 children (2.8%, n = 1), and 5 children (5.6%, n = 2) within the ages of 3 to 5 years old.



Family Income

Similar to “City of Residence” and “Zip Code” questions that were added in the second version of the parent survey, “Family Income” and “Living Arrangement” questions were also added on the second version of the parent survey. This modification was meant to better understand parents’ current family range of income, as well as their current living arrangement situation, and whether their needs correspond to their current family income and living arrangements.

It is noted that these two added questions were entirely optional, and for those who did choose to answer, there would still be an option for “Prefer not to say.” There were a total of 23 participants who were surveyed using the second version of the parent surveys, and selected one choice from options given on the survey under the “Family Income” and “Living Arrangement” questions. The results for these questions are shown below and on the following page.



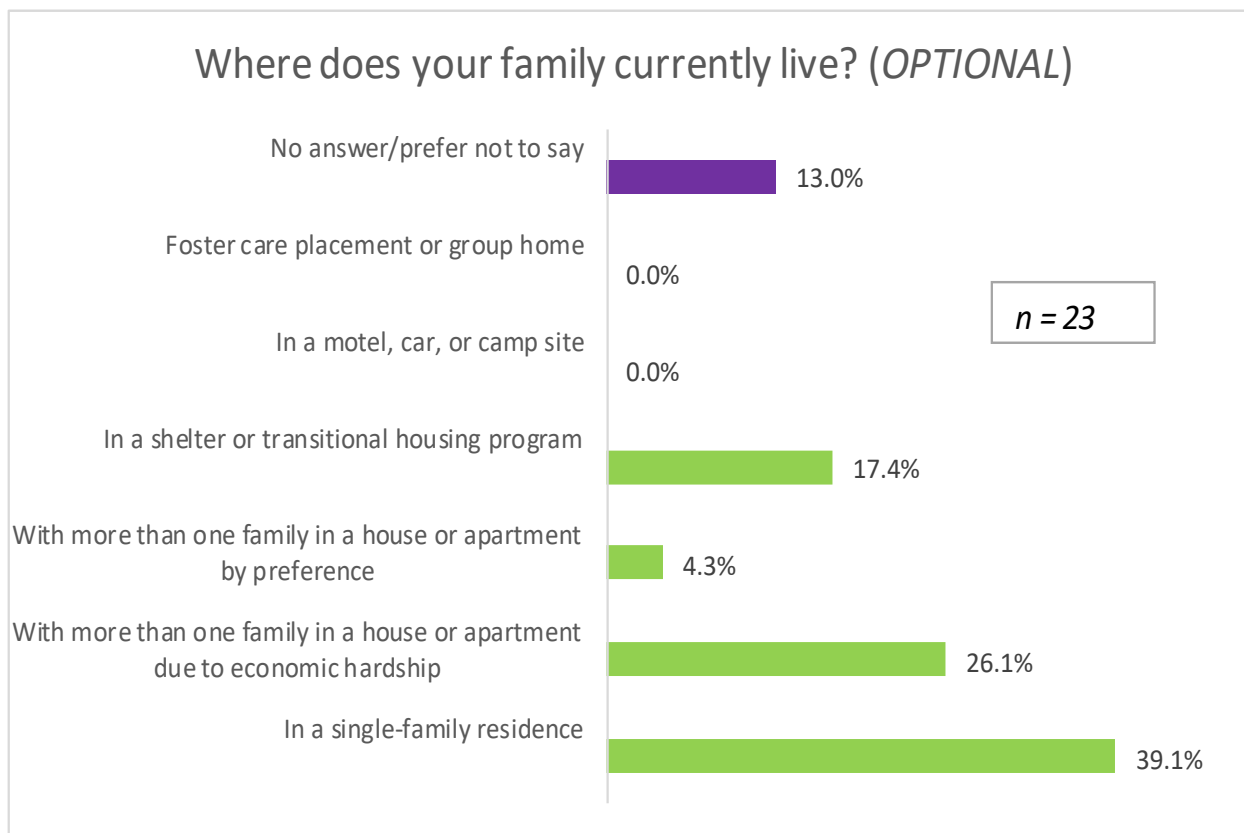
The responses to the “Family Income” question are summarized below:

- ◆ A large percentage of participants (30.4%, n = 7) responded that their current family income was “Less than \$10,000”
- ◆ 5 participants (21.7%) responded that their current family income was “\$10,000 to less than \$20,000”
- ◆ 5 participants (21.7%) responded that their current family income were “\$20,000 to less than \$30,000”
- ◆ 1 participant (4.3%) responded their current income was “\$30,000 to less than \$40,000”
- ◆ 5 participants (21.7%) preferred not to respond to this question



Living Arrangement

There were 23 participants who completed the second version of the parent surveys, and responded to the “Living Arrangement” question as illustrated below. It is also noted on the parent survey that for this question, should the participant choose to answer, the information given would be used to determine if the participant’s child would qualify for additional assistance.



The responses to the “Living Arrangement” question are summarized below:

- ◆ The majority of participants (39.1%, $n = 9$) responded that they currently live “*In a single-family residence*”
- ◆ 6 participants (26.1%) responded that they currently live “*With more than one family in a house or apartment due to economic hardship*”
- ◆ 4 participants (17.4%) responded that they currently live “*In a shelter or transitional housing program*”
- ◆ 1 participant (4.3%) responded that he/she lives “*With more than one family in a house or apartment by preference*”
- ◆ 3 participants (13.0%) preferred not to respond to this question

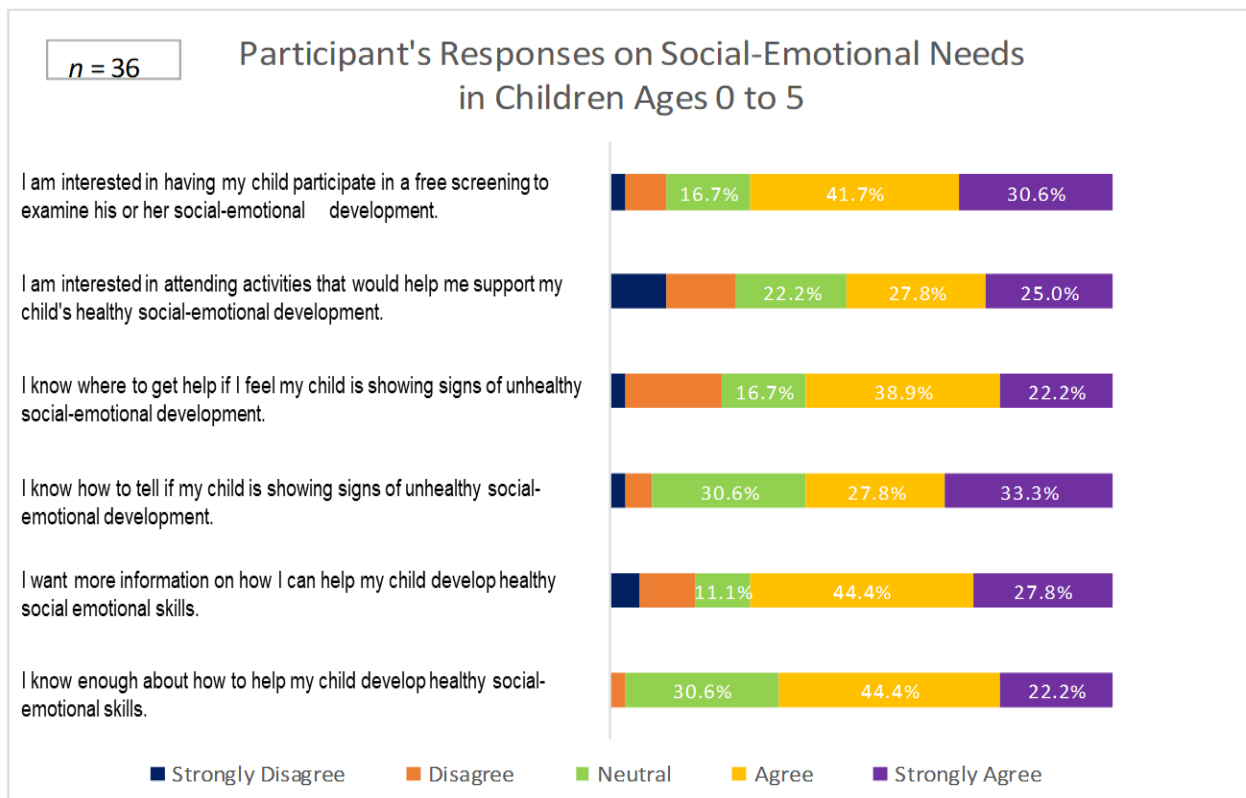


Summary of Parent Survey Results

The survey was focused on parents’ opinions in their young children’s (ages 0 to 5 years old) social-emotional development, as well as their needs for resources. There were 6 items with the following response choices, ranging from 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree.

For the total 36 parents/caregivers who completed the parent survey, the results shown below:

- ◆ 72.3% of participants were interested in having their children participate in a free screening to examine their children’s social-emotional development.
- ◆ 52.8% of participants were interested in attending activities that would help them support their children’s healthy social-emotional development.
- ◆ 61.1% of participants indicated they knew how to tell if their children were showing signs of unhealthy social-emotional development.
- ◆ 61.1% of participants indicated they knew where to get help if they felt their children were showing signs of unhealthy social-emotional development.
- ◆ 72.2% of participants indicated that they wanted more information on how they could help their children develop healthy social-emotional skills.
- ◆ 66.6% of participants indicated they knew enough about how to help their children develop healthy social-emotional skills.





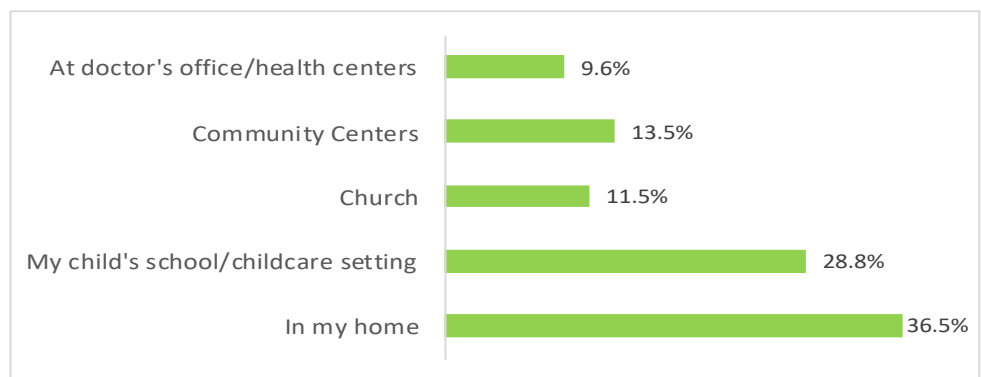
Interests in Resources

We also asked participant if they would like to receive resources and information related to their children’s social-emotional development, and their responses are illustrated below:

- ◆ 38.9% of participants were “Very Interested” or Extremely Interested” in one-on-one parenting consultation.
- ◆ 41.7% of participants were “Very Interested” or Extremely Interested” in parenting classes.
- ◆ 44.4% of participants were “Very Interested” or Extremely Interested” in receiving information on the social-emotional screening results.
- ◆ 50% of participants were “Very Interested” or Extremely Interested” in receiving presentations on how to best support healthy emotions and social skills in young children.
- ◆ 58.4% of participants were “Very Interested” or Extremely Interested” in social skills groups for children in their preschool/daycare class.
- ◆ 45.8% of participants were “Very Interested” or Extremely Interested” in in assistance with accessing a variety of services, such as special education, preschool enrollment, and so forth.

<i>Please rate how interested you are in using each of these resources to help young children ages 0 to 5 years old.</i>	Not at all Interested	Slightly Interested	Moderately Interested	Very Interested	Extremely Interested
One-on-one parenting consultation	16.7%	25.0%	19.4%	22.2%	16.7%
Parenting classes	16.7%	8.3%	33.3%	25.0%	16.7%
Information to parents on the social-emotional screening results	19.5%	11.1%	25.0%	19.4%	25.0%
Presentation on how to best support healthy emotions and social skills in young children	22.3%	8.3%	19.4%	22.2%	27.8%
Social skills groups for children in their preschool/daycare class	8.3%	8.3%	25.0%	25.0%	33.4%
Assistance with accessing a variety of services (e.g. special education, preschool enrollment, other community resources)	8.4%	4.2%	41.7%	25.0%	20.8%

Where do you feel most comfortable participating in these activities?



A follow-up question was asked regarding participants’ interests in the location preference for the activities listed in the previous question. The majority of the parents (36.5%, n = 19) responded that they would like to participate in their “Home”, followed by 28.8% (n = 15) who would like to participate in their children’s “School/Childcare Setting”. The remaining participants chose either in their “Community Centers”, “Church”, or at the “Doctor’s Office/Health Centers”.



Parent Surveys Summary and Recommendation

The majority of participants were female (69.4%) and Hispanic/Latino (33.3%), with at least 1 child within 0-2 year old age category, most had children in within 3-5 years old age category. For the optional Family Income and Living Arrangement questions, the majority of participants responded that their income is less "\$10,000" (30.4%), and they live in a single-family residence (39.1%). Although these were preliminary results, they are somewhat representative of the type of household, and race/ethnicity within Riverside County population.

In regards to parents' opinions on their young children's social-emotional development, the majority were interested in having free screening to examine their children's social-emotional development, and they also expressed interests in getting more information on how they could help their children develop healthy social-emotional skills. More than a third of parents indicated that they did not know how to recognize unhealthy social-emotional development, or how to help their children, or where to get help if their children were showing signs of unhealthy social-emotional development. A little more than half of the participants showed interests in attending activities that would help them support their children's healthy social-emotional development. This could be an area of further research in knowing why parents were not showing a high interest in attending activities that might help them support their children's social-emotional development.

For those who were showing interests in participating in activities, close to 60% expressed interests in attending social skills groups for children in their preschool/daycare class, while 50% expressed interests in receiving presentation on how to best support healthy emotions and social skills in young children. About 40% of participants also expressed interests in one-on-one parenting consultation, parenting classes, social-emotional screening, and receiving assistance with accessing a variety of services, such as special education, preschool enrollment, and so forth. Interestingly many parents indicated that they would be interested in receiving services in their own home. This is an interesting fact, considering that the surveys were completed prior to COVID-19 before the closures of most public schools, facilities and other services. This could also be due other barriers such as, a scheduling conflict, or transportation issues. The sample size was low for the parent survey so more data would be needed to better answer this question.

Prior to COVID-19, there were plans on distributing more parent surveys in all three regions of Riverside County. However, this plan was put on hold due to many childcare facilities being closed. If any future needs assessment for parents were to be administered, it is recommended to increase the sample size so that there would be more variety of inputs and responses from parents in regards to their children's social-emotional development.





Parent Attitudes Toward Child Development

A national survey of 1,051 registered voters was conducted in 2017 by PerryUndem and GMMB to explore respondents’ attitudes toward parenting and development in young children. The survey asked voters about issues such as the importance of emotional development in children, the effect of traumatic experiences on future behavior, whether parents have adequate resources to help children, and the role of government in providing for child care.

93%

Approximately 9 in 10 voters say it is important to understand how the brain develops in babies and young children (64% say it is “very important”).

Half of all voters say they know “a little” to “nothing at all” about brain development in children 3 years and younger.

50%

56%

However, parents of children 5 years and younger claim to be much more knowledgeable on the issue than voters overall, with over half having at least “some” knowledge.

A large percentage of participants who were parents to children ages 3 years and younger felt other parents spent “too little time” on the following activities:

	% too little time
• “Talking with their young children about the different emotions and feelings they experience”	71%
• “Helping their young children cope with emotions”	69%
• “Reading to their young children”	67%
• “Stimulating the brains of their young children”	66%
• “Creating a calm and safe environment for their young children”	48%
• “Hugging their young children”	45%

Why is this important?

Most participants believe it is important to understand how a child’s brain develops, but a large number of participants claim to have little or no knowledge on the subject. Many parents perceive other parents as not engaging in activities that are beneficial for a child’s development. Parents of young children may benefit from additional education and resources related to child development.



Parent Attitudes Toward Child Development

The following is a list of policies and how much they are supported by registered voters:



Are very supportive of expanding access to affordable, quality child-care for working families (33% are somewhat supportive)



Are very supportive of giving new parents more flexible paid time off options so they can spend more time at home with their babies. (34% are somewhat supportive)



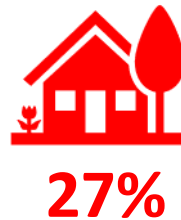
Are very supportive of expanding Early Head Start to give more low-income families access to medical, mental health, nutrition, and education services (32% are somewhat supportive)



Are very supportive of expanding access to child development specialists or pediatricians so it is easier to get help with emotional development (41% are somewhat supportive)



Are very supportive of increased funding for training programs for child psychiatrists, child psychologists, and other mental health clinicians (39% are somewhat supportive)



Are very supportive of increased access to home visits by child development professionals for new parents (41% are somewhat supportive)



Believe it is very easy for parents to find help and information on child brain development and emotional development (52% say somewhat easy)



Believe it is important that parents have access to resources that could help them watch for emotional developmental milestones (27% say somewhat important)



Are very supportive of government policies that allow parents to spend more time with their children when they are very young (33% are somewhat supportive)



Believe the government should play a major role in helping parents spend time with their young children (45% say minor role)

Note on Data Source: ZERO TO THREE and the Robert Wood Johnson Foundation commissioned a national survey of voters to understand awareness of and attitudes toward emotional development in young children and infants. Perry Udem led the research along with GMMB.



Parents of 0-5 Children Focus Groups Results



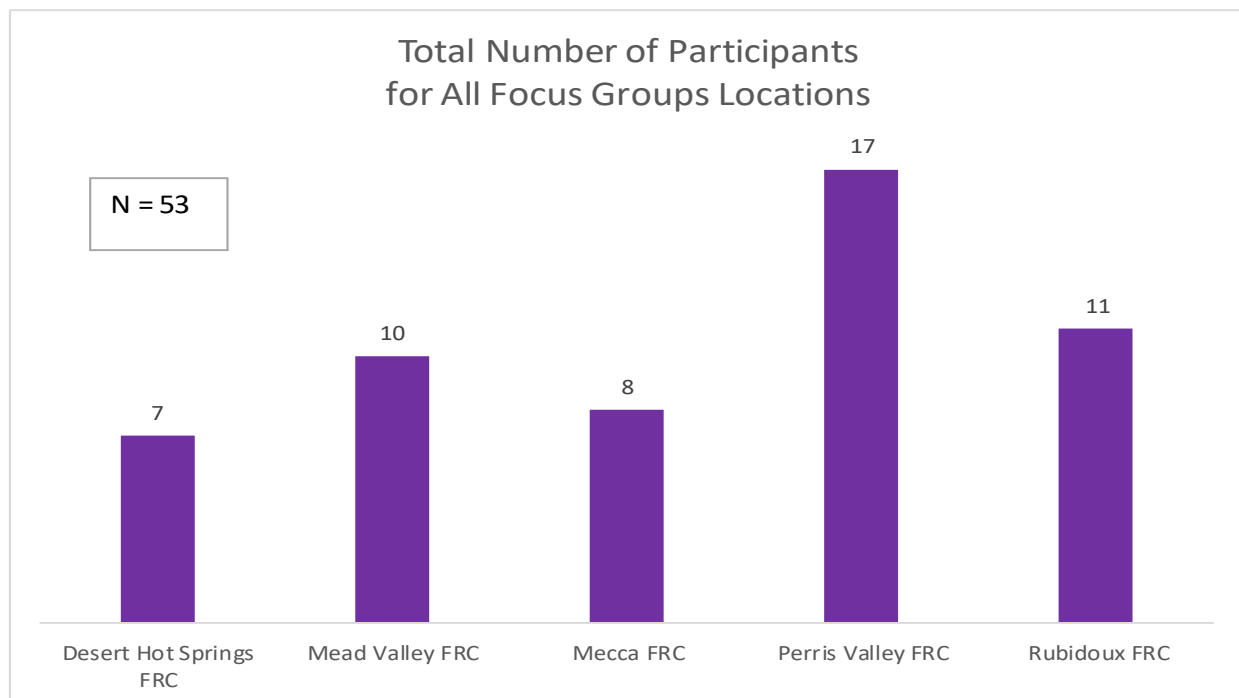


Data Collection, Location, and Number of Participants

Focus Groups were conducted as part of the Needs Assessment, and was aimed primarily at parents and caregivers of young children ages 5 and younger. RUHS-BH Preschool 0-5 Programs partnered with contractors across the county to recruit participants for the focus groups. Focus groups participants were provided with a light meal during the discussion, and were given \$20 gift card at the completion of the focus groups for their participation. We also asked participants to fill out a demographic form that was collected at the end of the focus groups. The demographic form was created as bilingual form, and consists of gender, race/ethnicity, and city of residence questions, as well as the number of children that participants have.

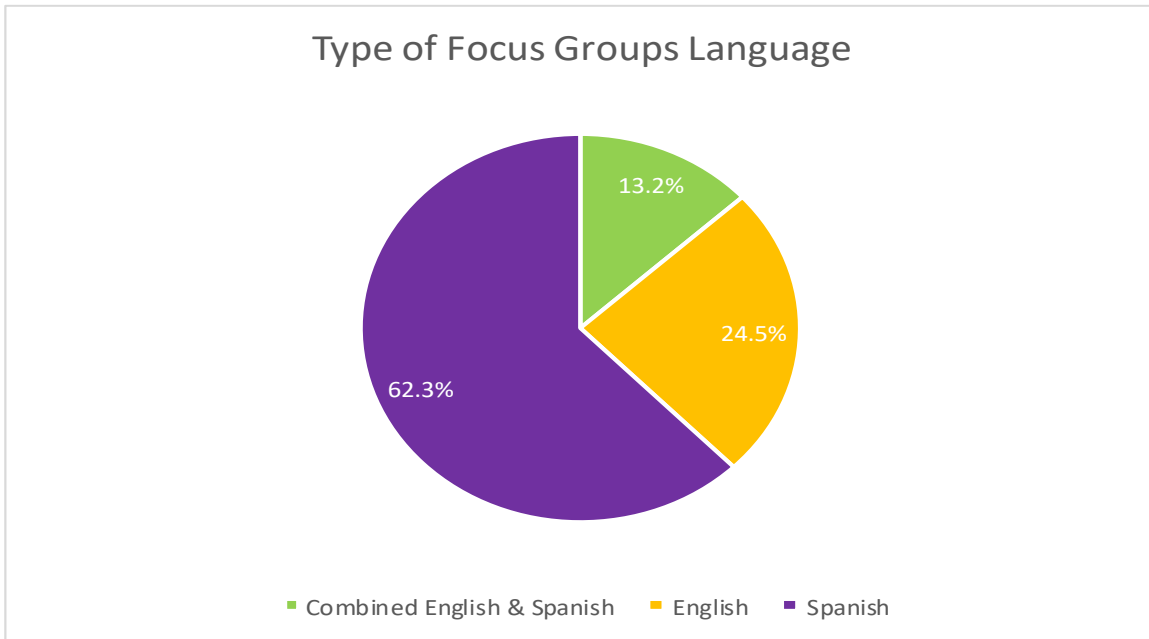
There were 5 focus groups conducted from February 13, 2020 to March 12, 2020, with a total of 53 participants. One participant indicated that the city of residence is in Los Angeles. The focus groups were held at Family Resource Centers in the following cities within Riverside County: Perris, Rubidoux, Mead Valley, Mecca, and Desert Hot Springs. The majority of the parents/caregivers participated in Family Resource Center location in Perris Valley (32.1%), followed by Rubidoux (20.8%), Mead Valley (18.9%), Mecca (15.1%), and Desert Hot Springs (13.2%).

There were plans to continue the focus groups until the end of March across other resource center locations within Riverside County. However, due to COVID-19, the focus groups had to conclude on March 12th.

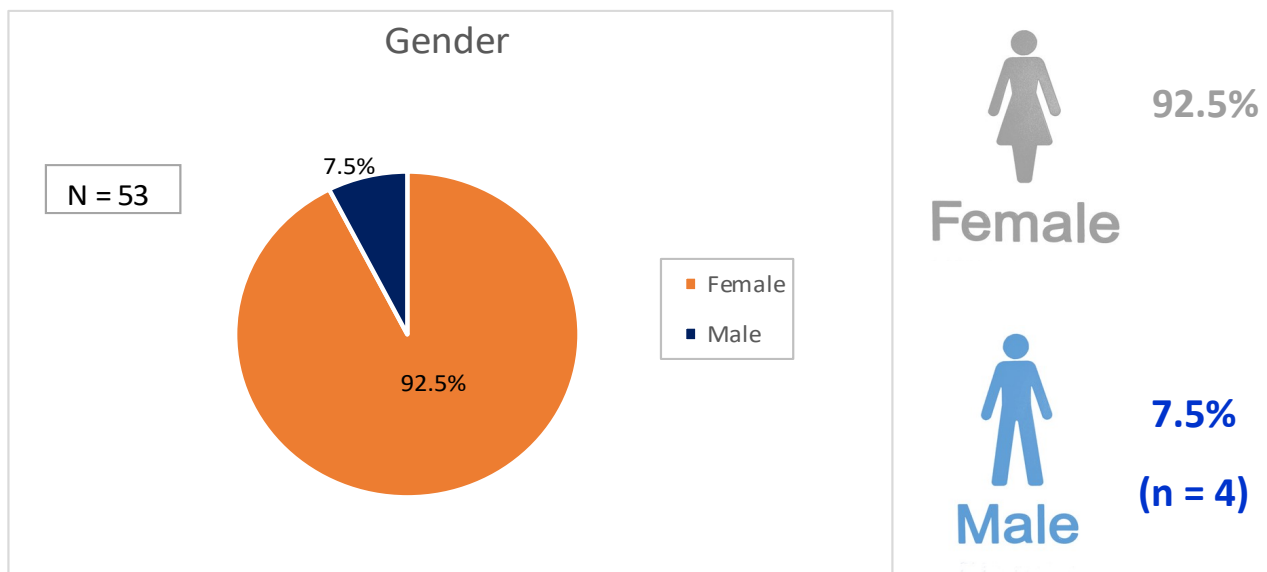




Participants Language and Gender



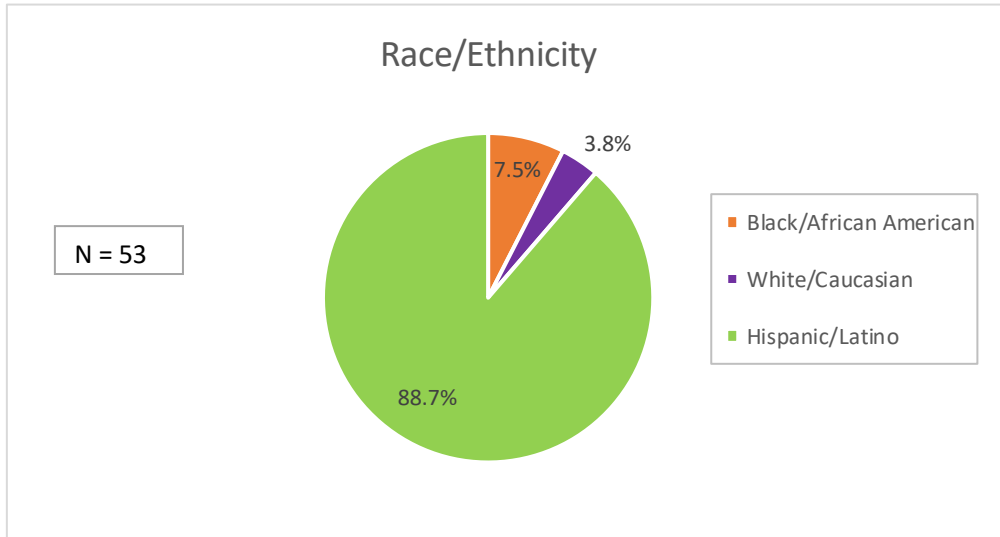
The focus groups in Perris Valley, Rubidoux, and Mead Valley were conducted in two separate sessions and languages: English and Spanish, while the Desert Hot Springs focus group was a combined English and Spanish session, and the Mecca focus group was conducted entirely in Spanish. Overall there were a large number of participants (62.3%) who participated in focus group sessions that were hosted in the Spanish language (n = 33).



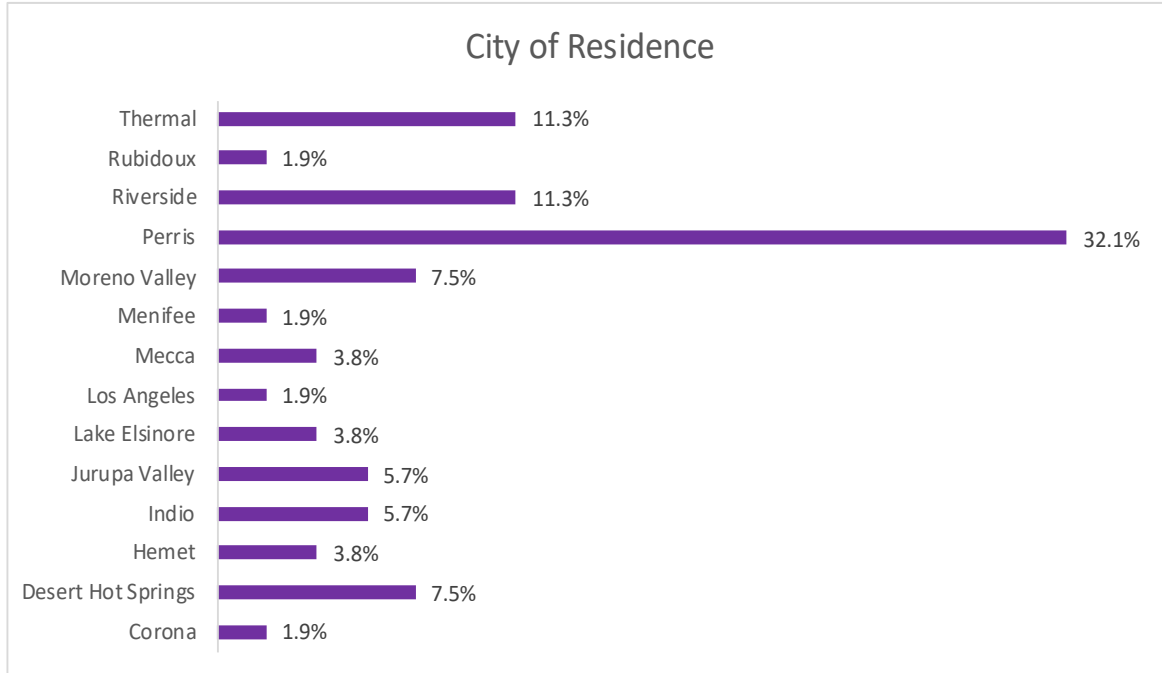
The majority of parents and caregivers who participated in the focus groups identified as Female (92.5%, n = 49), while the remaining 4 participants identified as Male (7.5%),



Participants Race/Ethnicity and City of Residence



The parents and caregivers who participated in the focus groups were asked to identify their race/ethnicity. Out of the 53 participants, 47 participants (88.7%) identified their race/ethnicity to be Hispanic/Latino, while 4 participants (7.5%) identified as Black/African American, and the remaining 2 participants (3.8%) identified as White/Caucasian.

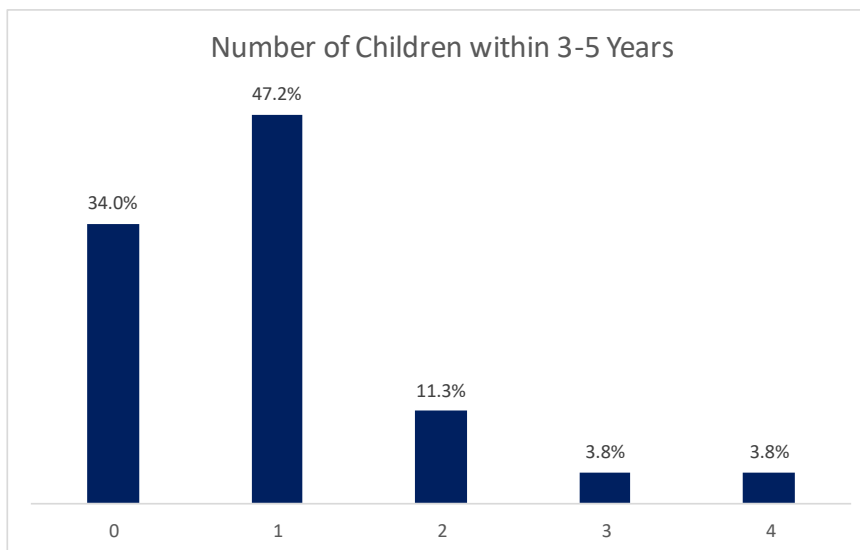
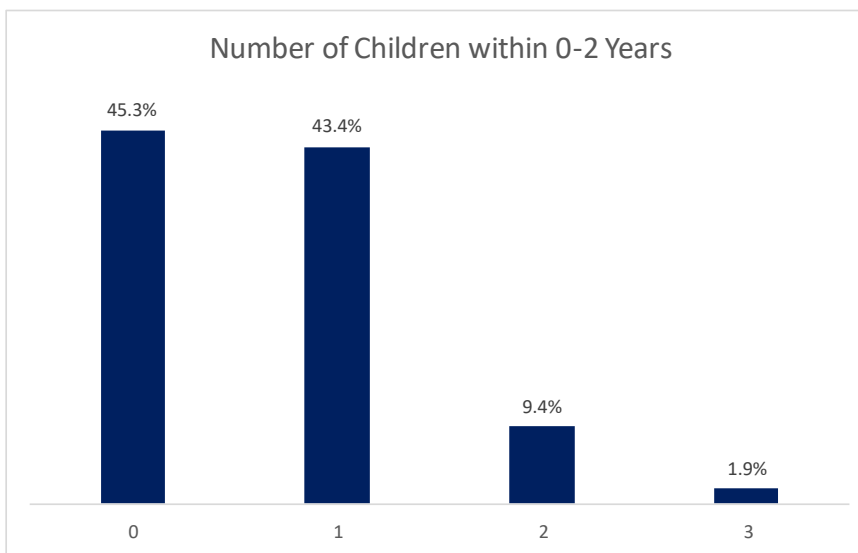


The majority of participants (32.1%, n = 17) resided in the city of Perris, followed by equal number of participants residing in Thermal and Riverside (11.3%, n = 6 in both cities). Other cities that the participants resided in were in Moreno Valley, Desert Hot Springs, Jurupa Valley, Indio, Mecca, Lake Elsinore, Hemet, Rubidoux, Menifee, and Corona. There was also 1 participant who indicated that the city of residence was in Los Angeles.



Participants Number of Children within 0 to 5 Years of Age

Participants were asked about the number of children 0 to 5 years of age they currently have, they were categorized between two age groups: 0 to 2 years old, and 3 to 5 years old. In response to this question, 22 participants (43.4%) indicated that they had at least one child who was 2 or younger, and 25 participants (47.2%) responded that they had at least one child between the ages of 3 and 5 years of age. The demographic form, as well as the focus groups scripts and questions are shown on the next three pages.





Parent Demographic Information
(Información Demográfica de los Padres)



DATE (FECHA): _____

Please respond to the following statements (Responda a las siguientes declaraciones):

I identify as Male Transgender (Transgénero)
 (Me identifico como): (Masculino)

Female Other (Please specify)
 (Femenino) Otro (Por favor especifique)

My race/ethnicity is Caucasian African Native Other-Please specify
 (Mi raza/etnia es): (Caucásica) American American (Otro-Por favor
 (Africano (Nativo especificique)
 Americano) Etadounidense)

Hispanic/Latino _____
 (Hispano/Latino) Asian/Pacific Multiracial
 Islander (Multirracial)
 (Asiático/
 Pacifico Isleño)

City (Ciudad): _____ Zip Code (Código Postal): _____

Please tell us how many children you have within these age groups. Enter number only.

(Díganos cuántos niños tiene dentro de estos grupos de edad. Entre sólo el número).

Ages 0-2 years (Edades de 0 a 2 años): _____ Ages 3-5 years (Edades de 3 a 5 años): _____



Focus Groups Facilitator Script

Focus Group Opening Script

Hello everyone, I am _____ and I will be the moderator in today's discussion. _____ is here to record and summarize your comments.

We want to welcome and thank you all for taking the time to be here with us today. The purpose of today's discussion will be to hear your thoughts and opinions regarding the current programs and services in Riverside County that support parents and caregivers in learning about and caring for their children's social-emotional development, specifically those children ages 5 and younger. We are having discussions like this with several parents and caregivers around the county and you were invited here today because you are a parent or caregiver to a child or children that are ages 5 or younger.

When we say social-emotional development, we are referring to how children start to understand who they are, what they are feeling, and what to expect when they are interacting with others. Social-emotional development includes children being able to do things such as, create and maintain positive relationships, manage and express their emotions appropriately, and explore and interact with their environments appropriately. We have planned to be here for an hour and a half and during this time, we would like for you to discuss what is working, what is not working, and how programs and services can be improved to better support families.

I will guide the conversation by asking questions for each of you to respond to. There are no right or wrong answers to these questions. Just be honest. If you wish, you can also respond to each other's comments, just like you would in an ordinary conversation. Please feel free to share your point of view even if it differs from what others have said. It is my job to make sure that everyone here gets to participate in the discussion and that we stay on track, so that we do not go over our allotted timeframe.

The information we learn here today will be compiled into a final report. That report will include a summary of your comments that will lead to recommendations for services and programs. I want to ensure you that this focus group is anonymous and confidential. Anonymous means that although we will be on a first name basis here today, we will not be using your names and you will not be identified in our final report. Confidential means that what you say in this room will not be repeated outside of this room, other than the information gathered for the final report. Obviously, we cannot control what you do when you leave, but we ask each of you to respect each other's privacy and not tell anyone who was present or what was said by others here today. As you may have noticed, we will be recording this discussion. The recording will only be used to make sure our notes are correct and will not be heard by anyone outside of this project.

Before we get started, I want to go over a few ground rules.

1. Only one person speaks at a time. This is important as our goal is to make a written transcript of our conversation today. It is difficult to capture everyone's experience and perspective on our audio recording if there are multiple voices at once.
2. Please avoid side conversations.
3. Everyone doesn't have to answer every single question, but we would like to hear from each of you today as the discussion progresses.
4. We ask that you silence your cell phones, and only step out if you absolutely have to, please do so in the least disruptive manner as possible. The bathrooms are located _____
5. Are there any questions?

Okay, let's begin with introductions. If you all will please write your name on the name tents in front of you if you have not already done so. Let's go around and have everyone tell us their name and how many children 5 and younger that you have.



Focus Groups: Parent Script/ Questions

PART 1: Knowledge of Child Development

We would like to begin by asking you questions about your child’s social-emotional development. Social-emotional development is defined as (Facilitator described). Studies suggest that children 5 years old or younger whose parents regularly do activities such as (list some parental behaviors) are more likely to develop healthy emotions and social skills.

1. Which of these activities do you do with your child? *Follow-up-How often do you do these activities?*
2. Are there other activities you do that you believe help your child’s healthy development? *Follow-up-How often do you do these activities?*
3. What activities do you wish you could do more often with your child? *Follow-up-What are some reasons that prevent you from engaging in these activities?*
4. Would it be helpful for you or someone you know to receive additional information on how to promote healthy social-emotional development in your child? *Follow—up-What are some ways you would like to receive that information?*

PART 2: Services Already Used

We would now like to discuss instances where you have sought or wanted to seek help from family, friends, or childcare professionals to help fulfill your role as a parent.

1. Have you ever felt the need to receive support from family, friends, or a childcare professional in helping you take care of your child? *What are some of the examples?*
2. Have there been times where you felt concerned about the behavior and social-emotional development of your child?
 - a. *What were these behaviors?*
 - b. *What concerns you the most? Why?*
 - c. *Did you seek help for any of these behaviors? If so, what kind?*
3. Have you had a childcare provider (teacher, pediatrician, caretaker, etc.) raise concerns about your child’s social-emotional development? *a. (If yes) How did that interaction make you feel? b. (If no) How do you think you would feel if a childcare provider brought up concerns about your child’s social-emotional development?”*
4. Have you or someone you know received help from a community service for parenting their child?
 - a. *What resources were used?*
 - b. *Were these helpful?*
5. Are there any services you can think of that would be helpful to you or someone you know that are not accessible?
6. What are some ways you would like to receive information about resources available in your community?

PART 3: Opinions on SET-4 School Services

We are now going to discuss specific services offered by SET-4 School. I will read a description of the resource and then ask you a couple of questions for each resource:

Parenting Classes: *(Brief description of services offered)*

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?

Parenting Consultation: *(Brief description of services offered)*

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?

Dinosaur School: *(Brief description of services offered)*

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?

Social Development Screening: *(Brief description of services offered)*

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?



Focus Groups Results

In the beginning of the focus groups, parents were asked questions about their children’s social-emotional development. A definition for social-emotional development was defined: *Social-emotional development is a child’s ability to understand the feelings of others, control their own feelings and behaviors, and get along with peers. A child’s social-emotional development is as important as their cognitive and physical development. It is important to know that children are not born with social-emotional skills. It is the role of parents, caregivers, and teachers of children to teach and foster these abilities” (Early Childhood Connections, 2013).*

Part 1. Knowledge of Child Development

During the first part of the focus groups, we were interested in parents’ “Knowledge in Child’s Development.” Parents were provided with the following statement: “Studies suggest that children 5 years old or younger whose parents regularly do activities such as (list examples of parental behaviors) are more likely to develop healthy emotions and social skills. Parents were then asked the following questions:

- ◆ Which of these activities do you do with your child and how often?
- ◆ Are there other activities you do that you believe help your child’s healthy development, and how often?
- ◆ What activities do you wish you could do more often with your child? What are some reasons that prevent you from engaging in these activities?
- ◆ Would it be helpful for you or someone you know to receive additional information on how to promote healthy social-emotional development in your child, and what are some ways you would like to receive that information?

The summary of parents’ responses during the first part of the focus groups are shown below and on the following pages.

Which of these activities do you do with your child? How often do you do these activities?

Participants’ responses:

- Reading Books
- Library Preschool time
- Watch TV, YouTube (possibly in dual language)
- Help with homework
- Go to the library and read books
- Play video games
- Playing outside (walk, soccer, exercise, go to the park/garden)
- Go to the park/active play outside
- Sing, dance
- Play with toys (Legos, blocks)
- After-school based programs

How often?

- Daily
- Multiple times/week
- As often as possible

Other comment:

“Sometimes I wish I had more time to pay with my kids, but I am doing my best.”

“It’s harder as a mom to sit and play since we are so busy, but it would help both the mom and the child.”



Are there other activities you do that you believe help your child's healthy development? How often do you do these activities?

Participants' responses:

- Meditation
- More activities on mindfulness
- Mental Health services
- Having a routine and structure
- More involved with school work
- Communication
- Any quality time with children to do anything they'd like
- Teaching kid to be polite and help others
- Exercise/Sports, outdoor activities

How often?

- Multiple times a week
- Weekends

Other comments:

"I wish I could spend more time with my kids. I feel it would help my mom and also my kids."

"Sometimes my anxiety is preventing me to do activity with my kids, because of other things I need to get done."

What activities do you wish you could do more often with your child? What are some reasons that prevent you from engaging in these activities?

Participants' responses:

- Meditation (activities on mindfulness)
- Technology
- More after-school activities
- Father-son activities
- More time together as a family
- Camping
- Sports

Other comment:

"Anything helps. Economic circumstances prevent me to spend time with my kids. I'm always working and always need the extra help."

Reasons?

- Need more time
- Feel technology interferes with family time
- Too busy working
- Need support from spouse/family
- Feeling overwhelmed

Other comments:

"I wish I had more time to ride bicycle with my son."

"I wish I could do more of attending to locations where my other kids are present."

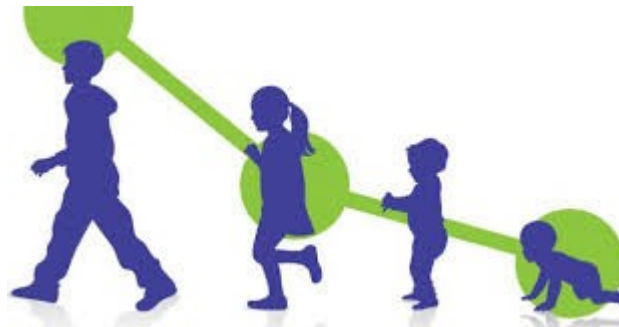


Would it be helpful for you or someone you know to receive additional information on how to promote healthy social-emotional development in your child? What are some ways you would like to receive that information?

Greater Awareness of Resources and Access to Resources

Parents provided a variety of comments that focused on available information about resources and indicated more advertising was needed with some indicating they were not aware of any available services. Access to resource clustered around actual services like more mental health, TBS, assistance with navigating services.

- Expressed that there are services out there but parents did not know about them.
- They have a lot of services for those in “Need”, but qualifying for services was a problem.
- More resources like small groups and social groups.
- Had to wait until our child was 3 years old there was a gap in resources for him.
- Challenges getting 1 on 1 help for young children with intensive needs
- I feel that I am always told I don’t qualify.
- I wish the school provided more resources.
- Ways to receive Information
- Social Media, email, teachers, Family Resource Centers, connect schools and doctors office, parenting groups phone calls.
- Have a group like Parent Café to come together once a month to learn about services.





Part 2. Services Used & Suggestions

During the second part of the focus groups, questions were centered on asking about “Services Already Used” by parents. Parents were asked about the types of services they have already used, and parents were also encouraged to discuss instances where they have sought or wanted to seek help from family, friends, or childcare professionals to help fulfill their role as a parent.

Are there any services you can think of that would be helpful to you or someone you know that are not accessible?

Broad Array of Services- Parents comments about services were focused around child care and different activities. Parents also expressed that free services and more timely access would helpful.

Parent Responses

- Workshops for different age groups
- Tutoring for children who are low in their milestones
- Classes to inform parents about autism
- Programs for kids to interact with other kids
- Childcare services for low income families, specifically for homes in which both parents have to work
- Support groups and resources for moms
- Tutoring on different subjects, concerns around language and reading
- Activities for kids
- Summer programs
- Any financial help
- Services more readily available for under 3
- Screening at daycare



Have you had a childcare provider (teacher, pediatrician, caretaker, etc.) raise concerns about your child's social-emotional development?

Parent Responses

- “Yes, my son’s teacher told me he has ADHD.”
- “Social worker brought up concerns, but my son only acts up when social worker is there.”
- “School teacher brought up that my son was very impulsive. I didn’t notice that before.”
- “Daycare teacher told me that my son wasn’t behaving well.
- “Teacher brought up that my son had to be retained for another year so I was concerned.”
- “The school moved my son to special education but I felt that my son didn’t belong there. I took him to church and realized he doesn’t have many behavioral needs.”
- “I had to insist on getting IEP. Luckily I found a good teacher.”
- “I feel the need to work on getting closer to my kids and continue growing as parent.”
- “Speech therapy program helped my son.”

Have you ever felt the need to receive support from family, friends, or a childcare professional in helping you take care of your child?

Parent Responses

- “To get help I would first go to a family member.”
- “I’d rather get help from professionals. Family tends to bring up issues.”
- “My daughter works at a safe house. Sometimes I get help from there.”
- “I took a class about autism; gives me insight because I was never aware of that.”
- “I feel there is a need of educating parents on autism or other spectrums that children are facing.”

Have there been times where you felt concerned about the behavior and social-emotional development of your child?

Parent Responses

- “Yes, need support from pediatrician.”
- “Yes, need support from professionals (Occupational Therapist, Speech Therapist, Physical Therapist, Triple P, and Mental Health resources).”
- “Yes, need more support on co-parenting and more flexible scheduling.”
- “My 5-year-old has autism.”
- “My two kids are having trouble speaking and showing emotions. Their kindergarten teacher said of them, to stay back another year.”
- “My son has anxiety; tried to call Riverside County but was told no service for anxiety at that age.”
- “My son is hyperactive and I didn’t feel I could enroll in psychologist for treatment options.”



Part 3. Opinions on SET-4 School Services

During the third part of the focus groups, parents were asked “Opinions on SET-4 School Services.” The types of services provided by SET-4 School were briefly described and then parents were asked if they have used the services, and their opinion of them.

Parenting Classes

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?

Resources used:

- Triple P
- Nurturing Parent
- Parenting Classes

Reasons for using or not using resources?

- Liked attending group classes; they are useful
- Parenting classes helped
- Need more flexible scheduling

Other comments:

“I haven’t used any SET-4 School Services.”

“I took a parenting class 1.5 years ago. It helped and was an eye opener but already forgotten because I’ve been really busy.

“My husband did parenting class a while ago. I thought it was good but it wasn’t advertised well.”

“Some friends don’t like it because they fear of being criticized and fear of CPS taking their kids.”

“I like to participate in groups and to hear from other parents.”

“I like to do one-on-one parenting.”

Parenting Consultation

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?

Resources used:

“No, but I think it’s a really good idea.”

“Individual consultation with teacher helped my son about sensory and motor.”

“Yes, but it wasn’t helpful.”

“My son’s teacher was flexible and very helpful with my son.”

Reasons for using or not using resources?

“I think if it was a one-on-one parenting at home it would be helpful.”

“I’ve tried it but it wasn’t useful because my child acts differently with social worker.”

“My son received speech therapy weekly. It seemed to help him.”

Integrated Systems of Care

Growing Healthy Minds Initiative-Parent Focus Groups



Dinosaur School

1. Have you used a similar resource in the past? What was your experience with that resource?
2. What are some reasons you would or would not use this resource?

Resources used:

Have Used PEI Mobile Services

Other comments:

“Yes, my kid learned skills for hearing sensitivity and now he has friends.”

“Yes, my daughter currently receives service through the mobile unit.”

“Never used it but I want more information.”

“My kids are currently enrolled in Dino School.”

Reasons for using or not using resources?

“I think it’s a great program but it’s only given to kids who really need it.”

“I’ve never used it but I think it would be useful. It would be good for kids to be social and trust parents.”

“I thought about joining. I’ve seen the mobile unit.”

General Challenges Parents Expressed

- Time to participate in activities with busy work schedules.
- Feeling overwhelmed with household chores, multiple children and work.
- Difficult to have quality time with multiple children and work schedules.
- Some expressed that family was a support while others felt they did not have enough support, as family was not available.
- Feeling a little embarrassed or overwhelmed with accessing additional services.
- Challenges with being told “Don’t Qualify”
- Interested in Screening

Additional notes:

All participants asked if First 5 would have more services for parents and kids, and whether these services will be offered soon.



What are some ways you would like to receive information about resources available in your community?

- Social media
- Word-of-mouth
- Family Resource Center
- Parenting groups, to inform all the available resources
- Text messages
- Brochures/flyers
- Home visits
- Community events
- Online resources
- Classes
- Facebook
- Emails
- Phone calls



Parent Focus Groups Summary and Recommendations

General opinions expressed during the needs assessment focus groups sessions are summarized below:

- ◆ Lack of time to participate in activities with busy work schedules
- ◆ Feeling overwhelmed with household chores, multiple children and work
- ◆ Difficulty to have quality time with multiple children and work schedules
- ◆ Some expressed that family was a support, while others felt they did not have enough support, as family was not available
- ◆ Lack of services provided; some felt that there is a gap in resources for children under three, while some mentioned there is difficulty meeting certain criteria for services
- ◆ Feeling a little embarrassed or overwhelmed with accessing additional services
- ◆ Concerning behaviors in young children that were discussed in focus groups included, attention issues, autism, hyper-activity, speech and hearing issues
- ◆ There are interests in parenting classes that provide childcare, and also in parenting consultation
- ◆ Information is best received electronically and through word of mouth
- ◆ Any free services and/or financial assistance would help

Continued key findings from the needs assessment focus groups are, that the majority of parents and caregivers felt that there is a lack of readily available information and resources available to assist them in promoting healthy social-emotional development in their young children (ages 5 and under). Parents and caregivers also feel there is a lack of information and resources to assist them. They find it most accessible and comfortable to receive support from religious groups, family, friends, and professional services/programs. However, it was revealed that services/programs will be better utilized if they are provided in more areas, if flexible or a variety of time frames were offered if childcare were provided, and if information were announced through text/email/social media/word of mouth.

In regards to knowing and/or utilizing services provided by First 5 Riverside, only a few parents have heard about Dinosaur school or have utilized it, but felt that it could be useful to enroll their child in a Dinosaur school program. Parents and caregivers are receptive to having their child screened, and they are also receptive to receiving parent consultation. Many parents and caregivers in the focus groups mentioned that they have attended parenting consultation/classes offered by First 5 Riverside and felt it was useful, and they also expressed interests in participating in a parent/caregiver informational group, such as a parent café where they can share resources and information with one another.

Recommendations for future needs assessments include conducting more focus groups in Riverside County regions, especially in underserved population areas, and to also to target participants who are in underserved populations.



Chapter 2. Population Trends

This chapter provides an overview of the overall demographics of children ages 0-5 in Riverside County, and covers the following:

Riverside County Population

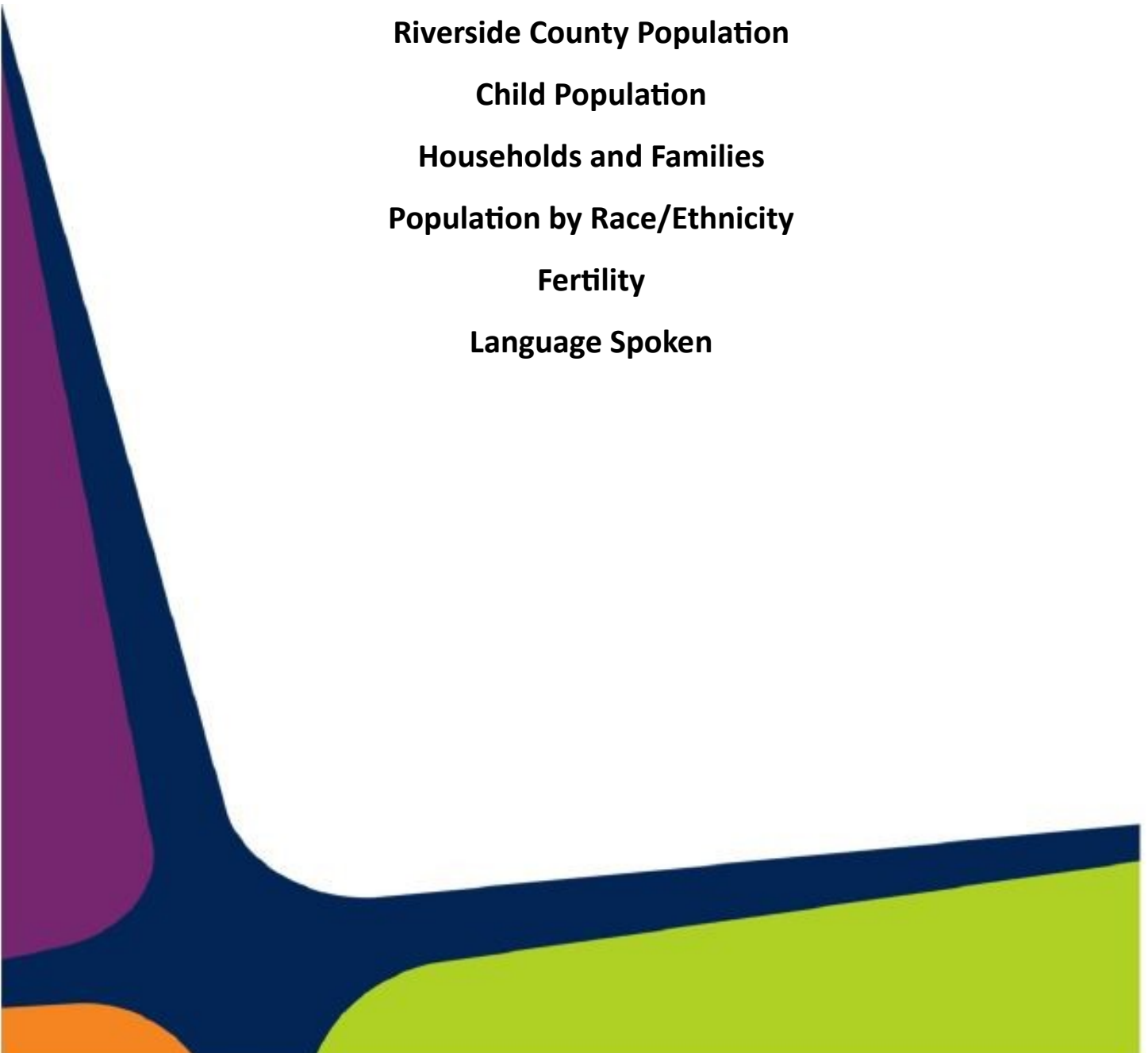
Child Population

Households and Families

Population by Race/Ethnicity

Fertility

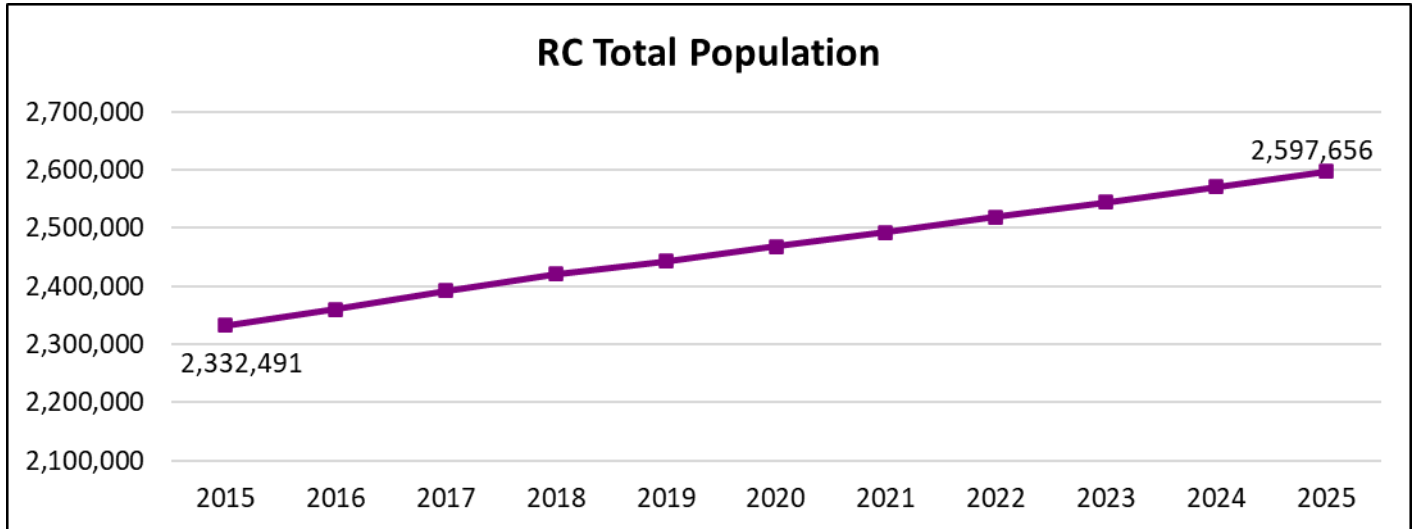
Language Spoken



Riverside County Population

The state of California and Riverside County (RC) are both expected to experience consistent population growth over the next five years. By 2025 RC is expected to reach a total population of 2,597,656. In 2020, RC accounted for 6% of California's population and is the 4th most populous county in California.

Figure 1.

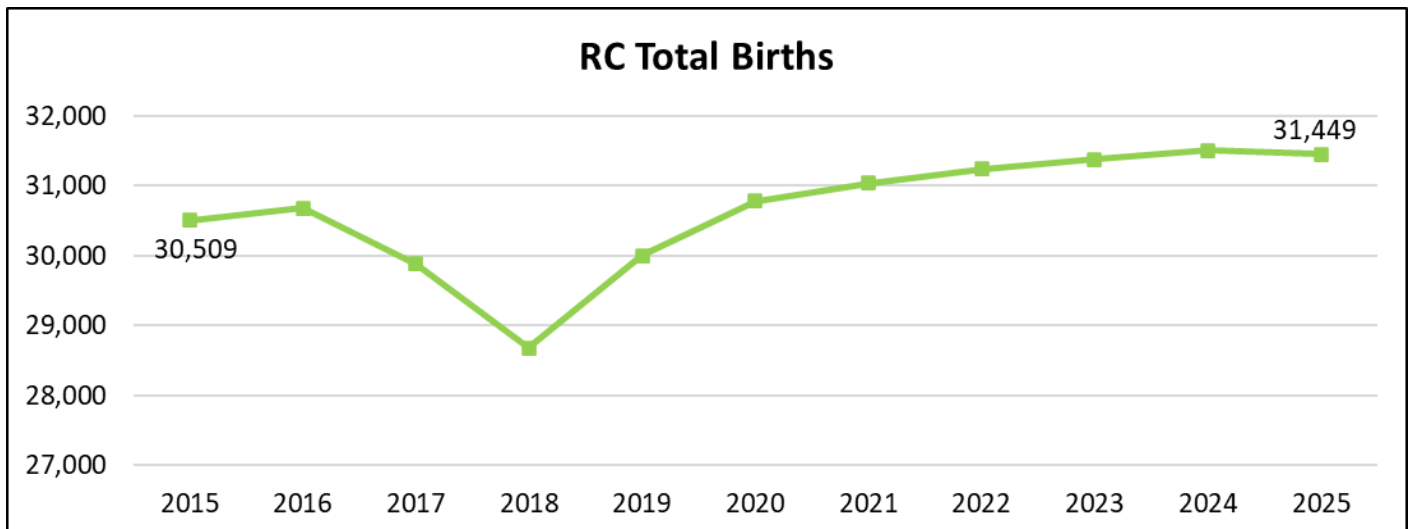


Source: Department of Finance. For more detail, see Appendix

Why is this important?

As RC's population continues to grow, more residents may seek state services. Some of this growth is from people moving into the county and some is the birth rate. The birth rate is also expected to slightly grow over the next five years. Child and family demographic trends help project potential needs for education, child care, health care, and other services.

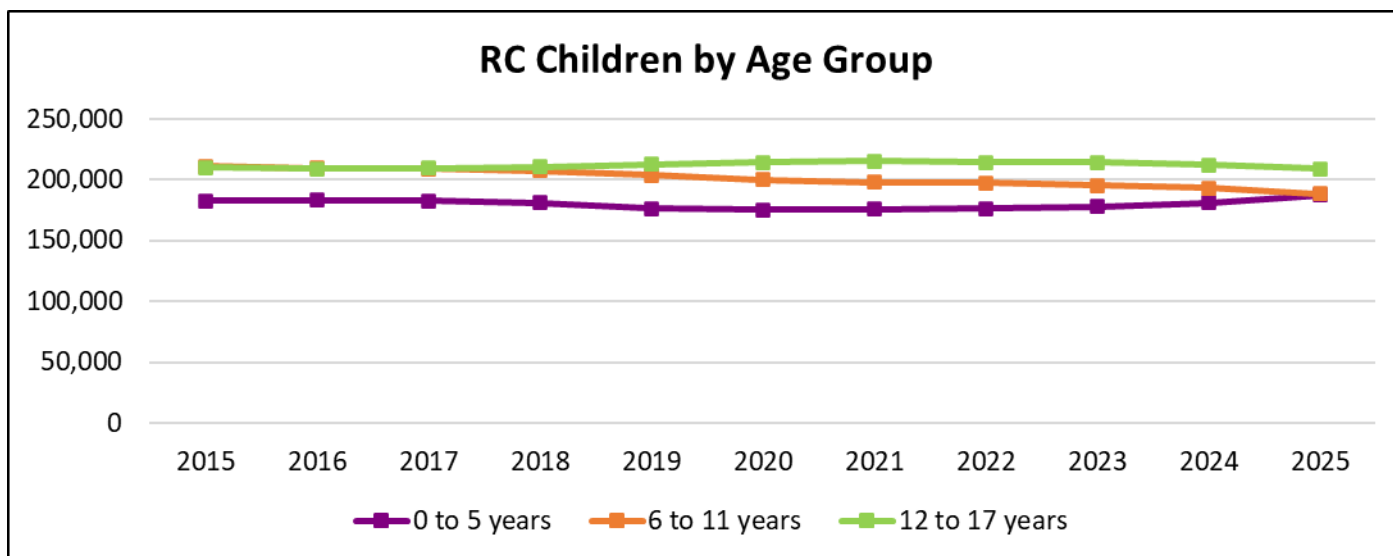
Figure 2.



Source: Department of Finance

Child Population

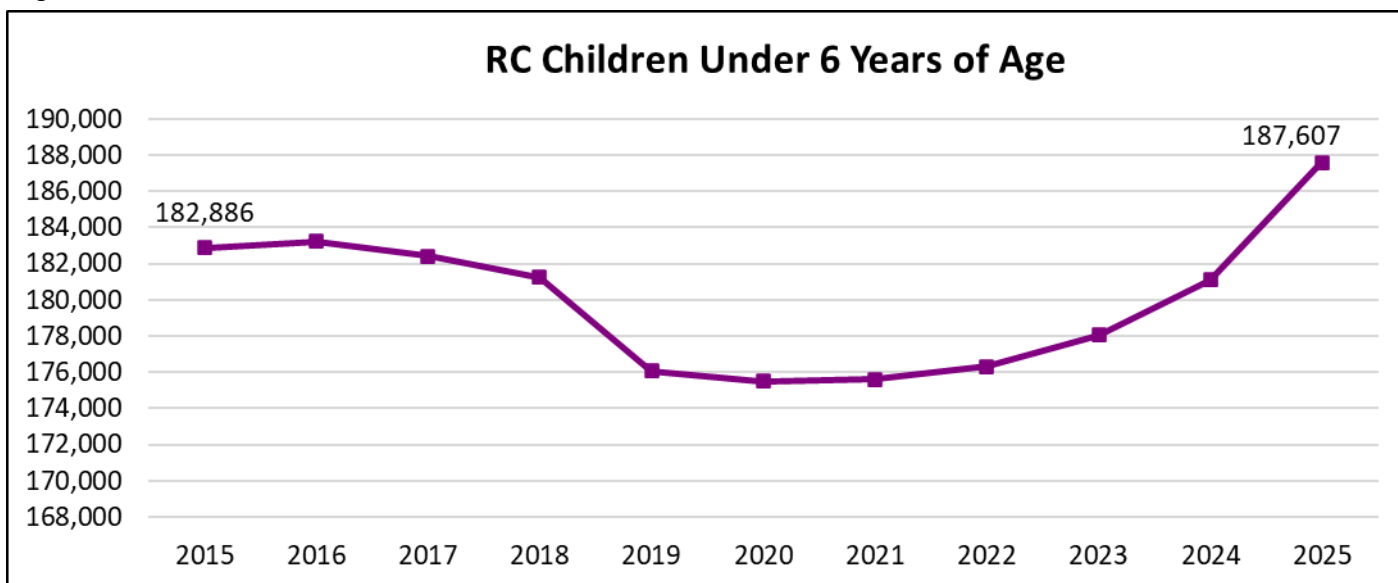
Figure 3.



Source: Department of Finance

In 2020, there were an estimated 175,497 (29.7%) RC children ages zero to five years out of 590,164 children under 18 years of age. RC is expected to see an increase in the number of children younger than 6 of age over the next five years.

Figure 4.



Source: Department of Finance

Why is this important?

The increase in the number of RC children under the age of six may mean that there will be an increased need for child behavioral health resources over the next 5 years.

Households and Families

As of 2018, RC had a total of 718,349 households and 33.2% of these were family households with children under 18 years of age. There were an estimated 189,224 children under 6 years of age living in RC households (ACS 5-year estimate, 2018). The average RC household size is 3.27 and the average family size is 3.85. Table 1 provides a detailed description of family households in RC and California overall.

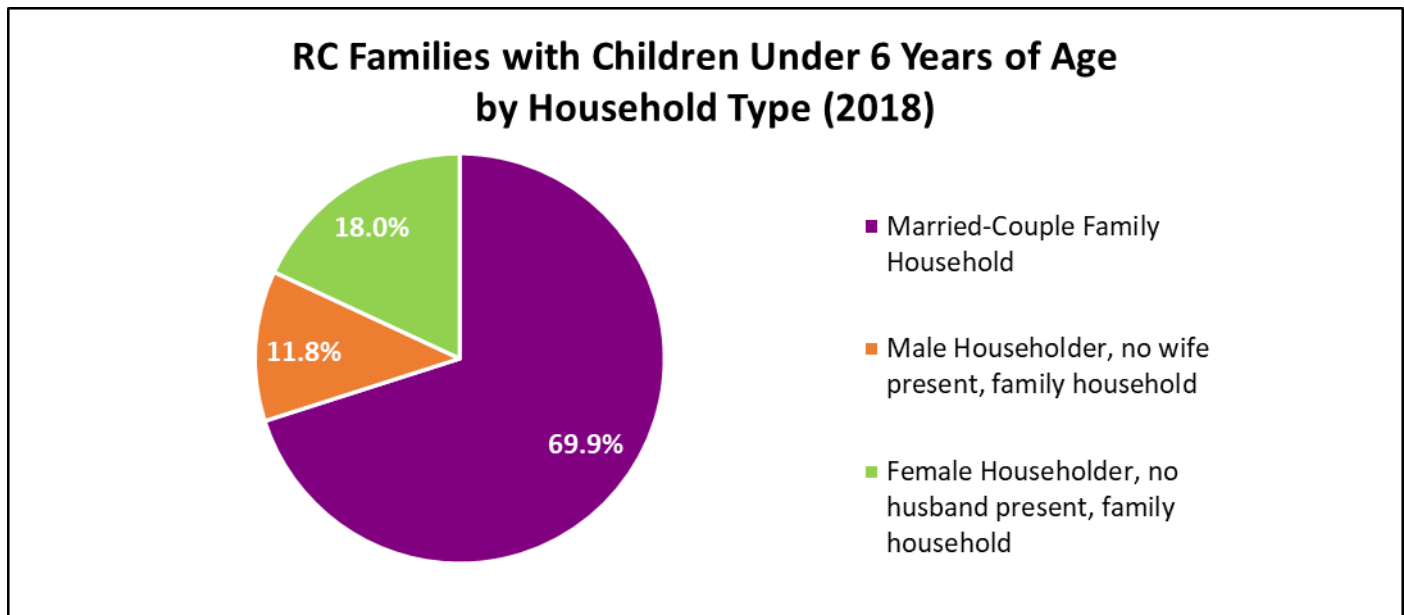
Table 1 Household Type.

Household Type in 2018		
	Riverside County	California
Total Households	718,349	12,965,435
Family Households	73.0%	68.8%
Family Households with Children	33.2%	30.6%
Married Parents	23.8%	21.7%
Single Father with Children	2.8%	2.6%
Single Mother with Children	6.7%	6.3%
Nonfamily Households	27.0%	31.2%

Source: ACS Table S1101 (5-Year Estimate)

In 2018, nearly 70% of children under 6 years of age lived in married-couple family households. There were more children living in single female-headed households than in single male-headed households.

Figure 5.



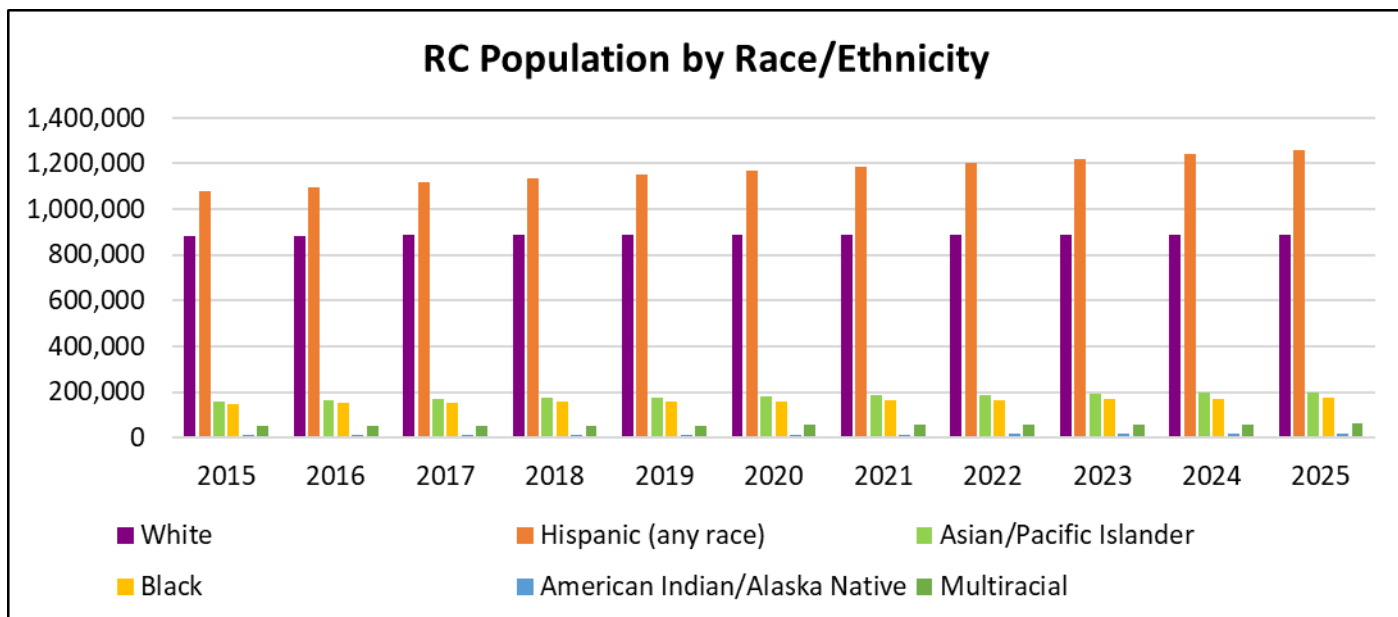
Source: ACS Table S1101 (5-Year Estimate)

Why is this important?

Children raised in single-parent households are more likely to live below the poverty level than in married-couple family households. Parents raising children in these conditions may need additional state resources.

Population by Race/Ethnicity

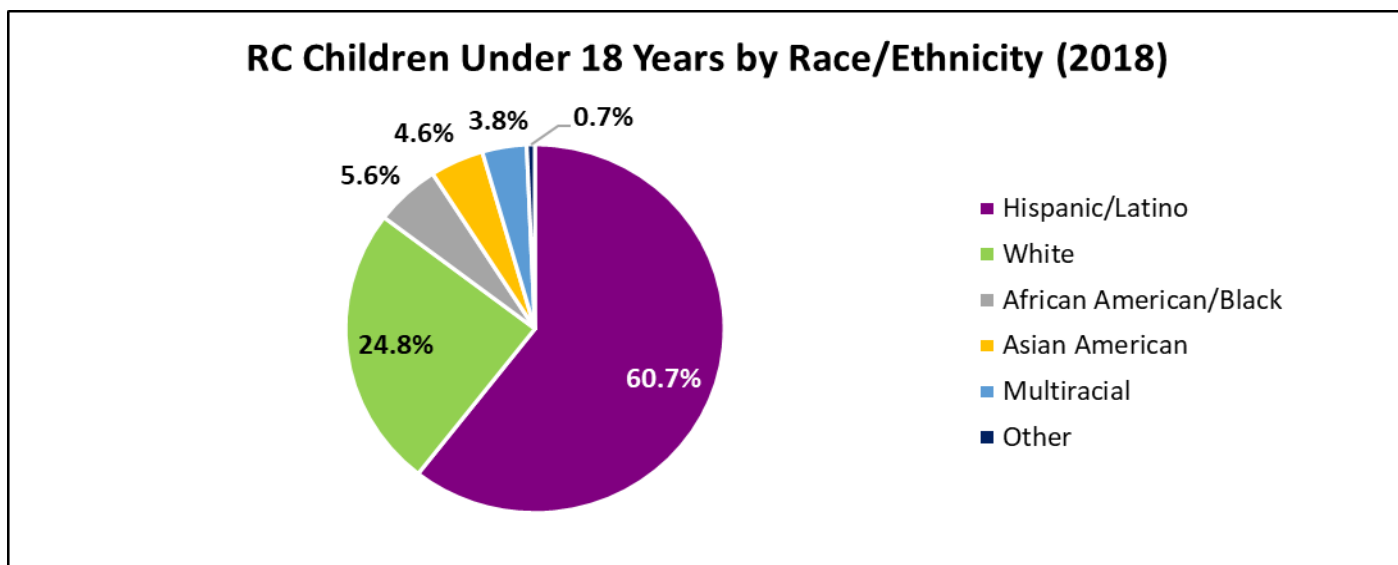
Figure 6.



Source: Department of Finance

Most race and ethnic group populations in RC are forecasted to remain relatively stable over the next five years, while the Hispanic/Latino population will continue to increase. Hispanic/Latinos represent the largest population, followed by White, Asian/Pacific Islander, Black/African American, and Native American.

Figure 7.



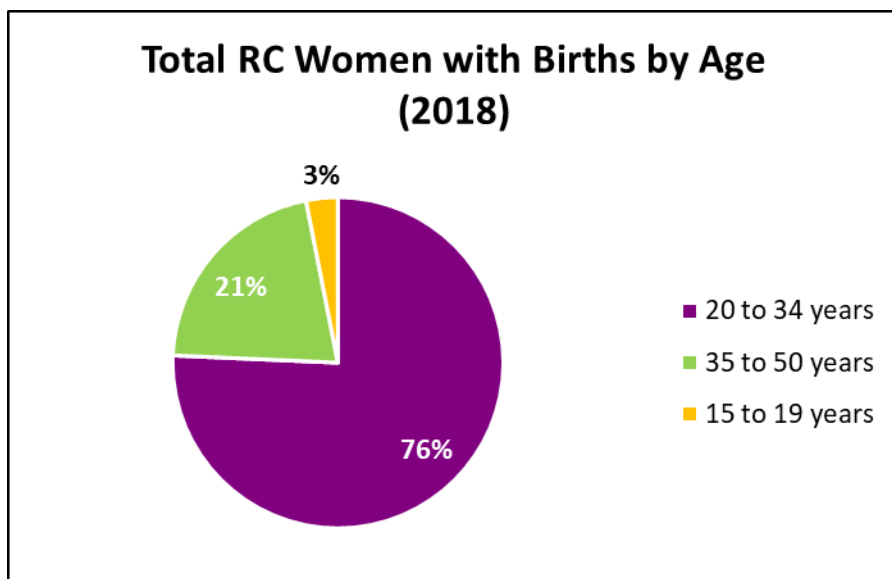
Source: kidsdata.org

Why is this important?

Understanding the racial, ethnic, and cultural sub-groups in Riverside County is important for program planning purposes. Programs and services need to be designed to meet the specific cultural needs of these communities.

Birth in the County

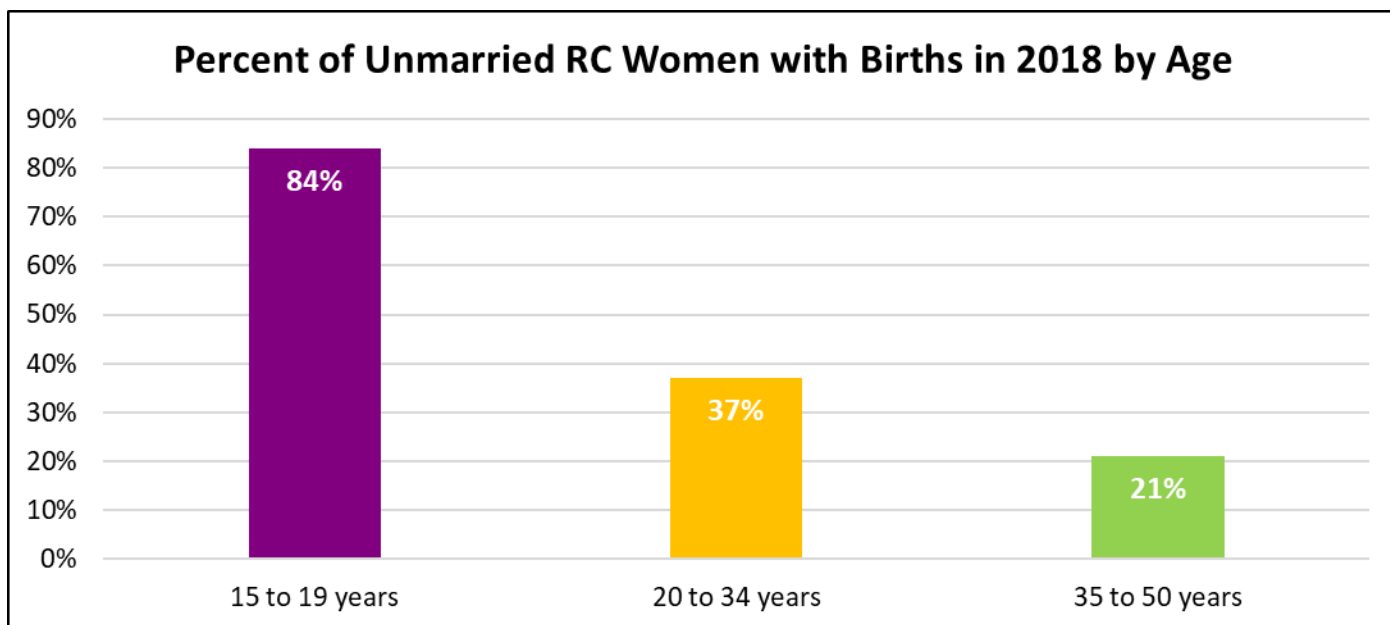
Figure 8.



There were a total of 29,212 RC women who gave birth in 2018. Three percent of the births were to women ages 15 to 19 years. Of those women ages 15 to 19 who gave birth, 84% of them were unmarried. State department of Finance population data projections show 17,649 births to women 15-19 years of age. Overall in the last 5 years teen births have declined.

Source: ACS Table S1301 (5-Year Estimate)

Figure 9.



Source: ACS Table S1301 (5-Year Estimate)

Why is this important?

Previous research suggests that single female-headed family households are at significantly greater risk of living below the poverty level than married couple or single male-headed family households. Single female-headed family households may be in greater need of additional resources.

Language Spoken

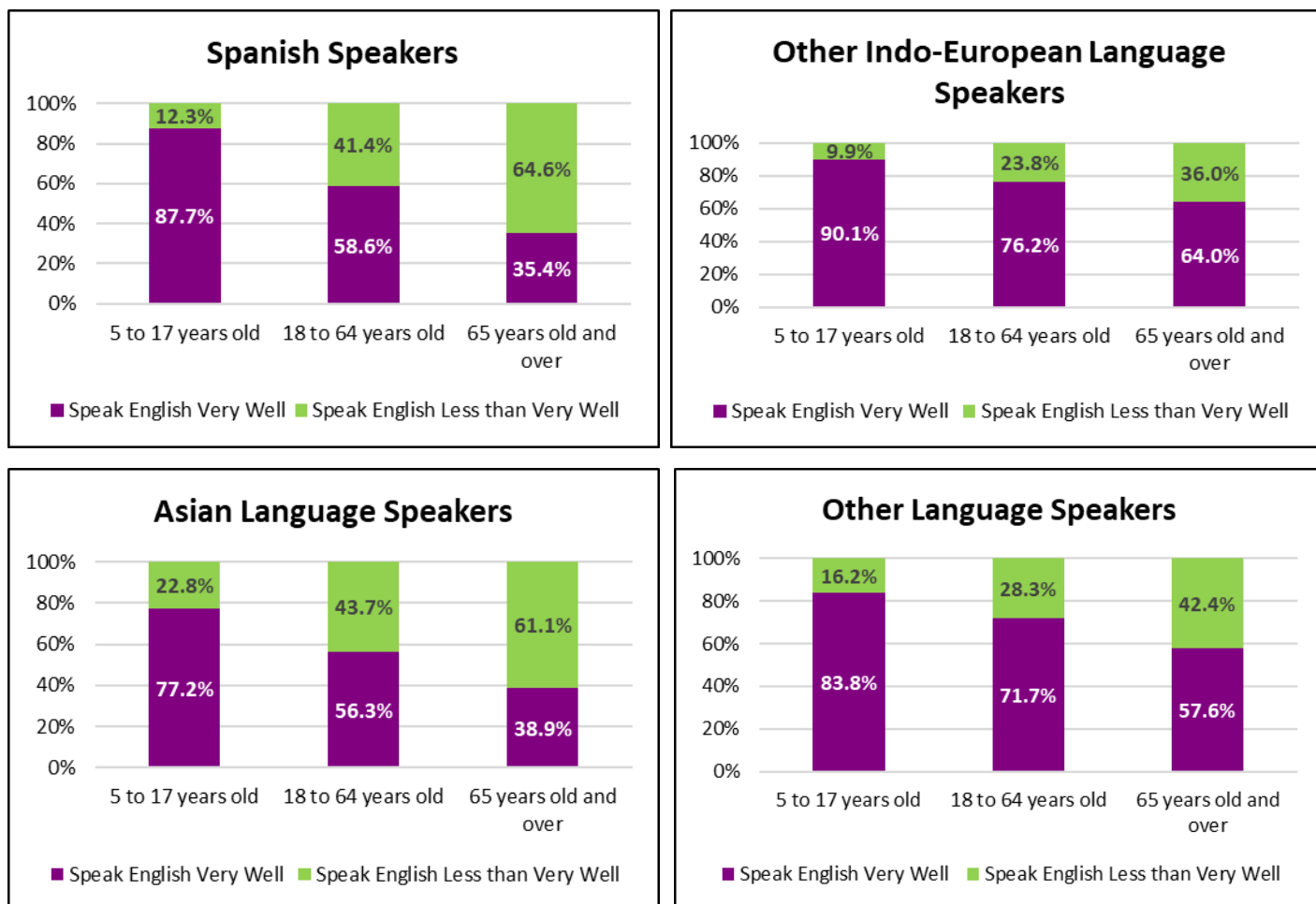
Table 2.

	2013	2014	2015	2016	2017	2018
RC Population 5 years and over	2,133,678	2,171,382	2,204,275	2,230,226	2,264,417	2,292,347
Speak only English	61%	60%	59%	59%	59%	58%
Speak a language other than English	39%	40%	41%	41%	41%	42%
Speak Spanish	33%	33%	34%	34%	34%	35%
Speak Other Indo-European languages	2%	2%	2%	2%	2%	2%
Speak Asian and Pacific Island languages	4%	4%	4%	4%	4%	5%
Speak Other languages	1%	1%	1%	1%	1%	1%

Source: ACS Table S1601 (1-Year Estimate)

For those speaking a language other than English. Adult Spanish speakers and Asian language speakers had significant proportions of people that spoke English less than “very well”. Older Adults are much more likely to speak English less than “very well” compared to other age groups.

Figure 10.



Source: ACS Table S1601 (5-Year Estimate)

Chapter 3. Families in Need

This chapter provides an overview of Socio-Economic Status and covers the following:

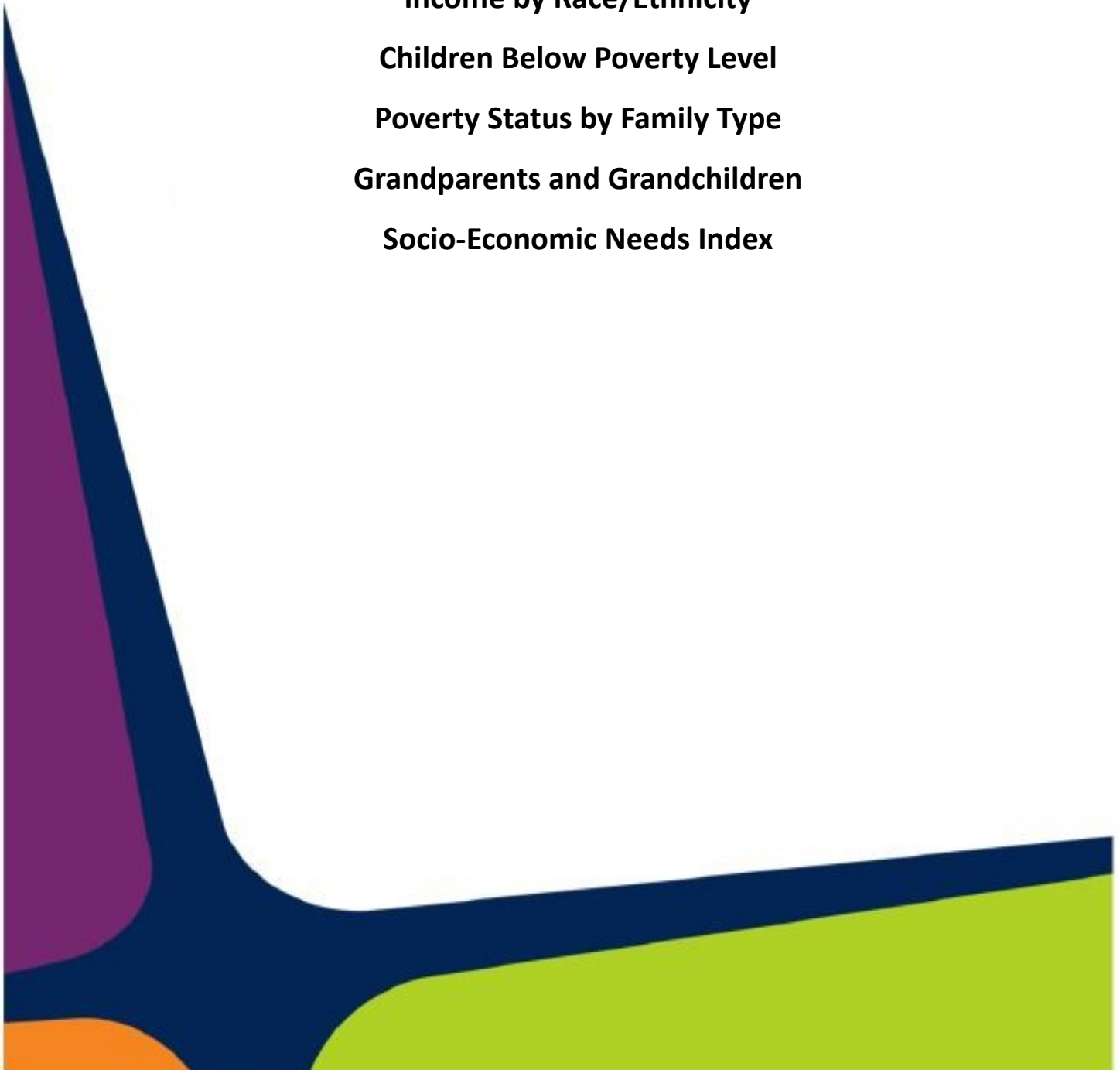
Income by Race/Ethnicity

Children Below Poverty Level

Poverty Status by Family Type

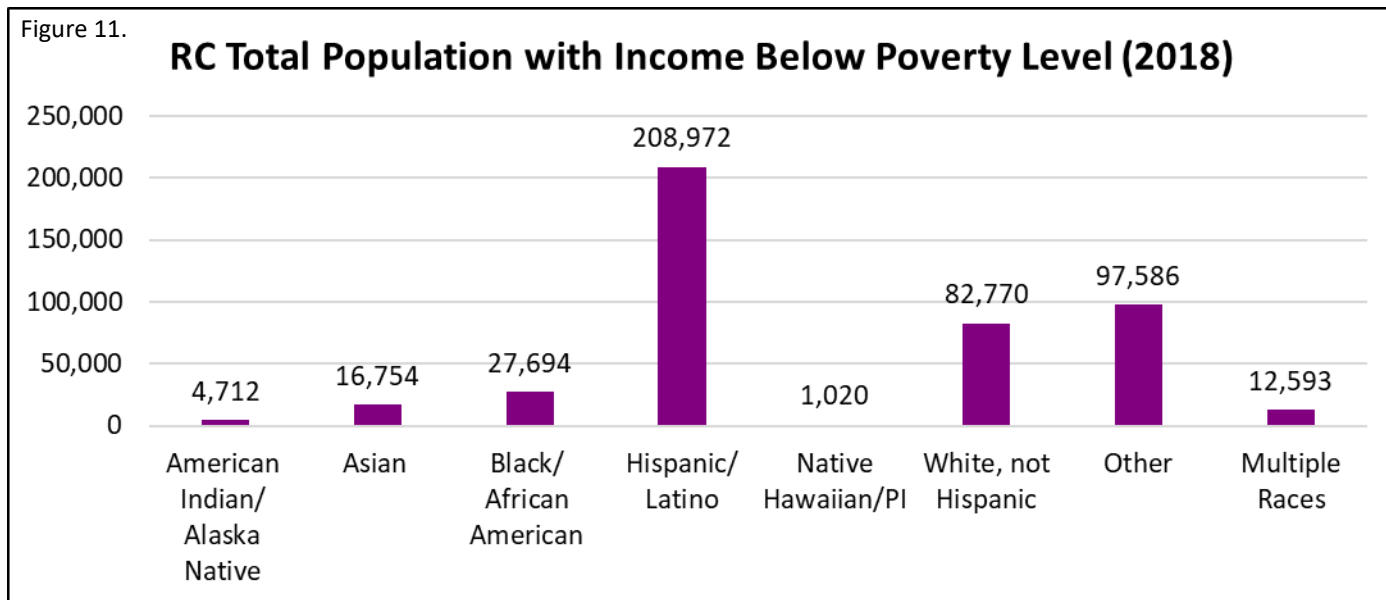
Grandparents and Grandchildren

Socio-Economic Needs Index



Income by Race/Ethnicity

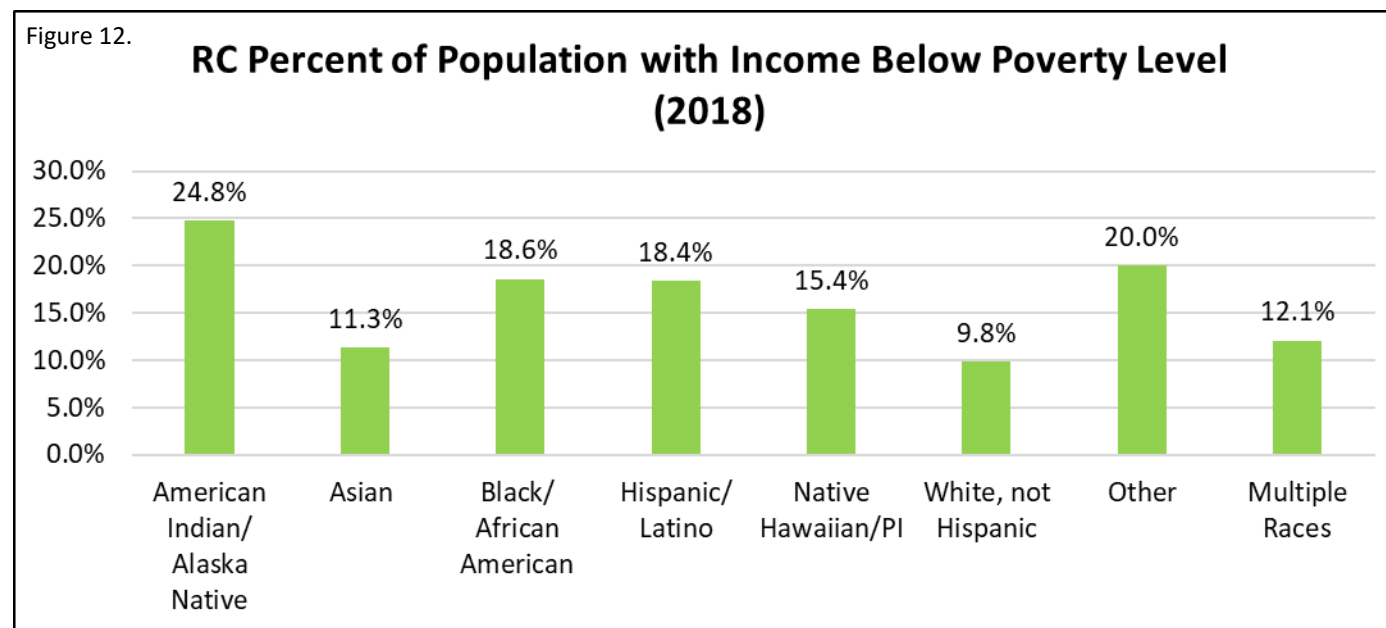
Most RC residents with incomes below poverty level in 2018 were Hispanic/Latino. Although most residents with incomes below poverty level are Hispanic/Latino, American Indian/Alaska Natives had the highest rate of incomes below poverty level for their demographic subgroup in 2018 (see Figure 12). Black/African American while only 6% of the population also had high rates of poverty.



Source: ACS Table S1701 (5-Year Estimate)

Why is this important?

Identifying which subgroups account for the largest number of poverty cases and which subgroups have the highest poverty rate can help in targeting those populations most in need of county services.



Source: ACS Table S1701 (5-Year Estimate)

Children below poverty level

20%

RC children under 18 years
living below poverty level in
2018

There were an estimated 120,685 RC children who were living below the poverty level in 2018 out of 604,254 RC children for whom poverty status was determined.

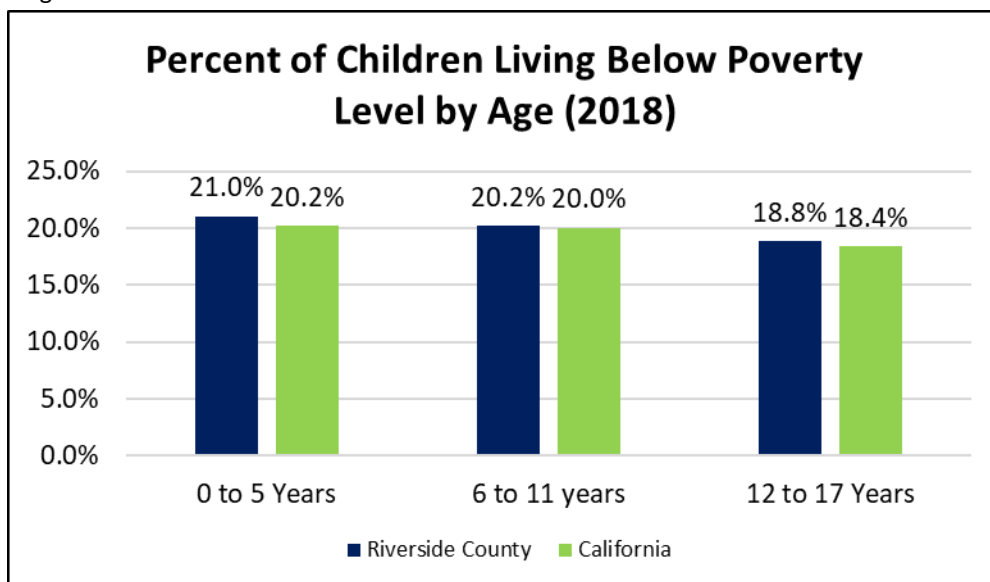
21%

RC children under 6 years
living below poverty level in
2018

There were a total of 39,258 RC children under the age of 6 years who were living below the poverty level in 2018 out of 186,752 RC children for whom poverty status was determined.

RC has similar child poverty rates to California overall for all age groups.

Figure 13.



Source: ACS Table B17001 (5-Year Estimate)

Table 3.

Family/ Household Size	Poverty Guideline
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

Source: US Department of Health and Human Services

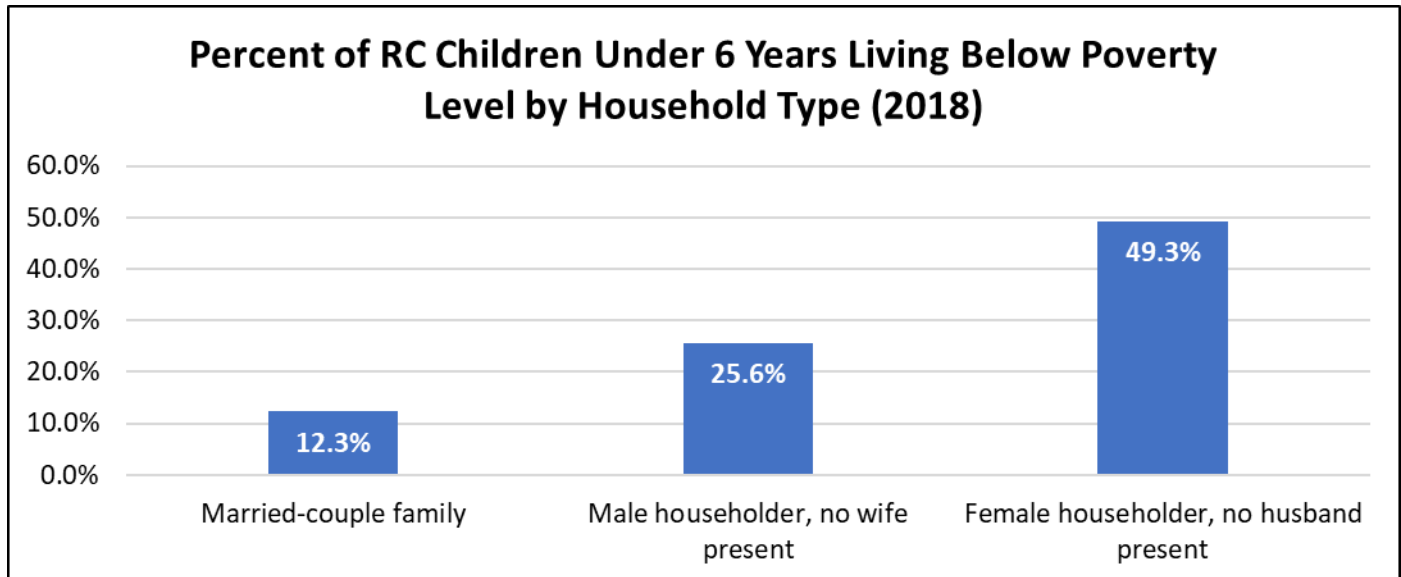
Why is this important?

Poverty in young children has been shown to be related to poorer outcomes across many domains including health and education. The toxic stress of poverty can stunt children's development, creating opportunity gaps that can last a lifetime. Targeting program planning for those most in need can improve child development for this vulnerable sub-population.

Poverty Status by Family Type

The rate of RC children living below the poverty level in 2018 was significantly higher for single female-headed households (49%) compared to married couple and single male-headed households. An estimated 152,756 (25%) children live in family households which received Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP during 2018.

Figure 14.

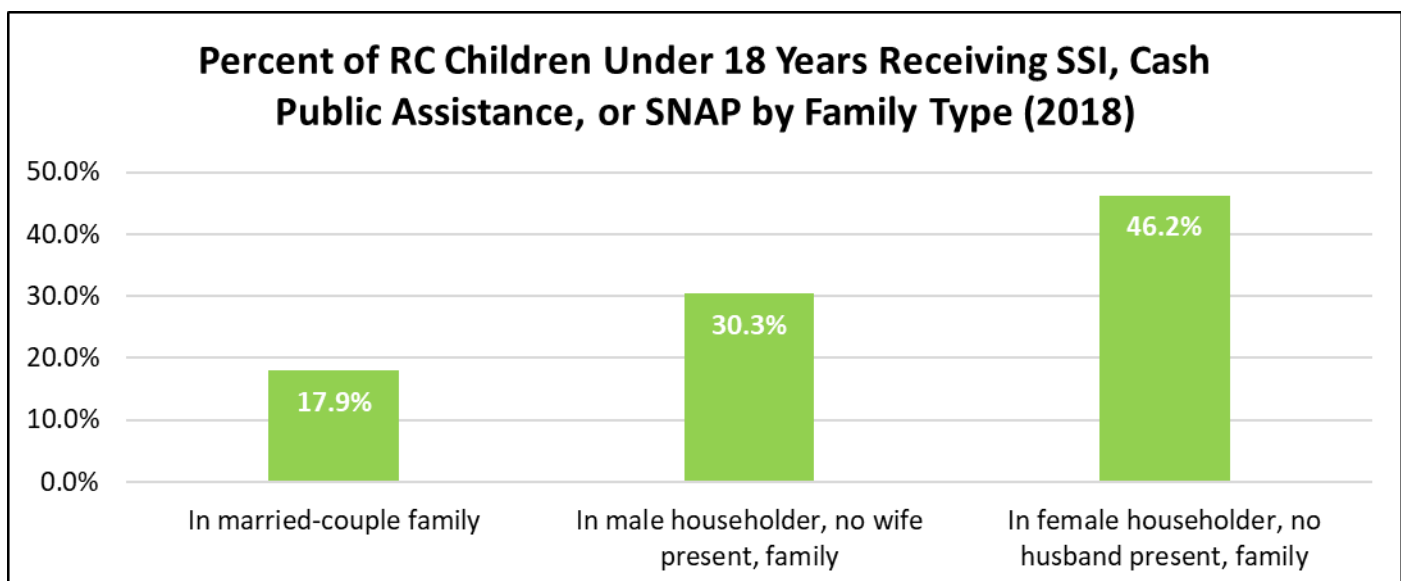


Source: ACS Table B17006 (5-Year Estimate)

Why is this important?

Families of female-headed households may uniquely benefit from county services that provide child care and other support services for young children.

Figure 15.



Source: ACS Table B09010 (5-Year Estimate)

Grandparents and Grandchildren

Table 3.

Riverside County Grandchildren	Total Children
Living with grandparent householder	61,578
Children under 6 years	29,451
Children 6 to 11 years	19,371
Children 12 to 17 years	12,756
Living with grandparent householder responsible	19,255
Living with grandparent householder responsible with parent present	14,441
Living with grandparent householder responsible with no parent	4,814

Source: ACS Table B10001 (5-Year Estimate)

84,766

Total grandparents living with own grandchildren under 18 years

- In labor force (43.2%)
- Foreign born (52.9%)
- Speak other language (58.6%)
- Speak English less than “very well” (40.8%)
- Income in the past 12 months below poverty level (11.1%)

Source: ACS Table S1002 (5-Year Estimate)

Why is this important?

Grandparents are often caring for young children in multi-generational families, or grandparents have stepped in to raise their own grandchildren when natural parents are unable to care for them. It is important to consider grandparents needs when designing program planning as their care can have an important influence on young children’s development.

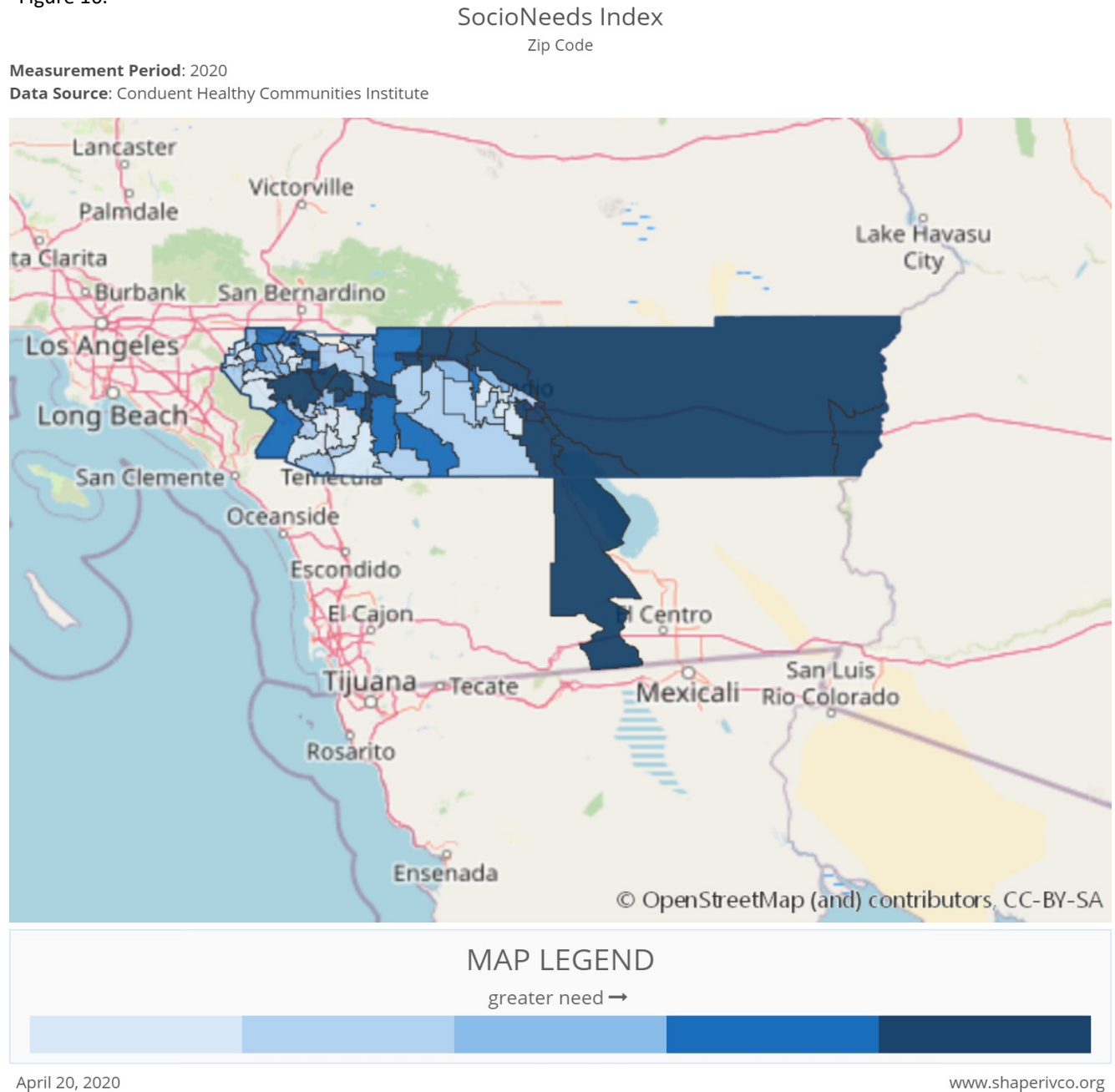
17,046

Grandparents living with own grandchildren under 18 years (responsible for grandchildren)

- In labor force (52.6%)
- Foreign born (37.9%)
- Speak other language (47.9%)
- Speak English less than “very well” (26.2%)
- Income in the past 12 months below poverty level (14.3%)

Source: ACS Table S1002 (5-Year Estimate)

Figure 16.



The 2019 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index value is created from various social and economic factors that are well known to be strong determinants of health outcomes such as poverty and education. The index ranges from 0 to 100 and the zip codes with the highest values are estimated to have the highest socioeconomic need, which is correlated with preventable hospitalizations and premature death. Large areas of the Desert are region are less populated Note: A detailed list of the highest risk zip codes can be found in the appendix.

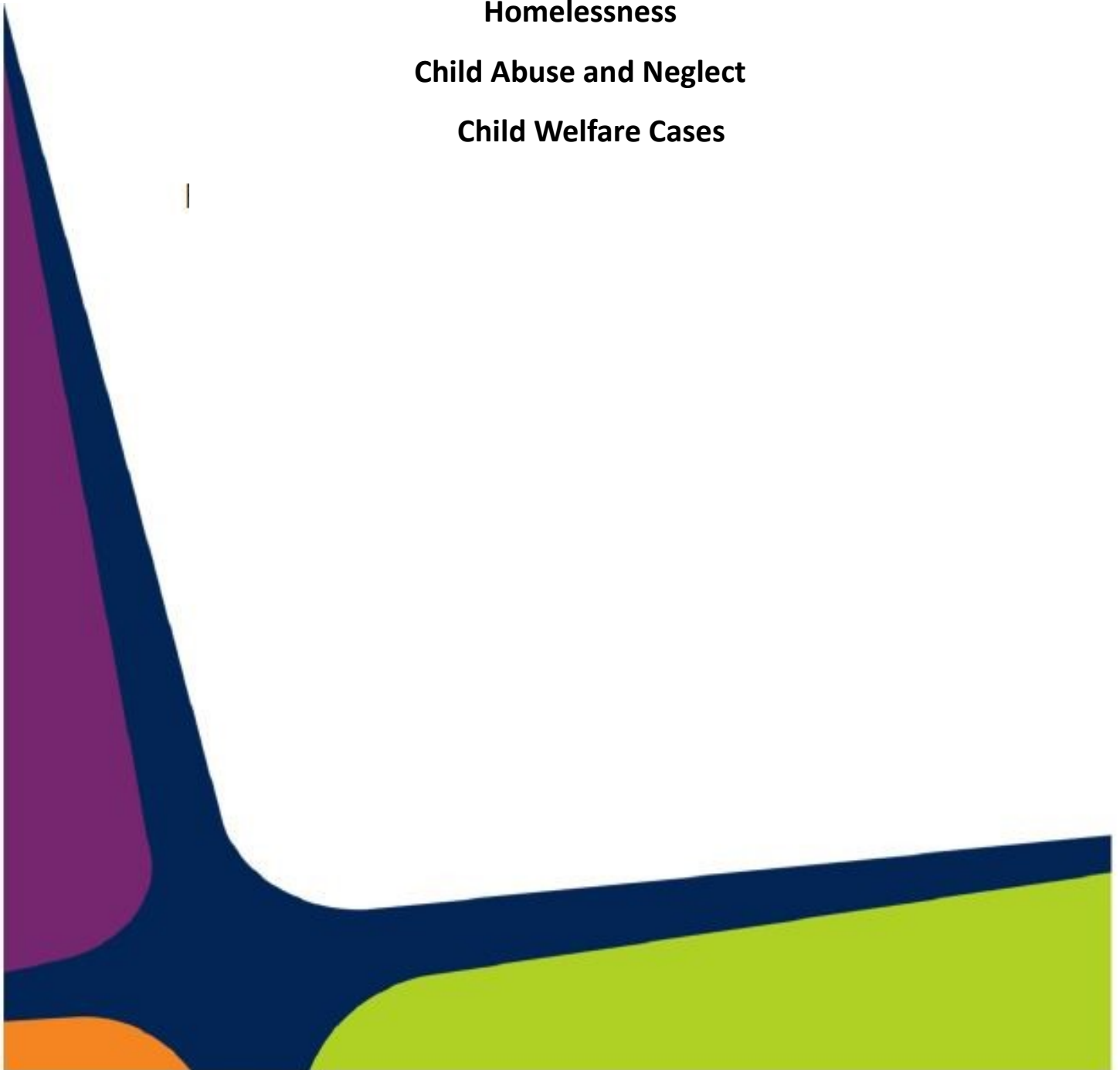
Chapter 4. At Risk or Stressed Families

This chapter provides an overview of:

Homelessness

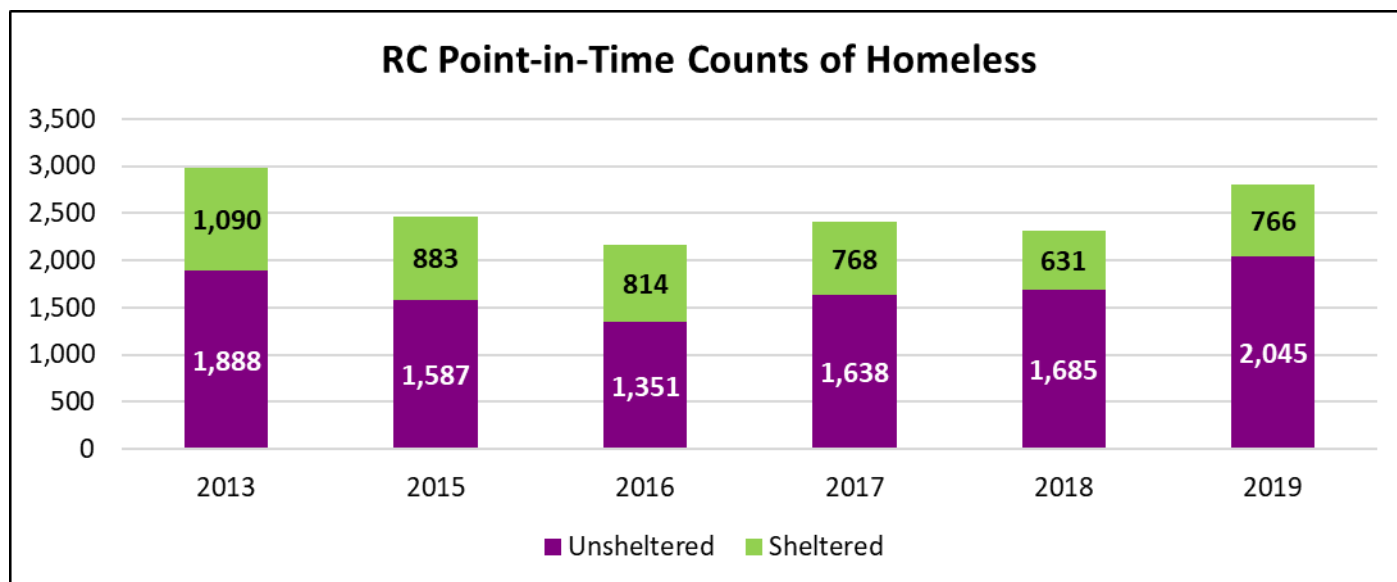
Child Abuse and Neglect

Child Welfare Cases



Homelessness

Figure 17.



Source: Department of Public Social Services Point-in-Time Homeless Count and Survey

The Department of Public Social Services conducts a Point-In-Time (PIT) Homeless Count and Survey to get a snapshot of Riverside County's homeless population at one particular point-in-time. There were an estimated 214 RC children or 82 RC families with children that were homeless in 2019. A small number of these children and families were unsheltered. The overall PIT Homeless Count was higher than in the previous 4 years.

Table 4.

Riverside County 2019 Homeless Point-In-Time Survey			
	Unsheltered	Sheltered	Total Count
Individuals	2,045	766	2,811
Adults (≥25)	1,718	484	2,202
Youth (18-24)	181	83	264
Children (≤17)	15	199	214
Unknown Ages	131	0	131
Households	1,843	558	2,401
Chronically Homeless	727	77	804
Families with Children	5	77	82
Substance Abuse (Drug or Alcohol)	498	59	557
Mental Health Conditions	367	148	515
Veterans	107	56	163

Source: Department of Public Social Services Point-in-Time Homeless Count and Survey

Child Abuse and Neglect

The rate of reports of child and abuse and neglect among all races/ethnicities were higher in RC than in California overall in 2018. Black or African American & Native American/Alaska Native children are more likely to be have identified child abuse cases than other races/ethnicities, with Asian/Pacific Islander residents having the lowest rate of reports per 1,000 children. Figure 18 presents a visual depiction of the data found in Table 5.

Table 5. Reports of Child Abuse and Neglect

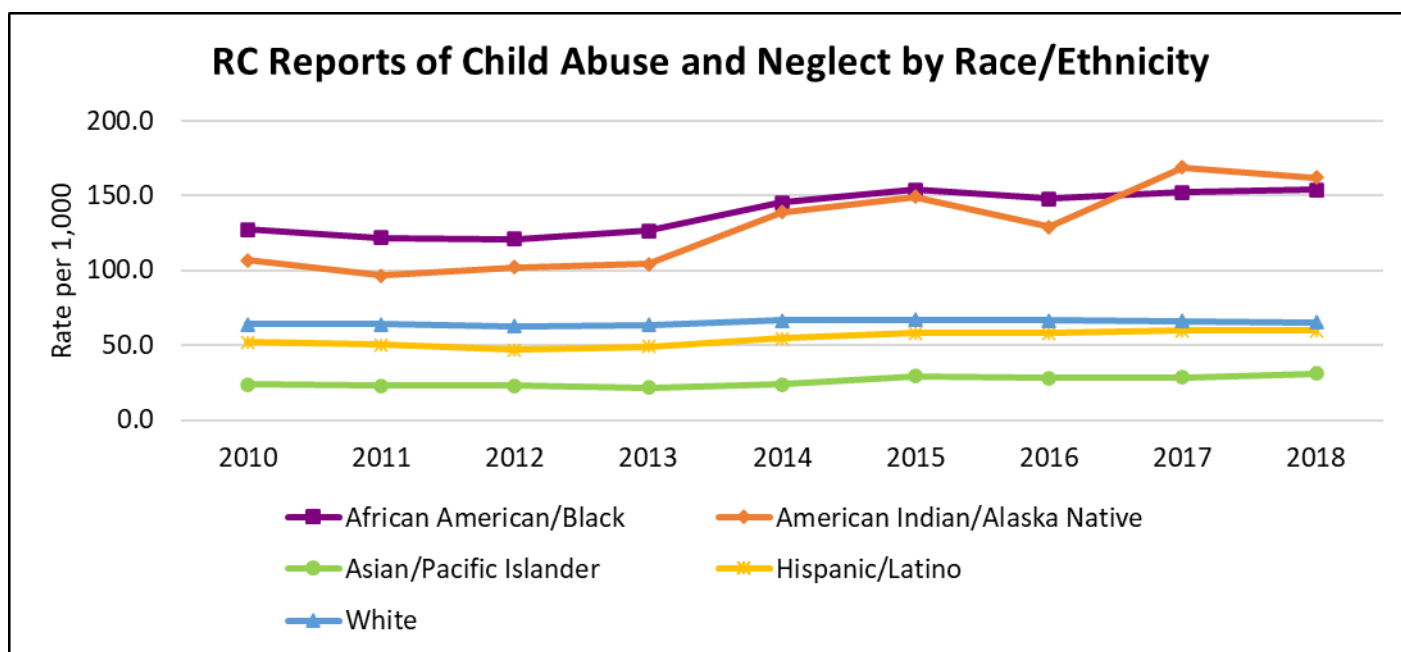
Race/Ethnicity	State/County	Rate per 1,000 people						
		2012	2013	2014	2015	2016	2017	2018
African American/Black	CA	130.0	130.5	135.2	134.8	132.0	130.3	124.3
	Riverside County	121.1	126.5	145.3	153.9	148.0	152.1	154.0
American Indian/Alaska Native	CA	107.9	113.9	124.7	130.4	128.9	131.7	127.0
	Riverside County	102.0	104.4	138.9	149.2	128.9	168.9	162.1
Asian/Pacific Islander	CA	17.6	17.4	17.4	18.1	18.2	19.3	19.5
	Riverside County	22.8	21.9	23.8	29.2	28.3	28.6	31.0
Hispanic/Latino	CA	51.3	51.5	53.6	53.8	53.0	52.8	49.8
	Riverside County	47.0	49.2	54.5	58.2	58.2	59.9	59.7
White	CA	47.6	45.8	45.9	46.0	44.8	44.4	43.4
	Riverside County	62.9	63.5	66.7	66.9	66.7	66.0	65.3

Source: kidsdata.org

Why is this important?

This data can be important program planning focused on the need for parenting resources including parenting classes and parent resource and referral to a variety of supports and services in the community.

Figure 18.



Source: kidsdata.org

Child Welfare Cases

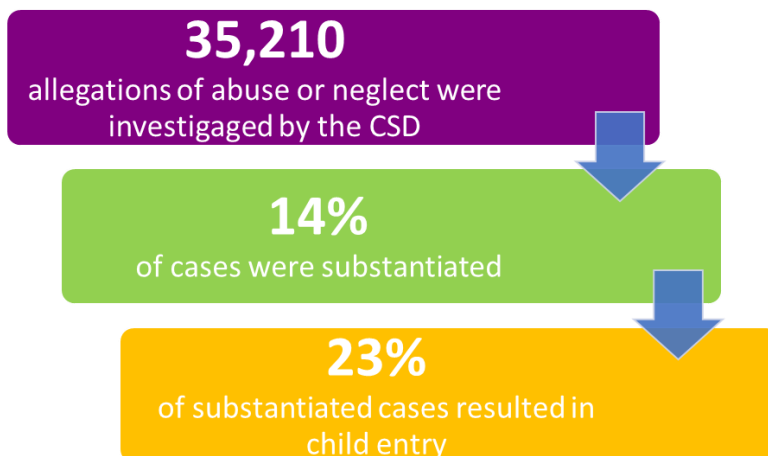
Table 7.

DPSS: RC Child Welfare Cases by Race/Ethnicity of Children 2018		
Race/Ethnicity	General Child Population	Child Welfare Caseload
Hispanic/Latino	60.8%	55.3%
White	24.6%	22.6%
Black/African-American	5.3%	15.9%
Asian/Pacific Islander	4.7%	0.8%
Native American	0.4%	0.5%
Two or more races	4.2%	4.9%

Source: Department of Public Social Services

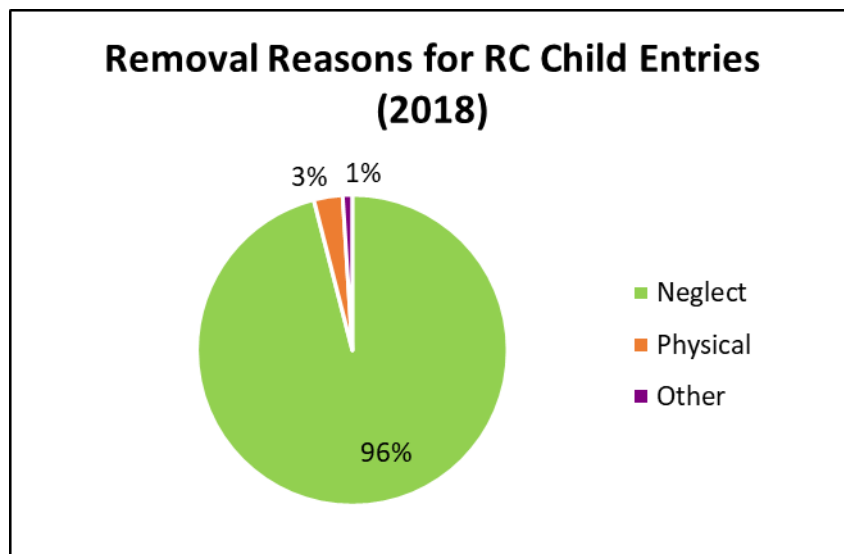
Figure 20.

- In 2018 there were 40,511 children with one or more maltreatment allegations.
- Of the allegations received, 87% resulted in a CSD Investigation.
- Black or African American youth were over represented in the open child welfare caseload while Asian/Pacific Islander youth were underrepresented.



Source: Department of Public Social Services

Figure 21.



Source: Department of Public Social Services

Why is this important?
Resources for parents who are investigated but do not have their children removed can be an important in preventing child abuse and neglect. Also for resources for parents seeking to be reunited with their children could benefit from additional parenting resources.

Child Welfare



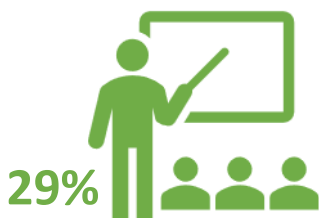
9.2

per 1,000 children in 2018 who first entered care in Riverside County were under 1 year old.

Source: Department of Public Social Services

Why is this important?

The population of child welfare open cases has a high proportion of very young children in the 0-5 age group. Parenting resources for this vulnerable population could be an important consideration for program planning



of reporters were education professionals in 2018



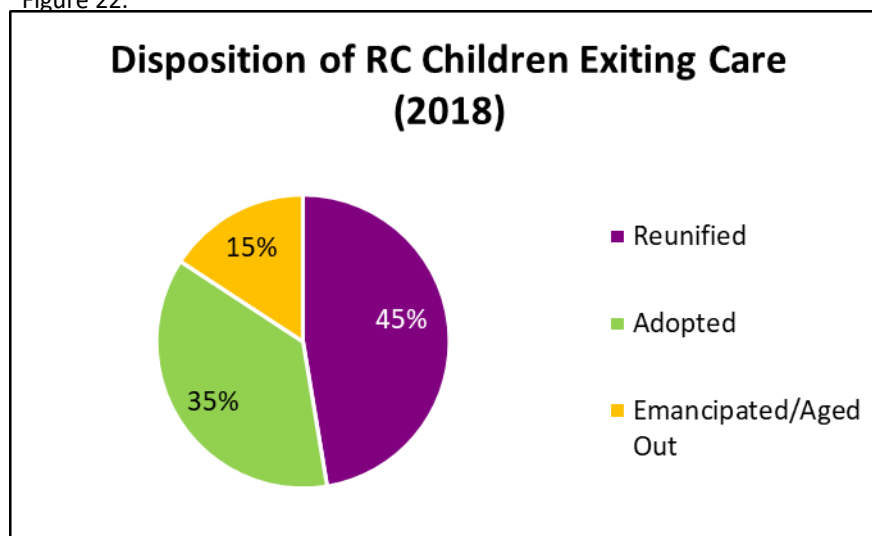
of reporters were medical professionals or therapists in 2018



of reporters were law enforcement professionals or therapists in 2018

Source: Department of Public Social Services

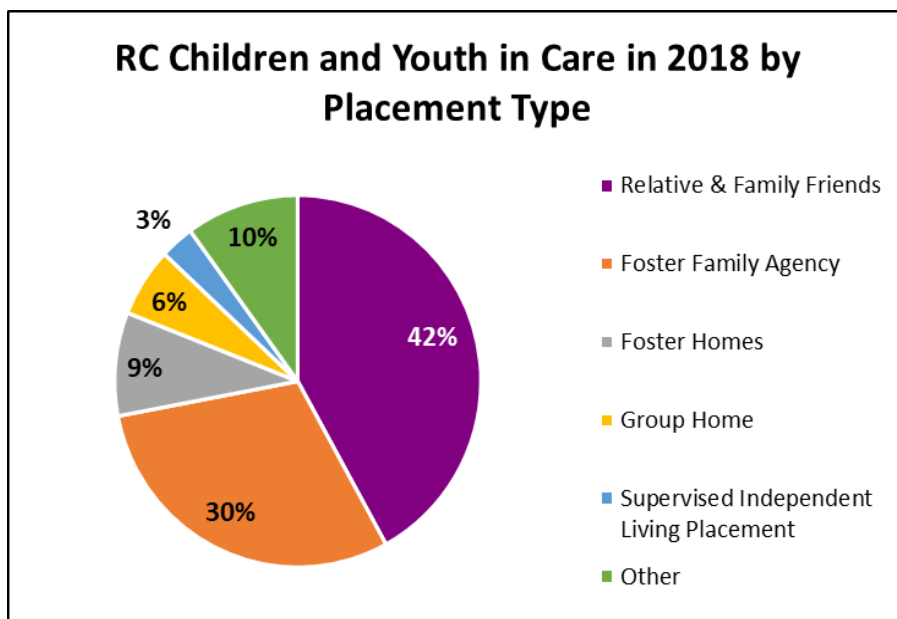
Figure 22.



Source: Department of Public Social Services

Child Welfare and Foster Care

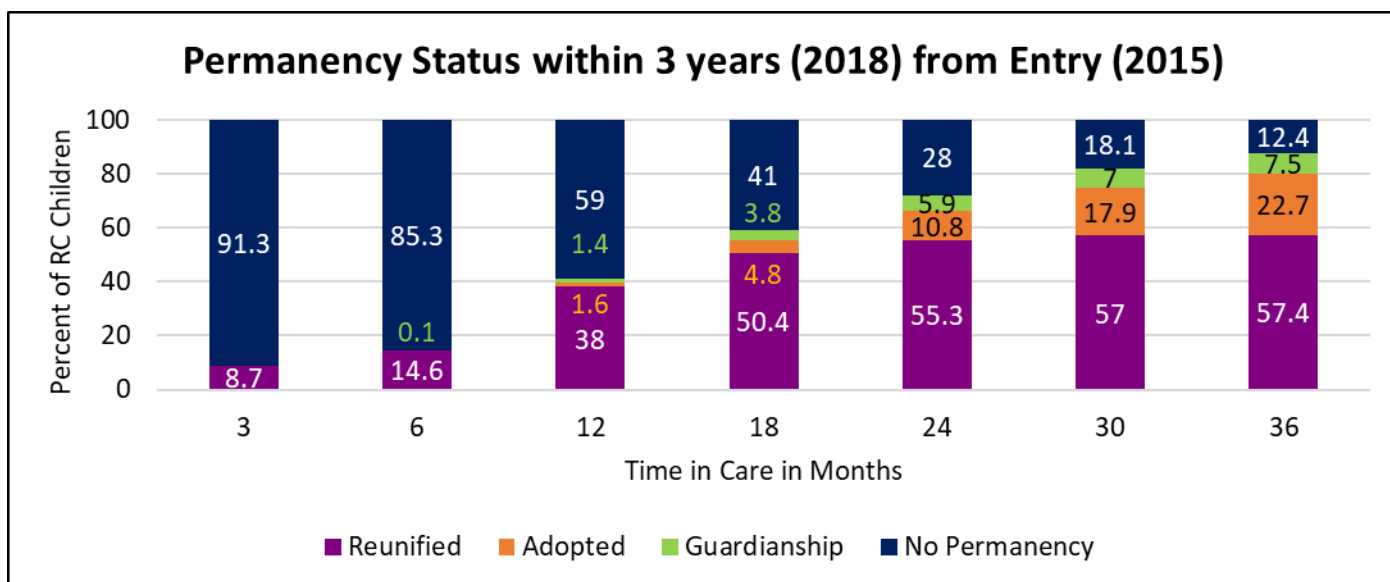
Figure 23.



The highest percentage of children and youth who are removed from homes due to abuse and neglect are placed with relatives and family friends. Figure 24 illustrates that after 18 months in child welfare care over 50% of children and youth are reunified with their family. After one year of being in child welfare care, most children (59%) are still not permanently placed in a living situation.

Source: Department of Public Social Services

Figure 24.



Source: Department of Public Social Services

Why is this important?

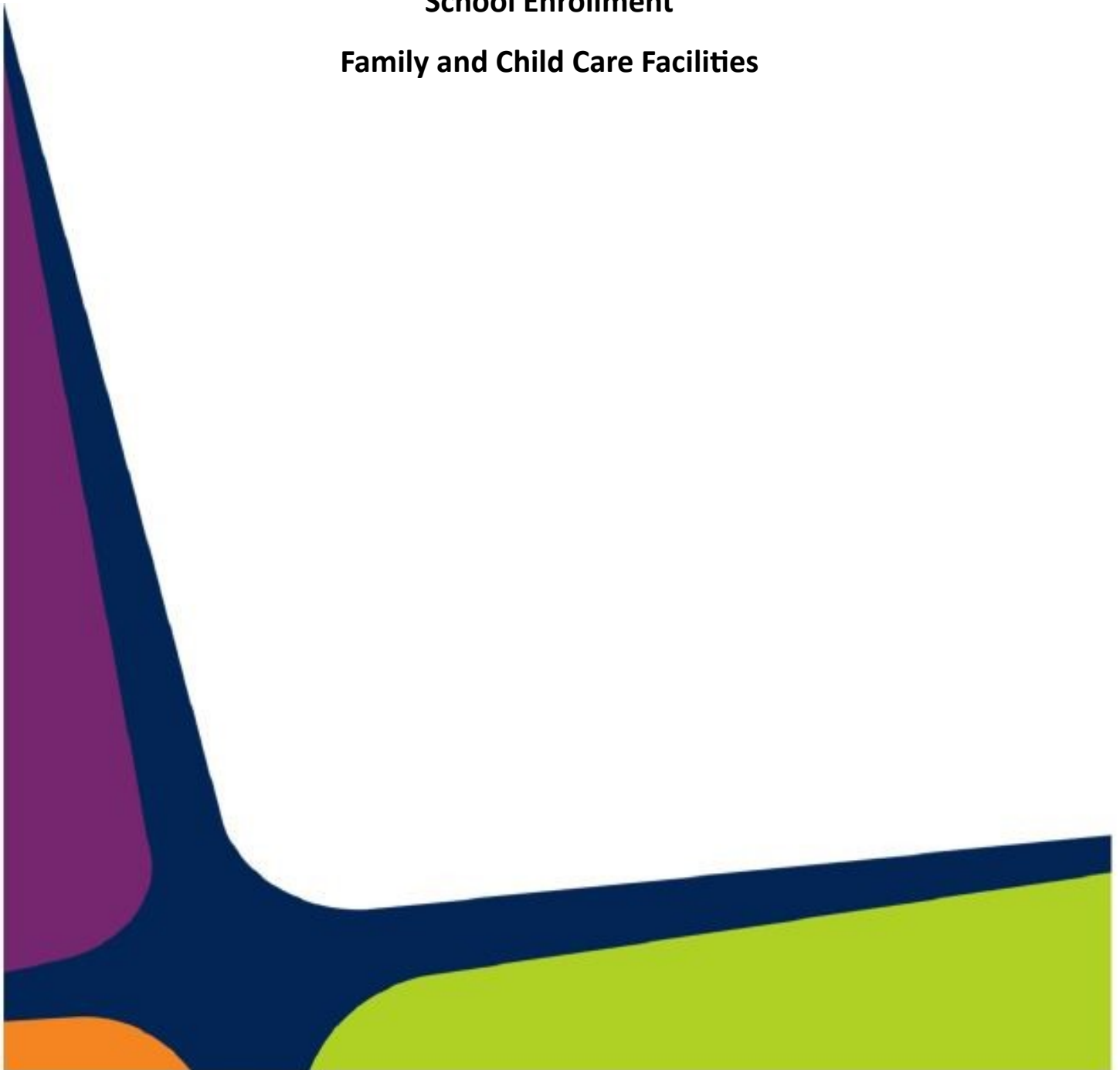
Access to resources for parents who are reunified after their children are removed and access to resources for foster parents can be important program considerations, especially since many children are quite young when they become involved in child welfare.

Chapter 5. Early Childhood Services and Resources

This chapter provides an overview of:

School Enrollment

Family and Child Care Facilities



School Enrollment



66,472

RC children ages 3 to 4 years

Approximately 36% of RC children ages 3 to 4 years are enrolled in school in 2018. Most RC children enrolled in nursery or preschool were Hispanic/Latino (43%), followed by white (21%) and “some other race” (15%).



24,157

RC children ages 3 to 4 years enrolled in school



63% in Public School

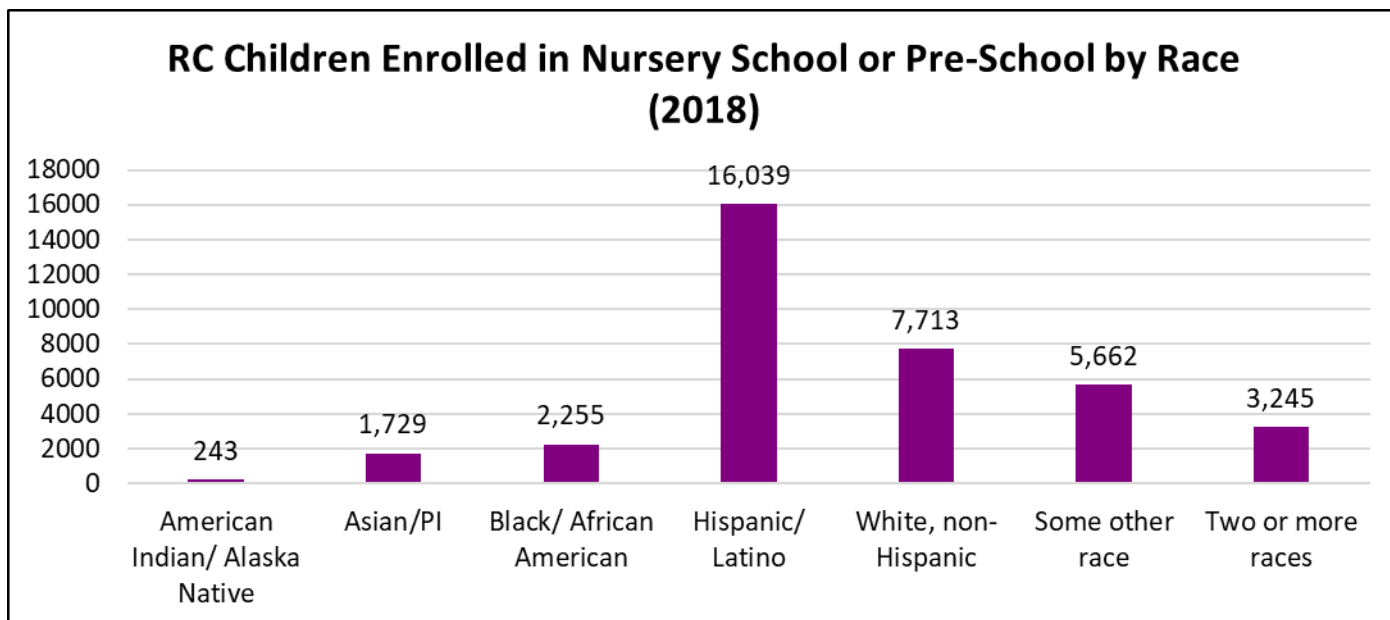
37% in Private School

Source: ACS Table S1401 (5-Year Estimate)

Why is this important?

Participation in nursery and preschool can lead to better future educational outcomes on children. Since only 36% of RC children ages 3 to 4 years were enrolled in nursery or preschool, it is important to determine what factors prevent parents from enrolling their children in school and how county resources can be used to help alleviate those factors.

Figure 19.



Source: ACS Tables B14007 A-I (5-Year Estimate)

Family and Child Care Facilities



633

Licensed RC Family Home Care Facilities in 2020



8,832

Total Family Home Care Facility Capacity

Source: State Community Care Licensing Website

Most licensed family home care facilities had a maximum capacity of 14, while a few facilities had a maximum capacity of 12. Corona and Moreno Valley had the highest number of facilities (72 each), while Anza, Cabazon, Calimesa, Canyon Lake, Mountain Center, and Romoland had the lowest number of family home care facilities (1 for each city). See the appendix for a full count of licensed family home care facilities by city.

Table 8.

Licensed Child Care Centers by Type (2020)					
Child Care Type	Total Centers	Total Capacity	Average Capacity	Minimum Capacity	Maximum Capacity
DAY CARE CENTER	371	24,721	66.6	12	390
DAY CARE CENTER - ILL CENTER	2	15	7.5	5	10
INFANT CENTER	83	2,065	24.9	4	63
SCHOOL AGE DAY CARE CENTER	106	5,108	48.2	12	165
Grand Total	562	31,909	56.8		

Source: State Community Care Licensing Website



562

Licensed RC Child Care Centers in 2020



31,909

Total Child Care Center Capacity

Child Day Care Centers accounted for a majority of the child care center total capacity (77%). There was significant variation in child care center capacity (see Table 8). The City of Riverside had the highest number of facilities (126) and the city with the second highest number of child care centers was Corona with 50 centers.. The cities of Anza, Canyon Lake, Cherry Valley, Idyllwild, and Quail Valley had the lowest number of child care centers (1 for each city). See the appendix for a full count of licensed child care centers by city.

Chapter 6. Maps

Map RUHS-BH County Children Clinics



Riverside University Health System-Behavioral Health

Children County Clinics

Map below shows the County operated mental health treatment clinics for children and family that are located in Riverside County.

Riverside County Map & RUHS-BH Children's Service Locations

Western Geographic Region:

- Riverside - Preschool 0-5 Programs (3 treatment rooms)
- Corona - Family, Adolescent, & Children's Treatment (FACT)
- Jurupa - West Riverside Elementary School *
- Moreno Valley - Moreno Valley Children's Interagency Program (MVCIP)
- Riverside - Riverside Family Wellness Center (Rustin)

Mid County Geographic Region:

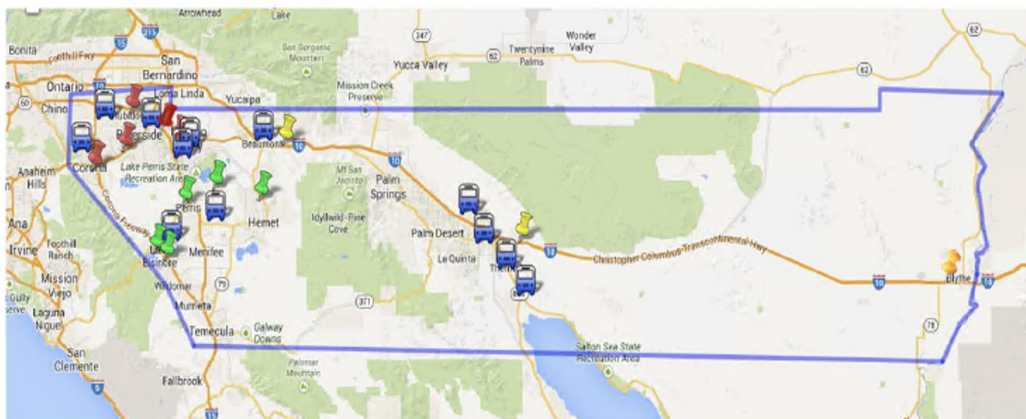
- Lake Elsinore - Lake Elsinore Children's Behavioral Health Clinic
- Lake Elsinore - Heald Street Academy Child Development Center *
- Perris - Rob Reiner Child Development Center *
- Nuevo - Nuvview Elementary School *
- San Jacinto - Mt. San Jacinto Children's Behavioral Health Clinic
- Temecula - Temecula Children's Behavioral Health Clinic

Desert Geographic Region:

- Banning - Banning Behavioral Health Clinic
- Indio - Indio Behavioral Health Clinic
- Blythe - Blythe Behavioral Health Clinic

Prevention and Early Intervention Mobile Services (PEIMS) Field Sites:

- | | | |
|------------------------------|----------------------------------|--------------------------------------|
| Western | Mid County | Desert |
| Riverside - Highgrove Elem | Romoland - Boulder Ridge Elem | Indio - Van Buren Elementary |
| Jurupa - Troth Elementary | Lake Elsinore - Earl Warren Elem | Thermal - Thermal Head Start |
| Corona - Home Gardens HS | San Jacinto - Hyatt Elementary | Mecca - Mecca Head Start |
| Norco - Riverview Elementary | | Beaumont - Beaumont Head Start |
| | | Desert Hot Springs - Two Bunch Palms |



- ★ **Current Early Intervention Services Provided by SET-4-School CBOs***
- Rob Reiner Center (Perris)
- Heald Academy (Lake Elsinore/SNAP)
- Nuvview Elementary (Nuevo)
- Riverside USD
- West Riverside Elementary (Jurupa)

* May be provided at campuses across partner districts, not limited to single school site

All sites on the map have PCIT labs except: San Jacinto - lab currently inactive

Preschool 0-5 Programs - Updated 4.2018 for First 5 Planning

Appendix

Department of Finance Total Population

Department of Finance Total Births

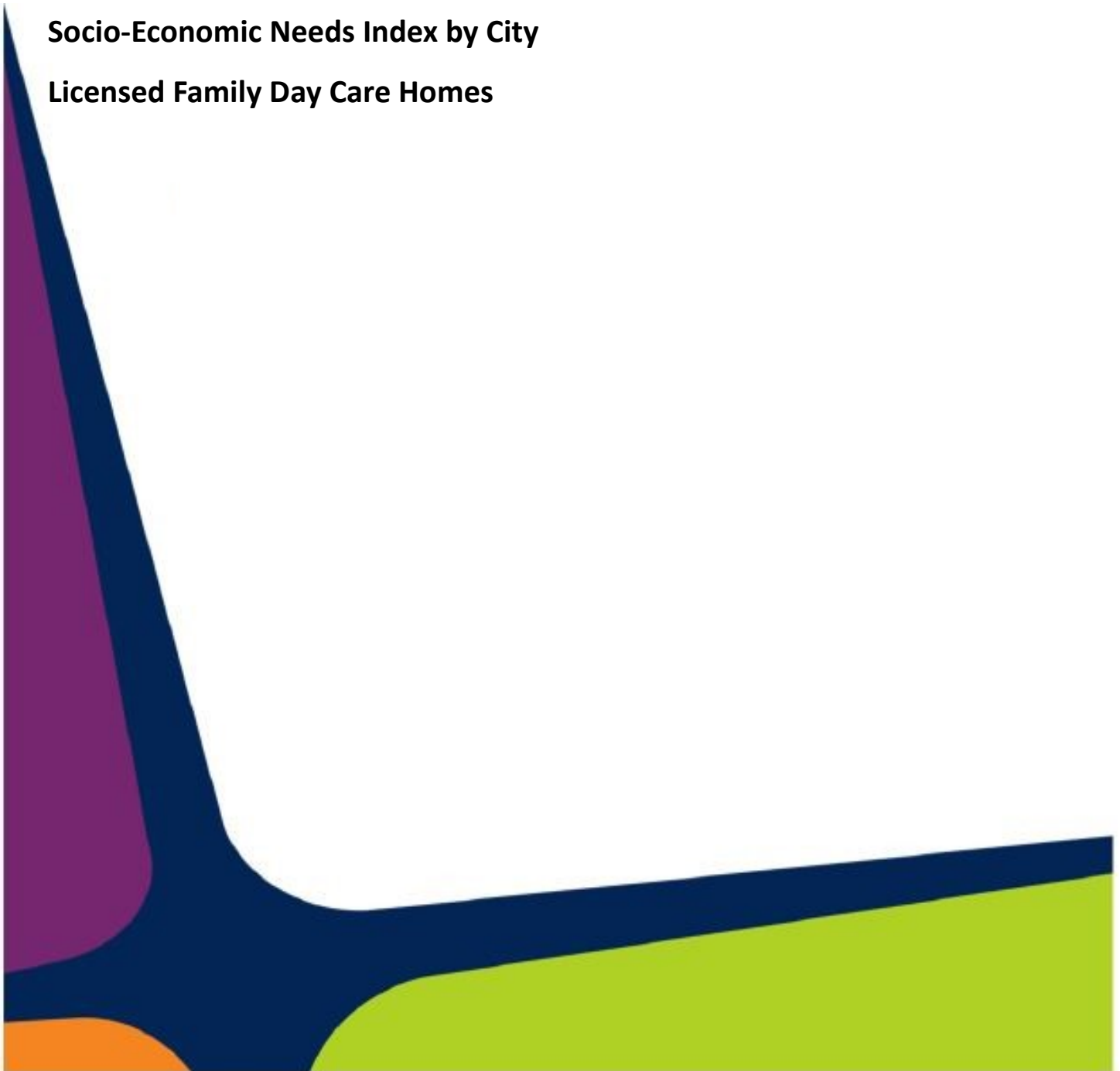
Department of Finance Riverside County Population by Age

Riverside County Total Population by Race/Ethnicity

Point in Time Homeless Count

Socio-Economic Needs Index by City

Licensed Family Day Care Homes



Department of Finance: Total Population		
	Riverside County	California
2015	2,332,491	39,055,383
2016	2,360,984	39,308,636
2017	2,392,055	39,590,613
2018	2,420,714	39,817,785
2019	2,443,454	39,959,095
2020	2,468,145	40,129,160
2021	2,493,228	40,311,230
2022	2,518,930	40,507,293
2023	2,544,885	40,716,512
2024	2,571,016	40,938,929
2025	2,597,656	41,176,614

Department of Finance: Total Births		
	California	Riverside County
2015	491,789	30,509
2016	488,925	30,682
2017	471,806	29,880
2018	454,244	28,684
2019	464,300	30,001
2020	457,500	30,780
2021	454,103	31,036
2022	451,948	31,239
2023	449,396	31,380
2024	447,700	31,509
2025	448,290	31,449

Department of Finance: Riverside County Child Population by Age				
	0 to 5 years	6 to 11 years	12 to 17 years	Total
2015	182,886	210,893	210,063	603,842
2016	183,229	209,657	209,041	601,927
2017	182,416	209,238	209,492	601,146
2018	181,235	207,358	210,474	599,067
2019	176,080	203,485	212,482	592,047
2020	175,497	200,280	214,387	590,164
2021	175,588	197,839	215,439	588,866
2022	176,317	197,325	214,512	588,154
2023	178,053	195,104	214,117	587,274
2024	181,113	193,222	211,961	586,296
2025	187,607	188,633	208,839	585,079

Appendix

Department of Finance: Riverside County Population by Race/Ethnicity						
	White	Hispanic (any race)	Asian/Pacific Islander	Black	American Indian/Alaska Native	Multiracial
2015	882,333	1,080,302	158,064	148,714	13,141	49,937
2016	885,167	1,097,103	163,116	151,117	13,537	50,944
2017	885,573	1,119,518	168,154	152,915	13,908	51,987
2018	886,947	1,137,176	173,196	156,035	14,295	53,065
2019	888,135	1,151,718	176,738	158,265	14,617	53,981
2020	888,767	1,168,297	180,450	160,709	14,935	54,987
2021	889,384	1,185,016	184,349	163,232	15,182	56,065
2022	889,463	1,202,983	188,044	165,739	15,521	57,180
2023	889,292	1,221,357	192,040	168,123	15,790	58,283
2024	888,838	1,240,373	195,983	170,355	16,106	59,361
2025	888,349	1,259,602	200,160	172,668	16,441	60,436

Point-in-Time Counts of Homeless in Riverside County		
Year	Unsheltered	Sheltered
2013	1,888	1,090
2015	1,587	883
2016	1,351	814
2017	1,638	768
2018	1,685	631
2019	2,045	766

Riverside County 2019 Homeless Point-In-Time Surveys			
	Unsheltered	Sheltered	Total Count
Individuals	2,045	766	2,811
Adults (≥25)	1,718	484	2,202
Youth (18-24)	181	83	264
Children (≤17)	15	199	214
Unknown Ages	131	0	131
Households	1,843	558	2,401
Chronically Homeless	727	77	804
Families with Children	5	77	82
Substance Abuse (Drug or Alcohol)	498	59	557
Mental Health Conditions	367	148	515
Veterans	107	56	163

Appendix

SocioNeeds Index in Riverside County (2020)				
Zip Code	Index	City	Rank	Population
92254	99.9	Mecca	5	13,783
92274	99.6	Thermal	5	26,815
92236	98.6	Coachella	5	47,123
92230	96.3	Cabazon	5	2,544
92543	96.3	Hemet	5	36,183
92240	96.2	Desert Hot Springs	5	40,766
92570	94.8	Perris	5	62,320
92239	94.6	Desert Center	5	7,414
92241	94.2	Desert Hot Springs	5	10,065
92553	94.2	Moreno Valley	5	78,798
92521	93.7	Riverside	5	655
92225	93.4	Blythe	5	17,128
92548	93.3	Homeland	5	6,692
92571	92.7	Perris	5	60,881
92201	92.2	Indio	5	68,122
92583	91.9	San Jacinto	5	33,887
92567	91.5	Nuevo	5	9,075
92282	91.4	Whitewater	5	1,488
92551	88.7	Moreno Valley	4	37,002
92220	88.1	Banning	4	33,871
92507	87.3	Riverside	4	60,900
92509	86.2	Riverside	4	79,960
92530	85.6	Lake Elsinore	4	56,222
92545	84.2	Hemet	4	44,918
92544	82.6	Hemet	4	47,514
92234	81.9	Cathedral City	4	56,328
92501	79	Riverside	4	22,334
92539	78.9	Anza	4	5,168
92505	77.7	Riverside	4	50,461

Source; Shape Riverside County

Appendix

Table of Licensed Family Home Care Facilities by City (2020)					
City	Total Facilities	Total Capacity	Average Capacity	Minimum Capacity	Maximum Capacity
ANZA	1	14	14	14	14
BANNING	10	140	14	14	14
BEAUMONT	14	196	14	14	14
BERMUDA DUNES	2	28	14	14	14
BLYTHE	4	56	14	14	14
CABAZON	1	14	14	14	14
CALIMESA	1	14	14	14	14
CANYON LAKE	1	14	14	14	14
CATHEDRAL CITY	23	322	14	14	14
CHERRY VALLEY	2	28	14	14	14
CHINO HILLS	2	28	14	14	14
COACHELLA	49	686	14	14	14
CORONA	72	1,008	14	14	14
DESERT HOT SPRINGS	11	154	14	14	14
EASTVALE	25	350	14	14	14
HEMET	29	388	13.4	12	14
IDYLLWILD	2	28	14	14	14
INDIO	33	462	14	14	14
JURUPA VALLEY	3	42	14	14	14
LA QUINTA	11	154	14	14	14
LAKE ELSINORE	18	252	14	14	14
MECCA	17	238	14	14	14
MENIFEE	23	322	14	14	14
MIRA LOMA	7	98	14	14	14
MORENO VALLEY	72	1,002	13.9	12	14
MOUNTAIN CENTER	1	14	14	14	14
MURRIETA	35	490	14	14	14
NORCO	4	56	14	14	14
PALM DESERT	10	138	13.8	12	14
PALM SPRINGS	3	42	14	14	14
PERRIS	24	334	13.9	12	14
RIVERSIDE	54	756	14	14	14
ROMOLAND	1	14	14	14	14
SAN JACINTO	19	266	14	14	14
SUN CITY	4	54	13.5	12	14
TEMECULA	11	154	14	14	14
THERMAL	4	56	14	14	14
THOUSAND PALMS	5	70	14	14	14
WILDOMAR	11	154	14	14	14
WINCHESTER	14	196	14	14	14
Grand Total	633	8,832	13.95		

Appendix

Table of Licensed Child Care Centers by City (2020)					
City	Total Centers	Total Capacity	Average Capacity	Minimum Capacity	Maximum Capacity
ANZA	1	20	20	20	20
BANNING	8	408	51	18	77
BEAUMONT	6	264	44	18	69
BERMUDA DUNES	4	353	88.3	30	163
BLYTHE	7	349	49.9	16	160
CABAZON	2	143	71.5	23	120
CALIMESA	5	187	37.4	4	77
CANYON LAKE	1	49	49	49	49
CATHEDRAL CITY	6	248	41.3	24	96
CHERRY VALLEY	1	71	71	71	71
COACHELLA	7	336	48	24	75
CORONA	50	3,150	63	20	252
DESERT HOT SPRINGS	9	450	50	22	165
EASTVALE	5	409	81.8	12	181
HEMET	25	1,484	59.4	12	108
IDYLLWILD	1	26	26	26	26
INDIO	21	831	39.6	14	88
JURUPA VALLEY	15	536	35.7	12	144
LA QUINTA	7	430	61.4	12	145
LAKE ELSINORE	12	721	60.1	22	156
MECCA	4	170	42.5	30	60
MENIFEE	12	857	71.4	24	144
MIRA LOMA	8	435	54.4	12	168
MORENO VALLEY	41	2,170	52.9	12	390
MURRIETA	37	2,346	63.4	12	224
NORCO	11	642	58.4	8	120
NORTH SHORE	2	41	20.5	18	23
NUEVO	3	254	84.7	24	140
PALM DESERT	22	1,258	57.2	12	120
PALM SPRINGS	17	858	50.5	15	99
PERRIS	18	1,230	68.3	24	237
QUAIL VALLEY	1	24	24	24	24
RANCHO MIRAGE	2	123	61.5	15	108
RIVERSIDE	126	6,803	54	8	220
ROMOLAND	2	99	49.5	40	59
SAN JACINTO	6	395	65.8	24	124
SUN CITY	2	172	86	82	90
TEMECULA	33	2,433	73.7	5	216
THERMAL	7	244	34.9	24	60
THOUSAND PALMS	4	197	49.3	24	72
WILDOMAR	8	434	54.3	12	120
WINCHESTER	3	259	86.3	25	144
Grand Total	562	31,909	56.8		