



FY 2023-24 Report on
Thrive by 5



Submitted by



Prepared by

Optimal Solutions Consulting

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WHAT IS THRIVE BY 5?

Thrive by 5 is a countywide, cross-sector initiative dedicated to supporting the health and well-being of pregnant and parenting families with young children, birth – age 5, so that:



Children and families are healthy



Children and families are ready for kindergarten



Children live in safe, nurturing families



Families have the resources they need to support children's optimal development

Achieving these goals requires a collaborative, holistic approach to building and enhancing the prenatal through age 5 (PN-5) service delivery system. This means that Thrive by 5 partners:

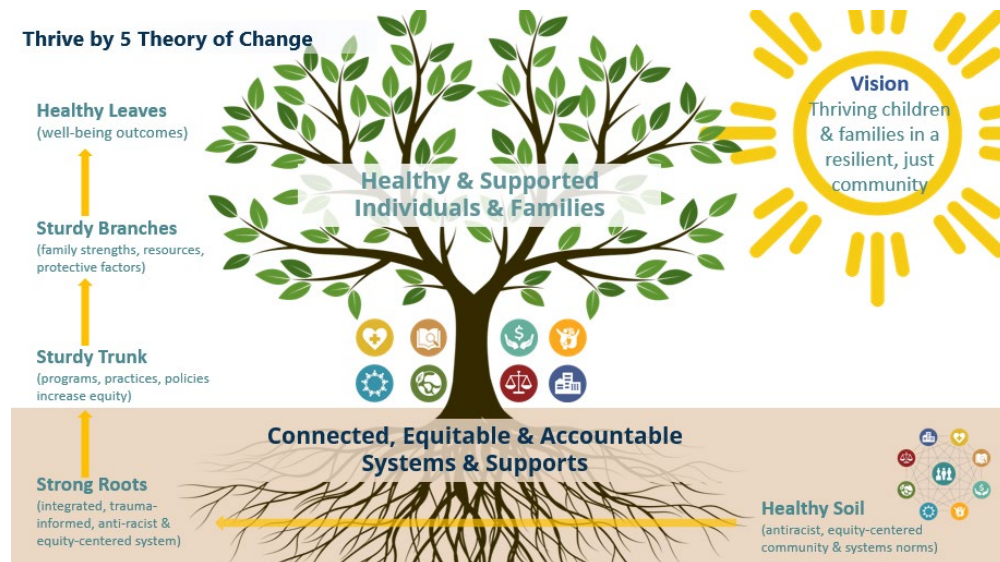


The initiative was launched in January 2017 when the Santa Cruz County Board of Supervisors (Board) established the Thrive by Three Early Childhood Fund (the Fund) as a dedicated funding source to improve outcomes for pregnant and parenting families with young children and strengthen the prenatal-3 system of care. In May 2022, the Board approved expanding the scope and purpose of Thrive by Three to Thrive by 5 in order to create greater alignment with other early childhood initiatives and funding streams.

Each fiscal year since its inception, the Board has allocated \$350,000 of County General Funds to the Thrive by Three/Thrive by 5 Early Childhood Fund for early childhood services and system-building activities. Additional public and private funds contributed by the Health Services Agency (HSA), Human Services Department (HSD), First 5 Santa Cruz County (First 5), and other partners have supported a broader range of service coordination and capacity building, beyond the County's direct investments. First 5 leads the coordination and evaluation of this countywide initiative in partnership with HSD and HSA, with guidance from an Advisory Committee. Each year, First 5 prepares a report that provides a communitywide "snapshot" of PN-5 well-being and Thrive by 5 activities and results. This report summarizes key indicators, activities, and accomplishments during Fiscal Year (FY) 2023-24.

THRIVE BY 5 THEORY OF CHANGE

Thrive by 5 is guided by a shared vision of **thriving children and families in a resilient, just community**. The theory of change acknowledges that fulfilling this vision requires addressing the root causes of the “Pair of ACEs” —Adverse Childhood Experiences that occur in Adverse Community Environments (coined by the Center for Community Resilience at The George Washington University (<https://ccr.publichealth.gwu.edu/>) — which explicitly names systemic racism as a primary driver of the Pair of ACEs.



The theory of change states our shared belief that...

IF we work together to cultivate **Healthy Soil**, characterized by community and system norms and narratives that are strengths-based, community-centered, antiracist, and advance equity,

AND we nurture **Strong Roots** by building an integrated, trauma-informed, antiracist, and equity-centered system of prevention where family and institutional leaders share power and co-design solutions,

AND support a **Sturdy Trunk**, where programs, practices, and policies create the CORE Conditions for Health & Well-being,

THEN Sturdy Branches will grow and multiply because families will have what they need to build Protective Factors, provide Positive Childhood Experiences, and influence policies and systems that impact their well-being,

SO THAT Healthy Leaves are vibrant and abundant, and all children, youth, and families are healthy and thriving. Differences in opportunities and well-being outcomes are not predictable based on race, ethnicity, gender, age, sexual orientation, income, immigration status, or other aspects of social and cultural identities.

CORE CONDITIONS FOR HEALTH & WELL-BEING

The **CORE Conditions for Health & Well-being**, developed as part of the County’s Collective of Results and Evidence-based (CORE) Investments, are integral to the Thrive by 5 theory of change. These eight vital, interconnected CORE Conditions — with equity at the center — provide a holistic framework and common language for understanding the conditions and resources that young children and their families need in order to experience optimal health and well-being throughout life.



Health and Wellness

Optimal physical, mental, social-emotional, behavioral, and spiritual health across the life span



Lifelong Learning and Education

High-quality education and learning opportunities from birth through the end of life



Economic Security and Social Mobility

Stable employment, livable wages, food security, ability to afford basic needs, wealth accumulation, and prosperity



Thriving Families

Safe, nurturing relationships and environments that promote optimal health and well-being of all family members across generations



Community Connectedness

A sense of belonging, diverse and inclusive neighborhoods and institutions, vibrant arts and cultural life, and the power of civic engagement



Healthy Environments

A clean, safe, sustainable natural environment and a built environment and infrastructure that supports health and well-being



Safe, Just Communities

Fair, humane approaches to ensuring personal, public, and workplace safety that foster trust, respect, and dignity







Stable, Affordable Housing and Shelter

An adequate supply of housing and shelter that is safe, healthy, affordable, and accessible

STRATEGIC GOALS, IMPACTS & INDICATORS

First 5 compiles data on key community-level indicators of well-being for young children (prenatal-5) and their families. This provides a cohesive strategic framework for the Thrive by 5 initiative, aligned with the CORE Conditions for Health & Well-being. The data presented illustrate current conditions, trends over time, comparisons to state data, and notable differences by “equity dimensions” (race/ethnicity, age, etc.), if the data are available.

| Strategic Goal | Community Impacts & Indicators | CORE Conditions |
|--|--|---|
| <p>Children and families are healthy</p> | <p>Pregnant people access early prenatal care Early prenatal care</p> <p>Babies are born healthy Low birthweight and pre-term births</p> <p>Children receive preventive health care Health and dental insurance Well-Child Visits, immunizations, and developmental screenings (Medi-Cal only) Preventive dental services</p> <p>Children experience nature and safe spaces to play Access to parks and open space</p> | <p>Health & Wellness Healthy Environments</p>  |
| <p>Children and families are ready for kindergarten</p> | <p>Children have access to quality care and early learning opportunities Enrollment and need for subsidized child care Daily reading with children</p> | <p>Lifelong Learning & Education</p>  |
| <p>Children live in safe, nurturing families</p> | <p>Children are born with assets that promote resilience Strong Start Score</p> <p>Parents/Caregivers have high levels of well-being Prenatal and postpartum depressive symptoms</p> <p>Children are safe in their families and homes Substantiated child maltreatment and foster care entry among young children</p> | <p>Thriving Families Community Connectedness Safe, Just Community</p>  |
| <p>Families have the resources they need to support children’s optimal development</p> | <p>Families have economic security and stable housing Children in families with low incomes Median income and Self-sufficiency Standard Children served by CalWORKs Unhoused children and families</p> | <p>Economic Security & Social Mobility Stable, Affordable Housing & Shelter</p>  |

CONTEXT & CAVEATS FOR DATA

The Strategic Goals, Community Impacts, and Community Indicator data highlighted in the Thrive by 5 annual report provide a point-in-time “snapshot” of the well-being of young children and their families, using the most current, publicly available data possible. These data highlight strengths, gaps, and differences in well-being that may warrant further exploration or collective action. However, these data only tell part of the story and should be considered carefully, in the right context, particularly given that:

- The data are inclusive but not exhaustive. While this report is thorough, it still contains a relatively small subset of data related to child and family well-being.
- The lingering effects of the pandemic are reflected in the data, not only in terms of the status of well-being (or areas of concern), but the consistency and reliability of trend data, which makes it difficult to accurately assess or interpret changes over time.
- Some data represent small numbers of children and families, which means percentages may not be representative of or generalizable to all children and families. The data are suppressed or masked by the original sources if the numbers or percentages are too small, to preserve confidentiality. This often means that data are available and can be disaggregated by equity dimensions at a state level and usually, but not always, at a county level. As the geographic area becomes more granular (city, zip code), data may be available, but they are often less likely to be disaggregated by equity dimensions due to small numbers.
- Some community-level indicators are not updated every year, as the frequency of data collection varies depending on the source.

It also should be noted that the County’s annual allocation to the Thrive by 5 Fund (\$350,000) is not sufficient on its own to be able to expect or demonstrate that program-level outcomes caused improvements in community impacts and indicators. Yet it’s reasonable to believe that the Thrive by 5 Fund and initiative help create **an integrated, effective prenatal–5 system of care that creates the conditions of well-being that are necessary for all young children and their families to thrive.**

The Community Impacts and Indicators included in this report were selected because taken together, they provide a holistic view of key influencers and drivers of health and well-being across the lifespan, beginning in the prenatal stage. The inclusion of specific Impacts or Indicators does not imply that particular programs or services are or will be funded by the County’s Thrive by 5 Fund. Rather, they serve as a reminder of the interconnectedness of the CORE Conditions and the importance of using all the tools in our collective toolbox — effective programs, practices, and policies, advocacy, leveraged funding, technology, community voice, committed partners, data, and more — to improve the health and well-being of young children and their families.

STRATEGIC GOAL 1: CHILDREN AND FAMILIES ARE HEALTHY



This Strategic Goal includes Community Impacts and Indicators that align with the CORE Conditions of **Health and Wellness** and **Healthy Environments**. The Thrive by 5 initiative aims to contribute to Community Impacts in Goal 1 by supporting the adoption, coordination, and scaling of effective programs, practices, and policies that promote the healthy development of young children and their families, beginning in the prenatal stage.

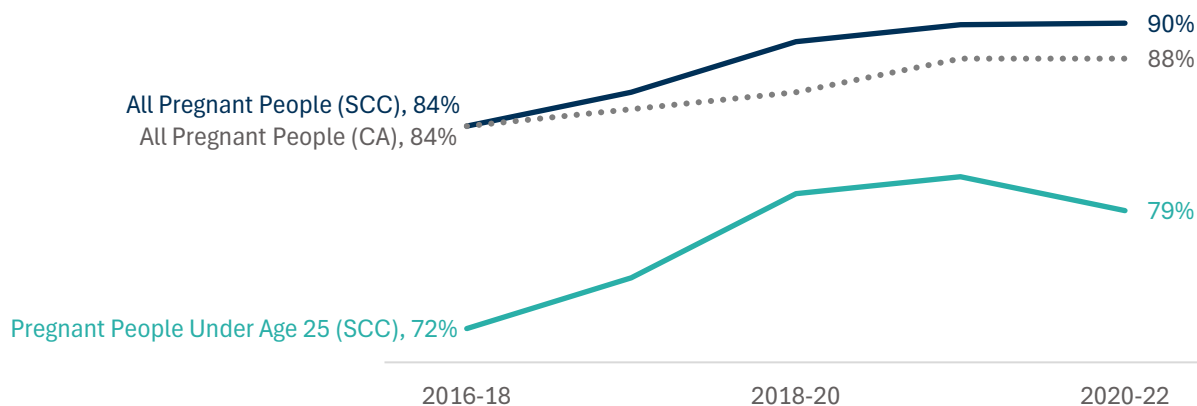
Community Impact 1.1 – Pregnant people access early prenatal care

Community Indicator: Early prenatal care

Early prenatal care (beginning in the first trimester) plays a critical role in ensuring the health and well-being of both the pregnant person and the developing baby. It allows for the early detection and management of potential health risks, promotes healthy fetal development, provides opportunities for expectant parents to receive support and guidance, and establishes a foundation for comprehensive and coordinated care during and after pregnancy. Access to early, regular, and culturally appropriate prenatal care that addresses the interconnectedness of multiple domains of well-being (i.e., the CORE Conditions), improves the chances of a healthy pregnancy and delivery and can help reduce inequities.

- ★ **Key Trend:** More pregnant people under age 25 are receiving early prenatal care in Santa Cruz County (SCC) compared to previous years, but they are less likely to receive early prenatal care than the overall pregnant population in the county (Figure 1).

Figure 1: Early prenatal care received in first trimester, 2016-2022



Source: CDPH – Center for Family Health, Maternal, Child, and Adolescent Health Division, Prenatal Care Dashboard, Last modified May 2024. Accessed 7/24/24. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

Community Impact 1.2 – Babies are born healthy

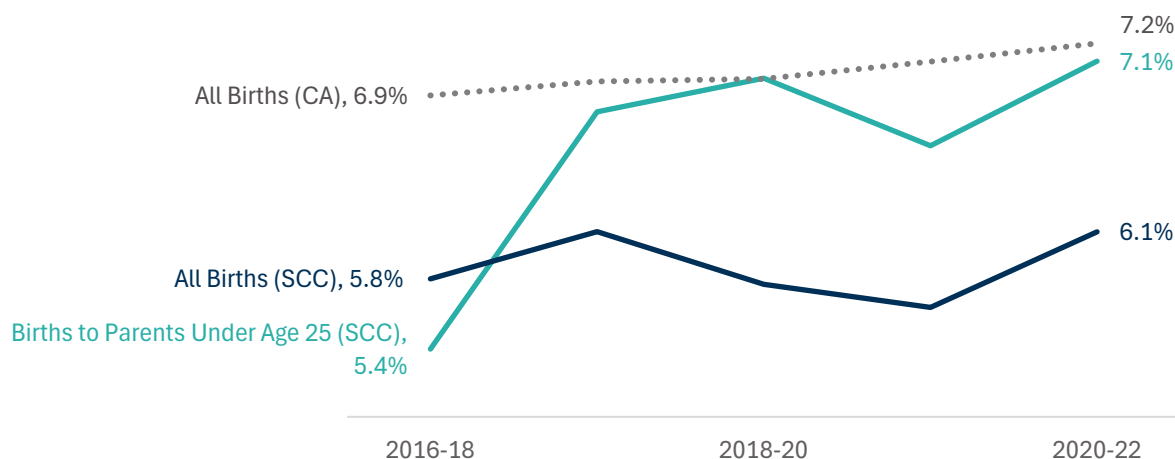
Community Indicators: Low Birthweight & Pre-term Births

Babies born to pregnant people who do not receive prenatal care are three times more likely to have a **low birthweight** (less than 2,500 grams or 5 pounds, 8 ounces) and five times more likely to die than babies born to people who do receive prenatal care.¹ Babies with low birthweight are at increased risk of a number of complications, such as having greater difficulty eating, breathing, gaining weight, and fending off infections. Some longer-term health conditions are linked to low birthweight (e.g., diabetes, heart disease, high blood pressure).

One of the main causes of low birthweight is **pre-term births**. Babies born before 37 weeks of gestation are more vulnerable to health risks. Globally, pre-term birth is the leading cause of death in children under age 5. Many long-term health complications may persist among pre-term birth survivors, including learning disabilities and visual and hearing issues.²

- ★ **Key Trend:** The rate of low birthweight births (per 100 live births) among younger parents under age 25 has increased 1.7 percentage points since the 2016-18 measurement period and is now only slightly below the statewide rate (Figure 2).

Figure 2: Low birthweight rate, 2016-2022



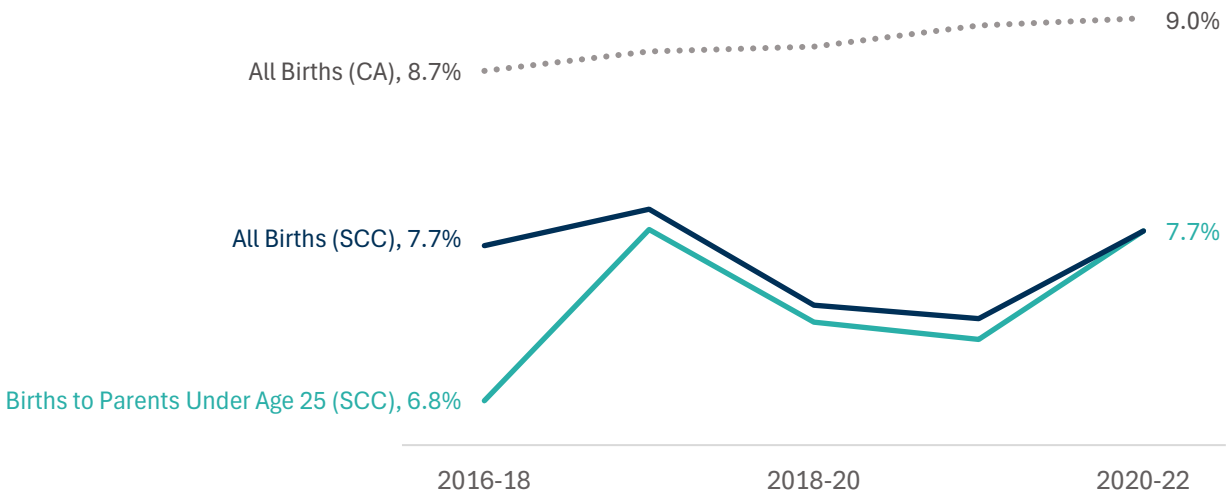
Source: CDPH – Center for Family Health, Maternal, Child, and Adolescent Health Division, Low Birthweight Dashboard, Last modified February 2023. Accessed 7/24/24. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>

¹ Center for American Progress report accessed 12 July 2023: <https://www.americanprogress.org/article/ensuring-healthy-births-prenatal-support/#:~:text=Compared%20with%20infants%20born%20to,likely%20to%20die%20in%20infancy>

² World Health Organization, extracted 12 July 2023: <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>

- ★ **Key Trend:** The rate of pre-term births (per 100 live births) in the County has ebbed and flowed among births to parents under age 25 but increased in the 2020-22 measurement period (Figure 3).

Figure 3: Pre-term birth rates, 2016-2022



Source: CDPH – Center for Family Health, Maternal, Child, and Adolescent Health Division, Preterm Birth Dashboard, Last modified January 2023. Accessed 7/24/24. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Preterm-Birth.aspx>

Community Impact 1.3 – Children receive preventive health care in their first years of life

Community Indicators: Health and Dental Insurance

Children with **health and dental insurance** are more likely to have access to preventive care that contributes to better health throughout their childhood and adolescence. They are more likely to receive required immunizations, become ill less frequently, obtain necessary treatment when they do get sick, and perform better at school.

★ Key Trends:

- ✓ The overall percentage of children under age 19 with any type of health insurance coverage remained high in 2022 (99%), a slight increase from 2021 (96%). This pattern was also true for children ages 0-5; 99% had health insurance coverage in 2022, a slight increase from 96% in 2021.
- ✓ 77% of parents of children reported having some type of dental insurance plan for their children in 2020 (the most current data available), with 74% reporting that they pay for part or all of the dental insurance cost.

Sources:

DataShare Santa Cruz County. Children with Health Insurance, 2022. Accessed 8/10/24. <https://www.datasharescc.org/indicators/index/view?indicatorId=2732&localeId=281>
 Barbara Aved Associates. The Continuing Need for Oral Health Services: Capacity and Utilization in Santa Cruz and Monterey Counties. Dientes Community Dental Oral Health Assessment 2022. Accessed 8/15/23. <https://oralhealthsc.org/wp-content/uploads/2022/09/Dientes-OH-Needs-Assessment-2022-090822.pdf>

Community Indicators: Well-Child Visits, Immunizations, and Developmental Screenings

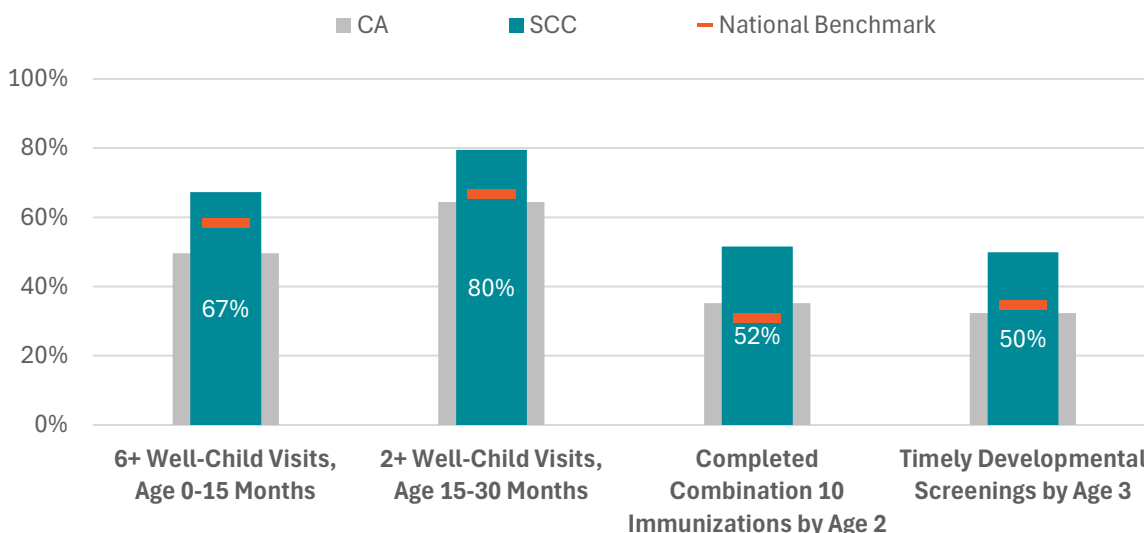
Well-Child Visits (WCV) allow pediatricians to assess young children’s growth and development, provide anticipatory guidance to parents/caregivers, and respond to health and developmental concerns as soon as possible. Regular well-child visits also help create strong, trusting relationships between pediatricians and families and foster a team approach to supporting the optimal physical, mental, emotional, and social development of children.

Immunizations help build young children’s developing immune systems and prevent the spread of disease, contributing to healthier families and communities. The American Academy of Pediatrics recommends that all children receive the **“Combination 10” immunizations by age 2.**³

Timely **developmental screenings by age 3** provide opportunities for early identification of cognitive, motor, communication, or social-emotional delays in development that can otherwise interfere with growth and learning. Early detection and early intervention can lead to better outcomes as the child grows and develops.

★ **Key Trend:** In Santa Cruz County, young children enrolled in Medi-Cal received preventive care at higher rates than the statewide average and national benchmarks for well-child visits, immunizations, and developmental screenings (Figure 4).

Figure 4: Preventive care received by children enrolled in Medi-Cal, 2022



Note: Data are from measurement year 2022, the most recent year for which local data can be compared to the statewide average and national benchmarks.

Sources:

Central California Alliance for Health, HEDIS Results, 2006 – 2023.

Department of Health Care Services. 2023 Preventive Services Report. Accessed 7/24/24 <https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2022-23-Preventive-Services-Report.pdf>

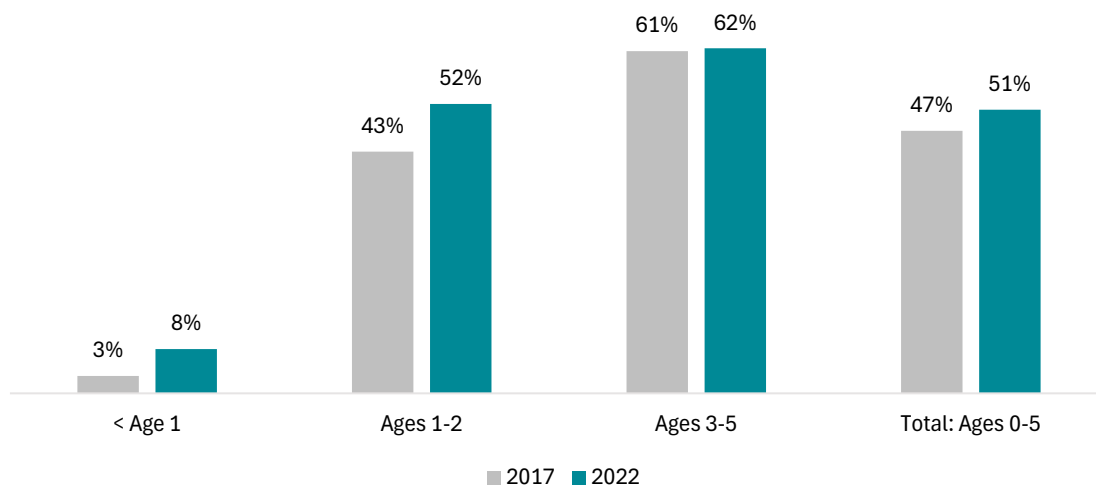
³ This vaccination set includes: diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); hepatitis A (HepA); rotavirus (RV); and influenza (flu) vaccines.

Community Indicator: Preventive Dental Services

Oral health has been shown to impact overall health and well-being. According to the Centers for Disease Control and Prevention, tooth decay or cavities are one of the most common diseases people get and live with during their lifetime.⁴ In children, this can have serious consequences on development and ability to learn. In most cases, dental disease is preventable through good oral health care and preventive dental services, such as dental cleanings and exams, fluoride treatments, and sealants.

- ★ **Key Trend:** Annual dental visits among all children ages 0-5 with Medi-Cal insurance have increased modestly since 2017. The largest increases were among children under 1-year old and ages 1-2, which is likely due to the First Tooth First Birthday educational campaign led by Oral Health Access Santa Cruz County.

Figure 5: Annual dental visits among children ages 0-5 with Medi-Cal insurance, 2017-2022



Source: Department of Health Care Services. Dental Utilization Measures and Sealant Data by County and Age, Calendar Year 2013 to 2022. Accessed 8/31/24 <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2021>

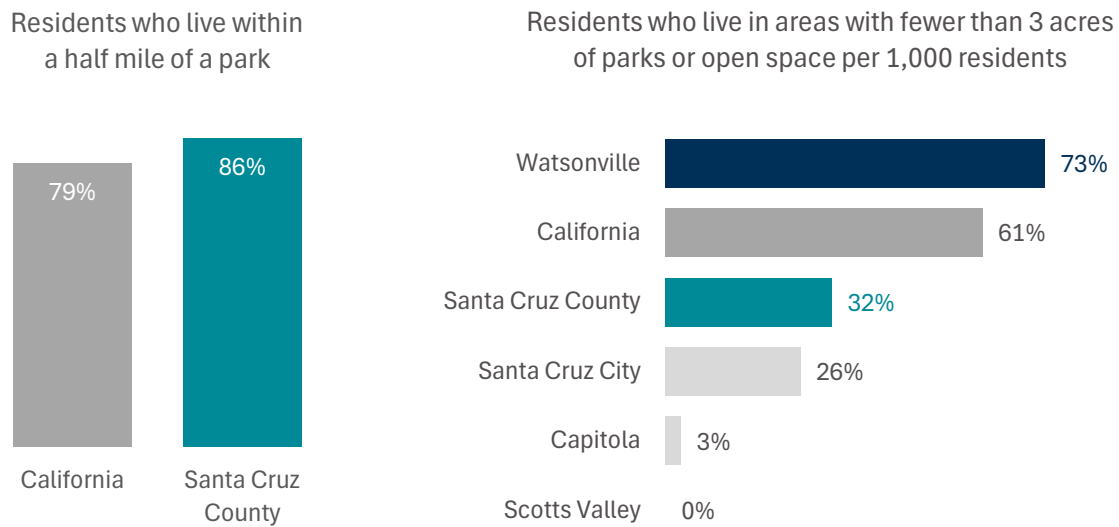
⁴ Centers for Disease Control and Prevention. <https://www.cdc.gov/oral-health/about/cavities-tooth-decay.html>

Community Impact 1.4 – Children experience nature and safe spaces to play
Community Indicator: Access to Parks and Open Space

Parks are a tangible reflection of the quality of life in a community. They provide gathering spaces for families and social groups, as well as for individuals of all ages and economic status. Access to nature and safe spaces for recreation is increasingly recognized as an important health and equity issue. The California Surgeon General’s Roadmap for Resilience identifies access to nature and physical activity as two of the seven “Stress Busters” that prevent and mitigate Adverse Childhood Experiences (ACEs).

★ **Key Trend:** As of 2020 (the most recent year for which data are available), the majority of Santa Cruz County residents live within a half a mile of a park, but there are significantly fewer parks and less open space available per 1,000 residents in the City of Watsonville than in other cities within the County (Figure 6).

Figure 6: Proximity to parks and areas with fewer than 3 acres of parks or open space per 1,000 residents, 2020



Source: Parks for All Californians. Accessed at <https://www.parksforcalifornia.org/parkaccess/?overlays1=parks%2Cnoparkaccess&overlays2=parks%2Cparksper1000>

STRATEGIC GOAL 2: CHILDREN AND FAMILIES ARE READY FOR KINDERGARTEN



This Strategic Goal includes Community Impacts and Indicators that align with the CORE Condition of **Lifelong Learning and Education**. The Thrive by 5 initiative aims to contribute to Community Impacts in this Goal by supporting the adoption, coordination, and scaling of effective programs, practices, and policies that increase access to quality early care and education (ECE) and promote curiosity and a passion for lifelong learning.

Community Impact 2.1 – Young children have access to quality care and early learning opportunities

Community Indicators: Enrollment and Need for Subsidized Child Care

Decades of research have shown that 90% of a child’s brain development occurs before age 5. Quality early education in a child’s life promotes educational success, reduces crime, and fosters workforce productivity. School readiness investments result in higher percentages of children reading at grade level, higher graduation rates, fewer remedial services, and higher percentages of young adults prepared to be successful members of the workforce. In addition, there are direct and immediate benefits related to early learning investments — parents and caregivers are able to work and maintain employment, and overall are more economically self-sufficient.

The Early Learning Needs Assessment Tool (ELNAT) is a comprehensive data source for county-level and statewide data on child care enrollment and income eligibility. It is maintained by the American Institutes for Research (AIR) and has been cited in previous Thrive by 5 reports. However, the data have not been updated since 2020, largely due to pandemic-related disruptions. AIR anticipates resuming updates to the ELNAT in the near future, but in the meantime, the most current data on local child care needs are found in the Santa Cruz County Childhood Advisory Council’s Strategic Plan, approved in June 2023.

- ★ **Key Trend:** In every region in the county, there are extreme shortages in the child care supply (spaces) compared to the potential number of children who need child care, particularly for infants and toddlers ages 0-24 months (Figure 7).

Figure 7: Child care demand and supply, Santa Cruz County, 2023

| Region | | Child Care by Age Group (current as of 2023) | | | |
|--|----------------------|--|---------------------------|-----------------------------|------------------------|
| | | Infants/Toddlers 0 to 24 Months | Preschool 2 to 4 Years | School Age 5 to 12 Years | Total 0 to 12 Years |
| San Lorenzo Valley 95005, 95006, 95007, 95018, 95033 ⁵ | Need | 541 | 875 | 2,656 | 4,071 |
| | Supply | 53 | 211 | 230 | 494 |
| | Surplus / (Shortage) | (488) | (664) | (2,426) | (3,577) |
| North County 95017, 95041, 95060, 95062, 95064, 95065, 95066 | Need | 1,443 | 2,120 | 6,814 | 10,377 |
| | Supply | 330 | 1,859 | 2,434 | 4,623 |
| | Surplus / (Shortage) | (1,113) | (261) | (4,380) | (5,754) |
| Mid-County 95003, 95010, 95073 | Need | 467 | 686 | 2,606 | 3,759 |
| | Supply | 86 | 698 | 475 | 1,259 |
| | Surplus / (Shortage) | (381) | 12 | (2,131) | (2,500) |
| South County 95019, 95076 ⁶ | Need | 1,562 | 2,577 | 6,331 | 10,471 |
| | Supply | 573 | 2,108 | 4,944 | 7,625 |
| | Surplus / (Shortage) | (989) | (469) | (1,387) | (2,846) |
| Total SCC | Need | 4,013 | 6,258 | 18,408 | 28,678 |
| | Supply | 1,042 | 4,876 | 8,083 | 14,001 |
| | Surplus / (Shortage) | (2,971) | (1,382) | (10,325) | (14,677) |

Source: Santa Cruz County Childhood Advisory Council Strategic Plan 2023. Appendix B, Tables B2-B6. Existing Child Care Demand and Supply – Santa Cruz County Brion Economics, Inc.

⁵ AIR uses 60.9% of the children in zip code 95033 to adjust for the portion of the zip code that extends beyond the County boundary.

⁶ AIR uses 81.6% of the children in zip code 95076 to adjust for the portion of the zip code that extends beyond the County boundary. Data for Zip Code 95077 is included in 95076.

★ **Key Trend:** There is a similar shortfall in the availability of subsidized child care. If all families who are eligible for child care subsidies were to seek care, there would not be enough spaces for 56% of children across the county. The greatest shortages in subsidized child care spaces are in the San Lorenzo Valley, Mid County, and North County regions (Figure 8).

Figure 8: Need and funded subsidized child care spaces by age and region, 2023

| Region | # Children Eligible for Subsidized Care (1) | Available Subsidized Child Care Spaces | | | Total Subsidized Spaces (5) | # of Eligible Children Not Served | % of Eligible Children Not Served |
|--|---|--|---------------|----------------|-----------------------------|-----------------------------------|-----------------------------------|
| | | Infants - Toddlers (2) | Preschool (3) | School-Age (4) | | | |
| San Lorenzo Valley 95005, 95006, 95007, 95018, 95033 | 3,114 | 8 | 116 | 88 | 212 | (2,902) | 93.2% |
| North County 95017, 95041, 95060, 95062, 95064, 95065, 95066 | 7,484 | 74 | 841 | 1,220 | 2,135 | (5,349) | 71.5% |
| Mid-County 95003, 95010, 95073 | 2,924 | 36 | 221 | 127 | 384 | (2,540) | 86.9% |
| South County 95019, 95076 | 9,177 | 717 | 1,863 | 4,767 | 7,347 | (1,830) | 19.9% |
| Total SCC | 22,699 | 835 | 3,041 | 6,202 | 10,078 | (12,621) | 55.6% |

(1) Estimates of children eligible for State Subsidy (85% of State Median Income) from ELNAT, year 2020 (most current available).

(2) Defined as children 0 to 35 months old for this table.

(3) Defined as children 3 to 5 year old for this table.

(4) Defined as children 6 to 12 year old for this table.

(5) This includes spaces in CCTR, CSSP, CalWORKs Stages 1,2 & 3, APP, CMIG, Head Start, Early Head Start, Migrant Head Start, ASES, ELO-P, Transitional Kindergarten, 21st Century.

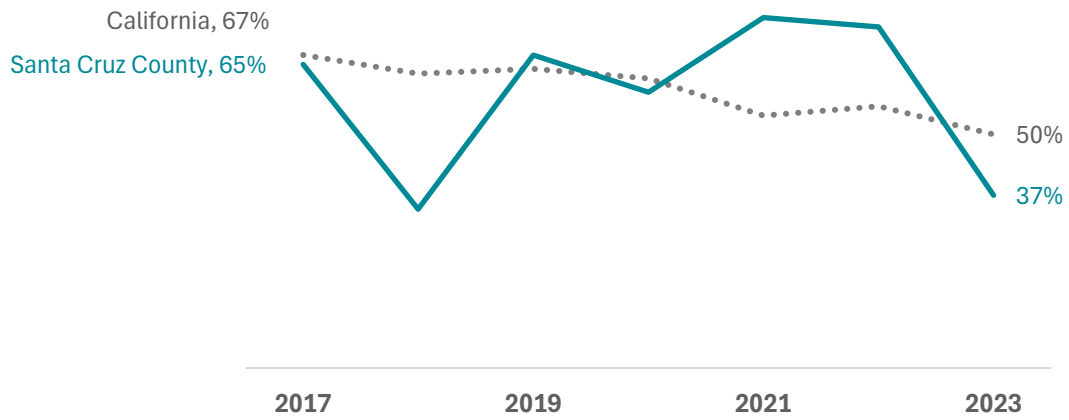
Source: Santa Cruz County Childhood Advisory Council Strategic Plan 2023. Appendix A, Table A-21. Subsidized Need and Funded Spaces by Age, Region, and Zip Code – 2023. Brion Economics, Inc.

Community Indicator: Reading with Children

Reading with children every day is vitally important, especially during the earliest years of life when children’s brains are developing rapidly. The benefits of reading aloud include exposing a child to rich language, proper grammar, and exciting new ideas; engaging and encouraging a child’s imagination; stretching a child’s attention span and ability to focus; modeling positive reading behavior; showing a child that books are worth attention and interest; and fostering emotional bonding between parents/caregivers and their young children.

★ **Key Trend:** The percentage of parents/caregivers in Santa Cruz County who reported reading daily with their young children dropped significantly in 2023. However, this data should be interpreted with caution due to the small number of survey respondents from Santa Cruz County (Figure 9).

Figure 9: Daily reading with children (0-5 years), 2017-2023



Source: 2017-2023 California Health Interview Survey. Accessed 8/10/24 <https://ask.chis.ucla.edu/AskCHIS/tools/layouts/AskChisTool/home.aspx#/geography>

Note: Response options to this survey item are "Every day," "3 to 6 days of the week," "1 to 2 days of the week," and "Never". County-level estimates are unstable due to small sample sizes. Responses to this survey item do not add up to 100% within year due to suppressed data due to small sample sizes. Results should be interpreted with caution.

STRATEGIC GOAL 3: CHILDREN LIVE IN SAFE, NURTURING FAMILIES



This Goal encompasses the CORE Conditions of **Thriving Families**, **Community Connectedness**, and a **Safe, Just Community**. The Thrive by 5 initiative aims to contribute to Community Impacts in this Goal by supporting the adoption, coordination, and scaling of effective programs, practices, and policies that improve child well-being, enhance parenting practices, and support families to flourish in thriving communities.

Community Impact 3.1 – Children are born with assets that promote resilience Community Indicator: Strong Start Score

The California Strong Start Index (<https://strongstartindex.org/>) was developed by the First 5 Center for Children’s Policy, First 5 Association of California, and the Children’s Data Network. Using data from birth records, the Index produces a standardized score of the conditions into which children are born. The 12 “birth assets” in the Index were selected based on research indicating their robust relationship between child health and well-being outcomes.

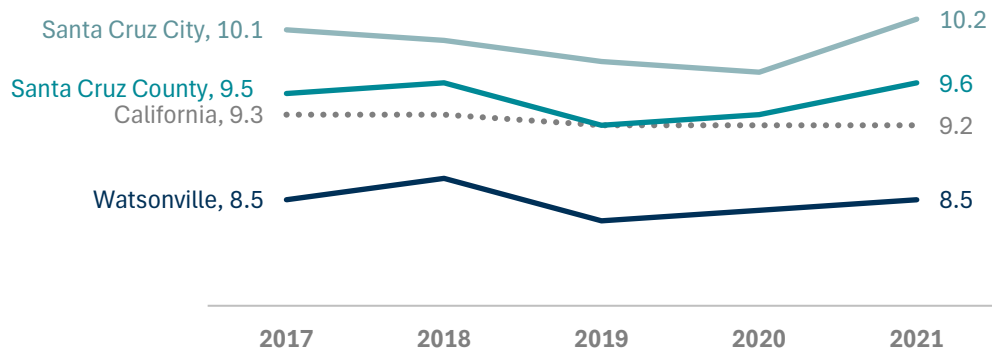
The Strong Start score is calculated by counting the number of birth assets in these domains:

| Family | Health | Service | Financial |
|--|--|--|---|
| 1) Legal parentage established at birth | 4) Healthy birthweight | 7) Access to and receipt of timely prenatal care | 10) Ability to afford and access healthcare |
| 2) Born to non-teen parents | 5) Absence of congenital anomalies, abnormalities, or complications at birth | 8) Receipt of nutritional services (WIC) if eligible | 11) Born to a parent with a college degree |
| 3) Born to parents with at least a high school diploma | 6) Absence of transmissible infections | 9) Hospital with high percentage of births with timely prenatal care | 12) Born to parents with employment history |

★ Key Trends (Figure 10):

- ✓ In 2021 (the most recent year of data), babies in Santa Cruz County had an average of 9.6 out of 12 assets at birth. This has generally been higher than the average Strong Start score across the state.
- ✓ In the same year, Strong Start scores for the two largest cities, Santa Cruz (10.2) and Watsonville (8.5), illuminated geographic differences in the conditions into which children are born.

Figure 10: Average Strong Start Scores by Geographic Area, 2017-2021



Source: California Strong Start Index. Accessed at <https://strongstartindex.org/map>

The Strong Start Index can be used to understand the number of assets children have at birth, including identifying areas of the community in which children have fewer assets and where additional services and supports may be important to promote equity.

Community Impact 3.2 – Parents have high levels of well-being

Community Indicators: Prenatal and Postpartum Depressive Symptoms

Prenatal depression is associated with an increased risk of child emotional, behavioral, and cognitive difficulties. In addition, prenatal depression often continues after birth, where further risks to the birthing parent’s health, parenting, and child development are observed.⁷ Depression during pregnancy (prenatal depression) is common and has important consequences for the parent and child. Evidence suggests an increasing prevalence of depression, especially in young women, which poses a significant public health concern, with implications for current families and future generations alike.⁸

Around one in seven parents can develop **postpartum depression** after giving birth. While those experiencing “baby blues” tend to recover quickly, postpartum depression tends to be longer in duration and can severely affect the birthing parent’s ability to return to normal functioning. Postpartum depression can also interfere with the parent-infant relationship.⁹

⁷ Stein A, RM Pearson, SH Goodman, et al. Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014;384(9956):1800-1819.

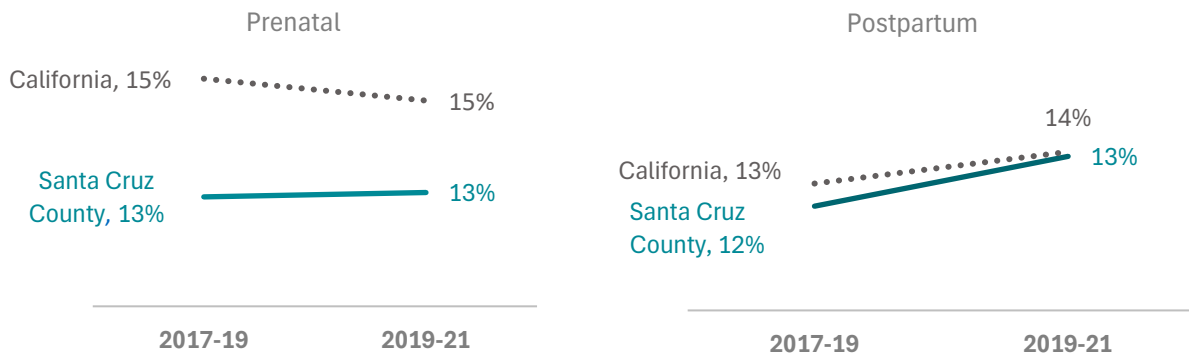
⁸ Pearson, Rebecca M., Rebecca E. Carnegie, and Callum Cree. 2018. Prevalence of Prenatal Depression Symptoms Among 2 Generations of Pregnant Mothers: The Avon Longitudinal Study of Parents and Children. *JAMA*, (3): e180725. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2687389>

⁹ Mughal, Saba, Yusra Azhar, Waqar Siddiqui. 2022. Postpartum Depression. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK519070/>

★ **Key Trends** (Figure 11):

- ✓ In 2019-2021, the percentage of pregnant people in Santa Cruz County reporting prenatal depressive symptoms (always or often: felt down, depressed or hopeless; or had little interest or pleasure in doing things usually enjoyed) has been consistently below that of the state overall and has declined slightly over the years.
- ✓ The percentage of parents reporting postpartum depressive symptoms in Santa Cruz County has remained relatively flat, with a modest increase since 2017-19, similar to the state overall.

Figure 11: Pregnant people reporting prenatal or postpartum depressive symptoms, 2017-2021



Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Maternal Mental Health Dashboard, Last Modified November 2023. Accessed 8/10/24 at <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Maternal-Mental-Health.aspx>

Community Impact 3.3 – Children are safe in their families and homes

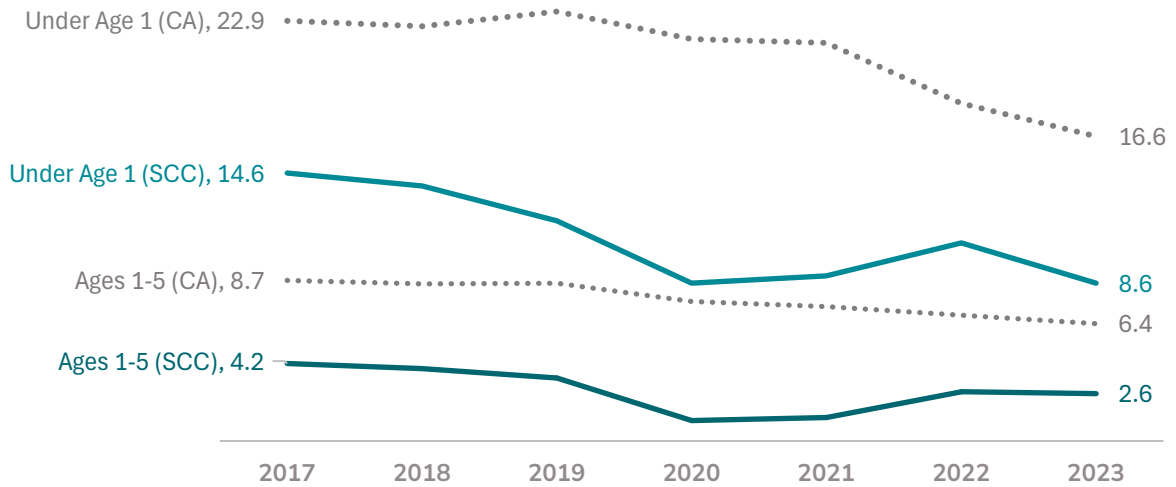
Community Indicators: Substantiated Child Maltreatment and Entry into Foster Care

Children can only thrive when they live in safe, loving families and environments. **Child maltreatment**, including all types of abuse and neglect, has a negative effect on children’s health and can lead to long term challenges. Maltreatment causes stress that can disrupt early brain development and development of the nervous and immune systems. As a result, children who experience abuse or neglect are at higher risk for health problems as adults. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases.¹⁰

- ★ **Key Trend:** The rates of substantiated reports of child maltreatment among children ages 0-5 in Santa Cruz County have been steadily declining over the years. Within this age range, the rate tends to be highest for infants under age 1 because extra care is taken to ensure infants are safe and cared for. Data on 1-2 year-olds are missing for 2020 and 2021 due to small numbers (Figure 12).

¹⁰ CDC - Understanding Child Maltreatment <https://www.cdc.gov/violenceprevention/pdf/cm-factsheet--2013.pdf>

Figure 12: Child maltreatment substantiations per 1,000 children (0-5 years), 2017-2023

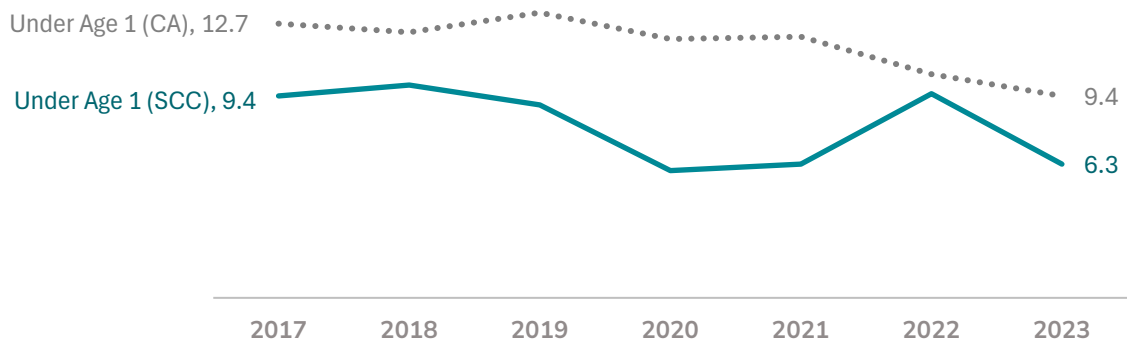


Source: CWS/CMS 2024 Quarter 2 Extract.

Foster care entry is another indicator of child maltreatment or of some other circumstance that has been identified as serious enough to warrant removal of that child from their parental or guardian home. Foster care is meant to provide safe, temporary living arrangements and support services for children until they can be safely reunited with their families.

- ★ **Key Trend:** The foster care entry rate for infants under age 1 in Santa Cruz County has remained lower than the state rate. Rates are only shown for infants under age 1 in Figure 13 below, as rates were masked for children ages 1-5 in multiple years due to small numbers.

Figure 13: Foster care entry rates per 1,000 children (Under age 1), 2017-2023



Figures 12 & 13 Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Hammond, I., Ayat, N., Gomez, A., Jeffrey, K., Prakash, A., Berwick, H., Hoeri, C., Yee, H., Flamson, T., Gonzalez, A. & Ensele, P. (2023). CCWIP reports. Retrieved 8/10/24, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>

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

STRATEGIC GOAL 4: FAMILIES HAVE THE RESOURCES THEY NEED TO SUPPORT CHILDREN’S OPTIMAL DEVELOPMENT



This Strategic Goal includes the CORE Conditions of **Economic Security and Social Mobility**, and **Stable, Affordable Housing and Shelter**. Economic security refers to the ability to meet one’s needs consistently. The lack of economic security can drive children and families into devastating poverty that can become intractable and very difficult to escape from. The Thrive by 5 initiative aims to contribute to Community Impacts in this Goal by supporting the adoption, coordination, and scaling of effective programs, practices, and policies that reduce family hardships, increase economic security, and improve the quality of life for all families.

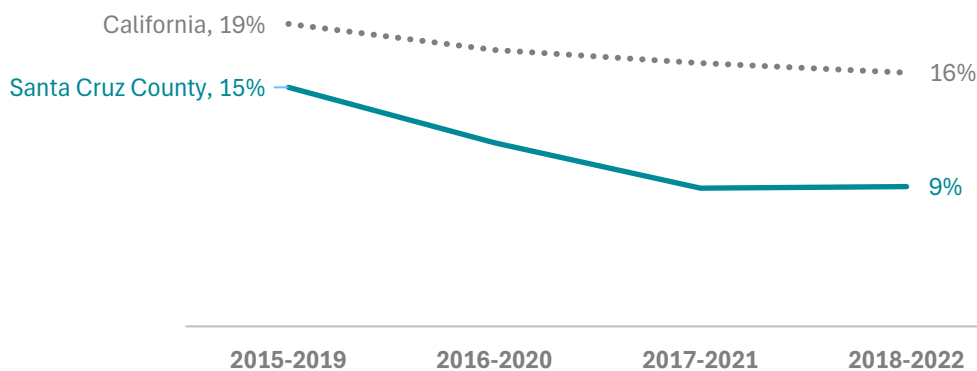
Community Impact 4.1 – Families have economic security and stable housing.

Community Indicator: Children in Families with Low Incomes

Having a child is one of the most significant life experiences for parents and caregivers of all income levels — and the increased stress and financial responsibilities tend to weight more heavily on families with low incomes. The effects of poverty and the related stress can begin *in utero* and alter children's developmental trajectories, with long-term impacts on future health, education, and socioeconomic outcomes.¹¹

- ★ **Key Trend:** The percentage of children ages 0-5 in Santa Cruz County living in households with incomes below the Federal Poverty Level has been declining steadily over the years and continues to be below the overall state percentages (Figure 14).

Figure 14: Percentage of children ages 0-5 living in households with incomes below the Federal Poverty Level, 2015-2022

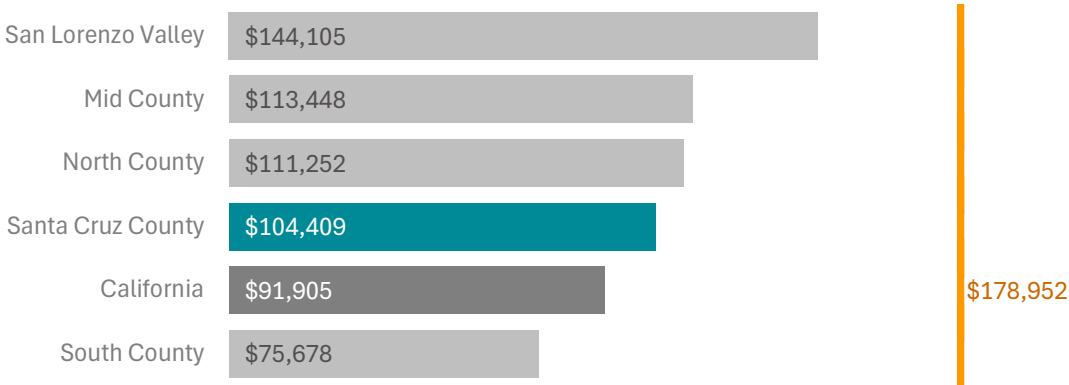


Source: ACS 2010–2022 5-Year Estimates. Accessed 8/10/24 at <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Children-in-Poverty.aspx>

¹¹ American Academy of Pediatrics Council on Community Pediatrics. (2021). Poverty and child health in the United States. *Pediatrics*, 137(4), e20160339. <https://publications.aap.org/pediatrics/article/137/4/e20160339/81482/Poverty-and-Child-Health-in-the-United-States>

★ **Key Trend:** The Federal Poverty Level is an imperfect measure of economic well-being, as it does not take into account the local costs of living. A family with 1 adult, 1 infant, and 1 preschooler would need to earn \$178,952 per year to cover all living costs in 2024, but the Median Household Income as of 2022 was well below this Self-Sufficiency Standard in all regions of the county (Figure 15).

Figure 15: Median household income compared to the **Self-sufficiency Standard** for 1 Adult, 1 Infant & 1 Preschooler



Sources:

Median Household Income: DataShare Santa Cruz, Median Household Income by Region, 2018-2022.

<https://www.datasharescc.org/indicators/index/view?indicatorId=315&localeType=28>

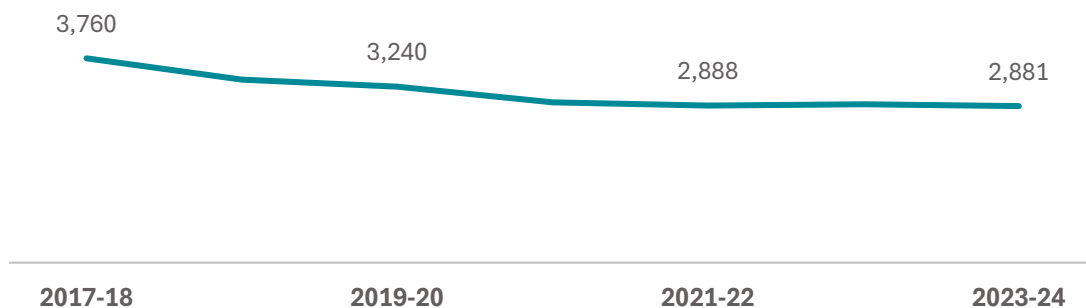
Self-sufficiency Standard: Center for Women's Welfare, University of Washington, Self-Sufficiency Standard for California, 2024. <https://selfsufficiencystandard.org/california/>

Community Indicator: Children Participating in CalWORKs

CalWORKs is a public assistance program that provides cash aid and services to eligible families that have a child(ren) in the home.

★ **Key Trend:** The number of children (under age 18) served through CalWORKs has been declining, even prior to the COVID-19 pandemic (Figure 16).

Figure 16: Number of Santa Cruz County children served through CalWORKs, FYs 2017-2024



Source: Human Services Department, Business Analytics. Children under age 18 participating in CalWORKs FYs 2017-18 through 2023-24.

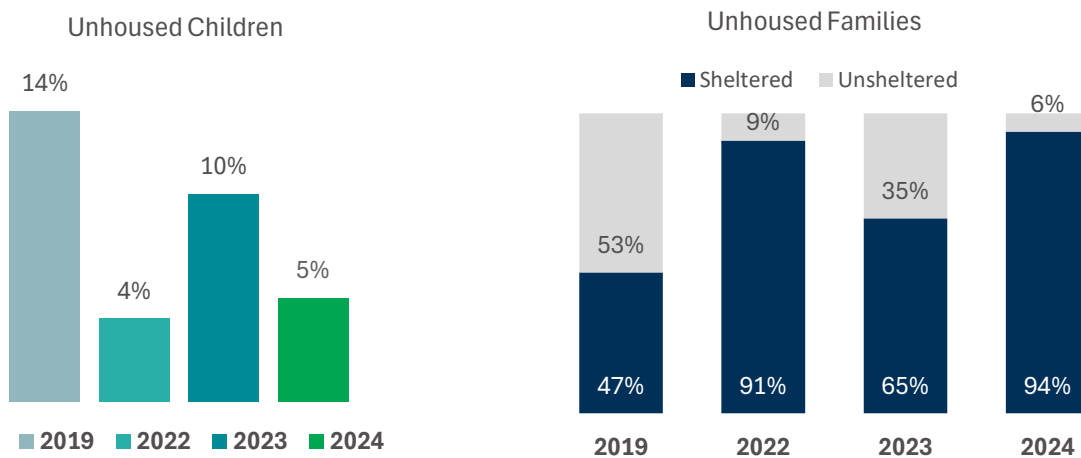
Community Indicator: Unhoused Children and Families

The lack of stable, affordable housing severely impacts the health and quality of life of those who are unhoused, as well as the entire community. Stable housing is considered the foundation upon which people build their lives — without a safe, decent, affordable place to live, it is much more difficult to achieve good health, positive educational outcomes, or economic potential.¹²

★ Key Trends (Figure 17):

- ✓ The percentage of the unhoused population who were children under age 18 decreased by half between the 2023 Point-in-Time (PIT) Count (10%) and the 2024 PIT (5%).
- ✓ The percentage of families who were unhoused but sheltered increased between the 2023 PIT Count (65%) and the 2024 PIT Count (94%), an indication that local strategies to connect families to housing supports are effective.

Figure 17: Unhoused children (under age 18) and unhoused families (sheltered and unsheltered) in Santa Cruz County, 2019-2024



Source: Applied Survey Research, Santa Cruz County Homeless Census & Survey, 2019, 2022, 2023, 2024. Accessed at <https://www.homelessactionpartnership.org/LearningCenter/DataandReports.aspx>

¹² Adapted from DataShare Santa Cruz County. Total Homeless Population. Accessed at <https://www.datasharescc.org/indicators/index/view?indicatorId=7891&localeId=281>

THRIVE BY 5 IMPLEMENTATION UPDATE

Achieving the Thrive by 5 vision and community-level impacts requires a system of care approach that is built on a strong foundation and tends to the “health of the leaves and branches” (child and family outcomes) as well as the “trunk, roots, and soil” (coordinating and transforming systems for equity) of the resilience tree depicted in the theory of change.



During the stakeholder engagement process conducted in the Spring of 2017, partners with early childhood expertise recommended that the County invest a portion of Thrive by 5 funds each year in critical system-building efforts, to ensure that investments in direct services were implemented effectively. In recognition of the need to simultaneously build system capacity while increasing access to direct services for families, HSD contracts with First 5 to provide project management and “backbone” organizational support for the Thrive by 5 initiative. In this role, First 5 works closely with HSD, HSA, partner agencies with an implementation role, contractors that support project management and evaluation, and an Advisory Committee to leverage resources and strengthen the Thrive by 5 system of care.

Key activities and milestones in FY 2023-24 are organized under these broad categories.

- Build capacity and enhance coordination among home visiting programs;
- Administer Early Learning Scholarships for early care and education providers;
- Support integration of the evidence-based Healthy Steps pediatric care model into the Thrive by 5 system of care; and
- Strengthen the Thrive by 5 system of care through cross-sector alignment, shared leadership, mutual accountability, infrastructure, and leveraging opportunities.

The activities described in this report include those that are funded by the Thrive by 5 Fund, as well as other grants and in-kind contributions from HSD, HSA, and First 5.

Build Capacity and Enhance Coordination among Home Visiting Programs

Building capacity and enhancing coordination, particularly among home visiting (HV) programs, has been a cornerstone of the Thrive by 5 initiative since its inception. This strategy has been prioritized to ensure that young children and families who are facing multiple, complex challenges have access to intensive care coordination in the Thrive by 5 system of care through one or more of the four HV programs currently available in Santa Cruz County:

- **Early Head Start Home-Based (EHS-HB):** A program of Encompass Community Services for pregnant people and families with children birth through age 3. Home visitors support parents in their role as their child’s primary teacher by providing resources on child development, parenting, and family well-being.
- **Families Together (FT):** A program of Encompass Community Services that provides counseling, parenting support, and case management to pregnant and parenting families referred by Family and Children’s Services, CalWORKs, and other community partners.
- **Field Nursing (FN):** A program of Health Services Agency that pairs Public Health Nurses with parents who are pregnant or have children under the age of 5.
- **Nurse-Family Partnership (NFP):** An evidence-based HV program implemented by Health Services Agency that pairs parents expecting their first baby with Public Health Nurses.

Key Activities and Implementation Progress

Increase capacity to provide evidence-based or evidence-informed HV services to families with young children.

All HV programs have resumed in-person services, with some continuing to offer virtual appointments or the option to meet in community locations. In FY 2023-24, the number of Prenatal-5 families enrolled in HV programs increased slightly, while the number of children in those families decreased slightly, compared to the previous year, as shown in Figure 18. According to demographic data provided by a subset of HV programs, the majority of HV clients identified as Hispanic or Latino/e (68%) or white (22%).

Figure 18: Total HV enrollments of prenatal-5 families, FYs 2019-2024

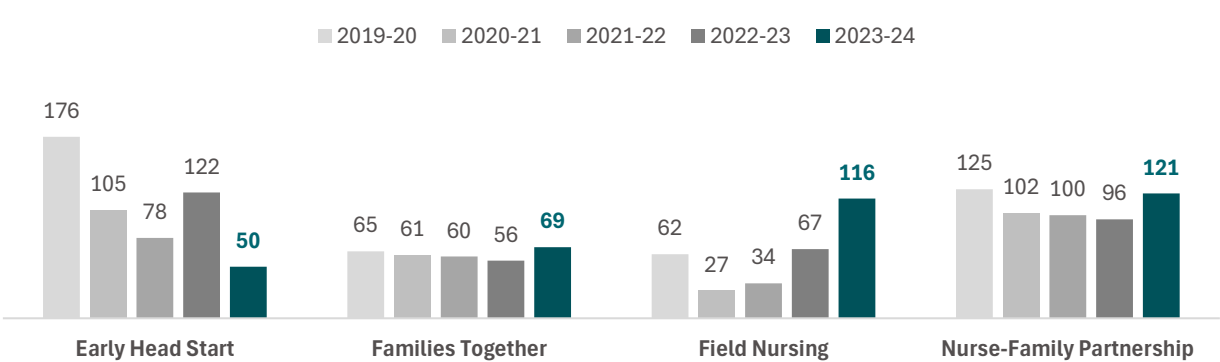
| | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 |
|------------------------------|---------|---------|---------|---------|---------|
| Prenatal-5 Families Enrolled | 428 | 295 | 272 | 341 | 356 |
| Children (Birth-5) | 439 | 312 | 280 | 316 | 280 |

Sources: Santa Cruz County HSA, Encompass Community Services

Notes: Beginning with the FY 2022-23 Thrive by 5 report, HV data are summarized by fiscal year instead of calendar year. As such, enrollment data in this report should not be compared with previous reports that reported HV data by calendar year, as the numbers will not match. Additionally, a small number of families likely participated in multiple HV programs, and thus may be double counted in the totals.

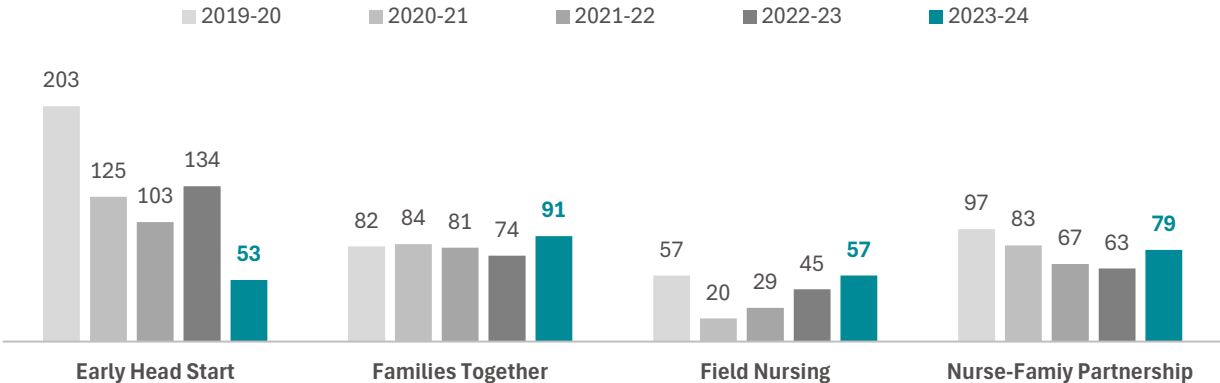
Figures 19 and 20 show the total number of prenatal-5 families and children enrolled in each HV program in the last five fiscal years. Families Together, Field Nursing, and NFP have reached or exceeded pre-pandemic service levels, which is largely a reflection of the programs being fully staffed and conducting continuous outreach in the community and with agency partners. Early Head Start Home-Based reported enrollment challenges, primarily because many families needed full-time, center-based childcare so that they could work.

Figure 19: Prenatal-5 families enrolled in HV programs, FYs 2019-2024



Sources: NFP & PHFN totals are from Santa Cruz County HSA. Early Head Start and Families Together totals are from Encompass Community Services

Figure 20: Children (birth-5) enrolled in HV programs, FYs 2019-2024



Sources: NFP & PHFN totals are from Santa Cruz County HSA. Early Head Start and Families Together totals are from Encompass Community Services.

Conduct outreach to increase awareness of prenatal-5 services, particularly home visiting.

The HV programs invest significant time and resources in outreach and family engagement efforts, individually and collectively. To assist with these efforts, First 5 (through its Home Visiting Coordination grant from First 5 California) and HSA Public Health (through its California Home Visiting Program grant from the California Department of Public Health) jointly funded a short-term marketing and communications project. Over the last two

years, First 5 worked with a local communications firm, Miller Maxfield, Inc., and Thrive by 5 partners to produce bilingual (English/Spanish) outreach materials, including a:

- **Thrive by 5 Parent Pocket Guide** that highlights key community resources (the four HV programs, Child Development Resource Center, Triple P – Positive Parenting Program, and 2-1-1 Santa Cruz County). First 5 coordinated the distribution of the Pocket Guides in collaboration with Thrive by 5 partners, starting with child care providers and Community Health Workers (CHWs)/promotores.
- **Thrive by 5 website** (<https://www.thriveby5scc.org/>) that features a resource page for families, with contact information for the programs included in the Pocket Guide. Additional content will be added to the website on a continuous basis.
- **Series of 30-second videos**, featuring the voices and experiences of local families who participated in home visiting programs;
- **Social medial toolkit** with messages, images, and links to Thrive by 5 outreach materials that partners can use to increase awareness about Thrive by 5 and the benefits of early childhood services such as home visiting.

The outreach materials were soft launched in FY 2023-24 and will continue to be disseminated more broadly and formally in FY 2024-25.

Implement and continuously improve the Thrive by 5 coordinated referral system.

Thrive by 5 partners continued to prioritize this strategy to minimize duplication of services, reduce wait times and other barriers to accessing community resources, and match families with the services that best fit their strengths and needs. To date, efforts to establish a coordinated referral system have centered on the HV programs, with the goal of expanding to include other programs and providers (e.g., childcare, health care, other psychosocial services).

First 5 contracted with Leslie Goodfriend, a local consultant (and former County employee who helped launch Thrive by Three) to continue convening a Workgroup with key staff from CalWORKs and the four HV programs. The Workgroup continued to refine the coordinated referral process developed at the end of FY 2021-22, in which:

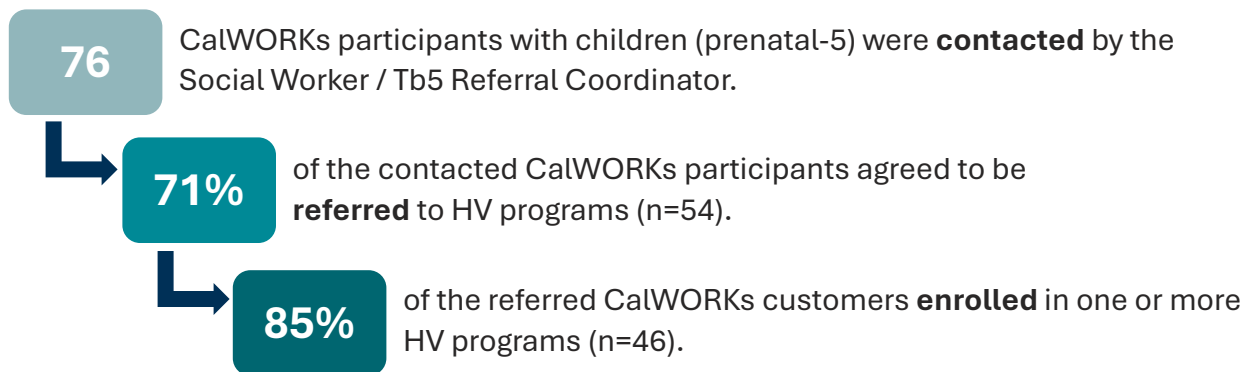
- A CalWORKs Social Worker identifies and contacts CalWORKs participants who have at least one child (prenatal-5) to normalize the challenges of raising children and to explain the availability of HV programs.
- The Social Worker — who now introduces herself to families as the Thrive by 5 Referral Coordinator — gauges families' interest in participating in HV services, then refers them to the most appropriate HV program based on their needs and eligibility criteria.
- The HV programs reach out to families who were referred by the Social Worker to provide additional information about their program and any participation requirements (e.g., length of the program, assessments to be completed, etc.), then

confirm whether they are still interested in enrolling in the HV program or wish to decline.

- The Social Worker follows up to ensure the referrals were received by the HV programs and that families were connected to resources.
- The HV programs provide bi-weekly data updates on the status of referrals to the Social Worker, who maintains a tracking sheet in Excel.
- The tracking sheet is reviewed in the monthly Workgroup meetings to identify what’s working well and where improvements are needed in the “closed loop” referral process.

In FY 2023-24, nearly three-fourths of the 76 CalWORKs participants who were contacted by the Social Worker agreed to be referred to one or more HV programs. Of those who had further contact with the individual HV programs, 85% accepted and enrolled in one or more home visiting programs. Figure 21 summarizes the flow of referrals from CalWORKs and enrollment in home visiting programs.

Figure 21: Flow of CalWORKs referrals to home visiting programs, FY 2023-24



Source: Tb5 Referral Tracker, maintained by HSD – Employment & Benefit Services, CalWORKs

The Workgroup also designed and implemented a Home Visiting Milestone Incentive pilot program, funded through the County’s CalWORKs program, to encourage families to enroll in home visiting. CalWORKs participants who had open cases and were referred to home visiting services were offered a one-time \$50 incentive once they completed their first appointment with the home visiting program. Participants were also able to receive between 1-3 additional one-time incentives if they achieved milestones established by each HV program, described in Figure 22 below. The incentives were placed on the CalWORKs participants’ Electronic Benefit Transfer (EBT) cards once the HV programs verified that the milestones had been completed.

Figure 22: Home Visiting Program Milestone Incentives

| HV Program | Intake Incentive | Milestone 1 Incentive | Milestone 2 Incentive | Milestone 3 Incentive |
|-------------------|---|--|---|---|
| Early Head Start | Participant completes enrollment | Participant completes parent conference or postpartum home visit | Participant participates in 3 family engagement activities (socializations, parent meetings, or parent workshops) | NA |
| Families Together | Participant completes intake appointment | Participant completes family goals worksheet | Participant completes a parent support group or individual curriculum (i.e., 8-week Triple P program) | Participant completes a Protective Factors survey (pre or post) |
| Field Nursing | Participant completes in-person intake assessment | Nurse completes a review between 3-6 months post-assessment | NA | NA |
| NFP | Participant completes intake appointment | Nurse completes post-partum visit at 4 weeks and 8 weeks | Baby receives their 2-month immunizations | NA |

Source: Tb5 Referral Tracker, maintained by HSD – Employment & Benefit Services, CalWORKs

During the pilot phase, 17 CalWORKs participants received one or more milestone incentives. Based on this early success, HSD’s Employment and Benefit Services Division has agreed to continue offering Home Visiting Milestone Incentives to CalWORKs participants. The Workgroup will continue to refine the incentive program in FY 2024-25 in order to increase awareness and utilization of this opportunity among both CalWORKs participants and home visitors.

Convene Thrive by 5 Learning Collaborative (HVLC) meetings.

First 5 contracted with Leslie Goodfriend to continue convening the Thrive by 5 Learning Collaborative (formerly known as the Home Visiting Learning Collaborative). The Learning Collaborative provides a valuable opportunity for staff from the HV programs and other partners in the Thrive by 5 system of care to network and build relationships and skills. The Learning Collaborative met four times during FY 2023-24, with 25-30 participants in each session from the four HV programs, CalWORKs, and other partner agencies. Each session included a networking activity to encourage program staff to meet each other and learn about the different programs, followed by presentations and discussions on the following topics selected by Learning Collaborative participants:

- Motivational Interviewing coaching session (9/11/23)
- Oral health; Coordinated Entry into local housing programs (12/11/23)
- Nutrition for families; San Andreas Regional Center – Support for families with children with disabilities (3/18/24)
- Intimate Partner Violence, presented by Monarch Services and Walnut Avenue Family and Women’s Center (6/10/24)

Administer Early Learning Scholarships

The Early Learning Scholarship (ELS) program is intended to help close the gap between the cost of providing high-quality child care and available reimbursement through state child care subsidies. It provides a mechanism for the County and other funders to focus scarce local resources on the provision of high-quality care to children in families with low incomes, with the long-term goals of increasing provider capacity and family access to quality care.

Key Activities and Implementation Progress

Implement the Early Learning Scholarship (ELS) Program (child care grants) for a minimum of 100 families with high needs to support the provision of quality child care.

ELS funded by the Thrive by 5 Fund are awarded to providers serving families who are eligible for state child care subsidies. The scholarships are unrestricted so that providers can determine how to best use the resources to enhance the quality of care. The key performance measurements in First 5’s contract with HSD are summarized in Figure 23 below.

Figure 23: Thrive by 5 performance measurements, FY 2023-24

| Performance Measure | Target | Result |
|-------------------------------------|---|--|
| How many services will be provided? | 100 high-risk families will receive Childcare Grants to support the provision of care. | First 5 distributed \$100,233 in Tb5 ELS to 114 early learning providers (112 family child care homes and 2 child care centers), benefiting approximately 533 children . |
| How well will services be provided? | 100% of ELS payments will be issued to child care providers within 45 working days from identifying grant recipients. | The target for this quality measure was fully met . |

Source: First 5 Santa Cruz County

Scholarship amounts ranged from **\$333 to \$1,665**, based on the number of children served who were eligible for state-funded subsidies, with an average award amount of \$872. As shown in Figure 24 below, 91% of the funds were awarded to providers in Watsonville and Freedom.

Figure 24: Percent of Thrive by 5 ELS awarded to providers by zip code, FY 2023-24

| Geographic Area | Zip Codes | # of ELS Awards | Amount of ELS Awards | % of Total ELS Awards |
|-----------------|---------------------|-----------------|----------------------|-----------------------|
| South County | 95019, 95076 | 105 | \$90,576 | 90% |
| Mid County | 95010, 95062, 95065 | 6 | \$8,136 | 6% |
| North County | 95006, 95064 | 3 | \$3,663 | 4% |

Source: First 5 Santa Cruz County

The ELS program has contributed **over \$600,000 directly to infant and toddler care providers** since the inception of the early childhood Fund in 2017, as shown in Figure 25 below. The majority of Thrive by 5 ELS have been distributed to Family Child Care Home (FCCH) providers, many of which are small businesses that are minority- and woman-owned and serving children and families in South Santa Cruz County.

Figure 25: Thrive by 5 ELS distribution (FYs 2017-24)

| Type of Provider | TOTAL: FYs 2017-24 |
|-------------------------|--------------------|
| Family Child Care Homes | \$579,295 |
| Child Care Centers | \$80,872 |
| Total | \$660,097 |

Source: First 5 Santa Cruz County

Support Integration of HealthySteps into the Thrive by 5 System of Care

HealthySteps is an interdisciplinary, evidence-based pediatric primary care program that provides customized support for families facing complex challenges related to child development and navigating systems of care. Developed by Zero to Three, the model promotes positive parenting and healthy development for babies and toddlers (ages 0-3), with an emphasis on families living in low-income communities. A child development professional (HealthySteps Specialist) is an integral member of the pediatric primary care team. The Specialist partners with families during well-child visits, coordinates screening efforts, and problem-solves with parents around common and complex challenges in parenting and other areas. HealthySteps sites must offer the following core components in three “tiers” of services:

| |
|--|
| <p>Tier 1: Universal Services (all children)</p> <ul style="list-style-type: none"> • Child Development, Social-Emotional & Behavioral Screening • Screening for Family Needs (i.e., maternal depression, other risk factors, social determinants of health) • Child Development Support Line (e.g., phone, text, email, online) |
| <p>Tier 2: Short-term Supports (mild concerns)</p> <p>All Tier 1 services plus...</p> <ul style="list-style-type: none"> • Child Developmental & Behavioral Consults • Care Coordination & Systems Navigation • Positive Parenting Guidance & Information • Early Learning Resources |
| <p>Tier 3: Comprehensive Services (complex challenges, high levels of concerns)</p> <p>All Tier 1 & 2 services plus...</p> <ul style="list-style-type: none"> • Ongoing, Preventive Team-Based Well-Child Visits |

Key Activities and Implementation Progress

Support integration of HealthySteps into safety net clinics.

In 2019, Salud Para La Gente (Salud) and Santa Cruz Community Health (SCCH) — two Federally Qualified Health Centers (FQHCs) in the county — adopted HealthySteps. Each clinic completed an in-depth planning and onboarding process, a prerequisite to becoming a HealthySteps site. This process is done in collaboration with the HealthySteps National Office and includes significant training and technical assistance to prepare to implement the model with fidelity.

Since then, Salud and SCCH have built and integrated their respective HealthySteps programs into their existing Pediatric and Behavioral Health departments. Both FQHCs provide all tiers of services as required by the National Office, but the HealthySteps team composition and clinic workflows are different in each FQHC. Figure 26 below summarizes

data provided by both clinics for FY 2023-24. Salud and SCCH have made significant progress in developing their internal systems and capacity to collect and submit the required data to the HealthySteps National Office. Aligning these data collection and reporting processes across both clinics is an ongoing effort and collaborative process that is supported by the Health Improvement Partnership (HIP) and First 5.

Figure 26: HealthySteps Services, FY 2023-24

| Children Served | Salud | SCCH | Total |
|---|--------------|-------------|---------------------|
| Total # Children Served (ages 0-3) | 2,687 | 854 | 3,541 |
| % Latino/e or Hispanic | 89% | 43% | 78% |
| % with Medicaid/Medi-Cal | 93% | 93% | 93% |
| Tier 1 Services | Salud | SCCH | Total |
| Developmental Screening | | | |
| Children who received at least one developmental screening | 1,194 44% | 449 53% | 1,643 46% |
| % of children with a development screening who showed a concern | 11% | Not tracked | |
| Social-emotional Screening | | | |
| Children who received at least one social-emotional screening | 765 28% | 305 36% | 1,070 30% |
| % of children with a social-emotional screening who showed a concern | 1% | Not tracked | |
| Autism Screening | | | |
| Children who received at least one autism screening | 1,194 44% | 214 25% | 1,408 40% |
| % of children with an autism screening who showed a concern | 1% | Not tracked | |
| Maternal Depression Screening | | | |
| Children whose mothers / birthing parents received at least one maternal depression screening | 132 5% | 302 35% | 434 12% |
| % of mothers / birthing parents screened who showed a concern | 5% | 20% | 17% |
| Tier 2 Services | Salud | SCCH | Total |
| Children who received Tier 2 services | 1,615 60% | 70 8% | 1,685 48% |
| % of children who were identified as needing Tier 2 services that received a consult with the HealthySteps specialist within 3 months of being identified | 100% | 100% | 100% |
| Tier 3 Services | Salud | SCCH | Total |
| Children who received Tier 3 services | 105 4% | 169 20% | 274 8% |
| Children newly enrolled in Tier 3 services during the reporting period | 56 | 62 | 118 |

Sources: Salud Para La Gente, Santa Cruz Community Health

Thrive by 5 Funds have supported training, technical assistance, and other HealthySteps implementation support provided by First 5 and HIP, a contractor to First 5. In FY 2023-24:

- HIP held four HealthySteps Peer Meetings for key managers and staff from Salud and SCCH to share progress, challenges, lessons learned, and additional training and technical assistance needs;
- HIP also coordinated or facilitated access to training and technical assistance requested by the clinics, such as participation in the annual (virtual) Zero to Three Conference and supplemental Technical Assistance Calls with the HealthySteps National Office as needed.

Strengthen the Thrive by 5 System of Care

To continue providing system capacity, coordination, and evaluation of Thrive by 5 implementation, HSD contracts with First 5 to coordinate the initiative, build capacity of the system that serves young children, and facilitate the evaluation of the initiative.

Key Activities and Implementation Progress

Provide project management and evaluation services for the initiative

First 5's Thrive by 5 team — the Executive Director, Program & Communications Manager, and contractor (Optimal Solutions Consulting) — continued to provide project management and oversight for the countywide initiative. The team worked closely throughout the year with leaders in HSD and HSA's Public Health – Family and Children's Health Division to plan and coordinate workstreams that are jointly funded by the three organizations. This strong working relationship has been invaluable, particularly when funding opportunities have emerged that required a rapid, collective response. Optimal Solutions also assisted First 5 with gathering and synthesizing program data and updating community-level outcomes for the year-end evaluation report.

Facilitate and staff a Thrive by 5 Advisory Body

First 5 continued to convene the Thrive by 5 Advisory Committee, with planning and facilitation assistance from HSA and Optimal Solutions Consulting. The Advisory Committee is an advisory body of the First 5 Santa Cruz County Commission, and it also serves as the Community Advisory Board for the Nurse-Family Partnership (NFP) program operated by the County's Public Health Department. The Advisory Committee provides strategic, non-binding advice and guidance about the Thrive by 5 initiative to First 5 and the County. Members contribute ideas, data, connections to other people, and other resources to help continuously improve and enhance the Prenatal-5 (PN-5) System of Care.

In FY 2022-23, the Advisory Committee membership was expanded to include people or agencies representing other CORE Conditions that had not been represented previously (e.g., Healthy Environments, Community Connectedness, etc.). In particular, five “seats” on the Advisory Committee were designated for Parent Leaders who have young children,

have participated in an early childhood program such as home visiting, and/or are community advocates working to improve the systems and conditions that affect young children and their families. See **Appendix A** for a list of Thrive by 5 Advisory Committee members and their affiliations.

First 5 and HSA implemented a number of steps in an effort to create an accessible and inclusive environment that supported Parent Leaders' participation, including:

- Holding Advisory Committee meetings virtually and in the evening;
- Offering simultaneous Spanish interpretation and bilingual materials at every meeting;
- Identifying a bilingual liaison who could provide support and information to Parent Leaders before, during, and after each Advisory Committee meeting;
- Reviewing the bilingual agenda and materials with Parent Leaders prior to each Advisory Committee meeting to help them feel knowledgeable and ready to participate;
- Inviting Parent Leaders to share their experiences with accessing prenatal-5 programs and services, including barriers and successes, and ideas for improvements;
- Creating opportunities for Parent Leaders to co-design and/or lead elements of Advisory Committee meetings based on their interests and lived experience; and
- Providing a \$50 stipend for every Advisory Committee meeting they attended.

New Advisory Committee members received an orientation and onboarding in late November and early December 2023, prior to the first full Advisory Committee meeting. During this fiscal year, four Advisory Committee meetings were held on:

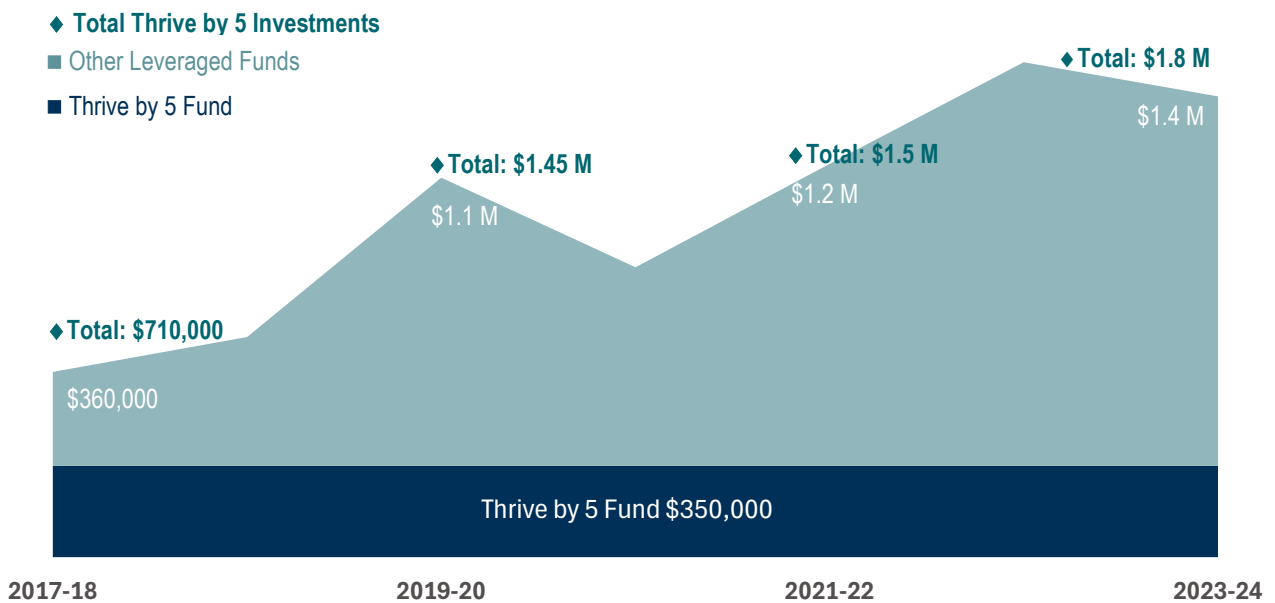
- **December 7, 2023** – NFP Community Advisory Board update; Thrive by 5 Comprehensive Fiscal Analysis: Home Visiting Cost Modeling
- **January 25, 2024** – NFP Community Advisory Board update; Thrive by 5 Comprehensive Fiscal Analysis: Child Care Cost Modeling; Spotlight presentation on Park Rx Santa Cruz County
- **March 28, 2024** – NFP Community Advisory Board update; Thrive by 5 Comprehensive Fiscal Analysis: Fiscal Mapping
- **May 30, 2024** – NFP Community Advisory Board update; Thrive by 5 Comprehensive Fiscal Analysis: Draft Recommendations

In addition to the Advisory Committee meetings, First 5 convened Leadership Team meetings with key implementation partners (First 5, HSD/CalWORKs, HIP, Families Together, NFP, PHFN, Early Head Start). These meetings have provided a valuable mechanism for maintaining communication and support among implementation partners. Throughout FY 2023-24, the Leadership Team served as the Technical Workgroup for the Comprehensive Fiscal Analysis, described in a later section of this report.

Coordinate and manage system-building activities in partnership with Thrive by 5 partners, co-funders, and contractors

Fiscal Leveraging: HSD, HSA, and First 5 have a strong history of leveraging their respective funding streams to increase the total investment in early childhood programs – typically matching the County’s annual Thrive by 5 Fund allocation of \$350,000 by seven-fold. This leveraging strategy has enhanced the capacity of Thrive by 5 partners to serve families with children prenatal through 5 years old. Figure 27 summarizes key contributions by the County’s Thrive by 5 Fund, HSD, HSA, and First 5.

Figure 27: Thrive by 5 leveraged resources, FYs 2017-18 through 2023-24



Sources: Human Services Department, Health Services Agency, First 5 Santa Cruz County

Key sources of leveraged funds include:

- HSD – Employment and Benefit Services:** HSD contributes resources from the county’s CalWORKs annual allocation from the state, as well as the CalWORKs Home Visiting Program. Funds are passed through to Encompass Community Services and HSA to support delivery of HV services through Families Together and Nurse-Family Partnership.
- HSA – Public Health Division:** HSA receives grant funding from the California Department of Public Health’s California Home Visiting Program (CHVP) for NFP.
- First 5 Santa Cruz County:** First 5 has received Home Visiting Coordination grant funding from First 5 California since 2020. The grant funds support Thrive by 5 home visiting coordination and capacity building. The current grant is slated to end in June 2025, and it is unknown whether First 5 California will continue funding grants to support home visiting system building.

Comprehensive Fiscal Analysis: Expanding the scope and purpose from Thrive by Three to Thrive by 5 opened up more opportunities to fully align with other initiatives and systems that focus on early childhood. Broadening the scope to age five and redefining Thrive by 5 so it represents more than a specific funding stream created the need to step back and engage partners in a collaborative process to:

- Understand the strengths and needs of families with young children (prenatal-5) and their experiences with “the ecosystem” of early childhood programs and services;
- Engage a broader range of partners in understanding and addressing organizational and systemic gaps, barriers, and structural inequities that contribute to “The Pair of ACEs” (Adverse Childhood Experiences in Adverse Community Environments);
- Align and/or integrate with other countywide initiatives and funding streams that share a similar vision, theory of change, and collective impact approach as Thrive by 5; and
- Position Thrive by 5 as the trusted, inclusive space that community and organizational leaders seek out when they need partners to advocate, strategize, and solve problems that impact families with young children.

To begin this collaborative process, First 5 contracted with a national expert, Prenatal to Five Fiscal Strategies (P5FS), to conduct a Comprehensive Fiscal Analysis (CFA) of the prenatal to 5 system in Santa Cruz County, focusing specifically on child care and family strengthening programs. For the purposes of this CFA, family strengthening programs were defined as evidence-based programs, services, and initiatives aimed at enhancing the stability, health, and well-being of families, with the goal to support families in overcoming challenges and building resilience so they can thrive (e.g., home visiting and parenting support).

The CFA sought to answer the following questions:

- What funding currently supports prenatal to five services in Santa Cruz County?
- How are these funds being used and are they being fully spent?
- What opportunities exist to better coordinate, streamline, and maximize existing funds?

The CFA was conducted by a team of P5FS early childhood system, program, and financing experts with experience working in multiple states and communities. The P5FS team partnered with First 5, the Thrive by 5 Leadership Team and Advisory Committee, and other early childhood system partners to articulate a fiscal vision, guiding principles, and key elements to be considered in the CFA. The project followed a framework developed by P5FS which includes fiscal mapping, cost modeling, and systems analysis that is informed by constituent engagement and produces recommendations for fiscal and systems change.

Throughout the process, several themes emerged as priorities for the prenatal to five system in Santa Cruz County. Overarching themes to address include:





















- Access to infant/toddler care
- Home visiting and family support program enrollment
- System coordination
- Workforce compensation
- Recruitment and retention of the early childhood workforce
- Funding
- Messaging on the importance of prenatal to five programs and services

The resulting recommendations bring concepts of access, quality, and system change in alignment with core fiscal concepts such as cost, administration of funding, and capacity to access additional funding. The recommendations fall into four broad categories, with additional sub-recommendations, focused on ensuring that the prenatal to five system:

1. Uses the **true cost** of services to inform future investments to ensure families have **access** to the services they want when they need them,
2. Targets investments to equitably expand **access*** to inclusive high-quality programs and services for all families and young children,
3. Explores long term strategies, including public investment, to attract and retain **prenatal to five professionals,**
4. Builds the **capacity of the prenatal to five system** to maximize funding and improve coordination across programs and services.

A full report on the CFA, including the fiscal mapping, cost modeling, and recommendations, will be produced by P5FS in the coming months. Once the report has been published, First 5 will engage Thrive by 5 Advisory Committee members, Leadership Team members, and other leaders in the prenatal-5 system of care in further discussion and action planning to implement the CFA recommendations.

APPENDIX A: FY 2023-24 THRIVE BY 5 ADVISORY COMMITTEE MEMBERS

| Members | Primary CORE Conditions |
|--|---|
| Central California Alliance for Health, Dr. Dianna Diallo |  Health & Wellness |
| Childhood Advisory Council, Diane Munoz |  Lifelong Learning & Education |
| City of Santa Cruz – Children’s Fund, Councilmember Shebreh Kalantari-Johnson |  Lifelong Learning & Education |
| County Park Friends, Mariah Roberts |  Healthy Environment |
| Dientes Community Dental, Sheree Storm |  Health & Wellness |
| First 5 Santa Cruz County Commission, Dr. Faris Sabbah |  Thriving Families |
| Health Improvement Partnership (HIP) – Safety Net Clinic Coalition, Priscila Bacio |  Health & Wellness |
| Health Services Agency (HSA), Jennifer Herrera |  Health & Wellness |
| Health Services Agency (HSA) – Children’s Behavioral Health, Dr. Lisa Gutierrez-Wang |  Health & Wellness |
| Human Services Department (HSD) – Family & Children’s Services, Melissa Delgadillo |  Thriving Families  Safe, Just Community |
| Pájaro Valley Prevention and Student Assistance, Jasmine Nájera |  Thriving Families |
| Human Services Department (HSD) – Employment & Benefit Services, Katy Chevalier |  Economic Security & Social Mobility |
| Parent Leader: Jessica Carreno |  Community Connectedness |
| Parent Leader: Juana Chavez |  Community Connectedness |
| Parent Leader: Julio Andrade |  Community Connectedness |
| Parent Leader: Karen Rito Cortes |  Community Connectedness |
| Parent Leader: Marcela Pinto |  Community Connectedness |
| Parks Rx Santa Cruz County, Kristal Caballero |  Healthy Environment |
| Ventures, Maria Cadenas |  Economic Security & Social Mobility |