



## FIRST 5 SANTA CRUZ COUNTY



# ANNUAL EVALUATION REPORT



July 1, 2023 - June 30, 2024

October 2024

## Acknowledgements

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# THRIVING FAMILIES

*First 5 Santa Cruz County strengthens families and promotes resiliency by addressing the socio-emotional development of young children through parenting support.*



Young children need security, confidence, and trust with the adults responsible for their care to develop their growing ability to regulate emotions and behavior. Children who have secure relationships with their primary caregivers are able to engage in learning and develop meaningful relationships throughout their lives.

First 5 Santa Cruz County works to increase the resilience of young children and their families, improve parenting practices and parent-child relationships, increase “social capital” (relationships and connections) of young children and their families, and decrease child abuse and neglect.

- Increased resilience of young children and their families
- Improved parenting practices and parent-child relationships
- Increased “social capital” (relationships and connections) of young children and their families
- Decreased child abuse and neglect

## Child safety in Santa Cruz County

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One indicator of child safety are the County measurements of child abuse and neglect.

### Decreasing rates of initial allegations of abuse and neglect

An examination of the rates of allegations of abuse and neglect in Santa Cruz County shows a steady decrease over time. Moreover, between 2011 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to **below** them (and have generally stayed below since).

Allegations of abuse or neglect in Santa Cruz County,

- **Children under age 1:** The rates of allegations of abuse and neglect (*per 1,000*) have decreased from a high of **95** in 2005, to **42** in 2023.
- **Children ages 1-2:** Allegation rates (*per 1,000*) dropped from a high of **59** in 2007, to **36** in 2023.
- **Children ages 3-5:** Allegation rates (*per 1,000*) dropped from a high of **61** in 2007, to **40** in 2023.

### Decreasing rates of substantiated allegations of abuse and neglect

Corresponding to the decreasing rates of allegations over time, the rates of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz

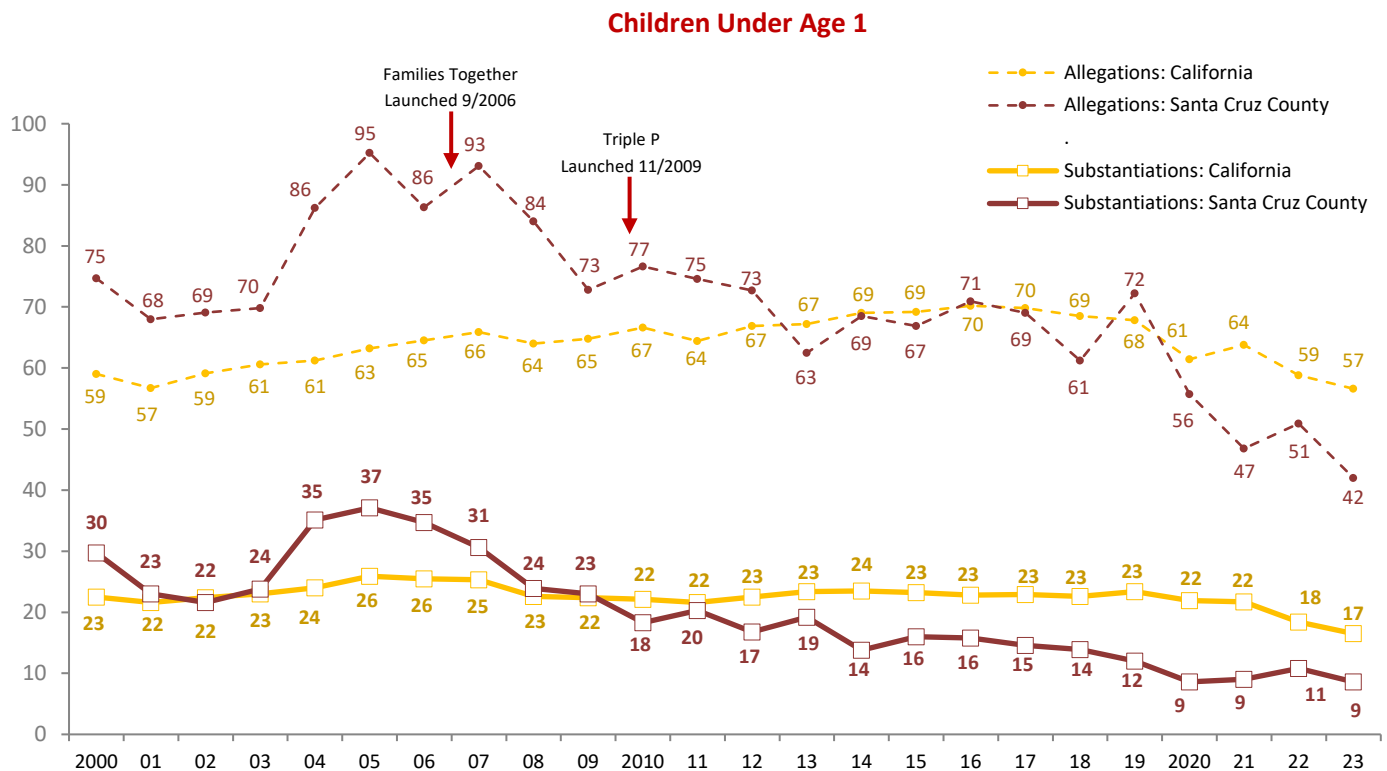
County moved from being substantially above (or at) the statewide rates, to **below** them (and have stayed below since).

Substantiated allegations of abuse or neglect in Santa Cruz County,

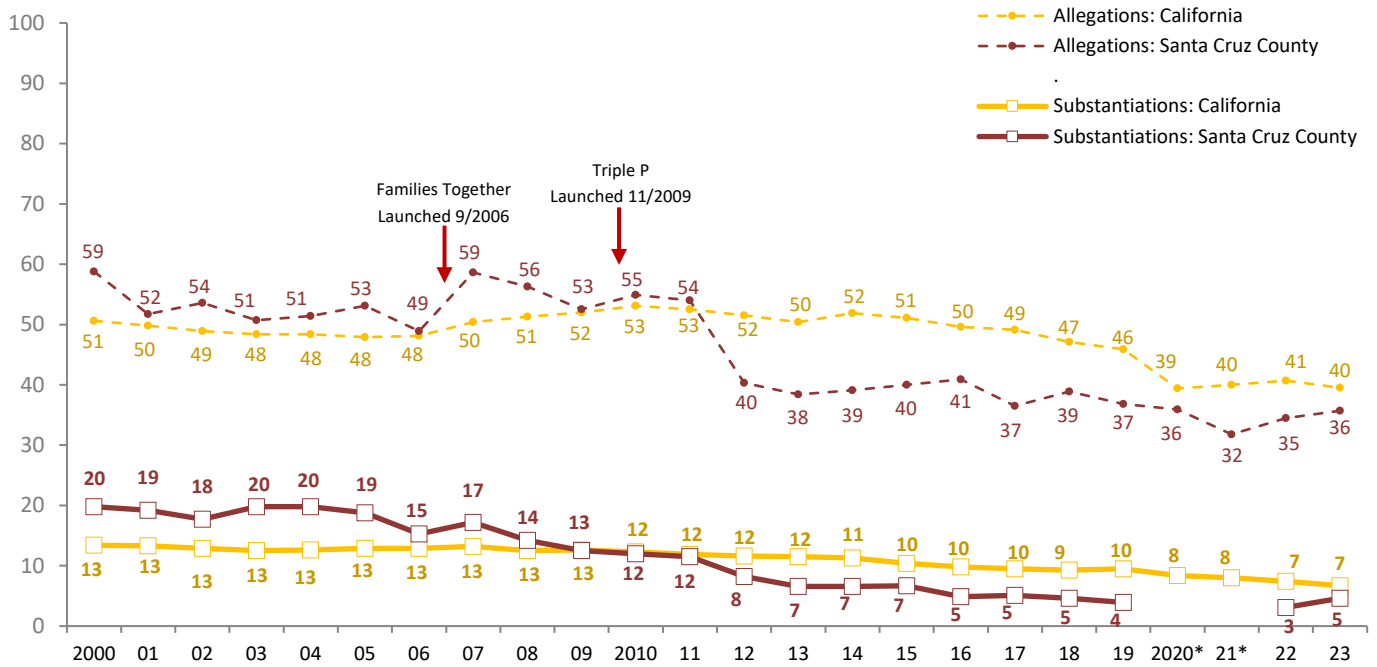
- **Children under age 1:** The rates of substantiated allegations of abuse or neglect (*per 1,000*) have decreased from a high of **37** in 2005, to **9** in 2023.
- **Children ages 1-2:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **20** in 2004, to **5** in 2023.
- **Children ages 3-5:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **18** in 2005, to **2** in 2022.

These decreasing rates in Santa Cruz County may have been assisted by the efforts of the county-wide **Triple P – Positive Parenting Program** and the **Families Together** program, which launched in late 2009 and 2006, respectively. The marked declines initial allegations in 2020 and 2021, however, may have been a reflection of the shelter-in-place order related to the COVID-19 pandemic, when child care, schools, health and social services were disrupted, and there were fewer interactions between children and adults who were mandated reporters.

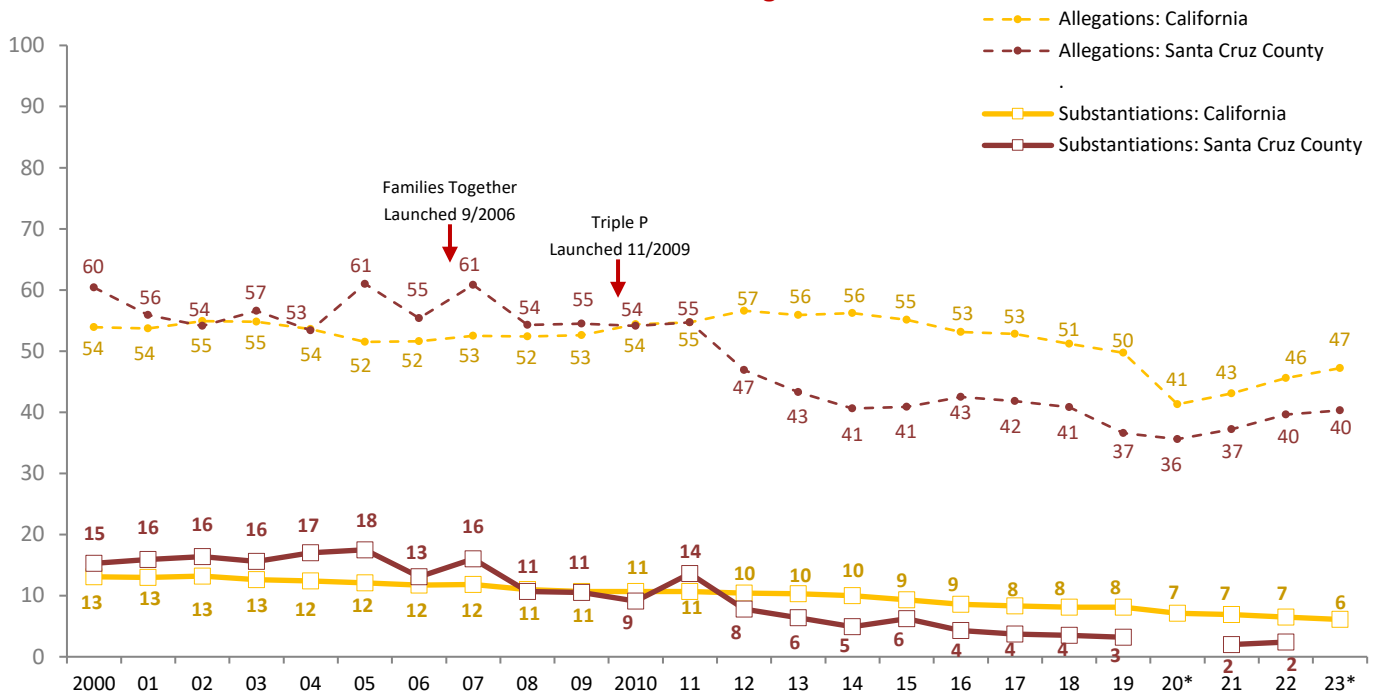
Figure 29: Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000)



### Children Ages 1-2



### Children Age 3-5



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Gomez Hernandez, F., Guo, S., Agarwal, A., Berwick, H., Lu, F., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Michel, J. (2024) *CCWIP reports*. Retrieved Aug 15, 2024, from University of California at Berkeley California Child Welfare Indicators Project website.

\* Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties.

Notes: Previous years' data have been updated to reflect slight methodological changes made by the California Child Welfare Indicators Project, and to reflect the most current calculations. Rates have been rounded to the nearest unit.

## Triple P – Positive Parenting Program

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### Program Description

Triple P (Positive Parenting Program) is a comprehensive, evidence-based parenting and family support system designed to strengthen families by promoting positive relationships, teach parents and caregivers simple strategies for preventing and handling parenting challenges, and increase access to parenting information and support. Triple P uses a population health approach to make evidence-based parenting information and support universally available and tailored to meet the unique needs of every family, regardless of socioeconomic status or the types of challenges the family is experiencing. This enables communities that offer Triple P to reach a broader segment of the population and helps reduce the stigma and fear of being labeled as “high risk” or a “bad parent” that often prevents families from seeking help before a crisis occurs.

The Triple P system can reach an entire community, as well as individual families who need more intensive services, through the following five levels of interventions:

- **Level 1: Universal Triple P** disseminates information about positive parenting to the entire community through a media-based social marketing campaign and pocket guides.
- **Level 2: Selected Triple P** provides brief information through one-time consultations (*Level 2 Individual*) or a series of Seminars on general parenting topics (*Level 2 Seminars*).
- **Level 3: Primary Care Triple P** offers brief, targeted parent education and skills training through Workshops on specific topics (*Level 3 Workshops*) or 3-4 brief consultations on an individual basis (*Level 3 Individual*) or in a group with other families (*Level 3 Brief Group*).
- **Level 4: Standard & Group Triple P** provides in-depth parent education and skills training through 10 sessions with a practitioner on an individual basis (*Level 4 Standard*), or 8-9 sessions in a group with other families (*Level 4 Group*), or in an online, self-paced course (*Triple P Online*). A new variant (*Level 4 Fear-Less*) offers in-depth support (individually or in groups) to parents and caregivers of children aged 6 to 14 years with anxiety.
- **Level 5: Enhanced, Pathways, Family Transitions, and Lifestyle Triple P** offer additional support and strategies to help parents deal with stress and improve communication with their partners or co-parents (*Level 5 Enhanced*), handle anger or other difficult emotions (*Level 5 Pathways*), co-parent after a divorce or separation (*Level 5 Family Transitions*), and make changes to lead healthy, active lives as a family when children are overweight or obese (*Level 5 Lifestyle*).

Beginning in late 2009, three local funders (First 5 Santa Cruz County, County of Santa Cruz Health Services Agency, and County of Santa Cruz Human Services Department) established the Triple P system in partnership with other agencies that serve children and families. The program has been implemented and scaled up in stages, with the goal of making parenting information and support

widely available to families throughout Santa Cruz County. First 5 leads the county-wide implementation, building partnerships and leveraging resources to ensure the Triple P program is available in Santa Cruz County for:

- Families with children from birth – 12 years old (Core Triple P)
- Families with teens 13 – 16 years old (Teen Triple P)
- Families with children who have special needs (Stepping Stones Triple P)

Throughout this section of the report, “parents” is used to mean anyone who is involved in raising a child, including biological, foster, and adoptive parents; grandparents or other relatives; family friends; or other caring adults.

## Triple P Providers

First 5 coordinates the funding, training, service provision, outreach, social marketing, and evaluation of Triple P, then partners with non-profit and public agencies that provide services at their facilities or other locations throughout the county, including Family Resource Centers, schools, churches, health clinics, libraries, parks, and families’ homes.

The majority of Triple P services are provided by these partners, through contracts with First 5 and/or other funders:

- **Community Bridges – Family Resource Collective (CB-FRC):** The primary provider of all levels and variants of Triple P services since 2009, ensuring that Triple P services are free, accessible, and meet the needs of all families throughout the county, regardless of child ages, primary language, geographic location, income, health insurance, immigration status, or type of parenting support needed. CB-FRC is uniquely positioned to fulfill this role through its four Family Resource Centers (FRCs), located in Watsonville, Live Oak, Santa Cruz, and Felton. FRCs serve all families but prioritize those who are most likely to encounter service access barriers due to cultural and linguistic differences, social isolation, mental health issues, discrimination, low incomes, or immigration status. Bilingual/bicultural practitioners provide Triple P services virtually and at FRCs and other community locations (schools, child care centers, health clinics, libraries, parks).
- **Encompass Community Services – Families Together (FT):** Described in the partner profile in the next section of this report. FT is an innovative counseling program providing home-based services to families living throughout Santa Cruz County. Families referred by Santa Cruz County Family & Children’s Services or CalWORKs are assigned a therapist who helps design customized services, including sessions in English or Spanish, in the home or other preferred location. A Family Support Specialist assists with enrolling interested families in FT and provides case management and parenting support prior to and concurrently with the counseling services. Families learn about parenting, child development, parent-child attachment, and general wellness, and they are connected with other community resources such as substance use counseling, interpersonal violence services, and early education support. Families Together staff provide brief or in-depth parenting support to families using the Triple P curriculum.

- **Stanford Children’s Health – Neurodevelopmental Foster Care Clinic (NDFCC):** Described in the partner profile in the previous section of this report. NDFCC provides brief, targeted parenting support to biologic and foster parents using Triple P tip sheets, in individual or brief group settings.
- **Parents Center:** Provides Triple P services as a contractor for the Human Services Department’s Family and Children’s Services Division for parents who are required to participate in parent education classes by the Juvenile Dependency Court. The Parents Center offers bilingual Triple P parenting support through 8-week groups, a customized workshop series, and hands-on coaching during supervised visitation. In recent years, First 5 has supported the Parents Center’s implementation of Triple P by creating a customized workshop series for parents whose infants are living with a foster family, using Level 3 tip sheets geared toward parents and caregivers who are new to parenting or have infants. The customized workshops include a mid-series session where Parents Center staff arrange for the infants to join their parents for an informal play group. During this session, parents get to practice using the strategies they’ve learned for developing positive relationships and encouraging positive behaviors. It is one of the most meaningful and well-received aspects of the workshop series.

The customized workshop series provides parents of infants a more relevant and accessible option to learn and practice Triple P parenting strategies, since several of the strategies taught in the 8-week group are applicable once a child is at least 18 months old. Once Triple P International releases the official Baby Triple P program, First 5 will review the curriculum to determine the best path for adopting this new variant.

- **Central Coast Alliance for Health (CAAH):** First 5 has an agreement with CCAH to offer Level 5 Lifestyle services to their clients. First 5 provides training and materials to CCAH staff who are providing these Triple P services in Santa Cruz County. CCAH asks for their clients’ consent to share their de-identified evaluation data with First 5 for the county-wide evaluation of the Triple P program, and uses the recommended evaluation and assessment forms to collect these evaluation data.
- **Independent practitioners (contractors):** First 5 contracts with a small cohort of individuals who provide Triple P services as private practitioners. The independent practitioners have deep expertise in Triple P, as well as other specialty areas such as counseling, disabilities or special needs, and working with families that have low incomes, are undocumented, and/or speak a language other than English.

## Partnerships

First 5 continuously expands the availability and accessibility of Triple P services through partnerships with other agencies, systems, and funders. In 2023-24, First 5 coordinated the provision of Triple P services for these partners:

- **Pajaro Valley Unified School District (PVUSD) Family Engagement and Wellness Center:** In FY 2023-24, First 5 continued its agreement with PVUSD to provide Triple P classes throughout the school year at the district’s new Family Engagement and Wellness Center. Topics were selected



based on input gathered from families by the district's Parent Engagement Team, and the district promoted the classes to families using flyers provided by First 5. Classes were taught in Spanish by Community Bridges and an independent practitioner, and PVUSD provided simultaneous interpretation and child care to reduce potential barriers to participation. Families and PVUSD staff had positive feedback about the Triple P workshops, and the partnership will be continued in FY 2024-25.

- **Cradle to Career Santa Cruz County (C2CSCC):** First 5 partnered with the C2CSCC initiative to offer virtual Triple P workshops in Spanish (with simultaneous interpretation into English) for families throughout Santa Cruz County. Topics were selected by C2CSCC Parent Leaders (Raising a Reader, Setting Healthy Screen Limits, Coping with Big Emotions: Stress & Anxiety, Fostering Better Communication with Teens, How to Help Your Child Deal with Bullying) and taught by a Triple P practitioner from Community Bridges. C2CSCC staff helped promote the Triple P workshops to families in the school districts that have a formal partnership agreement with C2C (Live Oak, Santa Cruz City Elementary, Soquel Union Elementary, and San Lorenzo Valley Unified). Families in the Pajaro Valley Unified School District (PVUSD) were also invited to participate in the workshops, as C2CSCC frequently collaborates with PVUSD staff and *promotores* working in South County. The classes were held virtually to make them accessible to families, no matter which area of the county they lived in. This was the ninth year that Triple P workshops were incorporated into the Cradle to Career initiative.
- **Probation and Santa Cruz County Sheriff's Office – Inmate Programs:** Triple P practitioners from Community Bridges continued to provide weekly in-person lessons for inmates at the Rountree and the Rehabilitation and Reentry facilities in Watsonville. This was the final year of First 5's contract with Probation.
- **CalWORKs:** In FY 2020-21, First 5 partnered with the Human Services Department (HSD) to launch a small pilot of Triple P Online (TPOL) for CalWORKs participants. HSD contracted with First 5 to purchase TPOL program access codes, establish a referral and data collection process, and provide up to four coaching sessions to program participants. TPOL is equivalent to a Level 4 Triple P intervention.

The CalWORKs TPOL pilot expanded in FY 2022-23 to include referrals for all Triple P services, including and beyond TPOL. This partnership continued in FY 2023-24.

- **Ventures – Semillitas (college savings accounts):** Ventures is using funding from the Collective of Results and Evidence-based (CORE) Investments to deposit funds in children's college savings accounts when their parents participate in a Triple P class or one-on-one session. Children enrolled in Semillitas can earn a one-time \$50 deposit to their Semillitas savings account when their parents complete this "milestone." First 5 Santa Cruz County, Triple P practitioners, and the Semillitas program are actively collaborating to raise awareness about this milestone by sharing details about it during Triple P classes and one-on-one sessions, including it in our newsletters and social media platforms, and by setting up outreach tables at community events. All collaborative outreach efforts are aimed at increasing families' awareness of the availability and benefits of Semillitas savings accounts and making it as easy as possible for them to participate in Triple P services and earn the milestone deposit.

## Additional Investments in the county-wide Triple P System

### ▪ **Children and Youth Behavioral Health Initiative (CYBHI)**

At the end of FY 2022-23, First 5 was awarded a 2-year grant from the California Department of Health Care Services (DHCS) for Round 1 of the Children and Youth Behavioral Health Initiative (CYBHI). During the grant period, First 5 will focus on achieving these goals:

- Increase capacity to provide **Triple P services for populations** that are most likely to experience access barriers and health disparities (Latine families, non-English speakers, migrant workers, immigrants, parents/caregivers of children with physical, intellectual, and/or developmental delays or disabilities, LGBTQIA+ families).
- Improve **equitable access to Triple P services** that are culturally and linguistically responsive to the needs of the populations of focus.
- Strengthen **positive parenting practices** among parents/caregivers in the populations of focus.
- Improve **child emotional and behavioral challenges**, particularly among the selected populations of focus.

Implementation began once the contract was executed in February 2024. During the remaining months of FY 2023-24, First 5:

- Continued to onboard the bilingual Triple P Program Manager (hired December 2023);
- Coordinated with Triple P America to schedule the initial set of grant-funded Triple P trainings, and recruited practitioners for the Level 3 Primary Care Stepping Stones training conducted in June (the remainder of the grant-funded trainings will occur in FY 2024-25);
- Completed several implementation readiness and equity assessments required by CYBHI.

### ▪ **Kaiser Permanente**

At the end of FY 2022-23, First 5 was awarded a one-year grant from Kaiser to enhance the county-wide Triple P system. This funding enabled First 5 to focus on two key goals:

- Launch **Level 4 Fear-Less Triple P**, the newest in-depth Triple P program designed for parents and caregivers of children aged 6 to 14 years with anxiety; and
- Increase the availability of brief, targeted parenting support (**Level 3 Primary Care Triple P**) as a prevention and early intervention service offered through HealthySteps programs at Federally Qualified Health Centers (FQHCs), Family Resource Centers, and other partner agencies.

Fear-Less Triple P is designed to help parents and caregivers understand anxiety and learn evidence-based tools and strategies to help children build their emotional resilience and develop skills to reduce and manage their anxiety. Fear-Less Triple P is available in English and Spanish through individual, group, and online sessions with coaching. First 5 scheduled a Fear-Less Triple P training for practitioners (to be conducted in FY 2024-25) in order to broaden access to this newest program throughout the community.

First 5 also hosted a Level 3 Primary Care Stepping Stones training for 20 practitioners from new and existing partner agencies in June 2024. This new cohort of accredited practitioners will greatly expand county-wide capacity to provide evidence-based parenting support as a preventive measure. In particular, integrating brief Triple P services into HealthySteps programs at Salud Para La Gente and Santa Cruz Community Health, the two largest FQHCs in the county, is a shared goal of First 5 and the clinics. This integration will enable parents and caregivers to access essential parenting support during well-child or behavioral health visits at these FQHCs, contributing to the overall success of these centers and enhancing support for families throughout Santa Cruz County.

- **Central California Alliance for Health**

At the end of FY 2022-23, First 5 Santa Cruz County received a two-year grant from the Central California Alliance for Health (CCAH) that will significantly enhance access to Triple P services for Medi-Cal members with children aged 0-5, with a particular focus on supporting Spanish-speaking and Latine parents and caregivers.

To expand Triple P services under this grant, First 5 plans to:

- **Train** up to 20 Community Health Workers (CHWs), *promotores*/parent leaders, and other providers in Level 3 Primary Care Triple P.
- **Deliver** Level 3 Triple P brief services (including workshops and one-on-one sessions) to 100-150 parents, with a targeted focus on Spanish-speaking and/or Latine families.

While Triple P services are already available in Santa Cruz County, this initiative marks a new effort for First 5 to enhance service delivery through CHWs, *promotores*/parent leaders (including Triple P graduates), and other trusted community members from various partners such as Cradle to Career, Salud Para La Gente, Santa Cruz Community Health clinics, and Community Bridges- Family Resource Collective. This approach aims to diversify and sustain the workforce and funding for Triple P, ensuring future growth and success. Additionally, the project creates opportunities for economic self-sufficiency by supporting CHWs and *promotores*/parent leaders in becoming accredited Triple P practitioners—a globally recognized and valued credential that enhances career prospects and is highly sought after by First 5 and other organizations.

## Population Served

The total number of clients who participated in Triple P is comprised of three groups:

- 1) **Unique Clients:** Those who participated in individual or group sessions AND who consented to have their assessment data anonymously included in this evaluation (who consequently provided enough information to create a Unique ID)
- 2) **“Unidentified” Clients:** Those who participated in brief services where only minimal client data were collected (usually not enough to create a Unique ID).
- 3) **“Non-Consenting” Clients:** Those who participated in individual or group sessions but did NOT consent to have their client data included in this evaluation of Triple P. They are only included in the analysis of numbers served.

		This Funding Cycle 2023-2024				Cumulative Totals 2010-2024				
<b>Unique Clients –client data analyzed *</b>										
Parents					1,087					7,447
	AGES 0–5	AGES 6–12	AGES 13–16	AGES 17+		AGES 0–5	AGES 6–12	AGES 13–16	AGES 17+	
Children	99	83	34	14	230	2,584	2,160	740	329	5,813
<b>“Unidentified” Clients – Includes duplicates; some client data analyzed **</b>										
Parents (2010-2022 only)					-					9,991
Children (all ages)					1,729					27,828
<b>“Non-Consenting” Clients – Client numbers only; no client data analyzed***</b>										
Parents					45					479
Children (all ages)					62					717
<b>TOTAL (INCLUDES DUPLICATES)</b>										
Parents					<b>1,132</b>					<b>17,917</b>
Children (all ages)					<b>2,021</b>					<b>34,358</b>

Source: First 5 CCD database for July 1, 2023 – June 30, 2024, and 2010-2024.

\* Includes parents and children for whom enough personal information is collected to be able to create a Unique ID. Beginning in FY 2022-23, this includes parents participating in Level 2 Seminars and Level 3 Workshops, so now all parents in every level of Triple P are reported here. As usual, this also includes children of parents who participate in the more in-depth levels of Triple P: Levels 3 (Individual/Brief Group), 4, and 5. Parents may have participated in more than one Triple P service, but are only reported once in this calculation of the number of unique clients served. Children with unknown birth dates are not included.

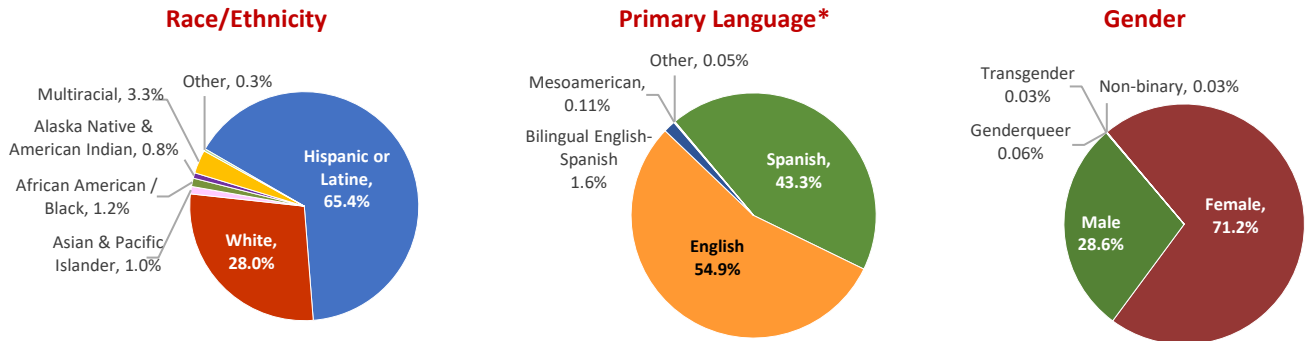
\*\*Includes children in levels of Triple P where not enough information is collected to create a Unique ID (i.e., children of parents who participated in Level 2 Individual sessions, Level 2 Seminars and Level 3 Workshops). Prior to FY 2022-23, this also included parents in Level 2 Seminars and Level 3 Workshops. Beginning in FY 2022-23, Unique IDs can be created for all parents, so all parents are now reported in the “Unique Clients” category. Consequently, the only “Unidentified” parents remaining in this category are from 2010-2022.

\*\*\* “Non-consenting” clients are those who did not consent to have their personal and evaluation information included in First 5’s evaluation of Triple P. They are only included in this calculation of the total number of clients served.

Note: The vast majority of participants are Santa Cruz County residents, with only minimal numbers from other counties.

## Triple P Participant Details

Figure 30: Demographics of Triple P Parents/Guardians (2010-2024)



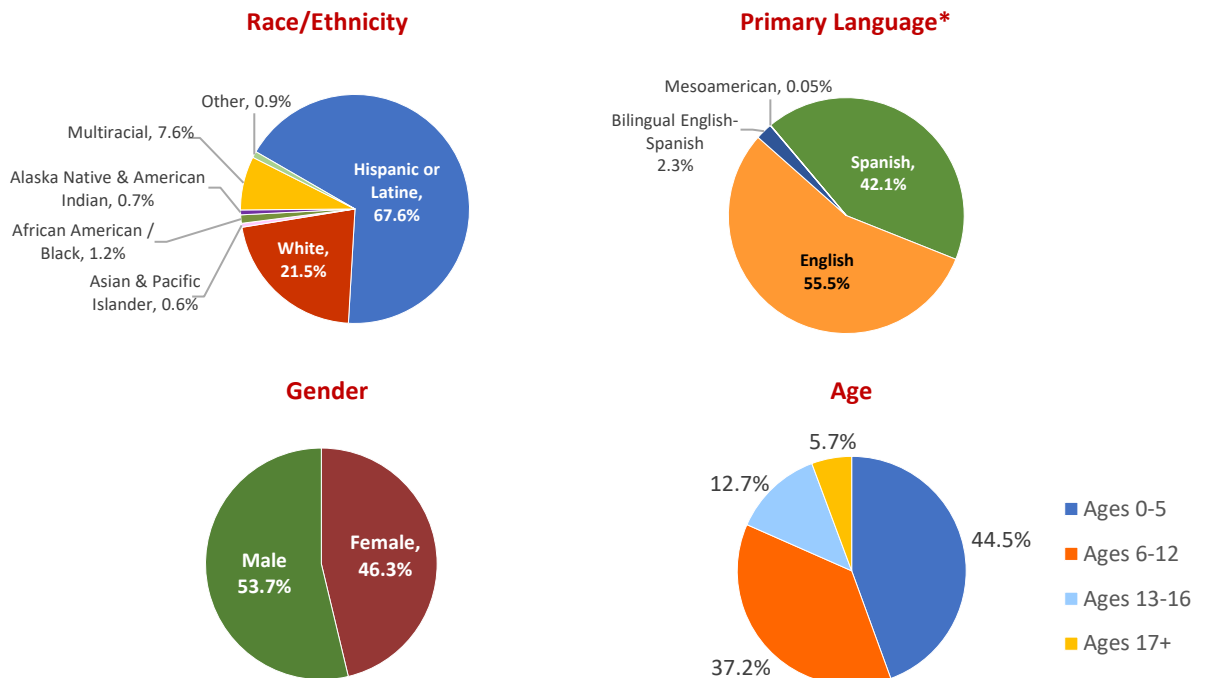
Source: First 5 CCD database for 2010-2024.

Notes: Parents participating in any level of Triple P where demographic information is collected are included in these analyses. More demographic information is collected for parents participating in the more in-depth levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5), such as Race/Ethnicity, Language, and Gender. However, brief levels of Triple P (Level 2-Individual, L2 Seminars, and L3 Workshops) do collect the parent's language and gender, so these adults are also included in the analyses of these demographics. Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

\* Parents in in-depth levels of Triple P are asked to indicate their preferred language. Brief levels of Triple P do not ask the parent to indicate their Primary Language; in these cases the Primary language is determined by the language of the evaluation forms. "Mesoamerican" languages include Mixtec, Oaxacan, and Zapoteco. "Other" languages include Multilingual and other languages.

N: (Ethnicity)=3,643, (Language)=7,433, (Gender)=7,217.

Figure 31: Demographics of Children benefiting from Triple P (2010-2024)



Source: First 5 CCD database for 2010-2024.

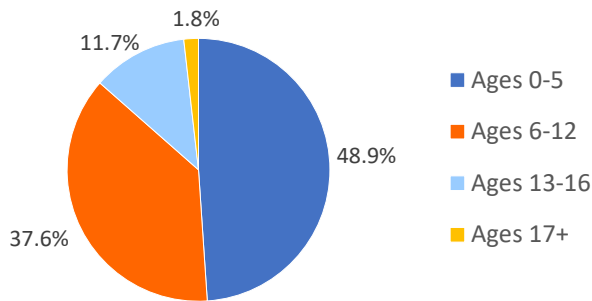
Notes: These demographic analyses include children of parents participating in the more intensive levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5). Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

\* Children's Primary language is determined by the parent's language. "Mesoamerican" languages include Mixtec, Oaxacan, and Zapoteco. "Other" languages include Multilingual.

N: (Ethnicity)=5,572, (Language)=5,808, (Gender)=5,798, (Age)=5,813.

Parents in the more intensive services of Triple P completed assessments at the beginning and end of their services, as a way to measure improvement in parenting issues and child behavior. When parents filled out their assessments, they were asked to choose one child in their family (referred to as the “Index Child” in this report), whose behaviors they were most concerned about or had the most difficulty handling, and to complete the assessments keeping just that one child in mind.

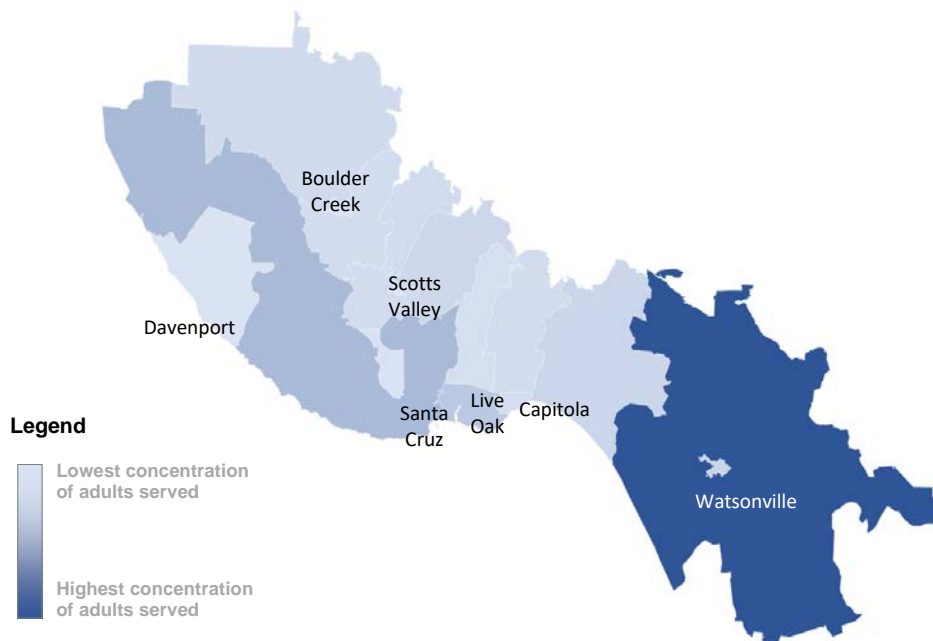
Figure 32: **Ages of Children chosen as the “Index” Child (2010-2024)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2024.  
Note: Includes children of parents in the more intensive levels of Triple P (Levels 3 (Individual or Brief Group), 4, and 5). Duplicates have been removed. N=2,673.

Analyses of clients’ ZIP codes show that adults from all over the County are participating in Triple P, with the majority living in South County (Watsonville and Freedom, 55%).

Figure 33: **Distribution of County Adults who received Triple P services, by ZIP Code (2010-2024)**



Source: First 5 CCD database for July 1, 2010 – June 30, 2024.  
Note: Includes adults from any program where ZIP codes were collected (L2-Indiv, L2-Seminar, L3-Workshop, L3-Brief Group, L3-Individual, L4-Group, L4-Standard, L5-Family Transitions, L5-Lifestyle, Triple P Online). Only adults with known ZIP codes are included in this analysis.  
\* Adults with Post Office mailing addresses in these areas were included in the area totals.

Figure 34: Number of County Adults who received Triple P services, by ZIP Code (2010-2024)

AREA	ZIP CODE	ADULTS SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	164	4.5%
Ben Lomond	95005	74	2.0%
Boulder Creek	95006	103	2.8%
Brookdale	95007	12	0.3%
Capitola	95010	70	1.9%
Davenport	95017	1	0.03%
Felton	95018	89	2.4%
Freedom	95019	174	4.8%

AREA	ZIP CODE	ADULTS SERVED	
		NUMBER	PERCENTAGE
Mt. Hermon	95041	2	0.1%
Santa Cruz*	95060	520	14.2%
Santa Cruz (Live Oak)*	95062	332	9.1%
Santa Cruz	95064	9	0.2%
Santa Cruz	95065	54	1.5%
Scotts Valley*	95066	139	3.8%
Soquel	95073	76	2.1%
Watsonville*	95076	1,839	50.3%
Total	-	3,658	100%

Source: First 5 CCD database for July 1, 2010 – June 30, 2024.

Note: Includes adults who participated in any level of Triple P. Only adults with known ZIP codes are included in this analysis.

\* Adults with Post Office mailing addresses in these areas were included in the area totals.

## Triple P Highlights

Triple P’s population-based approach to parenting support provides the minimally sufficient level of care for parents to enable them to independently manage their family issues. This section provides an overview of how families in Santa Cruz County have been helped to receive the levels of support that they needed through their participation in Triple P, and highlights some of the key achievements in each of these levels.

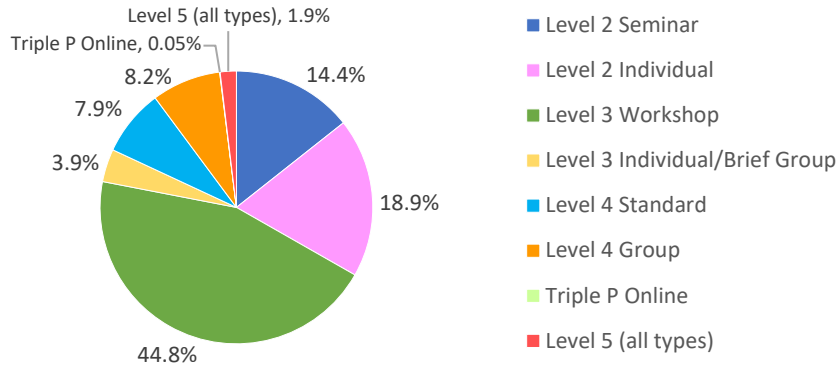
In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in FY 2020-21, the results for four Level 4 assessment tools that were used from 2010-18 are no longer reported in these analyses of Triple P outcomes, and only the results for the current Level 4 assessments are included.

The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties. See Appendix D for more detailed information about the population of clients included in these analyses, and the methodologies used to calculate the amount of improvement and statistical significance.

The following charts show the levels of Triple P in which parents have participated, since the commencement of the program.

- When all years are combined, results show that families are engaged in all levels of Triple P. Not surprisingly, the majority of parents are participating in the briefest services, which include Level 2 Seminars, one-time Level 2 Individual consultations, and Level 3 Workshops. This mirrors the intent of the Triple P system, with a greater proportion of the community accessing briefer, targeted parenting support, and a smaller proportion of the community accessing in-depth, comprehensive parenting support.

**Figure 35: Percentage of participants in each level of Triple P (2010-2024)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2024.

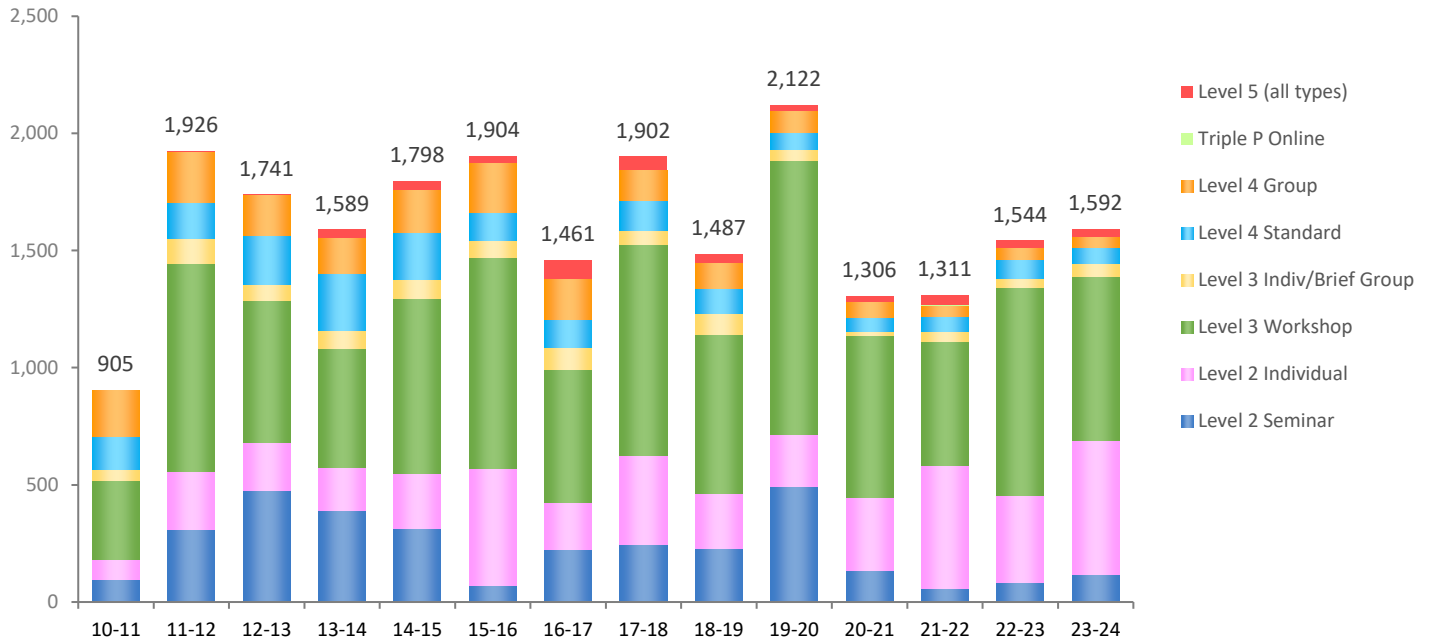
Notes:

- This analysis includes all clients each time they participated in any Triple P service (consequently, some clients may be reported multiple times if they participated in more than one level of Triple P, or the same level of Triple P more than once).
- It also includes “non-consenting” clients (“Non-consenting” clients are those who did not consent to have their personal and evaluation information included in First 5’s evaluation of Triple P; only their client numbers and services in which they participated are reported).
- The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties.

N=22,588 participants (includes clients each time they participated in any Triple P service).

- When looked at individually, each year follows this pattern, with brief services being the most frequently utilized.

**Figure 36: Number of participants in each level of Triple P, by Fiscal Year**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2024.

Notes:

- This analysis includes all clients each time they participated in any Triple P service (consequently, some clients may be reported multiple times if they participated in more than one level of Triple P, or the same level of Triple P more than once).
- It also includes “non-consenting” clients (“Non-consenting” clients are those who did not consent to have their personal and evaluation information included in First 5’s evaluation of Triple P; only their client numbers and services in which they participated are reported).
- The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties. Participant numbers for prior years have been updated to include these out-of-county clients.



## Level 1: Universal

First 5 continues to implement a robust social marketing campaign to saturate the community with positive parenting messages, normalize the need to seek help for parenting challenges, and promote First 5 as the central point of contact for getting assistance with accessing Triple P services. Information is disseminated through print and electronic media, social media, community outreach events, sponsorships, advertising, and locally-developed marketing materials.

In 2024, the Santa Cruz County Board of Supervisors proclaimed January as Positive Parenting Awareness Month (PPAM) for the 12<sup>th</sup> year in a row. The local proclamation and month-long celebration are led by First 5 as part of the Level 1 Universal Triple P campaign. Other California counties that implement Triple P have adopted PPAM, drawing on First 5 Santa Cruz’s model and tools.

January 2024 also marked the 5<sup>th</sup> year that the State Assembly and Senate passed a resolution declaring January as Positive Parenting Awareness Month throughout California. First 5’s Triple P Consultant co-led this statewide effort with Triple P America and a coalition of other Triple P coordinators throughout the state.

Data indicate that the local social marketing campaign is an effective way to reach and engage families in Triple P services, and that they are highly satisfied after receiving services.

- **Accessibility of information.** Families are responding to Triple P messages in the media and online. They are using First 5’s website to register for parenting classes and requesting assistance with accessing Triple P services through the centralized “warmline,” Facebook, and the Triple P email address.
- **Encouragement to participate.** Since the beginning of the Triple P program, almost 18,000 parents and over 34,300 children have benefited from Triple P services. These figures include parents who participated in multiple services, and reflect the widespread interest in—and reach of—this parenting program.

### *Client Participation in Triple P*

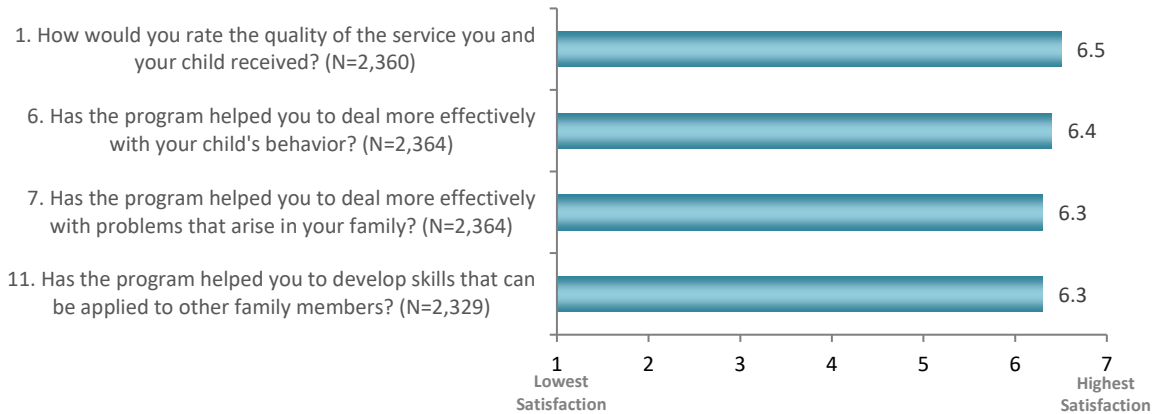
	THIS FUNDING CYCLE 2023-2024	CUMULATIVE TOTALS 2010-2024
Parents/Guardians	1,132	17,917
Children ( <i>all ages</i> )	2,021	34,358

Source: First 5, Triple P Master Client Data Collection Template, 2010-2024.

Note: These totals include clients who may have participated in more than one Triple P service.

- **Satisfaction with services.** On average, parents rated the quality of services very high, strongly agreeing that they were dealing more effectively with problems in their family, and were able to apply the skills they learned to other family members.

**Parents' Satisfaction with Various Aspects of the Triple P Program (2010-2024)**



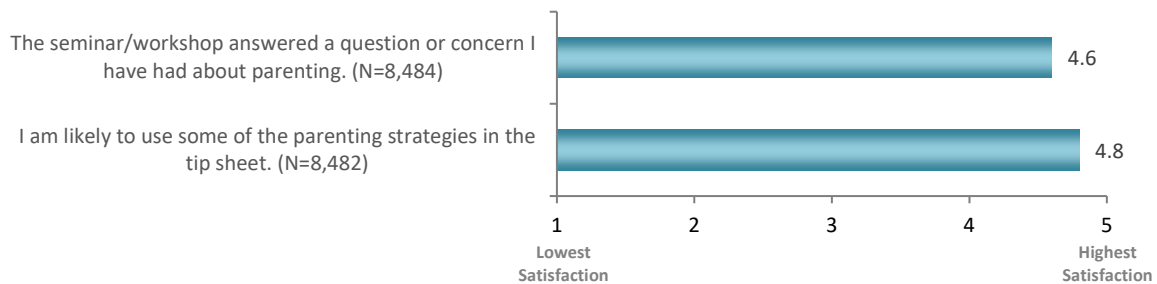
Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2024.

**Level 2: Selected (Individual & Seminars) & Level 3: Primary Care (Workshops)**

The briefest forms of Triple P services are giving parents an opportunity to be introduced to Triple P principles and strategies and are providing easy access to general parenting support.

- **Gateway to more services.** Over the past several years, analyses have consistently shown that brief services are an effective way of engaging parents in the program and gives them an opportunity to participate in further services. Parents who attend Seminars and Workshops frequently request follow-up services, and parents who participate in one or two brief consultations for specific parenting concerns often return later for in-depth consultations and multi-session programs.
- **Continued use of the skills they learned.** On average, parents strongly agreed that the Seminars and Workshops answered their questions, and that they would continue to use the strategies they learned.

**Seminars/Workshops: Satisfaction Survey (2010-2024)**



Source: Triple P data from the *Seminar/Workshop Satisfaction Survey*, Jan. 2010 - June 2024.

Note: This analysis does not include clients participating in the Inmate Programs workshops (who are studied in a separate section, below).

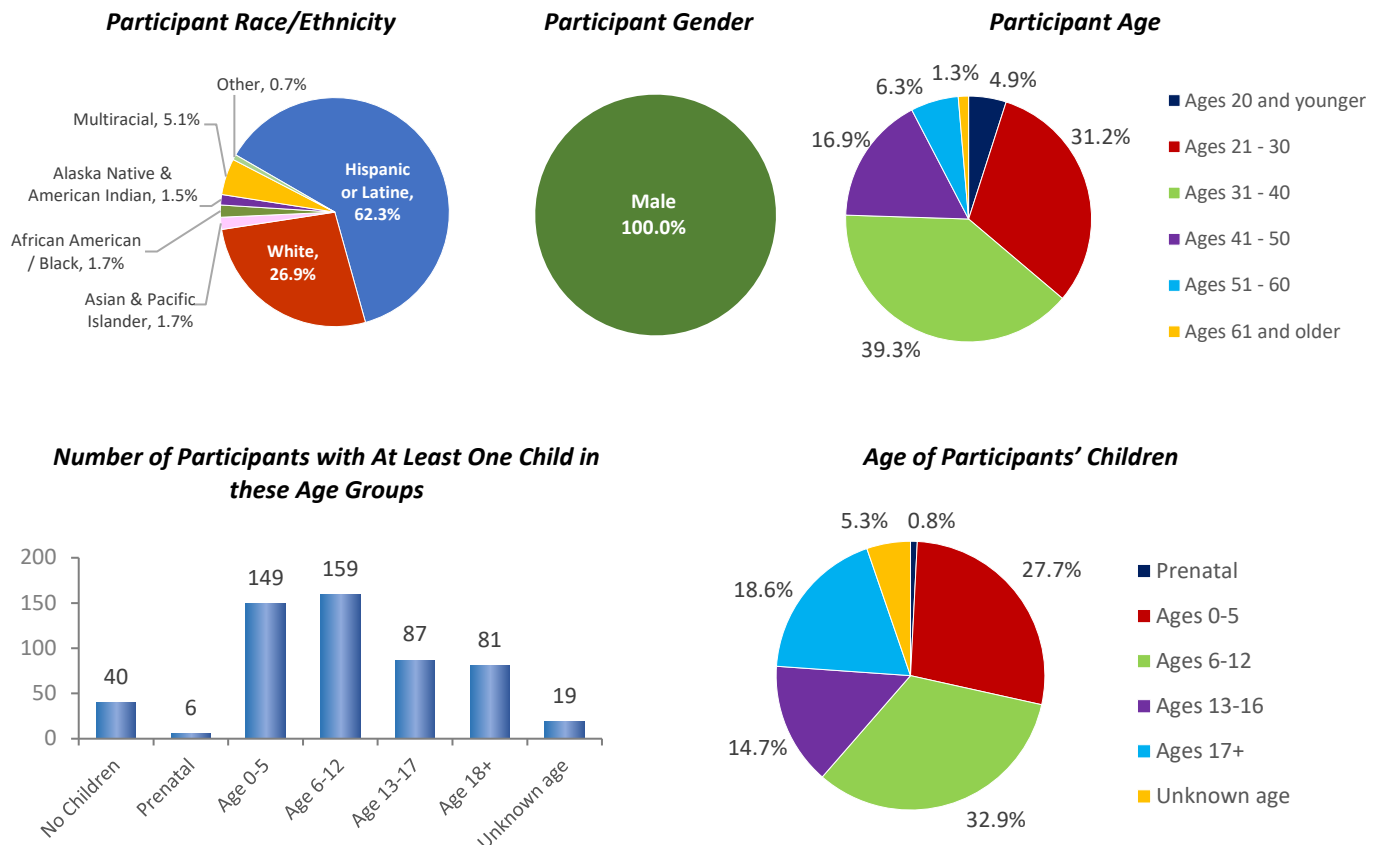
- **Inmate Programs: Workshop series at local correctional facilities.** Triple P practitioners from Community Bridges continued to provide concurrent 12-week workshop series (in English only) at the Rountree facility and Rehabilitation and Reentry facility in Watsonville.
- **Participant details.** Between 2018-2024,
  - A total of 481 participants attended at least one workshop.
  - All participants were male.
  - Of the participants with a known race/ethnicity, the majority were Hispanic or Latine (62%) or White (27%).
  - Participants ranged in age from 16 to 66, and most (71%) were between the ages of 21 – 40.
  - Of the participants who provided their parental status, 76% had at least one child between ages 0-12.

**What parenting strategies will you use the next time you see or talk to your child(ren)?**

“Communication, understanding and love, trust and the desire to do things right.”

- Participant response to the Triple P Inmate Programs Satisfaction Survey

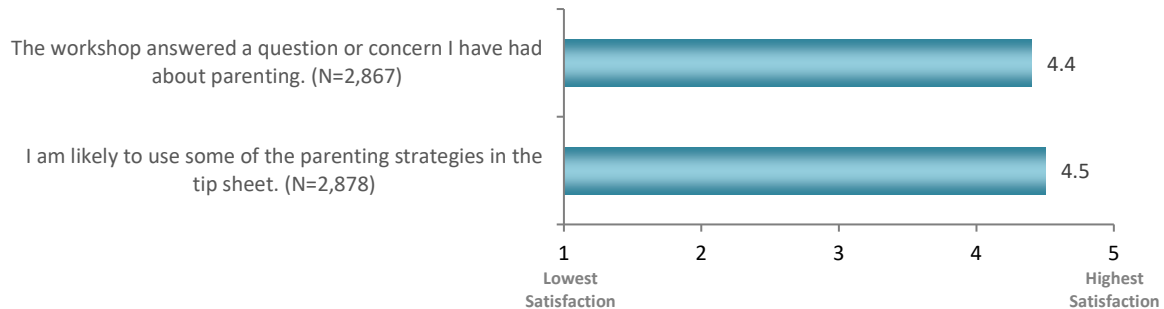
### Inmate Programs Workshops: Participant Demographics (2018-2024)



Source: First 5 CCD database for July 1, 2018 – June 30, 2024.  
 N: (Ethnicity)=409; (Gender)=481; (Participant age)=445; participant ages are calculated as of the first fiscal year that they attended, no matter how many years they continued to participate; (Participants with child in age group)=357 participants with 741 children; (Child ages)=741.

- **High satisfaction.** On the Satisfaction Survey, participants strongly agreed that the Inmate Programs workshops had answered a question they had about parenting, and that they were likely to use the strategies they’d learned in the workshop.

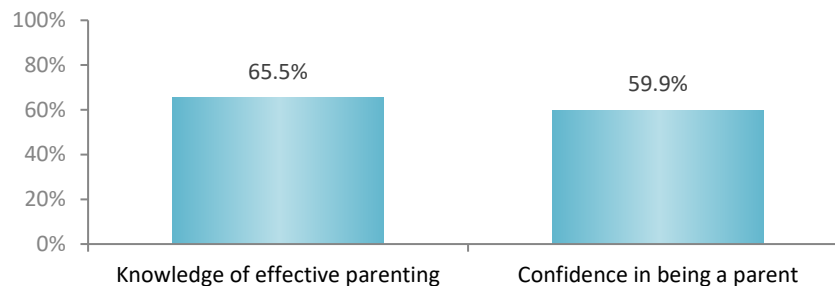
***Inmate Programs Workshops: Satisfaction Survey (2018-2024)***



Source: Triple P data from the *Inmate Programs Workshop Satisfaction Survey, 2018-2024*.  
Note: Many participants took part in multiple workshops, and completed a Satisfaction Survey each time.

- **Effective parenting.** Results from the evaluation sets for each year have been combined, and results indicate that participants are demonstrating knowledge of effective parenting and have more confidence in being a parent.

***Inmate Programs Workshops: Percentage of Participants Who Demonstrated Improvement in Key Parenting Issues (2018-2024)***



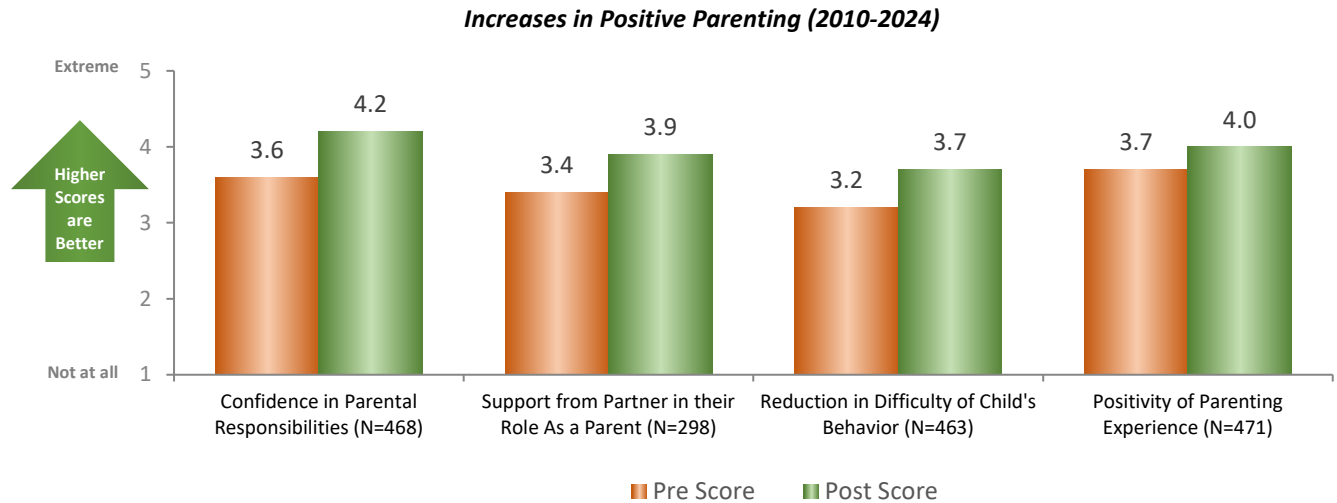
Source: (Knowledge) Triple P assessment results, *Knowledge of Effective Parenting Scale (KEPS)*, and *Parent Knowledge Questionnaire*; (Confidence) Triple P assessment results, *Parenting Experience Survey, Question 3, 2018-24*.  
N: Knowledge=220, Confidence=142.

### Level 3: Primary Care (Individual or Brief Group)

Brief consultations about specific parenting concerns are resulting in increased positive parenting experiences.

- **Support for specific parenting challenges.** Parents are reporting *statistically significant* improvements in their confidence in parenting, support from their partners, number of difficult child behaviors, and enjoyment in their parent/child relationship. Regarding parent confidence, partner support, and reduced difficult behaviors, parents on average experienced a moderate to

large magnitude of change, indicating that these observed differences were not only statistically significant but also *meaningful*.



Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2024.

Note: The *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. This analysis only includes parents who participated in Level 3 Primary Care (Individual/Brief Group) services.

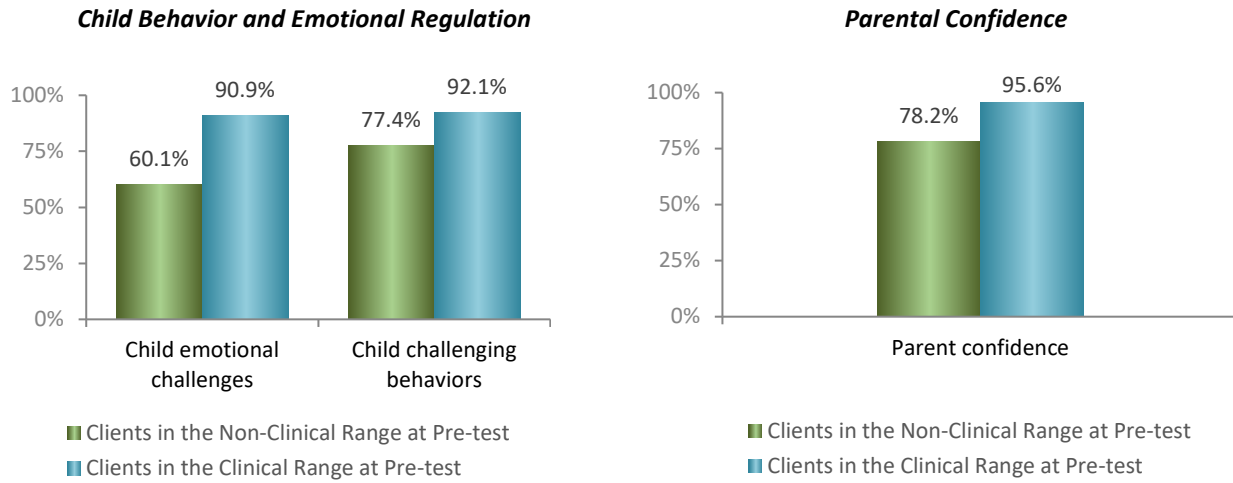
## Level 4: Standard & Group

Through more intensive services, families are receiving in-depth support for moderate to severe behavioral and emotional difficulties.<sup>26</sup>

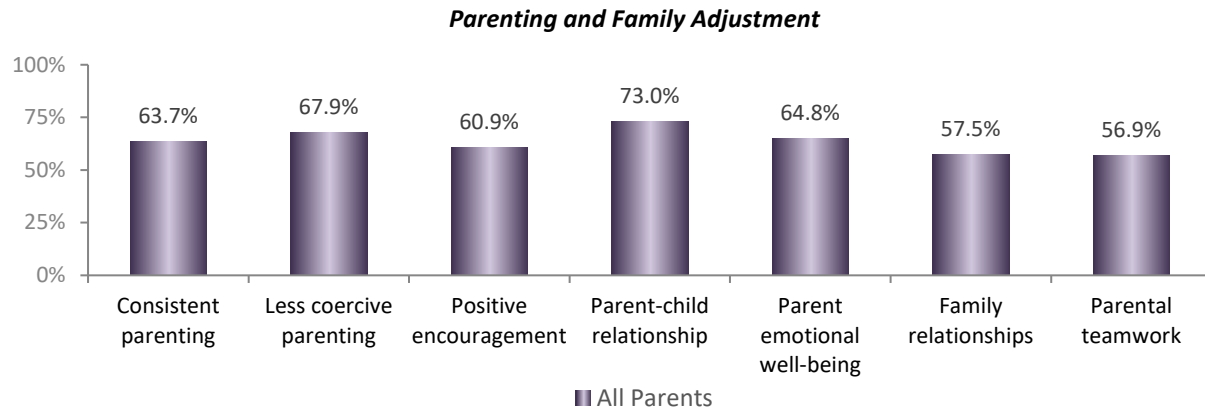
- **Intensive services may have a stronger impact on parents who begin the program experiencing more serious parenting issues.** First 5's evaluation results have consistently shown that:
  - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting domains. Parents reported improvements in child emotional and behavior regulation, parental confidence, parental emotional well-being and family relationships, and increased use of positive parenting styles.
  - Parents whose pre-assessment scores were high enough to be in a "Clinical Range of Concern" were *even more likely* to show improvement by the end of the program, suggesting that Triple P was effective for parents who were experiencing more serious parenting issues.
  - The majority of parents who began the program in a "Clinical Range of Concern" had moved out of the range of concern by the end of the program.

<sup>26</sup> These Level 4 analyses include clients who participated in Level 4 Standard or Group services (including those who afterwards additionally participated in Level 5 Pathways or Level 5 Enhanced). They do not include clients who only participated in Level 5 Family Transitions or Level 5 Lifestyle as those are standalone programs that incorporate the Level 4 topics within them, so these clients are NOT considered as also having participated in a separate Level 4 program.

## Percentage of Parents who demonstrated improvement in key parenting issues after completing services (2018-2024)

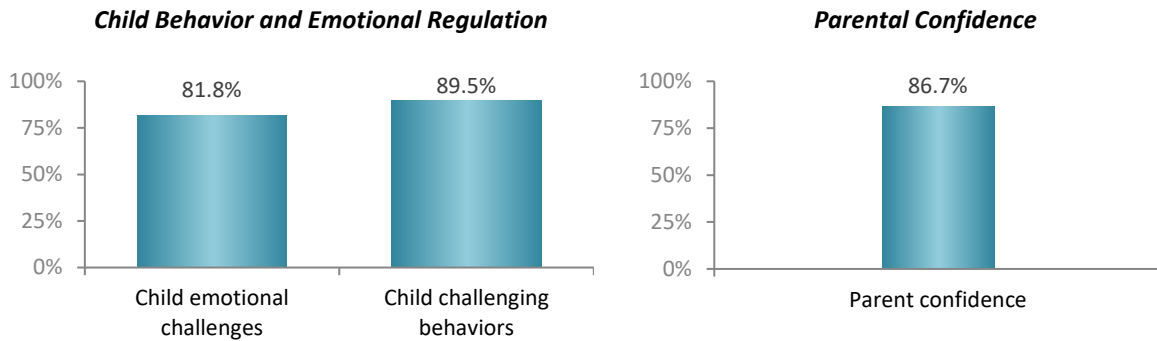


Source: Triple P assessment results, July 2018 - June 2024. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.  
 N: (Emotional challenges) Non-Clinical=283, Clinical=33; (Challenging behaviors) Non-Clinical =328, Clinical=38; (Confidence subscales) Non-Clinical =298, Clinical=45.



Source: Triple P assessment results, July 2018 - June 2024. *Parenting and Family Adjustment Scales (PAFAS)* subscales.  
 Note: There is no clinical cut-off for the PAFAS scores, so there is no "Clinical Range at Pre-test" sub-population to analyze for this assessment.  
 N: (Consistent parenting)=402; (Coercive parenting)=365; (Positive encouragement)=350; (Parent-child relationship)=248; (Parent emotional well-being)=389; (Family relationships)=353; (Parental teamwork)=232.

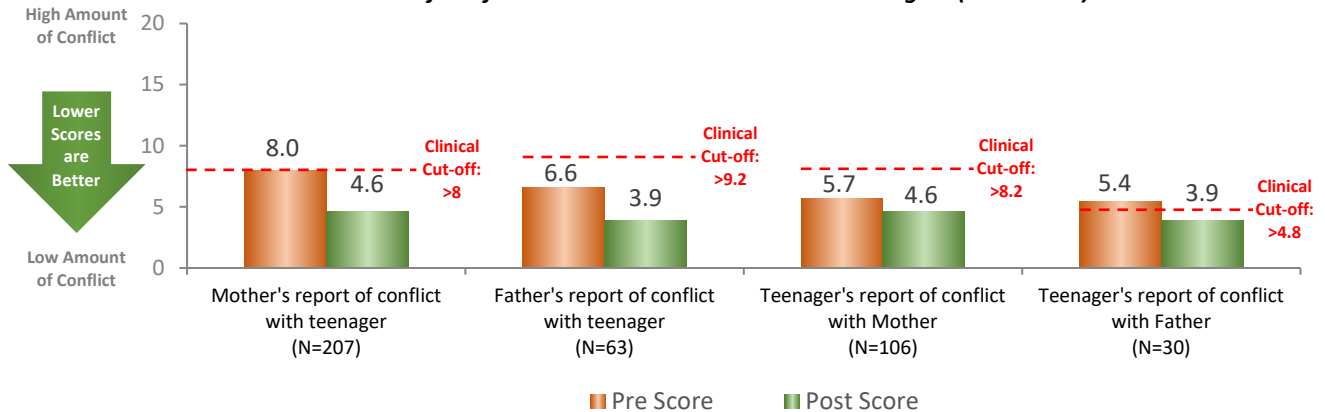
### Percentage of Parents who moved out of the “Clinical Range” of concern in key parenting issues after completing services (2018-2024)



Source: Triple P assessment results, July 2018 - June 2024. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales. N: (Emotional challenges)=33; (Challenging behaviors)=38; (Confidence subscales)=45.

- **Parents in Teen Triple P report decreased amounts of conflict with teenagers.** While the majority of parents who received in-depth services were in Core Triple P (for families with children ages 0-12), a modest number of parents have completed Teen Triple P (for families with youth ages 13-16).
  - On average, both mothers and fathers reported significant decreases in the amount of conflict between themselves and their teenagers. Mothers and fathers both experienced a moderate to large magnitude of change, indicating that their decreases in conflict were not only *statistically significant* but also *meaningful*.
  - By the end of the program, teenagers also reported *significantly* lower amounts of conflict with their mothers and fathers.

### Amount of Conflict Between Parents and Their Teenagers (2010-2024)

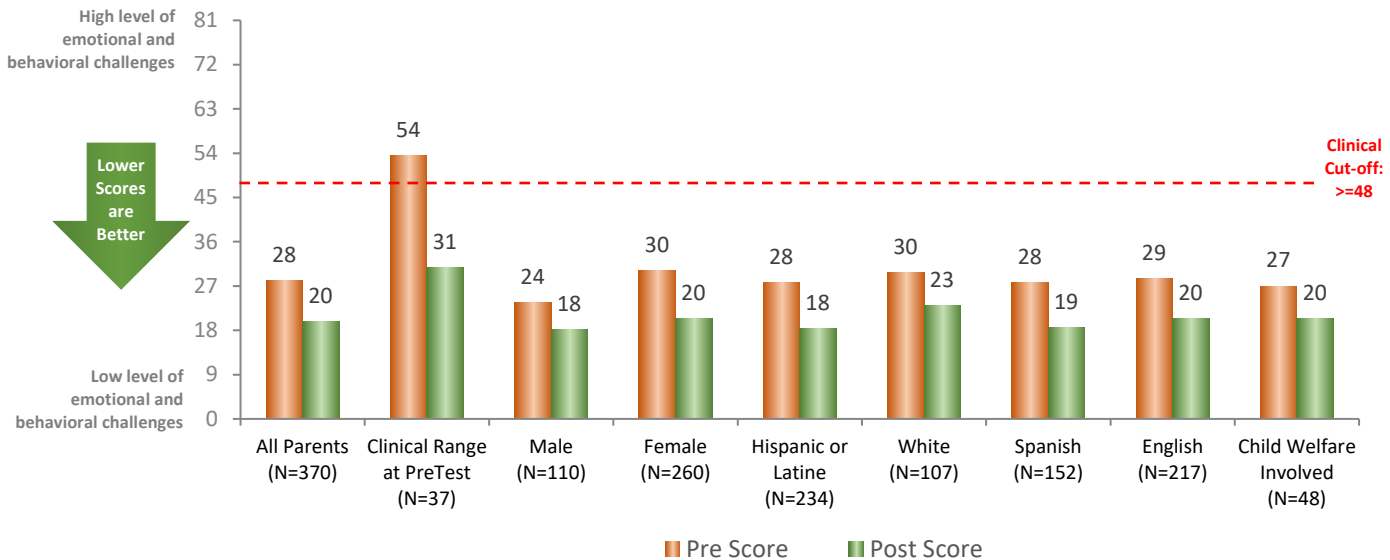


Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2024.

Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of conflict at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improvements in child behavior and emotional regulation.** On average, all Parents and all sub-populations reported *significant* improvements in their children’s emotional and behavioral challenges.
  - The amount of improvement was highest for parents who had scores in the Clinical Range of Concern at the beginning of their services, and was also high in the Female, primarily English-speakers, and Hispanic or Latine sub-populations. These sub-populations experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically *significant* but also *meaningful*.

**Child Emotional and Behavioral Challenges (2018-2024)**

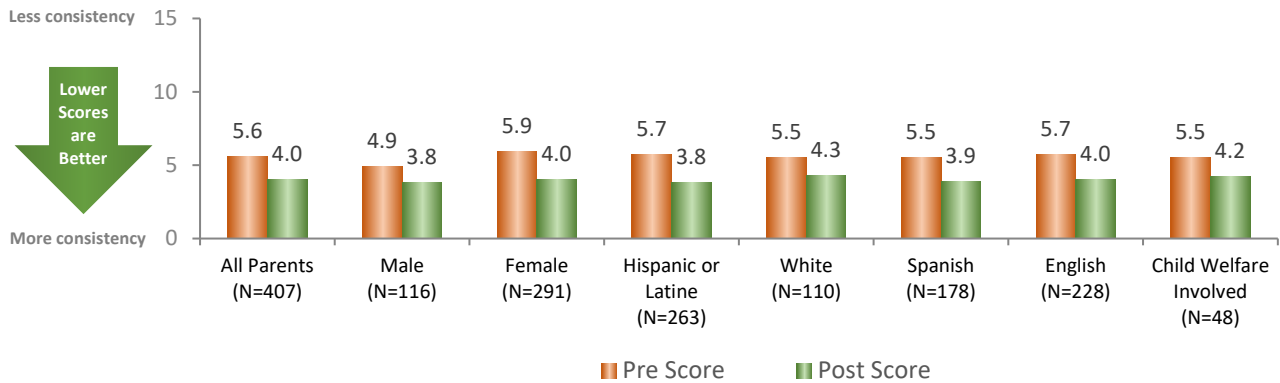


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity subscale*, July 2018 – June 2024.  
 Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of challenges at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

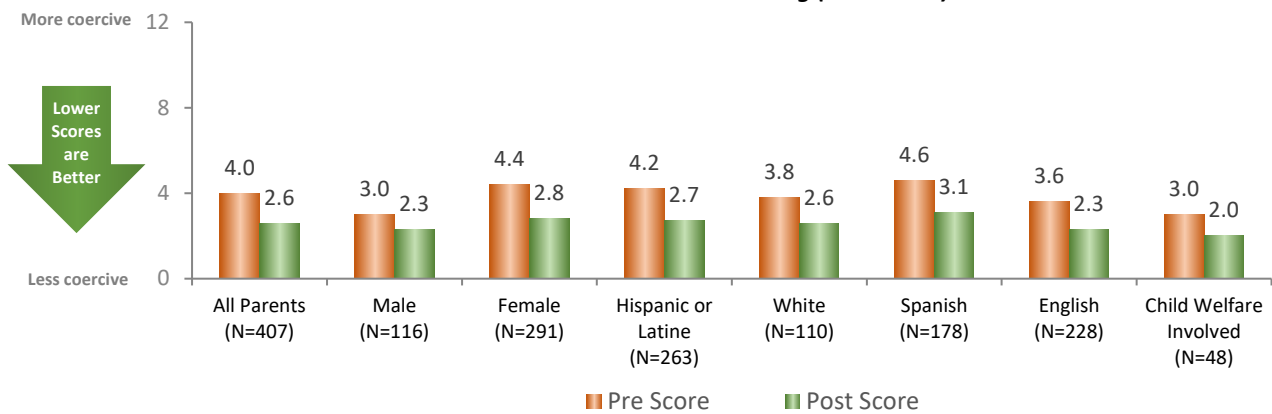
- **Increased use of positive parenting styles.** There were *significant* improvements in parents’ overall style of discipline, as their parenting style became more consistent and less coercive through the course of the Triple P program.
  - In addition to the significant improvements in **consistent parenting**, on average All Parents and almost all sub-populations (Female, Hispanic or Latine, primarily Spanish-speakers, primarily English-speakers, Child welfare involved) experienced a moderate to large *amount* of improvement.
  - Similarly, in addition to the significant improvements in **coercive parenting**, All Parents and most sub-populations (Female, Hispanic or Latine, White, primarily Spanish-speakers, primarily English-speakers) also experienced a moderate to large magnitude of change.



**Improvement in Consistent Parenting (2018-2024)**



**Decrease in Coercive Parenting (2018-2024)**



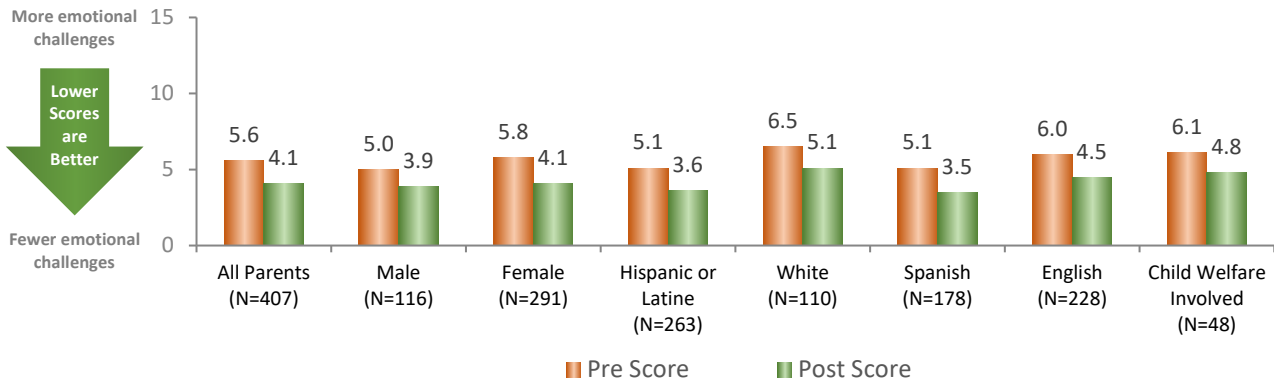
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2024.

Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at “Pre,” or lowest amount of coercive parenting at “Pre,” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

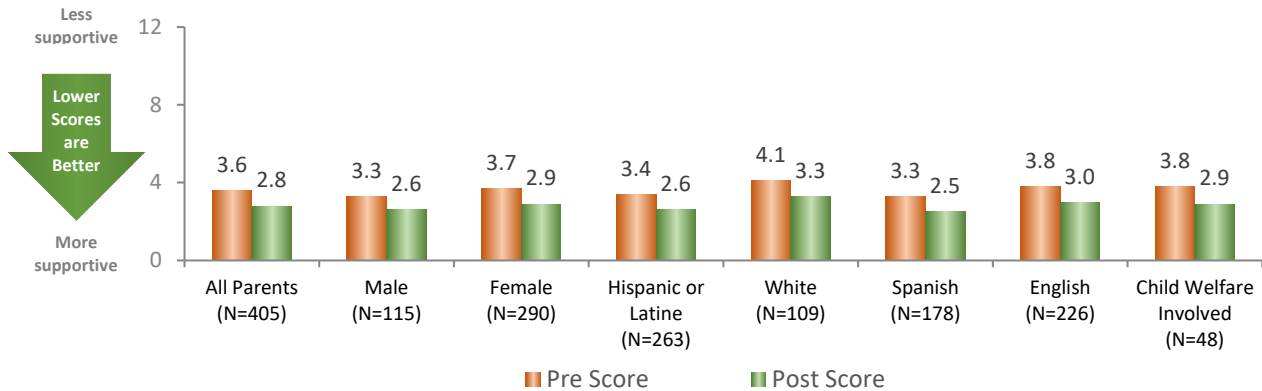
- **Improvements in parental emotional well-being and family relationships.** On average, parents reported significant improvements in their emotional well-being and significantly fewer relationship issues that were problems after participating in the program.

  - On average, All Parents and all sub-populations reported *significantly fewer emotional challenges*. All Parents and many sub-populations (Female, Hispanic or Latine, primarily Spanish-speakers, primarily English-speakers) also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.
  - Similarly, on average, All Parents and all sub-populations reported *significant* improvements in **family relationships**, feeling more supported by the end of their services. In addition, parents who were Hispanic or Latine, or primarily Spanish-speakers also experienced a moderate magnitude of change, indicating that their observed differences were not only *statistically significant* but also *meaningful*.

### Parental Emotional Well-being (2018-2024)



### Family Relationships (2018-2024)

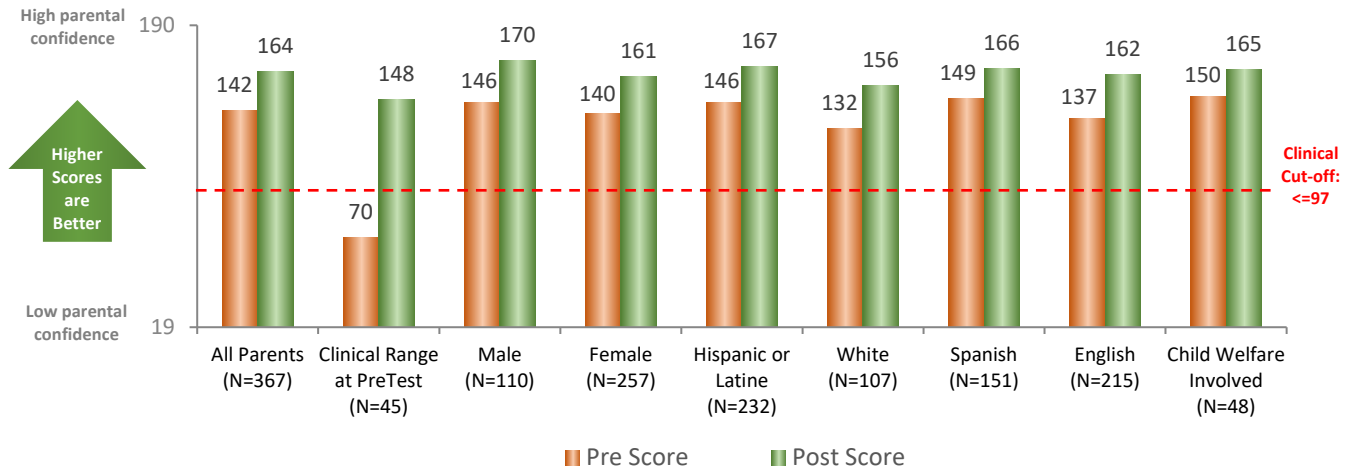


Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being and Family Relationships subscales, July 2018 – June 2024.

Note: There is no clinical cut-off for this assessment's scores. For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest number of challenges at "Pre," or highest amount of support at "Pre," are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Increased parental confidence.** On average, all Parents and all sub-populations reported *significant* improvements in parents' confidence through the course of the Triple P program.
  - All Parents and almost all sub-populations (Male, Female, Hispanic or Latine, White, primarily English-speakers, and parents with scores in the Clinical Range of Concern at the beginning of their services) also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically significant but also meaningful.
  - The amount of improvement and magnitude of change was particularly substantial for parents who had scores in the Clinical Range of Concern at the beginning of their services.

**Improvement in Parental Confidence (2018-2024)**

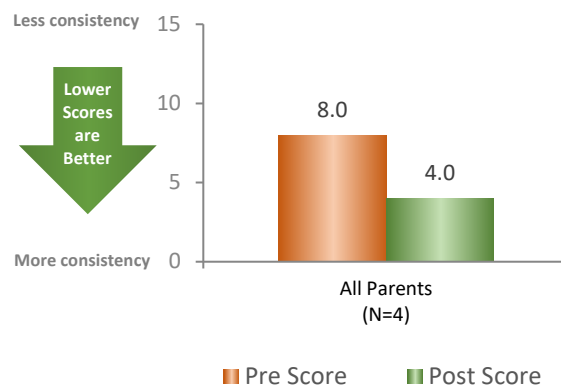


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2024.  
 Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of confidence at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Triple P Online.** This program is an equivalent to a Level 4 Standard or Group program, but is provided as an online, self-paced course.

Although the number of parents who have completed this program is small, preliminary results are already showing *statistically significant* improvements in consistent parenting through the course of the Triple P program. More results will be available as participation grows.

**Improvement in Consistent Parenting (Triple P Online; 2020-2023)**



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting subscale, July 2020 - June 2023.  
 Notes:

- For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
- No new Families Together clients have completed this assessment since FY 2022-23.

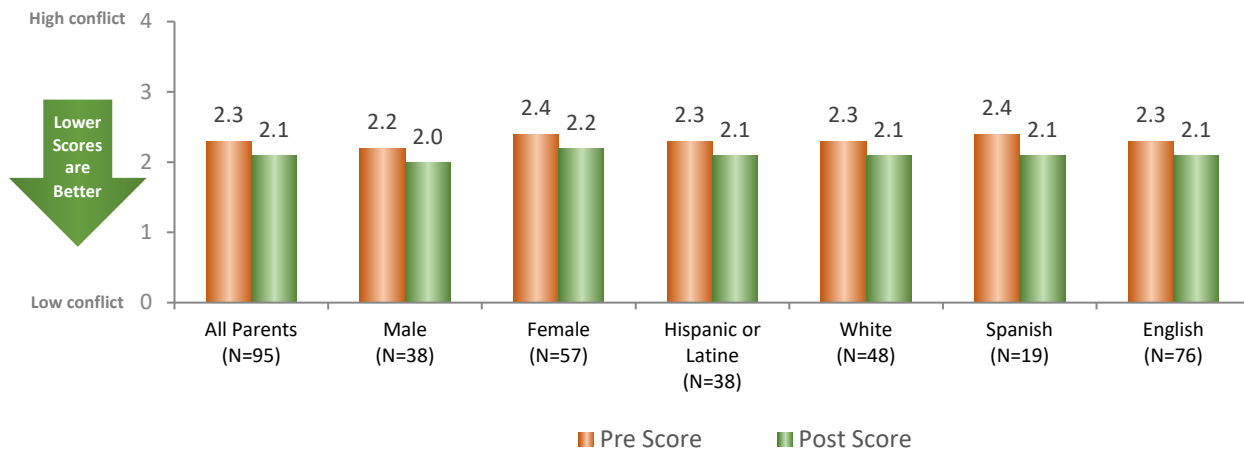
## Level 5: Enhanced, Pathways, Family Transitions, and Lifestyle

Level 5 offers additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties (Level 5 Enhanced), there is risk for child maltreatment due to parents’ difficulties with anger management or negative beliefs about their children’s behaviors (Level 5 Pathways), parents are divorced, separated, or navigating a co-parenting relationship (Level 5 Family Transitions), or parents of children who are overweight or obese (Level 5 Lifestyle).<sup>27</sup>

The following results demonstrate the considerable improvement in parents’ ability to manage anger, decrease co-parental conflict, and increase healthy eating and activity as a family. As participation increases, additional analyses of the impact of these specialized programs on parents’ confidence and competence in raising children, and on the quality of parent-child relationships, will become available.

- **Reduced levels of conflict between divorced/separated parents.** After participation in Level 5 Family Transitions, All Parents and all sub-populations reported small—yet *statistically significant*—decreases in the level of conflict with their divorced or separated partner or co-parent.
  - In addition, the Female, Hispanic or Latine subpopulations also experienced a moderate magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.

**Level of Co-Parental Conflict Between Divorced or Separated Parents  
(L5 Family Transitions: 2013-2024)**



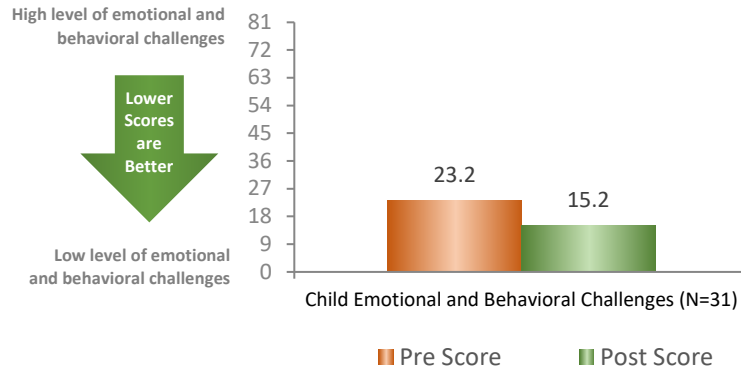
Source: Triple P data from the *Acrimony Scale*, 2013-2024

Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of conflict at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

<sup>27</sup> Level 5 Pathways or Level 5 Enhanced are programs that are designed to be provided after having completing a Level 4 Standard or Group service; Level 5 Family Transitions or Level 5 Lifestyle are standalone programs that don’t require any previous Triple P services.

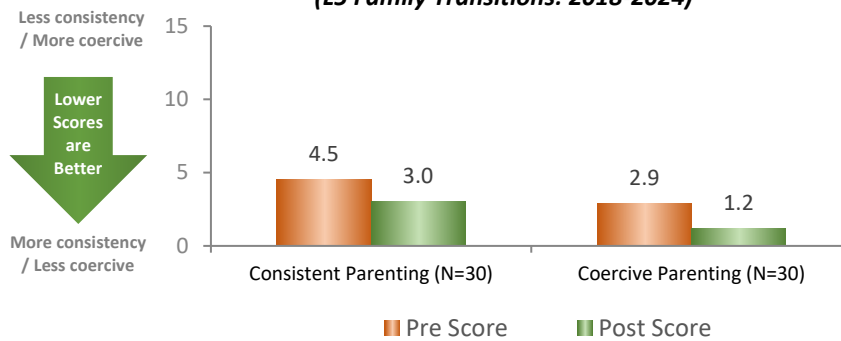
- Improvements in key parenting domains between divorced/separated parents and co-parents.**  
 After participation in Level 5 Family Transitions, parents also reported small—yet also *statistically significant*—improvements in child emotional and behavior regulation, parental confidence, parental emotional well-being, and increased use of positive parenting styles.

**Improvement in child emotional and behavioral challenges  
(L5 Family Transitions: 2018-2024)**



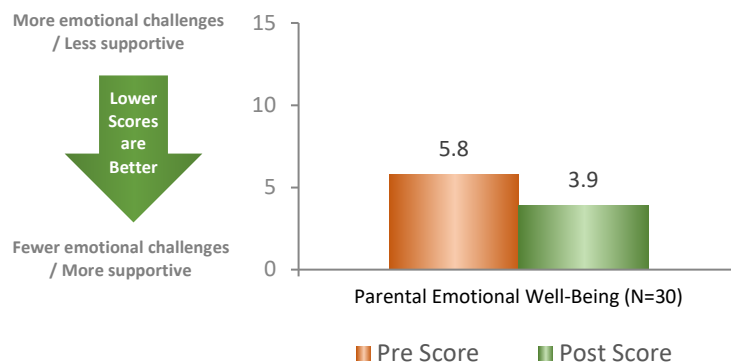
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity subscale*, July 2018 – June 2024.

**Improvement in positive parenting styles  
(L5 Family Transitions: 2018-2024)**



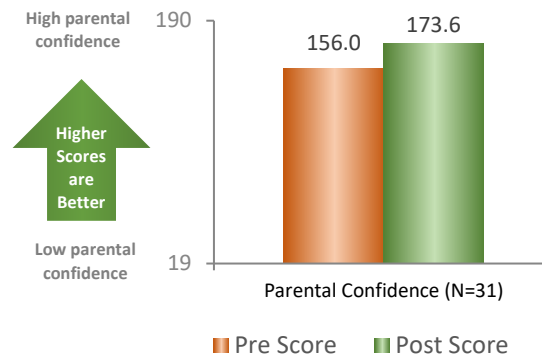
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2024.

**Improvement in parental emotional well-being and family relationships  
(L5 Family Transitions: 2018-2024)**



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS): Emotional Well-being subscale*, July 2018 – June 2024.

**Improvement in parental confidence  
(L5 Family Transitions: 2018-2024)**



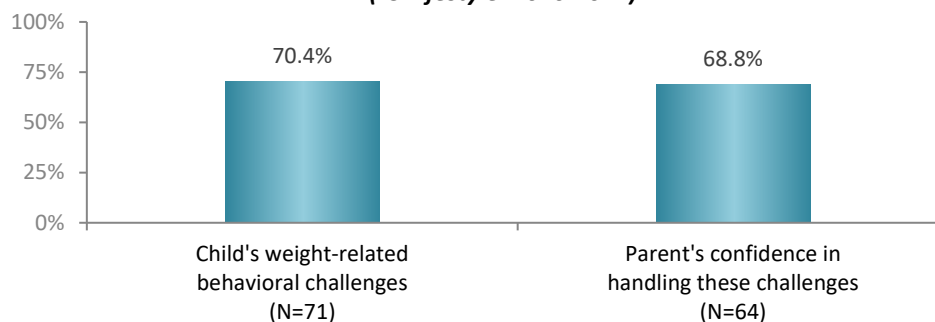
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2024.

Note: For all analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of difficulties at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improvements in family nutrition and physically active lifestyles.** Level 5 Lifestyle teaches parents how to make healthy food choices as a family, increase children’s physical activity, and use positive parenting strategies to make gradual, permanent changes in the whole family’s health habits. First 5 Santa Cruz County successfully launched Level 5 Lifestyle in the Pajaro Valley in 2016, making Santa Cruz County one of the first communities in California to implement this specialized Triple P program. The Central California Alliance for Health (Alliance) piloted Lifestyle Triple P beginning in 2016, with positive results. In 2021, the Alliance fully integrated Lifestyle Triple P into its Healthy Weight for Life program for Medi-Cal members in Santa Cruz, Monterey, and Merced counties.

  - Between 2016-2024 in Santa Cruz County, the majority of parents participating in Level 5 Lifestyle (70%) reported improvements in their child’s weight-related behavioral challenges, and 69% of parents reported increased confidence in handling these challenges. On average, there was a *significant* amount of improvement in both of these areas by the end of the program.

**Percentage of parents reporting improvements in these areas  
(L5 Lifestyle: 2016-2024)**

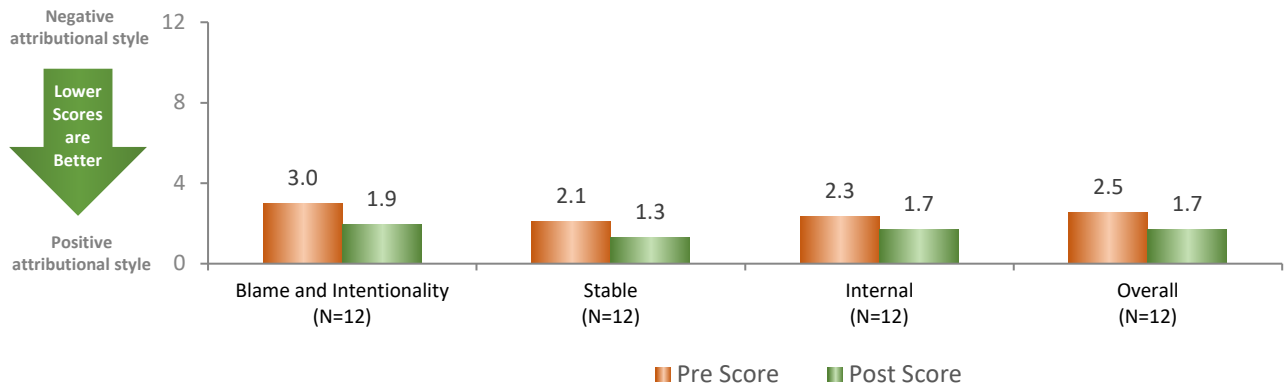


Source: Triple P data from the *Lifestyle Behavior Checklist*, 2016-2024.

Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of behavioral challenges at “Pre,” or the highest amount of confidence at “Pre,” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improved anger management.** Level 5 Pathways helps parents learn how to handle anger or other difficult emotions, and to better understand the reasons for their children’s behavior.
  - Results show that on average, parents who complete the program make *statistically significant* improvements in their anger management, and consequently respond more positively in their understanding of their children’s behavior.
  - These results are particularly noteworthy considering the small number of parents who have participated in this program so far.

**Parents attributions for children’s behaviors  
(L5 Pathways: 2013-2022)**



Source: Triple P data from the *Parents Attributions for Child’s Behavior Measure*, Jan. 2013 - June 2022.

Notes:

- For the analyses of the amount of improvement, participants whose assessment scores already reflect the most positive attributional style at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
- No new Families Together clients have completed this assessment since FY 2021-22.

## Families Together

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### Program Description

Families Together provides an alternative, voluntary and prevention-focused way for Santa Cruz County to respond to reports of abuse and neglect received by Family and Children’s Services (FCS). Of all the referrals to the child welfare screening unit, only about 8% meet the necessary criteria to receive services from FCS. However, many of the families that don’t qualify for services from FCS still have needs and circumstances that place them at risk for future incidents of child abuse and neglect. By assisting these families, Santa Cruz County can intervene early, before family difficulties escalate to the point of maltreatment, in order to increase child safety, engage families in decision-making, and support healthy child development.

Encompass Community Services is the lead agency for Families Together. Other partners, such as First 5 Santa Cruz County, Behavioral Health Services, Family and Children’s Services, and CalWORKs also play critical contractual roles in the program.

Most families are referred through the Child Welfare System, but they participate in Families Together voluntarily. Beginning in 2012-13, Families Together also began accepting a limited number of “community-referred” families (e.g., through Head Start, Early Head Start, or public health nurses) when space allowed.

Families Together’s home visiting program includes comprehensive intake and risk assessment, development of a tailored case plan, parent support and education, child development activities, and periodic assessments. Using a strengths-based approach, participating families are encouraged to identify goals and objectives that will support healthy family relationships, child health and safety, positive parenting, family literacy and school readiness.

*What is your agency is most proud of?*

“Families Together is incredibly proud of our ability to serve children aged 0-5. We are grateful that we can open our doors to all families regardless of what their needs are.

Whether they come to us seeking aid with basic needs, connections to essential medical or preventive care, breaking cycles of generational trauma, empowerment, system education, or parenting support, we are able to help them on their path to self-defined family goals.”

- Families Together, Annual Progress Report



## Population Served

	Families Together Pathway*				“Pathways” Subtotal <sup>1</sup> <i>All Pathways</i>	“Triple P-only” Subtotal <sup>2</sup> <i>Additional clients who received Triple P services</i>	2023-2024 <i>(Unique)</i>  <i>Pathways + Triple P-only</i>
	Brief	Intensive	Pending	Exited early			
Parents/Guardians	19	10	3	2	<b>34</b> <i>(with children ages 0-5)</i>	<b>33</b> <i>(with children of all ages)</i>	<b>67</b>
Children	28	22	1	2	<i>(ages 0-5)</i> <b>53</b>	<i>(ages 0-5)</i> <b>1</b> <i>(ages 6+)</i> <b>1</b> <i>(unknown age)</i> <sup>3</sup> <b>119</b>	<i>(ages 0-5)</i> <b>54</b> <i>(ages 6+)</i> <b>1</b> <i>(unknown age)</i> <b>119</b>

Source: First 5 CCD database for July 1, 2023 – June 30, 2024.

\* This population only includes clients who received services at Families Together with funding by First 5. When clients begin services at Families Together, they complete a risk assessment and their results are used to guide the pathway assignment decision: families who score *Low* or *Moderate* work within the Brief Pathway with a Family Support Specialist for 3-6 months. Those who score *High* or *Very High* work within the Intensive Pathway for up to 12 months, also with a Family Support Specialist. If both parents are participating in their own services, their children are assigned the most intensive pathway of the two parents.

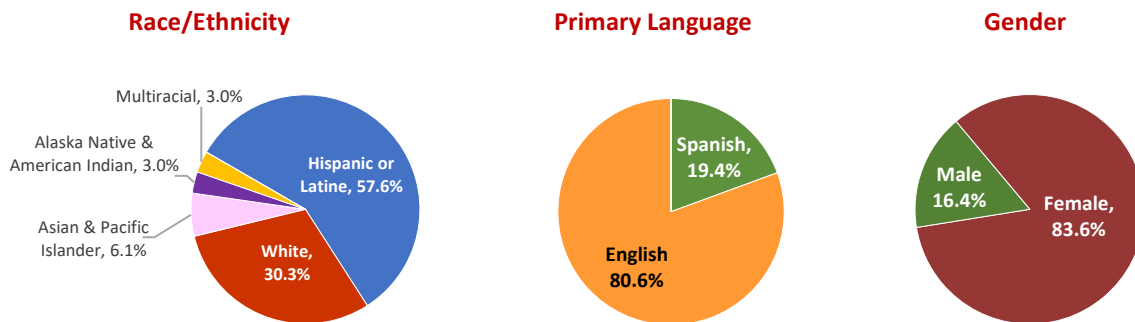
<sup>1</sup> The “Pathways Subtotal” reports the number of Families Together clients who are primary caregivers and who have a child under 6 years old, who worked within one of the First 5-funded Pathways and may also have received Triple P services.

<sup>2</sup> The “Triple P-only Subtotal” reports Families Together clients who received Triple P services funded by First 5, but who don’t fall into the “Pathways Subtotal” for various reasons, such as:

- The client participating in Triple P is a “secondary caregiver.”
- The client participating in Triple P is a primary caregiver with no child under age 6 (Triple P is one of the only funded partners that reports the number of children ages 6+ who received services).
- The client participating in Triple P is a family member or friend of a Families Together client.
- The client participating in Triple P is a primary caregiver from a previous fiscal year who only received Triple P services during the current fiscal year.
- The client participating in Triple P is someone who was engaged in Families Together through a Referral and/or Pathway that was not funded by First 5 (e.g., via CalWORKs/Thrive by 5).

<sup>3</sup> Many “Triple P-only” children are of unknown age, as their parents participated in a brief level of Triple P where children’s ages are not collected.

Figure 37: Demographics of Parents/Guardians participating in Families Together (2023-24)

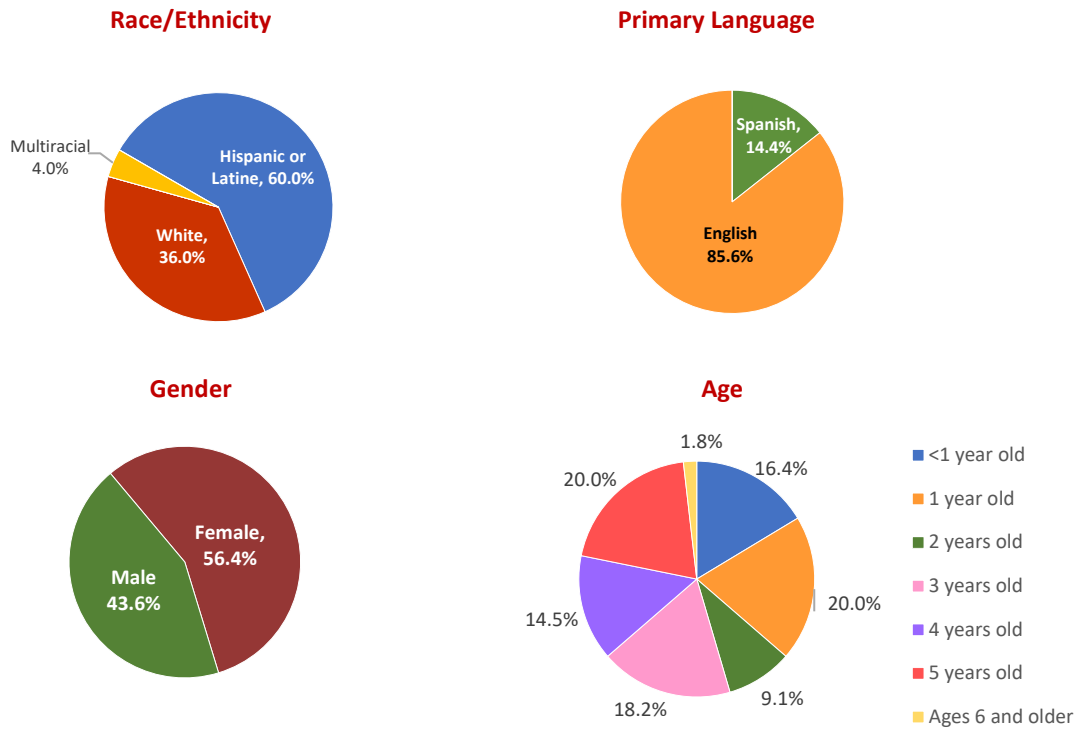


Source: First 5 CCD database for July 1, 2023 – June 30, 2024.

Note: Clients with missing or unknown data for a demographic are excluded from that demographic’s analysis.

N: (Race)=33; (Language)=67; (Gender)=67.

Figure 38: Demographics of Children benefiting from Families Together (2023-24)



Source: First 5 CCD database for July 1, 2023 – June 30, 2024.  
 Note: Clients with missing or unknown data for a demographic are excluded from that demographic’s analysis.  
 N: (Ethnicity)=50; (Language)=174; (Gender)=55; (Age)=55.

**Additional clients referred:** In addition to the services funded by First 5 that are described in this section, Families Together received 57 referrals for service from CalWORKs in FY 2023-24 (see table below) that were a result of the county-wide Thrive by 5 initiative that First 5 serves as the backbone agency for in partnership with the County of Santa Cruz’s Human Services Department and Health Services Agency. For more information on Thrive by 5 see the “Equitable and Sustainable Early Childhood Systems” section later in this report.

### Outcome Objective: Families receive referrals, initial assessments, and assigned services

Measurable Objectives	2023-2024
<p>By June 30, 2024, accept referrals for at least 130 families per year (with at least one child prenatal – age 5) who will be referred from Family and Children’s Services (FCS) to the Differential Response Program.</p> <p>Referrals will also be accepted from other community sources, and at any given time, up to 15 families referred from the community will be offered services. FCS families will receive priority and community referrals will be monitored and reviewed prior to the provision of Families Together services.</p>	<ul style="list-style-type: none"> <li>• 64 FCS referrals</li> <li>• 17 Community Referrals</li> <li>• 57 CalWORKs / Thrive by 5 initiative</li> </ul> <p><b>138</b> referrals from all sources</p>

Measurable Objectives	2023-2024
<p>Of families who agree to a referral to Families Together (with at least one child prenatal – age 5),</p> <ul style="list-style-type: none"> <li>• 100% will have attempted contact with a Family Support Specialist</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>• 50% of clients approved for Families Together services (e.g., clients who were not denied services) will connect with a clinician for an initial meeting by June 30, 2024.</li> </ul>	<p>Of families who agree to a referral to Families Together (with at least one child prenatal – age 5),</p> <ul style="list-style-type: none"> <li>• <b>100%</b> had attempted contact (N=138)                             <ul style="list-style-type: none"> <li>○ 55 had an initial meeting</li> <li>○ 25 are still pending</li> <li>○ 27 not successfully contacted</li> <li>○ 31 denied services</li> </ul> </li> <li>• <b>51.4%</b> of families approved for FT services had an initial meeting (N=107)</li> </ul>
<p>By June 30, 2024, at least 90 primary caregivers per year (with at least one child prenatal – age 5) will receive from Differential Response individualized services emphasizing child development, safety, and parent-child relationships.</p> <p><small>Note: These individualized services included (but were not limited to) ASQ assessments, safety screenings in the home, Raising A Reader services, case management to relevant resources, counseling, client assistance, and Triple P services.</small></p>	<ul style="list-style-type: none"> <li>• <b>67</b> primary caregivers received these individualized services</li> </ul>

Source: Families Together Annual Progress Report, 2024.

## Outcome Objective: Families demonstrate decreased levels of risk

In Families Together, risk assessment serves a variety of purposes. Every family participating in Families Together is given a baseline risk assessment at the beginning of their services, and reassessments are administered in 6-month intervals (or at closing, if the case is open for less than 6 months). The assessments help staff link parents with the appropriate service pathways, such as brief or intensive services. Follow-up assessments help assess whether risk has been reduced.

Measurable Objective	2023-2024
<p>Between July 1, 2023 through June 30, 2024, 70% of primary caregivers who participate in Families Together (with at least one child prenatal – age 5) will demonstrate decreased risk based on their final assessment.</p>	<p>50.0% N=16</p>

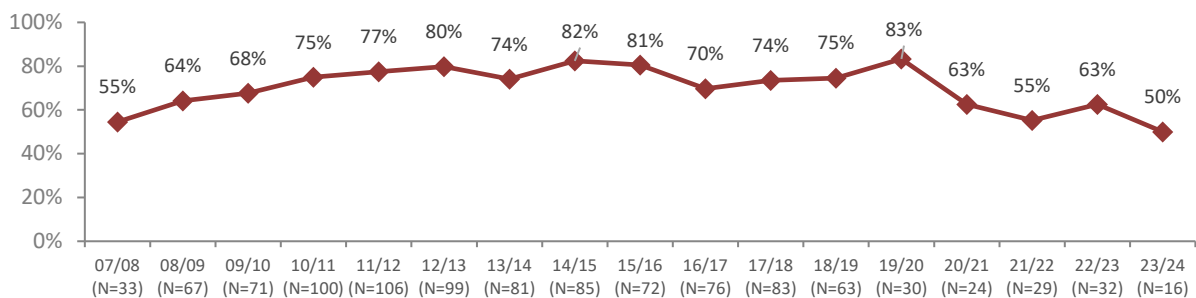
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data, 2023-24.  
Notes:

- Although very few families had a “low risk” score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Clients who had at least one reassessment given during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this analysis. Assessments completed after the end of the fiscal year were not included.
- Only includes clients who exited the program and have at least one child ages prenatal – age 5.

As seen in the following figure, the *Structured Decision Making: Family Prevention Services Screening Tool* used in the Families Together program is helping to show that families reduce their level of risk while in the Families Together program.

- In 2023-24, 50% of parents (with at least one child prenatal – age 5) were found to have reduced their levels of risk by the end of program.
- The percentage of clients (with at least one child prenatal – age 5) who showed reduced levels of risk by the end of the program has been trending lower, from a high of 83% in 2020 to 50% in 2024.

Figure 39: **Percentage of Families Together clients (with at least one child prenatal – age 5) who showed decreased risk of child maltreatment based on their final assessment**



Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data.

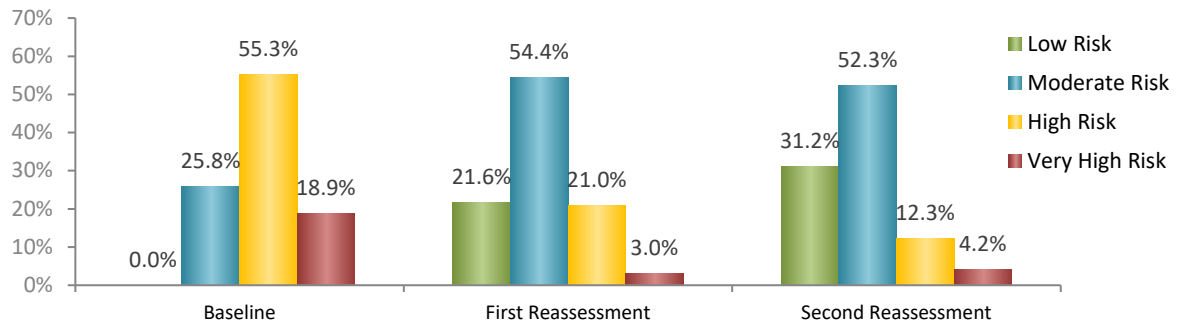
Notes:

- Although very few families had a “low risk” score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Only clients with at least one child prenatal – age 5, who exited the program and had at least one reassessment during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this analysis. Previous years’ results have been modified to include this same population, and may also include additional data that weren’t available when that year’s results were initially calculated.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

A second view of these risk assessment data looks at *how much* families improved over time, as they moved from “Very High Risk” to “Low Risk.” In this analysis, only clients who exited the program after their 2<sup>nd</sup> Reassessment, and who had at least one child prenatal – age 5, were included, and the same set of families were analyzed at each assessment period (at baseline, 1<sup>st</sup> reassessment, and 2<sup>nd</sup> reassessment). Several years of data have been aggregated in order to present a more robust portrait of the extent to which Families Together participants are reducing their risk for future involvement with the child welfare system.

- Results indicate that the program is helping families reduce their level of risk. Of all the families that exited the program between 2007-2024 and completed three assessments, **74%** of families were assessed as being “high risk” or “very high risk” upon intake, and this dropped to **24%** six months later (1<sup>st</sup> reassessment). The percentage assessed as being “high” or “very high risk” dropped to **17%** for families who stayed in the program a full year (2<sup>nd</sup> reassessment).

Figure 40: **Of Families Together clients (with at least one child prenatal – age 5), change in risk levels during participation in the program (2007-2024)**



Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST)* data, 2007-2024.

Notes:

- Only clients who exited the program after their 2<sup>nd</sup> Reassessment, and who had at least one child prenatal – age 5, were included in this analysis. The same set of families is analyzed at each assessment period.
- Although very few families had a “low risk” score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

N = 333.

Additional analyses by First 5 Santa Cruz County in past years have confirmed that the improved levels of risk by the 1<sup>st</sup> and 2<sup>nd</sup> reassessments were the result of the impact of the Families Together program, rather than the result of a changing population of clients.

### Outcome Objective: Families do not experience a high rate of recurrence of abuse

Measurable Objective	2023
At least 95% of families who participate in the Differential Response program will not have a substantiated allegation of abuse at least 6 months after case closure.	98.0% N=51

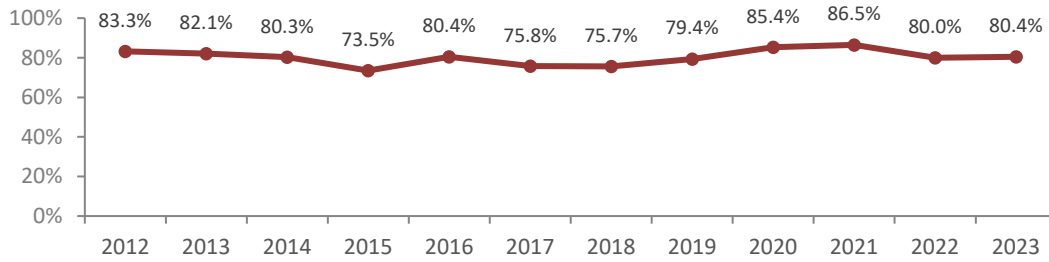
Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2023, 2024.*

Notes:

- Data are for the calendar year, in order to allow at least a 6-month period after case closure.
- This analysis includes families with children of any age.

- Of the 51 families who received services from Families Together *and* had their cases closed in the 2023 calendar year:
  - Results showed that **80%** of families **did not have a re-referral to child welfare** within six months after their exit from Families Together, following a multi-year trend.
  - An additional study found that **98%** of families who received services from Families Together **did not have a substantiated allegation of abuse** for at least 6 months after case closure. This figure is similar to previous years’ results.

**Figure 41: Percentage of families without a re-referral to Child Welfare within 6 months after exit from Families Together**



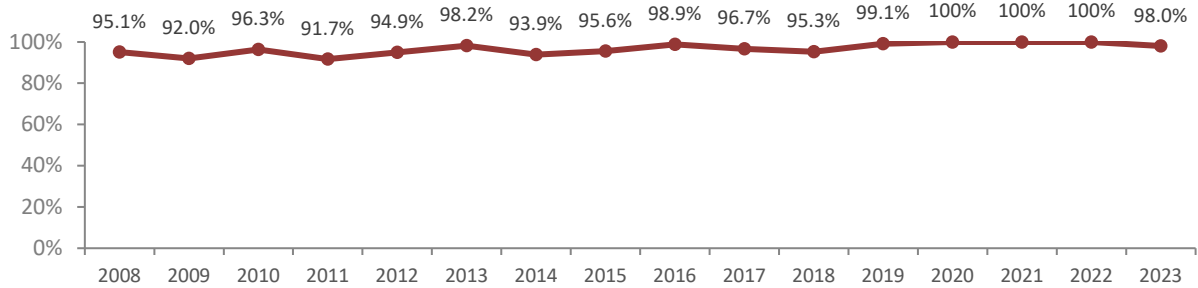
Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2023, 2024.*

Notes:

- Data are for the calendar year, in order to allow at least a 6-month period after case closure.
- This analysis includes families with children of any age.

N: (2012)=78, (2013)=56, (2014)=66, (2015)=68, (2016)=92, (2017)=120; (2018)=107; (2019)=107; (2020)=61; (2021)=52; (2022)=55; (2023)=51.

**Figure 42: Percentage of Families Together participants who did not have a substantiated allegation of maltreatment within 6 months after exit from Families Together**



Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2023, 2024.*

Notes:

- Data are for the calendar year, in order to allow at least a 6-month period after case closure.
- This analysis includes families with children of any age.

N: (2008)=61, (2009)=74, (2010)=82, (2011)=72, (2012)=78, (2013)=56, (2014)=66, (2015)=68, (2016)=92, (2017)=120; (2018)=107; (2019)=107; (2020)=61; (2021)=52; (2022)=55; (2023)=51.

## Outcome Objective: Children have health insurance and a medical home

Measurable Objectives	2023-2024
At least 98% of children ages 5 and under will have <b>health insurance</b> by exit from the program.	100% N=46
At least 98% of children ages 5 and under will have a <b>medical home</b> by exit from the program.	100% N=46

Source: First 5 Apricot database, *Medical Home & Insurance Status at Closure report, 2023-24.*

## Outcome Objective: Families will have access to parenting support services structured by the Triple P curriculum

Measurable Objectives	2023-2024
Of families with at least one child age 0-5, who engage in Families Together services— demonstrated by at least seven weeks of services —at least 70% will receive parenting support through any level of the Triple P curriculum.	57.4% N=68
Of these families with at least one child age 0-5, at least 50% of those who participated in in-depth levels of Triple P (e.g., L3-Individual/Brief Group, L4-Standard/Group) will complete the curriculum, as indicated by documentation of completed curriculum.*	33.3% N=3
Of families with at least one child age 0-5 who engage in less than 7 weeks of services (but at least 2 face-to-face sessions), 40% will receive parenting support through Triple P Level 2 tip sheets.	80.0% N=5

Source: Families Together Annual Progress Report, 2024.

\* Only clients who began their in-depth services early enough to be able to complete the program by the end of the fiscal year are included in this analysis.

### Triple P Outcomes

In the following Triple P analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which Families Together clients are demonstrating improvement in their parenting knowledge and skills.

#### Level 2: Individual

This brief form of Triple P is giving Families Together parents an opportunity to be introduced to Triple P and is providing easy access to general parenting support through one-time consultations.

- Between 2010-24, **302** unique clients have received Level 2 Individual services.

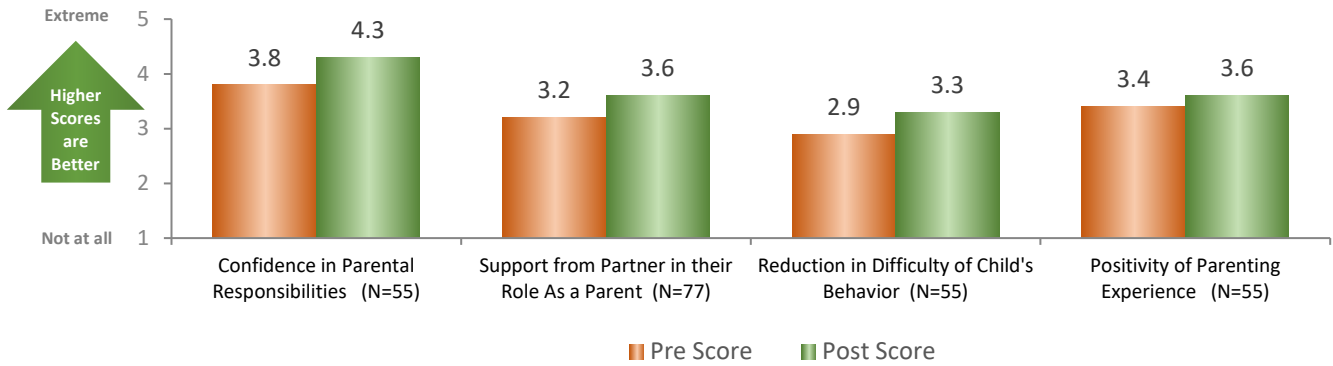
#### Level 3: Primary Care (Individual or Brief Group)

Brief consultations about specific parenting concerns are resulting in increased positive parenting experiences.

- Families Together participants received support for specific parenting challenges.** Families Together clients who participated in brief Triple P services (Level 3) reported *statistically significant* improvements in their parental confidence, number of difficult child behaviors, and enjoyment of the parenting experience. Of special note, on average, parents who demonstrated improvements in parental confidence also experienced a moderate to large magnitude of change, indicating that these observed differences were not only *statistically significant* but also *meaningful*.

Clients at Families Together who participated in both brief sessions (Level 3) and in-depth Triple P sessions (Levels 4 and 5) also reported *statistically significant* improvement in the support from their partner in their role as a parent.

**Increases in Positive Parenting (Families Together: 2010-2019)**



Source: Triple P data from the *Parenting Experience Survey*, Questions 3, 6, 1, and 2, Jan. 2010 - June 2019.

Notes:

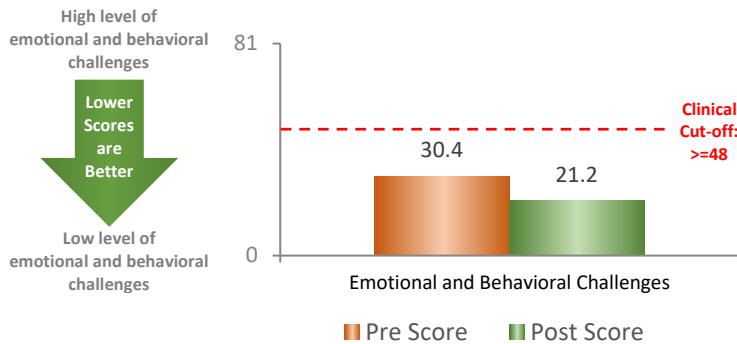
- The Level 3 *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. The analysis of question 6 (Support from Partner in Their Role as a Parent) includes data from parents in Levels 3, 4, and 5, as this question was expanded to all of these levels of service in 2011-12.
- No new Families Together clients have completed this assessment since FY 2018-19.

**Level 4: Standard & Group**

Through more intensive services, families are receiving in-depth support for moderate to severe behavioral and emotional challenges.

- **Parents reported improved child behavior.** On average, Families Together clients who completed Triple P Level 4 reported fewer emotional and behavioral challenges with their children. Notwithstanding the small sample size, this was calculated as being a *statistically significant* improvement.

**Child Emotional and Behavioral Challenges (Families Together: 2018-2023)**



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2023.

Notes:

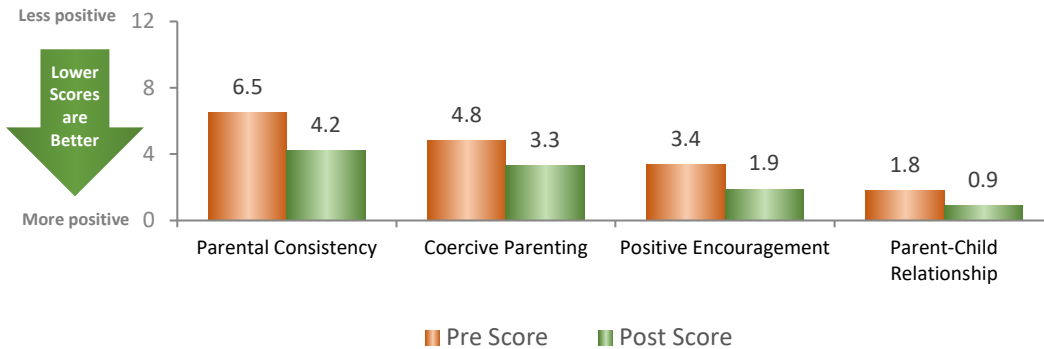
- Results should be interpreted with caution, as the sample size is relatively low.
  - No new Families Together clients have completed this assessment since FY 2022-23.
- N=12.

- **Parents increased their use of positive parenting styles.** On average, there were improvements in Families Together parents' parenting styles, in that they became more consistent, less coercive, more encouraging, and more positive. Of special note, parents on average



demonstrated *statistically significant* improvements in parental consistency, coerciveness, and encouragement, which is particularly remarkable due to the small number of participants.

**Decrease in Inconsistent, Coercive, Discouraging, and Negative Parenting (Families Together: 2018-2023)**



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, all Parenting Scale subscales, July 2018 – June 2023.

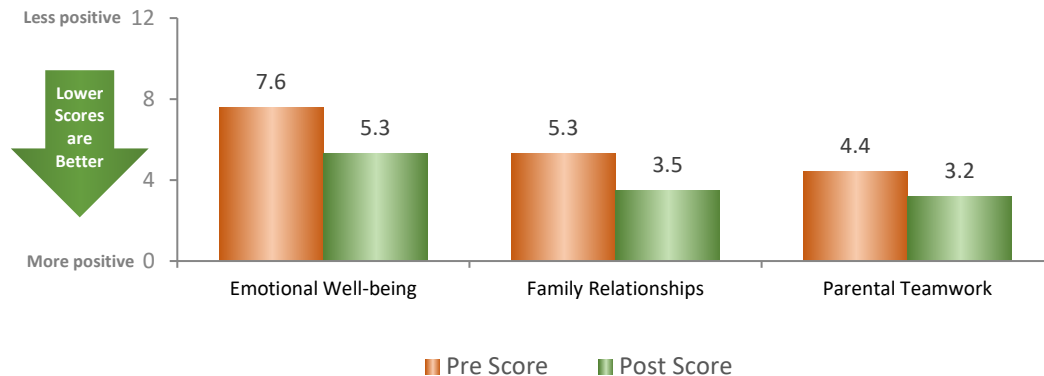
Notes:

- Results should be interpreted with caution, as the sample size is relatively low.
- No new Families Together clients have completed this assessment since FY 2022-23.

N=13.

- **Parents reported improvements in emotional well-being and family relationships.** After completing the program, Families Together clients on average reported improvements in their emotional well-being, relationship issues, and parental teamwork after participating in the program. Of special note, clients also reported *statistically significant* improvements in Family Relationships.

**Improvements in emotional well-being and family relationships (Families Together: 2018-2023)**



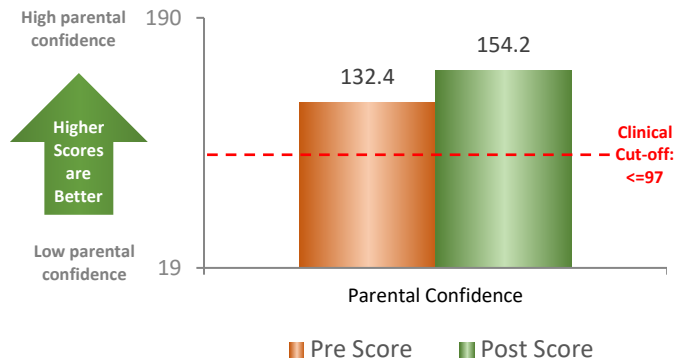
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, all Family Adjustment Subscales, July 2018 – June 2023.

Note: No new Families Together clients have completed this assessment since FY 2022-23.

N: (Well-being)=13; (Relationships)=12; (Teamwork)=11.

- **Increased parental confidence.** On average, Families Together parents reported improvements in their confidence through the course of the Triple P program.

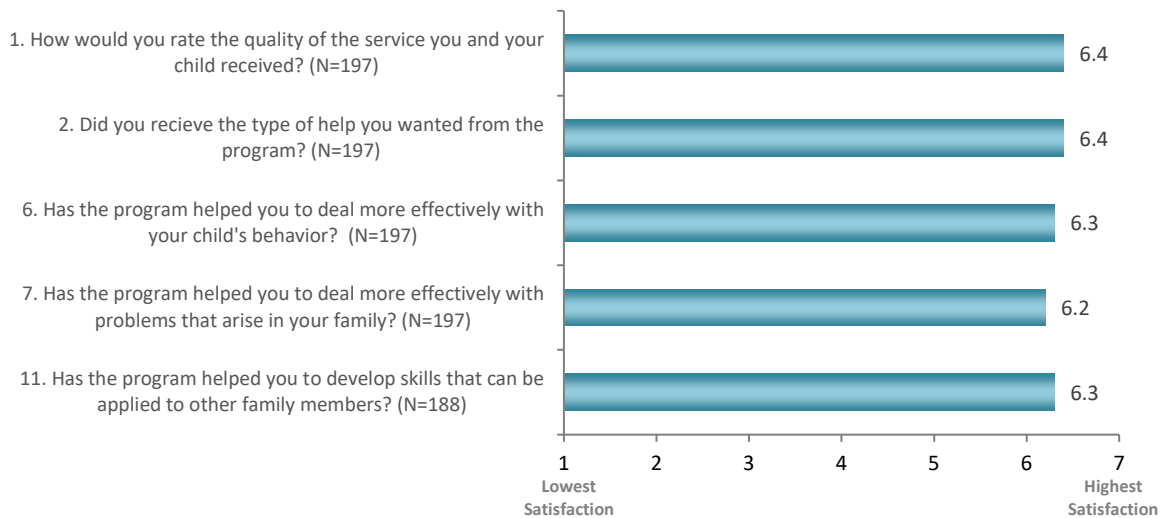
**Improvement in Parental Confidence (Families Together: 2018-2023)**



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2023.  
Note: No new Families Together clients have completed this assessment since FY 2022-23.  
N=12.

- **Client Satisfaction with Triple P Services.** Families Together parents receiving Triple P services reported high levels of satisfaction with the program.

**Parents' Satisfaction with Various Aspects of the Triple P Program (Families Together: 2010-2023)**



Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2023.  
Notes:

- All items were on a 7-point scale. Higher scores indicate greater satisfaction.
- No new Families Together clients have completed this assessment since FY 2022-23.