



FIRST 5 SANTA CRUZ COUNTY



ANNUAL EVALUATION REPORT



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EXECUTIVE SUMMARY



First 5 Santa Cruz County's Strategic Framework

When Proposition 10 passed in 1998, California made a definitive and enduring commitment to promote the health and well-being of young children (prenatal through age five) and their families. Since then, First 5 Santa Cruz County has had the great privilege and responsibility to serve as the steward of Prop 10 revenue, ensuring these public funds benefit young children and their families throughout Santa Cruz County.

First 5 is dedicated to giving children ages 0-5 the opportunities they need to be healthy, able to learn, emotionally well developed, and ultimately reach their full potential. Since its inception, First 5 Santa Cruz County has invested in many innovative, effective programs and initiatives that help:

- Ensure all children prenatal - age 5 have access to health insurance and preventive care
- Increase protective factors and decrease child abuse and neglect
- Improve access to affordable, quality early care and education
- Build early language and literacy skills that are the foundation for future learning

To continue realizing this vision, First 5 Santa Cruz County established four priorities for the current 2020 – 2025 strategic plan:

 <p>Healthy Children</p>	<ul style="list-style-type: none">➤ Increased access to affordable quality health care for children 0-5➤ Increased use of preventive health care➤ Improved maternal, infant, and child health
 <p>Thriving Families</p>	<ul style="list-style-type: none">➤ 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



First 5 Santa Cruz County's Vision of Success

*Healthy, happy, and well-prepared children.
Thriving Families.
Connected communities.
Equitable systems.*



First 5 Santa Cruz County's Mission

To ensure early childhood systems and supports foster equitable health, development, and well-being for all young children and their families in Santa Cruz County.



- Increased access to affordable, high quality early care and education
- Increased early learning and school readiness skills (developmental, social-emotional, cognitive)
- Increased stability and sustainability of the early care and education system



- Increased coordination and integration among organizations and sectors serving young children and families
- Increase in local, state, and federal policies and legislation that prioritize prevention, early intervention, and equity for young children and their families
- Increase in local, state, and federal funding to sustain and institutionalize investments in the early childhood system of care

This annual report summarizes findings of the First 5 Santa Cruz County evaluation from **July 1, 2023 to June 30, 2024**. Many programs are multi-year investments, and therefore some information presented reflects multiple years of data.

Summary

The following is an Executive Summary of this *2023-24 Annual Evaluation Report*, providing a review of key County indicators of child and family well-being, a description of the population served by First 5-funded programs, and highlights of the activities and achievements in each of the four goal areas of the 2020-2025 First 5 Santa Cruz County Strategic Plan.

Overall Well-Being of Children in the County

First 5 Santa Cruz County invests in efforts that support its vision of Healthy, Happy, and Well-Prepared Children, Thriving Families, Access to Affordable, Quality Early Care and Education, and Connected and Equitable Community Systems. To help guide its investments and partnerships, First 5 monitors county-wide trends that affect child well-being. The fiscal year 2023-24 marks the fourth year of the 2020-2025 strategic plan, and the following data reflect the status of young children and their families in the County (the most recent data available are reported).

- **Santa Cruz County has a diverse population of young children which is decreasing in number.** In 2024, there were approximately 13,600 children ages 0-5 in Santa Cruz County, continuing a decreasing trend since a high of almost 19,600 in 2012. The majority of these children were either Hispanic or Latine¹ (46%) or White (44%). This diversity is also evident in kindergarten, where in 2024 almost 34% of children had a primary language other than English.
- **Unemployment varies greatly across the County.** In 2024, the average unemployment rate in the County was 6.1%, similar to the previous year. Within the County, the percent of unemployed residents differs greatly by area; the average unemployment rate ranges from 3.0% in the city of Capitola to 13.6% in Corralitos.
- **The average family income is not high enough to meet basic needs.** The U.S. Census Bureau reported that in Santa Cruz County, the 2023 median annual family income for families of four (of all configurations of adults and children) was \$141,384. However, the median Self-Sufficiency Standard income (SSS) suggests that this was far below what was actually needed to make ends meet in this County. The SSS is a comprehensive measure of income adequacy and takes into account the actual costs of housing, child care, health care, transportation, food, and taxes in a particular county. According to the 2024 SSS, for a family of four (of all parent/child

“Poverty can impede children’s ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health.

Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.

Research is clear that poverty is the single greatest threat to children’s well-being.”

- National Center for Children in Poverty
<<http://www.nccp.org>>

¹ “Latine” (pronounced lah-teen) is a gender-neutral term used when referring to people of Latin American heritage without assuming their gender identity. See *Hispanic Executive* for more information about the use of this term (<http://hispanicexecutive.com/latinx-latine-explainer/>).

configurations) the minimum income needed to meet their basic needs was \$177,598; approximately 25% more than the median family income.

- **There is varying enrollment in public assistance programs.** Enrollment in CalFresh has been rising quite a bit over the past five years, with just a small decrease in 2024. Enrollment in CalWORKs and the number of students receiving Free and Reduced Price Meals have been decreasing over the past five years, and the 2023 enrollment in the Women, Infants, & Children program has had small fluctuations but has stayed relatively level over the past five years.
- **Children have health insurance.** In 2022 (using 5-year averages), the vast majority of County children ages 0-5 had health insurance (98%). First 5 Santa Cruz County continues to provide assistance to families to enroll in public health insurance programs, to help every child aged 0-5 get insured.
- **Children have access to a provider for routine preventive care.** In 2023, 72% of infants with Medi-Cal insurance (ages 0-15 months) received at least six Well-Child check-ups within the first 15 months of life, following an increasing trend over the previous three years. Almost 80% of toddlers with Medi-Cal insurance (ages 15-30 months) received at least two Well-Child visits in 2023.
- **The percentage of young children getting dental care is increasing.** Data indicate that the percentage of children enrolled in Medi-Cal who had been to a dentist in the past year has been increasing over time. In 2022, 52% of children ages 1-2 saw a dentist in the last year, which is an increase of almost 9 percentage points over the past five years. Approximately 62% of children ages 3-5 saw a dentist in the last year, with a smaller but steady increase over the past five years.
- **The number of mothers receiving prenatal care in the first trimester is fluctuating.** Data regarding early prenatal care in 2022 show improvements over the past five years.
 - In 2022, 88% of all mothers received prenatal care in their first trimester, which exceeds the Healthy People 2030² target rate of 80.5% for a related objective (*"Increase the proportion of pregnant women who receive early and adequate prenatal care"*).
 - Among younger mothers (ages 24 and younger), a slightly lower percentage received first trimester care (79%).
 - Additionally, there were differences in receipt of early prenatal care based upon the mother's source of payment for the care. In 2022, 79% of mothers with Medi-Cal insurance began receiving prenatal care during the first trimester, compared to 96% of mothers with private insurance.

² U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030 portal, 2023.

- **The percentage of preterm births and babies with low birthweights is rising slowly.** In 2022, 8.7% of all mothers had preterm births and 6.8% had babies with low birthweights, percentages that have been rising slightly over the past five years.
- **The percentage of births to teen mothers in the County is staying low.** In 2022, the percentage of births to teen mothers represented 2.9% of all births in Santa Cruz County, and there was a teen birth rate of 6.4 per 1,000 (ages 15-19). Both of these measures have stayed relatively level over the past five years.
- **Over half of the births in the County were paid for by Medi-Cal.** In 2024, 58% of births, across all age groups, were paid for by Medi-Cal.
- **Not all income-eligible children are enrolled in subsidized child care.** In 2023, only 15% of income-eligible infants and toddlers ages 0-2 were enrolled in subsidized child care. A higher percentage of income-eligible preschool children ages 3-4 were enrolled (59%), and has been increasing over the past five years.
- **Young children with developmental challenges are getting support.** In 2024, 7% of children ages 3-5 in Santa Cruz County were receiving special education services, demonstrating the importance of having services available to address the developmental issues of these young children.
- **Third graders are struggling with their reading skills.** One of the most powerful indicators of later success is a child's reading proficiency at the end of 3rd grade.
 - In 2023, only 38% of all Santa Cruz County 3rd grade students met or exceeded standards in English language arts/literacy, and there were significant disparities by students' English-language fluency, race/ethnicity, and economic status.
 - However, when English language learners in 3rd grade were evaluated with an assessment specifically designed to measure English language proficiency (the *English Language Proficiency Assessments for California*), results showed that they were progressing. In 2023, over 15% of Santa Cruz County 3rd grade English Learner students were assessed as having "well-developed" English skills, a substantial increase compared to 10% the previous year.
- **Foster care "Point-in-Time" in-care rates are fluctuating.** In 2023, the foster care "Point-in-Time" in-care rates were highest for infants under age 1 (6.3 per 1,000), and have risen slightly over the past three years. In comparison, the foster care rates for toddlers ages 1-2 (2.9 per 1,000) and preschoolers ages 3-5 (2.0 per 1,000) have been decreasing.

- **There are decreasing rates of child maltreatment.** In Santa Cruz County, the rates of child maltreatment have been decreasing.
 - Rates of **allegations** of abuse and neglect in Santa Cruz County show a steady decrease over time, and 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).
 - Similarly, rates of **substantiated allegations** 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).
 - However, data are revealing that infants still have substantially higher rates of abuse than toddlers and preschoolers. In 2023, the rate of substantiated allegations of child maltreatment was highest for infants under age 1 (**8.6** per 1,000), compared to children ages 1-2 (**4.6** per 1,000), and higher than the 2022 rate for children ages 3-5 (**2.4** per 1,000).
- **Many children are experiencing Adverse Childhood Experiences (ACEs).** The extreme stress and adversities that children experience can have lifelong impacts on health, well-being, and economic opportunities. Results from the 2016-19 (4-year average) ACEs report showed that approximately 16% of children ages 0-17 in the County experienced two or more adverse experiences (as reported by their parents).

A Profile of First 5 Participants

First 5 Santa Cruz County reaches children who can make great gains with early and smart investments

First 5's goal is to serve children ages 0-5 and their families who have the most challenges in Santa Cruz County, including English language learners, and families with fewer resources.

- **First 5-supported programs are wide-reaching.** In 2023-24, First 5 partners served **5,043** unique children ages 0-5, representing 37% of all children these ages in Santa Cruz County. **An additional 4,204 services** were provided to children who participated in programs where no client ID was available to track their participation, or who were indirectly supported by a First 5 funded program.
- **First 5 serves a high number of dual language learners.** Of the children served by First 5, 71% were Hispanic or Latine, and approximately 58% of children lived in households that primarily spoke a language other than English (Spanish, bilingual Spanish/English, a Mesoamerican language, or another non-English language). Of all Hispanic or Latine children ages 0-5 in Santa Cruz County, it's estimated that at least 53% participated in services funded by First 5.
- **First 5 is serving children in the highest risk zones of the County.** The new "California Strong Start Index" uses information collected at birth to understand the conditions under which California's babies are born at a very local level, and measures resources that are tied to

good outcomes and resilience throughout a person’s lifespan, such as healthy birth weight, timely prenatal care, parental education level, and parents’ ability to afford and access health care. Of the children served by First 5 in 2023-24 who had known ZIP codes, the vast majority (84%) lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, Freedom, and Watsonville), showing that First 5 partners are reaching children and families who typically experience the greatest barriers to good health and well-being.

First 5 strengthens systems by enhancing the capacity of service providers

In addition to supporting direct services to children and families, First 5 aims to boost the capacity of local systems in order to extend the reach of critical early education, family support, and health services to a larger number of children and families. Systems enhancements help ensure better services for years to come. Examples of First 5’s capacity-building work in 2023-24 include:

- **Skill development and coaching for early childhood educators.** In 2023-24, **36** early childhood educators from state and federally-subsidized preschools, child care centers, Transitional Kindergarten classrooms, and licensed family child care homes received training and coaching from the SEEDS of Learning[®] program, **9** SEEDS Quality Coaches provided literacy coaching to early educators receiving SEEDS of Learning[®] instruction during the year, **35** family child care providers participated in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated, and **30** received technical assistance and training and were not yet rated. Some child care providers participated in more than one type of training, resulting in a total of **98 unique early childhood educators**.
- **Development of a population-based system of parent education.** In 2023-24, **24** new parent education practitioners received training to deliver the Triple P –Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors.

Healthy Children

For the past several years, First 5 Santa Cruz County has invested in strategies to help ensure that all children have health insurance and access to care.

First 5 Santa Cruz County insures children

- **Santa Cruz County’s newborns are getting connected to medical care.** During 2023-24, the Baby Gateway Newborn Enrollment Program provided 99% of all mothers with a newborn visit while in the hospital (or via phone), and 99% of these mothers received a First 5 California *Kit for New Parents*. Of all mothers with births paid by Medi-Cal, 99% were assisted to complete a Medi-Cal Newborn Referral application for their new baby, and 100% of these

mothers identified a preferred primary care provider (PCP) or clinic for their child before discharge from the hospital.

- **Children are receiving routine preventive care.** Central California Alliance for Health (the Alliance) discusses the importance of infants getting all of their well-child visits during the first several months of their life, in order to be able to assess their growth and development. Results provided by the Alliance show that in 2023, approximately 72% of all infants with Medi-Cal insurance in Santa Cruz County had received at least six well-child visits with a provider within the first 15 months of life. This success was likely assisted by the Baby Gateway Newborn Enrollment Program’s efforts to connect all newborns with a primary care provider.
- **Newborns are getting connected with County programs.** First 5 has continued assisting with two programs that were implemented in Santa Cruz County, which the Newborn Enrollment Coordinators have incorporated into their newborn visits:

 - The **State-wide Student Identification number (SSID)** is created for newborns by the Santa Cruz County Office of Education and is used to support the social, emotional, and academic development of children from birth through 12th grade.
 - The Ventures³ **Semillitas college savings account program** for newborns creates a savings account for college or vocational education after high school for every child born in Santa Cruz County. With county partners like Dientes, Salud Para La Gente, Triple P, and the Central California Alliance for Health, the program also incentivizes healthy behaviors by making additional payments into these savings accounts for accomplishing important health milestones (such as a baby going to the dentist by the emergence of their first tooth or their first birthday, receiving baby immunizations and wellness checks, etc.).
- **Newborns and their families have access to food.** The Newborn Enrollment Coordinators (NECs) also provide families at hospitals with resources to apply for the CalFresh program and Women, Infants, and Children (WIC) program.
- **Fewer children are using the emergency department (ED).** Ideally, children and their families who have insurance and who have a medical home will be more likely to access their

Uninsured children are:

- *Over 13 times more likely to lack a usual source of care;*
- *Nearly 5 times more likely to have delayed or unmet medical needs;*
- *Over 3 times more likely to have unmet mental health service needs;*
- *5 times more likely to have unmet dental and vision care needs;*
- *Nearly 4 times more likely to have an unmet need for prescription drugs.*

- Children Now

<<http://www.childrennow.org>>

³ Ventures was formerly known as Santa Cruz Community Ventures.

provider for routine preventive care, and will be less likely to use the emergency department (ED) for non-urgent medical care.

- The services provided by the Baby Gateway Newborn Enrollment Program may have had an effect on the use of the ED for very young infants, and particularly those who were covered by Medi-Cal. Since the launch of this program at Watsonville Community Hospital in 2009, the number of infants (under age 1) on Medi-Cal who visited the Emergency Department dropped 53% by 2023.
- There were two major shifts in this trend that may have been influenced by the COVID-19 pandemic: 1) A dramatic decrease in ED visits between 2019 and 2020 that may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk symptoms, and 2) A sharp increase in ED visits between 2021 and 2022 that suggests that these numbers are returning to pre-pandemic values.
- **Children are getting vision screening.** The VisionFirst program provides children as young as 6 months old with a simple instrument-based vision screening right in their child care and transitional kindergarten settings. In 2023-24, 402 children were screened, and 68 had possible vision problems identified (17% of all children screened). At the time of this report, 46 of those children were able to get an appointment and receive a full vision exam at an optometrist. Of these 46 children, 40 have been prescribed eyeglasses, 4 are being monitored, and 2 children did not need eyeglasses. Due to the success of the VisionFirst program, some local partners have purchased their own Spot Vision Screeners to provide on-going screening.
- **Children are getting support to reach developmental milestones.** Foster children with neurodevelopmental needs are getting referred to supportive services through a coordinated and multidisciplinary system called the *Neurodevelopmental Foster Care Clinic*.

Thriving Families

One indicator of child safety are the County measurements of child abuse and neglect. Fortunately, the rates of child maltreatment are decreasing.

- Rates of **allegations** of abuse and neglect in Santa Cruz County show a steady decrease over time, and 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).
- Similarly, rates of **substantiated allegations** 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).

These improvements 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.

First 5 Santa Cruz County helps strengthen parent-child relationships and reduce risk for child abuse and neglect

Through innovative programs, First 5 and its partners are helping to decrease the risk and incidence of child abuse and neglect.

- First 5 continued to implement and scale up the Positive Parenting Program, or **Triple P**. The program consists of five levels of intervention, from broad-based, universal efforts in the community to more intensive, focused efforts with individual parents. The Triple P model is an evidence-based program shown in numerous randomized studies to increase parental confidence and efficacy, promote positive parent-child interactions and child behaviors, and reduce rates of child maltreatment.

Highlights of Triple P include:

- **Evidence-based parenting support is available.** First 5 has implemented all five levels of Triple P in Santa Cruz County, ranging from a media campaign to intensive and focused individual services. Between 2010-2024, almost 18,000 parents and over 34,300 children have participated in the program.
- **Parents are engaged and seeking more opportunities.** Over the past several years, analyses have consistently shown that brief services are an effective way of getting parents initially engaged 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.
- **Parenting skills and knowledge are improving along several domains.** Parents who completed assessments that measured their levels of parenting skills and knowledge along several domains showed substantial improvements in all domains, including:
 - Improvements in child behavior and emotional regulation
 - Increased use of positive parenting styles
 - Improvements in parental emotional well-being and family relationships
 - Increased parental confidence
- **Parents with more serious parenting issues are making the greatest improvements.** There was also evidence that parents who began the program experiencing more

serious parenting issues demonstrated the greatest improvements as a result of receiving in-depth services.

- **Parents are satisfied with services.** Parents have rated the quality of services very high, noting that the program helped them deal more effectively with their child’s behavior, and with problems in their family.
- **Parents are continuing to use the skills they learned.** On average, parents who participated in the Seminars and Workshops felt that they would continue to use the strategies they learned, and parents who received more in-depth training felt that the program helped them develop skills that could be applied to other family members.
- **Participants at local correctional facilities are benefiting from Triple P.** Triple P practitioners from Community Bridges continued to provide 12-week workshop series in English at local correctional facilities, with very high participation and satisfaction rates. Since this program began in 2018, 481 participants have attended at least one workshop. Results indicate that participants are demonstrating knowledge of effective parenting and have more confidence in being a parent.
- In partnership with the Human Services Department’s Family and Children’s Services Division and Encompass Community Services, First 5 supports a program called **Families Together**. Families Together is Santa Cruz County’s differential response program, a strategy used to intervene early with families in which there has been an allegation of abuse. This home visiting program includes comprehensive intake and risk assessments, development of a tailored case plan, parent support and education, child development activities, and periodic assessments.

Results of the program have been very encouraging:

- **Reduction of risk.** Parents/primary caregivers receiving services from Families Together had their levels of risk assessed while they were in the program. Pre and post risk assessments for several years combined indicated that families reduced their level of risk for future maltreatment.
- **Reduced rates of child maltreatment.** Results from 2023 show that 98% families who received services from the Families Together program *did not have* a substantiated allegation of maltreatment in the six months after their cases closed.

At-risk parents have improved parenting styles and reduced risk of maltreatment.

Cumulative assessment results show that 74% of families were assessed as being “high risk” or “very high risk” upon program intake, but this dropped to just 17% of families who stayed in the program a full year.

Early Care and Education

First 5 is helping to improve the quality of early learning programs in Santa Cruz County

Santa Cruz County is one of 58 counties participating in Quality Counts California, a “statewide, locally implemented quality rating and improvement system (QRIS) that funds and provides guidance to local and regional agencies, and other quality partners, in their support of early learning and care providers.”⁴

In 2012, First 5 Santa Cruz County launched a local QRIS, partnering with family child care and child care center providers to improve the quality of early learning for children ages birth through 5 in Santa Cruz County. First 5 established this initiative as a result of receiving funding through California’s Race to the Top - Early Learning Challenge federal grant, and First 5 California’s Child Signature Program.

Drawing on resources from both grants, the Quality Early Learning Initiative Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, home visiting program partners, and other early learning stakeholders. Together, this Consortium—now called Quality Counts Santa Cruz County—worked to develop and pilot a local QRIS, aligning with the California Quality Continuum Framework, as a way to foster on-going quality improvement that is proven to help children thrive.

“A QRIS helps improve the quality of participating programs so they are better prepared to help all children grow socially, emotionally, and physically in a healthy environment, with knowledgeable and caring providers who engage children in a range of enriching activities.”

- Quality Counts California
<<https://qualitycountsca.net>>

Since 2015, a statewide QRIS has been established in all 58 counties. Renamed Quality Counts California (QCC) in FY 2017-18, QCC helps to ensure that children ages 0 to 5—particularly those who are low-income, English learners, or children with disabilities or developmental delays—have access to high quality early learning programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

Beginning in FY 2023-24, QCC has shifted some funding away from formal rating to maximize resources and meet the diverse needs of our early learning and care providers through research, evaluation, and a focus on equity. QCC continues to maintain some funding for public programs to conduct ratings, inform prioritization of quality improvement activities, and increase public accountability.

Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System. The QCSCC Consortium adopted the Quality Counts California Framework as the foundation of their local QRIS. This framework encompasses 15 elements of quality, including 7 rated elements. The

⁴ Quality Counts California, <https://qualitycountsca.net>, 2019.

elements that are rated include teacher-child ratios, teacher qualifications, and teacher-child interactions.

- **Site ratings.** Full ratings of all participating Quality Counts sites in Santa Cruz County were conducted in December 2019 and are valid for 3-5 years (5 years for sites rated at Tiers 4 or 5, and 3 years for sites rates at Tier 3 or below). Sites were rated on a 5-tier scale (1=lowest tier; 5=highest tier), and as of the most recent rating in 2019:
 - 0 sites received a Tier 2 rating
 - 11 sites received a Tier 3 rating
 - 62 sites received a Tier 4 rating
 - 6 sites received a Tier 5 rating

- **System of Family Child Care providers.** Throughout the pandemic, many centers participating in QCSCC closed and met with children and families virtually. Most reopened in FY 2021-22, and while a few remain closed, there are new centers that have joined: four in FY 2021-22 and two in FY 2022-23. In FY 2023-24, five family child care providers joined QCSCC. The total number of sites currently participating and active in QCSCC as of FY 2023-24 are as follows:
 - **43** Child Care Centers are participating in QCSCC, with 37 rated sites, and 6 not yet rated.
 - **65** Family Child Care Sites are participating in QCSCC, with 35 sites that have been rated, and 30 not yet rated.

As of FY 2023-24, this brings the total number of actively participating providers/sites to **108**.

- **Quality Improvement Activities.** During this past year,
 - Quality Counts Santa Cruz County (QCSCC) has provided online technical assistance to program directors, teachers and providers; maintained the QCSCC database; facilitated a Directors' Professional Learning Community; and collaborated with partners to provide system-wide trainings.
 - First 5 contracted with Go Kids, Inc. to continue to lead the QCSCC Consortium's quality improvement activities for family child care (FCC) programs. The Go Kids Quality Improvement Coordinator supported all 65 FCC providers in updating their annual Quality Improvement Plans, and applying for small Quality grants to enhance their home learning environment.
 - In addition, the Santa Cruz County Office of Education oversees the Workforce Professional Development pathway of QCSCC and provides professional development and training to teachers and FCC providers from participating QCSCC sites. In FY 2023-24, it is estimated that an additional 395 teachers and providers attended trainings through this pathway.

- **Quality Counts California Regional Training, Technical Assistance and Coordination Hub – Region 4.** Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito, and Monterey counties to form the Quality Counts California Region 4 Hub. While QCC takes place primarily at the County level, Regional Hubs are funded by First 5 California and were developed so that neighboring counties could strategize together, share resources, leverage funds, align practices, and minimize duplication.

First 5 Santa Cruz County builds early literacy foundations by training early childhood educators to enhance language-rich practices in the classroom

One of the most powerful indicators of later success is a child’s reading proficiency at the end of 3rd grade. Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills. First 5 Santa Cruz County is working to improve these long-term trends by encouraging families to read together, providing language and literacy skill development for early childhood educators, and encouraging child assessments in order to individualize instruction.

721 early childhood educators, Reading Corps Literacy Tutors, and informal family child care providers throughout the county have been trained to promote strong language and literacy foundations for children.

- **The SEEDS of Learning[®] framework is being used throughout Santa Cruz County child care programs.** Since the founding of the Early Literacy Foundations Initiative in 2006-07, 721 unique educators have been trained in the SEEDS of Learning[®] framework. This includes 271 educators in state- and federally-subsidized classrooms, 25 educators in public school transitional kindergarten classrooms, 342 educators in licensed family child care homes and private/non-profit centers, and 83 Santa Cruz Reading Corps Literacy Tutors.
- **Classrooms and home-based settings of SEEDS-trained early educators are being transformed into literacy-rich environments.** SEEDS-trained early childhood educators are working to ensure their children are on target for kindergarten readiness by using evidence-based early literacy strategies, and integrating materials into their learning environments.
 - **Preschool and transitional kindergarten (TK) classrooms.**
 - Due to the COVID-19 pandemic, it was not possible to complete any *Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)* assessments for three fiscal years (2019-22). Although classrooms were still not yet comfortable with on-site coaching visits in FY 2022-23, Coaches were able to “observe” and evaluate classrooms via the online “Coaching Companion” platform, and this evaluation method has continued to be used since then.
 - In these classrooms taught by SEEDS-trained early childhood educators, results from the past two years showed that classrooms demonstrated improvements across seven elements of language and literacy. The classroom element where

the most change occurred was in “Approaches to Curriculum,” where the percentage of classrooms rated as having High-Quality Support increased from 24% at the beginning of the semester to 90% by the end of the semester.

o **Family child care settings.**

- Similar to the Preschool and TK classrooms, post-pandemic requirements changed the coaching methodology for family child care settings. Beginning in FY 2022-23, coaching was no longer done in-home, but rather was conducted as a group in workshops. Coaches were no longer using the entire CHELLO in their evaluation of home-based child care settings, and in FY 2023-24, individual questions from the CHELLO were selected to assess the settings at the beginning and end of the semester.
- Among the five individual Group/Family Observation components that were assessed in FY 2023-24, the component that demonstrated the most improvement was “Writing Activities,” where the percentage of classrooms rated as “Excellent” increased from 38% at the beginning of the semester to 85% by the end of the semester.
- Scores on the Literacy Environment Checklist showed that the percentage of family child care settings that were assessed as having “Excellent Support” increased from 71% to 86%.
- **Parents are getting involved in their children’s reading.** SEEDS classrooms and family child care homes also implemented Raising A Reader (RAR), a weekly rotating book bag program for families, to boost shared reading practices and impact children’s early literacy skills. In the 2023-24 fiscal year, 2,558 children and their families participated in the program throughout the county, and nearly 32,300 children have participated since the beginning of this program in 2006.

“The seeds of literacy are planted before children enter school.

Important literacy skills do not develop spontaneously, instruction shapes them.”

- Snow, Burns, & Griffin, 1998

Equitable and sustainable early childhood systems

First 5 continues to focus on increasing coordination and integration among County organizations and sectors serving young children and families, prioritizing efforts that are responsive to the needs of the County’s diverse community, and increasing local, state, and federal funding to sustain County investments in the early childhood system of care.

For over 20 years, these service integration and systems building functions have become a cornerstone of First 5’s strategy to promote and create an equitable and sustainable early childhood system of care in Santa Cruz County. Central to that strategy is the role that First 5 plays leading the coordination and evaluation of the county-wide Thrive by 5 initiative in partnership with the Human Services Department and the Health Services Agency, with guidance from an Advisory Committee

established by the First 5 Santa Cruz County Commission. In addition to Thrive by 5, First 5 has expanded the implementation of its communications plan, supported multiple community engagement activities and continues to play an active role in systems-building efforts led by First 5 partners.

- **Thrive by 5.** In January 2017, the Santa Cruz County Board of Supervisors established the Thrive by Three (TbT) Early Childhood Fund as a dedicated funding source and a comprehensive local initiative to improve outcomes for the County’s youngest children (prenatal – 3) and their families. In May 2022, the Board of Supervisors approved a proposal to expand the scope and purpose of the TbT Fund to Thrive by 5 (Tb5). This created greater consistency and opportunities for alignment with other early childhood initiatives and funding streams. Since that time First 5 and its Thrive by 5 partners have:
 - Adopted a Thrive by 5 theory of change that articulates a shared vision of thriving children and families in a resilient, just community and acknowledges that achieving this requires addressing the root causes of Adverse Childhood Experiences that occur in Adverse Community Environments.
 - Expanded the Thrive by 5 Advisory Committee’s membership to include people or agencies representing CORE Conditions for Health and Well-Being not previously represented on the committee, and added four seats specifically for Parent Leaders with young children.
 - Expanded the Thrive by 5 Community-Level outcomes and indicators and aligned them with the CORE Conditions for Health and Well-being to provide a more cohesive strategic framework for the Thrive by 5 initiative.
 - Convened four meetings per year of the Thrive by 5 Advisory Committee and continued to provide oversight and guidance to a multi-year effort to develop a Comprehensive Fiscal Analysis of early childhood systems in Santa Cruz County focused on home visiting and early care and education.
 - Continued to convene the Learning Collaborative sessions for Thrive by 5 partners, focused on a range of topics including Motivational Interviewing; oral health and coordinated entry into local housing programs; nutrition for families; support for families with children with disabilities; and intimate partner violence.
 - Continued to convene a Coordinated Entry Workgroup focused on supporting and enhancing the process of referring CalWORKs participants to the four home visiting programs in Santa Cruz County, and enrolled 356 families.
 - Continued to support integration, growth, and improvement of the HealthySteps program within the Thrive by 5 system of care.
 - Delivered Early Learning Scholarships (ELS) to 114 infant and toddler care providers serving families who are eligible for state child care subsidies.

- **Communications and Community Engagement.** During FY 2023-24, First 5 Santa Cruz County continued to expand and implement its communications plan that focused on increasing awareness of early childhood development, offering resources for families and early care and education providers, and promoting the agency's programs and partnerships both locally and state-wide. First 5 has continued to address equity and access by consistently engaging Spanish language translation and interpretation services for its website, newsletter, additional outreach materials, and community engagement.

New in FY 23-24:

- Launched a Community Dashboard page, featuring demographic and strategic impact data from the First 5 Santa Cruz County *Annual Evaluation Report*.
- Launched a LinkedIn account in the fall of 2023 and grew Instagram and X (formerly known as Twitter) and Facebook followers over the fiscal year. On Facebook, First 5 both expanded its content reach by 100% as well as increased its content interactions by 50%.
- Placed a 30-second bilingual Medi-Cal renewal video in rotation at our county's two DMV locations beginning in May of 2024, reaching over 25,000 people at both locations combined.
- Developed bilingual Thrive by 5 collateral materials with localized messaging to increase awareness about where families with young children can go, or who they can contact for assistance with accessing key resources, such as home visiting, child care, and parenting support. The project included the development of a social media toolkit, featuring video testimonials from local parents who had participated in home visiting programs, as well as a resource pocket guide for families.
- In the late spring of 2024, First 5—in partnership with Cradle to Career Santa Cruz County—coordinated a bilingual informational webinar with representatives from each of the resources listed in the Thrive by 5 pocket guide, who provided more in-depth program information to local *promotoras* and parent leaders to encourage utilization and distribution of the guide.
- Created and launched a new Thrive by 5 website that includes a webpage that mirrors the content and look of the pocket guide.
- Contributed multiple fiscal sponsorships for community events and endeavors over the year including: the pilot launch of the Santa Cruz Children's Museum of Discovery's Museum Month Pass, sponsorship of Ventures' Semillitas College Savings Account Program, Dientes Community Dental's Oral Health Summit, County Park Friends' Treasure Cove Park Universally Accessible Playground project, The Queer Youth Leadership Awards, and United Way Santa Cruz County's United in Purpose Celebration.

- **Collective of Results and Evidence-based (CORE) Investments.** CORE Investments is both a funding model and a broader movement to create the conditions for equitable health and well-being across the life span – prenatal through end of life. While not limited to the well-being of young children and families, CORE has emerged as a substantial and critical initiative designed to help create the type of equitable, integrated services and systems originally envisioned by the authors of Prop 10. First 5 serves on the CORE Steering Committee, helping guide the project through a multi-phase, collaborative planning process, which has resulted in defining eight interdependent “CORE Conditions for Health and Well being.” To learn more, visit: <https://www.corescc.org/>
- **DataShare Santa Cruz County.** DataShare is a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county. DataShare’s mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website, www.datasharescc.org, is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health, economy, education, environment, government and politics, public safety, transportation, and social environment. To learn more, visit: <https://www.datasharescc.org/>
- **Central Coast Early Childhood Advocacy Network.** Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in FY 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families. To learn more, visit: <https://www.ccecan.org/>
- **Cradle to Career.** Building on the success of the Live Oak Cradle to Career place-based initiative, the effort has now expanded county-wide and is simply known as “Cradle to Career” (C2C). Grown from a nascent idea in 2013 championed by former Supervisor John Leopold, to a vibrant results-based collaboration between parents and local education, health, and social service leaders in four school districts across the county, C2C’s mission is to work collectively to empower families, deliver resources, and advocate for equitable and inclusive support systems to eliminate disparities and ensure all Santa Cruz County children thrive in their education, health, and character. To learn more, visit: <https://c2csc.org/>

- **Oral Health Access.** Oral Health Access Santa Cruz County (OHA) was created in 2016 as a steering committee made up of community leaders and organizations, dental and medical clinics, and educators to address oral health needs in Santa Cruz County. Led by Dientes Community Dental, the County of Santa Cruz Health Services Agency Public Health Division, and numerous community partners, the committee’s mission is to improve the oral health of Santa Cruz County residents by uniting stakeholders and advocating for sound, measurable strategies that increase access to care and education. In the spring of 2024, First 5’s Executive Director agreed to serve as Co-Chair in overseeing the implementation of OHA’s new 2024-2028 Strategic Plan. To learn more, visit: <https://oralhealthsc.org/>

OVERALL WELL-BEING OF CHILDREN IN THE COUNTY

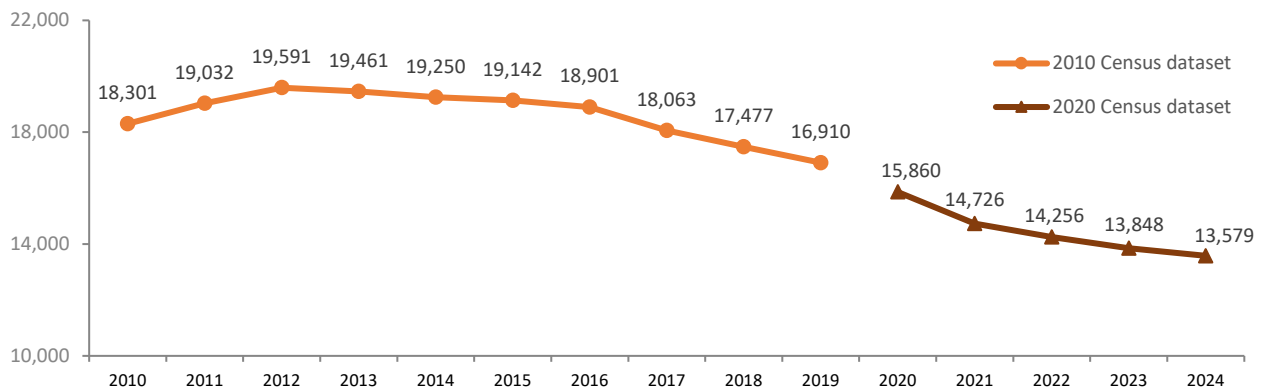


A Profile of Santa Cruz County’s Youngest Children

Santa Cruz County has a diverse population of young children. In 2024, there were 13,579 children ages 0-5 living in the County, the majority of whom were either Hispanic or Latine⁵ (46%) or White (44%). This diversity is also evident in kindergarten, where in 2024, almost 34% of kindergarteners were identified as being English Learners or Fluent-English-Proficient.

Note the two separate lines of data in the figure below. In 2023, the California Department of Finance (DOF) provided a new dataset for the years 2020-on, based on the 2020 Census. The previous dataset for 2010-2019 was based on the 2010 Census, and the DOF does not recommend comparisons between the two datasets. However, results from the previous 2010-2019 dataset are still displayed here in order to show the trends during that time period.

Figure 1: Number of County children ages 0-5



Source: (2010-2019) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021 (based on 2010 Census); (2020-current) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. March 2024 (based on 2020 Census). Previous years’ numbers have been modified to reflect updated data.

Figure 2: Race/Ethnicity of County children ages 0-5 (2024)

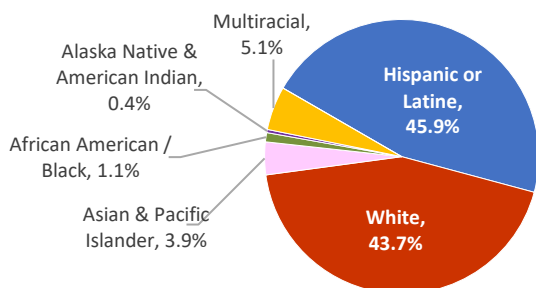
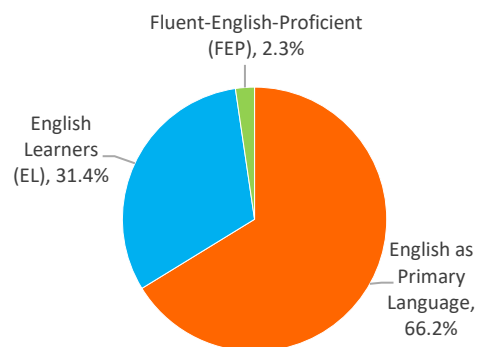


Figure 3: English language acquisition status of County kindergarteners (2023-2024)



Source: (Ethnicity) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. March 2024. (English Language Proficiency) California Department of Education, DataQuest, March 2024. N: (Ethnicity) N=13,579; (English Language Proficiency) N=2,370.

⁵ "Latine" (pronounced lah-teen) is a gender-neutral term used when referring to people of Latin American heritage without assuming their gender identity. See *Hispanic Executive* for more information about the use of this term (<http://hispanicexecutive.com/latinx-latine-explainer/>).

County-Wide Trends in Indicators of Child and Family Well-Being

INDICATOR	SANTA CRUZ COUNTY POPULATION ¹	CURRENT DATA ²	CHANGE OVER TIME ³	
			1 YEAR	5 YEARS
FINANCIAL WELL-BEING				
Unemployment Rate (2024)	Santa Cruz County <i>(Average monthly rate; FY July-June)</i>	6.1%	↔ +0.9 net increase	↑ +1.1 net increase
	Corralitos CDP ⁴ <i>(Average monthly rate; FY July-June)</i>	13.6%	↑ +1.8 net increase	↑ +2.2 net increase
	City of Capitola <i>(Average monthly rate; FY July-June)</i>	3.0%	↔ +0.5 net increase	↔ +0.5 net increase
Median Family Income (2023)	Families of four <i>(any configuration of adults & children)</i>	\$141,384	↑ +19.1%	↑ +3.7%
Federal Poverty Threshold (2023)	Families of four <i>(any configuration of adults & children)</i>	\$31,200	↑ +4.2%	↑ +21.4%
California Poverty Measure Threshold (2023) ⁵	Families of four <i>(2 adults and 2 children who rent their home)</i>	\$42,989	↓ -4.4%	↑ +19.7%
Real Cost Measure in California Poverty Threshold (2021) ⁶	Families of four <i>(2 adults and 2 children)</i>	\$117,644	↑ +14.6% <i>(2-year trend)</i>	↑ +33.7%
Median Self-Sufficiency Standard Income (2024) ⁷	Families of four <i>(any configuration of adults & children)</i>	\$177,598	↑ +27.6% <i>(3-year trend)</i>	↑ +86.1% <i>(6-year trend)</i>
ENROLLMENT IN PUBLIC ASSISTANCE PROGRAMS				
CalWORKs (2024)	General population <i>(Average monthly enrollment; FY July-June)</i>	2,797	↓ -10.4%	↓ -6.2%
CalFresh Program/Food Stamps (2024) ⁸	General population <i>(Average monthly enrollment; FY July-June)</i>	29,093	↓ -3.4%	↑ +33.7%
Free and Reduced Price Meals (2024)	Student population <i>(Annual enrollment; school year July-June)</i>	37,841	↔ -0.5%	↓ -6.0%
Women, Infants, & Children Program (2023)	General population <i>(Average monthly enrollment, calendar year)</i>	5,752	↑ +2.7%	↓ -3.4%
MEDICAL CARE				
Has Health Insurance (2022 5-year avg.)	Children (ages 0-5)	98.2%	↔ 0.0 No change	↔ +0.3 net increase
Received recommended Well-Child Visits (2023)	Children on Medi-Cal (ages 0-15 mo.) <i>(who received at least 6 Well-Child visits)</i>	71.6%	↑ +4.3 net increase	↑ +38.9 net increase <i>(3-year trend)</i>
	Children on Medi-Cal (ages 15-30 mo.) <i>(who received at least 2 Well-Child visits)</i>	79.5%	↔ 0.0 no change	↓ -4.4 net decrease <i>(3-year trend)</i>
Been to the Dentist <i>(in the last year)</i> (2022)	Children on Medi-Cal (ages 1-2)	51.9%	↔ +0.2 net increase	↑ +8.5 net increase
	Children on Medi-Cal (ages 3-5)	61.9%	↔ +0.5 net increase	↔ +0.5 net increase

INDICATOR	SANTA CRUZ COUNTY POPULATION ¹	CURRENT DATA ²	CHANGE OVER TIME ³	
			1 YEAR	5 YEARS
BIRTHS AND PRENATAL CARE				
Prenatal Care in the First Trimester (by Mother's Age) (2022)	All Mothers	88.0%	+3.7 net increase	+3.6 net increase
	Mothers (ages 24 and under)	78.8%	+4.0 net increase	+5.1 net increase
Prenatal Care in the First Trimester (by Payment Method) (2022)	Private insurance	95.6%	+2.5 net increase	+3.8 net increase
	Medi-Cal	78.7%	+1.2 net increase	+1.8 net increase
Preterm Births (2022)	All Mothers	8.7%	+1.2 net increase	+0.3 net increase
Low Birthweight (2022)	All Mothers	6.8%	+1.4 net increase	+0.6 net increase
Births to Teen Mothers (2022)	Teen mothers (ages 15-19)	2.9%	+0.1 net increase	-0.5 net decrease
Teen Birth Rate (per 1,000) (2022)	Teen mothers (ages 15-19)	6.4 (per 1,000)	+0.1 net increase	-0.3 net decrease
Births Paid by Medi-Cal (2024)	All Mothers	58.4%	+3.0 net increase	+1.9 net increase
EDUCATION				
Percentage of income-eligible children enrolled in subsidized child care (2023)	Infants/Toddlers (ages 0-2)	15%	1-year comparison data not available	-1.4 net decrease
	Preschool children (ages 3-4)	59%	1-year comparison data not available	+13.6 net increase
Enrolled in Special Education (2024)	Children (ages 3-5)	6.9%	+1.7 net increase	5-year comparison data not yet available
Met or Exceeded Standards in English Language Arts/Literacy (2023)	3 rd Grade Students – Overall	38.0%	+0.6 net increase	-2.4 net decrease
	3 rd Grade Students – English-Only Speakers	50.4%	-0.6 net decrease	-2.9 net decrease
	3 rd Grade Students – English Learners	11.4%	-0.3 net decrease	-5.0 net decrease
CHILD WELFARE / SAFETY				
Foster Care Point-In-Time "In-Care" rates (per 1,000) (2023)	Children (under age 1)	6.3 (per 1,000)	+0.16 net increase (3-year trend)	-0.12 net decrease
	Children (ages 1-2)	2.9 (per 1,000)	-0.13 net decrease (3-year trend)	-0.19 net decrease
	Children (ages 3-5)	2.0 (per 1,000)	-0.04 net decrease (3-year trend)	-0.07 net decrease
Rate of Substantiated Allegations of Child Maltreatment (per 1,000) (2022/2023)	Children (under age 1) (2023)	8.6 (per 1,000)	-0.22 net decrease	-0.53 net decrease
	Children (ages 1-2) (2023)	4.6 (per 1,000)	+0.15 net increase	0.0 No change
	Children (ages 3-5) (2022)	2.4 (per 1,000)	+0.04 net increase	-0.13 net decrease

INDICATOR	SANTA CRUZ COUNTY POPULATION ¹	CURRENT DATA ²	CHANGE OVER TIME ³	
			1 YEAR	5 YEARS
Emergency Department Visits (2023)	Watsonville Hospital <i>Infants (under age 1) with Medi-Cal Insurance</i>	889	↓ -8.4	↓ -8.0
	Dominican Hospital <i>Infants (under age 1) with Medi-Cal Insurance</i>	356	↓ -22.1	↓ -22.8
Experienced two or more Adverse Childhood Experiences (ACEs) (2016-19 4-year avg.)	Children (ages 0-17)	16.0%	1-year comparison data not yet available	5-year comparison data not yet available

¹ Data are for Santa Cruz County, unless otherwise noted.

² This table reflects the most current data available at the time of this report.

- Current data are for this fiscal year, unless otherwise noted.
- Many of the agencies that provide these data also update their data for past years. Therefore, the “Change over time” comparisons in this table are based on the most current data available for all years (current and previous), rather than on the data reported in previous *First 5 Annual Evaluation Reports*.

³ “Change Over Time” reflects the time period from the last year of available data. For data that are quantities (e.g., enrollment numbers), change over time is calculated using a percent change. For data that are already percentages (e.g., unemployment rates), change over time is calculated using a net change (subtraction of percentages).

⁴ Census Designated Place (CDP): CDPs are a subset of an official Census place. CDPs have no legal status or government, but are identifiable by name. The boundaries of CDPs are usually defined in cooperation with local officials, and are subject to revision at each decennial census.

Sources:

Unemployment Rate: State of California Employment Development Department, Labor Market Information Division, *1-year Unemployment Statistics*. Previous years’ rates have been modified to reflect updated EDD data.

Median Family Income: U.S. Census Bureau. “Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars).” American Community Survey, ACS 1-Year Estimates Subject Tables. Notes: 1) The income data for 2021 exhibited irregular values and have been excluded from this analysis. 2) The income data for Female and Male households are no longer reported due to high margins of error. Results reflect the most current data available at the time of this report.

Federal Poverty Threshold: U.S. Census Bureau, *Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years*. Weighted average thresholds for families of four, *2024 Current Population Survey Annual Social and Economic Supplement (CPS ASEC)*.

⁵ California Poverty Measure Threshold: (years 2018-2022) Public Policy Institute of California, 2024. Years 2018 and 2019 are 3-year averages. (year 2023) Public Policy Institute of California, *California Poverty by County and Legislative District*. The California Poverty Measure (CPM) is an index that improves upon conventional poverty measures. Unlike the official poverty measure, the CPM tracks the full range of necessary expenditures, adjusts for geographic differences in housing costs, and includes food stamps and other non-cash benefits as resources available to poor families. The CPM is jointly produced by the Stanford Center on Poverty and Inequality and the Public Policy Institute of California (PPIC).

⁶ The Real Cost Measure in California: United Ways of California, *How Much it Costs to Struggle: The Real Cost Measure in California 2023, The Real Cost Measure Interactive Data Dashboard*. Unlike the official poverty measure which primarily accounts for the cost of food, the Real Cost Measure factors the costs of housing, food, health care, child care, transportation and other basic needs to reveal what it really costs to live in California.

⁷ Median Self-Sufficiency Standard income: Center for Women’s Welfare, University of Washington, *The Self-Sufficiency Standard for California*. The Self-Sufficiency Standard (SSS) is a more comprehensive measure of income adequacy than the Federal Poverty Level, as it takes into account the costs of housing, child care, health care, transportation, food, and taxes, as well as economic differences between counties. In this table, the annual SSS for a family of four was calculated as the median self-sufficiency wage of all county families of four containing any configuration of adults and children. The SSS is updated every few years.

CalWORKs: State of California Department of Social Services, *CalWORKs Cash Grant Caseload Movement Report*. Results reflect the most current data available at the time of this report.

⁸ CalFresh: California Department of Social Services, Food Stamp Program Participation and Benefit Issuance Report. Results reflect the most current data available at the time of this report; the monthly average for FY 2023-24 only includes the months of July through April.

Free and Reduced Price Meals: California Department of Education, *DataQuest*.

WIC: California Department of Public Health, Women, Infants and Children (WIC) Division, Participant Analysis, Research and Evaluation Section, *WIC Participants Residing in Santa Cruz County by Certification and Issuance Status, Monthly by year*.

Health Insurance: United States Census Bureau, *American Community Survey*.

Well-Child Visits: Central California Alliance for Health, *HEDIS Results*.

Medi-Cal Dental: Department of Health Care Services (DHCS), Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2022*, California Health and Human Services Open Data Portal.

Prenatal care: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Preterm, Low birthweight: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Births to Teen mothers: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Teen birth rate: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Births paid by Medi-Cal: (2017-18) Santa Cruz County Health Services Agency, Public Health Division, Sutter Maternity & Surgery Center; (All years except 2017-18) Santa Cruz County Health Services Agency, Public Health Division, and First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records.

Child care enrollment; income-eligible children: (2018) American Institutes for Research, California Early Learning Needs Assessment Reports website, Retrieved 10/1/22 from <https://reports.elneedsassessment.org>; (2023) Santa Cruz County Childhood Advisory Council, Santa Cruz County Office of

- Education, *Final Report: Santa Cruz County Early Care, Education, and After-School Care Strategic Plan – 2023*, Prepared by Brion Economics, Inc., June 2023. Results reflect the most current data available at the time of this report.
- Special Education: California Department of Education, DataQuest, *Special Education Enrollment by Program Setting*, 2024. Results are calculated as the number of children ages 3-5 who are enrolled in Special Education as a percentage of the total number of children ages 3-5 in the County.
- Met or Exceeded Standards In English Language Arts/Literacy: California Department of Education, California Assessment of Student Performance and Progress (CAASPP), *Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.
- Foster care “In-care” rate: 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 14, 2024, from University of California at Berkeley California Child Welfare Indicators Project website. Due to methodology changes in FY21-22, some previously available views of foster data were no longer available. Consequently, this indicator was changed from being a “foster care entry rate” to being a Point-in-Time “In-care rate,” which is computed by dividing the number of children in child welfare-supervised foster care by the child population, and then multiplying by 1,000. Results reflect the most current data available at the time of this report.
- Substantiated Allegations of Abuse: : 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.
- ED visits: State of California, Department of Health Care Access and Information (HCAI), Information Services Division, *Emergency Department Data and customized reports*, 2024.
- ACEs: KidsData.org, Lucile Packard Foundation for Children's Health, *Childhood Adversity and Resilience*. See additional information about this ACEs measure in Appendix C: *Measurement Tools*. Results reflect the most current data available at the time of this report.

POPULATION SERVED BY FIRST 5 FUNDED PROGRAMS



Children and Families Served

Since the development of its evaluation system, First 5 Santa Cruz County has had the unique ability to gather unduplicated counts of individuals served within and across most partner programs. These data—or Client Characteristic Data (“CCDs”)—are collected by First 5 staff or submitted by partners and analyzed to determine the unduplicated count of individuals served by program, by goal area, and overall.⁶

Unduplicated number of clients

The following table shows the **unduplicated number of clients** who participated in First 5-funded programs where complete CCDs were collected, by Goal Area and also overall.

Figure 4: **Unique number of Children and Parents (with CCDs) served by First 5-funded services, by Goal Area (2023-2024)**

GOAL AREA	NUMBER OF CHILDREN (AGES 0-5)		NUMBER OF PARENTS	
	NUMBER	PERCENT	NUMBER	PERCENT
Healthy Children	2,584	48.3%	2,133	64.9%
Thriving Families	211	3.9%	1,155	35.1%
Early Care and Education	2,558	47.8%	0	0.0%
Unduplicated Number of Clients <i>(unduplicated across all goal areas)</i>	5,043		3,268	

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

Note: This includes Triple P clients in in-depth services (both unique and non-consenting), the few clients living in other counties, and children ages 0-5.

Number of additional services

The previous table only includes children and parents for whom a Unique ID was able to be created. It is important to note, however, that the number of individuals reached through First 5’s investments is actually greater than what is reported in the unduplicated count of people served. The following table shows the estimated number of **additional** services provided to clients who participated in First 5-funded programs where complete CCDs were not collected, who were indirectly involved through the participation of another family member, and children ages 6 and older.

⁶ In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as the “First 5 CCD database.”

Figure 5: Estimated number of additional First 5-funded services to Children and Parents (without CCDs, or indirectly served), by Goal Area (2023-2024)

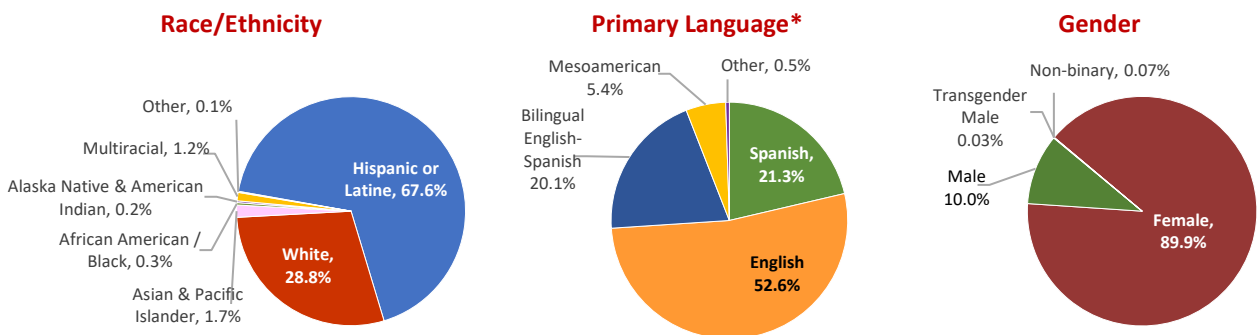
GOAL AREA	ADDITIONAL SERVICES TO CHILDREN (ALL AGES)	ADDITIONAL SERVICES TO PARENTS
Healthy Children	10	94
Thriving Families	1,860	0
Early Care and Education	2,332	2,558
Estimated Number of Additional Services <i>(includes clients served in multiple goal areas)</i>	4,204	2,652

Sources: First 5 CCD database for July 1, 2023 – June 30, 2024, and funded partners’ Annual Progress Reports.
 Notes: These services include children of parents who took brief levels of Triple P where not enough information is collected to create CCDs for the children (Level 2 Individual, Level 2 Seminars, Level 3 Workshops); children ages 6 and older whose parents were engaged in Triple P, VisionFirst, or the Neurodevelopment Foster Care Clinic; children ages 6 and older who were assisted in applying for (or renewing enrollment in) Medi-Cal; children who have benefited from the professional development of their teachers and family child care providers through the Quality Counts Santa Cruz County (QCSCC) program; and parents/caregivers who were indirectly served by the Raising A Reader and Neurodevelopmental Foster Care Clinic programs through their children’s engagement.

Demographics of parents and children served by First 5

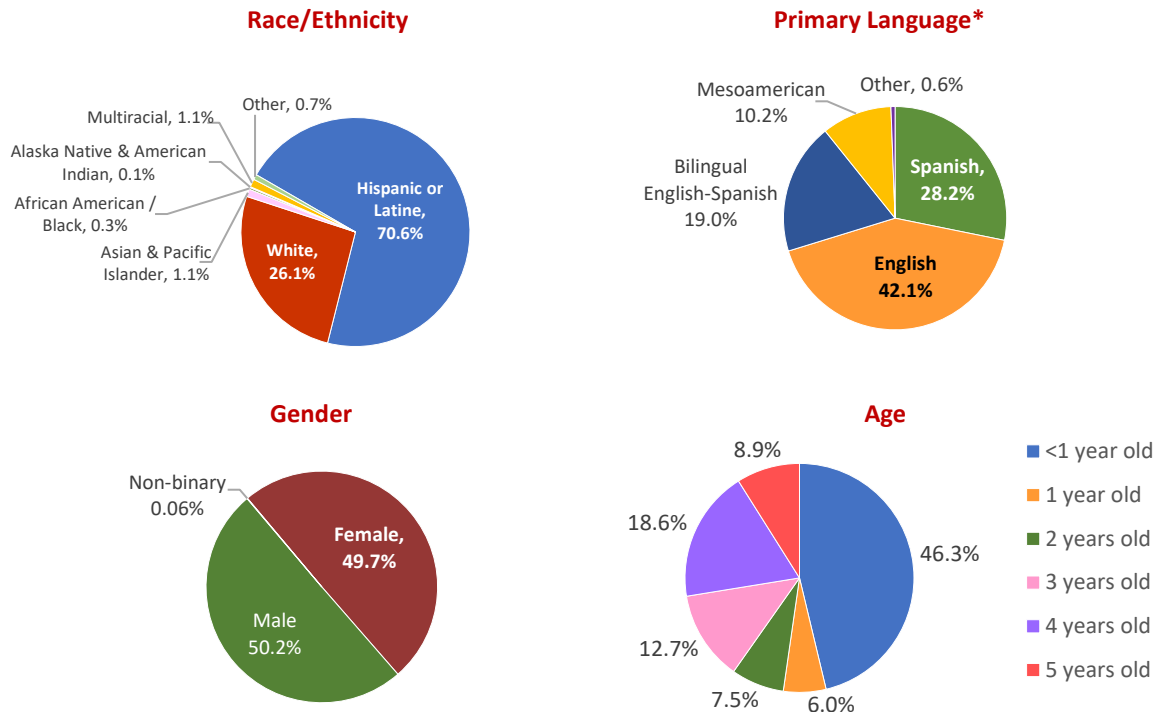
As can be seen in the following figures, the majority of parents are Hispanic or Latine (68%) or White (29%), and most speak either English (53%) or Spanish/Bilingual English-Spanish (41%) as their primary language. Almost 90% of parents participating in First 5-funded services are women. Approximately 71% of children are Hispanic or Latine, and the majority speak either Spanish/Bilingual English-Spanish (47%) or English (42%) as their primary language.

Figure 6: Demographics of Parents served by First 5-funded services (2023-24)



Source: First 5 CCD database for July 1, 2023 – June 30, 2024.
 Note: Parents from any program where demographic information was collected are included in these analyses.
 * “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” language options include Multilingual, Bilingual-Other, and other languages.
 N: (Ethnicity)=2,035, (Language)=3,214, (Gender)=3,073.

Figure 7: Demographics of Children (ages 0-5) served by First 5-funded services (2023-24)



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

* “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” language options includes Multilingual, Bilingual-Other, and other languages.

N: (Ethnicity)=4,703, (Language)=5,031, (Gender)=5,032, (Age)=5,043.

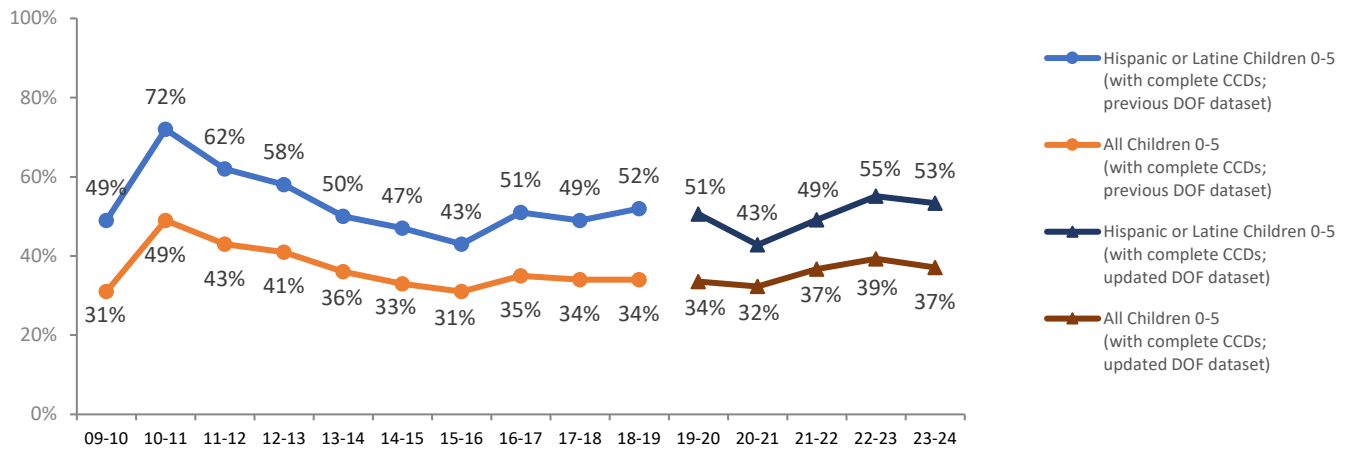
Percentage of children in Santa Cruz County served by First 5

According to the 2024 population estimates for Santa Cruz County, there were approximately 13,579 children ages 0-5 residing in the County⁷ (including 6,226 Hispanic or Latine children).

- Approximately **37%** of all children ages 0-5 in the County, and **53%** of all children ages 0-5 among the Hispanic or Latine population, participated in services funded by First 5.
- In truth, the percentage of children supported by First 5 services is certain to be much higher when the number who were indirectly served are included. Approximately **4,200** additional services were provided to children ages 6 and over, children ages 0-5 who participated in programs where full CCDs were not collected, or children who were indirectly supported by a First 5-funded program.

⁷ California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. March 2024.

Figure 8: Percentage of Children 0-5 (with CCDs) in Santa Cruz County served by First 5



Source: (Children 0-5 served by First 5) Client counts are for fiscal years, taken from First 5 CCD database. (County populations of children 0-5) Populations are for calendar years: (2010-2019) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021; (2020-current) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. March 2024.

Note: Caution should be used when interpreting this chart. In 2023, the California Department of Finance (DOF) provided a new dataset for the years 2020-on based on the 2020 Census. The previous dataset for 2010-2019 was based on the 2010 Census, and the DOF does not recommend comparisons between the two datasets. However, results from the previous 2010-2019 dataset are still displayed here in order to show the trends during that time period.

Increased Services in Communities with the Highest Needs

Levels of children’s “Strong Start Assets” at birth

First 5 Association of California and Children’s Data Network launched a new tool in 2019 to help service providers, policymakers, and government agencies more effectively support children and families, and direct resources where they are needed most. The “California Strong Start Index” uses information collected at birth to understand the conditions under which California’s babies are born, at a very local level. The California Strong Start Index is comprised of 12 indicators, and the “Strong Start score” is calculated by simply counting the number of these assets present at birth (0-12). These birth indicators and measurements continue to be updated, and the most current version of the Index uses data from 2021.

As described in their press release, the Index focuses on resources that promote resilience. These resources come in the form of family, health, services, and financial assets that are used to create a Strong Start score for every newborn child. They include factors such as healthy birth weight, timely prenatal care, parental education level, and parents’ ability to afford and access health care. These factors are tied to good outcomes and resilience throughout a person’s lifespan.

What Are the 12 Strong Start Assets?

Family	Health	Service	Financial
Legal parentage established at birth	Healthy birthweight	Access to and receipt of timely prenatal care	Ability to afford and access healthcare
Born to non-teen parents	Absence of congenital anomalies, abnormalities, or birth complications	Receipt of nutritional services (WIC) if eligible	Born to a parent with a college degree
Born to parents with at least a high school diploma	Absence of transmissible (mother-to-child) infections	Hospital with high percentage of births with timely prenatal care	Born to parents with employment history

In 2021, babies born in Santa Cruz County had an average Strong Start score of 9.6 of 12 assets, compared to 9.2 statewide (note that no census tracts had fewer than 8 assets in Santa Cruz County). The map below shows the average Strong Start scores for babies born in 2021 in Santa Cruz County, by census tract. For example, dark green indicates a Strong Start score of 11-12 assets for newborns in that neighborhood, whereas dark amber represents areas with fewer than 8 Strong Start assets—which is an indication of social, economic, environmental, and other systemic barriers to accessing the health, education, and economic services and supports that every family needs to provide their newborns with a strong start in life.

Figure 9: Children’s Strong Start scores at birth in Santa Cruz County, by Census Tract (2021)



Source: First 5 Center for Children’s Policy, First 5 Association of California, and Children’s Data Network, *California Strong Start Index*, 2024.

In order to determine whether First 5 is allocating its resources equitably, this second map displays the relative size of client populations served by First 5’s partners, with darker blue colors indicating more First 5 participants served than lighter blue colors.

- Note that these two maps use different areas of measurement. The “Strong Start scores” map evaluates data per census tract, which results in several small areas of analysis. The “Distribution of County children” map evaluates data per ZIP code, which results in fewer, large areas of analysis. This difference in granularity makes it harder to compare the two sets of results, but there is enough consistency to show a general correspondence between locations with fewer Strong Start assets and greater concentrations of First 5-funded services.
- As seen in the following table, 84% of children (with known ZIP codes) served by funded partners lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, Freedom, and Watsonville), showing that First 5

partners are reaching children and families who typically experience the greatest barriers to good health and well-being.

Figure 10: Distribution of County children who received First 5-funded services, by ZIP Code (2023-24)

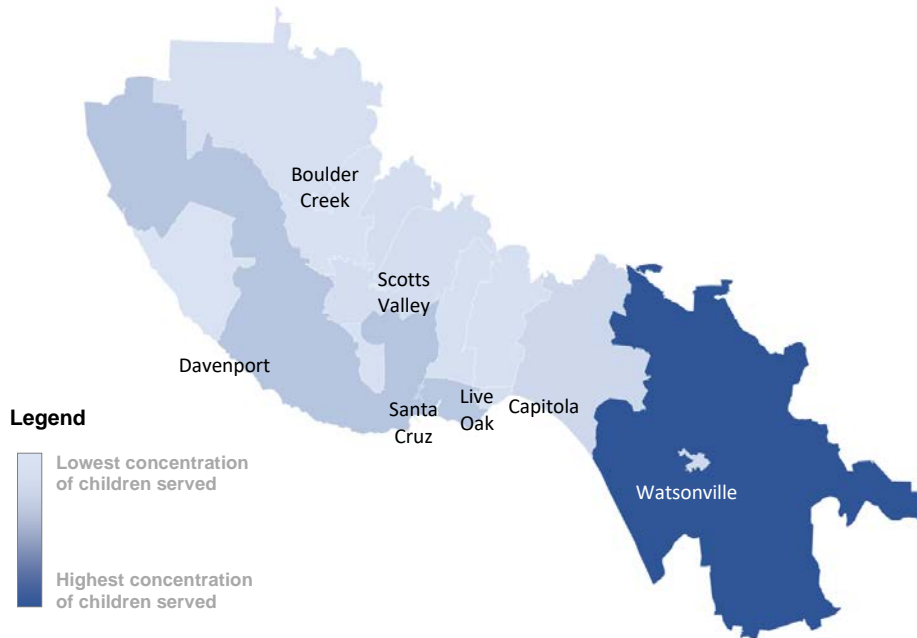


Figure 11: Number of County children who received First 5-funded services, by ZIP Code (2023-24)

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	202	4.4%
Ben Lomond	95005	31	0.7%
Boulder Creek	95006	68	1.5%
Brookdale	95007	9	0.2%
Capitola	95010	74	1.6%
Davenport	95017	14	0.3%
Felton	95018	87	1.9%
Freedom	95019	194	4.2%

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Mt. Hermon	95041	3	0.07%
Santa Cruz (City)*	95060	547	11.9%
Santa Cruz (Live Oak)*	95062	501	10.9%
Santa Cruz	95064	45	1.0%
Santa Cruz	95065	61	1.3%
Scotts Valley*	95066	89	1.9%
Soquel	95073	58	1.3%
Watsonville*	95076	2,602	56.8%
Total	-	4,585	100.0%

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

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

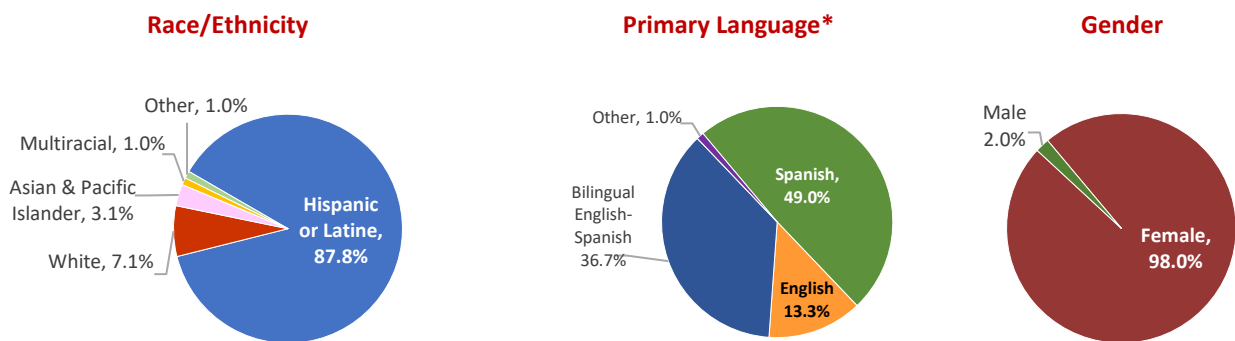
Note: Only children with known ZIP codes are included in this analysis.

Early Childhood Educators Served

First 5 Santa Cruz County helps support the professional development of early childhood educators in the community. In 2023-24, a total of **98 unique early childhood educators** received professional development training from funded programs that collected enough information to create a Unique ID for each client, thereby allowing these early childhood educators to be enumerated and tracked across multiple services. This includes:⁸

- **36** early childhood educators from state and federally-subsidized preschools, licensed private and non-profit child care centers, public Transitional Kindergarten classrooms, and licensed family child care homes, who took a SEEDS of Learning[®] course.
- **9** SEEDS Quality Coaches who provided literacy coaching to early educators receiving SEEDS of Learning[®] instruction during the year.
- **35** family child care providers who participated in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated.
- **30** family child care providers who participated in the local Quality Rating and Improvement System and were not yet rated.

Figure 12: **Demographics of Early Childhood Educators served by First 5-funded services (2023-24)**



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

Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.

* "Other" primary language options include Bilingual-Other and Multilingual.
N=98.

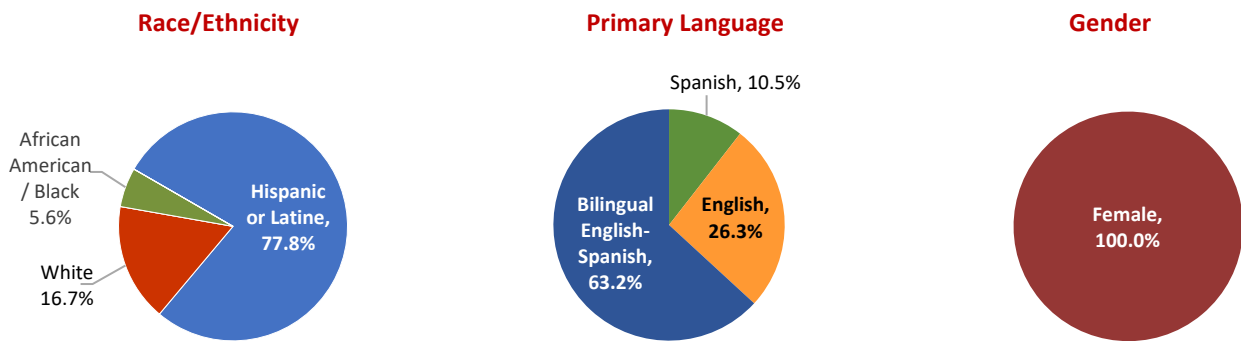
⁸ Some educators participated in more than one funded program and are duplicated in these breakdowns.

Parent Educators Served

First 5 Santa Cruz County supports the training of parent educators to deliver the Triple P – Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors. In 2023-24, a total of **24 unique parent educators** received training and were accredited to provide Triple P services. This includes:

- **8** practitioners providing **Targeted** levels of Triple P (Levels 4 and 5)
- **16** practitioners providing **General** levels of Triple P (Level 2-Individual, Level 2 Seminar, Level 3 Workshop, and Level 3 Individual/Brief Group)

Figure 13: **Demographics of Parent Educators served by First 5-funded services (2023-24)**



Source: First 5, Triple P program information, 2024.
 N: (Race/Ethnicity)=18, (Language)=19; Gender)=17.

PROGRAM PROFILES



PROGRAM PROFILES

This section of the report provides a snapshot of each of First 5's programs and the related work of its funded partners between July 1, 2023 and June 30, 2024.

Utilizing quantitative and qualitative data submitted by First 5's funded partners or collected directly by First 5, the Program Profiles highlight the work and related outcomes of each program in fiscal year (FY) 2023-24. Organized by goal area (Healthy Children, Thriving Families, Early Care and Education, and Equitable and Sustainable Early Childhood Systems), each profile briefly lists:

- Description of the program
- Population served
- Client outcome objectives achieved (and in a few cases, also program objectives achieved)⁹

⁹ Definitions for each of these terms are as follows:

- A client outcome objective is the anticipated result of providing the services to the clients, including how that result will be measured and when the measurement will occur. Client outcome objectives are listed for a grantee's most significant objective(s).
- A program objective is a specific measurable statement of services which identifies the number of estimated unduplicated clients, the number of units of service, and the date by which the service(s) will be provided to all the clients.

HEALTHY CHILDREN

First 5 Santa Cruz County is working to improve coordination across systems of care to increase access for young children to the health services they need to be ready to succeed in school and in life. First 5 believes in a family-centered approach that focuses on prevention and early interventions.

First 5 Santa Cruz County is working to increase access to affordable quality health care for children ages 0-5, increase the use of preventative health care, and improve overall maternal, child, and infant health.



- Increased access to affordable quality health care for children 0-5
- Increased use of preventive health care
- Improved maternal, infant, and child health

Baby Gateway Newborn Enrollment Program

Program Description

The Baby Gateway Newborn Enrollment Program operates in three local hospitals: Watsonville Community Hospital, Dominican Hospital, and Sutter Maternity & Surgery Center of Santa Cruz. The program is financially supported in part by Kaiser Permanente Northern California Community Benefit Programs, Sutter Maternity & Surgery Center of Santa Cruz, and Dignity Health, Dominican Hospital. The main goals of the program are to provide Medi-Cal enrollment assistance to mothers and their newborns, establish a seamless Medi-Cal coverage process for Medi-Cal-eligible newborns, and link those newborns to a medical home, all during a visit from a Newborn Enrollment Coordinator (NEC) before they leave the hospital.

In addition, during these newborn visits all new mothers are offered the First 5 California **Kit for New Parents**, which contains expert guidance for raising healthy infants and children, and resources for parents. First 5 California allows every county to add three items to these kits. Altogether, the customized *Kit for New Parents* in Santa Cruz County includes:

- The book *What To Do When Your Child Gets Sick*, which provides information on what to look for when a child is sick, what can be done at home, and when to call a doctor.
- The *California Parent Guide*. This Guide is an A to Z resource for parents and caregivers to help children grow up healthy and thrive.



A Newborn Enrollment Coordinator holding a *Kit for New Parents*

- Informational flyers about:
 - Poison control, immunizations, and screening for lead
 - Triple P Positive Parenting Program
 - 2-1-1 program¹⁰
 - Text4baby free text messaging app to help parents through pregnancy and their baby's first year
 - The California Kids Investment and Development Savings Program (CalKIDS)
 - Health Insurance Information for Your Newborn
 - Oral health information, including an infant “finger” toothbrush
- Parentage Opportunity Program
- Reusable “Talk, Read, Sing” tote bag
- Disposable face mask
- Two bilingual books (English/Spanish): “Numbers” and “Three Brainy Birds Spreading The Word”

The “2023 California County Scorecard of Children's Well-Being”¹¹ suggests that the topics that NECs focus on with families at hospitals—including discussion of the materials provided in the *Kit for New Parents*—(such as newborn/toddler dental visits, lead screening, and CalFresh participation) are helping our county have a high percentage of participation in these critical areas.

Figure 14: Resources inside the *Kit for New Parents*



¹⁰ 2-1-1 is a program of United Way of Santa Cruz County that provides comprehensive information and referral services to County residents. It is a phone and text service that is available 24/7—and in 150 languages—that connects callers and texters to the health and human services available to them. During times of disaster, 2-1-1 also provides incident-specific information.

¹¹ Children Now, *2023 California County Scorecard of Children's Well-Being*, <https://scorecard.childrennow.org/>.

In Santa Cruz County, Newborn Enrollment Coordinators (NECs) have become an integral part of the hospital team—including doctors, nurses, social workers, and lactation consultants—that supports these newborns and their families.

One Newborn Enrollment Coordinator Story

All newborns are encouraged to see a doctor 2 to 3 days after being discharged from the hospital. For mothers who have private insurance, this first doctor's visit will often be covered under their insurance, but they must decide what type of insurance their newborn will get moving forward.

It's common for a new mother who is insured under her parent's insurance plan to assume that her newborn will also be able to get the same coverage. Unfortunately, some newborns are unable to be put on their grandparent's insurance plans.

Newborn Enrollment Coordinators (NECs) are certified to assist with Covered California and Medi-Cal applications and can help families understand their health care options.

One mother, seen by an NEC, expressed that she was very grateful for the information and assistance she was provided. She had heard different things regarding whether her baby would be covered under her parent's insurance and felt at ease when the NEC answered her questions and was able to guide her in obtaining Medi-Cal for her uninsured newborn.

- First 5 Baby Gateway Newborn Enrollment Program

Connecting with County programs

Since FY 2020-21, First 5 has been assisting with two programs that were implemented in Santa Cruz County, which the Newborn Enrollment Coordinators (NECs) incorporated into their newborn visits. With these programs, families have the opportunity to have a state-wide student identification number (SSID) created for their newborn by the Santa Cruz County Office of Education and used to support their child's social, emotional, and academic development from birth through 12th grade. In addition, families are offered the opportunity to voluntarily share their contact information with Ventures to connect them to their child's Semillitas savings account, which Ventures now establishes for every newborn in Santa Cruz County upon birth. These two programs are described below.

- **State-wide Student Identification number (SSID)**



**SANTA CRUZ
COUNTY OFFICE OF
EDUCATION**
IN PARTNERSHIP WITH SUPERINTENDENT OF SCHOOLS

In October 2020, the Santa Cruz County Office of Education initiated the process of creating a "School ID" at birth for every child. This state-wide student identification number (SSID) is entered into the California Longitudinal Pupil Achievement Data System (CALPADS) to maintain relevant information about a student, including key demographics, course data, staff assignments, and assessment scores. Typically, the SSID is assigned when a child enters public school or kindergarten, and

stays with that child through the 12th grade. With the SSID now being assigned at birth, the CALPADS database will allow early childhood programs to be aware of important information about their students, and by the time the children enter kindergarten, educators will have more data to help them provide the best educational resources to their students. This database will also allow the ability to follow students in and out of public schools and districts across the state.

- **Ventures' Semillitas program**¹²



The Semillitas program initiates dedicated savings accounts that are set up at the time of a child's birth, at no cost to the parents. Funds are held in this account for the child to be used for college or vocational education after high school. Parents can get a gift of up to \$50 when their child is born,¹³ and as the child grows and achieves various health and educational milestones, more money is added to the account. The money comes from local government, state grants, and donations from partner organizations, philanthropic foundations, and individuals in the community.

Ventures has been working on establishing Semillitas in the County since 2017, and secured funding from philanthropic foundations to start piloting the program in early 2019 with women receiving prenatal care at a local health clinic. These mothers were the first to have accounts opened for their newborns in the fall of 2019. In October 2020, Semillitas was expanded to Watsonville Hospital, and in January 2021 the program went county-wide.

The Semillitas program is made possible by a partnership between Ventures, the County of Santa Cruz Health Services Agency (HSA), Santa Cruz County Office of Education, and numerous other partners including First 5 Santa Cruz County. Ventures creates an account for every newborn using birth information provided by HSA. First 5 began a data sharing partnership with Ventures in October 2020, and Newborn Enrollment Coordinators (NECs) started presenting information about the program to parents during their newborn visits. With parents' consent, NECs provide their contact information to Ventures so that Ventures can connect them to their child's account, which is already up and running.

¹² Ventures was formerly known as Santa Cruz Community Ventures. The Semillitas program was originally named "SEEDS" when this program was first started, but it was soon discovered that there were two other local programs already using the word "seeds" in their name. To avoid confusion, the name of this Ventures program was changed to the Spanish word for "little seeds" — *Semillitas*.

¹³ Amount is based on household income and available funding.

First 5 partners with Ventures' Semillitas program, as it supports the objective that all Santa Cruz County children enter school ready to achieve their greatest potential. Studies have shown that children with college savings are three times more likely to attend college, and four times more likely to graduate than those without any college savings.¹⁴ Studies have also shown that Children's Savings Account programs support the social-emotional development of children for whom accounts are established. A program like Semillitas is designed to support child development and encourage families to build high expectations and valuable lifelong financial habits.

The 2024 National Low Income Housing Coalition (NLIHC) *Out of Reach* report highlights the difference between people's wages and the price of rental housing. According to the NLIHC's annual report released in June 2024, the Santa Cruz/Watsonville area was rated the most expensive metropolitan county for renters in the *country*.¹⁵ High rental costs significantly impact residents, including their ability to afford healthy food.¹⁶ To help improve families' access to food, during their newborn visits to mothers in the hospital, the Newborn Enrollment Coordinators (NECs) provide families with resources to apply for the CalFresh and WIC programs.

- **CalFresh Program**

The CalFresh Program issues monthly electronic benefits that can be used by families to buy food. NECs assist families to add their newborns to their existing CalFresh accounts, which can sometimes result in receiving more money for food. For families not already enrolled in CalFresh, the NEC provides parents with resources that allow them to apply for CalFresh with a trained Community Outreach Coordinator.

- **Women, Infants, and Children (WIC) Program**

WIC is a nutrition program that serves pregnant women, breastfeeding women, postpartum women, infants, and children up to the age of 5. WIC benefits include the California WIC Card for families to purchase food, and nutrition education. Most children up to the age of 5 and pregnant women—who have Medi-Cal insurance—qualify for WIC, and NECs encourage all mothers with Medi-Cal insurance to enroll in WIC. For those mothers who are not enrolled but indicate that they are interested in applying for WIC, the NEC provides them with the resources to apply.

¹⁴ Beer, A., Ajinkya, J., & Rist, C. (2017). *Better Together: Policies that Link Children's Savings Accounts with Access Initiatives to Pave the Way to College*. Institute for Higher Education Policy and Corporation for Enterprise Development.

¹⁵ National Low Income Housing Coalition (NLIHC), *Out of Reach: The High Cost of Housing*. 2024. Retrieved 9/29/24 from <https://nlihc.org/oor>

¹⁶ Santa Cruz Sentinel, Tara Fatemi Walker, *The High Cost of Housing and What it Means for Our Health*, August 24, 2024. Retrieved 9/29/24 from <https://www.santacruzsentinel.com/2024/08/24/the-high-cost-of-housing-and-what-it-means-for-our-health/>

Population Served: Baby Gateway Newborn Enrollment

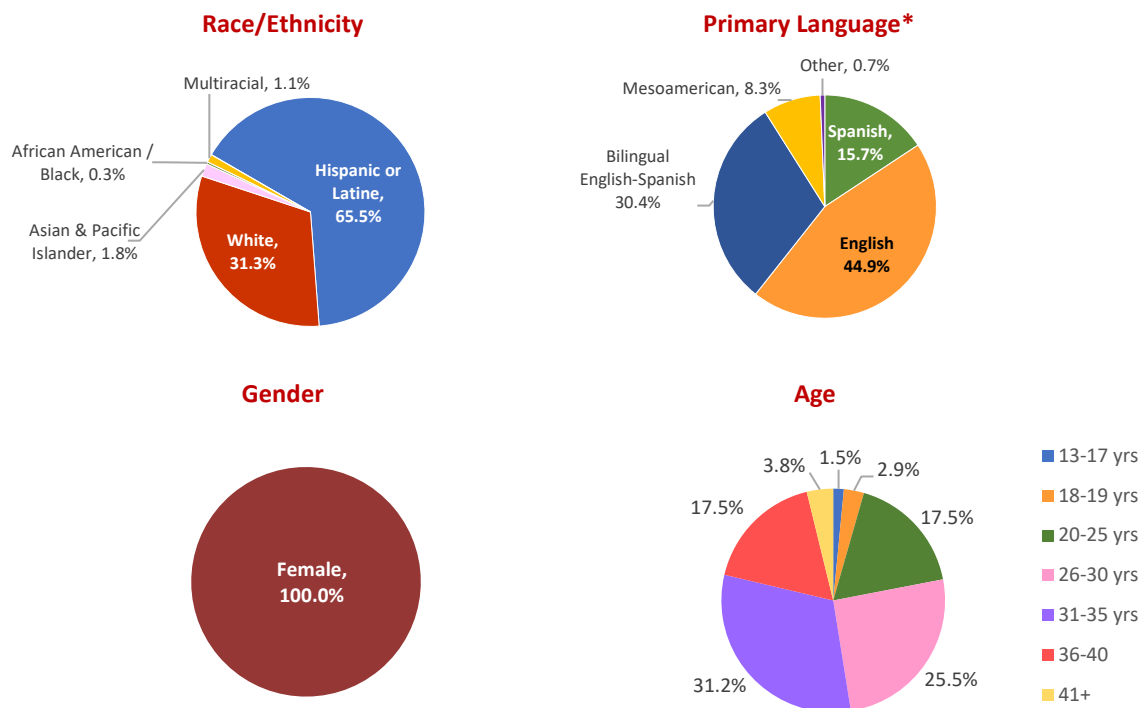
	Newborns and their mothers assisted with Medi-Cal enrollment, and connected to County programs	Privately insured newborns and their mothers connected to County programs	Newborns and their mothers provided with insurance options and other essential resources ¹	2023-24 Total
Newborns	1,242	571	316	2,129
Mothers of newborns ²	1,232	567	309	2,108

Source: (Population) First 5 CCD database for July 1, 2023 – June 30, 2024. (Application types) First 5 Apricot database, 2023-2024.

¹ This includes newborns where the mother was: privately insured and not living in Santa Cruz County (SCC); privately insured and living in SCC, but who declined having the NEC connect them to County programs (such as the Semillitas and SSID programs); or already enrolled in Medi-Cal and living in SCC but did not want assistance from the NEC with their child’s Medi-Cal paperwork.

² Newborns are not the only clients benefiting from the Baby Gateway Newborn Enrollment Program. Mothers who are visited by NECs receive a number of referrals and resources, and assistance with their own Medi-Cal renewals. Completing a newborn referral form (MC330) for a mother adds her newborn to her Medi-Cal case and extends her existing Medi-Cal coverage for a year.

Figure 15: Demographics of Mothers visited via the Baby Gateway Newborn Enrollment Program (2023-2024)



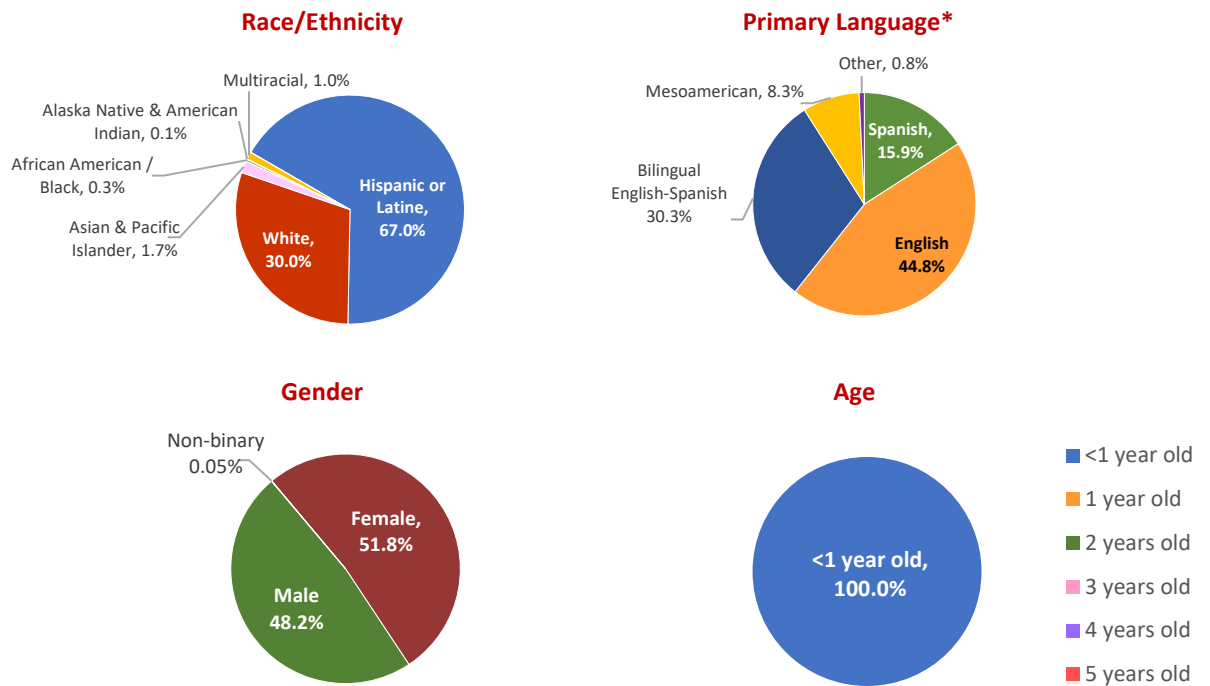
Source: First 5 CCD database for July 1, 2023 – June 30, 2024.

Note: Only mothers who received a newborn visit from an NEC are included in this analysis. Clients with missing or unknown data for a demographic are excluded from that demographic’s analysis.

* “Mesoamerican” languages include Mixtec, Oaxacan, and Zapotec. “Other” language options include Multilingual, Bilingual-Other, and other languages.

N: (Ethnicity)=1,873, (Language)=2,099, (Gender)=2,099; (Age)=2,098.

Figure 16: Demographics of Newborns benefiting from the Baby Gateway Newborn Enrollment Program (2023-2024)



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.

* “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” languages include Multilingual, Bilingual-Other, and other languages.

Newborns are assigned their mothers’ primary language.

N: (Race/Ethnicity)=1,813; (Primary Language)=2,120; (Gender)=2,120 (Age)=2,129.

Families provided with in-office Medi-Cal application assistance

During the COVID-19 pandemic, the federal Public Health Emergency (PHE) allowed people enrolled in Medi-Cal to keep their insurance without having to fill out renewal applications. With the end of the pandemic and the end of these continuous coverage provisions in April 2023, the Baby Gateway Newborn Enrollment Program has established processes and materials needed to assist clients in renewing their insurance so that they do not lose their Medi-Cal coverage.

In addition to providing newborn visits to mothers and their newborns in the hospitals, in FY 2023-24, First 5 trained and hired a Health Outreach Coordinator to focus on providing outreach and follow-up to families that needed to renew their Medi-Cal insurance or had lost their Medi-Cal coverage for failure to renew.

The Health Outreach Coordinator reached out by phone and email to over **4,300** people to let them know that they needed to renew their Medi-Cal insurance, and to over **780** people to let them know that their Medi-Cal insurance had been discontinued for failure to renew. Follow-up conversations consisted of the Coordinator describing the renewal process, explaining questions on the renewal

form, clarifying what documents needed to be included, and reviewing the different options available to submit a form. Many people were connected to the same enrollment coordinators with whom they had worked in the past, to obtain application assistance.

In FY 2023-24, First 5 staff attended **21** different community events where they provided flyers that focused on Medi-Cal renewals and information on how to use the new BenefitsCal portal. Many people on Medi-Cal were unaware that they needed to fill out renewal applications, and there were many conversations with people concerning accessing, utilizing, retaining, and applying for Medi-Cal. First 5 staff also provided media outreach, allowing them to share Medi-Cal information with over **40,000** people.



First 5 Health Outreach Coordinator staffing an Outreach table

Outcomes

Enrolling newborns in health insurance

Data from 2023-24 show how successfully this program has been providing **services to mothers and their newborns** born in Santa Cruz County hospitals.

- Of all births that occurred in Santa Cruz County hospitals in 2023-24, **99%** received a newborn visit from a Newborn Enrollment Coordinator (NEC) while in the hospital or via phone, and **99%** of those visited received a *Kit for New Parents* (or already had one).
- Of all mothers with births paid by Medi-Cal, **99%** were assisted by a NEC to complete a Medi-Cal Newborn Referral application for their new baby.
- Of the mothers who were assisted with a Medi-Cal Newborn Referral application for their baby by a NEC, **100%** had identified a preferred primary care provider (PCP) or clinic for their child, and were offered help by the NECs to schedule the first appointment for the newborn.

Figure 17: **Baby Gateway Newborn Enrollment Program project statistics (2023-2024)**

PROGRAM COMPONENT	WATSONVILLE COMMUNITY HOSPITAL	DOMINICAN HOSPITAL	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	TOTAL
Total Number of All Births in Santa Cruz County hospitals ¹	791	769	590	2,150
Total Number of Newborns Visited ²	794	772	563	2,129 99.0%
Number of Kits for New Parents distributed ³	790	765	542	2,097 98.5%
Total Number of Births paid by Medi-Cal ⁴	696	430	130	1,256
Number of Completed Newborn Medi-Cal Applications ⁵	695	421	126	1,242 98.9%
Number of Newborn Medi-Cal Applicants who have identified a Preferred Primary Care Provider or Clinic for their newborn, before discharge	695	421	126	1,242 100%

Source: (County births, Medi-Cal births at hospitals) Santa Cruz County Health Services Agency, Public Health Division; (Visits, Kits, Application assistance data) First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2024.

¹ This includes all births at Santa Cruz hospitals, regardless of the mother’s County of residence.

² This includes the number of newborns whose mothers received a visit (i.e., twins and triplets will be counted Individually), regardless of insurance status. The total number of newborns visited by NECs may be higher than the reported number of births in hospitals. Babies born outside the hospital (e.g., homebirths, born in an ambulance) are not counted as “hospital births,” but these mothers may go into the hospital after the birth, where they then receive a newborn visit.

³ This includes the number of children whose parents received a Kit during their current Newborn visit, and also those whose mothers already had a Kit from a previous service.

⁴ The reported numbers of births paid by Medi-Cal at each hospital is a very close approximation. These numbers are calculated by combining two sources of data: 1) Each hospital reports the number of birth certificates where Medi-Cal was the mother’s primary insurance, and 2) NECs report the number of mothers they assisted where Medi-Cal was their secondary insurance. Together, these numbers represent almost all births paid by Medi-Cal, either as the mother’s primary or secondary insurance. Note that these reported numbers may have some inaccuracies, due to the different sources of these data and the differing methods of collecting insurance information and identifying Medi-Cal coverage (both primary and secondary). Therefore, this reported number of Medi-Cal births should be considered very close to the exact number.

⁵ These newborn Medi-Cal application numbers reflect the actual number of newborns born during the fiscal year who were assisted with Medi-Cal applications, where Medi-Cal was the mother’s primary or secondary insurance. Although there are challenges in identifying the exact number of Medi-Cal eligible children born in all three hospitals, and although some mothers may themselves decline any assistance from NECs, these results still indicate that NECs helped complete Newborn Medi-Cal applications for nearly all births paid by Medi-Cal.

Oral health

As part of the effort to promote the “First Tooth, First Birthday” campaign throughout Santa Cruz County, First 5 Santa Cruz County plays a key role in talking to families about visiting the dentist through the efforts of Newborn Enrollment Coordinators (NECs). During their newborn visits, NECs offer all new mothers the *Kit for New Parents*. Among the numerous resources and information provided in this *Kit* are materials addressing the importance of early



dental care, such as the “Dental Health Begins with Your Child's First Tooth” flyer, and even a finger toothbrush.

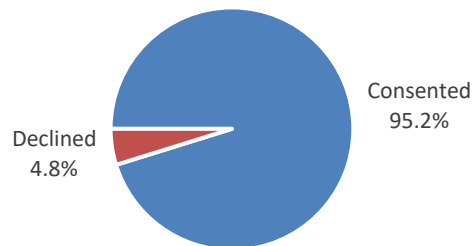
Reports of dental health utilization among children insured by Medi-Cal suggest that the “First Tooth, First Birthday” campaign in Santa Cruz County may have been effective in encouraging more families to make dental visits for their children, and particularly for their children ages 1-2.

- **“First tooth, First birthday” campaign:** Over the past eight years, there’s been a 225% increase in the number of young children with Medi-Cal insurance going to the dentist.¹⁷
- **Annual dental visits:** In 2022, almost **52%** of children ages 1-2 with Medi-Cal insurance in Santa Cruz County had an annual dental visit, compared to almost **36%** across the State.¹⁸

State-wide Student Identification number (SSID)

- **Student Identification numbers:** Between October 2020 and June 2024, First 5 Newborn Enrollment Coordinators (NECs) obtained consents from 95% of all eligible mothers, to allow NECs to provide their information to the County Office of Education for the purpose of creating a SSID for their newborn.

Figure 18: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2024), who consented to have their contact information shared with COE**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2024.
N = 6,401.

¹⁷ Oral Health Access Santa Cruz County, *Strategic Plan 2024-2028*, <https://oralhealthsc.org/>.

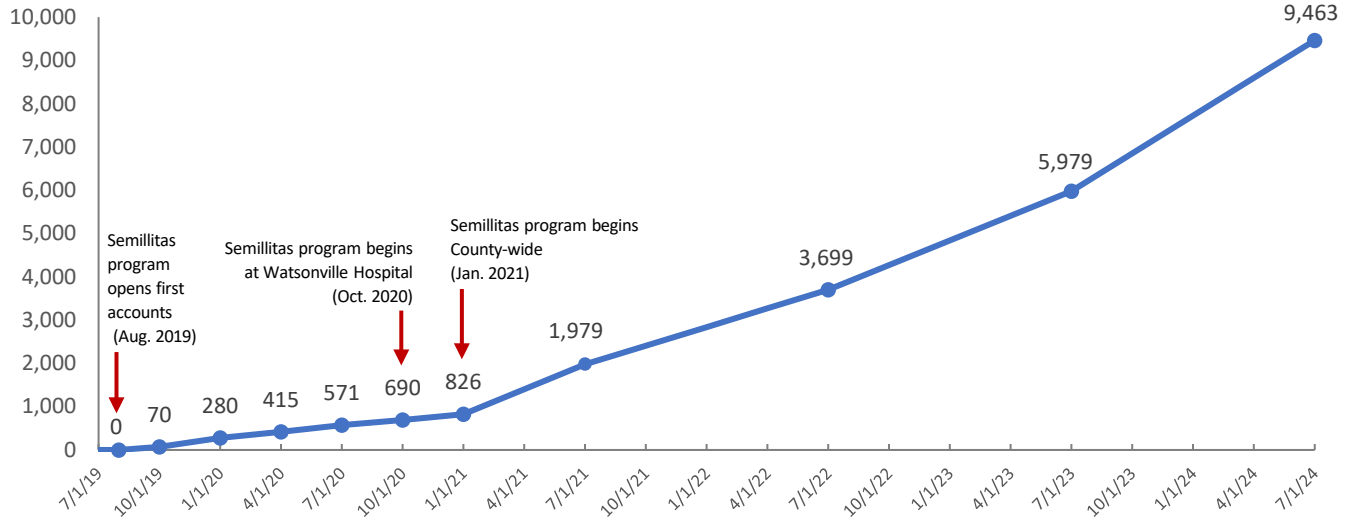
¹⁸ Department of Health Care Services, Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2022* and *Dental Utilization Measures and Sealant Data by Age Groups Calendar Year 2013 to 2022*, California Health and Human Services Open Data Portal, 2024.

Ventures’ Semillitas program

Results from this program show that increasing numbers of newborns are getting set up with dedicated savings accounts.

- **Number of Accounts Opened:** Since the program began (between August 2019 – June 2024), a total of 9,463 Semillitas accounts have been opened.

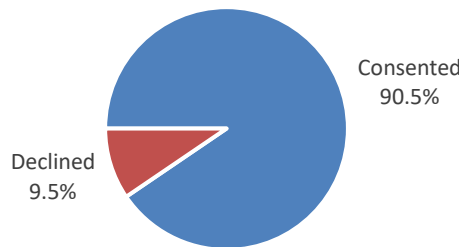
Figure 19: Growth of the total number of Semillitas accounts opened



Source: Ventures, Program records, 2024.
Note: Previous years’ totals may be adjusted to reflect updated numbers.

- **Number of mothers consenting during newborn visits to share their contact information:** Between October 2020 and June 2024, First 5 NECs have obtained consents from 91% of all eligible mothers who received a Newborn Visit, allowing NECs to provide their contact information to Ventures for the purpose of receiving more information about their child’s Semillitas account.

Figure 20: Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2024), who consented to have their contact information shared with Ventures



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2024.
N = 6,401.

- **Partners providing milestone payments**
 - **Dientes and Salud Para La Gente:** County partners Dientes and Salud Para La Gente continued making payments into Semillitas savings accounts for accomplishing important oral health milestones.
 - Dientes and Salud Para La Gente contributed these amounts to children’s Semillitas savings accounts:
 - \$50 for the child’s “first tooth or first birthday” visit
 - Dientes also offered these contributions:
 - \$25 for each of the child’s annual visits (ages 2-5)
 - \$50 for the child’s sealant visit (age 6)
 - **Triple P:** Ventures is using funding from the Collective of Results and Evidence-based (CORE) Investments to provide milestone contributions for children of parents participating in a Triple P service. Children enrolled in Semillitas can earn a one-time \$50 deposit to their Semillitas savings account when their parents attend any Triple P class or individual session.
 - **Central California Alliance for Health:** In July 2023, Ventures and Central California Alliance for Health (The Alliance) launched a pilot initiative that involves The Alliance making deposits into children's savings accounts upon the completion of their baby immunizations and six wellness checks. First 5 supports this project by providing consent forms to families who have recently given birth at county hospitals. These consent forms authorize the Alliance to share necessary information with Ventures, enabling the deposits to be made into the families' accounts following the completion of immunizations and wellness checks. When offering these consent forms, NECs review and explain the consent form with these families, assist them with filling it out, and answer any questions and concerns they have. NECs also discuss the importance of infants getting their well-child visits and obtaining vaccines.

Ensuring access to food

In FY 2023-24, NECs connected mothers to these **food resources**:¹⁹

- **405** supplemental applications (CW8A) were completed to add newborns to their mothers’ existing CalFresh case
- **261** mothers and their newborns were provided with resources to apply for CalFresh
- **72** mothers and their newborns were provided with resources to apply for WIC

¹⁹ First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program data.

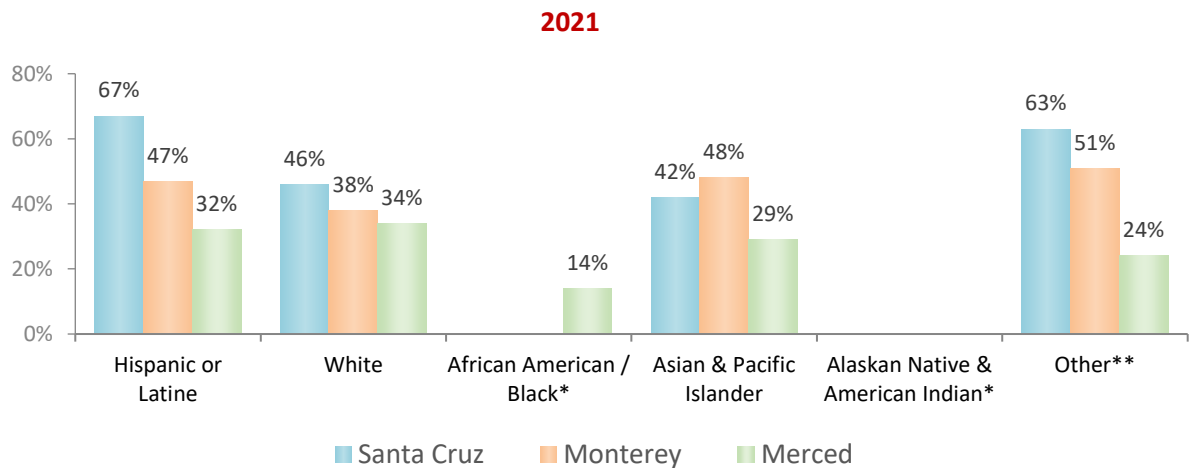
In FY 2023-24, First 5’s Health Outreach Coordinator began assisting adults in applying for CalFresh at the same time that she assisted them in applying for Medi-Cal. This differs from the services provided by NECs at hospitals, as it is not a CalFresh referral for a newborn’s mother or adding a newborn to their mother’s existing case.

Supporting Well-Child Visits

The Central California Alliance for Health (the Alliance) discusses the importance of infants getting their **well-child visits** during the first several months of their life, in order to be able to assess their growth and development, and address any issues before they become bigger problems.²⁰ One key benchmark is that a child should have at least six well-child visits with a provider within the first 15 months of life.

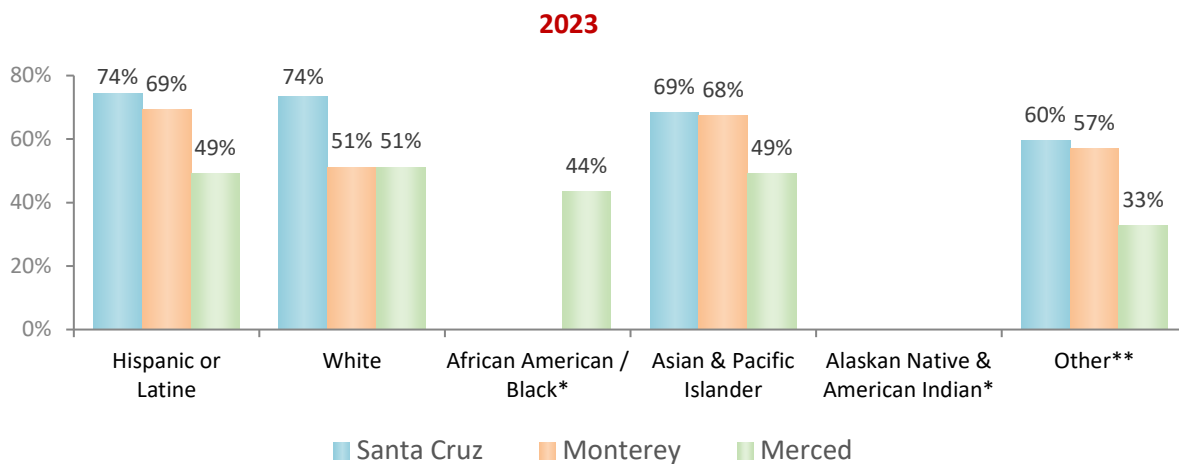
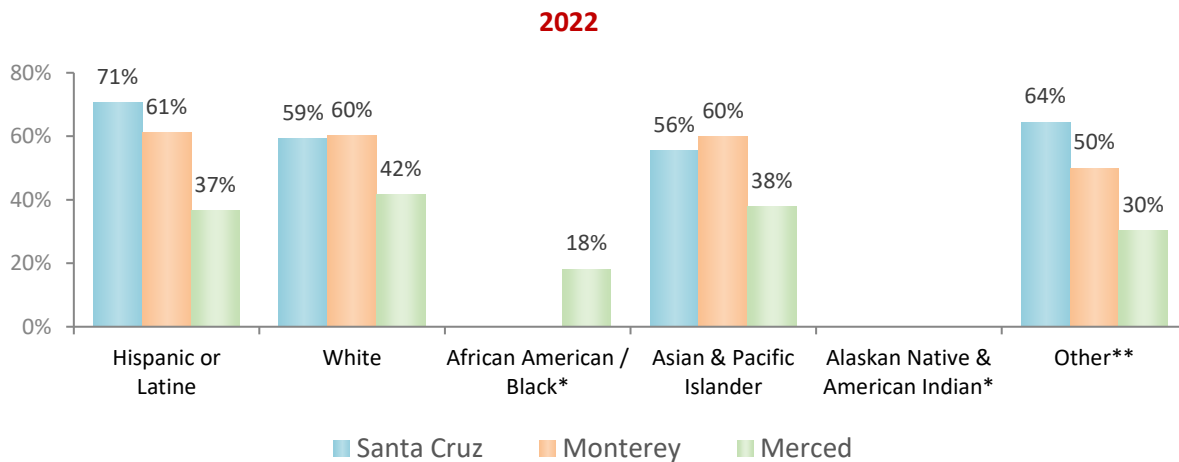
The figures below show the percent of children with Medi-Cal insurance who had at least six well-child visits within the first 15 months of life, disaggregated by race/ethnicity and the three counties served by the Central California Alliance for Health.

Figure 21: Percentage of children with Medi-Cal insurance who received at least 6 Well-Child visits by 15 months of age, by Race/Ethnicity and County



²⁰ Central California Alliance for Health, *Medi-Cal Health Education and Cultural and Linguistic Population Needs Assessment (PNA) 2022: Santa Cruz, Monterey, & Merced Counties Reporting Areas, 2022.*

Percentage of children with Medi-Cal insurance who received at least 6 Well-Child visits by 15 months of age, by Race/Ethnicity and County (cont.)



Source: (2021) Central California Alliance for Health, *Medi-Cal Health Education and Cultural and Linguistic Population Needs Assessment (PNA) 2022: Santa Cruz, Monterey, & Merced Counties Reporting Areas*; (2022 & 2023) Central California Alliance for Health, 2024.

Note: Results reflect the most current data available at the time of this report.

* Results for smaller populations have been suppressed to maintain confidentiality.

** "Other" = Race/ethnicity was not noted.

Reducing Emergency Department Visits

The services provided by the Baby Gateway Newborn Enrollment Program may also have had an effect on the **use of the Emergency Department (ED)** for children less than one year old who were covered by Medi-Cal.

ED use of children covered by Medi-Cal

- At Watsonville Community Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 53% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2008 and 2023).
- At Dominican Hospital, the number of ED visits for infants under age 1 who were covered by Medi-Cal has stayed relatively the same between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2010 and 2023). Note that in 2010 this hospital was already well below the national rate of ED visits for infants, so these numbers would not be expected to decrease much further over time.

There were two major shifts in these trends that may have been influenced by the COVID 19 pandemic:

1. The dramatic decrease in ED visits between 2019 and 2020 may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms.
2. Between 2021 and 2022, the sharp increase in ED visits suggests that these numbers are returning to pre-pandemic values.

Note that data show that both Santa Cruz County hospitals are well below the national rate of ED visits for infants under age 1.

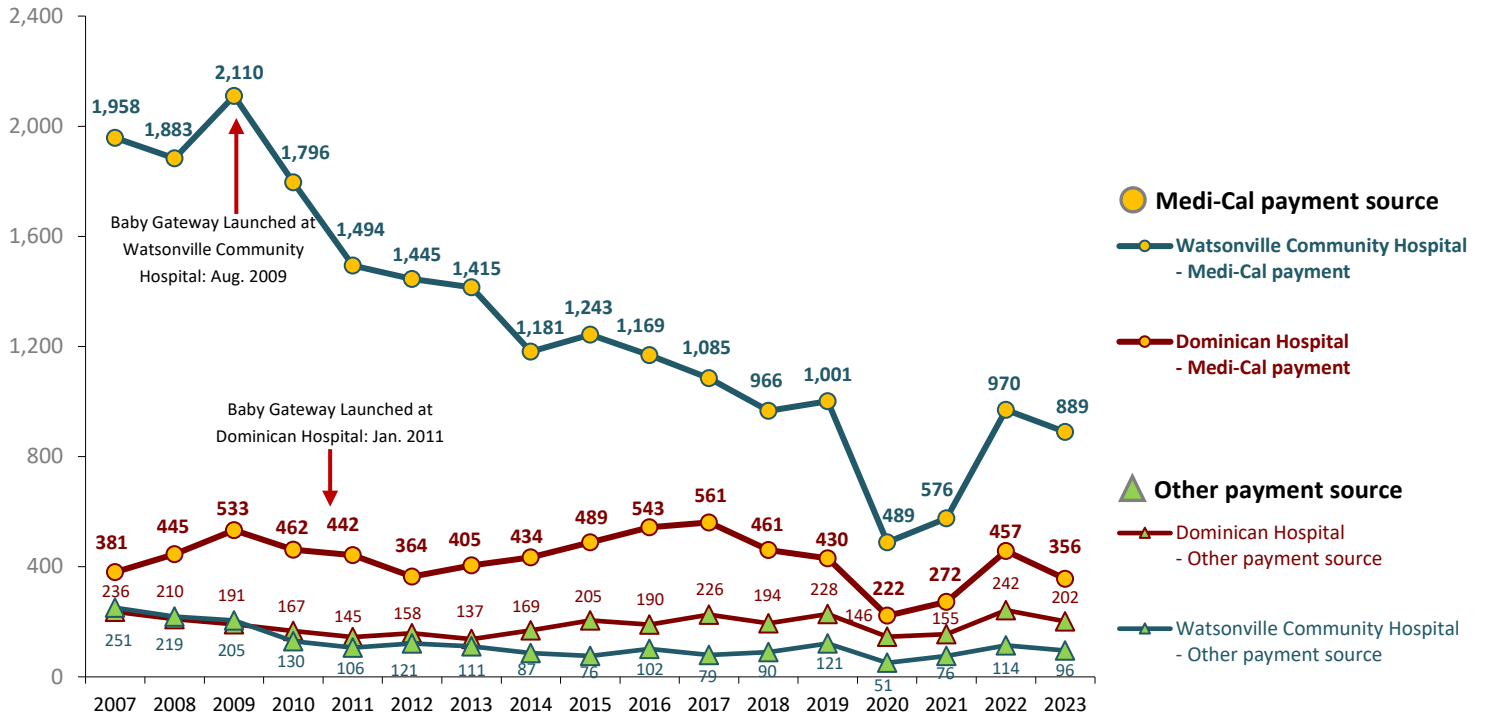
- In 2021 (the most current year of national data available), the national rate of ED visits for infants under age 1 was **103 per 100**,²¹ which was much higher than the rates that year at both Dominican Hospital (**18 per 100**) and Watsonville Hospital (**28 per 100**).

ED use of children covered by other payment sources

- The number of ED visits for infants under age 1 who were covered by other payment sources has stayed relatively level at both hospitals, suggesting that the Baby Gateway Newborn Enrollment Program is having the most impact on children covered by Medi-Cal.

²¹ Centers for Disease Control and Prevention, National Center for Health Statistics, *National Hospital Ambulatory Medical Care Survey: 2021 Emergency Department Summary Tables*, 2024.

Figure 22: Number of Emergency Department visits (Infants under 1 Year Old) – by Payment Method



Source: (ED visits) State of California, Department of Health Care Access and Information (HCAI), Information Services Division, *Emergency Department Data and customized reports*, 2024. (Population of Santa Cruz County children under age 1) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. March 2024.
Note: Population totals for 2020-2023 (data from the most 2020 Census) were updated 10/2/24. Results reflect the most current data available.

VisionFirst

Program Description

The American Optometric Association recommends that children should have their first comprehensive eye exam between the ages of 3 and 5, and their next eye examination should be when they start school, around 5 years of age.

“Every experience a preschooler has is an opportunity for growth and development. They use their vision to guide other learning experiences.

- *From ages 2 to 5, a child will be fine-tuning the visual abilities gained during infancy and developing new ones. ...*
- *They are developing the visually-guided eye-hand-body coordination, fine motor skills, and visual perceptual abilities necessary to learn to read and write. ...*
- *Steps taken at this age to help ensure vision is developing normally can provide a child with a good "head start" for school. ...*
- *The preschool years are a time for developing the visual abilities that a child will need in school and throughout his or her life.”²²*

To help identify vision problems early in life, VisionFirst was developed in Santa Cruz County as a way to provide children as young as 6 months old with a simple instrument-based vision screening right in their child care setting. First 5 VisionFirst Outreach staff were trained to use the Spot Vision Screener, a handheld portable device designed to quickly and easily detect vision issues. The Spot Vision Screener detects potential vision problems, such as nearsightedness, farsightedness, blurred vision, unequal refractive power, eye misalignment, and unequal pupil size.

The Spot Vision Screener does not replace a complete eye examination by an optometrist. Rather, it only identifies a potential vision issue. Parents of children who are found to be “out of range” (showing a potential vision problem) are encouraged and assisted in following up with a full vision exam from an optometrist. At this appointment, the optometrist can determine if the child requires glasses, needs to be monitored, or requires regular eye exam follow-up care.



Following the completion of a successful pilot program in summer 2015, VisionFirst was integrated into First 5’s Santa Cruz Reading Corps program,²³ which increased the reach of the program. In 2016-17, VisionFirst was expanded to include all state-funded preschool programs in the County. In addition, because the Spot Vision Screener can provide screenings to children as young as 6 months old, First 5 piloted screenings in 19 infant and toddler classrooms.

²² American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 8/21/24 from <http://www.aoa.org/>], 2024.

²³ The Santa Cruz Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction due to the COVID-19 pandemic.

Since the start of the program, vision screenings have been completed in 51 state-funded preschool and infant/toddler classrooms, 10 Migrant Seasonal Head Start classrooms, 4 state migrant classrooms, 4 Early Head Start classrooms, 13 Head Start classrooms, and 3 private preschool and infant/toddler classrooms, providing screenings at a total of **85** different classrooms in Santa Cruz County.

For children who are shown to have a vision issue, First 5 VisionFirst Outreach staff help parents find local optometrists if they don't already have one, and also provide crucial information and resources to help parents encourage their children to wear their new glasses.

- The First 5 website includes an entire section about VisionFirst, and provides videos and read-aloud books about eyeglasses. Some answer key questions for children, such as, "How do you know if you need glasses?", and "How does an eye doctor check your eyes?" Other books help build children's confidence in wearing their glasses.
- All parents are given a flyer, "Tips to encourage your child to wear their glasses."

The VisionFirst program believes that the more activities and books about vision health and screenings teachers have in their classrooms, the more comfortable children will feel when getting their eyes checked and seeing others with glasses. To assist with this, First 5 developed a bilingual *VisionFirst Dramatic Play Kit* that is given to child care sites participating in the program.



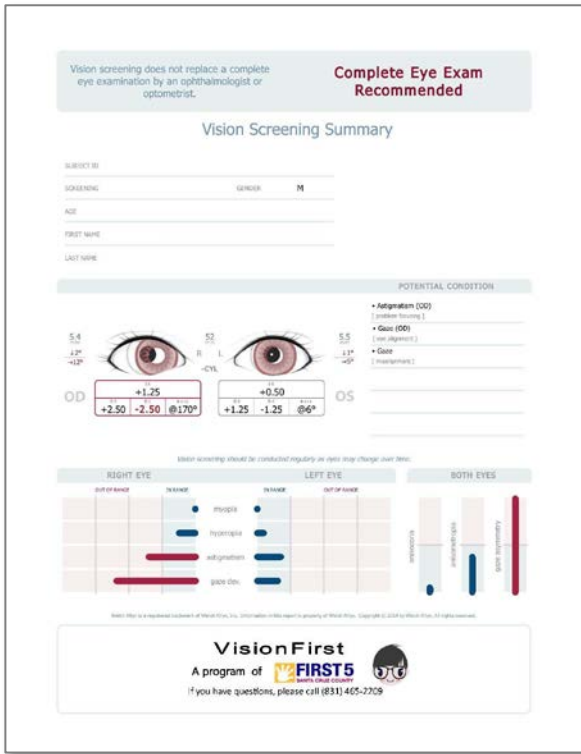
A dramatic play set-up in a child care site

Due to the success of the VisionFirst program, some local partners (including Migrant & Seasonal Head Start, Early Head Start/Head Start sites, and Santa Cruz Community Health Centers) have purchased their own Spot Vision Screeners to provide on-going screening.

The following two images are examples of what the screening results look like using the Spot Vision Screener. The image on the left shows screening results that indicate that the child may have vision issues. The image on the right shows the screening results for the same child wearing glasses, which shows the vast improvement in his vision. This shows how the Spot Vision Screener camera can identify potential vision problems, and how easily these results can be shared with the child’s parents for discussion.

Screening results indicating vision issues

Screening results after receiving eyeglasses



One VisionFirst Story

Vision care for children is considered an “Essential Benefit” covered by most health plans. This year, only 4 of the 65 parents we spoke to indicated that their child had previously seen an eye doctor. For many parents, our conversation was the first time they heard of taking their child to an eye doctor.

Results generated by the Spot Vision Screener allow us to easily see when a child’s vision screening is “out of range.” This year, one child stood out for being significantly “out of range” in several areas, and he ended up receiving eyeglasses after a full vision exam with an optometrist.

What was truly striking was the father’s reaction. He had never noticed anything odd about his son’s eyesight, nor had his son complained of any pain. The father was taken aback when the results he received from us showed that his son was significantly “out of range,” and when the eye doctor indicated that his son needed eyeglasses. As the father put it, “he must have needed them because it was never a problem to have him keep his eyeglasses on. He has been wearing them regularly since he got them.”

This example is a stark reminder of the importance of regular eye exams, even when there are no apparent issues. Let’s reinforce the message, “When You Think About Your Health, Don’t Forget Your Eyes.”

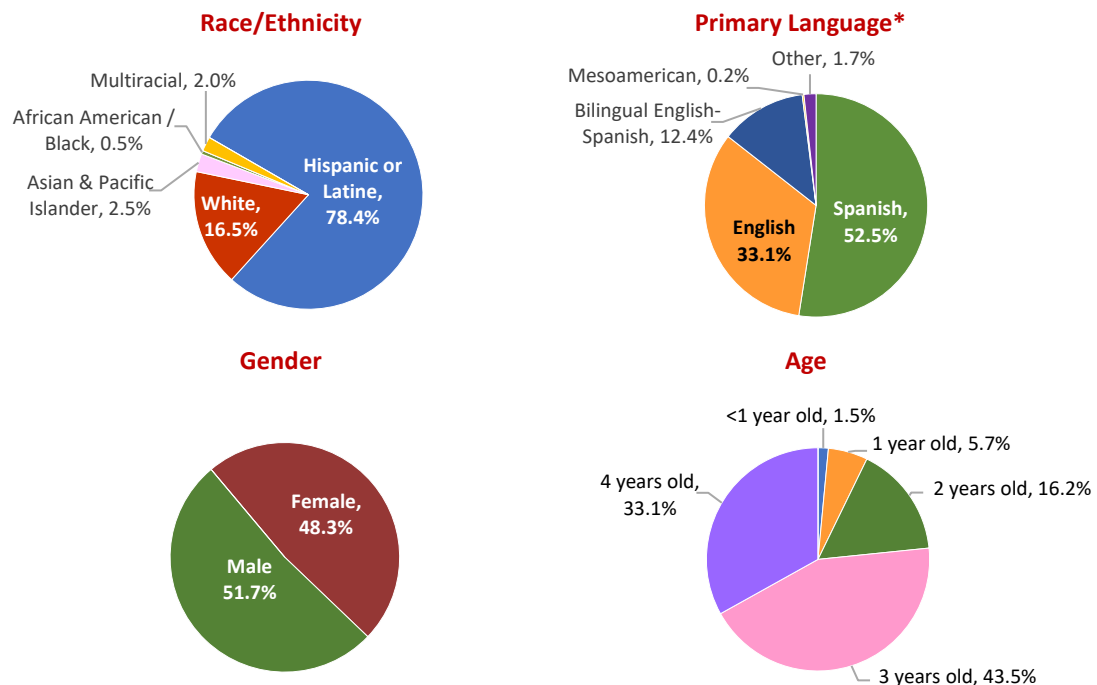
- First 5 VisionFirst program

Population Served

	2023-2024
Children	402

Source: First 5 Santa Cruz County, VisionFirst records, 2024.

Figure 23: Demographics of Children (ages 0-5) participating in VisionFirst (2023-24)



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

Note: Clients with missing or unknown data for a demographic’s analysis.

* “Other” language options may include Multilingual, Bilingual-Other, and other languages.

N=(Race)=393; (Language)=402; (Gender)=402; (Age)=402.

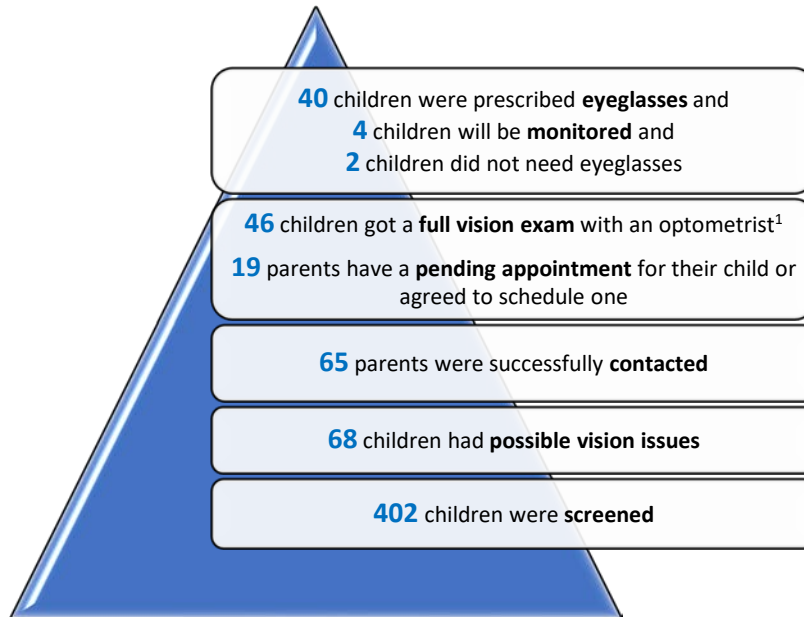
Outcomes

VisionFirst helped identify children who might have vision problems, many of whom then had full vision exams at an optometrist. First 5 VisionFirst Outreach staff reported these screening results:

- Of the **402** children screened, **68** had possible vision problems identified (17% of all children screened).
- First 5 VisionFirst Outreach staff were able to contact the parents of **65** of these children about their children’s results.
- 46** of these children have followed up with a full vision exam at an optometrist (to date).²⁴
- Of those children who had a full vision exam, **40** were prescribed eyeglasses, **4** will continue to be monitored for possible vision issues, and **2** children did not need eyeglasses.

²⁴ These FY 2023-24 results are as of 9/9/24, in order to get as thorough a report as possible of the final outcomes for this cohort.

Figure 24: VisionFirst results – Santa Cruz County (2023-24)



Source: First 5 Santa Cruz County, VisionFirst records, 2024.

Note: These FY 2023-24 results are as of 9/9/24, in order to get as thorough a report as possible of the final outcomes for this cohort.

¹ Full vision exams were conducted either for the first time, or with the child’s current optometrist.

Local partner activities

The PVUSD Migrant and Seasonal Head Start (MSHS) program and Head Start, Early Head Start, and State Preschool sites have adopted this program and purchased their own Spot Vision Screener devices. In 2023-24 these sites conducted their own screenings and follow-up, and reported these significant results:

Figure 25: Local partners’ vision screenings using the Spot Vision Screener (2023-24)

	NUMBER OF CHILDREN SCREENED	NUMBER OF CHILDREN WITH POSSIBLE VISION ISSUES	NUMBER OF CHILDREN WHO GOT A FULL VISION EXAM WITH AN OPTOMETRIST	RESULTS
PVUSD Migrant and Seasonal Head Start (MSHS) program	162	45	39	<ul style="list-style-type: none"> • 22 were prescribed glasses • 17 will be monitored
Head Start, Early Head Start, and State Preschool sites	225	31	26	<ul style="list-style-type: none"> • 16 were prescribed glasses • 6 will be monitored • 4 did not need glasses

The impact of the VisionFirst program—and at agencies that adopted this program—may be even greater, as it’s likely that these efforts may also lead to families getting vision exams for their other children as well. Future work by the VisionFirst program will focus on continuing to provide these services to existing VisionFirst sites, expanding these screenings to additional child care sites, and helping more families follow up with full vision exams.

Neurodevelopmental Foster Care Clinic

Program Description

The Neurodevelopmental Foster Care Clinic (NDFCC) is an innovative, coordinated approach to address the neurodevelopmental needs of children age 0-5 in the foster care system. The need for identifying and supporting infants and young children who have developmental disorders is clear. As reported by the CDC,

“Developmental delays, disorders, or disabilities manifest in infancy and childhood and can limit a person’s function throughout life... [But] policies and programs that promote early identification of children with developmental delays and facilitate increased access to intervention services can improve health and reduce the need for services later in life.”²⁵

We know early intervention works, yet children who have already endured abuse and neglect typically do not receive the early assessment and coordinated services they need. Children with disabilities are more likely to be abused and neglected and yet, once in the system designed to protect them, their needs may go unaddressed – thereby missing a critical window of opportunity to set a healthy life course.

The Neurodevelopmental Foster Care Clinic is a collaboration between Lucile Packard Children’s Hospital Developmental-Behavioral Program, Santa Cruz County Children’s Behavioral Health, Santa Cruz County Family and Children’s Services, and First 5 Santa Cruz County, and is located at Stanford Children’s Health specialty services clinic in Capitola. The NDFCC takes a holistic approach to evaluate infants and children in the foster care system from 4 months to age 5, in a wide range of developmental and behavioral domains.

Using an interdisciplinary approach, the NDFCC integrates health information and trauma history with developmental assessment, evaluation of social skills, and consideration of environmental conditions. They assess children for delayed language, thinking, and social or motor skills, as well as children who have challenges with sleep, eating, behavior, discipline, or temperament. Their interdisciplinary team focuses on early intervention to address the needs of young children who have recently entered foster care, and to provide comprehensive services to these foster children, their families, and foster families.

To this end, all children in Santa Cruz County under the age of 6 who are in foster care or who are involved with Child Protective Services (CPS) are referred to the program. For children with on-going needs, Stanford Children’s Health holds a developmental and behavioral assessment clinic in Capitola, once a week, for children ages 6-13.

²⁵ Centers for Disease Control and Prevention, Cogswell ME, Coil E, Tian LH, et al. *Health Needs and Use of Services Among Children with Developmental Disabilities — United States, 2014–2018*, Morbidity and Mortality Weekly Report, 71(12);453–458, 2022.

The Neurodevelopmental Foster Care Clinic provides the following services to children ages 0-5:

- A therapist from County Children's Behavioral Health meets with the child and foster family for a mental health assessment of the child (over the age of one).
- A Developmental-Behavioral Pediatric specialist (psychologist or nurse practitioner) evaluates the development and behavior of children and meets with the child, biological family, and foster family to discuss developmental and behavioral history and milestones.
- Standardized developmental and behavioral testing is conducted. The results of the testing and recommendations are provided to the biological and foster families at the end of the assessment.
- A follow-up consultative report is provided to all members of the interdisciplinary team, and the biological and foster families.
- A county Children's Behavioral Health therapist provides on-going counseling to those children needing therapy services.
- A Licensed Clinical Social Worker coordinates and case manages the program, and offers Triple P services to biological and foster clients.
- Children needing developmental services (e.g., occupational therapy, physical therapy, speech therapy, special education) are referred to local resources and the school district in which they reside.
- Any identified medical services (e.g., audiology, ophthalmology) are coordinated through the primary care provider.

One Client's Story

"Mateo" was initially evaluated when he was 7 months old, and showed some delays in multiple domains. We referred him to Early Start for occupational therapy, to an infant specialist to support his continued development, and provided "anticipatory guidance" to his mother to continue to support his development in all domains.

When Mateo was seen 7 months later, he was receiving early intervention services and was making progress in all developmental domains. His mother had taken Triple P classes as part of her CPS case plan. A Children's Behavioral Health counselor met with them for an initial intake and found counseling services were not currently warranted. We arranged for follow-up to ensure that he continues to make developmental progress.

Mateo has a team of professionals coordinating services across systems and agencies including a CPS social worker and public health nurse, a pediatrician, an Early Start occupational therapist, and a coordinator at Stanford Neurodevelopmental Foster Care program to help him thrive.

- Neurodevelopmental Foster Care Clinic, Annual Progress Report

Population Served

	Provided with diagnoses, services, and referrals			Received Triple P services			2023-2024 (Unique) <i>Diagnoses and Referrals + Triple P services</i>
	<i>Santa Cruz County</i>	<i>Out of County</i> ¹	Diagnoses & Referrals Subtotal	<i>Santa Cruz County</i>	<i>Out of County</i> ¹	Triple P Subtotal	
Parents/Guardians	78	16	94*	37	95	132	222
Children	39	8	(ages 0-5) 47	29 18	72 19	(ages 0-5) 101 (ages 6+) 37	(all ages) 181

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

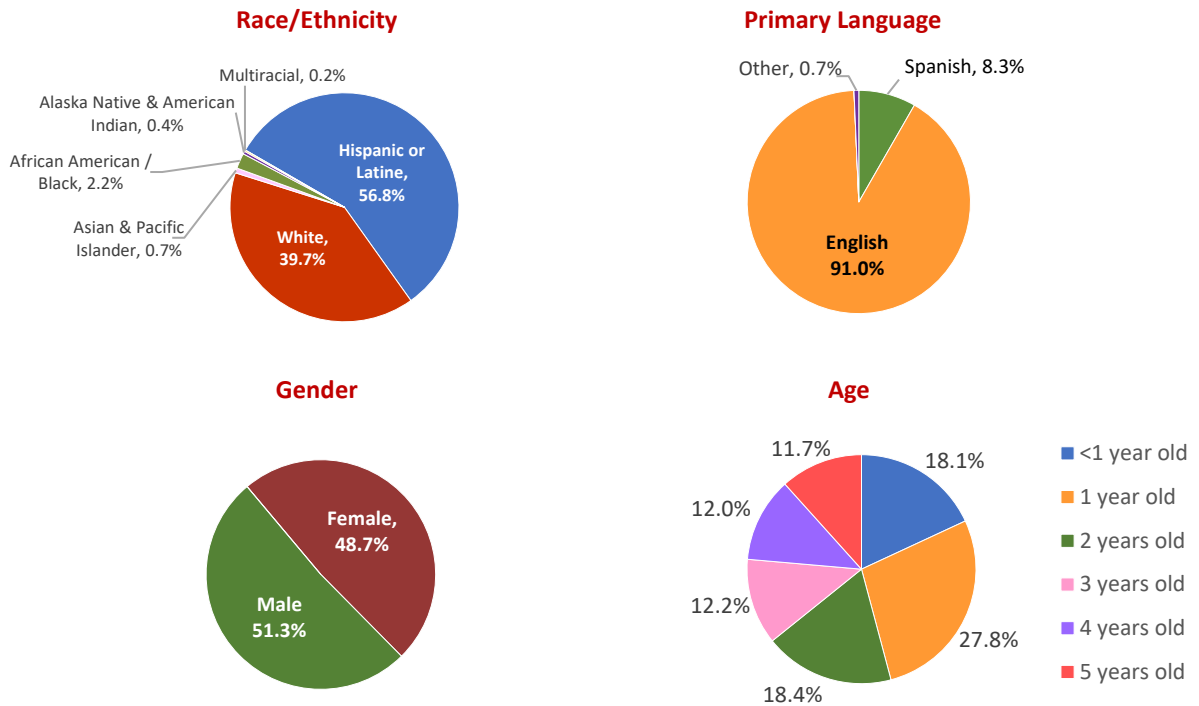
* Estimated number of parents/guardians of foster children who received diagnoses, services, and referrals. These parents/guardians are included here as adults who benefited from the services that their foster/biological children received.

Note: Due to the increased confidentiality requirements of this partner, it is difficult to track clients who may have received multiple services. Therefore, these numbers likely include some duplicated clients, but is considered a close estimate of the total number of clients served by this program.

¹ "Out of County" clients are funded by non-First 5 sources.

In the following results, data from all the years of this program (2011-2024) have been aggregated in order to present a more robust profile of the children served.

Figure 26: Demographics of Children (ages 0-5) participating in NDFCC (2011-2024)



Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2024.

Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis. N=1,012.

Outcome Objective: Ensure that all children within the dependency court system age 0-5 in Santa Cruz County receive early developmental and mental health services

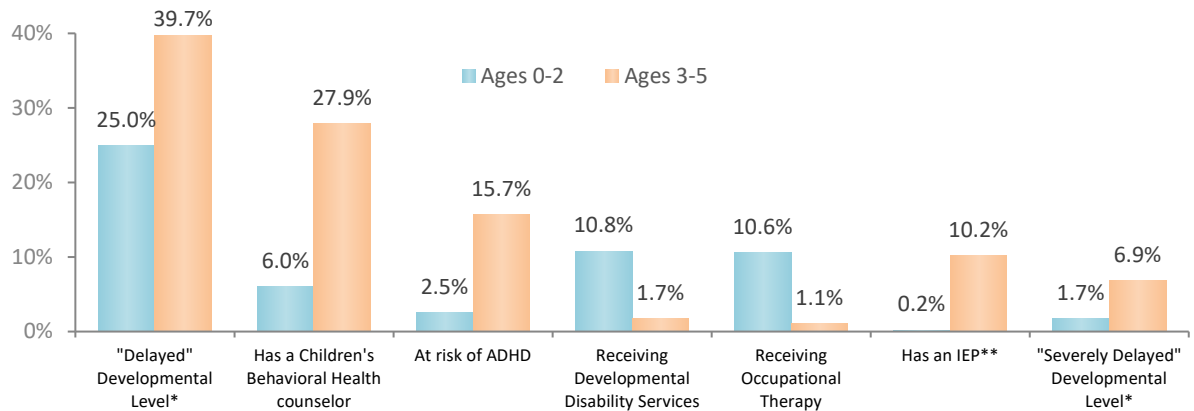
Measurable Objectives	2023-2024
By June 30, 2024, up to 100 children will receive comprehensive developmental and behavioral assessments and up to 50 children will have follow-up consultations.	<ul style="list-style-type: none"> • 48 children received comprehensive assessments • 11 children had follow-up consultations.
By June 30, 2024, 90% of children referred for therapy, Early Start, educational services, or Triple P will receive the services that were recommended.*	<ul style="list-style-type: none"> • 100% received their recommended services (N=28)

Source: Neurodevelopmental Foster Care Clinic, *Annual Progress Report, 2024*.

* This analysis only includes children who were referred by NDFCC to services and does not include children who had previous referrals to services from their pediatricians. Note that some children who haven't yet received services may be on Wait Lists for these services, so their referral is still in progress.

In the analyses of the following diagnoses, services, and referrals, all the data since the commencement of NDFCC have been aggregated (2011-2024) in order to present a more robust portrait of the extent to which NDFCC is helping children in the dependency court system obtain comprehensive developmental and behavioral evaluations to identify early intervention, mental health, or educational needs.

Figure 27: Percentage of Children in NDFCC (ages 0-5) with these diagnoses and services, at Intake (2011-2024)



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2024.

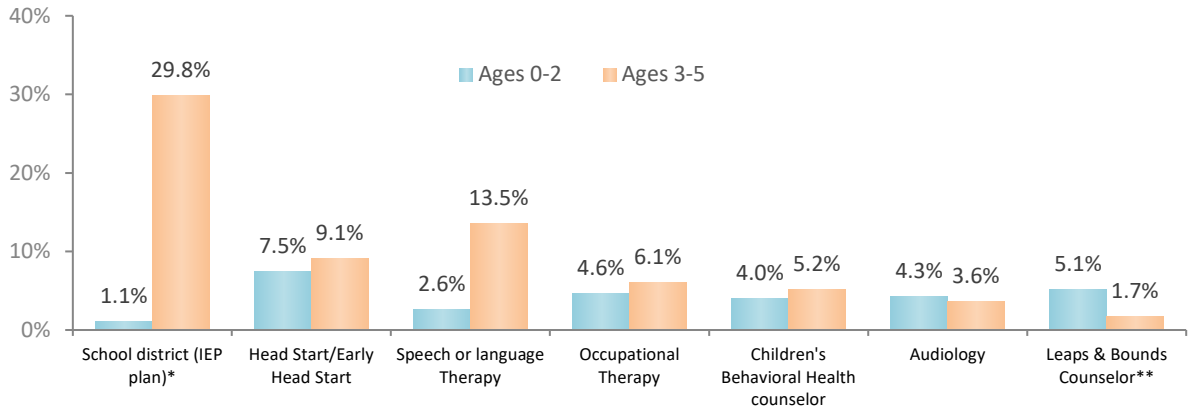
Note: Data for different diagnoses and services were not always collected every year. Therefore, the number of children analyzed for each diagnosis and service may vary. Only diagnoses and services with percentages higher than 4% for at least one age group are shown.

* Children's developmental levels were assessed using one of two standardized assessments, depending on the age of the child: the *Bayley Scales of Infant and Toddler Development* or the *Wechsler Preschool and Primary Scales of Intelligence, 3rd edition*.

** IEP = Individualized Education Program

N: (Ages 0-2) 639-650; (Ages 3-5) 360-362.

Figure 28: Percentage of Children in NDFCC (ages 0-5) provided with these referrals (2011-2024)



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2024.

Note: Data for different referrals were not always collected every year. Therefore, the number of children analyzed for each referral may vary. Only referrals with percentages higher than 4% for at least one age group are shown.

* IEP = Individualized Education Program

** The Leaps & Bounds program is designed to support the healthy development of children ages 0-5 whose parents are recovering from methamphetamine or other drug use and who are participating in the County's Dependency Drug Court Program.

N: (Ages 0-2)=650; (Ages 3-5)=362.

Outcome Objective: Positive Parenting Program (Triple P)* services will be provided for biological parents of children served in the NDFCC

Client Outcome Objective	2023-2024
By June 30, 2024, up to 50 biologic parents or other caregivers will participate in Triple P Level 2 Seminars/Level 3 Workshops.	38 (unique) parents participated in Level 2 Seminars
By June 30, 2024, up to 75 biologic and foster parents will receive one-time Triple P Level 2 individual consultations.	94 (unique) parents participated in Level 2 Individual consultations

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

* See the section on Triple P in this report for more information about this program.

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

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

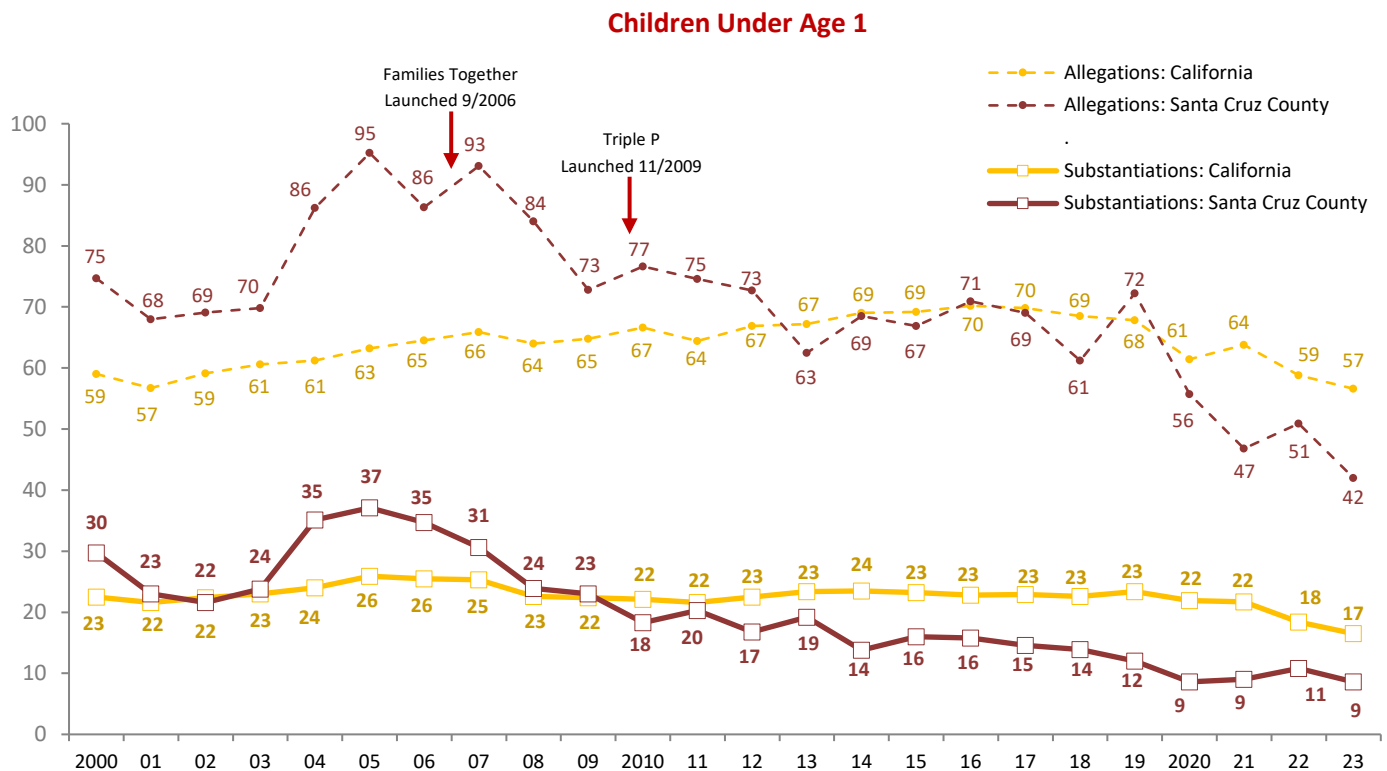
County moved from being substantially above (or at) the statewide rates, to **below** them (and have stayed below since).

Substantiated allegations of abuse or neglect in Santa Cruz County,

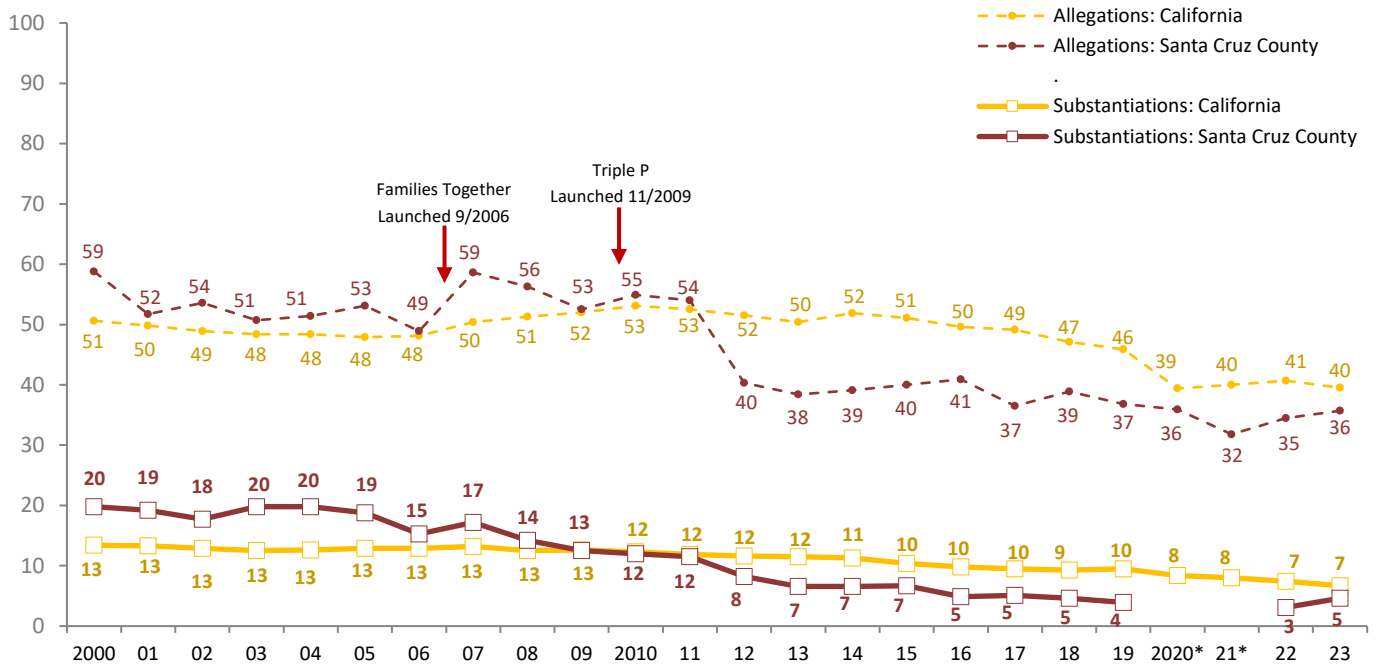
- **Children under age 1:** The rates of substantiated allegations of abuse or neglect (*per 1,000*) have decreased from a high of **37** in 2005, to **9** in 2023.
- **Children ages 1-2:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **20** in 2004, to **5** in 2023.
- **Children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

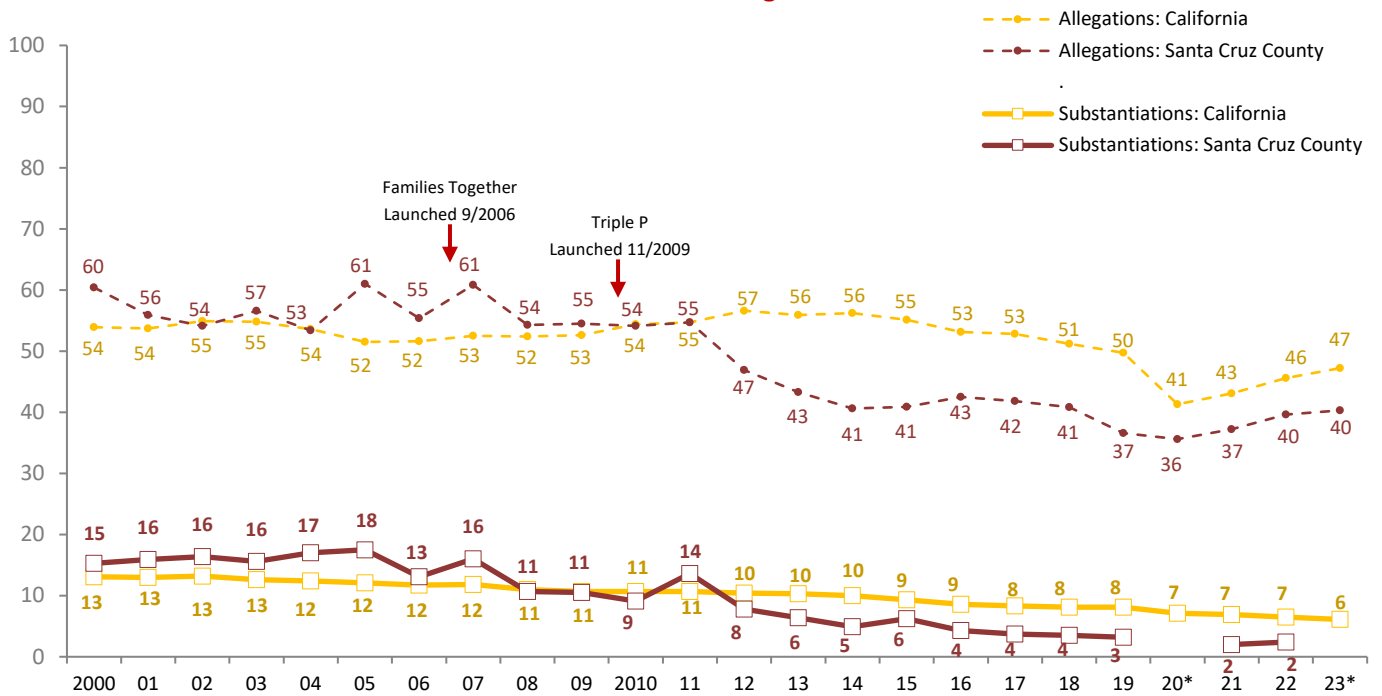
Figure 29: Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000)



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

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				
Unique Clients –client data analyzed *										
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
“Unidentified” Clients – Includes duplicates; some client data analyzed **										
Parents (2010-2022 only)					-					9,991
Children (all ages)					1,729					27,828
“Non-Consenting” Clients – Client numbers only; no client data analyzed***										
Parents					45					479
Children (all ages)					62					717
TOTAL (INCLUDES DUPLICATES)										
Parents					1,132					17,917
Children (all ages)					2,021					34,358

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.

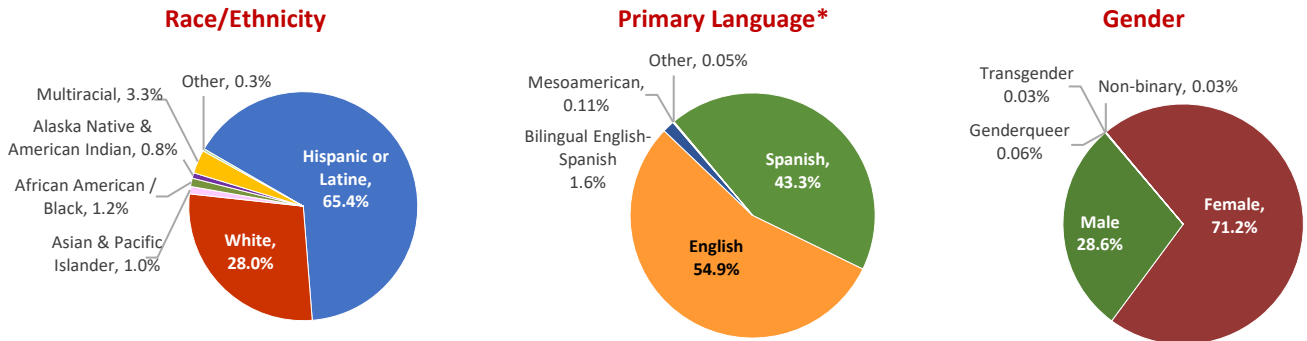
**Includes children in levels of Triple P where not enough information is collected to create a Unique ID (i.e., children of parents who participated in Level 2 Individual sessions, Level 2 Seminars and Level 3 Workshops). Prior to FY 2022-23, this also included parents in Level 2 Seminars and Level 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)



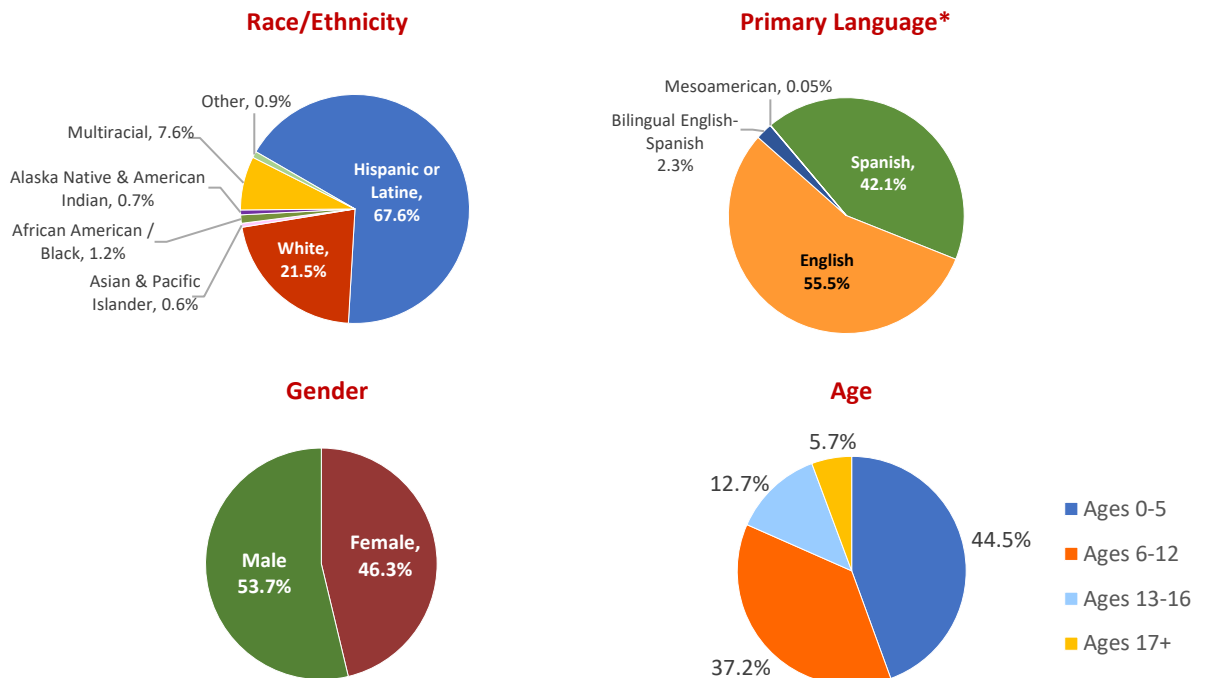
Source: First 5 CCD database for 2010-2024.

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.

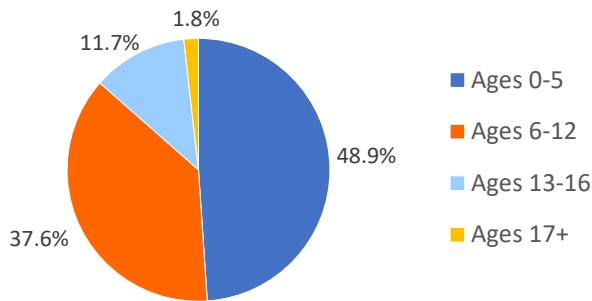
Notes: These demographic analyses include children of parents participating in the more intensive levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5). Clients with missing or unknown data for a demographic are excluded from that demographic’s analysis.

* 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.

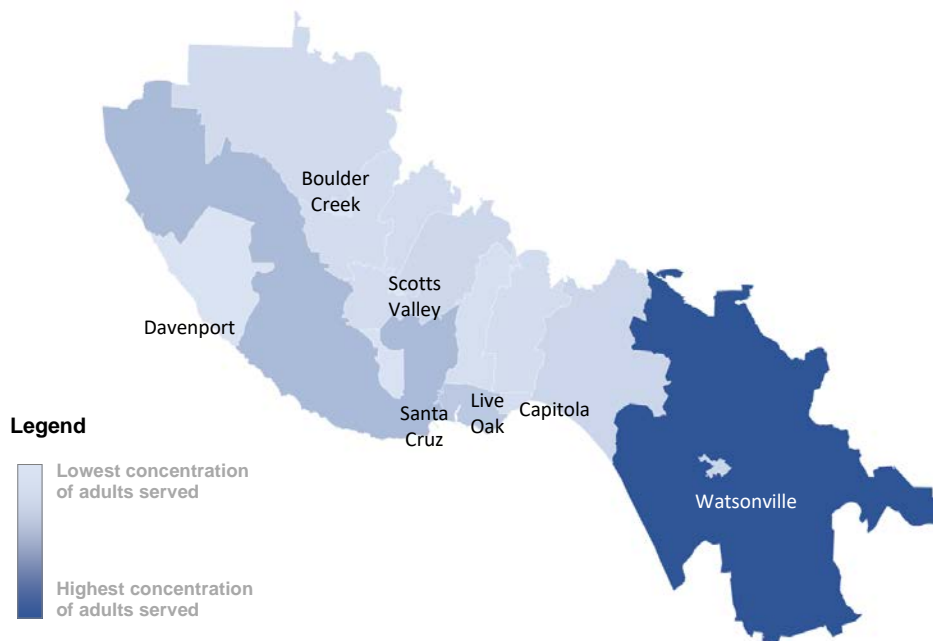
Figure 32: **Ages of Children chosen as the “Index” Child (2010-2024)**



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.

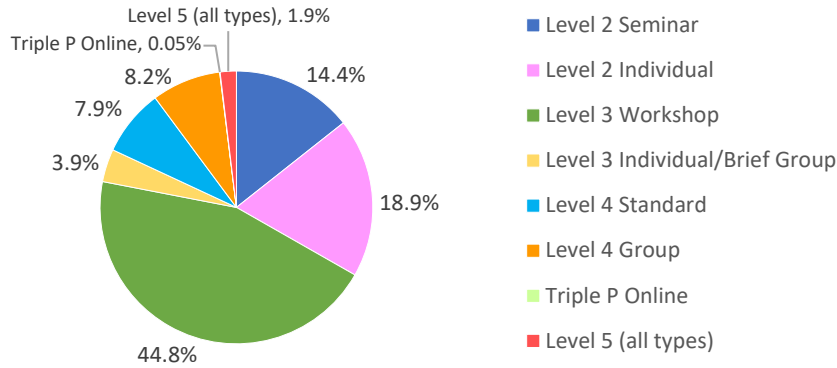
In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in FY 2020-21, 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.

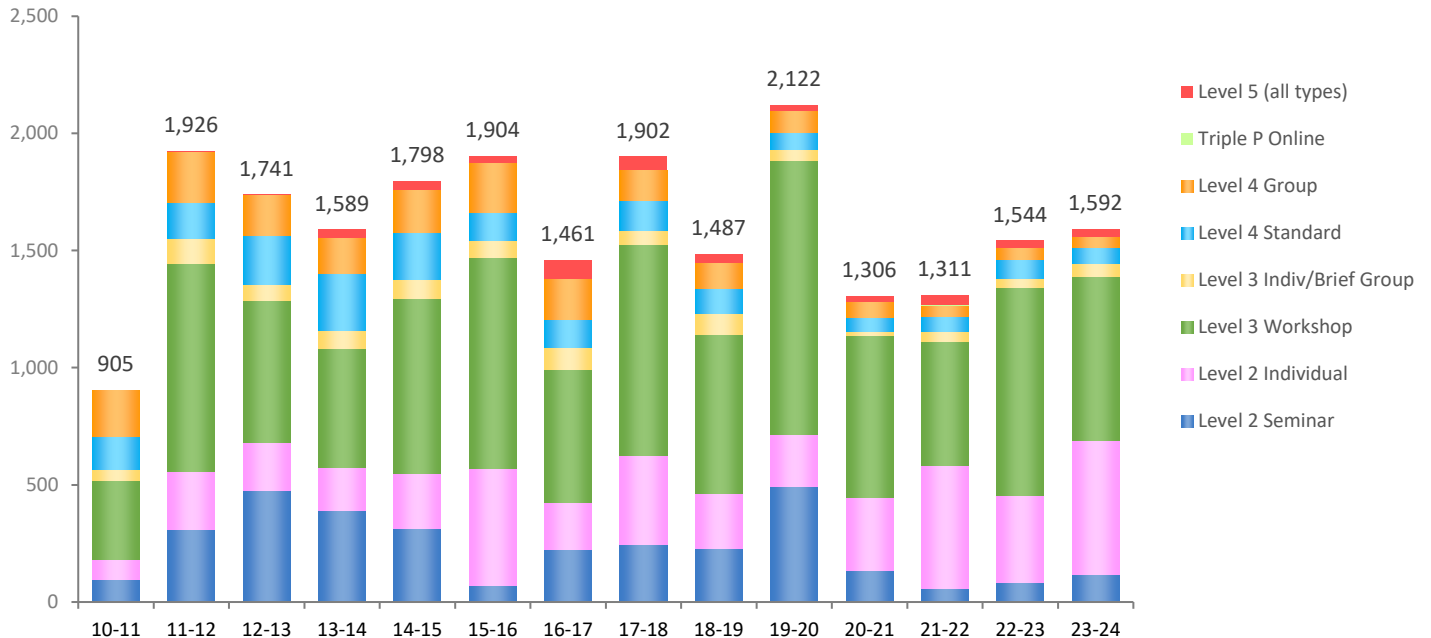
Notes:

- 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 12th 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 5th 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

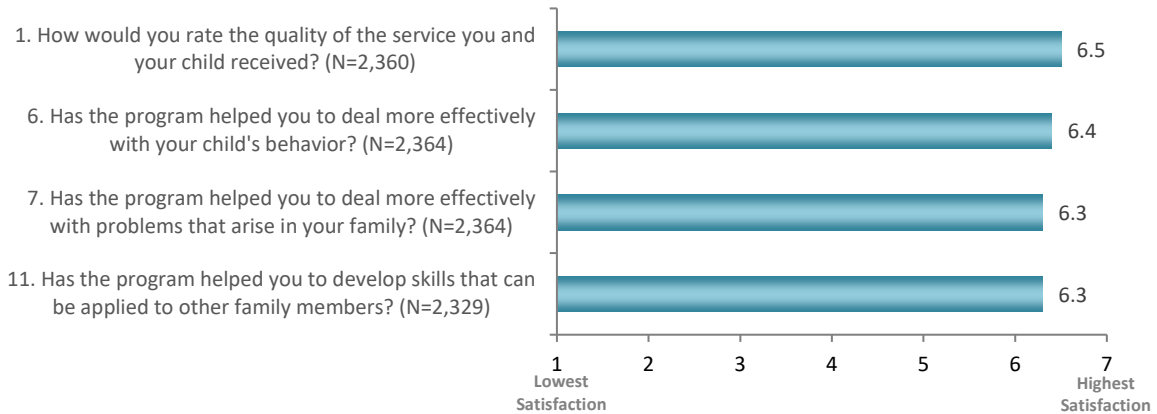
	THIS FUNDING CYCLE 2023-2024	CUMULATIVE TOTALS 2010-2024
Parents/Guardians	1,132	17,917
Children (<i>all ages</i>)	2,021	34,358

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)



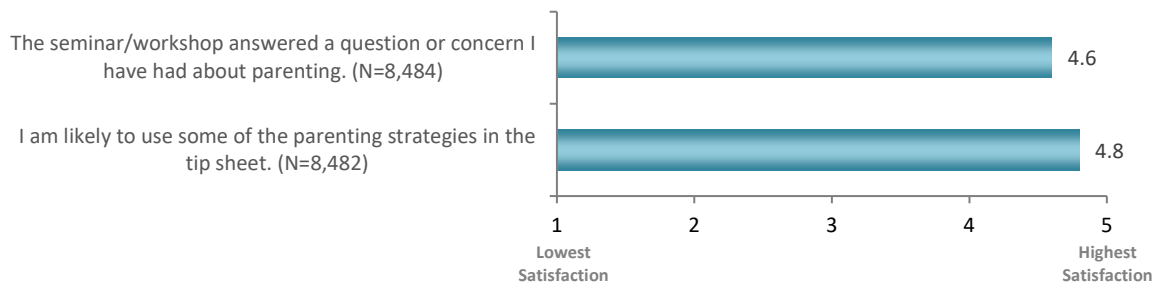
Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2024.

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).

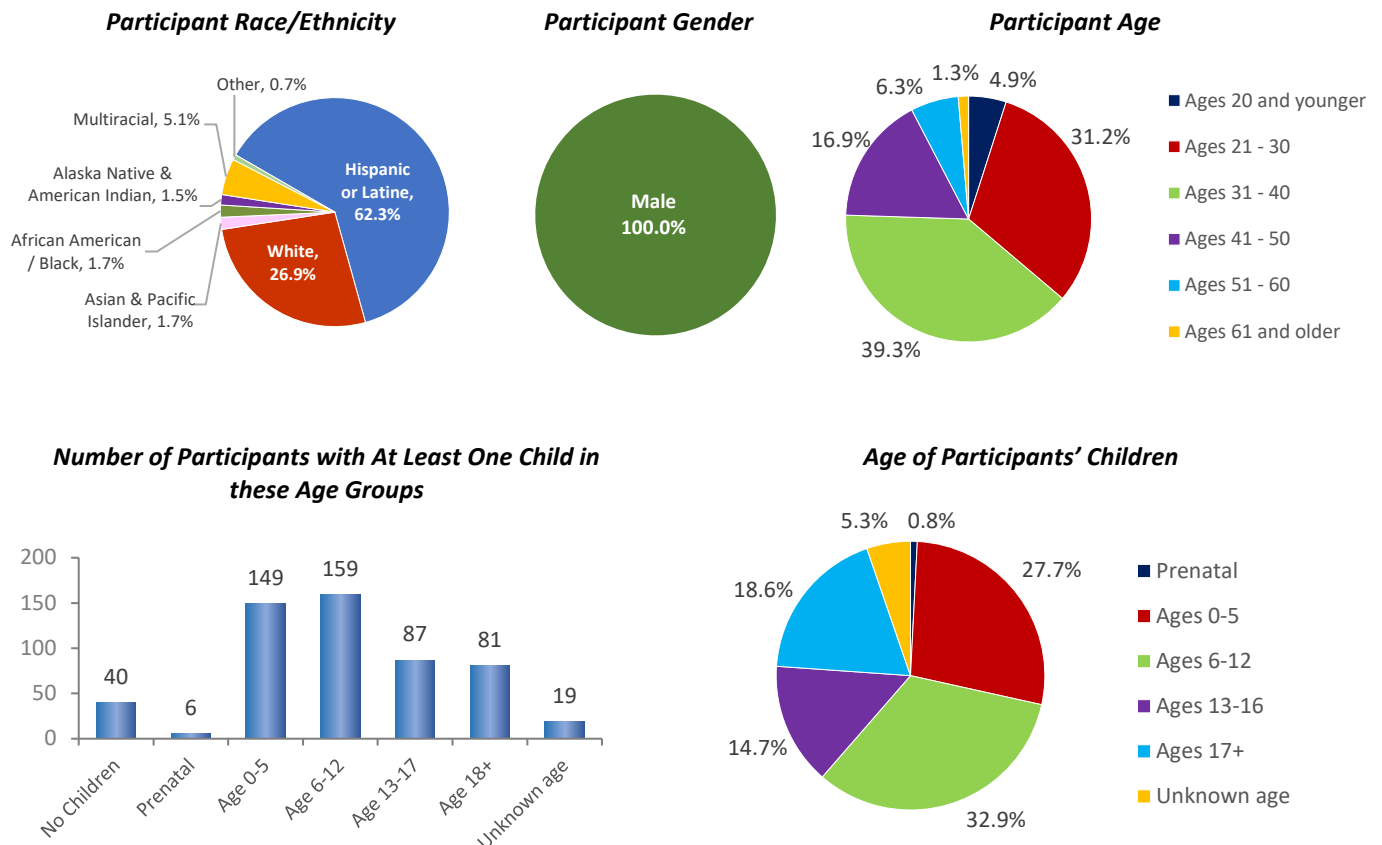
- **Inmate Programs: Workshop series at local correctional facilities.** Triple P practitioners from Community Bridges continued to provide concurrent 12-week workshop series (in English only) at the Rountree facility and Rehabilitation and Reentry facility in Watsonville.
- **Participant details.** 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

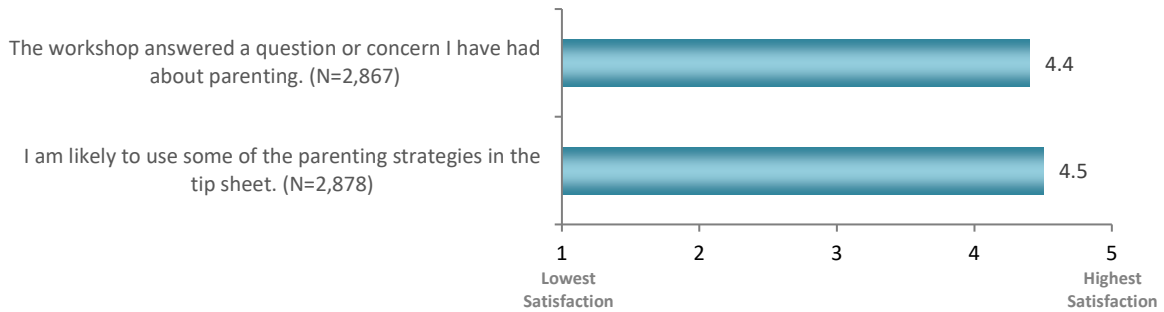
Inmate Programs Workshops: Participant Demographics (2018-2024)



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.

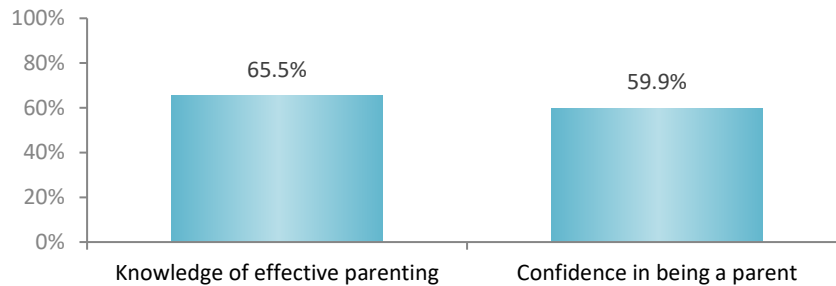
Inmate Programs Workshops: Satisfaction Survey (2018-2024)



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)***



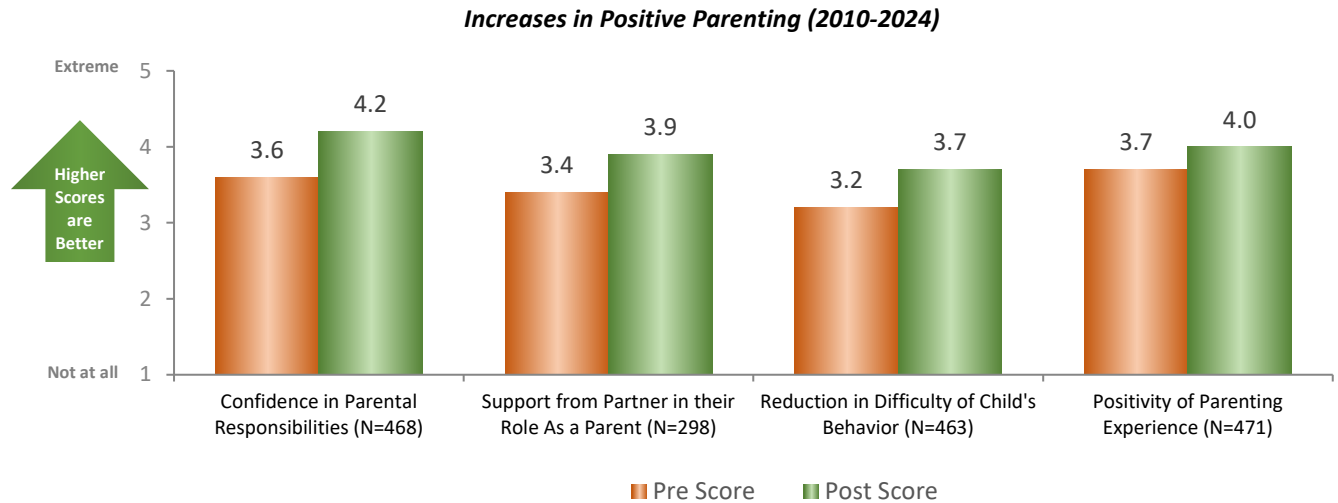
Source: (Knowledge) Triple P assessment results, *Knowledge of Effective Parenting Scale (KEPS)*, and *Parent Knowledge Questionnaire*; (Confidence) Triple P assessment results, *Parenting Experience Survey, Question 3, 2018-24*.
N: Knowledge=220, Confidence=142.

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.

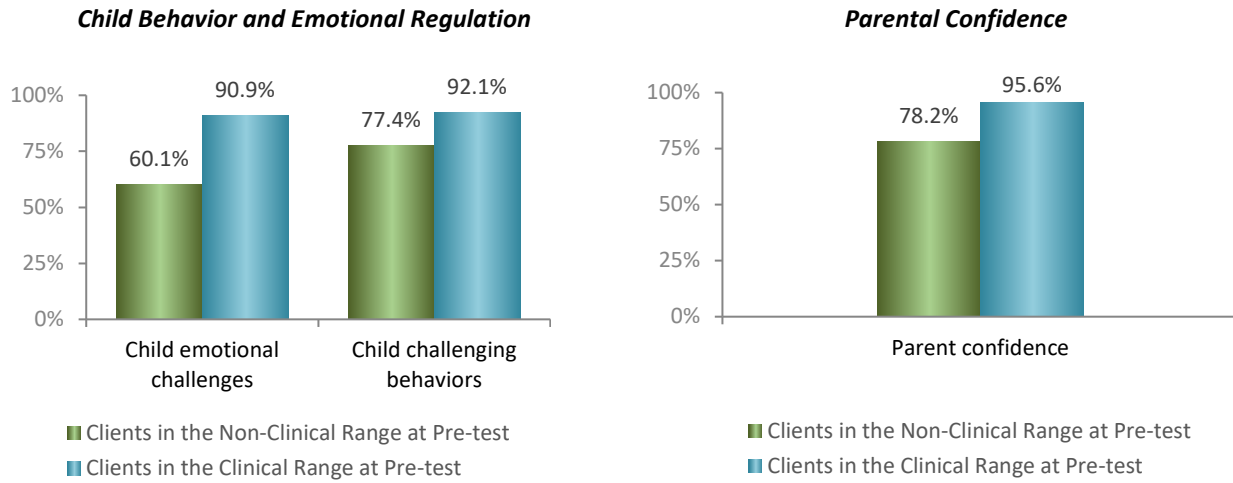
Level 4: Standard & Group

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

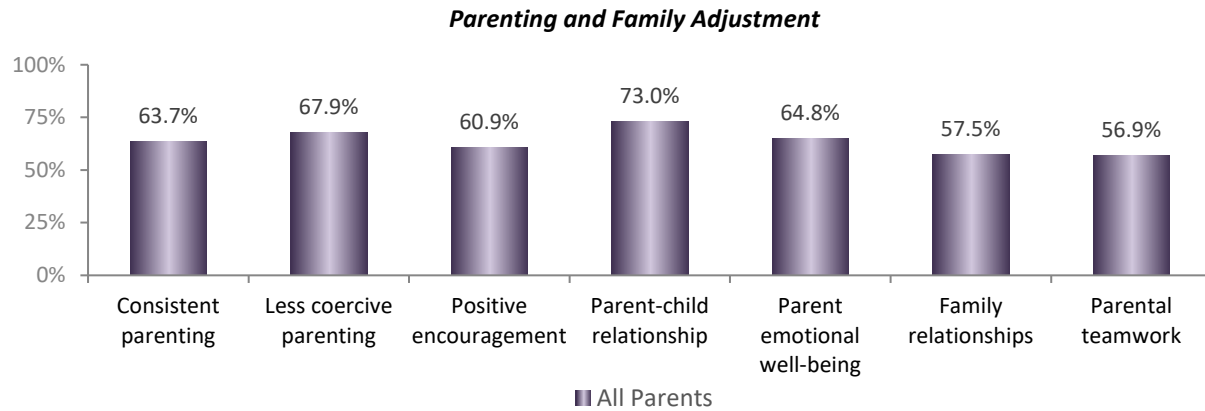
- **Intensive services may have a stronger impact on parents who begin the program experiencing more serious parenting issues.** First 5’s evaluation results have consistently shown that:
 - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting 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.

²⁶ 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)

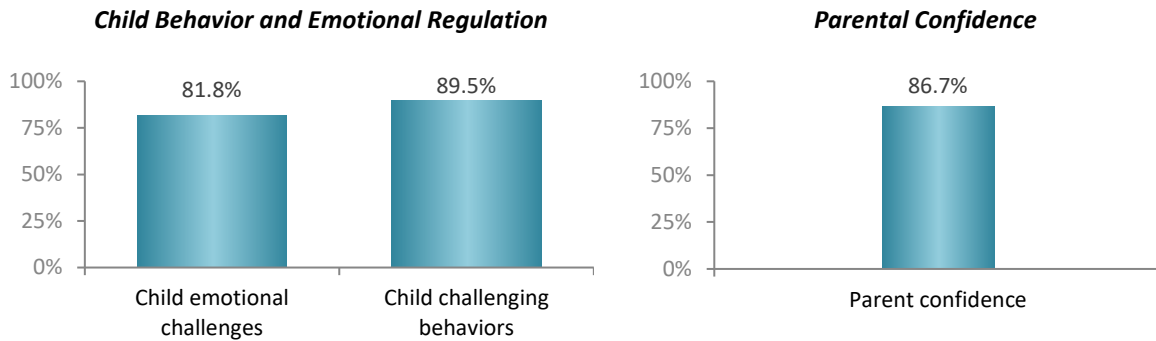


Source: Triple P assessment results, July 2018 - June 2024. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
 N: (Emotional challenges) Non-Clinical=283, Clinical=33; (Challenging behaviors) Non-Clinical =328, Clinical=38; (Confidence subscales) Non-Clinical =298, Clinical=45.



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.

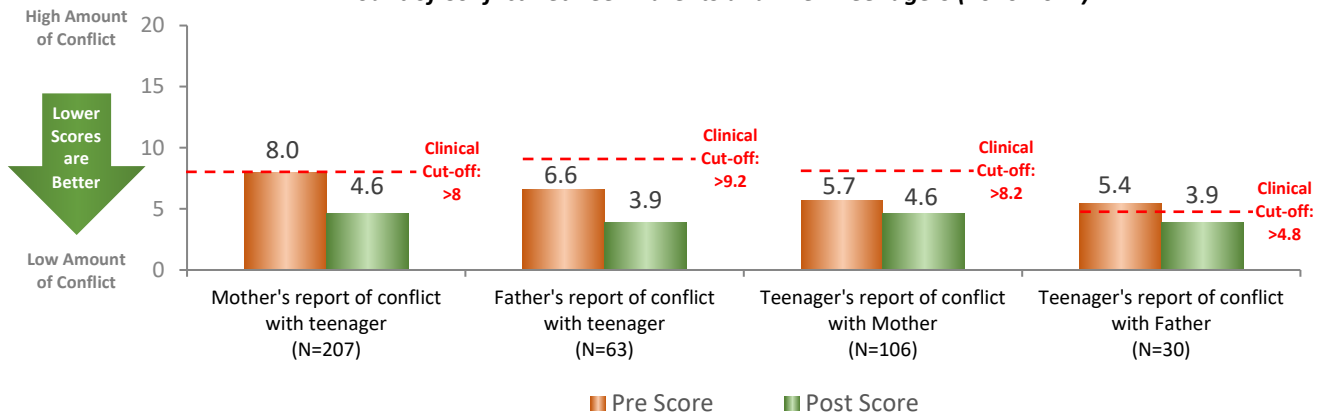
Percentage of Parents who moved out of the “Clinical Range” of concern in key parenting issues after completing services (2018-2024)



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)

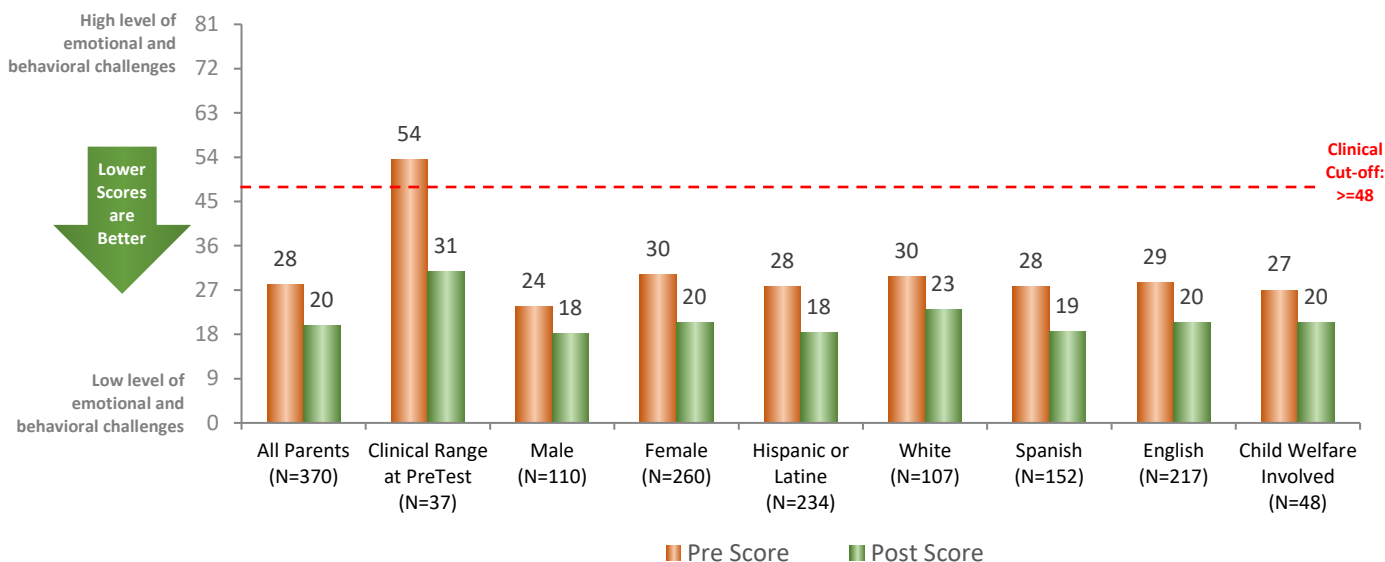


Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2024.

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)

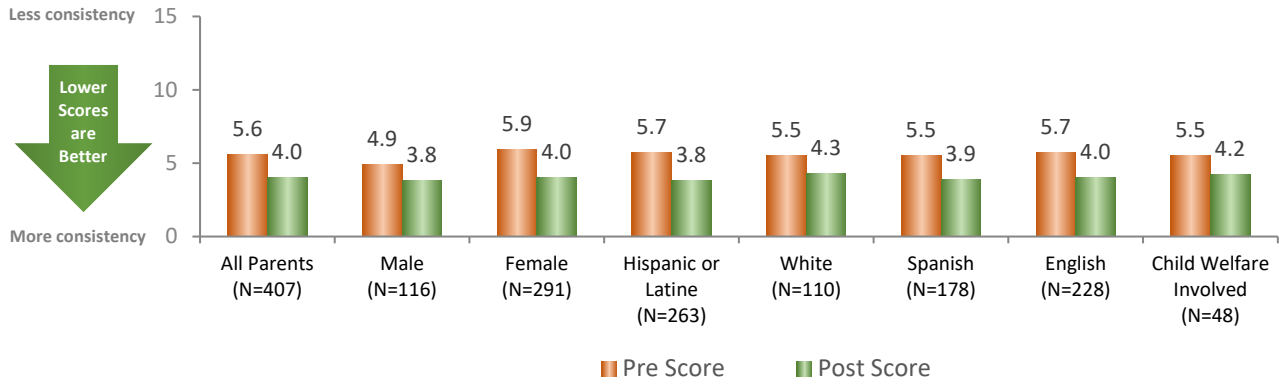


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity subscale*, July 2018 – June 2024.

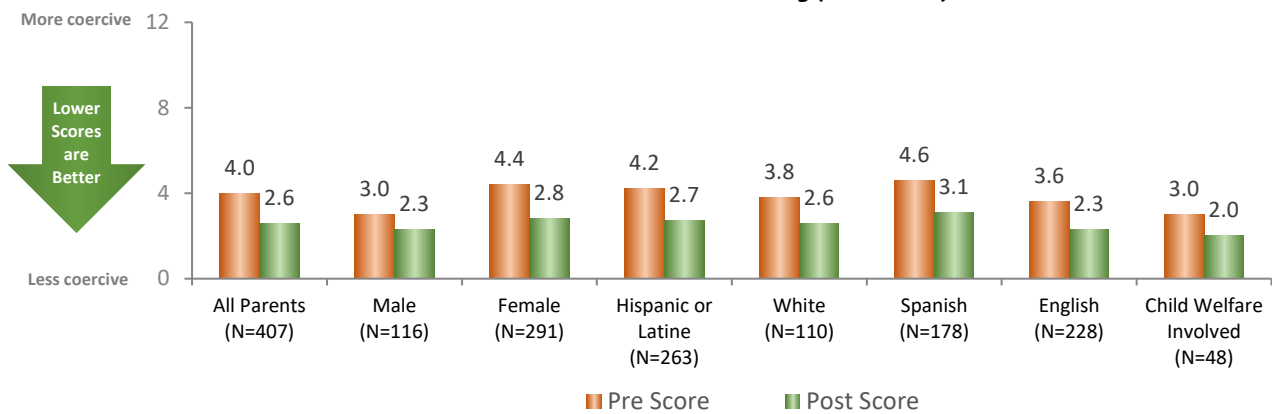
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of challenges at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement 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)



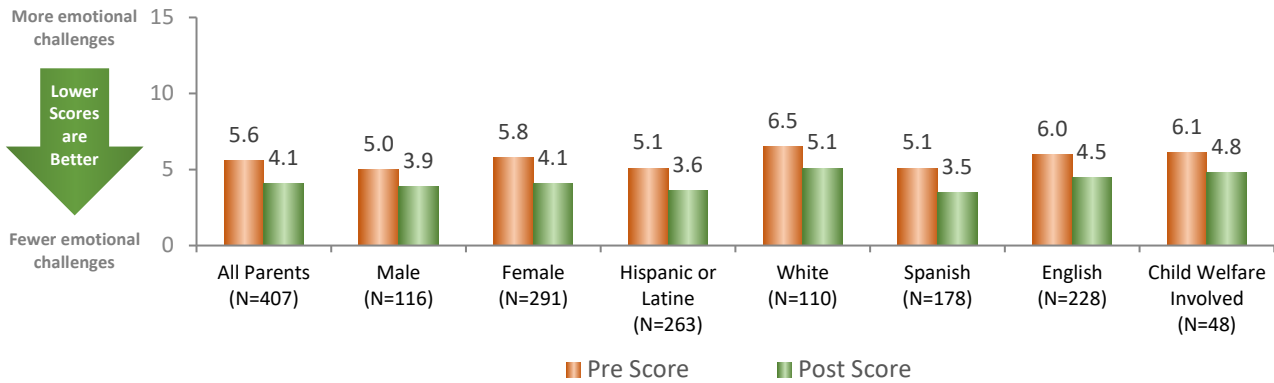
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2024.

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.

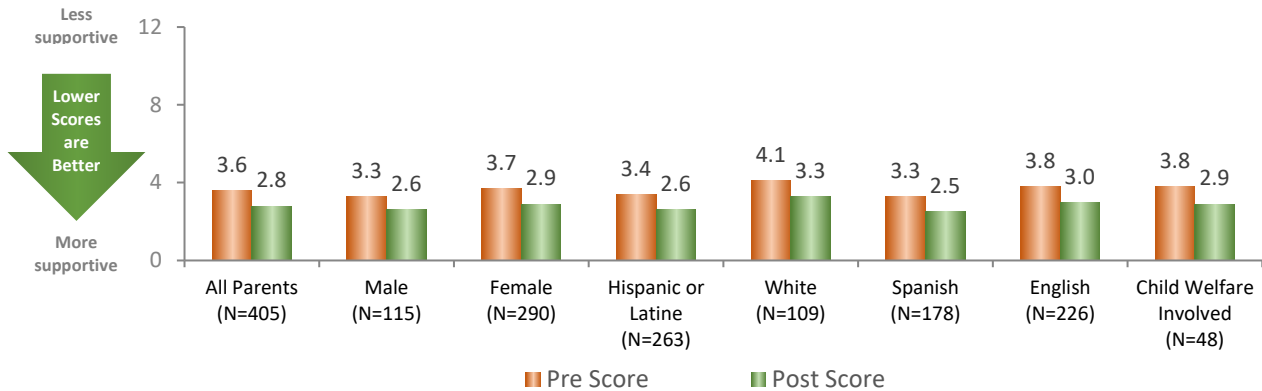
- **Improvements in parental emotional well-being and family relationships.** On average, parents reported significant improvements in their emotional well-being and significantly fewer relationship issues that were problems after participating in the program.

 - 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)

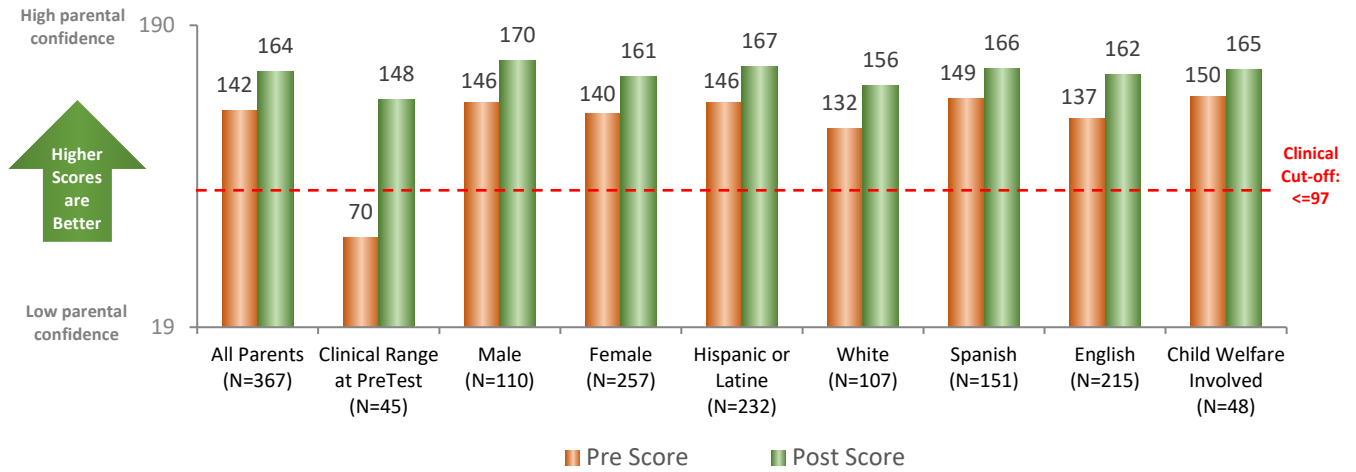


Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being and Family Relationships subscales, July 2018 – June 2024.

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)

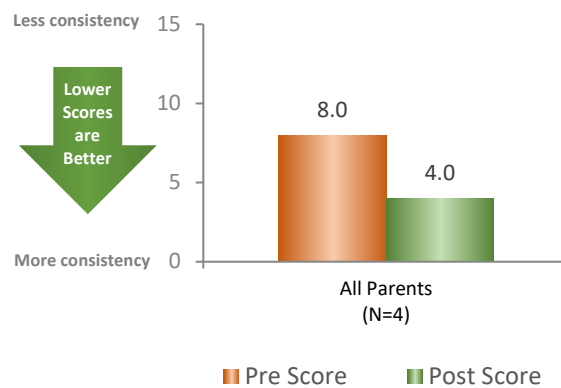


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2024.
 Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of confidence at “Pre” are omitted from the improvement 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:

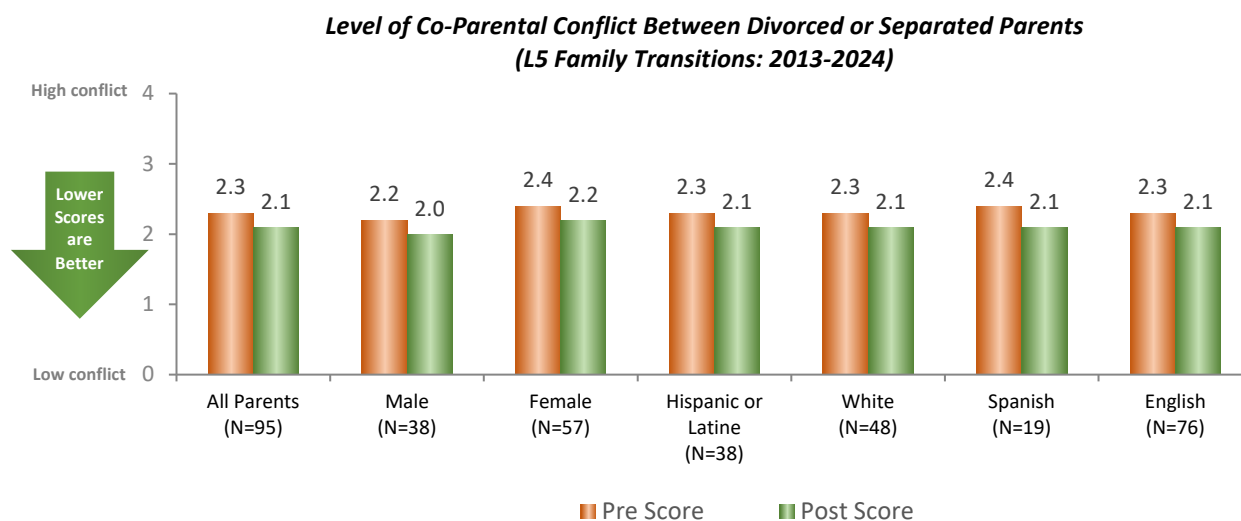
- For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the 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).²⁷

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*.



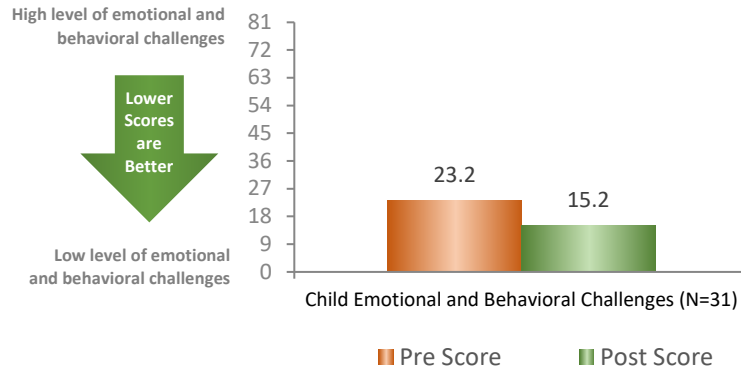
Source: Triple P data from the *Acrimony Scale*, 2013-2024

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.

²⁷ 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.

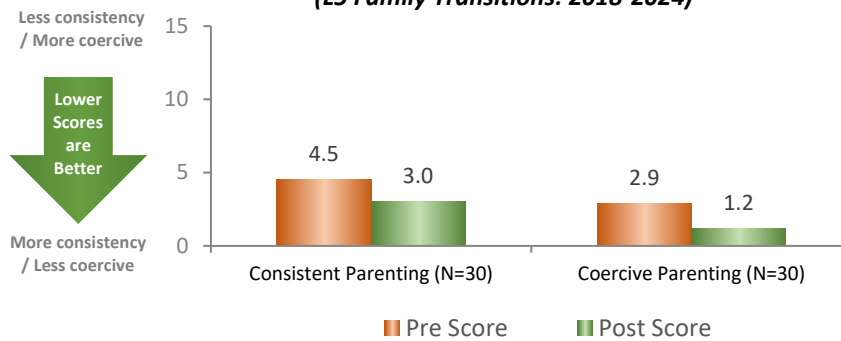
- Improvements in key parenting domains between divorced/separated parents and co-parents.**
 After participation in Level 5 Family Transitions, parents also reported small—yet also *statistically significant*—improvements in child emotional and behavior regulation, parental confidence, parental emotional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

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



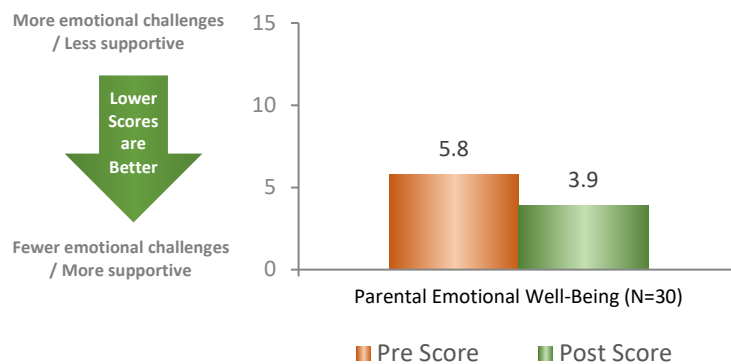
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity subscale*, July 2018 – June 2024.

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



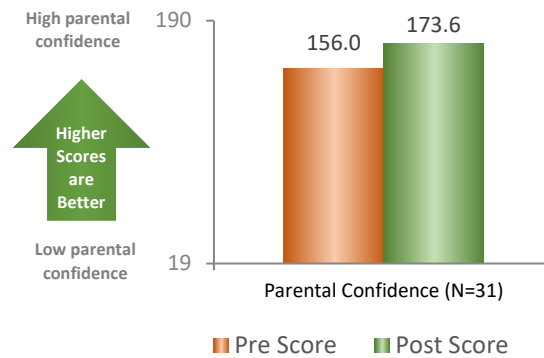
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2024.

**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)**



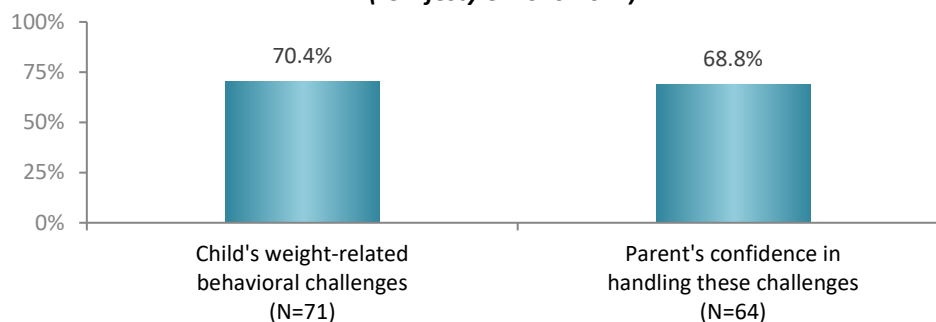
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2024.

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)**

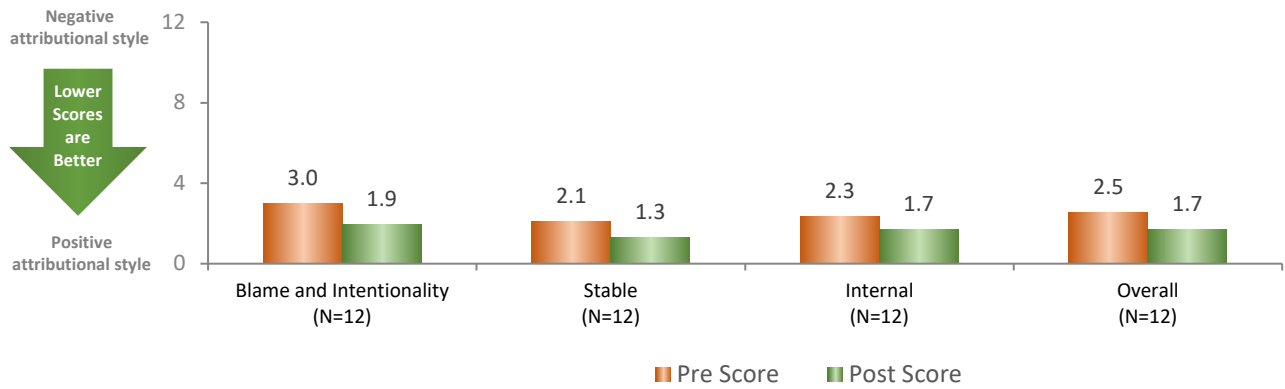


Source: Triple P data from the *Lifestyle Behavior Checklist*, 2016-2024.

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

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

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.

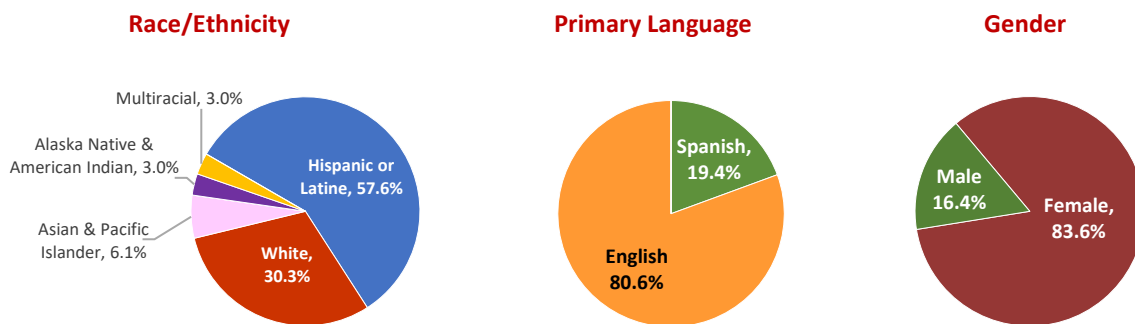
¹ The “Pathways Subtotal” reports the number of Families Together clients who are primary caregivers and who have a child under 6 years old, who worked within one of the First 5-funded Pathways and may also have received Triple P services.

² 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).

³ 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)

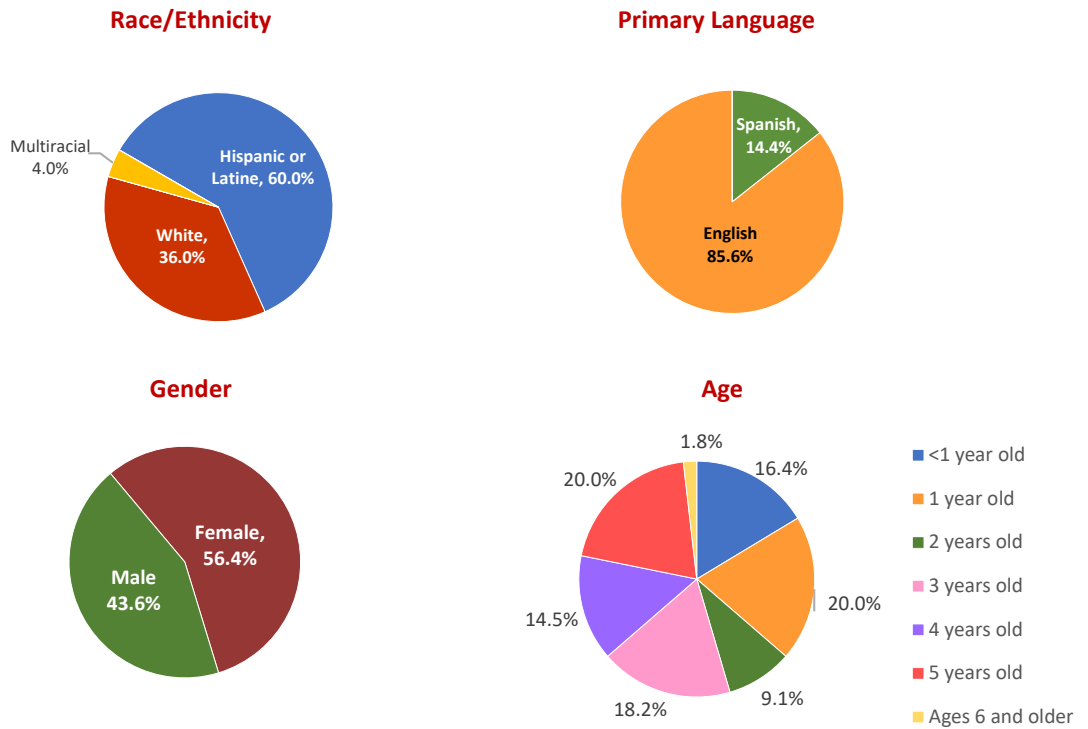


Source: First 5 CCD database for July 1, 2023 – June 30, 2024.

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"> • 64 FCS referrals • 17 Community Referrals • 57 CalWORKs / Thrive by 5 initiative <p>138 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"> 100% will have attempted contact with a Family Support Specialist <p>and</p> <ul style="list-style-type: none"> 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. 	<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"> 100% had attempted contact (N=138) <ul style="list-style-type: none"> 55 had an initial meeting 25 are still pending 27 not successfully contacted 31 denied services 51.4% of families approved for FT services had an initial meeting (N=107)
<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>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.</p>	<ul style="list-style-type: none"> 67 primary caregivers received these individualized services

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>

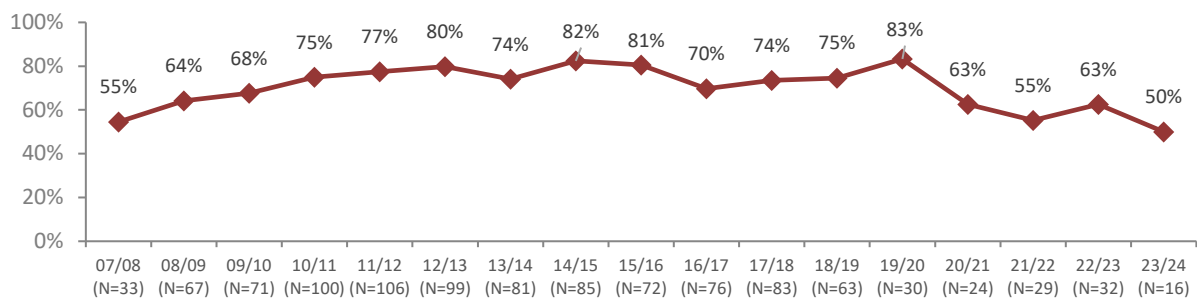
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data, 2023-24.
Notes:

- 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.

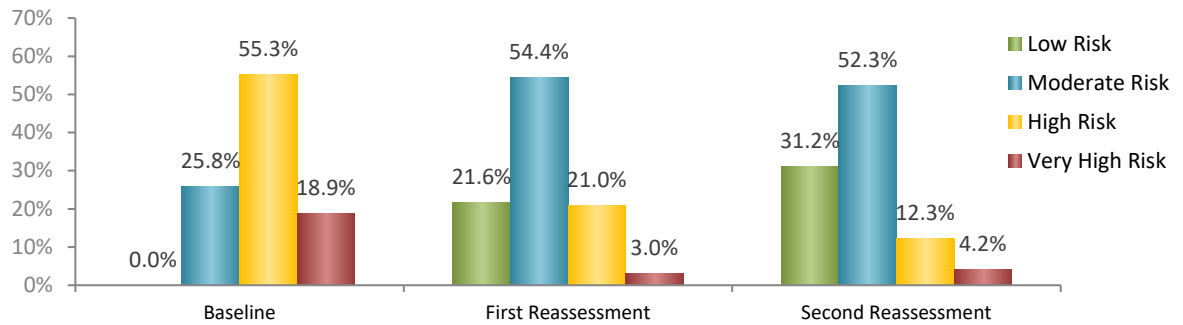
Notes:

- 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 2nd 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, 1st reassessment, and 2nd 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 (1st reassessment). The percentage assessed as being “high” or “very high risk” dropped to **17%** for families who stayed in the program a full year (2nd 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 2nd 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 1st and 2nd 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

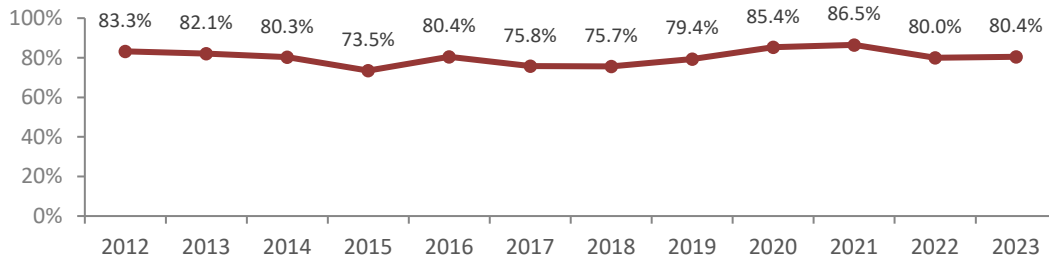
Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2023, 2024.*

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



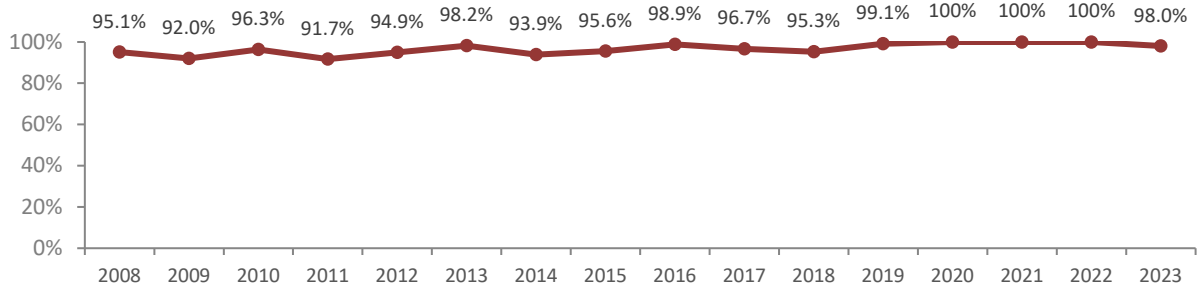
Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2023, 2024.*

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 health insurance by exit from the program.	100% N=46
At least 98% of children ages 5 and under will have a medical home 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.

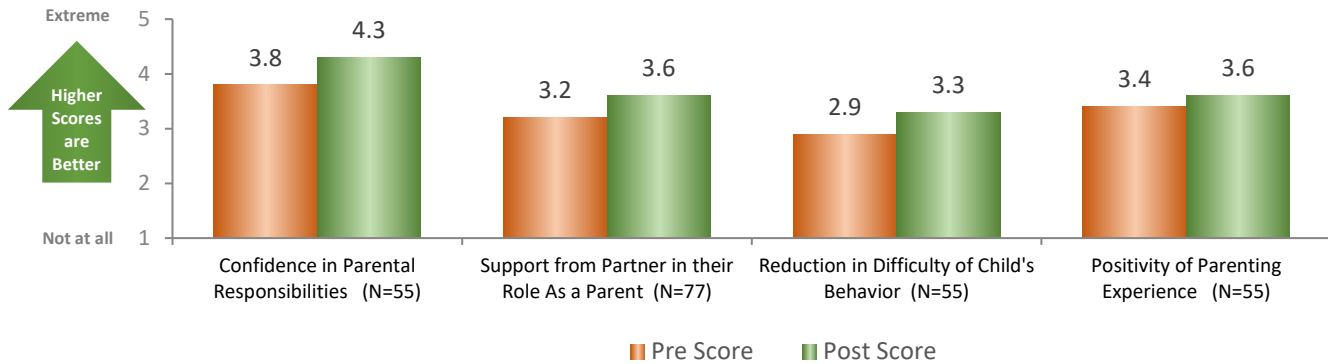
Level 3: Primary Care (Individual or Brief Group)

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:

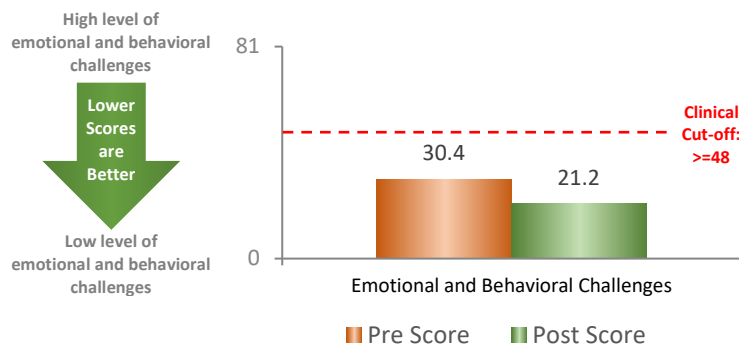
- The Level 3 *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. The analysis of question 6 (Support from Partner in Their Role as a Parent) includes 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.

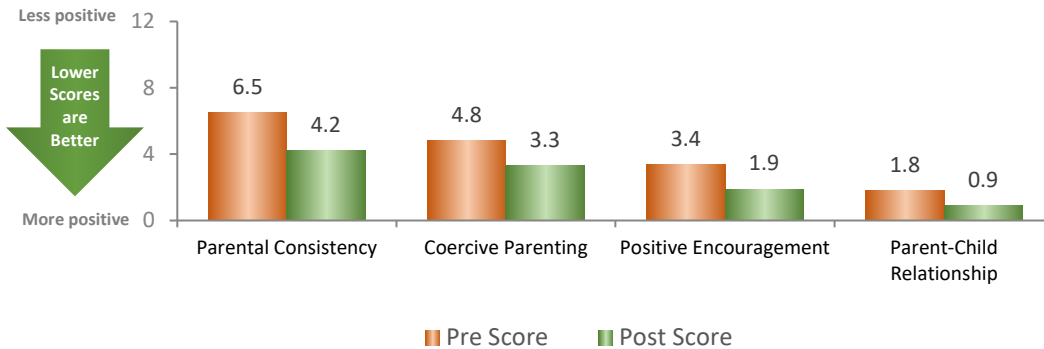
Notes:

- 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.

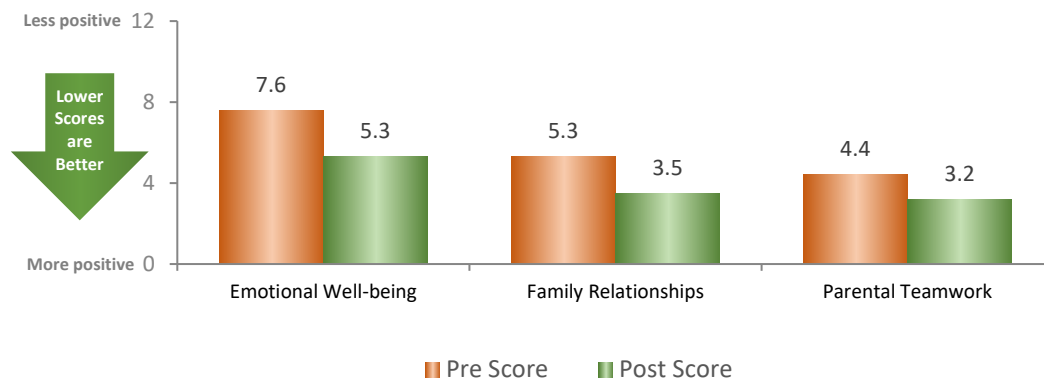
Notes:

- 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)



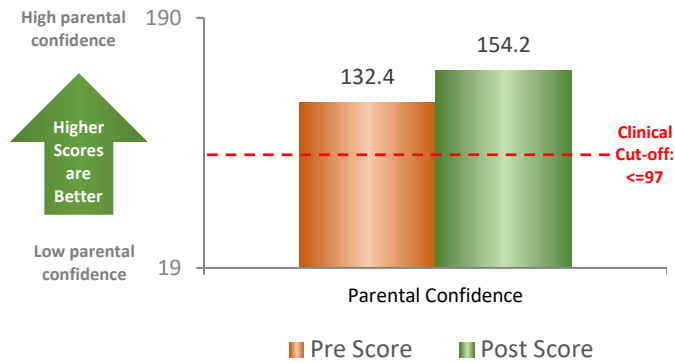
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, all Family Adjustment Subscales, July 2018 – June 2023.

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.

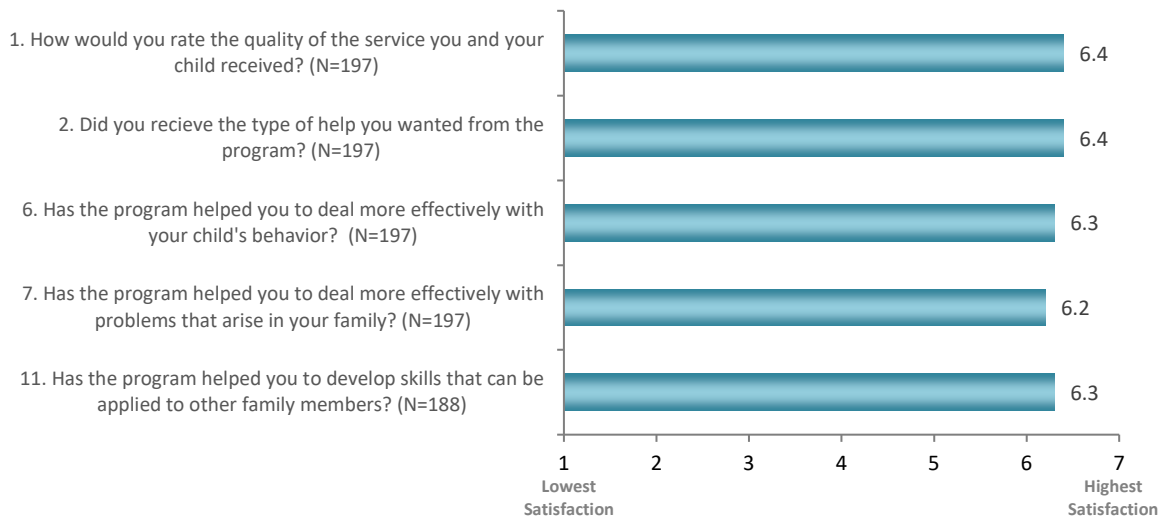
Improvement in Parental Confidence (Families Together: 2018-2023)



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.

EARLY CARE AND EDUCATION

Supporting and improving the quality of early learning programs in Santa Cruz County.



Early Care and Education

First 5 Santa Cruz County is working to improve children's early literacy skills by encouraging families to read together, providing language and literacy skill development for early childhood educators, and offering supports to enhance language-rich practices in the classroom.

First 5 Santa Cruz County believes that all children deserve quality early childhood experiences in the crucial first five years of life in order to be ready for kindergarten and beyond. It's known that 90% of a child's brain develops before their fifth birthday and therefore First 5 supports programs that apply evidence-based approaches about early brain development to increase quality and access to early education experiences.

- Increased access to affordable, high quality early care and education
- Increased early learning and school readiness skills (developmental, social-emotional, cognitive)
- Increased stability and sustainability of the early care and education system

Reading proficiency in Santa Cruz County

One of the most powerful indicators of later success is a child's reading proficiency at the end of 3rd grade. A report released by the Annie E. Casey Foundation found that students who aren't reading proficiently by 3rd grade are four times less likely to graduate from high school, compared to proficient readers.

*"Up until the end of third grade, most children are **learning to read**. Beginning in fourth grade, however, they are **reading to learn**, using their skills to gain more information in subjects such as math and science, to solve problems, to think critically about what they are learning, and to act upon and share the knowledge in the world around them. Up to half of the printed fourth-grade curriculum is incomprehensible to students who read below that grade level."²⁸*

Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills.²⁹

²⁸ The Annie E. Casey Foundation, *Early Warning! Why Reading By The End Of Third Grade Matters. A KIDS COUNT Special Report On The Importance Of Reading By 3rd Grade*, retrieved from <http://www.aecf.org/>, 2021.

²⁹ Two assessments conducted by the California Department of Education (the *California Assessment of Student Performance and Progress* (CAASPP), and *English Language Proficiency Assessments for California* (ELPAC)) provide measurements of 3rd grade students' English language arts/literacy skills. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results.

When assessed using the *California Assessment of Student Performance and Progress (CAASPP)*, *Smarter Balanced Summative Assessments for English Language Arts (ELA) and Mathematics* that are completed by all students, results for 2022-23 (the most current set of data available at the time of this report) show that:

- In 2022-23, only 38% of **Santa Cruz County 3rd grade students** met or exceeded standards in English language arts/literacy, which is lower than the state average of 43%.
- Within the County, there were still significant **disparities** when looking at students’ English-language fluency, race/ethnicity, and economic status.

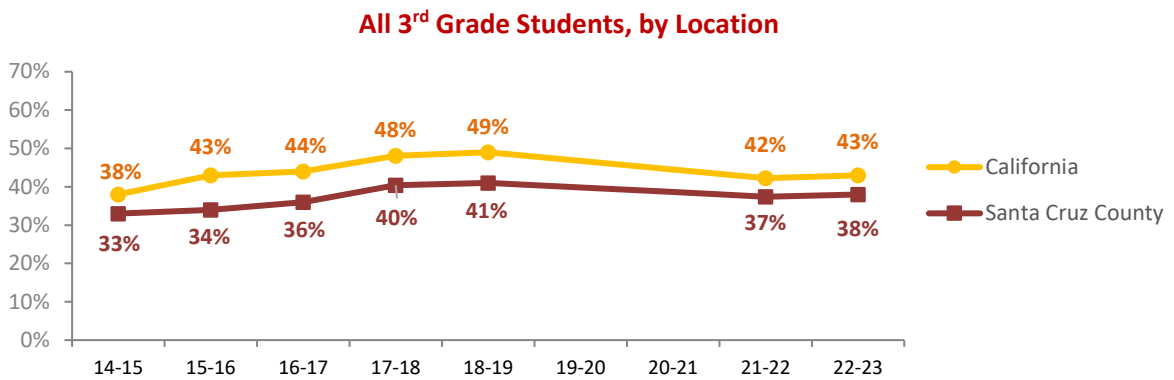
“Reading proficiently by the end of third grade ... can be a make-or-break benchmark in a child’s educational development.”

- Annie E. Casey Foundation

However, The *English Language Proficiency Assessments for California (ELPAC)* assessment was designed specifically for English language learners, to measure how well they are progressing toward English language proficiency.

- Results from the *ELPAC* show that in 2022-23, 3rd grade students who were assessed as being **English language learners** demonstrated an improvement in their English skills. Just over 15% of Santa Cruz County 3rd grade English Learner students were assessed as having “well-developed” English skills, a substantial increase compared to 10% the previous year.

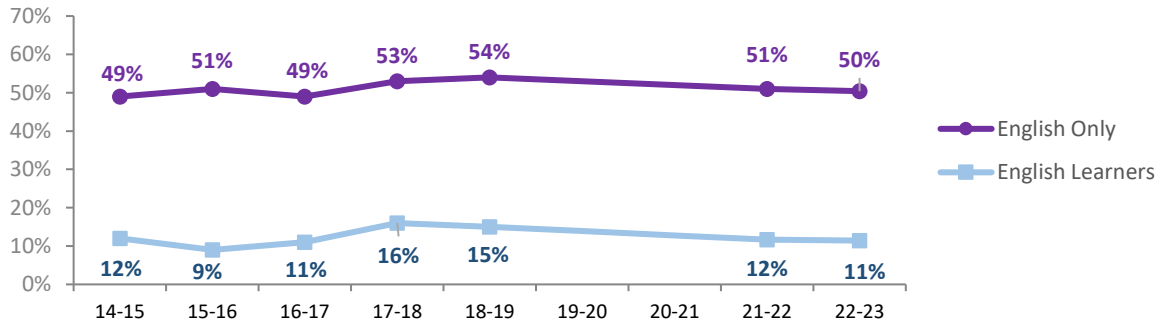
Figure 43: **Percentage of 3rd Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy**



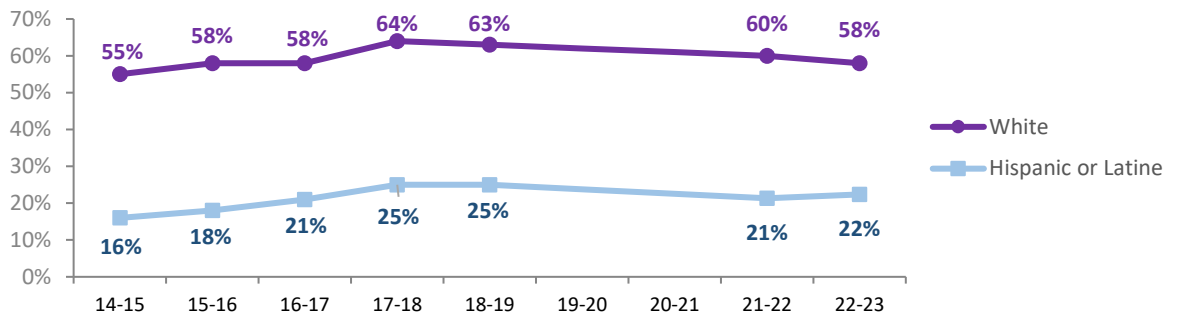
Source: California Department of Education, *California Assessment of Student Performance and Progress (CAASPP)*, *Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.

Percentage of 3rd Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy (cont.)

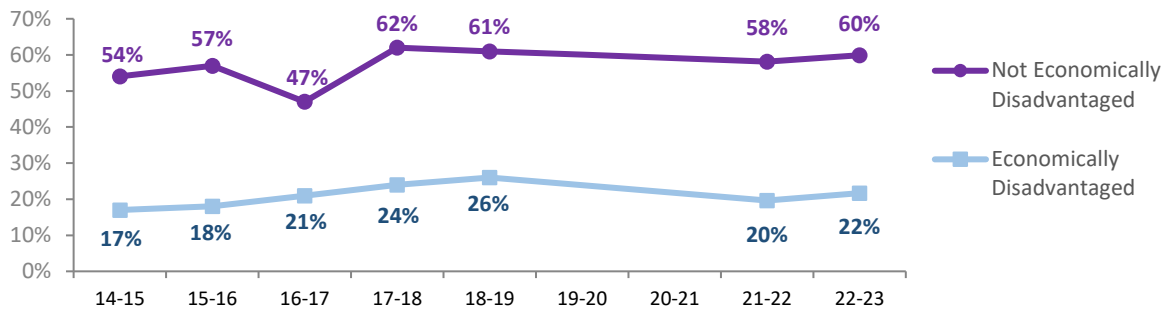
County 3rd Graders, by English-Language Fluency*



County 3rd Graders, by Ethnicity



County 3rd Graders, by Economic Status**

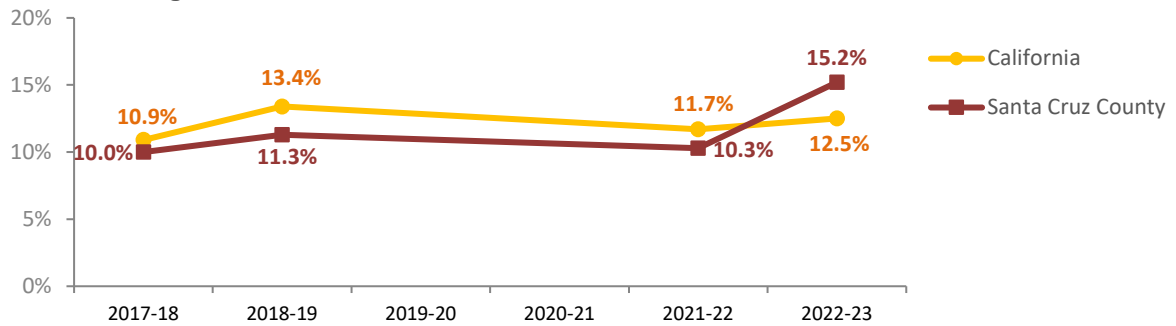


Source: California Department of Education, *California Assessment of Student Performance and Progress (CAASPP), Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.

* The California Department of Education defines English learner students as those students for whom there is a report of a primary language other than English on the state-approved Home Language Survey and who, on the basis of the state approved oral language (grades kindergarten through grade twelve) assessment procedures and literacy (grades three through twelve only), have been determined to lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to succeed in the school's regular instructional programs.

** Economically Disadvantaged Students include students eligible for the free and reduced priced meal program (FRPM), foster youth, homeless students, migrant students, and students for whom neither parent is a high school graduate.

Figure 44: Percentage of 3rd Grade English Learner Students with “Well-Developed” English Skills



Source: California Department of Education, *English Language Proficiency Assessments for California (ELPAC), Summative ELPAC*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results. Assessment results reflect the most current data available at the time of this report.

Notes:

- The *Summative ELPAC* is administered only to students who were previously identified as English learners based upon the results of the *Initial ELPAC*. The *Summative ELPAC* measures how well English learners are progressing toward English language proficiency.
- English Learner students who are evaluated by the *Summative ELPAC* as having “well developed” English skills can usually use English to learn new things in school and to interact in social situations. They may occasionally need help using English.

First 5 Santa Cruz County is working with partners to improve these reading and writing skills by encouraging families to read together, providing language and literacy skill development for early childhood educators, and encouraging child assessments and individualized instruction.

Quality Counts Santa Cruz County

Program Description

Santa Cruz County is one of 58 counties participating in Quality Counts California, a “statewide, locally implemented quality rating and improvement system (QRIS) that funds and provides guidance to local and regional agencies, and other quality partners, in their support of early learning and care providers.”³⁰



In 2012, First 5 Santa Cruz County launched a local QRIS, partnering with family child care and child care center providers to improve the quality of early learning for children ages birth through 5 in Santa Cruz County. First 5 established this initiative as a result of receiving funding through California’s Race to the Top - Early Learning Challenge federal grant, and First 5 California’s Child Signature Program.

Drawing on resources from both grants, the Quality Early Learning Initiative Consortium was created, bringing together public and private center-based program leaders, family child care providers, higher education faculty, home visiting program partners, and other early learning stakeholders. Together, this Consortium—now called Quality Counts Santa Cruz County—worked to develop and pilot a local Quality Rating and Improvement System (QRIS), aligning with the California Quality Continuum Framework, as a way to foster on-going quality improvement that is proven to help children thrive.

Since 2015, a statewide QRIS has been established in all 58 counties. Renamed Quality Counts California (QCC) in FY 2017-18, QCC helps to ensure that children ages 0 to 5—particularly those who are low-income, English learners, or children with disabilities or developmental delays—have access to high quality early learning programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

“A growing body of research confirms the importance of quality early learning experiences to effectively prepare young children not only for school, but for life.”

- First 5 California

Beginning in FY 2023-24, QCC has shifted some funding away from formal rating to maximize resources and meet the diverse needs of our early learning and care providers through research, evaluation, and a focus on equity. QCC continues to maintain some funding for public programs to conduct ratings, inform prioritization of quality improvement activities, and increase public accountability.

As QCC explains, “QCC uses an equity approach as an essential component of quality to close the opportunity gap by prioritizing communities where we can make the highest impact. QCC supports quality early learning and care programs to promote environments, relationships, interactions, and activities supporting all children’s growth and development to prepare them for success in school and life.”³¹

³⁰ Quality Counts California, <https://qualitycountsca.net>, 2019.

³¹ Quality Counts California, <https://qualitycountsca.net/about>, 2024.

First 5 California continues to partner with the California Department of Education (CDE), and the California Department of Social Services (CDSS) in a statewide effort to enhance the quality of early learning and care environments. These three administrating state agencies have committed to working together to achieve a common purpose: funding a system of continuous quality improvement support and an infrastructure for assessing, coordinating delivery of professional development, and promoting quality across the spectrum of early learning and care providers and programs in California, including family, friend, or neighbor care, family child care, center-based, and alternative settings. This will be achieved by unifying funds as follows:

- **F5CA IMPACT LEGACY (Improve and Maximize Programs so All Children Thrive) 2023-2025**

First 5 California has invested \$40 million over two fiscal years to support a network of local QRIS's statewide. Striving toward high-quality, evidence-based standards, First 5 IMPACT Legacy will improve the quality of early learning settings across the entire continuum, from alternative settings and family, friend, or neighbor care, to family child care homes, child care centers, and preschools. It will focus on addressing the needs of the whole child, including health, child development, and family strengthening. This grant is administered locally by First 5 Santa Cruz County.

- **Quality Counts California QRIS block grant**

Nearly 13 million dollars have been appropriated statewide for FY 2023-24 to support local QRIS consortia to provide training, technical assistance and other quality improvement resources to support and expand the quality of child care. The funds are for Early Learning and Care settings serving children with increased needs, including those in rural areas, migrant populations, children who have experienced trauma, and children experiencing homelessness. Funds will also be available for infant and toddler programs, as well as for children receiving services through a California Migrant Program. This grant is administered locally by First 5 Santa Cruz County.

"At-risk children who receive high-quality early care and education benefit greatly, often exceeding national averages on measures of school readiness...[and] these gains persist"

- First 5 California

- **California State Preschool Program QRIS Block Grant**

The California Department of Education (CDE) appropriated \$50 million annually statewide for the purpose of allowing local consortia to give QRIS block grants to local California State Preschool Program (CSPP) sites participating and rated in the QRIS. Consortia use the QRIS block grant to support local early learning programs and increase the number of low-income children in high-quality state-funded preschool programs. This grant is administered locally by the Santa Cruz County Office of Education, who are the co-leads in the Quality Counts Santa Cruz County QRIS efforts. Beginning in FY 2023-24, only CSPP sites will continue to be rated on the Quality Continuum Framework (formerly called the Quality Matrix).

- **CDE Workforce Pathways Grant**

For FY 2023-24, CDE appropriated over \$12 million statewide for the QCC Workforce Pathways Grant, designed to align with the QCC professional development system and to focus on local workforce needs across all child care setting types. This includes training of professional growth advisors, ensuring all ELC's are participating in the California ECE Workforce Registry, and providing grants for access to higher education in ECE. This grant is administered locally by the Santa Cruz County Office of Education.

Quality Rating Improvement System (QRIS)

A QRIS helps to improve early care and education programs by measuring current quality levels against research-based standards. In California, these standards focus on what research shows are the key components of quality early care and education, including learning environments, teacher-child ratios, adult-child interactions, staff qualifications, as well as other related criteria. A QRIS can assist early learning educators with increased training to expand their skills in working with young children; provide coaching to help programs create learning environments that nurture the emotional, social, language, and cognitive development of every child; and provide families with information to help them understand and choose quality programs.

The process of building a QRIS ultimately results in:

- A shared definition of child care quality based on reliable and validated research
- A comprehensive and consistent approach to assess quality
- Access to a system that supports quality improvement, especially for programs serving children with high needs (low income children, infants, dual language learners, children with special needs)
- A design to evaluate the rating system and its impact
- A consistent way for providers to communicate to parents and caregivers about quality
- Increased consumer awareness about—and demand for—high quality child care
- Training and incentives for providers of wrap-around and enrichment care (such as FFN providers), so that children receive quality care in all settings

One Provider's Experience

"Before, always, people thought we were babysitters ... so now I can say I have a certificate, and a permit. I'm an accredited program."

- Provider quote from the Quality Counts California website

Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System

The QCSCC Consortium adopted the Quality Counts California Framework (which includes the Quality Counts California Rating Matrix; see Appendix A) as the foundation of their local QRIS. This

framework encompasses 15 elements of quality, including 7 rated elements. The elements that are rated include teacher-child ratios, teacher qualifications, and teacher-child interactions.

In December 2019, all sites participating in QCSCC that were ready to be rated received a rating based on their cumulative scores in all seven elements (or five, for Family Child Care programs) across five tiers of quality, with points assigned to each element (for more information, see Appendix A). These ratings became publicly available to families seeking child care and early learning programs through Quality Counts California and the local Resource and Referral Agency. This system provides a set of standards that describe the requirements that center- and home-based early learning programs must meet in order to qualify for a QRIS rating; the higher the quality, the higher the rating.

At the time of this last rating in December 2019, there were 41 state- and federally funded center sites with 67 classrooms (from 11 child development programs); 3 private/non-profit center sites with 7 classrooms; and 35 Family Child Care homes participating and rated in Quality Counts Santa Cruz County. Twenty-five additional family child care providers and 6 additional private/non-profit center sites were participating in QCSCC at the Quality Improvement (QI) level, receiving professional development, training, and coaching.

It is important to note that a QRIS rating helps programs identify areas for potential quality improvement and QCSCC provides support, training, and financial incentives to make improvements that lead to higher ratings and ultimately to higher quality child care programs.

- Full ratings of all participating Quality Counts sites in Santa Cruz County were conducted in December 2019 and are valid for 3-5 years (5 years for sites rated at Tiers 4 or 5, and 3 years for sites rated at Tier 3 or below). Sites were rated on a 5-tier scale (1=lowest tier; 5=highest tier), and as of the most recent rating in 2019:
 - 0 sites received a Tier 2 rating
 - 11 sites received a Tier 3 rating
 - 62 sites received a Tier 4 rating
 - 6 sites received a Tier 5 rating

It is important to note that several sites are just 1 point away from moving to the next higher Tier rating:

- Nine Tier 3 family child care sites are 1 point from moving to Tier 4.
- Six Tier 4 centers and five Tier 4 family child care sites are 1 point from moving to Tier 5.

Figure 45: QCSCC sites and ratings

QUALITY TIER	NUMBER OF SITES WITH THIS RATING				
	DEC. 2013 PROVISIONAL RATINGS	DEC. 2014 PROVISIONAL RATINGS	DEC. 2015 FULL RATINGS	DEC. 2017 FULL RATINGS	DEC. 2019 FULL RATINGS
Tier 1	0	0	0	0	0
Tier 2	0	23	0	1	0
Tier 3	24	17	16	8	11*
Tier 4	16	28	36	56	62**
Tier 5	0	1	8	9	6
Total sites	40	69	60	74	79***

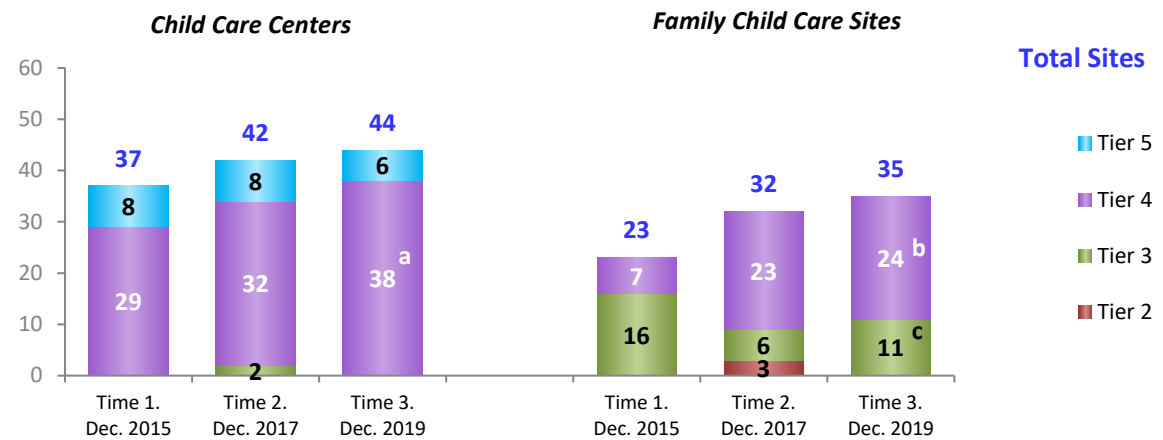
Source: First 5 Santa Cruz County, 2024.

* Nine Tier 3 Family Child Care sites are 1 point from moving to Tier 4.

** Six Tier 4 centers and five Tier 4 Family Child Care sites are 1 point from moving to Tier 5.

*** Three additional sites participated but closed down prior to the December 2019 full rating. In all, 82 sites have been rated between 2012-2019.

Figure 46: Number of QCSCC sites at each Tier rating, by Rating time and Type of site



Source: First 5 Santa Cruz County, 2024.

^a Six Tier 4 centers are 1 point from moving to Tier 5.

^b Five Tier 4 Family Child Care sites are 1 point from moving to Tier 5.

^c Nine Tier 3 Family Child Care sites are 1 point from moving to Tier 4.

➤ Throughout the pandemic, many centers participating in QCSCC closed and met with children and families virtually. Most reopened in FY 2021-22, and while a few remain closed, there are new centers that have joined: four in FY 2021-22 and two in FY 2022-23. In FY 2023-24, five family child care providers joined QCSCC. The total number of sites currently participating and active in QCSCC as of FY 2023-24 are as follows:

- **43** Child Care Centers are participating in QCSCC, with 37 rated sites, and 6 not yet rated.
- **65** Family Child Care Sites are participating in QCSCC, with 35 sites that have been rated, and 30 not yet rated.

As of FY 2023-24, this brings the total number of actively participating providers/sites to **108**.

Figure 47: **QCSCC overall participation, by Site type (2023-24)**

SITE TYPE	NUMBER OF SITES
Child Care Centers Participating and Rated	37 (Center sites)
Child Care Centers Participating and Not Yet Rated	6 (Center sites)
Family Child Care Sites Participating and Rated	35 (FCC provider-owned sites)
Family Child Care Sites Participating and Not Yet Rated	30 (FCC provider-owned sites)
Total sites	108 sites

Source: First 5 Santa Cruz County, 2024.

Figure 48: **Distribution of QCSCC sites in the County (2023-24)**



Source: First 5 Santa Cruz County, 2024.

Quality Improvement Activities

During this past year, Quality Counts Santa Cruz County (QCSCC) has provided online technical assistance to program directors, teachers and providers; maintained the QCSCC database; facilitated a Directors’ Professional Learning Community; and collaborated with partners to provide system-wide trainings.

In addition, First 5 contracted with Go Kids, Inc. to continue to lead the QCSCC Consortium’s quality improvement activities for family child care (FCC) programs. The Go Kids Quality Improvement

Coordinator supported all 65 FCC providers in updating their annual Quality Improvement Plans, and applying for small Quality grants to enhance their home learning environment.

The following table presents the number of individuals and sites that participated in professional development provided through Quality Counts Santa Cruz County in FY 2023-24.

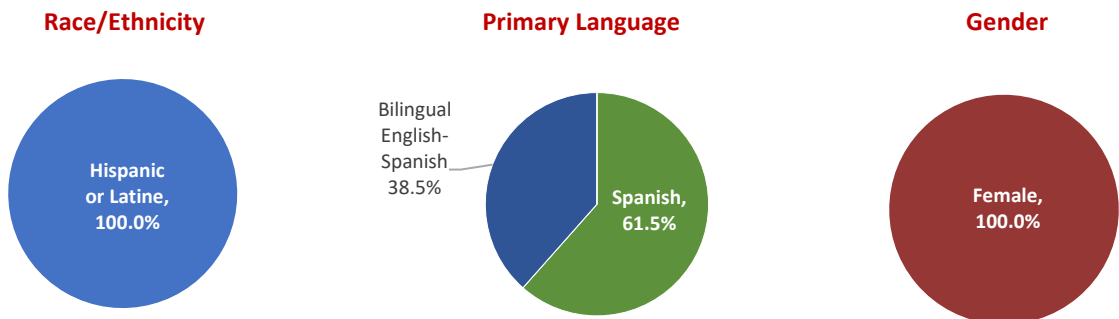
Figure 49: Individuals and sites that participated in QCSCC professional development (2023-24)

INDIVIDUALS AND SITES	NUMBER
Number of Family Child Care providers in QCSCC who participated in a Professional Learning Community	<ul style="list-style-type: none"> 20 family child care providers
Number of directors from center-based QCSCC sites participating in monthly professional learning meetings with the QCSCC Program Manager	<ul style="list-style-type: none"> 8 directors
Number of QCSCC Family Child Care sites that are rated and participating in technical assistance meetings with the Family Child Care Education Manager	<ul style="list-style-type: none"> 35 family child care sites
Number of QCSCC Family Child Care sites participating at the Quality Improvement (QI) level that are creating a Quality Improvement plan, receiving technical assistance and meeting with the Family Child Care Education Manager	<ul style="list-style-type: none"> 30 family child care sites

Source: First 5 Santa Cruz County, 2024.

In addition, The Santa Cruz County Office of Education oversees the Workforce Professional Development pathway of QCSCC and provides professional development and training to teachers and FCC providers from participating QCSCC sites. In FY 2023-24, it is estimated that an additional 395 teachers and providers attended trainings through this pathway.

Figure 50: Key demographics of family child care Providers who participated in QCSCC trainings and technical assistance meetings (2023-2024)



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

Notes:

- Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.
- Clients with missing or unknown data for a demographic are excluded from that demographic’s analysis.

N=65.

Quality Counts California Regional Training, Technical Assistance and Coordination Hub – Region 4

Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito, and Monterey counties to form the Quality Counts California Region 4 Hub. While QCC takes place primarily at the County level, Regional Hubs are funded by First 5 California and were developed so that neighboring counties could strategize together, share resources, leverage funds, align practices, and minimize duplication.

Hubs are intended to be a support mechanism (not monitors) for consortia in the region. More specifically, hubs are funded for the activities listed as follows:³²

- Build local expertise and capacity
- Finance strategically
- Enhance and align standards
- Recruit and engage QCC participants
- Create and support continuous quality improvement
- Ensure accountability
- Public outreach and communication

³² First 5 California, *What are QCC Regional Hubs?* Retrieved from https://caecresources.org/QCC/F5CA_What-are-QCC-Regional-Hubs.pdf. 2023.

Early Literacy Foundations (ELF) Initiative

California 3rd graders are struggling to become proficient readers. The latest 2022 statewide data indicate that 58% are below grade level in reading. Among low-income 3rd graders of color, that number jumps to over 75%.³³ Because language development in the early years is crucial to later reading proficiency, parents and early childhood educators have a unique role in influencing language and literacy development and later educational success. As stated by First Things First:³⁴

“When babies and toddlers hear words and language from caring adults, their brains develop the important connections needed to learn how to read. Studies show that children whose parents and caregivers regularly talk and read with them develop larger vocabularies, become better readers and do better in school. That’s because the first few years of a child’s life are when the brain grows and develops the most, and a child’s experiences in these early years affect how their brain develops.”

The Early Learning Foundations initiative was founded in FY 2006-07 and has trained 721 early childhood educators, transitional kindergarten teachers, and family child care providers throughout Santa Cruz County in the SEEDS of Learning[®] framework. These early childhood educators are working to ensure that their children are on target for kindergarten readiness by using evidence-based early literacy strategies, receiving coaching, and integrating pre-literacy materials into their learning environments. The Raising A Reader program provides a way for children and their parents to participate in a weekly rotating book bag program through early care and education settings, fostering healthy brain development, supporting parent-child bonding, and motivating families to read aloud with their children, all of which helps develop the early literacy skills that are critical for school success.

The ELF Initiative features:

1. Professional development for early childhood educators working in **center-based Pre-K and TK sites** through **SEEDS of Learning[®]** training and coaching. Educators earn an educational award and attend literacy labs. In FY 2023-24, a workshop series was held in Spring 2024 with 7 sessions. This program is described in more detail on the following pages.
2. Professional development for **family child care providers** working with Spanish-speaking children through **SEEDS of Learning[®]** training and coaching. Training includes opportunities to create literacy-based materials to use in the family child care home environment through “Make and Take” workshops. For the first time since 2020, the SEEDS of Learning[®] trainings for Family Child Care were held in person. This program is described in more detail on the following pages.
3. Family Engagement through continuation of the **“Raising A Reader”** weekly rotating book bag program. All Raising A Reader classrooms and family child care homes have SEEDS

³³ California Reading Coalition, *California Reading Report Card 2022*, retrieved 9/6/24 from <https://www.careads.org/2022-reportcard>. This is the most current *Report Card* at the time of this report.

³⁴ First Things First, *Why Early Childhood Matters: Early Literacy*, retrieved 10/5/22 from <https://www.firstthingsfirst.org/early-childhood-matters/early-literacy>.

trained staff, resulting in mutually complimentary interventions to boost shared reading practices with children and their families, and to impact children’s early literacy skills. Information on this program can be found in the Raising A Reader partner profile.

SEEDS of Learning[®]

Program Description

This professional development initiative follows the SEEDS of Learning[®] framework that has been researched by the University of Minnesota. Research on the SEEDS model shows that teachers trained and coached on the SEEDS of Learning[®] framework score significantly higher on the *Early Language and Literacy Classroom Observation* (ELLCO) tool and show greater change over time in teaching strategies than teachers without such training or coaching. Results from a 2020 study indicated that “a single year of SEEDS educator training results in up to 8 additional months of learning for children.”³⁵

The SEEDS Professional Development model trains early childhood educators on how to effectively integrate research-based language, literacy, and early math strategies and materials into their classrooms. Early childhood educators are taught to use the strategies of both embedded instruction (planned strategies that occur within the typical routines of the class day) and explicit instruction (teacher-directed activities that emphasize the teaching of a specific skill), and to create a classroom environment that is designed to target early literacy and math predictors.

These predictors of later reading success include:

- **Oral Language, Conversation and Comprehension:** The ability to produce or comprehend spoken language.
- **Phonological Memory and Awareness:** The ability to detect, manipulate, or analyze the auditory aspects of spoken language, including the ability to distinguish or segment words, syllables, rhymes, and beginning sounds.
- **Book and Print Concepts:** Refers to what children understand about how books and print work, such as left-right, front-back, letters, words and that print has meaning.
- **Alphabetic Knowledge:** The ability to visually discriminate the differences between letters and say the names and sounds associated with printed letters.
- **Vocabulary and Meaning:** A collection of words that relate to experiences and knowledge that children have of the world around them.

³⁵ NORC at the University of Chicago, *SEEDS of Learning Program Evaluation, Research Brief: Study Overview and Main Findings*, October 2, 2020. Retrieved 9/27/24 from Collaborative Classroom website, <https://www.fluentseeds.org/research>.

These diagrams³⁶ display the five essential SEEDS Quality Interactions and the five predictors of early literacy and early math ideas.



The predictors of later math literacy success include:

- **Comparison and Classification**
- **Geometry and Spatial Sense**
- **Measurement**
- **Numbers and Operations**
- **Patterns**



The Santa Cruz County’s SEEDS of Learning® program has proven to be very effective at strengthening classroom environments and practices, as well as influencing changes in children’s skills on research-based predictors of early reading and math.

³⁶ “Hand” diagrams: Kate Colwell Horst, SEEDS of Learning®, FY 17-18 SEEDS of Learning Manual.

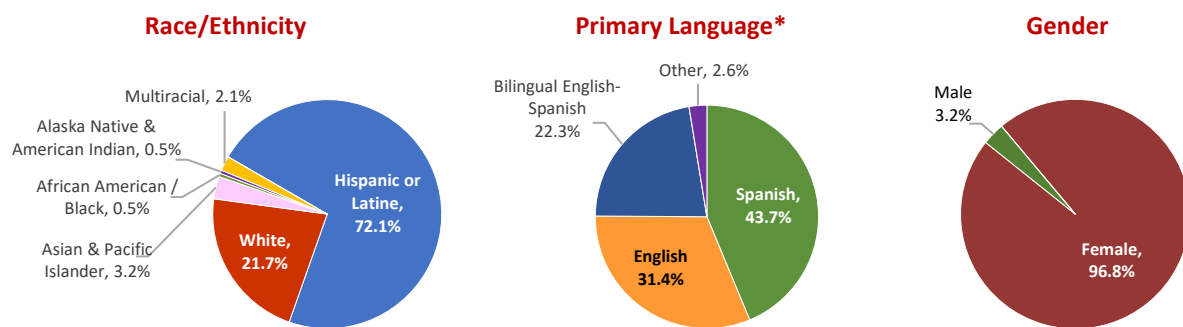
Population Served

	THIS FUNDING CYCLE 2023-2024	CUMULATIVE TOTALS 2007-2024
Educators in licensed family child care homes and private/non-profit centers	22	342
Educators in State- and Federally-subsidized classrooms	11	271
Educators in public school Transitional Kindergarten classrooms	3	25
Literacy Tutors in Reading Corps Classrooms*	-	83
TOTAL (unduplicated)	36	721

Source: (Educator current Funding Cycle) First 5 CCD database for July 1, 2023 – June 30, 2024, (Educator Cumulative Totals) First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2024*. (Literacy Tutor Cumulative Total) First 5 Santa Cruz County, *Early Literacy Foundations program Reading Corps records, 2012-2020*

* The Santa Cruz Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction due to the COVID-19 pandemic. The cumulative total for Literacy Tutors reflects the years that this program was provided: 2012-2020.

Figure 51: Demographics of SEEDS-trained Early Childhood Educators (2007-2024)



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2024*.

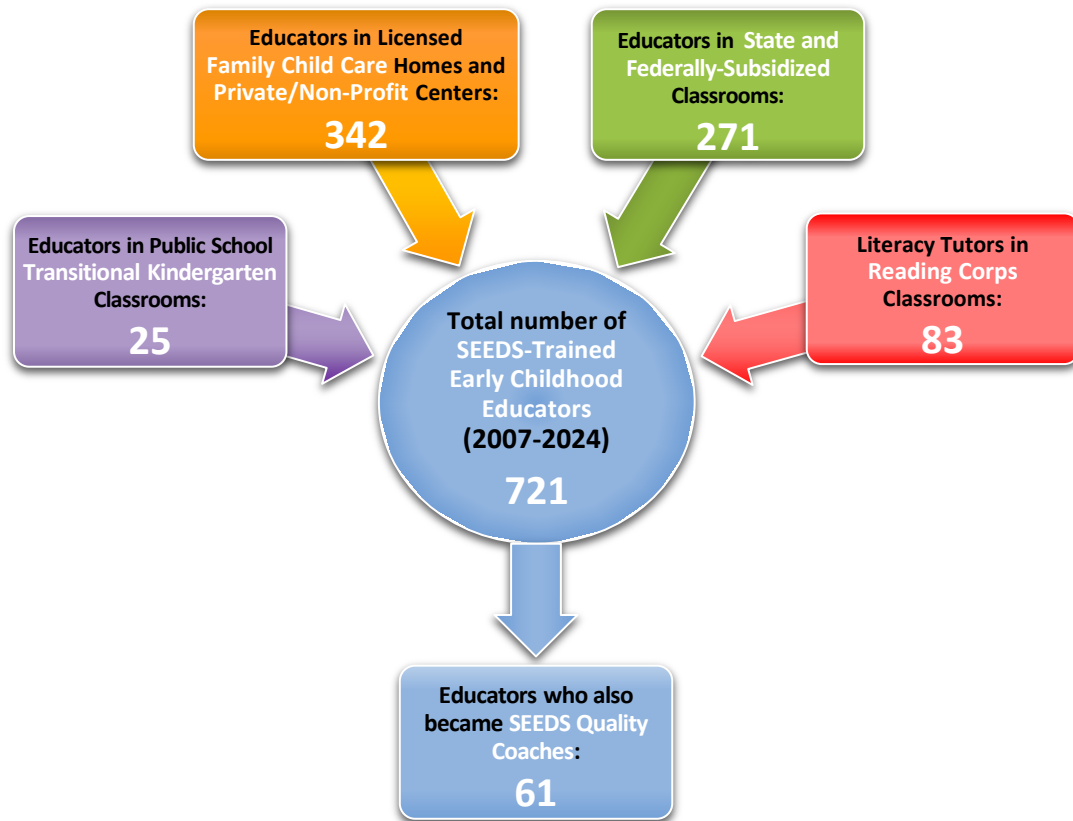
Notes:

- SEEDS-Trained Early Childhood Educators (ECEs) include SEEDS coaches and participants in all SEEDS classes offered since 2007. Santa Cruz Reading Corps Literacy Tutors began to be included in these analyses in 2017-18. Early childhood educators and coaches may have participated in more than one SEEDS class, but are only counted once in these analyses. For ECEs who have participated more than once, their language and education data are as of their earliest class, in order to assess the status of these educators at the beginning of their participation in the SEEDS program. Educators might also speak other languages that they do not consider their primary language.
- Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

* "Other" language includes Multilingual and other languages.

N: (Ethnicity)=630, (Language)=663, (Gender)=665.

Figure 52: **Number of SEEDS-trained Early Childhood Educators, by Type of classroom (2007-2024)**



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2024.*

Notes:

- This figure includes the Santa Cruz Reading Corps Literacy Tutors, who were also trained in the SEEDS of Learning® framework. The Reading Corps program was discontinued in 2020-2021 as California State Preschool programs were not open to in-person instruction due to the COVID-19 pandemic, so this cumulative total of Literacy Tutors reflects the years that this program was provided: 2012-2020.
- “Light touch” and “refresher” trainings in the SEEDS of Learning® framework were also provided in the past: 1) Between 2007-2020, up to 150 Family, Friend, or Neighbor (FFN) informal child care providers attended “light touch” SEEDS of Learning® workshops that modeled basic early literacy concepts. 2) Between 2011-2013, some educators participated in the SEEDS Plus program, which was designed for “graduates” of the basic SEEDS of Learning® classes. This course was designed to promote and embed the on-going use of SEEDS strategies, identify children who would receive tailored literacy-based interventions (using Response to Interventions (RtI) strategies), and increase the number of children on target with early reading predictors. Currently, SEEDS skills are incorporated into all SEEDS of Learning® trainings for SEEDS coaches and early childhood educators, without the use of RtI.

Outcome Objective: Increase the number of early education settings that provide high quality support for language and literacy

SEEDS of Learning[®] Trainings

In FY 2023-24, First 5 Santa Cruz County offered SEEDS of Learning[®] programs to early childhood educators:

SEEDS of Learning[®] program with focus on environments for family child care providers working with Spanish-speaking children

The Basic SEEDS of Learning[®] program was held in the summer of 2023 (July – September), designed for Spanish-speaking family child care providers who work with Spanish-speaking children ages 0-5 in migrant families. Utilizing the SEEDS for Parents curriculum framework, this series of five workshops included a focus on early learning environments such as early science, dramatic play, early math, and the outdoor environment. These workshops were designed to teach basic evidence-based literacy and math skills that, with the support of a coach, the provider would then embed into practice.

For the first time since 2020, the providers attended this training in person. Each participant received:

- 5 “Make and Take” workshops comprised of:
 - 2 hours of instruction
 - 2 hours to create literacy-based materials to use in their programs
- 5 children’s books and curriculum materials to use in their program
- Stipend of \$250 at the end of the series

Basic SEEDS of Learning[®] workshops for center-based Pre-K and TK teachers

The Basic SEEDS[®] program was held from January through May, 2024 and provided professional development for early childhood educators working in Toddler, Pre-K, and transitional kindergarten (TK) centers. This series of 7 workshops was conducted in person and included lab time to complete “Make and Take” props.

Participants in the Basic SEEDS[®] workshop series received:

- 7 three-hour instructional in-person sessions including lab time
- One-on-one coaching via the online Coaching Companion platform
- Light-touch group coaching during each session
- 2 “Make and Take” labs
- SEEDS Quality Classroom tour, visiting 3 sites to see SEEDS strategies in action
- 5 books and curriculum materials to use in their centers with their families
- Stipend of \$450 at the end of the series

Preschool and Transitional Kindergarten (TK) Classrooms

Research on teacher effectiveness shows that by focusing professional development on language and literacy and social/emotional development, children are much better prepared for school and have higher academic achievement. The first indicators of change are the literacy environment, teacher-child interactions, and language opportunities that teachers provide to children.

First 5 SEEDS Quality Coaches are trained to assess SEEDS classrooms that are teaching children ages 2 ½ - 5, using the *Early Language and Literacy Classroom Observation Pre-K Tool* (ELLCO Pre-K). The ELLCO Pre-K is used to assess the following five classroom components: “*Classroom Structure*,” “*Curriculum*,” “*Language Environment*,” “*Books and Book Reading*,” and “*Print and Early Writing*.” Each of these five classroom components are comprised of 3-5 individual questions, with a total of 18 questions in the ELLCO Pre-K.

Items are scored along a 5-point scale, where 1 is deficient and 5 is exemplary. From this scale, early childhood educators’ classroom scores can be categorized into three levels, indicating that their classroom environment provides **low-quality support**, **basic support**, or **high-quality support for language and literacy**.

Due to the COVID-19 pandemic, it was not possible to complete any ELLCO Pre-K assessments for three fiscal years (2019-22). Although classrooms were still not yet comfortable with on-site coaching visits in FY 2022-23, Coaches were able to “observe” and evaluate classrooms via the online Coaching Companion platform, and this evaluation method has continued to be used since then. Coaching Companion is a video-sharing and coaching feedback application that allows a teacher to share their classroom practice with their coach and to view the videos to make comments and reflect on their practice. Due to this more limited access and changes in coaching techniques, Coaches are no longer using the entire ELLCO Pre-K in their classroom evaluation. Instead, individual questions from the ELLCO Pre-K have been selected to assess the classrooms at the beginning and end of the semester:

- Question 2: “*Contents of the Classroom*”
- Question 5: “*Approaches to Curriculum*”
- Question 9: “*Opportunities for Extended Conversations*”
- Question 10: “*Efforts to Build Vocabulary*”
- Question 11: “*Phonological Awareness*”
- Question 15: “*Approaches to Book Reading*”
- Question 18: “*Support for Children’s Writing*” (FY 2022-23 only)

The results of these evaluations are used as a coaching tool, supporting teachers in setting early literacy goals.

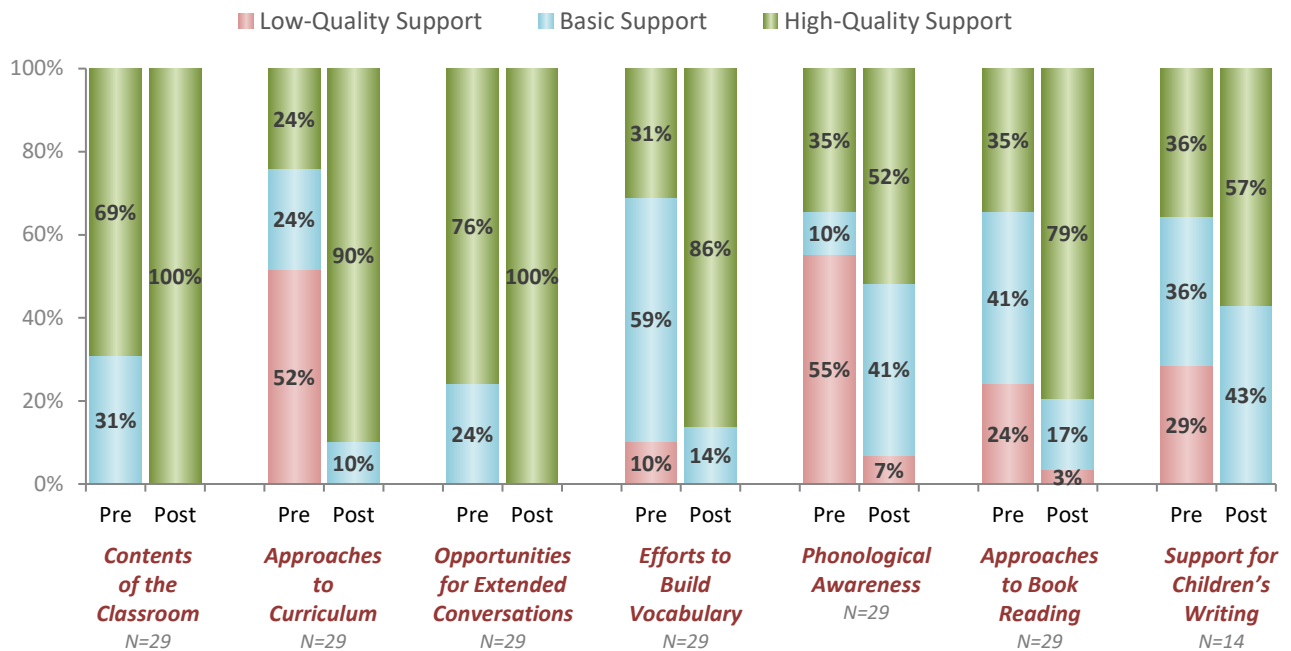
Due to the changes in coaching techniques and classroom evaluation that began in FY 2022-23, only the two years of these new measurements of language and literacy components in the classroom have been aggregated and are presented in the following analyses.

Preschool and TK Outcomes

Selected questions from the ELLCO Pre-K assessment were used to evaluate the quality of support for language and literacy in SEEDS classrooms, which were completed at the beginning (Pre) and end (Post) of the workshop series.

- On average, classrooms showed substantial improvements from the beginning of the series to the end, across each element of language and literacy.
- The classroom elements where the most change occurred were “Approaches to Curriculum,” “Efforts to Build Vocabulary,” and “Approaches to Book Learning.”

Figure 53: **Preschool and transitional kindergarten classrooms: Support for language and literacy (2022-24)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Early Language and Literacy Classroom Observation (ELLCO) Pre-K*, 2023-24.
Note: Low-quality support = scores less than or equal to 2.5; Basic support = scores between 2.51 and 3.5; High-quality support = scores between 3.51 and 5.

Family Child Care Settings

Early childhood educators from licensed family child care settings also participated in SEEDS training and received SEEDS coaching. Their sites were observed at the beginning of their SEEDS training in July and again at the end of their training in September. Beginning in FY 2022-23, coaching was no longer done in-home, but rather was conducted as a group in workshops.

The *Child/Home Early Language and Literacy Observation (CHELLO)* is a tool designed to assess the early literacy environment in home-based child care settings of children ages birth to 5 years. Two

sections of the CHELLO tool were used to assess home-based classrooms: the Group/Family Observation section and the Literacy Environment Checklist.

- For the Group/Family Observation section, items were scored along a 5-point scale, where 1 is deficient and 5 is exemplary. Early childhood family child care providers' scores were categorized into three levels, indicating their classroom environment provided **low-quality support, basic support, or high-quality support for language and literacy.**
- Scores on the Literacy Environment Checklist ranged from 1 to 26, and were similarly categorized into three levels of support (**Poor, Fair, Excellent**).

Due to the changes in coaching methodology, Coaches are no longer using the entire CHELLO in their evaluation of home-based child care settings. Beginning in FY 2023-24, individual questions from the CHELLO have been selected to assess the settings at the beginning and end of the semester:

- Question 1: *“Organization of the Environment”*
- Question 2: *“Materials in the Environment”*
- Question 9: *“Use of Print”*
- Question 10: *“Storybook / Storytelling Activities”*
- Question 11: *“Writing Activities”*

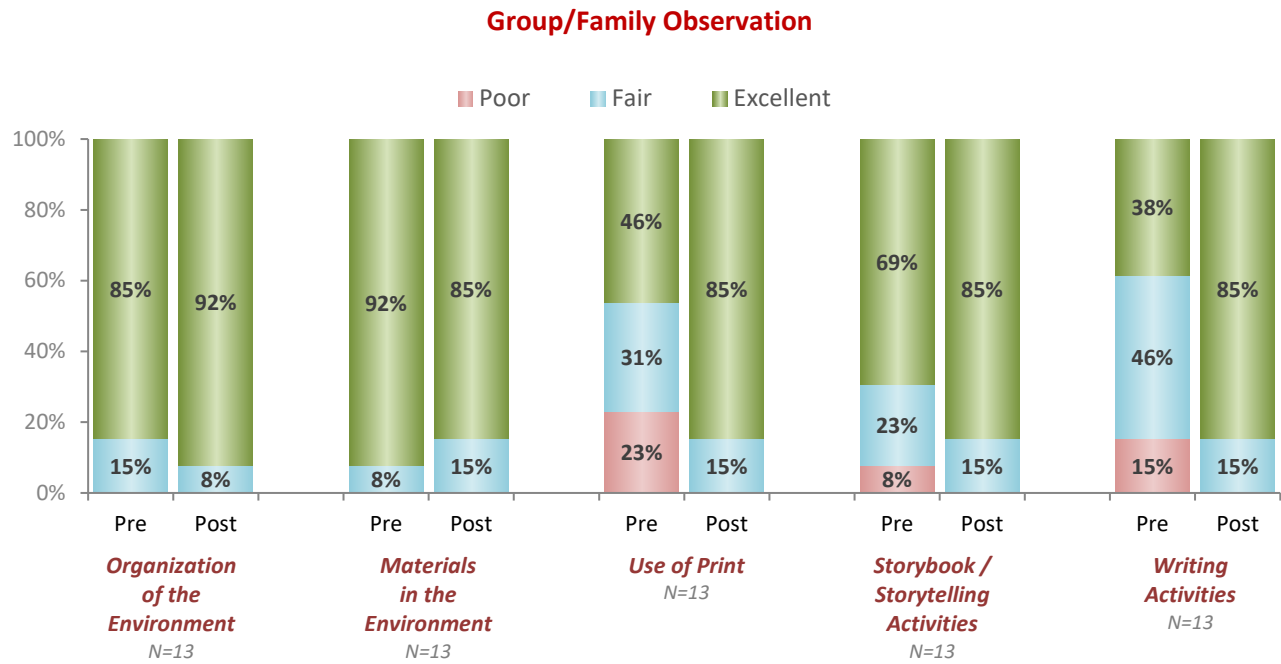
Due to the changes in the evaluation method, only this first year of new measurements of the early literacy environment in home-based child care settings are presented in the following analyses.

Family Child Care Outcomes

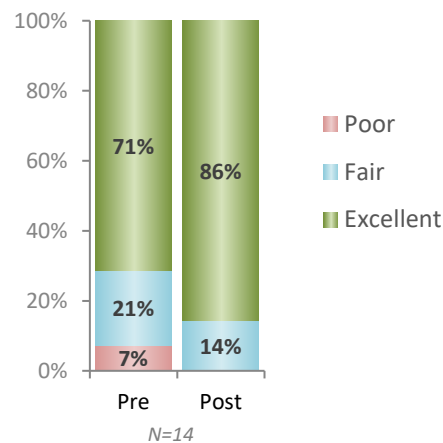
The following figures present the Pre and Post scores gathered from early childhood educators in family child care settings for infants/toddlers, in the assessment of the early literacy environment.

- Among the five individual Group/Family Observation components, the components that demonstrated the most improvement were “Writing Activities” and “Use of Print.”
- Scores on the Literacy Environment Checklist showed that the percentage of family child care settings that were assessed as having Excellent Support increased from 71% to 86%.

Figure 54: Family Child Care settings: Support for language and literacy (2023-24)



Literacy Environment Checklist



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Child/Home Early Language and Literacy Observation (CHELLO)*, 2023-24
 Notes:

- (Group/Family Observation) Low-quality support = scores less than or equal to 2.5; Basic support = scores between 2.51 and 3.5; High-quality support = scores between 3.51 and 5. Percentages less than 3% are not labeled.
- (Literacy Environment Checklist) Poor Support = scores between 1-10; Fair support = scores between 11-20; Excellent support = scores between 21-26.

Raising A Reader

Program Description

Raising A Reader (RAR) fosters healthy brain development, supports parent-child bonding, and motivates families to read aloud with their children which helps develop the early literacy skills that are critical for school success. Raising A Reader (RAR) began operation in Watsonville during the last quarter of the 2005-06 fiscal year and has served nearly 32,300 children since then. The program provides a way for children and their parents or caregivers to participate in a weekly rotating book bag program through early care and education settings.

On a weekly basis, participating RAR classrooms and family child care homes provide children with bags that are filled with various award-winning books, which they borrow and bring home to their parents. RAR provides training and information to parents and caregivers on how to effectively share these books with their children at home, to help develop their children’s early literacy skills.

RAR also connects families with their local public library, and at the end of the program children are given a book bag of their own as a way to encourage families to continue the practice of borrowing and reading books together.

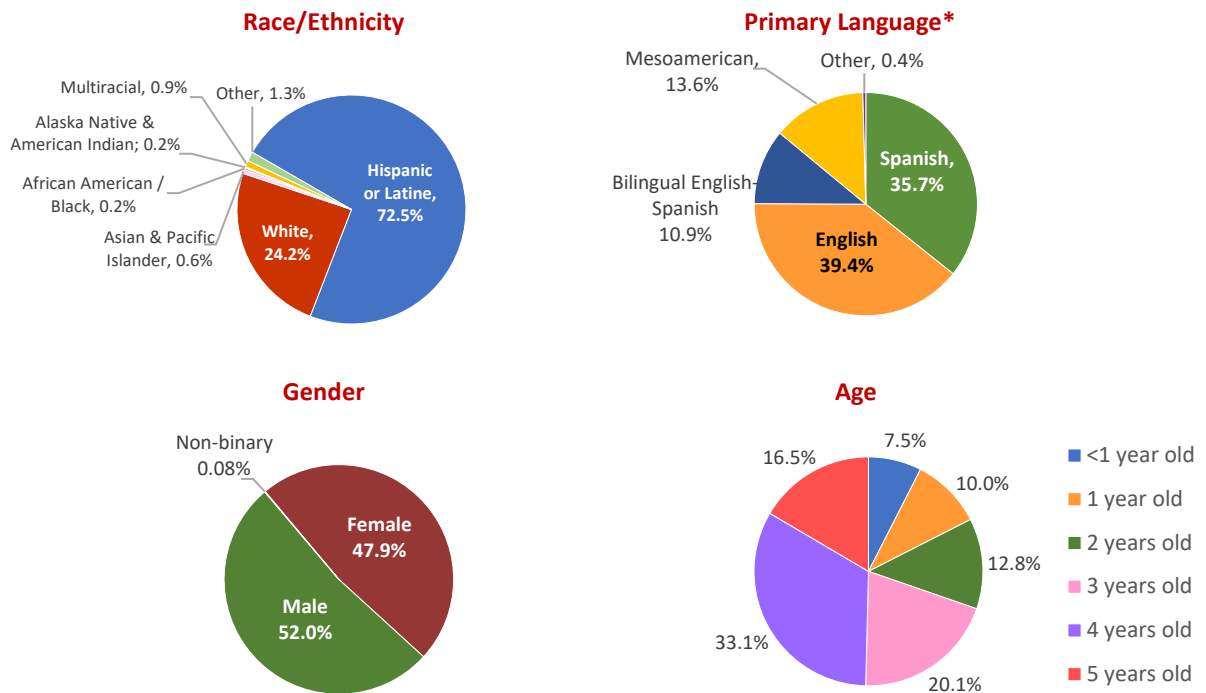
Population Served

	New	Existing	2023-24 Total
Children	1,350	1,208	2,558

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

Note: “New” children are those who began participating in Raising A Reader for the first time during this fiscal year. “Existing” children are those who began participating in Raising A Reader before this fiscal year and continued their participation into this fiscal year. The population numbers include children reported by Raising A Reader, and also children who were enrolled in this program through Families Together.

Figure 55: Demographics of Children (ages 0-5) participating in Raising A Reader (2023-24)



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

Notes:

- These demographics are for the children enrolled in classrooms providing Raising A Reader.
- Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

* "Mesoamerican" languages include Mixtec, Oaxacan, and Zapoteco. "Other" languages include Bilingual-Other and other languages.
N: (Race/Ethnicity)=2,549; (Primary Language)=2,556; (Gender)= 2,556; (Age)=2,558.

Program Objective: Support existing sites offering Raising A Reader

RAR staff visit participating child care sites to monitor how well the program is operating, and to provide refresher books or trainings as needed. Indeed, as more and more sites in the county have implemented RAR over the years, the objectives of RAR have shifted from adding new sites to maintaining and supporting the existing ones.

The following results show the number of sites that have been supported during the past year. Some sites may be listed more than once if they required additional assistance throughout the year.

Existing Sites	Number of Visits at Existing Sites ¹		2023-24 Total
	Family Child Care Home	Preschool/Child Care Center	
Between July 1, 2023 and June 30, 2024, sustain, monitor and support approximately 200 RAR sites with RAR since 2006.	158	116	274

Source: Raising A Reader Biannual and Annual Progress Reports, 2023-24.

¹ Some sites may be visited more than once. Additionally, the actual number of classrooms participating in Raising A Reader is likely to be higher than the total number of sites, as one site may include more than one classroom.

In addition to supporting existing sites, RAR also enrolled 11 new sites in 2023-24.

Number of New Sites Implemented since July 1, 2023		
Family Child Care Home	Preschool/Child Care Center	2023-24 Total
0	11	11

Source: Raising A Reader Biannual and Annual Progress Reports, 2023-24.

One Provider’s Story

Soledad was one of the first providers to offer the Raising a Reader program to families, and has had great success over the years keeping the books from getting lost. At her first meetings with parents, she explains how to take care of the books and bags, and when the families need to return the bags. She taught a two-year-old to avoid stepping on books, and showed how to treat the books gently, saying it would “hurt the book to be stepped on.”

She asks children to take care of the books and to read to their parents. *“Ustedes les van a leer a sus papas. Se van muy contentos.”* [“You are going to read to your parents. They will be very happy.”]

Children are clearly enjoying their books and know how to use them. Soledad described one two-year-old looking at her books and “talking, talking, talking.”

- Raising A Reader, Biannual Progress Report

Outcome Objective: Parents will spend more time reading or sharing books with their child

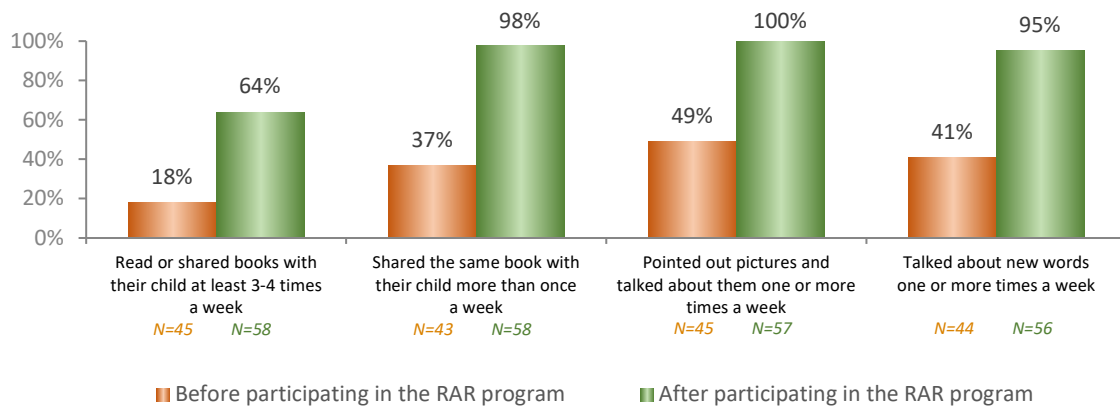
Two surveys were conducted to help to measure the impact of Raising A Reader in Santa Cruz County and the Pajaro Valley area of Monterey County.

Raising A Reader (Migrant) Parent Retrospective Survey

The first survey was the standard *Parent Retrospective Survey* that was developed by RAR consultants, that has been used in past years. In the fall of 2023, RAR staff administered the survey one by one to migrant parents, reading each question and recording their answers on paper.

Results show that more migrant parents are practicing key pre-literacy activities with their children after their participation in RAR, such as reading a book with their child, sharing the same book more than once, pointing out pictures and talking about them, and talking about new words.

Figure 56: Percentage of RAR migrant Parents who practiced these key pre-literacy activities with their child (2023-24)



Source: Raising A Reader, Annual Progress Report, *Parent Retrospective Survey* results, 2023-24.

Note: The sets of respondents at Before and After are not matched, as not every respondent answered at both time periods.

Raising A Reader National Survey

The second survey was also a retrospective parent survey, but was created by Raising A Reader National and was available on SurveyMonkey, an online survey tool. It was offered free of charge this year by certain affiliates as a “pilot” survey. In May 2024, the online survey was available to Santa Cruz County parents in several ways:

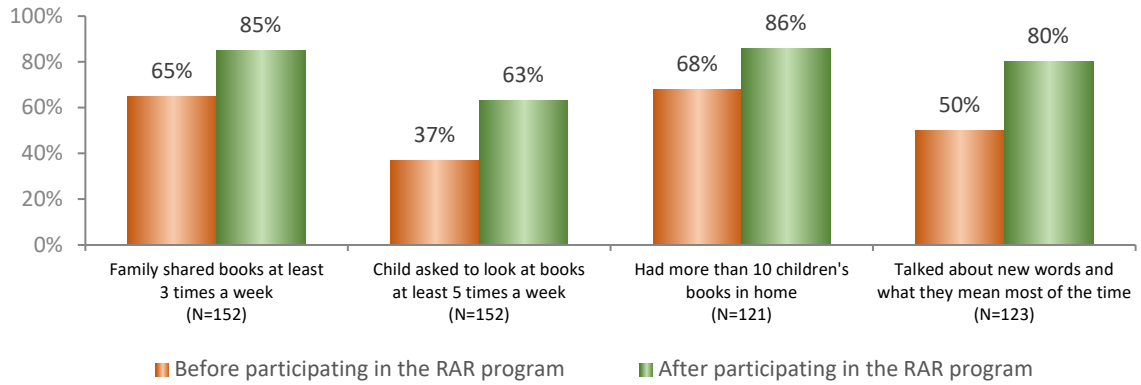
- Links to the SurveyMonkey survey were emailed to teachers to share with their parents.
- The survey was uploaded to *Learning Genie*.³⁷
- QR codes were distributed on paper, and through email.

County families who were participating in RAR completed the *Raising A Reader National Survey* on their phones or computers.

Results from the *RAR National Survey* showed that after participating in Raising A Reader, parents were more likely to share books with their children, their children asked to look at books more frequently, families had more children’s books in their homes, and parents talked about new words with their children.

³⁷ Learning Genie is an app for early childhood educators to create portfolios, assess children's development, and share learning media with families.

Figure 57: Percentage of RAR National Survey respondents who practiced these key pre literacy activities with their child (2023-24)



Source: Raising A Reader, Annual Progress Report, *RAR National Survey* results, 2023-24.

EQUITABLE AND SUSTAINABLE EARLY CHILDHOOD SYSTEMS

First 5 supports all young children and their families in Santa Cruz County, while prioritizing efforts that are responsive to the needs of the county's diverse community, and which have been shaped by community voice, and focus on eliminating disparities based on race, ethnicity, language, income, and other characteristics. In that context, First 5 seeks to strengthen the early childhood system of care by:

- **Leveraging** Prop 10 resources to create, strengthen, or fill gaps in service delivery systems;
- **Supporting** community initiatives, training, data sharing, community events, and capacity-building projects;
- **Implementing** and **evaluating** evidence-based and research-informed programs and practices;
- **Facilitating** collaboration among public, nonprofit, and private partners in order to connect siloed systems and services;
- **Serving** as the backbone for collective impact collaboratives, such as Quality Counts Santa Cruz County and Thrive by 5;
- **Advocating** for policies and budgets that prioritize early childhood; and
- **Convening** partners to implement local solutions that address and integrate systems and policy changes initiated at the local, state, and federal levels.

For over 20 years, these service integration and systems building functions have become a cornerstone of First 5's strategy to promote and create an equitable and sustainable early childhood system of care in Santa Cruz County. Central to that strategy is the role that First 5 plays leading the coordination and evaluation of the county-wide Thrive by 5 initiative in partnership with the Human Services Department and the Health Services Agency, with guidance from an Advisory Committee established by the First 5 Santa Cruz County Commission. In addition to Thrive by 5, First 5 has expanded the implementation of its communications plan, supported multiple community engagement activities, and continues to play an active role in systems-building efforts led by First 5 partners.



- Increased coordination and integration among organizations and sectors serving young children and families
- Increase in local, state, and federal policies and legislation that prioritize prevention, early intervention, and equity for young children and their families
- Increase in local, state, and federal funding to sustain and institutionalize investments in the early childhood system of care

Thrive by 5



In January 2017, the Santa Cruz County Board of Supervisors established the **Thrive by Three (TbT) Early Childhood Fund** as a dedicated funding source and a comprehensive local initiative to improve the following outcomes and indicators for the County’s youngest children (prenatal – 3) and their families:

Babies are born healthy

- Prenatal care in the first trimester
- Full term births and healthy birthweight

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

- Access to high-quality care and early learning opportunities
- Access to economic and self-sufficiency supports

Young children live in safe, nurturing families

- Improved parental confidence, parenting practices, and parent-child relationships
- Parent and caregiver emotional well-being

Children are happy, healthy, and thriving by age 3

- Prevention of child maltreatment and entries into foster care

In May 2022, the Board of Supervisors approved a proposal to expand the scope and purpose of the TbT Fund to **Thrive by 5 (Tb5)**. This created greater consistency and opportunities for alignment with other early childhood initiatives and funding streams. Since that time First 5 and its Thrive by 5 partners have:

- Adopted a Thrive by 5 theory of change (see Appendix B) that articulates a shared vision of thriving children and families in a resilient, just community and acknowledges that achieving this requires addressing the root causes of the “Pair of ACEs,” or Adverse Childhood Experiences that occur in Adverse Community Environments, a concept originally developed by the Center for Community Resilience at The George Washington University (<https://ccr.publichealth.gwu.edu/>).
- Expanded the Thrive by 5 Advisory Committee’s membership to include people or agencies representing CORE Conditions for Health and Well-Being not previously represented on the committee (e.g., Healthy Environments, and Community Connectedness). In addition, four seats on the Advisory Committee were added specifically for Parent Leaders with young children.
- Expanded the Thrive by 5 Community-Level outcomes and indicators and aligned them with the CORE Conditions for Health and Well-being to provide a more cohesive strategic framework for the Thrive by 5 initiative.

- Convened four meetings per year of the Thrive by 5 Advisory Committee focusing on key topics, including updates on the Nurse Family Partnership program as well as implementation of the HealthySteps program within Santa Cruz Community Health and Salud Para La Gente. The Committee also continued to provide oversight and guidance to a multi-year effort to develop a Comprehensive Fiscal Analysis of early childhood systems in Santa Cruz County focused on home visiting and early care and education.
- Continued to convene the Learning Collaborative sessions for Thrive by 5 partners, focused on a range of topics including Motivational Interviewing; oral health and coordinated entry into local housing programs; nutrition for families; support for families with children with disabilities; and intimate partner violence.
- Continued to convene a Coordinated Entry Workgroup focused on supporting and enhancing the process of referring CalWORKs participants to the four home visiting programs in Santa Cruz County.
- Enrolled 356 families of children from prenatal to age 5 in one of four home visiting programs in the County (Nurse Family Partnership, Field Nursing, Families Together, or Early Head Start Home Visiting).
- Continued to support integration, growth, and improvement of the HealthySteps program within the Thrive by 5 system of care. HealthySteps is an interdisciplinary, evidence-based pediatric primary care program that served 3,029 children in FY 2023-24 at Salud Para La Gente and Santa Cruz Community Health clinics.
- Delivered Early Learning Scholarships (ELS) to 114 infant and toddler care providers serving families who are eligible for state child care subsidies. The ELS are designed to help providers close the gap between the high cost of quality care and subsidies provided by the State of California. To learn more, visit: <https://www.first5scc.org/thrive-by-5>

Communications and Community Engagement

During FY 2023-24, First 5 Santa Cruz County continued to expand and implement its communications plan that focused on increasing awareness of early childhood development, offering resources for families and early care and education providers, and promoting the agency's programs and partnerships both locally and state-wide. First 5 has continued to address equity and access by consistently engaging Spanish language translation and interpretation services for its website, newsletter, additional outreach materials, and community engagement.

First 5's website hosted 5,481 unique visitors totaling 9,211 site sessions over the fiscal year. Of these visitors, 96% were new to the website and 4% were returning visitors. The most visited section of the website was the Triple P program pages, which provided program information and class registration options. In the fall of 2023, First 5 launched a Community Dashboard page, featuring demographic and strategic impact data from the First 5 Santa Cruz County *Annual Evaluation*

Report. First 5 also continued publishing its monthly bilingual e-newsletter and increased the list of community resources included within it. By the end of the fiscal year, the e-newsletter had a distribution reach of over 1,150 individuals.

In the space of social media, First 5 launched a LinkedIn account in the fall of 2023. Its Instagram and X (formerly known as Twitter) accounts grew to over 150 followers each over the fiscal year. On Facebook, First 5 gained 53 new followers for a total of 723. On this platform, First 5 both expanded its content reach by 100% as well as increased its content interactions by 50%. First 5's Facebook audience is 84% women and 16% men, with a majority being between the ages of 35-44 years old. Two of our largest social media campaigns during the year were our Triple P Positive Parenting Month in January, and our campaign with members of Oral Health Access Santa Cruz highlighting National Children's Dental Health Month in February.

First 5 strives to be a conduit of information for families to increase access to health care and family supports. Funded by our recent CCHI Navigator grant, First 5 placed a 30-second bilingual Medi-Cal renewal video in rotation at our county's two DMV locations beginning in May of 2024 (this video will continue to run until November). This campaign reaches a monthly average of 13,658 people at the Capitola location, and 11,366 people at the Watsonville location.

In 2023, First 5 contracted with Miller Maxfield (a local strategic communications and public relations firm) to develop bilingual Thrive by 5 collateral materials with localized messaging to increase awareness about where families with young children can go, or who they can contact for assistance with accessing key resources, such as home visiting, child care, and parenting support. This project included the development of a social media toolkit, featuring video testimonials from local parents who had participated in home visiting programs, as well as a resource pocket guide for families. This Thrive by 5 pocket guide contains program and contact information for the four current home visiting programs in the county, Triple P, the 2-1-1 program,³⁸ and the Child Development Resources Center. In the late spring of 2024, First 5, in partnership with Cradle to Career Santa Cruz County, coordinated a bilingual informational webinar with representatives from each of the resources listed in the Thrive by 5 pocket guide, who provided more in-depth program information to local *promotoras* and parent leaders. The purpose of the webinar was to encourage utilization and distribution of the pocket guide within *promotora* and parent networks. In total, First 5 coordinated the distribution of over 1,600 pocket guides throughout the county during the fiscal year. Prior to the printing and distribution of the pocket guide, First 5 engaged Miller Maxfield to develop a Thrive by 5 resource webpage that mirrored the content and look of the pocket guide. This webpage was included in the new Thrive by 5 website that was created and launched by First 5 in the fall of 2023.

First 5 contributed multiple fiscal sponsorships for community events and endeavors over the year. In October of 2023, First 5 sponsored the pilot launch of the Santa Cruz Children's Museum of Discovery's Museum Month Pass, which granted free or reduced entry fees for families to visit

³⁸ 2-1-1 is a program of United Way of Santa Cruz County that provides comprehensive information and referral services to County residents. It is a phone and text service that is available 24/7—and in 150 languages—that connects callers and texters to the health and human services available to them. During times of disaster, 2-1-1 also provides incident-specific information.

several local museums during the month of October. In addition to sponsorship, First 5 coordinated the distribution of over 3,100 of these passes to local families. Subsequent sponsorships included Ventures’ Semillitas College Savings Account Program, Dientes Community Dental’s Oral Health Summit, County Park Friends’ Treasure Cove Park Universally Accessible Playground project, The Queer Youth Leadership Awards, and United Way Santa Cruz County’s United in Purpose Celebration.

During FY 2023-24, First 5 provided free children’s books (in English and Spanish) to local partners such as Cradle to Career, Nurse-Family Partnership, and Santa Cruz County’s Health Services Agency for distribution to families with young children.

Collective of Results and Evidence-based (CORE) Investments



Beginning in 2015 and initially focused on the transition of the City and County of Santa Cruz’s Community Programs funding model, CORE Investments is both a funding model and a broader movement to create the conditions for equitable health and well-being across the life span – prenatal through end of life. While not limited to the well-being of young children and families, CORE has emerged as a substantial and critical initiative designed to help create the type of equitable, integrated services and systems originally envisioned by the authors of Prop 10. First 5 serves on the CORE Steering Committee, helping guide the project through a multi-phase, collaborative planning process, which has resulted in defining eight interdependent “CORE Conditions for Health and Well-being.” To learn more, visit: <https://www.corescc.org/>

CORE Conditions for Health and Well-being



DataShare Santa Cruz County



In September of 2017 the Health Improvement Partnership of Santa Cruz County (HIP) initiated a collaborative effort to develop a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county. In 2021, management of the system was turned over to four administrative partners: the County of Santa Cruz Health Services Agency, the United Way of Santa Cruz County, the Community Health Trust of Pajaro Valley, and CORE Investments.

DataShare’s mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website, www.datasharescc.org, is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health, economy, education, environment, government and politics, public safety, transportation, and social environment. To learn more, visit: <https://www.datasharescc.org/>

Central Coast Early Childhood Advocacy Network



Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in FY 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families. To learn more, visit: <https://www.ccecan.org/>

Cradle to Career



Building on the success of the Live Oak Cradle to Career place-based initiative, the effort has now expanded county-wide and is simply known as “Cradle to Career” (C2C). Grown from a nascent idea in 2013 championed by former Supervisor John Leopold, to a vibrant results-based collaboration between parents and local education, health, and social service leaders in four school districts across the county, C2C’s mission is to work collectively to empower families, deliver resources, and advocate for equitable and inclusive support systems to eliminate disparities and ensure all Santa Cruz County children thrive in their education, health, and character. To learn more, visit: <https://c2csc.org/>

Oral Health Access



Oral Health Access Santa Cruz County was created in 2016 as a steering committee made up of community leaders and organizations, dental and medical clinics, and educators to address oral health needs in Santa Cruz County. Led by Dientes Community

Dental, the County of Santa Cruz Health Services Agency Public Health Division, and numerous community partners, the committee’s mission is to improve the oral health of Santa Cruz County residents by uniting stakeholders and advocating for sound, measurable strategies that increase access to care and education.

In addition to continuing to serve as a champion of the “First Tooth, First Birthday” campaign strategy, in the spring of 2024 First 5 Santa Cruz County Executive Director David Brody agreed to serve as Co-Chair of the Santa Cruz County Oral Health Access Initiative, helping oversee the implementation of its new 2024-2028 Strategic Plan. To learn more, visit: <https://oralhealthscc.org/>

APPENDICES



Appendix A: Quality Counts California Rating Matrix

QUALITY COUNTS CALIFORNIA ADAPTED RATING MATRIX – MAY 2022					
ELEMENT	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS
Core I: Child Development and School Readiness 1. Child Observation	<ul style="list-style-type: none"> <input type="checkbox"/> Not required <input type="checkbox"/> Meets Title 22 Regulations 	<ul style="list-style-type: none"> <input type="checkbox"/> Program uses evidence-based child assessment/observation tool annually that covers all five domains of development <input type="checkbox"/> Health Screening Form (Community Care Licensing form LIC 701 "Physician's Report - Child Care Centers" or equivalent) used at entry, then: <ol style="list-style-type: none"> Annually Ensures vision and hearing screenings are conducted annually 	<ul style="list-style-type: none"> <input type="checkbox"/> Program uses valid and reliable child assessment/observation tool aligned with CA Foundations & Frameworks¹ twice a year <input type="checkbox"/> Program works with families to ensure screening of all children using a valid and reliable developmental screening tool at entry and as indicated by results thereafter <input type="checkbox"/> Meets Criteria from point level 2 	<ul style="list-style-type: none"> <input type="checkbox"/> DRDP (minimum twice a year) and results used to inform curriculum planning <input type="checkbox"/> Program works with families to ensure screening of all children using the ASQ & ASQ-SE, if indicated, at entry, then as indicated by results thereafter <input type="checkbox"/> Program staff uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate <input type="checkbox"/> Meets Criteria from point level 2 	<ul style="list-style-type: none"> <input type="checkbox"/> Program uses DRDP twice a year and uploads into DRDP Tech and results used to inform curriculum planning <input type="checkbox"/> Program works with families to ensure screening of all children using the ASQ & ASQ-SE, if indicated, at entry, then as indicated by results thereafter <input type="checkbox"/> Program staff uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate <input type="checkbox"/> Meets Criteria from point level 2
Core II: Teachers and Teaching 3. Minimum Qualifications for Lead Teacher/ Family Child Care Home (FCCH)	<ul style="list-style-type: none"> <input type="checkbox"/> Meets Title 22 Regulations <input type="checkbox"/> Center: 12 units of Early Childhood Education (ECE)/Child Development (CD) FCCH: 15 hours of training on preventive health practices 	<ul style="list-style-type: none"> <input type="checkbox"/> Center: 24 units of ECE/CD² <input type="checkbox"/> OR Associate Teacher Permit <input type="checkbox"/> FCCH: 12 units of ECE/CD <input type="checkbox"/> OR Associate Teacher Permit 	<ul style="list-style-type: none"> <input type="checkbox"/> 24 units of ECE/CD + 16 units of General Education <input type="checkbox"/> OR Teacher Permit <input type="checkbox"/> AND <input type="checkbox"/> 21 hours professional development (PD) annually 	<ul style="list-style-type: none"> <input type="checkbox"/> Associate's degree (AA/AS) in ECE/CD (or closely related field) OR BA/BS in any field plus with 24 units of ECE/CD (or master's degree in ECE/CD) <input type="checkbox"/> OR Program Director Permit <input type="checkbox"/> AND <input type="checkbox"/> 21 hours PD annually 	<ul style="list-style-type: none"> <input type="checkbox"/> Bachelor's degree in ECE/CD (or closely related field) OR BA/BS in any field plus with 24 units of ECE/CD (or master's degree in ECE/CD) <input type="checkbox"/> OR Program Director Permit <input type="checkbox"/> AND <input type="checkbox"/> 21 hours PD annually
Core II: Teachers and Teaching 4. Effective Teacher-Child Interactions: CLASS Assessments (*Use tool for appropriate age group as available)	<ul style="list-style-type: none"> <input type="checkbox"/> Not Required 	<ul style="list-style-type: none"> <input type="checkbox"/> Familiarity with CLASS for appropriate age group as available by one representative from the site 	<ul style="list-style-type: none"> <input type="checkbox"/> Independent CLASS assessment by reliable observer to inform the program's professional development/improvement plan <input type="checkbox"/> OR <input type="checkbox"/> Informal assessment and results used to inform Quality Improvement Plan and staff professional development 	<ul style="list-style-type: none"> <input type="checkbox"/> Independent CLASS assessment by reliable observer with minimum CLASS scores: <ul style="list-style-type: none"> Pre-K <ul style="list-style-type: none"> Emotional Support – 5.5 Instructional Support – 3.5 Classroom Organization – 5.5 Toddler <ul style="list-style-type: none"> Emotional & Behavioral Support – 5.5 Engaged Support for Learning – 4 Infant <ul style="list-style-type: none"> Responsive Caregiving (RC) – 5.5 	<ul style="list-style-type: none"> <input type="checkbox"/> Independent assessment with CLASS with minimum CLASS scores: <ul style="list-style-type: none"> Pre-K <ul style="list-style-type: none"> Emotional Support – 5.5 Instructional Support – 3.5 Classroom Organization – 5.5 Toddler <ul style="list-style-type: none"> Emotional & Behavioral Support – 5.5 Engaged Support for Learning – 4 Infant <ul style="list-style-type: none"> Responsive Caregiving (RC) – 5.5

Revised May 2022

¹ Approved assessments are: Creative Curriculum GOLD, Early Learning Scale by National Institute of Early Education Research (NIEER), and Brigrance Inventory of Early Development III.
² For all ECE/CD units, the core eight are desired but not required.
Note: Point values are not indicative of Tiers 1-5 but reflect a range of points that can be earned toward assigning a tier rating (see Total Point Range).

Revised May 2022

ELEMENT	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS
Core III: Program and Environment 5. Ratios and Group Size (Centers Only beyond licensing regulations)	<input type="checkbox"/> Center: Title 22 Regulations Infant/Toddler Ratio of 1:4 Toddler Option Ratio of 1:6 Preschool Ratio of 1:12 <input type="checkbox"/> FCCOH: Title 22 Regulations (excluded from point values in ratio and group size)	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler – 4:16 Toddler – 3:18 Preschool – 3:36	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler – 3:12 Toddler – 2:10 Preschool – 2:24	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler – 3:12 or 2:8 Toddler – 2:10 Preschool – 3:24 or 2:20	<input type="checkbox"/> Center - Ratio: Group Size Infant/Toddler – 3:9 or better Toddler – 3:12 or better Preschool – 1:8 ratio and group size of no more than 20
Core III: Program and Environment	<input type="checkbox"/> Not Required	<input type="checkbox"/> Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan	<input type="checkbox"/> Assessment on the whole tool. Results used to inform the program's Quality Improvement Plan	<input type="checkbox"/> Assessment on the whole tool. Results used to inform the program's Quality Improvement Plan and staff professional development plan.	<input type="checkbox"/> Current National Accreditation approved by the California Department of Education
6. Program Environment Rating Scale(s) (Use tool for appropriate setting: ECERS- R, ITERS-R, FCCERS-R)					
Core III: Program and Environment 7. Director Qualifications (Centers Only)	<input type="checkbox"/> 12 units ECE/CD+3 units management/administration	<input type="checkbox"/> 24 units ECE/CD + 16 units General Education +with 3 units management/administration OR Master Teacher Permit	<input type="checkbox"/> Associate's degree with 24 units ECE/CD +with 6 units management/administration and 2 units supervision OR Site Supervisor Permit AND 21 hours PD annually	<input type="checkbox"/> Bachelor's degree with 24 units ECE/CD +with 8 units management/administration OR Program Director Permit AND 21 hours PD annually	<input type="checkbox"/> Master's degree with 30 units ECE/CD including specialized courses +with 8 units management/administration OR Administrative Credential AND 21 hours PD annually

Total Point Ranges

Program Type	Common-Tier 1	Local-Tier 2 ³	Common-Tier 3	Common-Tier 4	Local-Tier 5 ⁴
Centers	Blocked (7 points) – Must Meet All Elements	8 to 19 points	20 to 25 points	26 to 31 points	32 points and above
FCCHs	Blocked (5 points) – Must Meet All Elements	6 to 13 points	14 to 17 points	18 to 21 points	22 points and above

³ Local-Tier 2: Local decision if Blocked or Points and if there are additional elements.

⁴ Local-Tier 5: Local decision if there are additional elements included California Department of Education, February 2014 updated on May 28, 2015; effective July 1, 2015.

Appendix B: Thrive by 5 Theory of Change



Appendix C: Measurement Tools

This Appendix includes a list of the assessments and measurement tools used to collect evaluation data during this funding cycle (listed in alphabetical order).

Acrimony Scale

The *Acrimony Scale* (Emery, 1982) is utilized by Triple P clients who participate in the Level 5 – Family Transitions program. This scale measures co-parental conflict between separated or divorced parents. Scores are calculated as the average of all questions, and can range from 1 (low acrimony) to 4 (high acrimony).

Adverse Childhood Experiences (ACEs)

kidsdata.org (a program of Lucile Packard Foundation for Children's Health) developed a measurement of Adverse Childhood Experiences (ACEs), titled “Children with Adverse Experiences (Parent Reported), by Number.” As they explain,

Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well being. ... Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health. The toxic stress associated with traumatic, and often cumulative, early adverse experiences can disrupt healthy development and lead to behavioral, emotional, school, and health problems during childhood and adolescence. It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression. The more traumatic and toxic events experienced by a child, the more likely the impact will be substantial and long-lasting.

Resilience, an adaptive response to hardship, can mitigate the effects of adverse childhood experiences. It is a process of adapting well in the face of adversity, trauma, threats, or other significant sources of stress. Resilience involves a combination of internal and external factors. Internally, it involves behaviors, thoughts, and actions that anyone can learn and develop. Resilience is also strengthened by having safe, stable, nurturing relationships and environments within and outside the family.

-- kidsdata.org

This measurement developed by kidsdata.org was based on nine possible adverse childhood experiences: (1) experienced economic hardship, (2) parent or guardian got divorced or separated, (3) parent or guardian died, (4) parent or guardian served time in jail, (5) witnessed domestic violence, (6) witnessed or experienced neighborhood violence, (7) household member was mentally ill, (8) household member abused alcohol or drugs, (9) treated unfairly because of race/ethnicity.

Using data collected through the U.S. Dept. of Health and Human Services, *National Survey of Children's Health*, this measurement estimates the percentage of children ages 0-17 with and without adverse childhood experiences (ACEs), by the number of traumas experienced, as

reported by the parents. There are other measurements of ACEs that include more or different types of ACEs, but across all of these measurements the concept is the same: the more ACEs a child experiences, the greater the risk for later health, social, emotional, and behavioral challenges.

Ages & Stages Questionnaires[®], 3rd Edition (ASQ-3[™])

The *Ages & Stages Questionnaires[®] Third Edition (ASQ-3[™])* is used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to screen infants and young children for developmental delays during the crucial first 5 ½ years of life. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ-3 is able to identify children's strengths as well as concerns, and also teaches parents about child development and their own child's skills. Each questionnaire covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.³⁹

Ages & Stages Questionnaires[®], Social-Emotional, 2nd Edition (ASQ:SE-2[™])

The *Ages & Stages Questionnaires[®], Social-Emotional, 2nd Edition (ASQ:SE-2[™])* is a parent-completed tool used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to help identify young children (ages 1 month – 6 years old) at risk for social or emotional difficulties. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ:SE-2 can quickly pinpoint behaviors of concern and identify any need for further assessment or on-going monitoring. Each questionnaire screens for the social-emotional areas of self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.⁴⁰

Bayley Scales of Infant and Toddler Development, 3rd Edition

The *Bayley Scales of Infant and Toddler Development* is a standardized test that is used by the Neurodevelopmental Foster Care Clinic ("NDFCC") to assess children's developmental skills in the areas of cognition, language, and motor skills. There are also additional measures of adaptive skills and emotional functioning. The instrument is used for children from ages 16 days to 42 months. Standard scores have a mean of 100 and standard deviation of 15.

Child Adjustment and Parent Efficacy Scale (CAPES and CAPES-DD)

The *Child Adjustment and Parent Efficacy Scale* assesses children's behavioral challenges and emotional maladjustment, and parent's self-efficacy in managing specific child challenging behaviors. There are two versions of this scale: CAPES is used in the Core Triple P program (families with children ages 0-12) and the Teen Triple P program (families with teens).

³⁹ Brookes Publishing, *Ages & Stages Questionnaires[®] Third Edition*, <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/>.

⁴⁰ Brookes Publishing, *Ages & Stages Questionnaires[®], Social-Emotional, 2nd Edition*, <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/>.

CAPES-DD is used in the Stepping Stones Triple P program (families with children who have special needs).

Both the *Child Adjustment and Parent Efficacy Scale (CAPES)* and *Parenting and Family Adjustment Scales (PAFAS)* were developed and tested by the University of Queensland Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. In 2018, Triple P America recommended that all practitioners use the CAPES and PAFAS in place of the previously recommended assessments (*Eyberg Child Behavior Inventory, Parenting Scale, Depression-Anxiety-Stress Scale, and Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners. Beginning in 2020-21, the results for the four discontinued assessments are no longer reported in the analyses of Triple P outcomes, and only the results for the current assessments are included.

CAPES (Core/Teen Triple P)

This survey has four subscales that are each scored as the sum of its items.

- **Child Emotions:** Scores range from 0-9; higher scores indicate greater levels of emotional difficulties.
- **Child Behaviors:** Scores range from 0-72; higher scores indicate greater levels of challenging behaviors.
- **Total Intensity Score:** Scores range from 0-81; higher scores indicate greater levels of emotional or behavioral difficulties.
- **Parent Confidence:** Scores range from 19-190; higher scores indicate greater levels of parent confidence.

CAPES-Developmental Disability (Stepping Stones Triple P)

This survey has five subscales that are each scored as the sum of its items.

- **Child Emotions:** Scores range from 0-9; higher scores indicate greater levels of emotional difficulties.
- **Child Behaviors:** Scores range from 0-30; higher scores indicate greater levels of challenging behaviors.
- **Total Intensity:** Score Scores range from 0-48; higher scores indicate greater levels of emotional or behavioral difficulties.
- **Child Prosocial Behaviors:** Scores range from 0-24; higher scores indicate greater levels of difficulties.
- **Parent Confidence:** Scores range from 16-160; higher scores indicate greater levels of parent confidence.

Child and Adolescent Needs and Strengths (CANS)

The *Child and Adolescent Needs and Strengths (CANS)* is used by Families Together, and is a document that organizes clinical information collected during a behavioral health assessment in a consistent manner to improve communication among those involved in planning care for a child or adolescent. The CANS is also used as a decision-support tool to guide care planning, and to track changing strengths and needs over time. The following areas are addressed in the instrument: life functioning, behavioral/emotional needs, risk factors and behaviors, caregiver resources and needs, acculturation, transition to adulthood, and child strengths. The CANS is an item-level tool; each domain is scored on a 4-point scale (0-3), and there is no total score.

Child/Home Early Language and Literacy Observation Tool (CHELLO)

Child/Home Early Language and Literacy Observation (CHELLO) is a tool designed to rate the early literacy environment in home-based child care settings of children ages birth to 5 years. The CHELLO is used to develop accurate profiles of materials and practices in family/group child care settings, improve early childhood educator literacy supports and interactions with children, and measure changes in the quality of environments over time.

The CHELLO tool is used by the Early Literacy Foundation Initiative, and assesses home-based classrooms using the Literacy Environment Checklist, and along the three dimensions of the Group/Family Observation section: Physical Environment for Learning, Support for Learning, and Adult Teaching Strategies.

Conflict Behavior Questionnaire (CBQ)

The *Conflict Behavior Questionnaire (Robin & Foster, 1989)* is utilized by clients participating in the Teen variant of Levels 4 and 5 of the Triple P Program. It is a 20-item true/false scale that assesses general conflict between parents and their children. The CBQ is completed by both parents and adolescents, and discriminates between distressed and non-distressed families.

This 20-item measure contains both “positive” and “negative” statements regarding a child’s social competence/conflictual behaviors. Clients answer each question by responding with “true” or “false.” To obtain an overall measure of social competence, distressed responses are given the value of 1, while non-distressed responses are given the value of 0. Then all 20 items are summed to obtain an overall score and measure of conflictual behaviors, with scores ranging from 0 (non-distressed) to 20 (distressed). A non-zero score indicates some conflictual behaviors; a high score indicates a great amount of conflict.

Depression, Anxiety, and Stress Scale (DASS-21)

The *Depression, Anxiety, and Stress Scale – Short Version (DASS-21)* is utilized by participants in Fear-Less Triple P. It is a 21-item brief version of the *Depression Anxiety Stress Scales (Lovibond & Lovibond in 1995)*. It is a self-report measure used to assess the levels of depression, anxiety, and tension/stress experienced, which is completed by parents in the program. Respondents indicate how much they felt each of the 21 symptoms during the previous week. The scale is

psychometrically sound – it has good convergent and discriminant validity. It also has high internal consistency in clinical and non-clinical samples, and across different ethnic groups.

Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)

The first version of the ELLCO (ELLCO Toolkit) was designed to evaluate the teaching practices of early childhood educators in the areas of language and literacy, in pre-kindergarten to third-grade classrooms.⁴¹ The newest version of the tool (ELLCO Pre-K) is comparable to the ELLCO Toolkit, and has been reorganized so that it reduces the bias towards classrooms that have many resources, and focuses more on the *use* of materials rather than just their presence in the preschool classrooms.⁴²

The ELLCO Pre-K is used by the Early Literacy Foundation Initiative to help identify the effectiveness of classroom teaching on children’s language and literacy development by focusing on five components: “*Classroom Structure*,” “*Curriculum*,” “*Language Environment*,” “*Books and Book Reading*,” and “*Print and Early Writing*.” Items are scored along a 5-point scale, where 1 is deficient and 5 is exemplary. From this scale, early childhood educators’ classroom scores can be categorized into three levels of support for language and literacy, indicating their classroom environment provides either Low-Quality Support (with means less than or equal to 2.5), Basic Support (with means between 2.51 and 3.5), or High-Quality Support (with means between 3.51 and 5).

First 5 Apricot Database

On a biannual basis, funded partners are required to submit information on the program participants who they directly served, and also on the status of their programs’ outcome objectives. Client Characteristic Data (CCDs) and outcome data are gathered in one of four ways, First 5’s Apricot database, customized Excel forms, or partner-specific data collection forms.⁴³

- First 5’s online database, originally called Santa Cruz County Services Unifying Network (SCC SUN), was launched on January 1, 2004, and many partner agencies used this database to record their clients’ data and other outcome data. The database is integrated, meaning that information can be shared between agencies, if the appropriate consent is obtained. Demographic information about these clients can then be extracted for analysis, using unique IDs that maintained clients’ anonymity. In April 2015 this database was upgraded to a more flexible and efficient database called Apricot, all previous data in SCC SUN were migrated to this new database, and all current data are now being collected and reported using Apricot.

⁴¹ Education Development Center, Inc., Center for Children and Families, *Early Language and Literacy Classroom Observation Toolkit*, 2002.

⁴² Review by Maria Cahill (University of Tennessee), of the *User’s Guide to the Early Language & Literacy Classroom Observation Pre-K Tool*, Education Review website [<http://edrev.asu.edu/index.php/ER/issue/viewFile/133/34>], 2008.

⁴³ In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as “First 5 CCD database.”

- Partner agencies that are not using First 5’s Apricot database collect and submit demographic and outcome data using either customized Excel forms developed by First 5, or in partner-specific data collection forms.

In the course of evaluating CCDs, a “cleaning” process is performed. In this process, each program’s data are standardized to use the same response sets, reviewed for accuracy and completeness, and corrected wherever possible. These data are then migrated to a customized analysis spreadsheet that aggregates them and determines the unduplicated count of individuals served by goal area, partner agency, and overall. Each client characteristic is analyzed, with results that report the total number of individuals with data for that variable, and the frequency and percentage of each response to that variable.

- Children’s ages are determined in these ways:
 - For all partners except Triple P, children’s ages are calculated as of the *first day of the funding cycle*. This enables all children ages 0-5 to be included in the analyses, even if they turn six years old later in the fiscal year. Children not yet born by the first day of the funding cycle (i.e., born later in the funding cycle) are also included in the analyses and categorized as being under one year of age.
 - For Triple P children, their ages are calculated as of the *date of their parent’s first assessments* (“Pre-assessments”), or the *date of their single program session*. This date is chosen since many Triple P assessments require that the child be within a certain age range for the parent to complete it. Therefore, this more exact determination of the child’s age as of the date of the assessment is needed in order to identify whether or not it is appropriate to include those data in the analysis of that assessment.

Healthcare Effectiveness Data and Information Set (HEDIS) Indicators

First 5 uses the *Healthcare Effectiveness Data and Information Set* (HEDIS) data to track the quality of care that children are receiving in Santa Cruz County. Selected health care quality indicators are requested annually by First 5 California and the California Endowment from every operating insurance plan based on data entered into HEDIS. HEDIS is a “set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans.”⁴⁴

Lifestyle Behavior Checklist (LBC)

The *Lifestyle Behavior Checklist* (West & Sanders, 2009) is a 25-item assessment that measures parental perceptions of their children’s behavioral challenges with overweight and obesity, and parents’ self-efficacy in handling these behaviors. The assessment includes questions about child problem behaviors related to eating, activity, and being overweight. The questionnaire consists of a Problem scale and a Confidence scale. The Problem scale measures the extent to

⁴⁴ National Committee for Quality Assurance (NCQA), *Guidelines for Advertising*, Retrieved from <http://www.ncqa.org/>, 2012.

which parents perceive each of the 25 behaviors as a problem for them with their child, on a 7-point scale from 1 (not at all) to 7 (very much), and total scores that can range between 25 (not at all a problem) and 175 (very much a problem). The Confidence scale measures the extent to which parents feel confident about managing each of the behaviors, on a 10-point scale from 1 (certain I can't do it) to 10 (certain I can do it), with total scores that can range from 25 (certain I can't do it) to 250 (certain I can do it).

Parenting an Anxious Child Questionnaire (PAC)

The PAC is a 12-item questionnaire completed by parents, and is used in Fear-Less Triple P services. Using a 5-point frequency scale from “Never” to “Always,” the PAC asks parents to rate how often they engage in 11 different parenting responses when their child is anxious, and ends with a question asking parents to rate their confidence in managing their children’s anxious behaviors and emotions. Items 1 to 11 are scored 0-4, with higher scores indicating that a parent is engaging more frequently in anxiety-maintaining behaviors.

The PAC is most useful as a descriptive tool for identifying parenting behaviors that may be involved in the maintenance of children’s anxiety. It is also informative in looking at differences and similarities between parents of the same child. Finally, it can be used to notice change from the beginning to the end of the program (i.e., comparing pre- and post-scores). No normative data is currently available for this measure.

Parenting Experience Survey

The *Parenting Experience Survey* (Sanders et. al., 1999) is utilized by Level 3 of the Triple P Program. It is a self-report measure of issues related to being a parent, and is completed by parent participants. It consists of 7 items and assesses parents’ experiences related to issues such as how difficult they perceive their child to be, how stressful they feel parenting to be, and how rewarding they feel parenting to be. There are 3 items which are specific to parents who have a partner. Those items are used to assess agreement on discipline, partner support, and relationship happiness. This survey has been used to show changes in parental attitudes and behaviors from the beginning to the completion of the Triple P Program.

Parenting and Family Adjustment Scales (PAFAS)

The *Parent and Family Adjustment Scales* (Sanders & Morawska, 2010) assess parenting practices, and parent and family adjustment. They consist of a Parenting scale that includes four subscales (Parental Consistency, Coercive Parenting, Positive Encouragement, and Parent-Child Relationship) and a Family Adjustment scale that includes three subscales (Emotional Well-Being, Family Relationships, and Parental Teamwork). Each item in the PAFAS is rated on a 4-point scale, and some items are reverse scored. For each subscale of the PAFAS Parenting scale and PAFAS Family Adjustment scale, the items are summed to provide scores, with higher scores indicating higher levels of dysfunction.

Both the *Child Adjustment and Parent Efficacy Scale* (CAPES) and *Parenting and Family Adjustment Scales* (PAFAS) were developed and tested by the University of Queensland

Parenting and Family Support Centre, under the direction of Professor Matt Sanders, the founder of the Triple P program. In 2018, Triple P America recommended that all practitioners use the CAPES and PAFAS in place of the previously recommended assessments (*Eyberg Child Behavior Inventory, Parenting Scale, Depression-Anxiety-Stress Scale, and Parent Problem Checklist*), as they measure similar parenting domains and outcomes and are more user-friendly for both families and practitioners. Beginning in 2020-21, the older results for the four discontinued assessments are no longer included in this report, and only the results for these current two assessments are reported.

Parent's Attribution for Child's Behavior Measure

The *Parent's Attribution for Child's Behavior Measure* (Pigeon & Sanders, 2004) is utilized by Level 5 Pathways of the Triple P Program (this is only completed if the parent has at least one child aged 18 months or older). It is a self-report measure of attributions for children's behaviors. The instrument consists of 6 hypothetical situations describing different types of difficult child behavior, with 4 questions related to each situation. The questions for each situation relate to innateness of the child's behavior, the child's intentionality, and the blameworthiness of the child. The total score and the 3 subscale scores for this tool have good internal consistency and discriminant validity.

Spence Children's Anxiety Scale (SCAS)

The Spence Children's Anxiety Scale (Parent Version: Spence, 2000; Child Version: Spence, 1994) is used in Fear-Less Triple P services. The SCAS is not intended as a diagnostic instrument and should not be used to determine a clinical diagnosis. Rather, it is designed to assess the nature and extent of anxiety symptoms, and can be used to establish whether a child's anxiety level is substantially higher than other young people of their age group and gender. The questionnaire assesses six domains of anxiety (Separation Anxiety, Social Phobia, Obsessive Compulsive, Panic/Agoraphobia, Generalized Anxiety, and Physical Injury Fears), and also provides an overall total score for the assessment.

There are two versions of the scale: one for Parents to complete about their child, and one for children to complete about themselves. Clients are asked to rate the degree to which they (or their child) experience each of the 38 symptoms listed, using a 4-point scale, from 0 (Never) to 3 (Always). When the assessment is scored, each symptom is assigned to one of the six domains, and the symptoms in each domain are summed to provide a total raw score for that domain, with higher scores indicating higher levels of anxiety. The overall assessment total is the sum of the raw scores of all six domains. These raw scores are used in the statistical analyses that calculate the amount of change over time.

In addition to the calculation of raw scores for each domain, the level of anxiety can also be determined by converting raw scores to T-scores, which clinicians can use to help determine whether the child's anxiety symptoms are higher than what would be regarded as normal levels within the community. Note that a T-score in the top 15% suggests a higher than normal

level of anxiety, but not necessarily in a “clinical range.” For this reason, the term “elevated anxiety” is used.

The interpretation of T-scores are affected by the gender and age of each child, as the mean scores tend to be different between boys and girls and tend to change with age. Therefore, there are two sets of T-score scoring templates that are used for each gender: One that is for children of a younger age range, and another for children of a slightly older age range. Note that if a “younger age range” child has a birthday between their first and last assessments—that would move them into the older age range—that child will nevertheless continue to use the same “younger age range” template that was used at their first assessment. This ensures that the calculated T-scores between first and last assessments are equivalent and can be meaningfully compared.

Structured Decision Making (SDM)

The *Structured Decision Making* (SDM) model is a set of assessments for guiding decision-making at each of the decision points for children in Families Together. One assessment is the SDM Family Prevention Services Screening Tool (FPSST), used to make two decisions: whether or not to offer voluntary prevention services and, if so, the frequency of on-going case manager contact. The screening tool identifies families who have low, moderate, high, or very high probabilities of future abuse or neglect. The risk level identifies the degree of risk of future maltreatment, guides the decision to offer voluntary prevention services, and helps determine the frequency of case manager contact.

The SDM:FPSST is also used to reassess a family in order to make two decisions: whether or not to continue voluntary prevention services past 12 months for these families receiving intensive services, and past 3 months for those receiving a brief intervention and, if so, the frequency of case manager contact.⁴⁵

Triple P Satisfaction Surveys

Multiple Sessions (Individual or Group)

The *Multiple Sessions Satisfaction Survey* is utilized by parents who complete Levels 3 (Individual /Brief Group), 4, or 5 of the Triple P Program. It consists of 16 items: 13 closed-ended items and 3 open-ended items. Parents assess many different dimensions of the program including: the quality of the program, the extent to which the program met their needs and their child’s needs, how much the program helped parents deal with problems in their family or with their children, relationship improvement, child behavior improvement, and overall satisfaction. Participants also have the option of providing their email address if they are interested in receiving the Triple P newsletter.

⁴⁵ Children’s Research Center, *Structured Decision Making Policy and Procedure Manual*, 2006.

Single Sessions (Seminars & Workshops)

The *Single Session Satisfaction Survey* is utilized by parents who participate in Level 2 Seminars and Level 3 Workshops of the Triple P Program. It consists of 4 items: 3 closed-ended questions, and 1 open-ended question. Participants fill out this short survey which assesses if they felt that the Seminar or Workshop addressed their questions, whether they are going to use any of the parenting strategies they learned, and if they are satisfied, overall, with the Seminar or Workshop. Participants can also add any additional comments they have. Late in FY 2011-12 an additional question was added that asked participants how they first heard about the program, and beginning in 2012-13 participants had the option of providing their email address if they were interested in receiving the Triple P newsletter.

Fear-Less Satisfaction Questionnaire

The *Fear-Less Satisfaction Questionnaire* is utilized by parents who participate in Fear-Less Triple P. It consists of 14 items: 13 closed-ended items and 1 open-ended item. Parents assess many different dimensions of the program including: the usefulness of the material, their ability and confidence in handling their child's and their own anxiety, the impact of the program on their families, and overall satisfaction.

Wechsler Preschool and Primary Scales of Intelligence, 4th edition (WPPSI-IV)

The *WPPSI-IV* is used by the Neurodevelopmental Foster Care Clinic ("NDFCC"), and is an individually administered test designed to reflect the cognitive functioning of young children, with two bands available: one for children ranging in age from 2 years, 6 months to 3 years, 11 months, and another for children ranging in age from 4 years to 7 years, 7 months (to accommodate the substantial changes in cognitive development that occur during early childhood). The test yields three levels of interpretation: Full Scale, Primary Index scale, and Ancillary Index scale levels. A full scale composite IQ is also calculated. Standard scores have a mean of 100 and standard deviation of 15.

Appendix D: Triple P Methodologies

This Appendix includes details of the methodologies used to analyze the Triple P assessments.

Multiple types of improvement calculations

At the beginning of the 2020-2025 Strategic Plan, the methodologies used to calculate the amount of improvement between Pre and Post assessment scores were thoroughly reviewed and improved to be more statistically accurate. “Improvement” in scores is now being measured using the statistical calculation that corresponds to the type of data being analyzed.

- **Relative Percent Change:** This statistical calculation is used for assessments where the overall score is the *sum* of its items (i.e., a *ratio* scale with a discrete range of scores). Improvement is calculated as the amount of change between Pre and Post scores relative to the maximum possible amount of change. Assessments such as the *Parenting and Family Adjustment Scales (PAFAS)* and *Child Adjustment and Parent Efficacy Scale (CAPES)* would use this methodology.
- **Net Change:** This statistical calculation is used for assessments where the overall score is the *average* of all its items (i.e., an *interval* scale). Improvement is calculated as the difference between the Pre and Post scores (simple subtraction). An assessment such as the *Acrimony Scale* would use this methodology.

Net Change is also used when calculating the amount of improvement *between two percentages*, such as the difference between a child’s BMI percentile (which is expressed as a percentage, such as “the 85th percentile”) at Pre and Post.

- **Standard Percent Change:** This statistical calculation is used for assessments that are a scale with a “fixed” zero and no set maximum value (i.e., a *ratio* scale that begins at zero and has an unlimited maximum). Improvement is calculated using the standard percent change between Pre and Post scores, relative to the Pre score. Measurements such as the *Body Mass Index* score (which is expressed as a number, such as 24.9) are analyzed using this methodology.

There are two main advantages to matching the improvement analysis to the corresponding type of assessment data being analyzed: 1) this improves the statistical validity and significance of the results, and 2) this provides the benefit of allowing us to compare results across assessments that use the same methodology.

Reports prior to July 1, 2020 used different methodologies to calculate improvement results, so results after this date (beginning with FY 2020-21) should not be compared to previous reports’ results. First 5 intentionally began the use of these new methodologies at the start of the current 2020-2025 Strategic Plan, to provide a seamless evaluation from this time forward.

Measures of Statistical Significance

Calculations of the amount of improvement are now also analyzed for statistical significance (using a paired samples t-test) and Effect Size (using Cohen's d for paired-samples t-test).

These two calculations together provide a more comprehensive description of any differences—hopefully improvements—that are found between Pre and Post assessments. Statistical significance indicates how sure you can be that the improvement is real, but says nothing about the *size* of the improvement. On the other hand, Cohen's d and other measures of Effect Size measure how big—or meaningful—the change in scores is (and in which direction). Improvement results are considered *significant* if $p \leq .05$, and are also deemed *meaningful* if the Effect Size is > 0.5 .

Triple P Analysis Populations

County of Residence: When the COVID-19 pandemic began in March 2020, all Triple P services began to be available remotely. Post-pandemic, many agencies are continuing to provide virtual classes as well as in-person classes, in order to reach as many parents as possible. Although a few clients who live outside of Santa Cruz County are enrolling in these virtual services due to the ease of access, this number is quite small, and First 5 is including all clients served by Triple P in the analyses of demographic and assessment results.

Analysis of Improvement: When analyzing the amount of improvement between Pre and Post scores, clients who have no room for improvement (i.e., clients who already scored the highest/best score on the initial (Pre) assessment) are excluded from this type of analysis. This is the statistically accurate methodology for analyzing a population whose improvement is being measured.

In addition, all improvement analyses are calculated as the average of all clients' improvement scores, following the statistically preferred way of calculating averages within a population.

Analysis of Average Pre/Post scores: In contrast, all clients (including those who already scored the highest/best score on the initial (Pre) assessment) are included in the calculation of average Pre and Post scores, as this analysis is not specifically measuring the amount of improvement.