First 5 Santa Cruz County



Annual Evaluation Report

July 1, 2025 - June 30, 2026

October 2026

Acknowledgements

First 5 Santa Cruz County would like to thank Nicole Young, of Optimal Solutions Consulting, who managed Santa Cruz County's Triple P - Positive Parenting Program for over 15 years, as well as her invaluable collaboration in the evaluation of this program.

In addition, First 5 Santa Cruz County would like to thank the staff and participants of the funded partner agencies, whose commitment to data collection has facilitated the gathering of the robust data included in this report.

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HEALTHY CHILDREN

Strategic Goal:

Support and strengthen early childhood systems so that young children and their families have optimal physical, behavioral, social, and emotional health.

Desired Results:

- Equity in Strong Start Scores across the county
- Increased access to affordable quality health care
- Increased use of preventive and early intervention services
- Improved perinatal, 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, Dignity Health - Dominican Hospital (Dominican), and Sutter Maternity & Surgery Center of Santa Cruz (Sutter). 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 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.

Kit for New Parents: 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 each county to add additional resources to these kits. Altogether, the customized *Kit for New Parents* for Santa Cruz County includes all state-provided items, plus additional items that are specific to Santa Cruz County (identified by an asterisk (*), below):

- 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.

- Informational flyers about:
  - Poison control, *immunizations, and *screening for lead
  - *Triple P Positive Parenting Program
  - *211 Santa Cruz County program[14]
  - *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
  - *A Parent Guide to Thrive by 5
- Parentage Opportunity Program
- Reusable "*Talk, Read, Sing*" tote bag
- Two bilingual books (English/Spanish): "*Numbers"* and "*Three Brainy Birds Spreading The Word"*

The *"2025 California County Scorecard of Children's Well-Being"* [15] 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 immunizations)—are helping our county have a high percentage of participation in these critical areas.

Figure 15: **Resources inside the *Kit for New Parents***



Medi-Cal Renewal Assistance: In FY 2025-26, First 5 Santa Cruz County received a grant from the Central California Alliance for Health to expand their assistance to any person who needs help in renewing their Medi-Cal coverage. First 5 started offering phone-based and in-person Medi-Cal renewal assistance on June 1, 2026.

[14] 211 Santa Cruz County 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, 211 Santa Cruz County also provides incident-specific information.

[15] Children Now, *2025 California County Scorecard of Children's Well-Being* , https://scorecard.childrennow.org/, retrieved 8/25/26.

One Newborn Enrollment Coordinator Story

Maria* was just 24 hours into motherhood when she realized she had a problem. Covered under her own mother's health insurance plan, the new mom knew her baby wouldn't be eligible for that same coverage. She had no idea what to do next or how to ensure her newborn would have health insurance when they left the hospital. That's when the hospital's Newborn Enrollment Coordinator (NEC) stepped in.

After asking a few screening questions, the NEC presented Maria with her options and helped her understand that her newborn could qualify for Medi-Cal. However, understanding eligibility was just the first step. To make sure that the baby would have coverage and access to care immediately after discharge, the NEC went further—contacting a safety-net clinic where Maria could qualify for temporary Medi-Cal, scheduling the newborn's first appointment, and coordinating with clinic staff to document the temporary coverage need in the baby's chart.

What could have been an overwhelming bureaucratic maze during one of life's most vulnerable moments became a seamless transition to going back home with everything handled. Maria's baby received the follow-up care needed after discharge, established a medical home, and obtained health coverage, all because a dedicated professional was there at the right moment to guide this young family through the system.

As Certified Covered California Enrollment Counselors, NECs provide clear guidance on health insurance options to every family—regardless of insurance status—ensuring that no baby begins life without access to the care they need.

*Name changed to protect privacy

- First 5 Baby Gateway Newborn Enrollment Program

Connecting with County programs

Newborn Enrollment Coordinators (NECs) incorporate multiple services into their newborn visits. In addition to the Medi-Cal enrollment assistance and review of the contents of the *Kit for New Parents*, NECs also introduce the mothers to several County programs that are available.

State-wide Student Identification number (SSID)

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' achievements in and out of public schools and districts across the state.

Ventures' Semillitas program[16]

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,[17] 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.

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.[18] 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.

Milestone payment opportunities

- **Ventures:** $50 is added to a child's Semillitas account if their parent attends a Financial Capability Workshop.

[16] 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*.

[17] Amount is based on household income and available funding.

[18] 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.

- **Semillitas:** Additional funds are added to the child's account if the parent participates in key programmatic activities:
  - $25 for the first time they log into their child's account.
  - $25 for the first time they attend a Parent Introduction Workshop.
  - $50 for the first time they take part in Semillitas' Annual Survey.
- **Salud Para La Gente** and **Dientes:** County partners Salud Para La Gente and Dientes continue making payments into Semillitas savings accounts for accomplishing important oral health milestones.
  - Salud Para La Gente contributes this amount to children's Semillitas savings accounts:
    - $50 for the child's "first tooth or first birthday" visit
  - Dientes offers these contributions:
    - $50 for the child's "first tooth or first birthday" visit
    - $25 for each of the child's annual visits (ages 2-5)
    - $50 for the child's sealant visit (age 6)
- **Triple P:** 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:** For infants who are Alliance members, the Alliance makes a deposit of $50 into a child's savings account when the child receives all 10 recommended vaccines by their second birthday and gets all 6 wellness check visits in the first 15 months of life. 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.

Dolly Parton's Imagination Library

Dolly Parton's Imagination Library helps children develop a love for reading by providing free books to children from birth to their 5th birthday, regardless of their family's income. Books are selected by a panel of early childhood literacy experts for content that is informative, age appropriate, and inspiring, and children have the option of receiving books in English, or bilingual books (English and Spanish).

In the fall of 2025, First 5 Santa Cruz County—along with founding local sponsors United Way of Santa Cruz County and Thrive by 5—brought Dolly Parton's Imagination Library to Santa Cruz County. Families can now enroll their children from birth to age five in this program, and every month a new, high-quality, and age-appropriate book will be mailed and addressed to their child.

More information about this program can be found in the Dolly Parton's Imagination Library partner profile later in this report.



Alicia Fernandez, First 5 Health Outreach and Enrollment Manager, speaks at a Benefits Collaborative meeting in April 2026.

Fernandez discussed First 5's Baby Gateway Newborn Enrollment Program and other County resources, including the *Dolly Parton's Imagination Library* program that was recently launched in Santa Cruz County.

Food Assistance

Santa Cruz is listed by the U.S. News and World Report as the 6th most expensive place to live in the U.S., in 2025-2026. This analysis is based on the median gross rent and annual housing costs for mortgage-paying homeowners.[19] High housing costs significantly impact residents, including their ability to afford healthy food.[20] A newly released "2026 Map the Meal Gap" report by Feeding America[21] shows that food insecurity in Santa Cruz County has been increasing. According to the report, between 2020 and 2024, the percentage of children living in food-insecure households rose by 5.5 percentage points, from 13.6% to 19.1%.

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.

[19] U.S. News & World Report (2025). Most Expensive Places to Live in the U.S. in 2025-2026.
[20] 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/
[21] Feeding America, *Food insecurity reaches every U.S. community, with rural and southern counties facing the highest rates.* July 28, 2026. Retrieved 9/18/26 from https://www.feedingamerica.org/about-us/press-room/Map-the-Meal-Gap-2026.

- **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. Beginning June 1st, 2026, CalFresh was required to implement new work requirements for some adults, which NECs helped explain to families.

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

WIC is a nutrition program that serves pregnant, breastfeeding, and postpartum women, and infants and children up to the age of 5. WIC benefits include the California WIC Card for families to purchase food, support for breastfeeding, and nutrition education. Most children up to the age of 5 and pregnant people—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.

Population Served: Baby Gateway Newborn Enrollment

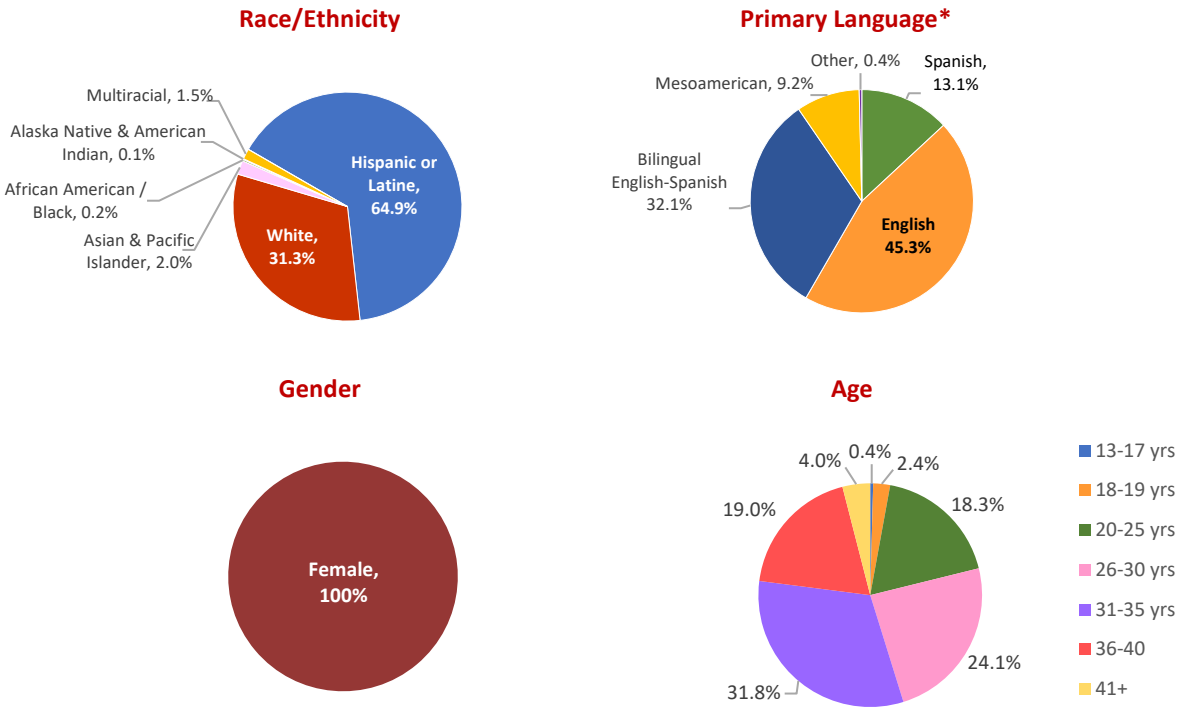
	Newborns and their mothers assisted with Medi-Cal enrollment, and connected to County programs	Privately insured newborns and their mothers connected to County programs	Newborns and their mothers provided with insurance options and other essential resources[1]	2025-26 Total
Newborns	1,189	567	397	**2,153**
Mothers of newborns[2]	1,183	563	386	**2,132**

Source: (Population) First 5 CCD database for July 1, 2025 – June 30, 2026. (Application types) First 5 Apricot database, 2025-2026

[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.

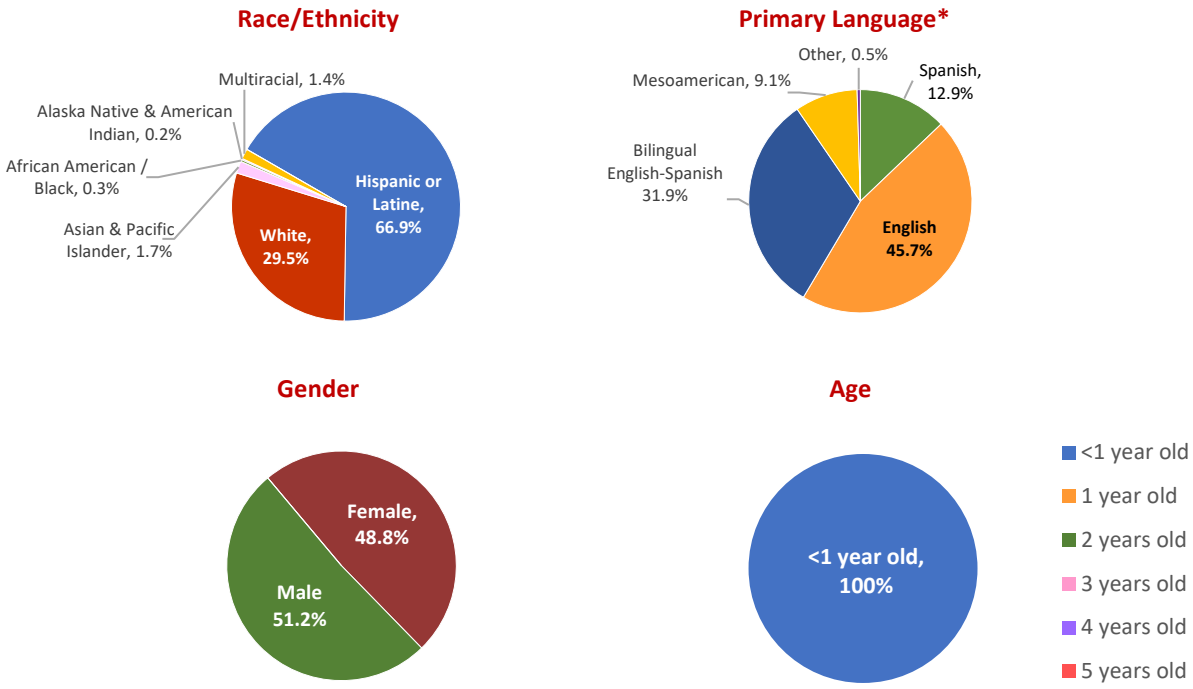
[2] Newborns are not the only clients benefiting from the Baby Gateway Newborn Enrollment Program. Mothers who are visited by NECs receive a number of referrals and resources, and assistance with their own Medi-Cal renewals. Completing a newborn referral form (MC330) for a mother adds her newborn to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

Figure 16: **Demographics of Mothers visited via the Baby Gateway Newborn Enrollment Program (2025-2026)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
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, Zapotec, and Triqui. "Other" language options include Multilingual, Bilingual-Other, and other languages.
N: (Ethnicity)=1,838, (Language)=2,132, (Gender)=2,132; (Age)=2,124.

Figure 17: **Demographics of Newborns benefiting from the Baby Gateway Newborn Enrollment Program (2025-2026)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Multilingual, Bilingual-Other, and other languages. Newborns are assigned their mothers' primary language.
N: (Race/Ethnicity)=1,756; (Primary Language)=2,153; (Gender)=2,153 (Age)=2,153.

Outcomes

Enrolling newborns in health insurance

Data from 2025-26 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 2025-26, **essentially all** 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, **essentially all** 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 18: **Baby Gateway Newborn Enrollment Program project statistics (2025-2026)**

PROGRAM COMPONENT	WATSONVILLE COMMUNITY HOSPITAL	DIGNITY HEALTH - DOMINICAN HOSPITAL	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	TOTAL
Total Number of All **Births in Santa Cruz County hospitals** [1]	751	753	647	2,151
Total Number of **Newborns Visited** [2]	754	755	644	2,153 *100.1%* [2]
Number of **Kits for New Parents** distributed [3]	753	750	637	2,140 *99.4%*
Total Number of **Births paid by Medi-Cal** [4]	654	405	125	1,184
Number of **Completed Newborn Medi-Cal Applications** [5]	667	396	126	1,189 *100.4%* [5]
Number of Newborn Medi-Cal Applicants who have **identified a Preferred Primary Care Provider** or Clinic for their newborn, before discharge	667	396	126	1,189 *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.

[1] This includes all births within Santa Cruz hospitals, regardless of the mother's County of residence. Due to the source of this information, this number does ***not*** include babies born outside of a Santa Cruz hospital (e.g., home births, born in an ambulance, or brought to the hospital after a home birth).

[2] This includes the number of newborns whose mothers received a visit (i.e., twins will be counted Individually), regardless of insurance status. The total number of newborns visited by NECs will often be higher than the reported number of births in hospitals, since NECs may visit newborns who entered the hospital ***after*** their birth. Babies born outside the hospital are not counted as "hospital births," but these mothers may later 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 an estimation. 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. 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 total Medi-Cal births should be considered a close approximation.

[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 application assistance from NECs, these numbers continue to show that NECs help 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.

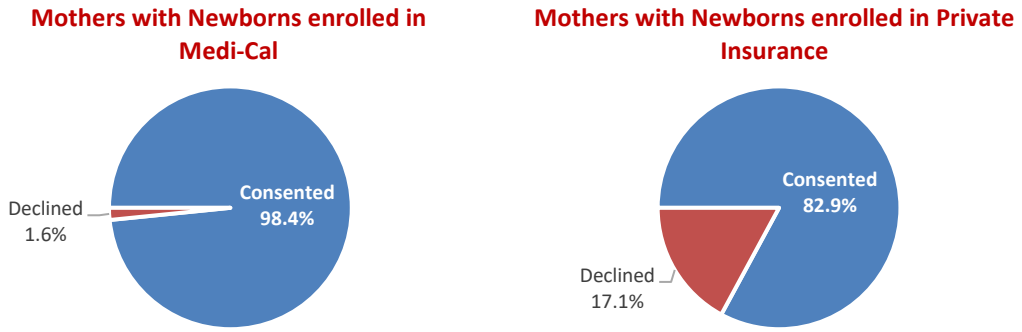
Reports of dental health utilization among children insured by Medi-Cal suggest that the "First Tooth, First Birthday" campaign in Santa Cruz County may have been effective in encouraging more families to make dental visits for their children, and particularly for their children ages 1-2.

- **"First tooth, First birthday" campaign:** In 2024, Oral Health Access Santa Cruz County reported that over the previous eight years there was a 225% increase in the number of young children with Medi-Cal insurance going to the dentist.[22]
- **Annual dental visits:** In 2023, **56%** of children ages 1-2 with Medi-Cal insurance in Santa Cruz County had an annual dental visit (an 8.5% increase over the previous five years), compared to **42%** across the State. [23]

State-wide Student Identification number (SSID)

- **Student Identification numbers:** Between October 2020 and June 2026, First 5 Newborn Enrollment Coordinators (NECs) obtained consents from 92% of all eligible mothers, to allow NECs to provide their information to the County Office of Education (COE) for the purpose of creating a SSID for their newborn.
  - A higher percentage of mothers of newborns enrolled in Medi-Cal consented to have their contact information shared with the COE (98%), compared to the percentage of mothers whose newborns are enrolled in private insurance (83%).

Figure 19: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2026), who consented to have their contact information shared with COE**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2026.
N = (Medi-Cal)=5,505; (Private)=4,347.

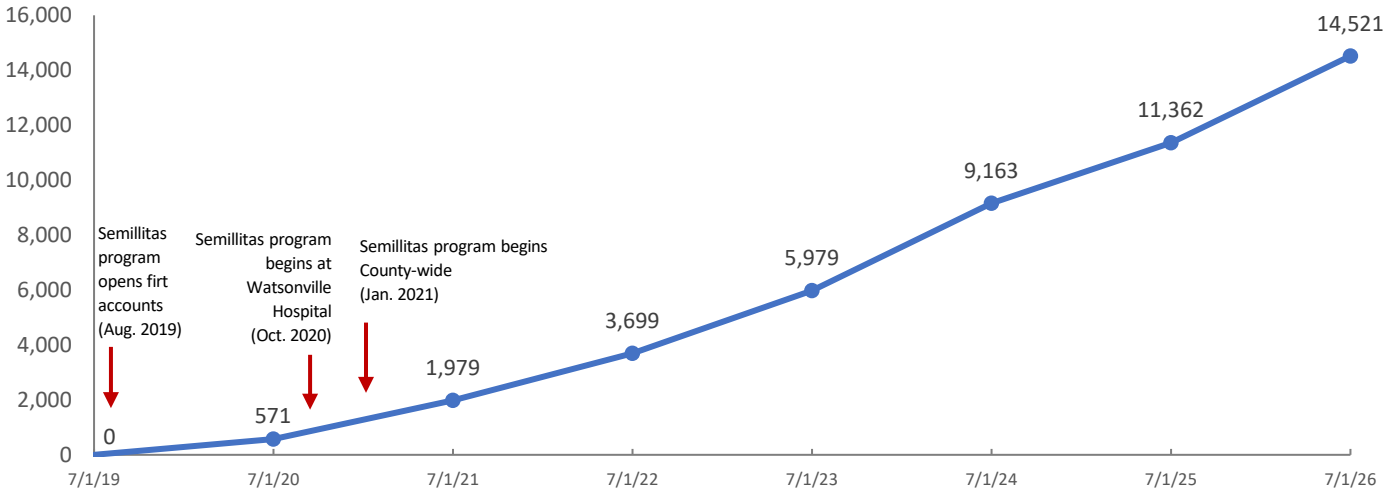
[22] Oral Health Access Santa Cruz County, *Strategic Plan 2024-2028*, Retrieved on 9/1/2025 from https://oralhealthscc.org/.
[23] Department of Health Care Services, Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2023* and *Dental Utilization Measures and Sealant Data by Age Groups Calendar Year 2013 to 2023*, California Health and Human Services Open Data Portal, 2026.

Ventures' Semillitas program

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

- Over **$1 million has been invested** in these accounts, as of June 2026.
- **Number of Accounts Opened:** Since the program began (between August 2019 – June 2026), a total of 14,521 Semillitas accounts have been opened.

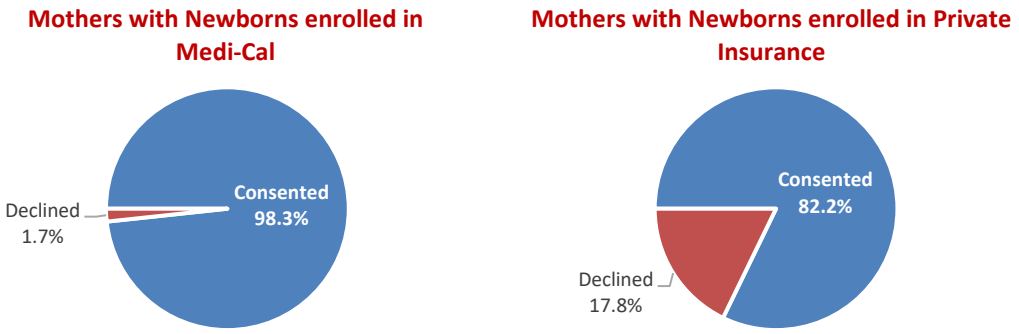
Figure 20: **Growth of the total number of Semillitas accounts opened**



Source: Ventures, Program records, 2026.
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 2026, 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.
  - A higher percentage of mothers of newborns enrolled in Medi-Cal consented to have their contact information provided to Ventures (98%), compared to the percentage of mothers whose newborns are enrolled in private insurance (82%).

Figure 21: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2026), who consented to have their contact information shared with Ventures**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2026.
N = (Medi-Cal)=5,372; (Private)=4,180.

Ensuring access to food

In FY 2025-26, NECs connected mothers to these **food resources**:[24]

- **360** supplemental applications (CW8A) were completed to add newborns to their mothers' existing CalFresh case
- **252** mothers and their newborns were provided with resources to apply for CalFresh
- **45** mothers and their newborns were provided with resources to apply for WIC

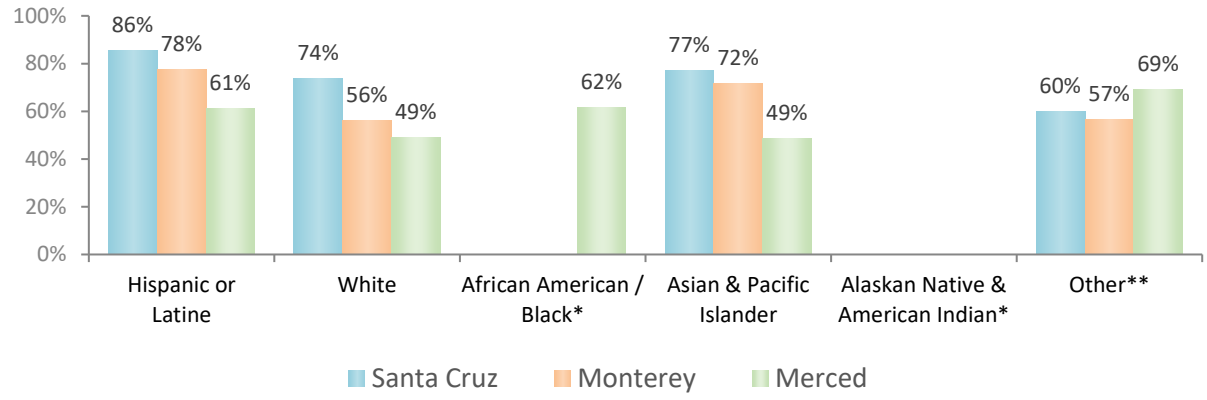
Supporting Well-Child Visits

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.[25] 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.

[24] First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program data.
[25] 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*.

The figure below shows 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 three of the six counties served by the Central California Alliance for Health.

Figure 22: **Percentage of children with Medi-Cal insurance who received at least six Well-Child visits by 15 months of age, by Race/Ethnicity and County (2025)**

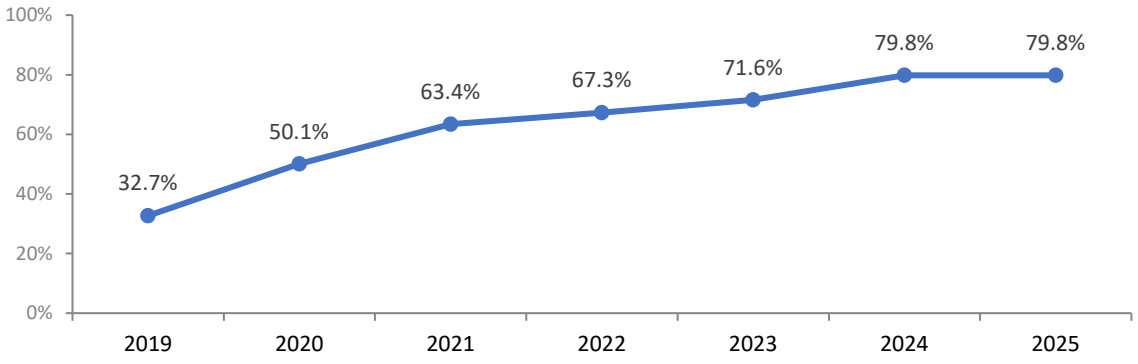


Source: Central California Alliance for Health.
Notes:
- Only children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis.
- Results reflect the most current data available at the time of this report.

* Results for smaller populations have been suppressed to maintain confidentiality.
** "Other" = Race/ethnicity was not noted.

When you look at all infants with Medi-Cal insurance in Santa Cruz County—across all races/ethnicities—these data show that in 2025, 80% of all infants had received at least 6 well-child visits with a provider within the first 15 months of life. Although this is the same as the previous year, this percentage has been steadily increasing since 2019 (the first year of available data for this statistic).

Figure 23: **Percentage of all infants with Medi-Cal insurance in Santa Cruz County who received at least 6 well-child visits by 15 months of age**



Source: Well-Child Visits: Central California Alliance for Health, *HEDIS Results*.
Note: Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis.

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[26]

- At Watsonville Community Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 55% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2008 and 2025).
- At Dominican Hospital, the number of ED visits for infants under age 1 who were covered by Medi-Cal has decreased 21% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2010 and 2025). 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.[27]

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

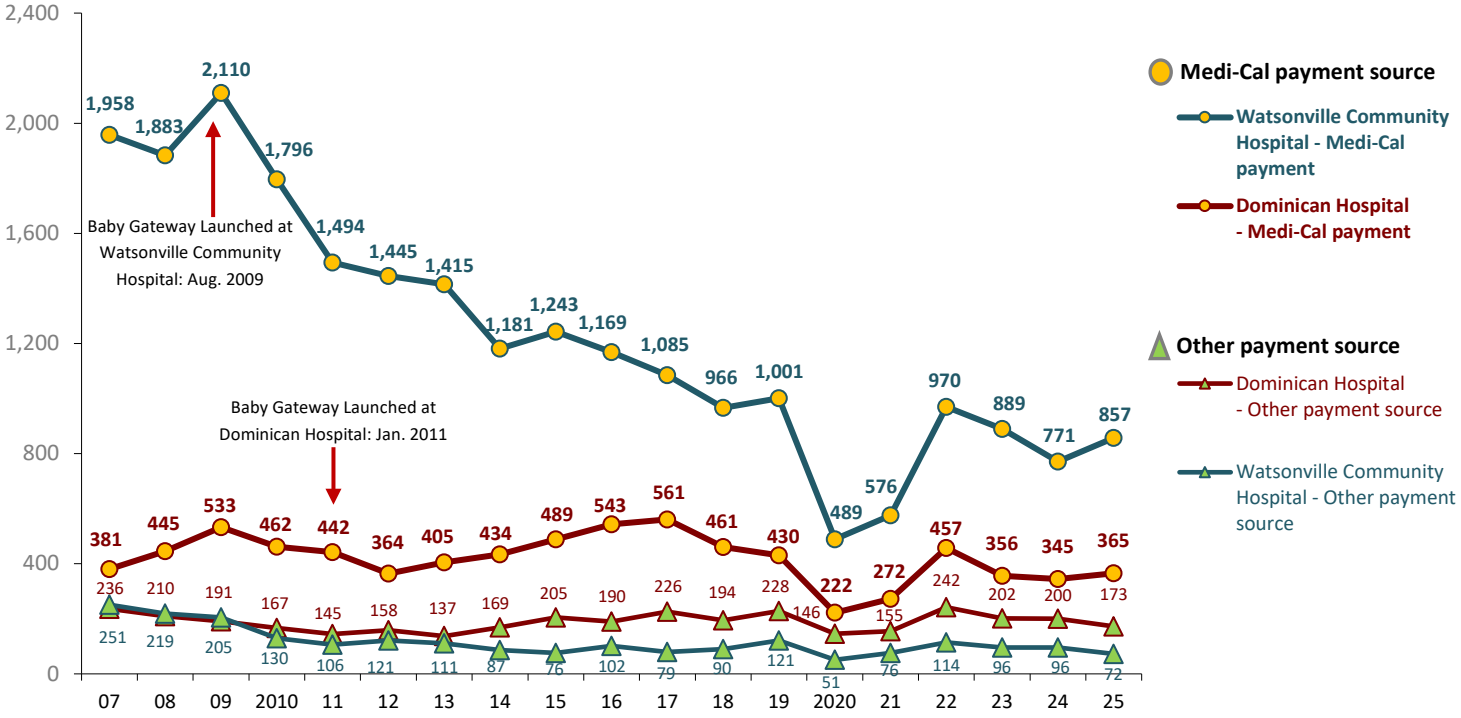
1. The dramatic decrease in ED visits between 2019 and 2020 may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk, non-specific symptoms.
2. Between 2021 and 2022, the sharp increase in ED visits suggests that these numbers are returning to pre-pandemic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

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.

[26] ED rates for 2020-2024 have been modified to reflect updated population totals.
[27] U.S. Centers for Disease Control and Prevention, *National Hospital Ambulatory Medical Care Survey (NHAMCS), 2010 Emergency Department Summary Tables*,2010.

Figure 24: **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*, 2026. (Population of Santa Cruz County children under age 1) California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025. 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 6 to 12 months of age, then at least once between 3 and 5 years of age, once again before they start school, and then annually.[28]

> *"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."* [29]

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,[30] which increased the reach of the program.

[28] American Optometric Association, *Comprehensive eye exams*, 2019 [Retrieved 8/17/26 from https://www.aoa.org/healthy-eyes/caring-for-your-eyes/eye-exams].
[29] American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 8/17/26 from https://www.aoa.org/healthy-eyes/eye-health-for-life/preschool-vision], 2026.
[30] 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.

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.

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 22 private preschool and infant/toddler classrooms, providing screenings at a total of **104** 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.
- A new flyer is available to parents and caregivers, "*VisionFirst Tips For Your Child's First Visit To The Eye Doctor,*" that offers some suggestions that might help a child be better prepared for their first eye exam.

One VisionFirst story: Preparing a child for their first eye exam

According to the American Optometric Association (AOA), a child's first comprehensive eye exam should occur around 6 months of age, even if no eye or vision problems are apparent. But for some children, visiting an eye doctor can be a challenging and scary experience, leaving parents to question whether such a visit should be made at such a young age.

This year, a parent shared that they took their child twice to see an eye doctor, but on both occasions the child was uncooperative, and no exam could be administered. The eye doctor was willing to try again in a few months, but the parent felt that maybe screening should be delayed until the child was older.

First 5 staff were able to offer some suggestions to the parent that could help the child be better prepared for their next eye exam. When First 5 staff checked in with the parent a few months later, they were pleased to hear that the child had been successfully screened. The mother had implemented their suggestions, and as a result the child followed directions well and had no trouble during the eye exam. The child needed eyeglasses! And thanks to the guidance and encouragement she received, she was successful in getting what she needed.

- First 5 VisionFirst program

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 VisionFirst Dramatic Play Kit set-up in a child care site

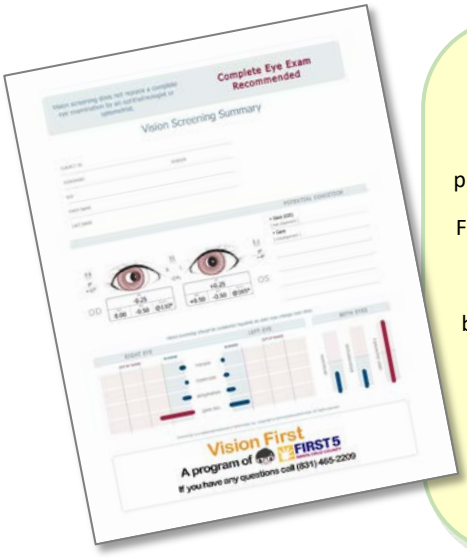
The following two images are examples of what the screening results look like using the Spot Vision Screener. The image on the left shows screening results that indicate that the child may have vision issues. The image on the right shows the screening results for the same child wearing glasses, which 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: Catching a vision issue early

Children in the VisionFirst Program who are identified as "out of range" are encouraged to have a comprehensive eye exam. While many receive eyeglass prescriptions, others obtain other treatments based on the doctor's assessment.

For example, a child screened this year who was found to be "out of range" (see screening results at left) was diagnosed as having intermittent exotropia. "Intermittent exotropia" is a common type of eye misalignment where one or both eyes occasionally turn outward. The pediatric eye doctor determined that eyeglasses were not needed at this time and recommended eye exercises, patching therapy, and ongoing monitoring.

The child's father expressed gratitude for the VisionFirst program and valued the screening.

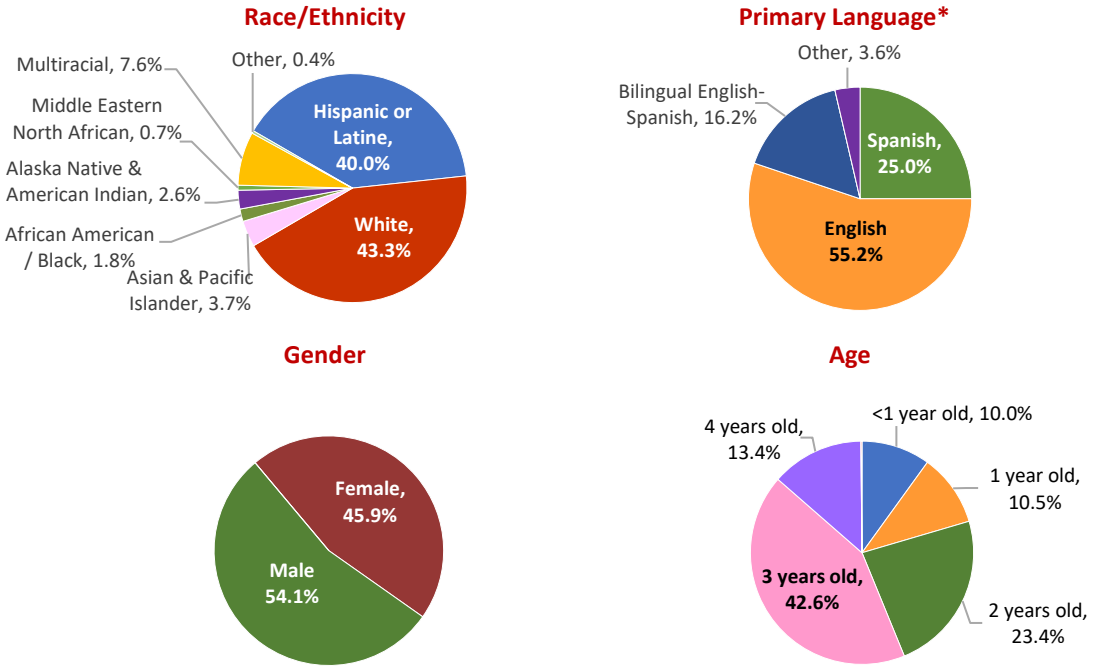
- First 5 VisionFirst Outreach staff

Population Served

	2025-2026
Children	582

Source: First 5 Santa Cruz County, VisionFirst records, 2026.

Figure 25: **Demographics of Children (ages 0-5) participating in VisionFirst (2025-26)**



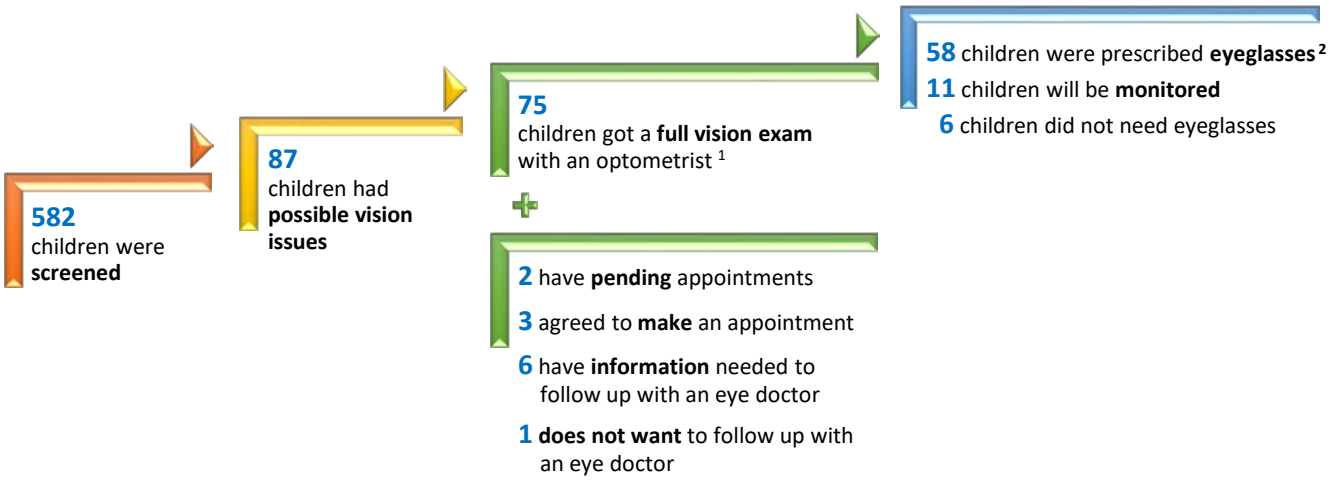
Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* "Other" language options may include Multilingual, Bilingual-Other, and other languages.
N=(Race)=568; (Language)=580; (Gender)=582; (Age)=582.

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 **582** children screened, **87** had possible vision problems identified (15% of all children screened).
- **75** of these children have followed up with a full vision exam at an optometrist.[31]
- Of those children who had a full vision exam, **58** were prescribed eyeglasses, **11** will continue to be monitored for possible vision issues, and **6** children did not need eyeglasses.

Figure 26: **VisionFirst screening outcomes – Santa Cruz County (2025-26)**



Source: First 5 Santa Cruz County, VisionFirst records, 2026.
Note: These FY 2025-26 results are as of July 29, 2026, 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.
[2] The number of children prescribed eyeglasses includes children who received eyeglasses for the first time, and also children who already go to an optometrist and have glasses but weren't wearing them during vision screening.

Local partner vision screenings

Due to the success of the VisionFirst program, some local partners have purchased their own Spot Vision Screener devices to provide ongoing screening for their own clients. In 2025-26 one site conducted their own screenings and follow-up, and reported these outcomes:

Figure 27: **Local partners' vision screenings using the Spot Vision Screener (2025-26)**

	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	516	93	93	• **89** were prescribed glasses • **4** will be monitored

[31] These FY 2025-26 results are as of 7/29/26, in order to get as thorough a report as possible of the final outcomes for this cohort.

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.

Santa Cruz County school-age children on Medi-Cal are receiving primary eye care services

A recent Policy Brief from the California Health Policy Strategies, L.L.C.[32] reports that the percentage of school-age children (ages 5-18) on Medi-Cal who have received primary care eye services[33] is very low, and that most counties have had a substantial decrease in the number of children who have received vision care over a multi-year period (from CY 2015-16 to FY 2022-24).

- During FY 2022-24, the percentage of school-age children with Medi-Cal insurance who received primary vision services was only 15.8% across the state, compared to 20.8% in Santa Cruz County.
- Across the state and for the majority of counties, these percentages have been decreasing over time (since CY 2015-16).
- However, Santa Cruz County is **one of only seven counties** that showed slight improvement during these two time periods (from 20.6 % to 20.8%).

It's possible that the percentage of school-age children who have received primary care eye services has been influenced by the VisionFirst program. By providing vision screening to preschool children, and supporting parents in following up with full vision exams for their child at an optometrist, entire families with children of all ages are now more aware of the importance of vision and eye care.

[32] California Health Policy Strategies, L.L.C., "*Policy Brief: Are Medi-Cal Children Receiving Vision Care They Need? A 2022-24 Update,*" December 2025.

[33] "Primary care eye services" includes eye examinations, determinations of refractive state, or dispensing of glasses.

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 concerns is clear. As reported by the CDC,

> *"The early months and years of a child's life form the foundation for future health, development, and learning. Young children learn best through nurturing relationships with their families and primary caregivers. When developmental concerns are identified early, and children and families receive early intervention or other needed services, children have better outcomes."* [34]

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—located at Stanford Children's Health specialty services clinic in Capitola—is a collaboration between Lucile Packard Children's Hospital Developmental-Behavioral Program, Santa Cruz County Children's Behavioral Health, Family and Children's Services, and First 5 Santa Cruz County. The NDFCC has also recently explored expanding their services to children served by the Santa Cruz County Public Health Home Visiting Programs.

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 birth 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 dependents of the Santa Cruz County juvenile court system, are referred to the program. For children with ongoing needs, Stanford Children's Health holds a developmental and behavioral assessment clinic in Capitola, once a week, for children ages 6-13.

[34] Centers for Disease Control and Prevention, *Learn the Signs. Act Early*. Quoting from the source: Barger B, Rice C, Wolf R, Roach A. *Better together: Developmental screening and monitoring best identify children who need early intervention*. Disabil Health J. 2018 Jul;11(3):420-426. doi: 10.1016/j.dhjo.2018.01.002. Epub 2018 Feb 2. PMID: 29459217; PMCID: PMC6005750. Retrieved 9/22/2025 from https://www.cdc.gov/act-early/about.

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 ongoing counseling to those children needing therapy services.
- 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.

Funding Transition

In FY 2025-26, First 5 notified the NDFCC that due to budget constraints, First 5 would need to suspend financial support beginning July 1, 2026. To assist them with the transition, First 5 has been working with a core planning team that includes representatives from Stanford Children's Health, Salud Para La Gente, and Santa Cruz Community Health, to find a near-term solution to the financial challenges faced by the NDFCC, and to possibly re-imagine how those services are provided and expanded in Santa Cruz County.

In June, 2026 it was confirmed that the Central California Alliance for Health would enter into a contract with Stanford Children's Health to authorize and reimburse for children referred to the NDFCC (now referred to as the Stanford Children's Health Neurodevelopmental System of Care Program). This contract with CCAH will support the clinical efforts made to ensure that infants, toddlers, and children have access to neurodevelopmental assessments and follow up.

One Client's Story

"David" had been referred to NDFCC by his primary care clinician when he was 7 months old, and was making minimal progress with speech. At his 2 ½-year-old visit, he had significant speech and language delays and social regression, raising concerns for possible autism.

Although he had been receiving early intervention services, he did not have a formal medical diagnosis. A third visit was scheduled for a comprehensive diagnostic assessment. The NDFCC licensed clinical psychologist was able to diagnose this child with autism and global developmental delay.

David was referred to Applied Behavior Analysis (ABA) therapy, and a request for an assessment for special education was developed. The child's primary care clinician was also contacted to ensure that coordinated care could be maintained.

If David had not been a patient of the NDFCC, his autism evaluation would not have been authorized, and he would likely still be waiting for a diagnosis.

- Neurodevelopmental Foster Care Clinic, Annual Progress Report

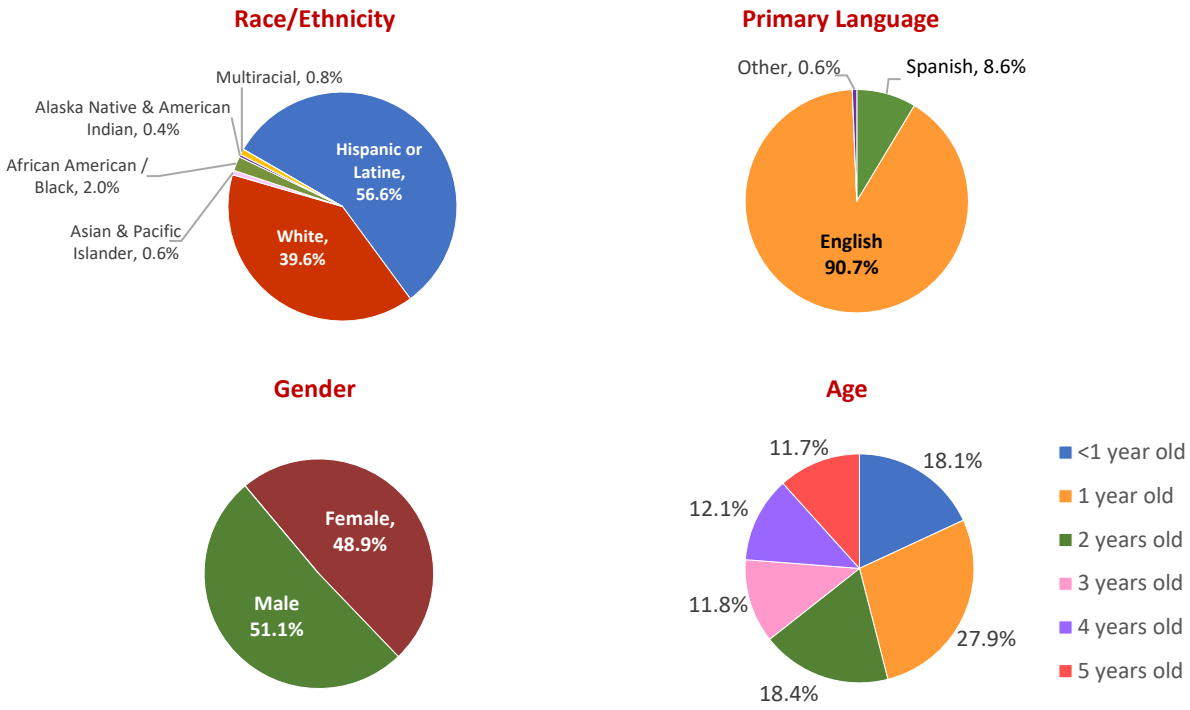
Population Served

	2025-2026
Parents/Guardians	**74***
Children	*(ages 0-5)* **37**

Source: (Population) First 5 CCD database for July 1, 2025 – June 30, 2026.
* 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.

In the following results, data from all the years of this program (2011-2026) have been aggregated in order to present a more robust profile of the children served.

Figure 28: **Demographics of Children (ages 0-5) participating in NDFCC (2011-2026)**



Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N=1,089.

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

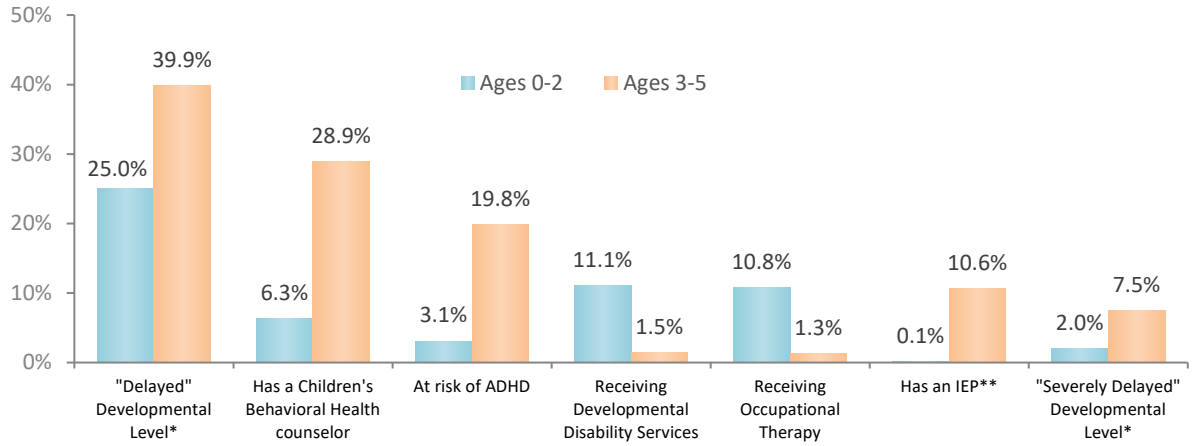
Measurable Objectives	2025-2026
By June 30, 2026, up to 50 children will receive comprehensive developmental and behavioral assessments and a plan for follow up within a community-based assessment team will be created for all children birth through 5.	• **37** children received comprehensive assessments

Source: Neurodevelopmental Foster Care Clinic, *Annual Progress Report*, 2026.
* 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 (2011-2026) in order to present a more robust portrait of the extent to which NDFCC is helping children in the dependency court system obtain

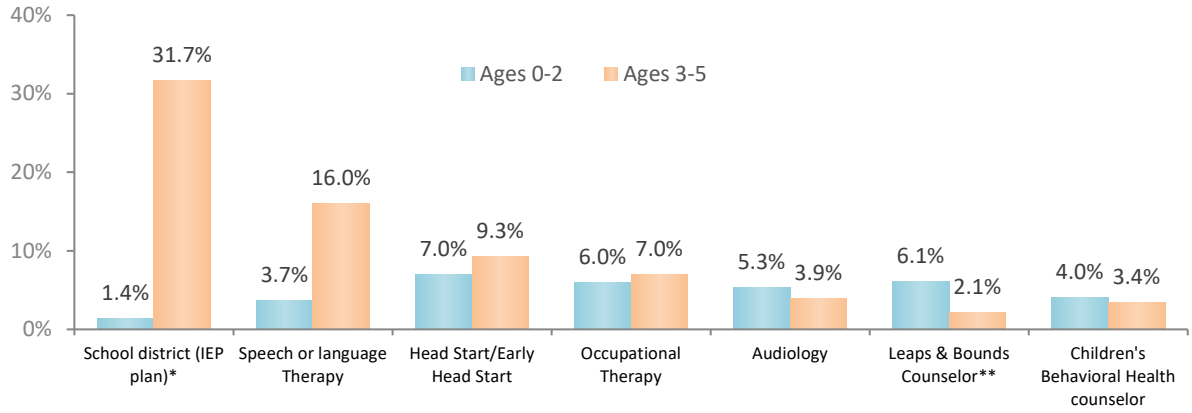
comprehensive developmental and behavioral evaluations to identify early intervention, mental health, or educational needs.

Figure 29: **Percentage of Children in NDFCC (ages 0-5) with these diagnoses and services, at Intake (2011-2026)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2026.
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) 701; (Ages 3-5) 388.

Figure 30: **Percentage of Children in NDFCC (ages 0-5) provided with these referrals (2011-2026)**



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2026.
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) 701; (Ages 3-5) 388.