



FIRST 5 SANTA CRUZ COUNTY



ANNUAL EVALUATION REPORT



July 1, 2024 - June 30, 2025

October 2025

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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THRIVING FAMILIES

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



Thriving
Families

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 **48** in 2024.
- **Children ages 1-2:** Allegation rates (*per 1,000*) dropped from a high of **59** in 2007, to **29** in 2024.
- **Children ages 3-5:** Allegation rates (*per 1,000*) dropped from a high of **61** in 2007, to **42** in 2024.

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

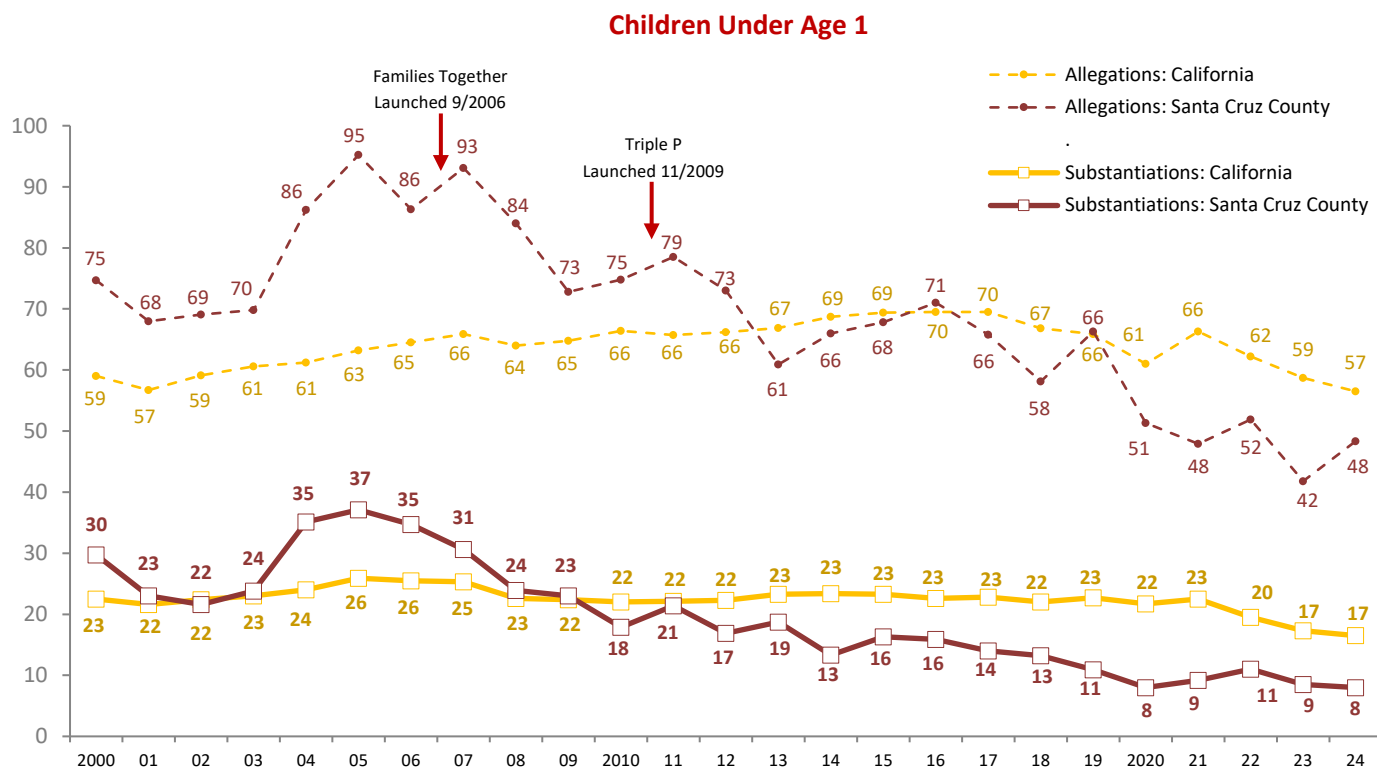
County moved from being substantially above (or at) the statewide rates, to **below** them (and have generally stayed below since).

Substantiated allegations of abuse or neglect in Santa Cruz County,

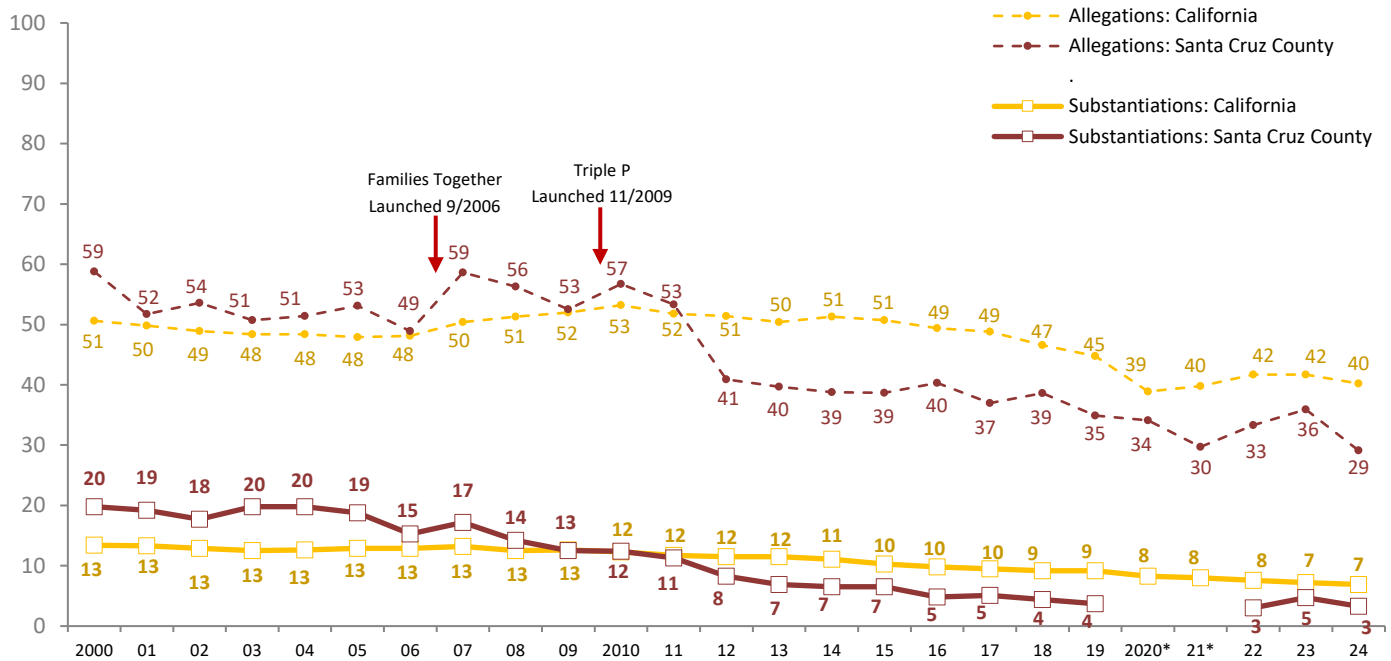
- **Children under age 1:** The rates of substantiated allegations of abuse or neglect (*per 1,000*) have decreased from a high of **37** in 2005, to **8** in 2024.
- **Children ages 1-2:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **20** in 2004, to **3** in 2024.
- **Children ages 3-5:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **18** in 2005, to **3** in 2024.

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 in 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.

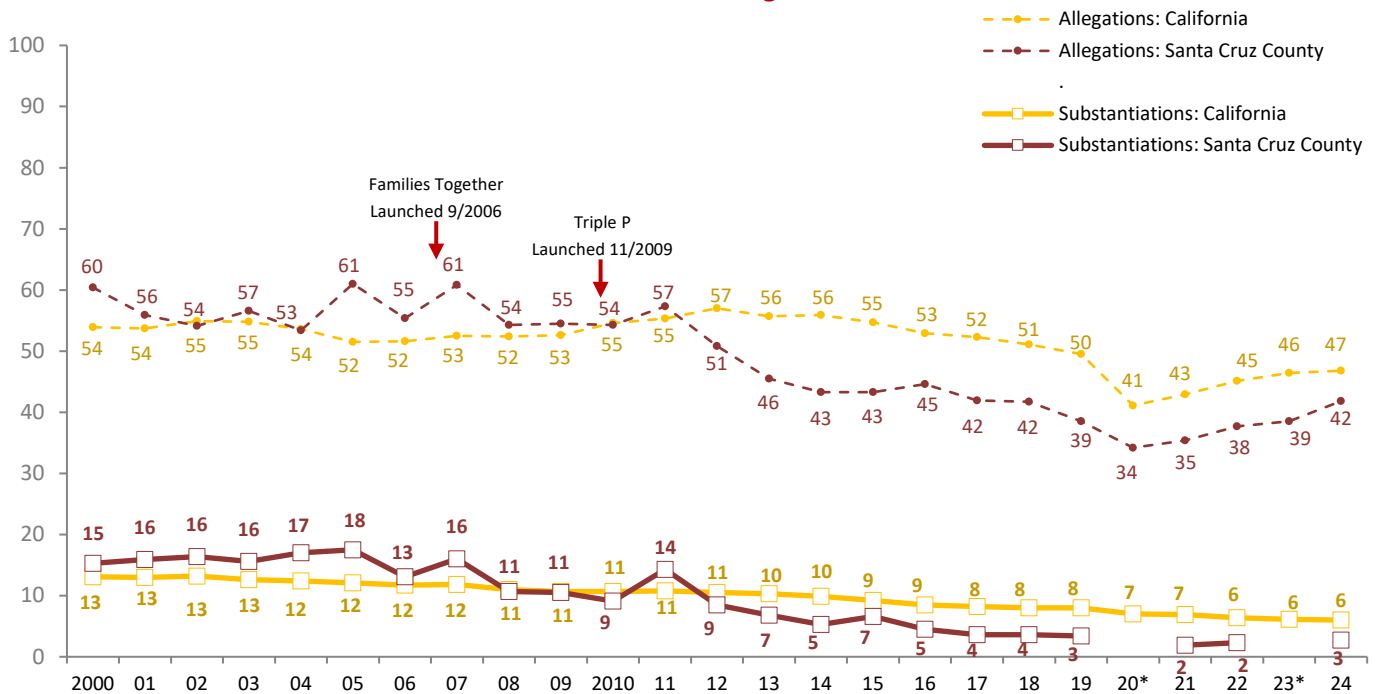
Figure 30: **Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000)**



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., Gomez, A., Guo, S., Zhang, A., Dua, A., Berwick, H., Lu, F., Hoerl, C., Yee, H., Ensele, P., Nevin, J., & Michel, J. (2025). *CCWIP reports*. Retrieved Sep 4, 2025, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>

* 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 who are experiencing 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 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). In FY 2024-25, CB-FRC provided Triple P services to 927 parents.
- **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 biological 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.
- **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, 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 2024-25, First 5 coordinated the provision of Triple P services for these partners:

- **Pajaro Valley Unified School District (PVUSD) Family Engagement and Wellness Center:** First 5 continued its agreement with PVUSD to provide Triple P classes throughout the school year at the district’s 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. Community Bridges conducted two concurrent series of classes: one in-person series conducted in Spanish, and one virtual series conducted in English. PVUSD provided 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 2025-26.
- **Cradle to Career Santa Cruz County (C2CSCC):** First 5 partnered with the C2CSCC initiative to offer virtual and in-person Triple P workshops in Spanish (with simultaneous interpretation into English) for families throughout Santa Cruz County. Topics were selected by C2CSCC Parent Leaders (Guiding Your Child Through Bullying with Confidence, Enjoying Mealtimes, Morning and Bedtime Routines, and Stress-Busters for Parents and Caregivers) 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.

- **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 2024-25.

- **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 Triple P newsletters and social media platforms, and by setting up outreach tables at community events. Triple P partnered with Semillitas to co-host workshops, engage Semillitas families in Triple P workshops, and support them in accessing the one-time \$50 deposit incentive. 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) to:

- 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 and caregivers of children with physical, intellectual, 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 and caregivers in the populations of focus.
- Improve **child emotional and behavioral challenges**, particularly among the selected populations of focus.

During FY 2024-25, First 5:

- Coordinated with Triple P America to schedule grant-funded Triple P trainings, and recruited practitioners for the Level 3 Primary Care Stepping Stones training conducted in June, the Level 5 Enhanced and Level 5 Pathways training conducted in September, and the Level 5 Family Transitions training conducted in November.
- Completed several implementation readiness and equity assessments required by CYBHI.

- **Kaiser Permanente**

In FY 2024-25, grant funding from Kaiser Permanente enabled First 5 to:

- **Launch Level 4 Fear-Less Triple P**, the newest intensive program available in English and Spanish for parents and caregivers of children ages 6 to 14 experiencing anxiety;
- Train 10 practitioners to **provide Fear-Less Triple P** in order to broaden access to this newest program throughout the community;
- 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;
- **Enhance First 5's county-wide bilingual Level 1 Universal Triple P social marketing campaign** by incorporating a stronger focus on promoting child and youth mental health through positive parenting strategies.

First 5 contracted with two community-based organizations—The Diversity Center and NAMI Santa Cruz County—to conduct listening sessions in English and Spanish. These sessions gathered input from families, parents, and caregivers to inform and refine the Triple P social marketing outreach messages, materials, and engagement strategies. This input will inform the development of a **new caregiver pocket guide** featuring strategies to support children and youth mental health using the principles of positive parenting.

- **Central California Alliance for Health**

Grant funding from the Central California Alliance for Health (CCAH) has enabled First 5 to 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.

In FY 2024-25, First 5:

- **Trained 12 Community Health Workers (CHWs)**, *promotores*/parent leaders, and other providers in Level 3 Primary Care Triple P;
- **Supported practitioners to deliver** Level 3 Triple P brief services (including workshops and one-on-one sessions), with a targeted focus on Spanish-speaking and 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, Community Bridges-Family Resource Collective, and Alcanza (a *promotora* cooperative). 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.

- **Human Services Department – Family & Children’s Services**

One-time grant funding from Santa Cruz County’s Comprehensive Prevention Plan (CPP) enabled First 5 to offer a Level 4 Standard Core Triple P training to expand the use of evidence-based practices (EBPs) among service providers. This investment aimed to build local capacity to deliver interventions that prevent families’ involvement with the child welfare system, particularly in the areas of mental health, parent education and support, and fatherhood initiatives. The Level 4 Triple P training contributed to the CPP’s broader objective of creating a coordinated, community-driven approach to prevention that holistically supports children and families.

In FY 2024-25, First 5:

- **Trained 13 practitioners** from eight partner agencies in Santa Cruz County, expanding the diverse network of practitioners providing in-depth Triple P services to families with children 0-12 years of age.
- **Supported practitioners to deliver** Level 4 Triple P in-depth services (one-on-one sessions), with a targeted focus on under-resourced communities facing inequalities.

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					Cumulative Totals				
	2024-2025					2010-2025				
Unique Clients –client data analyzed *										
Parents					1,066					8,425
	AGES 0 – 5	AGES 6 – 12	AGES 13 – 16	AGES 17+		AGES 0 – 5	AGES 6 – 12	AGES 13 – 16	AGES 17+	
Children	88	91	33	12	224	2,658	2,237	766	340	6,001
“Unidentified” Clients – Includes duplicates; some client data analyzed **										
Parents (2010-2022 only)					-					9,991
Children (all ages)					2,046					29,874
“Non-Consenting” Clients – Client numbers only; no client data analyzed***										
Parents					8					487
Children (all ages)					10					727
TOTAL (INCLUDES DUPLICATES)										
Parents					1,074					18,903
Children (all ages)					2,280					36,602

Source: First 5 CCD database for July 1, 2010 – June 30, 2025.

* Unique Clients: 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.

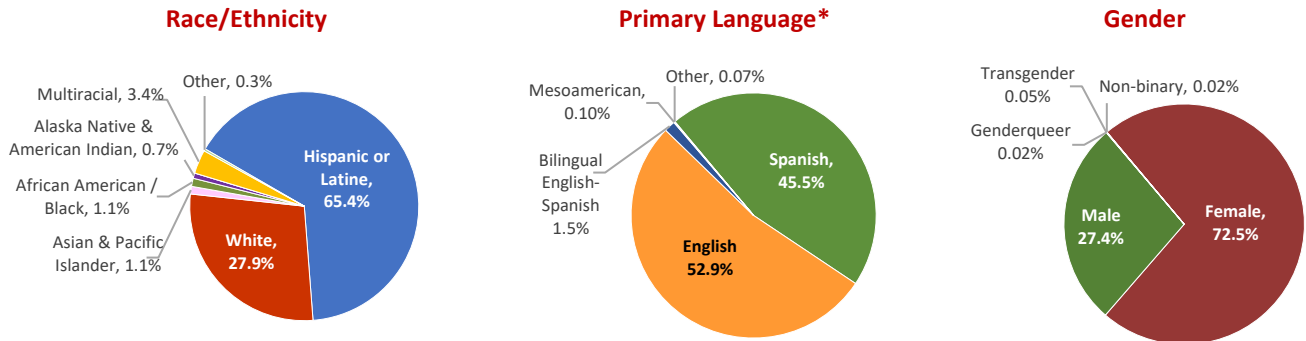
**“Unidentified” Clients: Includes children in levels of Triple P where not enough information is collected to create a Unique ID (i.e., children of parents who participated in Level 2 Individual sessions, Level 2 Seminars and Level 3 Workshops). Prior to FY 2022-23, this also included parents in Level 2 Seminars and Level 3 Workshops, due to lack of data collection. 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 31: Demographics of Triple P Parents/Guardians (2010-2025)



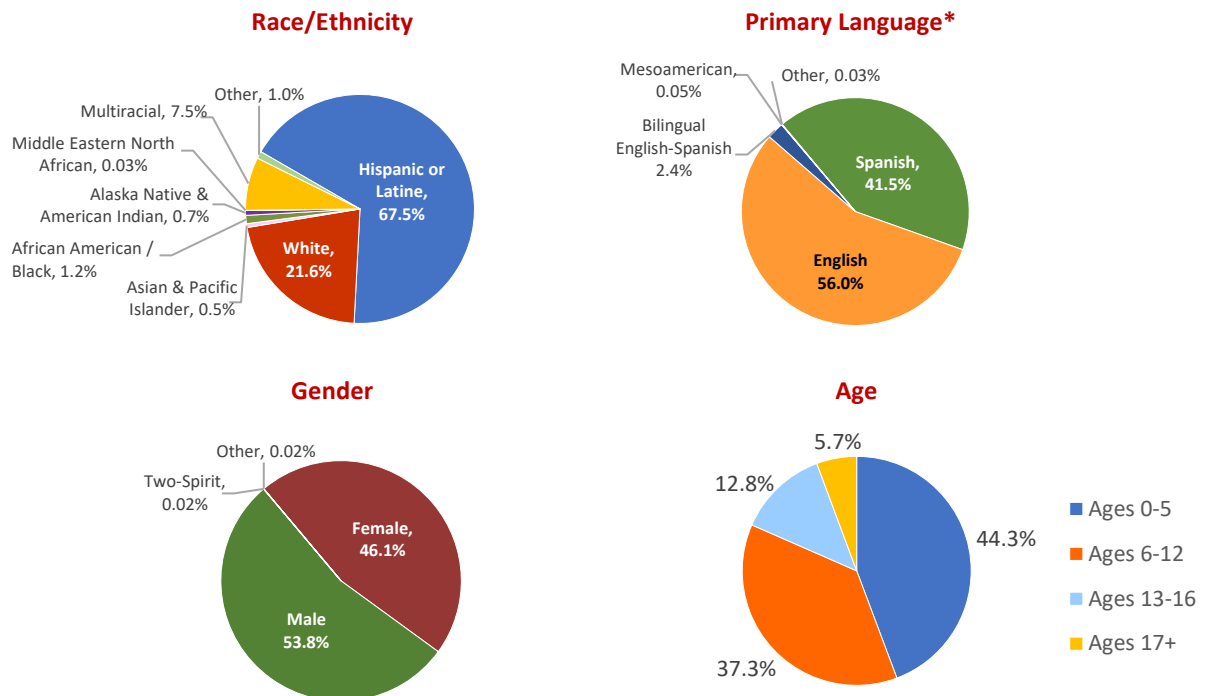
Source: First 5 CCD database for 2010-2025.

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)=3,742, (Language)=8,410, (Gender)=8,085.

Figure 32: Demographics of Children benefiting from Triple P (2010-2025)



Source: First 5 CCD database for 2010-2025.

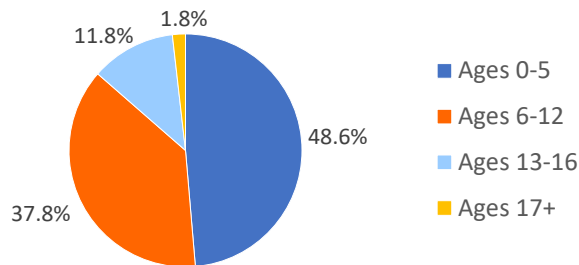
Notes: These demographic analyses include children of parents participating in the more intensive levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5). Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.

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

N: (Ethnicity)=5,755, (Language)=5,994, (Gender)=5,985, (Age)=6,001.

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 33: **Ages of Children chosen as the “Index” Child (2010-2025)**

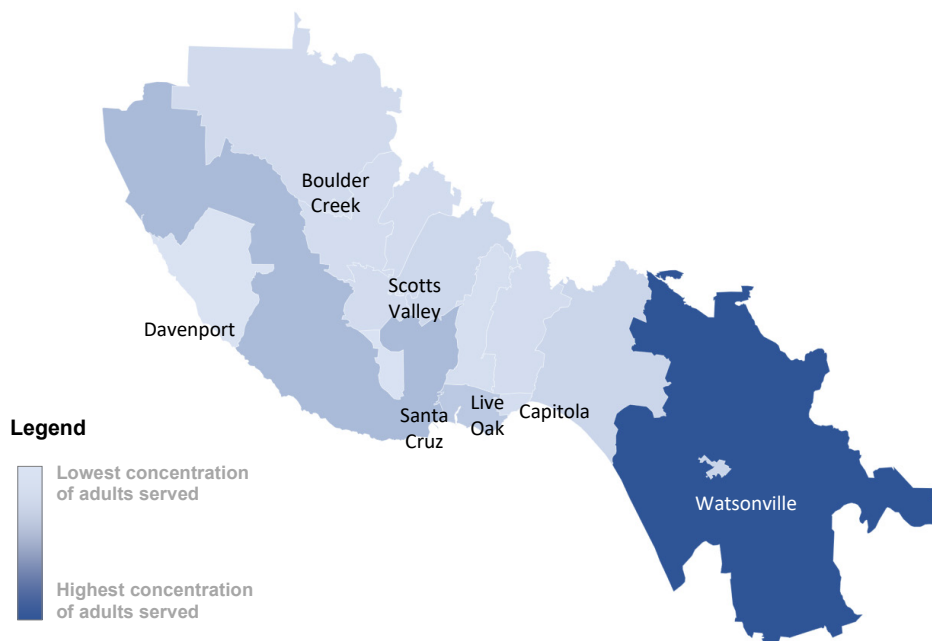


Source: First 5, Triple P Master Client Data Collection Template, 2010-2025.

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=2,769.

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, 57%).

Figure 34: **Distribution of County **Adults** who received Triple P services, by ZIP Code (2010-2025)**



Source: First 5 CCD database for July 1, 2010 – June 30, 2025.

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 who received multiple Triple P services are only included once in this analysis.

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

N=4,137.

Figure 35: Number of County **Adults** who received Triple P services, by ZIP Code (2010-2025)

AREA	ZIP CODE	ADULTS SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	175	4.2%
Ben Lomond	95005	81	2.0%
Boulder Creek	95006	108	2.6%
Brookdale	95007	12	0.3%
Capitola	95010	80	1.9%
Davenport	95017	1	0.02%
Felton	95018	99	2.4%
Freedom	95019	198	4.8%

AREA	ZIP CODE	ADULTS SERVED	
		NUMBER	PERCENTAGE
Mt. Hermon	95041	2	0.1%
Santa Cruz*	95060	557	13.5%
Santa Cruz (Live Oak)*	95062	375	9.1%
Santa Cruz	95064	22	0.5%
Santa Cruz	95065	56	1.4%
Scotts Valley*	95066	146	3.5%
Soquel	95073	82	2.0%
Watsonville*	95076	2,143	51.8%
Total	-	4,137	100%

Source: First 5 CCD database for July 1, 2010 – June 30, 2025.

Note: Includes adults who participated in any level of Triple P. Only adults with known ZIP codes are included in this analysis. Adults who received multiple Triple P services are only included once 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.

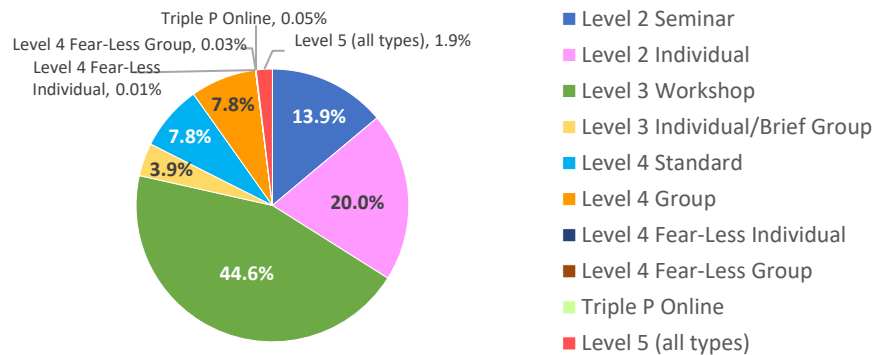
In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in FY 2020-21, 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 36: Percentage of participants in each level of Triple P (2010-2025)



Source: First 5, Triple P Master Client Data Collection Template, 2010-2025.

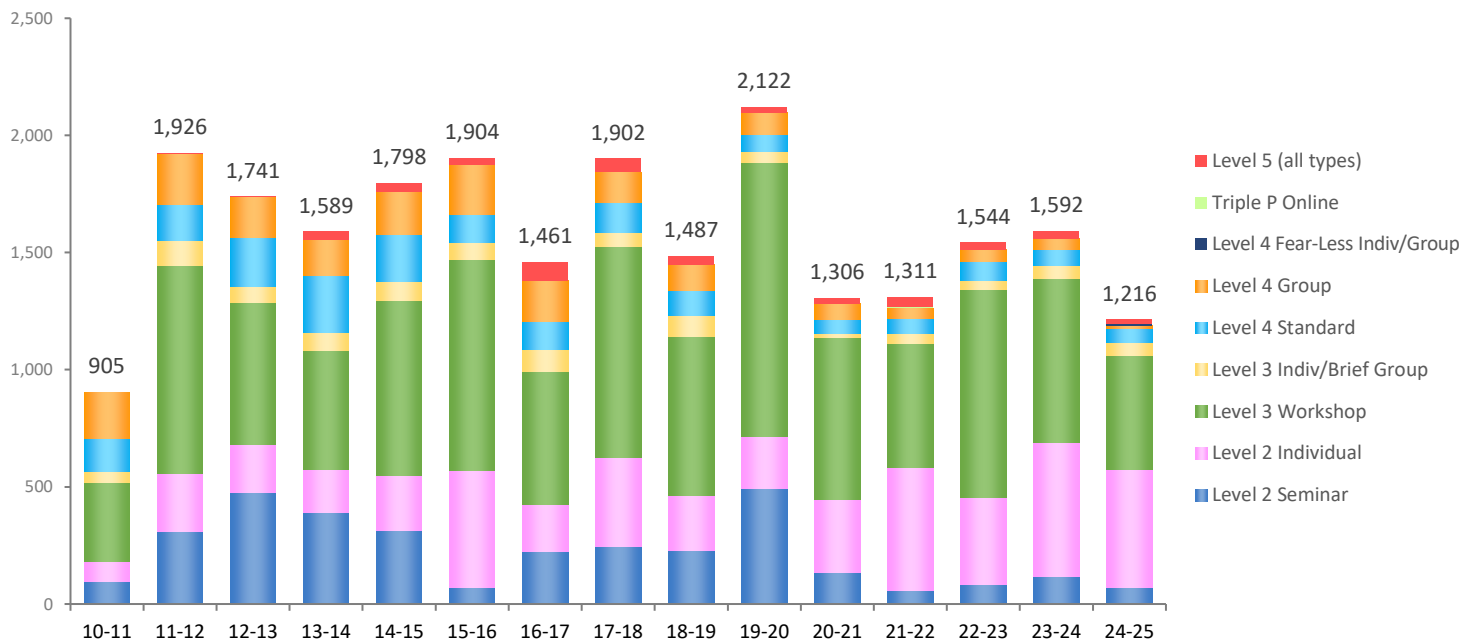
Notes:

- 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=23,804 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 37: Number of participants in each level of Triple P, by Fiscal Year



Source: First 5, Triple P Master Client Data Collection Template, 2010-2025.

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 2025, the Santa Cruz County Board of Supervisors proclaimed January as Positive Parenting Awareness Month (PPAM) for the 13th 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 2025 also marked the 6th 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.
- **Updates in Social Marketing Campaign.** With support from the CYBHI and Kaiser grants, First 5 Santa Cruz County updated existing Triple P social marketing materials, including refreshed posters and revised caregiver pocket guides.
- **Encouragement to participate.** Since the beginning of the Triple P program, approximately 19,000 unique parents and 37,000 unique 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

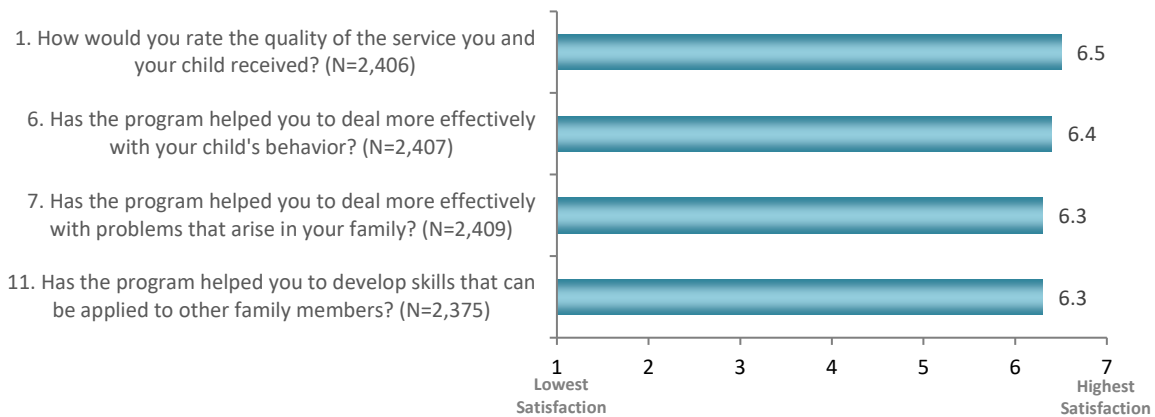
	THIS FUNDING CYCLE 2024-2025	CUMULATIVE TOTALS 2010-2025
Parents/Guardians	1,074	18,903
Children (<i>all ages</i>)	2,280	36,602

Source: First 5, Triple P Master Client Data Collection Template, 2010-2025.

Note: These totals include "Unique Clients" who may have participated in more than one Triple P service (see the previous "Population Served" section for an explanation of which clients fall in the "Unique Clients" category).

- **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 (2010-2025)



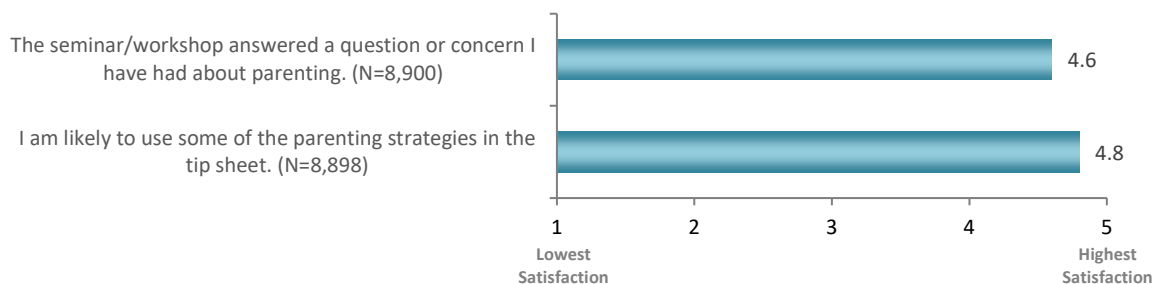
Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2025.

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 (2010-2025)

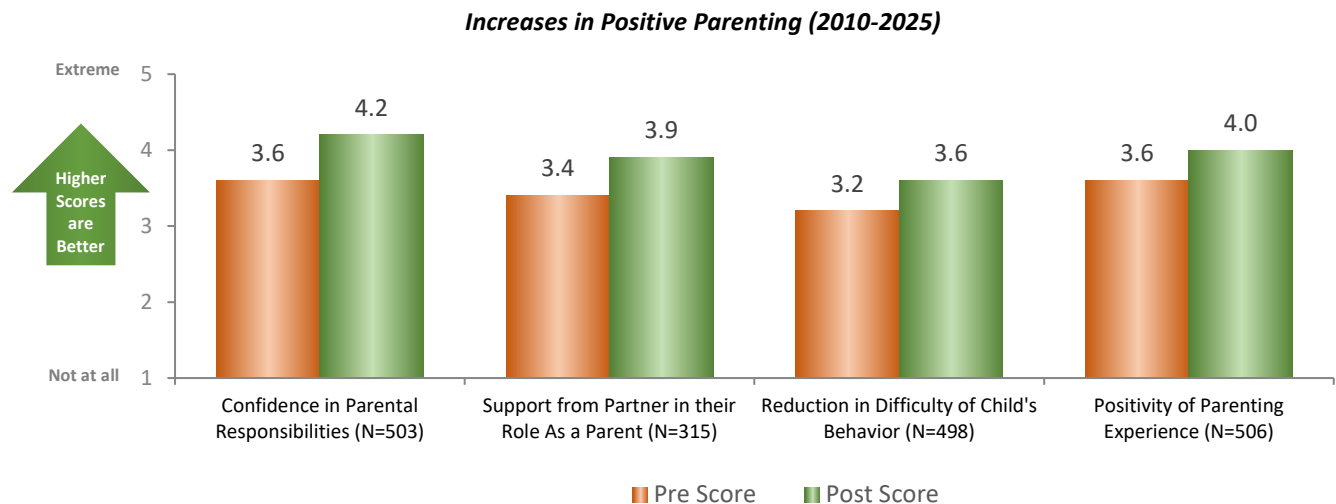


Source: Triple P data from the *Seminar/Workshop Satisfaction Survey*, Jan. 2010 - June 2025.

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 2025.

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.²⁵

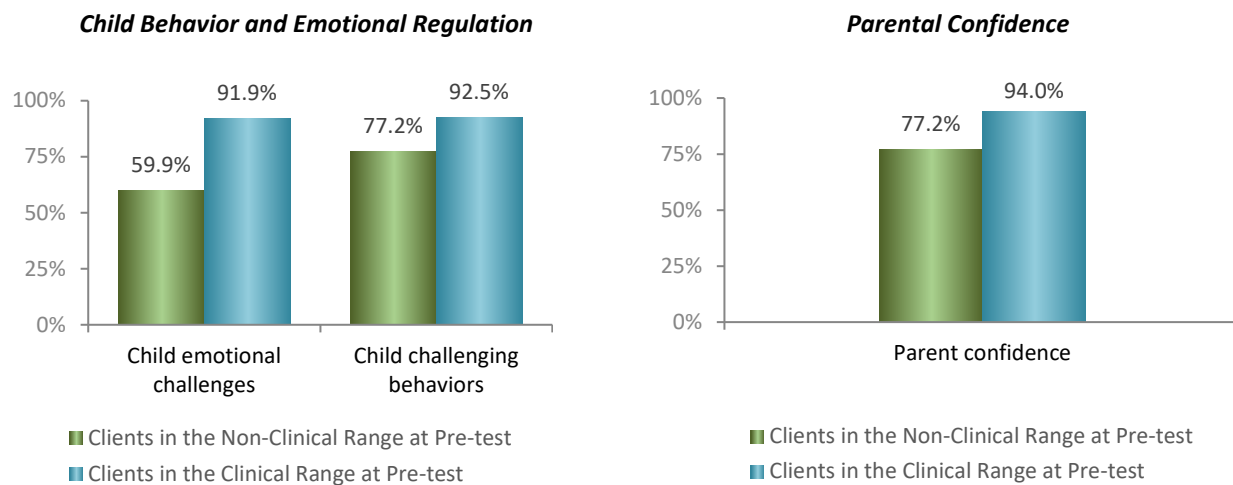
- **Intensive services may have a stronger impact on parents who begin the program experiencing more serious parenting issues.** First 5's evaluation results have consistently shown that:
 - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting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

²⁵ 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.

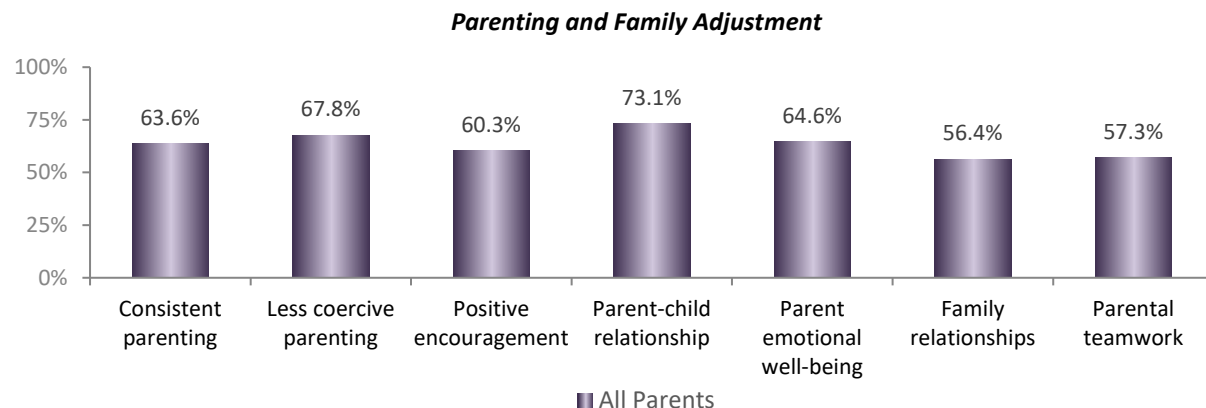
and behavior regulation, parental confidence, parental emotional well-being and family relationships, and increased use of positive parenting styles.

- 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.

Percentage of Parents who demonstrated improvement in key parenting issues after completing services (2018-2025)

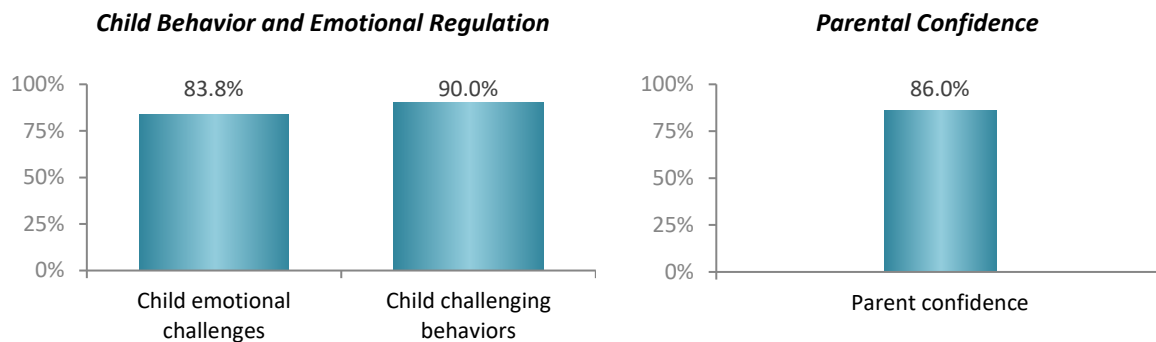


Source: Triple P assessment results, July 2018 - June 2025. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
N: (Emotional challenges) Non-Clinical=317, Clinical=37; (Challenging behaviors) Non-Clinical=372, Clinical=40; (Confidence subscales) Non-Clinical=338, Clinical=50.



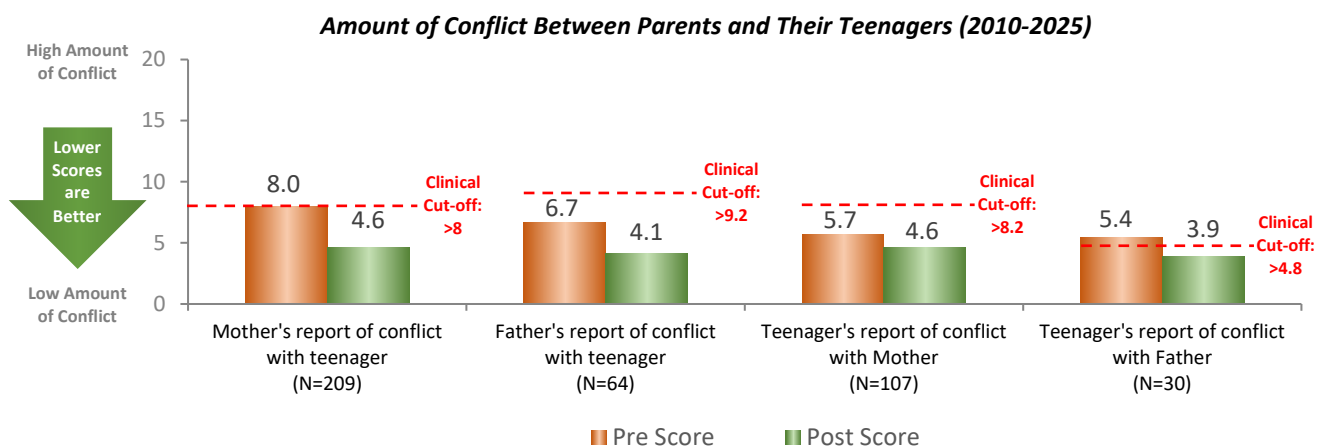
Source: Triple P assessment results, July 2018 - June 2025. *Parenting and Family Adjustment Scales (PAFAS)* subscales.
Note: There is no clinical cut-off for the PAFAS scores, so there is no “Clinical Range at Pre-test” sub-population to analyze for this assessment.
N: (Consistent parenting)=448; (Less coercive parenting)=400; (Positive encouragement)=388; (Parent-child relationship)=275; (Parent emotional well-being)=435; (Family relationships)=392; (Parental teamwork)=255.

Percentage of Parents who moved out of the “Clinical Range” of concern in key parenting issues after completing services (2018-2025)



Source: Triple P assessment results, July 2018 - June 2025. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
N: (Emotional challenges)=37; (Challenging behaviors)=40; (Confidence subscales)=50.

- **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.

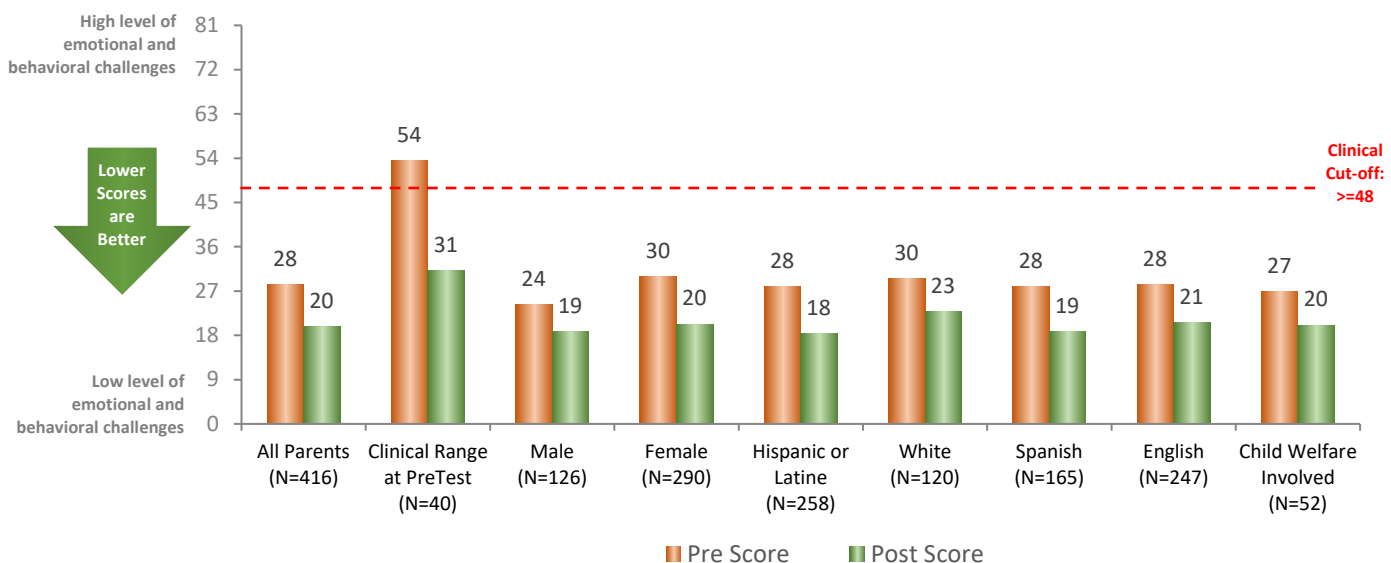


Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2025.

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.
 - On average, All Parents and all sub-populations also experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically *significant* but also *meaningful*.
 - The amount of improvement was *highest* for parents who had scores in the Clinical Range of Concern at the beginning of their services

Child Emotional and Behavioral Challenges (2018-2025)

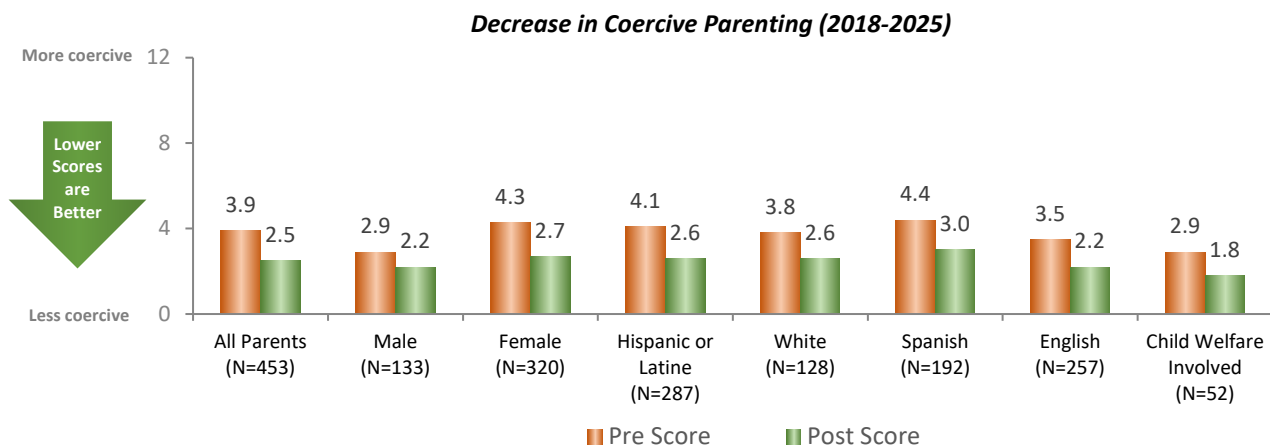
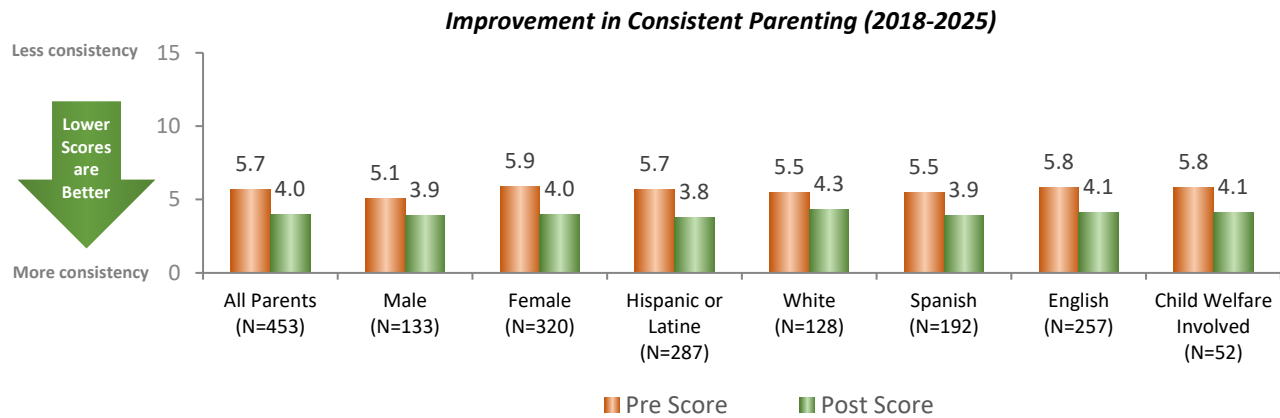


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2025.

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, White, primarily Spanish-speakers, primarily English-speakers, Child Welfare involved) experienced a moderate to large *amount* of improvement.
 - Similarly, in addition to the significant decreases in **coercive parenting**, All Parents and almost all sub-populations (Female, Hispanic or Latine, White, primarily Spanish-speakers,

primarily English-speakers, Child Welfare involved) also experienced a moderate to large magnitude of change.



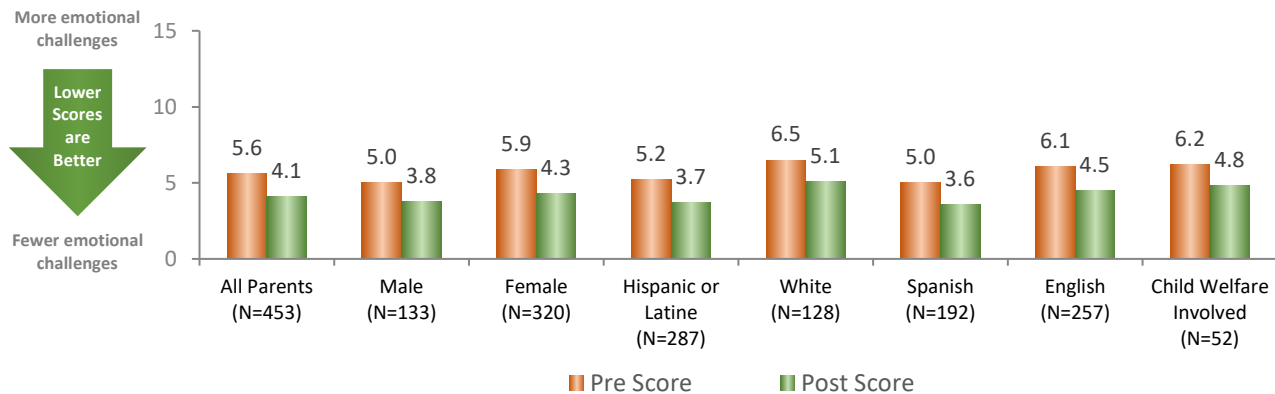
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2025.

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.

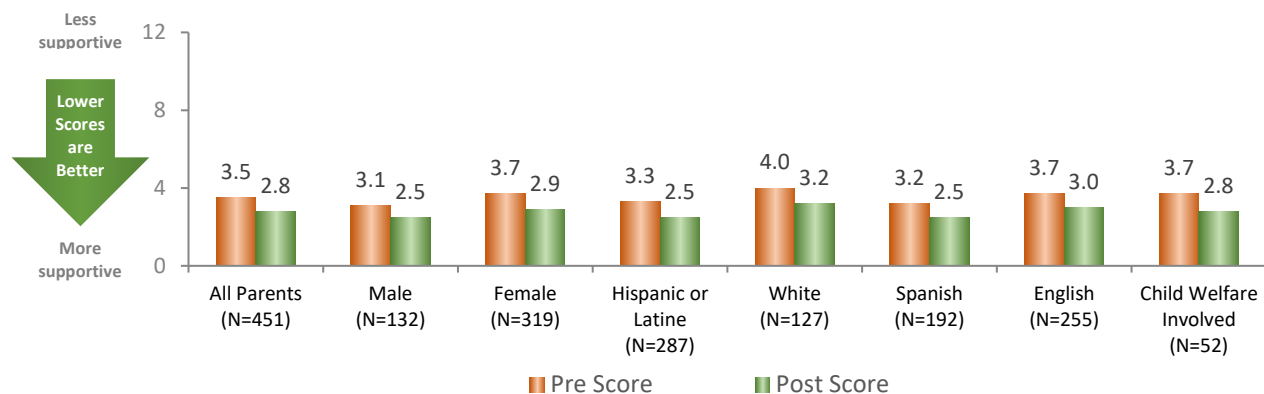
- **Improvements in parental emotional well-being and family relationships.** On average, parents reported significant improvements in their emotional well-being and significantly fewer relationship issues that were problems after participating in the program.
 - On average, All Parents and all sub-populations 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, and 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 (2018-2025)



Family Relationships (2018-2025)

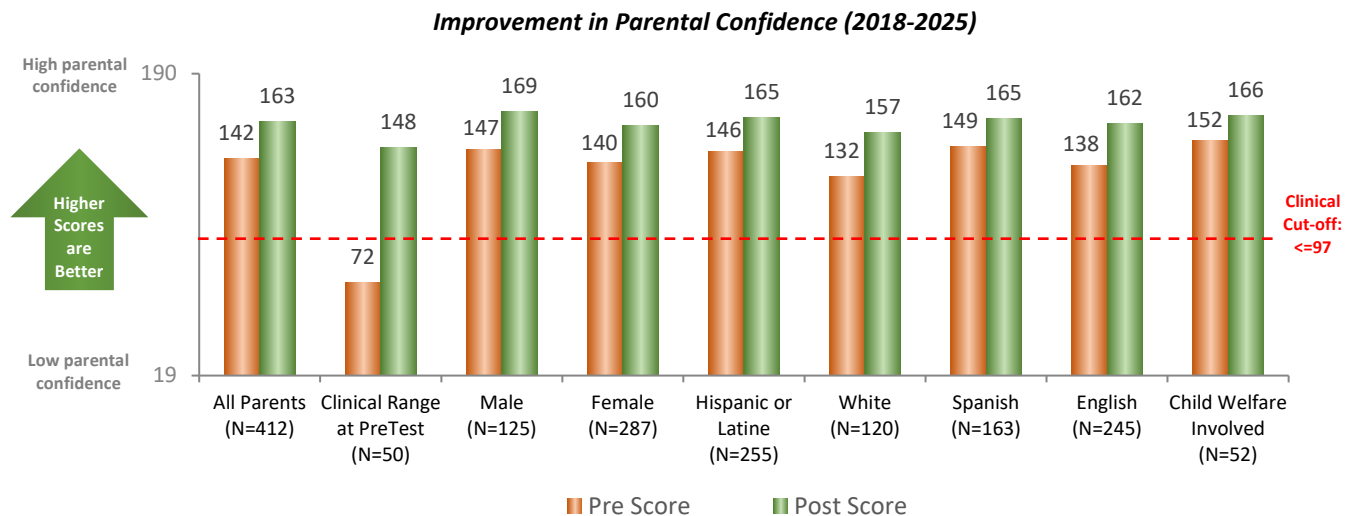


Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being and Family Relationships subscales, July 2018 – June 2025.

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.

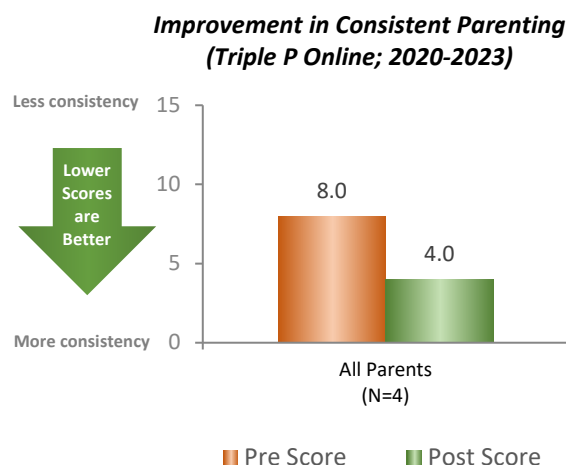


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2025.

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.

- **Support for parents of children with anxiety.** Parents in Fear-Less Triple P are offered in-depth support (individually or in groups) to parents and caregivers of children aged 6 to 14 years who have anxiety. The number of parents who have completed this new program is small but growing. As participation increases, analyses of the impact of this program on parents’ depression and anxiety, their children’s anxiety level in comparison with other children their age, and the parent’s skills in managing their children’s anxiety will become available.
- **Triple P Online.** This program is 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.



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

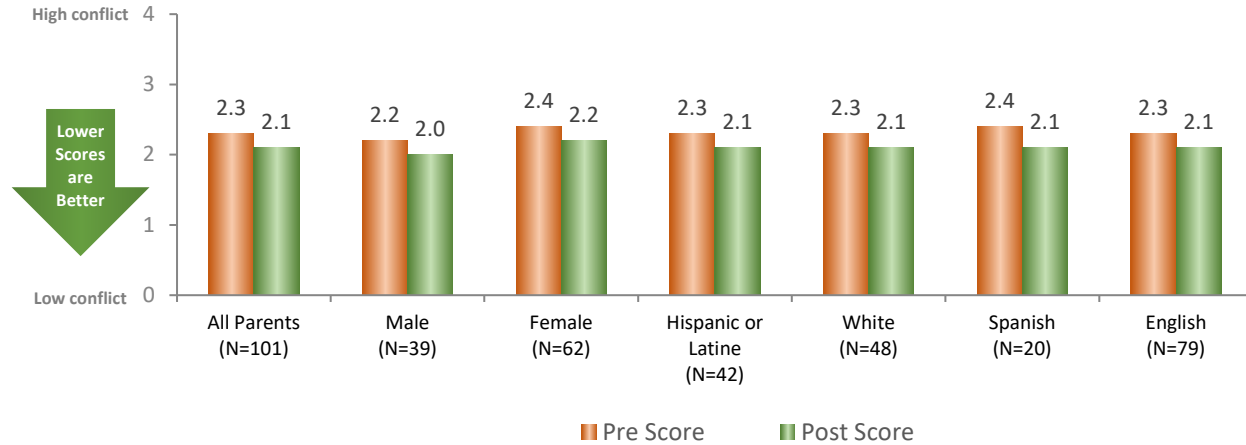
Level 5 offers additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties (Level 5 Enhanced), there is risk for child maltreatment due to parents’ difficulties with anger management or negative beliefs about their children’s behaviors (Level 5 Pathways), parents are divorced or separated, and navigating a co-parenting relationship (Level 5 Family Transitions), or parents of children who are overweight or obese (Level 5 Lifestyle).²⁶

The following results demonstrate the considerable improvement in parents’ ability to manage anger and decrease co-parental conflict. As participation increases, additional analyses of the impact of these specialized programs on parents’ confidence and competence in raising children, healthy eating and activity as a family, 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 Hispanic or Latine subpopulation and Spanish-speaking subpopulation also experienced a moderate magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.

²⁶ Level 5 Pathways and Level 5 Enhanced are programs that are designed to be provided after participants have completed a Level 4 Standard or Group service; Level 5 Family Transitions is a standalone program that doesn’t require any previous Triple P services. Analyses of Level 5 Lifestyle are not included in this report, as no new data were available in FY 2024-25.

**Level of Co-Parental Conflict Between Divorced or Separated Parents
(L5 Family Transitions: 2013-2025)**

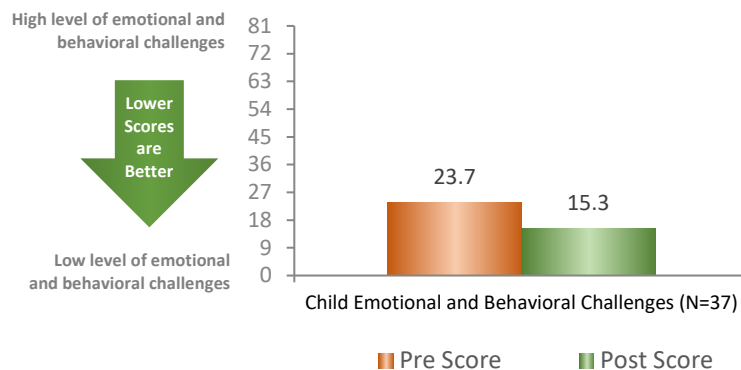


Source: Triple P data from the *Acrimony Scale*, 2013-2025

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.

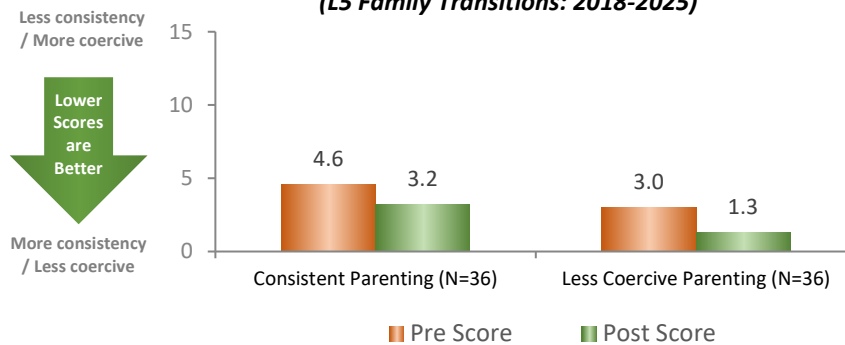
- **Improvements in key parenting domains between divorced/separated parents and co-parents.**
After participation in Level 5 Family Transitions, parents also reported small—yet also *statistically significant*—improvements in child emotional and behavior regulation, parental emotional well-being, increased use of positive parenting styles, and parental confidence.
 - On average, All Parents also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically significant but also meaningful.

**Improvement in child emotional and behavioral challenges
(L5 Family Transitions: 2018-2025)**



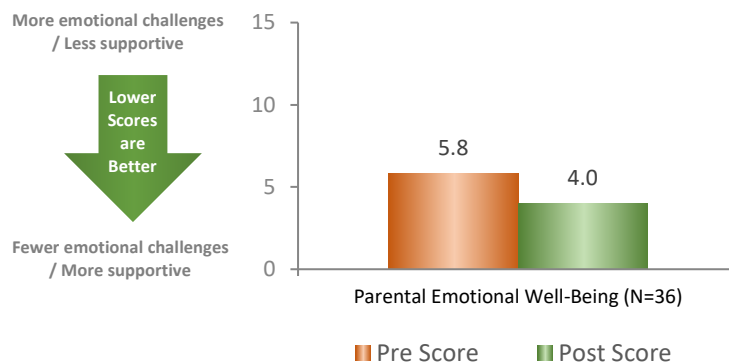
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2025.

Improvement in positive parenting styles (L5 Family Transitions: 2018-2025)



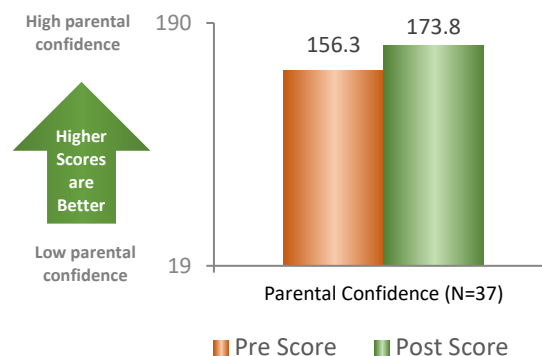
Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS), Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2025.

Improvement in parental emotional well-being (L5 Family Transitions: 2018-2025)



Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being subscale, July 2018 – June 2025.

Improvement in parental confidence (L5 Family Transitions: 2018-2025)

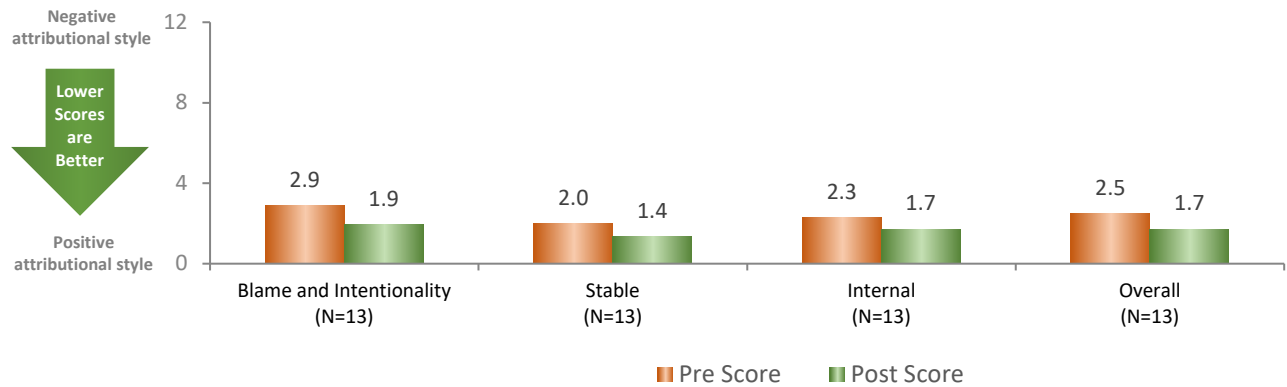


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2025.

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.

- **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: 2013-2025)***



Source: Triple P data from the *Parents Attributions for Child’s Behavior Measure*, Jan. 2013 - June 2025.

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.

Families Together

Program Description

Families Together provides prevention-based services to Santa Cruz County families experiencing hardships, such as involvement with Family and Children's Services (FCS), financial instability, and other adverse experiences. Families Together provides a menu of services with an emphasis on attachment, positive parenting, and trauma-informed approaches. Families referred to Families Together have access to services and resources that cover many domains of wellness, including emotional, social, financial, relational, and physical safety. Engagement in Families Together services is completely voluntary, and family led. Families that engage in services have the opportunity to work collaboratively with program staff to choose services that best fit their individual needs. Services are held in the home, community, or at program locations contingent upon each family's particular circumstances.

Families Together's mission is to aid and empower families in times of need or discord. By assisting these families, they can intervene early, before family difficulties escalate to the point of maltreatment or other adverse childhood experiences. Early intervention helps increase child safety, engage families in decision-making, and support healthy child development.

Families Together accepts referrals from FCS, CalWORKs, and the community (such as non-profit agencies, schools, and families directly).

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.

Families Together's 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. 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 most proud of?

"We are most proud of the options we can offer to families. Families Together staff expanded their reservoir of knowledge this year by completing trainings in parenting support, child safety, and co-parenting techniques.

These trainings added valuable treatment and service options for our families. We know that as we continue to expand our toolbox, it enables us to help our families add to their skills and strengths as well."

- Families Together, Annual Progress Report

Population Served

	Families Together Pathway*				"Pathways" Subtotal ¹ All Pathways	"Triple P-only" Subtotal ² Additional clients who only received Triple P services	"County Referrals" Subtotal ³ Additional clients reached through County referrals such as Thrive by 5, CalWORKs	2024-2025 (Unique) Pathways + Triple P-only + County Referrals
	Brief	Intensive	Pending	Exited early				
Parents/ Guardians	30	14	2	3	49 (with children ages 0-5)	36 (with children of all ages)	23 (with children of all ages)	108
Children	33	30	2	6	(ages 0-5) 71	(ages 0-5) 9 (ages 6+) 17 (unknown age) 115	(ages 0-5) 25	(ages 0-5) 105 (ages 6+) 17 (unknown age) 115

Source: First 5 CCD database for July 1, 2024 – June 30, 2025.

* 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.

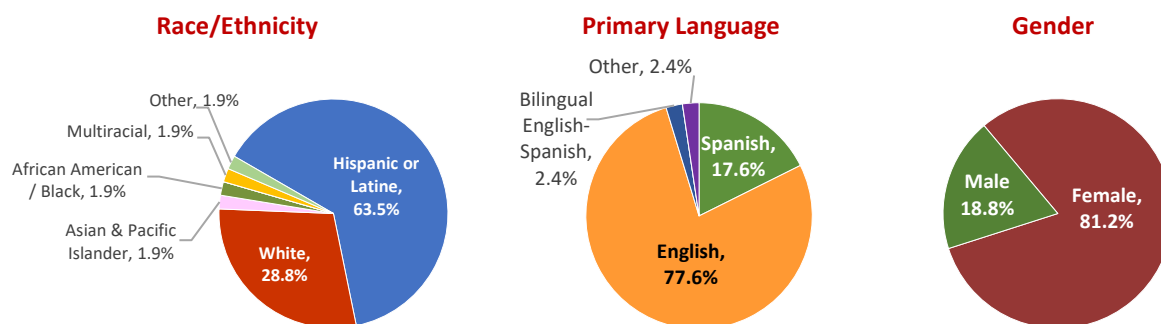
² The "Triple P-only Subtotal" reports Families Together clients who received Triple P services funded by First 5, but who don't fall into the "Pathways Subtotal" for various reasons, such as:

- The client is receiving no other services at Families Together except Triple P.
- 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.

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.

³ The "County Referrals Subtotal" reports clients who were referred to Families Together through County referrals (such as Thrive by 5 and CalWORKs). These clients do not receive a risk assessment, which is why they are not assigned a "brief" or "intensive" pathway.

Figure 38: Demographics of Parents/Guardians participating in Families Together (2024-25)

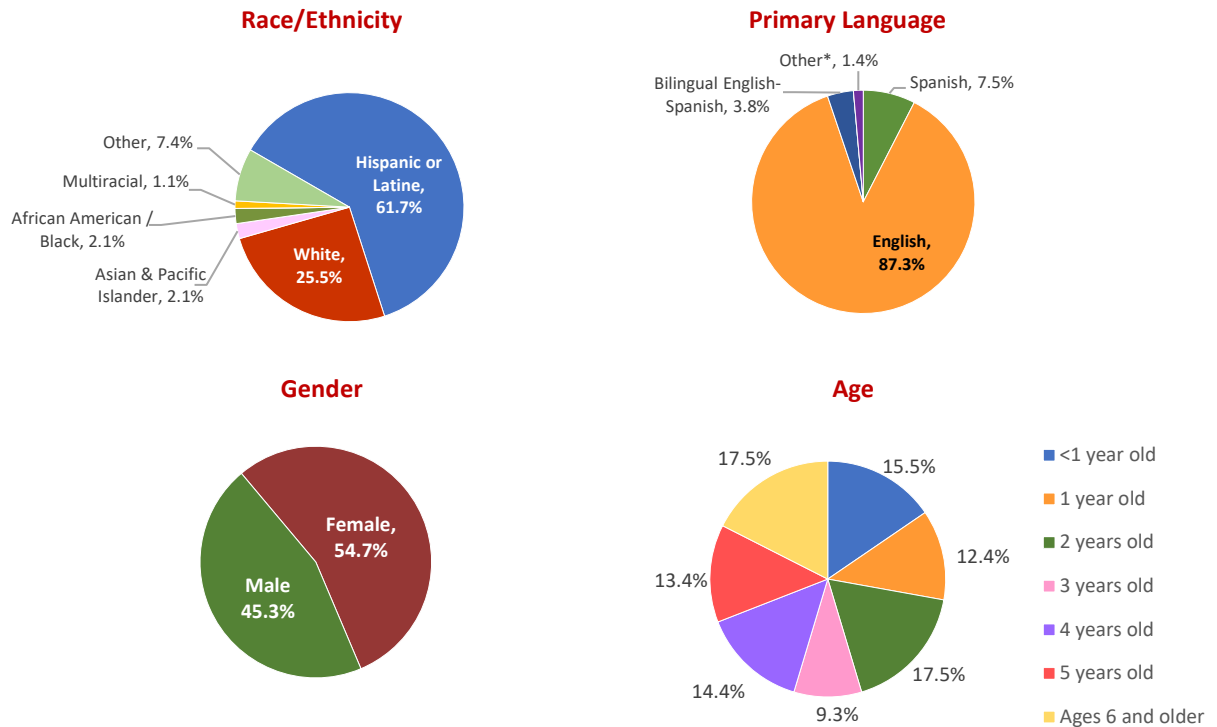


Source: First 5 CCD database for July 1, 2024 – June 30, 2025.

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

N: (Race)=52; (Language)=85; (Gender)=85.

Figure 39: Demographics of Children benefiting from Families Together (2024-25)



Source: First 5 CCD database for July 1, 2024 – June 30, 2025.

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

N: (Ethnicity)=94; (Language)=212; (Gender)=95; (Age)=97.

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

Program Objectives	2024-2025
By June 30, 2025, accept referrals for a maximum of 120 families (with at least one child prenatal – age 5).	<ul style="list-style-type: none"> 96 referrals
Of families who agree to a referral to Families Together (with at least one child prenatal – age 5), <ul style="list-style-type: none"> 100% will have attempted contact with a Family Support Specialist and <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, 2025. 	<ul style="list-style-type: none"> 100% had attempted contact 62.5% of families approved for FT services had an initial meeting

Program Objectives	2024-2025
<p>By June 30, 2025, at least 90 primary caregivers per year (with at least one child prenatal – age 5) will receive individualized services from Families Together.</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 (including client who <i>only</i> received Triple P services).</p>	<ul style="list-style-type: none"> • 108 primary caregivers received these individualized services

Source: Families Together *Annual Progress Report*, 2025.

Outcome Objective: Families demonstrate decreased levels of risk

In Families Together, risk assessment serves a variety of purposes. Every family participating in Families Together that will be assigned to a service pathway 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.

Families Together currently uses two different ways to measure increased healthy parent-child relationships.

- One method uses the *Structured Decision Making: Family Prevention Services Screening Tool* (SDM-FPSST), which is a tool that assesses for traumatic or harmful life events that can increase the likelihood of the family's risk for child abuse or neglect. This assessment is also used to help staff assign families to the appropriate service pathway.
- Beginning in FY 2024-25, Families Together introduced the *Parenting and Family Adjustment Scales* (PAFAS) as a way to measure improvement in parenting and family adjustment.

Program Objective	2024-2025
Between July 1, 2024 through June 30, 2025, 70% of primary caregivers who participate in Families Together (with at least one child prenatal – age 5) will demonstrate increased healthy parent-child relationships based on their final assessment.	60.0% N=30

Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM-FPSST) data, 2024-25.

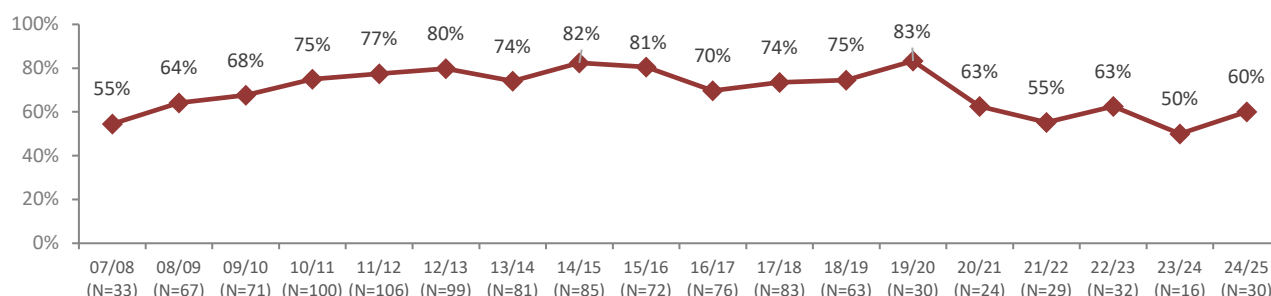
Notes:

- 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 2024-25, 60% 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 60% in 2025.

Figure 40: 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



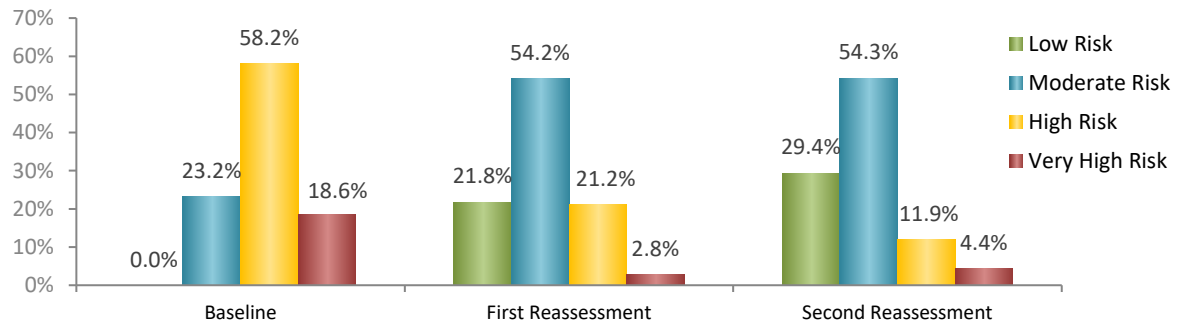
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data.

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 the 565 families that exited the program between 2007-2025 and completed three assessments, **77%** 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 **16%** for families who stayed in the program a full year (2nd reassessment).

Figure 41: Of Families Together clients (with at least one child prenatal – age 5), change in risk levels during participation in the program (2007-2025)

Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST)* data, 2007-2025.

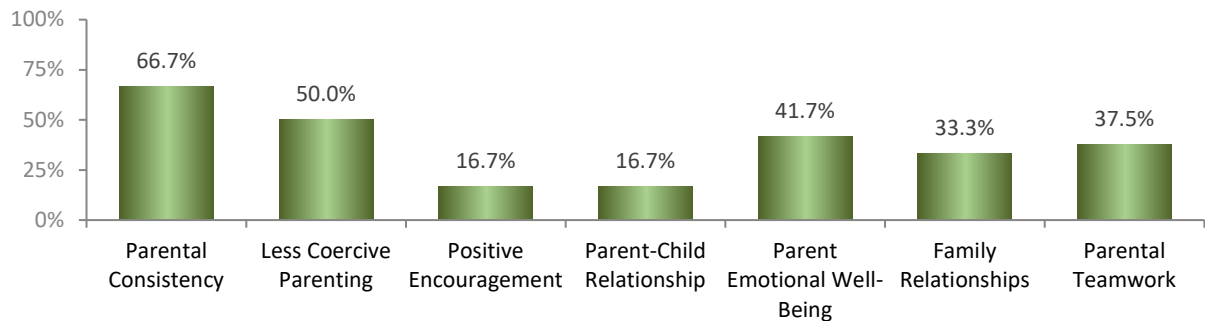
Notes:

- 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 = 565.

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.

The *Parenting and Family Adjustment Scales (PAFAS)* is used to measure improvement in parenting and family adjustment. Although the number of clients completing this PAFAS is still very small, clients are demonstrating improved parental emotional well-being and family relationships, and increased use of positive parenting styles.

Figure 42: Percentage of Families Together clients who demonstrated improvement in parenting and family adjustment (2024-2025)

Source: Families Together assessment results, July 2024 - June 2025. *Parenting and Family Adjustment Scales (PAFAS)* subscales.

Note: This analysis only includes clients who had at least one child prenatal – age 5.

N: (Consistent parenting)=12; (Less coercive parenting)=12; (Positive encouragement)=12; (Parent-child relationship)=12; (Parent emotional well-being)=12; (Family relationships)=12; (Parental teamwork)=8.

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

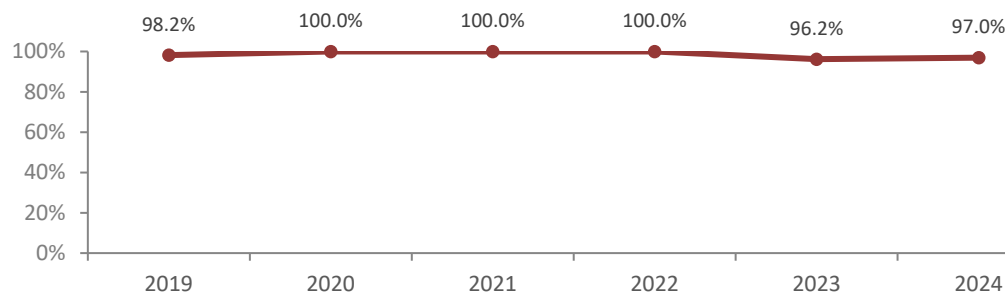
- Of the 33 families (that had at least one child prenatal – age 5) who received services from Families Together *and* had their cases closed in the 2024 calendar year:
 - Results showed that **97%** of families who received services from Families Together **did not have a substantiated allegation of abuse** for at least 6 months after case closure. This figure is similar to previous years' results.

Program Objective		2024
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.	Families with children of any age	96.8% N=63
	Families that have at least one child prenatal – age 5	97.0% N=33

Source: Santa Cruz County Human Services Department and Children's Research Center. *Families Together: Substantiated Child Abuse Study, 2024, 2025.*

Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.

Figure 43: **Percentage of Families Together participants (with at least one child prenatal – age 5) who did not have a substantiated allegation of maltreatment within 6 months after exit from Families Together**



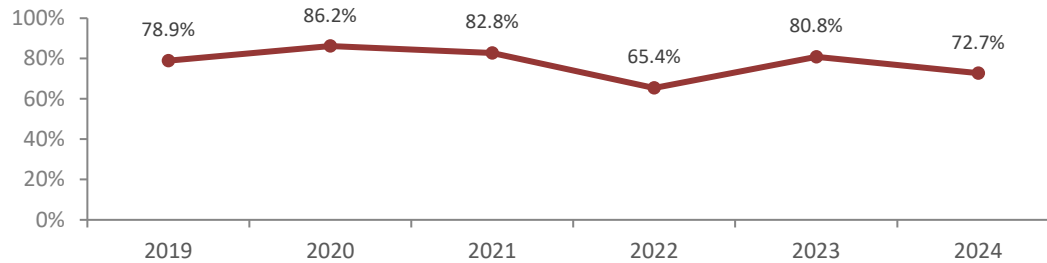
Source: Santa Cruz County Human Services Department and Children's Research Center. *Families Together: Substantiated Child Abuse Study, 2024, 2025.*

Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.

N: (2019)=57; (2020)=29; (2021)=29; (2022)=26; (2023)=26; (2024)=33.

- An additional study found that **73%** 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.

Figure 44: Percentage of families (that had at least one child prenatal – age 5) 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, 2024, 2025.*

Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.

N: (2019)=57; (2020)=29; (2021)=29; (2022)=26; (2023)=26; (2024)=33.

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

Program Objective	2024-2025
Between July 1, 2024 and June 30, 2025, Families Together will provide Positive Parenting Program (Triple P) education to approximately 70 caregivers with at least one child age 0-5 (unduplicated), throughout Santa Cruz County.	63 unique caregivers

Source: Families Together *Annual Progress Report, 2025.*

Note: Many clients participated in more than one Triple P service.

Triple P Outcomes

After participating in Triple P services at Families Together, parents reported improvements in their children's emotional and behavioral challenges, and increased use of positive parenting styles.

Figure 45: Summary of Families Together's Triple P Objectives (2024-25)

Triple P Objectives	Results
<ul style="list-style-type: none"> 70% of parents/caregivers who complete Level 3 Individual or Brief Group sessions report an increase in confidence in their parenting abilities. 	<ul style="list-style-type: none"> There was only one Level 3 client who completed both a Pre and Post <i>Parenting Experience Survey</i>, so there are not yet enough data to analyze this objective.
Source: <i>Parenting Experience Survey (Question 3) Confidence in Parental Responsibilities.</i>	

Triple P Objectives	Results
<ul style="list-style-type: none"> 70% of parents/caregivers who complete a Level 4 or Level 5 service report an improvement in child behaviors ²⁷ 	<ul style="list-style-type: none"> 61.5% of parents reported an improvement in child behaviors (<i>N=13</i>) <p>(Source: CAPES: Total Intensity Subscale)</p>
<ul style="list-style-type: none"> 70% of parents/caregivers who complete a Level 4 or Level 5 service report an improvement in: <ul style="list-style-type: none"> consistent parenting less coercive parenting positive encouragement parent-child relationships 	<ul style="list-style-type: none"> 76.9% of parents reported an improvement in consistent parenting (<i>N=13</i>) 66.7% of parents reported a decrease in coercive parenting (<i>N=12</i>) 41.7% of parents reported an improvement in positive encouragement (<i>N=12</i>) 66.7% of parents reported an improvement in parent-child relationships (<i>N=9</i>) <p>Source: PAFAS: 4 Parenting Scale Subscales (consistent parenting, coercive parenting, positive encouragement, parent-child relationship)</p>

Sources:

- (Assessment data) VerticalChange & First 5 Santa Cruz County, 2025.
- (Assessment analyses) First 5 Santa Cruz County, 2025.

²⁷ For all analyses of improvement, only clients who had room to improve are included. Clients who already achieved the “best” score on the assessment at the beginning of their services are not included in these analyses, since they have no room to improve.