



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.



First 5 Santa Cruz County Staff

David G. Brody
Vicki Boriack
Alicia Clark
Michelle Dodge
Alicia Fernandez
Irene Freiberg
Yesenia Gomez-Carillo
Holly Maclure
Jeff Marquardt
Maribel Pedroza
Christine Sieburg
Laura Sotelo
Piper Vogt
Alicia Zenteno

First 5 Santa Cruz County Commissioners

Dr. Faris Sabbah
Jen Herrera
Kimberly Petersen
Monica Martinez
Diane Muñoz
Sheree Storm
Heidy Kellison
Sandy Brown
Dr. Raelene Walker



Optimal Solutions Consulting

Nicole M. Young

HEALTHY CHILDREN

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



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

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

Baby Gateway Newborn Enrollment Program

Program Description

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

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

- The book *What To Do When Your Child Gets Sick*, which provides information on what to look for when a child is sick, what can be done at home, and when to call a doctor.
- The *California Parent Guide*. This Guide is an A to Z resource for parents and caregivers to help children grow up healthy and thrive.
- Informational flyers about:
 - Poison control, immunizations, and screening for lead
 - Triple P Positive Parenting Program

- 211 Santa Cruz County program⁹
- Text4baby free text messaging app to help parents through pregnancy and their baby's first year
- The California Kids Investment and Development Savings Program (CalKIDS)
- Health Insurance Information for Your Newborn
- Oral health information, including an infant “finger” toothbrush
- Parentage Opportunity Program
- Reusable “Talk, Read, Sing” tote bag
- Disposable face mask
- Two bilingual books (English/Spanish): “Numbers” and “Three Brainy Birds Spreading The Word”

The “2025 California County Scorecard of Children's Well-Being”¹⁰ 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 and CalFresh participation) are helping our county have a high percentage of participation in these critical areas.

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



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.

⁹ 211 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.

¹⁰ Children Now, 2025 California County Scorecard of Children's Well-Being , <https://scorecard.childrennow.org/>.

One Newborn Enrollment Coordinator Story

Obtaining health insurance brings a sense of relief. The Children's Presumptive Eligibility Portal, effective July 1, 2024, aims to provide that relief by allowing eligible mothers to establish Medi-Cal eligibility in real-time for their newborns. The Newborn Gateway eligibility enables newborns to receive a temporary "Immediate Need" card, ensuring they can access care immediately.

This year, for example, a Newborn Enrollment Coordinator (NEC) assisted a mother whose baby was transferred to Stanford Hospital. The NEC promptly provided the mother with a temporary "Immediate Need" card for her baby and offered her comprehensive information about the Medi-Cal process before she was discharged.

Having the Baby Gateway Newborn Enrollment Program on-site at hospitals is incredibly rewarding because it directly benefits patients. The system in place ensures that patients receive consistent support throughout the enrollment process.

- First 5 Baby Gateway Newborn Enrollment Program

Connecting with County programs

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

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



**SANTA CRUZ
COUNTY OFFICE OF
EDUCATION**
DEANAS VILLAR, SUPERINTENDENT OF SCHOOLS

In October 2020, the Santa Cruz County Office of Education initiated the process of creating a "School ID" at birth for every child. This state-wide student identification number (SSID) is entered into the California

Longitudinal Pupil Achievement Data System (CALPADS) to maintain relevant information about a student, including key demographics, course data, staff assignments, and assessment scores. Typically, the SSID is assigned when a child enters public school or kindergarten, and stays with that child through the 12th grade. With the SSID now being assigned at birth, the CALPADS database will allow early childhood programs to be aware of important information about their students, and by the time the children enter kindergarten, educators will have more data to help them provide the best educational resources to their students. This database will also allow the ability to follow students in and out of public schools and districts across the state.

- **Ventures' Semillitas program¹¹**



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,¹² 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.¹³ 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.

¹¹ 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*.

¹² Amount is based on household income and available funding.

¹³ 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 these amounts 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:** Ventures is using funding from the Collective of Results and Evidence-based (CORE) Investments to provide milestone contributions for children of parents participating in a Triple P service. Children enrolled in Semillitas can earn a one-time \$50 deposit to their Semillitas savings account when their parents attend any Triple P class or individual session.
- **Central California Alliance for Health:** In July 2023, Ventures and Central California Alliance for Health (The Alliance) launched a pilot initiative that involves The Alliance making a deposit of \$50 into children's savings accounts upon the completion of their baby immunizations and six wellness checks. First 5 supports this project by providing consent forms to families who have recently given birth at county hospitals. These consent forms authorize the Alliance to share necessary information with Ventures, enabling the deposits to be made into the families' accounts following the completion of immunizations and wellness checks. When offering these consent forms, NECs review and explain the consent form with these families, assist them with filling it out, and answer any questions and concerns they have. NECs also discuss the importance of infants getting their well-child visits and obtaining vaccines.

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.¹⁴ High housing costs significantly impact residents, including their

¹⁴ U.S. News & World Report (2025). Most Expensive Places to Live in the U.S. in 2025-2026. Retrieved 9/1/25 from <https://realestate.usnews.com/places/rankings/most-expensive-places-to-live>.

ability to afford healthy food.¹⁵ To help improve families' access to food, during their newborn visits to mothers in the hospital, the Newborn Enrollment Coordinators (NECs) provide families with resources to apply for the CalFresh and WIC programs.

- **CalFresh Program**



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

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



WIC is a nutrition program that serves pregnant, 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, 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

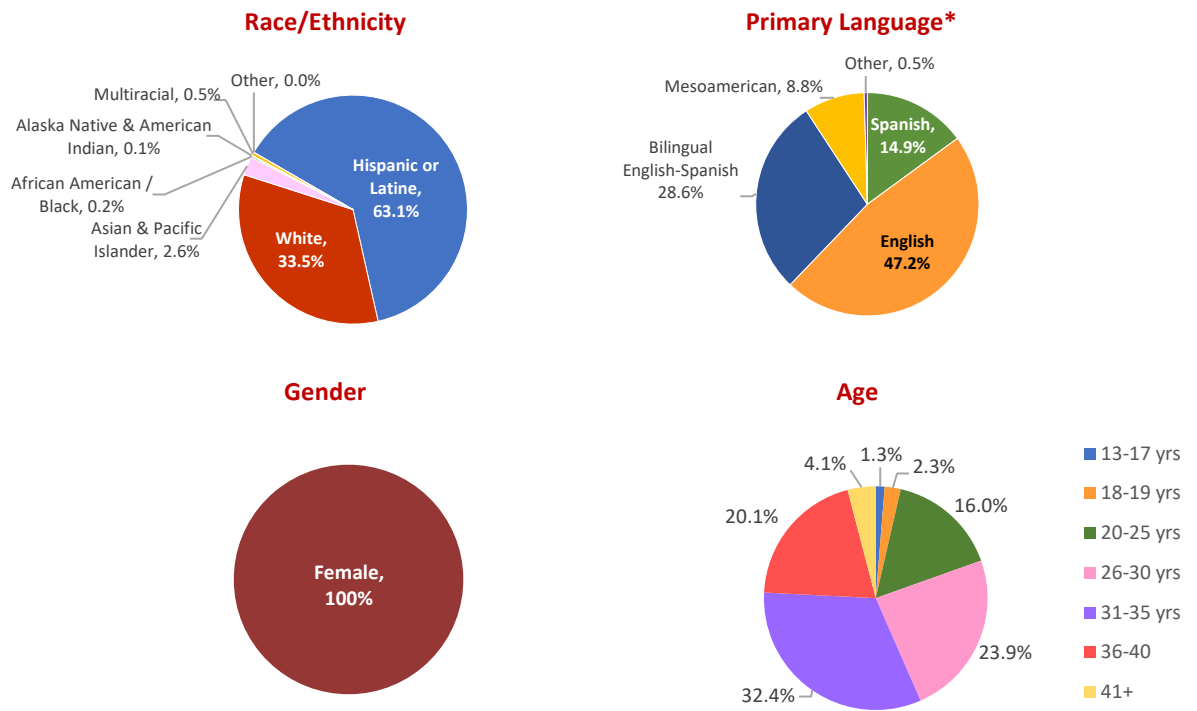
	Newborns and their mothers assisted with Medi-Cal enrollment, and connected to County programs	Privately insured newborns and their mothers connected to County programs	Newborns and their mothers provided with insurance options and other essential resources ¹	2024-25 Total
Newborns	1,242	596	384	2,222
Mothers of newborns ²	1,227	586	381	2,194

Source: (Population) First 5 CCD database for July 1, 2024 – June 30, 2025. (Application types) First 5 Apricot database, 2024-2025

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.

¹⁵ 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/>

Figure 15: Demographics of Mothers visited via the Baby Gateway Newborn Enrollment Program (2024-2025)

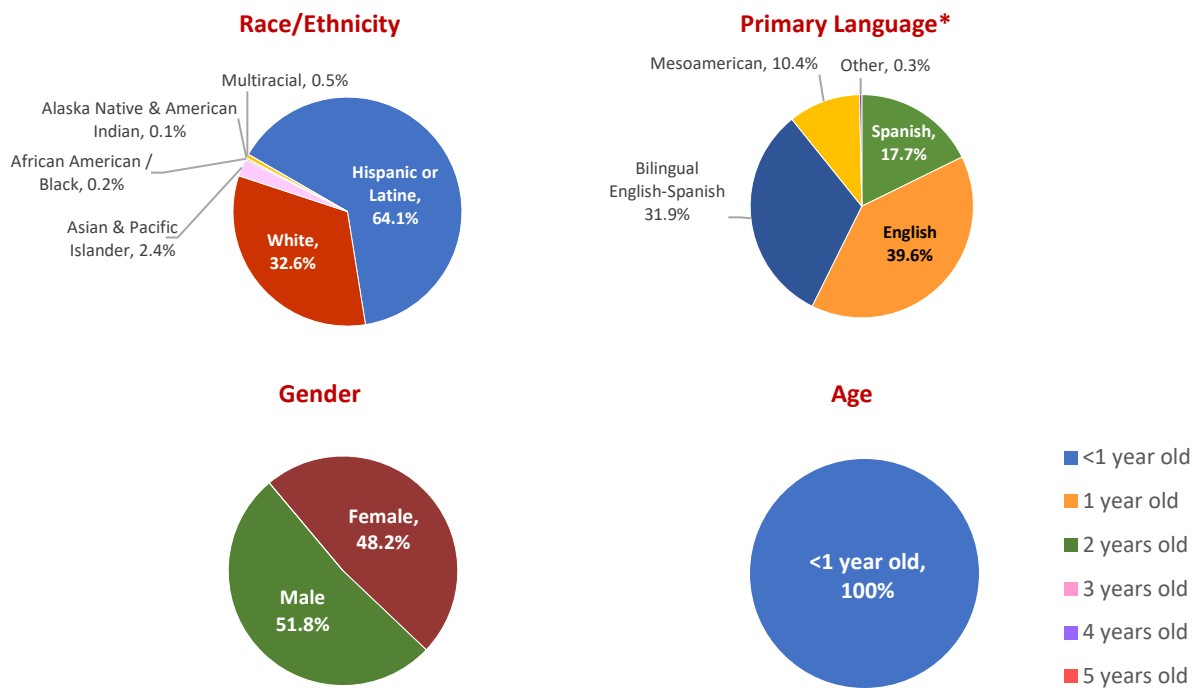
Source: First 5 CCD database for July 1, 2024 – June 30, 2025.

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

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

N: (Ethnicity)=1,883, (Language)=2,194, (Gender)=2,194; (Age)=2,194.

Figure 16: **Demographics of Newborns benefiting from the Baby Gateway Newborn Enrollment Program (2024-2025)**



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.

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

Newborns are assigned their mothers' primary language.

N: (Race/Ethnicity)=1,838; (Primary Language)=1,838; (Gender)=2,222 (Age)=2,222.

Outcomes

Enrolling newborns in health insurance

Data from 2024-25 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 2024-25, **essentially all** received a newborn visit from a Newborn Enrollment Coordinator (NEC) while in the hospital or via phone, and **98%** of those visited received a *Kit for New Parents* (or already had one).
- Of all mothers with births paid by Medi-Cal, **99.9%** (all but one) were assisted by a NEC to complete a Medi-Cal Newborn Referral application for their new baby.
- Of the mothers who were assisted with a Medi-Cal Newborn Referral application for their baby by a NEC, **100%** had identified a preferred primary care provider (PCP) or clinic for their child, and were offered help by the NECs to schedule the first appointment for the newborn.

Figure 17: Baby Gateway Newborn Enrollment Program project statistics (2024-2025)

PROGRAM COMPONENT	WATSONVILLE COMMUNITY HOSPITAL	DOMINICAN HOSPITAL	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	TOTAL	
Total Number of All Births in Santa Cruz County hospitals ¹	799	757	653	2,209	
Total Number of Newborns Visited ²	809	763	650	2,222	100.6% ²
Number of Kits for New Parents distributed ³	807	756	622	2,185	98.3%
Total Number of Births paid by Medi-Cal ⁴	687	408	148	1,243	
Number of Completed Newborn Medi-Cal Applications ⁵	695	402	145	1,242	99.9%
Number of Newborn Medi-Cal Applicants who have identified a Preferred Primary Care Provider or Clinic for their newborn, before discharge	695	402	145	1,242	100%

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

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.

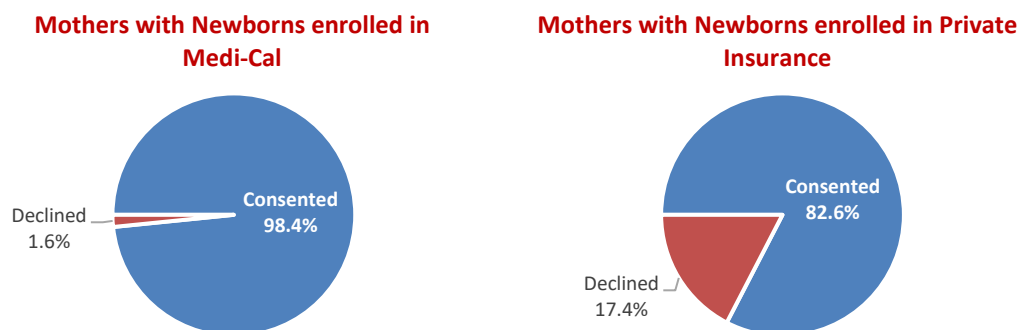
Reports of dental health utilization among children insured by Medi-Cal suggest that the “First Tooth, First Birthday” campaign in Santa Cruz County may have been effective in encouraging more families to make dental visits for their children, and particularly for their children ages 1-2.

- **“First tooth, First birthday” campaign:** In 2024, Oral Health Access Santa Cruz County reported that over the past eight years there was a 225% increase in the number of young children with Medi-Cal insurance going to the dentist.¹⁶
- **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 past five years), compared to **42%** across the State.¹⁷

State-wide Student Identification number (SSID)

- **Student Identification numbers:** Between October 2020 and June 2025, 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 18: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2025), who consented to have their contact information shared with COE**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2025.
N = (Medi-Cal)=4,612; (Private)=3,685.

¹⁶ Oral Health Access Santa Cruz County, *Strategic Plan 2024-2028*, Retrieved on 9/1/2025 from <https://oralhealthsc.org/>.

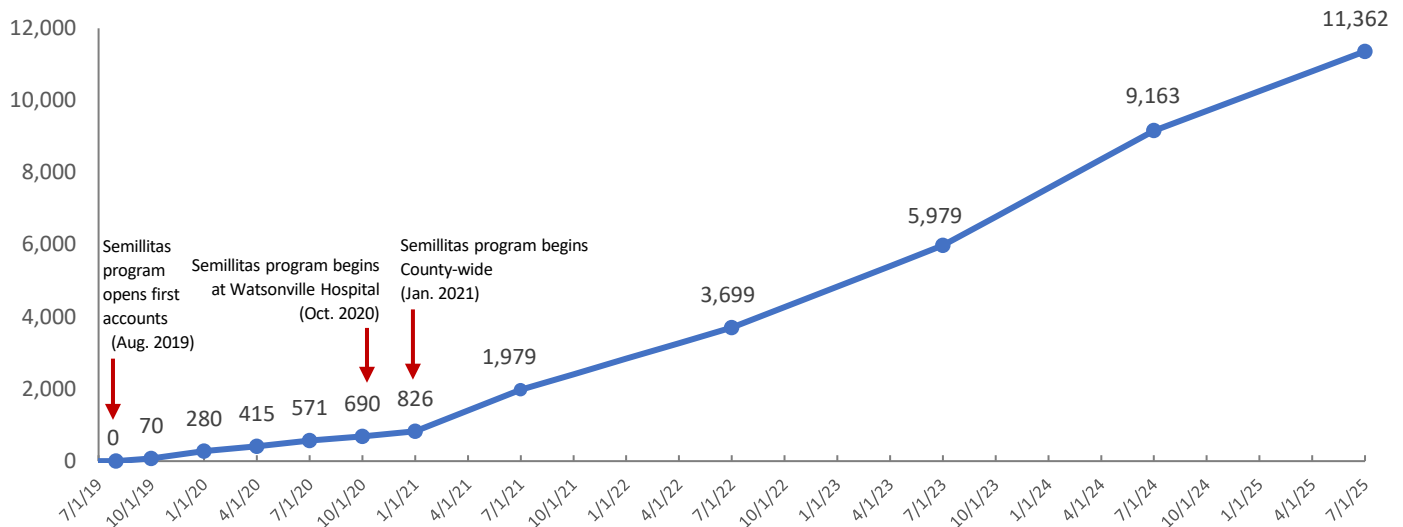
¹⁷ Department of Health Care Services, Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2023* and *Dental Utilization Measures and Sealant Data by Age Groups Calendar Year 2013 to 2023*, California Health and Human Services Open Data Portal, 2025.

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 2025.
- **Number of Accounts Opened:** Since the program began (between August 2019 – June 2025), a total of 11,362 Semillitas accounts have been opened.

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

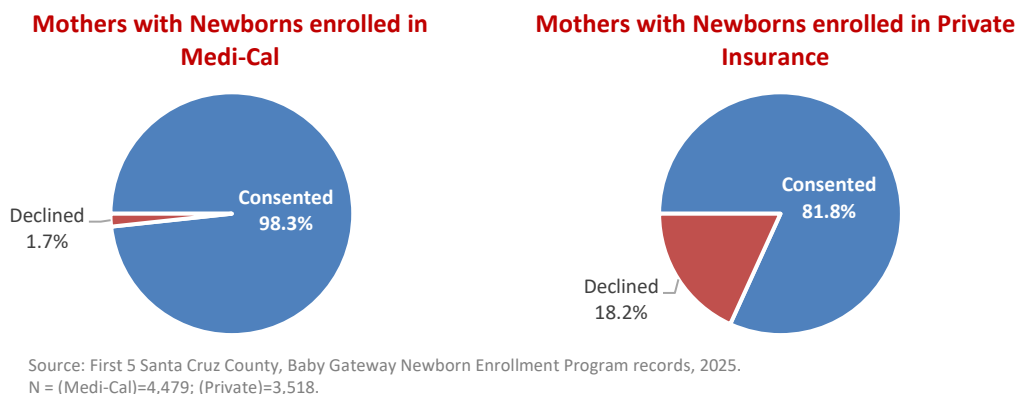


Source: Ventures, Program records, 2025.

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 2025, 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 20: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2025), who consented to have their contact information shared with Ventures**



Ensuring access to food

In FY 2024-25, NECs connected mothers to these **food resources**:¹⁸

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

Supporting Well-Child Visits

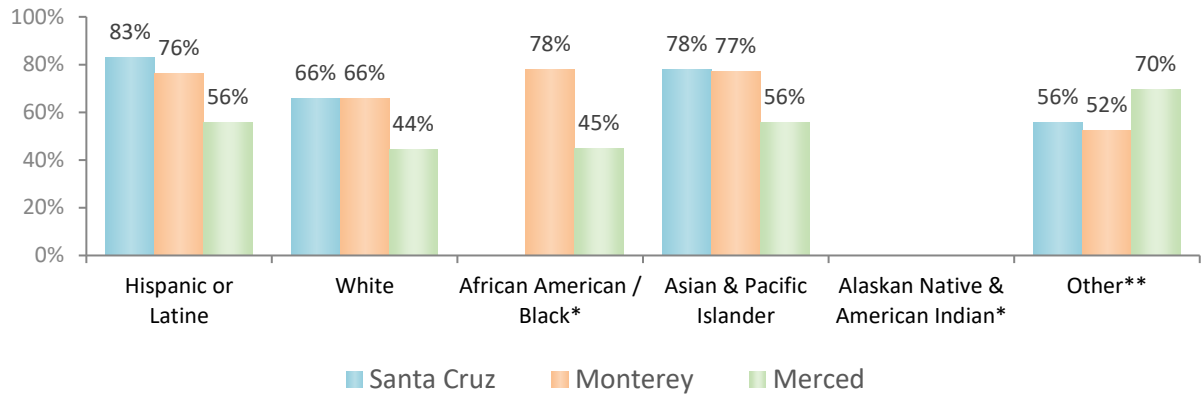
The Central California Alliance for Health (the Alliance) discusses the importance of infants getting their **well-child visits** during the first several months of their life, in order to be able to assess their growth and development, and address any issues before they become bigger problems.¹⁹ One key benchmark is that a child should have at least six well-child visits with a provider within the first 15 months of life.

¹⁸ First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program data.

¹⁹ 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 counties served by the Central California Alliance for Health.

Figure 21: 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 (2024)



Source: (2021) Central California Alliance for Health, *Medi-Cal Health Education and Cultural and Linguistic Population Needs Assessment (PNA) 2022: Santa Cruz, Monterey, & Merced Counties Reporting Areas*; (2022-24) Central California Alliance for Health.

Notes:

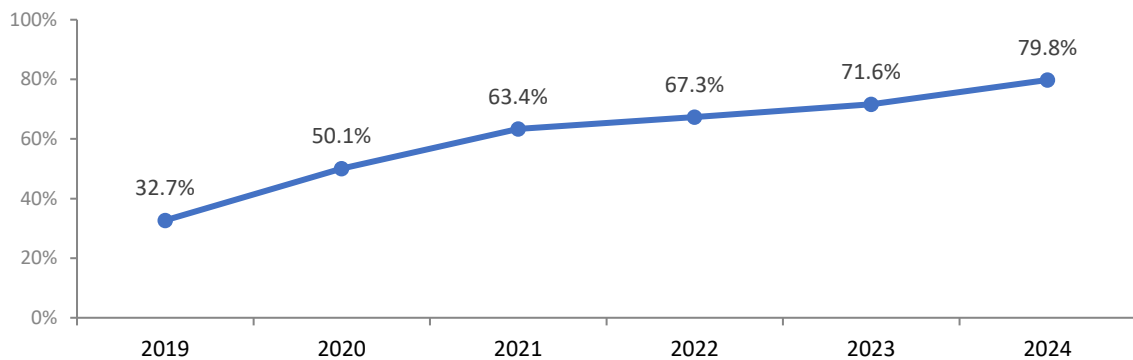
- Only Santa Cruz County children in the Medi-Cal managed care plan handled by the Alliance are included in this analysis.
- Results reflect the most current data available at the time of this report.

* 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 2024, 80% of all infants had received at least 6 well-child visits with a provider within the first 15 months of life. This percentage has been steadily increasing over the last 5 years.

Figure 22: 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

- At Watsonville Community Hospital, ED visits for infants under age 1 who were covered by Medi-Cal has decreased 59% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2008 and 2024).
- At Dominican Hospital, the number of ED visits for infants under age 1 who were covered by Medi-Cal has stayed relatively the same between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2010 and 2024). Note that in 2010 this hospital was already well below the national rate of ED visits for infants, so these numbers would not be expected to decrease much further over time.

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

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

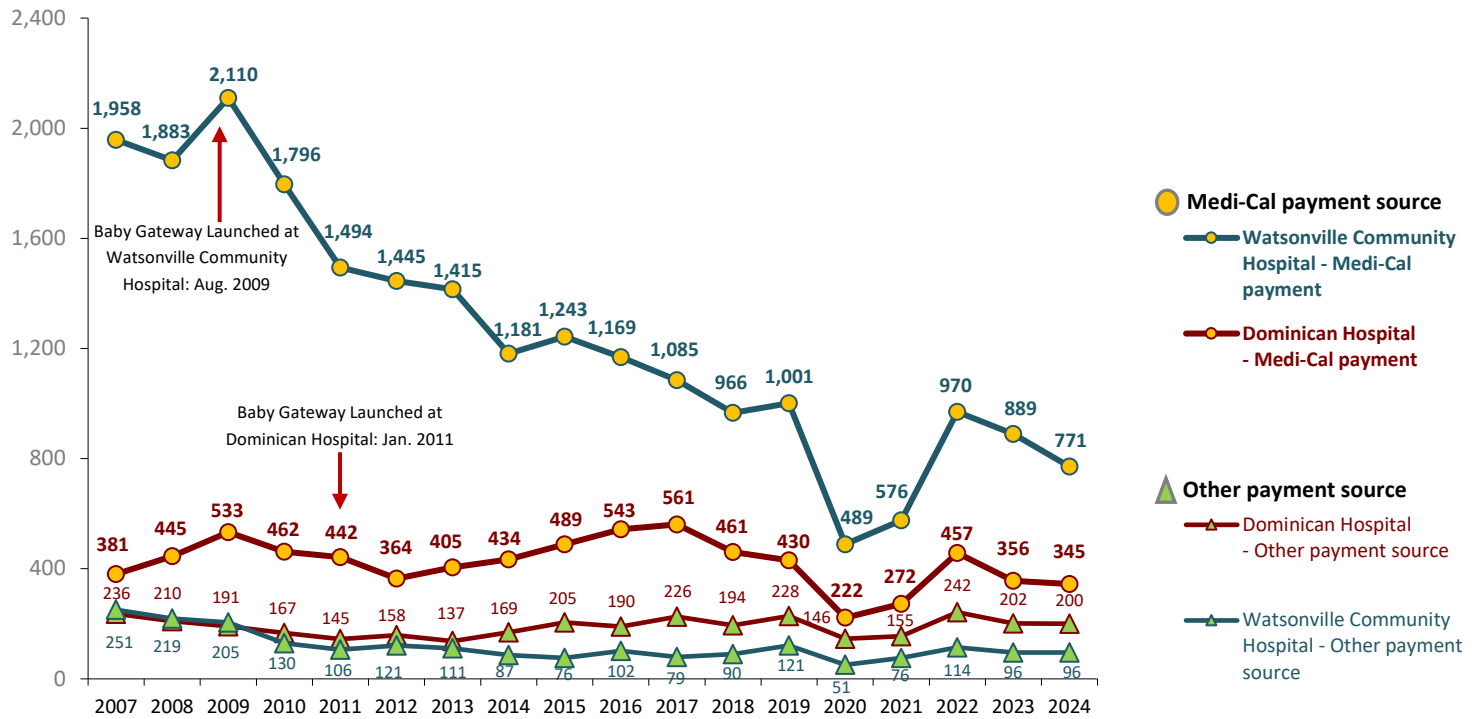
Note that data show that both Santa Cruz County hospitals are well below the national rate of ED visits for infants under age 1.

- In 2022 (the most current year of national data available), the national rate of ED visits for infants under age 1 was **99 per 100**,²⁰ which was much higher than the rates that year at both Dominican Hospital (**48 per 100**) and Watsonville Hospital (**31 per 100**).

ED use of children covered by other payment sources

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

²⁰ Centers for Disease Control and Prevention, National Center for Health Statistics, *Emergency Department Visit Rates by Selected Characteristics: United States, 2022, 2025*.

Figure 23: 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*, 2025. (Population of Santa Cruz County children under age 1) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release)*. Sacramento: California. April 2025.

Note: Population totals for 2020-2024 (data from the most 2020 Census) were updated 10/8/25. Results reflect the most current data available.

VisionFirst

Program Description

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

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

- *From ages 2 to 5, a child will be fine-tuning the visual abilities gained during infancy and developing new ones. ...*
- *They are developing the visually-guided eye-hand-body coordination, fine motor skills, and visual perceptual abilities necessary to learn to read and write.*
- *Steps taken at this age to help ensure vision is developing normally can provide a child with a good "head start" for school. ...*
- *The preschool years are a time for developing the visual abilities that a child will need in school and throughout his or her life.”²¹*

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,²² which increased the reach of the program. In 2016-17, VisionFirst was expanded to include all state-funded preschool programs in the County. In addition, because the Spot



²¹ American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 9/1/25 from <http://www.aoa.org/>], 2025.

²² 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.

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 17 private preschool and infant/toddler classrooms, providing screenings at a total of **99** different classrooms in Santa Cruz County.

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

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

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



A dramatic play set-up in a child care site

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

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

Screening results indicating vision issues

Vision screening does not replace a complete eye examination by an ophthalmologist or optometrist.

Complete Eye Exam Recommended

Vision Screening Summary

SUBJECT ID: _____
SCREENING: _____ GENDER: **M**
AGE: _____
FIRST NAME: _____
LAST NAME: _____

POTENTIAL CONDITION

• Astigmatism (OD)
[cylinder housing]
• Gaze (OD)
[eye alignment]
• Gaze (OS)
[misalignment]

OD: +1.25, +2.50, +170°
OS: +0.50, -1.25, @6°

RIGHT EYE: OUT OF RANGE, IN RANGE, OUT OF RANGE
LEFT EYE: OUT OF RANGE, IN RANGE, OUT OF RANGE
BOTH EYES: amblyopia, anisometropia, gaze asymmetry

VisionFirst
A program of FIRST5
If you have questions, please call (831) 465-2209

Screening results after receiving eyeglasses

Vision screening does not replace a complete eye examination by an ophthalmologist or optometrist.

Screening Complete

Vision Screening Summary

SUBJECT ID: _____
SCREENING: _____ GENDER: **M**
AGE: _____
FIRST NAME: _____
LAST NAME: _____ (Wearing Glasses)

POTENTIAL CONDITION

OD: +0.75, -1.50, @173°
OS: +0.25, -0.50, @18°

RIGHT EYE: OUT OF RANGE, IN RANGE, OUT OF RANGE
LEFT EYE: OUT OF RANGE, IN RANGE, OUT OF RANGE
BOTH EYES: amblyopia, anisometropia, gaze asymmetry

VisionFirst
A program of FIRST5
If you have questions, please call (831) 465-2209

One VisionFirst Story

Should young children wear their eyeglasses to school? While parents often worry about them breaking and prefer to leave them at home, glasses are vital for effective learning. The truth is that school is where eyeglasses are most beneficial, where children need to clearly see the items in their classroom, the materials on the walls, their books and letters, and their teachers and classmates.

This year, we were excited to see that many children who had been screened in prior years and found to be "out of range" were wearing their eyeglasses when we visited their classrooms. Teachers' encouragement and support made the transition to wearing eyeglasses for many of these children a smooth process.

When we initially screened these children, parents only saw the results indicating that they were "out of range." This year, these parents were able to compare the results of their child's vision with and without eyeglasses. Although the difference was extreme for some children, as one mom put it, "If it hadn't been for this vision screening, I would have never known my child needed eyeglasses."

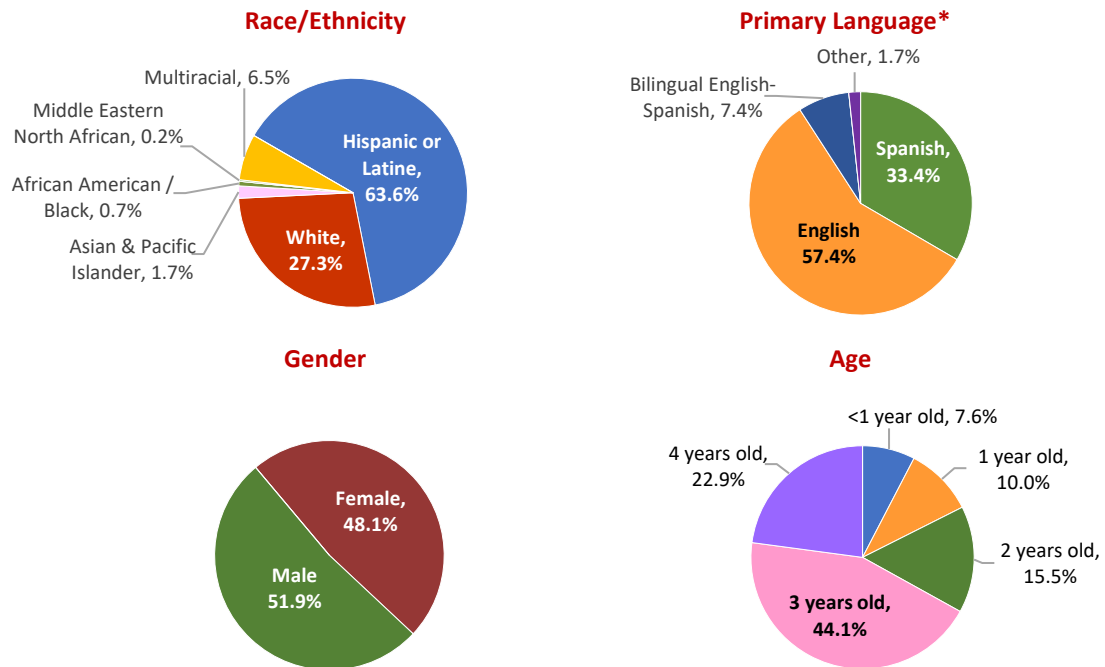
- First 5 VisionFirst program

Population Served

	2024-2025
Children	472

Source: First 5 Santa Cruz County, VisionFirst records, 2025.

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

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

N=(Race)=461; (Language)=470; (Gender)=472; (Age)=472.

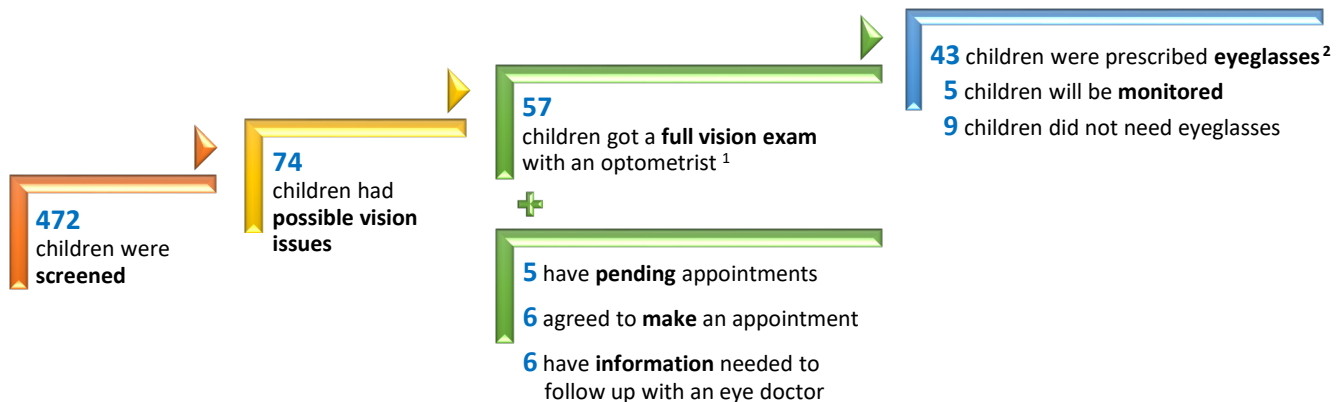
Outcomes

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 **472** children screened, **74** had possible vision problems identified (16% of all children screened).
- 57** of these children have followed up with a full vision exam at an optometrist.²³
- Of those children who had a full vision exam, **43** were prescribed eyeglasses, **5** will continue to be monitored for possible vision issues, and **9** children did not need eyeglasses.

²³ These FY 2024-25 results are as of 9/3/25, in order to get as thorough a report as possible of the final outcomes for this cohort.

Figure 25: **VisionFirst outcomes – Santa Cruz County (2024-25)**



Source: First 5 Santa Cruz County, VisionFirst records, 2025.

Note: These FY 2024-25 results are as of 9/3/25, 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 activities

The PVUSD Migrant and Seasonal Head Start (MSHS) program and Head Start, Early Head Start, and State Preschool sites have adopted this program and purchased their own Spot Vision Screener devices. In 2024-25 these sites conducted their own screenings and follow-up, and reported these outcomes:

Figure 26: **Local partners' vision screenings using the Spot Vision Screener (2024-25)**

	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	511	Information not available	Information not available	<ul style="list-style-type: none"> • 56 were prescribed glasses
Head Start, Early Head Start, and State Preschool sites	157	60	14	<ul style="list-style-type: none"> • 7 were prescribed glasses • 3 will be monitored • 3 did not need glasses • 1 outcome was not reported

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

Neurodevelopmental Foster Care Clinic

Program Description

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

“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.”²⁴

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

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

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

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

²⁴ 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 on-going counseling to those children needing therapy services.
- A Licensed Clinical Social Worker coordinates and case manages the program, and offers Triple P services to biological and foster clients.
- Children needing developmental services (e.g., occupational therapy, physical therapy, speech therapy, special education) are referred to local resources and the school district in which they reside.
- Any identified medical services (e.g., audiology, ophthalmology) are coordinated through the primary care provider.

One Client's Story

Our team worked with a child ("Luis") seen over the course of his young life. His parents are in recovery themselves and are earnestly dedicated and eager to access support from the system of care.

Luis initially was seen as a toddler when he was in family maintenance, but we lost contact with him when his family did not show up for scheduled visits. He returned to our program (at age 4) after he and his sibling were removed and placed into foster care.

The foster family was able to care for Luis and his sibling, and worked collaboratively with the biological family. When he was seen in the clinic at age 4, evaluation results revealed concerns regarding his overall cognitive processing, speech delay, and symptoms that were concerning for autism spectrum disorder. We were able to obtain consents on the day of the visit to initiate the assessment for special education. It was determined that a formal autism assessment was warranted, and this diagnostic visit has been scheduled.

The children were reunified with their biological parents just before the holidays. The public health nurse working with the family contacted our team regarding the change in school district and we were able to assist the family in writing an IEP request for the district of residence. The school district assessment is in progress and the parents are dedicated to attending the diagnostic visit that is scheduled in the future.

- Neurodevelopmental Foster Care Clinic, Annual Progress Report

Population Served

	Provided with diagnoses, services, and referrals			Received Triple P services			2024-2025 (Unique) <i>Diagnoses and Referrals + Triple P services</i>
	<i>Santa Cruz County</i>	<i>Out of County¹</i>	Diagnoses & Referrals Subtotal	<i>Santa Cruz County</i>	<i>Out of County¹</i>	Triple P Subtotal	
Parents/Guardians	66	14	80*	7	10	17	97
Children	33	7	(ages 0-5) 40	5	5	(ages 0-5) 10	(all ages) 51
				0	1	(ages 6+) 1	

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

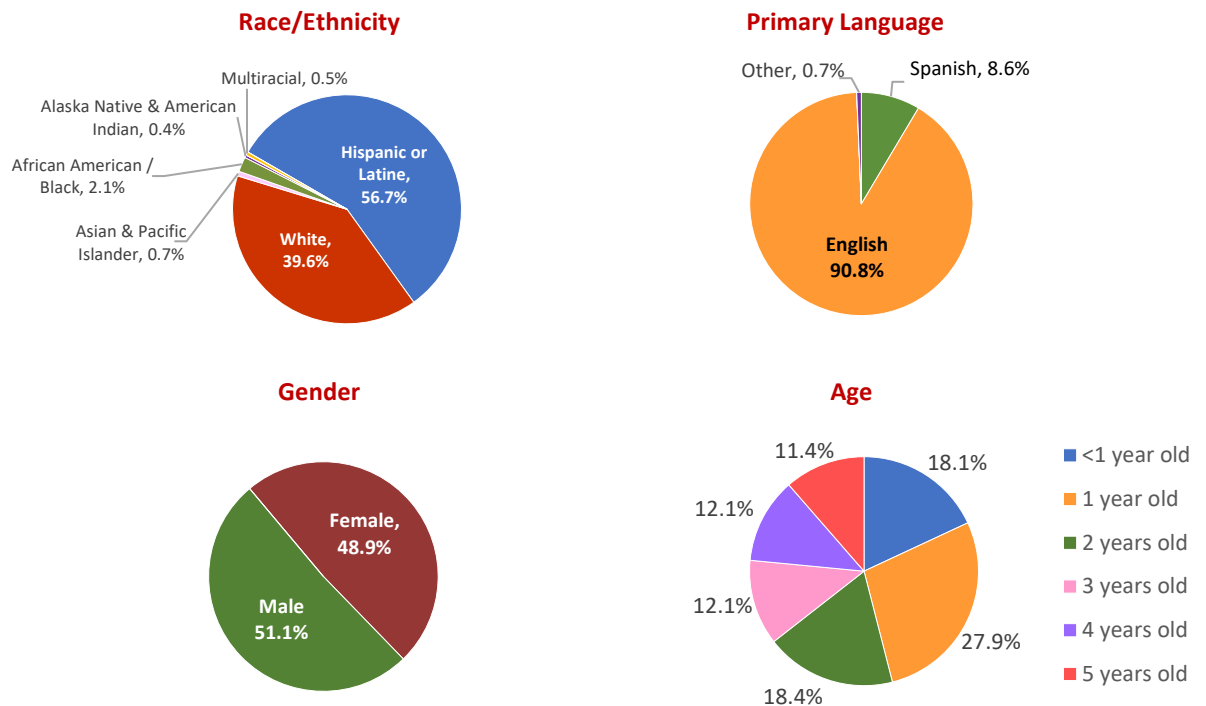
* Estimated number of parents/guardians of foster children who received diagnoses, services, and referrals. These parents/guardians are included here as adults who benefited from the services that their foster/biological children received.

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

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

In the following results, data from all the years of this program (2011-2025) have been aggregated in order to present a more robust profile of the children served.

Figure 27: Demographics of Children (ages 0-5) participating in NDFCC (2011-2025)



Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2025.

Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N=1,052.

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

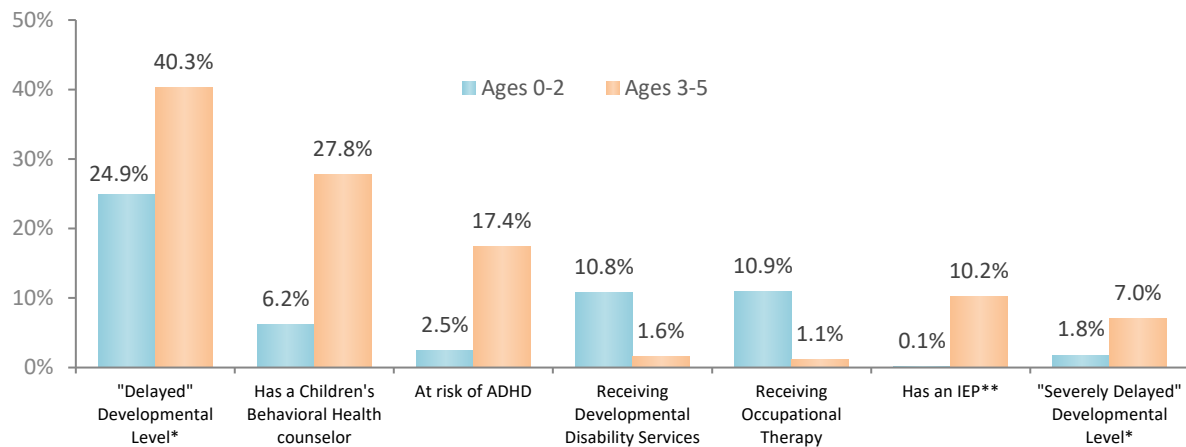
Measurable Objectives	2024-2025
By June 30, 2025, up to 100 children aged 0-5 will receive comprehensive developmental and behavioral assessments and up to 50 children will have follow up consultations.	<ul style="list-style-type: none"> • 40 children received comprehensive assessments • 14 children had follow-up consultations.

Source: Neurodevelopmental Foster Care Clinic, *Annual Progress Report*, 2025.

* 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 (2011-2025) 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 28: Percentage of Children in NDFCC (ages 0-5) with these diagnoses and services, at Intake (2011-2025)



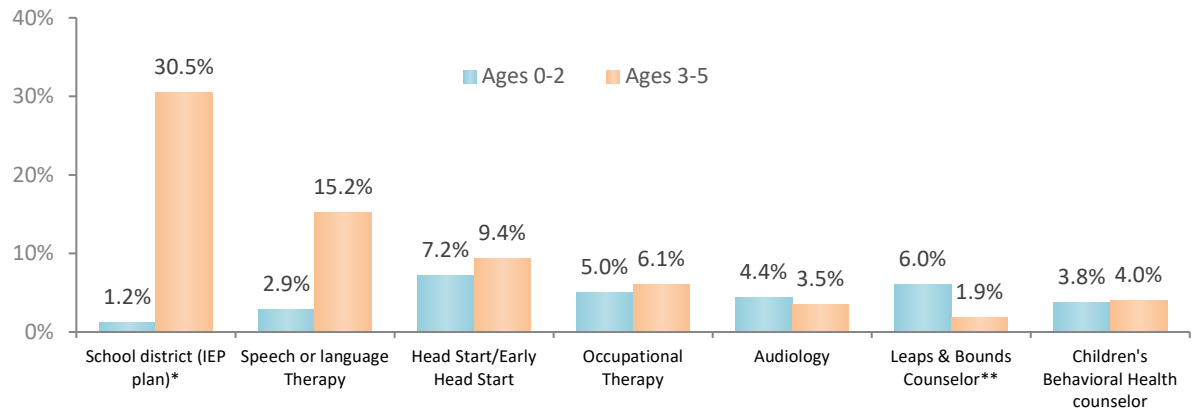
Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2025.

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) 678; (Ages 3-5) 374.

Figure 29: Percentage of Children in NDFCC (ages 0-5) provided with these referrals (2011-2025)

Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2025.

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)=678; (Ages 3-5)=374.

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

In FY 2024-25, NDFCC has experienced staffing challenges to provide Triple P services since the start of the 2nd Quarter. The Licensed Clinical Social Worker who had been trained and was providing Triple P workshops and referrals for many years retired mid-year, and the program has not been able to hire a professional to carry on this portion of the work. The clinical psychologist continued to provide assessments and referrals to families, and a community health worker was able to provide individual Triple P Level 2 Tip Sheets to three families seen in the Neurodevelopmental Foster Care Program.

