



FIRST 5 SANTA CRUZ COUNTY



ANNUAL EVALUATION REPORT



July 1, 2024 - June 30, 2025

October 2025

Acknowledgements

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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 County</i> ¹	Diagnoses & Referrals Subtotal	<i>Santa Cruz County</i>	<i>Out of County</i> ¹	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.

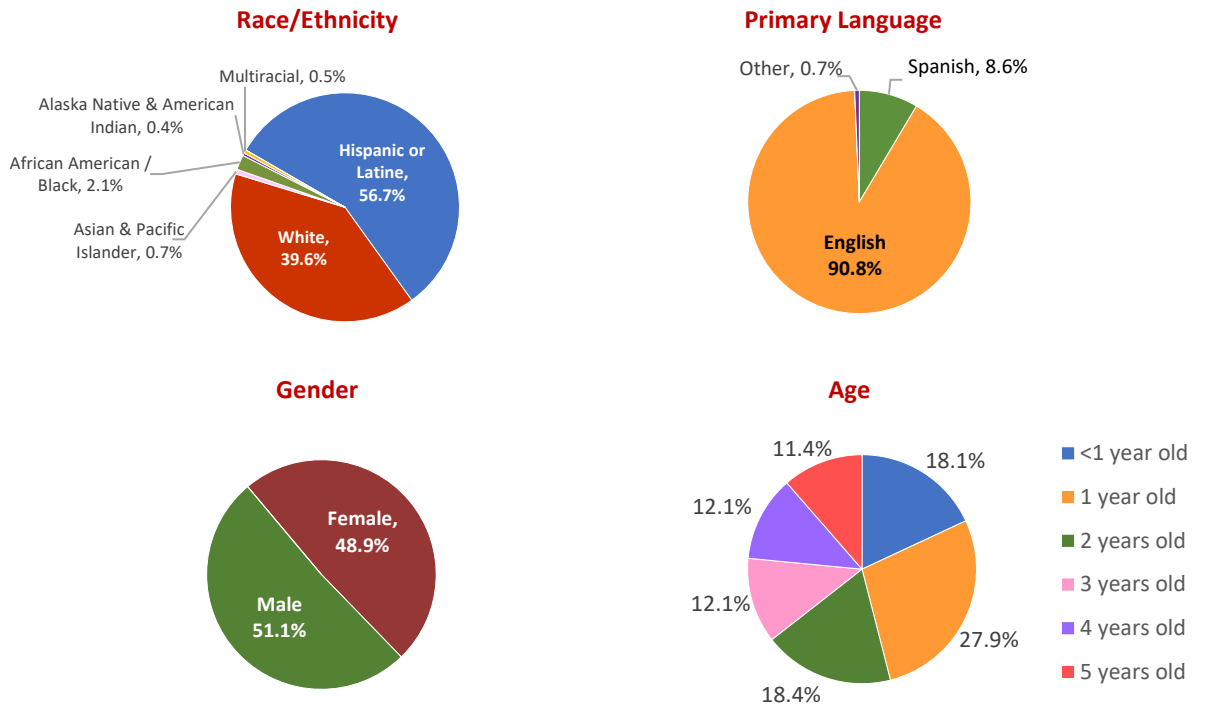
* Estimated number of parents/guardians of foster children who received diagnoses, services, and referrals. These parents/guardians are included here as adults who benefited from the services that their foster/biological children received.

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

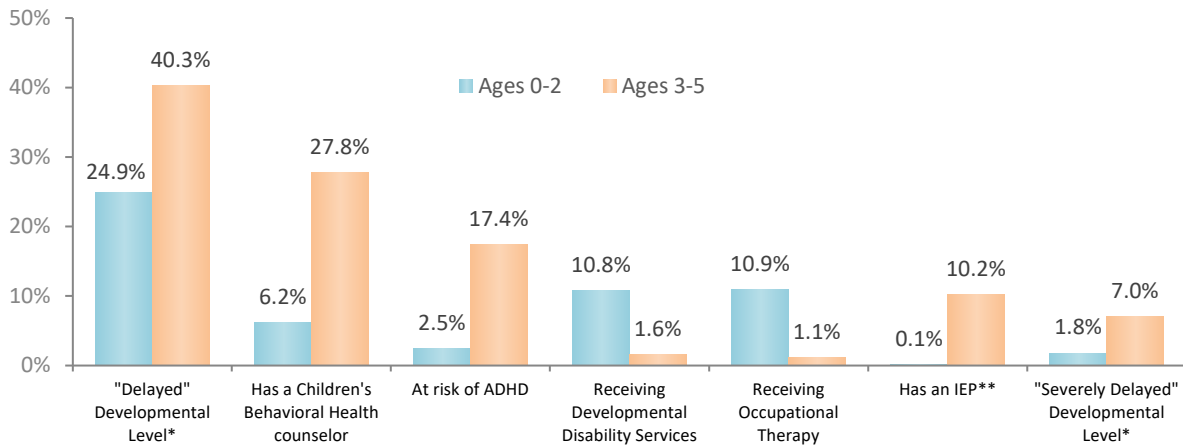
Measurable Objectives	2024-2025
By June 30, 2025, up to 100 children aged 0-5 will receive comprehensive developmental and behavioral assessments and up to 50 children will have follow up consultations.	<ul style="list-style-type: none"> • 40 children received comprehensive assessments • 14 children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

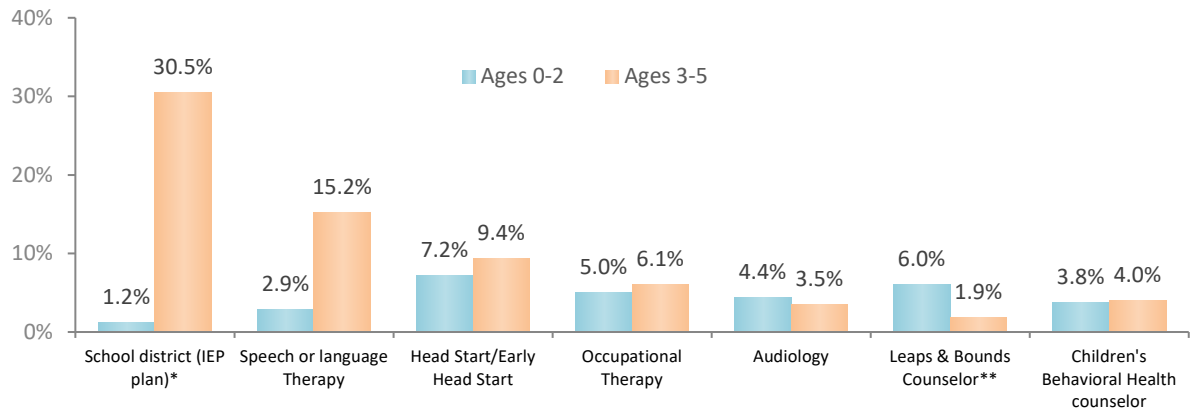
Note: Data for different diagnoses and services were not always collected every year. Therefore, the number of children analyzed for each diagnosis and service may vary. Only diagnoses and services with percentages higher than 4% for at least one age group are shown.

* 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.

