



FIRST 5 SANTA CRUZ COUNTY



ANNUAL EVALUATION REPORT



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EXECUTIVE SUMMARY



First 5 Santa Cruz County's Strategic Framework

When Proposition 10 passed in 1998, California made a definitive and enduring commitment to promote the health and well-being of young children (prenatal through age five) and their families. For almost 25 years, First 5 Santa Cruz County has had the great privilege and responsibility to serve as the steward of Prop 10 revenue, ensuring these public funds benefit young children and their families throughout Santa Cruz County.

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

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

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

 <p>Healthy Children</p>	<ul style="list-style-type: none">➤ Increased access to affordable quality health care for children 0-5➤ Increased use of preventive health care➤ Improved maternal, infant, and child health
 <p>Thriving Families</p>	<ul style="list-style-type: none">➤ Increased resilience of young children and their families➤ Improved parenting practices and parent-child relationships➤ Increased “social capital” (relationships and connections) of young children and their families➤ Decreased child abuse and neglect



First 5 Santa Cruz County's Vision of Success

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



First 5 Santa Cruz County's Mission

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



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



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

This annual report summarizes findings of the First 5 Santa Cruz County evaluation from **July 1, 2022 to June 30, 2023**. Many programs are multi-year investments, and therefore some information presented reflects multiple years of data.

Summary

The following is an Executive Summary of this *2022-23 Annual Evaluation Report*, providing a review of key County indicators of child and family well-being, a description of the population served by First 5-funded programs, and highlights of the activities and achievements in each of the four goal areas of the 2020-2025 First 5 Santa Cruz County Strategic Plan.

Overall Well-Being of Children in the County

First 5 Santa Cruz County invests in efforts that support its vision of Healthy, Happy, and Well-Prepared Children, Thriving Families, Access to Affordable, Quality Early Care and Education, and Connected and Equitable Community Systems. To help guide its investments and partnerships, First 5 monitors county-wide trends that affect child well-being. The fiscal year 2022-23 marks the third year of the 2020-2025 strategic plan, and the following data reflect the status of young children and their families in the County (the most recent data available are reported).

- **Santa Cruz County has a diverse population of young children which is decreasing in number.** In 2023, there were over 13,800 children ages 0-5 in Santa Cruz County, continuing a decreasing trend since a high of almost 19,600 in 2012. The majority of these children were either Hispanic or Latine¹ (48%) or White (42%). This diversity is also evident in kindergarten, where in 2023 almost 33% of children had a primary language other than English.
- **Unemployment varies greatly across the County.** In 2022-23, the average unemployment rate in the County was 5.2%, similar to the previous year. Within the County, the percent of unemployed residents differs greatly by area; the average unemployment rate ranges from 2.5% in the city of Capitola to 11.7% in Corralitos.
- **Gender inequalities are affecting family income.** The U.S. Census Bureau provides estimates of median incomes for households and families of various types, and this analysis examined the median incomes of families where there was at least one child under age 18. In 2022, for families with a female householder and no spouse present, the median family income was \$45,356, compared to \$104,875 for families with a male householder and no spouse present.

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

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

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

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

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

- **Salaries are rising, but many are still living in poverty.** Although the 2022 median family income (where there was at least one child under age 18) was higher than the previous year, it was still not enough for many in this County to make ends meet.
 - According to the U.S. Census Bureau (using 5-year averages), in 2021 almost **11%** of all people in the County were earning less than the Federal Poverty Level (FPL), and almost **9%** of all children ages 0-5 were living in poverty.

However, there are other measures that are considered more comprehensive measures of income adequacy that suggest that an even higher percentage of families are living in poverty:

- The California Poverty Measure data for 2021 estimated that **12%** of all people in the County were in poverty.
 - The Self-Sufficiency Standard for 2021 estimated that in Santa Cruz County a family of five (comprised of 2 adults and 3 children, where at least one child is age 5 or younger) needed to earn at least \$171,395 a year, in order to meet their basic needs. Analyses of county incomes in 2021 indicate that approximately **67%** of families (of any size, where there was at least one child under age 18) earned less than this self-sufficiency standard.
- **There is varying enrollment in public assistance programs.** Over the past year there has been an increase in enrollment in CalWORKs and CalFresh. The number of students receiving Free and Reduced Price Meals, and enrollment in the Women, Infants, & Children program have stayed relatively level since the previous year.
 - **Children have health insurance.** In 2021 (using 5-year averages), the vast majority of County children ages 0-5 had health insurance (98%). First 5 Santa Cruz County continues to provide assistance to families to enroll in public health insurance programs, to help every child aged 0-5 get insured.
 - **Children have access to a provider for routine preventive care.** In 2022, 80% of toddlers with Medi-Cal insurance (ages 15-30 months) received a well-child check-up. An additional measure of preventive care showed that in 2022, over 67% of all infants with Medi-Cal insurance had received at least six well-child visits with a provider within the first 15 months of life.
 - **The percentage of young children getting dental care is increasing.** Data indicate that the percentage of children enrolled in Medi-Cal who had been to a dentist in the past year has been increasing over time. In 2021, 52% of children ages 1-2 saw a dentist in the last year, which is an increase of almost 15 percentage points over the past five years. Approximately 61% of children ages 3-5 saw a dentist in the last year, with a smaller but steady increase of almost 2 percentage points over the past five years.

- **The number of mothers receiving prenatal care in the first trimester is fluctuating.** Data regarding early prenatal care in 2021 show improvements over the past five years, with a slight downturn during the past year.
 - In 2021, 84% of mothers received prenatal care in their first trimester, which exceeds the Healthy People 2030² target rate of 80.5% for a related objective (“*Increase the proportion of pregnant women who receive early and adequate prenatal care*”).
 - Among younger mothers (ages 24 and younger), a lower percentage received first trimester care (75%).
 - Additionally, there were differences in receipt of early prenatal care based upon the mother’s source of payment for the care. In 2021, 78% of mothers with Medi-Cal insurance began receiving prenatal care during the first trimester, compared to 93% of mothers with private insurance.
- **The percentage of preterm births and babies with low birthweights is staying relatively level.** In 2021, approximately 7.5% of all mothers had preterm births and 5.4% had babies with low birthweights, percentages that have stayed relatively level over the past five years.
- **The percentage of births to teen mothers in the County is staying low.** In 2021, the percentage of births to teen mothers represented 2.8% of all births in Santa Cruz County, and there was a teen birth rate of 5.9 per 1,000 (ages 15-19). Both of these measures are showing a slow, continuing decrease over the past five years.
- **Over half of the births in the County were paid for by Medi-Cal.** In 2023, 55% of births, across all age groups, were paid for by Medi-Cal.
- **A small percentage of income-eligible children are enrolling in subsidized child care.** In 2023, only 15% of income-eligible infants and toddlers ages 0-2, and 59% of income-eligible preschool children ages 3-4 were enrolled in subsidized child care.
- **Young children with developmental challenges are getting support.** In 2018-19 (the most recent data available), 7% of kindergarten students in Santa Cruz County received special education services, demonstrating the importance of having services available to address the developmental issues of these very young children.
- **Third graders are struggling with their reading skills.** In 2022, only 37% of Santa Cruz County 3rd grade students met or exceeded standards in English language arts/literacy. Although the county-wide 3rd grade English language arts/literacy scores increased slightly over the previous five years, there are still significant disparities by students’ English-language fluency, ethnicity, and economic status.

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

- **Foster care “Point-in-Time” in-care rates are slowly decreasing.** In 2020, the foster care “Point-in-Time” in-care rates were highest for infants under age 1 (4.6 per 1,000) and for children ages 1-2 (4.4 per 1,000), compared to toddlers ages 3-5 (2.2 per 1,000). However, the foster care rates for all age groups have been decreasing slowly over the past five years.
- **There are decreasing rates of child maltreatment.** In Santa Cruz County, the rates of child maltreatment have been decreasing.
 - Rates of **allegations** of abuse and neglect in Santa Cruz County show a steady decrease over time, and between 2012 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to below them.
 - Similarly, rates of **substantiated allegations** of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz County moved from being substantially above (or at) the statewide rates, to below them.
 - However, data are revealing that infants still have substantially higher rates of abuse than toddlers and preschoolers. In 2022, the rate of substantiated allegations of child maltreatment was highest for infants under age 1 (**10.4** per 1,000), compared to children ages 1-2 (**2.9** per 1,000) and children ages 3-5 (**2.1** per 1,000).
- **Many children are experiencing Adverse Childhood Experiences (ACEs).** The extreme stress and adversities that children experience can have lifelong impacts on health, well-being, and economic opportunities. Results from 2019 (the most recent year of data available) showed that approximately 16% of children ages 0-17 in the County experienced two or more adverse experiences (as reported by their parents), which was a slight increase from the year before.

A Profile of First 5 Participants

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

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

- **First 5-supported programs are wide-reaching.** In 2022-23, First 5 partners served **5,444** unique children ages 0-5, representing 39% of all children these ages in Santa Cruz County. Approximately **3,631 additional services** were provided to children who participated in programs where no client ID was available to track their participation, or who were indirectly supported by a First 5 funded program.
- **First 5 serves a high number of dual language learners.** Of the children served by First 5, 71% were Hispanic or Latine, and approximately 56% of children lived in households that primarily spoke a language other than English (Spanish, bilingual Spanish/English, a Mesoamerican language, or another non-English language). Of all Hispanic or Latine children ages 0-5 in Santa Cruz County, it’s estimated that at least 55% participated in services funded by First 5.

- **First 5 is serving children in the highest risk zones of the County.** The new “California Strong Start Index” uses information collected at birth to understand the conditions under which California’s babies are born at a very local level, and measures resources that are tied to good outcomes and resilience throughout a person’s lifespan, such as healthy birth weight, timely prenatal care, parental education level, and parents’ ability to afford and access health care. Of the children served by First 5 in 2022-23 who had known ZIP codes, the vast majority (86%) lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, Freedom, and Watsonville), showing that First 5 partners are reaching children and families who typically experience the greatest barriers to good health and well-being.

First 5 strengthens systems by enhancing the capacity of service providers

In addition to supporting direct services to children and families, First 5 aims to boost the capacity of local systems in order to extend the reach of critical early education, family support, and health services to a larger number of children and families. Systems enhancements help ensure better services for years to come. Examples of First 5’s capacity-building work in 2022-23 include:

- **Skill development and coaching for early childhood educators.** In 2022-23, **35** early childhood educators from state and federally-subsidized preschools, child care centers, Transitional Kindergarten classrooms, and licensed family child care homes received training and coaching from the SEEDS of Learning[®] program, **5** SEEDS Quality Coaches provided literacy coaching to early educators receiving SEEDS of Learning[®] instruction during the year, **35** family child care providers participated in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated, and **25** received technical assistance and training, for a total of **89 unique early childhood educators**.
- **Development of a population-based system of parent education.** In 2022-23, **23** new parent education practitioners received training to deliver the Triple P –Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors.

Healthy Children

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

First 5 Santa Cruz County insures children

- **Santa Cruz County’s newborns are getting connected to medical care.** During 2022-23, the Baby Gateway Newborn Enrollment Program provided 99% of all mothers with a newborn visit while in the hospital (or via phone), and 98% of these mothers received a First 5 California *Kit for New Parents*. Of all mothers with births paid by Medi-Cal, nearly all were

assisted to complete a Medi-Cal Newborn Referral application for their new baby, and 99.9% of these mothers (all but one) identified a preferred primary care provider (PCP) or clinic for their child before discharge from the hospital.

- **Children are receiving routine preventive care.** Central California Alliance for Health (the Alliance) discusses the importance of infants getting all of their well-child visits during the first several months of their life, in order to be able to assess their growth and development. Results provided by the Alliance show that in 2022, over 67% of all infants with Medi-Cal insurance in Santa Cruz County had received at least six well-child visits with a provider within the first 15 months of life. This success was likely assisted by the Baby Gateway Newborn Enrollment Program’s efforts to connect all newborns with a primary care provider.
- **Newborns are getting connected with County programs.** First 5 has continued assisting with two new programs that were implemented in Santa Cruz County, which the Newborn Enrollment Coordinators have incorporated into their newborn visits:

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

Uninsured children are:

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

- Children Now

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

³ Ventures was formerly known as Santa Cruz Community Ventures.

- The services provided by the Baby Gateway Newborn Enrollment Program may have had an effect on the use of the ED for very young infants, and particularly those who were covered by Medi-Cal. Since the launch of this program at Watsonville Community Hospital in 2009, the number of infants (under age 1) on Medi-Cal who visited the Emergency Department dropped by 49% by 2022.
- There were two major shifts in this trend that may have been influenced by the COVID-19 pandemic: 1) A dramatic decrease in ED visits between 2019 and 2020 that may have been due to parents choosing not to use the hospital ED during the COVID-19 pandemic for low risk symptoms, and 2) A sharp increase in ED visits between 2021 and 2022 that suggests that these numbers are returning to pre-pandemic values.
- **Children are getting vision screening.** The VisionFirst program provides children as young as 6 months old with a simple instrument-based vision screening right in their child care and transitional kindergarten settings. In 2022-23, 355 children were screened, and 51 had possible vision problems identified (14% of all children screened). At the time of this report, 29 of those children were able to get an appointment and receive a full vision exam at an optometrist. Of these 29 children, 28 have been prescribed eye glasses or are being monitored, and 1 child did not need eye glasses. Due to the success of the VisionFirst program, some local partners have purchased their own Spot Vision Screeners to provide on-going screening.
- **Children are getting support to reach developmental milestones.** Foster children with neurodevelopmental needs are getting referred to supportive services through a coordinated and multidisciplinary system called the *Neurodevelopmental Foster Care Clinic*.

Thriving Families

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

- Rates of **allegations** of abuse and neglect in Santa Cruz County show a steady decrease over time, and between 2012 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to below them.
- Similarly, rates of **substantiated allegations** of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz County also moved from being substantially above (or at) the statewide rates, to below them.

These improvements may have been assisted by the efforts of the county-wide Triple P – Positive Parenting Program and the Families Together program, which launched in late 2009 and 2006, respectively.

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

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

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

Highlights of Triple P include:

- **Evidence-based parenting support is available.** First 5 has implemented all five levels of Triple P in Santa Cruz County, ranging from a media campaign to intensive and focused individual services. Between 2010-2023, over 16,800 parents with almost 32,400 children have participated in the program.
- **Parents are engaged and seeking more opportunities.** Over the past several years, analyses have consistently shown that brief services are an effective way of getting parents initially engaged in the program, and gives them an opportunity to participate in further services. Parents who attend Seminars and Workshops frequently request follow-up services, and parents who participate in one or two brief consultations for specific parenting concerns often return later for in-depth consultations and multi-session programs.
- **Parenting skills and knowledge are improving along several domains.** Parents who completed assessments that measured their levels of parenting skills and knowledge along several domains showed substantial improvements in all domains, including:
 - Improvements in child behavior and emotional regulation
 - Increased use of positive parenting styles
 - Improvements in parental emotional well-being and family relationships
 - Increased parental confidence
- **Parents with more serious parenting issues are making the greatest improvements.** There was also evidence that parents who began the program experiencing more serious parenting issues demonstrated the greatest improvements as a result of receiving in-depth services (8 or more sessions).

- **Parents are satisfied with services.** Parents have rated the quality of services very high, noting that the program helped them deal more effectively with their child’s behavior, and with problems in their family.
- **Parents are continuing to use the skills they learned.** On average, parents who participated in the Seminars and Workshops felt that they would continue to use the strategies they learned, and parents who received more in-depth training felt that the program helped them develop skills that could be applied to other family members.
- **Participants at local correctional facilities are benefitting from Triple P.** Triple P practitioners from Community Bridges continued to provide 12-week workshop series in English at local correctional facilities, with very high participation and satisfaction rates. Since this program began in 2018, 439 participants have attended at least one workshop. Results indicate that participants are demonstrating knowledge of effective parenting and have more confidence in being a parent.
- In partnership with the Human Services Department’s Family and Children’s Services Division and Encompass Community Services, First 5 supports a program called **Families Together**. Families Together is Santa Cruz County’s differential response program, a strategy used to intervene early with families in which there has been an allegation of abuse. This home visiting program includes comprehensive intake and risk assessments, development of a tailored case plan, parent support and education, child development activities, and periodic assessments.

Results of the program have been very encouraging:

- **Reduction of risk.** Parents/primary caregivers receiving services from Families Together had their levels of risk assessed while they were in the program. Pre and post risk assessments for several years combined indicated that families reduced their level of risk for future maltreatment.
- **Reduced rates of child maltreatment.** Results from 2022 show that no families who received services from the Families Together program had a substantiated allegation of maltreatment in the six months after their cases closed. This suggests that even though some families are still experiencing high risk factors that lead to a child welfare report, they may have gained skills and resources during their participation in Families Together that prevent court-mandated involvement with child welfare.

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

Cumulative assessment results show that 75% of families were assessed as being “high risk” or “very high risk” upon program intake, but this dropped to just 16% of families who stayed in the program a full year.

Early Care and Education

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

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

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

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

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

In 2020, The California Department of Education (CDE), California Department of Social Services (CDSS) and First 5 California (F5CA) created the Quality Counts California (QCC) Local Consortia and Partnership Grants program unifying funds from several sources.

The QCC Local Consortia and Partnership Grant program is designed to achieve a common purpose — funding a system of continuous quality improvement support and an infrastructure for assessing, coordinating delivery of professional development, and promoting quality across the spectrum of early learning and care providers and programs in California, including family, friend, or neighbor care, family child care, center-based, and alternative settings.

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

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

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

This three-year grant (FY 2020-2023) asks counties to build stronger and more diverse partnerships, set more specific engagement and quality improvement goals, and move toward a more holistic vision of quality improvement.

Quality Counts Santa Cruz County (QCSCC) - Local Quality Rating and Improvement System. The QCSCC Consortium adopted the Quality Counts California Framework which includes the Quality Counts California Rating Matrix and the Quality Counts California Continuous Quality Improvement Pathways as the foundation of their local QRIS. This framework encompasses 15 elements of quality, including seven rated elements and eight elements in the CQI Pathways. The elements that are rated include teacher-child ratios, teacher qualifications, and teacher-child interactions.

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

- **Growing number of Family Child Care providers.** Throughout the pandemic, many centers participating in QCSCC closed and met with children and families virtually. Most reopened in FY 2021-22, and while a few remain closed, there are new centers that have joined: four in FY 2021-22 and two in FY 2022-23. The total number of sites currently participating and active in QCSCC as of FY 2022-23 are as follows:
 - **48** Child Care Centers are participating in QCSCC, with 40 rated sites, and 8 participating at the Quality Improvement (QI) level.
 - **60** Family Child Care Sites are participating in QCSCC, with 35 sites that have been rated, and 25 participating at the Quality Improvement (QI) level.

As of FY 2022-23, this brings the total number of actively participating providers/sites to **108**.

- **Quality Improvement Activities.** During this past year,
 - Quality Counts Santa Cruz County (QCSCC) has provided online technical assistance to program directors, teachers and providers; maintained the QCSCC database; facilitated an online Directors' Professional Learning Community; and collaborated with partners to provide system-wide trainings.
 - In addition, First 5 contracted with Go Kids, Inc. to continue to lead the QCSCC Consortium's quality improvement activities for family child care (FCC) programs. The Go Kids Quality Improvement Coordinator supported all 60 FCC providers in updating their

annual Quality Improvement Plans, and applying for small Quality grants to enhance their home learning environment.

- New for FY 2022-23 was the creation of a Professional Learning Community (PLC) for participating FCC's, which was facilitated by the Go Kids Quality Improvement Coordinator.
- **Local Quality Counts Santa Cruz County resources are leveraged through participation in regional partnerships.** Santa Cruz County has joined with Santa Clara, San Francisco, Alameda, Contra Costa, San Mateo, San Benito, and Monterey counties to form the Quality Counts California Region 4 Hub. Regional Hubs are funded by First 5 California and were developed so that neighboring counties could strategize together, share resources, leverage funds, and align practices.

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

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

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

- **The SEEDS of Learning[®] framework is being used throughout Santa Cruz County child care programs.** Since the founding of the Early Literacy Foundations Initiative in 2006-07, 703 unique educators have been trained in the SEEDS of Learning[®] framework. This includes 265 educators in state- and federally-subsidized classrooms, 23 educators in public school transitional kindergarten classrooms, 332 educators in licensed family child care homes and private/non-profit centers, and 83 Santa Cruz Reading Corps Literacy Tutors.
- **Classrooms and home-based settings of SEEDS-trained early educators are being transformed into literacy-rich environments.** SEEDS-trained early childhood educators are working to ensure their children are on target for kindergarten readiness by using evidence-based early literacy strategies, and integrating materials into their learning environments.

⁵ The Annie E. Casey Foundation, *Early Warning! Why Reading By The End Of Third Grade Matters. A KIDS COUNT Special Report On The Importance Of Reading By 3rd Grade*, retrieved from <http://www.aecf.org/>, 2021.

- **Preschool and transitional kindergarten (TK) classrooms.**

- Due to the COVID-19 pandemic, no assessments using the *Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)* were completed during those three fiscal years (2019-22). While classrooms are still not yet comfortable with on-site coaching visits, in FY 2022-23 Coaches were able to “observe” and evaluate classrooms via an online “Coaching Companion” platform.
- In these classrooms taught by SEEDS-trained early childhood educators, results from this FY 2022-23 showed that classrooms demonstrated improvements across seven elements of language and literacy. The classroom element where the most change occurred was in “Approaches to Book Reading,” where the percentage of classrooms rated as having High-Quality Support increased from 29% at the beginning of the semester to 79% by the end of the semester.

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

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

- Snow, Burns, & Griffin, 1998

- **Family child care settings.**

- Due to the COVID-19 pandemic there were no evaluations for fiscal years 2020-22, and in FY 2022-23 there were no coaching or assessment visits to Family Child Care sites.
- However, during the years that the *Child/Home Early Language and Literacy Observation* assessment was utilized between 2007-2020, the cumulative results show that overall, the percentage of family child care settings that were rated as having high quality support for early literacy increased from 45% to 90%.
- **Parents are getting involved in their children’s reading.** SEEDS classrooms and family child care homes also implemented Raising A Reader (RAR), a weekly rotating book bag program for families, to boost shared reading practices and impact children’s early literacy skills. In the 2022-23 fiscal year, 2,910 children and their families participated in the program throughout the county, and almost 31,000 children have participated since the beginning of this program in 2006.

Equitable and sustainable early childhood systems

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

Over the last 20 years, these service integration and systems building functions have become a cornerstone of First 5’s strategy to promote and create an equitable and sustainable early childhood system of care in Santa Cruz County. Central to that strategy is the role that First 5 plays leading the

coordination and evaluation of the county-wide Thrive by 5 Early Childhood Fund in partnership with the Human Services Department and the Health Services Agency, with guidance from an Advisory Committee established by the First 5 Santa Cruz County Commission.

- **Thrive by 5.** In January 2017, the Santa Cruz County Board of Supervisors originally established the Thrive by Three (TbT) Early Childhood Fund as a dedicated funding source and a comprehensive local initiative to improve the outcomes for the County’s youngest children (prenatal – 3) and their families. In May 2022, the Board of Supervisors approved a proposal to expand the scope and purpose of the TbT Fund to **Thrive by 5 (Tb5)**. This created greater consistency and opportunities for alignment with other early childhood initiatives and funding streams. Since that time First 5 and its Thrive by 5 partners have:
 - Adopted a Thrive by 5 theory of change that articulates a shared vision of thriving children and families in a resilient, just community and acknowledges that achieving this requires addressing the root causes of Adverse Childhood Experiences that occur in Adverse Community Environments (see Appendix C).
 - Expanded the Thrive by 5 Advisory Committee’s membership to include people or agencies representing CORE Conditions for Health and Well-Being not previously represented on the committee. During FY 2022-23, this Committee:
 - Convened four meetings focusing on key topics, including updates on the Nurse Family Partnership program, and implementation of the HealthySteps program.
 - Provided oversight and guidance to a multi-year effort to develop a Comprehensive Fiscal Analysis of early childhood systems in Santa Cruz County focused on home visiting and early care and education.
 - Expanded the Thrive by 5 Community-Level outcomes and indicators and aligned them with the CORE Conditions for Health and Well-being to provide a more cohesive strategic framework for the Thrive by 5 initiative.
 - Convened three meetings of the Home Visiting Learning Collaborative (HVLC) focused on a range of topics including Trauma Informed Practice, Motivational Interviewing, and HealthySteps.
 - Convened an ad hoc Coordinated Entry Workgroup focused on supporting and enhancing the process of referring CalWORKs participants to the four home visiting programs in Santa Cruz County, and enrolled over 340 families in one of these four programs.
 - Continued to support integration, growth, and improvement of the HealthySteps program within the Thrive by 5 system of care.
 - Delivered Early Learning Scholarships (ELS) to 112 infant and toddler care providers serving families who are eligible for state child care subsidies.

In the coming year First 5 will continue to coordinate and evaluate the Thrive by 5 initiative with a focus on completion of a Comprehensive Fiscal Analysis of early childhood systems in Santa Cruz County that is focused on home visiting and early care and education.

- **Communications and Community Engagement.** In FY 2022-23, First 5 Santa Cruz County continued to develop and implement its communications plan that focused on increasing awareness of early childhood development, offering resources for families and early care and education providers, and promoting the agency’s programs and partnerships both locally and state-wide. To address equity and access, First 5 continued to engage Spanish language translation and interpretation services for its website, newsletter and additional outreach materials. Other communication and engagement activities provided during FY 2022-23 include:
 - During National Immunization Awareness month in August of 2022, First 5 partnered with Santa Cruz County Public Health to print and mail 6,200 informational flyers on the importance of childhood immunizations.
 - In the late spring of 2023, First 5, in partnership with CORE Investments Santa Cruz County, Cradle to Career Santa Cruz County, the Santa Cruz County Office of Education, and the Child Development Resource Center, coordinated and hosted the 2nd annual “Learn About Transitional Kindergarten: A Bilingual Town Hall Led By and For Families.”
 - First 5 continued to expand information about its programs and partnerships on its website, and built out additional community resources for families, as well as educational resources for early care and education providers.
 - First 5 also continued publishing its monthly bilingual e-newsletter, and increased its social media presence on Facebook, X (formerly Twitter), and Instagram to further engage with families and community members.

In addition to the Thrive by 5 and communications and community engagement activities just described, First 5 continues to play an active role on the following systems-building efforts led by First 5’s partners.

- **Collective of Results and Evidence-based (CORE) Investments.** Beginning in 2015 and initially focused on the transition of the City and County of Santa Cruz’s Community Programs funding model, CORE Investments is both a funding model and a broader movement to create the conditions for equitable health and well-being across the life span – prenatal through end of life. While not limited to the well-being of young children and families, CORE has emerged as a substantial and critical initiative designed to help create the type of equitable, integrated services and systems originally envisioned by the authors of Prop 10. First 5 serves on the CORE Steering Committee, helping guide the project through a multi-phase, collaborative planning process, which has resulted in defining eight interdependent “CORE Conditions for Health and Well being.”
- **DataShare Santa Cruz County.** DataShare is a county-wide data sharing system designed to share data on a variety of factors that affect the well-being of residents in the county. DataShare’s mission is to provide an accessible, comprehensive, and reliable resource for local, regional, and national data available to everyone. DataShare Santa Cruz County envisions an equitable, thriving, and resilient community where everyone shares

responsibility for creating the social, economic, and environmental conditions necessary for health and well-being at every stage of life. The website, www.datasharescc.org, is an interactive data platform with local, state, and national data that allows users to explore and understand information about our local community. The site holds robust data and indicators in the areas of health, economy, education, environment, government and politics, public safety, transportation, and social environment.

- **Central Coast Early Childhood Advocacy Network.** Building on a series of successful legislative visits and policy wins for early childhood in 2017, First 5 Monterey, San Benito, and Santa Cruz Counties joined forces in FY 2017-18 to help form the tri-county Central Coast Early Childhood Advocacy Network (CCECAN). Representing over 94,000 children ages 0-8, CCECAN is a collaboration of organizations and individuals in the tri-county area committed to strengthening and advocating for policies and systems change at the state and local level that will support thriving children and families.
- **Cradle to Career.** Building on the success of the Live Oak Cradle to Career place-based initiative, the effort has now expanded county-wide and is simply known as “Cradle to Career” (C2C). Grown from a nascent idea in 2013 championed by former Supervisor John Leopold, to a vibrant results-based collaboration between parents and local education, health, and social service leaders in four school districts across the county, C2C’s mission is to work collectively to empower families, deliver resources, and advocate for equitable and inclusive support systems to eliminate disparities and ensure all Santa Cruz County children thrive in their education, health, and character.
- **Oral Health Access.** Oral Health Access Santa Cruz was created in 2016 as a steering committee made up of community leaders and organizations, dental and medical clinics, and educators to address the oral health needs in Santa Cruz County. Led by Dientes Community Dental, the County of Santa Cruz Health Services Agency, and numerous community partners the committee’s mission is to improve the oral health of Santa Cruz County residents by uniting stakeholders and advocating sound, measurable strategies that increase access to care and education.

OVERALL WELL-BEING OF CHILDREN IN THE COUNTY

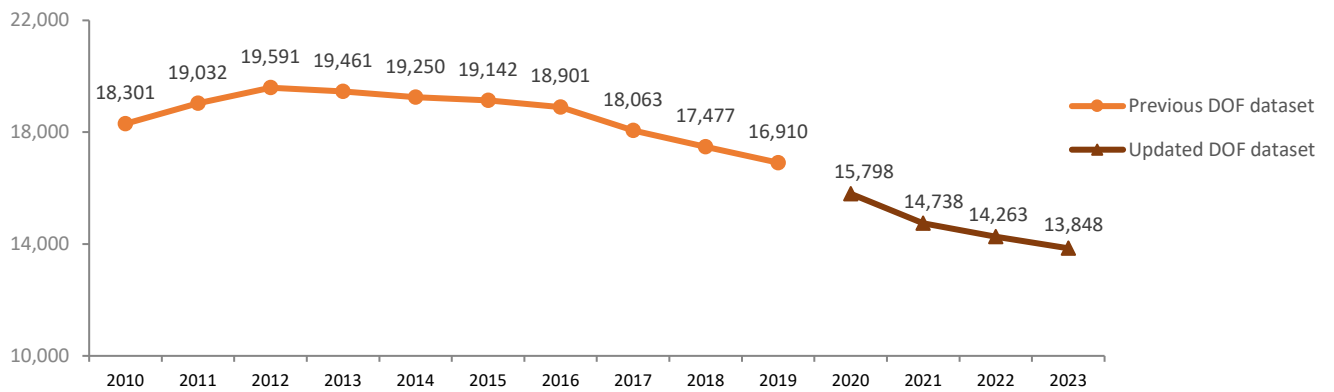


A Profile of Santa Cruz County’s Youngest Children

Santa Cruz County has a diverse population of young children. In 2023, there were 13,848 children ages 0-5 living in the County, the majority of whom were either Hispanic or Latine⁶ (48%) or White (42%). This diversity is also evident in kindergarten, where in 2023, almost 33% of kindergarteners were identified as being English Learners or Fluent-English-Proficient.

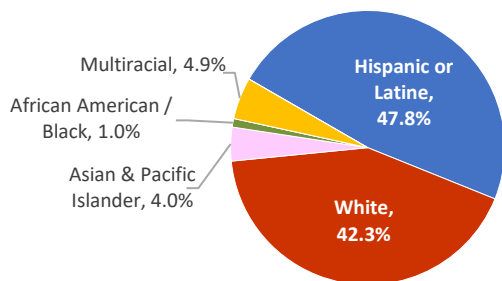
Note that the child population for years 2020 through 2023 has been updated. In 2023, the California Department of Finance (DOF) provided a new dataset for the years 2020-on based on the 2020 Census. The previous dataset for 2010-2019 was based on the 2010 Census, and the DOF does not recommend comparisons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

Figure 1: Number of County children ages 0-5



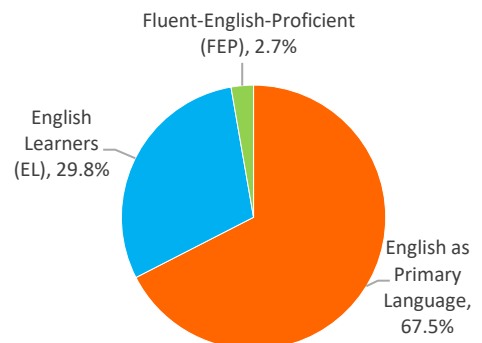
Source: (2010-2019) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021; (2020-2023) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. July 2023.

Figure 2: Race/Ethnicity of County children ages 0-5 (2023)



Source: (Ethnicity) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. July 2023. (English Language Proficiency) California Department of Education, DataQuest, 2023.
 N: (Ethnicity) N=13,848; (English Language Proficiency) N=3,034.

Figure 3: English language acquisition status of County kindergarteners (2022- 2023)



⁶ "Latine" (pronounced lah-teen) is a gender-neutral term used when referring to people of Latin American heritage without assuming their gender identity. See *Hispanic Executive* for more information about the use of this term (<http://hispanicexecutive.com/latinx-latine-explainer/>).

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

INDICATOR	COUNTY POPULATION ¹	CURRENT DATA ²	CHANGE OVER TIME ³	
			1 YEAR	5 YEARS
FINANCIAL WELL-BEING				
Unemployment Rate (2023)	Santa Cruz County <i>(Average monthly rate; FY July-June)</i>	5.2%	↔ -0.3 net decrease	↔ -0.1 net decrease
	Corralitos CDP ⁴ <i>(Average monthly rate; FY July-June)</i>	11.7%	↔ -0.8 net decrease	↑ +8.2 net increase
	City of Capitola <i>(Average monthly rate; FY July-June)</i>	2.5%	↔ -0.2 net decrease	↔ +0.6 net increase
Median Family Income (2022)	Families <i>(of any size, with own children under 18 yrs)</i>	\$127,880	↑ +22.8% <i>(2-year trend)</i>	↑ +24.2%
	Female householder, no spouse present <i>(of any size, with own children under 18 yrs)</i>	\$45,356	↑ +3.9% <i>(2-year trend)</i>	↓ -18.6%
	Male householder, no spouse present <i>(of any size, with own children under 18 yrs)</i>	\$104,875	↑ +44.4% <i>(2-year trend)</i>	↑ +58.5%
Living Below the Federal Poverty Level (2021 5-year avg.)	General population	10.9%	↓ -1.0 net decrease	↓ -4.2 net decrease
	Children (ages 0-5)	8.5%	↓ -2.8 net decrease	↓ -9.9 net decrease
Self-Sufficiency Standard (2021) ⁵	Families of five <i>(two adults and three children, where at least one child is five years old or younger)</i>	\$171,395	↑ +15.7%	↑ +59.8% <i>(7-year trend)</i>
Earning less than the Self-Sufficiency Standard (2021 5-yr avg.) ⁵	Families	67.4%	↑ +2.8 net increase	↓ -11.3 net decrease <i>(7-year trend)</i>
Living Below the California Poverty Measure (2021) ⁶	General population	11.8%	1-year comparison data not yet available	5-year comparison data not yet available
ENROLLMENT IN PUBLIC ASSISTANCE PROGRAMS				
CalWORKs (2023)	General population <i>(Average monthly enrollment; FY July-June)</i>	3,121	↑ +8.6%	↓ -8.3%
CalFresh Program/Food Stamps (2023)	General population <i>(Average monthly enrollment; FY July-June)</i>	30,108	↑ +7.2%	↑ +18.4%
Free and Reduced Price Meals (2023)	Student population <i>(Annual enrollment; school year July-June)</i>	20,479	↔ +0.9%	↓ -4.0%
Women, Infants, & Children Program (2022)	General population <i>(Average monthly enrollment, calendar year)</i>	5,602	↔ -0.5%	↓ -11.2%
MEDICAL CARE				
Has Health Insurance (2021 5-year avg.)	Children (ages 0-5)	98.2%	↔ -0.3 net decrease	↑ +2.1 net increase
Received Well-Child Visits (2022)	Children on Medi-Cal (ages 15-30 mo.)	79.5%	↑ +3.1 net increase	↓ -4.4 net decrease <i>(2-year trend)</i>

INDICATOR	COUNTY POPULATION ¹	CURRENT DATA ²	CHANGE OVER TIME ³	
			1 YEAR	5 YEARS
Been to the Dentist <i>(in the last year)</i> (2021)	Children on Medi-Cal (ages 1-2)	51.7%	-1.1 net decrease	+14.9 net increase
	Children on Medi-Cal (ages 3-5)	61.4%	+2.8 net increase	+1.6 net increase
Had a Vision Test <i>(in the last year)</i> (2020 2-yrs combined)	California children (ages 0-5)	40.6%	+1.4 net increase	+4.7 net increase (3-year trend)
BIRTHS AND PRENATAL CARE				
Prenatal Care in the First Trimester (by Mother's Age) (2021)	All Mothers	84.3%	-2.1 net decrease	+3.4 net increase
	Mothers (ages 24 and under)	74.8%	-3.1 net decrease	+3.0 net increase
Prenatal Care in the First Trimester (by Payment Method) (2021)	Private insurance	93.1%	-1.7 net decrease	+0.7 net increase
	Medi-Cal	77.5%	-1.7 net decrease	+5.9 net increase
Preterm Births (2021)	All Mothers	7.5%	+1.2 net increase	+0.8 net increase
Low Birthweight (2021)	All Mothers	5.4%	+0.4 net increase	+0.4 net increase
Births to Teen Mothers (2021)	Teen mothers (ages 15-19)	2.8%	-0.5 net decrease	-1.9 net decrease
Teen Birth Rate <i>(per 1,000)</i> (2021)	Teen mothers (ages 15-19)	5.9 (per 1,000)	-0.1 net decrease	-0.6 net decrease
Births Paid by Medi-Cal (2023)	All Mothers	55.4%	+0.2 net increase	+2.0 net increase
EDUCATION				
Percentage of income-eligible children enrolled in subsidized child care (2023)	Infants/Toddlers (ages 0-2)	15%	1-year comparison data not available	-1.4 net decrease
	Preschool children (ages 3-4)	59%	1-year comparison data not available	13.6 net increase
Enrolled in Special Education (2019)	Kindergarten children	7.3%	+0.9 net increase	+0.3 net increase
Met or Exceeded Standards in English Language Arts/Literacy (2022)	3 rd Grade Students – Overall	37.4%	-3.6 net decrease (3-year trend)	+1.4 net increase
	3 rd Grade Students – English-Only Speakers	51.0%	-3.4 net decrease (3-year trend)	+1.9 net increase
	3 rd Grade Students – English Learners	11.7%	-2.9 net decrease (3-year trend)	+0.7 net increase
CHILD WELFARE / SAFETY				
Foster Care Point-In-Time "In-Care" rates <i>(per 1,000)</i> (2020)	Children (under age 1)	4.6 (per 1,000)	-0.22 net decrease	-0.14 net decrease
	Children (ages 1-2)	4.4 (per 1,000)	-0.18 net decrease	-0.10 net decrease
	Children (ages 3-5)	2.2 (per 1,000)	+0.04 net increase	-0.07 net decrease

INDICATOR	COUNTY POPULATION ¹	CURRENT DATA ²	CHANGE OVER TIME ³	
			1 YEAR	5 YEARS
Rate of Substantiated Allegations of Child Maltreatment (per 1,000) (2022)	Children (under age 1)	10.4 (per 1,000)	↑ +0.17 net increase	↓ -0.42 net decrease
	Children (ages 1-2)	2.9 (per 1,000)	1-year comparison data not available	↓ -0.22 net decrease
	Children (ages 3-5)	2.1 (per 1,000)	↔ +0.03 net increase	↓ -0.16 net decrease
Emergency Department Visits (2022)	Watsonville Hospital Infants (under age 1) with Medi-Cal Insurance	970	↑ +68.4	↓ -10.6
	Dominican Hospital Infants (under age 1) with Medi-Cal Insurance	457	↑ +68.0	↓ -18.5
Experienced two or more Adverse Childhood Experiences (ACEs) (2019 3-year avg.)	Children (ages 0-17)	16.0%	↑ +1.8 net increase	5-year comparison data not yet available

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

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

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

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

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

Sources:

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

Median Family Income: U.S. Census Bureau. “*Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars)*.” American Community Survey, ACS 1-Year Estimates Subject Tables, 2022. (Note: The income data for 2021 exhibited irregular values and have been excluded from this analysis.)

United States Census Bureau, *American Community Survey*. Median income in the past 12 months (in inflation-adjusted dollars). Includes families (of any size) where the householder has their own children under 18 years old.

Federal Poverty rates: (Federal Poverty Level) U.S. Census Bureau, *American Community Survey 5-Year Estimates*.

⁵ Self-Sufficiency Standard: (California Self-Sufficiency Standard) Center for Women’s Welfare, The Self-Sufficiency Standard for California. The Self-Sufficiency Standard (SSS) is a more comprehensive measure of income adequacy than the Federal Poverty Level, as it takes into account the costs of housing, child care, health care, transportation, food, and taxes, as well as economic differences between counties. In this table, the annual SSS for a family of five was calculated as the median self-sufficiency wage of all county families of five containing two adults and three children, where at least one child was five years old or younger. The SSS is updated every few years. (Family income ranges) United States Census Bureau, *American Community Survey*. Income in the Past 12 Months (5-year estimates). This report uses 5-year income estimates (instead of 1-year estimates), due to the higher availability of data collected during the COVID-19 pandemic. Only years where both the SSS and Family income 5-year estimate were available are included in this analysis.

⁶ California Poverty Measure: The California Poverty Measure (CPM) is a new index that improves upon conventional poverty measures. Unlike the official poverty measure, the CPM tracks the full range of necessary expenditures, adjusts for geographic differences in housing costs, and includes food stamps and other non-cash benefits as resources available to poor families. The CPM is jointly produced by the Stanford Center on Poverty and Inequality (CPI) and the Public Policy Institute of California (PPIC). Public Policy Institute of California, *California Poverty by County and Legislative District*. Results reflect the most current data available at the time of this report. In 2021 the methodology for calculating the CPM changed, so there are no previous years’ data for comparison at this point.

CalWORKS: State of California Department of Social Services, *CalWORKS Cash Grant Caseload Movement Report*.

CalFresh: California Department of Social Services, Food Stamp Program Participation and Benefit Issuance Report.

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

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

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

Well-Child Visits: Central California Alliance for Health, *HEDIS Results: Children ages 15-30 months of life who received at least two Well-child visits*.

Medi-Cal Dental: Department of Health Care Services (DHCS), Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2021*, California Health and Human Services Open Data Portal. Beginning in FY 2022-23, a different DHCS dental utilization report is being used to report these results, as it was determined to be a more standard measure of this indicator.

Vision Screening: National Survey of Children’s Health, Health Resources and Services Administration, Maternal and Child Health Bureau. No data are available after 2020, due to changes in the wording of this survey question in 2021.

Prenatal care: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, CDC WONDER internet system.

Preterm, Low birthweight: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, CDC WONDER internet system.

Births to Teen mothers: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, CDC WONDER internet system.

Teen birth rate: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, CDC WONDER internet system.

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

Child care enrollment; income-eligible children: (2018) American Institutes for Research, California Early Learning Needs Assessment Reports website, Retrieved 10/1/22 from <https://reports.elneedsassessment.org>; (2023) Santa Cruz County Childhood Advisory Council, Santa Cruz County Office of Education, *Final Report: Santa Cruz County Early Care, Education, and After-School Care Strategic Plan – 2023*, Prepared by Brion Economics, Inc., June 2023.

Special Education: California Department of Education, *DataQuest*. Results reflect the most current data available at the time of this report.

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

Foster care “In-care” rate: Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B., CCWIP reports. Retrieved Aug 22, 2023, from University of California at Berkeley California Child Welfare Indicators Project website. Due to methodology changes in FY21-22, some previously available views of foster data were no longer available. Consequently, this indicator was changed from being a “foster care entry rate” to being a Point-in-Time “In-care rate,” which is computed by dividing the number of children in child welfare-supervised foster care by the child population, and then multiplying by 1,000. Results reflect the most current data available at the time of this report.

Substantiated Allegations of Abuse: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). *CCWIP reports*. Retrieved Aug 23, 2023, from University of California at Berkeley California Child Welfare Indicators Project website.

ED visits: State of California, Department of Health Care Access and Information (HCAI), Information Services Division, Emergency Department Data and customized reports, 2023.

ACEs: KidsData.org, Lucile Packard Foundation for Children's Health, *Childhood Adversity and Resilience*. See additional information about this ACEs measure in Appendix D: *Measurement Tools and Methodologies*. Results reflect the most current data available at the time of this report.

POPULATION SERVED BY FIRST 5 FUNDED PROGRAMS



Children and Families Served

Since the development of its evaluation system, First 5 Santa Cruz County has had the unique ability to gather unduplicated counts of individuals served within and across most partner programs. These data—or Client Characteristic Data (“CCDs”)—are collected by First 5 staff or submitted by partners and analyzed to determine the unduplicated count of individuals served by program, by goal area, and overall.⁷

Unduplicated number of clients

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

Figure 4: **Unique number of Children and Parents (with CCDs) served by First 5-funded services, by Goal Area (2022- 2023)**

GOAL AREA	NUMBER OF CHILDREN (AGES 0-5)		NUMBER OF PARENTS	
	NUMBER	PERCENT	NUMBER	PERCENT
Healthy Children	2,746	47.3%	2,299	69.6%
Thriving Families	152	2.6%	1,003	30.4%
Early Care and Education	2,910	50.1%	0	0.0%
Unduplicated Number of Clients <i>(unduplicated across all goal areas)</i>	5,444		3,220	

Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

Notes: Parent numbers are slightly higher than previous years, since the briefer levels of Triple P are now collecting enough information to create Unique IDs for parents, who can therefore be included in this analysis (and who will no longer be reported in the “Additional Services” section, below).

Number of additional services

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

⁷ In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as the “First 5 CCD database.”

Figure 5: Estimated number of additional First 5-funded services to Children and Parents (without CCDs, or indirectly served), by Goal Area (2022- 2023)

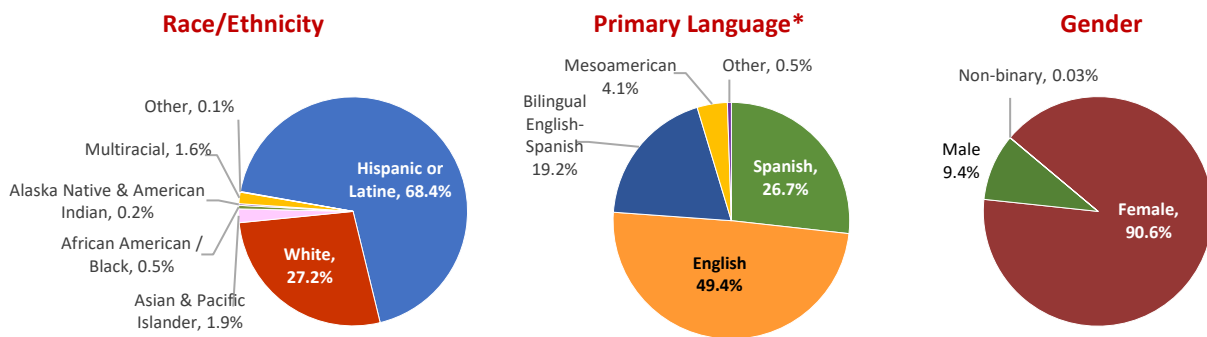
GOAL AREA	ADDITIONAL SERVICES TO CHILDREN (ALL AGES)	ADDITIONAL SERVICES TO PARENTS
Healthy Children	0	137
Thriving Families	1,555	0
Early Care and Education	2,076	2,910
Estimated Number of Additional Services <i>(includes clients served in multiple goal areas)</i>	3,631	3,047

Sources: First 5 CCD database for July 1, 2022 – June 30, 2023, and funded partners’ Annual Progress Reports.
 Notes: These services include children of parents who took brief levels of Triple P where not enough information is collected to create CCDs for the children (Level 2 Individual, Level 2 Seminars, Level 3 Workshops); children ages 6 and older whose parents were engaged in Triple P, VisionFirst, or the Neurodevelopment Foster Care Clinic; children who have benefited from the professional development of their teachers and family child care providers through the Quality Counts Santa Cruz County (QCSCC) program; and parents/caregivers who were indirectly served by the Raising A Reader and Neurodevelopmental Foster Care Clinic programs through their children’s engagement.

Demographics of parents and children served by First 5

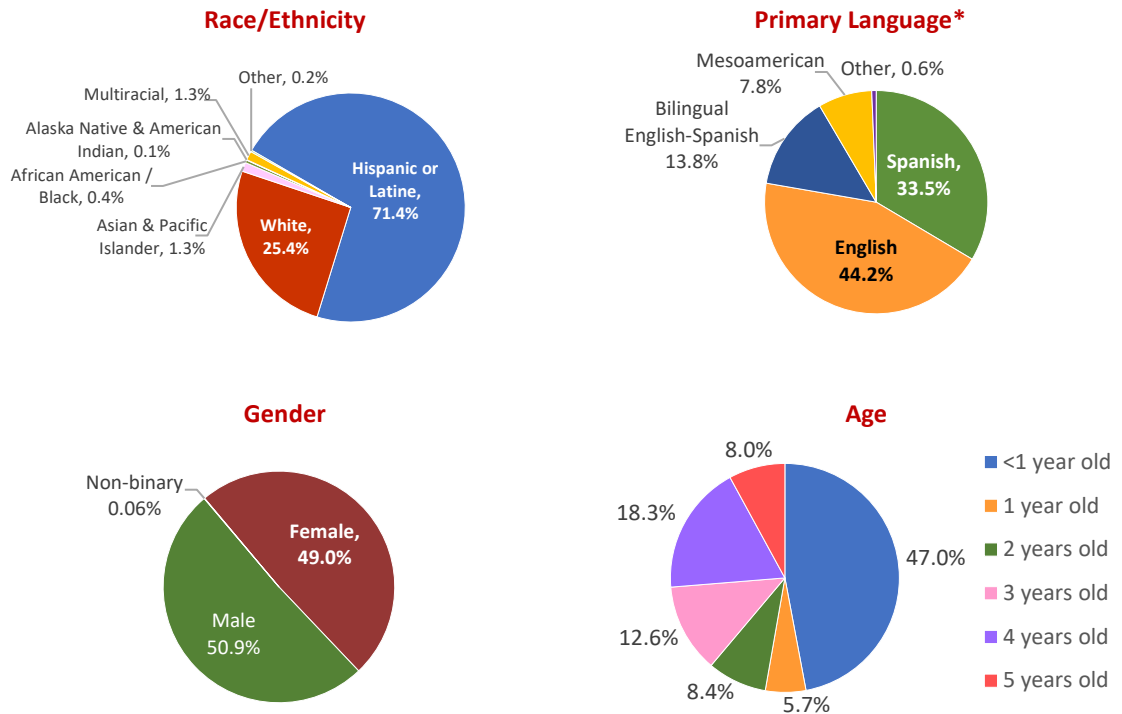
As can be seen in the following figures, the majority of parents are Hispanic or Latine (68%) or White (27%), and most speak either English (49%) or Spanish/Bilingual English-Spanish (46%) as their primary language. Almost 91% of parents participating in First 5-funded services are women. Approximately 71% of children are Hispanic or Latine, and the majority speak either Spanish/Bilingual English-Spanish (47%) or English (44%) as their primary language.

Figure 6: Demographics of Parents served by First 5-funded services (2022-23)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.
 Note: Parents from any program where demographic information was collected are included in these analyses.
 * “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” language options include Multilingual, Bilingual-Other, and other languages.
 N: (Ethnicity)=2,593, (Language)=3,148, (Gender)=3,084.

Figure 7: Demographics of Children (ages 0-5) served by First 5-funded services (2022-23)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

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

N: (Ethnicity)=5,102, (Language)=5,442, (Gender)=5,434, (Age)=5,444.

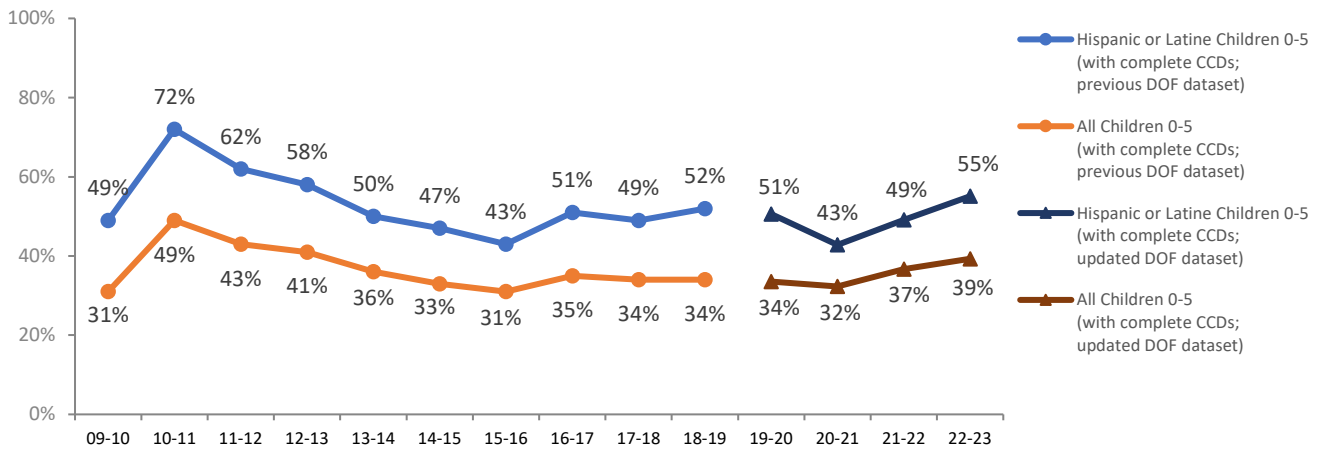
Percentage of children in Santa Cruz County served by First 5

According to the 2023 population estimates for Santa Cruz County, there were approximately 13,848 children ages 0-5 residing in the County⁸ (including 6,614 Hispanic or Latine children).

- Approximately **39%** of all children ages 0-5 in the County, and **55%** of all children ages 0-5 among the Hispanic or Latine population, participated in services funded by First 5.
- In truth, the percentage of children supported by First 5 services is certain to be much higher when the number who were indirectly served are included. Approximately **3,631** additional services were provided to children ages 0-5 who participated in programs where full CCDs were not collected, or who were indirectly supported by a First 5-funded program.

⁸ California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. July 2023.

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



Source: (Children 0-5 served by First 5) Client counts are for fiscal years, taken from First 5 CCD database, July 1, 2009 – June 30, 2023. (County populations of children 0-5) Populations are for calendar years: (2010-2019) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release)*. Sacramento: California. July 2021; (2020-2023) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. July 2023.

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

Increased Services in Communities with the Highest Needs

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

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

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

What Are the 12 Strong Start Assets?

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

In 2021, babies born in Santa Cruz County had an average Strong Start score of 9.6 of 12 assets, compared to 9.2 statewide. The map below shows the average Strong Start scores for babies born in 2021 in Santa Cruz County, by census tract. For example, dark green indicates a Strong Start score of 11-12 assets for newborns in that neighborhood, whereas dark amber represents areas with fewer than 8 Strong Start assets—which is an indication of social, economic, environmental, and other systemic barriers to accessing the health, education, and economic services and supports that every family needs to provide their newborns with a strong start in life.

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



Source: First 5 Center for Children’s Policy, First 5 Association of California, and Children’s Data Network, *California Strong Start Index*, 2023.

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

- Note that these two maps use different areas of measurement. The “Strong Start scores” map evaluates data per census tract, which results in several small areas of analysis. The “Distribution of County children” map evaluates data per ZIP code, which results in fewer, large areas of analysis. This difference in granularity makes it harder to compare the two sets of results, but there is enough consistency to show a general correspondence between locations with fewer Strong Start assets and greater concentrations of First 5-funded services.
- As seen in the following table, 86% of children (with known ZIP codes) served by funded partners lived in the areas of the County with the fewest Strong Start assets (the Live Oak area of Santa Cruz, the city of Santa Cruz, Freedom, and Watsonville), showing that First 5

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

Figure 10: **Distribution of County children who received First 5-funded services, by ZIP Code (2022-23)**

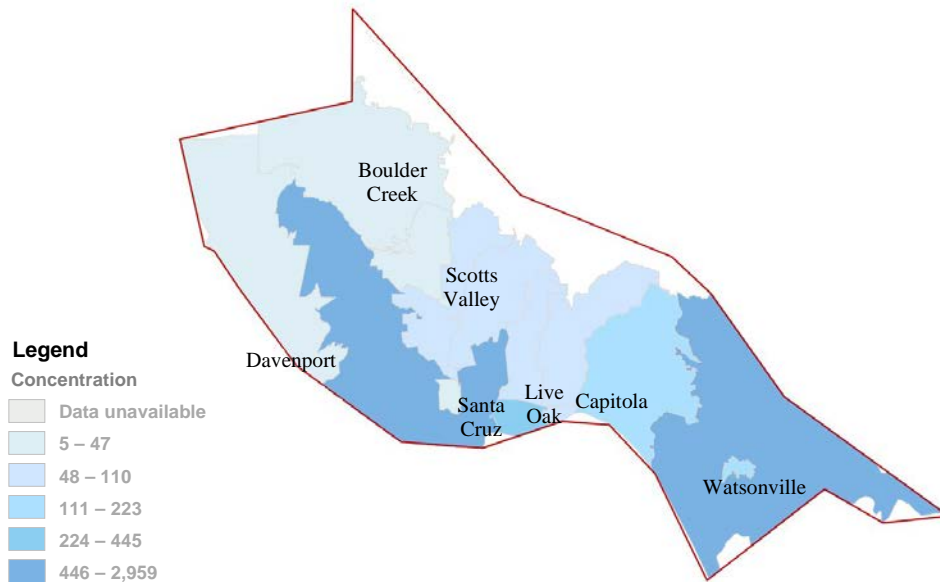


Figure 11: **Number of County children who received First 5-funded services, by ZIP Code (2022-23)**

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	150	3.1%
Ben Lomond	95005	39	0.8%
Boulder Creek	95006	43	0.9%
Brookdale	95007	5	0.1%
Capitola	95010	63	1.3%
Davenport	95017	9	0.2%
Felton	95018	85	1.7%
Freedom	95019	223	4.6%

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Mt. Hermon	95041	6	0.1%
Santa Cruz*	95060	562	11.5%
Santa Cruz (Live Oak)*	95062	445	9.1%
Santa Cruz	95064	47	1.0%
Santa Cruz	95065	83	1.7%
Scotts Valley*	95066	110	2.3%
Soquel	95073	56	1.1%
Watsonville*	95076	2,959	60.6%
Total	-	4,885	100.0%

Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

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

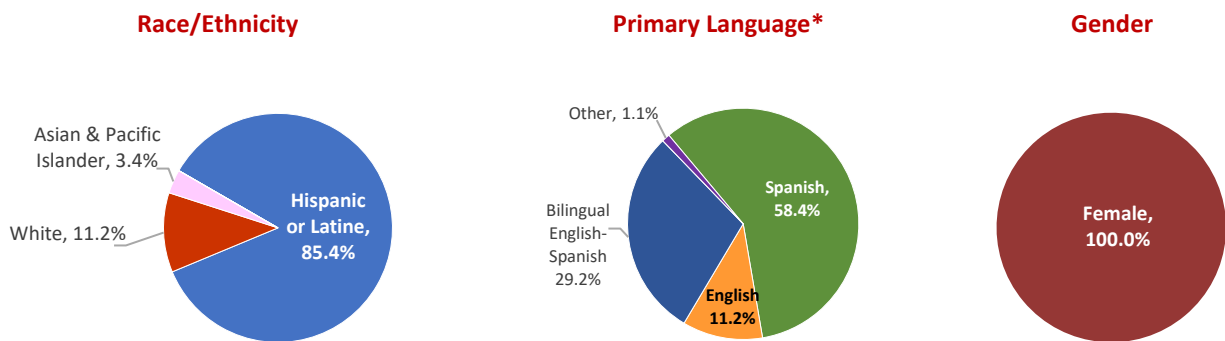
Note: Only children with known ZIP codes are included in this analysis.

Early Childhood Educators Served

First 5 Santa Cruz County helps support the professional development of early childhood educators in the community. In 2022-23, a total of **89 unique early childhood educators** received professional development training from funded programs that collected enough information to create a Unique ID for each client, thereby allowing these early childhood educators to be enumerated and tracked across multiple services. This includes:⁹

- **35** early childhood educators from state and federally-subsidized preschools, licensed private and non-profit child care centers, public Transitional Kindergarten classrooms, and licensed family child care homes, who took a SEEDS of Learning[®] course.
- **5** SEEDS Quality Coaches who provided literacy coaching to early educators receiving SEEDS of Learning[®] instruction during the year.
- **35** family child care providers who participated in the local Quality Rating and Improvement System (Quality Counts Santa Cruz County) and were rated.
- **25** family child care providers who participated in the local Quality Rating and Improvement System at the Quality Improvement (QI) level, and received professional development, training, and coaching.

Figure 12: **Demographics of Early Childhood Educators served by First 5-funded services (2022-23)**



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

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

* "Other" primary language options include Bilingual-Other and Multilingual.
N=89.

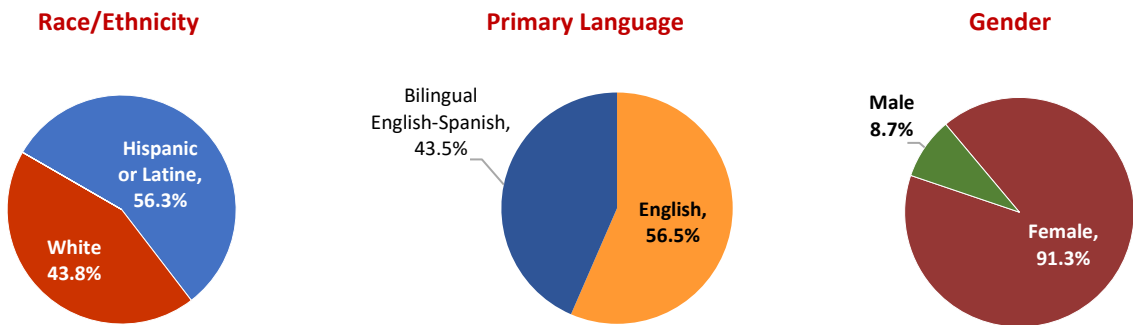
⁹ Some educators participated in more than one funded program and are duplicated in these breakdowns.

Parent Educators Served

First 5 Santa Cruz County supports the training of parent educators to deliver the Triple P – Positive Parenting Program, an evidence-based curriculum shown to improve parental efficacy, parent-child interaction, and child behaviors. In 2022-23, a total of **23 unique parent educators** received training and were accredited to provide Triple P services. This includes:

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

Figure 13: **Demographics of Parent Educators served by First 5-funded services (2022-23)**



Source: First 5, Triple P program information, 2023.
 N: (Race/Ethnicity)=16, (Language & Gender)=23.

PROGRAM PROFILES



PROGRAM PROFILES

This section of the report provides a snapshot of each of First 5's programs and the related work of its funded partners between July 1, 2022 and June 30, 2023.

Utilizing quantitative and qualitative data submitted by First 5's funded partners or collected directly by First 5, the Program Profiles highlight the work and related outcomes of each program in fiscal year (FY) 2022-23. Organized by goal area (Healthy Children, Thriving Families, Early Care and Education, and Equitable and Sustainable Early Childhood Systems), each profile briefly lists:

- Description of the program
- Population served
- Client outcome objectives achieved (and in a few cases, also program objectives achieved)¹⁰

¹⁰ Definitions for each of these terms are as follows:

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

HEALTHY CHILDREN

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



First 5 Santa Cruz County is working to increase access to affordable quality health care for children 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

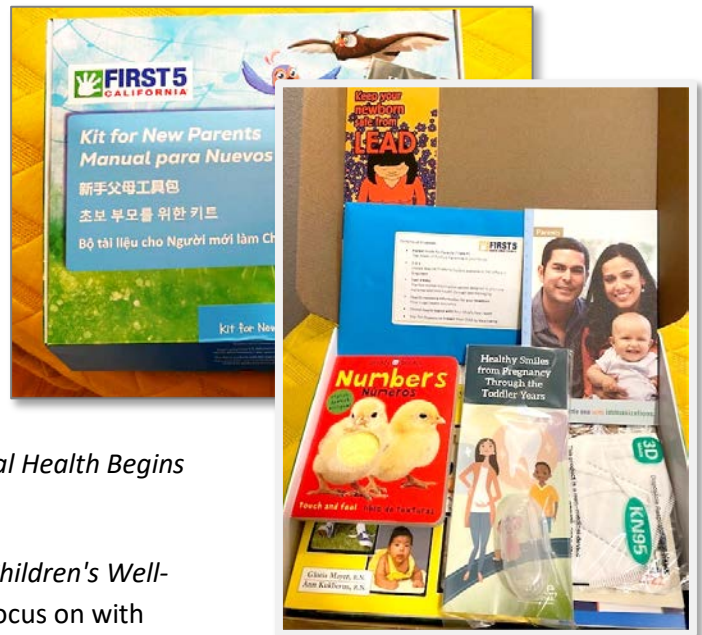
The Baby Gateway Newborn Enrollment Program operates in three local hospitals: Watsonville Community Hospital, Dominican Hospital, and Sutter Maternity & Surgery Center of Santa Cruz. The program is financially supported in part by Kaiser Permanente Northern California Community Benefit Programs, Sutter 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 to 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** containing expert guidance for raising healthy infants and children.

- The standard *Kit for New Parents* includes many resources for parents, like the *Parent Guide*, *Numbers Touch-and-Feel* book, and more. In particular, parents are oriented to the *What To Do If My Child Gets Sick* book, which provides information in utilizing primary care appropriately, and clarifies what issues should prompt a visit to the emergency room, and which should be handled in the medical home.

- First 5 California also allows every county to customize these kits with three items. In Santa Cruz County, the three customized items that were added are:
 - An immunization flyer
 - A flyer about screening for lead
 - A “blue envelope”

The blue envelope counts as one item, but inside there is a 2-1-1 bookmark¹¹, a Triple P Positive Parenting Program flyer, a “Text for Baby” flyer, a “Health Insurance Information for your Newborn” flyer, a “Top Ten Reasons to Protect Your Child by Vaccinating” flyer, and a “Dental Health Begins with Your Child’s First Tooth” flyer.



The “2023 California County Scorecard of Children’s Well-Being”¹² shows that the topics that NECs focus on with families at hospitals (such as immunizations, lead, and CalFresh) are helping our county have a high percentage of participation in these critical areas.

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

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.

Connecting with County programs

In FY20-21 First 5 began assisting with two new 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 the social, emotional, and academic development of their child from birth through 12th

¹¹ 2-1-1 is a program of United Way of Santa Cruz County that provides comprehensive information and referral services to County residents. It is a phone and text service that is available 24/7—and in 150 languages—that connects callers and texters to the health and human services available to them. During times of disaster, 2-1-1 also provides incident-specific information.

¹² Children Now, 2023 California County Scorecard of Children’s Well-Being, <https://scorecard.childrennow.org/>.

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 is now established by Ventures for every newborn in Santa Cruz County upon birth. These two programs are described below.

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

In October 2020, the Santa Cruz County Office of Education initiated the process of creating a “School ID” at birth for every child. This state-wide student identification number (SSID) is entered into the California Longitudinal Pupil Achievement Data System (CALPADS) to maintain relevant information about a student, including key demographics, course data, staff assignments, and assessment scores. Typically, the SSID is assigned when a child enters public school or kindergarten, and stays with that child through the 12th grade. With the SSID now being assigned at birth, the CALPADS database will allow early childhood programs to be aware of important information about their students, and by the time the children enter kindergarten, educators will have more data to help them provide the best educational resources to their students. This database will also allow the ability to follow students in and out of public schools and districts across the state.

- **Ventures’ Semillitas program¹³**



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,¹⁴ 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.

¹³ 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*.

¹⁴ Amount is based on household income and available funding.

With parents' consent, NECs provide their contact information to Ventures, so that Ventures can later connect them to their child's account that 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.¹⁵ 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.

Many families in our community are struggling with access to food. During their newborn visits to mothers in the hospital, the Newborn Enrollment Coordinators (NECs) also 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 in some cases can contribute to families getting more money for food. For those families that are not already enrolled in CalFresh, the NEC provides parents with resources that allow them to apply for CalFresh with a trained Community Outreach Coordinator.

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

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

¹⁵ 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.

One Newborn Enrollment Coordinator Story

A Newborn Enrollment Coordinator’s goal is to see every mother who delivers at our three local hospitals, or to follow up by phone with her once she is home.

A Newborn Enrollment Coordinator (NEC) followed up with a mother who had delivered her baby over the weekend. When the NEC called her, the mother was confused about getting health insurance for the baby, and the NEC was able to assist her by answering her questions and helping her find out if she already had Medi-Cal insurance.

It turned out that even though the mother thought she had lost her Medi-Cal coverage, her Medi-Cal insurance was still active. The NEC was able to assist the mother in linking her newborn to her Medi-Cal case and assisting the mother with updating her insurance information at the hospital. Since Medi-Cal was her secondary insurance, Medi-Cal would be able to cover the cost for anything that her primary insurance did not cover during her delivery. The mother was very happy with the assistance she received.

Having a NEC at each hospital is crucial. Through these face-to-face or phone conversations, a NEC can guide a family in determining their health insurance needs, accessing Medi-Cal, and utilizing their health coverage.

- First 5 Baby Gateway Newborn Enrollment Program

Population Served

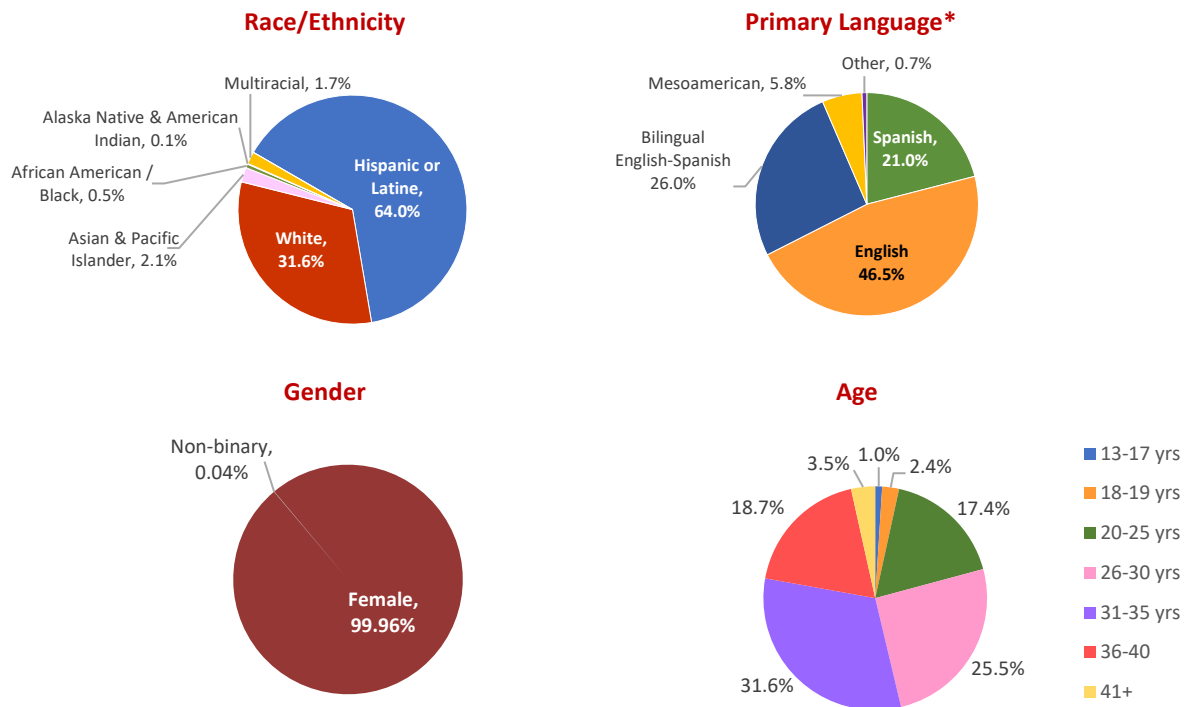
	Newborns assisted with Medi-Cal enrollment, and connected to County programs	Privately insured newborns connected to County programs	Newborns provided with insurance options and other essential resources¹	2022-23 Total
Newborns	1,313	693	342	2,348
Mothers²	1,290	675	338	2,303

Source: (Population) First 5 CCD database for July 1, 2022 – June 30, 2023. (Application types) First 5 Apricot database, 2022-2023.

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 provide their information to 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 benefitting from the Baby Gateway Newborn Enrollment Program. Recognizing that the mothers visited by NECs are receiving an increasing number of referrals and resources, beginning in FY21-22 they are now also included in this calculation of the population served by this program.

Figure 14: Demographics of Mothers visited via the Baby Gateway Newborn Enrollment Program (2022- 2023)

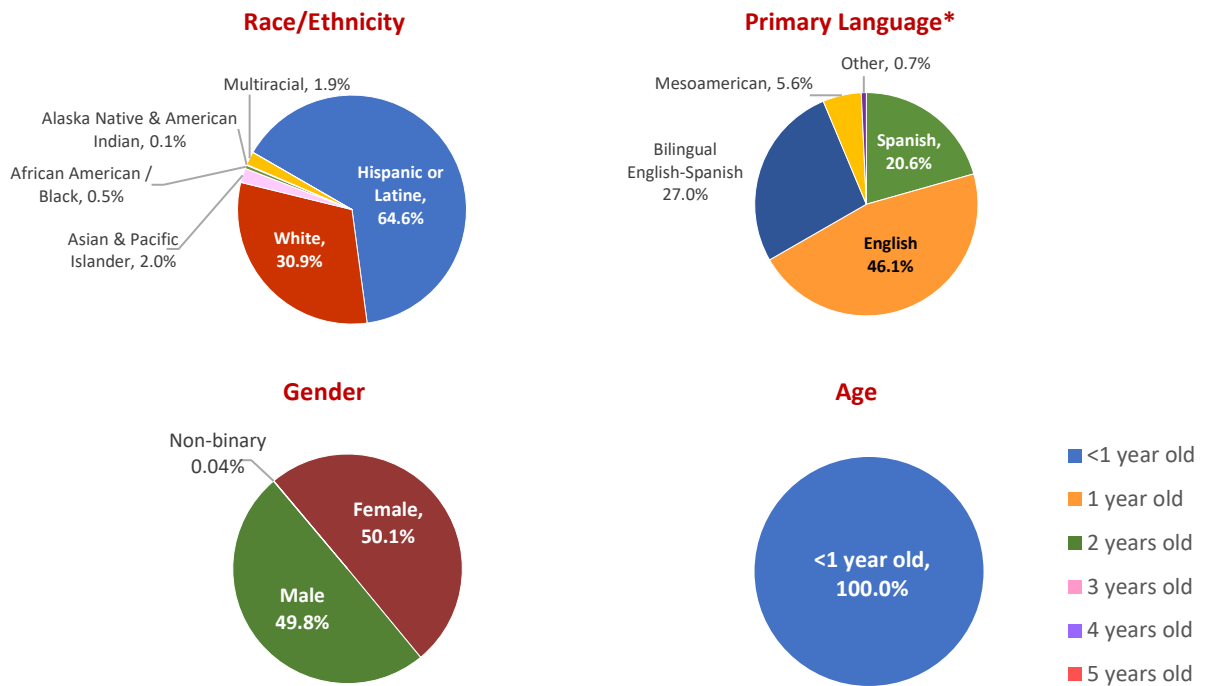


Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

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

N: (Ethnicity)=2,030, (Language)=2,303, (Gender)=2,298; (Age)=2,301.

Figure 15: Demographics of Children benefitting from the Baby Gateway Newborn Enrollment Program (2022- 2023)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.
 * “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” languages include Multilingual, Bilingual-Other, and other languages.
 N: (Race/Ethnicity)=2,017; (Primary Language)=2,348; (Gender)=2,348 (Age)=2,348.
 Note: Newborns are assigned their mothers’ primary language.

Outcomes

Enrolling newborns in health insurance

Data from 2022-23 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 2022-23, **99%** 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, **nearly all** were assisted by a NEC to complete a Medi-Cal Newborn Referral application for their new baby.

In 2021-22, Santa Cruz County **was one of only nine counties** in California where at least half of the families with new babies received a *Kit for New Parents*.*

In actuality, almost **98%** of ALL mothers who gave birth in Santa Cruz County received a *Kit* from a Newborn Enrollment Coordinator as part of the Baby Gateway Newborn Enrollment Program.

* First 5 California, *A Look at the Distribution of Kits Across California, 2021-22.*

- Of the mothers who were assisted with a Medi-Cal Newborn Referral application for their baby by a NEC, **99.9%** (*all but one*) 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 16: **Baby Gateway Newborn Enrollment Program project statistics (2022- 2023)**

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	835	844	690	2,369
Total Number of Newborns Visited ²	837	836	675	2,348 99.1%
Number of Kits for New Parents distributed ³	830	834	646	2,310 98.4%
Total Number of Births paid by Medi-Cal ⁴	745 ⁴	430 ⁴	138 ⁴	approximately 1,313 ⁴
Number of Completed Newborn Medi-Cal Applications ⁵	742	443	128	1,313
Number of Newborn Medi-Cal Applicants who have identified a Preferred Primary Care Provider or Clinic for their newborn, before discharge	742	442	128	1,312 99.9%

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, 2023.

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

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

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

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

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

Oral health

As part of the effort to promote the “First Tooth, First Birthday” campaign throughout Santa Cruz County, First 5 Santa Cruz County plays a key role in talking to families about visiting the dentist through the efforts of Newborn Enrollment Coordinators (NECs). During their Newborn Visits, NECs offer all new mothers the *Kit for New Parents*. Among the numerous resources and information provided in this *Kit* are materials addressing the importance of early dental care, such as the “*Dental Health Begins with Your Child's First Tooth*” flyer, and even a finger toothbrush.

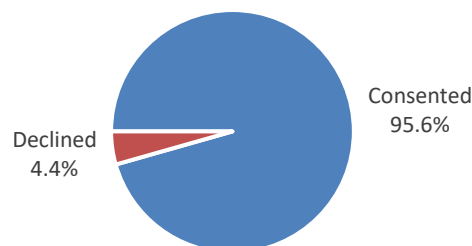
Reports of dental health utilization among children insured by Medi-Cal¹⁶ suggest that the “First Tooth, First Birthday” campaign in Santa Cruz County may have been effective in encouraging more families to make dental visits for their children, and particularly for their children ages 1-2.

- **Annual dental visits:** In 2021, almost **52%** of children ages 1-2 with Medi-Cal insurance in Santa Cruz County had an annual dental visit, compared to almost **33%** across the State.

State-wide Student Identification number (SSID)

- **Student Identification numbers:** Between October 2020 and June 2023, First 5 Newborn Enrollment Coordinators (NECs) obtained consents from 4,572 mothers (96% of all eligible mothers) to provide their information to the County Office of Education for the purpose of creating a SSID for their newborn.

Figure 17: **Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2023), who consented to have their contact information shared with COE**



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2023.
N = 4,782.

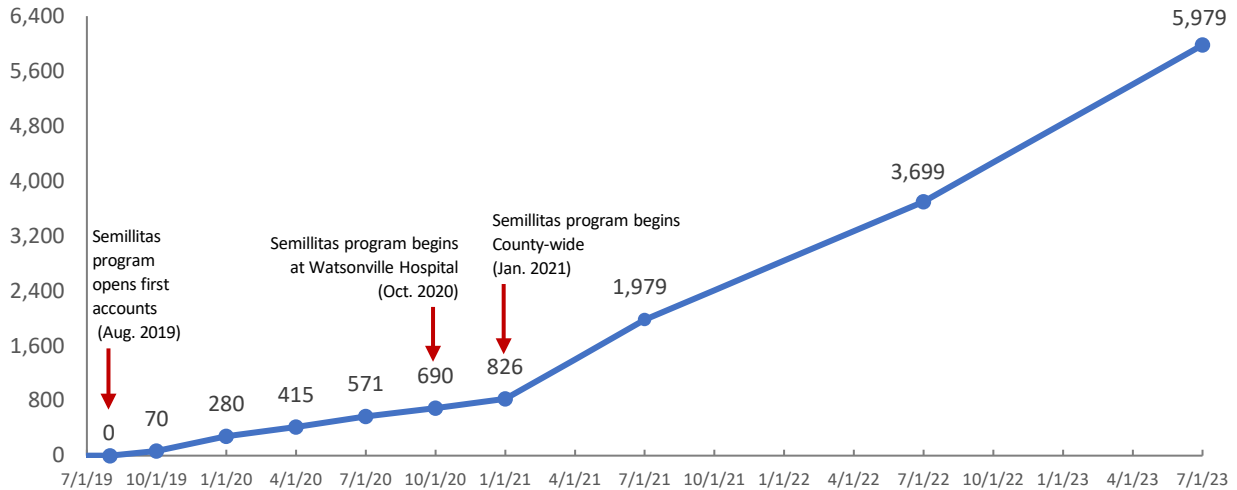
¹⁶ Department of Health Care Services, Medi-Cal Dental Services Division, *Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2021 and Dental Utilization Measures and Sealant Data by Age Groups Calendar Year 2013 to 2021*, California Health and Human Services Open Data Portal, 2023.

Ventures' Semillitas program

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

- **Number of Accounts Opened:** Since the program began (between August 2019 – June 2023), a total of 5,979 Semillitas accounts have been opened.

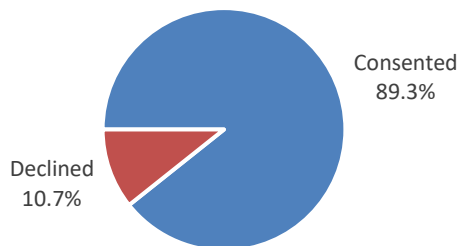
Figure 18: Growth of the total number of Semillitas accounts opened



Source: Ventures, Program records, 2023.
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 2023, First 5 NECs have obtained consents from 4,272 mothers to provide their contact information to Ventures for the purpose of receiving more information about their child's Semillitas account. This equates to 89% of all eligible mothers who received a Newborn Visit.

Figure 19: Percentage of eligible Mothers visited by NECs (Oct. 2020 – June 2023), who consented to have their contact information shared with Ventures



Source: First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program records, 2023.
N = 4,782.

- **Oral health milestones:** County partners Dientes and Salud Para La Gente continued making payments into Semillitas savings accounts for accomplishing important oral health milestones.
 - Dientes and Salud Para La Gente contributed these amounts to children’s Semillitas savings accounts:
 - \$50 for the child’s “first tooth or first birthday” visit
 - Dientes also offered these contributions:
 - \$25 for each of the child’s annual visits (ages 2-5)
 - \$50 for the child’s sealant visit (age 6)



Ensuring access to food

In 2022-23, NECs connected mothers to these **food resources**:¹⁷

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

Supporting Well-Child Visits

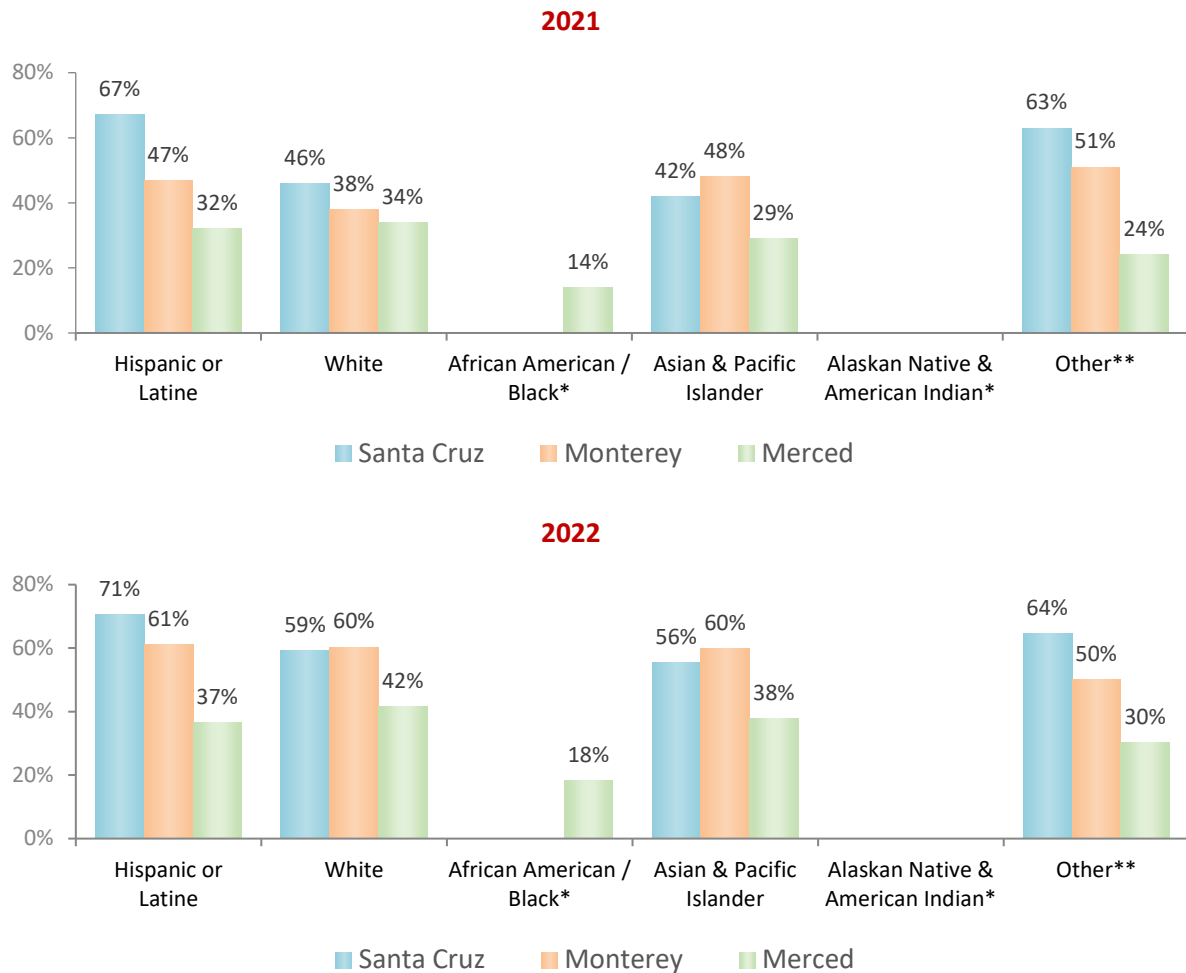
The Central California Alliance for Health (the Alliance) discusses the importance of infants getting their **well-child visits** during the first several months of their life, in order to be able to assess their growth and development, and address any issues before they become bigger problems.¹⁸ One key benchmark is that a child should have at least six well-child visits with a provider within the first 15 months of life.

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

¹⁷ First 5 Santa Cruz County, Baby Gateway Newborn Enrollment Program data.

¹⁸ 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.*

Figure 20: Percentage of children with Medi-Cal insurance who received at least 6 Well-Child visits by 15 months of age, by Race/Ethnicity and County



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) Central California Alliance for Health, 2023.

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

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

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 49% between the year prior to the Baby Gateway Newborn Enrollment Program's launch and the most recent year of data (between 2008 and 2022).
- 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 2022). Note that in 2010 this hospital was already well below the national rate of ED visits for infants, so these numbers would not be expected to decrease much further over time.

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

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

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

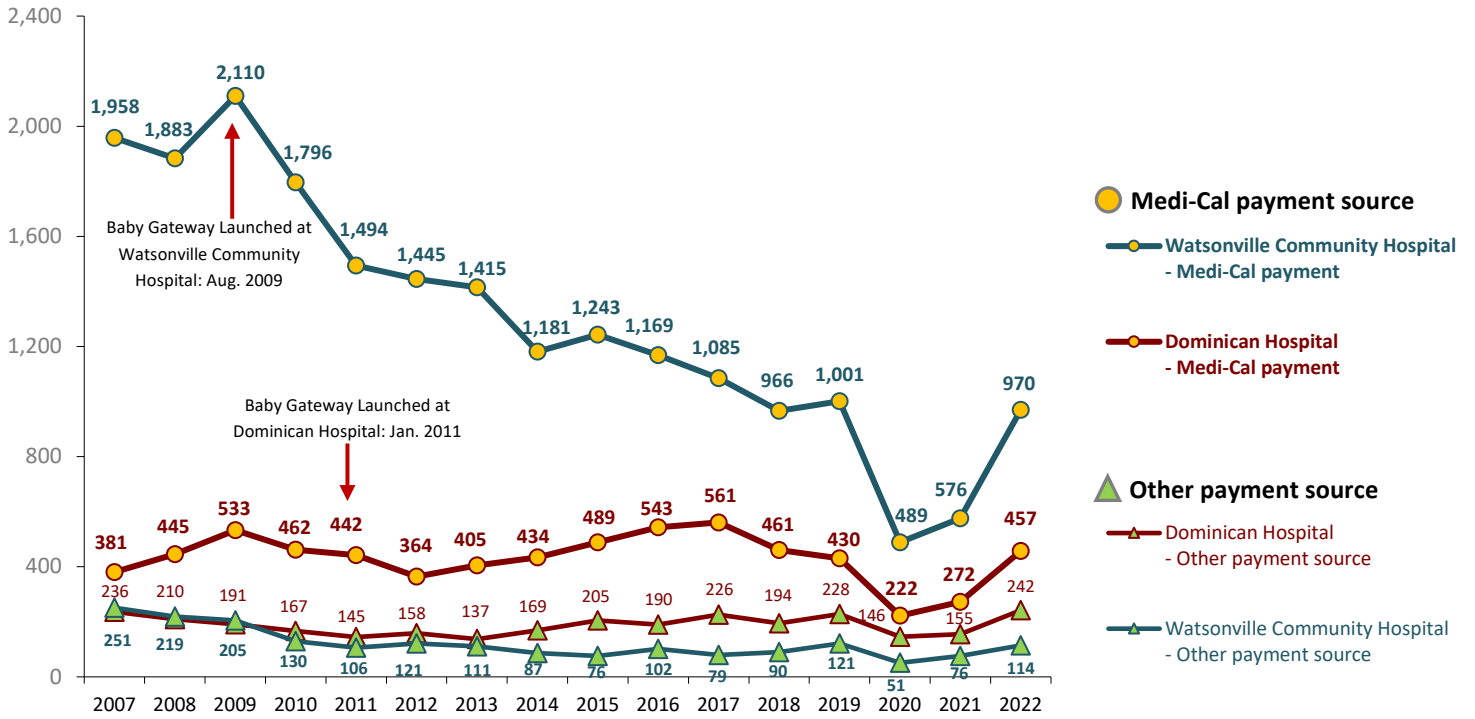
- In 2021 (the most current year of national data available), the national rate of ED visits for infants under age 1 was **103 per 100**,¹⁹ which was much higher than the rates that year at both Dominican Hospital (**18 per 100**) and Watsonville Hospital (**28 per 100**).

ED use of children covered by other payment sources

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

¹⁹ Centers for Disease Control and Prevention, National Center for Health Statistics, *National Hospital Ambulatory Medical Care Survey: 2021 Emergency Department Summary Tables*, 2021.

Figure 21: 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*, 2023. (Population of Santa Cruz County children under age 1) California Department of Finance. Demographic Research Unit. *Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release)*. Sacramento: California. July 2023.

VisionFirst

Program Description

The American Optometric Association recommends that infants should have their first comprehensive eye exam at 6 months of age, and then they should have additional eye exams at age 3, and just before entering kindergarten or the first grade.

“The preschool years are a time for developing the visual abilities that a child will need in school and throughout his or her life. Steps taken during these years to help ensure vision is developing normally can provide a child with a good ‘head start’ for school.”²⁰

In an effort 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, which increased the reach of the program. In 2016-17, VisionFirst was expanded to include all state-funded preschool programs in the County. In addition, because the Spot Vision Screener can provide screenings to children as young as 6 months old, First 5 piloted screenings in 19 infant and toddler classrooms.

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

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

²⁰ American Optometric Association, *Preschool Vision: 2 to 5 Years of Age*, [Retrieved 8/24/16 from <http://www.aoa.org/>], 2016.

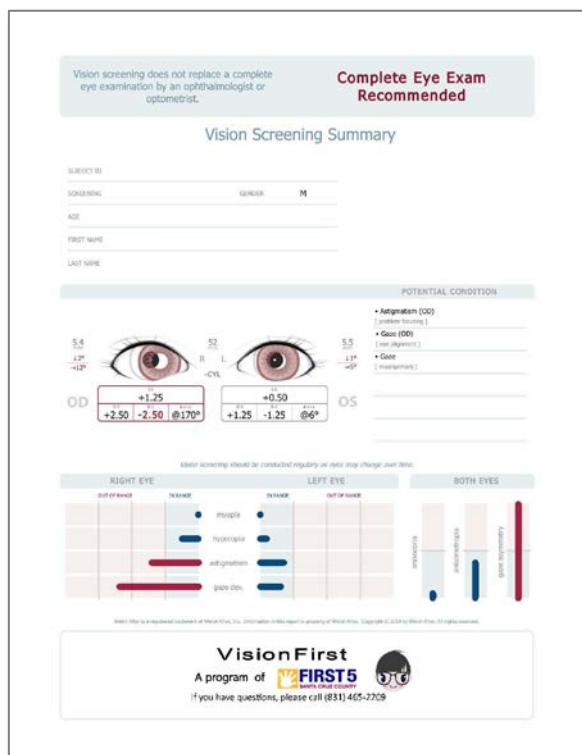
- The First 5 website includes a entire section about VisionFirst, and provides videos and read-aloud books about eyeglasses. Some answer key questions for children such as, “How do you know if you need glasses?”, “How does an eye doctor check your eyes?” Other books help build children’s confidence 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 teachers read in the classroom about vision health and screenings, 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.

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

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

Screening results indicating vision issues



Screening results after receiving eyeglasses

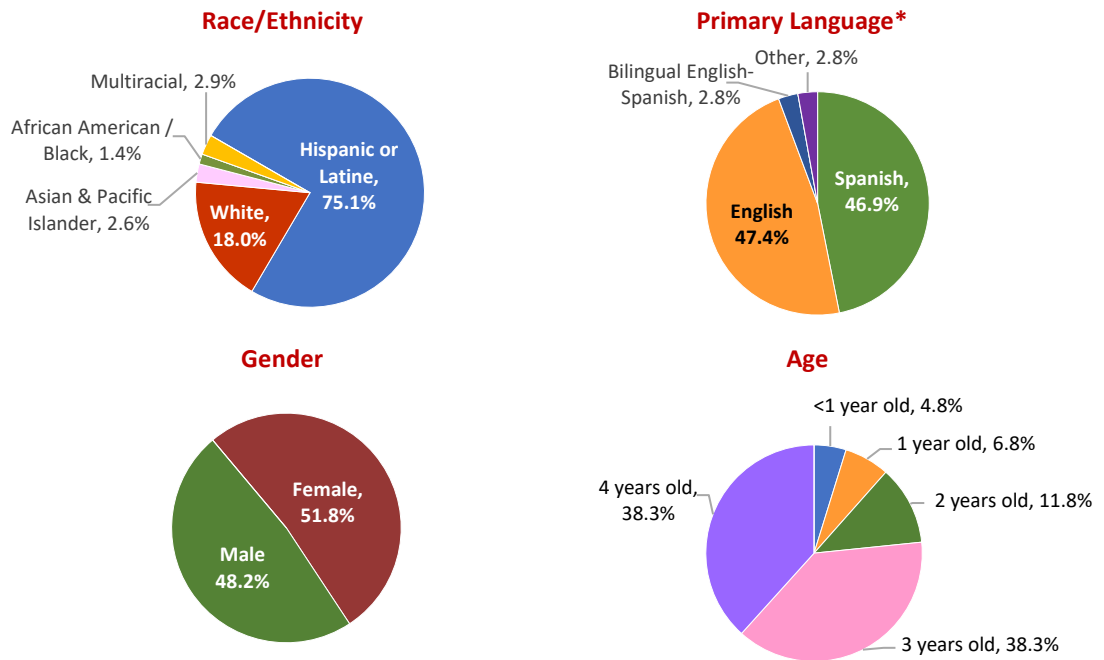


Population Served

	2022-2023
Children	355

Source: First 5 Santa Cruz County, VisionFirst records, 2023.

Figure 22: Demographics of Children (ages 0-5) participating in VisionFirst (2022-23)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

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

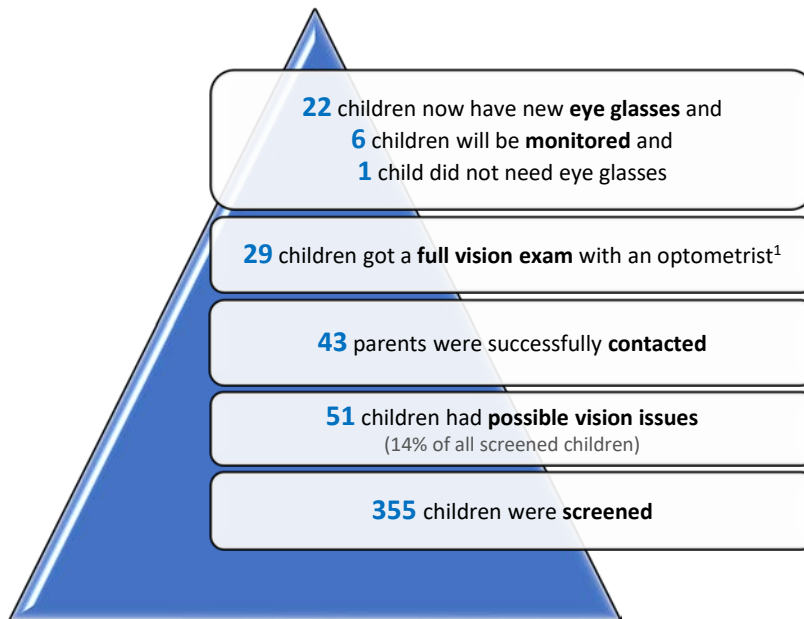
N=(Race)=350; (Language)=352; (Gender)=355; (Age)=355.

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 355 children screened, 51 had possible vision problems identified (14% of all children screened).
- First 5 VisionFirst Outreach staff were able to contact the parents of 43 of these children about their children’s results.
- 29 of these children have followed up with a full vision exam at an optometrist (to date).
- Of those children who had a full vision exam, 22 were prescribed eye glasses, 6 will continue to be monitored for possible vision issues, and 1 child did not need eye glasses.

Figure 23: VisionFirst results – Santa Cruz County (2022-23)



Source: First 5 Santa Cruz County, VisionFirst records, 2023.

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

Local partner activities

The PVUSD Migrant and Seasonal Head Start (MSHS) program and Head Start, Early Head Start, and State Preschool sites have adopted this program and purchased their own Spot Vision Screener devices. In 2022-23 these sites conducted their own screenings and follow-up, and reported these significant results:

Figure 24: Local partners’ vision screenings using the Spot Vision Screener (2022-23)

	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	156	24 (15% of all children screened)	5*	<ul style="list-style-type: none"> • 2 were prescribed glasses • 3 will be monitored
Head Start, Early Head Start, and State Preschool sites	237	39 (16% of all children screened)	29	<ul style="list-style-type: none"> • 23 were prescribed glasses • 6 will be monitored

* Out of the 24 children with possible vision issues at MSHS, this is the number of children with full vision exams at the time these data were provided. At that time, 8 additional children had pending appointments, and 11 had parents who were working to find an available appointment.

One VisionFirst Story

We know that vision exams are essential at an early age, but how successful are these young children at wearing their eyeglasses once they obtain them? The feedback usually varies from “My daughter adapted to wearing her eyeglasses fast.” “My son has been wearing them daily since he got them.” To, “My child has been struggling with wearing his eyeglasses.”

The flyer “*Tips to Encourage Your Child to Wear Their Glasses*” encourages families to see obtaining eyeglasses from a different perspective: “It’s a Superpower.” It gives clear tips to help guide families in overcoming the obstacles that may keep children from wearing their new eyeglasses.

First 5 VisionFirst Outreach staff screened a 4-year-old who obtained eyeglasses this year, whose mother indicated that he was struggling with wearing them. The mother loved the flyer with tips! Tip 5, “Connect with your child’s Teacher,” provided the vital support her child needed. His teacher was able to encourage him to keep on his eyeglasses by encouraging other children in the class to wear fake eyeglasses during certain activities. The teacher turned wearing glasses into something fun!

We know that true success comes from children wearing their eyeglasses. This mother initially worried that her son would be unable to leave on his eyeglasses, but was surprised at how changing her attitude and celebrating his first pair of eyeglasses made the difference. Her son now keeps his eyeglasses on and is providing his eyes with the help they need to see clearly.

- First 5 VisionFirst program

VisionFirst
A program of **FIRST5**
SANTA CRUZ COUNTY

Tips to encourage your child to wear their glasses

- 1. Talk About it**
Start a conversation with encouraging words and a positive attitude.
- 2. Read Books**
Reading books that talk about wearing eyeglasses can be a good way to start a conversation with your child regarding how they feel about going to the optometrist and getting glasses.
- 3. Let your child choose the frame**
This will help your child get excited about wearing glasses. Make sure that the glasses fit well. Durable and light frames are recommended for young children.
- 4. Build confidence one step at a time**
If your child is struggling with wearing their glasses, try having them wear them for short periods. Start with periods of 10 minutes and add time as they get more comfortable.
- 5. Connect with your child's Teacher**
Let your child's teacher know that your child has been prescribed glasses. Teachers can play a vital role in this transition and provide tips to encourage your child to wear their glasses during school.
- 6. Pretend**
Wear fake glasses to help your child have a smoother transition.
- 7. It's a Super Power**
Refer to glasses as a superpower or magical tool that will help see the world differently.
- 8. Point out people your child knows or has seen on tv that wear glasses**
If anyone you know wears glasses, encourage them to share their experience with your child.
- 9. Create a Daily Routine**
Make wearing glasses part of your child's fun and exciting daily routine. Prevent glasses from getting lost or broken by having a special box and place for them.
- 10. Celebrate your child's first pair of glasses**

Created by: <https://www.visionfirst.org/>
"Vision: Encourage Young Kids to Wear Their First Pair of Glasses." *Phonics & Literacy*. <https://www.visionfirst.org/2019/08/01/encourage-your-child-to-wear-their-first-pair-of-glasses/>
"10 Tips to Get Your Child to Wear Their Glasses." *Parents*. <https://www.parents.com/health/child-development/0-5-years-old/10-tips-to-get-your-child-to-wear-their-glasses/>

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

Neurodevelopmental Foster Care Clinic

Program Description

The Neurodevelopmental Foster Care Clinic (NDFCC) is an innovative, coordinated approach to address the neurodevelopmental needs of children age 0-5 in the foster care system. Nationally, almost one in five children face developmental disabilities or disabling behavioral challenges before age eighteen, but fewer than half of these children are identified before the age of five.²¹ On the other hand, research suggests that early detection and intervention for children with developmental disabilities can reduce the need for later interventions.²² We know early intervention works, yet children who have already endured abuse and neglect typically do not receive the early assessment and coordinated services they need. Children with disabilities are more likely to be abused and neglected and yet, once in the system designed to protect them, their needs may go unaddressed – thereby missing a critical window of opportunity to set a healthy life course.

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

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

To this end, all children in Santa Cruz County under the age of 6 who are in foster care or who are involved with Child Protective Services (CPS) are

One Client’s Story

Early intervention services are vitally important to help children overcome their developmental delays.

After birth, “Claire” spent a few days in the NICU receiving care for intrauterine drug exposure, and was then transitioned to a relative foster home. Her foster mother initially had no concerns about her development, but when Claire was 12 months old and had a developmental and behavioral assessment, she was assessed as having gross motor and language delays.

Claire was referred to Early Start for early intervention services, and worked with an occupational therapist and an early intervention therapist. She was re-assessed eight months later, and her developmental milestones were now in the average range.

- **Neurodevelopmental Foster Care Clinic, Annual Progress Report**

²¹ American Academy of Pediatrics (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118 (1), 405-420.

²² Centers for Disease Control and Prevention, “Child Development: Using Developmental Screening to Improve Children’s Health,” Centers for Disease Control and Prevention. <http://www.cdc.gov/ncbddd/child/improve.htm> (accessed July 22, 2008).

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.

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.

Population Served

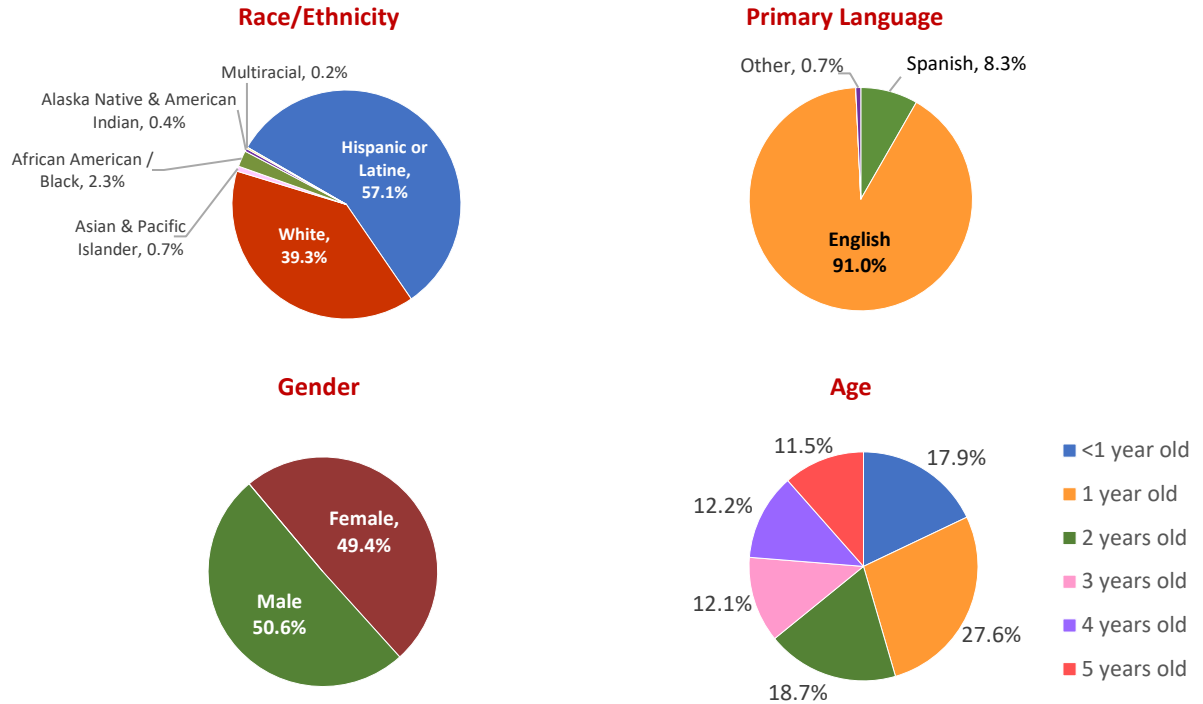
	THIS FUNDING CYCLE 2022-2023	CUMULATIVE TOTALS* 2011-2023
Children	<i>(ages 0-5)</i> 49	<i>(ages 0-5)</i> 965 <i>(ages 6+)</i> 19

Source: (Population) First 5 CCD database for July 1, 2022 – June 30, 2023.

* Due to the increased confidentiality requirements of this partner, it is not possible to track clients who may be duplicated across fiscal years for this agency. Therefore, these cumulative totals likely include some duplicated clients.

In the following results, data from all the years of this program (2011-2023) have been aggregated in order to present a more robust profile of the children served.

Figure 25: Demographics of Children (ages 0-5) participating in NDFCC (2011-2023)



Source: First 5 Santa Cruz County, Neurodevelopmental Foster Care Clinic records, 2023. N=965.

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

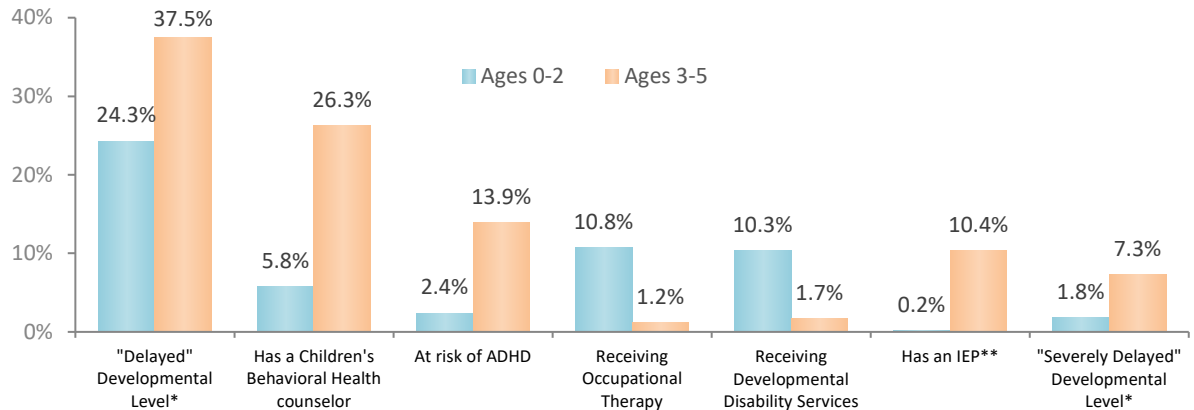
Measurable Objectives	2022-2023
By June 30, 2023, up to 100 children will receive comprehensive developmental and behavioral evaluations.	49 children
By June 30, 2023, 90% of children referred for therapy, Early Start, educational services, or Triple P will receive the services that were recommended.*	Over 90%

Source: Neurodevelopmental Foster Care Clinic, Annual Progress Report, 2023.

* 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 (2011-2023) 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 26: Percentage of Children in NDFCC (ages 0-5) with these diagnoses and services, at Intake (2011-2023)



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2023.

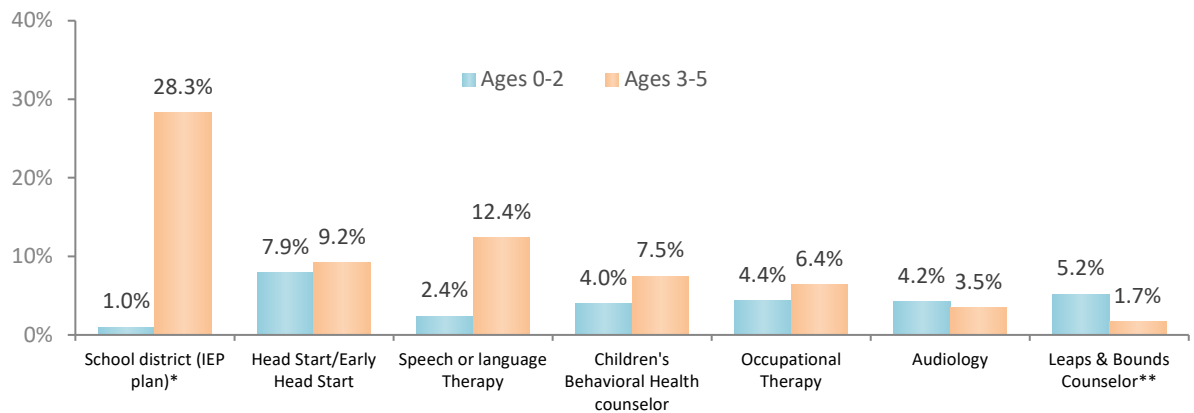
Note: Data for different diagnoses and services were not always collected every year. Therefore, the number of children analyzed for each diagnosis and service may vary. Only diagnoses and services with percentages higher than 4% for at least one age group are shown.

* 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) 608-619; (Ages 3-5) 344-346.

Figure 27: Percentage of Children in NDFCC (ages 0-5) provided with these referrals (2011-2023)



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2023.

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)=619; (Ages 3-5)=346.

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

Client Outcome Objective	2022-2023
By June 30, 2023, up to 50 biologic and foster parents will participate in Triple P Level 2 seminars. By June 30, 2022, up to 75 biologic and foster parents will receive one-time Triple P Level 2 individual consultations.	56 (unique) parents participated in Level 2 Individual consultations

Source: First 5, Triple P Master Client Data Collection Template, 2023.

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

THRIVING FAMILIES

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



Young children need security, confidence, and trust with the adults responsible for their care to develop their growing ability to regulate emotions and behavior. Children who have secure relationships with their primary caregivers are able to engage in learning and develop meaningful relationships throughout their lives.

First 5 Santa Cruz County works to increase the resilience of young children and their families, improve parenting practices and parent-child relationships, increase “social capital” (relationships and connections) of young children and their families, and decrease child abuse and neglect.

- Increased resilience of young children and their families
- Improved parenting practices and parent-child relationships
- Increased “social capital” (relationships and connections) of young children and their families
- Decreased child abuse and neglect

Child safety in Santa Cruz County

One indicator of child safety are the County measurements of child abuse and neglect.

Decreasing rates of initial allegations of abuse and neglect

An examination of the rates of allegations of abuse and neglect in Santa Cruz County shows a steady decrease over time. Moreover, between 2012 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to **below** them.

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 **49** in 2022.
- **Children ages 1-2:** Allegation rates (*per 1,000*) dropped from a high of **59** in 2007, to **33** in 2022.
- **Children ages 3-5:** Allegation rates (*per 1,000*) dropped from a high of **61** in 2005, to **35** in 2022.

Decreasing rates of substantiated allegations of abuse and neglect

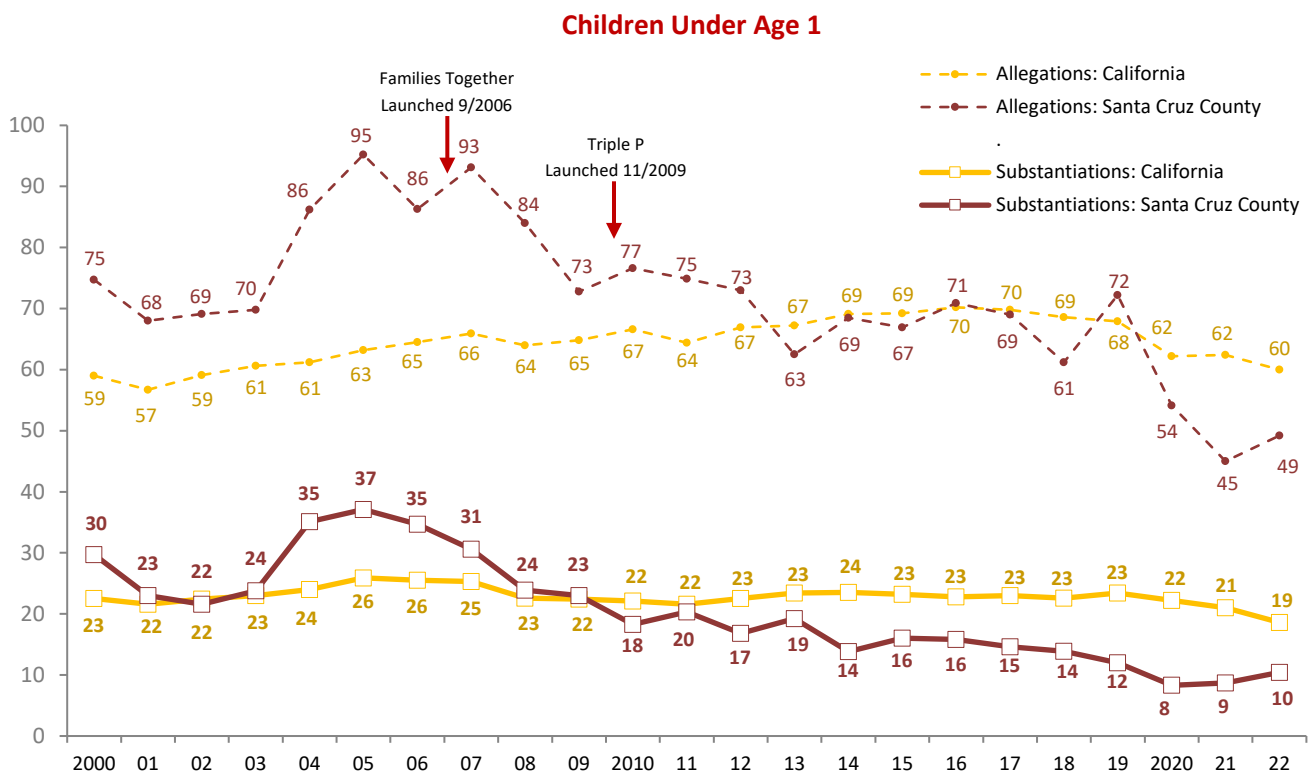
Corresponding to the decreasing rates of allegations over time, the rates of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz County moved from being substantially above (or at) the statewide rates, to **below** them.

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 **10** in 2022.
- **Children ages 1-2:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **20** in 2004, to **3** in 2022.
- **Children ages 3-5:** Rates of substantiated allegations (*per 1,000*) dropped from a high of **18** in 2005, to **2** in 2022.

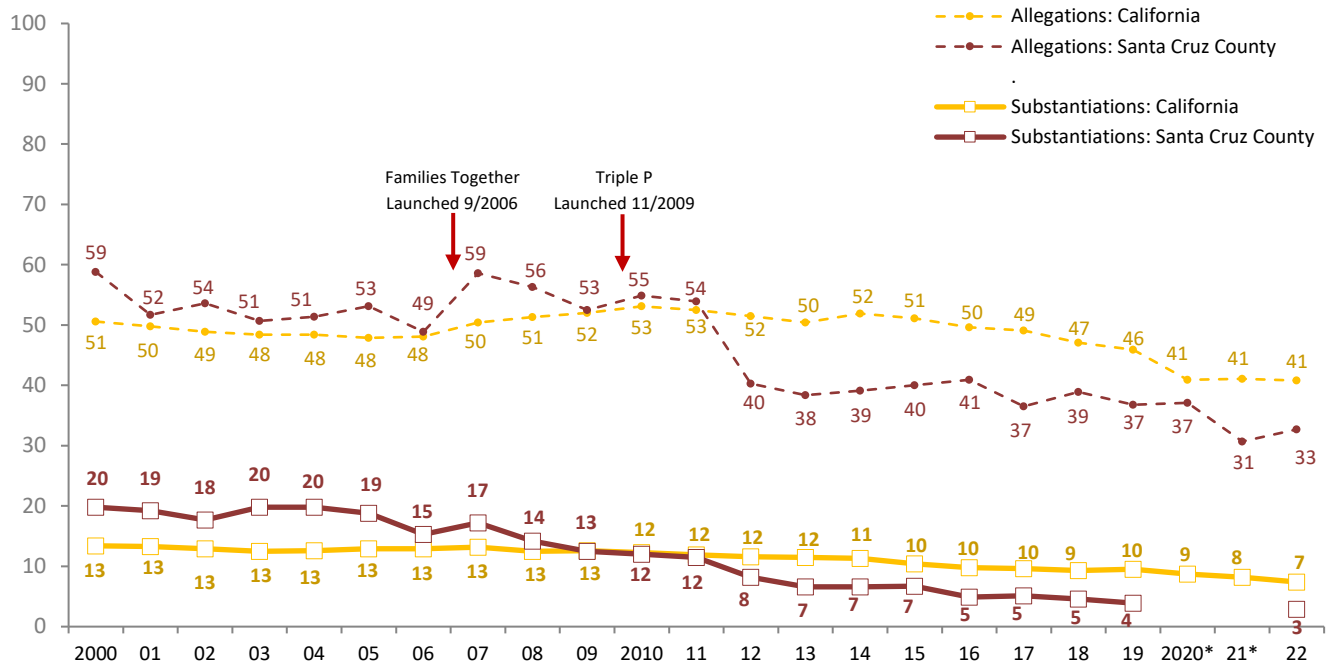
These decreasing rates in Santa Cruz County may have been assisted by the efforts of the county-wide **Triple P – Positive Parenting Program** and the **Families Together** program, which launched in late 2009 and 2006, respectively. The marked declines in 2020 and 2021, however, may have been a reflection 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 28: Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000)

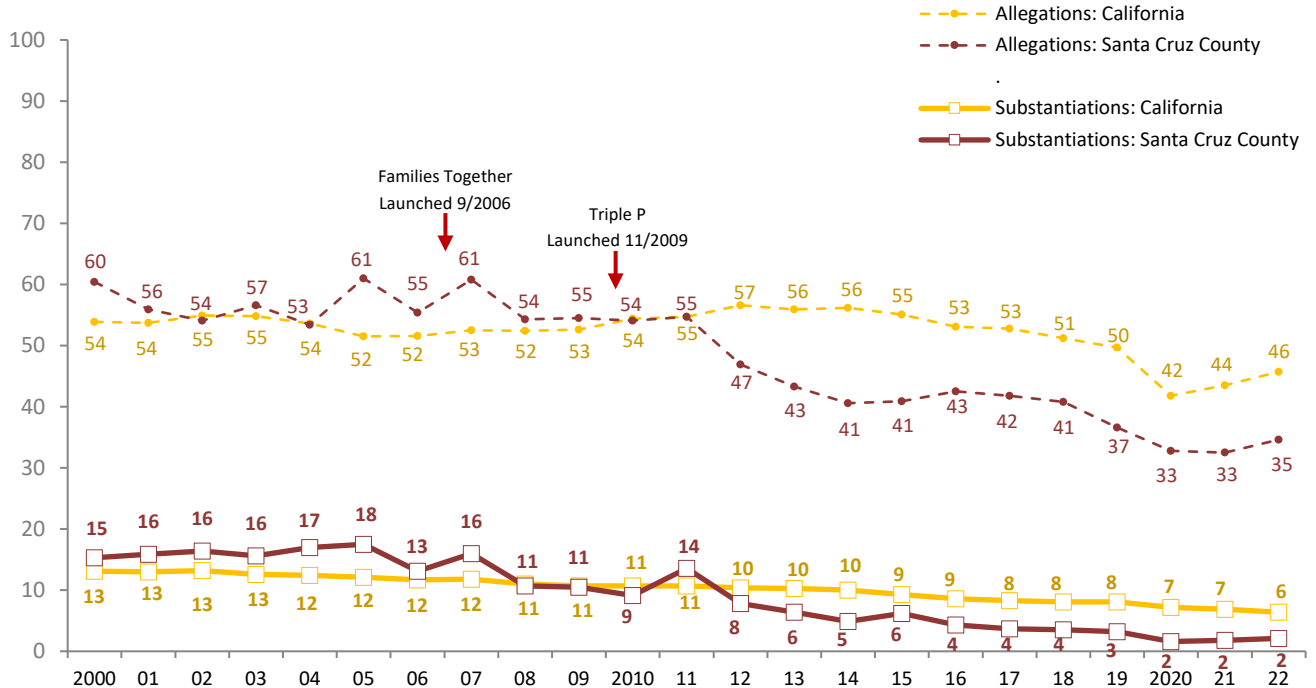


Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000) (cont.)

Children Ages 1-2



Children Age 3-5



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). CCWIP reports. Retrieved Aug 23, 2023, from University of California at Berkeley California Child Welfare Indicators Project website.

* Data for some years are not available due to the Data De-identification Guidelines (DDG) adopted by California Department of Social Services, which require that statistically low values be masked on all public-facing resources in order to protect the confidentiality of individuals served by CDSS and the counties.

Notes: Previous years' data have been updated to reflect slight methodological changes made by the California Child Welfare Indicators Project, and to reflect the most current calculations. Rates have been rounded to the nearest unit.

Triple P – Positive Parenting Program

Program Description

Triple P (Positive Parenting Program) is a comprehensive, evidence-based parenting and family support system designed to strengthen families by promoting positive relationships, teach parents and caregivers simple strategies for preventing and handling parenting challenges, and increase access to parenting information and support. Triple P uses a population health approach to make evidence-based parenting information and support universally available and tailored to meet the unique needs of every family, regardless of socioeconomic status or the types of challenges the family is experiencing. This enables communities that offer Triple P to reach a broader segment of the population and helps reduce the stigma and fear of being labeled as “high risk” or a “bad parent” that often prevents families from seeking help before a crisis occurs.

The Triple P system can reach an entire community, as well as individual families who need more intensive services, through the following five levels of interventions:

- **Level 1: Universal Triple P** disseminates information about positive parenting to the entire community through a media-based social marketing campaign and pocket guides.
- **Level 2: Selected Triple P** provides brief information through one-time consultations (*Level 2 Individual*) or a series of Seminars on general parenting topics (*Level 2 Seminars*).
- **Level 3: Primary Care Triple P** offers brief, targeted parent education and skills training through Workshops on specific topics (*Level 3 Workshops*) or 3-4 brief consultations on an individual basis (*Level 3 Individual*) or in a group with other families (*Level 3 Brief Group*).
- **Level 4: Standard & Group Triple P** provides in-depth parent education and skills training through 10 sessions with a practitioner on an individual basis (*Level 4 Standard*), or 8-9 sessions in a group with other families (*Level 4 Group*), or in an online, self-paced course (*Triple P Online*).
- **Level 5: Enhanced, Pathways, Family Transitions, and Lifestyle Triple P** offer additional support and strategies to help parents deal with stress and improve communication with their partners or co-parents (*Level 5 Enhanced*), handle anger or other difficult emotions (*Level 5 Pathways*), co-parent after a divorce or separation (*Level 5 Family Transitions*), and make changes to lead healthy, active lives as a family when children are overweight or obese (*Level 5 Lifestyle*).

Beginning in late 2009, three local funders (First 5 Santa Cruz County, County of Santa Cruz Health Services Agency, and County of Santa Cruz Human Services Department) established the Triple P system in partnership with other agencies that serve children and families. The program has been implemented and scaled up in stages, with the goal of making parenting information and support widely available to families throughout Santa Cruz County. First 5 leads the county-wide implementation, building partnerships and leveraging resources to ensure the Triple P program is available in Santa Cruz County for:

- Families with children from birth – 12 years old (Core Triple P)
- Families with teens 13 – 16 years old (Teen Triple P)
- Families with children who have special needs (Stepping Stones Triple P)

Throughout this section of the report, “parents” is used to mean anyone who is involved in raising a child, including biological, foster, and adoptive parents; grandparents or other relatives; family friends; or other caring adults.

Triple P Providers

First 5 coordinates the funding, training, service provision, outreach, social marketing, and evaluation of Triple P, then partners with non-profit and public agencies that provide services at their facilities or other locations throughout the county, including Family Resource Centers, schools, churches, health clinics, libraries, parks, and families’ homes.

The majority of Triple P services are provided by these partners, through contracts with First 5 and/or other funders:

- **Community Bridges – Family Resource Collective (CB-FRC):** The primary provider of all levels and variants of Triple P services since 2009, ensuring that Triple P services are free, accessible, and meet the needs of all families throughout the county, regardless of child ages, primary language, geographic location, income, health insurance, immigration status, or type of parenting support needed. CB-FRC is uniquely positioned to fulfill this role through its four Family Resource Centers (FRCs), located in Watsonville, Live Oak, Santa Cruz, and Felton. FRCs serve all families but prioritize those who are most likely to encounter service access barriers due to cultural and linguistic differences, social isolation, mental health issues, discrimination, low incomes, or immigration status. Bilingual/bicultural practitioners provide Triple P services virtually and at FRCs and other community locations (schools, child care centers, health clinics, libraries, parks).

- **Encompass Community Services – Families Together (FT):** Described in the partner profile in the next section of this report. FT is an innovative counseling program providing home-based services to families living throughout Santa Cruz County. Families referred by Santa Cruz County Family & Children’s Services or CalWORKs are assigned a therapist who helps design customized services, including sessions in English or Spanish, in the home or other preferred location. A Family Support Specialist assists with enrolling interested families in FT and provides case management and parenting support prior to and concurrently with the counseling services. Families learn about parenting, child development, parent-child attachment, and general wellness, and they are connected with other community resources such as substance use counseling, interpersonal violence services, and early education support. Families Together staff provide brief or in-depth parenting support to families using the Triple P curriculum.
- **Stanford Children’s Health – Neurodevelopmental Foster Care Clinic (NDFCC):** Described in the partner profile in the previous section of this report. NDFCC provides brief, targeted parenting support to biologic and foster parents using Triple P tip sheets.
- **Parents Center:** Provides Triple P services as a contractor for the Human Services Department’s Family and Children’s Services Division for parents who are required to participate in parent education classes by the Juvenile Dependency Court. The Parents Center offers bilingual Triple P parenting support through 8-week groups, a customized workshop series, and hands-on coaching during supervised visitation. In recent years, First 5 has supported the Parents Center’s implementation of Triple P by creating a customized workshop series for parents whose infants are living with a foster family, using Level 3 tip sheets geared toward parents and caregivers who are new to parenting or have infants. The customized workshops include a mid-series session where Parents Center staff arrange for the infants to join their parents for an informal play group. During this session, parents get to practice using the strategies they’ve learned for developing positive relationships and encouraging positive behaviors. It is one of the most meaningful and well-received aspects of the workshop series.

The customized workshop series provides parents of infants a more relevant and accessible option to learn and practice Triple P parenting strategies, since several of the strategies taught in the 8-week group are applicable once a child is at least 18 months old. Once Triple P International releases the official Baby Triple P program, First 5 will review the curriculum to determine the best path for adopting this new variant.

- **Independent practitioners (contractors):** First 5 contracts with a small cohort of individuals who provide Triple P services as private practitioners. The independent practitioners have deep expertise in Triple P, as well as other specialty areas such as counseling, disabilities or special needs, and working with families that have low incomes, are undocumented, and/or speak a language other than English.

Partnerships

First 5 continuously expands the availability and accessibility of Triple P services through partnerships with other agencies, systems, and funders. In 2022-23, First 5 coordinated the provision of Triple P services for these partners:

- **Pajaro Valley Unified School District (PVUSD) Family Engagement and Wellness Center:** In FY 2022-23, First 5 entered into an agreement with PVUSD to provide Triple P classes throughout the school year at the district's new Family Engagement and Wellness Center. Topics were selected based on input gathered from families by the district's Parent Engagement Team, and the district promoted the classes to families using flyers provided by First 5. Classes were taught in Spanish by Community Bridges and an independent practitioner, and PVUSD provided simultaneous interpretation and child care to reduce potential barriers to participation. Families and PVUSD staff had positive feedback about the Triple P workshops, and the partnership will be continued in FY 2023-24.
- **Cradle to Career Santa Cruz County (C2CSCC):** First 5 partnered with the newly expanded C2CSCC initiative to offer virtual Triple P workshops in Spanish (with simultaneous interpretation into English) for families throughout Santa Cruz County. Topics were selected by C2CSCC Parent Leaders (Setting Healthy Screen Time Limits; Taming Power Struggles and Tantrums; and Helping Children and Teens Cope with Anxiety and Depression) 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 eighth year that Triple P workshops were incorporated into the Cradle to Career initiative.
- **North Santa Cruz County Special Education Local Plan Area (SELPA) Community Advisory Committee (CAC):** An independent practitioner offered virtual bilingual Stepping Stones Triple P workshops for families with children who have special needs. Workshop topics were selected by SELPA staff and the virtual classes were offered during the evenings: Handling Disruptive Behaviors; Preventing Whining and Tantrums; Coping with Stress; Changing Challenging Behaviors into Positive Behaviors; and Teaching Children Social Skills. This was the fifth year that Stepping Stones Triple P workshops were co-hosted by the SELPA CAC.
- **Probation and Santa Cruz County Sheriff's Office – Inmate Programs:** Triple P practitioners from Community Bridges continued to provide weekly lessons for inmates at the Rountree and the Rehabilitation and Reentry facilities in Watsonville. All classes were held in person, as the independent study lessons and TeleClasses were discontinued at the end of FY 2021-22. However, occasional disruptions to the weekly schedule still occurred during the year due to COVID-19 cases in the facilities, as well as the impact of the winter storms and flooding.

Practitioners remained flexible and were able to adjust the lesson schedule to maintain as much consistency and continuity as possible.

- **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 a relatively new option that offers a way to provide evidence-based parenting support to parents and caregivers who prefer self-paced learning using a smartphone, tablet, or computer with internet access. It is available in English and Spanish and can be used as an early-intervention strategy or as a more intensive program for parents of children up to 16 years old. It has been designed to help providers and organizations reach families who might face barriers to attending in-person Triple P classes or one-on-one sessions due to geographical distance, lack of child care, work schedules, social distancing requirements, or other barriers.

TPOL's flexibility allows parents to access support at their preferred time, place, and pace of learning, and to revisit the information, activities, and their goals as often as needed. The program is designed to be simple to use, engaging, and interactive. It includes video clips demonstrating parenting skills; exercises designed to help parents apply the Triple P strategies; personalized content and goal setting; between-session practice tasks and self-reflection to encourage goal setting and problem solving; and podcasts to review session content. There is also a customizable and downloadable workbook for parents to use as they complete the course. TPOL is equivalent to a Level 4 Triple P intervention.

While TPOL is designed for parents and caregivers to complete independently, CalWORKs participants who enroll in TPOL will receive up to four coaching sessions from an accredited Triple P practitioner. This local adaptation of TPOL provides parents and caregivers the opportunity to receive emotional and technical support throughout the program, while still allowing flexibility to complete the program at their own pace.

The CalWORKs TPOL pilot launched at the end of FY 2020-21 and expanded in FY 2022-23 to include referrals for all Triple P services, including and beyond TPOL.

Future Investments in the county-wide Triple P System

At the end of FY 2022-23, First 5 was awarded a 2-year grant from the California Department of Health Care Services (DHCS) for Round 1 of the Children and Youth Behavioral Health Initiative (CYBHI).

During the grant period, First 5 will focus on achieving these goals:

1. Increase capacity to provide **Triple P services for populations** that are most likely to experience access barriers and health disparities (Latine families, non-English speakers, migrant workers, immigrants, parents/caregivers of children with physical, intellectual, and/or developmental delays or disabilities, LGBTQIA+ families).

2. Improve **equitable access to Triple P services** that are culturally and linguistically responsive to the needs of the populations of focus.
3. Strengthen **positive parenting practices** among parents/caregivers in the populations of focus.
4. Improve **child emotional and behavioral challenges**, particularly among the selected populations of focus.

This one-time CYBHI funding will enable First 5 to enhance and expand the county-wide Triple P system by focusing on these key areas:

- Expand First 5's capacity to coordinate the county-wide system by hiring a bilingual program manager.
- Expand the number of practitioners accredited to provide brief (Level 3) and specialized (Level 5) Triple P services for the populations of focus.
- Support integration of Level 3 Triple P parenting consultations into the HealthySteps program at Salud Para La Gente and Santa Cruz Community Health, the two largest Federally Qualified Health Centers (FQHCs) in the County.
- Pilot a Spanish Level 3 Triple P training for Community Health Workers (CHWs), *promotores*, parent leaders, and Triple P "graduates."
- Continue refining the Level 1 Triple P social marketing campaign to ensure that outreach and messaging strategies are culturally and linguistically responsive and engaging the populations of focus.
- Strengthen communication, coordination, and referral procedures among key health, education, social services, and family strengthening agencies to ensure Triple P services are accessible to the populations of focus.

In addition, First 5 anticipates supporting a county-wide roll-out in FY 2023-24 of **Fear-Less Triple P**, a new program for families with children (ages 6-14) with moderate to high levels of anxiety. The program is designed to help parents and caregivers understand anxiety and learn evidence-based tools and strategies to help children build their emotional resilience and develop skills to reduce and manage their anxiety. Fear-Less Triple P will be available in English and Spanish through individual, group, and online sessions with coaching. The timing and scope of the Fear-Less Triple P roll-out will depend on the outcome of a grant proposal submitted to Kaiser Permanente (notification pending in FY 2023-24).

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 2022-2023				Cumulative Totals 2010-2023				
Unique Clients –client data analyzed *										
Parents					896					6,440
	AGES 0–5	AGES 6–12	AGES 13–16	AGES 17+		AGES 0–5	AGES 6–12	AGES 13–16	AGES 17+	
Children	91	95	22	17	225	2,503	2,094	713	319	5,629
“Unidentified” Clients – Includes duplicates; some client data analyzed **										
Parents (2010-2022 only)					-					9,991
Children (all ages)					1,421					26,099
“Non-Consenting” Clients – Client numbers only; no client data analyzed***										
Parents					72					434
Children (all ages)					98					655
TOTAL (INCLUDES DUPLICATES)										
Parents					968					16,865
Children (all ages)					1,744					32,383

Source: First 5 CCD database for July 1, 2022 – June 30, 2023, and 2010-2023.

* Includes parents and children for whom enough personal information is collected to be able to create a Unique ID. Beginning in FY 2022-23, this includes parents participating in Level 2 Seminars and Level 3 Workshops, so now all parents in every level of Triple P are reported here. As usual, this also includes children of parents who participate in the more in-depth levels of Triple P: Levels 3 (Individual/Brief Group), 4, and 5. Parents may have participated in more than one Triple P service, but are only reported once in this calculation of the number of unique clients served. Children with unknown birth dates are not included.

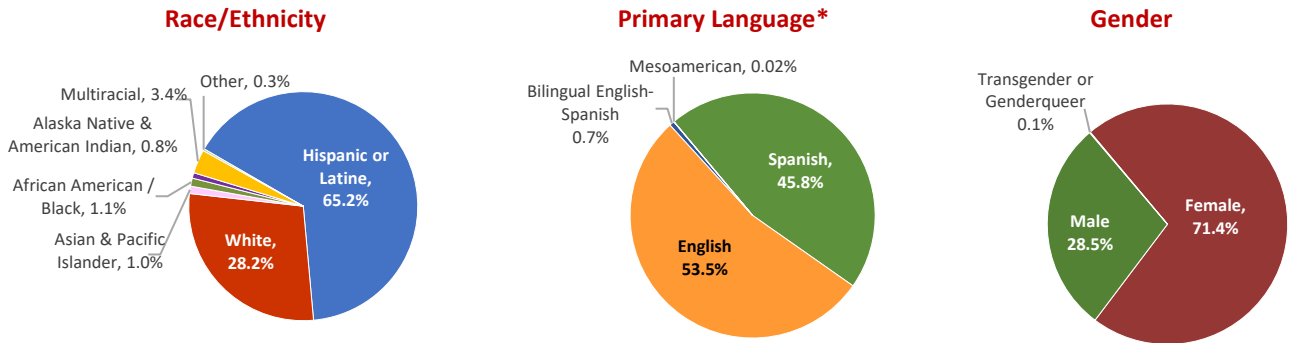
**Includes children in levels of Triple P where not enough information is collected to create a Unique ID (i.e., children of parents who participated in Level 2 Individual sessions, Level 2 Seminars and Level 3 Workshops). Prior to FY 2022-23, this also included parents in Level 2 Seminars and Level 3 Workshops. Beginning in FY 2022-23, Unique IDs can be created for all parents, so all parents are now reported in the “Unique Clients” category. Consequently, the only “Unidentified” parents remaining in this category are from 2010-2022.

*** “Non-consenting” clients are those who did not consent to have their personal and evaluation information included in First 5’s evaluation of Triple P. They are only included in this calculation of the total number of clients served.

Note: The vast majority of participants are Santa Cruz County residents, with only minimal numbers from other counties.

Triple P Participant Details

Figure 29: Demographics of Triple P Parents/Guardians (2010-2023)



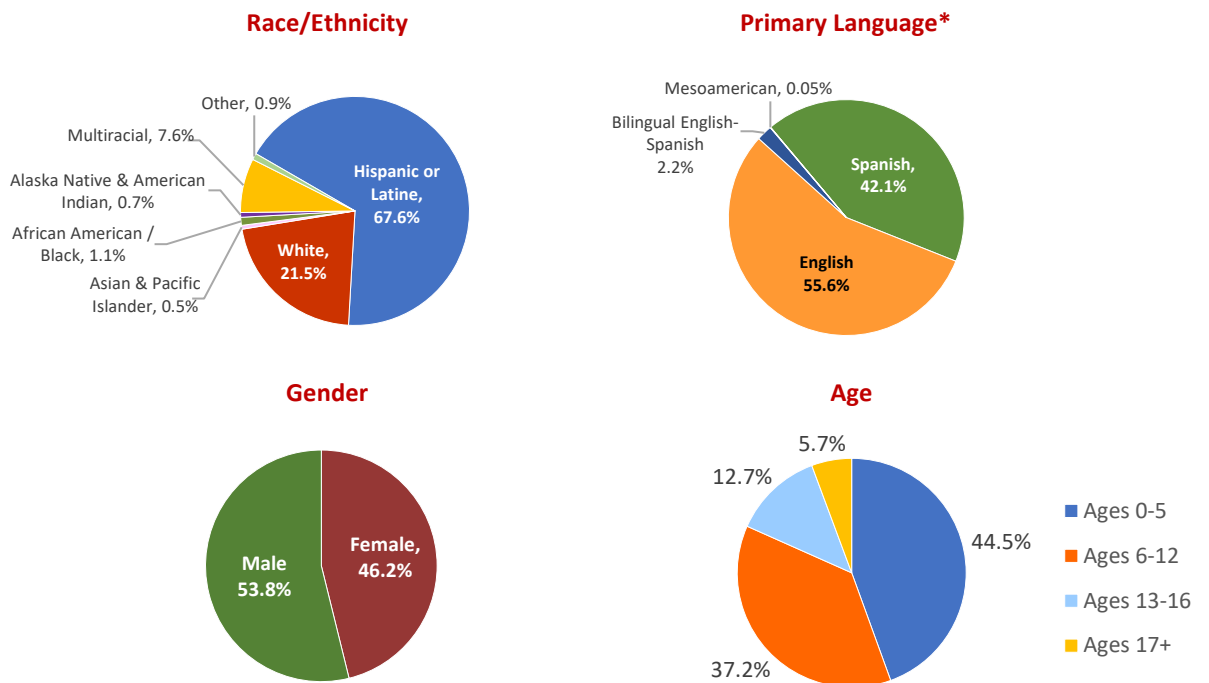
Source: First 5 CCD database for 2010-2023.

Note: 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.

* "Mesoamerican" languages include Mixtec, Oaxacan, and Zapotec.

N: (Ethnicity)=3,489, (Language)=6,426, (Gender)=6,351.

Figure 30: Demographics of Children benefitting from Triple P (2010-2023)



Source: First 5 CCD database for 2010-2023.

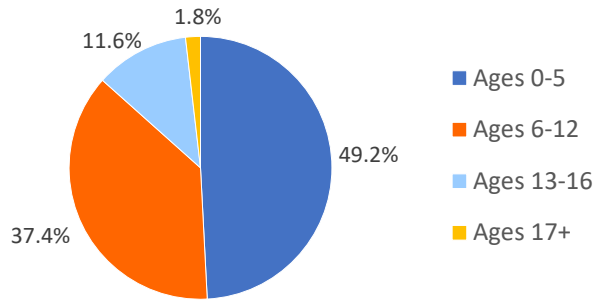
Note: These demographic analyses include children of parents participating in the more in-depth levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5).

* "Mesoamerican" languages include Mixtec, Oaxacan, and Zapotec.

N: (Ethnicity)=5,400, (Language)=5,616, (Gender)=5,614, (Age)=5,629.

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.

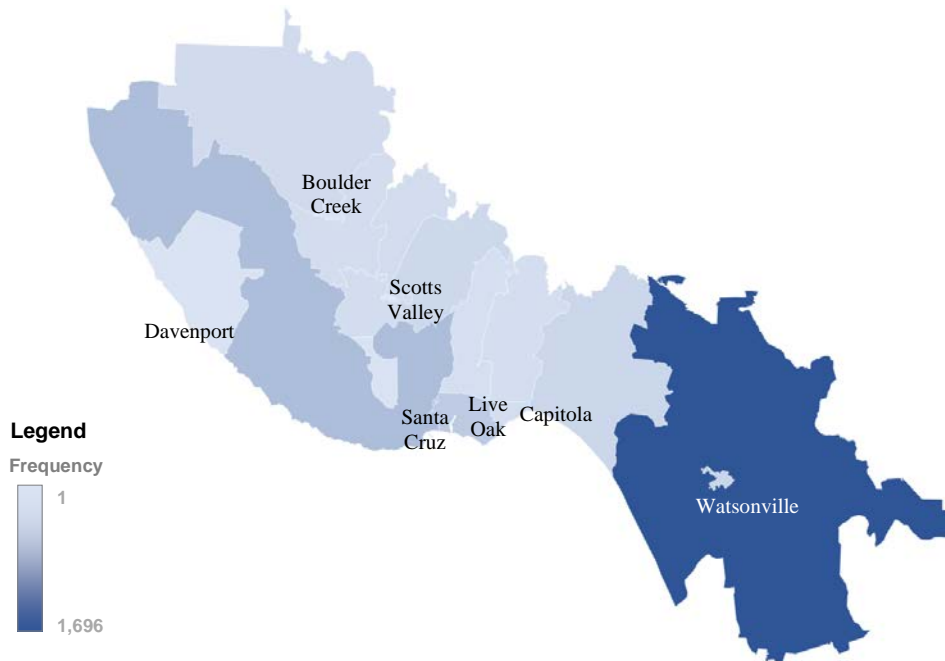
Figure 31: **Ages of Children chosen as the “Index” Child (2010-2023)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2023.
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=2,568.

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, 52% and Freedom, 5%).

Figure 32: **Distribution of County Adults who received Triple P services, by ZIP Code (2010-2023)**



Source: First 5 CCD database for July 1, 2010 – June 30, 2023.
Note: Includes adults from any program where ZIP codes were collected (L2-Indiv, L2-Seminar, L3-Workshop, L3-Brief Group, L3-Individual, L4-Group, L4-Standard, L5-Family Transitions, L5-Lifestyle, Triple P Online). Only adults with known ZIP codes are included in this analysis.
* Adults with Post Office mailing addresses in these areas were included in the area totals.

Figure 33: Number of County Adults who received Triple P services, by ZIP Code (2010-2023)

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	150	4.6%
Ben Lomond	95005	67	2.0%
Boulder Creek	95006	93	2.8%
Brookdale	95007	12	0.4%
Capitola	95010	62	1.9%
Davenport	95017	1	0.0%
Felton	95018	76	2.3%
Freedom	95019	156	4.7%

AREA	ZIP CODE	CHILDREN SERVED	
		NUMBER	PERCENTAGE
Mt. Hermon	95041	2	0.1%
Santa Cruz*	95060	447	13.6%
Santa Cruz (Live Oak)*	95062	288	8.7%
Santa Cruz	95064	9	0.3%
Santa Cruz	95065	47	1.4%
Scotts Valley*	95066	126	3.8%
Soquel	95073	63	1.9%
Watsonville*	95076	1696	51.5%
Total	-	3,295	100%

Source: First 5 CCD database for July 1, 2010 – June 30, 2023.

Note: Includes adults from any program where ZIP codes were collected (L2-Indiv, L2-Seminar, L3-Workshop, L3-Brief Group, L3-Individual, L4-Group, L4-Standard, L5-Family Transitions, L5-Lifestyle, Triple P Online). Only adults with known ZIP codes are included in this analysis.

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

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.

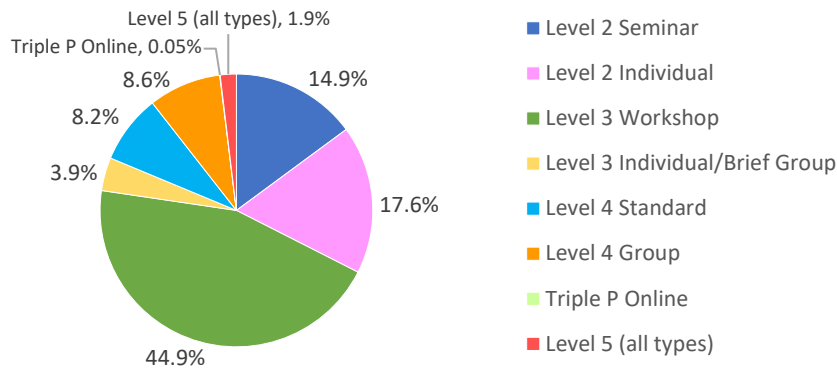
In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in FY 2020-21, 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 E 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 34: Percentage of participants in each level of Triple P (2010-2023)



Source: First 5, Triple P Master Client Data Collection Template, 2010-2023.

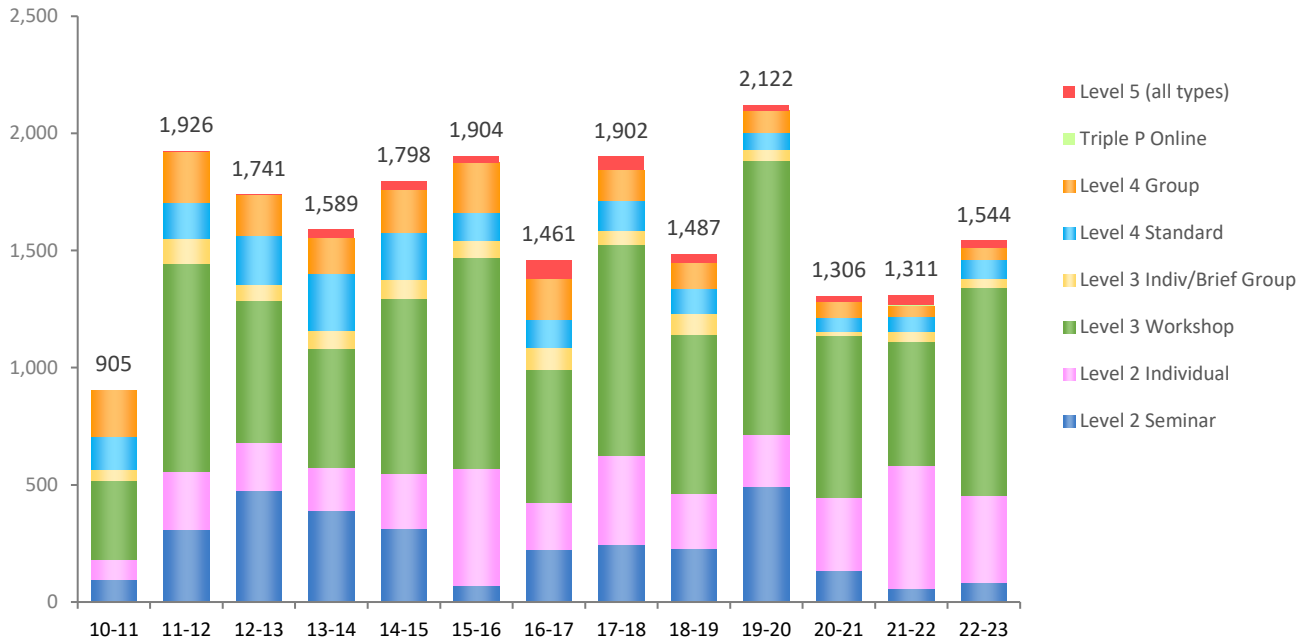
Notes:

- 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=20,996 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 35: Number of participants in each level of Triple P, by Fiscal Year



Source: First 5, Triple P Master Client Data Collection Template, 2010-2023.

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 2023, the Santa Cruz County Board of Supervisors proclaimed January as Positive Parenting Awareness Month (PPAM) for the 11th 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 2023 also marked the 4th year that the State Assembly and Senate passed a resolution declaring January as Positive Parenting Awareness Month throughout California. First 5’s Triple P Coordinator co-led this statewide effort with Triple P America and a coalition of other Triple P coordinators throughout the state.

Data indicate that the local social marketing campaign is an effective way to reach and engage families in Triple P services, and that they are highly satisfied after receiving services.

- **Accessibility of information.** Families are responding to Triple P messages in the media and online. They are using First 5’s website to register for parenting classes and requesting assistance with accessing Triple P services through the centralized “warmline,” Facebook, and the Triple P email address.
- **Encouragement to participate.** Since the beginning of the Triple P program, almost 17,000 parents and over 32,000 children have benefitted 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

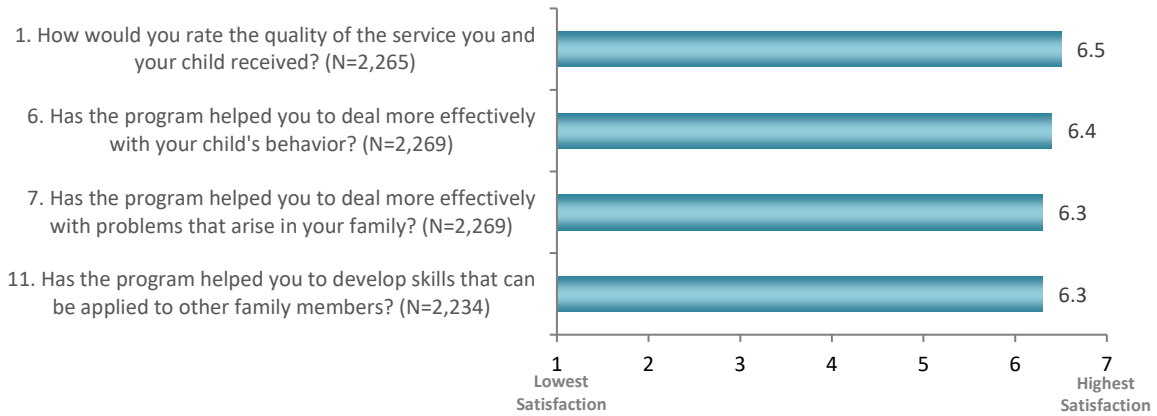
	THIS FUNDING CYCLE 2022-2023	CUMULATIVE TOTALS 2010-2023
Parents/Guardians	968	16,865
Children (<i>all ages</i>)	1,744	32,383

Source: First 5, Triple P Master Client Data Collection Template, 2010-2023.

Note: These totals include clients who may have participated in more than one Triple P service.

- **Satisfaction with services.** On average, parents rated the quality of services very high, strongly agreeing that they were dealing more effectively with problems in their family, and were able to apply the skills they learned to other family members.

Parents’ Satisfaction with Various Aspects of the Triple P Program (2010-2023)



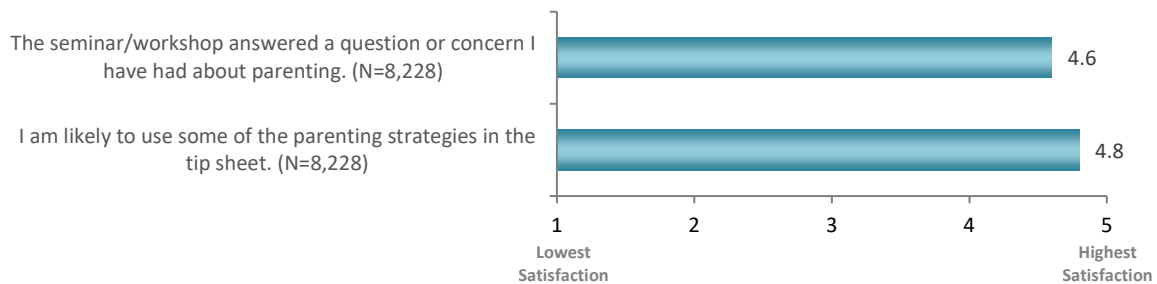
Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2023.

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 (2010-2023)



Source: Triple P data from the *Seminar/Workshop Satisfaction Survey*, Jan. 2010 - June 2023.

Note: This analysis does not include clients participating in the Inmate Programs workshops (who are studied in a separate section, below).

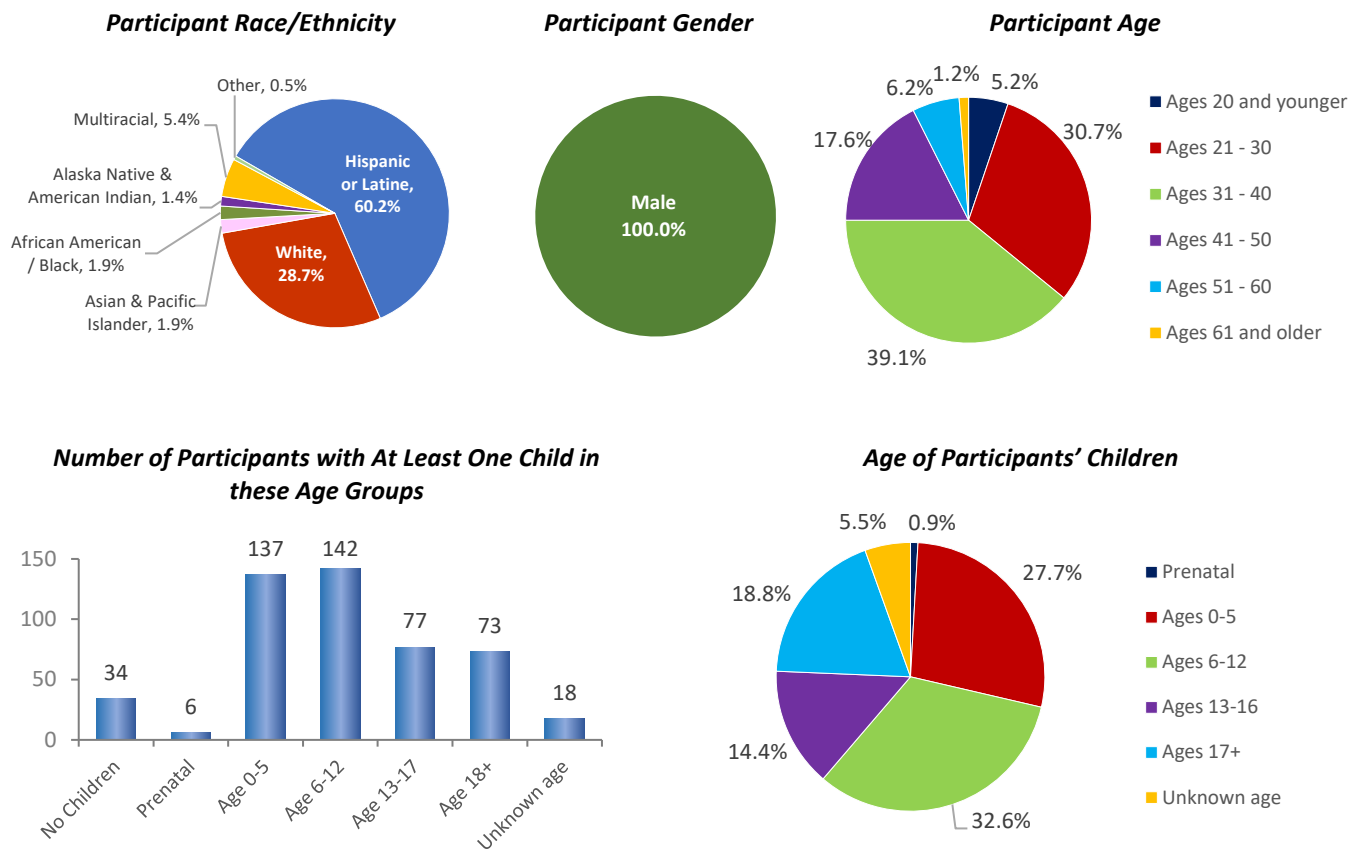
- **Inmate Programs: Workshop series at local correctional facilities.** Triple P practitioners from Community Bridges continued to provide concurrent 12-week workshop series (in English only) at the Rountree facility and Rehabilitation and Reentry facility in Watsonville. In FY 2022-23, the end of the pandemic allowed facilities to again provide all lessons in-person.
- **Participant details.** Between 2018-2023,
 - A total of 439 participants attended at least one workshop.
 - All participants were male.
 - Of the participants with a known race/ethnicity, the majority were Hispanic or Latine (60%) or White (29%).
 - Participants ranged in age from 16 to 66, and most (70%) were between the ages of 21 – 40.
 - Of the participants who provided their parental status, 76% had at least one child between ages 0-12.

What was the most useful thing you learned in today's workshop?

“How and what I can do to make my children feel they can trust me, and can tell me what they're going through and feeling.”

- Participant response to the Triple P Inmate Programs Satisfaction Survey

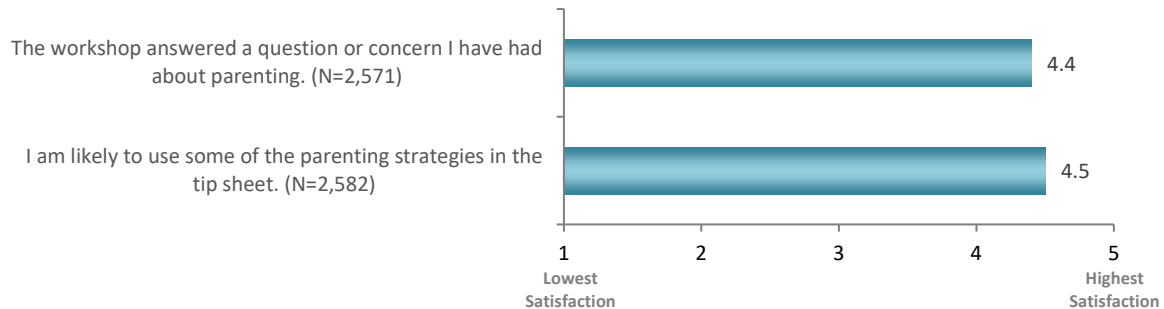
Inmate Programs Workshops: Participant Demographics (2018-2023)



Source: First 5 CCD database for July 1, 2018 – June 30, 2023.
 N: (Ethnicity)=369; (Gender)=439; (Participant age)=404; participant ages are calculated as of the first fiscal year that they attended, no matter how many years they continued to participate; (Participants with child in age group)=321 participants with 674 children; (Child ages)=674.

- **High satisfaction.** On the Satisfaction Survey, participants strongly agreed that the Inmate Programs workshops had answered a question they had about parenting, and that they were likely to use the strategies they’d learned in the workshop.

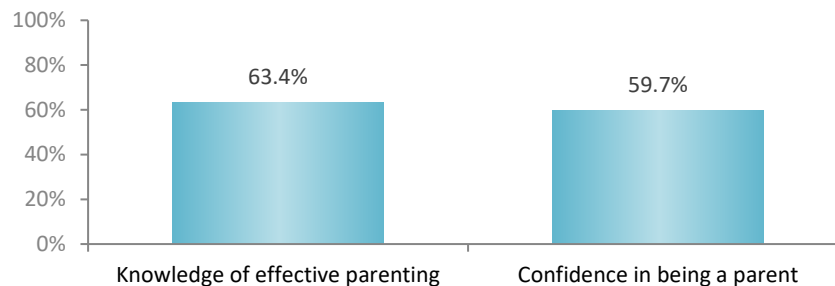
Inmate Programs Workshops: Satisfaction Survey (2018-2023)



Source: Triple P data from the *Inmate Programs Workshop Satisfaction Survey, 2018-2023*.
Note: Many participants took part in multiple workshops, and completed a Satisfaction Survey each time.

- **Effective parenting.** Results from the evaluation sets for each year have been combined, and results indicate that participants are demonstrating knowledge of effective parenting and have more confidence in being a parent.

***Inmate Programs Workshops:
Percentage of Participants Who Demonstrated Improvement in Key Parenting Issues (2018-2023)***



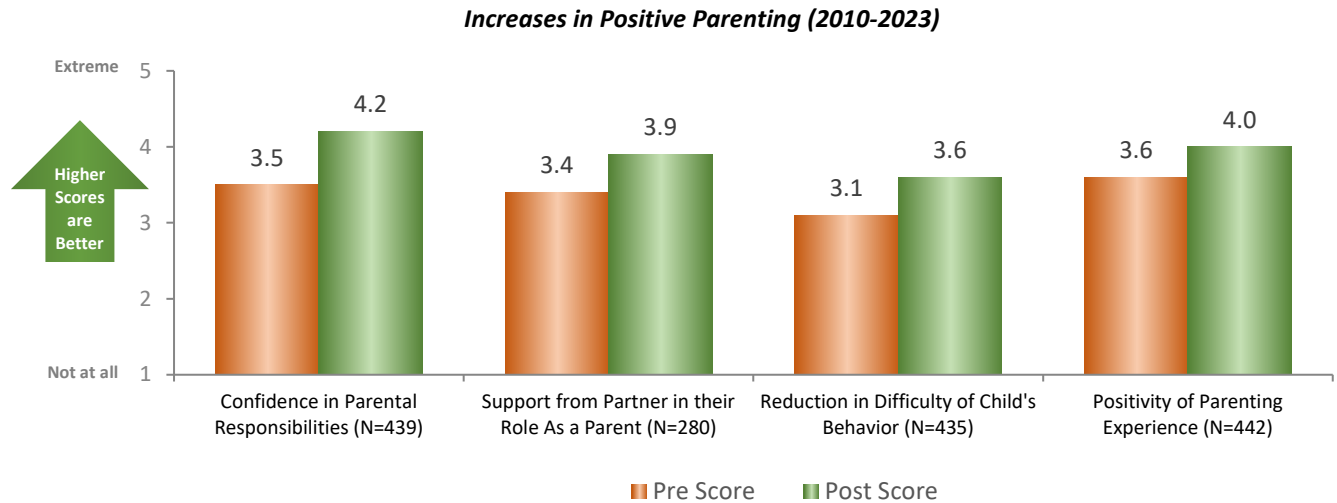
Source: (Knowledge) Triple P assessment results, *Knowledge of Effective Parenting Scale (KEPS)*, and *Parent Knowledge Questionnaire*; (Confidence) Triple P assessment results, *Parenting Experience Survey, Question 3, 2018-23*.
N: Knowledge=175, Confidence=124.

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 2023.

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.

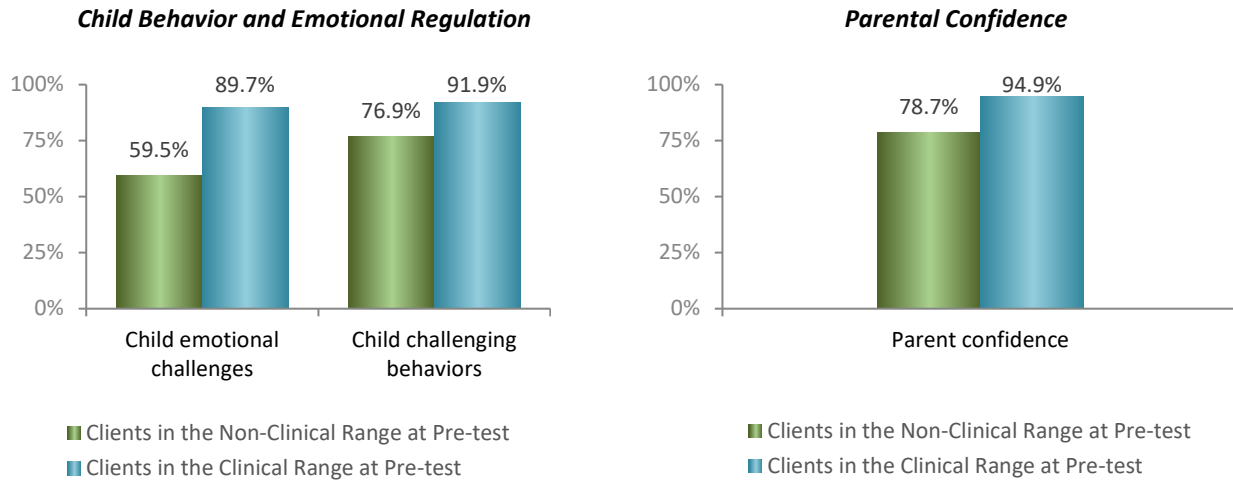
Level 4: Standard & Group

Through more intensive services, families are receiving in-depth support for moderate to severe behavioral and emotional difficulties.²³

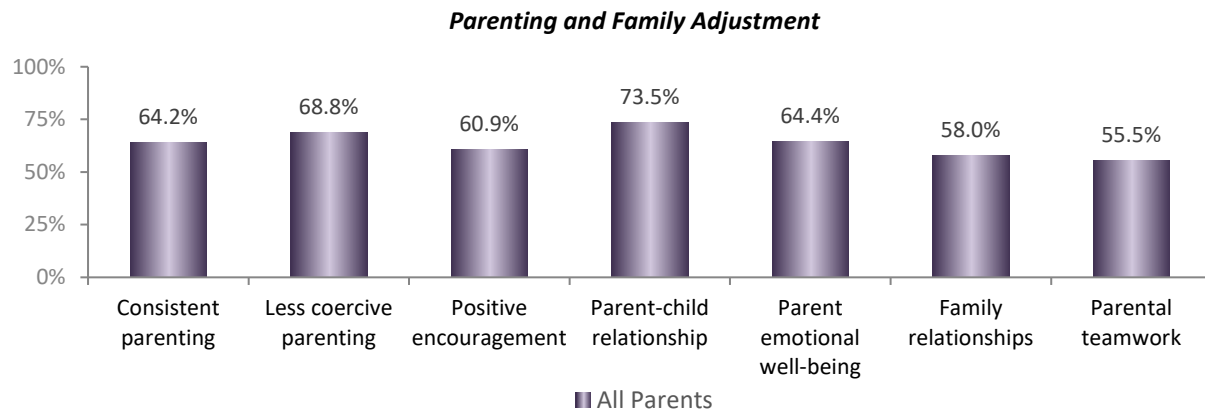
- **Intensive services may have a stronger impact on parents who begin the program experiencing more serious parenting issues.** First 5's evaluation results have consistently shown that:
 - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting domains. Parents reported improvements in child emotional and behavior regulation, parental confidence, parental emotional well-being and family relationships, and increased use of positive parenting styles.
 - Parents whose pre-assessment scores were high enough to be in a "Clinical Range of Concern" were *even more likely* to show improvement by the end of the program, suggesting that Triple P was effective for parents who were experiencing more serious parenting issues.
 - The majority of parents who began the program in a "Clinical Range of Concern" had moved out of the range of concern by the end of the program.

²³ These Level 4 analyses include clients who participated in Level 4 Standard and Group services (including those who afterwards additionally participated in Level 5 Pathways or Level 5 Enhanced). They do not include clients who only participated in Level 5 Family Transitions or Level 5 Lifestyle as those are standalone programs that incorporate the Level 4 topics within them, so these clients are NOT considered as also having participated in a separate Level 4 program.

Percentage of Parents Who Demonstrated Improvement in Key Parenting Issues (2018-2023)

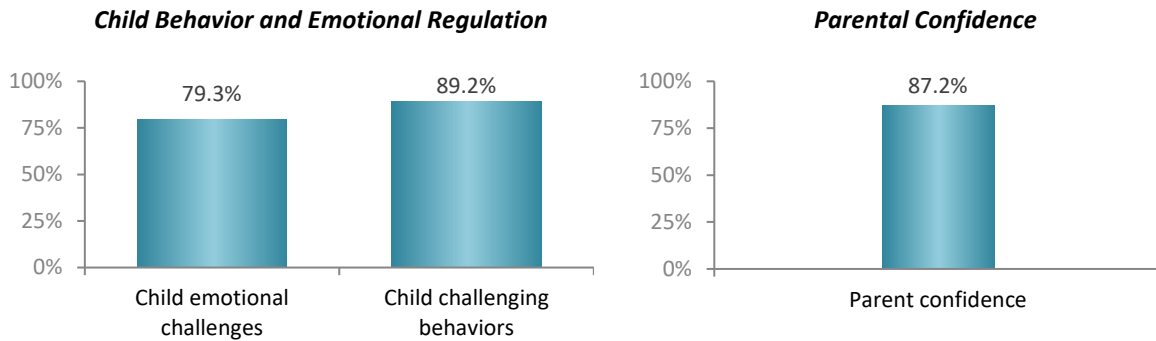


Source: Triple P assessment results, July 2018 - June 2023. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
 N: (Emotional challenges) Non-Clinical=262, Clinical=29; (Challenging behaviors) Non-Clinical =294, Clinical=37; (Confidence subscales) Non-Clinical =272, Clinical=39.



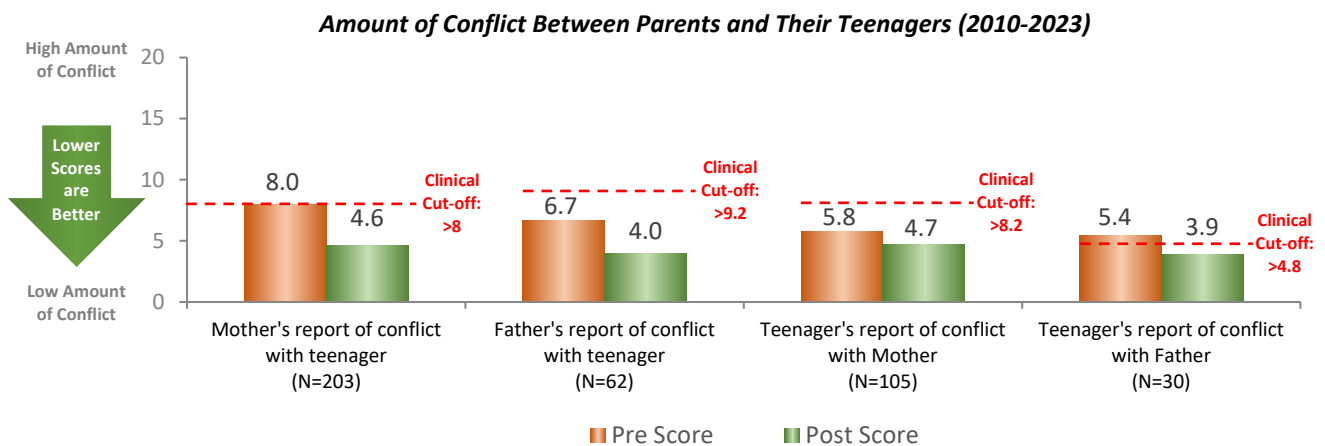
Source: Triple P assessment results, July 2018 - June 2023. *Parenting and Family Adjustment Scales (PAFAS)* subscales.
 Note: There is no clinical cut-off for the PAFAS scores, so there is no "Clinical Range at Pre-test" sub-population to analyze for this assessment.
 N: (Consistent parenting)=363; (Coercive parenting)=333; (Positive encouragement)=320; (Parent-child relationship)=223; (Parent emotional well-being)=354; (Family relationships)=324; (Parental teamwork)=220.

Percentage of Parents Who Moved Out of the “Clinical Range” of Concern in Key Parenting Issues (2018-2023)



Source: Triple P assessment results, July 2018 - June 2023. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales. N: (Emotional challenges)=29; (Challenging behaviors)=37; (Confidence subscales)=39.

- **Parents in Teen Triple P report decreased amount 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. Both parents 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.

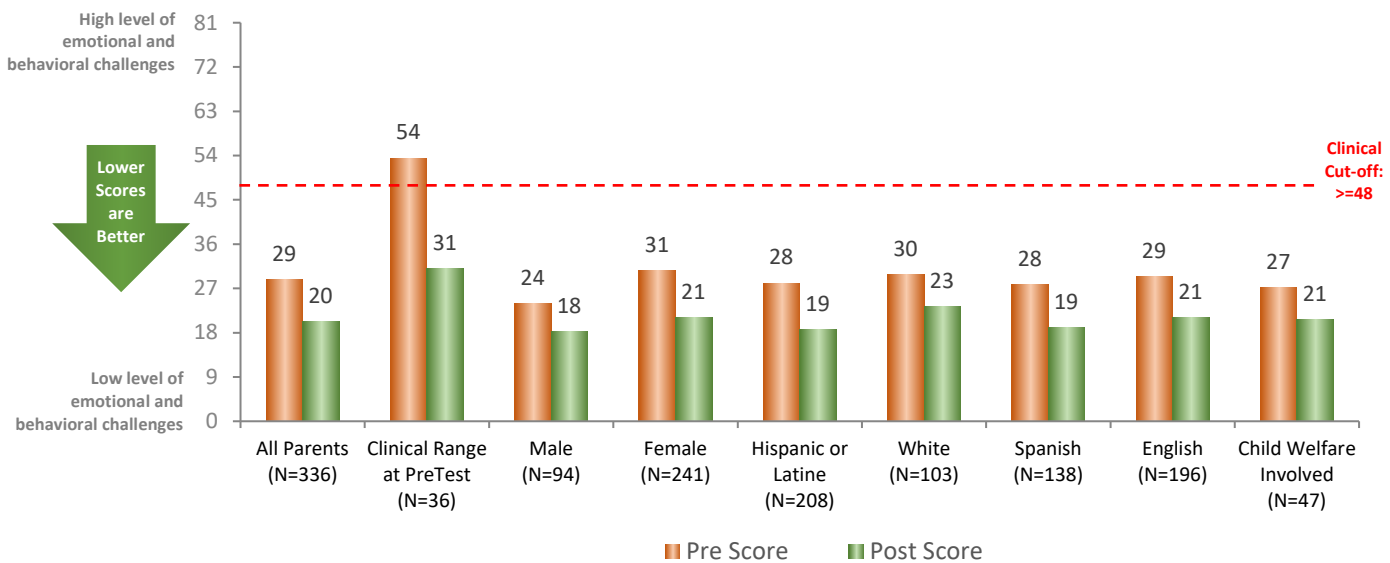


Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2023.

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 reported that their child had fewer emotional and behavioral challenges by the end of services. The amount of improvement was highest for parents who had scores in the Clinical Range of Concern at the beginning of their services, and was also high in the Female and Hispanic or Latine sub-populations.
 - In addition, All Parents and all sub-populations experienced a moderate to large magnitude of change, indicating that these observed differences were not only statistically *significant* but also *meaningful*.

Child Emotional and Behavioral Challenges (2018-2023)

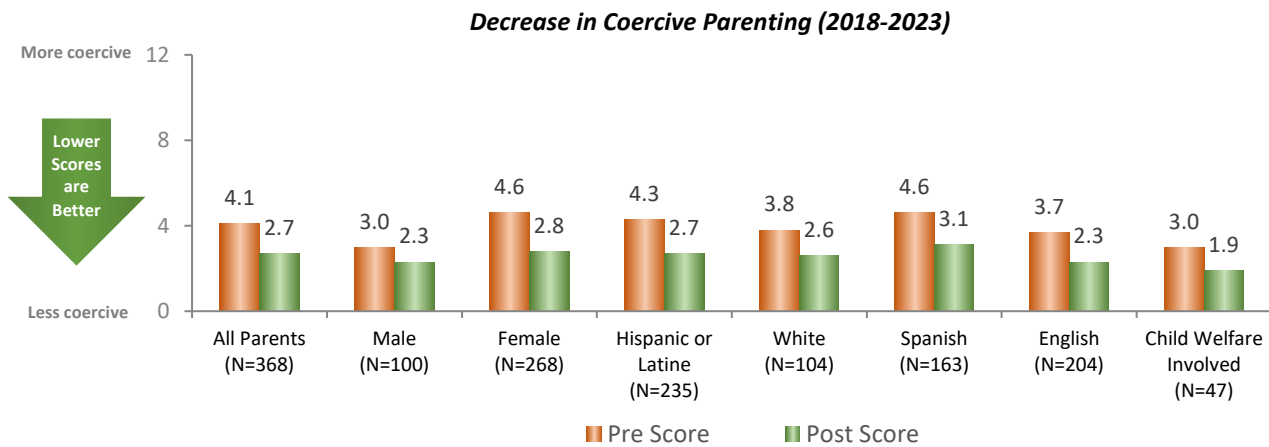
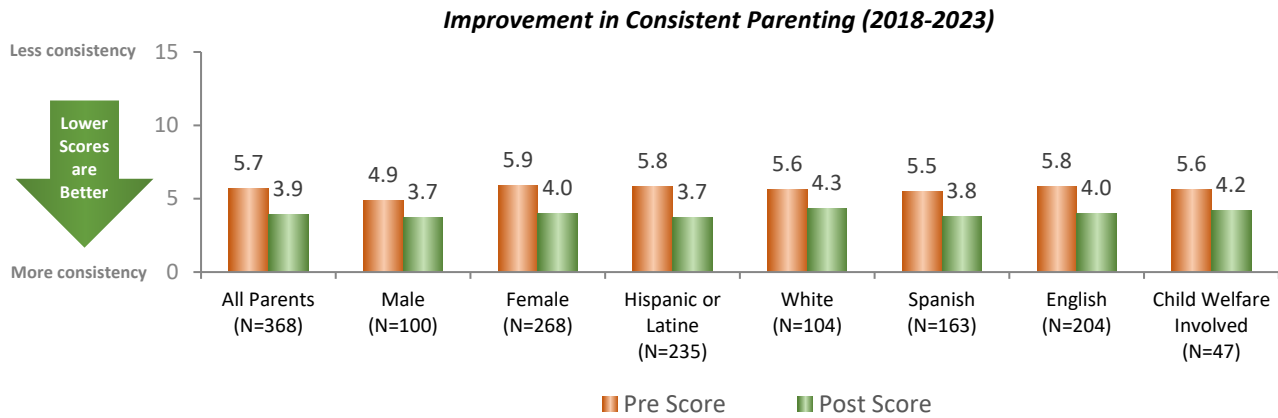


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity subscale*, July 2018 – June 2023.

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 improvements in **coercive parenting**, All Parents and most sub-populations (Female, Hispanic or Latine, White, primarily Spanish-speakers, primarily English-speakers) also experienced a moderate to large magnitude of change.

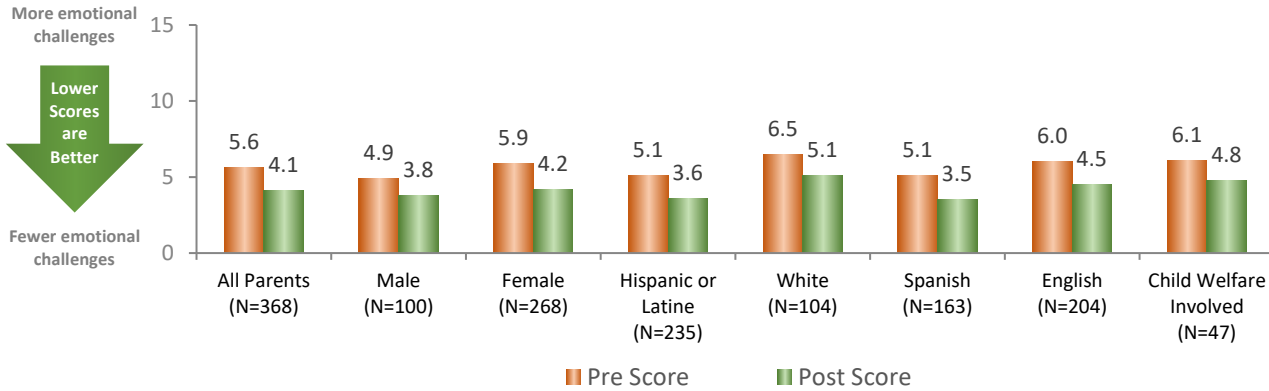


Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Subscales, July 2018 - June 2023.
 Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at "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.

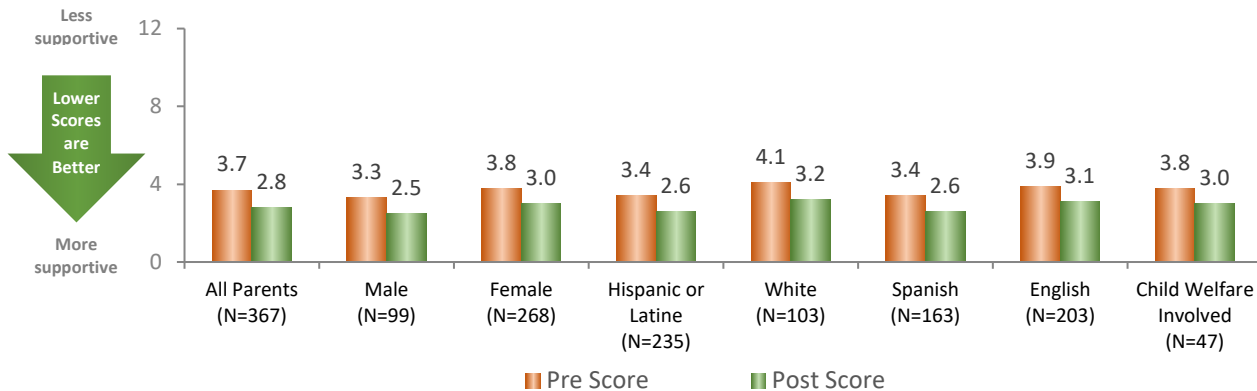
- **Improvements in parental emotional well-being and family relationships.** On average, parents reported significant improvements in their emotional well-being and significantly fewer relationship issues that were problems after participating in the program.
 - On average, All Parents and all sub-populations reported **significantly fewer emotional challenges**. All Parents and almost all sub-populations (Female, Hispanic or Latine, White, 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 Female, Hispanic or Latine, or primarily Spanish-speakers also experienced a moderate magnitude of change, indicating that their observed differences were not only *statistically significant* but also *meaningful*.

Parental Emotional Well-being (2018-2023)



Family Relationships (2018-2023)

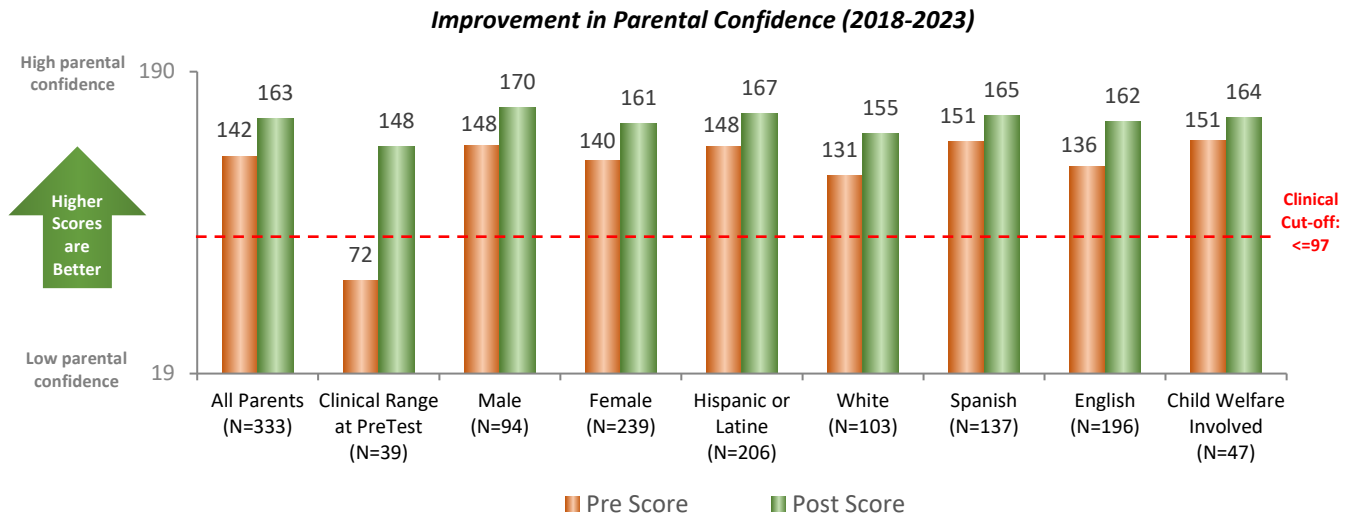


Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being and Family Relationships subscales, July 2018 - June 2023.

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.** There were *significant* improvements in parents’ confidence (All Parents and most sub-populations) through the course of the Triple P program. Although not yet statistically significant, parents with child welfare cases also demonstrated improvement.
 - 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.

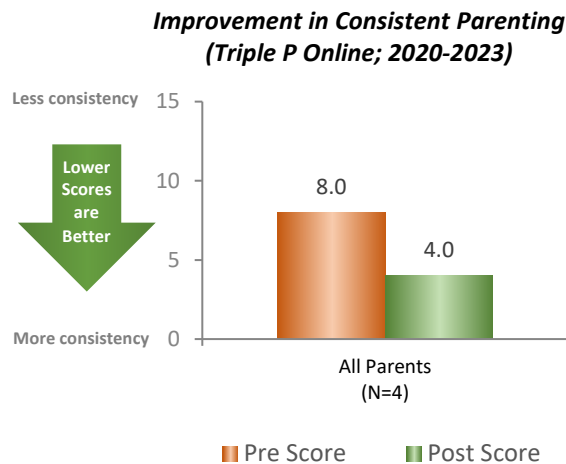
- The amount of improvement and magnitude of change was particularly substantial for parents who had scores in the Clinical Range of Concern at the beginning of their services.



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Parent Confidence* subscale, July 2018 – June 2023.
 Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of confidence at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Triple P Online.** This program is a 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 relatively new program is small, preliminary results are already showing 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 and Coercive Subscales, July 2020 - June 2023.
 Note: 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.

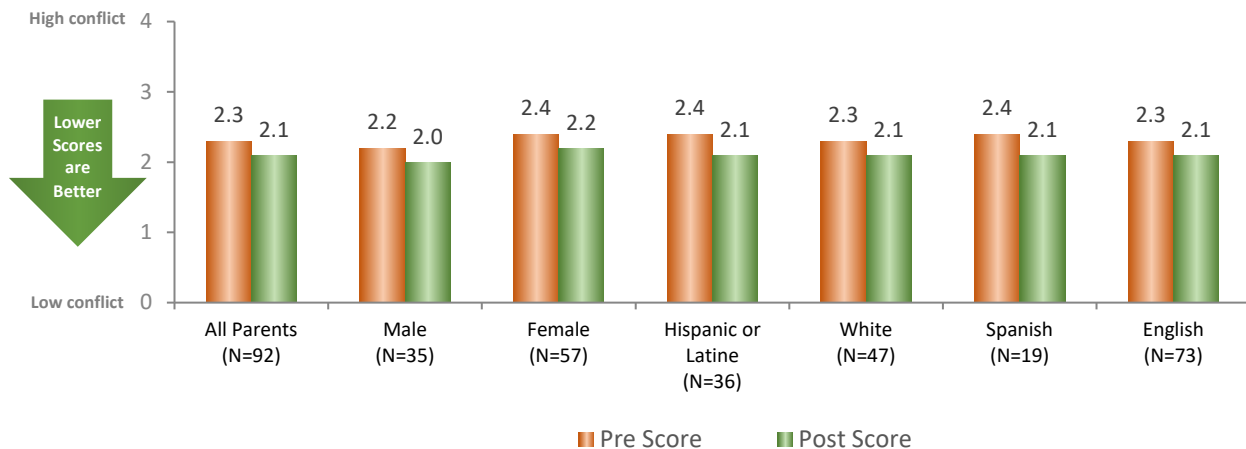
Level 5: Enhanced, Pathways, Family Transitions, and Lifestyle

Level 5 offers additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties (Level 5 Enhanced), there is risk for child maltreatment due to parents’ difficulties with anger management or negative beliefs about their children’s behaviors (Level 5 Pathways), parents are divorced, separated, or navigating a co-parenting relationship (Level 5 Family Transitions), or parents of children who are overweight or obese (Level 5 Lifestyle).²⁴

The following results demonstrate the considerable improvement in parents’ ability to manage anger, decrease co-parental conflict, and increase healthy eating and activity as a family. As participation increases, additional analyses of the impact of these specialized programs on parents’ confidence and competence in raising children, and on the quality of parent-child relationships, will become available.

- **Reduced levels of conflict between divorced/separated parents.** After participation in Level 5 Family Transitions, All Parents and all sub-populations reported small—yet *statistically significant*—decreases in the level of conflict with their divorced or separated partner or co-parent.
 - In addition, All Parents and the Male, Female, Hispanic or Latine subpopulations also experienced a moderate magnitude of change, indicating that their improvement was not only statistically *significant* but also *meaningful*.

**Level of Co-Parental Conflict Between Divorced or Separated Parents
(L5 Family Transitions: 2013-2023)**



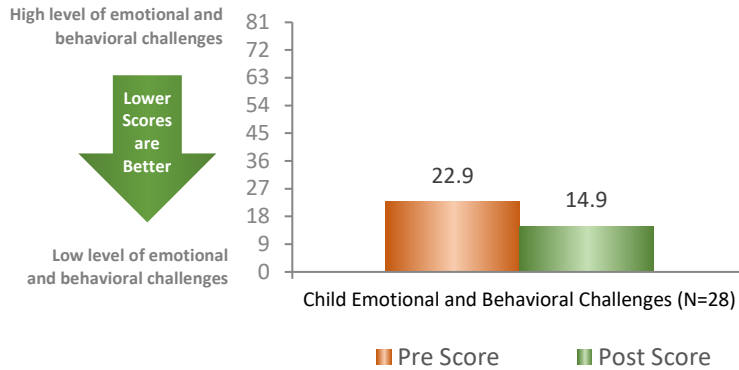
Source: Triple P data from the *Acrimony Scale*, 2013-2023

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.

²⁴ Level 5 Pathways or Level 5 Enhanced are programs that are designed to be provided after having completing a Level 4 Standard and Group service; Level 5 Family Transitions or Level 5 Lifestyle are standalone programs that don’t require any previous Triple P services.

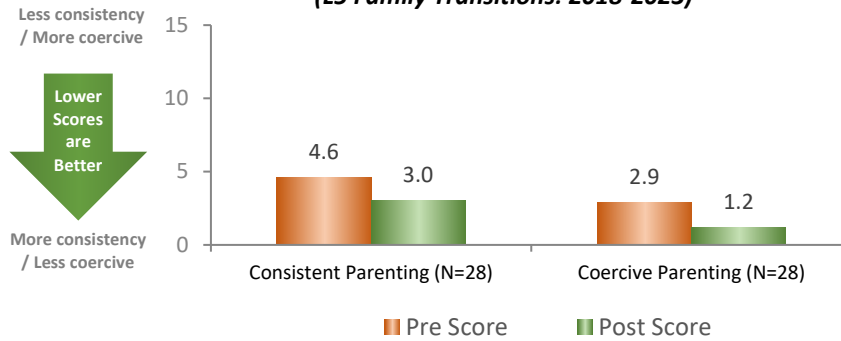
- Improvements in key parenting domains between divorced/separated parents and co-parents.**
 After participation in Level 5 Family Transitions, parents also reported small—yet also *statistically significant*—improvements in child emotional and behavior regulation, parental confidence, parental emotional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

**Improvement in child emotional and behavioral challenges
(L5 Family Transitions: 2018-2023)**



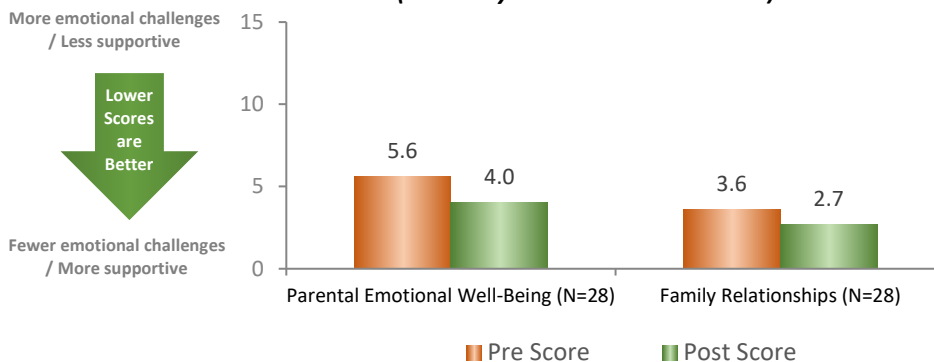
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Total Intensity* subscale, July 2018 – June 2023.

**Improvement in positive parenting styles
(L5 Family Transitions: 2018-2023)**



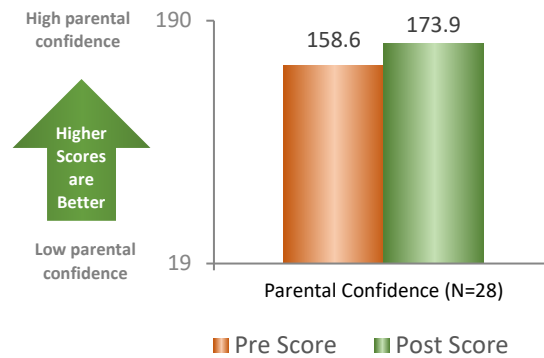
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Subscales, July 2018 - June 2023.

**Improvement in parental emotional well-being and family relationships
(L5 Family Transitions: 2018-2023)**



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*: Emotional Well-being and Family Relationships subscales, July 2018 - June 2023.

**Improvement in parental confidence
(L5 Family Transitions: 2018-2023)**



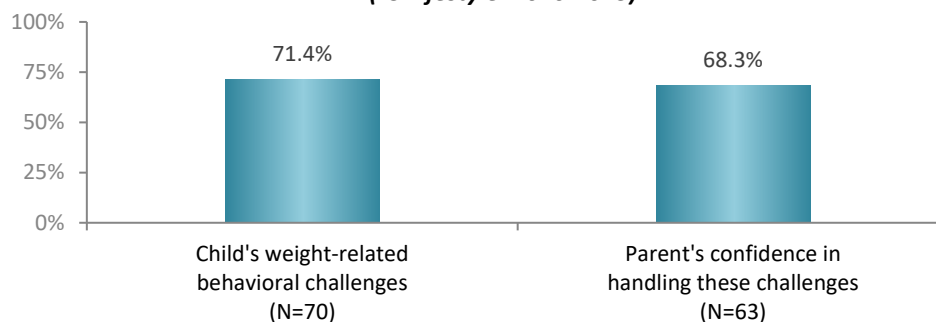
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2023.

Note: For all analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of difficulties at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improvements in family nutrition and physically active lifestyles.** Level 5 Lifestyle teaches parents how to make healthy food choices as a family, increase children’s physical activity, and use positive parenting strategies to make gradual, permanent changes in the whole family’s health habits. First 5 Santa Cruz County successfully launched Level 5 Lifestyle in the Pajaro Valley in 2016, making Santa Cruz County one of the first communities in California to implement this specialized Triple P program. The Central California Alliance for Health (Alliance) piloted Lifestyle Triple P beginning in 2016, with positive results. In 2021, the Alliance fully integrated Lifestyle Triple P into its Healthy Weight for Life program for Medi-Cal members in Santa Cruz, Monterey, and Merced counties.

 - Between 2016-2023 in Santa Cruz County, the majority of parents participating in Level 5 Lifestyle (71%) reported improvements in their child’s weight-related behavioral challenges, and 68% of parents reported increased confidence in handling these challenges. On average, there was a *significant* amount of improvement in both of these areas by the end of the program.

**Percentage of parents reporting improvements in these areas
(L5 Lifestyle: 2016-2023)**

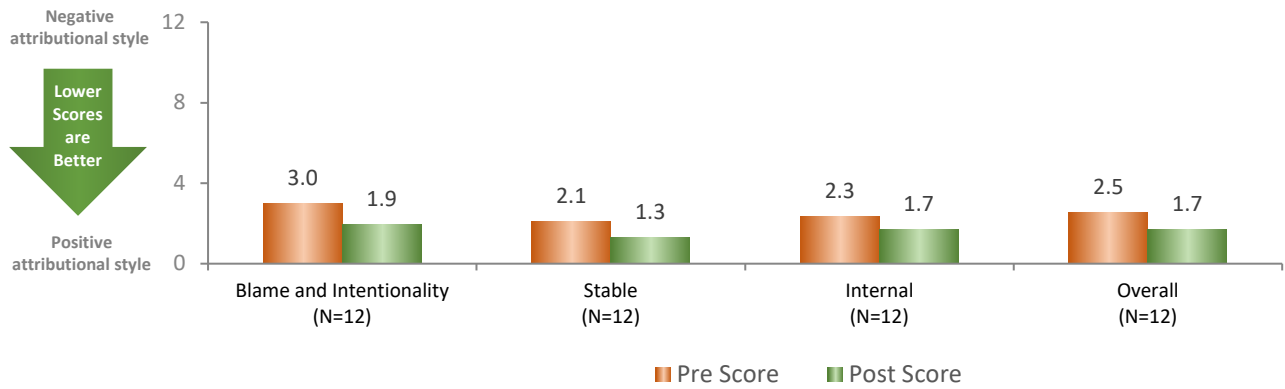


Source: Triple P data from the *Lifestyle Behavior Checklist*, 2016-2023.

Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of behavioral challenges at “Pre,” or the highest amount of confidence at “Pre,” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

- **Improved anger management.** Level 5 Pathways helps parents learn how to handle anger or other difficult emotions, and to better understand the reasons for their children’s behavior.
 - Results show that parents who complete the program make statistically significant improvements in their anger management, and consequently respond more positively in their understanding of their children’s behavior.
 - These results are particularly noteworthy considering the small number of parents who have participated in this program so far.

**Parents attributions for children’s behaviors
(L5 Pathways: 2013-2022)**



Source: Triple P data from the *Parents Attributions for Child’s Behavior Measure*, Jan. 2013 - June 2022.

Notes:

- For the analyses of the amount of improvement, participants whose assessment scores already reflect the most positive attributional style at “Pre” are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
- No new clients completed a *Parents Attributions for Child’s Behavior Measure* assessment in FY 2022-23.

Families Together

Program Description

Families Together provides an alternative, voluntary and prevention-focused way for Santa Cruz County to respond to reports of abuse and neglect received by Family and Children’s Services (FCS). Of all the referrals to the child welfare screening unit, only about 8% meet the necessary criteria to receive services from FCS. However, many of the families that don’t qualify for services from FCS still have needs and circumstances that place them at risk for future incidents of child abuse and neglect. By assisting these families, Santa Cruz County can intervene early, before family difficulties escalate to the point of maltreatment, in order to increase child safety, engage families in decision-making, and support healthy child development.

Encompass Community Services is the lead agency for Families Together. Other partners, such as First 5 Santa Cruz County, Behavioral Health Services, Family and Children’s Services, and CalWORKS also play critical contractual roles in the program.

Most families are referred through the Child Welfare System, but they participate in Families Together voluntarily. Beginning in 2012-13, Families Together also began accepting a limited number of “community-referred” families (e.g., through Head Start, Early Head Start, or public health nurses) when space allowed.

Families Together’s home visiting program includes comprehensive intake and risk assessment, development of a tailored case plan, parent support and education, child development activities, and periodic assessments. Using a strengths-based approach, participating families are encouraged to identify goals and objectives that will support healthy family relationships, child health and safety, positive parenting, family literacy and school readiness.

One client’s story

“Allison” was referred to Families Together due to domestic violence between herself and her partner. Allison is a mother of four, with children ranging from ages 3 to 19. The children in the home would often witness the abuse of their mother. Allison reported she was overwhelmed with parenting and wished she could do more with her children.

Since starting services with Families Together, Allison is no longer engaged with her partner and he has moved out. She meets with her clinician weekly, who provides her with strategies on how to parent her young adult child, her teenagers, and a toddler who is on the autism spectrum.

Allison was also provided with education about Autism Spectrum Disorder, which has helped her understand her child’s behavior better, and was provided with a safe toddler table to help the child build skills. Families Together was able to provide yearly family passes to Gilroy Gardens, which not only helps build the relationship between Allison and her three year old, but also promotes prosocial behavior.

Allison reports that she is much more confident in her parenting, and is not as overwhelmed with parenting a child who is on the autism spectrum. She feels empowered in her parenting and more prepared for the day-to-day struggles of raising all of her children.

- Families Together, Annual Progress Report

Population Served

	Families Together Pathway*				“Pathways” Subtotal ¹ <i>All Pathways</i>	“Triple P-only” Subtotal ² <i>Additional clients who received Triple P services</i>	2022-2023 Total <i>Pathways + Triple P-only</i>
	Brief	Intensive	Pending	Exited early			
Parents/Guardians	28	16	3	1	48 <i>(with children ages 0-5)</i>	24 <i>(with children of all ages)</i>	72
Children	42	20	1	3	<i>(ages 0-5)</i> 66	<i>(ages 0-5)</i> 2 <i>(ages 6+)</i> 5 <i>(unknown age)</i> 32	<i>(ages 0-5)</i> 68 <i>(ages 6+)</i> 5 <i>(unknown age)</i> 32

Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

* The risk assessment results 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.

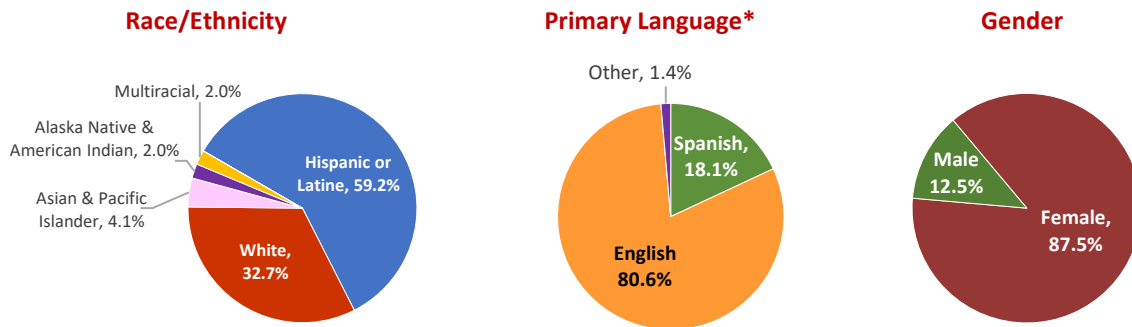
¹ The “Pathways Subtotal” reports the number of Families Together clients who are primary caregivers and who have a child under 6 years old, who worked within one of the Pathways and may also have received Triple P services.

² The “Triple P-only Subtotal” reports Families Together clients who received Triple P services, but who don’t fall into the “Pathways Subtotal” for various reasons, such as:

- The client participating in Triple P is a “secondary caregiver.”
- The client participating in Triple P is a primary caregiver with no child under age 6 (Triple P is one of the only funded partners that reports the number of children ages 6+ who received services).
- The client participating in Triple P is a family member or friend of a Families Together client.
- The client participating in Triple P is a primary caregiver from a previous fiscal year who only received Triple P services during the current fiscal year.

Note: Many “Triple P-only” children are of unknown age, as their parents participated in a brief level of Triple P where children’s ages are not collected.

Figure 36: Demographics of Parents/Guardians participating in Families Together (2022-23)

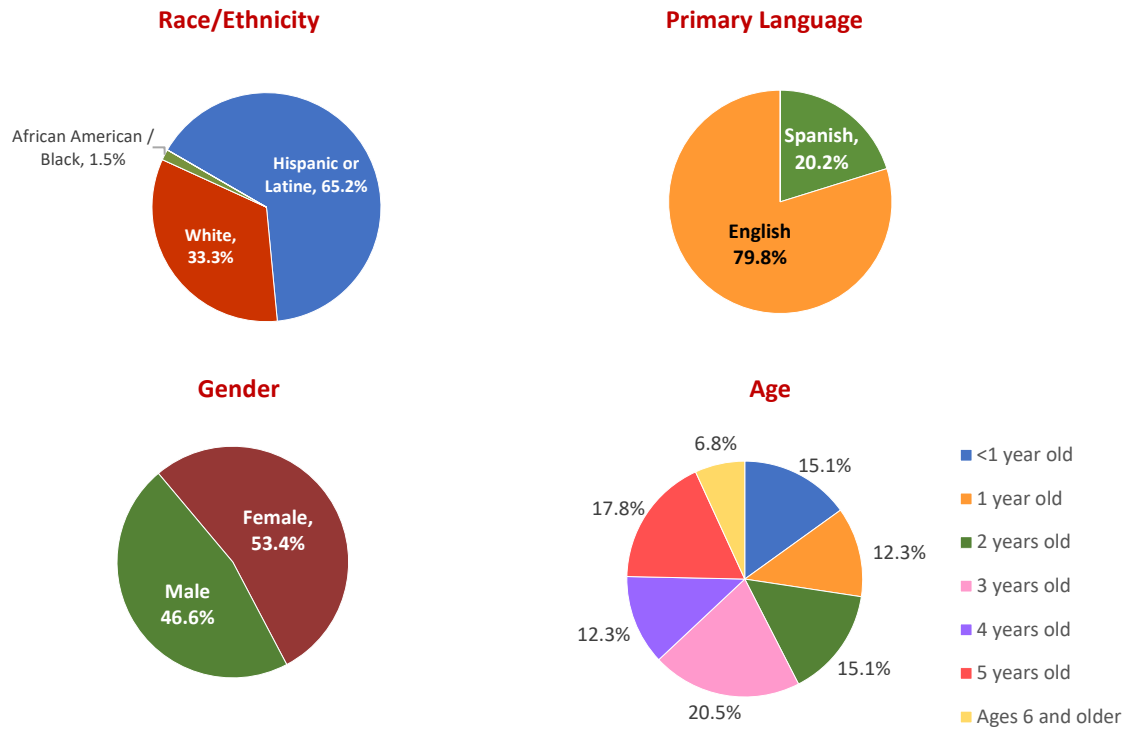


Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

* “Other” language options include Bilingual-Other, or Other language.

N: (Race)=49; (Language)=72; (Gender)=72.

Figure 37: Demographics of Children benefitting from Families Together (2022-23)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.
Note: Includes all children with known ages.
N: (Ethnicity)=66; (Language)=104; (Gender)=73; (Age)=73.

Additional clients referred: In addition to the services funded by First 5 that are described in this section, Families Together received 38 referrals for service from CalWORKs in FY 2022-23 (see table below) that were a result of the county-wide Thrive by 5 initiative that First 5 serves as the backbone agency for in partnership with the County of Santa Cruz’s Human Services Department and Health Services Agency. For more information on Thrive by 5 see the “Equitable and Sustainable Early Childhood Systems” section later in this report.

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

Measurable Objectives	2022-2023
Accept referrals for at least 130 families per year who will be referred from Family and Children’s Services (FCS) to Families Together. Referrals will also be accepted from other community sources, and at any given time, up to 15 families referred from the community will be offered services. FCS families will receive priority and community referrals will be monitored and reviewed prior to the provision of Families Together services.	<ul style="list-style-type: none"> • 140 FCS referrals <ul style="list-style-type: none"> ○ 64 families with children ages 0-5 ○ 76 families with children ages 6-17 • 3 Community Referrals • 38 CalWORKs Welfare-To-Work referrals 181 referrals from all sources

Measurable Objectives	2022-2023
<p>Of families who agree to a referral to Families Together, 50% will connect with a clinician for an initial meeting.</p> <p>Note: For this analysis, only families with children ages 0-5 referred by FCS are included.</p>	<ul style="list-style-type: none"> 53.1% of families with children 0-5 referred by FCS accepted an initial meeting N=64
<p>At least 90 primary caregivers per year will receive from Families Together individualized services emphasizing child development, safety, and parent-child relationships.</p> <p>Note: This analysis includes all caregivers with children ages 0-5—and caregivers with children of any age who participated in a Triple P service—who received a service this fiscal year and were referred to Families Together via any First 5-funded pathway.</p>	<ul style="list-style-type: none"> 48 primary caregivers with children ages 0-5 received services this fiscal year 24 additional clients received only Triple P services. <p>Note: These “Triple P-only” clients were either a “secondary caregiver,” a primary caregiver with no child under age 6, a family member or friend of a Families Together client, or a primary caregiver from a previous fiscal year who only received Triple P services during the current fiscal year.</p>

Source: (Referrals and meetings) Families Together *Annual Progress Report*; (Number of clients receiving services) First 5 Apricot and Triple P databases, 2023.

Outcome Objective: Families demonstrate decreased levels of risk

In Families Together, risk assessment serves a variety of purposes. Every family participating in Families Together is given a baseline risk assessment at the beginning of their services, and reassessments are administered in 6-month intervals (or at closing, if the case is open for less than 6 months). The assessments help staff link parents with the appropriate service pathways, such as brief or intensive services. Follow-up assessments help assess whether risk has been reduced.

Measurable Objective	2022-2023
<p>70% of primary caregivers who participate in Families Together will demonstrate decreased risk based on their final assessment.</p>	<p>65.5%</p> <p>N=58</p>

Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST)* data, 2022-23.

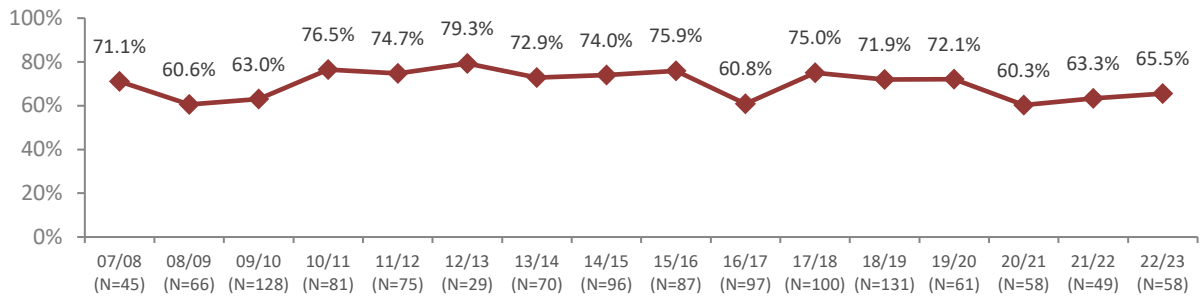
Notes:

- 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.

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 2022-23, 66% of parents were found to have lower levels of risk at their final reassessment than at baseline.
- Although there was a dip in percentage of clients who showed decreased risk during the COVID-19 pandemic (which may have reflected the impact of living with the coronavirus pandemic), since then the percentage of participants showing decreased risk of child maltreatment has been rising.

Figure 38: Percentage of Families Together participants who showed decreased risk of child maltreatment (2007 - 2023)



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

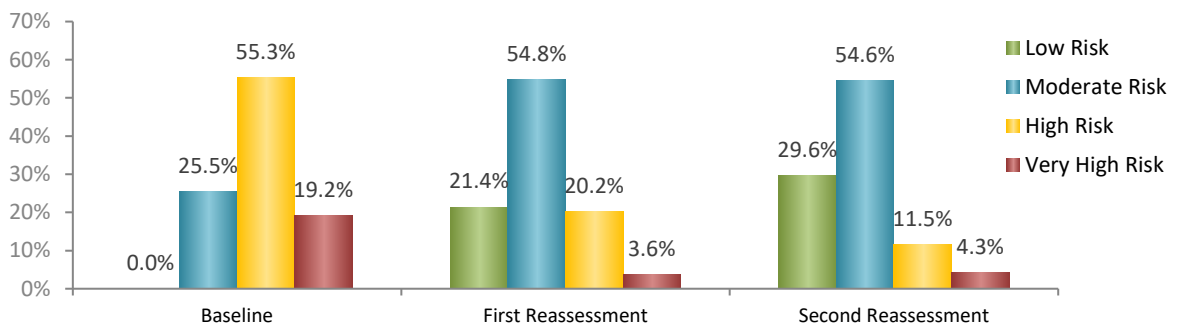
Notes:

- 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.
- Clients who had at least one reassessment given during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this 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.

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, the same set of families are analyzed at each assessment period (at baseline, 1st reassessment, and 2nd reassessment). Several years of data have been aggregated in order to present a more robust portrait of the extent to which Families Together participants are reducing their risk for future involvement with the child welfare system.

- Results indicate that the program is helping families reduce their level of risk. Of all the families that completed three assessments between 2007-2023, **75%** 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 39: Change in families’ risk levels during participation in the Families Together Program (2007 - 2023)



Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool (SDM:FPSST)* data, 2007-2023.

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.
- 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.
- The same set of families is analyzed at each assessment period.

N = 416.

Additional analyses by First 5 Santa Cruz County in past years have confirmed that the improved levels of risk by the 1st and 2nd reassessments were the result of the impact of the Families Together program, rather than the result of a changing population of clients.

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

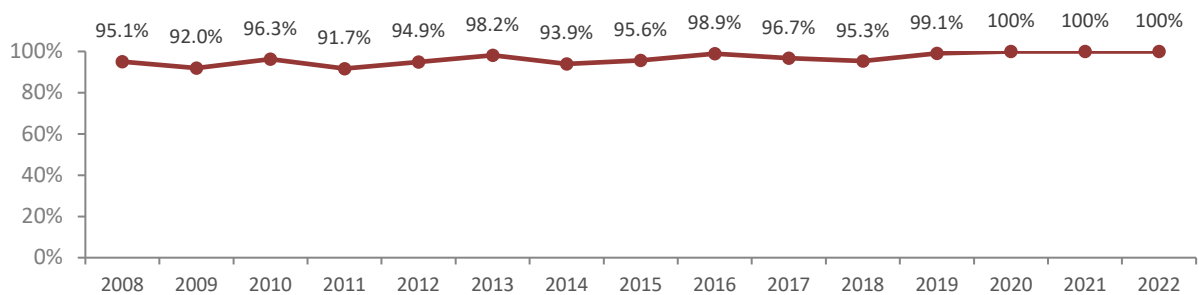
Measurable Objective	2022
At least 95% of families who participate in Families Together will not have a substantiated allegation of abuse at least 6 months after case closure.	100% N=55

Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2022, 2023.*
Note: Data are for each calendar year, in order to allow at least a 6-month period after case closure.

- Of the 55 families who received services from Families Together *and* had their cases closed in the 2022 calendar year:
 - **No families** had a substantiated allegation of maltreatment within six months after case closure. This figure is similar to what was observed in previous years.
 - An additional study found that 80% of families **did not** have a re-referral to child welfare within six months after their exit from Families Together, following a multi-year trend.

These results indicate that although some families are re-referred to child welfare after exiting from Families Together, the rate of substantiated abuse is low. This suggests that even though families are still experiencing high risk factors that lead to a child welfare report, they may have gained skills and resources during their participation in Families Together that prevent court-mandated involvement with child welfare.

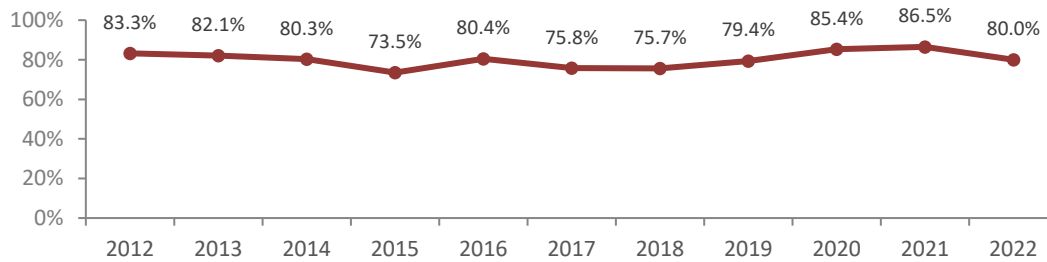
Figure 40: **Percentage of Families Together participants who did not have a substantiated allegation of maltreatment within 6 months after exit from Families Together**



Source: Santa Cruz County Human Services Department and Children’s Research Center. *Families Together: Substantiated Child Abuse Study, 2022, 2023.*

Note: Data are for each calendar year, in order to allow at least a 6-month period after case closure.
N: (2008)=61, (2009)=74, (2010)=82, (2011)=72, (2012)=78, (2013)=56, (2014)=66, (2015)=68, (2016)=92, (2017)=120; (2018)=107; (2019)=107; (2020)=61; (2021)=52; (2022)=55.

Figure 41: Percentage of families without a re-referral to Child Welfare within 6 months after exit from Families Together



Source: Santa Cruz County Human Services Department and Children’s Research Center. Families Together: *Substantiated Child Abuse Study, 2022, 2023.*

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

N: (2012)=78, (2013)=56, (2014)=66, (2015)=68, (2016)=92, (2017)=120; (2018)=107; (2019)=107; (2020)=61; (2021)=52; (2022)=55.

Outcome Objective: Children have health insurance and a medical home

Measurable Objectives	2022-2023
At least 98% of children ages 5 and under will have health insurance <i>by exit</i> from the program.	100% N=51
At least 98% of children ages 5 and under will have a medical home <i>by exit</i> from the program.	100% N=51

Source: First 5 Apricot database, *Medical Home & Insurance Status at Closure report, 2022-23.*

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

Measurable Objectives	2022-2023
Of families who engage in Families Together services— demonstrated by at least seven weeks of services —at least 70% will receive parenting support through the Triple P curriculum.*	43.5% N=85
Of these families, at least 50% of those who participated in higher-level programs (e.g., L3-Individual/Brief Group, L4-Standard/Group) will complete the curriculum, as indicated by documentation of completed curriculum.	60.0% N=5
Of families who engage in less than 7 weeks of services (but at least 2 face-to-face sessions), 40% will receive parenting support through Triple P Level 2 tip sheets.	5.3% N=19

Source: Families Together *Annual Progress Report, 2023.*

* Of the parents and caregivers at Families Together (with children of any age), who received at least seven weeks of service, this analysis reports the percentage who engaged in any program level of Triple P.

Triple P Outcomes

In the following Triple P analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which Families Together clients are demonstrating improvement in their parenting knowledge and skills.

Level 2: Individual

This brief form of Triple P is giving Families Together parents an opportunity to be introduced to Triple P and is providing easy access to general parenting support through one-time consultations.

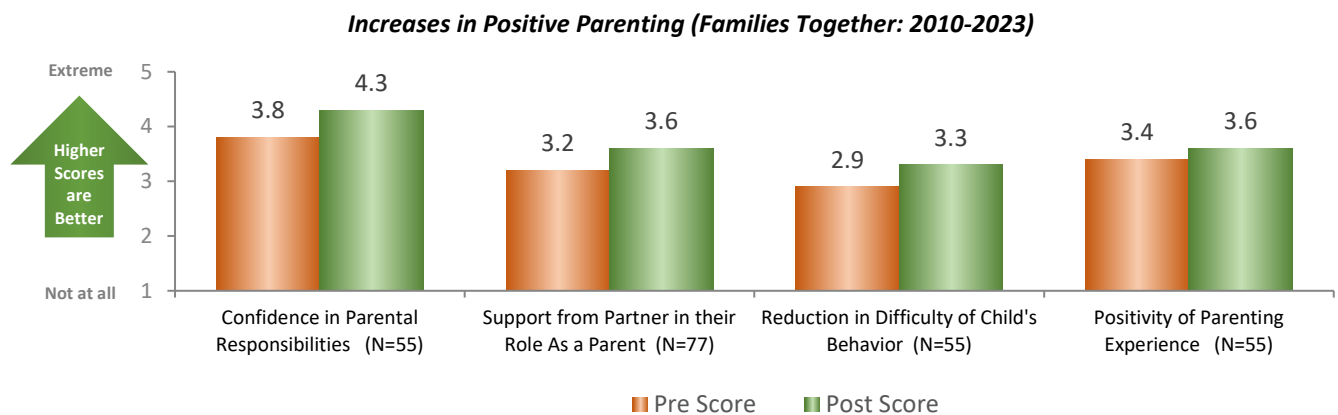
- Between 2010-23, **262** unique clients have received Level 2 Individual services.

Level 3: Primary Care (Individual or Brief Group)

Brief consultations about specific parenting concerns are resulting in increased positive parenting experiences.

- Families Together participants received support for specific parenting challenges.** Families Together clients who participated in brief Triple P services (Level 3) reported *statistically significant* improvements in their parental confidence, number of difficult child behaviors, and enjoyment of the parenting experience. Of special note, on average, parents who demonstrated improvements in parental confidence also experienced a moderate to large magnitude of change, indicating that these observed differences were not only *statistically significant* but also *meaningful*.

Clients at Families Together who participated in both brief sessions (Level 3) and in-depth Triple P sessions (Levels 4 and 5) also reported *statistically significant* improvement in the support from their partner in their role as a parent.



Source: Triple P data from the *Parenting Experience Survey*, Questions 3, 6, 1, and 2, Jan. 2010 - June 2023.

Note: The Level 3 *Parenting Experience Survey* measures issues related to being a parent, and each question is analyzed separately. For Q1-6, scores could range from 1 to 5. There are no clinical cut-offs for this assessment. The analysis of question 6 (Support from Partner in Their Role as a Parent) includes data from parents in Levels 3, 4, and 5, as this question was expanded to all of these levels of service in 2011-12.

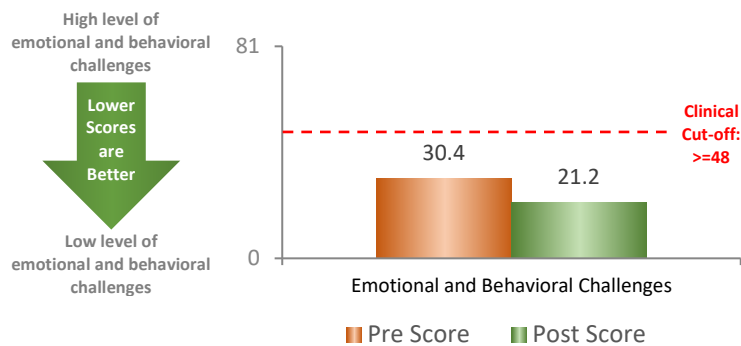
Note: No new Families Together clients have completed a Level 3 Individual/Brief Group service since FY 2018-19.

Level 4: Standard & Group

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

- Parents reported improved child behavior.** On average, Families Together clients who completed Triple P Level 4 reported fewer emotional and behavioral challenges with their children. Notwithstanding the small sample size, this was calculated as being a *statistically significant* improvement.

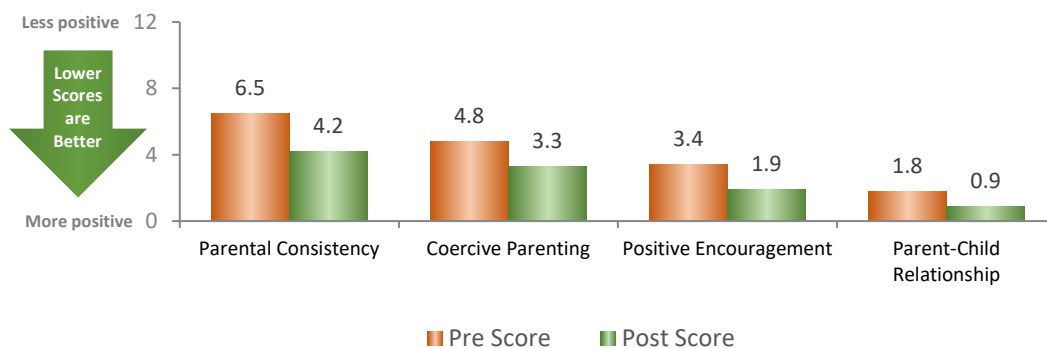
Child Emotional and Behavioral Challenges (Families Together: 2018-2023)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2023.
Note: Results should be interpreted with caution, as the sample size is relatively low.
N=12.

- Parents increased their use of positive parenting styles.** On average, there were improvements in Families Together parents’ parenting styles, in that they became more consistent, less coercive, more encouraging, and more positive. Of special note, parents on average demonstrated *statistically significant* improvements in parental consistency, coerciveness, and encouragement, which is particularly remarkable due to the small number of participants.

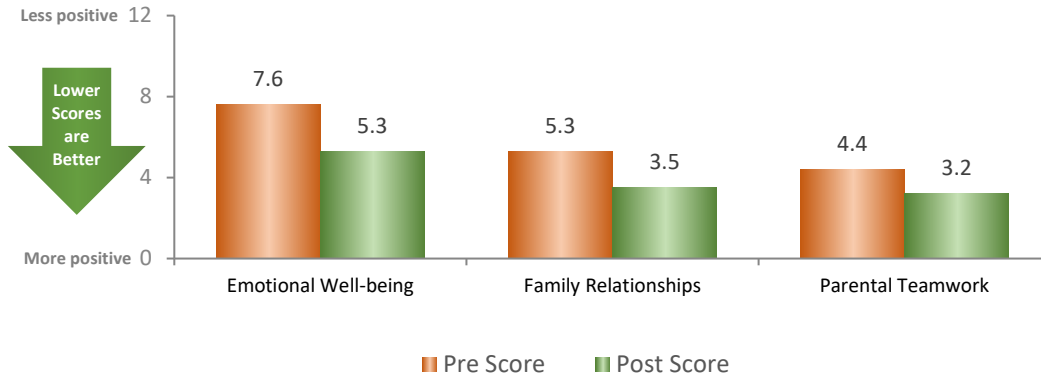
Decrease in Inconsistent, Coercive, Discouraging, and Negative Parenting (Families Together: 2018-2023)



Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, all Parenting Scale subscales, July 2018 - June 2023.
Note: Results should be interpreted with caution, as the sample size is relatively low.
N=13.

- Parents reported improvements in emotional well-being and family relationships.** After completing the program, Families Together clients on average reported improvements in their emotional well-being, relationship issues, and parental teamwork after participating in the program. Of special note, clients also reported *statistically significant* improvements in Family Relationships.

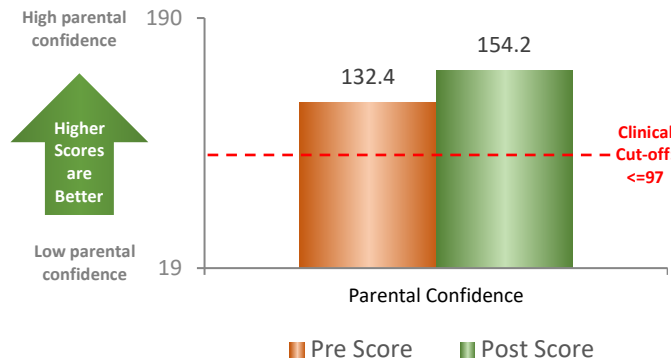
Improvements in emotional well-being and family relationships (Families Together: 2018-2023)



Source: Triple P data from the *Parenting and Family Adjustment Scales: All subscales*, July 2018 - June 2023.
N: (Well-being)=13; (Relationships)=12; (Teamwork)=11.

- Increased parental confidence.** On average, Families Together parents reported improvements in their confidence through the course of the Triple P program.

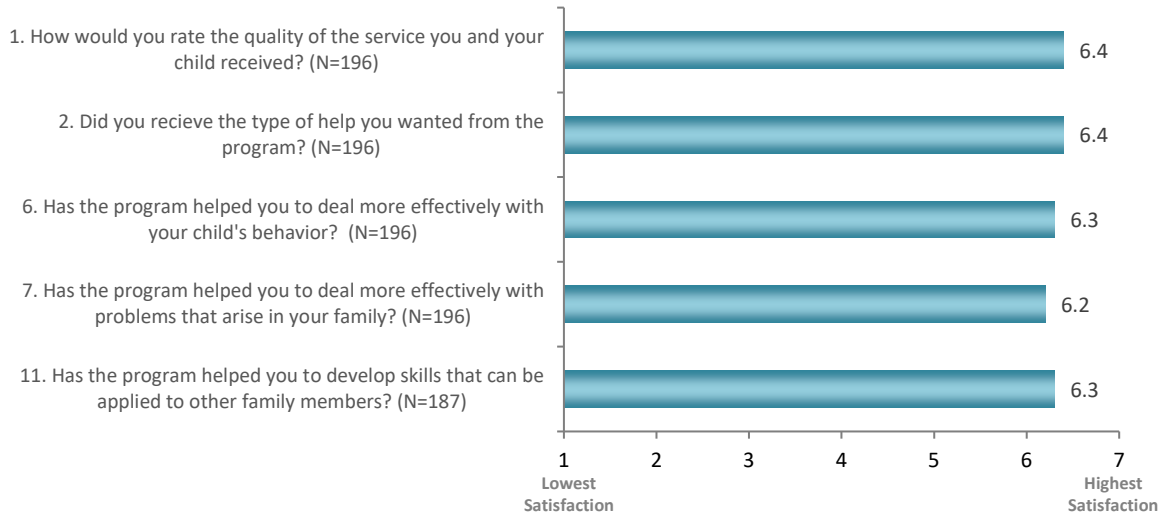
Improvement in Parental Confidence (Families Together: 2018-2023)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale: Parent Confidence subscale*, July 2018 – June 2023.
N=12.

- **Client Satisfaction with Triple P Services.** Families Together parents receiving Triple P services reported high levels of satisfaction with the program.

Parents' Satisfaction with Various Aspects of the Triple P Program (Families Together: 2010-2023)



Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2023.
Note: All items were on a 7-point scale. Higher scores indicate greater satisfaction.

EARLY CARE AND EDUCATION

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



Early Care and Education

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

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

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

Reading proficiency in Santa Cruz County

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

*"Up until the end of third grade, most children are **learning to read**. Beginning in fourth grade, however, they are **reading to learn**, using their skills to gain more information in subjects such as math and science, to solve problems, to think critically about what they are learning, and to act upon and share the knowledge in the world around them. Up to half of the printed fourth-grade curriculum is incomprehensible to students who read below that grade level."²⁵*

²⁵ The Annie E. Casey Foundation, *Early Warning! Why Reading By The End Of Third Grade Matters. A KIDS COUNT Special Report On The Importance Of Reading By 3rd Grade*, retrieved from <http://www.aecf.org/>, 2021.

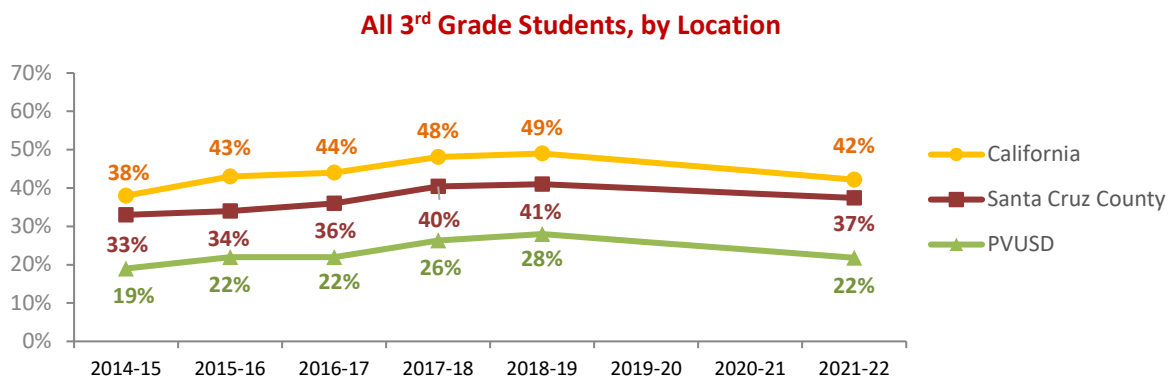
Unfortunately, data show that Santa Cruz County children are struggling with their reading and writing skills, and most scores in English language assessments are lower than they were before the COVID-19 pandemic. Assessment results for 2021-22²⁶ (the most current set of data available at the time of this report) show that:

- In 2021-22, only 37% of Santa Cruz County 3rd grade students met or exceeded standards in English language arts/literacy, which is lower than the state average of 42%.
- Within the County, there are still significant disparities when looking at students’ English-language fluency, ethnicity, and economic status.
- The *English Language Proficiency Assessments for California* (ELPAC) assessment was designed to measure how well English learners are progressing toward English language proficiency. Results show that in 2021-22, only 10% of Santa Cruz 3rd grade English Learner students had well-developed English skills.

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

- Annie E. Casey Foundation

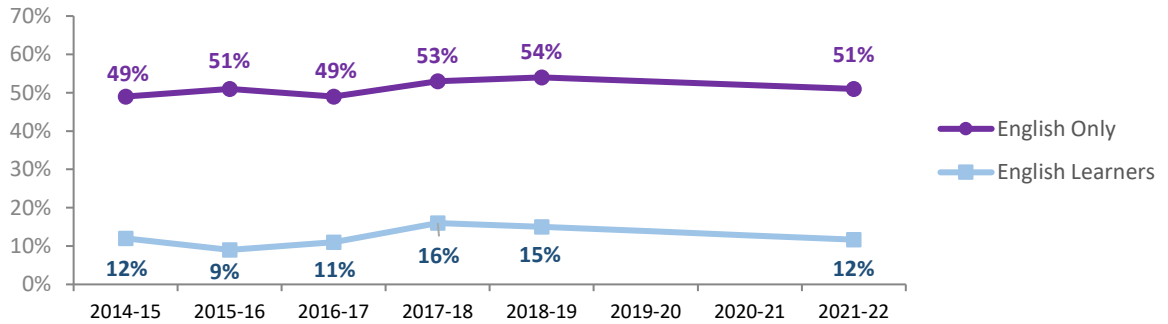
Figure 42: **Percentage of 3rd Grade Students Who Met or Exceeded Standards In English Language Arts/Literacy**



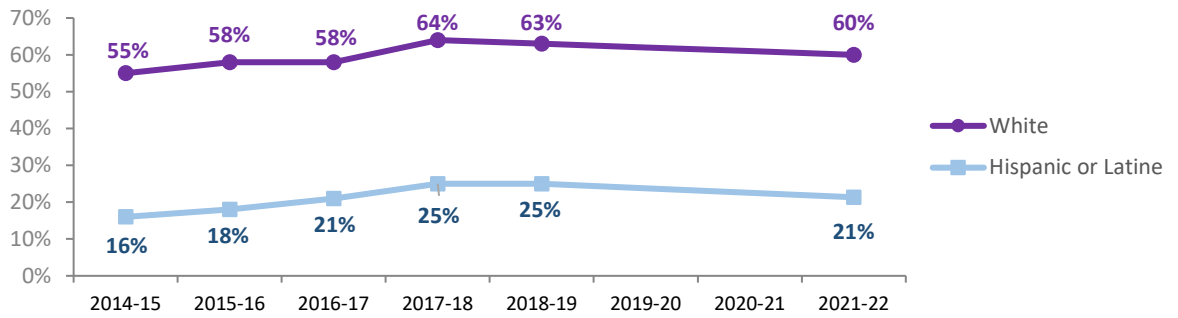
²⁶ Two assessments conducted by the California Department of Education (the *California Assessment of Student Performance and Progress* (CAASPP), and *English Language Proficiency Assessments for California* (ELPAC)) provide measurements of 3rd grade students’ English language arts/literacy skills. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21. Therefore, only academic years with a thorough and complete collection of assessment data are presented here in order to provide the most accurate representation of these results.

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

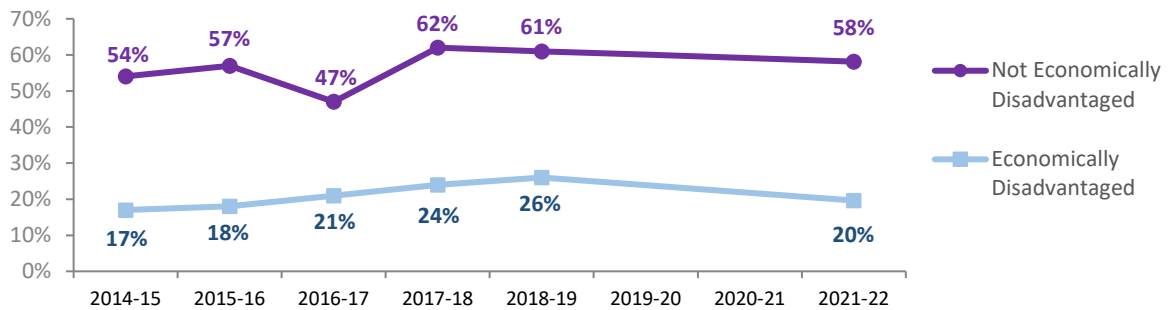
County 3rd Graders, by English-Language Fluency*



County 3rd Graders, by Ethnicity



County 3rd Graders, by Economic Status**

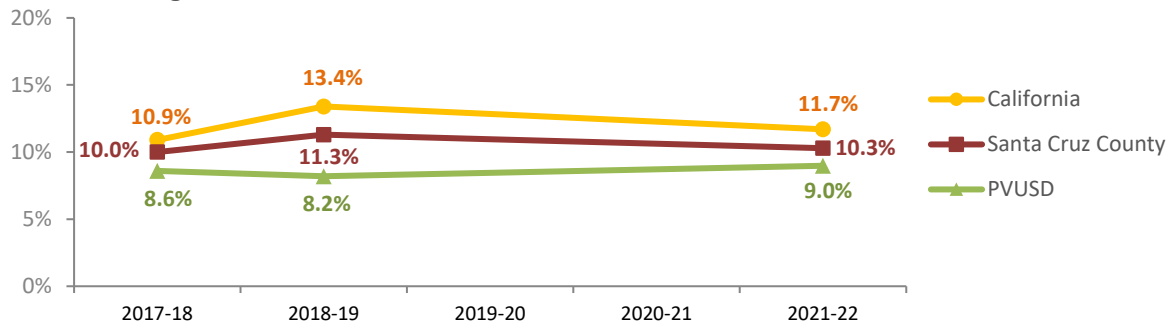


Source: California Department of Education, *California Assessment of Student Performance and Progress (CAASPP), Smarter Balanced Summative Assessments for ELA and Mathematics*. Due to the COVID-19 pandemic, a complete set of assessments was not collected in Santa Cruz County during 2019-20 and 2020-21.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

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

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

Figure 43: Percentage of 3rd Grade English Learner Students with “Well-Developed” English Skills



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

Notes:

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

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

Quality Counts Santa Cruz County

Program Description

Santa Cruz County is one of 58 counties participating in Quality Counts California, a “statewide, locally implemented quality rating and improvement system (QRIS) that funds and provides guidance to local and regional agencies, and other quality partners, in their support of early learning and care providers.”²⁷



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

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

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

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

- First 5 California

In 2020, The California Department of Education (CDE), California Department of Social Services (CDSS) and First 5 California (F5CA) created the Quality Counts California (QCC) Local Consortia and Partnership Grants program unifying funds from several sources:

- **F5CA IMPACT (Improve and Maximize Programs so All Children Thrive) 2020**

First 5 California has invested \$69.3 million over three fiscal years to support a network of local QRIS’s statewide. Striving toward high-quality, evidence-based standards, First 5 IMPACT will improve the quality of early learning settings across the entire continuum, from alternative settings and family, friend, or neighbor care, to family child care homes, child care centers, and preschools. It will ensure more early learning settings can support children to

²⁷ Quality Counts California, <https://qualitycountscalifornia.net>, 2019.

gain the skills and knowledge necessary to be successful in school and life. This grant is administered locally by First 5 Santa Cruz County.

- **Quality Counts California QRIS block grant (now including the California Migrant Program (CMIG) Block Grant)**

Nearly 13 million dollars have been appropriated statewide for FY 2022-23 to support local QRIS consortia to provide training, technical assistance and resources to help child care providers meet a higher tier of quality on the Quality Counts California matrix. The funds are for Early Learning and Care settings serving children with high needs, with first priority for infants and toddler programs as well as for children receiving services through a California Migrant Program (locally through PVUSD). This grant is administered locally by First 5 Santa Cruz County.

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

- First 5 California

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

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

- **Federal Preschool Development Grant Birth through Five (B-5) Renewal (PDG-R)**

The funding for this grant comes from the renewal of the federal Preschool Development Grant and is administered by the California Department of Health and Human Services. California will receive \$40.2 million through December 30, 2022: to enable local consortia to provide professional development, and training and technical assistance supports that build early learning and care (ELC) programs and home visiting capacity; to expand access to infants and toddlers, and children experiencing trauma (such as homelessness, foster care, natural disasters etc.); and to create partnerships for family engagement. This grant is administered locally by First 5 Santa Cruz County.

- **CDE Workforce Pathways Grant**

For FY 2022-23, CDE appropriated over \$12 million statewide for the QCC Workforce Pathways Grant, designed to align with the QCC professional development system and to focus on local workforce needs across all child care setting types. This includes training of professional growth advisors, ensuring all ELC’s are participating in the California ECE Workforce Registry, and providing grants for access to higher education in ECE. This grant is administered locally by the Santa Cruz County Office of Education.

The QCC Local Consortia and Partnership Grant program is designed to achieve a common purpose — funding a system of continuous quality improvement support and an infrastructure for assessing, coordinating delivery of professional development, and promoting quality across the spectrum of early learning and care providers and programs in California, including family, friend, or neighbor care, family child care, center-based, and alternative settings.

This three-year grant (FY 2020-2023) asks counties to build stronger and more diverse partnerships, set more specific engagement and quality improvement goals, and move toward a more holistic vision of quality improvement including:

- Trauma-informed practice;
- Serving the highest impact populations (e.g., children living in poverty, who are experiencing disasters and/or homelessness, etc.);
- Integrating the CDE/CDSS Child Care and Development Grant quality projects and the “Talk. Read. Sing.®” campaign;
- Educating families about the importance of quality early learning and helping them identify quality early learning and care environments (i.e., family child care home or child care center);
- Creating connections to other services, such as home visiting;
- Providing access to tools and resources for quality partners like QRIS administrators, coaches, trainers, and higher education faculty.²⁸

Quality Rating Improvement System (QRIS)

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

The process of building a QRIS ultimately results in:

- A shared definition of child care quality based on reliable and validated research
- A comprehensive and consistent approach to assess quality

One Provider’s Experience

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

- Provider quote from the Quality Counts California website

²⁸ Quality Counts California (QCC) Local Consortia and Partnership Grants FY 20-21 through FT 2022-23 *Request for Applications*, Jan. 2020.

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

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

The QCSCC Consortium adopted the Quality Counts California Framework which includes the Quality Counts California Rating Matrix (see Appendix A) and the Quality Counts California Continuous Quality Improvement Pathways (CQI Pathway; see Appendix B) as the foundation of their local QRIS. This framework encompasses 15 elements of quality, including seven rated elements and eight elements in the CQI Pathways. The elements that are rated include teacher-child ratios, teacher qualifications, and teacher-child interactions.

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

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

It is important to note that QRIS ratings can help parents choose the best early learning and care program for their child. At the same time, a QRIS rating helps programs identify areas for potential quality improvement and QCSCC provides support, training, and financial incentives to make improvements that lead to higher ratings and ultimately to higher quality child care programs.

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

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

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

Figure 44: **QCSCC sites and ratings**

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

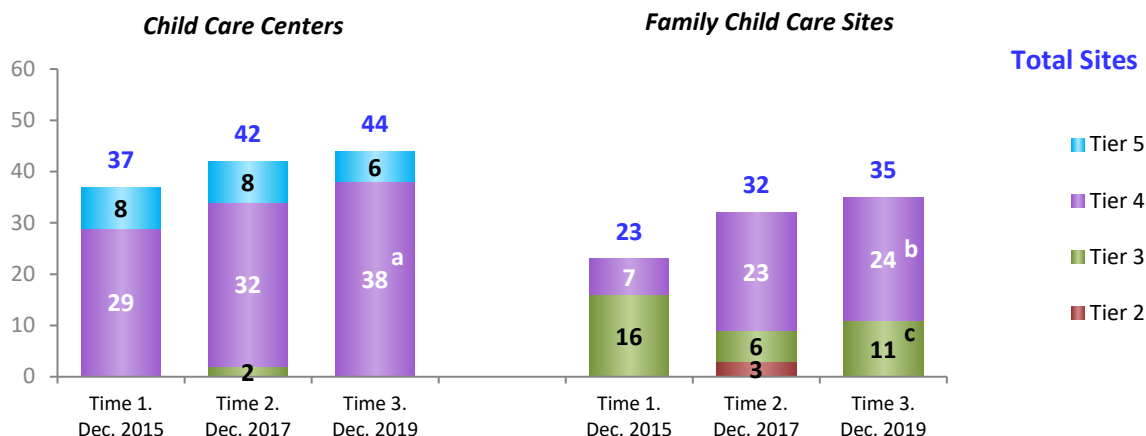
Source: First 5 Santa Cruz County, 2023.

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

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

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

Figure 45: Number of QCSCC sites at each Tier rating, by Rating time and Type of site



Source: First 5 Santa Cruz County, 2023.

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

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

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

- Throughout the pandemic, many centers participating in QCSCC closed and met with children and families virtually. Most reopened in FY 2021-22, and while a few remain closed, there are new centers that have joined: four in FY 2021-22 and two in FY 2022-23. The total number of sites currently participating and active in QCSCC as of FY 2022-23 are as follows:
 - **48** Child Care Centers are participating in QCSCC, with 40 rated sites, and 8 participating at the Quality Improvement (QI) level.
 - **60** Family Child Care Sites are participating in QCSCC, with 35 sites that have been rated, and 25 participating at the Quality Improvement (QI) level.

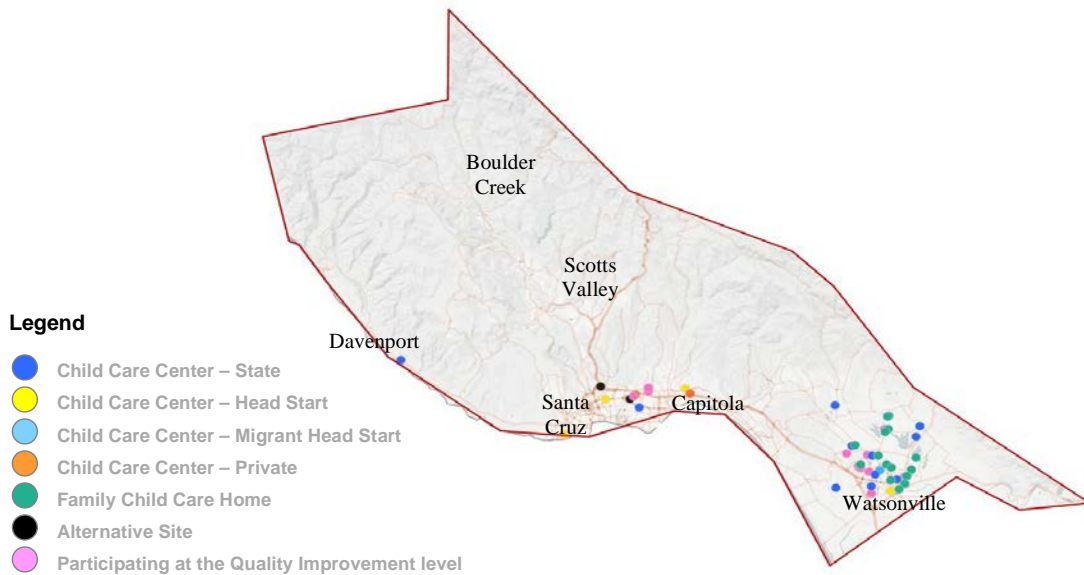
As of FY 2022-23, this brings the total number of actively participating providers/sites to **108**.

Figure 46: QCSCC overall participation, by Site type (2022-23)

SITE TYPE	NUMBER OF PARTICIPATING PROVIDERS / SITES
Child Care Centers Participating and Rated	40 (sites)
Child Care Centers Participating at QI Level Only	8 (sites)
Family Child Care Sites Participating and Rated	35 (providers/sites)
Family Child Care Sites Participating at QI Level Only	25 (providers/sites)
Total sites	108 (providers/sites)

Source: First 5 Santa Cruz County, 2023.

Figure 47: **Distribution of QCSCC sites in the County (2022-23)**



Source: First 5 Santa Cruz County, 2023.

Quality Improvement Activities

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

In addition, First 5 contracted with Go Kids, Inc. to continue to lead the QCSCC Consortium’s quality improvement activities for family child care (FCC) programs. The Go Kids Quality Improvement Coordinator supported all 60 FCC providers in updating their annual Quality Improvement Plans, and applying for small Quality grants to enhance their home learning environment. New for FY 2022-23 was the creation of a Professional Learning Community (PLC) for participating FCC’s, which was facilitated by the Go Kids Quality Improvement Coordinator. Twenty FCC’s were selected via an application process and met eight times over six months for in-person trainings and discussion on topics that supported their on-going professional development. In a post-survey, the FCC participants reported that they benefited from taking a “deeper dive” into topics that supported quality in their FCC businesses. As independent business owners often working alone as Early Childhood Educator (ECE) professionals, they built new professional relationships with other FCC’s, and learned from each other as they discussed topics such as teacher-child interactions, anti-bias and equitable practices in the FCC home, early literacy strategies, and talking to families about developmental milestones.

The following table presents the number of individuals and sites that participated in professional development provided through Quality Counts Santa Cruz County in 2022-23.

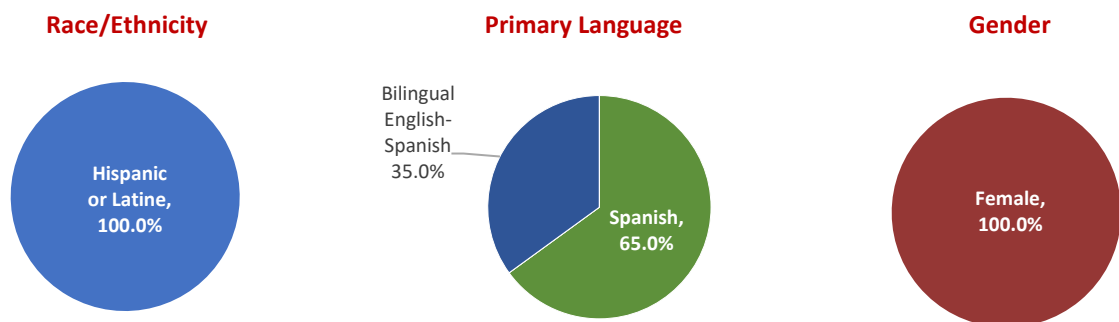
Figure 48: Individuals and sites that participated in QCSCC professional development (2022-23)

INDIVIDUALS AND SITES	NUMBER
Number of Family Child Care providers in QCSCC who participated in an 8-session Professional Learning Community	<ul style="list-style-type: none"> • 20 family child care providers
Number of directors from center-based QCSCC sites participating in monthly virtual technical assistance meetings with the QCSCC Program Manager	<ul style="list-style-type: none"> • 10 directors
Number of QCSCC Family Child Care sites that are rated and participating in virtual technical assistance meetings with the Family Child Care Education Manager	<ul style="list-style-type: none"> • 35 family child care sites
Number of QCSCC Family Child Care sites participating at the Quality Improvement (QI) level that are creating a Quality Improvement plan, receiving technical assistance and meeting with the Family Child Care Education Manager	<ul style="list-style-type: none"> • 25 family child care sites

Source: First 5 Santa Cruz County, 2023.

In addition, The Santa Cruz County Office of Education oversees the Workforce Professional Development pathway of QCSCC and provides professional development and training to teachers and FCC providers from participating QCSCC sites. In FY 2022-23, it is estimated that an additional 171 teachers and providers attended trainings through this pathway.

Figure 49: Key demographics of Providers who participated in QCSCC trainings and technical assistance meetings (2022- 2023)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

Note: Demographics were only collected for teachers/providers receiving services where enough personal information was collected to create a Unique ID.
 N=60.

Quality Counts California Region 4 Hub

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

As described by First 5 California,²⁹ these Hubs have provided funding for our regional partnership to:

- Help identify local and regional strengths and assets, and determine local and regional gaps and needs
- Coordinate regional activities to implement the Quality Counts California elements and systems functions
- Reduce regional duplication of efforts
- Build local and regional expertise, and incorporate state and federal evidence-based practices/models
- Maintain a strong connection to Quality Counts California

²⁹ First 5 California, *Regional Coordination and Training and Technical Assistance Hubs (Hubs)*: Request for Application, March 2016.

Early Literacy Foundations (ELF) Initiative

California 3rd graders are struggling to become proficient readers. The latest 2022 statewide data indicate that 58% are below grade level in reading. Among low-income 3rd graders of color, that number jumps to over 75%.³⁰ Because language development in the early years is crucial to later reading proficiency, parents and early childhood educators have a unique role in influencing language and literacy development and later educational success. As stated by First Things First³¹:

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

The Early Learning Foundations initiative was founded in 2006-07 and has trained over 700 early childhood educators, transitional kindergarten teachers, and family child care providers throughout Santa Cruz County in the SEEDS of Learning[®] framework. These early childhood educators are working to ensure that their children are on target for kindergarten readiness by using evidence-based early literacy strategies, receiving coaching, and integrating pre-literacy materials into their learning environments. The Raising A Reader program provides a way for children and their parents to participate in a weekly rotating book bag program through early care and education settings, fostering healthy brain development, supporting parent-child bonding, and motivating families to read aloud with their children, all of which helps develop the early literacy skills that are critical for school success.

The ELF Initiative features:

1. Professional development for early childhood educators working in **center-based Pre-K and TK sites** through **SEEDS of Learning[®]** training and coaching. Educators earn an educational award and attend literacy labs. In FY 2022-23—for the first time since 2020—the SEEDS of Learning[®] trainings were held in person. This program is described in more detail on the following pages.
2. Professional development for **family child care providers** working with Spanish-speaking children through **SEEDS of Learning[®]** training and coaching. Training includes opportunities to create literacy-based materials to use in the family child care home environment through “Make and Take” workshops. For FY 2022-23, professional development for FCC providers took place via an online format. This program is described in more detail on the following pages.

³⁰ California Reading Coalition, *California Reading Report Card 2022*, retrieved 9/20/23 from <https://www.careads.org/2022-reportcard>.

³¹ First Things First, *Why Early Childhood Matters: Early Literacy*, retrieved 10/5/22 from <https://www.firstthingsfirst.org/early-childhood-matters/early-literacy>.

3. Family Engagement through continuation of the “Raising A Reader” weekly rotating book bag program. All Raising A Reader classrooms and family child care homes have SEEDS trained staff, resulting in mutually complimentary interventions to boost shared reading practices with children and their families, and to impact children’s early literacy skills. Information on this program can be found in the Raising A Reader partner profile.

SEEDS of Learning[®]

Program Description

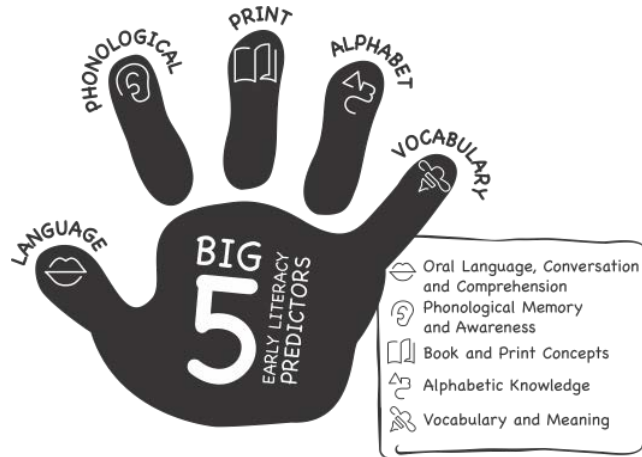
This professional development initiative follows the SEEDS of Learning[®] framework that has been researched by the University of Minnesota. Research on the SEEDS model shows that teachers trained and coached on the SEEDS of Learning[®] framework score significantly higher on the *Early Language and Literacy Classroom Observation* (ELLCO) tool and show greater change over time in teaching strategies than teachers without such training or coaching. Results also indicate that preschool children who were taught by teachers trained in SEEDS entered kindergarten ready to read at higher rates than children in non-SEEDS groups (Lizakowski, 2005).

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

These predictors of later reading success include:

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

These diagrams³² display the five essential SEEDS Quality Interactions and the five predictors of early literacy and early math ideas.



The predictors of later math literacy success include:

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



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

³² “Hand” diagrams: Kate Colwell Horst, SEEDS of Learning®, FY 17-18 SEEDS of Learning Manual.

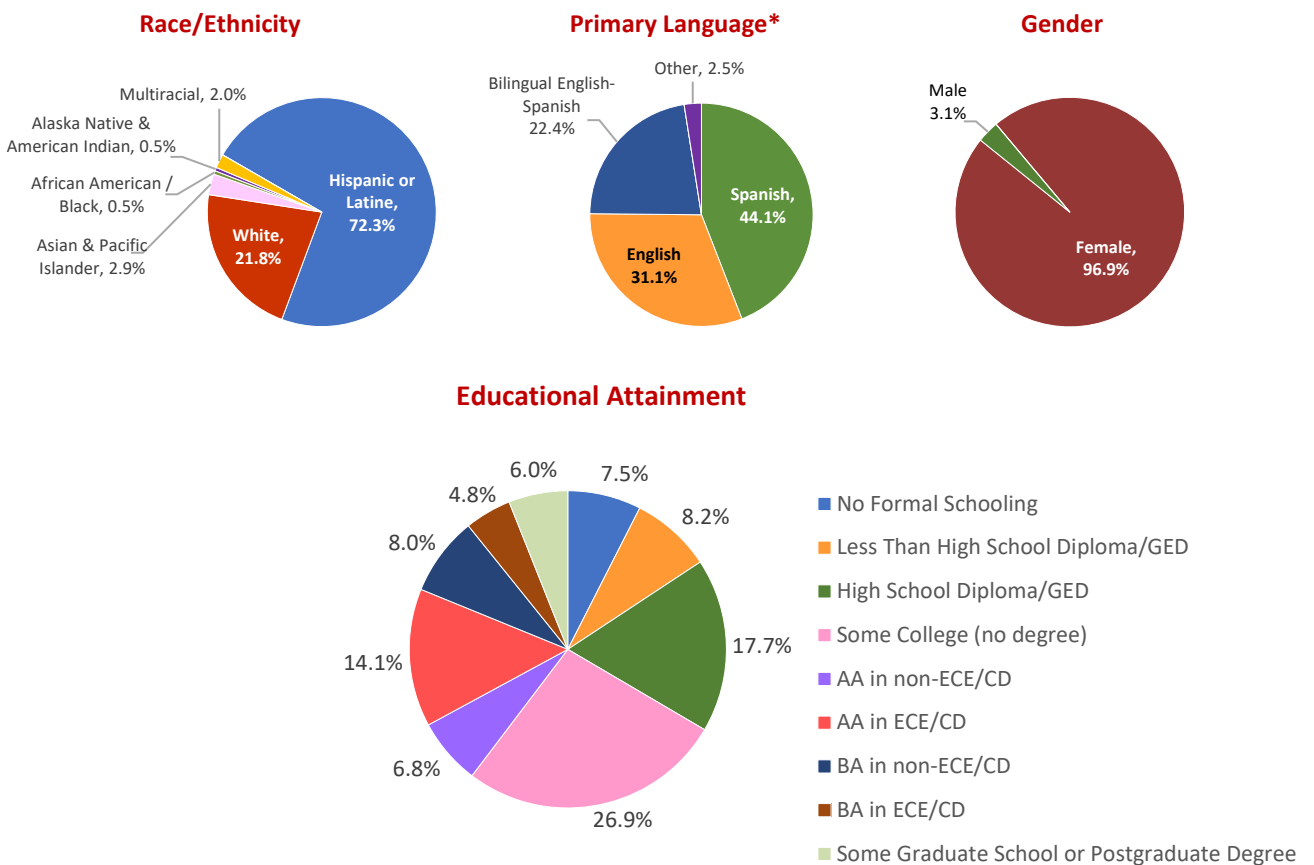
Population Served

	THIS FUNDING CYCLE 2022-2023	CUMULATIVE TOTALS 2007-2023
Educators in licensed family child care homes and private/non-profit centers	24	332
Educators in State- and Federally-subsidized classrooms	9	265
Educators in public school Transitional Kindergarten classrooms	2	23
Literacy Tutors in Reading Corps Classrooms*	-	83
TOTAL (unduplicated)	37	703

Source: (Educator current Funding Cycle) First 5 CCD database for July 1, 2022 – June 30, 2023, (Educator Cumulative Totals) First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2023*. (Literacy Tutor Cumulative Total) First 5 Santa Cruz County, *Early Literacy Foundations program Reading Corps records, 2012-2020*

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

Figure 50: Demographics of SEEDS-trained Early Childhood Educators (2007-2023)



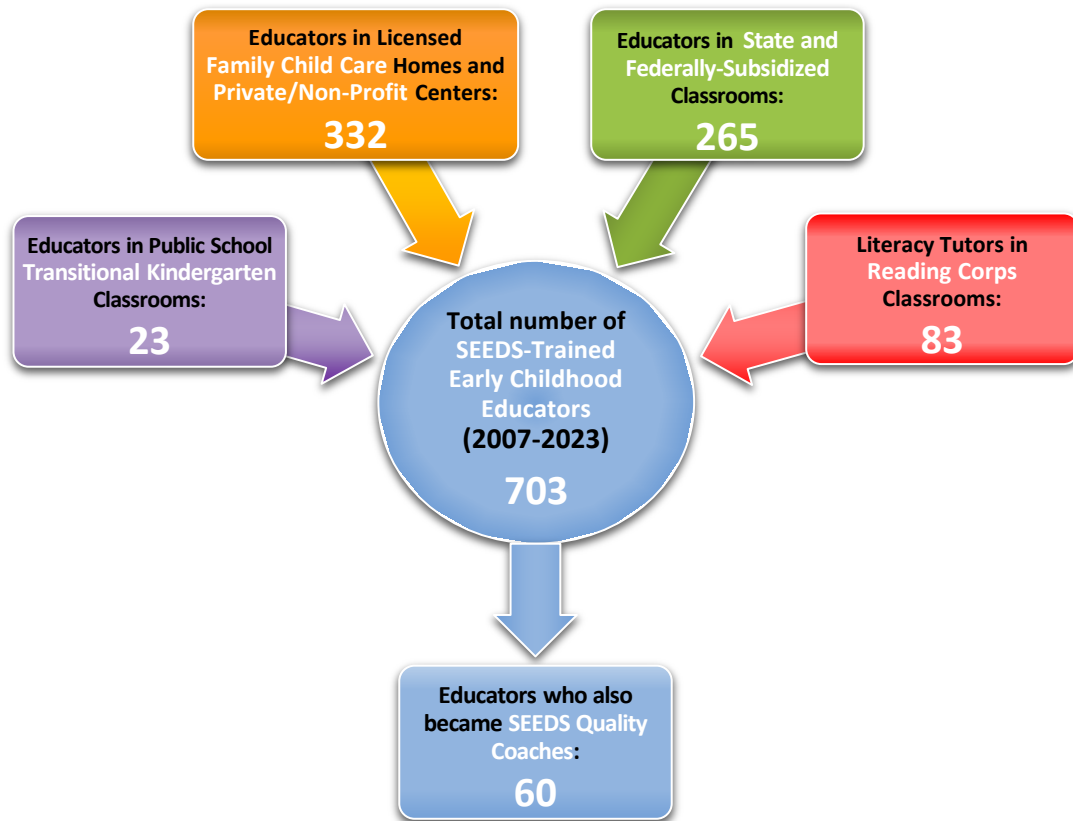
Source: First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2023*.

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

* "Other" language includes Multilingual and other languages.

N: (Ethnicity)=611, (Language)=644, (Gender)=646; (Education) N=547.

Figure 51: **Number of SEEDS-trained Early Childhood Educators, by Type of classroom (2007-2023)**



Source: First 5 Santa Cruz County, *Early Literacy Foundations program records, 2007-2023.*

Notes:

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

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

SEEDS of Learning[®] Trainings

In FY 2022-23, First 5 Santa Cruz County offered SEEDS of Learning[®] programs to early childhood educators:

SEEDS of Learning[®] program with an Early Math Focus for family child care providers working with Spanish-speaking children

The Basic SEEDS of Learning[®] program was held in the summer of 2022 (June – August), designed for Spanish-speaking family child care providers who work with Spanish-speaking children ages 0-3 in migrant families. Utilizing the SEEDS for Parents curriculum framework, this series of five workshops included an Early Math focus and was designed to teach basic evidence-based literacy skills that, with the support of a coach, the provider would then embed into practice.

This training continued utilizing a virtual format, with light-touch coaching provided via virtual breakout rooms. The First 5 Master Literacy Coach built packets containing all the materials and instructions needed to create props to support the literacy environments in their homes, and providers picked up these packets curbside at a central location before each workshop.

Each participant received:

- 5 “Make and Take” workshops comprised of:
 - 2 hours of instruction
 - 2 hours to create literacy-based materials to use in their programs
- 5 children’s books and curriculum materials to use in their program
- Stipend of \$100 at the end of the series

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

The Basic SEEDS[®] program was held from October, 2022 through May, 2023 and provided professional development for early childhood educators working in Toddler, Pre-K, and transitional kindergarten (TK) centers. This series of 14 workshops was conducted in person and included lab time to complete “Make and Take” props.

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

- 14 three-hour instructional in-person sessions including lab time
- One-on-one coaching via the online Coaching Companion platform
- Light-touch group coaching during each session
- 5 books and curriculum materials to use in their centers with their families
- Stipend of \$800 at the end of the series

Preschool and Transitional Kindergarten (TK) Classrooms

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

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

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

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

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

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

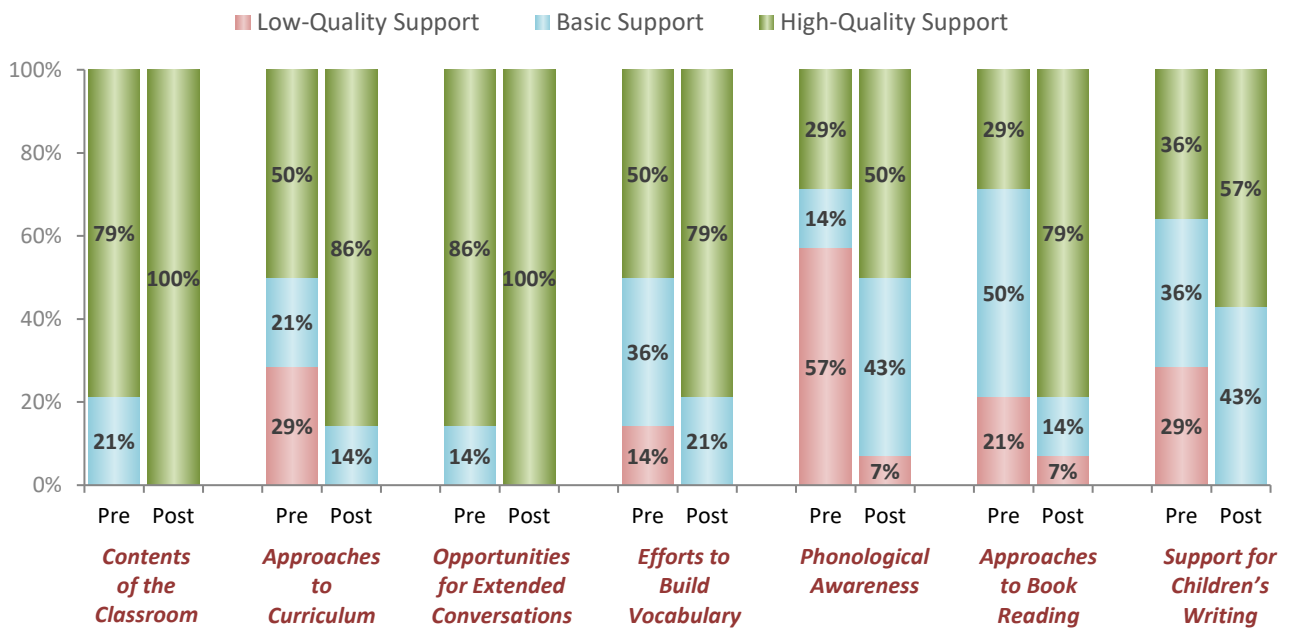
Due to the changes in coaching techniques and classroom evaluation, only this first year of new measurements of language and literacy components in the classroom are presented in the following analyses.

Preschool and TK Outcomes

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

- On average, classrooms showed improvements from the beginning of the semester to the end across all seven elements of language and literacy.
- The classroom element where the most change occurred was in “Approaches to Book Reading,” where the percentage of classrooms rated as having High-Quality Support increased from 29% at the beginning of the semester to 79% by the end of the semester.

Figure 52: **Preschool and transitional kindergarten classrooms: Support for language and literacy (2022-23)**



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Early Language and Literacy Classroom Observation (ELLCO) Pre-K, 2023*
 Note: Low-quality support = means less than or equal to 2.5; Basic support = means between 2.51 and 3.5; High-quality support = means between 3.51 and 5.
 N=14

Family Child Care Settings

Early childhood educators from licensed family child care settings also participated in SEEDS training and received SEEDS coaching. Their sites were observed at the beginning of their SEEDS training in May and again at the end of the fiscal year, in July.

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

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

Early childhood educators in home-based child care settings were also assessed on a measurement of phonological awareness in the classroom environment, using the *Early Language and Literacy Classroom Observation (ELLCO) Pre-K* tool. Early childhood family child care providers' scores were similarly categorized into three levels, indicating their classroom environment provided **low-quality support**, **basic support**, or **high-quality support for Phonological Awareness**.

For these analyses, several years of data have been aggregated when possible,³³ in order to present a more robust portrait of the extent to which SEEDS-trained early childhood educators in family child care settings were providing high quality support for language and literacy in their preschool classrooms.

Note that due to the COVID-19 pandemic there were no evaluations for fiscal years 2020-22, and in fiscal year 2022-23 there were no coaching or assessment visits to Family Child Care sites. However, the cumulative results for 2007-2020 are shown below to illustrate the improvements that were made during the years that this assessment was utilized.

Family Child Care Outcomes

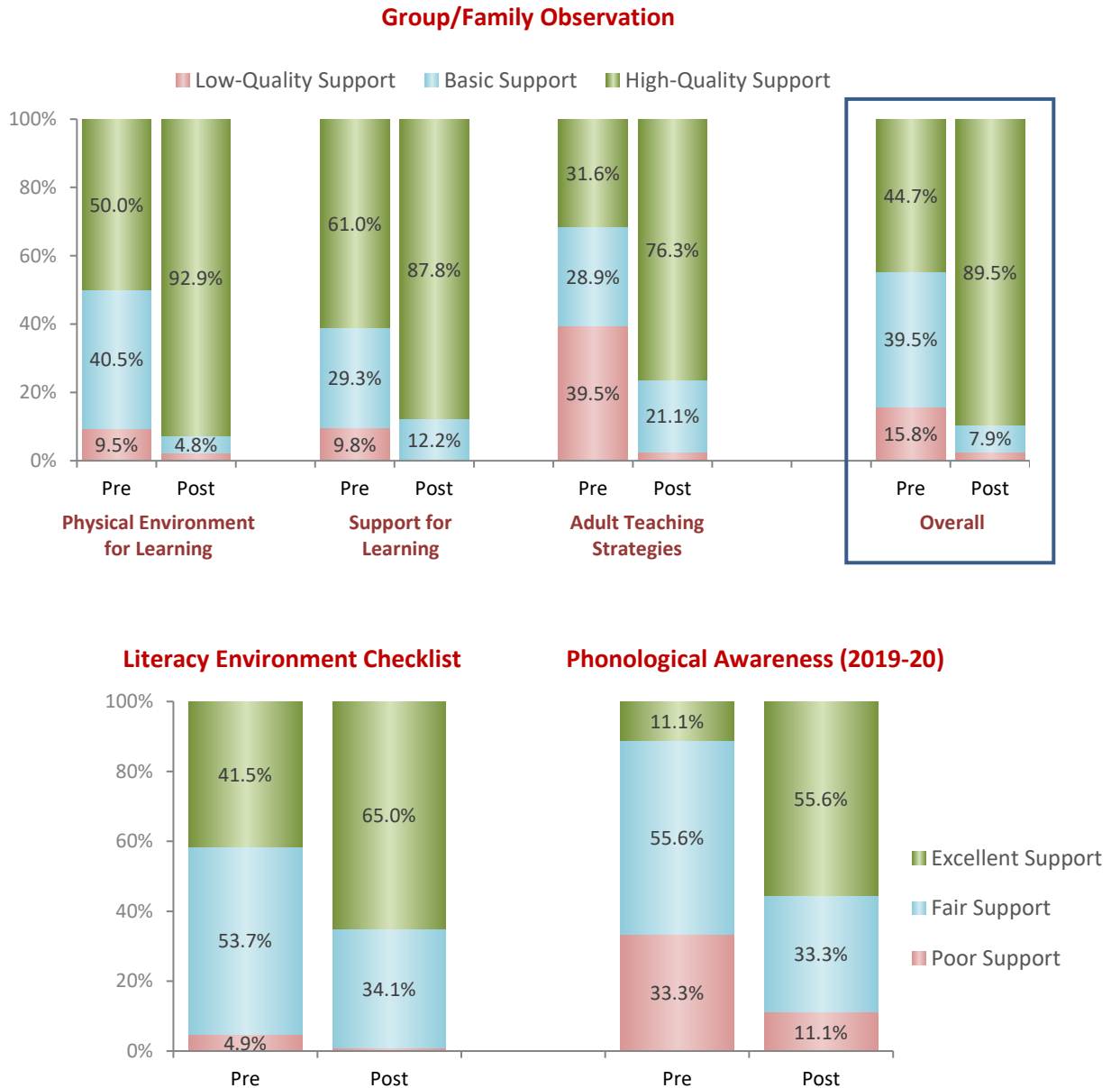
The following figures present the PRE and POST scores gathered from early childhood educators in family child care settings for infants/toddlers. Across all these components, classrooms showed substantial improvements from the first training to the final training.

- Results from the Group/Family Observation section showed that overall, the percentage of family child care settings that were rated as having High-Quality Support increased from 45% to 90%.
- Among the individual Group/Family Observation components, by the end of the trainings the majority of family child care settings were rated as having High-Quality Support in all areas: "Physical Environment for Learning" (93%), "Support for Learning" (88%), and "Adult Teaching Strategies" (76%).
- Scores on the Literacy Environment Checklist showed that the percentage of family child care settings that were rated as having Excellent Support increased from 42% to 65%.

³³ Between 2008-2011, early childhood educators in family child care settings did not use the CHELLO, and consequently no CHELLO data were collected during those years. Therefore, this analysis represents the results for the years that the CHELLO has been utilized (2007-2008, and 2011-most current year available).

- In 2019-20, scores on the amount of Phonological Awareness showed that the percentage of family child care settings that were rated as having Excellent Support increased from 11% to 56%.

Figure 53: Family Child Care settings: Support for language and literacy (2007-2020)



Source: First 5 Santa Cruz County Early Literacy Foundations program records, *Child/Home Early Language and Literacy Observation (CHELLO)*, 2007-2019. In 2015-19, no clients answered enough questions in the CHELLO Group/Family Observation section to enable a complete score.

Notes:

- Low-quality support = means less than or equal to 2.5; Basic support = means between 2.51 and 3.5; High-quality support = means between 3.51 and 5. Percentages less than 3% are not labeled.
- Due to the COVID-19 pandemic there were no evaluations for fiscal years 2020-22, and there were no coaching or assessment visits to Family Child Care sites in fiscal year 2022-23. However, the cumulative results for 2007-2020 are shown below to illustrate the improvements that were made during the years that this assessment was utilized.

N: (Physical Environment for Learning)=42; (Support for Learning)=41; (Adult Teaching Strategies)=38; (Group/Family Observation Overall)=38; (Literacy Environment Checklist)=123; (Phonological Awareness)=9.

Raising A Reader

Program Description

Raising A Reader (RAR) fosters healthy brain development, supports parent-child bonding, and motivates families to read aloud with their children which helps develop the early literacy skills that are critical for school success. Raising A Reader (RAR) began operation in Watsonville during the last quarter of the 2005-06 fiscal year and has served almost 31,000 children since then. The program provides a way for children and their parents or caregivers to participate in a weekly rotating book bag program through early care and education settings.

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

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

What Parents Are Saying

“While our older child (age 3 ½) is participating in the program, our younger child (1 ½) also loves the books brought home from school and is always interested in looking at them as well.”

“It’s great to get new books to read, since my son gets tired of the books we have [at home]. I also love that there is new vocabulary and themes than what we would normally get.”

- Raising A Reader, Parent Retrospective Survey

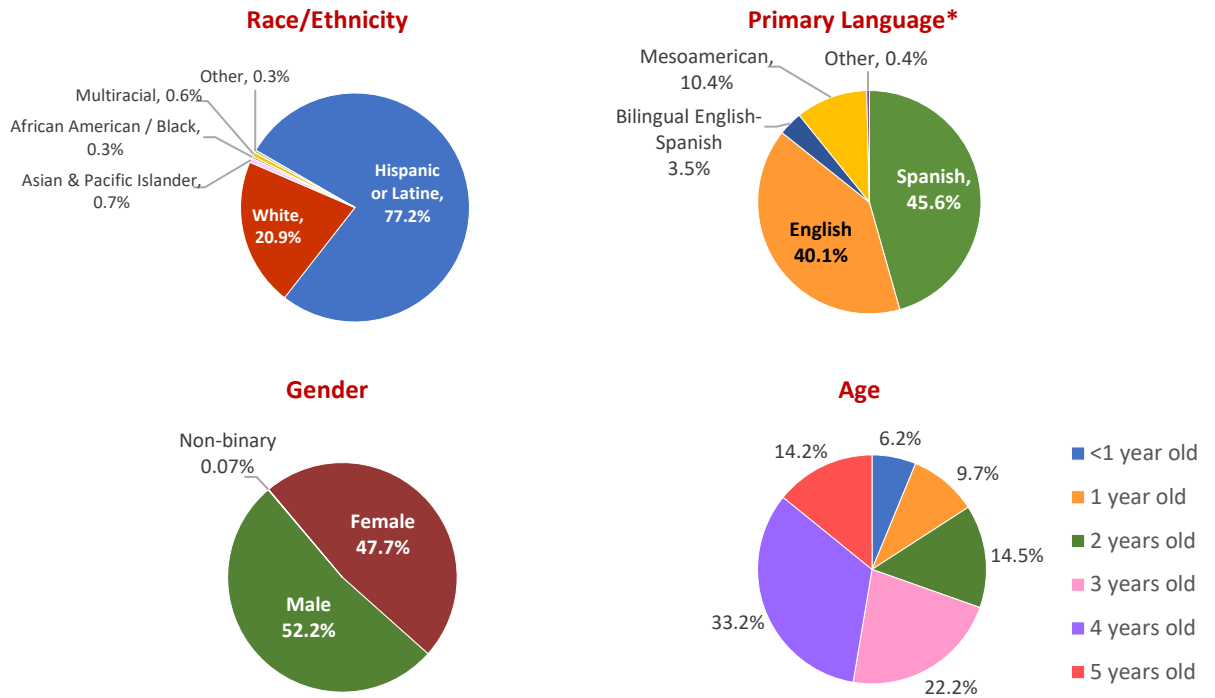
Population Served

	New	Existing	2022-23 Total
Children	1,369	1,541	2,910

Source: First 5 CCD database for July 1, 2022 – June 30, 2023.

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

Figure 54: Demographics of Children (ages 0-5) participating in Raising A Reader (2022-23)



Source: First 5 CCD database for July 1, 2022 – June 30, 2023.
 * “Mesoamerican” languages include Mixtec, Oaxacan, and Zapoteco. “Other” languages include Bilingual-Other and other languages.
 Note: These demographics are for the children enrolled in classrooms providing Raising A Reader.
 N: (Race/Ethnicity)=2,906; (Primary Language)=2,910; (Gender)= 2,901; (Age)=2,910.

Program Objective: Support existing sites offering Raising A Reader

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

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

Existing Sites	Number of Visits at Existing Sites ¹		2022-23 Total
	Family Child Care Home	Preschool/Child Care Center	
Between July 1, 2022 and June 30, 2023, sustain, monitor and support 200 existing RAR sites	169	113	282

Source: Raising A Reader Biannual and Annual Progress Reports, 2022-23.
¹ Some sites may be visited more than once. Additionally, the actual number of classrooms participating in Raising A Reader is likely to be higher than the total number of sites, as one site may include more than one classroom.

In addition to supporting existing sites, RAR also enrolled 5 new sites in 2022-23.

Number of New Sites Implemented since July 1, 2022		2022-23 Total
Family Child Care Home	Preschool/Child Care Center	
2	3	5

Source: Raising A Reader Biannual and Annual Progress Reports, 2022-23.

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

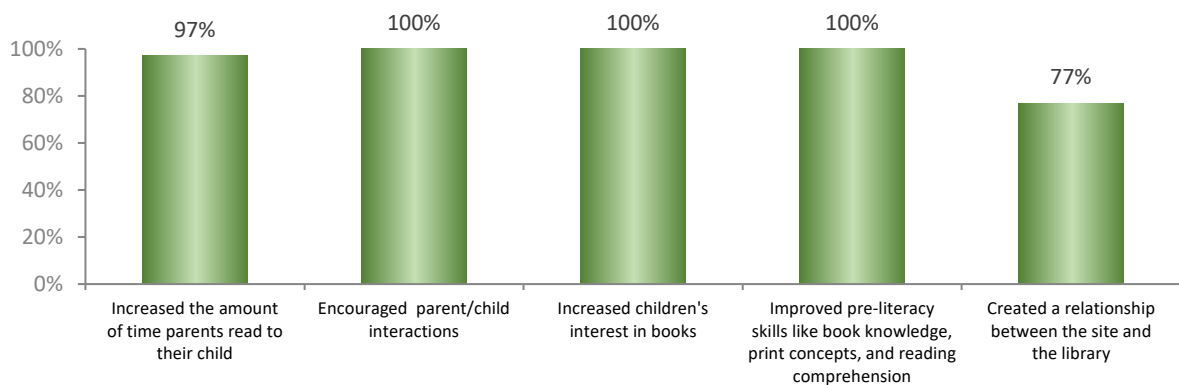
Two surveys were conducted to help assess the effect of Raising A Reader on the amount of time parents spent reading to their children, the interest children had in books, and the improvement in children’s pre-literacy skills.

Provider/Teacher Refresher Survey

Raising A Reader staff uses the *Provider/Teacher Refresher Survey* to measure their perceptions of the impact of the RAR program at their sites.

Results show that RAR providers are noticing that the program is having a great effect on both parents and children. The vast majority of providers report that parents are reading with their children more frequently and are encouraging more interactions with them, and that the RAR program has increased children’s interest in books, improved their pre-literacy skills, and helped create a relationship between the RAR sites and their local library.

Figure 55: Percentage of Providers who stated that RAR had an impact on these key pre-literacy areas (2022-23)



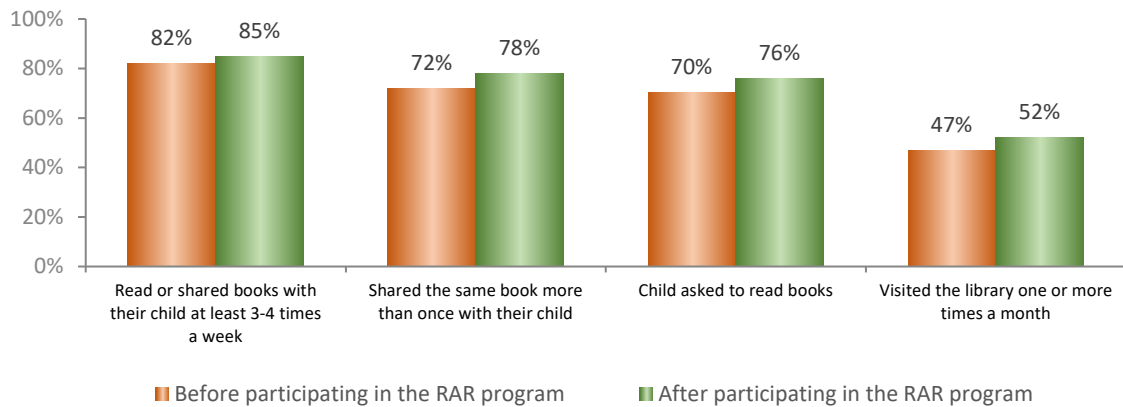
Source: Raising A Reader, *Annual Progress Report*, Provider/Teacher Refresher Survey results, 2022-23. N=38.

Parent Retrospective Survey

Raising A Reader distributed a *Parent Retrospective Survey* to parents participating in the program, asking them to self-report how often they performed certain activities with their children before and after their participation in the RAR program. The survey was distributed via email, uploaded to Learning Genie (an online family engagement service), and QR codes were distributed on paper that connected parents to the online survey. Families completed the survey on their phones or computers.

Results show that more parents are practicing key pre-literacy activities with their children after their participation in RAR, such as reading a book with their child at least 3-4 times a week, sharing the same book more than once with their child, the child asking to read books, and visiting the library one or more times a month.

Figure 56: Percentage of RAR Parents who practiced these key pre-literacy activities with their child (2022-23)



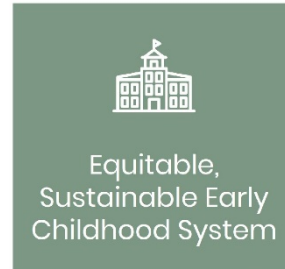
Source: Raising A Reader, Annual Progress Report, *Parent Retrospective Survey* results, 2022-23. N=100.

EQUITABLE AND SUSTAINABLE EARLY CHILDHOOD SYSTEMS

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

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

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



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

Thrive by 5

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

Babies are born healthy

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

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

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

Young children live in safe, nurturing families

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

Children are happy, healthy, and thriving by age 3

- Prevention of child maltreatment and entries into foster care



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

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

- Expanded the Thrive by 5 Community-Level outcomes and indicators and aligned them with the CORE Conditions for Health and Well-being to provide a more cohesive strategic framework for the Thrive by 5 initiative.
- Convened four meetings of the Thrive by 5 Advisory Committee over the course of the fiscal year focusing on key topics, including updates on the Nurse Family Partnership program as well as implementation of the HealthySteps program within Santa Cruz Community Health and Salud Para La Gente. The Committee also provided oversight and guidance to a multi-year effort to develop a Comprehensive Fiscal Analysis of early childhood systems in Santa Cruz County focused on home visiting and early care and education.
- Convened three meetings of the Home Visiting Learning Collaborative (HVLC) focused on a range of topics including Trauma Informed Practice, Motivational Interviewing, and HealthySteps.
- Convened an ad hoc Coordinated Entry Workgroup focused on supporting and enhancing the process of referring CalWORKs participants to the four home visiting programs in Santa Cruz County.
- Enrolled over 340 families of children from prenatal to age 5 in one of four home visiting programs in the County (Nurse Family Partnership, Field Nursing, Families Together, or Early Head Start Home Visiting).
- Continued to support integration, growth, and improvement of the HealthySteps program within the Thrive by 5 system of care. HealthySteps is an interdisciplinary, evidence-based pediatric primary care program that served over 3,600 children in FY 2022-23 at Salud Para La Gente and Santa Cruz Community Health clinics.
- Delivered Early Learning Scholarships (ELS) to 112 infant and toddler care providers serving families who are eligible for state child care subsidies. The ELS are designed to help providers close the gap between the high cost of quality care and subsidies provided by the State of California.

In the coming year First 5 will continue to coordinate and evaluate the Thrive by 5 initiative with a focus on completion of a Comprehensive Fiscal Analysis of early childhood systems in Santa Cruz County that is focused on home visiting and early care and education.

Communications and Community Engagement

In FY 2022-23, First 5 Santa Cruz County continued to develop and implement its communications plan that focused on increasing awareness of early childhood development, offering resources for families and early care and education providers, and promoting the agency's programs and partnerships both locally and state-wide. To address equity and access, First 5 continued to engage Spanish language translation and interpretation services for its website, newsletter, additional outreach materials and community engagement.

During National Immunization Awareness month in August of 2022, First 5 partnered with Santa Cruz County Public Health to print and mail 6,200 informational flyers on the importance of childhood immunizations. These flyers went directly to families with young children across the County who had been seen by the Baby Gateway program over the past five years.

In the late spring of 2023, First 5, in partnership with CORE Investments Santa Cruz County, Cradle to Career Santa Cruz County, the Santa Cruz County Office of Education, and the Child Development Resource Center, coordinated and hosted the 2nd annual "Learn About Transitional Kindergarten: A Bilingual Town Hall Led By and For Families." This bilingual, family education event was facilitated by local parent leaders and attended by over 50 local families, school district representatives, and community members.

Building on the launch of its new website in 2021, First 5 continued to expand the depth of information about its programs and partnerships on the site, and built out additional community resources for families, as well as educational resources for early care and education providers.

During the fiscal year First 5 also continued publishing its monthly bilingual e-newsletter and expanded the list of community resources included within it. By the end of the fiscal year, the e-newsletter had a distribution reach of over 1,000 individuals. First 5 also increased its social media presence on Facebook, X (formerly Twitter), and Instagram to further engage with families and community members. Facebook followers grew to over 680, Instagram followers grew to over 115, and X followers grew to over 120 during the year.

In addition to the Thrive by 5 and communications and community engagement activities just described, First 5 continues to play an active role on the following systems-building efforts led by First 5’s partners.

Collective of Results and Evidence-based (CORE) Investments



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

CORE Conditions for Health and Well-being



DataShare Santa Cruz County



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

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

Central Coast Early Childhood Advocacy Network



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

Cradle to Career



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

Oral Health Access



Oral Health Access Santa Cruz was created in 2016 as a steering committee made up of community leaders and organizations, dental and medical clinics, and educators to address the oral health needs in Santa Cruz County. Led by Dientes Community Dental, the County of Santa Cruz Health Services Agency, and numerous community partners, the committee’s mission is to improve the oral health of Santa Cruz County residents by uniting stakeholders and advocating sound, measurable strategies that increase access to care and education.

APPENDICES



Appendix A: Quality Counts California Rating Matrix

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

Revised May 2022

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

Revised May 2022

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

Total Point Ranges

Program Type	Common-Tier 1	Local-Tier 2 ³	Common-Tier 3	Common-Tier 4	Local-Tier 5 ⁴
Centers 7 Elements for 35 points	Blocked (7 points) – Must Meet All Elements	8 to 19 points	20 to 25 points	26 to 31 points	32 points and above
FCCHs 5 Elements for 25 points	Blocked (5 points) – Must Meet All Elements	6 to 13 points	14 to 17 points	18 to 21 points	22 points and above

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

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

Appendix B: Quality Counts California Continuous Quality Improvement Pathways

QUALITY COUNTS CALIFORNIA CONTINUOUS QUALITY IMPROVEMENT PATHWAYS

CORE TOOLS & RESOURCES¹

(Adopted by the RTT-ELC Consortia on October 15, 2013)

CORE I: CHILD DEVELOPMENT & SCHOOL READINESS	
School Readiness	
Goal (Pathway)	All children receive individualized instruction and support for optimal learning and development informed by child observation and assessment data.
Related Element(s)	CORE I.1 Child Observation and Assessment
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • CA Foundations and Frameworks • Preschool English Learner Guide • Desired Results Developmental Profile Assessment (DRDP) Tools • National Data Quality Campaign's Framework • Ages and Stages Questionnaire (ASQ)
Social-Emotional Development	
Goal (Pathway)	Children receive support to develop healthy social and emotional concepts, skills, and strategies.
Related Element(s)	CORE I.2 Developmental and Health Screenings
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • CA CSEFEL Teaching Pyramid Overview and Tiers 1-4 (Modules 1-3) • CA Foundations and Frameworks - Social-Emotional Development • Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
Health, Nutrition, and Physical Activity	
Goal (Pathway)	Children receive support for optimal physical development, including health, nutrition, and physical activity.
Related Element(s)	CORE I.1 Child Observation and Assessment and Core 1.2 Developmental and Health Screenings
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • CA Preschool Foundations and Frameworks– Health and Physical Development Infant/Toddler Program Guidelines • CA Infant/Toddler Foundations and Frameworks-Perceptual/ Motor • USDA Child and Adult Care Food Program Guidelines
CORE II: Teachers and Teaching	
Effective Teacher-Child Interactions	
Goal (Pathway)	Teachers are prepared to implement effective interactions in the classroom.
Related Element(s)	CORE II.4 Effective Teacher-Child Interactions
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • Classroom Assessment and Scoring System (CLASS) for relevant age grouping • Program for Infant-Toddler Care (PITC) Program Assessment Rating Scale (PARS), as applicable and available. <p>* No current source Web page for PARS</p>

¹ This document accompanies the CA-QRIS Rating Matrix as part of the CA-QRIS Quality Continuum Framework. These are the tools and resources that were listed in California's Federal Race to the Top – Early Learning Challenge (RTT-ELC) application that local consortia are required to include in their Quality Improvement plans.

**QUALITY COUNTS CALIFORNIA
CONTINUOUS QUALITY IMPROVEMENT PATHWAYS**

Professional Development	
Goal (Pathway)	Teachers are life-long learners.
Related Element(s)	Core II.3 Minimum Qualifications and Core II.4 Effective Teacher-Child Interactions
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • Common Core 8² • Early Childhood Educator (ECE) Competencies • ECE Competencies Self-Assessment Tool • Professional Growth Plan
CORE III: PROGRAM AND ENVIRONMENT	
Environment	
Goal (Pathway):	The program indoor and outdoor environments support children's learning and development.
Related Element(s)	CORE III.6 Program Environment Rating Scale(s) (ERS)
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • Environment Rating Scales (Harms, Clifford, Cryer): <ul style="list-style-type: none"> ○ Infant-Toddler Environment Rating Scale (ITERS) ○ Early Childhood Environment Rating Scale (ECERS) ○ Family Child Care Environment Rating Scale (FCCERS)
Program Administration	
Goal (Pathway):	The program effectively supports children, teachers, and families.
Related Element(s)	All
RTT-ELC Core Tool(s) & Resources	<ul style="list-style-type: none"> • Business Administration Scale (Family Child Care) – (BAS) • Program Administration Scale (Centers) – (PAS) <p align="center">OR</p> <ul style="list-style-type: none"> • Self-Assessment using the Office of Head Start (OHS) Monitoring Protocols and continuous improvement through a Program Improvement Plan (PIP)
Family Engagement	
Goal (Pathway)	Families receive family-centered, intentional supports framed by the Strengthening Families™ Protective Factors to promote family resilience and optimal development of their children.
Related Element(s)	All (III.6 ERS <i>Provision for Parents</i> Indicator)
RTT-ELC Core Tool(s) & Resources	Strengthening Families™ Five Protective Factors Framework

² Recommended

Updated 10-24-18

Appendix C: Thrive by 5 Theory of Change



Appendix D: Measurement Tools

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

Acrimony Scale

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

Adverse Childhood Experiences (ACEs)

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

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

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

-- kidsdata.org

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

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

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

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

The *Ages & Stages Questionnaires® Third Edition (ASQ-3™)* is used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to screen infants and young children for developmental delays during the crucial first 5 ½ years of life. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ-3 is able to identify children’s strengths as well as concerns, and also teaches parents about child development and their own child’s skills. Each questionnaire covers five key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.³⁴

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

The *Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition (ASQ:SE-2™)* is a parent-completed tool used by the Neurodevelopmental Foster Care Clinic, Families Together, and Quality Counts Santa Cruz County to help identify young children (ages 1 month – 6 years old) at risk for social or emotional difficulties. Parents complete the age-appropriate questionnaires at designated intervals, which have approximately 30 items and take 10-15 minutes to complete. The ASQ:SE-2 can quickly pinpoint behaviors of concern and identify any need for further assessment or on-going monitoring. Each questionnaire screens for the social-emotional areas of self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.³⁵

Bayley Scales of Infant and Toddler Development, 3rd Edition

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

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

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

³⁴ Brookes Publishing, *Ages & Stages Questionnaires® Third Edition*, <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/>.

³⁵ Brookes Publishing, *Ages & Stages Questionnaires®, Social-Emotional, 2nd Edition*, <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/>.

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

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

CAPES (Core/Teen Triple P)

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

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

CAPES-Developmental Disability (Stepping Stones Triple P)

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

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

Child and Adolescent Needs and Strengths (CANS)

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

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

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

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

Conflict Behavior Questionnaire (CBQ)

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

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

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

The first version of the ELLCO (ELLCO Toolkit) was designed to evaluate the teaching practices of early childhood educators in the areas of language and literacy, in pre-kindergarten to third-grade classrooms.³⁶ The newest version of the tool (ELLCO Pre-K) is comparable to the ELLCO

³⁶ Education Development Center, Inc., Center for Children and Families, *Early Language and Literacy Classroom Observation Toolkit*, 2002.

Toolkit, and has been reorganized so that it reduces the bias towards classrooms that have many resources, and focuses more on the *use* of materials rather than just their presence in the preschool classrooms.³⁷

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

First 5 Apricot Database

On a biannual basis, funded partners are required to submit information on the program participants who they directly served, and also on the status of their programs’ outcome objectives. Client Characteristic Data (CCDs) and outcome data are gathered in one of three ways, First 5’s Apricot database, customized Excel forms, or partner-specific data collection forms.³⁸

- First 5’s online database, originally called Santa Cruz County Services Unifying Network (SCC SUN), was launched on January 1, 2004, and many partner agencies used this database to record their clients’ data and other outcome data. The database is integrated, meaning that information can be shared between agencies, if the appropriate consent is obtained. Demographic information about these clients can then be extracted for analysis, using unique IDs that maintained clients’ anonymity. In April 2015 this database was upgraded to a more flexible and efficient database called Apricot, all previous data in SCC SUN were migrated to this new database, and all current data are now being collected and reported using Apricot.
- Partner agencies that are not using First 5’s Apricot database collect and submit demographic and outcome data either using customized Excel forms developed by First 5, or in partner-specific data collection forms.

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

³⁷ Review by Maria Cahill (University of Tennessee), of the *User’s Guide to the Early Language & Literacy Classroom Observation Pre-K Tool*, Education Review website [<http://edrev.asu.edu/index.php/ER/issue/viewFile/133/34>], 2008.

³⁸ In this report, client characteristic data (CCDs) collected via all approved methods—which are then combined and comprehensively analyzed—are collectively referred to as “First 5 CCD database.”

analyzed, with results that report the total number of individuals with data for that variable, and the frequency and percentage of each response to that variable.

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

Healthcare Effectiveness Data and Information Set (HEDIS) Indicators

First 5 uses the *Healthcare Effectiveness Data and Information Set* (HEDIS) data to track the quality of care that children are receiving in Santa Cruz County. Selected health care quality indicators are requested annually by First 5 California and the California Endowment from every operating insurance plan based on data entered into HEDIS. HEDIS is a “set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans.”³⁹

Lifestyle Behavior Checklist (LBC)

The *Lifestyle Behavior Checklist* (West & Sanders, 2009) is a 25-item assessment that measures parental perceptions of their children’s behavioral challenges with overweight and obesity, and parents’ self-efficacy in handling these behaviors. The assessment includes questions about child problem behaviors related to eating, activity, and being overweight. The questionnaire consists of a Problem scale and a Confidence scale. The Problem scale measures the extent to which parents perceive each of the 25 behaviors as a problem for them with their child, on a 7-point scale from 1 (not at all) to 7 (very much), and total scores that can range between 25 (not at all a problem) and 175 (very much a problem). The Confidence scale measures the extent to which parents feel confident about managing each of the behaviors, on a 10-point scale from 1 (certain I can’t do it) to 10 (certain I can do it), with total scores that can range from 25 (certain I can’t do it) to 250 (certain I can do it).

³⁹ National Committee for Quality Assurance (NCQA), *Guidelines for Advertising*, Retrieved from <http://www.ncqa.org/>, 2012.

Parenting Experience Survey

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

Parenting and Family Adjustment Scales (PAFAS)

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

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

Parent's Attribution for Child's Behavior Measure

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

Structured Decision Making (SDM)

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

The SDM:FPSST is also used to reassess a family in order to make two decisions: whether or not to continue voluntary prevention services past 12 months for these families receiving intensive services, and past 3 months for those receiving a brief intervention and, if so, the frequency of case manager contact.⁴⁰

Triple P Satisfaction Survey

Multiple Sessions (Individual or Group)

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

Single Sessions (Seminars & Workshops)

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

⁴⁰ Children's Research Center, *Structured Decision Making Policy and Procedure Manual*, 2006.

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

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

Appendix E: Triple P Methodologies

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

Multiple types of improvement calculations

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

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

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

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

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

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

Measures of Statistical Significance

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

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

Triple P Analysis Populations

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

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

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

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