First 5 Santa Cruz County



Annual Evaluation Report

July 1, 2025 - June 30, 2026

October 2026

Acknowledgements

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

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

First 5 Santa Cruz County Staff

David G. Brody
Bryanna Amezcua
Vicki Boriack
Alicia Clark
Michelle Dodge
Alicia Fernandez
Irene Freiberg
Yesenia Gomez-Carillo
Holly Maclure
Maribel Pedroza
Rosio Sanchez
Christine Sieburg
Laura Sotelo
Alicia Zenteno

First 5 Santa Cruz County Commissioners

Sheree Storm
Dr. Faris Sabbah
Heidy Kellison
Julio Andrade
Sandy Brown
Jennifer Herrera
Gloria Carroll
Monica Martinez
Kimberly Petersen
Connie Moreno-Peraza
Maia Yates

Optimal Solutions Consulting

Nicole M. Young

Neurodevelopmental Foster Care Clinic

Program Description

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

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

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

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

The NDFCC takes a holistic approach to evaluate infants and children in the foster care system from 4 months to age 5, in a wide range of developmental and behavioral domains. Using an interdisciplinary approach, the NDFCC integrates health information and trauma history with developmental assessment, evaluation of social skills, and consideration of environmental conditions. They assess children for delayed language, thinking, and social or motor skills, as well as children who have challenges with sleep, eating, behavior, discipline, or temperament. Their interdisciplinary team focuses on early intervention to address the needs of young children who have recently entered foster care, and to provide comprehensive services to these foster children, their birth families, and foster families.

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

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

The Neurodevelopmental Foster Care Clinic provides the following services to children ages 0-5:

- A therapist from County Children's Behavioral Health meets with the child and foster family for a mental health assessment of the child (over the age of one).
- A Developmental-Behavioral Pediatric specialist (psychologist or nurse practitioner) evaluates the development and behavior of children and meets with the child, biological family, and foster family to discuss developmental and behavioral history and milestones.
- Standardized developmental and behavioral testing is conducted. The results of the testing and recommendations are provided to the biological and foster families at the end of the assessment.
- A follow-up consultative report is provided to all members of the interdisciplinary team, and the biological and foster families.
- A county Children's Behavioral Health therapist provides ongoing counseling to those children needing therapy services.
- Children needing developmental services (e.g., occupational therapy, physical therapy, speech therapy, special education) are referred to local resources and the school district in which they reside.
- Any identified medical services (e.g., audiology, ophthalmology) are coordinated through the primary care provider.

Funding Transition

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

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

One Client's Story

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

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

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

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

- Neurodevelopmental Foster Care Clinic, Annual Progress Report

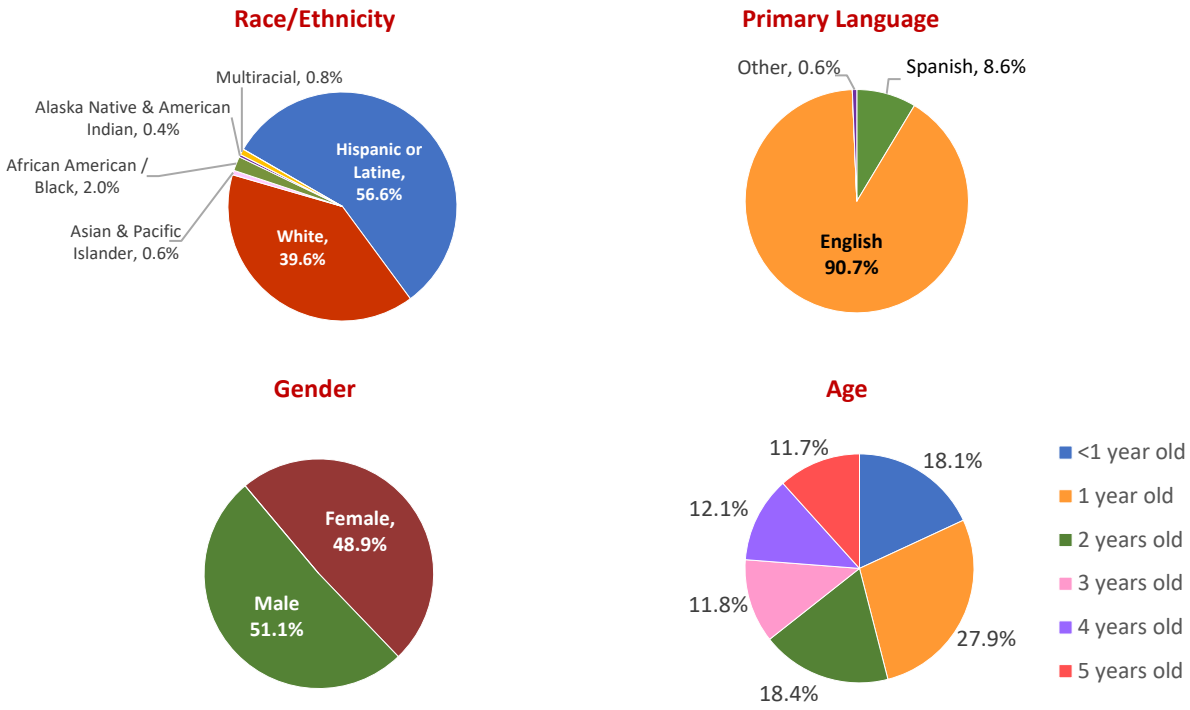
Population Served

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

Source: (Population) First 5 CCD database for July 1, 2025 – June 30, 2026.
* Estimated number of parents/guardians of foster children who received diagnoses, services, and referrals. These parents/guardians are included here as adults who benefited from the services that their foster/biological children received.
Note: Due to the increased confidentiality requirements of this partner, it is difficult to track clients who may have received multiple services. Therefore, these numbers likely include some duplicated clients, but is considered a close estimate of the total number of clients served by this program.

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

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



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

Outcome Objective: Ensure that all children within the dependency court system age 0-5 in Santa Cruz County receive early developmental and mental health services

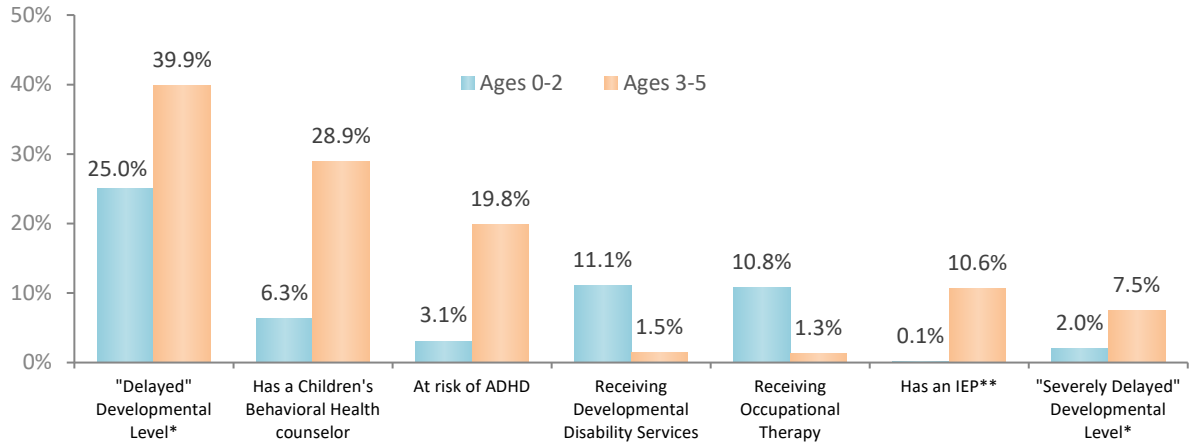
Measurable Objectives	2025-2026
By June 30, 2026, up to 50 children will receive comprehensive developmental and behavioral assessments and a plan for follow up within a community-based assessment team will be created for all children birth through 5.	• **37** children received comprehensive assessments

Source: Neurodevelopmental Foster Care Clinic, *Annual Progress Report*, 2026.
* This analysis only includes children who were referred by NDFCC to services and does not include children who had previous referrals to services from their pediatricians. Note that some children who haven't yet received services may be on Wait Lists for these services, so their referral is still in progress.

In the analyses of the following diagnoses, services, and referrals, all the data since the commencement of NDFCC have been aggregated (2011-2026) in order to present a more robust portrait of the extent to which NDFCC is helping children in the dependency court system obtain

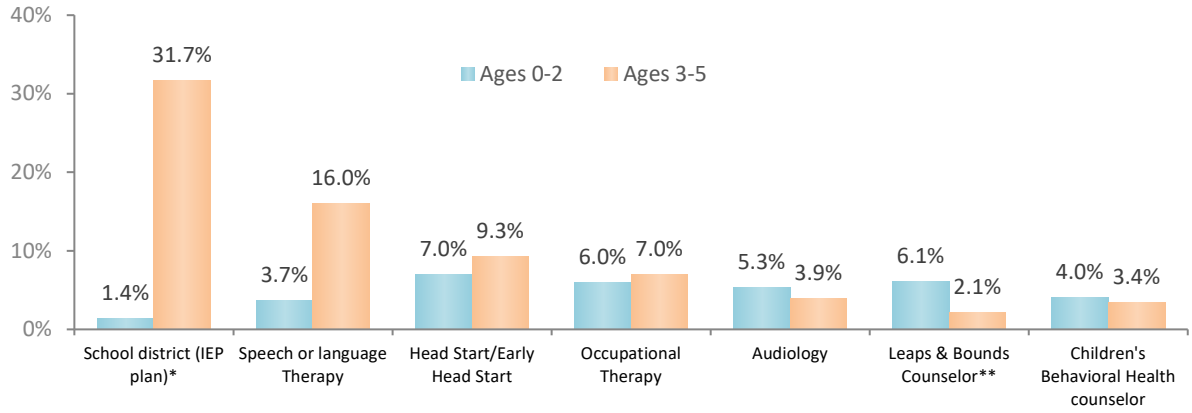
comprehensive developmental and behavioral evaluations to identify early intervention, mental health, or educational needs.

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



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2026.
Note: Data for different diagnoses and services were not always collected every year. Therefore, the number of children analyzed for each diagnosis and service may vary. Only diagnoses and services with percentages higher than 4% for at least one age group are shown.
* Children's developmental levels were assessed using one of two standardized assessments, depending on the age of the child: the *Bayley Scales of Infant and Toddler Development* or the *Wechsler Preschool and Primary Scales of Intelligence, 3rd edition*.
** IEP = Individualized Education Program
N: (Ages 0-2) 701; (Ages 3-5) 388.

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



Source: Neurodevelopmental Foster Care Clinic, Data Template, 2011-2026.
Note: Data for different referrals were not always collected every year. Therefore, the number of children analyzed for each referral may vary. Only referrals with percentages higher than 4% for at least one age group are shown.
* IEP = Individualized Education Program
** The Leaps & Bounds program is designed to support the healthy development of children ages 0-5 whose parents are recovering from methamphetamine or other drug use and who are participating in the County's Dependency Drug Court Program.
N: (Ages 0-2) 701; (Ages 3-5) 388.