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.

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THRIVING FAMILIES

Strategic Goal:

Support and strengthen early childhood systems so that families have what they need to provide Positive Childhood Experiences (PCEs) for their children.

Desired Results:



- 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 for children ages 0-2. For children ages 3-5, rates have been slowly increasing during the previous five years. Between 2011 and 2013, Santa Cruz County moved from being above (or at) the statewide rates, to **below** them (and have generally stayed below since).

Allegations of abuse or neglect in Santa Cruz County,

- **Children under age 1:** The rates of allegations of abuse and neglect *(per 1,000)* have decreased from a high of **95** in 2005, to **44** in 2025.
- **Children ages 1-2:** Allegation rates *(per 1,000)* dropped from a high of **59** in 2007, to **35** in 2025.
- **Children ages 3-5:** Allegation rates *(per 1,000)* dropped from a high of **61** in 2007, to **34** in 2020. However, rates have been increasing from 34 in 2020 to **46** in 2025.

Decreasing rates of substantiated allegations of abuse and neglect

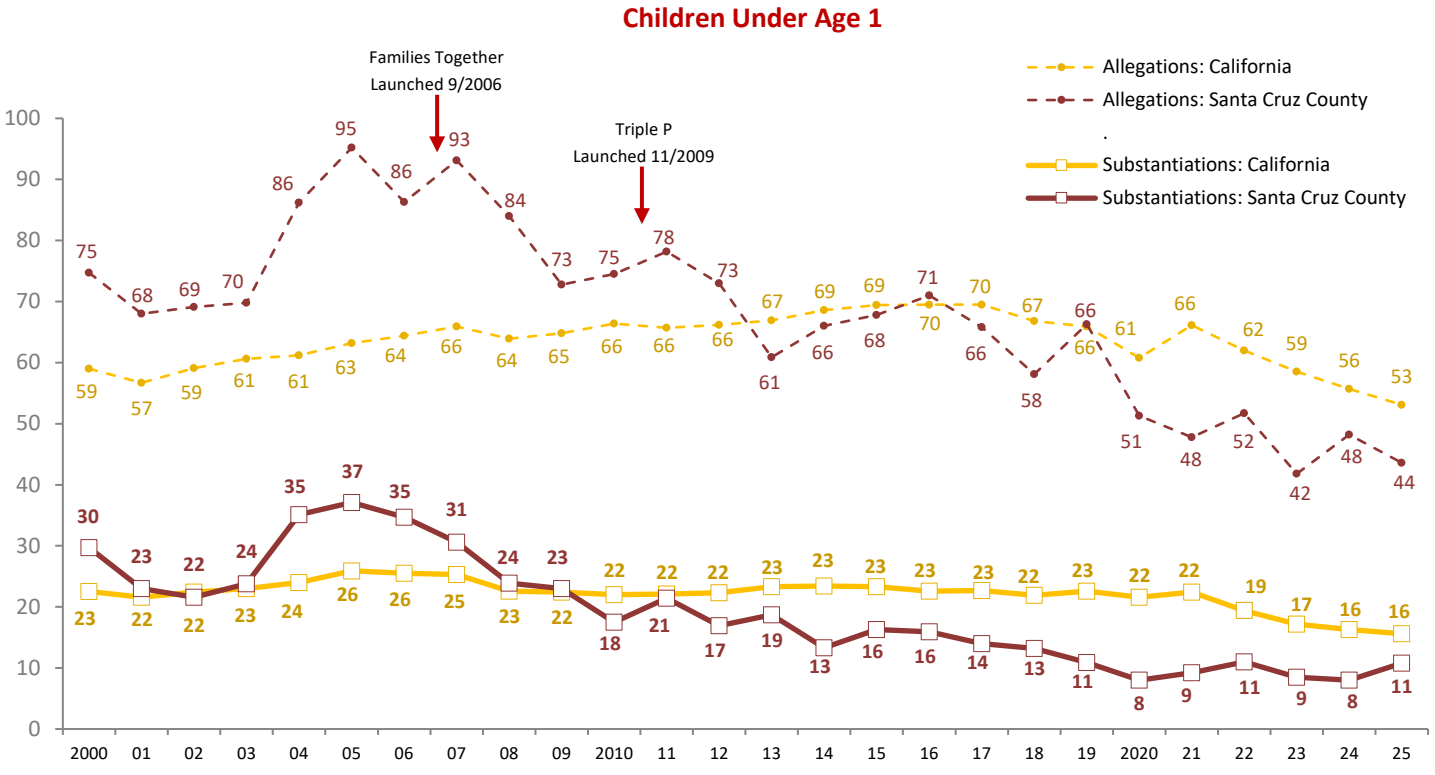
Corresponding to the decreasing rates of allegations over time, the rates of child maltreatment have also been steadily decreasing. In 2010, the rates of substantiated allegations in Santa Cruz County moved from being substantially above (or at) the statewide rates, to **below** them (and have generally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

Substantiated allegations of abuse or neglect in Santa Cruz County,

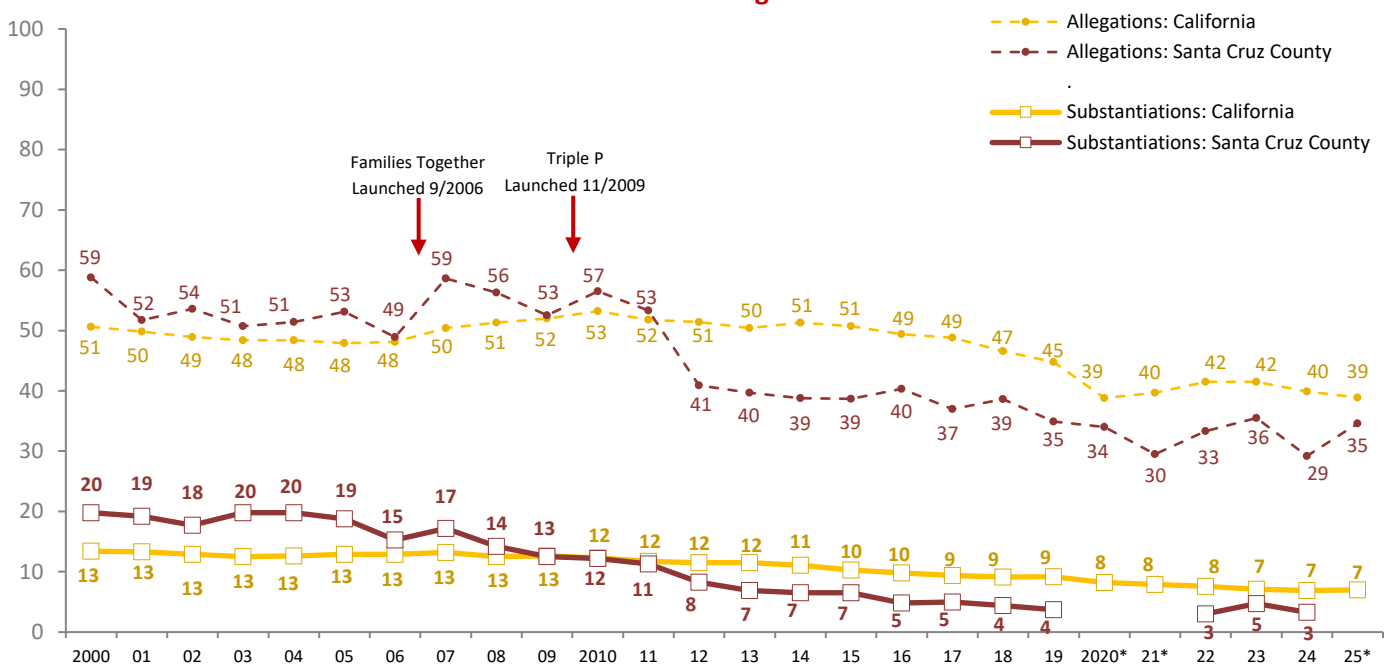
- **Children under age 1:** The rates of substantiated allegations of abuse or neglect *(per 1,000)* have decreased from a high of **37** in 2005, to **11** in 2025.
- **Children ages 1-2:** Rates of substantiated allegations *(per 1,000)* dropped from a high of **20** in 2004, to **3** in 2024.
- **Children ages 3-5:** Rates of substantiated allegations *(per 1,000)* dropped from a high of **18** in 2005, to **3** in 2025.

These overall decreasing rates in Santa Cruz County may have been assisted by the efforts of the county-wide **Triple P – Positive Parenting Program** and the **Families Together** program, which launched in late 2009 and 2006, respectively. The marked declines in initial allegations in 2020 and 2021, however, may have been a reflection of the shelter-in-place order related to the COVID-19 pandemic, when child care, schools, health and social services were disrupted, and there were fewer interactions between children and adults who were mandated reporters.

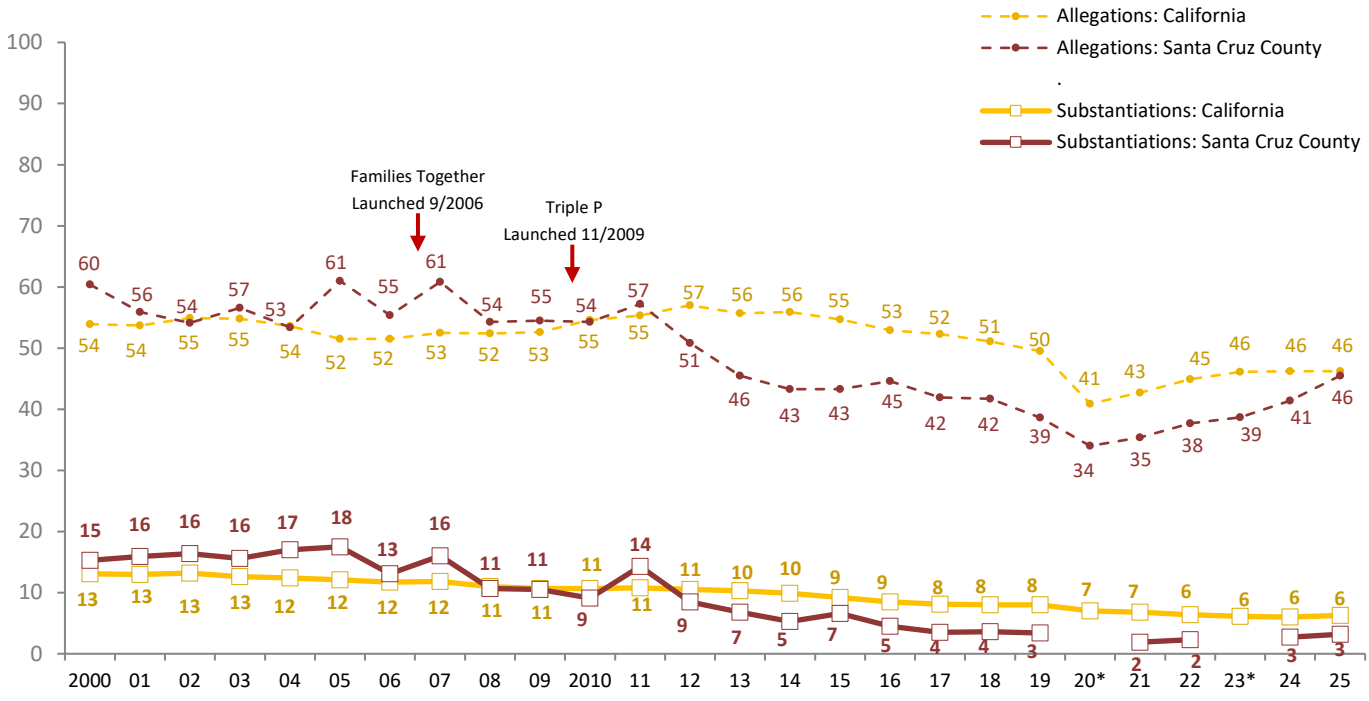
Figure 31: **Rates of initial allegations of child maltreatment—and substantiated allegations—in Santa Cruz County and California (per 1,000)**



Children Ages 1-2



Children Age 3-5



Source: Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Gomez, A., Guo, S., Zhang, A., Dua, A., Berwick, H., Lu, F., Hoerl, C., Yee, H., Ensele, P., Nevin, J., & Michel, J. (2025). CCWIP reports. Retrieved August 29, 2025, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu.

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

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

Triple P – Positive Parenting Program

Program Description

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

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

- ***Level 1: Universal Triple P*** disseminates information about positive parenting to the entire community through a media-based social marketing campaign and pocket guides.
- ***Level 2: Selected Triple P*** provides brief information through one-time consultations *(Level 2 Individual)* or a series of Seminars on general parenting topics *(Level 2 Seminars)*.
- ***Level 3: Primary Care Triple P*** offers brief, targeted parent education and skills training through Workshops on specific topics *(Level 3 Workshops)* or 3-4 brief consultations on an individual basis *(Level 3 Individual)* or in a group with other families *(Level 3 Brief Group)*.
- ***Level 4: Standard & Group Triple P*** provides in-depth parent education and skills training through 10 sessions with a practitioner on an individual basis *(Level 4 Standard),* or 8-9 sessions in a group with other families (*Level 4 Group*), or in an online, self-paced course *(Triple P Online).* Additional in-depth support is now available (individually or in groups) to parents and caregivers of children aged 6 to 14 years who are experiencing anxiety *(Level 4 Fear-Less)*, and expectant parents or parents with infants *(Level 4 Baby)*.
- ***Level 5: Enhanced, Pathways, and Family Transitions*** 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)*, or co-parent after a divorce or separation *(Level 5 Family Transitions).*

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 that are expecting or have a baby (Triple P for Baby)
- 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)
- Families with children ages 6-14 experiencing anxiety (Fear-Less Triple P)

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

Triple P Providers

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

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

- **Community Bridges – Family Resource Collective (CB-FRC):** The primary provider of all levels and variants of Triple P services since 2009, ensuring that Triple P services are free, accessible, and meet the needs of all families throughout the county, regardless of child ages, primary language, geographic location, income, health insurance, immigration status, or type of parenting support needed. CB-FRC is uniquely positioned to fulfill this role through its four Family Resource Centers (FRCs), located in Watsonville, Live Oak, Santa Cruz, and Felton. FRCs serve all families but prioritize those who are most likely to encounter service access barriers due to cultural and linguistic differences, social isolation, mental health issues, discrimination, low incomes, or immigration status. Bilingual/bicultural practitioners provide Triple P services virtually and at FRCs and other community locations (schools, child care centers, health clinics, libraries, parks). In FY 2025-26, CB-FRC provided Triple P services to 858 parents.
- **Encompass Community Services – Families Together (FT):** Described in the partner profile in the next section of this report. FT is an innovative counseling program providing home-based services to families living throughout Santa Cruz County. Families referred by Santa Cruz County Family & Children's Services, CalWORKs, or community partners 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.

- **Parents Center:** Provides Triple P services as a contractor for the Human Services Department's Family and Children's Services Division for parents who are required to participate in parent education classes by the Juvenile Dependency Court. The Parents Center offers bilingual Triple P parenting support through 8-week groups.
- **Independent practitioners (contractors):** First 5 contracts with a small cohort of individuals who provide Triple P services as private practitioners. The independent practitioners have deep expertise in Triple P, as well as other specialty areas such as counseling, disabilities or special needs, and working with families that have low incomes, are undocumented, or speak a language other than English.
- ***Promotores*:** In FY 2024-25, First 5 supported a small group of "*promotores*" to become accredited to provide brief Triple P services. First 5 continues to provide coaching and support to the *promotores* to develop their capability to provide L3-Primary Care services.

Partnerships

First 5 continuously expands the availability and accessibility of Triple P services through partnerships with other agencies, systems, and funders. In 2025-26, First 5 coordinated the provision of Triple P services for these partners:

- **Cradle to Career Santa Cruz County (C2CSCC):** First 5 partnered with the C2CSCC initiative to offer virtual and in-person Triple P workshops in Spanish (with simultaneous interpretation into English) for families throughout Santa Cruz County. Topics were selected by C2CSCC Parent Leaders and taught by a Triple P practitioner from Community Bridges and/or the *promotores*. 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 tenth year that Triple P workshops were incorporated into the Cradle to Career initiative.
- **CalWORKs:** In FY 2020-21, First 5 partnered with the Human Services Department (HSD) to launch a small pilot of Triple P Online (TPOL) for CalWORKs participants. HSD contracted with First 5 to purchase TPOL program access codes, establish a referral and data collection process, and provide up to four coaching sessions to program participants. TPOL is equivalent to a Level 4 Triple P intervention. The CalWORKs TPOL pilot expanded in FY 2022-23 to include referrals for all Triple P services, including and beyond TPOL. This partnership continued in FY 2025-26.

- **Ventures – Semillitas (college savings accounts):** Ventures is using funding from the Collective of Results and Evidence-based (CORE) Investments to deposit funds in children's college savings accounts when their parents participate in a Triple P class or one-on-one session. Children enrolled in Semillitas can earn a one-time $50 deposit to their Semillitas savings account when their parents complete this "milestone." First 5 Santa Cruz County, Triple P practitioners, and the Semillitas program are actively collaborating to raise awareness about this milestone by sharing details about it during Triple P classes and one-on-one sessions, including it in Triple P newsletters and social media platforms, and by setting up outreach tables at community events. Triple P partnered with Semillitas to co-host workshops, engage Semillitas families in Triple P workshops, and support them in accessing the one-time $50 deposit incentive. All collaborative outreach efforts are aimed at increasing families' awareness of the availability and benefits of Semillitas savings accounts and making it as easy as possible for them to participate in Triple P services and earn the milestone deposit.
- **Santa Cruz County Truancy Court:** In June 2025, the Santa Cruz County Superior Court launched a Truancy Court program in partnership with the Santa Cruz County Office of Education and Court Appointed Special Advocates (CASA) of Santa Cruz County. The goal of the program is to address root causes of chronic absenteeism rather than relying solely on punitive measures. Families are referred to the Truancy Court by school districts and are offered school supplies and tailored recommendations for services. First 5 staff and Triple P practitioners participate in the coordination meetings and offer Triple P parenting support to families.

Additional investments in the county-wide Triple P System

- **Children and Youth Behavioral Health Initiative (CYBHI)**

  At the end of FY 2022-23, First 5 was awarded a 2-year grant from the California Department of Health Care Services (DHCS) to:

  - Increase capacity to provide **Triple P services for populations** that are most likely to experience access barriers and health disparities (Latine families, non-English speakers, migrant workers, immigrants, parents and caregivers of children with physical, intellectual, or developmental delays or disabilities, LGBTQIA+ families).
  - Improve **equitable access to Triple P services** that are culturally and linguistically responsive to the needs of the populations of focus.
  - Strengthen **positive parenting practices** among parents and caregivers in the populations of focus.
  - Improve **child emotional and behavioral challenges**, particularly among the selected populations of focus.

  During FY 2025-26, First 5 continued to fund and coordinate Triple P services through a one-year no-cost extension.

- **Central California Alliance for Health**

  A 2-year grant from the Central California Alliance for Health (CCAH) enabled First 5 to enhance access to Triple P services for Medi-Cal members with children aged 0-5, with a particular focus on supporting Spanish-speaking and Latine parents and caregivers.

  In the first year of the grant (FY 2024-25), First 5 trained 12 Community Health Workers (CHWs), *promotores*, and other providers in Level 3 Primary Care Triple P. This was the first time a cohort of practitioners in Santa Cruz County completed the Triple P training and accreditation process in Spanish.

  In FY 2025-26, First 5 provided coaching and support to accredited *promotores* from Cradle to Career (C2C) to build their readiness and confidence to deliver Level 3 Triple P brief services (including workshops and one-on-one sessions), with a targeted focus on Spanish-speaking and Latine families. The C2C *promotores* observed Triple P Workshops conducted by experienced practitioners, then co-facilitated two workshops with support from First 5 staff.

  This approach aims to diversify and sustain the workforce and funding for Triple P, ensuring future growth and success. Additionally, the project creates opportunities for economic self-sufficiency by supporting CHWs and *promotores* in becoming accredited Triple P practitioners—a globally recognized and valued credential that enhances career prospects and is highly sought after by First 5 and other organizations.

  In FY 2025-26, First 5 secured another 2-year grant from CCAH to continue this work with CHWs and *promotores* and implement the newest program, Triple P for Baby.

Population Served

The total number of clients who participated in Triple P is comprised of three groups:

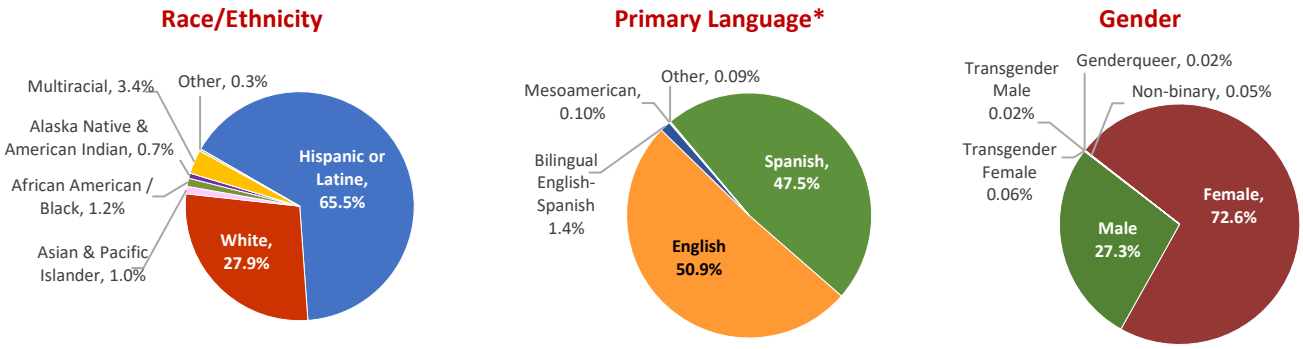
1) **Unique Clients**: Those who participated in individual or group sessions AND who consented to have their assessment data anonymously included in this evaluation (who consequently provided enough information to create a Unique ID)
2) **"Unidentified" Clients**: Those who participated in brief services 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 2025-2026					Cumulative Totals 2010-2026				
Unique Clients –*client data analyzed* *										
Parents					905					9,245
	Ages 0 – 5	**Ages 6 – 12**	**Ages 13 – 16**	**Ages 17+**		**Ages 0 – 5**	**Ages 6 – 12**	**Ages 13 – 16**	**Ages 17+**	
Children	*60*	*85*	*35*	*8*	188	*2,709*	*2,292*	*798*	*341*	6,140
"Unidentified" Clients – *Includes duplicates; some client data analyzed* **										
Parents *(2010-2022 only)*					-					9,991
Children *(all ages)*					1,408					31,282
"Non-Consenting" Clients – *Client numbers only; no client data analyzed****										
Parents					26					513
Children *(all ages)*					36					763
TOTAL (INCLUDES DUPLICATES)										
Parents					**931**					**19,749**
Children *(all ages)*					**1,632**					**38,185**

Source: First 5 CCD database for July 1, 2010 – June 30, 2026.
* Unique Clients: Includes parents and children for whom enough personal information is collected to be able to create a Unique ID. Beginning in FY 2022-23, this includes parents participating in Level 2 Seminars and Level 3 Workshops, so now all parents in every level of Triple P are reported here. As usual, this also includes children of parents who participate in the more in-depth levels of Triple P: Levels 3 (Individual/Brief Group), 4, and 5. Parents may have participated in more than one Triple P service, but are only reported once in this calculation of the number of unique clients served. Children with unknown birth dates are not included.
**"Unidentified" Clients: Includes children in levels of Triple P where not enough information is collected to create a Unique ID (i.e., children of parents who participated in Level 2 Individual sessions, Level 2 Seminars and Level 3 Workshops). Prior to FY 2022-23, this also included parents in Level 2 Seminars and Level 3 Workshops, due to lack of data collection. Beginning in FY 2022-23, Unique IDs can be created for all parents, so all parents are now reported in the "Unique Clients" category. Consequently, the only "Unidentified" parents remaining in this category are from 2010-2022.
*** "Non-consenting" clients are those who did not consent to have their personal and evaluation information included in First 5's evaluation of Triple P. They are only included in this calculation of the total number of clients served.
Note: The vast majority of participants are Santa Cruz County residents, with only minimal numbers from other counties.

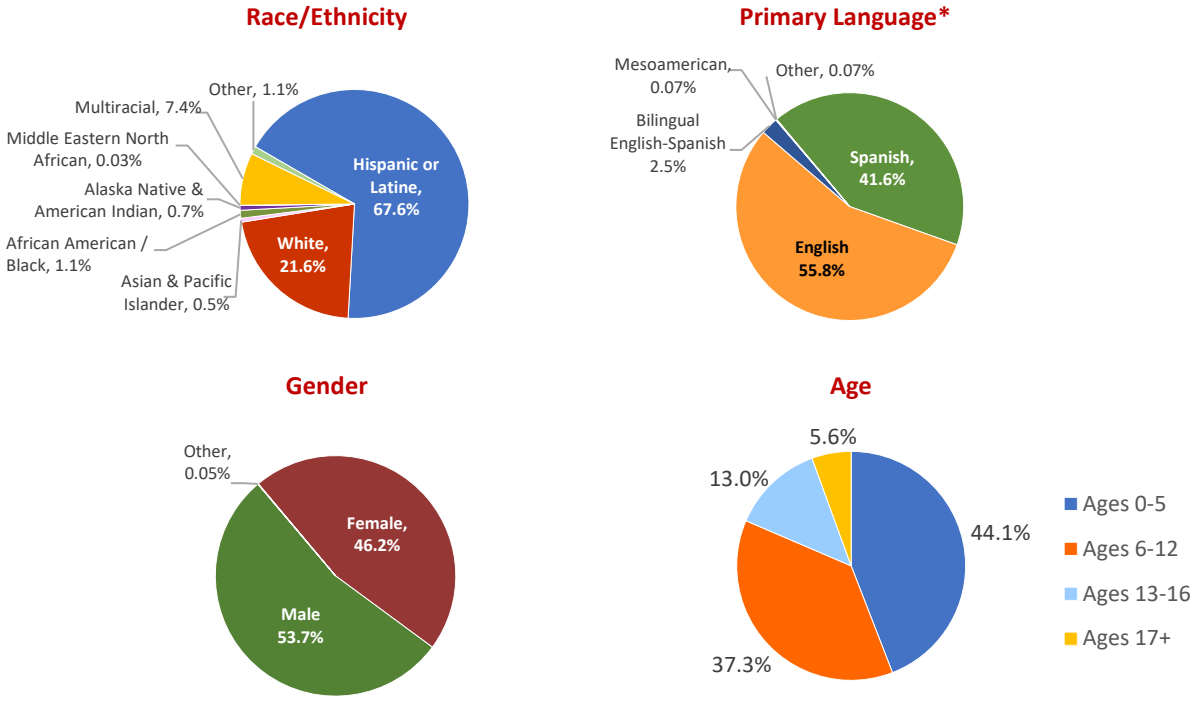
Triple P Participant Details

Figure 32: **Demographics of Triple P Parents/Guardians (2010-2026)**



Source: First 5 CCD database for 2010-2026.
Notes: Parents participating in any level of Triple P where demographic information is collected are included in these analyses. More demographic information is collected for parents participating in the more in-depth levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5), such as Race/Ethnicity, Language, and Gender. However, brief levels of Triple P (Level 2-Individual, L2 Seminars, and L3 Workshops) do collect the parent's language and gender, so these adults are also included in the analyses of these demographics. Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* Parents in in-depth levels of Triple P are asked to indicate their preferred language. Brief levels of Triple P do not ask the parent to indicate their Primary Language; in these cases the Primary language is determined by the language of the evaluation forms. "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Multilingual and other languages.
N: (Ethnicity)=3,818, (Language)=9,230, (Gender)=8,699.

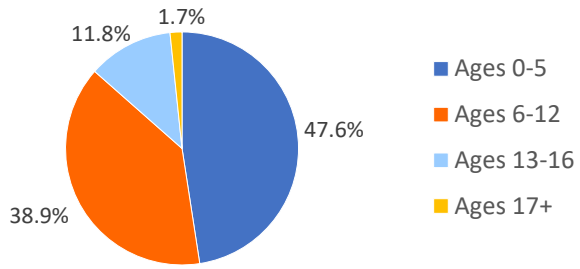
Figure 33: **Demographics of Children benefiting from Triple P (2010-2026)**



Source: First 5 CCD database for 2010-2026.
Notes: These demographic analyses include children of parents participating in the more intensive levels of Triple P (Levels 3 Individual/Brief Group, 4, and 5). Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
* Children's Primary language is determined by the parent's language. "Mesoamerican" languages include Mixtec, Zapotec, and Triqui. "Other" languages include Multilingual.
N: (Ethnicity)=5,890, (Language)=6,133, (Gender)=6,124, (Age)=6,140.

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.

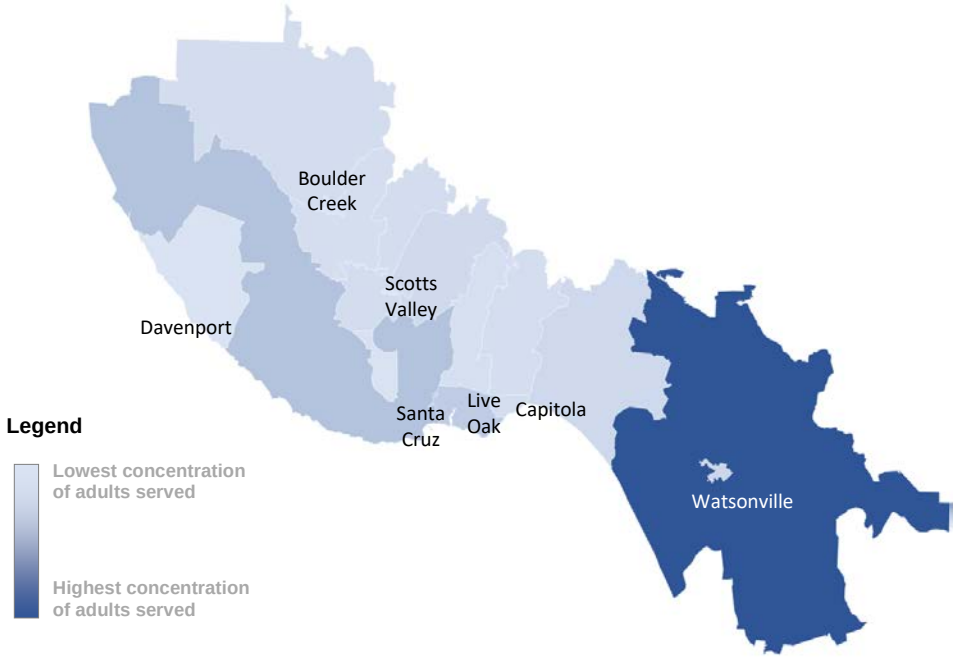
Figure 34: **Ages of Children chosen as the "Index" Child (2010-2026)**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
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=3,208.

Analyses of clients' ZIP codes show that adults from all over the County are participating in Triple P, with the majority living in South County (Watsonville and Freedom, 59%).

Figure 35: **Distribution of County Adults who received Triple P services, by ZIP Code (2010-2026)**



Source: First 5 CCD database for July 1, 2010 – June 30, 2026.
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, L4-Fear-Less, L5-Family Transitions, L5-Lifestyle, Triple P Online). Only adults with known ZIP codes are included in this analysis. Adults who received multiple Triple P services are only included once in this analysis.
* Adults with Post Office mailing addresses in these areas were included in the area totals.
N=4,618.

Figure 36: **Number of County Adults who received Triple P services, by ZIP Code (2010-2026)**

AREA	ZIP CODE	ADULTS SERVED	
		NUMBER	PERCENTAGE
Aptos, Rio Del Mar*	95003	177	3.8%
Ben Lomond	95005	82	1.8%
Boulder Creek	95006	106	2.3%
Brookdale	95007	16	0.3%
Capitola	95010	87	1.9%
Davenport	95017	3	0.1%
Felton	95018	100	2.2%
Freedom	95019	221	4.8%
Mt. Hermon	95041	2	0.04%
Santa Cruz*	95060	574	12.4%
Santa Cruz (Live Oak)*	95062	402	8.7%
Santa Cruz	95064	22	0.5%
Santa Cruz	95065	65	1.4%
Scotts Valley*	95066	156	3.4%
Soquel	95073	87	1.9%
Watsonville*	95076	2,518	54.5%
Total	-	4,618	100%

Source: First 5 CCD database for July 1, 2010 – June 30, 2026.
Note: Includes adults who participated in any level of Triple P. Only adults with known ZIP codes are included in this analysis. Adults who received multiple Triple P services are only included once in this analysis.
* Adults with Post Office mailing addresses in these areas were included in the area totals.

Triple P Highlights

Triple P's population-based approach to parenting support provides the minimally sufficient level of care for parents to enable them to independently manage their family issues. This section provides an overview of how families in Santa Cruz County have been helped to receive the levels of support that they needed through their participation in Triple P, and highlights some of the key achievements in each of these levels.

In the following analyses, several years of data have been aggregated (based on the number of years that each assessment has been in use) in order to present a more robust portrait of the extent to which families are demonstrating improvement in their parenting knowledge and skills. Beginning in FY 2020-21, the results for four Level 4 assessment tools that were used from 2010-18 are no longer reported in these analyses of Triple P outcomes, and only the results for the current Level 4 assessments are included. Analyses of Level 5 Lifestyle are no longer included in this report as of FY 2025-26. First 5 discontinued its implementation support for Lifestyle Triple P, since Triple P International announced it will not update the curriculum to match United States health guidelines or translate the program materials into Spanish.

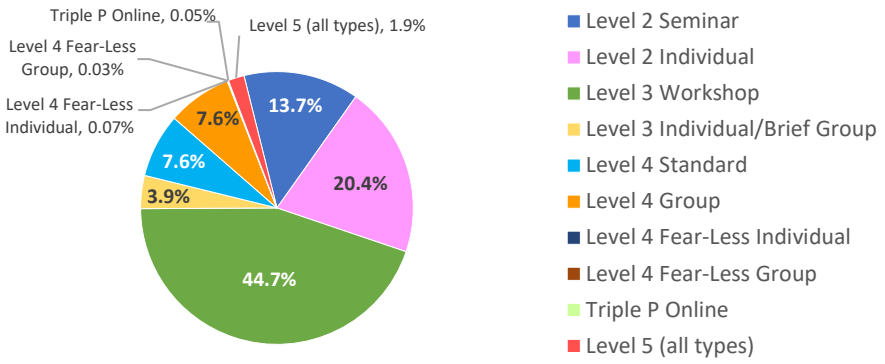
The vast majority of these clients live in Santa Cruz County, but with the advent of virtual classes, this analysis also includes the few who attended from other counties. See Appendix D for more detailed information about the population of clients included in these analyses, and the methodologies used to calculate the amount of improvement and statistical significance.

The following charts show the levels of Triple P in which parents have participated, since the commencement of the program.

- When all years are combined, results show that families are engaged in all levels of Triple P. Not surprisingly, the majority of parents are participating in the briefest services, which include Level 2 Seminars, one-time Level 2 Individual consultations, and Level 3 Workshops. This

mirrors the intent of the Triple P system, with a greater proportion of the community accessing briefer, targeted parenting support, and a smaller proportion of the community accessing in-depth, comprehensive parenting support.

Figure 37: **Percentage of participants in each level of Triple P (2010-2026)**



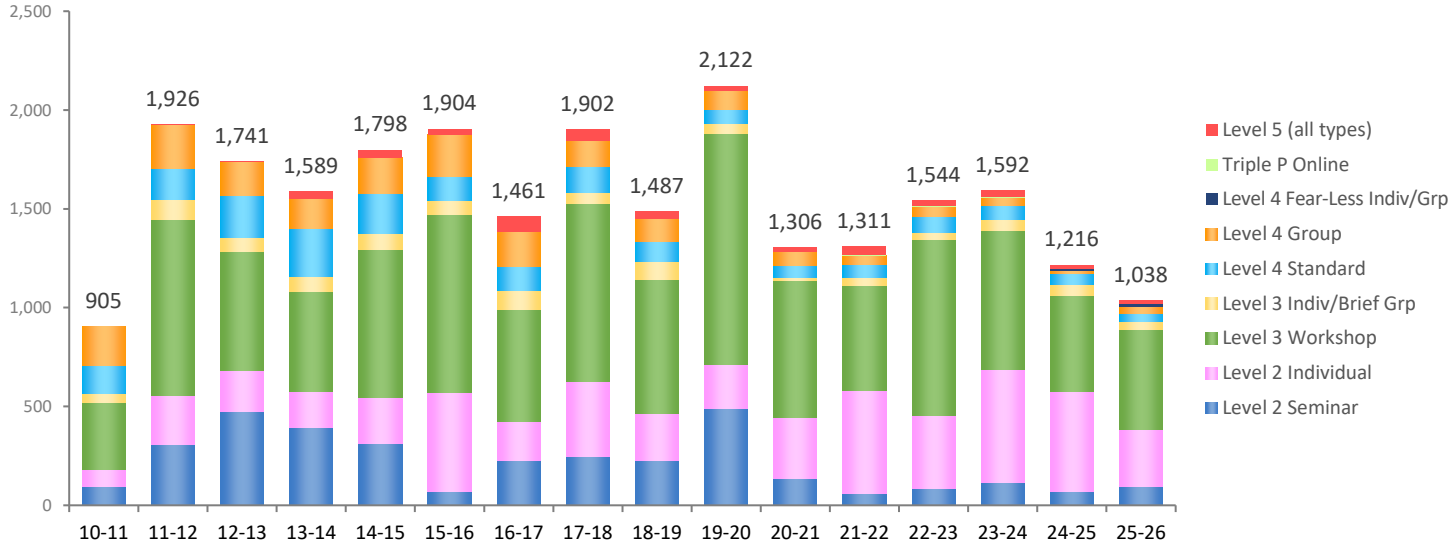
Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
Notes:

- 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=24,842 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 38: **Number of participants in each level of Triple P, by Fiscal Year**



Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
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 2026, the Santa Cruz County Board of Supervisors proclaimed January as Positive Parenting Awareness Month (PPAM) for the 14th 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 2026 also marked the 7th year that the State Assembly and Senate passed a resolution declaring January as Positive Parenting Awareness Month throughout California. First 5 participated in 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," social media, and the Triple P email address.

- **Encouragement to participate.** Since the beginning of the Triple P program, approximately 19,700 unique parents and 38,000 unique children have benefited from Triple P services, and many of these parents participated in multiple services. These numbers reflect the widespread interest in—and reach of—this parenting program.

Client Participation in Triple P

	THIS FUNDING CYCLE 2025-2026	CUMULATIVE TOTALS 2010-2026
Parents/Guardians	**931**	**19,749**
Children *(all ages)*	**1,632**	**38,185**

Source: First 5, Triple P Master Client Data Collection Template, 2010-2026.
Note: These totals include "Unique Clients" who may have participated in more than one Triple P service (see the previous "Population Served" section for an explanation of which clients fall in the "Unique Clients" category).

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

Parents' Satisfaction with Various Aspects of the Triple P Program (2010-2026)



Source: Triple P data from the *Parent Satisfaction Survey*, Jan. 2010 - June 2026.

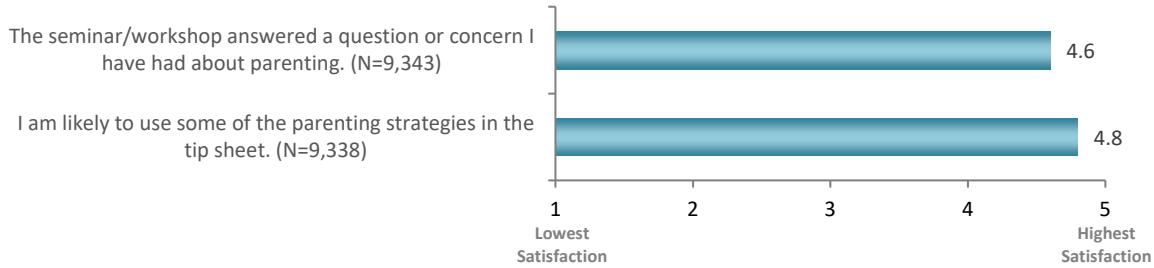
Level 2: Selected (Individual & Seminars) & Level 3: Primary Care (Workshops)

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 (2010-2026)



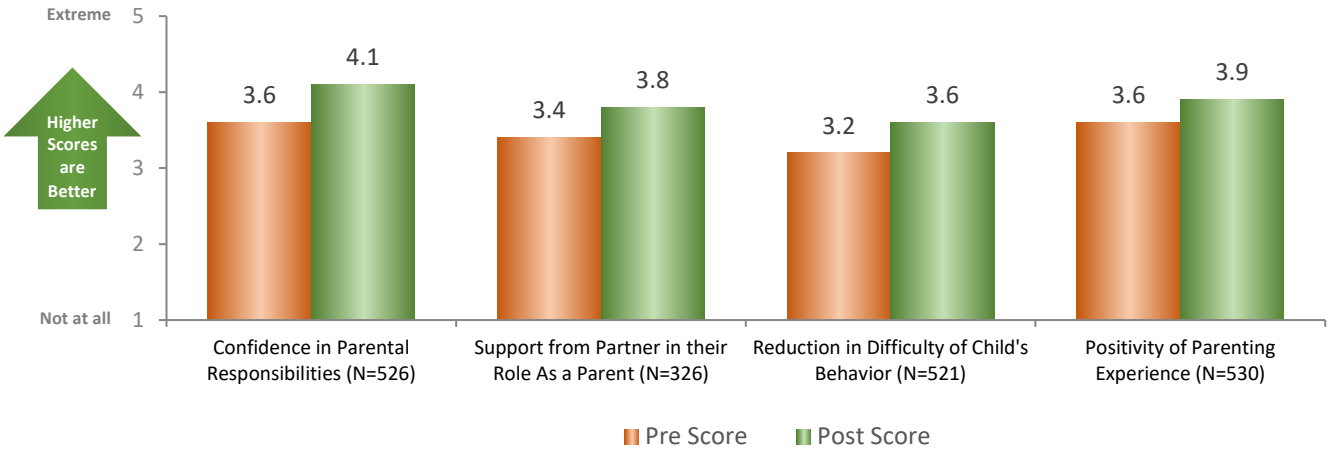
Source: Triple P data from the *Seminar/Workshop Satisfaction Survey*, Jan. 2010 - June 2026.

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*.

Increases in Positive Parenting (2010-2026)



Source: Triple P data from the *Parenting Experience Survey, Questions 3, 6, 1, and 2*, Jan. 2010 - June 2026.
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.[35]

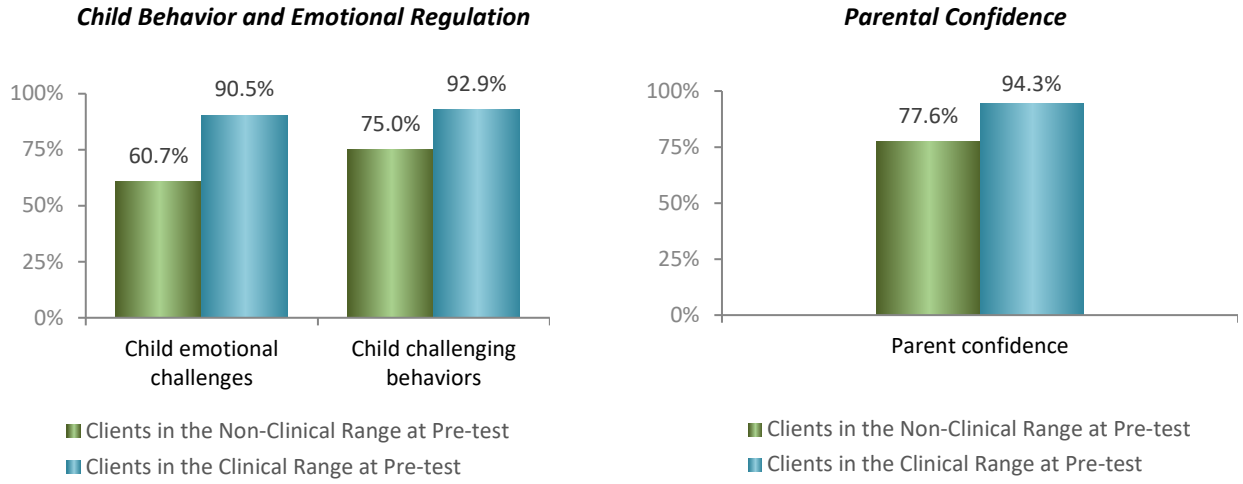
- **Intensive services may have a stronger impact on parents who begin the program experiencing more serious parenting issues.** First 5's evaluation results have consistently shown that:
    - On average, the majority of parents who completed intensive services demonstrated improvements in key parenting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

[35] These Level 4 analyses include clients who participated in Level 4 Standard or Group services (including those who afterwards additionally participated in Level 5 Pathways or Level 5 Enhanced), Triple P Online, and Level 4 Fear-Less. They do not include clients who only participated in Level 5 Family Transitions as this is a standalone program that incorporates the Level 4 topics within it, so these clients are NOT considered as also having participated in a separate Level 4 program.

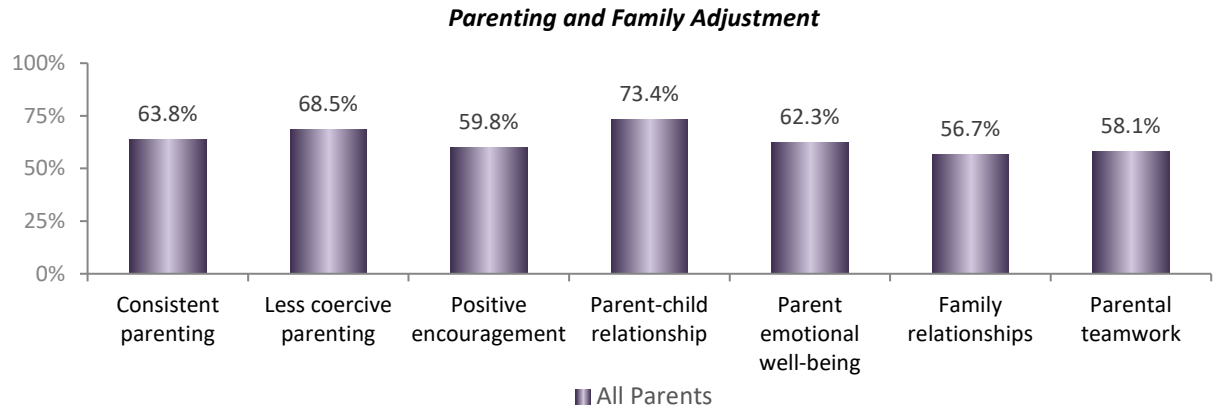
and behavior regulation, parental confidence, parental emotional well-being and family relationships, and increased use of positive parenting styles.

- Parents whose pre-assessment scores were high enough to be in a "Clinical Range of Concern" were *even more likely* to show improvement by the end of the program, suggesting that Triple P was effective for parents who were experiencing more serious parenting issues.
- The majority of parents who began the program in a "Clinical Range of Concern" had moved out of the range of concern by the end of the program.

Percentage of Parents who demonstrated improvement in key parenting issues after completing services (2018-2026)

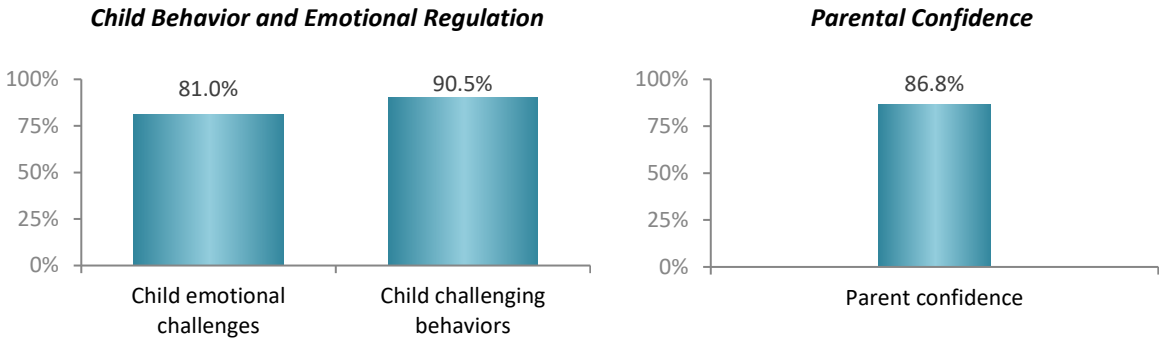


Source: Triple P assessment results, July 2018 - June 2026. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
N: (Emotional challenges) Non-Clinical=346, Clinical=42; (Challenging behaviors) Non-Clinical =408, Clinical=42; (Confidence subscales) Non-Clinical =371, Clinical=53.



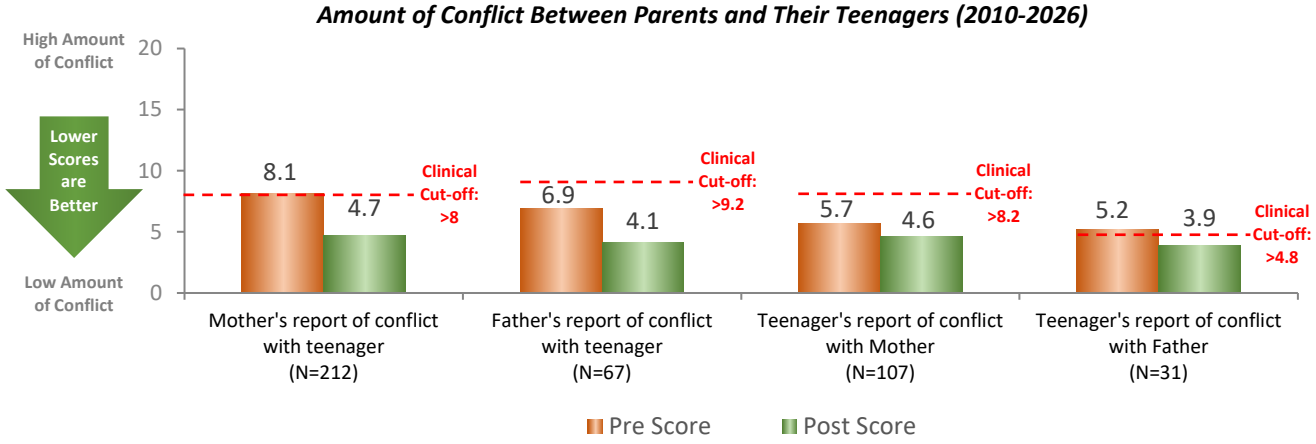
Source: Triple P assessment results, July 2018 - June 2026. *Parenting and Family Adjustment Scales (PAFAS)* subscales.
Note: There is no clinical cut-off for the PAFAS scores, so there is no "Clinical Range at Pre-test" sub-population to analyze for this assessment.
N: (Consistent parenting)=481; (Less coercive parenting)=425; (Positive encouragement)=413; (Parent-child relationship)=289; (Parent emotional well-being)=469; (Family relationships)=418; (Parental teamwork)=270.

Percentage of Parents who moved out of the "Clinical Range" of concern in key parenting issues after completing services (2018-2026)



Source: Triple P assessment results, July 2018 - June 2026. *Child Adjustment and Parent Efficacy Scale (CAPES)* subscales.
N: (Emotional challenges)=42; (Challenging behaviors)=42; (Confidence subscales)=53.

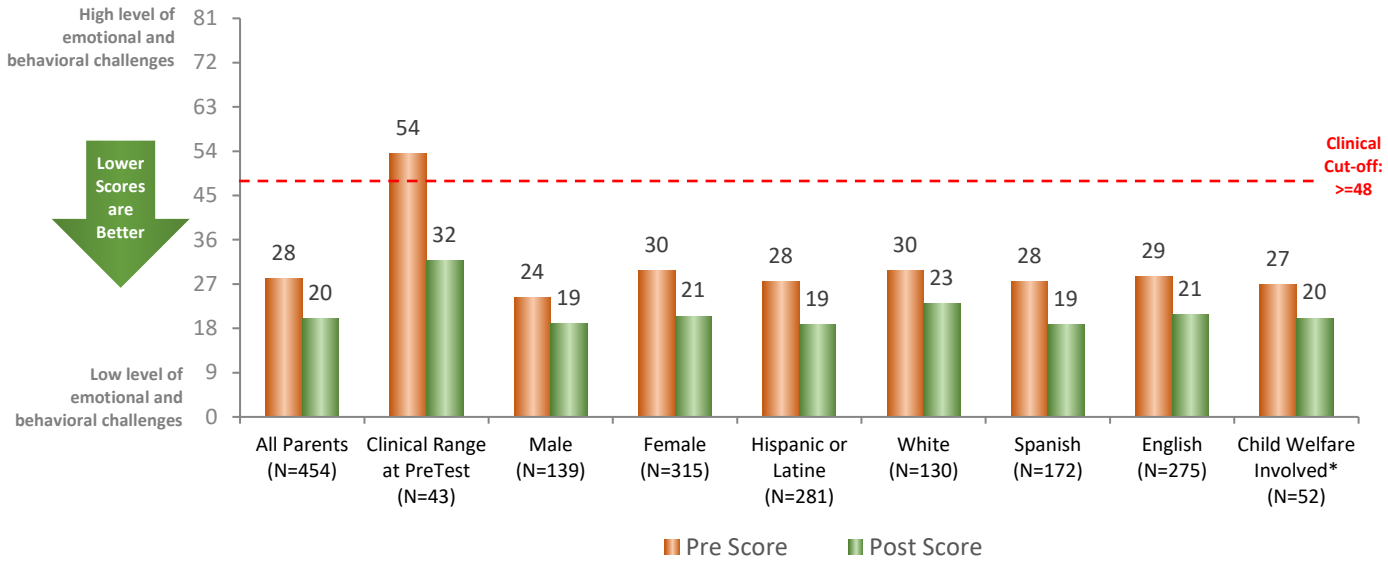
- **Parents in Teen Triple P report decreased amounts of conflict with teenagers.** While the majority of parents who received in-depth services were in Core Triple P (for families with children ages 0-12), a substantial number of parents have completed Teen Triple P (for families with youth ages 13-16).
  - On average, both mothers and fathers reported significant decreases in the amount of conflict between themselves and their teenagers. Mothers and fathers both experienced a moderate to large magnitude of change, indicating that their decreases in conflict were not only *statistically significant* but also *meaningful*.
  - By the end of the program, teenagers also reported *significantly* lower amounts of conflict with their mothers and fathers.



Source: Triple P data from the *Conflict Behavior Questionnaire*, Jan. 2010 - June 2026.
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of conflict at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

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

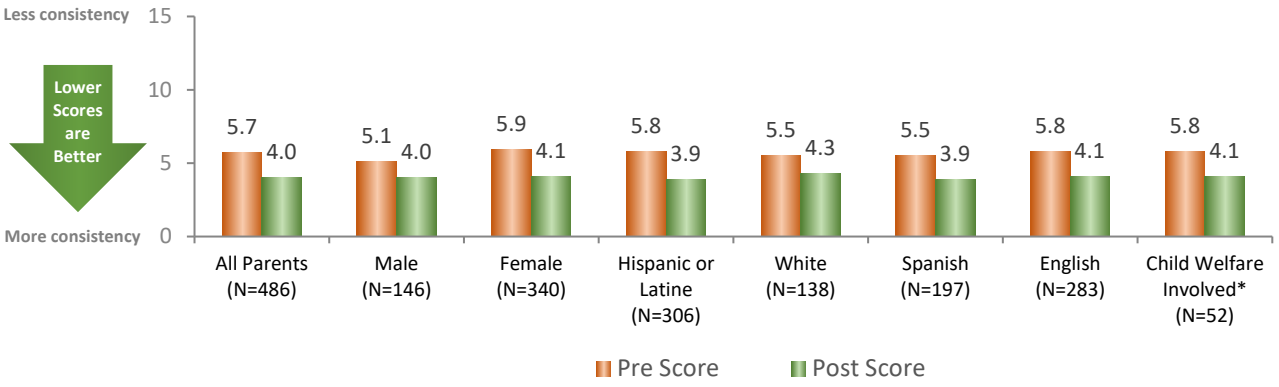
Child Emotional and Behavioral Challenges (2018-2026)



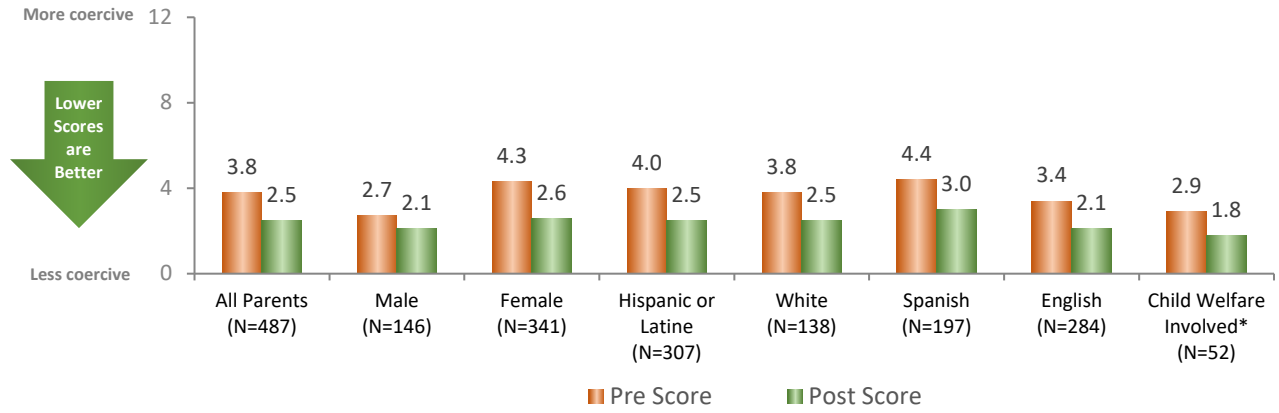
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2026.
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of challenges at "Pre" are omitted from the improvement 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.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

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

Improvement in Consistent Parenting (2018-2026)



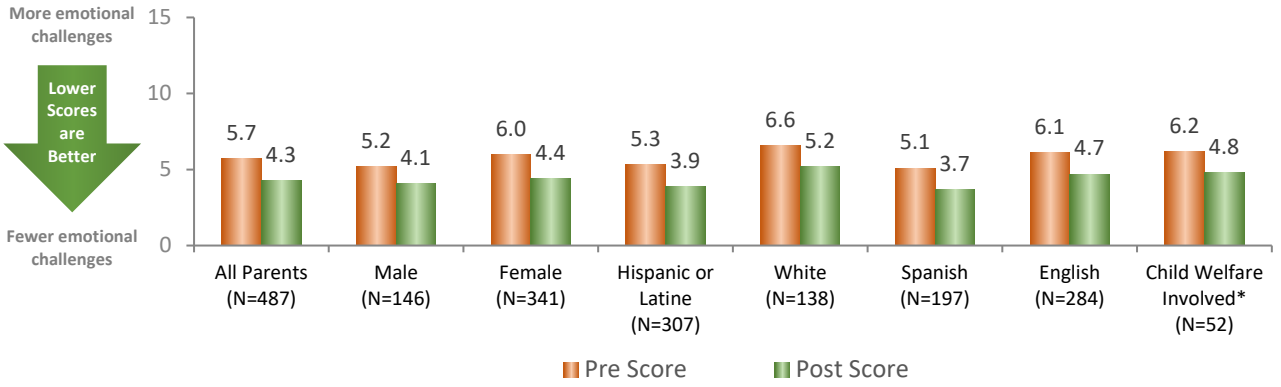
Decrease in Coercive Parenting (2018-2026)



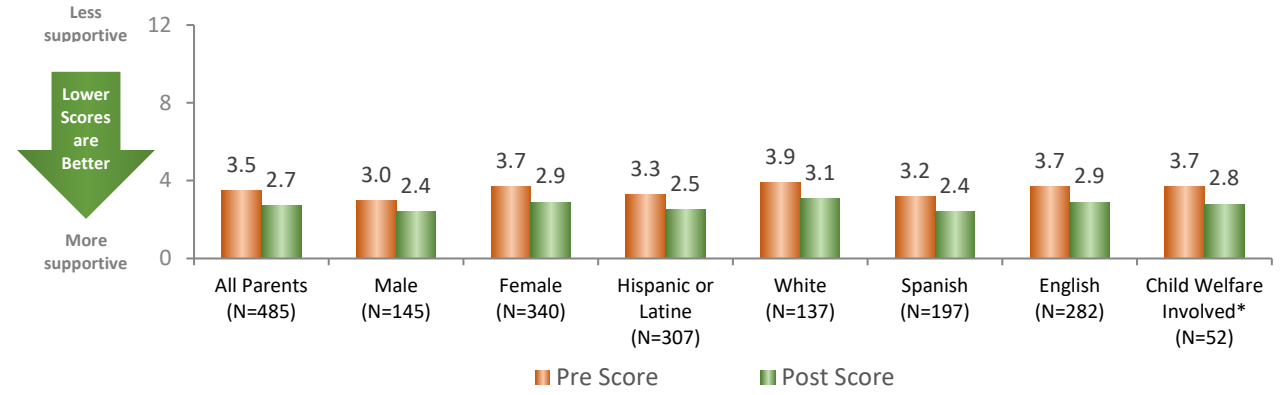
Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2026.
Note: There is no clinical cut-off for this assessment's scores. For the analyses of the amount of improvement, participants whose assessment scores already reflect the 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.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **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 parents who were Female or 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 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 (2018-2026)



Family Relationships (2018-2026)

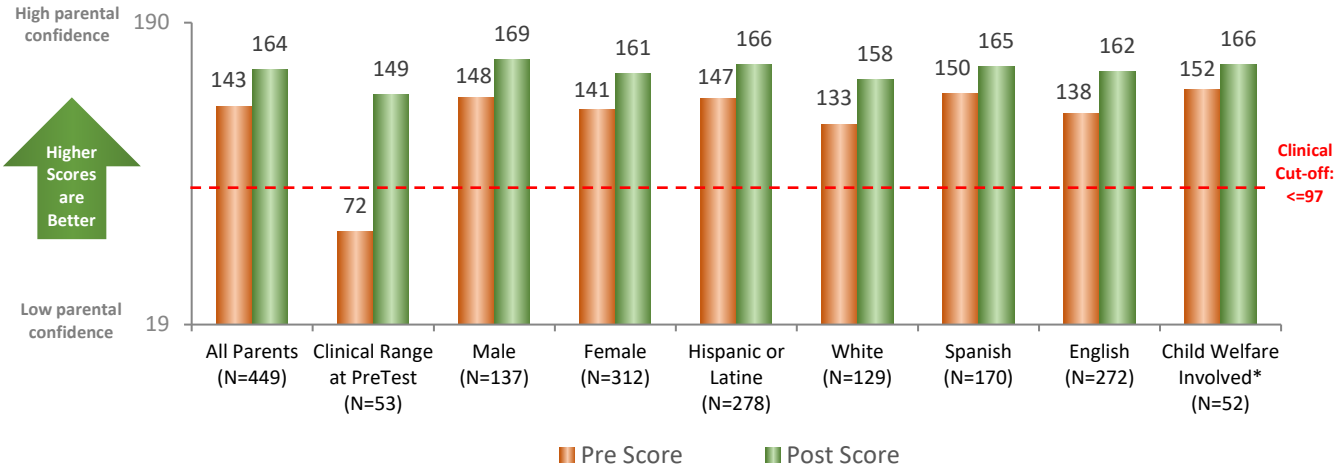


Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being and Family Relationships subscales, July 2018 – June 2026.
Note: There is no clinical cut-off for this assessment's scores. For the analyses of the amount of improvement, participants whose assessment 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.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **Increased parental confidence.** On average, all Parents and all sub-populations reported *significant* improvements in parents' confidence through the course of the Triple P program.
    - All Parents and almost all sub-populations (Male, Female, Hispanic or Latine, White, primarily English-speakers, and parents with scores in the Clinical Range of Concern at the beginning of their services) also experienced a moderate to large magnitude of change, indicating that their improvement was not only statistically significant but also meaningful.

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

Improvement in Parental Confidence (2018-2026)

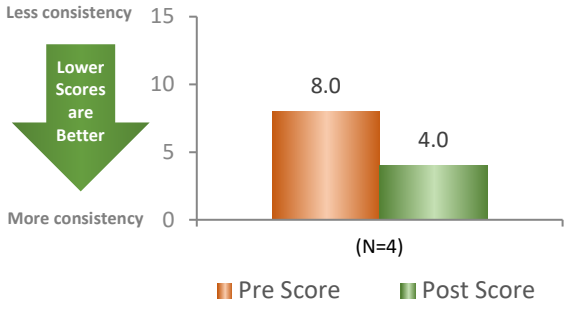


Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2026.
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of confidence at "Pre" are omitted from the improvement 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.
* The agency providing services to families where Child Welfare is involved (Parents Center) did not provide Triple P services in FY 2025-26. Therefore, the data for this subpopulation covers the years 2018-2025.

- **Triple P Online.** This program is equivalent to a Level 4 Standard or Group program, but is provided as an online, self-paced course.

  Although the number of parents who have completed this program is small, preliminary results are already showing *statistically significant* improvements in consistent parenting through the course of the Triple P program. More results will be available as participation grows.

Improvement in Consistent Parenting
(Triple P Online; 2020-2023)

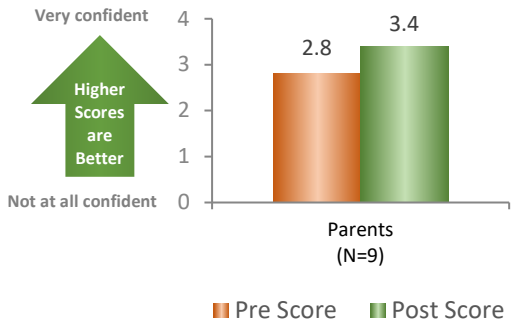


Source: Triple P data from the *Parenting and Family Adjustment Scales (PAFAS)*, Consistent Parenting subscale, July 2020 - June 2023.
Notes:
- For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest amount of consistent parenting at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.
- No new participants have completed this assessment since FY 2022-23.

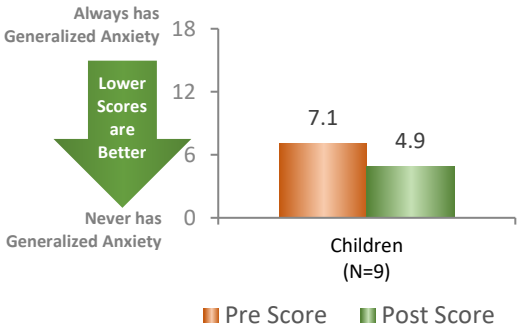
- **Support for parents of children with anxiety.** Fear-Less Triple P offers in-depth support (individually or in groups) to parents and caregivers of children aged 6 to 14 years who have anxiety.

  Although the number of parents who have completed this program is considered too small to begin analyzing, preliminary results are already showing *statistically significant* improvements in certain areas: parents are demonstrating increased confidence in managing their children's anxiety, parents are reporting lower levels of their children's generalized anxiety in comparison with other children their age, and parents are experiencing lower levels of depression. These statistically significant results are rather remarkable considering the very small number of parents in these analyses.

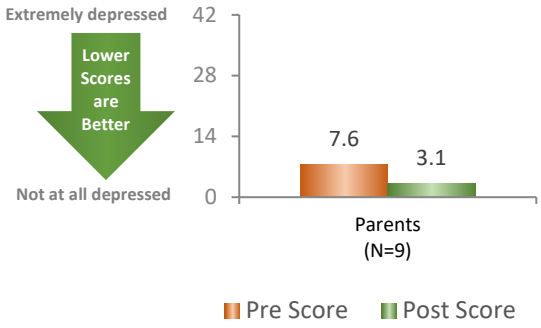
Increased Confidence in Managing Child's Anxiety
(Fear-Less Triple P; 2025-2026)



Lower Levels of Children's Generalized Anxiety
(Fear-Less Triple P; 2025-2026)



Lower Levels of Parental Depression
(Fear-Less Triple P; 2025-2026)



Source: (Confidence) *Parenting an Anxious Child Questionnaire;* (Anxiety) *Spence Children's Anxiety Scale – Parent Version;* and (Depression) *Depression Anxiety Stress Scales (DASS-21)*, July 2025 – June 2026.
Notes: For the analyses of the amount of improvement, participants whose assessment scores already reflect the highest ("best") levels of Confidence, and lowest ("best") levels of Generalize Anxiety and Depression 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, and Family Transitions

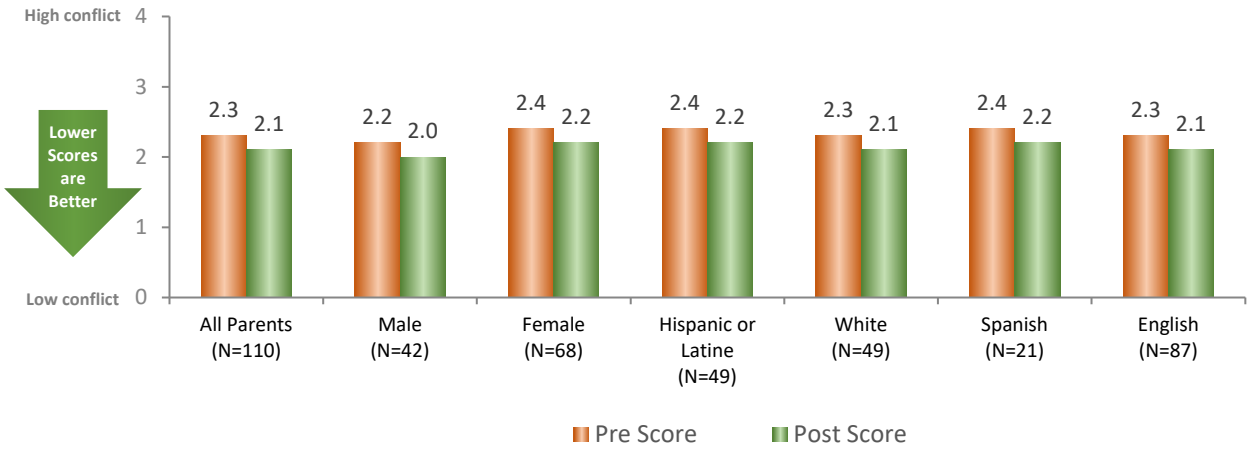
Level 5 offers additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties *(Level 5 Enhanced)*, there is risk for child maltreatment due to parents' difficulties with anger management or negative beliefs about their children's behaviors *(Level*

5 Pathways), or parents are divorced or separated, and navigating a co-parenting relationship *(Level 5 Family Transitions)*.[36]

The following results demonstrate the considerable improvement in parents' ability to manage anger and decrease co-parental conflict, improvements in key parenting domains, and increased parents' confidence. As participation increases, additional analyses of the impact of these specialized programs on parents' 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, but *statistically significant* decreases in the level of conflict with their divorced or separated partner or co-parent.
    - In addition, some sub-populations (Female, Hispanic or Latine, and primarily Spanish-speakers) 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: 2013-2026)



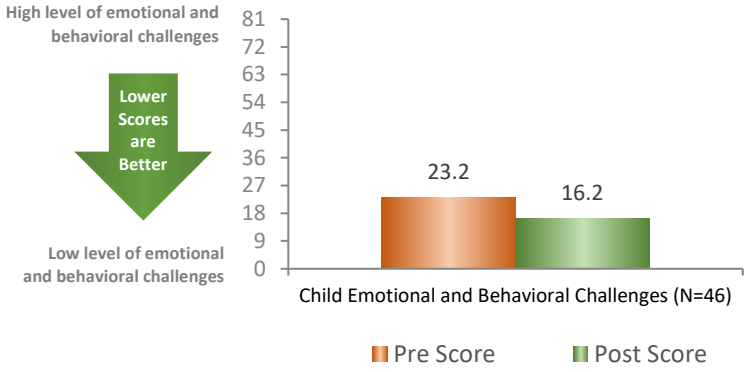
Source: Triple P data from the *Acrimony Scale*, 2013-2026
Note: For the analyses of the amount of improvement, participants whose assessment scores already reflect the lowest amount of conflict at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

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

[36] Level 5 Pathways and Level 5 Enhanced are programs that are designed to be provided after participants have completed a Level 4 Standard or Group service; Level 5 Family Transitions is a standalone program that doesn't require any previous Triple P services.

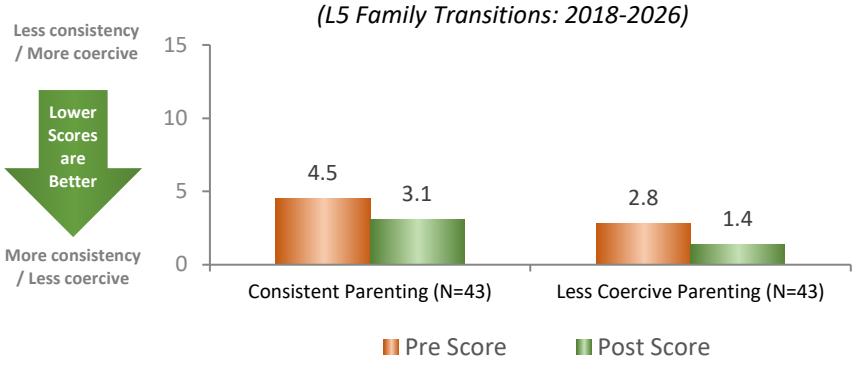
- On average, parents also experienced a moderate to large magnitude of change in child emotional and behavior regulation, positive parenting styles, and parental confidence, indicating that their improvement was not only statistically significant but also *meaningful*.

Improvement in child emotional and behavioral challenges
(L5 Family Transitions: 2018-2026)



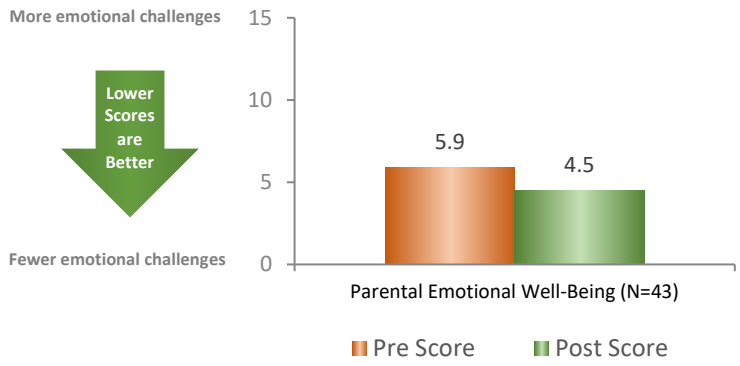
Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Total Intensity subscale, July 2018 – June 2026.

Improvement in positive parenting styles
(L5 Family Transitions: 2018-2026)



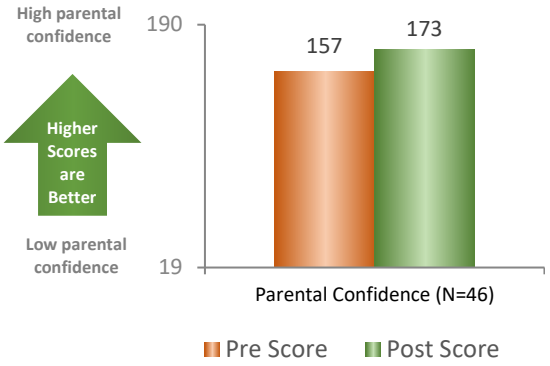
Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS), Consistent Parenting and Coercive Parenting Subscales, July 2018 – June 2026.

Improvement in parental emotional well-being
(L5 Family Transitions: 2018-2026)



Source: Triple P data from the *Parenting and Family Adjustment Scales* (PAFAS): Emotional Well-being subscale, July 2018 – June 2026.

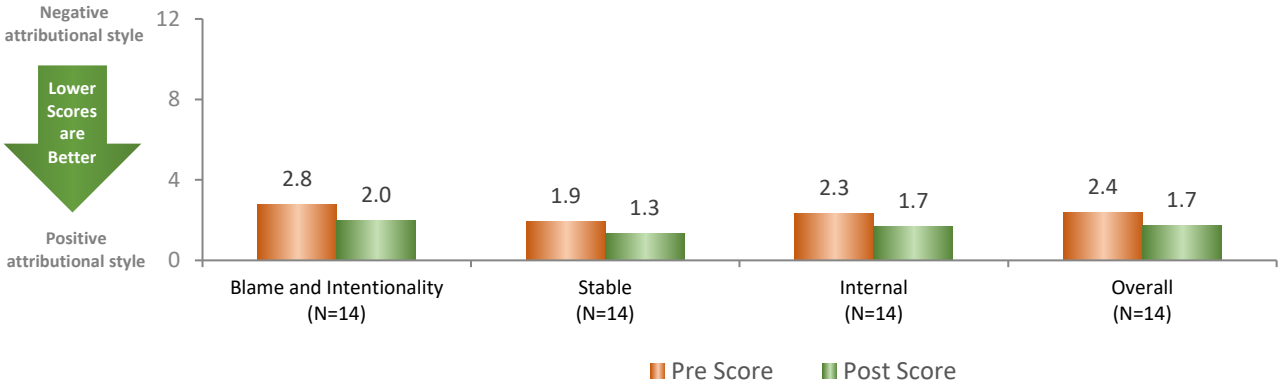
Improvement in parental confidence
(L5 Family Transitions: 2018-2026)



Source: Triple P data from the *Child Adjustment and Parent Efficacy Scale*: Parent Confidence subscale, July 2018 – June 2026.
Note: For all analyses of the amount of improvement, participants whose assessment scores already reflect the lowest level of difficulties at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

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

Parents attributions for children's behaviors
(L5 Pathways: 2013-2026)



Source: Triple P data from the *Parents Attributions for Child's Behavior Measure*, Jan. 2013 - June 2026.
Notes:
- For the analyses of the amount of improvement, participants whose assessment scores already reflect the most positive attributional style at "Pre" are omitted from the improvement analyses, as no improvement is possible. There may therefore be a slightly lower number of clients included in the improvement analyses than the total number of all clients reported in these charts of average Pre/Post scores.

Families Together

Program Description

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

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

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

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

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

One client's story

"Laura" was referred to Families Together (FT) along with her three children (age 5, 8, 13). At the time of the referral, Laura was in an extended relationship with her youngest child's father. The family was referred due to neglect of the three children by Laura's partner.

Families Together referred the father to MENtors for services and began working with Laura. During services it was determined that there was interpersonal violence occurring between Laura and her partner, along with financial abuse. The FT clinician worked with Laura on empowerment and safety planning for herself and her children.

While in services, Laura made the decision to end the relationship with her partner. The clinician provided individual therapy with Laura throughout the process, along with assessing the children for maladaptive behaviors.

Laura reports feeling stronger than she has ever felt and is grateful for the services she received.

- Families Together, Annual Progress Report

Population Served

	Families Together Pathway*				"Pathways" Subtotal [1] *All Pathways*	"Triple P-only" Subtotal [2] *Additional clients who only received Triple P services*	"County Referrals" Subtotal [3] *Additional clients reached through County referrals such as Thrive by 5, CalWORKs*	**2025-2026** *(Unique)* *Pathways + Triple P-only + County Referrals*
	Brief	Intensive	Pending	Exited early				
Parents/ Guardians	31	15	1	2	**49** *(with children ages 0-5)*	**36** *(with children of all ages)*	**16** *(with children of all ages)*	**101**
Children	36	30	0	4	*(ages 0-5)* **70**	*(ages 0-5)* **6** *(ages 6+)* **14** *(unknown age)* **81**	*(ages 0-5)* **23**	*(ages 0-5)* **99** *(ages 6+)* **14** *(unknown age)* **81**

Source: First 5 CCD database for July 1, 2025 – June 30, 2026.

* When clients begin services at Families Together, they complete a risk assessment and their results are used to guide the pathway assignment decision: families who score *Low* or *Moderate* work within the Brief Pathway with a Family Support Specialist for 3-6 months. Those who score *High* or *Very High* work within the Intensive Pathway for up to 12 months, also with a Family Support Specialist. If both parents are participating in their own services, their children are assigned the most intensive pathway of the two parents.

[1] The "Pathways Subtotal" reports the number of Families Together clients who are primary caregivers and who have a child under 6 years old, who worked within one of the First 5-funded Pathways and may also have received Triple P services.

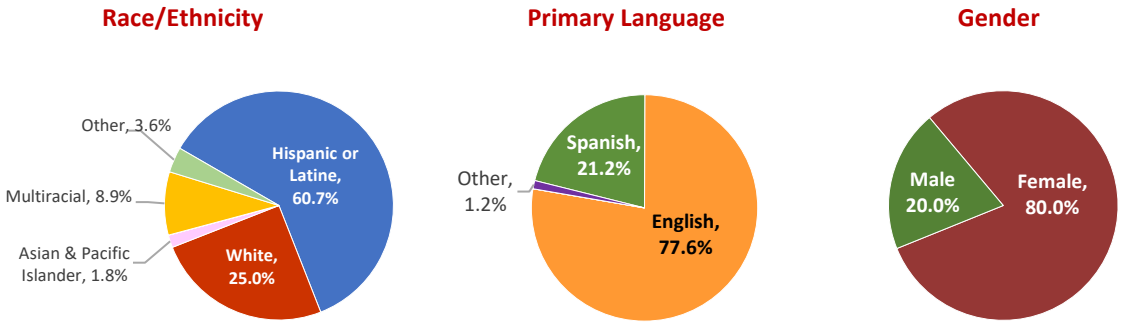
[2] The "Triple P-only Subtotal" reports Families Together clients who received Triple P services funded by First 5, but who don't fall into the "Pathways Subtotal" for various reasons, such as:

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

Many "Triple P-only" children are of unknown age, as their parents participated in a brief level of Triple P where children's ages are not collected.

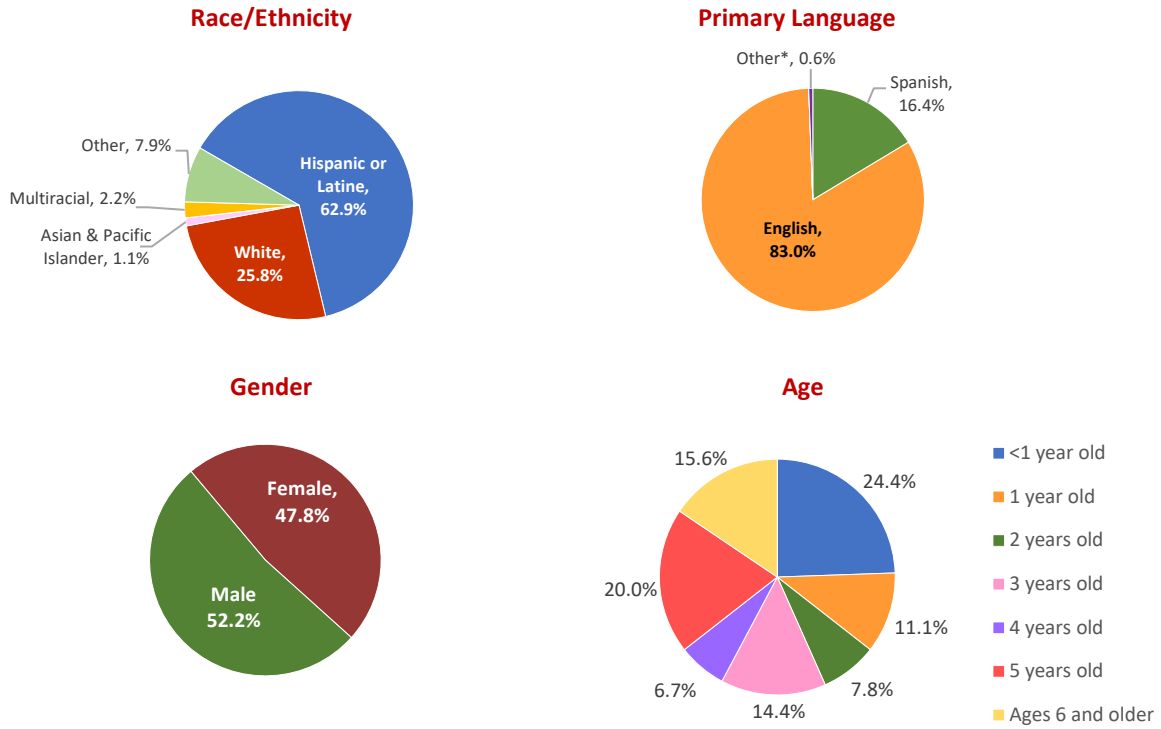
[3] The "County Referrals Subtotal" reports clients who were referred to Families Together through County referrals (such as Thrive by 5 and CalWORKs). These clients do not receive a risk assessment, which is why they are not assigned a "brief" or "intensive" pathway.

Figure 39: **Demographics of Parents/Guardians participating in Families Together (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N: (Race)=56; (Language)=85; (Gender)=85.

Figure 40: **Demographics of Children benefiting from Families Together (2025-26)**



Source: First 5 CCD database for July 1, 2025 – June 30, 2026.
Note: Clients with missing or unknown data for a demographic are excluded from that demographic's analysis.
N: (Ethnicity)=89; (Language)=171; (Gender)=90; (Age)=90.

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

Program Objectives	2025-2026
By June 30, 2026, accept referrals for a maximum of 120 families (with at least one child prenatal – age 5).	• **85** referrals
Of families who agree to a referral to Families Together (with at least one child prenatal – age 5), • Family Support Specialists will attempt to contact 100% of families who agree to a referral. and • 50% of clients approved for Families Together services (e.g., clients who were not denied services) will connect with a clinician and complete an initial meeting by June 30, 2026.	• **100%** of families were attempted to be contacted • **52.9%** of families approved for FT services had an initial meeting

Program Objectives	2025-2026
By June 30, 2026, a maximum of 90 primary caregivers (with at least one child prenatal – age 5) will receive individualized services from Families Together. Note: These individualized services included (but were not limited to) ASQ assessments, safety screenings in the home, Raising A Reader services, case management to relevant resources, counseling, client assistance, and Triple P services (including clients who *only* received Triple P services).	• **63** primary caregivers received these individualized services

Source: Families Together *Annual Progress Report*, 2026.

Outcome Objective: Families demonstrate decreased levels of risk

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

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

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

Program Objective	2025-2026
Between July 1, 2025 through June 30, 2026, 70% of primary caregivers who participate in Families Together (with at least one child prenatal – age 5) will demonstrate increased healthy parent-child relationships based on their final assessment.	40.9% N=22

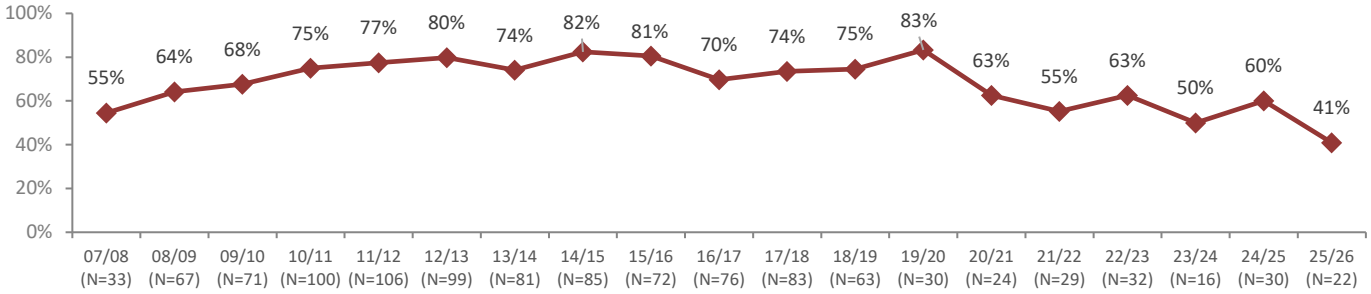
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data, 2025-26.
Notes:

- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Clients who had at least one reassessment given during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this analysis. Assessments completed after the end of the fiscal year were not included.
- Only includes clients who exited the program and have at least one child ages prenatal – age 5 at the time of the Baseline assessment.

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 2025-26, 41% of parents (with at least one child prenatal – age 5) were found to have reduced their levels of risk by the end of program.
- The percentage of clients (with at least one child prenatal – age 5) who showed reduced levels of risk by the end of the program has been trending lower, from a high of 83% in 2020 to 41% in 2026.

Figure 41: **Percentage of Families Together clients (with at least one child prenatal – age 5) who showed decreased risk of child maltreatment based on their final assessment**



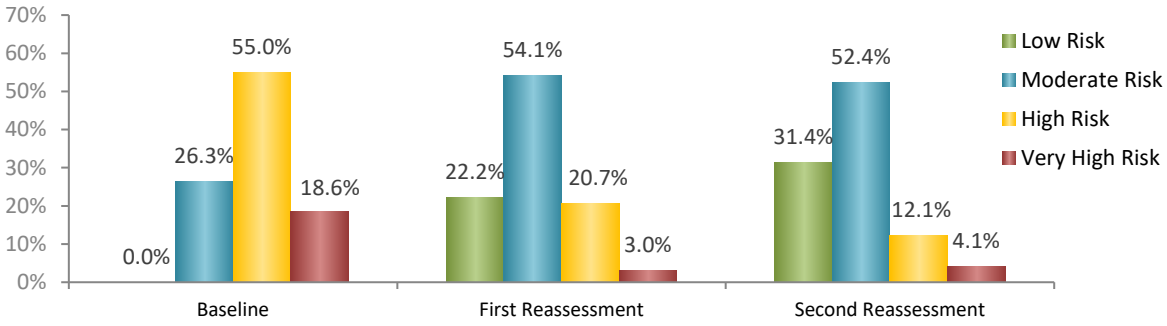
Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data.
Notes:

- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Only clients with at least one child prenatal – age 5 at the time of the Baseline assessment, who exited the program and had at least one reassessment during the fiscal year (1st, 2nd, or 3rd reassessment) were included in this analysis. Previous years' results have been modified to include this same population, and may also include additional data that weren't available when that year's results were initially calculated.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

A second view of these risk assessment data looks at *how much* families improved over time, as they moved from "Very High Risk" to "Low Risk." In this analysis, only clients who exited the program after their 2nd Reassessment, and who had at least one child prenatal – age 5, were included, and the same set of families were analyzed at each assessment period (at baseline, 1st reassessment, and 2nd reassessment). Several years of data have been aggregated in order to present a more robust portrait of the extent to which Families Together participants are reducing their risk for future involvement with the child welfare system.

- Results indicate that the program is helping families reduce their level of risk. Of the 338 families that exited the program between 2007-2026 and completed three assessments, **74%** 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 42: **Of Families Together clients (with at least one child prenatal – age 5), change in risk levels during participation in the program (2007-2026)**



Source: First 5 Apricot database, *Structured Decision Making: Family Prevention Services Screening Tool* (SDM:FPSST) data, 2007-2026.
Notes:

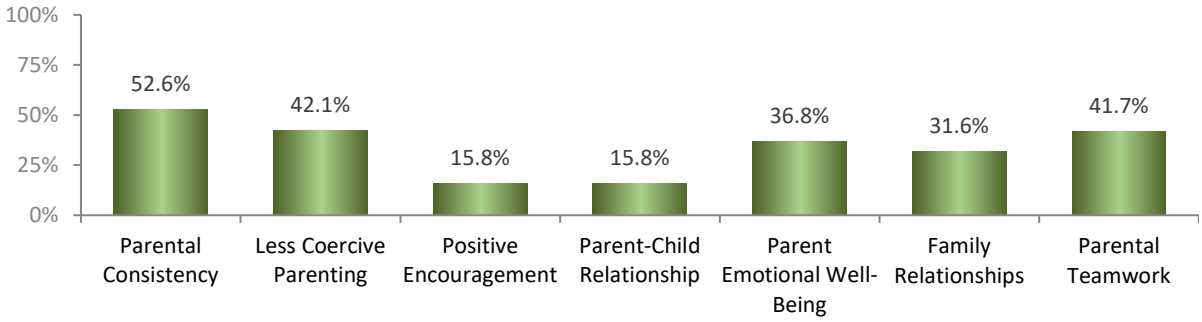
- Only clients who exited the program after their 2nd Reassessment, and who had at least one child prenatal – age 5 at the time of the Baseline assessment, were included in this analysis. The same set of families is analyzed at each assessment period.
- Although very few families had a "low risk" score at baseline, these families were omitted from these analyses so that only those who could demonstrate reduced risk on the tool remained in the analysis.
- Due to inaccuracies in data entry in 2006-07, clients with baseline assessments before 7/1/07 were omitted from this analysis.
- In 2008-09, the risk assessment included both families receiving intensive services and those receiving brief intervention services. Long-term clients were assessed at intake with reassessments at 6-month intervals, or at closing if the case was open for less than 6 months. Clients receiving brief interventions were assessed at intake and the end of services.

N = 338.

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

The *Parenting and Family Adjustment Scales (PAFAS)* is used to measure improvement in parenting and family adjustment. Because the number of clients completing this PAFAS is still very small, two years of data have been combined in order to present a more robust portrait of the extent to which clients are demonstrating improved parental emotional well-being and family relationships, and increased use of positive parenting styles.

Figure 43: **Percentage of Families Together clients who demonstrated improvement in parenting and family adjustment (2024-2026)**



Source: Families Together assessment results, *Parenting and Family Adjustment Scales (PAFAS)* subscales.
Note: This analysis only includes clients who had at least one child prenatal – age 5.
N: (Consistent parenting)=19; (Less coercive parenting)=19; (Positive encouragement)=19; (Parent-child relationship)=19; (Parent emotional well-being)=19; (Family relationships)=19; (Parental teamwork)=12.

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

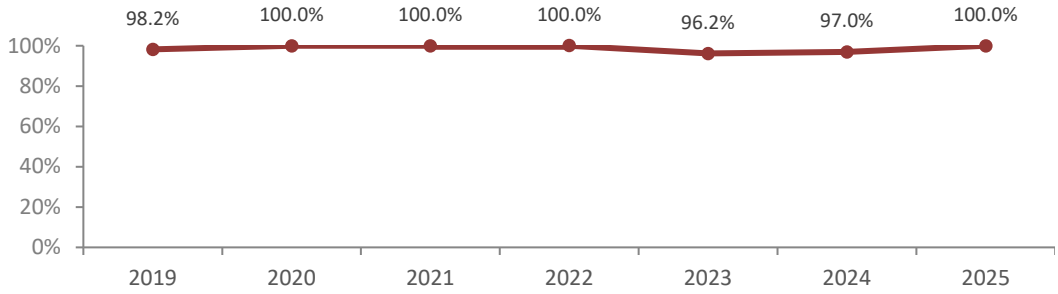
- Of the 41 families (that had at least one child prenatal – age 5) who received services from Families Together *and* had their cases closed in the 2025 calendar year:

  - Results showed that **100%** of families who received services from Families Together **did not have a substantiated allegation of abuse** for at least 6 months after case closure. This figure is in keeping with the high percentage of families reported in previous years' results.

Program Objective		2025
At least 95% of families (with at least one child prenatal – age 5) that participate in the Differential Response program will not have a substantiated allegation of abuse at least 6 months after case closure.	Families that have at least one child prenatal – age 5	100% N=41

Source: Santa Cruz County Human Services Department, 2026.
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.

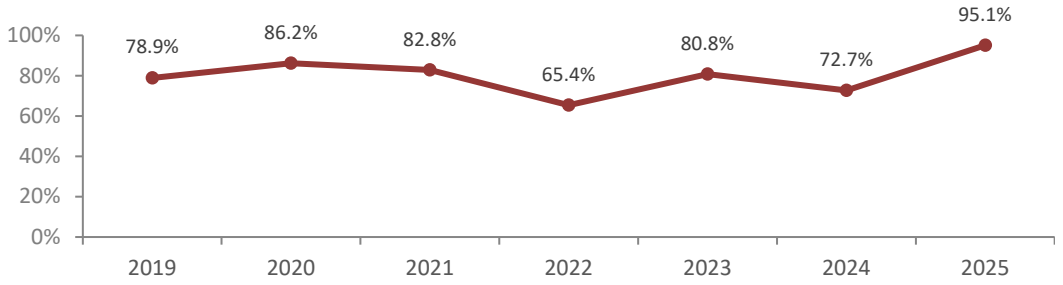
Figure 44: **Percentage of Families Together participants (with at least one child prenatal – age 5) who did not have a substantiated allegation of abuse at least 6 months after case closure from Families Together**



Source: Santa Cruz County Human Services Department, 2026.
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.
N: (2019)=57; (2020)=29; (2021)=29; (2022)=26; (2023)=26; (2024)=33, (2025)=41.

- An additional study found that **95%** of families **did not have a re-referral to child welfare** within six months after their exit from Families Together, which is an increase from previous years.

Figure 45: **Percentage of families (that had at least one child prenatal – age 5) without a re-referral to Child Welfare within 6 months after exit from Families Together**



Source: Santa Cruz County Human Services Department, 2026.
Note: Data are for the calendar year, in order to allow at least a 6-month period after case closure.
N: (2019)=57; (2020)=29; (2021)=29; (2022)=26; (2023)=26; (2024)=33, (2025)=41.

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

Program Objective	2025-2026
Between July 1, 2025 and June 30, 2026, Families Together will provide Positive Parenting Program (Triple P) education to approximately 70 caregivers with at least one child age 0-5 (unduplicated), throughout Santa Cruz County.	36 unique caregivers

Source: First 5 Santa Cruz County, *Triple P 2025-26 Master Analysis template*, 2026.
Note: Many clients participated in more than one Triple P service.

Triple P Outcomes

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

Figure 46: **Summary of Families Together's Triple P Objectives (2025-26)**

Triple P Objectives	Results
• 70% of parents/caregivers who complete Level 3 Individual or Brief Group sessions report an increase in confidence in their parenting abilities.	• Due to the small number of clients who completed Level 3 services, there are not enough data to analyze this objective. *N = 1.*

Source: Parenting Experience Survey (Question 3) Confidence in Parental Responsibilities.

Triple P Objectives	Results
• 70% of parents/caregivers who complete a Level 4 or Level 5 service report an improvement in child behaviors [37]	• Due to the small number of clients who completed Level 4 or 5 services, there are not enough data to analyze this objective. *N = 7.*
(Source: CAPES: Total Intensity Subscale)	
• 70% of parents/caregivers who complete a Level 4 or Level 5 service report an improvement in: o consistent parenting o less coercive parenting o positive encouragement o parent-child relationships	• Due to the small number of clients who completed Level 4 or 5 services, there are not enough data to analyze these objectives. *N = (consistent parenting)=5; (less coercive parenting)=5; (positive encouragement)=4, (parent-child relationships)=1.*
Source: PAFAS: 4 Parenting Scale Subscales (consistent parenting, coercive parenting, positive encouragement, parent-child relationship)	

Sources:
- (Assessment data) VerticalChange & First 5 Santa Cruz County, 2026.
- (Assessment analyses) First 5 Santa Cruz County, 2026.

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