



MONTEREY COUNTY  
CHILDREN'S COUNCIL

2024-2025

# ANNUAL REPORT

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# Vision, Mission and Guiding Principles

## Vision Statement

All children in Monterey County live in safe, nurturing homes and communities; they are healthy, valued, succeed in school and realize their full potential.

## Mission Statement

The Children's Council provides leadership and policy direction to encourage the development of a comprehensive and collaborative delivery system of services to children and youth in Monterey County.

## Guiding Principles

**Collaborative** – promoting cross-agency policies and procedures that enhance seamless service delivery; encourage interdisciplinary problem-solving and support; and address the barriers to success;

**Comprehensive, Coordinated and Integrated** – recommending a full array of services and supports where the entire range of needs is addressed in an efficient, responsive and effective manner;

**Family-Centered and Family-Driven** – honoring, respecting and empowering families as their child's first teacher and strongest advocate;

**Culturally Responsive** – ensuring diverse populations receive culturally responsive services and supports;

**Community-Based/Community Driven** – ensuring that services are available and accessible in a variety of settings and locations;

**Participatory** – ensuring that program recipients participate in making and shaping decisions; and

**Outcomes-Oriented** – measuring outcomes for children, youth and families and using data to facilitate decision-making, identify obstacles and improve services.

## A Message from the Children's Council Chair

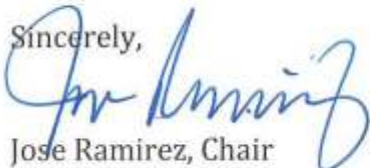
Honorable Board of Supervisors and Monterey County residents,

The Monterey County Children's Council (Children's Council) is pleased to present its FY 2025-2026 Annual Report, a snapshot documenting the status of children and youth in our County in an effort to not only have a better understanding of their needs, but to help incite continued and enhance commitment in meeting these needs.

The Children's Council membership includes the executive leaders from major public; private and non-profit sectors of the County whose agencies and organizations serve children and youth in a wide variety of ways. The Children's Council members meet monthly to coordinate cross-sector work focused on addressing systemic issues that are affecting the health, education and wellbeing of children and youth in Monterey County. The Council is guided by its purpose and its vision: to provide leadership and policy direction to encourage the development of comprehensive delivery system of services for children and their families so that all children in Monterey County live in safe nurturing homes and communities; they are healthy, valued, succeed in school and realize their full potential.

This report reflects current efforts in support of the Children's Council's purpose and vision. The report presents a comprehensive data set, which offers an understanding of the status of children and youth in Monterey County, and more importantly, provides a context for focusing the work that needs to be done to improve conditions and success of our children and youth. I am pleased to report the Children's Council continued its focus on its Bright Beginnings Initiative, partially funded by the Monterey County Board of Supervisors, and this critical work highlighted in this report. This year, the Children's Council also continued its focus to deepen its understanding of issues impacting our children, families, and caregivers using Reflective Practice as a tool while exploring issues related to child well-being and education. Presentations were delivered both by its membership and other community stakeholders and partners and can be found on our [website](#). The report concludes with the historic records of previous Children's Council Initiatives and areas of focus that have successfully impacted health, education, and wellbeing of children and youth in Monterey County.

The Children's Council Annual Report is a call to action for all of us to prioritize the health, education, and wellbeing of children and youth. We believe that this report reflects the Children's Council's goal of connecting its work to the broad group of stakeholders and community members. Only through collective action can we ensure every child and youth in Monterey County thrives and prepares for success.

Sincerely,  


Jose Ramirez, Chair  
Monterey County Children's Council

## Why this Children’s Council Annual Report is Important

The Annual Report was created to help our community understand the needs of our children and youth, in order to build community commitment to meet these needs. It is a local and state “snapshot” documenting the status of our children and youth. This Annual Report is intended to help community members make informed decisions regarding public policy issues, volunteer efforts and support for nonprofit organizations.

The Annual Report has four goals:

- To serve as a benchmark to measure how children and youth are faring over time
- To serve as a catalyst to mobilize communitywide efforts to address the most critical challenges to children’s and youth’s circumstances
- To recognize areas in which services and initiatives have been successful in improving children and youth’s quality of life, in order to maintain continued support for these efforts
- To present multiple indicators in a simple arrangement and location

## Methodology

This Annual Report serves as a benchmark to measure the relative success of efforts, to improve conditions for all children ages 0-18. The Fiscal Year 2024-2025 Annual Report is based exclusively on secondary data reports. A list of indicators was created by the Children’s Council in 2018. Secondary data was then collected from local and state-level published reports. The quality of the data was evaluated and then it was determined whether it addressed pertinent indicators for this Annual Report. Data was collected from a variety of sources as indicated on the specific pages, and data series with historic trends and comparison between state and local rates were preferred.

## Reflective Practice

In collaboration with West Ed, the Children’s Council introduced reflective practice facilitation in 2020. The council continues the practice with support from the Monterey County Behavioral Health department to develop equity-centered reflective practice skills through deepening our understanding of awareness, presence, connection, and vision in our work. As a learning community, the council breaks out to small-group reflective sessions after presentations for deeper dive discussion into participants’ real-life experiences working with children and families.

## Measuring Results

Thirty indicators have been selected and organized into three major age ranges: birth to 18 years of age, birth to five years of age, and six to 18 years of age for which conditions for children are assessed as “stable”, “fluctuating”, “increasing”, “decreasing”, or “N/A” (not available) for Monterey County and/or the State of California. You will find this assessment on the Executive Summary page for each specific indicator.

# Executive Summary

Birth to 18	Trend
<b>Children Living Below Poverty Level*</b>	Fluctuating
Children with Health Insurance	Stable
Socio-Economically Disadvantaged Students	Increasing
Student Homelessness Enrollment	Increasing
Children Supported by CalWorks	Fluctuating
Referrals for Child Abuse and Neglect	Fluctuating
Children in Foster Care	Decreasing
<b>Digital Divide *</b>	Decreasing

Birth to 5	Trend
Low Birth Weight	Fluctuating
Early Prenatal Care	Fluctuating
Infant Mortality Rate	Stable
Education of Mother	Increasing
Licensed Child Care and Education Slots	Fluctuating
Licensed Child Care and Education Costs	Increasing
<b>Kindergarten Readiness *</b>	Increasing

6 to 18	Trend
Public School Enrollment	Decreasing
Children Enrolled in Special Education	Increasing
English Language Arts	Stable
English Language Learners	Fluctuating
Math CAASPP Scores	Stable
Graduation Rates Over Time	Increasing
Student Suspension Rates Over Time	Fluctuating
Student Expulsion Rates Over Time	Fluctuating
Student Drop Out Rates	Decreasing
Births to Teens	Decreasing
Sexually Transmitted Infection Cases	Fluctuating
Juvenile Misdemeanor and Felony Arrests	Fluctuating
Suicide Trends in Youth	Fluctuating
Substance Abuse and Non-Fatal Overdoses in Youth	Fluctuating
Substance Abuse and Overdoses in Youth	Fluctuating

**Note:** When an indicator has been assessed as “stable”, this means that the trend line is flat, indicating that there is not much change or inconsistency on the data figures. On the other hand, when an indicator is assessed as “fluctuating”, this means that the data figures are inconsistent from year to year. An assessment of “increasing”, refers to higher numbers in the value of the data and an assessment of “decreasing”, refers to lower numbers in the value of the data. When looking at the assessment of “increasing” or “decreasing”, please keep in mind that these terms reflect how the rate or number in each particular trend is changing. They do not indicate improvement or worsening.

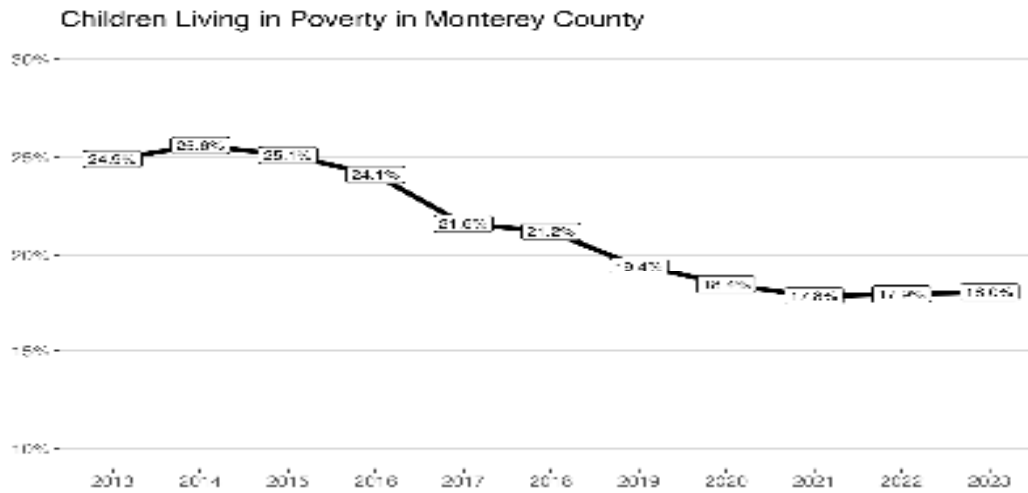
Indicator with an \* and in bold font did not have updated data available to report during the timing to complete this report.

**Definition of the Indicator**

Based on the Census’s American Community Survey 5-year rolling average it looks at children under 18 who are living in poverty.

**Why the Indicator is Important**

Children living in poverty frequently face more barriers to success in life than their more affluent peers. Childhood poverty is associated with lower overall education attainment, higher levels of stress, lack of stable housing, lower median lifetime earnings and shorter life expectancies.



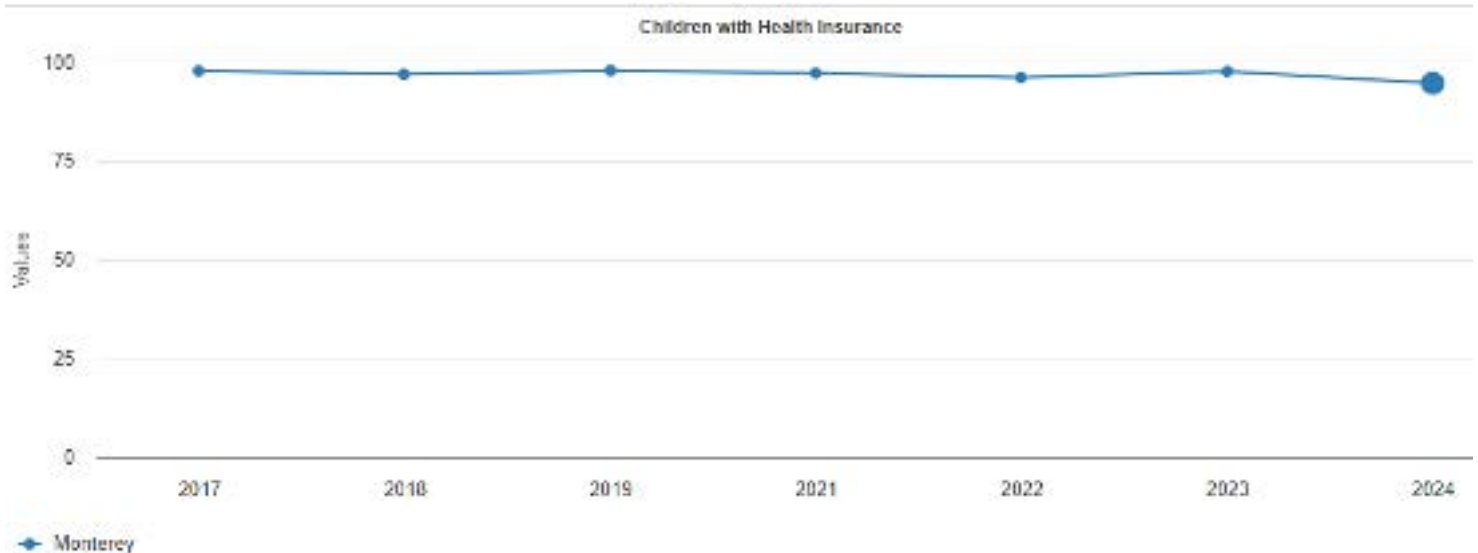
Source: Census - American Community Survey 5 year estimates, Table S1701

**Definition of the Indicator**

The percentage of children aged 0-18, with health insurance is based on the number of children who have private and public health insurance. The percentage of those who have health insurance was calculated by dividing the number of those insured by the total number of children living in Monterey County. Health policy changes occurred in 2014 when many provisions of the Patient Protection and Affordable Care Act (ACA) went into effect. One of those provisions included changes to the definition of a “qualifying child”. Under ACA, a qualifying child is aged 0-26.

**Why the Indicator is Important**

Health insurance allows children to access health care services, such as required regular checkups, dental and vision care, urgent medical services, and primary care services for illness and injury. Children with health insurance are more likely to receive preventative care and immunizations that will aid in decreasing the likelihood of illness and reduce out-of-pocket medical expenses. Generally, children with health insurance will experience better overall health throughout their childhood and into early adulthood.



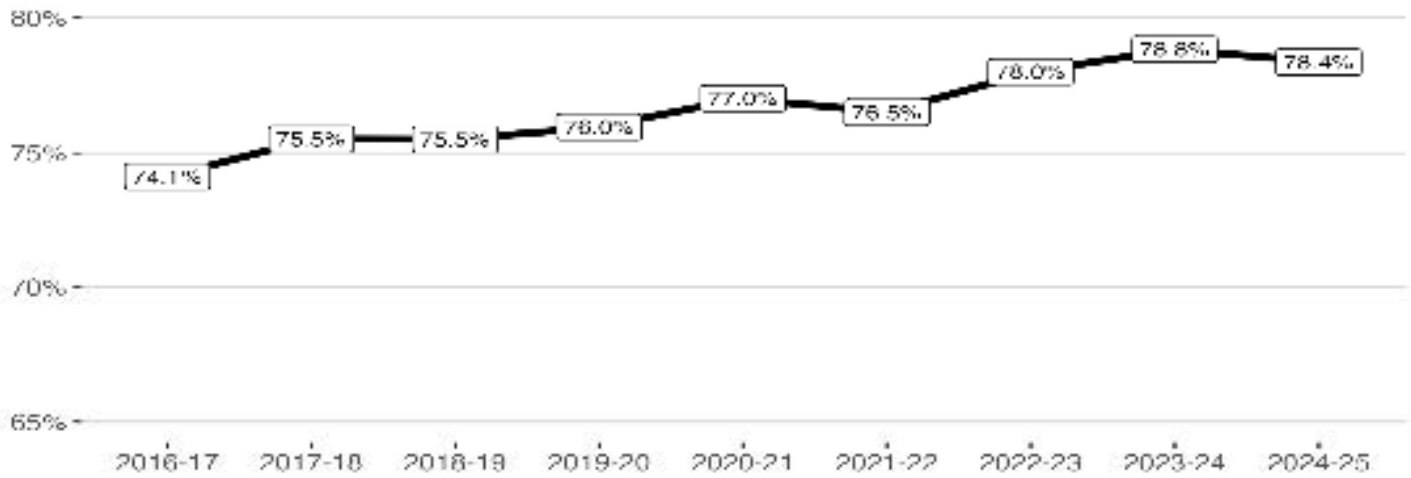
**Definition of the Indicator**

Enrollment is based upon the Cumulative Enrollment from the California Longitudinal Pupil Achievement Data System (CALPADS). This includes information about total enrollment, Free and Reduced Meal Program, Homeless, Els and others. Cumulative enrollment consists of the total number of unduplicated primary and short-term enrollments within the academic year (July 1 to June 30), regardless of whether the student is enrolled multiple times. If a student is enrolled in multiple schools within a district during the academic year, they are counted only once in the district's cumulative enrollment.

**Why the Indicator is Important**

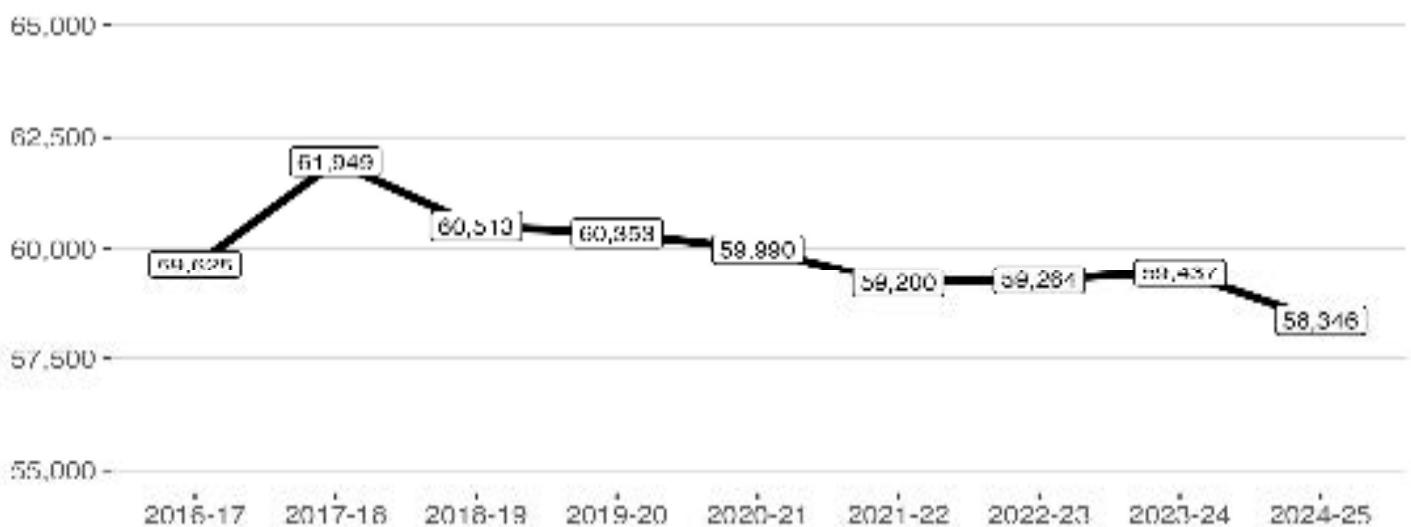
Knowing the size of a population in question helps to determine the scale and scope of efforts to support the population.

**Socioeconomically Disadvantaged Enrollment in Monterey County (Percent)**



Source: Cumulative Enrollment Data <https://www.cde.ca.gov/ds/ad/files/enrcum.asp>

**Socioeconomically Disadvantaged Enrollment in Monterey County (Count)**



Source: Cumulative Enrollment Data <https://www.cde.ca.gov/ds/ad/files/enrcum.asp>

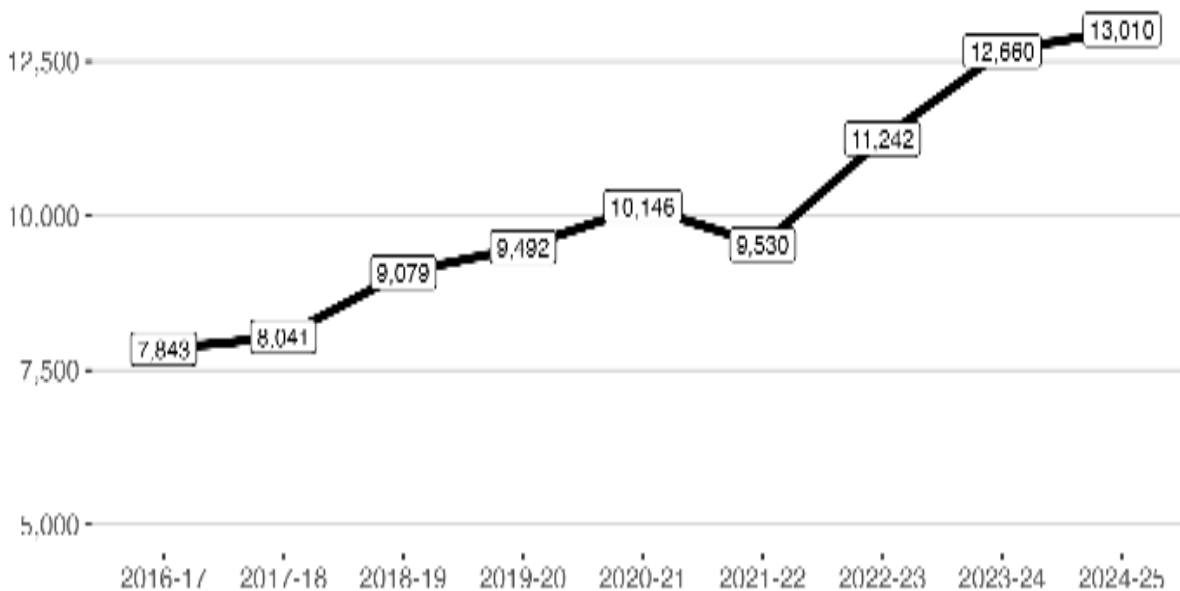
**Definition of the Indicator**

Enrollment is based upon the Cumulative Enrollment from the California Longitudinal Pupil Achievement Data System (CALPADS). This includes information about total enrollment, Free and Reduced Meal Program, Homeless, Els and others. Homeless as defined by McKinney-Vento (A) means individuals who lack a fixed, regular, and adequate nighttime residence; and (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Why the Indicator is Important**

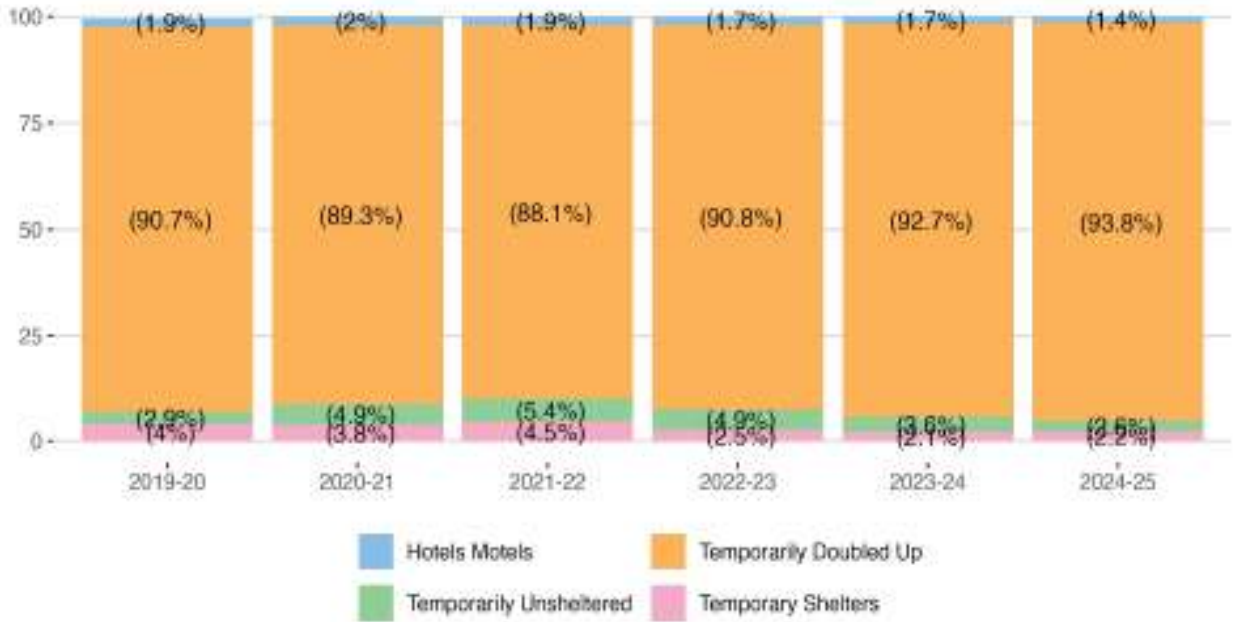
Knowing the size of a population helps determine the needed scale and scope. Students experiencing homelessness have lower graduation rates and without support for the whole child they can struggle to thrive in the classroom.

Homeless Enrollment in Monterey County (Count)



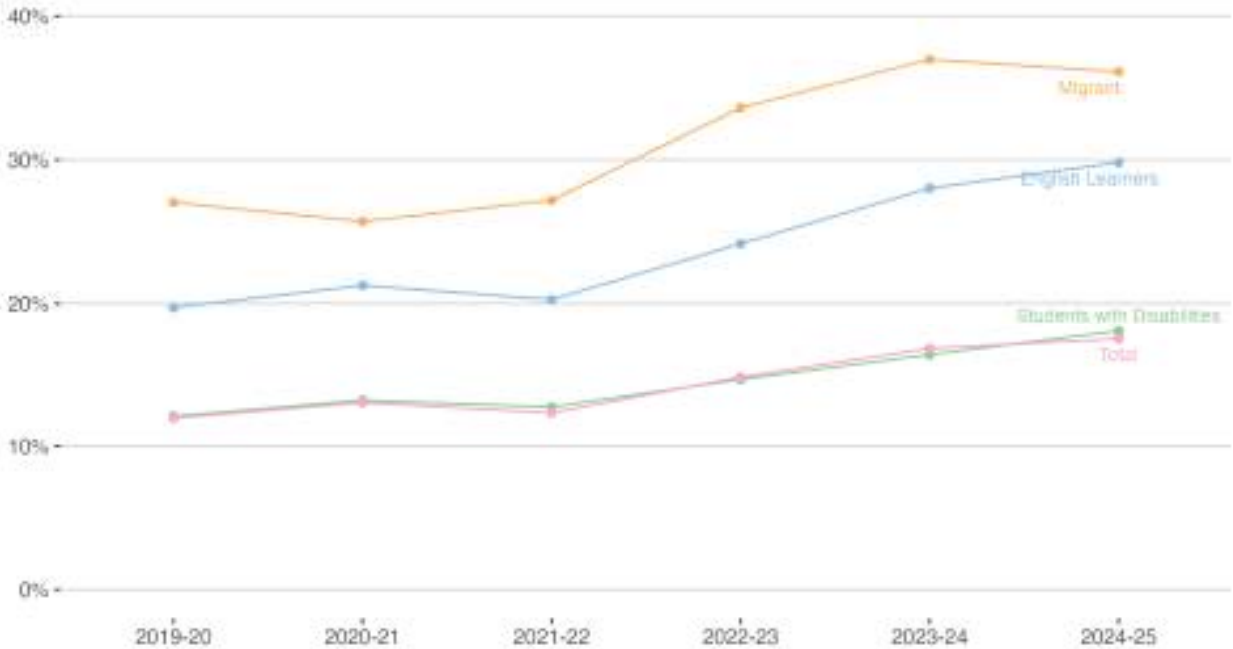
Source: Cumulative Enrollment Data  
<https://www.cde.ca.gov/ds/ad/lile/enrcum.asp>

### Homeless Students by Shelter Type



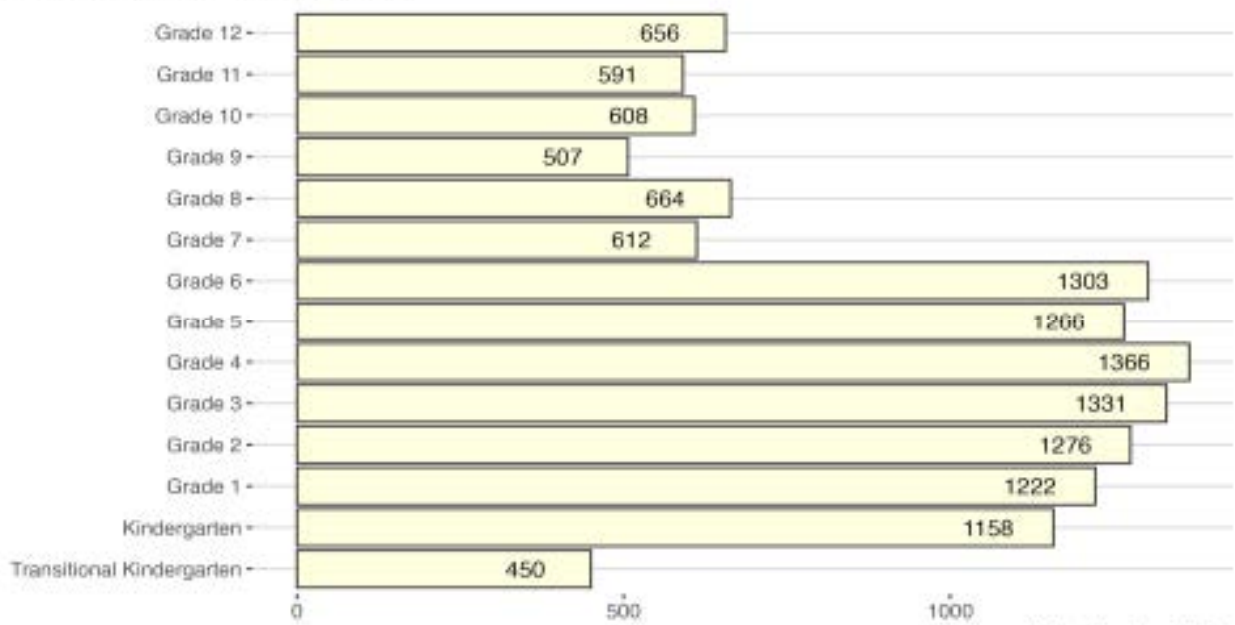
Source: CDE - Homeless Data  
<https://www.cde.ca.gov/ds/ad/files/hse.asp>

### Percent of students in a Student Group who are Homeless



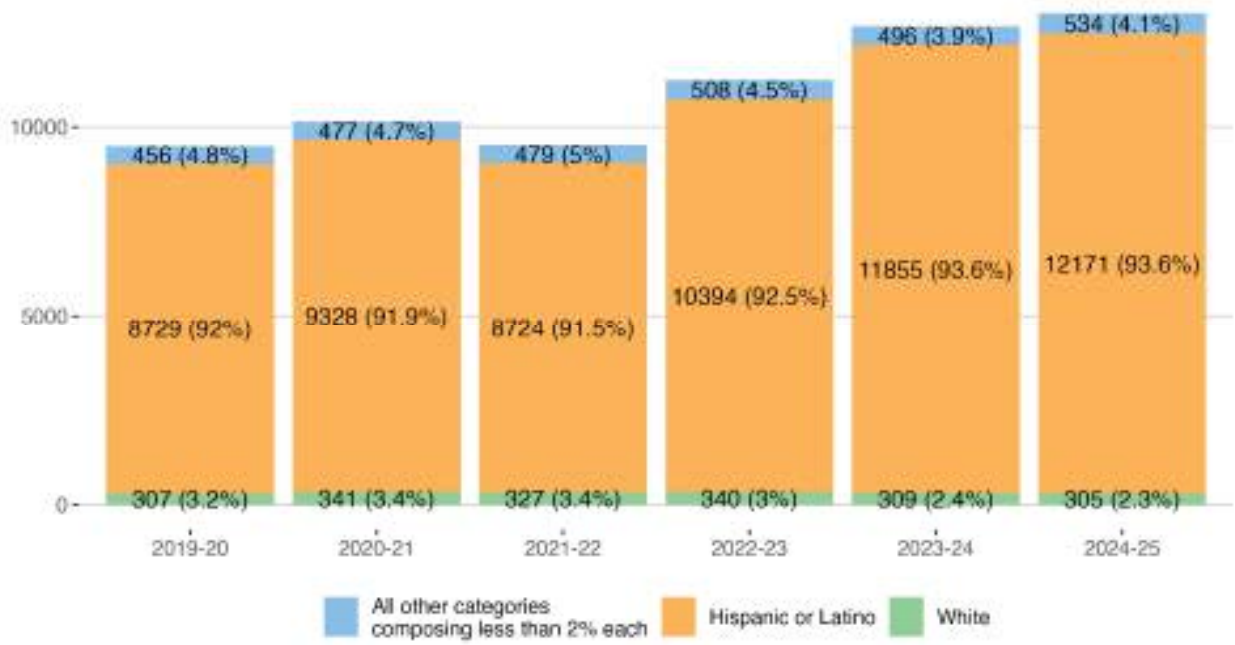
Source: CDE - Homeless Data  
<https://www.cde.ca.gov/ds/ad/files/hse.asp>

### Homeless Students by Grade



Source: CDE - Homeless Data  
<https://www.cde.ca.gov/ds/ad/files/hse.asp>

### Homeless Students by Race



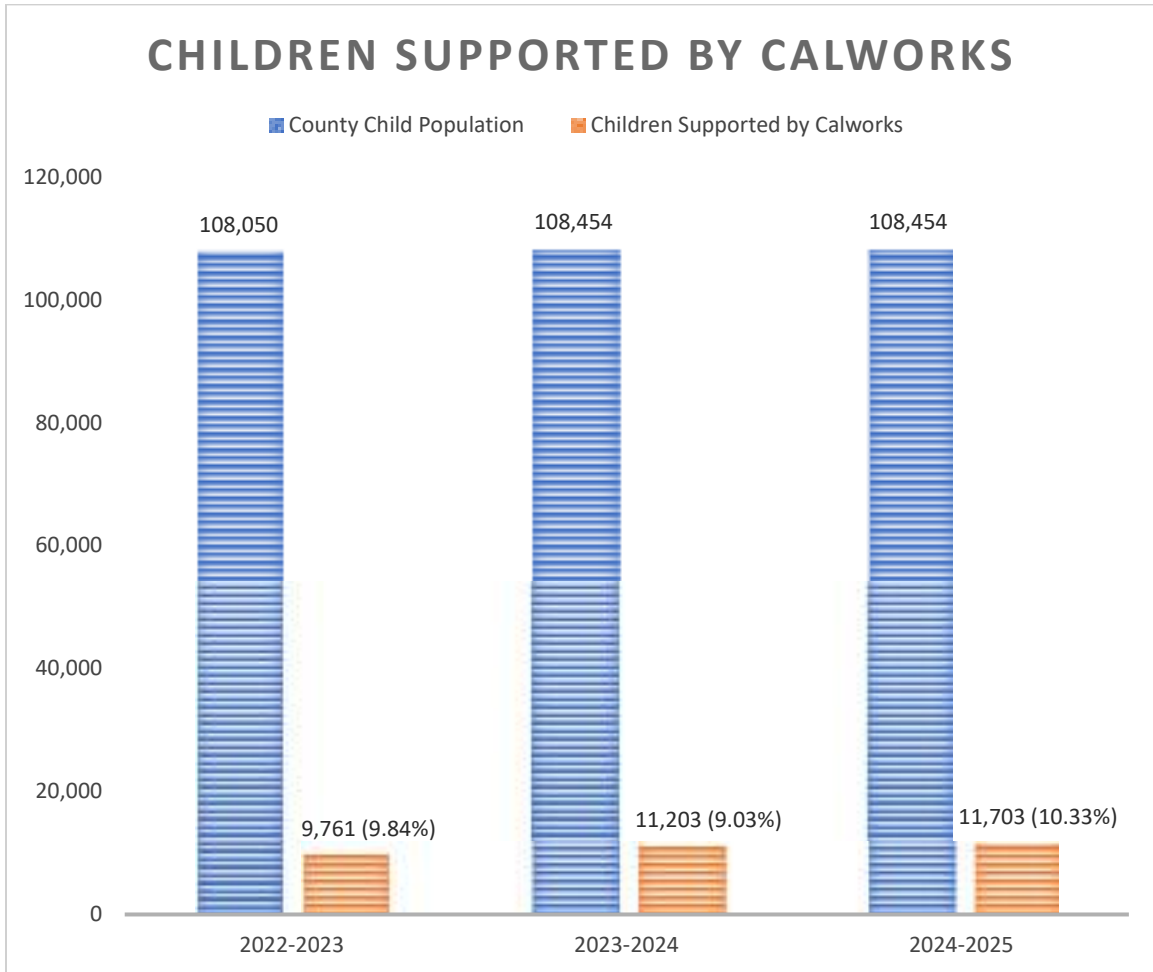
Source: CDE - Homeless Data  
<https://www.cde.ca.gov/ds/ad/files/hse.asp>

**Definition of the Indicator**

The federal welfare reform legislation, Personal Responsibility and Work Opportunity Reconciliation Act of 1996, known as CalWORKs, provides financial assistance to needy children and families in Monterey County. This indicator reflects the average annual caseload of children under the age of 18 receiving financial assistance through CalWORKs.

**Why the Indicator is Important**

The CalWORKs program has multiple goals, including reduced welfare dependency, increased self-sufficiency, and decreased non-marital childbearing. The CalWORKs legislation sought to achieve the goals of improving child and family well-being by strengthening work first requirements and increasing support services for families engaged in work activities. California efforts to continue a focus on child well-being include provisions of a safety net program for children when adults are sanctioned or reach their sixty-month limit on aid, their requirement of school attendance, child immunizations, and assisting with paternity and child support enforcement activities.



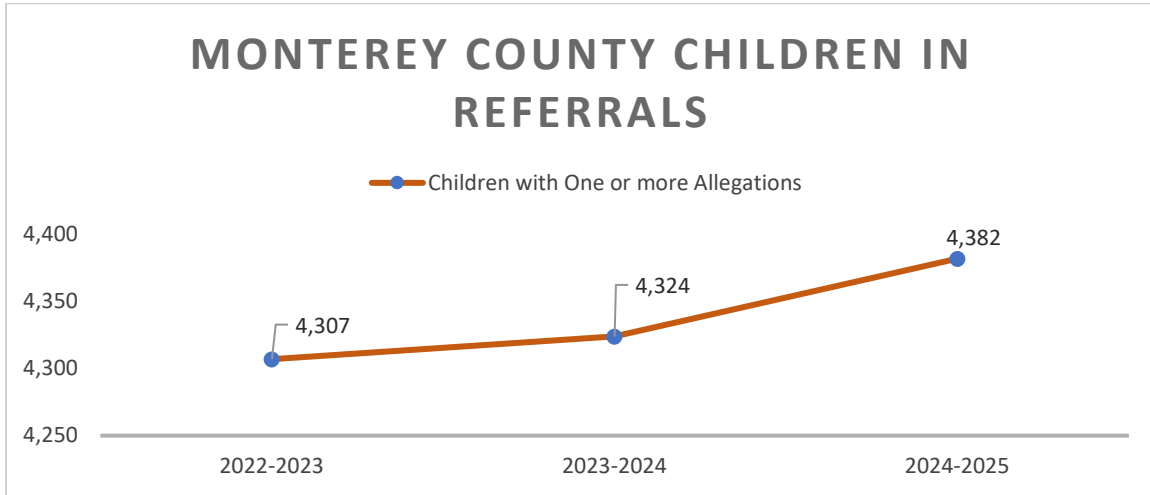
Source: Monterey County Department of Social Services — IT Data Development 2024

**Definition of Indicator**

The rate of substantiated reports in which a referral was made due to allegations of child abuse, neglect, and/or exploitation of children 18 years of age or less.

**Why the Indicator is Important**

This indicator represents the prevalence of child abuse in Monterey County. State law requires several categories of professionals, including teachers, nurses, social workers, law enforcement officers and childcare providers, to report suspected cases of maltreatment or child abuse. Other sources of child abuse reporting include parents, neighbors, friends, and anonymous persons. A report to the Child Abuse Hotline is the primary entry point for children and families into the Child Welfare Services of Monterey County. Depending on the severity of the report, there are established time standards for initiating the investigation. Reports are investigated and assigned to one of three disposition categories – “Unfounded”, “Inconclusive”, or “Sustained”.



<https://ccwip.berkeley.edu/childwelfare/reports/Allegation/MTMG/r/jab636/s>

A child is counted only once, in category of highest severity.

Data Source: CWS/CMS 2023 Quarter 3 Extract.- Program version: 2013.12.05 Database version: 7835E42F -CCWIP reports. Retrieved Jan 18, 2024, from University of California at Berkeley California Child Welfare Indicators Project website. URL:

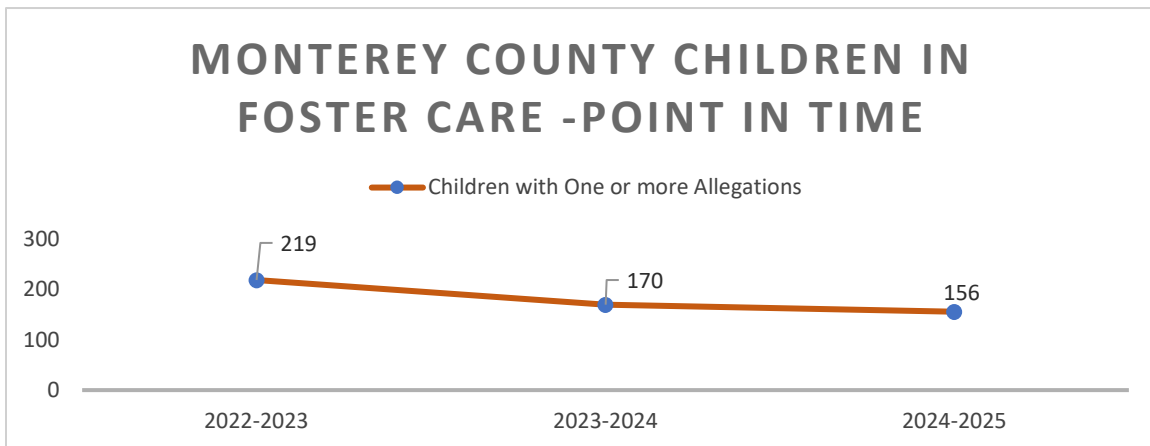
<https://ccwip.berkeley.edu>

**Definition of Indicator**

Rate of children placed in welfare supervised care including shelter, court-specified home, kin, guardian or other.

**Why the Indicator is Important**

Removal of children from their families and placement in foster care is a difficult intervention for children and only exercised when risk to children is extreme. Best practice, as well as both federal and state laws, discourage the removal of children from their homes, unless absolutely necessary to ensure the child’s safety. The placement of children in out-of-home care is an indicator of family problems that are so difficult, that a child cannot remain with his or her family. Child abuse and neglect are serious problems that cross socioeconomic boundaries and have profound effects on the safety and well-being of impacted children.



Source: CCWIP reports. University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucbc\\_childwelfare](http://cssr.berkeley.edu/ucbc_childwelfare)

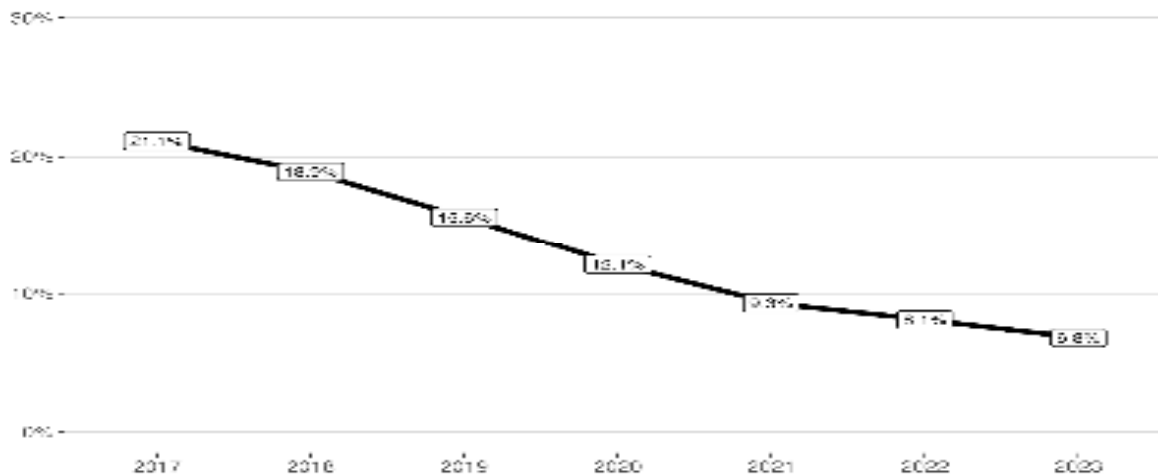
**Definition of Indicator**

"Households without internet subscription" refers to data collected by the American Community Survey (ACS) that indicates households which do not have an active internet subscription, meaning they do not pay for internet access, even if they may have access to the internet through other means like free public Wi-Fi or a neighbor's connection.

**Why the Indicator is Important**

Californians use the internet for a range of activities, including financial services, telecommuting, school communications, job searches, online classes or job training, and/or telehealth. Even if a household reports "no internet subscription," it doesn't necessarily mean they have absolutely no internet access; they might access the internet occasionally through other methods.

Households without an internet subscription in Monterey County



Source: Census - American Community Survey 5 year estimates. Table S2801

Note: As of 12/10/2025 they have not released the 2024-20255-year estimate

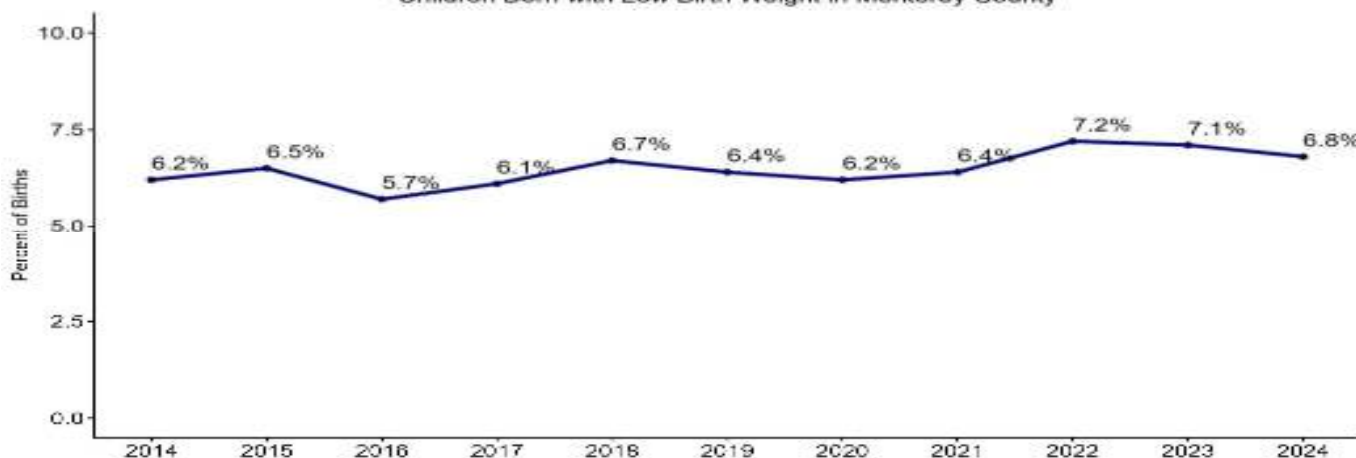
**Definition of Indicator**

The percentage of children born weighing less than 2500 grams (about 5.5 lbs.)

**Why the Indicator is Important**

Children born with low birth weights are more prone to infant death as well as developmental delays and certain chronic diseases. Causes of low birth weight babies include premature birth, smoking and maternal drug use.

Children Born with Low Birth Weight in Monterey County



Source: Birth Information: State of California, California Department of Public Health, VRBIS, California Comprehensive Birth File. Analysis by County of Monterey Health Department, Epidemiology and Surveillance Unit.

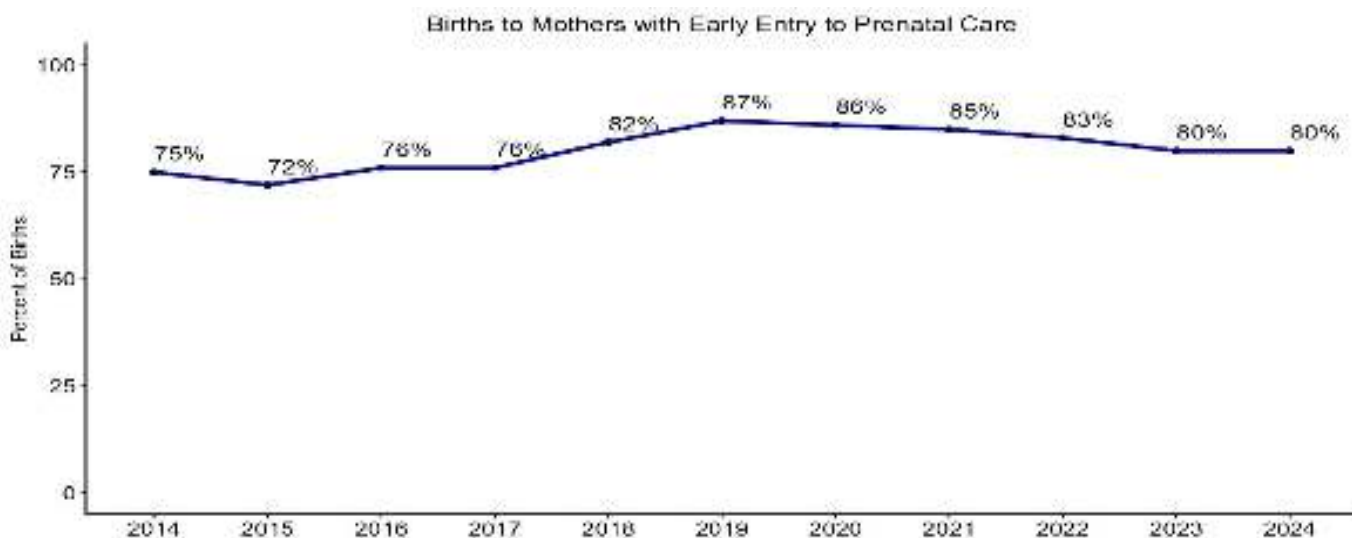
Data updated 10/14/2025.

**Definition of Indicator**

The percentage of pregnant women who receive prenatal screening and treatment for medical conditions and identification of behavioral risk factors in the first three months of pregnancy. Proportion of Births to Mothers with Entry to Prenatal Care During First Trimester Among All Monterey County Births.

**Why the Indicator is Important**

Studies have shown that earlier prenatal care is associated with better health and developmental outcomes for newborns as well as fewer complications for mothers.



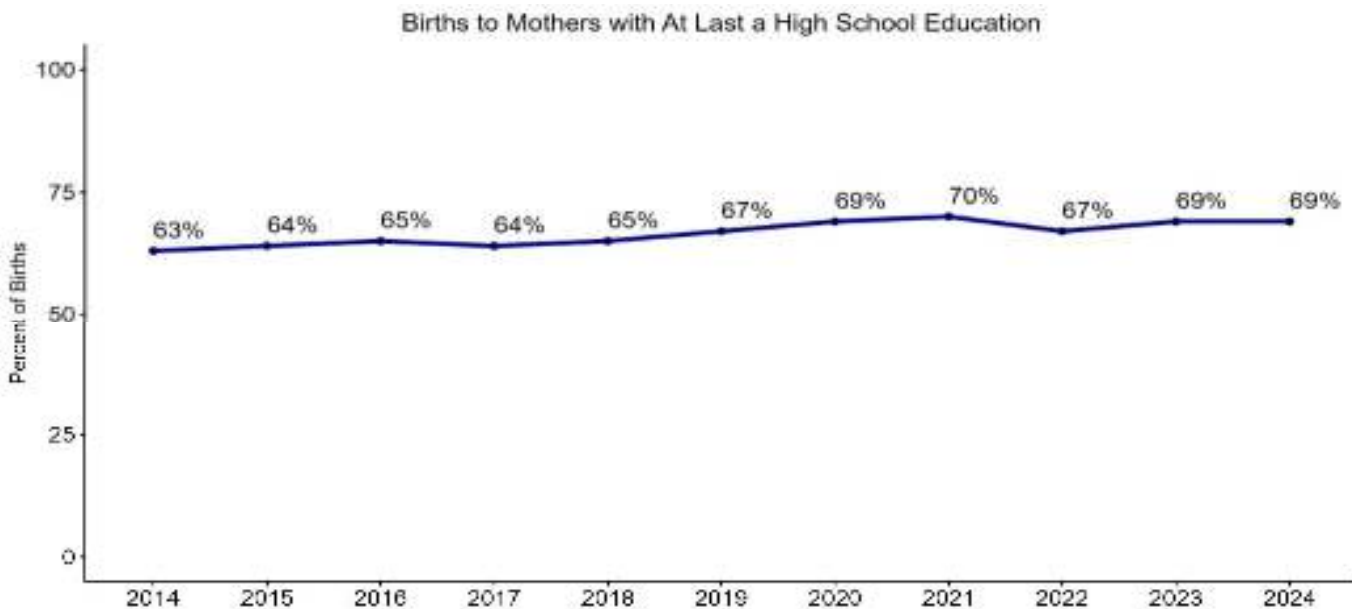
Source: Birth Information: State of California, California Department of Public Health, VRBIS, California Comprehensive Birth File. Analysis by County of Monterey Health Department, Epidemiology and Surveillance Unit. Data updated 10/14/25.

**Definition of Indicator**

The percentage of mothers who have at least completed high school. A GED equivalency exam also qualifies as completing high school. Schooling obtained in Mexico or other national systems is also recognized. Proportion of births to mothers with at least a high school diploma or equivalent among all Monterey County births.

**Why the Indicator is Important**

Maternal education level is closely tied to future academic achievement, health, and economic status for the mother and her children.



Source: Birth Information: State of California, California Department of Public Health, VRBIS, California Comprehensive Birth File. Population Data: State of California, Department of Finance, Population Estimates. Analysis by County of Monterey Health Department, Epidemiology and Surveillance Unit. Data updated 10/14/25.

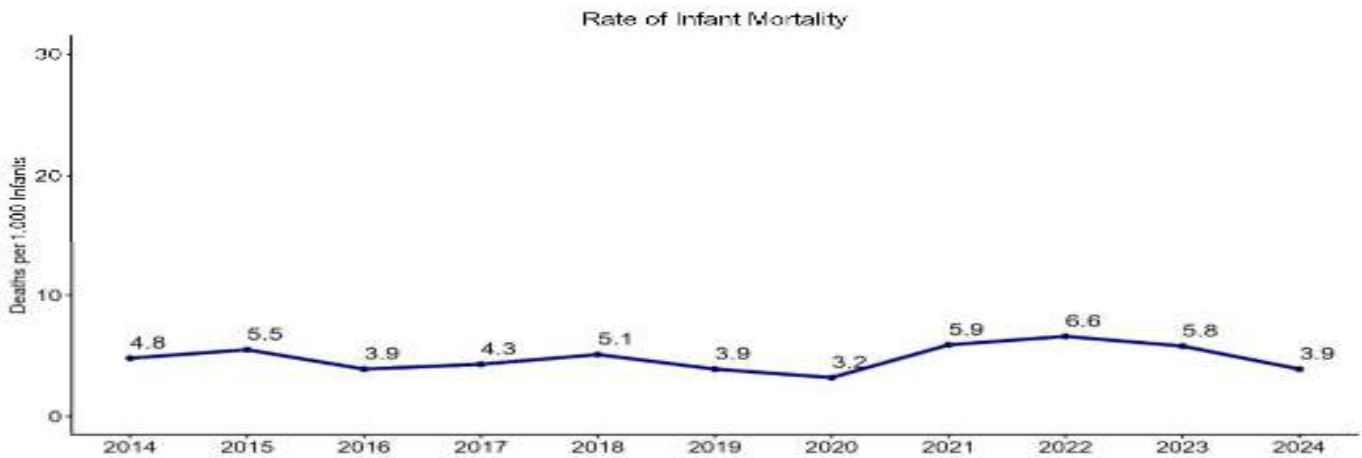
**Definition of Indicator**

This indicator shows the mortality rate in deaths per 1,000 live births for infants within their first year of life.

**Why the Indicator is Important**

Infant mortality is the death of an infant before their first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), injuries, and pregnancy complications ([Centers for Disease Control and Prevention](#)).

*Considerations for Equitable Approaches:* The infant mortality rate in the United States is higher than in other high-income countries. Within the U.S. there are disparities by race/ethnicity, income, and geographic location ([Healthy People 2030](#)). Black/African American, Native Hawaiian or Pacific Islander, and American Indian/Alaska Native infants have much higher mortality rates than White and Asian infants ([Centers for Disease Control and Prevention](#)). Equitable, high-quality health care for pregnant people and babies and community-based interventions can help reduce the rate of infant deaths. Addressing social determinants of health is also critical for reducing these disparities ([Healthy People 2030](#)).



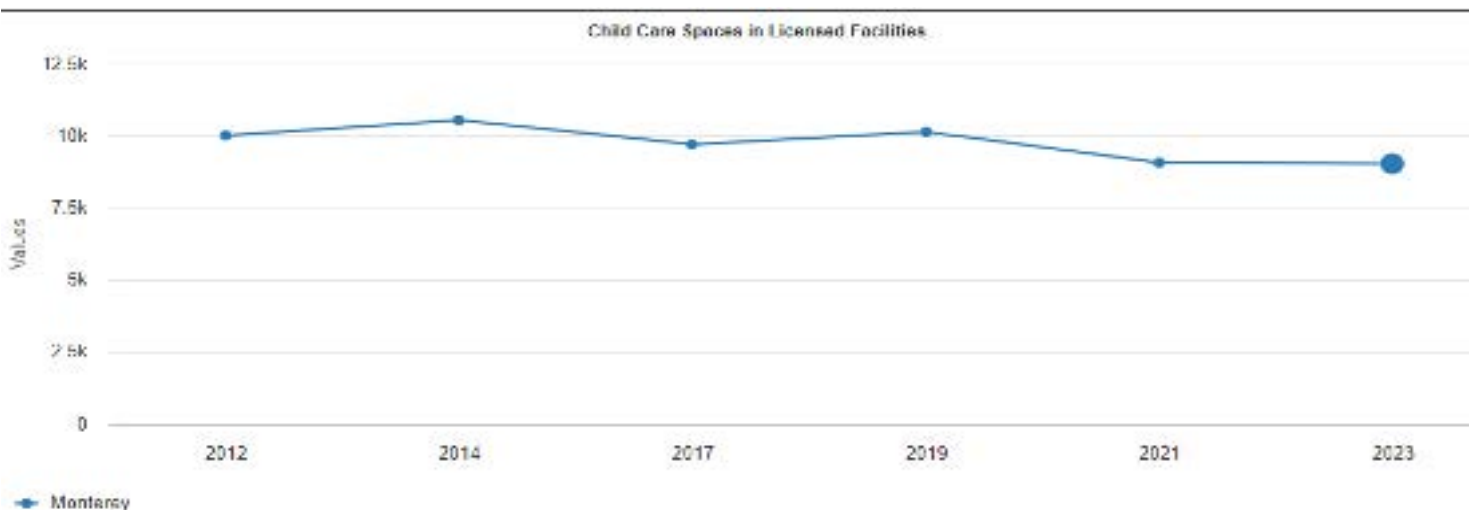
Source: Birth Information: State of California, California Department of Public Health, VRBIS, California Comprehensive Birth File. Population Data: State of California, Department of Finance, Population Estimates. Analysis by County of Monterey Health Department, Epidemiology and Surveillance Unit. Data updated 10/14/2025.

**Definition of Indicator**

The number of licensed child care slots includes both part-day and full-day care for infant, toddler, and preschool. This also includes expansion of transitional kindergarten in school districts serving four year old children. It does not include license-exempt or family and neighbor care scenarios.

**Why the Indicator is Important**

Quality child care is very beneficial for a child’s social, emotional and cognitive development. Many working parents have a difficult time locating quality care. Licensed care is available for about a third of parents in the labor force.



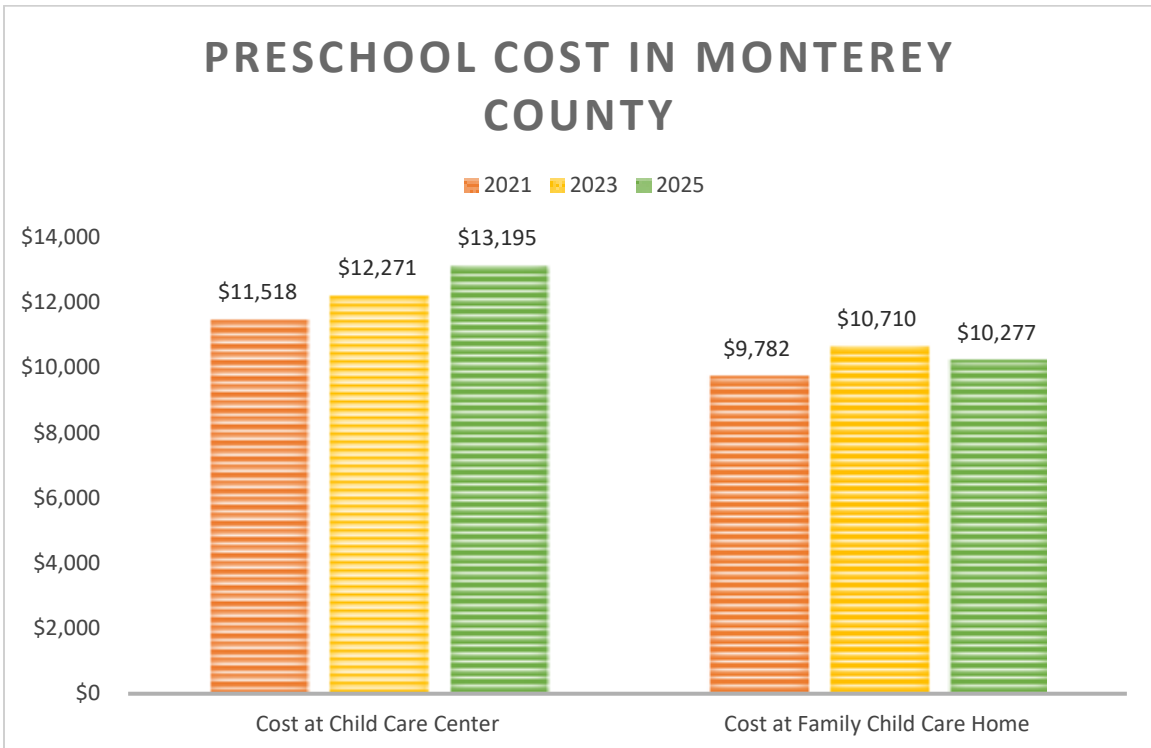
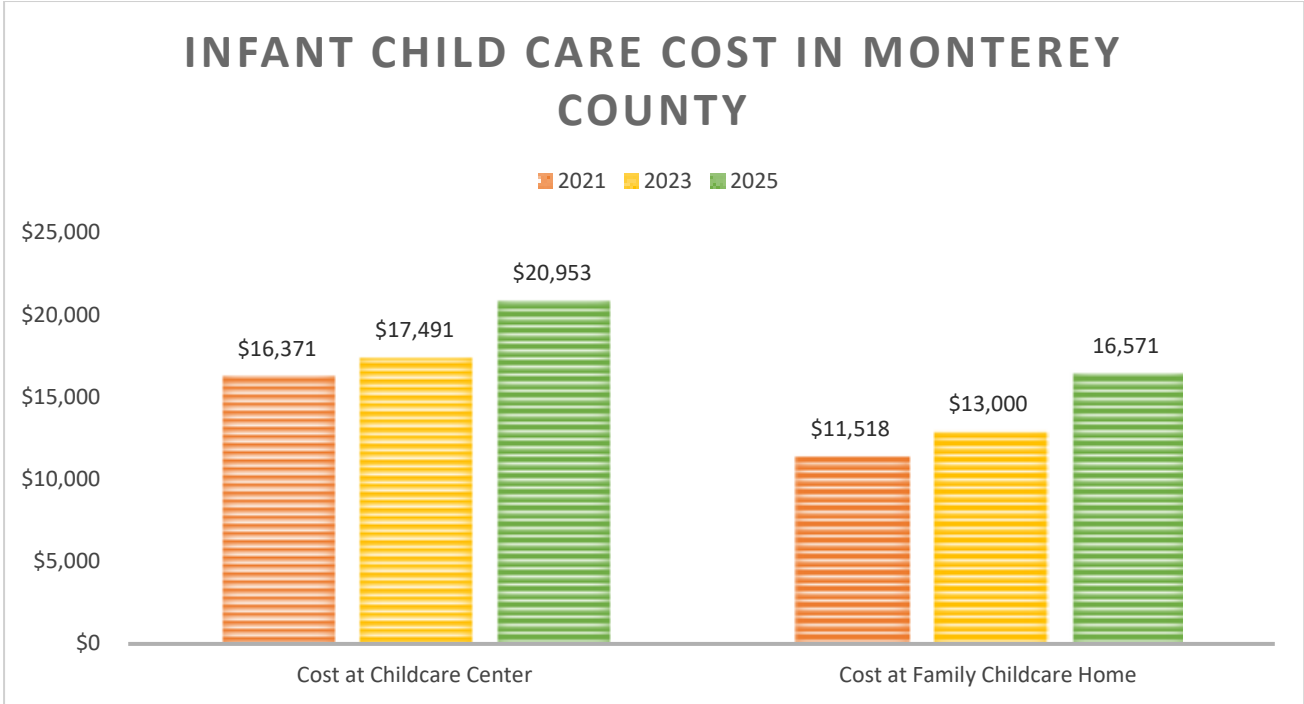
Source: local Resource and Referral through MAOF. Data updated not available for 2025 not released in time for this report.

**Definition of Indicator**

The number of licensed child care and education spaces includes both part-day and full-day care and education in home-based and center-based settings. This does not include state preschool, transitional kindergarten, license-exempt or informal child care and education settings.

**Why the Indicator is Important**

Paying for quality child care can be a large burden on a family, especially families living at the cutoff for subsidized care. Likewise, keeping trained quality childcare providers is difficult if they cannot earn an adequate salary.



Source: local Resource and Referral through MAOF. Data updated 1/26/25

**Definition of the Indicator**

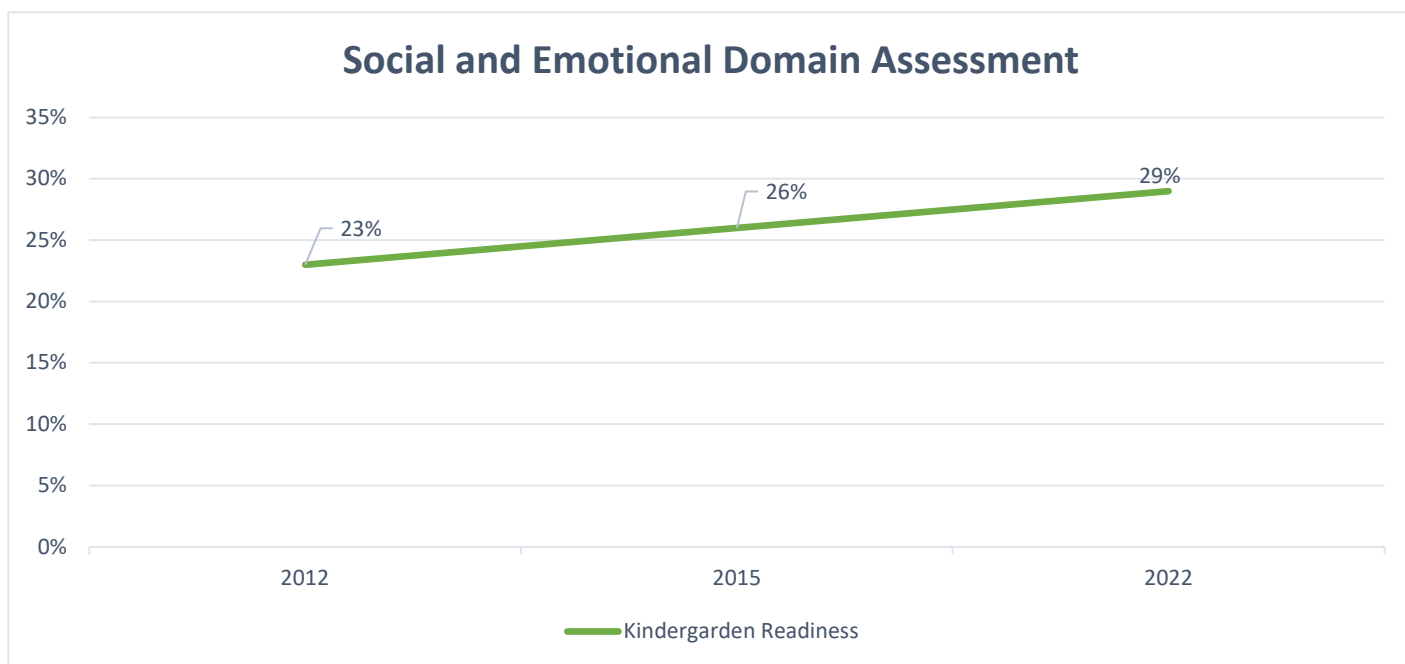
Kindergarten children in 2022 were more likely than children in 2012 and 2015 to meet the readiness threshold for the Social Emotional Domain. Please note that because the 2012 and 2015 data had to be re-scaled for comparison to the 2022 data, the percentages reported here from previous years may not be the same as previous reports.

In this report, kindergarten readiness is defined as the percentage of kindergarten children meeting or exceeding the readiness threshold in the Social and Emotional Development Domain of the DRDP-K (2015) Essential View<sup>1</sup>, which replaces the DRDP-SR (2012)<sup>2</sup>. The Social and Emotional Domain consists of four measures that teachers complete based on observations of children’s relevant skills, knowledge, and behaviors demonstrated during children’s authentic learning experiences; each item can be given a rating in one of six levels. “Readiness” was calculated using psychometrically valid multidimensional domain scaled scores<sup>3</sup>. Children with scores corresponding to the “integrating” or later levels of the DRDP-K Social Emotional Domain were categorized as meeting the “readiness” threshold.<sup>4</sup>

**Why the Indicator is Important**

Young children’s social emotional skills lay the foundation for development in other domains, such as math and literacy. The social emotional readiness of kindergarten children is an indicator of community and service readiness to support the healthy development of babies, toddlers and preschool age children and the adults who care for them.

This indicator is the overarching indicator of success for the Bright Beginnings Early Childhood Development Initiative, yet must be interpreted in the context of the other community indicators in this report, such as access to early prenatal care and child care.



<sup>1</sup> <https://drdpk.org/>

<sup>2</sup> <https://www.drdpk.org/docs/DRDP-SR%207-2012v4.pdf>

<sup>3</sup> Draney, K., Sussman, J., Gochyyev, P., Kriener-Althen, K., Newton, E., & Mangione, P. (2021). *DRDP technical report for early infancy through kindergarten: Structural validity and reliability information for the Desired Results Development Profile*. Berkeley Evaluation and Assessment Research Center

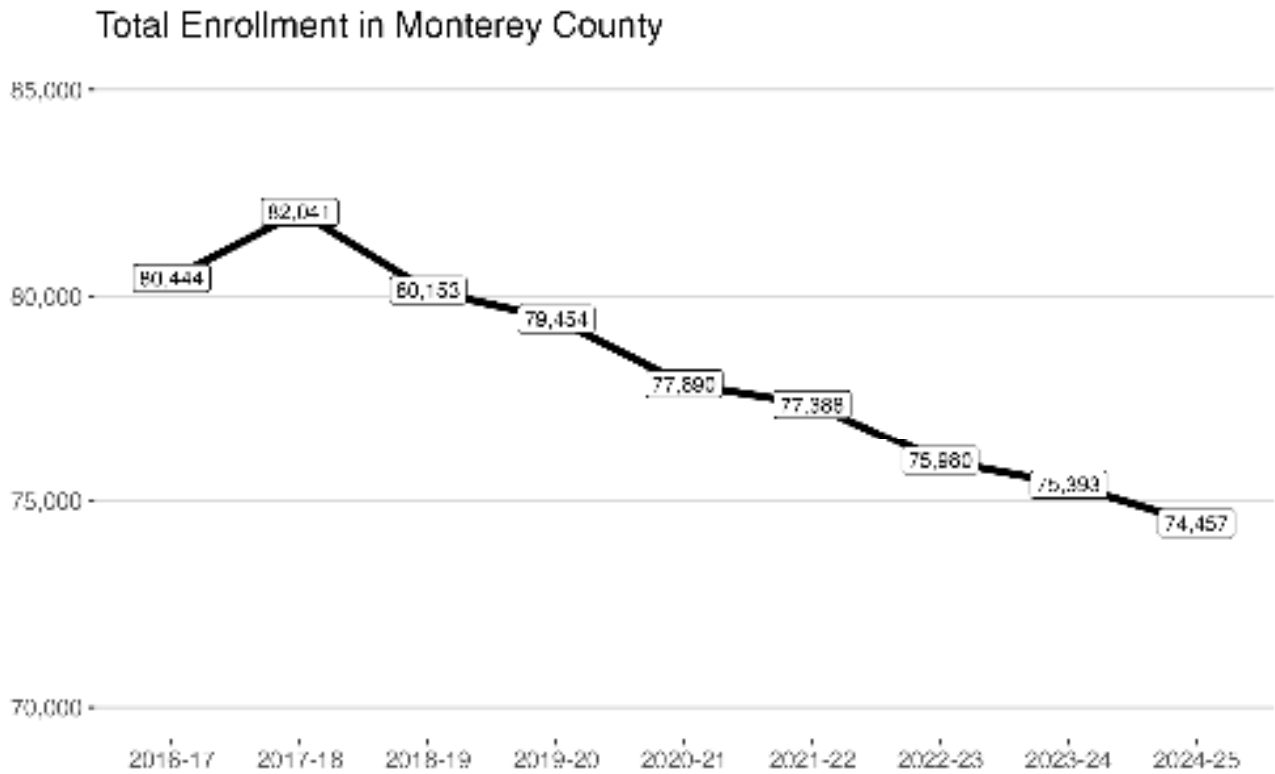
<sup>4</sup> For more information on study method, including sample sizes, demographics of the samples please email [Jennifer@first5monterey.org](mailto:Jennifer@first5monterey.org). A detailed technical report was released in 2025.

**Definition of the Indicator**

Enrollment is based upon the Cumulative Enrollment from the California Longitudinal Pupil Achievement Data System (CALPADS). This includes information about total enrollment, Free and Reduced Meal Program, Homeless, Els and others. Cumulative enrollment consists of the total number of unduplicated primary and short-term enrollments within the academic year (July 1 to June 30), regardless of whether the student is enrolled multiple times. If a student is enrolled in multiple schools within a district during the academic year, they are counted only once in the district's cumulative enrollment.

**Why the Indicator is Important**

Knowing the size of a population in question helps to determine the scale and scope of efforts to support the population.



Source: Cumulative Enrollment Data  
<https://www.cde.ca.gov/ds/dad/files/enrcum.asp>

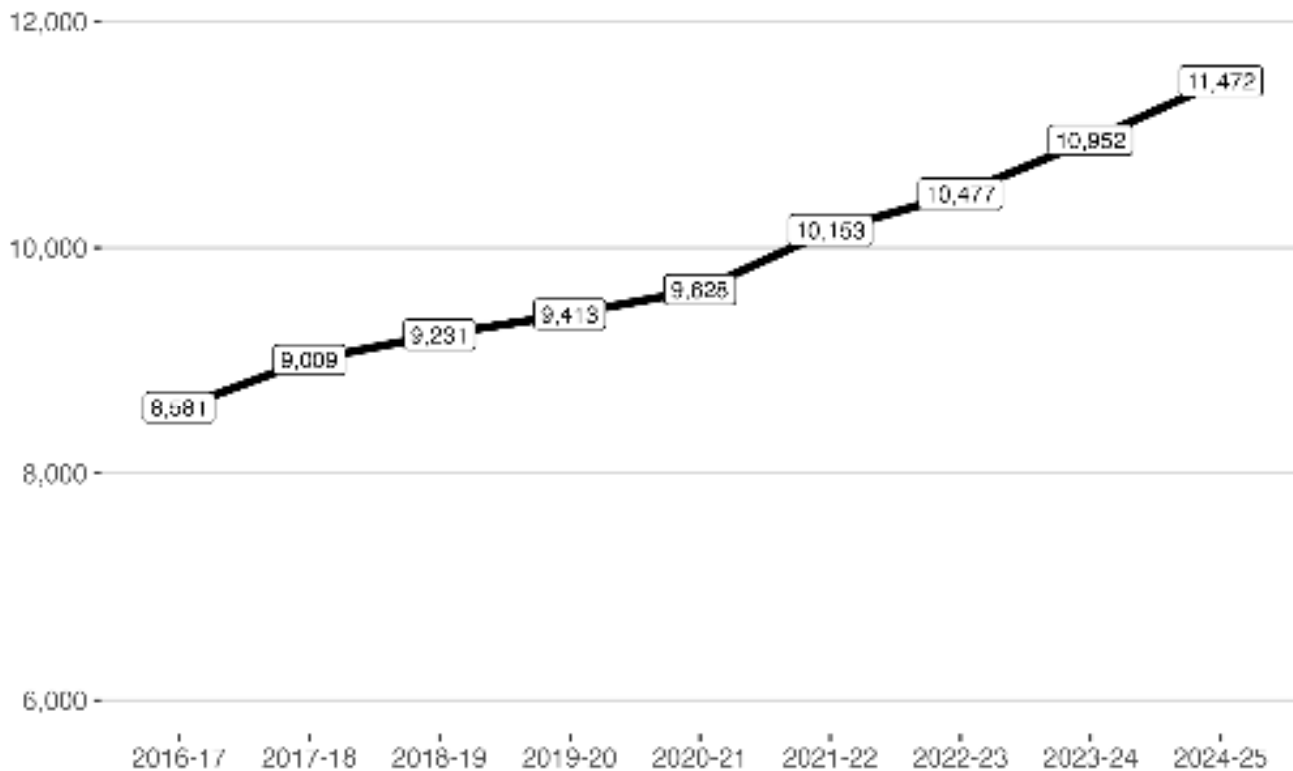
**Definition of the Indicator**

California provides specially designed instruction, at no cost to parents, to meet the unique needs of children with disabilities. This instruction is provided in a variety of settings that allow infants and their families, preschoolers, students, and young adults to be educated with their peers as much as possible; that is, in the least restrictive environment. Special education services are available in a variety of settings, including day-care settings, preschool, regular classrooms, classrooms that emphasize specially designed instruction, the community, and the work environment. The disability categories and enrollment breakdown in California for individuals who received special education services are as follows: autism, near-blindness, deafness, emotional disturbance, hard of hearing, intellectual disabilities, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment.

**Why the Indicator is Important**

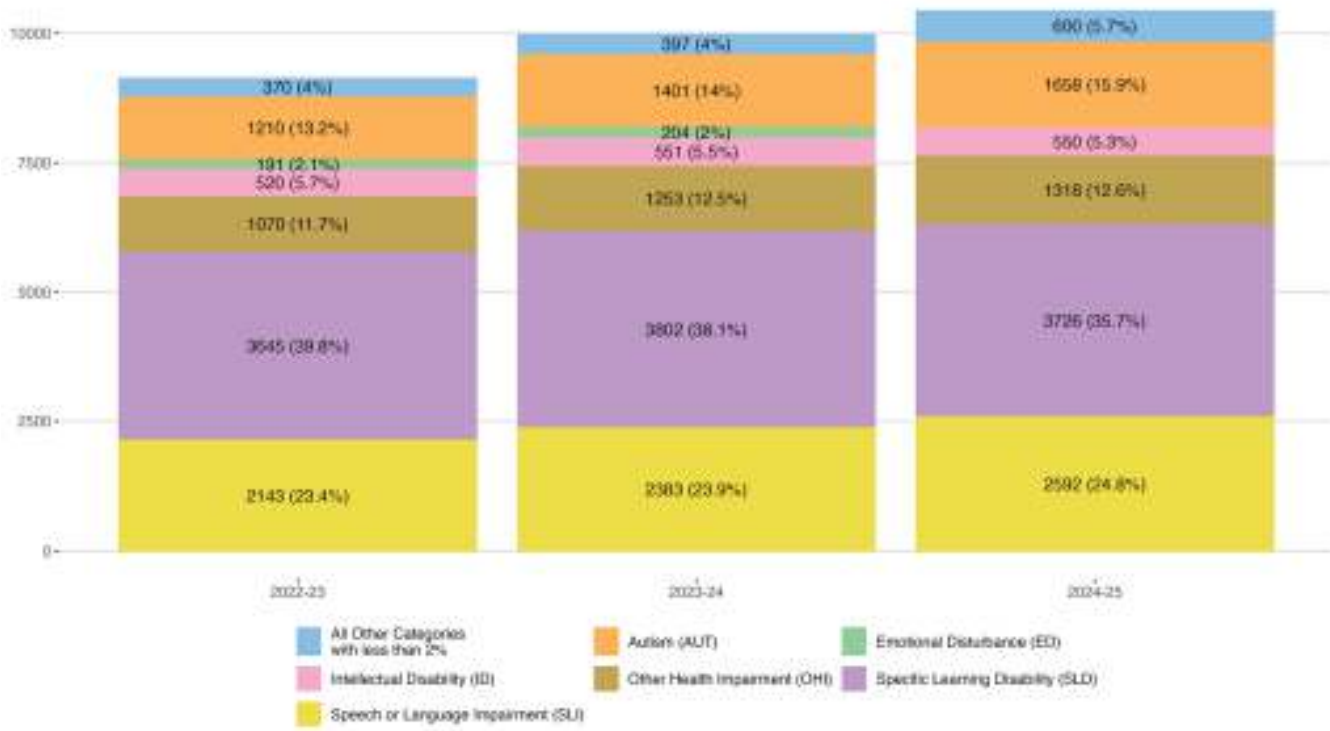
Special education enrollment is a key component in addressing the needs of all students and being able to deliver an enriched learning experience. Accurate student count affects the necessary funding to provide the necessary supports.

Students with Disabilities Enrollment in Monterey County (Count)



Source: Cumulative Enrollment Data  
<https://www.cde.ca.gov/ds/ad/files/enrcum.asp>

### Students Identified by Disability Category



Source: CDE - SPED Data  
<https://www.cde.ca.gov/eds/ed/sped/sped.asp>

### Students with Disability Identified by Race



Source: CDE - SPED Data  
<https://www.cde.ca.gov/eds/ed/sped/sped.asp>

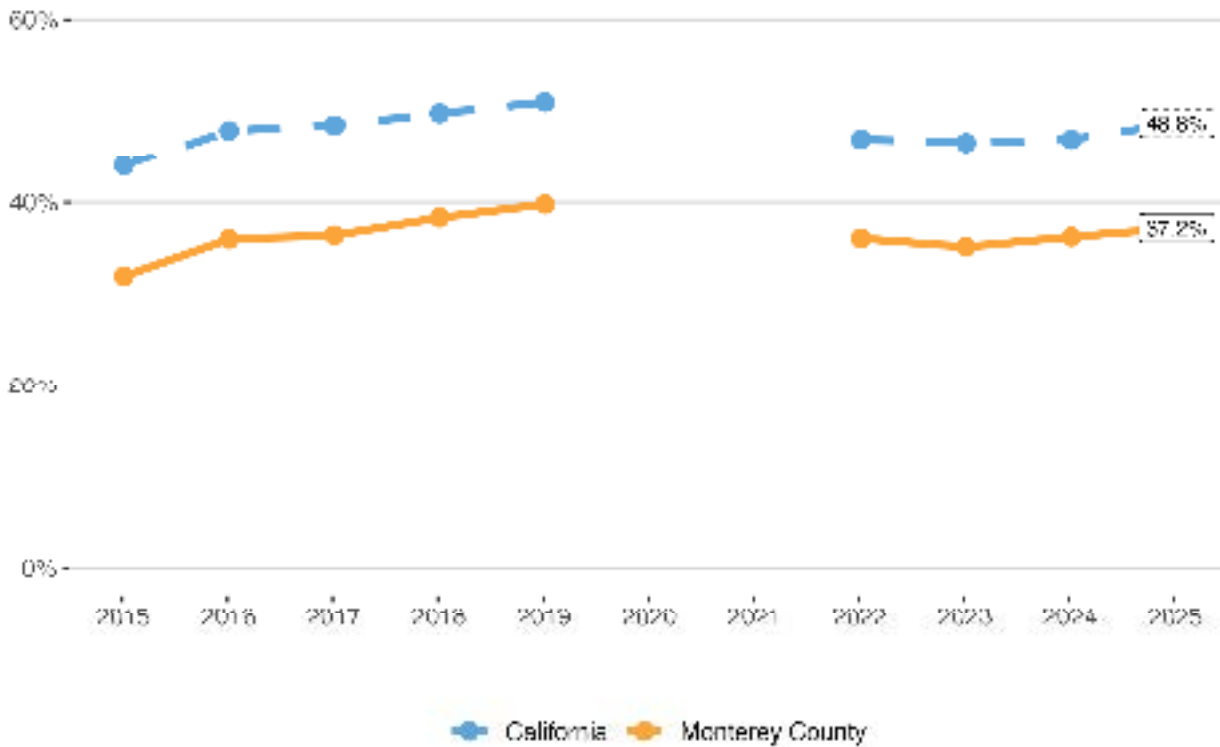
**Definition of the Indicator**

California’s academic standards – what we want students to know and be able to do – are designed so students graduate ready for college and/or career. One way student progress is measured is through computer-based assessments, for grades 3<sup>rd</sup> -8<sup>th</sup> and 11<sup>th</sup>. These assessments were created to gauge each student’s performance in English Language Arts. Because the California Assessment of Student Performance and Progress (CAASPP) tests are given statewide, they provide an opportunity to measure the skills of all students against the same academic standards. The tests are computer-adaptive, allowing more precise measurement of individual skills. Parents receive a written report of their child’s scores and can compare progress from one year to the next.

**Why the Indicator is Important**

The purpose of the CAASPP system is to assist teachers, administrators, students, and parents to better understand academic performance in order to improve student achievement in California’s Academic Content Standards.

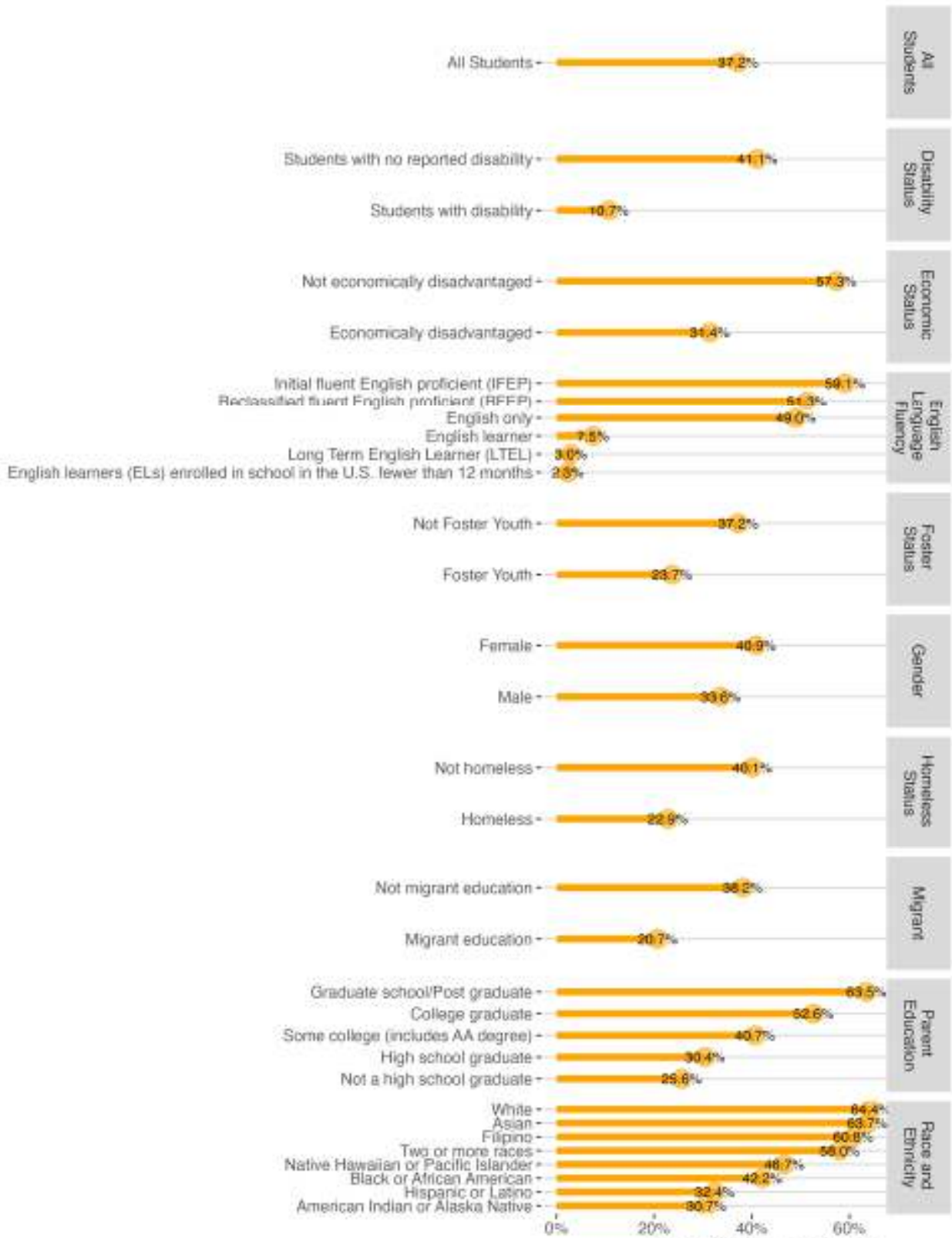
ELA Percentage Meeting and Exceeding Rates Over Time



Source: CAASPP Research Files  
<https://caaspp-elpac.ode.ca.gov/caaspp/ResearchFileList>

Note: In 2020 CAASPP testing was cancelled. In 2021, only about a tenth of eligible students took the CAASPP ELA and Math tests. Since, districts were able to determine the most viable assessment to implement. In Monterey County six districts elected to use the CAASPP ELA and Math tests. Because of the many unique circumstances in spring 2021, combined with the low numbers of students taking the state tests, it is not appropriate to analyze County level results and how they compare to other years.

## 2025 ELA Percentage Meeting and Exceeding Rates by Student Group



Source: CAASPP Research Files  
<https://caaspp-elpac.cde.ca.gov/caaspp/ResearchFileList>

**Definition of the Indicator**

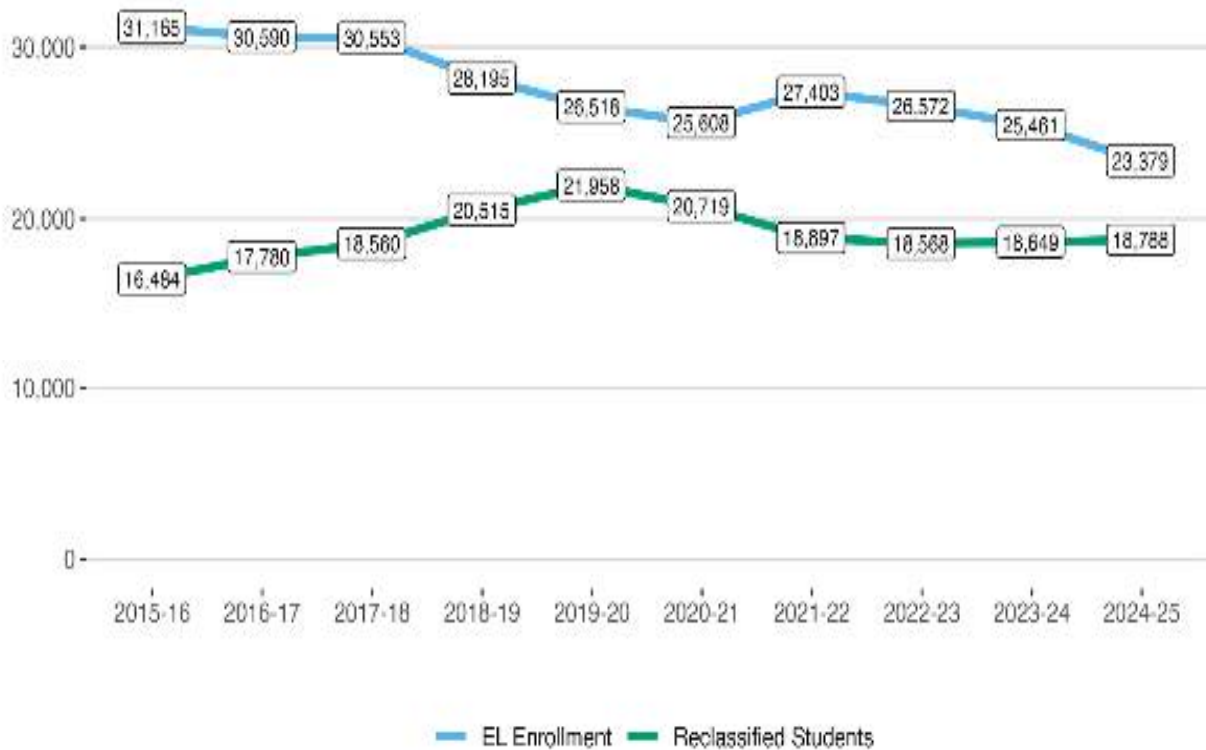
Enrollment is based on reclassification numbers identifying the entire English Learner (EL) population. English Learner students are those students for whom (1) parents report of a primary language other than English on the state-approved Home Language Survey **and** (2) who lack English-language skills based on the state approved assessment (Initial ELPAC) in listening comprehension, speaking, reading, and writing which are necessary to succeed in the school’s regular instructional programs. EL students are reclassified according to the multiple criteria including assessment results (Summative ELPAC) and district-adopted standards that demonstrate that students have an English-language proficiency comparable to that of average native English speakers.

**Why the Indicator is Important**

Knowing the size of the population in question helps to determine the scale and scope of efforts needed to support the population. EL students may need additional English Language Development support to create equitable learning environments. This helps ensure that English learners acquire full proficiency in English as rapidly and effectively as possible and attain parity with native speakers of English.

The EL reclassification rate gauges the success of meeting the state goal to have students redesignated as English proficient. Becoming English proficient is a step towards growth by aiding EL students to succeed with peers whose primary language is English. Reclassification also allows students more opportunities to take additional elective courses.

English Learner and Reclassified Fluent Enrollment by Year



Source: Enrollment by ELAS  
<https://www.cde.ca.gov/ds/ad/files/tel.asp>

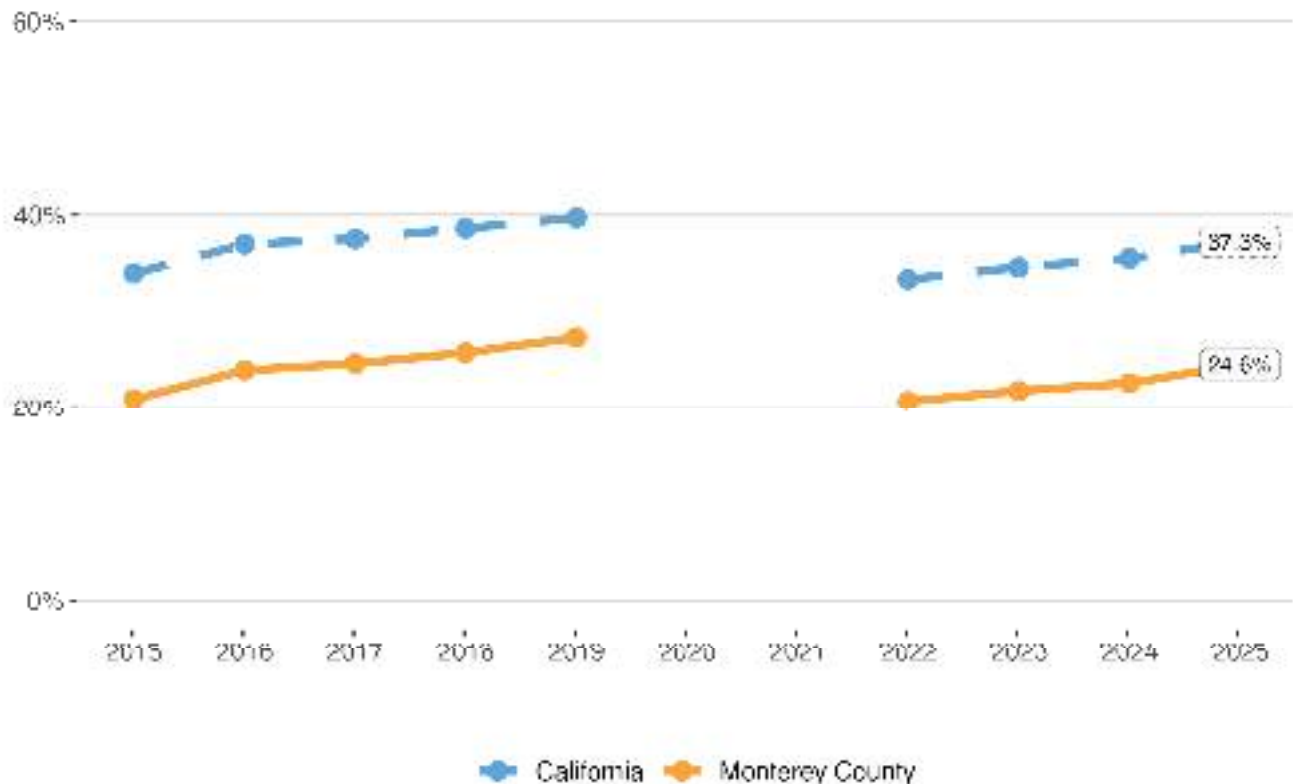
**Definition of the Indicator**

California’s academic standards – what we want students to know and be able to do – are designed so students graduate ready for college and/or career. One way student progress is measured is through computer-based assessments, for grades 3<sup>rd</sup> – 8<sup>th</sup> and 11<sup>th</sup>. These assessments were created to gauge each student’s performance in mathematics. Because CAASPP tests are given statewide, they provide an opportunity to measure the skills of all students against the same academic standards. The tests are computer-adaptive, allowing more precise measurement of individual skills. Parents receive a written report of their child’s scores and can compare progress from one year to the next.

**Why the Indicator is Important**

The primary purpose of the CAASPP System is to assist teachers, administrators, students, and parents by promoting high-quality teaching and learning through the use of a variety of assessment approaches and item types. These assessments are a measure of student achievement in the grade level standards adopted by the California State Board of Education.

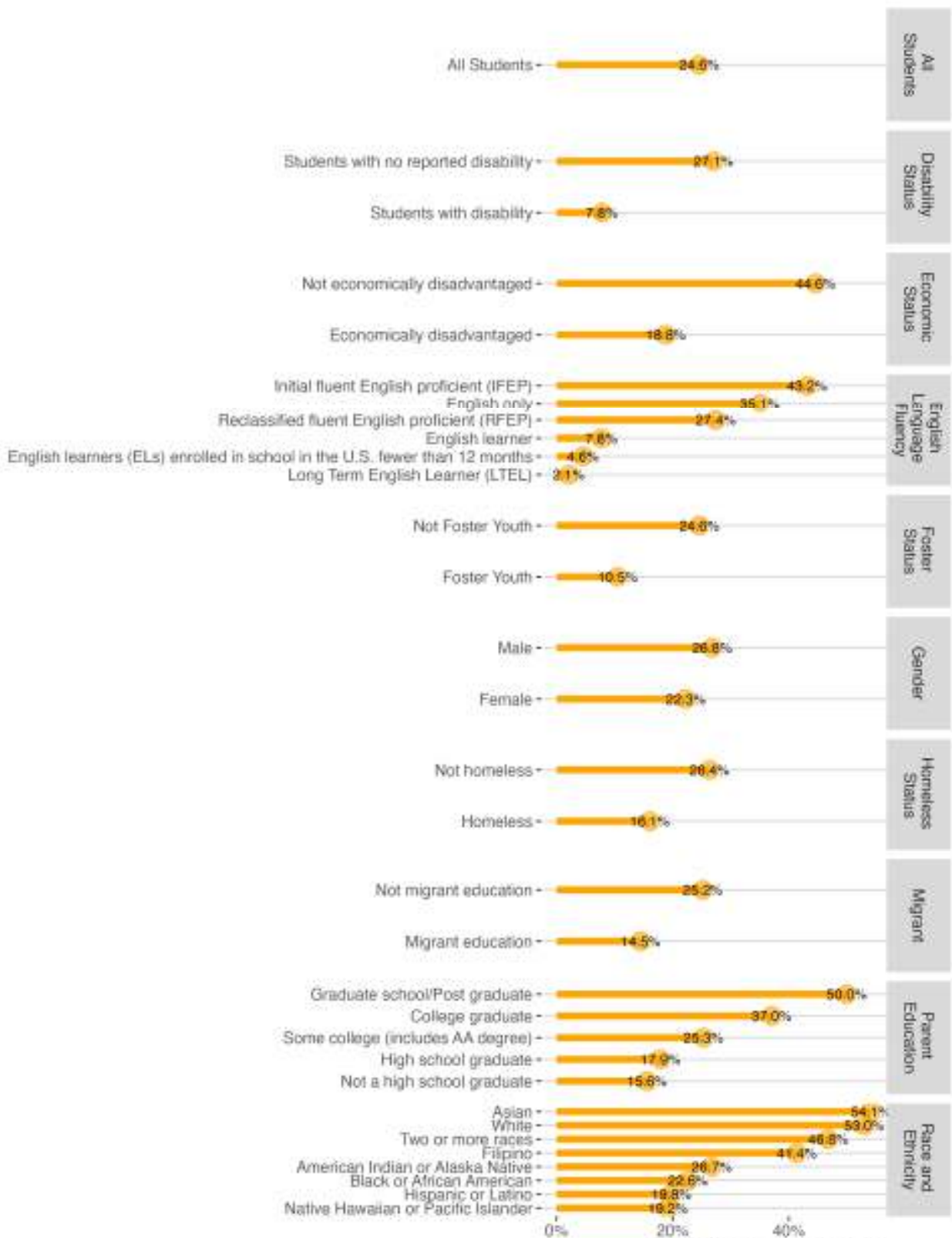
**Math Percentage Meeting and Exceeding Rates Over Time**



Source: CAASPP Research Files  
<https://caaspp-e.pac.ede.ca.gov/caaspp/ResearchFileList>

Note: In 2020 CAASPP testing was cancelled. In 2021, only about a tenth of eligible students took the CAASPP ELA and Math tests. As a reminder, districts were able to determine the most viable assessment to implement. In Monterey County six districts elected to use the CAASPP ELA and Math tests. Because of the many unique circumstances in spring 2021 combined with the low numbers of students taking the state tests, it is not appropriate to analyze county level results and how they compare to other years.

## 2025 Math Percentage Meeting and Exceeding Rates by Student Group



Source: CAASPP Research Files  
<https://caaspp-elpac.cde.ca.gov/caaspp/ResearchFileList>

**Definition of the Indicator**

The Four-Year Adjusted Cohort Graduation Rate (ACGR) is the number of students who graduate from high school in four years with a regular high school diploma, divided by the number of students who form the adjusted cohort for the graduating class. The four-year cohort is based on the number of students who enter grade 9 for the first time adjusted by adding into the cohort any student who transfers in later during grade 9 or during the next three years and subtracting any student from the cohort who transfers out, emigrates to another country, transfers to a prison or juvenile facility, or dies during that same period. Graduation data, including DASS graduation data, are reported in the CALPADS by LEAs and extracted via the CALPADS ODS.

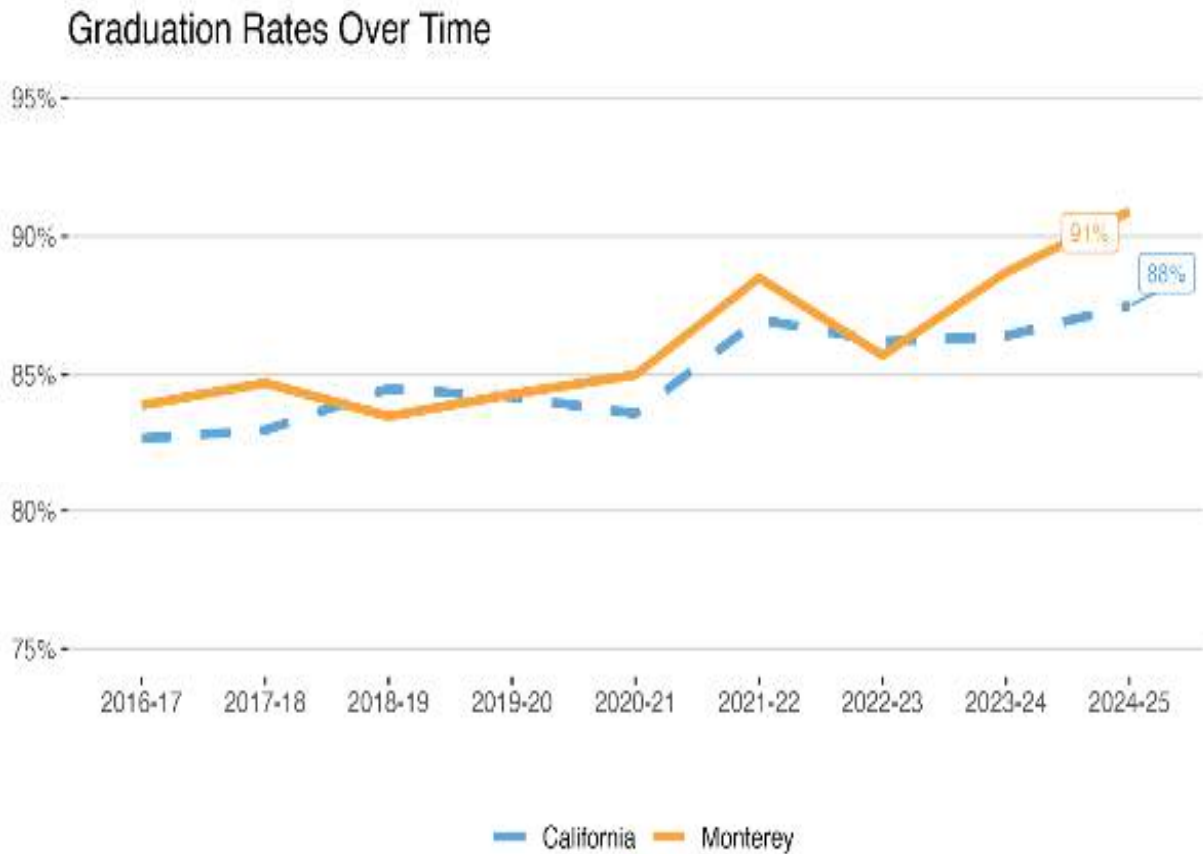
For the ACGR, a “regular high school diploma” is the standard high school diploma awarded to the preponderance of students in a state that is fully aligned with the state’s standards and does not include a general equivalency diploma (GED), certificate of completion, certificate of attendance, or any other similar or lesser credential, such as a diploma based on meeting Individualized Education Program (IEP) goals.

The figures reported here include all charter schools and DASS schools.

**Why the Indicator is Important**

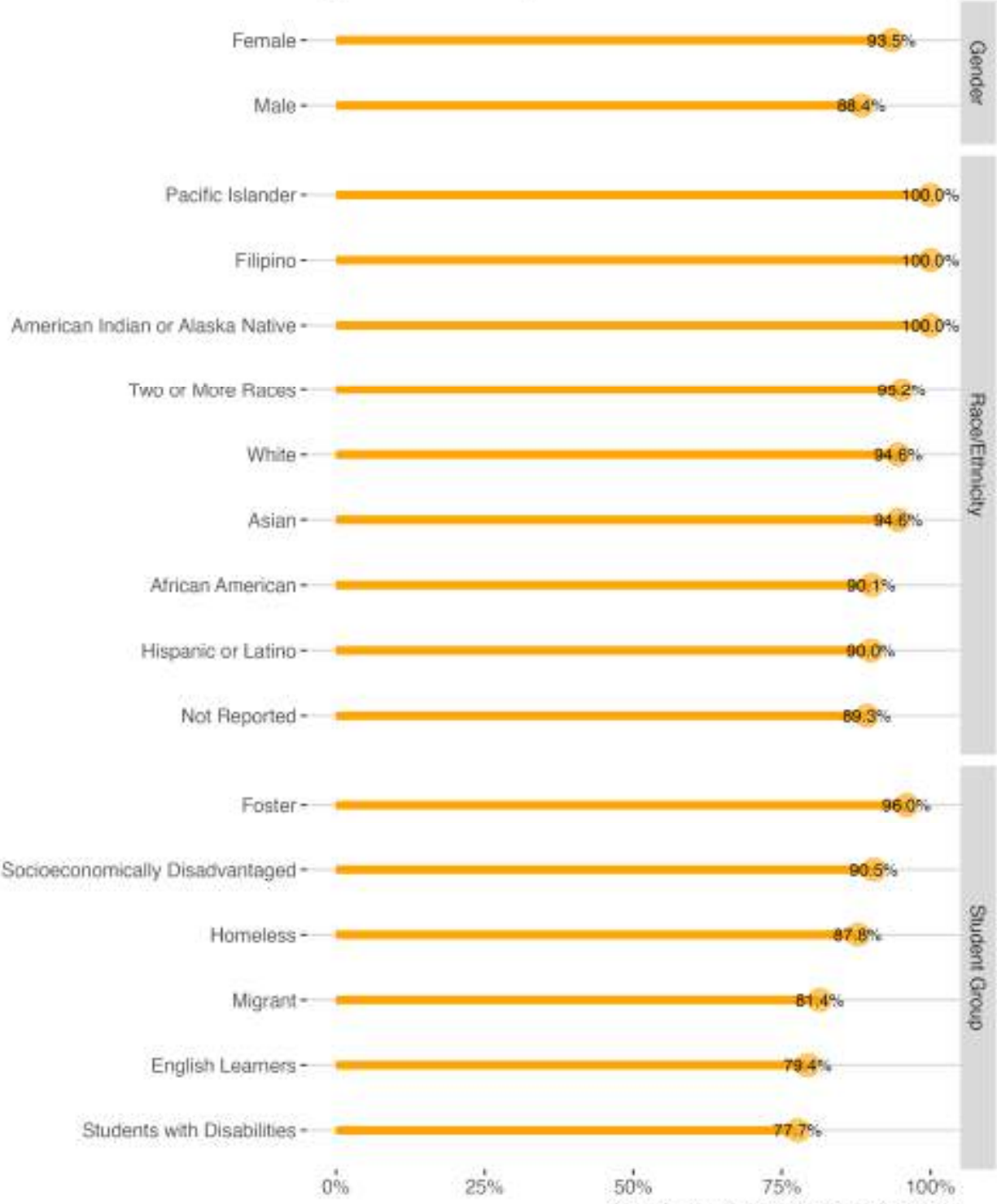
Education provides the foundation for young people to realize their fullest potential as productive, successful members of society. The graduation rate is a standard measure of basic academic competence. It is generally considered a minimum requirement for entry into the professional workforce and is an essential prerequisite for additional education and training.

Greater economic earnings, health and social well-being correlate strongly with educational level.



Source: Adjusted 4 Year Cohort Outcome Data  
<https://www.cde.ca.gov/ds/sd/sd/filesacgr.asp>

# 2025 Graduation Rates by Student Group



Source: Adjusted Cohort Outcome Data  
<https://www.cde.ca.gov/ds/sd/sd/files/acgr.asp>

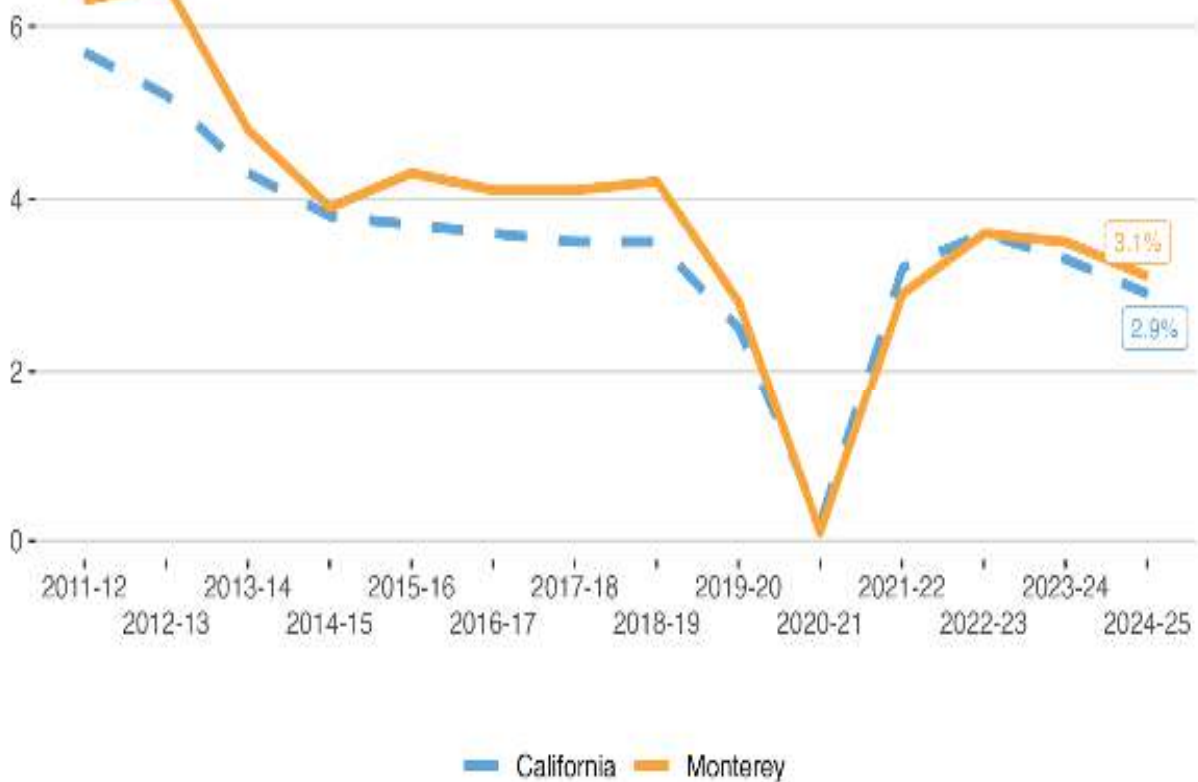
**Definition of the Indicator**

The Suspension Rate indicator is based on the number of students who were suspended at least once in the current school year. Note: If a student was suspended more than once in the school year, they are counted only once. The Suspension Rate is calculated by dividing the number of students suspended for an aggregate total of one full day in the current year by the cumulative enrollment. For this measure the desired outcome is a low suspension rate.

**Why the Indicator is Important**

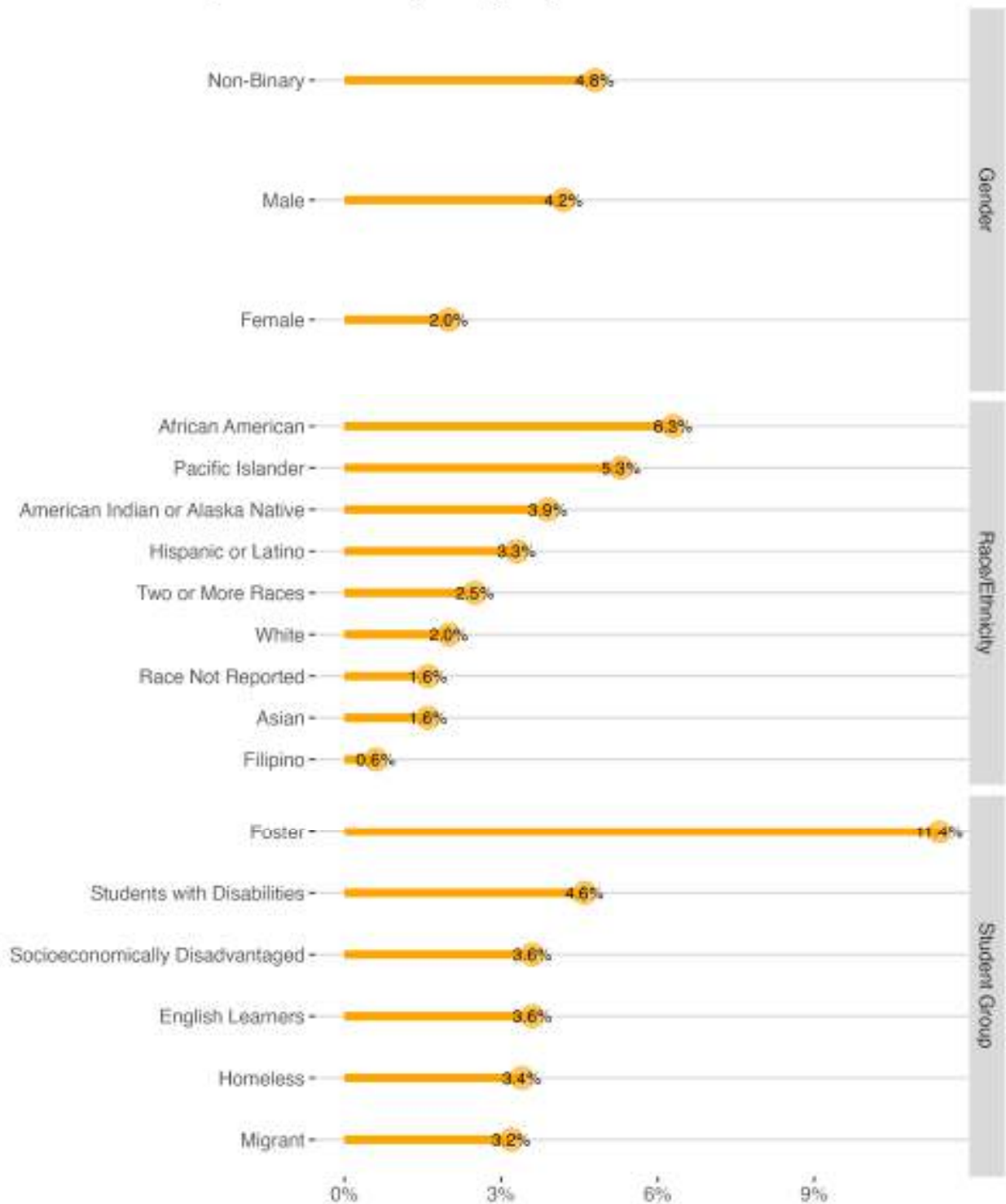
Effectively improving the school climate and creating an inclusive and equitable learning environment begins with keeping kids in the classroom. Exploring suspension rates can identify challenges of school culture and climate and identify students most affected.

K-12 Suspension Rates Over Time



Source: Suspension Data Files  
<https://www.cde.ca.gov/ds/sd/sd/files/sd.asp>

## 2025 K-12 Suspension Rates By Subgroup



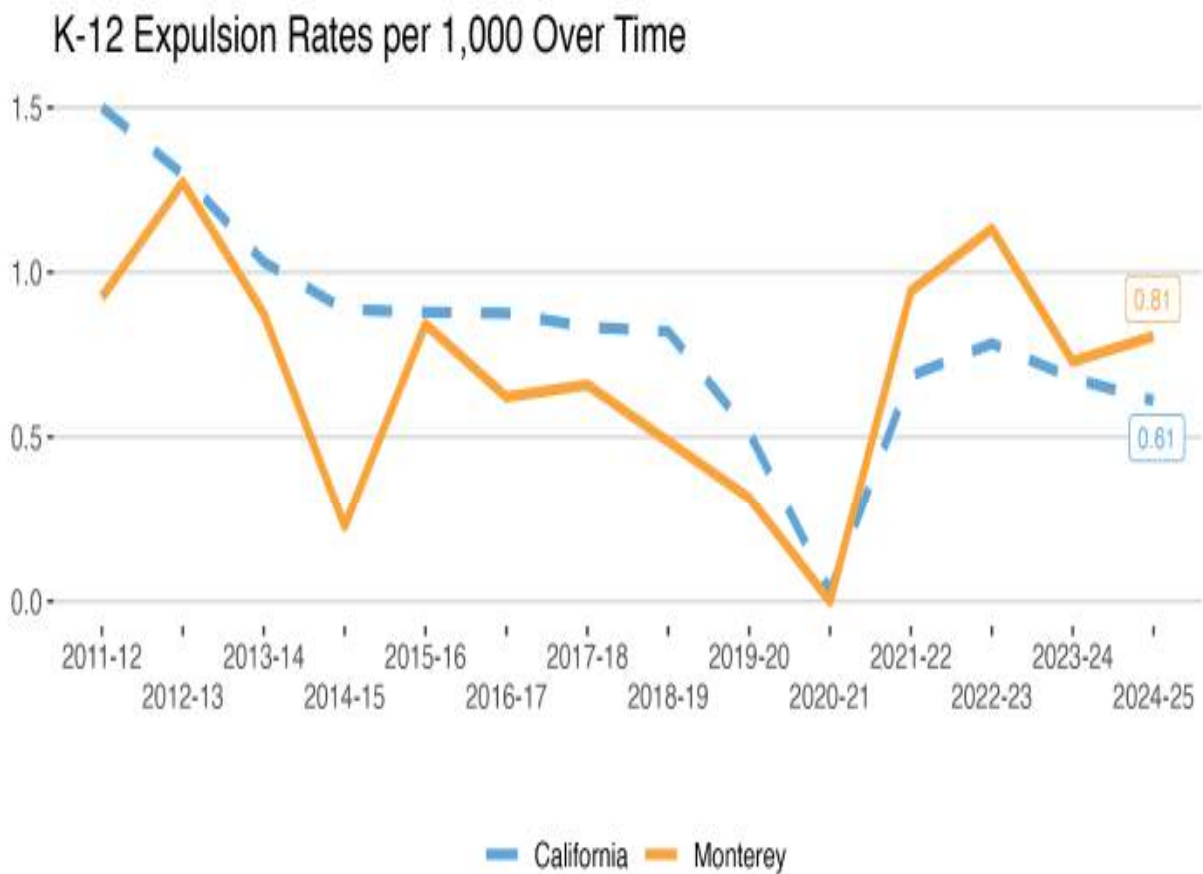
Source: Suspension Data Files  
<https://www.cde.ca.gov/ds/sd/sd/files/sd.asp>

**Definition of the Indicator**

Discipline data are submitted by local educational agencies (LEAs) and charter schools to the California Department of Education (CDE) as part of the annual End of Year 3 (EOY 3) data submission in the California Longitudinal Pupil Achievement Data System (CALPADS). Offenses that students may be expelled for include violent incidents, weapons possessions, controlled substances incidents, and defiance.

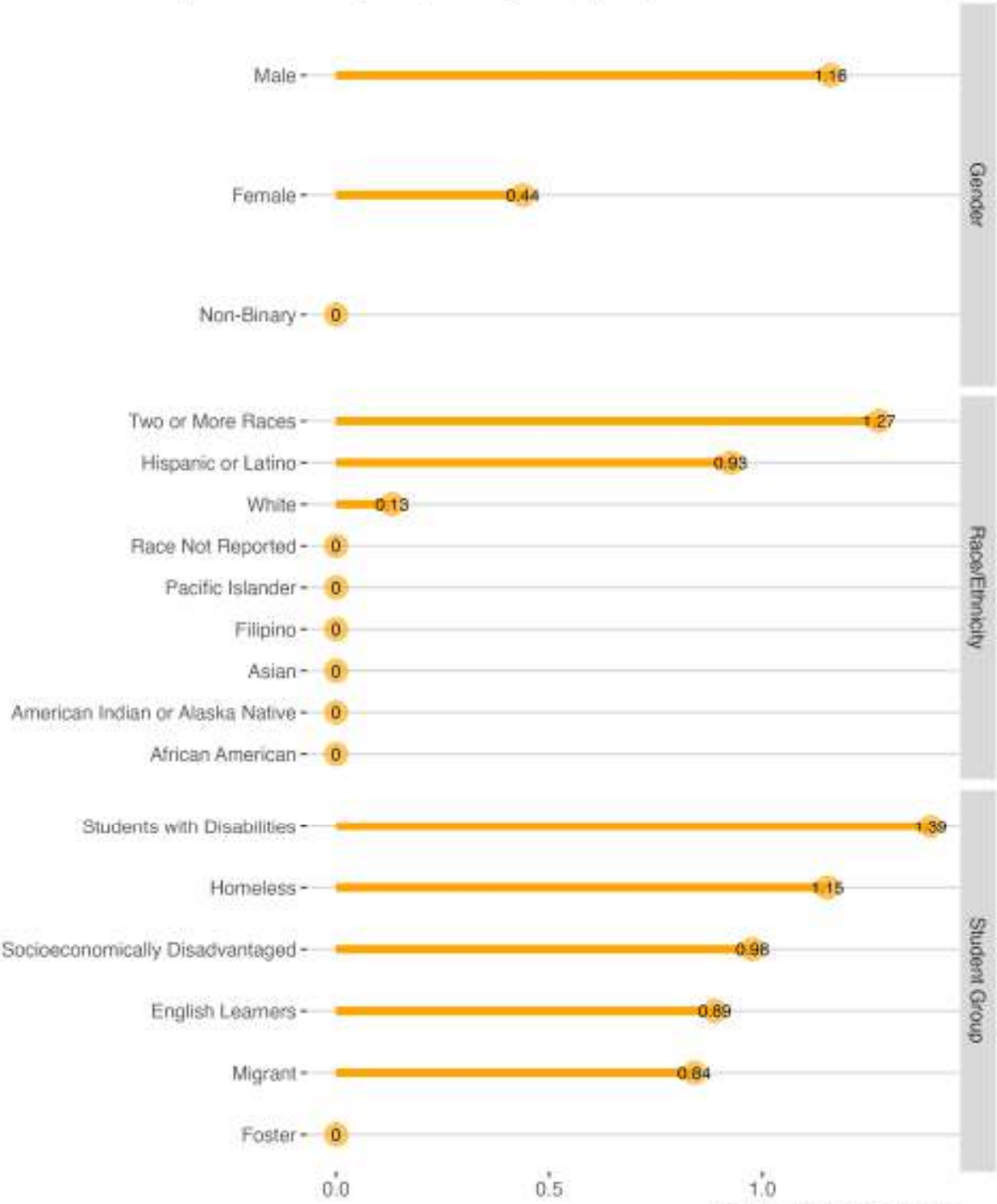
**Why the Indicator is Important**

Expulsions indicate students for whom their educational and social system has not been successful. There were no expulsions in Monterey County in 2020-21 due to school closures during the pandemic. County and school district superintendents develop plans that outline individualized educational alternatives for expelled students that identify gaps in educational services to them and develop strategies for filling those service gaps. The goals of the plan are to ensure that expelled students have appropriate options; decrease the dropout rate; and increase the graduation rate.



Source: Expulsion Data Files  
<https://www.cde.ca.gov/ds/sd/sd/filesesd.asp>

# 2025 K-12 Expulsion Rates per 1,000 By Subgroup



Source: Expulsion Data Files  
<https://www.cde.ca.gov/ds/sd/sd/filesesd.asp>

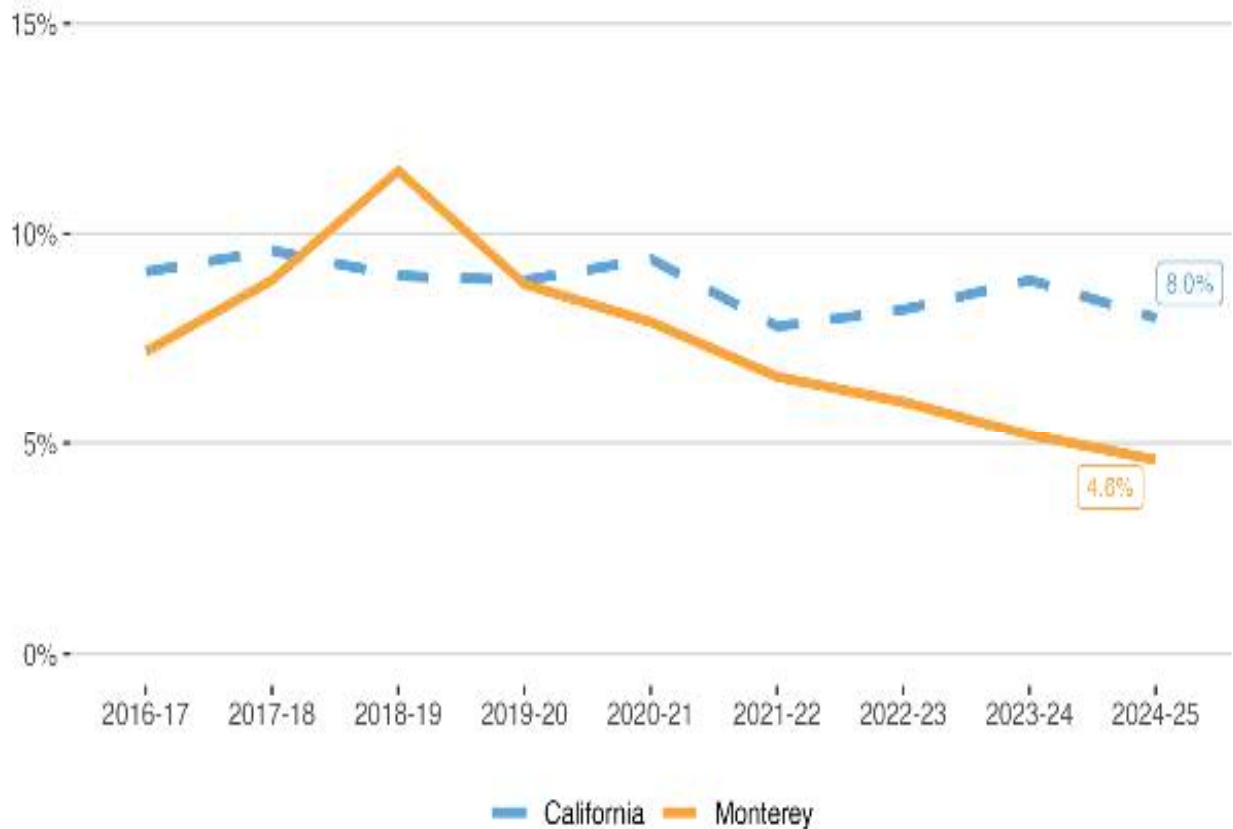
**Definition of the Indicator**

The number of students who dropped out from the cohort. The four-year cohort is based on the number of students who enter grade 9 for the first time adjusted by adding into the cohort any student who transfers in later during grade 9 or during the next three years and subtracting any student from the cohort who transfers out, emigrates to another country, transfers to a prison or juvenile facility, or dies during that same period.

**Why the Indicator is Important**

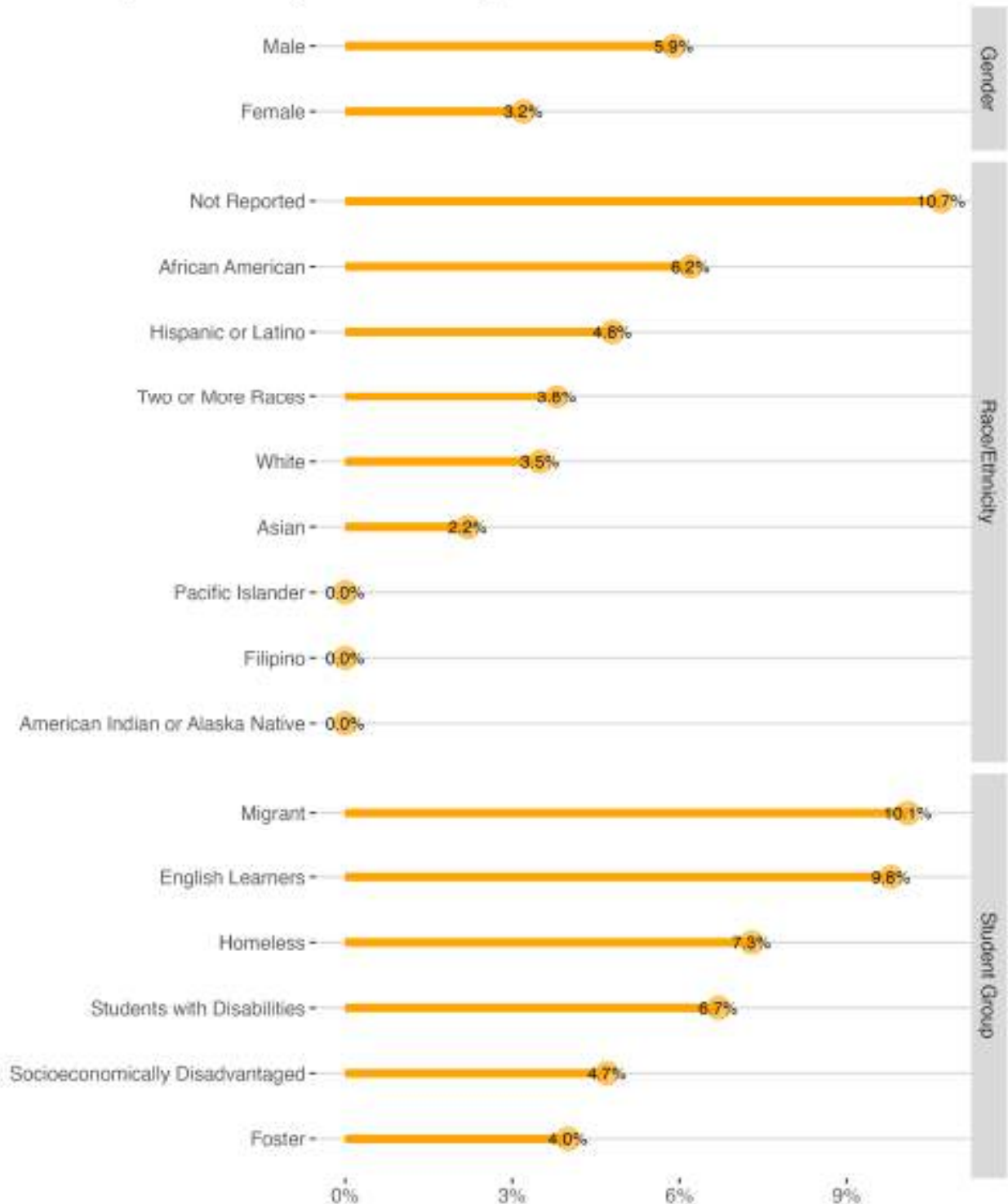
Students who fail to complete high school are less likely to find and keep a good job. It is generally considered a minimum requirement for entry into the professional workforce and is an essential prerequisite for additional education and training, greater economic earnings, health and social well-being correlate strongly with educational level.

Dropout Rates Over Time



Source: Adjusted Cohort Outcome Data  
<https://www.cde.ca.gov/ds/sd/sd/filesacgr.asp>

## 2025 Dropout Rates by Student Group



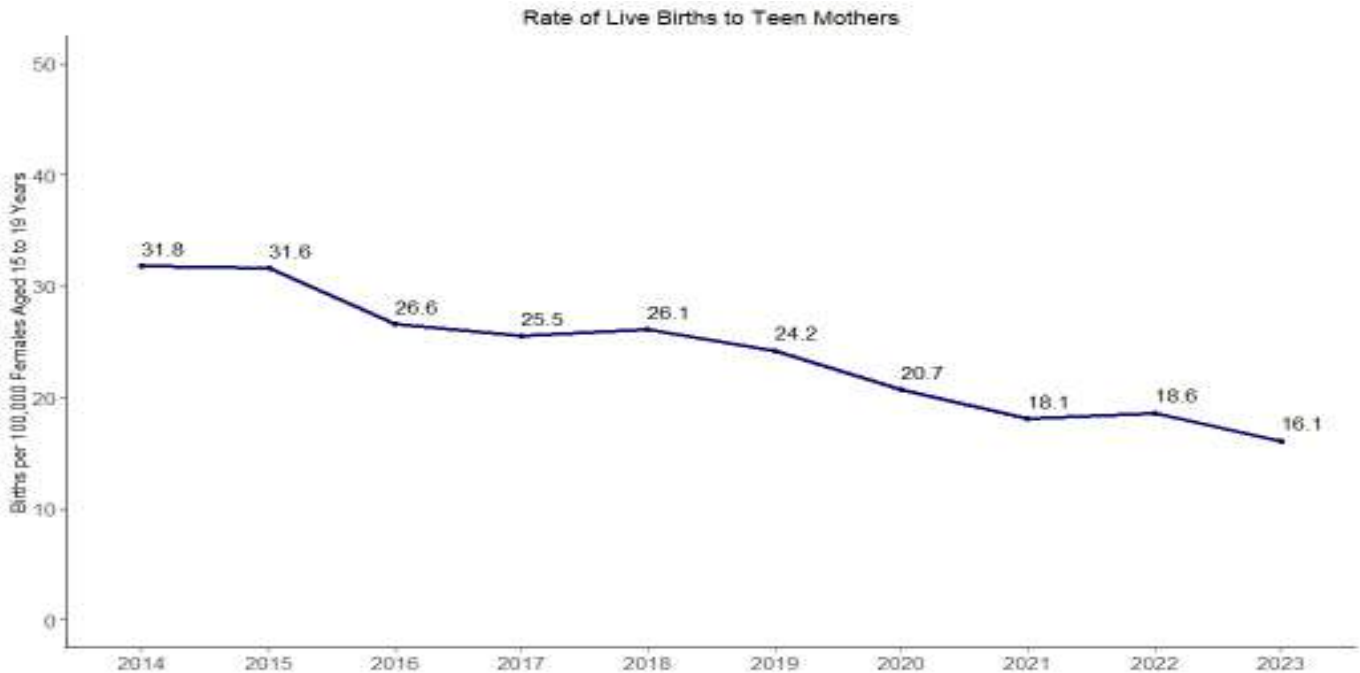
Source: Adjusted Cohort Outcome Data  
<https://www.cde.ca.gov/ds/sd/sd/files/acgr.asp>

**Definition of Indicator**

The rate of live births to teen mothers 15 to 19 years of age per 1,000 births to the same age group during a specific year.

**Why the Indicator is Important**

The impact of giving birth as a teen can have negative consequences for both the mother and the child. Teen mothers are less likely to complete high school or college and are more likely to require public assistance and live in poverty than their peers who are not mothers. Research demonstrates that birth to teen mothers is highly correlated to economically disadvantaged communities or families, poor educational achievement, low self-esteem, substance abuse or behavioral problems, and in turn being the child of a teen mother.



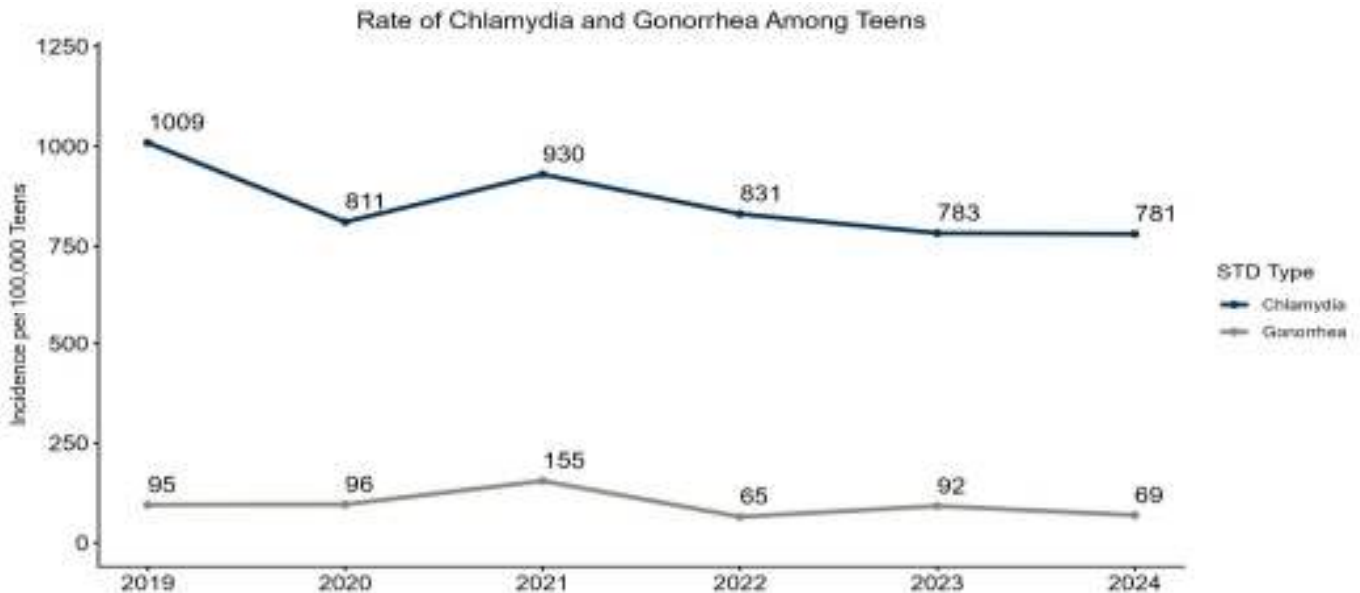
Source: Birth Information: State of California, California Department of Public Health, VRBIS, California Comprehensive Birth File. Population Data: State of California, Department of Finance, Population Estimates. Analysis by County of Monterey Health Department, Epidemiology and Surveillance Unit. Data updated 9/09/2024.

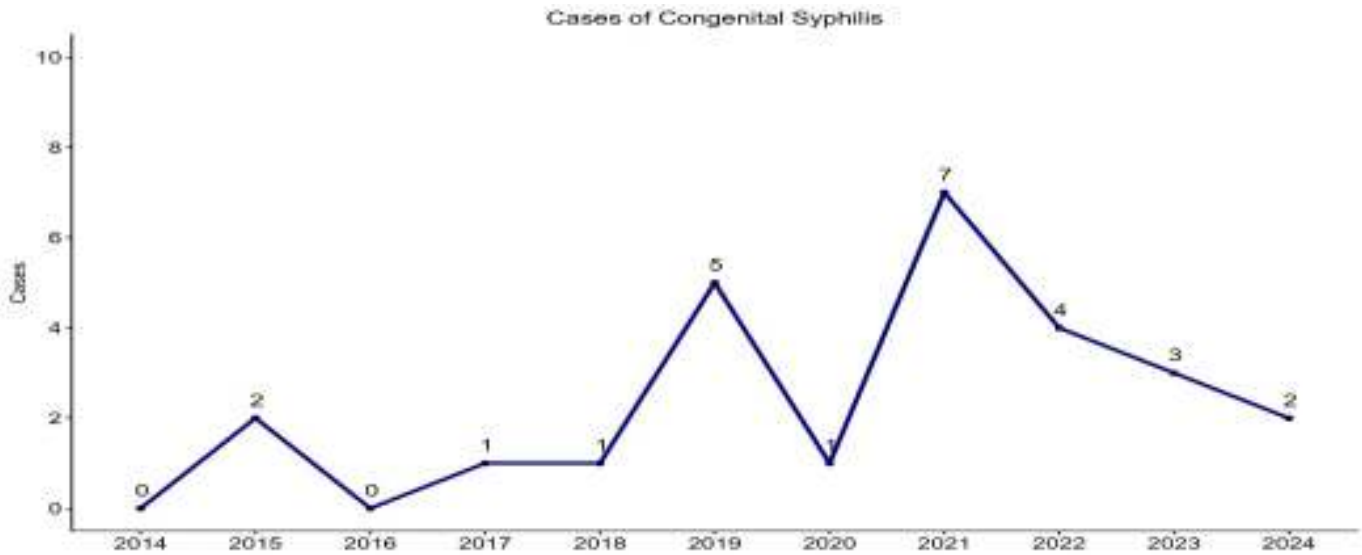
**Definition of Indicator**

Number of reported chlamydia and gonorrhea cases among youth ages 13-19.

**Why the Indicator is Important**

While chlamydia and gonorrhea are treatable, left untreated, they may cause long-term harm, including reproductive health issues, fetal and premature problems, and increased sexual transmissions.





Source: Communicable Disease Data: County of Monterey Health Department, Communicable Disease Unit. Population Data: State of California, Department of Finance, Population Estimates. Analysis by County of Monterey Health Department, Epidemiology and Surveillance Unit. Data updated 10/14/25.

## Juveniles Misdemeanor and Felony Arrests 6-18

### Definition of Indicator

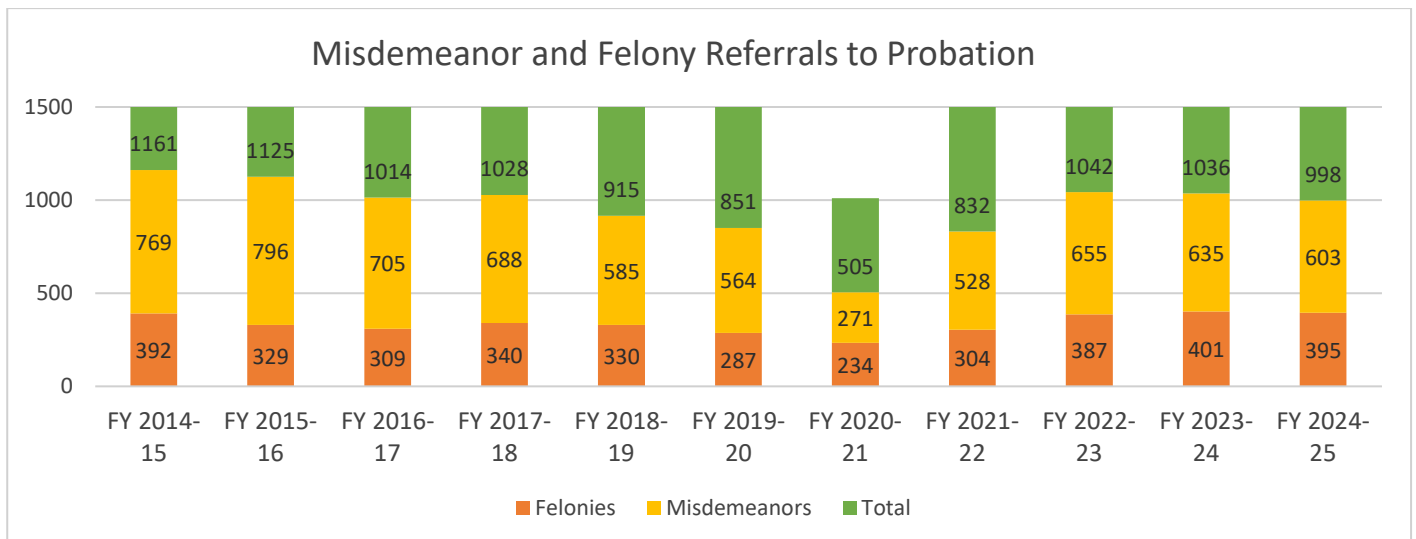
Rates of arrest are perhaps the most widely quoted indicator of crime. It is important to make the distinction between lesser crimes, misdemeanors, and more severe crimes, felonies, which may result in a more stringent sentence. Misdemeanor arrests refer to the number of arrests of youth ages 12 to 17 for less serious or less violent offenses, such as petty theft, vandalism, or trespassing. Felony arrests indicate the number of arrests of youth ages 12 to 17 for more serious or more violent offenses, such as homicide, forcible rape, robbery, assault, and kidnapping.

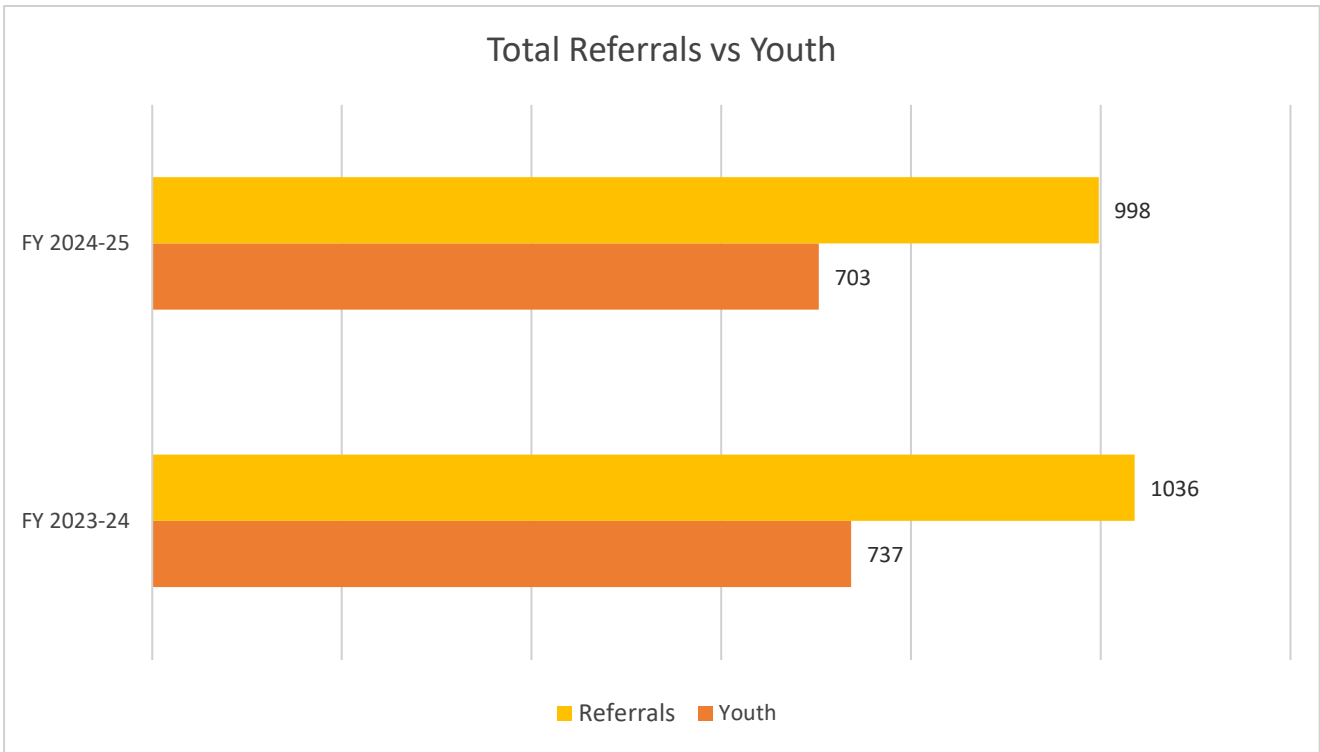
It is also important to note that the number of arrests and the number of individual offenders are different measurements, and that an arrest will not necessarily become an adjudication. A single youth may be arrested several times over the course of a year, so total arrests will almost certainly not match the actual number of juvenile offenders.

### Why the Indicator is Important

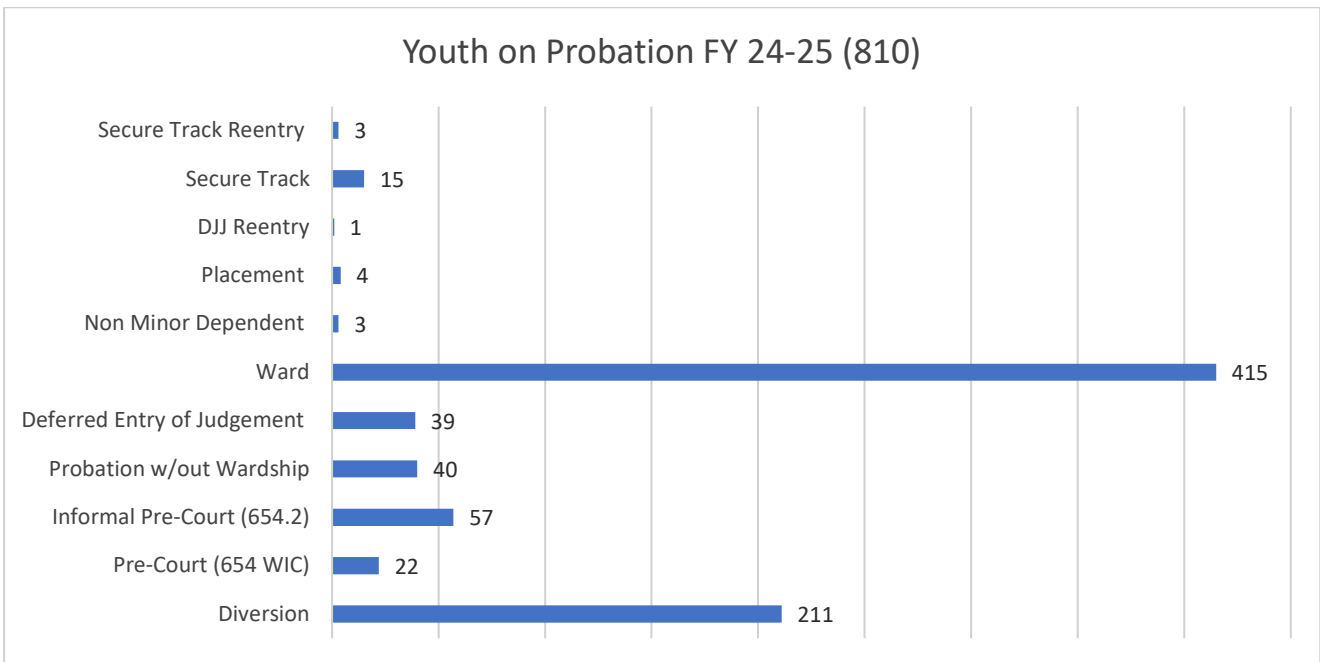
Youth crime is an important factor in community safety. Additionally, youth who engage in criminal activities are exhibiting self-destructive behavior. As a risk factor, early offenders recidivate at high rates, often well into adulthood. Furthermore, adults who are arrested for the most serious and violent crimes are more likely to have been youthful offenders than are adults who commit lesser crimes.

Arrests for violent crimes are an indicator of more severe risk factors than any other type of arrest. A low level of youth violence in society may be viewed as an indicator of young people's ability to control their behavior, as well as the adequacy of pro-social agents such as families, peers, schools, and other institutions to guide youth behavior to acceptable norms. Violence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect the victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.





Source: Monterey County Probation Department, Case Management System, Tyler.



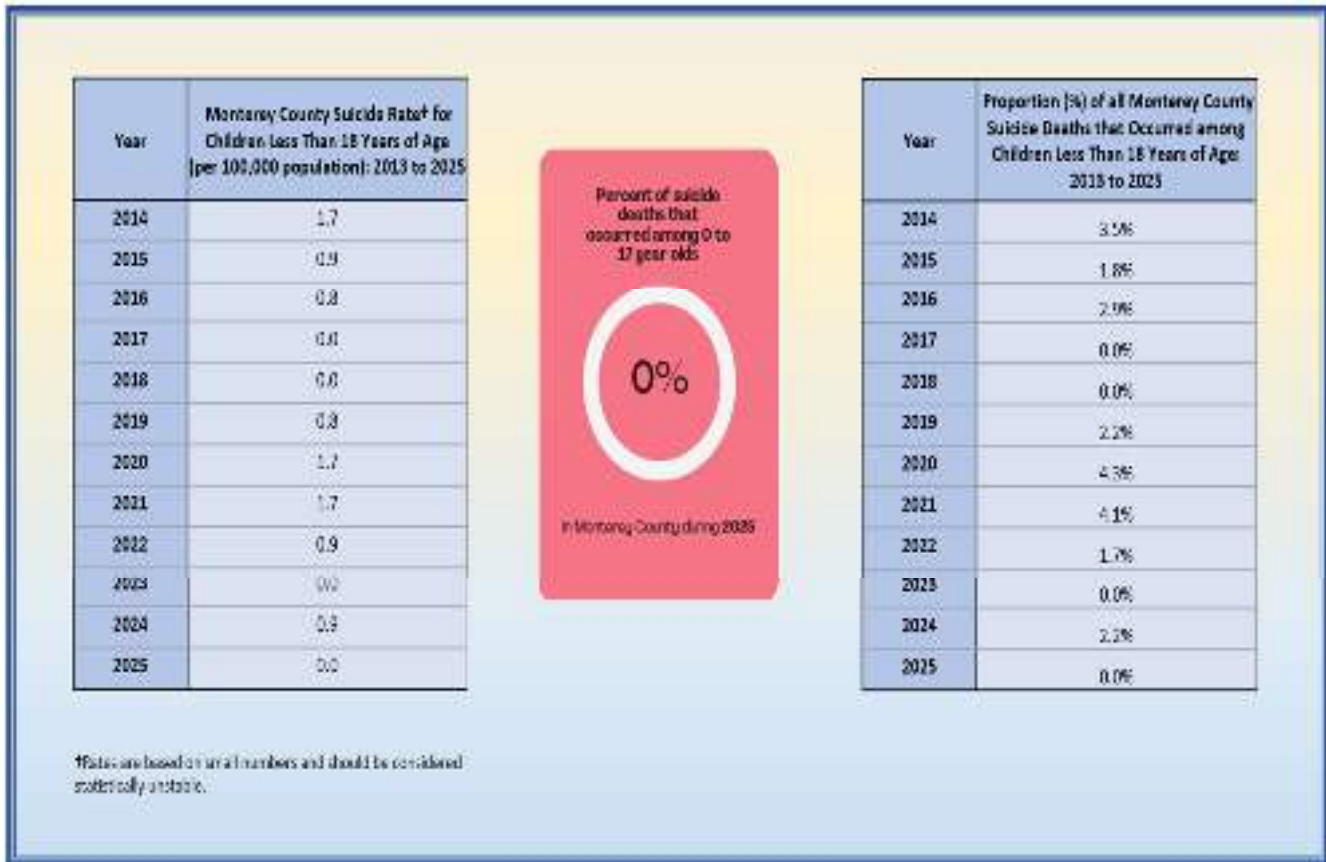
Youth under probation supervision includes those placed on Diversion status, Formal and Informal Juvenile Probation, youth removed from their homes and placed on probation with a placement foster care order, and Non-Minor Dependents (NMDs). It also includes youth who returned from the Department of Juvenile Justice (DJJ) on Reentry, and youths ordered into Secure Track Youth Treatment Facility (SYTF). During FY 2024-25, the Juvenile Division worked with 810 youth who had an active supervision case.

**Definition of the Indicator**

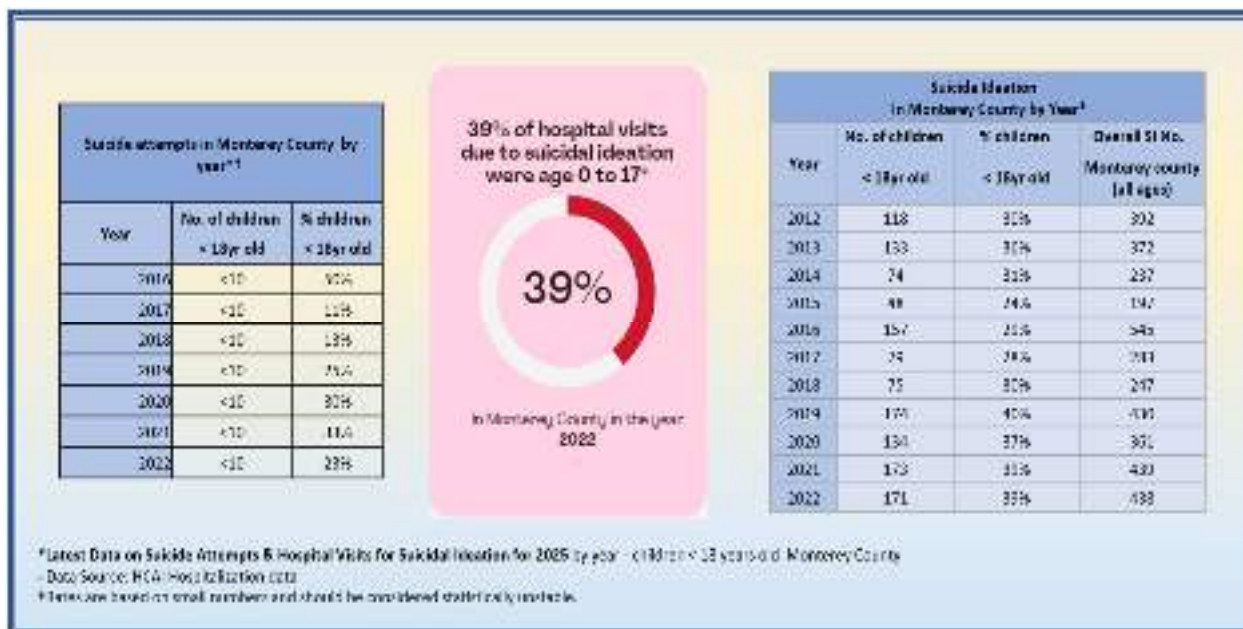
The death by suicide rate of children under age 18 is reported as both a rate and as a percentage. However, when the number of suicide deaths is less than 10 among children less than 18 years of age, the exact figures are suppressed. An updated analysis of the Coroner’s data for the last 10 years indicates that on an average, 1.7% of suicide deaths were among children less than 18 years of age in the County of Monterey. In the year of 2023 and 2024, this percentage was 0% and 2.2% respectively. It is important to note that suicide ideation and attempts data are widely under-reported. Since 2013, data on suicide attempts among children has been incomplete due to ICD code changes. Data on suicidal ideation comes from the California Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD) and is based on hospital visits for **primary diagnosis** by use of ICD codes specific to suicidal ideation.

**Why the Indicator is Important**

The death of a child is tragic. Suicide is a serious public health problem in the US and has lasting effects on individuals, families, and communities. The COVID-19 pandemic has exacerbated the overall mental health challenges for children and youth as a result of isolation, fear, stress, and uncertainty. Research indicates that mental health concerns, trauma (including suspected or confirmed abuse, neglect, and domestic violence), family-related problems (including divorce, custody disputes, parental substance use, family history of suicide or mental health concerns), or school problems (including expulsion, changing schools, suspension, bullying) were contributing factors for children who died by suicide. Further, research suggests young children who attempt suicide are six times more likely than their peers to attempt suicide again once they enter adolescence. To prevent subsequent child and youth suicide attempts and prevent child death it is important to address risk factors at the individual, family, and community level. Key prevention strategies include: building individual and family resilience (promoting connectedness, develop support networks, increased coping skills and parenting skills), building protective environments, strengthening economic supports for families, increasing awareness of mental health and suicide risk factors, and increasing access and delivery of mental health care.



Data Source: Monterey County Coroner's office. Population Data: State of California, Department of Finance, Population Estimates.



Sources: CDC Suicide Prevention <https://www.cdc.gov/suicide/index.html>  
Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhu, M., Horowitz, L. M., Campo, J. V., & Bridge, J. A. (2021). Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the United States, 2013-2017. *JAMA network open*, *4*(7), e2115683-e2115683.  
Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:888–894.

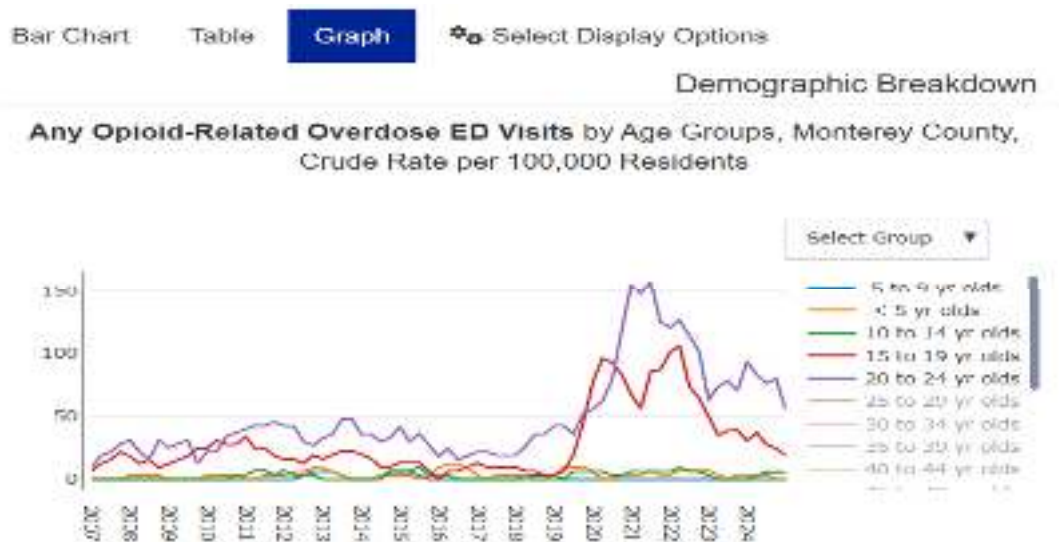
## Substance Abuse and Non-Fatal Overdoses in Youth 6-18

### Definition of Indicator:

Crude Rate per 100,000 residents for all drug-related overdose Emergency Department visits in Monterey County by year by age groups for those up to 24 years of age.

### Why the Indicator is Important

This indicator shows the trends of Emergency Department visits for overdose in the Monterey County youth over this time period. All drug overdose emergency department visits caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.



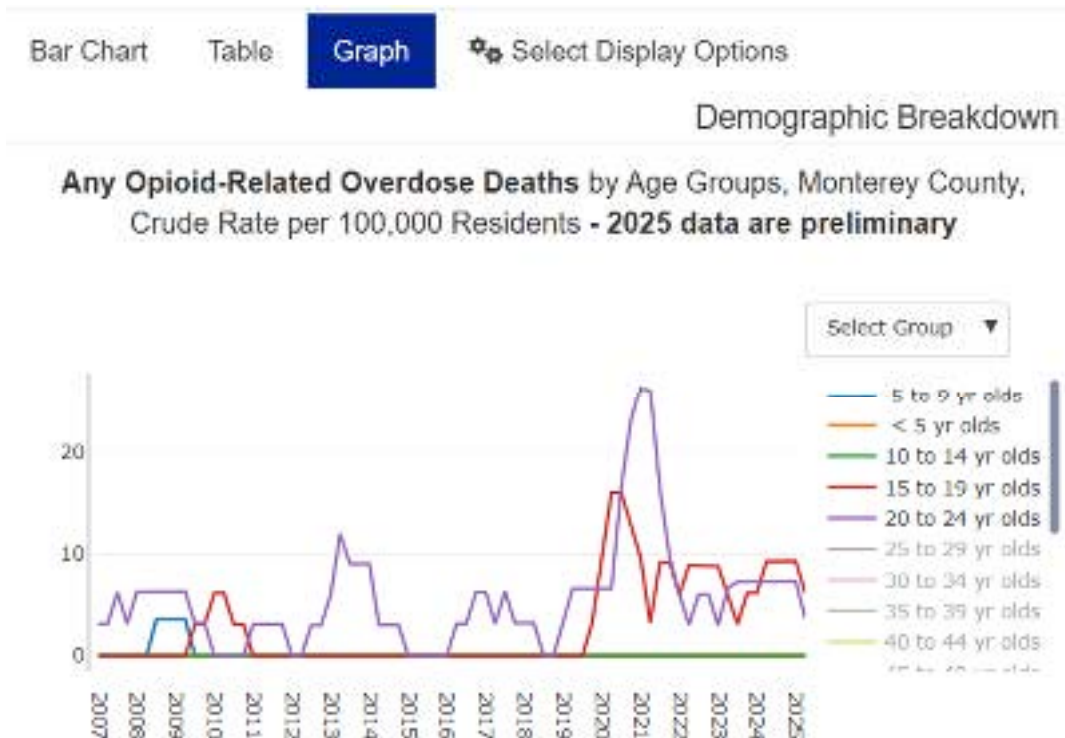
Source: <https://www.cdph.ca.gov/> CDPH California Overdose Surveillance Dashboard and Monterey County Prescribe Safe

**Definition of Indicator:**

Crude Rate per 100,000 residents for drug related overdose deaths by year for the age groups of 15-24 years of age.

**Why the Indicator is Important**

This indicator is reflective of the lives lost to drug overdose in teens and young adults.



Source: <https://www.cdph.ca.gov/> CDPH California Overdose Surveillance Dashboard and Monterey County Prescribe Safe

**Initiatives and Areas of Focus**

**Current: Bright Beginnings Early Childhood Development Initiative**

**The Bright Beginnings Early Childhood Development Initiative** was launched by the Monterey County Children’s Council in 2012, to bring greater attention, resources and innovation to the systems that serve the holistic development of all young children and their families. In 2024-2025, systems transformation looked like this:

**Perinatal mood and anxiety disorder is no longer in the dark.** The Maternal Mental Health Task Force has become a force, building awareness and creating jobs in birthing services.

**Everyone is talking about child care.** Remarkably so within economic development arenas.

**Public policy and practice are bending towards early childhood,** thanks to the strong, consistent voice of the Mamas Abogan and other community and systems advocates.

**The Bright Beginnings Initiative is seen as a model for collaboration and innovation,** as our local network of early childhood champions continues to grow, diversify and connect regionally.

Building on this foundation, in 2025-2026, the Initiative is focusing its investments to:

- Support the growing Doula Hub through training and marketing support, so that more medical patients are able to access their services.
- Catalyze new business and support models for home- and center-based child care expanding access for families and job opportunities for community members
- Fund crisis care to those that are supporting families during traumatic events, such as losing social benefits or deportation, including reflective practice and relation-based healing practices.
- Connect community and systems leaders to each other and with regional efforts to advance public policy and funding for child care.

Looking further ahead, it is critical to continue investing in our movement to uplift early childhood and support families. As we engage and adapt to meet immediate and emergent needs, we must also continue to advance our vision to transform, connect and build the services, resources and institutions that support the development of young children. We need to continue building the bridge between community and institutions, the bridge between opportunity and success for families of today and of the future.

A detailed annual report of the Bright Beginnings Initiative is found in the Appendix. For more information, visit [www.BrightBeginningsMC.org](http://www.BrightBeginningsMC.org) or on social media: Facebook @BrightBeginningsMC and Instagram @brightbeginmc.

### **2011: All Kids, *Our* Kids, Be There for Them Every Day**

In 2011, Children's Council launched All Kids, *Our* Kids based on the three assets all children and youth need in order to succeed in school and life: caring relationships, high expectations for all that they can be and do, and opportunities for meaningful participation. Children and youth thrive and succeed when these three assets are part of their life experience at home, in school, with their peers and in the community. The initiative grew out of the Council's initial task force on "Graduating Healthy Students Prepared for Success" (see below).

The Children's Council is pleased to report that All Kids, *Our* Kids has been successfully launched from Children's Council as an independent program now known as Positive Behavior Interventions and Supports for All Kids (PBIS) and is housed in the Monterey County Office of Education.

### **2010: Graduating Healthy Students Prepared for Success**

In 2010, the Children's Council conducted an inventory of initiatives and programs around the county that are directed at early childhood development, parent education, literacy, job training, and other efforts aimed at influencing positive outcomes for young people graduating from high school. With these initial tools, a task force on "Graduating Healthy Students" began.

Building on research gathered and embracing the strengths-based philosophy of the earlier work of the Children's Council, this group worked on supporting the development of the expansion of community driven resources and services that aim at improving educational outcomes for the children and youth and derive a process or model that serve the entire County.

This task force eventually expanded and focused in 2011 to become the All Kids, *Our* Kids Initiative, aimed at significantly impacting adult behavior to value, respect and know all children, through a framework of building developmental assets in children and youth from the pre-natal stage through high school graduation.

One result of the work of this task force was the development of benchmarks in the areas of physical and emotional health, social competence and civic engagement, and in academic and work preparedness that have become a basis for the presentation of many of the indicators of the Council's annual reports over the years.

### **2008: Community Alliance for Safety and Peace**

In 2008, the Children's Council began to direct efforts at finding ways to reduce violence and the influence of the culture of violence in our communities. In response to a rising rate of homicide and gun violence among young males, related to gang activity, the Council's Violence Prevention Subcommittee was formed. In 2009, the committee transitioned into a countywide coalition known as the Community Alliance for Safety and Peace (CASP). This alliance is made up of organizations and leaders of Salinas and Monterey County that are determined to reduce violence and build a better future for our children. CASP's strategy for doing this has been developed in partnership with the community, uniting in a campaign called For Our Future/Para Nuestro Futuro. The strategy is based on four key principles:

- A single operational structure manages action and progress.
- Action is research and data-driven.
- The youth are at the center.
- There is deep and meaningful engagement with the community

CASP is made up of youth service organizations, county housing and health officials, local and state elected officials, criminal justice and law enforcement officials, educational leaders, business leaders, representatives of the faith community, and private funding organizations. More than 30 organizations and leaders are involved. While the immediate tragedy of gang violence continues to compel this effort, CASP seeks to achieve both a present and long-term benefit across the continuum of prevention, intervention, enforcement, and re- entry.

### **2004: Transitional Housing Program (THP) for Probation Youth not in Placement**

In November of 2004, the Council appointed a committee to research the needs of transition age youth leaving the probation or child welfare systems. While many make substantial progress in the structured environment of the Youth Center, or drug recovery programs, their transition back into the community is often complicated by returning to unsafe or inappropriate housing which generated many of the original problems. The committee developed a plan for housing alternatives.

The Behavioral Health Division of the Health Department (BHD) included the recommendation to target youth exiting the youth center in the Mental Health Service Act (MHSA) plan submitted to the state in October 2005. A Request for Proposal for transition age youth housing was issued in January 2006 and a contract was awarded to Peacock Acres. Services began in January 2007, with one house continuing in operation and four youth being served. The Department of Social and Employment Services supported Peacock Acres to start a THPP+ program for youth exiting the Foster Care System. THPP+ began in early 2008 and provides housing for emancipated youth. CHISPA has also worked with Behavioral Health in creating a Transition Age Youth house. In 2009, Community Human Services opened Safe Passage, a transitional supportive housing program in Monterey for homeless youth aged 18-21.

### **2003: Children's Behavioral Health System of Care (La Familia Sana/The Healthy Family)**

In 2003, the Children's Council began a collaboration with the Monterey County Health Department, Behavioral Health Services to develop a comprehensive Community Mental Health Services Program for Children and their Families. This was and continues to be a groundbreaking local effort to establish a network of partnerships among Health, Probation, Social Services, Education, community-based organizations, and families all with the intention of increasing the capacity of families to effectively address a wide variety of issues that affect their lives, through the implementation of evidence-based interventions. In partnership with youth, families, and system of care collaborators, La Familia Sana/The Healthy Family builds on the strengths of its mental health services for children by improving interagency partnerships to provide seamless services, improving cultural competence, and including family members in all service levels. All programs are implemented through an integrated, collaborative, inter-agency system of care.

The implementation was carried out with emphasis on system of care values, including:

- Honoring family and youth partnerships
- Striving for cultural competence at all system of care levels
- Collaborating with interagency partners to provide seamless services for children focusing on the individual needs of every child and family.

Highlights Include:

- The Children's Council worked with La Familia Sana to implement evidence-based practice titled Parent Child Interaction Therapy in conjunction with First 5 Monterey to address the mental health needs of children ages 2-8.
- A Family Partnership Program was established to provide direct services and support to families and to involve families in leadership/advisory roles.
- La Familia Sana implemented specific programs targeted at Transition Age Youth, ages 16-25.
  - The mission is to empower these youth and families to create and sustain positive measurable change in their lives.

### **2000: Child Welfare Redesign/Child Welfare System Improvement Planning**

Child Welfare Redesign represents an ongoing strategy that began in the early 2000s and was initially intended to improve the local child welfare system's capacity to plan, implement and measure improvement in four key areas:

1. Recurrence of Maltreatment
2. Child Abuse/Neglect Referrals
3. Timely Social Worker Visits
4. Multiple Forster Care Placements

Family Children's Services (FCS) and Probation have been successful with their focused system improvement. In 2009, the Monterey County Department of Social Services took over full oversight of the Child Welfare System Improvement Planning Process to allow the Children's Council to focus their efforts on strategies for addressing the increasing violence in the county.

**Year Focus:** To continue the overarching theme of mental health and broadening the focus to include substance use disorder or behavioral health and how it affects 0-24 year-olds.

## August 12, 2024:

- a. MCCC Planning Deep Dive

## September 9, 2024:

- a. MCCC Planning Deep Dive Recap and Report Out with discussion and prioritization
- b. Bright Beginnings Report – Sonja Koehler

## October 14, 2024:

- a. Community Schools Update – Dr. Vela and Herminia Cervantes, Junnue Zarrouk, Jennifer Sarhadi and Anabel Garcia, MCOE

## December 9, 2024:

- a. Follow up Q &A for Community Schools Initiative – Dr. Vela and Herminia Cervantes, MCOE and Griselda Reyes, MPUSD

## January 13, 2025:

- a. Bright Beginnings 2024 Annual Report presentation – Sonja Koehler

## February 10, 2025:

- a. MCCC 2023-2024 Annual Report Deep Dive

## March 10, 2025:

- a. The State of Systems in Monterey County: An Examination of Supports for Children Ages Prenatal to Five – Jennifer Rigney, F5MC and Sonja Koehler, BB

## April 14, 2025:

- a. Immigration and Funding Impacts Discussion
- b. Restorative Justice Presentation – Monterey County Probation Department
- c. California’s SB 823: A Transformative Approach to Youth Justice – Michael Palmer, Monterey County Probation Department

## May 12, 2025:

- a. Landscape Analysis of Data and Membership – Sonja Koehler, Bright Beginnings

## 2024-2025 Members

Executive Committee	Organization
<b>Katy Castagna</b>	United Way Monterey County
<b>Roderick Franks</b>	Monterey County Department of Social Services
<b>Deneen Guss</b>	Monterey County Office of Education
<b>Elsa Jimenez</b>	Monterey County Health Department
<b>Jose Ramirez , Chair</b>	Monterey County Probation Department
General Assembly	Organization
<b>Jose Arreola</b>	Community Alliance for Safety and Peace
<b>Dan Baldwin</b>	Community Foundation of Monterey County
<b>Randy Bangs</b>	Soledad Unified School District
<b>Zulieka Boykin</b>	Housing Authority Monterey County
<b>Susan Chapman</b>	Public Defenders Office
<b>Carolina Cota</b>	South Monterey County Joint Unified School District
<b>Laura Dunn</b>	Child Care Planning Council
<b>Katy Eckert</b>	Behavioral Health
<b>Les Gerard</b>	County Council
<b>Eva Jeronimo</b>	Department of Family and Children Services
<b>Lori Luzader</b>	Special Kinds Connect
<b>Robin McCrae</b>	Community Human Services
<b>Tina Nieto</b>	Monterey County Sheriff's Office
<b>Jeannine Pacioni</b>	District Attorney Office
<b>Virginia Pierce</b>	Child Abuse Prevention Council
<b>Vanya Quinones</b>	Cal State Monterey Bay
<b>Timothy Roberts</b>	Superior Court, Juvenile Justice Division
<b>Francine Rodd</b>	First 5 Monterey County
<b>Wendy Root Askew</b>	Monterey County Board of Supervisors
<b>Susan Swick</b>	Ohana Montage Health
<b>Hillary Theyer</b>	Monterey County Free Libraries
Designated Alternates	Organizations
<b>Josh Madfis</b>	United Way Monterey County
<b>Melissa Alejandre</b>	Department of Social Services
<b>Ashley Butler</b>	Public Defenders Office
<b>Michael Castro</b>	Community Foundation of Monterey County
<b>Annette Cutino</b>	County Counsel
<b>Charles DaSilva</b>	Monterey County Sheriff's Office
<b>PK Diffenbaugh</b>	Monterey Peninsula Unified School District
<b>Claudia Gomez</b>	Child Abuse Prevention Council
<b>Nicole Hollingsworth</b>	Cal State Monterey Bay
<b>Julie Keynon</b>	Monterey County Probation Department
<b>Sam Lovorato Jr.</b>	Superior Court, Juvenile Justice Division
<b>Ramona McCabe</b>	First 5 Monterey County
<b>Shirley Milleco</b>	Community Human Services
<b>Jessica Moon</b>	Ohana Montage Health
<b>Eric Mora</b>	Supervisor District 4 Office
<b>Edward Moreno</b>	Monterey County Health Department
<b>Jennifer Netniss</b>	Special Kids Connect
<b>Lana Nassoura</b>	District Attorney Office
<b>Ralph Porras</b>	Monterey County Office of Education
<b>Ruben Pulido</b>	Chualar Elementary School District
<b>Marni Sandoval</b>	Behavioral Health

## Appendix

See attachment on the next page

## **Executive Summary**

**The Bright Beginnings Early Childhood Development Initiative** was launched by the Monterey County Children's Council in 2012, to bring greater attention, resources and innovation to the systems that serve the holistic development of all young children and their families. In 2024-2025, systems transformation looked like this:

**Perinatal mood and anxiety disorder is no longer in the dark.** The Maternal Mental Health Task Force has become a force, building awareness and creating jobs in birthing services.

**Everyone is talking about child care.** Remarkably so within economic development arenas.

**Public policy and practice are bending towards early childhood,** thanks to the strong, consistent voice of the Mamas Abogan and other community and systems advocates.

**The Bright Beginnings Initiative is seen as a model for collaboration and innovation,** as our local network of early childhood champions continues to grow, diversify and connect regionally.

Building on this foundation, in 2025-2026, the Initiative is focusing its investments to:

- Support the growing Doula Hub through training and marketing support, so that more MediCal patients are able to access their services.
- Catalyze new business and support models for home- and center-based child care expanding access for families and job opportunities for community members
- Fund crisis care to those that are supporting families during traumatic events, such as losing social benefits or deportation, including reflective practice and relation-based healing practices.
- Connect community and systems leaders to each other and with regional efforts to advance public policy and funding for child care.

Looking further ahead, it is critical to continue investing in our movement to uplift early childhood and support families. As we engage and adapt to meet immediate and emergent needs, we must also continue to advance our vision to transform, connect and build the services, resources and institutions that support the development of young children. We need to continue building the bridge between community and institutions, the bridge between opportunity and success for families of today and of the future.

## A Framework for Early Childhood

The **Bright Beginnings Early Childhood Development Initiative** was launched by the Monterey County Children’s Council in 2012, to bring greater attention, resources and innovation to the systems that serve the holistic development of all young children and their families. We partner with the Bright Futures Education Partnership to advance a cradle-to-career approach.

Organized around the collective impact model, the Bright Beginnings backbone team supports the partners of the Initiative as stewards of their shared vision, facilitator of mutually reinforcing actions, and providers of continuous communications and accountability. In 2018, the Initiative rolled out a countywide strategic framework, with the goal of increasing the percentage of children entering Kindergarten, reach the level of “readiness” in social and emotional skill building, with a focus on narrowing the gap between children of low-income and middle- to high-income families, and in particular families of color. Our conviction is that by lifting up those that have been made the most vulnerable, all will benefit.

The diverse partners of the Bright Beginnings Initiative share a commitment to collaboration, equity interconnectedness, co-creation, and sustainable impact. This commitment to championing early childhood unites us and allows the Initiative to evolve, as we strive to support the wellbeing of *all* children and their families in an ever changing landscape.

Through our network, we are able to catalyze change through coordinated action. Action is aligned around the county-wide strategic framework, which defines key areas that support young children and their families, so that:

- The early care and learning system is fair.
- Families’ resilience is strengthened through social and emotional well-being.
- Families are holistically supported by interconnected systems.
- Caregivers are prepared, with access to resources and opportunities to learn.

These areas are supported by cross-cutting strategies: to raise awareness, generate funding, build collective capacity for advocacy, and to heal the impact of systemic racism.

The child’s well-being is always at the heart of our strategies. The Initiative’s overarching goal is to transform the systems that support young children and their families. Systems transformation happens when we address both the visible and invisible aspects of the system at the same time: policies, practices, resource flows, relationships, power dynamics, and mental models.

This report focuses on the efforts that have been primarily facilitated by the Initiative’s backbone team. There are numerous other transformative actions happening through our partners, and are a vital part of our collective movement to ensure all young children

have what they need to succeed.

## Collective Success for Early Childhood

In 2024-2025, our collective success in transforming systems for young children and families is clear:

- Perinatal mood and anxiety disorder is no longer in the dark.
- Everyone is talking about child care.
- Public policy and practice are bending towards early childhood.
- The Bright Beginnings Initiative is seen as a model for collaboration and innovation.

The numbers and stories below give us a better understanding of the work behind

### ***Perinatal mood and anxiety disorder is no longer in the dark.***

The Maternal Mental Health Task Force has become a force, reducing stigma, strengthening relationships, building capacity, and creating jobs. Here's how:

**75** unique individuals representing **24** organizations attended at least **35** dual language Maternal Mental Health Task Force meetings, designed and facilitated by the Bright Beginnings backbone, including Network, Community Awareness, Doula Hub, and Steering Committee meetings.

**65** new Doulas certified (**18** contracted for MediCal clients), supporting **71** births through the Doula Hub, in partnership with Parenting Connection of Monterey County, Raíces y Cariño, County Behavioral Health, the Institute for Innovation and Economic Development at CSUMB.

**150**-some folks gathered for **5** community walks organized in **4** cities to raise awareness, reduce stigma, and share resources around perinatal mental health and breastfeeding. Thank you WIC for leading the way in Salinas for the 17th Breastfeeding Awareness events, and Kween's Kouncil for the first ever Black Breastfeeding Walk in Marina. Thank you Mamas Abogan for organizing Maternal Mental Health Caminatas for the fourth year in a row, in Salinas, Castroville and expanding into Soledad, and the wisdom to keep our community members safe by cancelling in Greenfield.

**2** trainings sponsored to make Spanish/English interpretation available: the Maternal Mental Health Forum (offered by County of Monterey Behavioral Health), and lactation workshop for agricultural workers (offered by WIC).

**12** newsletters published, and **1** lactation workplace accommodation info sheet posted, both available at [www.BrightBeginningsMC.org/maternal-mental-health/](http://www.BrightBeginningsMC.org/maternal-mental-health/)

For the **5th** year in a row, the County Board of Supervisors passed a resolution recognizing maternal mental health awareness week, with attributions to the Maternal Mental Health Task Force and the achievements of the Doula Hub.

**First time** the proclamation was presented in front of the County Behavioral Health Commission and at the Birth Fair & Community Forum (organized by Parenting Connection and the Mamas Abogan). Thank you Supervisor Root Askew and staff for making it happen!

*Everyone is talking about child care and early learning.* Remarkably so in economic and business development arenas. Here's how:

Bright Beginnings was welcomed in **8** economic and business development spaces to champion the role of early childhood development in building a thriving Monterey County: Salinas Valley Chamber of Commerce Government Affairs Committee; Monterey Peninsula Chamber of Commerce Economic Vitality Committee; Regions Rise Together Inclusive Economic Development Initiative; Community Leadership & Power Building Committee; Salinas Inclusive Economic Development Initiative; Community Economic Mobilization Initiative; County Comprehensive Economic Development Strategy Update; Uplift Central Coast Advisory to CA Jobs First initiative.

Ongoing exploration with Ventures and Futuro to launch a model for child care co-ops, including a presentation to the Child Care Planning Council. Ensured inclusion in the Fall 2025 Co-Op Day celebration.

**6** investment strategies named in the Regions Rise Together Inclusive Economic Blueprint to add more spaces for infants and toddlers, lower costs for parents, and increase wages for child care providers. Child care is named as one of four pillars for a thriving, just economy. Strategies include: business and start-up model innovations (co-ops, access to capital, streamlining licensing); early caregiver and educator career pathways, including a path to living wages and professional development for high quality services; policy, advocacy and public investment support, such as for a physical child care hub. This provided an opportunity to spotlight child care at the Monterey Bay Economic Partnership's Economic Outlook for the first time.

*"Wages for early childhood educators and caregivers should be improved along with the safety and well-being of the children they support."*

*-Francisco Rodriguez, the Monterey Bay Central Labor Council  
Regions Rise Together Child Care Committee Member*

**5** minutes on stage to spotlight child care at the Monterey Bay Economic Partnership's **State of the Region**, highlighting successes and calling for new partnerships for innovation, marking the fourth consecutive year child care has been elevated.

About **half** of the presentations and panels during the State of the Region mentioned child care as key to economic prosperity. Before 2021, it was rare.

*“There’s so much going on [to make more child care available]. Yet we continue to hit barriers. Old ways of doing business haven’t worked, can’t work, to meet the full need. We need the same kind of innovation that’s making Joby fly. . . the kind of innovation that taps into the talent rooted in our communities.”*

-Sonja Koehler, Director, Bright Beginnings Initiative

State of the Region  
2024

### **1** brief co-authored about child care and economic development:

- *Solidarity Economics Series: Childcare in the Monterey Bay*, co-authored by Gabriella Alvarez (UCSC), Sonja Koehler (Bright Beginnings Initiative) and Chris Benner (UCSC). Found at: [transform.ucsc.edu/childcare-in-the-monterey-bay/](https://transform.ucsc.edu/childcare-in-the-monterey-bay/)

**Success Story:** Home-based child care programs are a big part of the solution to increasing access to quality child care, yet the licensing process can be daunting. In 2023, a partnership between the Central California Small Business Development Center Network, Nurture Business and Bright Beginnings Early Childhood Initiative formed to better support new home-based child care entrepreneurs. Since then, 24 Monterey County-based child care entrepreneurs successfully completed a 12-week bilingual online course to license their business, adding an additional 192 licensed spaces. Through a similar partnership in Santa Cruz and San Benito Counties, an additional five new programs opened, adding 40 new licensed child care spaces through Nurture Business. This innovative approach builds regional capacity to support more home-based child care start-ups through the initial licensing phase, which includes setting up business practices, completing required paperwork, designing facilities, and successfully completing health and safety inspections. (From *Regions Rise Together 2.0*)

***Public policy and practice is bending towards early childhood***, thanks to the strong, consistent voice of the Bright Beginnings Initiative partners and backbone in the community, with a growing national movement. The Initiative also remains a source of data for policymakers - in the form of numbers and community narrative. Here is how:

## **Year after year, the Bright Beginnings Initiative is named in the County of Monterey's legislative platform as a key area of investment for prosperity.**

For the **first time**, several Mamas Abogan joined the CA FWD Economic Summit on scholarships, bringing the voice of early childhood and our community to the event.

**27** civic engagement touchpoints participated in by the **21** women of the Mamas Abogan, including the Central Coast Early Childhood Advocacy Network's annual Parent Power Summit and Legislative Visits, and a keynote at the Alisal Union School District's Buckhorn Early Learning Center's groundbreaking. They continue with direct advocacy in the chamber of the County Board of Supervisors, in front of School Board Trustees, and the Alisal District English Language Learner Advisory Committee. They also participate in Know Your Rights and Child Safety Plan trainings to support families faced with immigration enforcement.

**1** Children's Bill of Rights launched by the COLIBRI Child Care Campaign, with **20+** planning, training, and community engagement meetings coordinated by the Bright Beginnings backbone, in partnership with Building Healthy Communities and First 5 Monterey County. Capacity Building is lead by Facilitating Power, and community members from Mamas Abogan, Padres Unidos, Líderes Campesinas, Organización Mariposa, Mujeres en Acción, and Centro Binacional Para El Desarrollo Indígena Oaxaqueño are leading the way. The intention for 2026+ is to influence cities and other jurisdictions to adopt the Bill and center young children in their policies, practices and investments.

*"It's spaces like these [the COLIBRI Child Care Campaign] where community leaders can connect, share our stories and grow our skills to make the change we want to see."*

*- Maria Rodriguez, Mujeres en Acción*

## **2** surveys and **1** data tracker produced about child care in Monterey County:

- *Impact of Transitional Kindergarten Expansion: Survey of Center-based Early Childhood Education*, with the Office of Education. Key findings:
  - Centers are only able to enroll at 49% of licensed capacity.
  - Workforce shortage is the most common reason cited for underenrollment. [Some underenrollment is expected and normal - at about 75% - because of adult to child ratios, space limitations, and to maintain quality.]
  - Families are moving 4-year olds out of center-based programs into free, school-based Transitional Kindergarten programs.
  - Centers cannot fill all the vacated spaces with infants and toddlers, even though the demand is there, since more caregivers are needed for infant/toddler care than for preschool aged children.
  - An additional stress is that the current business model is based on a larger percent of preschool children than infant/toddlers. Even if there were

enough workforce, the shifted business model is not viable.

- *Impact of Transitional Kindergarten Expansion: Survey of Home-based Child Care & Education*, with the Office of Education. Key findings show that, since TK expanded, home-based programs:
  - Almost half indicated that families left for TK.
  - More than twice as likely that they are earning less money.
  - Twice as likely that their overall enrollment was lower.
  - Almost half enrolled more children ages 0-3.
  - Almost a third say more families want after school hours.
  - A third indicated it is now harder to find assistants, needed to expand the number of children or hours of service.
- *Home-based licensing tracker*, designed to better understand the rate of newly licensed programs and programs closing permanently.
  - Allows us to better assess the impact of increased start-up supports.
  - A total of 94 new programs were licensed, 31 more programs than in the previous year.

**The Bright Beginnings Initiative is seen as a model for collaboration,** as our presence and local network of early childhood champions continues to grow, diversify and connect regionally. Here's how:

Connected about **450** cross-sector, multidisciplinary leaders to the Initiative. The Bright Beginnings team builds, holds, connects, and participates in various networks to understand and center the needs of young children and their families, to distribute and collect resources, to build capacity, and to catalyze change through coordinated action. In these networks, we inspire each other to think differently, to break the habits and patterns that hold racial, gender, ability, and all disparities and prejudices in place. We also strengthen our ability to influence program design and policymaking with a united voice.

**11** Bright Beginnings affinity networks directly supported by the Bright Beginnings backbone team: Early Childhood Development Advisory Group; Mamas Abogan; Maternal Mental Health Taskforce (including three distinct groups: the Network, Awareness Raising Committee and Doula Hub); Greenfield Early Learning Partnership; Family, Friends and Neighbor Caregiver Champions Network; Regions Rise Together Care Committee; COLIBRI Child Care Campaign; Early Childhood Education Apprenticeship Committee; Family Child Care Home Business Capacity Builders.

**10** child, youth and family-centered forums and convenings attended by staff to learn and elevate need to meet needs of young children: Uplift Early Childhood Education Coalition; Funding the Next Generation; RAPID Child Care Survey Project; Monterey County Immigrant Services Network of Empowerment (CISNE), South County Outreach Efforts Network (SCORE), Greenfield Community Collaborative, Community Alliance for

Safety and Peace (CASP), Monterey County Child Care Planning Council, Bright Futures Education Partnership, and Monterey County Children's Council.

**85%** of the **92** families attending the annual Greenfield Union School District's Pathways to Early Success Festival completed enrollment in preschool, transitional kindergarten or kindergarten. The Festival was re-named to highlight that it is also an opportunity for families to learn about community-based resources. 35 agencies tabled at the event.

**28,500**-ish diapers were distributed to about **290** families at the Greenfield Diaper Giveaway, thanks to a partnership with Second Harvest.

**1,323** bilingual children's books distributed - 10x more than last year - at **12** community events such as the Juneteenth Jubilee and Porter Youth Center in Seaside, Festival de Familia in Monterey, Ciclovía and El Día Del Niño in Salinas, the Greenfield Pathways to Early Success Festival and Operation Santa event in South County.

**Many** of our partners and the networks, forums and convenings we lead or participate in operate across counties and states. As a result, our successes are spotlighted and lauded beyond Monterey County. We are especially recognized for our cross-sector collaboration, innovation approaches, and long-standing community engagement through co-design and advocacy. The Bright Beginnings team is honored and proud to represent and lift up our County and its young children and families in this way.

## **Looking Ahead for Early Childhood: We are at a tipping point for large scale success in school readiness.**

Since the release of the Bright Beginnings Initiative Strategic Framework for Early Childhood in 2018, we have come together in the face of daunting challenges, from growing racial reckoning, the COVID pandemic, to local floods and fires, and recent political upheaval and institutional collapse. Even in these challenging times, we've seen unity and significant progress.

The overarching goal of the Bright Beginnings Initiative is to double school readiness. Data released by First 5 Monterey County in 2023 showed that we have moved the dial significantly. From 2012 to 2022, we saw an increase in social emotional readiness by six percentage points, moving from 23% to 29% of children reaching readiness thresholds.

This data is encouraging. We see an even more promising story when we look just below the readiness threshold: the number jumps to **65% of children assessed as ready or almost ready for school**. This tells us that we are at a tipping point for large scale success in

school readiness and exceeding our goal.

It also means we are at risk of slipping backwards if we don't continue to invest in collective impact. Persistent research, relationship building, innovation and advocacy is imperative so our hard-earned gains do not flag. Policy-makers rely on local successes and lessons-learned, such as those produced by the Bright Beginnings Initiative. Families rely on partners of the Initiative for crucial, healing-centered services and care. Our children and our children's children rely on all of us to make the right decisions now for a safe, promising future.

Building on a strong foundation, in 2025-2026, the Initiative is focusing its work to:

- Support the growing Doula Hub through training and marketing support, so that more MediCal patients are able to access their services.
- Catalyze new and innovative business and support models for home- and center-based child care expanding access for families and job opportunities for community members
- Fund crisis care to those that are supporting families during traumatic events, such as losing social benefits or deportation, including reflective practice and relation-based healing practices for service providers.
- Connect community and systems leaders to each other and with regional efforts to advance public policy and funding for child care.

Looking further ahead, it is critical to continue investing in our movement to uplift early childhood and support families. Bright Beginnings is part of the local movement to protect those who have been made vulnerable by federal cuts to our social safety net, by economic and cultural exclusion, and by unjust incarceration and deportation. As we engage and adapt to meet these immediate and emergent needs, we must also continue to advance our vision to transform, connect and build the services, resources and institutions that support the development of young children. We need to continue investing in building the bridge between community and institutions, the bridge between opportunity and success for families of today and of the future.

## Our Gratitude

We are humbled and grateful for all who believe in the Bright Beginnings Initiative. By reflecting on the last year's successes, we hope to inspire an ever growing collective commitment to centering our youngest as we advance a just, equitable Monterey County for all. None of this work can be done alone, or apart from our environment. We honor the wisdom and stewardship of the people indigenous to the lands we are on, including the Ohlone, Costanoan, Rumsen, Mutsun, and Esselen tribes. No matter the lands we are from, the ethnicity, cultures and generation we belong to, or the work we do, we are each equally important to the wellbeing of our community.

Many thanks to all who came before us, the partners of today, and all who will join us in the future.

**MONTEREY COUNTY CHILDREN'S COUNCIL EXECUTIVE COMMITTEE**

Jose Ramirez - Chief Probation Officer (Council Chair)  
Katy Castagna - President & CEO, United Way Monterey County  
Deneen Guss - Superintendent of Schools, Office of Education  
Elsa Jimenez - Director, Health Department  
Roderick Franks - Director, Department of Social Services

**BRIGHT BEGINNINGS INITIATIVE LEADERSHIP**

Edward Moreno - Public Health Officer (Initiative Co-Chair)  
Francine Rodd\* - First 5 Monterey County (Initiative Co-Chair)

**EARLY CHILDHOOD DEVELOPMENT ADVISORY GROUP**

Jose Arreola - City of Salinas  
Laura Dunn - Carmel Unified School District  
Claudia Gomez - Door to Hope  
Niaomi Hrepich - WIC, Health Department  
Josh Madfis\* - United Way of Monterey County  
Mamas de Salinas  
Maria Ortiz - MAOF Resource & Referral  
Ginger Pierce - Child Abuse Prevention Council  
Angie Ramirez - CAPSLO  
Laurie Ramirez - Office of Education - Child Care Planning Council  
Mayola Rodriguez - Go Kids, Inc.  
Wendy Root Askew - Office of the Supervisor - District 4  
Tony Amezcua - Bright Futures Education Partnership  
Shannan Watkins\* - Early Development Services

*\* Also Steering Partners for Early Childhood Goals of the Bright Futures Educational Partnership*

**BRIGHT BEGINNINGS INITIATIVE BACKBONE STAFF**

Sonja Koehler - Director  
Cristina De Orta - Program Support (through October 2024)  
Iris Gamez - Community Outreach, Inclusion & Advocacy Coordinator  
Rebeca Zuniga - Communications Coordinator (through October 2024)

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