



FIRST 5
SACRAMENTO



FY 2024-25

Community Impact Report

Evaluation Data Book



DEDICATED TO THE MEMORY OF ROB REINER, visionary architect of First 5. His leadership brought Proposition 10 to life, and his legacy lives on in the healthier, stronger lives of millions of California children and families.

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Community Indicators: Countywide Characteristics

The table below includes the most recent data for the community indicators tracked in this report. Trend details and equity gaps are shown in the interactive dashboards on the First 5 Sacramento website:

<https://first5sacramento.saccounty.gov/Results/Pages/Community-Trends.aspx>

Health & Well-Being Priority Area

Indicator	County Rate	Year	Source
Perinatal Health			
Infant Mortality	5.3 per 1,000	2021-2023	Sacramento County Dept. of Public Health
Preterm Births	9.4%	2024	Sacramento County Dept. of Public Health
Low Birth Weight Births	7.3%	2024	Sacramento County Dept. of Public Health
Early Prenatal Care (1 st Trimester)	83.1%	2024	Sacramento County Dept. of Public Health
Breastfeeding			
Exclusive Breastfeeding In-Hospital	75.7%	2022-2024	CA Dept. of Public Health, MCAH Division
Child Safety			
Substantiated Maltreatment Allegations (0-5)	7.3 per 1,000	2024	UC Berkeley CCWIP via Local Data Request
Foster Care Entries	2.6 per 1,000	2024	UC Berkeley CCWIP via Local Data Request
Child Development & Education			
Developmental screening in first 3 years of life	37.1%	2023-24	Medi-Cal Managed Care Reports
Meeting ASQ Developmental Milestones (0-5)	60.1%	2024-25	ASQ Online via Data Request from HMG
3 rd graders meeting or exceeding ELA Standard	41.2%	2024-25	CA Dept. of Education DataQuest, CAASP
3 rd graders meeting or exceeding Math Standard	42.3%	2024-25	CA Dept. of Education DataQuest, CAASP

Quality Child Care Priority Area

Indicator	County Rate	Year	Source
Children served by a Quality Counts California site (ages 0-5)	8%	2024-25	Sacramento County Office of Education
Number of Licensed Child Care Facilities	2,059	2023	CA Child Care Resource & Referral Network Child Care Portfolio
Licensed Child Care Availability (ages 0-12)	29%	2023	CA Child Care Resource & Referral Network Child Care Portfolio

Parent Partnership Priority Area

Indicator	County Rate	Year	Source
Adults engaged in formal volunteer work on community problems in the past year	11%	2024	California Health Interview Survey (CHIS)

Systems Improvement Priority Area

Indicator	County Rate	Year	Source
Child Immunization Status - Combination 10	23.6%	MY 2023	Medi-Cal Managed Care Quality Improvement
Dental visit within the past 12 months (0-5)	42.6%	2023	California Health and Human Services
6+ Well-Child Visits - Ages 0-15 months	35.5%	MY 2023	Medi-Cal Managed Care Quality Improvement
2+ Well-Child Visits - Ages 15-30 months	59.6%	MY 2023	Medi-Cal Managed Care Quality Improvement
1+ Well-Child Visits - Ages 3-21 Years	42.2%	MY 2023	Medi-Cal Managed Care Quality Improvement
% with any perinatal mental health condition at delivery	13.7%	2021-2023	CA Dept. of Public Health, MCAH Division
% of women with a live birth who experienced postpartum depressive symptoms	14.1%	2020-2022	CA Dept. of Public Health Maternal and Infant Health Assessment (MIHA)
Pregnancy/childbirth related deaths per 100,000 live births	25.8 per 100,000	2020-2024	Sacramento County Dept. of Public Health

Investments in Children, Families, and Communities

The following table(s) describes First 5 Sacramento’s financial investments during FY 2024-25.

Figure 1. FY 2024-25 Revenue and Expenditures

Revenue by Source	FY 2024-25	
Prop 10 Tobacco Tax	\$9,371,936	53%
Home Visiting Coordination Funds	\$968,097	5%
Other Public Funds	\$6,611,779	37%
Revenue from Interest Earned	\$846,463	5%
First 5 Revenue Total	\$17,798,275	
Expenses by Content Area	FY 2024-25	
Improved Family Support	\$11,288,319	59%
Improved Systems of Care	\$3,937,558	21%
Improved Child Health	\$1,683,906	9%
Improved Child Development	\$541,912	3%
Program Expenditures (Subtotal)	\$17,451,695	
Administration	\$1,320,384	7%
Evaluation	\$417,121	2%
First 5 Expenditures Total	\$19,189,200	

Source: FY 2024-25 Annual Report Data (AR1), First 5 Sacramento.

Figure 2. Program Expenditures by Strategic Plan Areas

Expense Area	FY 2024-25	
Health & Well-Being	\$13,200,768	76%
REDI	\$139,359	1%
Quality Child Care	\$571,818	3%
Systems Improvement	\$3,401,858	19%
Parent Partnership	\$137,894	1%
Program Expenditures Total	\$17,451,695	

Figure 3. Program Expenditures by Agency Type

Expense Area	FY 2024-25	
Community-Based Organizations/Nonprofits	\$11,635,173	67%
School Districts/SCOE	\$2,215,219	13%
First 5 Commission	\$2,747,698	16%
County Health and Human Services	\$499,016	3%
Research/Consulting Firm	\$256,858	1%
Other Entities/Institutions	\$67,825	<1%

Source: FY 2024-25 Annual Report Data (AR1), First 5 Sacramento.

Profile of First 5 Participants

The following tables describe program participants across all First 5-funded direct service programs, including demographic characteristics, well-being, and family activities.

Figure 4. Profile of all participants served by client type

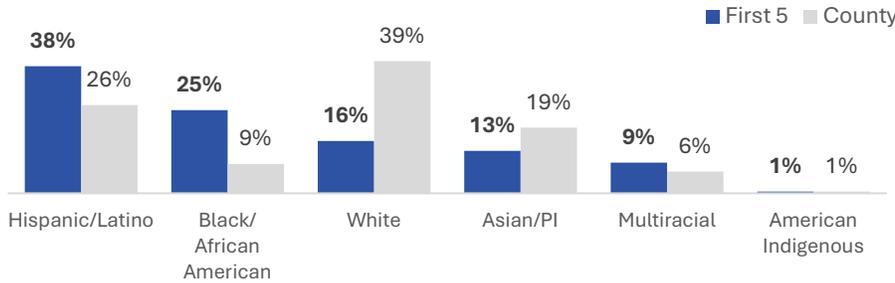
Total Participants	Children	Parents/ Caregivers	Providers	Total
Total number of participants (unduplicated)	3,202	6,824	247	10,273
Total number of services in FY across all programs	22,374	34,887	251	57,512
Primary Language				
English	2,125	4,685	235	7,045
Spanish	553	1,064	6	1,623
Dari	251	484	0	735
Russian or Ukrainian †	79	174	4	257
Pashto	74	155	0	229
Farsi	23	59	0	82
Another Primary Language ¹				
Other Indo-Aryan or Indo-Iranian Languages (e.g., Punjabi, Urdu)	5	27	0	32
Armenian	18	15	0	33
Vietnamese	4	21	0	25
Arabic	10	13	0	23
Hmong	4	14	1	19
Mandarin	6	13	0	19
Cantonese	4	9	0	13
Other Altaic, Indo-European, or Slavic Languages (e.g., Bosnian, French, Portuguese, Romanian, Turkish)	2	11	0	13
Other East Asian Languages (e.g., Chinese, Japanese, Korean, Mongolian)	6	6	0	12
Other Afro-Asiatic or South Asian Languages (e.g., Amharic, Bengali, Hindi, Indian, Nepali, Telugu)	3	7	0	10
Other Southeast Asian/Polynesian Languages (e.g., Burmese, Filipino, Marshallese, Tagalog, Thai)	4	5	0	9
Other Not Listed/Not Specified	18	42	1	61
Unknown/Declined	8	8	0	16
Ethnicity				
Hispanic/Latino	1,012	2,107	56	3,175
Black/African American	571	1,466	38	2,075
White	385	843	81	1,309
Asian	322	631	13	966
Afghan	266	648	1	915
Multiracial	342	414	11	767
Russian or Ukrainian †	56	165	5	226
Indian	35	91	0	126
Pacific Islander	27	70	2	99
Pakistani	10	21	0	31
Hmong	14	50	2	66
Alaska Native/American Indian	12	33	1	46
Arab	13	24	0	37
Iranian	4	2	0	6
Other Not Listed/Not Specified	93	160	8	261
Unknown/Declined	40	99	29	168

Source: FY 2024-25 Client Demographics. Caregiver and provider counts may overlap as some providers may also be parents.

† Russian/Ukrainian categories were previously combined; thus most client records do not allow for disaggregation at this time.

¹ Some languages are grouped by region or language family due to small total population counts for each specified language.

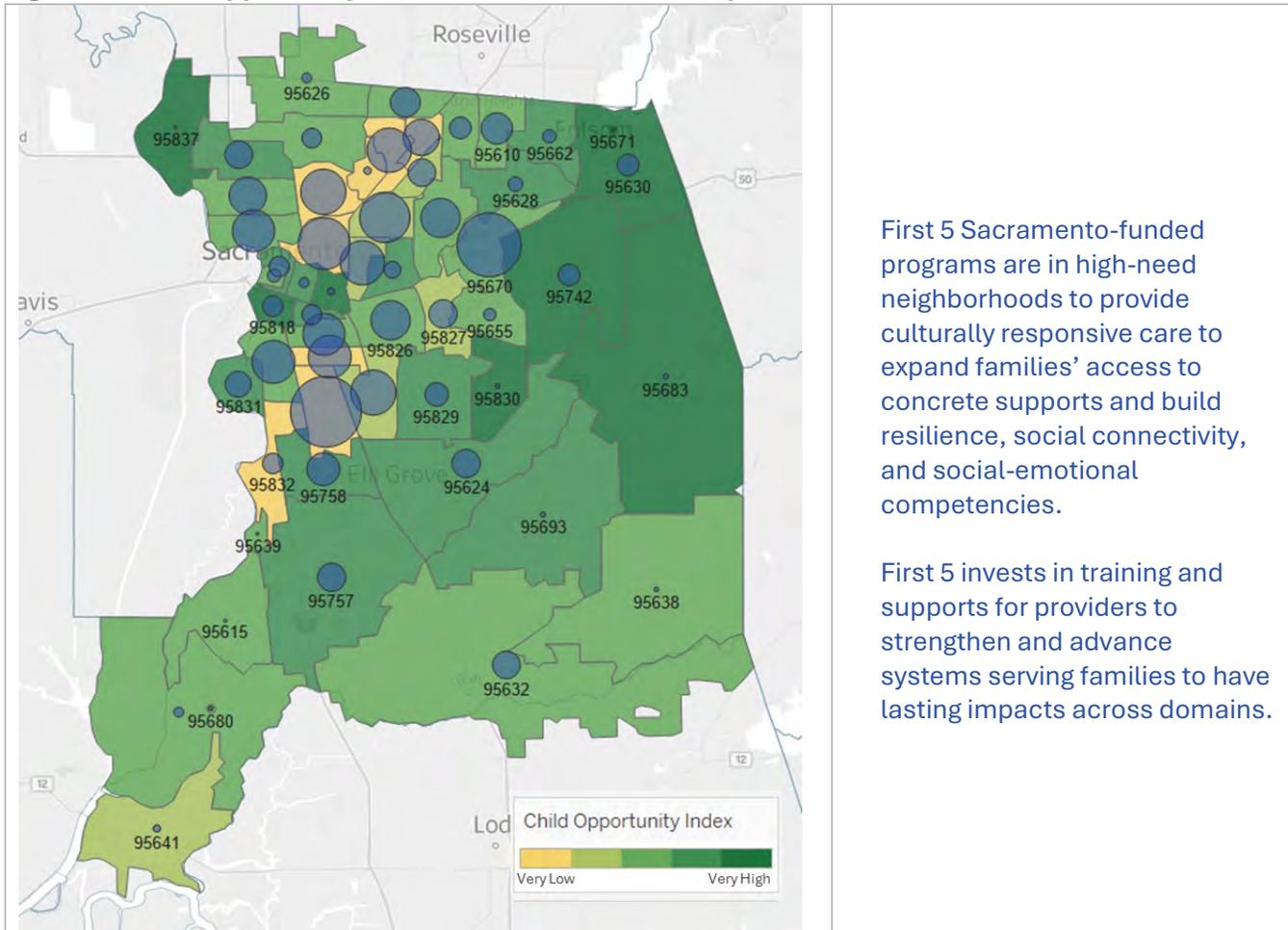
Figure 5. Race/Ethnicity of First 5 Participants compared to Sacramento County



ETHNICITY	FIRST 5	COUNTY
Hispanic/Latino	37.6%	26.1%
Black/African American	24.6%	8.7%
White	15.5%	39.1%
Asian/Pacific Islander	12.6%	19.4%
Multiracial	9.1%	6.4%
American Indigenous	0.5%	0.5%

Source: FY 2024-25 Client Demographics (n = 8,437). Excludes participants whose ethnicity was Unknown (n = 168) and for which countywide data are not available (N = 1,836). County comparison (2024) via Dept. of Finance P-3 April 2025 data release.

Figure 6. Child Opportunity Index and Location of Participants Served in FY 2024-25



Source: Persimmony Client Service Records (N = 8,904, unduplicated across all service programs where zip code is known or within Sacramento County). Larger circles indicate more participants. 2023 Child Opportunity Index is a measure of 44 conditions children need to grow and thrive (Index range: “Very Low” to “Very High” opportunity available at <https://www.diversitydatakids.org/maps>).

Figure 7. Family Information Form (FIF) Intake Data: Parent/Caregiver Information

FIF Participants (Caregivers)	FY 2024-25	
Total number of Caregiver FIFs in FY 2024-25 ²	4,266	
Annual Family Income (n = 3,377)		
Less than \$15,000	1,277	41%
\$15,000 - \$25,000	608	18%
\$25,001 - \$50,000	711	21%
\$50,001 - \$75,000	339	10%
\$75,001 - \$100,000	177	5%
More than \$100,000	165	5%
<i>Unknown/Not Reported</i>	889	
Housing Status (n = 3,986)		
I am currently unhoused or facing a pending eviction	325	8%
I am in temporary housing	473	12%
I have stable/permanent housing.	3,188	80%
Knowledge of Community Resources (at intake) (% “Agree” or “Strongly Agree”)		
I know what to expect at each stage of my child’s development	2,956/4,148	71%
I know where I can get helpful information about parenting and taking care of children	2,872/4,137	69%
I know what program to contact in my community for help with basic needs (e.g., housing, food, employment)	2,518/4,141	61%
Social Support and Mental Health (at intake) (% “Agree” or “Strongly Agree”)		
In a crisis, I would have the support needed from family or friends	2,888/4,121	70%
In the past 2 weeks, I have felt down, sad, or blue most of the time	682/4,129	17%
In the past 2 weeks, I have felt nervous, had too many thoughts, or felt suddenly scared for no reason	661/4,038	16%

Source: FY 2024-25 Family Information Form (intakes). (All data self-reported). N = 4,266 although ns may vary by question due to missing/non-response/not applicable participants. May include duplicate clients when served by two or more First 5 programs throughout the fiscal year. Percentages may vary as denominators vary based on total number with valid responses.

Figure 8. Family Information Form (FIF) Intake Data: Child Information

FIF Participants (Children)	FY 2024-25	
Total number of Child FIFs in FY 2024-25	4,054	
Medical, Dental, and Mental Health Utilization at Intake		
Child has health insurance (Medi-Cal or Other Insurance)	3,861/3,995	97%
Child had a well-child health check-up in the past 12 months	3,700/4,007	92%
Child had seen a dentist in the past six months	1,924/4,013	48%
Child has been diagnosed with a special need	345/3,917	9%
Child Characteristics (at intake) (% selecting “Very True”)		
My child has opportunities for fun every day	3,297/3,963	83%
We are able to do things we enjoy together as a family	3,201/3,891	82%
My child has at least two non-parent adults who take a genuine interest in them (e.g., auntie, teacher)	3,000/3,975	75%
I can help my child calm down when they are upset	2,738/3,978	69%
My child openly shares their feelings with me	2,104/3,086	68%
My child adjusts well to changes in routine	2,000/3,972	50%
Frequency of Family Activities (at intake) (% selecting 5, 6, or 7 times per week)		
Read with child for more than 10 minutes	1,911/3,951	48%
Told stories or sang songs together	2,700/3,951	68%
Played one-on-one with child (e.g., sports, coloring, building with blocks)	3,011/3,936	76%

Source: FY 2024-25 Family Information Form – Child (intakes) (reported by parent/caregiver). N = 4,054, ns may vary by question. May include duplicates when served by two or more First 5 programs.

² FIFs are partially unduplicated. May contain duplicates when participants engage in multiple programs at various times in the FY. Data cleaning includes removing multiple FIFs for participants within the same program/time (e.g., two completed for the same program). When participants had two or more FIFs for the same program, the first one completed in the FY (or the first prior to the start of applicable services) was used as “intake” circumstances as much as possible. Parents/caregivers are instructed to complete Child FIFs on behalf of each child receiving First 5 funded services.

The following tables describe changes from intake to follow-up for the subset of participants who received services and completed a follow-up FIF at the end of the fiscal year.³

Figure 9. Changes in Family Characteristics after Program Engagement (Matched Set)

Parent/Caregiver Information	Intake		Follow-Up	
Housing Status (n = 272)				
I am currently unhoused or facing a pending eviction	21	8%	26	10%
I am in temporary housing	37	14%	44	16%
I have stable/permanent housing	214	79%	202	74%
Individuals whose housing status improved ⁴	-		22	38%
Community Resources and Social Support (% "Agree" or "Strongly Agree")				
I know what to expect at each stage of my child's development (n = 288)	214	74%	211	73%
I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment) (n = 288)	179	62%	193	67%
I know where I can get helpful information about parenting and taking care of children (n = 287)	205	71%	225	78% *
In a crisis, I would have the support needed from family or friends (n = 289)	209	72%	203	70%
Child Information	Intake		Follow-Up	
Improved Health Access				
Child had seen a dentist in the past six months (n = 235)	134	57%	164	70% ***
Child had a well-child health check-up in the past 12 months (n = 235)	228	97%	230	98%
Child Behavioral Supports (% "Very True")				
I can help my child calm down when they are upset (n = 229)	152	67%	164	72%
My child adjusts well to changes in routine (n = 233)	126	54%	107	46% *
My child openly shares their feelings with me (n = 156)	113	72%	130	83% **
Child Social Supports (% "Very True")				
My child has opportunities for fun every day (n = 233)	204	88%	199	85%
My child has at least two non-parent adults who take a genuine interest in them (n = 235)	184	78%	178	76%
We are able to do things we enjoy together as a family (n = 228)	191	84%	198	87%
Frequency of Family Activities (% selecting 5, 6, or 7 times per week)				
Read with child for more than 10 minutes (n = 228)	124	54%	125	55%
Told stories or sang songs together (n = 229)	177	77%	178	78%
Played one-on-one with child (e.g., sports, coloring, building with blocks) (n = 230)	186	81%	181	79%

Source: FY 2024-25 Family Information Form Matched Sets: Parent/Caregiver (N = 291) and Child (N = 236) although ns may vary due to missing data. Represents a subsample of clients served. May not be representative of outcomes for all families participating in First 5 programs during the FY. Statistical significance reported as * p < .05, ** p < .01, *** p < .001.

³ Inclusion criteria limited to those who received services, completed an initial FIF in the past year, and had a valid email address on file to which a follow up survey link could be sent Response rate 13% (299/2,344) for Parent and 18% (237/1,338) for Child FIF.

⁴ Limited to participants whose housing status was not "stable/permanent" at intake (n = 58)

Health & Well-Being: Perinatal Health

PREGNANCY PEER SUPPORT – BLACK MOTHERS UNITED (BMU)

The Black Mothers United (BMU) pregnancy peer support program by Her Health First provides a community-based support network to empower Black mothers during pregnancy and the transition into motherhood through culturally relevant outreach, education, and individualized support.

Figure 10. BMU Pregnancy Peer Support Results Based Accountability (RBA) Table

RBA	Indicator(s)	FY 2024-25	
How Much?	Program Reach		
	Total clients served in FY ⁵ (N = 93)		
	# Clients who live in RAACD focal neighborhoods	49	53%
	# Received doula support in FY (unduplicated)	12	13%
	# Received transportation support (unduplicated)	9	10%
	# Attended support group(s) (unduplicated)	46	49%
	# Attended breastfeeding support group(s) (unduplicated)	28	30%
	# Attended tour of FRC (unduplicated)	5	5%
	Total clients receiving prenatal services, by trimester at entry (n = 76)		
	First Trimester (1-12 weeks)	18	24%
	Second Trimester (13-26 weeks)	44	58%
	Third Trimester (27+ weeks)	14	18%
	Protective Factors at Intake (Intake Assessment n = 73)		
	Receiving CalWORKs benefits	19/73	26%
	Enrolled in WIC	46/71	65%
	Had a prenatal visit	68/73	93%
	Receiving regular prenatal care	69/72	96%
	Taking prenatal vitamins	64/73	88%
	Socioeconomic & Health Needs at Intake		
	# with 1+ Socioeconomic risk factor (<i>Top 3 shown below</i>)	41/73	56%
	Income under \$15,000	19/49	39%
	Single, no partner	24/73	33%
	Unemployed, looking for work	14/73	19%
# with 1+ Health risk factor (<i>Top 3 shown below</i>)	55/73	75%	
Any anxiety and/or depression ⁶	26/73	36%	
Nutritional deficiencies	23/73	32%	
Prior preeclampsia	10/73	14%	
# with 1+ pre-existing medical condition	37/73	51%	
Infant Safety Preparedness (n = 73)			
#/% Planning to sleep baby in a crib only	64	89%	
#/% Planning to sleep baby on their back	63	86%	
#/% Already has a car seat	16	22%	
#/% Already has a crib	19	19%	
How Well?	Program Completion (Exited Clients who Delivered Prior to Exit ⁷)	N = 45	
	Average # of visits by trimester of entry	12.9	
	First Trimester (1-12 weeks)	15.8	
	Second Trimester (13-26 weeks)	13.4	
	Third Trimester (27+ weeks)	7.4	
	#/% who delivered + had postpartum visit with BMU advocate	43	96%
	#/% who delivered + completed minimum number of visits by trimester of entry	39	87%
First Trimester (<i>min. 17 visits</i>)	8/13	62%	

⁵ Prenatal participants (newly enrolled and continuing) and participants who delivered in the prior FY but received postpartum support.

⁶ Unduplicated count of participants self-reporting anxiety (21%), depression (22%), and/or receiving a moderate to severe PHQ-9 depression score (15%).

⁷ All participants who exited during the FY, and delivered prior to exit (including participants who delivered in a prior FY served in FY 2024-25 (n = 13). Includes only those who completed a Client Exit Form which may skew responses toward those more active in the program.

RBA	Indicator(s)	FY 2024-25		
	Second Trimester (<i>min. 10 visits</i>)	22/23	96%	
	Third Trimester (<i>min. 6 visits</i>)	9/9	100%	
	Status at Program Exit - All Program Exits in FY		N = 60	
	Completed Both Requirements (<i>minimum # of visits and postpartum visit with BMU</i>)	40	67%	
	Partially Completed: Completed One (not both) Requirement	6	10%	
	Unable to Locate/Lost Contact	9	15%	
	Dropped out of program	5	8%	
	Individualized Care & Support Groups			
	#/% who created a Pregnancy Care Plan with Coach	56/93	60%	
	# who created a Postpartum Plan with Coach ⁸	12		
# participants connected with Postpartum Care Specialist	38			
Better Off?	Program Completion			
	% with well-baby visit with pediatrician at program exit	43/45	96%	
	Breastfeeding status in hospital (n = 45)			
	% Breastfeeding Exclusively	29	64%	
	% Any Breastfeeding (Exclusive or In Combination with Formula)	41	91%	
	Breastfeeding status at program exit (n = 35)			
	% Breastfeeding Exclusively	18	51%	
	% Any Breastfeeding (Exclusive or In Combination with Formula)	25	71%	
Statistical Exploration: Factors Associated with Adverse Birth Outcomes		See Figure 12		
Changes in Protective Factors, Risk Factors, and Infant Safety (Post-Delivery)		See Figure 13		
Participant Infant Mortality: Longitudinal Outcomes of BMU Participants		N = 121		
Infant mortality (0-12 months): Births during BMU program (<i>CY 2023-2024 births</i>)		0	0%	

Sources: Persimmony Client Service Records. Initial and Post-Delivery assessments; BMU PHQ-9; Pregnancy and Birth Outcome assessments; BMU Client Exit Form; Sacramento County Public Health (SCPH) Epidemiology Program Data Request.

Figure 11. BMU Participants Birth and Perinatal Outcomes (Births during FY 2024-25)

	All Infants (N = 45)		Singletons (n = 45)		Twins (n = 0)	Served by Doula (n = 11)	
Live Births	45		45		N/A	11	
Favorable Outcomes							
Healthy birth weight	41/44	93%	41/44	93%	-	11/11	100%
Full term birth	42/45	93%	42/45	93%	-	9/10	90%
Healthy birth weight <i>and</i> full term	39/44	89%	39/44	89%	-	9/10	90%
Unfavorable Outcome							
Low birth weight (< 5 lb, 8 oz)	3/44	7%	3/44	7%	-	0/11	0%
Preterm birth (< 37 weeks)	3/45	7%	3/45	7%	-	1/10	10%
% Low birth weight <i>OR</i> Preterm	4/44	9%	4/44	9%	-	1/10	10%
% Low birth weight <i>AND</i> Preterm	1/44	2%	1/44	2%	-	0/10	0%
Newborn death	0/45	0%	0/45	0%	-	0/11	0%
Stillborn	0/45	0%	0/45	0%	-	0/11	0%

Source: Birth Outcomes and Post-Delivery assessments. Served by Doula includes subset of births to mothers receiving any doula service (including prenatal only; does not assume doula-supported birth). Proportions exclude births whose data were missing/unknown.

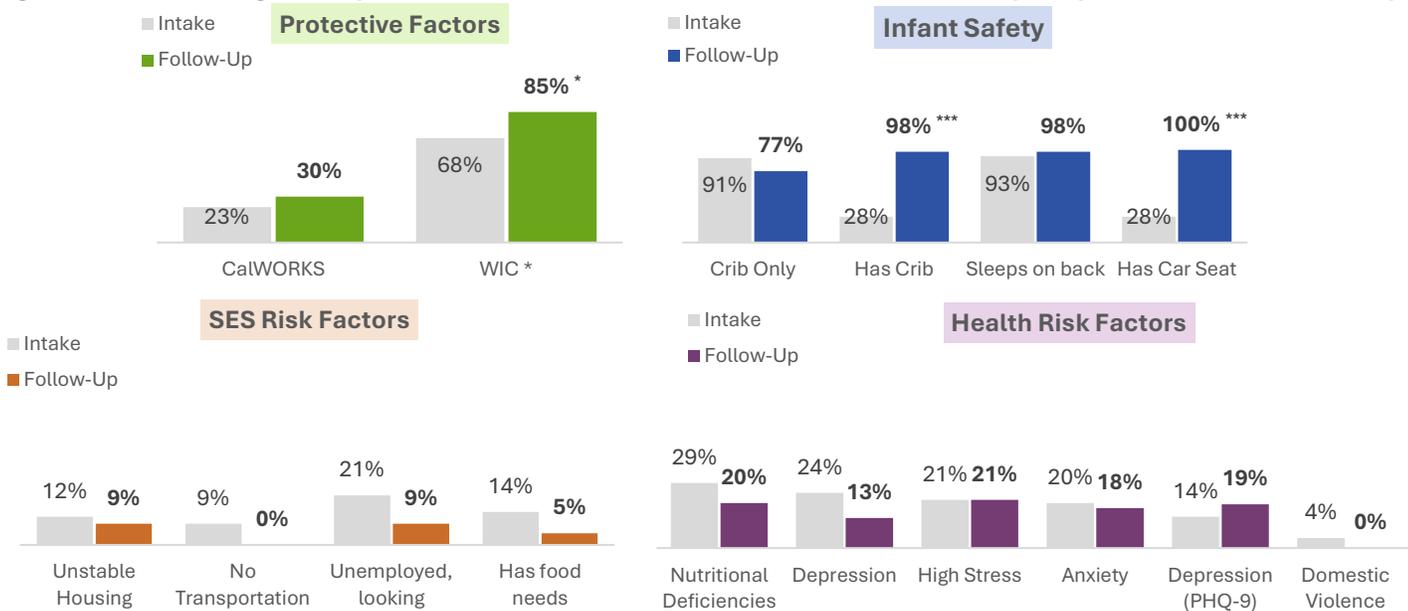
⁸ Introduced to participants at 28 weeks pregnant. Includes introduction of the postpartum specialist and doula if applicable.

Figure 12. Factors that Independently Predict Birth Outcomes

Risk/Protective Factors at Intake	Healthy Birth (Binary; Y/N)	Birth Weight (Continuous)	Gestational Age (Continuous)
	N = 137	N = 134	N = 130
# of medical conditions that developed during the pregnancy		⊖	●
Age 35 or older	●		
Prior low birth weight delivery	⊖	●	
Domestic violence reported at intake		●	●
High stress level (“quite a bit” or “very” stressed)		●	
Had prior preterm delivery			●
Drug use reported at intake			●
Prior pre-eclampsia			⊖

Source: Bivariate and Multivariate Regressions (FY 2022-23 through 2024-25 cohorts combined to increase statistical power, N = 180). Each model included variables significantly correlated with outcome. Statistical relationships do not imply causation; other unmeasured factors likely contribute to relationships. Symbols: ● statistical significance (at least $p < .05$); ⊖ marginal significance ($p < .10$).

Figure 13. Change in Reported Protective Factors, Risk Factors, and Safety Preparedness after Delivery

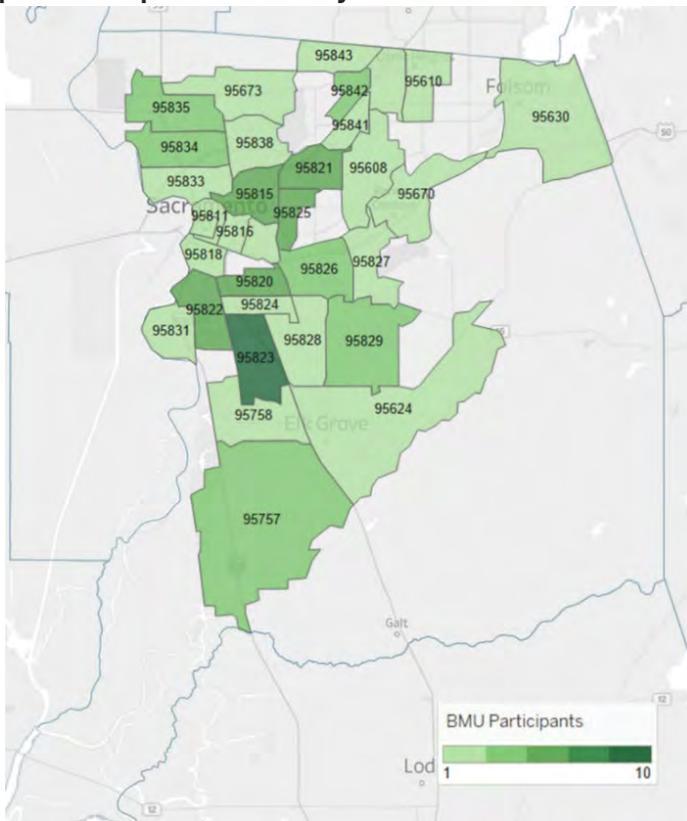


Changes in Protective and Risk Factors Bar Chart Data Details:

DOMAIN	MEASURE	INTAKE	FOLLOW UP	SIGNIFICANCE
Protective Factors	CalWORKS	23%	30%	
	WIC	68%	85%	$p < .05$
Infant Safety	Infant sleeps in crib only	91%	77%	
	Has a crib	28%	98%	$p < .001$
	Infant sleeps on their back	93%	98%	
	Has a car seat	28%	100%	$p < .001$
Socioeconomic Risk Factors	Unstable Housing	12%	9%	
	No Transportation	9%	0%	
	Unemployed, looking for work	21%	9%	
	Unable to fulfill food needs	14%	5%	
Health Risk Factors	Nutritional Deficiencies	29%	20%	
	Depression	24%	13%	
	High Stress	21%	21%	
	Anxiety	20%	18%	
	Depression (PHQ-9)	14%	19%	
	Domestic Violence	4%	0%	

Source: BMU Initial Assessment and Post Delivery Assessment matched set (clients who delivered during the FY). N = 43 although ns may vary by item. Statistical significance reported as * $p < .05$, *** $p < .001$; interpret with caution due to small sample size.

Map of Participants Served by BMU in FY 2024-25



Source: Persimmony Client Service Records (N = 93). Includes participants receiving direct support including weekly check-ins, postpartum visits, lactation or doula support, FRC tours, and group activities.

INFANT SAFE SLEEP – SAFE SLEEP BABY (SSB)

Safe Sleep Baby (SSB) is an education campaign implemented by Child Abuse and Prevention Center (CAPC) which provides infant safe sleep workshops and cribs to caregivers, provider training, and works with local hospitals to integrate safe sleep education into policies and procedures.

Figure 14. Infant Safe Sleep – Safe Sleep Baby Results Based Accountability (RBA) Table, FY 2024-25

RBA	Indicator(s)					
How Much?	Provider Trainings⁹					
	Community-based service organizations providers trained (unduplicated)	198				
	Medical providers trained (unduplicated)	66				
	Parent/Caregiver Trainings					
	Total # of one-hour SSB workshops ¹⁰	961				
	Total # of caregivers who completed workshop (unduplicated)	930				
	Cribs for Kids (C4K)					
Total # cribs delivered to caregivers ¹¹	512					
Total # caregivers who received a crib (unduplicated) ¹²	505					
How Well?	Reach to Focus Populations¹³					
	% of SSB workshop participants who were Black/African American	287/930	31%			
	% of caregivers who lived in focal neighborhoods	452/753	60%			
	% of caregivers who received a crib that were Black/African American	162/505	32%			
Better Off?	Knowledge Improvements (Top items with largest percentage point increase)	Pre		Post		
	Babies should not be tightly swaddled when sleeping for the first six weeks (<i>n</i> = 964)	357	37%	790	82%	***
	Babies placed on their back are not more likely to choke on their own spit up (<i>n</i> = 966)	613	63%	902	93%	***
	Safe items to have in baby’s sleeping area = None (<i>n</i> = 967)	724	75%	944	98%	***
	Babies should be slept only on their back for the first year of life (<i>n</i> = 967)	678	70%	904	93%	***
	Safe Sleep Practices	Intake		Follow-Up		
	Always put to sleep alone (<i>n</i> = 312)	162	52%	251	80%	***
	Always put to sleep on back (<i>n</i> = 313)	231	74%	277	88%	***
	Always sleeps baby in crib (<i>n</i> = 301) ¹⁴	254	84%	263	87%	
	Never put to sleep with blankets, pillows or stuffed animals (<i>n</i> = 312)	174	56%	246	79%	***
	ABCs of Safe Sleep	Intake		Follow-Up		
	Always sleeps baby Alone , on their Back , and in a Crib (<i>n</i> = 295) ¹⁴	111	38%	218	74%	***

Sources: Persimmony Client Service Records and Performance Measures Reports; FY 2024-25 SSB Pre- and Post-Test Matched Set (Total N = 967) and Intake and Exit Interview Matched Set (Total N = 318) although ns may vary due to missing data). Statistical significance reported as * p < .05, ** p < .01, *** p < .001.

⁹ Counts may differ from total providers in attendance (i.e., providers not added to Persimmony database)

¹⁰ Caregivers may take the course more than once (e.g., subsequent baby or to repeat the education). SSB’s priority is for caregivers to safely sleep their baby no matter how many times they need to receive the information. Total number of workshops includes First 5 funded only and excludes additional trainings provided using other funding sources.

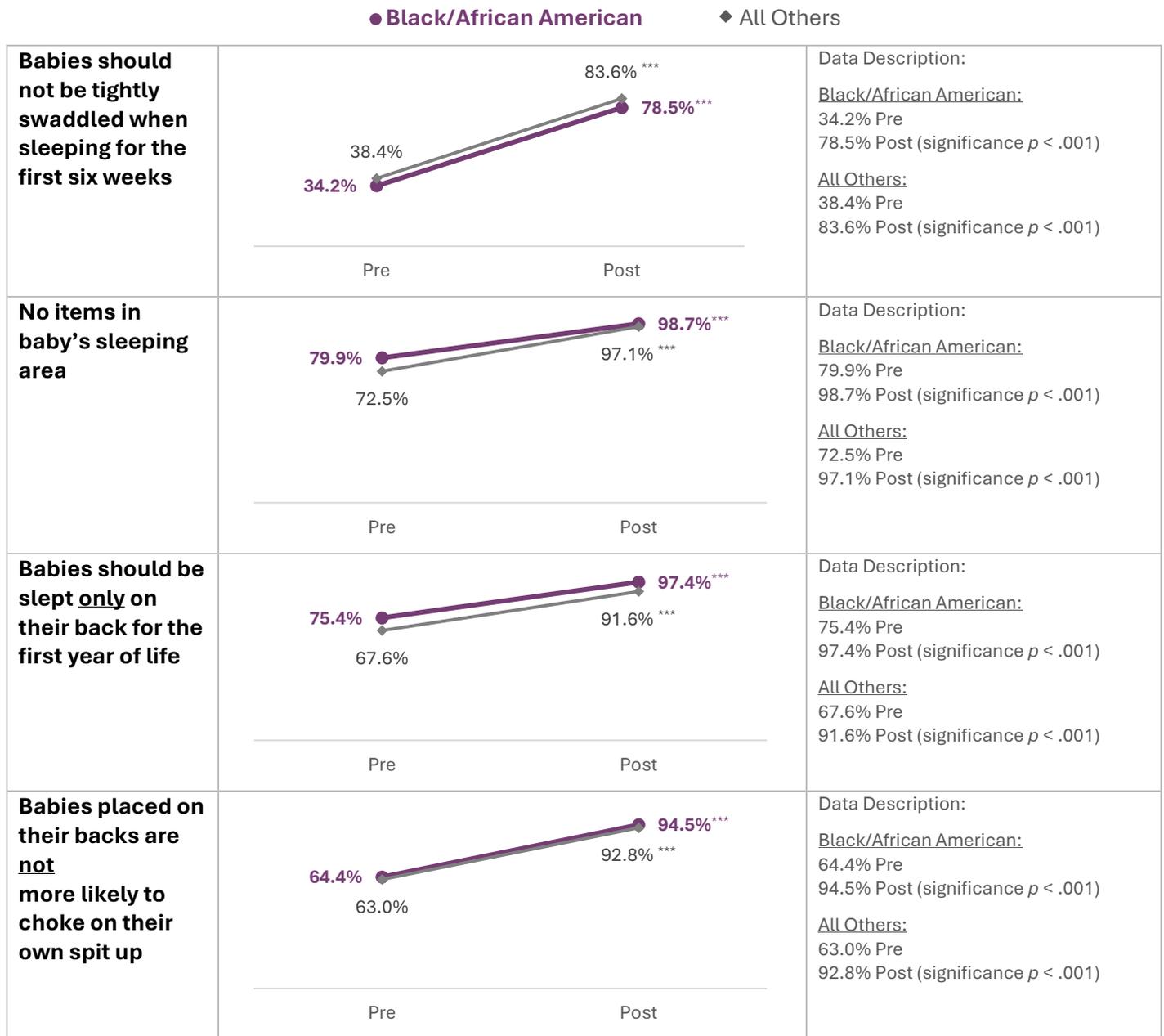
¹¹ Cribs received by Cribs4Kids partner organizations for distribution to families + crib inventory from prior FY. Excludes cribs provided using other funding sources.

¹² Participants receive one crib per infant in need. Some participants may have received more than one.

¹³ Black/African American caregivers include multiracial participants when participants specified Black or African American as part of their multiracial identity.

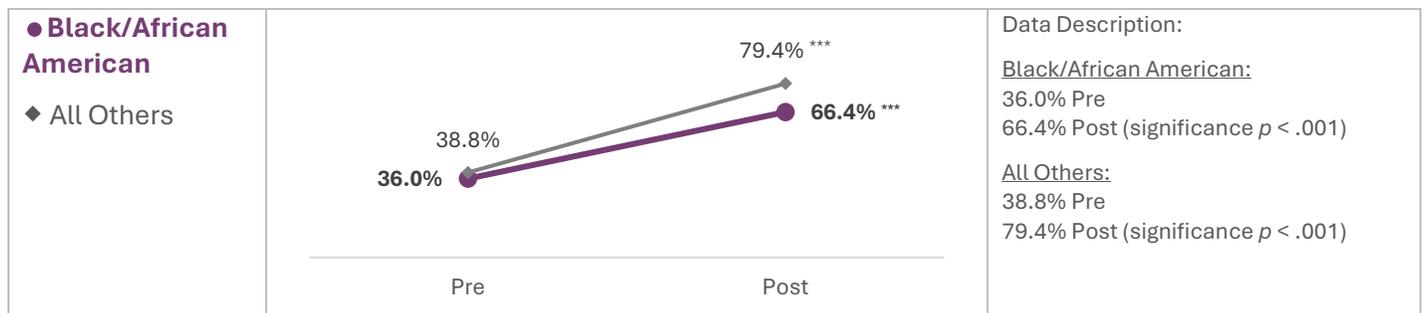
¹⁴ Excludes participants who stated their child was too old for a crib (e.g., age 2+)

Figure 15. Changes in SSB Participants' Knowledge about Safe Sleep, Race/Ethnicity



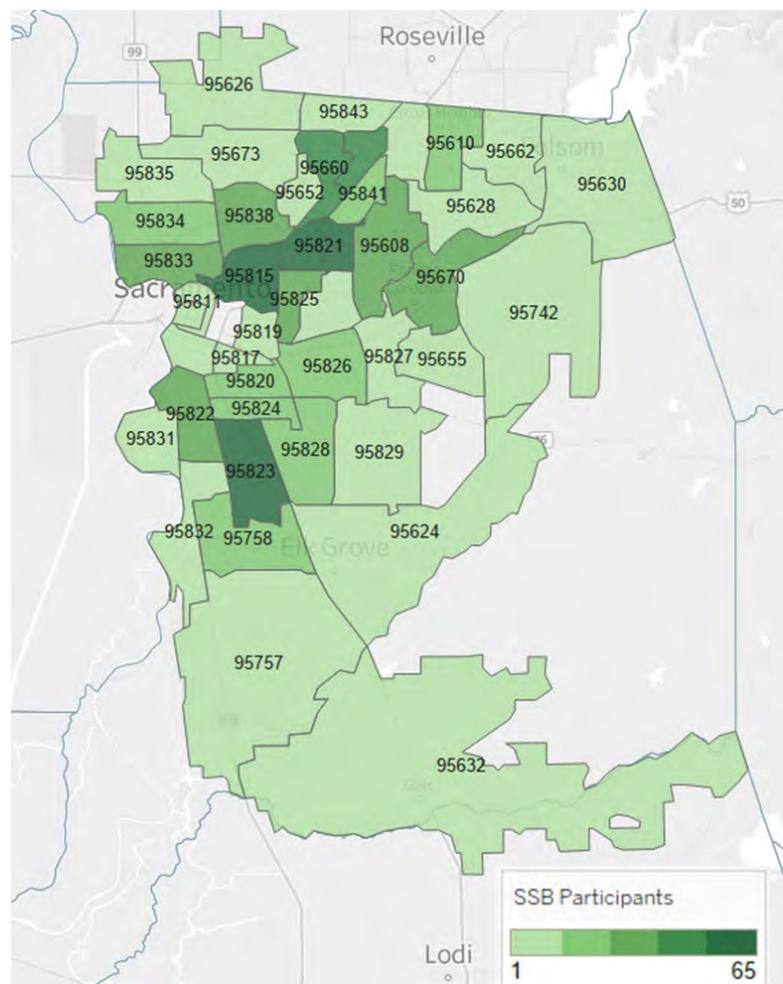
Source: SSB Pre- and Post-Test matched set. Black/African American n = 309, All Others n = 658. *** $p < .001$ statistical significance

Figure 16. ABCs of Safe Sleep (Always Alone, on their Backs, and in a Crib), by Race/Ethnicity



Source: SSB Intake and Exit Interview matched set. Black/African American n = 125, All Others n = 170. *** $p < .001$ statistical significance.

Map of Caregivers Completing SSB Workshop in FY 2024-25



Source: Persimmony Client Service Records (N =747). Excludes participants whose zip codes were unknown or outside of Sacramento County.

Success Story

Dasia (fictional name) is a 20-year-old African American first-time mother who was referred to Safe Sleep Baby (SSB) by her OB-GYN. As a new parent navigating motherhood without a strong support network or partner and actively struggling to find employment, Dasia wanted to ensure she was doing everything possible to keep her baby safe, particularly while sleeping.

Through the 60-minute SSB workshop, Dasia received comprehensive, culturally responsive education on infant safe sleep practices. The training addressed common misconceptions and clear guidance on the ABCs of Safe Sleep to create a safe sleep environment for her baby. She also received a Pack-N-Play crib, which helped eliminate material barriers to implementing safe sleep practices in her home.

Recognizing that Dasia could benefit from additional support, the SSB program connected her to a broader system of care to support her parenting journey and overall well-being. She enrolled in the Black Infant Health (BIH) program, where she began receiving one-on-one support from a Family Health Advocate. She was also referred to WIC for nutrition and breastfeeding support, as well as to Birth & Beyond for additional wraparound services.

This coordinated approach ensured that Dasia was equipped with **essential safe sleep knowledge and connected to ongoing resources** that support maternal health, infant development, and family stability. As a result, Dasia gained practical knowledge and tools and a growing network of support that **strengthened her confidence as a new mother and promoted a safer, healthier start for her baby.**

“Make sure your baby always sleeps safely.”

Health & Well-Being: Breastfeeding Support

BREASTFEEDING SUPPORT: WIC COMMUNITY LACTATION ASSISTANCE PROGRAM

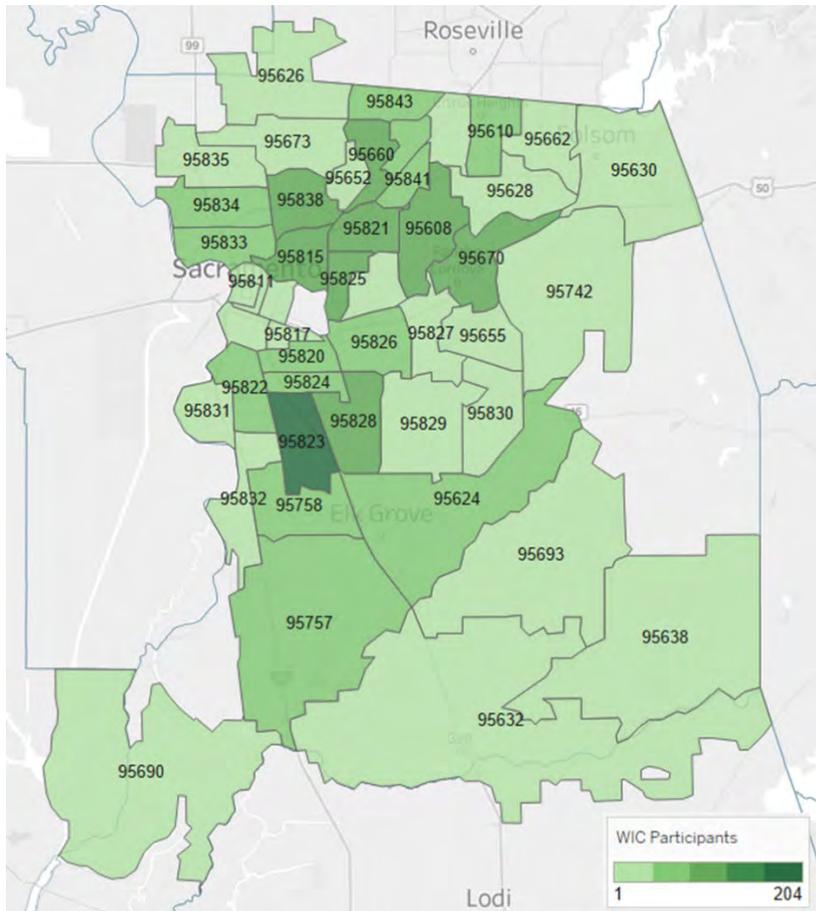
First 5 Sacramento contracts with the Sacramento County Department of Health Services WIC (DHS WIC) to serve women with an infant up to one year of age, and to focus on initiating and continuing breastfeeding through at least six months of age.

Figure 17. WIC Community Lactation Assistance Program Results Based Accountability (RBA) Table

RBA	Indicator(s)	FY 2024-25	
How Much?	Individuals Served		
	Parents/Caregivers served	2,141	
	Breastfeeding Services Provided, by Type		
	Lactation Assessments	2,228	
	Helpline: Birth to one year (<i>Brief support</i>)	1,508	
	Home visits to high-need lactating mothers	61	
	Follow-up contacts for additional breastfeeding support (<i>all infant ages</i>)	1,172	
	Community Outreach		
	Group Classes/Support Groups Held	40	
	Total (Average) attendance at Group Classes/Support Groups	177	4.4
How Well?	Participant Satisfaction with WIC Lactation Support	N = 69	
	% <i>Extremely Satisfied</i> with support received	66	96%
	Participant Satisfaction with Group Classes/Support Groups	N = 23	
	% <i>More Comfortable</i> with breastfeeding after the event	21/23	91%
	% <i>More Informed</i> about breastfeeding after the event	22/23	96%
% who would recommend the group to others	10/10	100%	
Better Off?	Breastfeeding Status at Six Months of Age		
	Exclusive Breastfeeding	514/1,802	29%
	Any Breastfeeding (Breastfeeding + Formula)	929/1,802	52%

Sources: Persimmony Client Service Records, Performance Measures Reports, WIC Food Package Data (First 5-funded WIC clients only), Sacramento County WIC Group Support Follow-Up; WIC Post Lactation Services Survey

Map of Participants Served by WIC in FY 2024-25



Source: Persimmony Client Service Records (N = 2,110). Excludes participants whose zip codes were unknown or outside of Sacramento County.

Success Story

Amanda (fictional name) was enrolled on WIC while pregnant with her second baby. During enrollment, she was informed about First 5-funded lactation support. Her baby girl was born via emergency cesarean, which resulted in a delay in Amanda putting her to breast. Once Amanda started breastfeeding, she experienced challenges (e.g., painful latch, milk supply) which were compounded by pain from the birth.

Amanda connected with a First 5 International Board Certified Lactation Consultant (IBCLC) when her infant was just 3 days old. The IBCLC provided lactation support both at the WIC office and in Amanda's home. With IBCLC support, she was able to overcome several challenges to initiate *and* exclusively breastfeed her infant. At 8.5 months, she **continues to exclusively breastfeed** and stays in regular contact with her IBCLC.

"The blessing that [the First 5 Lactation Consultant] brought to my most sacred journey of motherhood, is priceless and will forever be cherished by me for the rest of my life. There is absolutely not a doubt in my mind that I never would've been able to nurse my baby to bring her into such good physical health that doctors say she's thriving, if it hadn't been for the help from [my LC]."

Health & Well-Being: Child Safety

REACH OF BIRTH & BEYOND COLLABORATIVE

Birth & Beyond (B&B) Family Resource Centers provide a range of services to support families and communities.¹⁵

The following sections pertain to the First 5 funded services provided by Birth & Beyond to families with children ages 0-5 and do not intend to represent the entirety of Birth & Beyond’s reach.

Figure 18. Overall Birth & Beyond RBA Table (All First 5-Funded Strategies) , FY 2024-25

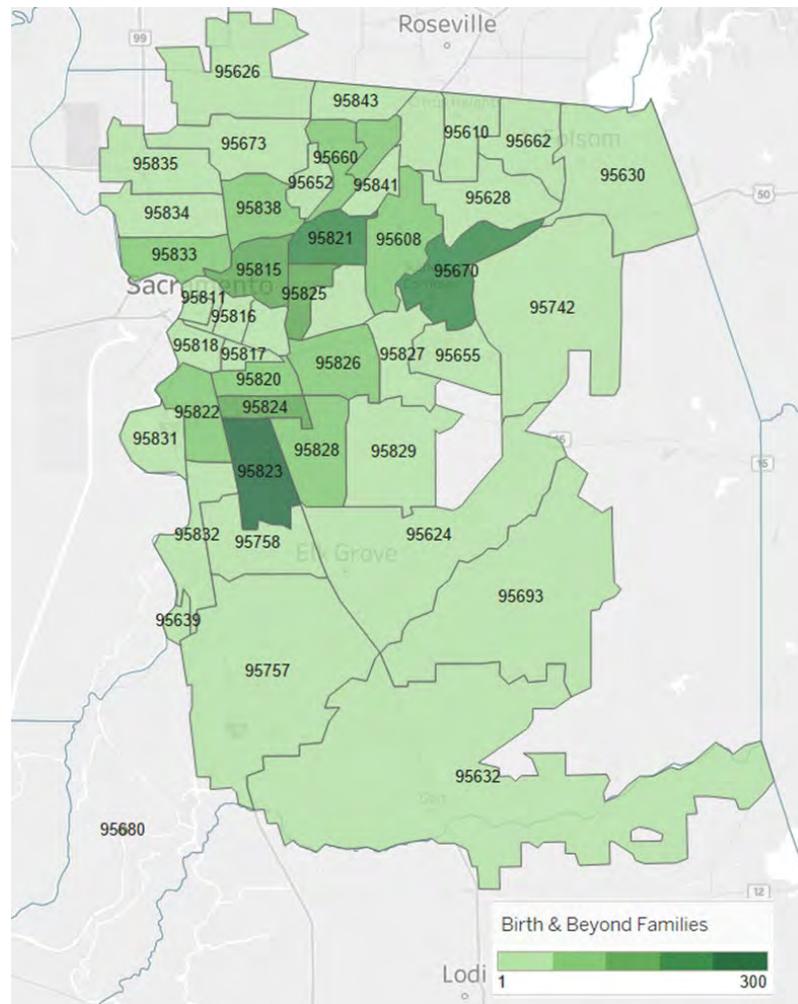
RBA	Indicator(s)		
How Much?	Direct Reach (Total unduplicated across all First 5-funded strategies)		
	Total Families Served	2,690	
	#/% of families engaging in 2+ B&B strategies during the fiscal year	885	33%
	Total Caregivers Served	2,794	
	Total Children Served	1,782	
How Well?	Reported by strategy		
Better off?	Caregiver Knowledge of Resources¹⁶		
	I know what program to contact in my community when I need help for basic needs (n = 153)		
	Group Average (1 = Strongly Disagree to 5 = Strongly Agree)	3.5	3.8 **
	% who “Agree” or “Strongly Agree”	56%	69%
	I know where I can get helpful information about parenting and taking care of children (n = 152)		
Group Average (1 = Strongly Disagree to 5 = Strongly Agree)	3.7	4.0 **	
	% who “Agree” or “Strongly Agree”	68%	78%

Source: Persimmony Client Service Records; FY 2024-25 Family Information Form Matched Sets: Parent/Caregiver. Statistical significance reported as ** p < .01.

¹⁵ Birth & Beyond is coordinated by the Child Abuse Prevention Council (CAPC), in partnership with Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network, River Oak Center for Children, Sacramento Children’s Home, and WellSpace Health, who operate the nine Birth & Beyond Family Resource Centers (FRCs).

¹⁶ Includes participants completing the Follow-Up Family Information Form who received Birth & Beyond services in the fiscal year. May not be representative of all families receiving B&B services during the FY.

Map of Participants Served by B&B in FY 2024-25



Source: Persimmony Client Service Records (N = 2,609). Excludes participants whose zip codes were unknown or outside of Sacramento County.

Success Story

Habi (fictional name) is a 36-year-old mother of three, including two children under the age of five. Her family had recently moved to Sacramento County. She was experiencing several challenges (unemployment, financial hardship, language barriers, and unreliable transportation) which made it difficult to navigate local systems and access essential services.

Habi learned about Mutual Assistance Network during an outreach event at the Department of Human Assistance. She visited the Family Resource Center to inquire about financial assistance programs and receive help with getting a driver's license.

Habi received Birth & Beyond Crisis Intervention Case Management services to address her immediate needs. She received resources and referrals for her food, clothing, and transportation needs, as well as employment resources (e.g., a referral to Folsom Cordova Community Partnership Job Center). She was also connected to Group Supports and Connection activities and was referred to home visiting.

With help from her Family Resource Educator, Habi applied for developmental support for her 3-year-old son with special needs. She received Concrete Needs Program monetary support for driving lessons and received transportation support on the day of her driving test.

With immediate support and connections to other services, Habi was able to stabilize her family's needs, pursue job opportunities, and rebuild her confidence.

"I had been searching for this kind of support for a long time, and it truly changed everything. It gave me the strength to care for my children and the hope to build a more independent life for my family."

HOME VISITING THROUGH FAMILY RESOURCE CENTERS

Birth & Beyond (B&B) home visiting is provided through the Empowered Families (EF), CalWORKs/Family Support Initiative (FSI), and the Reduction of African American Child Deaths (RAACD) funding sources.¹⁷ EF and FSI-funded home visiting utilizes the Parents as Teachers (PAT) model, while RAACD-funded home visiting utilizes the Effective Black Parenting Program (EBPP) curriculum.

Figure 19. Birth & Beyond Home Visiting RBA Table – Overall Characteristics (all First 5 funding sources)

RBA	Indicator(s)		
How Much?	Incoming HV Referrals during Fiscal Year		
	Total # of unduplicated families referred to B&B home visiting	1,147	
	# unduplicated caregivers referred to B&B home visiting, by referral source ¹⁸	1,155	
	Healthcare Providers	403	
	Self-Referral	272	
	DHA Bureaus	156	
	CPS	156	
	Other Nonprofit/Community Organization	71	
	Birth & Beyond (e.g., transfers, outreach)	134	
	Help Me Grow	15	
	School Districts/Teachers	8	
	Other	24	
	% of referred caregivers who received home visits during the fiscal year	376	33%
	PAT Home Visit – Empowered Families	222	19%
	PAT Home Visit – CalWORKs/FSI	120	10%
RAACD Home Visit	69	6%	
How Well?	Direct Reach		
	# of unduplicated families receiving home visits	752	
	% receiving GSC within the same FY	275	37%
	% receiving CI within the same FY	422	56%
	# of unduplicated caregivers receiving home visits	807	
	#/% of caregivers served who are first-time parents ¹⁹	72/321	22%
How Well?	Participant Retention (% with 8+ Home Visits), by model ²⁰		
	Total Caregivers Receiving Home Visit(s): 8+ Visits to date (any funding source)²¹	501/807	62%
	Parents as Teachers (Empowered Families): 8+ Visits to date	274/497	55%
	Parents as Teachers (FSI): 8+ Visits to date	198/272	73%

¹⁷ Empowered Families-funded activities are provided by all nine FRCs. RAACD funded activities are provided by focused programs at two FRCs, including the MAN Arcade Stronger Families, Stronger Generations and the Valley Hi Village programs.

¹⁸ Counts by referral source may exceed unduplicated total as participants may be referred multiple times during fiscal year from different sources.

¹⁹ Limited to participants with valid Case Record data. Excludes participants whose response was missing on Case Record or for whom a Case Record was not found.

²⁰ Counts all home visits in the past 5 years that align with service received in FY. Excludes any home visit from a previous fiscal year for which there were more than 3 months in between visits to account for participants re-starting services. This represents all caregivers who received services during the FY, including those whose services remain ongoing.

²¹ Sum by funding source may exceed total unduplicated count as participants can receive services across multiple funding sources.

RBA	Indicator(s)		
	Effective Black Parenting (RAACD): 8+ Visits to date	43/97	44%
	Participant Retention (% with 8+ Home Visits), by model – EXITED participants only ²²		
	Total Caregivers Receiving Home Visit(s): 8+ Visits before exit (any funding source) ²³	208/345	60%
	Parents as Teachers (Empowered Families): 8+ Visits before exit	126/222	57%
	Parents as Teachers (FSI): 8+ Visits before exit	60/95	63%
	Effective Black Parenting (RAACD): 8+ Visits before exit	25/52	48%
Better off?	Reduced CPS Involvement (March 1, 2023 – June 30, 2024 Intakes) (N = 938) ²⁴		
	Substantiated Maltreatment 12 months after first home visit (0-5)	23/938	2.5%
	Children with no prior CPS contact	6/792	0.8%
	Children with any prior CPS contact	17/146	11.6%
	Recurrence: Children with substantiated baseline (within six months prior to intake)	4/29	13.8%
	<i>Substantiated baseline + less than 8 hours B&B HV</i>	3/14	21%
	<i>Substantiated baseline + 8+ hours B&B HV</i>	1/15	7%
	Protective Factors (Matched Set) (reported in figures below)	Pre	Post
	Matched Set (N = 164)		
	Overall (average of domain scores)	3.19	3.39 ***
	Family Functioning and Resilience	2.72	3.06 ***
	Nurturing and Attachment	2.96	3.16 **
	Social Supports	3.16	3.50 ***
	Caregiver-Practitioner Relationship	2.64	2.84 **
	Concrete Supports	2.93	3.19 ***

Sources: Persimmony Client Service Records; PAT Case Records; Protective Factors Survey-2 (PFS-2) Matched Set (served and has post-assessment during FY). PFS-2 scores are averaged by domain, each item in domain is rated on a scale of 0 (Not at all like me) to 4 (Just like me/my life). Some items are reverse coded but standardized based on PFS-2 calculation instructions. Higher scores indicate improvements. Statistical significance is reported as * $p < .05$, ** $p < .01$, *** $p < .001$.

²² Counts all home visits in the past 5 years that align with service received in FY. Excludes any home visit from a previous fiscal year for which there were more than 3 months in between visits to account for participants re-starting services. This represents all caregivers who received services during the FY AND exited during the fiscal year, counting services dated prior to the closure date. Does not include participants who were exited but did not receive home visits in the FY.

²³ Sum by funding source may exceed total unduplicated count as participants can receive services across multiple funding sources.

²⁴ Sample includes participants whose first B&B HV intake was between March 1, 2023 and June 30, 2024. March was selected for consistency with the last date included in prior years. However, this report includes an additional four months of intakes for more consistency with the fiscal year schedule.

Figure 20. Birth & Beyond Home Visiting RBA Table – Parents as Teachers (PAT)

RBA	Indicator(s)	EF		FSI		PAT Total ²⁵	
How Much?	Direct Reach						
	# Unduplicated families receiving PAT home visits	453		237		649	
	# Unduplicated caregivers receiving PAT home visits ²⁶	486		269		713	
	High Needs (2+ PAT Stressors)	144/327	44%	104/188	55%	229/477	48%
	Non-High Needs (<2 PAT Stressors)	183/327	56%	84/188	45%	248/477	52%
	# Unduplicated children receiving home visits, by age	563		387		893	
	Ages 0-2	368	65%	264	68%	594	67%
	Ages 3-5	195	35%	123	32%	299	33%
	CalWORKs Eligibility Characteristics of Caregivers Served						
	Welfare-to-Work	-		216	80%	-	
Child-Only	-		26	10%	-		
Expanded Population	-		19	7%	-		
How Well?	Empowered Families Level of Completion						
	# Exited within the FY who received home visit(s) ²⁷	246		-		-	
	# Exited in FY who completed PAT-required # of lessons	129		-		-	
	High Needs (24 visits)	54/111	49%	-		-	
	Non-High Needs (12 visits)	75/135	56%	-		-	
	FSI Program Completion						
% of all exited in FY who Completed Curriculum/Goals	-		24/99	24% ²⁸	-		
Better Off?	Protective Factors (Matched Set)	Pre	Post	Pre	Post	Pre	Post
	Matched Set N	74		57		131	
	Overall (average of domain scores)	3.03	3.27 ***	2.94	3.21 ***	2.99	3.24 ***
	Family Functioning and Resilience	3.25	3.38	3.25	3.43 **	3.25	3.40 **
	Nurturing and Attachment	2.84	3.22 **	2.66	3.09 **	2.76	3.16 ***
	Social Supports	3.12	3.28	2.87	3.07	3.01	3.19 **
	Caregiver-Practitioner Relationship	3.18	3.40 *	3.13	3.53 ***	3.16	3.46 ***
	Concrete Supports	2.74	3.09 **	2.76	2.90	2.75	3.01 **

Sources: Persimmony Client Service Records; PAT Case Records; Protective Factors Survey-2 (PFS-2) Matched Set (served and has post-assessment during FY). PFS-2 scores are averaged by domain, each item in domain is rated on a scale of 0 (Not at all like me) to 4 (Just like me/my life). Some items are reverse coded but standardized based on PFS-2 calculation instructions. Higher scores indicate improvements. Statistical significance is reported as * $p < .05$, ** $p < .01$, *** $p < .001$.

²⁵ Sum by funding source may exceed total unduplicated count as participants can receive services across multiple funding sources.

²⁶ Caregiver counts by needs level exclude participants with no case record found (n = 236, 33%). PAT Case Records document the PAT stressors.

²⁷ There were 355 exits during the fiscal year, including participants who were exited but did not start home visiting. Not limited to participants who received home visits between July 1, 2024 and June 30, 2025 as population includes all those with a closure during the FY.

²⁸ Another 15% of cases were closed due to the caregiver switching to a new B&B site or path (e.g., changing funding source). While these individuals are not counted as program completers, they remain connected with B&B services. May include individuals who transition from HV to CI due to personal circumstances or preferences.

Figure 21. Birth & Beyond Home Visiting RBA Table – Effective Black Parenting Program (EBPP) (RAACD Funding), FY 2024-25

RBA	Indicator(s)		
How Much?	Direct Reach		
	# Unduplicated families	89	
	# Unduplicated caregivers	97	
	# Unduplicated children	73	
	Ages 0-2	53	73%
	Ages 3-5	20	27%
	Total # home visits provided	705	(Average: 7.2)
How Well?	Home Visiting Service Plans		
	#/% of caregivers served who created an HV service plan during fiscal year	50	52%
Better Off?	Protective Factors (Matched Set)	Pre	Post
	Matched Set (N = 33) ²⁹		
	Overall (average of domain scores)	2.96	2.98 **
	Family Functioning and Resilience	2.54	3.34 *
	Nurturing and Attachment	2.75	2.64
	Social Supports	3.15	3.06 *
Caregiver-Practitioner Relationship	2.19	3.68 **	

Sources: Persimmony Client Service Records; PAT Case Records; Protective Factors Survey-2 (PFS-2) Matched Set (served and has post-assessment during FY). PFS-2 scores are averaged by domain, each item in domain is rated on a scale of 0 (Not at all like me) to 4 (Just like me/my life). Some items are reverse coded but standardized based on PFS-2 calculation instructions. Higher scores indicate improvements. Statistical significance is reported as * p < .05, ** p < .01, *** p < .001.

Effective Black Parenting Home Visiting Family Spotlight

Tonya (fictional name) is a young mother who was referred to The Village by an organization that works with young moms who often lack family support and financial resources. At the time of her referral, Tonya was navigating the challenges of parenting for the first time, managing her own mental health challenges, and learning to live independently. She shared that some days she did not want to deal with her child because she lacked the capacity to meet her child’s needs.

Tonya initially was seeking parenting classes, but after learning about The Village’s home visiting services, she chose to enroll in home visiting. Through regular home visits, Tonya received **encouragement, resources, and practical parenting guidance**. As Tonya continued to engage in services, her **confidence** began to grow along with her knowledge of child development and parenting. Although she sometimes struggled with setting and maintaining appropriate rules for her child, the home visitor helped reassure her and implement realistic rules.

During one home visit, the home visitor noticed a behavioral chart that Tonya had created and posted on her wall, a tool which she had learned about during an earlier visit. The home visitor praised her for **applying what she had learned**. Tonya was very appreciative of the praise and shared how helpful the chart had been for managing her child’s behaviors. The home visitor was proud and excited to see Tonya grow in the program. It’s an accomplishment for The Village to see families apply information to support their well-being and their child’s development.

²⁹ Significance should be interpreted with caution due to small sample size.

CASE MANAGEMENT THROUGH FAMILY RESOURCE CENTERS

Birth & Beyond (B&B) Family Resource Centers (FRC) provide Sacramento County families with Crisis Intervention support (CI). CI are provided through the Empowered Families (EF) and the Reduction of African American Child Deaths (RAACD) funding sources.³⁰

Figure 22. Birth & Beyond Crisis Intervention and Case Management (CI) RBA Table

RBA	Indicator(s)	EF	RAACD	Total ³¹
How Much?	Direct Reach			
	# Unduplicated families , by level	1,565	218	1,749
	Level 1 (Resources and Referrals Only)	1,077	53	1,063
	Level 2 (Resources/Referrals + Case Management)	630	178	947
	% receiving home visiting within the same FY	-	-	275 24%
	% receiving GSC within the same FY	-	-	614 35%
	# Unduplicated caregivers , by level	1,592	224	1,783
	Level 1 (Resources and Referrals Only)	1,077	53	1,125
Level 2 (Resources/Referrals + Case Management)	630	178	796	
How Well?	Family Strengths Builder (FSB)			
	#/% Unduplicated Level 2 caregivers who created a Family Strengths Plan	528 84%	123 69%	647 81%
	# Unduplicated Level 2 caregivers with a pre- and post- FSB Questionnaire	348	50	399
Better Off?	Improvements in Self-Sufficiency	n = 315	n = 47	n = 362
	% families demonstrating progress toward “self-sufficiency” in at least one Focus Area	247 78%	30 64%	277 77%

Sources: Persimmony Client Service Records, Family Strengths Builder Questionnaire

³⁰ Empowered Families funded activities are provided by all nine FRCs. RAACD funded activities are provided by focused programs at two FRCs, including the MAN Arcade Stronger Families, Stronger Generations and the Valley Hi Village programs.

³¹ Sum by funding source or service level may exceed total unduplicated count as participants can receive services across multiple funding sources.

PARENT SUPPORT AND CONNECTION AT FAMILY RESOURCE CENTERS

Birth & Beyond (B&B) Family Resource Centers (FRC) engage Sacramento County families in Group Support and Connection (GSC) activities. GSC activities are provided through the Empowered Families (EF) and the Reduction of African American Child Deaths (RAACD) funding sources.³²

Figure 23. Birth & Beyond Group Support and Connection (GSC) RBA Table

RBA	Indicator(s)	EF	RAACD	Total ³³
How Much?	Direct Reach (Unduplicated)			
	Number of Families (unduplicated)	1,208	102	1,287
	% receiving CI within the same FY	-	-	614 48%
	% receiving HV within the same FY	-	-	275 21%
	Number of Parents/Caregivers (unduplicated)	1,217	103	1,298
	Number of Children (unduplicated)	1,078	28	1,100
	Total number of GSC services (duplicated)	6,608	290	6,898
	Group Support and Connections – Caregiver	4,004	247	4,251
	Group Support and Connections – Child	2,604	43	2,647
How Well?	GSC Attendance			
	Average # of activities attended, by family	5.5	2.8	5.4
	% of families with 5 or more services	402 33%	16 16%	422 33%
	% of families with 10 or more services	172 14%	4 4%	178 14%
	Satisfaction with GSC Activities			
% who would recommend B&B to a friend or family member	-	-	85/96 89%	
Better off?	Impact of GSC Support and Connection (% Agree or Strongly Agree)			
	Parental Resilience – <i>I am more confident in dealing with difficult situations</i>	-	-	75/96 78%
	Social Support – <i>I made new friends or strengthened my friendships</i>	-	-	62/96 65%
	Concrete Support – <i>I know how to access resources that help me in challenging situations</i>	-	-	81/96 84%
	Parenting and Child Development – <i>I know more about child development and how to support my child's growth</i>	-	-	88/96 92%
	Social-Emotional Development – <i>I noticed positive changes in my child's behavior or emotions</i>	-	-	73/95 77%

Sources: Persimmony Client Service Records, GSC Follow Up Survey (N = 96 although ns may vary due to missing responses), Quarterly Performance Milestones

³² Empowered Families funded activities are provided by all nine FRCs. RAACD funded activities are provided by focused programs at two FRCs, including the MAN Arcade Stronger Families, Stronger Generations and the Valley Hi Village programs.

³³ Sum by funding source may exceed total unduplicated count as participants can receive services across multiple funding sources.

EMERGENCY CHILDCARE AND CASE MANAGEMENT

The Sacramento Children’s Home (SCH) Crisis Nursery provides emergency daytime and 24-hour overnight care, case management (e.g., information and referrals for longer-term services and a crisis resolution plan customized to each participant’s needs and goals).

Figure 24. SCH Crisis Nursery Results Based Accountability (RBA) Table, FY 2024-25

RBA	Indicator(s)		
How Much?	Unduplicated Families and Children Served		
	Total number of families	238	
	Total number of parents/caregivers³⁴	241	
	Total number of children	333	
	% who received (any) daytime emergency child care (ECC) stays ³⁵	304	91%
	% who received 24-hour/Overnight Stay(s)	218	65%
	Safe Stay Services		
	Total number of stays, by type	Days/Nights	Unique Stays
	Total Stays	4,242	3,202
	ECC daytime (only) stays ³⁶	1,802	1,802
	24-hour/overnight stays	1,881	1,400
	ECC daytime use following 24-hour service (% of 24-hr stays with daytime use)	559	40% of stays
	Duration Characteristics	Average	Median
	Unique stays, per child (ECC or 24-hr) (Child n = 333)	9.6	4
	ECC stays (Child n = 255)	7.1	2
	24-hour stays (Child n = 218)	6.4	1
	# of nights, per child (Child n = 218)	8.6	2
	# of nights, per stay (24-hour stay n = 1,400)	1.3	1
	Children with 5 or more unique stays	161	48%
	Children with 10 or more unique stays	100	30%
	24-hour stays of 2+ consecutive nights	153	11%
	24-hour stays of 5+ consecutive nights	83	6%
	Characteristics of Unique Stays (includes duplicate participants)		
	Referral Sources per Stay (N = 2,420)		
	Existing Client - N/A	2,313	96%
	Another Agency/First 5 Contractor/Outreach	29	1%
	Friend/Family/Neighbor	17	1%
Internet/social media (also hotlines, newsletters, etc.)	12	<1%	
Healthcare/Mental Health (e.g., hospital, doctor, therapist, social worker)	10	<1%	
CPS	4	<1%	
Missing/Not Provided	35	1%	
Reasons for seeking care at each unique stay (Top 5)³⁷			
Employment	1,352	56%	
Parental Distress	568	23%	
Housing/Homelessness	389	16%	
Medical	272	11%	
Education	119	5%	
Legal	118	5%	
Number of transportation services provided	928	-	

³⁴ Parents whose children had Crisis Nursery stays. 165 caregivers also received services such as crisis resolution plans or transportation.

³⁵ Includes children who received ECC daytime only care (n = 255) AND children who received daytime care following 24-hour service (e.g., arrives 10 am on Saturday and exits 2 pm on Monday) (n = 132). Groups are not mutually exclusive.

³⁶ Daytime only care. Excludes daytime care following which follows a 24-hour service.

³⁷ Counts may exceed total number of stays as participants can select more than one reason. Categories with <5% include Basic Needs, Other Emergency, Financial Support, Domestic Violence, Mental Health, and Substance Use (AOD).

RBA	Indicator(s)		
	Outgoing Referrals through Referral Portal		
	# of referrals provided (duplicated)	14	
	# participants receiving one or more referrals for additional services (unduplicated)	13	
How Well?	Parent Satisfaction (Self-reported at each unique stay)		
	% who felt Crisis Nursery kept children safe and secure ³⁸	2,095/2,106	99.5%
	Crisis Resolution Plan (CRP)		
	% of families who created a Crisis Resolution Plan during FY ³⁹	163/238	68%
	Total # of Crisis Resolution Plans created during FY ⁴⁰	176	
	Outgoing Referrals through Referral Portal		
	% of referrals where contact was made/follow-up attempted (N = 14)	7	50%
Better off?	Parent Support & Stress Reduction (Self-reported at each unique stay)		
	% who feel better able to solve crisis situations because of CN support	2,068/2,081	99%
	% who agreed their stress level reduced because of using CN	2,021/2,061	98%
	Stress Reduction between Request for Services (RFS) and Exit (n = 2,033)	Pre	Post
	Average Stress Level (Range 1 "Not at all" to 5 "Greatly")	3.6	2.4 ***
	% of individuals who reported lower stress level ⁴¹	1,127/1,766	64%
	Reduction in Extent that Stress Affects Care of Child between RFS and Exit (n = 2,010)	Pre	Post
	Average Effect of Stress on Child Care (Range 1 "Not at all" to 5 "Greatly")	2.6	1.9 ***
	% of individuals who reported lower impact of stress on child care ⁴²	779/1,286	61%
	Parent connection to their community (% Agree or Strongly Agree) (Matched N = 21)	Pre	Post
	I know what program to contact in my community when I need help for basic needs.	10/21 48%	11/21 52%
	% of individuals who increased agreement ⁴³	-	9/20 45%
	I know where I can get helpful information about parenting and taking care of children.	11/21 52%	14/21 67%
	% of individuals who increased agreement ⁴³	-	9/18 50%
	Outgoing Referrals through Referral Portal (n = 7)		
	% who Received Services following successful connection ⁴⁴	4	57%
	Child Welfare (Children served July 1, 2023 through June 30, 2024)⁴⁵ (N = 306)		
	Children with <u>any prior</u> CPS involvement in the past 5 years	103	34%
	Children with <u>any baseline</u> CPS involvement (≤6 months of first CN stay in FY)	45	15%
	Children with <u>substantiated baseline</u> CPS involvement	6	2%
	Outcome: Children with (any) CPS involvement within 12 months of CN stay(s)	38	12%
	Outcome: Children with <u>substantiated</u> CPS involvement within 12 months of CN stay(s) ⁴⁶	10/306	3%

Sources: Persimmony Client Service Records, FY 2024-25 Caregiver FIF Matched Set (n = 21 participants who received Crisis Nursery services during FY); FY 2024-25 Client Roster; CN DCFAS Consent log; DCFAS CPS Data Request; Persimmony Referral Portal. Statistical significance reported as * p < .05, ** p < .01, *** p < .001.

³⁸ If a client selects "No," CN case managers reach out to provide support, clarification, and/or make sure their needs are met (e.g., review policies, establish improvement plan). Example reasons participants have selected "No" include parents upset when child had to exit early (e.g., onset of illness, behavior concerns/injury to another child) and language barriers/lack of understanding. All clients who have responded "No" continued to utilize services.

³⁹ Some returning families may have created a CRP in the previous FY, which are not counted here.

⁴⁰ Includes New Family CRPs (111, 63%) and CRPs for New Crises for returning families (65, 37%)

⁴¹ Excludes caregivers responding "Not at all" at RFS and Exit as these individuals could not have shown improvement.

⁴² Excludes caregivers responding "Not at all" at RFS and Exit as these individuals could not have shown improvement.

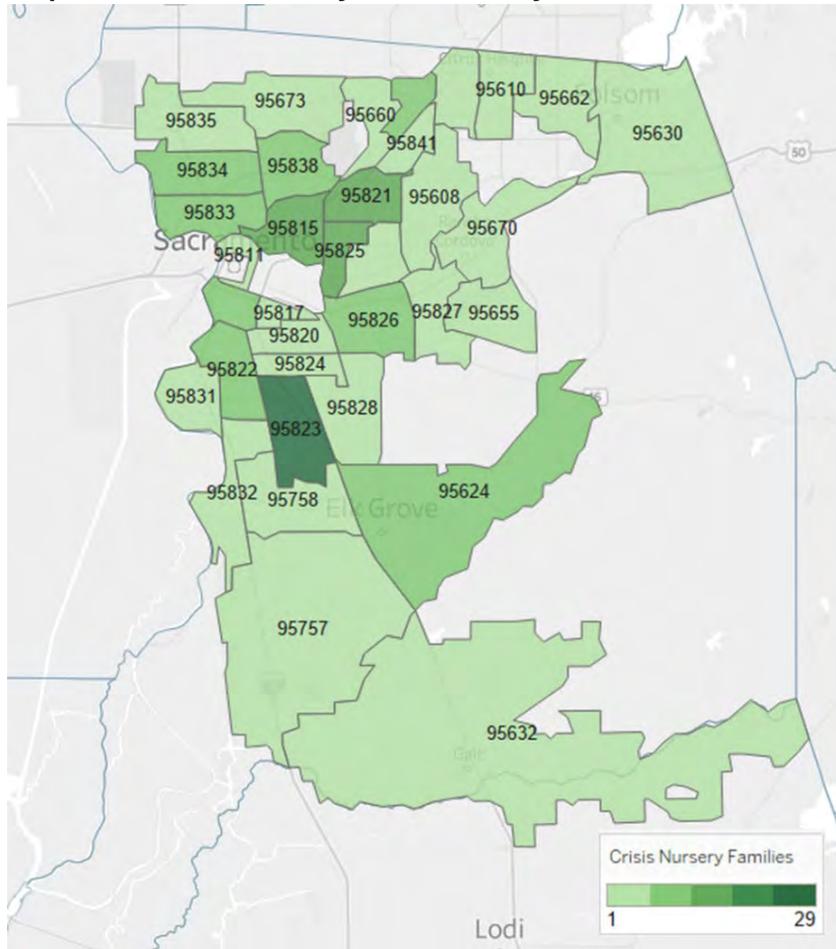
⁴³ Excludes caregivers responding "Strongly Agree" at pre- and post-assessment as these individuals could not have shown improvement.

⁴⁴ Received services % represents families successfully connected to agency, excluding those with unknown outcome and/or "Pending" at the end of the FY. Better Off measure may be an underrepresentation of ongoing connections to services.

⁴⁵ Child welfare lookup was conducted on 306 children of consenting parents (209/218) who received services in the prior FY to allow for a full 12-month observation window. Excludes 38 children served during the prior FY whose parents did not consent to the DCFAS lookup.

⁴⁶ Of the 10 children who had substantiated CPS involvement in the 12 months after their Crisis Nursery stay(s), all 10 had some form of prior CPS involvement; for 7 of them that involvement was within 6 months prior to their stay (baseline) and for 2 of them that baseline CPS involvement was substantiated. Note that 103 children had some prior CPS involvement and only 10 had substantiated CPS involvement in the 12 months after their Crisis Nursery stay(s).

Map of Families Served by Crisis Nursery in FY 2024-25



Source: Persimmony Client Service Records (N = 215 families). Excludes families whose zip codes were unknown or outside of Sacramento County.

Success Story

Suzie (fictional name) is a 43-year-old single mother of five-year-old twin girls who has been using Crisis Nursery (CN) services since 2021, when the girls were about a year old. She first started using CN emergency childcare while leaving a toxic relationship, to maintain employment. At that time, Suzie did not have people she trusted but was confident in CN to care for her children. Due to personal hardships, custody was awarded to the state in early 2022. Suzie regained custody in December 2022 and began using CN services again for support with sobriety.

Suzie received a mix of daytime and 24-hour emergency childcare and case management services. She received resources for housing and referrals, including a referral to Head Start for daycare. They also participated in the Sacramento Children's Home Adopt-A-Family Gift Giving Program in 2024.

Suzie was also attending college. She primarily used the college's provided daycare and used CN as a trusted resource for emergency care. With ongoing support of CN, Suzie was able to **maintain employment** and get **parental respite**. Suzie also relied on CN to help **maintain sobriety**, attend **AOD meetings**, and **focus on her schooling**. Suzie has graduated with a bachelor's degree in her career field. She continues to use CN services as needed.

"Thank you for supporting me and my daughters during [this] challenging time."

Health & Well-Being: Child Development & Education

DEVELOPMENTAL SCREENINGS AND CENTRALIZED REFERRALS

Help Me Grow (HMG), facilitated by the Sacramento County Office of Education, provides developmental screenings and connects families to resources and services to support children’s development. HMG Family Advocates provide individualized support, including home visits.

Figure 25. Help Me Grow RBA Table, FY 2024-25

RBA	Indicator(s)	Trainings	Attendees
How Much?	Community and Provider Outreach ⁴⁷		
	Community Outreach and Education Events	26	1,500+
	Parent Trainings and Workshops ⁴⁸	3	39
	Training and Technical Assistance to Healthcare Providers	4	25+
	Centralized Access Point		
	Total # of initial contacts	5,057	
	# of HMG website visits ⁴⁹	4,600	91%
	# of emails	269	5%
	# of telephone calls	188	4%
	Developmental and Behavioral Screenings		
	Unduplicated Children who received ASQ-3 screenings (<i>conducted by Help Me Grow</i>)	283	
	Number of ASQ screenings conducted (<i>conducted by Help Me Grow</i>)	297	
	ASQ-3 Screening results (includes screenings completed on HMG Online, followed up by HMG) (N = 349)		
	One or more domain below cutoff (“Flagged” for concern)	192	55%
	One or more domain at cutoff (“Monitoring”), but no flagged domains	72	21%
	Above cutoff (“No Concern”) in all domains	85	24%
	Unduplicated Children who received ASQ:SE screenings (<i>conducted by Help Me Grow</i>)	183	
	Number of ASQ:SE screenings conducted (<i>conducted by Help Me Grow</i>)	189	
	ASQ:SE Screening results (includes screenings completed on HMG Online, followed up by HMG) (N = 231)		
	Above cutoff (“Flagged” for concern)	89	39%
	At cutoff (“Monitoring”)	49	21%
	Below cutoff (“No Concern”)	93	40%
	# of participants receiving interpretation/connection support following screening by other service provider	159	
	Incoming Referrals by Referral Source (N = 355)		
	Healthcare Providers	78	22%

⁴⁷ Due to the nature of some events, accurate counts of attendees not always available.

⁴⁸ Includes developmental screenings, information and resources (i.e., trauma-informed care and strategies to support families and providers), and developmental activities.

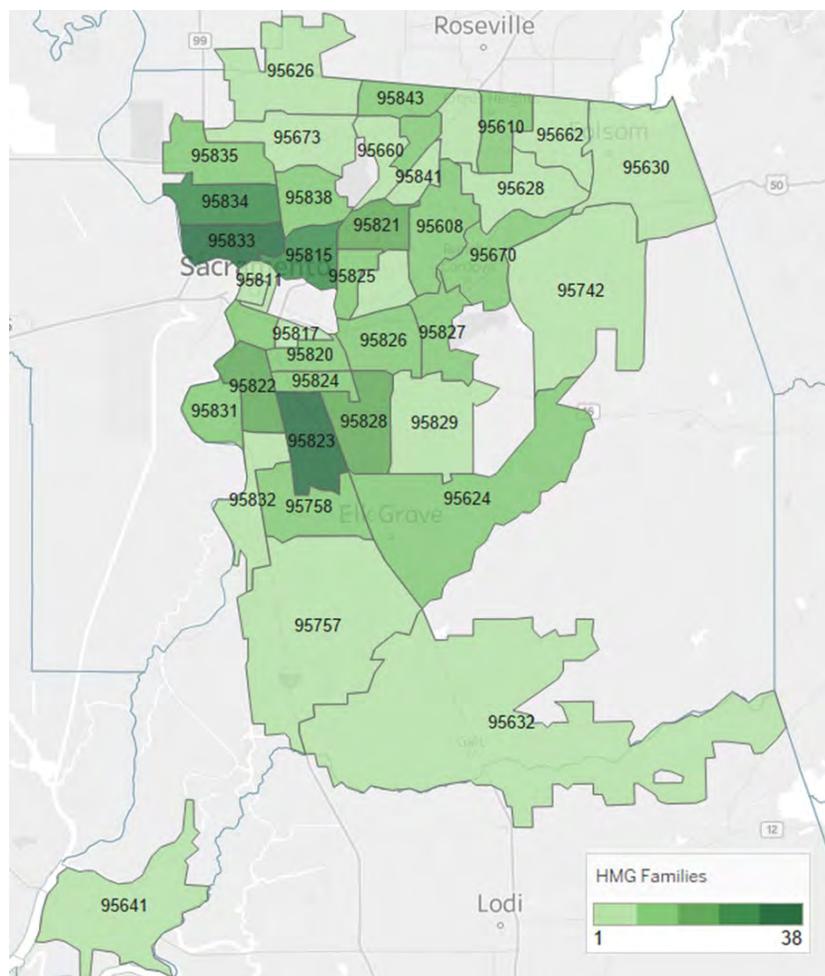
⁴⁹ Website visits from an average of 922 unique visitors per quarter

RBA	Indicator(s)			
	Family Resource Centers	51	14%	
	HMG Website or Outreach Event	17	5%	
	Private Child Care Providers	18	5%	
	PBM Plus or Behavioral Health (Child Action)	11	4%	
	School District	9	3%	
	<i>Other or Not Listed</i>	161	45%	
	Home Visiting			
	Families with a Family Advocate (at least one home visit)	412		
	Total (Average) number of home visits conducted	1,277	3.1	
	Outgoing Referrals			
# of referrals provided (duplicated)	509			
# participants receiving one or more referrals for additional services (unduplicated)	300			
How Well?	Home Visiting			
	Families who created an Action Plan with a Family Advocate	405	98%	
	Participant Satisfaction with Services and Resources			
	Participant Satisfaction with HMG Services (N = 35)			
	HMG staff discussed the importance of connecting to services in the first five years of my child's life.	34	97%	
	I felt the Help Me Grow staff understood my family's needs and priorities.	34	97%	
	The resources and information I received were helpful.	33	94%	
	I am satisfied with my experience with Help Me Grow	32	91%	
	I would recommend Help Me Grow to other parents	32	91%	
	Participant Satisfaction with Parent Workshops		†	
Outgoing Referrals				
% of referrals where contact was made/follow-up attempted	197/300	39%		
Better Off?	Participant Satisfaction with Services and Resources			
	Perceived impact of HMG Services (N = 35)			
	The referrals I received to other community resources were helpful to my family.	33	94%	
	Help Me Grow staff made it easier for me to navigate complex systems.	32	91%	
	Perceived impact of HMG Parenting Workshops		†	
	Outgoing Referrals			
% who Received Services following successful connection ⁵⁰	110/197	56%		

Sources: Persimmony Client Service Records; HMG Referral/Intake Form; Quarterly Performance Milestones; ASQ Online Export provided by SCOE; Persimmony Referral Portal.
† HMG Parent Workshops in implementation planning during FY 2024-25.

⁵⁰ Percentages of Received services are based on referrals where families were successfully connected to agency (n = 197), excluding referrals for which there was no follow up. Participants whose status was "Pending" at the end of the FY were also excluded. Better Off measure may be an underrepresentation of ongoing connections to services.

Map of Families Served by HMG in FY 2024-25



Source: Persimmony Client Service Records (N = 435 families). Excludes families whose zip codes were unknown or outside of Sacramento County.

Success Story

Marisol (fictional name) and her family had recently arrived in the United States, as mono-lingual Spanish speakers. She initially connected with a Birth & Beyond (B&B) Family Resource Center for community resources and began home visiting. Upon observing her 3-year-old’s behaviors, the B&B home visitor submitted a referral to Help Me Grow for developmental screening support.

Through HMG, the family **completed an ASQ** which resulted in a referral for further evaluation. The HMG Family Advocate also **provided resources** including developmental activities for Marisol to practice with her child, a bag of developmental books, toys, information, and community resources. The Family Advocate also **connected the family to their school district** for further support.

Marisol expressed her gratitude for the support she received from HMG, including the help accessing therapies for her child through the School District, Alta Regional, and her insurance. Marisol mentioned that, prior to this, she did not know what services were available to her child, and **she is now getting familiar with all the agencies and their services thanks to the HMG program.**

Marisol and her family continue to receive B&B Home Visiting, Help Me Grow support, school district support, and attend playgroups.

.....

"[HMG] helped me a lot. I was so confused about agencies, programs, and processes to access support for my child. **Thank you for helping my child to get the therapies and the services that he needs**"

DEVELOPMENTAL PLAYGROUPS FOR CHILDREN WITH EXCEPTIONAL NEEDS

First 5 Sacramento contracts with UC Davis MIND Institute to provide 60-minute developmental playgroups for children with exceptional needs.

Figure 26. UC Davis MIND Institute RBA Table, FY 2024-25

RBA	Indicator(s)		
How Much?	Total Reach		
	Number of families attending playgroups	44	
	Number of caregivers (unduplicated)	44	
	Number of children (unduplicated)	49	
	Total number of playgroup sessions held ⁵¹	88	
How Well?	Attendance		
	Total/Average number of sessions attended per child	467	(Average: 9.5)
	Helpfulness of Early Intervention (% “Very Helpful” (4) or “Extremely Helpful” (5)) (N = 18)		
	Participants who felt early intervention helped their child develop and learn⁵²	12/18	67%
	... sharing ideas on how to include child in daily activities	16/18	89%
	... working with you to know when your child is making progress	16/18	89%
	... giving useful information about how to help child learn new skills	15/18	83%
	... giving useful information about how to help child take care of his/her needs	15/18	83%
	... giving useful information about how to help child get along with others	14/18	78%
	... identifying things you do that help your child learn and grow	12/17	71%
	Better off?	Family Outcomes (Domain Average and % “Almost” (4) or “Completely” (5)) (N = 20)	
Having Support Systems⁵³		Average: 3.95	(Range 1-5)
We are comfortable talking to family and friends about our child’s needs.		17/20	85%
We have friends or family members who listen and care.		15/20	75%
I am able to take care of my own needs and do things I enjoy.		13/20	65%
We have friends or family members we can rely on when we need help.		12/20	60%
We are able to talk with other families who have a child with similar needs.		11/20	55%
Accessing the Community		Average: 4.52	(Range 1-5)
Our food, clothing, and housing needs are met.		20/20	100%
Our transportation needs are met.		19/20	95%
We are able to do things we enjoy together as a family.		19/20	95%
Our medical and dental needs are met.		18/20	90%
Our child care needs are met.		17/20	85%
Our child participates in social, recreational, or religious activities that we want.	15/19	79%	

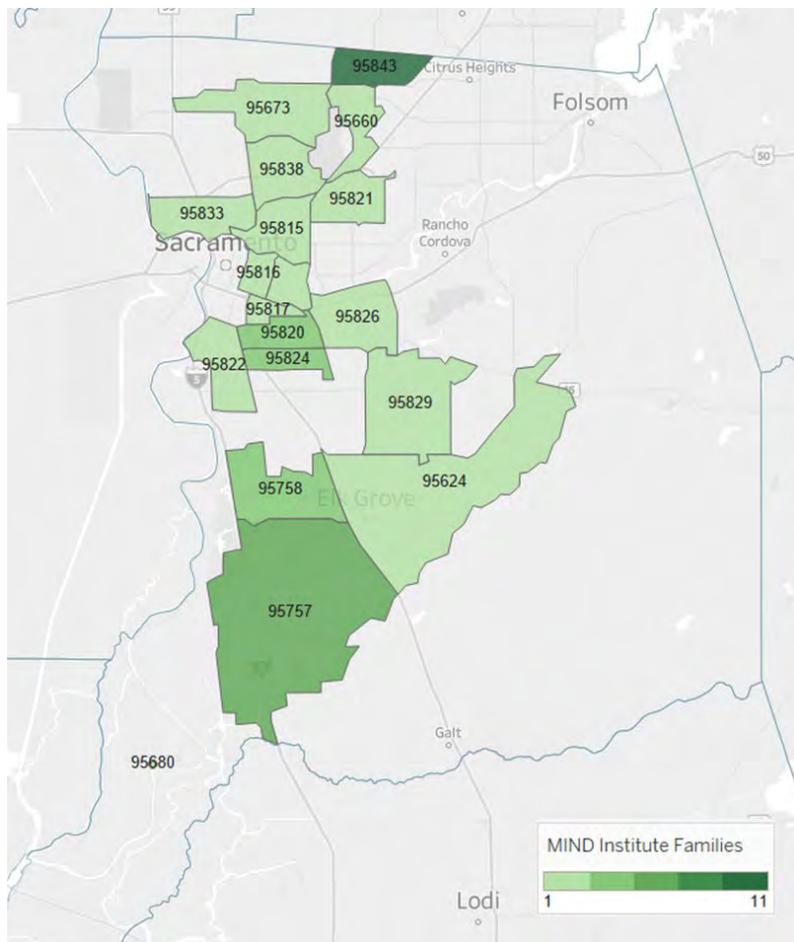
Sources: Persimmony Service Records, UC Davis Family Outcomes Survey (FOS)-Revised

⁵¹ 11 groups of 8-week sessions

⁵² Percentage based on ECTA definition of “meeting the indicator” (participant’s domain score = 4.0 or higher). FOS Section B: “Helping your Child Develop and Learn” Domain (Range: 1 = Not at all helpful to 5 = Extremely Helpful); (Group Average = 4.2)

⁵³ Calculated Domain Score for FOS Section A: (Range: 1 = Not at all to 5 = Completely). Support items 14-18 (N = 20); Community items 19-24 (N = 20)

Map of Families Served by MIND Institute in FY 2024-25



Source: Persimmony Client Service Records (N = 44 families).

Success Story

Sabrina and **Ross** (fictional names) have a two-year-old daughter who had very recently been diagnosed with autism. She was non-speaking, having challenging behaviors at home, and showed little interest in toys or her peers. Parents were overwhelmed by her symptoms and concerned about her development.

They found the MIND Institute playgroups while searching for available services in the community. During their first session, the child cried, screamed, threw objects, attempted to hit her head on the floor, and was unable to join the group at all. Parents were frustrated and overwhelmed and emailed MIND Institute to say they would not be joining the group. Staff reassured the family that her behavior was okay in this group for families with exceptional needs and encouraged them to continue attending with an individualized plan that worked for them.

Over time, she grew more comfortable and began to spend more time in the group. Staff were able to introduce new materials and facilitate peer interactions. By the end of her time in the playgroup, she had started using a couple words for play. She showed more interest in play materials, spent more time engaging in play, and she was able to take turns with peers and show interest in what they were doing.

Initially, Sabrina and Ross had many questions and hesitations. With reassurance and seeing growth, the family ended up attending two consecutive 8-week sessions. They described the playgroup as “supportive, inclusive, patient, and invaluable in our journey.”

“... As a parent, it’s impossible to see your child struggle. Not only was the team patient and supportive of [our daughter], they were even more supportive of me – the parent. **We received so much kindness and encouragement** in those early days post-diagnosis. [She] adapted, and I learned new ways to play.”

FAMILY ENGAGEMENT AND CONNECTION AT SCHOOLS

Eight Sacramento County school districts provide family engagement activities at schools via [parent-child playgroups](#).

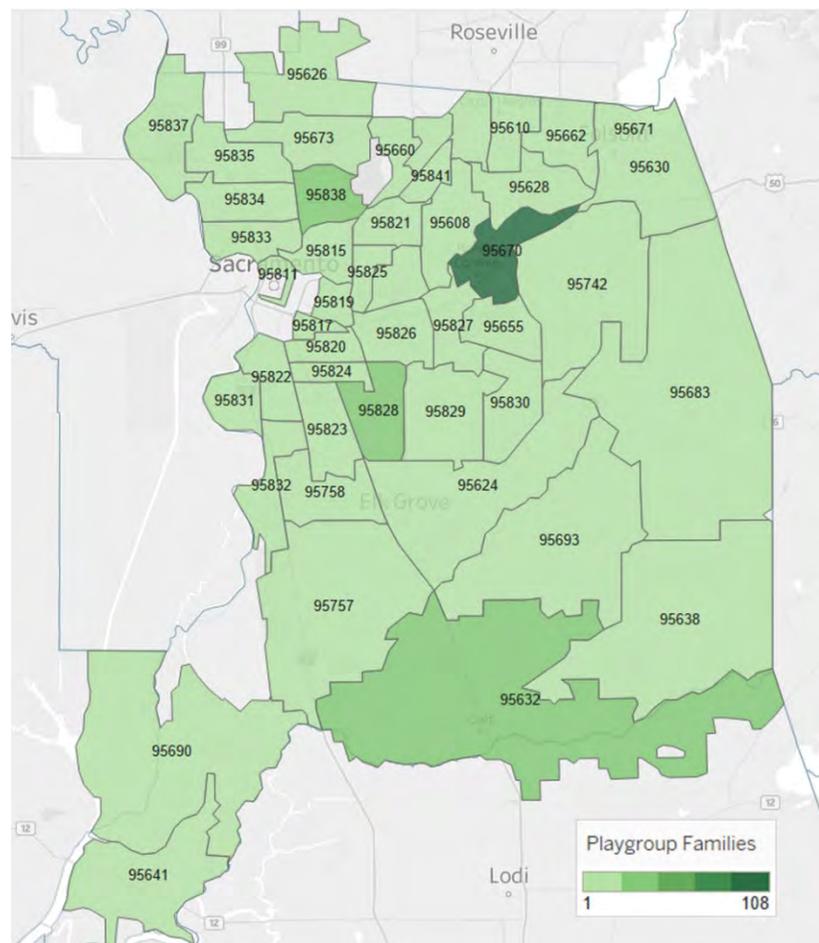
Figure 27. School District Playgroups RBA Table, FY 2024-25

RBA	Indicator(s)				
How Much?	Total Reach				
	Number of families served	674			
	Number of caregivers served	793			
	Number of children served	805			
	<i>Children (ages 0-3)</i>	727	90%		
	<i>Children (ages 4-5)</i>	78	10%		
	Number of children identified as having a special need	64/775	8%		
How Well?	Attendance				
	Number of sessions attended per child	16,023	(Average: 19.9)		
	Parent Satisfaction ⁵⁴				
	I would recommend this playgroup (n = 119)	112	94%		
	My language and/or culture was respected at the playgroup (n = 116)	108	93%		
	Playgroups gave me new ideas of activities to do with my child (n = 119)	109	92%		
Better Off?	Parent-Child Interactions	Pre		Post	
	Read 10+ minutes at least five days per week (n= 103)	66	64%	66	64%
	Sang songs/telling stories at least five days per week (n= 104)	87	84%	87	84%
	Played one-on-one with their child at least five days per week (n= 104)	92	88%	88	85%
	Perceived Impact of Playgroups ⁵⁴				
	I have used activities from the playgroup at home with my child(ren) (n = 118)	100	85%		
	Playgroups helped me feel connected to other parents (n = 119)	92	77%		
	I got together with other participants outside of the playgroup (n = 111)	59	53%		

Sources: Persimmony Service Records; Biannual milestone reports by district; Playgroup Follow-up Survey; FY 2024-25 Family Information Form (intake); FY 2024-25 Family Information Form Matched Sets: Child (N = 104) although ns may vary due to missing data. Changes not statistically significant.

⁵⁴ Survey distributed to participants in after Q2 and Q4 to caregivers who received a service and have a valid email address in their client record. – 16% response rate. Responses may include duplicate individuals engaged in playgroups at both points in time.

Map of Families Attending Playgroups in FY 2024-25



Source: Persimmony Client Service Records (N = 419 families). Excludes families whose zip codes were unknown or outside of Sacramento County.

Success Story

Jane's (fictional name) sons, ages 3 and 4-years-old, both had difficulty relating to children their own age. They preferred to play alone and relied on adults for guidance in social situations. Jane was also concerned about her 3-year-old's speech development.

She found the Elk Grove Playgroup while searching online, after a program closer to home was cut. She wanted to continue her children's social exposure and hoped to gain parenting strategies to encourage her children in these situations. They attended the 90-minute playgroup series, three times a week, driving from another district.

As part of the playgroup, Jane's children received ASQ and ASQ: Social Emotional screenings. Her 3-year-old's results showed several areas below the cutoff. Jane was referred to the school's PreK Assessment center, which resulted in the child enrolled in a special education preschool class where he can get more individualized support.

By the end of the session, both children showed remarkable improvement in their social confidence and language skills. The 4-year-old initiated play and joined groups more effectively, and the 3-year-old became less reliant on his older brother and was able to greet other children on his own.

"We are so thankful for the opportunity to participate in the parent-child playgroup. Now my son sings along ... and counts with the class. It makes my heart so happy. **This program has been great at preparing them for ... school. ... We have made great connections with other families** that I hope we stay in touch with for a long time. I am so happy that [my son] has started out his educational journey in such a positive way. **It makes me so hopeful for his future.**"

Six Sacramento County school districts provide family engagement activities at schools via **Parent Cafés**.

Figure 28. School Districts Parent Café RBA Table, FY 2024-25

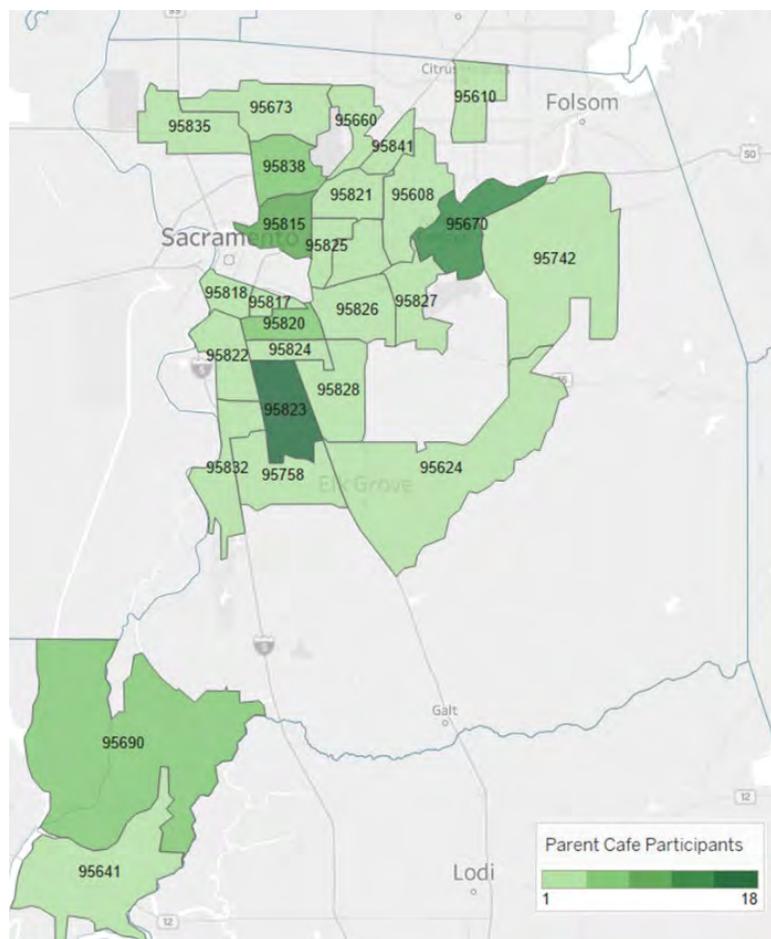
RBA	Indicator(s)		
How Much?	Total Reach		
	Number of caregivers served	167	
How Well?	Attendance		
	Total (Average) sessions attended	414	(Average: 2.5)
	% who attend more than one session	81	49%
	% who attend 4+ sessions	36	22%
	Participant satisfaction⁵⁵ (N = 28)		
	I felt safe sharing with other participants in the Café.	27	96%
	I learned something through somebody else’s story/experience.	27	96%
	This experience helped me reflect on what kind of parent I want to be.	27	96%
	I met a person (or people) I plan to stay in touch with.	25	89%
Better Off?	Parent connection to their community (% Agree or Strongly Agree) (N = 15)	Pre	Post
	I know what program to contact in my community for help with basic needs (e.g., housing, food, employment). <i>% of individuals who improved⁵⁶</i>	12 80%	12 80%
	I know where I can get helpful information about parenting and taking care of children. <i>% of individuals who improved⁵⁶</i>	11 73%	10 67%
			3 25%
	Parent Leadership Development (% Agree or Strongly Agree) (N = 28)		
	As a result of my Café experience, I want to get more involved in my school.	27	96%
	I learned something that will help me with a challenge I’m currently having with my child or a child in my life.	26	93%
	26	93%	

Sources: Persimmony Client Service Records, Biannual Performance Milestones, Parent Café Participant Feedback Survey

⁵⁵ Survey distributed to participants in after Q2 and Q4 to caregivers who received a service and have a valid email address on record – 14% response rate.

⁵⁶ Excludes participants who responded “Strongly Agree” at pre- and post-assessment as these individuals would not have shown improvement from the max value.

Map of FY 2024-25 Parent Café Participants



Source: Persimmony Client Service Records (N = 419 families). Excludes families whose zip codes were unknown or outside of Sacramento County.

Because of Parent Café...

- ▶ “I learned to listen more to my children and let them talk and I listen without interrupting.”
- ▶ “Aprendi a tener mas paciencia, a pasar mas tiempo con mis hijas”
(I learned to have more patience, to spend more time with my daughters)
- ▶ “[I have] Been more involved while trying to balance life and self-care.”
- ▶ “Aprendí muchas maneras de cómo poder ayudar a mis hijos cuando ellos me necesitan.”
(I learned many ways how to help my children when they need me)
- ▶ “Helping myself and taking time with myself has helped me to be a better wife and mother.”
- ▶ “[I learned that] We are all going through the same things and we can learn from each other.”

Additional thoughts ...

- ▶ “[Parent Café] es ... un tiempo de aprender a ser mejor mama y a estar un rato relajada”
([Parent Café] is ... a time to learn to be a better mom and to be relaxed for a while)
- ▶ “It was something different for me because it was out of my comfort zone, but it was good conversation.”
- ▶ “This was amazing for parents; it was nice to be able to talk to another parent and [learn] from their experiences.”

TRAINING FOR PARENT CAFÉ LEADERS

Sacramento County Office of Education (SCOE) provides training to district personnel to lead Parent Cafés.⁵⁷ Personnel who complete the two-day facilitator training are certified to host Parent Cafés. SCOE also established a Community of Practice (COP) to support implementation and technical assistance to Districts. Trainers also attended Parent Cafés as Table Host support for recently certified hosts who asked for additional technical assistance.

Figure 29. SCOE Training for Parent Café Leaders

		FY 2024-25
How Much?	Total Reach	
	Total Number of Trainings, by School District (SD)	16
	Folsom Cordova Unified SD	1
	River Delta Joint Unified SD	3
	Sacramento City Unified SD	3
	San Juan Unified SD	6
	Twin Rivers Unified SD	3
	Total number of attendees	53

⁵⁷ Using other funding sources, SCOE contracted with Be Strong Families to bring “Train the Trainer” and Parent Café training to Sacramento County in FY 2023-24. As of FY 2024-25, SCOE and partners has a team of six individuals certified to provide the facilitator training funded by First 5.

EARLY LEARNING PARTNERSHIPS BUILDING MINDFUL EARLY CARE AND EDUCATION (PBM)

Sacramento County Office of Education (SCOE) provides quality enhancement support to early care and education providers via long-term coaching provided by PBM and short-term consultation, provided through the Quality Child Care Collaborative (QCCC).

Figure 30. PBM/QCCC RBA Table

RBA	Indicator(s)	FY 2024-25	
How Much?	Overall Reach (Short-Term Consultation + Long-Term Coaching)		
	Total Child Care Programs (unduplicated), by site type	67	
	<i>Center</i>	40	60%
	<i>Family Child Care Home (FCCH)</i>	27	40%
	Total Child Care Providers (unduplicated)	138	
	Short-Term Consultation (QCCC)		
	Provider Capacity (slots in focal providers' classrooms)	331	
	# Short-Term Child Care Providers, by support requested †	31	
	<i>Child-Specific – Behavior</i>	23	74%
	<i>Child-Specific – Specific Developmental Concern</i>	5	16%
	<i>General – Behavior</i>	4	13%
	Long-Term Coaching (PBM)		
	Program Licensed Capacity	1,885	
	# Long-Term Child Care Providers, by focus area †	109	
<i>Social-Emotional Development</i>	57	52%	
<i>Teacher-Child Interaction</i>	53	49%	
How Well?	Short-Term Consultation (QCCC)		
	Total (average) number of consultations, by type of support requested	310	(Avg.: 10.0)
	<i>Child-Specific – Behavior</i>	284	(Avg: 12.3)
	<i>Child-Specific – Specific Developmental Concern</i>	11	(Avg: 2.2)
	<i>General – Behavior</i>	15	(Avg: 3.8)
	Long-Term Coaching (PBM)		
	Total (Average) number of coaching sessions, by service duration	1,888	(Avg.:17.3)
	Program Completed (n = 68)	1,433	(Avg.: 21.1)
	<i>< 6 months (Joined Q3)</i>	172	(Avg.: 11.5)
	<i>6+ Months (Joined Q1 or Q2)</i>	1,261	(Avg.: 23.8)
Early Exit (e.g., Lost/Changed Jobs, Moved, Dropped Out, Non-Responsive) (n = 42)	455	(Avg.: 10.8)	
Providers with final Professional Growth and Quality Improvement Sustainability Meetings	59/68	87%	
Better Off?	Short-Term Consultation (QCCC) †		
	Child-focused participants whose focal children remained in placement (when listed)	27/37	73%
	Short-term providers whose Consultation Objectives were met	29/41	71%
	Providers transitioned into long-term professional development or quality improvement program	1/41	2%
	Long-Term Coaching (PBM)		
	Providers whose CLASS assessment scores increased in at least one domain	61/71	86%
#/% of sites served who go on to enroll in Raising Quality Together (RQT)	17/38	45%	

Source: FY 2024-25 Short-Term and Long-Term Program Data obtained from SCOE; † Proportions may exceed 100%/Denominator may exceed total number of participants if provider returns for different reasons during the FY

Short-term Consultation Success Story

Ms. Mina (fictional name) shared concerns about a four-year-old child in her care who was withdrawn and rarely spoke, even in familiar settings. However, the child’s mother felt it was “just his nature,” so Ms. Mina was unsure how to proceed. The QCCC Consultant recommended using the Ages & Stages Questionnaire (ASQ) to assess developmental milestones to open a gentle, supportive conversation about the child’s needs. The consultant provided additional suggestions to help the child (e.g., give the child a “job” to help him feel a sense of control and earn positive attention; strategies to support friendship-making skills).

Together, they completed ASQ-3 and ASQ:SE screenings for multiple children, building Ms. Mina’s confidence and giving her actionable insight into their development.

Ms. Mina’s ongoing goals include enhancing social-emotional development in her program, creating a defined infant/toddler space, and building consistency via a predictable daily schedule. She continues to thoughtfully apply the strategies and materials provided through short-term consultation and is steadily growing her skills. Through this collaboration, the QCCC Coordinator recognized Ms. Mina’s deep commitment to quality improvement and to the children and families she serves.

Long-term Coaching Success Story

Ms. Ida (fictional name) is a teacher working in a center’s Infant/Toddler room. Last year, she watched her co-teacher work with a PBM ECE Specialist and saw the benefits that the co-teacher received including access to training, weekly coaching and support, and an opportunity to focus on her teaching practices. Ms. Ida was excited to participate in PBM and was the first to volunteer when her director asked about interest in PBM this year.

When she met with her ECE Specialist to discuss their coaching partnership focus, Ms. Ida was thrilled to learn about PBMs training for infants and toddlers’ social and emotional development. She had received a Child Development bachelor’s degree, but felt her coursework lacked this specific focus. Ms. Ida was also excited to have the time and space to reflect and try new practices with the support of an ECE Specialist coach.

She began the training modules and was engaged in the material, making insightful connections between challenges encountered while teaching to broader experiences. Ms. Ida shared that, because of these training modules, she was thinking through her interactions with a new awareness. For instance, Ms. Ida shared that *“hot buttons’ are [like implicit] biases and when we are aware of them, we can see people and interactions in a new way.”*

HEALTH & HOSPITAL SYSTEMS CAPACITY BUILDING

▶ **Changes to Birthing Friendly Hospital Designation**

Since the development of the implementation plan, additional information has been released related to Birthing Friendly Hospital designation. Hospitals can receive designation if they: a) indicate that they participate in a maternal or perinatal quality collaborative, and b) have evidence-based safety practices related to maternal morbidity. As a result, training is not needed.

▶ **Safe Sleep Baby 3.0 (SSB 3.0)**

Alternatively, staff tried to work with local hospitals through Safe Sleep Baby 3.0 (SSB 3.0). This project aimed to change practices at local clinics and hospitals to systematically incorporate safe sleep practices and deeper psychosocial assessments with families to understand their needs, reduce risks, and promote referrals to supports. We met with the Regional Perinatal Programs of CA representative to seek out leverage points and opportunities to work with hospitals.

HEALTH SYSTEMS LIAISON

▶ **Health Management Associates (HMA)**

HMA has served as a subject matter expert, sharing information about Medi-Cal and CalAIM and facilitating connections to local Managed Care Plans (MCPs) and family service organizations. In December 2024, HMA provided training to help select Commission-funded programs understand CalAIM benefits, alignment with CalAIM billing, and assess interest. In May 2025, HMA gave a presentation to Sac Family Connect contractors and partners about the impact of CalAIM impact on families and potential roles that partners can play.

First 5 Sacramento began meeting with the four local MCPs in January 2025 to develop a joint MOU, and HMA connected First 5 Sacramento with other First 5s working on MOUs to learn from each other. HMA also shared information about Department of Health Care Services (DHCS) funding opportunities, and considerations to help staff determine which opportunities to pursue and begin initial planning phases of funding opportunities. HMA's technical assistance, material reviews, brainstorming, and strategizing with staff has been instrumental to progress made, and this work will continue in to FY 25-26.

PROMOTION OF WELL-MOM AND WELL-BABY SERVICES

▶ **County Coalitions and Collaboratives**

First 5 staff participate in various coalitions and collaboratives, such as the **Sacramento Valley Immunization Coalition** and the **Sacramento Maternal Mental Health Collaborative (SMMHC)**. Within SMMHC, staff have been building connections with other County departments and local Managed Care Plans (MCPs) to support improved access to maternal mental health services. F5 and SMMHC also cross-promote efforts and messaging on social media. As the MOU and connections with local Managed Care Plans further develops, First 5 plans to pursue other joint activities and efforts.

▶ **Sac Family Connect (SFC)**

First 5 Sacramento serves as the backbone organization for SFC and works with partners to promote increased coordination while creating significant systems changes. SFC is a collaborative network of home visiting and family support agencies aiming to create a sustainable, unified system to connect families to available resources and maximize visiting and family support services. First 5 also promotes opportunities for well-mom and well-baby activities and services, such as inviting Managed Care Plans to present

information about available prenatal, postpartum, and newborn care services. Staff and SMMHC have also been meeting to better integrate SMMHC’s Be Mom Aware campaign and website into SFC. Additional SFC strategies are discussed below.

ORAL HEALTH SYSTEMS IMPROVEMENT

▶ Updated training materials for Health Care Providers

Sacramento County Oral Health Program (SCOHP) staff developed updated medical-dental integration video training (i.e., Healthy Smiles 101, Perinatal Provider training, Bumps & Bicuspid Prenatal Provider training) as well as an Oral Health Champion Toolkit for primary care professionals.

▶ Dental Care & Referrals Presentations

The team ran a media campaign to promote participation in the training and began distributing the toolkit to primary care providers. Staff also gave presentations on accessing dental care and making successful dental referrals to groups including foster care nurses and support staff, social workers, health care navigators, oral cancer treatment providers, primary care providers, and dental students and professionals.

SAC FAMILY CONNECT

▶ Sac Family Connect (SFC) Summit

The SFC Collaborative hosted a summit on *Centering families in our work by building stronger inter-agency collaboration for wrap-around services*. There were 140 attendees representing 55 agencies and 12 community members. Highlights included an engaging parent-led panel sharing their experiences navigating services through multiple agencies and attendees also participated in hands-on networking.

▶ Sac Family Connect Interactive Resource Website

A digital campaign ran in English and Spanish to promote the resources available to families on the Sac Family Connect website (<https://sacfamilyconnect.com/>). The advertising components were display, YouTube, and social media. The campaign achieved 2.4 million impressions, reaching 1 million users resulting in thousands of clicks and unique engagements.

▶ Additional Engagement and Successes

In addition to the SFC Summit, the Collaborative held meetings focused on *Training on Language Justice and Immigration updates and resources* (presented by NorCal Resist). Parents have taken leadership roles in SFC activities, including providing regular updates on parent leadership opportunities and connecting with agencies where they can advocate to improve their communities. Sac Family Connect participated regionally with other commissions to provide training and support to home visitors. Topics included: *Wellness and Self-Care, CPR Certification, Personal Safety, Art Therapy, and Boundaries*.

CHILD SAFETY FORWARD SACRAMENTO

- ▶ The **Child Safety Forward Sacramento (CSFS) collaborative** held three community gatherings to engage youth and parents in the work of the collaborative and to recruit community representatives to the collaborative’s decision-making body. CSFS heard from parents, grandparents, foster parents and caregivers on how government, health, education and other systems can be improved. Speakers provided firsthand experience on navigating county services, local resource sharing and networking.

PUBLIC WILL AND ADVOCACY

▶ Public Will

Parent leaders have elevated family and community priorities by advocating for Community Health Workers, family economic mobility and workers' rights, safer streets and drivers, and positive childhood experiences. Parent leaders also shared their stories through regional media, including appearances on KCRA and Univision.

▶ **Advocacy**

First 5 Sacramento advocated against the budget deficit and to maintain or expand early childhood investments, including: extending CalWORKs Home Visiting Program enrollment timeframe, maintaining Medi-Cal continuous coverage for children, preserving funding for health enrollment navigators, and expanding childcare slots. In addition, advocacy efforts also supported a rate increase for Community Health Workers, and continued investments in CalEITC, the Young Child Tax Credit, and early literacy.

Appendix A: Strategic Hierarchies by Priority Area

Priority	Outcome	Goal	Strategies
Racial Equity 	<p>Racial Equity, Diversity, Inclusion and Cultural Responsiveness (REDI+CR) is strong across all priority areas</p> <p>F5 Sac has invested in underserved communities</p>	<p>Implement REDI+CR Plan</p> <p>Build capacity of non-traditional partners/smaller community-based organizations</p> <p>Fund new and non-traditional partners to effectively address community-led plans to support young children and families</p>	<ol style="list-style-type: none"> 1. Internal First 5 REDI+CR work 2. REDI+CR Funding Pathway 3. External REDI+CR work 4. REDI+CR Communication 5. Evaluation of REDI+CR Action Plan Activities
Health & Well-Being 	<p>Children are born healthy and achieve optimal physical and mental well-being</p> <p>Children's basic needs are met so they can reach optimal development</p>	<p>Increase whole-child and family-centered services to support the well-being and safety of children and fortify family strengths</p> <p>Reduce perinatal health disparities for parents and infants through culturally responsive programs and services</p> <p>Strengthen children's social-emotional development and increase early detection of developmental and behavioral health concerns among infants and toddlers while improving access to early intervention services</p>	<ol style="list-style-type: none"> 1. Infant Safe Sleep 2. Pregnancy Peer Support 3. Breastfeeding Support 4. Developmental Screening and Centralized Referrals 5. Developmental Playgroups for Children with Exceptional Needs 6. Family Engagement and Connection at Schools 7. Training for Parent Café Leaders 8. Parent Support & Connection at Family Resource Centers 9. Case Management through Family Resource Centers 10. Home Visiting through Family Resource Centers 11. Emergency Childcare & Case Management
Quality Child Care 	<p>Children are connected to affordable, quality childcare and early learning</p>	<ol style="list-style-type: none"> 1. Ensure coordinated county-wide effort that effectively advocates for the prioritized needs of the childcare community 2. Increase providers' access to and engagement with quality childcare supports 	<ol style="list-style-type: none"> 1. Sacramento County Child Care Coalition 2. Child Care Quality Supports (<i>short- and long-term coaching</i>)

Priority	Outcome	Goal	Strategies
<p>Parent Partnership</p> 	<p>Parent/Caregiver expertise is lifted up across all priority areas</p>	<p>Cultivate parent/caregiver leadership in Sacramento County</p> <p>Allow parents to have decision-making power within First 5 Sacramento's programs, policies, and practices</p>	<ol style="list-style-type: none"> 1. Parent Engagement Coordinator 2. Parent/Caregiver Feedback & Expertise 3. Organizational Capacity to Engage Parent/Caregiver Leaders 4. Parent/Caregiver Leadership Development 5. Community Stipends 6. Language Justice
<p>Systems Improvement</p> 	<p>Leveraged dollars support children prenatal through age 5 and their families</p> <p>Systems serving children prenatal through age 5 and their families are integrated, interconnected, equitable, and accessible</p> <p>Advocacy and systems change work has improved the lives of children and families</p>	<p>Build public will and leverage resources in support of children's well-being and development</p> <p>Develop integrated and coordinated services between public agencies and community-based organizations</p> <p>Advocate for systems improvements</p> <p>Increase utilization of medical, dental, and mental health services</p>	<ol style="list-style-type: none"> 1. Health & Hospital Systems Capacity Building 2. Health Systems Liaison 3. Promotion of Well-Mom and Well-Baby Services 4. Oral Health Systems Improvement 5. Community Workforce Pipeline 6. Black Child Legacy Campaign 7. Sac Family Connect 8. Child Safety Forward Sacramento 9. Public Will and Advocacy

Appendix B: 12-Month CPS Outcomes for Children whose Families received B&B Home Visiting (Ages 0-5): First Intake between 3/1/2023 and 6/30/2024

Cohort: Baseline CPS Referral - Any CPS referral up to six months prior to B&B intake (Baseline) (n = 146)

Baseline CPS Disposition: Substantiated (n = 29 of 146)

Service Dosage (hours)	Total N	No Substantiated Referral within 12 months	Substantiated Referral within 12 months	Prior Year Comparison	Countywide % Substantiated (2024)
< 2.00	7	6 (85.7%)	1 (14.3%)		
2.00-7.99	7	5 (71.4%)	2 (28.6%)		
8.00-15.99	5	5 (100.0%)	0 (0.0%)		
16.00-24.00	4	3 (75.0%)	1 (25.0%)		
>24.00	6	6 (100.0%)	0 (0.0%)		
Overall	29	25 (86.2%)	4 (13.8%)		
Overall 8+	15	14 (93.3%)	1 (6.7%)	0 (0.0%)	8.2%

Baseline CPS Disposition: Unsubstantiated (Unfounded, Inconclusive) (n = 117 of 146)

Service Dosage (hours)	Total N	No Substantiated Referral within 12 months	Substantiated Referral within 12 months	Prior Year Comparison	Countywide % Substantiated (2024)
< 2.00	20	17 (85.0%)	3 (15.0%)		
2.00-7.99	34	27 (79.4%)	7 (20.6%)		
8.00-15.99	26	25 (96.2%)	1 (3.8%)		
16.00-24.00	7	7 (100.0%)	0 (0.0%)		
>24.00	30	28 (93.3%)	2 (6.7%)		
Overall	117	104 (88.9%)	13 (11.1%)		
Overall 8+	63	60 (95.2%)	3 (4.8%)	3 (6.8%)	

Cohort: Any Prior CPS Involvement - Baseline referral (above), and/or prior CPS involvement in last 5 years (n = 146)

Service Dosage (hours)	Total N	No Substantiated Referral within 12 months	Substantiated Referral within 12 months	Prior Year Comparison	Countywide % Substantiated (2024)
< 2.00	27	23 (85.2%)	4 (14.8%)	27	23 (85.2%)
2.00-7.99	41	32 (78.0%)	9 (22.0%)	41	32 (78.0%)
8.00-15.99	31	30 (96.8%)	1 (3.2%)	31	30 (96.8%)
16.00-24.00	11	10 (90.9%)	1 (9.1%)	11	10 (90.9%)
>24.00	36	34 (94.4%)	2 (5.6%)	36	34 (94.4%)
Overall	146	129 (88.4%)	17 (11.6%)	146	129 (88.4%)
Overall 8+	78	74 (94.9%)	4 (5.1%)	78	74 (94.9%)

Cohort: No Prior CPS Involvement - No baseline referral AND no prior CPS involvement in the past five years (n = 792)

Service Dosage (hours)	Total N	No Substantiated Referral within 12 months	Substantiated Referral within 12 months	Prior Year Comparison	Countywide % Substantiated (2024)
< 2.00	61	61 (100.0%)	0 (0.0%)		
2.00-7.99	166	165 (99.4%)	1 (0.6%)		
8.00-15.99	137	133 (97.1%)	4 (2.9%)		
16.00-24.00	115	115 (100.0%)	0 (0.0%)		
>24.00	313	312 (99.7%)	1 (0.3%)		
Overall	792	786 (99.2%)	6 (0.8%)		
Overall 8+	565	560 (99.1%)	5 (0.9%)	7 (1.9%)	

Cohort: All Participants - All participants regardless of prior CPS Involvement (Sum of Any Priors + No Priors categories above) (n = 938)

Service Dosage (hours)	Total N	No Substantiated Referral within 12 months	Substantiated Referral within 12 months	Prior Year Comparison	Countywide % Substantiated (2024)
< 2.00	88	84 (95.5%)	4 (4.5%)		
2.00-7.99	207	197 (95.2%)	10 (4.8%)		
8.00-15.99	168	163 (97.0%)	5 (3.0%)		
16.00-24.00	126	125 (99.2%)	1 (0.8%)		
>24.00	349	346 (99.1%)	3 (0.9%)		
Overall	938	915 (97.5%)	23 (2.5%)		
Overall 8+	643	634 (98.6%)	9 (1.4%)	12 (2.7%)	0.7%

Among those with 8+ hours of B&B Home Visiting (Ages 0-5)

	Total N	No Substantiated Referral within 12 months	Substantiated Referral within 12 months	Prior Year Comparison	Countywide % Substantiated (2024)
Had substantiated baseline referral	15	14 (93.3%)	1 (6.7%)	0 (0.0%)	8.2%
Had unsubstantiated baseline referral	63	60 (95.2%)	3 (4.8%)	3 (6.8%)	
Had any prior CPS involvement	78	74 (94.9%)	4 (5.1%)	5 (6.9%)	
Had no prior CPS involvement	565	560 (99.1%)	5 (0.9%)	7 (1.9%)	
All Participants	643	634 (98.6%)	9 (1.4%)	12 (2.7%)	0.7%