

# FIRST 5 SACRAMENTO COMMISSION

2750 Gateway Oaks Dr., Suite 330  
Sacramento, CA 95833

## ADVISORY COMMITTEE

### AGENDA

FRIDAY, FEBRUARY 8, 2019 - 2:00 PM



**Members:** Robert Silva (Chair), Silvia Rodriguez (Vice-Chair)  
Emily Bowen, Ernie Brown, Carolyn Curtis, Jeff Rabinovitz, Tony Smith,  
Cid Van Koersel, Angelina Woodberry, Walter Wyniarczuk, Amanda  
Morgan, Alexandria Paige, Robin Blanks, Katie Andrew, Edixon  
Martinez, Kathy Fleming

**Staff:** Julie Gallelo, Executive Director  
Gail Syputa, Clerk of the Commission



1. Call to Order/Roll Call
2. Introductions
3. Turn in 2019 Conflict of Interest Form
4. Public Comments on Off-Agenda Items
5. Approve Draft Action Summary of November 9, 2018
6. First 5 Commission Director's Report
  - 20<sup>th</sup> Anniversary Update & Video
  - 2020 Census & 0-5 Subcommittee
7. Certified Sustainable Initiative Update  
*Mark Simon, Storywalkers Consulting*
8. First 5 Sacramento 2017-18 Evaluation & Impact Report  
*Carmen Garcia Gomez, First 5 Evaluation Lead*
9. Announcements/Comments

**First 5 Sacramento Advisory Committee**  
**2019 MEMBER CONFLICT OF INTEREST DISCLOSURE**

Member Name: \_\_\_\_\_

Area of Representation: \_\_\_\_\_

According to Article III, Section 3, of the First 5 Sacramento Advisory Committee Bylaws:

"Members shall give an initial written disclosure to the full Advisory Committee of any personal, professional and agency ties which pose a conflict of interest and thereafter, annually, the first month of the calendar year".

**ARTICLE III: CONFLICT OF INTEREST**

**Section 1: FINANCIAL REPORTING REQUIREMENTS**

Members of the Advisory Committee shall be subject to the financial reporting requirements of the Political Reform Act and shall make the same level of reporting as required of Members of the Board of Supervisors.

**Section 2: DEFINITION**

An Advisory Committee member is deemed to have a conflict of interest when he/she, or a relative or business associate, has one or more of the following relationships existing with a program or competing program under consideration:

- (a) Ownership of financial interest;
- (b) Director, trustee or officer;
- (c) Employee;
- (d) Provider of goods or services, including contracts with the First 5 Sacramento Commission; and/or
- (e) Material or other substantial interest which may prohibit objective decision.

In addition to specific relationships to a program under consideration, members may find themselves in conflict when discussing other matters.

**Section 3: WRITTEN DISCLOSURE REQUIREMENTS**

Members shall give an initial written disclosure to the full Advisory Committee of any conflict of interest as defined in Section 2, and thereafter, annually, the first month of the calendar year.

Members having a conflict of interest that occurs or is discovered subsequent to submission of any such written disclosure shall amend their disclosure in writing to the full Advisory Committee in a timely manner.

Written disclosures forms discussed here shall be distributed to each member of the Advisory Committee by the staff.

**Section 4: PROCEDURAL REQUIREMENTS**

Members having a conflict of interest on a specific issue before the Advisory Committee shall disclose the conflict before discussion of the issue in question or as soon as the conflict becomes apparent, shall act ethically in the discussion of that issue or agenda item, and in cases when action is being taken, shall abstain from voting on said issue.

Section 5: RECORDING DISCLOSURES & ABSTENTIONS

Minutes of the Advisory Committee meetings shall include any disclosure of a conflict of interest and abstentions from voting due to a conflict of interest on said issue or any specific issue.

**I, the undersigned, acknowledge and agree to adhere to the standards of conflict of interest established by the First 5 Sacramento Advisory Committee's Bylaws.**

Please provide the following: (Please print)

Name \_\_\_\_\_

Current Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

List known areas of existing or potential conflict; including but not limited to: employment or contracts with First 5 Sacramento, grants, boards being served on, etc.  
(If necessary, attach an additional sheet)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIRST 5 SACRAMENTO COMMISSION

2750 Gateway Oaks Dr., Suite 330  
Sacramento, CA 95833

## ADVISORY COMMITTEE

### DRAFT ACTION SUMMARY

Friday, November 9, 2018 - 2:00 PM

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**Members:** Robert Silva (Chair)  
Emily Bowen, Ernie Brown, Carolyn Curtis, Jeff Rabinovitz, Silvia Rodriguez, Tony Smith, Cid Van Koersel, Angelina Woodberry, Walter Wyniarczuk,

**Staff:** Julie Gallelo, Executive Director  
Gail Syputa, Clerk of the Commission

**Absent:** Emily Bowen, Carolyn Curtis, Angelina Woodberry, Walter Wyniarczuk

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1. Call to Order/ Roll Call  
**Action:** Meeting was called to order at 2:05PM. A quorum was established.
2. Public Comment on Non-Agenda Matters  
**Action:** None.
3. Introductions and Team Building  
**Action:** All attendees participated in a "get to know you" activity.
4. Approve Draft Action Summary of October 12, 2018  
**Action:** Brown/Rabinovitz. Draft action summary to include members who were absent. Approved with changes.
5. First 5 Commission Director's Report
  - Updates from all First 5 Committees
  - First 5 Policy Platform Updates**Action:** Julie Gallelo updated attendees, which included:
  - ✗ Advisory Committee openings will be going to the December Commission meeting for approval.
  - ✗ Planning for funding related to the new CalWORKs home visiting program is underway. The \$3 M in new home visiting funds will go through First 5 before being contracted to the Child Abuse Prevention Center to expand services for families on CalWORKs.
  - ✗ First 5 is planning a 20<sup>th</sup> Anniversary event to be held on January 8, 2019 at the Golden 1 Center. Advisory Committee members are encouraged to attend. The Commission is using this event to strategically reach out to the business community and our elected officials.
  - ✗ Eight community grant applications will be going to the December Commission meeting for approval.

- ✘ A subcommittee specifically targeting an increase in the 0-5 year old count is being led by the First 5 director for the 2020 census update.
6. Appointments to First 5 Committees for 2019:
- Evaluation Committee
  - Sustainability Committee
  - Financial Planning Committee
- Action:** Julie Gallelo asked if anyone would be interested in serving on any of the three committees highlighted above. A discussion was held and new members will be added in January 2019. Members are as follows:
- Evaluation Committee: Robin Blanks-Guster; Tony Smith
  - Sustainability Committee: Carolyn Curtis; Katie Andrew
  - Financial Planning Committee: Walter Wyniarczuk; Ernie Brown
7. Introduction- Sacramento Maternal Mental Health Collaborative  
*Jessica Porten, Chair*
- Action:** Jessica Porten presented a PPT on maternal mental health in Sacramento County. A discussion was held with some discussion points being:
- ✘ A presentation from the Child Death Review Team was requested.
  - ✘ If anyone would like to be on the mailing list for the collaborative, please email your request to Julie Gallelo.
8. Announcements/Comments
- Action:** None

Adjourned: 3:43PM

Respectfully submitted,

Gail Syputa, Clerk  
First 5 Sacramento Commission

**FIRST 5 SACRAMENTO COMMISSION**  
**Advisory Committee Update**  
**February 2010**

**HIGHLIGHTS OF LAST COMMISSION MEETING – February 4, 2019**

- ED Report Highlights
- Approve ASR Contract Amendment for CalWORKs HVI Evaluation
- Approve Perinatal Health Equity Funding from DHS
- Presentation- FY17-18 Annual Evaluation Report

**HIGHLIGHTS OF UPCOMING MEETING – March 4, 2019**

- Approve 2019 Policy Platform
- Approve FY18/19 Budget Revision
- Public Hearing: First 5 CA Annual Report for 17/18
- Receive Three-Year Community Connections Grants Highlights
- Presentation: Certified Sustainable Update

**GENERAL COMMISSION HIGHLIGHTS**

**Proposed State Budget**

Governor Newsom's "California for All" budget proposal includes more than **\$2.7 billion** in funding that will directly advance First 5's policy agenda, and additional aligned funding that will affect our communities and support health and education systems.

Family Resilience

A signature component of the Governor's budget is the expansion of the state's Earned Income Tax Credit, renamed the **Working Families Tax Credit**. An anti-poverty measure, the budget envisions doubling the state's investment in the program to \$1 billion, expanding eligibility to an additional 400,000 families.

In addition, the budget proposes \$347 million to further increase the size of **CalWORKs cash grants**, ensuring that no child in a family receiving cash aid from the state lives in deep poverty.

The budget also proposes to expand funding for **home visiting services**, directing an additional \$78.9 million to expand and make permanent the CalWORKs Home Visiting Initiative (HVI) created in the 2018-19 budget and \$23 million to double the federally-funded Maternal Infant Early Childhood Home Visiting (MIECHV) program.

Acknowledging the critical role of parents in child development, the budget proposal sets forward an ambitious goal that every newborn or newly adopted baby in California can be cared for by a parent or family member for the first six months. Currently, family leave protections only provide 6 weeks of paid leave and are applicable to employees working for organizations which employ 25 or more staff. The Administration will convene a **Paid Family Leave** taskforce to explore options to achieve this goal.

### Child Health

With the goal of better connecting families and young children to appropriate early intervention services, the Governor proposes \$45 million in state and federal funding to ensure all families on Medi-Cal receive **Adverse Childhood Experiences (ACEs)** screens.

The budget also includes \$60 million in state and federal funding to increase **developmental screening** rates for young children. Aligned with our advocacy for AB 11 in 2018, the budget outlines the American Academy of Pediatrics' recommendations for developmental screening.

Finally, building upon expansion of the **Black Infant Health** program last year, the budget provides an additional \$7.5 million to further address disparities in infant and maternal mortality for African American women.

### Early Learning

The proposal allocates \$750 million in one-time funding directed toward local education agencies to remove barriers to **full school-day, full school-year kindergarten**, and an additional \$500 million in one-time funding to improve child care infrastructure, including support for **professional development** and **facilities**. In addition, the California State University system would receive \$247 million in one-time funding which could be used to expand child care facilities for students with young children.

Ongoing funding is proposed to ensure all children eligible for the **California State Preschool Program (CSPP)** have access to services. \$125 million would provide an additional 180,000 full-day, full-year spaces in 2019-20, increasing to 200,000 students by 2022.

Despite these significant and historic investments, the Governor acknowledges that there will still be significant gaps in the state's early learning system, especially access to infant and toddler care, and proposes allocating \$10 million to develop, in partnership with the State Board of Education, Department of Finance, and Department of Social Services, a **roadmap toward universal preschool and quality, affordable subsidized child care in California**.

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### **Raise Up Sacramento**

First 5 Sacramento's 20<sup>th</sup> Anniversary *Raise Up Sacramento from Cradle to Career* brought together more than 180 people including elected officials, business leaders and community partners who believe that investing in young children makes cents. The Commission received a joint resolution honoring First 5's 20<sup>th</sup> anniversary presented by Senator Pan and Assemblymember McCarty and also signed by Assemblymembers Cooley and Cooper.

The Board of Supervisors presented a resolution to the Commission for 20 years of service at the February 5<sup>th</sup> Board meeting.

### **Diaper Kit Pilot Program Update**

First 5 California, Kaiser Permanente and SupplyBank joined forces in August and launched a pilot diaper program that provides families with monthly kits containing diapers and baby wipes. Branded with the "Talk Read Sing" messaging, Sacramento was one of six locations for the pilot. Sacramento Children's Home is distributing 65 diaper kits each month through the Meadowview Family Resource Center. The second distribution site is through the River Oak Family Resource Center and they are distributing 100 diaper kits monthly.

## **Staffing Updates**

Kris Clinton was hired as a Program Planner and will continue to monitor the First 5 dental contracts. She will also take on implementation and monitoring of the CalWORKs Home Visitation Initiative. She joins the First 5 team, officially, after 18 years with the Public Health Department.

Staff are in the hiring process currently for an Accounting Technician and hope to have a full time staff in the position no later than March. This position was downgraded after the loss of the Commission's Senior Accountant. We will continue to partner with the County's Department of Finance for higher level accountant work.

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## **Census Update**

First 5 staff are engaged in Census 2020 work, in partnership with Sacramento County and the Community Complete Count Committee (CCC). The executive director serves on the CCC and is leading a subcommittee focused on reaching the 0-5 population. Young children are the most undercounted age group in the state, which impacts funding for critical programs and services including Head Start/Early Head Start, home visiting and many others. Your help is requested in the efforts being made to ensure this hard to count group is represented in 2020! Please see attached one-pager on the importance of counting young children in the Census, and let me know if you are interested in joining our 0-5 subcommittee.

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## **Perinatal Equity Initiative- Expanding our Partnership with the Sacramento County Dept of Health Services and Building Sustainability for Programs to Reduce African American Infant Death**

In June 2018, recognizing the continued statewide gap in Black infant mortality, the Governor signed legislation establishing the California Perinatal Equity Initiative (PEI) program within the California Department of Public Health (CDPH). The PEI program will promote the use of specific interventions designed to fill gaps in the Black Infant Health (BIH) program. On November 19, 2018, the Sacramento County Department of Health Services (DHS) received a letter of intent to contract with CDPH for a non-competitive allocation.

During Fiscal Year (FY) 2018-19, CDPH is awarding grant allocations for the PEI program to the 13 counties that have an established BIH program. Objectives for this allocation will include conducting an assessment to identify gaps in perinatal health care and community services; participation in community engagement meetings; establishing a local PEI Community Advisory Board; engaging hospital partners to conduct medical record chart reviews for African American babies born preterm; conducting focus groups with moms who delivered preterm babies to gain a deeper understanding of perinatal health care before, during and after delivery; and developing a public health awareness campaign to bring focus to maternal and infant health disparities. As this is a new program for DHS and CDPH, objectives will be evaluated and prioritized in order to remain within the allocated funding amount. It is the program's goal to accomplish all of these objectives, however, it is not a requirement.



DHS received notification of funding and the grant agreement for the PEI from CDPH on November 19, 2018. On January 15, 2019, DHS received retroactive approval from the Board of Supervisors to accept the funding from CDPH and to complete the grant objectives.

DHS recognizes the impact that First 5 Sacramento and its community based grantees have achieved in reducing the disparity between African American infant deaths and all other races. DHS desires to partner with First 5 and our contractors to implement the objectives of the PEI.

First 5 Sacramento has a successful record of partnering with our County colleagues to implement programs that improve the health and wellbeing of young children and their families. Our most recent collaborations have been with the Department of Child, Family and Adult Services for bridge funding to Birth & Beyond, and more recently, with the Department of Human Assistance to expand Birth & Beyond to serve CalWORKs families.

Similarly, a collaboration with DHS would result in First 5 taking the lead on one of the objectives outlined in the PEI work plan, as well as contracting with RSE to implement several additional objectives.

Specifically, First 5 will establish a local Perinatal Health Equity Community Advisory Board which will meet monthly to engage local stakeholders (including moms, families, hospitals, clinics, CPSP, public health entities, BIH, providers, non-profits, WIC, faith community, etc.), to understand gaps and solutions to reduce Black infant mortality.

In order to accomplish this in the limited time frame, First 5 will expand the Commission's current Reducing African American Child Death (RAACD) Community Collaborative. This group meets on a quarterly basis, but would be broadened to include additional stakeholders and will meet monthly from March through June to accomplish the goals set in the grant.

First 5 will use \$10,000 of the \$300,000 available to complete this objective. Additionally, \$275,000 will be dedicated to contracting with RSE, while the Commission will receive a 5% administrative fee (\$15,000) to oversee the implementation of the objectives to be completed by RSE and their subcontractors.

RSE will utilize \$275,000 to create and implement a plan to launch a Public Health Awareness Campaign. The Campaign will engage the community and raise awareness regarding Black preterm birth rates, health inequities, Black maternal and infant mortality rates and the promotion of health activities that contribute to health and well-being. (e.g., how to support Black women to have healthy babies, promotion of self-care to reduce the impact of stress, chronic worry and racial injustice and importance of knowing the symptoms of preterm labor).

The Campaign will be an expansion of the current First 5 funded Sac Healthy Baby Campaign and may include, but not be limited to, targeted and paid social media messages, internet banners, web graphics, signs and posters highlighting the health education videos, YouTube videos, radio, television, and/or bill board ads.

In addition to the expanded Campaign, RSE will subcontract with one or more RAACD partner agency to conduct a minimum of two local community and stakeholder Engagement Learning Sessions to understand what moms, fathers, community, social support programs and others believe are the causes of Infant Mortality and what can be done to drive change.

The Commission's approval of the Revenue agreement with the Sacramento County DHS results in an increase in the First 5 Sacramento operating budget of \$300,000 over five months, \$275,000 of which will be directly contracted to RSE. The remaining \$25,000 (5% administrative fee in the amount of \$15,000, plus \$10,000 to convene the PEI Advisory Committee) will be used by First 5 to offset costs associated with administering the PEI scope of work and overseeing the activities of RSE.

## 2020 Census Hard to Count Subcommittee: Children 0-5

January 2019

**Background:** The 2020 Census is a critical opportunity to count the residents of Sacramento, with a special focus on those populations deemed “Hard to Count”. The census is important because it is used to: appropriate representation among states; draw congressional and state legislative districts, school districts and voting precincts; distribute federal dollars to states for programs such as Head Start and home visiting; and inform planning and organizational decisions of the federal government, local government, business and non-profits.

Sacramento has several Hard to Count populations, with children ages 0-5 being the least counted of any age group in the 2010 Census. We need your help to ensure that every young child is counted in 2020!

First 5 Sacramento is leading the Children 0-5 Subcommittee and will be convening 2-4 meetings in 2019-2020 to: develop strategies to reach parents of children 0-5; implement strategies to ensure a complete count; become spokesperson for census efforts related to the 0-5 group; and brainstorm and tackle issues around outreach efforts.

Following is a list of potential members to invite to the Children 0-5 subcommittee. There will be room for about 20 members. Please review and add individuals or agencies that you think would be helpful in accomplishing the work outlined above.

Please send this document back to Julie Gallelo, executive director of First 5 Sacramento: [galleloj@saccounty.net](mailto:galleloj@saccounty.net). For more information, please call Julie at 916.876.5867.

### Potential Members of 2020 Census Children 0-5 Subcommittee:

SETA (Rep from employment agency)	Libraries (Christie Hamm)
Sac Food Bank (Genevieve Levy)	Black Child Legacy (TBD)
Birth & Beyond (Richard Dana)	School Districts Rep (TBD)
SHRA (TBD)	Health Systems Rep (TBD)
County Homeless Program (Julie Fields)	Immigrant Populations (Trinh Vu)
Area Congregations Together (Gabby Lopez)	Public Health/Vital Stats (Stacey Kennedy)
Child Action (Anthony Garcia)	Mercy Housing/St. John’s (TBD)
SCOE (Christine Smith)	Univision (TBD)
WIC (Jeannette Newman Velez)	OTHERS:
Goodwill Industries (Richard Abruzzi)	
Mexican Consulate (TBD)	

# Counting Young Children in the 2020 Census

## Counting everyone once, only once, and in the right place

An estimated 5 percent of kids under the age of 5 weren't counted in the 2010 Census. That's about 1 million young children, the highest of any age group.

We need your help closing this gap in the 2020 Census. Here's what our research tells us about why young children are missed and what you can do to help make sure they are counted.



### Common situations where young children aren't counted

### How you can help?



The **child splits time between two homes**.

The child lives or stays with **another family or with another relative such as a grandparent**.

- Emphasize that the census counts **everyone where they live** and sleep most of the time, even if the living arrangement is temporary or the parents of the child do not live there.
- If the child truly spends equal amounts of time between two homes, count them where they stayed on **Census Day, April 1**. Coordinate with the other parent or caregiver, if possible, so the child is not counted at both homes.
- If it's not clear where the child lives or sleeps most of the time, count them where they stayed on Census Day, April 1.



The child lives in a **lower income household**.

- Explain to service providers and families that responding to the census helps determine **\$675 billion in local funding** for programs such as food stamps (also called the Supplemental Nutritional Assistance Program or SNAP), the National School Lunch Program, and the Children's Health Insurance Program (CHIP). When children are missed in the census, these programs miss out on funding that is based on the number of children counted.



The child lives in a household with **young parents or a young, single mom**.

- Explain that filling out the census yourself, on your own schedule, is easier than having to respond when a census worker knocks on your door. Remind these households that the form should **only take about 10 minutes** to fill out and can be done online or over the phone, in addition to mailing it back.
- Encourage moms with young children to ask other household members to count them and their children on the form if others live in the household.



The child is a **newborn**.

- Emphasize that parents should **include babies** on census forms, even if they are still in the hospital on April 1.
- **Encourage facilities** providing services to newborns to remind parents about the importance of counting their children on the census form.
- Highlight the fact that the census form only takes about 10 minutes to complete, and parents can **fill it out online or over the phone in addition to paper** at a time that works best for them.



## Common situations where young children aren't counted

## How you can help?



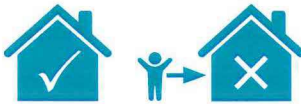
The child lives in a household that is **large, multigenerational, or includes extended or multiple families.**

- Remind the person filling out the form to count all children, including nonrelatives and children with no other place to live, even if they are only living at the address temporarily on April 1.
- Spread the word that the census **counts all people living or staying** at an address, not just the person or family who owns or rents the property.



The child lives in a household that **rents or recently moved.**

- Encourage renters and recent movers to complete their census forms **online or over the phone**, right away. That way they don't need to worry about paper forms getting lost in the move.
- **Focus efforts** on multiunit buildings that are likely to have renters.



The child lives in a household where they're **not supposed to be**, for one reason or another.

- Please explain to those that have children living in places where they aren't allowed (for example, grandparents in a seniors-only residence that have a grandchild living with them, a family with more people, including children, than the lease allows) that they should include the children because the **Census Bureau does not share information** so it can't be used against them.
- Emphasize the Census Bureau's legal commitment to keep census **responses confidential**.
- Explain that the Census Bureau **will never share information** with immigration enforcement agencies like Immigration and Customs Enforcement (ICE), law enforcement agencies like the police or Federal Bureau of Investigation (FBI), or allow this information to be used to determine eligibility for government benefits.



The child lives in a **non-English or limited-English speaking** household.

- **Conduct outreach** and create resources in non-English languages that highlight the importance of counting young children.
- **Encourage non-English speakers to self-respond** to the census and let them know that for the 2020 Census, the online form and telephone line will be available in 13 languages, including English. Language guides will be available in 59 languages other than English.



The child lives in a household of **recent immigrants or foreign-born adults.**

- Work with community members to conduct outreach in neighborhoods with recent immigrants. **Focus efforts** on the **community's gathering places** like local grocery stores, places of worship, and small restaurants.
- Emphasize the **Census Bureau's legal commitment** to keep census responses confidential. Explain that the Census Bureau will never share information with immigration enforcement agencies like Immigration and Customs Enforcement (ICE), law enforcement agencies like the police or Federal Bureau of Investigation (FBI), or allow this information to be used to determine eligibility for government benefits.



## Certified Sustainable: An Initiative of First 5 Sacramento

### Summary

Certified Sustainable is a yearlong initiative to engage all current First 5 Sacramento grantees in developing meaningful and achievable plans to maintain current service levels, even as First 5 funds are reduced.

### History

In 2015, the First 5 Sacramento Commission expanded beyond grantmaking to support policy, advocacy, and sustainability. The Commission developed a Policy Platform, created a Sustainability Committee, and integrated sustainability planning into its strategic direction. As the Commission's Sustainability Committee worked to develop the Commission's first ever Systems Sustainability Plan, the Committee came to recognize that each funded agency must be deeply engaged in sustainability planning in order to sustain programs, services and outcomes impacting children 0 – 5 and their families.

### Initiative Launch and Leadership

In early 2018, First 5 Sacramento contracted with Storywalkers Consulting and the Impact Foundry. The Commission needed a consultant experienced at facilitating nonprofit learning and overcoming barriers to collaboration, as well as a nonprofit resource center to provide extensive training and capacity building for its grantees. The team envisioned a process by which agencies would develop plans to ensure long-term program sustainability, culminating with First 5, Impact Foundry and Storywalkers publicly certifying that all plans are deemed complete and achievable. With a solid vision in place, the team named this initiative **Certified Sustainable** and convened an all grantee meeting in May 2018 to introduce and launch the effort.

### Purpose of the Initiative

- Provide targeted and useful training and capacity building to grantees
- Generate awareness, discussion, innovation and planning toward sustainability
- Broaden and mobilize the sustainability team within each organization
- Create meaningful and living sustainability plans

### Six Domains

Certified Sustainable encourages agencies to be innovative, to challenge longstanding mindsets and to consider an array of sustainability strategies. The Certified Sustainable Team developed a set of Six Domains that collectively contribute to overall agency health, solvency and success. Each agency must select at least two domains upon which to build their more extended sustainability plans:

- |                                                 |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| 1) Revenue Structure                            | 4) The Nonprofit Brand                            |
| 2) Operational Framework                        | 5) Measuring Impact and Accountability            |
| 3) Engagement of Partners, Board and Volunteers | 6) Culture, Decision-Making and Change Management |

### Sustainability Plans

Agencies receive an array of training and coaching to ensure that, within a nine-month period, they can fully utilize a detailed sustainability plan template to complete an agency-specific Sustainability Plan. To ensure progress, each agency participates in an assortment of meetings, including all grantee meetings, meetings among agencies providing similar programming, and individual site visits. First 5 Sacramento provides feedback on draft plans that are due three months prior to certification. Final sustainability plans are due in April 2019.

### Certification

In May 2019, First 5 Sacramento will host a Certification Event to elevate and celebrate the work of our agency partners. In addition to the participating agencies, First 5 will invite local media, elected officials, business leaders and local philanthropic organizations to attend the event. The Certified Sustainable Team will showcase and celebrate the most innovative, groundbreaking and promising elements of each agency's plans and confer the Certified Sustainable designation. This event is an opportunity to educate and engage decision-makers in government, business and philanthropy on behalf of the Commission's grantees- all of which provide critical services to Sacramento's most vulnerable children and their families.





# Three-Year Evaluation Report

2015-2018

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# Executive Summary

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## Introduction

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of essential prevention and early intervention programs for Sacramento County children ages 0-5 and their families. During the 2015-2018 Strategic Plan period, First 5 invested a total of \$67.3 million, including \$21.7 million in 2015-16, \$22.5 million in 2016-17 and \$23.1 million in 2017-18. This report describes the services provided and outcomes for First 5-funded services in 2017-18, as well as three-year trends during the 2015-2018 Strategic Plan period. Using a Results-Based Accountability (RBA) framework, this report addresses the following questions:

- ▶ What are the current needs in Sacramento County as they relate to each strategic plan result? Which community trends are we trying to influence?
- ▶ How much service was provided? How many people were served, and what types of service did they receive?
- ▶ How well were the services provided? Were they implemented as intended?
- ▶ Is anybody better off as a result of the services?

## Profile of First 5 Sacramento Clients 2015-2018

### DEMOGRAPHICS

- ▶ **First 5 Sacramento's services continued to have broad reach around the county.** Across the three year period, there were 177,706 duplicated clients served, including parents, children, and providers. Additionally, over the three year period, 72,773 unduplicated individuals received a direct service, including 44,975 children, which represents 13% of the county's children ages 0-5.<sup>1</sup> However, many more children and parents were reached indirectly through systems change efforts and/ or programs that don't collect individual level data, such as municipal fluoridation, Baby-Friendly hospitals, and the public education campaigns.
- ▶ **The majority of clients served reflected communities of color.** Across the three year period, the largest group served was consistently Hispanic/Latino families, who made up 39% of all children

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<sup>1</sup> 13% = 15,192 served in 2017-18, as percent of county population for children 0-5 (117,466), based on Kidsdata.org, 2016.

in 2017-18, and another 21% of children were African American, higher proportions than found across the county's child population. Most (71%) families' primary language was English, and another 18% spoke Spanish as their primary language.

## FAMILY STRENGTHS AND NEEDS

The Family Information Form (FIF) provided valuable information about First 5 clients' demographic characteristics as well as their wellbeing vis-à-vis First 5's strategic plan priority areas, goals, and desired results. In 2015-16, intake forms were gathered from 10,719 adults (82% response rate), followed by 9,203 adults in 2016-17 (65%), and 9,818 (63%) adults in 2017-18. Findings included the following:

- ▶ **Half of children are read to by their parents at least five times a week.** Furthermore, across the three years (46% in 2015-16, 54% in 2016-17, and 53% in 2017-18), there was a 15% increase in parents who read frequently with their children.
- ▶ **Parents have strong social connections, but more can be done to help them connect to community resources.** With regards to protective factors, 81% of parents in 2017-18 agreed or strongly agreed that *they have someone who will listen when they need to talk about problems*, and these percentages were virtually unchanged from previous years. However, a lower percentage agreed or strongly agreed that they *knew what program to contact for support and resources* (71%), or *knew who to contact when they needed advice on how to raise their child* (72%). This indicates that while First 5-funded programs successfully fostered strong social connections, more can be done to help families identify and connect to such programs.
- ▶ **For parents, barriers to accessing services were logistical in nature.** On their Family Information Forms, parents noted that the most common barriers to accessing services included: transportation (15%), child care (15%), and “don't have time” (8%). These barriers are just a few percentage points lower than they were in 2016-17, indicating that these are a consistent trend.
- ▶ **The majority of children reportedly received timely health and dental services.** In 2015-16, 88% of parents said their child had been to a well-child checkup in the past 12 months, as compared to 95% in 2016-17 and 93% in 2017-18. This rate of routine pediatric visits is much higher than it is amongst participants with claims data from Sacramento County's four Medi-Cal plans, which averages 70%. According to First 5 parents, 72% of children ages 3-5 in 2017-18 had a regular dentist, and 64% of parents with children older than 18 months said they had taken their child to a dentist in the last year (68% in 2016-17, and 67% in 2015-16), which is more favorable than the 2016 countywide Medi-Cal average of 24% for children ages 1-5<sup>2</sup>. However, 12% of parents suspect their child has untreated cavities (2017-18).
- ▶ **Food/nutrition services were the most utilized community program/service by families served.** Almost two-thirds of adults (62%) in 2017-18 reported using food/nutrition services (such as WIC) in the past six months. This percentage was a decrease from 75% in 2016-17 and 72% in 2015-16, but food and nutrition were still the most frequently used services.

<sup>2</sup> California Health & Human Services Agency, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2016. Available at <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015>. Accessed on October 23, 2018. Note: Number of Sacramento children on Medi-Cal who saw a doctor in the last year: ages 1-2 – 3,273; children ages 3-5 – 14,274 (2016).

## Findings per Result Area (2015-2018)

### RESULT 1: HEALTH CARE ACCESS AND UTILIZATION

- ▶ **The HEARTS for Kids program provided health evaluation and follow up to 1,346 children in the Child Protective System.** The HEARTS for Kids program is operated by Sacramento County Child Protective Services for children ages 0-5 who have been removed from the home, and seeks to ensure that these children have essential health services. In 2017-18, the program provided health screenings to 424 children, 391 of whom were assessed for health insurance coverage, and were enrolled in Medi-Cal if needed, and connected to a medical home. Additionally, 377 children received a dental screening and 75% were referred for further dental care. Of the 297 children who received a developmental screening, 51% were found to have a developmental concern and were referred to services to address those needs. As for three-year trends:

  - The percent of children referred for dental care services increased by 19% over the three years.
  - Across the three years, the percent of children who were referred for developmental services held steady at 50%, which is substantially higher than the nationwide average of 12% to 16%.<sup>3</sup>
  
- ▶ **Sacramento Covered assisted 20,074 individuals to gain access to medical and dental care.** In 2017-18, Sacramento Covered screened 8,974 people for barriers to health care, and data revealed that their clients had greater needs related to health care than the overall First 5 population, particularly with respect to access to dental care. Sacramento Covered provided navigation services to 1,171 children and their families, including scheduling appointments, helping clients establish health plan coverage and medical/dental homes. Follow-up calls to these families revealed that most of the children who lacked health insurance, a regular doctor, or a recent well-child visit at intake had obtained these services by follow-up, although needs for dental care remained higher than for health care. In terms of three-year trends:

  - The percent of children who gained access to a well-child visit increased by 234%.
  - The percent of children who gained access to a dental check-up held steady over the three years at 45%.

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<sup>3</sup> Quigg, T. C., Mahajerin, A., Sullivan, P. D., Pradhan, K., & Bauer, N. S. (2013). Ages and Stages Questionnaires-3 Developmental Screening of Infants and Young Children With Cancer. *Journal of Pediatric Oncology Nursing*, 30(5), 235–241.

## REDUCTION OF AFRICAN AMERICAN PERINATAL AND INFANT DEATHS (RAACD)

*Results 2, 3, and 7 are related to the Commission's efforts to reduce African American infant deaths. A full report was produced by LPC Consulting Associates, the highlights of which are presented in this report. Please visit First 5 Sacramento's website for the full report (see Results/ Evaluation Reports).*

In 2013, the Sacramento County Blue Ribbon Commission on Disproportionate African American Child Deaths called on service agencies and community leaders to take immediate action to reduce preventable child mortality in the county, with an emphasis on addressing the disproportionality in African American deaths. First 5 Sacramento funded three strategies to address perinatal and infant death in six neighborhoods that are characterized by high African American infant death rates:

- ▶ The **Cultural Broker Program**, provided by Black Mothers United and WellSpace Health. Between 2015 and 2018, the Cultural Broker Program supported 948 African American expectant mothers to promote better birth outcomes through comprehensive intake assessment, case management, connection to prenatal care and other health services and postpartum support after infants are born. Across the three years, 85% of babies were of a healthy weight and gestational age.
- ▶ **Infant Safe Sleep Campaign**, provided by the Child Abuse Prevention Center (CAPC). This program trained 3,852 caregivers (21% of whom were African American) about infant safe sleeping practices, and provided 2,225 cribs, 35% (785) of which were to African American or multiracial African American families. The SSB campaign also provided training to 1,419 community and service professionals about infant safe sleep practices, and worked with 8 local hospitals to integrate safe sleep education into their policies and procedures.
- ▶ **Public Education Campaign** to Reduce African American Child Deaths provided by Runyon Saltzman, Inc (RSE). Two public education campaigns were run during the three year period, and each was designed to be a culturally relevant campaign to raise awareness about the disproportionality in the rate of African American infant deaths and to inform African American caregivers as to local resources that support healthy pregnancy outcomes, including the SacHealthyBaby.com website. In turn, this website directed users to community services, including BMU, WSH, Birth & Beyond Family Resource Centers, and WIC. Over the course of the three years, visits to the site grew by 23% and tracked a total of 12,560 visits during that time.

## OVERALL IMPACT 2015-2018

Taken together, efforts from these strategies to reduce African American infant death have shown signs of impressive impact. Overall for African Americans in the County, between 2013 and 2016, there was a:

- ▶ 45% decrease in the rate of African American infant deaths, and a 76% decrease in disparity with all infant deaths among other races;
- ▶ 18% decrease in the percentage of African American babies born preterm, and a 37% decrease in disparity between African American births and all other births; and
- ▶ 54% decrease in African American infant sleep related deaths, and a 62% decrease in disparity between deaths amongst African American babies and babies of other races.

## RESULT 4: OBESITY PREVENTION

In 2015-18, First 5 Sacramento did not make investments in direct services related to obesity prevention, but earlier investments continue to have lasting impacts. Key activities during 2015-18 include:

- ▶ **Staff continue to seek opportunities to support nutrition and physical activity** as the Policy and Sustainability Committee work moves forward. In line with the Strategic Planning Workgroup recommendation, the implementation plan for the Nutrition result area indicates “engage in policy work to decrease obesity through promotion of healthy eating and physical activity.”
- ▶ **First 5’s policy and systems efforts continue to impact the community**, including breastfeeding and baby bonding supportive practices at local hospitals through Baby Friendly (5 of 8 hospitals are now Baby Friendly), and 23 tot lots that the local parks and recreation districts continue to maintain.
- ▶ **In addition, the Commission works to weave nutrition and physical activity throughout funded programs wherever possible.** Through its contractors, the Commission distributes nutrition and physical activity related materials such as Potter the Otter and nutrition placemats. In addition, contractors such as the Family Resource Centers (FRCs) promote nutrition through classes and activities.

## RESULT 5: EXCLUSIVE BREASTFEEDING

- ▶ **Women, Infants and Children and its subcontractor Community Resource Project, Inc. reached 14,024 mothers to promote breastfeeding.** In 2017-18, 4,251 women received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support, and a helpline.
- ▶ **Mothers served by First 5-funded WIC programs are more likely to be exclusively breastfeeding at six months compared to state and national averages.** Across the three years, trends are as follows:
  - In 2015-16, the percent of DHS WIC clients exclusively breastfeeding (21%) and Community Resource Project WIC clients (23%) surpassed the then-national average of 16%.
  - In 2016-17, the exclusive breastfeeding rate increased to 24% for both programs, still exceeding both the state (20%) and national averages (16%).
  - In 2017-18, the exclusive breastfeeding rate increased to 29% for both programs, exceeding both the state (26%) and national (25%) averages.<sup>4</sup>

## RESULT 6: DENTAL DISEASE

- ▶ **Smile Keepers provided 23,310 screenings to prevent and address children’s oral health needs.** In 2017-18, Smile Keepers provided dental health screenings, fluoride varnishes, and dental health information to 7,385 children at preschools, WIC centers, and community events. Just over one third (37%) of the children screened through the Smile Keepers mobile dental program had untreated tooth decay and needed follow-up dental services. Across the last two years:

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<sup>4</sup> Source: <https://www.cdc.gov/breastfeeding/data/reportcard.htm> Retrieved 21 November 2018.



- In 2016-17, 471 (28%) of the 1,669 children with needs at their baseline improved to have reduced or no needs at their follow up screening. In 2017-18, 342 (23%) of the 1,501 children with needs improved to have reduced or no needs at their follow up screening.
- ▶ **First 5 continued to invest in systemic approaches to oral health.** During 2017-18, Golden State Water Company received \$1.8 million to fluoridate the Arden Arcade Service Area. Construction of the project is underway and is expected to conclude in December 2019. With the fluoridation of Arden Arcade, 68% of Sacramento County will be fluoridated. Secondly, in 2018, the sixth children’s dental clinic opened to serve families from the city of Galt, the River Delta area, and the southern portion of Sacramento County. From 2018-19 onward, First 5 Sacramento will support the Center for Oral Health’s Early Smiles program to screen children and work with their families’ health plans to connect them to an ongoing dental home.

## RESULT 8: QUALITY EARLY CARE AND EDUCATION

- ▶ **The Preschool Bridging Model Plus (PBM+) supported 382 early educators in the private sector to increase their quality of care.** Through Classroom Assessment Scoring System (CLASS) assessments, instructional support, site development, and developmental and health screenings, PBM+ helped children ages 0-5 and their families gain a quality early education and be prepared for the transition to kindergarten. In terms of three-year trends:
  - Improvements in the fall to spring CLASS assessments were consistent across the three years, with statistically significant gains in all three dimensions of the preschool classroom tool: *Emotional Support*, *Classroom Organization*, and *Instructional Support*, and statistically significant gains in the two dimensions of the toddler classroom tool: *Emotional and Behavioral Support* and *Engaged Support for Learning*.
- ▶ **Child Action, Inc.’s Quality Child Care Collaborative (QCCC) helped 530 early educators increase the quality of their classrooms.** The Quality Child Care Collaborative (QCCC) provided support to licensed and license-exempt child care providers through workshops, environmental assessments (ECERS-R, FCCERS-R, and ITERS-R), coaching, and workshops. Across the past two years:
  - Pre-to post ERS data showed that statistically significant improvements were found for the following domains: ECERS-R: *Program Structure*, *Interactions* (2017-18 only), and FCCERS-R: *Personal Care Routines*, *Activities*, *Space and Furnishings*, *Program Structure* (2016-17 only).

## RESULT 9: AFFORDABLE QUALITY CHILD CARE

First 5 advocated throughout the state budget process to advance the number of children in Sacramento who have access to quality early care and education:

- ▶ The 2018 State budget included several wins for children and families, including the first state-level investment in home visiting. Funding was increased to ensure that no child lives in deep poverty, that parenting support through home visiting is available to all new parents on CalWORKs, and that a \$409 million allocation over four years will expand childcare vouchers for more than 13,000 low income families. AB 2960 also passed and it will create an online child care



portal to present a more complete picture of the children we serve, as well as a more streamlined interface for parents. First 5 Commissioners and staff advocated for these changes throughout the entire budget process and are encouraged that these policy changes will advance the number of children in Sacramento who have access to quality early care and education.

## RESULT 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES

- ▶ **Project SOARS connected 924 parents and 981 children to services to address developmental delays.** Project SOARS provides services for families and children ages 0-5 who are affected by, or at risk for homelessness, and may be at risk for a developmental delay and/or disability. In 2017-18, 335 children and 400 parents were served through support, resources, and screenings, including 658 home visits, 529 developmental screenings, 54 hearing and 55 vision screenings, and 141 family action plans. Parents reported high levels of satisfaction with the workshops and support services provided by Project SOARS. As for three-year trends:
  - The number of developmental screenings increased by 87% over the three year period.
  - In 2017-18, of the 58 children who received a referral for developmental concerns and whose parents were reached at follow up, 90% had been assessed, or were in the process of being assessed, for further services to address their developmental needs. The referral rate was similar in 2016-17 (100%), an increase from 54% in 2015-16.

## RESULT 11: SCHOOL READINESS

- ▶ **Nine school districts prepared 14,972 of Sacramento’s most vulnerable children and 11,694 of their parents/caregivers for school readiness.** The nine districts provided a range of services at 46 sites to promote school readiness among children ages 0-5 and their families, with programs such as preschool, playgroups, summer kindergarten transition camps and transition activities, screenings and referrals, family literacy, and parent education, engagement and support. In 2017-18, 5,353 children and 4,508 parents were served across the nine school districts, including 666 children served in 408 preschool slots, and 675 children attended a kindergarten transition camp, and 3,191 children received developmental screenings.
- ▶ **Across the three years, approximately three quarters of the students assessed across the nine partner districts were *ready or partially ready* for kindergarten, according to results of the annual School Readiness Assessment.** The results were consistent across the three years: children who had attended First 5-supported preschool programs were significantly more likely to be ready for kindergarten, compared to those who did not attend such programs. The readiness benefits of the school readiness programs were especially pronounced for low income children whose families earned less than \$50,000 per year.

## RESULT 12: CONNECTIONS TO COMMUNITY RESOURCES

- ▶ **Sacramento County’s 2-1-1 helped connect 33,553 families with young children to critical community resources.** In 2017-18, 2-1-1 responded to 9,081 calls, with the most frequent type of request being for housing (6,422 referrals), followed by legal or consumer issues (2,014), and family support (1,995). In follow-up calls made to clients, a high level of customer satisfaction was

found, in that nearly all respondents reported that the information provided was accurate and that they would recommend 2-1-1 to family and friends. This sentiment was shared across all previous years.

- Community Connections Groups (CCG) created enduring social bonds and service connections to over 566 individuals in 37 groups throughout Sacramento communities.** Across the three years, the number of groups increased from 6 in 2015-16, to 8 in 2016-17, to 23 in 2017-18. The central benefits of group participation identified by group leaders and participants were *creating connections to other families and local community resources*, sentiments shared across the two previous years. In 2017-18, all of the parents who completed questionnaires said they are still in contact with other group members, and 90% of the respondents to the leader closure survey indicated their group would continue to meet without First 5 support, citing *member contributions* and/or *donations* as the primary sources of ongoing funding. These findings speak to both the retention issue experienced in previous years, as well as to the lasting community impact that the CCG grants have made.

### RESULT 13: EFFECTIVE PARENTING

- Birth & Beyond Family Resource Centers (FRCs) reached 9,409 families** with support services for pregnant women, children ages 0-5, and their families/caregivers, including parent education classes, home visitation, and crisis intervention when needed. Over the three year period, 6,472 children and 10,074 parents/caregivers received one or more Birth & Beyond services.
- The gateway to FRC services is through “light touch” referral or informational services referred to as **Enhanced Core** services. In 2017-18, Family Resource Centers offered 68,325 Enhanced Core services, and 766 parents participated in short education classes related to car seat safety, child development, and life skills.
- The FRCs offered evidence-based **Parent Education** classes such as Nurturing Parenting Program (NPP), Making Parenting a Pleasure, and Dare To Be You to 677 parents in 2017-18.
- The FRCs also provided **Home Visitation** services, often as joint visits with CPS workers, health educators, and school readiness coordinators. Services were provided to 1,490 families in 2017-18, a 145% increase from 2015-16. Furthermore, parents at all three tiers of service (prevention, intervention, and treatment) showed statistically significant improvements in the Adolescent and Adult Parenting Inventory (AAPI), a tool that measures parents’ risk for child maltreatment. Finally, amongst parents with children 0-17 who had at least 8 hours of home visitation provided by an AmeriCorps staff, the percentage of parents who had a substantiated referral for CPS during their fiscal year of service was 5% in 2016-17 and 4% in 2017-18.
- Families with significant resource needs engaged in **Crisis Intervention Services**, which raised their knowledge of community resources, reduced their stress, and increased their perception of social support. The number of families served increased between 2015 and 2018 by 88%. Pre- and post-tests of Crisis Intervention Services clients indicated an increase in parents’ knowledge about where to get help and information, as well as an increase in parents’ perception of the level of support they have among their family, friends, or in their community.

## RESULT 14: ACCESS TO SAFE/EMERGENCY CHILD CARE

- ▶ **The Sacramento Crisis Nursery supported Sacramento’s most vulnerable families by providing emergency child care to 1,930 children in 1,242 families.** The Sacramento Crisis Nursery serves the highest-risk children and families who, at the time of stay, are experiencing one or more of the following: homelessness, lack of employment, mental health and other emergency medical needs, or parental distress. In 2017-18 alone, there were 5,092 emergency child care stays and 2,610 overnight stays.

  - 77% of parents completed a case management plan. The most frequent referrals were for Family Resource Centers, child care, housing, employment, food resources, child / adult mental health, and 2-1-1.
  - 91% of parents said they were better able to solve crisis situations, and 65% of parents said Crisis Nursery support reduced their stress level.
  - As for three-year trends, there was a decrease in the *duration* of overnight stays; in 2016-17, 12% of the overnight stays were for five or more nights, whereas in 2017-18, just 6% were for five or more nights, suggesting that families receiving services are better able to resolve their crisis.

## Summary

The 2015-2018 Strategic Plan period saw dramatic changes in how First 5 Sacramento evaluated its funded efforts, and therefore its ability to tell its story. In 2015-16, evaluation plans were created and implemented for each grantee, and in 2016-17 and 2017-18, evaluation plans were restructured and reflected a Results-Based Accountability framework, with metrics in three categories: *How much*, *How well*, and *Is anybody better off?* Across the three years, these data showed consistency of results for children and families, indicating the strength of First 5 Sacramento and its partners to promote the changes that matter most as First 5 forges ahead into its next three year strategic plan period.



# Introduction

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## Background

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of essential prevention and early intervention programs for Sacramento County children ages 0-5 and their families. This report describes the services provided and outcomes for First 5-funded services in 2017-18, as well as three-year trends during the 2015-2018 Strategic Plan period. Using a Results-Based Accountability framework, this report addresses the following questions:

- ▶ What are the current needs in Sacramento County as they relate to each strategic plan result? Which community trends are we trying to influence?
- ▶ How much service was provided? How many people were served, and what types of service did they receive?
- ▶ How well were the services provided? Were they implemented as intended?
- ▶ Is anybody better off as a result of the services?

Data for this evaluation report come from a variety of sources, including secondary data on community indicators, service and outcome data in the agency's database (Persimmony), Family Information Form intake and follow up form data, and special evaluation reports such as the three-year evaluation of the Reducing African American Infant and Child Deaths (RAACD) initiative, prepared by LPC Consulting Associates, and the First 5 Sacramento School Readiness Assessment, conducted by Applied Survey Research.



## Investments in Children, Families and Communities

During the 2015-2018 Strategic Plan period, First 5 invested a total of \$67.3 million, including \$21.7 million in 2015-16, \$22.5 million in 2016-17, and \$23.1 million in 2017-18. The figure below shows how funds were distributed across the different strategic result and administrative areas. The areas that received the highest percentage of funding across the three years were Effective Parenting and School Readiness.

**Figure 1. Expenses, by Content Area**

Expense Area	FY 2015-16	FY 2016-17	FY 2017-18
Effective Parenting	41%	40%	45%
School Readiness	25%	24%	26%
Health Access	9%	10%	8%
Child Care	7%	7%	6%
Administration	6%	6%	5%
Dental	4%	4%	3%
Nutrition	4%	4%	3%
Evaluation	3%	3%	2%
Community Building	1%	1%	1%

Source: First 5 Sacramento.

The table below shows expenditures by agency type across the three years, with the largest percentage of investment consistently going to community-based agencies.

**Figure 2. Percentage of Expenditures, by Agency Type**

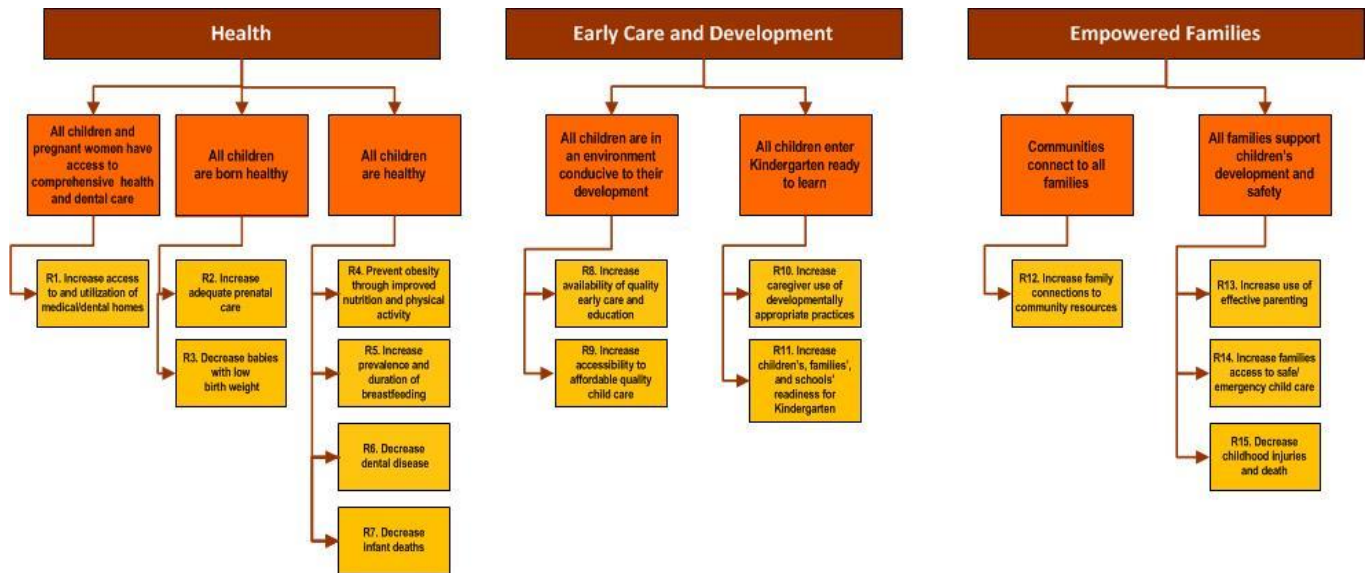
Agency Type	FY 2015-16	FY 2016-17	FY 2017-18
Community-Based Agencies	52%	54%	54%
School Districts	10%	23%	24%
County Government Agencies	24%	10%	8%
First 5 Commission	7%	6%	7%
County Office of Education	6%	6%	6%
Other Entities/Institutions	1%	1%	1%

Source: First 5 Sacramento.

## First 5 Sacramento's Strategic Hierarchy 2015-18

The figure below shows First 5 Sacramento's Strategic Hierarchy for fiscal years 2015-18. This hierarchy helped to guide funding decisions, and also provided a framework for the evaluation. The three Priority Areas (dark red) represent key areas in which the Commission wishes to see change in the county; the Goals (orange) are First 5's aspirations for all children and families in the county, and the Results (yellow) are the direct changes First 5 seeks in order to make progress toward the goal.

**Figure 3. First 5 Sacramento Strategic Hierarchy, FY2015-18**





## First 5 Sacramento's Evaluation Framework

In spring of 2015, an evaluation plan was developed to assess progress toward the results identified in First 5 Sacramento's strategic plan. The evaluation framework is anchored by key indicators for each result (see Figure 4 below). Some of these indicators are specific to recipients of First 5-funded services, while others pertain to the community level. This evaluation framework was developed at the beginning of the funding period and has served as the foundation of the evaluation plan.

**Figure 4. First 5 Sacramento Results Evaluation Plan**

Goals	Results	Indicators
All children & pregnant women have access to comprehensive health and dental care	R1. Increase access to and utilization of medical/dental homes	Percentage of children with medical insurance
		Percentage of children with well-child visit in last 12 months
		Percentage of children 18 months and older who saw dentist in past 6 months
		Percentage of children who have a regular doctor/health provider
		Percentage of children who have a regular dentist
All children are born healthy	R2. Increase adequate prenatal care	Percentage of pregnant women who began prenatal care in 1st trimester
		Percentage of pregnant women who began prenatal care in 2nd trimester
		Percentage of pregnant women who began prenatal care in 3rd trimester
	R3. Decrease infants w/ low birth weight	Percentage of infants born with low birth weight
		Percentage of infants born premature
All children are healthy	R4. Prevent obesity through improved nutrition & physical activity	Percentage of children ages 2-5 who are overweight
		Average number of days in past week children drank sugary beverages
		Average number of days in past week children were physically active for at least 60 minutes
	R5. Increase prevalence & duration of breastfeeding	Percentage of infants exclusively breastfed for at least 6 months after birth
		Percentage of infants for whom mother initiated breastfeeding
	R6. Decrease dental disease	Percentage of children with untreated cavities
	R7. Decrease infant deaths	Number of infant deaths by race/ethnicity by cause
All children are in an environment conducive to their development	R8. Increase availability of quality early care and education	Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) score
	R9. Increase accessibility to affordable quality child care	Percentage of families who need subsidized child care who could access it
		Percentage of families utilizing subsidized child care
All children enter kindergarten ready to learn	R10. Increase caregiver use of developmentally appropriate practices	Percentage of settings with increased scores on the Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS)
		Percentage of children who met developmental milestones
	R11. Increase children's, families', and schools' readiness for kindergarten	Percentage of children who have had a developmental screening in the past 12 months

Goals	Results	Indicators
		Percentage of kindergarteners who attended preschool prior to kindergarten
		Percentage of kindergarteners who attended a short-term summer pre-K program
		Percentage of kindergarteners ready for school
		Percentage of parents who participated in at least 4 kindergarten transition activities
Communities connect to all families	R12. Increase family connections to community resources	Percentage of parents who report utilization of community resources
		Percentage of parents who report connectedness to their community
All families support children's development and safety	R13. Increase use of effective parenting	Percentage of children who are read to least 5 days/week
		Percentage of parents with increased knowledge of parenting and child development
		Percentage of parents confident in their parenting abilities
	R14. Increase families' access to safe/ emergency child care	Number of families receiving needed emergency child care
	R15. Decrease childhood injuries and death	Rate of Child Protective Services referrals
		Rate of substantiated child maltreatment
		Rate of foster care entry
Percentage of parents with no Child Protective Services recidivism		

In summer of 2016, a **Results-Based Accountability (RBA)** framework was applied to the evaluation plan, and RBA dashboards were developed for key strategies to address the following questions:

- 1) *How much did we do?* (Number of people served, number of services provided)
- 2) *How well did we do it?* (Was the model/program implemented as intended?)
- 3) *Is anyone better off?* (Participant outcomes, e.g. attitudes, behaviors, and wellbeing outcomes).

Below is a list of the primary sources of data used in this evaluation.

- ▶ **Community indicator data:** In keeping with RBA, data on community trends to which First 5 Sacramento hopes to contribute is presented for each strategic result area. However, the time frames for such data often lag behind First 5 service data by a year or two and thus cannot be directly linked to First 5's efforts.
- ▶ **First 5 service data:** Most grantees provide client-level demographic and service data through a data management system called Persimmony. Grantees who do not provide individual-level data report aggregate-level client and service data on a quarterly basis, in the form of performance reports, and for some programs, other types of reporting documents. Figure 5 below shows which grantees provide client-level data, and which ones provide only aggregate-level data. All



grantees but two use Persimmony for client level data collection; PBM+ uses Excel, and Smile Keepers uses a scantron form that is processed by First 5's evaluator.

- ▶ **Family Information Form (FIF):** The FIF is used to collect demographic information, as well as data for specific indicators. One side asks questions about the parent or guardian, and the other side has questions about the child. Clients of designated grantees complete the form at intake, and, if the client is still engaged, at follow-up three to six months later.
- ▶ **Program-specific outcome data:** Some grantees provide outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls.
- ▶ **In-depth evaluations:** In addition to the overall evaluation, in-depth evaluations are conducted in three focus areas: Effective Parenting, Reducing African American Infant Deaths (RAACD), and School Readiness. While this comprehensive evaluation report highlights some key findings from these evaluations, separate reports are available that provide greater detail about the results for 2017-18 in these areas.

To the extent possible, First 5 collects client-level data from grantees, but this is not possible in all cases, usually due to privacy restrictions. The table below presents the level of data collected per grantee.

**Figure 5. Level of Data for First 5 Sacramento Programs**

Priority Area / Program	Client-Level Data	Aggregate Data Only
<b>Health</b>		
HEARTS for Kids	✓	
Sacramento Covered		✓
Smile Keepers	✓ <sup>5</sup>	✓
Cultural Broker Program (WellSpace Health and Black Mothers United)	✓	
Infant Safe Sleep Education Campaign	✓	
WIC (Breastfeeding)	✓	
<b>Early Care and Development</b>		
Child Action, Inc. Quality Child Care Collaborative (QCCC)	✓ <sup>6</sup>	✓
Preschool Bridging Model Plus (PBM+)	✓ <sup>7</sup>	✓
Project SOARS	✓	
School Districts (9)	✓	
Sacramento Public Library	✓	
Crocker Art Museum		✓
<b>Empowered Families</b>		
2-1-1		✓
Sacramento Crisis Nursery	✓	
Birth & Beyond	✓	
Community Connections Grants		✓

<sup>5</sup> Individual-level screening data were available for FY18, but did not have identifiers.

<sup>6</sup> Individual classroom-level data are available for assessment scores (such as ECERS).

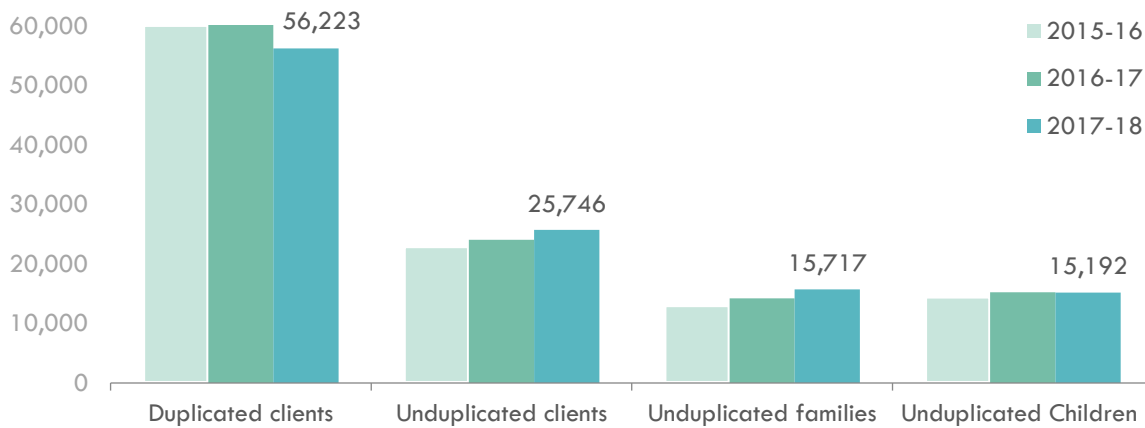
<sup>7</sup> Individual child data are provided by PBM+ in an Excel file.

# Profile of First 5 Clients

## Profile of all Clients Served

During the Strategic Plan 2015-2018 period, First 5 Sacramento funded services that had substantial reach across the county. Across the three year period, there were 177,706 duplicated clients served, including parents, children, and providers. Additionally, over the three year period, 72,773 unduplicated individuals received a direct service, including 44,975 children, which represents 13% of the county’s children ages 0-5.<sup>8</sup> However, many more children and parents were reached indirectly through systems change efforts and/ or programs that don’t collect individual level data, such as municipal fluoridation, Baby-Friendly hospitals, and the public education campaigns.

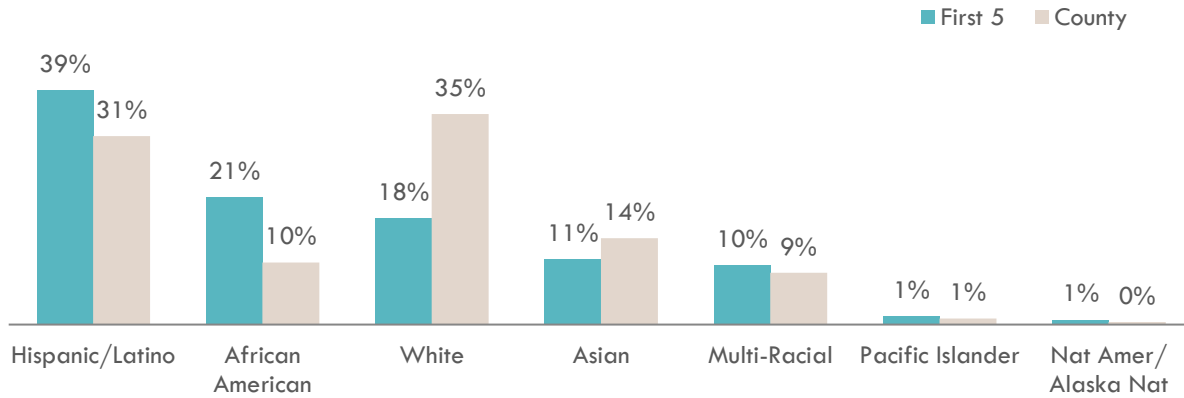
**Figure 6. Reach of First 5 Sacramento, 2015-2018**



The figure below shows the race/ethnicity of children served by First 5 for whom there is client-level data available (aggregate data for children was often missing race and ethnicity detail), compared to the race and ethnicity of children across the county. Amongst First 5 participants, children are most likely to be Latino and African American (60%), whereas they comprise 41% of the county’s child population. Most (71%) families’ primary language was English, and another 18% spoke Spanish. This profile is consistent with that of families served in 2016-17 and 2015-16.

<sup>8</sup> 13% = 15,192 served in 2017-18, as percent of county population for children 0-5 (117,466), based on Kidsdata.org, 2016.

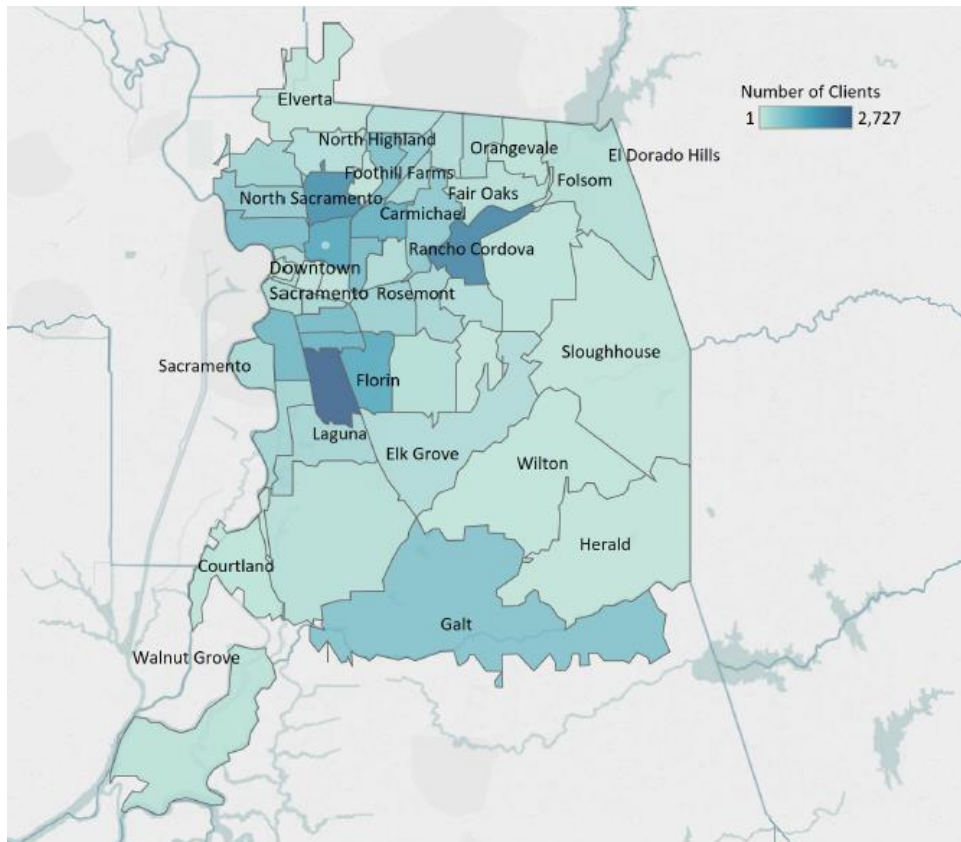
**Figure 7. Ethnicity of First 5 Sacramento Children compared to County, 2017-18**



Source: First 5 Sacramento, Persimmony Database. Percentages based on 2017-18 children with child-level data. N=9402, excluding those whose ethnicity is Unknown (n=274) or Other (n=1,035). County comparisons are for all children 0-17. KidsData.org, based on Department of Finance estimates.

The map below shows the geographic location in Sacramento County of families who received First 5 services in 2017-18. As shown below, the neighborhoods with the highest numbers of First 5 clients were South Sacramento, followed by Rancho Cordova and North Sacramento, with the fewest clients from Herald, Wilton, Sloughouse, and Courtland.

**Figure 8. Map of Families Served, 2017-18**



## Profile of Clients with Family Information Form Data

In 2015-16, First 5 Sacramento began using the Family Information Form (FIF) as a way to capture information about clients’ demographic characteristics as well as their wellbeing vis-à-vis First 5’s desired results. The FIF is completed by clients of many First 5 contractors at intake and again at three to six months after intake for selected programs. In 2015-16, intake forms were gathered from 10,719 adults (82% response rate), followed by 9,203 adults in 2016-17 (65%), and 9,818 (63%) adults in 2017-18.<sup>9</sup>

Between July 1, 2017-June 30, 2018, the FIF was completed for 9,818 adults and 7,312 children at intake. The largest share of FIFs were gathered from clients receiving school readiness services from First 5 Sacramento’s nine partner school districts, followed by those receiving WIC, and Birth & Beyond Family Resource Center services. The tables below show present highlights of these data in 2017-18.

**Figure 9. First 5 Sacramento Family Information Form Intake Data: Parent Information**

	# or %
<b>Total Intakes (Parent)</b>	<b>9,818</b>
<b>Program</b>	
School Districts (School Readiness)	5,229
WIC	2,569
Birth & Beyond Family Resource Centers	1,230
Cultural Broker Programs (WellSpace Health and Her Health First)	309
Help Me Grow (formerly Project SOARS)	242
Sacramento Crisis Nurseries	180
Infant Safe Sleep	45
Sacramento Public Library	14
<b>Parenting Programs, Services, Supports Used in Past Six Months</b>	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	62%
Library or Bookmobile	10%
Parent Education/Support	9%
FRC Services	7%
Home Visits	6%
<b>Parenting Attitudes: % who agree or strongly agree</b>	
I have others who will listen when I need to talk about my problems.	81%
I know what program to contact in my community when I need help for basic needs.	71%
I know what program to contact in my community when I need advice on how to raise my child.	72%
<b>Barriers to accessing services</b>	
Child care	15%
Transportation	15%
Don’t have time	8%
Language	6%
Not enough information/support to use referral	4%
Other	2%
Referred to service I don’t need	2%
Poor customer service	1%

<sup>9</sup> Based on the number of unduplicated families served: 13,079 in 2015-16, 14,196 in 2016-17, and 15,717 in 2017-18. Response rates were lower in FY 2016-17 and FY 2017-18 because families that rolled over from one year to the next were not required to complete a new FIF. This policy has been changed for FY 2018-19.

The table below presents FIF results related to children in 2017-18.

**Figure 10. First 5 Sacramento Family Information Form Intake Data: Child Information**

	# or %
<b>Total Intakes (Child)</b>	<b>7,312</b>
<b>Program</b>	
School Districts (School Readiness)	4,847
Birth & Beyond	1,667
Sacramento Crisis Nurseries	280
Help Me Grow (formerly Project SOARS)	274
Infant Safe Sleep	1
Cultural Broker Programs (WellSpace Health and Her Health First)	208
Sacramento Public Library	13
<b>Health</b>	
Special need diagnosed by a professional	
Yes	13%
No	84%
Don't know	4%
Has a regular doctor or provider	94%
Has had a well-child health check-up in the past 12 months	93%
Has a regular dentist	72%
Has seen a dentist in the past 6 months (if 18 mo. or older)	64%
Has untreated cavities	12%
<b>Family Activities</b>	
Drink sugary drinks 0 or 1 days per week	61%
Physically active at least 5 days per week	76%
Read at home at least 5 days per week	53%
<b>Child Care</b>	
Who looks after your child during the day?	
Child's parent	74%
Family, friend or neighbor	28%
Licensed center/preschool	10%
Licensed home-based care	3%
Transitional Kindergarten (TK)	1%
Trouble paying for child care in the past few months	
Yes	12%
No	42%
Don't pay for child care	46%

Source: Family Information Form 2017-18, all intakes. (All data self-reported)

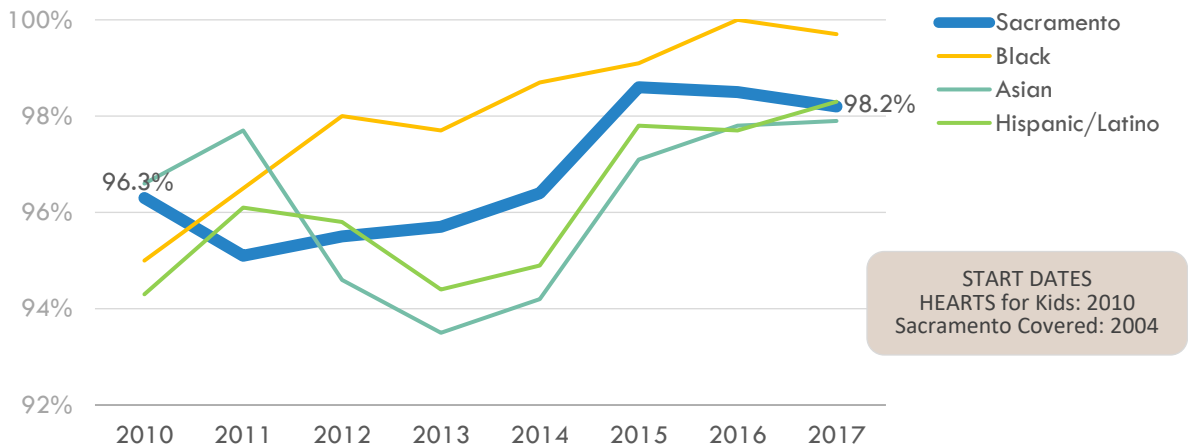
In 2017-18, follow-up Family Information Forms were completed for 1,066 parents (out of 9,818 parent intakes, or 11%) and for 723 children (10%), which provided information about changes in status and behavior after several months in a First 5-funded program. Results comparing intake and follow-up are presented in some of the following sections of this report.

# Result 1: HEALTH CARE ACCESS AND UTILIZATION

## Countywide Trends

Overall, the percentage of Sacramento County children ages 0-5 who are covered by health insurance increased from 96.4% in 2014 to 98.2% in 2017; the county is now within 2% of the Healthy People 2020 target of 100%. While the percentage of children ages 0-5 receiving Medi-Cal in Sacramento significantly increased in 2016, it then decreased in 2017 (45.4% in 2015, 57.7% in 2016, and 42.5% in 2017)<sup>10</sup>.

**Figure 11. Percentage of Children 0-5 with Health Insurance**

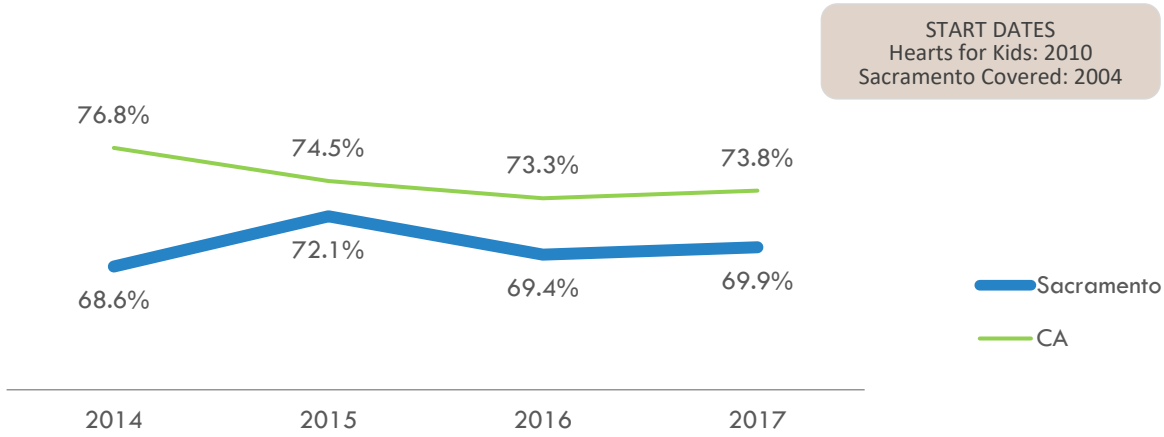


Source: U.S. Census, American Community Survey. Data based upon one year estimates. Disparities reports B27001 A-I. Accessed at: <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none> on November 27, 2018. Note: Number of children under 6 with health insurance in Sacramento – 117,041 (2010); 114,028 (2011); 113,268 (2012); 114,000 (2013); 114,369 (2014); 115,586 (2015); 116,086 (2016); 116,943 (2017).

Among children 3-6 years old receiving Medi-Cal, the percentage who had one or more well-child visits with a primary care provider during the year decreased from 72.7% in 2012 to 69.9% in 2017. The county’s utilization rate (69.9%) is within 4% of the 2017 state average (73.8%). There is no Healthy People 2020 objective available, but for comparison, the 2014 national Medicaid average was 72%, and the national commercial average was 74%.

<sup>10</sup> Source: California Health Interview Survey (CHIS), accessed at <http://ask.chis.ucla.edu/AskCHIS/tools/layouts/AskChisTool/home.aspx#/>. Number of children ages 0-5 receiving Medi-Cal in Sacramento County – 58,000 (2015); 71,000 (2016); 54,000 (2017).

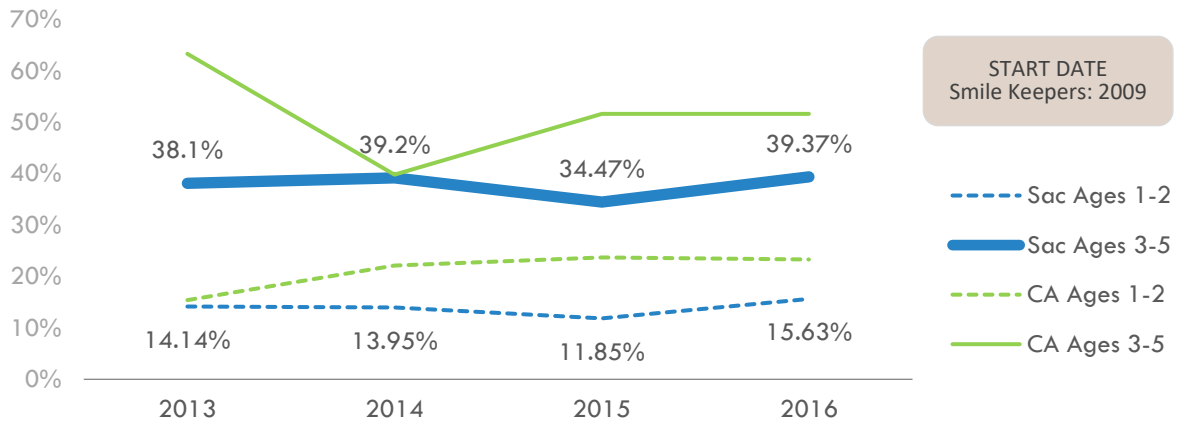
**Figure 12. Percentage of Children Ages 3-6 With Well-Child Visit in Previous Year (Medi-Cal Managed Care only)**



Source: California Department of Healthcare Services. Medi-Cal Managed Care External Quality Review Technical report, July 1, 2016-June 30, 2017. Accessed at [https://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/TechRpt/CA2016-17\\_EQR\\_Technical\\_Report\\_F1.pdf](https://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/TechRpt/CA2016-17_EQR_Technical_Report_F1.pdf) on October 23, 2018. Weighted average estimates are based upon overall enrollment across all plans.

The percentage of Sacramento children on Medi-Cal ages 0-5 who visited the dentist in the previous year has held steady between 2013 and 2016, although there is a slight improvement from 2015 to 2016. While rates for children ages 1-2 are higher than the state, rates for children ages 3-5 are still below the state average.

**Figure 13. Percentage of Children with a Dental Visit in the Previous Year (Medi-Cal only)**



Source: California Health & Human Services Agency, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2016. Accessed at: <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015>.

## Impact of First 5 Sacramento in 2017-18

The following First 5-funded programs provide services that contribute to county-wide trends in health care access and utilization: **HEARTS for Kids** (started in 2010) and **Sacramento Covered** (started in 2004). A third program, Smile Keepers (started in 2009), addresses dental health and is covered in Result Area 6 (Dental Disease).

### HEARTS FOR KIDS

The HEARTS for Kids program is operated by Sacramento County Child Protective Services for children ages 0-5 who have been removed from the home, and seeks to ensure that these children have essential health services. This program provides a head-to-toe medical clearance exam, ensures children have health insurance, a medical home, and provides at least one home visit from a public health nurse. In 2017-18, HEARTS for Kids provided various health screenings to 424 children who were in protective custody.

**Figure 14. Services Provided by HEARTS For Kids, 2017-18**

Services	2017-18
Medical clearance examinations	382
Dental screenings	382
Referral to dental care	324 (85%)
Health insurance screenings, connect to medical home and/or enroll in Medi-Cal	412
Home visitation by public health nurse (PHN)	337
Developmental screenings	301
Referrals for developmental concern	153 (51%)

Source: HEARTS for Kids 2017-18 Persimmony Quarterly Performance Measures Report.

Of these 424 children, 412 were assessed for health insurance coverage, were enrolled in Medi-Cal if needed, and connected to a medical home. 382 children were provided a medical clearance exam, which can detect evidence of abuse. One child had a physical abuse finding, and there were no sexual abuse findings.

Additionally, 382 children received a dental screening, and 85% were referred for further dental care. Of the 301 children who received a developmental screening, 51% were found to have a developmental concern and were referred to a service to address those needs. By comparison, the prevalence of developmental delays or behavioral disorders in children nationwide is estimated to be 12% to 16%.<sup>11</sup>

### SACRAMENTO COVERED

Sacramento Covered provides health and dental navigation services to help children ages 0-5 and pregnant women obtain insurance, connect to a medical home, and access care. The target population includes those with limited English proficiency, high uninsured rates, and low utilization rates of preventive and primary health care in North Sacramento, Downtown, and South County.

<sup>11</sup> Quigg, T. C., Mahajerin, A., Sullivan, P. D., Pradhan, K., & Bauer, N. S. (2013). Ages and Stages Questionnaires-3 Developmental Screening of Infants and Young Children With Cancer. *Journal of Pediatric Oncology Nursing*, 30(5), 235–241.



Sacramento Covered appears to be reaching a population that experiences difficulty accessing medical and dental care: a slightly lower percent (92%) of Sacramento Covered clients’ children have coverage compared to the overall First 5 population (98%), and Sacramento Covered clients were also less likely to have a regular medical home. There were even greater differences between Sacramento Covered clients and First 5 clients overall in terms of access to dental care: 72% of FIF respondents indicated having a regular dentist for their child, while only 37% of Sacramento Covered clients did. Moreover, while 64% of FIF respondents with a child 18 months or older had taken their child to the dentist in the past six months, while only 11% of Sacramento Covered clients had done so.

**Figure 15. Health Insurance and Utilization for Sacramento Covered Clients Compared to All First 5 Sacramento Family Information Form Respondents (Intake)**

	Sacramento Covered Clients (Intake)	FIF Respondents (Intake)
<b># of respondents</b>	<b>685-1,805</b>	<b>7,312</b>
Does your child have medical insurance?	92%	98%*
Does your child have a regular doctor or health provider?	85%	94%
Has your child had a well-baby or well-child health check-up in the past 12 months?	94%	93%
Does your child have a regular dentist?	37%	72%
If your child is 18 months or older, have they seen a dentist in the past 6 months?	11%	64%

Sources: Sacramento Covered Clients: Sacramento Covered Quarterly Report submitted to First 5 for FY 2017-18; Family Information Form Respondents: Family Information Form, Child side (all FY 2017-18 intakes). \*Data were not collected on FIF. N varies by question: N=1,805, 1,802, 1,794, 1,793, 685 for Sacramento Covered. N=7,043, 7,041, 7,040, 7,010 for the FIF.

In 2017-18, Sacramento Covered screened 8,974 people for barriers to health care, and made 10,541 referrals were provided to children and their families identified as having barriers to health care navigation services. Additionally, Sacramento Covered provided more intensive navigation services to 1,171 children and families. Of these, 456 had a follow-up appointment with a provider scheduled, and 295 (65%) attended their appointment.

**Figure 16. Services Provided by Sacramento Covered, 2017-18**

Services	2017-18
Screen individuals and families to assess for barriers to care	8,974 individuals
Referrals made to families identified as having barriers to care	10,541 referrals
Medical/dental navigation services <sup>12</sup>	1,171 individuals
One-on-one education <sup>13</sup>	1,015 individuals
Schedule follow-up pediatric or OB appt within 60 days of ER visit	456 appts scheduled
Track utilization of services to ensure individuals receive appropriate well-child visits or OB care	295 appointments attended

Source: Sacramento Covered Annual Data Summary FY 2017-18 Persimmony Quarterly Performance Measures Report.

<sup>12</sup> Includes: assistance scheduling appointments, establish medical/dental provider, change health plan, and ensure coverage is still active, education/referrals for non-emergency care and other social service resources.

<sup>13</sup> Includes: resources, scheduling dental appointments, importance seeing dentist by 1st birthday/1st tooth, ensure well-child visits are up-to-date.

Sacramento Covered also conducted follow-up calls to the families of the children served. Amongst clients who had both intake and follow up data, the figure below shows the number of respondents who *did not* have access/care at intake (answered “no”), and who *did* have access/care by follow-up. Of the 251 children who had no medical insurance at intake, 198 (79%) *did* have medical insurance by the follow-up call. Of those who had not seen a dentist in the prior 6 months, 46% were able to get a dental checkup. In sum, these data show that Sacramento Covered was effective at closing coverage and utilization gaps for medical care, but that it was far more difficult to close such gaps for dental care.

**Figure 17. Health Insurance and Utilization Information for Sacramento Covered Clients (Among those with “pre” and “post” data)**

	Total # who answered “no” at intake	# (%) of those who answered “no” at intake who answered “yes” at follow-up
Does your child have medical insurance?	251	198 (79%)
Does your child have a regular doctor/ health provider?	377	266 (71%)
Has your child had a well-baby or well-child health check-up in the past 12 months?	257	198 (77%)
Does your child have a regular dentist?	1,058	508 (48%)
If your child is 18 months or older, have they seen a dentist in the past 6 months? (among those 18 months or older)	1,186	544 (46%)

Source: Sacramento Covered Quarterly Reporting Forms, FY2017-18. \*Number who said “no” at intake and “yes” at follow-up.

**MEDICAL AND DENTAL ACCESS OBSERVED IN OTHER FIRST 5 PROGRAMS**

Although the programs described above focus specifically on increasing insurance coverage and access to medical and dental care, other First 5-funded programs include elements of outreach and education to parents about medical and dental insurance and access. Based on intake and follow-up Family Information Forms, medical home and access were quite high at intake, and remained high at follow-up. Dental home and coverage started lower, and remained at similar levels by the follow-up.

**Figure 18. Medical/Dental Provider and Utilization amongst Birth & Beyond and school readiness clients**

	Intake	Follow-up
Does your child have a regular doctor or health provider?*	98%	95%
Has your child had a well-baby or well-child health check-up in the past 12 months?*	97%	96%
Does your child have a regular dentist?	88%	87%
If your child is 18 months or older, have they seen a dentist in the past 6 months?	78%	78%

Source: Family Information Forms completed in FY 2017-18, all with both intake and follow-up. N=1,477-1,542 children. \*Difference between pre and post is statistically significant.

## Three-Year Summary (2015-2018)

- ▶ **The HEARTS for Kids program provided health evaluation and follow up to 1,346 children in the Child Protective System.** The HEARTS for Kids program is operated by Sacramento County Child Protective Services for children ages 0-5 who have been removed from the home and seeks to ensure that children have essential health services. In 2017-18, the program provided health screenings to 424 children, 391 of whom were assessed for health insurance coverage, were enrolled in Medi-Cal if needed, and connected to a medical home. Additionally, 377 children received a dental screening, and 75% were referred for further dental care. Of the 297 children who received a developmental screening, 51% were found to have a developmental concern and were referred to services to address those needs. As for three-year trends:

  - The percent of children referred for dental care services increased by 19% over the three years.
  - Across the three years, the percent of children who were referred for developmental services held steady at 50%, which is substantially higher than the nationwide average of 12% to 16%.<sup>14</sup>
  
- ▶ **Sacramento Covered assisted 20,074 individuals to gain access to medical and dental care.** In 2017-18, Sacramento Covered screened 8,974 people for barriers to health care, and data revealed that their clients had greater needs related to health care than the overall First 5 population, particularly with respect to access to dental care. Sacramento Covered provided navigation services to 1,171 children and their families, including scheduling appointments, helping clients establish health plan coverage and medical/dental homes. Follow-up calls to these families revealed that most of the children who lacked health insurance, a regular doctor, or a recent well-child visit at intake had obtained these services by follow-up, although needs for dental care remained higher than for health care. In terms of three-year trends:

  - The percent of children who gained access to a well-child visit increased by 234%.
  - The percent of children who gained access to a dental check-up held steady over the three years at 45%.

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<sup>14</sup> Quigg, T. C., Mahajerin, A., Sullivan, P. D., Pradhan, K., & Bauer, N. S. (2013). Ages and Stages Questionnaires-3 Developmental Screening of Infants and Young Children With Cancer. *Journal of Pediatric Oncology Nursing*, 30(5), 235–241.

# Reduction of African American Perinatal & Infant Deaths (RAACD) 2015-2018

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*Results 2, 3, and 7 are related to the Commission's efforts to reduce African American infant deaths. A full report was produced by LPC Consulting Associates, the highlights of which are presented in this report. Please visit First 5 Sacramento's website for the full report (see Results/ Evaluation Reports).*

In 2013, the Sacramento County Blue Ribbon Commission on Disproportionate African American Child Deaths called on service agencies and community leaders to take immediate action to reduce preventable child mortality in the county, with an emphasis on addressing the disproportionality in African American deaths. First 5 Sacramento funded three strategies to address perinatal and infant death in six neighborhoods that are characterized by high African American infant death rates:

1. The Cultural Broker Program provided by Black Mothers United and WellSpace Health
2. Infant Safe Sleep Campaign provided by the Child Abuse Prevention Center (CAPC)
3. Public Education Campaign to Reduce African American Child Deaths provided by Runyon Saltzman, Inc (RSE).

The efforts and outcomes of these strategies will be summarized here, based on the three year evaluation report prepared by LPC Consulting Associates, Inc.

## Cultural Broker Program

The Cultural Broker Program started in Sacramento in 2014 and provides services to promote women's access to prenatal care. However, full implementation of the initiative to improve outcomes of African American mothers and infants began in 2015. Between 2015 and 2018, the Cultural Broker Program supported 948 African American expectant mothers to promote better birth outcomes. Two organizations implement the Cultural Broker program: Black Mothers United (BMU) and WellSpace Health (WSH). Highlights from the three year evaluation report are summarized here:

### BLACK MOTHERS UNITED

The Black Mothers United (BMU) Cultural Brokers Program provides case management to address the social determinants of health with the women they serve. Through direct outreach in communities characterized by high African American infant death rates and by partnering with community-based organizations and social service agencies, BMU's cultural brokers seek out pregnant African American women who need support with prenatal care. Participants' needs and risks are assessed, individualized care plans are developed, and a wide array of educational and referral services are provided.

### WELLSPACE HEALTH

The WellSpace Health (WSH) Cultural Broker Program operates from two clinics in South Sacramento to provide services to women residing in the six neighboring areas that have the highest rates of African American infant death. The primary curriculum employed by WSH cultural brokers is the Nurturing Parenting Program for Prenatal Families, which helps women and their families support a healthy

pregnancy in a one-on-one instructional model through educational home visits. Additional support with connection to community resources to address family needs is also provided by the program by social workers. Highlights of BMU and WSH accomplishments during the 2015-2018 period include:

	<b>Black Mothers United</b>	<b>WellSpace Health</b>
<b>Numbers Served</b>	314 women participated in weekly check-ins and home visits	675 women participated in weekly educational visits
<b>About the Participants</b>	83% of women served began prenatal care by their first trimester	69% of women served began prenatal care by their first trimester
	The most frequently cited psychosocial risk factors women reported were lack of transportation (21%) and lack of stable housing (17%)	The most frequently cited psychosocial risk factors women reported were lack of stable housing (11%) and pregnancy during their teen years (8%)
	The most frequently cited health factors women reported were lack of prenatal care (14%), diabetes, and lack of prenatal vitamin use (8% each)	The most frequently cited health factors women reported were nutritional deficiencies (11%) and lack of prenatal vitamin use (8%)
	The most commonly reported pregnancy complication was gestational diabetes, reported by 14% of women	The most commonly reported pregnancy complication was gestational diabetes, reported by 13% of women
<b>Outcomes</b>	All psychosocial risk factors decreased (greatest risk decrease in a safe place for baby to sleep)	All psychosocial risk factors decreased (greatest risk decrease in a safe place for baby to sleep)
	80% of the babies born within the three program years were of a healthy weight and gestational age	88% of the babies born within the three program years were of a healthy weight and gestational age
	91% of clients had a well-baby visit by program exit	86% of clients had a well-baby visit by program exit
	One stillbirth at 40 weeks	One stillbirth at 20 weeks

**INFANT SAFE SLEEP BABY CAMPAIGN**

The Safe Sleep Baby (SSB) education program focuses on raising awareness about infant safe sleeping practices and providing direct education services to caregivers, with a focus on African American families. Cribs are provided to households that needed a safe place for their infant to sleep. The SSB campaign also provides training to community and service professionals about infant safe sleep practices, and works with local hospitals to integrate safe sleep education into their policies and procedures. Highlights of the accomplishments of the Safe Sleep Baby campaign between 2015-2018 include:

- ▶ Numbers served:
  - 3,852 caregivers received SSB training. Of those, 21% (818) were African American.
  - 2,225 cribs were distributed, 35% (785) of which were to African American or multiracial African American families.

- 1,419 community service and health professionals were trained.
- 94 hospital staff received training on safe sleep practices and 8 hospitals that deliver babies in the county are routinely screening mothers for their plans to sleep their babies at home; these hospitals distributed 417 cribs to families who received SSB education.
- ▶ Outcomes: Follow-up interviews with 230 African American families receiving training and a crib showed that:
  - 94% always put their baby to sleep on their backs.
  - 82% never sleep their baby with blankets, pillow, or stuffed toys.
  - 77% never sleep their baby with another adult or child.

### **PUBLIC EDUCATION CAMPAIGN TO REDUCE AFRICAN AMERICAN CHILD DEATHS**

Two public education campaigns were run during the three year period, and each was designed to be a culturally relevant campaign to raise awareness about the disproportionality in the rate of African American infant deaths and to inform African American caregivers as to local resources that support healthy pregnancy outcomes. The campaign was targeted in the six Sacramento communities with the highest rates of African American child deaths and included print and digital media as well as community events. Highlights of the campaign's accomplishments include:

- ▶ The campaigns delivered a total of 159,387,653 impressions or views through signage on bus interiors, bus stops, and at convenience stores in the targeted neighborhoods. Social media presence led to 3,693,553 impressions.
- ▶ Radio spots for the campaigns on KSFM 102.5 reached an estimated 59-62% of the target audience, with an estimated average of 14 listens per person.
- ▶ The SacHealthyBaby.com website was developed to provide education and information to African American expectant mothers. The website also directed users to community services for African American women in Sacramento County, including BMU, WSH, Birth & Beyond Family Resource Centers, and WIC, with 1,206 visits to the "Find Care Near You" page. Over the course of the three years, visits to the site grew by 23% and tracked a total of 12,560 visits during that time, with individuals spending an average of two minutes on the site, exceeding industry standards.

### **OVERALL IMPACT 2015-2018**

Taken together, efforts from these strategies to reduce African American child death have shown signs of positive impact. Overall for African Americans in the County, between 2013 and 2016 there was a:

- ▶ 45% decrease in the rate of African American infant deaths, and a 76% decrease in disparity with all infant deaths among other races
- ▶ 18% decrease in the percentage of African American babies born preterm, and a 37% decrease in disparity between African American births and all other births
- ▶ 54% decrease in African American infant sleep related deaths, and a 62% decrease in disparity between deaths amongst African American babies and babies of other races.



## Result 4: OBESITY PREVENTION

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In 2015-18, First 5 Sacramento did not make investments in direct services related to obesity prevention, but earlier investments continue to have lasting impacts. Since 2015, this result area has been primarily targeted through policy efforts, the major accomplishments of which have been:

- ▶ **Staff continue to seek opportunities to support nutrition and physical activity as the Policy and Sustainability Committee work moves forward.** In line with the Strategic Planning Workgroup recommendation, the implementation plan for the Nutrition result area indicates “engage in policy work to decrease obesity through promotion of healthy eating and physical activity.”
- ▶ **First 5’s prior policy and systems efforts continue to impact the community, including** breastfeeding and baby bonding supportive practices at local hospitals through Baby Friendly (5 of 8 hospitals are now Baby Friendly), and 23 tot lots that the local parks and recreation districts continue to maintain.
- ▶ **In addition, the Commission works to weave nutrition and physical activity throughout funded programs wherever possible.** Through its contractors, the Commission distributes nutrition and physical activity related materials such as Potter the Otter and nutrition placemats. In addition, contractors such as the Family Resource Centers (FRCs) promote nutrition through classes and activities.

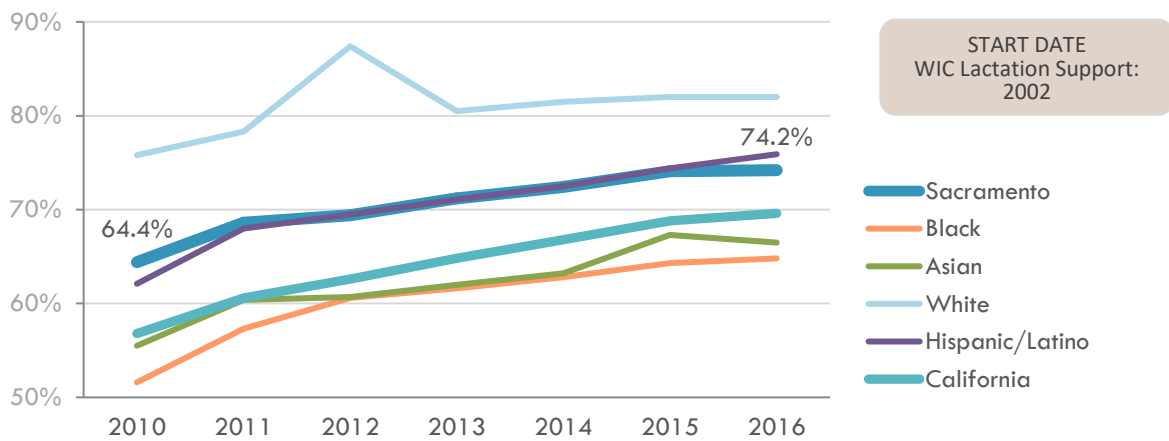


# Result 5: EXCLUSIVE BREASTFEEDING

## Countywide Trends

Across Sacramento County, the percentage of mothers who exclusively fed their baby breast milk in the hospital increased from 64.4% in 2010 to 74.2% in 2016. There were also increases between 2010 and 2016 for subpopulations: African Americans increased from 51.6% to 64.8%, Latinos from 62.1% to 75.9%, and Asians from 55.5% to 66.5%. However, the exclusive breastfeeding rate for African American, Asian and Pacific Islander mothers was lower than the overall state average.

**Figure 19. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital**



Note: Number of mothers who exclusively breastfed their babies in Sacramento – 11,423 (2010); 12,065 (2011); 11,751 (2012); 12,082 (2013); 12,577 (2014); 12,695 (2015), 12,539 (2016). Source: California Department of Public Health. Data beyond 2016 are not available.

## Impact of First 5 Sacramento in 2017-18

### WOMEN, INFANTS AND CHILDREN (WIC)

In 2002, First 5 began funding Sacramento County Department of Health and Human Services (DHHS) Women, Infants and Children (WIC) to provide lactation support services to mothers in Sacramento County. Sacramento DHHS WIC and its subcontractor Community Resource Project (“CRP-WIC”) provide services to promote the initiation and continuation of breastfeeding up to at least 6 months of age. The target population includes WIC mothers and infants in Sacramento County, as well as mothers with limited access to lactation assistance. In 2017-18, 4,251 women received WIC breastfeeding services funded by First 5.<sup>15</sup> WIC also worked with numerous community partners to improve access to breastfeeding support services, including Birth & Beyond, Sutter Medical Center, Mercy/Dignity Health, and UC Davis Medical Center hospitals and affiliated clinics.

<sup>15</sup> Note that 4,251 mothers served is reported in Persimmony Quarterly Measures. However, data provided by WIC (Excel file: First 5 Evaluation Report Data FY17.18) identifies 2,258 *infants* receiving First 5 supports.

**Figure 20. RBA Dashboard — WIC/CRP-WIC Breastfeeding Services**

		2017/18
<b>How much did we do?</b>	# of parents served	4,251
	# of providers served	30
	<b># of mothers who received breastfeeding support</b>	
	Helpline: 0-7 days of birth	1,127
	Helpline: 8 days- 1 year of birth	1,359
	Drop-in: 0-7 days of birth	496
	Drop-in: 8 days-1 year of birth	1,638
	IBCLC Consult: 0-7 days of birth <sup>16</sup>	709
	IBCLC Consult: 8 days-1 year of birth	1,692
	Home visit (high-need lactating mothers)	67
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services	96
	Calls to Medi-Cal/Medi-Cal eligible mothers for early breastfeeding support	466
	Follow-up contacts for additional breastfeeding support	1,023
	<b>Teen Support Groups</b>	
	# of youth who participated	17
<b># of providers who received training and education</b>		
# of health care staff who received a breastfeeding training	4	
# of providers who participated in lactation education course	26	
<b>How well did we do it?</b>	% of clients with a follow-up contact ( <i>among those who received IBCLC consult or drop-in support</i> )	39%
<b>Is anyone better off?</b>	% of babies who were breastfed exclusively at six months ( <i>among those whose mother received First 5-funded breastfeeding service</i> )	29%
	% of babies who were breastfed in any amount ( <i>among those whose mother received First 5-funded breastfeeding service</i> )	46%

Sources: FY 2017-18 WIC Quarterly Performance Measures report in Persimmony, and 2017-18 breastfeeding data export from WIC pertaining to First 5-funded clients only.

<sup>16</sup> IBCLC: The International Board of Lactation Consultant Examiners.

## Three-Year Summary (2015-2018)

- ▶ **Women, Infants and Children and its subcontractor Community Resource Project, Inc. reached 14,024 mothers to promote breastfeeding.** In 2017-18, 4,251 women received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support, and a helpline.
- ▶ **Mothers served by First 5-funded WIC programs are more likely to be exclusively breastfeeding at six months compared to state and national averages.** Across the three-years, trends are as follows:
  - In 2015-16, the percent of DHS WIC clients exclusively breastfeeding (21%) and CRP WIC (23%) surpassed the then-national average of 16%.
  - In 2016-17, the exclusive breastfeeding rate increased to 24% for both programs, still exceeding both the state (20%) and national averages (16%).
  - In 2017-18, the exclusive breastfeeding rate increased to 29% for both programs, exceeding both the state (26%) and national (25%) averages.<sup>17</sup>



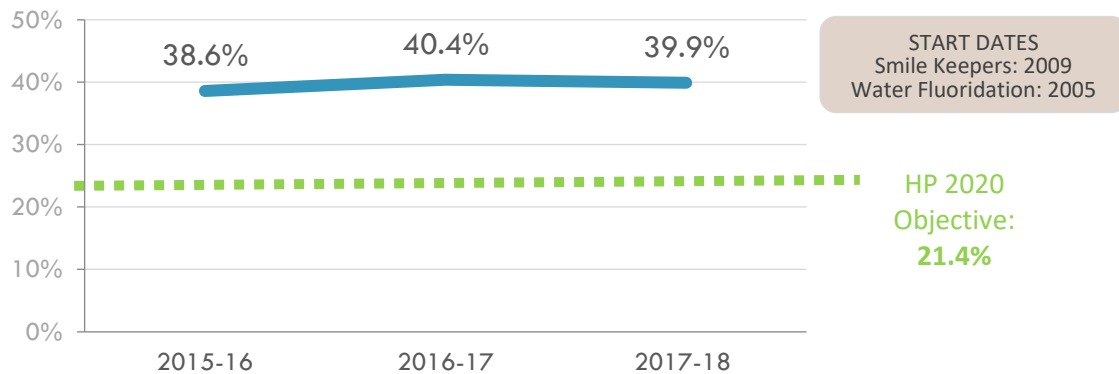
<sup>17</sup> Source: <https://www.cdc.gov/breastfeeding/data/reportcard.htm> Retrieved 21 November 2018

# Result 6: DENTAL DISEASE

## Countywide Trends

Recent countywide data on the prevalence of dental needs are not available, but among pre-kindergarteners screened through the Smile Keepers program, the percentage with urgent and non-urgent oral health needs hovers at around 40%. The level of untreated decay exceeds the Healthy People 2020 target of 21.4%.

**Figure 21. Percentage of Pre-Kindergarten Children with Untreated Decay**



Source: Smile Keepers Performance Report data, FY 2016, FY 2017, FY 2018. Sample includes children ages 4-5 who were screened and were found to have “urgent” needs and “non-urgent needs” in their baseline fall screening.

## Impact of First 5 Sacramento in 2017-18

First 5 Sacramento is committed to reducing the incidence and severity of dental disease among children ages 0 to 5 in Sacramento County, and has demonstrated this over the past 10 years by funding the Sacramento County Smile Keepers Program, community water fluoridation, and the construction of five children’s dental clinics. These efforts are described below.

### SMILE KEEPERS

First 5 Sacramento began funding the Smile Keepers program in 2009, which provides oral health screenings and fluoride varnishes to children ages 0-5 from low-income families, as well as oral health education to parents. Screenings are conducted in preschools, at WIC clinics, and community events. In 2017-18, Smile Keepers provided services and/or information to over 7,000 children, as shown in the following table.

**Figure 22. RBA Dashboard — Smile Keepers Dental Screenings**

		2017/18
<b>How much did we do?</b>	# of unduplicated children screened, by setting	<b>7,385 total</b>
	Preschools	<b>6,658 children in 791 classrooms</b>
	WIC	<b>612</b>
	Community Events	<b>185</b>
	# of children who received at least one fluoride varnish	
	# who received one fluoride varnish	<b>6,917</b>
	# who received two fluoride varnishes	<b>3,833</b>
	# of parents and providers who received in-person oral health education	<b>892</b>
	Parents <sup>18</sup>	<b>702</b>
	WIC staff	<b>78</b>
	Preschool staff	<b>123</b>
	Other providers (e.g. health care providers, home visitors, case workers)	<b>46</b>
<b>How well did we do it?</b>	% who received specific services	
	% of children screened who received two screenings <sup>19</sup>	<b>72%</b>
	% of children screened who received two fluoride varnishes	<b>72%</b>
<b>Is anyone better off?</b>	Dental Homes	
	# (%) of parents contacted who had successfully established a dental home <sup>20</sup>	<b>111 (82%)</b>
	# (%) of parents contacted who <i>intended</i> to establish a dental home <sup>21</sup>	<b>60 (98%)</b>
	Dental Health	
	# (%) of children identified with dental health needs <sup>22</sup>	<b>1,501 (37%)</b>
# (%) of children with a dental health need at the first screening who had a decrease in severity of dental health needs from first to second screening <sup>23</sup>	<b>342 (23%)</b>	

Source: FY 2017-18 Smile Keepers Quarterly Performance Reports in Persimmony, FY 2017-18 Individual-level Smile Keepers screening data.

When conducting dental screenings, Smile Keepers classified children as needing urgent care, needing non-urgent dental services, or no obvious need for dental services. Slightly more than one-third of children screened were identified as in need of dental services. The specific results of these screenings are in the figures below.

<sup>18</sup> Includes parents at WIC and community events. Parents of preschool children receive only educational materials.

<sup>19</sup> Among children screened in preschools. Children screened at community events and WIC clinics generally do not receive a second screening. Source: Smile Keepers individual-level screening data.

<sup>20</sup> These findings are from 111 parents who were reached by Smile Keepers’ follow-up efforts. This constitute 18% of the 612 WIC parents who received oral health education. Findings may not be representative of all parents.

<sup>21</sup> These findings are from 60 parents who received training on oral health, dental disease, and access to dental care services, and who completed Preschool Parent Surveys and “strongly agreed” or “agreed” that “I will establish a dental home for my child by age one.”

<sup>22</sup> Screening score of 2 or 3 among those who have a first and second screening.

<sup>23</sup> Children with 2 or 3 at screening 1 who had a lower score at screening 2.

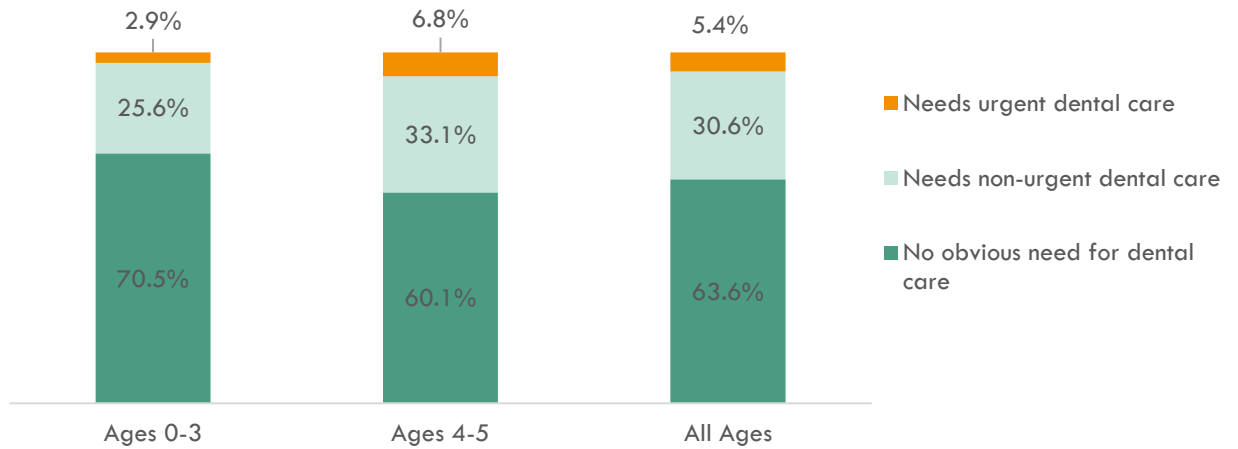


**Figure 23. Results of Smile Keepers Dental Screenings, 2017-18 (Numbers)**

	Ages 0-3	Ages 4-5	All Ages
# of screenings	2,516	4,960	7,476
Needs urgent dental care	72	335	407
Needs non-urgent dental care	645	1,642	2,287
No obvious need for dental care	1,775	2,980	4,755

Source: FY 2017-18 Smile Keepers Quarterly Performance Report narratives in Persimmony.

**Figure 24. Results of Smile Keepers Dental Screenings, 2017-18 (Percentages)**



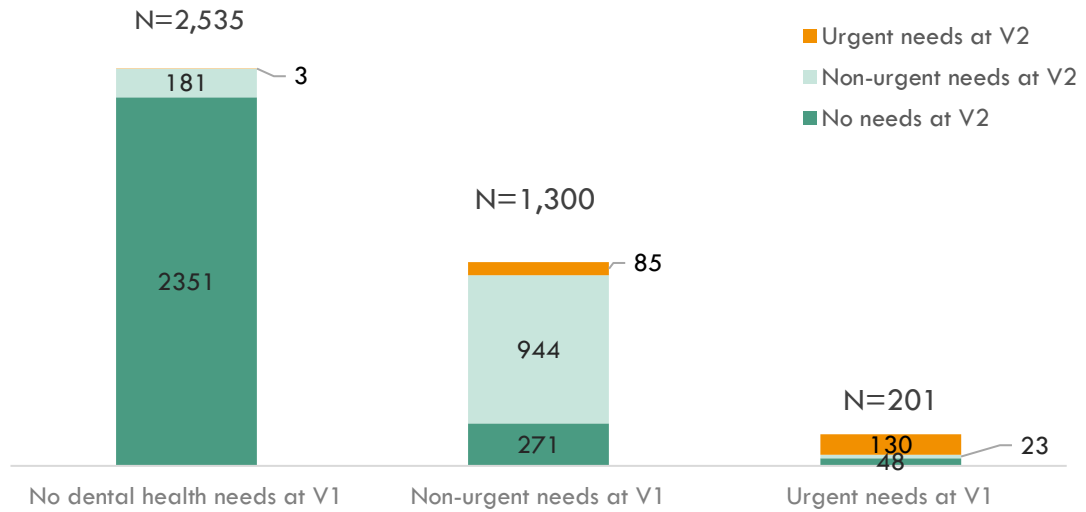
Source: FY 2017-18 Smile Keepers Quarterly Performance Report narratives in Persimmony. N=7,476.

Dental screening results were available at the individual level for both the fall and spring screenings, which make it possible to examine changes in dental needs from the first to the second screening. It is important to note that these data include only screening conducted at preschools; they do not include results for screenings conducted at WIC clinics or community events.

As shown in the following figure, in 2017-18, the majority of children (2,535 out of 4,036; 63%) had no dental health needs at the first screening, and most of these (93%) continued to have no needs at the second screening. Among the 1,300 children (32%) who had non-urgent needs at the first screening, 79% still had needs (non-urgent or urgent) at the second visit. Of the 201 children with urgent needs at their first screening, 130 (65%) still had urgent needs at the second screening, while 35% had the severity of their needs decrease.

In sum, there were 319 children who had non-urgent or urgent needs at the first screening who then had no dental health needs at the second screening, and an additional 23 children with urgent needs who improved to having non-urgent or no needs. All in there, there were 342 children (23%) of the 1501 children with needs who improved to have fewer or no needs at their follow up screening.

**Figure 25. Results of First and Second Dental Health Screenings, Smile Keepers, 2017-18**



Source: FY 2017-18 Smile Keepers Individual-level Dental Health Screening data. N=4,063 children.

**SYSTEMS APPROACHES TO REDUCE DENTAL DISEASE**

During 2017-18, Golden State Water Company received \$1.8 million to fluoridate the Arden Arcade Service Area. Construction of the project is underway and is expected to conclude in December 2019. Approximately 616 children ages 0-5 reside in this service area. After completion of this project, 68% of Sacramento County residents will receive the benefits of fluoridated drinking water in their homes.

Through a contract with WellSpace Health, the sixth children’s dental clinic opened in April 2018, to serve families from the city of Galt, the River Delta area, and the southern portion of Sacramento County.

First 5 collaborated with the Sacramento County Oral Health Program and the Dental Transformation Initiative to leverage funding, promote preventive oral health messages, and increase access to dental care. Working in collaboration with other organizations, First 5 Sacramento has helped to increase utilization of Medi-Cal dental services in Sacramento County.

## Three-Year Summary (2015-2018)

- ▶ **Smile Keepers screened and served 23,310 children to prevent and address oral health needs.** In 2017-18, Smile Keepers provided dental health screenings, fluoride varnishes, and dental health information to 7,385 children at preschools, WIC centers, and community events. Just over one third (37%) of the children screened through the Smile Keepers mobile dental program had untreated tooth decay and needed follow-up dental services. Across the last two years:
  - In 2016-17, 471 (28%) of the 1,669 children with needs at their baseline improved to have reduced or no needs at their follow up screening. In 2017-18, 342 (23%) of the 1,501 children with needs improved to have reduced or no needs at their follow up screening.
- ▶ **First 5 continued to invest in systemic approaches to oral health.** During 2017-18, Golden State Water Company received \$1.8 million to fluoridate the Arden Arcade Service Area. Construction of the project is underway and is expected to conclude in December 2019. With the fluoridation of Arden Arcade, 68% of Sacramento County will be fluoridated. Secondly, in 2018, the sixth children’s dental clinic opened to serve families from the city of Galt, the River Delta area, and the southern portion of Sacramento County. From 2018-19 onward, First 5 Sacramento will support the Center for Oral Health’s Early Smiles program to screen children and work with their families’ health plans to connect them to an ongoing dental home.

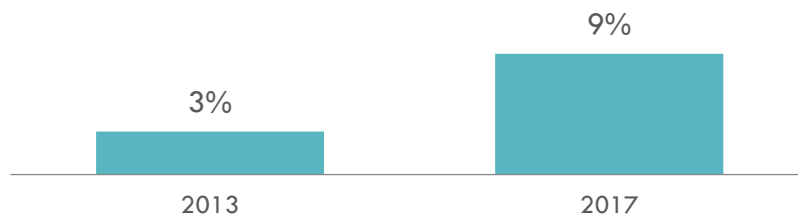


# Result 8: QUALITY EARLY CARE AND EDUCATION

## Countywide Trends

As of June 30, 2013, there were 160 child care programs (4,064 children, or 3.3% of the county's 0-5 year olds) that were participating in the county's Quality Rating Improvement System (*QRIS*), led by the Sacramento County Office of Education. By June 30, 2016, that number had increased favorably to 224 program sites, representing 11,482 children, or 9.3% of the county's 0-5 year olds.

**Figure 26. Percentage of Children Ages 0-5 who Attend a Preschool Site with a Quality Rating**



Source: Sacramento County Office of Education, 2016. Note: Number of children ages 0-5 attending a QRIS site (2016): 10,830.

## Impact of First 5 Sacramento

First 5 invests in improving the quality of early education by providing professional development, instructional support, workforce development, and kindergarten readiness support services to child care professionals, early education sites, parents, and caregivers. First 5 funds the following programs to impact the quality of early care and education: Quality Child Care Collaborative (started in 2004) and the Preschool Bridging Model Plus (started in 2008).

### QUALITY CHILD CARE COLLABORATIVE (QCCC), A PROGRAM OF CHILD ACTION, INC.

Early education settings received education, assessments, and technical assistance to improve quality. The *Quality Child Care Collaborative (QCCC)* provides support to licensed and license-exempt child care providers that serve children ages 0-5 in Sacramento County, including those who offer services to families that speak Spanish, Russian, Vietnamese, and Hmong, as well as English. The purpose of the program is to improve the quality of early education settings through workshops, coaching, environmental assessments, and other technical assistance. The QCCC also provides support to caregivers and parents of children with special needs through the WarmLine Family Resource Center's hotline. In 2017-18, through the QCCC, Child Action, Inc. served 180 child care programs.

**Figure 27. RBA Dashboard — Child Action, Inc.**

		2017/18
<b>How much did we do?</b>	<b># of programs and individuals served</b>	
	Child care programs	180 <sup>24</sup>
	Child care providers/teachers	210
	Assessors trained	19
	<b># of services provided</b>	
	Site visits conducted	152
	Contacts with parents and child care providers (in-person, phone and e-mail consultations, technical assistance and training)	922
	<b># of providers attending workshops/trainings provided</b>	
	Workshops/trainings related to special needs	49
	Developing a quality inclusive child care program	128
Child health and safety	21	
CAPC (child development, ASQ, discipline)	42	
<b>How well did we do it?</b>	Average # of contacts per program (in-person, phone and e-mail) <sup>25</sup>	5.55
	Average # of site visits per program	TBD
<b>Is anyone better off?</b>	<b>% of settings with increased ERS scores (among 15 classrooms with pre and post assessments)<sup>26</sup></b>	
	Activities	93%
	Personal care routines	80%
	Program structure	80%
	Space and furnishings	80%
	Interaction	80%
	Parents and staff	73%
Listening and talking/language	50%	

Source: FY 2017-18 QCCC Quarterly Performance Reports in Persimmony. ERS scores provided by Child Action.

Child Action, Inc. increased the quality of early care and education across several domains. During this fiscal year, a total of 15 classrooms completed pre and post Environmental Rating Scale (ERS) assessments. The average amount of time between pre- and post-assessment was 4 months.<sup>27</sup>

As seen in the figure above, the majority of classrooms had increased scores across the ERS domains from fall 2017 to spring 2018, though only half of the classrooms experienced change in the domain of *Listening and talking/language*.

Pre and post scores were also analyzed as mean or average scores per domain, and as seen below, this analysis revealed that marginally significant improvements were observed in centers, based on ECERS-R assessment data for the *Program Structure* and *Interaction* domains, as well as the overall ECERS-R score.

<sup>24</sup> Includes 136 programs with ongoing participation through FY 2016-17, and 33 potential providers in the licensing process.

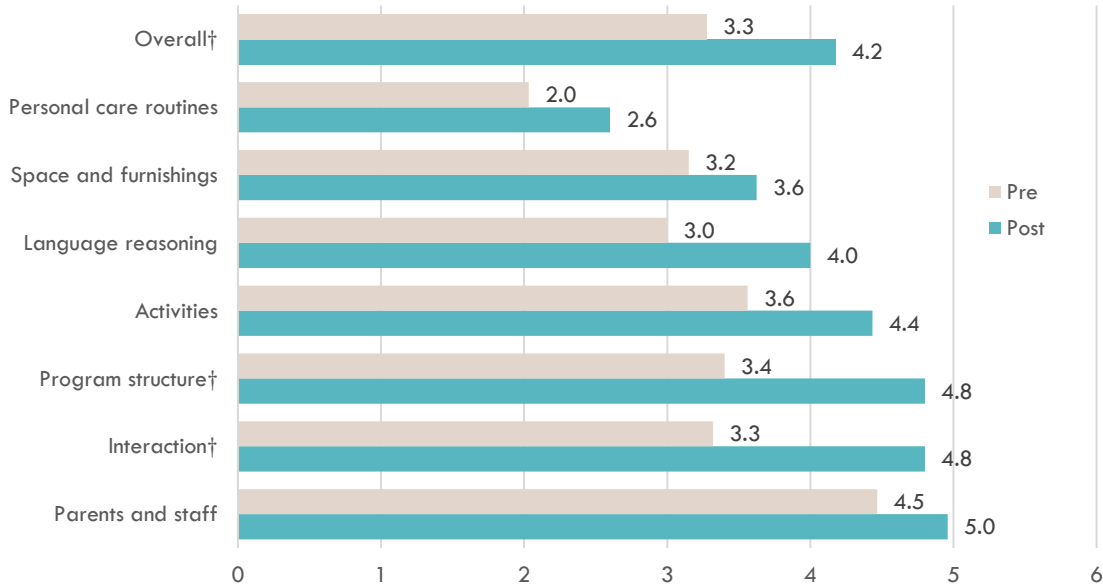
<sup>25</sup> Total of 1,167 contacts across 210 providers.

<sup>26</sup> N=1 classroom with pre/post ITERS-R scores, N=9 with pre/post FCCERS-R scores, and N=5 with pre/post ECERS-R scores.

<sup>27</sup> Due to very small sample sizes, pre/post changes must be interpreted conservatively.

Improvements in free play, schedules, group time, and provisions for children with disabilities were observed, as were improvements in staff-child interactions and interactions between children.

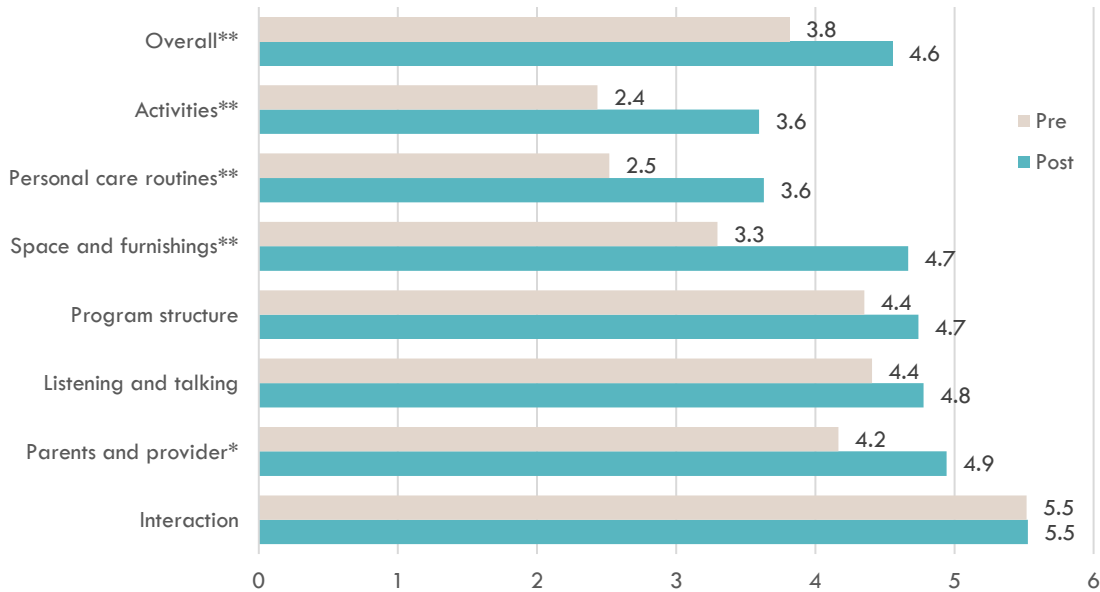
**Figure 28. Results of Pre and Post ECERS-R Assessments, 2017-18**



Source: Child Action, N=5. †p < .10

Participating Family Child Care Homes were also rated, and significant, positive changes were observed on the FCCERS-R Assessments in the domains of *Personal Care Routines*, *Activities*, and *Space and Furnishings*.

**Figure 29. Results of Pre and Post FCCERS-R Assessments, 2017-18**



Source: Child Action, N=9. \*p < .05. \*\*p < .01. \*\*\*p < .001.



Positive changes were also observed on the ITERS-R Assessments across domain areas, however only one classroom conducted pre/post tests on the ITERS-R.

**PRESCHOOL BRIDGING MODEL PLUS**

The Preschool Bridging Model Plus (PBM+) program provides quality enhancement support to privately-funded early care and education providers through CLASS assessments, instructional support, and site development. It also provides services such as developmental and health screenings to help children ages 0-5 and their families with the transition to preschool and kindergarten.

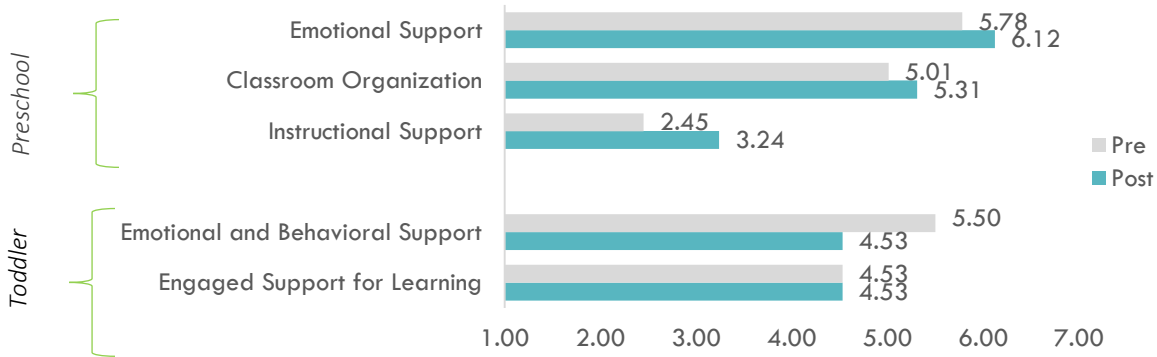
**Figure 30. RBA Dashboard — Preschool Bridging Model Plus**

		2017/18
<b>How much did we do?</b>	# of individuals served	
	Children	2,209
	Child Care Teachers/Providers	133
	# of children who received screenings	
	Hearing screening	693
	Vision screening	658
	Developmental screening	422
	#of referrals for additional testing	
	Hearing	7
	Vision	64
Developmental	35	
	# of education meetings for PBM+ Participants	245
<b>How well did we do it?</b>	# (%) of families referred to services who indicate having received referred services	
	Hearing (N=7 families received referrals for hearing services)	3 (43%)
	Vision (N=64)	26 (25%)
	Developmental (N=35)	5 (14%)
<b>Is anyone better off?</b>	% of preschool classrooms with increased CLASS scores (n=41)	
	Emotional Support	73%
	Classroom Organization	56%
	Instructional Support	80%
	% of toddler classrooms with increased CLASS scores (n=30)	
	Emotional and Behavioral Support	43%
Engaged Support for Learning	77%	

Source: FY 2017-18 PBM+ Quarterly Performance Reports in Persimmony. FY 2017-18 Screening and CLASS data provided by PBM+.

Preschool classrooms’ CLASS assessment results saw improvement across domains. PBM+ administered pre and post Preschool Classroom Assessment Scoring System (CLASS) assessments in 41 preschool classrooms to measure classroom interactions. As shown in the figure below, there were statistically significant increases in average scores from pre to post in the tool’s three domains: *Emotional Support*, *Classroom Organization*, and *Instructional Support*. Meanwhile, pre and post Toddler CLASS assessments were conducted in 30 classrooms. There were statistically significant differences in average scores from pre to post in *Emotional and Behavioral Support*, however the change observed was negative. However, as seen above, 43% of Toddler classrooms improved in *Emotional and Behavioral Support*, and 77% increased in classroom practices for *Engaged Support for Learning*.

**Figure 31. Results of Pre and Post CLASS Assessments, PBM+ Participants, 2017-18**



Source: FY 2017-18 CLASS data provided by PBM+. N=41 preschool classrooms and N=30 toddler classrooms.

### Three-Year Summary (2015-2018)

- ▶ **The Preschool Bridging Model Plus (PBM+) supported 382 early educators in the private sector to increase their quality of care.** Through Classroom Assessment Scoring System (CLASS) assessments, instructional support, and site development, developmental and health screenings, PBM+ helped children ages 0-5 and their families gain a quality early education and be prepared for the transition to kindergarten. In terms of three-year trends:

  - Improvements in the fall to spring CLASS assessments were consistent, with statistically significant gains in all three dimension of the preschool classroom tool: *Emotional Support*, *Classroom Organization*, and *Instructional Support*, and statistically significant gains in the two dimensions of the toddler classroom tool: *Emotional and Behavioral Support* and *Engaged Support for Learning*.
- ▶ **Child Action, Inc.’s Quality Child Care Collaborative (QCCC) helped 530 early educators increase the quality of their classrooms.** The Quality Child Care Collaborative (QCCC) provided support to licensed and license-exempt child care providers through workshops, environmental assessments (ECERS-R, FCCERS-R, and ITERS-R), coaching, and workshops. Across the past two years:

  - Pre-to post ERS data showed that statistically significant improvements were found for the following domains: ECERS-R: *Program Structure*, *Interactions* (2017-18 only), and FCCERS-R: *Personal Care Routines*, *Activities*, *Space and Furnishings*, *Program Structure* (2016-17 only).

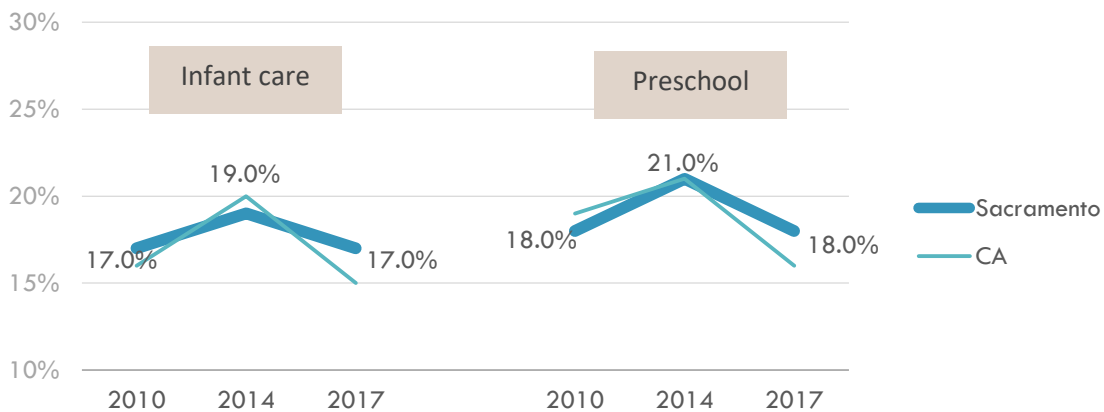
# Result 9: AFFORDABLE QUALITY CHILD CARE

## Countywide Trends

The cost of child care takes an increasingly large portion of a family’s income in Sacramento County. For instance, the cost of full-time center-based child care for infants increased from \$10,844 in 2010 to \$13,760 in 2017. For a family earning \$52,080 or less (the maximum amount to qualify for a subsidy), without a subsidy, infant care required 17% of their income in 2010 and 2017, down from 19% in 2014.

The cost of full-time center-based child care for preschool children increased from \$7,242 (2010) to \$9,403 (2017). For a family earning \$52,080, preschool required 18% of their income in 2010 and 2017, down from 21% in 2014.

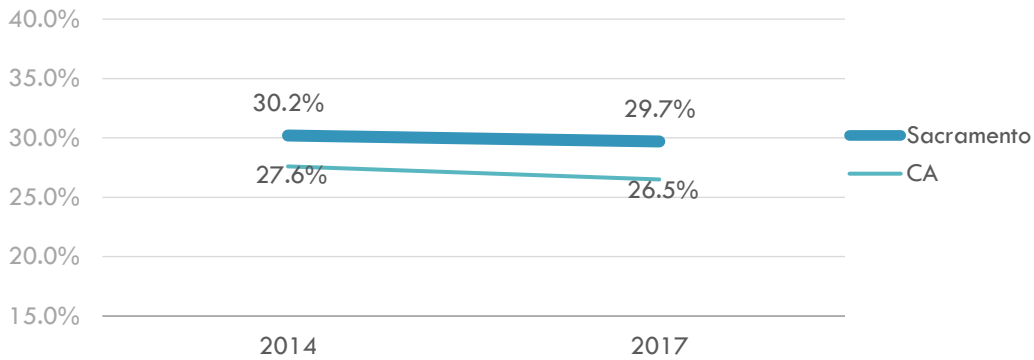
**Figure 32. Percentage of \$52,080 Annual Income Needed to Cover Cost of Child Care**



Source: California Resource and Referral Network Child Care Portfolios, 2017 Portfolio. Note: \$52,080 is 70% of state median income in 2015 for a family of three. Accessed at: [https://d3n8a8pro7vhm.cloudfront.net/rrnetwork/pages/1415/attachments/original/1530916994/2017\\_CA\\_Child\\_Care\\_Portfolio\\_06-18.pdf?1530916994](https://d3n8a8pro7vhm.cloudfront.net/rrnetwork/pages/1415/attachments/original/1530916994/2017_CA_Child_Care_Portfolio_06-18.pdf?1530916994).

In Sacramento County, the number of slots at licensed child care centers and family child care homes for children 0-5 decreased from 35,404 in 2014 to 35,149 in 2017, a loss of over 250 slots. In 2014, there was enough capacity to provide care for 30% of the county’s 0-5 year olds; that figure dropped slightly to 29% by 2017. However, the county still has slightly better capacity (29%) compared to the state (26%).

**Figure 33. Capacity of Child Care System: Percent of 0-5 Year Olds Who Can Be Accommodated in a Licensed Child Care Center or Family Child Care Home**



Source: California Resource and Referral Network Child Care Portfolios, 2017 Portfolio. Accessed at: [https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/1415/attachments/original/1530916994/2017\\_CA\\_Child\\_Care\\_Portfolio\\_06-18.pdf?1530916994](https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/1415/attachments/original/1530916994/2017_CA_Child_Care_Portfolio_06-18.pdf?1530916994).

## Impact of First 5 Sacramento in 2017-18

First 5 advocated throughout the state budget process to advance the number of children in Sacramento who have access to quality early care and education.

- The 2018 State budget included several wins for children and families, including the first state-level investment in home visiting. Funding was increased to ensure that no child lives in deep poverty, that parenting support through home visiting is available to all new parents on CalWORKs, and that a \$409 million allocation over four years will expand childcare vouchers for more than 13,000 low income families. AB 2960 also passed and it will create an online child care portal to present a more complete picture of the children we serve, as well as a more streamlined interface for parents. First 5 Commissioners and staff advocated for these changes throughout the entire budget process and are encouraged that these policy changes will advance the number of children in Sacramento who have access to quality early care and education.

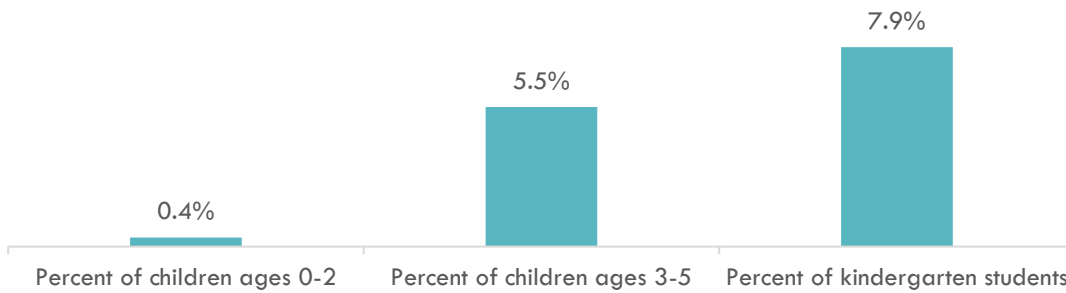


# Result 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES

## Countywide Trends

The goal of developmental screenings and developmentally appropriate practices is to be able to identify and serve children who have developmental concerns. Not all special needs can be prevented or ameliorated, but early detection can ensure that children receive services earlier, and in some cases, prevent special needs from becoming more severe over time. There are currently no countywide data on the prevalence of early developmental concerns, but county data on special needs services are available from the Department of Education. The chart below presents the percentage of the Sacramento County population receiving special education services, and the specific types of special education services provided, by age group.

**Figure 34. Prevalence of Special Education Enrollment, Sacramento County, 2017-18**



Source: Special education enrollment in Sacramento County taken from California Department of Education; Population estimate for children ages 0-2 and 3-5 taken from Kidsdata.org; Kindergarten population taken from California Department of Education.

Speech and language needs, which are developmental issues that can be effectively addressed once identified, account for 58% of the special needs services (Figure 35 below).

**Figure 35. Number and Percentage of Children with Special Needs, Sacramento County, by Age Group and Type, 2017-18**

	0	1	2	3	4	5	Total	Percentage
Speech or Language	0	*	27	382	679	863	1,951	58%
Autism	0	0	*	259	299	367	925	28%
Intellectual Disability	*	*	*	28	42	53	123	4%
Multiple Disability	*	21	26	21	16	18	102	3%
Other Health Impairment	*	15	*	33	38	38	124	4%
Hard of Hearing	*	22	16	*	*	12	50	1%
Orthop. Impairment	*	*	12	16	15	12	55	2%
Specific Learning Disability	0	0	0	*	*	19	19	0.1%
<b>Total</b>	<b>18</b>	<b>46</b>	<b>77</b>	<b>722</b>	<b>1,056</b>	<b>1,285</b>	<b>3,349</b>	<b>100%</b>

Source: California Department of Education. Note: There were not any children receiving special education services for the following disabilities: Deaf, Visual Impairment, Emotional Disturbance, Deaf-Blindness, or Traumatic Brain Injury.  
 \* Denotes a value under 11. Accessed at: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-BIH.pdf>.

## Impact of First 5 Sacramento in 2017-18

Through First 5, Project SOARS provided services to families and their children ages 0-5 who are or may be at risk for a developmental delay and/or disability. First 5 began funding Project SOARS in 2013, which provides services that impact the use of developmentally appropriate practices.

### PROJECT SOARS

In 2017-18, Project SOARS served a total of 335 children and 400 parents. Project SOARS’ target population includes children and families affected by or at risk for the following factors: homelessness (including those in transitional housing), substance abuse, domestic violence, or foster placements. Services include home visits, developmental screenings, and referrals for early intervention and other comprehensive services.



**Figure 36. RBA Dashboard — Project SOARS**

		2017/18
<b>How much did we do?</b>	# of children served	335
	# of adults served	400
	# of providers served	136
	<b>Screenings and Referrals</b>	
	# of developmental screenings: ASQ	273
	# of developmental screenings: ASQ-SE	256
	# of hearing screenings	54
	# of vision screenings	55
	# of referrals for developmental, medical, and comprehensive services	502
	<b>Direct Family Support</b>	
	# of Family Action Plans	141
	# of home visits	658
	# of developmental bags distributed	185
	# of New Parent Kits distributed	174
	<b>Outreach and Education</b>	
# of parents who participated in outreach/training session	169	
# of partner agencies that participated in outreach/training session	21	
<b>How well did we do it?</b>	<b>Parent satisfaction</b> <i>(Scale: 1=strongly disagree to 5=strongly agree) (N=64)</i>	<i>% agree or strongly agree</i>
	Were the referral services to other agencies helpful?	90%
	Were the resources and services that you were given helpful?	98%
	Are you satisfied with the services provided by Project SOARS?	100%
	Would you recommend Project SOARS to other parents?	100%
	Did the Project SOARS staff help you understand the importance of getting services for your child early in the first 5 years of life?	100%
	Did the Project SOARS staff help you learn about age appropriate development and signs of a possible developmental concern?	98%
<b>Is anyone better off?</b>	<b>Developmental Delay Referral Follow-up</b> <sup>28</sup>	<i>(N=58)</i>
	# (%) of children with referrals who were assessed or had assessment in progress at end of FY <sup>29</sup> <i>(among those with follow-up data)</i>	52 (90%)
	<b>Health Referral Follow-up</b>	43 (70%)
	# (%) of children with medical/health assessment referrals who accessed/were in progress of accessing services, at end of FY	21 (64%)
	# (%) of children with hearing referrals who accessed services, or were in progress of accessing services, at end of FY	2 (100%)
	# (%) of children with vision referrals who accessed services, or were in progress of accessing services, at end of FY	7 (88%)

Sources: FY 2017-18 Project SOARS quarterly Performance Reports in Persimmony, Project SOARS 2017-18 Annual Evaluation Report.

The table below provides additional details on the outcomes of the 58 children with referrals for developmental delays.

<sup>28</sup> Includes only those with follow up data.

<sup>29</sup> Includes four assessments forwarded to another agency. Three parents moved away and were unavailable for follow-up and three parents declined further assessment or challenges otherwise prevented follow-up.

**Figure 37. Outcomes of Project SOARS Developmental Delay Referrals, 2017-18**

Developmental Delay Referrals	Cumulative 2017-18 Total	Yes, qualified or eligible for services	Yes, was assessed but did not qualify for services	Assessment forwarded to another agency	In progress	Parent moved, unable to contact for follow-up	Parent declined assessment or challenges prevented assessment follow-up
Alta	25	9	2	1	10	2	1
SCOE Infant Development Program	17	5	2	3	4	1	2
School District Special Education	16	8			8	0	0
<b>Total</b>	<b>58</b>	<b>22</b>	<b>4</b>	<b>4</b>	<b>22</b>	<b>3</b>	<b>3</b>

Source: Project SOARS 2017-18 Annual Evaluation Report.

## Three-Year Summary (2015-2018)

- Project SOARS connected 924 parents and 981 children to services to address developmental delays.** Project SOARS provides services for families and children ages 0-5 who are affected by, or at risk for homelessness, and may be at risk for a developmental delay and/or disability. In 2017-18, 335 children and 400 parents were served through support, resources, and screenings, including 658 home visits, 529 developmental screenings, 54 hearing and 55 vision screenings, and 141 family action plans. Parents reported high levels of satisfaction with the workshops and support services provided by Project SOARS. As for three-year trends:

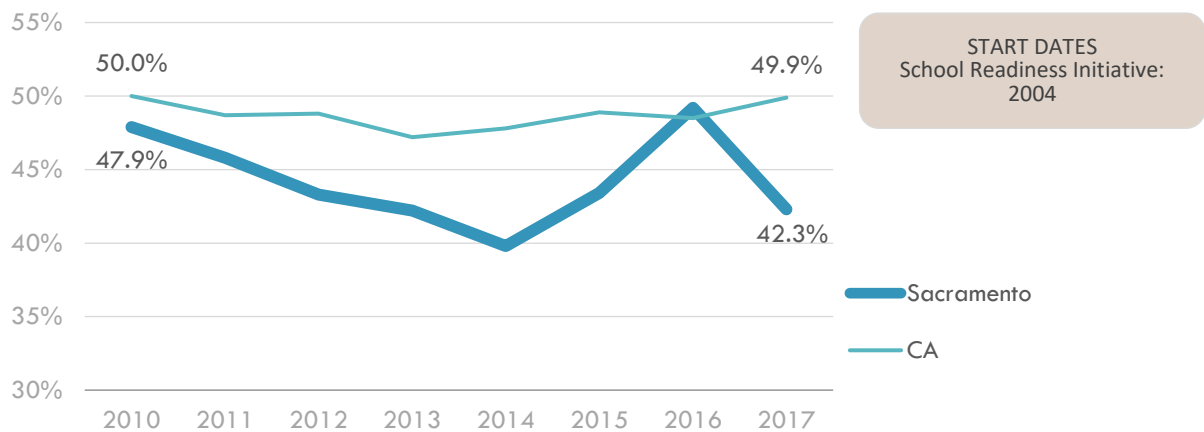
  - The number of developmental screenings increased by 87% over the three year period.
  - In 2017-18, of the 58 children who received a referral for developmental concerns and whose parents were reached at follow up, 90% had been assessed, or were in the process of being assessed, for further services to address their developmental needs. The referral rate was similar in 2016-17 (100%), an increase from 54% in 2015-16.

# Result 11: SCHOOL READINESS

## Countywide Trends

Fewer children are enrolled in preschool than in 2010. The percentage of 3- and 4-year-olds who are enrolled in preschool has decreased from 47.9% in 2010 to 42.3% in 2017, and was lower than the 2017 state average of 49.9%.

**Figure 38. Percentage of Children 3-4 Years Old Enrolled in Preschool**



Source: American Community Survey, School Enrollment S1401, accessed at: <https://factfinder.census.gov> on November 30, 2018.  
 Note: Estimated number of children 3-4 enrolled in preschool in Sacramento – 20,209 (2010); 18,317 (2011); 18,018 (2012); 18,329 (2013); 15,939 (2014); 16,801 (2015); 39,009 (2016); 42,023 (2017).

## Impact of First 5 Sacramento in 2017-18

In 2004, First 5 began funding nine school districts to provide services designed to promote school readiness, including preschool, playgroup services, parent education, and kindergarten transition camps. The Public Library and Crocker Art Museum were also funded to promote school readiness. These programs are presented below.

### SCHOOL DISTRICTS

Nine school districts provided a range of services to promote school readiness among children ages 0-5 and their families who live in targeted areas. First 5 School Readiness Services also maintained a focus on serving children and families with Child Protective Services involvement, those who have disabilities/ special needs, as well as dual language learners, migrant families, families in poverty, and/or other under-served populations. School readiness services include subsidized preschool slots, playgroups, a summer camp to help children transition to kindergarten, parent education and family literacy activities, and various screenings and referrals. Some districts also provided more intensive support to families through services such as case management and home visitation. In 2017-18, nine school districts received funding to provide services at 46 school readiness sites serving 4,387 children and 1,919 parents/caregivers.

**PLAYGROUPS**

First 5 Sacramento supports playgroups as a way to provide opportunities for parents of children ages 0-3 to connect with other parents while learning about age-appropriate expectations for their developing children, and learning skills around reading children’s cues. Children in playgroups are provided opportunities for social-emotional development and social interaction with other children. Drop-in playgroup sessions are available at least 1-2 days a week for 1-2 hours per day.

**Figure 39. RBA Dashboard — School Readiness: Playgroups**

		2017/18	
<b>How much did we do?</b>	# served		
	Children (ages 0-3)	815	
	Parent or Other Adult	745	
<b>How well did we do it?</b>	Attendance:		
	Average # of sessions attended per child	6	
	% who attended more than one session	71%	
	% who attended more than ten sessions	13%	
<b>Is anyone better off?</b>	% of parents connected to their community <sup>30</sup> <i>(Percent who agree/strongly agree, of those with pre &amp; post Family Information Form, n=1,263)</i>	Pre	Post
	I have others who will listen when I need to talk about my problems.	82%	78%
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	73%	70%
	I know what program to contact in my community when I need advice on how to raise my child.	72%	72%

Source: Persimmony Client Summary by Service Modality Report, FY 2017-18; Persimmony Export Client Service, FY2017-18; Family Information Form, FY2017-18.

<sup>30</sup> Data analysis includes all parents who participated in any school district programming, so results are not representative of only playgroup participants.

**EARLY LEARNING EXPERIENCES**

These programs are designed to introduce children to a fun learning environment that helps prepare them for kindergarten. Preschool programs are available for children ages 3-5. Programs operate 3 or more hours per day throughout the school year. Priority is given to children ages 4-5 without former preschool experience.

**Figure 40. RBA Dashboard — School Readiness: Preschool**

		2017/18	
<b>How much did we do?</b>	# of preschool slots funded by First 5	408	
	# of children who attended preschool via a First 5-funded slot <sup>31</sup>	666	
<b>How well did we do it?</b>	Quality Rating & Improvement System (QRIS): % of sites with element score of 4 or 5 (on a scale of 1 to 5) <sup>32</sup>		
	Element 1: Child Observational Assessments	88%	
	Element 2: Developmental and Health Screenings	96%	
	Element 3: Qualifications for Lead Teacher/ Owner Education and Professional Development	86%	
	Element 4: Classroom Assessment Scoring System (CLASS) score	53%	
	Element 5: Ratios and Group Size	96%	
	Element 6: Environmental Rating Scales (ERS)	14%	
	Element 7: Director Qualifications	100%	
	Attendance for preschool slots ( <i>n</i> =653)		
	% of children who attended at least 30 weeks	75%	
% of children who attended an average of 4 or 5 times per week	56%		
<b>Is anyone better off?</b>	Average School Readiness Scores ( <i>among those assessed: No Preschool N=247; Preschool N=535</i> ) <sup>33</sup>	No Preschool	Preschool
	Overall Readiness	2.98	3.21
	Kindergarten Academics	2.69	3.05
	Self-Regulation	3.14	3.29
	Social Expression	3.07	3.24

Source: School districts’ FY 2017-18 individual-level service data in Persimmony; School Readiness Assessment 2017 data. QRIS data submitted by each school district for each site.

Preschool prepared students for kindergarten entry. Consistent with prior years, students who entered kindergarten in 2017 having had a First 5-funded preschool experience achieved higher scores on the school readiness assessment.

<sup>31</sup> Since some children attended for only part of the year, the total number of children served through these slots was higher than the number of slots. Attendance data are based on these 666 children.

<sup>32</sup> Fifty-one First 5-funded sites are participating in QRIS.

<sup>33</sup> Preschool refers to First 5-funded center-based preschools. The full school readiness report may be found on the First 5 Sacramento website.

**SCREENINGS AND REFERRALS**

First 5 Sacramento provides children ages 0-5 with screenings and assessments related to child development, speech/language, vision, and hearing. Families are provided with referrals, follow-up services, and/or resources for any concerns identified.

Figure 41. **RBA Dashboard — School Readiness: Screenings and Referrals**

		2017/18
<b>How much did we do?</b>	<b># of children screened</b>	
	Dental Screening	3,089
	Developmental Screening	3,191
	Hearing Screening	2,576
	Speech/Language Screening	1,579
	Vision Screening	2,425
	<b># of referrals provided</b>	
	Dental	586
	Developmental	173
	Hearing	27
	Speech/Language	159
	Vision	87
	<b>Age at Screening<sup>34</sup></b>	
% screened who were ages 0-3	7%	
% screened who were ages 4-5	88%	
<b>How well did we do it?</b>	<b>% screened who were referred to services</b>	
	Dental Referral	19%
	Developmental Referral	5%
	Hearing Referral	1%
	Speech/Language Referral	10%
	Vision Referral	4%
<b>Is anyone better off?</b>	<i>% of children referred to services who accessed those services<sup>35</sup></i>	N/A

Sources: School districts' FY 2017-18 Client Summary by Service and Client Summary By Service Modality reports in Persimmony.

<sup>34</sup> 0-3 years old includes children who were 0 years to 3 years, 364 days when the screening was conducted. Source: Client Summary by Service Modality report in Persimmony.

<sup>35</sup> Would need additional data that is not currently being collected

**FAMILY SUPPORT AND ENGAGEMENT**

Families with children ages 0-5 were encouraged to be involved in their child’s early learning and development. Families are supported in their efforts to ensure their child’s success in school and life through the provision of general information about schools, orientations, parent education classes and workshops, adult literacy, nutrition, and health and dental insurance, among other supportive services.

**Figure 42. RBA Dashboard — School Readiness: Family Support and Engagement**

		2017/18	
<b>How much did we do?</b>	<b># of unduplicated adults served, by service</b>		
	Family Literacy	2,225	
	Parent Education	1,840	
	Intensive Support (e.g. case management, home visits)	213	
	<b>Average # of hours per person, by service</b>		
	Family Literacy	2.0 hours	
	Parent Education	2.8 hours	
	Intensive Support (e.g. case management, home visits)	1.2 hours	
<b>How well did we do it?</b>	<i>Measure of satisfaction (only for some workshops)</i>	N/A	
<b>Is anyone better off?</b>		<b>Pre</b>	<b>Post</b>
	% of parents reading at least five times per week (of those who participated in literacy activity and have both pre and post data; n=1,429)*	57%	64%
	% of parents who are connected and supported (Percent who agree or strongly agree, of those who have both pre and post data)		
	I have others who will listen when I need to talk about my problems. (n=1,270)*	82%	78%
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment). (n=1,264)	74%	70%
	I know what program to contact in my community when I need advice on how to raise my child. (n=1,263)	72%	72%

Source: School districts’ FY 2017-18 Client Summary by Service report in Persimmony and the Family Information Form. \*Differences between pre- and post-tests are statistically significant at p<0.05.

More parents are reading to their children. Among parents who engaged in First 5-funded school readiness services and who completed pre and post Family Information Forms, there was an increase in the percentage of parents reading to their child(ren) at least five times a week, as seen in Figure 42 above.

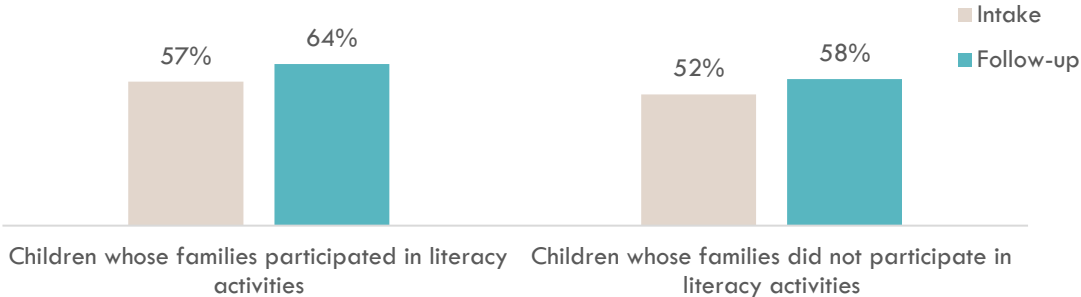
Families need more support with social and community connections, given that declines in social and community connection were observed from intake to follow-up. Fewer parents (from pre to post) agreed that they had others who will listen when they talk, and that they know programs to contact in their community for basic needs.



**Family Literacy**

Activities and workshops to promote family literacy are one component of school districts’ school readiness services. Data collected using the First 5 Sacramento Family Information Form during 2017-18 showed that among the 1,429 children whose family participated in school district programming, and for whom intake and follow-up data were available, there was a statistically significant increase in the percentage of families who read at home to/with their child(ren) at least five days per week. As shown in the figure below, 57% read at home at least five days per week at intake, while 64% read at home at least five days per week after participating in the family literacy activities. While the gain in the percentage of families reading five times a week or more was also statistically significant among the group of children whose families did not participate in school readiness services, the increase from intake to follow-up was only 5 percentage points (52% to 58%).

**Figure 43. Percentage of children whose families report reading at home at least five days per week**



Sources: Family Information Forms from FY 2017-18; School districts’ FY 2017-18 individual-level service data in Persimmony. N=1,429 children whose families participated in school district programs, including literacy activities provided by the nine area school districts, and N=106 children whose families did not participate in school district programs. The increase from intake to follow-up was statistically significant for both the groups.

**TRANSITION SUMMER CAMP**

Transition summer camp includes learning and enrichment activities for children and workshops to orient parents to prepare for kindergarten entry. Transition summer camps are typically 3-4 weeks in duration with a targeted minimum of 3-4 hours a day, for a total targeted minimum of 60 hours of program engagement. The camps are intended to serve under-resourced children who might otherwise not have access to preschool or other school readiness programs, and focus on preparing children for starting kindergarten, with an emphasis on numeracy, literacy, and social-emotional development

In 2017-18, a new school readiness assessment was developed and pilot-tested at summer camp sites in Folsom Cordova, Natomas, and Twin Rivers. Plans for expanding implementation of the assessment to additional sites in subsequent years are currently underway.

**Figure 44. RBA Dashboard — School Readiness: Transition Summer Camp**

		2017/18	
<b>How much did we do?</b>	# of children served	675	
<b>How well did we do it?</b>	% of children who completed at least 56 hours	41%	
	% of children whose parents participated in transition orientation	59%	
<b>Is anyone better off?</b>	% of children <i>in progress</i> or <i>proficient</i> in select skills on the pre/post school readiness pilot assessment (n=158-162) <sup>36</sup>	Pre	Post
	Recognizes letters	56%	70%
	Counts 20 objects	81%	90%
	Writes first name	69%	80%
	Follows rules & routines	84%	95%
	Handles frustration well	85%	94%
	Appropriately expresses needs and wants	86%	93%

Source: FY 2017-18 individual-level client service data in Persimmony.

### TRANSITION SUMMER CAMP: POOLED SCHOOL READINESS OUTCOME STUDY

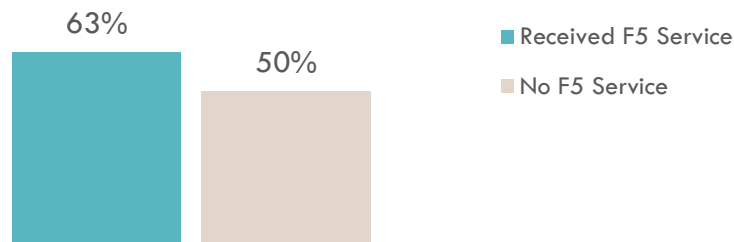
The impact of transition summer camps on school readiness outcomes was examined earlier this year by pooling across annual school readiness data between 2012 and 2017. This study revealed that children who attended transition summer camps, who have had no other preschool or TK experience, were more likely to be ready for kindergarten. (This same benefit was not found for children who had prior preschool experience). These effects were strongest for *Kindergarten Academics* skills (both in average readiness levels and the percent who were fully ready), but there were also marginally significant benefits associated with First 5 transition summer camp participation for *Social Expression* skills (in average readiness levels and the percent who were fully ready) and *Self-Regulation* (in average readiness levels).

Caregivers exposed to the program transition summer camp content also had increased rates of engagement in kindergarten preparation activities such as attending a parent orientation, meeting with their child’s teacher, visiting the school with their child, seeking information about the kindergarten transition, asking about their child’s readiness, and giving their child opportunities to play with others.

<sup>36</sup> The pre/post school readiness assessment was implemented for the first time in summer 2018. Participating districts included Natomas, Folsom Cordova, and Twin Rivers.

Parents who participated in First 5 school readiness services were more likely to engage in activities that facilitated their child’s transition into kindergarten. Another indicator for this result area was the percent of parents who reported engaging in at least four kindergarten transition activities (out of nine listed on the Parent Information Form). These activities included things like visiting the kindergarten school, and meeting the kindergarten teacher. As shown in the figure below, the percent of parents who reported engaging in at least four kindergarten transition activities was significantly greater among those who received First 5 school readiness services, compared to those who did not receive First 5 services.

**Figure 45. Percent of Parents Engaging in at least Four Transition Activities**



Source: Kindergarten Observation Form 2017, Parent Information Form 2017. N=1,084. Difference statistically significant,  $p < .001$ .

## READINESS FOR KINDERGARTEN

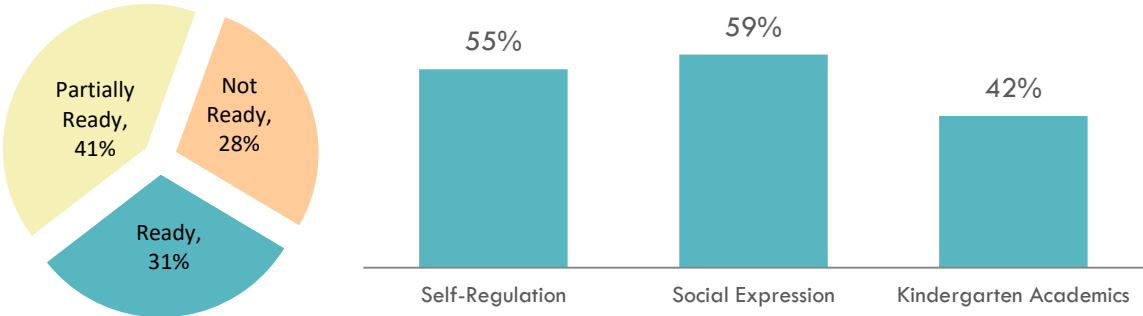
Nearly one-third of students assessed across the nine partner districts were ready for kindergarten. Students were identified as being ready for school using results of the Kindergarten Observation Form, administered in fall 2017.

Students were assessed across three primary domains of readiness: *Social Expression*, *Self-Regulation*, and *Kindergarten Academics*. Overall readiness was determined based upon the combination of readiness in each domain. Specifically, children who were classified as *Not Ready* in any of the three domains scored below an average of 3.25 in each of the three domains, and children who were proficient, or nearly proficient (average score of 3.25 or higher) in all three domains were considered *Ready*. *Partially Ready* indicates readiness in one or two domains.

As shown in the figure below, 31% of all children assessed across the nine school districts<sup>37</sup> were *Ready*, and another 41% were *Partially Ready*. The percent *Ready* in each domain is also shown below, with the greatest percentage of students *Ready* in *Social Expression*.

<sup>37</sup> N=1,388, inclusive of students who have engaged in First 5-funded programs, as well as others.

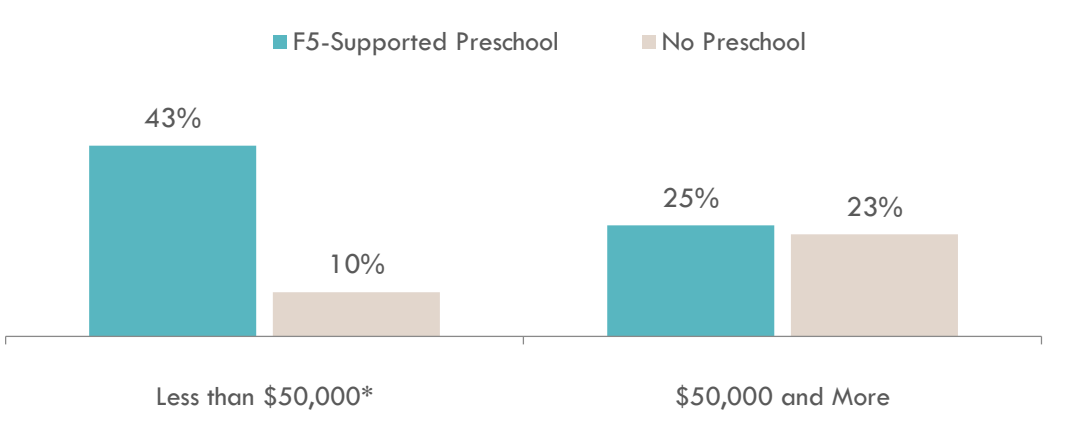
**Figure 46. Percent of Children Ready across Domains, and by Domain, Fall 2017**



Source: Kindergarten Observation Form 2017. N=1,388-1,538.

Students from lower-income households appear to have reaped greater benefits from First 5-supported preschool. Readiness levels of children who attended a First 5-supported preschool were compared to readiness levels of children who did not attend preschool. As shown in the following figure, 43% of children from low-income households were ready for kindergarten when they attended a First 5-supported preschool, whereas only 10% of children from low-income households were ready when they did not have formal early education experience. This significant difference was not found among children from higher-income households, which highlights the benefit of First 5-supported preschool particularly for students from lower-income households.

**Figure 47. Percent Fully Ready for Kindergarten, By First 5-Supported Preschool Experience and Income**



Source: Kindergarten Observation Form 2017, Parent Information Form 2017, First 5 Records. Note: N=328. \*Statistically significant at p<.05; Adjusted for age, gender, special needs, and English Learner status.

## SACRAMENTO PUBLIC LIBRARY

In 2017-18, the Sacramento Public Library provided early literacy and book-lending services to 483 families. The Sacramento Public Library provides services to families with children ages 0-5 who live in low-income housing complexes, with a focus on families with Child Protective Services involvement or disabilities/special needs, as well as those who are dual language learners, migrant families, living in poverty, or part of another under-served population. The library provides early literacy workshops to parents, as well as library services at low-income apartment complexes through a bookmobile.

**Figure 48. Services Provided by the Sacramento Public Library, 2017-18**

Services	2017-18
Provide early literacy story times	56 families
Distribute books to families completing early literacy workshops	377 books
Provide library services at housing sites using the bookmobile <sup>38</sup>	216 visits
Issue library cards to families living in low-income housing sites.	49 families

Source: FY 2017-18 Library Performance Measures Reports in Persimmony.

During the fiscal year, 56 unduplicated families participated in the early literacy workshops. The Family Information Form was completed for 13 children, and reading frequency was reported for 12 children. Among these 12 children, 9 (75%) were reading at home at least five days per week at intake. Due to difficulties with retention for all four workshops, follow-up data were not available.

## CROCKER ART MUSEUM

Crocker Art Museum provides a range of activities promoting art as a learning tool for children ages 0-5 and their families, parents, and caregivers residing in Sacramento County, with a focus on under-served families with Child Protective Services involvement or who have disabilities/special needs, as well as those who are dual language learners, migrant families, and/or living in poverty. Services include instructional guides about art education for parents of children ages 0-5; a museum tour and art education for preschool children; and Story Trail, a self-guided tour to guide children and parents throughout the museum.

**Figure 49. Services Provided by Crocker Art Museum, 2017-18**

Services	2017-18
Distribute free museum passes to partners in targeted zip codes	437 passes
Distribute Tips for Tots instructional guide about art education to parents of children 0-5	1,500 guides
Provide museum tour and art workshops to children attending school readiness programs	248 children
Provide Story Trail for parents and children 0-5	639 parents and children
Provide Sunday Playday 2-hour drop-in program	924 children/ adults
Provide Artful Tot and Baby Loves Art Sessions	948 children / adults

Source: FY 2017-18 Crocker Art Museum Quarterly Performance Reports in Persimmony.

<sup>38</sup> The unduplicated number of families was counted beginning in June 2016, so data are available only for that month. During June, 44 unduplicated families were served.

## Three-Year Summary (2015-2018)

- ▶ **Nine school districts prepared 14,972 of Sacramento’s most vulnerable children and 11,694 of their parents/caregivers for school readiness.** The nine districts provided a range of services at 46 sites to promote school readiness among children ages 0-5 and their families, with programs such as preschool, playgroups, summer kindergarten transition camps and transition activities, screenings and referrals, family literacy, and parent education, engagement and support. In 2017-18, 5,353 children and 4,508 parents were served across the nine school districts, including 666 children served in 408 preschool slots, and 675 children attended a kindergarten transition camp, and 3,191 children received developmental screenings.
- ▶ **Across the three years, approximately three quarters of the students assessed across the nine partner districts were *ready or partially ready* for kindergarten,** according to results of the annual School Readiness Assessment. The results were consistent across the three years: children who had attended First 5-supported preschool programs were significantly more likely to be ready for kindergarten, compared to those who did not attend such programs. The readiness benefits of the school readiness programs were especially pronounced for low income children whose families earned less than \$50,000 per year.
- ▶ **The Sacramento Public Library provided early literacy and book-lending services to 1,365 Sacramento families facing vulnerable circumstances.** In 2017-18, the Library also provided early literacy workshops to 56 families, and distributed 377 books to these families. In addition, 49 families living in low-income apartment complexes were issued a library card to support community literacy. As for three-year trends:

  - The number of families participating in early literacy workshops was 66 in 2015-16, 91 in 2016-17 and 56 in 2017-18.
- ▶ **The Crocker Art Museum continued to provide art as a learning tool for children ages 0-5 and their families, parents, and caregivers residing in Sacramento County.** In 2017-18, museum tours and art workshops were provided to 248 children attending school readiness programs, and 1,500 Tips for Tots instructional guides about art education were distributed to parents of children ages 0-5. The museum also distributed 437 free museum passes to collaborating partners in targeted zip codes, representing a significant investment in encouraging families to expand children’s learning through art. As for three-year trends:

  - The number of museum tours and art workshops provided to children attending school readiness programs remained steady, from 246 in 2015-16, to 249 in 2016-17, to 248 in 2017-18.
  - The number of free museum passes distributed to collaborating partners in targeted zip codes significantly fluctuated, from 4,696 in 2015-16, to 13,000 in 2016-17, to just 437 passes in 2017-18.

# Result 12: CONNECTIONS TO COMMUNITY RESOURCES

## Countywide Trends

No countywide data are available for this result area.

## Impact of First 5 Sacramento in 2017-18

There are two programs specifically intended to link families to resources and increase community connectedness. It is important to note however, that all First 5 programs refer and link families to services. This section only describes the services and outcomes for 2-1-1 and the Community Connections Grants (CCG) program.

### 2-1-1

2-1-1 is a telephone line and website that families with children ages 0-5 can use to get information about available services in the county. In 2017-18, 2-1-1 helped a total of 9,081 callers.<sup>39</sup>

**Figure 50. Services Provided by 2-1-1**

Services	2017-18
Help callers with children ages 0-5 find services and resources	9,081 calls
<b>Information &amp; Referrals</b>	<b>8,249 calls</b>
Housing	6,422
Legal, Consumer, Public Safety	2,014
Family & Community Support	1,995
Utility Assistance	1,050
Clothing/Personal/Household Needs	1,042
Income Support/Assistance	874
Food/Meals	832
Health Care	727
Information Services	571
Mental Health/Addiction	497
Education	232
Employment	192
Other Government/Economic Services	148

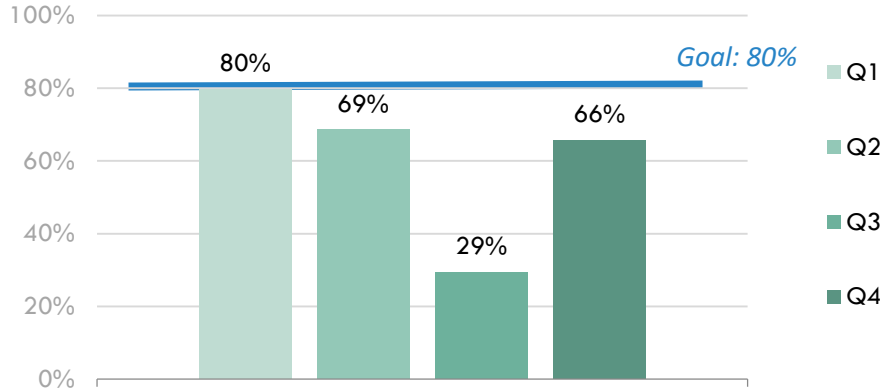
Source: FY 2017-18 2-1-1 Annual Report to First 5 Sacramento.

<sup>39</sup> It is important to note that because individual-level data about callers are not collected, it can be assumed that this is a duplicated number.



Regarding the quality of service provided, 2-1-1 strives to ensure that at least 80% of calls are answered within 120 seconds. This goal was met in the first quarter of 2017-18, as shown in the figure below. In the 2018-19 year, 2-1-1 will be prioritizing their response to callers with children ages 0-5 as they strive to more consistently reach their goal.

**Figure 51. Percent of 2-1-1 Calls Answered within 120 seconds, 2017-18**



Source: Data obtained from 2-1-1, for 0-5 calls, FY 2017-18.

In order to evaluate the quality assurance program, 2-1-1 maintains a policy of making follow-up calls to at least 2% of callers. However, in 2017-18, the program exceeded that target and made call-backs to 10% of callers. The findings of the follow-up calls are shown below. Approximately half of those who were reached for follow up had not yet accessed the referred service. The primary reasons were that they had not tried to contact the agency, and/ or the programs had waiting lists.

**Figure 52. Results of 2-1-1 Follow-Up Calls, 2017-18**

	Q1	Q2	Q3	Q4	Total
# of information and referral calls	2,176	2,344	1,787	1,942	8,249
# of follow-ups completed (% of I & R calls)	267 (12%)	196 (8%)	146 (8%)	223 (11%)	832 (10%)
Had not received services	49%	58%	40%	51%	50%
Needed further assistance	24%	43%	32%	46%	36%
Information provided was accurate	100%	98%	100%	96%	99%
Would recommend to family/friends	99%	100%	100%	100%	100%

Source: FY 2017-18 Quarterly Reports submitted to First 5 from 2-1-1.

**COMMUNITY CONNECTIONS GRANTS**

The Community Connections Grants are small grants of up to \$5,000 given to community members who facilitate a group with other parents/families in their community. The first set of groups for this program began in March 2016 (2015-16). The last set of groups in this fiscal year began meeting in March 2018, and will continue to meet through June 2019. A total of 354 families attended 23 groups this year.

Foci, target population, location, and themes are all unique to each group. For example, this year, there were men’s groups, groups focused on reading, and groups for Black mothers, Afghan mothers, and Muslim mothers, to name just a few.

**Attendance**

The number of families with at least one child aged 0-5 who attended at least one session of a group ranged from 2 to 60, with most in the range of 10-25. Groups met an average of 14 times, though it is important to note that each group varied in frequency of meetings. While some are held monthly, other groups are held weekly or biweekly.

**Figure 53. Community Connections Group Attendance, 2017-18**

Group Name	# of 0-5 FAMILIES that attended this group *	# of times the group met in 2017-2018
<b>Round 2 Term: August 2016-October 2017</b>		
Happy & Healthy Tots	15	6
Nurturing Families/Lives	10	2 **
Vietnamese Young Mothers	29	2 **
<b>Round 3 Term: April 2017- June 30, 2018</b>		
BAYHO	30	10
Del Paso Tots Read	15	40
Elements of Play	25	15
Empowered Parents	10	12
Los Heroes	25	20
Men and Child Care	60	10
Pop Tot Playgroups	25	10
Sac Reading Adventure	5	20
Ser Mama/Mujer	20	20
<b>Round 4 Term: January 2018-March 2019</b>		
Afghan Mom’s Support Group	12	23
Black Mother’s Club	4	10
Del Paso Playdates	2	4
Leer, Jugar, Cantar	12	15
Muslimas Sister Circle	8	6
Project Twinkle	12	12
Rhythm & Grooves	6	15
Sac Pouch Project	6	45
Tigers on the Move	5	12
<b>Housing Community Pilot Term: March 2018-June 2019</b>		
MAC (Providence Apts)	7	6
Sincerely Yours (Twin Rivers)	6	8
<b>TOTALS:</b>	<b>354 FAMILIES</b>	<b>323 Meetings</b>

Source: CCG Attendance sheets. \*Number of sessions for which a sign-in sheet was provided. \*\* These groups were ending their term and prior meetings were held in earlier fiscal years.

### **Leaders Closure Survey**

According to leaders of the Community Connections Groups, the primary benefits for participants were social connections and resource linkages. When asked to indicate the extent to which parents in their groups made friends with each other, 75% indicated “a lot”, while 25% indicated “somewhat”. When asked to indicate the extent to which parents were connected with community resources, 70% indicated “a lot”; 25% “somewhat”; 5% “a little”. When asked about the ways in which participants benefited from participation, the most common benefits identified were that parents made new connections with each other, and with community activities and resources.

When asked about difficulties, *recruiting group members* was identified as one of the most challenging aspects, with 20% of respondents identifying this as “very difficult”. Twenty percent identified *purchasing* and *financial reporting* as “difficult” or “very difficult.” Several respondents expressed difficulty with *being the leader* and *finding the time to dedicate to group coordination and activity planning*.

Despite the challenges, leaders indicated they were able to come up with activity ideas and get members to return with “little” to “no difficulty” at all. Ninety percent of the leader respondents indicated their group would continue to meet without First 5 support, using member contributions and/or donations as the primary source of funding.

### **Parent Questionnaire**

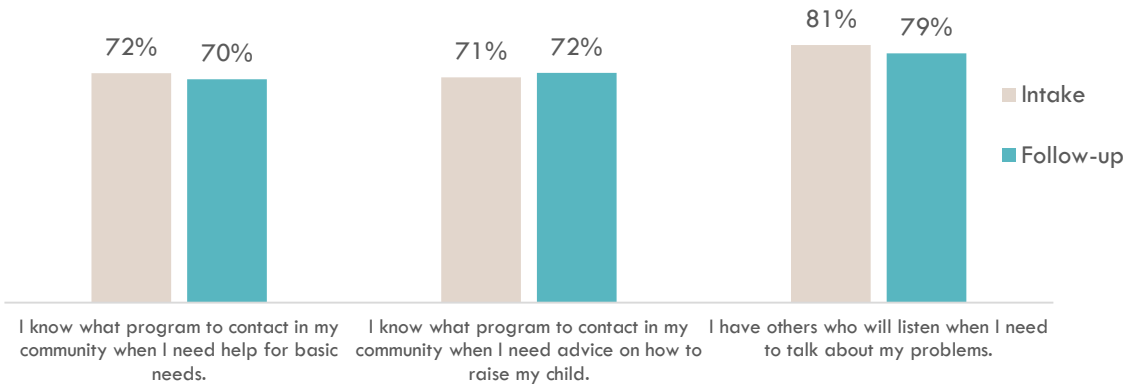
Consistent with group leader responses, the 50 parents who completed the Parent Questionnaire indicated that the most common benefits to participation were making new friends (74% of parents said this was a top benefit) and learning about different resources for their family (62%). As a result of participation in their group, 92% of parents indicated feeling more confident about being involved in their community.

All parents reported that they planned to stay in touch with other members after the group ended, with the most common method being social media (57%). Over half of respondents (55%) said they planned to continue meeting as a group, and 38% said they would have play dates. One parent stated *“Even though I expected more families to join the group, I didn't know how close the group would become - the closeness is great and these families help each other in many ways - including mine.”*

## **FINDINGS ACROSS MULTIPLE PROGRAMS**

Among 1,371 parents who received First 5 services and completed a Family Information Form at both intake and follow-up three to six months later in 2017-18, social support and resource knowledge increased. Most respondents represented in these findings participated in School Readiness programs through the nine school districts, and some participated in WIC, or Birth & Beyond. The figure below shows the percentage of respondents who agreed or strongly agreed with each statement. In 2017-18, no statistically significant changes were observed between intake and follow-up on measures of support. Although these indicators started off fairly high at intake, significant increases have been observed by follow-up in previous years.

**Figure 54. Changes in Parent Attitudes Related to Support and Connectedness**



Source: Family Information Forms completed in FY 2017-18. N=1,364-1,371 individuals with both intake and follow-up data.

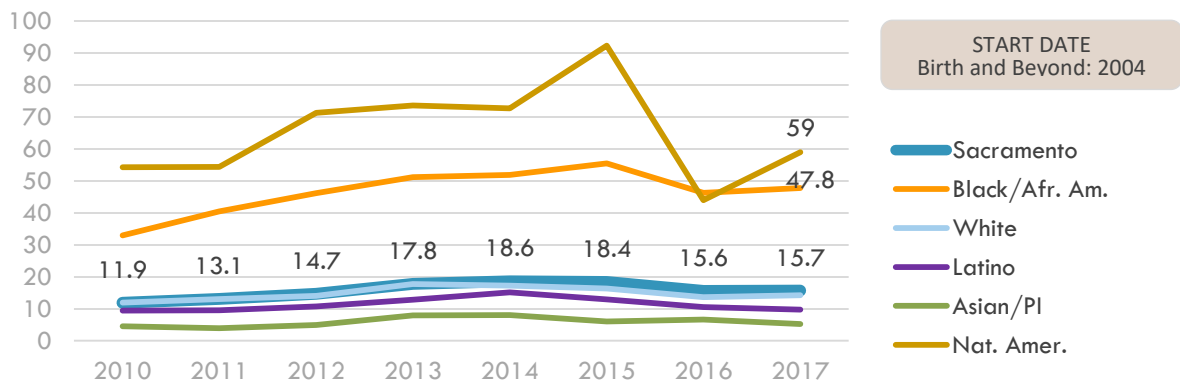
## Three-Year Summary (2015-18)

- Sacramento County’s 2-1-1 helped connect 33,553 families with young children to critical community resources.** In 2017-18, 2-1-1 responded to 9,081 calls, with the most frequent type of request being for housing (6,422 referrals), followed by legal or consumer issues (2,014), and family support (1,995). In follow-up calls made to clients, a high level of customer satisfaction was found, in that nearly all respondents reported that the information provided was accurate and that they would recommend 2-1-1 to family and friends. This sentiment was shared across all previous years.
- Community Connections Groups (CCG) created enduring social bonds and service connections to over 566 individuals in 37 groups throughout Sacramento communities.** Across the three years, the number of groups increased from 6 in 2015-16, to 8 in 2016-17, to 23 in 2017-18. The central benefits of group participation identified by group leaders and participants were *creating connections to other families and local community resources*, sentiments shared across the two previous years. In 2017-18, all of the parents who completed questionnaires said they are still in contact with other group members, and 90% of the respondents to the leader closure survey indicated their group would continue to meet after First 5 funding ended, citing *member contributions* and/or *donations* as the primary sources of ongoing funding.
- Across multiple First 5 programs, parents’ knowledge of social support and community resources is strong.** In 2017-18, 72% or more of FIF respondents indicated knowing programs to contact in their community for help with parenting or with basic needs, and 81% indicated having someone who listens to their problems. Trends were consistent across the three years.

# Result 13: EFFECTIVE PARENTING

Across Sacramento County, the rate of child abuse substantiated referrals per 1,000 children ages 0-5 worsened from 11.9 in 2010 to 15.7 in 2017. There has also been an increase in child abuse substantiated referrals amongst African American and Native American children over that time. The county’s rate (15.7) exceeds the state rate (11) overall.

**Figure 55. Substantiated Referrals for Child Abuse per 1,000 Children Ages 0-5, by Race/Ethnicity**



Source: California Child Welfare Indicators Project. Note: Number of child abuse allegations in Sacramento – 1,442 (2010); 1,588 (2011); 1,771 (2012); 2,115 (2013); 2,197 (2014); 2,169 (2015), 1,850 (2016), 1,846 (2017). Accessed at: [http://cssr.berkeley.edu/ucb\\_childwelfare/RefRates.aspx](http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx), accessed on January 18, 2019 at 09:30am.

## Impact of First 5 Sacramento in 2017-18

### BIRTH & BEYOND

First 5 began funding the Birth & Beyond Family Resource Centers (FRCs) in 2004 to promote effective parenting, with the long term goal of helping address child maltreatment. Birth & Beyond FRCs provided family support services to pregnant women, children ages 0-5 and their families/caregivers. Specific services included parent education classes, home visitation, and crisis intervention when needed. In 2017-18, a total of 1,747 children and 1,657 parents/caregivers received one or more Birth & Beyond services.<sup>40</sup>

<sup>40</sup> Source: Persimmony report By Client Demographic for Birth & Beyond, FY2017-18.

**Family Resource Center — Enhanced Core**

Activities in the Enhanced Core service category include workshops/classes, referrals, peer support groups, Medi-Cal application assistance, infant safe sleep classes<sup>41</sup> and community events (e.g., movie nights, health fairs, and/or festivals). The table below presents the RBA dashboard for B&B’s Enhanced Core component in 2017-18.

**Figure 56. RBA Dashboard — Birth & Beyond: FRC Enhanced Core**

		2017/18
<b>How much did we do?</b>	Total # of unduplicated families served by Enhanced Core	<b>710 families</b>
	Total # of duplicated Enhanced Core Services	<b>68,325</b>
	# of duplicated Play Care Services provided <sup>42</sup>	<b>7,188</b>
	# of one-way transportation services provided for parents and children	<b>8,328</b>
	# of times non-EPI Enhanced Core Services provided <sup>43</sup>	
	Child development	<b>1,508</b>
	Life Skills	<b>388</b>
	Car Seat Safety (workshop)	<b>1,241</b>
	Stress Reduction	<b>2,060</b>
	Other Classes	<b>1,733</b>
	Peer Support	<b>506</b>
	# of FRC families receiving referrals	
	Information on health, dental, and vision Insurance referrals for home visitation families	<b>1,916 families</b>
Nurturing Parenting Program (NPP)	<b>179</b>	
<b>How well did we do it?</b>	% of families who attended Enhanced Core workshops <sup>44</sup>	
	Average hours of participation	<b>9</b>
	Median hours of participation	<b>4</b>
	% attending 1-2 hours of Enhanced Core workshops	<b>41%</b>
	% attending 3-8 hours of Enhanced Core workshops	<b>26%</b>
	% attending 8+ hours of Enhanced Core workshops	<b>33%</b>
<b>Is anyone better off?</b>	% of parents referred to NPP program who then began the program.	<b>N/A</b>

Source: FY 2017-18 Quarterly Performance Measures Report and Persimmony Client Services and Assessments Export.

<sup>41</sup> Separate dashboard for Infant Safe Sleep.

<sup>42</sup> Includes children whose parents were attending Parent Education workshops and/or participating in enhanced core services.

<sup>43</sup> EPI: effective parenting intervention. Non-EPI classes/workshops are classes/workshops are often one-time or only a few sessions and do not follow a prescribed evidence-based curricula. (This is in contrast to EPI interventions such as Nurturing Parenting Program and Make Parenting a Pleasure.)

<sup>44</sup> Workshops have a drop-in structure, so there is no expected number of workshops a parent would attend. Percentages are out of the 766 parents who attended an Enhanced Core workshop.

## PARENT EDUCATION

Parent education classes are group-based classes at Family Resource Centers. To support parent attendance, transportation services are provided, as well as Play Care (child care) services during class time. The classes offered and their level of dosage are as follows:

- Nurturing Parenting Program (NPP)
  - Prenatal (18 hours)
  - Infant & Toddler (32 hours)
  - Fathers (26 hours)
  - School-age (30 hours)
- Making Parenting a Pleasure (MPP): 26 hours
- Dare to be You (DTBY): 20 hours

Findings are presented below.

**Figure 57. RBA Dashboard — Birth & Beyond: Parent Education**

		2017/18
<b>How much did we do?</b>	# of workshops provided (total)	746
	# of unduplicated parents who attended parenting workshops	1,738
	Make Parenting a Pleasure	270
	Dare to be You	36
	Nurturing Parenting Program	1,503
	# of other services	
	# of duplicated Play Care Services provided <sup>45</sup>	7,188
	# of one-way transportation services provided <sup>46</sup>	4,807
<b>How well did we do it?</b>	% who completed at least 80% of classes	
	Make Parenting a Pleasure	21%
	Dare to be You	17%
	NPP Prenatal	28%
	NPP Infant & Toddler	16%
	NPP Fathers	30%
<b>Is anyone better off?</b>	Increased level of parenting knowledge and skills	N/A

Source: FY 2017-18 Quarterly Performance Measures report in Persimmony and quarterly data from LPC Consulting Associates.

<sup>45</sup> Includes children whose parents were attending Parent Education workshops and/or participating in Enhanced Core services.

<sup>46</sup> Includes counts of one-way transportation of parents, children, bus passes, and other forms of one-way transportation.



## HOME VISITATION

The Nurturing Parenting Program (NPP) is a home visitation service provided at least weekly, with a minimum of two months of visitation services. Participants are screened using the Adult Adolescent Parenting Inventory (AAPi), a tool that measures risk for child maltreatment. It includes five domains: Expectations of Children, Parental Empathy towards Children’s Needs, Use of Corporal Punishment, Parent-Child Role, and Children’s Power, and each item is scored on a scale of 1 (high risk) to 10 (low risk). Based on their baseline AAPi results, clients are given referrals to three different tiers of service: prevention (16 lessons), intervention (24 lessons), or treatment (55 lessons). Joint visits are conducted with CPS staff, school readiness liaisons, and/or health educators as needed. As seen below, strong outcomes in increased social connections and knowledge of community resources were observed, as were positive changes in parenting attitudes and contacts with CPS.

**Figure 58. RBA Dashboard — Birth & Beyond: Home Visitation Services**

		2017/18	
<b>How much did we do?</b>	# of unduplicated families who received case management through NPP	1,490	
	# of unduplicated families who developed a Family Nurturing Plan (in FY) <sup>47</sup>	1,160	
	# of home visits provided utilizing the NPP model	13,296	
	# of unduplicated families who received joint visits with:		
	CPS	255	
	Health Educator	364	
	School Readiness Liaison	656	
<b>How well did we do it?</b>	Hours of service at case closure (n=1,164 parents in 904 closed cases) <sup>48</sup>		
	#/% with at least 8 hours of service	676 (58%)	
	#/% with least 25 hours of service	305 (26%)	
	Completed program at closure	356 (31%)	
<b>Is anyone better off?</b>	% of parents who are connected and supported (Percent who agree or strongly agree at pre/post; n=68)	Pre	Post
	I have others who will listen when I need to talk about my problems.*	78%	85%
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment).*	60%	78%
	I know what program to contact in my community when I need advice on how to raise my child.*	62%	84%
	Improved parenting (Adult Adolescent Parenting Inventory)	Pre	Post
	Treatment Group (High risk, n= 122)	4.3	5.3
	Intervention Group (Moderate risk, n=337 )	5.4	6.3
	Prevention Group (Low risk, n= 203)	6.4	6.9
	CPS Involvement (n=465 families) <sup>49</sup>		
	Prior CPS referral before participating in HV	56% (261/465)	
Had no substantiated referral to CPS between Sept 2017 and Aug 2018	96% (445/465)		

Source: FY 2017-18 Quarterly Performance Measures report in Persimmony, and Family Information Form.

\* indicates statistically significant change.

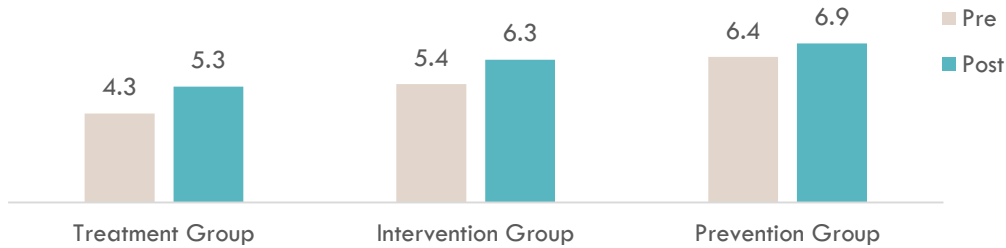
<sup>47</sup> It is important to note that since families could have begun NPP lessons in the previous fiscal year, this number does not represent all families who had a Family Nurturing Plan.

<sup>48</sup> Data for hours of service at case closure, AAPi, obtained from LPC Consulting Associates.

<sup>49</sup> These data were provided by CAPC and include families who received at least 8 hours of HV services by AmeriCorps providers only, who have children 0-17 years of age and who were served between Sept 2017 and Aug 2018. They do not include all B&B home visitation clients.

The figure below presents the improvements in Adult-Adolescent Parenting Inventory (AAPI) scores from pre-to post-assessment in each intervention group, indicating families had reduced risk for child maltreatment.

**Figure 59. Changes in 2017-18 AAPI Scores for Birth & Beyond Home Visitation Clients**



Source: Data provided by LPC. N=122 for Treatment group, N=337 for Intervention group, N=203 for Prevention group.

**CRISIS INTERVENTION SERVICES**

Crisis Intervention Services included intake with an assessment tool based upon the Family Development Matrix (FDM) outcomes model, case management and referrals to Family Resource Centers and the Crisis Nursery, as appropriate.

**Figure 60. RBA Dashboard — Birth & Beyond: Crisis Intervention Services**

		2017/18	
<b>How much did we do?</b>	# of unduplicated families with Crisis Intervention Service Record (CISR)	2,147	
	# of unduplicated CIS families with pre-assessment	1,784	
	# of unduplicated CIS families with post-assessment	1,370	
	# of unduplicated CIS families with a referral/linkage	2,210	
<b>How well did we do it?</b>	# of unduplicated CIS families with a Crisis Intervention Case Management Plan	862	
	% of unduplicated CIS families with at least one Crisis Intervention Case Management Program (CICMP) referral	95%	
	# of unduplicated families who also participated in other FRC Services (of those with a CISR)		
	Car Seat Safety	328	
	Enhanced Core	177	
	Home Visit	484	
	Parent Education – MPAP	38	
	Parent Education – NPP	584	
<b>Is anyone better off?</b>	Changes in Stress and Support <sup>50</sup>	Pre	Post
	Level of stress	3.5	2.1
	Level of support from friends/family/community	2.5	3.4
	Knowledge about places to get help/ information	2.4	3.5

Source: FY 2017-18 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post test.

<sup>50</sup> Source: Family Development Matrix. All outcomes on a scale of 1 to 5: 1=none, 3=some, 5= a lot. Changes from pre to post were statistically significant for all three outcomes shown. N=1,784-1,792.

## Three-Year Summary (2015-2018)

- D **Birth & Beyond Family Resource Centers (FRCs) reached 9,409 families** with support services for pregnant women, children ages 0-5, and their families/caregivers, including parent education classes, home visitation, and crisis intervention when needed.
  - Over the three year period, 6,472 children and 10,074 parents/ caregivers received one or more Birth & Beyond services.
- D The gateway to FRC services is through “light touch” referral or informational services referred to as **Enhanced Core** services. In 2017-18, Family Resource Centers offered 68,325 Enhanced Core services, and 766 parents participated in short education classes related to car seat safety, child development, and life skills.
- D The FRCs offered evidence-based **Parent Education** classes such as Nurturing Parenting Program (NPP), Making Parenting a Pleasure, and Dare To Be You to 677 parents in 2017-18.
- D The FRCs also provided **Home Visitation** services, often as joint visits with CPS workers, health educators, and school readiness coordinators. Services were provided to 1,490 families in 2017-18, a 145% increase from 2015-16. Furthermore, across all three years, parents at all three tiers of service (prevention, intervention, and treatment) showed statistically significant improvements in the Adolescent and Adult Parenting Inventory (AAPI), a tool that measures parents’ risk for child maltreatment. Finally, amongst parents with children ages 0-17 who had at least 8 hours of home visitation provided by an AmeriCorps staff, the percentage of parents who had a substantiated referral for CPS during their fiscal year of service was 5% in 2016-17 and 4% in 2017-18.
- D Families with significant resource needs engaged in **Crisis Intervention Services**, which raised their knowledge of community resources, reduced their stress, and increased their perception of social support. The number of families served increased between 2015 and 2018 by 88%. Pre- and post-tests of Crisis Intervention Services clients indicated an increase in parents’ knowledge about where to get help and information, as well as an increase in parents’ perception of the level of support they have among their family, friends, or in their community.

# Result 14: ACCESS TO SAFE/EMERGENCY CHILD CARE

## Countywide Trends

No countywide trend data are available specifically related to safe/emergency child care.

## Impact of First 5 Sacramento in 2017-18

### CRISIS NURSERY

The Sacramento Crisis Nursery has two locations (one in North Sacramento and the other in South Sacramento), whereby parents may drop off their children for emergency child care and 24-hour overnight care. Case management, referrals to community services, and assistance with medical and mental health services are provided to help families stabilize their situation. In 2017-18, a total of 432 families received services from Sacramento Crisis Nursery and 48% had more than two stays during the fiscal year.

**Figure 61. RBA Dashboard — Crisis Nursery**

		2017/18
<b>How much did we do?</b>	<b>Child Care</b>	
	# of unduplicated children who received respite care <sup>51</sup>	858
	# of unduplicated families <sup>52</sup>	432
	# of emergency child care (ECC) stays	5,092
	% of ECC stays that were one day	88%
	% of ECC stays that were five or more days	<1%
	# of overnight stays	2,610
	% of overnight stays that were one night	38%
	% of overnight stays that were five or more nights <sup>53</sup>	6%
	<b>Other Support</b>	
	# of trips for which transportation was provided	386
	# of families who completed a case management plan	612
	# of families who received case management services	325
	# of referrals made <sup>54</sup>	712
	Family Resource Center Services	281
	Child care/Preschool	136
	Housing	82
Other (i.e., employment, food resources, child and adult mental health services, and 2-1-1)	419	

<sup>51</sup> Respite care consists of both types of care: emergency child care and overnight care.

<sup>52</sup> Based on count of unique FamilyIDs in the Excel spreadsheets provided by Sacramento Crisis Nursery North and South.

<sup>53</sup> Many of the families who had overnight stays longer than five nights were homeless.

<sup>54</sup> The most common reasons parents used the Crisis Nursery were: Employment, Housing/Homelessness, Other Emergency, Medical, Parental Distress, Mental Health.

		2017/18
	% of families who completed a case management plan	77%
	% of families who received case management services	54%
	Client Satisfaction (% who strongly agreed/agreed)	
	<i>Crisis Nursery services kept children safe</i>	96%
	<i>Client is better able to solve crisis situations (client self-report)</i>	91%
<b>Is anyone better off?</b>	% of parents with reduced stress from intake to exit <sup>55</sup>	65%
	% of families who had only one or two stays during fiscal year	52%

Sources: FY 2017-18 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2017-18 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South.

Crisis Nursery services appeared to help reduce parent stress. Parents who used Crisis Nursery services reported their level of stress at intake and upon exit, and findings indicated that roughly two-thirds (65%) of parents reported a reduction in their stress levels between entry and exit. Parents also completed a survey to report their satisfaction with Crisis Nursery services. Nearly all (96%) clients agreed or strongly agreed that *Crisis Nursery services kept children safe* and 91% of respondents agreed or strongly agreed that they are *better able to solve crisis situations*.

### Three-Year Summary (2015-18)

- ▶ **The Sacramento Crisis Nursery supported Sacramento’s most vulnerable families by providing emergency child care to 1,930 children in 1,242 families.** The Sacramento Crisis Nursery serves the highest-risk children and families who, at the time of stay, are experiencing one or more of the following: homelessness, lack of employment, mental health and other emergency medical needs, or parental distress. In 2017-18 alone, there were 5,092 emergency child care stays and 2,610 overnight stays.

  - 77% of parents completed a case management plan. The most frequent referrals were for Family Resource Centers, child care, housing, employment, food resources, child / adult mental health, and 2-1-1.
  - 91% of parents said they were better able to solve crisis situations, and 65% of parents said Crisis Nursery support reduced their stress level.
  - As for three-year trends, there was a decrease in the *duration* of overnight stays; in 2016-17, 12% of the overnight stays were for five or more nights, whereas in 2017-18, just 6% were for five or more nights, suggesting that families receiving services are better able to resolve their crisis.

<sup>55</sup> Based on parents’ self-reported stress level at intake and exit.

## Result 15: CHILDHOOD INJURIES AND DEATH

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### Countywide Trends

See trends for child abuse in Result 13 above.

### Impact of First 5 Sacramento

Crisis Nursery and Birth & Beyond provide services intended to prevent childhood injuries and death. Please see descriptions and data for these two programs in Results 13 and 14 above.

# Systems Sustainability Plan Update

First 5 Sacramento created its Systems Sustainability Plan in 2017 as a way to sustain children’s health, development, and family empowerment outcomes, and the systems that promote them. The following chart illustrates progress made in 2017-18, by strategic result area.

Overarching Strategies	<i>In 2017-18, First 5 Sacramento...</i>
<p>a. Utilize social media outlets to increase awareness and support of First 5.</p>	<ul style="list-style-type: none"> <li> <span style="color: #008080;">▶</span> Continued to utilize Facebook, Twitter, and Pinterest as ways to share key messages related to parenting and child development.               <ul style="list-style-type: none"> <li> <span style="color: #008080;">■</span> From 7/1/17- 7/31/18, First 5’s Facebook page gained 2,152 new followers for a total of 13,749 page likes. During the 12-month span, this Facebook content received over 4,824 likes/reactions.                 </li> <li> <span style="color: #008080;">■</span> First 5’s Twitter page gained 363 new followers for a total of 4,101 page followers. During the 12-month span, First 5’s content received 436 likes and 248 retweets.                 </li> <li> <span style="color: #008080;">■</span> From 7/1/17- 7/31/18, First 5’s Pinterest account had 341 new followers for a total of 803 followers. The account also had about 35,678 average monthly viewers engaged.                 </li> </ul> </li> <li> <span style="color: #008080;">▶</span> Launched an Instagram account from 7/1/17- 7/31/18, which gained 238 new followers for a total of 1,183 followers. During the 12-month span, First 5’s Instagram page had 9,135 post likes and 315 post comments.             </li> <li> <span style="color: #008080;">▶</span> Launched a First 5 Sacramento LinkedIn presence to connect with the business community to help them understand the importance of children’s first 5 years and to support working parents to maximize those years. From 12/21/17- 7/31/18, First 5’s LinkedIn content had 2,224 impressions and 27 page follows.             </li> <li> <span style="color: #008080;">▶</span> Will give Family-Friendly awards to businesses at First 5 Sacramento’s upcoming 20<sup>th</sup> anniversary.             </li> </ul>
<p>b. Participate on the First 5 Association Advocacy Committee.</p>	<ul style="list-style-type: none"> <li> <span style="color: #008080;">▶</span> Attended several of the Association’s Network Strategy meetings, which were intended to help counties strengthen systems of support for shared outcomes.             </li> </ul>
<p>c. Monitor and advocate for legislation that aligns with First 5 Sacramento’s Policy Platform.</p>	<ul style="list-style-type: none"> <li> <span style="color: #008080;">▶</span> Actively monitored several legislative bills in 2017-18. These included:               <ul style="list-style-type: none"> <li> <span style="color: #008080;">■</span> <b>Policy priority- Health:</b> January, AB 11 (McCarty) Early and Periodic Screening, Diagnosis, and Treatment Program: screening services sent to Assembly Health Committee. Co-Sponsor: First 5 Association and Children NOW. 2<sup>nd</sup> letter June 20th to Senate Health Committee. 3<sup>rd</sup> letter September vetoed by Governor.                 </li> <li> <span style="color: #008080;">■</span> <b>Policy Priority: Empowered Families:</b> April, SB 982 (Mitchell) Childhood Poverty CalWORKs Grant Level. This bill will endeavor to end extreme poverty for children in the CalWORKs program and protect children from the worst harms of chronically unmet basic needs and better                 </li> </ul> </li> </ul>



	<p>enable the CalWORKs program to achieve its goals. PASSED.</p> <ul style="list-style-type: none"> <li>▪ <b>Policy Priority: Empowered Families:</b> May, Budget letter: CalWORKs Home Visiting Initiative – SUPPORT. Sign on letter with Children NOW.</li> <li>▪ No legislative bills were monitored in 2017-18 around the policy priority of systems change and sustainability.</li> </ul>
d. Inventory local philanthropic funders, public agencies, and businesses and their funding priorities; explore creating a funder’s circle and other forms of collaborative partnerships to discuss funding strategies.	<ul style="list-style-type: none"> <li>▶ Collaborated with Kim Tucker of Impact Foundry and Applied Survey Research to identify a list of area funders that support First 5’s priorities; in 2018-19, First 5 will prioritize funders with the greatest potential for partnership.</li> </ul>
e. Provide technical assistance/training dollars to funded partners to build program sustainability (e.g., for creating a Sustainability Plan of their own).	<ul style="list-style-type: none"> <li>▶ Created and implemented Certified Sustainable program to help service providers create sustainability plans. Plans were to include at least two applicable First 5 Sacramento result outcomes, as well as identify strategies, timeline, and funding sources to ensure service delivery. Launched in May 2017, the Certified Sustainable program provided year-long, cohort-style technical assistance to service providers, to culminate in a celebration of each service providers’ full sustainability plan. Plans will be updated annually.</li> </ul>

**Result — Decrease Infant Death**

*In 2017-18, First 5 Sacramento...*

a. Promote Sac Healthy Baby for prenatal care education and referrals.	<ul style="list-style-type: none"> <li>▶ Routinely tracked data on ad clicks, news campaigns, and Facebook likes. According to LPC Consulting Associates’ 2017-18 data, the number of visits to the Sac Healthy Baby website increased dramatically from 2,868 visits in 2016/17 to 7,429 visits in 2017-18.</li> </ul>
b. Promote the Public Education Campaign to increase awareness of safe sleep practices.	<ul style="list-style-type: none"> <li>▶ Continued to drive public awareness and support for safe sleep practices by implementing the public education campaign. The current campaign is focused on “Stress” and has messages about the impact of stress on the unborn child and how to combat stress while pregnant. With ads placed in transit interiors, transit shelters, and convenience stores and laundromats, this campaign has had 81,559,995, or unique views by passersby.</li> </ul>
c. Serve on the Reduction of African American Child Deaths (RAACD) Steering Committee’s Inter-Agency Children’s Policy Council (ICPC) to help bring about equitable investment and systemic impact across partners.	<ul style="list-style-type: none"> <li>▶ Continued to serve on the RAACD steering committee.</li> </ul>
d. Encourage hospitals to adopt policies that promote safe sleep.	<ul style="list-style-type: none"> <li>▶ Continued to promote hospital adoption of the Safe Sleep Baby program. As of June 2018, the program had been implemented in all Sacramento County hospital systems, which included eight hospitals. In those hospitals, nurses have been trained, an ongoing policy to continue training is in place, and pediatricians have been trained (LPC FY 2017-18 data).</li> </ul>

e. Explore Medi-Cal Administrative Activities (MAA) expansion for programs with reimbursement potential, such as the Cultural Broker program.

Reimbursement potential is low relative to the amount of investment needed, and thus no new agencies signed on to use MAA reimbursement.

**Result — Increase Breastfeeding**

*In 2017-18, First 5 Sacramento...*

a. Assess and monitor federal and state legislative actions related to the Affordable Care Act; Support local efforts to fill gaps in services that may emerge from changes to ACA.

A local breastfeeding survey and focus groups for providers and breastfeeding mothers was conducted by First 5 Sacramento to identify barriers in obtaining breastfeeding support services. Nearly 90% of respondents stated the cost burden most impeded their ability to obtain services, an opinion shared by both mothers and providers. Similarly, 80% of survey respondents (mothers only) stated their barrier to obtaining access to a breast pump was not knowing how to navigate the insurance, programs, or services, and 67% reported challenges with billing Medi-Cal.

When addressing gaps in services, 89% of providers suggested that hospitals and health systems offer outpatient lactation support services to better address breastfeeding support and continuation.

First 5 also worked with 5 of 8 Sacramento hospitals and helped them receive a Baby Friendly designation to support breastfeeding (Kaiser South, Sutter Medical Center, Methodist, Mercy San Juan, and Mercy Folsom).

b. Work to ensure that the services and supplies provided through ACA are actually accessible to new moms.

Learned that lactation services and equipment is covered by ACA, but can instead expand awareness of services to reach new moms, and advocate for improved reimbursements for lactation consultants.

c. Explore MAA Expansion for programs with reimbursement potential, such as Women, Infants and Children (WIC).

Reimbursement potential does not apply to WIC, as lactation consultants are not reimbursable (for reason stated above).

**Result — Decrease Dental Disease**

*In 2017-18, First 5 Sacramento...*

a. Increase the coordination of public education messaging about dental disease.

Coordinated with the Dental Transformation Initiative (DTI) to revamp its outreach tools and distribute them to partners.

b. Participate in the Medi-Cal Dental Advisory Committee (MCDAC) and Sacramento County’s Oral Health Strategic Plan.

Continued to participate in MCDAC.

c. Explore MAA expansion for agencies with reimbursement potential, including Smile Keepers.

Did not pursue helping Smile Keepers to begin billing Medi-Cal because the program has wholly transitioned back over to the County Public Health Department where it has secure funding.

## Result — Increase Utilization of Medical Homes

*In 2017-18, First 5 Sacramento...*

- |                                                                                                                                                                                            |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Increase the coordination of public education messaging around the importance of a medical home and well child check-ups.</p>                                                        | <ul style="list-style-type: none"> <li>▶ Met with one hospital system to share targeted messaging on the needs of families, and the importance of well child visits, and asked for their collaboration in adopting these priorities.</li> </ul> |
| <p>b. Assess and monitor federal and state legislative actions related to the Affordable Care Act; support local efforts to fill gaps in services that may emerge from changes to ACA.</p> | <ul style="list-style-type: none"> <li>▶ Continued to monitor policy and support local advocacy efforts.</li> </ul>                                                                                                                             |

## Result — Increase Access To Affordable Quality Child Care

*In 2017-18, First 5 Sacramento...*

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| <p>a. Identify, monitor and advocate for federal, state and local legislation that increases access to child care. Track California’s Blue Ribbon Commission on Early Childhood Education.</p> | <ul style="list-style-type: none"> <li>▶ Continued to track several bills related to early education, including:           <ul style="list-style-type: none"> <li>▪ Child Care Hearing on October 2018 where local government and business leaders, including Sacramento First 5’s Executive Director, shared public statements about the ongoing crisis for families and potential solutions to increase affordable and quality childcare throughout the city of Sacramento. Chair Serna gave opening remarks and highlighted First 5 Sacramento’s ongoing investment in improving quality childcare.</li> <li>▪ April, AB 2292 (Aguilar-Curry) Child care: reimbursement rates, start-up costs, grants. The policy companion to the Early Care and Education Coalition’s 2018–19 budget ask. This bill will develop crucial infrastructure for California’s child care system. Sent to Assembly Human Services Committee. Co-Sponsor: First 5 CA and Child Care Resource Center. 2nd letter May 25th to Assembly Appropriations Committee. HELD IN SENATE APPROPRIATIONS.</li> <li>▪ April, Family Urgent Response System: \$15 million budget proposal in 2018-19 and \$30 million ongoing, to support foster youth and their caregivers. The purpose of this Response System is to provide foster youth and their caregivers with the immediate support they need during times of emotional crisis. Signed onto, with F5 Association, to a letter from Children Now.</li> </ul> </li> </ul> |
| <p>b. Work with school districts to include early care and education in their Local Control Action Plans and to direct funding for children ages 0-5 and their parents.</p>                    | <ul style="list-style-type: none"> <li>▶ There was a net gain in the number of sites within First 5 network, from 46 CSPP sites to 60 CSPP sites.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

# Communications Strategies and Results

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## Fiscal Year 2017-18

Communications, Policy, and Advocacy efforts continue to enhance and expand the brand of First 5 Sacramento in the community by highlighting programs through multi-media, marketing, and outreach. Efforts in 2017-18 include:

- ▶ Policy – First 5 Sacramento worked with the First 5 Association and First 5 California on supporting local, state, and federal bills that aligned with First 5 Sacramento objectives. First 5s continue building upon the Network Strategy Policy Infrastructure and engaging with early childhood systems focused on First 5 sustainability.
- ▶ Advocacy – First 5s across the state celebrated the 20th Anniversary at the annual advocacy day at the State Capitol. Champions for Children were recognized for their ongoing efforts to improve outcomes for children and families, including Sacramento Assemblymember Kevin McCarty.
- ▶ Social Media – First 5 Sacramento launched LinkedIn to engage with business and policy leaders. This user-based platform joined First 5 Sacramento’s Facebook, Twitter, Pinterest, Instagram, and YouTube presence. Social Media, paid and boosted ads, and participation in Twitter Chats were powerful tools for broadening their First 5 Sacramento audience and increasing engagement, especially when focusing on timely issues or promoting contractor events. Combined followers across all platforms exceed 19,863.
- ▶ Digital advertising – A 10 month web awareness campaign with rotating parent ads used a three-pronged approach (retargeting, contextual, and search). Total impressions for the fiscal year were 622,511, generating 1,263 new visitors to [www.first5sacramento.net](http://www.first5sacramento.net) and [www.first5sacredental.org](http://www.first5sacredental.org) with an average click through rate of 0.20% (over 4 times the national industry standard).
- ▶ Multi Media – A three month multi-media campaign called ‘Share Real Moments’ targeted parents to share photos spending quality time with their child. This was the third ‘Moments’ campaign engaging parents using radio spots, digital ads, streaming ads, and pre-roll that generated 582,327 impressions and 1,517 visitors to First 5 website with a click-through rate of 0.25%
- ▶ Outdoor – A two-month outdoor English/Spanish language campaign featuring a dental health message targeted fathers in hard to reach, low-income neighborhoods throughout Sacramento County. The campaign consisted of ads located in convenience stores, laundromats, and supermarkets, resulting in more than 2.5 million impressions.

# Evaluation Success and Next Steps

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Important progress was made in 2017-18 related to data collection and evaluation, including: development of Results-Based Accountability (RBA) dashboards for key new strategies, and continued improvements in the quality of service data in Persimmony. Additional data collection efforts are in progress, or planned, that will make the data even more informative in future fiscal years:

- ▶ **Tracking of cross-referrals amongst funded programs:** The 2018-19 Family Information Form contains a Service Connections page to spur referrals to First 5 core services, such as WIC and Help Me Grow. Additionally, most grantees' RBA dashboards were updated to include referrals to First 5 core services. Together, these two metrics will help us gauge and ensure to the extent to which families are connected to essential services, no matter which First 5 program is their point of entry.
- ▶ **RAACD initiative:**
  - Evaluation forms were updated and streamlined for Cultural Broker programs
  - A maternal depression screener (PHQ-9) was added to Black Mothers United's intake assessment for the Cultural Broker program
- ▶ **School Readiness initiative:**
  - A standardized pre-post tool was launched in summer 2018 across all school readiness partners implementing Transition Summer Camps
  - A post measure and qualitative study will be implemented for playgroups and parent education in order to track changes in parents' knowledge, attitudes, and behaviors
- ▶ **Birth & Beyond:**
  - Birth & Beyond will begin putting all of its data into Persimmony, which will eliminate data transfer and conversion anomalies. RBA dashboards will be carried into the portions of work for 6-17 year olds, as they are for 0-5 year olds, streamlining evaluation efforts and resources for the network
  - Home visiting funded through CalWORKS will be implemented through Birth & Beyond, and will require evaluation planning and forms development
- ▶ **Help Me Grow:** Evaluation forms were created and implementation will be monitored
- ▶ **Center for Oral Health:** Tracking of connection to dental home and utilization of dental care

