

FIRST 5 SACRAMENTO COMMISSION

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

**THIS MEETING IS HELD VIA TELECONFERENCE/WEBINAR
DUE TO COVID 19 RESTRICTIONS**

Computer Link:

<https://zoom.us/j/99978168989?pwd=V0tqN0dySXBDcGpRl1CQ0FVbk4vQT09>

Meeting ID: 999 7816 8989

Passcode: 875441

Phone in: 1-669-900-6833 US (San Jose)

Using the same meeting id and password as above.

EVALUATION COMMITTEE

AGENDA

Thursday, January 14, 2020 – 3:00 PM to 5:00 PM

←+++++●+++++→
Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Tony Smith, Robin Blanks

Staff: Julie Gallelo, Carmen Garcia-Gomez

Consultant: Applied Survey Research
←+++++●+++++→

1. Call to order and Roll Call
2. Public Comments on Off-Agenda Items
3. Approve Draft Action Summary of October 19, 2020
4. Approve 2021 Evaluation Committee Meeting Calendar
 - Review Year at a Glance Agenda Items
5. Staff Update
6. General Evaluation Update - Applied Survey Research
7. Review First 5 Sacramento Annual Report FY 2019-20
8. Committee Member Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

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ACTION SUMMARY

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A horizontal number line with arrows at both ends. It is marked with integers from -20 to 20. Major tick marks are labeled every 10 units: -20, -10, 0, 10, 20. Minor tick marks are placed every 1 unit. A solid blue dot is placed on the tick mark for 12.

- Report should be titled, "Reducing African American Children 0-5 Deaths"

- Julie asked that CAN data be included in the report to address CAN homicides, adding a 4th category for CAN homicides. In addition, splitting age groups 0-1 and 0-5.
 - Dr. Kasirye will check with Helen from PH about the status of CDRT data.
 - Include additional information on the uniqueness of media campaign processes.
 - A stand-alone Executive Summary will summarize the outcomes reported in the report.
 - Approve with recommended edits/additions and forward to the Commission for a presentation in December.
6. Committee Member Comments
- a. Staff provided an update on the Data Management System RFP to be released in November. C. Garcia-Gomez explained the transition period planned should a new vendor be identified.
 - b. An update on the First 5 CA Report was also provided, data has been previously reviewed and approved by the Evaluation Committee during previous meetings. The First 5 CA Report will be presented to the full Commission in November.
 - b. Future Agenda Items/Presentations – no discussion

Adjourned: 3:26 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission



EVALUATION COMMITTEE CALENDAR 2021

Third Monday of every other month
1:00-3:00 p.m.
First 5 Conference Room

JANUARY 14* 3 – 5 p.m.	JULY 19
MARCH 15	SEPTEMBER 20
APRIL 19**	OCTOBER 18***
MAY 17	

*January 14th takes the place of the January 18th meeting

**April 19th meeting is a potential additional meeting to approve an Evaluation Plan

***October 18th meeting takes the place of the November meeting.

Evaluation Committee Year at a Glance Agenda Items

[illegible]

Evaluation Committee
Staff Update
January 11, 2021

- 1. Data Management System Request for Proposal:** Proposals are due Monday, January 11th by 5 p.m. Six vendors submitted Letters of Intent, proposals will be submitted electronically via a secured link sent to each individual vendor. The Commission will receive a recommendation for funding at the March meeting. Should a new vendor be selected, the contract period will begin April 1, 2021.
- 2. Evaluation Consultant Request for Proposal:** The RFP will be released by January 22nd. It is anticipated that the Commission will receive the recommendation for funding at the May meeting.
- 3. Quality of Data:** Commission staff continue to provide technical assistance and training to data entry staff. In addition, we continue to work with Persimmony to ensure we have complete data at the time of data exports.

Summary of Evaluation Activities for First 5 Sacramento

Dec 2020

Strategy	Task
RAACD	<ul style="list-style-type: none"> Presented to Commission on 12/7
Annual Report	<ul style="list-style-type: none"> Presenting to Eval Committee 1/11 Presenting to Commission 2/1
Evaluation Plan	<ul style="list-style-type: none"> ASR on Database RFP committee Working with F5 to determine milestones once contracts are decided Creation of new evaluation plan Creation of new RBAs for each funded partner

Timeline

	Dec	Jan	Feb	Mar	Apr	May	June	July
RAACD report	PREZ							
Annual report	DUE	Eval Comm Review and Graphics	PREZ					
B&B report	Write	DUE	Eval Comm Review and Graphics	PREZ				
Special Studies						Write	Write	Eval Comm Review

**Executive
Summary**

First 5 Sacramento

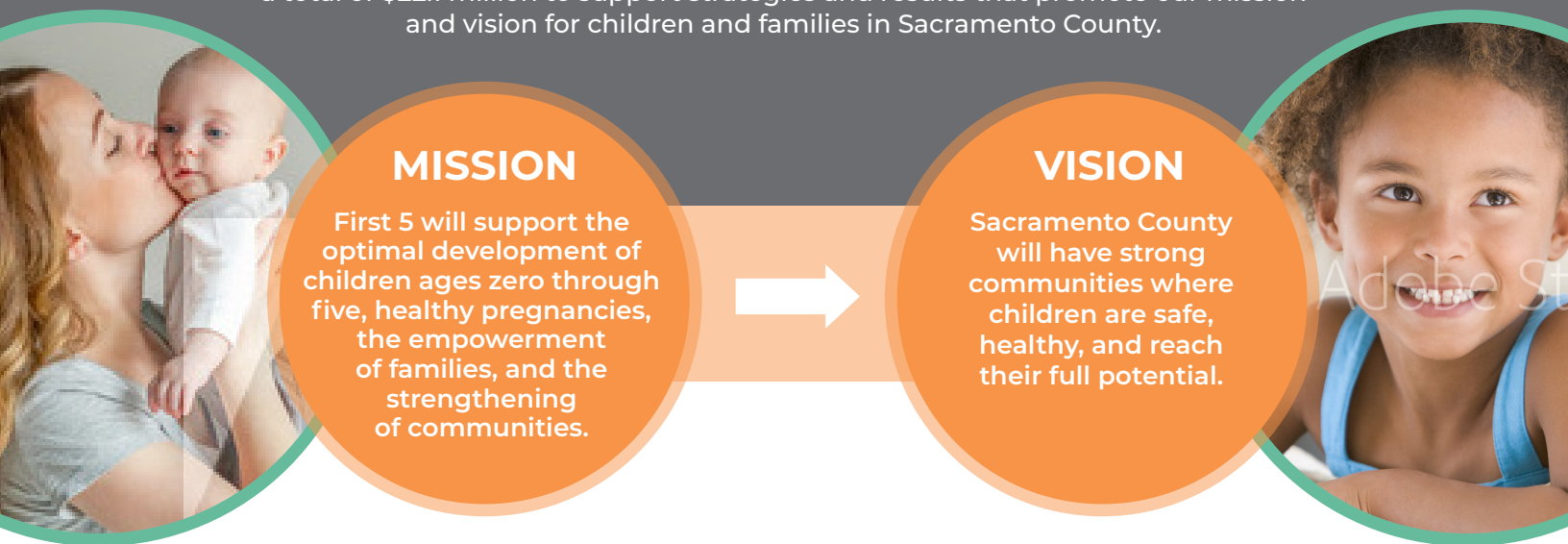
EVALUATION REPORT

FY2019-2020



FIRST 5 SACRAMENTO: WHO ARE WE? WHAT DO WE DO?

Did you know that 90% of a child's brain is developed by the time he or she is 5? Children's early experiences shape how their brains grow and develop, and parents and caregivers in these early years have a significant impact on the rest of their children's lives. Based on this research, voters passed the California Children and Families Act in 1998, adding a tax on tobacco products to support programs for children 0-5 and their families. In 2019-20, First 5 Sacramento invested a total of \$22.1 million to support strategies and results that promote our mission and vision for children and families in Sacramento County.



PRIORITY AREA	FUNDED STRATEGY	RESULT
HEALTH	Reduction of African American Child Death (RAACD) campaign: Perinatal education campaign, peer support/home visitation for pregnant mothers, Safe Sleep Baby public education campaign, Family Resource Centers	Reduce Infant Death
HEALTH	Breastfeeding support in the Women, Infants and Children (WIC) program	Increase Breastfeeding
HEALTH	Center for Oral Health: Dental screenings and connections to dentists for routine check ups	Decrease Dental Disease
HEALTH	Systems/policy efforts to help children get routine check ups	Increase Utilization of Medical Homes
EARLY CARE AND DEVELOPMENT	Systems/policy efforts to increase access to affordable child care	Increase Access to Child Care
EARLY CARE AND DEVELOPMENT	Assessments and coaching for Preschool Bridging Model and Quality Child Care Consortium	Increase Preschool Quality
EARLY CARE AND DEVELOPMENT	Support to nine school districts for parent education, playgroups, developmental screenings, and transition summer camp	Increase School Readiness
EMPOWERED FAMILIES	2-1-1 call line for resources, small community groups	Increase Family Connections
EMPOWERED FAMILIES	Birth & Beyond Family Resource Centers: Referrals, parent education, home visitation, and crisis intervention	Increase Effective Parenting
EMPOWERED FAMILIES	Crisis Nursery: Emergency care and overnight stays for children whose parents are in crisis	Decrease Child Maltreatment and Death



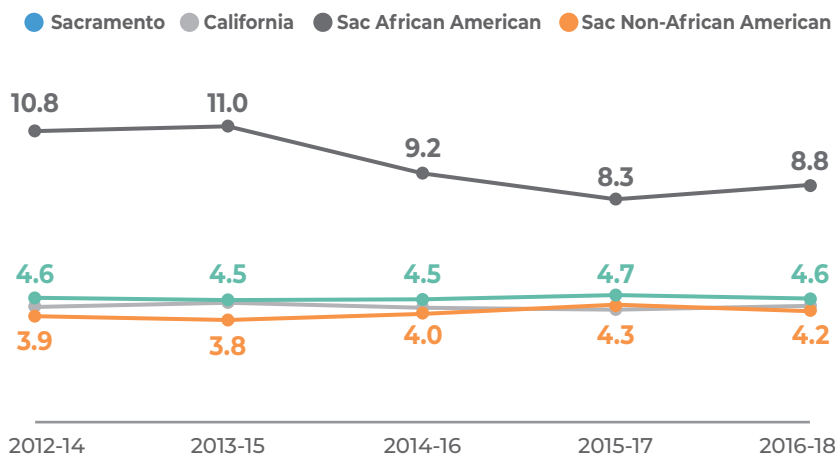
Priority Area: **HEALTH**

The impact of medical, dental, and mental health services starts as early as the womb. In California, one in five women will experience a perinatal mood and anxiety disorder (PMADs), and there are substantial disparities in health outcome between ethnic groups. First 5 Sacramento seeks to eliminate these health disparities in Sacramento County.

The Reducing African American Child Death campaign helped decrease the rate of infant death among African American children by 19%.

Each year, there are about 2,000 African American babies born in the county. These babies have historically died at twice the rate of other babies. In 2019-20, the groundbreaking campaign supported by First 5 Sacramento to reduce infant and child death among African Americans continued to make impressive strides. First 5 funded pregnancy peer support mentors to case manage 180 pregnant women and address socio-economic and health risks to their pregnancies, family resource centers provided a variety of services to help decrease child abuse and neglect, and safe sleep training was provided to 984 expectant parents. A public education media campaign launched around the county. When comparing the baseline of 2012-2014 to 2016-2018, there has been a 19% decrease in the rate of African American infant deaths and a 33% decrease in the disparity between infant mortality rates of African Americans and all other races.¹

Rate of Infant Mortality (Rolling Averages)



Other remarkable results include:

- 51% decrease in the rate of African American infant sleep-related deaths and a 58% decrease in the disparity between rates for African Americans and other races.
- 100% reduction in the rate of African American child abuse and neglect (CAN) homicides per 100,000 children ages 0-5 and an over 100% decrease in the disparity between rates for African Americans and other races.

The WIC program helped mothers continue exclusive breastfeeding longer.

First 5-funded two Women, Infants and Children (WIC) programs who in turn reached 2,743 mothers with support; including lactation consultants, drop-in support, and a helpline. An astounding almost 50% of mothers served by First 5-funded WIC programs reported exclusively breastfeeding at 6 months post birth.

Over 7,000 children were screened for early dental needs and connected to a dentist if needed.

The Center for Oral Health's Early Smiles program provided screenings to 7,310 children and fluoride varnishes to 5,678 children at schools and community events. From these screenings, 22% of children were found to have untreated oral decay and were referred to follow up care.

¹Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files



Priority Area:

EARLY CARE AND DEVELOPMENT

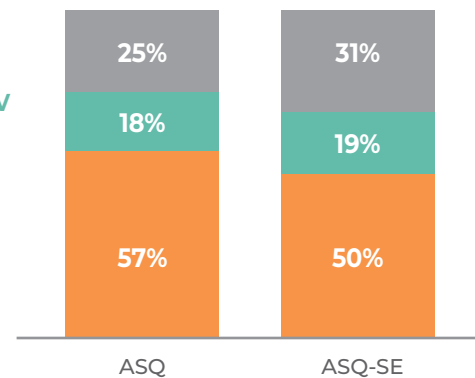
The research is consistent about short- and long-term benefits of quality early education experiences for children, particularly in the way such experiences mitigate other risk factors. Early education can come from formal early education experiences, as well as with daily interactions between children and their parents, family members, and community. In formal early learning settings, children can be screened for developmental delays and be connected to early interventions when needed. First 5 Sacramento intends to foster these experiences and linkages through its investment in early care and development.

Over half of children screened by Help Me Grow had developmental concerns.

The Help Me Grow collaborative screened 399 children aged 0-5 for issues related to child development, speech/language, vision, and/or hearing. Of the children screened for developmental delays, 57% of children screened on the ASQ were flagged with developmental delays and connected to follow up services.

Developmental Screening Results from Help Me Grow

- No Concern
- Monitoring Zone
- Flagged (Concern)



The Quality Child Care Collaborative supported 61 child care programs to improve quality.

Early education settings received education, assessments, and technical assistance to improve quality. This impacted 114 teachers, 75 from child care centers and 39 from family child care homes.

100% of children with a concern on their hearing screening from Preschool Bridging Model Plus received services.

Additionally, 98% of children with a concern on their vision screening received services, based on a referral from Preschool Bridging Model Plus.

School districts conducted over 7,000 screenings to detect health or developmental concerns.

Early screening, detection and referrals are essential to address children's health or developmental delays before they reach the school system, when such delays can significantly disrupt progress in school. School districts conducted 7,124 screenings to identify potential delays or concerns related to child development, speech/language, vision, and/or hearing. As a result, 7% of children screened were provided needed referrals for developmental service, followed by speech/language (12%), vision (11%), and hearing (2%).

A new protocol was developed to streamline and standardize developmental screeners for school districts.

In the Spring of 2020, a special study was conducted to better understand the School Readiness screening and referral process. Interviews were conducted with all 9 School Readiness Coordinators about their policies, practices, and areas for improvement. In addition, 20 parents whose child had been screened and flagged with a concern in at least one developmental domain were contacted and interviewed. The result was the production of a protocol that all school districts should follow when administering screeners for children aged 0-5.



Priority Area:

EMPOWERED FAMILIES

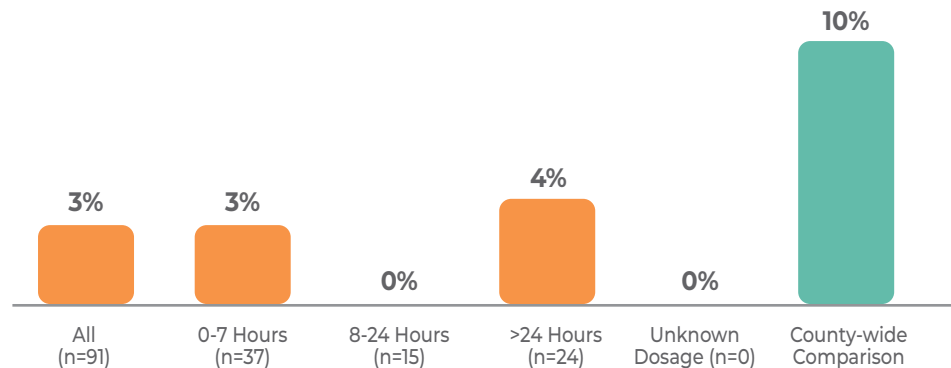
Parenting styles are one of the most powerful predictors of child outcomes, and warm and nurturing interactions help buffer children from the effects of chronic stress. The Center for the Study of Social Policy identifies 5 protective factors that strengthen families: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. First 5 Sacramento invests in strategies to build protective factors.

Birth & Beyond Family Resource Centers are helping reduce child abuse among high need families.

Across Sacramento County, Birth & Beyond Family Resource Centers served 3,901 parents/caregivers and 2,033 children. Services include resources and referrals, evidence-based parenting education, crisis intervention, and evidence-based home visitation. Almost 50% of children in the home visitation program have been involved with Child Protective Services in the past. Across Birth & Beyond's programs, short term gains were seen in parents' knowledge of parenting, reduction in stress, and reduction in risk for child maltreatment. These gains are paying off: among the 204 children who had been involved with the CPS system in the past five years, only 2% experienced a substantiated allegation within 12 months of intake, substantially lower than the countywide comparison for recurrence (10%).

Substantiated Recurrence of Maltreatment within 12 Months

(Birth & Beyond children 0-5 with a substantiated baseline referral, by dosage of home visitation)



Sacramento Crisis Nursery offered a safe haven for nearly 500 children in distressed families.

The Sacramento Crisis Nursery served 489 children in 322 families who were dealing with lack of employment, housing/homelessness, medical needs, domestic violence, mental health, alcohol, or other drugs. Children could stay at the Nursery for the day or overnight, while their parents received support to address their crises. From pre-to post-assessment, parents had statistically significant reductions in stress and 99% of Crisis Nursery's parents said they were better able to solve crisis situations as a result of the support they received.





FROM UNCERTAINTY TO SUCCESS:

One client's story from Sacramento CRP WIC

June, a 34-year-old mother of two conjoined twins, came to Community Resource Project WIC because she needed an electric breast pump. Her twins were born 5 weeks premature and placed in the NICU. She had specified that she wanted to make sure her twins only received breastmilk so that they would have the best nutrition possible. Additionally, June stated she “doesn’t know how she would be able to pump without CRP WIC.” Most moms can receive an electric breast pump through their insurance at no cost via the Affordable Care Act, however she was concerned that it would not be hospital grade and she had needed to exclusively pump since her twins were born.

June and the twins were referred to First 5 referral services and immediately set up with a Lactation Consultant appointment to help her initiate pumping. During this time, she additionally received follow up calls through First 5 Breastfeeding Services with a Lactation Consultant who would check in with her to offer support and assistance. The help June received from the First 5 Lactation Consultants and the staff at CRP WIC helped her to not only get her benefits and food for her children at home, but they were also able to provide her with encouragement to keep moving forward on her pumping journey. She is a very experienced mom and very dedicated to providing the best for her children. The twins had a successful separation surgery in October and returned home in December 2020.

“The lactation team at CRP WIC helped get me a hospital-grade pump immediately when I had the twins. They virtually sent me video...on how to set up and use the pump while separated from my girls. They checked in weekly... it was a pleasure speaking with them...I wouldn’t have been able to get this pump without WIC...or even be able to pump for as long as I have been without the lactation team.” – June

First 5 Sacramento

EVALUATION REPORT

FY2019-2020



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Introduction

Background

First 5 Sacramento uses tobacco tax revenue 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 Fiscal Year (FY) 2019-20. Unless otherwise noted, all data presented here relate to the FY 2019-20 timeframe.

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 data, and special evaluation reports such as the evaluation of the Reducing African American Infant and Child Deaths (RAACD) Initiative.



Investments in Children, Families and Communities

During FY 2019-20, First 5 invested a total of \$22.1 million dollars. The figure below displays how funds were distributed across the different strategic result and administrative areas. The areas that received the highest percentage of funding were Improved Family Functioning and Improved Child Development.

Figure 1. Expenses, by Content Area

Expense Area	FY 2019-20
Improved Family Functioning	\$10,580,608
Improved Child Development	\$4,533,534
Improved Child Health	\$2,182,351
Improved Systems of Care	\$3,260,704
Administration	\$1,101,587
Evaluation	\$489,883

Source: FY 2019-20, First 5 Sacramento.

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

Figure 2. Percentage of Expenditures, by Agency Type

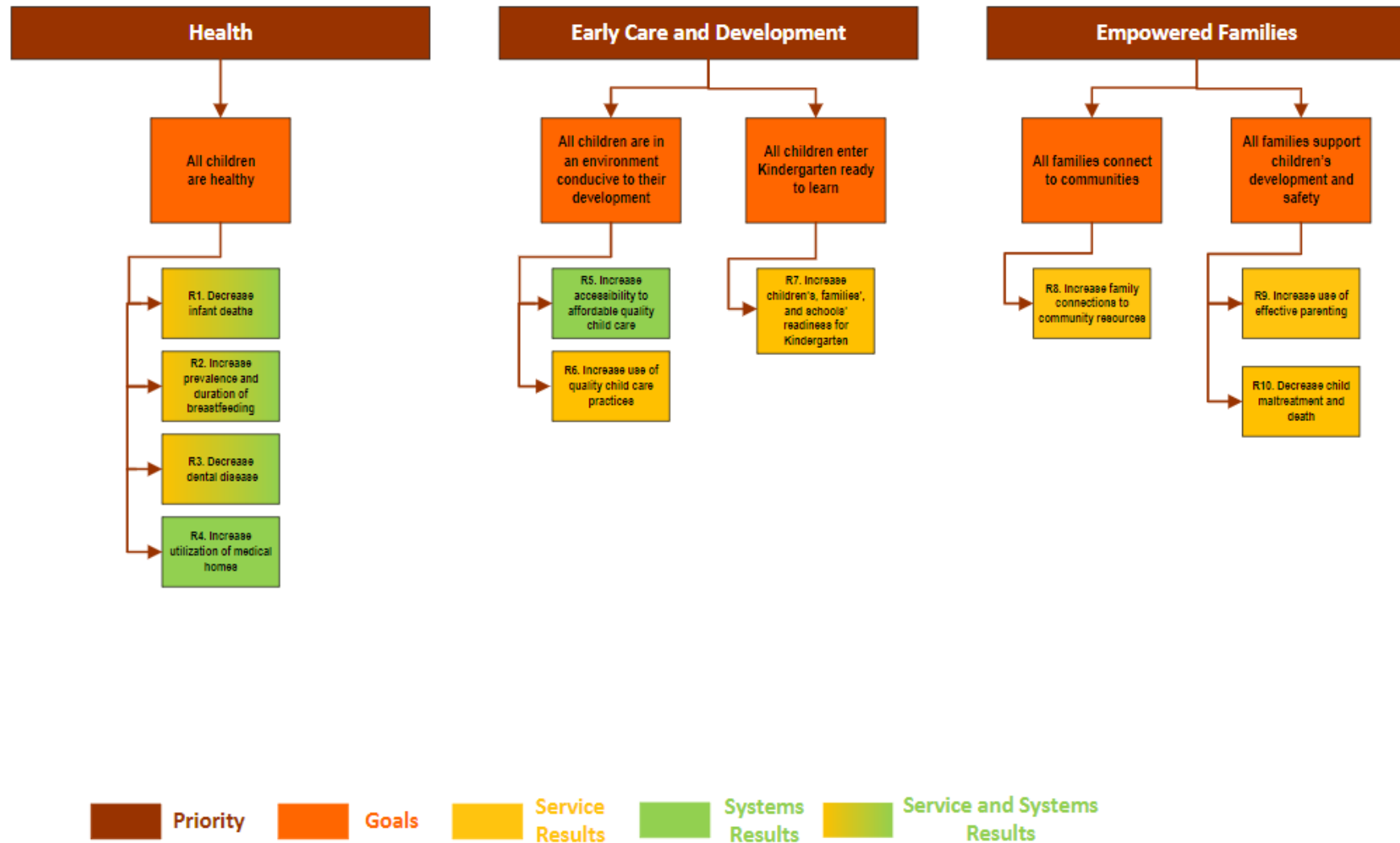
Agency Type	FY 2019-20
Community-Based Agencies	\$12,039,079
School Districts/COE	\$4,664,595
First 5 Commission	\$1,429,110
Other Entities/Institutions	\$1,302,108
Research/Consulting Firm	\$430,051
County Health and Human Services	\$429,366
Resource and Referral Agency	\$262,888

Source: FY 2019-20, First 5 Sacramento.

First 5 Sacramento's Strategic Hierarchy

The figure below shows First 5 Sacramento's Strategic Hierarchy for fiscal years 2018-2021. This hierarchy helps guide funding decisions and also provides 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; the Service Results (yellow) and Systems Results (green) are the direct changes or system changes First 5 seeks in order to make progress toward the goal; Service *and* Systems Results (yellow/green gradient) are the areas where First 5 seeks both service and systems change to progress.

Figure 3. First 5 Sacramento Strategic Hierarchy



First 5 Sacramento's Evaluation Framework

In Spring 2018, an evaluation plan was developed to assess progress toward the results identified in First 5 Sacramento's 2018-2021 strategic plan. Each result is measured by the following indicators.

Figure 4. First 5 Sacramento Results Evaluation Framework

Goals	Results	Indicators
All children are healthy	R1: Decrease infant deaths	Percentage of pregnant women who began prenatal care in 1st trimester
		Percentage of infants born with low birth weight
		Percentage of infants born premature
		Rate of infant deaths by race and by cause
	R2: Increase prevalence & duration of breastfeeding	Percentage of infants breastfed at the hospital
		Percentage of infants exclusively breastfed for at least 6 months after birth
	R3: Decrease dental disease	Percentage of children connected to a regular dentist
		Percentage of children 18 months and older who saw dentist in past 6 months
		Percentage of children with untreated cavities
	R4: Increase access to and utilization of medical/ homes (<i>policy result</i>)	Percentage of children with medical insurance
Percentage of children who have a regular medical provider		
Percentage of children with well-child visit in last 12 months		
All children are in an environment conducive to their development	R5: Increase availability of quality early care and education (<i>policy result</i>)	Percentage of children needing care for whom there are slots available
	R6: Increase accessibility to affordable quality child care	Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) scores
All children enter kindergarten ready to learn	R7: Increase children's, families', and schools' readiness for kindergarten	Percentage of children who have had a developmental screening in the past 12 months
		Percentage of children who met developmental milestones
		Percentage of children who are read to least 5 days/week
		Percentage of kindergarteners who attended a short-term summer pre-K program
		Percentage of kindergarteners ready for school
All families connect to communities	R8: 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	R9: Increase use of effective parenting	Percentage of parents with increased knowledge of parenting and child development
		Percentage of parents with improved parenting attitudes
		Percentage of parents with no recurrence of child maltreatment
		R10: Decrease childhood injuries and death

Additionally, the evaluation of First 5 Sacramento's results follows a **Results-Based Accountability (RBA)** framework, in that goals are measured with community indicators, and program performance is measured by three types of indicators:

- 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)

The primary data sources used in this evaluation include:

- **Community indicator data:** In keeping with RBA, data on community trends 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 of the current report.
- **First 5 service data:** Most grantees provided client-level demographic and service data through a data management system called Persimmony. Grantees who did not provide individual-level data reported 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. The figure below displays which grantees provided client-level data and which ones provided only aggregate-level data.
- **Family Information Form (FIF):** The FIF is used to collect demographic information, as well as data for specific indicators regarding both caregivers and children. Clients of designated grantees complete the form at intake.
- **Program-specific outcome data:** Some grantees provided 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 were conducted in two focus areas: Reducing African American Child 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 2019-20 in these areas.



COVID-19 and Impact

The Coronavirus (COVID-19) pandemic heavily impacted all programing funded by First 5 in the third and fourth quarters of the fiscal year. After the stay-at-home order was issued by the governor, most programs were forced to pause to figure out how to continue to best serve Sacramento families and their young children, while maintaining safety for their staff and clients. Many programs launched new virtual services, provided needed supplies to families, and implemented new safety measures when in-person contact was necessary.

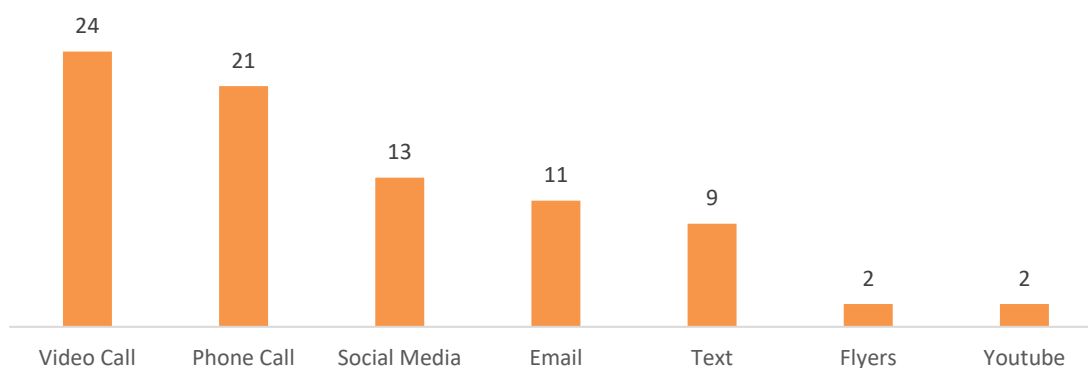
At the end of March 2019, First 5 Sacramento sent each funded partner a survey to learn about their status (open, open with adaptations, or closed for now), concerns with meeting contract milestones, communication techniques with clients, and the needs of the families they serve. Applied Survey Research compiled and analyzed results into a brief report. Highlights of the report are presented below.

Of the 24 total survey respondents (each Birth & Beyond Family Resource Center responded independently), most programs (75%) reported remaining open with adaptations, while some were completely closed (25%; primarily school districts). Most programs had staff working from home, though some rotated essential staff so that their site can remain open.

All 24 programs anticipated not being able to meet all of their contract milestones during this pandemic.

All sites mentioned some form of tele-communication with clients. Technology that programs used to connect with participants included video calls, phone calls, and social media (see figure below for all communication techniques that were reported).

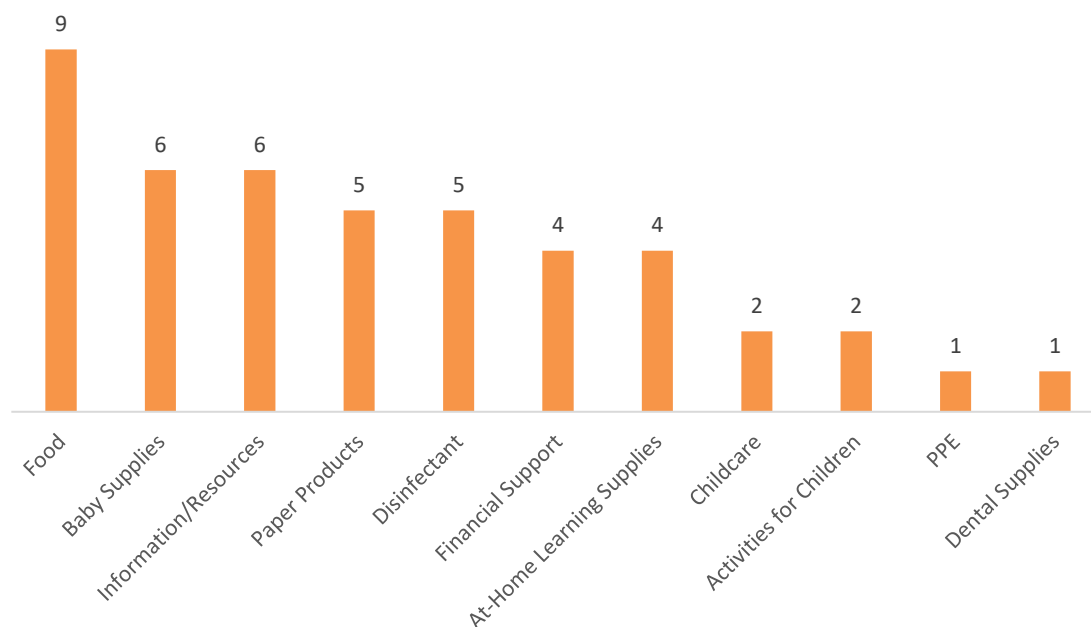
Figure 5. First-5 Funded Partners' Communication Techniques with Clients during COVID-19



Source: First 5 Sacramento Funded Partners Survey Regarding COVID-19 Response. Note: Many partners reported more than one communication technique.

In addition, all partners reported that the families they serve are in great need. The following chart depicts the specific needs that the partners reported, with food, baby supplies, and information/resources being the most common reported needs.

Figure 6. First-5 Funded Partners' Reported Needs of Families during COVID-19



Source: First 5 Sacramento Funded Partners Survey Regarding COVID-19 Response

Because of the unexpected and unprecedented nationwide shutdown, all First 5 programs were impacted. Although programs were able to be flexible and create new programming in a very short amount of time, COVID-19 continues to be a large factor in their planned service delivery. As such, the reach of many programs has declined from previous years, and some milestones/RBAs may no longer be applicable. Please read the following report with this in mind. COVID-19 has likely impacted service delivery in ways that will be long-lasting, and this will likely be much more evident with the creation of new contracts for the FY 20-21 year.

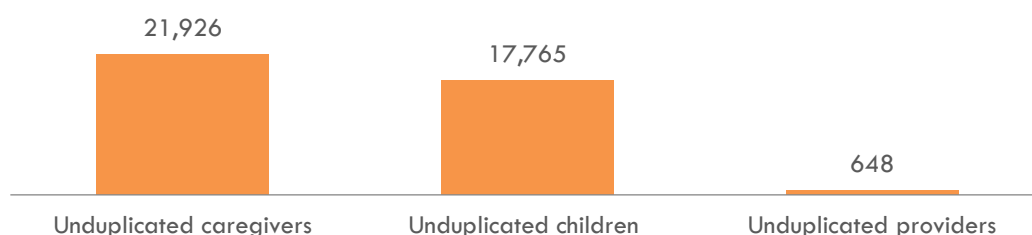


Profile of First 5 Clients

Profile of all Clients Served

First 5 Sacramento funded services had substantial reach across the county, serving 40,339 unduplicated individuals, including 17,765 children, which represents 15% of the county's children ages 0-5¹.

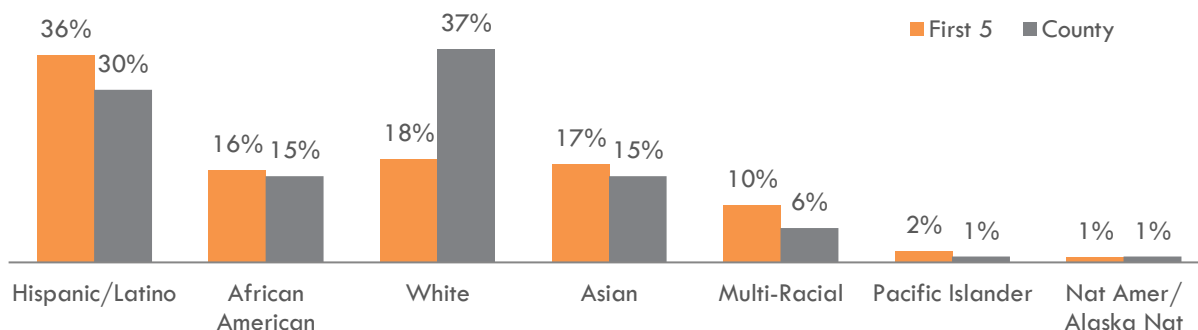
Figure 7. Reach of First 5 Sacramento



Source: First 5 Sacramento Persimmony Database and First 5 Sacramento State Report, FY 2019-20.

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. Among First 5 participants, children are most likely to be Hispanic/Latino and African American (52%), a proportion greater than seen across the county's population (45%)². Most (71%) children and parents' primary language was English, and another 17% primarily spoke Spanish. This profile is consistent with that of families served in previous years.

Figure 8. Ethnicity of First 5 Sacramento Children Compared to County



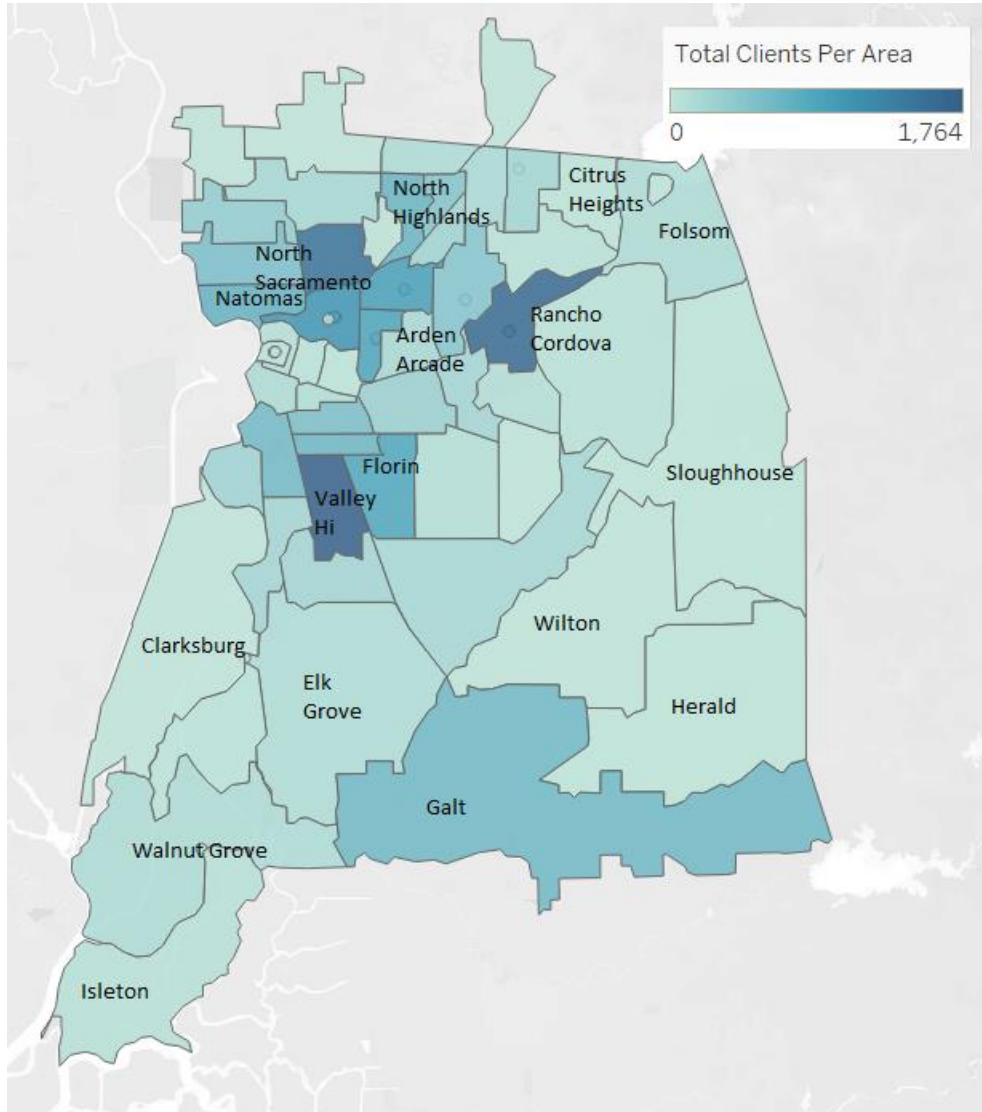
Source: First 5 Sacramento, Persimmony Database. Percentages based upon 2019-20 children with child-level data. N = 12,350, excluding those whose ethnicity is Unknown (n = 4,701) or Other (n = 714). County comparisons are for all children 0-17. KidsData.org, based upon Department of Finance estimates.

¹15% = 17,765 served in 2019-20, as percent of county population for children 0-5 (116,665), based upon Kidsdata.org, 2019.

² Source: U.S. Census Bureau, 2019.

The following map shows the geographic location in Sacramento County of families who received First 5 services. As shown below, the neighborhoods with the highest numbers of First 5 clients were Valley Hi, followed by North Sacramento and Rancho Cordova, with the fewest clients on the outskirts of Sacramento in Folsom, Walnut Grove, Sloughhouse, and Clarksburg.

Figure 9. Map of Families Served, 2019-20



Source: Family Information Form 2019-20.

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. In a change for the current fiscal year (FY 2019-20), the post-FIF was not administered. A large reason for this was the presence of the COVID-19 pandemic during the third and fourth quarters of the fiscal year. In addition, the results of the analyses of the pre-FIF compared to post-FIF have been largely stable for many years; there has been strong evidence of the positive impact of First 5-funded programs on a variety of indicators (see previous annual reports).

Between July 1, 2019 - June 30, 2020, the FIF was completed for 7,471 adults and 8,991 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 Birth & Beyond, and WIC services. The tables below present highlights of these data.

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

2019-20	
Total FIF Intakes (Parent)	7,471
Program	
School Districts (School Readiness)	3,771
Birth & Beyond	1,831
WIC	1,452
Pregnancy Peer Advocates Programs (Her Health First)	114
Help Me Grow	143
Sacramento Crisis Nurseries	160
Parenting Programs, Services, Supports Used in Past Six Months	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	4,486
Parenting Education/Support	859
FRC Services	535
Home Visits	381
Parenting Attitudes: % (n) who agree or strongly agree	
I am confident in my ability to help my child grow and develop.	86% (6,405)
I know what to expect at each stage of my child's development.	74% (5,544)
I know what program to contact in my community when I need help for basic needs.	66% (4,944)
I know what program to contact in my community when I need advice on how to raise my child.	66% (4,957)

Source: Family Information Form 2019-20, all intakes. (All data self-reported)

Notably, food/nutrition services were reported as the most utilized services in the past six months, with 60% of adults having reported using food/nutrition services (such as WIC, CalFresh, Food Bank, etc.). This is comparable to previous years.

The table below presents FIF intake results related to children.

Figure 11. First 5 Sacramento Family Information Form Intake Data: Child Information

2019-20	# or %
Total FIF Intakes (Child)	8,991
Program	
School Districts (School Readiness)	3,812
Birth & Beyond	4,766
Sacramento Crisis Nurseries	238
Help Me Grow	172
Health	
Has had a well-child health check-up in the past 12 months	7,815 (87%)
Has seen a dentist in the past 6 months (if 18 months or older)	5,591 (62%)
Has had a vision screening in the past year	4,946 (55%)
Has had a hearing screening in the past year	4,753 (53%)
Has had a developmental screening in the past year	2,263 (25%)
Has untreated cavities	935 (10%)
Family Activities	
Sat and shared a meal together at least 5 times per week	62% (5,559)
Talked with child about things that happened during the day at least 5 times per week	57% (5,082)
Practiced a bedtime routine at least 5 times per week	56% (5,057)
Played one-on-one with child at least 5 times per week	54% (4,894)
Told stories or sang songs together at least 5 times per week	53% (4,800)
Read at home at least 5 days per week	35% (3,127)

Source: Family Information Form 2019-20, all intakes. (All data self-reported)

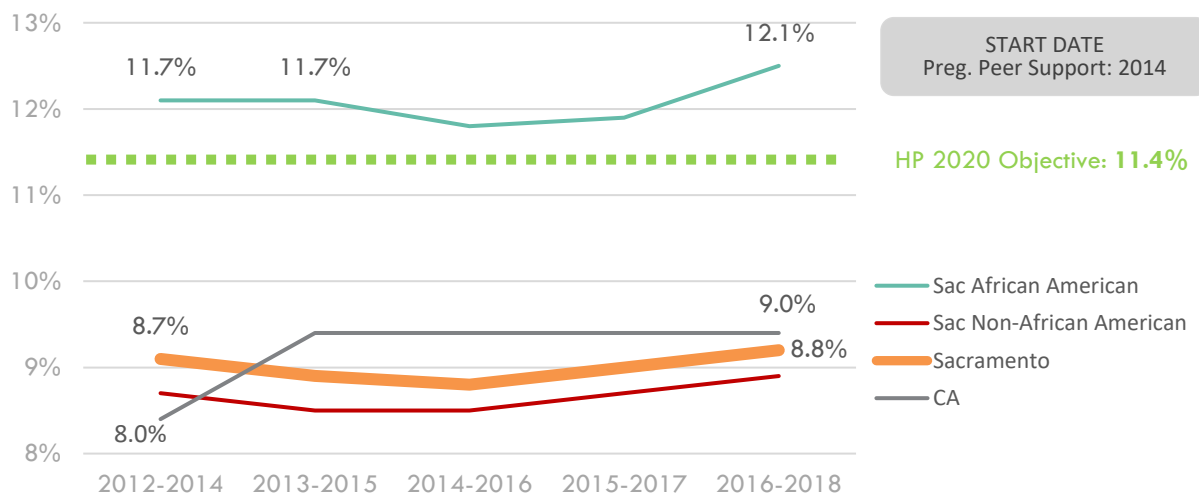
Result 1: DECREASE INFANT DEATH

This result area is related to the Commission's efforts to reduce African American infant deaths. Applied Survey Research produced a full report for FY 2019-20, the highlights of which are presented here. Please visit First 5 Sacramento's website for the full report (see Results/Evaluation Reports).

Countywide Trends

Infant mortality is influenced by many factors, such as lack of access to timely and regular prenatal care, preterm birth, chronic diseases and conditions in the mother, and social and economic disparities. In general, across Sacramento County, African American women are less likely to have timely prenatal care and more likely to deliver preterm and low birth weight babies. For instance, the percentage of African American infants born preterm in Sacramento remained substantially higher than non-African American infants across time. The percentage of pre-term births among African American infants increased from 11.7% in 2012-14 to 12.1% in 2016-18, both exceeding the Healthy People 2020 benchmark of 11.4% or less. Overall, Sacramento County's rate of preterm births fared better than the state (9.0%).

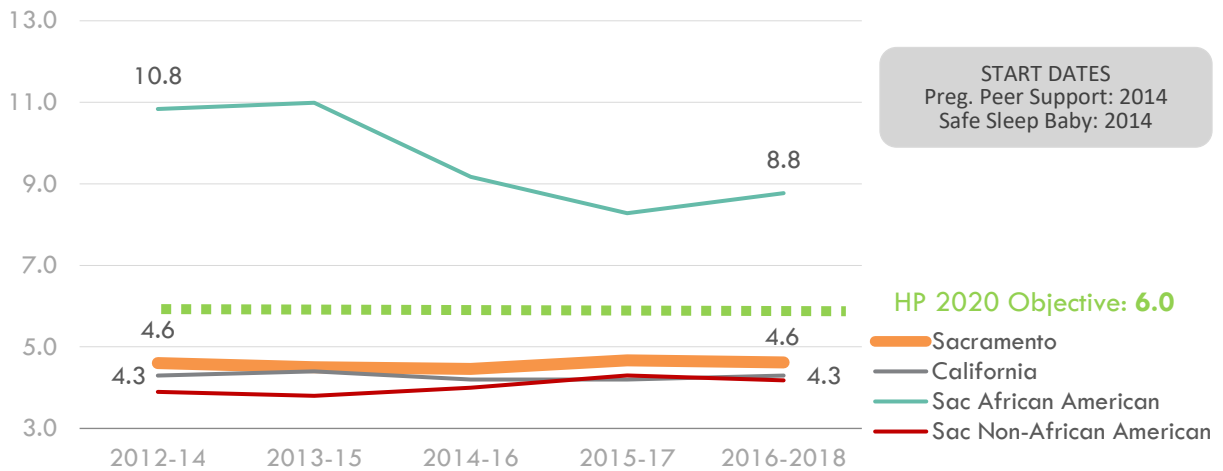
Figure 12. Percentage of Babies Born Premature, by Race/Ethnicity



Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. CA data source: Centers for Disease Control and Prevention, WONDER. Because of the instability of relatively small numbers, the percentage of infants born premature was calculated as rolling averages (RA) over multi-year periods. State rates available in 1-year averages, not 3-year rolling averages.

The countywide rate of infant death remained stable, at 4.6 deaths per 1,000 live births in 2012-14 and 2016-2018, worse than the state average (4.3). There was a remarkable drop-in rate of African American rate of infant mortality (10.8 to 8.8, respectively), although still nearly twice as likely to die than non-African American infants.

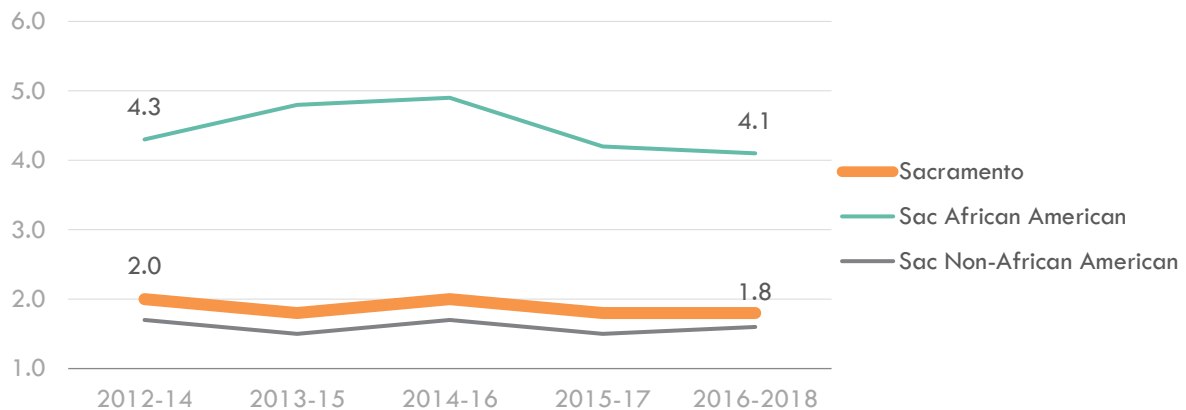
Figure 13. Rate of Infant Mortality per 1000 Live Births, By Race



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The data presented below depict deaths due to perinatal causes, such as prematurity, low birth weight, placental abruption, and congenital infections. The data includes deaths from the second trimester of pregnancy through one-month post-birth. The African American rolling average rates decreased slightly from 4.3 in 2012-2014 to 4.1 in 2016-2018. However, there was an increase in both 2013-2015 and 2014-2016, so it is promising that the numbers are decreasing in recent years, when First 5 funded programs and countywide efforts were in full implementation. Future data is needed to discern if this decrease is the beginning of a trend.

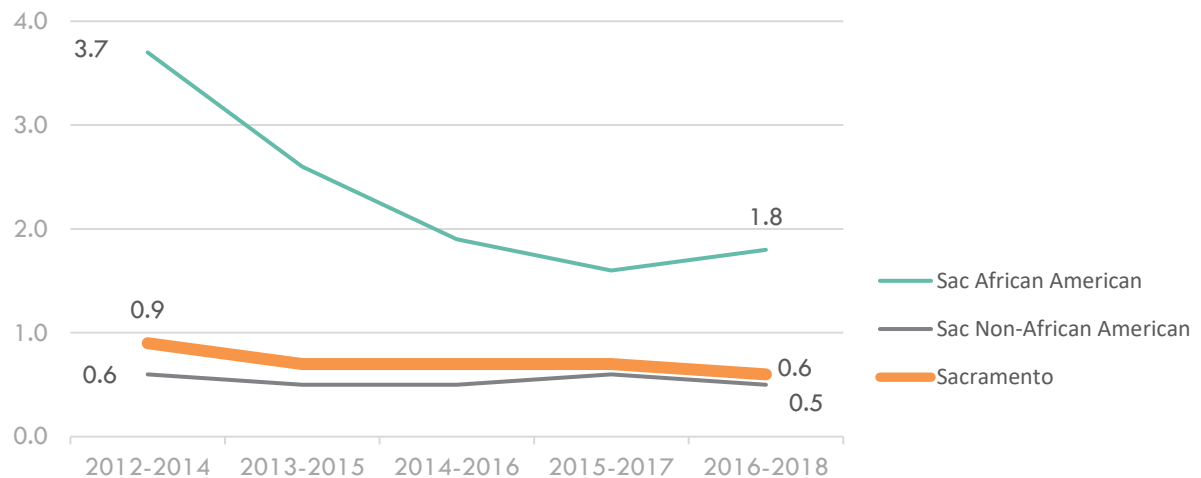
Figure 14. Rate of Death per 1,000 Live Births Due to Perinatal Causes, By Race



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The term “Infant Sleep Related Deaths” (ISR) refers to any infant death that occurs in the sleep environment, including Sudden Infant Death Syndrome, Sudden Unexpected Infant Death Syndrome, and Undetermined Manner/Undetermined Natural Death. The rolling rates below demonstrate a dramatic decrease in African American ISR deaths (3.7 in 2012-2014 and 1.8 in 2016-2018), representing a 51% reduction.

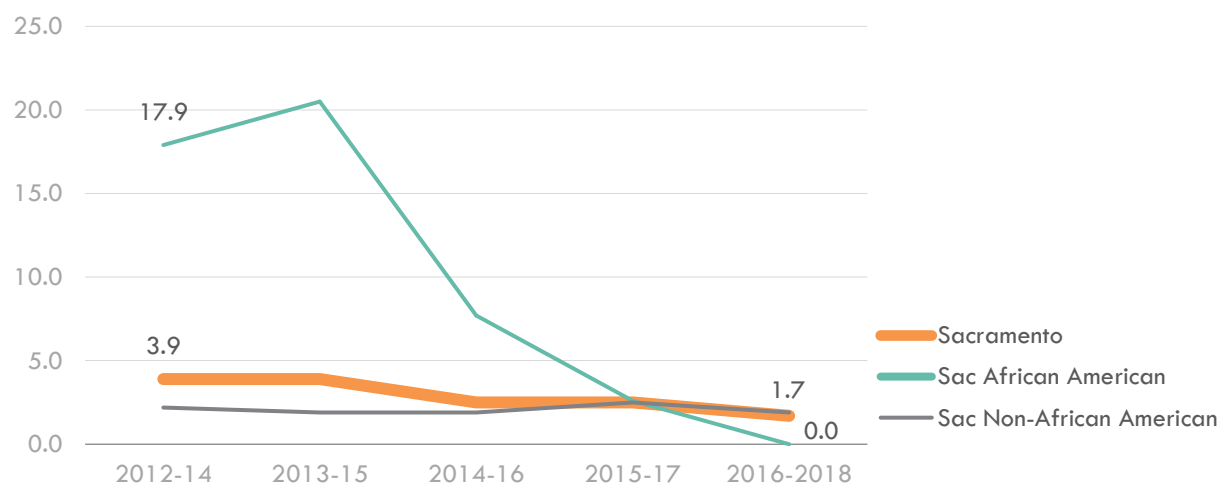
Figure 15. Rate of Infant Death per 1,000 Live Births Due to Sleep-Related Causes, By Race



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files.

The rate of death for children 0-5 due to child abuse and neglect homicides drastically reduced for the Sacramento African American population (from 17.9 in 2012-14 to 0 in 2016-18; see figure below). **This represents an absolutely remarkable 100% reduction overall, as well as an over 100% reduction in disparities.**

Figure 16. Rate of Child Death per 100,000 Children 0-5 Due to Child Abuse and Neglect Homicides, By Race



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program.

Impact of First 5 Sacramento

Each year, there are approximately 2,000 African American babies born in Sacramento County. In 2013, the Sacramento County Blue Ribbon Commission on Disproportionate African American Child Deaths called upon 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 joined the Steering Committee for this effort, called the Reduction of African American Child Deaths (RAACD) initiative and additionally funded four strategies to address perinatal and infant death in seven neighborhoods that are characterized by high African American infant and child death rates:

1. The Pregnancy Peer Support Program provided by Black Mothers United and WellSpace Health
2. Safe Sleep Baby campaign provided by the Child Abuse Prevention Center (CAPC)
3. Perinatal Education Campaign provided by Runyon Saltzman, Inc. (RSE)
4. Family Resource Centers provided by Birth & Beyond

The efforts and outcomes of these strategies are summarized here, based upon the recent evaluation report prepared by Applied Survey Research.

PREGNANCY PEER SUPPORT

The Pregnancy Peer Support Program started in Sacramento in 2014 and provides services to promote education, support, and access to critical services like prenatal care to support healthy pregnancies and births. Full implementation of the initiative to improve outcomes of African American mothers and infants began in 2015. Her Health First's Black Mothers United Program supported a total of 180 African American expectant mothers to promote better birth outcomes, and in the fiscal year, there were 101 live births.

HER HEALTH FIRST

Her Health First's Black Mothers United (BMU) program provided case management to address the social determinants of health of 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 pregnancy coaches sought out pregnant African American women who needed support. Participants' needs and risks were assessed, individualized care plans were developed, and a wide array of educational and referral services were provided.

From July 2019 to June 2020, 180 pregnant African American women were served through the BMU program. Over half of them (61%) resided in one of the seven high-risk target neighborhoods of Sacramento County, up from the 49% who resided in these neighborhoods in FY 2018-19.



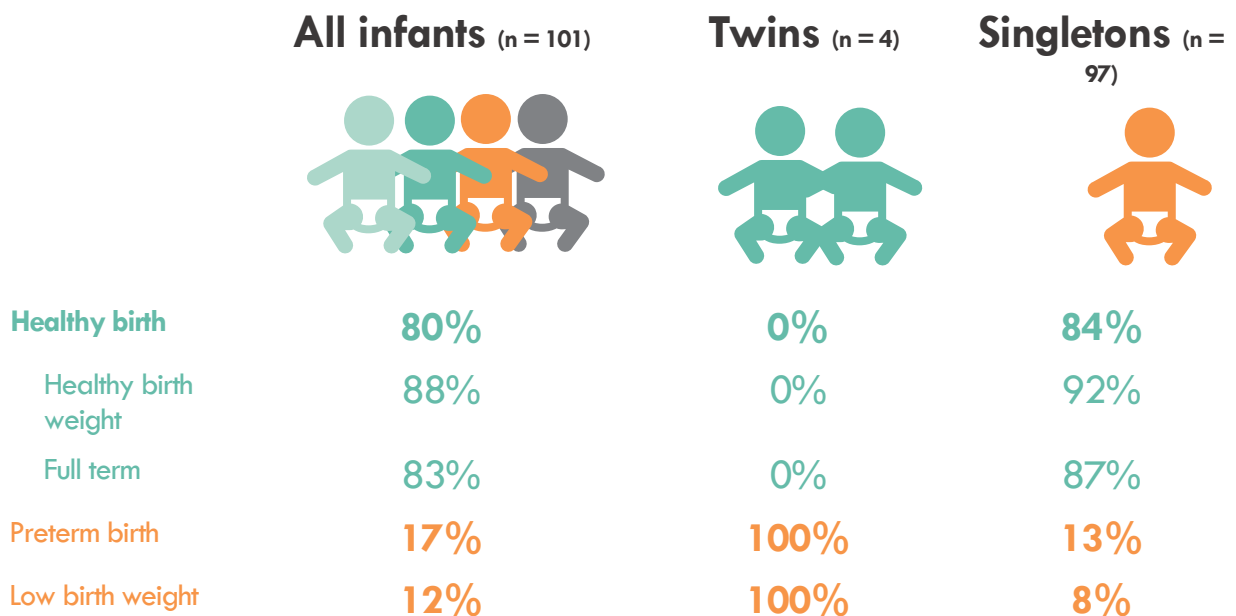
Based upon initial assessments, participants faced a variety of challenges, including unstable housing situations (22%) and lack of transportation (21%). Almost half of clients (44%) were on CalWORKs and 65% used WIC services for nutritional support.

As a result of referrals and intensive case management, mothers had fewer risk factors by the end of the program. For instance, the percentage of mothers with moderate to severe depression, as evidenced by their PhQ-9 score, decreased from 30% at intake to 11% at follow up³ and the percentage of mothers who did not have a crib reduced from 75% at intake to 7% at follow up.

Clients positive response to BMU Coach:
"You need to go with me to all of my appointments!"

There were 101 live births in the BMU program, including 97 singletons and 4 twins⁴. Of these, 88% were born at a healthy birth weight, 83% were born full term, and a combined 80% had a healthy birth outcome (healthy weight and full term). The percentage of singletons with a healthy birth was 84%. **Importantly, there were zero stillbirths or infant perinatal deaths in this cohort.**

Figure 17. Birth and Perinatal Outcomes of BMU Clients



To further investigate the data, three exploratory logistic regressions were conducted; the first on if there was an *adverse birth outcome present* (either low birthweight or preterm birth), the second on the *continuous birthweight variable*, and the third on the *continuous gestational age variable*. Regressions are able to hypothetically discern statistical predictors of a dependent outcome variable. It is important to note that all variables were self-reported by the mother at intake. Variables that were not correlated with birth outcomes were not included in regression models, since they did not have a statistical relationship or impact on one another. Although regressions provide more sophisticated analyses than correlations, they

³ These percentages are out of mothers who had PhQ-9 data for both intake and follow-up (n = 97).

⁴ Number of infants born is comprised of mothers who joined the BMU program in both FYs 18-19 and 19-20.

do not imply causal relationships. In order to increase statistical power, two cohorts of BMU clients were included (those from FY 2018-19 and 2019-20). This increased the sample size to 203.

First, a logistic regression was conducted on the dichotomous measure of adverse birth outcomes (yes/no). Being unemployed and looking for work and experiencing anxiety/depression both independently predicted having an adverse birth. Secondly, a linear regression was conducted on the continuous birthweight variable. Being unemployed and looking for work, experiencing anxiety/depression, and having a fewer number of check-ins with the BMU pregnancy coach independently predicted having an infant with a lower birthweight. Maternal obesity was predictive of a child having a higher birthweight, which can also be unhealthy (if extreme). Lastly, a linear regression was conducted on the continuous outcome of gestational age. Being unemployed and looking for work significantly predicted having an infant with lower gestational age.

Figure 18. Highlights of the BMU Program

Factor	Findings
Program Reach	180 women participated in weekly check-ins and home visits.
Socio-economic Risk Factors	The most common socio-economic risk factors at intake were being single (35%), being unemployed and looking for work (23%), and not graduating high school (23%).
Health Risk Factors	The most common health risk factor at intake was moderate to severe depression (30%), this decreased to 11% after participation in the BMU program.
Infant Safety Risk Factors	The most common infant safety risk factor reported at intake was not owning a crib (75%), which decreased to 7% at follow-up.
Birth Outcomes	Out of 101 total births, 88% had a healthy birth weight and 83% had a full-term birth; 80% of the babies born had both a healthy weight and gestational age.
Postpartum Care	87% of clients had a well-baby visit by program exit
Predictors of Low Birth Weight	Unemployed, looking for work*, anxiety or depression [†] , fewer weekly check-ins with BMU coach. [†]
Predictors of Preterm Birth	Unemployed, looking for work.*

Source: Black Mothers United Health Assessment Intake, Pregnancy Outcomes Form 2019-2020. *indicates statistical significance at $p < .05$, [†] indicates marginal significance at $p < .10$

Client Success Stories

Two Black Mothers United (BMU) coaches shared success stories about each of their clients who were positively impacted by the program's services and supports.

One pregnancy Coach, Toni Johnson was reminded of the importance of coaches' role as a service navigator after she attended a routine prenatal care appointment with her client Elizabeth⁵. During the first prenatal appointment Toni was introduced to the medical staff as Elizabeth's pregnancy coach. After waiting in the room for a few minutes the medical staff brought them several informational brochures about pregnancy health, breastfeeding resources, car seat and parenting education, amongst many more. Elizabeth had several questions and was extremely relieved to receive the extra information and attention from her provider.

After the appointment Elizabeth exclaimed to Toni *"You need to go with me to all of my appointments!"* She told Toni that she had never received the same level of quality of care that she had with Toni present in the room. She stated that her appointments were generally very brief, and staff has never shared the information and resources that they provided with Toni there. Toni wanted to make sure that the BMU team heard this success. She wanted to remind all the coaches of the critical role that they play in ensuring their clients receive the highest and best quality of care.

A second pregnancy coach, LaShanya shares her experience since the onset of the COVID-19 pandemic. BMU coaches have had to deal with changes in hospital regulations and some of their clients have been required to deliver alone. Coach LaShanya was unable to be present in the hospital during the birth of her client Sasha. LaShanya, however was able to virtually support Sasha by phone and coached her throughout her entire labor at Sutter Hospital. Additionally, nurses assisted with this process so that she could help to clarify instructions as needed from the delivery team and give support when Sasha became stressed. LaShanya was able to provide a successful outcome with her client and both mom and baby are healthy!



⁵ Fictional names used for all client success stories throughout the report.

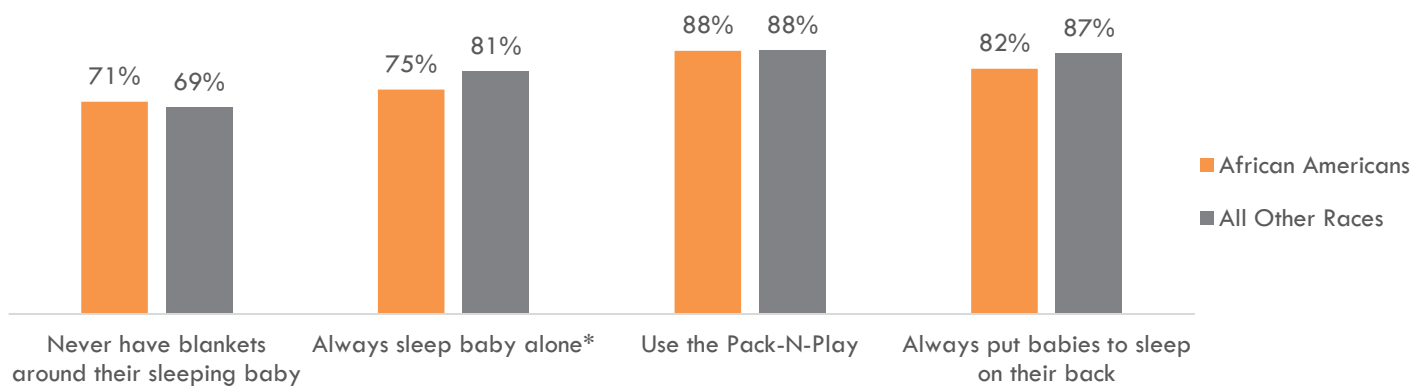
INFANT SAFE SLEEP BABY CAMPAIGN

The Safe Sleep Baby (SSB) education program focused on raising awareness about infant safe sleep practices and provided direct education services to parents and caregivers, with a focus on African American families. Cribs were provided to parents that received the SSB education and needed a safe place for their infant to sleep. The SSB campaign also provided training to community organizations and service professionals about infant safe sleep practices and worked with local hospitals to integrate safe sleep education into their policies and procedures.



In FY 19-20, 984 individuals received Safe Sleep Baby training, 28% of whom were African American, and 54% who resided in RAACD's targeted zip codes. This represents an increase in proportion in the targeted zip codes compared to FY 2018-19 (32%). Pre and post training data showed statistically significant increases in understanding that *babies should NOT be tightly swaddled when sleeping for the first six weeks*, *babies placed on their backs to sleep are NOT more likely to choke on their own spit up*, and that *breastfeeding helps to reduce the risk of SIDS*. Within 3-4 weeks of completing the SSB training, 112 parents who received a crib and training were reached with a follow-up call to understand the extent to which they were using infant safe sleep practices. The figure below demonstrates the safe sleep behaviors that participants followed after participation in the program. African Americans were more likely than other races to report *never having blankets around their sleeping baby* (71%).

Figure 19. Percent of SSB Participants Practicing Infant Safe Sleep Behaviors, By Race



Source: CAPC, SSB Follow up Survey. n = 112.

Other accomplishments of the Safe Sleep Baby campaign include:

- 485 cribs were distributed, 36% (175) of which were to African American or multiracial African American families.
- 334 community service and five health professionals received SSB direct education.
- All 8 Sacramento birthing hospitals routinely screened mothers for their plans to sleep their babies at home, provide safe sleep materials and refer families to the Safe Sleep Baby program.

PUBLIC EDUCATION CAMPAIGN

The third strategy funded by First 5 was a public education campaign formed in a groundbreaking partnership with the Sacramento County Public Health Department. The purpose of the campaign was to raise public awareness about the fact that institutionalized racism is the root cause of the racial disparities in safe births for both infant and mother. Runyon Saltzman, Inc. (RSE) managed this comprehensive media campaign, titled the Unequal Birth Campaign, that launched in February 2020 and included radio advertisements, social media advertisements, LED billboards around the county, and the creation of a new website (UnequalBirths.com).

From February 17, 2020 – June 30, 2020 a total of 861 advertisements ran on a number of local top radio stations (KSFM, KRXQ, KUDL), as well as digital streaming advertisements through Pandora, which garnered 1,250,803 impressions. Paid social media advertisements ran across Facebook and Instagram from February 17, 2020 – June 30, 2020 and across the two platforms, there were 3,115,570 impressions and 30,304 clicks to the link provided. Ads included video, still photos, and pictures in carousel form, meaning that there were multiple pictures that users could scroll through. As for actions that users took involving the deployed ads, there were 587 post reactions to the video, 259 reactions to the static maternal mortality advertisement, and 59 post reactions to the picture carousel.

Billboards were created and strategically placed along seven high-traffic freeway areas with digital geofencing to retarget users with digital ads. Geofencing creates a virtual radius around a specific billboard, using the mobile device global positioning system. Therefore, those who are inside geo-fenced areas can receive ads digitally (e.g., on their phone or computer) that complement the ad that they are likely to view on the billboard. This reinforcement is intended to allow consumers to hear the same message repeatedly and increase their chance of retaining the information. Due to COVID-19, there were fewer cars on the highways than were expected when creating and launching the campaign. However, RSE negotiated with its vendors to deliver 14.62% over the original value of spots, so that the billboard viewership would ultimately exceed the initial impression goals set before COVID-19. In total, there were 478,526 impressions from the LED billboards. The digital retargeting due to the geofencing led to an additional 21,691,691 impressions.



FAMILY RESOURCE CENTERS

The final strategy funded by First 5 Sacramento aimed to decrease child abuse and neglect (CAN), especially among African Americans due to the disproportionality in CAN homicides within this racial group. First 5 Sacramento provides funding for Family Resource Centers (FRCs) with the goal of decreasing CAN across the entire Sacramento population, with a specific effort to reach African American parents and their young children. Nine Birth & Beyond FRCs are operated by six organizations and aim to serve families through home visitation, parenting education classes, crisis intervention, and enhanced core services. Birth & Beyond services are intended to improve the lives of children and their families, especially those from particularly at-risk backgrounds. Birth & Beyond favors a strengths-based approach to case management to maximize the current skills of each participant, as well as to educate and increase skills in areas of need.

Birth & Beyond strategically locate their FRCs in neighborhoods that are characterized by high birth rates, low income, and above County averages for referrals to and substantiated reports to Child Protective Services (CPS).

The FRCs are located in the neighborhoods of: • Arden Arcade • Del Paso Heights

• Meadowview • North Highlands • North Sacramento • Oak Park • Rancho Cordova • South Sacramento • Valley Hi.

In FY 2019-20, with funding from First 5 Sacramento, FRCs served 3,902 adults and 2,166 children. Over half of clients served at FRCs identified as either Hispanic/Latino or Black/African American. The ethnicity breakdown for all participants is provided in the figure below. Birth & Beyond serves a population with higher levels of minorities than Sacramento County in general, which contains White (44.2%), Hispanic/Latino (23.4%), Asian (16.9%), African American (10.9%), other (4.5%).⁶

HOME VISITATION

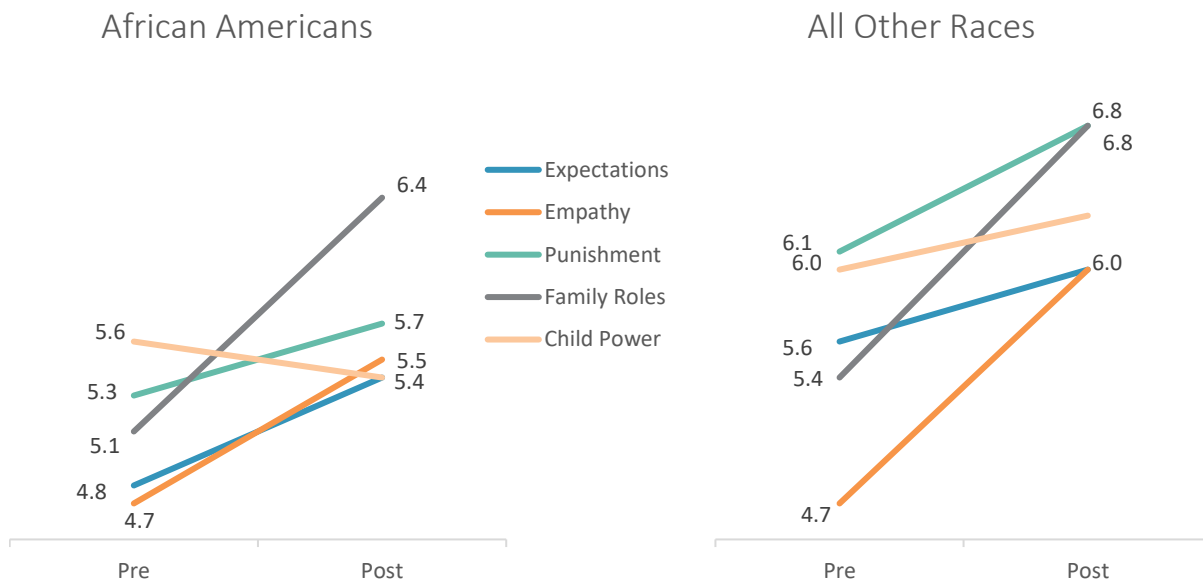
All services that FRCs provide aim to decrease child abuse and neglect, however in the current report, the focus was on home visitation outcomes, as they are the most intensive service that FRCs offer. The Home Visitation program through Birth & Beyond uses the Nurturing Parenting Program (NPP), an evidence-based home visitation curriculum provided at least weekly, with a minimum of two months of visitation services.

In FY 2019-20, 557 parents received home visitation services funded by First 5 Sacramento. Of the parents served in the home visitation program, 21% (117/557) identified as African American. Of the FRCs, the Del Paso Heights location served the highest proportion of African American home visitation parents (37%; 33/89), with the Valley Hi location serving the second-highest proportion (32%; 41/129). Based on the age of their target child, families were assigned to differing NPP curriculums: Infants and Toddlers (89%; 495/557), Prenatal (2%; 9/557), School Age (1%; 6/557), Fathers (1%; 4/557). Participants were 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. Each item is scored on a scale of 1 (high risk) to 10 (low risk).

⁶ Source: U.S. Census Bureau, 2019.

Two hundred seventy parents had both a pre- and post-assessment after completing the NPP home visitation program; of these 46 (17%) were African American. In the figure below, mean scores on all domains of the AAPI are displayed, separated by African Americans and All Other Races. Overall, African Americans performed similarly to those of other racial backgrounds, and in general scores on the AAPI tended to increase from pre- to post-assessment. However, for African Americans, their AAPI score on Children's Power actually decreased from pre- to post-test (although this change was not statistically significant). This demonstrates an area of potential focus for the home visitation program.

Figure 20. Change in Mean Scores on AAPI in Pre- and Post-Test for Home Visitation Clients



Source: Client Assessment by Answer Value Export in Persimmony, FY 2019-20.

Summary

- The Pregnancy Peer Support program helped African American mothers reduce socio-economic and health risk factors and deliver healthy babies.** Through Her Health First's Black Mothers United program, 180 women received weekly contact including education, referrals, and any other support needed to address risks to healthy birth. There were 101 live births in the BMU program, including 97 singletons and 4 twins. Of these, 88% were born at a healthy birth weight, 83% were born full term, and combined, 80% had a healthy birth outcome (birth that is at healthy weight and full term). There were zero stillbirths and infant deaths at time of maternal exiting the BMU program!
- Safe Sleep Baby showed statistically significant impacts on parents' knowledge and practices related to safe sleep strategies.** There were 984 individuals who received the Safe Sleep Baby training, 28% of whom were African American, and 54% who resided in RAACD's targeted zip codes. Pre- and post-measures indicated significant increases in knowledge as well as use of practices that promote safe sleep. In addition, Safe Sleep Baby trained 334 community-based service providers and five medical providers, and 485 cribs were provided to parents, approximately 36% of which went to African American parents.

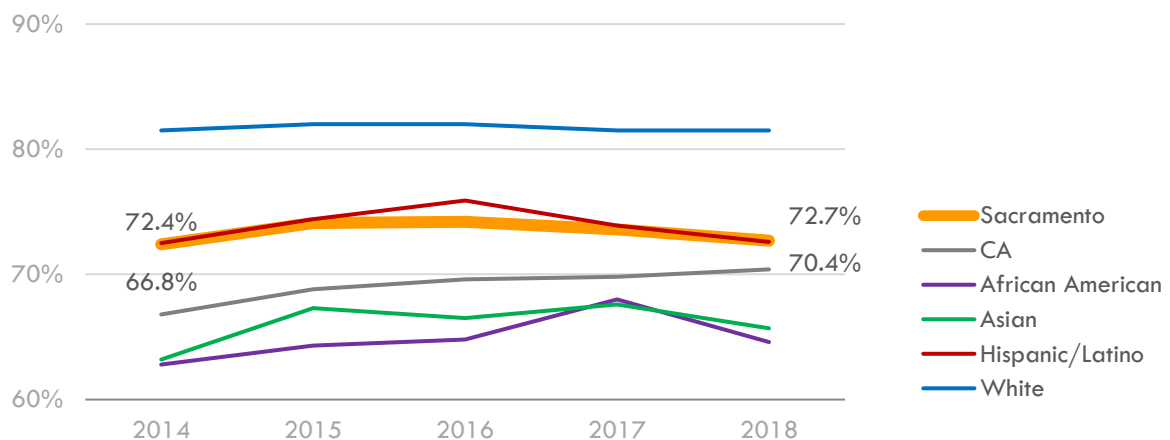
- **The Unequal Births Public Education Campaign launched in February 2020.** This multimodal campaign utilized radio (1,250,803 impressions) and social media advertisements (3,115,570 impressions), LED billboards (21,691,691 impressions), and launched a microsite (unequalbirths.com).
- **Family Resource Centers helped to decrease child abuse and neglect by providing home visitation, parenting education, crisis intervention, and enhanced core services.** Five hundred fifty-seven families received home visitation services and 603 parents received parenting education. Pre- and post-tests on the Adult-Adolescent Parenting Inventory (AAPI) were given to both home visitation and parenting education participants. Overall, there were statistically significant increases across domains for both sets of participants.
- **Taken together, efforts from the strategies of First 5 Sacramento and other partners to reduce African American child death have shown signs of positive impact.** Overall, for African Americans in Sacramento County, between 2012-14 and 2016-18, there was a:
 - 19% decrease in the rate of African American infant deaths, and a 33% decrease in disparity between rates for African Americans and all other races.
 - 5% decrease in the percentage of African American infant perinatal deaths.
 - 57% decrease in African American infant sleep related deaths, and a 68% decrease in disparity between rates for African Americans and other races.
 - 100% reduction in the rate of African American child abuse and neglect (CAN) homicides per 100,000 population 0-5, and over a 100% decrease in disparity between rates for African Americans and all other races.

Result 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING

Countywide Trends

Breastfeeding promotes bonding and improves health outcomes for both mother and child. Across Sacramento County, the percentage of mothers who exclusively fed their baby breast milk in the hospital remained stable, from 72.4% in 2014 to 72.7% in 2018. Overall, Sacramento County fared better than the overall state average (70.4%). However, the exclusive breastfeeding rate for African American (64.6%) and Asian (65.7%) mothers is lower than it is for White (81.5%) mothers.

Figure 21. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital



Note: Number of mothers who exclusively breastfed their babies in Sacramento – Sacramento 12,039; CA 278,019; African American 998; Asian 1,323; Hispanic/Latino 3,328; White 4,461 (2018). Source: California Department of Public Health, 2018 California In-Hospital Breastfeeding.⁷

Impact of First 5 Sacramento

WOMEN, INFANTS AND CHILDREN (WIC)

In 2002, First 5 began funding lactation support services in Sacramento County. In FY 19-20 through contracts with both Sacramento County Department of Health and Human Services WIC (DHHS WIC) and Community Resource Project WIC (CRP WIC), the programs served women with an infant up to one year of age, and focused on the goal of initiating and continuing breastfeeding through at least 6 months of age. The target population included WIC mothers and



⁷ As of publication, 2019 data for breastfeeding was not yet released.

infants in Sacramento County, as well as mothers with limited access to lactation assistance. During the fiscal year, 2,743 mothers received WIC breastfeeding services funded by First 5, with 47% of mothers exclusively breastfeeding at 6 months. This is much higher than the percentage of mothers exclusively breastfeeding in FY 18-19 (25.9%), higher than the California rate (26.3%), and exceeds the Healthy People 2020 goal of 25.5%⁸.

Figure 22. RBA Dashboard — WIC DHHS/CRP-WIC Breastfeeding Services

How much?	Numbers served	
	# of mothers served	2,743
	# of providers (e.g., BIH) who received a breastfeeding training	45
	Breastfeeding support (#) Number of Services Provided	
	Helpline: 0-7 days of birth	924
	Helpline: 8 days- 1 year of birth	1,047
	Drop-in: 0-7 days of birth	283
	Drop-in: 8 days-1 year of birth	784
	IBCLC Consult: 0-7 days of birth	446
	IBCLC Consult: 8 days-1 year of birth	1,458
	Home visits (high-need lactating mothers)	41
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services	71
	Follow-up contacts for additional breastfeeding support	1,065
	Enhanced Referrals (#)	
	Dental care (insurance and/or dental home)	106
	Health care (insurance and/or medical home)	100
	Help Me Grow	25
	Family Resource Centers /Parent Support	93
	Child care	137
How well?	N/A	
Better off?	Exclusive Breastfeeding # (%)⁹	
	At 6 months	35/74 (47%)
	At 11 months	2/9 (22%)

Sources: FY 2019-20 WIC Client summary by service for clients report in Persimmony, and 2019-20 breastfeeding data export from WIC pertaining to First 5-funded clients only.

⁸ Source HealthyPeople.Gov 2020 targets for 6-month exclusive breastfeeding. <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4863>; The California rate is for 2015, the most recent data available for this indicator.

⁹ There are small sample sizes for each of these reported indicators, but especially 11 months exclusive breastfeeding. Please interpret results with caution.

SYSTEMS APPROACHES TO INCREASE THE PREVALENCE AND DURATION OF BREASTFEEDING

- From 2007 – 2014, the Commission supported the Baby Friendly Hospital Initiative, which guided hospitals through a certification process to incorporate practices and protocols that support breastfeeding. The Commission sponsored trainings and technical assistance for local hospitals, and funded the fees associated with the process.
- In 2012, SB 502 required hospitals with a perinatal unit to have an infant feeding policy that supports breastfeeding, and in 2013 SB 402 required hospitals to achieve Baby Friendly designation or adopt Model Policies for breastfeeding by 2025. Up until that point, local hospitals were voluntarily participating in Baby Friendly efforts. The legislation was a turning point in encouraging and mandating hospitals to incorporate policies. However, the Commission’s work has had a lasting effect through helping to create a foundation and through assisting hospitals with meeting some or all of the requirements for Baby Friendly. The policies that were or will be implemented as a result will have a positive impact on infants for generations to come.
- Contractors at DHHS WIC and CRP WIC continue to advocate for breastfeeding and support hospitals in this journey. The Commission continues to support breastfeeding by encouraging funded programs to promote breastfeeding, and to refer to or work with WIC. In addition, staff continues to monitor legislation, such as the Affordable Care Act, that can impact access to important tools like breast pumps to support breastfeeding.

Client Success Story: WIC

Two WIC-certified International Board-Certified Lactation Consultants (IBCLC) from the Community Resource Project (CRP) described their clients’ experiences utilizing WIC’s lactation services.

June¹⁰, a 34-year-old mother of two conjoined twins, came to CRP WIC because she needed an electric breast pump. Her twins were born 5 weeks premature and placed in the NICU. She had specified that she wanted to make sure her twins only received breastmilk so that they would have the best nutrition possible. Additionally, June stated she *“doesn’t know how she would be able to pump without CRP WIC.”* Most moms can receive an electric breast pump through their insurance at no cost via the Affordable Care Act, however she was concerned that it would not be hospital grade and she had needed to exclusively pump since her twins were born.

June and the twins were referred to First 5 referral services and immediately set up with a Lactation Consultant appointment to help her initiate pumping. During this time, she additionally received follow up calls through First 5 Breastfeeding Services with a Lactation Consultant who would check in with

“We have gotten more creative. There are things we didn’t think of prior to [COVID-19] ...Some include individuals who don’t have internet access, [we can use] a smart phone or a device to play videos...”

– WIC Staff

¹⁰ Fictional names used for all client success stories throughout the report.

“The lactation team at CRP WIC helped get me a hospital-grade pump immediately when I had the twins. They virtually sent me video...on how to set up and use the pump while separated from my girls. They checked in weekly...it was a pleasure speaking with them...I wouldn’t have been able to get this pump without WIC...or even be able to pump for as long as I have been without the lactation team.” – June

her to offer support and assistance. The help June received from the First 5 Lactation Consultants and the staff at CRP WIC helped her to not only get her benefits and food for her children at home, but they were also able to provide her with encouragement to keep moving forward on her pumping journey. She is a very experienced mom and very dedicated to providing the best for her children. Her twins had a successful separation surgery in October and returned home in December 2020.



June, a WIC client, and her conjoined infant girls

Another WIC client success was Maggie¹¹, a 30-year-old mother of two children, 3-year-old Sierra¹¹ and 4-month-old Bryan¹¹. She was referred to WIC by the hospital upon her discharge after her son Bryan’s birth, who had been born prematurely at 25 weeks gestation. The hospital advised Maggie to obtain a hospital-grade breast pump to aid in establishing and maintaining her breastmilk supply and to ensure that she would be able to provide breastmilk to her medically fragile son.

“Our First 5 Lactation Consultants are available to...WIC Program participants and a limited number of people not enrolled in WIC. This is unique...often skilled lactation support is limited to in-patient care immediately after birth, or to those able to afford to pay out-of-pocket for a private lactation consultant...” – WIC Lactation Team

Maggie first contacted the Community Resource Project (CRP) WIC Program in late March 2020. She was immediately connected with a First 5 Lactation Consultant who provided, by phone, support to increase her milk production as well as scheduled her an appointment to enroll her in



Maggie, a WIC client, and her son Bryan

WIC to set her up with a hospital grade breast pump loan so she could pump and express milk for her son while he was in the NICU. Additionally, the Lactation Consultant referred Maggie to CRP’s Breastfeeding Peer Counselor Program and was provided regular contact with a Lactation Consultant. Due to COVID-19, lactation support was limited to phone counseling, however, Maggie received ongoing support and was successful with providing her son expressed breastmilk. Baby Bryan was discharged from the NICU in June 2020 and

¹¹ Fictional names used for all client success stories throughout the report.

Maggie reached out to her Lactation Consultant for support with the new and changing demands for pumping, caring for Bryan at home, and working to help him learn to latch directly on the breast.

The support and counseling that Maggie received from the First 5 Lactation Consultants and the CRP WIC Program helped her to both establish her breastmilk supply and maintain it while her medically fragile baby was hospitalized for nearly 3 months. This support has continued as her infant is now home, healthy, and breastfeeding directly.

“Without the help of [the lactation consultant], I truly believe I would not have been able to provide this huge amount of breastmilk for my son. Buying the [breast] pump myself wasn’t an option...it was a huge blessing... [the lactation consultant] made the process extremely easy, especially during COVID-19. I was able to schedule an appointment, talk to someone, get accepted into the program, and received the pump all within a day... Thank you, WIC, from the bottom of our hearts.” – Maggie

Summary

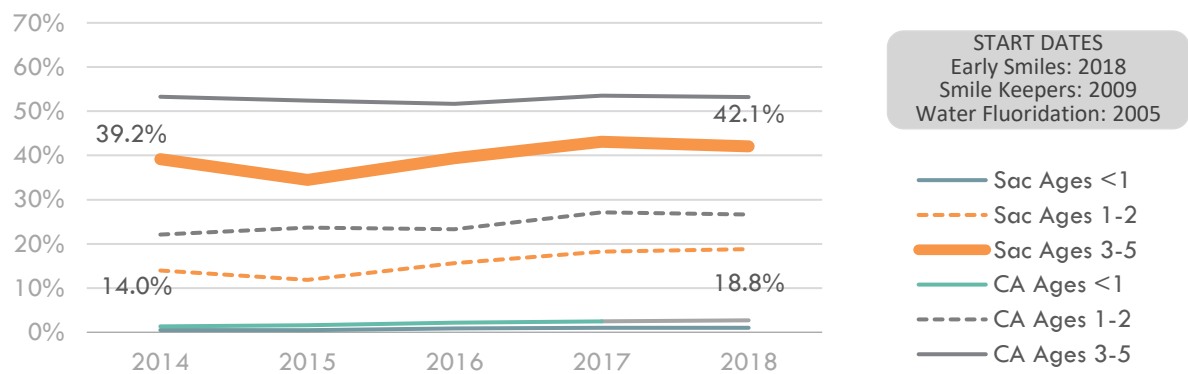
- **Women, Infants and Children and Community Resource Project, Inc. reached 2,743 mothers and 45 providers to promote breastfeeding.** Participating women received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support, and a helpline. Providers received training and education to promote breastfeeding.
- **Mothers served by First 5-funded WIC programs are more likely than the national average to be exclusively breastfeeding at six months.** Across both First 5 funded WIC programs, almost half of mothers were exclusively breastfeeding at 6 months postpartum (47%).
- **Contractors at DHHS WIC and CRP WIC continue to advocate for breastfeeding** and support hospitals in this journey. The Commission continues to support breastfeeding by encouraging funded programs to promote breastfeeding, and to refer to or work with WIC. In addition, staff continues to monitor legislation, such as the Affordable Care Act, that can impact access to important tools like breast pumps to support breastfeeding.

Result 3: DECREASE DENTAL DISEASE

Countywide Trends

Dental disease is influenced by access to and utilization of early dental care. In terms of dental visits for Sacramento County children on Medi-Cal, utilization for children aged 1-2 improved, from 14.0% in 2014 to 18.8% in 2018. Similar improvements were found for children aged 3-5. Despite these improvements, 58% of preschool-aged children in Sacramento County are still not visiting the dentist, and utilization rates are lower than the statewide average.

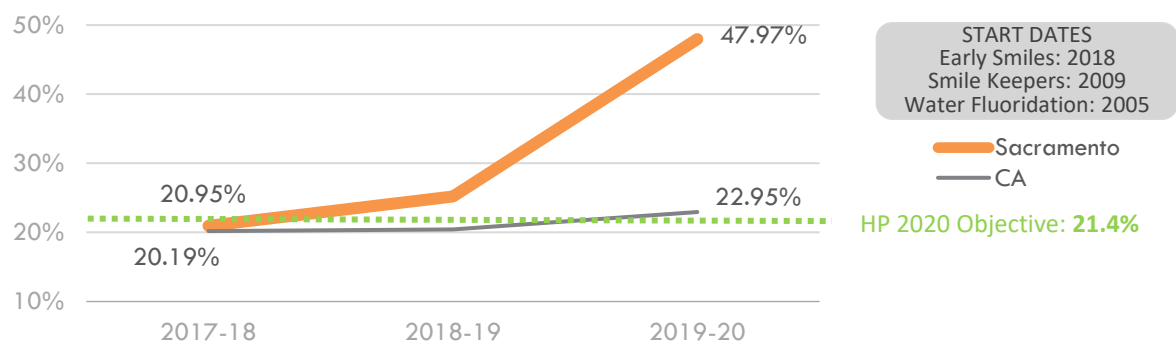
Figure 23. Percentage of Children with a Dental Visit in the Previous Year (Medi-Cal only)



Source: California Health & Human Services Agency, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2018.

The percentage of kindergarten students in California with untreated decay has increased from 20.2% in 2017-18 to 23.0% in 2019-20. There was a drastic increase in the rate of untreated dental decay in Sacramento from 2018-19 (25%) to 2019-20 (48.0%). However, there were approximately 2,200 more children screened in 2019-20, which may account for at least part of the large increase. Future data is needed to discern if this is the beginning of a trend or an anomaly.

Figure 24. Percentage of Pre-Kindergarten Children and Kindergarten Children with Untreated Decay



Source: Early Smiles Performance Report data, FY 2017-18, FY 2018-19, FY 2019-20; Early Smiles 2019-20 Sacramento County Data; California Dental Association AB 1433 Kindergarten Oral Health Requirement. Reported Data Sample includes children who were screened and were found to have "urgent" needs and "non-urgent needs" in their baseline fall screening.

Impact of First 5 Sacramento

First 5 Sacramento is committed to reducing the incidence and severity of dental disease among children aged 0 to 5 in Sacramento County. First 5 partners with the Center for Oral Health's Early Smiles program to offer mobile dental services, including exams, fluoride varnish, and dental insurance navigation for children on Medi-Cal. First 5 also collaborates with Sacramento County's Dental Transformation Initiative Project to develop oral health messaging for families. The details of these activities are described below.



EARLY SMILES

In FY 2019-20, Early Smiles provided services and/or information to 228 school and 19 community sites, and provided screenings to 7,310 children, as shown in the following table. These numbers are less than in FY 2018-19 (278 school sites, 20 community events, and 9,799 children who received screenings), likely due to COVID-19.

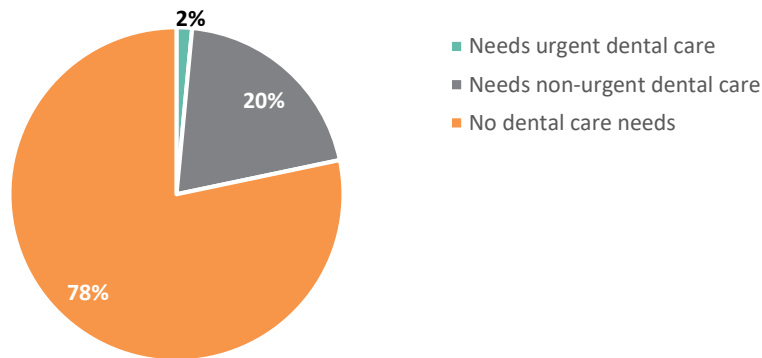
Figure 25. RBA Dashboard — Early Smiles Dental Screenings

How much did we do?	# of sites, by setting	
	School sites	228
	Community Events	19
	# children who received screenings	7,310
	# children who received fluoride varnishes	5,678
How well did we do it?	# (%) of children who were given a referral to a dental home ¹²	N/A
Is anyone better off?	Dental Homes	
	# (%) of children referred who attended a dental visit ¹²	N/A

Source: FY 2019-20 Early Smiles Quarterly Performance Reports in Persimmony.

When conducting dental screenings, Early Smiles classified children as either needing urgent care, needing non-urgent dental services, or having no obvious need for dental services. About one-quarter (22%) of children were identified as in need of dental services, down from 26% in FY 2018-19. The results of these screenings are presented below.

¹² As of the creation of this report (January 2021), Early Smiles has been unable to provide data on referrals to dental homes. They report trouble with the dental plans reporting these numbers.

Figure 26. Percentage of Children Needing Dental Care, by Urgency

Source: FY 2019-20 Early Smiles data. n = 7,310.

SYSTEMS APPROACHES TO REDUCE DENTAL DISEASE

- Fluoridation has been a Commission funding priority for the past fifteen years. During this time, agreements between First 5 and several water agencies have significantly increased the number of fluoridation facilities throughout the county. Funded water suppliers have committed to maintaining fluoridation for a period of 20 years. Most recently, the Commission entered into a contract with Golden State Water Company to provide fluoridation to the Arden Service area. Approximately 616 children ages 0 to 5 reside in this service area. Construction of this project has been completed and fluoridation for this service area will continue through 2027.
- As a result of First 5 efforts, approximately 68% of children aged 0-5 in Sacramento County have access to fluoridated drinking water.
- Over the past decade, the Commission has funded 1.3M for the construction of six children's dental clinics. Because of this investment, the youngest and most vulnerable children will receive dental care for decades to come.

Summary

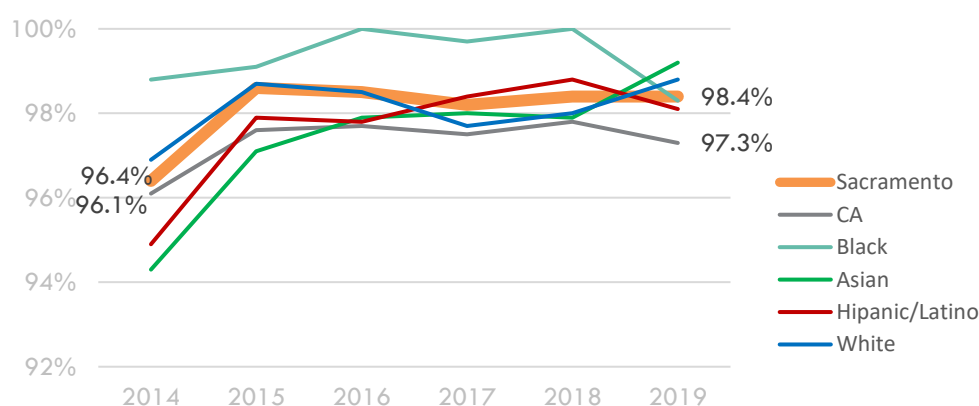
- **Early Smiles screened 7,310 children to prevent and address oral health needs.** Slightly less than one-quarter (22%) of the children screened through the Early Smiles mobile dental program had untreated tooth decay and needed follow-up dental services.
- As a result of First 5 efforts, **approximately 68 percent of children 0 to 5 years in Sacramento County have access to fluoridated drinking water.**
- Over the past decade, **the Commission has funded 1.3M for the construction of six children's dental clinics.** Because of this investment, the youngest and most vulnerable children will receive dental care for decades to come.

Result 4: INCREASE UTILIZATION OF MEDICAL HOMES

Countywide Trends

Due to the Affordable Care Act, Sacramento County has reached almost universal health coverage for children. Overall, the percentage of children aged 0-5 who were covered by health insurance increased from 96.4% in 2014 to 98.4% in 2019. Sacramento County's coverage rate is higher than the state's rate (97.3%).

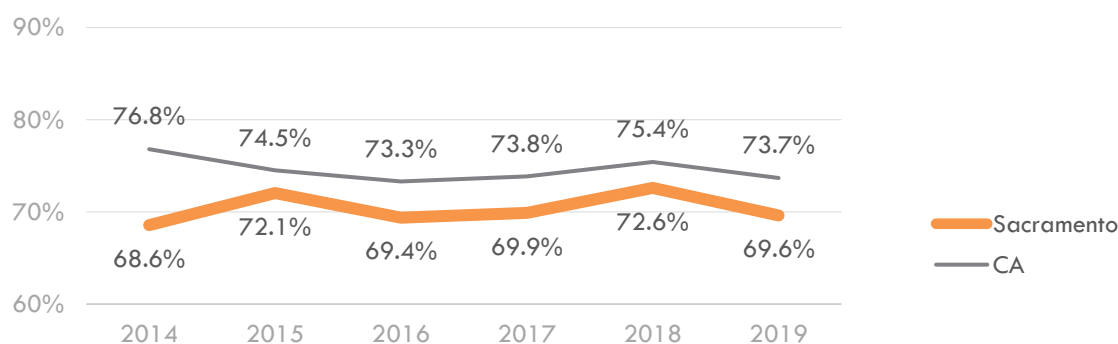
Figure 27. Percentage of Children 0-5 with Health Insurance



Source: U.S. Census, American Community Survey. Data based upon one-year estimates. Disparities reports B27001 A-I.

Among children 3-6 years old receiving Medi-Cal, the percentage of children in Sacramento County who had at least one well-child visit within the prior 12 months increased from 68.6% in 2014 to 69.6% in 2019. However, Sacramento County has consistently had lower rates of well-child visits than the state average (73.7% in 2019).

Figure 28. Percentage of Children on Medi-Cal Ages 3-6 With well-Child Visit in Previous Year



Source: California Department of Healthcare Services. Medi-Cal Managed Care External Quality Review Technical report, July 1, 2019-June 30, 2020. Weighted average estimates are based upon overall enrollment across all plans.

Impact of First 5 Sacramento

This result area is impacted through policy and systems approaches rather than direct service funding. To that end, First 5 supported policies to provide services that contribute to and advocate for county-wide trends in health care access and utilization.

MEDICAL AND DENTAL ACCESS ACROSS FIRST 5 PROGRAMS

In addition to direct service, some First 5-funded programs include elements of outreach and education to parents about medical and dental insurance and access. The following demonstrates the amount of children that had up-to-date well-child medical visits and dental visits at intake to a First 5-funded program.

Figure 29. Medical/Dental Provider and Utilization Among Birth & Beyond and School Readiness Clients at Intake

	# (%)
Has your child had a well-baby or well-child health check-up in the past 12 months?	7,815 (87%)
If your child is 18 months or older, have they seen a dentist in the past 6 months?	5,591 (62%)

Source: Family Information Forms completed in FY 2019-20. n= 8,991

SYSTEMS APPROACHES TO INCREASE HEALTH EQUITY

First 5 Sacramento continues to strive to impact access to and utilization of important preventative and supportive care for young children and their families. The majority of this work is done through building connections and collaborations with systems, and through planning activities. Two examples are:

- Commission staff actively participated in, and for some time provided staff support for, the Sacramento Maternal Mental Health Collaborative (SMMHC). SMMHC aims to increase awareness and advocate for much needed, culturally responsive screening, care, services, and support. As a result of SMMHC and workgroup meetings, a report of recommendations and resource guide was developed. Commission staff assisted with the facilitation of this process and the finalization of the documents.
- Commission staff continues to seek ways to increase community awareness of our funded efforts, the work that still needs to be done in filling gaps, and the systemic change that needs to occur to improve health and well-being for young children. Staff continues to meet with clinics, health systems, and health plans to discuss ways in which we can work together to improve service delivery, meet families' needs, improve access, collaborate and leverage resources. As a result of these meetings, we have been able to connect funded partners to some of these health systems (i.e. connecting a health system to our pregnancy support program to discuss ways to increase client access to services). In addition, we have begun regular meetings with some of the health systems to discuss opportunities to share and integrate our work.
- In addition to the general access and utilization efforts with the health systems, First 5 is also specifically focusing on racial health equity. In the last fiscal year, the Commission initiated relationships with HealthNet, Dignity Health, UC Davis Health and Aetna to discuss health disparities among women and children of color. We discuss the role that the health plans/health

systems have in these disparities and the work that we and our collaborative partners (Sacramento County Public Health Department, Sierra Health Foundation, and Her Health First) are engaged in. We will continue these discussions, bring health systems representatives onto our local collaboratives and committees, participate on their committees, and partner to expand doula services as needed.

Summary

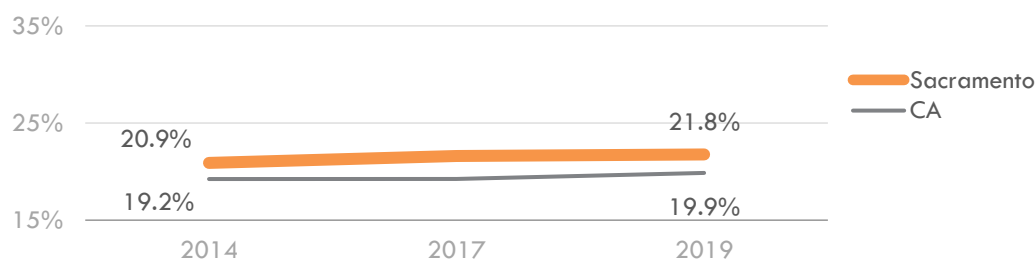
- Among First 5-supported families participating in Birth & Beyond and School Readiness programs, almost all had a medical home at intake (87%) but were less likely to have a dental home (62%).
- **Commission staff actively participated in, and for some time provided staff support for, the Sacramento Maternal Mental Health Collaborative (SMMHC).** SMMHC aims to increase awareness and advocate for much needed, culturally responsive screening, care, services, and support. As a result of SMMHC and workgroup meetings, a report of recommendations and resource guide was developed. Commission staff assisted with the facilitation of this process and the finalization of the documents.
- **Staff continues to meet with clinics, health systems, and health plans to discuss ways in which we can work together to improve service delivery, meet families' needs, improve access, collaborate and leverage resources.** As a result of these meetings, we have been able to connect funded partners to some of these health systems (i.e. connecting a health system to our pregnancy support program to discuss ways to increase client access to services).

Result 5: INCREASE ACCESSIBILITY TO AFFORDABLE QUALITY CHILD CARE

Countywide Trends

Access to affordable, consistent quality child care is essential for parents to be able to work. Like many counties across the state, there are not enough child care spaces in Sacramento County to accommodate every child who is likely to need care. In Sacramento County, the number of slots at licensed child care centers for children 0-5 decreased from 25,638 in 2017 to 25,391 in 2019, a loss of approximately 250 slots. Despite this, the county still has better capacity (21.8%) than the state (19.9%) with regard to slots for children aged 0-5 at licensed child care centers.

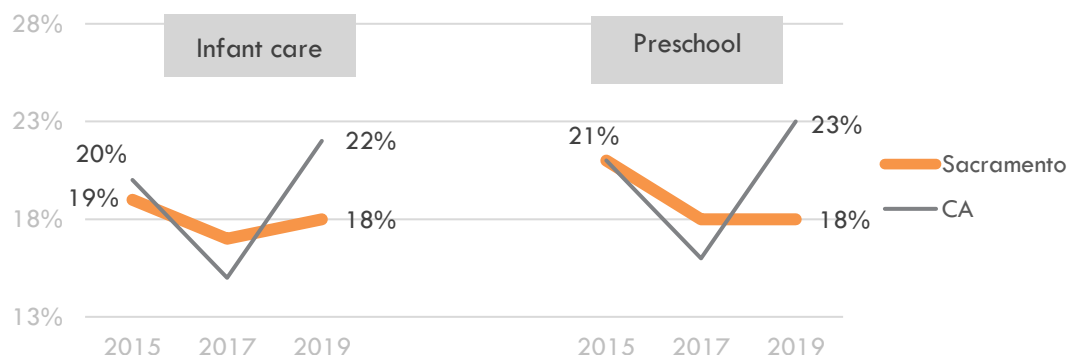
Figure 30. Percent of 0-5 Year-Olds Who Can Be Accommodated in a Licensed Child Care Space



Source: California Resource and Referral Network Child Care Portfolios, 2019 Portfolio.

The cost of care continues to rise. For instance, the annual cost of full-time center-based child care for infants in Sacramento County increased from \$12,296 in 2014 to \$14,240 in 2018. The cost of full-time center-based child care for preschool children in Sacramento County increased from \$8,668 in 2014 to \$9,913 in 2018. Families earning \$50,000 per year would need to spend about 20% of their income to cover the cost of care for one preschool-aged child.

Figure 31. Percentage of State Median Annual Income Needed to Cover Cost of Child Care



Source: California Resource and Referral Network Child Care Portfolios, 2019 Portfolio. Note: \$54,047 is 70% of state median income in 2018 for a family of three.

Impact of First 5 Sacramento

This result area is impacted through policy and systems approaches rather than direct service funding.

SYSTEMS APPROACHES TO INCREASE ACCESS TO AFFORDABLE CARE

- Identified and advocated for federal, state, and local legislation that increases access to child care.
- Met virtually with Assembly member McCarty and Senator Pan and their staff around childcare issues.
- Worked with Sacramento City Councilmember Guerra’s office in developing childcare solutions at the beginning of the COVID-19 pandemic.
- The Blue Ribbon Commission Report highlighted First 5 as a key partner and advocate on child care.
- Participated in the City of Sacramento’s Child Care Working Group, which succeeded in its advocacy for the hiring of a City Child Care Coordinator.
- The First 5 Sacramento Executive Director presented at the City of Sacramento’s Early Learning and Child Care Summit, a major gathering of elected officials and child care advocates in January 2020.

Summary

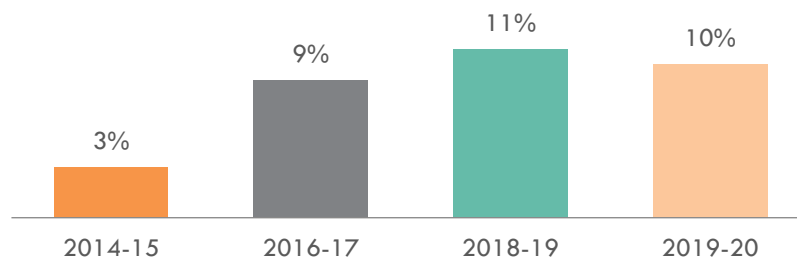
- The Blue Ribbon Commission Report highlighted First 5 as a key partner and advocate on child care.
- **First 5 Sacramento met with key legislative officials to advocate for childcare issues, especially during the COVID-19 pandemic.**
- The First 5 Sacramento Executive Director presented at the City of Sacramento’s Early Learning and Child Care Summit, a major gathering of elected officials and child care advocates in January 2020.

Result 6: INCREASE USE OF QUALITY CHILD CARE PRACTICES

Countywide Trends

The research is consistent about the short- and long-term benefits of quality early education experiences for children, particularly in the way such experiences mitigate other risk factors. Ideally, every child should experience some kind of high-quality early education prior to entering the K-12 school system. As of June 30, 2015, there were 160 child care programs (serving 4,064 children, or 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, 2020, that number had increased favorably to 317 program sites, representing 12,118 children, or 10% of the county's 0-5-year-olds.

Figure 32. Percentage of Children Aged 0-5 who Attended a Preschool Site with a Quality Rating



Source: Sacramento County Office of Education, 2020.

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), as well as supporting systems change efforts to increase the use of quality child care practices.

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 aged 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 was 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. Through the QCCC, Child Action, Inc. served 61 child care programs (down from 104 in FY 18-19), providing 114 teachers with in-person coaching and consultation visits.

Figure 33. RBA Dashboard — Child Action, Inc.

How much did we do?	# served	
	Child care programs	61
	Center-based teachers	75
	Family child care home teachers	39
	# of ASQ-3 and ASQ-SE Developmental assessments given	
	ASQ-3	5
	ASQ-SE	5
	# of providers who completed various measures	
	Initial Inventory of Practices	71
	Follow-Up Inventory of Practices	12
	Initial Environmental Rating Scale	14
Is anyone better off?	Follow-Up Environmental Rating Scale	5
	Preparation of a Quality Improvement Plan	0
	% of classrooms with increased ERS scores¹³	N/A

Additionally, the Ages and Stages Questionnaire-3 (ASQ-3) developmental assessment was conducted with five children. Of these, 60% scored in the typical range for all domains, 0% were in the monitoring zone for *at least one* domain, and 40% scored below the cutoff in *at least one* domain.



¹³ Due to COVID-19, there is only one matched set of pre- and post-ERS scores. Therefore, results are not presented here.

Client Success Story: Child Action, Inc.

Consultants through the Quality Child Care Collaborative (QCCC), Child Action, Inc. described how two Family Child Care Home (FCCH) providers were able to successfully use their services to improve the quality of care for their students.

The first center program reached out to the QCCC for support with two children. One was a young girl that they felt was struggling to regulate her emotions and behavior, and the other a boy that was reported to be “lashing out” at teachers. The QCCC Consultant observed some minor speech delays and age appropriate challenging behaviors from the children, but also noticed that the teachers in the classroom did not interact often with the children. The teachers gave very little one-on-one attention and physical affection to the children. The Consultant also saw that the classroom was not personalized for the children. She approached the director and teacher in the center about having staff from Child Action, Inc. collaborate with them on their school environment, having them focus on creating cozy spaces and dedicate a special place to put personalized art created by the children. Additionally, she suggested creating some one-on-one individualized time with each child, make it a daily practice to greet every child and parent when they arrive, and work on being comfortable hugging and cuddling with the children. The director and teacher were very open to each idea.

The Consultant was able to provide feedback about the two children. She agreed to help facilitate a collaborative meeting between the family of the girl and the teachers to talk about her strengths and how to help meet her needs. They developed a storybook with personalized pictures of the girl which told a story of strategies to use when she felt angry or frustrated. In addition, the Consultant had noticed during the boy’s observation that he used good coping skills and showed patience and persistence while playing. However, she noticed his language was delayed which caused the boy frustration, so she put in a referral for a Speech Consultant to visit the center to help both the teacher and the family with strategies to support the child’s language skills. Both children are now responding well to the increased interactions. The young girl is excited to see her teacher each day and looks forward to their short walk they take together to talk. Most importantly, the teachers are implementing the learned strategies across their entire classroom since that will benefit all the children, both current and future enrollments. QCCC continues to see the most improvement and change with the providers and programs that are open to a coordinated effort.

Another success was with Rosa, a newly licensed provider, who was very excited to participate in QCCC. The staff at Child Action, Inc. (CAI), worked alongside her during her licensing process as part of the funded Child Care Initiative Project (CCIP) and introduced her to the QCCC services once she received her license. Just a few months after she opened her program, she received a pre-Family Child Care Environment Rating Scale (FCCERS) assessment. During the past year Rosa developed and completed improvement plans focused on organizing her environment with enough age appropriate activities, used the ASQ and ASQ-SE to help plan for the needs of individual children, created consistency in her diapering procedures, and meal times, and learned how to promote diversity in her program.

Unfortunately, due to restrictions from COVID-19, Rosa was not able to have a post-assessment conducted on her program. She was disappointed and felt she had made some really big changes in her program and in herself and wanted the formal assessment to validate her feelings. She has continued to stay open during the pandemic and run her program. The CAI Consultant was able to have reflective discussions with Rosa to help her remember and recognize the worth of her work. When Rosa opened her program, she felt like

childcare was something she had done so that she could stay home with her own children and make a little extra money. However, after going through the QCCC work, she now feels that she is a professional, that the work she does is important to children and families, and she understands so much more about her role in helping the children develop. Moreover, she shared that she is going to use the FCCERS tool to do a self-assessment of her program and wants to take the time to review the changes she has made throughout the past year and decide what she will work on next as she continues caring for children.

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 aged 0-5 and their families with the transition to preschool and kindergarten.

“While our focus always remains on teacher/child interactions, we were able to shift our focus [to] supporting the in the moment needs of the site based upon the COVID-19 pandemic.”
-PBM Plus Specialist

Figure 34. RBA Dashboard — Preschool Bridging Model Plus

How much did we do?	# of individuals served	
	Children	1,884
	Teachers	152
	Child Care Programs	49
	# of teachers who completed Initial CLASS Assessment ¹⁴	
	Pre-K Teachers	49
	Toddler Teachers	45
	# of children screened with health and developmental assessments	
	ASQ-3	621
	Vision	547
	Hearing	530
	ASQ-SE	350
How well did we do it?	# of teachers who had at least 1 hour of in-person consultation	204
	First-Year PBM+ Participants	86
	Second-Year PBM+ Participants	15
	Teachers who participated in Professional Growth Sustainability Meetings	101
	#(%) children referred for further services, by screening type	
	ASQ-3	39 (6%)
	Vision	24 (4%)
	Hearing	45 (8%)
	ASQ-SE	13 (4%)
	#(%) children referred to services who received services	
	ASQ-3	38 (97%)

¹⁴ The Post-CLASS Assessments did not take place this year, due to COVID-19.

Is anyone better off?	Vision	44 (98%)
	Hearing	15 (100%)
	ASQ-SE	13 (100%)

Source: FY 2019-20 PBM+ Quarterly Performance Reports in Persimmony. FY 2019-20 Screening and CLASS data provided by PBM+.

Client Success Story: Preschool Bridging Model

A PBM Plus Early Childhood Education (ECE) specialist from the Preschool Bridging Model Plus (PBM+) program described how one Family Child Care Home (FCCH) provider utilized their services to help a mother deal with her daughters challenging behavior both pre- and post-COVID-19.

Susan¹⁵ is a single mother of a very active and intelligent two-year-old, Nova¹⁵. Nova lives with her mom and baby brother DeShawn¹⁵ and she attends a small family child care located in the Arden Arcade area. This is the first year that her child care provider is participating in PBM Plus. Susan takes a very active role in her daughters' development and behavior and is in constant contact with her family child care providers Melissa and Victoria regarding appropriate supports for Nova.

"Nova's energy level is something that I have never seen before. After working with my family child care providers and PBM Plus staff, I feel better now, I can do this."- Susan

Melissa and Victoria reached out to their PBM Plus ECE specialist for support to help Nova's mother deal with challenging behaviors. The specialist met with Susan at the family child care home and modeled several techniques for redirection. During COVID-19, the Specialist completed a 1-hour phone conference with Susan to continue support of Nova's behavior and provided her with several parenting articles from the Teaching Pyramid website. Once COVID-19 has passed, parenting courses will begin in person again and the specialist will be able to refer Susan to a Birth and Beyond parenting course.

Susan has now learned to see Nova's behavior as communication of her wants and needs instead of viewing it as defiance. Susan has begun to ask the question, "What is Nova trying to communicate to me?" Additionally, she has learned to communicate any struggles with her child care providers and use their experience and knowledge to support Nova.

SYSTEMS APPROACHES TO INCREASE USE OF QUALITY CHILD CARE PRACTICES

- Partnered with Sacramento Office of Education on the application for First 5 California IMPACT 2020 funding; gave SCOE lead agency status so that they could continue administering the Raising Quality Together program of quality improvement for child care in Sacramento county
- Used language and vision from the Sacramento County Early Learning Road Map in developing the 2021-24 Strategic Plan to ensure coherent approach
- Staff participated in all meetings of the governor's Early Childhood Policy Council as they designed the Master Plan for Early Care and Learning; additionally, Commissioner Donna Sneeringer sat on the Council

¹⁵ Fictional names used for all client success stories throughout the report.

Summary

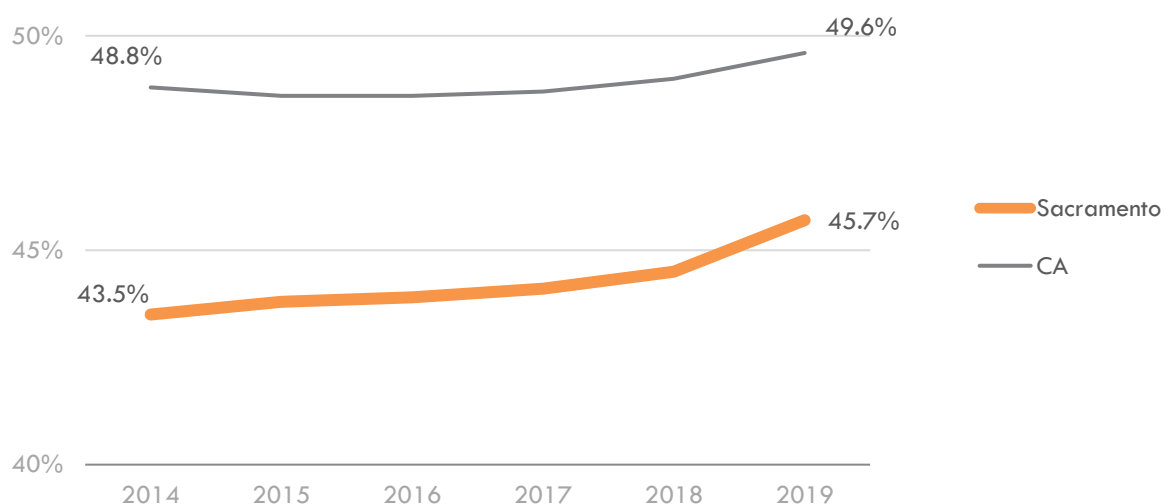
- **Child Action, Inc.’s *Quality Child Care Collaborative (QCCC)* helped 114 early educators increase their quality of teaching.** The Quality Child Care Collaborative (QCCC) provided support to licensed and license-exempt child care providers through workshops, environmental assessments (ECERS-R, FCCERS-R, and ITERS-R), coaching, behavioral consultation, and workshops.
- **The Preschool Bridging Model Plus (PBM+) helped 152 early educators increase their quality of teaching, impacting 1,884 children in their classrooms.** Through Classroom Assessment Scoring System (CLASS) assessments, instructional support, site development, and developmental and health screenings, PBM+ helped children aged 0-5 and their families gain a quality early education and be prepared for the transition to kindergarten.
- **First 5 Sacramento staff participated in all meetings of the governor’s Early Childhood Policy Council as they designed the Master Plan for Early Care and Learning;** additionally, Commissioner Donna Sneeringer sat on the Council.

Result 7: INCREASE CHILDREN'S, FAMILIES', AND SCHOOLS' READINESS FOR KINDERGARTEN

Countywide Trends

Preparedness for kindergarten has been found to significantly increase children's likelihood of later success in school, with benefits observed even until fifth grade (Sabol & Pianta, 2012). In Sacramento County, kindergarten readiness has been measured by three domains: Social Expression, Self-Regulation, and Kindergarten Academics. Preschool access, a large predictor of kindergarten readiness, is unchanged over the past few years, and countywide enrollment for children aged 3-4 have slightly increased from 2014.

Figure 35. Percentage of Children 3-4 Years Old Enrolled in Preschool



Source: US Census Bureau, American Community Survey, 2015-2019 5-Year Estimates.

Impact of First 5 Sacramento

In 2004, First 5 began funding nine school districts to provide services designed to promote school readiness, including enhanced preschool, playgroup services, developmental screenings, parent education, and kindergarten transition camps. In FY 2019-20, the nine partner school districts provided these services at 59 sites across the County. First 5 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. Some districts also provided more intensive support to families through case management and home visitation.

PRESCHOOL

In FY 2019-20, First 5 Sacramento funded 59 preschool slots for children aged 3-5. Programs operate 3 or more hours per day throughout the school year. Priority is given to children aged 4-5 without former preschool experience. In total, 69 children were served with preschool through a First 5 funded slot.

Figure 36. RBA Dashboard — School Readiness: Preschool

How much did we do?	# of preschool slots funded by First 5	59
	# of children who attended preschool via a First 5-funded slot ¹⁶	69
How well did we do it?	Quality Rating & Improvement System (QRIS) ¹⁷	
	% of sites with element score of 4 or 5 (on a scale of 1 to 5)	98%
	Attendance for preschool slots	
	% of children who attended at least 30 weeks	0 ¹⁸
	Average attendance per child (hours)	61.0

Source: School districts' FY 2019-20 individual-level service data in Persimmony; QRIS data submitted by each school district for each site.
n = 52 sites, 51 of which were rated a 4 or a 5



¹⁶ 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 upon these 69 children.

¹⁷ These sites received school readiness services funded by First 5 Sacramento.

¹⁸ Due to COVID-19, schools closed in March 2020 and students did not have the opportunity to attend for 30 weeks.

PLAYGROUPS

First 5 Sacramento supports playgroups to provide opportunities for parents of children aged 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 each.

Figure 37. RBA Dashboard — School Readiness: Playgroups

How much did we do?	# served	
	Children (aged 0-3)	849
	Parent or other adult	771
How well did we do it?	Attendance:	
	Average # of sessions attended per child	14.3
	% who attended more than one session	82%
	% who attended more than ten sessions	43%
	Resources:	
	Number of developmental screenings (ASQ and ASQ-SE)	352
Is anyone better off?	# (%) of parents connected to their community at intake (Agree/strongly agree)	
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	341 (61%)
	I know what program to contact in my community when I need advice on how to raise my child.	338 (60%)

Source: Persimmony Client Summary by Service Modality Report, FY 2019-20; Persimmony Export Client Service, Family Information Form.

Client Success Story: Playgroups

A playgroup teacher described one participating family's experience in during the 2019-2020 school year. Lindsay¹⁹, a married mother of one child, Aiden¹⁹, had seen First 5 flyers at the post office and came to the school in search of a program where her son could interact with other children his age. Aiden participated in both the Playgroup and Storytime programs with consistent attendance. Lindsay had been concerned since Aiden was not very verbal and needed help. During his participation, Aiden was referred to speech therapy and is currently receiving speech services through River Delta Unified School District. Additionally, the team at First 5 referred him to Head Start and he is now attending preschool with Head Start.

"We want to start by thanking the First 5 program and especially the staff...At the beginning of the year Aiden had barely any verbal skills and had a hard time in the class with art and sitting in circle. They also helped...get him services at the school such as speech therapy. Aiden can now talk up a storm and loves going to class...it's such a turnaround from how he was at the start. We love First 5 and we cannot wait to go back!" – Lindsay



Aiden, a participant in Playgroup & Storytime

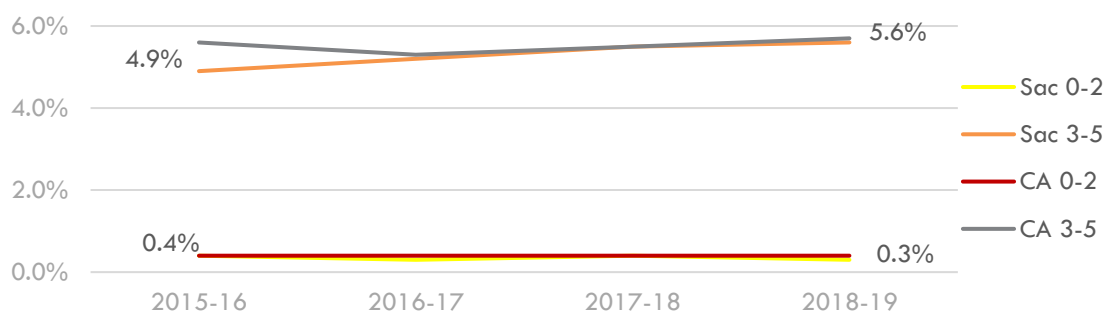
¹⁹ Fictional names used for all client success stories throughout the report.

SCREENINGS AND REFERRALS

The goal of developmental screenings 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, can 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 figure below represents the percentage of the Sacramento County population receiving special education services by age group and ethnicity. For children ages 0-2, trends are comparable between the county and state, and are generally unchanged. For children ages 3-5, the prevalence of special needs has increased over the past few years for county and the state. In terms of distribution among those with special needs, Hispanic/Latino children aged 0-5 were overrepresented in special education, and Whites were underrepresented.

Figure 38. Percentage of Children Aged 0-2 and 3-5 Enrolled in Special Education



Source: California Department of Education, DataQuest. Note: Estimated number of Sacramento students aged 0-2 enrolled in special education: 203 (2018-19 school year); aged 3 to 5 enrolled in special education: 3,321 (2019-20 school year).

The most common special needs for children ages 3-5 are speech/language impairment (57%), followed by autism (33%), both of which can be addressed once identified.²⁰

In order to detect potential issues early, First 5 Sacramento provides children aged 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. In FY 2019-20, there were 3,056 children developmentally screened, 1,896 were provided with a hearing screening, 1,338 were screened for vision, and 834 were provided with a speech/language screening. The largest proportion of children were referred to speech/language services (12%), followed by vision services (11%).

²⁰ California Department of Education, DataQuest. Note: Number of students aged 3-5 enrolled in special education—Speech/language impairment: 1,867; Autism: 1,077; Intellectual Disability 93; Other Health Impairments 105; Multiple Disability 57; and Other 67. “Other” includes Hard of Hearing, Orthopedic Impairment, and Specific Learning Disability.

Figure 39. RBA Dashboard — School Readiness: Screenings and Referrals

How much did we do?	# of children screened²¹	
	Developmental Screening	3,056
	Hearing Screening	1,896
	Vision Screening	1,338
	Speech/Language Screening	834
	Age at Developmental Screening²²	
	% screened who were aged 0-3	407
	% screened who were aged 4-5	2,612
	Screening Results	
	# (%) with at least one flagged domain on ASQ	213 (7%)
	# (%) with at least one "monitoring zone" domain on ASQ	202 (7%)
How well did we do it?	#(%) screened who were referred to services	
	Developmental Referral	213 (7%)
	Hearing Referral	36 (2%)
	Vision Referral	94 (11%)
	Speech/Language Referral	162 (12%)
Is anyone better off?	<i>% of children referred to services who accessed those services²³</i>	NA

Sources: School districts' FY 2019-20 Client Summary by Service and Client Summary by Service Modality reports in Persimmony. Dental referrals unavailable this FY 2019-20.

In the Spring of 2020, a special study was conducted to better understand the School Readiness screening and referral process. Interviews were conducted with all nine School Readiness Coordinators about their policies, practices, and areas for improvement. In addition, 20 parents whose child had been screened and flagged with a concern in at least one developmental domain were contacted and interviewed. The following depicts highlights that were discovered during the special study process.

WHOM DO DISTRICTS SCREEN?

All nine participating districts administer developmental screenings to all children enrolled in First 5 Sacramento programs. Administering developmental screenings to all registered students reflects an ideal practice that promotes a preventive, as opposed to interventive, approach.

HOW IS THE SCREEN ADMINISTERED?

Five districts administer the developmental screenings during enrollment or orientation, two districts administer the developmental screenings at the beginning of the year or session, and two districts have alternate methods for administering the developmental screenings.

²¹ These numbers are unduplicated for each individual screener.

²² 0-3 year-olds include children who were 0 years to 3 years, 364 days when the screening was conducted. 37 clients were missing age data.

²³ Data to answer this question are not currently being collected. However, many of these are internal referrals to services within the school district and these are 100% accessed.

HOW DO DISTRICT STAFF MANAGE A STUDENT'S SCREENING RESULTS?

Three out of nine districts employ on-site Multi-Disciplinary Teams (MDTs) to refer, triage, or follow-up with students with developmental needs and to coordinate referrals. Several districts revealed the ideal practice to have a Multi-Disciplinary Team (MDT) in place, where district staff work together on-site to refer, triage, and follow-up with families with particular needs or referrals. Sites that do not employ MDT-style teams choose to connect with their district colleagues as needed when cases emerged but did not regularly check in to address student screening concerns.

100% OF PARENTS WHO RECEIVED A REFERRAL WERE ASSISTED BY DISTRICT STAFF IN CONNECTING WITH THE SERVICE.

Whether the provided referral was internal within the district or an external referral to outside agencies, parents who received a referral unanimously reported that they received assistance in connecting with that service, whether it was by making phone calls or personal introductions. This assistance from school staff likely increased participation in the referred service.

PARENTS WANT TO KNOW THE RESULTS OF THEIR CHILD'S SCREENING

Many parents reported the desire to know their child's screening results, even if there were no concerns. 75% of parents interviewed reported that they did not have their child's screening results explained to them. Adding this step onto district protocol would likely alleviate parent confusion and increase comfort level with the screening process.

25% OF PARENTS REPORTED RECEIVING A REFERRAL BASED UPON THE DEVELOPMENTAL SCREENING.

Most parents were not aware that their child had at least one flagged domain on the developmental screening and therefore reported that their child did not receive referrals to any services. Some school readiness coordinators explained that not all students who have a flagged concern receive referrals; they may be assessed on a case-by-case basis. Although assessing individually can be beneficial, it is still recommended to review the results of the developmental screening with the parent and move forward with additional assessments as a team. This will increase parental

understanding of their child, could improve relationships between parents and teachers, and can utilize the perspective of both parent and teacher together in determining next steps for the child.



WHEN DO DISTRICT STAFF RECORD REFERRALS?

Five districts record developmental referrals at the time of referral, and five districts record developmental referrals at both the time of referral and when the referral is followed up.

DEVELOPMENTAL SCREENING PROCESS: AREAS OF CONCERN

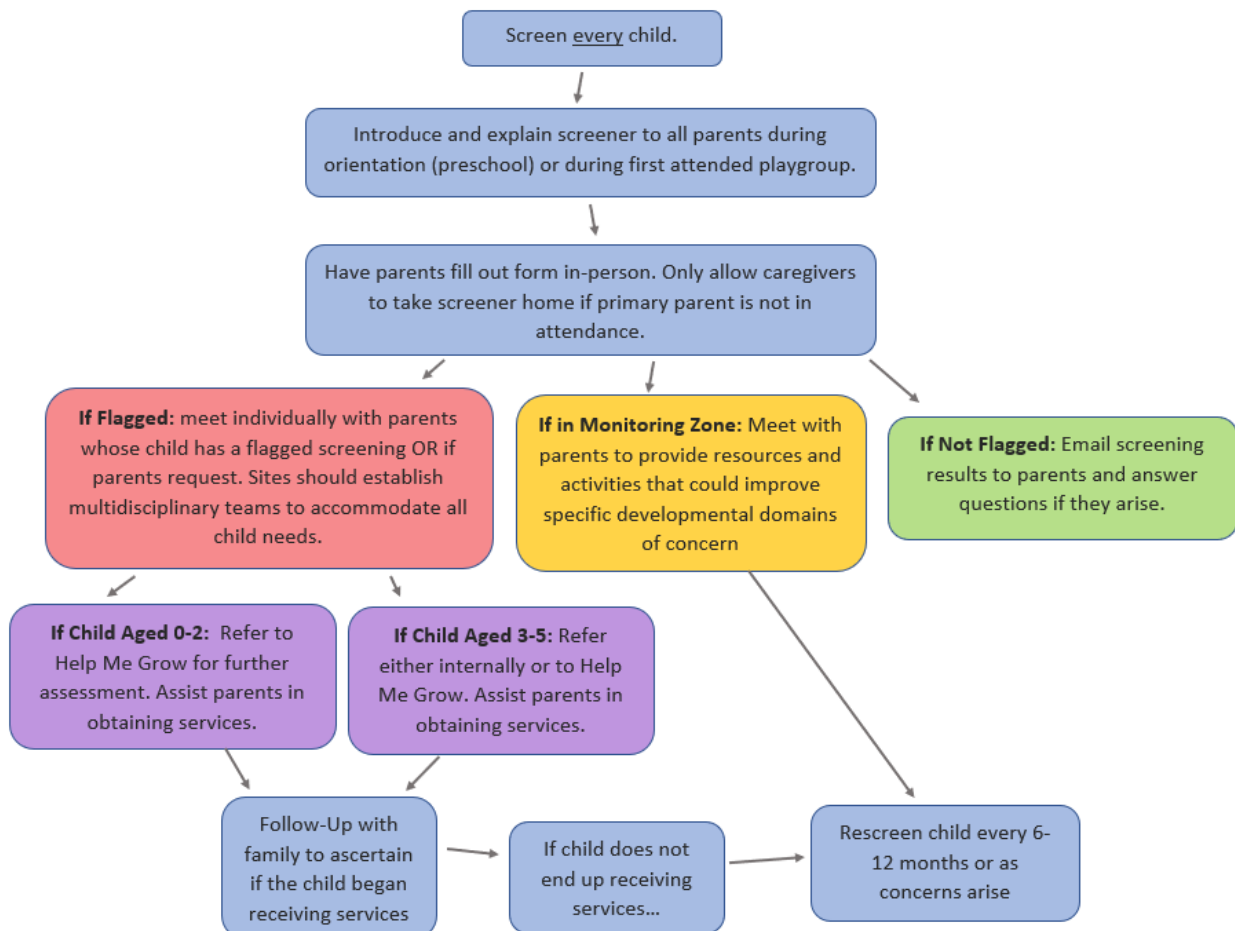
Issues of data sharing and the use of multiple data entry systems can contribute to an underreporting of student screening scores.

Flagged students do not always receive referrals. Students with flagged scores represent students with potential developmental delays and may be in need of assistance through internal or external referrals. While all nine districts ensure that students aged 0-36 months old receive automatic external referrals, flagged students who are 3-5 years old do not necessarily receive automatic internal referrals. Some districts only provide internal referrals if the student's teacher concurs with the parent's scores. Additionally, some districts only provide internal referrals if the parent agrees to the referral, as sometimes parents may decide to wait and rescreen their child at a later time.

RECOMMENDATIONS

Based on the results of the School Readiness Coordinator and parent interviews, a protocol was developed in order to standardize and streamline developmental assessment and referral processes across all nine school districts. The graphic protocol is presented below.

Figure 40. Developmental Assessment and Referral Protocol



FAMILY SUPPORT AND ENGAGEMENT

Families with children aged 0-5 are encouraged to be involved in their child's early learning and development. Families are supported in these efforts 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. Numbers of unduplicated adults served were typically much higher than in FY 2018-19.

Figure 41. RBA Dashboard — School Readiness: Family Support and Engagement

How much did we do?	# of unduplicated adults served, by service	
	Family Literacy	2,235
	Parent Education	1,114
	Intensive Support (e.g. case management, home visits)	84
	Transition Orientation	1,365
	Parent Conference	157
	Average # of hours per person or family, by service	
	Family Literacy	1.6
	Parent Education	1.4
	Intensive Support (e.g. case management, home visits)	1.8
Is anyone better off?	# (%) of parents reading at least five times per week at intake (n = 1,924) ²⁴	898 (47%)
	% of parents who are connected and supported at intake ²⁵	
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment). (n = 1,296)	917 (71%)
	I know what program to contact in my community when I need advice on how to raise my child. (n = 1,296)	893 (69%)

Source: School districts' FY 2019-20 Client Summary by Service report in Persimmony and the Family Information Form.

In the Spring of 2020, a special study was conducted to better understand the School Readiness family engagement practices. By documenting the similarities and differences in family engagement practices across the partner sites, these data can be used to inform standardization of such practices where possible.

There were commonalities and variations found among the nine school districts funded by First 5. These patterns are organized by core programmatic areas within the Initiative:

- Family Literacy
- Parenting Education
- Home Visiting
- Transition Orientation
- Parent Conferences

²⁴ Of those who participated in family literacy.

²⁵ Percent who agree or strongly agree.

FAMILY LITERACY

Eight out of nine districts offer two or more family literacy categories of service. Districts offer family literacy activities across five service categories: 1) take-home reading program, 2) varied literacy programs/events – open to all, 3) Latino family literacy/Latino student literacy, 4) parent workshop or class on literacy, and 5) English-language classes for parents.

PARENTING EDUCATION

All nine districts employ a variety of parenting education activities, and five districts specifically design these activities toward parent-identified interest and/or topical need. While all nine districts provide parenting education activities that span multiple topics, five districts have developed parent education activities in response to parent interest or need. Playgroup and preschool teachers utilize their existing relationship with parents and children and tailor trainings according to what is currently happening in the classroom, as opposed to only relying upon standardized curriculum. This approach reflects ideal practices of responsive program improvement.

HOME VISITING

Three out of nine districts employ home visiting intensive support activities funded by First 5 and tailor home visits toward specific family needs to offer increased support and to encourage a school/home connection. While three districts provide home visiting intensive support funded by First 5 Sacramento, it is important to note that the six other districts shared that they have district-level efforts in place to provide other forms of intensive support. One district noted that they utilize their First 5 Van Outreach program to provide intensive support to families in need on-site at schools, particularly during pick up, drop off, and special events.

TRANSITION ORIENTATION

The most common transition services provided by all nine districts are orientations or parent meetings to prepare for student transitions. While all nine districts provide some form of orientation or parent meetings for various student transitions, four districts provide orientation activities for children entering both preschool and kindergarten. Moreover, seven out of nine districts provide orientation or parent meetings for preparing for kindergarten. Similarly, six out of nine districts reported providing preschool orientations. Across all districts, genuine intention, coordination, and implementation goes into each transition service provided to ensure that students and families are prepared for and supported in successful school transitions.

PARENT CONFERENCES

All nine districts hold parent-teacher conference activities. While all nine districts hold parent-teacher conferences, there is variance among the ways these activities are utilized. Five districts conduct standard parent-teacher conferences either once or twice a year to check in on student progress and to deepen the school-home connection. Four districts target parent conferences as a way to reassess developmental delays by either scoring and reviewing student Desired Results Developmental Profiles (DRDPs) at biannual parent conferences to help parents understand their child's development and to determine whether there

is need to rescreen for potential developmental delays or by instituting biannual re-screenings of the Ages and Stages Questionnaire at parent conferences.

RECOMMENDATIONS

Based on the data gathered regarding successes and challenges with family engagement across the 9 partner school districts, the following may be considered as promising practices for each district:

- Short-Term Engagement Incentives
- Long-Term Engagement Incentives
- Staff Training
- Advanced Planning
- Continuous Improvement

TRANSITION SUMMER CAMP

Transition summer camp included learning and enrichment activities for children and workshops to orient parents to prepare for kindergarten entry. Transition summer camps are typically 4 weeks in duration with a targeted minimum of 3 hours per 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 focused on preparing children for starting kindergarten, with an emphasis on numeracy, literacy, and social-emotional development. COVID-19 severely impacted transition summer camps around the county during summer of 2020; three districts held virtual versions of transitional summer camp. Unfortunately, pre- and post-assessments were unable to be collected this fiscal year.



Figure 42. RBA Dashboard — School Readiness: Transition Summer Camp

How much did we do?	# of children served	193
How well did we do it?	# (%) of children who completed at least 56 hours	8 (4%)
	# (%) of children whose parents participated in transition orientation	79 (39%)
Is anyone better off?	NA	

Source: FY 2019-20 individual-level client service data in Persimmony

HELP ME GROW

The Sacramento County affiliate of Help Me Grow California was established with funding from First 5 Sacramento to increase access to services for children aged 0 to 5 who are at-risk for developmental delays and/or disabilities. Help Me Grow operates through a multi-method approach, with Centralized Access Points including a call center that receives and provides referrals, as well as through targeted on-site support provided by Family Advocates. The program targets at-risk children and families in underserved areas, and includes education, outreach and training, screening and

referral services, and family support. Family Advocates conduct home visits to provide developmental and health screenings for children, along with resources and referrals. The following table describes the range of services conducted. A comparable number of calls came into the call center in FY 2019-20 as in FY 2018-19, however the tracking of referrals has much improved (446 referrals unknown in FY 2019-20; 773 referrals unknown in FY 2018-19).



Figure 43. RBA Dashboard: School Readiness: Help Me Grow

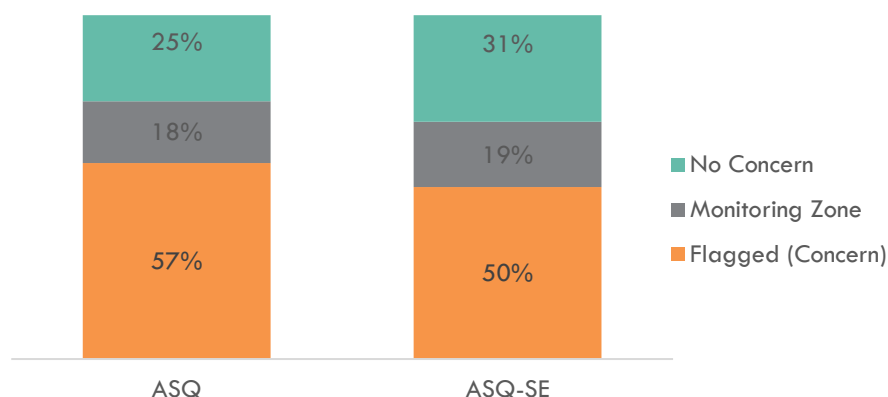
How much did we do?	Health Care Provider Outreach	
	# of health care providers provided with outreach and materials	80
	# of health care providers provided with training and technical assistance	70
	Community Outreach	
	# of community events attended to provide outreach and materials	1
	# of community members provided with training and technical assistance	220
	Call Center	
	# of incoming calls to HMG, by referral source	888
	Health Care Providers	128
	Private Child Care Providers	30
	School District	9
	FRCs	104
	Child Action Providers	2
	PBM+ Providers	7
	Advertisement	2
	Website	22
	Other	138
	Unknown or no referral	446
	Family Advocate Intakes	
	# of child intakes processed by HMG Family Advocates	254

	# (%) of children whose families received outgoing referrals during the initial call to HMG (<i>have a Referral Log</i>)	321 (65.2%)
	Family Advocate Services	
	# of Families with a Family Advocate (at least one home visit)	167
	# of Families who worked with Family Advocate to create an Action Plan	143
	# (%) of Families receiving Family Advocate services who received referrals	113 (79%)
	# of home visits conducted	518
	Screenings	
	# of children who received ASQ-3 developmental screenings	399
	# (%) of children with developmental concern (flagged) in at least one area	226 (57%)
	# (%) of children in monitoring zone (near cut-off) in at least one area	73 (18%)
	# (%) of children with no developmental concern in any categories	100 (25%)
	# of children who received ASQ-SE developmental screenings	236
	# (%) of children with developmental concern (flagged) in at least one area	118 (50%)
	# (%) of children in monitoring zone (near cut-off) in at least one area	45 (19%)
	# (%) of children with no developmental concern in any categories	73 (31%)
	# of children with a vision screening	32
	# of children with a hearing screening	33
How well did we do it?	Call Center, HMG Intakes, Family Advocate Services	
	# (%) of Call Center clients who received sufficient support and/or education through initial HMG call and did not require further referrals	245 (76%)
	# (%) of HMG Intake clients whose parents could be contacted at follow-up	278 (87%)
	# (%) of Family Advocate clients who received at least one referral	30 (18%)
	# (%) of Family Advocate clients successfully connected to services	20 (67%)

Source: Persimmony Help Me Grow Quarterly Performance Measures, FY 2019-20. Persimmony client assessment by answer value.

Help Me Grow Sacramento provided 399 children with ASQ screenings and 236 children with ASQ-SE developmental screenings (comparable numbers to FY 2018-19). Family Advocates provided 167 families with home visits, and 79% of families received referrals. The following figure depicts the ASQ and ASQ-SE screening results. Of the children screened for developmental delays, half of all children screened for the ASQ were flagged with developmental delays, and two-fifths of all children screened for the ASQ-SE were flagged with developmental delays.

Figure 44. Percent of Children Screened for ASQ/ ASQ-SE, by Cut-Off



Source: Persimmony Help Me Grow Quarterly Performance Measures. Persimmony client assessment by answer value. Note: ASQ concern is measured by being above cut-off value, whereas ASQ-SE is measured by being below cut-off value.

In terms of program quality, the HMG model requires that programs conduct follow ups with individuals to understand whether they were able to access the referrals provided and if there were any additional needs. For First 5 Sacramento's Help Me Grow, almost all children screened had parents contacted at follow-up (87%).

Client Success Stories – Help Me Grow

Kerstin, a Family Advocate with Help Me Grow, describes two separate family success stories and how she was able to connect them with additional services and continue to support them throughout COVID-19.

The Smiths²⁶, a family that had recently moved from Nigeria to Sacramento, called Kerstin, a Family Advocate, after meeting her at a Bundle of Joy event in October of 2019. The Smith's stated that they needed help with services since they were about to have a baby. Kerstin followed up with the family immediately and provided them with Safe Sleep Baby (SSB) educational training as the baby was due in only a few weeks. Additionally, she went to the Sacramento Food Bank and picked up a variety of new baby clothes and was able arrange the delivery of a SSB Pack-n-Play prior to the arrival of baby Isabel²⁶ on October 31, 2019.

Kerstin continued to keep in touch with the family for a few months, and in January of 2020 she provided the family with Isabel's first ASQ which revealed that she was on track and meeting her developmental milestones. Additionally, she connected the family to Habitat for Humanity and Early Head Start. Habitat for Humanity helped the family get the needed donated



Isabel, a participant with Help Me Grow

²⁶ Fictional names used for all client success stories throughout the report.

items for their home and Early Head Start began services within a few weeks' time.

In early March of 2020, Isabel became sick and was hospitalized. The family contacted Kerstin as soon as Isabel was released from the hospital and asked her to help connect them with ALTA Regional. During Isabel's stay at the hospital she suffered an acute illness that left her weak on one side of her body and the physician from the hospital recommended physical therapy to help improve her muscle strength.

Due to COVID-19, Kerstin was unable to meet in person with the Smiths, but she was able to complete the referral process over the phone and connect them with ALTA. Isabel qualified for occupational services with ALTA and continued with them through the summer of 2020. Isabel gained the necessary strength and skills she needed and has since been released from ALTA.

Today Isabel continues to thrive and is on track with her developmental milestones as she approaches her first birthday. The relationship Kerstin has built with the Smith's, the connection with families, and access to community resources and services, is a true example of Help Me Grow's purpose and achievements within Sacramento County.

Another success for Kerstin and HMG was Rachel²⁷, a 42-year-old mother of 5 children who signed up when she attended Kerstin's presentation at Volunteers of America. When Rachel first contacted Kerstin she had been in a recovery program with Volunteers of America and she stated concerns about her 2-month-old daughters' development and wanted to learn what she could do to help her thrive.

In early February of 2020, Kerstin administered the ASQ-3 and the ASQ-SE screening to Rachel's daughter. A few days after the screening, Kerstin met with Rachel and explained the results. She informed her that her daughter was in the typical range for all developmental areas. Kerstin provided Rachel with activities for her to do with her daughter in order to help her continue to further her development including tummy time, talking, reading, singing, and playing simple games such as peek-a-boo. Additionally, Kerstin provided her with a resource bag which consisted of books, soft blocks, a soft baby doll, and a rattle.

During Kerstin's conversations with Rachel she discovered that her daughter did not have adequate sleeping arrangements. Kerstin educated Rachel with a Safe Sleep Baby training and informed her on the importance of safe sleep, reducing exposure to second hand smoke, proper crib bedding, and proper sleep clothes for the baby. Additionally, in late February, she was able to provide Rachel with a Safe Sleep Pack-n-Play so that her daughter had a safe place to sleep.



Rachel and her family, participants with Help Me Grow

²⁷ Fictional names used for all client success stories throughout the report.

In April of 2020, Rachel graduated from the program at Volunteers of America and moved to Mather OTLX. While at this site, Kerstin was able to connect Rachel's daughter to Early Head Start. Meanwhile, Rachel continued her successful journey at OTLX and was then later able to transition to Bridges, another recovery program for women and children, in South Sacramento. While at Bridges, Rachel took on more responsibilities and is currently the house monitor.

"First 5 has been a great resource for my family. They truly care and are willing to help! Thank you First 5!" - Rachel

HMG and Kerstin have continued to offer support to Rachel during COVID-19 by collaborating with other community agencies such as the Sacramento Food Bank and First 5. In July, the Sacramento Food Bank provided Rachel with clothing and diapers for her daughter and First 5 donated two containers of baby formula.

Today Rachel resides at Bridges and continues her role as house monitor. She received a referral to Child Action, Inc. and her daughter is currently attending Sacramento Montessori School three days a week. Rachel is continuing her search for a job and has been on three state job interviews already.

Summary

- **Nine school districts prepared Sacramento's most vulnerable children and their parents/caregivers to be ready for school.** The nine districts provided a range of services at 59 sites to promote school readiness among children aged 0-5 and their families, with programs such as preschool, developmental playgroups, summer kindergarten transition camps and transition activities, health and developmental screenings and referrals, family literacy, parent education, engagement and support. This year, Sacramento school districts served 69 children in preschool and served 193 children in kindergarten transition summer camps.
 - **School districts conducted screenings for 4,959²⁸ children** to identify potential delays or concerns related to child development, speech/language, vision, and/or hearing. The largest proportion of children were referred to speech/language services (12%), followed by vision services (11%).
- **Help Me Grow (HMG) had a robust year of child assessments and linkages.** HMG received 888 calls to the call line and conducted intakes on 238 children and their families. Additionally, 399 children aged 0-5 were screened with the ASQ through Help Me Grow for issues related to child development, speech/language, vision, and/or hearing.
 - 57% of children screened on the ASQ were flagged with possible developmental delays, and half of children screened on the ASQ-SE were flagged with possible socio-emotional delays. Parents of these children were guided through full developmental assessments and connections to needed services.

²⁸ Unduplicated number of children, across all screens

Result 8: INCREASE FAMILY CONNECTIONS TO COMMUNITY RESOURCES

Countywide Trends

Social connectedness and concrete support in times of need are two of the five protective factors of the Strengthening Families approach, used in more than 30 states, because it has been shown to improve family stability, parental stress and parent-child relationships. No countywide data are available for this result area.

Impact of First 5 Sacramento

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 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. 2-1-1 helped a total of 6,516 callers who were parents or caregivers of children ages 0-5.²⁹ This is comparable to the number of callers received in FY 18-19 (6,452). 2-1-1 provided referrals to callers seeking information on Family Resource Centers (10%), followed by breastfeeding or nutrition support (CalFresh/WIC and Formula/Baby food, 5%), mother and infant care/pediatrics (4%), and child care expense assistance (2%).

Figure 45. RBA Dashboard — 2-1-1

How much did we do?	Number of parents with children 0-5 who called 2-1-1	6,516
	# (%) of parents with children aged 0-5 who received information & referrals	
	Family Resource Centers	633
	Mother and infant care/Pediatrics	256
	CalFresh/WIC	198
	Formula/Baby food	153
	Child care expense assistance	108
	Health care (insurance, medical home)	94
	Child care providers	82
	Hospitals/Clinics	73
	Dental, eye, speech, and hearing referrals and care	24
	Immunization	24

²⁹ 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.

	Early Childhood Education	0
	Reproductive services /Family planning	0
How well did we do it?	% of calls that were successfully reached with a follow up call (Target: 2%)	216 (3%)
	% of callers reached who felt that information provided was accurate	158 (73%)
	% of callers reached who would recommend 2-1-1- to family/friends	168 (78%)
Is anybody better off?	% of callers reached who reported they were able to access referred services	114 (53%)

Source: FY 2019-20 2-1-1 Aggregate Report in Persimmony; How well measures: Quarterly Reports submitted to First 5 from 2-1-1.

In order to evaluate quality assurance, 2-1-1 maintains a policy of making follow-up calls to at least 2% of callers. However, the program exceeded that target and made call-backs to 3% of callers to determine if they were able to access the referred services. Among those reached, 53% reported they were able to access the needed services, but 47% had not yet accessed the referred service. The primary reasons were that they had not tried to contact the agency, or the programs had waiting lists.

COMMUNITY CONNECTIONS GRANTS

Community Connections Grants were small grants of up to \$5,000 given to community members who facilitate a group with other parents/families in their community. Target population, location, and themes were unique to each group. For example, this year, there were groups focused on literacy, groups for Ethiopian mothers, and groups for art, among others. A total of 942 families attended 11 groups (down from 17 groups in FY 2018-19).

ATTENDANCE

The number of families with at least one child aged 0-5 who attended at least one session of a group ranged from 1 to 27 sessions, with a mean of 12% of sessions completed out of those offered. Groups met an average of 8 times, although it is important to note that each group varied in frequency of meetings; while some groups were held monthly, other groups were held weekly or biweekly. It is also important to mention that COVID-19 impacted the ability of some groups to continue to meet.

Figure 46. Community Connections Group Attendance

Group Name	# of 0-5 Families that attended this group	# of times the group met
Round 6 Term:		
Be the Bridge	20	6
Beite Seb	14	12
Literacy & Culture	52	27
Pop's Up	35	9
Sac Ed & Art	35	7
Tot Art in the Park	427	15
Round 7 Term:		
Café and Play	41	18
Elements of Play	18	9
Happy Hearts	131	9
Learn Hmong with Me	162	13
Your World Your Canvas	7	5
TOTALS:	942 Families	114 Meetings

FINDINGS FROM THE GROUP LEADERS' CLOSURE SURVEY

According to leaders of the Community Connections Groups, the primary benefits for participants were social connections and increasing parenting skills. When asked to indicate the extent of agreement to the statement “Parents made new friends in your group,” 100% of participants either strongly agreed or agreed. This demonstrates the powerful social connections that are fostered by these groups. In addition, 100% of parents strongly agreed or agreed with the statement “Parents learned new information and/or skills to help them be a better parent.”

When asked about difficulties, 87% of the respondents expressed that it is “not too difficult” or “not difficult at all” to come up with activity ideas. However, 27% of respondents identified recruiting new members as “extremely difficult,” “very difficult,” or “somewhat difficult.” Twenty percent of group leaders identified purchasing and financial reporting as “very difficult” or “somewhat difficult” and 27% identified coordinating meetings and events as “very difficult” or “somewhat difficult.”

FINDINGS FROM THE PARENT QUESTIONNAIRE

As a result of participation in their group, almost all (99%) parents indicated feeling they are more likely to take their child to an additional First 5 program that benefits their development (such as a playgroup, library, FRC activity, preschool, etc.). Consistent with group leader responses, the 83 parents who completed the Parent Questionnaire indicated that the most common benefits to participation were learning about different resources in the community for their family (89%) and making new friends (88%).

Similarly, parents reported feeling more confident about the following, as a result of participating in the group: I feel more connected/bonded with my child (97%), my child is more social (96%), my child has learned new skills to prepare him/her/them for kindergarten (95%), and I have used the resources (79%).

Additionally, 94% of parents reported that they planned to stay in touch with other members after the group ended. Of those parents, more than half (58%) said they planned to continue meeting as a group, nearly one-quarter (24%) indicated they would stay in touch by phone and/or social media, and 13% of participants said they would have play dates.

Client Success Stories: Community Connections Grant

Groups who received Community Connections Grants reported many successes. The following is a success stories submitted by a Group Leader.

The Learn Hmong With Me (LHWM) group began with a group of moms that were attending First 5 playgroups at the Elk Grove Unified School District. They applied for their first CCG grant to connect Hmong families that will provide them with tools to embrace and maintain their cultural heritage through literacy activities. The group flourished and then applied for a second grant to expand their focus to connect families with other resources that families needed through educational presentations and trainings. Through this education, families were linked to many needed services in their communities. LHWM also took an active role as "trusted messengers" for the 2020 census including creating an animated video about the importance of Hmong families being counted. This group was resilient despite the challenges of COVID and made their groups virtual, making it available to families beyond Sacramento (including out of state and Canada). The group leader, Kao Yee has been a spokesperson for the need for quality child care and other causes for improving the lives of young children. This group has recently applied to be a 501c3 to continue to reach families beyond their First 5 funded term.

Summary

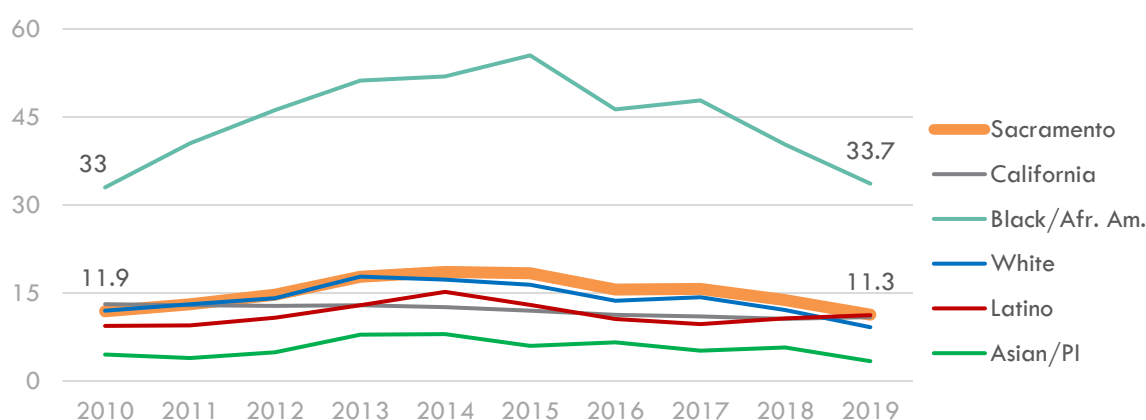
- **Sacramento County's 2-1-1 helped connect 6,516 parents with a child aged 0 to 5 to critical community resources.** 2-1-1 provided referrals to callers seeking information on Family Resource Centers (10%), followed by breastfeeding or nutrition support (CalFresh/WIC and Formula/Baby food, 5%), mother and infant care/pediatrics (4%), and child care expense assistance (2%). In follow-up calls made to clients, a high level of customer satisfaction was found; about three quarters of respondents reported that the information provided was accurate and that they would recommend 2-1-1 to family and friends.
- **Community Connections Groups created enduring social bonds and service connections to 942 families in 11 groups throughout Sacramento communities.** Participating families attended a total of 114 meetings. The central benefits of group participation identified by group leaders and participants were creating connections to other families and local community resources, sentiments shared in previous years. 94% of parents reported that they planned to stay in touch with other members after the group ended. Notably, as a result of participation in their group, 99% of parents indicated feeling they are more likely to take their child to another program that benefits their development (such as a playgroup, library, FRC activity, pre-school, etc.).

Result 9: INCREASE USE OF EFFECTIVE PARENTING

Countywide Trends

Parenting styles are one of the most powerful predictors of child outcomes; warm and nurturing interactions help buffer children from the effects of chronic stress. The Center for the Study of Social Policy identifies 5 protective factors that improve family outcomes: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The figure below displays that the rate of substantiated maltreatment per 1,000 children aged 0-5 has decreased from 11.9 per 1,000 in 2010 to 11.3 per 1,000 in 2019. While the rate for subpopulations has also decreased, in 2019, the rate of substantiated maltreatment among African American children was 33.7 per 1,000 children in 2019, three times as high as the overall county rate and almost 10 times higher than that for Asian/Pacific Islander children.

Figure 47. Substantiated Allegations of Child Abuse per 1,000 Children Aged 0-5, by Race/Ethnicity



Source: California Child Welfare Indicators Project. Note: Number of child abuse allegations in Sacramento 2019 — 1,320 (Sac); 31,302 (CA); 405 (Afr. Am); 430 (White); 350 Hispanic/Latino); 58 (Asian/PI).

Impact of First 5 Sacramento

First 5 began funding the Birth & Beyond Family Resource Centers (FRCs) in FY 2002-03 to promote effective parenting, with the long-term goal of helping to strengthen protective factors, build family resilience and prevent or reduce child maltreatment. Birth & Beyond FRCs provided family support services to pregnant women, children aged 0-5, and their families/caregivers. Specific services included enhanced core services, parent education classes, home visitation, CalWORKs home visitation, and crisis intervention. In the current reporting period, a total of 2,033 children and 3,901 parents/caregivers received one or more Birth & Beyond services, as seen in the table below. The number of parents served is comparable to FY 2018-19, though the number of children directly served in FY 2019-20 is much higher than in FY 2018-19 (1,300).

Figure 48. RBA Dashboard – Birth & Beyond: Overall

How much did we do?	# of parents served across the initiative	3,901
	# of families served across the initiative	3,990
	# of children served across the initiative	2,033
	Enhanced Referrals	
	Health (insurance, medical home, well-child visits)	4,928
	Safe Sleep Baby Information	2,213
	Crisis Nursery	1,347
	Help Me Grow	444

Source: Persimmony report By Client Demographic for Birth & Beyond, FY 2019-20.

ENHANCED CORE SERVICES

Activities in the Enhanced Core service categories included child development activities, peer support groups, life skills classes, and stress reducing activities. Enhanced Core Services served to 1,204 families and 792 children (up from serving 928 families and 476 children in FY 2018-19). In terms of service impact, 32% also received Crisis Intervention Services, 18% of clients also received Home Visitation, and 9% also received Parent Education classes. The table below represents the RBA dashboard for B&B's Enhanced Core component.

Figure 49. RBA Dashboard — Birth & Beyond: FRC Enhanced Core

How much did we do?	Total # of unduplicated families served	1,204
	Total # of unduplicated parents served	1,045
	Total # of unduplicated children served	792
	Total # of duplicated Enhanced Core Services	7,218
	# of duplicated Play Care Services provided ³⁰	2,686
	# of times non-EPI Enhanced Core Services provided ³¹	
	Car Seat Safety (workshop)	1,483
How well did we do it?	Level of Service	
	Average # of hours of participation	7.3
Is anyone better off?	Engagement in other FRC Services	
	% receiving Crisis Intervention	32%
	% receiving Home Visitation	18%
	% receiving Parent Education classes	9%

Source: FY 2019-20 Quarterly Performance Measures Report and Persimmony Client Services and Assessments Export.

³⁰ Includes children whose parents were attending Parent Education workshops and/or participating in enhanced core services.

³¹ 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.)

PARENTING EDUCATION

Parenting education classes are group-based classes conducted at Family Resource Centers. To support parent attendance, transportation services were provided, as well as Play Care (i.e., child care) services during class time. In 2019-20, 644 parents attended 71 parenting workshops, while 2,686 Play Care services were provided to children (down from 716 parents served and 3,703 Play Care services in FY 2018-19). The two workshops with the highest completion rate were the Nurturing Parenting Program Fathers (87%) and Nurturing Parenting Program Prenatal (72%), however both of these groups had very low sample sizes ($n = 1$ and $n = 2$, respectively). Across both the Making Parenting a Pleasure and Nurturing Parenting Program, there was a significant increase in parenting knowledge and skills among participants.

Figure 50. RBA Dashboard — Birth & Beyond: Parenting Education

How much did we do?	# of workshops provided	71	
	# of unduplicated parents who attended parenting workshops	644	
	Making Parenting a Pleasure	401	
	Nurturing Parenting Program	243	
	Prenatal	2	
	Infant & Toddler	240	
	Fathers	1	
	# of other services		
How well did we do it?	# of duplicated Play Care Services provided ³²	2,686	
	# (%) completion (who had a post survey)		
	Nurturing Parenting Program Fathers	1 (100%)	
	Nurturing Parenting Program Prenatal	2 (100%)	
	Nurturing Parenting Program Infant & Toddler	126 (53%)	
	Making Parenting a Pleasure	223 (56%)	
Is anyone better off?	Increased level of parenting knowledge and skills	Pre	Post
	Making Parenting a Pleasure ³³	6.0	6.5***
	Nurturing Parenting Program ³⁴	6.0	6.7***
	Engagement in other FRC Services		
	% receiving Crisis Intervention	36%	
	% receiving Enhanced Core	20%	
	% receiving Home Visitation	9%	

Source: FY 2019-20 Quarterly Performance Measures report in Persimmony. *** Indicates statistically significant difference at $p < .001$

³² Includes children whose parents were attending Parent Education workshops and/or participating in Enhanced Core services.

³³ Includes 214 matched-sets

³⁴ Includes 138 matched-sets

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 assigned to three different tiers of service: Prevention (16 lessons), Intervention (24 lessons), or Treatment (55 lessons). Joint visits are conducted with Child Protective Services (CPS) staff, school readiness liaisons, and/or health educators as needed.

In FY 2019-20, the Nurturing Parenting Program served 1,381 families, 19% of whom were referred by CPS (up from 1,191 families served and 12% referred by CPS in FY 2018-19). Strong outcomes in increased social connections and knowledge of community resources were observed, as were positive changes in parenting attitudes and contacts with CPS. However, while almost half of Prevention clients completed their lessons (42%), 10% of Intervention clients completed their lessons, and no Treatment clients completed their lessons.

Figure 51. RBA Dashboard — Birth & Beyond: Home Visitation Services

How much did we do?	# of unduplicated families who received home visits through NPP	1,381	
	# of unduplicated families who developed a Family Nurturing Plan ³⁵	369	
	# (%) referred by CPS	267 (19%)	
	Level of NPP Program Assignment ³⁶		
	% assigned to Prevention (low risk; n = 60)	36%	
	% assigned to Intervention (moderate risk; n = 72)	44%	
	% assigned to Treatment (high risk; n = 33)	20%	
	# of unduplicated families who received joint visits with:		
	CPS	163	
	Health Liaison	171	
How well did we do it?	Lessons completed at case closure ³⁷		
	% of Prevention clients completing at least 16 lessons (n = 16)	42%	
	% of Intervention clients completing at least 24 lessons (n = 4)	10%	
	% of Treatment clients completing at least 55 lessons (n = 0)	0	
	Improved parenting (Adult Adolescent Parenting Inventory) ³⁸	Pre	Post
	Prevention Group (Low risk; n= 36)	6.4	7.4***
	Intervention Group (Moderate risk; n= 32)	5.7	5.9
	Treatment Group (High risk; n= 22)	3.8	4.5*
	Substantiated maltreatment 12 months after first home visit, aged 0-5, by subpopulation ³⁹		
	Children with no prior CPS contact	10/236 (4%)	

³⁵ 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.

³⁶ There were large amounts of missing data for this variable, n = 165.

³⁷ There were large amounts of missing data for this variable, n = 88.

³⁸ Among those who had both pre- and post-data.

³⁹ These data were provided by CAPC and include families who were served between March 2019 and February 2020.

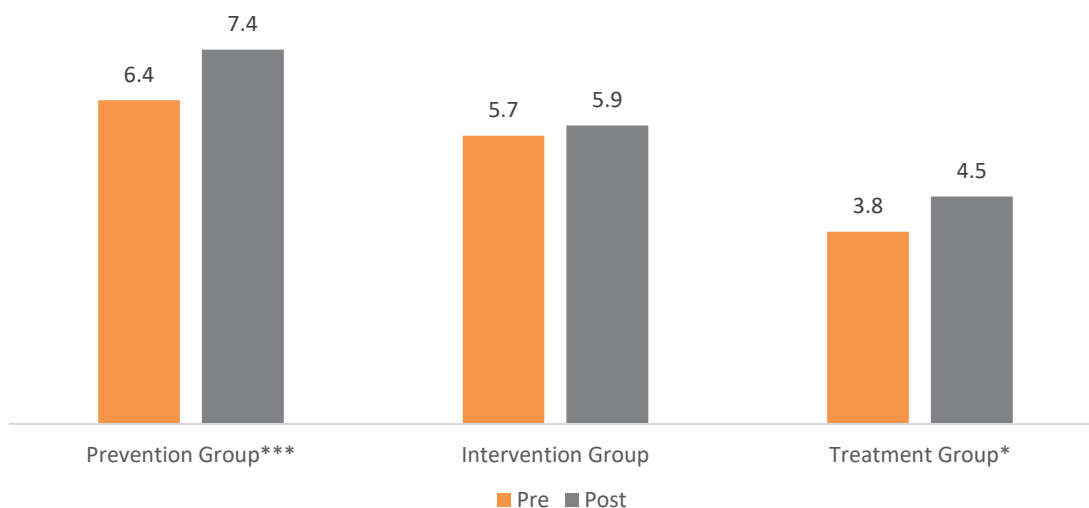
	Children with any prior CPS contact	5/204 (2%)
	Children with a substantiated baseline referral	2/76 (3%)
	All groups	15/440 (3%)
	Engagement in other FRC Services	
	% receiving Crisis Intervention	45%
	% receiving Enhanced Core	20%
	% receiving Parent Education classes	5%

Source: FY 2019-20 Quarterly Performance Measures report in Persimmony, and Family Information Form.

*** indicates statistically significant change at $p < .001$; * indicates statistically significant change at $p < .05$.

As mentioned above, each home visitation client receives a baseline assessment on the Adult-Adolescent Parenting Inventory (AAPi), which helps determine the level of service they are best suited for. A follow up AAPi assessment is conducted to determine if parents have experienced the desired knowledge and attitudinal shifts. 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 52. Changes in AAPi Scores for Birth & Beyond Home Visitation Clients



Source: FY 2019-20 AAPi export in Persimmony., n = 36 for Prevention group, n = 32 for Intervention group, n = 22 for Treatment group.

***indicates statistically significant change at $p < .001$; *indicates statistically significant change at $p < .05$.

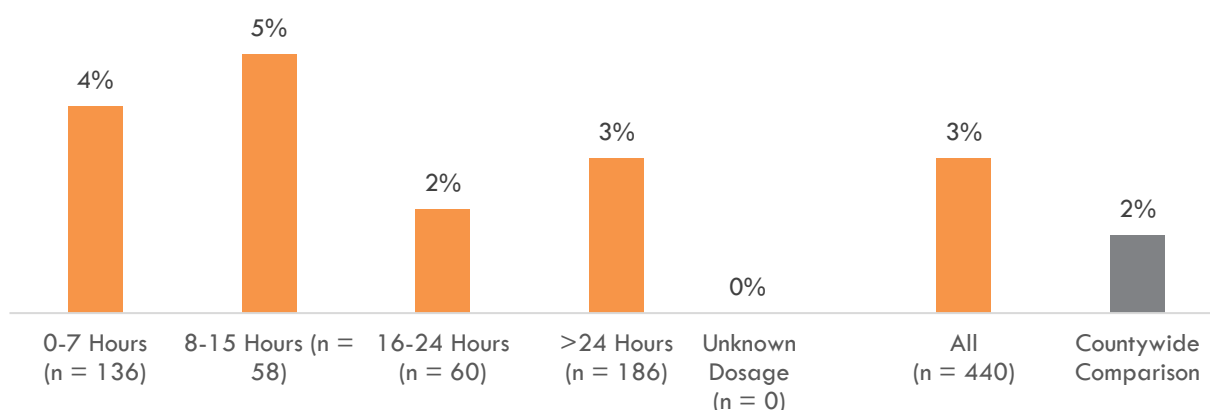
ANALYSIS OF CPS OUTCOMES

In partnership with Department of Children, Families and Adult Services (DCFAS), Birth & Beyond measures substantiated allegations of maltreatment among participants in Birth & Beyond's Home Visitation program. The study sample included any family with an intake between March 1, 2019 to March 1, 2020. Earlier intakes within this period had a 12-month observation window and the later intakes up until March 2020 had a 6-month observation before CPS outcome data were pulled in October 2020. Secondly, all analyses are at the child level and not the level of the family or parent (i.e., the parent may have faced an

allegation regarding one child but not another in their family), allowing for comparisons to countywide rates of child maltreatment which are measured at the child level.

The charts below display differences in substantiated CPS allegations among children aged 0-5 according to the number of home visitation hours their parents received. The first chart displays substantiated allegations within 12 months of intake for all subgroups in the study population, irrespective of prior CPS involvement. Across all children served, the rate of substantiated maltreatment 12 months after intake was 3%. The percentage of children aged 0-5 countywide who experience a substantiated allegation is 2%. However, it is remarkable that this population achieved rates that are comparable to the countywide average, considering that maltreatment is much more prevalent among the Birth & Beyond population (46% of the children aged 0-5 in this sample had prior CPS involvement, compared to 3% of Sacramento County 0-5 population with an allegation in 2019).

Figure 53. Substantiated Maltreatment within 12 Months of Intake, all Subgroups, Children 0-5

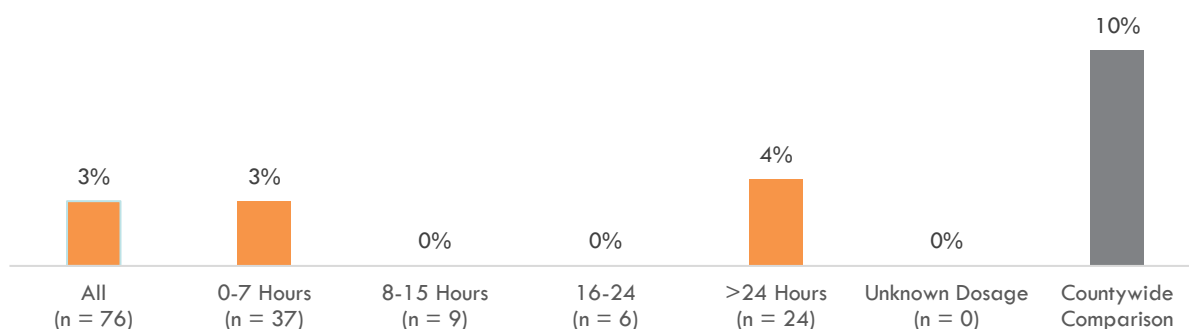


Sources: 1. Department of Children, Family and Adult Services, CPS Export October 2020; 2. First 5 Sacramento Persimmony; 3. California Child Welfare Indicators Project (CCWIP), http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx?r=1, Jan 2019 – Dec 2019.

The second chart displays recurrence outcomes for Birth & Beyond children who had a recent substantiated allegation with CPS. Overall, across all service dosage levels, 3% of children with a previous substantiated allegation who participated in Birth & Beyond home visitation experienced a substantiated allegation of child abuse within 12 months of intake; the rate of recurrence across the county was 10.1%⁴⁰. These results provide strong evidence for participation in the home visiting program and the challenge of keeping high-risk families in the program.

⁴⁰ This percentage refers to all children 0-17 in the county, not just 0-5.

Figure 54. Substantiated Recurrence of Maltreatment within 12 Months of Intake, Children 0-5 with a Substantiated Baseline Referral



Source: Department of Children, Family and Adult Services, CPS Export October 2019; First 5 Sacramento Persimmony; California Child Welfare Indicators Project (CCWIP). http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx?r=1. Oct 2018-Sept 2019. Note: Local data includes those with "Substantiated Baseline Disposition."

HOME VISITATION FUNDED BY CALWORKS

As part of continuing efforts to ensure program sustainability, in Spring 2019, Birth & Beyond was awarded a multi-year grant from the California Department of Social Services to provide home visitation services to families receiving CalWORKs. First 5 Sacramento provides administrative and evaluation support for the grant. Birth & Beyond receives referrals from the Sacramento County Department of Children, Families and Adults and uses the evidence-based home visitation model known as Healthy Families America (HFA). Enrollment in HFA is restricted to mothers who are pregnant or have an infant up to three months of age. By using the HFA model, Birth & Beyond hopes to identify and address family and child hardships to reduce stress in the home, nurture positive parent-child interactions and improve family stability.

In its first full year of implementation, the Healthy Families America home visitation program helped 237 adults and 175 children through 2,622 home visitations and 148 developmental screenings conducted. The most common service referrals were for mental health (130), early learning settings for children (106), and housing support (91).

Figure 55. RBA Dashboard — Birth & Beyond: CalWORKs Home Visitation

How much did we do?	Numbers served by Healthy Families America	
	Adults	237
	Children	175
	Referrals to Program	
	Department of Human Assistance	143
	Self	53
	Community Agency	45
	B&B	40
	Hospitals/Clinics	17
	Other	47
	No Answer	7

	Recruitment by B&B	
	Offered by HVP services	230
	Received HVP services	146
	Declined HVP services	81
	Pending	3
	Core Services	
	Home visits completed	2,622
	Number of developmental screenings and assessments conducted	148
	Referrals given (#)	
	Developmental screening	44
	Prenatal care	16
	Infant and toddler health care	49
	Infant and child nutrition services	27
	Early learning settings	106
	Work readiness services	61
	Academic or instructional services	65
	Intimate partner violence services	40
	Substance abuse services	0
	Mental health services	130
	Housing support	91
	Immigration legal services	36
	English as second language services	6
How well did we do it?	Services received after referral #(%)	
	Developmental screening	30 (68%)
	Prenatal care	6 (38%)
	Infant and toddler health care	21 (43%)
	Infant and child nutrition services	1 (4%)
	Early learning settings	40 (38%)
	Work readiness services	10 (16%)
	Academic or instructional services	15 (23%)
	Intimate partner violence services	11 (28%)
	Substance abuse services	N/A
	Mental health services	25 (19%)
	Housing support	28 (31%)
	Immigration legal services	10 (28%)
	English as second language services	1 (17%)

Source: Assessment by Answer Value report in Persimmony.

CRISIS INTERVENTION SERVICES

Crisis Intervention Services (CIS) are brief, targeted services for Birth & Beyond clients who are experiencing a pressing concerns or issue. The CIS team conducts an intake with a brief assessment tool based upon the Family Development Matrix (FDM) outcomes model and provides case management and referrals to Family Resource Centers and the Crisis Nursery, as appropriate.

In FY 2019-20, Crisis Intervention Services served 1,736 families and provided 1,105 families with at least one referral or linkage (compared to 1,671 families served and 1,357 referrals provided in FY 2018-19). Pre- and post-tests of Crisis Intervention Services clients indicated increased parental knowledge about where to get help and information, perceived level of support they have among their family, friends, in their community, as well as decreased stress.

Figure 56. RBA Dashboard — Birth & Beyond: Crisis Intervention Services

How much did we do?	# of unduplicated families with Intervention Service Record (ISR)	1,736	
	# of unduplicated CIS families with pre-assessment	811	
	# of unduplicated CIS families with post-assessment	675	
How well did we do it?	# of unduplicated CIS families with a referral/linkage	1,105	
	# of unduplicated CIS families with a Crisis Intervention Case Management Plan	556	
Is anyone better off?	Changes in Stress and Support	Pre	Post
	Level of stress	3.6	2.4***
	Parental stress level affected their care of child	2.8	2.0***
	Level of support from friends/family/community	2.5	3.5***
	Engagement in other FRC Services		
	% receiving Home Visitation	27%	
	% receiving Enhanced Core	22%	
	% receiving Parent Education	12%	

Source: FY 2019-20 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post-test. ***indicates statistically significant change at $p < .001$. Changes in Stress and Support: source – Family Development Matrix. Outcomes rated on a scale of 1 to 5: 1=none, 3=some, 5=a lot, n= 675 matched sets.

Client Success Story: Birth & Beyond

Birth & Beyond had many successes over the past year. The following are two success stories provided by two different Family Resource Centers (FRCs). Kim⁴¹, a 26-year-old single mother of three children, ages 3 months, 2 years, and 5 years old, was referred to the North Sacramento Family Resource Center by a friend. At the time she was 8 months pregnant, new to Sacramento, no longer working, and had no support system as the father of her children was not involved. She needed help accessing services to aid with the delivery of her third child as well as financial support.

When Kim began to work with the Home Visitation program she stated that she wanted to learn new skills to excel as a mother, educate herself about child development, and create a birth plan including where her two eldest sons would go during the birth of her daughter. Additionally, she expressed that she needed help with transportation to get to and from appointments.



Kim's three children

Kim has been a very active participant and worked closely with Jasmine, her Home Visitor. Her children all received ASQ developmental screenings and it was recommended that her middle son would benefit from a more in depth screening from the Help Me Grow program as he was found to be in the monitoring range for Gross Motor, Problem Solving, and Socio-Individual development and the low range for Communication and Fine Motor development. Kim had also expressed her concern regarding his speech and has been doing the recommended activities to help as well as many she has come up with on her own.

"... I want to give thanks to this program... [Jasmine] has been excellent and has helped us so much. Without her I would not know what to do. I don't know how I could ever pay back for all that you guys have done. I am sincerely thankful in the name of my children and self." – Kim

Additionally, Kim worked with Jasmine to create a birth plan. Jasmine directed her to the Sacramento Children's Home Crisis Nursery and Kim was able to advocate for herself so that her two eldest sons would have a place to stay during her time in the hospital. Her boys were then able to stay at the Crisis Nursery for a few days and Kim stated that her sons had a good time and that she was grateful they had a safe place to be while she was giving birth. Moreover, the North Sacramento FRC was able to provide Kim with car seats for each child to meet the Crisis Nursery's requirements of needing to have personal car seats on site in case of emergency.

Since COVID-19 Kim has been one of North Sacramento FRC's recipients of COVID-19 funds through their direct partnership with the United Way. She also received a stroller for her youngest through their CFRA grant which provides direct support for families. When Kim first became part of the FRC program she had been receiving visits from Head Start, but unfortunately since COVID-19 she fell out of contact with them and is currently only receiving assistance from the FRC.

⁴¹ Fictional names used for all client success stories throughout the report.

Kim has expressed constant gratitude to her Home Visitor for all the assistance she has received. She has not only learned to advocate for herself but has benefited from many services from multiple programs. Kim's needs were met head on by the FRC and she was able to have a safe birth while receiving everything she needed for her two oldest. Today, she continues to access free meals through her school district for all her children and works with her children by doing activities to help with their development.

"I am especially proud of my program because we have been able to reach out to families from all backgrounds and create impacts that have helped families through the toughest times...During [COVID-19] it has been amazing to see how community members, businesses and everyone have stepped up...to unite and support each other and support families. — Home Visitor

Summary

- **Birth & Beyond** directly served 2,033 children and 3,901 parents/caregivers through one or more support services for pregnant women, children aged 0-5, and their families/caregivers, including enhanced core services, parent education classes, home visitation, and crisis intervention when needed. CalWORKs funding was secured to provide additional home visiting services.
- The gateway to FRC services is through "light touch" referral or informational services referred to as **Enhanced Core** services. Family Resource Centers offered 7,218 services to 1,204 families (and 792 children), who participated in short education classes related to car seat safety, child development, and life skills.
- The FRCs offered evidence-based **Parenting Education** classes such as the Nurturing Parenting Program (NPP) and Making Parenting a Pleasure (MPAP) to 644 parents. In addition, 2,686 Play Care services were provided to children to their parents could attend the classes.
- The FRCs also provided **Home Visitation** services. Services were provided to 1,381 families, 19% (267) of whom were referred by CPS. Furthermore, parents at prevention and treatment levels of service showed statistically significant improvements in score on the Adolescent and Adult Parenting Inventory, a tool that measures parents' risk for child maltreatment. Among children with a recent substantiated CPS baseline allegation, 3% experienced another substantiated allegation within 12 months, compared to 10% of children countywide.
- The **CalWORKs Home Visitation program**, Healthy Families America, supports families on CalWORKs through home visitation services, with the hope of addressing additional family and child hardships to ensure that each family can meet their family stability goals. Healthy Families America helped 237 adults and 175 children through 2,622 home visitations and 148 developmental screenings conducted. The most common service referrals made were for mental health (130), early learning settings (106), and housing support (91). The referrals most likely to be followed up were early learning settings (40), housing support (28), and mental health services (25).
- **Crisis Intervention Services** served 1,736 families with significant resource needs, helping to increase their knowledge of community resources, increase their perception of social support, and reduce their stress.

Result 10: DECREASE CHILD MALTREATMENT AND DEATH

Countywide Trends

The consequences of child abuse and neglect can be profound and may persist long after the abuse occurs. These effects can appear in childhood, adolescence, or adulthood, and may affect various aspects of an individual's development, such as minor physical injuries, low self-esteem, attention disorders, poor peer relations, and more severe health and criminal justice outcomes. However, some children remain resilient in the face of adversity. Families at risk for maltreatment can benefit greatly from prevention and early intervention services that help mitigate the triggers of dysfunction and strengthen protective factors such as coping skills and connection to concrete supports. See trends for child abuse in Result 9.

Impact of First 5 Sacramento

CRISIS NURSERY

The Sacramento Crisis Nursery has two locations (in North Sacramento and South Sacramento), where parents can drop off their children for emergency child care and 24-hour overnight care. By providing respite care and crisis intervention services, Sacramento Crisis Nursery seeks to prevent childhood injuries, maltreatment and death.

Case management, referrals to community services, and assistance with medical and mental health services were provided to help families stabilize their situation. Sacramento Crisis Nursery served a total of 489 children and 328 parents/caregivers (322 families). These numbers are comparable to FY 2018-19 (484 children, 337 parents/caregivers, 332 families).

Figure 57. RBA Dashboard — Crisis Nursery: Safe and Emergency Care

How much did we do?	Child Care	
	# of unduplicated children who received emergency child care during daytime	442
	# of unduplicated children who received overnight stays	352
	# of unduplicated families served	322
	# (%) of families who had more than two stays during the fiscal year	249 (77%)
	# of unduplicated parents, by referral source ⁴²	
	CPS	10
	Self/friend/neighbor/family member	9
	Birth and Beyond/Family Resource Center	7

⁴² Most clients had previously used the Crisis Nursery, and therefore did not cite a referral source (n = 882)

	Website	7
	Other First 5 Contractor ⁴³	12
	# of emergency child care (ECC) daytime stays	1,515
	# of overnight stays	2,232
	# (%) of overnight stays that were one night	1,160 (52%)
	# (%) of overnight stays that were five or more consecutive nights	86 (4%)
	Other Support	
	# of trips for which transportation was provided	439
	Enhanced Referrals ⁴⁴	
	Breastfeeding or nutrition support (WIC/CalFresh)	19
	Family Resource Center Services	36
	Domestic Violence	9
	Substance Abuse	2
	2-1-1	5
	Employment	27
	Financial Services	14
	Medi-Cal	6
	Housing	113
	Food/Clothing	96
How well?	Client Satisfaction	
	% of clients who agreed that Crisis Nursery services kept children safe and secure	99%
Is anyone better off?	Parent Support	
	% of clients who report feeling better able to solve crisis situations	99%

Sources: FY 2019-20 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2019-20 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South.

Reasons for seeking crisis intervention services included: issues of employment (47%), parental distress (11%), and medical issues (10%). Ninety-six percent of parents who sought services for their children at Crisis Nursery reported reduced stress levels.

Figure 58. RBA Dashboard — Crisis Nursery: *Crisis Intervention*

How much did we do?	Numbers Served	
	# of unduplicated families with pre-assessment	316
	# of unduplicated families with post-assessment	315
	Crisis Intervention Case Management Plan (CICMP)	
	# (%) of families who created a CICMP	133 (42%)
	Reasons for Seeking Care	
	Employment	1,013
	Parental Distress	253

⁴³ Includes referrals by 211, WIC, and school districts.

⁴⁴ The most common reasons parents used the Crisis Nursery were: Employment, Housing/Homelessness, Other Emergency, Medical, Parental Distress, and Mental Health.

	Housing/Homelessness	90
	Medical	226
	Other Emergency	28
	Domestic Violence	56
	Mental Health	72
	Substance Use	15
How well?	Crisis Intervention Case Management Plan (CICMP)	
	# (%) of unduplicated families receiving at least one CICMP referral/linkage	41 (31%)
Is anyone better off?	Connection to Ongoing Support	
	Clients who also participated in Family Resource Center services	195
	Reduced Stress	Pre Post
	Level of stress	3.7 2.5***
	Parental stress level affected their care of child	2.4 1.6***
	% parents who agreed that Crisis Nursery reduced stress level	NA 96%
	% parents who agreed they were better able to work on solving crisis situations as a result of Crisis Nursery	NA 99%

Sources: FY 2019-20 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2019-20 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South. ***indicates a statistically significant difference at $p < .001$.

Client Success Story: Crisis Nursery

Staff from Crisis Nursery described how a single mother benefited from their services. Kasey⁴⁵, a 44-year-old single mother of a 3-year-old daughter Tia⁴⁵ was referred to the Crisis Nursery in December of 2018 by multiple programs in the community, including the WarmLine Family Resource Center. At that time, she had been living in her car with her daughter and needed a safe place for Tia to go during the day in order to attend appointments and obtain permanent housing. Kasey was also in need of additional services as she had been raising her daughter by herself without a support system since her birth.

Kasey was able to successfully secure transitional housing for herself and her daughter. She continued to use the Crisis Nursery when needed until the beginning of January 2020. Tia would stay for day time care while Kasey attended all her necessary appointments. During her time at the Crisis Nursery, Kasey was referred to multiple community programs including Alta Regional, Homeless Assistance, and a parenting workshop through American River College. Additionally, Kasey was referred to Help Me Grow where she was able to obtain more extensive and much needed assistance through Alta Regional and the Sacramento County of Education for Tia. Her daughter was assessed, and she was able to then receive an IEP for her developmental delays, and hearing impairment. Tia now receives

"I am forever grateful to the [Crisis Nursery] ...They gave me peace of mind. A temporary child friendly atmosphere that my child could flourish in. They also provided additional resources to help me. They provided sanity and time to rejuvenate." - Kasey

⁴⁵ Fictional names used for all client success stories throughout the report.

“Our program’s doors have never closed during [COVID-19]. There has always been someone to answer the phone and assist a family in need. We worked diligently to follow recommendations from the CDC and Public Health. ... With all of these changes we understand that these extra steps can add to additional stress to a family already going through a crisis...” – Crisis Nursery Staff

services for speech, occupational therapy, and ABA therapy. Through all these programs she was able to establish a support network for both herself and her daughter.

In November of 2019, Kasey was getting close to her last day at transitional housing and needed to secure a permanent place for herself and Tia to live. During this month Tia spent time again at the nursery while Kasey looked for housing and the Crisis Nursery continued to support her family.

The Crisis Nursery had a very positive impact on the family’s lives. Kasey was able to attend important appointments so she could secure transitional housing and then permanent housing, she was able to receive referrals and establish early intervention services for her daughter, and she took classes to learn more about child developmental delays so she could better understand the needs of her daughter.

Summary

- **The Sacramento Crisis Nursery supported Sacramento’s most vulnerable families by providing emergency child care to 489 children in 322 families.** The Sacramento Crisis Nursery serves the highest-risk children and families many of whom, at the time of stay, are experiencing one or more of the following: lack of employment, housing/homelessness, medical needs, domestic violence, mental health, alcohol, or other drugs. In 2019-20 alone, there were 1,515 emergency child care stays and 2,232 overnight stays.
 - Forty-two percent of parents completed a case management plan. The most frequent referrals were for housing, food, and Family Resource Centers.
 - Pre-post tests indicated that after participation in Crisis Nursery, there was a significant reduction in parents’ stress level, as well as the perception that parental stress was having adverse impacts on their children. Additionally, in post surveys, 99% of parents said they were better able to solve crisis situations as a result of Crisis Nursery’s support.

Systems Sustainability Plan Update

Goal of Systems Sustainability: To sustain children's health, development, and family empowerment outcomes, and the systems that promote them.

Public Awareness and Action

Objective

Build public investment in the well-being and success of children ages 0 - 5 and their families.

- **Increase the public's understanding of First 5's mission, responsibilities and successes utilizing social media outlets: LinkedIn, Facebook, Instagram, Twitter and YouTube.**
 - First 5 Sacramento continued to increase its social media presence, reaching multiple audiences on various platforms. Paid and boosted ads, along with participating in Twitter Chats, helped to broaden First 5 Sacramento's audience and increase engagement by 79%.
- **Empower parents and families to support their children ages 0 - 5 through public awareness messaging around the following focus areas:**
 - Access and utilization of medical, dental, and mental health services
 - Reducing African American child deaths
 - Breastfeeding Support
 - Child Abuse Prevention
- **Early Learning**
 - First 5 Sacramento partnered with Sacramento County Public Health to expand its advocacy efforts to reduce African American infant deaths. A new mass media campaign, Unequal Birth, raised awareness about the role of racial bias and discrimination in African American infants *and* maternal death disparities.
- **Target the business community, business associations, and Chambers of Commerce to build public support to invest in early childhood.**
 - In partnership with the Sacramento Business Journal, First 5 continued to engage with local businesses on the importance of investing in children. Utilizing an on-line platform, a series of articles highlighting sustainability work and the connection between non-profits and business were launched. Topics included:
 - What does non-profit sustainability look like?
 - Six sustainability tools non-profits need to incorporate for long-term success.
 - How the non-profit brand affects sustainability.
 - LinkedIn served as a powerful tool to engage with business and policy leaders, and to highlight funded partners' sustainability efforts. There was a 153% increase in followers.

	<ul style="list-style-type: none"> ■ Engage state and local elected officials to encourage policies and build public support for investments in early childhood. <ul style="list-style-type: none"> ○ First 5's policy influence continued to strengthen with the appointment of Commissioner Sneeringer to the Early Child Policy Council. The Council will provide oversight and recommendations to the Early Learning Master Plan that the Administration will release next year. ○ First 5s across the state played a role working with the Governor on the development of the FY 19-20 state budget and also participated in the Governor's budget press conference representing the 'Parent Agenda'.
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Policy and Systems Change

Objective

Support policies and advocate for change at the local, state and federal level to improve the way systems serve children and families.

- **In partnership with First 5's across the state, support and monitor the Governor's Master Plan and advise the Early Childhood Policy Council (ECPC) as the Master Plan for Early Learning and Care is developed.**
 - Commissioner Sneeringer was appointed to the ECPC and participated in meetings throughout the development of the Master Plan. The Master Plan was released by the Governor's office in December 2020, and focused on four overarching goals with fourteen strategies:
 - Unifying and strengthening programs and services to support children's early learning and development, including:
 - Strengthening infant and toddler care; expanding the Paid Family Leave Act; providing universal preschool; ensuring equitable treatment
 - Enhancing workforce development
 - Unifying funding to advance equity and opportunity
 - Streamlining early childhood governance and administration to improve equity
- **Monitor and advocate for legislation that aligns with First 5 Sacramento's Policy Platform (focus areas: Health, Early Education and Learning, Empowered Families and Systems Sustainability).**
 - First 5 officially weighed in on several bills during the fiscal year, including:
 - SB 135: Paid family leave expansion
 - AB 125 and SB 174: Early childhood education: reimbursement rates
 - AB 324: Child Care Workforce Act of 2019
 - AB 1114: Crisis nurseries study
 - Budget efforts:
 - Increase CalEITC access
 - Proposed vape tax Prop 10 backfill
 - COVID Budget efforts (state and federal)
 - Health and Economic Recovery Omnibus Emergency Solutions (HEROS) Act for the child care system.

	<ul style="list-style-type: none"> Utilization of the federal Child Care Development Block Grant (CCDBG) funds for emergency child care relief. SB436 codified family resource centers and included them in the options for a series of funding streams. <ul style="list-style-type: none"> Act as a resource to the City of Sacramento as they implement a Child Care Strategic Plan for increasing the supply of affordable quality child care and building a well-trained and compensated child care workforce. Through Help Me Grow, lead efforts to identify and address barriers to developmental screenings and improve the consistent use of validated screening tools by healthcare providers. <ul style="list-style-type: none"> Help Me Grow Sacramento was selected to join Help Me Grow National's Community of Practice developing strategies to enhance early detection, referral, and linkage to services in WIC settings. The project's three core components: System Building, Technology, and Capacity Building Instill core messages/capacities across all contractors to improve: <ul style="list-style-type: none"> Cultural Responsiveness Trauma Informed Care/Positive Childhood Experiences <ul style="list-style-type: none"> Executed contract with Impact Foundry and Advocates for Action to providing Cultural Responsiveness workshops for all contractors, Commissioners and Advisory Committee members in the upcoming fiscal year. Developed a stronger collaboration with funded partners, community based organizations, health care and government to promote resiliency and positive childhood experiences to mitigate the harmful effects of ACEs. Participate on state and local advisory committees to advocate for broad scale systemic change through community partners, local and state elected officials, business leaders and parent advocates. <ul style="list-style-type: none"> Executive director participates on the following advisory committees: <ul style="list-style-type: none"> Medi-Cal Dental Advisory Committee (MCDAC) Sacramento Maternal Mental Health Collaborative Sac County Maternal, Child, Adolescent Health Advisory Committee Sac County Black Infant Health Advisory Committee
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Financial Resources	
Objective Strategically leverage existing resources and seek new opportunities and resources to	<ul style="list-style-type: none"> Support the implementation of First 5 funded partner Sustainability Plans and other capacity building initiatives to encourage leveraging and securing financial resources. <ul style="list-style-type: none"> First 5 funded partners continue to participate in training and capacity building related to sustainability planning. Many partners were able to increase efficiencies and leverage funding to support services to children and families.

<p>maximize return on investments for children ages 0 – 5 and families.</p>	<ul style="list-style-type: none"> ○ Galt USD Fairsite Preschool & School Readiness Center successfully wrote a two-year one million dollar PreK English Learner grant that will expand services to English learners that include: home visiting, preschool, parent engagement, expanded learning, professional development and leadership development. ○ Her Health First has made some significant strides on our sustainability plan! We were notified yesterday afternoon that we are awardees of the CalMHSA PEI grant was awarded to Her Health First to implement trauma-informed doula services and maternal mental health education as enhancements to their BMU program. ○ A pilot program with River City Medical was launched to explore billing for Lactation Support Services increasing access for Medi-Cal clients. ○ First 5 Sacramento received its share of \$5 million in supplies from First 5 CA to distribute to families and providers by way of our funded partners to provide aid to families during the wake of COVID 19 realities. ■ Collaborate with partners for Adverse Childhood Experiences (ACEs) funding via the ACES Aware Initiative to increase awareness and strengthen networks of care for ACEs and toxic stress. <ul style="list-style-type: none"> ○ Partnered with SCOE on applying for an ACES Aware communications awareness grant funded through the CA Public Health and the Surgeon General's office. ○ An ACE's communication grant was awarded to SCOE in the amount of \$100,000.00 which will serve to increase the visibility of HMG and help to establish its role as a leader with ACEs in the county. In addition, a \$45,000 grant was received through participation with HMG National to support emergency resources for families. ■ Advocate for health plans and/or health systems to reduce barriers and increase access to care. Including, Lactation Consultation Services for new mothers on Medi-Cal. <ul style="list-style-type: none"> ○ Continued to meet with and develop relationships with health plans and health systems to discuss the needs of families with children 0-5 and ways to reduce the barriers they face in accessing care. As well as, ongoing discussions around opportunities to collaborate and leverage funding.
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Communications Strategies and Results

Communications Strategies and Results FY 2019-2020

Communication efforts continue to enhance and expand the brand of First 5 Sacramento in the community by highlighting programs through sustainability, policy, advocacy, partnerships, social media, and multi-media campaigns. Efforts included:

Sustainability -

- Business Outreach: Working in partnership with the Sacramento Business Journal, First 5 continued to engage with local businesses on the importance of investing in children. Utilizing an on-line platform, we wrote a series of articles highlighting sustainability work and the connection between non-profits and business. Topics included:
 - What does nonprofit sustainability look like?
 - Six sustainability tools nonprofits need to incorporate for long-term success.
 - How the nonprofit brand affects sustainability.
- Partner Outreach: The groundbreaking “Certified Sustainable” program garnered immense statewide interest on our innovative approaches to preserving funding and sustaining critical services. First 5 led a webinar on *Addressing Sustainability through Grantee Capacity Building* and provided one-on-one technical assistance on starting a similar program.

Policy – First 5s across the state played a role working with our child-friendly CA Governor on the development of the FY 19-20 state budget and also participated in the Governor’s budget press conference representing the ‘Parent Agenda’. First 5’s policy influence continued to strengthen with the appointment of Commissioner Sneeringer to the Early Child Policy Council. The Council will provide oversight and recommendations to the Early Learning Master Plan that the Administration will release next year.

Advocacy -

- Statewide Advocacy Day: The pandemic changed advocacy efforts to a virtual platform including the annual statewide Advocacy Day and Día del Niño/Día de los Libros book read with First Partner Jennifer Newsom. First 5 held several virtual meetings with our legislators about working together on policy changes to meet the immediate family needs during COVID.
- Early Learning and Childcare Summit: The City of Sacramento hosted more than 120 local, state and national leaders for an Early Learning and Childcare Summit. Experts discussed how early learning and childcare intersects with economic growth, racial and economic equity and child well-being. The goal of the event was to discuss the multifaceted topic with various stakeholders and brainstorm ways to take action to help families and children ages birth through 5 thrive.

- **Unequal Births Campaign:** First 5 Sacramento partnered with Sacramento County Public Health to expand its advocacy efforts to reduce African American infant deaths. A new mass media campaign raised awareness about the role of racial bias and discrimination in African American infants *and* maternal death disparities. In Sacramento County, and across the nation, Black women are four times more likely to die from pregnancy-related complications, and Black infants are twice as likely to die, too.

Partnerships -

- **Census 2020:** First 5 Sacramento lead countywide efforts for households with children ages 0-5. Leveraging a small grant from the First 5 Association allowed for the distribution of census materials and training opportunities for trusted messengers. More than 2,000 of the “We Count” census book and thousands of flyers were disseminated. A total of nine trusted messengers used social distancing safety measures to outreach in hard to reach areas including the River Delta area. First 5 also partnered with Head Start to ensure that through parent ambassadors and liaisons, census messages get out to all 5,200 Head Start households.
- **Essential Supply Distribution:** In partnership with Child Action, Inc. and the Sacramento Office of Education, First 5 Sacramento leveraged funds from First 5 California, Baby to Baby and private donations to provide essential PPE, diapers, wipes, books and infant formula to our funded partners and Black Child Legacy Campaign hubs. Almost 1 million items were distributed through a drive-thru pick-up.
- **Sacramento Kings:** First 5 Sacramento collaborated with the Sacramento Kings and First 5 CA to host events at preschools with the First 5 Express family engagement van. This three-year partnership has been a great opportunity to engage children and families on specific topics such as Read Across America and Oral Health Day.

Social Media – First 5 Sacramento continued to increase its social media presence, reaching multiple audiences on various platforms. LinkedIn served as a powerful tool to engage with business and policy leaders, and to highlight funded partners’ sustainability efforts. There was a 153% increase in followers. Paid and boosted ads, along with participating in Twitter Chats, helped to broaden First 5 Sacramento’s audience and increase engagement by 79%

Multi-media Campaign – First 5 continued in partnership with Entercom on a digital campaign that included web ads and streaming video that rotated on hundreds of web domains targeting specific neighborhoods. Multi-media campaigns included: Safe Sleep Baby, Help Me Grow and Census. Overall impressions totaled 2 million with an average click through rate of .25% which is five times over the industry standard.

Evaluation Success and Next Steps

Although FY 19-20 posed many new challenges for funded partners because of COVID-19, First 5 Sacramento still made major impacts across the county. First 5 service providers were able to pivot their programming and make positive impacts on families, even during the pandemic. First 5 Sacramento services impacted approximately 15% of Sacramento County children under the age of 5. Importantly, many services reached minority children (52% of children identified as Hispanic or African American, higher than the reported county percentage of 45%).

Goals for the next fiscal year and beyond include:

- Fine-tuning virtual programming to best accommodate the needs of families with young children.
- Utilizing the newly developed strategic plan (2019) to make decisions about which programs to fund, as a new contract cycle begins in FY 20-21.
- Exploring costs of programs and outcomes to ascertain returns on investments.
- Continuing to invest in systems change and advocacy work.

