

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://saccounty-net.zoomgov.com/j/1603606989?pwd=ZEFVR2VrZWc3ZThWU1lMTHYrNnZLQT09>

Meeting ID: 160 360 6989

Passcode: 747982

Call-in: 1.669.254.5252

EVALUATION COMMITTEE

AGENDA

Monday, July 19, 2021 – 1:00 PM to 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Emily Bowen, 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 May 17, 2021
4. Staff Update
5. General Evaluation Update - Applied Survey Research
6. Review and Approve: Help Me Grow Study
7. Review and Approve: CalWORKs Special Study Proposal
8. Review and Approve: Birth and Beyond AmeriCorps QED Proposal
9. Receive: Tableau Dashboards
10. Review and Approve: RAACD Report Outline
11. Committee Member Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

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EVALUATION COMMITTEE

ACTION SUMMARY

Monday, May 17, 2021 – 1:00 PM - 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Emily Bowen, Robin Blanks

Staff: Julie Gallelo, Carmen Garcia-Gomez

Absent: Olivia Kasirye, Robin Blanks

Consultant: Applied Survey Research



This meeting took place via Zoom due to Covid-19 restrictions and to adhere to the County's policy on social distancing.

1. Call to order and Roll Call

Action: Meeting was called to order at 1:01 PM. A quorum was established.

2. Public Comments on Off-Agenda Items

Action: None.

3. Approve Draft Action Summary of April 19, 2021

Action: Wirtz/Bowen.

4. Staff Update

Referral Portals

First 5 Sacramento staff provided an updated on the referral portals that will be used by First 5 Sacramento contractors. Unite Us and Persimmony Inc. will be used to track referrals and provide information on the status of a referrals once it's made. Unite Us is a national organization that has a data system similar to 2-1-1, however, they have an online referral portal where the referrals are made electronically. Some contractors shared concerns about using another data system, therefore, staff has approached Persimmony to develop the referral portal so that First 5 Sacramento contractors are able to use the portal to send referrals to First 5 funded contractors and non-funded agencies. Staff explained how the referral portals work. Contractors are required to use one of the identified referral portals.

Staff explained that the systems currently don't integrate with one another. Consent safeguards will need to be put in place before this can happen.

Committee members raised questions about agencies receiving referrals and how they would know what the referral is about. Staff explained that during training, instructions would be provided to contractors to ensure there is follow-up with

the agency receiving the referral to make sure they open the email they receive. The introductory email should have First 5 Sacramento information (logo, customized message).

Stephanie Biegler shared that the executive directors shared with First 5 Sacramento concerns about using Unite Us via letter.

Staff further explained that services need to be entered into Persimmony by those contractors using Unite Us.

CalWORKs Forms and Data Export

Staff shared that the California Department of Social Services and UCSF has requested CalWORKs Home Visiting participant data for evaluation purposes. Staff has been working with the evaluation team from UCSF, Persimmony International, Inc., and Birth and Beyond to develop a list of variables that will be exported and shared with UCSF.

Birth and Beyond will be implementing a new curriculum for the home visiting programs. First 5 staff worked with B&B to help streamline the forms that will be used for both PAT and HFA.

Persimmony Client File Access

Staff provided information on the sharing of client records and the benefits of making the Persimmony client file viewable by all data entry users. In order for this to be possible, the First 5 Sacramento consent will need to be updated to allow for the sharing of client records for the purpose of the coordination of care. Some contractors have shared concerns about this proposed feature. Staff has been working with Persimmony to put some safeguards in place to protect service and assessment data. The only users who will have access to the Persimmony client list are First 5 funded partners. The benefit of this is to address the duplication issue and to improve the coordination of services for clients served for clients.

ACTION: Staff will return to the Evaluation Committee with an update on how the data will be received from Unite Us. Staff will also provide an update on Persimmony and the process put in place to share the client list across programs.

5. General Evaluation Update – Applied Survey Research

ASR provided an update on the evaluation activities that took place during the month of May. Activities included updating the evaluation plans (RBAs), presentation of the Birth and Beyond Annual Report to the Commission in May, and the development of the special studies HMG proposal and planning for the CalWORKs special study. ASR staff also provided details of the activities shared on the timeline.

Action: July meeting, provide the Committee with specifics on the variables for the CPS data pull.

6. Approve Help Me Grow Special Study Proposal

ASR staff presented the HMG Special Study Proposal. The special study will focus on the process of the three prongs of HMG – the call center, family advocates and website. The study will not focus on program outcomes. The Committee will receive a report at the July meeting.

Chair Wirtz confirmed that ASR staff collaborated with HMG to develop the proposal.

Action: Blanks/Gordon

7. Review and Approve Family Information Form (FIF)

ASR staff presented the updated Family Information Form focusing on the additions/revisions. Changes to the Parent FIF include: adding "non-binary" to the gender options, as well as questions to address positive childhood experiences (HOPE related questions) and referral categories.

Changes to the Child FIF – follow up questions to the dentist and medical care areas were added. Additional questions related to HOPE were also added.

Committee members and guests provided feedback to the forms.

Stephanie Biegler suggested that First 5 trains contractors about the expectations when you get a non-strength based response to the questions from HOPE.

Action: Blanks/Wirtz

8. Review and Approve Evaluation Plans (RBAs)

RBAs: There wasn't sufficient time to review the RBAs. There were formatting errors on the excel document of the RBAs as a result of converting them to PDF for the packet. Staff explained that the issue will be resolved prior to finalizing the documents.

Action: Committee members will provide feedback to First 5 staff. First 5 staff to share any feedback received with Committee members.

9. Review First 5 Sacramento Tableau Dashboards

ASR staff provided a brief overview of the Tableau dashboards that will be created for First 5 Sacramento. The Tableau dashboards will include community indicator data, outcome data from the annual report, and success story highlights. The full dashboard will be presented in July.

R. Blanks asked if dental data will be included in the dashboards. ASR staff explained that dental has changed to systems improvement and will not have a dashboard.

First 5 staff indicated that in following years additional dashboards will be created for programs (School Readiness, Breastfeeding, etc.).

10. Committee Member Comments

a. Miscellaneous

b. Future Agenda Items/Presentations – The agenda for the July meeting will be developed with items from the Agenda at a Glance created earlier in the year.

Adjourned: 3:16 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

Summary of Evaluation Activities for First 5 Sacramento

July 2021

Strategy	Task
RAACD	– Data pull to begin in early August
Birth & Beyond	– Presented to Commission in May
HMG Special Study	<ul style="list-style-type: none"> – Conducted interviews with HMG staff and clients – Received feedback on report from HMG and F5 staff
CalWORKs Special Study	<ul style="list-style-type: none"> – Met with F5 staff to discuss wants/needs from study, did preliminary data review – Met with CalWORKs staff for preliminary interview – Received feedback on proposal from F5 staff

Timeline

	July	August	September	October	November	December
F5 CA Report		Data	Data	DUE		
Annual Report			Data	Write	Eval Comm	PREZ
RAACD report		Data	Write	DUE	Eval Comm	PREZ
HMG Special Study	Eval Comm	PREZ				
CalWORKs Special Study	Proposal Eval Comm	Write	Eval Comm			
B&B AmeriCorps QED	Data Pull	Send to CPS	Analysis and Write		Results in F5 Sac Annual Report	



Introduction

Help Me Grow (HMG) is a nationwide system with a focus on helping children “grow, develop, and thrive to reach their full potential.”¹ This system model builds on existing resources to create an interconnected network of service providers and serves as the centralized access point for connecting families and professionals with community resources. The HMG model focuses on strengthening understandings of healthy child development, early detection and intervention of potential developmental concerns, and access to supportive services. The core components of the HMG system include healthcare provider outreach/engagement, community and family outreach/engagement, a centralized access point, and the use of data and evaluation. These components work together to provide families with access and connection to support resources and services.

Help Me Grow Sacramento (HMG Sacramento)² focuses on early identification and intervention for families with children aged 0-5 to help them “better understand and promote their child’s developmental milestones” through developmental screenings and connections to appropriate interventions and community services.³ While developmental or behavioral delays/disabilities are not a requirement for services, most participating families connect with HMG based on developmental-related needs for their child(ren). HMG Sacramento includes three primary service areas: a Call Center, home visitation provided by Family Advocates, and an informational website (see figure below).

Figure 1: Help Me Grow Sacramento Organizational Structure



The HMG **Call Center**, in partnership with WarmLine,⁴ provides opportunities for parents to call and obtain information pertaining to developmental milestones, complete developmental and/or behavioral screenings (Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social Emotional

¹ The HMG System Model (<https://helpmegrownational.org/hmg-system-model/>)

² HMG Sacramento is managed and coordinated by the Sacramento County Office of Education (SCOE)

³ Help Me Grow Sacramento (<https://www.helpmegrowsac.org/about-us>)

⁴ WarmLine is a Family Resource Center focused on supporting families with children with developmental delays or disabilities. The HMG Sacramento Call Center is housed within WarmLine through a subcontract, based on shared goals and existing services at the start of HMG program development. HMG families can be referred to WarmLine to support needs after or outside of the scope of Help Me Grow.

(ASQ-SE)), and receive resources and referrals based on relevant needs. **Family Advocates** provide more intensive support to families via home visitation, including informing families on developmental milestones, ASQ/ASQ-SE screenings, developing Family Action plans, and helping families navigate referrals and connections to resources. Finally, the **HMG website** provides information regarding child development, an online version of the ASQ and ASQ-SE, and contact information for services available in the Sacramento community.

First 5 Sacramento, the primary funder of HMG Sacramento, contracted their external evaluator, Applied Survey Research (ASR), to conduct and write the current study. **This special study aims to better understand the processes of the three primary service areas of HMG Sacramento to provide recommendations for continuous quality program improvement.**

COVID-19 Impact

First 5 and ASR conducted this special study within the context of COVID-19. It is important to note that this global pandemic has had a major impact on programs and services within Sacramento County, including Help Me Grow programming. HMG Sacramento adapted to state and national requirements while maintaining services during the pandemic, including transitioning to virtual home visits with Family Advocates and remote work for staff. Although specific pandemic-related questions were not included in the research aims of the current study, HMG Sacramento staff and families commonly highlighted the impact of COVID-19 on their experiences, including the challenges faced while accessing or navigating programs and services, as well as the resilience, adaptability, and commitment of HMG staff, Family Advocates, and Sacramento County families.

Sample and Methods

In order to gain a wide understanding of each component of Help Me Grow, this special study consists of a cross-section of interviews and surveys with HMG Sacramento staff and parent clients.

HMG Sacramento Staff Interviews

ASR conducted five interviews with six HMG staff members⁵ ranging from Family Advocates to HMG management/executive leadership. Staff interviews included discussions of the member's role at HMG, thoughts on HMG's primary contributions to Sacramento County and specific notable aspects of HMG's work, challenges affecting HMG (e.g., internal challenges and gaps in resources/services available), as well as areas for improvement. The table below highlights the roles of the interviewed HMG Sacramento staff.

⁵ One interview included two Family Advocates together. A third Family Advocate was unable to attend and submitted responses in a Word document.

Table 1: Roles of Help Me Grow Staff Interviewed

Position Title	Description of Role
Director of Early Learning Sacramento County Office of Education (SCOE)	Oversight, monitoring, envisioning, coordinating contracts to ensure implementation and communication. Creates/approves documents, processes, and protocols; leads contract management. Provides support to Family Advocates and Call Center staff, manages website, collaborates with partners and provides outreach/information at local, state, and national level.
HMG/WarmLine Program Manager	Overall supervision and budget management of Call Center activities; case reviews; managing a multi-disciplinary perspective within the Help Me Grow model.
Call Center – Program Coordinator	Coordinates Call Center activities. Provides resources to families that call or occasionally appear in person. Connects calls with partners (e.g., providing support in other languages; route to WarmLine when needs are outside the scope of HMG).
Family Advocates (3)	Collaborates with family resource centers and agencies to connect families to valuable resources. Administer/assist with ASQ/ASQ-SE to screen and identify developmental milestones. Provide resources and referrals for additional support based on individual needs. Create Family Action Plans; provide home visits and family navigation.

HMG Family Advocate Client Interviews

ASR also conducted seven interviews with current clients of the Family Advocate home visitation program.⁶ HMG Sacramento Family Advocate client interviews included questions related to how the family learned about HMG, what attracted them to the program, key benefits of participating in the program, thoughts on what they would change about the program, challenges accessing HMG resources, and experiences with referrals to outside services from their Family Advocate. Each Family Advocate client received a \$20 Target gift card via mobile device or email, following completion of the interview. Interviews ranged from 7 to 17 minutes in length.

HMG Call Center and Website Users Survey

Additionally, families that contacted the HMG Sacramento Call Center and received resources or provided their contact information on the HMG Sacramento website were invited to complete an online survey via email. Surveys were accessible in English and Spanish. Questions varied slightly between Call Center and website users' versions and included questions about how they learned about Help Me Grow, what information they were looking for, satisfaction with the information received, ease of access/assistance, and length of wait times to receive services/follow-ups.

All respondents received a \$15 Target e-gift card following completion of their survey. Invitation emails were sent on Tuesday June 15, 2021, and the survey remained open for 10 days.⁷ Among the 121 Call Center and 11 website users invited to participate, 33 respondents completed a survey.⁸ The overall response rate for the online survey was 25%.

⁶ Clients were selected based on convenience sampling via referral by a Family Advocate. Their experiences may not be representative of all HMG families.

⁷ Reminder emails were sent on June 21 and June 23, 2021. The survey was closed on June 25, 2021 to allow adequate time for analysis and reporting.

⁸ 30 Call Center participants (24.8% response rate) and 3 website participants (27.2% response rate).

Study Results: HMG Staff Perspectives

The following describes common themes that emerged during the HMG staff interviews.

What does Help Me Grow contribute to Sacramento County?

Staff's understanding and articulation of Help Me Grow's contribution to Sacramento county remained consistent with one another and with program goals at the state and national level, suggesting that HMG Sacramento has quality training and buy-in from members in key positions within the organization.

Staff members described Help Me Grow's role in Sacramento County as...

- A central hub, connecting families to support services and resources.
- Focusing on early identification of children who may need additional (developmental) support to thrive.
- Providing education and encouragement for families (e.g., understanding developmental milestones, empowerment to engage in their child's development).

"[E]nsuring that all children, no matter the background, no matter the socioeconomic status, have access to free developmental and behavioral screenings and connection to those community based services ... in the county..."
– Call Center Program Coordinator on the contribution of HMG to Sacramento County

Two staff members explained that the role of HMG Sacramento includes listening to and validating the concerns families have. One staff member noted that HMG Sacramento staff does a great job at building relationships with families and breaking down barriers or hesitancy surrounding developmental concerns and additional assessments or necessary support. Two staff members interviewed described HMG as another step toward providing universal developmental screenings.

The Family Advocates were especially proud of HMG Sacramento's ACEs Aware Community and partnership with wraparound services, relationships built with other agencies, and the ability to work in partnership with external service providers to customize processes and work through obstacles on behalf of client families. For example, one Family Advocate noted a particular story of a mother doing everything that she could do to make her commitment to early intervention a priority, while dealing with other life challenges including homelessness and limited access to virtual appointments. This Family Advocate highlighted the importance of being empathetic and thorough in their work to mitigate added steps that parents may become overwhelmed by, noting that these efforts often result in greater follow-through from the parents.

"[T]rying to cut down the amount of people she has to go through before getting the help she needs ..."
– A Family Advocate on her role assisting clients with accessing resources for their child

HMG leadership was especially proud of how responsive the HMG team is, including the accessibility of a live person to answer the phone, texting capabilities, and other adaptations, noting "we try to meet families

where they are.” Another interviewee in a leadership position also pointed out their pride in the HMG staff, noting that HMG Sacramento offers in-person opportunities for families to have a warm, knowledgeable partner, helping families with the “what next?” questions.

What challenges does Help Me Grow Sacramento face?

The following challenges discussed by HMG Sacramento staff members include a range of challenges both internal to HMG and outside HMG’s structure. Many of the challenges discussed are outside the control of HMG staff (e.g. COVID-19), but still highlight areas that HMG Sacramento staff have had to consider and adapt to.

HMG staff commonly reported challenges due to an **insufficient amount of specialized service providers** in the county, impacting their ability to get families successfully connected with services. As one staff member noted, “overall, having enough providers to go around is a special challenge.” HMG staff also reported challenges in accessing behavioral and mental health providers, multi-lingual providers (e.g., speech therapy for Spanish speaking families), vision specialists/teachers for the blind, and access/proximity to resources for families in rural environments.

HMG staff often stated that connecting families to resources in languages other than Spanish or English can be a challenge to navigate. HMG Sacramento has bilingual staff members, including a Spanish-speaking Call Center attendant and Family Advocates, as well as partnerships with Spanish translation services, yet translating to other languages such as Dari, Farsi, Russian, Vietnamese, or other less commonly-encountered languages for referrals and assessments creates a challenge for HMG Sacramento to meet the language needs of all families due to budget and logistic constraints. As one HMG member described, to hire and/or train translators for languages infrequently used is a budget challenge but relying on external translators without the adequate training in the assessment forms and child development to handle such work “becomes unwieldy.” Similarly, it can be difficult for HMG staff to identify community programs that can support families with limited English proficiency and can lead families to long wait times for services.

Similarly, HMG staff faced challenges with the **accessibility of programs** to refer families due to capacity/wait times as well as gaps in scope and timing of services. As one HMG staff member reported, families in need may not qualify for low income services and/or the available programs may not be accessible in the areas they live. A different HMG staff member also expressed challenges placing families when they could benefit from services but did not meet priority needs (e.g., lowest income) adding “they get connected, but I’d like the services to be a little more targeted.” The families that are in-between the space of not being in such dire circumstances to qualify for some programs, while also not being secure enough to support themselves, impact referral and service options. Staff also noted timing challenges caused by summer break, where children over 3 who are referred for school district services during the break must wait until the school year to start the evaluation process and potentially receive services.

Another commonly reported challenge relates to **HMG staff capacity** issues. Family Advocates discussed challenges related to managing their time due to large caseloads of clients. They also faced added tasks managing incoming referrals that were not quite ready to commit or not sure who HMG is or what they offer. Call Center staff also faced limited staff capacity to answer phones and difficulty connecting with all families that attempt to reach the Call Center. HMG staff also noted challenges in the growing demands on Help Me Grow relative to funding streams that have not kept up and balancing the need to increase staffing

to support more families without exceeding demand, budget capabilities, and available community resources.

“... the program grew a little faster than funding streams could keep up with it.” – HMG/WarmLine Program Manager

Others faced challenges related to the program’s **scope** preventing them from supporting families’ children over the age of five, such as older siblings that also need support. HMG staff work to provide “warm handoffs” to partnering organizations but, as advocates noted, conversations with families may be difficult to restrict only to their 0-5-year-old when the parents have questions about older siblings that families cannot support.

HMG Sacramento also encounters families seeking medical-related care (e.g., autism support), which is outside the scope of the HMG model. As one staff member described, “[An autism diagnosis] is a medical-based referral that needs to happen ... and we are not a medical based entity.” These families are often “bounced back” to pediatricians, “but we load them up with a lot of great tools and information ... so that they can walk in there with the correct verbiage, knowing exactly what to ask for.” Unfortunately, the relatively limited referral options also may have months-long wait times that can frustrate and deter families from following through.

“... long wait times can really frustrate families and ... deter them from wanting to begin those next step processes ... that happens quite a bit, especially around autism.” – Call Center Program Coordinator

HMG staff also reported **challenges communicating with partners**, maintaining a smooth referral system, and staying in the loop about what is happening, when, and where. Some experienced challenges with ensuring program follow-through from referrals, particularly within school districts. One Family Advocate explained that they are constantly following up with the school districts to make sure parents get connected to the appropriate services and that their concerns are being heard. Call Center staff echoed challenges with following-up on referrals and the importance of being able to improve communication between agencies to avoid adding more responsibilities for the parents to update HMG staff about their referral status. HMG leadership also highlighted communication challenges when working with multiple agencies including convincing partners to adjust processes and practices and change old habits.

Similarly, follow-ups with families and **collecting outcomes data** (e.g., receiving referred services, ineligibility, parents declining services) can be particularly challenging, and increasingly so during COVID. As one HMG staff member noted, “follow up calls were always challenging... but they’ve just become even more challenging since COVID. ... I think families are just juggling even more on their plates.” Call Center staff expressed their unique challenge of maintaining screenings, initial contacts, and follow-up calls as one person operating the Call Center and a need for services to automate some aspects of their workload. HMG staff also noted **technological challenges**, suggesting Persimmony, HMG’s current database, is not particularly user-friendly, especially for Apple mobile devices.

“The only thing we could do was give parents tips and strategies they could do at home.” –

HMG/WarmLine Program Manager on the challenge to serve families during COVID-19

The **COVID-19** pandemic created unique challenges for HMG staff and families. The pandemic widened the gap between recognizing a need, making referrals, and the start of services. Some families struggled with access to technological requirements and/or were hesitant to transition to virtual services, which made the referral process more difficult since those were the only services partners could provide. The pandemic also created challenges referring families to social or recreational services, requiring HMG Sacramento staff, much like families and service providers, to

adapt and pivot to new strategies.

Aside from the COVID-19 pandemic, other larger-scale social issues impact HMG Sacramento’s capabilities and families. In particular, the growing issue of **homelessness** impacts the program’s capabilities, ease of connection with families, and the ability of families to commit to their child’s development amidst more pressing concerns of basic needs, like securing food or shelter for their family. In some instances, Family Advocates can customize their work to meet the needs of homeless families, while in more severe cases, Family Advocates must close the case until the family is ready to engage with Help Me Grow again. As one Family Advocate noted, “it doesn’t do any good if I’m just adding more stress to them.” The Family Advocates also requested additional trainings from the Department of Human Assistance (DHA) and a clearer path to refer families to housing services (e.g., a direct phone line, steps to follow).

Staff Recommendations for Improvement

Help Me Grow Sacramento (HMG) staff also provided insights and recommendations based on the challenges discussed above. Some offered idealistic, big picture recommendations to address their challenges, such as “unlimited funds!” to highlight their need for support and research to continue to grow the program with the financial backing to do so. Other recommendations for addressing external challenges such as COVID-restrictions involve waiting for in-person activities to resume, to restart home visitation services as well as providing more inclusive referral opportunities. Collecting additional COVID-19 related insight, lessons learned, and recommendations may be beneficial to consider.

HMG Staff’s Specific Recommendations

- Continuing to use technology to better support families (e.g., video calls to serve rural families that may have less access to resources)
- Implementing other contact methods in the Call Center (e.g., texting)
- Utilizing a formal IT platform for referrals and inter-agency communications
- Keeping staff apprised of new trainings and resources available

HMG Staff’s Broad Recommendations

- Exploring alternative funding or leveraging existing funding to enhance and expand program
- Enhancing partner relationships and increasing communication with community agencies and service providers
- When safe to do so (post-COVID), resuming in-person home visits to increase range of services available to families and client engagement.
- Strengthening partner programs to reduce wait times and/or fill existing gaps

Study Results: Help Me Grow Client Perspectives

The following describes commonalities gleaned from interviews with Family Advocate clients and parents that connected to Help Me Grow Sacramento via the Call Center or website and received referrals to services.

How did Family Advocate clients hear about Help Me Grow Sacramento? What attracted them to the program?

Clients commonly heard about HMG through word of mouth and referrals from partnering agencies. Each of the seven Family Advocate clients interviewed learned about HMG Sacramento through an existing program or referral, such as a Crisis Nursery case manager, a community center, Birth & Beyond, or another learning/socializing event for families. One client learned of the home visitation program through a personal connection with a First 5 Sacramento employee and another has a child whose preschool implements the HMG system in their school.

Some parents contacted HMG because they had positive recommendations from family or friends, wanted to learn more, or wanted to utilize any community resource available to make sure their child was developing at the correct milestones. Others suggested they previously were not getting the help they needed – particularly for their children with special needs – ranging from a personal desire to do everything they could, to one parent that was “just in a really bad situation financially with my daughter, and...was open to any help or information....”

“Not getting the help that I need for him is not okay for me. ... Any help I can get so that my children can be successful is what I want.”

–Family Advocate Client

How did Call Center/Website users hear about HMG Sacramento? Why did they contact HMG?

Of the online survey participants that had previously contacted the Call Center and received referrals, 40% initially contacted the Call Center because of developmental concerns or support for their children. Reasons provided included concerns about children not yet meeting their milestones or accessing resources or screenings for autism or other special needs. Another 40% reported needing general resources or help for their children or received a referral to Help Me Grow from doctors or teachers. Eight out of 30 Call Center participants had previously called the HMG Call Center.

Two of the website users found out about the Help Me Grow Website through referrals and one found it during an online search. These users visited the HMG Website for developmental screenings, autism-related referrals, and preschool information.

100% of Family Advocate clients and Call Center participants stated that they have recommended or would recommend Help Me Grow to someone they know.

What have been the benefits of participating? What have Family Advocate clients learned from the program?

A key benefit of the Family Advocate program was the support **navigating external systems** and structural logistics, especially regarding children with developmental concerns or special needs. Parents indicated that their Family Advocate would help them get in contact with necessary services, remove or mitigate barriers accessing or contacting other providers, walking them through necessary steps, and provide explanations for unfamiliar terminologies, processes, or requirements. As one parent described her experience with her child's speech and language needs...

"Logistics... just everything. I didn't know anything, and on top of it, it's more difficult when you have a special needs child."

—FA Client on difficulties navigating the system with a special needs child

"All of this was new to me, and just the fact that there's so many things that we as parents don't know. [My Family Advocate] was able to explain everything and ... guide me through the IEP [Individualized Education Program] meetings. ... Talking to her ... before the meetings [to] go over things that I should be asking or things that I should go over... was huge."

Similarly, another parent mentioned that working with her Family Advocate assisted her through navigating school districts with her first child that also has a special need and reiterated that her Family Advocate helped her with "just everything" – including resources for food, knowing what to ask their pediatrician, and more. Another parent mentioned their Family Advocate connected them to resources and helped her find out her child was autistic.

"learning how to communicate with him so that I can better understand him and just to be a little more patient with him."

— FA Client on how her Family Advocate helped her learn positive parenting strategies to use with her son

Parents also noted that their Family Advocate helped them expand their knowledge and skills in their own **parenting styles and strategies**, more broadly. For instance, one client noted that, as a stay-at-home mom, she appreciates any reading materials, resources, and new ideas to employ at home. This client's Family Advocate provided her with free booklets and reading materials, as well as new activities to try with their child. Similarly, another parent expressed gratitude for their Family Advocate's support with activities to help their child have more social interactions outside of the family.

Parents also expressed that educational tools provided by their Family Advocate have given them encouragement, healthy behavior management strategies, and the ability to understand children's development from a parent's, as well as a child's, perspective. One parent received help managing their daughter's reaction to stressors, like implementing breathing or grounding techniques. Another enjoyed receiving parenting information in an environment that "doesn't make you feel like you're lacking anything" and gained new strategies for responding to behavioral needs. Even though this parent did not feel like they actively needed the help, "there was a lot of things we did learn."

One parent reported benefitting from learning how to get her son with speech issues to communicate with her, "especially without getting frustrated." Their Family Advocate used her own personal experience having special needs children to connect with this parent and provided strategies to improve communication, reduce burdens, and work cohesively with therapists, like writing notes to keep track of comments from each specialist they work with.

“... Not only does she come in and provide that support and that knowledge, but it’s also teaching me how to do this going forward”

—Family Advocate Client

The Family Advocates also empowered parents to **independently advocate** on behalf of themselves and their children. One interview participant noted that the Family Advocate helped them with “speaking up for my child and getting the services that she needs and fighting for what she should be getting.” Another parent noted the role that their Family Advocate plays in supporting their knowledge in the long run, beyond their HMG enrollment.

Lastly, parents also received both **tangible and intangible resources** from their Family Advocates, especially during the pandemic. Some parents expressed general support, like “they’re very hands on,” “they do what they can to help me,” and “she’s like the 411” – noting the resources and support they received from Family Advocates to get them pointed in the right direction, “even if [the need] wasn’t in her realm.” Others mentioned support accessing food and other necessities like diapers and wipes. During the pandemic, parents received support regarding the COVID vaccine, hand sanitizer, and creative activities while social groups were unavailable. One mentioned that Help Me Grow is always thinking about them, going above and beyond to provide things like Mother’s Day gifts and other recognition and support.

Did Call Center and Website users find what they were looking for? Was information accessible?

All but one Call Center and website user found the information they were looking for. However, the one participant that did not agree also stated that they did not remember talking to Help Me Grow, and that they were suffering a devastating loss of their oldest child. As a result, “...I haven’t been able to call back for help. But, I’m trying to think if I called at all. And I believe they call me back. I am heartbroken and sad. But, I have to start doing things again. So, it wasn’t the program it is me. Thank You.” This case highlights previous discussions of the major stressors that families in need of Help Me Grow services are facing, as well as the challenges that HMG Sacramento staff may face when contacting families that may not be ready or aware of the Help Me Grow program.

97% of Call Center and website users found the information they needed from Help Me Grow

The three website participants found the HMG website easy (n = 1) or very easy (n = 2) to navigate. All 30 Call Center participants reported that they were satisfied with the information received from the Help Me Grow Call Center.

What would Family Advocate clients change about the program? What challenges have they experienced?

Interview participants indicated very few things they would change about the program, with **most citing no negative experiences or recommendations for improvement**. Concerns that were mentioned primarily pertained to Family Advocate availability, awareness of the program, and COVID-related restrictions.

One participant mentioned that, if they would change anything, it would be for the Family Advocates to have a smaller case load and **more availability**. This participant experienced some scheduling conflicts but added that their Family Advocate could always accommodate them within a few days. In contrast, another participant mentioned that their Family Advocate frequently checks on them through virtual calls and is always available.

On a similar note, one participant indicated that the biggest thing they would change about the program is having “a way we could get **more information out to [other] families**.” The parent mentioned that they have seen HMG advertisements, but these messages “just go in one ear and out the other”, but noticed that when she talks to people directly, they are interested to know more about what services are available.

“Half the time the people with special needs kids don’t even know all the resources that are available. They have to hear it word of mouth.”

—Family Advocate Client

Lastly, **COVID restrictions** negatively impacted participants’ experiences.

One participant mentioned that everything being on Zoom makes things harder for the children but acknowledged that everyone is doing the best they can, given the circumstances. Some struggled with options for socialization, and one parent mentioned, “I haven’t been able to get the full benefits of the program, because of [COVID].” This parent noted her Family Advocate does the best she can but still feels that she is missing out on the amount of time or interactions she anticipated with home visitations and is excited for a future where in-person visits can resume.

How did Help Me Grow assist with referrals to services? Were there wait times?

Family Advocates assisted their clients with **referral support** ranging from “soft handoffs” to direct support and participation in meetings. Some participants received the contact information and made the appropriate calls/appointments themselves, while others mentioned that their advocate is “usually there too, whenever I talk to ... a third party.” The latter mentioned their preference to have a feeling of security and preferred to have someone (like the Family Advocate) participating to mediate as needed.

On the other hand, some clients felt more capable of keeping track of information and connections on their own. Yet, these participants occasionally needed more direct support from their Family Advocate. One participant mentioned that some agencies were more particular than others about verifying the client’s referral source for their program. Another experienced notable improvement to the support and accuracy of responses from service providers after their Family Advocate intervened directly.

Online survey participants also reported a range of referral support from Help Me Grow staff. HMG Sacramento supported Call Center participants with connections to programs like Women, Infants, and Children (WIC), Alta Regional, the Sacramento County Infant Development Program, and counseling services. Participants also reported support with evaluations, developmental assessments, childcare, and tangible items like diapers. Similarly, HMG staff provided Call Center participants with detailed information about next steps including “where to call and what to say” and also “made sure the services called and visited us.”

Most online survey participants reported little to no **wait times**, with some waiting five minutes or less for support from the Call Center. Three participants waited about a week between their phone call and their assessments or appointments. Website users received a call back about their submitted developmental screenings in either a few days (2 of 3) or about a week (1 of 3). Twenty-two Call Center participants reported they received the information they were looking for during the first call, while eight made two to three calls before receiving the information

needed. Additionally, 25 of the 30 Call Center participants reported receiving a follow-up call from HMG Sacramento. Of these, 100% appreciated the follow-up call.⁹

The Family Advocate clients also reported short wait times. Two of the participants experiencing wait times provided caveats that there was always someone to follow up with or a referral to someone that could help. One participant described their wait time as somewhere between a week or two, but not more than a month, and another noted that it was the referrals that took longer to follow-up than the time it took for them to hear from HMG staff.

In short, Family Advocate clients and Call Center participants echo the HMG Sacramento staff descriptions of the program's role and contributions to Sacramento County. Family Advocates and Call Center staff maintained clear communication and guidance for their clients and provided customized referral support based on their individual needs, preferences, and challenges. Despite internal and external challenges, HMG Sacramento provides quality services to clients, including education, advocacy, and efforts to limit wait times or any added burdens on families.

Recommendations

1. Enhance communication between partner organizations to increase coordination between referrals and services accessed for clients

Staff members commonly reported a need to improve or innovate communications with partner organizations to decrease HMG staff workload tracking outcomes data, improve the efficiency and effectiveness of the referral system, and better support families by reducing redundant communications and ensuring quality support. HMG should pursue innovative and technological efforts to improve data tracking as well as inter-agency communication and trainings on external systems for Family Advocates and Call Center staff.

For instance, the Call Center Program Coordinator suggested the integration of an inter-agency IT platform that would allow service providers to input shareable outcomes data on clients referred by HMG to reduce the individual outreach that HMG staff must do to track client outcomes. A Family Advocate also noted improvements needed to the Persimmony system to increase user-friendliness and mobile support. Expanding on technological resources (such as a formal IT system) would reduce HMG Sacramento staff time spent on follow-ups and tracking outcomes/evaluation data, enabling them to provide assessments, referrals, and resources to more families in need.

Leadership should develop tangible examples of internal and external communication gaps and work collaboratively with partners to develop creative ideas for improvement.

2. Improve marketing strategies to promote the HMG program and continue to grow the program based on demand

Family Advocate clients reported a need to increase awareness of the HMG program to more families within the community, particularly through word of mouth and interpersonal strategies. Although First 5 has funded an HMG marketing campaign, FA clients reported a need for increased awareness about the program. This warrants a review of the content and modalities of the marketing campaign to ensure its reach and effectiveness. Leadership should investigate the successes and challenges surrounding incoming referrals from

⁹ Two survey participants skipped this question; the reported results are out of 23.

other organizations and explore the return on investment for existing marketing/advertising campaigns to target the most effective strategies.

While increased awareness efforts are necessary to reach more families in need, it is also important to note that future demand may strain HMG service capacity. HMG staff highlighted challenges related to program growth in consideration of funding constraints and personnel workloads. Leadership should consider HMG staff input on workload and program capacity and leverage funding opportunities when implementing awareness campaigns to balance demand increases with HMG's ability to serve clients in need.

3. Innovate language partnerships and language-related technological resources

Help Me Grow Sacramento staff members reported language barriers as a challenge for serving and supporting families in need. In particular, staff faced challenges identifying quality translation services with enough contextual background in child development and assessment forms while families also had fewer options for service providers and long wait times for languages other than English or Spanish (although Spanish service providers were also limited). Limited English proficiency (LEP) is a common challenge in reducing disparities and access to resources. LEP often compounds with other disparities such as health care access/outcomes and is "further exacerbated in racial and ethnic minority children and in children with special needs."¹⁰

While relatively infrequent, HMG Sacramento staff navigate language challenges outside of their control any time a family needs services in languages other than English or Spanish. However, LEP is a national challenge that impacts many health and community care providers and should be addressed as such. Innovative and collaborative partnerships are essential in increasing awareness of the challenges impacting families with LEP, including utilizing technological advancements, shared resources, community health worker models, and input from staff and community members at all levels. Other options may include funding solicitation to support existing employees interested in learning new languages with a focus on underserved populations, or forming new relationships with existing organizations specifically targeting reducing language barriers at the community and legislative levels, nearby colleges, and the tech industry. Incorporating app or texting-based resources may also increase possibilities for translations through existing and improving application programming interfaces.

4. Create a timeline for resuming in-person visits and prepare for future pandemics or other unforeseen circumstances

Although COVID-19 has had an unprecedented impact on our global and local communities, with most restrictions and requirements outside the control of individual organizations or service providers, HMG staff and clients will benefit from a clear timeline of resuming in-person activities and home visitations. Family Advocate clients commonly reported the importance of the in-person visits as a desired component of the HMG program, and others were struggling with the lack of social interactions and activities available for their children. Community leaders and HMG staff should be consulted regarding safety concerns with resuming in-person activities.

During the pandemic, the HMG staff and larger community adapted to implementing creative alternatives for in-person activities. The COVID-19 pandemic, including successes and challenges, should be explored in greater

¹⁰ Jason Espinoza MD & Sabrina Derrington, MD, MA, HEC-C. (2021). "How should clinicians respond to language barriers that exacerbate health inequity?" AMA Journal of Ethics, February 2021, Vol. 23 (2), pp. E109-116. <https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2021-02/cscm3-2102.pdf>

detail, including gathering ideas from frontline staff and community members for HMG to be as prepared as possible for future unforeseen circumstances or pandemics.

5. Continue exploring Help Me Grow procedures to improve the effective use of personnel, budget, and community resources

Additional studies may be necessary to explore client and staff perspectives as service providers increasingly resume pre-pandemic in-person activities and incorporate lessons learned and new capabilities established during the height of the pandemic. These future studies should continue identifying staff and client perspectives and may want to consider operational activities, efficiency and effectiveness of procedures and technological advancements, new ways to involve community members in supportive roles, and the inclusion of client/user perspectives on service delivery.

While external factors affecting services (e.g., availability of providers, capacity, or wait-times for referred services) are outside the control of HMG Sacramento to resolve, these experiences highlight recurring challenges that staff face when communicating with families. These challenges can result in added workloads for HMG staff when families need additional support reaching external organizations, finding new options, coaching families on how to advocate for themselves, or following up on behalf of the families. Future studies should continue exploring the impact of external challenges on staff members' use of time and internal resources/training on best practices for challenging circumstances. These process-oriented studies may highlight internal adaptations to external challenges, room for improvement, and gaps in support from community or national partners.

Family Support Initiative (CalWORKs Home Visitation) Special Study Proposal

In the Spring of 2019, Birth & Beyond was awarded a multi-year grant through a Sacramento County competitive process to provide home visitation services to families receiving CalWORKs. CalWORKs is a benefit program through the California Department of Human Assistance that provides cash assistance for eligible families with children. Called the Family Support Initiative (FSI), the Birth & Beyond CalWORKs home visitation program works to identify and address family and child hardships in the home, nurture positive parent-child interactions, and improve family stability.

Birth & Beyond receives referrals to the program from multiple sources, including the Sacramento County Department of Human Assistance, 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 in age. Recently, Birth & Beyond decided to expand the FSI population that it serves by adding the Parents As Teachers (PAT) home visitation model, which allows for enrollment of mothers with children up to 5 years of age. This change has been implemented in a rolling fashion through FSI sites and the first quarter of the upcoming fiscal year (FY 2021-22) will be a transition period for all FSI sites to begin to adopt PAT, while still utilizing the HFA model as appropriate.

The proposed special study aims to better understand the referral, enrollment, and data management processes within the Family Support Initiative (FSI) in order to improve client retention. This evaluation will include a review of available data metrics (e.g., referrals by organization, time from referral to intake), interviews with key staff members (e.g., understanding intake processes), current forms and data management procedures, and an overview of client outcome metrics.

The proposed plan for the special study is as follows:

Referrals and Client Profiles:

- Review referral data: Compare pre- (FY 19-20) and COVID (FY 20-21) patterns in how clients come into CalWORKs home visitation
- Assess differences between referring organizations and pre-/post-COVID data by fiscal year.
- Interview staff from referring organizations to understand pre-/post-COVID changes and reasons for increasing/decreasing referral counts.
 - When are referrals happening?
 - What works best/strategies for approaching clients, “selling” the program
 - Challenges/barriers to referrals
 - Staff to interview include: staff from DHA, staff from hospitals



Enrollment Processes/Retention:

- Review the pathways from referral to enrollment by referring organizations, pre-/post-COVID
- Review organizational procedures/timeline via analysis of time between date of referral to date enrolled in FSI
- Interview intake staff and program managers at CAPC
 - Patterns/trends in reasons families decide not to enroll
 - Strategies used to “sell” the program
 - Perspectives on enrollment procedures
 - Approaches for engaging referring partners
- Review length of time for typical program participation (averages, range)
- Review reasons for exiting program to identify patterns

Data Processes/Data Management:

- Review the completeness of essential data points (CHEERS check-in scores, immunization records, ASQ flags and referrals, accuracy of children’s date of birth and name fields)
- Interview staff as needed to identify causes of missingness
- Interview with Victoria Hartman from the Child Abuse Prevention Center (CAPC) to clarify data elements, understand organizational procedures

Client Surveys:

- Administer survey to existing and past clients considering:
 - Reasons for retention/turnover
 - Satisfaction with program
 - Areas for improvement

Using the information gathered from these multiple sources, a full report will be developed, within which recommendations will be included to streamline processes and improve outcomes.



CPS Outcomes of B&B AmeriCorps Home Visitation Program Abstract

Evaluation of CPS Outcomes for the
Birth & Beyond AmeriCorps Home Visitation Program

Research Questions

1. Among children with prior CPS history, did a significantly lower proportion of B&B AmeriCorps home visitation children have subsequent referrals for abuse and/or neglect than a comparable group of children who did not receive B&B AmeriCorps home visitation services in a given period?
2. For whom is the B&B AmeriCorps home visitation program most effective? What are the characteristics for whom B&B AmeriCorps home visitation participation seemed to have greatest positive impact (e.g., Prior history? Age of child?)
3. Is there are relationship between the amount of B&B AmeriCorps home visitation program service and recurrence outcomes? If so, what is the minimum level of program dosage (i.e., number of hours of home visitation services) for children to show statistically significant improvement in their new referrals to CPS for child abuse and neglect?
4. Taking B&B AmeriCorps home visitation dosage, demographics, and prior contact together, which factors best predict recurrence amongst the sample?

Sample

This study will use a quasi-experimental cohort study design to determine whether 12-month recurrence outcomes are more favorable for child welfare clients who receive B&B AmeriCorps home visitation services relative to child welfare clients who did *not* participate in B&B AmeriCorps home visitation services.

TREATMENT: The selection criteria for the treatment (B&B AmeriCorps home visitation) sample will include those children who had a CPS referral up to 6 months before participating in the B&B AmeriCorps home visitation program (whether they were referred from CPS or elsewhere to the program). ASR will send CPS a datafile with B&B AmeriCorps home visitation children who had an intake to the program between March 1, 2018 and March 1, 2020, so CPS can provide complete data about CPS prior involvement and outcomes, as well as remove these children from inclusion in the comparison group.

COMPARISON: The sample for the comparison group will include a random sample of approximately 1,000 children aged 0-17 **who are not included in the B&B AmeriCorps home visitation treatment group**, but who had at least one CPS investigation that closed between March 1, 2018 and March 1, 2020. Additionally, ASR will send a list of children served in the Birth & Beyond home visitation program that were *not* served by AmeriCorps. CPS will *not* have to provide information about CPS history or outcomes for these children but will have to ensure that there are **no children included in the comparison group that were served by Birth & Beyond home visitation**.

Data Analysis and Reporting

Once the treatment group (B&B AmeriCorps home visitation children) and comparison group (randomly selected group of CPS-involved children) are identified within the CPS data file, descriptive statistics will be used to describe the differences and similarities between the treatment and comparison groups. Next, multivariate logistic regression analyses will be used to determine whether there is a statistically significant difference in the odds of CPS recurrence between the two groups, and which factors (e.g., demographic, dosage) are associated with such reduction.

The Black Mothers United (BMU) program promoted the healthy pregnancy and delivery of 101 infants

BMU provided direct support, education, referrals, and coaching to pregnant African American women from communities characterized by high infant death rates to address the social determinants of health that can increase healthy births (measured by birth weight and gestational age).

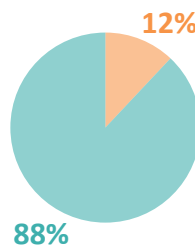
All infants

80%

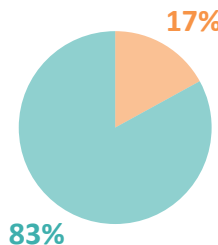
healthy births amongst all infants born to mothers in the BMU program

n = 101

Healthy vs low birth weight



Full term vs preterm birth

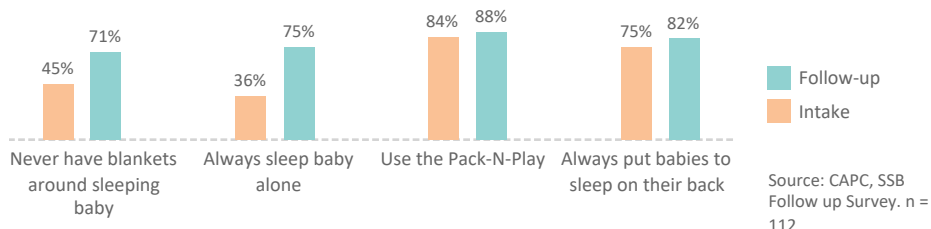


The Safe Sleep Baby education program served 984 individuals to raise awareness about infant safe sleep practices.

The Safe Sleep Baby (SSB) education program provided direct education services about infant safe sleep practices to parents and caregivers, with a focus on African American families.

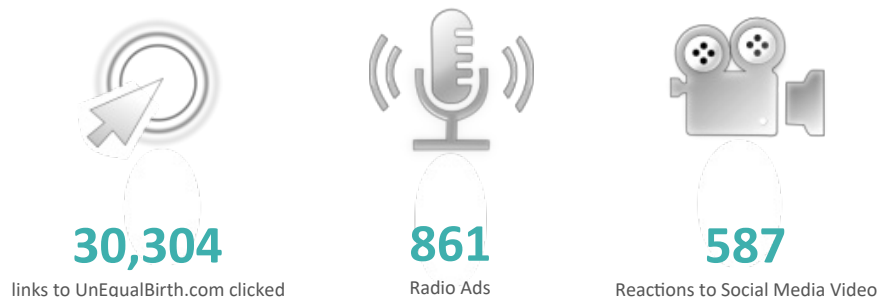
485 cribs were provided to parents that received the SSB education and needed a safe place for their infant to sleep.

Percent of African American SSB Participants Practicing Infant Safe Sleep Behaviors



The UnEqual Birth Campaign ran social media advertisements that received over 3 million impressions.

The UnEqual Birth Campaign ran social media and radio advertisements explaining that racism is the root cause of the racial disparities in safe births for mothers and infants.

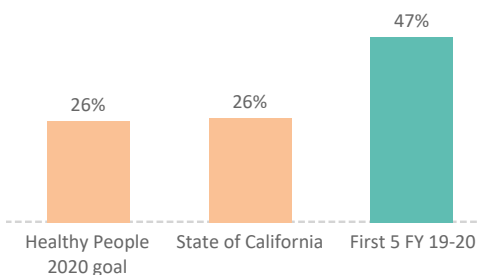


There were 2,743 mothers who received breastfeeding and nutrition support from Women, Infants, & Children (WIC).

In FY 19-20, WIC 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.



Percent of mothers exclusively breastfeeding at 6 months



1,971

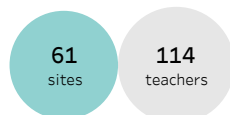
calls were made to the WIC helpline for breastfeeding support.

Developed by Applied Survey Research.

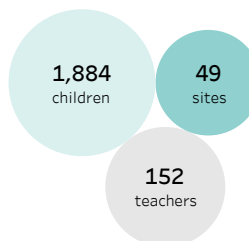
First 5 Sacramento provided evidence-based support to increase the quality of 110 child care programs.

Working with Child Action and PBM+, early education settings received education, assessments, and technical assistance to improve quality.

Supported by Quality Child Care Collaborative



Preschool Bridging Model Plus

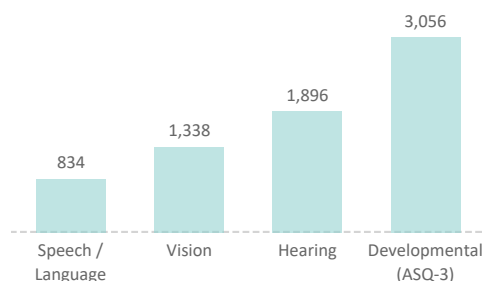


Nine school districts prepared 7,686 of Sacramento's most vulnerable children to be ready for school.

The School Readiness initiative supported playgroups, screenings and referrals, and family support. In order to detect potential issues early, First 5 provides children aged 0-5 with screenings related to development, speech / language, vision, and hearing. Families are provided with referrals and other resources for any concerns identified.



Number of children provided with a screening



Children aged 0-3 who participate in playgroups are provided opportunities for social-emotional development and social interaction with other children. Through School Readiness, children participate in transitional summer camp programs to increase their readiness for kindergarten and display statistically significant gains in all three areas of kindergarten readiness after participation.

1,114
adults
received
Parental Education

849
children
attended
playgroups

N/A
children
participated
in transition
summer camp

2,235
adults
were served by
Family Literacy

14
average number
of playgroup
sessions per
family



The Help Me Grow Call Center received 888 calls seeking resource and referral.

Help Me Grow operates a multi-method approach to support children with developmental concerns, through Centralized Access Points including a call center that conducts developmental screenings (ASQ and ASQ-SE) and provides referrals and home visitation support provided by Family Advocates.



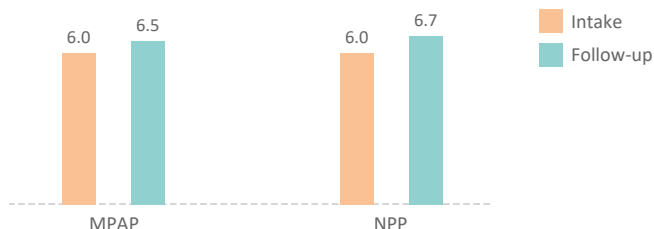
400 children received developmental screenings, and **167** families worked with a Family Advocate.

Birth & Beyond's Parenting Education classes served 644 parents through two parenting classes: Making Parenting a Pleasure and the Nurturing Parenting Program.

Evidence based parenting education classes, Make Parenting a Pleasure (MPAP) and Nurturing Parenting Program (NPP), are group-based classes conducted at Family Resource Centers. Participant changes in knowledge and attitude are measured with the Adult Adolescent Parenting Inventory (AAPPI), which measures child maltreatment risk.



Adult Adolescent Parenting Inventory (AAPPI) scores increased at statistically significant levels for both classes

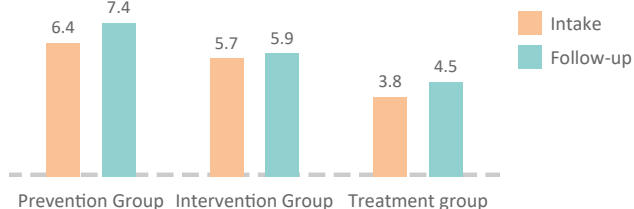


Birth & Beyond's Home Visitation program served 1,381 families.

Participating parents were classified by their risk level for child maltreatment. Those in the Prevention Group (low risk) and the Treatment Group (high risk) both displayed statistically significant increases on the AAPPI. Higher AAPPI scores indicate lower maltreatment risk.



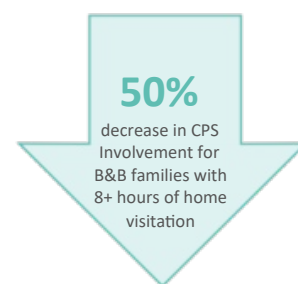
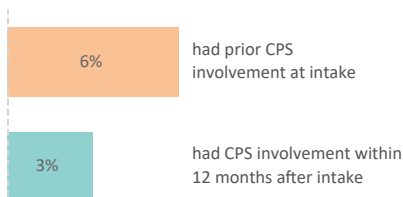
AAPPI scores



Even though Birth & Beyond's Home Visitation participants tend to be at high risk for CPS involvement, only 3% of children had a substantiated CPS allegation 12 months after intake.

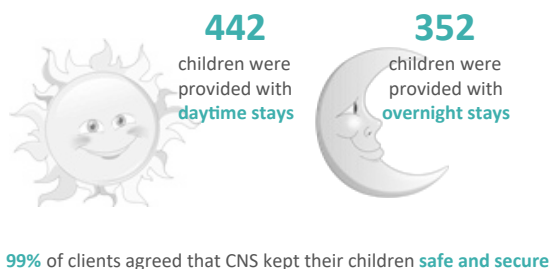
In partnership with Department of Children, Families and Adult Services (DCFAS), B&B measures substantiated allegations of maltreatment among participants in its Home Visitation Program. B&B children have a higher risk of CPS involvement within the past 6 months (19%), compared to countywide within the past year (1%).

Out of 304 children with at least 8 hours of Birth & Beyond home visitation Services:

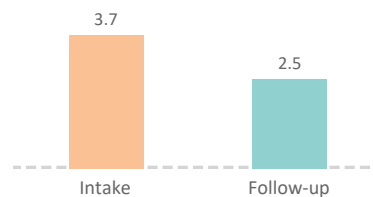


The Sacramento Crisis Nurseries provided 442 children with emergency daytime child care.

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.



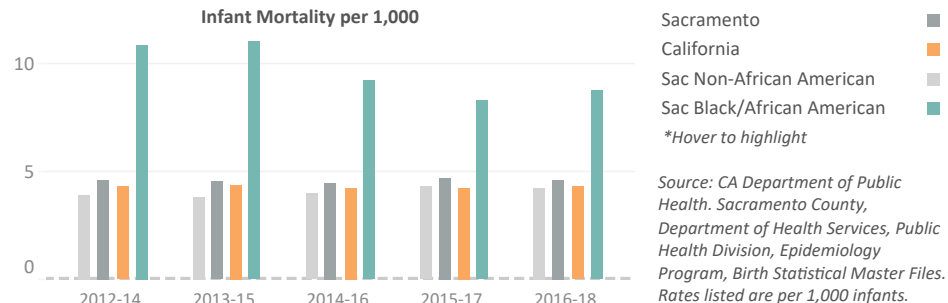
As a result of case management services, parents reported significant decreases in level of stress.



Developed by Applied Survey Research.

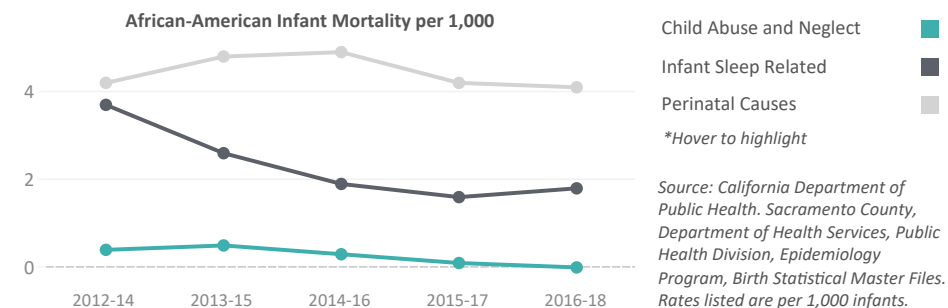
Despite decreases, the rate of infant mortality amongst African Americans remains disproportionately higher than the rest of Sacramento County.

Infant mortality is influenced by many factors (i.e., lack of access to timely and regular prenatal care, preterm birth, chronic conditions in the mother, social and economic disparities). However, African American populations continue to be nearly twice as likely to die compared to non-African American infants.



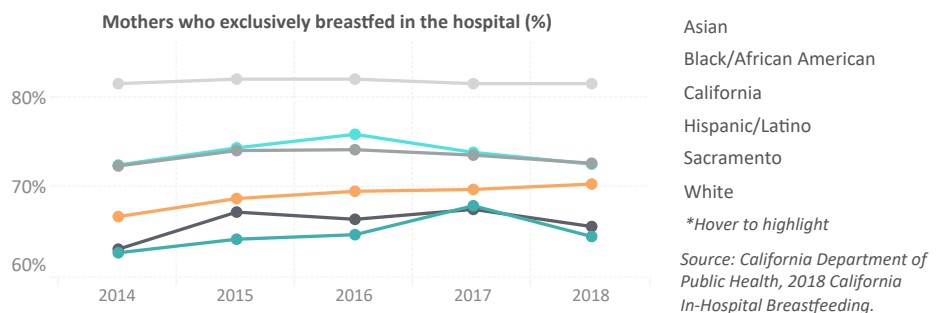
Amongst African American infants in Sacramento County, there have been decreases in preventable causes of death.

There was a 100% decrease in infant abuse and neglect homicides, a 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.



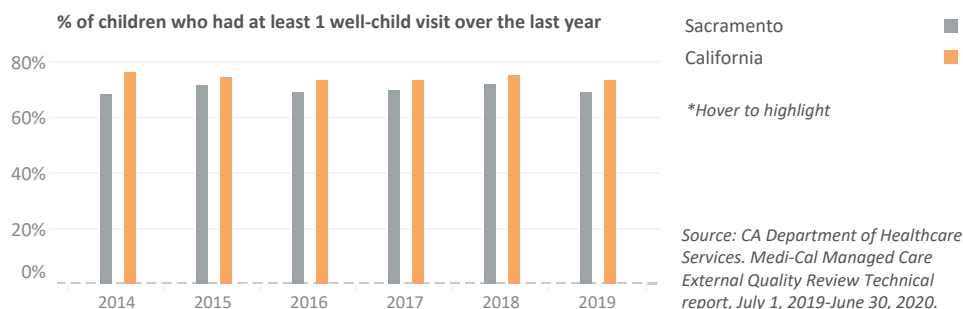
Across Sacramento County, the percentage of mothers who exclusively fed their baby breast milk in the hospital remains stable over time.

Breastfeeding promotes bonding and improves health outcomes for both mother and child. White mothers have higher rates of breast feeding, particularly compared to African American and Asian mothers. Sacramento county has higher rates of breastfeeding mothers compared to the state level.



Unfortunately, rates of well-child visits in Sacramento County remain consistently lower than the state average.

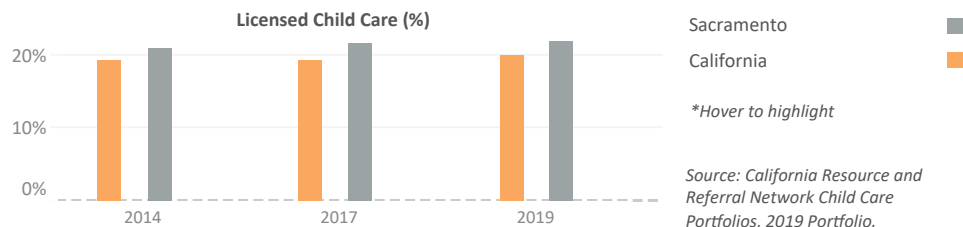
Well-child visits are a key opportunity for pediatricians to assess children's health and development and to screen for potential delays.



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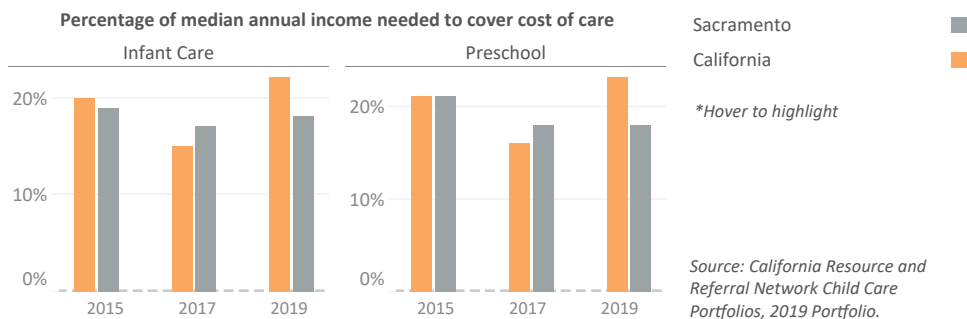
Compared to statewide totals, Sacramento County continues to have better capacity at licensed child care centers for children aged 0-5.

Access to affordable, consistent quality child care is essential for parents to be able to work. However, 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.



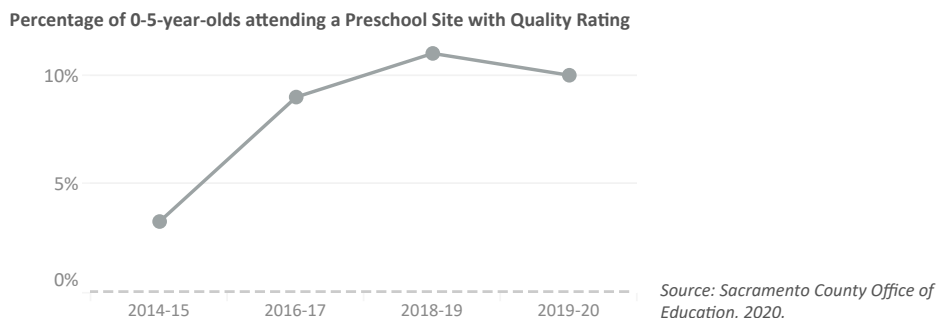
The percentage of median annual income needed to cover the cost of child care is lower in Sacramento County compared to the state of California.

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.



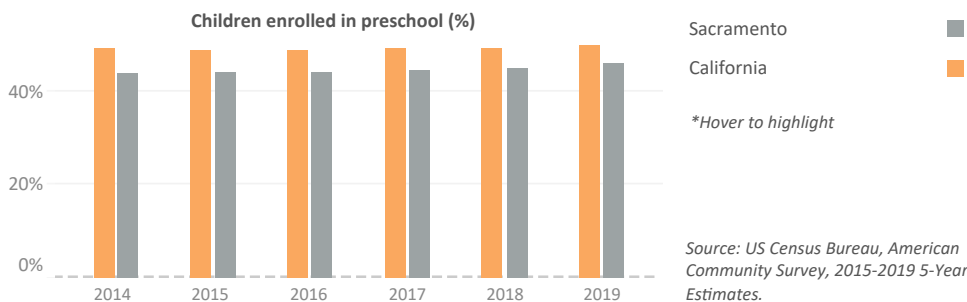
In 2019-20, 10% of Sacramento County's 0-5-year-olds attended a preschool site with a quality rating.

The research is consistent about the short- and long-term benefits of quality early education experiences for children. The county's Quality Rating Improvement System (QRIS) is led by the Sacramento County Office of Education. The number of sites participating in the QRIS program increased from 160 in 2015 to 317 in 2020, serving an estimated 12,000 children per year.



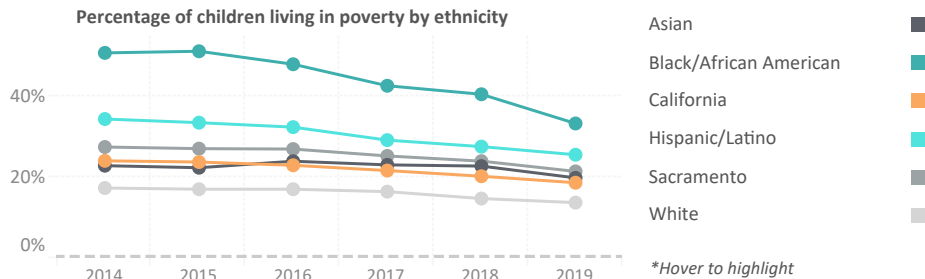
Preschool enrollment among 3-4-year-olds has increased in Sacramento County, but remains lower than the proportion of preschool enrollment statewide.

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). Sacramento County preschool enrollment for children aged 3-4, a predictor of kindergarten readiness, has increased from 2014 to 2019.



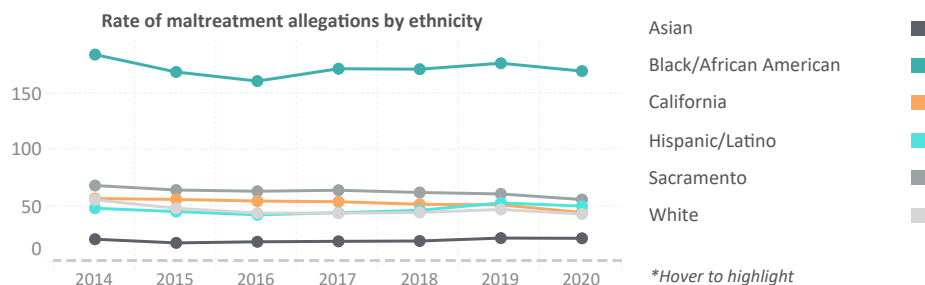
Despite promising decreases, Black/African Americans are still more than twice as likely than Whites to live in poverty in Sacramento.

Overall, poverty rates in Sacramento County have decreased since 2014, however there are still troubling ethnic disparities within the county. African Americans and Hispanics are the most likely ethnic groups to live in poverty in Sacramento County, while Whites are the least likely.



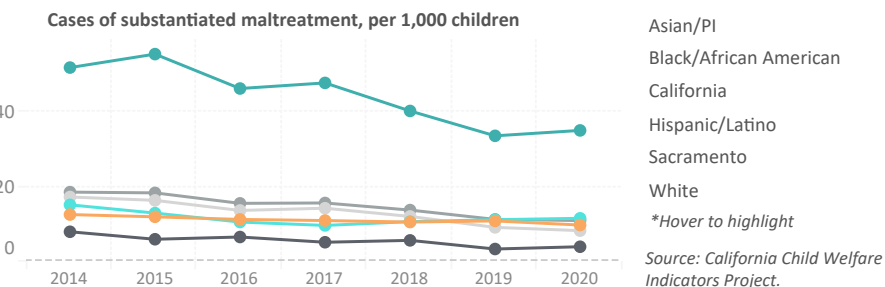
The rate of maltreatment allegations for African American children aged 0-5 is more than three times higher than all other races in Sacramento County.

In 2020, the rates of maltreatment allegations decreased significantly, especially among the statewide and Sacramento County populations. This is likely due to COVID-19 and stay-at-home orders; systems, such as schools, were having fewer encounters with children and families and therefore less allegations were made.



The rate of substantiated maltreatment for children aged 0-5 is consistently higher for African Americans in Sacramento County, compared to countywide totals and other race/ethnicity groups.

Despite overall downward trends, the rate of substantiated maltreatment among African American children was 33.7 per 1,000 children in 2019 - three times the Sacramento County total, and almost 10 times higher than among Asian/Pacific Islander children.



WIC

June, 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 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 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. Her 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



NUSD Kinder Readiness Camp

A provider from Natomas Unified School District (NUSD) described the successes of two of their students in their Kinder Readiness Camp. Both Jaden and Lily had not had any preschool experience before entering the Kinder Readiness Camp and their parents were informed about the program through the school. Both children loved attending the program, especially due to their new teachers and friends. Jaden's father was so pleased with the program and communicated its beneficial impact on teaching Jaden to be on time and prepared for school.



SJUSD Kinder Camp

Another provider from the San Juan Unified School District (SJUSD) described their student and family successes with the Kinder Camp Program through the example of Robbie, who has 4 children, and recently regained custody of his daughter Kayla, who was previously in foster care. Robbie was referred to the program for Kayla by the school, and Robbie participated in all of the weekly parent activities/meetings on Friday's, along with Kayla. The provider noticed positive results with Kayla's participation in the Kinder Camp Program, especially around helping her with social anxiety and gaining confidence.

"Jaden loves his preschool. He woke up early this morning at 6:45am [to] get ready to go to school."

– Jaden's father

"Lily is now so excited to start kindergarten...She especially loved the field trip and bus ride. The backpack with school supplies is an added bonus!"

– Lily's mother

"In the beginning she was very withdrawn and shy to join play or participate in group time. She also could only count to 3 or 4 consistently. Now she can consistently count to 5 and is confident to count to 18 in front of the whole group with teacher assistance. She has made friendships and overall seems more happy."

– SJU provider, about Kayla's progress

"I'm glad that my daughter is engaging in activities, participating. Kayla has shown much interest in meeting and enjoying friends, reading and projects Kayla enjoys. First 5 program is a great program. Thank you!"

– Kayla's father

RAACD Report Outline – FY 2020-21

- **Introduction**
 - Background & Goals
 - First 5 Strategies to Reduce African American Infant Deaths
- **Pregnancy Peer Support Program**
 - Profile of Clients
 - Referrals
 - Changes in risk and protective factors
 - Birth Outcomes
 - Factors that are associated with adverse birth outcomes
 - Level of Program Completion
 - Client Success Story
 - Opportunities for Improvement
- **Family Resource Centers**
 - Home Visitation Program
 - Parenting Education
 - Client Success Story
 - Opportunities for Improvement
- **Safe Sleep Baby**
 - SSB Direct Education Parents
 - SSB Education Providers
 - Cribs for Kids (C4K) Program
 - Opportunities for Improvement
- **Public Education Campaign**
 - Campaign statistics
 - Opportunities for Improvement
- **CDRT Look-Up of RAACD Infant Deaths (NEW)**
- **Countywide Trend Data**
 - Deaths due to child abuse and neglect
 - Overall Infant mortality
 - Infant sleep related Deaths
 - Deaths due to perinatal causes
 - Preterm Births
 - Low Birthweight
- **Summary and Conclusions**
- **Appendices**
 - Factors Associated with Poor Birth Outcomes
 - Technical Notes Related to County Trend Data
 - Analysis Details
 - References & Endnotes