



2021 IMPLEMENTATION AND SYSTEMS IMPROVEMENT PLAN

FISCAL YEARS 2021-22
THROUGH 2023-24

(Updated October 2021)

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INTRODUCTION

The Strategic Plan communicates the Commission's priorities and defines the change it hopes to achieve through its investments. Developed with community input, the plan includes three specific goals and seven results related to Health, Early Care and Learning, and the Empowerment of Families.

This Implementation and Systems Improvement Plan (The Plan) is the next phase of the Commission's Strategic Plan process. The Plan's purpose is to outline specific direct service and systems improvement strategies to be funded during the next 3-year funding cycle. These strategies are expected to achieve the Commission's goals and outcomes outlined in the 2021 Strategic Plan.

First 5 Sacramento Commission Foundational Statements

Vision

Sacramento County will have strong communities where children are safe, healthy and reach their full potential.

Mission

In partnership with the community, we support a prevention and early intervention system that promotes optimal health and development, narrows disparities, and improves the lives of children 0 to 5 and their families.

Strategic Principles

1. Make narrow and deep investments to achieve the greatest impact.
2. Look for opportunities to leverage other dollars to sustain critical services for children and families.
3. Choose strategies that promote prevention, early intervention and community collaboration.
4. Make data informed decisions that address community needs, build community assets, and prioritize children and families at risk.
5. Focus services on children and families who face significant challenges to achieving their maximum physical, social-emotional, and learning potential.

IMPLEMENTATION AND SYSTEMS IMPROVEMENT PLAN OVERVIEW

The 2021-2024 strategic planning process identified the results for which needs and resource gaps are the greatest, and therefore would benefit most from First 5 investment. In alignment with the Commission's Sustainability goals, all result areas were determined to have the potential to be more sustainably impacted by systems improvement strategies. As a result, First 5 Sacramento identified both direct service and systems improvement strategies to promote the desired outcomes.

The Implementation Plan provides detail regarding strategies to be implemented within the following Results Areas:

Result 1: Improve perinatal conditions and decrease infant deaths

Result 2: Increase prevalence and duration of breastfeeding

Result 3: Increase utilization of medical, dental and mental health services

Result 4: Increase access to affordable early care

Result 5: Increase the quality of early childhood settings to meet social-emotional, physical, and cognitive needs of young children

Result 6: Increase children's, families', and schools' readiness for Kindergarten

Result 7: Increase use of effective parenting to decrease trauma and child maltreatment

A summary sheet is provided for each result area. Each summary begins with the result indicators to be evaluated, followed by program and systems improvement strategies, target populations, funding mechanisms and the 3-year funding allocations. Each chart ends with the costs for the result area delineated by expense category.

Additionally, there are overarching systems improvement objectives that address the sustainability of the Commission's prioritized results. Public Awareness and Action, Policy and Systems Improvement, and Financial Resources are the three objectives of the Commission's Sustainability efforts identified to achieve the goal to advance children's health, development and family empowerment outcomes and strengthen the systems that support them.



PLANNED EXPENDITURES

Funding for the three-year Strategic Plan period totals \$44.6 million. This allocation includes expenditures for Administration, Evaluation and Program. Planned expenditures for each Fiscal Year are as follows:

	FY 2021-22	FY 2022-23	FY 2023-24	Total
Administration	\$1,017,156	\$1,017,155	\$1,017,155	\$3,051,466
Evaluation	460,278	460,279	460,279	1,380,836
Program	13,402,566	13,402,566	13,402,566	40,207,698
Total	\$14,880,000	\$14,880,000	\$14,880,000	\$44,640,000

Planned program expenditures for the 3-year period by Result Area are as follows:

Result Area	Total Program Expenditures	Percentage of Program Expenditures (\$40,207,698)
R1: Improve perinatal conditions and decrease infant deaths	\$3,857,049	10%
R2: Increase prevalence and duration of breastfeeding	\$1,431,402	4%
R3: Increase utilization of medical, dental and mental health services	\$0	0%
R4: Increase access to affordable early care	\$0	0%
R5: Increase the quality of early childhood settings to meet social-emotional, physical, and cognitive needs of young children	\$1,965,345	5%
R6: Increase children's, families', and schools' readiness for Kindergarten	\$10,254,005	26%
R7: Increase use of effective parenting to decrease trauma and child maltreatment*	\$18,330,331	46%
Program Staffing	\$1,666,420	4%
Program Management**	\$895,079	2%
Policy Advocacy and Sustainability	\$951,830	2%
Allocated Costs	\$394,912	1%
Media	\$165,000	<1%
Operational Costs	\$111,000	<1%
Total Program Expenditures	\$40,207,698	100%

*The Effective Parenting total includes \$92,661 in MAA fees.

**The Program Management total includes the sum of these costs across all summary charts and the partial cost of salary and benefits for the Executive Director and Media Planner for activities that cross all result areas.

IMPLEMENTATION AND SYSTEMS IMPROVEMENT PLAN SUMMARY SHEETS

Result Indicators

Result Indicators are the desired outcomes the Commission aims to achieve by funding the particular strategies listed. The indicators will be used to develop Results Based Accountability (RBA) plans to inform programming and measure program effectiveness.

Program Strategies

Each result area has identified program strategies to be implemented to support the achievement of the Commission's desired Result Areas. Based on past programming, current research and evidenced effectiveness, each strategy listed has been prioritized for funding.

Systems Improvement Strategies

The Commission recognizes that making lasting change and improving outcomes will also require work with systems to shift policies and practices to improve access to and quality of services. Each result area has identified systems improvement strategies to be implemented to support the sustainability of the Commission's funded programs and countywide outcomes for children and families.

Primary Audience

In accordance with the Proposition 10 Children and Families Act, programs and services will be provided to pregnant women, children birth through five years of age, their parents/caregivers and early learning professionals. Some strategies will target specific high-risk racial/ethnic populations in Sacramento County. For specific intended population details, refer to each Result Area summary.

Funding Mechanism

All strategies will be subject to a competitive bid process as a means to seek qualified service providers that may or may not have previously contracted with the Commission. In addition, the competitive bid process provides the opportunity for new and innovative approaches. This proposal process will enable service providers to specify the strategies they plan to utilize to meet the Commission's goal for a particular result area. New contracts will be negotiated and executed for a three-year period.

Competitive Requests for Proposals (RFPs) will be released in late summer/early fall 2020. Applicants will have approximately a six-week period to respond once the funding mechanisms are released. Proposals will be scored by review teams, with subsequent Intent to Award notifications posted in January 2021. It is anticipated that funding recommendations will be made to the Commission in February 2021. Following contract negotiations, services will begin July 1, 2021.

PRIORITY AREA: HEALTH SUMMARY SHEET

GOAL: All children are born healthy and access preventive services to maintain optimal health

Result 1: Improve perinatal conditions and decrease infant deaths

Result Indicators

- Percentage of pregnant women who receive timely and regular prenatal care
- Percentage of perinatal health providers who participate in implicit bias training
- Percentage of babies born pre-term
- Percentage of babies born low birth weight
- Percentage of pregnancy support program participants who have reduced risk factors for poor maternal and infant birth outcomes by program exit
- Infant mortality rate – all causes
- Infant mortality rate due to Infant Sleep Related (ISR) causes
- Infant mortality rate due to Perinatal Conditions

Implementation Strategy	Primary Audience	Funded Partners	3 – Year Allocation
<p>Strategy 1: Provide funding for community based, contracted staff support of the Black Child Legacy Campaign to assist with the coordination of the countywide effort to reduce the top four disproportionate causes of African American child deaths. Staff support will include convening and management of the Steering Committee, oversight of the Community Incubator Leads, and ensuring a continued focus on children ages 0-5 in the Black Child Legacy Campaign work.</p>	African Americans in Sacramento County	County of Sacramento, Department of Child, Family, and Adult Services	\$300,000

<p>Strategy 2: Develop and implement a strategic, culturally responsive infant safe sleep education campaign that promotes safe sleep practices, provides access to safe sleeping environments to those in need, and works to systematically improve and promote safe sleep policies in hospitals and other organizations.</p>	<p>Pregnant and new African American parents or caregivers, with a child up to 6 months old</p>	<p>Child Abuse Prevention Council of Sacramento</p>	<p>\$572,000</p>
<p>Strategy 3: Develop and implement a strategic, coordinated, culturally responsive education and outreach campaign that utilizes media, communications, grassroots outreach, and partnerships to: promote increased awareness of disparities in maternal and birth outcomes; support maternal and infant health; and create and implement a system to assess family needs, then connect families to First 5 Sacramento funded and other local resources.</p>	<p>Pregnant and new African American parents</p>	<p>Center for Community Health & Well-Being, dba Her Health First TBD: system to assess needs and connect families to services</p>	<p>\$450,000 \$135,049</p>
<p>Strategy 4: Provide culturally responsive and community based peer support to pregnant African American women to reduce risks of poor maternal and infant birth outcomes. Through a blend of mostly individual and some group activities, services will provide women with: support; education; identification of and encouragement in reducing risk factors; assistance with navigating and coordination of critical health and social services; and case management.</p>	<p>Pregnant African American women</p>	<p>Center for Community Health & Well-Being, dba Her Health First</p>	<p>\$2,400,000</p>
<p>Strategy 5 – Systems Improvements: Making lasting change and improving outcomes in this Result will also require work with systems to shift policies and practices to improve access to and quality of services. Systems improvement strategies that may be a part of the Systems Sustainability Plan include but are not limited to:</p>	<p>CA Department of Public Health CA Department of Social Services</p>	<p>N/A</p>	<p>\$0</p>

<p>5.1 Creating, maintaining, and enhancing relationships with local and statewide organizations, such as Black Infant Health, to align efforts, promote referrals and care coordination, as well as sharing of case management tools and data.</p>	<p>Sacramento County Public Health Department</p>		
<p>5.2 Creating, maintaining, and enhancing relationships with organizations, such as Sacramento County Public Health and the Child Death Review Team (CDRT), that have access to data to determine trends and outcomes in maternal and child health.</p>	<p>Sacramento County CDRT</p>		
<p>5.3 Collaboration with entities such as the Black Mamas Alliance to support the Black Maternal Health Momnibus of 2020. The proposed legislation within the Momnibus includes 9 bills that advocate for efforts to invest in strategies that fill the gaps for black maternal health in areas such as service delivery and data collection.</p>	<p>Legislators</p>		
<p>5.4 Work with local organizations and health systems to promote access to and compliance with trainings that will improve the quality of care for pregnant and postpartum women. In particular, SB 464, the Dignity in Pregnancy and Childbirth Act requires medical providers in perinatal services to participate in implicit bias training.</p>	<p>Health Systems</p>		
<p></p>	<p>Health Plans</p>		
<p></p>	<p>Birth Hospitals</p>		
<p>Funds available for contracting</p>			<p>\$3,857,049</p>
<p>Program Staffing: FTE 0.9</p>			<p>\$477,447</p>
<p>Program Management</p>			<p>\$127,868</p>
<p>Media Costs</p>			<p>\$0</p>
<p>Operational Costs</p>			<p>\$16,500</p>
<p>Policy, Advocacy & Sustainability</p>			<p>*\$135,976</p>
<p>Allocated Costs</p>			<p>\$111,069</p>
<p>Total Program Allocation</p>			<p>\$4,725,909</p>

*Includes staffing and additional PAS program expenses.

PRIORITY AREA: HEALTH SUMMARY SHEET

GOAL: All children are born healthy and access preventive services to maintain optimal health

Result 2: Increase prevalence and duration of breastfeeding

Result Indicator:

- Percentage of mothers who exclusively feed baby breastmilk in the hospital
- Percentage of mothers who exclusively feed baby breastmilk at 6 months
- Percentage of mothers who exclusively feed baby breastmilk at 12 months (in conjunction with proper solids)

Implementation Strategy	Primary Audience	Funded Partners	3 – Year Allocation
<p>Strategy 1: Breastfeeding Support Services Promote the initiation and continuation of exclusive breastfeeding per the American Academy of Pediatrics guidelines by providing direct education and lactation support to mothers with newborns and infants up to one year of age. Services from qualified staff will provide mothers with assistance to address concerns or challenges, with the goal of promoting exclusive breastfeeding through at least 6 months.</p>	Women with children up to the age of 1 years old	County of Sacramento, Department of Health Services, WIC Program	\$1,431,402
<p>Strategy 2 – Systems Improvements Making lasting change and improving outcomes in this Result will also require work with systems to shift policies and practices to improve access to and quality of services. Systems improvement strategies that may be a part of the Systems Sustainability Plan include but are not limited to:</p>	Birthing Hospitals Health Systems Legislators CA Department of Public Health- WIC	N/A	\$0

<p>2.1 Partnerships with local hospitals to offer continued support and advocacy to adopt Baby Friendly designation or model hospital policies to promote breastfeeding.</p> <p>2.2 Partnerships with local health systems and health plans to advocate for improved and increased Affordable Care Act implementation of the stated plans to cover breastfeeding supplies and support. This may include work with the systems to reduce barriers for women to access important supplies such as breast pumps.</p> <p>2.3 Partner with entities such as the California Breastfeeding Coalition to advocate for policies that support a mother’s ability to breastfeed, such as lactation accommodations at work and Medi-Cal coverage of hospital grade breast pumps.</p> <p>2.4 Participate in breastfeeding coalitions and advocate for systems change to increase funding streams for breastfeeding support services, such as recognizing lactation consultants as licensed providers so that they can bill Medi-Cal for services.</p>	<p>Health Plans</p> <p>CA Breastfeeding Coalition</p> <p>Sacramento County Breastfeeding Coalition</p>		
Funds Available for Contracting			\$1,431,402
Program Staffing: FTE 0.2			\$107,981
Program Management			\$127,868
Media Costs			\$0
Operational Costs			\$12,000
Policy, Advocacy & Sustainability			*\$135,976
Allocated Costs			\$24,682
Total Program Allocation			\$1,839,909

*Includes staffing and additional PAS program expenses.

PRIORITY AREA: HEALTH SUMMARY SHEET

GOAL: All children are born healthy and access preventive services to maintain optimal health

Result 3: Increase utilization of medical, dental and mental health services

Result Indicators:

- Percentage of children with a well-child visit in the last 12 months
- Percentage of children 18 months or older with a dental visit in the last 6 months
- Percentage of women screened for perinatal mood and anxiety disorders (PMADs)
- Percentage of women diagnosed with PMADs
- Percentage of women who receive services and treatment for PMADs
- Percentage of perinatal providers who complete training on maternal mental health
- Percentage of children screened for Adverse Childhood Experiences (ACEs)
- Percentage of children with high Adverse Childhood Experiences (ACEs) scores who are connected to services

Implementation Strategy	Primary Audience	Funded Partners	3 - Year Allocation
<p>Strategy 1: Systems Improvement Making lasting change and improving outcomes in this Result Area will require tracking of community wide data for trends, as well as work with systems to shift policies and practices to improve access to and quality of services. Systems improvement strategies that may be a part of the Systems Sustainability Plan include, but are not limited to:</p> <p><u>DENTAL</u> 1.1 Participate as an active member on the MediCal Dental Advisory Committee to support children’s access and utilization of dental care, and to facilitate partnerships to track data.</p>	<p>Medical, Dental and Mental Health Providers</p> <p>Health Systems</p>	<p>N/A</p>	<p>\$0</p>

<p><u>MATERNAL MENTAL HEALTH</u></p> <p>1.2 Build connections with the local hospitals, health plans, clinics/FQHCs and providers to deliver information and encouragement around implementation of practices that support maternal mental health. There have been newly enacted laws requiring health systems to track and support maternal mental health including: provider training; hospital patient education; provision of maternal mental health programs; and maternal mental health screening and coverage for services.</p> <p>Strategies to facilitate compliance with the above laws could include: participating in advisory committees at the hospitals for advocacy and advice; assisting hospitals and health clinics with plans to implement screening and education; seeking out and connecting physicians to trainings; and developing resource guides for providers and families on maternal mental health.</p> <p>1.3 Participate as an active member on the Sacramento Maternal Mental Health Collaborative to promote systems improvements that result in a better trained workforce providing culturally responsive prevention, screening and treatment to women with perinatal mood and anxiety disorders.</p> <p><u>HEALTH/ACEs</u></p> <p>1.4 Work with funded programs and health care partners (including FQHCs) to incorporate and provide clients with culturally responsive messaging regarding well-child checks and the preventive pediatric periodicity schedule.</p> <p>1.5 Work with health care partners, including FQHCs, to improve timely and regular access to well-child visits, in line with the preventive pediatric periodicity schedule.</p> <p>1.6 Participate as an active member in local meetings and committees/boards/advisory bodies to promote Positive Childhood Experiences (PCEs), mitigate the impact of Adverse Childhood Experiences (ACEs), and encourage trauma awareness through training, education, and advocacy.</p>	<p>Birthing Hospitals</p> <p>Health Plans</p> <p>Dental Plans</p> <p>FQHCs</p> <p>Funded Partners</p> <p>Legislators</p>		
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1.7 Partner with SCOE to implement the ACEs Aware activities to increase awareness among Medi-Cal providers about ACEs screenings and resources, as well as community partners and families with young children.			
1.8 Support strategies among partners that promote resilience by building on Positive Childhood Experiences (PCEs).			
Funds Available for Contracting			\$0
Program Staffing FTE 0.1			\$53,113
Program Management			\$127,868
Media Costs			\$0
Operational Costs			\$12,000
Policy, Advocacy & Sustainability			*\$135,976
Allocated Costs			\$12,341
Total Program Allocation			\$341,298

*Includes staffing and additional PAS program expenses.



PRIORITY AREA: EARLY CARE AND LEARNING SUMMARY SHEET

GOAL: All children have access to quality early learning experiences and are ready for kindergarten

Result 4: Increase access to affordable early care

Results Indicators:

- Percentage of children ages 0-5 who can be accommodated in a licensed child care space
- Percentage of parents who reported they had a consistent source of child care
- Percentage of 3-4 year olds enrolled in preschool

Implementation Strategy	Primary Audience	Funded Partners	3 - Year Allocation
<p>Strategy 1: Systems Improvements Making lasting change and improving outcomes in this Result Area will require working across local early childhood systems, as well as state and federal early learning programs. Systems improvement strategies that may be a part of the Systems Sustainability Plan include, but are not limited to:</p> <p>1.1 Monitor and support state legislation to increase child care accessibility (supply or cost)</p> <p>1.2 Engage with partners such as First 5 California, First 5 Association, First 5 Center for Children’s Policy, and the California Alternative Payment Program Association (CAPP) to increase reach of advocacy.</p>	Legislators First 5 CA First 5 Association CA Alternative Payment Program Association City of Sacramento Early Learning Task Force Sacramento County Office of Education	N/A	\$0

1.3 Engage with City of Sacramento’s Early Care and Learning Task Force to increase child care options; monitor developments in other cities.	Child Action, Inc.		
1.4 Participate on the Local Child Care Planning Council.	Chambers of Commerce		
1.5 Engage with businesses and chambers of commerce on family-friendly workplace policies.			
Funds Available for Contracting			\$0
Program Staffing: FTE 0.2			\$102,335
Program Management			\$127,868
Media Costs			\$0
Operational Costs			\$0
Policy, Advocacy and Sustainability			*\$135,976
Allocated Costs			\$24,682
Total Program Allocation			\$390,861

*Includes staffing and additional PAS program expenses.



PRIORITY AREA: EARLY CARE AND DEVELOPMENT SUMMARY SHEET

GOAL: All children have access to quality early learning experiences and are ready for kindergarten

Result 5: Increase the quality of early childhood settings to meet social-emotional, physical, and cognitive needs of young children

Result Indicator:

- Percentage of licensed center and family child care providers who participate in Raising Quality Together (RQT)
- Percentage of settings with increased quality as measured by the Environmental Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) or an increase in their California Quality Rating and Improvement System Matrix score
- Percentage of childcare providers continuing to work in the ECE field (State average vs. those who receive F5 funded supports)
- Expulsion and suspension rate for children whose providers participate in a First 5 funded quality enhancement program

Implementation Strategy	Primary Audience	Funded Partners	3 - Year Allocation
<p>Strategy 1 – Supporting Quality in Child Care Complement the work of both Raising Quality Together (RQT), which is Sacramento’s Quality Rating and Improvement System, and the Foster Bridge Program, through supporting quality in private child care centers and homes not yet engaged with RQT, documenting change through the use of informal evaluations of non-rated sites used by RQT.</p> <p>Activities must include: screening and assessment of children; integrated and collaborative consultation on child behavior; professional learning opportunities such as workshops, technical assistance, on-site support; customized coaching to transform environments and to enrich teacher-child interactions, particularly around challenging behavior and trauma-informed care; and use of</p>	<p>Child care providers who serve children ages 0 to 5 in low-income families</p> <p>Child care providers who serve children with special needs in inclusive settings</p>	<p>Sacramento County Office of Education</p>	<p>\$1,965,345</p>

improvement plans to enhance the quality of care for children ages 0-5.			
<p>Strategy 2 –Systems Improvements Making lasting change and improving outcomes in this Result Area will require working across local early childhood systems, as well as state and federal early learning programs. Systems improvement strategies that may be a part of the Systems Sustainability Plan include, but are not limited to:</p> <p>2.1 Champion ways to promote quality improvements across the county’s system of early care as outlined in the Sacramento County Early Learning Roadmap.</p> <p>2.2 Engage with the Governor’s Early Childhood Policy Council (ECPC) to advocate for a focus on quality in early care settings.</p> <p>2.3 Explore ways to integrate programs focused on supporting the professional development of early childhood providers including engaging with institutions of higher education that prepare early childhood educators.</p>	Sacramento County Childcare Providers Sacramento County Office of Education Governor’s ECPC Legislators Higher Learning Institutions	N/A	\$0
Funds Available for Contracting			\$1,965,345
Program Staffing: FTE 0.2			\$102,335
Program Management			\$127,868
Media Costs			\$41,250
Operational Costs			\$17,625
Policy, Advocacy & Sustainability			*\$135,976
Allocated Costs			\$24,682
Total Program Allocation			\$2,415,081

*Includes staffing and additional PAS program expenses.

PRIORITY AREA: EARLY CARE AND DEVELOPMENT SUMMARY SHEET

GOAL: All children have access to quality early learning experiences and are ready for kindergarten

Result 6: Increase children’s, families’, and schools’ readiness for kindergarten

Result Indicators:

- Number of children receiving developmental screens and percentage of those children who are subsequently linked to services
- Percentage of children who are developmentally on track
- Percent of children who are read to at least five days per week
- Percentage of parents reporting increased knowledge of child development and increased confidence in their ability to promote it
- Percentage of parents reporting increased knowledge of community resources
- Percentage of children who participate in a kindergarten transition camp who show increased school readiness skills
- Number of articulation meetings held and number of attendees

Implementation Strategy	Primary Audience	Funded Partners	3 - Year Allocation
<p>Strategy 1: Developmental Playgroups/Group Socialization Opportunities*</p> <p>Provide structured developmental playgroups for children ages 0-3 and their caregivers. Interactive playgroups will enhance learning and social skills and will provide families with opportunities, ideas, and tools for enriched engagement with their children.</p> <p>For school districts that identify a need to serve children 3-5 years of age living in low-income families who do not qualify for subsidized preschool, up to one fifth (20%) of playgroup meetings may target and serve these children and their parents/caregivers.</p>	<p>Children ages 0-5 and their parents/caregivers</p> <p>Families in low income neighborhoods of schools with 50% or more FRPMP eligibility, dual language learners</p>	<ul style="list-style-type: none"> • Elk Grove Unified School District • Folsom Cordova Unified School District • Galt Joint Union School District • Natomas Unified School District 	<p>\$2,436,719 26% (all 9 districts)</p>

<p>Strategy 2: Child and Family Social-Emotional Supports Provide social-emotional supports for children and families throughout the school year. This strategy includes staffing, consultants, trainings, and materials to assist with the child’s social and emotional development and families’ well-being. May include home visiting services, case management, school psychologists, mental health therapists, social workers, pullout groups for social emotional skills enhancement, additional classroom aides to increase adult-child ratios, behavioral consultation, resource teachers, family and community liaisons, school nurses, instructional coaches, and the like.</p>	<p>Children ages 0-5, and their parents/caregivers</p> <p>Families in low income neighborhoods of schools with 50% or more FRPP eligibility, dual language learners</p>	<ul style="list-style-type: none"> • River Delta Unified School District • Robla Elementary School District • Sacramento City Unified School District • San Juan Unified School District • Twin Rivers Unified School District 	<p>\$655,122 7% (5 districts)</p>
<p>Strategy 3: Parent/Caregiver Support and Engagement Activities Provide parents/caregivers virtual and/or in-person programs, classes, workshops, gatherings, and materials that promote development from among the Five Protective Factors: knowledge of parenting and child development; social connections; knowledge of community resources (including promotion of home-school connection); how to support children’s social-emotional development; and access to concrete supports in times of need (including parent literacy and English-language proficiency).</p>	<p>Parents/caregivers of children ages 0-5</p> <p>Families in low income neighborhoods of schools with 50% or more FRPMP eligibility, dual language learners</p>		<p>\$1,172,178 13% (7 districts)</p>
<p>Strategy 4: Transition Activities Provide transition activities for each level of the early learning continuum which may include kindergarten summer camps to prepare children and families for school entry in the fall. Activities will provide children and parents with opportunities to engage with the learning environment and assist them with the transition to school. Engage with SCOE/RQT on their Transition Summit and related activities.</p>	<p>4-year-old children with no preschool experience</p> <p>Families in low income neighborhoods of schools with 50% or more FRPMP eligibility, dual language learners</p>		<p>\$1,177,205 13% (8 districts)</p>

<p>Strategy 5: Early Literacy Supports Promote young children’s early literacy development and parent and caregiver ability to promote it at home through activities such as book lending programs, family literacy events and activities, and hands-on workshops for parents on supporting early literacy.</p>	<p>Children ages 0-5 Families in low income neighborhoods of schools with 50% or more FRPMP eligibility, dual language learners</p>	<ul style="list-style-type: none"> • Elk Grove Unified School District • Folsom Cordova Unified School District • Galt Joint Union School District • Natomas Unified School District 	<p>\$1,156,465 13% (8 districts)</p>
<p>Strategy 6: Comprehensive Health and Developmental Screenings and Early Intervention Referrals* Utilize a Multi-Disciplinary Team to provide, coordinate, and track screenings and assessments for children ages 0-5. Screening will be universal and will include developmental, vision, hearing and dental. Speech/language screening may be provided on an as-needed basis. Families will be provided with referrals, follow-up services and/or resources for any concerns identified. Districts will partner with Help Me Grow Sacramento to serve children birth through 36 months.</p>	<p>Children ages 0-5 Families in low income neighborhoods of schools with 50% or more FRPMP eligibility, dual language learners</p>	<ul style="list-style-type: none"> • River Delta Unified School District • Robla Elementary School District • Sacramento City Unified School District • San Juan Unified School District • Twin Rivers Unified School District 	<p>\$1,704,840 19% (all 9 districts)</p>
<p>Strategy 7: Planning and Systems Integration* Gather parent/caregiver feedback on the early learning programs from Parent/Caregiver Advisory Groups and surveys. Hold articulation meetings for staff across levels (Preschool/TK/K) and across systems (Special Education/Playgroup/Preschool/K-12). Engage in data-informed program planning. Can include staff meetings and trainings as well as presentations to district leadership, including school board, principals, site councils, and superintendent.</p>	<p>Participating school districts</p>		<p>\$931,476 10% (all 9 districts)</p>

<p>Strategy 8: Developmental Screening and Centralized Referrals Help Me Grow: Early detection and intervention system will link families with children ages 0-5 with needed programs and services to screen for, assess, and/or address potential developmental delays and behavioral health challenges. Centralized access point to provide county outreach, information and referrals. Community partners, including medical providers, will be trained to conduct developmental and behavioral screenings, and will refer to HMG as needed. Assessment and referral data will be housed in a centralized system to identify gaps, barriers, and progress.</p>	<p>High need children ages 0-5 who have not been screened for developmental delays and behavioral health challenges</p> <p>Children with an atypical screening result who need follow up services</p>	<p>Sacramento County Office of Education</p>	<p>\$1,020,000</p>
<p>Strategy 9: Systems Improvements Making lasting change and improving outcomes in this Result Area will require working across local early childhood systems, as well as state and federal early learning programs. Systems improvement strategies that may be a part of the Systems Sustainability Plan include, but are not limited to:</p> <p>9.1 Engage with ACEs Aware and school districts on roll-out of developmental screenings and ACEs screenings.</p> <p>9.2 Advocate for statewide implementation of an early identification and intervention system.</p> <p>9.3 Advocate for and participate in conversations around the development of a statewide kindergarten entry assessment.</p> <p>9.4 Engage with school districts on their Local Control Accountability Plans (LCAPs) to ensure inclusion of early learning.</p>	<p>School Board Trustees</p> <p>School District Superintendents</p> <p>Legislators</p> <p>Governor’s ECPC</p>	<p>N/A</p>	<p>\$0</p>

9.5 Engage in local and statewide conversations about early learning, such as the Governor’s Early Childhood Policy Council (ECPC).			
Funds Available for Contracting			\$10,254,005
Program Staffing: FTE 0.8			\$409,039
Program Management			\$127,868
Media Costs			\$41,250
Operational Costs			\$17,625
Policy, Advocacy & Sustainability			**\$135,976
Allocated Costs			\$98,728
Total Program Allocation			\$11,084,491

*Required strategy

**Includes staffing and additional PAS expenses.



PRIORITY AREA: EMPOWERED FAMILIES SUMMARY SHEET

GOAL: All families have access to resources and opportunities that support their children's development and safety

Result 7: Increase use of effective parenting to decrease trauma and child maltreatment

Result Indicator:

- Percentage of parents who report increased parental resilience, increased nurturing and attachment, increased knowledge of parenting and child development, increased social connections, increased support for families and increased social and emotional competence (Five Protective Factors).
- Percentage of parents who report creating positive childhood experiences
- Percentage of parents who report reduced levels of stress
- Child maltreatment rate
- Recurrence of child maltreatment rate
- Child abuse and neglect (CAN) homicide rates

Implementation Strategy	Primary Audience	Funded Partners	3 - Year Allocation
<p>Strategy 1: Parent Support Provide effective parent learning and support services including child safety workshops, child development activities, resource and referral, stress reduction activities and peer support groups for high risk families.</p>	Families with children ages 0-5	<ul style="list-style-type: none"> • Child Abuse Prevention Council • Folsom Cordova Community Partnership • La Familia Counseling Center • Mutual Assistance Network 	<p><i>24% of total</i></p> <p>General Population \$3,333,084</p> <p>African American \$418,482</p>

<p>Strategy 2: Group Parenting Education Based on an assessment of parent risk and needs, provide group-based parenting education courses using evidence-based curriculum and related tools. Education will serve as a primary prevention to reduce risk for child abuse and neglect and build parent child relationships that promote health, development and learning.</p>	<p>Parents of children ages 0-5</p>	<ul style="list-style-type: none"> • River Oak Center for Children • Sacramento Children's Home (SCH) • WellSpace Health 	<p><i>19% of total</i> General Population \$2,533,144 African American \$418,482</p>
<p>Strategy 3: Intensive Home Visiting Provide one-on-one in-home* education and support utilizing an evidence-based home visiting model. Home visiting is a prevention strategy used to support pregnant women and new parents to promote infant and child health, foster educational development and school readiness, and help prevent child abuse and neglect.</p> <p>*Virtual home-visits may be conducted in adherence to model fidelity.</p>	<p>Pregnant women and parents with children ages birth through 3* years who reside in high-risk communities and of high-risk populations.</p> <p>*Parents of children ages 4 -5 may be served if unable to access other intensive programming.</p>		<p><i>41% of total</i> General Population \$5,332,933 African American \$994,555</p>
<p>Strategy 4: Case Management Families in crisis will receive case management support and assistance in developing and implementing a plan to address their most pressing needs. Parents will be assessed using the Family Development Matrix or other approved strength-based assessment tool. Families will receive on-going case management and follow-up to assess progress made toward crisis resolution.</p>	<p>Families with children ages 0-5</p>		<p><i>16% of total</i> General Population \$2,133,172 African American \$418,482</p>

<p>Note on Strategies 1-4: In accordance with the Commission’s intent to fully fund efforts to reduce African American child death in the 2021 Strategic Plan, \$2,250,000 of the \$15,582,333 (\$750,000 per year) allocated to strategies 1-4 are set aside to specifically target African-American families. Approaches will include staffing structure, service location, targeted outreach, culturally responsive programming and service delivery for African-American pregnant women and parents with children ages birth through 5 years.</p>			
<p>Strategy 5: Emergency Childcare & Case Management Provide access to temporary, safe, emergency child care for families experiencing crisis and provide case management services to help parents mitigate the crisis. Services include overnight and/or day respite care for children to reduce risk for child abuse and neglect and provide time for parents to stabilize their situation. Families utilizing care will receive case management support and assistance in developing and implementing a plan to address their most pressing needs. Families will receive follow-up to assess progress made toward crisis resolution.</p>	<p>Families with children ages 0-5</p>	<p>Sacramento Children’s Home</p>	<p>\$2, 840,661</p>
<p>Strategy 6 – Systems Improvements: Making lasting change and improving outcomes in this Result Area will also require work with systems to shift policies and practices to improve access to and quality of services. Systems improvement strategies that may be a part of the Systems Sustainability Plan include but are not limited to:</p> <p>6.1 Continue to pursue alternative revenue sources for essential support services such as home visiting.</p> <p>6.2 Re-establish countywide home visiting collaborative to streamline referrals, increase access, and build capacity of the home visiting and related health and social service provider network to serve families.</p>	<p>Legislators</p> <p>Home Visiting Service Providers</p> <p>Funded Partners</p> <p>CA Family Resource Association</p>	<p>N/A</p>	<p>\$0</p>

<p>6.3 Support legislation that further funds crisis nurseries/emergency child care options and recognizes these services as a strategy for reducing child maltreatment and trauma.</p> <p>6.4 Encourage providers to conduct ACEs screenings and provide linkages to appropriate resources.</p>			
Funds Available for Contracting			\$18,422,995
MAA Fees			\$92,661
Program Staffing: FTE 0.8			\$414,170
Program Management			\$127,868
Media Costs			\$82,500
Operational Costs			\$35,250
Policy, Advocacy & Sustainability			*\$135,976
Allocated Costs			\$98,728
Total Program Allocation			\$19,410,148

* Includes staffing and additional PAS program expenses.

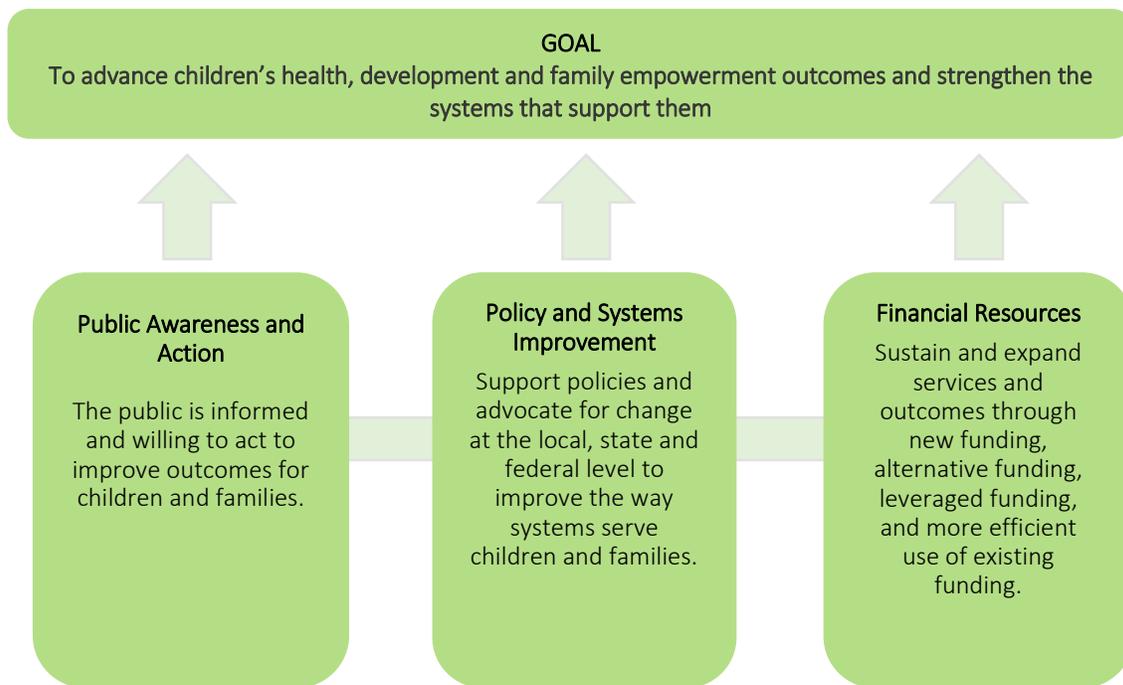


SYSTEMS IMPROVEMENT OVERARCHING STRATEGIES

In August 2017, First 5 Sacramento approved its first Systems Sustainability Plan to define goals, strategies and objectives for sustaining outcomes in more systemic, cost effective ways. The Commission established a Sustainability Committee and developed policy and advocacy protocols to be responsive advocates for systems improvements, access to resources, and supportive of policies in accordance with the Commission’s approved Policy Platform. These tools have enabled the Commission to effectively respond to the challenge of funding critical services for children and families with declining resources. These efforts also built contractor capacity to look for partnerships and diversified funding sources to support their sustainability.

This section identifies “overarching” systems improvement strategies that support the Commission’s strategic plan goals and the sustainability of funded programs.

Systems Improvement Goals and Objectives



Financing Sustainability

While representing only 2% of First 5 Sacramento’s budget, the allocation of funding for Systems Improvement is critical to reach our goal of impacting the larger structures that promote child and family outcomes in Sacramento County. In addition to staffing support for sustainability across all programs, an allocation of \$100,000 per year will be used to support the achievement of systems improvement strategies.

Public Awareness and Action

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.

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

Target the business community, business associations, and Chambers of Commerce to build public support to invest in early childhood.

Engage state and local elected officials to encourage policies and build public support for investments in early childhood.

Develop partnerships with leading influencers to build support and awareness around family friendly work policies and the return on investment for employers.

Policy and Systems Change

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 as the Master Plan for Early Learning and Care is developed.

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).

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.

Instill core messages/capacities across all contractors to improve:

- Cultural Responsiveness
- Trauma Informed Care/Positive Childhood Experiences



Policy and Systems Change

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.

- Participate on First 5 Association Policy Committee and integrate the Network Strategy to strengthen partnerships with Prop. 63 and Home Visiting state initiatives.
- Serve on the Reduction of African American Child Deaths (RAACD) Steering Committee to help bring about a focus on the disparity, support of a communitywide collective impact framework, and an improvement in the systems to address the disparities.
- Participate on the Medi-Cal Dental Advisory Committee (MCDAC) and Sac County Oral Health Program (SCOHP) Advisory Committee.
- Participate on countywide committees to improve trauma informed practices and the Maternal Mental Health Collaborative to advocate for mental health access and provider capacity building.
- Participate on the Sacramento County Local Childcare Planning Council to improve access to and quality of early learning experiences.

Annually, the Commission creates Policy Priorities, which focus our systems improvement efforts across all result areas.



Financial Resources

Strategically leverage existing resources and seek new opportunities and resources to maximize return on investments for children ages 0 – 5 and families.

Support the implementation of First 5 funded partner Sustainability Plans and other capacity building initiatives to encourage leveraging and securing financial resources.

Develop targeted outreach strategies for securing partnerships that will increase leveraging potential for early education programs (i.e. Family Friendly Toolkit, Business section on website, Networking).

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.

Identify existing “funding circles” and explore opportunities to collaborate and participate as a key stakeholder, early learning expert and convener.

Work with school districts to include early care and education language in their Local Control and Accountability Plans (LCAPs) and to direct funding for children ages 0-5 and their parents.

Advocate for health plans and/or health systems to increase access to Lactation Consultation Services for new mothers on Medi-Cal.



Engaging Partner Organizations to Become Sustainable

First 5 Sacramento will continue to work with funded partners, every step of the way, as they implement Sustainability Plans that effectively address each agency's unique challenges and opportunities for future program funding.

Key activities to be implemented in 2021-204:

Commissioners and Leadership Know the Plans

First 5 Sacramento Commissioners play a key role in supporting sustainability by using their positions to leverage and influence decision makers on behalf of First 5 and its funded agencies.

Follow Up and Monitor Progress

First 5 staff will establish a timeline and structure for updates from all funded agencies, including formal updates to their sustainability plans.

Offer Training and Technical Support

1. Encourage and support agencies to seek additional training and pursue technical assistance opportunities.
2. Inquire as to what steps agencies are taking to enhance their capacity.
3. Publicize and encourage relevant training opportunities and consider making funds available to cover targeted technical assistance.

Rally the Business Community

Continue to educate business owners and employers on the high return on investment that results from family friendly policies and procedures. Additionally, First 5 Sacramento will serve as a matchmaker for corporate giving from local businesses to First 5 funded partners.

Engage State and Local Officials

Sacramento County is positioned to stand as a statewide and national leader in family friendly policies, priorities and outcomes. First 5 Sacramento will further enhance sustainability by building linkages between our network of funded agencies and these state and local officials.

ADDITIONAL INFORMATION

Adverse Childhood Experiences (ACEs)/Trauma

The Commission recognizes the effect of trauma on child outcomes and the need to be responsive at all levels of service provision. This includes actively promoting Positive Childhood Experiences (PCEs) to prevent or mitigate the harmful effects of ACEs. ACEs and toxic stress represent a public health crisis. A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing the state and the nation. That concept is woven in to many of the strategies listed within this Implementation Plan, and will be a part of the future requirements for competitive funding processes and contracting. First 5 commits to supporting and guiding contractors to become trauma informed organizations.

Sustainability Planning

As a result of declining revenue, service providers will be required to participate in sustainability efforts. Providers will receive free technical assistance to update an agency-specific written Sustainability Plan. Partners will also be required to leverage at least 10% in other funding each year as a part of their sustainability plan.

Results Based Accountability

First 5 Sacramento uses a Results Based Accountability framework to evaluate and improve the effectiveness of funded programs. Evaluation plans are based on this framework and will include indicators identified in each of the Implementation Plan Summary sheets.

Response to COVID-19

The Commission understands that responding and adhering to the recent COVID-19 public health guidance may impact contracted scopes of work and milestones. We will be responsive to the needs of our contractors and the families they serve by ensuring contracts reflect the ever-changing needs, whether that means amending program deliverables or extending reporting deadlines. We understand that contractors may need to re-prioritize program deliverables and work creatively to fulfill contracted scopes of work. This may require serving families through virtual home visits, calls, and texts. We will support our partners in these efforts as we work together to navigate through unprecedented times.

Focus on Racial Equity, Diversity and Inclusion

Racism contributes to the disproportionate experience and occurrence of toxic stress, which can develop when young children and their communities experience prolonged adversity such as family economic hardship, community disinvestment, and consistent lack of basic needs, with potentially lasting impacts on children's physical and emotional health. The adverse impacts of racism begin prenatally, and are reflected in large disparities in rates of maternal

morbidity and mortality, infant mortality, and childhood asthma. Children from birth to age 5 undergo a formative period of rapid development and thus are particularly vulnerable to the experiences of bigotry, poverty, and violence. First 5 Sacramento commits to supporting and safeguarding the life-long potential of children and families of color by evolving, strengthening and deepening our practices of:

- Engaging in ongoing staff professional development and training on implicit bias and an anti-racist framework to inform agency practice regarding racial, economic and social justice;
- Offering trainings for providers on topics responsive to community needs;
- Providing guidance to providers and families on talking to young children about racism and social justice;
- Addressing community needs exacerbated by the disproportionate impact of COVID-19 by race and place through the distribution of essential supplies;
- Documenting disparities through data collection and evaluation, including our annual evaluation on the reduction of African American child deaths (RAACD) and using equity to guide our research questions and practices;
- Participating in collaborative bodies, such as the BCLC Steering Committee, Maternal Mental Health Collaborative, Perinatal Equity Advisory Committee and Home Visiting Collaborative to promote information sharing, dialogue and the building of new partnerships to ensure that the impact of racial disparities is centered in our work.



CONCLUSION

As the Commission faces a declining ability to invest, efforts will continue to become narrower and deeper. Creating strategic partnerships that leverage and grow funding for young children will be vital. The direct service and systems improvement strategies within this Implementation and Systems Improvement Plan will help the Commission focus its investment in lasting impact while meeting community needs. The Plan provides a roadmap to ensure that Sacramento's youngest children and their families have access to critical services that support their health, early education and family stability.

