



First 5 Sacramento

EVALUATION REPORT

FY2020-2021



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Introduction

BACKGROUND

First 5 Sacramento uses tobacco tax revenue through Proposition 10 to fund a range of essential prevention and early intervention programs for Sacramento County children ages 0 to 5 and their families. This report describes the services provided and outcomes for First 5-funded services in Fiscal Year (FY) 2020-21. Unless otherwise noted, all data presented here relate to the FY 2020-21 timeframe.

Using a Results-Based Accountability framework, this report addresses the following questions:

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

Data for this evaluation report come from a variety of sources, including secondary data on community indicators, service and outcome data in the agency's database (Persimmony), Family Information Form intake and follow-up data, and special evaluation reports such as the evaluation of the Reducing African American Infant and Child Deaths (RAACD) Initiative.



INVESTMENTS IN CHILDREN, FAMILIES, AND COMMUNITIES

During FY 2020-21, First 5 invested nearly \$20.6 million dollars. The figure below displays how funds were distributed across the different strategic result and administrative areas. The largest proportion of funding went to the Improving Family Functioning and Improving Child Health arenas.

Figure 1. Expenses, by Content Area

Expense Area	FY 2020-21	
Improved Family Functioning	\$14,368,369	70%
Improved Child Health	\$2,012,535	10%
Improved Systems of Care	\$1,861,256	9%
Improved Child Development	\$1,020,574	5%
Administration	\$906,180	4%
Evaluation	\$424,555	2%

Source: FY 2020-21, First 5 Sacramento.

The table below shows expenditures by agency type, with the largest percentage of investment going to community-based agencies (60%).

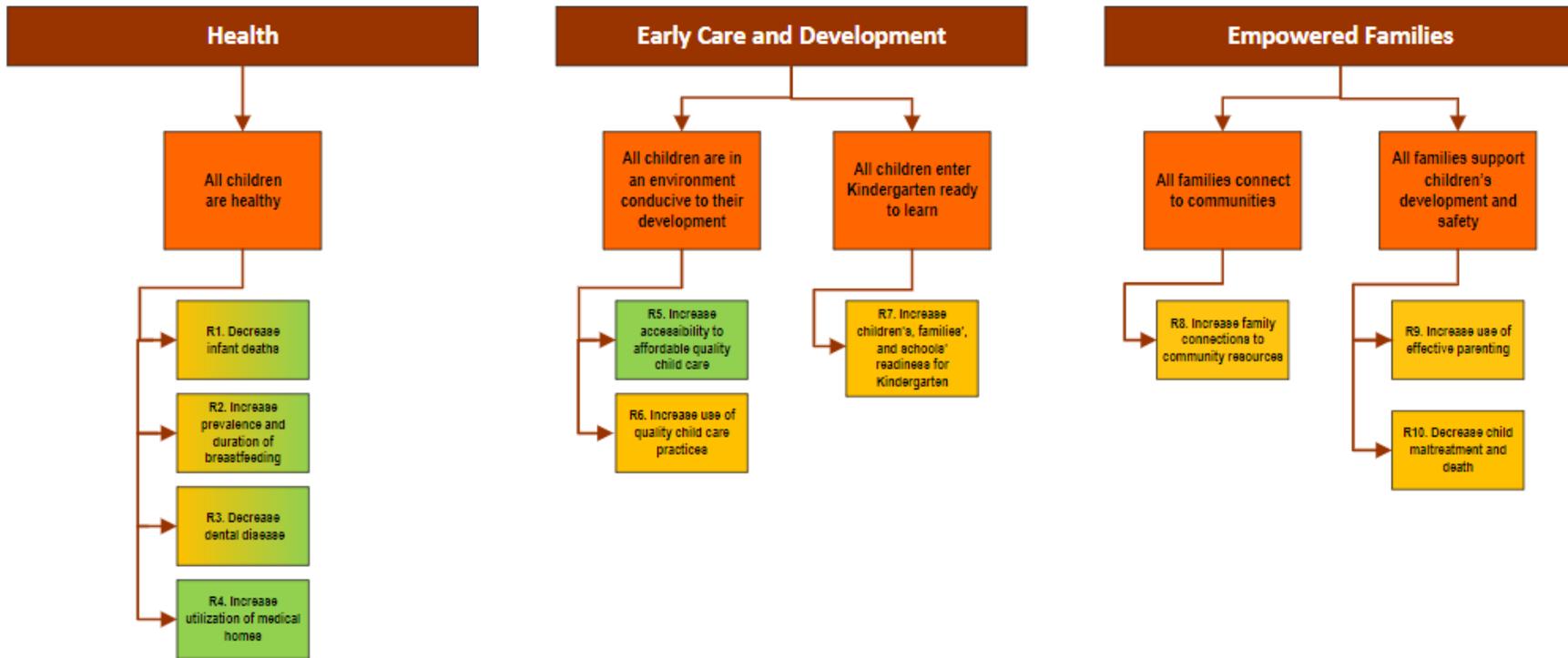
Figure 2. Percentage of Expenditures, by Agency Type

Expense Area	FY 2020-21	
Community-Based Agencies	\$12,423,188	60%
School Districts/SCOE	\$4,606,392	22%
First 5 Commission	\$1,589,812	8%
County Health and Human Services	\$460,024	2%
Research/Consulting Firm	\$183,318	1%

Source: FY 2020-21, First 5 Sacramento. Percentages may not equal 100% due to additional administration and evaluation expenses.

FIRST 5 SACRAMENTO'S STRATEGIC HIERARCHY

The figure below shows First 5 Sacramento's Strategic Hierarchy for fiscal years 2018-19 through 2020-21. This hierarchy helps guide funding decisions and provides a framework for the evaluation. The three Priority Areas (dark red) represent key areas in which the Commission wishes to see change in the county. The Goals (orange) are First 5's aspirations for all children and families in the county. The Service Results (yellow) and Systems Results (green) are the direct changes or system changes First 5 seeks to make progress toward the corresponding goal. Yellow/green gradient indicates Service and Systems Results, the areas where First 5 seeks both service and systems change to progress.



FIRST 5 SACRAMENTO'S EVALUATION FRAMEWORK

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

Figure 3. First 5 Sacramento Results Evaluation Framework

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

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

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



The primary data sources used in this evaluation include:

- **Community indicator data:** In keeping with RBA, each strategic result area includes data on community trends. However, time frames for such data often lag behind First 5 service data by a year or two and thus cannot be directly linked to First 5's efforts within the current report.
- **First 5 service data:** Most grantees provided client-level demographic and service data through a data management system called Persimmony. Grantees who did not provide individual-level data reported aggregate-level client and service data on a quarterly basis in the form of performance reports, and for some programs, other types of reporting documents. Unless otherwise stated, the data reported are from FY 2020-21.
- **Family Information Form (FIF):** The FIF is used to collect demographic information, as well as data for specific indicators regarding both caregivers and children. Clients of designated grantees complete the form at intake.
- **Program-specific outcome data:** Some grantees provided outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls.
- **In-depth evaluation:** In addition to the overall evaluation, in-depth evaluations were conducted with a focus on Reducing African American Child Deaths (RAACD). While this comprehensive evaluation report highlights some key findings from in-depth evaluations, separate reports are available that provide greater detail about the results for 2020-21 in these areas.

COVID-19 Impact

The COVID-19 pandemic has had a prolonged impact on our global society, including the local efforts of First 5-funded programming, extending through the 2020-21 fiscal year. Throughout FY 2020-21, most programs remained open, employing a range of adaptations to adhere to safety guidelines while continuing to serve families. For instance, programming often transitioned to virtual spaces (such as video home visits and virtual workshops). Others reduced their program capacity and/or evolved services to accommodate the changing needs of these uncertain and unexpected circumstances.

All programs surveyed in March 2020 (n=24) and August 2021 (n=25) faced challenges in meeting milestones in FY 2019-20 and FY 2020-21. The following results should be read with an understanding of the local impact on programming and metrics caused by numerous adaptations and uncertainties throughout our larger global society during this fiscal year.

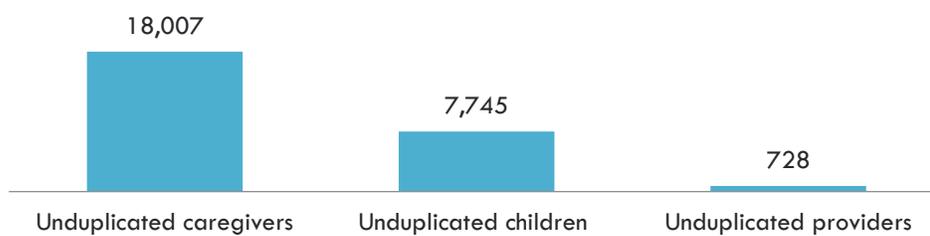


Profile of First 5 Clients

PROFILE OF ALL CLIENTS SERVED

First 5 Sacramento-funded services had substantial reach across the county, serving 26,480 unduplicated individuals, including 7,745 children, which represented 7% of the county’s children ages 0 to 5.¹ Other services that First 5 funded likely reached even more children in the County, such as public media campaigns, water fluoridation, and contribution to local and state systems and policies (e.g., hospital birthing policies).

Figure 4. Reach of First 5 Sacramento



Source: First 5 Sacramento Persimmony Database and First 5 Sacramento State Report, FY 2020-21.

The figure below shows the race/ethnicity of children served by First 5 for whom there is client-level data available (aggregate data for children was often missing race and ethnicity detail), compared with the race and ethnicity of children across the county. **More than one-third of First 5 children (39%) were Hispanic/Latino**, a higher proportion than countywide proportions (30%). Eighty-one percent of First 5 children and parents primarily spoke English in the home, followed by Spanish (18%). A larger proportion of families were English speakers, compared to FY 2019-20 (71%).

Figure 5. Ethnicity Distribution: First 5 Sacramento Children and Sacramento County Overall

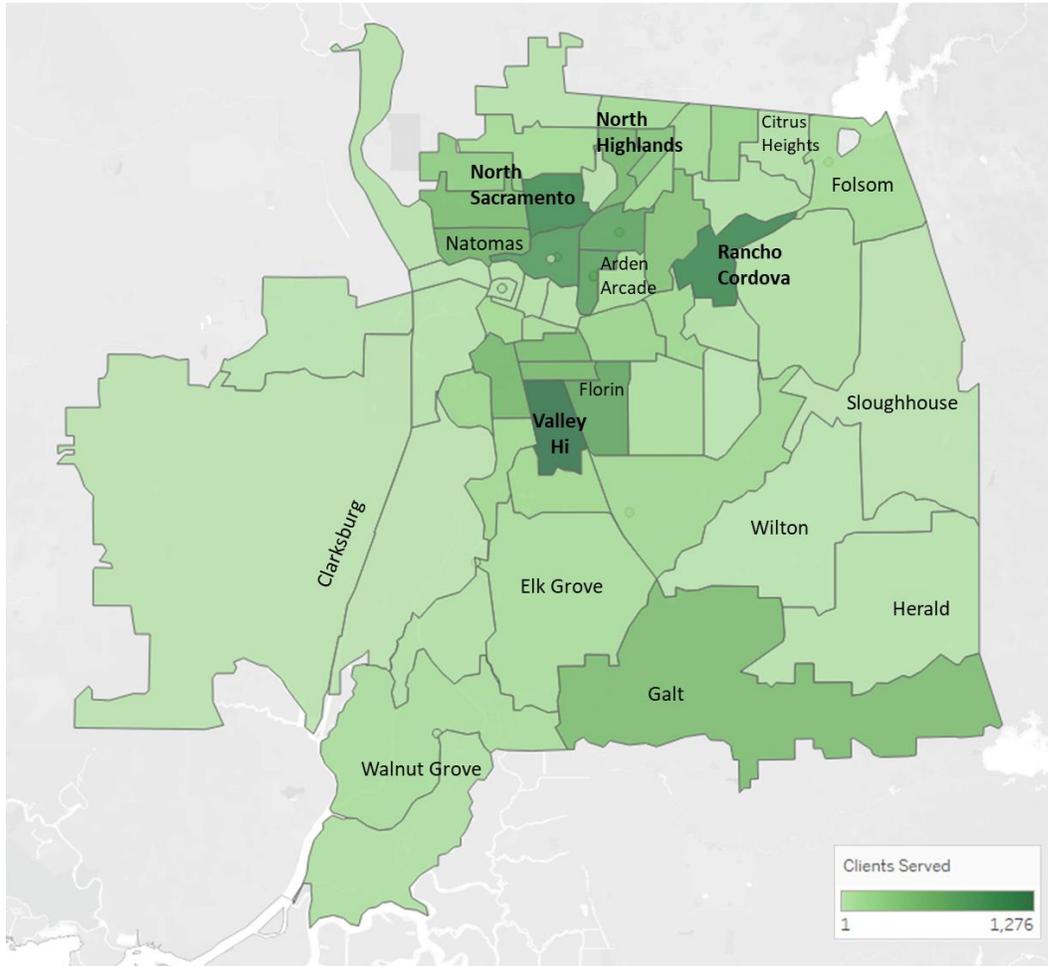


Source: First 5 Sacramento Persimmony Database and First 5 Sacramento State Report, FY 2020-21. Percentages based upon 2020-21 children (N = 7,745, excluding those whose ethnicity was Unknown (n = 2,672) or Other (n = 382). County comparisons are for all children 0 to 17. KidsData.org, based upon Department of Finance estimates.

¹ 7% = 7,745 served in 2020-21, as percent of county population for children ages 0 to 5 (115,794), based upon Kidsdata.org, 2020, retrieved October 27, 2021.

The following map shows the location of Sacramento County families who received First 5 services. Valley Hi, North Sacramento, and Rancho Cordova neighborhoods had the largest concentration of families. Areas around the perimeter of Sacramento County had fewer clients served, apart from Galt.

Figure 6. Map of Sacramento Families Served, 2020-21



Source: Persimmony, Client Service Records, FY 2020-21. Includes only clients with valid zip code data, and excludes clients served with addresses outside of Sacramento County.

PROFILE OF FAMILIES AT INTAKE

First 5 Sacramento began using the Family Information Form (FIF) in FY 2015-16 to capture information about client and family characteristics and well-being related to First 5’s desired results. Clients complete the FIF at intake with many First 5 contractors. Due to the impact of the COVID-19 pandemic on in-person service delivery, FIFs were not completed at program exit during FY 2019-20 or FY 2020-21. Future evaluations may provide additional insights on family characteristics and attitudes after receiving services.

Between July 1, 2020 - June 30, 2021, the FIF was completed for 5,296 adults and 4,785 children at intake. The largest share of FIFs were gathered from clients receiving Birth & Beyond services (44%), followed by School Readiness services at First 5 Sacramento’s nine partner school districts (36%). The tables below present highlights of these intake data.

Figure 7. First 5 Sacramento Family Information Form Intake Data: Parent Information

	FY 2020-21
Total FIF Intakes (Parent)	5,296
FIF Intakes by Program	
Birth & Beyond	2,359 (44%)
School Districts (School Readiness)	1,917 (36%)
WIC	719 (14%)
Pregnancy Peer Support Program (Her Health First)	106 (2%)
Sacramento Crisis Nurseries	100 (2%)
Help Me Grow	95 (2%)
Parenting Programs, Services, Supports Used in Six Months Prior to Intake	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	3,072 (58%)
FRC Services	556 (10%)
Parenting Education/Support	475 (9%)
Home Visits	263 (5%)
Parenting Attitudes: % (n) who agree or strongly agree (at intake)	
I am confident in my ability to help my child grow and develop.	4,320 (85%)
I know what to expect at each stage of my child’s development.	3,657 (72%)
I know what program to contact in my community when I need help for basic needs.	3,173 (63%)
I know what program to contact in my community when I need advice on how to raise my child.	3,165 (63%)

Source: Family Information Form 2020-21, all intakes. (All data self-reported). N = 5,296. May include duplicate clients when served by two or more First 5 programs.

Consistent with previous years, food/nutrition services were most utilized within the six months prior to the FIF intake, with 58% of parents/caregivers reporting using these services. Compared with FY 2019-20 (7%), a higher proportion of adults reported having used FRC Services during FY 2020-21 (10%).

The table below presents FIF intake data specific to children entering First 5 services, including resources accessed in the six months prior to intake and the frequency that families engage in supportive activities.

Figure 8. First 5 Sacramento Family Information Form Intake Data: Child Information

	FY 2020-21
Total FIF Intakes (Child)	4,785
FIF Intakes by Program	
Birth & Beyond	2,746 (57%)
School Districts (School Readiness)	1,816 (38%)
Sacramento Crisis Nurseries	150 (3%)
Help Me Grow	73 (2%)
Health Services and Supports Used in Six Months Prior to Intake	
Has had a well-child health check-up in the past 12 months	3,887 (81%)
Has seen a dentist in the past six months (if 18 months or older)	1,963 (55%)
Has had a vision screening in the past year	2,350 (49%)
Has had a hearing screening in the past year	2,317 (48%)
Has had a developmental screening in the past year	1,156 (24%)
Has untreated cavities	298 (6%)
Frequency of Family Activities (as of intake)	
Sat and shared a meal together (<i>at least five times per week</i>)	3,640 (76%)
Practiced a bedtime routine (<i>at least five times per week</i>)	3,380 (71%)
Talked with child about things that happened during the day (<i>at least five times per week</i>)	3,348 (70%)
Played one-on-one with child (<i>at least five times per week</i>)	3,320 (69%)
Told stories or sang songs together (<i>at least five times per week</i>)	3,188 (67%)
Read together at home (<i>at least five days per week</i>)	2,136 (45%)

Source: Family Information Form 2020-21, all intakes. (All data self-reported). N = 4,785. May include duplicate clients when served by two or more First 5 programs.

Result 1: DECREASE INFANT DEATH

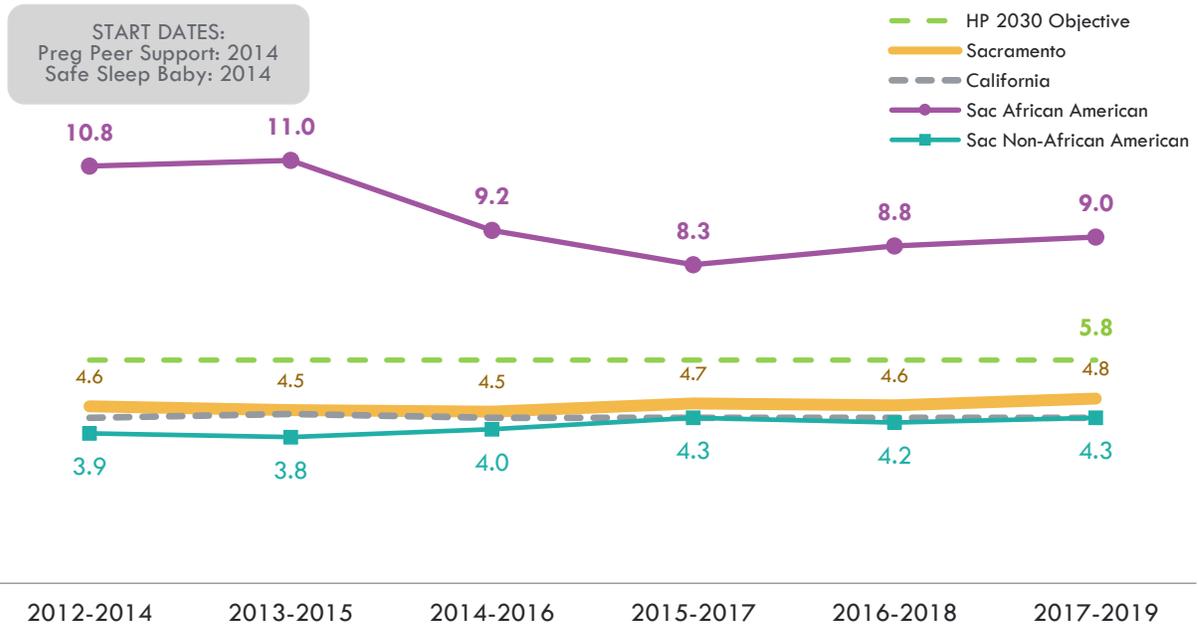
This result area is related to the Commission’s efforts to reduce African American infant deaths. Applied Survey Research (ASR) produced a full report for FY 2020-21, the highlights of which are presented here. The full report is available on First 5 Sacramento’s website (see Results/Evaluation Reports).

COUNTYWIDE TRENDS

Infant mortality is influenced by many factors, such as lack of access to timely and regular prenatal care, preterm birth, chronic diseases/conditions in the mother, and social and economic disparities. Sacramento County and statewide rolling average rates of infant death have remained stable. The countywide rate (4.8 per 1,000 births) remains higher than the state average (4.3 per 1,000 births), but lower than the Healthy People 2030 goal (5.8). Additionally, while there was a remarkable drop in the rate of African American infant mortality between 2013-2015 and 2015-2017, infant mortality rates have increased in 2016-2018 (8.8 per 1,000 births) and 2017-2019 (9.0). African American infants continue to be nearly twice as likely to die compared with non-African American infants, and rates remain well over the Healthy People 2030 Objective (5.8).

Increases in the rate of African American infant death in Sacramento County is a result of a markedly higher rate in 2018 compared to other years: 14 in 2017 (7.2 per 1,000), 23 in 2018 (12.7 per 1,000), and 13 in 2019 (7.2 per 1,000)). This anomaly impacts rolling averages for 2016-2018 and 2017-2019.

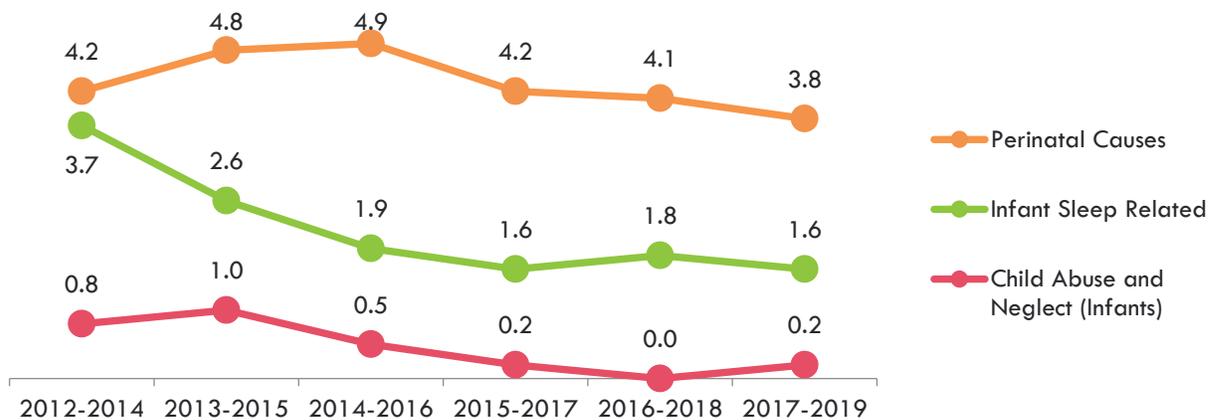
Figure 9. Rate of Infant Mortality per 1,000 Live Births, By Race



Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. Statewide values obtained from CDC National Center for Health Statistics, Infant Mortality Rates by State.

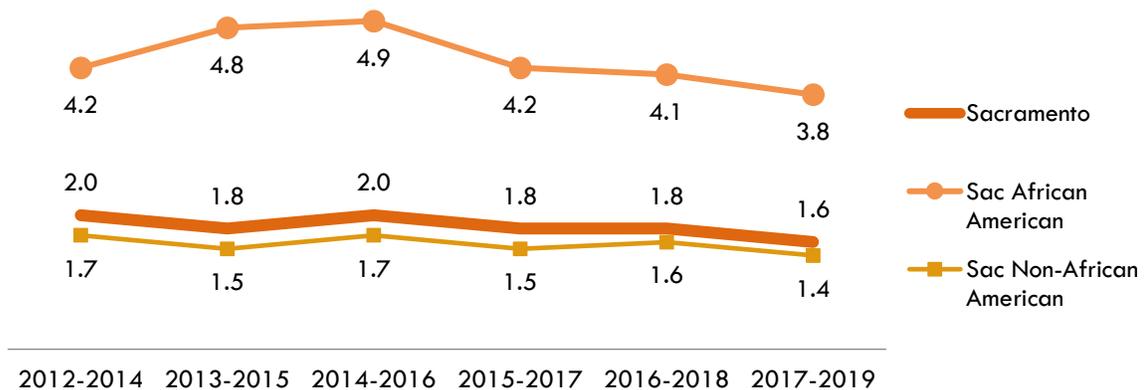
The figure below depicts overall decreases in infant mortality for African American infants for each of the top three causes of preventable infant death. Infant sleep-related deaths have decreased 56% between the 2012-2014 baseline average and the most current available data. Additionally, the disparity gap between African Americans and all other races has decreased 65% since baseline. Despite one infant Child Abuse and Neglect (CAN) homicide during the 2017-2019 period, the rate of infant CAN deaths decreased 78% relative to the baseline period. The disparity gap remains slightly higher for African American infants compared with all other races, although both groups unfortunately had one CAN death during the 2017-2019 period. The overall substantial decreases may, in part, reflect the impact of the full implementation of First 5-funded programs and countywide efforts.

Figure 10. Three-Year Rolling Average Rates of African American Infant Death: Sleep Related, Perinatal Causes, and Child Abuse and Neglect



The data presented below depict a more detailed picture of **deaths due to perinatal causes**, such as prematurity, low birth weight, placental abruption, and congenital infections. Data include deaths from the second trimester of pregnancy through one month post-birth. African American rolling averages have been decreasing since 2015-2017, following a slight uptick in the 2013-2015 and 2014-2016 rates. The current African American rate for 2017-2019 is 10% lower than the 2012-2012 baseline.

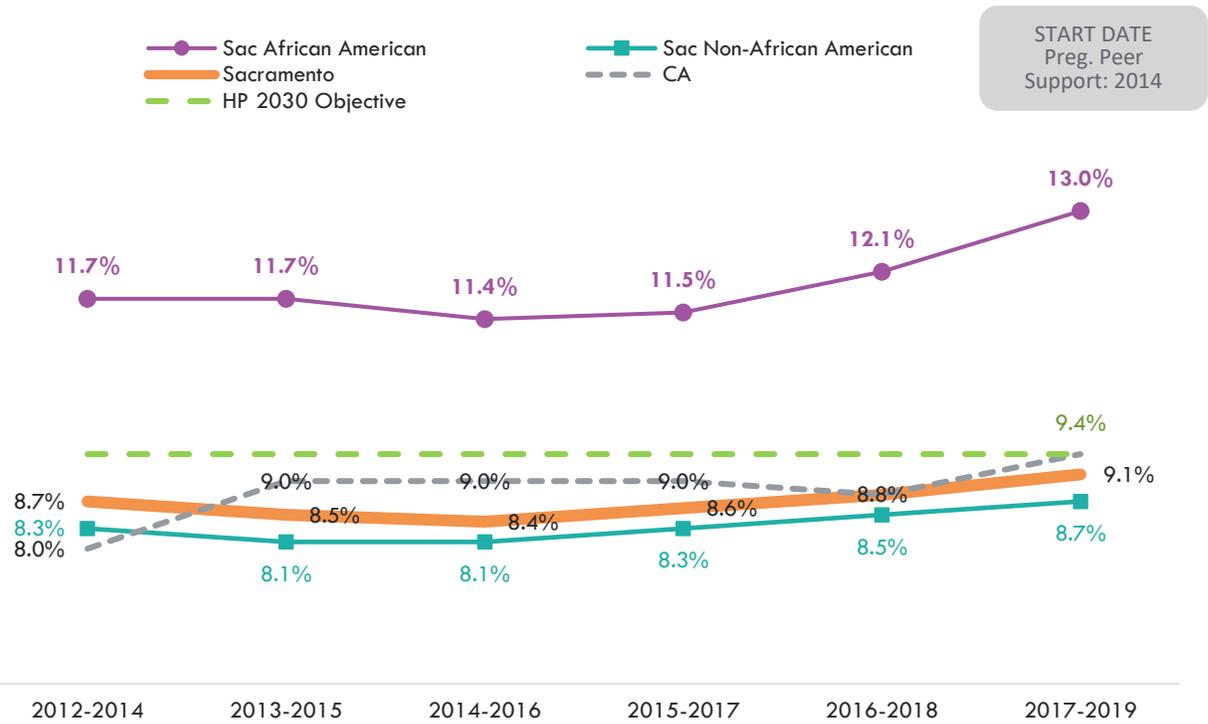
Figure 11. Rate of Death per 1,000 Live Births Due to Perinatal Causes, By Race



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

The percentage of African American infants born preterm in Sacramento remained substantially higher than non-African American infants, as well as state and county rates. In general, African American women across Sacramento County were less likely to have timely prenatal care and more likely to deliver preterm and low birth weight babies. Despite small decreases in preterm births among African Americans between 2014 and 2017, rates have increased to 13.0% during the three-year period of 2017-2019. Overall rates of preterm births have also increased within Sacramento County, the state of California, and nationally. Healthy People 2030 reports describe the national status of preterm births as “getting worse.”² In 2018, the national rate was 10.0% of live births and 2019 estimates increased to 10.2%.

Figure 12. Babies Born Premature, by Race/Ethnicity



Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. CA data source: Centers for Disease Control and Prevention, WONDER Database LMP Gestational Weeks. Because of the instability of relatively small numbers, the percentage of infants born premature was calculated as rolling averages (RA) over multi-year periods.

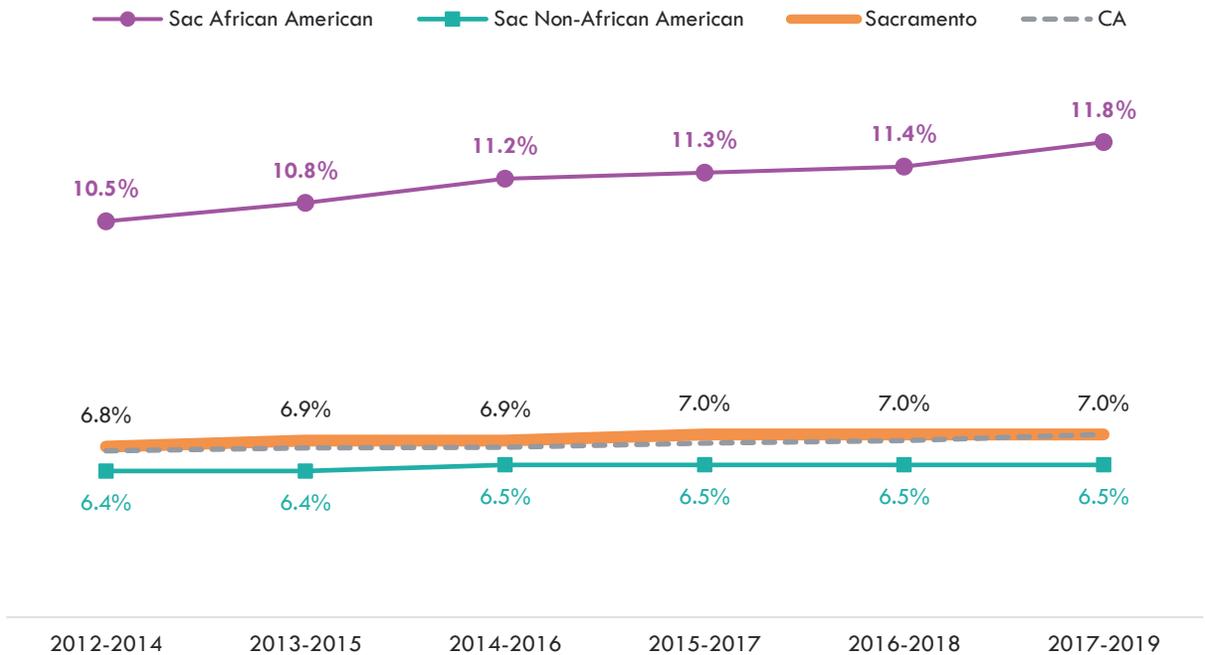
The Healthy People goal is to reach 9.4% by 2030. Current estimates suggest that the state of California and Sacramento County overall (9.1%) are meeting this goal or are below the threshold. Within Sacramento County, African Americans continue to disproportionately experience preterm births. This substantial gap reflects national Black-White discrepancies and may be linked to structural barriers as well as racism-related stress,³ highlighting the need for continued services within communities most severely impacted.

² US Department of Health and Human Services. Healthy People 2030. Reduce preterm births—MICH-07. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07/data>

³ Scommegna, Paola (2021, January 21). “High Premature Birth Rates Among U.S. Black Women May Reflect the Stress of Racism and Health and Economic Factors.” <https://www.prb.org/resources/high-premature-birth-rates-among-u-s-black-women-may-reflect-the-stress-of-racism-and-health-and-economic-factors/>

Low birth weight (LBW) is defined as newborns weighing less than 2,500 grams. The figure below displays the rolling average percentage of African American infants born LBW from baseline 2012-2014 to 2017-2019 compared with infants of all other races. The percentage of African American babies born with LBW during 2017-2019 continued to increase (11.8%) compared with the 2012-2014 baseline (10.5%). More effort needs to be focused in this area for a continued decrease in infants born with LBW in the African American community and the Sacramento County population, overall. While increasing trends are alarming, nationwide estimates also show larger proportions of newborns born at a low birth weight. National Vital Statistics (2021) estimates indicate 8.31% of infants were born at a low birth weight in 2019. This proportion is higher than the most recent peak value (8.26%) in 2006.⁴ Persisting racial disparities may also be attributed to the effects of poverty or racial discrimination even extending back to the mother’s childhood,⁵ thus countywide efforts may take some time to see substantial impact.

Figure 13. Babies Born with Low Birth Weight, by Race/Ethnicity



Source: Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. CA data source: Centers for Disease Control and Prevention, WONDER. Because of the instability of relatively small numbers, the percentage of infants born with low birth weight was calculated as rolling averages (RA) over multi-year periods.

However, despite slight increases in the primary causes of perinatal deaths (low birth weight and prematurity), the rate of perinatal child deaths in Sacramento County have shown a steady decrease in the past three reporting cycles (as discussed above).

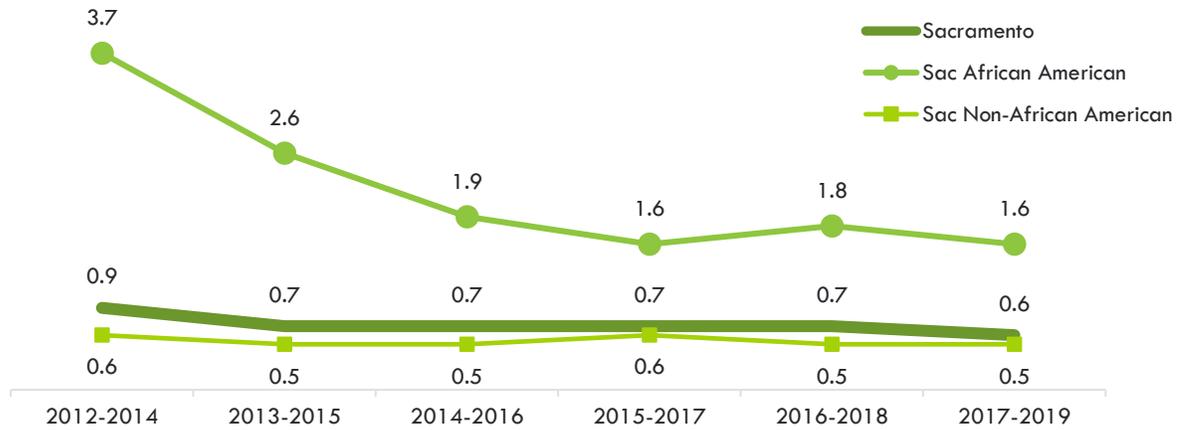
⁴ Martin, J. A. et. al., 2021. Births: Final Data for 2019. National Vital Statistics Report, Volume 70, Number 2.

<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf>

⁵ David, R.J., and J.W. Collins Jr., 1997. Differing Birth Weight among Infants of U.S.-Born Blacks, African-Born Blacks, and U.S.-Born Whites. The New England Journal of Medicine, 337:1209-1214. <https://www.nejm.org/doi/full/10.1056/NEJM199710233371706>

The term “Infant Sleep Related Deaths” (ISR) refers to any infant death that occurs in the sleep environment, including Sudden Infant Death Syndrome, Sudden Unexpected Infant Death Syndrome, accidental suffocation and strangulation in bed, and Undetermined Manner/Undetermined Natural Death. The rolling averages below demonstrate an overall dramatic decrease in African American ISR deaths since 2012-2014 (3.7 per 1,000 infants), despite a slight increase during the 2016-2018 cycle. The disparity gap between African Americans and all other race/ethnicities has also dramatically declined (65% decrease).

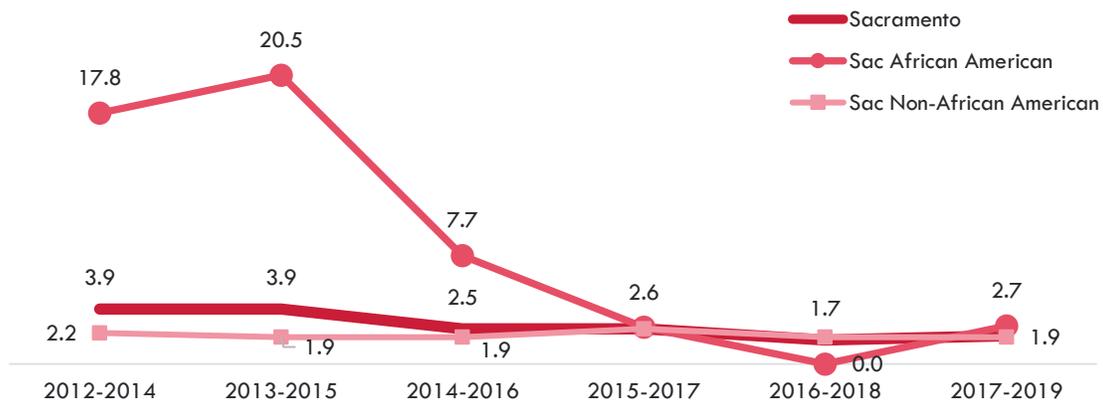
Figure 14. Rate of Infant Death per 1,000 Live Births Due to Sleep-Related Causes, By Race



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

There has also been an overall drastic reduction in **Child Abuse and Neglect (CAN)** homicide deaths among African American children ages 0 to 5 in Sacramento County. The rate reduced from 17.8 per 100,000 children in 2012-2014 to 2.7 in 2017-2019. In 2016-2018, there were zero child abuse and neglect homicide deaths. The slight uptick in the 2017-2019 rolling average represents one individual death.

Figure 15. Rate of Child Abuse and Neglect Homicides per 100,000 Children 0 to 5, By Race



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

IMPACT OF FIRST 5 SACRAMENTO

Each year, there are approximately 2,000 African American babies born in Sacramento County. In 2013, the Sacramento County Blue Ribbon Commission on Disproportionate African American Child Deaths called upon service agencies and community leaders to take immediate action to reduce preventable African American child mortality in the county, with an emphasis on addressing the disproportionality in African American deaths. First 5 Sacramento joined the Steering Committee for this effort, called the Reduction of African American Child Deaths (RAACD) initiative, and additionally funded four strategies to address perinatal and infant death in seven neighborhoods characterized by high African American infant and child death rates:

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

The efforts and outcomes of these strategies are summarized here, based upon the FY 2020-21 RAACD evaluation report prepared by Applied Survey Research.

PREGNANCY PEER SUPPORT

The Pregnancy Peer Support Program started in Sacramento in 2014 and provides services to promote education, support, and access to critical services, like prenatal care, to support healthy pregnancies and births. Full implementation of the initiative to improve outcomes of African American mothers and infants began in 2015. In FY 2020-21, Her Health First's Black Mothers United (BMU) Program supported a total of 159 African American expectant mothers to promote better birth outcomes, and there were 85 live births.

HER HEALTH FIRST

Her Health First's Black Mothers United (BMU) program provided case management to address the social determinants of health of the women they serve. Through direct outreach in communities characterized by high African American infant death rates, and by partnering with community-based organizations and social service agencies, BMU's pregnancy coaches sought out pregnant African American women who needed support. BMU assessed participants' needs and risks, developed individualized care plans, and provided a wide array of educational services and referrals.

Between July 2020 and June 2021, BMU served 159 pregnant African American women. Close to two-thirds (64%) resided in one of the seven high-risk target neighborhoods of Sacramento County, a slight increase from the 61% who resided in these neighborhoods in FY 2019-20.



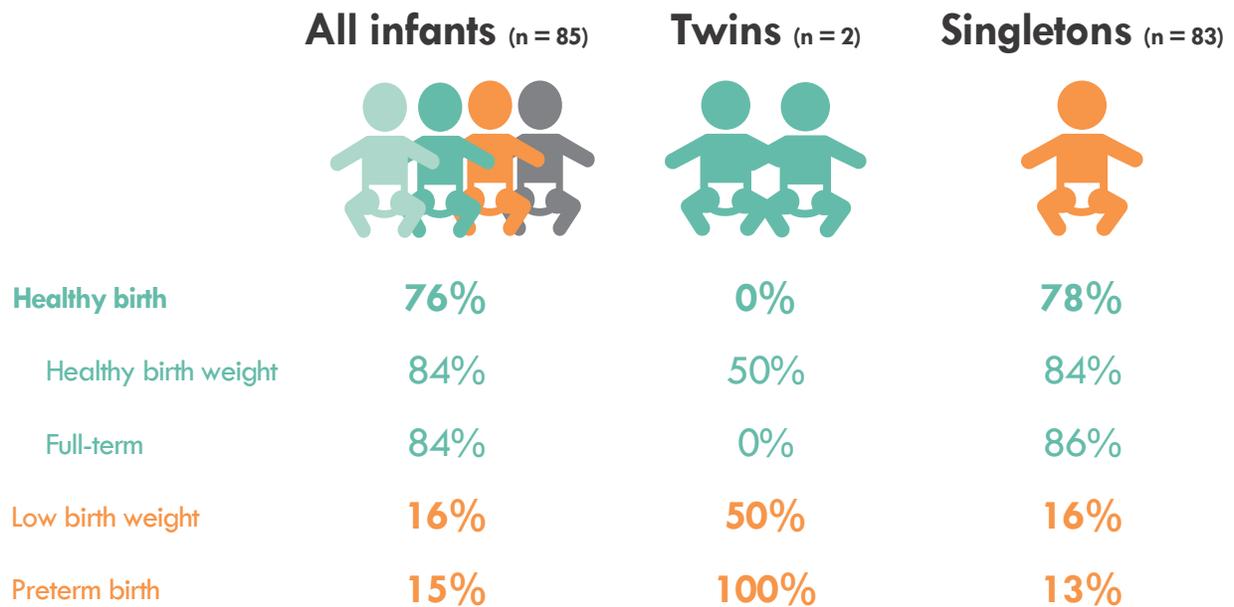
“[my pregnancy coach] never made me feel alone even at my worst part of life... I was so grateful I cried.” – BMU Client

At intake, 30% of participants were single without a partner, and about a quarter were unemployed and looking for work (24%) or had a lack of transportation (24%). More than half of BMU clients (57%) used WIC services for nutritional support and about 39% were on CalWORKs.

As a result of referrals and intensive case management, mothers had fewer risk factors by the end of the program. For instance, the percentage of mothers whose PhQ-9 scores indicated moderate to severe depression decreased from 18% at intake to 3% at follow-up⁶. The percentage of mothers who did not have a crib was reduced from 79% at intake to only 2% at follow-up.

There were 85 live births to BMU clients, including 83 singletons and one set of twins.⁷ Of these, 84% were born at a healthy birth weight, 84% were born full-term, and 76% were both healthy weight *and* full-term. **Importantly, there were zero stillbirths or infant deaths prior to mothers exiting the program for the second consecutive fiscal year.**

Figure 16. Birth and Perinatal Outcomes of BMU Clients



To further investigate the data, ASR conducted three exploratory regressions. The first explored factors related to whether there was an *adverse birth outcome* (yes/no, included either low birth weight or preterm birth). The second assessed factors specifically related to *birth weight*, and the third considered the factors correlated with *gestational age*. Regressions discerned statistical predictors of a dependent outcome variable. It is important to note that all variables were self-reported by the mother at intake. Variables that were not correlated with birth outcomes⁸ were not included in regression models, since they did not have a statistical relationship or impact on one another. Although regressions provided more sophisticated

⁶ These percentages are out of mothers who had PhQ-9 data for both intake and follow-up (n = 65).

⁷ Number of infants born includes mothers who joined BMU in either FY 19-20 or FY 20-21 and delivered during FY 20-21.

⁸ In preliminary, bivariate analyses

analyses than correlations, they did not imply causal relationships. To increase statistical power, three cohorts of BMU clients were included (from FY 2018-19 through FY 2020-21) for a total sample size of 288.

An **inability to fulfill food needs** and **fewer check-ins with a BMU coach** independently predicted having *adverse birth outcomes* (low birth weight and/or preterm).⁹ Similarly, **fewer check-ins with the BMU coach** and an **inability to fulfill food needs** each significantly predicted infants born at a lower *gestational age*.¹⁰ **Fewer check-ins with the BMU pregnancy coach** also independently predicted infants having a *lower birth weight*, in addition to **tobacco use**.¹¹ Maternal **obesity** predicted infants having a higher birth weight, which can also result in health impacts on the mother and baby. Each analysis identified that more check-ins with a BMU coach had a clear and positive impact on healthy birth outcomes.

Check-ins with a BMU Pregnancy Coach had a consistent and positive impact on birth outcomes

Figure 17. Highlights of the BMU Program

Factor	Findings
Program Reach	159 women participated in weekly check-ins and home visits.
Socio-economic Risk Factors	The most common socio-economic risk factors at intake were being single (30%), being unemployed and looking for work (24%), and not having transportation (24%).
Health Risk Factors	The most common health risk factors at intake were nutritional deficiencies (22%) and moderate to severe depression (PhQ-9) (19%). Moderate to severe depression decreased to 3% and nutritional deficiencies decreased to 15% after participation in the BMU program.
Infant Safety Risk Factors	79% of BMU participants (with an intake and a follow-up assessment) did not have a crib at the time of intake, which decreased to only 2% after participating in the program.
Birth Outcomes	Out of 85 total births, 71 (84%) had a healthy birth weight and 84% had a full-term birth. In total, 76% of BMU babies had both a healthy weight and gestational age. There were no infant deaths reported among these clients.
Postpartum Care	Among all participants exiting the BMU program in FY 2020-21, 63% completed both the minimum number of prenatal visits and a postnatal visit with their coaches. 87% of clients had a well-baby visit by program exit.
Predictors of Low Birth Weight	Tobacco use* and fewer weekly check-ins with BMU coach.*
Predictors of Preterm Birth	Fewer weekly check-ins with BMU coach** and unable to fulfill food needs**

Source: Black Mothers United Health Assessment Intake, Pregnancy Outcomes Form 2020-21. *Indicates statistical significance at $p < .05$, ** indicates significance at $p < .01$

⁹ Logistic Regression: Unable to Fulfill Food Needs ($p = .009$), BMU service count ($p = .016$)

¹⁰ Linear Regression: BMU service count ($p = .001$), Unable to fulfill food needs ($p = .004$)

¹¹ Linear Regression: Tobacco use ($p = .046$), Obesity ($p = .018$), BMU service count ($p = .039$)

Client Success Story—Black Mothers United

Vivian¹² is a second-time mom who initially connected with BMU in 2019 while pregnant with her first daughter. During that pregnancy, Vivian’s coach assisted her with “a lot of help and supplies,” attended doctor’s appointments, and assisted her when she did not have transportation, “even in the rain, even though she had her own children.” The Mommy Mingle groups helped remind her she was not alone, even when she felt like it. She learned how to use a car seat as a first-time mom, and had a space to talk about depression, mental health, and challenging experiences with doctors.



“[BMU] have your back 100 percent and support you through the whole way... They have helped my family and I in so many ways I can’t thank them enough.” – Vivian, BMU Client

Vivian became pregnant with her second child in 2021. She also became homeless with her two-year-old, and “was doing really bad.” She reconnected with BMU, and her pregnancy coach assisted her with several weeks of hotel vouchers, helped her identify places that were hiring, assisted her with groceries, and made sure she and her family were safe.

As Vivian described, “[my pregnancy coach] made sure my mental health wasn’t failing due to my situation. She never made me feel alone even at my worst part of life... I was so grateful I cried.” For Vivian, the BMU program was an essential source of support and family during her most difficult times. Even on the days she wanted to give up, the BMU program would not let her. “They have your back 100 percent and support you through the whole way... They have helped my family and I in so many ways I can’t thank them enough.”

¹² Fictional names used

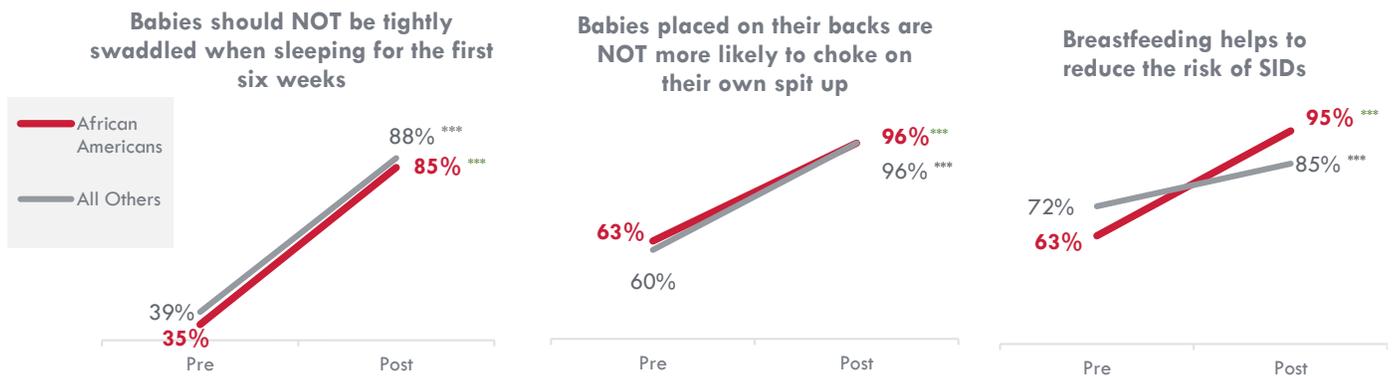
INFANT SAFE SLEEP EDUCATION CAMPAIGN

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



In FY 2020-21, 691 individuals received Safe Sleep Baby training. Among them, 31% were African American and 56% resided in RAACD’s targeted zip codes.¹³ This represents a two-percentage point increase among participants in the targeted zip codes compared with FY 2019-20 (54%). Pre- and post-training data showed statistically significant increases in understanding *babies should NOT be tightly swaddled when sleeping for the first six weeks, babies placed on their backs to sleep are NOT more likely to choke on their own spit up, and breastfeeding helps to reduce the risk of SIDS.*

Figure 18. Increases in Infant Safe Sleep Knowledge in Pre- and Post-Test

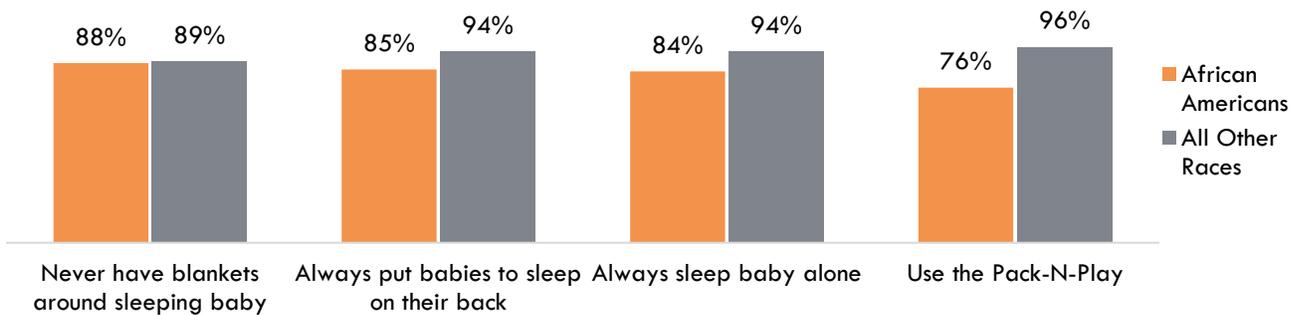


Source: Matched set of participants with SSB Pre- and Post-Surveys (African American N = 190, All Others = 415). Both groups had statistically significant differences between pre- and post-tests for all three measures at $p < .001$.

Additionally, 101 parents who received a crib and training were reached with a follow-up call within three to four weeks of completing the SSB training to understand the extent to which they were using infant safe sleep practices. The figure below demonstrates participants’ safe sleep behaviors after participation in the program. While most participants engaged in safe sleep practices after completing the SSB workshop, African American participants were somewhat less likely than all other races combined to report following through with these practices. This highlights a need to continue exploring the factors disproportionately affecting African American families and the importance of targeted support.

¹³ Neighborhood percentage based on 637 participants with zip code data

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



Source: CAPC, SSB Follow up Survey. n = 101.

Other accomplishments of the Safe Sleep Baby campaign include:

- 331 cribs distributed, 35% (116) of which were to African American families.
- 280 community service and three health professionals received SSB direct education.
- All eight Sacramento birthing hospitals routinely screened mothers for plans to sleep their babies at home, provide safe sleep materials, and refer families to the Safe Sleep Baby program.

Client Success Story—Safe Sleep Baby

Toni,¹⁴ a single mom with three children under ten, delivered her fourth child several months premature, weighing less than two pounds. Her baby girl, Rose, stayed in the NICU for about three months until she was able to come home. Toni was feeling overwhelmed and unsupported. She was unemployed, living in mutual housing, and without reliable access to a car making her ability to purchase baby necessities and visit her daughter in the hospital even more difficult. She had also had experience with postpartum depression and CPS involvement.

Despite these barriers, Toni was determined to be a successful mother. Toni’s Home Visitor at the Sacramento Children’s Home referred her to the Safe Sleep Baby workshop. Toni participated in a virtual workshop and CAPC SSB staff delivered a crib to her home within a couple of hours. The CAPC’s Health Advocate/Educator also provided her with information about the Black Infant Health (BIH) Program. Toni was very happy, stating, *“That would be wonderful! I just want to make sure that my Advocate will be you, right? I feel comfortable with you, and you have made this process feel very nurturing and supportive to me”*. Within eight weeks, Toni’s CAPC Health Advocate/Educator noticed tremendous personal growth and Toni has become one of the program’s most active clients. She continuously meets short-term goals and reaches out when she is feeling overwhelmed.

“I initially was so overwhelmed by the cost of a crib, but you made this workshop very easy to understand and were patient with me when I had questions. Without you ... I would have been lost, and that is the truth.” – Toni, SSB Workshop Participant

¹⁴ Fictional names used throughout success stories

PUBLIC PERINATAL EDUCATION CAMPAIGN

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

In FY 2020-21, RSE expanded the campaign through the development of new storyboards, scripts, and content for organic and paid social media reach, including two new videos. The FY 2020-21 campaign ran between January and June 2021. Ads included videos, still photos, and carousel photos (multiple pictures designed to scroll through). Ads received more than 1.6 million impressions and there were 24,068 clicks on the links/posts provided across Facebook and Instagram. User engagement with posts included a total of 489 post reactions, 97 post comments, 108 shares, and 22 saves. The click-through rate¹⁵ for the 2021 campaign was 1.46% which was well above the 0.60% industry benchmark.

RSE also expanded the Unequal Birth Campaign website to be effective, engaging, and encourage sharing of the campaign. RSE also developed a mini social toolkit for partners to encourage discussions around birth inequities in the community. In FY 2020-21, almost 15,000 users visited the Unequal Birth website for a total of 19,411 sessions. Users averaged 1.14 pages viewed during a session. The Unequal Birth Campaign's main landing page had more than four times as many page views as other pages on the site. About 200 users clicked the "Take Action" button after visiting the landing page, followed by 128 visits to the "Research" page.



¹⁵ Number of clicks divided by the number of times the ad is shown

FAMILY RESOURCE CENTERS

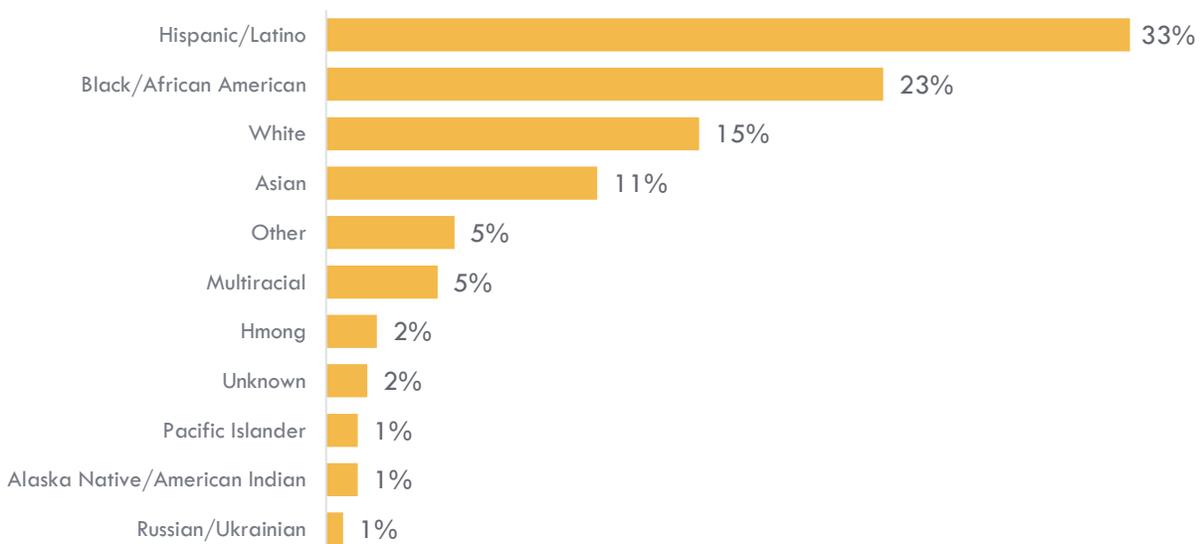
The final strategy funded by First 5 Sacramento aimed to decrease child abuse and neglect (CAN), especially among African Americans due to the disproportionality in CAN homicides within this racial group. First 5 Sacramento provides funding for Family Resource Centers (FRCs) with the goal of decreasing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

Birth & Beyond strategically located FRCs in neighborhoods characterized by high birth rates, low income, and higher rates of Child Protective Services (CPS) referrals and substantiated reports, compared with county averages. FRCs are located in the neighborhoods of:

- Arden Arcade • Del Paso Heights • Meadowview • North Highlands
- North Sacramento • Oak Park • Rancho Cordova • South Sacramento • Valley Hi

In FY 2020-21, with funding from First 5 Sacramento, FRCs served 3,898 adults and 1,152 children. Over half (56%) of clients served at FRCs identified as either Hispanic/Latino or Black/African American. The ethnicity breakdown for all participants is provided in the figure below. Birth & Beyond serves a more diverse population than Sacramento County’s ethnic distribution, which is about 43.8% White, 23.6% Hispanic/Latino, 17.0% Asian, 10.9% African American, and 4.7% some other race/ethnicity.¹⁶

Figure 20. Ethnicities Served at Family Resource Centers in Sacramento County



Source: Birth & Beyond Demographics Report on Persimmony, FY 20-21.

¹⁶ Source: U.S. Census Bureau, 2020.

HOME VISITING

All FRC services aim to decrease child abuse and neglect. However, this report focuses on home visiting outcomes as these are the most intensive FRC services. Birth & Beyond’s Home Visiting program used the *Nurturing Parenting Program* (NPP), an evidence-based home visiting curriculum provided at least weekly, with a minimum of two months of visiting services.

In FY 2020-21, 978 parents received home visiting services funded by First 5 Sacramento. Of the parents served in the home visiting program, 23% (223/978) identified as African American. Three of the nine FRCs accounted for 51% (113/223) of all Birth & Beyond African American parents served through First 5-funded home visiting, including Valley Hi (40 parents), Firehouse (40 parents), and North Sacramento (33 parents). Among the parents receiving First 5-funded home visiting, **296 received eight or more hours of home visiting**, 13% of which were African American.

Participants were screened using the Adult Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. It includes five domains: *Expectations of Children, Parental Empathy Toward Children’s Needs, Use of Corporal Punishment, Parent-Child Role, and Children’s Power*. Each item is scored on a scale of 1 (high risk) to 10 (low risk). In total, 203 parents had both a pre- and post-AAPI assessment after completing the NPP home visiting program. Of these, 32 (16%) were African American. The figure below displays mean scores on each AAPI domain, separated by African American and All Other Races. Overall, African Americans performed similarly to those of other racial backgrounds, and in general, scores on the AAPI tended to increase from pre- to post-assessment. However, for African Americans, AAPI score on Children’s Power decreased from pre- to post-test (although this change was not statistically significant).

Figure 21. Change in Mean Scores on AAPI in Pre- and Post-Test for Home Visiting Clients



Source: AAPI pre- and post-assessment scores, Birth & Beyond 2020-21. Note: African American N = 32. All Other Races N = 171. Statistical significance reported at post-test value as * p < .05, ** p < .01, and *** p < .001

Client Success Story—Birth & Beyond Family Resource Centers

Sandra¹⁷ is a 25-year-old mother of two children, and a stepmother to her fiancé, Javier's, child. Sandra and Javier were referred to Birth & Beyond by a hospital nurse when their youngest child, Josue, was born three months premature. While pregnant, Sandra was wrongfully terminated from her job after turning in a doctor's note for work accommodations and Javier was terminated due to COVID-19. The stress from lost wages, homelessness, COVID-19, and a loss of health care caused Sandra to go into early labor. As a result, the family needed crisis intervention including assistance navigating unemployment benefits, taxes, Department of Human Assistance services, and forming healthy relationships as a couple and a family.

Birth & Beyond assisted Sandra and Javier with adult education, infant care, legal assistance, employment services, Doula services, Safe Sleep Baby education, and couple's counseling. Additionally, Sandra's eldest child joined the early learners program. Sandra and Javier have been learning to communicate more effectively with one another and the importance of communication when disciplining children.

Since receiving B&B support and crisis intervention, Sandra has gained full-time employment and is attending college full-time. Josue has passed the milestones for a premature child, reached an appropriate weight for his age, and has started walking. Sandra and Javier have continued efforts to receive individual and couples therapy and Sandra took legal action against her former employer. While Javier continued to look for employment, he planned to stay at home until their oldest two children went to school in the fall. They have obtained stable housing and continue to work on managing debt that they incurred during the height of the pandemic.

SUMMARY

- **The Pregnancy Peer Support program helped African American mothers reduce socio-economic and health risk factors and deliver healthy babies.** Through Her Health First's Black Mothers United program, 159 women received weekly contact including education, referrals, and any other support needed to address risks to healthy birth. There were 85 live births in the BMU program, including 83 singletons and one set of twins. Of these, 82% were born at a healthy birth weight, 82% were born full-term, and 75% were born at both a healthy birth weight *and* full-term. There were no stillbirths or infant deaths in FY 2020-21, as of the time mothers exited the BMU program.
- **Safe Sleep Baby showed statistically significant impacts on parents' knowledge and practices related to safe sleep strategies.** There were 691 individuals who received the Safe Sleep Baby training, 31% of whom were African American, and 56% who resided in RAACD's targeted zip codes. Pre- and post-test measures indicated significant increases in knowledge as well as use of practices that promote safe sleep, overall. Additionally, Safe Sleep Baby trained 280 community-based service providers and three medical providers, and 331 cribs were provided to parents (approximately 35% of which went to African American parents).

¹⁷ Fictional names used for all success stories

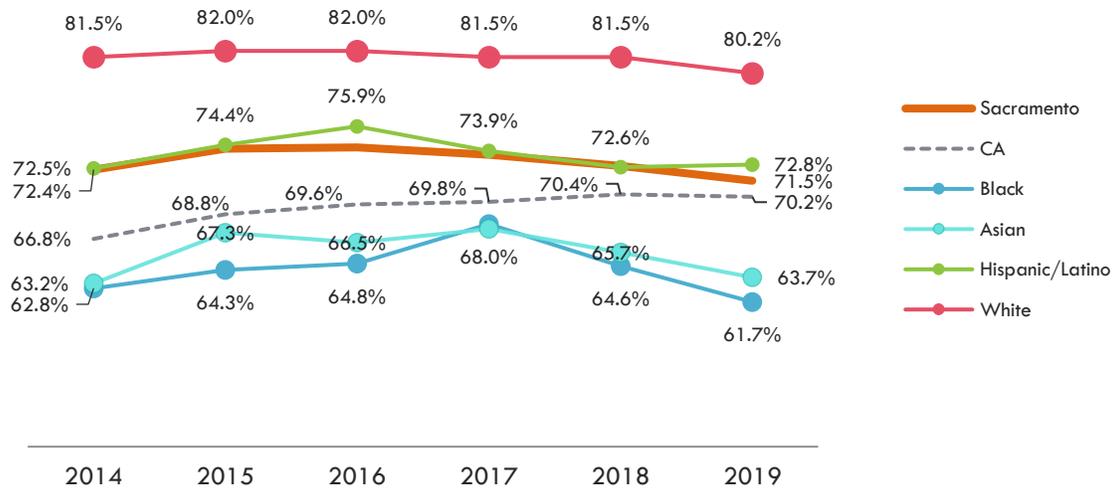
- **The Unequal Birth Public Perinatal Education Campaign expanded efforts to make the campaign easier to share and engage.** This campaign utilized two new social media video advertisements and changes to the UnequalBirth.com website. Social media ad click-through rate (1.46%) exceeded the 0.60% industry benchmark.
- **Family Resource Centers helped to decrease child abuse and neglect by providing home visiting, parenting education, crisis intervention, and enhanced core services.** About 978 parents received First 5-funded home visiting services, 296 of which completed eight or more hours of home visiting. Additionally, 531 parents completed parenting education workshops. Pre- and post-tests on the Adult-Adolescent Parenting Inventory (AAPI) were given to both home visiting and parenting education participants. Overall, there were statistically significant increases across domains for both sets of participants.
- **Taken together, efforts from the strategies of First 5 Sacramento and other partners to reduce African American child death continue to show positive impact.** Rolling averages between 2012-2014 and 2017-2019 indicate:
 - An overall 17% decrease in the rate of African American infant deaths, and a 33% decrease in the disparity gap between rates for African Americans and all other races.
 - A 9% decrease in the rate of perinatal deaths per 1,000 African American infants, and a 5% decrease in the disparity gap between African Americans and all other races, since the 2012-2014 baseline.
 - A 56% decrease in African American infant sleep-related deaths, and a 65% decrease in the disparity gap between rates for African Americans and other races.
 - An 85% reduction in the rate of African American child abuse and neglect (CAN) homicides per 100,000 children ages 0 to 5. The 2017-2019 rolling averages include one individual CAN death among African Americans and one CAN death among all other races.

Result 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING

COUNTYWIDE TRENDS

Breastfeeding promotes bonding and improves health outcomes for both mother and child. Across Sacramento County, the percentage of mothers who exclusively fed their baby breast milk in the hospital decreased slightly, from 72.4% in 2014 to 71.5% in 2019. Overall, Sacramento County rates were slightly higher than the overall state average (70.2%). However, the exclusive breastfeeding rate for African American (61.7%), Asian (63.7%) mothers is lower than the state and county rates. Hispanic (72.8%) and White (80.2%) mothers have higher rates of exclusive breastfeeding in-hospital.

Figure 22. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital



Note: Number of mothers who exclusively breastfed their babies in Sacramento—CA 278,899; Sacramento 11,841; African American 931; Asian 1,307; Hispanic/Latino 3,427; White 4,264 (2019). Source: California Department of Public Health, 2019 California In-Hospital Breastfeeding.¹⁸

¹⁸ As of publication, 2020 breastfeeding data not yet released. 2019 counts obtained from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Breastfeeding/Breastfeeding-In-Hospital-Data-2019-County-of-Residence-by-Race.pdf>

IMPACT OF FIRST 5 SACRAMENTO WOMEN, INFANTS AND CHILDREN (WIC)

First 5 began funding lactation support services in Sacramento County in 2002. Through contracts with Sacramento County Department of Health and Human Services WIC (DHHS WIC) and Community Resource Project WIC (CRP WIC), First 5-funded WIC programs served women with an infant up to one year of age, and focused on initiating and continuing breastfeeding through at least six months of age. The target population included WIC mothers and infants in Sacramento County, as well as mothers with limited access to lactation assistance.



During FY 2020-21, 2,802 mothers received WIC breastfeeding services funded by First 5.¹⁹ Together, the two WIC agencies provided 2,224 *Helpline* services, which included responses to brief inquiries from clients. WIC provided 1,372 *Drop-In* services, or moderate in length interactions and calls tackling multiple questions/issues and requiring more assistance than basic inquiries. WIC also provided 1,693 more complex *Lactation Consults (with an IBCLC)*, or lengthy interactions and calls which involved a full assessment, triage, and assistance for more complex issues, including 79 IBCLC services to non-WIC mothers.

Among the mothers reached for follow-up (n=52), an estimated 56% were exclusively breastfeeding at six months. This percentage is higher than FY 2019-20 (47%) and the most current statewide rate (26%). Mothers exclusively breastfeeding at six months also exceeded the Healthy People 2020 goal of 25%²⁰ as well as the updated Healthy People 2030 target (42%).²¹

Figure 23. RBA Dashboard—WIC DHHS/CRP-WIC Breastfeeding Services

		FY 2020-21
How much did we do?	Numbers Served	
	# Mothers served	2,802
	# Community Providers who received a breastfeeding training	15
	Breastfeeding Services Provided, by Type	
	Helpline: 0 to 7 days of birth (<i>Brief support</i>)	860
	Helpline: 8 days to 1 year of birth (<i>Brief support</i>)	1,364
	Drop-in: 0 to 7 days of birth (<i>Moderate Support</i>)	393
	Drop-in: 8 days to 1 year of birth (<i>Moderate Support</i>)	979
	IBCLC Consult: 0 to 7 days of birth (<i>Extensive Support</i>)	518
IBCLC Consult: 8 days to 1 year of birth (<i>Extensive Support</i>)	1,096	

¹⁹ Due to COVID-19, WIC pivoted to also offer remote services and realigned how remote services would be defined for the purpose of adhering to the program milestones. Services were categorized using service duration and dosage/complexity of the service.

²⁰ Source HealthyPeople.Gov 2020 targets for six-month exclusive breastfeeding. <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4863>; The California rate is for 2015, the most recent data available for this indicator.

²¹ Source HealthyPeople.Gov 2030 targets for six-month exclusive breastfeeding: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15>

		FY 2020-21
How much did we do? (continued)	Breastfeeding Services Provided, by Type (continued)	
	Home visits (high-need lactating mothers)	4
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services (<i>Extensive Support</i>)	79
	Follow-up contacts for additional breastfeeding support	1,260
	Enhanced Referrals (#)	
	Dental care (insurance and/or dental home)	66
	Health care (insurance and/or medical home)	70
	Help Me Grow	50
	Family Resource Centers /Parent Support	76
	Child care	80
How well did we do it?	N/A	
Is anyone better off?	Exclusive Breastfeeding # (%) ²²	
	At six months	29 (56%)
	At 11 months	26 (79%)

Sources: Persimmony FY 2020-21 WIC Client Service Records and Breastfeeding data exports (WIC First 5-funded clients only).

SYSTEMS APPROACHES TO INCREASE THE PREVALENCE AND DURATION OF BREASTFEEDING

The Commission has prioritized and funded direct breastfeeding support services since 2002. However, the Commission has also recognized the importance of policies and system change as key to increasing the initiation and continuation of breastfeeding for all populations. During the Strategic Plan period, the Commission encouraged awareness of existing, updated, or new policies, such as:

- **SB 142** (effective January 1, 2020) provides significant new protections for breastfeeding mothers in California. SB 142 requires:
 - Employers to provide a private lactation space close to the employee’s work area. Lactation spaces should be a clean space with a place to sit, electricity, refrigerator/place to store milk, and sink.
 - Employers to provide breaks for pumping without retaliation or discrimination. Employers must have a written lactation accommodation policy.
 - Penalties for employers that do not follow these rules.

²² Results should be interpreted with caution due to low sample sizes for six-month (n=52) and 11-month (n=33) check-ins. WIC records follow-up data at a range of infant ages, although only six months and 11 months are included in the current report.

- **PUMP** (Providing Urgent Maternal Protections) for Nursing Mothers Act (S. 1658/H.R. 3110) (introduced May 2021) is a federal law that extends break time and covers employees previously excluded from protections for nursing mothers, such as agricultural workers, teachers, nurses, and transportation workers. This law:
 - Guarantees break time and a clean space for pumping at work.
 - Clarifies break time, violation of break time, and prevents docking an employee's pay for pumping. For instance, if a mother is not relieved of duty while pumping, that time should be counted as time worked. Finally, if an employee is denied break time and not provided space to pump, the employee can seek appropriate action.

One First 5 contractor, Community Resource Project, conducted trainings with local providers to inform them of laws protecting breastfeeding and ways to access Affordable Care Act benefits for breastfeeding supports and supplies. The Commission also supported implementation of those policies by encouraging contractors to have breastfeeding-friendly policies and to refer clients to breastfeeding support. Lastly, whenever possible, First 5 fostered partnerships between contractors and our funded breastfeeding support service programs to make breastfeeding support a coordinated and integrated part of care.

Additionally, the Commission's investment to support hospitals achieve Baby Friendly designation between 2007 and 2014 continues to have an impact on Sacramento County. Since 2014, Sutter Medical Center, Mercy General, Mercy San Juan, Methodist, Mercy Folsom, and UC Davis Medical Center have achieved designation or redesignation. First 5's partners, DHS WIC and CRP WIC, have continued this systems work through support at hospital task force meetings, nurse skills labs, and engaging in an early notification system (ENS) with Sutter Medical Center, Mercy San Juan, and Methodist Hospital. The ENS process, which also meets Baby Friendly requirements, enables hospitals to refer Medi-Cal eligible mothers to DHS WIC and CRP WIC for early breastfeeding support.



Client Success Stories: WIC

Anna²³ is a married, first-time mother who was struggling to get her infant to latch for breastfeeding from birth. She also experienced pain in the process. Anna had almost reached the point of no longer wanting to breastfeed because of these complications. She received one-on-one care through in-clinic lactation consults and connected with a lactation consultant on multiple occasions to assist in her baby's feeding difficulties and milk supply concerns.

Having a provider available to help sort through the complications of infant feeding salvaged her relationship with breastfeeding. It gave her the confidence as a parent to provide for her infant. As Anna described, as a first-time mother, *"sometimes it is difficult, and I was on the brink of giving up; thinking I was unable to do this. Now I am very happy because I can give my baby something so valuable, thanks to you!"*

"I was on the brink of giving up; thinking I was unable to do this. Now I am very happy because I can give my baby something so valuable, thanks to you!"
– Anna, WIC Client

SUMMARY

- **DHHS Women, Infants and Children and Community Resource Project, Inc. reached 2,802 mothers and 15 providers to promote breastfeeding.** Participating women received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support, and a helpline. Providers received training and education to promote breastfeeding.
- **Over 70% of mothers in Sacramento County were exclusively feeding their baby breast milk in the hospital in 2019.**
- **Mothers served by First 5-funded breastfeeding support programs are more likely than the national average to be exclusively breastfeeding at six months.** Across both First 5-funded WIC programs, more than half of mothers interviewed at six-months postpartum were exclusively breastfeeding (56%).
- **Contractors at DHHS WIC and CRP WIC continue to advocate for breastfeeding** and support hospitals in this journey. The Commission continues to support breastfeeding by encouraging funded programs to promote breastfeeding, and to refer to or work with WIC. In addition, staff continues to monitor legislation, such as the Affordable Care Act, that can impact access to important tools like breast pumps to support breastfeeding.

²³ Fictional names used

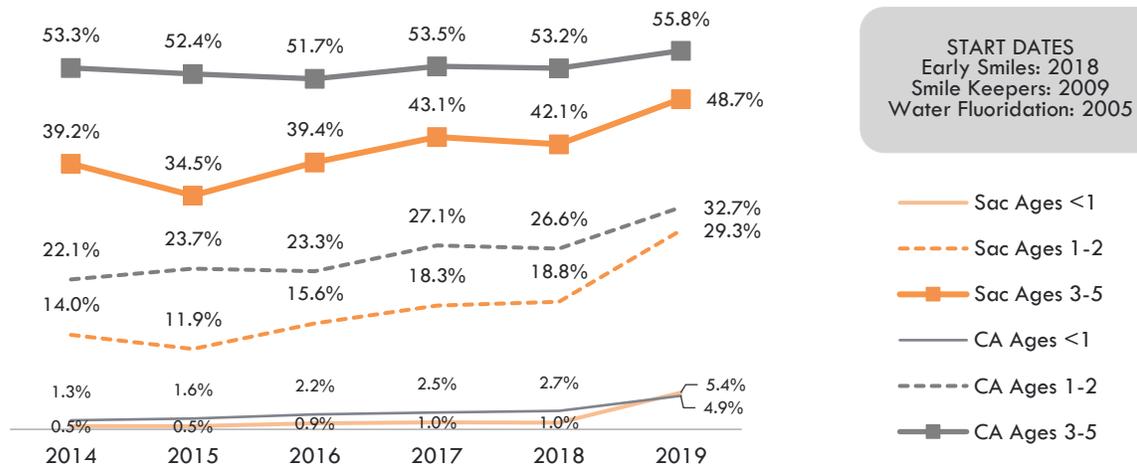
Result 3: DECREASE DENTAL DISEASE

COUNTYWIDE TRENDS

Dental disease is influenced by access to and utilization of early dental care. Dental visits for Sacramento County children on Medi-Cal continues to show improvement. Utilization for children aged 1 to 2 improved from 14.0% in 2014 to 29.3% in 2019. Utilization for children aged 3 to 5 (48.7%) increased from 39.2% in 2014. Despite these improvements, about half (51%) of preschool-aged children in Sacramento County are still not visiting the dentist, and county rates remain lower than statewide averages for each age group except those under one year of age. Children under one have shown a large increase in dental visit utilization in Sacramento County (5.4%) and California as a whole (4.9%).



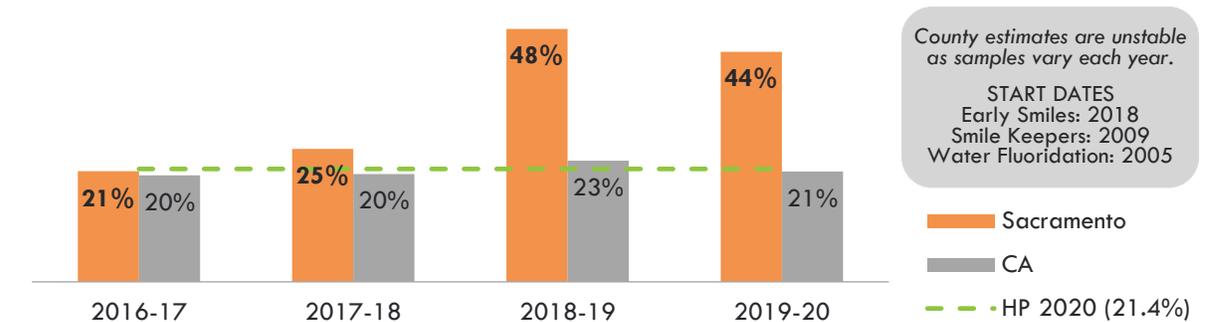
Figure 24. Sacramento County Children with a Dental Visit in the Previous Year (Medi-Cal only)



Source: California Health & Human Services, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2014 to 2019.

The percentage of kindergarten students in California with untreated decay has increased since the 2016-17 school year. In the 2019-20 academic year (most recent data), about 44% of children screened in Sacramento County had untreated decay. Sacramento rates remain higher than statewide estimates (21% of those screened) and the Healthy People 2020 objective (21.4%). However, **the rate of untreated decay decreased four percentage points compared to 2018-19**, which may highlight improvements following the drastic increase that year.²⁴ *It is important to note that countywide rates are particularly unstable from year-to-year due to inconsistent sample sizes and variations in districts reporting information. County estimates should be interpreted with caution and may not accurately represent trends over time.*

Figure 25. Pre-Kindergarten and Kindergarten Dental Screenings Identifying Untreated Decay



Source: Sacramento County Data; California Dental Association AB 1433 Kindergarten Oral Health Requirement and Healthy People 2020 goals. Reported Data Sample includes children who were screened and were found to have “urgent” needs and “non-urgent needs” in their baseline fall screening. Number of children screened vary each year: 2016-17 (1,198), 2017-18 (1,914), 2018-19 (4,092), 2019-20 (6,097).

IMPACT OF FIRST 5 SACRAMENTO

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

EARLY SMILES

In FY 2020-21, Early Smiles provided services and/or information to 79 school and eight community sites, and provided screenings to 1,214 children, as shown in the following table. This reflects a large decrease in services provided, compared with FY 2019-20 (228 school sites, 19 community events, and 7,310 children who received screenings). Most schools were closed or transitioning to a hybrid model throughout FY 2020-21 due to the COVID-19 pandemic. Early Smiles also implemented drive-through dental screenings but faced difficulty with turnout at these events, likely due to the persisting impact of COVID-19 on families. Early Smiles also innovated strategies to reach families by developing an oral health education video in English and Spanish, which received about 500 views during FY 2020-21.

²⁴ This increase also corresponded with a substantially larger number of children screened compared to previous years

Figure 26. RBA Dashboard—Early Smiles Dental Screenings

		FY 2020-21
How much did we do?	Reach, by Site Setting	87
	# School sites	79
	# Community Events	8
	Prevention Services	
	# Children who received screenings	1,214
	# Children who received fluoride varnishes	1,012
How well did we do it?	Referrals	
	# (%) of children who were given a referral to a dental home	1,214 (100%)
Is anyone better off?	Dental Homes	
	# (%) of children referred who attended a dental visit	Not Available ²⁵

Source: FY 2020-21 Early Smiles Quarterly Performance Reports in Persimmony. Percent of children referred to a dental home

When conducting dental screenings, Early Smiles classified children as either needing urgent care, needing non-urgent dental services, or having no obvious need for dental services. Twenty-one percent of children screened had a need for dental services, similar to FY 2019-20 (22%), and less than FY 2018-19 (26%). The results of these screenings are presented below.

Figure 27. Percentage of Children in Early Smiles Needing Dental Care, by Urgency



Source: FY 2020-21 Early Smiles data. n= 1,214.

²⁵ Early Smiles reported providing referral information to the parents of all children screened. However, as of the completion of this report, they had not received data from dental plans regarding how many children successfully established a dental home.

SYSTEMS APPROACHES TO REDUCE DENTAL DISEASE

- For more than 15 years, fluoridation has been a Commission funding priority. Funding from First 5 has supported several water agencies to **significantly increase the number of fluoridation facilities throughout Sacramento County**. Funded water suppliers have committed to maintaining fluoridation for a period of 20 years. As of June 30, 2021, the Commission wrapped up its final contract with Golden State Water Company, which provided fluoridation to the Arden Service area to more than 600 children ages 0 to 5.
- **Overall, more than two-thirds of children ages 0 to 5 in Sacramento County continue to have access to fluoridated drinking water** because of First 5 efforts. Three of the contracts are in effect through 2027. Two additional contracts will sunset in 2030 and 2040.
- **First 5 continues to promote access to regular dental care**. Over the past decade, the Commission has funded 1.3M for the construction of six children’s dental clinics, an investment which continues to provide Sacramento’s youngest and most vulnerable children with access to dental care.

SUMMARY

- **Early Smiles screened 1,214 children to prevent and address oral health needs**. The prolonged impact of the COVID-19 pandemic throughout FY 2020-21 impeded Early Smiles’ ability to reach children and families for screenings, particularly due to closed school systems. Early Smiles innovated with drive-through screening events and a pre-recorded oral health education video (in English and Spanish) available on YouTube.
- **About one in five (21%) children screened by Early Smiles had untreated tooth decay** and needed follow-up dental services. About 20 children (2%) had an urgent need for dental services.
- As a result of First 5’s promotion and funding, more than two-thirds of Sacramento County’s children ages 0 to 5 have access to fluoridated drinking water.
- Over the past decade, **the Commission has funded 1.3M for the construction of six children’s dental clinics** which will provide the County’s youngest and most vulnerable children with dental care for decades to come.

Result 4: INCREASE UTILIZATION OF MEDICAL HOMES

COUNTYWIDE TRENDS

Due to the Affordable Care Act, Sacramento County has reached almost universal health coverage for children. Overall, the percentage of children ages 0 to 5 covered by health insurance in Sacramento County has remained relatively stable at 98% since 2015. Sacramento County’s coverage rate is slightly higher than statewide estimates (97%). Unfortunately, due to the COVID-19 pandemic, the US Census did not release 2020 estimates for child health insurance coverage. However, historical estimates suggest that coverage rates remain close to universal countywide, and across all ethnicities.

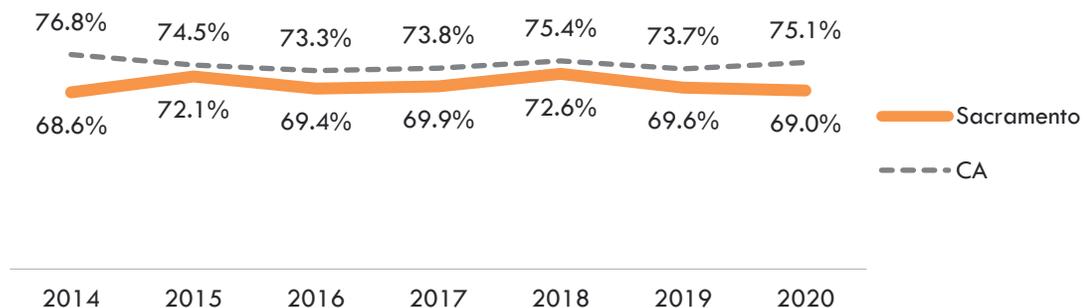
Figure 28. Percentage of Children Ages 0 to 5 with Health Insurance



Source: U.S. Census, American Community Survey. Data based upon one-year estimates. Disparities reports B27001 A-I. Estimates not available for 2020 data for children ages 0 to 5 or countywide estimates.

Similarly, about three-quarters of children ages 3 to 6 receiving Medi-Cal benefits had well-child visits in the previous year, statewide. In Sacramento County, rates are slightly lower, while more than two-thirds (69%) of children ages 3 to 6 were current on their well-child visits.

Figure 29. Percentage of Children on Medi-Cal Ages 3 to 6 with Well-Child Visit in Previous Year



Source: California Department of Healthcare Services. Medi-Cal Managed Care External Quality Review Technical report, values represent Reporting Year. Statewide value is weighted average based upon overall enrollment across all plans. Sacramento value calculated as average percentage from the four plans (Aetna, Anthem Blue Cross, Health Net, and Molina). 2019 value excludes Aetna due suppressed value.

IMPACT OF FIRST 5 SACRAMENTO

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



MEDICAL AND DENTAL ACCESS ACROSS FIRST 5 PROGRAMS

In addition to direct service, some First 5-funded programs provided outreach and education to parents for support with medical and dental insurance and access. According to parent reports at intake, 81% of children had a well-baby or well-child check-up in the past 12 months and 55% had seen a dentist within six months of intake. The proportion of children utilizing medical and dental services in the 12 months prior to their First 5 intake decreased compared with FY 2019-20 (87% well-child, 62% dental). While First 5 does not currently fund direct efforts to increase health access or utilization, these measures serve as a framework for the state of families served by First 5 programs.

Figure 30. Medical/Dental Provider and Utilization Among First 5 Clients at Intake

	FY 2020-21
Has your child had a well-baby or well-child health check-up in the past 12 months?	3,887 (81%)
If your child is 18 months or older, have they seen a dentist in the past six months?	1,963 (55%)

Source: Family Information Forms completed in FY 2020-21. Total N= 4,785, N 18 months or older = 3,566

SYSTEMS APPROACHES TO INCREASE HEALTH EQUITY

First 5 Sacramento continues to strive to impact access to and utilization of important preventative and supportive care for young children and their families. This work is largely achieved through connections and collaborations with systems and planning activities.

- The Commission identified systems improvement strategies for the priority results areas in the 2021-24 Strategic Plan to increase the sustainability of funded programs and countywide outcomes for children and families. In 2020, the Sustainability Committee changed its name to the Systems Optimization and Sustainability (SOS) Committee to reflect its evolving role.

In February 2020, First 5 Sacramento passed the Resolution on Racial Equity and Social Justice to declare racism as the root cause of health, early learning, and family resilience disparities. It is the Commission’s pledge to engage actively and intentionally to dismantle racism within and outside the First 5 network.

- FY 2020-21 also marked impressive gains for children and families in relation to the impact of the COVID-19 pandemic:
 - The Governor signed two important pieces of legislation for families: AB 1876 expands the California Earned Income Tax Credit; and SB 1383 expands job Paid Family Leave (up to 12 weeks) to care for a new baby or ill loved one.
 - First 5 held several virtual meetings with legislators to discuss partnering in support of policy changes to meet the immediate needs of families affected by the pandemic. First 5's Advocacy Day was followed by the annual Dia de Los Libros live Facebook event featuring First Partner, Jennifer Siebel Newsom, reading a bi-lingual book. Dr. Nadine Burke Harris, the State's Surgeon General, also delivered a message on trauma-informed care.
 - In addition, First 5 Sacramento partnered with Congresswomen Doris Matsui, the Children's Defense Fund and Sacramento Children's Home on the Child Tax Credit. A Facebook live conversation highlighted the American Rescue Plan and how the child tax credit will help families affected by the pandemic.

SUMMARY

- Among First 5-supported families more than 80% reported a well-child or well-baby check-up in the past 12 months (81%), while about half (55%) of those with a child 18 months or older reported having a dental visit in the past six months. The proportion decreased compared with FY 2019-20 (87% well-child, 62% dental) which may highlight the impact of the COVID-19 pandemic. During FY 2020-21, there were downward trends in health care utilization including children's engagement in primary and preventative care, nationwide, resulting from "lockdown" guidelines.²⁶
- The Commission expanded their health equity work, with a particular emphasis on Racial Equity and Social Justice in relation to each result area. First 5 Sacramento also engaged legislators in support of policy changes to meet the immediate needs of families affected by the COVID-19 pandemic and provided advocacy efforts to inform families on the American Rescue Plan and health-related resources available.

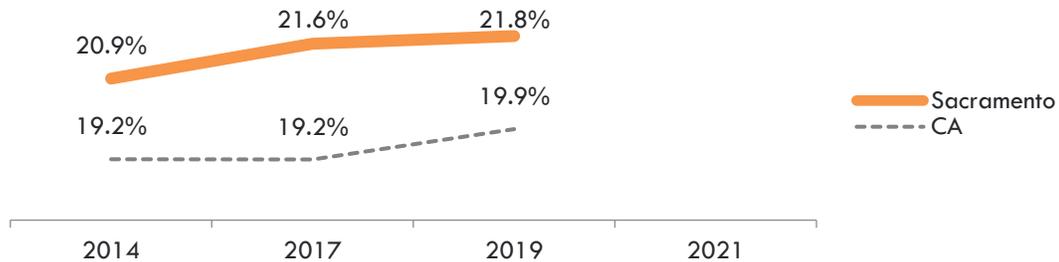
²⁶ Center for Health care Strategies. October 9, 2020. "COVID-19 and the Decline of Well-Child Care: Implications for Children, Families, and States." <https://www.chcs.org/resource/covid-19-and-the-decline-of-well-child-care-implications-for-children-families-and-states/>

Result 5: INCREASE ACCESSIBILITY TO AFFORDABLE QUALITY CHILD CARE

COUNTYWIDE TRENDS

Access to affordable, consistent quality child care is essential for parents to be able to work. Like many counties across the state, Sacramento County does not have child care spaces to accommodate every child who is likely to need care. According to the most recent data (2019), there were 25,391 slots at licensed child care centers, representing slots for about 22% of children ages 0 to 5 in Sacramento County. The number of child care slots decreased by about 250 compared with 2017, yet the county can accommodate more children ages 0 to 5, compared with statewide estimates (20%). Although data are not yet available for 2020, we know from Sacramento County’s child care resource and referral agency, Child Action, Inc., that 1,884 child care spaces were lost due to the permanent closure of 3.7% of child care centers and 9% of family child care homes between March 2020 and March 2021, due to the pandemic.

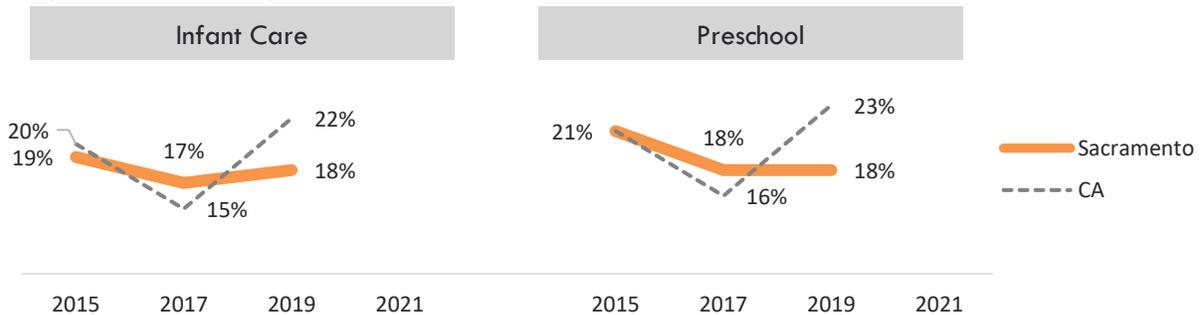
Figure 31. Percent of 0 to 5-Year-Olds Who Can Be Accommodated in a Licensed Child Care Space



Source: California Resource and Referral Network Child Care Portfolios, 2019 Portfolio. 2021 Portfolio data not available, likely due to the impact of COVID-19 on the 2019-20 and 2020-21 school years.

The cost of care continues to rise. According to most recent data estimates (2018), the annual cost of full-time center-based child care for infants in Sacramento County is about \$14,240 (an increase from \$12,296 in 2014). For preschool children, full-time center-based child care in Sacramento County was \$9,913 in 2018 (an increase from \$8,668 in 2014). Families earning \$50,000 per year would need to spend about 20% of their income to cover the cost of care for one infant or preschool-aged child.

Figure 32. Percentage of State Median Annual Income Needed to Cover Cost of Child Care



Source: California Resource and Referral Network Child Care Portfolios, 2019 Portfolio. 2021 Portfolio data not available, likely due to the impact of COVID-19 on the 2019-20 and 2020-21 school years. Note: Rates based on income-eligible family without subsidy, \$54,027 annual income (70% of 2018 state median income for a family of three).

IMPACT OF FIRST 5 SACRAMENTO

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

SYSTEMS APPROACHES TO INCREASE ACCESS TO AFFORDABLE CARE

Developing partnerships with leading influencers to build support and awareness around family-friendly work policies, and the return on investment for employers, continued to be a priority for FY 2020-21.

- First 5 Sacramento partnered with the Sacramento Business Journal on a series of three podcasts targeting local businesses. Topics focused on the importance of child care as an essential service, and the need for employers to ensure that systems and supports are in place for families to thrive.
 - COVID-19 restrictions and realities forced many employers to recognize the challenges of child care and need for family-friendly work policies.
 - Podcasts featured field experts, First 5 staff, and Commissioners, and highlighted the noteworthy processes and practices of employers RSE and SAFE Credit Union.
- First 5 staff participated in a taskforce on child care with the City of Sacramento. In FY 2020-21, recruitment began for a newly created Child Care Manager position within the City Manager's office to focus on increasing access to quality, affordable care.
- On January 1, 2020, SB 234 went into effect, eliminating state and local zoning permits or business license requirements to open a large or small family child care home. As a result, family child care homes are allowed in single family homes, apartments, condominiums, townhomes, duplexes, and multi-family buildings. Landlords cannot evict or refuse to rent to someone because they have a family child care home business.
- As part of the overall COVID response, California received \$350 million in CARES Act funding in 2020 and an additional \$964 million from the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 to prioritize child care for essential workers at State and local levels.
- Through the American Rescue Plan Act of 2021, California received \$1.5B in additional Child Care and Development Block Grant (CCDBG) funds, \$2.3B Child Care Stabilization funding, and \$355M Mandatory Child Care Funding (which allows the State to draw down the CCDBG without a state match). Funds can be used for staffing, supplies, and stipends to help child care programs remain open during the pandemic. Because of these funds, family fees for subsidized child care were waived through June 30, 2022, and providers with state contracts and those serving children with child care vouchers and subsidies were reimbursed based on enrollment rather than attendance. The latter has long been a goal for child care because it creates a more predictable and level funding stream.

SUMMARY

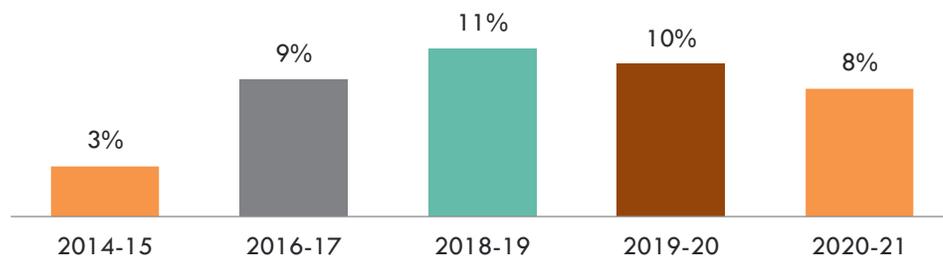
- During FY 2020-21, COVID response funding and media efforts targeting local business audiences contributed to **efforts to improve, sustain, and support child care as an essential service** in Sacramento County.

Result 6: INCREASE USE OF QUALITY CHILD CARE PRACTICES

COUNTYWIDE TRENDS

Research is consistent regarding the short- and long-term benefits of quality early education experiences for children, particularly in the way such experiences mitigate other risk factors. Ideally, every child should experience high-quality early education prior to entering the K-12 school system. As of June 30, 2021, there were 349 program sites participating in Quality Counts California (QCC),²⁷ compared to 160 as of June 30, 2015.²⁸ The number of children served also increased since 2015 (4,064 children, 3% of the county's children ages 0 to 5). However, the number of children served has decreased in the past two fiscal years, likely highlighting the pandemic's impact on preschool and child care enrollment. In FY 2020-21, 9,758 children (about 8% of children ages 0 to 5 in Sacramento County), attended participating programs.

Figure 33. Percentage of Children Ages 0 to 5 who Attended a Preschool Site with a Quality Rating



Source: Sacramento County Office of Education, 2021.

IMPACT OF FIRST 5 SACRAMENTO

First 5 invests in improving the quality of early education by providing professional development, instructional support, workforce development, and kindergarten readiness support to child care professionals, early education sites, parents, and caregivers.

First 5 funds the Quality Child Care Collaborative (started in 2004) and the Preschool Bridging Model Plus (started in 2008), impacting the quality of early care and education, and supports systems change efforts to increase the use of quality child care practices.

²⁷ Led by the Sacramento County Office of Education. Previously named Quality Rating Improvement System (QRIS)

²⁸ Note, includes 240 rated sites and 109 Quality Improvement (QI) sites. QI sites do not need to be rated to participate in supports (e.g., mentoring, professional learning). Does not include Step 1 sites, which include alternative sites, such as playgroups, home visiting programs, and license-exempt settings such as those at WEAVE. Step 1 sites are also engaged in quality improvement through professional learning.

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

Early education settings received education, assessments, and technical assistance to improve quality. The *Quality Child Care Collaborative (QCCC)* provides support to licensed and license-exempt child care providers that serve children ages 0 to 5 in Sacramento County, including those who offer services to families that speak Spanish, Russian, Vietnamese, and Hmong, as well as English. The purpose of the program was to improve the quality of early education settings through workshops, coaching, environmental assessments, behavioral consultation, special needs consultation, and other technical assistance. Through the QCCC, Child Action, Inc. served 101 child care programs (an increase from 61 in FY 2019-20), providing a total of 109 teachers with coaching and consultation visits.

Figure 34. RBA Dashboard—Child Action, Inc.

		FY 2020-21
How much did we do?	# Served	
	Child care programs	101
	Center-based teachers	21
	Family child care home teachers	88
	# Providers who completed various measures	
	Initial Inventory of Practices (IOP)	†
	Follow-Up Inventory of Practices (IOP)	†
	Initial Environmental Rating Scale (ERS)	†
	Follow-Up Environmental Rating Scale (ERS)	†
	Preparation of a Quality Improvement Plan	9
How well did we do it?	N/A	
Is anyone better off?	% of classrooms with increased ERS scores	†

† Due to COVID-19, IOP and ERS tools were not implemented as both require in-person observation and on-site personal technical assistance

Health and safety restrictions caused by the pandemic prevented the use of Inventory of Practices (IOP) and Environmental Rating Scale (ERS) tools, as the QCCC could not visit providers in person for observation and on-site personal technical assistance. To capture providers’ perspectives of this work, QCCC developed a series of reflective questions for participants, distributed quarterly and at the end of the fiscal year.

Despite these changes, in FY 2020-21 QCCC continued their service delivery of consultation and trainings based on the needs of the provider community. QCCC efforts identified that providers’ needs and concerns have shifted—with greater concerns about health practices, distance learning, parent engagement, and children’s social-emotional development. QCCC also conducts the Ages and Stages Questionnaire-3 (ASQ-3) assessment to aid in identifying developmental needs and refer children to resources when appropriate. Unfortunately, data on the number of assessments, and proportions above, at, and below cutoff in *at least one* domain were not available this fiscal year.

Client Success Story: Child Action, Inc.

In FY 2020-21, Child Action connected with many new providers through virtual trainings. Providers were seeking ways to navigate the uncertainty of the pandemic, support children and families in new ways, reach families they were struggling to connect with, and to incorporate diversity and culture into their programs. The following two examples highlight ways in which Child Action inspired and supported programs through these efforts.



One center had a vision to create a **new Welcome/Parent Area** to increase parent engagement and to help children transition into care each day in a positive way. Center staff attended the *Meet the QCCC Consultants* virtual series and contacted Child Action to learn more about how to support their center's children and families. As a result of Child Action's short-term consultation, the center created a welcoming, child-friendly, and interactive space in their previously bare reception area. They created a cozy reading area for parents to spend time with their child during drop-off or pick-up to support a smooth transition into and out of care. This encouraged parents' involvement in the activities their children experience each day at the center. The center also utilized this new parent/welcome space to foster a connection with parents as COVID-related health and safety concerns (e.g., sanitizing, social distancing) caused many programs to limit families' access to classroom areas. The center also added a parent education news board and a check-in tool for children to reflect on their emotions and communicate with adults how they were feeling as they entered the program each day.

Child Action QCCC also consulted a program that recently opened in the Arden-Arcade area of Sacramento County. While most programs do not operate outside of traditional hours, this program uniquely offers **extended hours and weekend care**. The center worked with Child Action staff during their licensure process to understand the child care needs of the community. Through this work, the center developed a vision to provide meaningful support to the community, children, and families; many of whom included essential workers who needed care outside of traditional hours. Since opening, this new center also began working with Child Action QCCC staff on COVID-related practices, including navigating health and safety requirements while continuing to meet the needs of staff and children. Additionally, the center's teachers were new to ECE and were feeling overwhelmed with learning and implementing curriculum, in addition to coping with behavioral challenges caused by transitioning children to a new program. QCCC continue to support staff to develop appropriate practices and create activities based on the children's interests, using *Center on the Social and Emotional Foundations for Early Learning (CSEFEL)* principles. QCCC staff are also working with the center to explore the introduction of ASQ developmental screenings into their enrollment procedures, and how this tool can help them engage and strengthen relationships with families.

PRESCHOOL BRIDGING MODEL PLUS

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

Figure 35. RBA Dashboard—Preschool Bridging Model Plus

		FY 2020-21
How much did we do?	# Individuals served	
	Children	1,025
	Teachers	122
	Child Care Programs	60
	# Teachers who completed CLASS Assessment	
	Pre-K Teachers	†
	Toddler Teachers	†
	# Children screened with health and developmental assessments	
	ASQ-3	380
	ASQ-SE	236
	Vision	†
Hearing	†	
How well did we do it?	# of Teachers who had at least one hour of in-person consultation	101
	First-Year PBM+ Participants	87 (86%)
	Second-Year PBM+ Participants	14 (14%)
	Teachers who participated in Professional Growth Sustainability Meetings	101
	Children referred for further services, by Screening Type	
	ASQ-3/ASQ-SE	50
	Vision	†
Hearing	†	
Is anyone better off?	# (%) children referred to services who received services	
	ASQ-3/ASQ-SE	5 (10%)
	Vision	†
	Hearing	†

† Screenings and assessments not conducted in FY 2020-21 due to COVID-19.

Source: FY 2020-21 PBM+ Quarterly Performance Reports in Persimmony. FY 2020-21 ASQ Screening data provided by PBM+.

COVID largely disrupted the routines of children and providers. PBM+ adapted their support strategies to focus on the emerging needs throughout FY 2020-21. For instance, ECE specialists prioritized the social-emotional needs of children and self-care for providers as the uncertainty of these unprecedented times impacted our communities on many levels. They connected with providers virtually to discuss ways to facilitate a welcoming learning space while considering public health and safety requirements and supported programs through the transition to a “greener” workforce (the result of an increased teacher shortage). In addition, they provided more digital resources to promote parent education and engagement in their child’s early learning program, and more.

Client Success Story: Preschool Bridging Model

An Early Childhood Education (ECE) specialist and Family Advocate from the Preschool Bridging Model Plus (PBM+) program described their experience with Valerie,²⁹ a family-home child care provider supporting a family with a child in need of developmental resources. Valerie was focused on Jovan, a two-year-old child and his mother, Willow. The ECE specialist worked with Valerie on a weekly basis to re-examine her own ideas of child development, relationship-building and the family's parenting styles, as well as information and data around disabilities and referral. They also brainstormed ways to strengthen their own confidence in supporting a child who may or may not have a disability.

“Thanks so much for the support and guidance... We couldn't be happier to see [Willow]'s change in opinion... We couldn't have done it without [PBM+]”
- Valerie, Family Child Care Home Provider

Initially, Willow was apprehensive whenever Valerie would speak to her about Jovan's development and was resistant to completing an ASQ—stating they did not have concerns about his development. After several months, Willow agreed to complete an ASQ but, despite disconcerting results, remained apprehensive about contacting support services. With the support of the PBM+, Valerie was able to learn how to take a step back and build relationships with Willow and Jovan. Valerie also built a broader perspective on disability referrals (such as Special Education statistics), the differential discipline treatment of Black boys by school systems, diagnosis benefits for the child on support, expectations, and development—bridging theory into practice.

After Willow began doing developmental activities at home with Jovan, she wanted to rescreen the child. As results remained concerning, Willow requested a pediatric developmental screening by a specialist. PBM+ support and guidance gave Valerie the tools needed for several gentle, weekly meetings with Jovan's family, including hours of reflective conversation that eventually led the family to be more open to accessing developmental resources, such as Help Me Grow and Alta Regional. The PBM+ training also allowed Valerie to be more reflective on practices, theory, and bias to strengthen their program and be more inclusive for children and families, overall.

SYSTEMS APPROACHES TO INCREASE USE OF QUALITY CHILD CARE PRACTICES

Funding Awarded for Quality Child Care in Sacramento—FY 20-21

- Sacramento County Office of Education (SCOE) was awarded \$3,061,046 over three years (July 1, 2020 to June 30, 2023) as part of the First 5 California IMPACT 2.0, focused on raising the quality of early learning through the Quality Counts California (QCC) Consortium. QCC (formerly CA-QRIS) strives to improve the quality of early learning with a focus in three areas of program quality: child development and school readiness; teachers and teaching; and program and environment quality. Together with a Quality Counts California grant and the Quality Rating and Improvement System—California State Preschool (QRIS-CSPP) award, this funding supports the Raising Quality Together

²⁹ All names in success story are fictional, including family and providers.

(RQT) program in Sacramento. In 2020-21, 344 early-learning sites worked directly with SCOE to enhance the quality of care—including 102 family child care homes and 227 early learning centers, both private and state funded.

- Additionally, SCOE partners with Child Action, Inc. to support professional learning for providers. Through the Workforce Pathways Grant funding, SCOE provided 227 providers with stipends; 183 earned stipends to complete professional learning and 94 earned stipends for college coursework.

Legislative Updates for Quality Child Care—FY 20-21

- Response to the COVID-19 pandemic included financial support for child care. Increasing payment to child care providers and stabilizing funding are two contributors to enhancing quality of care. The California State Legislature made child care a top priority for preservation in budget negotiations (for FY 2021-22 budget), including:
 - Reimbursing child care providers based on enrollment and not child attendance.
 - Using CARES Act funds and additional federal Child Care and Development Block Grant (CCDBG) aid to provide stipends to child care providers.
 - Providing \$13.4 million in one-time federal Preschool Development Grant funds for Health and Human Services to strengthen the state’s early learning and child care system.
 - Allotting \$9.259 million in one-time federal CCDBG set-aside funds for an early childhood education data system, as part of the Cradle to Career data system.
 - Continued funding for the Early Childhood Policy Council.
 - AB378 signed into law, creating the Child Care Providers United union enabling child care providers to collectively bargain with the State.

SUMMARY

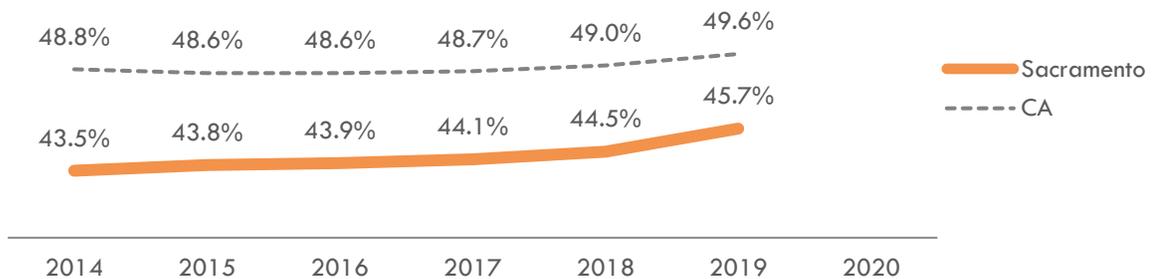
- **Child Action, Inc.’s Quality Child Care Collaborative (QCCC) provided consultation and trainings to 109 early educators to increase their quality of teaching.** The Quality Child Care Collaborative (QCCC) identified shifting concerns for education providers, including needs related to health practices, distance learning, parent engagement, and children’s social-emotional development.
- **The Preschool Bridging Model Plus (PBM+) helped 122 early educators increase their quality of teaching, impacting 1,025 children in their classrooms.** While the Classroom Assessment Scoring System (CLASS) assessments were not utilized in FY 2020-21 due to COVID-19, PBM+ adapted by performing informal interviews and collecting qualitative insights into continued support of children ages 0 to 5 and their families. These efforts undoubtedly aided in obtaining quality early education and prepared children for the transition into kindergarten.
- **The COVID-19 pandemic response supported quality child care through legislative and funding support.** Additionally, Sacramento County continued efforts to increase quality child care through grants and partnerships. In FY 2020-21, a total of 344 early learning sites worked directly with SCOE on enhancing the quality of care, including 102 family child care homes and 227 early learning centers, both private and state funded.

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

COUNTYWIDE TRENDS

Preparedness for kindergarten significantly increases children’s likelihood of later success in school, with benefits observed even until the fifth grade (Sabol & Pianta, 2012). In Sacramento County, kindergarten readiness is measured by three domains: *Social Expression*, *Self-Regulation*, and *Kindergarten Academics*. Preschool access is a large predictor of kindergarten readiness. Due to COVID-19, 2020 updates for the proportion of 3 to 4-year-old children enrolled in preschool are not available. However, statewide preschool access has remained relatively unchanged over the past few years. Countywide enrollment for children aged 3 to 4 has been increasing slightly since 2014, with most recent estimates indicating about 46% of children enrolled.

Figure 36. Percentage of Children 3 to 4-Years-Old Enrolled in Preschool



Source: US Census Bureau, American Community Survey, 2015-2019 5-Year Estimates. Due to COVID-19, estimates for 2020 calendar year not published by the US Census Bureau American Community Survey.



IMPACT OF FIRST 5 SACRAMENTO

In 2004, First 5 began funding nine school districts to provide services designed to promote school readiness, including enhanced preschool, playgroup services, developmental screenings, parent education, and kindergarten transition camps. First 5 also maintained a focus on serving children and families with Child Protective Services involvement, those who have disabilities/special needs, as well as dual language learners, migrant families, families in poverty, and/or other under-served populations through support services like Help Me Grow. Some districts also provided more intensive support to families through case management and home visiting. In FY 2020-21, the nine partner school districts provided these services at 59 sites across the County and collectively served 2,141 parents/caregivers and 2,665 children ages 0 to 5.

PRESCHOOL

In FY 2020-21, First 5 Sacramento funded 59 preschool slots for children aged 3 to 5.³⁰ Programs operated three or more hours per day throughout the school year. Priority was given to children aged 4 to 5 without former preschool experience. In total, 18 children attended preschool year-round through a First 5-funded slot. Additionally, 2,059 children participated in enhanced preschool services in Sacramento school districts (such as comprehensive health and developmental screening, parent education, and family literacy programming).

Figure 37. RBA Dashboard—School Readiness: Preschool

		FY 2020-21
How much did we do?	Preschool Slots	
	# Preschool slots funded by First 5	59
	# Children who attended preschool via a First 5-funded slot ³¹	18
How well did we do it?	Quality Counts California (QCC) Tier Rating ³²	
	% of sites with element score of 4 or 5 (on a scale of 1 to 5)	98% [†]
	Attendance for preschool slots	
	% of children who attended at least 30 weeks (525 hours)	91%
	Average attendance per child (hours)	601 hours
Is anyone better off?	N/A	

Source: School district FY 2020-21 service data in Persimmony; QCC data received from Sacramento County Office of Education (SCOE).

[†] Due to COVID-19, there have been no changes in site tier ratings. Ratings will not take place in FY 2020-21 or FY 2021-22. n = 51 out of 52 sites rated a 4 or a 5 in FY 2019-20

³⁰ First 5 funded a portion of FTE salaries equivalent to 2.5 classrooms, or 59 slots

³¹ Due to COVID-19, enrollment was lower than previous years. On the other hand, there was limited turnover among families enrolled and nearly all families enrolled during the first quarter and remained enrolled throughout the year.

³² Includes sites that received First 5 Sacramento funding for school readiness services. Quality Counts California (QCC) previously named Quality Rating & Improvement System (QRIS)

PLAYGROUPS

First 5 Sacramento supports playgroups to provide opportunities for parents of children aged 0 to 3 to connect with each other while learning about age-appropriate expectations for their developing children, skills to read children’s cues, and ways to join them in high-quality play. Playgroups provide children with opportunities for social-emotional development and social interaction with other children. Drop-in playgroup sessions are available at least 1 to 2 days a week for 1 to 2 hours each. Most playgroups were held virtually because of the pandemic.

Figure 38. RBA Dashboard—School Readiness: Playgroups

		FY 2020-21
How much did we do?	# Served	
	Children (aged 0-3)	329
	Parent or Other Adult	347
	# (%) of parents connected to their community at intake³³	
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	134 (65%)
	I know what program to contact in my community when I need advice on how to raise my child.	136 (66%)
How well did we do it?	Attendance	
	Average # of sessions attended per child	17.9
	% who attended more than one session	81%
	% who attended more than ten sessions	32%
	Resources	
	# of developmental screenings (ASQ and ASQ-SE)	119
Is anyone better off?	N/A	

Source: FY 2020-21 Persimmony Client Service Records, FY 2020-21 Family Information Form (n = 205).

Client Success Story: Playgroups

Trina and Chien³⁴ are the parents of two young children and have been attending playgroups for about three years. They were referred to playgroups by a family member and when attending a registration meeting, they “immediately fell in love with how organized and purposeful this program and its staff members were.” Trina and Chien described that their children benefitted “more than expected” from playgroups. They learned numbers, letters, shapes, and colors, and “learned and picked up skills I didn’t think was possible at such a young age.”

“We learned so much from Playgroups and are very grateful to all of the teachers who have helped our family.”
 – Trina and Chien, Playgroup Parents

³³ N/% who agree or strongly agree

³⁴ Fictional names used for all client success stories throughout the report.

Trina and Chien also mentioned that they benefitted as parents, as they received resources to help understand their children for who they are and learned how to talk to them and get through to them. As Trina described, “when they say it takes a village to raise a child, Playgroups give you a hands-on experience of why this is true: teachers and parents are deeply involved in helping children meet their highest potential, while children are free to be who they are and explore who they can be.” Chien also mentioned that they “learned how to understand my children’s behavior and emotion and helped them to identify their feelings and how to understand them. We learned so much from Playgroups and are very grateful to all of the teachers who have helped our family.”

Trina and Chien are aware of what a positive relationship their children have with their teachers, and the respect they have for the teachers. They described the way that their children talk about their teachers like they are family and that going to Playgroups is always the highlight of their day. Playgroups’ ability to continue through distance learning was also much needed for Trina and Chien’s family and “was essential to our children... since it provided them with some normalcy during all that was going on.”



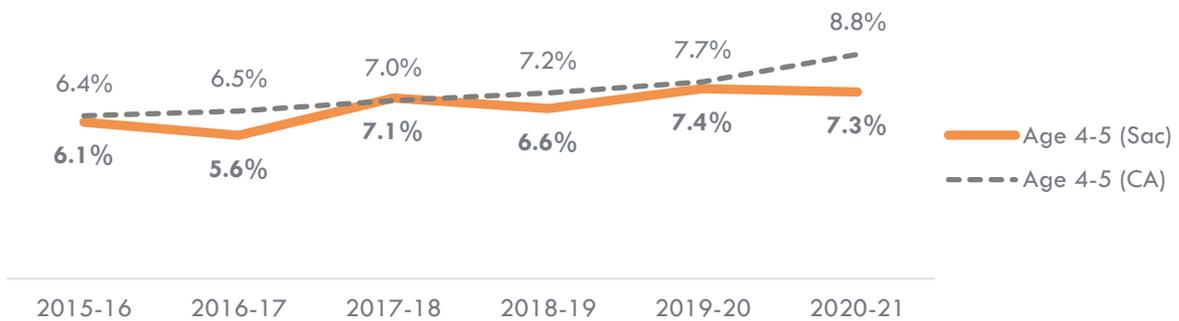
SCREENINGS AND REFERRALS

The goal of developmental screenings is to be able to identify and serve children who have developmental concerns. Not all special needs can be prevented or ameliorated, but early detection can ensure that children receive services earlier, and in some cases, can prevent special needs from becoming more severe over time. There are currently no countywide data on the prevalence of early developmental concerns.

In 2018-19,³⁵ about 6% of children in Sacramento County were enrolled in special education. Speech/language impairment (57%) and autism (33%) were the most common special needs for children,³⁶ both of which can be addressed once identified. In 2018-19, Hispanic/Latino children were overrepresented in special education, while white children were underrepresented, relative to countywide proportions.

The figure below represents the proportion of students enrolled in K-12 (ages 4 to 5) that are students with disabilities. Generally, Sacramento County has a lower rate than statewide. Within the county, the proportion of students with disabilities increased about one percentage point since 2015-16.

Figure 39. Proportion of Students with Disabilities among Children 4 to 5 Enrolled in K-12



Source: California Department of Education, DataQuest. Proportion of students with disabilities out of all enrolled students reported.

To detect potential issues early, First 5 Sacramento provides children ages 0 to 5 with screenings and assessments related to child development, speech/language, vision, and hearing. Families receive referrals, follow-up services, and/or resources for any concerns identified. In FY 2020-21, 1,803 children received developmental screenings (ASQ), 716 received hearing screenings, 504 received vision screenings, and 676 received a speech/language screening.

Children receiving vision screenings had the highest proportion referred for services (15%), followed by speech/language referrals (11%). Compared with FY 2019-20, the proportion of children referred to Help Me Grow or internal services for developmental concerns increased (9% in FY 2020-21, 7% in FY 2019-20).

³⁵ Most recent data available by age, ethnicity, and special education needs.

³⁶ California Department of Education, DataQuest. Reporting Cycle December 1, 2018 —Children ages 3 to 5, Speech/language impairment: 1,867; Autism: 1,077; Intellectual Disability 93; Other Health Impairments 105; Multiple Disability 57; Other 67.

Figure 40. RBA Dashboard—School Readiness: Screenings and Referrals

		FY 2020-21
How much did we do?	# Children screened³⁷	
	Hearing Screening	716
	Vision Screening	504
	Speech/Language Screening	676
	Developmental Screening (ASQ, ASQ-SE) ³⁸	1,803
	<u>Age at Developmental Screening</u>	
	# Screened who were aged 0 to 3	557
	# Screened who were aged 4 to 5	1,246
	<u>Screening Results</u> ³⁹	
	# (%) with at least one “flagged” ASQ domain	115 (6%)
# (%) with at least one “monitoring” ASQ domain [†]	101 (6%)	
How well did we do it?	# (%) Screened who were referred to services	
	Developmental Referral ⁴⁰	162 (9%)
	Hearing Referral	29 (4%)
	Vision Referral	74 (15%)
	Speech/Language Referral	76 (11%)
Is anyone better off?	<i>% Children referred who accessed those services</i>	Not Available ⁴¹

Sources: School districts’ FY 2020-21 Service Records, Persimmony [†] Excludes participants with monitoring domain that also have one or more flagged domain

Special Study Update: School Readiness Screening and Referrals

In the spring of 2020, a special study was conducted to better understand the School Readiness screening and referral process. Interviews were conducted with the nine School Readiness Coordinators and 20 parents whose child had been screened and flagged with a concern in at least one developmental domain. This evaluation resulted in the development of a protocol to standardize and streamline developmental assessment and referral processes across the nine school districts. The protocol was in effect during FY 2020-21, but we do not currently have detailed updates on its effectiveness, aside from an anecdotal observation that school districts have been inputting more data into Persimmony compared with previous fiscal years. Future evaluations are needed to follow up on the implementation of recommendations for the special study and the success of the implemented protocol.

³⁷ These numbers are unduplicated for everyone screened.

³⁸ Ages and Stages Questionnaire

³⁹ Screening results for 429 (unduplicated) children screened. Includes ASQ-3 and ASQ-SE screening results.

⁴⁰ Includes referrals to Help Me Grow and internal services for developmental concerns.

⁴¹ Access to referred services are not currently measured.

FAMILY SUPPORT AND ENGAGEMENT

Families are encouraged to be involved in their child’s early learning and development. First 5 supports these efforts by providing general schooling information, orientations, parent education classes and workshops, adult literacy, nutrition, and health and dental insurance, among other supportive services. The number of adults participating in Family Literacy, Parent Education, Transition Orientation, and Parent Conferences decreased compared with FY 2019-20, likely a result of the COVID-19 pandemic’s impact on the entire fiscal year. However, the number of parents receiving intensive support (home visiting) through school districts nearly tripled (n=309, +267%), compared with FY 2019-20 (n=84).

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

		FY 2020-21
How much did we do?	# Unduplicated adults served, by service	
	Family Literacy	1,309
	Parent Education	883
	Intensive Support (e.g., case management, home visits)	309
	Transition Orientation	1,231
	Parent Conference	134
	Average # of hours per person or family, by service	
	Family Literacy	3.6
	Parent Education	3.7
	Intensive Support (e.g., case management, home visits)	2.0
	Family Literacy ⁴²	
	# (%) Parents reading at least five times per week (at intake)	473 (49%)
	Parent Connection and Support (at intake) ⁴³	
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	501 (65%)
	I know what program to contact in my community when I need advice on how to raise my child.	495 (65%)

Source: School districts’ FY 2020-21 Client Summary by Service report in Persimmony and the Family Information Form.

Special Study Update: Family Engagement Practices

In the spring of 2020, a special study was conducted to better understand the School Readiness family engagement practices to inform opportunities for standardization. The evaluation resulted in recommendations related to short-term engagement incentives, long-term engagement incentives, staff training, advanced planning, and continuous improvement efforts. First 5 addressed the areas of recommendation, using the study results to implement support strategies into the FY 2021-2024 Strategic Planning period. Future annual evaluation reports will identify the effectiveness of these strategies.

⁴² Number of completed FIFs (at intake) among family literacy participants (N=986). Percentage excludes participants with missing data. Post-FIFs not available in FY 2020-21. Family Literacy Programs are workshops designed to teach parents how to read to their children and provides tools (such as age-appropriate books) to use.

⁴³ Number of completed FIFs (at intake) among those home visiting and/or parent education participants (n=774). Percentage includes those who agree or strongly agree, excludes those with missing data (No Answer). Post-FIFs not available in FY 2020-21.



TRANSITION SUMMER CAMP

Transition summer camp included learning and enrichment activities for children and workshops to orient parents to prepare for kindergarten entry. Transition summer camps are typically four weeks in duration, with a targeted minimum of three hours per day, and 60 hours (minimum) total program engagement. The camps intend to serve under-resourced children who might otherwise not have access to preschool or other school readiness programs. Camps focus on preparing children to start kindergarten, with an emphasis on numeracy, literacy, and social-emotional development; orientations provide parents and children opportunities to learn about the transition from preschool to kindergarten and how to prepare.

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

		FY 2020-21
How much did we do?	# Children served	317
How well did we do it?	Program Participation	
	# (%) of children who completed at least 56 hours	217 (68%)
	# (%) of children whose parents participated in transition orientation	239 (75%)
Is anyone better off?	% Children with pre- and post-test (n=218) whose skills increased⁴⁴	
	Kindergarten Academics	62.1%
	Self-Regulation	67.2%
	Social Expression	54.6%

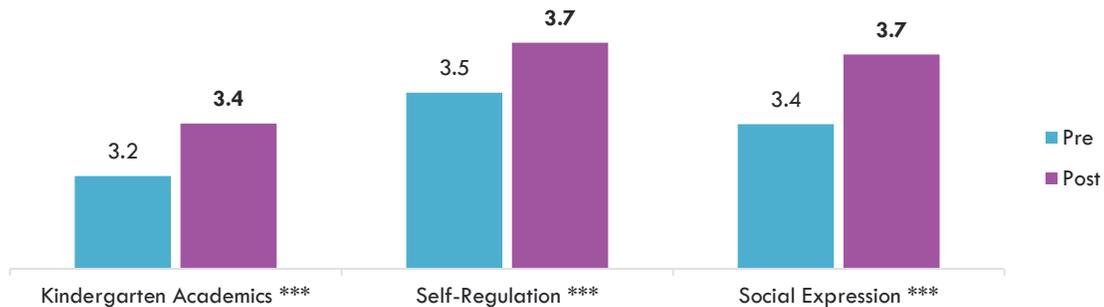
Source: FY 2020-21 individual-level client service data. Includes Transition Summer Camps beginning in Summer 2021, including some which may overlap into FY 2021-22. Includes only Transition Summer Camps in Natomas, River Delta, San Juan, and Folsom Cordova.

A pre- and post- Kindergarten Readiness assessment was conducted at Folsom Cordova, Natomas, River Delta, and San Juan to gauge children’s growth during the program and their kindergarten preparedness. Students were assessed across three primary domains of readiness at the start and end of the Transition Summer Camp program: *Kindergarten Academics* (recognizing letters, basic colors, and primary shapes; counting objects; writing first name), *Self-Regulation* (*follows class rules and routines, follows two-step directions, works, and plays cooperatively, handles frustration well*), and *Social Expression* (appropriately expresses needs and wants verbally).

⁴⁴ Percentages exclude children who had a maximum score (4.00) at pre-test and post-test as “improvements” would not be measurable. *Kindergarten Academics* n=195, *Self-Regulation* n=128, and *Social Expression* n=108.

Each aspect of students’ readiness was measured on a four-point scale including not yet (1), beginning (2), in progress (3), or proficient (4).⁴⁵ Readiness in *Kindergarten Academics* increased from 3.2 to 3.4, on average. *Self-Regulation* increased from an average of 3.5 to 3.7, and average scores for *Self-Expression* increased from 3.4 to 3.7 from pre-test to post-test. All changes were statistically significant.

Figure 43. Transition Summer Camp Participants’ Change in Average Kindergarten Readiness Score



Source: Transition Summer Camp Pre/Post Survey, 2021, matched pair n=218. *** Indicates a statistically significant difference at p <.001

HELP ME GROW (HMG)

First 5 Sacramento funding established the Sacramento County affiliate of Help Me Grow California to increase access to services for children ages 0 to 5 at-risk for developmental or behavioral delays and/or disabilities. Help Me Grow operates through a multi-method approach, with Centralized Access Points including a call center that receives and provides referrals, as well as through targeted on-site support and home visiting services provided by Family Advocates.

HMG targets at-risk children and families in underserved areas, and includes education, outreach and training, screening and referral services, and family support. Family Advocates conduct home visits to provide developmental and health screenings for children, along with resources and referrals. The following table describes the range of services conducted. Calls to the Help Me Grow call center in FY 2020-21 (971) increased compared to FY 2019-20 (888).

Figure 44. RBA Dashboard: School Readiness: Help Me Grow

		FY 2020-21
How much did we do?	Health Care Provider Outreach	
	# Health care providers provided with outreach and materials	65
	# Health care providers provided with training and technical assistance	10
	Community Outreach	
	# Community events attended to provide outreach and materials	3
	# Community members provided with training and technical assistance	199

⁴⁵ Individual item scores were averaged to create domain scores for each student. These scores were then averaged to create a group mean for pre-test and post-test for overall comparisons.

RESULT 7: INCREASE CHILDREN’S, FAMILIES’, AND SCHOOLS’ READINESS FOR KINDERGARTEN

		FY 2020-21	
How much did we do? (continued)	Call Center Incoming Calls, by Referral Source	971	
	Health Care Providers	123	
	FRCs	68	
	Private Child Care Providers	31	
	Website	25	
	Family or Friend	12	
	PBM+ Providers	4	
	Child Action Providers	1	
	School District	1	
	Other	58	
	Unknown or Not Specified	648	
	Family Advocate Intakes		
	# Child intakes processed by HMG Family Advocates		145
	# (%) children whose families received referrals during initial HMG contact		118 (64%)
	Family Advocate Services		
	# Families with a Family Advocate (at least one home visit)		115
	# Families who created an Action Plan with a Family Advocate		105
	# (%) Family Advocate families who received referrals		91 (79%)
	# Home visits conducted		353
	Screenings		
	# Children who received ASQ-3 developmental screenings		290
	# (%) of children flagged with at least one developmental concern		154 (53%)
	# (%) of children in monitoring zone (near cutoff, at least one area)		50 (17%)
	# (%) of children with no developmental concern (any category)		85 (29%)
	# Children who received ASQ-SE developmental screenings		184
	# (%) of children flagged with at least one developmental concern		100 (54%)
	# (%) of children in monitoring zone (near cutoff, at least one area)		27 (15%)
# (%) of children with no developmental concern (any category)		57 (31%)	
# Children who received a vision screening		†	
# Children who received a hearing screening		†	
How well did we do it?	Call Center, HMG Intakes, Family Advocate Services		
	# (%) Call Center clients who did not require further referrals (received sufficient support/education through initial HMG call)	220 (92%)	
	# (%) HMG Intake clients contacted at follow-up	174 (73%)	
	# (%) Family Advocate clients successfully connected to services	81 (49%) ⁴⁶	
Is anyone better off?	N/A		

Source: Persimmony Help Me Grow Quarterly Performance Measures, FY 2020-21. Persimmony client assessment by answer value.
 † No hearing or vision screenings conducted in FY 2020-21 due to COVID-19.

Help Me Grow Sacramento provided 290 children with Ages and Stages Questionnaire (ASQ) developmental screenings. Additionally, 184 children were assessed using the ASQ social-emotional scale (ASQ-SE). The number of children screened was lower than FY 2019-20, likely due to the continued impact of COVID-19.

⁴⁶ Percentage based on status at close for 166 families with referrals reported in Persimmony Services and Outgoing Referral Log

The following figure depicts Help Me Grow ASQ and ASQ-SE screening results. More than half of the children screened with the ASQ (53%), and ASQ-SE (54%) were flagged with developmental delays. The proportion of children flagged with developmental delays decreased slightly for the ASQ compared to FY 2019-20 (57%), while the proportion flagged with the ASQ-SE increased slightly since FY 2019-20 (50%). The proportion flagged with concerns exceed national (19%) and state (14%) estimates of children with special healthcare needs.⁴⁷ This is likely due to families and providers more likely to refer children for screening by HMG when they see a potential concern, as well as HMG’s high-risk target populations.

Figure 45. Percent of Children Screened for ASQ/ ASQ-SE, by Outcome



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

Family Advocates provided 115 families with home visits. Due to COVID-19, most family connections, including home visits, were conducted virtually (e.g., Zoom, FaceTime, phone calls, other “socially distant” measures.) **Four out of five families served by Family Advocates received referrals.** The HMG model requires that programs conduct follow-ups with individuals to monitor program quality. Calls help HMG understand whether families were able to access referrals provided and if there were any additional needs. Within First 5 Sacramento’s Help Me Grow, nearly three-quarters (73%) of families were reached for follow-up.

Special Study: Help Me Grow

In FY 2020-21, First 5 Sacramento funded an evaluation of Help Me Grow Sacramento (HMG) to better understand how its three primary services (Call Center, home visiting, and informational website) were supporting families’ ability to understand and promote their child’s developmental milestones and get connected to essential services. Six HMG staff members and seven HMG clients of Family Advocates were interviewed; 33 call-center and website users completed an online survey.



⁴⁷ KidsData.Org 2016-2019 Estimates of Children with Special Health Care Needs. <https://www.kidsdata.org/demographic/5/children-with-special-health-care-needs/summary#27/demographics-other-characteristics>

Key findings from the special study include:

- ▶ HMG staff were especially proud of HMG's partnerships with wraparound services, an ACEs Aware Community, and their commitment and ability to work through obstacles on behalf of families.
- ▶ HMG staff noted challenges related to insufficient specialized or accessible service providers to which they can refer families, staff capacity issues, COVID, and larger scale social issues (e.g., families burdened by homelessness).
- ▶ Many clients of Family Advocates heard about HMG through word of mouth or referrals from agencies. They typically reported that support navigating external systems, education on parenting styles and strategies, and resources provided were beneficial.
- ▶ 100% of Family Advocate Clients and call center participants have recommended or would recommend HMG to someone they know, and nearly all (97%) call center and website users found what they were looking for when contacting HMG or visiting the HMG website.
- ▶ When asked for ways to improve HMG, some clients mentioned that they would like a return to in-person services (when safe to do so), more availability of staff, and that HMG should spread the word about these services to more families in need.

Through this evaluation, five key **recommendations** were developed, including:

- 1) Enhancing communication between partner organizations to increase coordination between referrals and services accessed for clients, such as tracking client outcomes and providing referrals and resources to families in need.
- 2) Improving marketing strategies to promote the HMG program and continue to grow the program based on demand, particularly through word of mouth and interpersonal strategies.
- 3) Innovating new partnerships and language-related technological resources to expand the accessibility of services particularly for underserved populations.
- 4) Create a timeline for resuming in-person visits and prepare for future pandemics or other unforeseen circumstances, exploring the successes and challenges of the COVID-19 pandemic in greater detail, and gathering insights from frontline staff and community members.
- 5) Continue exploring HMG procedures to improve the effective use of personnel, budget, and community resources.

Client Success Story: Help Me Grow

Cristina,⁴⁸ and her two-year-old son, Elias, moved to Sacramento County in 2021. The family was previously receiving Early Intervention (EI) services for Elias's developmental needs in another county. Cristina was working to transfer services to Alta California Regional Center (Alta) and found Help Me Grow (HMG) while searching online. Mom completed an Ages and Stages Questionnaire – Social Emotional (ASQ-SE) on the HMG website. HMG staff contacted them right away and explained that Elias's assessment was flagged for additional needs. Cristina described their family's history with speech therapy and their efforts to transfer services. She also noted that he had not previously received SE services.

"[HMG Staff] went above and beyond to help and from the very start ... to make things somewhat smooth for me, although most of it has been out of her control."

– Cristina, HMG Call Center Caller

⁴⁸ Fictional names used

Within 30 days, the HMG Call Center Coordinator reconnected with Cristina to follow-up on her ability to transfer services to Alta. Cristina had not yet heard from them, so HMG staff followed up with Alta's EI intake managers on behalf of mom and Elias. As a result, Cristina learned that there was an error in the transfer paperwork. At this point, Elias had not been receiving services for at least two months. HMG supported mom through her growing frustration by providing options to advocate for her family and move the process forward.

HMG continued to check in with Cristina on a weekly basis to assure her that efforts were being made to work through this problem. The HMG Call Center Manager and Coordinator each worked closely with Alta to prevent further delay for Cristina and Elias. Once they were finally connected to support at Alta, Cristina called HMG to share the news, and expressed her gratitude to HMG in an email, excerpted below:

"...to have [HMG Call Center Coordinator]'s kind and reassuring attitude along the way has been a very big help for me. She has done everything she possibly could on her end to help me get things figures [sic] out as much as she could... she went above and beyond to help and from the very start she did her very best to make things somewhat smooth for me, although most of it has been out of her control."

SUMMARY

- **Nine school districts provided services across 59 sites to promote school readiness for Sacramento's most vulnerable 0 to 5-year-olds and their parents/caregivers.** Programs included preschool, developmental playgroups, summer kindergarten transition camps and orientations, health and developmental screenings and referrals, family literacy, parent education, engagement, and support.
 - **School districts conducted screenings for 2,100 children⁴⁹** to identify potential delays or concerns in development, speech/language, vision, or hearing. The largest proportion of children screened received referrals for vision (15%) and speech/language services (11%).
 - This year, Sacramento school districts served 317 children in kindergarten transition summer camps and 239 parents/caregivers participated in transition orientation to help families know what to expect in kindergarten. Transition camp participants had statistically significant improvements to kindergarten readiness skills.
- **Help Me Grow (HMG) had a robust year of child assessments and linkages.** HMG received almost 1,000 calls and completed 192 intakes for Sacramento County children and families. Additionally, Help Me Grow screened 290 children ages 0 to 5 using the ASQ to assess developmental concerns.
 - More than half of the children receiving ASQ screenings were flagged with possible developmental delays and/or socio-emotional delays. Parents of these children were guided through full developmental assessments and connections to needed services.

⁴⁹ Unduplicated number of children across all screenings (developmental, hearing, vision, speech/language). Some children may have received more than one screening but are only counted once here.

Result 8: INCREASE FAMILY CONNECTIONS TO COMMUNITY RESOURCES

COUNTYWIDE TRENDS

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

IMPACT OF FIRST 5 SACRAMENTO

While all First 5 programs refer and link families to services, two of the programs specifically intended to link families to resources and increase community connectedness. This section describes the services and outcomes for 2-1-1 and the Community Connections Grants (CCG) program.

2-1-1

2-1-1 is a telephone line and website that families can use to get information about available services in the county. In FY 2020-21, 2-1-1 helped a total of **5,680 callers** who were parents or caregivers of children ages 0 to 5.⁵⁰ This is a 12.8% decrease compared to the number of callers in FY 2019-20 (6,516).

2-1-1 provided nearly 15,000 referrals to callers seeking information or support.⁵¹ The most frequent referrals included housing support (39% of referrals) such as rental assistance, emergency motel vouchers, family shelters, or other housing assistance. 2-1-1 also commonly referred callers to utility assistance (6%), food and nutrition services such as CalFresh (3%), and intensive support programs like the Saint John's Program for Real Change (3%). Two percent of the referrals were to one of the nine family resource centers. The number of callers referred to family resource centers decreased about 57% compared to FY 2019-20.⁵²

⁵⁰ Because individual-level data about callers are not collected, these counts may include duplicated individuals.

⁵¹ Callers may receive multiple referrals within or between referral type categories (e.g., multiple organizations providing housing support and/or housing plus food assistance).

⁵² 274 callers referred to FRCs in FY 2020-21, compared to 633 callers in FY 2019-20

Figure 46. RBA Dashboard—2-1-1

		FY 2020-21
How much did we do?	2-1-1 Callers	
	# of calls with parents with children ages 0 to 5 ⁵³	5,680
	Total Referrals Provided to Parents with children ages 0 to 5	14,852
	Housing (i.e., Rental Assistance/Emergency Housing/Homelessness)	5,724 (39%)
	Utility/Energy Assistance	907 (6%)
	Food and Nutrition Services (e.g., CalFresh)	494 (3%)
	Intensive/Individual Support (e.g., Saint John's Program for Real Change)	471 (3%)
	Legal Services	347 (2%)
	Family Resource Centers	274 (2%)
	CalWORKs	94 (1%)
	Domestic Violence	82 (1%)
	<i>Other Referrals (not specified)</i>	<i>6,459 (43%)</i>
How well did we do it?	2-1-1 Follow-Ups	
	% of calls successfully reached with a follow-up survey (Target: 2%)	211 (4%)
	% of callers reached who felt information provided was accurate	184 (87%)
	% of callers reached who would recommend 2-1-1- to family/friends	105 (50%)
Is anyone better off?	Closed Loop Referrals	
	% of callers reached who were able to access referred services	105 (50%)

Source: FY 2020-21 2-1-1 Aggregate Report in Persimmony; How well measures: Quarterly Reports submitted to First 5 from 2-1-1.

2-1-1 maintains a quality assurance policy of making follow-up calls to at least 2% of callers. The program exceeded that target and reached 3.7% of callers through call-backs to inquire about their ability to access referred services. Among those reached, 50% were able to access the needed services, while 48% had not accessed the referred service.⁵⁴ The primary reasons for not receiving services included ineligibility (16%) or the caller was unable to contact the agency (16%). About 12% had not yet tried to contact the referred agency, and 10% were waitlisted. Additionally, more than one-third (36%) cited some other reason not listed, which may further highlight the impact of COVID and/or families’ other shifting needs or challenges.

COMMUNITY CONNECTIONS GRANTS (CCG)

Community Connections Grants are small grants of up to \$5,000 given to community members who facilitate a group with other parents/families in their community. Target population, location, and themes vary among each group. In FY 2020-21, **First 5 funded eight new CCG groups**, in addition to seven groups that extended from a previous round in FY 2019-20.⁵⁵

⁵³ Includes 5,044 Information & Referral calls, 234 Disaster Calls, 360 completed follow-ups, one advocacy, and one outreach call

⁵⁴ About 1% of callers reached had not received referrals in their initial call

⁵⁵ One program is counted twice due to services from 2019-20 extending to 2020-21 and then the program reapplying for a new round of funding in 2020-21

ATTENDANCE

In FY 2020-21, approximately 700 families with children ages 0 to 5 participated in a total of 170 CCG group meetings. Even though these groups formed at the onset of the COVID-19 pandemic, they became very creative in how they engaged the community, meeting either virtually or thoughtfully incorporating social distancing protocols. Several groups found that operating CCG virtually opened access for more families to participate. One group even had members from other states and Canada join. Group leaders reported that **COVID restrictions made families desperate for activities for their children**. Some groups coordinated "drive-by" celebrations to encourage a sense of community despite social distancing and shelter-in-place orders.

Group meetings ranged from three to 24 sessions, with one funded group holding zero meetings during FY 2020-21 due to COVID. Groups that held at least one session met an average of 13 times. It is important to note that the frequency of scheduled meetings varied within each group (e.g., some groups meeting monthly, others meeting biweekly or weekly).

Figure 47. Community Connections Group Attendance, FY 2020-21

Group Name	# of Meetings
Absolute Expressions	10
Aloha with Little Hands †	10
Breastfeeding Support	20
Café and Play †	20
Developing Arts and Culture for Families	24
Elements of Play †	17
Empower Pops †	6
Families First	12
Interactive Smart Start †	8
Kids Art Place	24
Orangevale Rocks †	4
STRUT	12
Your World Your Canvas †	3
Parent Participation Playgroup	0
TOTAL	170 Meetings

† Groups funded in FY 2019-20 that extended meetings into this FY. Café and Play re-applied for FY 2020-21. As a result, these counts represent the combined total of meetings held during FY 2020-21 for both funded rounds.

Client Success Stories: Community Connections Grant

The ongoing impact of the COVID-19 pandemic challenged the ability to gather in-person. Despite health and safety restrictions, one group not only developed creative ideas to ensure families still had access to activities for their children, but also opened doors for the group leader. This leader became instrumental in other First 5 initiatives as a community member, supported participating mothers in learning to use Zoom, and maintained in-person meetings in compliance with COVID guidelines. Through her leadership in the CCG group, she was able to expand her advocacy and leadership skills – participating in other First 5 initiatives, ensuring community survey translations were culturally responsive and assisting with the translation of the Help Me Grow website. Additionally, she sits on the Parent Leadership Training Planning workgroup and has assisted with the development of the group’s action plan.

SUMMARY

- **Sacramento County’s 2-1-1 helped connect 5,680 parents of children ages 0 to 5 with critical community resources.** 2-1-1 most provided referrals for breastfeeding or nutrition support (5%), mother and infant care/pediatrics (5%), and Family Resource Centers (5%). At follow-up, 87% of families reached reported that the information provided was accurate. About half were able to access their referred services at the time of follow-up. Fifty percent of callers reached reported they would recommend 2-1-1 to family/friends.
- **Community Connections Groups provided a valued sense of community for about 700 families, incorporating creative, virtual, and socially distant strategies during COVID-19.** In addition to the 11 active groups beginning in FY 2019-20, eight additional groups were funded in FY 2020-21. With the addition of virtual options, CCG groups were able to serve more families. Groups were able to maintain a sense of community for families that were desperate for activities in unique ways, despite COVID-19 restrictions.

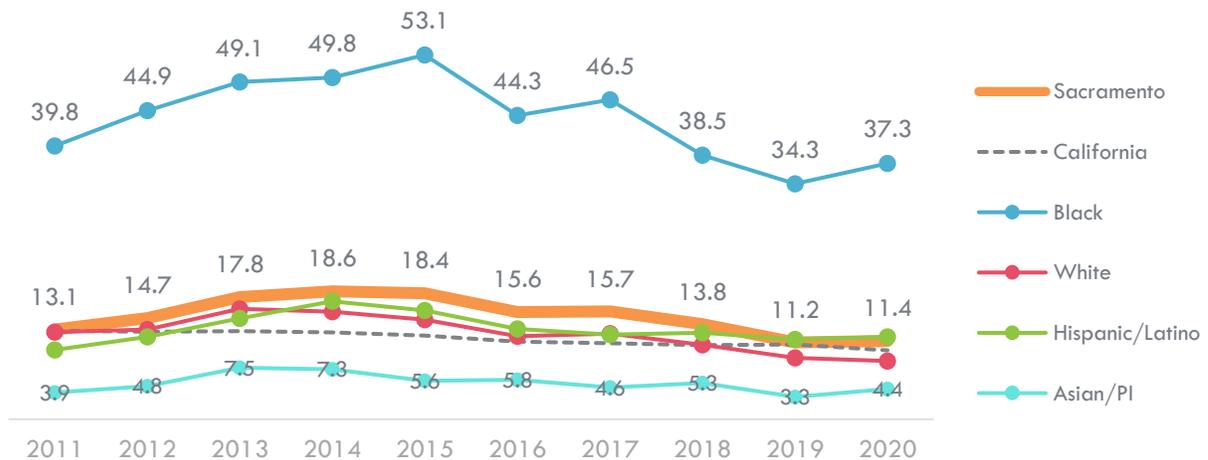
Result 9: INCREASE USE OF EFFECTIVE PARENTING

COUNTYWIDE TRENDS

Parenting styles are one of the most powerful predictors of child outcomes; warm and nurturing interactions help buffer children from the effects of chronic stress. The Center for the Study of Social Policy identifies five protective factors that improve family outcomes: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children. The programs funded by First 5 Sacramento in this area aim to improve effective parenting through increasing the five protective factors.

The figure below displays substantiated maltreatment rates per 1,000 children ages 0 to 5 by ethnicity, as well as county and statewide rates. In Sacramento County, substantiated maltreatment decreased from 13.1 per 1,000 children ages 0 to 5 in 2011 to 11.4 in 2020. In 2020, the rate of substantiated maltreatment among African American children in Sacramento County was 37.3 per 1,000, more than three times the county total. The rate of substantiated maltreatment among African Americans increased slightly compared with 2019 (34.3), although there has been an overall downward trend since 2015 (53.1).

Figure 48. Substantiated Allegations of Child Abuse per 1,000 Children Ages 0 to 5, by Race/Ethnicity



Source: California Child Welfare Indicators Project. Note: Number of substantiated child abuse allegations in Sacramento 2020—28,140 (CA); 1,340 (Sac); 444 (Afr. Am); 404 (White); 385 (Hispanic/Latino); 75 (Asian/PI). Previous yearly rates updated compared to past reports based on October 2021 historical values from UC Berkeley CCWIP database. Rates calculated as (number of substantiated allegations/total population) x 1000. Counts by ethnicity may not reflect entire population as about 7% of population is categorized as multi-racial, but substantiated allegations are not available for this group.

While community support programs are correlated with overall decreases in substantiated maltreatment, it is important to note the potential impact of COVID-19 on CPS allegations and referrals. As fewer children were actively engaging in public spaces (e.g., schools), adults have fewer opportunities to recognize potential signs of maltreatment. As a result, 2019 and 2020 rates may be impacted, and may or may not reflect accurate rates of maltreatment.

IMPACT OF FIRST 5 SACRAMENTO

First 5 began funding the Birth & Beyond Family Resource Centers (FRCs) in FY 2002-03 to promote effective parenting, with the long-term goal of helping to strengthen protective factors, build family resilience and prevent or reduce child maltreatment. Birth & Beyond FRCs provided family support services to pregnant women, children ages 0 to 5, and their families/caregivers.

Specific services included enhanced core services, parenting education classes, home visiting, CalWORKs home visiting, and crisis intervention. In FY 2020-21, a total of 1,340 children and 3,956 parents/caregivers received one or more Birth & Beyond services, as seen in the table below. The number of parents served is comparable to FY 2019-20 (3,901), though the number of children directly served in FY 2020-21 is about half of those served in FY 2019-20 (2,033).

Figure 49. RBA Dashboard–Birth & Beyond: Overall

		FY 2020-21
How much did we do?	Numbers Served by B&B Initiative Overall	
	# Parents/Caregivers	3,956
	# Families	3,818
	# Children (0 to 5)	1,340
	Enhanced Referrals	
	Health (insurance, medical home, well-child visits)	4,699
	Safe Sleep Baby Information	2,399
	Crisis Nursery	1,897
	Help Me Grow	395

Source: Persimmony report By Client Demographic for Birth & Beyond, FY 2020-21



ENHANCED CORE SERVICES

Enhanced Core Services are intended to be light-touch services that expose a family to Birth & Beyond and may provide a gateway to more intensive Birth & Beyond services. Activities in the Enhanced Core service categories included child development activities, peer support groups, life-skills classes, and stress-reducing activities. For instance, services included basic needs pop-up events, diaper distribution, community baby showers, COVID-19 testing, workshops, events/celebrations, and support groups. In FY 2020-21, Birth & Beyond provided nearly 6,500 Enhanced Core services to 1,240 families and 411 children, a slight increase from FY 2019-20 families served (n=1,204), and about half the number of children (FY 2019-20 n= 792). Among the Enhanced Core Services families, 43% also received Crisis Intervention Services, 20% also received home visiting, and 6% also engaged in parent education classes. The table below represents B&B's Enhanced Core Services RBA dashboard.

Figure 50. RBA Dashboard—Birth & Beyond: FRC Enhanced Core

		FY 2020-21
How much did we do?	Numbers Served by B&B Enhanced Core	
	# Unduplicated Families	1,240
	# Unduplicated Parents/Caregivers	1,227
	# Unduplicated Children	411
	Total # of Duplicated Enhanced Core Services	6,447
	# Duplicated Play Care Services provided	†
How well did we do it?	Level of Service	
	Average # of hours of participation	7.0
	Engagement in other FRC Services	
	% Receiving Crisis Intervention	43%
	% Receiving Home Visiting	20%
	% Receiving Parent Education classes	6%
Is anyone better off?	N/A	

Source: FY 2020-21 Quarterly Performance Measures Report and Persimmony Client Services and Assessments Export. † Only three Play Care services reported. Play Care is offered as a means for parents to attend classes but the transition to virtual classes due to COVID-19 rendered the service unnecessary during this Fiscal Year.

PARENTING EDUCATION

Parenting education classes are group-based classes operated by Family Resource Centers and were held virtually during FY 2020-21. This fiscal year, 545 parents attended 92 parenting workshops. The number of participants attending *Nurturing Parenting Program* (NPP) Prenatal (n = 9), and NPP Fathers (n = 15) workshops increased compared to FY 2019-20 (n=2 and n=1, respectively). This may highlight the impact of virtual workshops increasing accessibility to more participants. *Make Parenting A Pleasure* (MPAP) workshops had a 75% completion rate, while NPP programs had a combined completion rate of 51%. On average, there were significant increases in parenting knowledge and skills among MPAP and NPP participants.

Figure 51. RBA Dashboard—Birth & Beyond: Parenting Education

		FY 2020-21	
How much did we do?	# Workshops Provided	92	
	# Unduplicated Parents who Attended Parenting Workshops	545	
	Make Parenting A Pleasure	356	
	Nurturing Parenting Programs	223	
	<i>NPP Infants, Toddlers, Preschoolers (ITP)</i>	193	
	<i>NPP Fathers</i>	15	
	<i>NPP Prenatal</i>	9	
	<i>NPP Other (School Age, Teen, 10 Week)</i>	15	
	Other services		
# Duplicated Play Care Services provided ⁵⁶	†		
How well did we do it?	# (%) Program Completion (had post survey)⁵⁷		
	Make Parenting A Pleasure	206 (75%)	
	Nurturing Parenting Programs	132 (51%)	
	<i>NPP Infants, Toddlers, Preschoolers (ITP)</i>	99 (57%)	
	<i>NPP Fathers</i>	12 (80%)	
	<i>NPP Prenatal</i>	4 (44%)	
Is anyone better off?	Increased Parenting Knowledge and Skills	Pre	Post
	Make Parenting A Pleasure ⁵⁸	6.1	6.6***
	Nurturing Parenting Program ⁵⁹	5.8	6.1**
	Engagement in other FRC Services		
	% Receiving Crisis Intervention	200 (39%)	
	% Receiving Enhanced Core	69 (14%)	
	% Receiving Home Visiting	83 (16%)	

Source: FY 2020-21 Quarterly Performance Measures report in Persimmony. ** Indicates statistically significant difference at p < .01, *** indicates statistically significant difference at p <.001

⁵⁶ Provided for children whose parents attended Parent Education workshops and/or participating in Enhanced Core services.

⁵⁷ Counts include duplicates if participants completed education program multiple times and/or participated in different curriculum during the fiscal year and may not be a direct representation of unduplicated families served.

⁵⁸ Represents average score for 201 matched sets.

⁵⁹ Represents average AAPI score for 113 matched sets in NPP Fathers, Prenatal, and ITP curriculum.

HOME VISITING

The *Nurturing Parenting Program* (NPP) is a home visiting service provided at least weekly, with a minimum of two months of visitation services. Participants are screened using the Adult Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. It includes five domains: Expectations of Children, Parental Empathy Toward Children’s Needs, Use of Corporal Punishment, Parent-Child Role, and Children’s Power; each item is scored on a scale of 1 (high risk) to 10 (low risk). Based on their baseline AAPI results, clients are assigned to three different tiers of service: Prevention (16 lessons), Intervention (24 lessons), or Treatment (55 lessons). Joint visits are conducted with Child Protective Services (CPS) staff and/or health educators as needed.

In FY 2020-21, NPP served 978 adults in 932 families. Among them about 24% of adults were referred by CPS, an increase from FY 2019-20 (19%, 267/1,381), although the total number referred decreased. Parents in the Intervention and Treatment curriculum groups showed statistically significant improvements in parenting skills and attitudes, on average. While more than half of Prevention clients completed the minimum number of lessons (59%), less than one-third of Intervention participants (30%) completed their lessons, and only 8% of treatment clients completed their minimum number of lessons.⁶⁰ However, the proportion of participants completing lessons increased for all three groups compared to FY 2019-20 (42%, 10%, and 0% respectively), suggesting that virtual opportunities during COVID may have increased access for some families. This increase may also highlight potential improvements in data collection/reporting, as FY 2019-20 had a substantial amount of missing data.

Figure 52. RBA Dashboard—Birth & Beyond: Home Visiting Services

		FY 2020-21
How much did we do?	# Unduplicated Families who Received Home Visits through NPP	932
	# Unduplicated Parents/Caregivers Served	978
	# (%) of enrolled families referred by CPS ⁶¹	238 (24%)
	# Unduplicated Families who Developed a Family Nurturing Plan ⁶²	383
	Total # Home Visits Provided through NPP	9,323
	Level of NPP Program Assignment⁶³	
	# (%) assigned to Prevention (low risk)	96 (14%)
	# (%) assigned to Intervention (moderate risk)	150 (21%)
	# (%) assigned to Treatment (high risk)	74 (10%)
	# Unduplicated Families who Received Joint Visits With:	
	CPS	170
	Health Liaison	321

⁶⁰ FY 2020-21 is the last year that B&B used this home visiting model which determines the 55-hour minimum threshold.

⁶¹ Case records not available for all families served by B&B Home Visiting. Reflects proportion of enrolled families referred to B&B from CPS, not percent of families with a history of CPS involvement or proportion of all B&B referrals.

⁶² It is important to note that since families could have begun NPP lessons in the previous fiscal year, this number does not represent all families who had a Family Nurturing Plan.

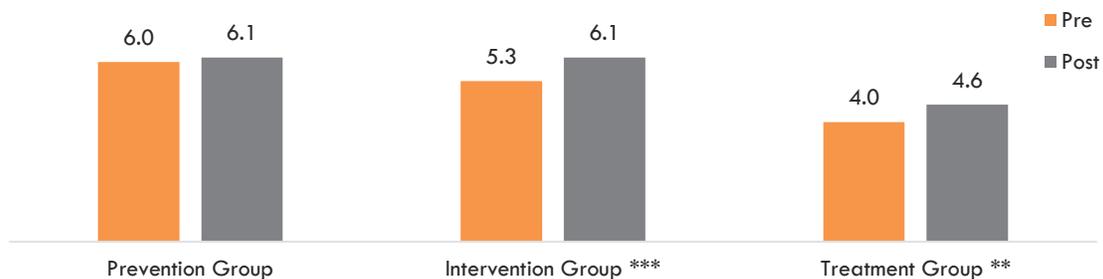
⁶³ Excludes participants with missing data (n=127) or no case record (n=146). Another 385 assigned to other curricula.

		FY 2020-21	
How well did we do it?	Lessons completed at case closure⁶⁴		
	# (%) Prevention clients completing at least 16 lessons	47 (59%)	
	# (%) Intervention clients completing at least 24 lessons	31 (30%)	
	# (%) Treatment clients completing at least 55 lessons	4 (8%)	
	Improved parenting (Adult Adolescent Parenting Inventory)⁶⁵	Pre	Post
	Prevention Group (Low risk; n= 33)	6.0	6.1
	Intervention Group (Moderate risk; n= 53)	5.3	6.1***
Treatment Group (High risk; n= 24)	4.0	4.6**	
Is anyone better off?	Substantiated maltreatment within 12 months of B&B Intake (ages 0 to 5, receiving 8+ hours of home visiting (Feb. 2019- Feb 2020))⁶⁶		
	Children with no prior CPS involvement	5 / 95 (5%)	
	Children with any prior CPS involvement	7 / 161 (4%)	
	Children with a <i>substantiated</i> baseline referral (within six-months prior to B&B intake)	4 / 22 (18%)	
	All Children (intake between Feb 2019-Feb 2020 and eight+ hours HV) ⁶⁷	12 / 658 (2%)	
	Engagement in other FRC Services		
	% Receiving Crisis Intervention	54%	
	% Receiving Enhanced Core	26%	
	% Receiving Parent Education classes	9%	

Source: FY 2020-21 Quarterly Performance Measures report in Persimmony, Family Information Form, Home Visiting Case Record.
 *** indicates statistically significant change at $p < .001$; ** indicates statistically significant change at $p < .01$ *** indicates statistically significant change at $p < .001$.

As mentioned above, each home visiting client receives a baseline assessment on the Adult-Adolescent Parenting Inventory (AAPI), which helps determine the level of service they are best suited for. A follow-up AAPI assessment is conducted to determine if parents have experienced the desired knowledge and attitudinal shifts. The figure below presents the improvements in Adult-Adolescent Parenting Inventory (AAPI) scores from pre-to post-assessment in each intervention group. On average, scores within each group increased, indicating families had *reduced risk* for child maltreatment.

Figure 53. Changes in Average AAPI Scores for Birth & Beyond Home Visiting Clients



Source: FY 2020-21 AAPI export in Persimmony., n = 31 for Prevention group, n = 50 for Intervention group, n = 24 for Treatment group.
 ***indicates statistically significant change at $p < .001$; **indicates statistically significant change at $p < .01$.

⁶⁴ Percentages exclude participants with missing data within each curriculum group.

⁶⁵ Among those who had both pre- and post-data.

⁶⁶ Represents a one-year subset of children discussed in the next section. Includes 12-month outcomes for children with a B&B intake between Feb 1, 2019 and Feb 29, 2020 who received eight or more hours of home visiting.

⁶⁷ Exceeds sum of previous rows as this value Includes those whose prior CPS contact was unknown.

ANALYSIS OF CPS OUTCOMES

The following section explores substantiated maltreatment recurrence among children receiving Birth & Beyond services compared with a matched set of children in Sacramento County who had CPS involvement during a comparable time frame but did not receive B&B home visiting.⁶⁸ Outcomes include whether children had **substantiated CPS recurrence within 12 months** of their B&B home visiting intake or their previous CPS encounter.⁶⁹

In total, 3,497 children had an intake into B&B home visiting between February 1, 2018, and February 29, 2020. Among them, 2,032 were ages 0 to 5, of which 342 had baseline CPS involvement in the six months prior to their B&B intake date. This treatment group was statistically matched⁷⁰ to a comparable group of children with a baseline CPS allegation using a vulnerability index that included five factors: number of prior allegations, whether the baseline allegation was substantiated, high Structured Decision-Making (SDM) risk, being male, and non-White. These intersectional characteristics have been identified in previous research as key predictors of substantiated recurrence of maltreatment.

Among children with a baseline CPS event between 2018 and 2020, **6%** receiving B&B home visiting had substantiated recurrence, compared to **12%** of a non-B&B comparison group

Note: Matching the treatment and control group decreases the likelihood of significant differences between groups and limits selection bias but is not without limitations. Statistical controls cannot account for “unobserved heterogeneity,” or the unmeasured factors that could influence outcomes. For example, there was no way to measure whether children in the comparison group were receiving other intervention services or possessed other social and economic factors that contributed to the risk of recurrence (e.g., chronic poverty, housing stability, perpetrators’ childhood trauma, mental health, and substance use). Additionally, SDM risk assessment was a significant predictor of recurrence but was missing in many cases. Lastly, significance levels can be impacted by small sample sizes due to overall low rates of substantiated recurrence during the observation window.

Each case was assigned a vulnerability score of zero to five, based on each of the characteristics described above, to ensure the two groups were as similar as possible. A score of zero to one represents low vulnerability, two to four represents moderate vulnerability, and those with a score of five have high vulnerability. **This matching strategy resulted in a total sample size of 684 children** (342 in each group). Within each group, about one-quarter (24%) were considered “low vulnerability,” 73% had moderate vulnerability, and about 3% had high vulnerability. Among the total sample, 9.4% (64/684) had substantiated recurrence within the 12-month observation window.

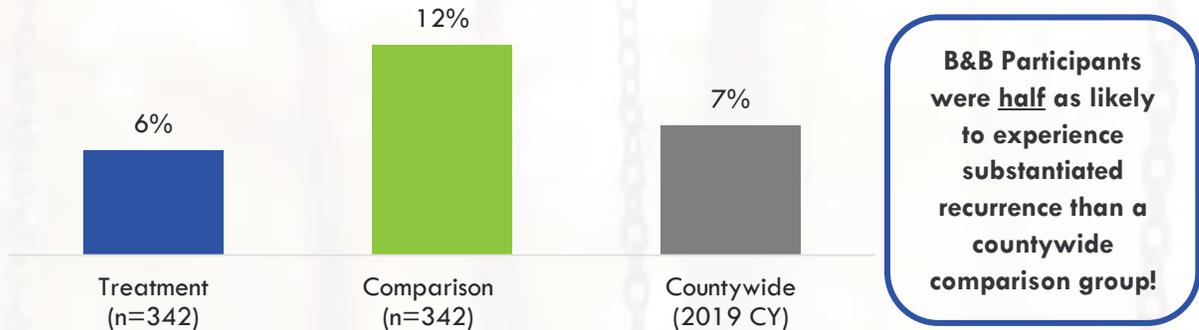
⁶⁸ De-identified comparison group data received from CPS (total N ages 0 to 5 before matching = 7,865).

⁶⁹ Since the comparison group did not have B&B intervention, their observation window started at the closure of a baseline CPS involvement (excluding Evaluated Out cases). B&B participants included those that had a baseline CPS referral (excluding evaluated out) within six months prior to their B&B intake, but their observation window started after the start of B&B intervention.

⁷⁰ Using propensity score matching (PSM). Data were randomized and matching was conducted using the cumulative vulnerability score with the psmatch2 command with a caliper setting of 0.001. PSM provides the likelihood (or odds) that the individual would participate in the treatment group given observable characteristics.

Children in the B&B treatment group were half as likely to have substantiated recurrence (6%) compared to the comparison group (12%). Differences were statistically significant ($p < 0.01$).

Figure 54. Percent of Children with Substantiated Recurrence within 12 Months, Ages 0 to 5



Source: B&B 2018-2020 Program Data & CPS 2018-2020 Data. $p < 0.01$; Countywide value from UC Berkeley CCWIP recurrence rates.

Additionally, the treatment group’s recurrence rate of 6% is lower than the 12-month substantiated recurrence for all children in Sacramento County ages 0 to 5 during the 2019 calendar year (7.4%).⁷¹ Further analyses prepared for the Birth & Beyond Annual Evaluation Report also identified strong support for children 0 to 5 who received eight or more hours of home visiting, compared with a statistically matched comparison group (n = 170 in each group). Among the Birth & Beyond treatment group receiving eight or more hours of home visiting, 3% experienced a substantiated recurrence, compared with 8% of the comparison group.

CPS Analysis Summary

The findings reported here provide strong evidence that on average, **B&B clients have significantly lower rates of recurrence overall** compared to a comparison group matched on the vulnerability index. This finding is consistent with several prior studies of this program, while improving upon previous designs by having a statistically matched comparison group.⁷²

Key Takeaway:

An analysis of children receiving Birth & Beyond home visiting following a baseline CPS event, compared with a countywide sample, and matched on key vulnerabilities provides **strong support for the impact of B&B home visiting.**

B&B children were half as likely to experience substantiated recurrence in 12 months (6%), compared to the non-B&B matched sample (12%).

⁷¹ County comparison includes most recent calendar year with 12-month recurrence outcomes from UC Berkeley California Child Welfare Indicators Project (CCWIP), provided by Sacramento County Department of Health.

⁷² This analysis was initially made possible by funding from Birth & Beyond AmeriCorps, as part of a larger evaluation conducted every three years for B&B re-compete requirements for AmeriCorps funding.

CALWORKS HOME VISITING PROGRAM

As part of continuing efforts to ensure program sustainability, in spring 2019, Birth & Beyond was awarded a two-year grant from the California Department of Social Services to provide home visiting services to families receiving CalWORKs. First 5 Sacramento provides administrative and evaluative oversight for the grant. Birth & Beyond receives referrals from the Sacramento County Department of Human Assistance and uses the evidence-based, home visiting model known as Healthy Families America (HFA). Enrollment in HFA is restricted to mothers who are pregnant or have an infant up to three months of age. In spring 2021, Birth & Beyond also began implementing the Parents as Teachers (PAT) curriculum to serve more families through home visiting. Future reports will include evaluations of this curriculum.

Through these models, Birth & Beyond hopes to identify and address family and child hardships to reduce stress in the home, nurture positive parent-child interactions, and improve family stability. In FY 2020-21, Birth & Beyond completed intakes for 241 adults, of which 81 enrolled. Birth & Beyond provided 2,281 HFA home visits to 190 HFA families and completed 230 developmental screenings. Among the 190 families receiving home visiting, 68 had newly enrolled in FY 2020-21.

The most common service referrals provided to families engaging with HFA were for Early Learning or Parent/Child Interactions (316), Housing Support (151), Adult Academic Services (146), and Mental Health Services (145). More than three quarters of the families referred to infant and child nutrition services were able to receive services (76%); 65% of those referred connected with infant and toddler health care services. Similarly, more than half of the families referred to developmental screening (53%) and early learning/parent-child interaction support (52%) received services.

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

		FY 2020-21
How much did we do?	Healthy Families America (HFA) Intakes	
	# of Intakes - Adults	241
	# Offered HVP Services	231 / 241 (96%)
	# Offered Services that Enrolled	81 / 231 (35%)
	# of Intakes - Children	150
	Intakes by Referral Source	
	DHA Eligibility List	42
	Birth & Beyond Transfer	25
	Department of Human Assistance (DHA)	8
	<u>Other Referral Sources:</u> ⁷³	
	Hospitals/Clinics	112
	Self-Referral	14
	Community Agency	10
	Child Protective Services (CPS)	7
Other/Other Outreach	18	

⁷³ Referrals primarily from DHA, DHA Eligibility list, and B&B transfers. While other sources comprise a larger portion of referrals, these entities typically refer to B&B overall and B&B staff assign to curriculum deemed most appropriate. No referral source reported for five intakes.

		FY 2020-21
How much did we do? (continued)	Core Services	
	Total # Home Visits <i>(includes clients who enrolled in FY 19-20 and FY 20-21)</i>	2,281
	# New and Returning Adults Receiving Home Visits ⁷⁴	190
	# Developmental screenings and assessments conducted	230
	Referrals given	
	Developmental screening	111
	Prenatal care	45
	Infant and toddler health care	94
	Infant and child nutrition services	62
	Early Learning and/or Parent Child Interaction Activities	316
	Work readiness services	118
	Academic or instructional services	146
	Intimate partner violence services	31
	Substance abuse services	6
	Mental health services	145
	Housing support	151
Immigration/Legal services	56	
English as second language services	15	
How well did we do it?	Services received after referral # (%)	
	Developmental screening	59 (53%)
	Prenatal care	22 (49%)
	Infant and toddler health care	61 (65%)
	Infant and child nutrition services	47 (76%)
	Early Learning and/or Parent Child Interaction Activities	163 (52%)
	Work readiness services	46 (39%)
	Academic or instructional services	30 (21%)
	Intimate partner violence services	13 (42%)
	Substance abuse services	0 (0%)
	Mental health services	52 (36%)
	Housing support	61 (40%)
	Immigration/Legal services	22 (39%)
English as second language services	7 (47%)	
Is anyone better off?	N/A	

Source: CalWORKs Home Visiting Case Record (Intakes) and CalWORKs HV Service Records in Persimmony

⁷⁴ Total includes new and returning (those enrolling in FY 2019-20), 68 of the 81 clients newly enrolled in FY 2020-21 received at least one home visit during FY 2020-21.

CRISIS INTERVENTION SERVICES

Crisis Intervention Services (CIS) are short-term, targeted services for Birth & Beyond clients experiencing a pressing concern or issue. The CIS team conducts an intake with a brief assessment tool and provides case management and referrals to Family Resource Centers and the Crisis Nursery, as appropriate.

In FY 2020-21, Crisis Intervention Services served 1,943 families and provided 1,082 families with at least one referral or linkage (compared to 1,736 families served and 1,105 referrals provided in FY 2019-20). The increase in families served during FY 2020-21 may highlight the increased level of acute crises families faced due to the prolonged impact of the pandemic. Pre- and post-tests of Crisis Intervention Services clients indicated that on average, families receiving case management significantly reduced stress levels and increased their perceived level of support from friends, family, and their community.

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

		FY 2020-21	
How much did we do?	Families Served		
	# Unduplicated Families with Intervention Service Record (ISR)	1,943	
	# Unduplicated CIS Families with Pre-Assessment	1,077 [†]	
	# Unduplicated CIS families with Post-Assessment	839 [†]	
How well did we do it?	Referrals and Support		
	# Unduplicated CIS Families Receiving One or More Referral	1,082	
	# Unduplicated CIS families with a Crisis Intervention Case Management Plan	1,023	
Is anyone better off?	Changes in Stress and Support	Pre	Post
	Level of stress	3.44	2.32***
	Parental stress level affected their care of child	2.55	1.89***
	Level of support from friends/family/community	2.62	3.35***
	Engagement in other FRC Services		
	% Receiving Enhanced Core	27%	
	% Receiving Home Visiting	25%	
% Receiving Parent Education	10%		

Source: FY 2020-21 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post-test. ***:indicates statistically significant change at $p < .001$. Changes in Stress and Support: † out of 1,138 CIS families receiving Level 2 or Level 3 Crisis Intervention Services (case management).

Client Success Story: Birth & Beyond

Vanesa⁷⁵ is a 39-year-old, first-time, single mother of an infant, Daniela, born premature at 24 weeks. While she maintains a good relationship with Daniela's father, they are not together, and he resides in Mexico. Vanesa needed support for parenting and basic needs, such as housing and financial stressors. She was living in a temporary rotary home provided by the hospital and needed to vacate at a specific date. Additionally, due to her premature birth, Baby Daniela faced physical and intellectual growth delays. Vanesa enrolled in the Birth & Beyond Healthy Families America (HFA) home visiting program. Her home visitor was able to connect her with the Department of Human Assistance housing program, where she was able to find a stable home, as well as the In-Home Supportive Services (IHSS) program and Supplemental Security Income (SSI). Vanesa's home visitor also connected her with Help Me Grow and Alta to assist with Daniela's physical and intellectual needs.

Vanesa has noted that all the support received has helped her provide for herself and her child. As a result of this support, she is now in a stable apartment, receiving financial benefits, and able to provide Baby Daniela with the therapies and services she needs. Vanesa also mentioned that she has learned a lot about parenting and feels reassured that she is parenting in a positive and nurturing way. She used to doubt her ability to be a good parent but now feels that she knows more about her child's development, how to positively interact with her, and the importance of being loving and nurturing. Vanesa noted that she enjoyed her calls (during COVID) and in-person visits (pre-COVID) with her home visitors, saying, "I always love to learn and want to educate myself as much as I can about my daughter, her development, and how to help her. I want to be a good mom for her." She described her connection with this program and her home visitor as a "blessing," stating "you and the program have helped me so much. I've learned so much about me and my daughter. I have always advocated for my daughter's needs and want the best for her. The support I have received from you guys has helped me do that too."

"I've learned so much about me and my daughter. I have always advocated for my daughter's needs and want the best for her. The support I have received from you guys has helped me do that too." – Vanesa, B&B HFA Home Visiting Client

⁷⁵ Fictional names used for all client success stories.

SUMMARY

- **Birth & Beyond directly served 1,340 children and 3,956 parents/caregivers** through one or more support services for pregnant women, children ages 0 to 5, and their families/caregivers. Services included enhanced core services, parent education classes, home visiting, and crisis intervention. Additionally, CalWORKs funding was utilized to provide additional home visiting services.
- The gateway to FRC services is through “light touch” referral or informational services, referred to as **Enhanced Core** services. Family Resource Centers provided nearly 6,500 services to 1,240 families (including 411 children). Participants engage in short education classes to support child development and life skills.
- FRCs provided **Home Visiting** services to 978 adults in 932 families, 24% (238) of whom were referred by CPS. Higher risk families (Intervention and Treatment groups) showed statistically significant improvement in average Adolescent and Adult Parenting Inventory scores, a tool that measures parents’ risk for child maltreatment.
- Home visiting clients with a baseline CPS event six months prior to intake were **significantly less likely to have substantiated CPS recurrence within 12-months**, when compared to a statistically matched countywide sample of children that did not receive B&B home visiting. Among the 342 children served between February 2018 and February 2020, 6% had substantiated recurrence, compared to 12% with substantiated recurrence in the non-B&B sample.
- The **CalWORKs Home Visiting program**, Healthy Families America, supports families on CalWORKs with the hope of addressing additional family and child hardships to ensure that each family can meet their family stability goals. Healthy Families America helped 241 adults and 150 children through more than 2,500 home visits and 230 developmental screenings. CalWORKs Home Visiting families most frequently received referrals for Early Learning or Parent/Child Interactions (316), Housing Support (151), Adult Academic Services (146), and Mental Health Services (145). Participants referred to WIC services had the highest likelihood of accessing these services (76%), followed by CalFresh referrals (72%).
- FRCs offered evidence-based **Parenting Education** classes such as the *Nurturing Parenting Program* (NPP) and *Make Parenting A Pleasure* (MPAP) to 545 parents. Participation rates increased for fathers and prenatal populations; NPP and MPAP participants both had statistically significant improvements to parenting skills and attitudes, on average.
- **Crisis Intervention Services** served nearly 2,000 families with significant resource needs, helping to increase their knowledge of community resources, increase their perception of social support, and reduce their stress.

Result 10: DECREASE CHILD MALTREATMENT AND DEATH

COUNTYWIDE TRENDS

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

IMPACT OF FIRST 5 SACRAMENTO

CRISIS NURSERY

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

Sacramento Crisis Nursery provided case management, referrals to community services, and assistance with medical and mental health services to help families stabilize their situation. Sacramento Crisis Nursery served a total of 208 families, including 212 parents/caregivers and 297 children. Among the children served, 238 received emergency daytime care and 187 received overnight care. Fewer families were served compared to FY 2019-20 (489 children, 328 parents/caregivers, 322 families), likely a result of the prolonged impact of COVID-19 for the entire 2020-21 fiscal year.

On the other hand, a larger proportion of families used Crisis Nursery emergency care for longer durations compared with the previous fiscal year. Nearly four out of five (78%) had two or more stays at the Crisis Nursery in FY 2020-21.⁷⁶ More than half of the children (54%) with overnight stays used this service for two or more consecutive nights, compared to 48% in FY 2019-20. Among the total number of overnight stays (as opposed to number of children receiving overnight care), 73% were one-night stays, 23% were for two to four consecutive nights, and 4% were five or more consecutive nights.

⁷⁶ Includes families receiving multiple single-day stays and/or multiple (non-consecutive) overnight stays.

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

		FY 2020-21
How much did we do?	Child Care – Families and Children Served (Unduplicated Counts)	
	# Children who Received Emergency Daytime Child Care	238
	# Children who Received Overnight Stays	187
	# Families Served	208
	<i># (%) Families who had More than Two Stays this FY</i>	<i>162 (78%)</i>
	# Parents/Caregivers, by Referral Source ⁷⁷	213
	Birth & Beyond/Family Resource Center	7
	CPS	9
	Friend/Family/Neighbor	10
	Hospital (e.g., doctor, nurse)	3
	Internet/social media	9
	Other Agency/First 5 Contractor/Social Worker ⁷⁸	23
	Child Care—Total Number of Services	
	# Emergency child care (ECC) Daytime Stays	1,377
	Total # Overnight Stays	1,011
	# of unique overnight stays (one or more night)	632
	<i># (%) Overnight Stays (1 night)</i>	<i>460 (73%)</i>
	<i># (%) Overnight Stays (2-4 nights)</i>	<i>144 (23%)</i>
	<i># (%) Overnight Stays (5+ Consecutive Nights)</i>	<i>28 (4%)</i>
	Other Support	
	# Trips for which transportation was provided	341
	Enhanced Referrals⁷⁹	
	Housing/Shelters	78
	Food/Clothing	39
	Help Me Grow	26
	Mental Health (Adult and/or Child)	25
	Family Resource Center Services	18
Employment	12	
Breastfeeding or nutrition support (WIC/CalFresh)	11	
Domestic Violence	6	
Financial Services	2	
Medi-Cal	2	
2-1-1	1	
Substance Abuse	0	

⁷⁷ Most participants were existing clients and did not report a referral source.

⁷⁸ e.g., Child Action, Early Head Start, La Familia, My Sister’s House, Love & Fishes, Next Move, Safe House, and Weave.

⁷⁹ Help Me Grow referrals pulled from Persimmony. Remaining referrals reported by Crisis Nursery during family exit. The most common reasons parents used the Crisis Nursery were Employment, Parental Distress, Housing/Homelessness, or medical needs.

		FY 2020-21
How well did we do it?	Client Satisfaction	
	% Clients who agreed that Crisis Nursery services kept children safe and secure	98%
Is anyone better off?	Parent Support	
	% of clients who felt better able to solve crisis situations	97%

Sources: FY 2020-21 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2020-21 Crisis Nursery Service Records.

Families using Crisis Nursery services provided reasons for use at each stay. Employment (49%), parental distress (16%), and medical (9%) reasons were most commonly cited. Nearly all parents reported reduced stress levels after utilizing Crisis Nursery services for their child(ren). The figure below details families who received case management through the Crisis Nursery, in addition to safe child care.

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

		FY 2020-21	
How much did we do?	Numbers Served		
	# Unduplicated families with pre-assessment	282	
	# Unduplicated families with post-assessment	277	
	Crisis Intervention Case Management Plan (CICMP)		
	# (%) of families who created a CICMP	130 (46%)	
	Reasons for Seeking Care (reasons provided at each stay)		
	Employment	833	
	Parental Distress	274	
	Housing/Homelessness	157	
	Medical	154	
	Education	88	
	Other Emergency	63	
	Domestic Violence	38	
	Legal	31	
Basic Needs/Financial	29		
Mental Health	16		
Substance Use	8		
How well did we do it?	Crisis Intervention Case Management Plan (CICMP)		
	# (%) unduplicated families receiving at least one CICMP Referral	68 (52%)	
Is anyone better off?	Connection to Ongoing Support		
	Clients who also participated in Family Resource Center services	33	
	Reduced Stress	Pre	Post
	Level of stress	3.5	2.2***
	Parental stress level affected their care of child	2.3	1.6***
	% Parents who agreed that Crisis Nursery reduced stress level	N/A	95%
% Parents who agreed they were better able to work on solving crisis situations because of Crisis Nursery	N/A	99%	

Source: 2020-21 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South. ***indicates a statistically significant difference at $p < .001$.

Client Success Story: Crisis Nursery

Jamie⁸⁰ was referred to the Crisis Nursery from Child Protective Services (CPS). She was suffering from depression and had received a DUI with her seven-month-old daughter, Ryley, in the car. This resulted in an open CPS case. Jamie needed to attend an intensive outpatient mandatory treatment program but her husband, Ryley's father, was apprehensive to care for her alone, as he had never done so. Ryley received daytime care from the Crisis Nursery while mom attended her intensive outpatient program. Because of this support, Jamie was able to attend all sessions and complete her treatment program. She was also able to secure employment during this time. The Crisis Nursery also supported Jamie by providing her with resources related to housing assistance and permanent child care. Jamie was thankful to the Crisis Nursery for watching Ryley and was grateful that her child was safe while in their care.

SUMMARY

- The Sacramento Crisis Nursery **supported Sacramento's most vulnerable families by providing emergency child care to almost 300 children in more than 200 families.** The Sacramento Crisis Nursery serves the highest-risk children and families, many of whom are experiencing challenges such as lack of employment, housing/homelessness, medical needs, domestic violence, mental health, or the use of alcohol or other drugs, at the time of stay. In 2020-21, there were 1,377 emergency child care stays and 1,011 overnight stays.
 - Nearly half (46%) of parents completed a crisis resolution plan. In FY 2020-21, families most frequently received referrals for basic needs such as housing and food/clothing. About half of the families also received referrals to Help Me Grow for developmental support and/or mental health services. These needs potentially highlight the impact of the COVID-19 pandemic on families already facing acute or chronic stressors.
 - Assessments before and after a child's stay indicate a significant reduction in parental stress, on average. Additionally, exit interviews suggest that 99% of families who provided a response stated that they were better able to solve crisis situations because of Crisis Nursery's support.

⁸⁰ Fictional names used for all client success stories throughout the report.

Systems Sustainability Plan Update

In 2017, First 5 Sacramento developed its first Systems Sustainability Plan.

First 5 Sacramento's Systems Sustainability Plan (SSP) has the goal of sustaining children's health, development, and family empowerment outcomes and the systems that promote them. The SSP outlines strategies and objectives for sustaining the outcomes sought by First 5 in more systemic, cost-effective ways. Through Public Awareness and Action, Policy and Systems Improvement, and Financial Resources, First 5 Sacramento is seeking sustainable ways to continue impacting the outcomes previously achieved through direct service grants.

Great strides toward Systems Sustainability continue in FY 2020-21

Systems Improvement Strategies for All!

The Commission recognizes that making lasting change and improving outcomes will also require work with systems to shift policies and practices, improving access to and quality of services. As a result, in the 2021-24 Strategic Plan, each of the Commission's priority result areas were identified as having both direct service and systems improvement strategies to promote the desired outcomes. The Plan outlines potential systems improvement strategies for each result area to increase the sustainability of the Commission's funded programs and sustain countywide outcomes for children and families.

S.O.S. Committee

The Systems Optimization and Sustainability (SOS) Committee, formerly known as the Sustainability Committee changed its name in 2020 to reflect the evolving role of the Committee.

The SOS Committee advises on the Commission's Racial Equity, Diversity, and Inclusion (REDI) and Cultural Responsiveness work in addition to systems improvement, sustainability, and policy and advocacy efforts. The committee was formed in 2016 to support First 5 Sacramento's engagement in these efforts.

Focus on Racial Equity, Diversity, and Inclusion

In February 2020, [First 5 Sacramento's Resolution on Racial Equity and Social Justice](#) was passed. The First 5 Sacramento Commission enacted a resolution to declare racism as the root cause of health, early learning, and family resilience disparities, and as a statement of the Commission's pledge to actively and intentionally engage in work to dismantle racism both within and outside the First 5 network. An Action Plan was developed to operationalize the goals the Commission set forth in its Resolution and focuses on five of the nine objectives that were prioritized based on the impact that achievement would have in the community.

The Commission's commitment to doing work more equitably was represented in both the 2021-24 Strategic and Implementation Plans. The corresponding applications for funding (RFPs) also outlined Racial Equity, Diversity, and Inclusion as a required program collaboration. This language is now in all current contracts to outline our expectations for our funded partners' participation in these efforts. The Commission desires a shared vision of racial equity with our funded partners and have dedicated resources to engage and support their efforts.



Public Awareness and Action in Action

Have you heard?

Developing partnerships with leading influencers to build support and awareness around family-friendly work policies, as well as the return on investment for employers continued to be a priority for FY 2020-21.

First 5 Sacramento partnered with the Sacramento Business Journal on a series of three podcasts targeting local business audiences. Topics focused on the importance of child care as an essential service, and the need for employers to ensure that systems and supports are in place for families to thrive. The COVID-19 restrictions and realities forced many employers to recognize the challenges of child care and the need for family-friendly work policies. Podcasts featured field experts, First 5 staff and Commissioners, and highlighted the noteworthy processes and practices of employers RSE and SAFE Credit Union.

Win - Win

First 5 Sacramento's partnership with the River Cats hopes to target the business community and build public engagement in investing in early childhood. This unique partnership included First 5 Sacramento branding on 12 diaper changing stations, 30 child booster seats, concourse signage and outreach through games, community events, social media, and radio! First 5's visibility and message—"Investing in our kids...our future!" will be seen by hundreds of local business/corporate sponsors, and not to mention, over 500,000 families who visit Sutter Health Park all season long!

Policy and Advocacy Highlights

First 5 Sacramento aims to influence policy and systems change at the local, county, and state level to improve the way systems serve children and families. FY 2020-21 marked impressive gains for children and families. Some honorable mentions:

- The Governor signed two important pieces of legislation for families: AB 1876 expands the California Earned Income Tax Credit; SB 1383 expands job Paid Family Leave (up to 12 weeks) to care for a new baby or ill loved one.
- First 5 advocacy efforts continued in the wake of COVID-19. First 5 held several virtual meetings with legislators to discuss partnering, in support of policy changes, to meet the immediate needs of families affected by the pandemic. First 5's Advocacy Day was followed by the annual Dia de Los Libros live Facebook event featuring First Partner, Jennifer Siebel Newsom, reading a bilingual book and Dr. Nadine Burke Harris, the State's Surgeon General, with a message on trauma informed care.
- In addition, First 5 Sacramento partnered with Congresswomen Doris Matsui, the Children's Defense Fund, and Sacramento Children's Home on the Child Tax Credit. A Facebook live conversation highlighted the American Rescue Plan and how the child tax credit will help families affected by the pandemic.

Sustainability and Financial Resources Report Out

First 5 continues to implement strategies to strategically leverage existing resources, as well as seek new opportunities and resources, to maximize return on investments for children ages 0 to 5 and families.

Safe Sleep Baby 2.0

In late 2020, six years after the Commission began funding Safe Sleep Baby (SSB), Commission staff partnered with the Sacramento County Department of Child, Family, and Adult Services (DCFAS), the Child Abuse Prevention Council of Sacramento (CAPC), and the Sierra Health Foundation/Black Child Legacy Campaign (BCLC) on a joint proposal to the California State Department of Social Services, Office of Child Abuse and Prevention (OCAP). The proposal, which was funded for \$250,000 per year for two years, is an expansion of the current SSB program. SSB 2.0 focuses on systems changes within DCFAS to reach vulnerable and at-risk communities. It connects eligible families to safe sleep education and culturally responsive support services in the community. It also further embeds safe sleep in DCFAS by training staff to conduct SSB trainings. Outside of DCFAS, SSB 2.0 will create a toolkit and provide technical assistance, creating the opportunity for other agencies and communities to replicate and integrate SSB into their work.

Certified Sustainable Final Report and Outcomes

The Certified Sustainable Initiative of First 5 Sacramento, launched in May 2018 with goals of supporting funded partners in developing meaningful and achievable plans to maintain current service levels, even as First 5 funds are reduced. In all, 24 agencies completed Sustainability Plans outlining over \$6 million dollars in leveraged funds and \$1.3 million through cost savings and operational efficiencies.

A follow-up report was conducted at the end of the three-year funding period in 2020 to honor and evaluate each agency’s efforts toward sustainability. The report asked agencies to describe successes and challenges, revisit the Five-Year Budget and progress toward meeting targeted sustainability goals, and follow-up on capacity-building activities focusing on their prioritized domains. As seen on the figure below, 13 of 20 respondents said they acquired funding.



Image Source: Certified Sustainable Initiative Update to First 5 Sacramento Commission, March 4, 2019. All typos are in original presentation.

Partner Feedback on Certified Sustainable Initiative:

“Coaching helped us narrow efforts down to First 5 specific measures, instead of feeling like we had to carry the weight of our entire agency in the plan.”

“Honestly, if [we] hadn’t been gently ‘pushed’ into writing this plan and thinking outside the box on how to restructure and add additional funds to ECE, we would have gotten to the 30% fiscal cliff without a parachute, and our programs would have suffered.”

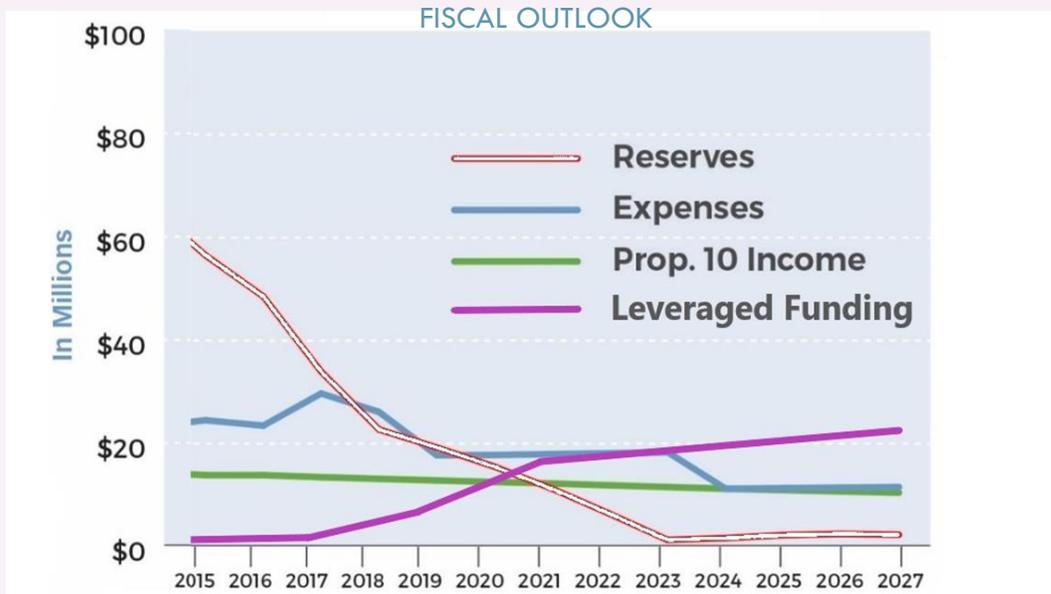
“Being able to work with our internal team showed how much interaction is needed, at all levels of the organization, to complete a successful sustainability plan.”

“This program helped me to really identify the true value of the First 5 portion of our agency’s work.”

The Commission’s dedication to systems sustainability creates a path to a strengthened, supported, and collaborative future for programs meeting the needs of children and families. This is a future where “Declining Revenues” creates opportunities for “Advancing Sustainability”, which would tell a new story about its commitment to sustain programs, about the innovation, and the intentional efforts our partners are making toward their own sustainability and a positive outlook.

A NEW NARRATIVE:

First 5 Sacramento: Advancing Sustainability



Long-lasting Change

As funding for direct services lessens, First 5 Sacramento will continue to strengthen systems and cultivate partnerships that deliver and expand upon equitable programs for young children and families. It is proven that the investments made early in life will have the greatest financial returns, and awareness about the importance of each child’s first five years must extend beyond First 5 partners; local and state policy makers, community, and business leaders must put children first in their budget and policy decisions.

Evaluation Success and Next Steps

Despite the ongoing impact of the COVID-19 pandemic throughout FY 2020-21, First 5 Sacramento made major impacts across the county. First 5 staff and funded partners adapted strategies to make a positive impact on families (e.g., virtual visits and workshops) and providers (e.g., collecting qualitative narratives from teachers in lieu of in-person assessments where restricted). Overall, **First 5 Sacramento reached about 7% of children ages 0 to 5, countywide**. First 5 services also impacted a diverse population, as 39% identified as Hispanic/Latino, 15% identified as Black/African American, 15% were Asian, and 11% were multi-racial. These groups comprise 60% of countywide estimates,⁸¹ compared to 80% of children served by First 5.

At the end of FY 2020-21, First 5 Sacramento surveyed contracted partners about their experiences throughout COVID and plans moving into FY 2021-22. Throughout FY 2020-21, program implementation varied based on health and safety restrictions and the nature of the services provided. Some direct service providers continued to work in-person throughout the pandemic, others operated on a hybrid capacity, and some transitioned to full-time virtual services. Regardless of their strategy, **most programs anticipated permanent changes to service delivery after COVID and noted their appreciation for First 5 in remaining flexible and adaptable, and the importance of continued support through resources such as technology, media, and connections to other programs/funding opportunities**.

COVID also brought challenges in evaluation metrics. For instance, in FY 2020-21, PBM+ and QCCC data were limited as the tools available to assess impact required in-person interactions. First 5 is committed to continuing to work with contractors to implement practices which will ensure the continuation of quality services, while also improving on data collection impacted by fewer in-person services.

Another highlight of the ongoing improvements of the First 5 Sacramento evaluation efforts included a **major overhaul to improve the primary data collection tool (Persimmony)** at the end of FY 2020-21. First 5 staff worked tirelessly with Persimmony database staff to improve the database and establish trainings on the revised tool. The focus was on ensuring quality, reliability, and accuracy of the data collected, while including contracted partners throughout the process to ensure changes met the needs of programs.

Goals for the next fiscal year and beyond include:

- Continuing to invest in systems change and advocacy work, such as the Racial Equity, Diversity, and Inclusion (REDI) initiative.
- Continue assessing programs through special studies and monitoring the implementation of recommendations from these studies to identify program strengths and implement best practices, reducing roadblocks for staff and program service delivery.
- Continue working with partners to train staff on the Persimmony database and adapt software, when possible, to increase the ease of use and data accuracy, while protecting client confidentiality.

⁸¹ Countywide data available for children 0 to 17