

First 5 Sacramento

EVALUATION REPORT

FY2021-2022



Table of Contents

- INTRODUCTION..... 1**
 - Background..... 1
 - COVID-19 Impact..... 1
 - Commitment to Equity..... 1
 - Investments in Children, Families, and Communities..... 2
- EVALUATION METHODOLOGY 3**
 - Results-Based Accountability Framework..... 3
 - Data Sources..... 3
 - Database Highlights..... 4
 - Strategic Hierarchy..... 5
- PROFILE OF FIRST 5 PARTICIPANTS..... 6**
 - Profile of all Served 6
 - Profile of Families at Intake..... 8
 - Family Changes from Intake to Follow-Up..... 9
- RESULT 1: IMPROVE PERINATAL CONDITIONS AND REDUCE INFANT DEATH 11**
 - Countywide Trends 11
 - Perinatal Outcomes 13
 - Infant Sleep Related Deaths 15
 - Child Abuse and Neglect Homicides 15
 - Impact of First 5 Sacramento 16
 - Pregnancy Peer Support 17
 - Infant Safe Sleep Education Campaign 20
 - Public Perinatal Education Campaign 22
 - Result 1 Summary..... 23
- RESULT 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING 24**
 - Countywide Trends 24
 - Impact of First 5 Sacramento 25
 - Women, Infants, and Children (WIC)..... 25
 - Systems Approaches to Increase the Prevalence and Duration of Breastfeeding..... 27
 - Result 2 Summary..... 28
- RESULT 3: INCREASE UTILIZATION OF MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES..... 29**
 - Countywide Trends 29
 - Impact of First 5 Sacramento 30
 - Systems Approaches to Increase Access to Health Systems 31
 - Result 3 Summary..... 32
- RESULT 4: INCREASE ACCESS TO AFFORDABLE CHILD CARE..... 33**
 - Countywide Trends 33
 - Impact of First 5 Sacramento 34
 - Systems Approaches to Increase Access to Affordable Care..... 34
 - Result 4 Summary..... 34

RESULT 5: INCREASE THE QUALITY OF EARLY CHILDHOOD SETTINGS TO MEET SOCIAL-EMOTIONAL, PHYSICAL, AND COGNITIVE NEEDS OF YOUNG CHILDREN	35
Countywide Trends	35
Impact of First 5 Sacramento	35
Early Learning Partnerships Building Mindful Early Care and Education (PBM).....	36
Result 5 Summary.....	39
RESULT 6: INCREASE CHILDREN'S, FAMILIES', AND SCHOOLS' READINESS FOR KINDERGARTEN	40
Countywide Trends	40
Impact of First 5 Sacramento	41
Screenings and Referrals	42
Playgroups	43
Social-Emotional Supports.....	45
Parent/Caregiver Support and Engagement.....	46
Transition to Kindergarten.....	47
Early Literacy Supports	49
Planning and Systems Integration	49
Help Me Grow (HMG).....	50
Result 6 Summary.....	53
RESULT 7: INCREASE USE OF EFFECTIVE PARENTING TO DECREASE TRAUMA AND CHILD MALTREATMENT.....	54
Countywide Trends	54
Impact of First 5 Sacramento	55
Birth & Beyond: Overall	55
Birth & Beyond: Home Visiting	57
Birth & Beyond: Parenting Education	66
Birth & Beyond: Crisis Intervention Services	67
Birth & Beyond: Social and Emotional Learning and Support (SELS).....	68
Crisis Nursery	70
Result 7 Summary.....	74
EVALUATION SUCCESSES AND NEXT STEPS	75
SYSTEMS IMPROVEMENT & SUSTAINABILITY HIGHLIGHTS.....	76
REFERENCES	77

Table of Figures

Figure 1.	First 5-Funded Grantees	2
Figure 2.	Expenses, by Content Area	2
Figure 3.	Program Expenditures, by Agency Type	2
Figure 4.	2021-2024 Strategic Hierarchy	5
Figure 5.	Reach of First 5 Sacramento	6
Figure 6.	Ethnicity Distribution: First 5 Sacramento Children and Sacramento County Overall	6
Figure 7.	Map of Sacramento Families Served, FY 2021-22	7
Figure 8.	First 5 Sacramento Family Information Form Intake Data: Parent Information	8
Figure 9.	First 5 Sacramento Family Information Form Intake Data: Child Information	9
Figure 10.	Changes in Family Characteristics after Program Engagement (Matched Set)	10
Figure 11.	Sacramento County Infant Mortality per 1,000 Live Births, By Race	11
Figure 12.	Three-Year Rolling Rates of Sacramento County African American Infant Death: Sleep Related, Perinatal Causes, and Child Abuse and Neglect	12
Figure 13.	Sacramento County Deaths due to Perinatal Causes per 1,000 Live Births, By Race	13
Figure 14.	Sacramento County Preterm Births, by Race/Ethnicity	14
Figure 15.	Sacramento County Low Birth Weight Births, by Race/Ethnicity	14
Figure 16.	Sacramento County Infant Sleep Related Deaths per 1,000 Live Births, By Race	15
Figure 17.	Sacramento County Child Abuse and Neglect Homicides per 100,000 Children (0-5), By Race	16
Figure 18.	BMU Participants’ Birth and Perinatal Outcomes	18
Figure 19.	BMU Program Highlights	19
Figure 20.	SSB Participants’ Knowledge about Infant Safe Sleep, Pre- and Post-Test Comparison	20
Figure 21.	SSB Participants Practicing Infant Safe Sleep Behaviors, By Race	21
Figure 22.	Mothers who Exclusively Fed Baby Breast Milk in the Hospital	24
Figure 23.	RBA Dashboard — DHS WIC Breastfeeding Services	26
Figure 24.	Children on Medi-Cal with Well-Child Visit in Previous Year, by Age	29
Figure 25.	Kindergarteners Up-To-Date on Required Immunizations	29
Figure 26.	Sacramento County Children with a Dental Visit in the Previous Year (Medi-Cal only)	30
Figure 27.	Pre-Kindergarten and Kindergarten Dental Screenings Identifying Untreated Decay	30
Figure 28.	Medical/Dental Provider and Utilization Among First 5 Participants at Intake	31
Figure 29.	Children Ages 0-5 Who Can Be Accommodated in a Licensed Child Care Space	33
Figure 30.	Median Annual Income Needed to Cover Cost of Child Care	33
Figure 31.	Sacramento County Children (Ages 0-5) Attending a QCC Early Learning Site	35
Figure 32.	RBA Dashboard — Early Learning Partnerships Building Mindful Early Care and Education (PBM)	36
Figure 33.	Outcomes of Developmental Screenings for Children at PBM Sites	38
Figure 34.	Proportion of Children Receiving a Developmental Screening (Ages 0-3, Medi-Cal Only)	40
Figure 35.	Students with Disabilities among all Enrolled Children Ages 4-5	40
Figure 36.	Children Ages 3-4 Enrolled in Preschool	41
Figure 37.	RBA Dashboard—School Readiness: Screenings and Referrals	42
Figure 38.	RBA Dashboard — School Readiness: Playgroups	43
Figure 39.	RBA Dashboard – School Readiness Social-Emotional Supports	45
Figure 40.	RBA Dashboard – Parent/Caregiver Support and Engagement	46
Figure 41.	RBA Dashboard — School Readiness: Transition to Kindergarten	47
Figure 42.	Transition Summer Camp Participants’ Change in Kindergarten Readiness	48
Figure 43.	RBA Dashboard – School Readiness Early Literacy Supports	49
Figure 44.	RBA Dashboard – School Readiness Planning and Systems Integration	49

Figure 45. RBA Dashboard – Help Me Grow Reach and Services	50
Figure 46. RBA Dashboard – Help Me Grow Enhanced Referrals and Connections to Services	51
Figure 47. Outcomes of HMG Developmental Screenings	52
Figure 48. Substantiated Allegations of Child Abuse per 1,000 Children Ages 0-5, by Race/Ethnicity	54
Figure 49. Families Engaging in Multiple Birth & Beyond Strategies During FY 2021-22	55
Figure 50. RBA Dashboard – Birth & Beyond: Overall	56
Figure 51. Birth & Beyond Home Visiting Curricula, by Funding Source	57
Figure 52. RBA Dashboard – Birth & Beyond: Home Visiting Overall (All curricula, ages 0-5)	58
Figure 53. Substantiated Maltreatment within 12 Months of Intake, all Subgroups, Children 0-5	59
Figure 54. Substantiated Recurrence of Maltreatment within 12 Months of Intake, Children 0-5 with a Substantiated Baseline Referral	59
Figure 55. RBA Dashboard – Empowered Families-Funded PAT Home Visiting	60
Figure 56. Changes in Protective Factors (PFS-2), Empowered Families-Funded PAT Home Visiting Participants	61
Figure 57. RBA Dashboard – Birth & Beyond: CalWORKs/FSI-Funded Home Visiting	62
Figure 58. Changes in Protective Factors (PFS-2), FSI-Funded PAT Home Visiting Participants	64
Figure 59. RBA Dashboard – Birth & Beyond: Parenting Education	66
Figure 60. RBA Dashboard – Birth & Beyond: Crisis Intervention Services	67
Figure 61. RBA Dashboard – Birth & Beyond: FRC Social and Emotional Learning and Support (SELS) ..	68
Figure 62. RBA Dashboard – Crisis Nursery: Safe and Emergency Care	70
Figure 63. RBA Dashboard – Crisis Nursery: Crisis Intervention	72

Introduction

BACKGROUND

First 5 Sacramento uses tobacco tax revenue through Proposition 10 to fund a range of essential prevention and early intervention programs for Sacramento County children ages 0-5 and their families. This report describes the services provided and outcomes for First 5-funded services in Fiscal Year (FY) 2021-22. Unless otherwise noted, all data presented here relate to the FY 2021-22 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 and what types of services were provided? How many people were served?
- How well were the services provided? Were they implemented as intended?
- Is anybody better off as a result of the services?

COVID-19 IMPACT

The ongoing and evolving COVID-19 pandemic continues to impact our global society, including local efforts of First 5-funded programming. Throughout FY 2021-22, while most programs remained open and resumed in-person activities, many continued various adaptations to adhere to health and safety guidelines, as well as the individualized needs and preferences of families.



COMMITMENT TO EQUITY

First 5 Sacramento is committed to being an anti-racist organization. We strongly value diverse life experiences, cultures, and heritages and invest in and advocate for programs and policies that ensure all voices are valued and heard.

To further cement First 5 Sacramento's devotion to equity, the Chair of the First 5 Sacramento Commission, the Executive Director of First 5 Sacramento, and all other Commission members, signed a resolution on racial equity and social justice that named anti-racism work as foundational to achieving First 5 Sacramento's mission and vision. Equity informs all aspects of First 5 Sacramento, including hiring practices, investments, Commissioner, staff, community and provider trainings and professional development opportunities, community and business partnerships, program design, data and evaluation, and policy advocacy.

“A resolution is the first step in an expression of what we value and how we intend to function with that value set in place” – Phil Serna, Chair of First 5 Sacramento Commission

INVESTMENTS IN CHILDREN, FAMILIES, AND COMMUNITIES

First 5 Sacramento funds initiatives from various agencies and organizations throughout the county to implement services and systems/policy efforts in support of families with children ages 0-5.

Figure 1. First 5-Funded Grantees



During FY 2021-22, First 5 invested over \$18.8 million dollars 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 (see figure below).

Figure 2. Expenses, by Content Area

Expense Area	FY 2021-22	
Improved Family Functioning	\$13,153,004	70%
Improved Child Health	\$1,772,232	9%
Improved Systems of Care	\$849,222	5%
Improved Child Development	\$612,194	3%
Administration	\$1,643,246	9%
Evaluation	\$785,325	4%
First 5 Expenditures Total	\$18,815,223	

Source: FY 2021-22, First 5 Sacramento.

First 5’s program expenditures (totaling about \$16.4M of the \$18.8M) largely went to community-based agencies (70%), followed by school districts (23%).

Figure 3. Program Expenditures, by Agency Type

Expense Area	FY 2021-22	
Community-Based Agencies	\$11,453,434	70%
School Districts/SCOE	\$3,687,224	23%
First 5 Commission	\$686,806	4%
County Health and Human Services	\$559,188	3%

Source: FY 2021-22, First 5 Sacramento.

Evaluation Methodology

RESULTS-BASED ACCOUNTABILITY FRAMEWORK

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:

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



DATA SOURCES

Data for this evaluation report come from a variety of sources, including secondary data on community indicators, service and outcome data in the First 5 Sacramento's database (Persimmony), Family Information Form intake and follow-up data, and special reports such as the evaluation of the Reducing African American Infant and Child Deaths (RAACD) Initiative.

The primary data sources used in this evaluation include:

- **Community indicator data:** In keeping with RBA, each strategic result area includes data on countywide and statewide trends. However, 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 the Persimmony data management system. Grantees who did not provide individual-level data reported aggregate-level client and service data on a quarterly basis (i.e., performance milestone reports, other data trackers). Unless otherwise stated, data are presented for FY 2021-22.
- **Family Information Form (FIF):** Most grantees used the FIF to collect clients' demographic information, as well as specific indicators for caregivers and children, at intake. Follow-up FIFs were used to identify changes in family behaviors, utilization, and access to resources after involvement with First 5.
- **Program-specific outcome data:** Some grantees provided curriculum-specific data through surveys/assessments and follow-up calls to track changes in knowledge, attitudes, behaviors, health, and/or the status of referrals.
- **Special reports:** This annual evaluation report highlights key findings from special reports as conducted, although additional details may be found in the separate reports referenced. For instance, this report highlights findings from the FY 2021-22 in-depth evaluation conducted with a focus on Reducing African American Child Deaths (RAACD) (see Result 1).

DATABASE HIGHLIGHTS

This fiscal year was an especially exciting and busy year with work to improve Persimmony, First 5 Sacramento's database. Persimmony went through a major overhaul and revamp by its developer, including establishing one profile per First 5 participant that would include activities for all First 5 programs within which they participated. This substantially decreased duplicate records/participant counts. The First 5 Evaluation Manager worked closely with staff from all First 5-funded programs to transition client records to the **new Persimmony site** and ensure validity of the process. First 5 and Persimmony also began developing a referral platform, which will improve the "closed loop" referral tracking (i.e., did the participant receive the referred service) through a single database.

FY 2021-22 also marked the start of a new contract period for First 5 grantees, many of which had substantial changes to program models and assessments. A new contract cycle requires considerable data collection updates/edits to reflect the **new milestones and results-based accountability measures**.

Additionally, Persimmony was used to distribute the **post-Family Information Form** (post-FIF) directly to all applicable First 5 families for the first time this fiscal year. In FY 2021-22, the post-FIF was distributed to all participants with a FIF completed during the fiscal year and a valid email address on file. As an incentive to participate, all respondents were entered to win a \$40 Walmart gift card (20 winners selected).

Furthermore, in the interest of **continuous quality improvement** and in light of the recent database overhaul, First 5 Sacramento and their external evaluator, Applied Survey Research, administered a survey for First 5 Sacramento grantee staff to share their experiences with Persimmony. The survey included 12 questions assessing how often the respondent uses Persimmony, satisfaction with various components of Persimmony (e.g., ease of navigation), and opinions on First 5 Sacramento-led database trainings (e.g., if trainings are informative and relevant). Participants were also asked to share what they found most useful and most challenging on the site.

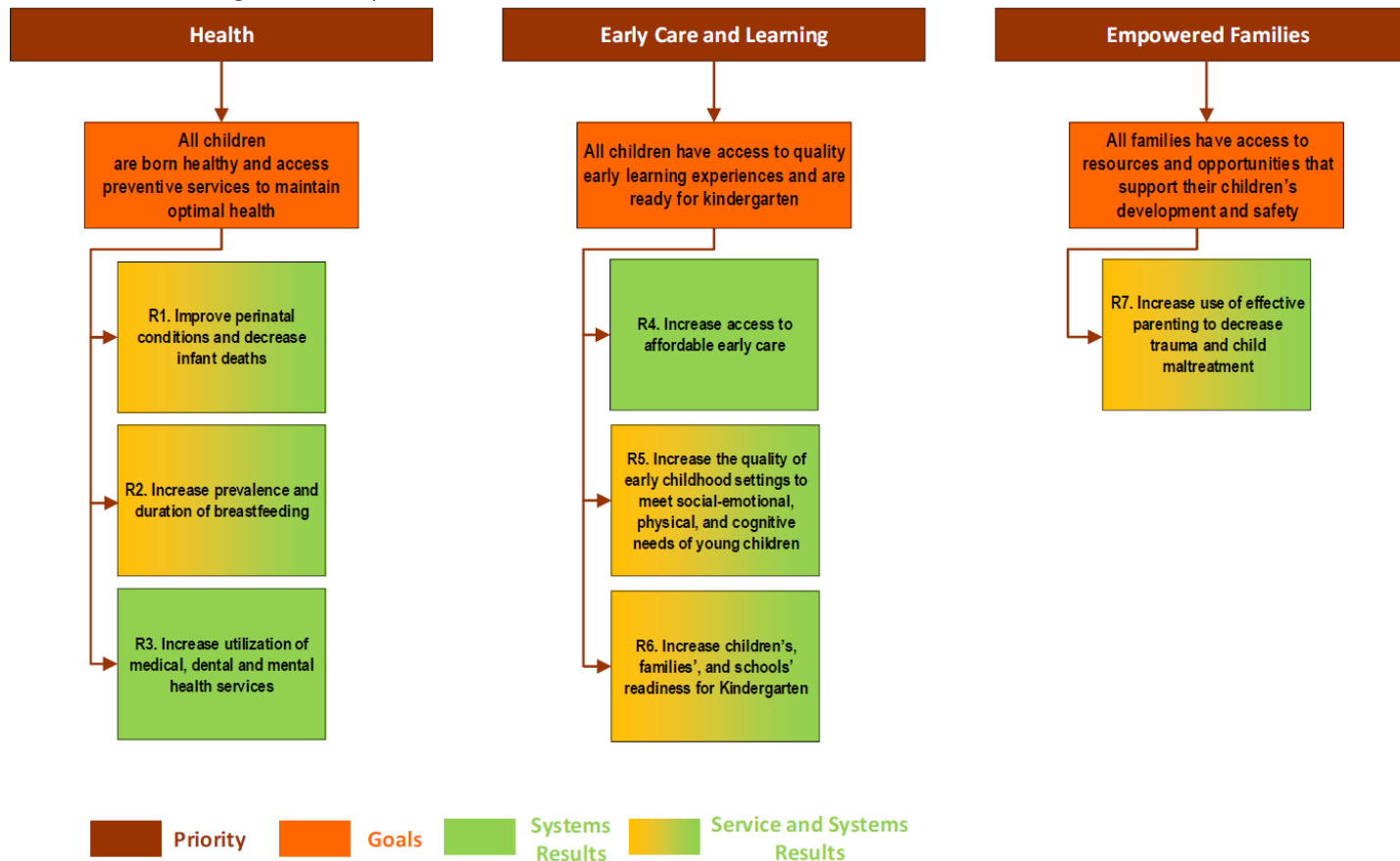
Forty-four users responded to the anonymous survey, among whom 80% accessed Persimmony at least weekly (with 45% using the database at least once a day). Most used Persimmony to enter data (73%) and/or to create and/or update client records (70%). Nearly nine out of 10 survey respondents agreed or strongly agreed that First 5 Sacramento's Persimmony trainings were thorough (89%), and relevant to their roles (86%). Based on responses to the survey, the evaluation team will continue to provide support to users and identify ways to continue improving user experiences, efficiency, and data accuracy.



STRATEGIC HIERARCHY

First 5 Sacramento’s 2021-2024 Strategic Hierarchy defines First 5’s commitment to children, families, providers, and systems across the county. The three *Priority Areas* are key areas which the Commission can effectively address. *Goals* represent what First 5 wants to achieve for all children ages 0-5 and their families. *Service and Systems Results* are changes that First 5 programs and partnerships can make to influence the goals. First 5’s two-pronged approach to promote desired results include systems/policy (green) strategies and direct services (yellow). Results shaded with yellow and green will include a combination of systems and direct service strategies.

Figure 4. 2021-2024 Strategic Hierarchy



Profile of First 5 Participants

PROFILE OF ALL SERVED

First 5 Sacramento-funded services directly served 13,557 unduplicated individuals¹ in 9,098 families. Among them, 5,050 were children ages 0-5 – representing 4% of the countywide 0-5 population.ⁱ Other First 5-funded services, such as media campaigns, water fluoridation, provider trainings, and systems and policy contributions (e.g., hospital birthing policies), likely reached even more children in the County. Among the families served in FY 2021-22, 10% (889/9,098) took part in two or more service program areas (e.g., Her Health First *and* WIC).²

10%
of families
engaged in **two**
or **more** service
program areas

Figure 5. Reach of First 5 Sacramento

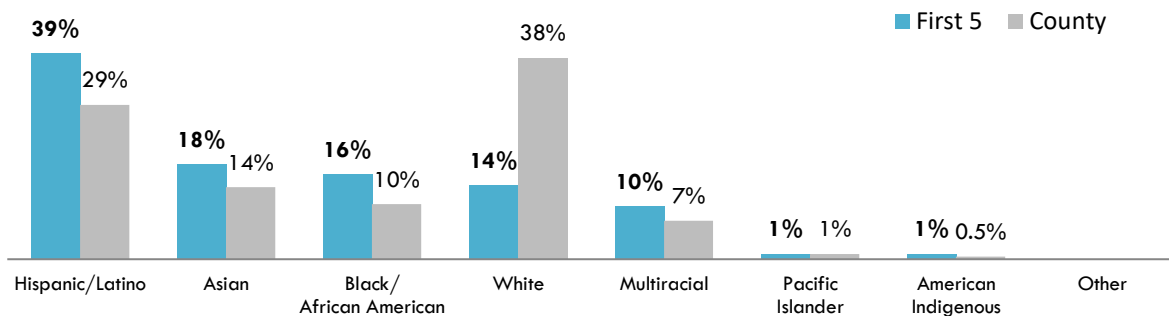


Source: FY 2021-22 Client Information, Persimmony (among those receiving services in FY 2021-22). Note: Counts may not match those reported in First 5 Sacramento State Report due to differences in total unduplicated participants served and unduplicated counts by program area. Provider counts may be underrepresented as some providers may also be in the First 5 database as parents.

In FY 2021-22, First 5 served a larger proportion of Hispanic/Latino (39%), Asian (18%), Black/African American (16%), and Multiracial (10%) populations compared with countywide proportions. Additionally, nearly one in five (17%) children and caregivers primarily spoke Spanish (18%), and 13% primarily spoke some other language (e.g., Cantonese, Vietnamese, Hmong, Russian, Ukrainian, other).

30%
primarily spoke a
language other
than English

Figure 6. Ethnicity Distribution: First 5 Sacramento Children and Sacramento County Overall



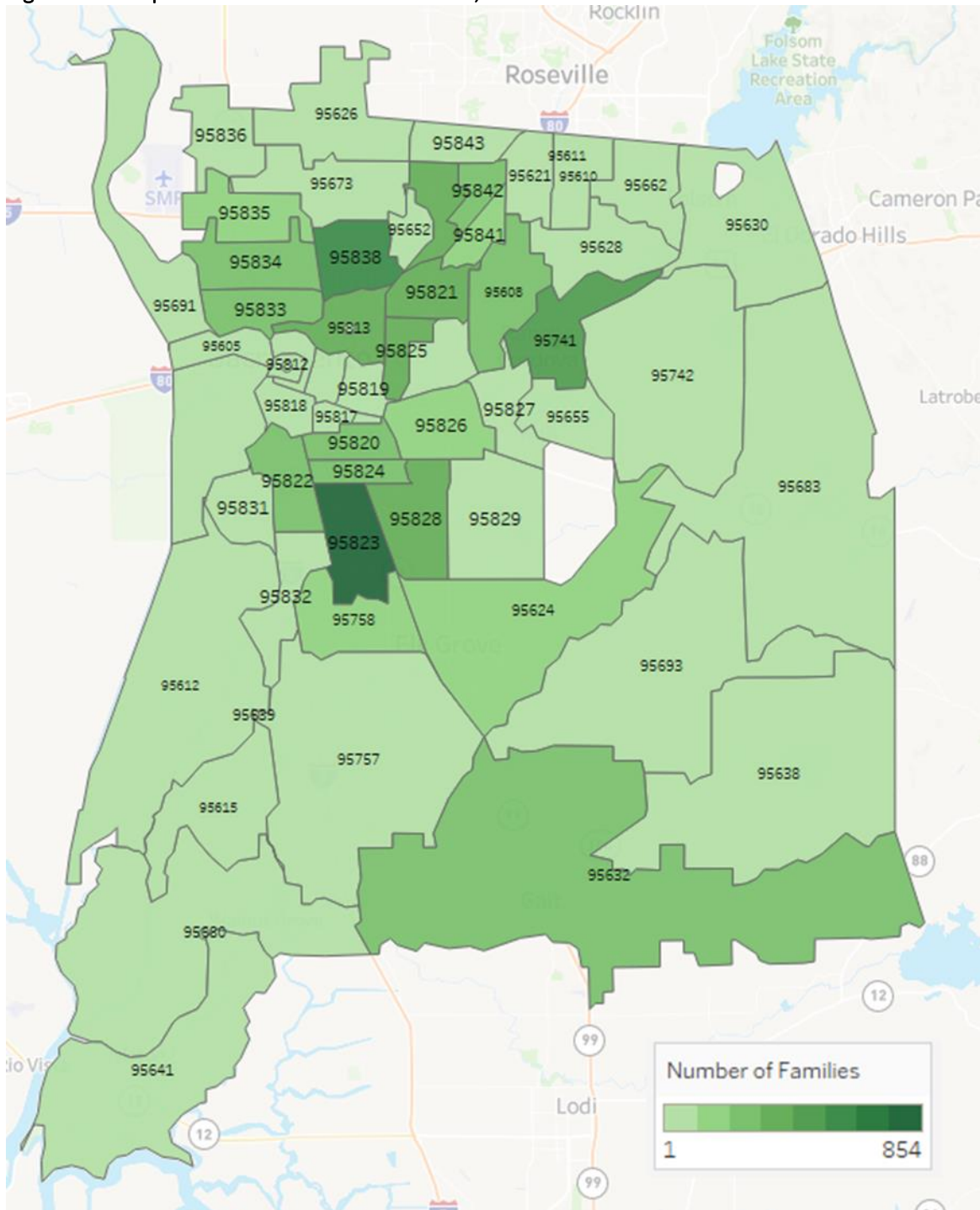
Source: FY 2021-22 Client Information, Persimmony (among those receiving services in FY 2021-22). Percentages limited to children served (N = 5,050) excluding those whose ethnicity was Unknown (N = 76) or Other (N = 447) as countywide proportions do not include these groups. County comparisons are for all children 0 to 17 via KidsData.org, based upon Department of Finance estimates.

¹ Counts differ from First 5 California report (N = 16,847) as counts are unduplicated across all of First 5 Sacramento efforts rather than unduplicated by program area. Additionally, counts reported here include only those entered into the Persimmony database and may underrepresent the reach of funded programs who report only aggregate values.

² Counts do not represent participants engaged in multiple services in a given service area (e.g., Birth & Beyond parenting education and home visiting). Counts are unduplicated by family ID and may differ from reports by client ID.

The map below shows the location of participants receiving First 5 Sacramento programs and services in FY 2021-22. Families most commonly lived in Valley Hi, Del Paso Heights, and Rancho Cordova.

Figure 7. Map of Sacramento Families Served, FY 2021-22



Source: FY 2021-22 Service Records, Persimmony. Counts unduplicated by Family ID. May include duplicates when multiple addresses found within a given family. Includes only valid zip code data within Sacramento County. Excludes families with addresses outside of Sacramento County and/or experiencing homelessness.

PROFILE OF FAMILIES AT INTAKE

First 5 Sacramento began using the Family Information Form (FIF) in FY 2015-16 to capture information about participant and family characteristics and well-being related to First 5’s desired results.

Participants complete the FIF at intake with many First 5 contractors. Between July 1, 2021 - June 30, 2022, 5,509 parent/caregiver FIFs and 5,263 child FIFs were completed by participants receiving various First 5-funded services.

Consistent with previous years, food/nutrition services were most utilized within the six months prior to intake, with 57% of parents/caregivers reporting using these services. Compared with FY 2020-21 (10%), the proportion of participants completing a FIF that previously accessed FRC services increased (12%).



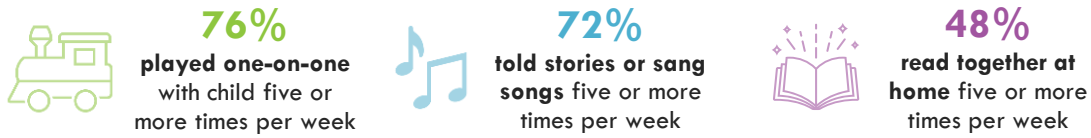
The tables below describe additional characteristics of families served, at intake.

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

	FY 2021-22
Parenting Programs, Services, Supports Used in Six Months Prior to Intake	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	3,117 (57%)
FRC Services	683 (12%)
Parenting Education/Support	657 (12%)
Home Visits	382 (7%)
Parenting Behaviors and Characteristics (at intake) (% Agree/Strongly Agree)	
I know of safe places for my child to play that are outside of my home	3,764 (82%)
I have people in my life who provide me with support	3,511 (77%)
I am able to handle the stresses of day-to-day parenting	3,372 (74%)
I involve my child in day-to-day tasks for our family	3,372 (74%)
I know what to expect each stage of my child’s development	3,609 (72%)
I am able to take a break and do something enjoyable at least once a week	3,212 (70%)
I know what program to contact when I need help for basic needs	3,252 (66%)
I know what program to contact when I need advice on how to raise my child	3,165 (64%)
I attend events in my community with my child	2,288 (48%)
I find myself in stressful situations at least once a week	1,715 (38%)
In the past two weeks, I have felt down, depressed, or hopeless	863 (20%)

Source: Family Information Form 2021-22, all intakes. (All data self-reported). N = 5,509 although Ns may vary by question due to missing/non-response/not applicable participants. May include duplicate clients when served by two or more First 5 programs. Percentages may vary as denominators vary based on total number with valid responses.

The information below highlights child-specific characteristics at intake, including the frequency of family activities and child behaviors and access to resources. While most families reported playing with their child five or more times per week, less than half read together at least five times a week.



Similarly, families were less likely to report that their child adjusts well to change (49%), calms themselves when upset (36%), or stays calm and in control when faced with a challenge (32%). On the other hand, most children have opportunities for fun at least once a day (77%) and have at least two non-parent adults who take a genuine interest in them (71%).

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

	FY 2021-22
Frequency of Family Activities (at intake) (% selecting 5, 6, or 7 times per week)	
Sat and shared a meal together	4,298 (85%)
Practiced a bedtime routine	4,041 (80%)
Talked with child about things that happened during the day	3,893 (77%)
Played one-on-one with child	3,838 (76%)
Told stories or sang songs together	3,650 (72%)
Read together at home	2,404 (48%)
Child Characteristics (at intake) (% selecting Very True)	
Child has opportunities for fun at least once every day	3,584 (77%)
Child has at least two non-parent adults who take a genuine interest in them	3,289 (71%)
Child openly shares feelings with caregivers (if old enough to talk)	2,346 (63%)
Child adjusts well to changes in routine	2,442 (49%)
Child calms themselves when upset	1,803 (36%)
Child stays calm and in control when faced with a challenge	1,618 (32%)

Source: Family Information Form 2021-22, all intakes. (All data self-reported). N = 5,263, although Ns may vary by question due to missing/non-response/not applicable participants. May include duplicate clients when served by two or more First 5 programs.

FAMILY CHANGES FROM INTAKE TO FOLLOW-UP

In FY 2021-22, First 5 began redistributing FIFs at the end of the fiscal year to a subsample of participants. The post-FIF was sent to families who received school readiness and/or Birth & Beyond services, completed a FIF at intake in FY 2021-22, and had a valid email address on file. To encourage responses, participants were entered to win a \$40 gift card to Walmart (20 winners selected). Over 3,600 invitations to complete a post-FIF were sent to families. Among them, 420 parents/caregivers responded on behalf of themselves, and 257 responded for their child(ren). The following section provides insights on family characteristics and attitudes after receiving services for this subsample.

Pre-post analyses identified significant improvements from intake to follow-up included increases in: parent understanding of available parenting resources, opportunities for children to have fun every day,

parent talking to their children, and using a regular bedtime routine. These positive results are likely related at least in part to participation in First 5 programming.

Figure 10. Changes in Family Characteristics after Program Engagement (Matched Set)

Parent/Caregiver Information	Intake	Follow-Up
Knowledge of Community Resources (% selecting "Strongly Agree")		
I know what to expect at each stage of my child's development	27.6%	28.9%
I know what program to contact when I need help for basic needs	24.3%	24.4%
I know what program to contact when I need advice on how to raise my child	23.3%	27.1%*
I know of safe places for my child to play that are outside of home	44.9%	47.5%
Parent-Child Interaction (% selecting "Strongly Agree")		
I attend community events with my child	18.0%	19.0%
I involve my child in day-to-day tasks for our family	43.8%	42.6%
Social Support and Mental Health (% selecting "Strongly Agree")		
I am able to take a break and do something enjoyable at least once a week	27.2%	24.9%
I have people in my life who provide me support when I need it	36.2%	34.7%
I am able to handle the stresses of day-to-day parenting	30.5%	28.5%
I find myself in stressful situations at least once a week	12.6%	9.1%
I have felt down, depressed, or hopeless in the past two weeks	6.2%	4.6%
Child Information	Intake	Follow-Up
Behavioral Characteristics (% selecting "Very True")		
Child stays calm and in control when faced with a challenge	27.2%	34.7%
Child calms themselves when upset	34.6%	36.5%
Child adjusts well to changes in routine	51.5%	48.6%
If old enough to talk, child openly shares feelings with their caregiver(s)	68.5%	76.3%
Child Social Support (% selecting "Very True")		
Child has opportunities for fun at least once every day	84.8%	93.1%**
Child has at least two non-parent adults who take a genuine interest in them	79.1%	83.3%
Parent-Child Interactions (% selecting 5, 6, or 7 times per week)		
Read with child for more than 10 minutes	46.6%	53.2%
Talked with child about things that happened during the day	82.3%	87.3%*
Told stories or sang songs with child	77.6%	80.8%
Played one-on-one with child	79.5%	78.8%
Used the same bedtime routine	83.9%	90.1%*
Sat and shared a meal together	86.8%	88.8%

Source: FY 2021-22 Family Information Form Matched Sets: Parent/Caregiver (N = 420) and Child (N = 254) although Ns may vary due to missing data. Represents a subsample of clients served. May not be representative of outcomes for all families participating in First 5 programs in FY 2021-22. * Indicates statistical significance at $p < .05$, ** indicates significance at $p < .01$, *** indicates significance at $p < .001$.

RESULT 1: IMPROVE PERINATAL CONDITIONS AND REDUCE 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 2021-22, available on First 5 Sacramento’s website, the highlights of which are presented here.

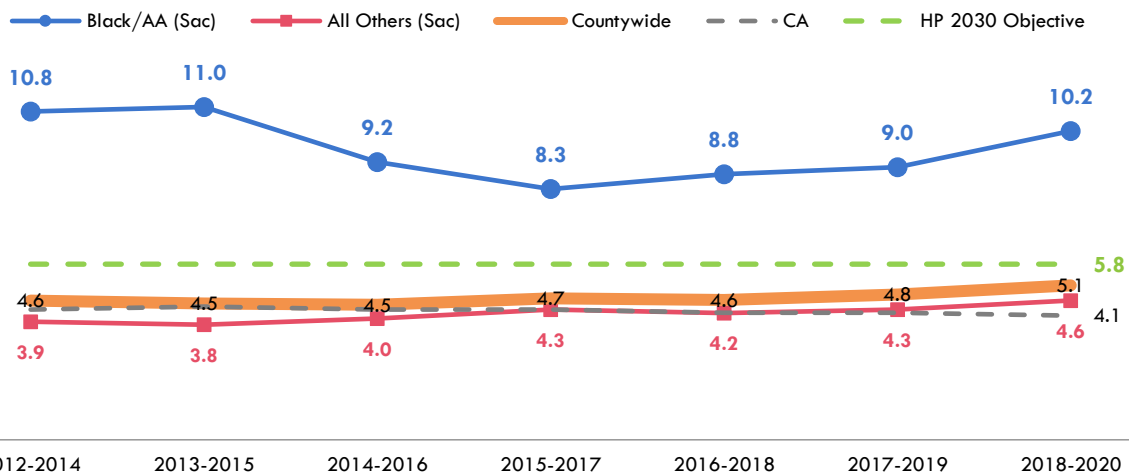
COUNTYWIDE TRENDS

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. Institutional racism and racial bias during medical care also contribute to disparities in infant and maternal outcomes.ⁱⁱ Between 2012-2014 and 2018-2020, the countywide rolling rate of overall infant mortality (including preventable and unpreventable causes) increased 11%. The countywide rate (5.1 per 1,000 births) remains higher than statewide (4.1), but lower than the Healthy People 2030 goal (5.8).

Countywide **infant mortality** rates are higher than statewide but lower than the Healthy People 2030 target.

Additionally, while there was a remarkable drop between 2013-2015 and 2015-2017, African American infant mortality rates have since increased, with the 2018-2020 (10.2) rate approaching the baseline. African American infants are nearly twice as likely to die compared with all other races, and rates remain well over the Healthy People 2030 goal. However, overall infant mortality includes preventable *and* non-preventable causes. Additionally, a markedly higher rate of Sacramento County African American infant deaths in 2018 is likely contributing to these increases. Countywide, there were 14 African American infant deaths in 2017 (7.2 per 1,000), 23 in 2018 (12.7 per 1,000), 13 in 2019 (7.2 per 1,000), and 18 in 2020 (10.7 per 1,000). This anomaly impacts three-year rates between 2016-2018 and 2018-2020. Additionally, the number of births (overall and among African Americans) have been decreasing each year. As a result, each death will have a larger impact on the total rate.

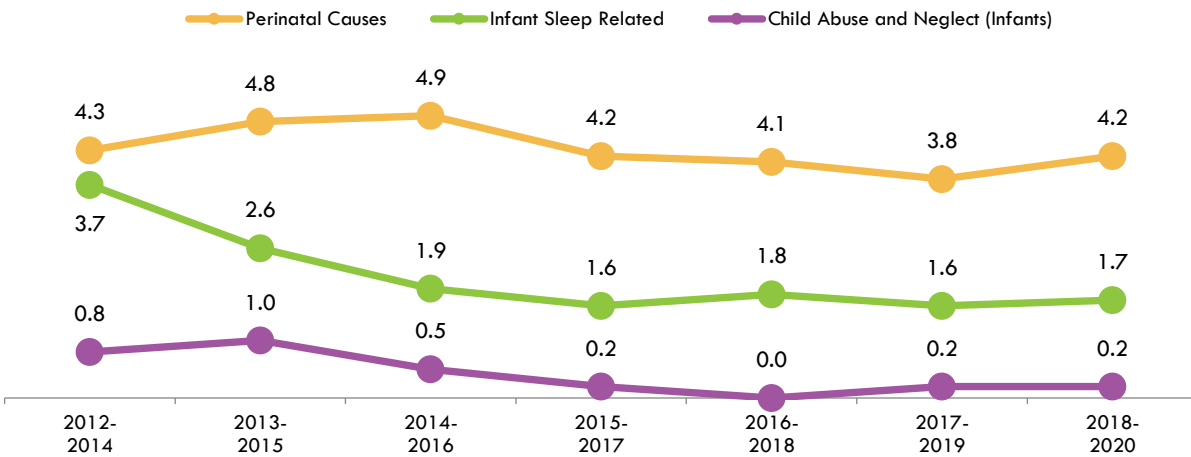
Figure 11. Sacramento County Infant Mortality per 1,000 Live Births, By Race



Sources: Sacramento County Public Health (SCPH) Epidemiology Program; CDC National Center for Health Statistics, Infant Mortality Rates by State. Includes preventable and non-preventable causes. Note: Pregnancy Peer Support and Safe Sleep Baby programs began full implementation in 2015.

The figure below depicts changes in African American infant mortality for each of the top three causes of preventable infant death. Infant sleep related (ISR) deaths decreased 54% between the 2012-2014 baseline and the most current available data. Additionally, the ISR disparity gap between African Americans and all other races decreased 60% since baseline. The African American infant rate of Child Abuse and Neglect (CAN) deaths decreased 77% since 2012-2014. There have consistently been zero African American infant CAN deaths since 2015, apart from one during 2019. The rate of deaths due to perinatal causes among African American infants increased slightly (4.2), nearing the baseline rate. However, this increase reflects global patterns in worsening maternal, fetal, and neonatal outcomes during the COVID-19 pandemic.ⁱⁱⁱ There have also been fewer births in Sacramento County overall (55,979) and among African Americans (5,294) during 2018-2020, compared with 2012-2014 (58,871 and 5,998 respectively) which may affect rates.

Figure 12. Three-Year Rolling Rates of Sacramento County African American Infant Death: Sleep Related, Perinatal Causes, and Child Abuse and Neglect



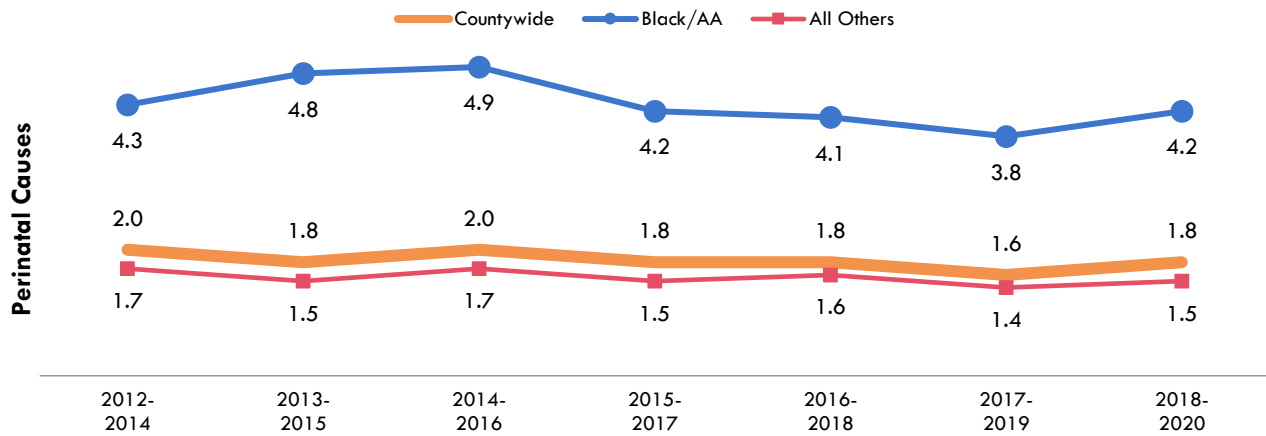
Source: Sacramento County Child Death Review Team Reports 2012 through 2020. Rate is per 1,000 infants.



PERINATAL OUTCOMES

The figure below depicts a more detailed view of **deaths due to perinatal causes**, such as prematurity, low birth weight, placental abruption, and congenital infections. Data include deaths occurring between the second trimester of pregnancy through one-month post-birth. The 2018-2020 rolling rate (4.2 per 1,000 births) is 4% lower than the 2012-2014 baseline (4.3). Despite slight increases in the countywide rate (1.8) and among all other races (1.5), the disparity gap increased 2%. During 2018-2020, the rate of deaths due to perinatal causes among African American infants was 2.8 times higher than all other race/ethnicities.

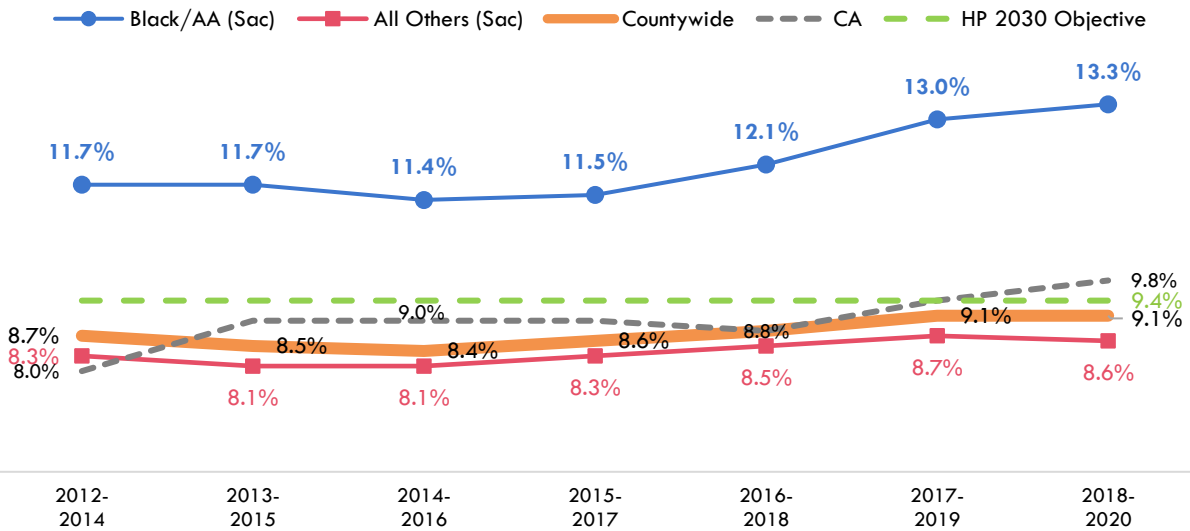
Figure 13. Sacramento County Deaths due to Perinatal Causes per 1,000 Live Births, By Race



Source: Sacramento County Child Death Review Team Reports 2012 through 2020. Rate is per 1,000 infants.

Within Sacramento County, African Americans continue to disproportionately experience preterm births. In 2018-2020, African American preterm births (13.3%) remained substantially higher than infants of all other race/ethnicities (8.6%), as well as countywide (9.1%) and statewide (9.8%) rates. This gap reflects national Black-White discrepancies and may be linked to structural barriers (e.g., lower access to timely prenatal care) as well as racism-related stress,^{iv} highlighting the need for continued services within communities most severely impacted. According to Healthy People 2030, nationwide rates preterm births are “getting worse.”^v In 2020, the national rate was 10.1% of live births, while the Healthy People goal is to reach 9.4% by 2030.

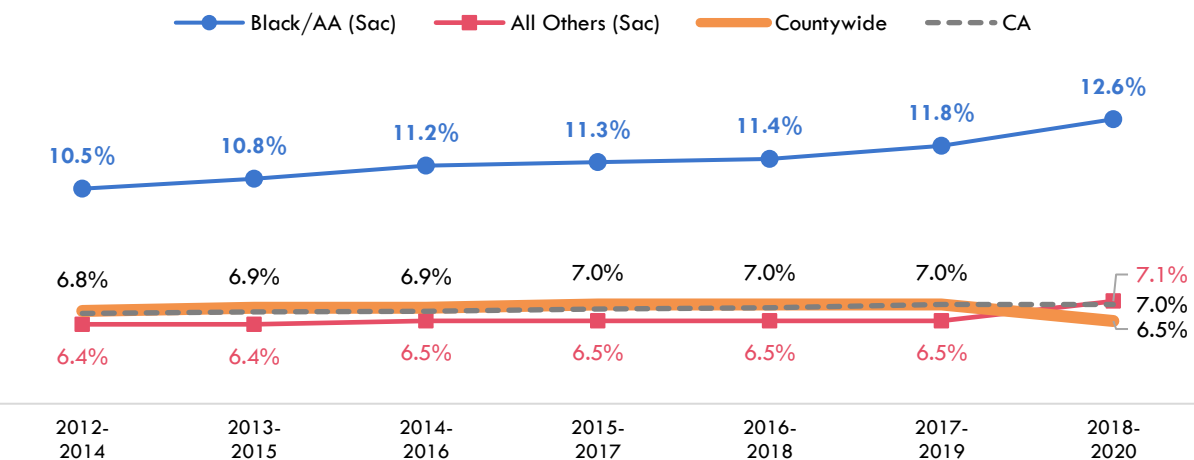
Figure 14. Sacramento County Preterm Births, by Race/Ethnicity



Sources: Sacramento County Public Health (SCPH) Epidemiology Program; Centers for Disease Control and Prevention, WONDER Database LMP Gestational Weeks. Due to the instability of relatively small numbers, the percentage of infants born premature was calculated as multi-year rolling rates.

Low birth weight (LBW) is defined as newborns weighing less than 2,500 grams (5 lbs, 8 oz). The figure below displays the proportion of African American infants born LBW in rolling three-year increments from 2012-2014 (baseline) through 2018-2020 compared with infants of all other races. The proportion of African Americans born with LBW during 2018-2020 continued to increase (12.6%) compared with the 2012-2014 baseline (10.5%). While increasing trends are concerning, nationwide estimates also show larger proportions of LBW newborns in recent years. According to National Vital Statistics (2022) LBW rose 4% between 2014 and 2019. However, national LBW rates declined 1% between 2019 (8.3%) and 2020 (8.2%) – the first decline since 2012.^{vi} COVID-19 as well as persisting racial disparities and the chronic stresses of discrimination and racism are known contributors to health/birth inequities.^{vii, viii}

Figure 15. Sacramento County Low Birth Weight Births, by Race/Ethnicity

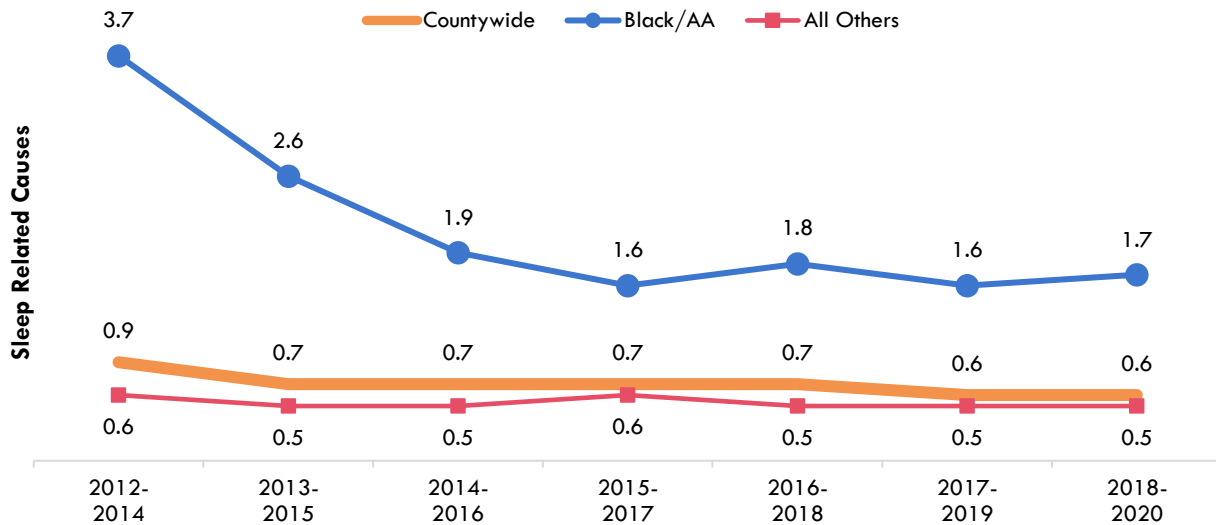


Sources: Sacramento County Public Health (SCPH) Epidemiology Program; Centers for Disease Control and Prevention, WONDER. Due to the instability of relatively small numbers, the percentage of infants born with low birth weight was calculated as multi-year rolling rates.

INFANT SLEEP RELATED DEATHS

As defined by the Sacramento County Child Death Review Team (CDRT), 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 Sacramento County three-year rolling rates below demonstrate a 54% decrease in African American ISR deaths between 2012-2014 (3.7 per 1,000 infants) and 2018-2020 (1.7). The disparity gap between African Americans and all other race/ethnicities has also dramatically declined (60% decrease) since the 2012-2014 rolling rate baseline.

Figure 16. Sacramento County Infant Sleep Related Deaths per 1,000 Live Births, By Race

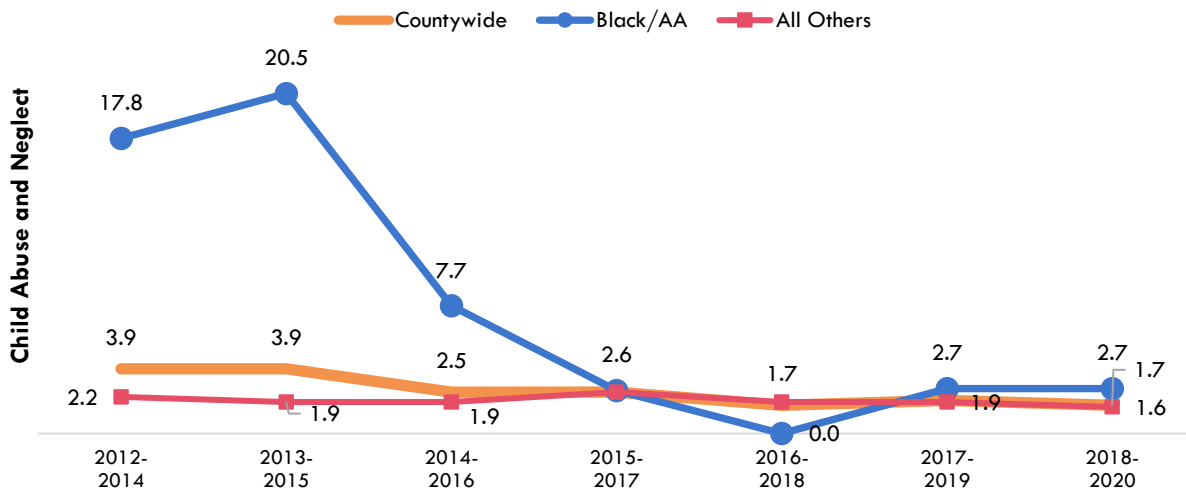


Source: Sacramento County Child Death Review Team Reports 2012 through 2020. Rate is per 1,000 infants.

CHILD ABUSE AND NEGLECT HOMICIDES

As discussed above, the rate of *infant* Child Abuse and Neglect (CAN) deaths has been at or near zero in recent years. During 2018-2020, there was one African American infant CAN death (0.2 per 1,000 infants) and two infant CAN deaths among all other races (< 0.1 per 1,000). There has also been a substantial reduction in **Child Abuse and Neglect (CAN)** homicide deaths among Sacramento County African American children ages 0-5. The rate reduced from 17.8 per 100,000 children 0-5 in 2012-2014 to 2.7 in 2018-2020 (85% reduction). The 2018-2020 rate reflects one individual death in 2019, while there were zero CAN deaths among African Americans in 2020. Compared with 2012-2014, the disparity gap between CAN deaths among African American children and children of all other race/ethnicities decreased 93%.

Figure 17. Sacramento County Child Abuse and Neglect Homicides per 100,000 Children (0-5), By Race



Source: Sacramento County Child Death Review Team Reports 2012 through 2020. Rate is per 100,000 children ages 0-5.

IMPACT OF FIRST 5 SACRAMENTO

Each year, there are approximately 2,000 African American babies born in Sacramento County. African American children have consistently died at twice the rate of children of other races. 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. The Blue Ribbon Commission report also led to the establishment of the Steering Committee on Reduction of African American Child Deaths. Over time, the Steering Committee’s plans evolved into two interdependent components: the Black Child Legacy Campaign (BCLC) led by the Sierra Health Foundation, and the Reduction of African American Child Deaths (RAACD) initiative, led by First 5 Sacramento. First 5’s efforts include four strategies to address perinatal, infant, and child death, targeting seven Sacramento County neighborhoods characterized by high African American infant and child death rates:

1. Pregnancy Peer Support provided by Her Health First’s (HHF) Black Mothers United program
2. The Safe Sleep Baby campaign provided by the Child Abuse Prevention Council (CAPC)
3. The Perinatal Education Campaign provided by HHF
4. Home visiting, parenting education, crisis intervention, and social and emotional learning and supports (SELS) provided by Birth & Beyond Family Resource Centers (FRC)³

The efforts and outcomes of the RAACD strategies are summarized here. Additional information is available in the FY 2021-22 RAACD evaluation report prepared by Applied Survey Research.

³ While two FRC programs (Valley Hi Village Program and Strong Families, Strong Generations MAN Arcade) receive funding to implement curriculum specific to the RAACD initiative, the Results Based Accountability measures for these efforts are included in Result 7 (Increase use of effective parenting to decrease trauma and child maltreatment). Please see the full RAACD report and Result 7 of the current report for details about these efforts.

PREGNANCY PEER SUPPORT

The **Black Mothers United (BMU)** pregnancy peer support program, implemented by Her Health First, promotes education, mentorship, and access to services to support healthy pregnancies and births. BMU provides a community-based network of care to empower Black mothers during their pregnancy and the transition into motherhood through culturally relevant outreach, education, and individualized support.



The BMU program includes weekly check-ins with pregnancy coaches, access to doula care, lactation support, health resources, and social/educational gatherings. Pregnancy coaches are African American women from within the community who are trained to provide education, offer information about medical and social service options, reduce barriers to services, and help mothers prepare for the birth of their child. Coaches mentor each participant based on their needs, through education, referrals, regular check-ins through four-months postpartum, and peer support through monthly group meetings and quarterly events.

- ▶ In FY 2021-22, **BMU served 162 pregnant African American women**. Two-thirds (66%) resided in one of the seven RAACD-targeted neighborhoods, a slight increase from FY 2020-21 (64%).

Oftentimes, BMU serves women that are hardest to reach and with substantial needs, including those most at risk of adverse pregnancy outcomes. At intake:

- ▶ More than half (53%) of BMU participants reported a family income less than \$15,000.
- ▶ Nearly 24% were unemployed and looking for work.
- ▶ 13% were experiencing unstable housing.
- ▶ About half of the participants (49%) were enrolled in WIC and 44% were on CalWORKs.

Participants who delivered in FY 2021-22 **significantly improved access to protective factors and had fewer barriers** to maternal and infant health by the end of the program,⁴ including:

- ▶ Increased WIC enrollment (47% at intake, 84% post-delivery).
- ▶ Fewer participants reporting anxiety (34% at intake, 20% post-delivery) or moderate to severe PhQ-9 depression levels (20% at intake, 5% post-delivery).⁵
- ▶ Zero participants unable to fulfill their food needs post-delivery, compared with 7% at intake.
- ▶ Nearly all participants (98%) had a crib for their child at follow-up and 100% had a car seat, compared with only 25% and 11% (respectively) at intake.

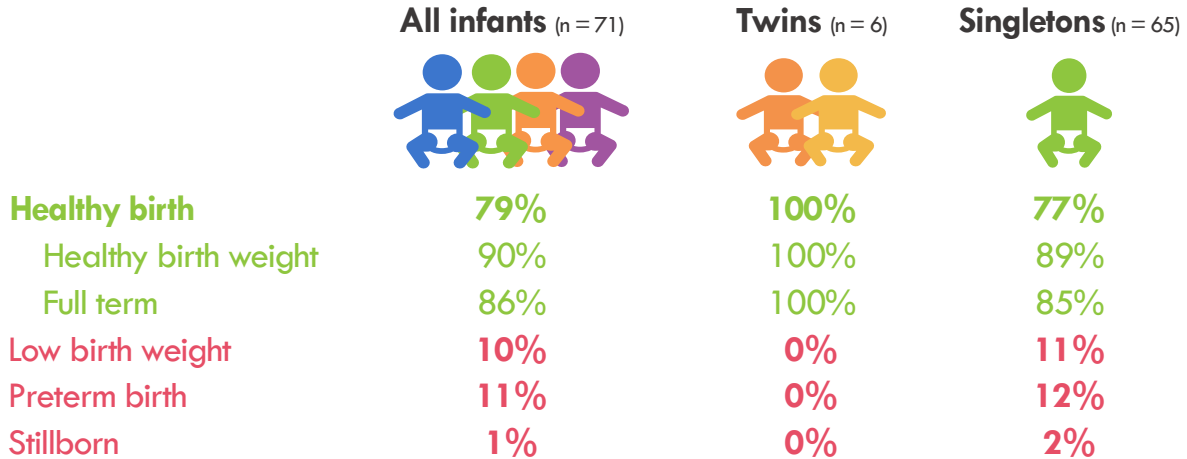
“I have never met such a strong support system. They have helped me through the whole process.” – BMU Participant

⁴ Among those who delivered and completed the Health Assessment intake AND follow-up (N = 65)

⁵ The denominator for these percentages is the mothers who had PhQ-9 data for both intake and follow-up (N = 59).

There were 71 infants born to 68 BMU participants, including 65 singletons and three sets of twins.⁶ Of the 71 infants, 90% were born at a healthy birth weight, 86% were born full term, and 79% were both healthy weight *and* full term. **Importantly, there were zero newborn deaths among infants born to BMU participants for the third consecutive fiscal year.**

Figure 18. BMU Participants’ Birth and Perinatal Outcomes



Source: FY 2021-22 Pregnancy Outcomes. Note, categories are not mutually exclusive and may not equal 100%. Percentages calculated for Stillborn indicator include a denominator of 72 to include the stillborn child. All other percentages in table reflect only live births (N = 71).

Next, a series of statistical analyses were conducted to further understand factors associated with **healthy birth outcomes**.⁷ The first explored factors related to whether the birth was healthy (neither LBW nor preterm). The second assessed factors specifically related to *birth weight*, and the third considered factors correlated with *gestational age*. It is important to note that analyses identify statistical relationships among characteristics but do not imply causation as other unmeasured social determinants of health likely contribute to the characteristics described here.⁸

More check-ins with a BMU pregnancy coach, receiving regular prenatal care, no pre-eclampsia at delivery, and no prior preterm births each independently predicted having a healthy birth (neither LBW nor preterm).⁹ Similarly, more check-ins with a BMU coach, not having pre-eclampsia at delivery, not using tobacco, not having gestational diabetes, and not having anxiety and/or depression all independently predicted having a higher birth weight.¹⁰ Lastly, more weekly BMU check-ins, not having pre-eclampsia at current delivery or in a prior pregnancy, receiving regular prenatal care, and not having a sexually transmitted infection all independently predicted having a higher gestational age.¹¹

Participants with more check-ins with a BMU Pregnancy Coach were more likely to have positive birth outcomes

⁶ Includes infants born to mothers who joined BMU in either FY 2020-21 or FY 2021-22 and delivered during FY 2021-22

⁷ Analyses include three BMU delivery cohorts (FY 2019-20 to FY 2021-22) to increase statistical power. N = 258 live births. Includes duplicate records when participants re-entered BMU for subsequent pregnancies and/or multiple gestations (twins).

⁸ Regression models were limited to variables that were statistically significant in preliminary, bivariate analyses.

⁹ Logistic Regression (N = 222). BMU service count ($p = .000$); No regular prenatal care ($p = .006$); Pre-eclampsia at delivery ($p = .000$); prior preterm birth ($p = .01$)

¹⁰ Linear Regression (N = 200): Preeclampsia at delivery ($p = .001$); BMU service count ($p = .002$); Tobacco use ($p = .03$); Gestational diabetes ($p = .001$)

¹¹ Linear Regression (N = 210): BMU service count ($p = .000$), Preeclampsia at birth ($p = .002$); no regular prenatal care ($p = .01$); sexually transmitted infection ($p = .03$)

Figure 19. BMU Program Highlights

Factor	Findings
Program Reach	162 women took part in weekly check-ins, home visits, doula support, lactation support, and/or events and activities.
Socioeconomic Needs	53% of BMU participants had a family income less than \$15,000 . Nearly one-third (29%) were single, 24% were unemployed and looking for work, and 15% had not yet graduated high school.
Health Needs	Nearly one-third of BMU participants (31%) reported anxiety at intake, and 17% had moderate to severe depression PhQ-9 scores. Additionally, 16% reported nutritional deficiencies at intake. Anxiety and PhQ-9 scores decreased significantly after participation in the BMU program. ¹²
Infant Safety	At intake, 25% of participants had a crib , which increased to 98% after delivery. Similarly, 100% of participants who delivered had a car seat at follow-up, and 100% reported sleeping their baby on their back.
Birth Outcomes	Out of 71 live births, 64 (90%) had a healthy birth weight and 86% were born full term . In total, 79% of BMU babies were born at a healthy weight and gestational age. There were no newborn deaths.
Postpartum Care	Among participants exiting the BMU program in FY 2021-22, 64% completed the program (met the minimum number of prenatal visits and had a postnatal visit with their coaches.) At follow-up, 77% of all infants born had attended a well-baby visit with a pediatrician.
Predictors of Healthy Birth weight	No pre-eclampsia at delivery, ^{***} more weekly BMU check-ins , ^{***} no tobacco use , [*] no gestational diabetes , [*] and no anxiety and/or depression at intake. ^M
Predictors of Full Term Births	More weekly BMU check-ins , ^{***} no pre-eclampsia at current delivery ^{***} in a prior pregnancy, ^M regular prenatal care , [*] and no sexually transmitted infections . [*]

Source: FY 2021-22 BMU Health Assessment Intake, Post-Delivery, Pregnancy Outcomes forms. M indicates marginal statistical significance at $p < .10$, * Indicates statistical significance at $p < .05$, ** indicates significance at $p < .01$, *** indicates significance at $p < .001$.

Participant Success Story – Black Mothers United

Ms. Skyla,¹³ a 16-year-old high school student and first-time mom, heard about BMU from a family member while looking for pregnancy support. In addition to needing a lot of guidance, a crib, and baby supplies, she also had past trauma with hospital care and her primary support person (her mother) had physical disabilities. While in the BMU program, Ms. Skyla received pregnancy coaching, doula services, participated in Mommy Mingle support groups, and received multiple referrals, including WIC, basic needs resources, as well as safe sleep and car seat education. Her doula helped establish an empowering birth plan with her prior trauma and challenges in mind.



Because of the support from her pregnancy coach and doula, Ms. Skyla had a birth plan, necessary supplies for the arrival of baby, as well as resources for food, clothes, and transportation to the hospital.

¹² Among a matched set of intake and follow-up assessments. Anxiety 34% at intake, 20% at follow-up ($p < .05$); Moderate to severe PhQ9 scores 20% at intake and 5% at follow-up ($p < .01$)

¹³ Fictional names used

When she was scheduled for a C-Section due to breech baby, her doula helped advocate for the birth plan, including ensuring her mother could attend the C-Section surgery. Her doula also transported Ms. Skyla and her mother to the hospital, attended the birth, and provided postpartum support, including managing wheelchair access, and assistance with the restroom, clothing, food, and postpartum infant care. Ms. Skyla delivered a full term, healthy baby boy. She began breastfeeding in combination with formula and has since remained in contact with her pregnancy coach and doula. Ms. Skyla expressed gratitude for the program staff for their ongoing support:

“I am glad [my BMU pregnancy coach and doula were] by my side during my pregnancy. [They] **always checked in on me to make sure my needs were met** including, food, attending my doctor's appointments [and] helped me with a bed, diapers, clothes, and car seat for my baby... [My doula] was there at five in the morning when I delivered my baby son. These ladies were all amazing and **I am glad to have been part of this program.**” – Ms. Skyla, BMU Participant

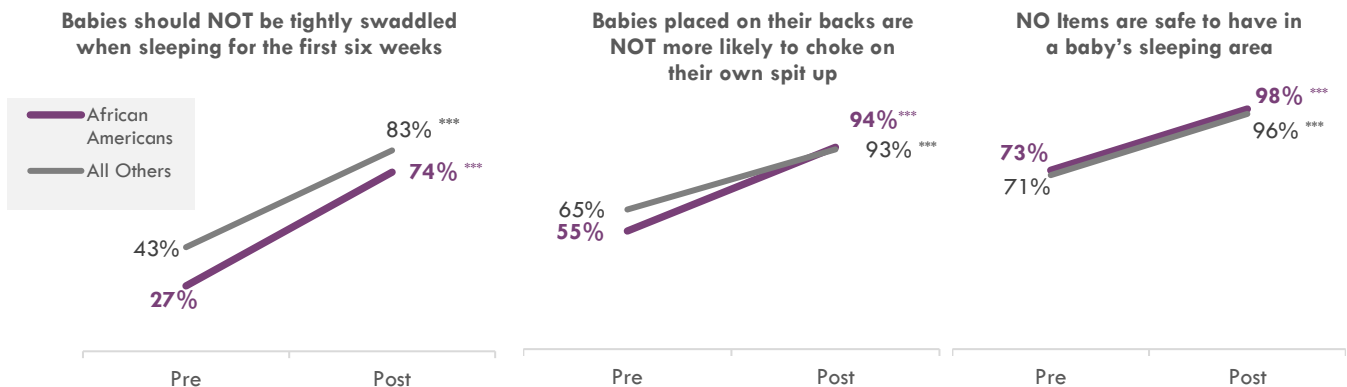
INFANT SAFE SLEEP EDUCATION CAMPAIGN

The Safe Sleep Baby (SSB) education campaign aims to raise awareness about infant safe sleep practices and provides direct education to caregivers with an infant under one year of age, with a focus on reaching African American families. SSB provided cribs to trained participants in need of a safe place for their infant to sleep. SSB also provided “Train the Trainer” workshops to community organizations and healthcare providers and worked with local hospitals to integrate infant safe sleep education into policies and procedures.



In FY 2021-22, 535 unduplicated caregivers attended one or more SSB training. Among them, 68% lived in RAACD targeted zip codes¹⁴ (compared with 56% in FY 2020-21) and 30% were African American. Participants significantly improved their infant safe sleep knowledge, including the following key points: *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 spit up, and NO items are safe to have in a baby's sleeping area.*

Figure 20. SSB Participants’ Knowledge about Infant Safe Sleep, Pre- and Post-Test Comparison

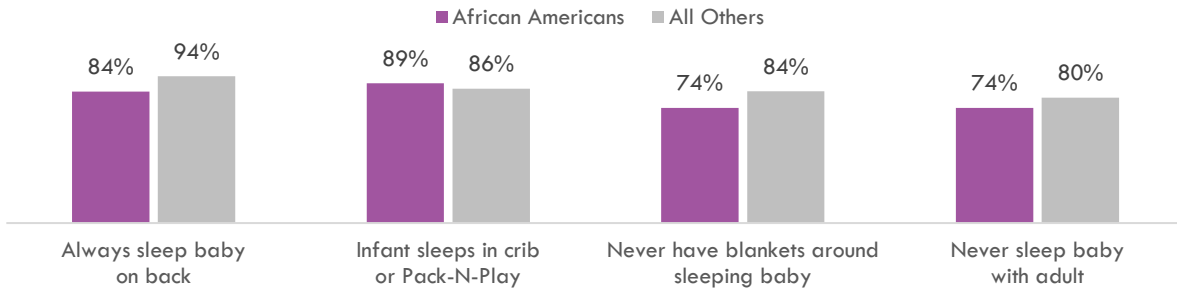


Source: SSB Pre- and Post-Surveys. African American N = 161, All Others = 381. *** denotes statistically significant improvements between pre- and post-tests at $p < .001$.

¹⁴ Neighborhood percentage based on 443 participants with zip code data

Further, 70 participants completed a follow-up assessment indicating the extent to which they were using infant safe sleep practices 3-4 weeks after taking the SSB course. In total, most parents reported always sleeping their baby on their back (91%; 64/70) and sleeping baby in a crib or Pack-N-Play (86%; 60/70), followed by never sleeping baby with blankets (81%; 57/70) or with an adult (79%; 55/70). In addition to the totals described above, the figure below displays these outcomes at follow-up, by race.

Figure 21. SSB Participants Practicing Infant Safe Sleep Behaviors, By Race



Source: CAPC, SSB Follow-up Survey. N = 70 (African American N = 19; All Other Races N = 51)

Other accomplishments of the Safe Sleep Baby campaign include:

- ▶ **358 cribs** distributed, 33% (117) of which were given to African American families.
- ▶ **131 community-based service providers and 64 health professionals trained** to help providers convey safe sleep knowledge to participants and patients.
- ▶ **All eight Sacramento birthing hospitals** routinely screened mothers for plans to sleep their babies at home, provided safe sleep materials, and referred families to the SSB program.

Participant Success Story – Safe Sleep Baby

While expecting her seventh child, Deja¹⁵ was receiving services from the Black Infant Health (BIH) program, which focuses on supporting and empowering Black moms in Sacramento County. During a BIH life planning session, Deja explained that what mattered most was making sure her “baby feels loved and is safe and healthy.” She was previously unhoused, lived in a shelter then transitional housing, and now has her own place. When Deja’s BIH Family Health Advocate asked where she planned to sleep her newborn, Deja responded, “I like to keep all my babies right next to me when they sleep. Plus, I don’t have money to buy a crib.” Deja had never taken an SSB workshop while pregnant with her other children and was willing to participate. She was happy she learned about the dangers of unsafe sleep, stating, “I had no idea about any of this. I want to be the best mom I can, and it doesn’t matter how many kids I have, I am still learning and growing as a mother. One thing is for sure, keeping my baby safe is the priority and this workshop has taught me how to do just that.” Following the workshop, Deja now has a crib for her newborn and feels more prepared to keep her baby safe and healthy.

“... It doesn’t matter how many kids I have, I am still learning and growing as a mother. ...**keeping my baby safe is the priority and this workshop has taught me how to do just that.**”

– “Deja,” SSB Participant

¹⁵ Fictional names used

PUBLIC PERINATAL EDUCATION CAMPAIGN

Managed by Her Health First, the RAACD initiative’s perinatal education campaign (PEC) has two components:

SacHealthyBaby, which aims to promote healthy pregnancies and births and connect women to resources, and

UnequalBirth, a partnership with Sacramento County Public Health, to raise awareness about racism as the root cause of disparities in maternal and infant mortality. PEC utilizes the SacHealthyBaby.com and UnequalBirth.com websites, social media, and local outreach to educate Sacramento County residents, to help reduce infant and maternal mortality.



One of the key tasks in this new funding cycle was to audit and update/refresh the campaigns. In FY 2021-22, the PEC team gained community feedback through listening sessions and a survey, launched the new SacHealthyBaby website, developed media content and a Community Advisory Team, and promoted the campaign at the annual Juneteenth event. The PEC team created 14 banners and three yard-signs featuring photos of Black moms from the Sacramento community. The **Juneteenth photo gallery** received positive feedback from attendees and other vendors, with a particular emphasis on the beautiful photos featuring real women in their pregnancy as well as the importance of highlighting Black women in this way.

In the final quarter of FY 2021-22, PEC **social media campaigns** reached 579,908 Facebook users and 303,982 Instagram users, which routed users to resources on the new SacHealthyBaby website and shared messaging from the UnequalBirth campaign.



RESULT 1 SUMMARY

The Focus: Reduce rates of African American infant death and improve African American perinatal conditions (i.e., gestational age and birth weight).

Strategies:

- ▶ Black Mothers United (BMU) Pregnancy Peer Support
- ▶ Safe Sleep Baby (SSB) Infant Safe Sleep Education
- ▶ Public Perinatal Education Campaign (PEC)

Key Takeaways:

- ▶ **BMU** served 162 African American mothers through a community-based network of support including pregnancy peer coaching, doulas, lactation services, outreach, and education.
 - Participants significantly reduced risk factors upon program exit, including increased WIC enrollment, reduced anxiety and depression, and increased access to cribs.
 - There were 71 live births to BMU participants, including three sets of twins and 68 singletons.
 - Of these, 79% were both full term and a healthy birth weight.
 - Among the 71 live births, there were zero newborn deaths.
 - More frequent check-ins with a pregnancy peer support coach were a significant predictor of higher birth weight and gestational age.
- ▶ **Safe Sleep Baby** provided infant safe sleep workshops to 535 parents/caregivers and trained 131 community-based service providers and 64 healthcare providers.
 - Among the parents/caregivers trained, two-thirds (68%) lived in the RAACD target neighborhoods, and 30% of participants were African American.
 - Participants significantly improved infant safe sleep knowledge and practices.
 - The SSB Cribs4Kids program supplied 358 cribs to parents/caregivers in need. Among the cribs distributed, one third (33%) went to African American caregivers.
- ▶ The **Perinatal Education Campaign** (PEC) team revitalized strategies and content for two public education campaigns: SacHealthyBaby and UnequalBirth. An in-person photo gallery at the annual Juneteenth event featuring beautiful images of Black families alongside alarming facts about maternal and infant mortality received positive feedback and created opportunities for grassroots and authentic engagement with community members.

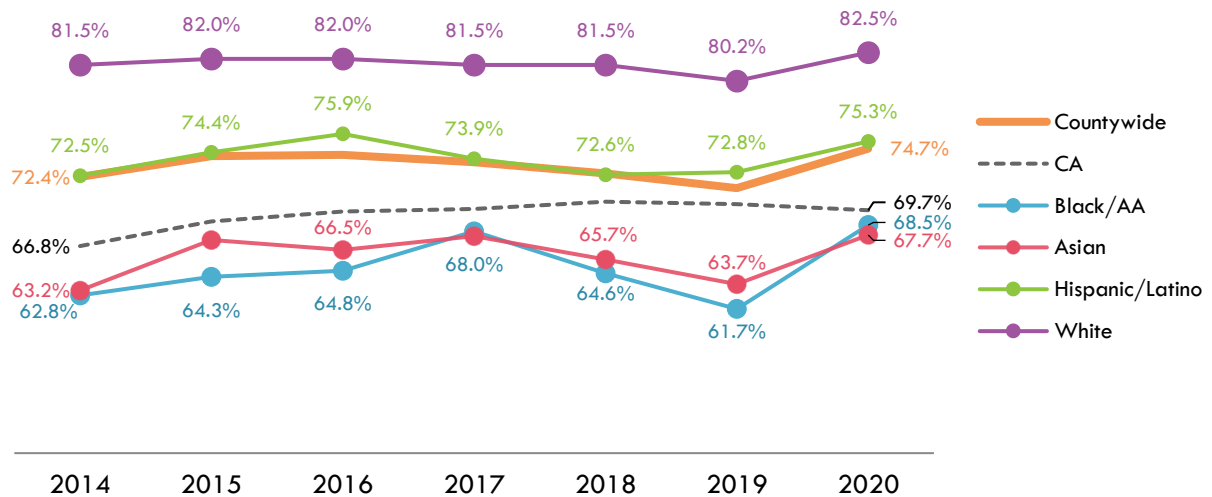
Additional details on Result 1 efforts are available in the First 5 Sacramento Reduction of African American Child Deaths report.

Result 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING

COUNTYWIDE TRENDS

Breastfeeding promotes bonding and improves health outcomes for both mother and child. The percentage of Sacramento County mothers who exclusively fed their baby breast milk in the hospital remains higher than statewide rates, although rates vary within Sacramento County by race/ethnicity. According to most recent data (2020),^{ix} Sacramento County in-hospital exclusive breastfeeding rates increased for all groups. However, exclusive breastfeeding among Black/African Americans (68.5%) and Asians (67.7%) remains lower than statewide (69.7%) and countywide (74.7%) totals.

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



Source: California Department of Public Health, California In-Hospital Breastfeeding. 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.

IMPACT OF FIRST 5 SACRAMENTO

WOMEN, INFANTS, AND CHILDREN (WIC)

Through a contract with Sacramento County Department of Health Services WIC (DHS WIC), First 5-funded WIC programs serve women with an infant up to one year of age, and focus 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 2021-22:

- ▶ **2,143 mothers** received at least one First 5-funded breastfeeding service from DHS WIC and its subcontractor Community Resource Project (CRP) WIC.
- ▶ **80 community and medical providers** received breastfeeding training.

Together, DHS WIC and CRP WIC provided:



Support for mothers include *Helpline* services, which include responses to brief inquiries from participants; *Drop-In* services, or moderate-in-length interactions and calls tackling multiple questions/issues; and *Lactation Consults* (with an International Board Certified Lactation Consultant), which include lengthy interactions and calls which involve a full assessment, triage, and help with complex issues.¹⁶



While the vast majority of WIC lactation services are provided while infants are under six months old, WIC does follow-up with participants to assess if there are additional questions or a need for support. In FY 2021-22, a total of 142 participants¹⁷ with an infant ages six months or older were reached with a follow-up call. Among mothers reached for a follow-up whose infant was six months of age at the time of the call, 61% (27/44) were exclusively breastfeeding. Another 32% of mothers with six-month-old infants screened during this window were feeding their infants breast milk in combination with formula.

According to these follow-up calls, the proportion of WIC mothers exclusively breastfeeding at six months exceeded most recent statewide rates (26%) and the Healthy People 2030 goal (42%).^x WIC mothers exclusively breastfeeding infants at six months was also higher than FY 2020-21 (56%).

¹⁶ The three types of services are differentiated by duration and complexity. Due to COVID-related limits on in-person interaction, First 5 allowed WIC to shift to phone and virtual methods to reach participants when needed.

¹⁷ Follow up calls were made to WIC participants who received helpline services, drop-in services, or IBCLC consults funded by First 5.

Figure 23. RBA Dashboard — DHS WIC Breastfeeding Services

		FY 2021-22
How much did we do?	Individuals Served	
	Mothers served	2,143
	Community Providers who received a breastfeeding training	10
	Medical Providers who received breastfeeding trainings	70
	Breastfeeding Services Provided, by Type	
	Helpline: Birth to one year (<i>Brief support</i>)	1,186
	Drop-in: Birth to one year (<i>Moderate Support</i>)	1,113
	IBCLC Consult: Birth to one year (<i>Extensive Support</i>)	1,078
	Home visits (high-need lactating mothers)	2
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services (<i>Extensive Support</i>)	98
	Follow-up contacts for additional breastfeeding support	769
	Enhanced Referrals	
	Dental/Medical/Mental Health	4
	Help Me Grow	2
Home Visiting	2	
Other	6	
Is anyone better off?	Breastfeeding Rates, six months of age or later (<i>Unduplicated</i>)¹⁸	
	Infants at six months of age	
	Exclusive Breastfeeding	27/44 (61%)
	Breast milk + Formula	14/44 (32%)
	Infants six months or older	
	Exclusive Breastfeeding	89/142 (63%)
Breast milk + Formula	42/142 (30%)	

Sources: Persimmony FY 2021-22 WIC Client Service Records and Breastfeeding data exports (WIC First 5-funded clients only).

“WIC has helped me with so much, from breastfeeding support ... to nutrition education. **I don’t know what I would have done without an electric pump.** [Hospital rentals] can be expensive and I don’t think I would still be renting at this point. [Anthony]... has now been completely receiving only breastmilk after being on therapeutic formula for a few months in between.” – “Andrea,” WIC Participant

¹⁸ Results should be interpreted with caution due to small sample sizes. Follow-up screenings are completed at a range of infant ages. To increase sample size, check-ins between six and ten months of age have been aggregated (N = 109), and screenings completed at 11 months or later are aggregated (N = 44). Counts are unduplicated although a small number of duplicates may remain when a status change between check-ins. Combined total of six months or older may not equal the sum of the two categories as counts are unduplicated for each group and participants may receive screenings at multiple points in time.

SYSTEMS APPROACHES TO INCREASE THE PREVALENCE AND DURATION OF BREASTFEEDING

In addition to direct breastfeeding support services, the Commission recognizes the importance of changes within institutions/systems and policies as key to increase the initiation and continuation of breastfeeding for all populations.

- DHS and CRP WIC provide breastfeeding **training to nursing staff** at the three hospitals which use the Early Notification Delivery System (ENS) to refer Medi-Cal-eligible mothers requesting early breastfeeding help to DHS WIC and CRP WIC. Examples of training topics include accessing WIC services; baby behavior; laws protecting and/or supporting breastfeeding; Affordable Care Act lactation benefits; technical assistance on implementing the Baby Friendly Hospital Initiative; or Model Policies for Breastfeeding.
- DHS and CRP WIC provide ENS-referred mothers basic breastfeeding education, support, and help scheduling appointments with an IBCLC, as needed. **In FY 2021-22, WIC IBCLCs and LCAs provided 354 breastfeeding support services to ENS-referred mothers.**

Additionally, historical systems efforts continue to have an ongoing impact on Sacramento County:

- The First 5 Sacramento Commission allocated funds during the 2004, 2007, and 2010 strategic plan cycles to the **Baby Friendly Hospital Initiative**, which includes training for hospital staff and shifts in policies and procedures to adopt practices which support breastfeeding, such as skin-to-skin contact and bonding, rooming with baby, and active promotion of breastfeeding. First 5 Sacramento funding and staff helped local birthing hospitals achieve Baby Friendly designation. As a result of the Commission's support, the following entities became designated as Baby Friendly during or following the funded strategic plan cycles: The Birth Center, Kaiser South, Sutter Medical Center, Mercy General, Mercy San Juan, Mercy Folsom, Methodist. First 5's impact continues as long as these birthing hospitals maintain Baby Friendly status. The ENS process utilized by First 5's partners, also meets Baby Friendly requirements. WIC was also helpful in this implementation process, through encouragement, technical assistance, and trainings.

Participant Success Story: WIC

Andrea,¹⁹ a 25-year-old mother, gave birth to extremely premature twins at 25 weeks. Sadly, one of the twins passed away at birth, leaving mom shattered and in need of added support for her other child, Anthony. Andrea had enrolled in WIC during her pregnancy. She contacted WIC to obtain a breast pump to supply milk for her surviving child. The First 5 WIC Lactation Consultant (LC) kept in close contact with Andrea to develop a pumping plan, provide moral support during a very stressful and emotional time, provide clinical support (e.g., managing oversupply and complications), help establish and maintain milk supply while Anthony was in NICU, as well as help transitioning to direct breastfeeding.

¹⁹ Fictional names used. Photo used with permission of success story participant.

WIC met Andrea’s initial needs through a breast pump loan and lactation support. She was able to establish her milk supply and provide life-saving human milk to her fragile infant. Despite Anthony’s unexpectedly early start in life and Andrea’s challenges, she remained motivated, determined, and built a great connection with her LC. She later exchanged the loaner pump for a more permanent pump through the WIC incentive program and has since continued to provide Anthony human milk through his 13th month of life. Because of the cost of renting an electric pump, Andrea expressed that she likely would not have continued breastfeeding without the pump provided by WIC.



Photo Credit 1 WIC Participant. Names changed in success story for privacy.

RESULT 2 SUMMARY

The Focus: Improve exclusive breastfeeding rates across Sacramento County and provide pertinent referrals to new mothers.

Strategies:

- ▶ DHS and CRP WIC Programs provide direct support to breastfeeding families.
- ▶ Systems change
 - Training for nursing staff and Early Notification Delivery System (ENS)-referral system
 - Historical efforts (i.e., Baby Friendly Hospitals)

Key Takeaways:

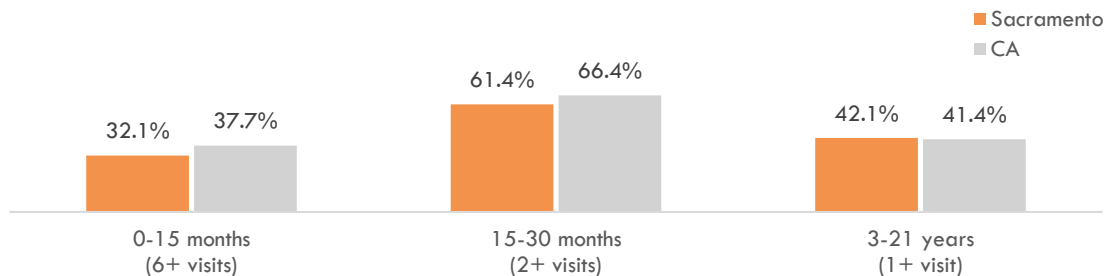
- ▶ **DHS and CRP WIC reached 2,143 mothers and 80 providers** to promote breastfeeding. Participants received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support and a helpline. Providers received training and education to promote breastfeeding.
- ▶ Countywide, over 70% of mothers were exclusively feeding their baby breast milk in the hospital in 2019. However, disparities by race/ethnicities persist.
- ▶ 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, nearly two-thirds (63%) of the participants interviewed at six-months postpartum were exclusively breastfeeding their infant.
- ▶ DHS WIC and CRP WIC provide ongoing trainings and partnerships with local hospital staff, including utilization of the ENS to reach more mothers in need of early breastfeeding support. In FY 2021-22, WIC provided 354 ENS-referral breastfeeding support services.

Result 3: INCREASE UTILIZATION OF MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES

COUNTYWIDE TRENDS

Sacramento County continues to maintain nearly universal health coverage for children. Sacramento County’s coverage rate (99%) is also higher than statewide estimates (97%). On the other hand, rates of children attending the recommended number of well-child visits (2021) were slightly lower than statewide for children in their first 15 months of life (32.1% and 37.7% respectively) and ages 15 to 30 months (61.4% and 66.4% respectively). Sacramento County child and adolescent visits (42.1%) were slightly higher than statewide (41.4%).²⁰

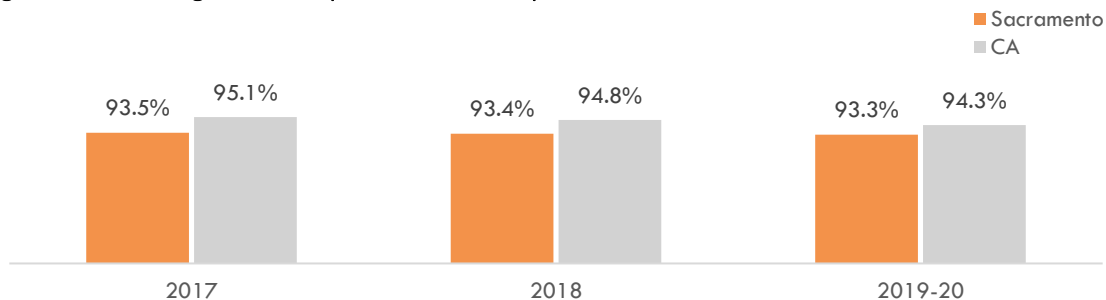
Figure 24. Children on Medi-Cal with Well-Child Visit in Previous Year, by Age



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).

Additionally, timely immunizations reduce the spread of transmissible diseases, improve children’s health and wellness, and reduce the impact on parents and caregivers (e.g., financial cost and loss of work time). While data are not currently available by race/ethnicity, countywide, 93% of kindergarteners were up to date on required immunizations, similar to statewide rates (94%).

Figure 25. Kindergarteners Up-To-Date on Required Immunizations

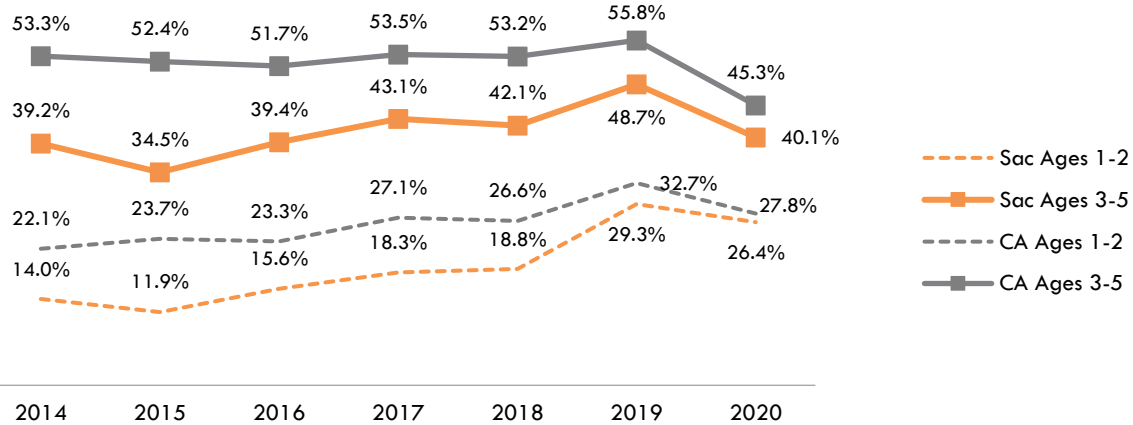


Source: California Department of Public Health, Immunization Branch, via BeHealthySacramento

²⁰ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures were into Child and Adolescent Well-Care Visits (WCV). The percent of children with 6+ well-child visits in the first 15 months of life and percent of children with 2+ well-child visits for age 15 to 30 months were newly added in the 2021 reporting year.

Similarly, access to and utilization of early dental care can reduce rates of dental disease. Overall, dental visits increased slightly between 2014 and 2020. However, dental visits declined in 2020 compared to 2019, likely due to the impact of COVID-19 health and safety restrictions beginning in 2020. According to Medi-Cal data, dental visits for children under one year of age have increased substantially, however more than half of Sacramento County children ages 3-5 have not had a dental visit in the previous year.

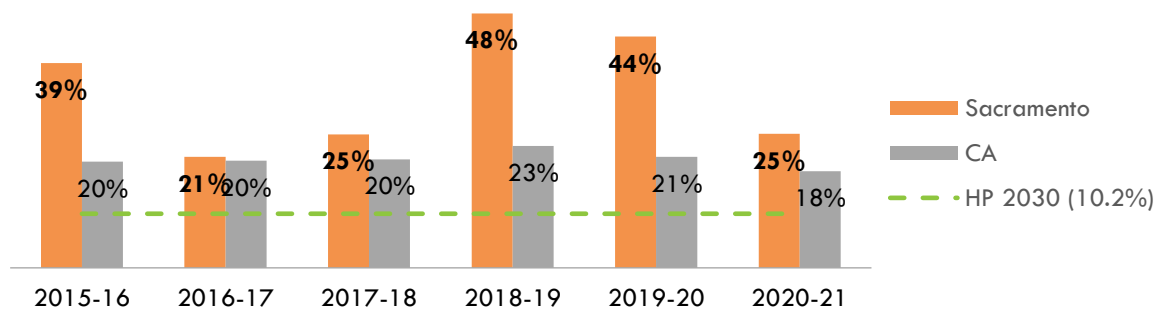
Figure 26. Sacramento County Children with a Dental Visit in the Previous Year (Medi-Cal only)



Source: California Health & Human Services, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2014 to 2020.

The percentage of kindergarten students in California with untreated decay declined substantially since 2019-20. In 2020-21, 25% of children screened in Sacramento County had untreated decay. Sacramento rates remain higher than statewide (18% of those screened) and above the Healthy People 2020 objective (21.4%). *However, 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.* Additionally, the number of children screened in 2020-21 was about one-third of those screened in 2019-20, likely due to the impact of COVID-19 related health and safety restrictions.

Figure 27. 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 2030 goals. Data include children who 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), 2020-21 (2,095).

IMPACT OF FIRST 5 SACRAMENTO

First 5 Sacramento impacts the utilization of medical, dental, and mental health services by supporting policy and systems approaches. In addition to this systems work, First 5 also identifies care utilization among program participants and provides referrals as needed.

At program intake, 91% of children had a well-child visit in the past 12 months and 58% had seen a dentist within six months of intake. Medical and dental utilization at First 5 intake increased compared with the last fiscal year (81% well-child, 55% dental in FY 2020-21). First 5 funded partners provided a total of 3,217 dental, medical, and/or mental health referrals to 1,419 unduplicated individuals in FY 2021-22. Additionally, medical and dental utilization increased significantly among a subset of individuals who completed an intake and follow-up Family Information Form in FY 2021-22.

Figure 28. Medical/Dental Provider and Utilization Among First 5 Participants at Intake

	FY 2021-22	
Medical, Dental, and Mental Health Utilization at Intake (n = 5,263)		
Child has had a well-child health check-up in the past 12 months	4,598 (91%)	
Child has seen a dentist in the past six months	2,904 (58%)	
Child had a hearing screening in the past 12 months	2,867 (55%)	
Child had a vision screening in the past 12 months	2,855 (54%)	
Child had a developmental screening in the past 12 months	1,578 (30%)	
Number of Referrals Provided for Medical, Dental, and/or Mental Health		
3,217		
Medical, Dental, and Mental Health Utilization (Matched Set)		
	Pre	Post
Well-child visit in the past 12 months (n = 242)	93%	98%**
Dental visit in the past six months (n = 249)	63%	70%*
Hearing screening in the past 12 months (n = 145)	70%	95%***
Vision screening in the past 12 months (n = 152)	67%	97%***
Developmental (ASQ) screening in the past 12 months (n = 132)	45%	94%***

Source: FY 2021-22 Family Information Forms (FIF) and Service Records, Persimmony. FIF counts include duplicates if participants engaged in multiple programs at different points in time throughout the fiscal year. Matched set analysis significance levels reported as * $p < .05$, ** $p < .01$, *** $p < .001$

SYSTEMS APPROACHES TO INCREASE ACCESS TO HEALTH SYSTEMS

First 5 Sacramento facilitates collaboration with systems and planning activities to impact access to and utilization of important preventative and supportive care for young children and their families.

Highlights from FY 2021-22 include:

- **Be Mom Aware Campaign:** First 5 provided staffing and leadership support to the Sacramento Maternal Mental Health Collaborative (Collaborative). The Collaborative secured a \$10,000 grant from Postpartum Support International (PSI) and a \$10,000 grant from Anthem Blue Cross to create the Be Mom Aware public awareness campaign around maternal mental health. The campaign focuses on Latina and African American communities, aims to decrease stigma, provides a space for families to learn about mental health, and shares a variety of resources.
 - Commission staff facilitated meetings and connections between the Collaborative and health system partners in preparation for the release of the campaign. Commission staff also provided input and support with surveys and focus groups (e.g., facilitation, translations, document review), oversight of a Commission intern dedicated to this project, and discussions around the campaign’s sustainability. The Be Mom Aware website launched in March 2022 and includes a care connector built into the site to help families navigate to mental health services.

- **Health Systems:** First 5 staff continue to engage the health systems and seek opportunities to collaborate, including: participation in joint meetings with HealthNet and Sacramento County Public Health to share information and look for ways to leverage efforts and resources; participation in Anthem’s workgroup on childhood immunizations for African American communities; and engaging with health plans to gather information, promote participation in the Be Mom Aware campaign, and encourage participation in HVCC/Sac FamilyConnect.

Additionally, historical systems efforts continue to have an ongoing impact on Sacramento County:

- **Community Water Fluoridation:** For more than 15 years, fluoridation has been a Commission-funding priority. The First 5 Commission has invested \$17.4M to support 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. The goal of the Water Fluoridation Project has been to target water districts that are home to the highest concentration of children ages zero to five in the county. By 2009, 75% of the Sacramento County drinking water was fluoridated. Five First 5 Commission contracts remain in effect through 2027 (3), 2030 (1), and 2040 (1).
- **Dental Clinics:** Over the past decade, the Commission invested \$1.8M in capital projects for buildings, operation, and maintenance of five dental clinics. This investment continues to provide Sacramento’s youngest and most vulnerable children with access to dental care.

RESULT 3 SUMMARY

The Focus: Improve Sacramento County utilization rates of medical, dental, and mental health services.

Strategies:

- ▶ Policy and systems change
 - Be Mom Aware Campaign
 - Health Systems
 - Historical systems efforts (i.e., community water fluoridation, dental clinics)

Key Takeaways:

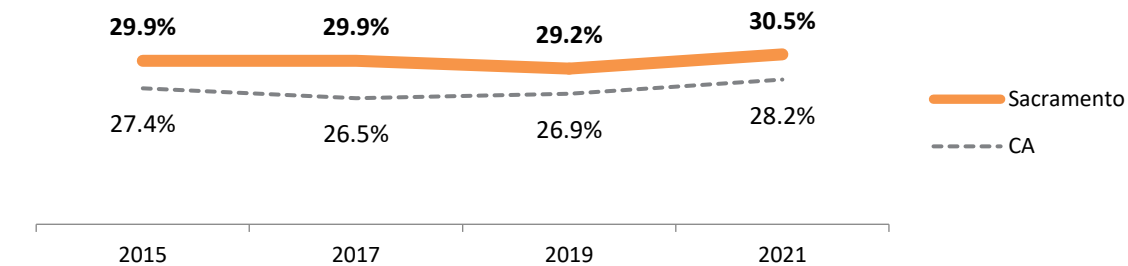
- ▶ At intake, most First 5-supported families reported a well-child or well-baby check-up in the past 12 months (91%), and more than half (58%) reported that their child had a dental visit in the six months prior to intake. Among a small subset of participants who also completed a follow-up assessment, medical and dental utilization increased significantly.
- ▶ In FY 2021-22, the First 5 Commission actively supported the planning and implementation of the Be Mom Aware campaign to help Latina and African American mothers navigate mental health systems. The Commission provided staffing, leadership, and programmatic support for the Collaborative and the campaign.
- ▶ The First 5 Commission also actively engages with health systems to leverage efforts and resources and identify opportunities to collaborate within First 5 initiatives.
- ▶ The Commission’s historical systems investments include the construction of dental clinics and water fluoridation facilities, which continue to have an ongoing impact on Sacramento County families.

Result 4: INCREASE ACCESS TO AFFORDABLE 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 (2021),^{xi} there were a total of 1,690 licensed child care centers and family child care homes in Sacramento County. In total, there were 25,938 slots at licensed child care centers and 13,626 slots at Licensed Family Child Care Homes. Combined, there were nearly 2,000 more child care slots than reported in 2019. As of 2021, 69% of Sacramento County child care requests were for children ages 0-5, compared with 80% statewide. Sacramento County could accommodate slightly more children ages 0-5 (31%) than statewide (28%).

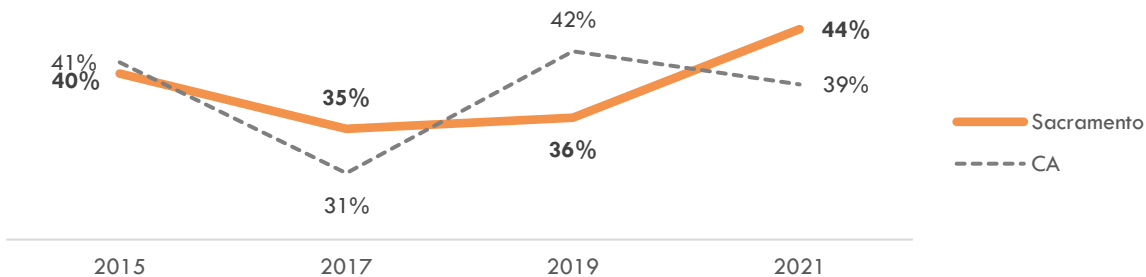
Figure 29. Children Ages 0-5 Who Can Be Accommodated in a Licensed Child Care Space



Source: California Child Care Resource and Referral Network, Child Care Data Tool.

Additionally, according to most recent estimates (2021),^{xii} the cost of full-time care in Sacramento County was more than 40% of median monthly income without subsidy (\$4,938), including preschooler (20%) and infant care (21%). The proportion of income needed in Sacramento County was also higher than statewide (39%).

Figure 30. Median Annual Income Needed to Cover Cost of Child Care



Source: California Resource and Referral Network Child Care Portfolios. Chart includes calculations which sum the proportion of countywide infant and preschool child care as statewide measure for 2021 Portfolio data not separated by infant/preschool.

IMPACT OF FIRST 5 SACRAMENTO

Developing partnerships with leading influencers to improve access to, quality, and equity of child care throughout Sacramento County continued to be a First 5 Sacramento priority. First 5 utilizes policy and systems efforts to impact countywide access to affordable child care.

SYSTEMS APPROACHES TO INCREASE ACCESS TO AFFORDABLE CARE

In FY 2021-22, First 5 Sacramento staff:

- Supported ongoing efforts of the state **Early Care and Education Coalition** to adopt a comprehensive child care plan, particularly related to the segment of the system for ages 0-3:
 - Reforming reimbursement rate structures
 - Addressing ongoing costs of current and future facilities
 - Increased funding for professional development
 - Adopting reforms for a family-focused system
 - Modernization of Resource and Referral and Alternative Payment Agencies technology systems to support a family and provider friendly system
- Served on the **Local Child Care Planning Council (LPC)** and helped provide virtual informational meetings for family child care providers and private child care centers on the roll out of Universal Transitional Kindergarten
- Participated in the City of Sacramento's **Early Care and Learning Task Force** which helped guide the allocation of \$1.5M in ARPA funding toward stabilizing and increasing the supply of child care within the City, addressing short- and long-term child care supply issues
- Attended the meetings of the Governor's **Early Childhood Policy Council**
- Worked with SCOE on a work group that drafted a **Sacramento County P-3 Vision Statement** as an update to the Sacramento County Early Learning Roadmap
- Participated on a panel elevating issues in child care access in Sacramento County for county leaders and elected officials

RESULT 4 SUMMARY

The Focus: Increase access to affordable and quality child care.

Strategies:

- ▶ Systems efforts

Key Takeaways:

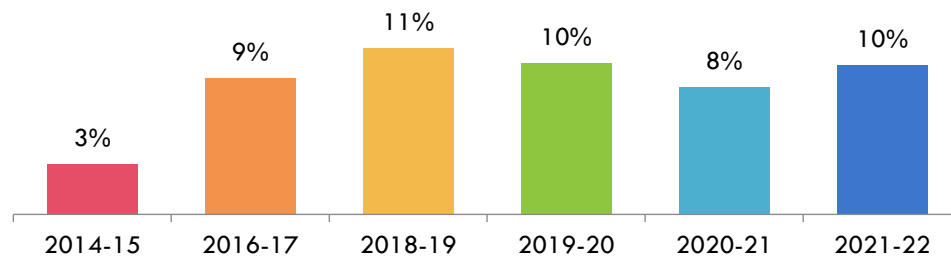
- ▶ First 5 Sacramento staff actively engaged in various local child care systems efforts ranging from councils and task forces, advocacy, and tangible support in establishing plans for the community.

Result 5: INCREASE THE QUALITY OF EARLY CHILDHOOD SETTINGS TO MEET SOCIAL-EMOTIONAL, PHYSICAL, AND COGNITIVE NEEDS OF YOUNG CHILDREN

COUNTYWIDE TRENDS

Research is consistent about the short- and long-term benefits of quality early education experiences for children, particularly in the way such experiences mitigate other risk factors. Ideally, every child should experience high-quality early education prior to entering the K-12 school system. As of June 30, 2022, 376 program sites²¹ participated in Quality Counts California (QCC),²² a net increase of 216 sites since 2015. QCC sites served 11,414 children in 2021-22, representing 10% of children ages 0-5 countywide. The proportion of children served countywide has increased since 2020-21 (8%) which may indicate improvements following COVID-19's substantial impact on the 2020-21 school year.

Figure 31. Sacramento County Children (Ages 0-5) Attending a QCC Early Learning Site



Source: Sacramento County Office of Education, 2021.

IMPACT OF FIRST 5 SACRAMENTO

First 5 invests in improving the quality of early education through short- and long-term professional development, instructional support, workforce development, and kindergarten readiness support to child care professionals, early education sites, parents, and caregivers. First 5 funds the Early Learning Partnerships Building Mindful Early Care and Education (PBM) as well as systems change efforts to affect quality child care and education practices.

²¹ Includes 235 licensed sites that were rated and 141 licensed sites engaging in Quality Improvement (QI) without rating.

²² Led by the Sacramento County Office of Education. Previously named Quality Rating Improvement System (QRIS).

EARLY LEARNING PARTNERSHIPS BUILDING MINDFUL EARLY CARE AND EDUCATION (PBM)

The Early Learning Partnerships Building Mindful Early Care and Education (PBM) consists of two approaches to provide quality enhancement support to privately-funded, early care and education providers – short term consultation and long-term coaching. Short term consultation is provided through the Quality Child Care Collaborative (QCCC) utilizing specialized consultants to support sites with program and child specific strategies for challenging behavior.

QCCC is facilitated by Child Action, Inc. (CAI) and consists of a consultation team made up of behavioral consultants from Sacramento County Behavioral Health (BHS), special education staff from the Sacramento County Office of Education Infant Development Program (IDP), and staff from CAI. Long term coaching includes reflective coaching cycles, working with the sites to determine needs, appropriate assessments, development of quality improvement plans and related coaching, and connection to resources, including professional learning. It also provides services such as assisting sites establish and implement a developmental screenings system to help children ages 0-5 and their families identify and connect with any needed supports and services.

In FY 2021-22, PBM reached 201 providers from 138 various programs, utilizing short-term consultations and long-term coaching, impacting 2,585 children in programs.

Figure 32. RBA Dashboard — Early Learning Partnerships Building Mindful Early Care and Education (PBM)

		FY 2021-22
How much did we do?	Overall Reach (Long Term + Short Term)	
	# Child Care <u>Programs</u>	138
	# Child Care <u>Providers</u>	201
	Short-term Consultation (QCCC)	
	Child Care Providers	76
	<i>Center-based providers</i>	39
	<i>Family child care home providers</i>	37
	Total number of contacts	1,019
	Providers who completed initial Environmental Rating Scale (ERS)	27
	Providers who received BHS consultation	29
	Providers who received IDP consultation	14
	Number of QCCC consultation team meetings held	11
	Long-term Coaching (PBM)	
	Child Care Providers	125
	<i>Center-based providers</i>	58
	<i>Family child care home providers</i>	67
	Total number of coaching sessions	1,414
	Providers who selected Weekly Coaching , by Focus Area	66
	<i>Teacher-Child Interactions (CLASS)</i>	38
	<i>CSEFEL/Teaching Pyramid</i>	24
<i>Observation & Curriculum Development</i>	4	

RESULT 5: INCREASE THE QUALITY OF EARLY CHILDHOOD SETTINGS TO MEET SOCIAL-EMOTIONAL, PHYSICAL, AND COGNITIVE NEEDS OF YOUNG CHILDREN

		FY 2021-22	
How much did we do (cont.)?	Providers who selected coaching through Community of Practice , by Focus Area	59	
	<i>Administrative</i>	31	
	<i>Diversity, Equity, and Inclusion (DEI)</i>	9	
	<i>Infant/Toddler</i>	9	
	<i>Teacher-Child Interactions (CLASS)</i>	8	
	<i>CSEFEL/Teaching Pyramid</i>	1	
	<i>Observation & Curriculum Development</i>	1	
	Providers returning for a second year	10 (8%)	
	Providers who set Professional Growth goals for subsequent year	98	
	Developmental Screenings (Children at PBM Sites)		
	Number of ASQ-3 Screenings Completed	165	
	# Above cutoff on all domains (Typical Range)	112 (68%)	
	# Monitoring in at least one domain (No flagged)	34 (21%)	
	# Flagged in at least one domain	17 (10%)	
	Number of ASQ-Social Emotional Screenings Completed	142	
	# Below cutoff (Typical Range)	134 (94%)	
	# Monitoring	4 (3%)	
# Flagged	4 (3%)		
Number of children screened referred to Help Me Grow	29		
How well did we do?	Short-term Consultation (QCCC)		
	Average number of contacts per provider	13.4 (Range: 1-52)	
	Providers who transitioned into long-term professional development or quality improvement program	2	
	Providers who completed both pre- and post-Environmental Rating Scale (ERS)	27/76 (36%)	
	Long-term Coaching (PBM)		
	Average number of coaching sessions per provider ²³	12.0 (Range: 1-38)	
	Providers with 1+ hour of coaching contact for 36 weeks ²⁴	1/125 (1%)	
	Providers engaged in weekly coaching who completed 75%+ of Quality Improvement Plan goals	66/66 (100%)	
Is anyone better off?	Short-term Consultation (QCCC)		
	Children who remained in their placement ²⁵	37/42 (88%)	
	Long-term Coaching (PBM)	n = 90	
	Providers whose assessment scores increased (pre/post) ²⁶	83 (92%)	

Source: FY 2021-22 PBM Quarterly Performance Reports in Persimmony. FY 2021-22 ASQ Screening data provided by PBM.

²³ Excludes seven participants who exited before receiving any coaching sessions.

²⁴ COVID-19 surges (e.g., canceled sessions due to illness, site closures due to COVID cases, or schedule changes due to covering for coworkers) contributed to challenges reaching 36 weeks of coaching sessions. Despite not reaching this goal, long-term coaching made significant impacts including increasing knowledge and use of strategies based on their goals.

²⁵ Excludes short term consultation participants when consultation was centered on program supports and not child-specific.

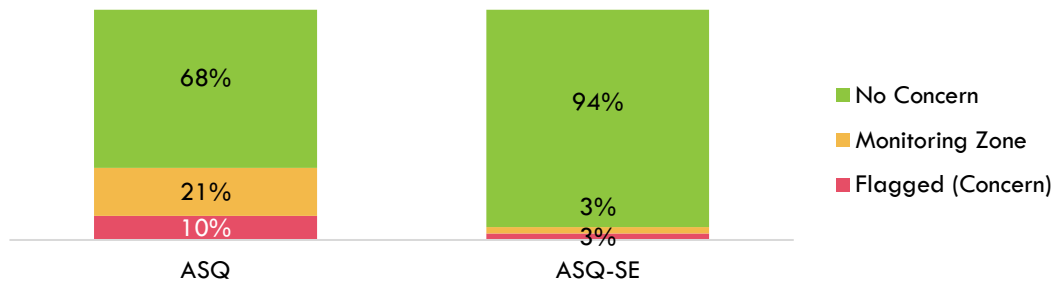
²⁶ Assessments and scoring approaches vary based on area of focus (i.e., DEI, BAS, CLASS, Inventory of Practice, Curriculum/Observation, ERS, PAS) and scores are provided as totals (and/or domain totals) rather than individual item scores. Percent with increases are reported as increases greater than zero for total score or in at least one domain (when applicable).

Ages and Stages Questionnaire (ASQ) Screenings: PBM

To further support the important role of ongoing universal developmental screening in the lives of children and families, and the opportunity for family education and engagement in their children’s development, all sites engaging in the long-term coaching model are introduced to the establishment and implementation of a developmental screening system. It was designed to help children ages 0-5 and their families identify and connect with any needed supports and services. Support includes training, technical assistance, and materials for the Ages and Stages Questionnaire (ASQ) tools for sites to create and implement a site-specific, sustainable universal developmental screening system for all enrolled families with children birth through 60 months.

In FY 2021-22 PBM sites screened 165 children using the ASQ and ASQ-SE tools. Nearly all children screened with PBM support were within typical range of the ASQ Social-Emotional criteria (94%). On the other hand, nearly one-third were either in the monitoring zone (21%) or below cutoff/flagged (10%) in one or more ASQ-3 domains. Among all children screened, 29 received referrals to the Help Me Grow program for assistance with follow-up developmental services or resources.

Figure 33. Outcomes of Developmental Screenings for Children at PBM Sites



Source: FY 2021-22 ASQ Screening data provided by PBM. (N = 165, although two of the 165 are excluded from this chart due to "NA" responses in one or more categories). Note: ASQ concern represents "Above Cutoff," while ASQ-SE is measured by being "Below Cutoff."



Participant Success Story: PBM

Ms. Kat is an infant teacher at a private child care center in South Sacramento. She was referred to PBM by the center's director as she needed coaching to gain strategies to increase her awareness and responsiveness to infants' needs. Ms. Kat needed strategies to understand infants' verbal and non-verbal cues to provide timely responses, individualized to the infant. While working with PBM, Ms. Kat was very engaged in weekly coaching and the reflective discussions related to Primary Caregiving and the Indicator of Responsiveness from the Infant CLASS tool. She requested, received, and reviewed publications related to these topics (e.g., Infant/Toddler Learning & Development Program Guidelines).

Ms. Kat learned so much in a short time and was able to apply her new skills in the classroom. During her last coaching visit, she described an infant who is typically "restrained" in a small area. She realized the infant was showing signs he was unhappy in that area and learned that the child's parents completed an ASQ questionnaire that identified a potential delay. As a result, Ms. Kat changed her interaction approach with this infant. She took him out of the small area and facilitated his exploration by offering a toy he could hold and walk with. Ms. Kat was pleased to see the child stand and walk around the classroom pushing the toy. She captured the moment on video and sent it to the child's parents, who were astonished and said, "I did not know that he could do that! I will have to buy him that toy for Christmas." Ms. Kat intends to use the knowledge gained from PBM and this successful shift to advocate for her center's director and owner to implement Primary Caregiving in her classroom.

RESULT 5 SUMMARY

The Focus: Increase availability and use of quality child care practices.

Strategies:

- ▶ Early Learning Partnerships Building Mindful Early Care and Education (PBM)

Key Takeaways:

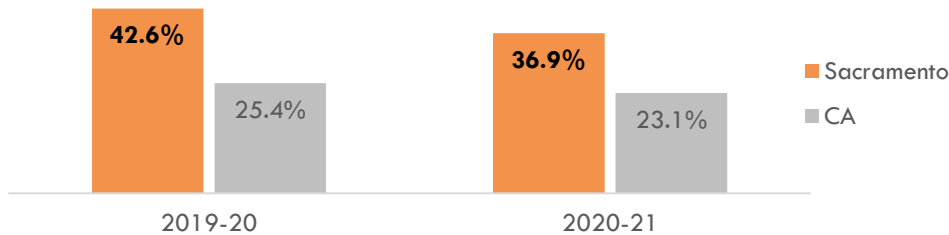
- ▶ PBM reached 201 early educators with short- and long-term efforts to increase their quality of teaching, impacting more than 2,500 children in their classrooms.
 - Short-term consultation participants averaged 13 contacts with program staff and long-term participants had 12 hours of consultation, on average.
- ▶ PBM staff and QCCC consultants facilitated over 2,000 short- and long-term consultation sessions.
- ▶ About nine out of 10 long-term participants increased their assessment scores between the first and last quarter of the fiscal year. Assessments completed varied by participants' focus area.

Result 6: INCREASE CHILDREN'S, FAMILIES', AND SCHOOLS' READINESS FOR KINDERGARTEN

COUNTYWIDE TRENDS

While there are currently no countywide data on the prevalence of early developmental concerns, the following figure describes the proportion of children who received a developmental screening in the first three years of life. The goal of developmental screenings is to identify and serve children who have developmental concerns. Early detection can ensure that children receive services earlier, and in some cases, can prevent special needs from becoming more severe over time. In Sacramento County, a larger proportion of children received a developmental screening in the first three years of life, compared with statewide. Although, developmental screenings decreased between 2019-20 and 2020-21, likely due to the widespread impact of COVID-19.

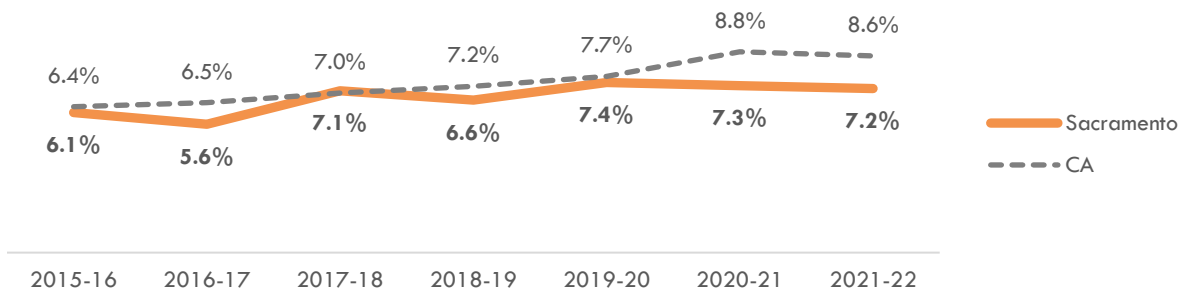
Figure 34. Proportion of Children Receiving a Developmental Screening (Ages 0-3, Medi-Cal Only)



Source: California Department of Healthcare Services. Medi-Cal Managed Care External Quality Review Technical report. Data not available prior to 2020 reporting year.

Next, the figure below represents the countywide proportion of students with disabilities out of all students ages 4-5 enrolled in school districts. Generally, Sacramento County has a lower rate of students with disabilities than statewide. Within the county, the proportion of students with disabilities increased about one percentage point since 2015-16.

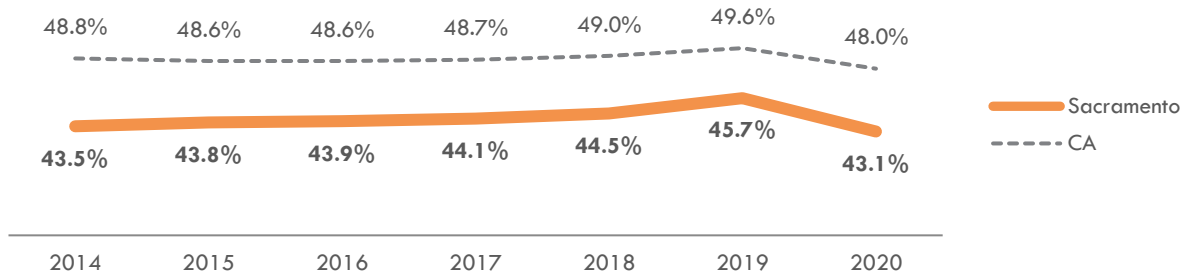
Figure 35. Students with Disabilities among all Enrolled Children Ages 4-5



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

Preschool access is a large predictor of kindergarten readiness and can lower the rate of special education placement.^{xiii} Preparedness for kindergarten significantly increases children’s likelihood of later success in school, including long-term benefits. Children who are less prepared for kindergarten are more likely than their more-prepared peers to stay behind for the rest of their education.^{xi} In Sacramento County, kindergarten readiness is measured by three domains: *Social Expression*, *Self-Regulation*, and *Kindergarten Academics*. While preschool enrollment has increased slightly, overall, enrollment of children ages 3-4 decreased between 2019 and 2020, likely due to the effects of COVID.

Figure 36. Children Ages 3-4 Enrolled in Preschool



Source: US Census Bureau, American Community Survey, 2015-2020 5-Year Estimates.

IMPACT OF FIRST 5 SACRAMENTO

First 5 funds services to promote school readiness at 64 sites across nine school districts in Sacramento County. Services range from playgroups and developmental screenings to parent and provider education, and kindergarten transition activities. First 5 funding also includes support services like Help Me Grow for children and families to promote regular developmental screening including family advocate services for children involved with Child Protective Services, those with disabilities/special needs, dual language learners, migrant families, families in poverty, and/or other under-served populations. In FY 2021-22, 2,845 adults²⁷ and 3,422 children ages 0-5 received school readiness services from the nine partner school districts and the Help Me Grow program.



²⁷ Includes parents, providers, and other caregivers

SCREENINGS AND REFERRALS

First 5 Sacramento funds screenings and assessments for children ages 0-5 related to developmental milestones, speech/language, vision, and hearing. Families receive referrals, follow-up services, and/or resources as needed. Aggregate data from the nine school districts’ health and developmental screenings can be found in the table below.²⁸

In FY 2021-22, 1,105 children received vision screenings, 1,030 received hearing screenings, 808 received speech/language screenings, and 2,058 received developmental screenings (ASQ and/or ASQ-SE).²⁹ Of those screened, 20% were referred for further vision services, followed by speech/language referrals (17%). The proportion of children screened and referred to Help Me Grow or internal services for developmental concerns (12%) increased compared with FY 2020-21 (9%).

Figure 37. RBA Dashboard—School Readiness: Screenings and Referrals

		FY 2021-22
How much did we do?	Children screened (unduplicated by screening)	
	Developmental Screening (ASQ, ASQ-SE)	2,058
	<u>Screening Results</u> ³⁰	
	At least one “Flagged” ASQ domain	447/757 (59%)
	At least one “Monitoring” ASQ domain (no flagged domains)	99/757 (13%)
	Hearing Screening	1,030
	Vision Screening	1,105
	Speech/Language Screening ³¹	808
	Dental Screenings	1,559
How well did we do?	Children screened who were referred to services	
	Developmental Referral ³²	243 (12%)
	Hearing Referral	38 (4%)
	Vision Referral	221 (20%)
	Speech/Language Referral	135 (17%)
	Dental Referrals	198 (13%)

Sources: School districts’ FY 2021-22 Service Records, Persimmony; FY 2021-22 Screening Results.

²⁸ Please note that counts do not include Help Me Grow screenings.

²⁹ Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social-Emotional

³⁰ Total N includes 757 children with detailed ASQ and/or ASQ-SE screening results.

³¹ This count is lower than other screenings as one district uses a universal speech/language screening while the other eight districts only give speech-language specific screenings to children whose ASQ screenings were flagged for speech/language.

³² Includes referrals to Help Me Grow and internal school district services for developmental concerns.

PLAYGROUPS

First 5 Sacramento supports playgroups to provide opportunities for parents of children ages 0-5 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. Most playgroups target parents and children ages 0-3, but up to 20% may be targeted to parents and children ages 4-5 who are not enrolled in preschool. Playgroups provide children with opportunities for social-emotional development and social interaction with other children. Drop-in playgroup sessions are available at least one to two days a week and last between one and two hours each. All nine districts offered playgroup opportunities. Most playgroups were held in-person, although some districts did offer virtual options.

Figure 38. RBA Dashboard — School Readiness: Playgroups

		FY 2021-22	
How much did we do?	# Served		
	Children (ages 0-3)	392	
	Children (ages 4-5)	71	
	Parent or Other Adult	409	
How well did we do?	Attendance		
	Average number of sessions attended, per child	17.8	
	Adults who attended more than one session	349 (85%)	
	Adults who attended more than ten sessions	220 (54%)	
	Satisfaction with Playgroup (n = 73) (% Agree/Strongly Agree)		
	Playgroups gave me new ideas of activities to do with my child	65 (89%)	
	I would recommend this playgroup	64 (88%)	
	My child enjoys attending playgroups	64 (88%)	
	The playgroup leader was knowledgeable	61 (84%)	
	My language and/or culture was respected at the playgroup	61 (84%)	
Is anyone better off?	Parent-Child Interactions (Pre-Post Matched Set) (n = 73)	Pre	Post
	Told stories or sang songs together (5-7 days per week)	55 (75%)	58 (79%)
	Read with child for 10 or more minutes (5-7 days per week)	31 (42%)	40 (55%)
	Connection to Community (n = 34) (% Agree/Strongly Agree)	Pre	Post
	I know what program to contact when I need help for basic needs	18 (53%)	22 (65%)*
	I know what program to contact when I need advice on how to raise my child	19 (56%)	21 (62%)
	Impact of Playgroup (Follow-Up) (n = 73) (% Agree/Strongly Agree)		
	I have used activities from the playgroup at home with my child	59 (81%)	
	I have improved in my parenting skills because of playgroups	55 (75%)	
	I have learned more about parenting because of this playgroup	46 (63%)	
I got together (or plan to) with a family I met in playgroup	34 (47%)		

Source: FY 2021-22 Persimmony Client Service Records, FY 2021-22 Family Information Form (Child Follow-Up N = 73, Parent Matched Set N = 34). Significance levels reported as $p < .05$. Note: pre- and post-responses provided for the Parent Connection to Community may include participants who engaged in multiple School District services. Change may not be directly correlated to Playgroups.

Participant Success Story: Playgroups

Meera³³ and her family recently moved to Sacramento County from India and did not know many people in the area. She learned about playgroups from a friend who had recently enrolled their child in playgroups, and Meera was interested because she was concerned that her son, Rahul, was not interacting with people other than mom and dad. Rahul was not showing interest in playing with other children and was not responsive when other people would try to engage him in conversation.

Meera and Rahul began attending playgroups in the summer and were encouraged to continue attending more sessions during the school year for more opportunities to interact with other children, and to receive a speech assessment from the on-site speech therapist, if needed. Meera and Rahul attended playgroups regularly and saw tremendous improvements in his speech, communication, and social skills. Because of these improvements, by the start of the fall schedule, the family determined that a speech screening was no longer needed. Instead, after six months of participation in playgroups, Rahul now speaks to everyone in the room, initiates play with other children and adults, and has started playing with others for prolonged periods.

Meera reported that playgroups have also helped her make connections with other families in the community and has arranged additional social activities for Rahul, outside of the playgroups. She also described how playgroups have helped her become a better parent, as she learned how to foster play in her home, how to talk to Rahul to develop language and support his communication, and she now has a deeper understanding of what is developmentally appropriate.

“Playgroups not only helps the children but helps the parents too. We don’t know how things work or what to look for when they are little, so I’m very thankful for First 5 and Playgroups.”

– “Meera,” Playgroups Participant



Photo Credit 2 Chanel (Neezy) Jeffery / Trevis Washington Photography. Photos not intended to represent family served in this success story.

³³ Fictional names used. Photos not intended to reflect families directly served in this success story.

SOCIAL-EMOTIONAL SUPPORTS

Five of the nine school districts offered trainings and coaching for caregivers and providers using the Center on the Social Emotional Foundations of Early Learning (CSEFEL) Teaching Pyramid and the Second Step curriculum. One of the five districts also offers intensive home visiting for isolated families using age-appropriate best practices and evidence-based curricula. The CSEFEL program uses evidence-based practices to strengthen the capacity of child care programs’ ability to improve social and emotional outcomes of young children and prevent challenging behaviors.^{xiv} Additionally, Second Step is also an evidence-based, social-emotional developmental curriculum designed to provide a holistic approach to build stronger communities and equitable, inclusive learning through social-emotional learning throughout children’s day – including home, school, and out-of-school time environments.^{xv}

Figure 39. RBA Dashboard – School Readiness Social-Emotional Supports

		FY 2021-22
How much did we do?	Reach of Social Emotional Curriculum	
	Staff trained (Unduplicated)	154
	Number of trainings held	16
How well did we do?	Curriculum Completion	
	Staff completing curriculum	†
Is anyone better off?	Increased Teaching Skills and Knowledge at Follow-up	
	Reduced problematic behavior in classroom	†
	More comfortable/confident working with children with challenging behaviors	
	Can describe the relationship between environmental variables and children’s challenging behavior	
	Can identify strategies to build positive relationships with children	
Understands how to use positive feedback and encouragement effectively to support children’s positive social behaviors		

Source: FY 2021-22 Service Records, Persimmony; FY 2021-22 School Districts Performance Measures Reports; † Not currently measured due to wide range of implementation strategies, as well as the timing of implementation and continued impact of COVID-19 on the 2021-22 school year, such as staff turnover, increased workload demands, and other challenges returning to school. These will be measured in the next fiscal year and will appear in the subsequent report.



PARENT/CAREGIVER SUPPORT AND ENGAGEMENT

Parent/caregiver support and engagement strategies include text-based, virtual, and in-person parenting education workshops and classes. For example, Ready Rosie delivers short videos in English or Spanish modeling developmentally appropriate activities to parents’ and caregivers’ phones and/or email. Parenting workshops covered many topics including setting limits, children’s early learning and development, father engagement, setting behavioral expectations, supporting children’s school readiness skills, and the importance of physical activity for young children.

Six school districts held opportunities for parent/caregiver support and engagement: Elk Grove, Galt, River Delta, Sacramento City, San Juan, and Twin Rivers. Aggregate results from all participating districts are presented in the table below.

Figure 40. RBA Dashboard – Parent/Caregiver Support and Engagement

		FY 2021-22
How much did we do?	Number of Parents/Caregivers Served, by Strategy (Unduplicated)	
	Text-Based Parenting Education (Ready4K, Ready Rosie)	568
	Parenting Education Workshops	687
	Family Events	
	Number of Parenting Education Workshops Offered	89
	Number of Family Events Conducted	8
How well did we do?	Text-Based Parenting Education	
	Number of Ready Rosie videos watched	4,291
	Average number of Ready Rosie views per parent/caregiver	7.7
	Parenting Education Workshops	
	Average number of hours per person ³⁴	1.6
	Parents who felt that the information provided was useful	30/33 (91%)
	Parents who felt that the class leader was knowledgeable	30/33 (91%)
Is anyone better off?	Text-Based Parenting Education	n = 27
	Parents who find Ready4K texts helpful	100%
	Parents who say Ready4K helped their children learn and grow	100%
	Families doing at least one Ready4K activity per week	67%
	Parenting Education Workshops (% Agree/Strongly Agree) ³⁵	n = 33
	I learned something that I can use to be a better parent	27 (82%)
	I will make a change at home based on what I learned	26 (79%)

Source: FY 2021-22 Service Records, Persimmony. FY 2021-22 Performance Measures Reports; 2021-22 Ready Rosie Data: Elk Grove Schools (video views and video views/registered users); 2021-22 Ready4K End of School Year Impact Report: Galt Joint Union Elementary School FY 2021-22 Family Information Form Follow-Up (N = 33, participants who report having participated in school districts’ parenting education classes)

³⁴ Excludes 96 individuals whose participation duration was unknown or not provided (N = 591).

³⁵ These questions were asked on the post-Family Information Form, we are expecting a higher sample size next year.

TRANSITION TO KINDERGARTEN

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.

In addition to summer camps for children, additional Kindergarten Transition Orientation (KTO) activities include: *transition orientations*, which provide parents and children opportunities to learn about the transition from preschool to kindergarten and how to prepare; *transition classroom visits*, where parents and children are able to tour the kindergarten classrooms; and the distribution of *school readiness materials*, including written information about preparing children for kindergarten, books about kindergarten, and materials and supplies for getting ready for kindergarten (e.g., markers, scissors, matching games, counting toys).

Figure 41. RBA Dashboard — School Readiness: Transition to Kindergarten

		FY 2021-22	
How much did we do?	Families Served		
	Families Attending Kindergarten Transition Orientation	1,246	
	Children Attending Transition Summer Camp	285	
How well did we do?	Kindergarten Transition Orientation (KTO)³⁶		
	Families who participated in at least three KTO activities	384/2,014 (19%)	
	Average number of KTO activities attended by families	1.8 (Range 1-4)	
	Transition Summer Camp		
	Children who completed at least 56 hours ³⁷	129 (56%)	
	Children whose parents took part in transition orientation	137 (48%)	
Is anyone better off?	Kindergarten Transition Orientation (% Agree/Strongly Agree)	n = 61	
	I understand what a typical kindergarten day will be like	49 (80%)	
	KTO helped me feel less nervous about kindergarten as a parent	48 (79%)	
	KTO helped my child feel less nervous about kindergarten	48 (79%)	
	I feel like my child is/was ready for kindergarten	47 (77%)	
	Transition Summer Camp (Matched Set)	n = 215	
	<u>Children who were ready for kindergarten, by domain</u>	Pre	Post
	Kindergarten Academics	92 (43%)	125 (58%) ***
	Self-Regulation	135 (63%)	170 (79%) ***
	Social Expression	105 (49%)	148 (69%) ***

Source: FY 2021-22 Service Records, FY 2021-22 Family Information Form Follow-Up (N = 61, participants who reported they participated in Transition to Kindergarten activities); FY 2021-22 Transition Summer Camp Pre/Post Test. Readiness values measured on a scale of 1 (Not Yet) to 4 (Proficient). Scores averaged by domain. Participants were considered ready if domain average was at least 3.25 out of 4.00. Significance level reported as *** $p < .001$.

³⁶ Unduplicated count of Family IDs for the following services: Transition Orientation, Transition Summer Camp, Transition Classroom Visits, and School Readiness Materials. Total N with one or more KTO activity = 2,014.

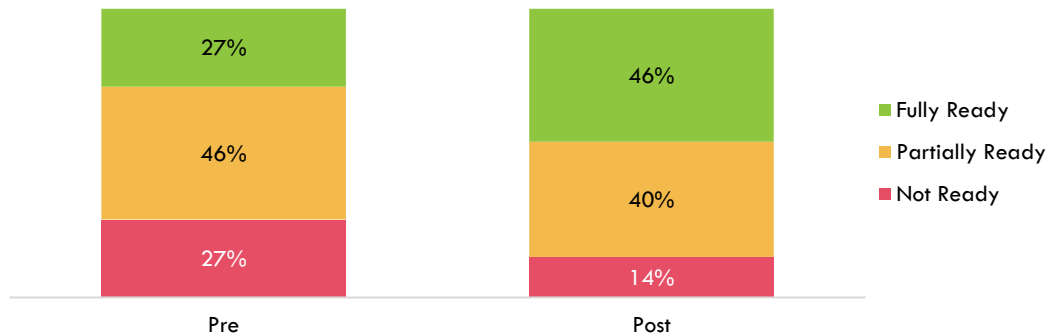
³⁷ Proportion excludes 55 children whose duration was unknown/not provided. N = 230.

A pre- and post- Kindergarten Readiness assessment gauged children’s growth in kindergarten preparedness during the program. Students were assessed across three primary domains at the start and end of the Transition Summer Camp program: *Kindergarten Academics* (recognizing letters, basic colors, 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).

Each aspect of readiness was measured on a four-point scale including Not Yet (1), Beginning (2), In Progress (3), or Proficient (4).³⁸ On average, readiness in *Kindergarten Academics* increased from 3.1 to 3.3. *Self-Regulation* and *Self-Expression* scores each increased from an average of 3.3 to 3.6 from pre-test to post-test. All changes were statistically significant.

Additionally, the proportion of children considered “Fully Ready” (scoring 3.25 or higher in all three domains) increased from 27% at the start of the Transition Summer Camp to 46% of participants following completion of the camp. The proportion of children “Not Ready” (scoring lower than 3.25 in all three domains) decreased from 27% at the start of the program to 14% at completion.

Figure 42. Transition Summer Camp Participants’ Change in Kindergarten Readiness



Source: Transition Summer Camp Pre/Post Survey, 2022, Matched pair N = 215. Change was significant at $p < .001$.



³⁸ 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.

EARLY LITERACY SUPPORTS

Eight out of the nine school districts engaged in early literacy support programs which offer resources to increase children’s love of reading, writing, and access to books. For instance, school districts commonly utilized the *Raising a Reader* book exchange program. School districts also provided literacy classes for parents, family literacy events, and training/support for teachers. Many school districts also partnered with the Sacramento Public Library system to further connect parents and children to their local libraries. Results of early literacy engagement in FY 2021-22 are listed in the table below.

Figure 43. RBA Dashboard – School Readiness Early Literacy Supports

		FY 2021-22
How much did we do?	Reach of Early Literacy Supports	
	Number of parents/caregivers served (unduplicated)	1,307
	Number of parent workshops offered	91
	Book Lending Programs	
	Number of children served (unduplicated)	952
How well did we do?	Workshop Participation	
	Average number of hours parents participated in workshops ³⁹	1.95
Is anyone better off?	Reading Frequency (Matched Set)	n = 82
	Reading with child at least five times per week	40 (49%) 48 (59%)

Source: FY 2021-22 Service Records, Persimmony; FY 2021-22 Post-FIF Matched Set; FY 2021-22 Performance Measures Reports. Better off measures not statistically significant.

PLANNING AND SYSTEMS INTEGRATION

All nine school districts participated in planning and systems integration activities, including convening parent advisory committees, collaboratives between preschool and elementary school teachers, parent satisfaction surveys, and engagement in data-informed program planning, staff meetings, and trainings.

Figure 44. RBA Dashboard – School Readiness Planning and Systems Integration

		FY 2021-22
How much did we do?	Parent Advisory Meetings	
	Number of Parent Advisory meetings	25
	Number of parents attending Parent Advisory meetings	77
	Number of articulation meetings (preschool and K-12 teachers)	3
	Number of staff attending articulation meetings	58
How well did we do?	Parent Advisory Meetings	n = 47
	I felt listened to during the meetings (% Agree/Strongly Agree)	40 (85%)
	These meetings are a good use of my time (%Agree/Strongly Agree)	33 (70%)
	Actions were taken based on parent input (%Agree/Strongly Agree)	33 (70%)
Is anyone better off?	Parent Advisory Meetings	
	Districts with Local Control and Accountability Plan (LCAP) goals specific to early childhood education/school readiness	7/9 (78%)

Source: FY 2021-22 Performance Measures Report; Service Records, Persimmony; FY 2021-22 Family Information Form Follow-Up (N = 47)

³⁹ Excludes 316 parents/caregivers whose participation duration was unknown/not reported.

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 0-5 at-risk for developmental or behavioral delays and/or disabilities. HMG targets at-risk children and families in underserved areas, and includes education, outreach and training, screening and referral services, and family support. HMG operates through a multi-method approach, with Centralized Access Points including a call center that receives and provides referrals, as well as targeted on-site support and home visiting services provided by Family Advocates. Help Me Grow Family Advocates conduct home visits to provide developmental and health screenings for children, along with resources and referrals.

In FY 2021-22, Help Me Grow received 762 calls (compared with 971 in FY 2020-21)⁴⁰ and HMG Family Advocates provided home visits to 178 families. The following tables describe HMG services conducted.

Figure 45. RBA Dashboard – Help Me Grow Reach and Services

		FY 2021-22
How much did we do?	Healthcare Provider Outreach	
	Healthcare providers provided with outreach and materials	118
	Healthcare providers provided with training/technical assistance	61
	Community Outreach	
	Community events at which HMG provided outreach/materials	23
	Professional learning opportunities about the HMG program	182
	Individuals reached through HMG events to promote awareness	113
	Developmental Screenings	
	Unduplicated Children who received ASQ-3 screenings	248
	Number of ASQ screenings conducted	259
	# (%) of screenings below cutoff (<i>Flagged for concern</i>)	191 (75%)
	# (%) of screenings at cutoff (<i>Monitoring</i>)	43 (17%)
	# (%) of screenings above cutoff	21 (8%)
	Unduplicated Children who received ASQ-SE screenings	142
	Number of ASQ-SE screenings conducted	145
	# (%) of screenings above cutoff (<i>Flagged for concern</i>)	92 (60%)
	# (%) of screenings at cutoff (<i>Monitoring</i>)	22 (14%)
	# (%) of screenings below cutoff	39 (25%)
	Incoming referrals, by source	333
	Healthcare Providers	125
	Family Resource Centers	63
	HMG Website	34
	Private Child Care Providers	21
Family or Friend	7	
Outreach Event	4	
Behavioral Health (Child Action)	2	
School District	2	
Other or Not Listed	75	
Incoming Referrals with a recent developmental screen⁴¹	47 (14%)	

⁴⁰ A higher number of calls in FY 2020-21 was likely due to increased marketing efforts by First 5 and HMG (i.e., ACES communications). Also, FY 2021-22 calls may be slightly underrepresented due to phone system challenges.

⁴¹ Individuals who entered HMG with a recent ASQ (i.e., from healthcare professional) for whom HMG does not complete a screening.

		FY 2021-22
How much did we do (cont.)?	Family Advocate Services	
	Families with a Family Advocate (at least one home visit)	178
	Families who created an Action Plan with a Family Advocate	158
	Total number of home visits conducted	465
How well did we do?	Follow-Up	
	HMG Callers with an Intake reached for follow-up	142/333 (43%)
	FA Families who received at least one enhanced referral ⁴²	154/178 (87%)

Source: FY 2021-22 Persimmony Service Records; Screening Results; HMG Quarterly Performance Measures

Figure 46. RBA Dashboard – Help Me Grow Enhanced Referrals and Connections to Services

Referral Type	How Much?	How Well?		Better Off?	
	Referrals Provided	Referral Contacted		Received Services	
Developmental Concerns (ASQ)	93	70	75.2%	21	30.0%
Social-emotional/Behavioral Concerns (ASQ-SE)	38	31	81.6%	12	38.7%
Socioeconomic Concerns	30	18	60.0%	8	44.4%
Child Care	17	15	88.2%	9	60.0%
Dental/Medical	22	20	90.9%	9	45.0%
Mental Health	4	2	50.0%	0	0%
Safe Sleep Baby (Infant Safe Sleep Training)	0	0	NA	0	NA
Breastfeeding support	†	-	-	-	-
Home Visiting	†	-	-	-	-

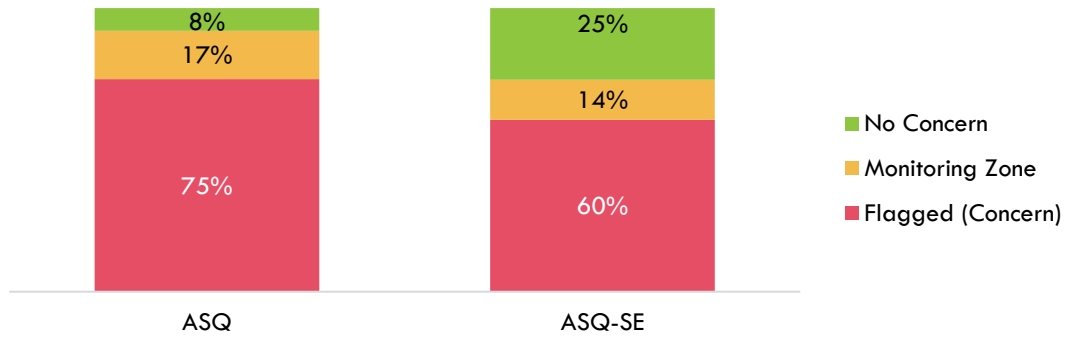
Source: FY 2021-22 Service-Outgoing Referrals Form, unduplicated by Family ID (N = 178). Help Me Grow provides referrals for additional categories not listed here. The focus of this report is the contracted Enhanced Referrals for First 5 Sacramento. † Data not collected this fiscal year.

Help Me Grow provided 248 children with Ages and Stages Questionnaire (ASQ) developmental screenings. Additionally, 142 children were assessed using the ASQ social-emotional scale (ASQ-SE). The number of children screened was slightly lower than FY 2020-21 (290 ASQ and 184 ASQ-SE).

The following figure depicts Help Me Grow ASQ and ASQ-SE screening results. Most children screened with the ASQ (75%), and ASQ-SE (60%) were flagged with developmental delays. The proportion of children flagged with developmental delays is higher than FY 2020-21 (53% ASQ, 54% ASQ-SE) and exceeds national (19%) and state (14%) estimates of children with special healthcare needs.^{xvi} 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.

⁴² Families may have also received additional referrals for services not listed here. Only enhanced referrals are reported here as they are First 5 Sacramento’s focus.

Figure 47. Outcomes of HMG Developmental Screenings



Source: Persimmony Screening Results assessment results. Note: ASQ concern is measured by being above cutoff value, whereas ASQ-SE is measured by being below cutoff value. ASQ proportions indicate the number lagged in one or more domain, the number with one or more domain in the monitoring zone (but none flagged), and the number with no flagged or monitoring domains.

Participant Success Story: Help Me Grow

Luis⁴³ was connected to the HMG program website by a friend when he was seeking early intervention services for his son, Samuel. According to Luis, Samuel was not meeting communication milestones in addition to other warning signs. Samuel’s inability to communicate was causing him to experience increased frustration and social-emotional stress. Luis and his wife work full time and have a relative care for their son while they are working. While they had concerns about Samuel’s development for a while, they did not know where to start to get help, nor did they have the time to seek community services or know how to make a self-referral. Additionally, their pediatrician was unhelpful in telling them to hold off on seeking early intervention services.

After completing an ASQ-3 on the HMG website, a family advocate (FA) reviewed the results and determined further referrals for early intervention services were needed. Samuel began receiving FA services between December 2021 and January 2022. During this time, he was also enrolled in preschool and began showing some improvements in his development between the two interventions. Additionally, Luis shared the ASQ results with his pediatrician, and HMG connected the family to Warmline as well as Alta Regional Services.

Luis expressed his gratitude for HMG due to the barriers his family faced connecting to services prior to learning about HMG. He greatly appreciated HMG’s support connecting his family with services so that they can be assured Samuel would receive support with development and school readiness. Since receiving FA support and additional referrals, Samuel has been improving in communication skills and is exhibiting fewer challenges with social-emotional interactions.

⁴³ Fictional names used

RESULT 6 SUMMARY

The Focus: Increase children's, families', and schools' readiness for kindergarten.

Strategies:

- ▶ School Readiness
 - Screenings and Referrals
 - Playgroups
 - Parent/Caregiver Support and Engagement
 - Social and Emotional Supports
 - Transition to Kindergarten
 - Early Literacy Supports
 - Planning and Systems Integration
- ▶ Help Me Grow

Key Takeaways:

- ▶ Nine school districts provided services across 64 sites to promote school readiness for Sacramento's most vulnerable 0–5-year-olds and their parents/caregivers.
- ▶ School districts conducted approximately 5,000 **screenings** to identify potential delays or concerns in development, speech/language, vision, or hearing. Referrals for services were most common among children receiving vision screenings (20% referred) and speech/language (17%).
- ▶ Over 450 children took part in **playgroups**, with 85% attending more than one session. Most parents reported their child enjoys attending playgroups (88%), the playgroup leader was knowledgeable (84%), they have used activities from the playgroup at home with their child (81%), and they have improved their parenting skills because of playgroups (75%).
- ▶ 154 teachers took part in 16 **social-emotional trainings**. Surveys measuring increased teaching skills and knowledge after these trainings will be implemented in FY 2022-23.
- ▶ Parent/caregiver support and engagement included text-based, virtual, and in-person **parenting education workshops** and classes. More than 550 caregivers took part in text-based parenting education, and more than 680 parents attended at least one of the 89 parenting education workshops offered. Of those who took part in parenting education workshops, 82% reported that they learned something that they can use to be a better parent, and 79% said that they will make a change at home based on what they learned at the workshop.
- ▶ This year, Sacramento school districts served 285 children in **kindergarten transition** summer camps and 1,246 families attended transition orientation to help families know what to expect in kindergarten. Transition orientation participants reported that, because of this service, they understand what a typical kindergarten day will be like (80%), they felt less nervous about kindergarten as a parent (79%), and their child felt less nervous about it (79%). Transition camp participants had statistically significant improvements to kindergarten readiness skills and the proportion of children considered "Fully Ready" for kindergarten increased 19 percentage points.
- ▶ All nine districts took part in **planning and systems integration**, with 25 parent advisory and three articulation meetings between preschool and K-12 teachers held during the FY. Most parents who attended parent advisory meetings felt listened to during meetings (85%), felt the meetings were a good use of their time (70%), and felt actions were taken based on their input (70%).
- ▶ **Help Me Grow (HMG)** received over 700 calls and completed intakes for 333 incoming referrals. More than 150 families received one or more enhanced referral, and 178 families received one or more home visit with a family advocate.
 - Additionally, HMG screened nearly 250 children ages 0-5 using the ASQ to assess developmental concerns. Most children receiving HMG ASQ screenings were flagged with possible developmental delays and/or social-emotional delays. Parents of these children were guided through full developmental assessments and connections to needed services.

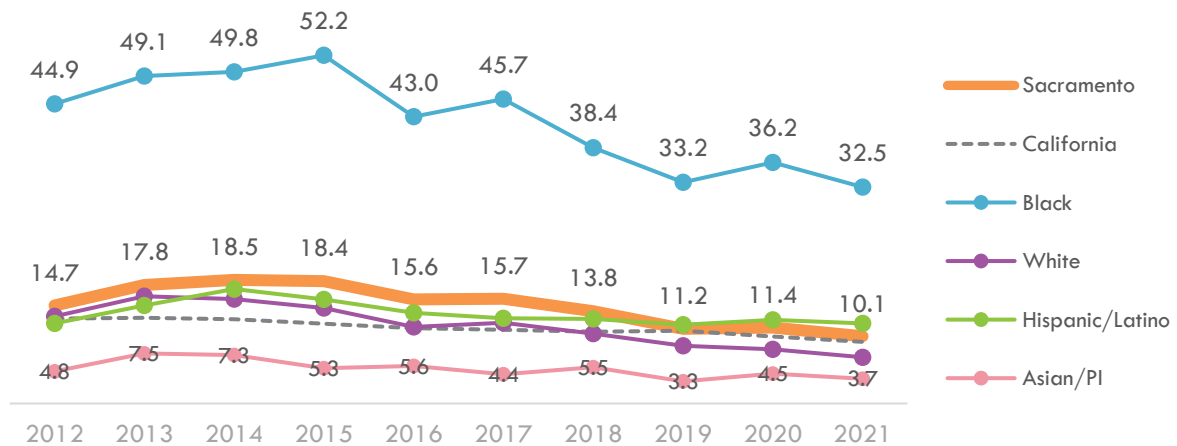
Result 7: INCREASE USE OF EFFECTIVE PARENTING TO DECREASE TRAUMA AND CHILD MALTREATMENT

COUNTYWIDE TRENDS

The consequences of child abuse and neglect can be profound and may persist long after abuse occurs. Effects can appear in childhood, adolescence, or adulthood, and affect various aspects of an individual’s development, including physical, intellectual, and psychological impacts^{xvii} as well as increase the probability of future engagement in crime.^{xviii} The Center for the Study of Social Policy identified five protective factors that can lead to improved 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.* Families at risk for maltreatment can benefit from prevention and early intervention services that help strengthen protective factors such as coping skills and connection to concrete supports. First 5 Sacramento funds programs to empower families by increasing these five protective factors.

The figure below displays county and statewide substantiated maltreatment rates per 1,000 children ages 0-5, by ethnicity. Countywide, substantiated maltreatment decreased from 14.7 per 1,000 children ages 0-5 in 2012 to 10.1 in 2021. Substantiated maltreatment among African American children ages 0-5 has also shown an overall downward trend between 2015 (52.2 per 1,000) and 2021 (32.5). However, disparities remain. The 2021 rate of substantiated maltreatment among African American children in Sacramento County was more than three times the county total.

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



Source: California Child Welfare Indicators Project. Note: Number of substantiated child abuse allegations in Sacramento 2021—25,428 (CA); 1,169 (Sac); 387 (Afr. Am); 327 (White); 378 (Hispanic/Latino); 62 (Asian/PI). Previous yearly rates updated compared to past reports based on 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, the ongoing COVID-19 pandemic may have impacted CPS allegations and referrals and parents’ ability to access services. Adults had fewer opportunities to recognize potential signs of maltreatment with fewer children engaging in public spaces (e.g., schools). Additionally, competing priorities and COVID fears impacted caregivers’ availability, particularly for in-person support services.

IMPACT OF FIRST 5 SACRAMENTO

The following sections highlight the impact of First 5 Sacramento funding toward the goal of increasing the use of effective parenting to decrease trauma and child maltreatment, including Birth & Beyond programs and the Sacramento Crisis Nursery. Both programs have the overall goal of addressing child safety and empowering families by reducing barriers and increasing protective factors.

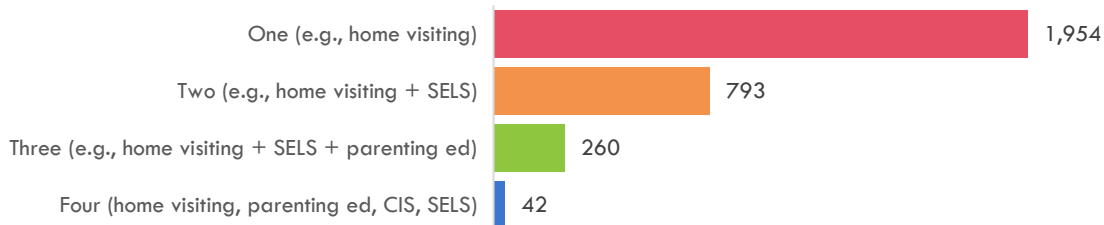
BIRTH & BEYOND: OVERALL

First 5 funds the Birth & Beyond Family Resource Centers (B&B FRCs) to promote effective parenting among families with children ages 0-5 to strengthen protective factors, build family resilience, and prevent or reduce child maltreatment. B&B FRC services include four strategies: home visiting, parenting education workshops, short-term crisis intervention, and “light touch” social and emotional learning support (SELS).

As FY 2021-22 began a new strategic plan and funding cycle, Birth & Beyond implemented new activities, and phased out others. Notably, Birth & Beyond transitioned away from the Nurturing Parenting Program for home visiting and parenting education and fully implemented the Parents as Teachers home visiting curriculum. Additionally, this funding cycle directed funds to two B&B FRCs (Arden-Arcade and Valley Hi) for specific efforts associated with the Reduction of African American Child Deaths (RAACD) initiative, including launching the Effective Black Parenting Program (EBPP) for parenting education and home visiting. The following sections discuss summaries of these initiatives and preliminary outcomes (when available).

In FY 2021-22, 3,369 adults and 1,489 children ages 0-5 received at least one First 5-funded Birth & Beyond service provided by the FRCs. The number of individuals served is comparable to FY 2020-21 (3,956 adults and 1,340 children). Among the families who took part in one or more Birth & Beyond strategy, 64% engaged in one strategy (e.g., only home visiting). On the other hand, over one-third (36%) of families took part in at least two of the four strategies during the FY. Note that these counts do not include participants who may have engaged in various strategies across multiple fiscal years.

Figure 49. Families Engaging in Multiple Birth & Beyond Strategies During FY 2021-22



Source: FY 2021-22 Birth & Beyond Service Records. Note: Sum of all four categories (3,049) does not match total number of families reached reported in RBA table below (3,274) as some services included in below unduplicated count are not included in the direct services count by B&B strategy (i.e., SELS, HV, Parent Ed, or IS Record). For example, HV families who received only referrals or other supplementary services but did not receive a home visit during this FY would not be counted here.

Figure 50. RBA Dashboard – Birth & Beyond: Overall

		FY 2021-22	
How much did we do?	Overall Reach of B&B Initiative		
	Families served	3,274	
	Parents/Caregivers	3,369	
	Children (0-5) directly served	1,489	
	Children (0-5) indirectly served ⁴⁴	2,800	
	Enhanced Referrals		
	Dental/Medical (e.g., insurance, medical home, well-child visits)	2,558	
	Car Seat Safety	1,927	
	Safe Sleep Baby	1,543	
	Crisis Nursery	1,494	
	Domestic Violence Counseling	812	
	Help Me Grow	707	
	Breastfeeding	447	
	Mental Health	333	
Child Care	319		
How well did we do?	Parent Satisfaction (% Agree/Strongly Agree)		
	Services were culturally responsive/sensitive	†	
Is anyone better off?	Referrals		
	Closed loop referrals (participant received referred services)	†	
	Parent Resource Knowledge (pre/post matched set) (n = 142)	Pre	Post
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment)	3.78	3.93
I know what program to contact in my community when I need advice on how to raise my child	3.86	3.98	

Source: FY 2021-22 Service Records, Persimmony. Matrix Outcomes Model FDM Database; † Data not currently collected. Better off measures not statistically significant.

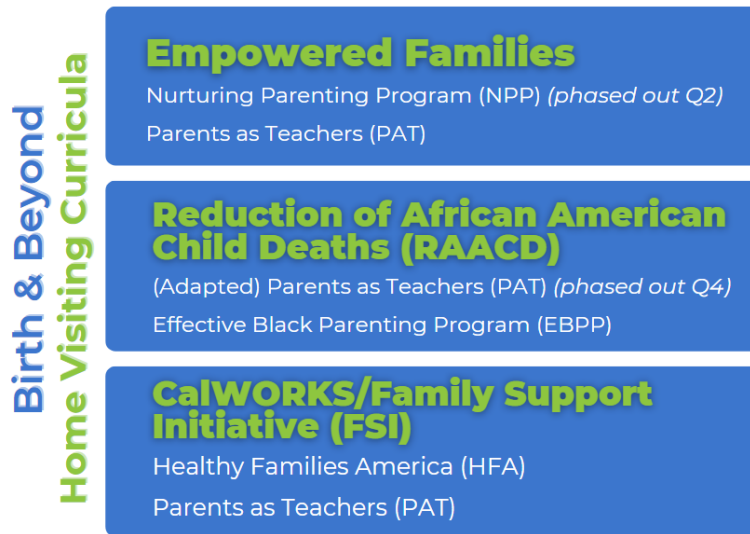
⁴⁴ Includes children ages 0-5 in families receiving services during FY 2021-22 who did not receive direct services themselves. Count includes only the children entered into the Persimmony database and may not reflect all children ages 0-5 in the family or in the care of individuals receiving direct services.

BIRTH & BEYOND: HOME VISITING

Birth & Beyond’s most intensive strategy to support families includes in-person and/or virtual home visiting. Home visiting support includes, but is not limited to, prenatal, infant and toddler care, infant and child nutrition, child development and screenings, parent education, parent-child interaction/bonding, job readiness and barrier removal, and referrals to domestic violence counseling, sexual assault services, mental health, and/or substance abuse treatment as needed.

In FY 2021-22, Birth & Beyond utilized the following home visiting curricula for families with children ages 0-5: Nurturing Parenting Program (NPP, phased out in the second quarter), Parents as Teachers (PAT), Healthy Families America (HFA), and the Effective Black Parenting Program (EBPP; RAACD funded FRCs only). In total, 841 adults in 822 families received 7,987 home visits. The following sections highlight CPS outcomes for children whose families received Birth & Beyond home visiting, as well as outcomes by curriculum.

Figure 51. Birth & Beyond Home Visiting Curricula, by Funding Source



Note: Not all curricula were implemented the same way. This graphic intends to identify the various options of home visiting, each of which have their own criteria for inclusion. The EBPP curricula for home visiting is not evidence-based and should not be directly compared to the Empowered Families and/or CalWORKs/FSI use of Parents as Teachers.

Families can be referred to home visiting by various sources, such as engagement with other FRC services, referrals from the Department of Children, Families and Adult Services (DCFAS), and hospitals or medical providers. Families are then routed to a range of home visiting curricula based on their family composition, history of maltreatment, CalWORKs enrollment, or other needs. Among all (unduplicated) incoming referrals in FY 2021-22, nearly half (45%) came from healthcare providers, including hospital systems and medical providers. Other common referral sources included CPS (18%), self-referrals (13%), or Birth & Beyond (12%, e.g., transfers between sites, recommendations for additional services).

Figure 52. RBA Dashboard — Birth & Beyond: Home Visiting Overall (All curricula, ages 0-5)

		FY 2021-22		
How much did we do?	Incoming Home Visiting Referrals in FY 2021-22			
		Unduplicated families referred to home visiting in FY	1,452	
		Unduplicated caregivers referred in FY, by referral source	1,466	
		Healthcare Providers	655	
		CPS	264	
		Self-Referral	188	
		Birth & Beyond (e.g., transfers, outreach)	180	
		Other Non-Profit/Community Organization	56	
		DHA Eligibility List	36	
		DHA Bureaus	14	
		Help Me Grow	6	
		Crisis Nursery	5	
		School Districts/Teachers	5	
	Other ⁴⁵	36		
Is anyone better off?	Substantiated maltreatment within 12 months of B&B intake, by B&B home visiting service dosage		Any Dosage	8+ HV hours
		Children with no prior CPS contact	1.3%	0.9%
		Children with any prior CPS contact in past five years	9.0%	7.8%
		Children with a substantiated baseline in the last six months	10.6%	0.0%
		All groups	3.7%	2.3%
		Engagement in other FRC Services		
		Crisis Intervention	459 (55%)	
		SELS	325 (39%)	
	Parenting Education	63 (7%)		

Source: FY 2021-22 Birth & Beyond Home Visiting Referral Form; FY 2021-22 Birth & Beyond Service Records; FY 2021-22 Protective Factors Survey-2 (PFS-2) Pre-Post Scores (N = 69). PFS2 scores are averaged by domain, each item in domain is rated on a scale of 0 (Not at all like me) to 4 (Just like me/my life). Some assessment items are reverse coded but standardized based on PFS2 calculation instructions higher scores indicate improvements. Statistical significance is reported as * $p < .05$, ** $p < .01$, *** $p < .001$.

ANALYSIS OF CPS OUTCOMES: FAMILIES RECEIVING HOME VISITING

In partnership with Sacramento County Department of Children, Families and Adult Services (DCFAS), Birth & Beyond measures substantiated allegations of maltreatment among home visiting families to identify the impact of Birth & Beyond home visiting on reducing CPS involvement. Analyses explore rates of substantiated CPS involvement within 12 months of Birth & Beyond intake. The current sample includes all families with a home visiting intake between March 1, 2020 and February 28, 2021.⁴⁶

The figures below display the proportion of children ages 0-5 with a substantiated CPS allegation within 12 months of Birth & Beyond intake, by the number of home visiting hours their parents received. Overall, 3.7% of *all* children ages 0-5 whose families were served by Birth & Beyond (n = 884) had a substantiated CPS allegation within 12 months. However, rates also varied by the number of home visiting hours received. For instance, a lower proportion of children ages 0-5 who received the minimum service dosage or more (8+ hours) had a substantiated allegation within 12 months (2.3%), while 5.1% of children whose families had less than eight hours of home visiting had a substantiated allegation within

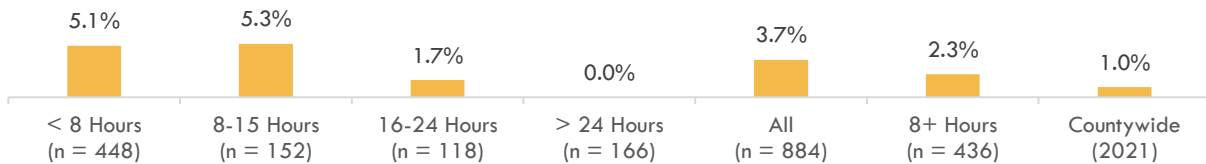
⁴⁵ Includes Friend/Family/Neighbor (2), Website (1), and all other not specified (33)

⁴⁶ Date range selected to ensure no gap between the first intake date (March 1, 2020) and the last intake date from the analysis prepared in the FY 2020-21 report and to ensure the availability of a 12-month observation period.

12 months. These results are consistent with findings from prior years, therefore a strong indicator of home visiting impact.

Although Birth & Beyond substantiation rates are higher than countywide (1.0%),^{xix} Birth & Beyond serves a more vulnerable population than the countywide population, evidenced by nearly two-thirds (64%) of children ages 0-5 served with prior involvement with CPS within the past five years.

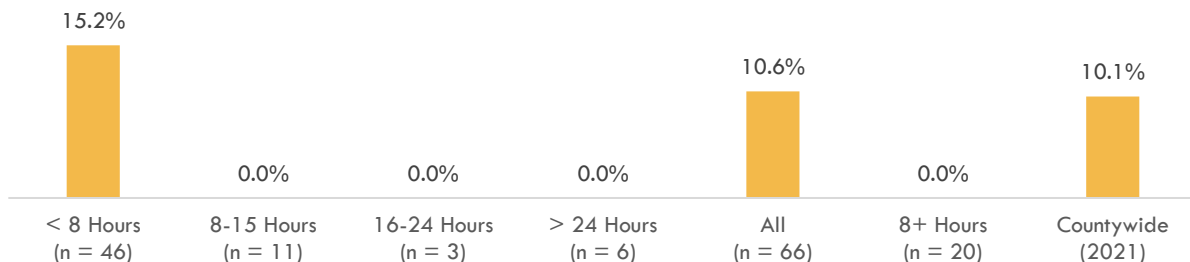
Figure 53. Substantiated Maltreatment within 12 Months of Intake, all Subgroups, Children 0-5



Sources: Birth & Beyond Service Records, Persimmony; Department of Children, Family and Adult Services, Deidentified CPS Export October 2022; UC Berkeley California Child Welfare Indicators Project

Research has shown that previous experience in the CPS system is a predictor of future CPS involvement (“recurrence” — see Birth & Beyond 2021-22 QED report). The second figure displays recurrence rates within 12 months of Birth & Beyond home visiting intake – indicating the proportion of children ages 0-5 who had a substantiated CPS allegation in the six months prior to intake *and* a substantiated allegation within the 12 months following intake. Among all children who had a substantiated CPS allegation in the six months prior to intake (n = 66), 10.6% had substantiated recurrence within 12 months—comparable to countywide recurrence (10.1%). However, none of the children whose families received the minimum home visiting service dosage (8+ hours, n = 20) experienced recurrence within 12 months of intake, demonstrating the striking impact of Birth & Beyond home visiting and the importance of retaining families for at least eight hours of service.

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



Sources: Birth & Beyond Service Records, Persimmony; Department of Children, Family and Adult Services, Deidentified CPS Export October 2022; UC Berkeley California Child Welfare Indicators Project

EMPOWERED FAMILIES: PARENTS AS TEACHERS (PAT)

Parents as Teachers (PAT) is an evidence-based home visiting model which offers insights into early childhood development and a range of services to families with children from prenatal through kindergarten.^{xx} The PAT model identifies 16 family experiences or stressors which determine whether a family is categorized as “High Needs” or “Non-High Needs.” Families with two or more PAT stressors are considered “High Need” and have a goal of 24 home visits per year, while those experiencing less than two PAT stressor are considered “Non-High Need” and have a goal of 12 home visits per year.

Figure 55. RBA Dashboard – Empowered Families-Funded PAT Home Visiting

		FY 2021-22	
How much did we do?	Individuals Receiving PAT Home Visits		
	Unduplicated Caregivers Receiving Home Visits ⁴⁷	593	
	Unduplicated Children Receiving Home Visits	544	
	Unduplicated Caregivers who received joint visits with CPS	107	
	<u>Unduplicated Caregivers by PAT Need Level⁴⁸</u>		
	Non-High Needs (fewer than two PAT stressors)	251 (71%)	
High Needs (two or more PAT Stressors)	102 (29%)		
How well did we do?	Level of Completion (% of Caregivers completing required number of PAT Lessons, by need level)	†	
Is anyone better off?	Protective Factors (Matched Set) (n = 69)	Pre	Post (Sig)
	Overall Average PFS-2 Score	3.13	3.17
	Family Functioning and Resilience	3.20	3.36 *
	Social Supports	3.05	3.10
	Concrete Supports	3.00	3.07
	Nurturing and Attachment	2.95	2.94
	Caregiver-Practitioner Relationship	3.44	3.35

Source: FY 2021-22 PAT Case Record, Client Service Records, Protective Factors Survey Pre-Post Assessment. † Data not available this FY as PAT home visiting was not fully implemented until January 2022.

In FY 2021-22, 353 families completed an intake and had one or more PAT home visit. Among them, 251 (71%) were considered “Non-High Needs” and 102 (29%) were considered “High Needs.” Because the PAT curriculum was not fully implemented until January 2022, after B&B staff were fully trained in PAT, outcomes regarding the target number of visits met by level of need are not discussed in this report. Future reports may offer a better representation of retention among home visiting participants.

Birth & Beyond uses the Protective Factors Survey-2nd Edition (PFS-2) to evaluate improvements in protective factors while engaged in PAT home visiting. The PFS-2 is an evidence-based tool approved by PAT for use with their curriculum. The PFS-2 measures five areas of protective factors: family functioning and resilience, social supports, concrete supports, nurturing and attachment, and caregiver/practitioner relationship.^{xxi} PAT home visiting participants complete an initial PFS-2 assessment at intake and complete a follow-up after completing eighth foundational visit in the PAT curriculum.

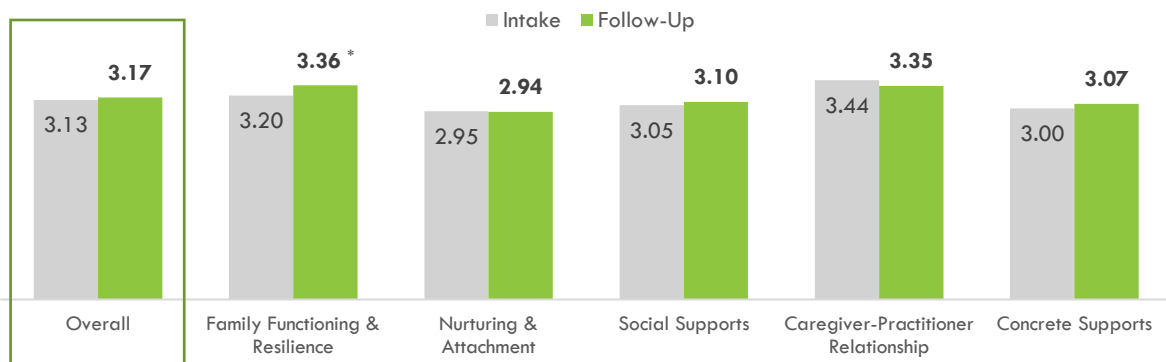
⁴⁷ Includes participants who received NPP home visits during Quarter 1 as NPP participants were transitioned to the PAT curriculum as the former was phased out and PAT reached full implementation. May include participants who entered HV in a previous fiscal year and should not be interpreted as a direct proportion of incoming referrals for FY 2021-22.

⁴⁸ Counts may not equal total number of caregivers served as need level is calculated from the PAT Case Record and all participants served may not have completed a Case Record in FY 2021-22.

Average scores on the PFS-2 increased slightly among PAT home visiting participants with both an initial and follow-up assessment (n = 69). Overall average PFS-2 scores increased from 3.13 to 3.17 (range 0 to 4). On average, participants had statistically significant improvements between pre- and post- scores for the Family Functioning and Resilience domain. Family Functioning and Resilience measures agreement with the statements “the future looks good for our family,” “in our family, we take time to listen to each other,” and “there are things we do as a family that are special just to us.”

It is also important to note that full implementation of the PAT curriculum began in January 2022. Future reports may indicate more substantial differences as a larger number of participants have the opportunity to complete the required number of lessons to complete a pre- and post- PFS-2 assessment.

Figure 56. Changes in Protective Factors (PFS-2), Empowered Families-Funded PAT Home Visiting Participants



Source: FY 2021-22 Protective Factors Survey-2 Pre-Post Scores by Domain. N = 69. Pre-test measures are typically completed within the first home visit interaction and post-test measures are completed following the eighth foundational visit, per PAT procedures. Changes in protective factors are a “Better Off” measure for the Empowered Families PAT Home Visiting curriculum. Statistical significance reported as * $p < .05$

FAMILY SUPPORT INITIATIVE (FSI)/CALWORKS HOME VISITING PROGRAM (HVP)

First 5 Sacramento leverages funds from the Department of Human Assistance (DHA), allocated to the Birth & Beyond Collaborative to implement the CalWORKs Home Visiting Program (HVP). The HVP, called the Family Support Initiative (FSI) supports healthy development and well-being of low-income families enrolled in CalWORKs.

FSI curricula include the Healthy Families America (HFA) for families with children ages 0-3 months at time of enrollment and Parents as Teachers (PAT) for families with children between 0-36 months at time of enrollment. Across both curricula, **the Birth & Beyond Collaborative provided FSI home visits to a total of 210 caregivers and 235 children.**

On average, families participated in 12 hours of home visiting (HFA and/or PAT curricula) in FY 2021-22. FSI families most commonly received referrals for health services (320), adult education (198), housing support (171), and employment resources (165).

Figure 57. RBA Dashboard — Birth & Beyond: CalWORKs/FSI-Funded Home Visiting

		FY 2021-22
How much did we do?	Number Served (Received at least one PAT and/or HFA home visit)	
	Unduplicated Families	197
	Unduplicated Parents/Caregivers	210
	FSI – PAT Curriculum (unduplicated)	108
	FSI – HFA Curriculum (unduplicated)	119
	Unduplicated Caregivers who received joint visits with CPS	3
	Unduplicated Children	235
	Ages 0-3 months	40 (17%)
	Ages 4-11 months	46 (20%)
	Ages 12-23 months	51 (22%)
	Ages 24+ months	98 (42%)
	Characteristics of participants served⁴⁹	
	Pregnant Individuals with no other children	4
	First-Time Parents	45
	Welfare-to-Work Eligible or Exempt	159
	Child-Only (child on aid but parents are not)	42
	Expanded Population	4
	FSI Services Provided	
	Average number of home visits, by family	12.0
	Developmental screenings conducted (ASQ, ASQ-SE)	294
	Referrals provided due to developmental screening	59 (20%)
Caregivers who developed an HFA Service Plan	73	
Outgoing Enhanced Referrals, by Type		
Dental/Medical (e.g., medical home, health insurance, healthcare)	320	
Mental Health	99	
Safe Sleep Baby	81	
Crisis Nursery	63	
Help Me Grow	62	
Child Care	35	
Breastfeeding support	3	
How well did we do?	Program Completion (HFA and/or PAT curricula exits, by reason)	n = 123
	Completed Program Goals	21 (17%)
	No contact per contact policy	42 (34%)
	Declined further services	15 (12%)
	Moved out of service area	15 (12%)
	Changed B&B Paths/Inter-Agency Referral	13 (11%)
	CPS Case Opened	5 (4%)
	Other or Reason not Provided	7 (6%)

⁴⁹ Counts based on 210 Case Records. Excludes nine individuals from unduplicated list with no Case Record for FSI-funded activities. Includes duplicate individuals who participated in multiple FSI curricula during the FY.

		FY 2021-22
How well did we do (cont.)?	Dosage (Families receiving at least 10 hours, by curriculum)	
	HFA Curriculum	55/106 (52%)
	PAT Curriculum	29/105 (28%)
	Department of Human Assistance Welfare-to-Work	
	Transitioned from HVP to a signed welfare-to-work plan	Not Available ⁵⁰
Is anyone better off?	Services Accessed: (Families receiving services after HVP Referral)	†

Source: CalWORKs Home Visiting Case Record; HFA Case Record; HV Case Record; HV Referrals; FY 2021-22 B&B ASQ assessment, and FY 2021-22 Service Records. Case Records may contain duplicates when participants receive services from multiple paths (i.e., HFA, PAT) in FY. Birth & Beyond also provides referrals in categories not listed here, however the focus of the current report is the contracted Enhanced Referrals for First 5 Sacramento. † Data not currently collected – referral status tracking pending implementation of Persimmony Referral Portal

CalWORKs/FSI Healthy Families America (HFA)

The CHEERS Check-In, developed by HFA, is a validated tool used by home visitors to measure and observe the parent-child interaction that ultimately results in attachment over time. The tool assists home visitors in observing Cues, Holding, Expression, Empathy, Rhythmicity/Reciprocity and Smiles during home visits. The CHEERS Check-In tool is administered within four months of enrollment and a follow-up assessment is completed every six-months. Once completed, the home visitor has an opportunity to assess the parent-child interactions and use this information to identify what areas of improvement to address and what strengths to promote during future visits.

The CHEERS Check-In tool is comprised of 16 measures (two to three per domain). Each measure is assessed on a scale of one to seven with higher scores indicating more positive interactions. Home visitors discuss the parents’ strengths (items receiving a six or seven) and areas to be addressed (items scoring below a five).

In FY 2021-22, 60 HFA families received CHEERS Check-In assessments. Among them, the average CHEERS score was 5.59. Furthermore, ten participants received at least two CHEERS Check-In assessments during FY 2021-22. Among this subgroup, the average CHEERS score at first assessment was 6.08, which increased slightly to 6.11 at the second assessment. However, it is important to note that CHEERS check-ins are completed at varying intervals (ranging from one to eight months in this sample).



⁵⁰ CAPC has not yet been granted access to this data per the Department of Human Assistance (DHA). First 5 hopes to gain DHA management approval by the FY 2022-23 reporting cycle.

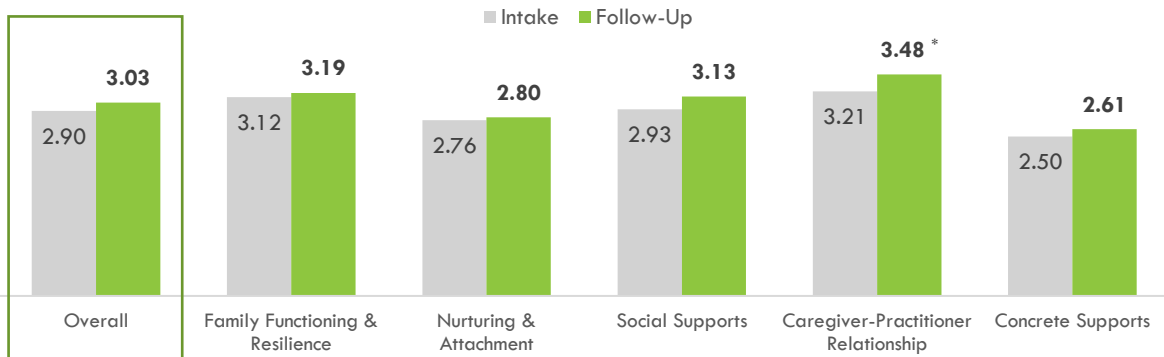
CalWORKs/FSI Parents as Teachers (PAT)

Birth & Beyond also uses the evidence-based Parents as Teachers (PAT) home visiting curriculum within the CalWORKs/FSI-funded home visiting program, as well as the Protective Factors Survey-2nd Edition (PFS-2) to measure progress on protective factors for participants in the FSI PAT program. Like those participating in the Empowered Families-funded PAT home visiting, FSI participants complete a PFS-2 assessment at intake and a follow-up after the eighth foundational visit in the PAT curriculum.

Average scores increased slightly among a subset of FSI PAT home visiting participants with both an initial and follow-up PFS2 assessment (n = 28). Overall average scores increased from 2.90 to 3.03 (range 0 to 4). On average, participants’ relationship with their home visitor practitioner increased significantly between initial and follow-up assessments. Caregiver-practitioner relationship measures participants agreement with the statements “I feel like staff here understand me,” and disagreement “with the statements “no one here seems to believe I can change” and “when I talk to people here about my problems, they just don’t seem to understand.”

It is important to note that results presented here are based on a small sample size due to new implementation of the PAT FSI curriculum in FY 2021-22. Future reports may indicate more substantial shifts among a larger sample and/or longer period of involvement in the PAT curriculum.⁵¹

Figure 58. Changes in Protective Factors (PFS-2), FSI-Funded PAT Home Visiting Participants

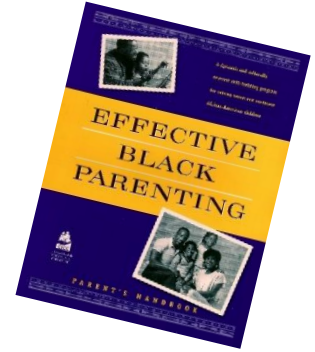


Source: FY 2021-22 Protective Factors Survey-2 Pre-Post Scores by Domain (N = 28). Pre-test measures are typically completed within the first home visit interaction and post-test measures are completed following the eighth foundational visit, per PAT procedures. Changes in protective factors are a “Better Off” measure for the FSI PAT Home Visiting curriculum. Statistical significance reported as * $p < .05$

⁵¹ Birth & Beyond administers pre- and post-tests according to PAT curriculum (initial visits, following the eight foundational visits, and after one year).

RAACD: EFFECTIVE BLACK PARENTING PROGRAM (EBPP)

The EBPP home visiting curriculum was utilized for Black/African American families served by RAACD-funded FRCs.⁵² In FY 2021-22, 37 parents and caregivers had an intake into EBPP home visiting. Among them, 25 began case management with their home visitor and completed a Family Development Matrix (FDM) assessment. The FDM is a comprehensive, strengths-based tool for family workers to identify family strengths and areas of concern. This process helps facilitate decisions and goal setting, and tracks changes in status for the duration of the family’s program involvement.



Ten EBPP participants had at least two FDM assessments. Among them, every participant improved in at least one area between their first and second assessment. For instance, at intake, 40% of participants’ knowledge of community resources were either “In Crisis” or “At Risk” indicating they had little or no knowledge of or difficulty accessing community resources. Another 30% had moderate knowledge/access (“Stable” condition), and 30% knew what resources were in their community and how to use them (“Self-Sufficient”). At follow-up, 60% had self-sufficient knowledge of the community resources and how to use them, 40% were stable, and zero were categorized as in crisis or at risk.

Additional details of the assessment and score changes are reported in the FY 2021-22 First 5 Sacramento Reduction of African American Child Deaths full report.



⁵² In FY 2021-22, implemented by Sacramento Children’s Home Village Program; Mutual Assistance Network Arcade Community Center expects implementation during FY 2022-23

BIRTH & BEYOND: PARENTING EDUCATION

In FY 2021-22, 467 parents/caregivers attended 79 group-based education workshop series⁵³ offered (virtually) by Birth & Beyond Family Resource Centers (B&B FRCs). Surges in COVID cases and concerns continued to impact staff capacity and enrollment for workshop participation and facilitation. This fiscal year, B&B FRCs transitioned families with children ages 0-5 from the *Nurturing Parenting Program* (NPP) to either *Make Parenting A Pleasure* (MPAP) or *Effective Black Parenting Program* (EBPP). Most participants engaged in MPAP, in part because the program is approved for court-mandated parenting education. Additionally, EBPP was offered to RAACD-funded families attending classes at MAN Arcade or the Valley Hi Village program. On average, MPAP participants significantly improved their parenting knowledge and skills.

Figure 59. RBA Dashboard — Birth & Beyond: Parenting Education

		FY 2021-22	
How much did we do?	Number of Workshops Provided	79	
	Unduplicated Parents/Caregivers Served, by Curriculum⁵⁴	467	
	<i>Make Parenting A Pleasure (unduplicated)</i>	455	
	<i>Effective Black Parenting Program (unduplicated)</i>	14	
How well did we do?	Program Completion (had post survey)⁵⁵		
	<i>Make Parenting A Pleasure</i>	275/398 (69%)	
	<i>Effective Black Parenting Program</i>	0 (0%)	
	Level of Service		
	Average hours participating in parenting education, by family	17.8	
	<u>Average number of sessions attended, by participant</u>		
	<i>Make Parenting A Pleasure</i>	16.56	
<i>Effective Black Parenting Program</i>	13.86		
Is anyone better off?	Increased Parenting Knowledge and Skills	Pre	Post
	<i>Make Parenting A Pleasure average score⁵⁶</i>	6.05	6.48 ***
	<i>Effective Black Parenting Program average score⁵⁷</i>		†
	Increased Parenting Confidence and Attitudes		†
	Engagement in other FRC Services		
	% Receiving Crisis Intervention	204 (46%)	
	% Receiving SELS	116 (26%)	
% Receiving Home Visiting	63 (14%)		

Source: FY 2021-22 Quarterly Performance Measures, FY 2021-22 Service Records, FY 2021-22 MPAP Assessments Data; FY 2021-22. Statistical significance reported as * $p < .05$, ** $p < .01$, *** $p < .001$ † Data not yet available

⁵³ Workshop counts may be underrepresented. Counts were not collected in Q1 as this was not listed as a contracted milestone and removed from the FRC Tally Sheet and Persimmony database. CAPC was notified in November 2021 that counts were to be included in performance measures. The data collection was reapplied to Persimmony and B&B forms in Q2.

⁵⁴ Counts unduplicated by curriculum may not equal total unduplicated served as participants may have engaged in multiple curricula within the fiscal year.

⁵⁵ Counts include duplicates if participants completed course multiple times and/or participated in different curriculum in the fiscal year and may not be a direct representation of unduplicated families served.

⁵⁶ Average score for 274 matched sets. May include duplicate individuals who take courses multiple times.

⁵⁷ Data not yet available for EBPP parenting education curricula due to implementation year and evolving data procedures. Only three out of 14 EBPP participants completed a pre-test (no post-tests completed in FY 2021-22).

BIRTH & BEYOND: CRISIS INTERVENTION SERVICES

Crisis Intervention Services (CIS) are short-term, focused services for Birth & Beyond Family Resource Center (B&B FRC) families experiencing a pressing concern or immediate need, such as lack of food, baby formula, or diapers, being unhoused, or disconnected utilities. The B&B FRC CIS team conducts an intake with a brief assessment tool and provides case management and referrals to other FRC services and the Crisis Nursery, as appropriate.

In FY 2021-22, staff began using the Family Development Matrix (FDM) when more intensive crisis intervention was needed. The FDM is an assessment and case management tool used in partnership to engage families in the prevention and early intervention by assessing their strengths and issues of concerns. The FDM facilitates participation by the family and the agency caseworker in case management to measure the progress of family outcomes and the effectiveness of interventions.

In FY 2021-22, Crisis Intervention Services served 1,959 families. In total, 38 participants had at least one case management visit and completed an initial first FDM assessment. Because FY 2021-22 was an implementation year for case management using the FDM (began in the fourth quarter of the FY), comparisons of progress on goals and target areas are not discussed in the current report.

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

		FY 2021-22
How much did we do?	Families Served	
	Unduplicated families with Intervention Service Record (ISR)	1,959
	Unduplicated families with a pre- <u>and</u> post- Stress Assessment ⁵⁸	740
	Unduplicated CIS families with initial FDM Assessment ⁵⁹	38
	Unduplicated CIS families with at least one subsequent FDM	0
How well did we do?	Level of Completion	
	Caregivers with at least one closed-loop referral	†
	Caregivers who developed an IS Case Management Plan	825
	Caregivers who developed an FDM Empowerment Plan	60
Is anyone better off?	Improvements in Stress and Self-Sufficiency	
	Families showing progress (e.g., moving from “In Crisis” (red) toward “Self-Sufficient” (green) in at least one domain	†
	Participants whose stress level improved between pre- and post-tests (matched set)	553/740 (75%)
	Engagement in other FRC Services (of those with an ISR)	
	% Receiving SELS	658 (34%)
	% Receiving Home Visiting	459 (23%)
	% Receiving Parent Education	204 (10%)

Source: FY 2021-22 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post-test. † Data not currently available. Closed loop referrals pending the implementation of the referral portal. FDM progress: Out of 38 records with an initial FDM assessment and a M.O.M ID listed on their IS Case Record, none had a second visit for comparison during FY 2021-22.

⁵⁸ During FY 2021-22, B&B continued administering the pre- and post- stress assessments while First 5 implemented FDM and held trainings. Counts include duplicates when participants complete pre- and post-test multiple times throughout the FY.

⁵⁹ FDM case management is limited to Level 2 IS clients who need more intensive support. FDM case management was piloted in Q4 resulting in limited numbers of pre-assessments completed and no follow-ups completed within the 2021-22 FY.

BIRTH & BEYOND: SOCIAL AND EMOTIONAL LEARNING AND SUPPORT (SELS)

SELS are intended to be services that introduce a family to Birth & Beyond Family Resource Centers (B&B FRCs) and may provide a gateway to more intensive B&B services. SELS activities 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 2021-22, **B&B provided over 8,300 SELS services** to 1,290 families with children ages 0-5, including 1,281 caregivers and 956 children ages 0-5. The number of families receiving B&B FRC SELS services increased compared with those served in FY 2020-21 (1,240 families, 411 children).

The following table highlights RBA measures for B&B SELS activities. On average, families took part in 9.4 hours of SELS activities in FY 2021-22. More than one-quarter (27%) of families participated in five or more SELS activities, and 13% participated in at least 10 activities. Additionally, half (51%) of SELS families also engaged with Crisis Intervention, 25% also received home visiting, and 9% participated in parent education workshops.

Figure 61. RBA Dashboard — Birth & Beyond: FRC Social and Emotional Learning and Support (SELS)

		FY 2021-22
How much did we do?	Unduplicated Number of B&B SELS Participants	
	Total number of families	1,290
	Total number of parents/caregivers	1,281
	Total number of children (0-5)	956
	Total number of participants receiving Play Care Services ⁶⁰	60
How well did we do?	Level of Service	
	Average # of hours of participation	9.4
	Families with five or more services	354 (27%)
	Families with 10 or more services	173 (13%)
Is anyone better off?	Parent Satisfaction (% Agree/Strongly Agree)	
	Increased social supports because of SELS participation	†
	Engagement in other FRC Services	
	% Receiving Crisis Intervention	658 (51%)
	% Receiving Home Visiting	325 (25%)
	% Receiving Parent Education classes	116 (9%)

Source: FY 2021-22 Quarterly Performance Measures Report; FY 2021-22 Services Records. † Follow-up data not yet available for SELS.

⁶⁰ Includes the child care services provided to families during events and/or parenting education workshops

Participant Success Story: Birth & Beyond

Caroline⁶¹ is a 29-year-old mother of two children, Jeremiah (age five) and Martin (age three). She is a disabled Army veteran who also experiences depression and anxiety. Caroline was referred to Birth & Beyond by Sacramento County CPS, following a domestic violence incident with her partner. Caroline also needed support with school enrollment for Jeremiah. Additionally, Jeremiah and Martin both had limited speech and behavioral concerns, but Caroline was not making any progress due to waitlists.

Since connecting with Birth & Beyond, Caroline and her family consistently attended weekly home visiting visits via Zoom and in-person. They were connected to the Meals for Families program and received lunches through the summer. Caroline’s home visitor connected her family to Help Me Grow after Jeremiah’s ASQ screening indicated he was below the cutoff (“Flagged” for concern) in several domains. Their home visitor also provided Caroline with activities and information for her to engage her children to promote educational and developmental growth. Furthermore, Help Me Grow has since been advocating for Jeremiah’s school enrollment and establishing an Individualized Educational Plan (IEP). Help Me Grow has also connected Martin with speech services.

Caroline receives counseling services through an outside agency, where she works on strengthening her relationship with her partner, as well as her mental health concerns. In addition to this support, Caroline shared that her weekly home visits have helped her take better care of herself more consistently and gave her a safe space to vent. She also shared that the tips learned through the home visiting lessons have helped her be a better parent to her children. Through these lessons, Caroline has taken steps to help her children become more independent and express their emotions more appropriately.



Stock photo. Not intended to reflect the family in this success story.

“[Home visiting] has helped me to feel understood and it has connected me to programs that will help my children be successful in their development.” – “Caroline,” Birth & Beyond Home Visiting Participant

⁶¹ Fictional names used. Photos are stock photos and not intended to reflect the family in this success story.

CRISIS NURSERY

The Sacramento Crisis Nursery has two locations (North Sacramento and South Sacramento), where parents can drop off their children for emergency daytime and 24-hour overnight care. Sacramento Crisis Nursery seeks to prevent childhood injuries, maltreatment, and death by providing respite care and crisis intervention. Sacramento Crisis Nursery provided case management, referrals to community services, and help with medical and mental health services to help families stabilize their situation.

In FY 2021-22, Sacramento Crisis Nursery served 234 families, including 237 parents/caregivers and 326 children. Among the children served, 264 received emergency daytime care and 80 received overnight care. The number of families served increased compared to FY 2020-21 (297 children, 212 caregivers, 208 families). More than half of the families (59%) used Crisis Nursery three or more times within the 2021-22 fiscal year,⁶² while 81% of unique overnight stays were for one night only. The proportion of single-night stays increased compared with FY 2020-21 (73%).

Figure 62. RBA Dashboard — Crisis Nursery: Safe and Emergency Care

		FY 2021-22
How much did we do?	Child Care – Unduplicated Families and Children Served	
	Total number of families	234
	Total number of parents/caregivers	237
	Total number of children	326
	# Children who Received Emergency Daytime Child Care	246
	# Children who Received Overnight Stays	80
	Referral Source (by each unique stay)⁶³	
	Existing Client	1,577 (93%)
	Another Agency/First 5 Contractor/Social Worker ⁶⁴	26 (2%)
	Friend/Family/Neighbor	19 (1%)
	CPS	14 (1%)
	Birth & Beyond/Family Resource Center	9 (1%)
	Hospital (e.g., doctor, nurse)	8 (<1%)
	Internet/social media	4 (<1%)
	Services Provided	
	Total # Emergency child care (ECC) Daytime Stays	1,786
	Total # Overnights	681
	# of unique overnight stays (one or more night)	421
	# (%) Overnight Stays (1 night only)	339 (81%)
	# (%) Overnight Stays (5+ consecutive nights)	13 (3%)
	# (%) Overnight Stays (30 non-consecutive nights)	2 (<1%)
	Families who had more than two stays this FY	138/234 (59%)
	Total # of trips for which transportation was provided	191
	Outgoing Enhanced Referrals	
	Child Care/School Readiness/Preschool	149
	Mental Health	44
	Medical/Dental	24
Help Me Grow	7	

⁶² Includes families receiving multiple single day stays and/or multiple (non-consecutive) overnight stays.

⁶³ Referral source not available for 31 entries

⁶⁴ E.g., Child Action, My Sister’s House, Turning Point, Warmline

		FY 2021-22
How well did we do?	Participant Satisfaction	
	Crisis Nursery services kept children safe and secure	1,497 (99.6%)
Is anyone better off?	Parent Support	
	Participants who felt better able to solve crisis situations	1,471 (98.8%)
	Families who only had one stay (did not return after their first)	60 (26%)
	Child Welfare (Children served February 2020 through June 2021)⁶⁵	
	Children who had Child Protective Services (CPS) involvement within 12 months of Crisis Nursery stay(s)	33/213 (15.5%)
	Children who had a substantiated CPS allegation up to 12 months after CI services	12/213 (5.6%)

Sources: FY 2021-22 Crisis Nursery Service Records; FY 2021-22 Crisis Nursery Client Roster Data

CPS provided information about 213 children who participated in Crisis Nursery between February 2020 and June 2021. Of these children, 32 (15%) had CPS involvement (i.e., substantiated, inconclusive, or unfounded allegation) within six months before Crisis Nursery intake and 76 (36%) had prior CPS involvement within the past five years. This information further confirms that children of parents who utilize the Crisis Nursery are from higher-risk backgrounds than the general Sacramento population (1% of children ages 0-5 experienced a substantiated allegation).

Families using Crisis Nursery services provided reasons for use at each stay. Employment (66%), parental distress (14%), and medical (11%) reasons were most common. 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.



Photo Credit 3: Charnel (Neezy) Jeffery / Trevis Washington Photography

⁶⁵ Child welfare look-up was conducted on 213 children whose parents consented to the look-up and received Crisis Nursery services between February 2020 (when consent language was added) through the end of the FY 2020-21 fiscal year June 30, 2021). Future look-ups will be limited to the full, prior fiscal year to allow for a full year of observation.

Figure 63. RBA Dashboard — Crisis Nursery: Crisis Intervention

		FY 2021-22	
How much did we do?	Overall Reach of Crisis Nursery Crisis Intervention		
	Crisis Nursery Pre-Assessments (Request for Service) Completed	1,688	
	Crisis Nursery Post-Assessments (Exit Interview) Completed	1,615	
	Crisis Intervention Case Management Plan (CICMP)		
	Families who created a Crisis Resolution Plan	141 (60%)	
	Reasons for Seeking Care (reasons provided at each stay) ⁶⁶		
	Employment	1,116 (66%)	
	Parental Distress	239 (14%)	
	Medical	179 (11%)	
	Housing/Homelessness	88 (5%)	
	Other Emergency	52 (3%)	
	Education	50 (3%)	
	Basic Needs/Financial	37 (2%)	
	Legal	35 (2%)	
Substance Use	34 (2%)		
Mental Health	31 (2%)		
Domestic Violence	29 (2%)		
Is anyone better off?	Connection to Ongoing Support (n = 30)	Pre	Post
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment)	3.41	3.48
	I know what program to contact in my community when I need advice on how to raise my child	3.59	3.66
	Reduced Stress	Pre	Post
	Level of stress (n = 1,507)	3.4	2.6***
	Parental stress level affected their care of child (n = 1,500)	2.3	1.8***
Parents who agreed that Crisis Nursery reduced stress (n = 1,482)	1,426 (96.2%)		

Source: 2021-22 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South; FY 2021-22 Family Information Form Pre-Post Matched Set. Statistical significance for matched sets reported as * $p < .05$, ** $p < .01$, *** $p < .001$. Level of stress and parental stress effect on care of child range from 1 to 5, while connection to ongoing support measures range from 1 to 4.

⁶⁶ Counts may not equal total (duplicated) number of records (N = 1,688) as participants can select more than one reason.

Participant Success Story: Crisis Nursery

Tracy⁶⁷ is a 57-year-old single grandmother who has been the guardian of her granddaughter, Olivia, since she was a baby. Tracy was referred to Crisis Nursery by a counseling center when she was feeling overwhelmed by Olivia’s behavior and her own mental health struggles. Through the Crisis Nursery, Tracy got connected to mental health support for herself and Olivia where she learned healthy parenting and conflict resolution strategies to strengthen their family bond.

Olivia’s time spent at the Crisis Nursery allowed Tracy space to work on her mental health, employment needs, and establish a plan to provide Olivia with a safer home and school environment. Tracy noted that because of the Crisis Nursery, her stress level reduced to “a much better level... less anxiety, more calm, present, [and] less reactive.”

“I brag about [Crisis Nursery] to strangers ... it has really helped me to have more patience and give me a break when I need it. I am able to reset, she is able to reset and that helps us have a better day at home” – “Tracy,” Crisis Nursery Participant



Stock photo. Not intended to reflect the family in this success story.

⁶⁷ Fictional names used. Photos are stock photos and not intended to represent family in this success story.

RESULT 7 SUMMARY

The Focus: Increase use of effective parenting to decrease trauma and child maltreatment.

Strategies:

- ▶ Birth & Beyond
 - Home Visiting
 - Parenting Education
 - Crisis Intervention Services
 - Social and Emotional Learning and Support (SELS)
- ▶ Crisis Nursery

Key Takeaways:

- ▶ Birth & Beyond directly served 1,489 children ages 0-5 and 3,383 parents/caregivers through their four strategies (home visiting, parenting education, crisis intervention, and light touch support).
- ▶ FRCs offered **Home Visiting** services through the evidence-based Parents as Teachers (PAT) and Healthy Families America (HFA) curricula, as well as the Effective Black Parenting Program (EBPP). In total, 841 adults in 822 families received one or more home visit.
 - Among the 436 children who had an intake to Birth & Beyond home visiting between March 2020 and February 2021 and had at least eight hours of home visiting, 2.3% had a substantiated CPS allegation up to 12 months after intake, compared with 5.1% of participants who received less than eight hours of home visiting (n = 448).
 - The Family Support Initiative (FSI) Home Visiting program supports families on CalWORKs with the intent of addressing additional family and child hardships to ensure that each family can meet their family stability goals. In total 197 unduplicated families participated in PAT or HFA curricula through the FSI program. On average, FSI participants had 12 home visits per family.
- ▶ FRCs offered evidence-based **Parenting Education** classes such as Make Parenting A Pleasure (MPAP) and Effective Black Parenting Program (EBPP) to 467 parents. On average, MPAP participants had statistically significant improvements to parenting skills and attitudes after participating in parenting education.
- ▶ **Crisis Intervention Services** served nearly 2,000 families with significant needs, helping to reduce their stress and increase their knowledge of community resources and social support.
- ▶ The gateway to FRC services is through “light touch” referral or informational services, referred to as **Social and Emotional Learning and Support (SELS)** services. FRCs provided more than 8,300 SELS services to 1,290 families.
- ▶ The **Sacramento Crisis Nursery** provided 1,786 emergency child care stays and 681 overnight stays to more than 300 children in 234 families. Crisis Nursery serves the highest-risk children and families, many of whom are experiencing challenges such as lack of employment, housing instability, medical needs, domestic violence, mental health, or substance use, at the time of stay.
 - Of the 213 children served at the Crisis Nursery from February 2020-June 2021, 15% experienced a subsequent CPS allegation up to one year after intake.
 - 60% of parents completed a crisis resolution plan. Crisis Nursery provided nearly 150 referrals for child care, preschool, and/or school readiness, and more than 40 mental health referrals.
 - Participants had significant reductions in parental stress, on average. Additionally, 96% of families completing an exit interview stated that Crisis Nursery reduced their stress levels.

Evaluation Successes and Next Steps

Despite the ongoing and evolving nature of the COVID-19 pandemic on staffing capacity, program involvement, service delivery, and client participation, FY 2021-22 included the continued shift toward resuming in-person activities and further adjusting to a “new normal.”

Overall, **First 5 Sacramento’s direct services reached about 4% of Sacramento County children ages 0-5.** The population served also reflects First 5’s efforts to ensure racial equity, diversity, and inclusion. More than 80% of the children served were Hispanic/Latino (39%), Asian (18%), Black/African American (16%), or multi-racial (10%). Meanwhile these groups combined comprise 60% of countywide estimates.⁶⁸

The 2021-22 fiscal year marked the start of a new strategic plan funding cycle, including shifts in priorities, an overall budget decrease of 25%, the narrowing of result areas (from ten to seven), and an increased focus on systems efforts within each focus area. With this new cycle, many new Results Based Accountability (RBA) indicators were created and/or adapted. Importantly, after this implementation year, some RBAs and/or assessments will be further revised and streamlined to ensure the validity, feasibility, and value of all measures. Additionally, lessons learned from administration of the post-Family Information Form (FIF) will help to inform future processes for distribution and incentivization of post-FIF forms (e.g., how to increase engagement and ease the burden of responding for families that may have multiple children or may have participated in multiple First 5 activities throughout the year).

Similarly, First 5’s contracted partners underwent a number of changes including implementing new curriculum and measurement tools. For instance, the Birth & Beyond Collaborative implemented new curricula across various program areas as well as use of the Family Development Matrix case management approach for Crisis Intervention. School readiness programs implemented new programs to support staff development, as well new options to reach parents/caregivers through virtual methods (e.g., texting and online videos). These changes also brought about a number of opportunities for reflection, streamlining, and opportunities for improvement in data management.

Future goals include:

- Continue to invest in systems change and advocacy work, such as the Racial Equity, Diversity, and Inclusion (REDI) initiative.
- Assess programs through special studies and monitor the implementation of recommendations from these studies to identify program strengths and implement best practices, reducing roadblocks for staff and program service delivery.
- Continue 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. Additionally, create data collection protocols for each program, so that procedures are clearly understood.
- Work with other community partners to increase collaborative opportunities; make evaluation data available for community partners.

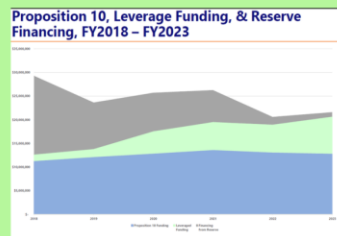
⁶⁸ Countywide data available for children 0 to 17

Systems Improvement & Sustainability Highlights



FROM 2020 THROUGH 2025,
the First 5 Sacramento Commission is actively investing in 16 unique Systems Improvement & Sustainability Programs.

Of these, 7 are 100% funded with leveraged resources, 3 were funded with a combination of First 5 Sacramento funding and leveraged resources, and 6 were 100% funded by First 5 Sacramento with the majority resourced by staff time.



LEVERAGED DOLLARS:

A total of \$25.7 million dollars are leveraged from outside resources through 2025 and \$242,300 in funding from First 5 to date (does not include staff time).

HISTORICAL PROJECTS:

First 5 Sacramento has been investing in Systems Improvement since 2004 with its Baby Friendly Hospital Initiative followed by other historical capital projects including dental clinics, tot lots, and water fluoridation which continue to benefit children and families today and for years to come.



ADVOCACY:

Since the approval of First 5 Sacramento's Advocacy protocols, the Commission has submitted 61 letters of support and attended 53 meetings with elected officials to advocate for legislation that advances our Policy Platform.

In turn, legislators have prioritized funding and children and families have received much needed supports in the areas of childcare, universal kindergarten and family leave, to name a few.



FUTURE INVESTMENTS



Source: Visual created by First 5 Sacramento

References

- ⁱ KidsData.org. (2021). "Child population, by race/ethnicity." <https://www.kidsdata.org/topic/33/child-population-race/Pie#fmt=144&loc=344&tf=141&ch=7,11,70,10,72,9,73&pdist=73>. Retrieved October 26, 2022.
- ⁱⁱ Saluja, B. 2021. "How implicit bias contributes to racial disparities in maternal morbidity and mortality in the United States." *Journal of Women's Health*. Feb 2021. Pp. 270-273. <http://doi.org/10.1089/jwh.2020.8874>
- ⁱⁱⁱ Chmielwska, Barbara. Et. al. 2021. Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis. *The Lancet Global Health*, 9, 6. Pp. E759-E772. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00079-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00079-6/fulltext)
- ^{iv} 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/>
- ^v 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>
- ^{vi} Osterman, M.J.K, et. al., 2022. Births: Final Data for 2020. *National Vital Statistics Report*, Volume 70, Number 17. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>
- ^{vii} Wei, S.Q., et. al., 2021. "The impact of COVID-19 on pregnancy outcomes: a systematic review and meta-analysis." *CMAJ* 2021. April 19, 193, E540-548. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8084555/pdf/193e540.pdf>
- ^{viii} Hernandez-Cancio, S. & V. Gray. 2021. "Racism hurts mom and babies." National Partnership for Women & Families, National Birth Equity Collaborative, June 2021. <https://www.nationalpartnership.org/our-work/health/moms-and-babies/racism-hurts-moms-and-babies.html>
- ^{ix} California Department of Health. 2023. In-Hospital Breastfeeding Initiation Data (2020). <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>
- ^x HealthyPeople.Gov 2030. Targets for six-month exclusive breastfeeding. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15>
- ^{xi} California Child Care Resource & Referral. 2021. Child Care Data Tool. <https://rrnetwork.org/research/child-care-data-tool#!0>
- ^{xii} California Child Care Resource & Referral. 2021. Child Care Portfolio. https://rrnetwork.org/research/child_care_portfolio
- ^{xiii} First Five Years Fund. 2022. "Why it matters: school readiness." <https://www.ffyf.org/why-it-matters/school-readiness/>
- ^{xiv} Center on the Social and Emotional Foundations for Early Learning. (n.d.). "About Us." <http://csefel.vanderbilt.edu/about.html>
- ^{xv} Second Step. 2022. "What is Second Step." <https://www.secondstep.org/what-is-second-step>
- ^{xvi} KidsData.Org 2016-2019 Estimates of Children with Special Healthcare Needs. <https://www.kidsdata.org/demographic/5/children-with-special-health-care-needs/summary#27/demographics-other-characteristics>
- ^{xvii} BeHealthySacramento. 2023. "Substantiated child abuse rate." <https://www.behealthysacramento.org/indicators/index/view?indicatorId=10&localeId=271>
- ^{xviii} Currie, J. & E. Tekin. 2006. "Does child abuse cause crime?" Working Paper 12171. National Bureau of Economic Research. <https://www.nber.org/papers/w12171>
- ^{xix} Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Prakash, A., Sunaryo, E., Guo, S., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2022). CCWIP reports. Retrieved Oct 12, 2022, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <https://ccwip.berkeley.edu>
- ^{xx} Parents as Teachers. 2022. "Evidence-based home visiting." <https://parentsasteachers.org/evidence-based-home-visiting/>
- ^{xxi} FRIENDS National Center. 2022. "Protective factors surveys." <https://friendsnrc.org/evaluation/protective-factors-survey/>

Photo Credits

All photos are stock photos from Adobe or Microsoft 365 unless otherwise stated

Additional photo credits (as labeled)