First 5 Sacramento

EVALUATION REPORT

FY2022-2023

ASR

FIRST 5 SACRAMENTO

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Introduction

BACKGROUND

First 5 Sacramento uses tobacco tax revenue through Proposition 10 to fund a range of essential prevention and early intervention programs for Sacramento County children ages 0-5 and their families. This report describes the services provided and outcomes for First 5-funded services in Fiscal Year (FY) 2022-23. Unless otherwise noted, all data presented here relate to the FY 2022-23 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?

COMMITMENT TO EQUITY

> "As stewards of resources and programs that support our community's youngest people and their families, **we have an obligation to clearly articulate First 5's intent to ensure racism has no place in what we do and how we do it…**"
>
> *– Phil Serna, Chair of the First 5 Sacramento Commission*

First 5 Sacramento is committed to being an anti-racist organization and purposefully advancing racial equity and social justice in everything we do in fulfillment of our mission to best serve all children and families in Sacramento County. 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.

In February 2021, all First 5 Sacramento Commissioners and the Executive Director signed a resolution for racial equity and social justice that named anti-racism work as foundational to achieving First 5 Sacramento's mission and vision.

Additionally, the First 5 Sacramento Commission approved an implementation plan for the 2024-2027 funding cycle which more deeply centers Racial Equity, Inclusion, and Cultural Responsiveness (REDI+CR). These ongoing developments and implementations are reflected in this report and will be more explicitly described in evaluation reports beginning in FY 2024-25.

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, 2021-2024 Funding Cycle

Diagram reflects all agencies directly funded by First 5 Sacramento. PBM is a program of Sacramento County Office of Education and subcontracts with Child Action. DHS WIC subcontracts with CRP WIC, the Birth & Beyond Collaborative is a partnership of seven organizations and nine FRCs, and Her Health First is contracted for the Black Mothers United program and Perinatal Education Campaign.

During FY 2022-23, First 5 invested over $19 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 domains (see figure below).

Figure 2. Expenses, by Content Area

Expense Area	FY 2022-23	
Improved Family Functioning	$13,440,819	*71%*
Improved Child Health	$1,926,270	*10%*
Improved Systems of Care	$1,568,057	*8%*
Improved Child Development	$644,376	*3%*
Administration	$1,055,047	*6%*
Evaluation	$397,253	*2%*
First 5 Expenditures Total	**$19,031,822**	

Source: FY 2022-23, First 5 Sacramento.

First 5's program expenditures (approximately $17.6M of the $19.0M) largely went to community-based/non-profit organizations (68%), followed by school districts (21%).

Figure 3. Program Expenditures, by Agency Type

Expense Area	FY 2022-23	
Community-Based Organizations/Non-Profits	$11,952,365	*68%*
School Districts/SCOE	$3,695,595	*21%*
First 5 Commission	$1,379,061	*8%*
County Health and Human Services	$465,662	*3%*
Other Private/For-Profit	$86,839	*<1%*

Source: FY 2022-23, 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.

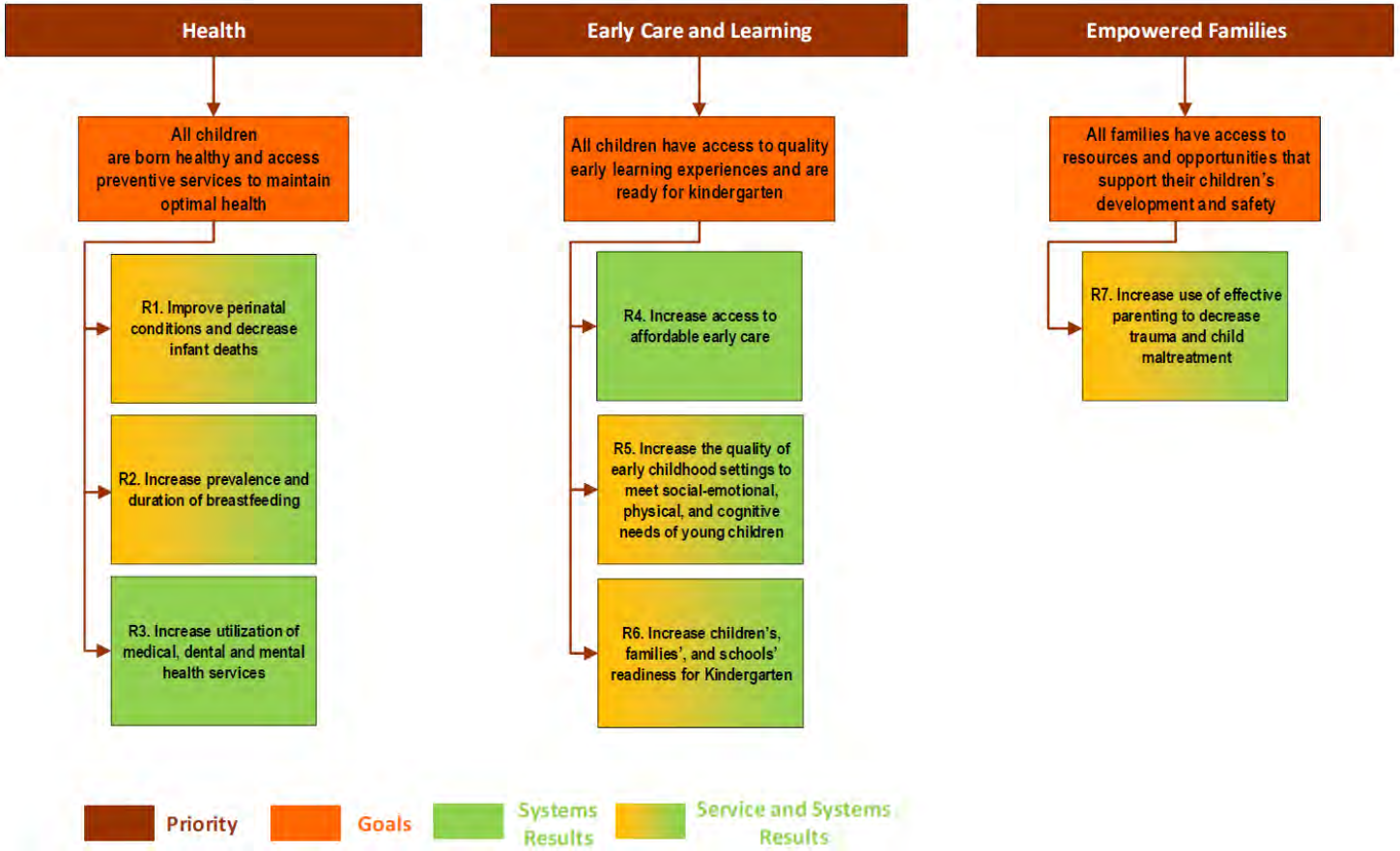
The primary data sources used in this evaluation include:

- **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 reporting period.
- **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 2022-23.
- **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 2022-23 in-depth evaluation conducted with a focus on Reducing African American Child Deaths (RAACD) (see Result 1).

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 16,286 unduplicated individuals[1] in 10,689 families. Among them, 6,078 were children ages 0-5 – representing 5% of the countywide 0-5 population. 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 2022-23, 11% (1,220/10,689) took part in two or more service program areas (e.g., Her Health First *and* WIC).[2]

11% of families served engaged in **two or more** service program areas

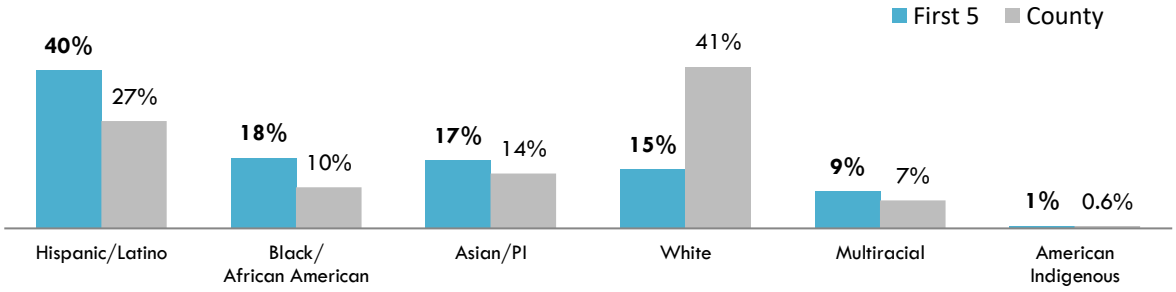
Figure 5. Reach of First 5 Sacramento

Source: FY 2022-23 Client Information (among those receiving services in FY 2022-23). 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 2022-23, First 5 served a larger proportion of Hispanic/Latino (40%), Black/African American (18%), Asian or Pacific Islander (17%), and Multiracial (9%) populations compared to countywide. Additionally, nearly one-third of children and caregivers primarily spoke a language other than English (including Spanish, Cantonese, Vietnamese, Hmong, Russian, Ukrainian, Dari, Farsi, and others). Additional language and ethnicity details are provided in Appendix A.

31% primarily spoke a language other than English

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



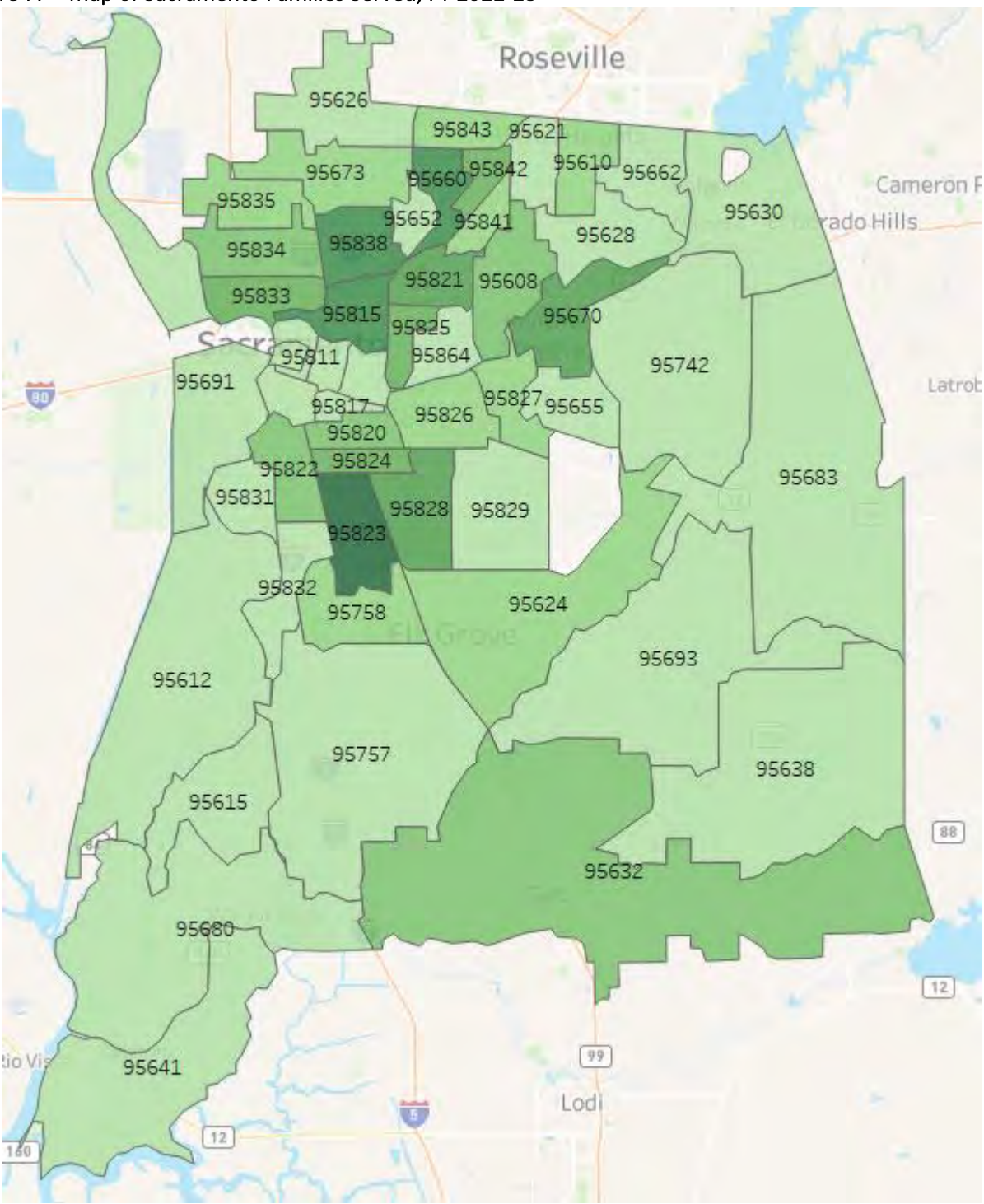
Source: FY 2022-23 Client Information (among those receiving services in FY 2022-23). Percentages limited to children served (N = 6,078) excluding those whose ethnicity was Unknown (N = 77) or other groups for which countywide proportions are not provided (N = 654) County comparisons are for all children 0 to 5 via DCFAS data request.

[1] Counts differ from First 5 California report (N = 21,406) 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 2022-23. Families most commonly lived in or around Valley Hi (95823), Del Paso Heights (95838, 95815), North Highlands (95660), and Rancho Cordova (95670).

Figure 7. Map of Sacramento Families Served, FY 2022-23



Source: FY 2022-23 Service Records. Counts unduplicated by Family ID. 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. Between July 2022 and June 2023, 5,624 parent/caregiver FIFs and 5,964 child FIFs were completed at the start of First 5-funded services (intake).

Consistent with previous years, food/nutrition services were most utilized within the six months prior to intake, with 64% of parents/caregivers reporting using these services. Slightly more than one in 10 participants reported using FRC services (13%) or parenting education support (12%) in the six months prior to intake.

74% were able to handle the **stresses of parenting.**

64% had recently used **food/nutrition** resources.

62% knew what program to **contact for help** with basic needs.

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

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

	FY 2022-23
Parenting Programs, Services, Supports Used in Six Months Prior to Intake	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	3,573 (64%)
FRC Services	710 (13%)
Parenting Education/Support	647 (12%)
Home Visits	399 (7%)
Parenting Behaviors and Characteristics (at intake) *(% "Agree" or "Strongly Agree")*	
I know of safe places for my child to play that are outside of my home	4,518 (83%)
I have people in my life who provide me with support	4,079 (75%)
I involve my child in day-to-day tasks for our family	4,102 (75%)
I am able to handle the stresses of day-to-day parenting	4,026 (74%)
I know what to expect each stage of my child's development	3,878 (71%)
I am able to take a break and do something enjoyable at least once a week	3,708 (68%)
I know what program to contact when I need help for basic needs	3,421 (62%)
I know what program to contact when I need advice on how to raise my child	3,345 (61%)
I attend events in my community with my child	2,608 (48%)
I find myself in stressful situations at least once a week	2,007 (37%)
In the past two weeks, I have felt down, depressed, or hopeless	923 (18%)

Source: FY 2022-23 Family Information Form (intakes). (All data self-reported). N = 5,624 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 throughout the fiscal year. 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. Four out of five families reported playing with their child five or more times per week, while about half read together at least five times a week.

80% **played one-on-one** with child five or more times per week.

77% **told stories or sang songs** five or more times per week.

49% **read together at home** five or more times per week.

Similarly, families were less likely to report that their child *Adjusts well to change* (47%), *Calms themself when upset* (33%), or *Stays calm and in control when faced with a challenge* (30%). On the other hand, most children have *Opportunities for fun at least once every* day (80%) and *Have at least two non-parent adults who take a genuine interest in them* (73%).

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

	FY 2022-23
Frequency of Family Activities (at intake) *(% selecting 5, 6, or 7 times per week)*	
Sat and shared a meal together	4,998 (86%)
Practiced a bedtime routine	4,797 (82%)
Played one-on-one with child	4,669 (80%)
Talked with child about things that happened during the day	4,566 (79%)
Told stories or sang songs together	4,477 (77%)
Read together at home	2,864 (49%)
Child Characteristics (at intake) *(% selecting Very True)*	
Child has opportunities for fun at least once every day	4,620 (80%)
Child has at least two non-parent adults who take a genuine interest in them	4,197 (73%)
Child openly shares feelings with caregivers (if old enough to talk)	2,751 (62%)
Child adjusts well to changes in routine	2,730 (47%)
Child calms themself when upset	1,926 (33%)
Child stays calm and in control when faced with a challenge	1,711 (30%)

Source: FY 2022-23 Family Information Form – Child (intakes). (All data self-reported). N = 5,964, 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

First 5 distributes follow-up FIFs to participants who received services during the fiscal year, completed a FIF at intake in the past year, and had a valid email address on record. To encourage responses, participants were entered to win a $50 gift card to Walmart (40 winners selected). More than 5,600 invitations to complete a post-FIF were sent to families. Among them, 504 parents/caregivers responded on behalf of themselves, and 427 responded for their child(ren). The following section provides insights on family characteristics and attitudes after receiving services for this subsample.

Participants significantly improved their knowledge of programs to contact when they need help for basic needs and/or advice on raising their child, as well as knowledge of safe places outside of their home for their children to play. Significantly more participants reported attending community events with their child and involved their children in day-to-day family tasks and/or reading with their child at

least five days a week. Unfortunately, there were significant decreases in the proportion of families playing one-on-one with their child and using the same bedtime routine at least five days a week. This shift may be, in part, due to continued efforts to resume pre-COVID schedules. In many cases, "parents are finding themselves busier than ever [post-COVID], especially those who didn't have children before the pandemic" (Sybertz, 2022).[i] When working with families whose young children were born during the unique circumstances of 2020-2022, First 5 partners may benefit from incorporating narratives which consider the impact of returning to pre-pandemic normalcy while maintaining regular time with their children.

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

Parent/Caregiver Information	Intake	Follow-Up
Knowledge of Community Resources *(% "Agree" or "Strongly Agree")*		
I know what to expect at each stage of my child's development	73.7%	77.3%
I know what program to contact when I need help for basic needs	60.2%	72.1% ***
I know what program to contact when I need advice on how to raise my child	64.3%	76.7% ***
I know of safe places for my child to play that are outside of home	85.4%	91.6% **
Parent-Child Interaction *(% "Agree" or "Strongly Agree")*		
I attend community events with my child	53.2%	60.2% *
I involve my child in day-to-day tasks for our family	81.1%	88.0% **
Social Support and Mental Health *(% "Agree" or "Strongly Agree")*		
I am able to take a break and do something enjoyable at least once a week	68.4%	67.2%
I have people in my life who provide me support when I need it	76.7%	76.5%
I am able to handle the stresses of day-to-day parenting	77.7%	79.4%
I find myself in stressful situations at least once a week	38.8%	42.4%
I have felt down, depressed, or hopeless in the past two weeks	16.1%	16.5%
Child Information	**Intake**	**Follow-Up**
Behavioral Characteristics *(% "Somewhat True" or "Very True")*		
Child stays calm and in control when faced with a challenge	87.4%	88.4%
Child calms themself when upset	84.4%	86.5%
Child adjusts well to changes in routine	92.3%	90.4%
If old enough to talk, child openly shares feelings with their caregiver(s)	94.0%	94.2%
Child Social Support *(% "Somewhat True" or "Very True")*		
Child has opportunities for fun at least once every day	98.8%	99.0%
Child has at least two non-parent adults who take a genuine interest in them	95.4%	95.4%
Parent-Child Interactions *(% selecting 5, 6, or 7 times per week)*		
Read with child for more than 10 minutes	50.6%	52.8% *
Talked with child about things that happened during the day	82.5%	82.4%
Told stories or sang songs with child	79.2%	77.3%
Played one-on-one with child	83.2%	74.8% **
Used the same bedtime routine	88.8%	85.9% *
Sat and shared a meal together	89.7%	91.2%

Source: FY 2022-23 Family Information Form Matched Sets: Parent/Caregiver (N = 504) and Child (N = 427) 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 during the FY. * Indicates statistical significance at $p < .05$, ** indicates significance at $p < .01$, *** indicates significance at $p < .001$.

Evaluation Spotlight: Refugee Family Support (RFS) Program

86% of RFS participants reported their ability to navigate life in the US has **gotten better.**

First 5 Sacramento received funding from First 5 California to build a more comprehensive system of care among refugee-serving agencies and to provide culturally responsive navigation services to newcomer refugee families. Agencies built relationships with each other and worked together in new and collaborative ways to share resources, train staff, remove barriers to services, and provide support in families' resettlement journey. First 5 partnered with five trusted agencies strategically placed in areas with higher populations of refugees (REDA, MAS-SSF, NorCalResist, Mutual Assistance Network, and Public Health Institute). RFS navigators are from the communities and speak a shared language with participants. Their lived experience supports the effectiveness of this culturally responsive support.

The following information highlights findings from families participating in the RFS program during the First 5 California funding period (September 2022 through August 2023), although First 5 was able to secure funding from the County for an additional year of service.

Between September 2022 and August 2023, First 5-funded providers reached 447 unduplicated refugee families residing in Sacramento County who arrived in the US after August 1, 2021 and had children under the age of six. Participating families received:

1,007 Basic Needs

957 Navigation Services

326 Mental Health Assessments

207 Education Workshops

RFS navigators also provided 107 language support services, 34 mental health support services, and two housing vouchers.

Among the families served, 428 (96%) completed an intake assessment describing their family composition and experiences since arriving in the US. These families included 2,276 individuals, including 707 children ages 0-5. Additionally, the most common country of origin was Afghanistan (98%, 420/428), and participants most commonly spoke Dari (76%) or Pashto (21%).

At intake, most participants considered worries about family outside the US as a "big problem" (73%, 314/428), followed by difficulties with employment (50%, 213/428) and worries about not having enough

money for basic needs (43%, 183/425).[3] Only 14% stated that worrying about family outside the US was "not a problem." Additionally, 77% (321/419) of the participants with children agreed that they were able to handle the stresses of day-to-day parenting, and nearly two-thirds (62%, 264/428) agreed that they have people in their lives to provide support when they need it. Slightly more than half (56%, 237/427) agreed that they knew who to contact when they need help with basic needs, at intake.

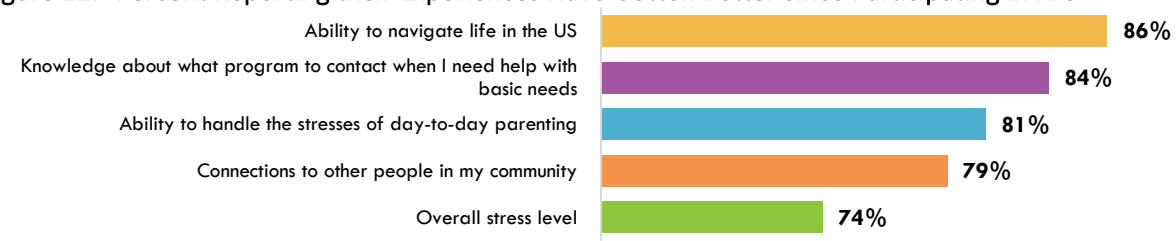
One month after intake, RFS staff followed up with families to see how they were faring. A majority of participants reached for follow-up reported the services helped them "somewhat" or "a lot."

Figure 11. Percent of RFS Participants Helped Somewhat or A Lot by Program Services

Source: RFS Follow-Up Survey, N = 370 although Ns vary by item based on the number of participants self-reporting receiving each service.

Most participants also reported that their experiences and knowledge improved since participating in the RFS program. For instance, nearly nine out of 10 (86%) participants felt their ability to navigate life in the US has gotten better, followed by 84% reporting their knowledge of which program to contact when they need help with basic needs had gotten better.

Figure 12. Percent Reporting their Experiences Have Gotten Better Since Participating in RFS



RFS Family Spotlight

One RFS Specialist began working with a family within a few weeks of their arrival to the United States. Although they arrived at the beginning of August, the family did not have their Department of Human Assistance (DHA) interview scheduled until mid-September and **needed immediate assistance with basic needs**. The Specialist helped explain the DHA benefits for which they may be eligible (e.g., cash aid, diapers, employment support) and provided interpretations of documents to ensure the family did not miss any important appointments.

The RFS Family Resource Center provided a $125 grocery store gift card to help the family purchase food right away, and the Specialist connected them to a food distribution program to receive more Halal foods the following month. The Specialist also delivered diapers, wipes, blankets, and books in Dari and English, and connected the family to the Infant Safe Sleep workshop and car seat workshop. RFS provided **valuable connections to community resources as well as essentials as an intermediary to longer term support.**

[3] Responses range from 0 "Not a Problem," 1 "Somewhat of a Problem," and 2 "A Big Problem" since arriving in the US. N = 428 although ns may vary by question due to missing data/non-response.

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 2022-23, available on First 5 Sacramento's website, the highlights of which are presented here.

COUNTYWIDE TRENDS

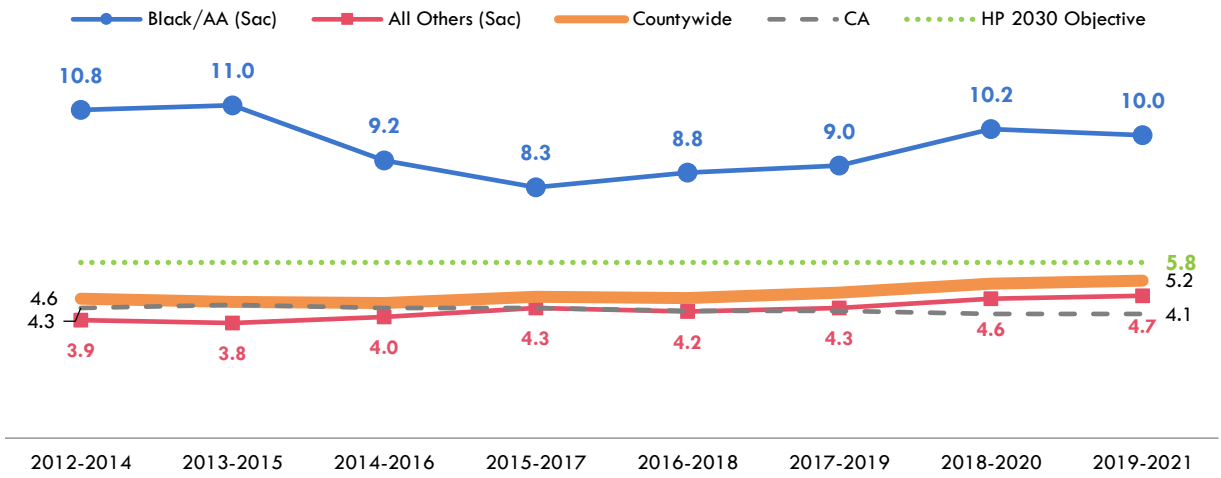
Infant mortality is influenced by many factors, such as lack of access to timely and regular prenatal care, preterm birth, chronic diseases/conditions in the mother, and social and economic disparities. Institutional racism and racial bias during medical care also contribute to disparities in infant and maternal outcomes.[ii] Between 2012-2014 and 2019-2021, countywide infant mortality (all causes and all races) increased 14%. The countywide rate (5.2 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.

Further, African American infants remain nearly twice as likely to die compared with all other races, and rates remain well over the Healthy People 2030 goal. While there was a remarkable drop between 2013-2015 and 2015-2017, African American infant mortality has since increased, with 2018-2020 (10.2) and 2019-2021 rates (10.0) approaching the 2012-2014 baseline (10.8).

It is important to note that the overall infant mortality rate includes all causes of death and is not a direct correlation with the RAACD initiative. However, the ongoing racial disparity in overall infant mortality remains particularly concerning and warrants a collaborative effort to improve and scale up direct services as well as systems-level initiatives to reduce disparities.

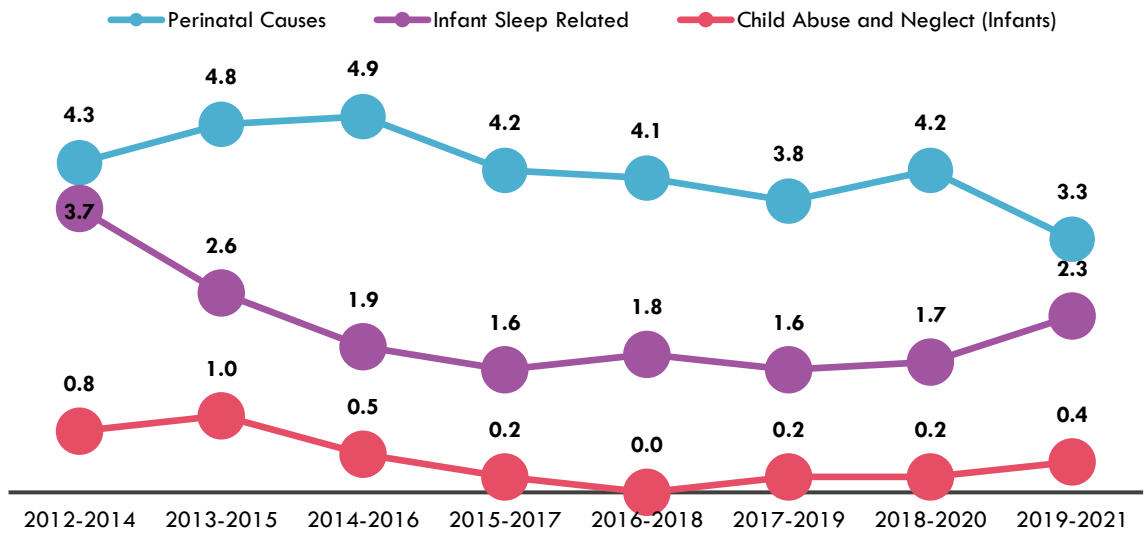
Figure 13. Sacramento County Infant Mortality per 1,000 Live Births, By Race



Source: 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 the three leading causes of preventable infant death focused on by the RAACD initiative. As of the 2020 benchmark, three of the four mortality reduction goals (overall infant mortality, infant safe sleep, and child abuse and neglect) were fully met for the 0-5 population. Since that time, perinatal deaths decreased to the lowest rate since the baseline while infant sleep related deaths and 0-5 CAN deaths increased.

Figure 14. Three-Year Rolling Rates of Sacramento County African American Infant Death: Sleep Related, Perinatal Causes, and Child Abuse and Neglect

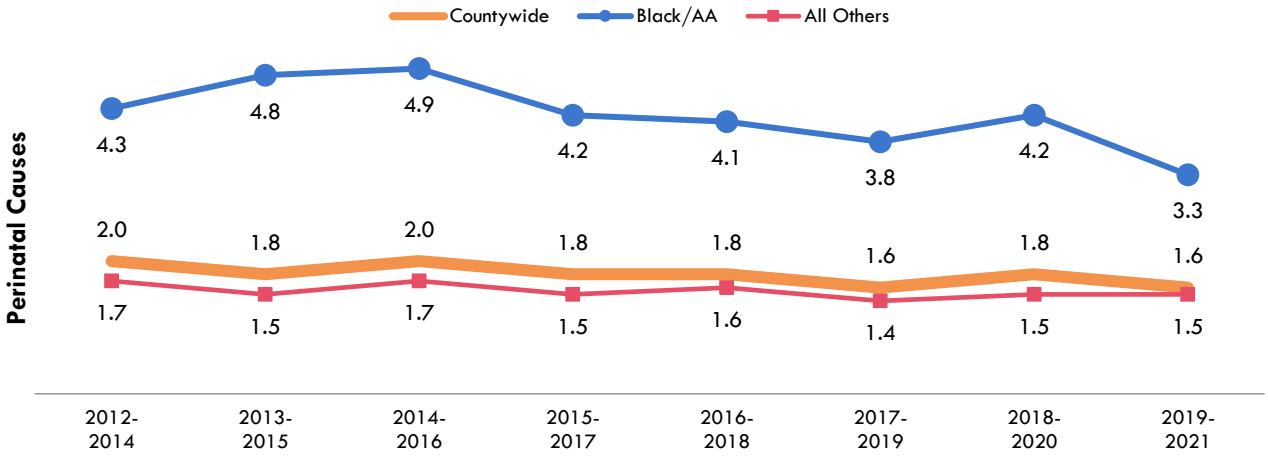


Source: Sacramento County Child Death Review Team Reports 2012 through 2021. Rate is per 1,000 infants.

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. Following an unfortunate increase in 2018-2020 (4.2 per 1,000), the 2019-2021 rate decreased substantially to 3.3 per 1,000 African American births, meeting the established BRC Goal. Since the 2012-2014 baseline, the disparity gap between African American infants and all other races decreased 54%, although African American infants remain twice as likely to die from perinatal causes than all other infants.

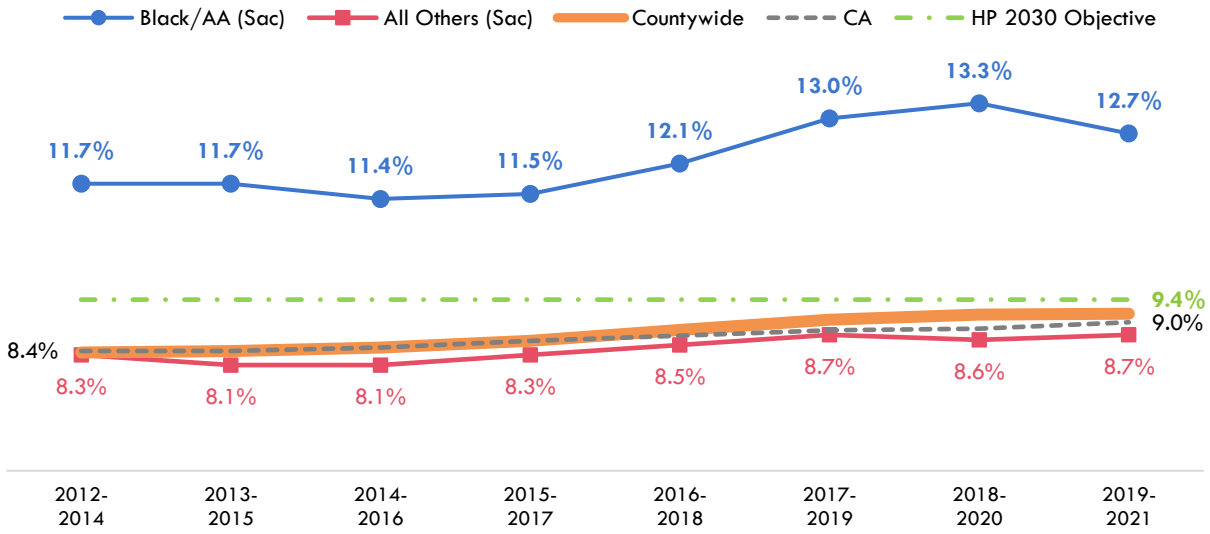
Figure 15. Sacramento County Deaths due to Perinatal Causes per 1,000 Live Births, By Race



Source: Sacramento County Child Death Review Team Reports 2012 through 2021. Rate is per 1,000 infants.

According to Healthy People 2030, preterm births are "getting worse" nationwide.[iii] National preterm birth rates increased from 10.0% in 2018 to 10.5% in 2021, while the Healthy People goal is to reach 9.4% by 2030.Within Sacramento County, African Americans continue to disproportionately experience preterm births. In 2019-2021, African American preterm births (12.7%) remained substantially higher than infants of all other race/ethnicities (8.7%), as well as countywide (9.1%) and statewide (9.0%). 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, as well as intentional efforts to address systemic and institutional disparities, particularly within health and economic domains.

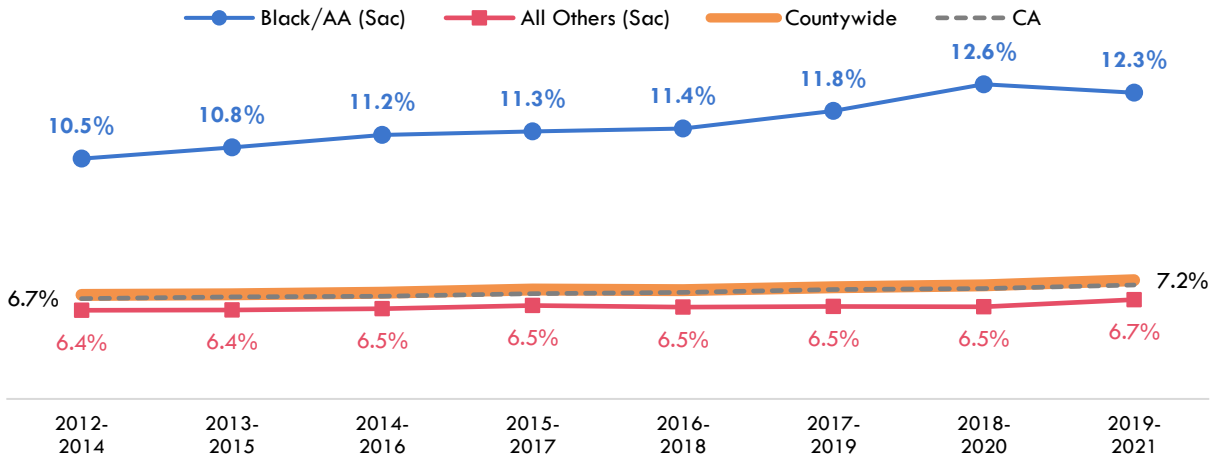
Figure 16. Sacramento County Preterm Births, by Race/Ethnicity



Source: Sacramento County Public Health (SCPH) Epidemiology Program (rates by race); California Department of Public Health Maternal, Child, and Adolescent Health Division County Dashboard (county- and statewide rates). 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 2019-2021 compared with infants of all other races. The proportion of African Americans born with LBW during 2019-2021 (12.3%) was comparable to 2018-2020 (12.6%), staying two percentage points higher than the 2012-2014 baseline (10.5%). Nationwide estimates also show larger proportions of LBW newborns in recent years. National Vital Statistics (2023) reported a 3% increase in LBW births between 2020 and 2021. Countywide rates (7.2% overall, 12.3% African Americans) remain lower than national estimates (8.5% overall, 14.2% African Americans).[v] COVID-19, as well as persisting racial disparities and the chronic stresses of discrimination and racism, are known contributors to health/birth inequities. [vi, vii]

Figure 17. Sacramento County Low Birth Weight Births, by Race/Ethnicity



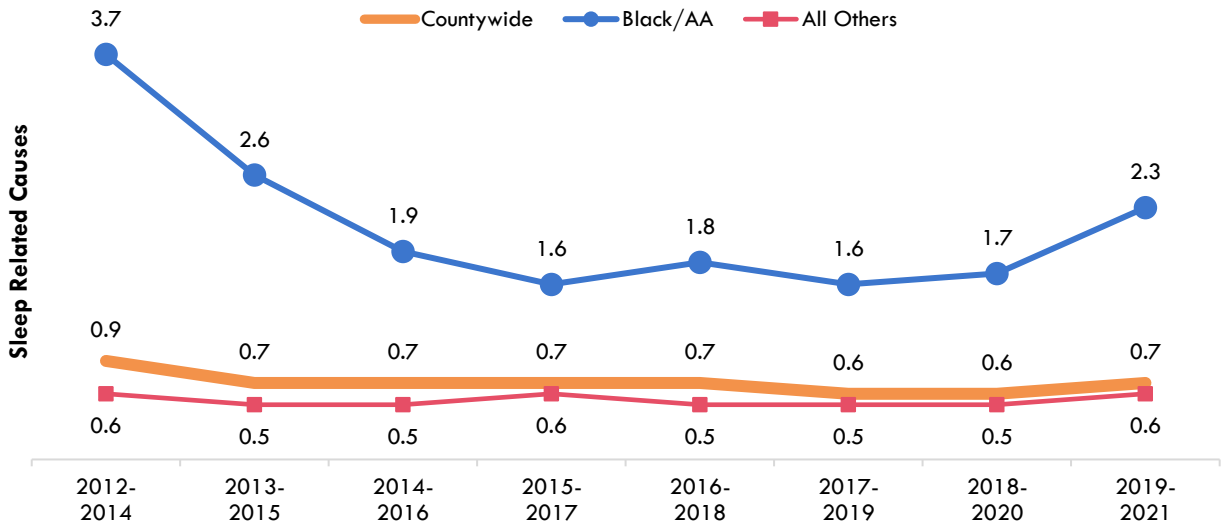
Source: Sacramento County Public Health (SCPH) Epidemiology Program (rates by race); California Department of Public Health Maternal, Child, and Adolescent Health Division County Dashboard (county- and statewide rates). Due to the instability of relatively small numbers, the percentage of infants born premature 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. Three-year rolling rates of African American ISR deaths occurring in Sacramento County recently increased following a significant long-term decrease between 2012-2014 (3.7 per 1,000 births) and 2017-2019 (1.6 per 1,000). In 2019-2021, there were 2.3 ISR deaths per 1,000 African American births.

The disparity gap between African American ISR deaths and all other ethnic groups decreased 43% since 2012-2014. However in 2019-2021, African American infants were still four times as likely to die from infant sleep related causes than all other races (2.3 per 1,000 African American births compared with 0.6 per 1,000 births among all other groups).

Figure 18. Sacramento County Infant Sleep Related Deaths per 1,000 Live Births, By Race



Source: Sacramento County Child Death Review Team Reports 2012 through 2021. Rate is per 1,000 infants.

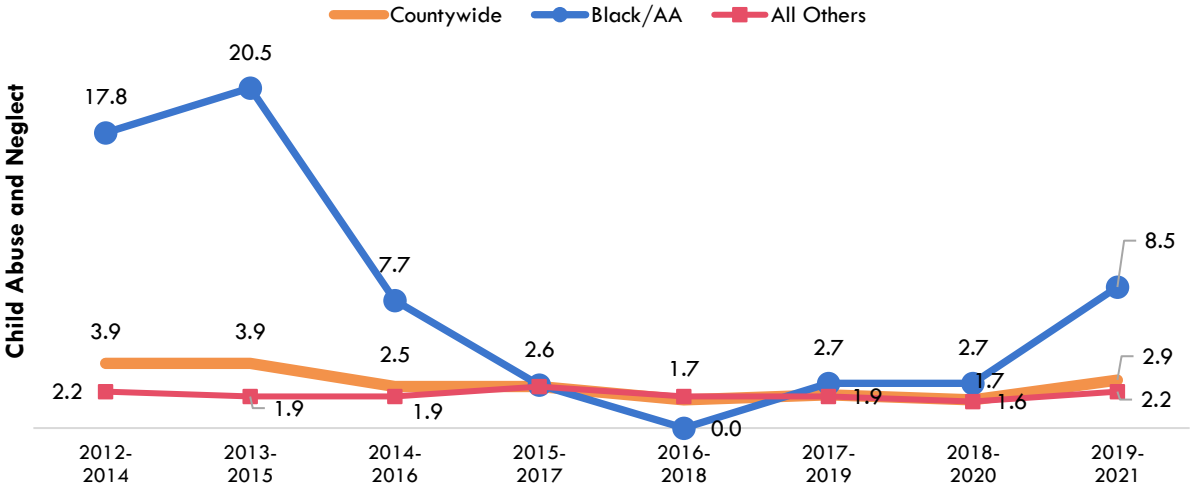
CHILD ABUSE AND NEGLECT HOMICIDES

As discussed above, the rate of *infant* **Child Abuse and Neglect (CAN)** deaths has been at or near zero in recent years. However, there were two African American infant CAN deaths during 2019-2021 (0.4 per 1,000 infants) and two infant CAN deaths among all other races (< 0.1 per 1,000). Among the full 0-5 age group, CAN deaths among Sacramento County African American children also drastically declined compared with the 2012-2014 baseline (17.8 per 100,000 children 0-5), reaching zero CAN deaths during 2016-2018. Rates increased to 2.7 per 100,000 in 2017-2019 and 2018-2020, and unfortunately increased substantially during the 2019-2021 period (8.5 per 100,000 African American children). Most recent rates reflect three children, while 2017-2019 and 2018-2020 each reflect one child.

Prior to 2019-2021, the disparity rate between African American children and all other races reduced substantially (93% decrease between 2012-2014 and 2018-2020). As of 2019-2021, the disparity gap

reduced 60% compared with the baseline. However, this unfortunately also reflects a higher rate of CAN deaths among all other races (2.2 per 100,000 children).

Figure 19. Sacramento County Child Abuse and Neglect Deaths per 100,000 Children (0-5), By Race



Source: Sacramento County Child Death Review Team Reports 2012 through 2021. 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)[4]

The efforts and outcomes of the RAACD strategies are summarized here. Additional information is available in the FY 2022-23 RAACD evaluation report prepared by Applied Survey Research.

[4] While two FRC programs (Valley Hi Village Program and Strong Families, Strong Generations MAN Arcade) receive funding to implement models 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, provides a community-based network of support to empower Black mothers during their pregnancies and the transition into motherhood through culturally relevant outreach, education, and individualized support.

BMU offers weekly check-ins with pregnancy coaches, doula and lactation support, community 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, and help mothers prepare for the birth of their child. Events include Mommy Mingles, lactation support groups, mindfulness-based Sister Circles, and The Last Nine birth story-sharing sessions.

Photo of BMU Participant courtesy of BMU

- In FY 2022-23, **BMU served 149 pregnant African American women**. The proportion of participants who lived in one of the seven RAACD focus neighborhoods (59%) decreased compared with FY 2020-21 (64%) and FY 2021-22 (66%).

Oftentimes, BMU serves pregnant African American women with substantial needs that may be most at-risk of adverse pregnancy outcomes. At intake:

- Most participants had at least one protective factor including regular prenatal care (96%), a prenatal visit prior to intake (95%), WIC (47%), or CalWORKs (30%).
- More than one-third (39%) of BMU participants reported a family income less than $15,000.
- More than one quarter (29%) self-reported anxiety and/or depression.
- One in five (21%) were unemployed and looking for work, and 14% reported unstable housing.

The participants who also delivered in FY 2022-23 **significantly improved access to protective factors and had fewer barriers** to maternal and infant health by the end of the program,[5] including:

- Increased WIC enrollment (58% at intake, 86% post-delivery).
- Reduced rates of moderate to severe PhQ-9 depression (11% at intake, 2% post-delivery).[6]
- Zero participants unable to fulfill their food needs post-delivery, compared with 5% at intake.
- Nearly all participants (98%) had a crib for their child at follow-up and 100% had a car seat, compared with only 17% and 16% (respectively) at intake.

> "I didn't think/believe I was capable of being a good mom, but after attending a few groups and hearing other moms ultimately say it's going to be okay, **I felt more comfortable and confident….** I knew I could do it and **everything was going to be ok.**" – BMU Participant

[5] Among those who delivered and completed the Health Assessment intake AND follow-up (N = 65)
[6] The denominator for these percentages is the mothers who had PhQ-9 data for both intake and follow-up (N = 64).

There were 67 infants born to 65 BMU participants, including 63 singletons and two sets of twins.[7] Of the 67 infants, 91% were born at a healthy birth weight, 94% were born full term, and 88% were both healthy weight *and* full term. **Importantly, there were zero newborn deaths among infants born to BMU participants for the fourth consecutive fiscal year**, and zero stillborn births in FY 2022-23.

Figure 20. BMU Participants' Birth and Perinatal Outcomes

	All infants (n = 67)	Twins (n = 4)	Singletons (n = 63)
Healthy birth	88%	100%	87%
Healthy birth weight	91%	100%	90%
Full term	94%	100%	94%
Low birth weight	9%	0%	10%
Preterm birth	6%	0%	6%
Newborn deaths	0%	0%	0%
Stillborn	0%	0%	0%

Source: FY 2022-23 Pregnancy Outcomes. Categories are not mutually exclusive and may not equal 100%.

Next, a series of statistical analyses were conducted to further understand factors associated with **healthy birth outcomes**.[8] 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 necessarily imply causation as other unmeasured social determinants of health likely contribute to the characteristics described here.[9]

More check-ins with a BMU pregnancy coach, earlier initiation of first prenatal visit, fewer pressing needs at intake, and not having another child under the age of one each independently predicted having a healthy birth (neither LBW nor preterm).[10] Two or more prior miscarriages and a prior low birth weight delivery each independently predicted lower birth weight.[11] Lastly, more weekly BMU check-ins, and not having prior gestational diabetes each independently predicted having a higher gestational age.[12]

More check-ins with a BMU Pregnancy Coach significantly predicted **more positive birth outcomes.**

[7] Includes infants born to mothers who joined BMU in either FY 2021-22 or FY 2022-23 and delivered during FY 2022-23
[8] N = 223 - includes three BMU delivery cohorts (FY 2020-21 to FY 2022-23) to increase statistical power. Includes duplicate records when participants re-entered BMU for subsequent pregnancies and/or multiple gestations (twins).
[9] Regression models were limited to variables that were marginally and statistically significant in preliminary, bivariate analyses.
[10] Includes variables marginally and statistically significant ($p < .10$). Logistic Regression (N = 199). BMU service count ($p = .051$); First prenatal visit in first or second trimester (compared with third) ($p = .016$), number of pressing needs at intake ($p = .028$), no other child under age one ($p = .009$).
[11] Linear Regression (N = 223): 2+ prior miscarriages ($p = .088$); prior low birth weight delivery ($p = .084$)
[12] Linear Regression (N = 223): BMU service count ($p = .003$), prior gestational diabetes ($p = .021$)

Figure 21. BMU Program Highlights

Factor	Findings
Program Reach	**149** women took part in weekly check-ins, home visits, doula support, lactation support, and/or events and activities.
Socioeconomic Needs	39% of BMU participants had a family income **less than $15,000**. One in five (21%) were unemployed and looking for work, and 9% had not graduated high school (excluding current students).
Health Needs	One in five (20%) reported **anxiety** at intake, 15% self-reported depression, and 12% had moderate to severe PhQ-9 **depression** scores. Additionally, 11% reported nutritional deficiencies at intake. PhQ-9 scores decreased significantly[13] after participation in the BMU program.
Infant Safety	17% of participants had a **crib** at intake, which increased to 98% after delivery. Similarly, access to a car seat increased from 16% to 100%, and 100% who delivered reported sleeping their baby on their back.
Birth Outcomes	Out of 67 births, 61 (91%) had a healthy **birth weight** and 94% were born **full term**. In total, 88% of BMU babies were born at a healthy weight *and* gestational age. There were **no newborn deaths or stillborn** deliveries.
Postpartum Care	65% of all exiting participants **completed the program** (met the minimum number of prenatal visits *and* had a postnatal visit with their coaches.) At follow-up, 90% of infants had a **well-baby visit** with a pediatrician.
Predictors of Healthy Birth Weight	Less than two prior miscarriages ^{M} and no prior low birth weight delivery. ^{M}
Predictors of Full Term Births	More **weekly BMU check-ins**** and no prior gestational diabetes. *

Source: FY 2022-23 BMU Health Assessment Intake, Post-Delivery and 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

Viviane (fictional name), a 29-year-old first time mother, was four months pregnant and did not have much family in the area. She was excited to get involved with BMU for needed support and supplies. Viviane enrolled and received BMU coaching and lactation support services. She attended a Mommy Mingle pregnancy support group and received referrals for basic needs, nutrition/breastfeeding, safe sleep education, and car seat education. Viviane was stressed about her finances and getting necessities for her baby. Her pregnancy coach gave her advice on alleviating stress, helped her connect to community resources, and gave her some essentials (i.e., car seat, diapers, wipes).

Viviane was diagnosed with pre-eclampsia which caused her to deliver early at 29 weeks via emergency C-section. Her pregnancy coach and lactation consultant provided reassurance and support to manage this added stress, including encouragement to continue pumping breast milk during the weeks her baby spent in the NICU. Viviane felt her ability to provide breast milk helped give her baby strength. She received postpartum support from BMU until she exited the program at four months postpartum.

> "**BMU helped me through my difficult pregnancy** … [and] was there to provide anything that I needed to prepare for my daughter coming early. … [BMU] was my back up support like family. **BMU has made me proud to be an African American mother.**" – "Viviane," BMU Participant

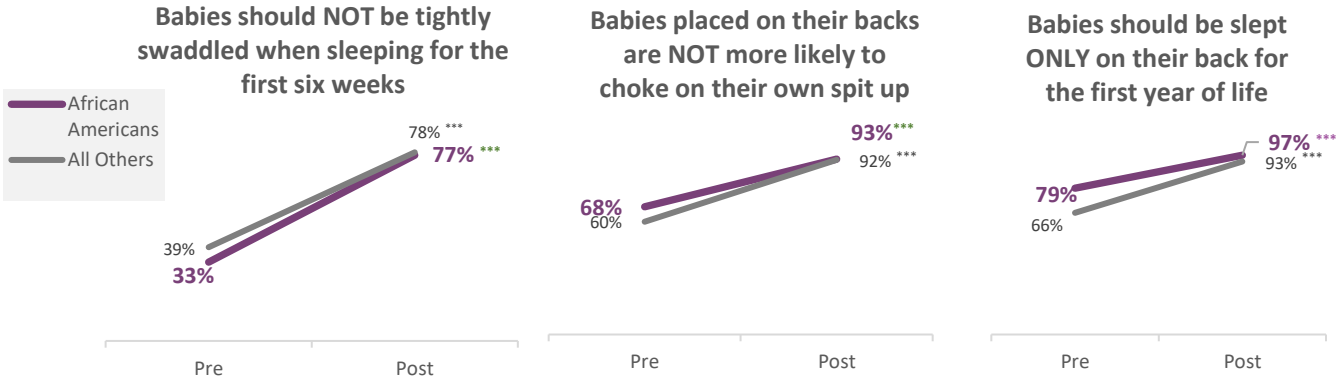
[13] Matched set of participants with intake and post-delivery assessments (11% intake, 2% post-delivery, $p < .05$)

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 2022-23, 832 unduplicated caregivers attended one or more SSB training. Among them, 64% lived in RAACD focus zip codes[14] (comparable to 68% in FY 2021-22) and 29% were African American. Participants significantly improved infant safe sleep knowledge, including *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 *Babies should be slept ONLY on their back for the first year of life.*

Figure 22. SSB Participants' Knowledge about Infant Safe Sleep, Pre- and Post-Test Comparison

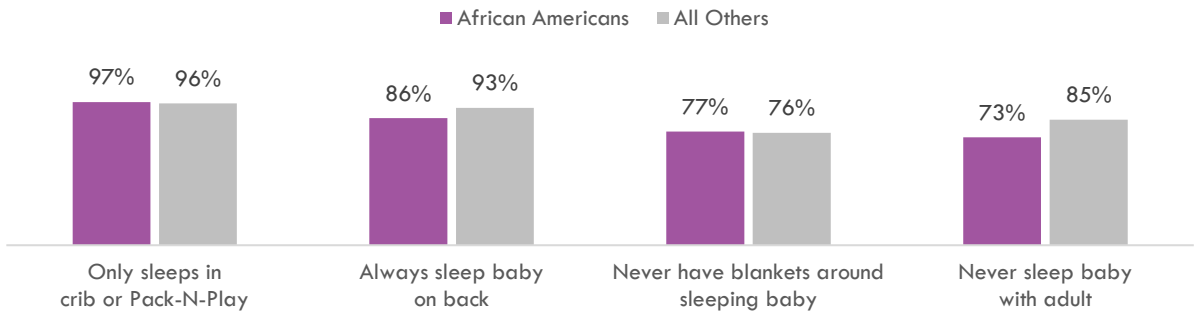


Source: SSB Pre- and Post-Surveys. African American N = 249, All Others = 598. *** indicates statistically significant improvements between pre- and post-tests at p < .001.

Further, 99 African American 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 workshop. Nearly all participants were only sleeping their baby in a crib or Pack-N-Play (97%, 96/99) and 86% (85/99) were always sleeping their baby on their back. The figure below further describes participants' safe sleep behaviors, compared with participants of all other races.

[14] Neighborhood percentage based on 777 participants with zip code data

Figure 23. SSB Participants Practicing Infant Safe Sleep Behaviors, By Race



Source: CAPC, SSB Follow-up Survey. N = 235 (African American N = 99; All Other Races N = 136)

Other accomplishments of the Safe Sleep Baby campaign include:

- **546 cribs** distributed, 31% (171) of which were given to African American families.
- **206 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

Jazmine (fictional name), an African American mother-to-be, attended the Safe Sleep Baby workshop when she was 27-weeks pregnant. She reached out to the program after learning about SSB on social media. Following the workshop, Jazmine described her trainer as "warm, engaging, informative, and at times delightfully comical." She also encouraged her mother and aunt to each take the SSB workshop based on the infant safe sleep information that she learned. According to Jazmine, "it was especially interesting because they each come from two different generations than me, when things were different." She explained that it was refreshing to learn of all of the resources that are available now for parents, compared to when her mother and aunt were raising children.

> "The [Safe Sleep Baby workshop] **covered several topics that are imperative to keeping a baby safe, happy, and healthy…** Mothers and their support team can benefit from the material provided in the program because it will give them peace of mind, aid in their own health precautions, and **allow them to pass the information to someone else.**" -- "Jazmine," SSB Participant

PERINATAL EDUCATION CAMPAIGN

The RAACD initiative's Perinatal Education Campaign (PEC) includes two primary education campaigns: **Sac Healthy Baby** (SHB) and **Model of Caring** (MOC, formerly Unequal Birth). SHB focuses on sharing information and resources with African American expecting and new parents. MOC is a rebranding of the Unequal Birth campaign, following Her Health First (HHF)'s requested community feedback which indicated the campaign messaging led to feelings of further marginalization and despair rather than hopeful, solution-oriented messages and action steps. MOC aims to be more hope- and solution-oriented, as well as bridge gaps with health care providers to improve the experiences of Black and African American mothers and infants.

The PEC team is managed by Her Health First (HHF), together with XTG Media and Runyon Saltzman, Inc. (RSE). Activities include organic social media content, websites, podcasts, blogs, public community events, and oversight by a Community Advisory Team. During FY 2022-23, the PEC team continued **rebranding, updating, and posting online content**, including:

- Three SHB blog posts focused on Motherhood and Mindfulness
- Three SHB Prezi learning courses focused on fatherhood, supporting a birthing parent, and health and wellness during pregnancy
- Nearly 300 organic social media posts on Instagram, Facebook, and Tik Tok (MOC only)

The PEC team also shared information on the updated campaigns at community events such as the annual **Juneteenth event**. The PEC Team also co-hosted the **Champions of Maternal Health Mixer** with Be Mom Aware, which celebrated exemplars in Sacramento's birth work and maternal health field as unapologetic champions who have shown dedication and innovation in improving maternal and infant health outcomes for Sacramento's most marginalized birthing populations. Discussions highlighted successes and continued efforts to spread awareness and provide solutions to improve prenatal and postnatal care.

During the fourth quarter, HHF also held a special recorded birth storytelling event, featuring eight mothers who participated in the Black Mothers United program. Each participating family was treated to a photo shoot, food, and gifts. Stories were posted on the Model of Caring website as part of the campaign's rebrand to share the experiences of real moms in the community including how providers could improve prenatal and postnatal care by listening to and supporting African American mothers.

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 149 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 PhQ-9 depression scores, and increased access to cribs and car seats.
    - There were 67 live births to BMU participants, including two sets of twins and 63 singletons.
        - Of these, 88% were both full term and a healthy birth weight.
        - There were **zero newborn deaths for the fourth consecutive year.**
        - More frequent check-ins with a pregnancy peer support coach were a significant predictor of higher gestational age, and having fewer pressing needs significantly predicted an overall healthy birth.
- **Safe Sleep Baby** provided infant safe sleep workshops to 832 parents/caregivers and trained 206 community-based service providers and 64 healthcare providers.
    - Among the parents/caregivers trained, 64% lived in RAACD focal neighborhoods, and 29% of participants were African American.
    - Participants significantly improved infant safe sleep knowledge and practices.
    - The SSB Cribs4Kids program supplied 546 cribs to parents/caregivers in need. Among the cribs distributed, 31% went to African American caregivers.
- The **Perinatal Education Campaign** (PEC) team rebranded the Unequal Birth campaign to the Model of Caring campaign to be more solution- and hope-oriented. The team updated and published media content including social media posts, blogs, and podcasts. Community events included the Champions of Health Mixer, a special recorded birth storytelling event, and sharing information at the annual Juneteenth event.

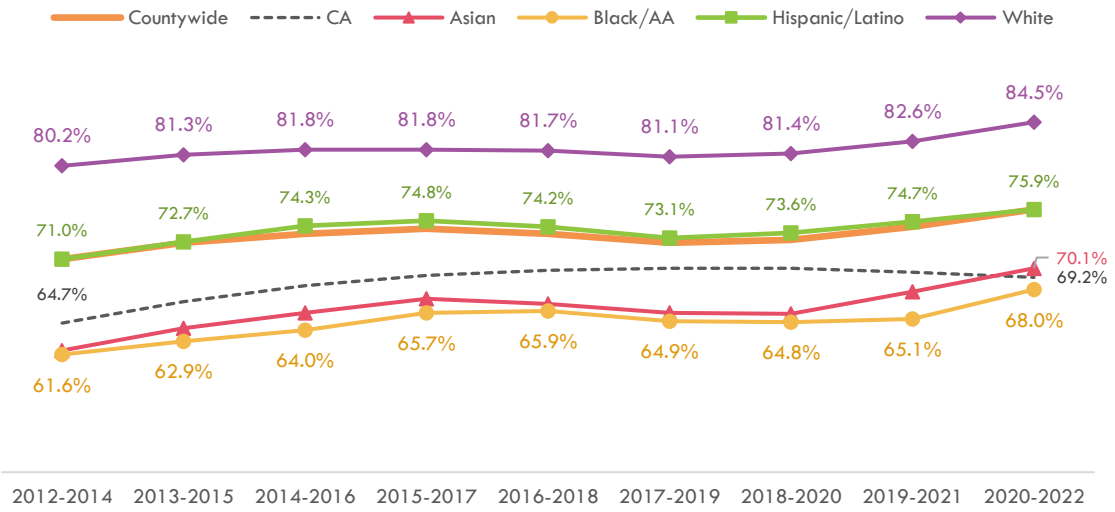
Additional details on Result 1 efforts are available in the First 5 Sacramento Reduction of African American Child Deaths report.

Result 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING

COUNTYWIDE TRENDS

Breastfeeding promotes bonding and improves health outcomes for both mother and child. According to most recent data (2020-2022),[viii] the percentage of Sacramento County mothers who exclusively fed their baby breast milk in the hospital (75.9%) remains higher than statewide (69.2%), although rates vary within Sacramento County by race/ethnicity. Exclusive breastfeeding among Black/African Americans (68.0%) and Asians (70.1%) were slightly lower than countywide, However, in-hospital exclusive breastfeeding rates have increased for all groups in Sacramento County.

Figure 24. Exclusive In-Hospital Breastfeeding Initiation – Three-Year Rolling Rates



Source: California Department of Public Health, Maternal, Child, and Adolescent Health Division, Breastfeeding Initiation County Dashboard. Exclusive In-Hospital Breastfeeding Initiation by Race/Ethnicity.

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 2022-23:

- **2,399 mothers** received at least one First 5-funded breastfeeding service from DHS WIC and its subcontractor Community Resource Project (CRP) WIC.
- **63 community and medical providers** received breastfeeding training.

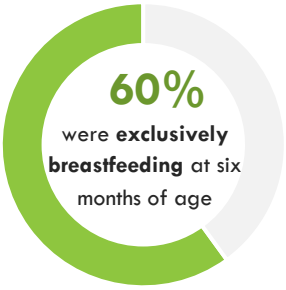
Together, DHS WIC and CRP WIC provided:

2,045
Helpline services

1,401
Drop-in services

1,103
IBCLC Consults
Includes 73 for non-WIC mothers

Helpline services include responses to brief inquiries from participants, *Drop-In* services are moderate-in-length interactions and calls tackling multiple questions/issues, and *Lactation Consults* (with an International Board Certified Lactation Consultant) include lengthy interactions and calls involving a full assessment, triage, and help with complex issues.[15]



While most lactation services are provided before infants reach six months of age, WIC staff offer follow-up calls to check in with participants and offer additional support.[16] Among mothers reached whose infant was six months of age at the time of the call, 60% (36/60) were exclusively breastfeeding and 28% were receiving breast milk in combination with formula.[17]

Based on this sample, the **proportion of First 5 supported WIC infants who were exclusively receiving breast milk at six months exceeded most recent statewide (27%) and national (25%) rates[ix] as well as the Healthy People 2030 goal (42%)**.[x] The percentage of WIC mothers exclusively breastfeeding infants at six months was comparable to FY 2021-22 (61%, 27/44).

[15] 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.
[16] Follow-up calls were made to WIC participants who received helpline services, drop-in services, or IBCLC consults funded by First 5.
[17] Data are limited to First 5-funded services and may not be representative of all WIC follow ups/individuals served.

Figure 25. RBA Dashboard — DHS WIC Breastfeeding Services

		FY 2022-23
How much did we do?	**Individuals Served**	
	Mothers served	2,399
	Community Providers who received a breastfeeding training	27
	Medical Providers who received breastfeeding trainings	36
	Breastfeeding Services Provided, by Type	
	Helpline: Birth to one year *(Brief support)*	2,045
	Drop-in: Birth to one year *(Moderate Support)*	1,401
	IBCLC Consult: Birth to one year *(Extensive Support)*	1,030
	Home visits (high-need lactating mothers)	10
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services *(Extensive Support)*	73
	Follow-up contacts for additional breastfeeding support	804
	Enhanced Referrals	
	Dental/Medical/Mental Health	32
	Child Care	15
	Safe Sleep Baby	12
	Home Visiting	4
	Help Me Grow	3
	Other	24
Is anyone better off?	**Breastfeeding Rates, six months of age or later *(Unduplicated)*** [18]	
	Infants at six months of age	
	Exclusive Breastfeeding	36/60 (60%)
	Breast milk + Formula	17/60 (28%)
	Infants six months or older	
	Exclusive Breastfeeding	120/185 (65%)
	Breast milk + Formula	44/185 (24%)

Source: Persimmony FY 2022-23 WIC Client Service Records and Breastfeeding data exports (WIC First 5-funded clients only).

Participant Success Story: WIC

> "[My lactation consultant] showed **great care for me and for my baby** and followed up with us regularly. **I couldn't be more grateful** to her … giving me the **support and confidence** I needed."
>
> – "Katrina," WIC Participant

Katrina (fictional name) is a 33-year-old mother of two who came to the WIC program with breastfeeding concerns with her new baby. She was referred to a lactation consultant to help with her breastfeeding challenges and concerns about her child struggling to gain weight. During a feeding assessment, the WIC lactation consultant immediately noticed that something was not right during breastfeeding and bottle feeding. She contacted Katrina's pediatrician's office with an urgant note that the baby needed to be referred to an ENT specialist.

Despite Katrina voicing concerns, the pediatrician had previously missed an underlying condition in the baby which can cause severe issues with breathing and eating. Thanks to the support of the lactation

[18] Results should be interpreted with caution due to small sample sizes. Due to limited direct services at or after six months of age, reaching participants for follow-up contact can be challenging. Counts include participants reached with infants *at* six months of age to compare with state and national benchmarks. Counts *at or after* six months of age are included to increase sample size. When multiple check-ins were available, the unduplicated count is the first contact at or after six months of age.

consultant, Katrina was finally able to get a diagnosis for her baby and begin treatment with an ENT specialist.

As Katrina described, her lactation consultant*: "…listened to me and was very helpful in so many ways. She gave me some good advice for breastfeeding positions, pumping as well as some helpful breastfeeding resources, but most importantly* ***she helped me figure out the reason why my baby was having a hard time feeding****. She even reached out to the doctor to get us a referral for a specialist. She showed great care for me and for my baby and followed up with us regularly. I couldn't be more grateful to her for coming alongside me and giving me the support and confidence I needed."*

Photo of "Katrina" with her new baby

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.

- In previous years, DHS and CRP WIC provided 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. Since completing the trainings, DHS WIC and CRP WIC have focused on partnering with local hospitals and healthcare providers to ensure patients have access to breast pumps.
- While partnerships with hospitals and healthcare providers focused on access to breast pumps, DHS WIC and CRP WIC also partnered with perinatal home visiting programs including training for home health nurses. As a result, DHS WIC and CRP WIC have been able to integrate breastfeeding support into other relevant programs working directly with pregnant and new parents. During trainings, DHS WIC and CRP WIC covered basic breastfeeding support topics as well as how to assess common breastfeeding challenges of the mother/infant dyad.
- DHS and CRP WIC provide ENS-referred mothers basic breastfeeding education, support, and help scheduling appointments with an IBCLC, as needed. **In FY 2022-23, WIC IBCLCs and LCAs provided 278 breastfeeding support services to ENS-referred mothers**.

Additionally, historical systems efforts continue to have an ongoing impact on babies born at multiple birthing hospitals throughout Sacramento County:

- The Commission's investment in helping hospitals achieve Baby Friendly designation is an example of the value of the process of systems work. From FY 2004-05 to FY 2014-15, the Commission encouraged local birthing hospitals to pursue Baby Friendly designation and engage in changing policies and practices to support the initiation of breastfeeding. Over the years, First 5 met with local hospitals, contracted with experienced consultants to conduct Baby Friendly trainings for hospital staff, provided technical assistance and/or a mock site visit, and paid pathway, filing, site visit, and assessment fees to BFUSA at least in part for six hospitals.

First 5's partners, DHS WIC and CRP, also provided trainings and technical assistance to the hospitals, and continue to help hospitals facilitate the ENS process to reach moms with early breastfeeding support.

Since 2014, Kaiser South, Sutter Medical Center, Mercy General, Mercy San Juan, Methodist, Mercy Folsom, and UC Davis Medical Center achieved designation, redesignation, or are pursuing the CA Department of Public Health Breastfeeding Model Hospital Policy. Regardless of the pathway pursued, the process has led these systems to engage in dialogue about breastfeeding and seek activities institutionally to support breastfeeding.

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, perinatal home visiting staff, and Early Notification Delivery System (ENS)-referral system
    - Historical efforts (i.e., Baby Friendly Hospitals)

Key Takeaways:

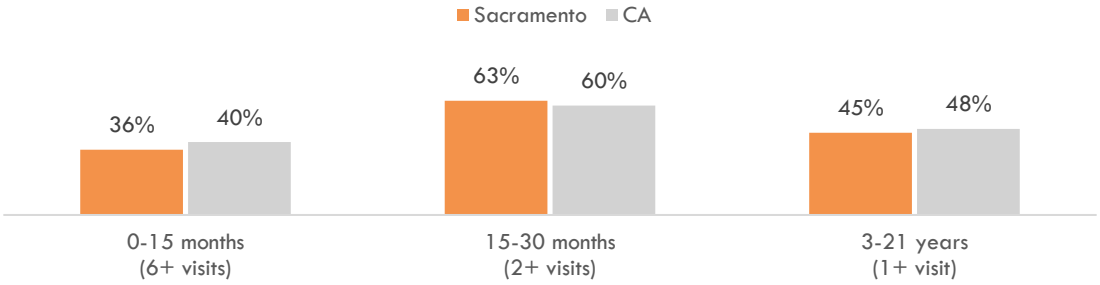
- **DHS and CRP WIC reached 2,399 mothers and 63 providers** to promote breastfeeding. Participants received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support and a helpline. Providers received training and education to promote breastfeeding.
- Countywide, 75.9% of mothers were exclusively feeding their baby breast milk in the hospital in 2020-2022. However, disparities by race/ethnicities persist.
- 60% of participants reached for follow up at six-months postpartum were **exclusively breastfeeding**, which is higher than statewide (27%) and national (25%) rates.
- 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 2022-23, WIC provided 278 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 (98%) is also comparable to statewide estimates (97%). Rates of children attending the recommended number of well-child visits were slightly lower than statewide for children in their first 15 months of life (36% and 40% respectively) but slightly higher among ages 15 to 30 months (63% and 60% respectively). Sacramento County child and adolescent visits (45%) were slightly lower than statewide (48%).

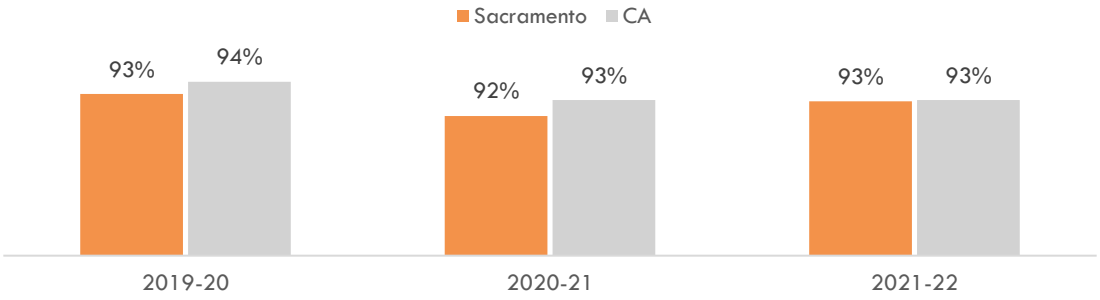
Figure 26. Children on Medi-Cal with Well-Child Visit in Previous Year, by Age



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, 93% of kindergarteners county- and statewide were up to date on required immunizations in 2021-22 (most recent data).

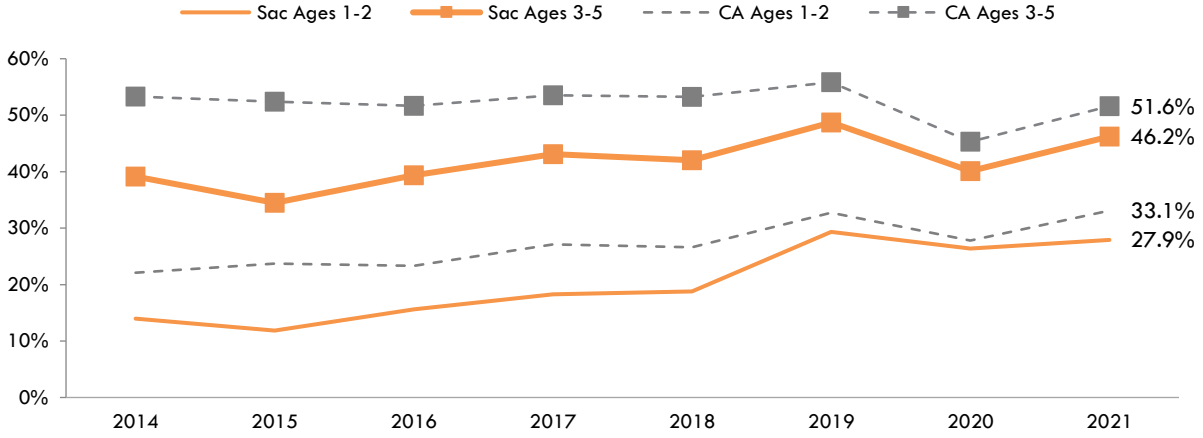
Figure 27. Kindergarteners Up-To-Date on Required Immunizations



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

Similarly, access to and utilization of early dental care can reduce rates of dental disease. In 2021, the percent of children ages 0-5 attending dental visits increased slightly following a dip in 2020, likely due to COVID-19-related health and safety restrictions. Dental visits continued to increase for children under the age of three. However, more than half of Sacramento County children ages 3-5 had not had a dental visit in the previous year, yet 2021 rates (46.2% ages 3-5, 27.9% ages 1-2) were approaching the current peak (2019, 48.7% and 29.3% respectively).

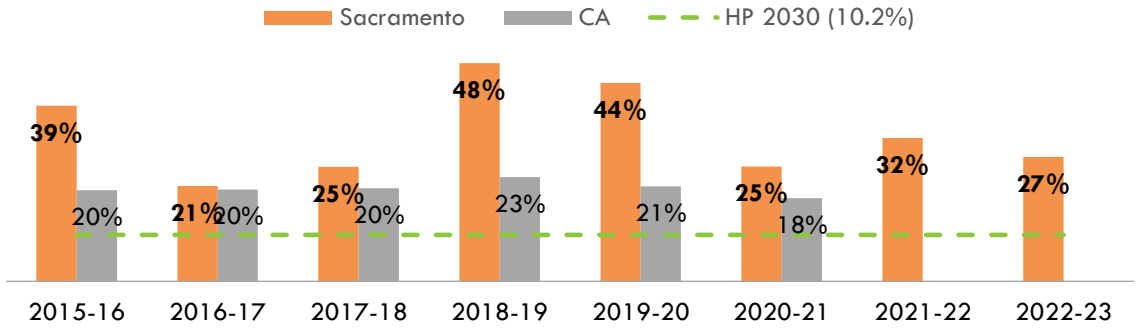
Figure 28. Sacramento County Children with a Dental Visit in the Previous Year (Medi-Cal only)



Source: California Health & Human Services, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2014 to 2021.

Statewide, about one in five children have untreated decay. While state-level data beyond the 2020-21 school year were not available at the time of this writing, Sacramento County rates of untreated decay have been consistently higher than statewide. In 2022-23, 27% of children screened in Sacramento County had untreated decay. However, untreated decay has been generally trending downward since 2018-19, despite remaining more than twice as high as the Healthy People 2030 objective (10.2%). *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*. It is also important to consider the impact of COVID-19 related health and safety restrictions on recent estimates, particularly the 2020-21 and 2021-22 school years.

Figure 29. Untreated Decay Identified by Kindergarten Oral Health Assessment (KOHA) Dental Screenings



Source: Sacramento County Data; California Dental Association AB 1433 Kindergarten Oral Health Requirement and Healthy People 2030 goals. Data for 2021-22 and 2022-23 obtained from Sacramento County Public Health. CDA data after 2020-21 not available as of the time of publication. Number of children screened in Sacramento County vary each year: 2016-17 (1,198), 2017-18 (1,914), 2018-19 (4,092), 2019-20 (6,097), 2020-21 (2,095), 2021-22 (3,790), 2022-23 (6,271).

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, 93% of children whose caregiver completed a Family Information Form (FIF) had a well-child visit in the past 12 months and 57% had seen a dentist within six months of intake. First 5-funded partners provided a total of 3,855 dental, medical, and/or mental health referrals to 1,875 unduplicated individuals in FY 2022-23. Medical and dental utilization increased significantly among the subset of individuals who completed an intake *and* follow-up FIF in FY 2022-23. Children were significantly more likely to have had a dental visit, as well as hearing, vision, and developmental screenings at follow up compared with intake.

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

	FY 2022-23	
Medical, Dental, and Mental Health Utilization at Intake (n = 5,964)		
Child had a well-child health check-up in the past 12 months	5,474 (93%)	
Child had a hearing screening in the past 12 months	3,441 (61%)	
Child had a vision screening in the past 12 months	3,302 (59%)	
Child has seen a dentist in the past six months	3,340 (57%)	
Child had a developmental screening in the past 12 months	2,221 (39%)	
Number of Referrals Provided for Medical, Dental, and/or Mental Health	**3,855**	
Medical, Dental, and Mental Health Utilization (Matched Set)	**Pre**	**Post**
Well-child visit in the past 12 months (n = 417)	95.5%	97.2% ᴹ
Dental visit in the past six months (n = 416)	61.1%	72.9%***
Hearing screening in the past 12 months (n = 427)	52.7%	62.3%***
Vision screening in the past 12 months (n = 427)	49.6%	62.1%***
Developmental (ASQ) screening in the past 12 months (n = 427)	34.4%	51.3%***

Source: FY 2022-23 Family Information Form (FIF) Child (Matched Set) and Service Records. 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 ᴹ marginal significance $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

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 2022-23 include:

- **Be Mom Aware Campaign:** First 5 staff continued to actively participate in the Sacramento Maternal Mental Health Collaborative (Collaborative). In the last year the Collaborative's Be Mom Aware campaign continued to grow. The campaign focuses on Latina and African American communities, aims to decrease stigma, provides a space for families to learn about mental health, and includes a website full of resources and a care connector to help families navigate mental health services.
    - Commission staff sought out efforts to help support, promote, and sustain the Be Mom Aware campaign. Staff participated in planning meetings with the Collaborative and

provided feedback on materials developed, including training modules. Staff also facilitated meetings and connections between the Collaborative and community partners to increase awareness of the campaign, encourage use of the website, promote partnerships, and facilitate requests for training.

The Be Mom Aware website launched in the fourth quarter of FY 2021-22 and was just gaining momentum when the campaign funding was exhausted. In FY 2022-23, the Commission was able to connect Be Mom Aware to Her Health First as a fiscal agent and additional support, and the Commission provided $20,000 in funding to help expand and sustain efforts.

- **Health Systems:** First 5 staff continues to engage the health systems and seek opportunities to collaborate, including: participation in joint meetings with health plans to share information and look for ways to leverage efforts and resources; participation in a workgroup with health plans and community partners on increasing childhood immunizations**;** and engaging with health plans to promote participation in the Be Mom Aware campaign. As CalAIM rolls out and changes the landscape for planned improvement of benefits to populations of focus, including diverse communities and pregnant and new parents, Commission staff has been participating in meetings and brainstorming with partners on how to integrate these changes into our work. Some of these opportunities, such as reimbursement for community health workers and doulas, have been included in the implementation plan for 2024-27.
- **Safe Sleep Baby (SSB) 3.0:** The Commission has been an active partner and staff support for SSB 2.0 meetings. Funded by CDSS, SSB 2.0 is a joint effort between DCFAS, CAPC, Public Health, and First 5 to shift the policies and practices in the child welfare system as well as increase SSB's reach to at risk families. Through these partnerships, the group was able to secure an additional opportunity, utilizing ARPA funds, to expand to SSB 3.0. SSB 3.0 will work with Medi-Cal OB clinics and health systems to improve their practices to boost connections with families and better screen families at risk for issues like infant sleep related deaths. The effort aims to create revised or new policies within the clinics and health systems for training, assessments, and referrals. The proposal and scope of work were completed in FY 2022-23, with work set to begin in FY 2023-24.

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

- **Community Water Fluoridation:** The First 5 Commission has been overseeing community water fluoridation contracts since 2005, targeting districts which are home to the highest concentration of children ages 0-5 in the County. Through capital investments and intentional contract language, funded water suppliers have committed to maintaining fluoridation for a period of 20 years. As a result of Commission support and funding, an estimated 75% of the Sacramento County drinking water has been fluoridated and about 65% of children ages 0-5 have access to fluoridated drinking water. First 5 intends to continue its work to ensure that no currently fluoridated areas go without fluoridation after the contract agreement ends, the first of which is set to end in 2027.

- **Dental Clinics:** First 5 Sacramento contributed funds for the construction and operation of six children's dental clinics which opened between 2009 and 2018, positioned in low-income areas throughout the community with a high concentration of need. The dental clinics historically supported by First 5 funding continue to provide free and low-cost dental services to families in the county. These trauma-informed, gentle pediatric clinics include staff specifically trained to work with children and help families navigate the Medi-Cal dental system.

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
  - Safe Sleep Baby 3.0
  - Historical systems efforts (i.e., community water fluoridation, dental clinics)

Key Takeaways:

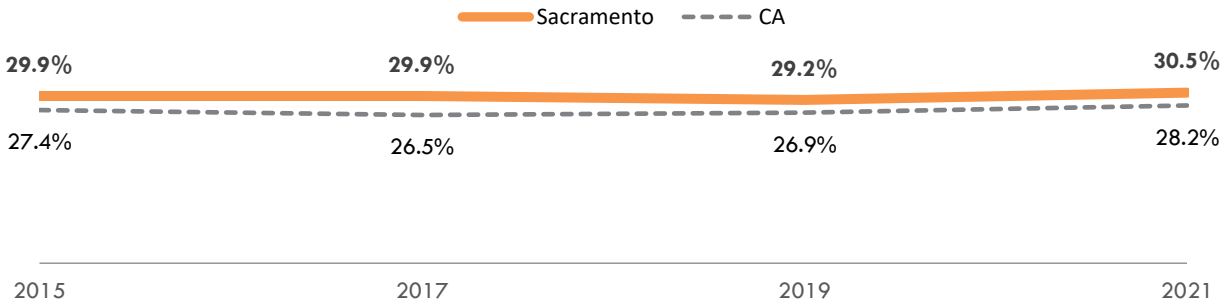
- At intake, most First 5-supported families reported a well-child or well-baby check-up in the past 12 months (93%), and more than half (57%) reported that their child had a dental visit in the six months prior to intake. Among a subset of participants who also completed a follow-up assessment, medical and dental utilization increased significantly.
- In FY 2022-23, First 5 Sacramento continued to actively participate in the Sacramento Maternal Mental Health Collaborative including continued growth of the Be Mom Aware campaign. Commission staff sought out efforts to support, promote, and sustain the Be Mom Aware 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.
- An additional funding opportunity through ARPA funds enabled the joint effort of Safe Sleep Baby (SSB) to expand to SSB 3.0, which aims to work with clinics and health systems to improve connections with families and screenings for risks related to infant sleep related deaths.
- 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%).

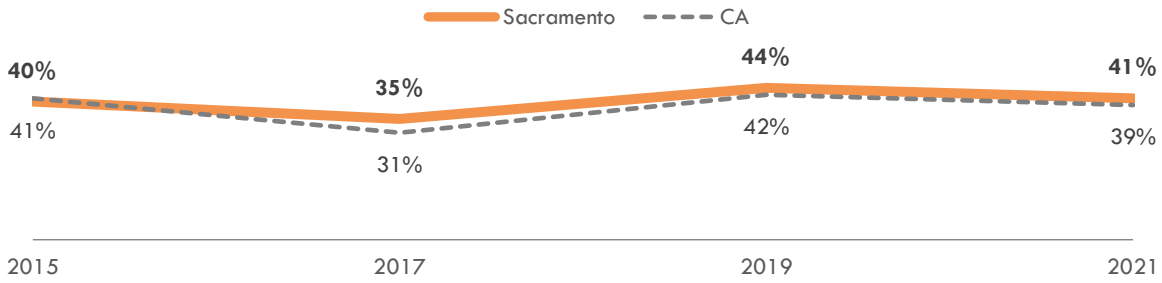
Figure 31. Children Ages 0-5 Who Can Be Accommodated in a Licensed Child Care Space



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 32. 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

First 5 Sacramento prioritizes partnerships with leading influencers to improve access to, quality, and equity of child care throughout Sacramento County. 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 2022-23, First 5 Sacramento invested in the following systems effort:

- **Sacramento County Child Care Coalition:** First 5 Sacramento invested $30,000 of Systems Optimization and Sustainability (SOS) funds toward the Sacramento County Child Care Coalition dedicated to improving access to and quality and equity of child care throughout Sacramento County. First 5 Sacramento and Child Action, Inc. recruited members from the following entities: Sacramento Employment Training Agency (SETA) Head Start, Sacramento County Office of Education (SCOE), Local Planning Council (LPC), YMCA of Superior California, City of Sacramento's Child Care Manager, and the Sacramento County Commission on the Status of Women and Girls.

  The Coalition aims to lift up voices of parents and providers to policymakers at the city and county level, advocate for social justice awareness through an equity lens, and help drive policy and systems-level changes (workforce, facilities, coordination around enrollment, resource leveraging) to benefit the early care and education sector and the families, children, and providers in that ecosystem.

  During FY 2022-23, the Sacramento County Child Care Coalition:
  - Developed a mission, vision, approach, and voting system, as well as planning strategies.
  - Created a letter of support for the City of Sacramento’s federal funding request.
  - Collaboratively drafted a one-time funding request to begin addressing the child care needs of Sacramento County. The request was shared with the Deputy County Executive for Social Services.
  - Met with Supervisors Desmond, Frost, and Serna to request one-time American Rescue Plan Act dollars to support the child care needs in their respective districts.
  - Shared funding request letters with the Sacramento County Children’s Coalition, who chose child care as one of their policy priorities for the year. This resulted in the Children’s Coalition sharing their support for our requests with the Board of Supervisors.

- **First 5 Sacramento staff** also:
  - Served on the Local Child Care Planning Council (LPC)
  - Participated in the City of Sacramento’s Early Care and Learning Task Force which helped guide the implementation 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 meetings of the Governor’s Early Childhood Policy Council
  - Participated in Sacramento County Universal Pre-Kindergarten Mixed Delivery Plan Workgroup

RESULT 4 SUMMARY

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

Strategies:

- Systems efforts

Key Takeaways:

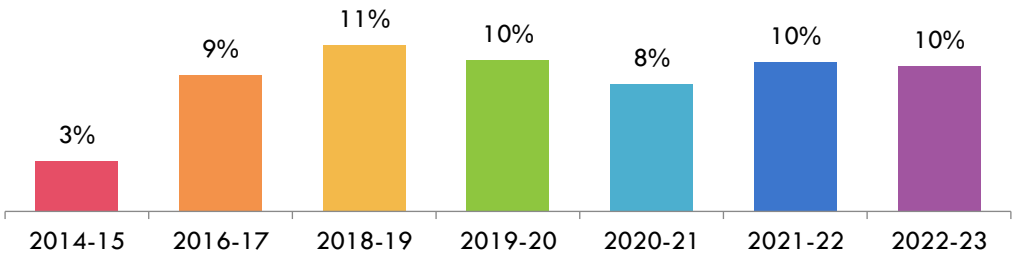
- First 5 leveraged funding and partnerships to support the Child Care Coalition, which aims to bring together key partners dedicated to improving access to, and the quality and equity of child care throughout Sacramento County.
- Staff participated in numerous countywide activities, councils, and task forces to address short- and long-term child care needs.

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, 2023, 331 program sites participated in Quality Counts California (QCC),[19] a net increase of 171 sites since 2015 (160 sites), but a slight decrease compared with 2021-22 (376 sites). QCC sites served 11,064 children in 2022-23, representing 10% of children ages 0-5 countywide. The proportion of children served countywide is consistent with 2021-22, and similar to pre-COVID proportions (11%).

Figure 33. Sacramento County Children (Ages 0-5) Attending a QCC Early Learning Site



Source: Sacramento County Office of Education Data Request.

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.

[19] 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 **P**artnerships **B**uilding **M**indful 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 to 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 2022-23, PBM reached 225 providers from 132 early learning programs, utilizing short-term consultations and long-term coaching, impacting 1,351 children enrolled in programs.

Figure 34. RBA Dashboard — Early Learning Partnerships Building Mindful Early Care and Education (PBM)

		FY 2022-23
How much did we do?	**Overall Reach (Long Term + Short Term)**	
	# Child Care Programs	132
	# Child Care Providers	225
	Short-term Consultation (QCCC)	
	Child Care Providers	71[20]
	Center-based providers	*32*
	Family child care home providers	*38*
	Total number of contacts	895
	Providers who completed initial Environmental Rating Scale (ERS)	26
	Providers who received BHS consultation	45
	Providers who received IDP consultation	27
	Number of QCCC consultation team meetings held	12
	Long-term Coaching (PBM)	
	Child Care Providers	**157**
	Center-based providers	*92*
	Family child care home providers	*65*
	Total number of coaching sessions	1,534
	Providers who selected **Weekly Coaching**, by Focus Area	**94**
	Teacher-Child Interactions (CLASS)	*61*
	CSEFEL/Teaching Pyramid	*18*
	Observation & Curriculum Development	*9*
	Other or Not Provided	*6*

[20] Site type was unknown for one provider.

		FY 2022-23
How much did we do (cont.)?	Providers who selected coaching through **Community of Practice,** by Focus Area	**63**
	Administrative	*39*
	Diversity, Equity, and Inclusion (DEI)	*9*
	Infant/Toddler	*9*
	Teacher-Child Interactions (CLASS)	*2*
	CSEFEL/Teaching Pyramid	*0*
	Other or Not Provided	*4*
	Providers returning for a second year	12 (8%)
	Providers who set Professional Growth goals for subsequent year	105
	Developmental Screenings (Children at PBM Sites)	
	Number of ASQ-3 Screenings Completed[21]	228
	# Above cutoff on all domains (Typical Range)	134 (59%)
	# Monitoring in at least one domain (none flagged)	46 (20%)
	# Flagged in at least one domain	45 (20%)
	Number of ASQ-Social Emotional Screenings Completed	174
	# Below cutoff (Typical Range)	148 (85%)
	# Monitoring	12 (7%)
	# Flagged	14 (8%)
	Number of children screened referred to Help Me Grow	10
How well did we do?	**Short-term Consultation (QCCC)**	
	Average number of contacts per provider	12.6 (Range: 1-59)
	Providers who transitioned into long-term professional development or quality improvement program	1
	Providers who completed both pre- and post-Environmental Rating Scale (ERS)	25 (35%)
	Long-term Coaching (PBM)	
	Average number of coaching sessions per provider[22]	11.4 (Range: 1-27)
	Providers with 1+ hour of coaching contact for 36 weeks[23]	0/157 (0%)
	Providers engaged in weekly coaching who completed 75%+ of Quality Improvement Plan goals[24]	63/72 (88%)
Is anyone better off?	**Short-term Consultation (QCCC)**	
	Children who remained in their placement[25]	7/10 (70%)
	Long-term Coaching (PBM)	**n = 68**
	Providers whose assessment scores increased (pre/post)[26]	66 (97%)

Source: FY 2022-23 PBM Quarterly Performance Reports. FY 2022-23 Short-Term and Long-Term Program Data obtained from SCOE. FY 2022-23 ASQ Screening data provided by PBM.

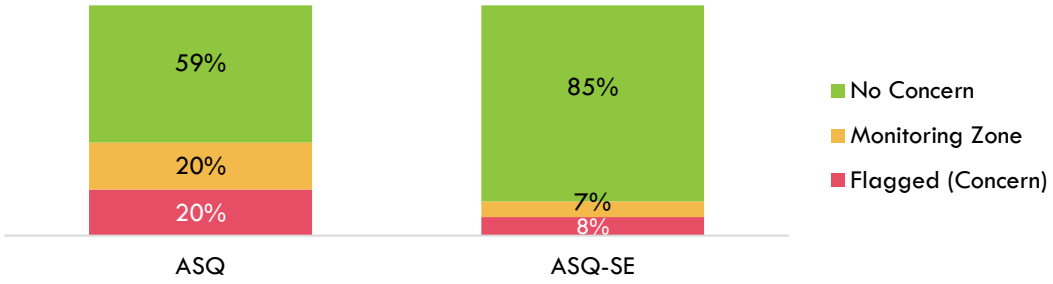
[21] Three of the 228 screenings had N/A for one or more domain and are not included in the counts by cutoff.
[22] Excludes 23 participants who exited before receiving any coaching sessions.
[23] Throughout the 2022-23 program year, programs continued to operate with great caution regarding illness, resulting in more cancellations than normal (e.g., canceled sessions due to illness or staff was unavailable due to staffing shortages). Many programs were also not fully staffed, which impacted the ability to engage in coaching due to workforce shortages. This 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.
[24] Excludes long-term participants who did not prepare a Quality Improvement Plan.
[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

All sites engaging in long-term coaching are offered training, technical assistance, and materials for the Ages and Stages Questionnaire (ASQ) developmental screening tools. Sites are encouraged to create and implement a site-specific, sustainable screening system for all enrolled families with children birth through 60 months to support ongoing efforts for universal developmental screening and the opportunity for family education and engagement in their children's development. The strategy enables families with children ages 0-5 to identify and connect with needed supports and services.

In FY 2022-23 PBM sites screened 227 children using the ASQ and/or ASQ-Social Emotional (SE) tools. More than four out of five (85%) ASQ:SE screenings were within typical range, and three out of five (59%) ASQ screenings were within typical range. Meanwhile, one in five ASQ screenings (20%) were below cutoff/flagged in one or more domain. Among all children screened, 10 referrals were provided to the Help Me Grow program for assistance with follow-up developmental services or resources.

Figure 35. Outcomes of Developmental Screenings for Children at PBM Sites



Source: FY 2022-23 ASQ Screening data provided by PBM. (Total N = 227, including 228 ASQ and 174 ASQ:SE screenings. However, two of the 227 ASQ screenings 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. Taylor (fictional name), a center director who received Community of Practice (COP) coaching with a focus on Center Administration shared that attending the COP impacted her program "as if lightning had struck it!" By completing the Program Administration Scale (PAS) assessment, she identified that her program would benefit from implementing a Preschool Staff Orientation Handbook to ensure consistent expectations and understanding for staff. She also realized that the process of creating this document would help her clarify her vision for her program.

> "[PBM] **impacted my program as if lightning had struck it! …** It provided me with the resources and ideas to **improve** my program, but also helped me better understand difficult situations and **find resolutions….**"
>
> – "Ms. Taylor," PBM Participant

Ms. Taylor worked with her ECE Specialist to create a detailed staff orientation handbook which included licensing regulations, program policies, and practices. She mentioned that being a preschool director is particularly challenging as she is "swimming alone because not everyone understands licensing requirements." However, having a PBM coach available helped provide "an extra support… allowing me to spill my concerns … and not be judged, but instead **feel heard, relieved, understood, and supported**…" The handbook was approved by leadership, and she even had other preschool directors from similarly focused programs reach out and ask for copies of this document to use in their own programs.

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:

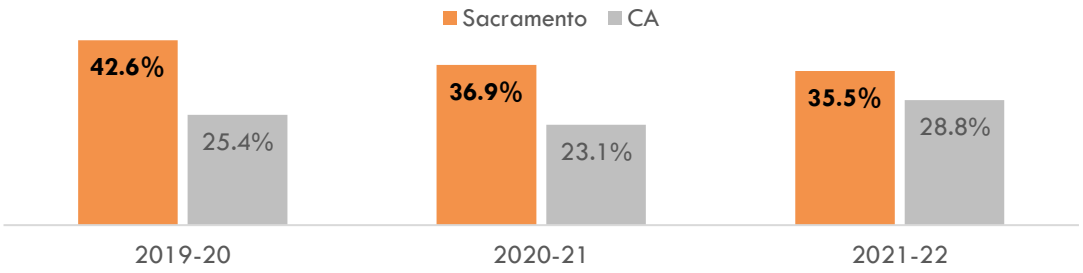
- PBM reached 225 early educators with short- and long-term efforts to increase their quality of teaching, impacting more than 1,300 children in their classrooms.
    - Short-term consultation participants averaged 13 contacts with program staff and long-term participants had 11 hours of consultation, on average.
- PBM staff and QCCC consultants facilitated over 2,000 short- and long-term consultation sessions.
- Nearly all long-term participants with a pre- and post-assessment increased their scores in at least one domain (when applicable). 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. Early detection of developmental concerns can ensure children receive services earlier, and in some cases, can prevent special needs from becoming more severe over time. A larger proportion of children received a developmental screening in the first three years of life in Sacramento County compared with statewide. However, developmental screenings have decreased between 2019-20 and 2021-22, likely, in part, due to the widespread impact of COVID-19.

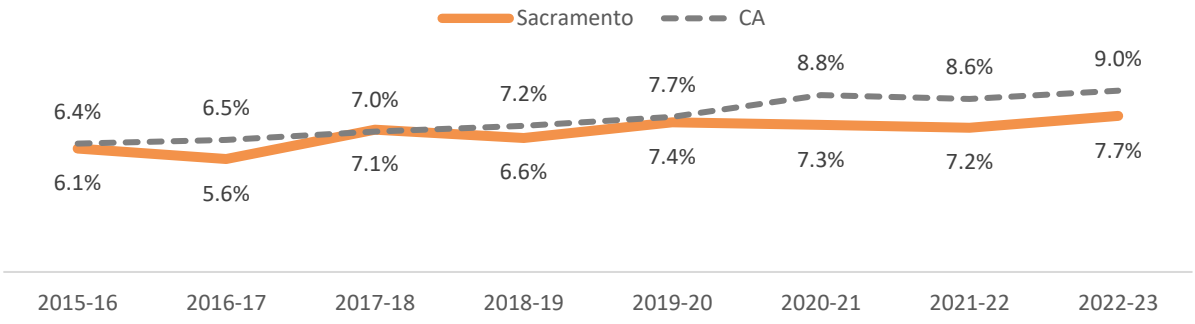
Figure 36. Proportion of Children Receiving a Developmental Screening (Ages 0-3, Medi-Cal Only)



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. Sacramento County has a lower rate of students with disabilities than statewide. Within the county, the proportion of students with disabilities increased 1.6 percentage points since 2015-16.

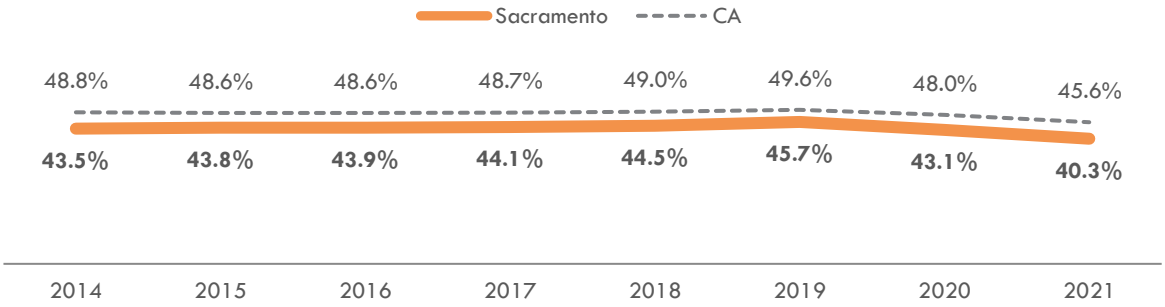
Figure 37. Students with Disabilities among all Enrolled Children Ages 4-5



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] While preschool enrollment had increased slightly, overall, enrollment of children ages 3-4 decreased in 2020 and 2021, likely due to the effects of COVID.

Figure 38. Children Ages 3-4 Enrolled in Preschool



Source: US Census Bureau, American Community Survey, 2014-2021 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 2022-23, 3,328 adults[27] and 4,057 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 2022-23, nearly 2,500 children received developmental screenings, [29] followed by vision screenings (1,636 children), hearing screenings (1,561 children), and speech/language screenings (469 children). Of those screened, more than one-quarter (26%) were referred for further speech/language services, followed by vision referrals (16%). The proportion of children screened and referred to Help Me Grow or internal services for developmental concerns (8%) decreased compared with FY 2021-22 (12%).

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

		FY 2022-23
How much did we do?	**Children screened** *(unduplicated by screening)*	
	Developmental Screening (ASQ, ASQ:SE)	2,495
	Screening Results [30]	
	At least one "Flagged" ASQ domain	851/2,251 (38%)
	At least one "Monitoring" ASQ domain (no flagged domains)	351/2,251 (16%)
	Vision Screening	1,636
	Hearing Screening	1,561
	Speech/Language Screening[31]	469
	Dental Screenings[32]	1,320
How well did we do?	**Children screened who were referred to services**	
	Developmental Referral[33]	202 (8%)
	Hearing Referral	41 (3%)
	Vision Referral	262 (16%)
	Speech/Language Referral	123 (26%)
	Dental Referrals	126 (10%)
Is anyone better off?	**Children who were referred and accessed services**	†

Source: School districts' FY 2022-23 Service Records; FY 2022-23 ASQ Screening Results. † Data not currently collected. Closed loop referrals pending implementation of the Persimmony Referral Portal.

[28] Please note that counts do not include Help Me Grow screenings.
[29] Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire – Social-Emotional (ASQ-SE)
[30] Total N includes 2,251 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] Dental screenings and referrals excludes Elk Grove due to data lost due to personnel transitions.
[33] Includes referrals to Help Me Grow and internal school district services for developmental concerns.

PLAYGROUPS

First 5 Sacramento supports drop-in playgroups to provide children with opportunities for social-emotional development and social interaction with other children, as well as opportunities for parents to connect while learning about age-appropriate developmental expectations, skills to read children's cues, and ways to join them in high-quality play. Playgroups target families with children ages 0-3, but up to 20% may include children ages 4-5 who are not enrolled in preschool. Eight districts offered playgroups, most of which were in-person, although one district offered a virtual playgroup. Playgroups are available at least two days a week and last between one and three hours.

In total, 637 caregivers and 763 children ages 0-5 attended playgroups. Caregivers reported satisfaction with playgroups, such as child enjoyment (96%), respect of language and culture (95%), and playgroup leader's knowledge (93%). Most participants have also used playgroup activities at home with their child (85%), and two thirds learned more about parenting because of the playgroup. Interestingly, the proportion of participants reporting that they told stories/sang songs or read with their child 5-7 days per week decreased between their FY 2022-23 intake and follow-up survey (n = 61). This unexpected outcome warrants further exploration, and may be, in part, due to ongoing challenges as parents find themselves "busier than ever [post-COVID]" (Sybertz, 2022).

Figure 40. RBA Dashboard — School Readiness: Playgroups

		FY 2022-23	
How much did we do?	**Reach of Playgroups**		
	Children (ages 0-3)	671	
	Children (ages 4-5)	92	
	Parent or Other Adult	637	
How well did we do?	**Attendance**		
	Average number of sessions attended, per child	11.9	
	Adults who attended more than **one** session	528 (83%)	
	Adults who attended more than **ten** sessions	209 (33%)	
	Satisfaction with Playgroup (n = 98) *(% "Agree"/"Strongly Agree")*		
	My child enjoys attending playgroups	94 (96%)	
	My language and/or culture was respected at the playgroup	93 (95%)	
	The playgroup leader was knowledgeable	91 (93%)	
	I would recommend this playgroup	91 (93%)	
	Playgroups gave me new ideas of activities to do with my child	88 (90%)	
Is anyone better off?	**Impact of Playgroup (Follow Up) (n = 98)** *(% "Agree"/"Strongly Agree")*		
	I have used activities from the playgroup at home with my child	83 (85%)	
	I have learned more about parenting because of this playgroup	65 (66%)	
	I got together (or plan to) with a family I met in playgroup	59 (60%)	
	Parent-Child Interactions (Pre-Post Matched Set) (n = 61)	**Pre**	**Post**
	Told stories or sang songs together *(5-7 days per week)*	58 (59%)	51 (52%) *
	Read with child for 10 or more minutes *(5-7 days per week)*	45 (46%)	39 (40%)
	Connection to Community (n = 50) *(% "Agree"/"Strongly Agree")*	**Pre**	**Post**
	I know what program to contact when I need help for basic needs	27 (54%)	29 (58%)
	I know what program to contact when I need advice on how to raise my child	27 (54%)	35 (70%)

Source: FY 2022-23 Service Records; FY 2022-23 School Readiness Follow-Up Survey (N = 98, participants who provided answers to Playgroups section matched to service records by Family ID); FY 2022-23 Family Information Form (Parent Matched Set N = 50, Child Matched Set N = 61)
Note: pre- and post-responses provided for the Parent-Child Interactions and Connection to Community may include participants who engaged in multiple First 5-funded programs. Changes may not be directly correlated to Playgroups. * indicates statistical significance at $p < .05$.

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.[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 41. RBA Dashboard – School Readiness Social-Emotional Supports

		FY 2022-23
How much did we do?	**Reach of Social Emotional Curriculum**	
	Staff trained (Unduplicated)	**150**
	Number of trainings held	**15**
How well did we do?	**Curriculum Completion**	
	Staff completing curriculum	†
Is anyone better off?	**Teaching Skills and Knowledge at Follow Up** *(% "Agree"/ "Strongly Agree")*	**N = 34** [34]
	Reduced problematic behavior in classroom	18 (53%)
	More comfortable/confident working with children with challenging behaviors	30 (88%)
	Can describe the relationship between environmental variables and children's challenging behavior	29 (85%)
	Can identify strategies to build positive relationships with children	29 (85%)
	Understands how to use positive feedback and encouragement effectively to support children's positive social behaviors	28 (82%)

Source: FY 2022-23 Service Records; FY 2022-23 School Districts Performance Measures Reports; † Not currently measured due to wide range of implementation strategies.

[34] Follow-up survey was distributed in May 2023, although some potential participants may have already left for summer break and not received the invitation to participate.

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.

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

Figure 42. RBA Dashboard – Parent/Caregiver Support and Engagement

		FY 2022-23
How much did we do?	**Number of Parents/Caregivers Served, by Strategy (Unduplicated)**	
	Text-Based Parenting Education (Ready4K, Ready Rosie)	833
	Parenting Education Workshops	935
	Family Events	
	Number of Parenting Education Workshops Offered	54
	Number of Family Events Conducted	9
How well did we do?	**Text-Based Parenting Education**	
	Number of Ready Rosie video views	3,952
	Average number of Ready Rosie views per parent/caregiver	4.2
	Parenting Education Workshops	
	Average number of hours per person[35]	1.6
	Parents who felt that the information provided was useful	63/72 (88%)
	Parents who felt that the class leader was knowledgeable	63/72 (88%)
Is anyone better off?	**Text-Based Parenting Education[36]**	**n = 103**
	Parents who say Ready4K texts helped them feel supported	100%
	Parents who say Ready4K improved their relationship with their children	100%
	Parents who say Ready4K helped their children learn and grow	96%
	Families doing at least one Ready4K activity per week	67%
	Parenting Education Workshops *(% "Agree"/"Strongly Agree")*	**n = 72**
	I learned something that I can use to be a better parent	62 (86%)
	I plan on making a change at home based on what I learned	60 (83%)

Source: FY 2022-23 Service Records; FY 2022-23 Performance Measures Reports; 2022-23 Ready Rosie Data: Elk Grove, Natomas, and Sacramento City (video views and video views/registered users); 2022-23 Ready4K End of School Year Impact Report: Galt Joint Union Elementary School; FY 2022-23 School Readiness Follow-Up Survey (N = 72, participants who provided answers to Parenting Education Classes section matched to service records by Family ID)

[35] Excludes individuals whose participation duration was unknown or not provided (N = 698).
[36] Total N and proportions based on data provided to Galt Unified School District by Ready4K. Represents responses to Ready4K survey, not total number of individuals served.

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. However, in several districts, First 5 funding has been braided with district funding to provide these programs. District funding cuts reduced the duration of some camps. 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 children can tour 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 43. RBA Dashboard — School Readiness: Transition to Kindergarten

		FY 2022-23	
How much did we do?	**Families Served**		
	Families Attending Kindergarten Transition Orientation	1,350	
	Children Attending Transition Summer Camp	316	
How well did we do?	**Kindergarten Transition Orientation (KTO)[37]**		
	Families who participated in at least three KTO activities	448/1,958 (23%)	
	Average number of KTO activities attended by families	1.8 (Range 1-4)	
	Kindergarten Transition Activities		
	Children who completed at least 56 hours	†	
	Children whose parents took part in transition orientation	140 (44%)	
Is anyone better off?	**Kindergarten Transition Orientation** *(% "Agree"/"Strongly Agree")*	**n = 53**	
	I feel like my child is/was ready for kindergarten	49 (92%)	
	I understand what a typical kindergarten day will be like	44 (83%)	
	KTO helped my child feel less nervous about kindergarten	41 (77%)	
	KTO helped me feel less nervous about kindergarten as a parent	39 (74%)	
	Transition Summer Camp (Matched Set)	**n = 179**	
	Children who were ready for kindergarten, by domain	**Pre**	**Post**
	Kindergarten Academics	78 (44%)	111 (62%) ***
	Self-Regulation	122 (68%)	138 (77%) **
	Social Expression	89 (50%)	86 (48%)
	"Fully Ready" (all three domains)	51 (28%)	64 (36%) ***

Source: FY 2022-23 Service Records, FY 2022-23 School Readiness Follow-Up Survey (N = 53, participants who provided answers to Kindergarten Transition Activities section matched to service records by Family ID); FY 2022-23 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 ** $p < .01$ and *** $p < .001$. † Data not available this FY as data entry procedures changed resulting in incomplete counts by individual child. Additionally, one district's camp reduced hours resulting in the maximum number of hours possible not meeting the 56+ hour benchmark.

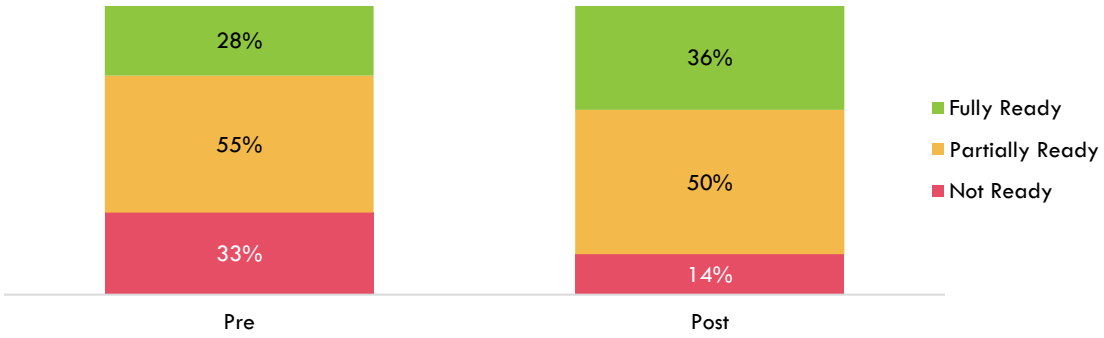
[37] Unduplicated count of Family IDs for the following services: Transition Orientation, Transition Summer Camp, Transition Classroom Visits, and School Readiness Materials. Total N with one or more KTO activity = 1,958.

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 3.4. The average *Self-Regulation* score increased from 3.4 to 3.6 and *Self-Expression* scores each increased from an average of 3.2 to 3.3 from pre-test to post-test. Improvements in *Kindergarten Academics* and *Self-Regulation* were statistically significant.

Additionally, the proportion of children considered *Fully Ready* (scoring 3.25 or higher in all three domains) increased from 28% at the start of the Transition Summer Camp to 36% following completion of the camp. The proportion of children *Not Ready* (scoring *lower* than 3.25 in all three domains) decreased from 33% at the start of the program to 14% at completion.

Figure 44. Transition Summer Camp Participants' Change in Kindergarten Readiness



Source: Transition Summer Camp Pre/Post Survey, 2023, Matched pair N = 179. 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.

Participant Success Story: Transition Summer Camp

Brenda enrolled her five-year-old daughter **Norah** (fictional names) in the First 5 Transition Summer Camp as she was struggling with separation anxiety, having a hard time adjusting to the classroom setting, and being away from her mom for the first time. Brenda was excited to enroll Norah to "extend" her school year and get more experience in the classroom, especially since her preschool teacher described the program as a benefit to her own children and would be the same teacher during the summer camp. Norah had great attendance during the four-week program, despite a range of challenges their family was facing, as Brenda had health issues related to being eight months pregnant, the family was moving, and they were experiencing car troubles. Despite these challenges, Brenda made sure to bring Norah to each session as she was able to see her daughter's excitement and persistence.

Both Brenda and Norah's teacher saw changes in Norah. She became more confident in new/unfamiliar situations, and she was excited to have mastered writing more lowercase letters. Norah was also able to initiate and build relationships with some of the other children despite being shy and reserved when she first started preschool. One of Norah's most unexpected and exciting benefits was the experience of eating lunch in the cafeteria. Norah went from being scared to eat lunch in the cafeteria but after experiencing the process, she excitedly told her mom, "I ate lunch in the cafeteria today, mom! At first I was scared, but then I was so excited!" After this experience, Brenda told her preschool teacher that Norah would not stop talking about it, and for the rest of Summer Camp she'd always ask eagerly, "are we eating lunch in the cafeteria again?"

> "… I haven't seen her so happy and excited. Being so close to my due date and in the middle of moving this program has helped a lot and I feel like **she's better prepared for kindergarten now.** Thank you for all that you guys did, and we will miss you a lot!"
>
> – "Brenda," Mother of Transition Summer Camp Participant

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 2022-23 are listed in the table below.

Figure 45. RBA Dashboard – School Readiness Early Literacy Supports

		FY 2022-23	
How much did we do?	**Reach of Early Literacy Supports**		
	Number of parents/caregivers served (unduplicated)	1,098	
	Number of parent workshops offered	95	
	Book Lending Programs		
	Number of children served (unduplicated)	1,013	
How well did we do?	**Workshop Participation**		
	Average number of hours parents participated in workshops[39]	1.79	
Is anyone better off?	**Reading Frequency (Matched Set)**	**n = 68**	
	Read with child for 10 or more minutes *(5-7 days per week)*	38 (56%)	36 (53%)
	Told stories or sang songs together *(5-7 days per week)*	57 (84%)	52 (76%)

Source: FY 2022-23 Service Records; FY 2022-23 Performance Measures Reports; FY 2022-23 Family Information Form (Child Matched Set N = 68) Note: pre- and post-responses provided for Reading Frequency may include participants who engaged in multiple First 5-funded. Changes may not be directly correlated to literacy activities. Better off measures not statistically significant.

PLANNING AND SYSTEMS INTEGRATION

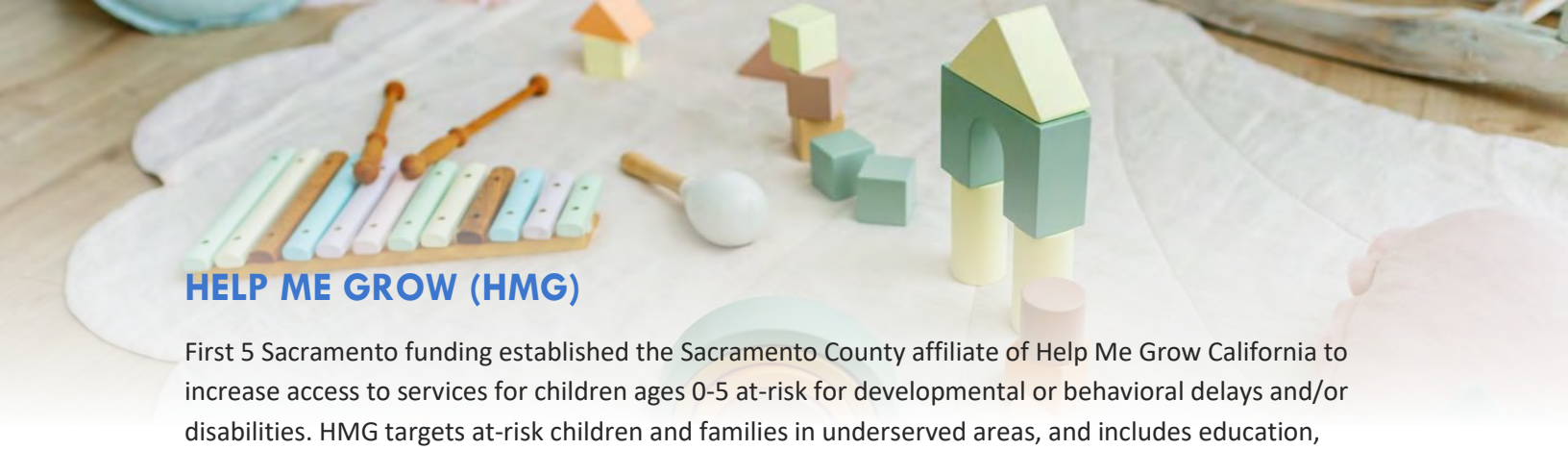
All nine school districts participated in planning and systems integration activities, including convening parent advisory committees, collaboratives between preschool and elementary school teachers, parent satisfaction surveys, and engagement in data-informed program planning, staff meetings, and trainings.

Figure 46. RBA Dashboard – School Readiness Planning and Systems Integration

		FY 2022-23
How much did we do?	**Parent Advisory Meetings**	
	Number of Parent Advisory meetings	28
	Number of parents attending Parent Advisory meetings	105
	Articulation Meetings	
	Number of articulation meetings (preschool and K-12 teachers)	5
	Number of staff attending articulation meetings	54
How well did we do?	**Parent Advisory Meetings**	**n = 8**
	I felt listened to during the meetings *(% "Agree"/"Strongly Agree")*	4 (50%)
	These meetings are a good use of my time *(% "Agree"/"Strongly Agree")*	4 (50%)
	Actions were taken based on parent input *(% "Agree"/"Strongly Agree")*	4 (50%)
Is anyone better off?	**Local Control and Accountability Plan (LCAP)**	
	Districts with LCAP goals specific to early childhood education / school readiness	7/9 (78%)

Source: FY 2022-23 Performance Measures Report; FY 2022-23 Service Records; FY 2022-23 School Readiness Follow-Up Survey (N = 8, participants who provided answers to Advisory Meetings section matched to service records by Family ID)

[39] Excludes 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. Home visits include developmental and health screenings for children, family support/resources , such as basic needs, and referrals for further assessment when needed.

In FY 2022-23, Help Me Grow received 671 calls (compared with 762 in FY 2021-22) and Family Advocates provided home visits to 256 families. HMG also provided community outreach to 847 people, educating community members about developmental milestones, Adverse Childhood Experiences (ACEs), and the Help Me Grow system. The following tables further HMG services in FY 2022-23.

Figure 47. RBA Dashboard – Help Me Grow Reach and Services

		FY 2022-23
How much did we do?	**Healthcare Provider Outreach**	
	Healthcare providers provided with outreach and materials	54
	Healthcare providers provided with training/technical assistance	54
	Community Outreach	
	Community events at which HMG provided outreach/materials	29
	Professional learning opportunities about the HMG program	254
	Individuals reached through HMG events to promote awareness	234
	Developmental Screenings	
	Unduplicated Children who received **ASQ-3** screenings	226
	Number of ASQ screenings conducted	247
	# (%) of screenings below cutoff ("Flagged" for concern)	*151 (61%)*
	# (%) of screenings at cutoff ("Monitoring")	*49 (20%)*
	# (%) of screenings above cutoff	*47 (19%)*
	Unduplicated Children who received **ASQ:SE** screenings	118
	Number of ASQ:SE screenings conducted	121
	# (%) of screenings above cutoff ("Flagged" for concern)	*62 (51%)*
	# (%) of screenings at cutoff ("Monitoring")	*16 (13%)*
	# (%) of screenings below cutoff	*43 (36%)*
	Incoming referrals, by source	**326**
	Healthcare Providers	66
	HMG Website	63
	Family Resource Centers	54
	Private Child Care Providers	30
	PBM Plus Program	11
	School District	5
	Outreach Event	4
	Family or Friend	3
	Other or Not Listed	*90*

		FY 2022-23
How much did we do (cont.)?	**Incoming Referrals with a recent developmental screen[40]**	**68 (21%)**
	Family Advocate Services	
	Families with a Family Advocate (at least one home visit)	256
	Families who created an Action Plan with a Family Advocate	295
	Total number of home visits conducted	701
How well did we do?	**Follow Up**	
	HMG Callers with an Intake reached for follow up	268/326 (82%)
	FA Families who received at least one enhanced referral[41]	238/256 (93%)

Source: FY 2022-23 Service Records; ASQ Screening Results; HMG Quarterly Performance Measures; Intake/Referral Form; Services-Outgoing Referral Form

HMG provided more than 400 enhanced referrals (First 5 contracted categories), and of the referrals contacted, 37% were receiving services by the end of FY 2022-23. However, it is important to note that HMG's focus is to establish the connection to services, while access remains out of the program's control. A review of the Better Off measures in the table below should consider the role of broader systems capacity beyond the scope of HMG. The total proportion of referrals contacted (92%) provides evidence of HMG's efforts to connect families to countywide resources.

Figure 48. 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)	195	177	90.8%	40	22.6%
Social-emotional/Behavioral Concerns (ASQ:SE)	59	55	93.2%	12	21.8%
Socioeconomic Concerns	38	35	92.1%	14	40.0%
Child Care	37	36	97.3%	19	52.8%
Dental/Medical	51	49	96.1%	46	93.9%
Mental Health	14	14	100.0%	4	28.6%
Safe Sleep Baby (Infant Safe Sleep Training)	6	6	100.0%	4	66.7%
Breastfeeding support	†	-	-	-	-
Home Visiting	†	-	-	-	-
Total Enhanced Referrals	**403**	**372**	**92.3%**	**139**	**37.4%**

Source: FY 2022-23 Service-Outgoing Referrals Form. May contain duplicates by family when participants receive referrals at different times throughout the FY. Better off proportions exclude participants whose status was "Pending" at the end of the FY and may be an underrepresentation of ongoing connections to services. 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.

In FY 2022-23, HMG provided a total of 437 Ages and Stages Questionnaire (ASQ-3) and ASQ Social-Emotional (ASQ:SE) screenings — 226 children received one or more ASQ-3 screenings and 118 children received ASQ:SE screenings. The number of children screened by HMG decreased slightly compared with FY 2021-22 (248 ASQ-3 and 142 ASQ:SE). Help Me Grow staff also supported 68 clients who had already had a screening completed by a health care provider or other agency, by providing warm hand-off referrals, developmental information, and follow-up support.

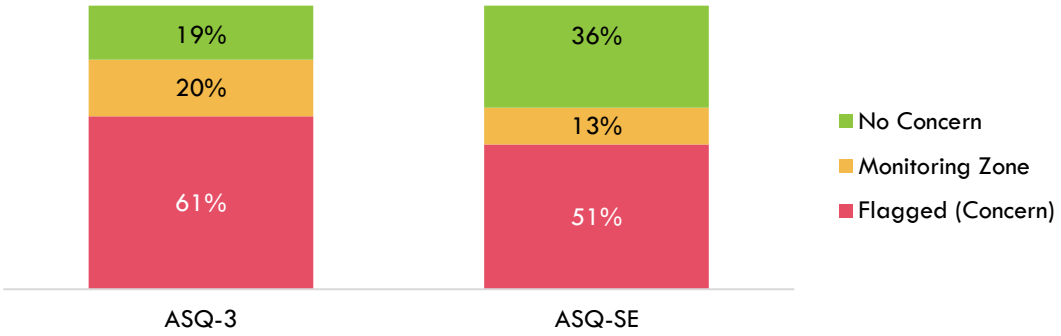
Three out of five ASQ-3 screenings (61%) and half of the ASQ:SE screenings (51%) identified children with developmental concerns. The proportion of screenings identifying at least one *Flagged* domain

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

[41] 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.

exceeds most recent national (19%) and state (14%) estimates of children with special healthcare needs[xvi] as families, providers, and community agency partners are more likely to refer children to HMG for screening when they see a potential concern, and HMG targets high-risk populations.

Figure 49. Outcomes of HMG Developmental Screenings



Source: HMG ASQ Screening Results. Note: *Flagged (Concern)* is measured as above cutoff (ASQ-3) or below cutoff (ASQ:SE). Proportions represent 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. Counts may include duplicate children if screened more than once during the fiscal year.

Participant Success Story: Help Me Grow

Catherine (fictional name) is a mother of two, who contacted Help Me Grow for support for her older child, Alix. HMG completed Alix's ASQs and submitted referrals, including a Request for Further Evaluation through the family's school district. Alix did not qualify for an IEP within his school district but did begin receiving services through ACCESS due to the HMG Family Advocate working with the family to get them connected to a service. Catherine soon followed up with HMG due to developmental concerns for Bradley, her younger son. Bradley's ASQ results identified a need for further evaluation. As a result, the family was referred to Alta Regional and Early Head Start. With support from HMG, Bradley was able to begin receiving services from both programs.

During this time, Catherine learned that that her Medi-Cal coverage was no longer active, and she was unsure how to solve the problem. This meant that Alix was no longer able to access his therapy appointments or see a doctor. Catherine attempted to resolve the issue on her own for a month before asking her HMG Family Advocate for support. Shortly thereafter, the Family Advocate was able to contact DHA and learn that the issue could be resolved with a simple document upload. Unfortunately, Catherine was unable to access the same information when she contacted Medi-Cal directly. With the support of her Family Advocate, Catherine was able to follow the newly acquired instructions and regain coverage, as well as continued care for her children. HMG not only provided the initial support that Catherine needed to access developmental support for Alix and Bradley, but also provide additional support to navigate complex systems.

> "My Family Advocate has been **so helpful in making sure my kids have the support they need.** She worked for days to help me solve my Medi-Cal issue. I would still be fighting with Medi-Cal if it hadn't been for her help." – "Catherine," Help Me Grow Participant

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-old children and their parents/caregivers.
- School districts conducted more than 6,000 **screenings** to identify potential delays or concerns in development, speech/language, vision, or hearing. More than one quarter (26%) of children receiving a speech/language screening received a referral for services, followed by 16% of vision screenings.
- Close to 800 children took part in **playgroups**, with 83% attending more than one session. Most parents reported their child enjoyed attending playgroups (96%), their language and culture was respected (95%), the playgroup leader was knowledgeable (93%), and they would recommend the playgroups (93%).
- 150 teachers took part in 15 **social-emotional trainings**. Nearly nine out of ten participants (88%) felt more comfortable and confident working with children with challenging behaviors.
- Parent/caregiver support and engagement included text-based, virtual, and in-person **parenting education workshops** and classes. More than 1,000 caregivers took part in text-based parenting education, and more than 930 parents attended at least one of the 54 parenting education workshops offered. Of those who took part in parenting education workshops, 86% reported that they learned something that they can use to be a better parent, and 83% planned to make a change at home based on what they learned.
- More than 300 children attended **kindergarten transition** summer camps and 1,350 families attended transition orientation to help families know what to expect in kindergarten. After KTO, participants felt they understood what a typical kindergarten day will be like (83%) and that their child felt less nervous about kindergarten (77%). Camp participants significantly improved kindergarten readiness skills and the proportion of children considered *Fully Ready* for kindergarten increased 16 percentage points.
- All nine districts took part in **planning and systems integration**, with 28 parent advisory and five articulation meetings between preschool and K-12 teachers held during the FY.
- **Help Me Grow** (HMG) received close to 700 calls and completed intakes for 326 incoming referrals. More than 200 families received one or more enhanced referral, and 256 families received one or more home visit with a family advocate.
  - Additionally, HMG screened more than 250 children ages 0-5 using the ASQ-3 and/or ASQ:SE to assess developmental concerns. Three out of five children (61%) receiving HMG ASQ screenings were flagged with possible developmental delays and half (51%) were flagged with social-emotional delays. Parents of these children were guided through full developmental assessments and connections to needed services.

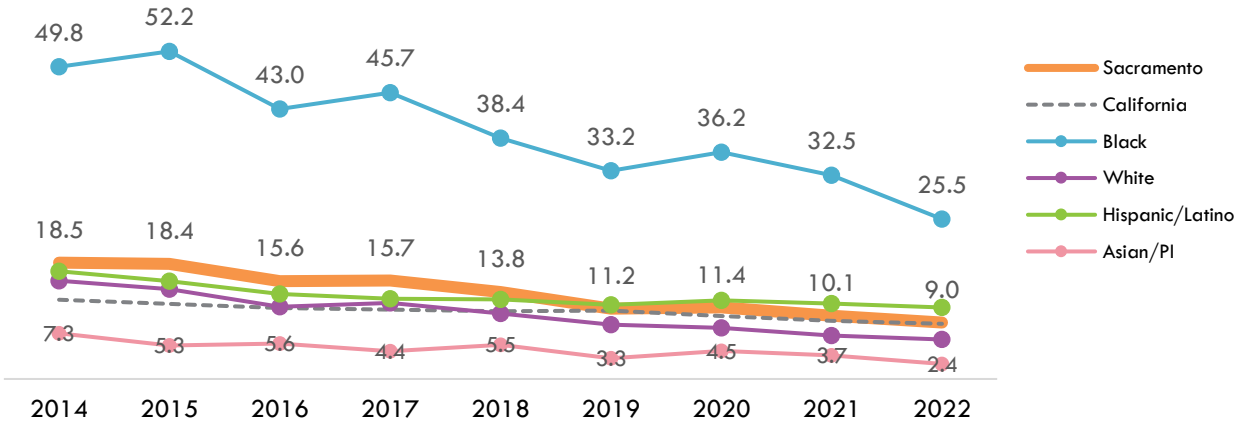
Result 7: INCREASE USE OF EFFECTIVE PARENTING TO DECREASE TRAUMA AND CHILD MALTREATMENT

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 impact 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 (ages 0-5) decreased between 2014 (18.5 per 1,000 children) and 2022 (9.0 per 1,000). Substantiated maltreatment among African American children has had a substantial downward trend, with 2022 rates (25.5 per 1,000 children) 51% lower than the peak in 2015 (52.2 per 1,000). However, disparities remain as substantiated maltreatment among African American children in Sacramento County was nearly three times the county total.

Figure 50. Substantiated Allegations of Child Abuse per 1,000 Children Ages 0-5, by Race/Ethnicity



Source: Department of Child, Family and Adult Services (DCFAS) Data Request. Note: Number of children with substantiated child abuse allegations in Sacramento 2022-23,710 (CA); 1,035 (Sac); 307 (Afr. Am); 299 (White); 355 (Hispanic/Latino); 38 (Asian/PI). Rates calculated as (children with substantiated allegations/total population) x 1000. Counts by ethnicity may not reflect entire population as 7% of population is categorized as multi-racial, but substantiated allegations are not available for this group.

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 (FRCs) to promote effective parenting among families with children through age five to strengthen protective factors, build family resilience, and prevent or reduce child maltreatment. Birth & Beyond FRC services include four strategies: home visiting, group parenting education workshops, crisis intervention (CIS), and "light touch" social and emotional learning support (SELS).

Birth & Beyond implemented new activities and phased out others for the 2021-2024 strategic plan and funding cycle. Notably, Birth & Beyond fully implemented the Parents as Teachers model and transitioned out of the Nurturing Parenting Program for group parenting education and home visiting for families with children ages 0-5 (Empowered Families funding source).

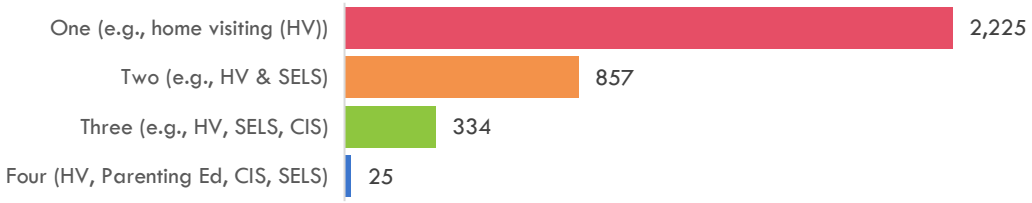
Additionally, First 5 directed funds to specific efforts associated with the Reduction of African American Child Deaths (RAACD) initiative at two FRCs (Mutual Assistance Network Arcade Community Center and Sacramento Children's Home Valley Hi Village), including launching the Effective Black Parenting Program (EBPP) for group parenting education workshops and home visiting.

In FY 2022-23, 3,786 adults and 1,746 children ages 0-5 received at least one First 5-funded Birth & Beyond service provided by the FRCs. The number of individuals served increased from FY 2021-22 (3,369 caregivers and 1,489 children). The total number of individuals served includes participants served across the various curriculum, models, and strategies funded by First 5 Sacramento. Among the 3,786 caregivers, 93% received one or more Empowered Families service, 10% received one or more RAACD service, and 7% received one or more CalWORKs/Family Support Initiative service.[42]

[42] Percentages may not equal 100% as participants may receive services from multiple funding sources throughout the FY.

Among the families who took part in at least one Birth & Beyond strategy, 65% engaged in one strategy (e.g., only home visiting). On the other hand, more than one-third (35%) 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 51. Families Engaging in Multiple Birth & Beyond Strategies During FY 2022-23



Source: FY 2022-23 Birth & Beyond Service Records. Note: Total number of families reached reported in RBA table below (3,632) may exceed sum of all four categories presented here (3,441) as some participants may have only received supplementary services during the fiscal year not counted here. 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 52. RBA Dashboard – Birth & Beyond: Overall

		FY 2022-23	
How much did we do?	**Overall Reach of Birth & Beyond**		
	Families served	3,632	
	Parents/Caregivers	3,786	
	Children (ages 0-5) directly served	1,746	
	Children (ages 0-5) indirectly served[43]	2,683	
	Enhanced Referrals		
	Dental/Medical (e.g., insurance, medical home, well-child visits)	4,520	
	Car Seat Safety	2,786	
	Safe Sleep Baby	2,372	
	Crisis Nursery	1,938	
	Domestic Violence Counseling	1,394	
	Help Me Grow	1,295	
	Breastfeeding	854	
	Child Care	464	
	Mental Health	399	
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 (matched set)	**Pre**	**Post**
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment)	3.60	3.88 **
	I know what program to contact in my community when I need advice on how to raise my child	3.73	4.02 ***

Source: FY 2022-23 Service Records; FY 2022-23 Family Information Form (Parent Matched Set N = 259) Note: Parent Resource Knowledge responses include participants who provided answers to pre- and post-FIF matched to service records by Family ID. May include participants who engaged in multiple First 5-funded activities. Birth & Beyond provides referrals for additional categories not listed here. The focus of this report is the contracted Enhanced Referrals for First 5 Sacramento. Statistical significance reported as ** $p < .01$, *** $p < .001$. † Data not currently collected. Closed-loop referrals pending implementation of the Persimmony Referral Portal.

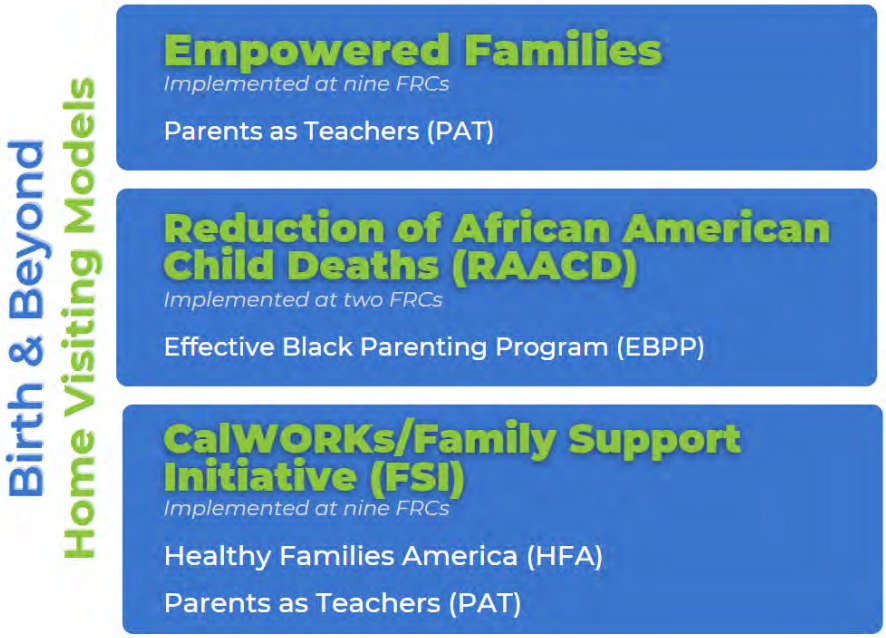
[43] Children ages 0-5 in families receiving services during FY 2022-23 who did not receive direct services themselves. Includes only the children entered into the Persimmony database and may not reflect all children ages 0-5 in the family or in the care of individuals receiving direct services.

BIRTH & BEYOND: HOME VISITING

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

In FY 2022-23, Birth & Beyond used the following home visiting models for families with children ages 0-5: Parents as Teachers (PAT), Healthy Families America (HFA), and the Effective Black Parenting Program (EBPP; RAACD-funded programs at two FRCs). The following sections highlight FY 2022-23 outcomes by model as well as 12-month CPS outcomes for children whose families had an intake to Birth & Beyond home visiting between March 1, 2021 and February 28, 2022.

Figure 53. FY 2022-23 Birth & Beyond Home Visiting Model, by Funding Source



Note: Not all models were implemented the same way. This graphic intends to identify the various home visiting models, each of which have their own criteria for inclusion.

Across all models, 862 adults in 829 families received 9,393 home visits during FY 2022-23. Families can be referred to home visiting by various sources, such as self-referrals, engagement with other FRC services, referrals from the Department of Children, Families and Adult Services (DCFAS) Child Protective Services (CPS), and hospitals or medical providers. Families are then routed to a range of home visiting models based on their family composition, history of maltreatment, CalWORKs enrollment, or other needs. Among all (unduplicated) incoming referrals in FY 2022-23, one-third of referrals (34%) came from healthcare providers, including hospital systems and medical providers and one in five (19%) were self-referrals. Other common referral sources included CPS (15%), or referrals within Birth & Beyond (13%, e.g., transfers between sites, recommendations for additional services).

Figure 54. RBA Dashboard — Birth & Beyond: Home Visiting Overall (All models, ages 0-5)

		FY 2022-23	
How much did we do?	**Incoming Home Visiting Referrals in FY 2022-23[44]**		
	Unduplicated families referred to home visiting in FY	1,363	
	Unduplicated caregivers referred in FY, by referral source	1,374	
	Healthcare Providers	466	
	Self-Referral	264	
	CPS	203	
	Birth & Beyond (e.g., transfers, outreach)	185	
	DHA Bureaus	94	
	Other Non-Profit/Community Organization	75	
	DHA Eligibility List	26	
	Help Me Grow	23	
	School Districts/Teachers	7	
	Other[45]	31	
Is anyone better off?	**Substantiated Maltreatment within 12 Months of Intake, by Home Visiting Service Dosage *(details in section below)***	**Any Dosage**	**8+ HV hours**
	Children with no prior CPS contact	2.9%	1.2%
	Children with any prior CPS contact in past five years	10.5%	8.5%
	Children with a substantiated baseline (6 months prior to intake)	4.0%	0.0%
	All groups	5.6%	3.1%
	Family Engagement in other FRC Services		
	Crisis Intervention	519 (63%)	
	SELS	381 (46%)	
	Group Parenting Education Workshops	40 (5%)	

Source: FY 2022-23 Birth & Beyond Home Visiting Referral Form; FY 2022-23 Birth & Beyond Service Records; 2023 CPS data request

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, 2021 and February 28, 2022.[46] HV models used during this time frame for children ages 0-5 include Nurturing Parenting Program (NPP), Parents as Teachers (PAT), Healthy Families America (HFA), and Effective Black Parenting Program (EBPP, limited to RAACD-specific programs/sites).

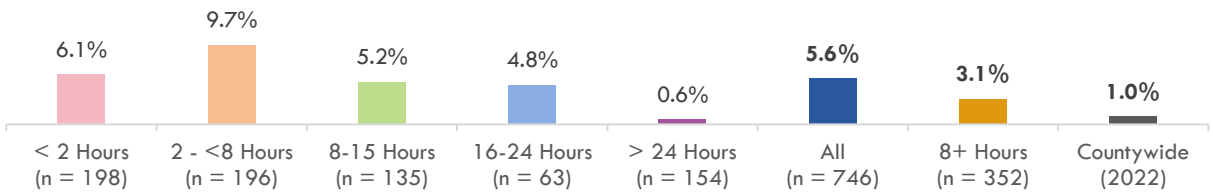
The figures below display the proportion of children ages 0-5 with a substantiated CPS allegation within 12 months of Birth & Beyond intake, by the number of home visiting hours their caregivers received. Overall, 5.6% of *all* children ages 0-5 whose families were served by Birth & Beyond (n = 746) had a substantiated CPS allegation within 12 months of home visiting intake, regardless of hours of service. However, rates also varied by the number of home visiting hours received. For instance, a smaller proportion of children whose families received at least the minimum service dosage (8+ hours) had a substantiated allegation within 12 months (3.1%), compared with those with less than the minimum

[44] Counts based on first reported referral source in fiscal year
[45] Includes Friend/Family/Neighbor (3), Other government agency (4), and all other not specified (19)
[46] Date range was selected to ensure no gap between the first intake date (March 1, 2021) and the last intake date from the analysis prepared in the FY 2021-22 report and to ensure the availability of a 12-month observation period.

recommended dosage (6.1% among those with less than two hours and 9.7% of those with 2-<8 hours). These results are consistent with prior years, providing a strong indicator of the impact of reaching minimum dosage levels in home visiting.

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 more than one-third (35%, 266/746) of children ages 0-5 served with prior involvement with CPS within the past five years.

Figure 55. Substantiated Maltreatment within 12 Months of Intake, all Subgroups, Children 0-5

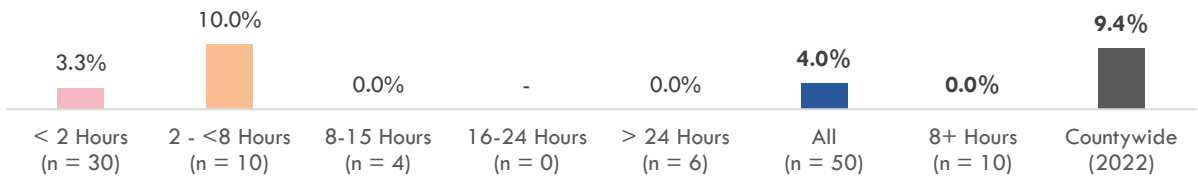


Source: Birth & Beyond Service Records; 2023 CPS Data Request; UC Berkeley California Child Welfare Indicators Project

For the second consecutive year, **zero children with 8+ hours** of B&B Home Visiting following a substantiated allegation experienced **recurrence** within 12 months.

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 next figure displays recurrence rates among the proportion of children ages 0-5 who had a substantiated CPS allegation in the six months prior to home visiting intake (n = 50). Among this group, 4.0% had a substantiated allegation within the 12 months following intake, compared with 9.4% countywide. However, for the second consecutive year, none of the children whose families received the minimum home visiting service dosage (8+ hours, n = 10) experienced recurrence within 12 months of intake. This demonstrates the striking impact of Birth & Beyond home visiting and the importance of retaining families for at least eight hours of service, despite the small sample size.

Figure 56. Substantiated Recurrence of Maltreatment within 12 Months of Intake, Children 0-5 with a Substantiated Baseline Referral



Source: Birth & Beyond Service Records; 2023 CPS Data Request; 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 Needs* and have a goal of 24 home visits per year, while those experiencing less than two PAT stressors are considered *Non-High Needs* and have a goal of 12 home visits per year.

Figure 57. RBA Dashboard – Empowered Families-Funded PAT Home Visiting

		FY 2022-23	
How much did we do?	**Individuals Receiving PAT Home Visits**		
	Unduplicated Caregivers Receiving Home Visits	497	
	Unduplicated Children Receiving Home Visits	644	
	Unduplicated Caregivers who received joint visits with CPS	85	
	Unduplicated Caregivers by PAT Need Level[47]		
	Non-High Needs (fewer than two PAT stressors)	242 (52%)	
	High Needs (two or more PAT Stressors)	219 (48%)	
How well did we do?	**Level of Completion** *(% completing PAT required # of Lessons)*[48]		
	Non-High Needs (8+ home visits, B&B Minimum)	57/166 (34%)	
	Non-High Needs (12+ home visits, PAT Requirement)	35/166 (21%)	
	High Needs (8+ home visits, B&B Minimum)	70/137 (51%)	
	High Needs (24+ home visits, PAT Requirement)	16/137 (12%)	
Is anyone better off?	**Protective Factors (Matched Set) (n = 145)**	**Pre**	**Post (Sig)**
	Overall Average PFS-2 Score	**3.06**	**3.16** **
	Caregiver-Practitioner Relationship	3.23	3.40 **
	Family Functioning and Resilience	3.16	3.35 **
	Social Supports	3.07	3.16
	Concrete Supports	2.91	3.01
	Nurturing and Attachment	2.90	2.87

Source: FY 2022-23 Client Service Records; 2018-2023 PAT Case Records (limited to those served during FY); FY 2022-23 Protective Factors Survey-2 (PFS-2) Pre-Post (N = 145). PFS-2 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 items are reverse coded but standardized based on PFS-2 calculation instructions. Higher scores indicate improvements. Statistical significance is reported as ** $p < .01$.

In FY 2022-23, 497 caregivers received one or more PAT home visit. Among them, 461 completed an intake identifying their PAT stressors. Slightly more than half (52%) were considered *Non-High Needs* as they reported fewer than two of the measured stressors, while 48% were considered *High Needs*. One in five (21%) *Non-High Needs* participants with a closure date completed a minimum of 12 home visits required by PAT as of June 30, 2023, and about one in ten (12%) *High Needs* participants whose home visiting record was closed completed 24 or more home visits as of the end of the fiscal year. On the other hand, one-third (34%) of the *Non-High Needs* families and 51% of *the High Needs* families had at least eight home visits, which is the Birth & Beyond-defined minimum dosage for impact.

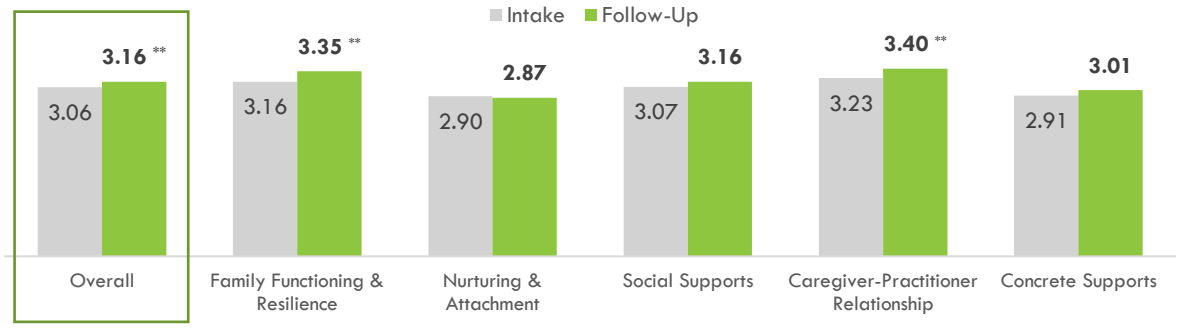
[47] N = 461; Counts may not equal total number of caregivers served as need level is calculated from the PAT Case Record and all participants served may not have completed a Case Record in FY 2022-23.

[48] Population includes participants who received First 5-funded PAT home visits during FY 2022-23 and had a PAT Case Record with a closure date during FY 2022-23. Counts may be underrepresented if home visits switched funding sources at any point as this would not disrupt their completion level but cannot be tracked in this evaluation report.

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 model. 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 a follow up after completing the eighth foundational visit in the PAT model.

Average scores on the PFS-2 increased slightly among PAT home visiting participants with both an initial and follow-up assessment (n = 145). Overall average PFS-2 scores increased from 3.06 to 3.16 (range 0 to 4). On average, participants had statistically significant improvements in the *Family Functioning and Resilience* and *Caregiver-Practitioner Relationship* domains. *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." Measures of Caregiver-Practitioner Relationship include agreement with the statements "I feel like staff here understand me," and disagreement with "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."

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



Source: FY 2022-23 Protective Factors Survey-2 Pre-Post Scores by Domain. N = 145. 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 funded PAT Home Visiting model. Statistical significance reported as ** $p < .01$.

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, also called the Family Support Initiative (FSI), supports healthy development and well-being of low-income families enrolled in CalWORKs. The FSI models include **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 models, the Birth & Beyond Collaborative provided FSI home visits to 274 caregivers and 372 children. On average, families participated in 11.5 hours of home visiting (HFA and/or PAT models) in FY 2022-23.[49] FSI families most commonly received referrals for health services (488), mental health (195), and Safe Sleep Baby workshops (180).[50]

[49] Average number of hours may not equal number of visits as duration of visits may vary.
[50] Reflects only the most common referrals included in the First 5 Sacramento contract. Birth & Beyond also provides many referrals in categories not listed here (e.g., adult education, employment services, housing).

Figure 59. RBA Dashboard — Birth & Beyond: FSI/CalWORKs-Funded Home Visiting

		FY 2022-23
How much did we do?	**Number Served (Received at least one PAT and/or HFA home visit)**	
	Unduplicated Families	241
	Unduplicated Parents/Caregivers[51]	274
	FSI – PAT Model (unduplicated)	*208*
	FSI – HFA Model (unduplicated)	*280*
	Unduplicated Caregivers who received joint visits with CPS	4
	Unduplicated Children	372
	Ages 0-3 months	*63 (17%)*
	Ages 4-11 months	*58 (16%)*
	Ages 12-23 months	*83 (22%)*
	Ages 24+ months	*168 (45%)*
	Characteristics of participants served[52]	
	Pregnant Individuals with no other children	5
	First-Time Parents	48
	Welfare-to-Work Eligible or Exempt	206
	Child-Only (child on aid but parents are not)	34
	Expanded Population	1
	FSI Services Provided	
	Average number of home visits, by family	13.8
	Developmental screenings conducted (ASQ, ASQ:SE)	345
	Referrals provided due to developmental screening	98 (28%)
	Caregivers who developed an HFA Service Plan	47
	Outgoing Enhanced Referrals, by Type	
	Dental/Medical (e.g., medical home, health insurance, healthcare)	488
	Mental Health	195
	Safe Sleep Baby	180
	Crisis Nursery	114
	Help Me Grow	103
	Child Care	73
	Breastfeeding support	30
How well did we do?	**Program Completion (Exited Participants - HFA and/or PAT model)**	**n = 118**
	Completed Program Goals (Program Completion)	**9 (8%)**
	No contact per contact policy	32 (27%)
	Changed Birth & Beyond Paths/Inter-Agency Referral	28 (24%)
	Declined further services	22 (19%)
	Moved out of service area	17 (14%)
	CPS Case Opened	8 (7%)
	Other or Reason not Provided	*2 (2%)*
	Dosage (Families receiving at least 10 hours, by model)	
	HFA	35/64 (55%)
	PAT	93/188 (49%)
Is anyone better off?	**Services Accessed:** *(Families receiving services after HVP Referral)*	†

Source: CalWORKs Home Visiting Case Record; HFA Case Record; B&B HV Case Record; PAT Case Record; HV Referrals; FY 2022-23 B&B ASQ, and FY 2022-23 Service Records. Case Records 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 this report is the contracted Enhanced Referrals for First 5 Sacramento. † Data not currently collected – referral status tracking pending implementation of Persimmony Referral Portal

[51] Counts by curriculum may exceed total unduplicated if participants transition between curriculum during the fiscal year.
[52] Counts are based on 247 unduplicated individuals who received FSI home visiting and had a completed at least one Case Record.

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 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 scores below five).

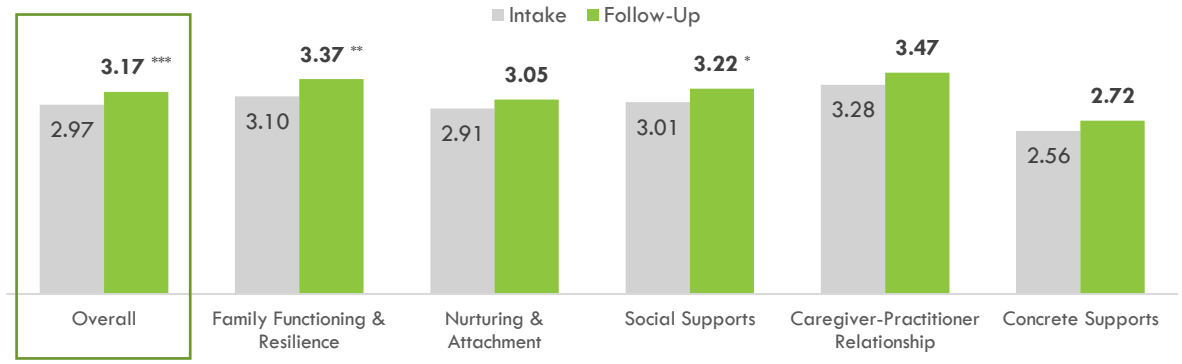
Ten HFA caregivers received their *first* CHEERS Check-In assessment during FY 2022-23. Among them, the average CHEERS score was 5.31. Furthermore, 21 participants received at least two CHEERS Check-In assessments with their *most recent* occurring during FY 2022-23. The group average CHEERS score increased from 5.44 to 5.59, although changes were not statistically significant. It is also important to note that check-ins are completed at varying intervals (ranging from one to 15 months in this sample).

CalWORKs/FSI Parents as Teachers (PAT)

Birth & Beyond also uses the evidence-based Parents as Teachers (PAT) home visiting model 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-funded 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 model.

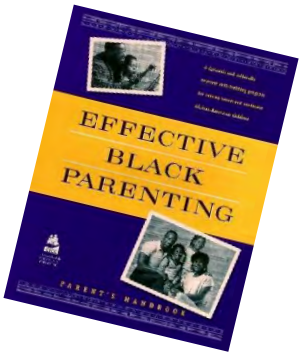
Average scores increased among a subset of FSI PAT home visiting participants with both an initial and follow-up PFS-2 assessment (n = 67). Overall average scores increased from 2.97 to 3.17 (range 0 to 4). On average, participants' *Family functioning & resilience* and *Social supports* increased significantly. An example of *Family functioning & resilience* measures includes "the future looks good for our family." An example of *Social supports* includes "I have people who believe in me."

Figure 60. Changes in Protective Factors (PFS-2), FSI-Funded PAT Home Visiting Participants



Source: FY 2022-23 PFS-2 Pre-Post Scores by Domain (N = 67). 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-funded PAT Home Visiting model. Statistical significance reported as * $p < .05$ ** $p < .01$ *** $p < .001$.

RAACD: EFFECTIVE BLACK PARENTING PROGRAM (EBPP)



The RAACD-funded Sacramento Children's Home Valley Hi Village and Mutual Assistance Network Arcade Stronger Families, Stronger Generations (MAN SFSG) programs provided home visiting based on the participant-centered Effective Black Parenting Program (EBPP) model. The addition of the EBPP home visiting model has been highly regarded by participants and staff as a model that is culturally responsive to the needs and experiences of Black families. Parents have shared with staff that the model gives good guidance for fostering strong, healthy self-esteem, and pride in Blackness.

In FY 2022-23, **114 African American or multiracial parents received 872 home visits** through Valley Hi Village and MAN SFSG. Additionally, staff completed 48 new intakes into the EBPP model during the fiscal year.[53] Program staff worked with families to identify immediate needs (using the Family Development Matrix; FDM), [54] develop family-led goal plans, provide referrals/support to access services, and identify participants' protective factors. Throughout the fiscal year, home visitors developed deep connections with enrolled families to provide more well-rounded support beyond the model materials. For instance, home visitors have been able to accompany parents to school meetings, court dates, assist with housing needs, and help provide necessary transportation.

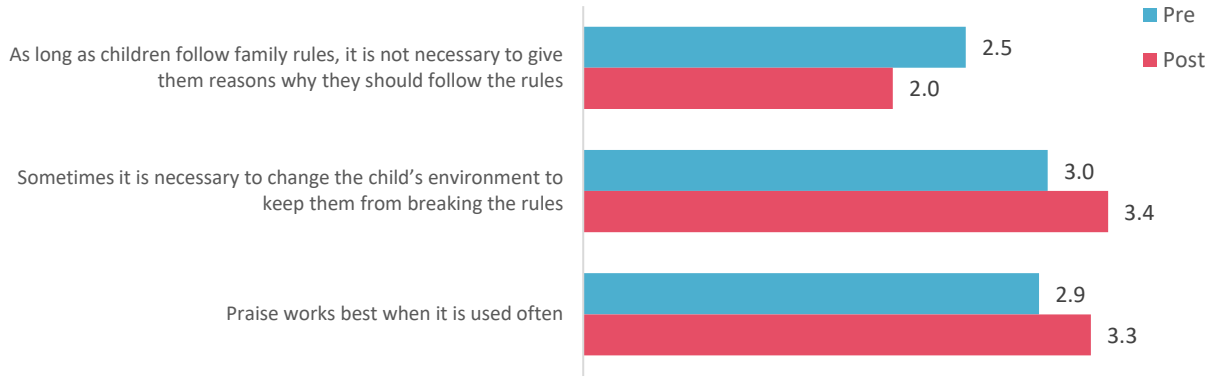
During FY 2022-23, the MAN SFSG Program measured program impact and family progress using the 40-question EBPP pre- and post-test as well as the Protective Factors Survey, 2nd edition (PFS-2),[55] while participants of the Valley Hi Village Program completed the EBPP assessment as well as the FDM. Due to ongoing implementation and outreach, limited assessment data are available for FY 2022-23. However, the following information offers preliminary highlights from both sites based on available data.

Eighteen participants completed a pre- and post-EBPP assessment. Nine participants (50%) had a net improvement in their responses to questions related to parenting behaviors. Scores ranged between 1 "strongly disagree" to 4 "strongly agree." On average, the group had the largest improvements in the statements, "*As long as children follow family rules, it is not necessary to give them reasons why they should follow the rules*," (desired decrease), "*Sometimes it is necessary to change the child's environment to keep them from breaking the rules*" (desired increase), and "*Praise works best when it is used often*" (desired increase).

Two "family rules" measures showed the largest change across the group. EBPP's "Modern Black Self-Discipline" focuses on the value of positive discipline, "appeal[ing] to their minds, not their behinds" (EBPP Session 5). As the model describes, "In Traditional Black Discipline, rules were often used to make children afraid of their parents." On the other hand, in Modern Black Self-Discipline, "rules are intended to make children feel safe and secure rather than fearful."

[53] Count of EBPP HV Case Records. Includes duplicate individuals who may re-enter program at different points in time, and not intended to represent the total number of individuals who received RAACD-funded home visits during the fiscal year.
[54] FDM was implemented for RAACD home visiting in late FY 2021-22 and was utilized until the creator terminated the site and partners' utilization of the tool on June 30, 2023. As a result, limited follow-up data are available as staff began to transition case management families to a new assessment tool and goal planning procedure.
[55] In FY 2022-23 individual responses to the PFS-2 pre- and post-tests were not entered into the online database.

Figure 61. EBPP Home Visiting Top Areas of Improved Parenting Practices



Source: EBPP Pre- and Post-Test Matched Set. N = 18. Includes group averages for questions with the largest average improvements (among the questions rated on a scale of 1 = Strongly Disagree to 4 = Strongly Agree. Data are reported for both RAACD-funded programs although limited data are available due to ongoing implementation strategies and data training across sites.

BIRTH & BEYOND: GROUP PARENTING EDUCATION WORKSHOPS

In FY 2022-23, 492 parents/caregivers attended 88 group parenting education workshop series offered by Birth & Beyond Family Resource Centers (FRCs), across all First 5-funding sources. FRCs offered hybrid (virtual and in-person) workshops to be responsive to the preferences of families. This fiscal year, Birth & Beyond FRCs facilitated the Make Parenting A Pleasure (MPAP) and Effective Black Parenting Program (EBPP) parenting education models. Most participants engaged in MPAP, in part because the program is approved for court-mandated parenting education. Additionally, EBPP was offered to families attending RAACD-funded classes through the MAN Arcade Stronger Families, Stronger Generations program or the Valley Hi Village program.[56] On average, MPAP participants significantly improved their parenting knowledge and skills. Most participants who completed a follow-up survey believed the information was useful (89%), the class leader was knowledgeable (87%), and their parenting skills improved (85%).

Figure 62. RBA Dashboard — Birth & Beyond: Group Parenting Education Workshops

		FY 2022-23	
How much did we do?	**Number of Workshop Series Provided**	**88**	
	Unduplicated Parents/Caregivers Served, by Curriculum[57]	**492**	
	Make Parenting A Pleasure *(unduplicated)*	488	
	Effective Black Parenting Program *(unduplicated)*	6	
How well did we do?	**Course Completion (had pre- and post-survey)[58]**		
	Make Parenting A Pleasure *(Empowered Families, RAACD MAN)*	402/529 (76%)	
	Effective Black Parenting Program *(RAACD only FY 2022-23)*	5/6 (83%)	
	Level of Service		
	Average hours participating in parenting education, by family	20.5	
	Average number of sessions attended, by participant		
	Make Parenting A Pleasure	11.2	
	Effective Black Parenting Program	15.8	
Is anyone better off?	**Increased Parenting Knowledge and Skills**	**Pre**	**Post**
	Make Parenting A Pleasure average score[59]	6.01	6.48 ***
	Effective Black Parenting Program (% with improved score)	2/5 (40%)	
	Parenting Confidence and Attitudes[60] *(% Agree/Strongly Agree)*	**N = 53**	
	The information provided was useful to me	47 (89%)	
	I felt the class leader was knowledgeable	46 (87%)	
	My parenting skills have improved because of what I learned	45 (85%)	
	Family Engagement in other FRC Services		
	% Receiving Crisis Intervention	222 (50%)	
	% Receiving SELS	126 (28%)	
	% Receiving Home Visiting	40 (9%)	

Source: FY 2022-23 Quarterly Performance Measures, FY 2022-23 Service Records, FY 2022-23 MPAP Assessments Data. FY 2022-23 Parenting Education/SELS Follow-Up Survey. *** indicates statistical significance at p <.001

[56] As of FY 2022-23, EBPP was not yet DCFAS-approved and not utilized for Empowered Families-funded services.
[57] Counts unduplicated by model may not equal total unduplicated served as participants may have engaged in multiple models within the fiscal year.
[58] Counts include duplicates if participants completed course multiple times and/or participated in different models in the fiscal year and may not be a direct representation of unduplicated families served.
[59] Average score for 402 matched sets. May include duplicate individuals who take courses multiple times.
[60] Participants who received parenting education and/or SELS services during the fiscal year and had a valid email address were sent an invitation to complete a survey with a chance to win a $50 Walmart gift card. Out of 817 invitations sent, 214 provided valid responses (26%) (response rate include Parenting Education and/or SELS participants combined).

BIRTH & BEYOND: CRISIS INTERVENTION SERVICES

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

In FY 2022-23, 2,608 families received CIS services. During the fiscal year, staff used the Family Development Matrix (FDM) for more intensive crisis intervention (Level 2). The FDM assessment and case management tool was used in partnership with families for goal setting and to support early intervention of primary concerns. Intervention specialists worked with families and to identify priorities, measure progress toward goals, and the effectiveness of interventions.[61] In total, 240 participants completed at least two FDM assessments.

Figure 63. RBA Dashboard — Birth & Beyond: Crisis Intervention Services

		FY 2022-23
How much did we do?	**Families Served**	
	Unduplicated number of families served	2,532
	Unduplicated caregivers with Intervention Service Record (ISR)	2,608
	Unduplicated families with a pre- and post- FDM Assessment[62]	240
How well did we do?	**Level of Completion**	
	Caregivers with at least one closed-loop referral	†
	Caregivers who developed an IS Case Management Plan[63]	53
	Caregivers who developed an FDM Empowerment Plan[64]	349/373 (94%)
Is anyone better off?	**Improvements in Self-Sufficiency**	
	Families showing progress (e.g., moving from "In Crisis" (red) *toward* "Self-Sufficient" (green) in at least one domain	235/240 (98%)
	Families showing progress in at least one targeted domain[65]	228/240 (95%)
	Family Engagement in other FRC Services	
	% Receiving SELS	721 (28%)
	% Receiving Home Visiting	519 (20%)
	% Receiving Group Parenting Education	222 (9%)

Source: FY 2022-23 Quarterly Performance Measures. Family Development Matrix Database. † Closed loop referrals pending implementation of the referral portal.

[61] FDM was implemented for Intervention Services in late FY 2021-22 and was used in FY 2022-23 until the creator terminated the site and partners' utilization of the tool. As a result, limited follow-up data are available as staff began preparation to transition case management families to a new assessment tool and goal planning procedure.
[62] Counts include duplicates when participants complete pre- and post-assessment multiple times throughout the FY.
[63] The FDM Empowerment Plan replaced the IS Case Management Plan. This count reflects Case Management Plans completed during/prior to the transition to the FDM.
[64] Total N includes participants who completed at least an initial FDM assessment, not limited to the matched set sample.
[65] Counts include changes in the domains each participant identifies as their "target" or focal areas. Totals do not include changes among the measures with "Not Applicable" selected at either point in time even if valid data available for the other assessment. Target areas based on categories selected during Visit 1 assessment.

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

SELS activities introduce a family to Birth & Beyond Family Resource Centers (FRCs) and may offer a gateway to more intensive Birth & Beyond services. SELS include child development activities, peer support groups, life-skills classes, and stress-reducing activities, such as basic needs pop-up events, diaper distribution, community baby showers, COVID-19 testing, workshops, events/celebrations, and support groups. In FY 2022-23, **Birth & Beyond provided over 9,100 SELS services** to 1,232 families with children ages 0-5, including 1,219 caregivers and 1,232 children. The number of families receiving Birth & Beyond FRC SELS services is comparable to FY 2021-22 (1,290). The average number of hours spent engaging in SELS (11.1) increased compared with FY 2021-22 (9.4).

Nine out of 10 SELS participants who completed a follow-up survey (n = 149) planned to participate in more activities (92% "agree" or "strongly agree") and felt the activities helped them feel more connected to their community (90%).

One-third (34%) of families participated in five or more SELS activities during the fiscal year, and nearly one in five (18%) participated in at least 10 SELS activities. Additionally, 59% of SELS families also received Crisis Intervention support, 31% participated in home visiting, and one in ten also attended group parent education workshops.

Figure 64. RBA Dashboard — Birth & Beyond: FRC Social and Emotional Learning and Support (SELS)

		FY 2022-23
How much did we do?	**Unduplicated Number of SELS Participants**	
	Total number of families	1,232
	Total number of parents/caregivers	1,219
	Total number of children (0-5)	1,232
	Total number of participants receiving Play Care Services[66]	91
How well did we do?	**Level of Service**	
	Average # of hours of participation	11.1
	Families with five or more services	425 (34%)
	Families with 10 or more services	227 (18%)
Is anyone better off?	**Perceived Social Support because of SELS [67]** *(% "Agree"/"Strongly Agree")*	
	I plan to participate in more Family Resource Center activities	136 (92%)
	FRC event(s) helped me feel more connected to my community	133 (90%)
	I feel that there are people in my community that can help me when I need additional support	128 (86%)
	I met one or more person that I plan to stay in touch with	109 (74%)
	Family Engagement in other FRC Services	
	% Receiving Crisis Intervention	721 (59%)
	% Receiving Home Visiting	381 (31%)
	% Receiving Group Parent Education	126 (10%)

Source: FY 2022-23 Quarterly Performance Measures Report; FY 2022-23 Services Records. FY 2022-23 Parenting Education/SELS Follow Up (N = 148). Follow-up questions response options range from 1 *"Strongly Disagree"* to 5 *"Strongly Agree"*.

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

[67] Participants who received parenting education and/or SELS services during the fiscal year and had a valid email address were sent an invitation to complete a survey with a chance to win a $50 Walmart gift card. Out of 817 invitations sent, 214 provided valid responses (26%) (response rate include Parenting Education and/or SELS participants combined).

Participant Success Story: Birth & Beyond

> "The activities … are helping [my youngest] … have healthy transitions. **I wish I had this knowledge before** so I could also do these activities with my older children as well."
>
> – "Indra" Home Visiting Participant

Indra and **Nico** (fictional names) are the parents of three children. They were referred to Birth & Beyond home visiting by the Sierra Health Foundation after Indra gave birth to her youngest child. Their family was struggling financially because Indra was on maternity leave. They began Parents as Teachers (PAT) home visiting services, receiving weekly home visits focused on parenting skills and child development. Their home visitor completed ASQ-3 and ASQ:SE screenings for the three children. Results showed that the two older children may need speech and language support. The home visitor also completed a depression screening with Indra and discussed her self-identified depression and anxiety symptoms and how these impact her parenting style and resilience.

Indra and Nico's home visitor connected them to Help Me Grow for additional support concerning the ASQ results. As a result of this connection, the two older children were enrolled in special education classes and speech therapy. The two younger children were also enrolled in Early Head Start. Indra was also connected to additional FRC services including monthly Diaper Distribution events, as well as the Guaranteed Income Program as Indra and Nico described they were barely making ends meet every month to pay rent. The family was also referred to Car Seat Safety training and completed Safe Sleep education, including receiving a Pack-N-Play for their youngest child.

Indra told her home visitor that the program had helped her make positive parenting decisions. Ever since she started the program, she has become aware of what parenting behaviors she needs to improve on and what positive parenting behaviors she already had. She also described the connection to Help Me Grow as the most significant help, describing it as a "huge blessing for me and my children." She purchased books, papers, and crayons for her children, and colors and draws with them daily to help them develop their motor skills. She also purchased riding toys to further improve their motor development by building muscle strength, giving them confidence in their physical abilities, and a sense of accomplishment and self-esteem.

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 provides case management, referrals to community services, and help with medical and mental health services to help families stabilize their situation.

> "Whenever my child is here, **I am at peace**! Thank you!"
>
> – Crisis Nursery Parent

In FY 2022-23, Sacramento Crisis Nursery served 239 families, including 239 parents/caregivers and 346 children. Among the children served, 343 received emergency daytime care and 214 received 24-hour/overnight care. The number served was similar to FY 2021-22 (234 families, 237 caregivers, 326 children). A large majority of stays were existing/returning clients (93%). Nearly two-thirds (62%) of families had three or more unique stays during the fiscal year.[68] Additionally, 89% of unique 24-hour stays included one day and one night only, while only 2% of 24-hour stays were for five or more consecutive days.

Figure 65. RBA Dashboard — Crisis Nursery: Safe and Emergency Care

		FY 2022-23
How much did we do?	**Child Care – Unduplicated Families and Children Served**	
	Total number of families	239
	Total number of parents/caregivers	239
	Total number of children	346
	# Children who Received Daytime Emergency Child Care (ECC) (any)	*343*
	# Children who Received 24-hour/Overnight Stays (any)	*214*
	Referral Source (by each unique stay) [69]	
	Existing Client	1,664 (93%)
	Another Agency/First 5 Contractor/Social Worker[70]	24 (1%)
	Friend/Family/Neighbor	18 (1%)
	Internet/Social Media/Flyers	12 (1%)
	Birth & Beyond/Family Resource Center	7 (<1%)
	CPS	7 (<1%)
	Health Care (e.g., hospital, doctor, nurse)	6 (<1%)

[68] Count of each stay, whether one single day of ECC or multiple consecutive 24-hour periods.
[69] Referral source not available for 43 entries
[70] E.g., Child Action, Social Worker, School District, My Sister's House, Warmline

		FY 2022-23
	Services Provided (by each unique stay, duplicate participants) [71]	
	Total # **Daytime Only** ECC Stays[72]	1,762
	Total # **24-hour** Stays [73]	1,373
	Unduplicated 24-hour Stays	1,045
	# (%) Overnight Stays (1 night only)	*931 (89%)*
	# (%) Overnight Stays (5+ consecutive nights)	*22 (2%)*
	Families who had 3+ stays this FY	149/239 (62%)
	Families who had 30+ non-consecutive overnight stays	13/239 (5%)
	Total # of trips for which transportation was provided	290
	Outgoing Enhanced Referrals[74]	
	Child Care/School Readiness/Preschool	135
	Mental Health	59
	Medical/Dental	38
	Help Me Grow	6
How well did we do?	**Participant Satisfaction**	
	Crisis Nursery services kept children safe and secure	1,609 (99.8%)
Is anyone better off?	**Parent Support**	
	Participants who felt better able to solve crisis situations	1,591 (99.4%)
	Families who only had one stay (did not return after their first)	45 (19%)
	Child Welfare *(Children served July 1, 2021 through June 30, 2022)*[75]	
	Children who had Child Protective Services (CPS) involvement within 12 months of Crisis Nursery stay(s)	34/280 (12.1%)
	Children who had a substantiated CPS allegation up to 12 months after CI services	9/280 (3.2%)

Source: FY 2022-23 Crisis Nursery Service Records; FY 2022-23 Crisis Nursery Client Roster Data

> "I am **beyond thankful.** I have such a lack of support when it comes to the care of my child … Crisis Nursery has been a **huge help** with … being able to focus on my healing…."
>
> -- Crisis Nursery Parent

[71] Due to nuances in the nature of Crisis Nursery entry/exits, regulatory requirements impacting definitions of "24-hour" and "daytime" care, and changes to the use of the Persimmony database, counts provided here may not be comparable to previous reports. Additionally, overnight/24-hour care may include children who did not stay the full night, as regulatory requirements indicate a bed must be available for any child in care after 7 pm, even if the caregiver picks them up shortly thereafter.
[72] Includes counts where child received a daytime only stay following a 24-hour stay (e.g., entered the morning of day one, stayed through the night, then exited mid-day the following day. In this example the first day + overnight is counted in the "24-hour stays" while the second day is counted as a "daytime only" stay, even though it consecutively follows a 24-hour stay.
[73] 24-hour counts (which include daytime *and* overnight care) also include overnight only care. While infrequent, overnight participants enter after 7 pm and exit before 7 am, yet regulatory requirements are the same as those receiving 24-hour stays.
[74] Crisis Nursery provides referrals for additional categories not listed here. The focus of this report is the contracted Enhanced Referrals for First 5 Sacramento. For instance, CN provided 190 referrals for basic needs and 113 referrals for housing.
[75] Child welfare look-up was conducted on 280 children whose parents consented to the look-up and received Crisis Nursery services between July 1, 2021 and June 30, 2022 to allow for a full year of observation. FY 2022-23 is the second year this information was available due to language added to the consent form in February 2020.

CPS OUTCOMES FOR CHILDREN RECEIVING RESIDENTIAL CARE

In partnership with Sacramento County Department of Children, Families and Adult Services (DCFAS), First 5 identifies substantiated CPS allegations among consenting Crisis Nursery participants to explore the impact of residential care on mitigating child maltreatment.

Out of 280 children (ages 0-5) who received residential care in the previous fiscal year (July 2021-June 2022), 30% had CPS involvement in the past five years, and 13% had recent CPS involvement (i.e., substantiated, inconclusive, or unfounded allegation) within the six months prior to Crisis Nursery intake. Further, 6% (16/280) had *substantiated* baseline allegations. In contrast, only 3% of children (9/280) had a substantiated CPS allegation within the 12 months following their Crisis Nursery intake.

30%
had (any) CPS involvement in the **past five years.**

6%
had **substantiated** CPS involvement in the six months **prior to intake.**

3%
had **substantiated CPS** involvement in the 12 months **after Crisis Nursery intake.**

Consent language added in February 2020 was made possible through a committed partnership between DCFAS, First 5, and Crisis Nursery staff focused on strengthening evaluation and program goals without creating perceived barriers to services. First 5 is grateful for the staff who made this possible, as well as the families who consent to sharing information.[76]

Families using Crisis Nursery services provided reasons for use at each stay. Participants most commonly reported reasons related to employment (51%) or parental distress (23%), followed by medical (12%) and housing/homelessness (12%). More than half of the caregivers reported reduced stress after each use of the Crisis Nursery. The figure below details families who received case management through the Crisis Nursery, in addition to safe child care.

Figure 66. RBA Dashboard — Crisis Nursery: Crisis Intervention

		FY 2022-23
How much did we do?	**Overall Reach of Crisis Nursery Crisis Intervention**	
	Crisis Nursery Pre-Assessments (Request for Service) Completed	1,743
	Crisis Nursery Post-Assessments (Exit Interview) Completed	1,739
	Crisis Resolution Plan (CRP)	
	Families who created a Crisis Resolution Plan during FY [77]	158 (66%)
	Reasons for Seeking Care (reasons provided at each stay)[78]	
	Employment	901 (51%)
	Parental Distress	402 (23%)
	Medical	220 (12%)
	Housing/Homelessness	208 (12%)
	Other Emergency	94 (5%)
	Legal	92 (5%)
	Education	57 (3%)
	Substance Use (AOD)	40 (2%)
	Basic Needs/Financial	36 (2%)
	Mental Health	30 (2%)
	Domestic Violence	12 (1%)

[76] 273 out of 281 unduplicated caregivers provided consent (97%)
[77] Some returning families may have created a CRP in the previous FY, which are not counted here.
[78] Counts may not equal total (duplicated) number of records (N = 1,781) as participants can select more than one reason.

		FY 2022-23	
Is anyone better off?	**Connection to Ongoing Support (n = 20)**	**Pre**	**Post**
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment)	3.4	4.0
	I know what program to contact in my community when I need advice on how to raise my child	3.8	3.9
	Reduced Stress	**Pre**	**Post**
	Level of stress (n = 1,544)	3.4	2.5***
	Parental stress level affected their care of child (n = 1,545)	2.4	1.8***
	Parents who agreed that Crisis Nursery reduced stress (n = 1,544)	804 (52.1%)	

Source: 2022-23 Crisis Nursery individual-level service data provided by Sacramento Crisis Nursery North and South; FY 2022-23 Family Information Form (Parent Matched Set N = 20) Note: Connection to Ongoing Support responses include participants who provided answers to pre- and post-FIF matched to CN service records by Family ID. May include participants who engaged in multiple First 5-funded activities. Statistical significance not tested due to small sample size. Statistical significance for Reduced Stress matched sets reported as * $p < .05$, ** $p < .01$, *** $p < .001$. Each "Better Off" measure scales range from 1 to 5 (higher values indicating more affirmative responses).

"Being homeless isn't easy, far from. So, thank you all for everything! We love you and you will never understand how greatly **you've made a difference in our lives.**" – Crisis Nursery Parent

Participant Success Stories: Crisis Nursery

"I sometimes feel like I literally have no one to help … you guys give me that much needed time and assistance that **keeps me going….**"
– "Harriet," Crisis Nursery Parent

Harriet and her four-year-old, Toby (fictional names), were experiencing unstable housing after Harriet fled from Toby's father due to domestic violence. Toby received recurring emergency daytime child care from Crisis Nursery enabling Harriet to attend appointments and take care of other emergencies. Harriet also received resources to connect with the Family Justice Center, a Housing Navigator, Head Start preschool, accessed the Crisis Nursery Baby Boutique to obtain adequate clothing for Toby, was able to secure permanent housing through the Crisis Nursery connections. Harriet expressed her gratitude for the assistance provided by Crisis Nursery, mentioning that Crisis Nursery gives her the time and assistance that keeps her going despite feelings that she does not have a support system to help. Harriet also noted that Toby enjoys the Crisis Nursery, too.

Tasha (fictional name) is a single mother of three-year-old twins. They were unhoused, staying in their car and couch surfing. Tasha connected with a Crisis Nursery Case Manager to secure a safe place for her children to stay. Together, they created a Crisis Resolution Plan for Tasha to work toward obtaining housing, employment, and child care. The twins received 24-hour care from Crisis Nursery for 28 days. Tasha visited regularly and provided verification of the progress she was making toward her goals.

While her twins stayed at the Crisis Nursery, Tasha was able to connect with a local organization for housing assistance, attended job interviews, and gained employment. She also obtained stable child care so she could maintain her employment and connected with Help Me Grow for support with children's developmental milestones. As her situation became more secure, the twins exited the crisis nursery and Tasha reported a significantly lower stress level ("not at all") compared with intake ("greatly").

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 1,746 children ages 0-5 and 3,786 parents/caregivers through their four strategies (home visiting, parenting education, crisis intervention, and light touch support). One-third of the families engaged in two or more strategies within the fiscal year.
- FRCs offered **Home Visiting** services through the evidence-based Parents as Teachers (PAT) and Healthy Families America (HFA) models, as well as the Effective Black Parenting Program (EBPP). In total, 862 adults in 829 families received one or more home visit.
  - 3.1% of the 352 children who had an intake to Birth & Beyond home visiting between March 2021 and February 2022 *and* had at least eight hours of home visiting had a substantiated CPS allegation up to 12 months after intake, compared with 7.9% of participants who received less than eight hours of home visiting (n = 394, includes groups with less than two hours (6.1%) and two through seven hours (9.7%)).
  - For the second consecutive year, zero children with 8+ hours of B&B Home Visiting following a substantiated allegation experienced recurrence within 12 months.
- FRCs offered evidence-based **Parenting Education** classes such as Make Parenting A Pleasure (MPAP) and Effective Black Parenting Program (EBPP) to 492 parents. On average, MPAP participants had statistically significant improvements to parenting skills and attitudes after participating in parenting education.
- **Crisis Intervention Services** served more than 2,500 families experiencing a pressing concern or immediate need. Intervention specialists support families via referrals, resources, and family-focused case management.
- 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 9,100 SELS services to 1,232 families.
- The **Sacramento Crisis Nursery** provided 1,762 daytime emergency child care stays and 1,373 24-hour stays to nearly 350 children in 239 families. Crisis Nursery serves high-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.
  - 3% of children served during FY 2021-22 experienced a substantiated CPS allegation up to one year *after* intake, while 6% had a substantiated baseline allegation within the six months *prior* to Crisis Nursery intake.
  - Two-thirds (66%) of caregivers completed a crisis resolution plan. Crisis Nursery provided nearly 250 referrals, including 135 referrals for child care, preschool, and/or school readiness, and 59 mental health referrals.
  - Participants had significant reductions in parental stress, on average. Additionally, more than half (52%) of families completing an exit interview felt that Crisis Nursery reduced their stress.

Evaluation Successes and Next Steps

FY 2022-23 marked the second year of the current strategic plan and what we hope was the beginning of normalcy for our funded partners as the extensive, direct impact of COVID-19 continued to lessen. FY 2022-23 highlights include the full implementation of the new Empowered Families models/curricula, implementation of the short-term Refugee Family Support program, and expanded reach and implementation of follow-up surveys to further identify program impact and satisfaction with services.

Overall, **First 5 Sacramento's direct services reached 5% of Sacramento County children ages 0-5**, while also serving thousands more through indirect policy and system impacts (e.g., media campaigns, hospital policies, fluoridation). First 5's commitment to racial equity, diversity, and inclusion is reflected in the composition of the population served. More than 80% of the children served were Hispanic/Latino (40%), Black/African American (18%), Asian (16%), or multi-racial (9%). Meanwhile these groups combined comprise 59% of countywide estimates (ages 0-5).

While funded partners work to conclude services for the 2021-2024 funding cycle, First 5 aims to reflect on the current and prior evaluation data to identify opportunities for enhancements or changes ahead of the next contract term (FY 2024-27).

Future goals include:

- Reviewing the FY 2021-22 and FY 2022-23 evaluation findings to identify gaps that need to be addressed and discuss program enhancements with future contractors to ensure programs are implemented as intended and evaluations offer meaningful and useful insights.

  This includes working to streamline data monitoring using the Results Based Accountability framework and updating data collection tools.

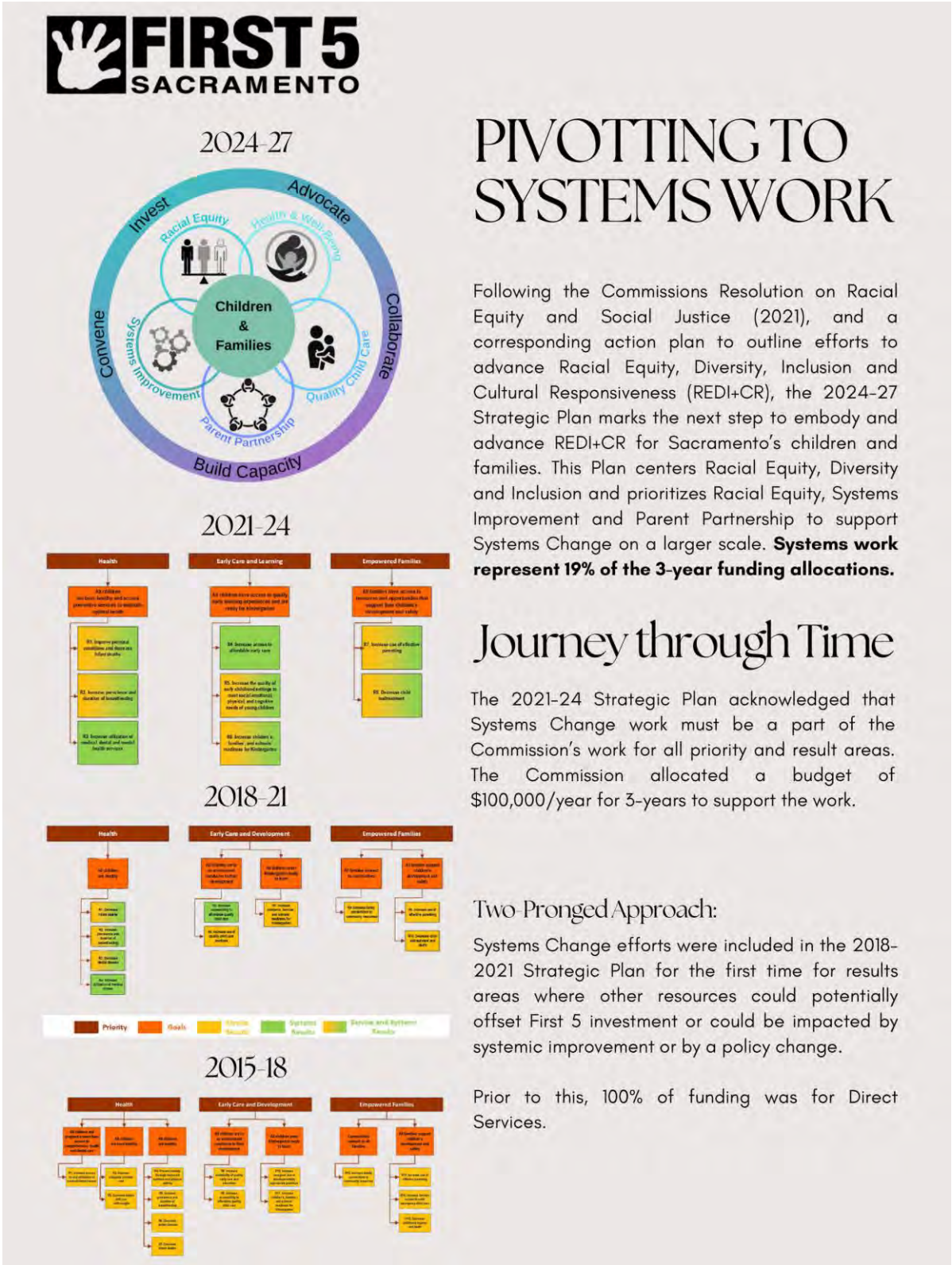
- Continue to invest in systems change and advocacy work, such as the Racial Equity, Diversity, and Inclusion (REDI) initiative and deliberate initiatives to be implemented in the 2024-2027 strategic planning cycle.

- Assess programs through special studies and monitor actions taken based on recommendations to identify program strengths and implement best practices, reducing roadblocks for staff and program service delivery.

- Continue to work with the Persimmony database to add additional functionalities to support data entry and improve the accuracy and representativeness of quantitative and qualitative insights and to improve rate of closed loop referral completions.

- Work with other community partners to increase collaborative opportunities; make evaluation data available for community partners.

Systems Optimization and Sustainability Highlight



Source: Visual created by First 5 Sacramento

Appendix A: Detailed Demographics

Primary Language	Children	Parents/Caregivers	Providers	Total
English	**4,121**	**6,702**	**294**	**11,117**
Spanish	**1,041**	**1,441**	**12**	**2,494**
Cantonese	**52**	**60**	**-**	**112**
Mandarin	**23**	**27**	**-**	**50**
Vietnamese	**40**	**44**	**-**	**84**
Hmong	**19**	**30**	**1**	**50**
Russian or Ukrainian	**71**	**180**	**1**	**252**
Other Primary Language				
Arabic	18	23	-	50
Armenian	23	13	-	36
Bengali	2	2	-	4
Burmese	1	1	-	2
Chinese	2	2	-	4
Dari	311	713	-	1,024
Farsi	46	92	-	138
French	1	1	-	2
Hindi	3	4	-	7
Indian	-	1	-	1
Italian	-	1	-	1
Japanese	-	1	-	1
Lao	-	1	-	1
Marshallese	1	2	-	3
Nepali	-	2	-	2
Pashto	75	211	-	286
Punjabi	22	21	-	43
Romanian	-	1	-	1
Russian	2	1	-	3
Tagalog	1	1	-	2
Tamil	1	-	-	1
Telugu	1	1	-	2
Turkish	1	3	-	4
Ukrainian	1	-	-	1
Urdu	8	11	-	19
Other Not Listed/Not Specified	136	233	-	369
Unknown/Declined	55	65	-	120
Ethnicity	**Children**	**Parents/Caregivers**	**Providers**	**Total**
Afghan	117	536	1	**654**
Alaska Native/American Indian	35	48	1	**84**
Arab	6	8	-	**14**
Asian	840	1,199	37	**2,076**
Black/African American	955	1,801	40	**2,796**
Hispanic/Latino	2,139	3,166	72	**5,377**
Hmong	102	122	3	**227**
Indian	1	10	-	**11**
Pacific Islander	78	109	1	**188**
Pakistani	-	4	-	**4**
Russian or Ukrainian †	57	166	2	**225**
Russian	3	10	-	**13**
Ukrainian	3	5	-	**8**
White	799	1,330	57	**2,186**
Multiracial	501	512	12	**1,025**
Another Race/Ethnicity	365	640	19	**1,024**
Unknown/Not Specified	77	234	63	**374**
Total	**6,078**	**9,900**	**308**	**16,286**

Source: FY 2022-23 Client Demographics. Note: Caregiver and provider counts may overlap as some providers may also be parents. Demographic may be less detailed for some participants if client records were established before additional categories added. Large numbers of unknown/not listed demographics may be, in part, due to strategies which may not collect detailed demographics. † Russian/Ukrainian categories were previously combined, thus most client records are not distinguished between the two categories.

References

[i] Sybertz, A. 2022. "How to get used to being busy again post-pandemic… except now with kids." VeryWell Family. Published October 31, 2022. https://www.verywellfamily.com/how-to-get-used-to-being-busy-again-except-now-with-kids-6822289#:~:text=As%20we%20return%20to%20a,have%20children%20before%20the%20pandemic.
[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] 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
[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] Osterman, M.J.K, et. al., 2023. Births: Final Data for 2021. National Vital Statistics Report, Volume 72, Number 1. https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf
[vi] 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
[vii] 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
[viii] California Department of Public Health, Maternal, Child, and Adolescent Health Division. 2023. Breastfeeding Initiation. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx
[ix] Centers for Disease Control and Prevention. 2022. Breastfeeding Report Card United States, 2022. https://www.cdc.gov/breastfeeding/pdf/2022-Breastfeeding-Report-Card-H.pdf
[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., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). CCWIP reports. Retrieved Oct 2023 from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.
[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/

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