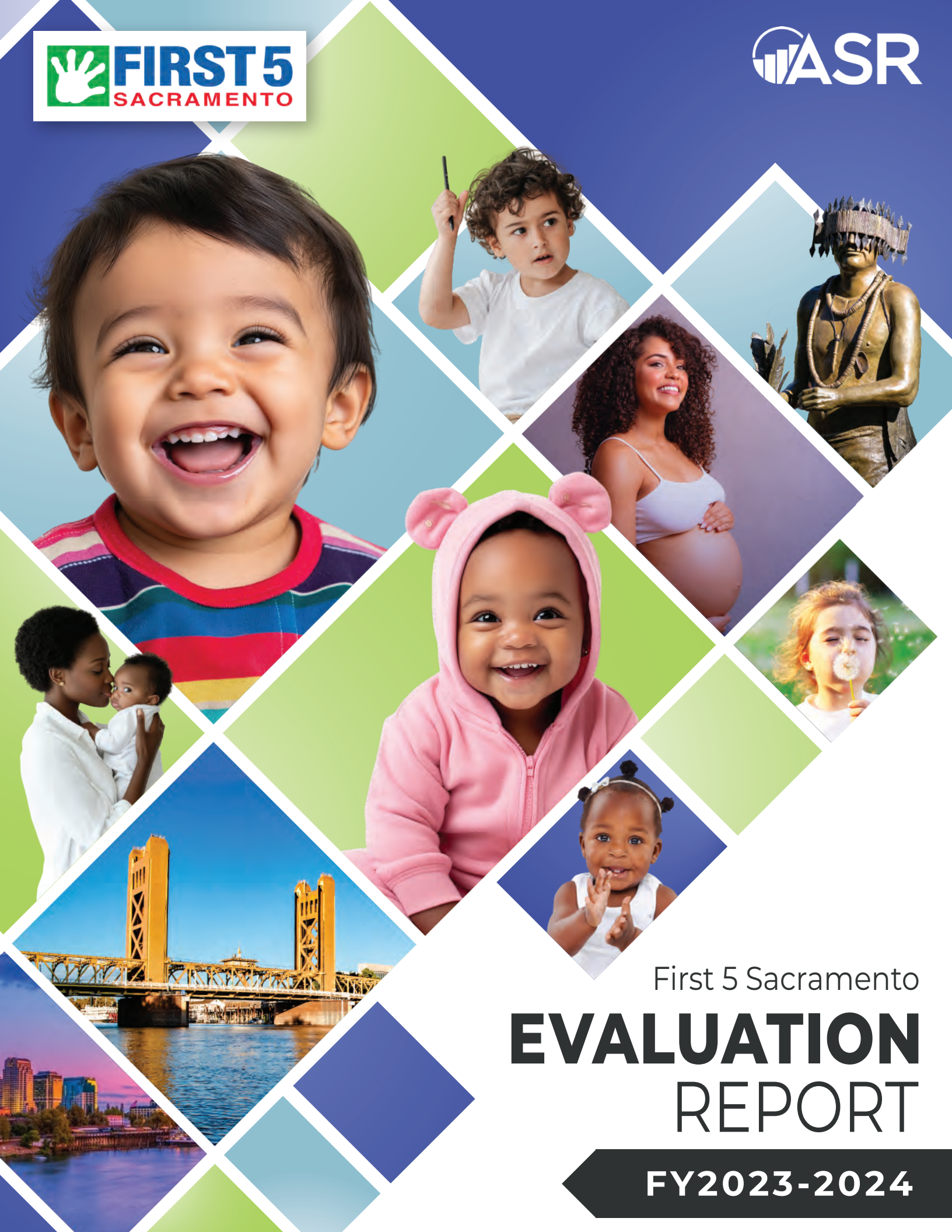




FIRST 5
SACRAMENTO

ASR



First 5 Sacramento
EVALUATION
REPORT

FY2023-2024

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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 First 5-funded services provided and participant outcomes in fiscal year (FY) 2023-24. Unless otherwise noted, all data presented here relate to FY 2023-24.

This report uses a Results-Based Accountability (RBA) framework to address 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

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.

“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

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.

First 5 invested over \$21 million dollars in FY 2023-24, which was distributed across the different strategic result and administrative areas. The largest proportion of funding went to the Family Functioning and Systems of Care domains (see figure below).

Figure 2. Expenses, by Content Area

Expense Area	FY 2023-24	
Improved Family Functioning	\$14,105,155	66%
Improved Systems of Care	\$2,935,240	14%
Improved Child Health	\$1,905,187	9%
Improved Child Development	\$668,477	3%
Administration	\$1,161,277	5%
Evaluation	\$527,563	2%
First 5 Expenditures Total	\$21,302,899	

Source: FY 2023-24 Annual Report Data (AR1), First 5 Sacramento.

First 5's program expenditures (approximately \$19.6M of the \$21.3M) largely went to community-based/nonprofit organizations (65%), followed by school districts (20%).

Figure 3. Program Expenditures, by Agency Type

Expense Area	FY 2023-24	
Community-Based Organizations/Nonprofits	\$12,670,667	65%
School Districts/SCOE	\$3,937,346	20%
First 5 Commission	\$2,435,407	12%
County Health and Human Services	\$522,789	3%
Research/Consulting Firm	\$47,850	<1%

Source: FY 2023-24 Annual Report Data (AR1), First 5 Sacramento.

Evaluation Methodology

RESULTS-BASED ACCOUNTABILITY FRAMEWORK

First 5 Sacramento's evaluation plan follows a **Results-Based Accountability (RBA)** framework. 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

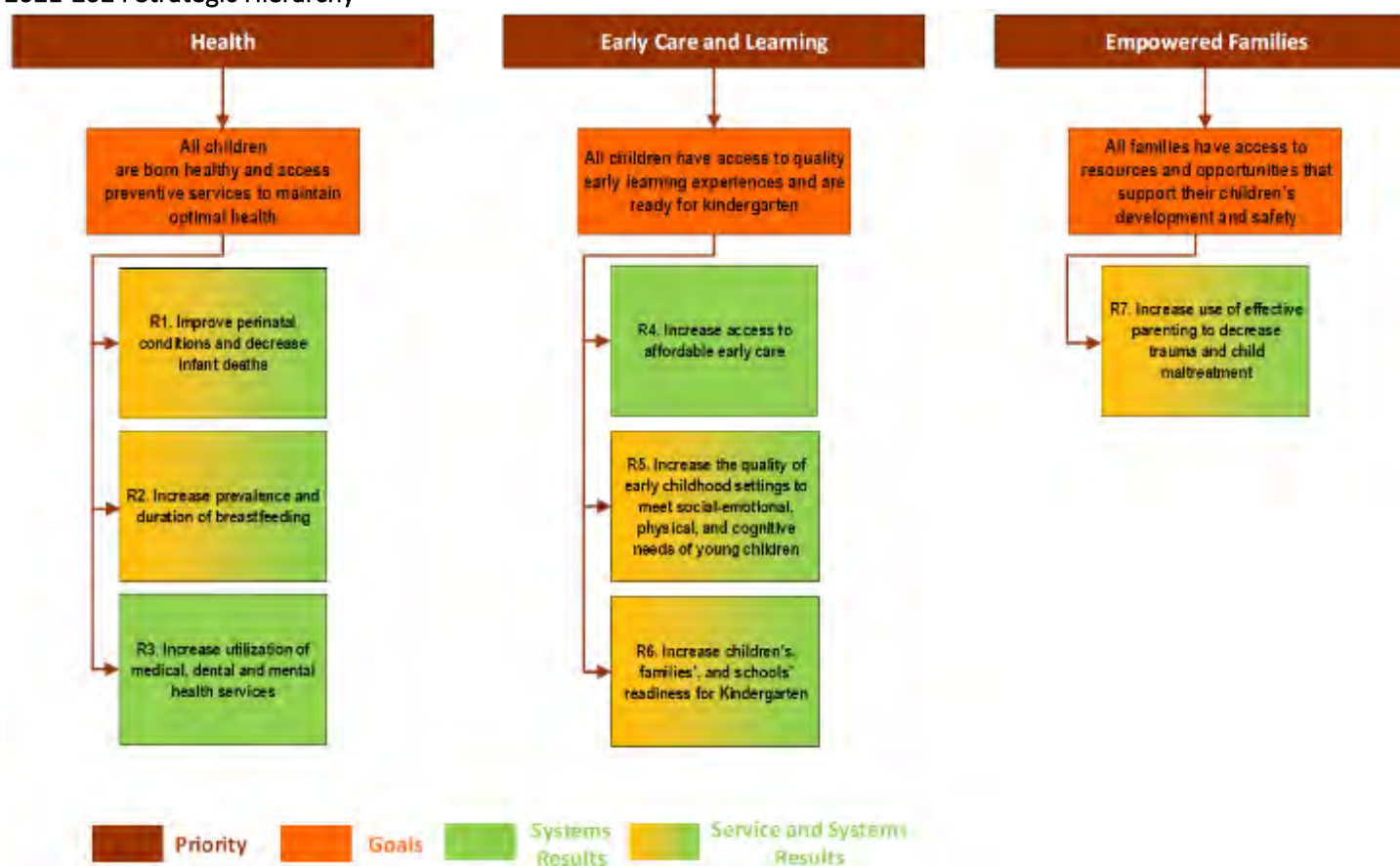
Evaluation data include primary and secondary data gathered from various sources, including:

- **Community indicators:** 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 records:** Most grantees entered client-level demographic and service data into the Persimmony database. 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 2023-24.
- **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 collected additional curriculum-specific outcomes through surveys/assessments and follow-up calls to track changes in knowledge, attitudes, behaviors, health, and/or the status of referrals.
- **Special reports:** This evaluation report highlights key findings from special reports conducted, although additional details may be found in the separate reports referenced. For instance, this report highlights findings from the FY 2023-24 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 17,128 unduplicated individuals in 11,633 families.¹ The total number of children reached (5,846) represented 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 2023-24, 14% (1,598/11,633) took part in two or more service program areas (e.g., Her Health First *and* WIC).²

14%
of families served
engaged in **two
or more** service
program areas

Figure 5. Reach of First 5 Sacramento

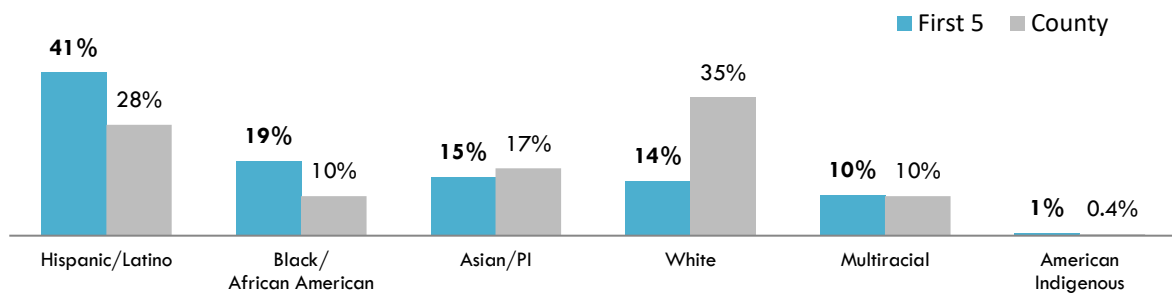


Source: FY 2023-24 Client Information (among those receiving services in FY 2023-24). Note: Counts may not match those reported in First 5 Sacramento State Report due to differences in *total* unduplicated participants served and unduplicated counts *by program area*. Additionally, counts will exclude participants whose client-level information is not entered into Persimmony database. Provider counts may be underrepresented as some providers may also be in the First 5 database as parents.

First 5 programs served a larger proportion of Hispanic/Latino (41%) and Black/African American (19%) children compared to countywide proportions. Nearly one-third of children and caregivers primarily spoke a language other than English. Additional language and ethnicity details are provided in Appendix A.

32%
primarily spoke a
language other
than English

Figure 6. Child Ethnicity: First 5 Sacramento and Sacramento County Overall



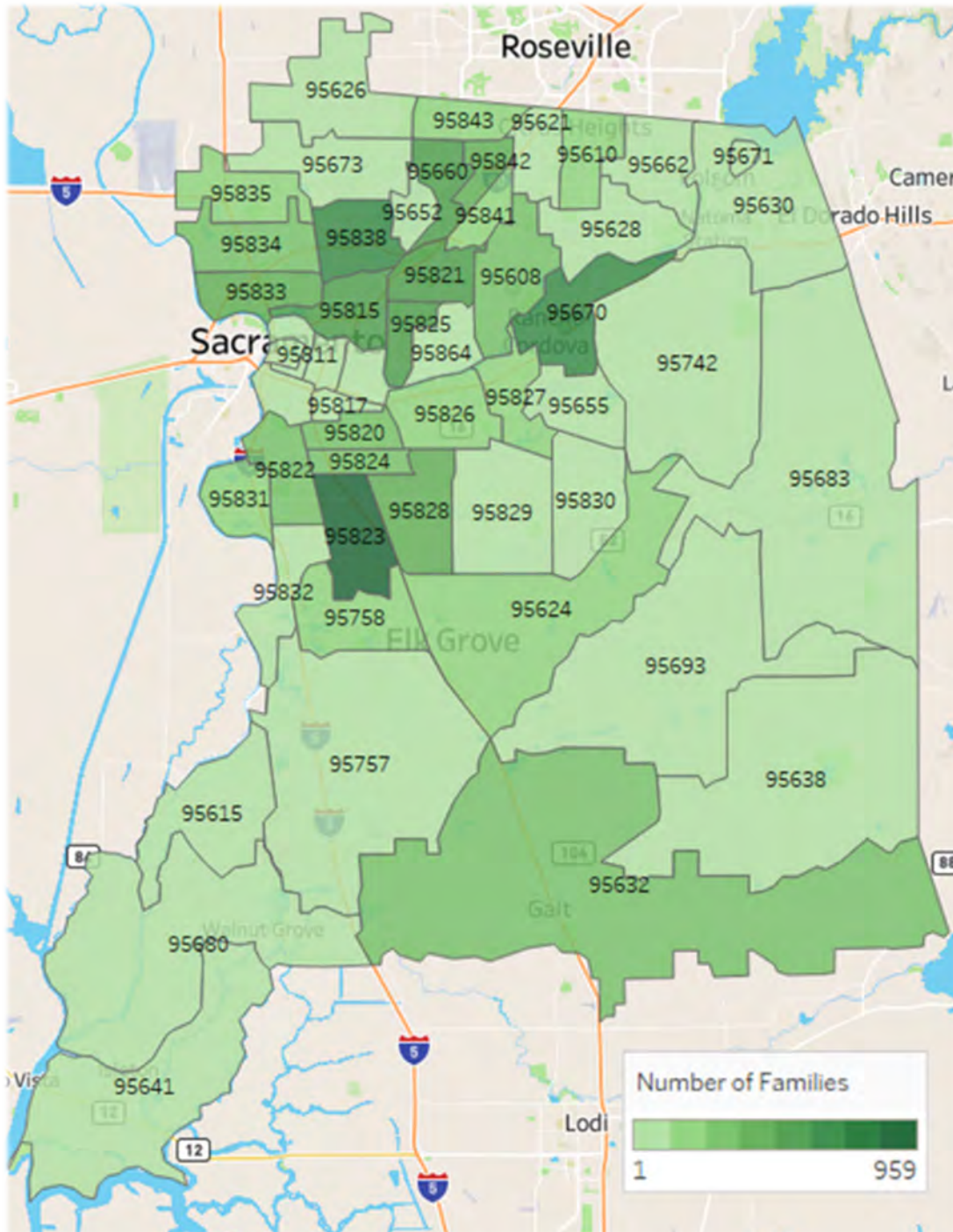
Source: FY 2023-24 Client Information (among *children* receiving services in FY, N = 5,846, excluding those whose ethnicity was Unknown (N = 87) or ethnicities for which countywide data are not provided (N = 685). County comparisons are for all children 0 to 5 via DCFAS data request.

¹ Counts differ from First 5 California report (N = 21,265) as counts are unduplicated across all of First 5 Sacramento efforts rather than unduplicated by program area. Also, 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 2023-24. Families most commonly lived in or around Valley Hi (95823), Del Paso Heights (95838), Rancho Cordova (95670), and North Highlands (95660).

Figure 7. Map of Sacramento Families Served, FY 2023-24



Source: FY 2022-23 Service Records. Counts unduplicated by Family ID. May contain partial duplicates if family members have different primary addresses. 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 has used a Family Information Form (FIF) since FY 2015-16 to capture information about participant and family characteristics and well-being related to First 5's desired results. More than 4,800 parent/caregiver FIFs and more than 5,300 child FIFs were completed by participants served.³

Consistent with previous years, food/nutrition services were most utilized within the six months prior to intake. Two-thirds of the parents/caregivers (65%) reported using these services, followed by FRC services (17%), parenting education (16%), or home visits (11%) prior to their intake.



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

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

	FY 2023-24
Parenting Programs, Services, Supports Used in Six Months Prior to Intake	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	3,136 (65%)
FRC Services	821 (17%)
Parenting Education/Support	766 (16%)
Home Visits	516 (11%)
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	3,766 (82%)
I involve my child in day-to-day tasks for our family	3,520 (76%)
I have people in my life who provide me with support	3,478 (76%)
I am able to handle the stresses of day-to-day parenting	3,358 (73%)
I know what to expect each stage of my child's development	3,318 (71%)
I am able to take a break and do something enjoyable at least once a week	3,138 (68%)
I know what program to contact when I need help for basic needs	2,861 (61%)
I know what program to contact when I need advice on how to raise my child	2,840 (61%)
I attend events in my community with my child	2,332 (50%)
I find myself in stressful situations at least once a week	1,873 (41%)
In the past two weeks, I have felt down, depressed, or hopeless	814 (19%)

Source: FY 2023-24 Family Information Form (intakes). (All data self-reported). N = 4,831 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.

³ FIFs are partially unduplicated to prevent overrepresenting participant responses. May contain duplicates when participants engage in multiple programs at various times in the FY. However, data cleaning involved removing multiple FIFs for participants within the same program/period of time (e.g., two completed within a month, for the same program). When participants had two or more FIFs for the same program, the first one completed in the FY (or the first prior to the start of applicable services) was used to reflect "intake" circumstances as much as possible. Parents/caregivers are instructed to complete Child FIFs on behalf of each child receiving First 5 funded services.

The information below highlights child-specific characteristics at intake, including the frequency of family activities and child behaviors and access to resources. Most (76%) families reported playing with their child five or more times per week, while less than half read together at least five times a week.



Similarly, families were less likely to report that their child *Adjusts well to change* (44%), *Calms themselves when upset* (30%), or *Stays calm and in control when faced with a challenge* (28%). 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* (74%).

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

	FY 2023-24
Frequency of Family Activities (at intake) (% selecting 5, 6, or 7 times per week)	
Sat and shared a meal together	4,430 (85%)
Practiced a bedtime routine	4,282 (82%)
Played one-on-one with child	4,001 (76%)
Talked with child about things that happened during the day	3,803 (73%)
Told stories or sang songs together	3,749 (72%)
Read together at home	2,438 (47%)
Child Characteristics (at intake) (% selecting Very True)	
Child has opportunities for fun at least once every day	4,076 (80%)
Child has at least two non-parent adults who take a genuine interest in them	3,786 (74%)
Child openly shares feelings with caregivers (if old enough to talk)	2,286 (61%)
Child adjusts well to changes in routine	2,231 (44%)
Child calms themselves when upset	1,513 (30%)
Child stays calm and in control when faced with a challenge	1,405 (28%)

Source: FY 2022-23 Family Information Form – Child (intakes). (All data self-reported). N = 5,350, 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. May include FIFs where the family received First 5-funded services, even if no direct services logged for the child ID.

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). Among the families served during the FY, 334 parents/caregivers responded on behalf of themselves, and 378 responded for their child(ren).⁴ 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. Participants were also significantly more likely to attend

⁴ In total 2,454 Caregiver FIFs and 2,099 Child FIFs were sent to program participants with a valid email address (may include duplicate individuals if engaging in multiple activities). First 5 received responses on behalf of 410 caregivers (17%) and 437 children (21%). Additional data cleaning was completed when participants did not have services in the FY and/or submitted duplicate responses.

community events with their child following First 5 services. Additionally, participants were significantly more likely to agree that their child stays calm and in control and/or shares their feelings.

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	70.9%	75.4%
I know what program to contact when I need help for basic needs	66.9%	72.7% **
I know what program to contact when I need advice on how to raise my child	60.4%	76.3% ***
I know of safe places for my child to play that are outside of home	86.1%	91.0%
Parent-Child Interaction (% "Agree" or "Strongly Agree")		
I attend community events with my child	54.6%	65.1% ***
I involve my child in day-to-day tasks for our family	82.3%	88.9%
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	66.4%	66.2%
I have people in my life who provide me support when I need it	77.2%	80.1%
I am able to handle the stresses of day-to-day parenting	78.1%	81.4%
I find myself in stressful situations at least once a week	40.6%	44.3%
I have felt down, depressed, or hopeless in the past two weeks	17.2%	14.7%
Child Information	Intake	Follow-Up
Behavioral Characteristics (% "Somewhat True" or "Very True")		
Child stays calm and in control when faced with a challenge	25.1%	27.2% *
Child calms themselves when upset	28.2%	28.9%
Child adjusts well to changes in routine	44.7%	44.9%
If old enough to talk, child openly shares feelings with their caregiver(s)	66.3%	70.5% *
Child Social Support (% "Somewhat True" or "Very True")		
Child has opportunities for fun at least once every day	88.2%	88.5%
Child has at least two non-parent adults who take a genuine interest in them	76.4%	79.0%
Parent-Child Interactions (% selecting 5, 6, or 7 times per week)		
Read with child for more than 10 minutes	48.9%	49.7%
Talked with child about things that happened during the day	81.2%	82.8%
Told stories or sang songs with child	77.3%	76.1%
Played one-on-one with child	81.6%	79.9%
Used the same bedtime routine	84.7%	84.9%
Sat and shared a meal together	89.7%	90.5%

Source: FY 2023-24 Family Information Form Matched Sets: Parent/Caregiver (N = 334) and Child (N = 378) 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. Statistical significance reported as * $p < .05$, ** $p < .01$, *** $p < .001$.

RESULT 1: IMPROVE PERINATAL CONDITIONS AND REDUCE INFANT DEATH

This result area includes highlights from the First 5 Sacramento Commission's Reduction of African American Child Deaths (RAACD) strategies. The full FY 2023-24 RAACD report is available on the First 5 Sacramento website.

COUNTYWIDE TRENDS

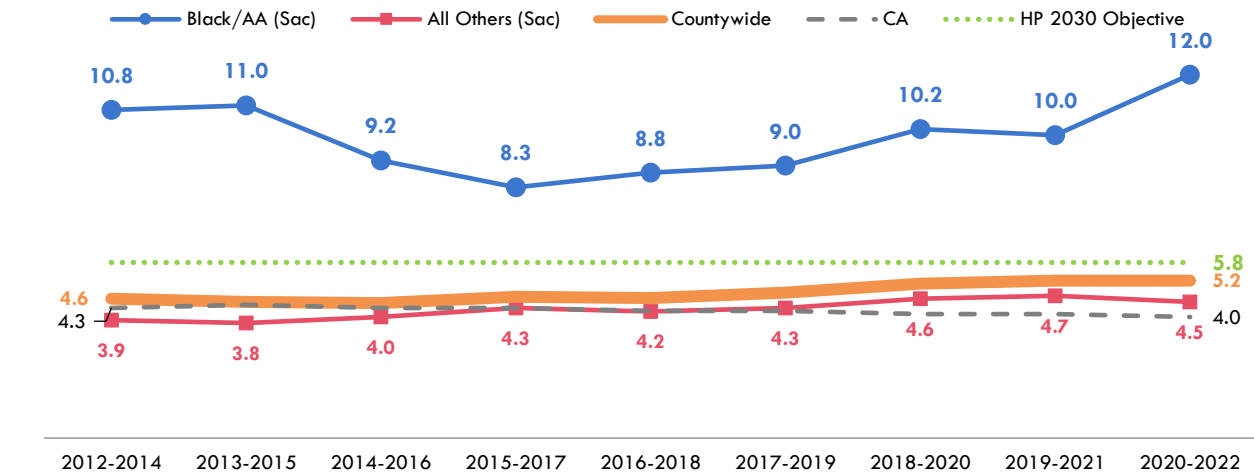
Infant mortality is influenced by many factors, such as lack of access to timely and regular prenatal care, preterm birth, chronic diseases/conditions in the mother, and social and economic disparities. Institutional racism and racial bias during medical care also contribute to disparities in infant and maternal outcomes.ⁱ Between 2012-2014 and 2020-2022, countywide infant mortality (all causes and all races) increased 13%. The countywide rate (5.2 per 1,000 births) remains higher than statewide (4.0), 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 were more than 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 the 2020-2022 rate (12.0) exceeding 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.

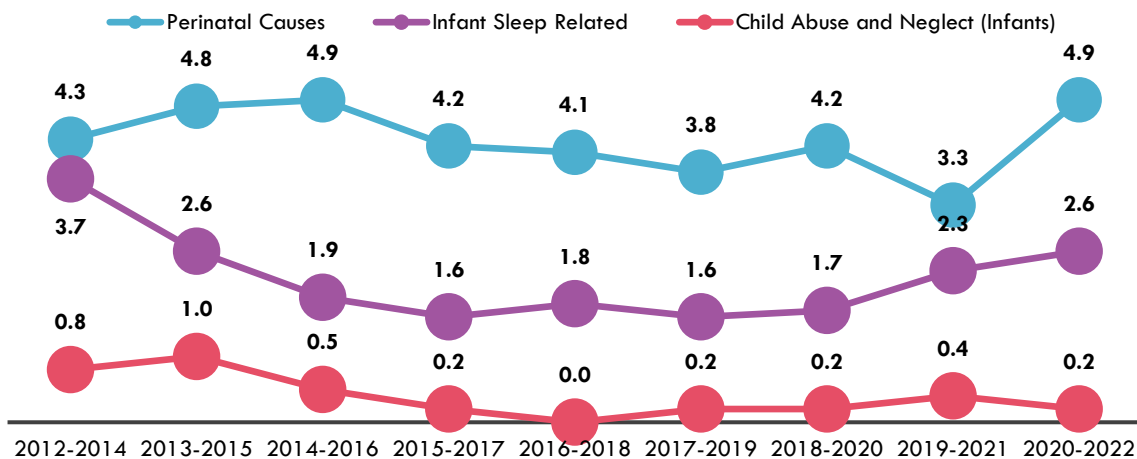
Figure 11. Sacramento County Infant Mortality per 1,000 Live Births, By Race



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. As of 2020-2022, CAN homicides exceeded the Blue Ribbon Commission's 2020 reduction goal, whereas infant sleep related deaths and perinatal deaths among African American infants in Sacramento County show worsening trends. Three-year trends may be impacted, in part, by COVID-19 disruptions to resources as well as total population estimates.

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

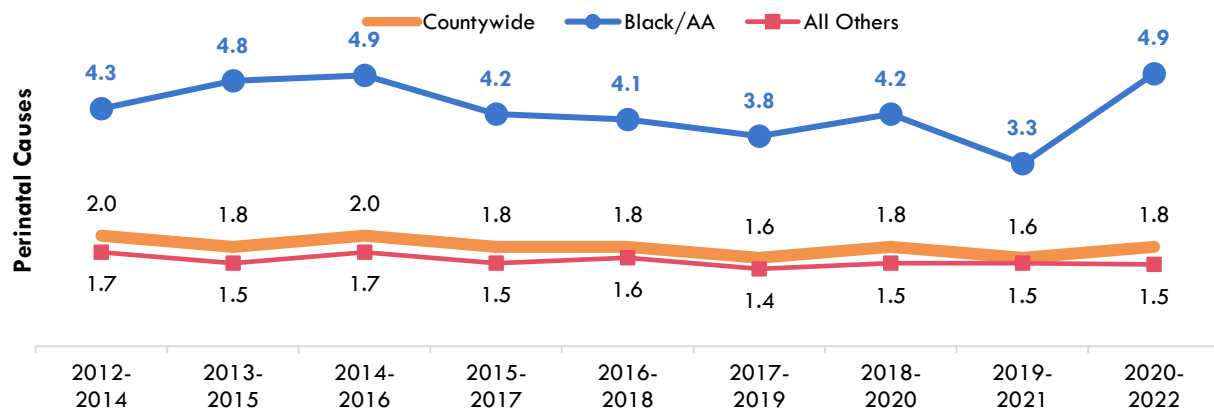


Source: Sacramento County Child Death Review Team Reports. Rate is per 1,000 infants (sum of deaths across three years divided by the sum of total population for each year, multiplied by 1,000).

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. Despite a promising decrease resulting in the lowest rate for African American infants in 2019-2021 (3.3 per 1,000 births), ISR deaths increased substantially as reflected in the 2020-2022 rolling rate (4.9 per 1,000 births). This rate is higher than the 2012-2014 baseline, and comparable to the peak in 2014-2016. Since 2012-2014, the disparity gap between African American infants and all others had a net increase of 32%. In 2020-2022, African American infants died from perinatal causes at 3.3 times the rate of all others.

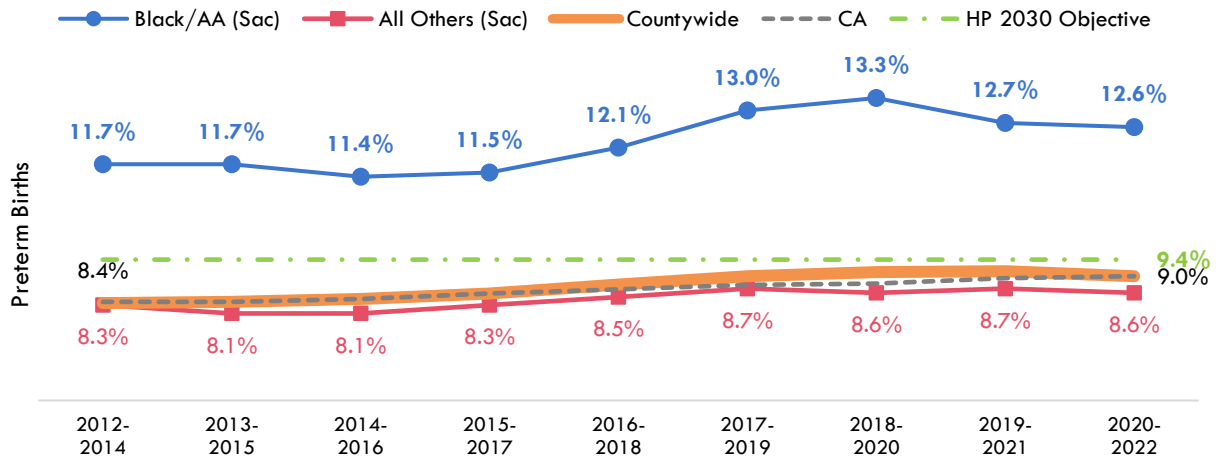
Figure 13. Sacramento County Deaths due to Perinatal Causes per 1,000 Live Births, By Race



Source: Sacramento County Child Death Review Team Reports 2012 through 2022. Rate is per 1,000 infants (sum of deaths across three years divided by the sum of total population for each year, multiplied by 1,000).

According to Healthy People 2030, preterm births are “getting worse” nationwide.ⁱⁱ National preterm birth rates increased from 10.0% in 2018 to 10.4% in 2022, while the Healthy People goal is to reach 9.4% by 2030. Within Sacramento County, African Americans continue to disproportionately experience preterm births. In 2020-2022, African American preterm births (12.6%) remained substantially higher than infants of all other race/ethnicities (8.6%), as well as county- and statewide (9.0% each). 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, 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.ⁱⁱⁱ

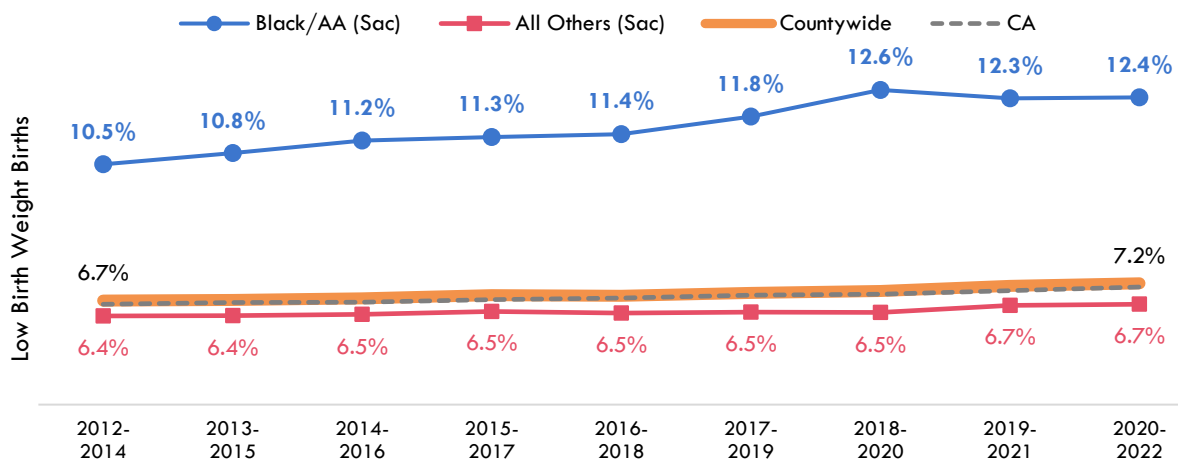
Figure 14. Sacramento County Preterm Births, by Race/Ethnicity



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 shows the proportion infants born LBW in rolling three-year increments from 2012-2014 (baseline) through 2020-2022, comparing African American infants with all other races. LBW among African American births has been increasing since the 2012-2014 baseline (10.5%), although 2019-2021 (12.3%) and 2020-2022 (12.4%) were slightly lower than the current peak (2018-2021, 12.6%). Nationwide estimates also show increased LBW in recent years. National Vital Statistics (2024) reported a 1% increase in LBW births between 2021 and 2022, and more than 20% increase since the 1980s.^{iv} Countywide rates (7.2% overall, 12.4% African Americans) remain lower than national estimates (8.6% overall, 14.8% African Americans). COVID-19, as well as persisting racial disparities and the chronic stresses of discrimination and racism, are known contributors to health/birth inequities.^{v, vi}

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



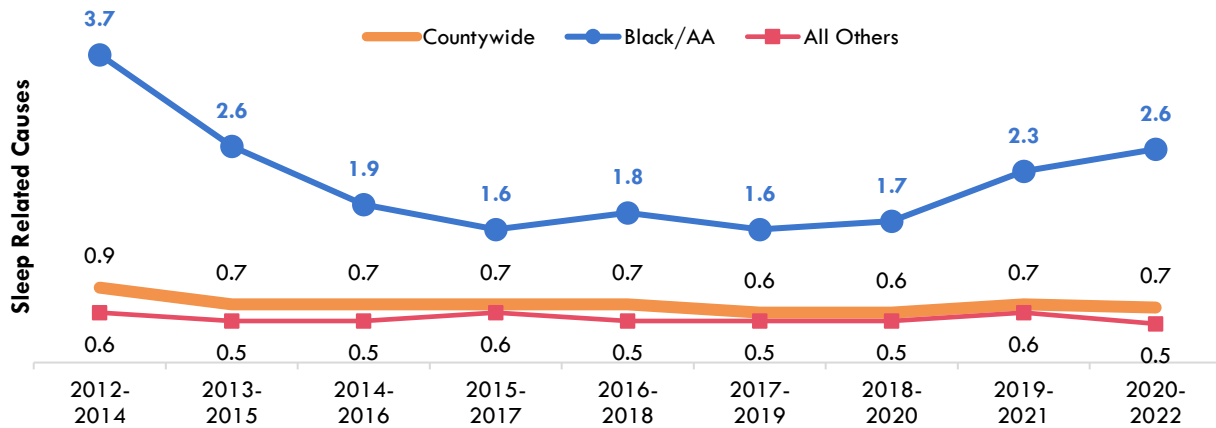
Source: Sacramento County Public Health (SCPH) Epidemiology Program (rates by race); California Department of Public Health Maternal, Child, and Adolescent Health Division County Dashboard (county- and statewide rates). Due to the instability of relatively small numbers, the percentage of infants born 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. Rolling rates of African American ISR deaths occurring in Sacramento County continued to increase following a significant long-term decrease between 2012-2014 (3.7 per 1,000 births) and 2017-2019 (1.6 per 1,000). As of 2020-2022, African American ISR deaths occurred at a rate of 2.6 per 1,000 births. The 2020-2022 rate was slightly higher than the Blue Ribbon Commission reduction goal rate (2.5).

The disparity gap between African American ISR deaths and all other ethnic groups had a net decrease of 32% compared with 2012-2014. However, in 2020-2022, African American infants were more than five times as likely to die from infant sleep related causes than all other races (2.6 per 1,000 African American births compared with 0.5 per 1,000 births among all other groups).

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



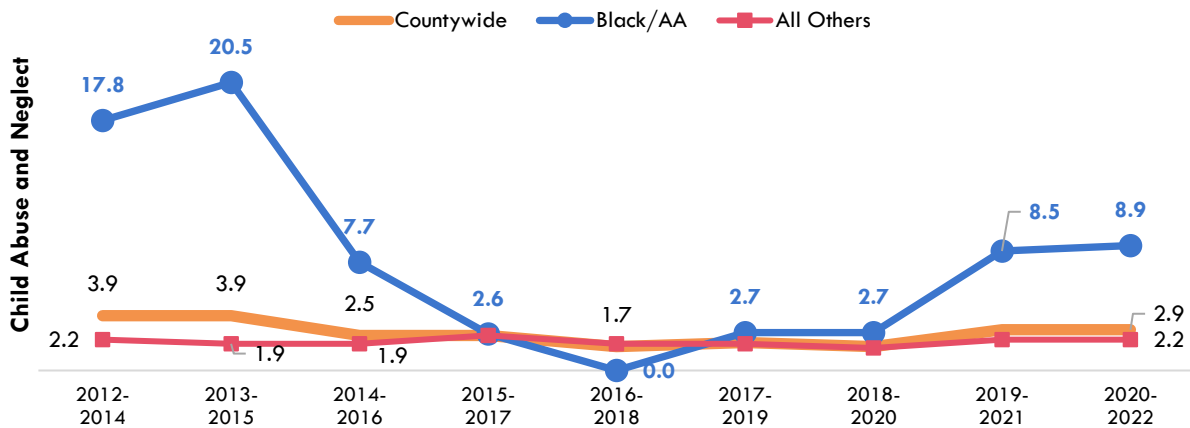
Source: Sacramento County Child Death Review Team Reports 2012 through 2022. Rate is per 1,000 infants (sum of deaths across three years divided by the sum of total population for each year, multiplied by 1,000).

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. There were three total infant CAN deaths in 2020-2022, one of which was an African American infant (0.2 per 1,000 African American births). Among the full 0-5 age group, CAN deaths among Sacramento County African American children drastically declined reaching zero African American CAN deaths during 2016-2018. Since then, rates have increased (2.7 per 100,000 children 0-5 in 2017-2019 and 2018-2020, and 8.5 per 100,000 children in 2019-2021). The 2020-2022 three-year rate further increased slightly (8.9 per 100,000). However, the total number of child deaths across the three years was the same as 2019-2021. Additionally, 0-5 CAN homicide rates reflect small numbers, overall, with 8.9 per 100,000 representing three children. Trends should be monitored and addressed but interpreted with caution.

As of 2020-2022, the disparity gap reduced 57% compared with the 2012-2014 baseline. However, African American children remain four times as likely to suffer a CAN homicide compared with all others.

Figure 17. 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 2022. Rate is per 100,000 children ages 0-5 (sum of deaths across three years divided by the sum of total population for each year, multiplied by 100,000).

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 Black Mothers United (BMU) program
2. The Safe Sleep Baby (SSB) campaign provided by the Child Abuse Prevention Council (CAPC)
3. The Perinatal Education Campaign (PEC) provided by Her Health First
4. Home visiting, parenting education, crisis intervention, and social and emotional learning and supports (SELS) provided by Birth & Beyond Family Resource Centers (FRC)⁵

The efforts and outcomes of the RAACD strategies are summarized here. Additional information is available in the FY 2023-24 RAACD evaluation report prepared by Applied Survey Research.

⁵ 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.

The BMU program includes weekly check-ins with pregnancy coaches, as well as access to doula care, lactation support, health resources, and social/educational gatherings. Pregnancy coaches are Black/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, birth education classes, a weekly walking group, and birth story-sharing sessions.



Photo of BMU Participant courtesy of BMU

- ▶ In FY 2023-24, **BMU served 121 pregnant African American women**. The proportion of participants who lived in one of the seven RAACD focus neighborhoods (53%) decreased compared with FY 2021-22 (66%) and FY 2022-23 (59%).

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 (97%), a prenatal visit prior to intake (92%), WIC (50%), or CalWORKs (25%).
- ▶ Nearly one-third (31%) of BMU participants reported a family income less than \$15,000.
- ▶ 36% self-reported anxiety and/or depression.
- ▶ One in five (19%) were unemployed and looking for work, and 14% reported unstable housing.

Prenatal participants who delivered in FY 2023-24 **significantly improved access to protective factors and had fewer barriers** to maternal and infant health by the end of the program, including:⁶

- ▶ Significantly increased WIC enrollment (48% at intake, 78% post-delivery).
- ▶ Reduced rates of moderate to severe PhQ-9 depression (11% at intake, 6% post-delivery).⁷
- ▶ Zero participants unable to fulfill their food needs post-delivery, compared with 3% at intake.
- ▶ Nearly all participants (98%) had a crib and car seat for their child at follow-up, compared with 28% and 22% (respectively) at intake.

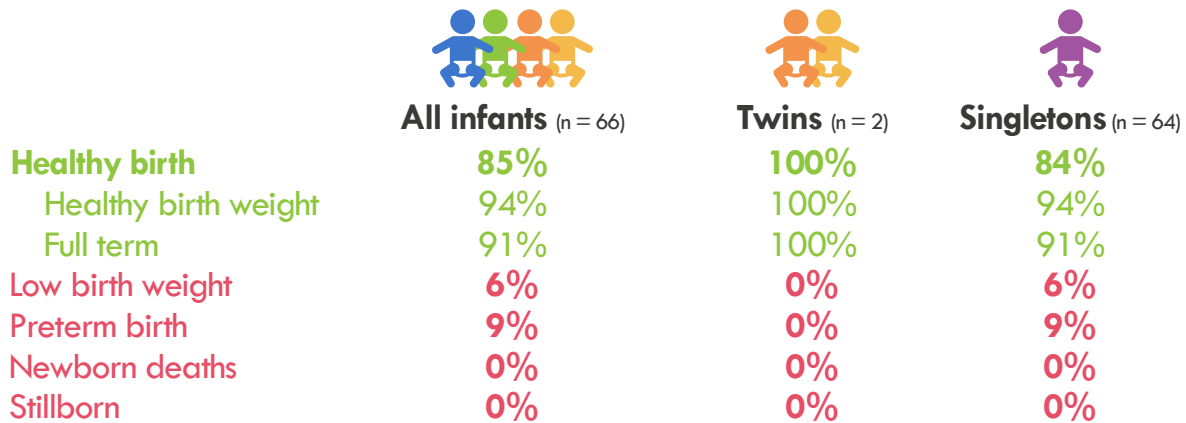
“The program has given me great advice on pregnancy ... Everyone there is so helpful and does everything they can to help with resources. It was heart feeding to have my coach check on me. I look forward to mommy mingles every month.” – **BMU Participant**

⁶ Among those who delivered and completed the Health Assessment intake AND follow-up (N = 64)

⁷ The denominator for these percentages includes participants who had PhQ-9 data for both intake and follow-up (N = 60).

There were 66 infants born to 65 BMU participants, including 64 singletons and one set of twins.⁸ Of the 66 infants, 94% were born at a healthy birth weight, 91% were born full term, and 85% were both healthy weight *and* full term. **Importantly, there were zero newborn deaths among infants born to BMU participants for the fifth consecutive fiscal year** as of program exit and zero stillborn births.

Figure 18. BMU Participants' Birth and Perinatal Outcomes



Source: FY 2023-24 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**.⁹ 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.¹⁰

More pressing needs at intake and having a child under age one independently reduced the odds of having a healthy birth, while receiving BMU doula services increased the odds of a healthy birth (neither LBW nor preterm).¹¹ Having a child under the age of one also significantly predicted a lower birth weight and an earlier gestational age.¹² Other predictors negatively associated with gestational age included prior gestational diabetes, prior preterm birth(s), high stress levels, and the number of pressing needs reported at intake. Meanwhile, more BMU check-ins with a pregnancy coach independently predicted a higher gestational age.¹³

BMU check-ins with a pregnancy coach and BMU doula services were significantly correlated with more positive birth outcomes.

⁸ Includes infants born to mothers who joined BMU in either FY 2022-23 or FY 2023-24 and delivered during FY 2023-24

⁹ N = 204 - includes three BMU delivery cohorts (FY 2021-22 to FY 2023-24) to increase statistical power. Includes duplicate records when participants re-entered BMU for subsequent pregnancies and/or multiple gestations (twins).

¹⁰ Regression models were limited to variables that were marginally and statistically significant in preliminary bivariate analyses. Summary includes variables marginally and statistically significant ($p < .10$).

¹¹ Logistic Regression (N = 154): Number of pressing needs at intake ($p = .033$), has child under age one ($p = .076$), had BMU doula services ($p = .064$).

¹² Linear Regression (N = 154): Has child under age one ($p = .017$)

¹³ Linear Regression (N = 147): Prior gestational diabetes ($p = .002$), prior preterm birth ($p = .010$), has a child under age one ($p = .003$), number of pressing needs at intake ($p = .004$), high stress at intake ($p = .002$), number of BMU check-ins ($p = .001$).

Figure 19. BMU Program Highlights

Factor	Findings
Program Reach	121 participants received weekly check-ins, home visits, doula support, lactation support, and/or attended events and activities.
Socioeconomic Needs	31% of participants had a family income less than \$15,000 . One in five (19%) were unemployed and looking for work, and 5% did not have a high school diploma (excluding current students).
Health Needs	25% reported anxiety at intake, 20% self-reported depression, and 15% had moderate to severe PhQ-9 depression scores. Additionally, 25% reported nutritional deficiencies at intake. The proportion reporting anxiety, nutritional deficiencies, and moderate to severe PhQ-9 scores decreased after participation in the BMU program.
Infant Safety	28% of participants had a crib at intake, which increased to 98% after delivery. Similarly, access to a car seat increased from 22% to 98%, and 100% who delivered reported sleeping their baby on their back.
Birth Outcomes	Out of 66 births, 62 (94%) had a healthy birth weight and 91% were full term . In total, 85% of BMU babies were born at a healthy weight and gestational age. There were no newborn deaths or stillborn deliveries.
Postpartum Care	66% 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, 89% of infants had a well-baby visit with a pediatrician.
Predictors of Healthy Birth Weight	No other child under age one **
Predictors of Full Term Births	No other child under age one,** no prior gestational diabetes,** no prior preterm birth(s), * lower stress levels, ** fewer pressing needs, ** and more BMU check-ins.**

Source: FY 2023-24 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

Shanice (fictional name) is a 26 year old expecting her first child. Her boyfriend learned about BMU through an outreach event at his job. Shanice has minimal family support and enrolled in BMU for guidance through her first pregnancy journey. She received an individualized care plan and began attending monthly “Mommy Mingle” support groups which covered topics like pregnancy health, self-care, and community resources. Shanice also received baby supplies (clothes, diapers, and a gift card).

Shanice and her boyfriend participated in a BMU childbirth class where they learned about pain management and comfort measures to prepare for labor and delivery. Shanice also received referrals for housing and rental assistance, food support, and car seat safety training.

Shanice’s pregnancy coach also attended her birth and helped advocate for her needs and birth plan. Because of BMU’s support, Shanice felt better equipped for what to expect during delivery and was able to use the comfort techniques she learned. Their son was born at a healthy weight and gestational age.

Shanice continues to maintain a close relationship with her pregnancy coach and regularly attends BMU events to share her birthing experience with other expectant parents.

“I was so blown away by how kind and loving the environment was. I felt so welcomed and seen for my skin color... They care deeply about the Black community. They give so much. I have not had to buy not one diaper because they have been providing them for me. The events are definitely well worth it and being able to see other moms out and enjoying [themselves]...”

– “Shanice,” BMU Participant

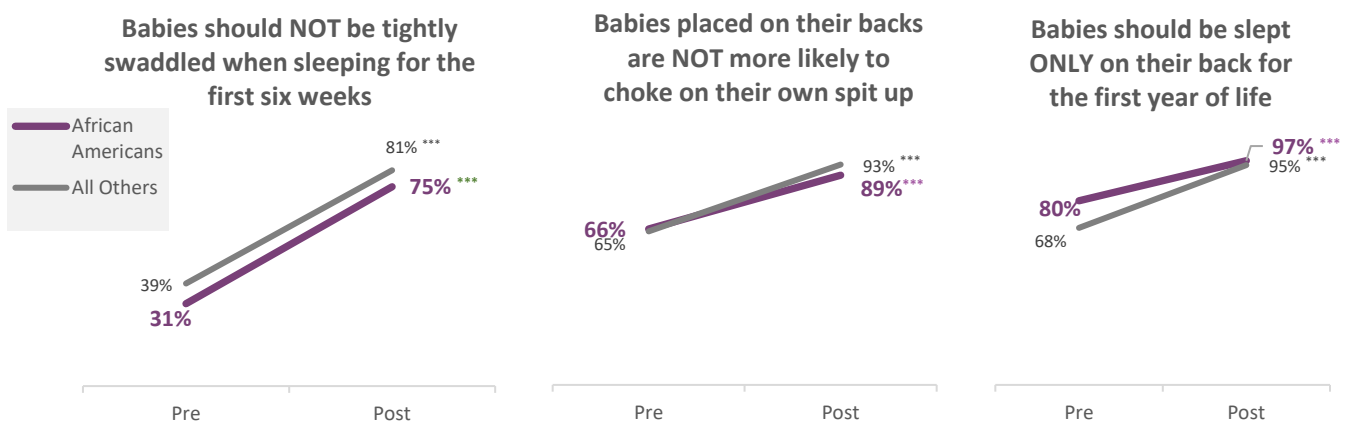
INFANT SAFE SLEEP EDUCATION CAMPAIGN

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



In FY 2023-24, 1,086 unduplicated caregivers attended one or more SSB training. Three out of five (61%) caregivers lived in RAACD focus zip codes (comparable to 64% in FY 2022-23) and 32% were African American.¹⁴ 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 20. SSB Participants’ Knowledge about Infant Safe Sleep, Pre- and Post-Test Comparison



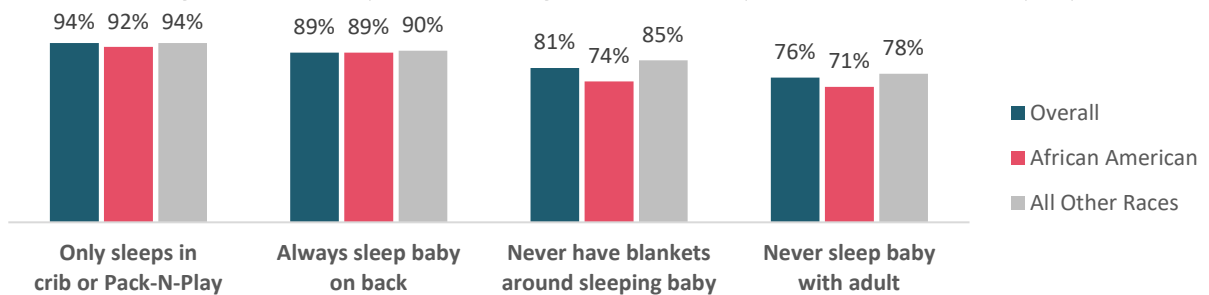
Source: SSB Pre- and Post-Tests. African American N = 370, All Others N = 753. Statistical significance reported as *** p < .001.

¹⁴ Neighborhood percentage based on 852 participants with zip code data

Further, 185 participants, including 62 African Americans (33%), were reached for follow-up to discuss safe sleep practices after completing the workshop. Nearly all caregivers (94%) were (only) *sleeping their child in a crib or Pack-N-Play*, 89% were *always sleeping their baby on their backs*, and 81% *never had blankets around their sleeping baby*. Slightly lower proportions of African American participants were practicing these safe sleep behaviors, although sample sizes may exacerbate these differences.

“... I feel more confident keeping my baby safe while she sleeps. I didn’t realize it was such an important topic but now I do, and I also have a safe place for her.” – SSB Participant

Figure 21. Percentage of SSB Participants Practicing Infant Safe Sleep Behaviors at Follow-Up, By Race



Source: SSB Follow-Up Survey. N = 185 (All Follow-Ups in fiscal year). African American N = 62; All Other Races N = 123.

Other accomplishments of the Safe Sleep Baby campaign include:

- ▶ **602 cribs** distributed, 33% (197) of which were given to African American families.
- ▶ **232 community-based service providers and 70 health professionals trained** to increase knowledge about infant safe sleep practices and promote referrals to SSB caregiver workshops.
- ▶ **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

Mia (fictional name) is a 36-year-old African American mother of three children. Mia was nervous about being a new mom again, since she felt times have changed since her two older children (ages 15 and 17) were infants. She was also excited since her partner was becoming a first-time father. Both parents were eager for additional support. Mia ran into a Black Infant Health (BIH) Health Initiatives Coordinator completing a delivery for another client and asked about the services. After learning about BIH and SSB, Mia expressed interest in taking a class for new information she may not have known 15+ years ago.

Mia completed a virtual SSB workshop, received information about BIH, and was connected to Birth & Beyond and BMU for ongoing services. She had previously engaged with both programs and expressed interest in reconnecting. After completing the SSB workshop, Mia shared that she learned how breastfeeding can benefit her baby and reduce the risk of a sleep-related infant death. Mia mentioned that she did not breastfeed her previous two children since she was a single parent without their father’s support, but plans to try breastfeeding since she has more support this pregnancy. Because of her interest in breastfeeding, Mia was also informed about the Lactation Consultants available through

WIC that could assist her on her breastfeeding journey. She also learned about the importance of the Safe Sleep ABCs and plans to do things differently than when her older children were babies.

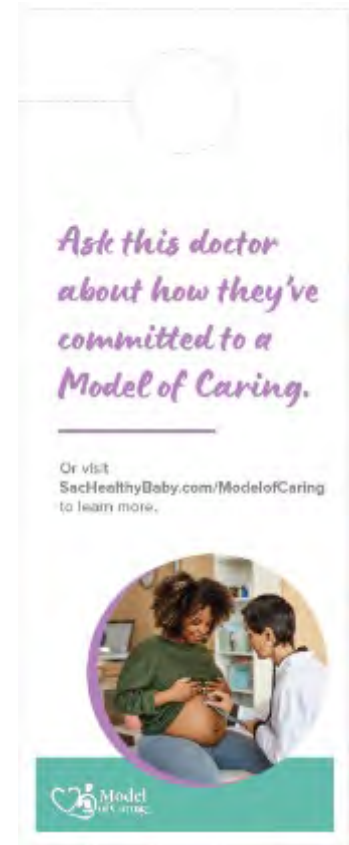
"[SSB] taught me about the importance of breastfeeding ... and my baby having her own place to sleep. I slept with my oldest two children not knowing any better [so] I am glad they are alive."

-- "Mia" 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.

In FY 2023-24, the MOC campaign goal was further honed to provide community birth workers with tools for their work environment to connect families to resources that will help support positive birth outcomes. The PEC team began merging MOC content to a subsection on the SHB site and continued to meet to reevaluate the strategies and collect input from medical providers and birth workers to help shape MOC toolkit content.



SOCIAL MEDIA AND WEBSITE CONTENT

During FY 2023-24, the PEC team primarily focused on rebranding and merging campaigns landing pages. As a result, public social media and website content were limited. However, in Q1, the SHB site reached 585 users across 636 sessions, and the MOC site reached 104 users across 161 sessions. In Q4, the combined SHB site reached 421 total users across 466 sessions. The updated site had an engagement rate of 36.9% in Q4.

In Q4, the PEC team also created a social media kit containing 10-12 social media posts, MOC birth storytelling video edits, and social media images, as well as printable flyers promoting MOC, a printable MOC door hanger, and the MOC website content.

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 121 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 and increased protective factors, including increased WIC enrollment and increased access to cribs and car seats.
 - There were 66 live births to BMU participants, including one set of twins and 64 singletons.
 - Of these, 85% were both full-term and healthy birth weight.
 - For the fifth consecutive year, there were **zero newborn deaths as of program exit**.
 - More frequent BMU check-ins and doula support significantly predicted healthier birth outcomes. Stress, pressing needs, and other health risks were negatively associated with healthy birth outcomes.
- ▶ **Safe Sleep Baby** provided infant safe sleep workshops to 1,086 parents/caregivers and trained 232 community-based service providers and 70 healthcare providers.
 - 61% of caregivers trained lived in RAACD focal neighborhoods, and 32% of participants were African American.
 - Participants significantly improved infant safe sleep knowledge and practices.
 - The SSB Cribs4Kids program supplied 602 cribs to caregivers in need. Among the cribs distributed, 33% went to African American caregivers.
- ▶ The **Perinatal Education Campaign (PEC)** merged the Model of Caring campaign onto the Sac Healthy Baby website and collected input from medical providers and birth workers to help shape the Model for Caring toolkit content. The PEC team developed social media kits, birth storytelling video edits, and flyers/doorhangers for birth workers.

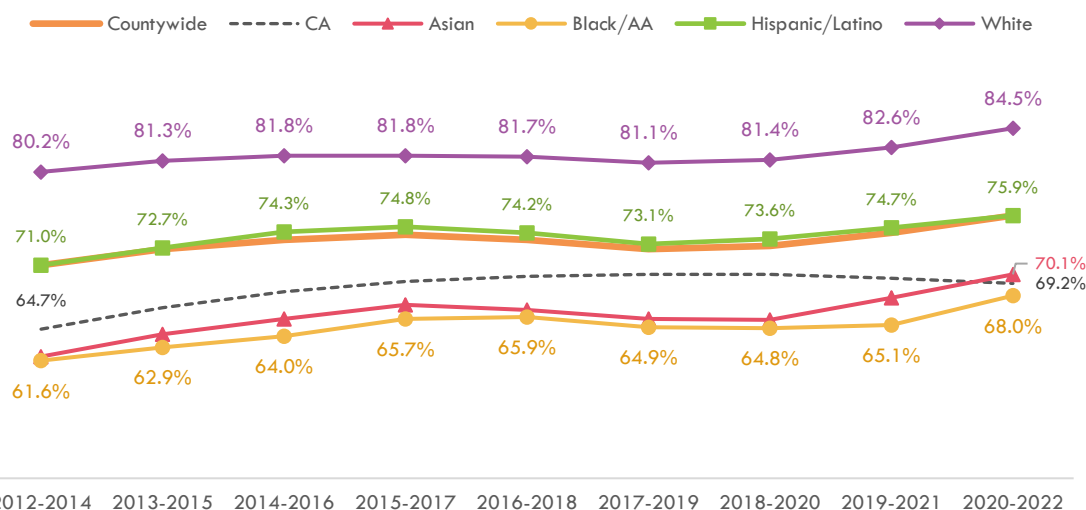
Additional details on Result 1 efforts are available in the First 5 Sacramento Reduction of African American Child Deaths report.

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), 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.^{vii} Exclusive breastfeeding among Black/African Americans (68.0%) and Asians (70.1%) were slightly lower than the countywide total; however, in-hospital exclusive breastfeeding rates have increased for all groups in Sacramento County.

Figure 22. 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.

“WIC is an excellent program for families. I felt supported even when I **almost gave up** on day four. I was able to see a lactation specialist through WIC when my baby was 5 days old, and **by the time I left, my baby was breastfeeding once again.** Thank you, WIC!”

– Breastfeeding Mother of Two Years

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 the two local WIC programs to serve women with an infant up to one year of age, and to 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 within the community.



During FY 2023-24:

- ▶ **2,246 mothers** received at least one First 5-funded breastfeeding service from DHS WIC and/or its subcontractor Community Resource Project (CRP) WIC.
- ▶ **59 community and medical providers** received breastfeeding training.

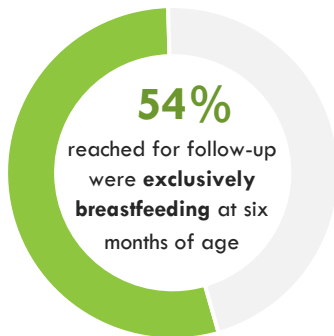
Together, DHS WIC and CRP WIC provided:

 **1,736**
Helpline services

 **1,058**
Drop-in services

 **1,318**
IBCLC Consults
Includes 57 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 for follow-up whose infant was at least six months old, 54% (45/84) were exclusively breastfeeding and 35% were receiving breast milk in combination with formula.¹⁷

Based on this sample, **WIC participants' exclusive breastfeeding rates exceeded statewide (27%) and national (25%) rates as well as the Healthy People 2030 goal (42%).**^{viii, ix} The percentage of WIC mothers exclusively

breastfeeding infants at six months was slightly lower than FY 2021-22 (61%, 27/44) and FY 2022-23 (60%, 36/60). However, variations may be related to data collection changes and small sample sizes. In the 2024-2027 funding cycle, First 5 will identify breastfeeding rates among First 5-funded WIC participants using the WIC food package data to increase sample size/data accuracy, and reduce burden on families and staff since follow-up calls are less frequent at or after the infant's sixth month of age.

¹⁵ The three types of services are differentiated by duration and complexity. Following COVID-related limits to 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 First 5-funded helpline, drop-in, or IBCLC consults.

¹⁷ Includes current and retrospective data for participants whose infants were at least six months of age. Data are limited to First 5-funded services and may not be representative of all WIC follow ups/individuals served.

Preliminary information from this database for FY 2023-24 indicate that 29% of WIC participants receiving First 5-funded services were exclusively breastfeeding and 57% were breastfeeding in combination with formula/foods at six months of age.¹⁸ While this proportion is lower than the percentage determined by follow-up calls, rates still exceed statewide estimates and provide a more comprehensive view for the total WIC database sample (n = 1,814).

"I'm thankful to WIC lactation consultants for their support and knowledge.
I don't think I would be able to successfully breastfeed my baby without their support.
 I was very close to giving up on breastfeeding." – WIC Participant

Figure 23. RBA Dashboard — DHS WIC Breastfeeding Services

		FY 2023-24
How much did we do?	Individuals Served	
	Parents/caregivers served	2,246
	Community Providers who received a breastfeeding training	52
	Medical Providers who received breastfeeding trainings	7
	Breastfeeding Services Provided, by Type	
	Helpline: Birth to one year (<i>Brief support</i>)	1,736
	Drop-in: Birth to one year (<i>Moderate Support</i>)	1,058
	IBCLC Consult: Birth to one year (<i>Extensive Support</i>)	1,261
	Home visits (high-need lactating mothers)	29
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services (<i>Extensive Support</i>)	57
	Follow-up contacts for additional breastfeeding support (all infant ages)	1,098
	Enhanced Referrals	
	Help Me Grow	31
	Dental/Medical/Mental Health	26
Is anyone better off?	Breastfeeding Rates at Six months of age (<i>Unduplicated</i>) ¹⁹	
	Exclusive Breastfeeding	45/84 (54%)
	Breast milk + Formula	29/35 (35%)

Source: Persimmony FY 2023-24 WIC Client Service Records and Breastfeeding data exports (WIC First 5-funded clients only).

¹⁸ Data not included in RBA table.

¹⁹ Interpret results 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 current and retrospective data from participants reached with infants *at or after* six months of age. When multiple check-ins were available, the unduplicated count is the first contact at or after six months of age.

Participant Success Story: WIC

Libby (fictional name) is a 30-year-old first time mother of twins. She came to the WIC program seeking support related to breastfeeding multiples. Libby was eager to breastfeed both of her babies as long as possible, but needed a lot of support and encouragement through her concerns, since this was her first time breastfeeding and she had two babies to feed.

"I would have given up very early on if it weren't for [my lactation consultant] ..."

"[My lactation consultant was] someone I could trust to **advocate for me and encourage me.**"

– "Libby," WIC Participant

Through working with a Lactation Consultant (LC), Libby learned a lot about milk supply and techniques ranging from over/undersupply, latching, pumping, and feeding multiples at the same time. She received ongoing support for nine months, and continued providing breastmilk to her babies as they started showing signs of readiness to introduce solid foods.

She described herself as a *"complicated client"* and said at one point she was working with her lactation consultant *"every other day."* Libby also felt she *"would have given up very early on if it weren't for [my LC] supporting me in the beginning of my journey."* She also thanked the LC *"for always being a listening ear. For being **someone I could trust to advocate for me and encourage me....** She just keeps showing up for me."* Libby also added that her sister is now a WIC Lactation Consultant client and that she now considers her LC to be a friend. Libby felt that her parenting skills and confidence increased through the program, and hopes to have more children in the future.

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 expanding partnerships with additional local hospitals and healthcare providers to ensure patients have access to breast pumps and early lactation care and support.
- 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 2023-24, WIC IBCLCs and LCAs provided 288 breastfeeding support services to ENS-referred mothers.**

Additionally, as mentioned in previous reports, the Commission's investment in supporting hospitals to achieve Baby Friendly designation has had a lasting impact. It influenced the eight local birthing hospitals' processes, protocols, and culture surrounding breastfeeding. Meetings, staff trainings, financial support for Baby Friendly pathway and certification fees, technical assistance, and mock site visits were key opportunities provided to hospitals between FY 2004-05 through FY 2014-15. As the landscape and political will shifted, the Commission was able to scale back its investment in this area. Beginning in January 2014, the Hospital Infant Feeding Act (SB 502) required hospitals with a perinatal unit to have an infant feeding policy that promotes breastfeeding and utilizes either the Baby Friendly or Model Hospital Policy guidelines. Furthermore, in January 2015, California Health and Safety Code 123367 required these hospitals to formally adopt the 10 Steps to Successful Breastfeeding of Baby Friendly or an alternate process such as the California Model Hospital Policy by January 1, 2025. All eight local birthing hospitals have pursued or are pursuing designation, redesignation, or model policy guidelines. Regardless of the pathway each hospital pursued, **the Commission's investment contributed to early dialogue, training requirements, and some of the foundations for this work** and for each hospital's journey. In the last decade and for years to come, babies born in these hospitals will be in environments supportive of breastfeeding should a family choose that path.

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:

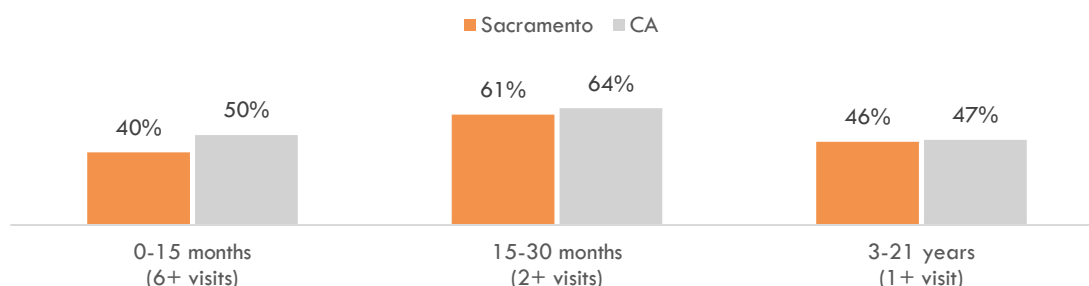
- ▶ **DHS and CRP WIC reached 2,246 mothers and 59 providers** to promote breastfeeding. Participants received one-on-one support with a lactation consultant funded by First 5, as well as drop-in support and a helpline. Providers received training and education to promote breastfeeding.
- ▶ Countywide, 75.9% of mothers were exclusively feeding their baby breast milk in the hospital in 2020-2022. However, disparities by race/ethnicities persist.
- ▶ 54% 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 2023-24, WIC provided 288 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.

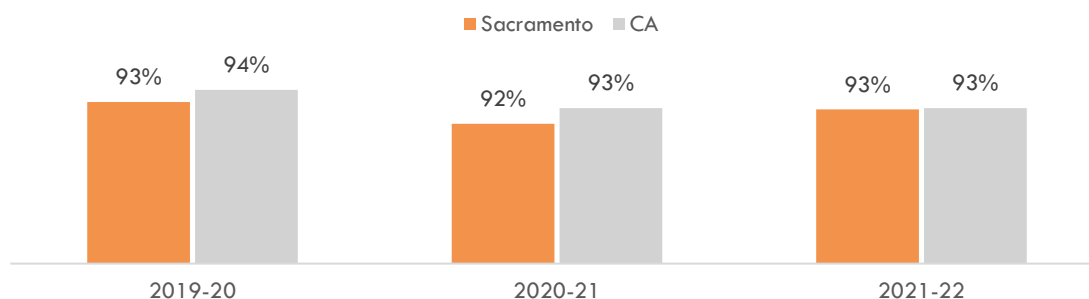
Figure 24. Children on Medi-Cal with Well-Child Visit in Previous Year, by Age



Source: California Department of Healthcare Services. 2022-23 Medi-Cal Managed Care External Quality Review Technical report. County 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 county and statewide kindergarteners were up to date on required immunizations in 2021-22 (most recent data).

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

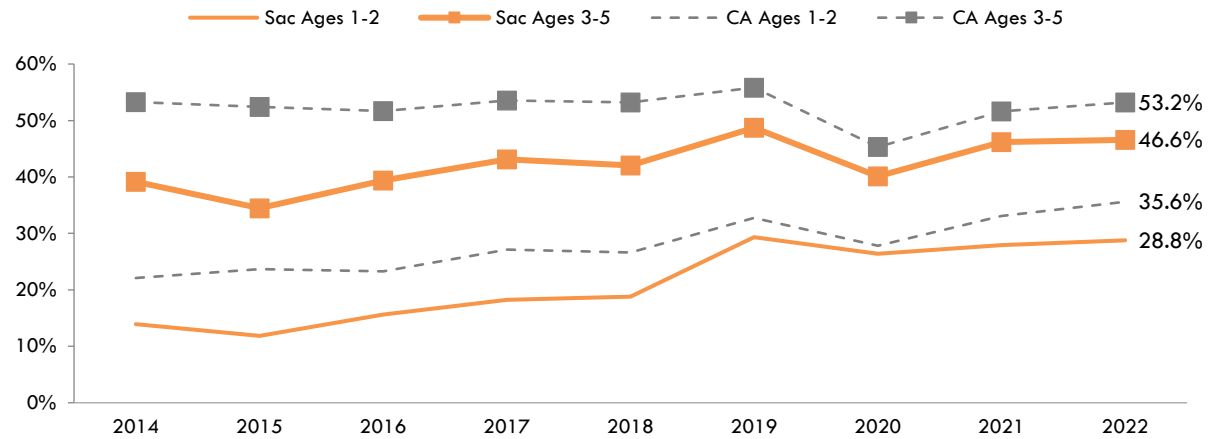


Source: California Department of Public Health, Immunization Branch, via BeHealthySacramento

Similarly, access to and utilization of early dental care can reduce rates of dental disease. In 2022, the percentage of children ages 0-5 attending dental visits continued to increase following a dip in 2020, likely due to COVID-19-related restrictions. However, more than half of Sacramento County children

ages 3-5 had not had a dental visit in the previous year, yet 2022 rates (46.6% ages 3-5, 28.8% ages 1-2) were approaching the current peak (2019, 48.7% and 29.3% respectively).

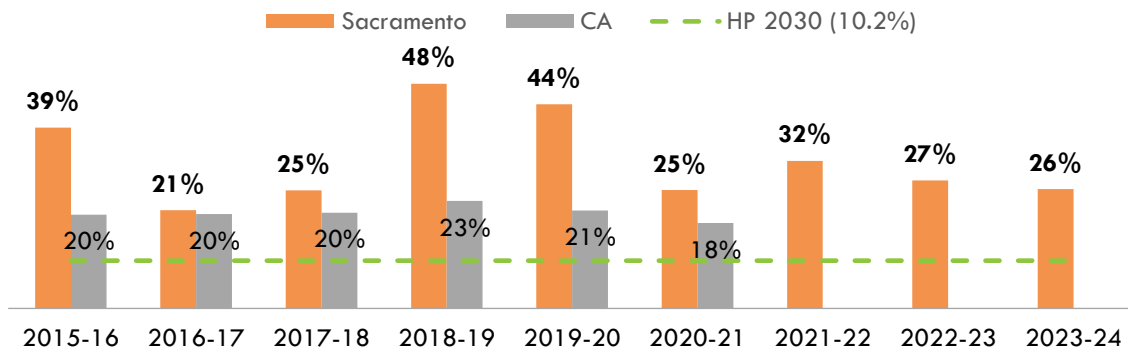
Figure 26. Sacramento County Children with a Dental Visit in the Previous Year (Medi-Cal only)



Source: California Health & Human Services, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2014 to 2022.

While state-level data beyond the 2020-21 school year were not available at the time of this writing, about one in five children statewide have untreated decay. In 2023-24, 26% of children screened in Sacramento County had untreated decay. Untreated decay has been generally trending downward, countywide, yet remains more than twice the Healthy People 2030 objective (10.2%). *However, it is important to note that countywide rates can be 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 27. 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 SCOHR AB 1433 database. 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), 2023-24 (6,719).

IMPACT OF FIRST 5 SACRAMENTO

First 5 Sacramento supports policy and systems approaches to increase utilization of medical, dental, and mental health services. First 5 contractors also provide referrals, as needed, to support access and utilization of these services.

At program intake, 93% of children with 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.²⁰ First 5-funded partners provided 2,737 dental, medical, and/or mental health referrals to 1,377 individuals in FY 2023-24. Health screenings (hearing, vision, developmental/ASQ) significantly increased among children served in FY 2023-24 who had an intake *and* follow-up FIF.

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

		FY 2023-24
Medical, Dental, and Mental Health Utilization at Intake (n = 5,350)		
Child had a well-child health check-up in the past 12 months		4,875 (93%)
Child had seen a dentist in the past six months		2,939 (57%)
Child had a hearing screening in the past 12 months		2,894 (54%)
Child had a vision screening in the past 12 months		2,727 (51%)
Child had a developmental screening in the past 12 months		2,126 (40%)
Number of Referrals Provided for Medical, Dental, and/or Mental Health		2,737
Medical, Dental, and Mental Health Utilization (Matched Set)		
	Pre	Post
Well-child visit in the past 12 months (n = 367)	95.7%	96.5%
Dental visit in the past six months (n = 374)	67.3%	72.5% ^M
Hearing screening in the past 12 months (n = 378)	47.6%	58.5%***
Vision screening in the past 12 months (n = 378)	43.9%	60.1%***
Developmental (ASQ) screening in the past 12 months (n = 378)	34.1%	44.4%**

Source: FY 2023-24 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 2023-24 include:

- Be Mom Aware Campaign:** First 5 staff continued to actively participate in the Sacramento Maternal Mental Health Collaborative (Collaborative). The Collaborative's Be Mom Aware 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. In FY 2023-24, the Commission continued to fund the Collaborative and Be Mom Aware as it continued to

²⁰ Parents/caregivers are instructed to complete Child FIFs on behalf of each child receiving First 5 funded services. FIFs may contain duplicates when participants engage in multiple programs at various times in the FY. Data cleaning involved removing multiple FIFs for participants within the same program/period of time, keeping the first in the FY (or the first prior to the start of applicable services) to reflect "intake" circumstances as much as possible.

grow and seek ways to sustain its efforts. Commission staff continued to join planning meetings to provide feedback, technical assistance, and connection to other partners.

The Collaborative's 2023-24 highlights include:

- Work to review its report of recommendations and plan for the future
 - Conducting partner and provider trainings through Be Mom Aware
 - Participation in community events
 - Advocacy for systems and policy change.
- **Health Systems:** First 5 staff continued to seek opportunities to engage health plans and health systems to collaborate, leverage efforts and resources; connect funded partners to plans for collaboration and potential sources of sustainability; and prepare for the roll out of the CalAIM initiative. Staff released a Request for Proposals (RFP) for a Health Systems Liaison to work with the Commission to further develop the infrastructure for an improved system of care for closed loop referrals and access/utilization of culturally responsive health and family support services. Beginning in FY 2024-25, the Health Systems Liaison will share their expertise and provide technical assistance to conduct an environmental scan, connect to champions within the health plans, and develop strategies and a plan for action.
 - **Oral Health:** First 5 Sacramento's Executive Director served as co-chair of the Medi-Cal Dental Advisory Committee (MCDAC). MCDAC provides oversight and guidance to improve utilization rates and the delivery of Medi-Cal dental care prevention and education services.
 - **Safe Sleep Baby (SSB) 2.0 and 3.0:** 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. The Commission continued to be an active partner in this work and provided staff support in convening partner meetings. Through these partnerships, the SSB 2.0 project was effectively completed in FY 2023-24 and the group secured 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. While slightly delayed, work began in FY 2023-24. During this time, CAPC's key successes were integrating SSB into Black Infant Health classes and getting SSB implemented into a local OB clinic's prenatal care.

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

- **Community Water Fluoridation:** The First 5 Commission began overseeing community water fluoridation contracts in 2005, targeting districts which are home to the highest concentration of children ages 0-5 in the County. Funded water suppliers committed to maintaining fluoridation for 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. As the 20-year contract agreements begin to sunset, First 5 intends to continue advocating for the impact of water fluoridation to support the health

of children ages 0-5 and hopes to inspire continued support for preventative strategies toward children's dental health.

- **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. These dental clinics continue to provide free and low-cost dental services to families in the county, including trauma-informed, gentle pediatric care, 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:

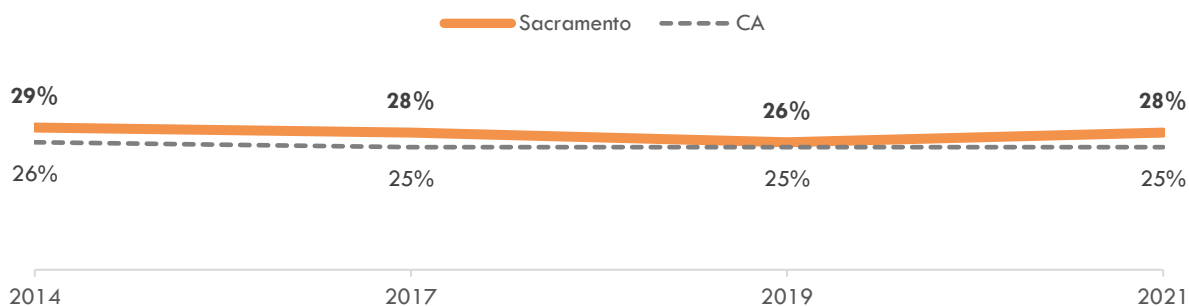
- ▶ At intake, most First 5-supported families reported a well-child or well-baby check-up in the past 12 months (93%), and more than half (57%) reported that their child had a dental visit in the six months prior to intake. Among a subset of participants who also completed a follow-up assessment, developmental, hearing, and vision screenings increased significantly.
- ▶ First 5 Sacramento actively participated in the Sacramento Maternal Mental Health Collaborative including continued growth of the Be Mom Aware campaign. Commission staff pursued 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 continue to impact Sacramento County families (e.g., ongoing water fluoridation and access to dental clinics).

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 most recent data (2021), there were 1,849 licensed child care centers and family child care homes in Sacramento County with 47,871 total spaces available.^{21,x} Licensed child care spaces were available for 28% of Sacramento County children ages 0-12 with parents in the labor force, compared with 15% statewide. Available spaces for children with parents in the labor force was slightly higher than 2019 estimates (26%).

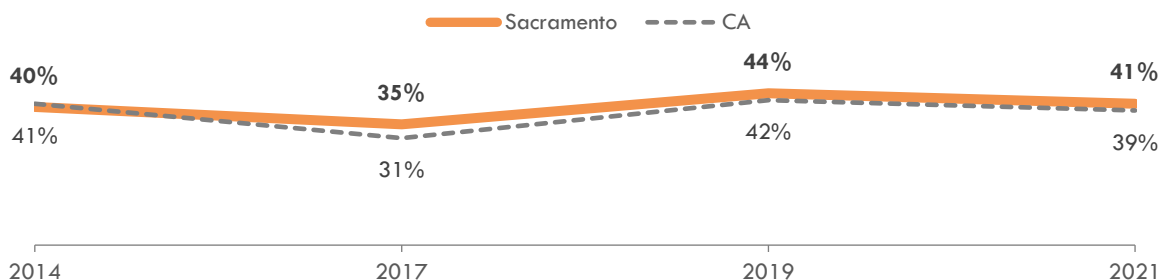
Figure 29. Children (ages 0-12) with Parents in the Labor Force Who Can Be Accommodated in a Licensed Child Care Space



Source: California Child Care Resource and Referral Network, Child Care Data Tool. Represents the estimated percentage of children ages 0-12 with parents in the labor force for whom licensed child care spaces are available. Data not provided for ages 0-5 separately.

Additionally, full-time care in Sacramento County cost 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 higher than statewide (39%).

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



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

²¹ At the time of this writing, 2023 data not yet published. Data were expected January 2025 and delayed to April 2025.

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 2023-24, First 5 Sacramento invested in the **Sacramento County Child Care Coalition**. The Coalition has met regularly since October 2022 and includes members from 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 voices of parents and providers to local policymakers, 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 2023-24, the Sacramento County Child Care Coalition:
 - Sent a letter of support for City of Sacramento's successful federal funding request to the Department of Labor to support the increase the City's infant and toddler care.
 - Collaboratively drafted a one-time funding request to begin addressing the child care needs of Sacramento County.
 - Met with Supervisors Desmond and Frost to request one-time American Rescue Plan Act (ARPA) dollars to support child care needs in their districts. As a result, Supervisors Desmond, Frost, Hume, and Serna allocated district specific (ARPA dollars) for a total of \$950,000 (for stipends and family child care home start-up funding).
 - Shared our funding request letters with, and received a presentation from, the Sacramento County Children's Coalition, who named child care as a policy priority. This resulted in the Children's Coalition sharing their support for our requests with the Board of Supervisors. They also decided to fund child care with Children's Trust Fund dollars.
 - Worked with the Sacramento County Commission on the Status of Women and Girls to develop a child care FAQ based on funding they received from the California Commission.
- The Coalition's next steps include:
 - Sharing the FAQ document gain support from public officials/legislators and the public.
 - Advocating for a countywide ECE Apprenticeship program to build on the City of Sacramento's program, so that individuals across the county can access further ECE learning opportunities.



- **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
 - 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:

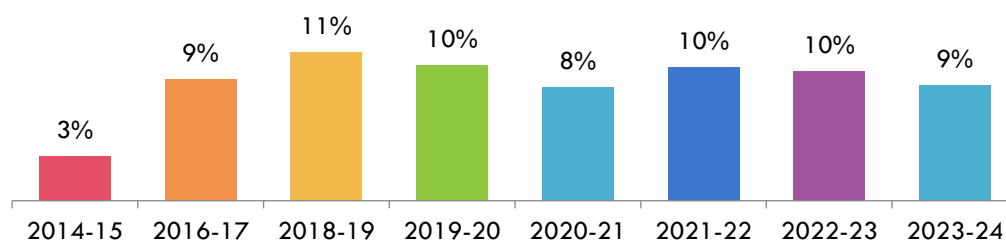
- ▶ First 5 leveraged funding and partnerships to support the Child Care Coalition, which aims to bring together key partners dedicated to improving access to, and the quality and equity of child care throughout Sacramento County.
- ▶ Staff participated in numerous countywide activities, councils, and 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, 2024, 302 program sites participated in Raising Quality Together – Sacramento County’s Quality Counts California (QCC) program, a net increase of 142 sites since 2015 (160 sites), but a slight decrease compared with 2022-23 (331 sites).²² QCC sites served 9,689 children in 2023-24, representing 9% of children ages 0-5 countywide. The proportion of children served countywide is slightly lower than FY 2022-23 (10%). First 5 California funding reductions to IMPACT (close to 20%), along with early learning providers’ staffing challenges contributed to this decrease.

Figure 31. 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, coaching and workforce development, with a focus on social-emotional development to ensure children have these essential skills in place when they begin TK/Kindergarten. Supports are provided to child care professionals, early education sites, parents, and caregivers. First 5 funds the Early

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

Learning Partnerships Building Mindful Early Care and Education (PBM) as well as systems change efforts to affect quality child care and education practices.

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

The Early Learning Partnerships Building Mindful Early Care and Education (PBM) is administered by the Sacramento County Office of Education (SCOE) and consists of two approaches to provide quality enhancement support to community-based or 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 children’s behavior that adults/teachers find challenging.

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 is conducted by SCOE Early Childhood Education Specialists with extensive early childhood experience and certification as CLASS and Teaching Pyramid coaches. Long-term supports include 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 and screening enrolled children to help children ages 0-5 and their families identify and connect with any needed supports and services, including early intervention, partnering with Help Me Grow as needed.

In FY 2023-24, PBM reached 205 providers from 118 early learning programs, utilizing short-term consultations and long-term coaching, impacting 1,055 children enrolled in programs.

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

		FY 2023-24
How much did we do?	Overall Reach (Long Term + Short Term)	
	# Child Care <u>Programs</u>	118
	# Child Care <u>Providers</u>	205
	Short-term Consultation (QCCC)	
	Child Care Providers	76
	<i>Center-based providers</i>	38
	<i>Family child care home providers</i>	38
	Total number of contacts	1,023
	Providers who completed initial Environmental Rating Scale (ERS)	26
	Providers who received BHS consultation	53
	Providers who received IDP consultation	11
	Number of QCCC consultation team meetings held	22
	Long-term Coaching (PBM)	
	Child Care Providers	136
	<i>Center-based providers</i>	97
	<i>Family child care home providers</i>	39
	Total number of coaching sessions	1,908

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

		FY 2023-24
How much did we do (cont.)?	Providers who selected Weekly Coaching , by Focus Area	86
	<i>Social-Emotional Learning Challenges</i>	45
	<i>Teacher-Child Interactions (CLASS)</i>	29
	<i>Observation & Curriculum Development</i>	6
	<i>Other or Not Provided</i>	6
	Providers who selected coaching through Community of Practice , by Focus Area	50
	<i>Administrative</i>	32
	<i>Infant/Toddler</i>	10
	<i>Diversity, Equity, and Inclusion (DEI)</i>	8
	Providers returning for a second year	5 (4%)
	Providers who set Professional Growth goals for subsequent year	106
	Developmental Screenings (Children at PBM Sites)	
	Number of ASQ-3 Screenings Completed	156
	# Above cutoff on all domains (Typical Range)	93 (60%)
	# Monitoring in at least one domain (none flagged)	36 (23%)
	# Flagged in at least one domain	27 (17%)
	Number of ASQ-Social Emotional Screenings Completed	115
	# Below cutoff (Typical Range)	93 (81%)
	# Monitoring	11 (10%)
	# Flagged	11 (10%)
	Number of children screened referred to Help Me Grow	13
How well did we do?	Short-term Consultation (QCCC)	
	Average number of contacts per provider	13.5 (Range: 1-45)
	Providers who transitioned into long-term professional development or quality improvement program	1
	Providers who completed both pre- and post-Environmental Rating Scale (ERS)	26 (34%)
	Long-term Coaching (PBM)	
	Average number of coaching sessions per provider ²³	15.1 (Range: 1-42)
	Providers with 1+ hour of coaching contact for 36 weeks ²⁴	2/136 (2%)
	Providers engaged in weekly coaching who completed 75%+ of Quality Improvement Plan goals ²⁵	63/81 (78%)
Is anyone better off?	Short-term Consultation (QCCC)	
	Children who remained in their placement ²⁶	26/44 (59%)
	Long-term Coaching (PBM)	n = 101
	Providers whose assessment scores increased (pre/post) ²⁷	76 (75%)

Source: FY 2023-24 PBM Quarterly Performance Reports. FY 2023-24 Short-Term and Long-Term Program Data obtained from SCOE. FY 2023-24 ASQ Screening data provided by PBM.

²³ Excludes 10 participants who exited before receiving any coaching sessions.

²⁴ Note that providers joining later in the year may not feasibly reach 36 weeks by the end of the fiscal year.

²⁵ Among those receiving Weekly consultations. All participants set one goal. Percent indicates proportion who completed goal.

²⁶ Excludes short term consultation participants when consultation was centered on program supports and not child-specific.

²⁷ 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).

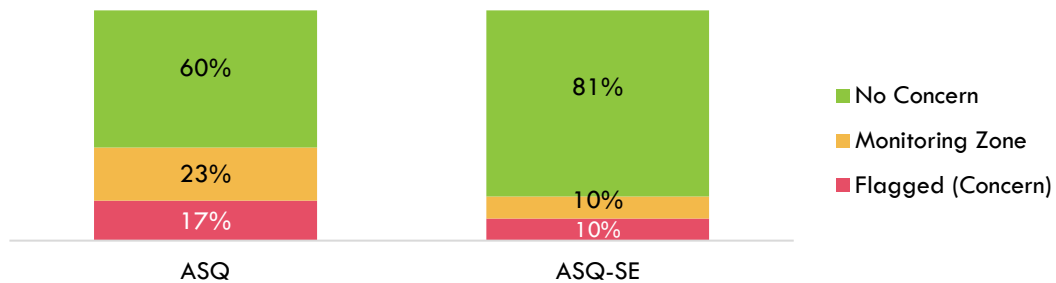
“I felt that I finally got support, mentor[ship], and understanding on all areas I was lacking. Being a new in-home childcare provider, the PBM ECE Specialist gave me a lot of insight on different areas. **Being in the program has given me a sense of confidence that I can continue to be a great educator, child care provider and teacher.”**— PBM Long-term Coaching Participant

Ages and Stages Questionnaire (ASQ) Screenings: PBM

All sites engaging in long-term coaching are trained and provided 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 2023-24 PBM sites screened 159 children using the ASQ and/or ASQ: Social Emotional (SE) tools. Four out of five (81%) ASQ:SE screenings were within typical range, and three out of five (60%) ASQ screenings were within typical range. Meanwhile, 17% of ASQ screenings were below cutoff/flagged in one or more domain. PBM sites made 13 referrals to Help Me Grow for families to receive additional developmental resources.

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



Source: FY 2023-24 ASQ Screening data provided by PBM. (Total N = 159, including 156 ASQ and 115 ASQ:SE screenings.
Note: ASQ concern represents “Above Cutoff,” while ASQ:SE is measured by being “Below Cutoff.”

Participant Success Story: PBM

Ms. Allie (fictional name) is a lead teacher at an early learning center who joined the PBM long-term coaching program at the beginning of FY 2023-24. She participated in the weekly coaching model. The PBM ECE Specialist observed Ms. Allie in her classroom and gave her feedback using the CLASS assessment. Ms. Allie would also reflect on what seemed to be working well and areas she needed to improve. She was an active participant in one-on-one sessions with her ECE Specialist, remained open to all suggestions, and even came to her weekly coaching sessions with specific suggestions and feedback.

Ms. Allie completed 21 hours of professional learning through California Early Childhood Online (CECO) and reflected with her ECE Specialist about the strategies she learned that she would like to implement into her toddler classroom. Her focus was on social-emotional development and how to support children with expressing their emotions. She created a “Calm Down Basket” full of sensory bottles, squeeze toys, emotions posters and Tucker the Turtle book. She also implemented an “invitation to

play" which includes two areas in the classroom for teachers to engage children in new vocabulary, friendship skills, and peer interaction. Through her active engagement in PBM weekly coaching, Ms. Allie has seen positive changes in her classroom and practice. She has implemented new strategies and has become more confident in leading a team of teachers to support children's individual needs.

◆—————◆

Ms. Fatima (fictional name) has been working with Child Action for several years. She initially joined the organization through a project aimed to help refugee women open child care businesses. Through this project, Ms. Fatima was able to obtain her license and establish her business practices. After buying a new home and re-establishing her license at this new location, Ms. Fatima reached out for QCCC short-term consultation to help enhance her child care environment. During the first visit, the coordinator noticed that the setup of the environment made the various toys and materials inaccessible to the children. Ms. Fatima worked with her coordinator for about four months and showed improvements in her assessment scores as well as her overall environment. Since implementing changes, she expressed gratitude to QCCC support, as her child care program is now well-organized and has several dedicated sections to make the environment more conducive to help children grow.

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:

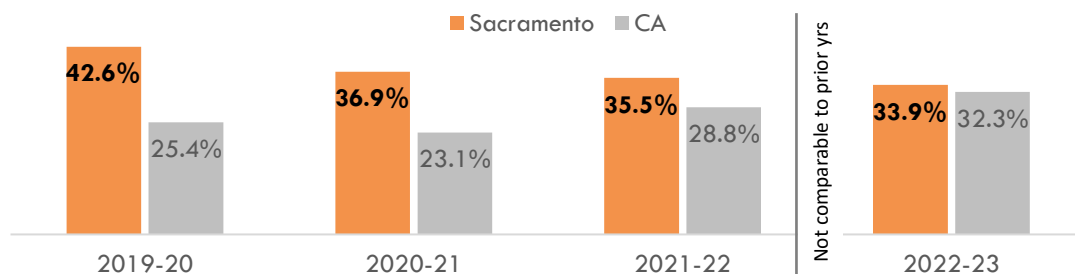
- ▶ PBM ECE Specialists reached 205 early educators with short- and long-term efforts to increase their quality of teaching, impacting more than 1,000 children in their classrooms.
 - Short-term consultation participants averaged 13 contacts with program staff and long-term participants had 15 hours of consultation, on average.
- ▶ PBM staff and QCCC consultants facilitated nearly 3,000 short- and long-term consultation sessions.
- ▶ Most (75%) long-term participants with a pre- and post-assessment increased scores in at least one domain. 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. According to most recent data, one-third (33.9%) of children in Sacramento County received a developmental screening in the first three years of life, slightly more than statewide (32.3%).

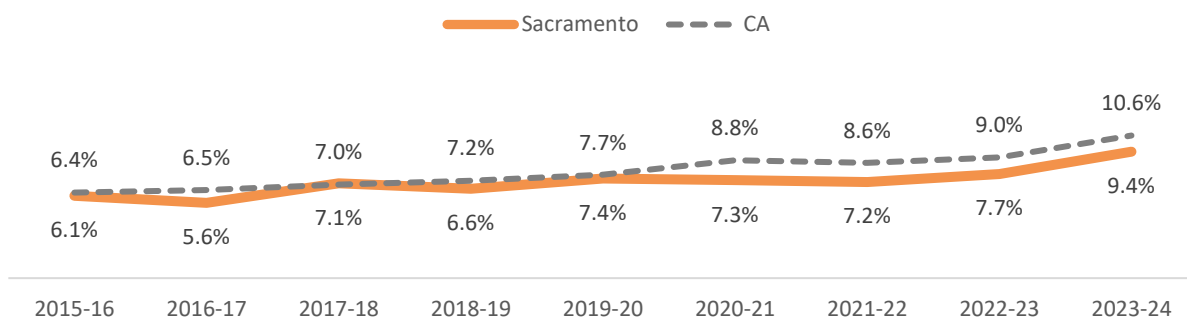
Figure 34. Proportion of Children Receiving Developmental Screenings (Ages 0-3, Medi-Cal Only)



Source: California Department of Healthcare Services. Medi-Cal Managed Care External Quality Review Technical report. Due to measurement change in 2022-23 report, data not comparable to prior years.

The figure below shows the proportion of students ages 4-5 who are students with disabilities. About one in ten children county and statewide are students with disabilities. Rates have been increasing in recent years, although Sacramento County has a slightly lower rate (9.4%) than statewide (10.6%).

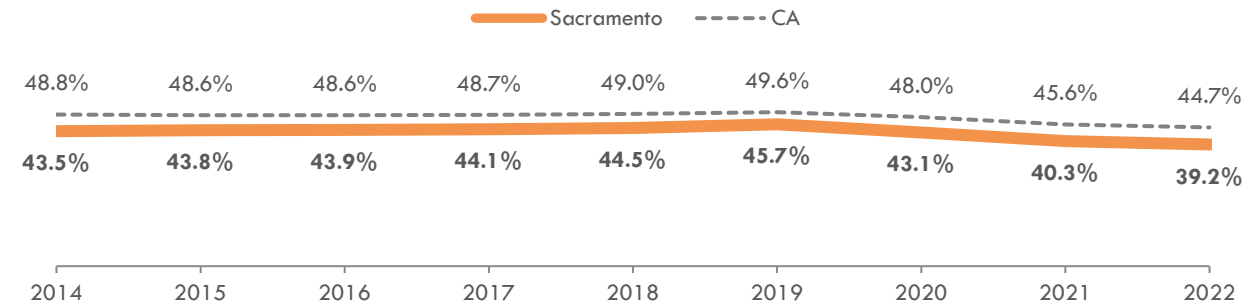
Figure 35. Students with Disabilities among all Enrolled Children Ages 4-5



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

Preschool access is a large predictor of kindergarten readiness and can lower the rate of special education placement.^{xi} 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} Preschool enrollment of children ages 3-4 has been decreasing since 2020, likely due to the effects of COVID as well as the establishment/expansion of transitional kindergarten (TK). Sacramento County TK enrollment grew from about 2,000 students in 2021-22 to about 5,000 students in 2023-24, which was faster than the statewide TK growth rate.^{xii}

Figure 36. Children Ages 3-4 Enrolled in Preschool



Source: US Census Bureau, American Community Survey, 2014-2022 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 2023-24, 3,100 adults and 3,718 children ages 0-5 received school readiness services from the nine partner school districts and the Help Me Grow program.²⁸

²⁸ Number of adults 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.²⁹

In FY 2023-24, more than 2,000 children received developmental screenings, followed by vision screenings (1,491 children), hearing screenings (1,378 children), and speech/language screenings (69 children).³⁰ More than half of the children receiving speech/language screenings (52%, 36/69) received a referral for additional services, followed by vision referrals (16%). The proportion of children referred to Help Me Grow or internal services following a developmental screening (9%) was comparable to FY 2022-23 (8%).

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

		FY 2023-24
How much did we do?	Children screened (<i>unduplicated by screening type</i>)	
	Developmental Screening (ASQ and/or ASQ:SE)	2,159
	<u>Screening Results</u> ³¹	
	At least one "Flagged" ASQ domain	425/1,643 (26%)
	At least one "Monitoring" ASQ domain (no flagged domains)	280/1,643 (17%)
	Vision Screening	1,491
	Hearing Screening	1,378
	Speech/Language Screening ³²	69
How well did we do?	Dental Screenings	2,386
	Children screened who were referred to services	
	Developmental Referral ³³	200 (9%)
	Hearing Referral	44 (3%)
	Vision Referral	244 (16%)
	Speech/Language Referral	36 (52%)
Is anyone better off?	Dental Referrals	306 (13%)
	Children who were referred to and accessed services	†

Source: School districts' FY 2023-24 Service Records; FY 2023-24 ASQ Screening Results. † Data not currently collected. Closed loop referral data unavailable this FY due to ongoing implementation of the Persimmony Referral Portal.

²⁹ Please note that counts do not include Help Me Grow screenings.

³⁰ Developmental screening assessment includes Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire – Social-Emotional (ASQ:SE)

³¹ Total N includes 1,643 detailed ASQ and/or ASQ-SE screening results (may include duplicate children screened multiple times)

³² Districts only give speech-language specific screenings to children whose ASQ screenings were flagged for speech/language.

³³ Includes referrals to Help Me Grow and internal school district services for developmental concerns.

PLAYGROUPS

First 5 Sacramento supports developmental 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. Then nine 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 range from 90 minutes to three hours.

"To have this space and time to [give my son] my undivided attention was the greatest benefit. There are so many distractions at home." — Playgroup Parent

In total, 658 caregivers and 730 children attended playgroups. Most caregivers agreed they recommend the playgroup (95%), the playgroup leaders were knowledgeable (95%), their children enjoy playgroups (94%), and their language/cultures were respected (94%). Four out of five participants (81%) used the activities at home with their child, and 65% learned more about parenting because of the playgroup. The proportion of participants reporting that they told stories/sang songs or read with their child 5-7 days per week increased slightly between their FY 2023-24 intake and follow-up survey (n = 105).

Figure 38. RBA Dashboard — School Readiness: Playgroups

		FY 2023-24	
How much did we do?	Reach of Playgroups		
	Children (ages 0-3)	673	
	Children (ages 4-5)	57	
	Parent or Other Adult	658	
How well did we do?	Attendance		
	Average number of sessions attended per child	15.8	
	Adults who attended more than one session	578 (88%)	
	Adults who attended more than ten sessions	249 (38%)	
	Satisfaction with Playgroup (n = 94) (% "Agree"/"Strongly Agree")		
	The playgroup leader was knowledgeable	89 (95%)	
	I would recommend this playgroup	89 (95%)	
	My child enjoys attending playgroups	88 (94%)	
	My language and/or culture was respected at the playgroup	88 (94%)	
	Playgroups gave me new ideas of activities to do with my child	86 (91%)	
Is anyone better off?	Impact of Playgroup (Follow-Up) (n = 94) (% "Agree"/"Strongly Agree")		
	I have used activities from the playgroup at home with my child	76 (81%)	
	I have learned more about parenting because of this playgroup	61 (65%)	
	I got together (or plan to) with a family I met in playgroup	52 (55%)	
	Parent-Child Interactions (Pre-Post Matched Set) (n = 105)	Pre	Post
	Told stories or sang songs together (5-7 days per week)	93 (89%)	94 (90%)
	Read with child for 10 or more minutes (5-7 days per week)	60 (57%)	65 (62%)
	Connection to Community (n = 74) (% "Agree"/"Strongly Agree")	Pre	Post
	I know what program to contact when I need help for basic needs	48 (65%)	51 (69%)
	I know what program to contact for advice on how to raise my child	39 (53%)	50 (68%)*

Source: FY 2023-24 Service Records; FY 2023-24 School Readiness Follow-Up Survey (N = 94, participants who provided answers to Playgroups section matched to service records by Family ID); FY 2023-24 Family Information Form (Parent Matched Set N = 74, Child Matched Set N = 105)
 Note: 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. Statistical significance reported as * $p < .05$.

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.^{xiii} 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.^{xiv}

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

		FY 2023-24
How much did we do?	Reach of Social-Emotional Curriculum	
	Staff trained (Unduplicated)	126
	Number of trainings held	25
How well did we do?	Curriculum Completion	
	Staff completing curriculum	†
Is anyone better off?	Teaching Skills and Knowledge at Follow-Up³⁴ (% "Agree"/ "Strongly Agree")	N = 35
	Reduced problematic behavior in classroom	18 (51%)
	More comfortable/confident working with children with challenging behaviors	30 (86%)
	Can describe the relationship between environmental variables and children's challenging behavior	29 (83%)
	Can identify strategies to build positive relationships with children	29 (83%)
	Understands how to use positive feedback and encouragement effectively to support children's positive social behaviors	29 (83%)

Source: FY 2023-24 Service Records; FY 2023-24 Social Emotional Supports Follow-Up Survey; † Not currently measured due to wide range of implementation strategies.



³⁴ Follow-up survey was distributed in May and June 2024. 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.

"[Text Education] gives us an extra way to connect or ask questions... and engage in something after school." – Galt Parent

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 40. RBA Dashboard – Parent/Caregiver Support and Engagement

		FY 2023-24
How much did we do?	Number of Parents/Caregivers Served, by Strategy (Unduplicated)	
	Text-Based Parenting Education (Ready4K, Ready Rosie)	435
	Parenting Education Workshops	784
	Family Events	
	Number of Parenting Education Workshops Offered	89
How well did we do?	Number of Family Events Conducted	25
	Text-Based Parenting Education	
	Number of Ready Rosie video views	1,154
	Average number of Ready Rosie views per parent/caregiver	2.7
	Parenting Education Workshops	
	Average number of hours per person ³⁵	1.4
Is anyone better off?	Parents who felt that the information provided was useful	30/32 (94%)
	Parents who felt that the class leader was knowledgeable	30/32 (94%)
	Text-Based Parenting Education³⁶	n = 187
	% who found ParentPowered texts easy to read and understand	100%
	% who said ParentPowered helped them communicate with their children	100%
	% who said ParentPowered improved their relationship with their children	94%
	% who said ParentPowered helped children grow their literacy skills	93%
	Parenting Education Workshops (% "Agree"/"Strongly Agree")	n = 32
	I learned something that I can use to be a better parent	30 (94%)
	I plan on making a change at home based on what I learned	32 (100%)

Source: FY 2023-24 Service Records; FY 2023-24 Performance Measures Reports; 2023-24 ParentPowered End of School Year Impact Report: Galt Joint Union Elementary School; FY 2023-24 School Readiness Follow-Up Survey (N = 32, participants who provided answers to Parenting Education Classes section matched to service records by Family ID)

³⁵ Excludes 249 individuals whose participation duration was unknown or not provided.

³⁶ Total N and proportions based on data provided to Galt Unified School District by ParentPowered (formerly Ready4K). Represents responses to survey administered by school district and ParentPowered, 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 intended 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 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 41. RBA Dashboard — School Readiness: Transition to Kindergarten

		FY 2023-24	
How much did we do?	Families Served		
	Families Attending Kindergarten Transition Orientation	1,169	
	Children Attending Transition Summer Camp	248	
How well did we do?	Kindergarten Transition Orientation (KTO)³⁷		
	Families who participated in at least three KTO activities	242/1,788 (14%)	
	Average number of KTO activities attended by families	1.5 (Range 1-4)	
	Kindergarten Transition Activities		
	Children who completed at least 56 hours	†	
	Children whose parents took part in transition orientation	150 (60%)	
Is anyone better off?	Kindergarten Transition Orientation (% "Agree"/"Strongly Agree")	n = 34	
	I feel like my child is/was ready for kindergarten	31 (91%)	
	KTO helped my child feel less nervous about kindergarten	31 (91%)	
	KTO helped me feel less nervous about kindergarten as a parent	29 (85%)	
	I understand what a typical kindergarten day will be like	26 (76%)	
	Transition Summer Camp (Matched Set)		
	<u>Children who were ready for kindergarten, by domain</u>	Pre	Post
	Kindergarten Academics (n = 88)	24 (27%)	37 (42%) **
	Self-Regulation (n = 86)	55 (64%)	50 (58%)
	Social Expression (n = 84)	36 (43%)	48 (57%) *
	"Fully Ready" (all three domains) (n = 81)	15 (19%)	23 (28%)

Source: FY 2023-24 Service Records, FY 2023-24 School Readiness Follow-Up Survey (N = 34, participants who provided answers to Kindergarten Transition Activities section matched to service records by Family ID); FY 2023-24 Transition Summer Camp Pre/Post Test (N = 90 although ns vary by domain due to incomplete data provided/observed). 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 * $p < .05$ and ** $p < .01$. † 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.

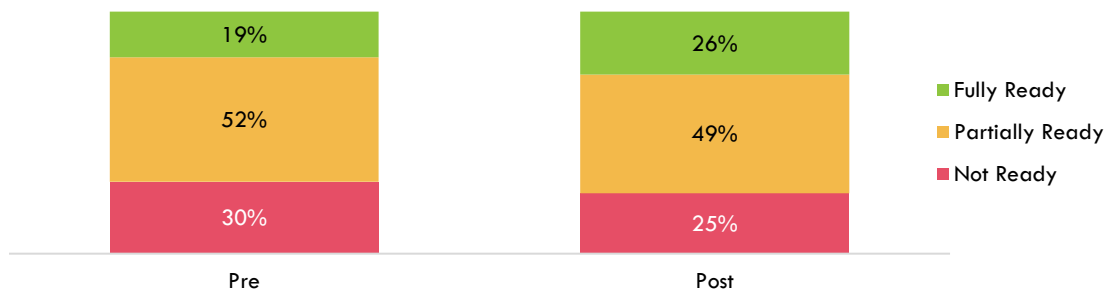
³⁷ Unduplicated count of Family IDs for the following services: Transition Orientation, Transition Summer Camp, Transition Classroom Visits, and School Readiness Materials. Total N with one or more KTO activity = 1,788.

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, participants’ readiness in *Kindergarten Academics* significantly increased from 2.8 to 3.1. Average *Social Expression* scores increased from 3.25 to 3.4 (marginally statistically significant). Average *Self-Regulation* scores stayed about the same (3.3 to 3.2, not statistically significant).

Additionally, the proportion of children considered *Fully Ready* (scoring 3.25 or higher in all three domains) increased from 19% at the start of the Transition Summer Camp to 26% following completion of the camp. The proportion of children *Not Ready* (scoring lower than 3.25 in all three domains) decreased from 30% at the start of the program to 25% at completion.

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



Source: Transition Summer Camp Pre/Post Survey, 2024, Matched pair N = 81. Change was not statistically significant. Limited to participants with valid data in all three domains.



Photo provided by funded school district

³⁸ Domain scores are averages of item scores. Domain scores averaged into a group mean for pre- and post-test comparisons.

EARLY LITERACY SUPPORTS

Eight out of the nine school districts engaged in early literacy support programs which offer resources to increase children's love of reading, writing, and access to books. For instance, school districts commonly utilized the *Raising a Reader* book exchange program. School districts also provided literacy classes for parents, family literacy events, and training/support for teachers. Many school districts also partnered with the Sacramento Public Library system to further connect parents and children to their local libraries. Results of early literacy engagement in FY 2023-24 are listed in the table below.

Figure 43. RBA Dashboard – School Readiness Early Literacy Supports

		FY 2023-24
How much did we do?	Reach of Early Literacy Supports	
	Number of parents/caregivers served (unduplicated)	942
	Number of parent workshops offered	105
	Book Lending Programs	
	Number of children served (unduplicated)	880
How well did we do?	Workshop Participation	
	Average number of hours parents participated in workshops ³⁹	2.51
Is anyone better off?	Reading Frequency (Matched Set)	n = 139
	Read with child for 10 or more minutes (5-7 days per week)	63 (45%) 73 (53%)
	Told stories or sang songs together (5-7 days per week)	105 (76%) 104 (75%)

Source: FY 2023-24 Service Records; FY 2023-24 Performance Measures Reports; FY 2023-24 Family Information Form - Child (Matched Set N = 139) Note: pre- and post-responses provided for Reading Frequency may include participants who engaged in multiple First 5-funded programs. 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 44. RBA Dashboard – School Readiness Planning and Systems Integration

		FY 2023-24
How much did we do?	Parent Advisory Meetings	
	Number of Parent Advisory meetings	35
	Number of parents attending Parent Advisory meetings	127
	Articulation Meetings	
	Number of articulation meetings (preschool and K-12 teachers)	32
	Number of staff attending articulation meetings ⁴⁰	95
How well did we do?	Parent Advisory Meetings	
	I felt listened to during the meetings (% "Agree"/"Strongly Agree")	†
	These meetings are a good use of my time (% "Agree"/"Strongly Agree")	
	Actions were taken based on parent input (% "Agree"/"Strongly Agree")	
Is anyone better off?	Local Control and Accountability Plan (LCAP)	
	Districts with LCAP goals specific to early childhood education / school readiness	8/9 (89%)

Source: FY 2023-24 Performance Measures Report; FY 2023-24 Service Records; † Not available this year as zero participants completing the FY 2023-24 School Readiness Follow-Up Survey provided answers to Advisory Meetings section.

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

⁴⁰ Counts may be underrepresented due to missing data from some district(s)

Participant Success Story: School Readiness Services

Selma and her daughter **Camelia** (fictional names) participated in a Parent-Child Playgroup class in FY 2023-24. Camelia was about to turn three years old. Selma was concerned about Camelia's lack of verbal communication to communicate her needs at home. She frequently had tantrums, and it took her time to overcome them. Selma joined the playgroup class to give Camelia an opportunity to interact and play with children her age.

Camelia faced some initial challenges adapting to the routine and communicating with other children and adults. School district staff conducted ASQ screenings with Camelia. Results showed some areas below the cutoff. Considering Selma's concerns, classroom observations, and ASQ assessments, staff decided to refer Camelia for the district's early childhood special education development screening. Staff provided comprehensive support to Selma and Camelia throughout the referral processes, keeping the family informed throughout the process, which helped increase Selma's confidence. After assessment center staff completed the developmental screening and some playgroup class observations, Camelia was placed in Pre-K Special Ed Level 3.

Selma and Camelia continued attending playgroup classes for the rest of the district's session. Staff reported that they were delighted to see a remarkable improvement in Camelia by the end of the class series. She actively participated in circle time, enjoyed dancing, and sat with the group to sing her hello. She became more open to interaction, allowing staff and other children to play beside her. She even started engaging in table activities. Her progress with transitions from task to task was also significant. Now, Camelia attends her Pre-K Special Ed class, where she receives the support required for her needs.

Selma expressed gratitude to the Parent-Child Playgroup program. She felt the class was valuable for Camelia, because of the assessments and the ability for her to interact with other children and begin to become familiar with school dynamics.

"La clase de Playgroup fue un parteaguas para nosotros, ya que nos ayudó a comprender que [Camelia] necesitaba un apoyo extra. Gracias a la intervención de la maestra ... y al entorno que nos brindó el Playgroup, pudimos darnos cuenta de las necesidades de [Camelia] y cómo abordarlas de la mejor manera. A través de este proceso, [Camelia] ha obtenido el apoyo que necesita y ahora asiste a una clase especializada donde recibe la ayuda necesaria para su diagnóstico y desarrollo. Fue muy enriquecedor verla ganar confianza, ya que cada día se involucraba más en las actividades grupales, algo que antes le costaba. Como mamá, ha sido muy gratificante verla crecer y ganar más independencia en un entorno que realmente entiende y atiende sus necesidades." – "Selma," Playgroup Parent

Translation: "The Playgroup class was a turning point for us, as it helped us understand that [Camelia] needed extra support. Thanks to the intervention of teacher ... and the environment that the Playgroup gave us, we were able to realize [Camelia]'s needs and how to best address them. Through this process [Camelia] has obtained the support she needs and now attends a specialized class where she receives the necessary help for her diagnosis and development. It was very enriching to see her gain confidence, as she became more involved in group activities every day; something that was difficult for her before. As a mom, it has been very rewarding to watch her grow and gain more independence in an environment that truly understands and cares for her needs."

HELP ME GROW (HMG)

First 5 Sacramento funding established the Sacramento County affiliate of Help Me Grow California to increase access to services for families with children ages 0-5, with a focus on those at-risk for developmental or behavioral delays and/or disabilities. HMG prioritizes outreach and support to at-risk children and families in underserved areas, providing education about developmental milestones, outreach and training, screening, referral services, and family support through connections to needed resources in the community. HMG operates through a multi-method approach so families are able to connect in the manner which is best for them. HMG Centralized Access Points include 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, connections for families to a wide variety of support/resources, such as basic needs, and referrals for further assessment when needed.

In FY 2023-24, Help Me Grow received 765 calls (an increase from 671 in FY 2022-23). Family Advocates provided home visits to 380 families. HMG also connected with nearly 2,000 community members at outreach events to share information about developmental milestones, Adverse Childhood Experiences (ACEs), and the Help Me Grow system. The following tables further HMG services in FY 2023-24.

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

		FY 2023-24
How much did we do?	Healthcare Provider Outreach	
	Healthcare providers provided with outreach and materials	36
	Healthcare providers provided with training/technical assistance	22
	Community Outreach	
	Community events at which HMG provided outreach/materials	43
	Professional learning opportunities about the HMG program	331
	Individuals reached through HMG events to promote awareness	1,927
	Developmental Screenings ⁴¹	
	Unduplicated Children who received ASQ-3 screenings	232
	Number of ASQ screenings conducted	245
	# (%) of screenings below cutoff ("Flagged" for concern)	104 (51%)
	# (%) of screenings at cutoff ("Monitoring")	37 (18%)
	# (%) of screenings above cutoff	62 (31%)
	Unduplicated Children who received ASQ:SE screenings	122
	Number of ASQ:SE screenings conducted	126
	# (%) of screenings above cutoff ("Flagged" for concern)	58 (51%)
	# (%) of screenings at cutoff ("Monitoring")	22 (19%)
	# (%) of screenings below cutoff	33 (29%)

⁴¹ Sum of results by category may not equal total number of screenings as due to differences in number of services logged compared with assessment details provided (e.g., screening provided but data by domain not entered into Persimmony). Results by category based on 203 ASQ screenings and 113 ASQ:SE screenings with details available.

How much did we do (cont.)?	Incoming referrals, by source	311
	Healthcare Providers	80
	Family Resource Centers	73
	HMG Website	26
	Private Child Care Providers	13
	School District	9
	PBM Plus Program	8
	Advertisement or Outreach Event	8
	Family or Friend	6
	Other or Not Listed	88
	Incoming Referrals with a recent developmental screen⁴²	97 (31%)
	Family Advocate Services	
	Families with a Family Advocate (at least one home visit)	380
How well did we do?	Families who created an Action Plan with a Family Advocate	388
	Total number of home visits conducted	945
	Follow-Up	
	HMG Callers with an Intake reached for follow-up	172/311 (55%)
	FA Families who received at least one enhanced referral ⁴³	301/380 (79%)

Source: FY 2023-24 Service Records; ASQ Screening Results; Quarterly Performance Measures; Intake/Referral Form; Services-Outgoing Referral Form

HMG provided more than 700 enhanced referrals (First 5 categories). Of the referrals contacted, 35.5% were receiving services by the end of the FY. Another 42% of referrals contacted (186/440) were “Pending” at the end of the FY. This may highlight those awaiting access to services which may be impacted by lengthy processes or waitlists. It is important to note that HMG’s focus is to establish the connection to services, while access or eligibility remains out of the program’s control. A review of the Better Off measures in the table below should consider the capacity of systems beyond the scope of HMG. The How Well column highlights the program’s objective—contact/connections made. Referral data procedures also changed during FY 2023-24. Follow-up and closed-loop documentation may be incomplete as partners and agencies adapt to the changes. ⁴⁴

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

Referral Type	How Much?	How Well?		Better Off?	
	Referrals Provided	Referral Contacted		Received Services	
Developmental Concerns (ASQ)	273	146	53.5%	25	17.1%
Parent Support/FRC (e.g., Home Visiting)	244	160	65.6%	87	54.4%
Child Care	95	33	34.7%	8	24.2%
Dental/Medical	55	44	80.0%	22	50.0%
Social-emotional/Behavioral Concerns (ASQ:SE) ⁴⁵	44	38	86.4%	9	23.7%
Mental Health	21	10	47.6%	2	20.0%
Socioeconomic Concerns	7	6	85.7%	1	16.7%
Safe Sleep Baby (Infant Safe Sleep Training)	3	3	100.0%	2	66.7%
Total Enhanced Referrals	742	440	59.3%	156	35.5%

Source: FY 2023-24 Service-Outgoing Referrals Form and Referral Portal. May contain duplicates by family when participants receive multiple referrals 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.

⁴² Individuals with a recent ASQ (i.e., from healthcare professional) for whom HMG does not complete a screening.

⁴³ Families may have also received referrals for services not listed here. Only First 5’s focal area referrals are reported here.

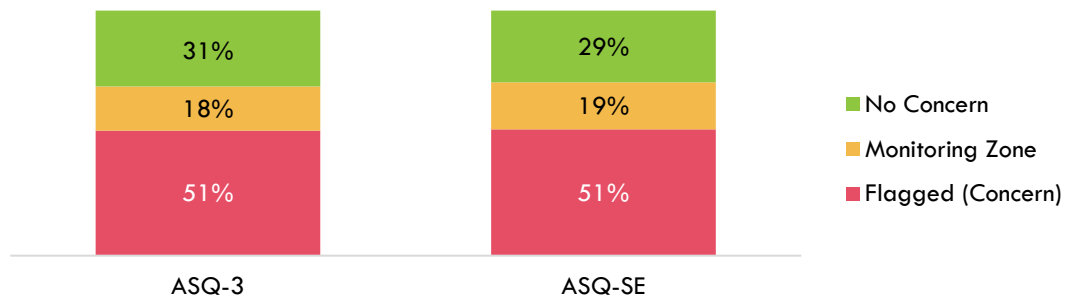
⁴⁴ First 5’s implementation of the referral portal aims to provide real time “closed loop” referral updates. However, training and implementation is ongoing due to a wide range of procedures/requirements across agencies receiving referrals.

⁴⁵ Social-Emotional/Behavioral referrals are not distinguished from other Developmental Concerns through the Referral Portal.

In FY 2023-24, HMG provided 371 Ages and Stages Questionnaire (ASQ-3) and/or ASQ Social-Emotional (ASQ-SE) screenings—232 children received one or more ASQ-3 screening and 122 children received ASQ-SE screenings. The number of children screened by HMG was comparable to FY 2022-23 (226 ASQ-3 and 118 ASQ-SE). Help Me Grow staff also supported 97 clients who had already had a screening completed by a healthcare provider or other agency, by providing warm hand-off referrals based on ASQ results, information, and follow-up support.

About half of the ASQ-3 screenings and ASQ-SE screenings (51%) identified children with developmental concerns. The proportion of screenings identifying at least one *Flagged* domain exceeds most recent national (20.8%) and state (15.8%) estimates of children with special healthcare needs^{xv} 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 47. 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

Annie (fictional name) was referred to Help Me Grow (HMG) by Birth & Beyond. She was seeking support for her two foster children. Annie had been unsuccessful in getting her two-year-old foster child evaluated for early intervention services and was struggling to find affordable daycare for both children.

After enrolling with HMG, both children received an ASQ screening. Their Family Advocate connected with Alta Regional on behalf of the family, and the two-year-old was able to receive an evaluation and qualified for services within one week of the connection. The HMG Family Advocate also made a school district referral for the older child's developmental needs, contacted the Bridge Program, which facilitates immediate child care placement to support families in the foster care system, and shared additional information about the Crisis Nursery and local playgroups.

Upon follow-up with the school district, they learned that the older child already had an IEP in place. They were able to get an additional evaluation through the District and the child began receiving services. Within two weeks of the Family Advocate contacting the Bridge program, Annie was able to enroll her two-year-old in care, which was mostly paid for through this resource. In short, Annie was able to work through several challenges related to her care of the two foster children, and ensure they had safe, reliable child care as well as the behavioral and developmental services each child needed.

"I couldn't have done it without you. I don't think I would have been able to keep the kids with me if I didn't have your help and advocacy. Thank you for everything you have done for us." — "Annie," HMG 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 5,000 **screenings** to identify potential delays or concerns in development, speech/language, vision, or hearing. More than half of the children receiving a speech/language screening (52%, 36/69) received a referral for services, followed by 16% of vision screenings (244/1,491).
- ▶ More than 700 children took part in **playgroups**, with 88% attending more than one session. Most parents said they would recommend the playgroups (95%), the playgroup leader was knowledgeable (95%), their child enjoyed them (94%), and their language/culture was respected (94%).
- ▶ 126 teachers took part in 25 **social-emotional trainings**. Most participants who provided feedback felt more comfortable and confident working with children with challenging behaviors (86%).
- ▶ Parent/caregiver support and engagement included text-based, virtual, and in-person **parenting education workshops** and classes. More than 400 caregivers took part in text-based parenting education, and nearly 800 parents attended parenting education workshops. Of those providing feedback about parenting education workshops, 94% agreed they learned something they can use to be a better parent, and 100% planned to make a change at home based on what they learned.
- ▶ 248 children attended **kindergarten transition** summer camps and 1,169 families attended transition orientation to help families know what to expect in kindergarten. Most participants agreed that KTO activities helped their child feel less nervous about kindergarten (91%) and that they felt their child was ready for kindergarten after KTO activities (91%). Camp participants significantly improved kindergarten readiness skills and the proportion of children considered *Fully Ready* for kindergarten increased nine percentage points.
- ▶ All nine districts took part in **planning and systems integration**, with 35 parent advisory and 32 articulation meetings between preschool and K-12 teachers held during the FY.
- ▶ **Help Me Grow** (HMG) received 765 calls and completed intakes for 311 incoming referrals. About 300 families received one or more enhanced referral, and 380 families received home visit(s) with a family advocate.
 - Additionally, HMG screened 260 children ages 0-5 using the ASQ-3 and/or ASQ-SE to assess developmental concerns. Half (51%) of the ASQ and ASQ-SE screenings were flagged for possible delays. Parents of these children were guided through full developmental assessments and connections to needed services.

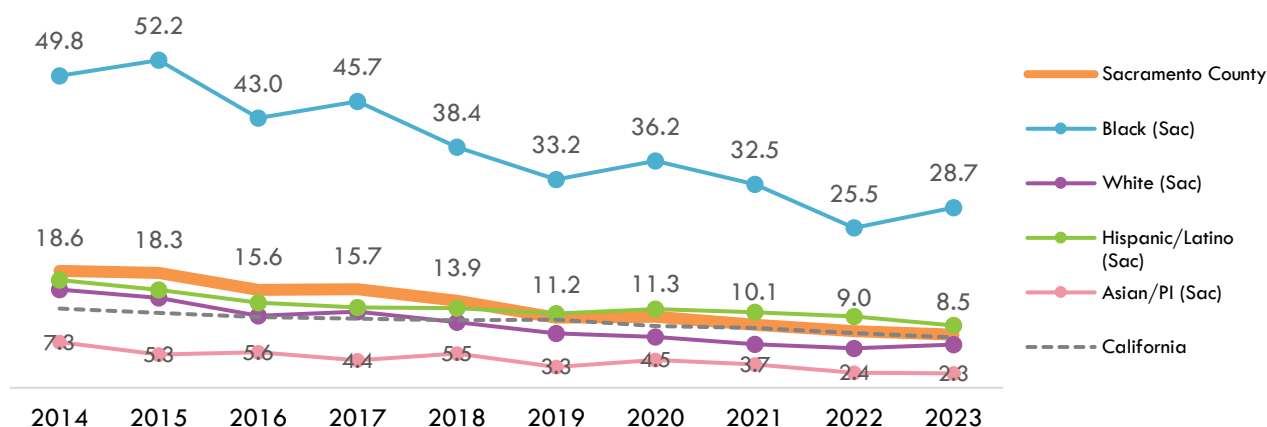
Result 7: INCREASE USE OF EFFECTIVE PARENTING TO DECREASE TRAUMA AND CHILD MALTREATMENT

COUNTYWIDE TRENDS

Child abuse injuries can be fatal. Additionally, the consequences of child abuse and neglect may persist long after abuse occurs. Effects can appear in childhood, adolescence, or adulthood, including physical, intellectual, behavioral, and psychological impacts.^{xvi} 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.*^{xvii} Prevention and early intervention services can help strengthen families' 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 55% between 2014 (18.6 per 1,000 children) and 2023 (8.5 per 1,000). Substantiated maltreatment among African American children decreased 42% between 2014 (49.8) and 2023 (28.7). Disparities remain as substantiated maltreatment among African American children in Sacramento County were 3.4 times the county total.

Figure 48. 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 (2022): 21,245 (CA); 965 (Sac); 314 (Afr. Am); 275 (White); 315 (Hispanic/Latino); 44 (Asian/PI). Rates equal (children with substantiated allegations/total population) x 1000. Counts by ethnicity may not reflect total population as substantiated allegations data not available for multiracial populations. Historic counts updated using most current CCWIP data where available.

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 Family Resource Center programs and the Sacramento Crisis Nursery. Both programs aim to address child safety and empower families by reducing barriers and increasing protective factors.

BIRTH & BEYOND: OVERALL

First 5 Sacramento funds 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).

During First 5’s 2021-2024 strategic plan and funding cycle, Birth & Beyond fully implemented Parents as Teachers home visiting and concluded the use of the Nurturing Parenting Program model for group parenting education and home visiting for families with children ages 0-5 (Empowered Families funding source).⁴⁶ Birth & Beyond also provided Healthy Families America (HFA) home visiting.⁴⁷

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. *Additional information about RAACD activities can be found in First 5 Sacramento’s FY 2023-24 Reduction of African American Child Deaths Evaluation Report.*

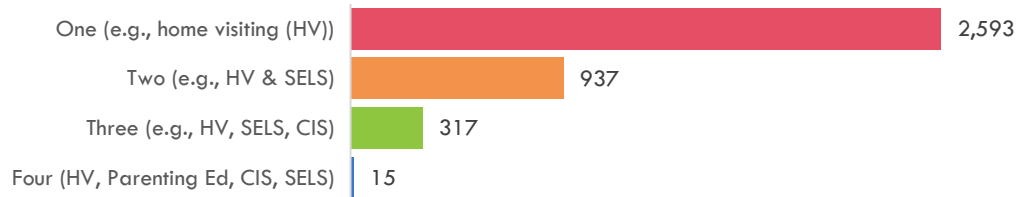
In FY 2023-24, more than 4,000 caregivers and nearly 2,000 children ages 0-5 received at least one First 5-funded Birth & Beyond service provided by the FRCs. The number of individuals served increased from FY 2021-22 (3,369 caregivers and 1,489 children) and FY 2022-23 (3,786 caregivers and 1,746 children). The total number of individuals served includes participants across the various models and strategies funded by First 5 Sacramento. Among the 4,110 caregivers, 95% received one or more Empowered Families service, 8% received one or more RAACD service, and 7% received one or more CalWORKs/Family Support Initiative service.⁴⁸ Additionally, one-third (33%) of families served took part in at least two of the four strategies during the FY.

⁴⁶ PAT implemented for Empowered Families and CalWORKs Home Visiting Program/Family Support Initiative funding sources

⁴⁷ CalWORKs Home Visiting Program/Family Support Initiative funding source. FY 2023-24 was the last year that the Healthy Families America home visiting model was offered.

⁴⁸ Percentages may not equal 100% as participants may receive services from multiple funding sources throughout the FY.

Figure 49. Families Engaging in Multiple Birth & Beyond Strategies During FY 2023-24



Source: FY 2023-24 Birth & Beyond Service Records. Note: Total number of families reached reported in RBA table below (3,931) may exceed sum of all four categories presented here (3,862) as some participants may have only received supplementary services not counted here. For example, HV families who received only referrals or other support but did not receive a home visit during the FY would not be counted here. Proportions also do not account for the number of participants who may have engaged in various strategies across multiple fiscal years.

Figure 50. RBA Dashboard – Birth & Beyond: Overall

		FY 2023-24	
How much did we do?	Overall Reach of Birth & Beyond		
	Families served	3,931	
	Parents/Caregivers	4,110	
	Children (ages 0-5) directly served	1,991	
	Children (ages 0-5) indirectly served ⁴⁹	3,647	
	Enhanced Referrals		
	FRC Services/Activities or Other Home Visiting Program	1,177	
	Dental/Medical (e.g., insurance, medical home, well-child visits)	1,028	
	Help Me Grow	494	
	Car Seat Safety	460	
	Crisis Nursery	448	
	Safe Sleep Baby	445	
	Mental Health	366	
	Breastfeeding	338	
	Child Care	270	
	Domestic Violence Counseling	256	
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) ⁵⁰	885/2,473 (36%)	
	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)	3.73	3.92
	I know what program to contact in my community when I need advice on how to raise my child	3.69	4.14 ***

Source: FY 2023-24 Service Records; Referral Portal; Family Information Form (Caregiver Matched Set N = 124) Note: Parent Resource Knowledge section includes participants who in Family Information form matched set matched to B&B 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 *** $p < .001$.

† Data not collected in FY 2023-24.

⁴⁹ Children ages 0-5 in families receiving services during FY 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.

⁵⁰ Closed loop outcomes data limited to referrals processed in the Persimmony Referral Portal (newly implemented during FY 2023-24). Prior to implementation, referrals were captured in Service Records which cannot identify outcomes. Outcomes unknown/not provided for 50% of referrals (1,245/2,473). Ongoing trainings/partnership with receiving organizations and funded contractors will continue to increase the effectiveness of the closed loop data collection process.

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 and 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 2023-24, Birth & Beyond's home visiting models for families with children ages 0-5 included: 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 2023-24 outcomes by model as well as CPS outcomes for children whose families received Birth & Beyond home visiting.

Figure 51. FY 2023-24 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, 828 caregivers in 785 families received 9,220 home visits during FY 2023-24.

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 evidence-based home visiting models based on their family composition, history of maltreatment, CalWORKs enrollment, or other needs. Among all incoming referrals (unduplicated, first in FY), 40% came from healthcare providers, including hospital systems and medical providers and 24% were self-referrals. Other common referral sources included CPS (12%), referrals from other nonprofit/community organization (8%), or within Birth & Beyond (7%, e.g., site transfers, event outreach).

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

		FY 2023-24	
How much did we do?	Incoming Home Visiting Referrals in FY 2023-24		
	Unduplicated families referred to home visiting in FY	1,311	
	Unduplicated caregivers referred in FY, by referral source ⁵¹	1,321	
	Healthcare Providers	524	
	Self-Referral	322	
	CPS	160	
	Other Nonprofit/Community Organization	112	
	Birth & Beyond (e.g., transfers, outreach)	90	
	DHA Bureaus	54	
	Help Me Grow	25	
	School Districts/Teachers	17	
	Other	17	
Is anyone better off?	Substantiated Maltreatment within 12 Months of Intake, by Most Recent Home Visiting Model and Service Dosage	Any Dosage	8+ HV hours
	<u>Empowered Families and/or Family Support Initiative (FSI) HV</u> [†]		
	No prior CPS contact (<i>n</i> = 503)	1.6%	1.8%
	Any prior CPS contact in past five years (<i>n</i> = 116)	7.8%	6.7%
	Recent substantiated baseline (6 months prior to intake) (<i>n</i> = 19)	0.0%	0.0%
	All groups (<i>N</i> = 619)	2.7%	2.6%
	Family Engagement in other FRC Services		
	Crisis Intervention	501 (64%)	
	SELS	345 (44%)	
	Group Parenting Education Workshops	33 (4%)	

Source: FY 2023-24 Birth & Beyond Home Visiting Referral Form; FY 2023-24 Birth & Beyond Service Records; 2024 CPS data request.

[†] Detailed outcomes tables available in Appendix B; Includes participants with an intake between March 2022 and February 2023 for 12-month outcomes. Includes participants whose most recent home visiting model was Parents as Teachers (Empowered Families or FSI) or Healthy Families America (FSI only). Outcomes for RAACD-funded curriculum are described in the RAACD section below.

⁵¹ Counts based on first reported referral source in fiscal year

ANALYSIS OF CPS OUTCOMES: QUASI-EXPERIMENTAL DESIGN

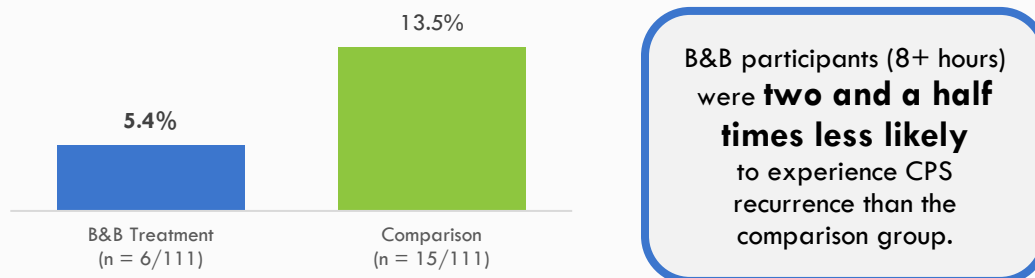
The following section explores substantiated maltreatment recurrence among children receiving Birth & Beyond services compared with a matched set of children in Sacramento County who had CPS involvement during a comparable time frame but did not receive B&B home visiting. Outcomes of this Quasi-Experimental Design (QED), primarily funded by the Birth & Beyond AmeriCorps grant, include whether children had **substantiated CPS recurrence within 12 months** of their B&B home visiting intake or their previous CPS encounter.⁵²

The *treatment* group included children ages 0-5 who had a B&B home visiting intake between **March 1, 2021 and March 1, 2023**; had a baseline CPS event within the six months prior to their intake; and received at least eight hours of home visiting. The *comparison* group included a sample of Sacramento County children ages 0-5 who had a CPS investigation that closed between March 1, 2021 and March 1, 2023 (“baseline CPS event”) but did not receive B&B home visiting and were not removed from the home (“placement”) following the baseline CPS event. Using a statistical technique called propensity score matching (PSM), the two groups were matched as closely as possible on key demographic variables commonly associated with CPS involvement (i.e., scores on CPS’s Structured Decision-Making (SDM) assessment, number of prior CPS involvements in the past five years, child sex, race/ethnicity, and age).⁵³ By controlling these variables, the study isolated the effect of B&B home visiting, so that the primary difference between the groups was their participation in the program. This resulted in a **final matched sample of 222 children, with 111 in each group**.

QUASI-EXPERIMENTAL DESIGN RESULTS

The *treatment* group, (B&B home visiting participants who received at least eight hours of B&B home visiting following a baseline CPS event, were **two and a half times less likely to experience substantiated CPS recurrence** than the children in the *comparison* group (who had a baseline CPS event but did not receive B&B home visiting). Specifically, 5.4% of the treatment group had recurrence within 12 months, compared with 13.5% of the non- B&B comparison group.

Figure 53. CPS Recurrence: B&B QED Sample ages 0-5, B&B Treatment (8+ Hours) and Non-B&B Comparison Group



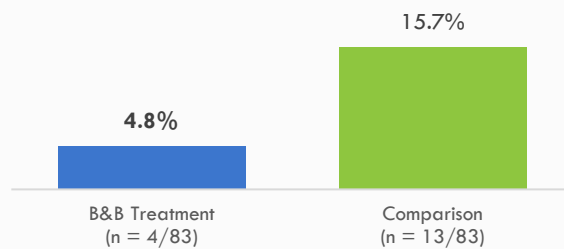
Source: B&B 2021-2023 Program Data and CPS 2021-2023 Data.

⁵² Since the comparison group did not have B&B intervention, their observation window started at the closure of a baseline CPS involvement (excluding Evaluated Out cases). B&B participants observation window started after the start of B&B intervention.

⁵³ A logistic regression model was applied to estimate the propensity scores on the key vulnerability characteristics (SDM score, number of prior CPS allegations, Gender, Race/Ethnicity, and age). The “treatment” group was then paired with their nearest match based on total PSM score and above characteristics, using statistical software, resulting in a one-to-one comparison group “match” throughout all analyses. Individuals may not share exact characteristics on all included measures, but the methodology ensures the closest fit for each individual.

Furthermore, children ages 0-5 who received at least 12 hours of B&B home visiting were **three times less likely to experience substantiated CPS recurrence** than the comparison group who did not receive B&B home visiting. Specifically, 4.8% of the B&B treatment group experienced substantiated CPS recurrence, compared with 15.7% of the comparison group.

Figure 54. CPS Recurrence: B&B QED Sample ages 0-5, B&B AmeriCorps Treatment (12+ Hours) and Non-B&B Comparison Group



B&B participants (12+ hours) were **three times less likely** to experience CPS recurrence than the comparison group.

Source: B&B 2021-2023 Program Data and CPS 2021-2023 Data.

CPS ANALYSIS SUMMARY

The findings reported here provide strong evidence that on average, **families receiving the minimum dosage of B&B home visiting have significantly lower rates of recurrence** than a matched comparison group. This finding is consistent with several prior studies of this program, while improving upon previous designs by having a statistically matched comparison group.⁵⁴

Key Takeaway:

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

B&B children receiving 8+ hours of home visiting were **two and a half times less likely** to experience substantiated recurrence in 12 months (5.4%) compared to the non-B&B matched sample (13.5%).

B&B children receiving 12+ hours of home visiting were **three times less likely** to experience recurrence (4.8%) than the comparison group (15.7%)

⁵⁴ This analysis was initially made possible by funding from Birth & Beyond AmeriCorps, as part of a larger evaluation conducted every three years for B&B re-compete requirements for AmeriCorps funding.

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.^{xviii} 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 fewer than two PAT stressors are considered *Non-High Needs* and have a goal of 12 or more home visits per year, while those experiencing two or more PAT stressors are considered *High Needs* and have a goal of 24 home visits per year.

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

		FY 2023-24	
How much did we do?	Individuals Receiving PAT Home Visits		
	Unduplicated Caregivers Receiving Home Visits	517	
	Unduplicated Children Receiving Home Visits	678	
	Unduplicated Caregivers who received joint visits with CPS	71	
	<u>Unduplicated Caregivers by PAT Need Level⁵⁵</u>		
	Non-High Needs (fewer than two PAT stressors)	211 (50%)	
How well did we do?	Level of Completion (% of exited participants)⁵⁶		
	Non-High Needs (8+ hours, B&B Minimum)	33/112 (29%)	
	Non-High Needs (12+ hours, PAT Non-High Needs Requirement)	18/112 (16%)	
	High Needs (8+ hours, B&B Minimum)	36/101 (36%)	
	High Needs (12+ hours)	18/101 (18%)	
	High Needs (24+ hours, PAT High Needs Requirement)	4/101 (4%)	
Is anyone better off?	Protective Factors (Matched Set) (n = 129)⁵⁷	Pre	Post (Sig)
	Overall Average PFS-2 Score	3.09	3.25 ***
	Caregiver-Practitioner Relationship	3.20	3.59 ***
	Social Supports	2.99	3.24 **
	Family Functioning and Resilience	3.28	3.38
	Nurturing and Attachment	3.03	3.10
	Concrete Supports	2.96	2.96

Source: FY 2023-24 Service Records; PAT Case Records and Protective Factors Survey-2 (PFS-2) Pre-Post assessments (limited to those served during FY). 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 ** $p < .01$, *** $p < .001$.

In FY 2023-24, 517 caregivers received one or more PAT home visit. Among them, 423 completed an intake identifying their PAT stressors. Half were considered *Non-High Needs* as they reported fewer than two of the measured stressors, and half were considered *High Needs*. One in five (20%) *Non-High Needs* participants with a closure date completed a minimum of 12 home visits required by PAT as of June 30, 2024, and 7% of *High Needs* participants whose home visiting record was closed completed 24 or more home visits by the end of the fiscal year. On the other hand, one-third (33%) of the *Non-High Needs* families and 47% of *High Needs* families had at least eight home visits, which is the Birth & Beyond-defined minimum dosage for impact.

⁵⁵ N = 423. Need level is calculated from the PAT Case Record and Case Record data may be missing for some participants.

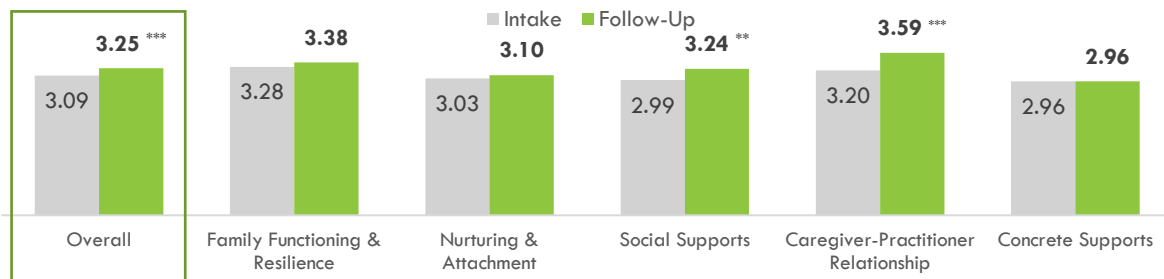
⁵⁶ Participants who received First 5-funded PAT HV and a PAT Case Record with a FY 2023-24 closure date to indicate completion. Counts may exclude home visits if funding source changed. This would not disrupt family's services/completion but are not captured in this report. Denominator will not match total served as completion rates only include participants whose cases were closed and does not include participants whose home visiting remained ongoing at the end of FY 2023-24.

⁵⁷ Matched set limited to individuals served in FY whose 8th foundational visit post-assessment completed during FY to ensure the sample includes participants with the same duration of program engagement. Not representative of outcomes for participants engaging in the program for longer periods of time.

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 measures five areas of protective factors: *Family Functioning and Resilience*, *Social Supports*, *Concrete Supports*, *Nurturing and Attachment*, and *Caregiver-Practitioner Relationship*.^{xix} PAT home visiting participants complete a PFS-2 assessment at intake and complete their first follow-up after the eighth PAT foundational visit.

Average PFS-2 scores increased slightly among PAT home visiting participants with both an initial and follow-up assessment (n = 129). Overall average PFS-2 scores increased from 3.09 to 3.25 (range 0 to 4). On average, participants had statistically significant improvements in the *Social Supports* and *Caregiver-Practitioner Relationship* domains. *Social Supports* includes agreement with the statements “I have people who believe in me,” “I have someone in my life who gives me advice, even when it’s hard to hear,” “When I try to work on achieving a goal, I have friends who will support me,” “When I need someone to look after my kids on short notice, I can find someone I trust,” and having someone they trust for advice on various topics. *Caregiver-Practitioner Relationship* measures 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 56. Changes in Protective Factors (PFS-2), Empowered Families-Funded PAT Home Visiting



Source: FY 2023-24 Protective Factors Survey-2 Pre-Post Scores by Domain. N = 129. Pre-tests are typically completed during the first home visit and first post-tests are completed after 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 ** $p < .01$ and *** $p < .001$.

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. FY 2023-24 was the final year that Birth & Beyond implemented the HFA model. The Birth & Beyond Collaborative provided FSI home visits to 281 caregivers and 409 children. Families averaged 12.2 hours of FSI home visiting in the FY.⁵⁸ FSI families most commonly received referrals for health services (190), mental health (128), and Help Me Grow/developmental support (96).⁵⁹

⁵⁸ Includes HFA and/or PAT models. Average hours may not equal number of visits as duration of visits may vary.

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

		FY 2023-24
How much did we do?	Number Served (Received at least one PAT and/or HFA home visit)	
	Unduplicated Families	244
	Unduplicated Parents/Caregivers ⁶⁰	281
	FSI – PAT Model (unduplicated)	252
	FSI – HFA Model (unduplicated)	45
	Unduplicated Caregivers who received joint visits with CPS	0
	Unduplicated Children	409
	Ages 0-3 months	51 (12%)
	Ages 4-11 months	73 (18%)
	Ages 12-23 months	90 (22%)
	Ages 24+ months	195 (48%)
	Characteristics of participants served⁶¹	
	Pregnant Individuals with no other children	4
	First-Time Parents	42
	Welfare-to-Work Eligible or Exempt	191
	Child-Only (child on aid but parents are not)	28
	Expanded Population	5
	FSI Services Provided	
	Average number of home visits, by family	13.3
	Developmental screenings conducted (ASQ, ASQ:SE)	403
	Referrals provided due to developmental screening	130 (32%)
	Caregivers who developed an HFA Service Plan	26
	Outgoing Enhanced Referrals, by Type	
	Dental/Medical (e.g., medical home, health insurance, healthcare)	190
	Mental Health	128
	Help Me Grow/Developmental Support	96
	Crisis Nursery	81
	Child Care/Early Learning	66
	Breastfeeding support	57
	Safe Sleep Baby	14
How well did we do?	Program Completion (Exited Participants - HFA and/or PAT model)	n = 109
	Completed Program Goals (Program Completion)	21 (19%)
	Declined further services	41 (38%)
	Changed Birth & Beyond Paths/Inter-Agency Referral	17 (16%)
	No contact per contact policy	16 (15%)
	Moved out of service area	13 (12%)
	CPS Case Opened	1 (1%)
	Participant Dosage, by Model	
	HFA – 8+ Hours	19/45 (42%)
	HFA – 12+ Hours	11/45 (24%)
Is anyone better off?	Services Accessed	
	Closed-loop referrals (participant received referred services) ⁶²	316/786 (40%)

Source: HFA Case Record; PAT Case Record; HV Referrals; FY 2023-24 B&B ASQ, and FY 2023-24 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.

⁶⁰ Counts by curriculum may exceed total unduplicated if participants transition between curriculum during the fiscal year.

⁶¹ Counts include 228 unduplicated individuals who received FSI home visiting and had at least one Case Record.

⁶² Closed loop outcomes data limited to referrals processed in the Persimmony Referral Portal (newly implemented during FY). Prior to implementation, referrals were captured in Service Records which cannot identify outcomes. Outcomes unknown/not provided for 47% of referrals (367/786). Ongoing trainings/partnership with receiving organizations and funded contractors will continue to increase the effectiveness of the closed loop data collection process.

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 (scores below five).

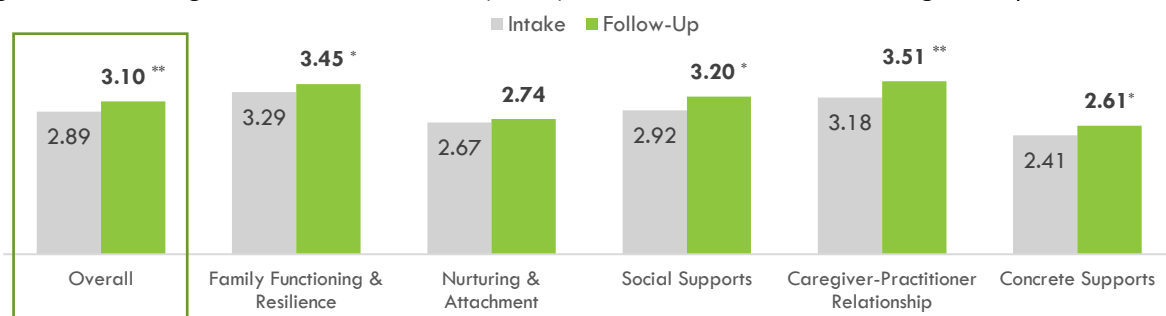
Thirteen HFA caregivers received their *first* CHEERS Check-In during FY 2023-24. Among them, the average CHEERS score was 5.80. Seventeen participants received at least two CHEERS Check-In assessments with their *most recent* occurring during FY 2023-24. The group average CHEERS score increased from 5.45 to 5.87, although changes were not statistically significant for this small sample. It is also important to note that check-ins were completed at varying intervals (range: four to 30 months).

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 = 75). Overall average scores increased from 2.89 to 3.1 (range 0 to 4).⁶³ On average, participants' *Family Functioning & Resilience, Social Supports, Caregiver-Practitioner Relationship*, and *Concrete Support* increased significantly.

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



Source: FY 2023-24 PFS-2 Pre-Post Scores by Domain (N = 75). 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 * $p < .05$ ** $p < .01$.

⁶³ Matched set limited to individuals served in FY whose 8th foundational visit post-assessment completed during FY to ensure the sample includes participants with the same duration of program engagement. Not representative of outcomes for participants engaging in the program for longer periods of time.

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. EBPP was designed to serve Black and African American families, “promote family pride and cohesion and to help families cope with the negative effects of racism.”^{xx}



Due to the unique nature of this participant-centered model and implementation process during First 5’s 2021-2024 Strategic Plan and funding cycle, the following section highlights preliminary and qualitative insights from the participants engaging in EBPP home visiting.⁶⁴ As of the 2024-2027 funding cycle, RAACD-funded programs will provide more consistent program models and outcomes. *Additional details about RAACD-funded home visiting activities are available in First 5 Sacramento’s FY 2023-24 Reduction of African American Child Deaths Evaluation Report.*

In FY 2023-24, staff completed 46 new intakes into the EBPP model during the fiscal year and **67 African American or multiracial caregivers received 414 home visits** through Valley Hi Village and MAN SFSG.⁶⁵ EBPP home visitors also focus on building deep connections with families and providing well-rounded support beyond the model materials. Parents have shared with staff that EBPP gives good guidance for fostering strong, healthy self-esteem, and pride in Blackness.

The MAN SFSG and the SCH Village programs measured program impact and family progress using the 40-question EBPP pre- and post-test, the Protective Factors Survey-2 (PFS-2), and/or Family Strengths Builder (FSB). Due to the range of assessments and variations in facilitation, limited insights are available. However, the following information offers preliminary highlights based on available data.

- ▶ **Participants increased agreement with Effective Black Parenting behaviors.** Thirty-three participants completed an EBPP intake assessment. Among them, seven also completed a post-assessment during FY 2023-24. Six of the seven (86%) had a net improvement in their responses to questions related to parenting behaviors. On average, the group had the largest improvements in the statements “Parents should help their child develop pride in Blackness” and “Family rules should be fair and reasonable to the children.”
- ▶ **Participants improved their protective factors.** Sixteen EBPP HV participants completed a PFS-2 assessment at intake. Their average total score was 2.62 (range 0 to 4). Further, six of the 16 participants completed a second PFS-2 questionnaire during the FY. Among them, the group

⁶⁴ EBPP was implemented by the Valley Hi Village program in FY 2021-22; MAN SFSG began implementation in FY 2022-23. In FY 2021-22, MAN SFSG phased out the Nurturing Parenting Program (NPP) curriculum in favor of a modified version of Parents as Teachers (PAT) which aimed to be more culturally responsive for Black/African American families. MAN then transitioned from this adapted model to EBPP as the RAACD-funded home visiting model. FY 2023-24 is the first year for which EBPP was the only RAACD HV program offered. As of the 2024-2027, efforts across the two sites have been more thoroughly streamlined and updated for more consistent reporting and analysis of program impact.

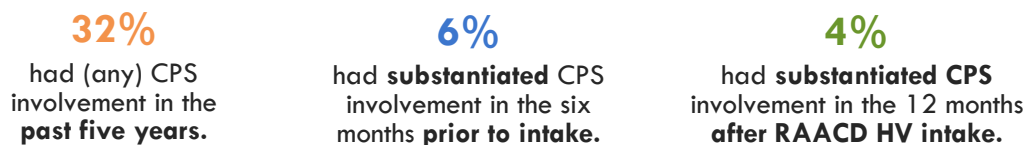
⁶⁵ Intakes = count of EBPP HV Case Records. Includes duplicate individuals who may re-enter program at different points in time and not intended to represent the total number of individuals who received RAACD-funded home visits during the fiscal year.

average increased from 2.63 to 3.20. All six participants improved in at least one PFS-2 domain. At follow-up, participants had the highest average score in the *Caregiver-Practitioner Relationship* domain (3.95), followed by *Family Functioning & Resilience* (3.39). *Caregiver-Practitioner Relationship* includes statements such as “I feel like staff here understand me.” *Family Functioning & Resilience* includes measures such as “In my family, we take time to listen to each other.”

- ▶ **Participants improved access to immediate needs.** Thirty-four EBPP HV participants completed an FSB with their home visitor to identify their family’s strengths and support areas. Among them, the most common focal areas selected were housing (13/34, 23%), managing a budget/finance (19%), and employment (16%). Further, 10 of the 34 participants completed at least two FSB questionnaires in FY 2023-24. Six of the 10 participants All 10 participants improved in at least domain and 60% improved in their focal area(s).

CPS OUTCOMES FOR CHILDREN RECEIVING RAACD 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. The following section highlights outcomes for families involved in RAACD-funded home visiting. The current sample includes participants whose first home visiting intake was between March 1, 2022 and February 28, 2023, and their most recent curriculum was an RAACD model.⁶⁶ This may include participants who began with the adapted-Parents as Teachers (PAT) model, the Effective Black Parenting Program (EBPP), and/or entered home visiting using another model and transitioned to an RAACD model. Additionally, while the two RAACD-funded sites focus on Black/African American families, if some participants are of another race/ethnicity, no one is turned away from participation.



Overall, 3.8% (3/78) of children ages 0-5 whose families were served had a substantiated CPS allegation within 12 months of intake. Among the families who received at least the minimum Birth & Beyond service dosage (8+ hours), 4.2% (2/48) had a substantiated allegation within 12 months. Rates also varied by prior CPS involvement. Among those with no prior CPS involvement, one out of 53 children (1.9%) had substantiated CPS involvement within 12 months of intake, and two out of 25 (8.0%) children with any prior CPS involvement. **None of the children who entered Birth & Beyond home visiting with substantiated CPS in the six months prior to their intake (recent “baseline” referral) experienced recurrence within 12 months of starting home visiting.**

Additional details on RAACD home visiting participants CPS outcomes is available in Appendix C.

⁶⁶ Total number of children in the sample is 73. Please note that small sample sizes may inflate percentages of substantiated CPS involvement. Each instance has a larger impact on the percentage than in a larger sample. Interpret results with caution.

BIRTH & BEYOND: GROUP PARENTING EDUCATION WORKSHOPS

In FY 2023-24, 429 parents/caregivers attended 71 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.⁶⁷ On average, MPAP participants significantly improved their parenting knowledge and skills. Most participants completing a follow-up survey agreed their parenting skills improved (90%), the class leader was knowledgeable (90%), and the information was useful (89%).

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

		FY 2022-23	
How much did we do?	Number of Workshop Series Provided	71	
	Unduplicated Parents/Caregivers Served, by Curriculum⁶⁸	429	
	Make Parenting A Pleasure (unduplicated)	395	
	Effective Black Parenting Program (unduplicated)	36	
How well did we do?	Course Completion (had pre- and post-survey)⁶⁹		
	Make Parenting A Pleasure (Empowered Families, RAACD MAN)	290/393 (74%)	
	Effective Black Parenting Program	21/31 (68%)	
	Level of Service		
	Average hours participating in parenting education, by family	18.4	
	<u>Average number of sessions, by participant</u>		
	Make Parenting A Pleasure	8.9	
Is anyone better off?	Increased Parenting Knowledge and Skills	Pre	Post
	Make Parenting A Pleasure average score ⁷⁰	5.97	6.42 ***
	Effective Black Parenting Program (% with improved score) ⁷¹	13/21 (62%)	
	Parenting Confidence and Attitudes⁷² (% Agree/Strongly Agree)	N = 210	
	My parenting skills have improved because of what I learned	190 (90%)	
	I felt the class leader was knowledgeable	189 (90%)	
	The information provided was useful to me	187 (89%)	
	Family Engagement in other FRC Services		
	% Receiving Crisis Intervention	222 (50%)	
	% Receiving SELS	126 (28%)	
	% Receiving Home Visiting	40 (9%)	

Source: FY 2023-24 Quarterly Performance Measures, FY 2023-24 Service Records, FY 2023-24 MPAP Assessments Data. FY 2023-24 Parenting Education/SELS Follow-Up Survey. *** indicates statistical significance at $p < .001$

⁶⁷ EBPP received DCFAS court-approval in FY 2023-24. The curriculum was used for RAACD funded programs at two FRCs. During the FY, Birth & Beyond began work to roll out EBPP parenting education more broadly.

⁶⁸ Unduplicated counts by model may not equal total unduplicated as participants may engage in multiple models in the FY.

⁶⁹ 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.

⁷⁰ Average score for 290 matched sets. May include duplicate individuals who take courses multiple times.

⁷¹ Based on average scores for 21 participants with a pre- and post-assessment. This assessment was developed by Birth & Beyond, as there is currently not an official EBPP assessment.

⁷² Parenting education follow-up questions added to MPAP and EBPP post-surveys mid-FY. A small number of responses (8/210) includes participants completing Parenting Education/SELS follow up survey sent via valid email address to SELS/parenting education participants. Represents a minimal number of participants due to the transition of the form as efforts were made to reduce duplication. Responses may include duplicate individuals completing parenting education multiple times in the FY.

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 resources/referrals and case management based on the participants' individualized needs.

In FY 2023-24, more than 3,000 caregivers received CIS services. Following the termination of the Family Development Matrix (FDM) resource at the end of FY 2022-23, staff used the Family Strengths Builder (FSB) questionnaire in partnership with families seeking case management support.⁷³ The FSB questionnaire was used in partnership with families to identify focal areas of support and set goals. Participants were asked to complete a follow-up FSB 30-45 days to review their progress and refocus goals (as needed). In total, 204 participants completed at least two FSB questionnaires in FY 2023-24. Among them, the most common focal areas were housing (40%), employment (26%), and knowledge of community resources (19%). Most participants improved in at least one domain (95%) and 71% improved in at least one of their focal areas.

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

		FY 2023-24
How much did we do?	Families Served	
	Unduplicated number of families served	2,983
	Unduplicated caregivers with Intervention Service Record (ISR)	3,075
	Unduplicated families with a pre- <u>and</u> post- FSB Questionnaire ⁷⁴	204
How well did we do?	Level of Completion	
	Caregivers with at least one closed-loop referral	†
	Caregivers who developed a Family Strengths Plan (FSP) ⁷⁵	326
Is anyone better off?	Improvements in Self-Sufficiency⁷⁶	
	Families showing progress in at least one domain	193/204 (95%)
	Families showing progress in at least one <u>focal</u> domain	145/204 (71%)
	Family Engagement in other FRC Services	
	% Receiving SELS	818 (27%)
	% Receiving Home Visiting	501(17%)
	% Receiving Group Parenting Education	159 (5%)

Source: FY 2023-24 Service Records; FY 2023-24 Family Strengths Builder Questionnaire. † Referral data reported for B&B overall rather than by strategy, as participants may engage in multiple activities (e.g., Crisis Intervention and Home Visiting) and referral engagement may overlap between strategies.

⁷³ The FSB is a tool developed internally by B&B Crisis Intervention staff, First 5, and external evaluator ASR. Not comparable to prior years when the externally developed FDM was used.

⁷⁴ Counts include duplicates when participants complete pre- and post-questionnaire multiple times throughout the FY.

⁷⁵ Reflects *unduplicated* number of caregivers who completed at least one FSP in FY 2023-24. The FSP case management tool was developed internally by Birth & Beyond following conclusion of the FDM resource. This collaborative document engages families receiving Level 2 case management in setting goals/tangible steps to achieve goals.

⁷⁶ Counts based on item responses with valid data for both pre- and post-assessments. Participant level calculations exclude any measure where "Not Applicable" selected at either point in time. Focal domain counts limited to improvements in the domains each participant identifies as their focal areas at first point in time.

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 2023-24, **Birth & Beyond provided close to 8,000 SELS services** to 1,317 families with children ages 0-5, including 1,292 caregivers and 1,304 children. The number of families receiving Birth & Beyond FRC SELS services increased compared with FY 2021-22 (1,290) and FY 2022-23 (1,232). However, the average number of hours spent engaging in SELS activities per family (7.8) decreased compared with FY 2021-22 (9.4) and FY 2022-23 (11.1).

Most SELS participants who completed a follow-up survey planned to participate in more activities (89% “agree” or “strongly agree”) and felt SELS helped them feel more connected to their community (88%).

More than one-quarter (28%) of families participated in five or more SELS activities during the fiscal year, and 14% participated in at least 10 SELS activities. Additionally, 62% of SELS families also received Crisis Intervention support, 26% participated in home visiting, and nearly one in ten attended group parent education workshops.

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

		FY 2023-24
How much did we do?	Unduplicated Number of SELS Participants	
	Total number of families	1,317
	Total number of parents/caregivers	1,292
	Total number of children (0-5)	1,304
	Total number of participants receiving Play Care Services ⁷⁷	202
How well did we do?	Level of Service	
	Average hours of participation	7.8
	Families with five or more services	375 (28%)
	Families with 10 or more services	179 (14%)
Is anyone better off?	Perceived Social Support because of SELS ⁷⁸ (% “Agree”/“Strongly Agree”)	
	I plan to participate in more Family Resource Center activities	115 (89%)
	FRC event(s) helped me feel more connected to my community	114 (88%)
	I feel that there are people in my community that can help me when I need additional support	107 (83%)
	I met one or more person that I plan to stay in touch with	85 (66%)
	Family Engagement in other FRC Services	
	% Receiving Crisis Intervention	818 (62%)
	% Receiving Home Visiting	345 (26%)
	% Receiving Group Parent Education	122 (9%)

Source: 2023-24 Services Records. FY 2023-24 Parenting Education/SELS Follow-Up (N = 129). Follow-up questions response options range from 1 “Strongly Disagree” to 5 “Strongly Agree”.

⁷⁷ Includes the child care services provided to families during events and/or parenting education workshops

⁷⁸ 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 684 invitations sent, 162 responded to the survey (24%). The final N for SELS-specific questions includes participants who provided valid responses to the SELS question set matched to family ID of participants who received SELS services in the FY (129 of 162 responses).

Participant Success Story: Birth & Beyond

Tori and her husband **Micah** (fictional names) are the parents of three daughters. The family was temporarily living with Micah's mother who also had foster children placed in her home. Tori spends most of her time in the home since she works remotely and has small children. However, she was spending more time in her bedroom due to her anxiety and depression diagnoses, while Micah was taking on most of the household tasks and child care. Tori admitted that she was struggling with attachment to her two younger children due to her mental health challenges.

Tori was referred to Birth & Beyond by a CPS case worker. After the CPS case was closed, a Birth & Beyond home visitor connected with Tori and enrolled the family in Parents as Teachers (PAT) home visiting. In addition to consistently attending home visits, Tori and Micah also benefitted from the FRC's diaper program and received a referral to WEAVE for counseling. Tori shared that she was happy to participate in the PAT lessons and saw improvements with her mental health, as well as her relationship with her husband and children. Through the PAT lessons, Tori learned about the importance of attachment and ways to deal with stress and anxiety. She began spending more quality time with her children and improved her relationship with Micah since she started helping around the house more.

"I am happy about doing these PAT lessons. The lessons have helped me deal with my depression and spending more time with my children. It has also helped my relationship with my husband because I am helping more around the home and with the children. It gives him more time to do things for himself. I enjoy being able to talk with someone every week without judgement."

— "Tori," B&B Home Visiting Participant





CRISIS NURSERY

The Sacramento Children’s Home operates the only two Crisis Nursery locations in Sacramento County (North and South). Their mission is to prevent child abuse and neglect and reduce the number of children entering the child welfare system and foster care by providing support to families in times of crisis. Crisis Nursery provides emergency daytime and 24-hour overnight care to children ages 0-5. Families also receive case management services, such as information and referrals for longer-term services and other community programs, and a crisis resolution plan customized to each participant’s needs and goals.

“[The Crisis Nursery] makes me feel like it’s **home**.”

— Crisis Nursery Parent

In FY 2023-24, Sacramento Crisis Nursery served 234 families, including 238 parents/caregivers and 344 children. Among the children served, 340 received emergency daytime care and 243 received 24-hour/overnight care. The number of families served was similar to FY 2021-22 (234) and FY 2022-23 (239). The number of children receiving one or more 24-hour/overnight stays increased compared with FY 2022-23 (214). Two-thirds (68%) of families had three or more unique stays during the fiscal year.⁷⁹ According to “referral source” data provided at *each* stay, most participants were existing/returning clients (95%), suggesting that participants continue to use Crisis Nursery services as they navigate chronic crises or recurring circumstances.

At each stay, Crisis Nursery collects reasons for seeking care. Reasons contribute to participants’ Crisis Resolution Plan, and may impact placement when capacity is limited, as Crisis Nursery may need to prioritize certain emergency circumstances/crises. Employment (55%) and parental distress (23%) were the most common reasons provided at each stay, followed by housing/homelessness (13%) and medical (10%). Three out of five caregivers (60%) reported reduced stress after each stay.

“When I drop my daughter off, **I know that she’s in good hands** and when I come back, she just has a big smile on her face, and that just makes my day ... they help me out ... and my daughter’s **healthy and safe**... I’m just very **grateful** to have that resource... it has helped my family, and I believe it can help other families as well...” -- Crisis Nursery Parent

⁷⁹ Count of each stay, whether one single day of ECC or multiple consecutive 24-hour periods.

CPS OUTCOMES FOR CHILDREN RECEIVING RESIDENTIAL CARE

In partnership with Sacramento County Department of Children, Families and Adult Services (DCFAS), First 5 explores the impact of residential care on mitigating substantiated child maltreatment.

Out of 300 children (ages 0-5) who received residential care in the previous fiscal year (July 2022-June 2023), ⁸⁰ 34% had CPS involvement in the past five years, and 14% had recent CPS involvement (i.e., substantiated, inconclusive, or unfounded allegation) within the six months prior to Crisis Nursery intake. Further, 4% (11/300) had *substantiated* baseline allegations and 6% of children (17/300) had a substantiated CPS allegation within 12 months following their first Crisis Nursery stay in the FY.

34%

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

4%

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

6%

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.

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

		FY 2023-24
How much did we do?	Unduplicated Families and Children Served	
	Total number of families	234
	Total number of parents/caregivers	238
	Total number of children	344
	# Children who Received Daytime Emergency Child Care (ECC) (any)	340
	# Children who Received 24-hour/Overnight Stays (any)	243
	Families who created a Crisis Resolution Plan during FY ⁸¹	150 (6%)
	Unique Stays (Includes duplicate participants)	
	Number of Unique Stays, by Referral Source ⁸²	2,027
	Existing Client	1,917 (95%)
	Another Agency/First 5 Contractor/Social Worker ⁸³	22 (1%)
	Friend/Family/Neighbor	18 (1%)
	Internet/Social Media/Flyers	9 (<1%)
	Birth & Beyond/Family Resource Center	6 (<1%)
	CPS	6 (<1%)
	Health Care (e.g., hospital, doctor, nurse)	2 (<1%)
	Reasons for Seeking Care (reasons provided at each stay)⁸⁴	
	Employment	1,114 (55%)
	Parental Distress	472 (23%)
	Housing/Homelessness	271 (13%)
	Medical	201 (10%)
	Other Emergency	73 (4%)
	Legal	69 (3%)
	Education	114 (6%)

⁸⁰ Among consenting families - 205 of 222 (92%) caregivers served in the prior FY consented to the CPS lookup.

⁸¹ Some returning families may have created a CRP in the previous FY, which are not counted here.

⁸² Referral source not available for 47 entries

⁸³ E.g., Child Action, Social Worker, School District, My Sister's House, Warmline

⁸⁴ Counts may not equal total (duplicated) number of records (N = 2,027) as participants can select more than one reason.

		FY 2023-24	
	Substance Use (AOD)	54 (3%)	
	Basic Needs	38 (2%)	
	Mental Health	43 (2%)	
	Domestic Violence	64 (3%)	
	Financial Support	16 (1%)	
	Services Provided (by each unique stay, duplicate participants)		
	Total # Daytime Only ECC Stays ⁸⁵	1,779	
	Total # 24-hour Stays ⁸⁶	1,447	
	Unduplicated 24-hour Stays	1,205	
	# (%) <i>Overnight Stays (1 night only)</i>	1,034 (86%)	
	# (%) <i>Overnight Stays (5+ consecutive nights)</i>	26 (2%)	
	Families who had 3+ stays this FY	159/234 (68%)	
	Families who had 30+ non-consecutive overnight stays	14/234 (6%)	
	Total # of trips for which transportation was provided	650	
	Outgoing Enhanced Referrals ⁸⁷		
	Child Care/School Readiness/Preschool	88	
	Mental Health	32	
	Behavioral and development (i.e., Help Me Grow)	29	
	Medical/Dental	18	
How well did we do?	Participant Satisfaction and Support		
	Crisis Nursery services kept children safe and secure (n = 1,817)	1,803 (99.2%)	
	Parents who agreed that Crisis Nursery reduced stress (n = 1,764)	1,054 (59.8%)	
Is anyone better off?	Child Welfare (Children served July 1, 2022 through June 30, 2023) ⁸⁸		
	Children who had Child Protective Services (CPS) involvement within 12 months of Crisis Nursery stay(s)	61/300 (20.3%)	
	Children with a substantiated CPS allegation within 12 months of stay(s)	17/300 (5.7%)	
	Parent Support and Reduced Stress (Request for Services to Exit)		PrePost
	Level of stress (n = 1,764)	3.7	2.5***
	Parental stress level affected their care of child (n = 1,742)	2.7	1.9***
	Participants who felt better able to solve crisis situations (n = 1,792)	1,778 (99.2%)	
	Connection to Ongoing Support (n = 21)		PrePost
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment)	3.9	3.5
I know what program to contact in my community when I need advice on how to raise my child	3.8	3.7	

Source: FY 2023-24 Service Records; FY 2023-24 Client Roster; FY 2023-24 Family Information Form (FIF) (Matched Set N = 21)

Note: Connection to Ongoing Support includes participants with a pre- and post-FIF who received a CN service. May include participants who engaged in multiple First 5-funded programs. FIF 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).

⁸⁵ Includes daytime only stays following a 24-hour stay (e.g., entered the morning of day one, stayed overnight, exited mid-day the following day. In this example the first day + overnight is a "24-hour stay" while the second day is a "daytime only" stay, even though it consecutively follows a 24-hour stay.

⁸⁶ 24-hour counts (which include daytime *and* overnight care) also include "overnight only" care - participants who enter after 7 pm and exit before 7 am – as regulatory capacity requirements are the same as those receiving 24-hour stays.

⁸⁷ 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 80 referrals for basic needs and 73 referrals for housing assistance.

⁸⁸ Child welfare look-up was conducted on 300 children of consenting parents who received services in the prior FY to allow for a full year of observation.

Participant Success Stories: Crisis Nursery

Hannah is a single mother of 13-month-old Elle (fictional names). Hannah experienced substance use issues, had no family support, and was experiencing a stressful, difficult time for her mental health and her ability to provide essential necessities for her child. She was referred to Crisis Nursery for emergency daytime child care by her transitional housing case manager to help her navigate work/school schedules and group meetings for her substance use issues. Hannah used Crisis Nursery daytime care consistently for four months while attending group meetings, and then transitioned to more sporadic uses while attending classes at a local community college.

"I love how you guys love her. I get so much joy watching her face light up once she realizes where she is and who she gets to see. You guys are my lifesavers."

— "Hannah," Crisis Nursery Parent

By providing a safe, stable place for her daughter, Crisis Nursery supported Hannah's ability to maintain sobriety and allowed her moments of parental respite to focus on her stability and independence. Hannah also received referrals to more permanent child care resources from her Crisis Nursery case manager. She was grateful that she knew she did not have to worry about Elle while she was in the care of Crisis Nursery and reported reduced stress levels due to the support provided by Crisis Nursery. Hannah was also able to graduate from her substance use group classes and has since found stable child care for Elle. Hannah continues to attend her community college classes and receives emergency backup support from Crisis Nursery, as needed.

Davina (fictional name) is a single mother of three children who began using Crisis Nursery services shortly after the father of her children passed away. Following the death of her husband, Davina also lost her housing. She did not have a local support network as she was from out of state. Davina was not only faced with grief and the stress of finding housing and continuing her education, but also needed support getting two of her children evaluated for behavioral concerns. A friend referred her to Crisis Nursery for emergency child care. Since she was experiencing homelessness, Davina's children stayed at the Crisis Nursery for 24-hour care for a brief time. She also used sporadic services throughout the year for ongoing support for these chronic needs.

The Crisis Nursery case manager referred Davina to Help Me Grow and ACCESS for further assessment and developmental screenings for the two children for whom support was needed. While her children were in the care of Crisis Nursery, she was able to go to DHA appointments to obtain housing. Once she found an apartment, she was able to enroll in and graduate a college program and began the process of obtaining a nursing license. Furthermore, Crisis Nursery supported Davina's stability and stress reduction by actively working with one of her children who had challenges with transitions and redirection. Crisis Nursery was able to identify solutions and positive redirection techniques and shared these new strategies with Davina. Davina expressed gratitude for this support and said it was thoughtful of staff to use things that interest her son in their redirection strategies.

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 1,991 children ages 0-5 and 4,110 parents/caregivers across 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, 828 adults in 785 families received one or more home visit.
 - Participants receiving 8+ hours of home visiting following a baseline CPS event were more than two and a half times less likely to experience CPS recurrence, compared with a statistically matched comparison group that did not receive home visiting.
 - Participants receiving 8+ hours of home visiting were also less likely to have a substantiated CPS recurrence within 12 months of intake (7.3%) compared with participants who received less than eight hours of home visiting (8.1%).
- ▶ FRCs offered evidence-based **Parenting Education** classes such as Make Parenting A Pleasure (MPAP) and Effective Black Parenting Program (EBPP) to 429 parents. On average, MPAP participants had statistically significant improvements to parenting skills and attitudes after course completion.
- ▶ **Crisis Intervention Services** served nearly 3,000 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 nearly 8,000 SELS services to 1,317 families.
- ▶ The Sacramento Crisis Nursery provided 1,779 daytime emergency child care stays and 1,447 24-hour stays to more than 340 children. 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.
 - One-third (34%) of children receiving CN services in the prior FY had (any) CPS involvement in the past five years. Among them, 6% experienced a substantiated CPS allegation up to one year after their Crisis Nursery intake.
 - 62% of caregivers developed a crisis resolution plan during the FY. Crisis Nursery provided nearly 400 referrals, most commonly for child care, basic needs, and housing assistance.
 - On average, participants significantly reduced stress levels between their Request for Services and child exit. Three out of five participants (60%) felt that Crisis Nursery reduced their stress.



Evaluation Successes and Next Steps

This report summarized FY 2023-24 activities for programs funded during the 2021-2024 strategic planning cycle. This FY, First 5 invested \$21.3 million distributed across the strategic result and administrative areas. **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 (41%), Black/African American (19%), Asian (14%), or multi-racial (10%). Meanwhile these groups combined comprise 65% of countywide estimates (ages 0-5). Nearly one-third primarily spoke a language other than English, and 14% of families served engaged in multiple First 5-funded strategies during the FY.

Program participants showed significant improvements across the various funded activities and contractors provided a wide range of services and resources to Sacramento County families. First 5 also fully implemented the direct-connect Referral Portal through the Persimmony database and introduced the internally developed Family Strengths Builder (FSB) assessment to replace the Matrix Outcomes Model's Family Development Matrix (FDM) for short-term intervention services.

As the final year of this funding cycle, FY 2023-24 also brought opportunities to reflect on evaluation strategies. First 5 worked closely with ASR and contracted partners to update and improved data collection strategies to be more culturally responsive and reduce the burden on families and staff and to streamline/improve evaluation measures to best reflect program reach and impact in alignment with the 2024-2027 Strategic Plan goal areas. Future reports will highlight updated programming and evaluation procedures and insights in alignment with the 2024-2027 Strategic Plan.

Future goals include:

- Continue to invest in systems change and advocacy work, such as the Racial Equity, Diversity, and Inclusion (REDI) initiative and deliberate initiatives newly 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, accuracy, and representativeness of quantitative and qualitative insights, including strategies to:
 - Collect more nuanced data on multiracial program participants for a more thorough understanding of the communities reached/focused on

- Increase program support and buy-in from program staff for database training and mutual feedback opportunities on data collection strategies to increase the accuracy and completeness of data
- Use ongoing evaluation insights and regular reviews of 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.
- Work with other community partners to increase collaborative opportunities; make evaluation data available for community partners.



SYSTEMS IMPROVEMENT & SUSTAINABILITY HIGHLIGHTS FISCAL YEAR 2023-24

INVESTMENT

The First 5 Sacramento Commission invested in 18 unique Systems Improvement & Sustainability Programs.



LEVERAGED DOLLARS

A total of \$7.4 million dollars were leveraged from outside resources.

ADVOCACY



The Sacramento County Childcare Coalition successfully advocated for \$950,000 in American Rescue Plan Act (ARPA) funds from the County Supervisors to address the loss of child care providers due to the pandemic. Through the Coalition's advocacy efforts, the funds were allocated and distributed to support child care, specifically for stipends for providers; technical assistance; and start-up costs for newly-licensed Family Child Care Homes.



PARTNERSHIPS

Thirty-one parent advocates graduated from the Parent Leadership Training Institute (PLTI), a 20-week course on civic engagement that was offered in English and Spanish. This leadership program was made possible by leveraging funding from our partnerships with Health Net, Anthem, Sacramento County Department of Public Health and a Sacramento County Transient Occupancy Tax grant.

SYSTEMS CHANGE



Through research and a partner survey about policies and practices for achieving a livable wage, the Commission developed a Livable Wage Statement. This was a key next step to communicate the importance of our Racial, Equity, Diversity & Inclusion + Cultural Responsiveness (REDI +CR) and sustainability work. This statement was added to all new contracts.

POLICY

Local children advocate organizations and the Legislature rejected the Governor's May Revision proposal to cut \$47.1 million ongoing from the CalWORKs Home Visiting Program (45% cut). In the final budget, the Administration adopted the Legislature's proposal to cut \$30 million from FY 23-24 and a temporary reduction by up to \$25 million in FY 24-25. This will adjust program funding to match enrollment without impacting service delivery or staffing. These cuts did not result in a loss of services for Sacramento's home visiting programs.



Appendix A: Detailed Demographics

Primary Language	Children	Parents/ Caregivers	Providers	Total
English	4,046	7,263	359	11,668
Spanish	1,009	1,715	9	2,733
Cantonese	34	39	-	73
Mandarin	13	20	-	33
Vietnamese	35	43	-	78
Hmong	23	41	2	66
Russian or Ukrainian †	117	261	1	379
Other Primary Language ††				
Arabic	12	46	-	58
Armenian	32	19	-	51
Dari	229	865	1	1,095
Farsi	40	74	-	114
Pashto	78	232	-	310
Punjabi	18	28	-	46
Urdu	8	11	-	19
Other Asian Language (e.g., Chinese, Japanese, Korean, Mongolian)	5	7	-	12
Other European or Romance Language (e.g., French, Portuguese, Romanian, Turkish)	3	6	-	9
Other Southeast Asian/Polynesian Language (e.g., Burmese, Filipino, Marshallese, Tagalog, Thai)	5	10	-	15
Other South Asian Language (e.g., Bengali, Hindi, Indian, Nepali, Telugu)	5	12	-	17
Other Not Listed/Not Specified	103	173	-	276
Unknown/Declined	44	31	1	76
Ethnicity	Children	Parents/ Caregivers	Providers	Total
Afghan	233	1,068	1	1,302
Alaska Native/American Indian	36	70	4	110
Arab	7	29	-	36
Asian	694	1,072	42	1,808
Black/African American	959	2,080	74	3,113
Hispanic/Latino	2,101	3,428	90	5,619
Hmong	100	138	5	243
Indian	7	32	-	39
Pacific Islander	63	113	2	178
Pakistani	5	17	-	22
Russian or Ukrainian †	100	252	1	353
White	707	1,360	84	2,151
Multiracial	523	559	17	1,099
Another Race/Ethnicity	236	443	31	710
Unknown/Not Specified	88	235	22	345
Total	5,859	10,896	373	17,128

Source: FY 2023-24 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.

† Russian/Ukrainian categories were previously combined, thus most client records are not distinguished between the two categories.

†† When language category includes fewer than 10 total individuals, languages were grouped together within similar regions/language families to increase confidentiality/anonymity

Appendix B: Empowered Families and Family Support Initiative Birth & Beyond CPS Outcomes (Ages 0-5)

First Intake between March 01, 2022 and February 28, 2023 (12-month observation after intake)

{{ COVID-19 continues to impact the number of intakes and the format of service delivery during the timeframe reflected here. Smaller participant will result in each substantiated referral having a larger impact on the group percentage. Use caution when comparing to matrices across years. }}

Cohort	Parameters	Baseline CPS disposition	Service dosage (Hours)	Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	PY 2021-2022	% Substantiated Countywide (2023)
Baseline CPS Referral (Ages 0-5) (n = 89)	Any CPS referral up to six months prior to B&B intake (Baseline)	Substantiated (n = 19)	< 2.00	7	7 (100.0%)	0 (0.0%)		
			2.00-7.99	5	5 (100.0%)	0 (0.0%)		
			8.00-15.99	4	4 (100.0%)	0 (0.0%)		
			16.00-24.00	1	1 (100.0%)	0 (0.0%)		
			>24.00	2	2 (100.0%)	0 (0.0%)		
			Overall	19	19 (100.0%)	0 (0.0%)		
		Overall 8+	7	7 (100.0%)	0 (0.0%)	0 (0.0%)	9.2%	
		Unsubstantiated (Unfounded, inconclusive) (n = 70)	< 2.00	19	16 (84.2%)	3 (15.8%)		
			2.00-7.99	13	11 (84.6%)	2 (15.4%)		
			8.00-15.99	15	13 (86.7%)	2 (13.3%)		
			16.00-24.00	7	7 (100.0%)	0 (0.0%)		
			>24.00	16	16 (100.0%)	0 (0.0%)		
Overall	70		63 (90.0%)	7 (10.0%)				
Overall 8+	38	36 (94.7%)	2 (5.3%)	8 (11.8%)				
Any Prior CPS Involvement (Ages 0-5) (n = 116)	Baseline referral (above), and/or prior CPS involvement in last 5 years	N/A	< 2.00	28	25 (89.3%)	3 (10.7%)		
			2.00-7.99	28	26 (92.9%)	2 (7.1%)		
			8.00-15.99	26	24 (92.3%)	2 (7.7%)		
			16.00-24.00	11	10 (90.9%)	1 (9.1%)		
			>24.00	23	22 (95.7%)	1 (4.3%)		
			Overall	116	107 (92.2%)	9 (7.8%)		
Overall 8+	60	56 (93.3%)	4 (6.7%)	8 (8.5%)				
No Prior CPS Involvement (Ages 0-5) (n = 503)	No baseline referral AND no prior CPS involvement in the past five years	N/A	< 2.00	60	59 (98.3%)	1 (1.7%)		
			2.00-7.99	113	112 (99.1%)	1 (0.9%)		
			8.00-15.99	109	104 (95.4%)	5 (4.6%)		
			16.00-24.00	58	57 (98.3%)	1 (1.7%)		
			>24.00	163	163 (100.0%)	0 (0.0%)		
			Overall	503	495 (98.4%)	8 (1.6%)		
Overall 8+	330	324 (98.2%)	6 (1.8%)	3 (1.2%)				
All Participants (Ages 0-5) (n = 619)	All Participants regardless of prior CPS Involvement (Sum of Any Priors + No Priors categories above)	N/A	< 2.00	88	84 (95.5%)	4 (4.5%)		
			2.00-7.99	141	138 (97.9%)	3 (2.1%)		
			8.00-15.99	135	128 (94.8%)	7 (5.2%)		
			16.00-24.00	69	67 (97.1%)	2 (2.9%)		
			>24.00	186	185 (99.5%)	1 (0.5%)		
			Overall	619	602 (97.3%)	17 (2.7%)		
Overall 8+	390	380 (97.4%)	10 (2.6%)	11 (3.1%)	0.8%			

Among those with 8+ hours of B&B home visiting		Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	PY 2021-2022	% Substantiated Countywide (2023)
8+ Hours (Ages 0-5)	Had substantiated baseline referral	7	7 (100.0%)	0 (0.0%)	0 (0.0%)	9.2%
	Had unsubstantiated baseline referral	38	36 (94.7%)	2 (5.3%)	8 (11.8%)	
	Had any prior CPS involvement	60	56 (93.3%)	4 (6.7%)	8 (8.5%)	
	Had no prior CPS involvement	330	324 (98.2%)	6 (1.8%)	3 (1.2%)	
	All Participants	390	380 (97.4%)	10 (2.6%)	11 (3.1%)	0.8%

Appendix C: RAACD Birth & Beyond CPS Outcomes (Ages 0-5)

First Intake between March 01, 2022 and February 28, 2023 (12-month observation after intake)

{{ COVID-19 continues to impact the number of intakes and the format of service delivery during the timeframe reflected here. Smaller participant will result in each substantiated referral having a larger impact on the group percentage. Use caution when comparing to matrices across years. }}

Cohort	Parameters	Baseline CPS disposition	Service dosage (Hours)	Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	PY 2021-2022	% Substantiated Countywide (2023)
Baseline CPS Referral (Ages 0-5) (n = 18)	Any CPS referral up to six months prior to B&B intake (Baseline)	Substantiated (n = 5)	< 2.00	3	3 (100.0%)	0 (0.0%)		
			2.00-7.99	0	-	-		
			8.00-15.99	1	1 (100.0%)	0 (0.0%)		
			16.00-24.00	0	-	-		
			>24.00	1	1 (100.0%)	0 (0.0%)		
			Overall	5	5 (100.0%)	0 (0.0%)		
		Unsubstantiated (Unfounded, Inconclusive) (n = 13)	Overall 8+	2	2 (100.0%)	0 (0.0%)	0 (0.0%)	9.2%
			< 2.00	4	4 (100.0%)	0 (0.0%)		
			2.00-7.99	3	2 (66.7%)	1 (33.3%)		
			8.00-15.99	2	1 (50.0%)	1 (50.0%)		
			16.00-24.00	1	1 (100.0%)	0 (0.0%)		
			>24.00	3	3 (100.0%)	0 (0.0%)		
Any Prior CPS Involvement (Ages 0-5) (n = 25)	Baseline referral (above), and/or prior CPS involvement in last 5 years	N/A	Overall	13	11 (84.6%)	2 (15.4%)	8 (11.8%)	
			Overall 8+	6	5 (83.3%)	1 (16.7%)		
			< 2.00	7	7 (100.0%)	0 (0.0%)		
			2.00-7.99	6	5 (83.3%)	1 (16.7%)		
			8.00-15.99	5	4 (80.0%)	1 (20.0%)		
			16.00-24.00	3	3 (100.0%)	0 (0.0%)		
			>24.00	4	4 (100.0%)	0 (0.0%)		
No Prior CPS Involvement (Ages 0-5) (n = 53)	No baseline referral AND no prior CPS involvement in the past five years	N/A	Overall	25	23 (92.0%)	2 (8.0%)	8 (8.5%)	
			Overall 8+	12	11 (91.7%)	1 (8.3%)		
			< 2.00	3	3 (100.0%)	0 (0.0%)		
			2.00-7.99	14	14 (100.0%)	0 (0.0%)		
			8.00-15.99	21	21 (100.0%)	0 (0.0%)		
			16.00-24.00	9	9 (100.0%)	0 (0.0%)		
			>24.00	6	5 (83.3%)	1 (16.7%)		
All Participants (Ages 0-5) (n = 78)	All Participants regardless of prior CPS Involvement (Sum of Any Priors + No Priors categories above)	N/A	Overall	53	52 (98.1%)	1 (1.9%)	3 (1.2%)	
			Overall 8+	36	35 (97.2%)	1 (2.8%)		
			< 2.00	10	10 (100.0%)	0 (0.0%)		
			2.00-7.99	20	19 (95.0%)	1 (5.0%)		
			8.00-15.99	26	25 (96.2%)	1 (3.8%)		
			16.00-24.00	12	12 (100.0%)	0 (0.0%)		
			>24.00	10	9 (90.0%)	1 (10.0%)		
All Participants (Ages 0-5) (n = 78)	All Participants regardless of prior CPS Involvement (Sum of Any Priors + No Priors categories above)	N/A	Overall	78	75 (96.2%)	3 (3.8%)	11 (3.1%)	0.8%
			Overall 8+	48	46 (95.8%)	2 (4.2%)		
			< 2.00	10	10 (100.0%)	0 (0.0%)		
			2.00-7.99	20	19 (95.0%)	1 (5.0%)		
			8.00-15.99	26	25 (96.2%)	1 (3.8%)		
			16.00-24.00	12	12 (100.0%)	0 (0.0%)		
			>24.00	10	9 (90.0%)	1 (10.0%)		

Among those with 8+ hours of B&B home visiting		Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	PY 2021-2022	% Substantiated Countywide (2023)
8+ Hours (Ages 0-5)	Had substantiated baseline referral	2	2 (100.0%)	0 (0.0%)	0 (0.0%)	9.2%
	Had unsubstantiated baseline referral	6	5 (83.3%)	1 (16.7%)	8 (11.8%)	
	Had any prior CPS involvement	12	11 (91.7%)	1 (8.3%)	8 (8.5%)	
	Had no prior CPS involvement	36	35 (97.2%)	1 (2.8%)	3 (1.2%)	
	All Participants	48	46 (95.8%)	2 (4.2%)	11 (3.1%)	0.8%

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