



# Annual Evaluation Report

## 2016-17

# Table of Contents

---

Table of Figures .....	ii
Executive Summary .....	1
Introduction .....	12
Profile of First 5 Clients .....	19
Result 1: HEALTH CARE ACCESS AND UTILIZATION .....	24
Result 2: PRENATAL CARE.....	29
Result 3: LOW BIRTH WEIGHT .....	31
Result 4: OBESITY PREVENTION.....	36
Result 5: EXCLUSIVE BREASTFEEDING .....	37
Result 6: DENTAL DISEASE.....	40
Result 7: INFANT DEATHS.....	44
Result 8: QUALITY EARLY CARE AND EDUCATION .....	47
Result 9: AFFORDABLE QUALITY CHILD CARE.....	53
Result 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES.....	55
Result 11: SCHOOL READINESS.....	59
Result 12: CONNECTIONS TO COMMUNITY RESOURCES .....	69
Result 13: EFFECTIVE PARENTING .....	75
Result 14: ACCESS TO SAFE/EMERGENCY CHILD CARE.....	82
Result 15: CHILDHOOD INJURIES AND DEATH.....	84
Communications Strategies and Results .....	85
Evaluation Success and Next Steps.....	86

# Table of Figures

---

Figure 1. FY 2016-17 Expenses, by Content Area .....	12
Figure 2. FY 2016-17 Expenses, by Agency Type .....	12
Figure 3. First 5 Sacramento Strategic Hierarchy, FY16-FY18.....	14
Figure 4. First 5 Sacramento Results Evaluation Plan.....	15
Figure 5. Level of Data for First 5 Sacramento Programs .....	18
Figure 6. Race/Ethnicity of First 5 Sacramento Parents and Children, FY 2016-17 .....	19
Figure 7. Primary Language Spoken of First 5 Sacramento Families, FY 2016-17 .....	19
Figure 8. Map of Families Served, FY 2016-17 .....	20
Figure 9. Results of Family Information Form Intakes: Parent Information .....	21
Figure 10. Results of Family Information Form Intakes: Child Information .....	22
Figure 11. Percentage of Children 0-5 with Health Insurance.....	24
Figure 12. Percentage of Children Ages 3-6 With Well-Child Visit in Previous Year (Medi-Cal Managed Care only).....	24
Figure 13. Percentage of Children with a Dental Visit in the Previous Year .....	25
Figure 14. Services Provided by Hearts For Kids, FY 2016-17.....	25
Figure 15. Services Provided by Sacramento Covered, FY 2016-17 .....	26
Figure 16. Health Insurance and Utilization for Sacramento Covered Clients and Family Information Form Respondents (Intake).....	26
Figure 17. Health Insurance and Utilization Information for Sacramento Covered Clients (Among those with “pre” and “post” data) .....	27
Figure 18. Family Information Form (intake/follow-up): Medical/Dental Provider and Utilization.....	28
Figure 19. Percentage of Pregnant Women who Received Prenatal Care in First Trimester (Medi-Cal Managed Care only).....	29
Figure 20. Percentage of Women who Had a Postpartum Visit 21-56 days after delivery (Medi-Cal Managed Care only).....	29
Figure 21. Percentage of Babies Born LBW Countywide by Race/Ethnicity .....	31
Figure 22. Percentage of Babies Born Premature, by Race/Ethnicity.....	31
Figure 23. RBA Dashboard — Cultural Broker Program: <i>Black Mothers United</i> .....	32
Figure 24. RBA Dashboard — Cultural Broker Program: <i>WellSpace Health</i> .....	33
Figure 25. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital .....	37
Figure 26. RBA Dashboard — WIC/CRP-WIC Breastfeeding Services .....	38
Figure 27. Percentage of Pre-Kindergarten Children with Untreated Decay .....	40
Figure 28. RBA Dashboard — Smile Keepers Dental Screenings .....	40
Figure 29. Results of Smile Keepers Dental Screenings, FY 2016-17 (Numbers) .....	41
Figure 30. Results of Smile Keepers Dental Screenings, FY 2016-17 (Percentages) .....	42
Figure 31. Results of First and Second Dental Health Screenings, Smile Keepers, FY 2016-17 .....	42
Figure 32. Rate of Infant Mortality (Deaths per 1,000 live births).....	44
Figure 33. Infant Death Rate for Cultural Broker Deliveries (with available data).....	44

Figure 34. RBA Dashboard — Safe Sleep Baby Campaign .....	45
Figure 35. Percentage of Children Ages 0-5 who Attend a Preschool Site with a Quality Rating .....	47
Figure 36. RBA Dashboard — Child Action, Inc. ....	48
Figure 37. Results of Pre and Post ECERS-R Assessments, April 2009 to March 2017 .....	49
Figure 38. Results of Pre and Post FCCERS-R Assessments, April 2009 to March 2017 .....	49
Figure 39. Results of Pre and Post ITERS-R Assessments, April 2009 to March 2017.....	50
Figure 40. RBA Dashboard — Preschool Bridging Model Plus.....	50
Figure 41. Results of Pre and Post CLASS Assessments, PBM+ Participants, FY 2016-17 .....	51
Figure 42. Percentage of \$42,216 Annual Income Needed for Cover Cost of Child Care.....	53
Figure 43. Capacity of Child Care System: Percent of 0-5 Year Olds Who Can Be Accommodated in a Licensed Child Care Center or Family Child Care Home .....	54
Figure 44. Prevalence of Special Education Enrollment, by Age Group .....	55
Figure 45. Number and Percentage of Children with Special Needs, by Age Group and Type.....	55
Figure 46. RBA Dashboard — Project SOARS .....	56
Figure 47. Outcomes of Project SOARS Developmental Delay Referrals, FY 2016-17 .....	57
Figure 48. Percentage of Children 3-4 Years Old Enrolled in Preschool .....	59
Figure 49. RBA Dashboard — School Readiness: <i>Playgroups</i> .....	60
Figure 50. RBA Dashboard — School Readiness: <i>Preschool</i> .....	61
Figure 51. RBA Dashboard — School Readiness: <i>Screenings and Referrals</i> .....	62
Figure 52. RBA Dashboard — School Readiness: <i>Family Support and Engagement</i> .....	63
Figure 53. Percentage of children whose families report reading at home at least five days per week ....	64
Figure 54. RBA Dashboard — School Readiness: <i>Transitional Summer Camp</i> .....	64
Figure 55. Percent of Parents Engaging in at least Four Transition Activities .....	65
Figure 56. Percent of Children Ready across Domains and by Domain, Fall 2017.....	65
Figure 57. Percent Fully Ready for School, By First 5 Supported Preschool Experience and Income.....	66
Figure 58. Services Provided by the Sacramento Public Library, FY 2016-17 .....	66
Figure 59. Services Provided by Crocker Art Museum, FY 2016-17.....	67
Figure 60. Services Provided by 2-1-1 .....	69
Figure 61. Percent of 2-1-1 Calls Answered within 120 seconds, FY 2016-17.....	70
Figure 62. Results of 2-1-1 Follow-Up Calls, FY 2016-17 .....	70
Figure 63. Community Connections Group Attendance, FY 2016-17.....	71
Figure 64. Changes in Parent Attitudes Related to Support and Connectedness.....	73
Figure 65. Child Abuse Allegations per 1,000 Children Ages 0-5, by Race/Ethnicity .....	75
Figure 66. RBA Dashboard — Birth & Beyond: <i>FRC Enhanced Core</i> .....	76
Figure 67. RBA Dashboard — Birth & Beyond: <i>Parent Education</i> .....	77
Figure 68. RBA Dashboard — Birth & Beyond: <i>Home Visitation Services</i> .....	78
Figure 69. Changes in AAPI Scores for Birth and Beyond Home Visitation Clients .....	79
Figure 70. RBA Dashboard — Birth & Beyond: <i>Crisis Intervention Services</i> .....	80
Figure 71. RBA Dashboard — Crisis Nursery .....	82

# Executive Summary

---

## Background and Purpose

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of prevention and early intervention programs for Sacramento County children ages 0-5 and their families. In fiscal year (FY) 2016-17, First 5 Sacramento invested \$22.5 million for young children and their families. This report describes the services provided and outcomes (when available) for First 5-funded services in FY 2016-17. The purpose of this report is to answer the following questions:

- ▶ What are the current needs of Sacramento County related to each strategic plan result?
- ▶ What types of services were provided in FY 2016-17 to address each result area? How many people were served, and what was the quantity of services provided?
- ▶ How well were the services provided? Were they implemented as intended?
- ▶ What were the outcomes of these services? Did the services provided have an impact on the indicators in each result area?

This report is intended to serve as an internally-focused compendium of technical data, used by First 5 staff and partners to gauge program successes and make quality improvements where needed. First 5 Sacramento also produces an externally-focused community report as a way to share the larger First 5 story with stakeholders such as the First 5 Commission, external partners, local decision makers and parents.

## Evaluation Methods

In spring of 2015, an evaluation plan was developed to assess progress toward the results identified in First 5 Sacramento's strategic plan. The evaluation framework is anchored by key indicators for each result (see Figure 4, page 12). Some of these indicators are specific to recipients of First 5-funded services, while others are population-wide indicators.

In summer 2016, a Results Based Accountability (RBA) framework was applied to the evaluation plan, and RBA dashboards were developed for key strategies. In this report, results for most programs are presented in the form of dashboard:

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

Below is a list of the primary sources of data used in this evaluation:

- Service data:** Some grantees provide individual-level demographic and service data through a data management system called Persimmony. Grantees who do not provide individual-level data report aggregate-level client and service data on a quarterly basis, in the form of performance reports and/or other types of reporting documents.
- Family Information Form:** The Family Information Form is used to collect demographic information, as well as data for specific indicators. One side of the form asks questions about the parent or guardian, and the other side has questions about the child. Clients complete the form at intake, and, if the client is still engaged, at follow-up three to six months later.
- Program-specific outcome data:** Some grantees provide outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls. For programs that serve a large number of clients, these types of outcome data are often collected for only a subset of clients.
- In-depth evaluations:** In addition to the overall evaluation, in-depth evaluations are conducted in three focus areas: Effective Parenting, Reducing African American Infant Deaths, and School Readiness. While this comprehensive evaluation report highlights some key findings from these evaluations, separate reports are, or will be, available on the First 5 website that provide greater detail about the results for FY 2016-17 in these areas.

## Profile of First 5 Clients

### DEMOGRAPHICS

In FY 2016-17, First 5 services were provided to an estimated 61,314 duplicated clients, including parents, children and providers. This represents an increase from the 60,619 served last year. Within programs, approximately 24,038 unduplicated individuals received services, up from 22,989 last year.<sup>1</sup> The individuals served included 15,228 parents and 8,810 children.

- By race/ethnicity, the largest group served was Hispanic/Latino families, who made up one-third of all families (33%). Another 20% of families were African American.
- Most (71%) families' primary language was English, and another 19% spoke Spanish as their primary language.

In addition to funding direct services, First 5 Sacramento has supported policy and system interventions over the past decade in order to build a more systemic, sustained impact on Sacramento County families. Examples of these types of efforts include fluoridation of the County's water to promote oral health, media campaigns, and the Baby Friendly Hospitals initiative to promote breastfeeding. These are discussed later in this report.

---

<sup>1</sup> Note that individuals are unduplicated within a program, but may be duplicated across programs, because there is no common identifier across programs.

## FAMILY INFORMATION FORM: PROFILE OF INCOMING FAMILIES

In 2015-16, First 5 Sacramento began using the Family Information Form (FIF), which is completed by clients of many First 5 contractors at intake, and at three to six months after intake for selected programs. The FIF was completed for 9,203 adults and 7,317 children at intake between July 1, 2016-June 30, 2017. Most FIFs were completed by clients receiving school readiness services from one of the nine partner school districts, those receiving Birth and Beyond Family Resource Center services, or those receiving breastfeeding services from Women, Infant and Children (WIC). Findings included:

- ▶ Approximately three-quarters of adults reported using food/nutrition services (such as WIC or CalFresh) in the past six months. Ninety percent of respondents indicated their child/ren had health insurance, which is lower than the countywide average of 98.6%. These two findings suggest that First 5 is reaching a comparatively needy population.
- ▶ In terms of protective factors, 81% of parents agreed or strongly agreed that *they have someone who will listen when they need to talk about problems*. However, a lower percentage agreed or strongly agreed that they *knew what program to contact for support and resources* (70%), or *knew who to contact when they needed advice on how to raise their child* (70%), indicating a need for greater outreach in order that families might more easily connect with First 5-funded programs.
- ▶ In terms of dental care, 68% of parents with children older than 18 months said they had taken their child to a dentist in the last 6 months, which is more favorable than the countywide Medi-Cal average of 23-50% (depending on the age of the child).
- ▶ The most commonly reported barriers to accessing services were logistical in nature: 18% identified transportation, 18% indicated child care, and 11% indicated they don't have time.

## Findings per Result Area

### RESULT 1: HEALTH CARE ACCESS AND UTILIZATION

- ▶ **HEARTS for Kids** provided various health screenings to 437 children who were in protective custody with Child Protective Services. Of these children, 420 were assessed for health insurance coverage, were enrolled in Medi-Cal if needed, and connected to a medical home. In terms of physical wellbeing, 373 children were provided a medical clearance exam, which indicated that four children had a physical abuse finding and none had sexual abuse findings. Additionally, 373 children received a dental screening and 327 were referred for further dental care. Of the 309 children who got a developmental screening, over half (155) were found to have a developmental concern and were referred to a service to address those needs.
- ▶ **Sacramento Covered** screened 5,371 people for barriers to health care. Clients who received services from Sacramento Covered had greater needs related to health insurance and coverage compared to other First 5 clients. At intake, 85% reported having health insurance, 78% had a regular doctor, and 83% had a recent well-child visit. These rates are all 90% or

higher for the general First 5 Sacramento population. Rates were particularly low for dental access. Sacramento covered therefore provided health care navigation services to 1,422 children and their families. Of these children, 454 had a follow-up appointment with a provider scheduled, and 311 (69%) attended their appointment. Sacramento Covered conducted follow up calls to the families of these children, and were able to reach 330 of them. The follow up calls revealed that most children who lacked health insurance, a regular doctor, or a recent well-child visit at intake had gotten these services by follow-up, although connections for dental care were lower than for health care.

- ▶ Parents across a **range of First 5-funded programs** completed an intake and follow-up Family Information Form for approximately 1,500 children. Among this group, the percentage of children with insurance (90%), medical home (96%) and recent well-child checks (95%) were quite high at intake, and remained high at follow-up. However, at intake, fewer children had a regular dentist (84%) or had seen a dentist recently (69%), but by follow up, there were significant increases in these percentages.

## RESULT 2: PRENATAL CARE

- ▶ For 20 years, Sacramento County African American children have died at twice the rate of children of other races. In response to this disparity, First 5 Sacramento has funded education campaigns and a **Cultural Broker** program to provide outreach and information, services and support to the African American community. While some aspects of the initiative began in FY 2013-14, full implementation began in 2015. The Cultural Broker program is delivered by two agencies: WellSpace Health (WH), who operates several community health centers, and Center for Community Health and Wellbeing (Black Mothers United program or BMU).
- ▶ The Cultural Broker program provided prenatal support to 415 African American women, including case management, home visits, education, and referrals to services. The percentage of women who followed up on referrals was highest for services related to infant safe sleep resources (87% for WH, 68% for BMU), followed by basic needs (78% for WH; 58% for BMU).
- ▶ The Cultural Broker program aims to reach expectant mothers as early as possible in their pregnancy, but welcomes clients wherever they are in gestation to promote the best possible birth outcomes. Indeed, some WH and BMU clients entered the programs in their second and third trimesters. However, amongst WellSpace Health clients, medical records show that 73% of mothers began prenatal care in their first trimester, and 83% of clients with Black Mothers United clients reported they had received early prenatal care. Across the county, the percentage of African American mothers who had prenatal care in their first trimester was 83% (2015).<sup>2</sup>

Please visit the First 5 Sacramento website for a separate report on this initiative.

---

<sup>2</sup> Centers for Disease Control, WONDER database.



### RESULT 3: LOW BIRTH WEIGHT

- ▶ Across the two *Cultural Broker* programs, the percentage of babies born with *low birth weight* was 12%, which is the same as the most recently available (2015) Sacramento County rate for African-Americans, and higher than the HP2020 guidelines (7.8%). However, the percentage of births that were *preterm* (8%) is significantly lower than the Sacramento County rate for African-Americans (13%), and also below the HP2020 guidelines (11.4%).

### RESULT 4: OBESITY PREVENTION

- ▶ In line with the Strategic Planning Workgroup recommendation, the implementation plan for the Nutrition result area indicates “engage in policy work to decrease obesity through promotion of healthy eating and physical activity.” Our prior policy and systems efforts continue to impact the community, including breastfeeding and baby bonding supportive practices at local hospitals through Baby Friendly (3 of 7 hospitals are now Baby Friendly), and 23 tot lots that the local parks and recreation districts continue to maintain. In addition, the Commission works to weave in nutrition and physical activity where possible. For example, the Commission distributes nutrition and physical activity related materials such as Potter the Otter and nutrition placemats; and contractors such as the Family Resource Centers (FRCs) promote nutrition through classes and activities. As the Policy and Sustainability Committee work moves forward, staff will continue to seek opportunities to support nutrition and physical activity.

### RESULT 5: EXCLUSIVE BREASTFEEDING

- ▶ *Women, Infant, and Children* and its subcontractor Community Resource Project, Inc. (“CRP – WIC”) provide services to promote the initiation and continuation of breastfeeding. The target population includes WIC mothers and infants who live in Sacramento County, as well as mothers with limited access to lactation assistance. In FY 2016-17, 4,839 women received drop-in support, a helpline, one-on-one lactation consultation and other services with a certified breastfeeding expert funded by First 5.
- ▶ Breastfeeding rates are consistently higher among mothers who receive First 5-funded breastfeeding services compared to the state and national rates. Across the WIC program, 24% of infants among those whose mothers received First 5-funded breastfeeding services were exclusively breastfed for at least six months, which surpasses the national average of 16% and the state average of 20%. Similarly, the rate for any amount of breastfeeding was 45% among those who received a First 5-funded breastfeeding service and only 39% for the state.

### RESULT 6: DENTAL DISEASE

- ▶ In FY 2016-17, *Smile Keepers* provided dental screenings, fluoride varnishes, and/or oral health education/information to 8,021 children at preschools, WIC centers, and community events. Just over one-third (37%) of the children screened through the Smile Keepers mobile dental program had untreated tooth decay and needed follow-up dental services. Of those who had both fall and spring screenings, there were 442 children who had non-urgent or

urgent needs at the first screening who had no dental health needs at the second screening, and an additional 29 children who improved from urgent to non-urgent needs.

- ▶ Parents across a **range of First 5-funded programs** completed an intake and follow-up Family Information Form for approximately 1,500 children. At intake, 85% of children had a regular dentist and had seen a dentist recently (69%), but by follow up, there were significant increases in these percentages (88% and 78%, respectively).

## RESULT 7: INFANT DEATHS

- ▶ In Sacramento County, the infant mortality rate for African American babies is 8.8 per 1,000, or 0.88%. In the **Cultural Broker** program, there were no infant deaths among the 241 African American babies born.<sup>3</sup> There was one fetal death.
- ▶ In FY 2016-17, the **Infant Safe Sleep Baby Education Campaign** provided training to 513 providers and reached 1,709 expecting or new parents through 1-hour safe sleep trainings. Among 81 African American parents who completed an intake and follow-up survey, there were significant increases in the percentage of parents reporting safe sleep practices. At the follow-up survey, 88% of participants were sleeping their baby in a crib or Pack N Play (up from 54% at intake), 94% were always putting their baby to sleep on their back (up from 14%), 86% were never putting to sleep with blankets, pillows or stuffed animals (up from 20%), and 78% were never putting to sleep with another child or adult (up from 10%).
- ▶ Similarly, thousands of people were reached through the **Public Education Campaign to Reduce African American Child Deaths**.

## RESULT 8: QUALITY EARLY CARE AND EDUCATION

- ▶ Through the **Quality Child Care Collaborative**, Child Action, Inc. served 170 unique child care programs and 183 unduplicated providers/teachers serving children ages 0-5. Child Action, Inc. used the Early Childhood Environment Rating Scale – Revised (ECERS-R) Family Child Care Environment Rating Scale – Revised (FCCERS-R), and the Infant/Toddler Environment Rating Scale – Revised (ITRES-R) to assess changes in the care environment. Since many providers’ participation in the program spans across fiscal years, a multi-year analysis was conducted that included all pre and post assessments conducted from March 2009 to April 2017. The average time between pre to post assessment was 18 months.
  - Among the 162 providers with matched data, approximately half improved on each domain of their respective tool.
  - When comparing average scores from pre to post assessment, there were statistically significant increases in the following domains:
    - ECERS-R: Program Structure

---

<sup>3</sup> Defined as a live birth that then perishes within the first year.

- FCCERS-R: Program Structure, Activities, Personal Care Routines
  - There were no significant improvements in the domains of Interaction, Parents and Staff, or Listening and Talking (Language)
- ▶ The *Preschool Bridging Model Plus (PBM Plus)* program served 131 teachers, and administered pre and post Classroom Assessment Scoring System (CLASS) assessments to examine changes from the beginning to the end of FY 2016-17. Among the 78 providers assessed, approximately three-quarters improved on each domain of the tool. There were statistically significant increases from pre to post for the average score in each domain.

## RESULT 9: AFFORDABLE QUALITY CHILD CARE

### ***Policy Achievement:***

- ▶ The 2017 state budget included key provisions that will bolster early care and education for young children in CA. The budget spending plan carries out a promise to restore funding for early care and education opportunities and allocates new funding to support critical policy changes that provides access to early care and education services for more families.
- ▶ In addition to reaffirming the promise made last year for multi-year funding increases to expand child care opportunities and provider reimbursement rates, the Legislature proposed further investments expanding eligibility for state subsidized programs to account for increases to the minimum wage and ensuring that foster families have access to child care support. First 5 Commissioners and staff advocated for these changes throughout the entire budget process and are encouraged that these policy changes will advance the number of children in Sacramento who have access to quality early care and education.

## RESULT 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES

- ▶ *Project SOARS* provides free and voluntary services for children ages 0-5 who are or may be at risk for a developmental delay. The target population includes children and families affected by or at risk for homelessness (including those in transitional housing) substance abuse, domestic violence, or foster placements. In FY 2016-17, Project SOARS served a total of 308 children and 252 parents through support, resources, and developmental screenings for children. This included 786 home visits, 536 developmental screenings, 119 hearing and vision screenings, and 115 family service plans. Of the 48 children who received a referral for developmental concerns and whose parents were reached at follow up, all 48 children had been assessed or were in the process of being assessed for further services to address their developmental needs.

## RESULT 11: SCHOOL READINESS

- ▶ *Nine school districts* received funding to provide services at 46 school readiness sites. These sites served 5,347 children and 4,883 parents/caregivers with programs such as preschool, playgroups, summer kindergarten transitional camps and transition activities, screenings and referrals, family literacy, and parent education, engagement and support. In FY 2016-17, 408

preschool slots were funded by First 5, serving 653 children, 660 children attended a kindergarten transitional camp, and 3,177 children received developmental screenings.

Please visit the First 5 Sacramento website for a separate report on this initiative.

- ▶ Results of the fall **2017 School Readiness Assessment** showed that nearly one-third of students assessed across the nine partner districts were ready for kindergarten, and as found in previous years, children who had attended a First 5-funded preschool slot were significantly more likely to be ready for kindergarten compared to those who had not attended preschool.
- ▶ The **Sacramento Public Library** provided early literacy workshops to 64 families and distributed 351 books to these families. Ninety-six families living in apartment complexes were issued a library card.
- ▶ The **Crocker Art Museum** provided a museum tour and art workshop to 249 children attending school readiness programs, provided Story Trail for 530 parents and children, and distributed 1,593 Tips for Tots instructional guides about art education to parents of children 0-5. The museum also distributed 13,000 free museum passes to collaborating partners in targeted zip codes, representing a significant investment in encouraging families to expand children's learning through art.

## RESULT 12: CONNECTIONS TO COMMUNITY RESOURCES

- ▶ **2-1-1** responded to 12,013 calls from parents of children ages 0-5 years old, and made 707 health-related referrals. In addition, 2-1-1 made follow up calls to 442 clients, or 4% of the 12,013 callers, which exceeds their target of 2%. Among the 442 clients reached, 49% had received services, and 40% had not, most often because the caller had not followed up on the referral or the program had a waiting list. Nearly all (98%) reported that they would recommend 2-1-1 to family and friends.
- ▶ **Community Connections Grants** are small grants of up to \$5,000 given to community members who develop and facilitate activities with other parents/families in their community. Eight **Community Connections Groups** (CCG) met for approximately one year in 2016-2017. A total of 112 individuals attended at least one session of a group over the program year. Leaders and participants reported many benefits of the groups, primary of which included increased social connections and resource linkages.
- ▶ Across all the First 5 programs where the Family Information Form (FIF) is used, there were statistically significant increases for all **social support and resource linkage** questions.

## RESULT 13: EFFECTIVE PARENTING

- ▶ **Birth and Beyond Family Resource Centers (FRCs)** provide family support services to pregnant women, children ages 0-5 and their families/caregivers. Specific services included parent education classes, home visitation, and crisis intervention when needed. In FY 2016-17, 2,132 children and 4,385 parents/caregivers received one or more Birth and Beyond services during the year, a sizable proportion of whom are returning clients from previous years.
- ▶ The Family Resource Centers offered **parent education** classes to 742 parents, including Nurturing Parenting Program (NPP), Making Parenting a Pleasure, and Dare To Be You. In FY 2016-17, 95% of parents demonstrated improvements in knowledge and/or skills upon completing the class, and the positive changes that 75% of parents experienced were statistically significant. On a subsample of NPP participants for whom Family Information Form data were available, the percentage of families who agreed or strongly agreed that they *had confidence in their ability to parent and take care of their children* increased from 84% at intake to 91% at follow up, representing a statistically significant increase.
- ▶ Parents also engaged in Nurturing Parenting Program **Home Visitation** Services offered by the FRCs. Of the 1,444 parents who were served in FY 2016-17, 559 were visited by both a school readiness liaison and their NPP home visitor, and 197 were visited by their CPS workers as well as their home visitor. This collaboration helps promote synergy and consistent messaging with parents. As with those receiving parent education, those receiving home visiting showed statistically significant improvements on all six items on the Family Information Form related to greater social connections and parental efficacy. Furthermore, parents at all three tiers of service (prevention, intervention, treatment) showed statistically significant improvements in the Adolescent and Adult Parenting Inventory (AAPI), a tool that measures parents' risk for child maltreatment.

Finally, 300 of the home visitation clients had prior CPS involvement, and 33% of those had a prior substantiated referral. In the year following enrollment in the program, only 3% of cases had a new substantiated referral, as compared to the countywide average of 9% for children 0-5.<sup>4</sup>

- ▶ Families with significant resource needs engaged in **Crisis Intervention Services**; 2,066 families received such services in FY 2016-17. Pre- and post-tests of Crisis Intervention Services clients indicated an increase in parents' knowledge about where to get help and information, as well as an increase in parents' perception of the level of support they have among their family, friends, or in their community.
- ▶ In addition to parent education, the Family Resource Centers also offered 31,985 **Enhanced Core** service contacts to 2,192 parents in areas such as life skills, child safety, and child development.

Please visit the First 5 Sacramento website for a separate report on this initiative.

---

<sup>4</sup> Retrieved from UC Berkeley, January 2018. [http://cssr.berkeley.edu/ucb\\_childwelfare/RecurAlleg.aspx](http://cssr.berkeley.edu/ucb_childwelfare/RecurAlleg.aspx)

## RESULT 14: ACCESS TO SAFE/EMERGENCY CHILD CARE

- ▶ The Sacramento Crisis Nursery has two locations that provide emergency child care and 24-hour overnight care for children ages 0-5 whose families are experiencing a crisis or stressful situation. Case management, referrals to community services, and assistance with medical and mental health services are also provided as needed. In FY 2016-17, 504 children in 332 families received services from Sacramento Crisis Nursery. There were 2,500 emergency child care stays and 1,290 overnight stays. About half of the overnight stays were for one night, but 12% were for five or more nights.
- ▶ Among Crisis Nursery parents who reported their stress level at intake and exit, 66% had a reduced stress level. Eighty-nine percent of parents agreed or strongly agreed that they were better able to solve crisis situations after receiving Crisis Nursery services. There was a high level of parent satisfaction. Nearly all parents agreed or strongly agreed with the following statements: *Crisis Nursery services kept children safe*; *Children were well cared for*; and *The service met my needs*.

## RESULT 15: CHILDHOOD INJURIES AND DEATH

- ▶ Crisis Nursery and Birth and Beyond provide services intended to prevent childhood injuries and death. Among participants of Birth and Beyond home visiting services, 33% had a prior substantiated referral to child welfare, and within the one-year period after enrollment in home visiting, just 3% had a new substantiated referral, lower than the county-wide average of 9%. Please see descriptions and data for these two programs in Results 13 and 14 above.

## Evaluation Success and Next Steps

Important progress was made in FY 2016-17 related to data collection and evaluation, including: development of Results Based Accountability (RBA) dashboards for key strategies; continued improvements in the quality of service data in Persimmony; a multi-year analysis of Child Actions' environmental assessment data; availability of individual-level data for Smile Keepers; identification of First 5 clients in WIC breastfeeding data, and Sacramento County Office of Education providing element-level Quality Rating and Improvement System (QRIS) data for preschool sites. Additional data sharing, collection, and analysis efforts are in progress, or planned, that will provide for even more informative data in future fiscal years:

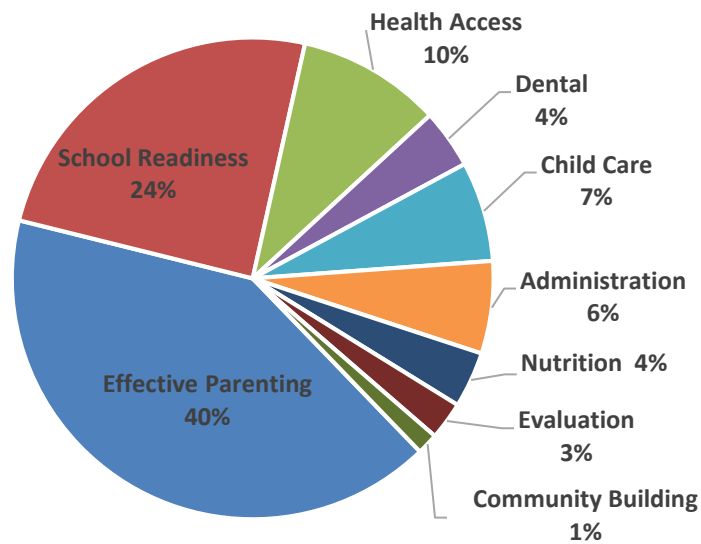
- ▶ **Refinement of RBA dashboards:** The RBA dashboards in this report reflect multiple rounds of revisions and input from a variety of people, including First 5 staff and providers. These dashboards will continue to be reviewed and refined to ensure they reflect the most important elements and outcomes for each strategy. The dashboards will also be updated to reflect new contracts for the FY2019-21 funding period.
- ▶ **Ongoing efforts to ensure high-quality service data:** Ongoing efforts are in place to ensure the service data entered into Persimmony are accurate and address the indicators in the RBA dashboards.
- ▶ **Multi-year studies:** Two studies are planned to better understand the impact of services on school readiness and related outcomes. First a multi-year analysis of playgroup participation will be conducted to understand how these impact school readiness, home learning activities, and other outcomes tracked in the school readiness assessment. The same type of multi-year analysis will also be conducted for children and families who participated in transition summer camps to help prepare them for kindergarten.
- ▶ **Identification and implementation of additional outcome measures:** Through the process of developing RBA dashboards, it became apparent that additional outcome data are needed for some strategies to better measure impact. Specifically, a pre/post measure will be developed for playgroups in order to track changes in parents' knowledge, attitudes, and behaviors.

# Introduction

## Background

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of prevention and early intervention programs for Sacramento County children ages 0-5 and their families. In FY 2016-17, First 5 Sacramento invested \$22.5 million for services for children and their families. The figure below shows how funds were distributed across the different content areas. The areas that received the highest percentage of funding were Effective Parenting (40%) and School Readiness (24%).

Figure 1. FY 2016-17 Expenses, by Content Area



Source: First 5 Sacramento

The table below shows FY 2016-17 expenditures by agency type, with the largest percentage (54%) going to community-based agencies.

Figure 2. FY 2016-17 Expenses, by Agency Type

Agency Type	Percentage of FY 2016-17 Expenses
Community-based Agencies	54%
School Districts	23%
County Government Agencies	10%
County Office of Education	6%
First 5 Commission	6%
Other Entities/Institutions	1%

Source: First 5 Sacramento



## Purpose of this Report

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of prevention and early intervention programs for Sacramento County children ages 0-5 and their families. In fiscal year 2016-17, First 5 Sacramento invested \$22.5 million in services for young children and their families.

This report describes the services provided and outcomes (when available) for First 5-funded services in FY 2016-17. The purpose of this report is to answer the following questions:

- ▶ What are the current needs of Sacramento County related to each result area in the strategic plan?
- ▶ What types of services were provided in FY 2016-17 to address each result area? How many people were served, and what was the quantity of services provided?
- ▶ How well were the services provided? Were they implemented as intended?
- ▶ What were the outcomes of these services? Did the services provided have an impact on the indicators in each result area?

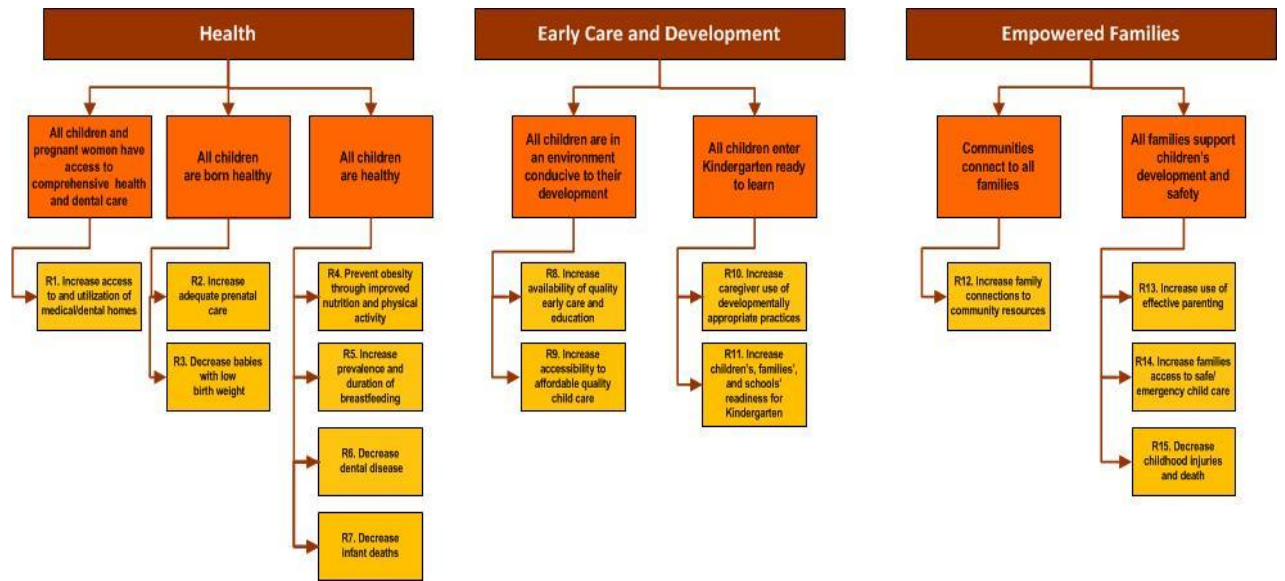
In order to answer these questions, the following information is presented for each result: (1) trends for related indicator(s) for Sacramento County as a whole, to contextualize the need for services and identify benchmarks; (2) summary of services provided during the fiscal year; (3) and finally, a description of outcomes, based on data available in the data management system (Persimmony) or contractors' reports. For many programs and strategies, the second and third components (services and outcomes) are presented in the form of a Results Based Accountability (RBA) dashboard.

It is important to note that this is a technical report, intended to provide detailed information about each result area in the strategic plan. A shorter, higher-level summary report will also be produced for the community.

# First 5 Sacramento's Strategic Hierarchy

The figure below shows First 5 Sacramento's Strategic Hierarchy for fiscal years 2016-18. This hierarchy helps to guide funding decisions, and also provides a framework for the evaluation. The three Priority Areas (red) represent key areas in which the Commission wishes to see change in the county; the Goals (orange) are First 5's aspirations for all children and families in the county, and the Results (yellow) are the direct changes First 5 seeks in order to make progress toward the goal.

Figure 3. First 5 Sacramento Strategic Hierarchy, FY16-FY18



## First 5 Sacramento's Evaluation Framework and Methods

In spring of 2015, an evaluation plan was developed to assess progress toward the results identified in First 5 Sacramento's strategic plan. The evaluation framework is anchored by key indicators for each result (see Figure 4 below). Some of these indicators are specific to recipients of First 5-funded services, while others are at the community level. This evaluation framework was developed at the beginning of the funding period and has served as the foundation of the evaluation plan. In summer 2016, a Results Based Accountability framework was introduced and is now the current evaluation framework.

Figure 4. First 5 Sacramento Results Evaluation Plan

Goals	Results	Indicators
All children & pregnant women have access to comprehensive health and dental care	R1. Increase access to and utilization of medical/dental homes	Percentage of children with medical insurance
		Percentage of children with well-child visit in last 12 months
		Percentage of children 18 months and older who saw dentist in past 6 months
		Percentage of children who have a regular doctor/health provider
		Percentage of children who have a regular dentist
All children are born healthy	R2. Increase adequate prenatal care	Percentage of pregnant women who began prenatal care in 1st trimester
		Percentage of pregnant women who began prenatal care in 2nd trimester
		Percentage of pregnant women who began prenatal care in 3rd trimester
	R3. Decrease infants w/ low birth weight	Percentage of infants born with low birth weight
		Percentage of infants born premature
All children are healthy	R4. Prevent obesity through improved nutrition & physical activity	Percentage of children ages 2-5 who are overweight
		Average number of days in past week children drank sugary beverages
		Average number of days in past week children were physically active for at least 60 minutes
	R5. Increase prevalence & duration of breastfeeding	Percentage of infants exclusively breastfed for at least 6 months after birth
		Percentage of infants for whom mother initiated breastfeeding
	R6. Decrease dental disease	Percentage of children with untreated cavities
	R7. Decrease infant deaths	Number of infant deaths by race/ethnicity by cause
All children are in an environment	R8. Increase availability of quality early care and education	Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) score

Goals	Results	Indicators
conducive to their development	R9. Increase accessibility to affordable quality child care	Percentage of families who need subsidized child care who could access it
		Percentage of families utilizing subsidized child care
All children enter kindergarten ready to learn	R10. Increase caregiver use of developmentally appropriate practices	Percentage of settings with increased scores on the Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS)
		Percentage of children who met developmental milestones
	R11. Increase children's, families', and schools' readiness for kindergarten	Percentage of children who have had a developmental screening in the past 12 months
		Percentage of kindergarteners who attended preschool prior to kindergarten
		Percentage of kindergarteners who attended a short-term summer pre-K program
		Percentage of kindergarteners ready for school
		Percentage of parents who participated in at least 4 kindergarten transition activities
Communities connect to all families	R12. Increase family connections to community resources	Percentage of parents who report utilization of community resources
		Percentage of parents who report connectedness to their community
All families support children's development and safety	R13. Increase use of effective parenting	Percentage of children who are read to least 5 days/week
		Percentage of parents with increased knowledge of parenting and child development
		Percentage of parents confident in their parenting abilities
	R14. Increase families' access to safe/ emergency child care	Number of families receiving needed emergency child care
	R15. Decrease childhood injuries and death	Rate of Child Protective Services referrals
		Rate of substantiated child maltreatment
		Rate of foster care entry
		Percentage of parents with no Child Protective Services recidivism

In summer of 2016, a **Results Based Accountability (RBA)** framework was applied to the evaluation plan, and RBA dashboards were developed for key strategies to address the following questions:

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

In this report, results for most programs are presented in the form of an RBA dashboard. Although data were available for most indicators in the RBA dashboards, there are some indicators that were identified as important for assessing program implementation or impact for which relevant data are not currently available. These are indicated by orange text in the RBA dashboards. It is expected that data for these indicators will be collected beginning in FY2018-19.

Below is a list of the primary sources of data used in this evaluation. In Figure 5 that follows, the data available for reporting in each program are identified as either client-level or aggregate.

- ▶ **Service data:** Some grantees provide client-level demographic and service data through a data management system called Persimmony. Grantees who do not provide individual-level data report aggregate-level client and service data on a quarterly basis, in the form of performance reports and for some programs, other types of reporting documents. Figure 5 below shows which grantees provide client-level data, and which ones provide only aggregate-level data. All grantees but two use Persimmony for client level data collection; PBM+ uses Excel, and Smilekeepers uses a scantron form for child that is processed by First 5's evaluator.
- ▶ **Family Information Form (FIF):** The FIF is used to collect demographic information, as well as data for specific indicators. One side asks questions about the parent or guardian, and the other side has questions about the child. Clients of designated grantees complete the form at intake, and, if the client is still engaged, at follow-up three to six months later.
- ▶ **Program-specific outcome data:** Some grantees provide outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls. For programs that serve a large number of clients, these types of outcome data are often collected for only a subset of clients.
- ▶ **In-depth evaluations:** In addition to the overall evaluation, in-depth evaluations are conducted in three focus areas: Effective Parenting, Reducing African American Infant Deaths, and School Readiness. While this comprehensive evaluation report highlights some key findings from these evaluations, separate reports are, or will be, available that provide greater detail about the results for FY 2016-17 in these areas.

Figure 5. Level of Data for First 5 Sacramento Programs

Priority Area / Program	Client-Level Data	Aggregate Data Only
<b>Health</b>		
Hearts for Kids	✓	
Sacramento Covered		✓
Smile Keepers	✓ <sup>5</sup>	✓
Cultural Broker Program (WellSpace Health and BMU)	✓	
Infant Safe Sleep Education Campaign		✓
WIC (Breastfeeding)	✓	
<b>Early Care and Development</b>		
Child Action, Inc. Quality Child Care Collaborative (QCCC)		✓ <sup>6</sup>
Preschool Bridging Model Plus (PBM+)	✓ <sup>7</sup>	✓
Project SOARS	✓	
School Districts (9)	✓	
Sacramento Public Library	✓	
Crocker Art Museum		✓
<b>Empowered Families</b>		
2-1-1		✓
Sacramento Crisis Nursery	✓	
Birth and Beyond	✓	
Community Connections Grants		✓

<sup>5</sup> Individual-level screening data were available for FY17, but did not have identifiers.

<sup>6</sup> Individual classroom-level data are available for assessment scores (such as ECERS).

<sup>7</sup> Individual child data are provided by PBM+ in an Excel file.

# Profile of First 5 Clients

## Profile of All Clients Served

This section describes the clients who received First-5 funded services in FY 2016-17. In FY 2016-17, First 5 services were provided to an estimated 61,314 duplicated clients, including parents, children and providers. Approximately 24,038 unduplicated individuals received services. Many programs serve both the child and their parent(s)/guardian(s), so most numbers below describe characteristics of families.

The first figure below shows the race/ethnicity of all families served by First 5. The largest group is Hispanic/Latino (33%), followed by African American (20%). The following figure shows the primary language spoken by families who received First 5 services. Most (71%) families' primary language was English, and another 19% spoke Spanish.

Figure 6. Race/Ethnicity of First 5 Sacramento Parents and Children, FY 2016-17

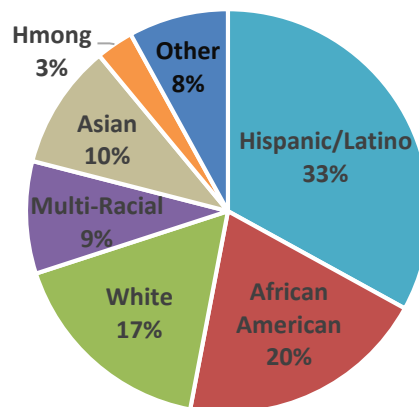
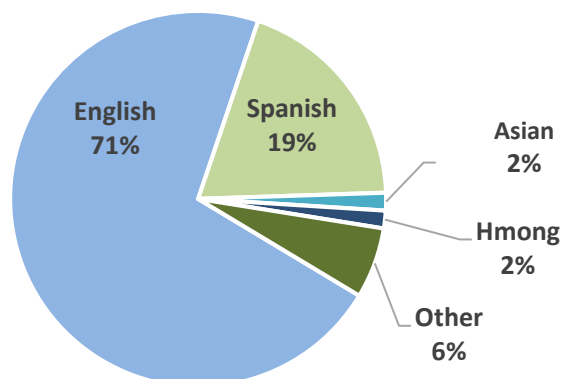


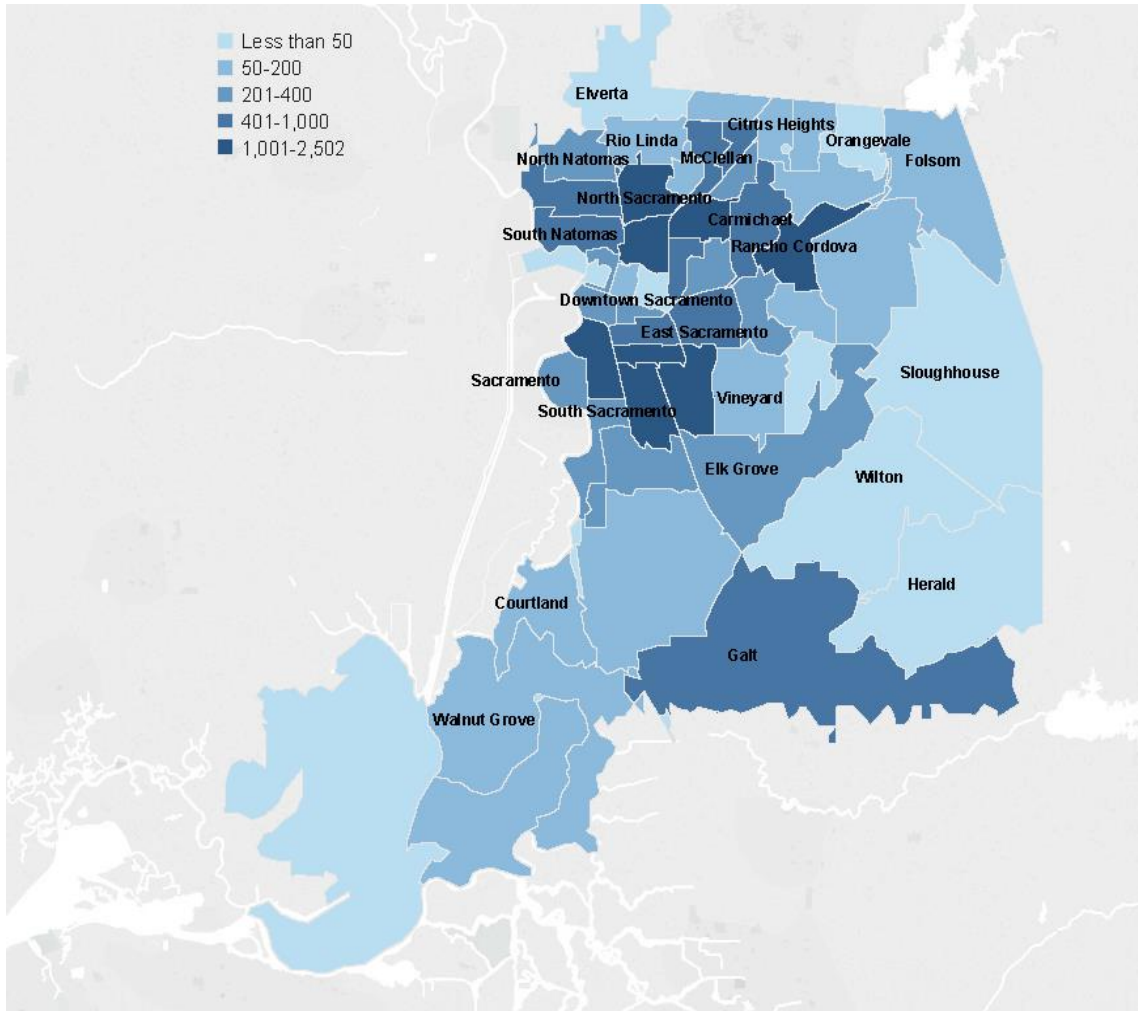
Figure 7. Primary Language Spoken of First 5 Sacramento Families, FY 2016-17



Source: Persimmony Client Data.

The map below shows the geographic location in Sacramento County of families who received First 5 services in FY 2016-17. As shown below, the neighborhoods with the highest numbers of First 5 clients were Rancho Cordova, North Sacramento, and South Sacramento, with few clients from Herald, Wilton, and Sloughhouse.

Figure 8. Map of Families Served, FY 2016-17





## Profile of Clients with Family Information Form Data

In FY 2015-16, First 5 Sacramento began using the Family Information Form (FIF) as a way to capture information about clients' demographic characteristics as well as their wellbeing vis a vis First 5's strategic plan priority areas, goals and desired results. The FIF is completed by clients of many First 5 contractors at intake and again at three to six months after intake for selected programs. Some changes were made to the parent portion of the FIF in 2016-17, such as reducing the number of parent attitudinal questions, and adding a question about barriers to accessing services.

The FIF was completed for 9,203 adults and 7,317 children at intake between July 1, 2016-June 30, 2017. Most FIFs were completed by clients receiving school readiness services from one of the nine school districts, those receiving Birth and Beyond services, or those receiving breastfeeding services from WIC. Data are presented below for parents and children.

Figure 9. Results of Family Information Form Intakes: Parent Information

	# or %
<b>Total Intakes (Parent)</b>	<b>9,203</b>
<b>Program</b>	
School Districts (School Readiness)	4,295
WIC	2,769
Birth and Beyond	1,351
Cultural Broker Programs	330
Project SOARS	228
Sacramento Crisis Nurseries	204
Sacramento Public Library	26
<b>Parenting Programs, Services, Supports Used in Past Six Months</b>	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	75%
Library or Bookmobile	12%
Parent Education/Support	11%
FRC Services	8%
Home Visits	7%
<b>Parenting Attitudes: % who agree or strongly agree</b>	
I have others who will listen when I need to talk about my problems.	81%
I know what program to contact in my community when I need help for basic needs.	70%
I know what program to contact in my community when I need advice on how to raise my child.	70%
<b>Barriers to accessing services</b>	
Transportation	18%
Child care	18%
Don't have time	11%
Language	7%
Not enough information/support to use referral	6%
Other	4%
Referred to service I don't need	2%
Poor customer service	2%

Source: Family Information Form 2016-17, all intakes. (All data self-reported)

The table below shows FIF results related to children in FY 2016-17. The primary change to this form was the child care question, which was asked differently in FY 2015-16.

**Figure 10. Results of Family Information Form Intakes: Child Information**

	# or %
<b>Total Intakes (Child)</b>	<b>7,317</b>
<b>Program</b>	
School Districts (School Readiness)	4,628
Birth and Beyond	1,841
Sacramento Crisis Nurseries	292
Project SOARS	294
Cultural Broker Programs	225
Sacramento Public Library	37
<b>Health</b>	
Type of health insurance	
No insurance	9%
Medi-Cal	75%
Other insurance	15%
Don't know if child has insurance	1%
Special need diagnosed by a professional	
Yes	12%
No	84%
Don't know	4%
Has a regular doctor or provider	96%
Has had a well-child health check-up in the past 12 months	95%
Has a regular dentist	
All	74%
Over 18 months	84%
Has seen a dentist in the past 6 months	
All	58%
Over 18 months	68%
Has untreated cavities	13%
<b>Family Activities</b>	
Drink sugary drinks 0 or 1 days per week	61%
Physically active at least 5 days per week	78%
Read at home at least 5 days per week	54%
<b>Child Care</b>	
Who looks after your child during the day?	
Child's parent	79%
Family, friend or neighbor	38%
Licensed center/preschool	11%
Licensed home-based care	3%
Transitional Kindergarten (TK)	2%
Trouble paying for child care in the past few months	
Yes	12%
No	39%
Don't pay for child care	49%

Source: Family Information Form 2016-17, all intakes. (All data self-reported)

In FY 2016-17, follow-up Family Information Forms completed for 1,844 parents and 1,932 children, which provide information about changes in status and behavior after several months in a First 5-funded program. Results comparing intake and follow-up are presented in some of the following sections of this report.

## Summary

The Family Information Form (FIF) provides valuable information about First 5 clients' demographic characteristics as well as their wellbeing vis-à-vis First 5's strategic plan priority areas, goals and desired results.

Findings related to parents included the following:

- ▶ In terms of protective factors, 81% of parents agreed or strongly agreed that *they have someone who will listen when they need to talk about problems*. However, a lower percentage agreed or strongly agreed that they *knew what program to contact for support and resources (70%)*, or *knew who to contact when they needed advice on how to raise their child (70%)*, indicating a need for First 5-funded programs to connect families to such programs.
- ▶ Approximately three-quarters of adults reported using food/nutrition services (such as WIC) in the past six months.
- ▶ The most common barriers to accessing services were logistical: 18% identified transportation, 18% indicated child care, and 11% indicated they don't have time.

Findings related to children included the following:

- ▶ In terms of health insurance, 90% of parents said their child/ren had health insurance, a rate that is lower than the county average of 98.6% (2015).
- ▶ As for well-child checkups, a positive finding was that 95% of parents said their child had been to a well-child checkup in the past 12 months, as compared to 72% countywide (2014).
- ▶ In terms of dental care, 68% of parents with children older than 18 months said they had taken their child to the dentist, which is more favorable than the countywide Medi-Cal average of 23-50% (depending on the age of the child).
- ▶ About half of respondents reported reading to their child/ren at least five times per week.
- ▶ When asked, "Who looks after your child during the day," the great majority of children were reported to be with their parent (79%). Surprisingly, very few of the children were in center-based care (11%) or in family child care homes (3%).

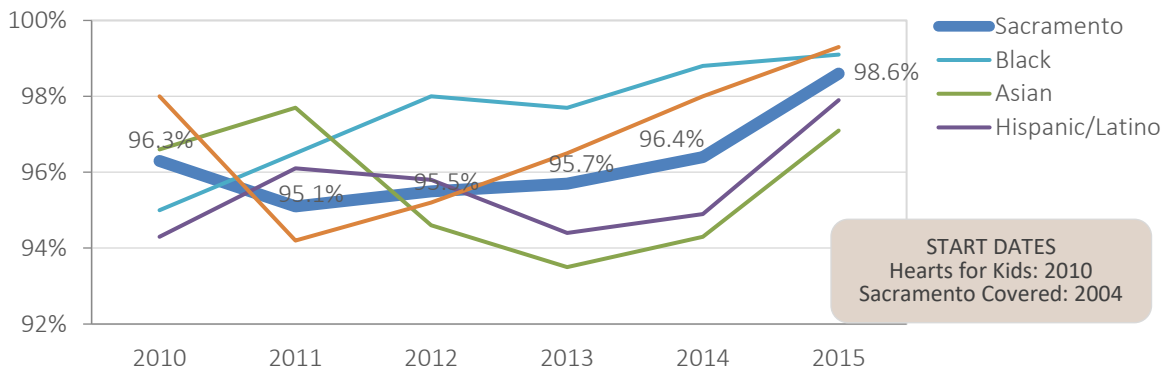
Key findings related to specific result areas will be presented in later sections.

# Result 1: HEALTH CARE ACCESS AND UTILIZATION

## Countywide Trends

The percentage of children ages 0-5 who are covered by health insurance increased from 95.1% in 2011 to 98.6% in 2015. Sacramento County is within 3% of the Healthy People 2020 target of 100%. The percentage of children ages 0-5 receiving Medi-Cal more than doubled in recent years due to changes in available health coverage (35.4% in 2013 to 81.0% in 2014).

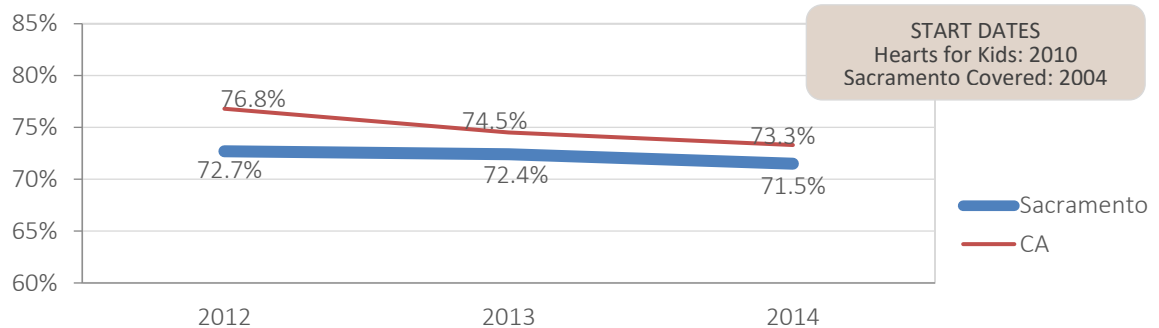
**Figure 11. Percentage of Children 0-5 with Health Insurance**



Note: Number of children under 6 with health insurance in Sacramento – 117,041 (2010); 114,028 (2011); 113,268 (2012); 114,000 (2013); 114,369 (2014); 115,586 (2015). Source: U.S. Census, American Community Survey.

Among children 3-6 years old receiving Medi-Cal, the percentage who had one or more well-child visits with a primary care provider during the year decreased from 72.7% in 2012 to 71.5% in 2014. In terms of the benchmark, the county's utilization rate (71.2%) is within 3% of the 2014 state average (73.3%). There is no Healthy People 2020 objective available, but for comparison, the 2014 national Medicaid average was 72%, and the national commercial average was 74%.

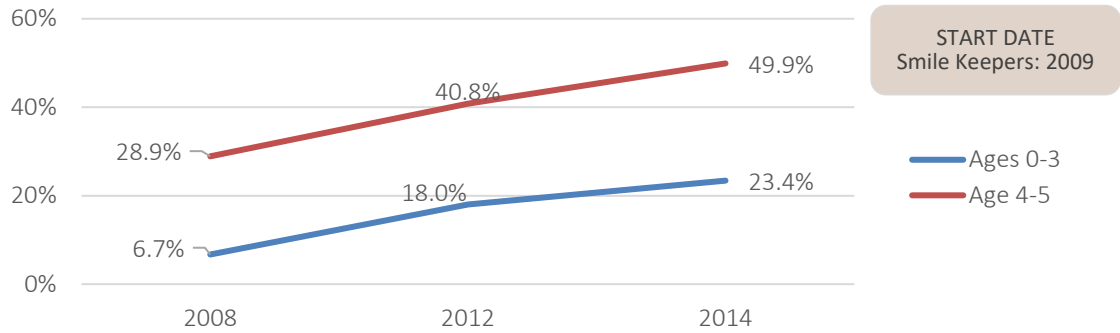
**Figure 12. Percentage of Children Ages 3-6 With Well-Child Visit in Previous Year (Medi-Cal Managed Care only)**



Source: 2015 HEDIS Aggregate Report.

The percentage of children ages 0-3 who visited the dentist in the previous year increased from 6.7% in 2008 to 23.4% in 2014, and the 2014 rate is within 3% of the benchmark of 24.1% set by Medi-Cal. The percentage of children ages 4-5 who visited the dentist in the previous year increased from 28.9% in 2008 to 49.9% in 2014, but this rate did not meet the benchmark of 61.5% set by Medi-Cal.

**Figure 13. Percentage of Children with a Dental Visit in the Previous Year**



Source: California Department of Health Care Services, Medi-Cal Dental Division, as reported in Barbara Aved Associates (December 2015), Sacramento Children and Dental Care: Better Served than 5 Years Ago?

## Impact of First 5 Sacramento

The following First 5-funded programs provide services that impact health care access and utilization: Hearts for Kids (started in 2010) and Sacramento Covered (started in 2004). Smile Keepers, which addresses dental health will be covered in Result Area 6 (Dental Disease).

### HEARTS FOR KIDS

Child Protective Services Hearts for Kids serves children ages 0-5 in protective custody, and provides a head-to-toe medical clearance exam, ensures children have health insurance, a medical home, and provides at least one home visit from a public health nurse. In FY 2016-17, Hearts for Kids served 437 children.

**Figure 14. Services Provided by Hearts For Kids, FY 2016-17**

Services	FY 2016-17
Medical clearance examinations	373
Dental screenings	373
Referral to dental care	327
Health insurance screenings, connect to medical home and/or enroll in Medi-Cal	420
Home visitation by public health nurse (PHN)	342
Developmental screenings	309
Referrals for developmental concern	155

Source: Hearts for Kids FY 2016-17 Persimmony Service Data.

Among those children who received a medical clearance exam, four children had a physical abuse finding and none had a sexual abuse finding.

## SACRAMENTO COVERED

Sacramento Covered provides health and dental navigation services to ensure children ages 0-5 and pregnant women are insured, connected to a medical home, and can access care. The target population is underserved communities, including those with limited English proficiency, high uninsured rates, and low utilization rates of preventive and primary health care. Geographically, the target population is North Sacramento County, Downtown, and South County. In FY 2016-17, Sacramento Covered screened 5,371 people for barriers to health care, and provided health care navigation services to 1,422 people.

**Figure 15. Services Provided by Sacramento Covered, FY 2016-17**

Services	FY 2016-17
Screen individuals and families to assess for barriers to care	5,371 individuals
Medical/dental navigation services <sup>8</sup>	1,422 individuals
One-on-one education <sup>9</sup>	1,272 individuals
Schedule follow-up pediatric or OB appointments within 60 days of ER visit	454 appointments scheduled
Track utilization of services to ensure individuals receive appropriate well-child visits or OB care	311 appointments attended

Source: Sacramento Covered FY 2016-17 Quarterly Performance Reports in Persimmony.

Clients who received navigation services answer several questions at intake about their health insurance coverage and health care utilization. As shown in Figure 16 below, Sacramento Covered clients had lower rates of coverage utilization than the overall First 5 population (as seen from the Family Information Form), which underscores that Sacramento Covered is reaching a subset of the population with higher needs. Coverage and utilization rates were much lower for dental care than health care.

**Figure 16. Health Insurance and Utilization for Sacramento Covered Clients and Family Information Form Respondents (Intake)**

	Sacramento Covered Clients (Intake)	FIF Respondents (Intake)
<b># of respondents</b>	<b>154 -1,300</b>	<b>7,317</b>
Does your child have medical insurance?	85%	90%
Does your child have a regular doctor or health provider?	78%	96%
Has your child had a well-baby or well-child health check-up in the past 12 months?	83%	95%
Does your child have a regular dentist?	39%	74%
If your child is 18 months or older, have they seen a dentist in the past 6 months?	47%	58%

Sources: Sacramento Covered Clients: Sacramento Covered Quarterly Reports for FY 2016-17 Family Information Form Respondents: Family Information Form, Child side (all FY 2016-17 intakes). \*N varies by question: N=1,351, 1,347, 1,342, 1,300, 154 for Sacramento Covered. N=7,317 for the FIF.

<sup>8</sup> Includes: assistance scheduling appointments, establish medical/dental provider, change health plan, and ensure coverage is still active, education/referrals for non-emergency care and other social service resources.

<sup>9</sup> Includes: resources, scheduling dental appointments, importance seeing dentist by 1st birthday/1st tooth, ensure well-child visits are up-to-date.

In FY2016-17, Sacramento Covered provided navigation services to a total of 1,422 children and families. Of these, 454 had a follow-up appointment with a provider scheduled, and 311 (69%) attended their appointment.

Sacramento Covered conducted follow up calls to the families of the children served, and were able to reach 330 of them. The figure below shows the number of children for whom there were both intake and follow-up data, as well as the percentage who *did not* have access/care at intake (answered “no”) and those who *did* have access/care by follow-up. For example, out of 330 children who had both “pre” and “post” answers regarding medical insurance, 35 children (11%) did not have medical insurance at intake. Of those 35 children, 32 (91%) had medical insurance by the follow-up call. These data show that Sacramento Covered was quite effective at closing the coverage and utilization gaps for medical care, but that is was far more difficult to close such gaps for dental care.

**Figure 17. Health Insurance and Utilization Information for Sacramento Covered Clients (Among those with “pre” and “post” data)**

	Total N (# with intake and follow-up data)	# (%) who answered “no” at intake	# (%) of those who answered “no” intake who answered “yes” at follow-up
Does your child have medical insurance?	330	35 (11%)	32 (91%)
Does your child have a regular doctor/ health provider?	330	143 (43%)	135 (94%)
Has your child had a well-baby or well-child health check-up in the past 12 months?	329	87 (26%)	76 (87%)
Does your child have a regular dentist?	327	203 (62%)	79 (39%)
If your child is 18 months or older, have they seen a dentist in the past 6 months? (among those 18 months or older)	17	12 (71%)	7 (58%)

Source: Sacramento Covered Quarterly Reports. \*Number who said “no” at intake and “yes” at follow-up.

## OTHER PROGRAMS

Although the programs described above focus specifically on increasing insurance coverage and access to medical and dental care, other First 5-funded programs integrate these efforts into other work that they do. For example, Family Resource Centers (part of Birth and Beyond) and school readiness programs (implemented by nine school districts) include some outreach to parents about medical and dental care insurance and access. Participants of these programs also complete the Family Information Form, which includes relevant questions. As shown in the table below, medical home and access were quite high at intake, and remained high at follow-up. Dental home and coverage started lower, and had larger and statistically significant increases by follow-up.

**Figure 18. Family Information Form (intake/follow-up matches): Medical/Dental Provider and Utilization**

	Intake	Follow-up
Does your child have a regular doctor or health provider?	98%	98%
Has your child had a well-baby or well-child health check-up in the past 12 months?	98%	98%
Does your child have a regular dentist?*	85%	88%
If your child is 18 months or older, have they seen a dentist in the past 6 months?*	69%	78%

Source: Family Information Forms completed in FY 2016-17, all with both intake and follow-up. N=1,396-1,501 children. \*Difference between pre and post is statistically significant.

## Summary

- HEARTS for Kids** provided various health screenings to 437 children who were in protective custody with Child Protective Services. Of these 437 children, 420 were assessed for health insurance coverage, were enrolled in Medi-Cal if needed, and connected to a medical home. In terms of physical wellbeing, 373 children were provided a medical clearance exam, which indicated that four children had a physical abuse finding and there were no sexual abuse findings. Additionally, 373 children received a dental screening, and 327 were referred for further dental care. Of the 309 children who got a developmental screening, over half (155) were found to have a developmental concern and were referred to a service to address those needs.
- Sacramento Covered** screened 5,371 people for barriers to health care. Clients who received services from Sacramento Covered had greater needs related to health insurance and coverage compared to other First 5 clients; at intake, 85% reported having health insurance, 78% had a regular doctor, and 83% had a recent well-child visit, and these rates are all over 90% or greater for the general First 5 Sacramento population. Rates were also much lower for dental access. Sacramento covered therefore provided health care navigation services to 1,422 children and their families. Of these children, 454 had a follow-up appointment with a provider scheduled, and 311 (69%) attended their appointment. Sacramento Covered conducted follow up calls to the families of these children, and were able to reach 330 of them. The follow up calls revealed that most children who lacked health insurance, a regular doctor, or a recent well-child visit at intake had gotten these services by follow-up, although connections for dental care were lower than for health care.
- Parents across a range of First 5-funded programs completed an intake and follow-up Family Information Form for approximately 1,500 children. Among this group, the percentage of children with insurance (90%), medical home (96%) and recent well-child checks (95%) were quite high at intake, and remained high at follow-up. However, at intake, fewer children had a regular dentist (85%) or had seen a dentist recently (69%), but by follow up, there were significant increases in these percentages.

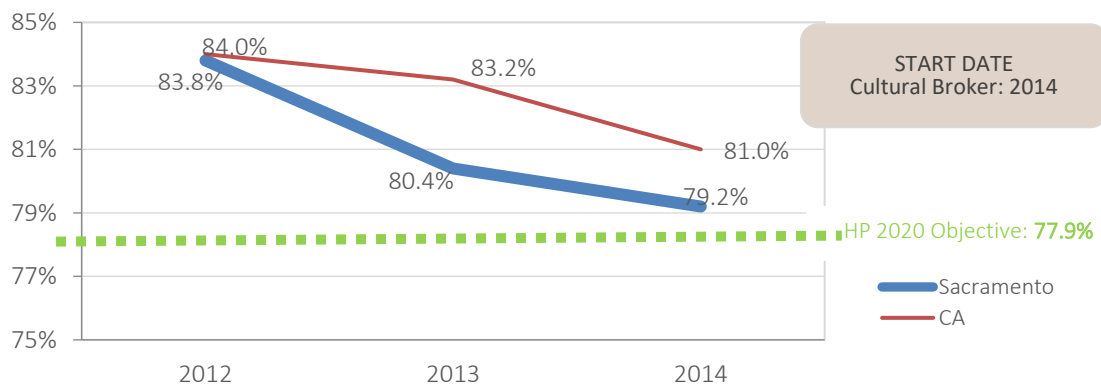


# Result 2: PRENATAL CARE

## Countywide Trends

The percentage of mothers on Medi-Cal who received prenatal care in the first trimester decreased from 84% in 2012 to 79% in 2014. Still, the county's rate is better than the Healthy People 2020 benchmark of 77.9%. The Cultural Broker program started in 2014 and provides services that encourage and facilitate women's access to prenatal care.

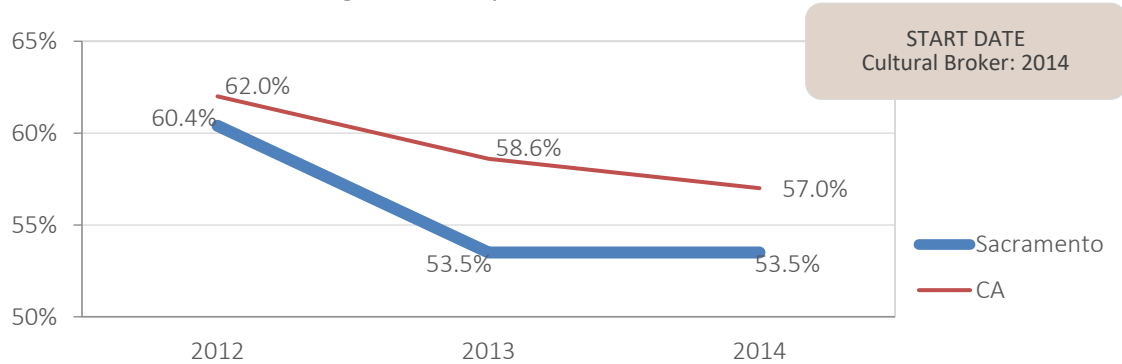
**Figure 19.** Percentage of Pregnant Women who Received Prenatal Care in First Trimester (Medi-Cal Managed Care only)



Source: 2015 Aggregate HEDIS Report.

The percentage of mothers on Medi-Cal who had a postpartum visit on or between 21-56 days after delivery decreased from 60% in 2012 to 54% in 2014. Although this statistic was not available for all health plans in 2015, there was some indication that the percentage had increased slightly. The county's rate is just under the state average. There is no Healthy People 2020 objective available, but for comparison, the 2015 national Medicaid average was 61% and the national commercial average is consistently around 80%.

**Figure 20.** Percentage of Women who Had a Postpartum Visit 21-56 days after delivery (Medi-Cal Managed Care only)



Source: 2015 Aggregate HEDIS Report.

## Impact of First 5 Sacramento

For 20 years, Sacramento County African American children have died at twice the rate of children of other races. In response to this disparity, First 5 Sacramento has funded education campaigns and programs to provide information, services, and support to the African American community. Services are aimed at improving pregnancy and birth outcomes, reducing infant sleep-related deaths, and reducing child abuse and neglect homicides. While some aspects of the initiative began in FY 2013-14, full implementation began in 2015.

Please visit the First 5 Sacramento website for a separate report on this initiative.

### CULTURAL BROKER

The primary program funded by First 5 to increase use of prenatal care and improve birth outcomes is the Cultural Broker program, which is implemented by two organizations: WellSpace Health (WH) and Black Mothers United (BMU). The program serves pregnant African American women in high-risk neighborhoods, and is intended to address the racial/ethnic disparity in birth outcomes shown in the following section (Result 3: Low Birthweight).

In 2016-17, highlights of the strategy related to prenatal care included the following:

- ▶ The **Cultural Broker** program provided prenatal support to 415 African American women, including case management, home visits, education, and referrals to services.
- ▶ The Cultural Broker program aims to reach expectant mothers as early as possible in their pregnancy, but welcomes clients wherever they are in gestation to promote the best possible birth outcomes. Indeed, some WH and BMU clients entered the programs in their second and third trimesters. However, amongst WH clients, medical records show that 73% of mothers began prenatal care in their first trimester, and 83% of clients with BMU clients reported they had received early prenatal care. Across the county, the percentage of African American mothers who had prenatal care in their first trimester was 83% (2015).<sup>10</sup>

Other data regarding the Cultural Broker program are shown in the following section.

---

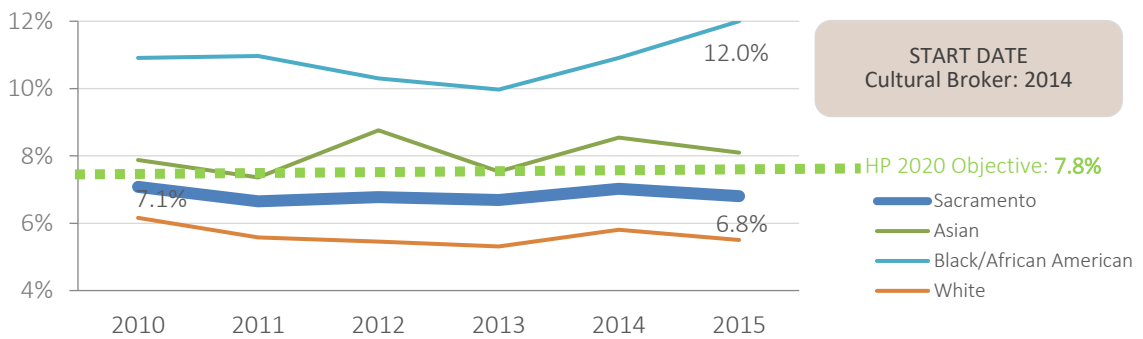
<sup>10</sup> Centers for Disease Control, WONDER database.

# Result 3: LOW BIRTH WEIGHT

## Countywide Trends

In Sacramento County overall, the percentage of babies born with low birth weight (LBW) dropped slightly from 2010 (7.1%) to 2015 (6.8%). However, the rate amongst African Americans increased from 2010 (10.9%) to 2015 (12%). The rate for Asians also increased slightly from 7.9% in 2010 to 8.1% in 2015. In 2015, the rate of LBW babies amongst African Americans and Asians failed to meet the Healthy People 2020 benchmark of 7.8%.

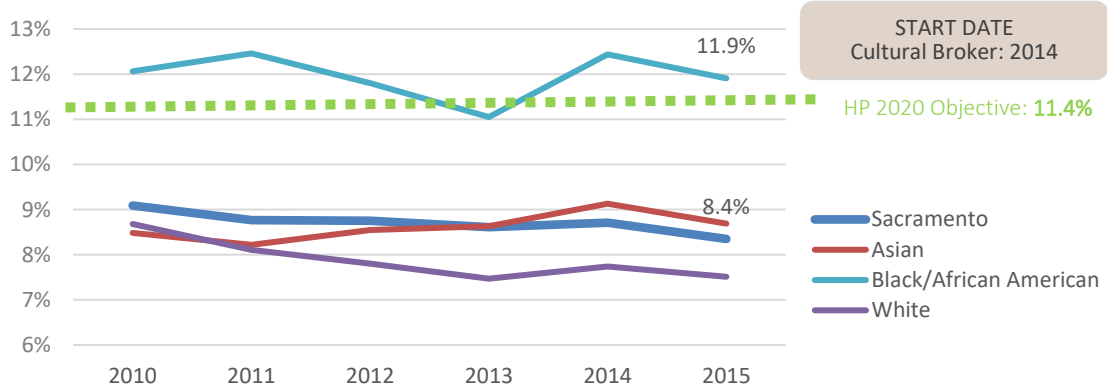
Figure 21. Percentage of Babies Born LBW Countywide by Race/Ethnicity



Note: Number of babies born low birth weight in Sacramento County (2015) — All: 1,325; Asian: 318; Black/African American: 294; White: 698. Source: Centers for Disease Control and Prevention, WONDER. The 2015 figures are different than those reported in the LPC FY16-17 Year 2 Evaluation Report: *First 5 Sacramento: Reduction of African American Perinatal and Infant Deaths*.

The percentage of infants born before 37 weeks decreased from 9.1% in 2010 to 8.4% in 2015.<sup>11</sup> However, the percentage of babies born premature amongst African American infants in Sacramento County remains substantially higher, standing at 11.9% in 2015. This percentage of infants born premature exceeds the Healthy People 2020 benchmark of 11.4%.

Figure 22. Percentage of Babies Born Premature, by Race/Ethnicity



Source: Centers for Disease Control and Prevention, WONDER.

<sup>11</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/natality-current.html> on Jan 9, 2018 3:24:05 PM.

# Impact of First 5 Sacramento

## CULTURAL BROKER

The Cultural Broker program started in 2014 and provides services that impact prenatal care. As noted for Result Area 2, full implementation of the initiative to improve outcomes of African American mothers and infants began in 2015, making it a fairly new initiative. It is expected that these efforts will contribute to future decreases in the rates of low birth weight and premature births among African Americans.

There are two organizations that implement the Cultural Broker program: Black Mothers United (BMU) and WellSpace Health (WH). Although the two programs have similar goals and strategies, the approaches are slightly different so results are shown in two separate RBA dashboards.

Figure 23. RBA Dashboard — Cultural Broker Program: Black Mothers United

		FY 16/17
<b>How much did we do?</b>	<b># served</b>	
	# of women with at least one weekly check-in <sup>12</sup>	99
	# of women with at least three weekly check-ins	81
	<b># (%) of women served by trimester at program entry<sup>13</sup> (n=97)</b>	
	First Trimester at program entry	9 (9%)
	Second Trimester at program entry	41 (42%)
	Third Trimester at program entry	47 (48%)
	<b># of women provided referrals</b>	
	No Service Referral	30 (30%)
	Infant Safe Sleep	40
	Basic Needs	33
	Car Seat Education	27
	Prenatal Care	27
	Healthcare	10
	Legal Services	5
	Alcohol & Drug	2
Health Insurance	2	
Other	16	
<b>How well did we do it?</b>	<b>% who received services</b>	
	% of women in No Tier (0-2 check-ins)	18%
	% of women in Tier 2 (3-7 check-ins)	46%
	% of women in Tier 2 (9-17 check-ins)	22%
	% of women in Tier 1 (18+ check-ins)	13%
	<b>% of referrals with follow-up<sup>14</sup></b>	
	Infant Safe Sleep Training & Crib	68%
	Basic Needs	58%
Car Seat Education	56%	

<sup>12</sup> Includes only those women who consented to participate in the evaluation.

<sup>13</sup> Data for gestational age were self-reported and unreliable.

<sup>14</sup> Based on participants' self-report of follow-up on referrals.

		FY 16/17
	Prenatal Care	22%
	Healthcare	10%
	Legal Services	40%
	Alcohol & Drug	50%
	Health Insurance	0%
	Other	44%
<b>Is anyone better off?</b> <sup>15</sup>	<b>Birth Outcomes (n=66)</b>	
	# (%) of births that were low birth weight	12 (18%)
	#/% of births that were preterm	6 (9%)
	# (%) of births that were stillbirths (fetal death)	1 (2%)
	<b>Infant Outcomes (n=67)</b>	
	% with well-baby visit at program exit	79%
	% breastfeeding at program exit	75%
	% with Jaundice	9%
# (%) of infant deaths prior to mother exiting program	0	

Source: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 2 Evaluation Report FY16/17; FY16/17 Persimmony service data.

Figure 24. RBA Dashboard — Cultural Broker Program: WellSpace Health

		FY 16/17
<b>How much did we do?</b>	# served	
	# of women with at least one home visit <sup>16</sup>	315
	# of women with at least three home visits <sup>17</sup>	271
	# (%) of women served by trimester at program entry <sup>18</sup>	(n=310)
	First Trimester at program entry	135 (44%)
	Second Trimester at program entry	138 (45%)
	Third Trimester at program entry	37 (12%)
	# of women provided referrals	
	No Service Referral	9 (3%)
	Infant Safe Sleep Training & Crib	278
	Basic Needs	237
	Car Seat Education	186
	Mental Health	32
	Prenatal Care	28
	Alcohol & Drug	20
Healthcare	18	
Health Insurance	6	

<sup>15</sup> Considerations include: (1) Consider administering a survey to measure changes in mothers' knowledge, attitudes, and/or behaviors' (2) Consider administering a validated tool to assess mothers' post-partum mental health; (3) There is variation in when the infant outcomes are assessed post-partum, which can impact the percentages. There is also variation in the way in which data are collected: WellSpace Health uses medical records, while BMU uses mothers' self-report.

<sup>16</sup> Includes only those women who consented to participate in the evaluation.

<sup>17</sup> Due to unreliable data about gestational age at program entry, it was not possible to determine this number for women of different gestational ages at program entry.

<sup>18</sup> Data for gestational age were self-reported and unreliable.

		FY 16/17
	Legal Services	2
	Other	30
<b>How well did we do it?</b>	% who received services	
	% of women in No Tier (0-2 check-ins)	14%
	% of women in Tier 2 (3-7 check-ins)	34%
	% of women in Tier 2 (9-17 check-ins)	30%
	% of women in Tier 1 (18+ check-ins)	22%
	% of referrals with follow-up <sup>19</sup>	
	Infant Safe Sleep Training & Crib	87%
	Basic Needs	78%
	Car Seat Education	75%
	Mental Health	63%
	Prenatal Care	75%
	Alcohol & Drug	45%
	Healthcare	61%
	Health Insurance	83%
	Legal Services	0%
Other	77%	
<b>Is anyone better off?</b> <sup>20</sup>	Birth Outcomes ( <i>n=170</i> )	
	# (%) of births that were low birth weight	16 (9%)
	# (%) of births that were preterm	12 (7%)
	# (%) of births that were stillbirths (Fetal Death)	0
	Infant Outcomes ( <i>n=175</i> )	
	% with well-baby visit at program exit	63%
	% breastfeeding at program exit	83%
	% with Jaundice	10%
# (%) of infant deaths prior to mother exiting program	0	

Source: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 2 Evaluation Report FY16/17; FY16/17 Persimmony service data.

<sup>19</sup> Based on participants' self-report of follow-up on referrals.

<sup>20</sup> There is variation in when the infant outcomes are assessed post-partum, which can impact the percentages. There is also variation in the way in which data are collected: WellSpace Health uses medical records, while BMU uses mothers' self-report.

## Summary

- ▶ The **Cultural Broker** program provided prenatal support to 415 African American women, including case management, home visits, education, and referrals to services. The percentage of women who followed up on referrals was highest for services related to infant safe sleep resources (87% for WH, 68% for BMU), followed by basic needs (78% for WH; 58% for BMU and).
- ▶ During FY 16-17, mothers delivered 241 babies while participating in the Cultural Broker program, and birth outcome data were available for 239 of these births, including nine sets of twins.
- ▶ Across the two Cultural Broker programs, the percentage of babies born with *low birth weight* was 12%, which is the same as the most recently available (2015) Sacramento County rate for African-Americans, and higher than the HP2020 guidelines (7.8%).
- ▶ The percentage of births that were *preterm* (8%) is significantly lower than the Sacramento County rate for African-Americans (13%), and also below the HP2020 guidelines (11.4%).

## Result 4: OBESITY PREVENTION

---

In line with the Strategic Planning Workgroup recommendation, the implementation plan for the Nutrition result area indicates “engage in policy work to decrease obesity through promotion of healthy eating and physical activity.” Our prior policy and systems efforts continue to impact the community, including breastfeeding and baby bonding supportive practices at local hospitals through Baby Friendly (3 of 7 hospitals are now Baby Friendly), and 23 tot lots that the local parks and recreation districts continue to maintain. In addition, the Commission works to weave in nutrition and physical activity where possible. For example, the Commission distributes nutrition and physical activity related materials such as Potter the Otter and nutrition placemats; and contractors such as the Family Resource Centers (FRCs) promote nutrition through classes and activities. As the Policy and Sustainability Committee work moves forward, staff will continue to seek opportunities to support nutrition and physical activity.

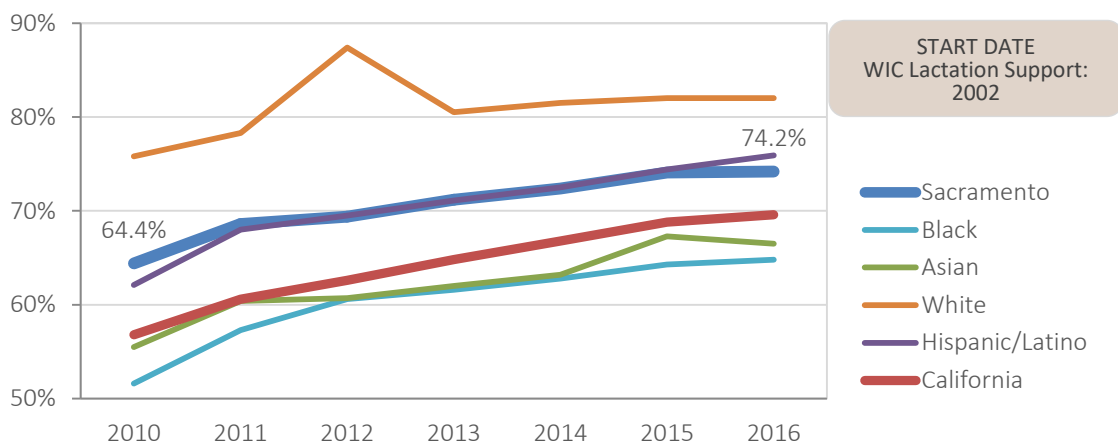


# Result 5: EXCLUSIVE BREASTFEEDING

## Countywide Trends

The percentage of mothers who exclusively fed their baby breast milk in the hospital increased from 64.4% in 2010 to 74.2% in 2016. There were also increases between 2010 and 2016 for subpopulations: African Americans increased from 51.6% to 64.8%, Latinos from 62.1% to 75.9%, and Asians from 55.5% to 66.5%. However, the exclusive breastfeeding rate for African American, Asian and Pacific Islander mothers was lower than the overall state average. In 2002, First 5 began funding Sacramento County Department of Health and Human Services (DHHS) Women, Infants and Children (WIC) to provide lactation support services to mothers in Sacramento County.

Figure 25. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital



Note: Number of mothers who exclusively breastfed their babies in Sacramento – 11,423 (2010); 12,065 (2011); 11,751 (2012); 12,082 (2013); 12,577 (2014); 12,695 (2015), 12,539 (2016). Source: California Department of Public Health.

## Impact of First 5 Sacramento

### WOMEN, INFANTS AND CHILDREN (WIC)

Sacramento DHHS WIC and its subcontractor Community Resource Project (“CRP-WIC”) provide services to promote the initiation and continuation of breastfeeding to at least 6 months of age. The target population includes WIC mothers and infants who live in Sacramento County, as well as mothers with limited access to lactation assistance. In FY 2016-17, 4,839 women received WIC breastfeeding services funded by First 5.

In addition to these direct services, WIC works with numerous community partners to improve access to breastfeeding support services, including the Birth & Beyond Program, Sutter Medical Center, Mercy/Dignity Health, and UC Davis Medical Center hospitals and affiliated clinics.

WIC made important progress related to data tracking in FY17. In the past, the key outcome of six-month exclusive breastfeeding rates WIC reported were for all infants who received a WIC voucher,

regardless of whether or not their mother received First 5-funded services. After exploring different ways of tagging clients who receive First 5 breastfeeding services in their database, for the first time, WIC is now able to differentiate between infants who have had at least one First 5 Sacramento breastfeeding support service from those who have never received one of these services. This means breastfeeding rates shown below are only for babies whose mother received First 5-supported breastfeeding support.

Figure 26. RBA Dashboard — WIC/CRP-WIC Breastfeeding Services

		FY 16/17
<b>How much did we do?</b>	# of parents served	4,839
	# of providers served	92
	<b># of mothers who received breastfeeding support</b>	
	Helpline: 0-7 days of birth	1,423
	Helpline: 8 days- 1 year of birth	1,894
	Drop-in: 0-7 days of birth	536
	Drop-in: 8 days-1 year of birth	2,157
	IBCLC Consult: 0-7 days of birth <sup>21</sup>	793
	IBCLC Consult: 8 days-1 year of birth	1,834
	Home visit (high-need lactating mothers)	209
	IBCLC support for non-WIC mothers with limited access to breastfeeding support services	119
	Calls to Medi-Cal/Medi-Cal eligible mothers for early breastfeeding support	591
	Follow-up contacts for additional breastfeeding support	1,235
	<b>Teen Support Groups</b>	
	# of youth who participated	30
<b># of providers who received training and education</b>		
# of health care staff who received a breastfeeding training	67	
# of people who participated in lactation education course	25	
<b>How well did we do it?</b>	% of clients with a follow-up contact ( <i>among those who received IBCLC consult or drop-in support</i> )	31%
<b>Is anyone better off?</b>	% of babies who were breastfed exclusively at six months ( <i>among those whose mother received First 5-funded breastfeeding service</i> )	24%
	% of babies who were breastfed in any amount ( <i>among those whose mother received First 5-funded breastfeeding service</i> )	45%

Sources: FY 2016-17 WIC individual-level service data in Persimmony, FY 2016-17 WIC Quarterly Performance Reports in Persimmony, and 2016-17 breastfeeding rate data export from WIC.

<sup>21</sup> IBCLC: The International Board of Lactation Consultant Examiners.

## Summary

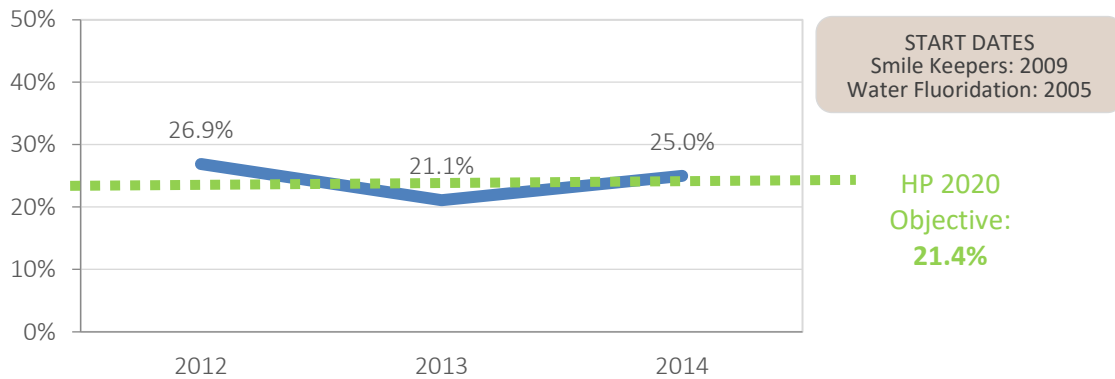
- ▶ In FY 2016-17, 4,839 women received **WIC services**, including drop-in support, a helpline, one-on-one lactation consultation and other services with a certified breastfeeding expert funded by First 5.
- ▶ Breastfeeding rates are consistently higher among mothers who receive First 5-funded breastfeeding services compared to the state and national rates. Across the WIC program, 24% of infants among those whose mothers received First 5-funded breastfeeding services were exclusively breastfed for at least six months, which surpasses the national average of 16% and the state average of 20%. Similarly, the rate for any amount of breastfeeding was 45% among those who received a First 5-funded breastfeeding service and only 39% for the state.

# Result 6: DENTAL DISEASE

## Countywide Trends

Countywide data on the prevalence of dental needs are not available. However, among pre-kindergarteners screened through the Smile Keepers program, the percentage with untreated decay has fluctuated, and decreased slightly from 26.9% in 2012 to 25% in 2014. However, the level of untreated decay exceeds the Healthy People 2020 target of 21.4%.

Figure 27. Percentage of Pre-Kindergarten Children with Untreated Decay



Source: Smile Keepers Quarterly Performance Reports in Persimmony; California Dental Association AB 1433 Pre-K Reported Data, as reported in Barbara Aved Associates (December 2015), Sacramento Children and Dental Care: Better Served than 5 Years Ago?

## Impact of First 5 Sacramento

### SMILE KEEPERS

First 5 began funding the Smile Keepers program in 2009, which provides services that impact dental disease. Smile Keepers provides oral health screenings and fluoride varnishes to children ages 0-5 from low-income families, as well as oral health education to parents. Screenings are conducted in preschools, at WIC clinics, and community events. In FY 2016-17, Smile Keepers provided services and/or information to over 8,000 children.

Figure 28. RBA Dashboard — Smile Keepers Dental Screenings

		FY 16/17
<b>How much did we do?</b>	# of unduplicated children screened, by setting	<b>8,021 total</b>
	Preschools	7,215 children in 425 classrooms
	WIC	668
	Community Events	138
	# of children who received at least one fluoride varnish	<b>7,866</b>
	# who received one fluoride varnish	<b>3,606</b>
	# who received two fluoride varnishes	<b>4,260</b>

		FY 16/17
	# of parents and providers who received in-person oral health education	626
	Parents <sup>22</sup>	488
	WIC staff	45
	Preschool staff	42
	Other providers (e.g. health care providers, home visitors, case workers)	51
<b>How well did we do it?</b>	% who received specific services	
	% of children screened who received two screenings <sup>23</sup>	59%
	% of children screened who received two fluoride varnishes	55%
<b>Is anyone better off?</b>	Dental Homes ( <i>N=77 [16%] of WIC parents who received oral health education</i> ) <sup>24</sup>	
	# (%) of parents contacted who had successfully established a dental home	66 (86%)
	# (%) of parents contacted who <i>intended</i> to establish a dental home	11 (14%)
	Dental Health	
	# (%) of children identified with dental health needs <sup>25</sup>	2,939 (37%)
	# (%) of children with a dental health need at the first screening who had a decrease in severity of dental health needs from first to second screening <sup>26</sup>	471 (28%)

Source: FY 2016-17 Smile Keepers Quarterly Performance Reports in Persimmony, FY 2016-17 Individual-level Smile Keepers screening data.

When conducting dental screenings, Smile Keepers classifies children as needing urgent care, needing non-urgent dental services, and no obvious need for dental services. The results of these screenings are in the figures below and show that slightly over one-third of children screened needed urgent or non-urgent dental services.

**Figure 29. Results of Smile Keepers Dental Screenings, FY 2016-17 (Numbers)**

	Ages 0-3	Ages 4-5	All Ages
# of screenings	2,676	5,345	8,021
Needs urgent dental care	110	428	538
Needs non-urgent dental care	671	1,730	2,401
No obvious need for dental care	1,895	3,187	5,082

Source: FY 2016-17 Smile Keepers Quarterly Performance Reports in Persimmony.

<sup>22</sup> Includes parents at WIC and community events. Parents of preschool children receive only educational materials.

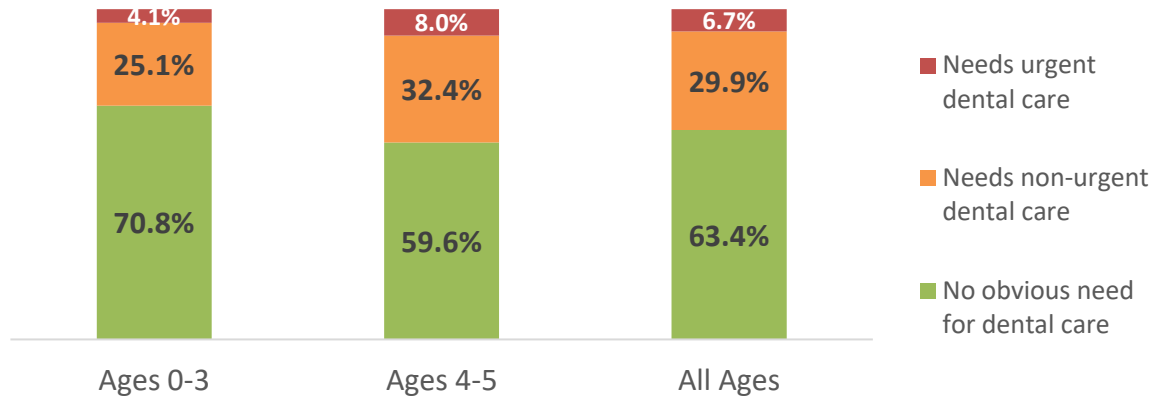
<sup>23</sup> Among children screened in preschools. Children screened at community events and WIC clinics generally do not receive a second screening.

<sup>24</sup> These findings are from 77 parents, who constitute 13% of the 488 WIC parents who received oral health education. Findings may not be representative of all parents.

<sup>25</sup> Screening score of 2 or 3.

<sup>26</sup> Children with 2 or 3 at screening 1 who had a lower score at screening 2.

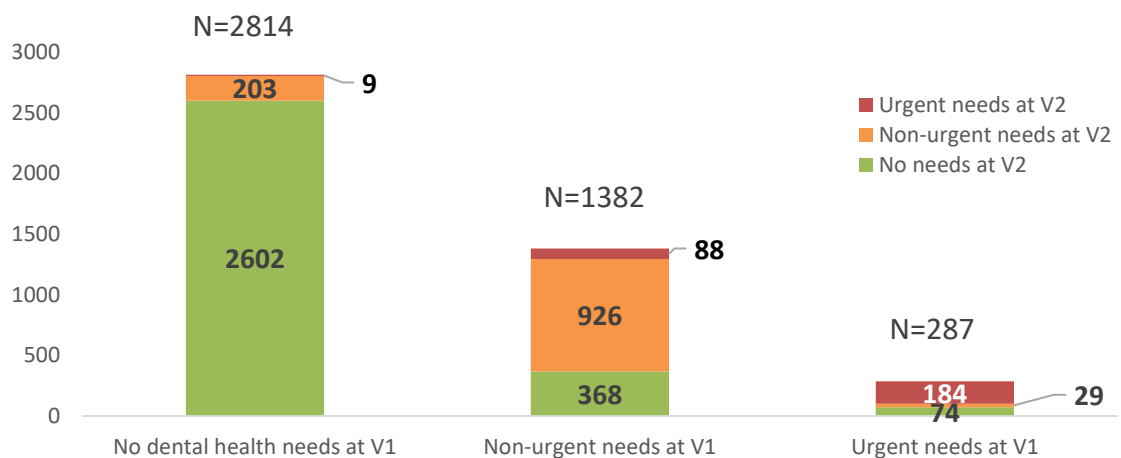
Figure 30. Results of Smile Keepers Dental Screenings, FY 2016-17 (Percentages)



Source: FY 2016-17 Smile Keepers Quarterly Performance Reports in Persimmony.

In FY 2016-17, for the first time, screening results were available at the individual level. These data make it possible to examine changes in dental needs from the first to the second screening, which are shown in the figure below. It is important to note that these data include only screening conducted at preschools; they do not include results for screenings conducted at WIC clinics or community events. As shown in the figure, the majority of children (2,814 out of 4,483; 63%) had no dental health needs at the first screening, and most of these (92%) continued to have no needs at the second screening. Among the 1,382 children (31%) who had non-urgent needs at the first screening, 73% still had needs (non-urgent or urgent) at the second visit. Of the 287 children with urgent needs at their first screening, 184 (64%) still had urgent needs at the second screening, but 36% had their needs decrease. In sum, there were 442 children who had non-urgent or urgent needs at the first screening who then had no dental health needs at the second screening, and an additional 29 children who improved from urgent to non-urgent needs between the first and second screenings.

Figure 31. Results of First and Second Dental Health Screenings, Smile Keepers, FY 2016-17



Source: FY 2016-17 Smile Keepers Individual-level Dental Health screening data. N=4,483 children.

## OTHER EFFORTS TO REDUCE DENTAL DISEASE

First 5 has been strategically investing in decreasing dental disease through the funding of community water fluoridation capital projects, and by contributing funding for the construction of five Children’s Dental Clinics during the past 10 years. Currently, 65% of Sacramento County children ages 0-5 receive fluoridated water in their homes.

In the current funding cycle, a fluoridation capital project with Golden State Water Company (GSWCo) aims to bring fluoridated water to their Arden service area and their Cordova service area. The capital construction efforts that should have begun in FY 2016-2017 were delayed to allow for more study and negotiation regarding service locations. This project is slated for additional review in early 2018 and, if the project moves forward, it should be completed by early- to mid-2019. If the GSWCo project proceeds as planned, nearly 68% of Sacramento children ages 0-5 will receive the benefits of fluoridated drinking water in their homes when construction is completed.

Another part of the current funding cycle is adding a sixth Children’s Dental Clinic that will be located in the City of Galt through a contract with WellSpace Health. The location for the clinic has been secured, however construction has been delayed due to permitting and site modification issues. Construction should begin and be completed in FY 2017-2018, allowing this important resource to be available to families with young children. The clinic will serve children from the City of Galt, the River Delta area and the southern-most portion of Sacramento County.

## Summary

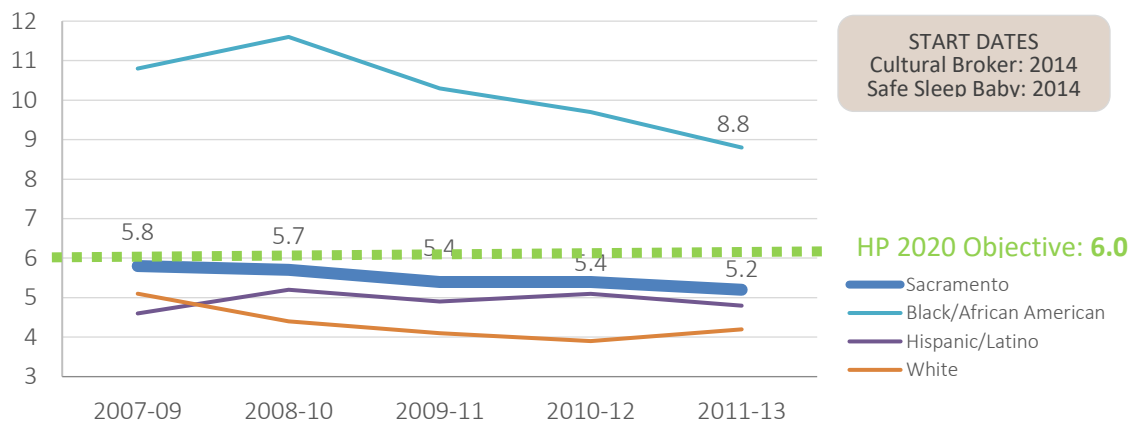
- ▶ **Smile Keepers** provided dental health screenings, fluoride varnishes, and dental health information to 8,021 children at preschools, WIC centers, and community events. Just over one third (37%) of the children screened through the Smile Keepers mobile dental program had untreated tooth decay and needed follow up dental services.
- ▶ In FY 2016-17, screening results were available at the individual level for the first time, making it possible to examine changes in dental needs from the first to the second screening. There were 442 children who had non-urgent or urgent needs at the first screening who had no dental health needs at the second screening, and an additional 29 children who improved from urgent to non-urgent needs.
- ▶ Parents across a *range of First 5-funded programs* completed an intake and follow-up Family Information Form for approximately 1,500 children. At intake, 85% of children had a regular dentist and had seen a dentist recently (69%), and by follow up, there were significant increases in these percentages (88% and 78%, respectively).

# Result 7: INFANT DEATHS

## Countywide Trends

Because of the small numbers, infant mortality rates by race/ethnicity are calculated as rates over multi-year periods. The rate of infant deaths decreased overall, from 5.8 deaths per 1,000 live births in 2007-09 to 5.2 in 2011-13. The rate also decreased for African Americans (10.8 to 8.8), but increased for Latinos (4.6 to 4.8). However, the rate for African Americans still exceeded the Healthy People 2020 target (6.0).

Figure 32. Rate of Infant Mortality (Deaths per 1,000 live births)



Notes: Number of infant deaths in Sacramento (average across 2011-13): All: 103; Black: 18; Hispanic/Latino: 26; White: 32. Source: California Department of Public Health.

## Impact of First 5 Sacramento

To help reduce infant deaths in Sacramento County, First 5 funds the Cultural Broker program and the Safe Sleep Baby Education Campaign, developed by the Child Abuse Prevention Council.

### CULTURAL BROKER PROGRAM

There were no infant deaths among the 241 babies born to mothers who participated in the Cultural Broker program in FY 2016-17. There was one fetal death, or stillbirth, defined as a death that occurs at 20 weeks or more of gestation.

Figure 33. Infant Death Rate for Cultural Broker Deliveries (with available data)

	N	Infant death rate
<b>Overall</b>	241	0
BMU	66	0
WellSpace Health	170	0
Both BMU and WellSpace Health	5	0

Source: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 2 Evaluation Report.



## SAFE SLEEP BABY EDUCATION CAMPAIGN

The Child Abuse Prevention Council (CAPC) developed the Safe Sleep Baby Education Campaign through in-depth feedback from Sacramento County parents and caregivers to target a leading cause of death for African American infants. The multiple components are intended to educate expecting and new mothers and their families, as well as health and social service professionals, about the importance of sleeping babies in a safe environment. Efforts include a public education campaign, promoting safe sleeping knowledge and environments, and partnering with local hospital systems and birthing centers to incorporate safe sleep procedures and policies. In FY 2016-17, thousands of people were reached through the public education campaign. The Safe Sleep Baby Education Campaign provided 2-3 hours of training to 513 providers and reached 1,709 expecting or new parents through 1-hour safe sleep trainings, workshops, and home visits, one-third of whom were African American parents (32%, or 554 parents). Parents and caregivers who completed the training and did not have a safe place to sleep their infant were also eligible to receive a free Pack N Play portable crib.

Of the 81 parent participants of Safe Sleep workshops who completed pre/post surveys about safe sleep practices, statistically significant changes on every safe sleep practice (such as putting infant to sleep in a crib, basinet or Pack n Play, and not in an adult bed, car seat or baby swing, and always putting infants to sleep on their back, not sleeping with blankets, pillows or stuffed animals, and not sleeping with another adult or child) were found.

Figure 34. RBA Dashboard — Safe Sleep Baby Campaign

		FY 16/17
<b>How much did we do?</b>	# of providers trained	513
	# of Cribs for Kids partner representative trained	267
	# of community-based service providers trained	207
	# of medical providers trained	39
	# of parents trained	1,709
	# of parents who received infant safe sleep information from a one-hour-long home visit <sup>27</sup>	1,351
	# of parents who participated in one-hour SSB workshop	358
	# (%) of parents trained who are African American	554 (32%)
	# of cribs distributed	637
	% of families who received cribs who are African American	42%
	# served through hospitals	
	# of hospitals in which SSB program has been established <sup>28</sup>	6 of 8
# of cribs distributed through hospitals	165	
<b>How well did we do it?</b>	% of hospitals implementing safe sleep education	75%
	#/% of target audience (African American new parents) reached with training <sup>29</sup>	554 (32%)

<sup>27</sup> Home visitation partners: Black Mothers United (CCHWB), Black Infant Health's Sutter Teen program, and Nurse Family Partnership.

<sup>28</sup> Out of 8 hospitals in Sacramento. The program is in the process of being implemented in the other 23 hospitals.

<sup>29</sup> In 2013, there were 1,974 African American births in Sacramento County.

		FY 16/17	
	# of CPS-involved parents of newborns who received safe sleep training	N/A	
	# of CPS-involved parents of newborns who received a crib	N/A	
<b>Is anyone better off?</b>	% of African American parents who report safe sleep practices at intake and follow-up <sup>30</sup> ( <i>Of those who attended workshop and did follow-up survey, n=81</i> )	Pre	Post <sup>31</sup>
	Sleep location: Crib, Bassinet, or Pack N Play	54%	88%
	Sleep location: Adult bed	35%	9%
	Sleep location: Car seat or baby swing	4%	0%
	Always put to sleep on back	14%	94%
	Never put to sleep with blankets, pillows or stuffed animals	20%	86%
	Never sleep with another adult or child	10%	78%
# of African American sleep-related infant deaths among families that were trained	N/A		

Source: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 2 Evaluation Report FY16/17.

## Summary

- ▶ In Sacramento County, the infant mortality rate for African American babies is 8.8 per 1,000. In the Cultural Broker program, there were no infant deaths among the 241 African American babies born.<sup>32</sup> There was one fetal death.
- ▶ The **Infant Safe Sleep Baby Education Campaign** provided training to 513 providers and reached 1,709 expecting or new parents through 1-hour safe sleep trainings, including 1,351 via a home visitor and 358 during a one-hour workshop. Of those trained, 32% (554) were African American.

Among 81 African American parents who completed an intake and follow-up survey, there were significant increases in the percentage of parents reporting safe sleep practices. At the follow-up survey, 88% of participants were sleeping their baby in a crib or Pack N Play (up from 54% at intake), 94% were always putting their baby to sleep on their back (up from 14%), 86% were never putting to sleep with blankets, pillows or stuffed animals (up from 20%), and 78% were never putting to sleep with another child or adult (up from 10%).

<sup>30</sup> The SSB protocol is to conduct the follow-up interview six to eight weeks after receiving the SSB education and crib, or 6 to 8 weeks after the baby has been born. All interviews were conducted after the baby was born to assess self-reported parent behaviors on safe sleep practices. A total of 278 African American parents completed the intake and 81 (29%) completed an exit interview and follow-up phone survey in FY16/17.

<sup>31</sup> The difference between pre and post is significant for all items.

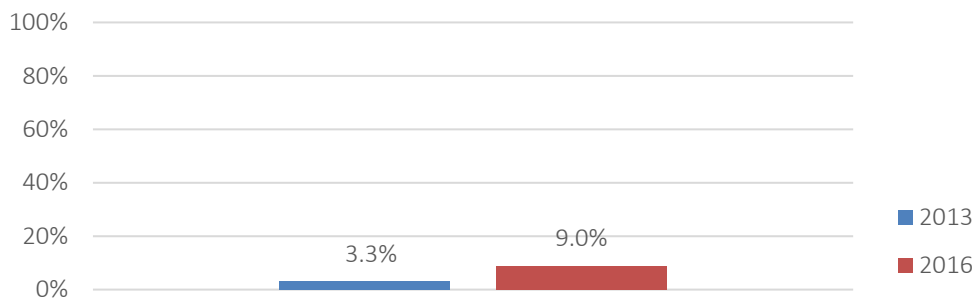
<sup>32</sup> Defined as a live birth that then perishes within the first year.

# Result 8: QUALITY EARLY CARE AND EDUCATION

## Countywide Trends

As of June 30, 2013, there were 160 child care programs (4,064 children, or 3.3% of the county’s 0-5 year olds) that were participating in the county’s Quality Rating Improvement System (QRIS), led by Sacramento County Office of Education. By June 30, 2016, that number had increased to 212 programs, representing 10,830 children, or 9% of the county’s 0-5 year olds. While this is a favorable trend, it still means that over 90% of the county’s 0-5 year olds do not have access to a site whose quality is rated. There is no state benchmark available.

Figure 35. Percentage of Children Ages 0-5 who Attend a Preschool Site with a Quality Rating



Note: Number of children ages 0-5 attending a QRIS site (2016): 10,830. Source: Sacramento County Office of Education, 2016.

## Impact of First 5 Sacramento

First 5 funds the following programs to impact the quality of early care and education: Quality Child Care Collaborative (started in 2004) and the Preschool Bridging Model Plus (started in 2008).

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

The Quality Child Care Collaborative (QCCC) provides support to licensed and license-exempt child care providers that serve children ages 0-5 in Sacramento County, including those who offer services to families that speak Spanish, Russian, Vietnamese and Hmong, as well as English. The purpose of the program is to improve the quality of early education settings through workshops, coaching, environmental assessments and other technical assistance. The QCCC also provides support to caregivers and parents of children with special needs through the WarmLine Family Resource Center’s hotline. In FY 2016-17, through the QCCC, Child Action, Inc. served 170 child care programs.

Figure 36. RBA Dashboard — Child Action, Inc.

		FY 16/17
<b>How much did we do?</b>	<b># of programs and individuals served</b>	
	Child care programs	170 <sup>33</sup>
	Child care providers/teachers	183
	Parents served	79
	Assessors trained	32
	<b># of services provided</b>	
	Site visits conducted	159
	Contacts with child care programs (in-person, phone and e-mail consultations, technical assistance and training)	922
	<b># of workshops/trainings provided</b>	
	Supports and education related to special needs	4
	Developing a quality inclusive child care program	15
Child health and safety	4	
CAPC (child development, ASQ, discipline)	5	
<b>How well did we do it?</b>	Average # of contacts per program (in-person, phone and e-mail) <sup>34</sup>	6.78
	Average # of site visits per program	TBD
<b>Is anyone better off?</b>	<b>% of settings with increased ERS and/or CLASS scores (among all 162 providers with pre and post assessments from April 2009 to March 2017)<sup>35</sup></b>	
	Activities	56%
	Personal care routines	53%
	Program structure	53%
	Space and furnishings	51%
	Interaction	47%
	Parents and staff	44%
Listening and talking/language	44%	

Source: FY 2016-17 QCCC Quarterly Performance Reports in Persimmony.

### **Environmental Assessment Results, April 2009 to March 2017**

Because many providers who receive support from Child Action participate for more than one fiscal year, it is usually not possible to analyze pre and post environmental assessment scores within a fiscal year. For this reason, a multi-year analysis of participants' ECCERS scores was conducted to examine changes from pre to post. The analysis includes all providers with pre and post data between April 2009 and March 2017. If a provider had more than two assessments, the first and last assessments were used. The average amount of time between pre- and post-assessment was 18 months.

Significant positive changes were observed in ECERS-R Assessments in the area of Program Structure, such that improvements in free play, schedules, group time, and provisions for children with

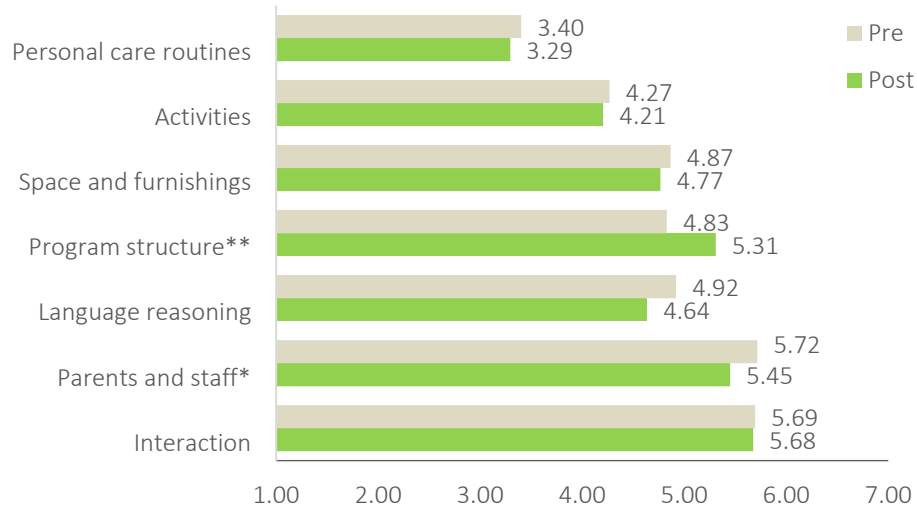
<sup>33</sup> Includes 136 programs with ongoing participation through FY 2016-17, and 33 potential providers in the licensing process.

<sup>34</sup> Total of 922 contacts across 136 providers.

<sup>35</sup> N=17 providers with pre/post ITERS-R scores, N=70 with pre/post FCCERS-R scores, and N=75 with pre/post ECERS-R scores.

disabilities were made. However, on the ECERS-R Parents and Staff domain, a decline in provisions for parents and staff development was observed between pre- and post-tests.

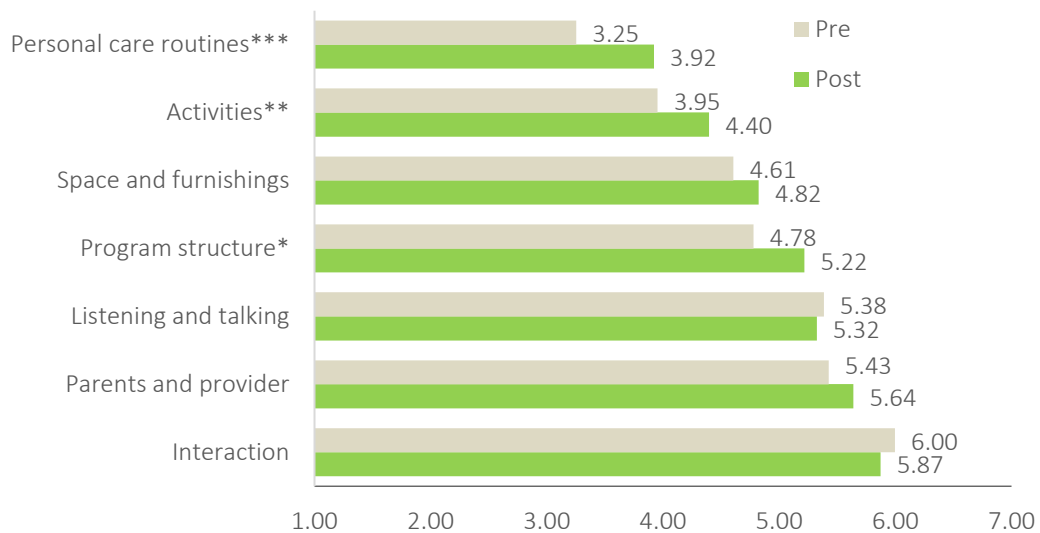
**Figure 37. Results of Pre and Post ECERS-R Assessments, April 2009 to March 2017**



Source: Child Action, N=69-75. Average of 17 months between pre and post.

Significant, positive changes were observed on the FCCERS-R Assessments in the areas of Personal Care Routines, Activities, and Program Structure. These findings indicate that improvements were made in site operations between pre- to post-test observations.

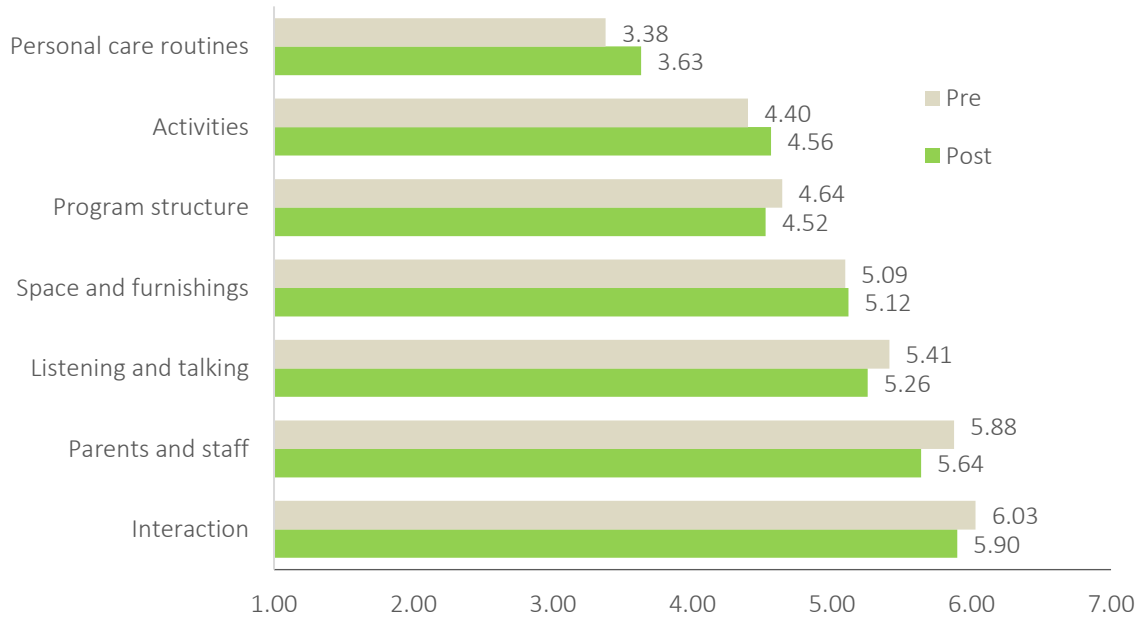
**Figure 38. Results of Pre and Post FCCERS-R Assessments, April 2009 to March 2017**



Source: Child Action, N=65-70. Average of 19 months between pre and post.

Although not statistically significant, some positive changes were observed on the ITERS-R Assessments in the areas of Personal Care Routines and Activities, indicating improvements in operations. However, observations of Listening and Talking, Parents and Staff, and Interaction declined between pre- and post-tests, pointing to areas in potential need of attention.

**Figure 39. Results of Pre and Post ITERS-R Assessments, April 2009 to March 2017**



Source: Child Action, N=17-19. Average of 17 months between pre and post

### PRESCHOOL BRIDGING MODEL PLUS

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

**Figure 40. RBA Dashboard — Preschool Bridging Model Plus**

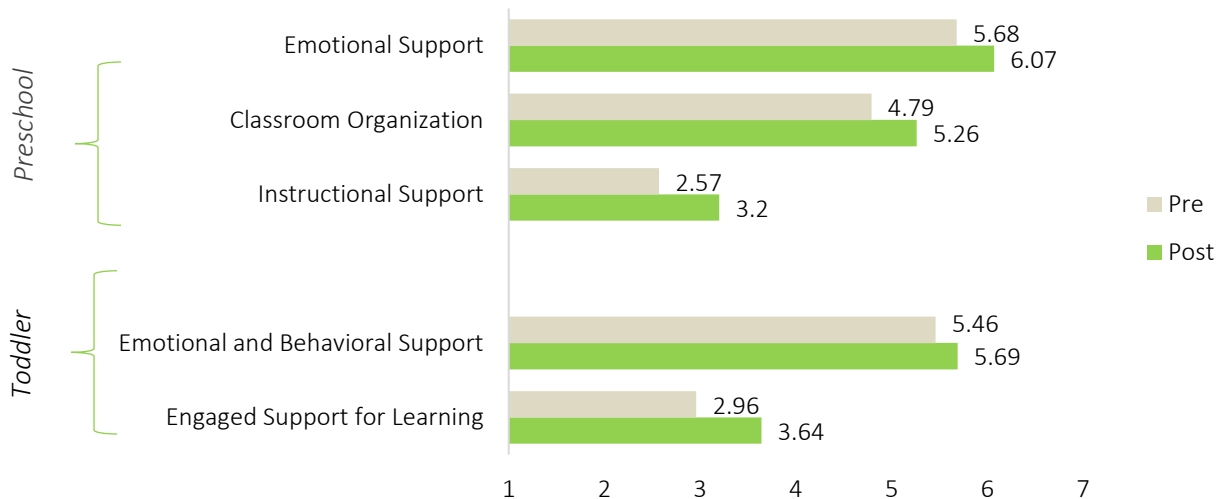
		FY 16/17
<b>How much did we do?</b>	<b># of individuals served</b>	
	Children	<b>2,568</b>
	Child Care Teachers/Providers	<b>131</b>
	<b># of children who received screenings</b>	
	Hearing screening	<b>953</b>
	Vision screening	<b>1,058</b>
	Developmental screening	<b>315</b>
	<b>#of referrals for additional testing</b>	
	Hearing	<b>37</b>
	Vision	<b>67</b>
	Developmental	<b>19</b>
	<b># of education meetings for PBM+ Participants</b>	<b>240</b>

		FY 16/17
<b>How well did we do it?</b>	# (%) of families referred to services who indicate having received referred services	
	Hearing (N=41 families received referrals for hearing services)	16 (39%)
	Vision (N=59)	32 (54%)
	Developmental (N=27)	8 (30%)
<b>Is anyone better off?</b>	% of preschool classrooms with increased CLASS scores	(n=58)
	Emotional Support	72%
	Classroom Organization	72%
	Instructional Support	71%
	% of toddler classrooms with increased CLASS scores	(n=20)
	Emotional and Behavioral Support	65%
Engaged Support for Learning	80%	

Source: FY 2016-17 PBM+ Quarterly Performance Reports in Persimmony. FY 2016-17 CLASS data.

PBM+ administered pre and post Preschool Classroom Assessment Scoring System (CLASS) assessments in 58 preschool classrooms to measure classroom interactions. As shown in the figure below, there were statistically significant increases in average scores from pre to post in the tool's three domains: *Emotional Support*, *Classroom Organization*, and *Instructional Support*. Additionally, pre and post Toddler CLASS assessments were conducted in 20 classrooms. There were statistically significant increases in average scores from pre to post for this tool's two domains: *Emotional and Behavioral Support* and *Engaged Support for Learning*.

Figure 41. Results of Pre and Post CLASS Assessments, PBM+ Participants, FY 2016-17



Source: Excel document provided by PBM+. N=58 preschool classrooms and N=20 toddler classrooms. All changes from pre to post were statistically significant.

## Summary

- ▶ **Child Action, Inc.** and **PBM+** provided training, technical assistance, and other support to 214 child care providers to help them improve quality.
  
- ▶ **Child Action, Inc.** served 170 unique child care programs and 183 unduplicated providers/teachers serving children ages 0-5. The agency used the ECERS-R, FCCERS-R, and ITRES-R to assess changes in the care environment. Since many providers' participation in the program spans across fiscal years, a multi-year analysis was conducted that included all pre and post assessments conducted from March 2009 to April 2017. The average time between pre to post was 18 months. Among these 162 providers with matched data, approximately half improved on each domain of their respective tool. When comparing average scores from pre to post, there were statistically significant increases in the following domains:
  - ECERS-R: Program Structure
  
  - FCCERS-R: Program Structure, Activities, Personal Care Routines
  
  - There were no significant improvements in the domains of Interaction, Parents and Staff, or Listening and Talking (Language)
  
- ▶ **PBM+** served 131 teachers, and administered pre and post Classroom Assessment Scoring System (CLASS) assessments to examine changes from the beginning to the end of FY 2016-17. Among the 78 classrooms assessed, approximately three-quarters improved on each domain of the tool. There were statistically significant increases from pre- to post-assessment for the average score in each domain.



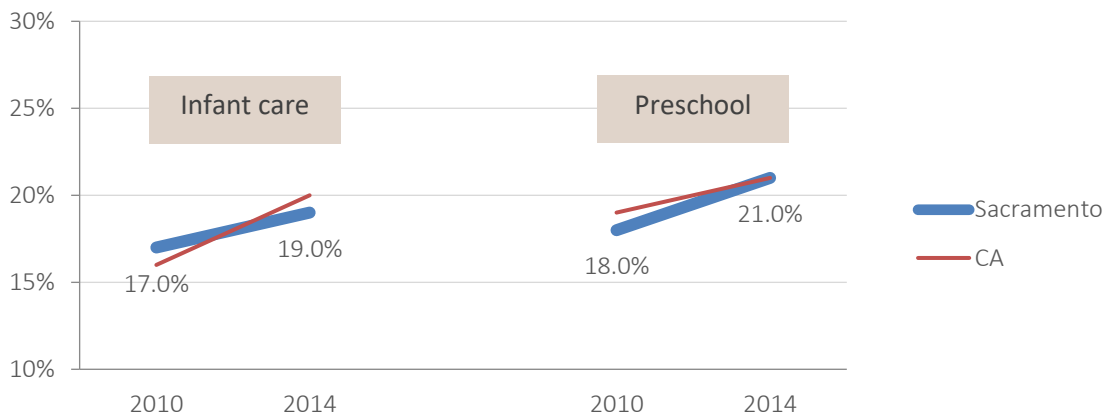
# Result 9: AFFORDABLE QUALITY CHILD CARE

## Countywide Trends

The cost of child care takes an increasingly large portion of a family’s income in Sacramento County. For instance, the cost of full-time center-based child care for infants increased from \$10,844 in 2010 to \$12,296 in 2014. For a family earning \$42,216 or less (the maximum amount to qualify for a subsidy), without a subsidy, infant care required 17% of their income in 2010, and 19% of their income in 2014.

The cost of full-time center-based child care for preschool children increased from \$7,242 (2010) to \$8,868 (2014). For a family earning \$42,216, preschool required 18% of income in 2010, and 21% of their income in 2014.

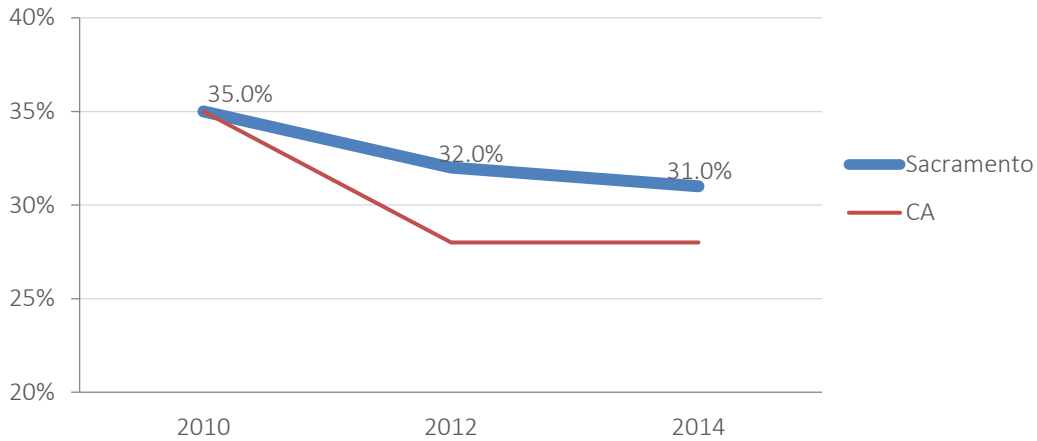
Figure 42. Percentage of \$42,216 Annual Income Needed for Cover Cost of Child Care



Source: California Resource and Referral Network Child Care Portfolios, 2015 Portfolio. Note: \$42,216 is 70% of state median income in 2015 for a family of three.

The number of slots at licensed child care centers and family child care homes for children 0-5 decreased from 42,548 in 2010 to 36,090 in 2014, a loss of over 6,000 slots. In 2010, there was enough capacity to provide care for 35% of the county’s 0-5 year olds; that figure dropped to 31% by 2014. However, the county still has slightly better capacity (31%) compared to the state (28%).

Figure 43. Capacity of Child Care System: Percent of 0-5 Year Olds Who Can Be Accommodated in a Licensed Child Care Center or Family Child Care Home



Source: California Resource and Referral Network Child Care Portfolios, 2015 Portfolio.

## Impact of First 5 Sacramento

### ***Policy Achievement:***

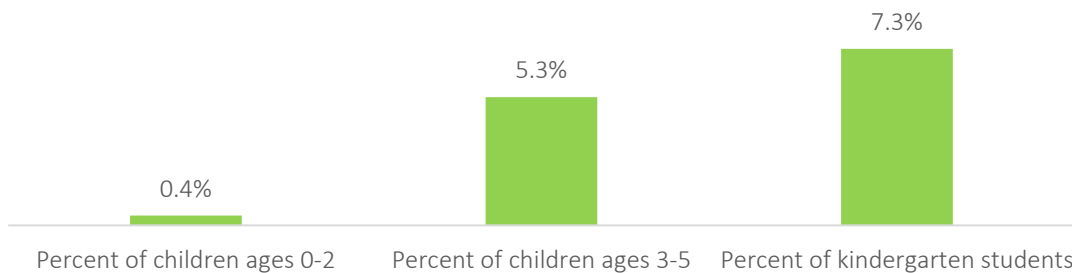
- ▶ The 2017 state budget included key provisions that will bolster early care and education for young children in CA. The budget spending plan carries out a promise to restore funding for early care and education opportunities and allocates new funding to support critical policy changes that provides access to early care and education services for more families.
- ▶ In addition to reaffirming the promise made last year for multi-year funding increases to expand child care opportunities and provider reimbursement rates, the Legislature proposed further investments expanding eligibility for state subsidized programs to account for increases to the minimum wage and ensuring that foster families have access to child care support. First 5 Commissioners and staff advocated for these changes throughout the entire budget process and are encouraged that these policy changes will advance the number of children in Sacramento who have access to quality early care and education.

# Result 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES

## Countywide Trends

The goal of developmental screenings and developmentally appropriate practices is to be able to identify and serve children who have developmental concerns. Not all special needs can be prevented or ameliorated, but early detection can ensure that children receive services earlier, and in some cases, prevent special needs from becoming more severe over time. There are currently no countywide data on the prevalence of early developmental concerns, but data on special needs services are available from the Department of Education. The chart below presents the percentage of the population receiving special education services, and the specific types of special education services provided, by age group. Speech and language needs, which are developmental issues that can be effectively addressed once identified, account for 60% of the special needs services.

**Figure 44. Prevalence of Special Education Enrollment, by Age Group**



Source: Special education enrollment taken from California Department of Education; Population estimate for children ages 0-2 and 3-5 taken from Kidsdata.org; Kindergarten population taken from California Department of Education.

**Figure 45. Number and Percentage of Children with Special Needs, by Age Group and Type**

	0	1	2	3	4	5	Total	Percentage
Speech or Language	0	*	22	430	649	828	1,929	60%
Autism	0	0	0	209	290	284	783	24%
Intellectual Disability	*	*	*	30	50	59	139	4%
Multiple Disability	*	20	22	14	15	23	94	3%
Other Health Impairment	*	*	*	28	30	39	97	3%
Hard of Hearing	18	13	18	*	*	14	63	2%
Orthop. Impairment	*	13	15	11	11	24	74	2%
Specific Learning Disability	0	0	0	*	0	14	14	0.4%
Deaf	*	*	*	*	11	*	11	0.3%
<b>Total</b>	<b>18</b>	<b>46</b>	<b>77</b>	<b>722</b>	<b>1,056</b>	<b>1,285</b>	<b>3,204</b>	<b>100%</b>

Source: California Department of Education. Note: There were not any children receiving special education services for the following disabilities: Visual Impairment, Emotional Disturbance, Deaf-Blindness, or Traumatic Brain Injury.

\* Denotes a value under 11.

# Impact of First 5 Sacramento

## PROJECT SOARS

First 5 began funding Project SOARS in 2013 as a way to identify vulnerable children that may have developmental delays and connect them to early intervention services.

Project SOARS provides free and voluntary services for children ages 0-5 who are or may be at risk for a developmental delay and/or disability, and their families. The target population includes children and families affected by or at risk for homelessness (including those in transitional housing) substance abuse, domestic violence, or foster placements. Services include home visits, developmental screenings, and referrals for early intervention and other comprehensive services. In FY 2016-17, Project SOARS served a total of 308 children and 252 parents.

Figure 46. RBA Dashboard — Project SOARS

		FY 16/17
<b>How much did we do?</b>	# of children served	308
	# of parents served	252
	<b>Screenings and Referrals</b>	
	# of developmental screenings: ASQ	282
	# of developmental screenings: ASQ-SE	254
	# of hearing screenings	60
	# of vision screenings	59
	# of referrals for assessments for developmental delays	58
	<b>Direct Family Support</b>	
	# of Family Action Plans	115
	# of home visits	786
	# of developmental bags distributed	131
	# of families who attended a WarmLine family gathering	85
<b>Outreach and Education</b>		
# of parents who participated in outreach/training session	61	
# of providers who participated in outreach/training session	49	
<b>How well did we do it?</b>	<b>Parent satisfaction with workshops</b> <i>(Scale: 1=strongly disagree to 5=strongly agree)</i>	(N=34)
	Did this topic address an important need?	4.80
	Did you gain new knowledge that will be useful to you?	4.73
	Will you be able to apply what you learned?	4.69
	<b>Parent satisfaction with screenings, family support services</b> <i>(Scale: 1=strongly disagree to 5=strongly agree)</i>	(N=56)
	Are you satisfied with the services provided by Project SOARS?	4.89
	Were the resources and services that you were given helpful?	4.86
Did the Project SOARS staff help you understand the importance of getting services for your child early in the first 5 years of life?	4.88	

		FY 16/17
	Did the Project SOARS staff help you learn about age appropriate development and signs of a possible developmental concern?	<b>4.86</b>
<b>Is anyone better off?</b>	<b>Developmental Delay Referral Follow-up</b> <sup>36</sup>	(N=48)
	# (%) of children with referrals who were assessed or had assessment in progress at end of FY <sup>37</sup> ( <i>among those with follow-up data, n=48</i> )	<b>48 (100%)</b>
	<b>Health Referral Follow-up</b> <sup>38</sup>	
	# (%) of children with medical/health assessment referrals who accessed services, or were in progress of accessing services, at end of FY	<b>N/A</b>
	# (%) of children with hearing referrals who accessed services, or were in progress of accessing services, at end of FY	<b>N/A</b>
	# (%) of children with vision referrals who accessed services, or were in progress of accessing services, at end of FY	<b>N/A</b>

Sources: FY 2016-17 Project SOARS Annual Evaluation report and FY 2016-17; Project SOARS individual-level service data in Persimmony.

The table below provides additional details on the outcomes of the 58 developmental delay referrals.

**Figure 47. Outcomes of Project SOARS Developmental Delay Referrals, FY 2016-17**

Developmental Delay Referrals	Cumulative 2016-17 Total	Yes, qualified or eligible for services	Yes, was assessed but did not qualify for services	Assessment forwarded to another agency	In progress	Parent moved, unable to contact for follow-up	Parent declined assessment or challenges prevented assessment follow-up
Alta	12	6	1	1	2	1	1
SCOE Infant Development Program	12	3	4		3	1	1
School District Special Education	34	13		1	14	3	3
<b>Total</b>	<b>58</b>	<b>22</b>	<b>5</b>	<b>2</b>	<b>19</b>	<b>5</b>	<b>5</b>

<sup>36</sup> Includes only those with follow up data.

<sup>37</sup> Includes two assessments forwarded to another agency, so outcome is unknown.

<sup>38</sup> Because fewer than half health referrals had follow-up information (10 out of 21), the indicators below are not reported.

## Summary

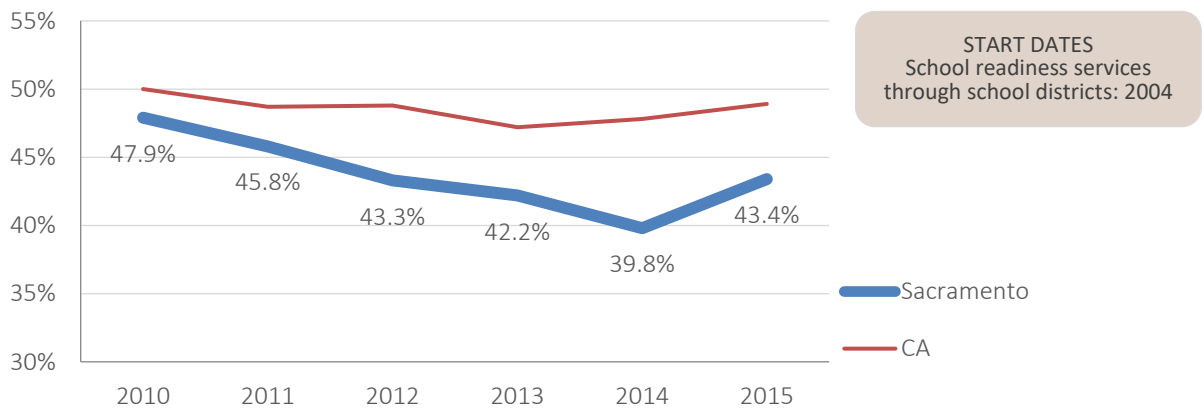
- ▶ **Project SOARS** served a total of 308 children and 252 parents through support, resources, and developmental screenings for children. This included 786 home visits, 536 developmental screenings, 119 hearing and vision screenings, and 115 family service plans. Parents reported high levels of satisfaction with the workshops and support services provided by Project SOARS.
- ▶ Project SOARS is one of the few First 5 programs that is able to follow up with participants to determine the outcome of referrals. Of the 48 children who received a referral for developmental concerns and whose parents were reached at follow up, all 48 children had been assessed or were in the process of being assessed for further services to address their developmental needs.

# Result 11: SCHOOL READINESS

## Countywide Trends

The percentage of 3- and 4-year-olds who are enrolled in preschool has decreased from 47.9% in 2010 to 43.4% in 2015, and was lower than the 2015 state average of 48.9%.

Figure 48. Percentage of Children 3-4 Years Old Enrolled in Preschool



Note: Estimated number of children 3-4 enrolled in preschool in Sacramento – 20,209 (2010); 18,317 (2011); 18,018 (2012); 18,329 (2013); 15,939 (2014); 16,801 (2015). Source: California Department of Education, DataQuest.

## Impact of First 5 Sacramento

In 2004, First 5 began funding nine school districts to provide services designed to promote school readiness, including preschool, playgroup services, parent education and kindergarten transitional camps. The Public Library and Crocker Art Museum were also funded to promote school readiness. These programs are presented below.

### SCHOOL DISTRICTS

Nine school districts are funded to provide a range of services to promote school readiness among children ages 0-5 and their families who live in targeted areas. There is also a focus on serving children and families with Child Protective Services involvement or disabilities/special needs, as well as dual language learners, migrant families, families in poverty, and/or other under-served populations. School readiness services include preschool slots, playgroups, a summer camp to help children transition to kindergarten, parent education and family literacy activities, and various screenings and referrals. Some districts also provide more intensive support to families through services such as case management and home visitation. In FY 2016-17, nine school districts received funding to provide services at 46 school readiness sites serving 5,347 children and 4,883 parents/caregivers.

Please visit the First 5 Sacramento website for a separate report on this initiative.

## PLAYGROUPS

First 5 Sacramento supports playgroups as a way to provide opportunities for parents of children ages 0-3 to connect with other parents while learning about age-appropriate expectations for their developing children, and learning skills around reading children’s cues. Children in playgroups are provided opportunities for social-emotional development and social interaction with other children. Drop-in playgroup sessions are available at least 1-2 days a week for 1-2 hours per day.

Figure 49. RBA Dashboard — School Readiness: Playgroups

		FY 16/17	
<b>How much did we do?</b>	<b># served</b>		
	Children (ages 0-3)	957	
	Parent or Other Adult	771	
<b>How well did we do it?</b>	<b>Attendance:</b>		
	Average # of sessions attended per child	17	
	% who attended more than one session	78%	
	% who attended more than ten sessions	43%	
<b>Is anyone better off?</b>	<b>% of parents connected to their community<sup>39</sup></b> <i>(Percent who agree/strongly agree, of those with pre &amp; post Family Information Form, n=139)</i>	<b>Pre</b>	<b>Post</b>
	I have others who will listen when I need to talk about my problems.*	84%	86%
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	73%	72%
	I know what program to contact in my community when I need advice on how to raise my child. ***	72%	76%

<sup>39</sup> Data available for only 18% of parents who participated, so results are not representative of all participants. Difference between pre and post is statistically significant at: ^p-value<0.10; \*p-value <0.05; \*\*p-value <0.01



## EARLY LEARNING EXPERIENCES

First 5 Sacramento supports preschool programs for children ages 3-5 years old in selected school and community sites. These programs are designed to introduce children to a fun learning environment that helps prepare them for kindergarten. Preschool programs are available for children ages 3-5. Programs operate 3 or more hours per day throughout the school year. Priority is given to children ages 4-5 without former preschool experience.

Figure 50. RBA Dashboard — School Readiness: Preschool

		FY 16/17
<b>How much did we do?</b>	# of preschool slots funded by First 5	408
	# of children who attended preschool via a First 5-funded slot <sup>40</sup>	653
<b>How well did we do it?</b>	Quality Rating & Improvement System (QRIS): % of sites with element score of 4 or 5 (on a scale of 1 to 5) <sup>41</sup>	
	Element 1: Child Observational Assessments	100%
	Element 2: Developmental and Health Screenings	56%
	Element 3: Qualifications for Lead Teacher/ Owner Education and Professional Development	95%
	Element 4: Classroom Assessment Scoring System (CLASS) score	58%
	Element 5: Ratios and Group Size	100%
	Element 6: Environmental Rating Scales (ERS)	15%
	Element 7: Director Qualifications	98%
	Attendance for preschool slots ( <i>n=653</i> )	
	% of children who attended at least 30 weeks	75%
% of children who attended an average of 4 or 5 times per week	56%	
<b>Is anyone better off?</b>	School Readiness ( <i>among those assessed, n= 91-97</i> )	
	% Ready: Overall Readiness	37%
	% Ready: Kindergarten Academics	44%
	% Ready: Self-Regulation	56%
	% Ready: Social Expression	58%

Source: School districts' FY 2016-17 individual-level service data in Persimmony; School Readiness Assessment 2017 data.

<sup>40</sup> This number includes only children who were enrolled for more than six weeks. There were an additional ## children enrolled for six weeks or less. Since some children attended for only part of the year, the total number of children served through these slots was higher than the number of slots. Attendance data are based on these 585 children.

<sup>41</sup> Of the 43 sites that receive First 5 funding, 41 are participating in QRIS.

## SCREENINGS AND REFERRALS

First 5 Sacramento provides children ages 0-5 with screenings and assessments related to child development, speech/language, vision, and hearing. Families are provided with referrals, follow-up services, and/or resources for any concerns identified.

Figure 51. RBA Dashboard — School Readiness: Screenings and Referrals

		FY 16/17
<b>How much did we do?</b>	<b># of children screened</b>	
	Developmental Screening	3,177
	Hearing Screening	2,953
	Speech/Language Screening	1,615
	Vision Screening	2,808
	<b># of referrals provided</b>	
	Developmental	122
	Hearing	43
	Speech/Language	154
	Vision	196
	<b>Age at Screening<sup>42</sup></b>	
% screened who were ages 0-3	42%	
% screened who were ages 4-5	58%	
<b>How well did we do it?</b>	<b>% screened who were referred to services</b>	
	Developmental Referral	4%
	Hearing Referral	2%
	Speech/Language Referral	10%
	Vision Referral	7%
<b>Is anyone better off?</b>	<i>% of children referred to services who accessed those services<sup>43</sup></i>	N/A

<sup>42</sup> 0-3 years old includes children who were 0 years to 3 years, 364 days when the screening was conducted.

<sup>43</sup> Would need additional data that is not currently being collected

## FAMILY SUPPORT AND ENGAGEMENT

Families with children ages 0-5 are encouraged to be involved in their child’s early learning and development. Families are supported in their efforts to ensure their child’s success in school and life through the provision of general information about schools, orientations, parent education classes and workshops, adult literacy, nutrition, health and dental insurance, and other supportive services.

Figure 52. RBA Dashboard — School Readiness: Family Support and Engagement

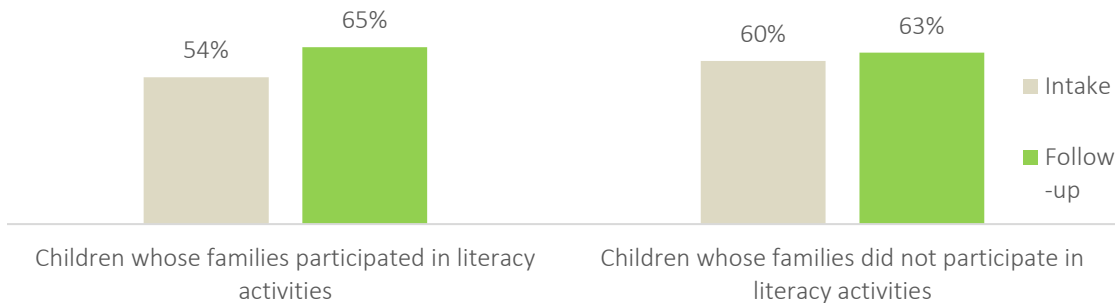
		FY 16/17	
<b>How much did we do?</b>	# of unduplicated adults served, by service		
	Family Literacy	2,591	
	Parent Education	1,886	
	Intensive Support (e.g. case management, home visits)	1,131	
	Average # of hours per person, by service		
	Family Literacy	1.6 hours	
	Parent Education	2.5 hours	
	Intensive Support (e.g. case management, home visits)	6.5 hours	
<b>How well did we do it?</b>	<i>Measure of satisfaction (only for some workshops)</i>	N/A	
<b>Is anyone better off?</b>		Pre	Post
	% of parents reading at least five times per week <i>(of those who participated in literacy activity and have both pre and post data; n=740)</i>	54%	65%
	% of parents who are connected and supported <sup>44</sup> <i>(Percent who agree or strongly agree, of those who have both pre and post data; n=1,088)</i>		
	I have others who will listen when I need to talk about my problems.	80%	82%
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment).	73%	74%
	I know what program to contact in my community when I need advice on how to raise my child.	72%	75%

<sup>44</sup> It is important to note that the number of adults with pre and post FIF data constitutes 36% of adults who received parenting education, intensives support, and/or family literacy services. The difference between pre and post is significant at p<0.01 for all three statements.

## Family Literacy

One component of school districts' school readiness services are family literacy activities. Data collected using the First 5 Sacramento Family Information Form during FY 2016-17 showed that among the 740 children whose family participated in a family literacy activity and for whom intake and follow-up data were available, there was an increase in the percentage of families who read at home to/with their child/ren at least five days per week. As shown in the figure below, 54% read at home at least five days per week at intake, while 65% read at home at least five days per week after participating in the family literacy activities, which was a statistically significant increase. In contrast, among the 787 children whose families did not participate in literacy activities the increase in the percentage reading at least five times per week was only 3 percentage points (60% to 63%), which was a much smaller increase and *not* statistically significant.

**Figure 53. Percentage of children whose families report reading at home at least five days per week**



Sources: Family Information Forms from FY 2016-17; School districts' FY 2016-17 individual-level service data in Persimmony. N=740 children whose families participated in literacy activities provided by the nine school districts, and N=787 children whose families did not participate in literacy activities. The increase from intake to follow-up was statistically significant for the group that participated in literacy activities, but was not significant for the group that did not participate in literacy activities.

## PARTICIPATION IN KINDERGARTEN TRANSITION ACTIVITIES

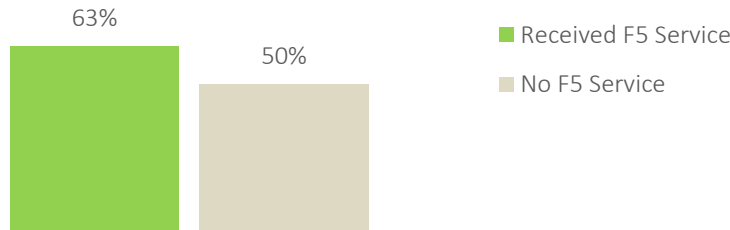
Transitional summer camps are typically 3-4 weeks in duration with a targeted minimum of 3-4 hours a day, for a total targeted minimum of 60 hours of program engagement. Transition activities also include workshops to orient parents to prepare for kindergarten entry.

**Figure 54. RBA Dashboard — School Readiness: Transitional Summer Camp**

		FY 16/17
<b>How much did we do?</b>	# of children served	660
<b>How well did we do it?</b>	% of children who completed at least 56 hours	67%
	% of children whose parents participated in transition orientation	62%
<b>Is anyone better off?</b>	<i>Increase readiness pre/post (compare before program and end of program)*</i>	N/A

Another indicator for this result is the percent of parents who reported engaging in at least four kindergarten transition activities (out of nine listed on the Parent Information Form). These activities include things like visiting the kindergarten school and meeting the kindergarten teacher. As shown in the figure below, the percent of parents who reported engaging in at least four kindergarten transition activities was significantly greater among those who received First 5 school readiness services compared to those who did not receive First 5 services.

**Figure 55. Percent of Parents Engaging in at least Four Transition Activities**

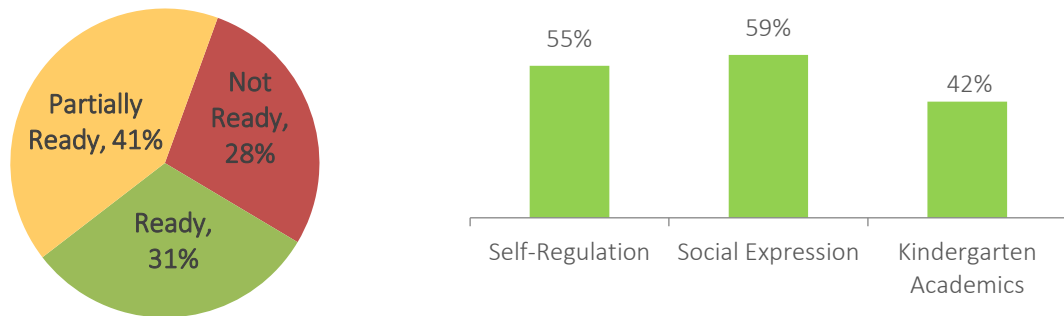


Source: Kindergarten Observation Form 2017, Parent Information Form 2017. N=1,084. Difference statistically significant,  $p < .001$ .

## READINESS FOR KINDERGARTEN

Students were identified as being ready for school using results of the Kindergarten Observation Form, administered in fall 2016. Students were assessed across three primary domains of readiness: *Social Expression*, *Self-Regulation*, and *Kindergarten Academics*. Overall readiness was determined based on the combination of readiness in each domain. Specifically, children who were classified as *Not Ready* in any of the three domains scored below an average of 3.25 in each of the three domains, and children who were proficient, or nearly proficient (average score of 3.25 or higher) in all three domains were considered *Ready*. *Partially Ready* indicates readiness in one or two domains. As shown in the figure below, 31% of all children assessed across the nine school districts<sup>45</sup> were *Ready*, and another 41% were *Partially Ready*. The percent *Ready* in each domain is also shown below, with the greatest percentage of students *Ready* in *Social Expression*.

**Figure 56. Percent of Children Ready across Domains and by Domain, Fall 2017**

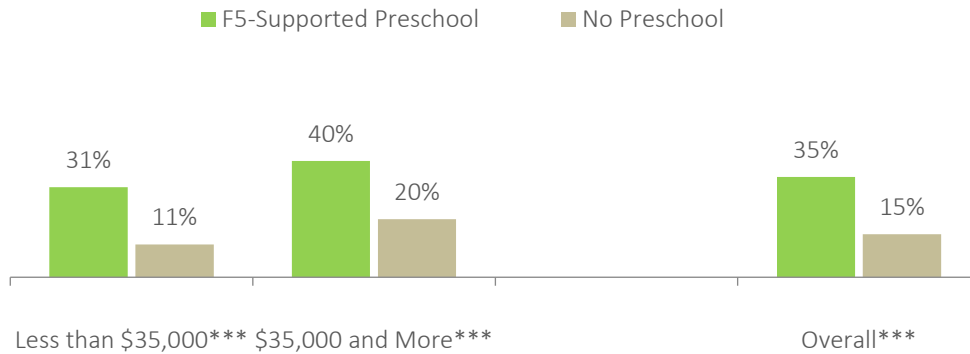


Source: Kindergarten Observation Form 2017. N=1,388-1,538.

<sup>45</sup> N=1,388, inclusive of students who have engaged in First 5-funded programs, as well as others.

Readiness levels of children who attended a First 5-supported preschool were compared to readiness levels of children who did not attend preschool. As shown below, those who attended a First 5 preschool were significantly more likely to be ready for school, regardless of their family’s annual income.

**Figure 57. Percent Fully Ready for School, By First 5 Supported Preschool Experience and Income**



Source: Kindergarten Observation Form 2017, Parent Information Form 2017, First 5 Records. Note: N=507. \*Statistically significant at p<.05; \*\*statistically significant at p<.01; \*\*\*statistically significant at p<.001. Adjusted for age, gender, special needs, and English Learner status.

## SACRAMENTO PUBLIC LIBRARY

The Sacramento Public Library provides services to families with children ages 0-5 who live at affordable housing complexes, with a focus on families with Child Protective Services involvement or disabilities/special needs, as well as those who are dual language learners, migrant families, living in poverty, or part of another under-served population. The library provides early literacy workshops to parents, as well as library services (like book-lending) at low-income apartment complexes through a bookmobile. In FY 2016-17, the Sacramento Public Library provided services to 475 families.

**Figure 58. Services Provided by the Sacramento Public Library, FY 2016-17**

Services	FY 2016-17
Provide early literacy story times	91 families
Distribute books to families completing early literacy workshops	351 books
Provide library services at housing sites using the bookmobile <sup>46</sup>	216 visits
Issue library cards to families living in housing sites.	96 families

Source: FY 2016-17 Library Quarterly Performance Reports in Persimmony.

During the fiscal year, 64 unduplicated families participated in the early literacy workshops. The Family Information Form was completed for 37 children, and reading frequency was reported for 34 children. Among these 34 children, 26 (76%) were reading at home at least five days per week at intake. Because of difficulties with retention for all four workshops, follow-up data were not available.

<sup>46</sup> The unduplicated number of families was counted beginning in June 2016, so data are available only for that month. During June, 44 unduplicated families were served.

Though it is a very small sample size, most participants (90%+ in most cases) feel more confident to help their children learn, plan to spend more time on activities with their children, and are more aware of the services offered by the library.

## CROCKER ART MUSEUM

Crocker Art Museum provides a range of activities to use art as a learning tool for children ages 0-5 and their families, parents and caregivers residing in Sacramento County, with a focus on families with Child Protective Services involvement or disabilities/special needs, as well as those who are dual language learners, migrant families, living in poverty, or part of another under-served population. Services include instructional guides about art education for parents of children ages 0-5; a museum tour and art education for preschool children; and Story Trail, a book/guide to guide children and parents through the museum.

Figure 59. Services Provided by Crocker Art Museum, FY 2016-17

Services	FY 2016-17
Distribute free museum passes to collaborating partners in targeted zip codes	13,000 passes
Distribute Tips for Tots instructional guide about art education to parents of children 0-5	1,593 guides
Provide museum tour and art workshop to children attending school readiness programs	249 children
Provide Story Trail for parents and children 0-5	530 parents and children
Provide Sunday Playday drop-in program	423 children/ adults
Provide Saturday Artful Tot and Baby Loves Art Sessions	1,036 children / adults

Source: FY 2016-17 Crocker Art Museum Quarterly Performance Reports in Persimmony.

As of June 2017, over 250 passes had been redeemed, including over 200 English passes and more than 50 Spanish passes.

## Summary

- ▶ **Nine school districts** received funding to provide services at 46 school readiness sites. These sites served 5,347 children and 4,883 parents/caregivers with programs such as preschool, playgroups, summer kindergarten transitional camps and transition activities, screenings and referrals, family literacy, and parent education, engagement and support. In FY 2016-17, 408 preschool slots were funded by First 5, serving 653 children in FY 2016-17, and 660 children attended a kindergarten transitional camp, and 3,177 children received developmental screenings.
- ▶ Results of the fall **2017 School Readiness Assessment** showed that nearly one-third of students assessed across the nine partner districts were ready for kindergarten, and as found in previous years, children who had attended a First 5-funded preschool slot were significantly more likely to be ready for kindergarten compared to those who had not attended preschool.

- ▶ The ***Sacramento Public Library*** provided early literacy workshops to 64 families, and distributed 351 books to these families. Ninety-six families living in apartment complexes were issued a library card.
- ▶ The ***Crocker Art Museum*** provided a museum tour and art workshop to 249 children attending school readiness programs, provided Story Trail for 530 parents and children, and distributed 1,593 Tips for Tots instructional guides about art education to parents of children 0-5. The museum also distributed 13,000 free museum passes to collaborating partners in targeted zip codes, representing a significant investment in encouraging families to expand children's learning through art.



# Result 12: CONNECTIONS TO COMMUNITY RESOURCES

---

## Countywide Trends

No countywide data are available for this result area.

## Impact of First 5 Sacramento

There are two programs specifically intended to link families to resources and increase community connectedness. It is important to note however, that many First 5 programs refer and link families to services. This section only describes the services and outcomes for 2-1-1 and the Community Connections Grants (CCG) program.

### 2-1-1

2-1-1 is a telephone line and website that families with children ages 0-5 can use to get information about available services in the county. In FY 2016-17, 2-1-1 helped a total of 12,013 callers.<sup>47</sup>

Figure 60. Services Provided by 2-1-1

Services	FY 2016-17
Help callers with children ages 0-5 find services and resources	12,013 calls
<b>Health Referrals Made</b>	
Hospitals/Clinics	170
Mother & Infant Care/Pediatrics	288
Dental, Eye, Speech & Hearing Referrals and Care	94
Health Education & Insurance Counseling	92
Immunization	52
Human Reproductive Services/Family Planning	11

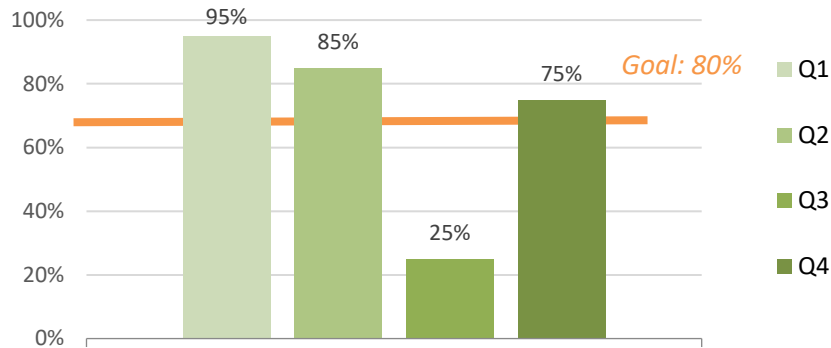
Source: FY 2016-17 2-1-1 Quarterly Performance Reports in Persimmony.

---

<sup>47</sup> It is important to note that because individual-level data about callers are not collected, it can be assumed that this is a duplicated number.

Regarding the quality of service provided, there is a goal that at least 80% of calls are answered within 120 seconds. This goal was exceeded in the first and second quarters of FY 2016-17, as shown in the figure below.

**Figure 61. Percent of 2-1-1 Calls Answered within 120 seconds, FY 2016-17**



Source: FY 2016-17 2-1-1 Quarterly Performance Reports in Persimmony. There was a high volume of call about taxes in Q3, which may have contributed to the lower rate.

As part of quality assurance, at least 2% of calls are followed up on via a phone call. The findings are below. Approximately half of those who were reached for follow up had not yet accessed the referred service. The primary reasons were that they had not tried to contact the agency, and the programs had waiting lists.

**Figure 62. Results of 2-1-1 Follow-Up Calls, FY 2016-17**

	Q1	Q2	Q3	Q4	Total
# of follow-ups attempted (% of I & R calls)	333 (10%)	400 (12%)	190 (9%)	243 (10%)	1166 (11%)
# of follow-ups completed (% of I & R calls)	110 (3%)	156 (5%)	82 (4%)	94 (4%)	442 (4%)
Had not received services	55%	60%	44%	37%	51%
Needed further assistance	35%	59%	31%	22%	40%
Information provided was accurate	94%	100%	100%	99%	98%
Would recommend to family/friends	99%	98%	100%	99%	98%

Source: FY 2016-17 2-1-1 Quarterly Performance Reports in Persimmony.

## COMMUNITY CONNECTIONS GRANTS

The Community Connections Grants are small grants of up to \$5,000 given to community members who facilitate a group with other parents/families in their community. The first set of groups began in February 2016, and met for 12-18 months. Foci, target population, location, and themes are all unique to each group.

### **Attendance**

The number of parents who attended at least one session of a group ranged from 7 to 112, with most in the range of 25-40. The average attendance at each session ranged from two parents to 21 parents. Within each group, most participants attended fewer than half of all sessions. It is also important to note that each group varied in frequency of meetings. While some are held monthly, others met weekly or biweekly.

It appears that each group had a relatively small core set of parents who attended regularly. Among the five groups with data, the percentage of parents who attended at least half of the sessions was around 20%. The exception was the Vietnamese Young Mothers Group, in which 26 of 29 participants (74%) attended at least half of the group's meetings. However, this group only had a total of seven meetings.

**Figure 63. Community Connections Group Attendance, FY 2016-17**

Group	Total # of sessions *	Average attendance at each session (parents)	Total # of parents who attended at least one session**	Average # of sessions attended	# (%) attended only 1-2 sessions	# (%) attended at least half of sessions
Aprendiendo Ingles	32	9	37	8	15 (41%)	9 (24%)
Happy and Healthy Tots	12	7	26	4	11 (42%)	6 (23%)
Healthy Fathers	20	2	7	6	1 (14%)	1 (14%)
Super Mamas	23	15	112	3	78 (70%)	7 (6%)
Vietnamese Young Mothers	7	21	35	4	9 (26%)	26 (74%)
Portal Call^	29	6	34	N/A	N/A	N/A
Keeping Culture Alive^^	N/A	N/A	N/A	N/A	N/A	N/A
Sacramento Signing Families^^	N/A	N/A	N/A	N/A	N/A	N/A

\*Number of sessions for which a sign-in sheet was provided.

\*\*According to sign-in sheets

^ Although the total number attended was indicated on the sign-in sheets, most weeks did not have all parents listed so it was not possible to determine who attended.

^^ No sign-in sheet available.

### ***Leaders Closure Survey***

According to leaders of the Community Connections Groups, the primary benefits for participants were social connections and resource linkages. When asked about positive outcomes among their group members, the most common benefits identified were that parents made new friends, children made new friends, and parents were connected to community resources. To a lesser extent, leaders also reported that parents learned new skills/ information to be a better parent, and children learned new skills to help them be ready for kindergarten.

When asked about difficulties, recruiting group members was identified as one of the most challenging aspects, with two groups reporting that it was very difficult. A third of respondents found it difficult to engage group members in participating and helping out, recruitment and outreach, and coming up with creative activity ideas. One respondent commented, "My goal was to get more members of the community to come and share. People were reluctant to share."

Most groups received multiple forms of support from their sponsoring agency, with use of office equipment being the most common form of support. Most groups also received help with outreach, free meeting space, and assistance connecting to other resources. Only one group received personnel support to help on group meeting days.

### ***Parent Closure Survey***

Consistent with group leader responses, the 57 parents who completed the Parent Closure Survey indicated that the most common benefits to participation were making new friends (88% of parents said this was a top benefit) and learning about different resources for their family (88%). Sixty percent reported that a top benefit was that their child learned new skills to help them to be ready for kindergarten.

All but one parent reported that they planned to stay in touch with other members after the group ended, with the most common method being social media (54%). Nearly half (46%) said they planned to continue meeting as a group, and 31% said they would have play dates.

### ***Parent Phone Interviews***

A total of 28 phone interviews were conducted with parents 3-6 months after their group ended. Parents interviewed participated in three groups: Super Mamas, Vietnamese Young Mothers, and Aprendiendo Ingles.

Parents described many of the same benefits of participation that were identified in the Leader and Parent Closure Surveys, specifically making social connections and learning about resources. In addition to making new friends, parents explained that they appreciated the opportunity to share information and discuss their experiences with parents who were in similar situations. Participants also described ways in which they feel more connected to their community. Many described feeling less isolated and having a better sense of what is going on in the community. They feel more empowered to volunteer and to ask for information when needed.

When asked about how much parents are still in touch with other members in their group, many talked about how they say hi when they see them around the setting where the group was held (e.g.

FRC, church, school) and at other programs they participate in. They let each other know about activities in the community. Some keep in touch via phone/text and have gotten together in person.

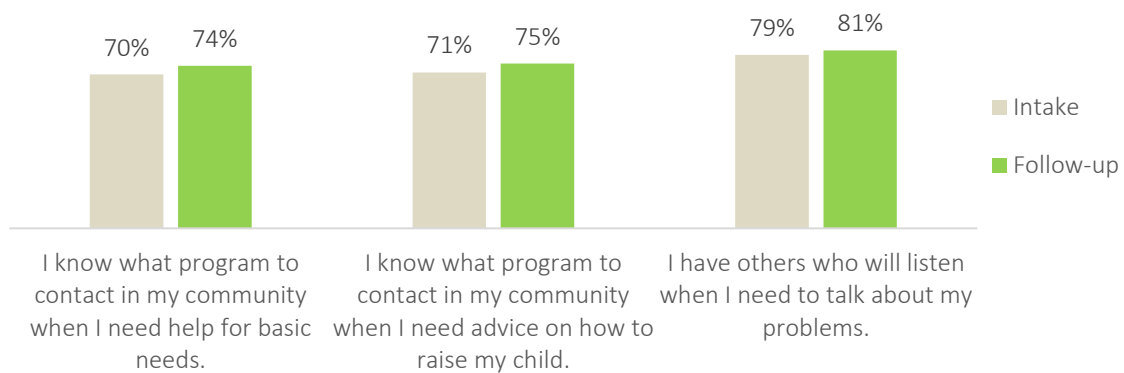
Some parents reported that they are now involved in other activities as a result of the group, such as other parenting groups, play groups, a home visiting program, social skills support for children with special needs, and exercise classes.

Parents provided some recommendations for improving the program, with one of the most common ideas being increasing awareness and more advertising about the groups. Some had suggestions about group activities and meeting structure, such as having more academic activities for children, making activities more interactive, and allowing more opportunities for parents to talk to each other (which would mean having more activities children could do on their own).

### FINDINGS ACROSS MULTIPLE PROGRAMS

Among 1,686 parents who received First 5 services and completed a Family Information Form at both intake and follow-up three to six months later in FY 2016-17, social support and resource knowledge increased. (The analysis also includes some participants who completed the intake in FY 2015-16 and the follow-up in FY 2016-17.) The figure below shows the percentage of respondents who agreed or strongly agreed with each statement. Even though these indicators started off fairly high, they still had significant increases by follow-up. Most respondents represented in these findings participated in School Readiness programs through the nine school districts, and some participated in Birth and Beyond, the Cultural Broker program, or Project SOARS. It is important to note that the percentage of Birth and Beyond participants (~10%) is smaller than in FY 2015-16. Because Birth and Beyond is one of the First 5-funded programs that focuses most on social support and resource linkages, this change in composition may be contributing to the somewhat smaller increases compared to FY 2015-16.

Figure 64. **Changes in Parent Attitudes Related to Support and Connectedness**



Source: Family Information Forms completed in FY 2016-17. (Includes some individuals who completed the intake in FY 15-16 and the follow-up in 2016-17) N=1,673-1,686 individuals with both intake and follow-up data. All increases are statistically significant at  $p < 0.001$ .

## Summary

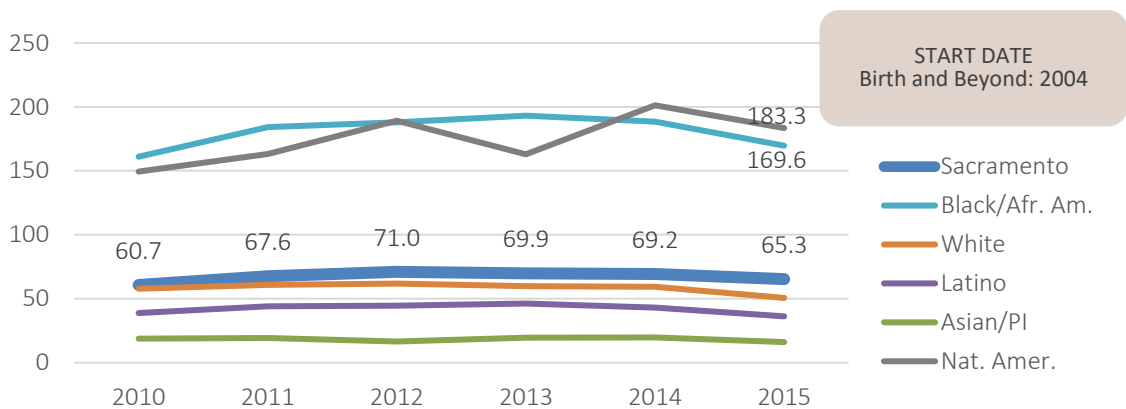
- ▶ In FY 2016-17, **2-1-1** responded to 12,013 calls from parents of children ages 0-5 years old, and made 707 health-related referrals. With the exception of the second quarter, when there were many calls related to taxes, the goal of answering at least 80% of calls within 120 seconds was exceeded or nearly met. In addition, 2-1-1 made follow up calls to 442 clients, or 4% of the 12,013 callers, which exceeds their target of 2%. Among the 442 clients reached, 49% had received services, but 40% had not, most often because the caller had not followed up on the referral or the program had a waiting list. Nearly all (98%) reported that they would recommend 2-1-1 to family and friends.
- ▶ Eight **Community Connections Groups** met for approximately one year in 2016-2017. A total of 112 individuals attended at least one session of a group over the program year. Leaders and participants discussed many benefits of the groups, with some of the top ones being increased social connections and resource linkages. Many of the parents who participated in follow-up phone interviews said they are still in casual contact with other group members, and some keep in touch via phone or in-person get-togethers. Some parents also reported that they are now involved in other community activities as a result of the group. Retention appears to be the biggest challenge of the CCG program. While the total number of parents who attended at least one session was around 25-40 for most groups, fewer parents (usually less than 10 per group) attended at least half of their group's sessions.
- ▶ As in FY 2015-16, across all the First 5 programs where the Family Information Form (FIF) is used, there were statistically significant increases for all **social support and resource linkage** questions. The increases were slightly smaller than in FY 2015-16, but that may be due to a smaller percentage of individuals with intake and follow-up data who participated in Birth and Beyond (one of the First 5 programs most focused on these outcomes).

# Result 13: EFFECTIVE PARENTING

## Countywide Trends

Across Sacramento County, the rate of child abuse allegations per 1,000 children ages 0-5 worsened from 60.7 in 2010 to 65.3 in 2015. There has also been an increase among African American and Native American children over that time. The county's rate (65.3) exceeds the state rate (56.3) overall, as do African Americans (169.6) and Native Americans (183.3). In terms of magnitude, the percentage of children ages 0-5 who experience an allegation is 6%, but is as high as 16% for some subgroups (African American, Multi-ethnic, and Native American). However, maltreatment allegations have been decreasing recently amongst all groups after a peak following the Great Recession, a trend seen across the state.

Figure 65. Child Abuse Allegations per 1,000 Children Ages 0-5, by Race/Ethnicity



Note: Number of child abuse allegations in Sacramento – 6,193 (2010); 6,905 (2011); 7,228 (2012); 7,060 (2013); 6,967 (2014); 6,519 (2015), 7581 (2016). Source: California Child Welfare Indicators Project.

## Impact of First 5 Sacramento

### BIRTH AND BEYOND

First 5 began funding the Birth and Beyond Family Resource Centers (FRCs) in 2004 to promote effective parenting. Birth and Beyond FRCs provide family support services to pregnant women, children ages 0-5 and their families/caregivers. Specific services included parent education classes, home visitation, and crisis intervention when needed. In FY 2016-17, a total of 2,132 children and 4,385 parents/caregivers received one or more Birth and Beyond services.

Please visit the First 5 Sacramento website for a separate report on this initiative.

## Family Resource Center — Enhanced Core

Activities in the Enhanced Core service category include workshops/classes, referrals, peer support groups, Medi-Cal applicant assistance, infant safe sleep classes<sup>48</sup> and community events (e.g., movie nights, health fairs and/or festivals)

Figure 66. RBA Dashboard — Birth & Beyond: FRC Enhanced Core

		FY 16/17
<b>How much did we do?</b>	Total # of duplicated Enhanced Core Services	31,985
	# of duplicated Play Care Services provided <sup>49</sup>	8,205
	# of duplicated families who received health insurance application assistance	244
	# of unduplicated parents who participated in non-EPI classes/workshops <sup>50</sup>	2,192
	Child development	293
	Life Skills	198
	Car Seat Safety (workshop)	1,441
	Car seat safety demonstration referrals <sup>51</sup>	1,383
	Stress Reduction	295
	Other Classes	355
	Peer Support	160
	# of unduplicated referrals made	
	Crisis Nursery	1,081
	Health Insurance referrals for home visitation families (CTK)	710
	Lactation Support (WIC)	201
Nurturing Parenting Program (NPP)	1,265	
Car Seat Safety	1,383	
<b>How well did we do it?</b>	% of families who attended more than one workshop <sup>52</sup>	
	Child development	44%
	Life skills	44%
	Stress Reduction	69%
	Average # of workshops attended in fiscal year (among those who attended each type of workshop) <sup>53</sup>	
	Child Development	4
	Life Skills	4
Stress Reduction	10	
<b>Is anyone better off?</b>	% of parents referred to NPP program who then began the program.	N/a

<sup>48</sup> Separate dashboard for Infant Safe Sleep

<sup>49</sup> Includes children whose parents were attending Parent Education workshops and/or participating in enhanced core services.

<sup>50</sup> EPI: effective parenting intervention. Non-EPI classes/workshops are classes/workshops are often one-time or only a few sessions and do not follow a prescribed evidence-based curricula. (This is in contrast to EPI interventions such as Nurturing Parenting Program and Make Parenting a Pleasure.)

<sup>51</sup> Only unduplicated per quarter (not year)

<sup>52</sup> Workshops have a drop-in structure, so there is no expected number of workshops a parent would attend.

<sup>53</sup> For example, among parents who attended at least one child development workshop, the average number of child development workshops attended was four.



## PARENT EDUCATION

Parent education classes are group-based classes at Family Resource Centers. Play care services are provided during class time and transportation services are available to support parent attendance. Classes include:

- Nurturing Parenting Program (NPP)
  - Prenatal (18 hours)
  - Infant & Toddler (32 hours)
  - Fathers (26 hours)
  - School-age (30 hours)
- Making Parenting a Pleasure (MPP): 26 hours
- Dare to be You (DTBY): 20 hours

Findings are as presented below.

Figure 67. RBA Dashboard — Birth & Beyond: Parent Education

		FY 16/17
<b>How much did we do?</b>	# of workshops provided (total)	179
	# of unduplicated parents who attended parenting workshops <sup>54</sup>	742
	Make Parenting a Pleasure	394
	Dare to be You	5
	Nurturing Parenting Program	391
	# of other services	
	# of duplicated Play Care Services provided <sup>55</sup>	8,205
	# of one-way transportation services provided <sup>56</sup>	8,234
<b>How well did we do it?</b>	% who completed at least 80% of classes	44%
	Make Parenting a Pleasure	43%
	Dare to be You	21%
	NPP Prenatal	53%
	NPP Infant & Toddler	49%
	NPP Fathers	35%
	NPP School-age	32%
<b>Is anyone better off?</b>	Increased level of parenting knowledge and skills	
	Any improvement in knowledge/skills	95%
	Significant improvement in knowledge/skills <sup>57</sup>	75%
	% of families who agree or strongly agree that they have confidence in their ability to parent and take care of their children (Pre/Post) <sup>58</sup>	84% / 91%

<sup>54</sup> Dare to Be You, Make Parenting a Pleasure, and the Nurturing Parenting Program are all parenting programs.

<sup>55</sup> Includes children whose parents were attending Parent Education workshops and/or participating in enhanced core services.

<sup>56</sup> Includes parents, children, bus passes and other.

<sup>57</sup> Greater than 20% improvement in parenting knowledge and skills (from Performance Report in Persimmony).

<sup>58</sup> N=32, which is a very small sample size (<10% of families who participated in parent education), so results are not representative of all families.

## HOME VISITATION

The Nurturing Parenting Program is a home visitation service provided at least once per week, with a minimum of two months of visitation services. Participants are screened using the Adult Adolescent Parenting Inventory (AAPI) and referrals to prevention (16 lessons), intervention (24 lessons), or treatment (55 lessons) are made, as necessary. Joint visits are conducted with CPS staff, school readiness liaisons and/or health educators as needed.

Figure 68. RBA Dashboard — Birth & Beyond: Home Visitation Services

		FY 16/17	
<b>How much did we do?</b>	# of unduplicated families served (NPP)	1,444	
	# of unduplicated families who developed a Family Nurturing Plan (in FY) <sup>59</sup>	744	
	# of total Nurturing Parenting Program lessons	31,808	
	# of unduplicated families who received joint visits		
	CPS	197	
	Health Educator	296	
	School Readiness Liaison	559	
<b>How well did we do it?</b>	Hours of service at case closure (n=1,371 closed cases)		
	#/% with at least 8 hours of service	892 (65%)	
	#/% with least 25 hours of service	425 (31%)	
	Completed program at closure	466 (34%)	
<b>Is anyone better off?</b>	% of parents who are connected and supported <sup>60</sup> (Percent who agree or strongly agree at pre/post; n=176)	Pre	Post
	I have people who provide me with support when I need it.	71%	89%
	I have others who will listen when I need to talk about my problems.	71%	86%
	When I am worried about my child, I have someone to talk to.	75%	91%
	I know what program to contact in my community when I need help for basic needs (e.g. housing, food, employment).	63%	81%
	I know what program to contact in my community when I need advice on how to raise my child.	74%	88%
	I have confidence in my ability to parent and take care of my children.	87%	94%
	Improved parenting (Adult Adolescent Parenting Inventory) <sup>61</sup> (2015-16)	Pre	Post
	Treatment Group (High risk, n= 68)	4.3	5.5
	Intervention Group (Moderate risk, n=196 )	5.7	6.7
	Prevention Group (Low risk, n= 139)	6.5	7.2
	CPS Involvement (n=300 families)		

<sup>59</sup> It is important to note that since families could have begun NPP lessons in the previous fiscal year, this number does not represent all families who had a Family Nurturing Plan.

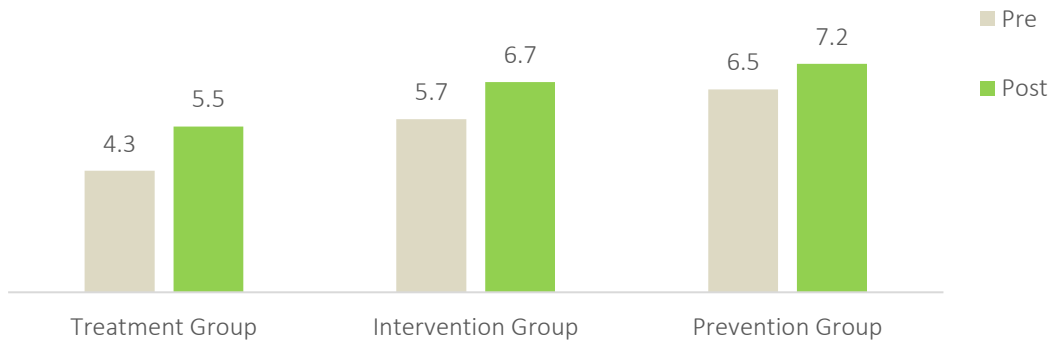
<sup>60</sup> Difference between pre and post is significant at  $p < 0.05$  for all 6 statements on the FIF. It is important to note that these scores were available for only 14% of families who received NPP lessons, and therefore may not be representative of all NPP participants.

<sup>61</sup> The AAPI is scored on a scale of 1 (high risk) to 10 (low risk). It includes five domains: Expectations of Children, Parental Empathy towards Children's Needs, Use of Corporal Punishment, Parent-Child Role, and Children's Power.

		FY 16/17
	Prior substantiated referral before participating in HV	<b>33%</b> (330 / 1,000)
	Any involvement (referral) up to one year post enrollment	<b>14%</b> (140 / 1,000)
	Substantiated referral	<b>3%</b> (30 / 1,000)
	Inconclusive and unfounded referrals	<b>11%</b> (110 / 1,000)

Among parents who participated in Birth and Beyond home visitation services, there were improvements in Adult-Adolescent Parenting Inventory (AAPI) scores from pre to post in each intervention group. AAPI scores are on a 10-point system: 1 is high risk and 10 is low risk. Average scores were shown in the figure below and movement from higher to lower risk is observed for each of the three groups of clients who received home visits through Birth and Beyond.

**Figure 69. Changes in AAPI Scores for Birth and Beyond Home Visitation Clients, 2015-16**



Source: Data provided by LPC based on results of AAPI scores. N=68 for Treatment group, N=192 for Intervention group, N=133 for Prevention group. The difference between pre and post scores is statistically significant ( $p < 0.001$ ) for all groups. Data for 2016-17 not yet available.

## CRISIS INTERVENTION SERVICES

These services include intake and case management with an assessment tool based on the Family Development Matrix (FDM) outcomes model,<sup>62</sup> and referrals to and tours of Family Resource Centers and the Crisis Nursery are made, as appropriate.

Figure 70. RBA Dashboard — Birth & Beyond: Crisis Intervention Services

		FY 16/17	
<b>How much did we do?</b>	# of unduplicated families with Crisis Intervention Service Record (CISR)	2,066	
	# of unduplicated CIS families with pre-assessment	1,837	
	# of unduplicated CIS families with post-assessment	1,633	
	# of unduplicated CIS families with a referral/linkage	1,999	
<b>How well did we do it?</b>	% of unduplicated CIS families with FDM pre-assessment (of those with a CISR)	87%	
	% of unduplicated CIS families with at least one Crisis Intervention Case Management Program (CICMP) referral/linkage	95%	
	# of unduplicated families who also participated in other FRC Services (of those with a CISR)	970	
	Car Seat Safety	370	
	Enhanced Core: Child Development	55	
	Enhanced Core: Life Skills	75	
	Enhanced Core: Peer Support	26	
	Home Visit	508	
	Parent Education – MPAP	103	
	Parent Education – NPP	93	
Stress Reduction Ed Activity	65		
<b>Is anyone better off?</b>	Changes in Stress and Support <sup>63</sup>	Pre	Post
	Level of stress	3.3	2.1
	Level of support from friends/family/community	2.3	3.1
	Knowledge about places to get help/ information	2.2	3.1

<sup>62</sup> Uses 6 of the 23 FDM questions.

<sup>63</sup> Source: Family Development Matrix. All outcomes on a scale of 1 to 5: 1=none, 3=some, 5= a lot. Changes from pre to post were statistically significant for all three outcomes shown.

## Summary

- ▶ **Birth and Beyond Family Resource Centers (FRCs)** provide family support services to pregnant women, children ages 0-5 and their families/caregivers. Specific services included parent education classes, home visitation, and crisis intervention when needed. In FY 2016-17, a total of 2,132 children and 4,385 parents/caregivers received one or more Birth and Beyond services during the year. A good proportion of clients are returning clients from previous years.
- ▶ The Family Resource Centers offered **parent education** classes to 742 parents, such as Nurturing Parenting Program (NPP), Making Parenting a Pleasure, and Dare To Be You. In FY 2016-17, 95% of parents demonstrated improvements in knowledge and/or skills upon completing the class, and the changes that 75% of parents experienced were statistically significant. On a subsample of NPP participants for whom Family Information Form data were available, the percentage of families who agreed or strongly agreed that they *had confidence in their ability to parent and take care of their children* increased from 84% at intake to 91% at follow up, a statistically significant increase.
- ▶ Parents also engaged in Nurturing Parenting Program **Home Visitation** Services offered by the FRCs. Of the 1,444 parents who were served in FY 2016-17, 559 were visited by both a school readiness liaison and their NPP home visitor, and 197 were visited by their CPS workers as well as their home visitor. This collaboration helps promote synergy and consistent messaging with parents. As with those receiving parent education, those receiving home visiting showed statistically significant improvements on all six items on the Family Information Form related to greater social connections and parental efficacy. Furthermore, parents at all three tiers of service (prevention, intervention, treatment) showed statistically significant improvements in the Adolescent and Adult Parenting Inventory (AAPI), a tool that measures parents' risk for child maltreatment.

Finally, 300 of the home visitation clients program had prior CPS involvement, and 33% of those had a prior substantiated referral. In the year following enrollment in the program, only 3% of cases had a new substantiated referral, as compared to the countywide average of 9% for children 0-5.<sup>64</sup>

- ▶ Families with significant resource needs engaged in **Crisis Intervention Services**; 2,066 families received such services in FY 2016-17. Pre- and post-tests of Crisis Intervention Services clients indicated an increase in parents' knowledge about where to get help and information, as well as an increase in parents' perception of the level of support they have among their family, friends, or in their community.

In addition to parent education, the Family Resource Centers also offered 31,985 **Enhanced Core** service contacts to 2,192 parents in areas such as life skills, child safety, and child development.

---

<sup>64</sup> Retrieved from UC Berkeley, January 2018. [http://cssr.berkeley.edu/ucb\\_childwelfare/RecurAlleg.aspx](http://cssr.berkeley.edu/ucb_childwelfare/RecurAlleg.aspx)

# Result 14: ACCESS TO SAFE/EMERGENCY CHILD CARE

## Countywide Trends

No countywide trend data are available specifically related to safe/emergency child care.

## Impact of First 5 Sacramento

### CRISIS NURSERY

The Sacramento Crisis Nursery has two locations (one in North Sacramento and the other in South Sacramento) at which parents may drop off their children for emergency child care and 24-hour overnight care. The Crisis Nursery serves the highest-risk children and families who, at the time of stay, are experiencing one or more of the following: homelessness, lack of employment, mental health and other emergency medical needs, or parental distress. Case management, referrals to community services, and assistance with medical and mental health services are provided to help families stabilize their situation. In FY 2016-17, a total 332 families received services from Sacramento Crisis Nursery.

Figure 71. RBA Dashboard — Crisis Nursery

		FY 16/17
<b>How much did we do?</b>	Child Care	
	# of unduplicated children who received respite care <sup>65</sup>	504
	# of unduplicated families	332
	# of emergency child care (ECC) stays	2,500
	# of overnight stays	1,290
	% of ECC stays that were one day	55%
	% of ECC stays that were five or more days	9%
	% of overnight stays that were one night	52%
	% of overnight stays that were five or more nights <sup>66</sup>	12%
	Other Support	
	# of trips for which transportation was provided	692
	# of families who completed a case management plan	328
	# of families who received case management services	251
	# of referrals made <sup>67</sup>	712
	Family Resource Center Services	100
Child care/Preschool	116	
Housing	76	

<sup>65</sup> Respite care consists of both types of care: emergency child care and overnight care.

<sup>66</sup> Many of the families who had overnight stays longer than five nights were homeless.

<sup>67</sup> The most common reasons parents used the Crisis Nursery were: Employment, Housing/Homelessness, Other Emergency, Medical, Parental Distress, Mental Health.

		FY 16/17
	Other <sup>68</sup>	346
<b>How well did we do it?</b>	% of stays resulting from a formal agency referral to the Crisis Nursery (of those which did not have a previous referral)	5%
	% of families who completed a case management plan	99%
	% of families who received case management services	76%
	Client Satisfaction (% who strongly agreed/agreed)	
	Crisis Nursery services kept children safe	99%
	Children were well cared for, and service met client's needs	99%
	Client is better able to solve crisis situations (client self-report)	89%
<b>Is anyone better off?</b>	% of parents with reduced stress from intake to exit <sup>69</sup>	66%
	% of families who had only one or two stays during fiscal year	46%
	CPS involvement <sup>70</sup>	N/A

Sources: FY 2016-17 Crisis Nursery Quarterly Performance Reports in Persimmony; FY 2016-17 Crisis Nursery individual-level service data in Persimmony.

Parents who use Crisis Nursery services report their level of stress at intake and at exit, and findings indicated that nearly two-thirds (66%) of parents reduced their stress level between entry and exit. Parents also complete a survey to report their satisfaction with Crisis Nursery services. Nearly all clients agreed or strongly agreed with the following statements: *Crisis Nursery services kept children safe* and *Children were well cared for, and service met my needs*. On the same tool, 89% of respondents agreed or strongly agreed that they are better able to solve crisis situations.

Also of interest is the extent to which families use Crisis Nursery services multiple times. In FY 2016-17, 54 percent had more than two stays during the fiscal year.

## Summary

- ▶ In FY 2016-17, 504 children in 332 families received services from Sacramento Crisis Nursery. There were 2,500 emergency child care stays and 1,290 overnight stays. About half of the overnight stays were for one night, but 12% were for five or more nights.
- ▶ Among Crisis Nursery parents who reported their stress level at intake and exit, 66% had a reduced stress level. Eighty-nine percent of parents agreed or strongly agreed that they were *better able to solve crisis situations* after receiving Crisis Nursery services. Nearly all parents agreed or strongly agreed with the following statements: *Crisis Nursery services kept children safe*; *Children were well cared for*; and *The service met my needs*.

<sup>68</sup> Other includes services such as: employment, food resources, child and adult mental health services, and 2-1-1.

<sup>69</sup> Based on parents' self-reported stress level at intake and exit.

<sup>70</sup> In the process of building consent into intake process.

# Result 15: CHILDHOOD INJURIES AND DEATH

---

## Countywide Trends

See trends for child abuse in Result 13 above.

## Impact of First 5 Sacramento

Crisis Nursery and Birth and Beyond provide services intended to prevent childhood injuries and death. Please see descriptions and data for these two programs in Results 13 and 14 above.



# Communications Strategies and Results

---

## Fiscal Year 2016-17

Communications, Policy, and Advocacy efforts continue to enhance and expand the brand of First 5 Sacramento in the community by highlighting programs through multi-media, marketing, and outreach.

- ▶ **Policy** -The Commission approved its first Policy Platform and Policy and Advocacy Protocol that will allow staff to engage in timely strategic policy and advocacy efforts related to First 5 Sacramento objectives.
- ▶ **Advocacy** - *Putting Kids First: A First 5 Sacramento Convening*, was a groundbreaking event that gathered state, local, and community leaders to discuss how to ‘preserve and protect’ children’s services. A panel of state legislators and experts on young children’s issues discussed **the most vital concerns facing children and families in our community, some of the work underway to resolve those challenges, and opportunities to achieve positive change.**
- ▶ **Social Media** – User-based platforms such as Facebook, Twitter, Pinterest, Instagram, and YouTube continue to grow in popularity, and target families with young children. Social Media, paid and boosted ads, and participating in Twitter Chats were powerful tools for broadening our audience and increasing engagement, especially when focusing on timely issues or promoting contractor events. Combined followers across all platforms exceed 17,500.
- ▶ **Digital advertising** - A 10 month web awareness campaign with rotating parent awareness ads used a three-pronged approach (retargeting, contextual and search). Total impressions for the fiscal year were 1,173,617 generating 3,211 new visitors to [www.first5sacramento.net](http://www.first5sacramento.net) and 2,697 visitors to [www.first5sacramento.org](http://www.first5sacramento.org) with an average click through rate of 0.27% (over 5 times industry standard).
- ▶ **Multi Media** - A three month multi-media campaign called ‘Real Moments’ targeted parents to spend quality time with their child. To build on the momentum of the first year of this campaign, *Seize the Moment* was the slogan used on radio spots, digital ads, streaming ads, and pre-roll that generated almost 2 million impressions.
- ▶ **Outdoor** - A three-month outdoor campaign featuring the nationally-recognized *Sugar Bites* ads created by First 5 Contra Costa targeted high-needs areas throughout Sacramento County with convenient store ads, bus transit shelters, and laundromats. The campaign generated nearly 13 million impressions and included an added valued of window clings placed on the sliding glass doors for sugary beverages at convenient store.

# Evaluation Success and Next Steps

---

Important progress was made in FY 2016-17 related to data collection and evaluation, including: development of Results Based Accountability (RBA) dashboards for key strategies; continued improvements in the quality of service data in Persimmony; a multi-year analysis of Child Actions' environmental assessment data; availability of individual-level data for Smile Keepers; identification of First 5 clients in WIC breastfeeding data, and Sacramento County Office of Education providing element-level QRIS data for preschool sites. Additional data collection and analysis efforts are in progress, or planned, that will make the data even more informative in future fiscal years:

- ▶ **Refinement of RBA dashboards:** The RBA dashboards in this report reflect multiple rounds of revisions, and input from a variety of people, including First 5 staff and providers. These dashboards will continue to be reviewed and revised to ensure they reflect the most important elements and outcomes for each strategy. The dashboards will also be updated to reflect new contracts for the FY19-FY21 funding period.
- ▶ **Ongoing efforts to ensure high quality service data:** Ongoing efforts are in place to ensure the service data entered into Persimmony are accurate and address the indicators in the RBA dashboards.
- ▶ **Multi-year studies:** Two studies are planned to better understand the impact of services on school readiness and related outcomes. First a multi-year analysis of playgroup participation will be conducted to understand how these impact school readiness, home learning activities, and other outcomes tracked in the school readiness assessment. The same type of multi-year analysis will also be conducted for children and families who participated in transitional summer camps to help prepare them for kindergarten.
- ▶ **Identification and implementation of additional outcome measures:** Through the process of developing RBA dashboards, it became apparent that additional outcome data are needed for some strategies to better measure impact.
  - Specifically, a pre/post measure will be developed for playgroups and parent education in order to track changes in parents' knowledge, attitudes, and behaviors.
  - There is also interest in more outcome data for transitional summer camps. Although some districts already administer this type of assessment, there is a need to further analyze these data and possibly collect additional data.
  - Find ways to track child welfare outcomes for Crisis Nursery clients.