

EARLY CARE AND DEVELOPMENT PRIORITY / EFFECTIVE PARENTING

R12: Increase use of effective parenting

R13: Increase family access to safe/emergency child care

Results

R12: Increase Use of Effective Parenting

“This result area is one that touches all families with young children recognizing that healthy child development begins at home. Parents are a child’s first and most important teacher. Positive parenting can have a significant impact on family health and safety as well as the reduction of child abuse.”¹

R13: Increase Family Access to Safe/Emergency Child Care

“This new result area recognizes the importance of access to safe/emergency childcare to families when the potential for abuse exists.”²

On August 3, 2009, the Commission amended the Implementation Plan Framework for Fiscal Years 2010/2011 - 2014/2015 to include Home Visitation Services as a strategy under Early Care and Development – Effective Parenting. The Commission recognizes that home visiting programs provide direct support and coordination of services that strengthen families and promote child well-being for at-risk families with children ages zero to five. While there are unique differences in the program models in relation to the classification of home visitors (e.g. nurse, social worker, or trained paraprofessional) there are similarities in the program components (e.g. education in effective parenting, child development, health, safety and nutrition).

Community Assessment

Family plays a key role in a child’s development and well-being. The family structure of young children is diverse with different family types. In Sacramento County, the number of children living in single female-headed households (39,257) more than doubles that of single male-headed households.³ More than 8,000 children under five reside with a grandparent in the home and nearly half (9,132) of these children are being raised by grandparents.⁴ Reasons for this kinship care include parents struggling with economic hardships and having to combine living spaces and income with grandparents; parental incarceration, divorce, substance abuse, mental illness, domestic violence and substantiated referrals for child abuse.

In 2007, there were 192 resident child deaths in Sacramento County⁵ compared to the 181 child deaths in 2006.⁶ There were 45 injury-related deaths, 40 of which

1 Source: First 5 Sacramento Commission, 2009 Strategic Plan Update For Fiscal Years 2010-2015

2 Source: First 5 Sacramento Commission, 2009 Strategic Plan Update For Fiscal Years 2010-2015

3 American Community Survey 2006

4 American Community Survey 2006

5 Sacramento County Child Death Review Team 2007 Annual Report Available at

[http://www.thecapcenter.org/admin/upload/202007%20Child%20Death%20Review%20Team%20Report%20\(Sacramento\).pdf](http://www.thecapcenter.org/admin/upload/202007%20Child%20Death%20Review%20Team%20Report%20(Sacramento).pdf)

6 Sacramento County Child Death Review Team 2006 Annual Report Available at

<http://www.thecapcenter.org/admin/upload/2006%20CDRT%20Annual%20Report.pdf>

were preventable.⁷ Of the 192 deaths, infants less than one year of age accounted for 61% (118 of 192) of all deaths. Children between one and four years of age accounted for 9% (18 of 192) of child maltreatment deaths in Sacramento County.⁸

In regards to the utilization of emergency child care and/or crisis care, there are 23,192 licensed child care slots for children ages zero to five (3,016 for 0-2 and 20,176 for 3-5) in Sacramento County.⁹ Data reported by Child Action, Inc. in 2008 includes: 478 child care centers and 2,504 family child care homes.¹⁰ The exact number of licensed exempt providers (Family, Friends and Neighbors) is difficult to capture as this is unregulated care. As of February 2008, there were approximately 3,043 licensed exempt providers caring for 6,118 children (it is unknown how many of these children are ages zero to five).¹¹ However, according to national research, Family, Friends and Neighbors are the most commonly used for care by working parents in the United States. These estimates range from one-third to over one-half (33 – 53%) of children under age 5 are cared for by this group.¹²

Furthermore, according to Child Action, Inc. and the 2007 California Child Care Portfolio there are approximately 12,000 annual requests for child care in Sacramento County; 34% of those requests are for infant/toddler care and 40% for preschool care. The remaining 26% requests are for care for children over the age of five.¹³

As of 2006, there are 162,630 children (ages zero to thirteen) in Sacramento County with parents in the labor force, however, there are 58,951 estimated available licensed child care spaces.¹⁴ Although this data demonstrates the supply and demand of licensed child care in Sacramento County, it does not report the number of reserved or requested licensed emergency and/or crisis care available slots for children ages zero to five. At this time, there is no consistent data tracking mechanism to capture this population with Child Action, Inc. However, due to recent events of incidents of child abuse and child deaths in Sacramento County, there are growing concerns to make the lives of children safer.

The Strategic Planning Work Group Members had considerable discussions surrounding the number of recent child maltreatment deaths in Sacramento County. The discussions led to adding a Result under the Priority area of Early Care and Development to include “Increase Family Access to Safe/Emergency Child Care.” It was determined that this Result was a very important area for the Commission and

7 Sacramento County Child Death Review Team 2007 Annual Report Available at

[http://www.thecapcenter.org/admin/upload/202007%20Child%20Death%20Review%20Team%20Report%20\(Sacramento\).pdf](http://www.thecapcenter.org/admin/upload/202007%20Child%20Death%20Review%20Team%20Report%20(Sacramento).pdf)

8 Sacramento County Child Death Review Team 2007 Annual Report Available at

[http://www.thecapcenter.org/admin/upload/202007%20Child%20Death%20Review%20Team%20Report%20\(Sacramento\).pdf](http://www.thecapcenter.org/admin/upload/202007%20Child%20Death%20Review%20Team%20Report%20(Sacramento).pdf)

9 The 2007 California Child Care Portfolio – California Child Care Resource & Referral Network

10 Child Action Inc. 2008 Sacramento County Child Care Statistics

11 Child Action Inc. 2008 Sacramento County Child Care Statistics

12 Child Care & Early Education Research Connections: Demographics of Family, Friend, And Neighbor Child Care in the United States. August 2008. Retrieved February 12, 2009 from researchconnections.org

13 Child Care & Early Education Research Connections: Demographics of Family, Friend, And Neighbor Child Care in the United States. August 2008. Retrieved February 12, 2009 from researchconnections.org

14 Child Care & Early Education Research Connections: Demographics of Family, Friend, And Neighbor Child Care in the United States. August 2008. Retrieved February 12, 2009 from researchconnections.org

staff was requested to further research best and promising practice models for implementation.

Commission staff conducted the research and did not find appropriate models that would yield the outcomes desired for the added Result area. Staff also could not determine a way to implement the strategy with the limited availability of funding allocations. However, it was concluded that in addition to providing safe and emergency childcare, the Crisis Nursery model would offer the families in crisis a multitude of case management services and supports to prevent the need for interventions by Child Protective Services. Therefore, as a response to the number of recent child maltreatment injuries and deaths in Sacramento County, staff recommended and the Commission approved additional funding allocations in Fiscal Years 2007/08 – 2009/10 for the Sacramento Children’s Home to open a second Crisis Nursery in order to expand their ability to serve potential families in crisis in the south area of Sacramento County.

Target Population

Given the diversity of Sacramento County’s young families, opportunities or strategies for building effective parenting need to be designed for the intended audiences. Using this approach as a launching point, and based upon the Commission’s recent 2008 Community Trends Report¹⁵ and recent research reports, the Commission will focus on the following parent groups for funding effective parenting strategies:

1. **All parents** of children ages zero to five residing in Sacramento County.
2. **Parents in high need neighborhoods** that would benefit from services that build effective parenting skills and provide needed parenting support. Culturally and linguistically appropriate strategies will be placed as a high priority in the service delivery and supports that are rendered.
3. **Parents in crisis or experiencing significant stressors** that impair their ability to nurture and support the healthy development of their children, such as recipients of crisis nursery services, parents involved in Child Protective Services issues, foster parents, legal guardians, parenting grandparents and parents who were former foster youth.

Background and Best and Promising Practices

The best, promising and emerging practices selected for Early Care and Development - Effective Parenting are based on staff research and stakeholders’ input. The programs selected have been reviewed and rated by the following credible organizations: California Evidenced-Based Clearing House (CEBC); Promising Practices Network (PPN); National Registry of Evidence-based Programs and Practices (NREPP); and the Office of Juvenile Justice and Delinquency

¹⁵ Walter R. McDonald & Associates, Inc. Trends in Well-Being of Sacramento County Children 2008.

Prevention (OJJDP). Areas reviewed include: casework practice, parent training, prevention, intervention and home visiting. The models selected for implementation are listed below:

Parent and Education Support Programs

- Family Connections (FC)
- Nurturing Parenting Programs
- DARE to be You
- Make Parenting A Pleasure

Home Visitation Services

- Family Connections (FC) Model
- Nurturing Parenting Programs Model or
- David Olds Model (Nurse Family Partnership)

Crisis Intervention Services

- Crisis Nursery Model and models listed above under Parent and Education Support Programs.

Family Connections (FC)

The Family Connections (FC) program has been reviewed and rated as promising research evidence based program by the California Evidence-Based Clearinghouse for Child Welfare (CEBC) in the area of Casework Practice, Interventions for Neglect and Prevention (Secondary). The program also received a high relevance rating to child safety, permanency, and child and family well-being for families receiving child welfare services. Studies of the program have also been published in several peer-reviewed journals to support it as a sufficient scientific research evidenced based program.

Family Connections (FC) is a community-based comprehensive child neglect prevention program with a home visitation service delivery component targeting at-risk families with children between the ages of 0 to 18. The program is multi-faceted in that it can be replicated for families with children zero to five and other targeted populations. FC is strategically designed to promote the safety, well-being, and stability of children, families, and communities by working with the targeted population in diverse environments including individual home settings and in the context of their neighborhood settings.

The FC interventions are based on the following nine principles:

- Community outreach
- Comprehensive family assessment
- Individualized, tailored intervention
- Helping alliance
- Empowerment approaches
- Strengths perspective

- Cultural competence
- Developmental appropriateness
- Outcome-driven service plans

These interventions are designed to help families more adequately meet the basic needs of their children and reduce the risk of child neglect. The level of intensity includes a minimum one hour face session between the service provider and clients on a weekly basis for 3 to 9 months. Although FC was initially targeted for African American low-income families, the program has been replicated with a multitude of groups among the target populations of at-risk families with children ages 0 to 3, Cambodian and Korean immigrant families, intergenerational families, families with children with disabilities, families in high-risk neighborhoods, and rural families.¹⁶

In 2003, the U.S. Department of Health and Human Services, Children's Bureau listed Family Connections as a "demonstrated effective" program in showing positive outcomes in the prevention of child abuse and neglect in the Emerging Practices in the Prevention of Child Abuse and Neglect report. Later in 2003, the Children's Bureau issued funding for the Replications of Demonstrated Effective Programs in the Prevention of Child Abuse and Neglect (Program Announcement CB-2003-01.D1) and selected the eight aforementioned Replication sites.¹⁷ In 2008, Youth and Family Enrichment Services in San Mateo County implemented Differential Response using the Family Connections model. Differential Response is a strategy that allows child welfare agencies to partner with community based organizations to share the responsibility of protecting children and strengthening families to ensure that commonly needed services are available for families without formally bringing the families into the juvenile court system. The program provides home visiting and case management service for families who have been reported to Child Protective Services, but screened out as low-risk for community level intervention. Case Managers help link the families to resource centers and other services in schools and the local community to strengthen the family's ability to function.¹⁸

Evaluation results show Family Connections improves protective factors such as parenting skills and attitudes, and reduces risk factors such as parent depression, caregiver drug use, caregiver stress, and children's behavioral problems. The program also demonstrated reduced incidents of child abuse and neglect and increased child safety and well-being.¹⁹

Nurturing Parenting Programs (NPP)

The Nurturing Parenting Programs are distinguished as a promising research evidence based program by the CEBC for Child Welfare in the area of Parent Training and Prevention (Secondary) of child abuse and neglect. The program also

16 Children's Bureau Express Online Digest April 2009, Volume 10. Retrieved April 22, 2009 from <http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=104§ionid=2&articleid=2576>.

17 Children's Bureau Express Online Digest April 2009, Volume 10. Retrieved April 22, 2009 from <http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=104§ionid=2&articleid=2576>.

18 Youth and Family Enrichment Services. Retrieved May 11, 2009 from <http://www.yfes.org/children.html>

19 The Ruth H. Young Center for Families and Children. Retrieved April 22, 2009 from http://www.family.umaryland.edu/ryc_best_practice_services/family_connections_replication.htm.

received a high relevance rating to child safety, permanency, and child and family well-being for families receiving child welfare services. Studies of the program have also been published in several peer-reviewed journals to support it as a sufficient scientific research evidenced based program. It is a family-based program utilized for the treatment and prevention of abusive and neglecting parenting patterns. The foundation of the Nurturing Parenting Programs is that parenting is learned and based on the following six assumptions:

- The family is a system.
- Empathy is the single most desirable quality in nurturing parenting.
- Parenting exists on a continuum.
- Learning is both cognitive and affective.
- Children who feel good about themselves are more likely to become nurturing parents.
- No one truly prefers abusive interactions.

The programs are universal in that they are designed for parents with a wide age range of children from 0 – 18. However, there is a program specifically designed for parents with young children ages zero to five. Although parents who are at high-risk for or have substantiated reports of child maltreatment are a primary target population, the program can be delivered in a number of settings including individual family home visitation, community-based, and school-based settings. The sessions range from 24 group-based settings to 48 home-based sessions with a duration of 12 – 48 weeks. The curriculum was developed from the commonly known behaviors that contribute to the maltreatment of children. In addition, this curriculum was designed and tested in ethnic and cultural groups including Hispanic, African American, and Hmong which is critical to the empowerment of parents of diverse communities in Sacramento County. The goals of the curriculum are designed to do the following:

- 1) Teach age-appropriate expectations and neurological development of children.
- 2) Develop empathy and self worth in parents and children.
- 3) Utilize nurturing, non-violent strategies and techniques in establishing family discipline.
- 4) Empower parents and children to utilize their personal power to make healthy choices.
- 5) Increase awareness of self and others in developing positive patterns of communication while establishing healthy, caring relationships.

This program has been incorporated into funded programs of First 5 Santa Cruz and First 5 Tehama. The program is also currently being utilized by the Parent Resource Center in Modesto, the Exceptional Parenting Unlimited Center in Fresno, the Child Abuse Prevention Council of Contra Costa County and Merced County.

DARE to be You (DTBY)

The third identified model program as designated by the Promising Practices Network is *DARE to be You (DTBY)*. DARE stands for

Decision-making, reasoning skills, and problem-solving
Assertive communication and social skills
Responsibility (internal locus of control/attributions) and role models
Esteem, efficacy, and empathy²⁰

DTBY is a scientifically tested and proven program as rated by the Promising Practices Network and an exemplary rating by the Office of Juvenile Justice and Delinquency Prevention for the positive socio-emotional development of children.²¹ It is a community prevention program designed to impact families with children ages two to five years old. It seeks to improve parent and child protective factors by improving parents' sense of competence and satisfaction with being a parent; providing parents with knowledge and understanding of appropriate child management strategies; improving parents' and children's relationships with their families and peers; and boosting children's developmental levels.²²

The parents are a primary target population; however there are three components to the model. However, two of the components which serve the needs of children zero to five are:

Family Component – offers joint parent-child workshops, classes for parents, and age-appropriate activities for children. The family component also provides training and activities to teach self-responsibility, personal and parenting efficacy, communication and social skills, effective stress management, and problem-solving and decision-making skills.

Community Component – trains community members, local health departments, social service agencies, pre-schools, family resource center personnel, probation officers, and counselors who interact with target families.²³

All components are valuable, yet all are not required to contribute to the success of the participants. This program has yielded positive results with families from diverse backgrounds, cultures, and socio-economic standings. Primary participants have had high-risk indicators including alcohol/substance use, child abuse, low annual income, and included non-high school graduates.

²⁰ Office of Juvenile Justice and Delinquency Prevention, Model Programs Guide. Available at

http://www2.dsgonline.com/mpg/mpg_program_detail.aspx?ID=319&title=DARE%20To%20Be%20You

²¹ Promising Practice Network. Available at <http://www.promisingpractices.net/program.asp?programid=100>

²² SAMHSA Model Program, DARE To Be You. Available at <http://modelprograms.samhsa.gov>

²³ SAMHSA Model Program, DARE To Be You. Available at <http://modelprograms.samhsa.gov>

This program has been incorporated into the First 5 Contra Costa funded program known as The Family Stress Center. The Center offers *DARE to Be You* 12-week workshop classes for parents and teachers.

Make Parenting A Pleasure (MPAP)

A fourth recommended program is *Make Parenting a Pleasure*. This program was previously listed by several organizations as a nationally recognized promising practice.²⁴ The curriculum teaches parents the importance of taking care of themselves so they can better care for their children, practical stress management, communication skills, effective parenting skills and positive approaches to discipline. Furthermore, the material and format used in *Make Parenting a Pleasure* has broad appeal to families from a wide spectrum of socioeconomic, educational, cultural and geographic conditions. The program builds on family strengths and helps parents (including teen parents and their partners) develop a strong support network. The curriculum is interactive and uses discussion and experiential activities in both large and small groups as derived from the Birth to Three Program. It can also be adapted for use in home visitation programs.²⁵

Make Parenting a Pleasure has been evaluated in two empirical studies and found to have significant effect on the reduction of parenting factors that may lead to child abuse such as parent stress levels, harsh parenting and increased parents' feelings of competence.²⁶ The Oregon Commission on Children and Families Report states that "most remarkable, however, is an overall positive change in parenting skills is reported at 100%, with 50% being the goal."²⁷

The program was funded by First 5 Sacramento under the 2006 Strategic Plan and select community partners (e.g. Child Abuse Prevention Council of Sacramento and the Sacramento Crisis Nursery) offered the curriculum. Although it is unclear why MPAP is no longer listed as a best and promising practice, it has proven to meet the needs of the Sacramento community. For example, the Family Support Collaborative highlighted their successes in year one (Fiscal Year 2007/2008) and found that 82% of parents (247 of 302) who completed an MPAP workshop, and a pre-and-post questionnaire reported improved parenting skills, knowledge and confidence.²⁸ These findings are higher than the goal stated in the Oregon Commission on Children and Families Report.

Nurse Family Partnership (NFP)

The David Olds Nurse Family Partnership model has been reviewed and rated as a highly effective evidenced based (Well Supported by Research) program by the California Evidence-Based Clearinghouse for Child Welfare (CEBC), Promising Practices Network (PPN), National Registry of Evidence-based Programs and Practices (NREPP), and the Office of Juvenile Justice and Delinquency Prevention

24 Parenting Now! Birth to Three. Available at http://www.parentingnow.net/curricula_make_parenting.html.

25 Parenting now! Available at <http://www.parentingnow.net/MPAPContents.htm>

26 Parenting Now! Birth to Three. Available at http://www.parentingnow.net/curricula_make_parenting.html.

27 Oregon Commission on Children and Families Meeting Minutes September 26, 2005.

28 Family Support Collaborative, First 5 Sacramento Annual Presentation PowerPoint Presentation July 23, 2008.

(OJJDP) in the area of home visiting. The program also received a medium relevance rating to child safety, permanency, and child and family well-being for families receiving child welfare services. In addition, studies of the program have also been published in several peer-reviewed journals to support it as a well highly regarded scientific research evidenced based program. The home visitation model has proven quite successful in the effort to strengthen families. The intervention process is effective because it concentrates on developing therapeutic relationships with the family and is designed to improve five broad domains of family functioning:

- 1) Improve pregnancy outcomes by promoting health-related behaviors
- 2) Improve child health, development and safety by promoting competent caregiving
- 3) Enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment
- 4) Enhance families' material support by providing links with needed health and social services
- 5) Promote supportive relationships among family and friends²⁹

This model utilizes specially trained registered nurses with a focus on pregnancy, infancy, and toddlers to provide home visits to pregnant first-time mothers through age two of the focus child. The nurse works within a consistent structure for each visit, and solution-focused tools are used to help the nurse assess current attitudes, skill, knowledge, and situational support. They also help the client to achieve personal goals, attain behavioral changes, and address challenges. Nurses assign activities the client and family members can do with the nurse or between visits to apply new knowledge and skills, which are matched to the developmental needs of the family and infant and can be adapted to each family's interests, strengths, and needs.³⁰

The utilization of nurses versus paraprofessionals has been studied and positive impacts have been noted regarding the use of nurses. Several published researchers have found stronger impacts when services for improving maternal and child health are provided by nurse home visitors as opposed to paraprofessional home visitors (those with no formal training in the helping profession) in a program model that has demonstrated effectiveness when delivered by nurses. For example, a study in Denver revealed that nurses produced significant effects on a wide range of maternal and child outcomes when trained in a model of prenatal and infancy home visiting whereas paraprofessionals produced small effects that rarely achieved statistical or clinical significance.³¹

Nurse Family Partnership services are an important resource for pregnant mothers and with young children. The model also serves as a comprehensive community resource for decreasing infant deaths, enhancing parenting skills, and reducing child abuse and neglect as well as other demonstrated outcomes.

29 The California Evidence-Based Clearinghouse for Child Welfare (CEBC). <http://www.cebc4cw.org/program/93>

30 SAMHSA Model Programs. Nurse Family Partnership Program. <http://modelprograms.samhsa.gov>

31 Olds, DL, Robinson, J, O'Brien, R..., Home Visiting by Paraprofessionals and by nurses: A Randomized, Controlled Trial Pediatrics Journal, Vol. 110, No. 3 September 2002

The Nurse Family Partnership program was initially funded by First 5 Sacramento under the 2006 Strategic Plan targeting families residing in the Arden/Arcade, Citrus Heights, and Orangevale communities. The Commission also voted in August 2009 to provide bridge funding through June 30, 2010 for an enhanced program to include existing NFP clients with subsequent births until the eldest child is three years of age in an effort to keep the program operating in Sacramento County. The Nurse Family Partnership program has also been incorporated into funded programs of First 5 Kern, First 5 Humboldt, First 5 Riverside, First 5 Tulare, and First 5 Solano.

Crisis Nursery Model

The Crisis Nursery Model has been identified as a child abuse and neglect prevention approach. Although the Crisis Nursery Model has not completed the peer review process by one of the credible organizations listed earlier in this plan as a best and promising evidenced based practice, it has proven to meet the needs of the Sacramento community. For example, the emergency support services play an important part of the continuum of care for young children and their families as they typically prevent the need for Child Protective Services Interventions and/or out of home placements for young children when their families are in crisis.³² Furthermore, crisis nurseries have been established in locations around the United States and have been shown to lower parental stress, an important factor in deterring child maltreatment.³³ According to previous First 5 Sacramento evaluation reports of participants who accessed support services through the Sacramento Crisis Nursery, 80% reported decreased stress levels.³⁴

Although the services offered to families with children zero to five vary by geographical location, most crisis nurseries provide an array of services to meet the diverse needs including, respite care for parental stress, initial crisis assessment and intervention services, follow up care, and/or referral to other community services.³⁵ Throughout the United States, crisis nurseries offer a multitude of services beyond the safe haven of shelter for young children in need of immediate care when parents are in crisis and other supports are limited or not available. These services include but are not limited to case management, counseling, emergency child /respite care, positive parenting strategies, and other support services.

Studies of outcome effectiveness yield positive results for child abuse and neglect prevention. For example, the ARCH National Respite Network (2006) conducted a comparative study of child abuse and neglect rates across thirteen California counties and found that the four counties that offered crisis nursery services including Sacramento had fewer substantiated cases of child abuse and neglect.³⁶

32 Crisis Nursery Outcomes for Caregivers served at multiple sites in Illinois, Children Youth Services Review 30 (2008).

33 A Step Towards A Business Plan For Children in Dallas County, Technical Report on Child Abuse and Neglect, February 1998.

34 Harder + Company Community Research, First 5 Sacramento Annual Evaluation Report for Fiscal Year 2004-2005.

35 Crisis Nurseries: Important Services in a System of Care for Families and Children, Children Youth Services Review 27 (2005).

36 ARCH National Respite Network. (2006). Crisis respite: evaluating outcomes for children and families receiving crisis nursery services: Final Report. U.S. Department of Health and Human Services, Administration of Children, Youth and Families, Office of Child Abuse and Neglect. Note: Although Sacramento County was included in this study, it was identified as pseudonym in the category of counties with crisis nurseries (i.e. County 6, County 7, County 8, and County 9).

The report also concluded that the families who utilized the nurseries had minimal or no other resources for keeping their children safe in times of crisis, and therefore, the crisis nurseries provided the safety net services needed.

Reportedly, crisis nurseries have positive effects on the lives of families with young children. The Crisis nursery evaluation conducted in 2007 with multiple sites in Illinois revealed that 1151 total caregivers surveyed who used the crisis nursery, their most frequently reasons cited for all visits were parental stress (33%), job/educational emergency (26%), medical emergency (16%), Home crisis (5%), court related (4%), and family violence (3%).³⁷ Interestingly, the most frequently reasons cited for first time visits at all sites were job/educational emergency (38%), parental stress (20%), caregiver medical needs (14%), home crisis (8%), court related (7%), and family violence (4%).³⁸ These trends indicate that families do have a need for emergency child care services.

The Illinois report is somewhat consistent with the findings of a smaller scale evaluation report conducted in 1998 by Dallas County. That report showed that of the 145 families surveyed who used the crisis nursery, their reasons cited were financial stress (46%) need for respite care due to difficulty in parenting (18%), medical problems (10%), homelessness (8%), prevention of removal of the children by Child Protective Services (4.4%), and need for substance abuse treatment (3%). Surprisingly, fewer families requested the nursery respite care services than the other services. Some families may initially seek crisis care but decide just to accept the other services provided.³⁹

Although the current First 5 Sacramento evaluation design does not report existing data collection from individual contractors to measure outcomes, the Crisis Nursery maintains intake data to assess family's primary reasons for accessing services. According to this data source, in Fiscal Year 2007/2008, the crisis nursery serviced 255 families with children ages zero to five years old in the twenty-four hour respite care program and 401 families with children ages zero through five years old in the twelve-hour emergency child care program.⁴⁰ The frequent presenting reasons for accessing the 24-hour program were respite (51%), homelessness (24%), medical problems (9%), domestic violence (6%), and employment (3%), legal and other tied (2%). On the other hand, the frequent presenting reasons for accessing the emergency child care component were employment (33%), medical (14%), domestic violence (11%), respite (10%), mental health (10%), legal (7%), and job training/education and housing tied (5%).⁴¹ These trends indicate that families do have a need for both the 24-hour respite and emergency child care services.

The aforementioned evaluation findings and intake data are indicative of the fact that crisis nursery services are an important resource for families with children ages zero

37 Crisis Nursery Outcomes for Caregivers served at multiple sites in Illinois, Children Youth Services Review 30 (2008).

38 Crisis Nursery Outcomes for Caregivers served at multiple sites in Illinois, Children Youth Services Review 30 (2008).

39 Crisis Nursery Outcomes for Caregivers served at multiple sites in Illinois, Children Youth Services Review 30 (2008).

40 Source: Intake data for Fiscal Year 2007-2008, Sacramento Crisis Nursery, North Area May 11, 2009.

41 Source: Intake data for Fiscal Year 2007-2008, Sacramento Crisis Nursery, North Area May 11, 2009.

to five. The crisis nursery model has been highly beneficial for caretakers who are in need of crisis intervention services. The model also serves as a comprehensive community resource for keeping children safe, strengthening families, enhancing parenting skills, preventing child abuse and neglect, and possibly reducing the number of children in out-of-home placement.

In conclusion, crisis intervention is predicated on the immediate availability of services and supports. The Sacramento community has made strides to provide such services, however gaps still exist. Therefore, continued efforts are warranted to prevent child injuries, exposure to trauma, and child maltreatment. This crisis nursery model is the primary resource that is available to families in crisis. The potential impact on children ages zero to five without this type of intervention is substantial.

Implementation Strategies

Strategy #1: Provide Effective Parenting Education and Support Services for High Need Groups.

Strategy #2: Provide Home Visitation Services for High Need Groups.

Strategy #3: Provide Effective Crisis Intervention Services for Parents.

Strategy #4: Provide access to safe/emergency childcare to families in crisis.

Funding Process

Under the leadership of the First 5 Sacramento Commission, both a Request for Application (RFA) and a Request for Proposal (RFP) process will be established. Both processes will encourage applications from both large and small organizations in Sacramento County. In addition, both the RFA and RFP processes will result in the selection of local entities best able to provide effective services and support to parents of children prenatal to age five for strategies #1, #2, #3 and #4. Lead organizations will be selected to collaboratively plan, organize and implement best and promising practices and program services.

Proposed Funding Allocation

The budget allocation over the five-year strategic planning cycle is up to \$45,642,151. The distribution of funds is explained in the Implementation Plan Summary attachment that follows.

Funding Timeframe

Effective Parenting Initiatives will apply to the Fiscal Years 2010/2011 - 2014/2015 Commission funding cycle.

- Request for Applications will be released in the fall of 2009
- Request for Proposals will be released in the fall of 2009

- Funding Recommendations will be made to the Commission by spring 2010
- Contracts will be executed by July 1, 2010

Implementation Plan Summary

A chart is provided on the next page that summarizes timelines, key strategies, outcomes, indicators, fiscal resources and identifies who is responsible for implementation of the plan.

Subsequent Changes

On May 2, 2011, the Commission reduced funding by 25% to Strategies 1, 2, and 3 of the Implementation Plan for Fiscal Years 2013-14 through 14-15, which resulted in a reduction to Effective Parenting Education and Support Services for High Need Groups, Home Visitation, and Crisis Intervention Services for Parents as a result of state budget actions. However, additional resources were allocated to Strategy 2 to provide the DHHS Nurse Family Partnership an additional six months of bridge funding for FY 2011-12.