FIRST 5 SACRAMENTO

Strategic Plan 2018-2021

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To the Sacramento County Community:

First 5 Sacramento is pleased to present our Strategic Plan for Fiscal Years 2018-2021. On behalf of the Commissioners and staff, we thank the many community partners who contributed to its development.

The Strategic Plan symbolizes First 5 Sacramento’s commitment to children and families in our community. Proposition 10, the California Children and Families Act, represents the will of the people to empower County Commissions to dedicate funding where it is needed most in their communities.

This Plan is the road map to ensure that First 5 Sacramento funds a comprehensive range of prevention and early intervention services for children and parents. Additionally, First 5 Sacramento will invest in systemic improvements made through policy change, parent engagement and expanding financial resources.

As stewards of public funds, the goal of these investments is threefold: 1) to ensure children receive the best start in life, 2) that parents and caregivers have the tools they need to help their children be successful, life-long learners and 3) that systems serving children are streamlined and efficient. Community input from parents, caregivers, and stakeholders provided the foundation that determined the unique child development needs of Sacramento County.

Over the past several years, First 5’s across the state utilized their reserves to ensure critical safety net services continued during tough economic times. As a result, First 5 Sacramento has fewer dollars to invest in this Strategic Plan. We are delving into systems change, however, with the goal of impacting children’s services on a larger scale.

First 5 Sacramento will continue to Put Kids First by devoting resources to essential services and systems that benefit the whole child during the first five years of life.

With appreciation,

Julie Gallelo
Executive Director, First 5 Sacramento

Supervisor Phil Serna
Chair, First 5 Sacramento
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Background and Purpose

First 5 Sacramento was formed following California’s passage of Proposition 10 in 1998, enabling a 50 cent per pack tax on cigarette sales. Since 90% of a child’s brain is developed by age 5, First 5 funds programs that promote early childhood development for children ages 0-5 and their families. Specifically, First 5 Sacramento focuses its efforts in three priority areas: Health, Early Care and Development, and Empowered Families.

In recent years, First 5 Sacramento has invested over $25 million annually across these priority areas. However, in response to declining tobacco tax revenue and dwindling reserves, the 2018-2021 period must include a $5 million dollar reduction in spending each year.

The purpose of the 2018-21 Strategic Plan is to inform how First 5 Sacramento can make the best possible use of its investments across its priority areas.

Planning Process

In order to make the difficult budget reductions in a sound, transparent and data-informed manner, First 5 Sacramento conducted a thorough review of community trend data and program outcome data, in addition to gathering the perspectives of county leaders, community members, parents and providers.

Planning steps involved:

- Affirm the vision, mission and principles
- Develop criteria, data collection methods and a scoring tool by which to prioritize desired results
- Gather the necessary data
- Review and score each desired result, thereby updating the Strategic Hierarchy
- Approve the three year spending plan, which set the parameters around the amount of funding to be invested in the updated Strategic Hierarchy

Strategic Goals and Results

Based on these criteria, the Commission’s new strategic plan will use a blend of programmatic and system-strengthening approaches to impact the following goals and desired results:
GOAL 1: ALL CHILDREN ARE HEALTHY
- Decrease infant death
- Increase prevalence and duration of breastfeeding
- Decrease dental disease
- Increase utilization of medical homes

GOAL 2: ALL CHILDREN ARE IN AN ENVIRONMENT CONducTIVE TO THEIR DEVELOPMENT
- Increase accessibility to affordable quality child care
- Increase use of quality child care practices

GOAL 3: ALL CHILDREN ENTER KINDERGARTEN READY TO LEARN
- Increase children’s, families’, and schools’ readiness for kindergarten

GOAL 4: ALL FAMILIES CONNECT TO COMMUNITIES
- Increase family connections to community resources

GOAL 5: ALL FAMILIES SUPPORT CHILDREN’S DEVELOPMENT AND SAFETY
- Increase use of effective parenting
- Decrease child maltreatment and death

Next Steps: Implementation, Systems Sustainability and Evaluation Plans

Additional plans will be created to guide the implementation of the 2018-21 Strategic Plan. For instance, staff will select the most effective strategies to achieve each result. Furthermore, because the First 5 Commission recognizes the effect of Adverse Children Experiences (ACEs) on child outcomes, and the need to be responsive to ACEs at all levels of service provision, First 5 will provide ACEs education and training to staff and service providers. These strategies will be detailed in an Implementation Plan, to be completed by August 2017.

Next, in light of declining revenue, First 5 seeks to make lasting changes to the way systems serve children and families, so that such services are less grant-dependent. Several results in this strategic plan will be addressed using systems approaches. Therefore, a Systems Sustainability Plan will be developed by July 2017 that defines system sustainability, as well as strategies to be implemented for each result targeted.

Finally, First 5 Sacramento will update its Evaluation Plan to measure the performance of its strategies and progress toward desired results.
ACKNOWLEDGEMENTS

The 2018-2021 Strategic Plan for First 5 Sacramento was created through a partnership between First 5 Sacramento staff, commissioners, community experts, and Applied Survey Research, a non-profit social research firm. We would like to acknowledge the following people for their contributions:

FIRST 5 SACRAMENTO COMMISSION

- Phillip Serna — Sacramento County Supervisor (Chair of the Commission)
- Beth Hassett — Executive Director of WEAVE Inc. (Vice Chair of the Commission)
- Terrence Jones, D.D.S. — Dentist and Chair of Medi-Cal Dental Advisory Committee
- David Gordon, Ph.D. — Sacramento County Superintendent of Schools
- Olivia Kasirye, M.D. — Sacramento County Public Health Officer
- Paul Lake – Chief Deputy County Executive, Countywide Services
- Scott Moak – Executive Director of the Sacramento Kings Foundation

Commission Alternates:

- Patrick Kennedy – Sacramento County Supervisor
- Steve Wirtz, Ph. D. – California Department of Public Health, Injury Surveillance & Epidemiology Section
- Lee Turner – Johnson, Ed. D. – Senior Adjunct Faculty, Sacramento Campus, Pacific Oaks College
- Kathy Kossick – Executive Director, Sacramento Employment and Training Agency
- Terrie Porter – Director, Sacramento County Child Support Services
- Christina Elliott – Executive Director, California Achieving a Better Life Experience (ABLE) Act
- Donna Sneeringer – Director of Government Relations, Child Care Resource Center

FIRST 5 SACRAMENTO STRATEGIC PLANNING WORKGROUP

- Beth Hassett – First 5 Commissioner
- Steve Wirtz, Ph. D. – First 5 Commissioner
- Olivia Kasirye, M.D. – First 5 Commissioner
- Ernie Brown – First 5 Advisory Committee Member
- LeAnne Ruzzamenti – First 5 Advisory Committee Member

FIRST 5 SACRAMENTO STAFF

- Julie Gallelo – Executive Director
- Carmen Garcia-Gomez – Evaluation Program Planner
- Alejandra Labrador – Program Planner

Lastly, First 5 Sacramento would like to thank the members of the provider community and public at-large who gave their time, attention and opinions by attending workgroup meetings, completing surveys and attending community forums.
INTRODUCTION

About First 5 Sacramento

First 5 Sacramento was formed following California’s passage of Proposition 10 in 1998, enabling a 50 cent per pack tax on cigarette sales. Since 90% of a child’s brain is developed by age 5, First 5 funds programs promoting early childhood development for children ages 0-5 and their families. Specifically, First 5 Sacramento seeks to impact the following goals:

- All children are healthy
- All children are in an environment conducive to their learning
- All children enter kindergarten ready to learn
- All families connect with communities
- All families support children’s development and safety

To promote these goals, First 5 Sacramento invested $25 million in FY 2015-16 across 15 strategic result areas. Strategies included access to health and dental services, early care, literacy, parent education and support, and community connectedness.

First 5 Sacramento funded services reach broadly across the county, particularly in pockets of the county where data indicate the needs of children and families are greatest. In FY 2015-16, First 5 programs had 60,379 contacts with parents, providers and children. Specifically, First 5 served 8,486 children ages 0-5 (unduplicated), which is approximately 7% of the county’s 117,252 children in this age group. First 5 is highly committed to ensuring that services meet the needs of these children and families, and thus a robust evaluation design is in place, measuring contractual milestones, as well as client outcomes and community wide changes.

A local county commission is appointed by the County Board of Supervisors to ensure First 5 is accountable to the needs of the community. The commission is comprised of the leaders from public agencies, such as the County Office of Education and Public Health, as well as non-profit executives and the public at large.

Context for the Strategic Plan

The Children and Families Act of 1998 requires that a “county commission adopt an adequate and complete county Strategic Plan for the support and improvement of early childhood development within the county.” The First 5 Sacramento Commission adopted their original Strategic Plan in 2000. This plan was updated in 2003, 2006, and again in 2009, and the current strategic plan covering the period of 2015-2018 will soon expire.

A new plan is needed, for several reasons. First, the great recession had dramatic effects on the welfare of children and families across the county, the effects of which are still manifesting — some outcomes have improved, while others have remained stagnant. During the recession, First 5 doubled down on its investments to bolster the crumbling safety net, strategically spending down its reserves to offset the effects of economic hardship for families. As the region recovers from the recession, First 5 Sacramento...
needs to reassess the status of children and families to determine how well its strategic portfolio is aligned to meet these needs. Secondly, First 5 funding across the state is gradually declining due to reductions in tobacco-related tax revenue. In fact, tobacco related tax revenue is about half of what it was in 1998, when Proposition 10 went into effect.

As seen in the figure below, First 5 Sacramento’s funding mirrors the state trends, in terms of declines in tax revenue as well as spend-down on reserves (red line). Revenue began flowing in 1998, however, it took time for program spending plans to be formulated and implemented. During this time reserves were accumulated at County Commissions. By the year 2024, reserves will be spent down and annual expenditures will be funded solely on tax revenue (green line). Therefore, strategic pruning of First 5 Sacramento’s portfolio of investments must begin now in order to provide time to plan for program sustainability and to avoid disruption of services upon which families depend.

![First 5 Sacramento's Declining Ability to Invest](image)

*Source: First 5 Sacramento.*

**Purpose of the 2018-2021 Strategic Plan**

First 5 Sacramento Commission’s Strategic Plan is a guiding document that describes the overall direction to meet the comprehensive needs of children ages zero through five and their families in Sacramento County. The Commission has a responsibility to the community to ensure that investments are made that help families and children realize their potential and enjoy productive and fulfilling lives.

The Commission funds many programs and initiatives that provide great benefits to the children and families of Sacramento County. However, the Commission must also make some difficult decisions regarding investments that will produce the greatest return. While the First 5 Sacramento funding allocation is significant, it is not enough to fund every need and still produce the impact and systemic change that the Commission desires.
Given the current context, the purpose of the 2018-2021 strategic plan is to:

- Identify the funding parameters for First 5 Sacramento, including short and long-term projections, and the amount available for investment during the 2018-21 period
- Review the status of children and families in Sacramento County, and the greatest needs
- Review and re-prioritize First 5’s desired results, based on the greatest needs and opportunities to make a demonstrable impact

Additional plans will guide the implementation of the 2018-21 strategic directions, including a programmatic Implementation Plan, a Systems Sustainability Plan, and an updated Evaluation Plan (described later in this report).
STRATEGIC PLANNING PROCESS

Planning Roadmap

Over the course of a six month period in 2016, First 5 Sacramento led a workgroup of the Commission through a series of steps to update the strategic plan. Workgroup sessions were public meetings, with 10-30 members of the public in attendance. The key steps in the planning process are summarized below, and are further described as needed:

- Affirm the vision, mission and principles
- Develop criteria, data collection methods and a scoring tool by which to prioritize desired results
- Gather the necessary data
- Review and score each desired result, thereby updating the Strategic Hierarchy
- Approve the three year spending plan, which set the parameters around the amount of funding to be invested in the updated Strategic Hierarchy

Prioritization Criteria

In order to make the difficult budget reductions in a meaningful, data-informed and transparent manner, First 5 Sacramento created a set of prioritization criteria as a lens through which each result could be reviewed, evaluated and scored. These criteria included:

- Severity of the need, including presence of disparities
- Magnitude of the need (size of the population affected), including presence of disparities
- Community priority (parent and provider priorities)
- Gaps in resources
- First 5’s capacity to make a demonstrable impact
- First 5’s ability to address disparities
- First 5’s ability to make systemic change

Data Sources

To understand the status of children, families and the community within each result and criterion, First 5 gathered a wide range of data:

- Community Trend Report: Population-level data regarding the status of children and families, in terms of severity of need (status relative to established benchmark, or state average if benchmarks were not available) and magnitude of the need (percentage of children affected).
- Parent survey: A self-administered survey distributed on paper and electronically across First 5’s network of partners and providers. The survey was available in English, Spanish, and interpreters were also on hand to help parents complete the survey in Vietnamese, Hmong, and Russian. In all, there were 1,211 parents who responded. The survey asked parents to rank their top 5 greatest service needs, and the service options were a reflection of First 5’s current result areas, so that parent preferences could be correlated back to the strategic hierarchy.
- **Provider survey**: A self-administered survey distributed electronically across First 5’s network of providers. There were 41 providers who responded. Like the parent survey, this survey asked providers to review the list of current First 5 results and rank which of them reflected the greatest unmet need in the community.

- **Desk review**: First 5 also analyzed information about each of the more qualitatively-oriented criteria, such as the presence of gaps (whether other funds are available to help offset or replace First 5 funding), and First 5’s capacity to make programmatic and systemic impacts, and address disparities.

### Prioritization of Results

In September 2016, the workgroup met and received a presentation on each of the current desired results. They then scored each result using the following rubric.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Question</th>
<th>Scoring Key</th>
</tr>
</thead>
</table>
| **Severity of Problem**        | Is there a need to invest in this result area? How poorly are we faring relative to national and state benchmarks? Are there disparities between ethnic groups? | • 25 pts: High need: Trending in wrong direction AND population/subpopulation misses a benchmark
• 12 pts: Moderate need: Trending in wrong direction OR misses a benchmark
• 6 pts: Lower need: Trending in the right direction AND meets the benchmark |
| **Magnitude of Problem**       | How many children and families are impacted by this problem? Are there disparities between ethnic groups? | • 15 pts: High magnitude: Affects more than 21% of target population (child or parent) or a subpopulation
• 8 pts: Moderate magnitude: Affects between 11 and 20%
• 4 pts: Low magnitude: Affects less than 10% |
| **Community Priority**         | How high of a priority is this for the community? | • 15 pts: High priority: Ranked in top 10 of both parent and provider needs
• 8 pts: Moderate priority: Ranked in either parents’ or providers’ top 10
• 4 pts: Low priority: Not ranked in top 10 for parents or providers. |
| **Gap in Resources**           | Is anyone else addressing this problem? | • 20 pts: High gap: Aside from First 5, no other resources identified
• 10 pts: Moderate gap: Other resources could partially replace F5 funding
• 5 pts: Low gap: Other resources could significantly replace F5 funding |
| **F5 Capacity to Impact**      | Given declining resources, how much of an impact can First 5 have? | • 16 pts: High impact
• 8 pts: Moderate impact
• 4 pts: Low impact |
| **Address Disparities**        | How much of an impact can F5 investment have on addressing disparities? | • 12 pts: High impact
• 6 pts: Moderate impact
• 3 pts: Low impact |
| **Systems Opportunities**      | What is the likelihood that F5 can make systemic change? | • 12 pts: High likelihood: F5 is very likely to influence systems change
• 6 pts: Moderate likelihood
• 3 pts: Low likelihood |
For systems-oriented results only:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Question</th>
<th>Scoring Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Impact on Disparities</td>
<td>How much impact would a policy change have on addressing disparities?</td>
<td>• 20 pts: High impact: A change in policy would significantly address disparities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 10 pts: Moderate impact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 5 pts: Low impact</td>
</tr>
</tbody>
</table>

First 5 Impact on Policy

What is the likelihood that F5 can influence policy change?

• 20 pts: High likelihood: F5 can very likely influence policy
• 10 pts: Moderate likelihood
• 5 pts: Low likelihood

The results were tallied and presented to the workgroup (see Attachment 4). Workgroup members then placed each result in one of three buckets: Keep, Maybe Keep, and Do not Keep/Remove. The top 5 ranking results were unanimously kept as is (green bars below), but the next nine results were placed in the “maybe keep” category (blue bars below), indicating that the workgroup was still concerned about community need in these areas, but recognized that reduction in investment and changes in approach could be made. Access and utilization to dental care was placed in the Do Not Keep category.

**Figure 1. Overall Rankings per Strategic Result**

```
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective parenting</td>
<td>97.0</td>
</tr>
<tr>
<td>Decrease injuries / death</td>
<td>89.2</td>
</tr>
<tr>
<td>Family connection/ resources</td>
<td>88.5</td>
</tr>
<tr>
<td>School readiness</td>
<td>87.2</td>
</tr>
<tr>
<td>Infant Death</td>
<td>86.0</td>
</tr>
<tr>
<td>Access/ affordable child care</td>
<td>81.7</td>
</tr>
<tr>
<td>Dental Disease</td>
<td>81.2</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>78.8</td>
</tr>
<tr>
<td>Quality child care</td>
<td>72.8</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>71.5</td>
</tr>
<tr>
<td>Obesity/ Nutrition/ Phys Act.</td>
<td>68.7</td>
</tr>
<tr>
<td>Dev screening and referral</td>
<td>67.0</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>64.2</td>
</tr>
<tr>
<td>Access/ Utilization: Health</td>
<td>53.3</td>
</tr>
<tr>
<td>Access/ Utilization: Dental</td>
<td>71.7</td>
</tr>
</tbody>
</table>
```

**Revision of the Strategic Hierarchy**

Based on the workgroup’s decisions about each result, First 5 staff updated the strategic hierarchy diagram, presented in a later section of this report. The updated list of strategic results was presented to the Commission for approval in late 2016.
Community Review of the Strategic Plan

In an effort to include the wider community in the 2018 Strategic Planning process, 5 community input sessions were held at 5 locations throughout Sacramento County in January 2017. There were 48 community members who participated in sessions held at libraries, preschools and foodbanks. The vast majority of participants had not received a First 5 funded service. The goals of the community input sessions were to inform community members on the recommendations of the Strategic Plan Work Group and to seek input on the types of services to be funded. Flyers were emailed to contractors and partnering agencies and posted on social media.

Participants were presented with the recommendations of the Strategic Plan. They were asked if each element was 1) important to them and 2) a service that they would use. The vast majority of participants agreed with all of the recommendations of the strategic plan. The lowest priority element identified by attendees was medical utilization.

At the end of each priority, participants were asked if anything was missing. Participants responded with the following comments:

- Transportation to appointments and services
- Language assistance
- Mental health/Counseling services (i.e. Post-Partum)
- Vision screenings
- Car seats
- A “hub” for all First 5 services
- Free transitional preschool, with parent participation
- More outreach for families of children with special needs

Another common theme that was captured across all sessions was the need for information about First 5 funded services/programs to the general population. Many of the participants were not aware of First 5 services and asked how they can learn more about First 5 and have access to those services. Several participants at one session asked if First 5 could urge hospitals to promote First 5 programs. Most of them had not received any information about free services when they delivered their children. The feedback from these community sessions will be taken into consideration as First 5 creates its Implementation Plan.
VISION, MISSION AND PRINCIPLES

Vision
A vision statement describes the desired end state or conditions for those we seek to assist. First 5 Sacramento’s vision for the county is that:

Sacramento County will have strong communities where children are safe, healthy and reach their full potential.

Mission
A mission statement describes the way in which First 5 will work toward the vision above. It describes First 5’s primary contribution to the community. The mission of First 5 Sacramento is as follows:

First 5 will support the optimal development of children ages zero through five, healthy pregnancies, the empowerment of families and the strengthening of communities.

Strategic Principles
Principles describe the ways in which we commit to implementing First 5’s work. First 5 Sacramento’s principles are as follows:

- Invest in specific areas to create lasting, systemic change
- Make narrow and deep investments to create the greatest impact
- Look for opportunities to leverage (but not supplant) other dollars to increase impact
- Choose strategies that promote prevention, early intervention and community collaboration
- Make data informed decisions that address community needs, build community assets, and prioritize children and families at risk
- Ensure services are accessible, culturally competent, and responsive to special needs and disabilities
STRATEGIC HIERARCHY

Hierarchy

The Strategic Hierarchy is a structure for breaking down the high level Priorities into Goals, Results, Strategies, and Indicators. This planning tool is a four-level flow diagram that moves from broad and general statements of the Commission’s priorities to specific measurable indicators of success. Each level of the hierarchy is linked to the other levels and the relationships among the pieces are clearly defined. Through this hierarchy, the Commission communicates its priorities and defines the change it hopes to achieve through its investments. The four-level structure contains the following elements:

- **Priorities**: What are the most important areas the Commission can effectively address?
- **Goals**: What do we want to achieve for all children ages zero through five and their families in Sacramento County?
- **Results**: What changes are needed to achieve this Goal?
- **Strategies**: What Strategies describe the approaches that will be implemented to achieve the desired Results?
- **Indicators**: What Indicators will tell us about the performance of our Strategies, and whether we are promoting desired Results for children, families and providers?

Strategic, Two-pronged Approach

The 2018-2021 strategic planning process was intended to identify the results for which needs and resource gaps were the greatest, relatively speaking, and therefore required sustained First 5 investment. Conversely, other result areas were found to have other resources that could potentially offset First 5 investment, or could be impacted by systemic improvement or by a policy change. Therefore, First 5 Sacramento will use a two-pronged approach to promote the desired results in its strategic hierarchy:

- **Direct service efforts**, made possible by funding community-based agencies and public agencies
- **Systems sustainability** efforts by grantees, First 5 staff and providers, which are defined as:
  1. **Policy Change** — Policy change at the local or state level that improves the way systems serve children and families
  2. **Public Will** — The public is informed and willing to act to improve outcomes for children and families
  3. **Financial Resources** — Systems are sustained and expanded through new funding, leveraged funding, and better use of existing funding

First 5 Sacramento’s updated strategic hierarchy is presented on the following page, and color coding is used to indicate which results are promoted through direct services, systems efforts, or a combination of the two approaches. Sustainability of critical services is a high priority across the hierarchy. As such, Commission staff will work with each funded agency to support sustainability efforts.
Strategic Hierarchy Diagram

**Health**
- All children are healthy
  - R1: Decrease infant deaths
  - R2: Increase preganancy and duration of breastfeeding
  - R3: Decrease dental disease
  - R4: Increase utilization of medical homes

**Early Care and Development**
- All children are in an environment conducive to their development
  - R3: Increase accessibility to affordable quality child care
  - R4: Increase use of quality child care practices
  - R1: Increase children's, families' and schools' readiness for Kindergarten

**Empowered Families**
- All children enter Kindergarten ready to learn
  - R1: Increase children's, families' and schools' readiness for Kindergarten
  - R2: Increase family connections to community resources
  - R5: Decrease child maltreatment and death
  - R6: Increase use of effective parenting

**Priority**
- **Goals**
- **Service Results**
- **Systems Results**
- **Service and Systems Results**
GOAL 1: ALL CHILDREN ARE HEALTHY

Result 1 — Decrease Infant Death

THE NEED

While the rate of infant deaths has decreased in Sacramento County, the rate for African American babies (8.8) still exceeds the Healthy People 2020 (HP2020) target of 6.0 per 1,000 births. Infant mortality is influenced by several factors, such as lack of access to timely prenatal care, and being born pre-term or at a low birth weight. Across our county, the percentage of mothers on Medi-Cal who received prenatal care in the first trimester has worsened, from 84% in 2012 to 79% in 2014, and African Americans (12.44%) are more likely than the countywide average (8.71%) to be born pre-term and low birth weight.

THE INDICATORS TO WATCH

- Infant mortality rate
- Percent of mothers who receive timely prenatal care
- Percentage of babies born pre-term (before 37 weeks)
- Percentage of babies born low/very low birth weight

POTENTIAL PROGRAMMATIC STRATEGIES

- Conduct outreach to pregnant women at risk for not seeking prenatal care, particularly in neighborhoods with higher prevalence of infant mortality rates.
- Promote enrollment in health insurance and provide case management services to increase use of prenatal care and connection to other critical health and social services, both before and after delivery.
- Promote safe sleep training and crib distribution.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- Support public education campaigns that increase residents’ understanding of the causes of infant mortality, and motivates parents to use safe sleep practices.
- Promote online community resources as hubs for prenatal care education and referrals.
- Help hospitals develop policies and procedures to teach new mothers about safe sleep practices.
- Seek Medi-Cal Administrative Activities (MAA) expansion funding for outreach and case management.
Result 2 — Increase Prevalence and Duration of Breastfeeding

THE NEED
The percentage of mothers who exclusively fed their baby breast milk in the hospital has increased from 64.4% in 2010 to 74.1% in 2015. Increases were also seen for subpopulations: African Americans increased from 51.6% to 64.3%, Latinos from 62.1% to 74.4%, and Asians from 55.5% to 67.3%. However, the exclusive breastfeeding rate for African American, Asian and Pacific Islander mothers was lower than the overall county average.

Figure 3. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital

Source: California Department of Public Health. 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).

THE INDICATORS TO WATCH

- Percentage of mothers who exclusively fed baby breast milk in the hospital
- Percentage of mothers who exclusively fed baby breast milk at 6 months
- Percent of babies ever breastfed

POTENTIAL PROGRAMMATIC STRATEGIES

- Provide outreach to pregnant women to encourage breastfeeding and early connection to support.
- Provide lactation support through one-on-one consultations, helplines and support groups.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- Support public education campaigns that help to normalize breastfeeding as the healthier, preferred practice.
- Encourage hospitals to adopt and/or adhere to Baby Friendly policies, which include encouraging new mothers to exclusively breastfeed.
- Encourage more workplaces to adopt breastfeeding-friendly practices.
- Leverage the Affordable Care Act to fund breastfeeding equipment and consultation services.
- Encourage provider(s) to seek Medi-Cal Administrative Activities (MAA) funding for breastfeeding support.
Result 3 — Decrease Dental Disease

THE NEED

Dental disease is influenced by access to and use of early dental care. The percentage of 4-5 year olds with Medi-Cal insurance who had a dental visit in the previous year nearly doubled from 29% in 2008 to 40% in 2014, and tripled for 0-3 year olds in the same period (7% to 23%). While these increases reflect remarkable improvements in oral health access for our county, the prevalence of untreated tooth decay still exceeds the Healthy People 2020 target of 21.4%. Among pre-kindergarteners screened, the percentage with untreated decay has fluctuated, and decreased slightly from 27% in 2012 to 25% in 2014.

Figure 4. Percentage of Pre-Kindergarten Children with Untreated Decay

Source: 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?

THE INDICATORS TO WATCH

- Percentage of children with dental visit in the past year
- Percent of children with untreated decay

POTENTIAL PROGRAMMATIC STRATEGIES

- Provide early screening and referral services for preschool-aged children.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- Support public education campaigns that stress the importance of early oral health, and knowledge of where to find affordable services.
- Support contracted dental services providers to leverage Medi-Cal Administrative Activities (MAA) funding, making them more financially sustainable.
Result 4 — Increase Utilization of Medical Homes

THE NEED

Due to the Affordable Care Act, Sacramento County has reached almost universal health coverage for children: the percentage of children ages 0-5 who are covered by health insurance increased from 95.1% in 2011 to 98.6% in 2015, and coverage rates are even higher for African American children (99.1%). However, as seen in the figure below, almost a third of children on Medi-Cal are not having their routine well-child check-ups, thereby missing the opportunity for early detection of health, vision or developmental issues. However, the recent gains in health coverage may be reversed if the Affordable Care Act is repealed.

Figure 5. Percentage of Children Ages 3-6 With Well-Child Visit in Previous Year (Medi-Cal Managed Care only)

(First 5’s approach will be re-evaluated once the changes to the Affordable Care Act are more fully understood.)

THE INDICATORS TO WATCH

- Percentage of children ages 0-5 with health coverage
- Percentage of children who had a well-child visit in the previous year

POTENTIAL PROGRAMMATIC STRATEGIES

- This result area was identified as a systems result only.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- Support efforts to educate parents and community-based service providers about the importance of a medical home as a hub for routine check-ups, screenings and referrals to other needed health and social services for children and their families.
GOAL 2: ALL CHILDREN ARE IN AN ENVIRONMENT CONducIVE TO THEIR DEVELOPMENT

Result 5 — Increase Accessibility to Affordable Quality Child Care

THE NEED

Like most counties across the state, there are not enough child care spaces in Sacramento County to accommodate every child who is likely to need care, and the shortage of care is actually worsening. Since 2000, the county lost an estimated 6,000 spaces: the number of slots at licensed child care centers and family child care homes for children ages 0-5 decreased from 42,548 in 2010 to 36,090 in 2014. Meanwhile, the cost of child care is increasing: full time, center-based infant care cost $12,296 in 2014, and preschool cost $8,868 (2014). In short, families have an increasingly difficult time finding child care and preschool that is affordable.

Figure 6. Percentage of 0-5 Year Olds Who Can Be Accommodated in a Licensed Child Care Center or Family Child Care Home

Source: 2015 California Child Care Portfolio.

THE INDICATORS TO WATCH

- Percentage of 0-5 year olds who can be accommodated in a licensed child care center or family child care home
- Percentage of parents who reported they had a consistent source of child care
- Average cost of infant care and preschool care, by type of site

POTENTIAL PROGRAMMATIC STRATEGIES

- This result area was identified as a system result only.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- Monitor and support state legislation to increase child care accessibility (supply or cost).
- Partner with parent advocacy groups who target policy change.
Result 6 — Increase Use of Quality Child Care Practices

THE NEED

The research is consistent about short and long term benefits of quality early education experiences for children, particularly in the way such experiences mitigate other risk factors. Ideally, every child would experience some kind of high quality early education prior to entering the K-12 school system. As of June 30, 2013, there were 160 child care sites (representing 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, or QRIS. By June 30, 2016, that number had increased to 212 sites, 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.

Figure 7. Number of sites participating in QRIS; Percentage of children ages 0-5 who attend a QRIS site


THE INDICATORS TO WATCH

- Percent of licensed center and family care providers who participate in QRIS
- Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) score

POTENTIAL PROGRAMMATIC STRATEGIES

- Improve the quality of early education settings through workshops, coaching, environmental assessments and other technical assistance.
- Promote screening for developmental needs and referrals to supportive services.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- Explore ways to promote quality improvements across the county’s system of early care.
GOAL 3: ALL CHILDREN ENTER KINDERGARTEN READY TO LEARN

Result 7 — Increase Children’s, Families’, and Schools’ Readiness for Kindergarten

THE NEED

Preparedness for kindergarten has been found to significantly increase children’s likelihood of later success in school, with benefits observed even until fifth grade (Sabol & Pianta, 2012). In Sacramento County, kindergarten readiness has been measured across three domains: Social Expression, Self-Regulation, and Kindergarten Academics. As seen in the figure below, 35% of children were found to be fully ready for kindergarten across all three domains. Several factors influence children’s readiness for kindergarten, including parent-child activities such as reading aloud, and enrollment in preschool, which has declined from 47.9% in 2010 to 43.4% in 2015.

Figure 8. Percentage of Children Ready across Domains, and by Domain, Fall 2016

Source: Kindergarten Observation Form 2016. N=1,738-1,844.

THE INDICATORS TO WATCH

- Percentage of children enrolled in preschool
- Percentage of children ready for kindergarten

POTENTIAL PROGRAMMATIC STRATEGIES

- Support enhancements to existing preschool programs, such as developmental screenings.
- Educate parents on how to prepare children for kindergarten.
- Support “lighter” dose interventions for children unable to have a formal preschool experience, using strategies such as playgroups and summer kindergarten preparation programs.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- This result area was identified as an area to be impacted with direct service grants. However, the sustainability of critical school readiness services is a high priority. As such, Commission staff will work with school readiness partners to support sustainability efforts.
- Encourage providers to leverage Medi-Cal Administrative Activities (MAA) funding to expand developmental screenings and early intervention services.
GOAL 4: ALL FAMILIES CONNECT TO COMMUNITIES

Result 8 — Increase Family Connections to Community Resources

THE NEED

Social connectedness and concrete support in times of need are two of the five protective factors of the Strengthening Families approach, used in more than 30 states because it has been shown to improve family stability, parental stress and parent-child relationships. County-wide data are not available, but across more than 2,000 families served by First 5, intake data reveal that between 71% and 84% of families report having various types of support and connections (and three to six months later, there were significant improvements).

Figure 9. Changes in Parent Attitudes Related to Support and Connectedness

Source: Family Information Forms completed in FY 2015-16 with both intake and follow-up. N=2,108.

THE INDICATORS TO WATCH

- Percentage of parents who feel they know who to contact for basic needs, support or advice on parenting

POTENTIAL PROGRAMMATIC STRATEGIES

- Promote family resource centers as primary hubs for concrete support, social connections and education.
- Ensure other First 5 funded programs also assess family needs and provide information and referrals to available services.
- Support community hotlines for families to get information about basic services.
- Support community building grants as a way to strengthen informal network of support in targeted communities.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- This result area was identified as a direct service result. However, the sustainability of efforts that promote community connections services is a high priority. As such, Commission staff will work with community connection partners to support sustainability efforts.
GOAL 5: ALL FAMILIES SUPPORT CHILDREN’S DEVELOPMENT AND SAFETY

Result 9 — Increase Use of Effective Parenting

THE NEED

Parenting styles are one of the most powerful predictors of child outcomes. For instance, Shumow, Vandell, and Posner (1998) found that even controlling for family income, race, family structure, parental education, and maternal unemployment, an authoritarian parenting style results in poorer academic and behavioral outcomes in both third and fifth grade. A child maltreatment allegation is an early warning indicator that a family needs help. In Sacramento County, the rate of child abuse allegations per 1,000 children ages 0-5 has worsened from 60.7 in 2010 to 65.3 in 2015. There has also been an increase among African American and Native American children, specifically.

THE INDICATORS TO WATCH

- Rate of child maltreatment allegations
- Rate of recurrence

POTENTIAL PROGRAMMATIC STRATEGIES

- Provide parent education and enhanced family resource center services to help parents succeed in their role as parents.
- Provide evidence-based home visiting and crisis intervention services to provide deeper support and prevent further escalation of family isolation and stress.

POTENTIAL SYSTEMS SUSTAINABILITY STRATEGIES

- This result area was identified as a direct service result. However, the sustainability of effective parenting programs is a high priority. As such, Commission staff will work with partners to support sustainability efforts.

Figure 10. Child Abuse Allegations in Sacramento per 1,000 Children Ages 0-5, by Race/Ethnicity

Source: California Child Welfare Indicators Project. 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).
Result 10 — Decrease Child Maltreatment and Death

THE NEED

The consequences of child abuse and neglect can be profound and may persist long after the abuse occurs. These effects can appear in childhood, adolescence, or adulthood, and may affect various aspects of an individual’s development, such as minor physical injuries, low self-esteem, attention disorders, poor peer relations, and more severe health and criminal justice outcomes. However, some children remain resilient in the face of adversity. Families at risk for maltreatment can benefit greatly from prevention and early intervention services that help mitigate the triggers of dysfunction, and strengthen protective factors such as coping skills and connection to concrete supports. As seen in the chart below, there has also been an increase in the rate of substantiated cases of child maltreatment, particularly among African American and Native American children.

Figure 11. Substantiated Child Abuse Allegations in Sacramento per 1,000 Children Ages 0-5, by Race/Ethnicity

Source: California Child Welfare Indicators Project. Note: Number of substantiated child abuse allegations in Sacramento – 1,442 (2010); 1,588 (2011); 1,770 (2012); 2,118 (2013); 2,196 (2014); 2,174 (2015).

THE INDICATORS TO WATCH

- Rate of substantiated child maltreatment
- Rate of child maltreatment recurrence

POTENTIAL PROGRAMMATIC STRATEGIES

- Provide evidence-based home visiting, crisis intervention and wrap around services to give deeper support to families and mitigate sources of family isolation and stress.
- Provide emergency child care for parents to protect children and provide parents the time to stabilize their situation.

POTENTIAL SYSTEMS

- This result area was identified as a direct service result. However, the sustainability of services to decrease child maltreatment and death is a high priority. As such, Commission staff will work with partners to support sustainability efforts in this area.
SPENDING PLAN FOR 2018-2021

In response to decreased tobacco-related revenues, First 5 Sacramento is making an overall 21% reduction on annual spending between FY 2017-2018 and each year in the following strategic plan period. The proposed expenditures for the three-year 2015 Strategic Plan period total $60.1 million and are categorized as follows:

<table>
<thead>
<tr>
<th></th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
<th>FY 2019-20</th>
<th>FY 2020-21</th>
<th>Total</th>
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<tbody>
<tr>
<td>Administration</td>
<td>$1,488,108</td>
<td>$1,309,813</td>
<td>$1,309,813</td>
<td>$1,309,813</td>
<td>$3,929,439</td>
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<tr>
<td>Evaluation</td>
<td>685,987</td>
<td>553,957</td>
<td>553,957</td>
<td>553,957</td>
<td>1,661,871</td>
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<tr>
<td>Program*</td>
<td>23,115,374</td>
<td>18,186,230</td>
<td>18,186,230</td>
<td>18,186,230</td>
<td>54,558,690</td>
</tr>
<tr>
<td>Total</td>
<td>$25,289,469</td>
<td>$20,050,000</td>
<td>$20,050,000</td>
<td>$20,050,000</td>
<td>$60,150,000</td>
</tr>
</tbody>
</table>

*Total includes internal program costs and contracted program services.
NEXT STEPS

Additional plans will guide the implementation of the 2018-21 strategic directions.

Implementation Plan

Within each desired result, considerable discussion must be had regarding selection of the most effective, evidence informed approaches, as well as ways to leverage funding or infrastructure from other entities that have similar goals. These programmatic decisions will be reflected in an Implementation Plan, to be completed by August 2017.

Systems Sustainability

In light of declining revenue, First 5 seeks to make lasting changes to the way systems serve children and families, so that such services are less grant-dependent. Several results in this strategic plan will be addressed using systems approaches. Therefore, a Systems Sustainability Plan will be developed by August 2017 that defines system sustainability, as well as strategies to be implemented for each result targeted.

Evaluation Plan

Finally, First 5 Sacramento will update its evaluation plan to measure the performance of its funded strategies and their progress toward desired results. The updated Evaluation Plan is expected to be completed by Spring 2018. Attachment 5 includes a list of potential indicators to be tracked, based on those gathered for this strategic plan as well as those successfully gathered across funded programs.
First 5 Sacramento: Trends in Well-Being Dashboard

The dashboard below displays Sacramento County’s progress toward the early childhood outcomes sought by First 5. Each strategic result is measured by a community-level indicator, the data for which is based on the multiple years of data for the community overall as well as for ethnic subgroups. Trends are presented as either positive, negative, or stable. The county’s status on each indicator is compared to Healthy People 2020 (HP2020) targets (when available), and California state averages. The data are then evaluated against two criterion, Severity and Magnitude, using the scale described below:

**Severity criterion:**
- Trend is flat or in the wrong direction AND population / subpopulation misses the benchmark.
- Trend is flat or in the wrong direction, OR, population / subpopulations misses the benchmark.
- Trend is flat or in the right direction AND population / subpopulation meets the benchmark.

**Magnitude criterion:**
- Affects more than 21% of the child population (or their parents) or a subpopulation.
- Affects between 10% and 20% of the child population (or their parents) or a subpopulation.
- Affects less than 10% of the child population (or their parents) or a subpopulation.

<table>
<thead>
<tr>
<th>First 5 Result/Indicator</th>
<th>Trends</th>
<th>HP2020 Target</th>
<th>State (Most recent year)</th>
<th>Severity</th>
<th>Magnitude</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>R1a Health Insurance</td>
<td>The percentage of children ages 0-5 who are covered by health insurance increased from 95.1% in 2011 to 98.6% in 2015, and coverage rates were even higher for African American children (99.1%). Sacramento County is within 3% of the HP2020 target of 100%. The percentage of children ages 0-5 receiving Medi-Cal more than doubled in recent years because of changes in available health coverage (35.4% in 2013 to 81.0% in 2014).</td>
<td>100%</td>
<td>97.6%</td>
<td>Positive trend</td>
<td>1.4% of 0-5 year olds have no insurance</td>
</tr>
<tr>
<td>R1a Health Insurance</td>
<td>Among children three to six years old receiving Medi-Cal, the percentage who had one or more well-child visits with a primary care provider during the year</td>
<td>N/A</td>
<td>73.3% (HEDIS)</td>
<td>Flat trend</td>
<td>28.5% of 3-6</td>
</tr>
<tr>
<td>First 5 Result/Indicator</td>
<td>Trends</td>
<td>HP2020 Target</td>
<td>State (Most recent year)</td>
<td>Severity</td>
<td>Magnitude</td>
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<tr>
<td><strong>Utilization: Well-Child Visits</strong></td>
<td>decreased from 2012 (72.7%) to 2014 (71.5%). In terms of the benchmark, the county’s utilization rate (71.5%) is within 3% of the 2014 state average (73.3%). There is no HP2020 objective available, but for comparison, the 2014 national Medicaid average was 72%, and the national commercial average was 74%.</td>
<td></td>
<td>[N/A](b/c of age)</td>
<td>24.1%</td>
<td>[N/A](b/c of age)</td>
</tr>
<tr>
<td><strong>R1b Oral Health Access</strong></td>
<td><strong>0-3 year olds</strong>: 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 this rate is within 3% of the benchmark of 24.1% set by Medi-Cal.</td>
<td>N/A</td>
<td>24.1%</td>
<td>Positive trend</td>
<td>Within 3% of state benchmark</td>
</tr>
<tr>
<td><strong>R2 Access to Prenatal Care</strong></td>
<td>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 HP2020 benchmark of 77.9%.</td>
<td></td>
<td>77.9%</td>
<td>Worsening trend</td>
<td>Meets HP2020 benchmark</td>
</tr>
<tr>
<td><strong>R2 Access to Postnatal Care</strong></td>
<td>The percentage of mothers on Medi-Cal who had a postpartum visit on or between 21-56 days after delivery decreased from 2012 (60%) to 2014 (54%). (Although the statistic was not available for all health plans in 2015, there was some indication that the percentage had increased slightly in 2015.) The county’s rate is just under the state average. There is no HP2020 objective available, but for comparison, the 2015 national Medicaid average was 61% and the national commercial average is consistently around 80%.</td>
<td>N/A</td>
<td>56.99% (HEDIS)</td>
<td>Worsening trend</td>
<td>Within 3% of state average (which itself is poor)</td>
</tr>
<tr>
<td><strong>R3 Low Birth Weight</strong></td>
<td>Overall, the percentage of babies born with low birth weight remained unchanged from 2010 (7.08%) to 2014 (7.02%). Though higher, the rate amongst African Americans also did not change (10.81% in 2010 and 2014). However, the rate for Asians increased from 7.88% in 2010 to 8.54% in 2014.</td>
<td>7.8%</td>
<td>6.8%</td>
<td>Worsening trend (Asian babies)</td>
<td>Fails HP2020 benchmark (A/A and Asian)</td>
</tr>
<tr>
<td>First 5 Result/Indicator</td>
<td>Trends</td>
<td>HP2020 Target</td>
<td>State (Most recent year)</td>
<td>Severity</td>
<td>Magnitude</td>
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<tr>
<td><strong>R3</strong> Very Low Birth Weight</td>
<td>Overall, the percentage of babies born with very low birth weight has increased from 2010 (1.24%) to 2014 (1.44%), and increases also occurred in some subgroups, including African Americans (2.34% in 2010 to 3.01% in 2014), and Asians (0.93% to 1.73%). In 2014, the rate of VLBW babies overall and amongst African Americans and Asians failed to meet the HP2020 benchmark of 1.4%. The percentage of VLBW babies was 3.01% for African Americans, three times higher than it was for Whites (1.05%).</td>
<td>1.4%</td>
<td>1.2%</td>
<td>- Worsening trend overall and for A/A and Asian babies - Fails HP2020 benchmark (overall, A/A and Asian babies)</td>
<td>- 3% of A/A babies born at very low birth weight</td>
</tr>
<tr>
<td><strong>R3</strong> Preterm Births</td>
<td>The percentage of infants born before 37 weeks decreased from 9.09% in 2010 to 8.71% in 2014. However, the percentage of pre-term births amongst African American infants increased from 2010 (12.06%) to 2014 (12.44%), as it did for Asian infants (8.48% and 9.13%, respectively). The percentage for African American infants born preterm (12.4%) exceeds the HP2020 benchmark (11.4%).</td>
<td>11.4%</td>
<td>8.8%</td>
<td>- Worsening trend for A/A babies - Fails HP2020 benchmark (A/A babies)</td>
<td>- 12.4% of A/A babies born pre-term</td>
</tr>
<tr>
<td><strong>R4</strong> Infant Mortality</td>
<td>Because of the small numbers, rates by race/ethnicity are calculated as rates over multi-year periods. The rate of infant deaths has decreased, from 5.8 deaths per 1,000 live births in 2007-09 to 5.2 in 2011-13, and it decreased as well for African Americans (10.8 to 8.8, respectively), but increased for Latinos (4.6 to 4.8). The rate for African Americans exceeded the HP2020 target.</td>
<td>6 deaths per 1,000 live births</td>
<td>4.7 per 1,000 live births</td>
<td>- Positive trend, but worsening for Latinos - Fails HP2020 benchmark (A/A infants)</td>
<td>- Less than 1% of infants affected</td>
</tr>
<tr>
<td><strong>R5</strong> Childhood Obesity</td>
<td>The percentage of fifth graders who were overweight or obese has decreased from 44.4% in 2012 to 37.6% in 2015. Percentages from 2015 highlight racial/ethnic disparities: Latino: 45.5%, African American: 40.7%, Asian: 33.4% and White: 30.6%. The percentage for Latino students (45.5%) was higher than the overall state percentage (40.3%).</td>
<td>N/A</td>
<td>40.3%</td>
<td>- Positive trend - Fares worse than statewide average (Latinos higher than state average)</td>
<td>- 37.6 % of students overweight/obese</td>
</tr>
<tr>
<td>First 5 Result/Indicator</td>
<td>Trends</td>
<td>HP2020 Target</td>
<td>State (Most recent year)</td>
<td>Severity</td>
<td>Magnitude</td>
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<tr>
<td><strong>R6</strong> Exclusive Breastfeeding</td>
<td>The percentage of mothers who exclusively fed their baby breast milk in the hospital has increased from 64.4% in 2010 to 74.1% in 2015. Increases were also seen for subpopulations: African Americans increased from 51.6% to 64.3%, Latinos from 62.1% to 74.4%, and Asians from 55.5% to 67.3%. However, the exclusive breastfeeding rate for African American, Asian and Pacific Islander mothers was lower than the overall state average.</td>
<td>N/A</td>
<td>68.8%</td>
<td>Positive trends for all groups</td>
<td>25.9% of mothers did not exclusively breastfeed in the hospital</td>
</tr>
<tr>
<td><strong>R7</strong> Oral Health: Untreated Decay</td>
<td>According to the California Dental Association's AB 1433 Pre-K Reported Data, the percentage of prekindergarten students with untreated decay has fluctuated, and decreased from 26.9% in 2012 to 25.0% in 2014. However, the county rate for tooth decay exceeds the HP2020 target of 21.4%.</td>
<td>21.4%</td>
<td>N/A</td>
<td>Flat trend</td>
<td>25% of preschool-aged children screened have untreated decay</td>
</tr>
</tbody>
</table>

**Early Care and Development**

**R8** Child Care Quality  
As of June 30, 2013, there were 160 child care sites (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, or QRIS. By June 30, 2016, that number had increased to 212 sites, representing 10,830 children, or 9% of 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.  

| **R9** Child Care Costs | Infant care: The cost of full-time center-based child care for infants increased from $10,844 in 2010 to $12,296 in 2014, a 13% increase, whereas it increased 18% statewide. Relative to family income, affordability has worsened in the county: for a family earning $42,216 or less (the maximum amount to qualify for a subsidy), without a subsidy, infant care would require 17% of their income in 2010, and 19% of their income in 2014. (Statewide, it was 16% in 2010, increasing to 20% in 2014). Percentage of $42,216 income needed for child care: Infant: 20% Preschool: 21% | N/A |  | Worsening trend in affordability | 73.6% of children in poverty do not have access to affordable child care |
### First 5 Result/Indicator

| Preschool: The cost of full-time center-based child care for preschool children increased from $7,242 (2010) to $8,868 (2014), a 19% gain, but only increased by 16% across the state ($9,106). For a family earning $42,216, preschool required 18% of income in 2010, and 21% in 2014. (Statewide, 19% in 2010, increasing to 21%). |
|---|---|---|---|---|
| **R9** | Child Care Access | 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 has dropped to 31% by 2014. However, the county still has slightly better capacity (31%) compared to the state (28%). | N/A | 28% capacity |
| **R10** | Health/Dev Screenings | The percentage of children ages 3-5 enrolled in special education changed little from 2010/11 (9.3%) to 2015/16 (9.4%). Trends were also unchanging across the state (10.7% in 2010/11 as well as 2015/16). | N/A | 10.7% |
| **R11** | Preschool Enrollment | 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%. | N/A | 48.9% |
| **R11** | School Readiness | The percentage of children ready for kindergarten based on the Kindergarten Observation Form showed mixed trends between fall 2014 and fall 2015. There was an increase in the percentage of fully ready students (35% to 38%), but also an increase in those not ready (25% in 2014 and 26% in 2015), and a decrease in those partially ready (40% to 36%). In terms of subgroups, 2015 data revealed that low income students in First 5-supported preschools had higher readiness scores than other income groups in those preschools, narrowing the readiness gap. | N/A | N/A |

#### Empowered Families
<table>
<thead>
<tr>
<th>First 5 Result/Indicator</th>
<th>Trends</th>
<th>HP2020 Target</th>
<th>State (Most recent year)</th>
<th>Severity</th>
<th>Magnitude</th>
</tr>
</thead>
</table>
| R12 Community Connectedness | Among parents who completed the First 5 Sacramento Family Information Form in FY 2016 at intake, over three-quarters agreed or strongly agreed with the following statements:  
- “I have people who provide support when I need it.” (77%)  
- “I have others who will listen when I need to talk about my problems.” (78%)  
- “When I am worried about my child, I have someone to talk to.” (83%)  

- N/A  
- N/A  
- N/A  

- About 17-23% of parents do not have someone to talk to for support | N/A | N/A | N/A | About 17-23% of parents do not have someone to talk to for support |
| R12 Knowledge of Community Resources | Among parents who completed the First 5 Sacramento Family Information Form in FY 2016 at intake, slightly over two-thirds agreed or strongly agreed with the following statements:  
- “I know what program to contact in my community when I need help for basic needs.” (68%)  
- “I know what program to contact in my community when I need advice on raising my child.” (70%)  

- N/A  
- N/A  
- N/A  

- About 30-32% of parents do not know which programs to contact for support | N/A | N/A | N/A | About 30-32% of parents do not know which programs to contact for support |
| R13 Effective parenting | The rate of child abuse allegations per 1,000 children ages 0-5 has worsened from 60.7 in 2010 to 65.3 in 2015. There has also been an increase among African American and Native American children specifically. The county’s rate (65.3) exceeds the state rate (56.3) overall, as do several subgroups, such as African Americans (169.9), Whites, Asians, and Native Americans.  

- In terms of magnitude, the percentage of children ages 0-5 who experience an allegation is 6%, but it is up to 16% for some subgroups (African American, Multi-ethnic, Native American).  

- N/A  
- 56.3 per 1000  
- Worsening trend  
- Fares worse than statewide average  
- 16% of A/A children affected by allegations of maltreatment | N/A | 56.3 per 1000 | Worsening trend | Fares worse than statewide average | 16% of A/A children affected by allegations of maltreatment |
| R14 Child Injury | The rate of substantiated maltreatment per 1,000 children 0-5 has increased from 13.1 cases in 2011 to 18.4 cases in 2015. The rate for subpopulations has also increased since 2011, and in 2015, the rate of substantiated maltreatment amongst African American children was 52.8 per 1000, four times as high as the overall county rate. The county rate exceeds both the HP2020 benchmark and the state averages.  

- 8.5 per 1000  
- Worsening trend  
- Fares worse than HP2020 and statewide average  
- Fewer than 5% affected by maltreatment (A/A) | 8.5 per 1000 | 11.9 per 1000 | Worsening trend | Fares worse than HP2020 and statewide average | Fewer than 5% affected by maltreatment (A/A) |
<table>
<thead>
<tr>
<th>First 5 Result/Indicator</th>
<th>Trends</th>
<th>HP2020 Target</th>
<th>State (Most recent year)</th>
<th>Severity</th>
<th>Magnitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Unemployment Rate</td>
<td>The unemployment rate decreased from 12.6% in 2010 to 6.0% in 2015. It is nearly the same as the unemployment rate at the state level.</td>
<td>N/A</td>
<td>6.2%</td>
<td><img src="#" alt="Green" /> <img src="#" alt="Green" /></td>
</tr>
<tr>
<td>Other</td>
<td>Children Living in Poverty</td>
<td>The percentage of children ages 0-5 living in poverty decreased from 28.4% in 2011 to 23.1% in 2015, and rates decreased for all racial/ethnic groups as well. The rate of poverty amongst African American children (38.2%) and Latino children (28.2%) is much higher than the state average.</td>
<td>N/A</td>
<td>22.3%</td>
<td><img src="#" alt="Orange" /> <img src="#" alt="Red" /></td>
</tr>
<tr>
<td>Other</td>
<td>Teen Births</td>
<td>The overall birth rate per 1,000 teens ages 15-19 has decreased from 31.0 in 2010 to 22.3 in 2013. The rate reduced for all ethnic groups, and for all age groups as well (15-17 year olds, 18-19 year olds). The county meets the HP2020 benchmark for 15-17 year olds (9.6 vs 36.2) and for 18-19 year olds (40.4 vs 105.9).</td>
<td>36.2 per 1,000 teens (ages 15-17) 105.9 per 1,000 teens (ages 18-19)</td>
<td>23.4 per 1,000</td>
<td><img src="#" alt="Green" /> <img src="#" alt="Green" /></td>
</tr>
<tr>
<td>Other</td>
<td>Unmarried Mothers</td>
<td>The percentage of unmarried mothers has remained stable, from 41.9% in 2010 to 41.5% in 2012. County percentages have been nearly the same as state averages.</td>
<td>N/A</td>
<td>41.7%</td>
<td><img src="#" alt="Orange" /> <img src="#" alt="Red" /></td>
</tr>
<tr>
<td>Other</td>
<td>Women’s Mental Health</td>
<td>During 2009-2011, the rate of mood disorder hospitalizations among women ages 15 to 44 was 1542.6 per 100,000 (1.5%). This is higher than the state average.</td>
<td></td>
<td>1026.6</td>
<td><img src="#" alt="Red" /> <img src="#" alt="Green" /></td>
</tr>
<tr>
<td>Other</td>
<td>Smoking (Pregnant Women)</td>
<td>In 2011, the percentage of mothers who smoked during the 1st or 3rd trimester was 10.5%, higher than the state average.</td>
<td></td>
<td>8.1%</td>
<td><img src="#" alt="Red" /> <img src="#" alt="Orange" /></td>
</tr>
<tr>
<td>Other</td>
<td>Substance Use Diagnoses (Pregnant Women)</td>
<td>During 2009-2011, there were 25.9 substance use diagnoses per 1,000 hospitalizations of pregnant females ages 15 to 44. This was nearly twice the state rate.</td>
<td></td>
<td>14.2</td>
<td><img src="#" alt="Red" /> <img src="#" alt="Green" /></td>
</tr>
<tr>
<td>Other</td>
<td>Domestic Violence</td>
<td>The rate of domestic violence-related calls per 1,000 adults ages 18-69 has decreased from 7.9 calls in 2010 to 5.8 in 2014. The county rate is lower than the</td>
<td>N/A</td>
<td>6.0</td>
<td><img src="#" alt="Green" /> <img src="#" alt="Green" /></td>
</tr>
</tbody>
</table>
## First 5 Result/Indicator

<table>
<thead>
<tr>
<th>First 5 Result/Indicator</th>
<th>Trends</th>
<th>HP2020 Target</th>
<th>State (Most recent year)</th>
<th>Severity</th>
<th>Magnitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Assault Hospitalizations (Women)</td>
<td>During 2009-2011, the rate of assault hospitalizations among females ages 15 to 44 was 30.5 per 100,000 females, twice as high as the state rate.</td>
<td>N/A</td>
<td>15.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Technical Notes Related to Scoring:

### Trend:
- If data for several previous years are available and trend has been consistent, that direction will be considered the trending direction.
- If data for several previous years are available and the trend has not been consistent, OR, data are available for only one previous year, the trend will be categorized as increasing or decreasing if the change from the previous year is more than 3 percentage points (*unless the prevalence is low, like <15%*).

### Benchmark:
- An indicator is considered to miss the benchmark if the overall or subgroup percentage is more than 3 percentage points less than benchmark (*unless the prevalence is low, like <15%*).
- HP2020 objectives are considered the benchmark, if available.
- If HP2020 objectives are not available, the statewide average is considered the benchmark.

<table>
<thead>
<tr>
<th>Score</th>
<th>Trend</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>🟥红色</td>
<td>Negative</td>
<td>Misses HP2020, or if HP2020 not available, misses the state average</td>
</tr>
<tr>
<td>🟥红色</td>
<td>Flat</td>
<td>Misses HP2020, or if HP2020 not available, misses the state average</td>
</tr>
<tr>
<td>🟢绿色</td>
<td>Negative</td>
<td>Meets HP2020, or if HP2020 not available, meets the state average</td>
</tr>
<tr>
<td>🟢绿色</td>
<td>Flat</td>
<td>HP2020 not available, and meets state average, but state is faring “poorly” (e.g. well-child visits, single parenthood)</td>
</tr>
<tr>
<td>🟢绿色</td>
<td>Positive</td>
<td>Misses HP2020, or if HP2020 not available, misses the state average</td>
</tr>
<tr>
<td>🟢绿色</td>
<td>Flat</td>
<td>Meets HP2020, or if HP2020 not available, meets the state average, and state is faring “well”</td>
</tr>
<tr>
<td>🟢绿色</td>
<td>Positive</td>
<td>Meets HP2020, or if HP2020 not available, meets the state average</td>
</tr>
</tbody>
</table>
# ATTACHMENT 2 — PARENT PRIORITIES

## PERCENTAGE OF PARENTS WHO RANKED EACH NEED AS ONE OF THEIR TOP 5 NEEDS

*1,211 parents responding*

<table>
<thead>
<tr>
<th>Parent Need</th>
<th>Percentage of Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing healthy food for my child</td>
<td>51%</td>
</tr>
<tr>
<td>Finding a childcare or preschool where my child is happy, secure and nurtured</td>
<td>48%</td>
</tr>
<tr>
<td>Connecting to other parents in my community</td>
<td>44%</td>
</tr>
<tr>
<td>Engaging my child in physical activity</td>
<td>42%</td>
</tr>
<tr>
<td>Getting my child to a dentist for regular check-ups</td>
<td>42%</td>
</tr>
<tr>
<td>Finding services to help parents raise their children (classes, home visiting, support groups)</td>
<td>42%</td>
</tr>
<tr>
<td>Finding things I can do at home to help my child prepare for kindergarten</td>
<td>42%</td>
</tr>
<tr>
<td>Getting my child to the doctor for regular check-ups</td>
<td>41%</td>
</tr>
<tr>
<td>Finding a childcare or preschool I can afford</td>
<td>35%</td>
</tr>
<tr>
<td>Getting tests to help identify problems my child may have (behavior, vision, speech, autism)</td>
<td>29%</td>
</tr>
<tr>
<td>Help finding transportation to my appointments</td>
<td>22%</td>
</tr>
<tr>
<td>Help finding affordable mental health/counseling services</td>
<td>21%</td>
</tr>
<tr>
<td>Finding emergency childcare/safe place to leave my child</td>
<td>20%</td>
</tr>
<tr>
<td>Help with breastfeeding</td>
<td>18%</td>
</tr>
<tr>
<td>Having a car seat to safely transport my child</td>
<td>18%</td>
</tr>
<tr>
<td>Finding resources to address my child's behavioral issues</td>
<td>17%</td>
</tr>
<tr>
<td>Help getting prenatal care and support during pregnancy (education, support groups, counseling, etc.)</td>
<td>15%</td>
</tr>
<tr>
<td>Having a safe place for my child to sleep (crib)</td>
<td>11%</td>
</tr>
<tr>
<td>Help with drug/alcohol problems</td>
<td>7%</td>
</tr>
</tbody>
</table>

## Provider Priorities

### Percentage of Providers Who Said Each Need Is “Very Important”

41 providers responding

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease infant deaths</td>
<td>35%</td>
</tr>
<tr>
<td>Decrease childhood injuries and death</td>
<td>34%</td>
</tr>
<tr>
<td>Increase use of effective parenting</td>
<td>32%</td>
</tr>
<tr>
<td>Increase accessibility to affordable quality child care</td>
<td>32%</td>
</tr>
<tr>
<td>Increase health/developmental screenings and connections to early intervention services</td>
<td>31%</td>
</tr>
<tr>
<td>Increase family connections to community resources</td>
<td>30%</td>
</tr>
<tr>
<td>Increase adequate prenatal care</td>
<td>30%</td>
</tr>
<tr>
<td>Decrease babies with low birth weight</td>
<td>29%</td>
</tr>
<tr>
<td>Increase children’s, families’ and schools’ readiness for kindergarten</td>
<td>28%</td>
</tr>
<tr>
<td>Increase use of quality child care practices</td>
<td>28%</td>
</tr>
<tr>
<td>Prevent obesity through improved nutrition and physical activity</td>
<td>24%</td>
</tr>
<tr>
<td>Increase prevalence and duration of breastfeeding</td>
<td>21%</td>
</tr>
<tr>
<td>Increase access to and utilization of dental home</td>
<td>20%</td>
</tr>
<tr>
<td>Increase access to and utilization of medical home</td>
<td>20%</td>
</tr>
<tr>
<td>Decrease dental disease</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: First 5 Sacramento Provider Survey, 2016. N=41
ATTACHMENT 4 — PRIORITIZATION SCORES PER RESULT

AVERAGE SCORE, PER STRATEGIC RESULT AND PRIORITIZATION CRITERION

One set of scores from each of the 5 workgroup members, and a 6th score provided by First 5 staff, for a total of 6 scores. Total maximum score per result was 115. Note that two results, Access to Affordable Child Care and Obesity/ Nutrition/Physical Activity were promoted though policy efforts only (not direct service) and thus were scored using two different criteria (Policy Impact and F5 Impact on Policy).

<table>
<thead>
<tr>
<th>Result</th>
<th>Severity</th>
<th>Magnitude</th>
<th>Community Priority</th>
<th>Gap</th>
<th>F5 Impact</th>
<th>Disparities</th>
<th>System</th>
<th>Policy Impact</th>
<th>F5 Impact/ Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective parenting</td>
<td>25.0</td>
<td>9.7</td>
<td>15.0</td>
<td>13.3</td>
<td>16.0</td>
<td>11.0</td>
<td>7.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease injuries / death</td>
<td>25.0</td>
<td>9.7</td>
<td>9.2</td>
<td>13.3</td>
<td>14.7</td>
<td>10.0</td>
<td>8.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family connection/ resources</td>
<td>18.5</td>
<td>11.0</td>
<td>15.0</td>
<td>12.5</td>
<td>12.0</td>
<td>9.5</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School readiness</td>
<td>20.7</td>
<td>15.0</td>
<td>15.0</td>
<td>7.5</td>
<td>8.0</td>
<td>11.0</td>
<td>10.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Death</td>
<td>22.8</td>
<td>9.7</td>
<td>10.3</td>
<td>9.2</td>
<td>12.0</td>
<td>11.0</td>
<td>11.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access/ affordable child care</td>
<td>12.0</td>
<td>13.8</td>
<td>15.0</td>
<td>14.2</td>
<td>10.7</td>
<td>10.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Disease</td>
<td>22.8</td>
<td>12.0</td>
<td>8.0</td>
<td>8.3</td>
<td>10.0</td>
<td>9.5</td>
<td>7.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>25.0</td>
<td>13.0</td>
<td>9.2</td>
<td>9.2</td>
<td>8.7</td>
<td>10.0</td>
<td>6.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality child care</td>
<td>9.0</td>
<td>11.7</td>
<td>15.0</td>
<td>10.8</td>
<td>9.3</td>
<td>8.0</td>
<td>8.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access/ Utilization: Dental</td>
<td>13.2</td>
<td>15.0</td>
<td>8.0</td>
<td>6.7</td>
<td>9.3</td>
<td>10.0</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>16.3</td>
<td>15.0</td>
<td>8.0</td>
<td>7.5</td>
<td>8.7</td>
<td>10.0</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity/ Nutrition/ Phys Act.</td>
<td>14.2</td>
<td>13.0</td>
<td>10.3</td>
<td>9.2</td>
<td>12.7</td>
<td>8.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dev screening and referral</td>
<td>12.0</td>
<td>13.8</td>
<td>10.0</td>
<td>7.3</td>
<td>9.5</td>
<td>9.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>12.0</td>
<td>13.8</td>
<td>4.7</td>
<td>7.5</td>
<td>10.7</td>
<td>10.0</td>
<td>5.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access/ Utilization: Health</td>
<td>8.0</td>
<td>9.7</td>
<td>8.0</td>
<td>7.5</td>
<td>8.7</td>
<td>6.5</td>
<td>5.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# ATTACHMENT 5 — GOALS, RESULTS AND INDICATORS

## PRELIMINARY POPULATION AND PROGRAM INDICATORS PER RESULT

<table>
<thead>
<tr>
<th>Goals</th>
<th>Results</th>
<th>Population indicators</th>
<th>First 5 Program Result Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children are healthy</td>
<td><strong>R1. Decrease infant deaths</strong></td>
<td>Percentage of pregnant women who began prenatal care in 1st trimester</td>
<td>Percentage of pregnant women who received prenatal care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of infants born with low birth weight</td>
<td>Percentage of infants born with low birth weight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of infants born premature</td>
<td>Percentage of infants born premature</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate of infant deaths by race/ethnicity by cause</td>
<td>Number of infant deaths by race/ethnicity by cause</td>
</tr>
<tr>
<td></td>
<td><strong>R2. Increase prevalence &amp; duration of breastfeeding</strong></td>
<td>Percentage of infants for whom mother initiated breastfeeding</td>
<td>Percentage of infants for whom mother initiated breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of infants exclusively breastfed for at least 6 months after birth</td>
<td>Percentage of infants exclusively breastfed for at least 6 months after birth</td>
</tr>
<tr>
<td></td>
<td><strong>R3. Decrease dental disease</strong></td>
<td>Percentage of children 18 months and older who saw dentist in past 6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of children screened and referred, when necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of children with untreated cavities</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>R4. Increase access to and utilization of medical</strong></td>
<td>Percentage of children with medical insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of children who have a regular doctor/health provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of children with well-child visit in last 12 months</td>
<td></td>
</tr>
<tr>
<td>All children are in an environment conducive to their development</td>
<td><strong>R5. Increase accessibility to affordable quality child care</strong></td>
<td>Percentage of families who need subsidized child care who have it</td>
<td>Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) score</td>
</tr>
<tr>
<td></td>
<td><strong>R6. Increase use of quality child care practices</strong></td>
<td></td>
<td>Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) score</td>
</tr>
</tbody>
</table>

---

**FIRST 5 SACRAMENTO**  
**PAGE | 37**
<table>
<thead>
<tr>
<th>Goals</th>
<th>Results</th>
<th>Population indicators</th>
<th>First 5 Program Result Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children enter kindergarten ready to learn</td>
<td>R7. Increase children’s, families’, and schools’ readiness for kindergarten</td>
<td>Percentage of children who met developmental milestones</td>
<td>Percentage of children who are read to least 5 days/week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of children who have had a developmental screening in the past 12 months, and referred for early intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of kindergartners who attended preschool prior to kindergarten</td>
<td>Percentage of kindergartners who attended preschool prior to kindergarten</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of kindergartners ready for school</td>
<td>Percentage of kindergartners ready for school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of parents who participated in at least 4 kindergarten transition activities</td>
<td></td>
</tr>
<tr>
<td>All families connect to their communities</td>
<td>R8. Increase family connections to community resources</td>
<td>Percentage of parents who know where to go for social and basic needs support</td>
<td>Percentage of parents who report utilization of community resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of parents who report connectedness to their community</td>
<td></td>
</tr>
<tr>
<td>All families support children’s development and safety</td>
<td>R9. Increase use of effective parenting</td>
<td>Rate of child maltreatment allegations</td>
<td>Percent of parents with child maltreatment allegations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of parents confident in their parenting abilities</td>
<td>Percentage of parents with increased knowledge of parenting and child development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of parents with substantiated child maltreatment referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate of recurrence</td>
<td>Percent of parents with no recurrence of abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of families receiving emergency child care</td>
<td></td>
</tr>
</tbody>
</table>