FIRST 5 SACRAMENTO

STRATEGIC PLAN

FY2021-2024

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Applied Survey Research

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To the Sacramento County Community:

Statewide, First 5 is the largest investor in early childhood programs. Locally, First 5 Sacramento has invested $318 million to improve the health, safety and development of children from prenatal through age five. For the past 20 years, First 5s have dedicated Prop 10 tobacco tax dollars to ensure families are strong, and children are healthy and ready to succeed in kindergarten and beyond.

First 5 funding is guided by the unique needs of Sacramento County families. The Commission uses an inclusive and transparent community-wide process to produce a strategic plan. This plan is rooted in First 5 Sacramento's commitment to children and families. It is the road map to ensure that we fund prevention and early intervention services most needed for our local children and parents.

The 2021-2024 Strategic Plan focuses on the future of First 5 Sacramento during a time of transition, as we move from funding primarily direct services, to investing in systems change. The continual decline of tobacco tax revenue presents an opportunity to advance sustainability by building new partnerships, leveraging investments, affecting state and local systems, and advocating for policies that sustain critical services.

On behalf of the First 5 Sacramento Commission, thank you for being part of the community process to improve outcomes for children and families. We remain dedicated to our mission, and will continue devoting resources to essential services and systems that benefit the whole child during the first five years of life.

In Partnership,

Supervisor Phil Serna
Chair, First 5 Sacramento

Julie Gallelo
First 5 Sacramento Executive Director

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STRATEGIC PLAN 2021-24 AT A GLANCE

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 approximately $20 million annually across these priority areas. However, in response to declining tobacco tax revenue and dwindling reserves, the 2021-2024 period must include a 25% reduction in spending in the three-year period.

The purpose of the 2021-24 Strategic Plan is to inform how First 5 Sacramento can make the best possible use of its investments across its priority areas. Based on community trend data, landscape analyses, and perspectives of county leaders, community members, parents, and providers, First 5 Sacramento adopted the following strategic goals and results for the 2021-24 period:

Goal 1: All children are born healthy and access preventive services to maintain optimal health

- Result 1: Improve perinatal conditions and reduce infant death
- Result 2: Increase prevalence and duration of breastfeeding
- Result 3: Increase utilization of medical, dental, and mental health services

Goal 2: All children have access to quality early learning experiences and are ready for kindergarten

- Result 4: Increase access to affordable child care
- Result 5: Increase the quality of early childhood settings to meet social-emotional, physical, and cognitive needs of young children
- Result 6: Increase children's, families', and schools' readiness for kindergarten

Goal 3: All families have access to resources and opportunities that support their children's development and safety

- Result 7: Increase use of effective parenting to decrease trauma and child maltreatment

First 5 Sacramento will impact these goals and results with a blend of direct service and system-strengthening approaches. These will be summarized in an updated Implementation Plan, Systems Sustainability Plan, and supporting evaluation plans as needed.

ACKNOWLEDGEMENTS

The First 5 Sacramento 2021-2024 Strategic Plan was created through a partnership between 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

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- Steve Wirtz, Ph. D. – Research Scientist Supervisor, California Department of Public Health

Commission Alternates:

- Patrick Kennedy – Sacramento County Supervisor
- Beth Hassett – Executive Director, WEAVE Inc. (Vice Chair of the Commission)
- Scott Moak – Vice President of Community Investment, Sacramento Republic
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- Kathy Kossick – Director, Sacramento Employment and Training Agency
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FIRST 5 SACRAMENTO STRATEGIC PLANNING WORKGROUP

- Beth Hassett – First 5 Commissioner
- Steve Wirtz – First 5 Commissioner
- Scott Moak – First 5 Commissioner
- Katie Andrew – First 5 Advisory Committee Member
- Alexxandria Paige – First 5 Advisory Committee Member

FIRST 5 SACRAMENTO STAFF

- Julie Gallelo – Executive Director
- Carmen Garcia-Gomez – Evaluation Manager

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

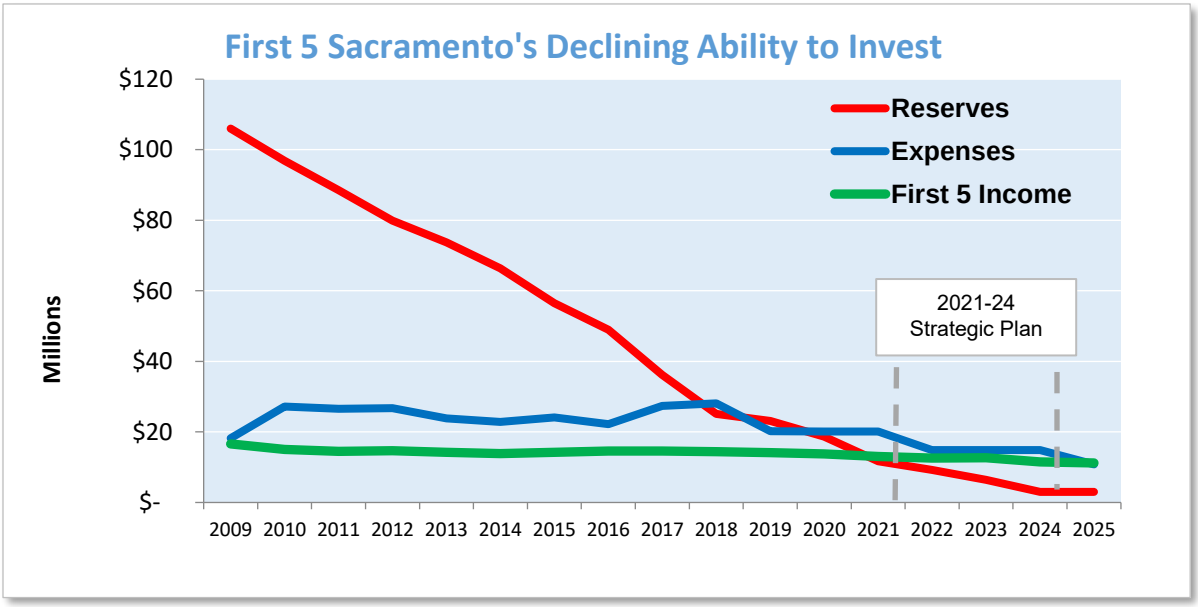
About First 5 Sacramento

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. 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.

In FY 2018-19, First 5 Sacramento invested $19.7 million across 10 strategic result areas. Key initiatives focus on reducing African American child death, promoting school readiness, preventing child abuse and neglect, as well as promoting access to primary medical and dental care, quality early care, and community connections. In FY 2018-19, First 5 served 44,874 duplicated clients, including 7,868 children (unduplicated). A robust evaluation design is in place that measures contractual milestones, Result-Based Accountability dashboards for each funded partner, and population-wide changes.

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, 2009, 2014, and 2017. First 5 funding across the state is gradually declining due to reductions in tobacco-related tax revenue, as well as spend-down on reserves (red line) that accumulated early in First 5's inception. By the year 2024, First 5 Sacramento's reserves will be spent down and annual expenditures will be funded solely on tax revenue (green line).



Purpose of the 2021-2024 Strategic Plan

First 5 Sacramento'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 benefits to the children and families of Sacramento County. However, the Commission must also make 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 2021-2024 strategic plan is to:

- Update the FY 2021-24 spending plan, including the amount available for investment;
- Review and update the vision, mission, and strategic principles;
- Review the needs of children and families in Sacramento County from a variety of perspectives;
- Develop funding criteria and prioritize First 5's desired results; and
- Allocate available funding per result area.

Additional plans will guide the implementation of the 2021-24 strategic directions, including a programmatic Implementation Plan, an updated Systems Sustainability Plan, and an updated Evaluation Plan.

STRATEGIC PLANNING PROCESS

Planning Roadmap

Over the course of a six-month period between September 2019 and January 2020, First 5 Sacramento led a workgroup of the Commission through a series of five meetings to update the 2021-24 Strategic Plan. Workgroup sessions were public meetings, with 10-50 members of the public in attendance.

Information Gathering

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 were gathered regarding the status of children and families, in terms of direction of trends, comparison to state averages, and the size of the disparity gap between the subgroups faring most and least favorably.
- Parent survey: A self-administered parent survey was shared electronically across First 5's network of partners and providers (convenience sample). The survey asked parents to rate services in each result area on a 1-5 scale, from lowest to highest priority. The survey was available in English and Spanish and interpreters were also on hand to help parents complete the survey in Vietnamese, Hmong, and Russian. In all, there were 977 parents who responded.
- Provider survey: A self-administered survey was distributed electronically across First 5's network of providers (convenience sample). There were 102 providers who responded. Like the parent survey, the survey asked providers to rate each result area on a 1-5 scale from lowest to highest priority.
- Landscape analysis: First 5 also analyzed information about each of the more subjective criteria, such as the presence of gaps (whether other funds are available to help offset or replace First 5 funding), First 5's capacity to make programmatic and systemic impacts, and addressed disparities.

Funding Criteria

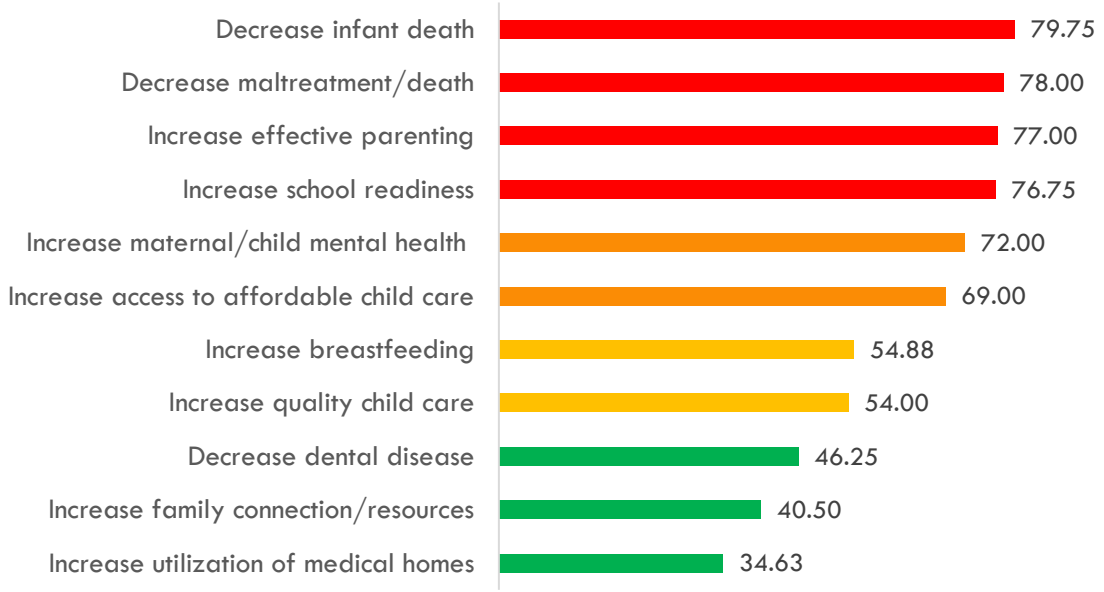
In order to make difficult budget reductions in a meaningful, data-informed and transparent manner, First 5 Sacramento created a set of prioritization criteria as a lens through which each result could be reviewed, evaluated, scored, and prioritized for funding. These criteria included:

- Community trends: Direction of trends, size of disparities, comparison to state (20 pts)
- Community priority: Parent and provider priorities (10 pts)
- Gaps in resources (20 pts)
- First 5 capacity to impact (25 pts)
- Systems and policy opportunities (25 pts)

Prioritization of Results

In November 2019, data were presented to the strategic planning workgroup. After hearing information about the needs, gaps, and opportunities in each result area, the workgroup members provided scores on their prioritization tool. First 5 Sacramento staff were also given one vote per result. Out of a possible score of 100, the following presents the results of the workgroup's rankings.

Figure 1. Average Priority Score per Strategic Result (115)



Revision of the Strategic Hierarchy

Based on the workgroup's decisions about each result, the updated list of strategic results was presented to the Commission for approval in February 2020. First 5 further refined the phrasing of result areas. An updated strategic hierarchy diagram is presented later in this report.

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:

In partnership with the community, we support a prevention and early intervention system that promotes optimal health and development, narrows disparities, and improves the lives of children 0 to 5 and their families.

Strategic Principles

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

- Make narrow and deep investments to create lasting systemic change
- Look for opportunities to leverage other dollars to sustain critical services for children and families
- 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
- Focus services on children and families who face significant challenges to achieving their maximum physical, social-emotional, and learning potential

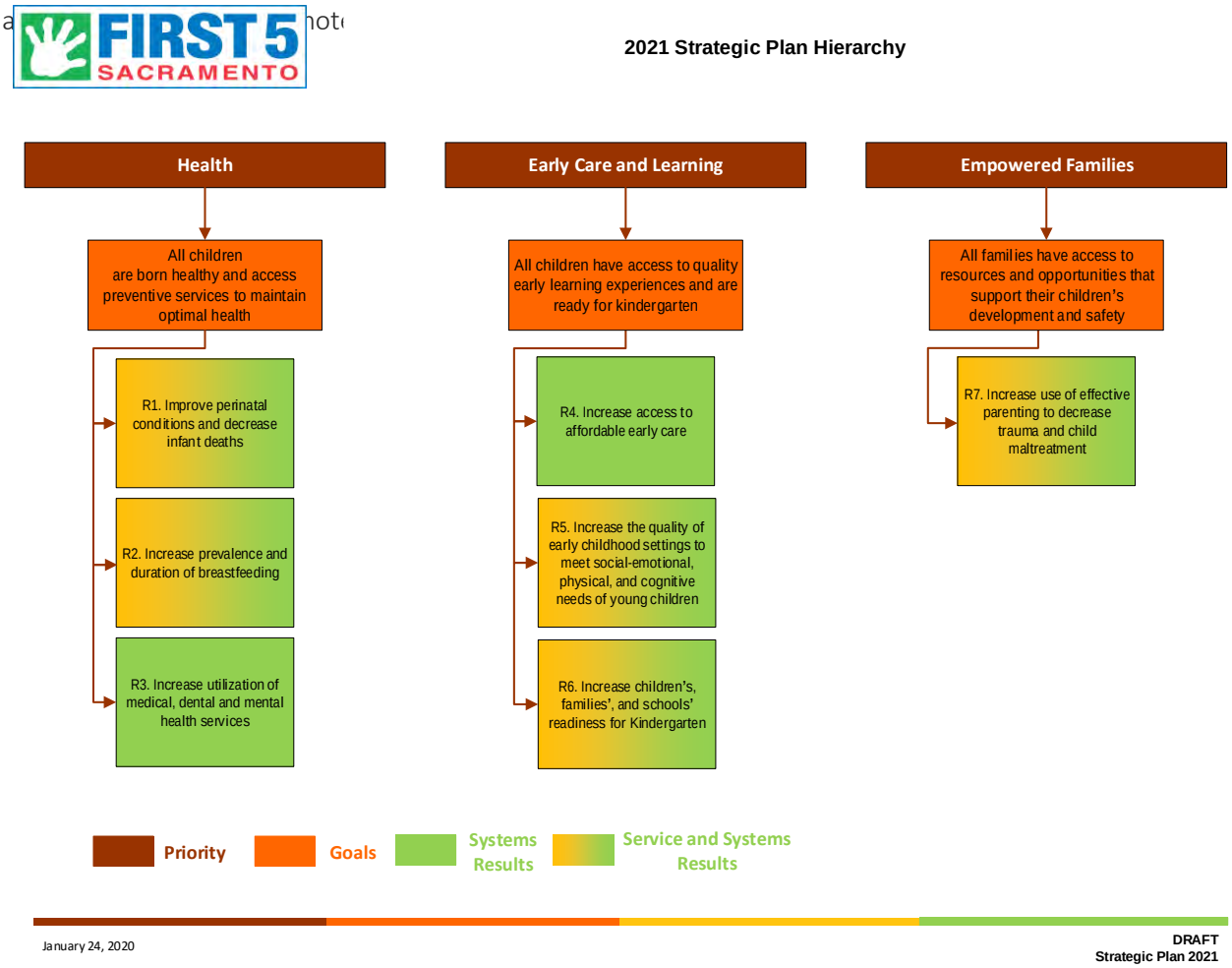
STRATEGIC HIERARCHY

First 5 Sacramento's Strategic Hierarchy is a framework that defines First 5's commitment to children, families, providers, and systems across the county. The framework defines the following:

- *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?
- *Results:* What changes can our programs and partnership make to influence each goal?

The 2021-2024 strategic planning process identified the results for which needs and resource gaps are the greatest, and therefore require sustained First 5 investment in direct services. Conversely, other result areas can be impacted by systemic improvement or by policy changes. Therefore, First 5 Sacramento will use a two-pronged approach to promote the desired results in its strategic hierarchy.

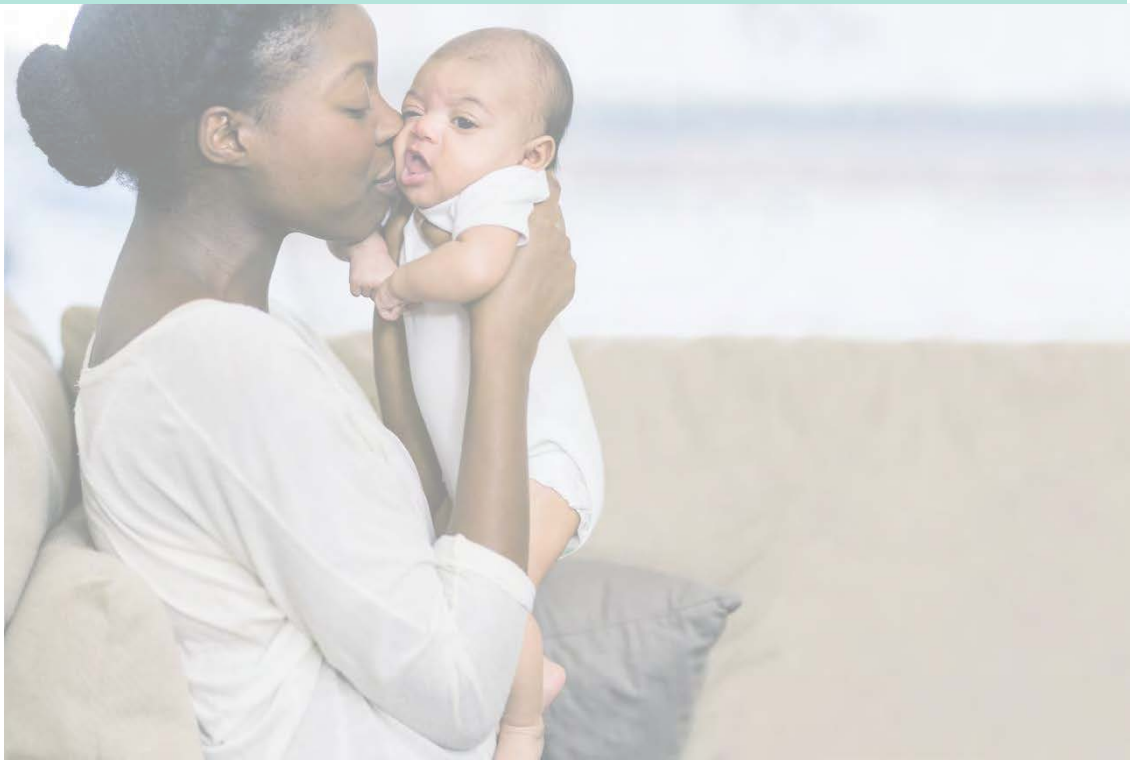
The following presents First 5 Sacramento's Strategic Hierarchy for the 2021-24 period. Results coded in green will be promoted solely through systems and policy strategies, while results shaded in yellow a hot



GOAL

1

ALL CHILDREN ARE BORN HEALTHY AND ACCESS PREVENTIVE SERVICES TO MAINTAIN OPTIMAL HEALTH

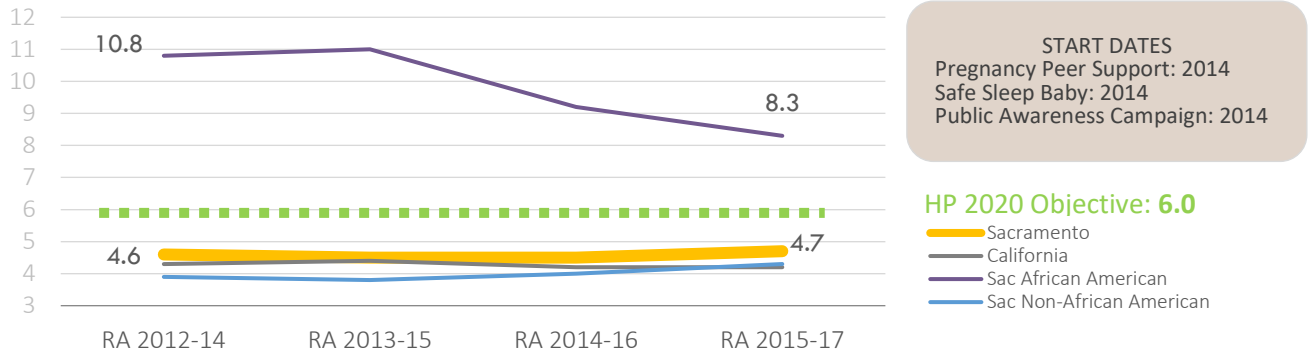


Result 1 — Improve perinatal conditions and reduce infant death

The Need

Infant mortality is influenced by several factors, including maternal stress, high blood pressure, preeclampsia, gestational diabetes, and prior miscarriages. Across Sacramento County, African American women are more likely than all other ethnic groups to have timely prenatal care, but also more likely to deliver preterm and low birth weight babies. The racial bias and discrimination African American women face daily are contributing factors to low birth outcomes. While the rate of AA infant deaths has significantly decreased in Sacramento County in recent years, the rate (8.3) still exceeds the Healthy People 2020 (HP2020) target of 6.0 per 1,000 births and is still disproportionately higher than all other races.

Figure 2. Rate of Infant Mortality, By Race (Deaths per 1,000 live births)



Source: Number of Sacramento County infant deaths in 2012-2017: All (81), African American (14). Source: California Department of Public Health. Sacramento County, Department of Health Services, Public Health Division, Epidemiology Program, Birth Statistical Master Files. Rate is per 1,000 infants.

First 5 Result Indicators

- Percentage of mothers who receive timely and regular prenatal care
- Percentage of babies born pre-term
- Percentage of babies born low birth weight
- Infant mortality rate

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.
- Provide case management services and peer support to increase use of prenatal care and connection to other critical health, socio-economic, and social services; both before and after delivery.
- Promote safe sleep training and crib distribution.

Potential Systems Improvement Strategies

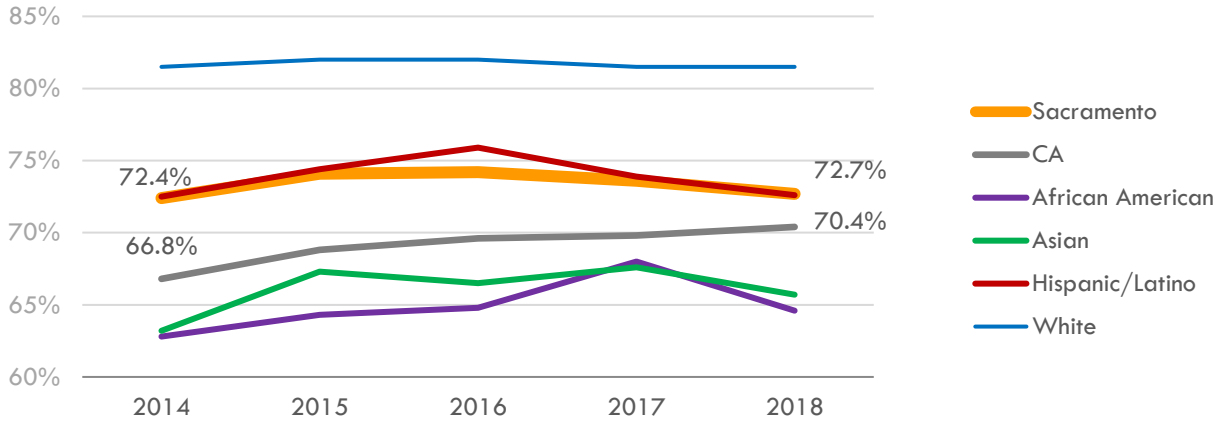
- Support public education campaigns to increase residents' understanding of the disparity in infant mortality, the causes of this disparity, and the importance of safe sleep practices.
- Promote online community resources as hubs for prenatal care education and referrals.
- Help hospitals develop policies and procedures to teach new mothers about safe sleep practices and recognize and reduce disparities in maternal and infant health, including but not limited to: partnerships with programs, use of peer support programs, implicit bias training, and funding.

Result 2 — Increase prevalence and duration of breastfeeding

The Need

Breastfeeding promotes bonding between mother and child and improves health outcomes for both. Across Sacramento County, the percentage of mothers who exclusively fed their baby breast milk in the hospital remained stable, from 74.1% in 2015 to 72.7% in 2018. Overall, Sacramento County fared better than the state average (70.4%). However, the exclusive breastfeeding rate for African American (64.6%) and Asian (65.7%) mothers is lower than White (81.5%) mothers.

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



Note: Number of mothers who exclusively breastfed their babies in Sacramento – Sacramento 12,039; CA 278,019; African American 998; Asian 1,323; Hispanic/Latino 3,328; White 4,461 (2018). Source: California Department of Public Health, 2018 California In-Hospital Breastfeeding.

First 5 Result Indicators

- Percentage of mothers who exclusively feed baby breastmilk in the hospital
- Percentage of mothers who exclusively feed baby breastmilk at 6 months

Potential Programmatic Strategies

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

Potential Systems Improvement Strategies

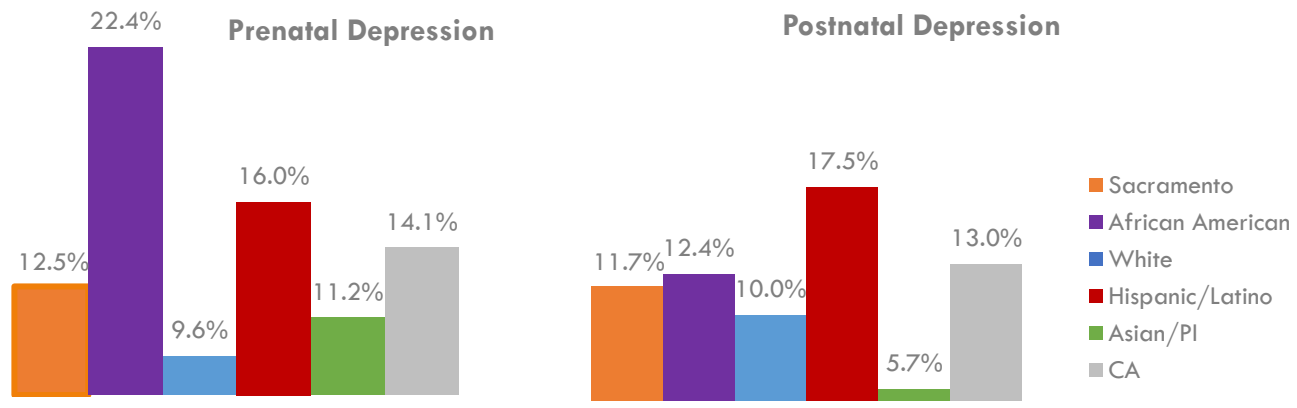
- Partner with health systems, hospitals and clinics to adopt “Baby Friendly” policies which encourage new mothers to breastfeed.
- Advocate for legislative policy change to allow Medi-Cal billing for Lactation Consultants.
- Engage with businesses to adopt family friendly practices that support breastfeeding mothers.

Result 3 — Increase utilization of medical, dental and mental health services

The Need

The impact of not utilizing medical, dental, and mental health services starts as early as the womb. **Mental Health:** In California, one in five women will experience a perinatal mood and anxiety disorder (PMAD), and there are substantial disparities between ethnic groups (below). Left untreated, PMADs can negatively impact the health of both mother and child. **Physical Health:** As a result of the Affordable Care Act, Sacramento County has reached almost universal health coverage for children and coverage rates are even higher for African American children (99.1%). However, almost a third of children on Medi-Cal are not receiving routine well-child check-ups, thereby missing the opportunity for early detection of health, vision, or developmental issues. **Dental Health:** The percentage of children ages 3-5 who visited the dentist in the previous year improved, increasing from 39.2% in 2014 to 43.1% in 2017, but is still abysmal. The percentage of pre-kindergarten children aged 4 to 5 years old with untreated decay has improved by 23.6%.

Figure 4. Percentage of Mothers Experiencing Depression, 2013-2015



Community Indicators to Watch

- Percentage of children with well-child visits in the last 12 months
- Percentage of children 18 months or older with dental visits in the last 6 months
- Percentage of mothers experiencing perinatal mood and anxiety disorders
- Percentage of children with high Adverse Childhood Experiences (ACEs) scores who are connected to services

Potential Systems Improvement Strategies

- Work with health systems and health plans to develop maternal mental health programs and screening and referral protocols.
- Encourage providers to conduct ACEs screenings as required by law and provide linkages to appropriate resources based on findings.
- Participate on Medi-Cal Dental Advisory Committee.

GOAL

2

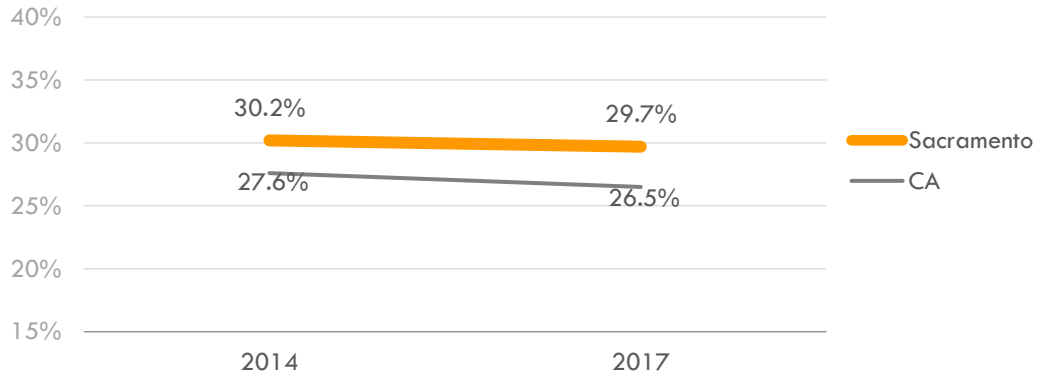
ALL CHILDREN HAVE ACCESS TO QUALITY EARLY LEARNING EXPERIENCES AND ARE READY FOR KINDERGARTEN

Result 4 — Increase access to affordable child care

The Need

Access to affordable, consistent child care is essential for families to be able to work. 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. In Sacramento County, the number of slots at licensed child care centers and family child care homes for children 0-5 decreased from 35,404 in 2014 to 35,149 in 2017, a loss of over 250 slots. However, the county still has slightly better capacity (29%) compared to the state (26%).

Figure 5. Percent of 0-5 Year-Olds Who Can Be Accommodated in a Licensed Child Care Setting



Source: California Resource and Referral Network Child Care Portfolios, 2017 Portfolio. Accessed at: https://d3n8a8pro7vhmx.cloudfront.net/rrnetwork/pages/1415/attachments/original/1530916994/2017_CA_Child_Care_Portfolio_06-18.pdf?1530916994.

Community Indicators to Watch

- Percentage of children ages 0-5 who can be accommodated in a licensed space
- Percentage of parents who reported they had a consistent source of child care
- Percentage of 3-4 year olds enrolled in preschool

Potential Systems Improvement Strategies

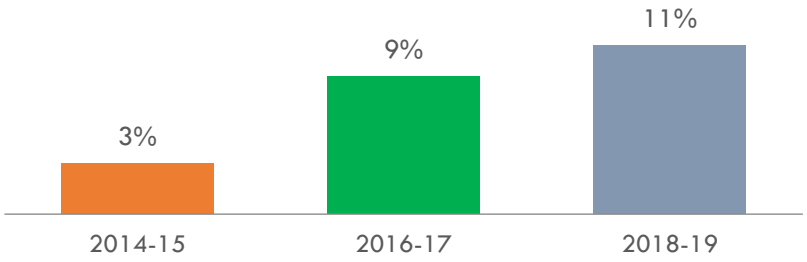
- Monitor and support state legislation to increase child care accessibility (supply or cost).
- Partner with parent advocacy groups who target policy change to increase child care options.
- Engage with City of Sacramento's Early Care and Learning Task Force to increase child care options.
- Participate on the Local Child Care Planning Council.
- Engage with businesses on family-friendly workplace policies.

Result 5 — Increase the quality of early childhood settings to meet social-emotional, physical, and cognitive needs of young children

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 should experience some kind of high quality early education prior to entering the K-12 school system. As of June 30, 2015, there were 160 child care programs (serving 4,064 children, or 3.3% of the county's 0-5-year-olds) that were participating in the county's Quality Rating Improvement System *(QRIS)*, led by the Sacramento County Office of Education. By June 30, 2019, that number had increased favorably to 285 program sites, representing 13,101 children, or 11% of the county's 0-5-year-olds.

Figure 6. Percentage of Children Ages 0-5 who Attend a Preschool Site with a Quality Rating



Source: Sacramento County Office of Education, 2019. Note: Number of children aged 0-5 who attended a QRIS site (2018-19): 13,101.

First 5 Result Indicators

- Percentage of licensed center and family child care providers who participate in QRIS
- Percentage of settings with increased quality as measured by the Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS)

Potential Programmatic Strategies

- Improve the quality of early education settings through ongoing professional learning opportunities, including mentoring and coaching using research-based resources and tools aligned with state/national quality improvement systems.
- Promote screening for developmental and behavioral needs and referrals to supportive services.

Potential Systems Improvement Strategies

- Explore ways to promote quality improvements across the county's system of early care.
- Engage with the Governor's Early Childhood Policy Council to advocate for a focus on quality in early care settings.
- Explore ways to integrate programs focused on supporting the professional development of early childhood providers.

Result 6 — 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 by three domains: Social Expression, Self-Regulation, and Kindergarten Academics. The countywide rate of readiness has slipped slightly, but children who have engaged in services supported by First 5 Sacramento have been shown to enter school more ready to learn than their peers.

Figure 7. Change in Average Kindergarten Readiness Score Amongst Transition Summer Camp Participants

Source: Transition Summer Camp Pre/Post Survey, 2019. N=301. *indicates a statistically significant difference at $p < .05$

First 5 Result Indicators

- Number of children receiving developmental screens and those linked to services
- Percentage of children who met developmental milestones
- Percentage of children who are read to at least 5 days/week

Potential Programmatic Strategies

- Provide early learning opportunities such as developmental playgroups for children ages 0-3.
- Support enhancements to existing preschool programs, such as developmental screenings.
- Educate parents on early literacy, supporting children's early learning, and on how to prepare children for kindergarten.

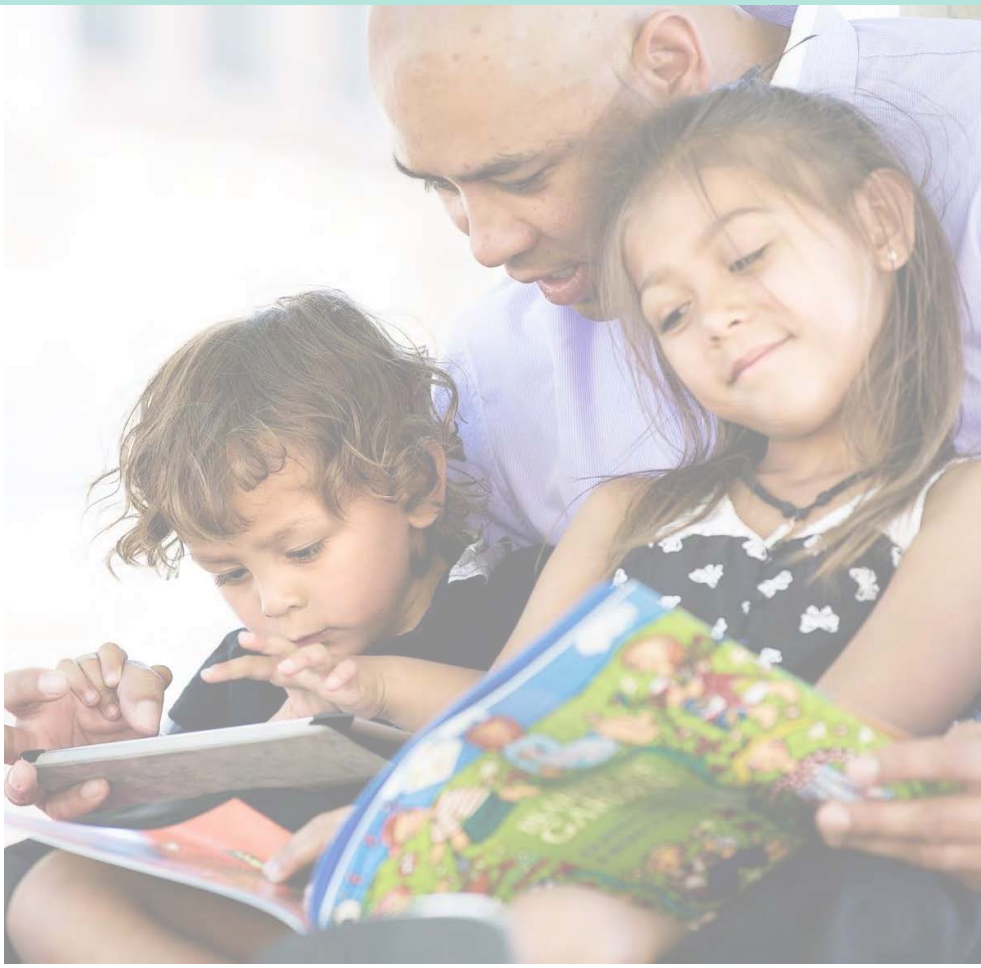
Potential Systems Improvement Strategies

- Engage with school districts on roll out of mandatory developmental screenings and ACEs screenings.
- Advocate for statewide implementation of an early identification and intervention system.
- First 5 as partner in Governor's Early Childhood Education (ECE) Master Plan.
- Engage with school districts on their Local Control Accountability Plans (LCAPs) to ensure inclusion of early learning.

GOAL

3

ALL FAMILIES HAVE ACCESS TO RESOURCES AND OPPORTUNITIES THAT SUPPORT THEIR CHILDREN'S DEVELOPMENT AND SAFETY

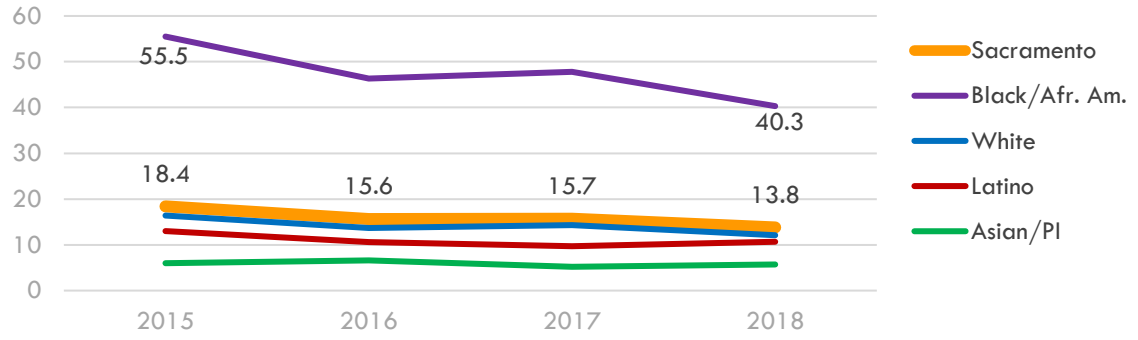


Result 7 — Increase use of effective parenting to decrease trauma and child maltreatment

The Need

Parenting styles are one of the most powerful predictors of child outcomes; warm and nurturing interactions help buffer children from the effects of chronic stress. The Center for the Study of Social Policy identifies 5 protective factors that improve family outcomes: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.[i] In Sacramento County, the rate of substantiated maltreatment for children 0-5 has decreased by 14.7%, but the rate among African American children is still three times the county average.

Figure 8. Substantiated Allegations of Child Abuse per 1,000 Children Ages 0-5, by Race/Ethnicity



Source: California Child Welfare Indicators Project. Note: Number of child abuse allegations in Sacramento 2018 — 1,627 (Sac); 31,388 (CA); 445 (Afr. Am); 509 (White); 374 Hispanic/Latino); 86 (Asian/PI).

First 5 Result Indicators

- Percentage of parents with increased protective factors
- Percentage of parents with reduced stress
- Reduced rate of child maltreatment
- Reduced trauma / adverse childhood experiences

Potential Programmatic Strategies

- Provide parenting education and family support services to help parents succeed in their role as parents.
- Provide evidence-based home visiting and crisis intervention services to provide deeper support and case management and prevent further escalation of family isolation and stress.
- Provide emergency child care for parents to protect children and provide parents the time and resources to stabilize their situations.

Potential Systems Improvement Strategies

- Continue to pursue alternative revenue sources for essential support services such as home visitation.
- Re-establish countywide home visiting collaborative to streamline referrals, increase, access and build a capacity of home visiting provider network to serve families.
- Support legislation that further funds crisis nurseries/emergency child care options and recognizes these services as a strategy for reducing child maltreatment and trauma.
- Encourage providers to conduct ACEs screenings and provide linkages to appropriate resources.

SPENDING PLAN FOR 2021-2024

In response to decreased tobacco-related revenues, First 5 Sacramento is making an overall 25% reduction on annual spending in the 2021-2024 strategic plan period. The proposed expenditures for the three-year Strategic Plan period total $44.6 million and are categorized as follows:

Figure 9. Spending Plan for Fiscal Years 2021-2024

	2018 SP	2021 Strategic Plan			
	1 Year Total	FY 21/22	FY 22/23	FY 23/24	TOTAL
Administration	$1,309,813	$1,049,883	$1,049,883	$1,049,883	$3,149,649
Evaluation	$553,957	$443,165	$443,165	$443,165	$1,329,496
Program	$17,912,272	$13,386,951	$13,386,951	$13,386,951	$40,160,853
Total	$19,776,042	$14,880,000	$14,880,000	$14,880,000	**$44,640,000**

NEXT STEPS

Additional plans will guide the implementation of the 2021-24 strategic plan 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 2020.

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 updated by August 2020 that defines system sustainability strategies for each result area.

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 2021. Attachment 3 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.

ATTACHMENT 1 — COMMUNITY TREND REPORT FOR 2018-2012 RESULTS

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 upon multiple years of data for the community overall, as well as for ethnic subgroups, where available. The data are then evaluated or scored against three criteria: State Comparison, Direction of Trend, and Size of Disparity.

State Comparison criterion:

For State Comparison, the county's status on each indicator is compared to state averages.

- County rate is substantially worse than the state rate (e.g., if higher is better, the county's rate is 95% or less than the state's rate; if lower is better, the county rate is 105% or more of the state's rate).
- County rate is slightly worse than the state rate (e.g., if higher is better, the county's rate is within 95-100% of the state's rate; if lower is better, the county rate is within 100-105% of the state's rate).
- County rate is meeting or surpassing the state rate.

Direction of Trend criterion:

As for Direction of the Trend criterion, some indicators had five time points of data available, while others had four time points of data available; therefore, scores were based upon a four-year trend.

- Trend is trending in the wrong direction by more than 3 percentage points, conveying high need.
- Trend remained stable, with variance of less than 3 percentage points, conveying moderate need.
- Trend is trending in the right direction by more than 3 percentage points, conveying low need by reflecting better trends than the state.

Size of Disparity criterion:

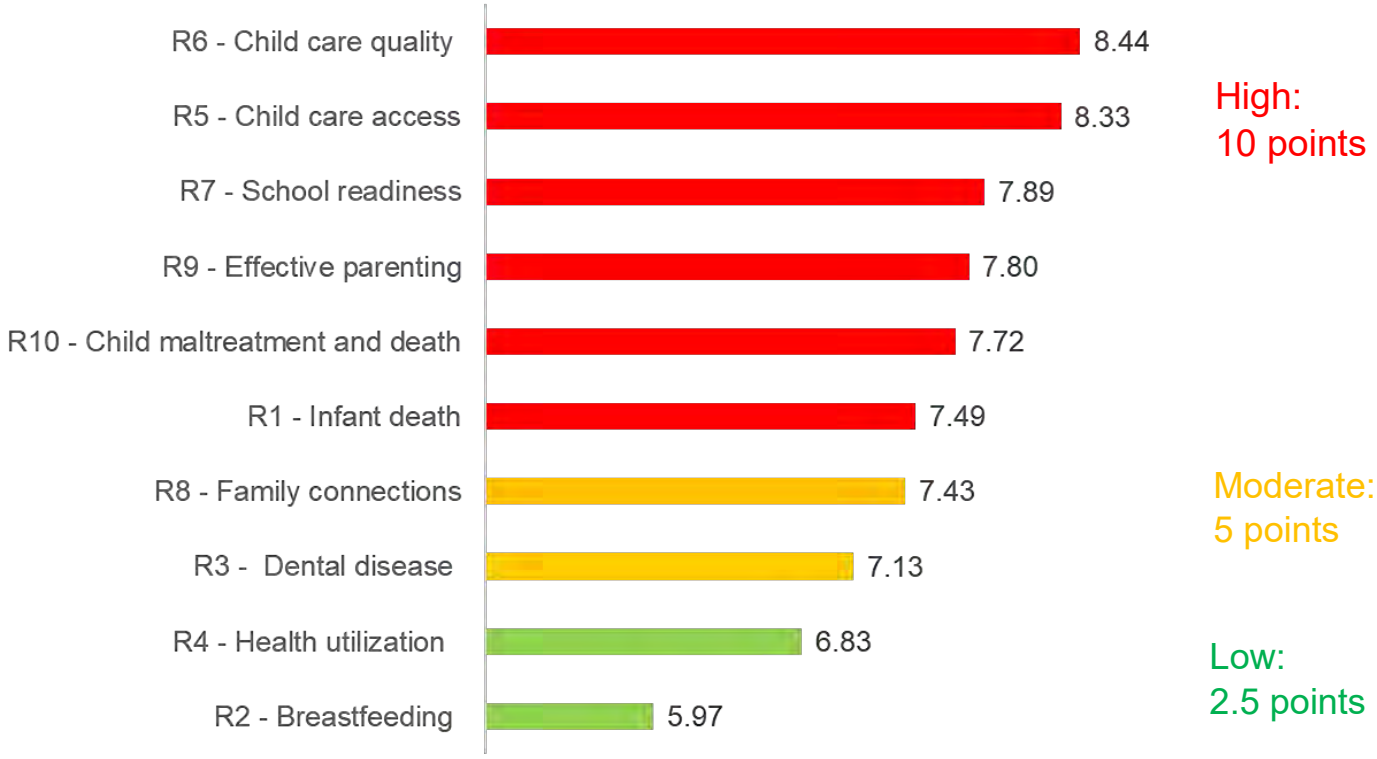
Size of Disparity is based on the net difference in the most recent year of data between the subgroups that have the best and least favorable status on the indicator, respectively (*excluding the Native American subgroup, which consistently has a very low total population by which to compare*).

- There is a meaningful difference between the subgroups with the best and least favorable status.
- There is a small difference between the subgroups with the best and least favorable status.
- There is not a meaningful difference between the subgroups with the best and least favorable status.

First 5 Result/Indicator		Trends	State Comparison	Direction of Trend	Size of Disparity
Goal 1: All Children are Healthy					
R1		**Infant Death**			
R1	Infant Mortality	# deaths per 1,000 live births (birth-12 months)	🔴	🟡	🔴
R1	Access to Prenatal Care	% of pregnant women who received prenatal care in first trimester (Medi-Cal)	🟡	🟡	🔴
R1	Access to Postnatal Care	% of women who had a postpartum visit 21-56 days after delivery (Medi-Cal)			
R1	Low Birth Weight	% of babies born with low birth weight	🟡	🔴	🔴
R1	Preterm Births	% of babies born premature	🔴	🟡	🔴
R2		**Breastfeeding**			
R2	Exclusive Breastfeeding	% of mothers who exclusively fed baby breast milk in hospital	🟢	🟡	🔴
		% of mothers who exclusively breastfed baby at 3 months	🟢	N/A	🔴
R3		**Dental Disease**			
R3	Oral Health Access	% of children with a dental visit in the previous year (Medi-Cal only)	🔴	🟢	N/A
R3	Oral Health	% of pre-k children with untreated decay (4-5 years old)	🔴	🟢	🔴
R4		**Medical Homes**			
R4	Health Insurance Utilization	% of children 0-5 covered by some type of insurance	🟢	🟢	🟢
		% of children aged 3-6 with well-child visit in previous year (Medi-Cal managed care only)	🟡	🟢	N/A
Goal 2: All Children are in an Environment Conducive to Their Development					
R5		**Access to Child Care**			
R5	Capacity of Child Care System	% of 0-5 year olds who can be accommodated in a Licensed Child Care Center or Family Child Care Home	🟢	🟡	🔴
R6		**Quality Child Care**			
R6	Child Care Quality	% of children attending a quality preschool (QRIS)	N/A	🟢	🔴
Goal 3: All Children Enter Kindergarten Ready to Learn					
R7		**School Readiness**			
R7	Preschool Enrollment	% of 3 and 4 year olds enrolled in preschool	🔴	🟡	🔴
R7	Health/Developmental Screenings	% of children aged 0-5 enrolled in special education	🟢	🔴	🔴
R7	School Readiness	% of children ready for kindergarten	N/A	🔴	🔴
Goal 4: All Families Connect to Communities					
R8		**Community Connectedness**			
R8	Knowledge of Community Resources	% of families who *agreed* or *strongly agreed* with the following statements: "I know what program to contact in my community when I need help for basic needs," and "I know what program to contact in my community when I need advice on raising my child."	N/A	🟡	🔴
Goal 5: All Families Support Children's Development and Safety					
R9		**Effective Parenting**			
R9	Effective Parenting	Rate of child abuse allegations among youth 0-5 (rate per 1,000)	🔴	🟡	🔴
R10		**Child Maltreatment and Death**			
R10	Child Injury	Rate of substantiated maltreatment among youth 0-5 (rate per 1,000)	🔴	🟢	🔴
Other Potential Goal Areas					
Other		**Maternal/Child Mental Health**			
Other	Mental Health	% of mothers experiencing prenatal/postnatal depression	🟢	N/A	🔴
		% of adults reporting a mental health impairment in the last 12 months	🔴	🔴	N/A

ATTACHMENT 2 — COMMUNITY PRIORITIZATION OF 2018-2021 RESULTS

The following chart represents the sum of parent survey mean scores (scale of 1-5 of priority) and provider survey mean scores (scale of 1-5 of priority). The total point value possible for this criterion was 10.



Source: First 5 Sacramento parent survey, provider survey, 2019. Parent n = 977 (English surveys: 818, Spanish surveys: 159). Total Provider n = 102.

ATTACHMENT 3 — GOALS, RESULTS AND INDICATORS

Goal/Results	Indicator	First 5	Population
Goal 1: All children are born healthy and access preventive services to maintain optimal health			
1: Improve perinatal conditions and reduce infant death	Percentage of mothers who receive timely and regular prenatal care	■	■
	Percentage of infants born pre-term	■	■
	Percentage of infants born with low birth weight	■	■
	Infant mortality rate	■	■
2: Increase prevalence and duration of breastfeeding	Percentage of mothers who exclusively feed baby breastmilk in the hospital	■	■
	Percentage of mothers who exclusively feed baby breastmilk at 6 months	■	■
3: Increase utilization of medical, dental and mental health services	Percentage of children with well-child visit in last 12 months	■	■
	Percentage of children 18 months and older with dental visit in last 6 months	■	■
	Percentage of children with untreated decay		■
	Percentage of mothers experiencing perinatal mood and anxiety disorders		■
Goal 2: All children have access to quality early learning experiences and are ready for kindergarten			
4: Increase accessibility to affordable child care	Percentage of children aged 0-5 who can be accommodated in a licensed space		■
	Percentage of parents who reported they had a consistent source of child care	■	
	Percentage of 3-4 year-olds enrolled in preschool	■	■
5: Increase the quality of early childhood settings to meet social-emotional, physical, and cognitive needs of young children	Number/percentage of children in a quality-rated space	■	■
	Number/Percentage of licensed center and family care providers who participate in QRIS	■	■
	Percentage of settings with increased Environment Rating Scale and/or Classroom Assessment Scoring System scores	■	
6: Increase children's, families', and schools' readiness for kindergarten	Number of children who have had a developmental screening in the past 12 months	■	
	Percentage of children who met developmental milestones	■	
	Percentage of children who are read to least 5 days/week	■	

Goal/Results	Indicator	First 5	Population
Goal 3: All families have access to resources and opportunities that support their children's development and safety			
7: Increased use of effective parenting to decrease trauma and childhood maltreatment	Percentage of parents with increased protective factors	■	
	Percentage of parents with reduced stress	■	
	Reduced trauma	■	
	Percent of families with reduced risk for child maltreatment (AAPI score)	■	
	Rate of substantiated allegations of child maltreatment	■	■
	Rate of recurrence of substantiated allegations of child maltreatment	■	■

ENDNOTES

[i] https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf