



Annual Evaluation Report

2015-16

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Executive Summary

Background and Purpose

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of prevention and early intervention programs for Sacramento County children ages 0-5 and their families. In fiscal year 2015-16, First 5 Sacramento invested \$21.7 million in services for young children and their families.

This report describes the services provided and outcomes (when available) for First 5-funded services in FY 2015-16. The purpose of this report is to answer the following questions:

- What are the current needs of Sacramento County related to each result area in the strategic plan?
- What types of services were provided in FY 2015-16 to address each result area? How many people were served, and what was the quantity of services provided?
- What were the outcomes of these services? Did the services provided have an impact on the indicators in each result area?

Evaluation Methods

In spring of 2015, an evaluation plan was developed to assess progress toward the results identified in First 5 Sacramento's strategic plan. The evaluation framework is anchored by key indicators for each result (see Figure 4). Some of these indicators are specific to recipients of First 5-funded services, while others are at the community level. Below is a list of the primary sources of data used in this evaluation:

- **Service data:** Some grantees provide individual-level demographic and service data through a data management system called Persimmony. Grantees who do not provide individual-level data report aggregate-level client and service data on a quarterly basis, in the form of performance reports and for some programs, other types of reporting documents.
- **Family Information Form:** The Family Information Form is used to collect demographic information, as well as data for specific indicators. One side asks questions about the parent or guardian, and the other side has questions about the child. Clients of designated grantees complete the form at intake, and, if the client is still engaged, at follow-up three to six months later.
- **Program-specific outcome data:** Some grantees provide outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls. For programs that serve a large number of clients, these types of outcome data are often collected for only a subset of clients.

- **In-depth evaluations:** In addition to the overall evaluation, in-depth evaluations are conducted in three focus areas: Effective Parenting, Reducing African American Infant Deaths, and School Readiness. While this comprehensive evaluation report highlights some key findings from these evaluations, separate reports are, or will be, available that provide greater detail about the results for FY 2015-16 in these areas.

Profile of First 5 Clients

DEMOGRAPHICS

In FY 2015-16, First 5 services were provided to an estimated 60,169 duplicated clients, including parents, children and providers. Approximately 22,989 unduplicated individuals received services, including 8,493 children and 14,496 adults.

- The largest racial/ethnic group was Hispanic/Latino families, who made up just over one-third of all families. Another 19% of families who received First 5 services were African American.
- Most (71%) families' primary language was English, and another 22% spoke Spanish as their primary language.

In addition to direct services, policy and system interventions over the past decade continue to have an impact on Sacramento County families. Examples of these types of efforts include: fluoridation of the County's water to promote oral health, media campaigns, and the Baby Friendly Hospitals initiative to promote breastfeeding.

FAMILY INFORMATION FORM: INTAKE

In 2015-16, First 5 Sacramento began using the Family Information Form (FIF), which is completed by clients of many First 5 contractors at intake, and at three to six months after intake for selected programs. The FIF was completed for 10,719 adults and 12,365 children at intake between July 1, 2015-June 30, 2016.¹ Findings from intake FIFs included:

Parents

- Nearly three-quarters of parents (72%) reported receiving food/nutrition services (such as WIC, CalFresh, or Food Bank) in the past six months.
- Parents reported fairly high levels of social connectedness: 85% agreed or strongly agreed with the statement *When I am worried about my child, I have someone to talk to*; and 80% agreed or strongly agreed with *I have others who will listen when I need to talk about my problems*.
- Percentages were lower (although still fairly high) for knowledge of community resources: 69% agreed or strongly agreed that *I know what program to contact in my community when I need*

¹ There are more intake FIFs for children than the number of children served because parents who receive services fill out a form for themselves and for any children they have under five (even if that child is not receiving direct services). This is because it is expected that services parents receive will have an impact on their children's outcomes.

help for basic needs; and 70% agreed or strongly agreed that I know what program to contact in my community when I need advice on how to raise my child.

Children

- Children were more likely to have access to medical care than dental care.
 - 95% of children had a regular doctor, and 88% had a well-child check-up in the past 12 months.
 - This is compared to 82% of children over 18 months with a regular dentist, and 67% who had seen a dentist in the past six months.
- Less than half of children (46%) were read to at home at least five days per week.

Results

RESULT 1: HEALTH CARE ACCESS AND UTILIZATION

- **HEARTS for Kids** provided a medical clearance exam and dental screening to 485 children in protective custody; 306 were referred for dental care. Of 333 children who got a developmental screening, 159 were referred to a service.
- **Sacramento Covered** provided health care navigation services to 1,715 people, including children ages 0-5, families, and pregnant women.
- The **Smile Keepers** mobile dental program provided dental screenings to 7,904 children in 419 classrooms and at 10 community events. **Smile Keepers** also provided oral health education to 502 parents at WIC sites. Of the 37 parents who were reached through follow-up calls, 62% had successfully established a dental home for their child and the remaining parents reported that they *intended* to establish a dental home.
- Parents across a **range of First 5-funded programs** completed an intake and follow-up Family Information Form for 2,468 children. Among this group, the percentage of children with a regular dentist increased from 85% at intake to 90% at follow-up. The percentage of children ages 2-5 who had seen a dentist in the past six months increased from 75% to 82%. The percentage of children with a regular doctor was nearly 100% at intake, and there was little change at follow-up. The same was true for the percentage of children who had had a well-child visit in the past 12 months.

RESULT 2: PRENATAL CARE

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

- The **Cultural Brokers** program provided prenatal support to 440 African American women, including case management, home visits, education, and referrals to services.
 - The percentage of women who followed up on referrals was highest for services related to basic needs (84%) and infant safe sleep resources (76%). Rates of follow-up were lower (under 50%) for behavioral, mental and health services.

RESULT 3: LOW BIRTH WEIGH

- The low birth weight rate was lower (better) among babies born to mothers who participated in the Cultural Broker program, compared to all African American births in Sacramento County: 9% for Cultural Brokers babies and 11% for African Americans in Sacramento County.
- The same was true for the rate of preterm births: only 6% of Cultural Brokers births were preterm, compared to 12% of African American births across Sacramento County.

The promising results of the Cultural Broker program suggest that this program will contribute to future decreases in Sacramento County rates off low birth weight and prematurity among African Americans.

RESULT 4: OBESITY PREVENTION

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

RESULT 5: EXCLUSIVE BREASTFEEDING

- The **Community Lactation Assistance Program** reached 4,934 mothers. In that time, 22.0% of six-month old infants on WIC were still exclusively breastfed, which surpasses the national six month exclusive breastfeeding rate of 16.4%.

RESULT 6: DENTAL DISEASE

- Of the 7,904 children who received a dental screening through the **Smile Keepers** mobile dental program, 2,324 (29%) needed additional dental care and 504 (6%) needed urgent dental care.

RESULT 7: INFANT DEATHS

- Through the *Safe Baby Sleep* program, 503 providers and 753 parents were trained on safe sleep practices during workshops, and 884 parents received safe sleep information from home visitors. In addition to education, 721 cribs were distributed to parents.
 - Among the 293 parents who attended a workshop, received a crib and did a follow-up survey, over 90% reported performing all five safe sleep practices.

RESULT 8: QUALITY EARLY CARE AND EDUCATION

- Through the *Quality Child Care Collaborative, Child Action, Inc.* served 167 child care programs with the capacity to serve 5,628 children ages 0-5. Classroom assessments were done in 47 classrooms, using the Early Childhood Environment Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R) or Infant/Toddler Environment Rating Scale (ITERS-R). Most were “pre” assessments. Teachers and sites are participating in a two-year program, so “post” assessments will be done in FY16-17.
- The *Preschool Bridging Model Plus (PBM Plus)* administered pre and post Classroom Assessment Scoring System (CLASS) assessments in 68 classrooms to measure classroom interactions, with statistically significant increases in average scores from pre to post in the tool’s three domains: *Emotional Support* (increased from 5.68 to 5.93), *Classroom Organization* (4.67 to 5.25), and *Instructional Support* (2.35 to 3.32). Pre and post Toddler CLASS assessments were conducted in 35 classes, with statistically significant increases in average scores from pre to post for the tool’s two domains: *Emotional and Behavioral Support* (5.97 to 6.40) and *Engaged Support for Learning* (3.07 to 4.39).

RESULT 9: AFFORDABLE QUALITY CHILD CARE

- **Policy Achievement:** The 2016 California state budget was a big win for the Early Childhood Education community, with over \$500 million added to state-subsidized child care and the repeal of the Maximum Family Grant. It also included an additional investment across the system through fiscal year 2019-2020, with the creation of 8,877 more full-day preschool slots. In addition, Assembly Speaker Anthony Rendon proposed the establishment of a Blue Ribbon Commission to develop a plan for improving and providing quality early education and child care for children birth through 5 years of age. First 5’s across the state, including First 5 Sacramento, played a significant role in advocating for these fiscal and policy changes, which will benefit children and their parents for years into the future (pending implementations in 2016-17).

RESULT 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES

- **Project SOARS** served a total of 338 children and 272 parents through support, resources, and developmental screenings for children. This included 958 home visits, 425 developmental screenings, 112 hearing and vision screenings, 387 referrals and 129 family services. As of June 30, 2016, 29% of children who received developmental referrals qualified for services and 24% were being assessed. Among the 22 children referred for mental health needs, 13 (59%) had accessed services or were accessing services by the end of the fiscal year.

RESULT 11: SCHOOL READINESS

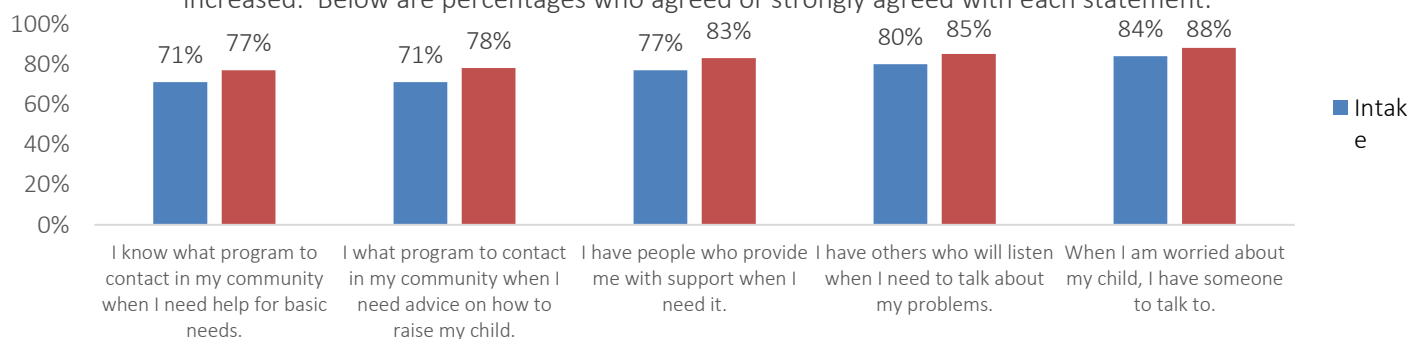
- **Nine school districts** received funding to provide services at 44 school readiness sites serving 5,238 children and 4,892 parents/caregivers, including preschool, playgroups, summer transition program, screenings and referrals, family literacy, and parent education and support.
 - Results of the fall 2016 School Readiness Assessment showed that, as in previous years, children who had attended a First 5-supported preschool were significantly more likely to be ready for school compared to those who had not attended preschool.
 - Children were also more likely to have engaged in at least four kindergarten transition activities if they had received a First 5 school readiness services.
- **Sacramento Public Library** provided early literacy workshops to 66 families, and distributed 243 books to these families. Three hundred forty-one families living in housing sites were issued a library card.
- **Crocker Art Museum** provided a museum tour and art workshop to 246 children attending school readiness programs, provided Story Trail for 61 parents and children, and distributed 1,593 Tips for Tots instructional guide about art education to parents of children 0-5. The museum also distributed 4,696 free museum passes to collaborating partners in targeted zip codes.

RESULT 12: CONNECTIONS TO COMMUNITY RESOURCES

- **2-1-1** responded to 12,459 calls from parents of children ages 0-5 years old, and made 750 health referrals.
 - The goal of answering at least 80% of calls within 120 seconds was met or exceeded in the third and fourth quarter.
 - Among the 601 clients who completed a follow-up call, 51% had received services, and 34% needed further assistance. Nearly all (99%) reported that they would recommend 2-1-1 to family and friends.

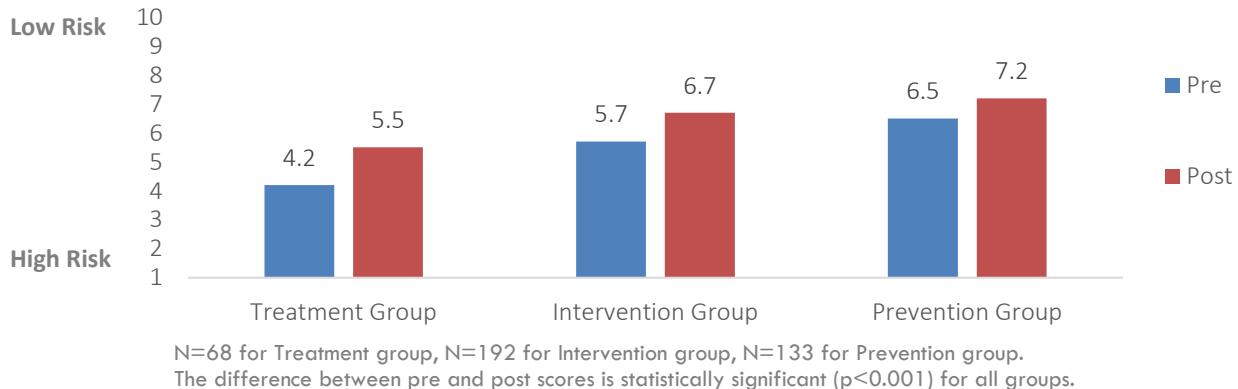
RESULT 13: EFFECTIVE PARENTING

- Among 2,108 parents who received First 5 services and completed a **Family Information Form** at both intake and follow-up 3-6 months later in FY 2016, social support and resource knowledge increased. Below are percentages who agreed or strongly agreed with each statement:



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

- The ***Birth and Beyond Program*** served 1,647 children and 3,473 parents/caregivers through parenting education, crisis intervention, and home visiting programs.
 - Among parents who participated in Birth & Beyond home visiting services, there were improvements in Adult-Adolescent Parenting Inventory (AAPI) scores from pre to post in each intervention group. AAPI scores are on a 10-point system: 1 is high risk and 10 is low risk. Average scores are shown below:



RESULT 14: ACCESS TO SAFE/EMERGENCY CHILD CARE

- The ***Crisis Nurseries*** served 577 children and 391 families.
 - Among parents who reported their stress level at intake and exit, 61% reduced their stress level. Eighty-six percent of parents agreed or strongly agreed that they were better able to solve crisis situations after receiving Crisis Nursery services.
 - There was a high level of parent satisfaction. Nearly all parents agreed or strongly agreed with the following statements: *Crisis Nursery services kept children safe*; *Children were well cared for*; and *Service met my needs*.
 - Among families who used the Crisis Nursery in FY15-16, 46 percent had more than two stays during the fiscal year.

RESULT 15: CHILDHOOD INJURIES AND DEATH

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

Next Steps

As noted above, FY 2015-16 was the first year of implementation for the revised evaluation plan designed to assess progress towards results outlined in the strategic plan. Additional data collection and analysis efforts are in progress, or planned, that will make the data even more informative in future fiscal years:

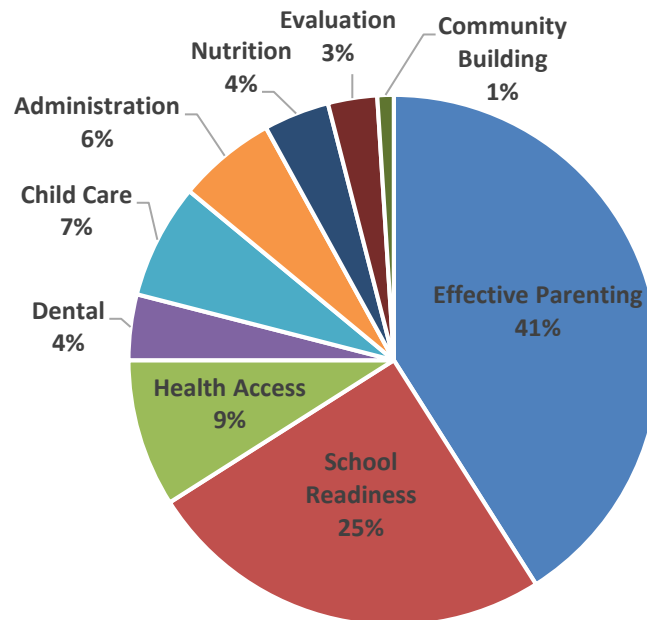
- **Ongoing efforts to ensure high quality service data:** Great progress was made in FY 2015-16 related to the accuracy of service data in Persimmony, including more consistent entry of service type, quantity and frequency. Because much of this technical assistance to grantees was provided throughout FY 2015-16, it is expected that the quality of this data will be even higher for FY 2016-17, making it possible to conduct more in-depth analyses of the relationship between services and outcomes.
- **More individual-level data:** Two programs (Smile Keepers and PBM+) that have historically provided only aggregate data are piloting strategies to provide individual-level service and outcome data to First 5, with the goal of a more in-depth examination of the relationship between services as outcomes, as well as identifying other First 5 services these clients are receiving.
- **More precise numbers for First 5 clients:** This specifically applies to WIC breastfeeding data. While WIC has historically reported breastfeeding rates for all women who receive WIC services, progress has been made in flagging First 5 clients, and the goal is to be able to report breastfeeding rates for First 5 clients specifically.
- **Increase number of clients who complete follow-up Family Information Form (FIF):** Additional follow-up data from the FIF will make it possible to draw stronger conclusions about the impact of particular programs and F5 services as a whole. For example, while there were positive trends related to community connectedness and support, as well as reading at home, a larger sample size would provide more robust and generalizable results.

Introduction

Background

First 5 Sacramento uses tobacco tax funds through Proposition 10 to fund a range of prevention and early intervention programs for Sacramento County children ages 0-5 and their families. In FY 2015-16, First 5 Sacramento invested \$21.7 million for services for young children and their families. The figure below shows how funds were distributed across the different content areas. The areas that received the highest percentage of funding were Effective Parenting (41%) and School Readiness (25%).

Figure 1. FY 2015-16 Expenses, by Content Area



The table below shows FY 2015-16 expenditures by agency type, with the largest percentage (52%) going to community based agencies.

Figure 2. FY 2015-16 Expenses, by Agency Type

Agency Type	Percentage of FY 2015-16 Expenses
Community Based Agencies	52%
County Government Agencies	10%
School Districts	24%
County Office of Education	6%
First 5 Commission	7%
Other Entities/Institutions	1%

Purpose of this Report

This report describes the services provided and outcomes (when available) for First 5-funded services in fiscal year 2015-16. The purpose of this report is to answer the following questions:

- What are the needs of Sacramento County related to each result area?
- What types of services were provided in FY 2015-16 to address each result area in the strategic plan? How many people were served, and what was the quantity of services provided?
- What were the outcomes of these services? Did the services provided have an impact on the indicators in each result area?

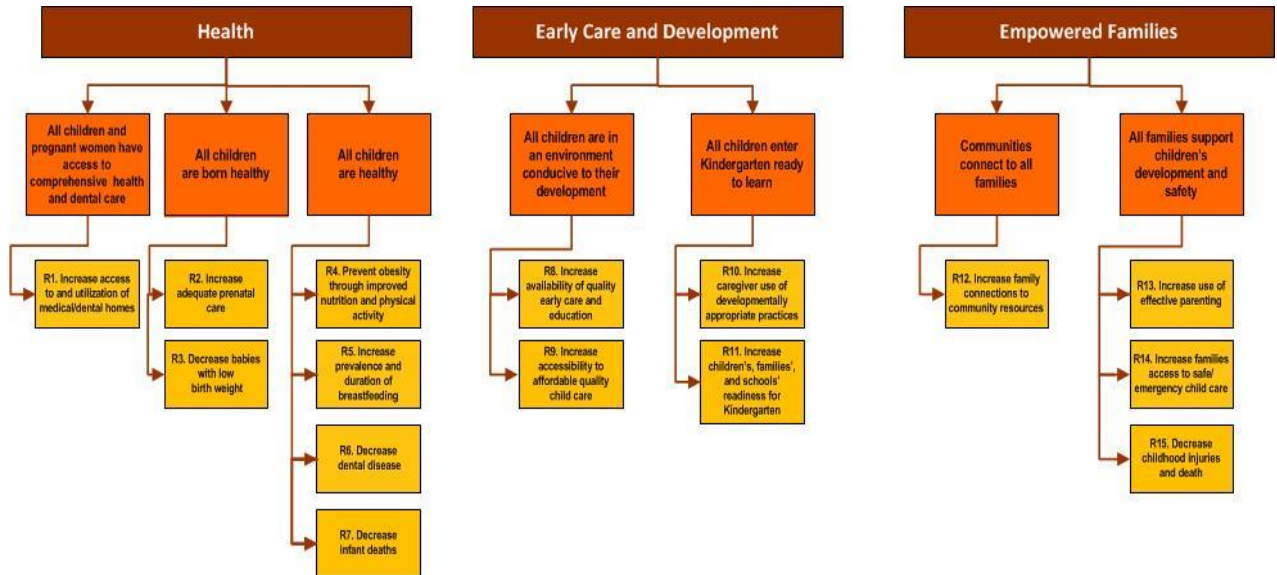
In order to answer these questions, the following information is presented for each result: (1) trends for related indicator(s) for Sacramento County as a whole, to contextualize the need for services and identify benchmarks; (2) summary of services provided during the fiscal year; (3) and finally, a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

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

First 5 Sacramento's Strategic Hierarchy

The figure below shows First 5 Sacramento's Strategic Hierarchy for fiscal years 2015-16 through 2017-18. This hierarchy helps to guide funding decisions, and also provides a framework for the evaluation. The three Priority Areas (red) represent key areas that the Commission wishes to see change; the Goals (orange) are First 5's aspirations for all children and families in the county, and the Results (yellow) are the direct changes First 5 seeks to in order to make progress toward the goal.

Figure 3. First 5 Sacramento Strategic Hierarchy



First 5 Sacramento's Evaluation Framework

The evaluation framework is anchored by key indicators for each Result. Some of these indicators are specific to recipients of First 5-funded services, while others are at the community level.

Figure 4. First 5 Sacramento Results Evaluation Plan

Goals	Results	Indicators
All children & pregnant women have access to comprehensive health and dental care	R1. Increase access to and utilization of medical/ dental homes	Percentage of children with medical insurance
		Percentage of children with well-child visit in last 12 months
		Percentage of children 18 months and older who saw dentist in past 6 months
		Percentage of children who have a regular doctor/health provider
		Percentage of children who have a regular dentist
All children are born healthy	R2. Increase adequate prenatal care	Percentage of pregnant women who began prenatal care in 1st trimester
		Percentage of pregnant women who began prenatal care in 2nd trimester
		Percentage of pregnant women who began prenatal care in 3rd trimester
	R3. Decrease infants w/ low birth weight	Percentage of infants born with low birth weight
		Percentage of infants born premature
All children are healthy	R4. Prevent obesity through improved nutrition & physical activity	Percentage of children ages 2-5 who are overweight
		Average number of days in past week children drank sugary beverages
		Average number of days in past week children were physically active for at least 60 minutes
	R5. Increase prevalence & duration of breastfeeding	Percentage of infants exclusively breastfed for at least 6 months after birth
		Percentage of infants for whom mother initiated breastfeeding
	R6. Decrease dental disease	Percentage of children with untreated cavities
	R7. Decrease infant deaths	Number of infant deaths by race/ethnicity by cause
All children are in an environment conducive to their development	R8. Increase availability of quality early care and education	Percentage of settings with increased Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS) score
	R9. Increase accessibility to affordable quality child care	Percentage of families who need subsidized child care who could access it
		Percentage of families utilizing subsidized child care
All children enter kindergarten ready to learn	R10. Increase caregiver use of developmentally appropriate practices	Percentage of settings with increased scores on the Environment Rating Scale (ERS) and/or Classroom Assessment Scoring System (CLASS)

Goals	Results	Indicators
	R11. Increase children's, families', and schools' readiness for kindergarten	Percentage of children who met developmental milestones
		Percentage of children who have had a developmental screening in the past 12 months
		Percentage of kindergarteners who attended preschool prior to kindergarten
		Percentage of kindergarteners who attended a short-term summer pre-K program
		Percentage of kindergarteners ready for school
		Percentage of parents who participated in at least 4 kindergarten transition activities
Communities connect to all families	R12. Increase family connections to community resources	Percentage of parents who report utilization of community resources
		Percentage of parents who report connectedness to their community
All families support children's development and safety	R13. Increase use of effective parenting	Percentage of children who are read to least 5 days/week
		Percentage of parents with increased knowledge of parenting and child development
		Percentage of parents confident in their parenting abilities
	R14. Increase families' access to safe/emergency child care	Number of families receiving needed emergency child care
	R15. Decrease childhood injuries and death	Rate of Child Protective Services referrals
		Rate of substantiated child maltreatment
		Rate of foster care entry
		Percentage of parents with no Child Protective Services recidivism

Evaluation Methods

In spring of 2015, an evaluation plan was developed to evaluate progress toward the results identified in First 5 Sacramento's strategic plan. The evaluation framework is anchored by key indicators for each result (see Figure 2). Some of these indicators are specific to recipients of First 5-funded services, while others are at the community level. Below is a list of the primary sources of data used in this evaluation:

- Service data:** Some grantees provide client-level demographic and service data through a data management system called Persimmony. Grantees who do not provide individual-level data report aggregate-level client and service data on a quarterly basis, in the form of performance reports and for some programs, other types of reporting documents. The table below shows which grantees provide client-level data, and which ones provides only aggregate-level data.

- **Family Information Form (FIF):** The FIF is used to collect demographic information, as well as data for specific indicators. One side asks questions about the parent or guardian, and the other side has questions about the child. Clients of designated grantees complete the form at intake, and, if the client is still engaged, at follow-up three to six months later.
- **Program-specific outcome data:** Some grantees provide outcome data specific to their program to track changes in knowledge, attitudes, behaviors, and health measures, as well as the status of referrals. These data come from sources such as surveys and follow-up calls. For programs that serve a large number of clients, these types of outcome data are often collected for only a subset of clients.
- **In-depth evaluations:** In addition to the overall evaluation, in-depth evaluations are conducted in three focus areas: Effective Parenting, Reducing African American Infant Deaths, and School Readiness. While this comprehensive evaluation report highlights some key findings from these evaluations, separate reports are, or will be, available that provide greater detail about the results for FY 2015-16 in these areas.

Figure 5. Level of Data for First 5 Sacramento Programs

	Client-Level Data	Aggregate Data Only
Priority Area: Health		
Hearts for Kids		✓
Sacramento Covered		✓
Smile Keepers		✓ ²
Cultural Brokers Program (Wellspace and BMU)	✓	
Infant Safe Sleep Education Campaign		
WIC (Breastfeeding)	✓	
Priority Area: Early Care and Development		
Child Action, Inc. Quality Child Care Collaborative (QCCC)		✓ ³
Preschool Bridging Model Plus (PBM+)		✓ ⁴
Project SOARS	✓	
School Districts (9)	✓	
Sacramento Public Library	✓	
Crocker Art Museum		✓
Priority Area: Empowered Families		
2-1-1		✓
Crisis Nursery	✓	
Birth and Beyond	✓	
Community Building Grants		✓

² Smile Keepers has been providing only aggregate data, but it is expected that individual-level data will be available for services provided in FY 2016-17.

³ Individual classroom –level data are available for assessment scores (such as ECERS).

⁴ As with Child Action, PBM+ also provides classroom-level assessment scores.

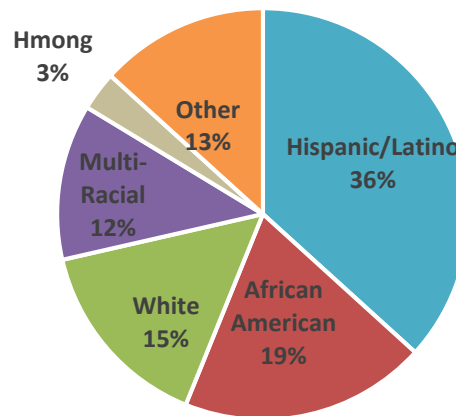
Profile of First 5 Clients

Profile of all Clients Served

This section describes the clients who received First-5 funded services in FY 2015-16. In FY 2015-16, First 5 services were provided to an estimated 60,169 duplicated clients, including parents, children and providers. Approximately 22,989 unduplicated individuals received services, including 8,493 children and 14,496 adults. Many programs serve both the child and their parent(s)/guardian(s), so most numbers below describe characteristics of families.

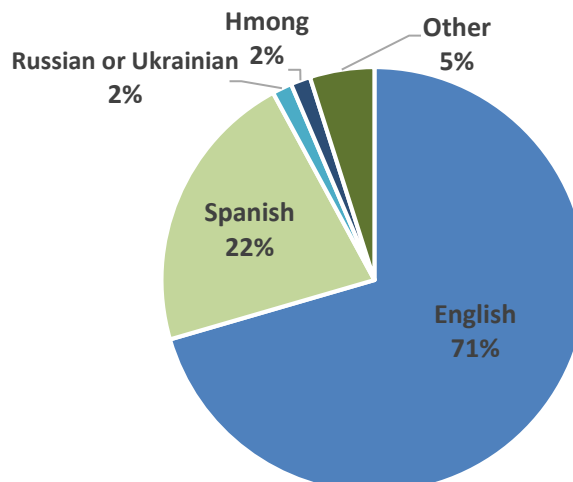
The first figure below shows the race/ethnicity of all families served by First 5. The largest group is Hispanic/Latino families, who made up just over one-third of all families. Another 19% of families were African American.

Figure 6. Race/Ethnicity of First 5 Sacramento Families, FY 2015-16



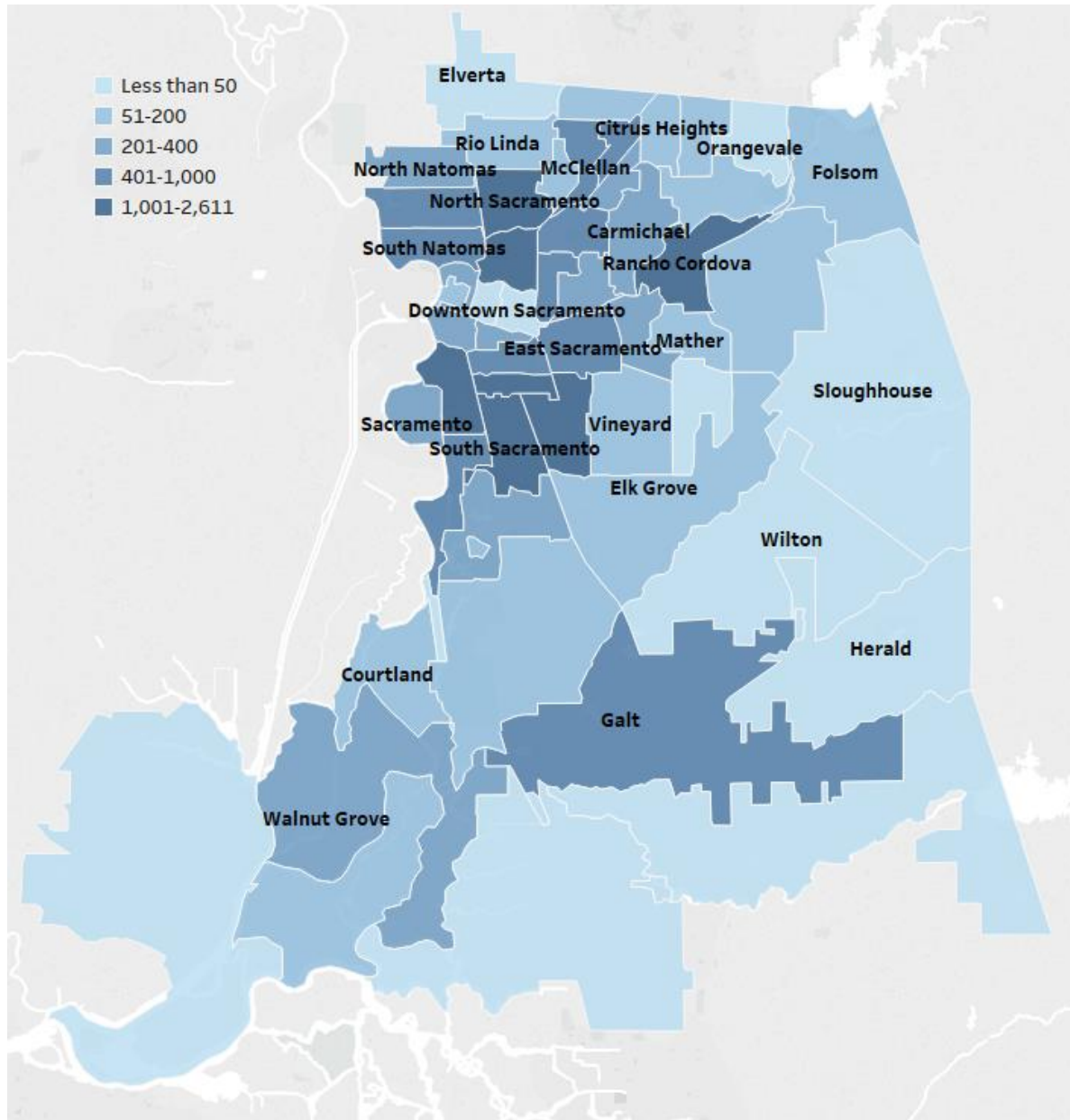
The following figure shows the primary language spoken by families who received First 5 services. Most (71%) families' primary language was English, and another 22% spoke Spanish.

Figure 7. Primary Language Spoken of First 5 Sacramento Families, FY 2015-16



The map below shows the geographic location in Sacramento County of families who received First 5 services in FY 2015-16. As shown below, the neighborhoods with the highest numbers of First 5 clients were South Sacramento, Rancho Cordova and North Sacramento, with few clients from Herald and Elverta.

Figure 8. Map of Families Served, FY 2015-16



Profile of Clients with Family Information Form Data

In 2015-16, First 5 Sacramento began using the FIF, which is completed by clients of many First 5 contractors at intake and at three to six months after intake for selected programs. The FIF was completed for 10,719 adults and 12,365 children at intake between July 1, 2015-June 30, 2016. These provided valuable baseline information about the types of services clients were already connected to, parents' social support and access to community resources, children's health status and behaviors, and child care needs.

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

	Number or Percent
Total Intakes (Parent)	10,719
Program	
School Districts (School Readiness)	4,896
WIC	2605
Birth and Beyond	2271
Cultural Brokers	374
Project SOARS	265
Sacramento Crisis Nurseries	247
Sacramento Public Library	61
Parenting Programs, Services, Supports Used in Past Six Months	
Food/Nutrition (WIC, CalFresh, Food Bank, etc.)	72%
Home Visits	10%
Parent Education/Support	12%
FRC Services	8%
2-1-1 Referrals	3%
Parenting Attitudes: Percent who agree or strongly agree	
I have people who provide me with support when I need it.	77%
I have others who will listen when I need to talk about my problems.	80%
When I am worried about my child, I have someone to talk to.	85%
I know what program to contact in my community when I need help for basic needs.	69%
I know what program to contact in my community when I need advice on how to raise my child.	70%
I have confidence in my ability to parent and take care of my children.	92%

Source: Family Information Form 2015-16, all intakes

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

	Number or Percent
Total Intakes (Child)	12,364
Program	
School Districts (School Readiness)	5,432
Birth and Beyond	3,064
WIC	2,786
Sacramento Crisis Nurseries	537
Project SOARS	355
Cultural Brokers	190
Health	
Has a regular doctor or provider	95%
Has had a well-child health check-up in the past 12 months	88%
Has a regular dentist	
All	59%
Over 18 months	82%
Has seen a dentist in the past 6 months	
All	46%
Over 18 months	67%
Has untreated cavities	9%
Family Activities	
Drink sugary drinks 0 or 1 days per week	68%
Physically active at least 5 days per week	65%
Read at home at least 5 days per week	46%
Child Care	
Have you been able to find affordable child care for your child?	
Yes	25%
No	30%
Don't Need Child Care	45%
Percent who have been able to find affordable care (out of those who need child care)	45%

Source: Family Information Form 2015-16, all intakes. (All data were self-reported.)

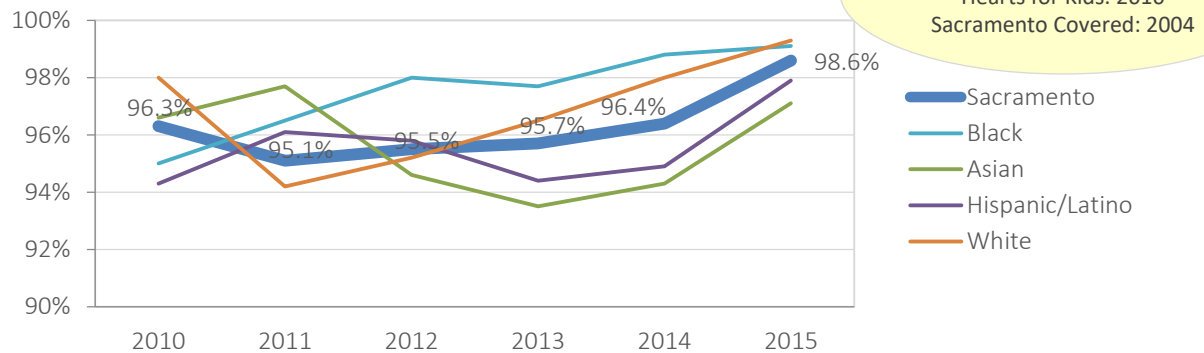
Follow-up FIF's have been completed for 2,108 parents and 2,468 children, which provide information about changes in status and behavior after several months in a First 5-funded program. Additional follow-up forms will be collected as the follow-up periods end. Results comparing intake and follow-up are presented in some of the following sections of this report.

Result 1: HEALTH CARE ACCESS AND UTILIZATION

Countywide Trends

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

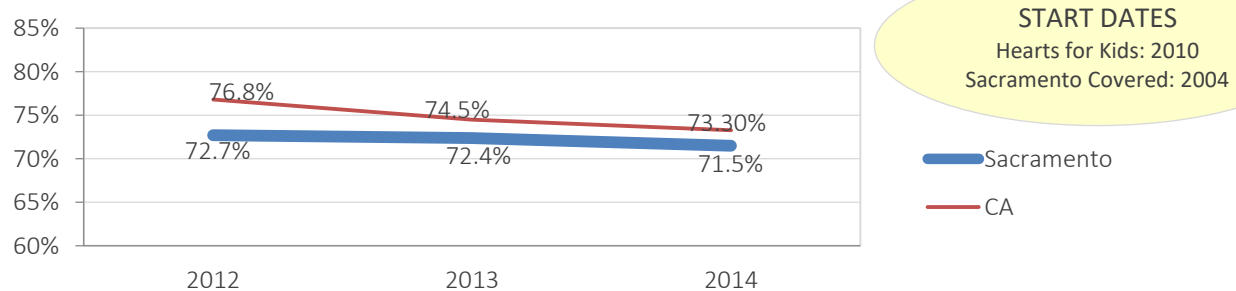
Figure 11. Percentage of Children 0-5 with Health Insurance



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

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

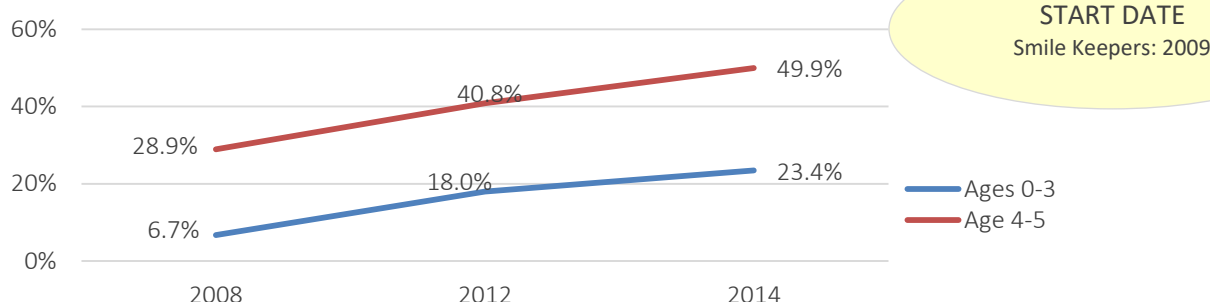
Figure 12. Percentage of Children Ages 3-6 With Well-Child Visit in Previous Year (Medi-Cal Managed Care only)



Source: 2015 HEDIS Aggregate Report

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

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



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

The following First 5-funded programs provide services that impact health care access and utilization: Hearts for Kids (started in 2010), Sacramento Covered (started in 2004), and Smile Keeper (started in 2009).

Impact of First 5 Sacramento

Hearts for Kids

Hearts for Kids serves children ages 0-5 in protective custody, and provides a head-to-toe medical clearance exam, ensures children have health insurance, a medical home, and provides at least one home visit from a public health nurse. In FY 2015-16, Hearts for Kids served 485 children.

Figure 14. Services Provided by Hearts For Kids, FY 2015-16

Services	FY 2015-16
Medical clearance examinations	485 children
Dental screenings	485 children
Referral to dental care	306 children
Health insurance screenings, connect to medical home and/or enroll in Medi-Cal	389 children
Home visitation by public health nurse (PHN)	365 children
Developmental screenings	333 children
Referrals for developmental concern	159 children

Source: Hearts for Kids FY 2015-16 Quarterly Performance Reports in Persimmony

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

Sacramento Covered

Sacramento Covered provides health navigation services to ensure children ages 0-5 and pregnant women are insured, are connected to a medical home, and can access care. The target population is underserved communities, including those with limited English proficiency, high uninsured rates, and low utilization rates of preventive and primary health care. Geographically, the target population is North Sacramento County, Downtown, and South Sacramento County. In FY 2015-16, Sacramento Covered screened 5,729 people for barriers to health care, and provided health care navigation services to 1,715 people.

Figure 15. Services Provided by Sacramento Covered, FY 2015-16

Services	FY 2015-16
Screen individuals and families to assess for barriers to care	5,729 individuals
Medical/dental navigation services ⁵	1,715 individuals
One-on-one education ⁶	1,616 individuals
Schedule follow-up pediatric or OB appointments within 60 days of ER visit	340 appointments scheduled
Track utilization of services to ensure individuals receive appropriate well-child visits or OB care	226 appointments attended

Source: Sacramento Covered FY 2015-16 Quarterly Performance Reports in Persimmony

Clients who received navigation services answer several questions at intake about their health insurance coverage and health care utilization. As shown in Figure 16 below, access and utilization were much higher for medical care than for dental care. It is also important to note that access and utilization at intake were lower for Sacramento Covered clients compared to clients who completed the Family Information Form (FIF—who participated in other programs funded by First 5), particularly for dental care and utilization.

⁵ Includes: assistance scheduling appointments, establish medical/dental provider, change health plan, and ensure coverage is still active, education/referrals for non-emergency care and other social service resources.

⁶ Includes: resources, scheduling dental appointments, importance seeing dentist by 1st birthday/1st tooth, ensure well-child visits are up-to-date.

Figure 16. Health Insurance and Utilization for Sacramento Covered Clients (Intake)

	Sacramento Covered Clients (Intake)	FIF Respondents (Intake)
Number of respondents	760-1003*	12,364
Does your child have medical insurance?	88%	
Does your child have a regular doctor or health provider?	80%	95%
Has your child had a well-baby or well-child health check-up in the past 12 months?	85%	88%
Does your child have a regular dentist?	50%	59%
If your child is 18 months or older, have they seen a dentist in the past 6 months?	27%	46%

Sources: Sacramento Covered Clients: Sacramento Covered Quarterly Reports for FY 2015-16 Family Information Form
 Respondents: Family Information Form, Child side (all FY 2015-16 intakes).

*N varies by question: N=983, 1003, 961, 919, 760.

For clients who received three follow-up calls to assist with health care navigation, the questions above were asked a second time. The figure below shows the number of children for whom there were both intake and follow-up data, as well as the percentage who did not have access/care at intake (answered “no”) and those who did have access/care by follow-up. For example, out of 146 children who had both “pre” and “post” answers regarding medical insurance, 15 children (10%) did not have medical insurance at intake. Of those 15 children, 12 (80%) had medical insurance by the follow-up call.

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

	# with intake and follow-up data	# (%) of those with intake and follow-up who answered “no” at intake	# (%) of those who answered “no” intake who answered “yes” at follow-up
Does your child have medical insurance?	146	15 (10%)	12 (80%)
Does your child have a regular doctor/ health provider?	151	48 (32%)	25 (52%)
Has your child had a well-baby or well-child health check-up in the past 12 months?	112	69 (62%)	16 (23%)
Does your child have a regular dentist?	146	65 (45%)	38 (58%)
If your child is 18 months or older, have they seen a dentist in the past 6 months?	145	97 (67%)	41 (42%)

Source: Sacramento Covered Quarterly Reports.

N=146, 151, 112, 146, 145. *Number who said “no” at intake and “yes” at follow-up.

Smile Keepers

Smile Keepers provides oral health screenings and fluoride varnishes to children ages 0-5 from low-income families, as well as oral health education to parents. In FY 2015-16, Smile Keepers provided services and/or information to 7,904 children and 7,747 parents.

Figure 18. Services Provided by Smile Keepers, FY 2015-16

Services	FY 2015-16
Dental health screening	7,904 children
Fluoride varnish	7,790 children
Second fluoride varnish	4,433 children
Screening results and resource information to parents of children identified as needing dental care	2,828 parents
Dental health educational packet for parents of children 0-5	7,747 parents
Oral health education for parents at WIC sites	502 parents

Source: FY 2015-16 Smile Keepers quarterly Performance Reports in Persimmony

It was not possible to determine if children screened in preschools who were referred for additional care actually received care. However, follow-up calls were made to some of the parents who participated in oral health education at WIC sites. Of the 502 parents who participated, 57 follow-up phone calls were made, and 37 parents were reached. Of these 37 parents, there were 23 (62%) who indicated that they had successfully established a dental home for their child/children, and the remaining 14 parents indicated they *intended* to establish a dental home.

During the third quarter of the fiscal year, Smile Keepers staff gave eight oral health presentations to 53 parents at low-income preschools. Among the 51 parents who completed pre-tests and post-tests, there was a 46% increase in knowledge scores.⁷ After the workshop, nearly all parents agreed or strongly agreed that:

- *They would establish a dental home for their child by age one.*
- *They would take their child to the dentist at least two times per year.*
- *They felt better able to take care of their child's teeth after participating in the presentation.*
- *They intended to use the Smile Keepers resources to find a dentist.*

Other Programs

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

⁷ Although these presentations were also given in quarter four, pre/post test data were not available.

intake, and increased very slightly by follow-up. Dental home and coverage started lower, and had a larger, and statistically significant, increase by follow-up.

Figure 19. Family Information Form (intake/follow-up matches): Medical/Dental Provider and Utilization

	Intake	Follow-up
Does your child have a regular doctor or health provider?	98%	99%
Has your child had a well-baby or well-child health check-up in the past 12 months?	95%	96%
Does your child have a regular dentist?	85%	90%
If your child is 18 months or older, have they seen a dentist in the past 6 months?	70%	78%
Older than 23 months at follow-up	75%	82%

Source: Family Information Forms completed in FY 2015-16, all with both intake and follow-up. N=2,468 children.

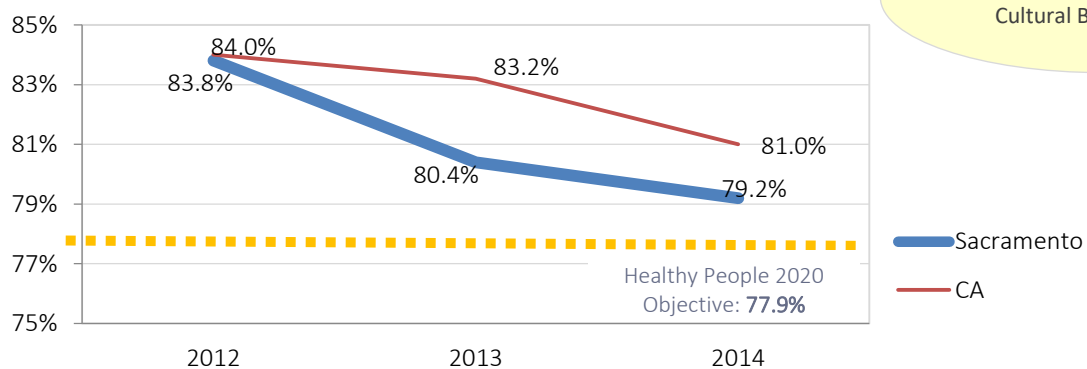
Result 2: PRENATAL CARE

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

Countywide Trends

The percentage of mothers on Medi-Cal who received prenatal care in the first trimester decreased from **84% in 2012 to 79% in 2014**. Still, the county's rate is better than the Healthy People 2020 benchmark of 77.9%.

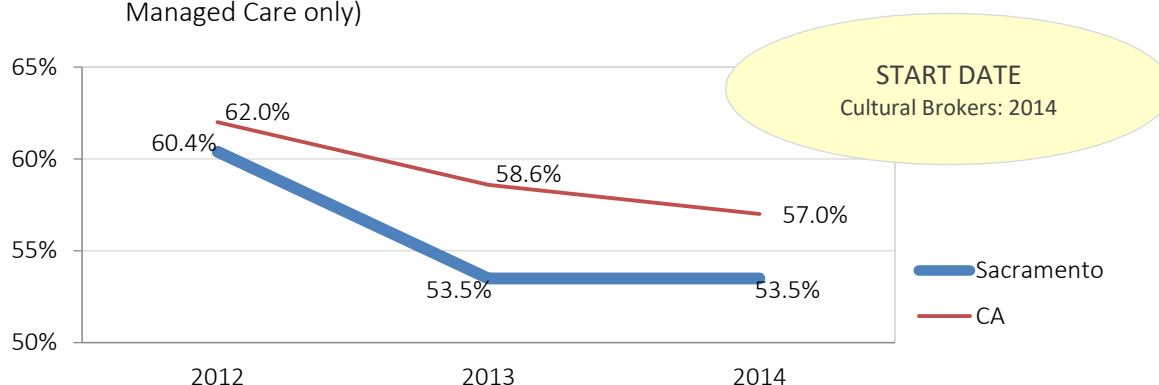
Figure 20. Percentage of Pregnant Women who Received Prenatal Care in First Trimester (Medi-Cal Managed Care only)



Source: 2015 Aggregate HEDIS Report

The percentage of mothers on Medi-Cal who had a postpartum visit on or between 21-56 days after delivery decreased from **60% in 2012 to 54% in 2014**. (Although 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 Healthy People 2020 objective available, but for comparison, the 2015 national Medicaid average was 61% and the national commercial average is consistently around 80%.

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



Source: 2015 Aggregate HEDIS Report

The Cultural Brokers program started in 2014 and provides services that impacts prenatal care.

Impact of First 5 Sacramento

Cultural Brokers

The primary program funded by First 5 to increase prenatal care and improve birth outcomes is the Cultural Brokers program. Because this program is implemented by two different grantees, and each grantee has a slightly different set of activities, they are shown separately in the table below. Both Cultural Brokers programs serve African American mothers in high-risk neighborhoods, which is intended to address the racial/ethnic disparity in birth outcomes shown in the following section (Result 3). In FY 2015-16, a total of 440 women were served in the Cultural Brokers program, 120 women by Black Mothers United and 320 women by Wellspace.

Figure 22. Services Provided by Cultural Brokers, FY 2015-16

Program	Services	FY 2015-16
Cultural Brokers: Black Mothers United (BMU)	At least one weekly check-in	120
	Referrals	
	Basic Needs	56
	Infant Safe Sleep	39
	Mental Health	28
	Alcohol & Drug	24
	Healthcare	17
	Other	20
	Attend at least one support group meeting	43
Cultural Brokers: Wellspace	At least one home visit	320
	At least three home visits	235
	Referrals	
	Basic Needs	219

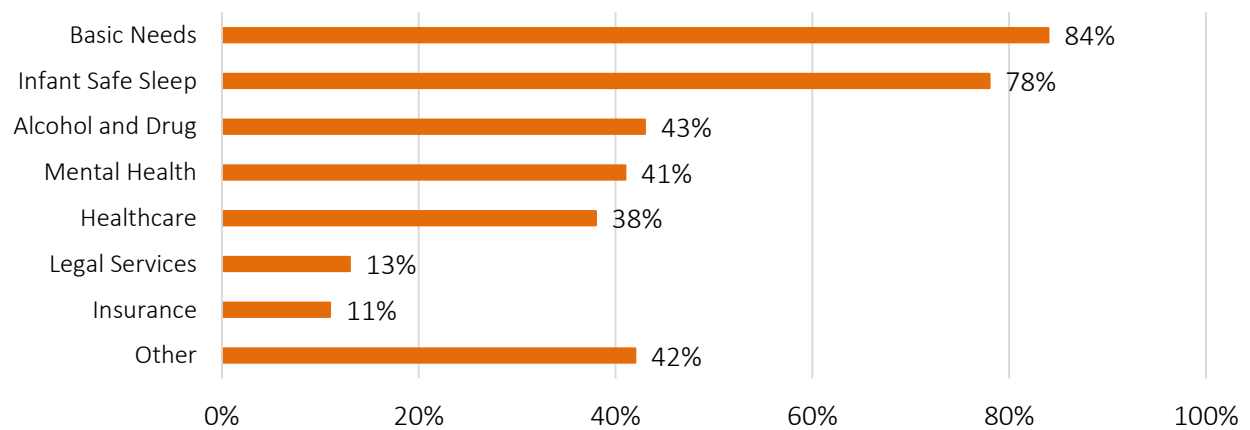
	Infant Safe Sleep	205
	Mental Health	70
	Alcohol & Drug	50
	Healthcare	36
	Legal Services	7
	Health Insurance	6
	Two risk reduction sessions	221

Sources: FY 2015-16 individual-level service data in Persimmony; First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 1 Evaluation Report.

REFERRAL RESULTS

As shown in the figure below, the rate of follow-up for referrals varied depending on the type of referral. The highest rates of follow-up were for tangible services such as basic needs (e.g. food, housing) and infant safe sleep services (workshop, crib). Rates of follow-up were lower for behavioral, mental and health services. For these services, fewer than half of the women referred actually followed up.

Figure 23. Percent of Culture Broker Clients who Followed Up on Referrals



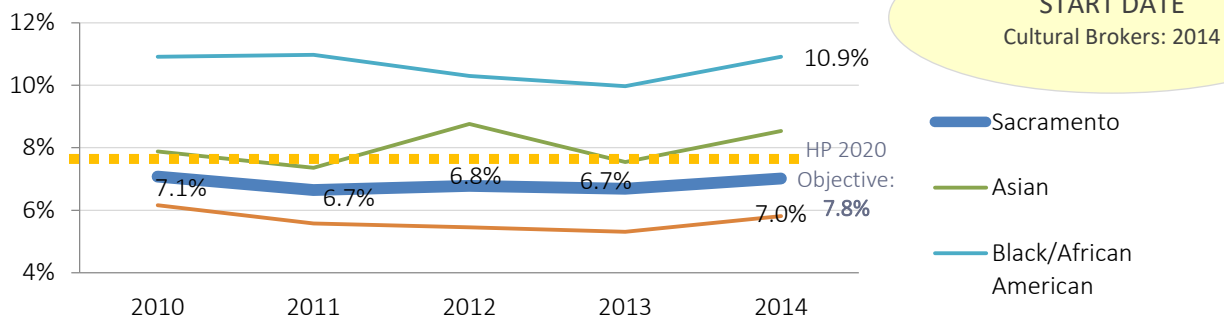
Source: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 1 Evaluation Report.
N=275, 244, 98, 74, 53, 15, 9, 88.

Result 3: LOW BIRTH WEIGHT

Countywide Trends

Overall, the percentage of babies born with low birth weight (LBW) remained unchanged from 2010 (7.1%) to 2014 (7.0%). Though higher, the **rate amongst African Americans was the same in 2010 and 2014 (10.8% in both years)**. However, the rate for Asians increased from 7.9% in 2010 to 8.54% in 2014. In 2014, the rate of LBW babies amongst African Americans and Asians failed to meet the Healthy People 2020 benchmark of 7.8%.

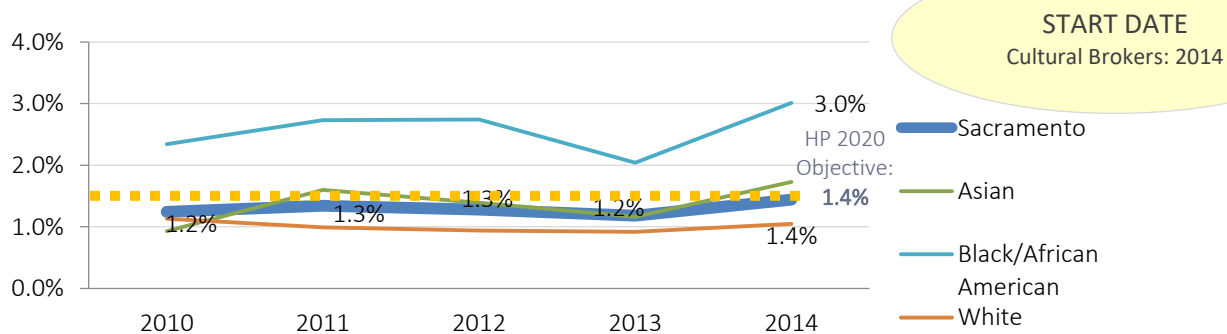
Figure 24. Percentage of Babies Born LBW in Sacramento, by Race/Ethnicity



Note: Number of babies born very low birth weight in Sacramento (2014) — All: 1,394; Asian: 330; Black/African American: 279; White: 797. Source: Centers for Disease Control and Prevention, WONDER.

Overall, the percentage of babies born with very low birth weight (VLBW) has increased from 2010 (1.24%) to 2014 (1.44%), and increases also occurred some subgroups, including **African Americans (2.34% in 2010 to 3.01% in 2014)**, and Asians (.93% to 1.73%). In 2014, the rate of VLBW babies overall and amongst African Americans and Asians failed to meet the Healthy People 2020 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%).

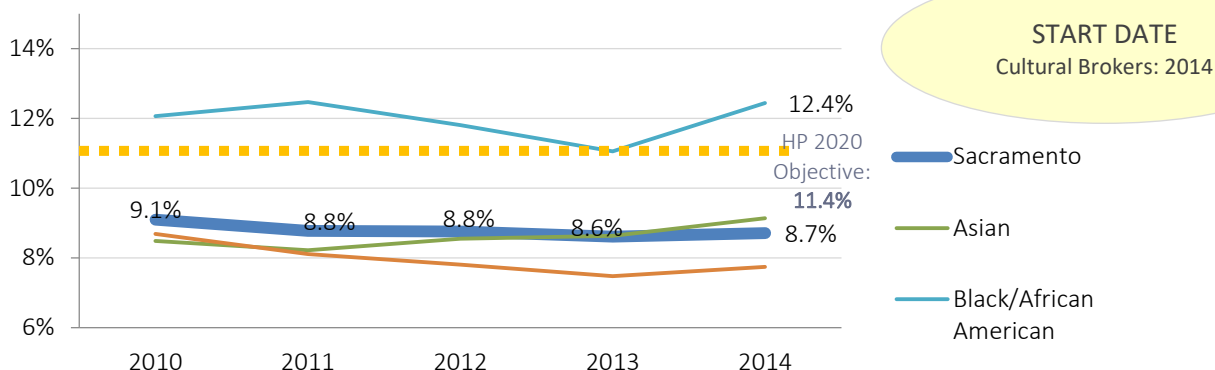
Figure 25. Percentage of Babies Born VLBW in Sacramento, by Race/Ethnicity



Note: Number of babies born very low birth weight in Sacramento (2014): All 287; Asian: 67; Black/African American: 77; White: 138. Source: Centers for Disease Control and Prevention, WONDER.

The percentage of infants born before 37 weeks decreased from 9.09% in 2010 to 8.71% in 2014. However, the percentage of babies born premature amongst **African American infants changed little 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 premature (12.4%) exceeds the Healthy People 2020 benchmark (11.4%).

Figure 26. Percentage of Babies Born Premature in Sacramento, by Race/Ethnicity



Note: Number of babies born premature in Sacramento (2014) — All 1,731; Asian: 353; Black/African American: 318; White: 1022.
Source: Centers for Disease Control and Prevention, WONDER.

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

Impact of First 5 Sacramento

Cultural Brokers

See figures in the Result 2 section above for details about Cultural Brokers services.

During FY 15-16, 215 mothers delivered babies while participating in the Cultural Brokers program. Results are shown below for the 209 deliveries with available data, and excluding one set of twins in the BMU program. The rates of low birth weight and premature deliveries among babies born to Cultural Brokers participants were lower than the Sacramento County rates for African Americans.

Figure 27. Birth Outcomes for Cultural Brokers Deliveries (with available data & excluding multiples)

	N	Low Birth Weight ⁸	Preterm
Overall	209	9%	6%
BMU	51	9%	9%
Wellspace	162	8%	3%
<i>County (African Americans)⁹</i>		<i>11%</i>	<i>12%</i>

Sources: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 1 Evaluation Report and CDC WONDER data.

⁸ Excludes multiples

⁹ Sacramento County rate is based on most current data available.

Result 4: OBESITY PREVENTION

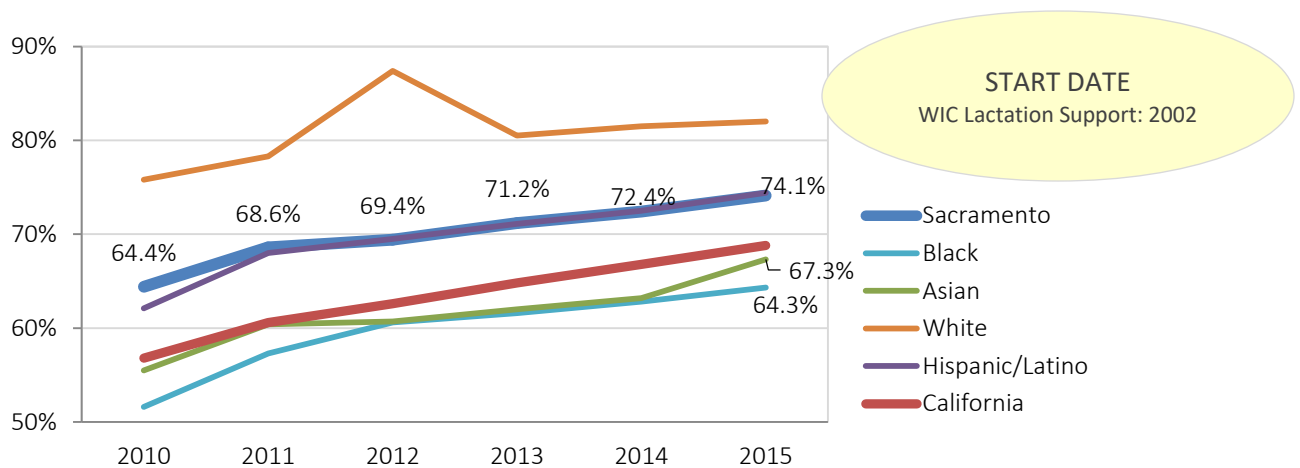
In line with the Strategic Planning Workgroup recommendation, the implementation plan for the Nutrition result area indicates “engage in policy work to decrease obesity through promotion of healthy eating and physical activity”. Our prior policy and systems efforts continue to impact the community, including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

Result 5: EXCLUSIVE BREASTFEEDING

Countywide Trends

The percentage of mothers who exclusively fed their baby breast milk in the hospital increased from 64.4% in 2010 to 74.1% in 2015. There were also increases 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.

Figure 28. Percentage of Mothers who Exclusively Fed Baby Breast Milk in the Hospital



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

Source: California Department of Public Health.

In 2002, First 5 began funding Women, Infants and Children (WIC) to provide lactation support services to mothers in Sacramento County

Impact of First 5 Sacramento

Women, Infants and Children (WIC)

WIC and its subcontractor CRP-WIC provide services to promote the initiation and continuation of breastfeeding. The target population includes WIC mothers and infants who live in Sacramento County, as well as mothers with limited access to lactation assistance. In FY 2015-16, 4,934 women received WIC breastfeeding services funded by First 5.

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

Figure 29. Breastfeeding Services Provided by WIC, FY 2015-16

Services	FY 2015-16
Provide breastfeeding trainings to nurses and medical staff	87 staff
Provide calls to Medi-Cal or Medi-Cal eligible mothers who request early breastfeeding help and support ¹⁰	788 mothers
Provide one-on-one lactation consultations for non-WIC mothers with limited access to breastfeeding support services.	99 mothers
Provide home visits to high-need lactating mothers.	165 home visits
Provide lactation support to mothers within 7 days of infant's birth	
One-on-one support to WIC mothers	810 mothers
Assistance to mothers who contact breastfeeding helpline	1,354 calls
Assistance to WIC mothers who drop in to the clinic	512 visits
Provide lactation support to mothers when baby is between one week and one year of age	
One-on-one support to WIC mothers	1,929 mothers
Assistance to mothers who contact the breastfeeding helpline	2,140 calls
Assistance to WIC mothers who drop in to the clinic	2,043 visits
Provide breastfeeding follow-up support to mothers who previously received support.	1,363 mothers
Provide monthly support groups to pregnant and parenting teens attending high school.	60 teens

Sources: FY 2015-16 WIC individual-level service data in Persimmony, FY 2015-16 WIC quarterly Performance Reports in Persimmony

The breastfeeding rates below reflect all six-month-old infants who received a WIC voucher at the end of each quarter, regardless of whether or not their mother received First 5 breastfeeding support. As shown in the table, nearly one-quarter of six-month-olds were exclusively breastfed, which is significantly higher than the national average.

Figure 30. Breastfeeding Rates by Quarter

Agency	Q1	Q2	Q3	Q4	Average
DHHS	20.4%	21.3%	21.1%	21.2%	21.0%
CRP	22.6%	23.1%	24.1%	22.0%	23.0%
National Average	16.4%				

Source: FY 2015-16 WIC quarterly Performance Reports in Persimmony

¹⁰ Mothers request support using the Early Notification of Delivery System (ENS)

Data for WIC clients served by First 5

As noted above, breastfeeding rates are for all infants who received a WIC voucher, regardless of whether or not their mother received First 5-funded services. WIC continues to work on identifying a way to tag WIC clients in the WIC database who receive First 5 breastfeeding services. As a first step, data were available to determine the percentage of exclusively breastfed 6-month-olds whose mother received First 5-funded breastfeeding support. Across the second, third and fourth quarters of the fiscal year, a total of 298 6-month olds who received WIC vouchers were exclusively breastfed.¹¹ Amongst these 298 infants, 182 (61%) received First 5 Sacramento breastfeeding services and 98 infants (33%) did not need/declined a breastfeeding referral and/or assistance.¹²

¹¹ This level of data was not available for the first quarter.

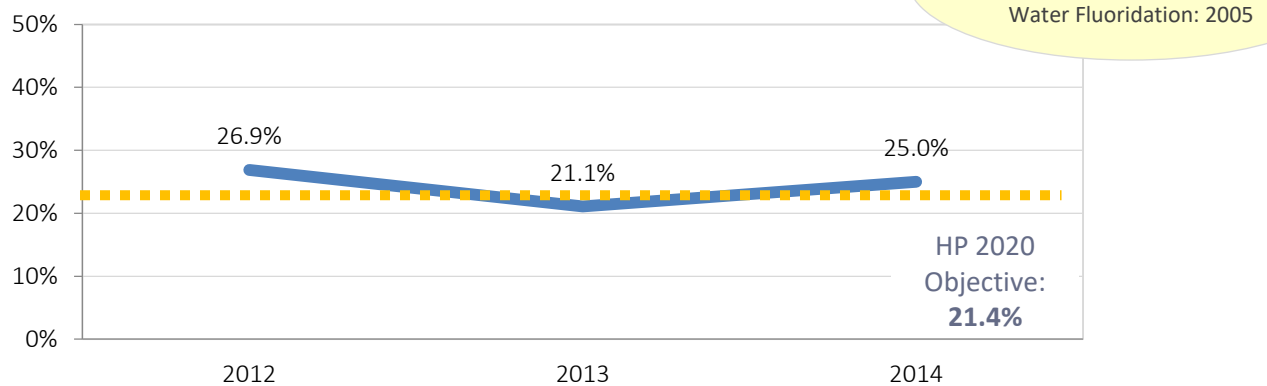
¹² The remaining 18 (6%) had documented attempts of contacts by a First 5 Sacramento-funded staff members.

Result 6: DENTAL DISEASE

Countywide Trends

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

Figure 31. 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?

First 5 began funding the Smile Keepers program in 2009, which provides services that impact dental disease.

Impact of First 5 Sacramento

Smile Keepers

Please refer to figures in Result 1 section above for Smile Keepers service data.

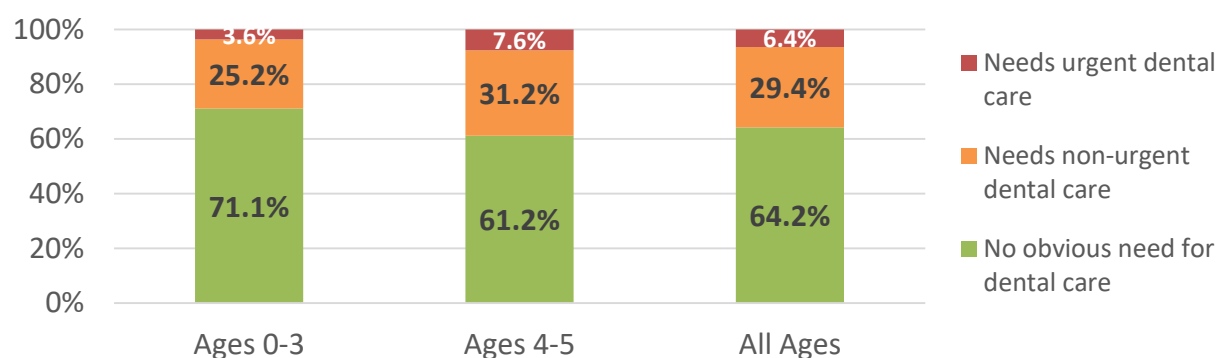
When conducting dental screenings, Smile Keepers classifies children as needing urgent care, needing non-urgent dental services, and no obvious need for dental services. The results of these screenings are in the figures below and show that slightly over one third of children screened needed urgent or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

Figure 32. Results of Smile Keepers Dental Screenings, FY 2015-16 (Numbers)

	Ages 0-3	Ages 4-5	All Ages
Number of screenings	2,415	5,489	7,904
Needs urgent dental care	88	416	504
Needs non-urgent dental care	609	1,715	2,324
No obvious need for dental care	1,718	3,358	5,076

Source: FY 2015-16 Smile Keepers quarterly Performance Reports in Persimmony

Figure 33. Results of Smile Keepers Dental Screenings, FY 2015-16 (Percentages)



Source: FY 2015-16 Smile Keepers quarterly Performance Reports in Persimmony

New data collection strategies implemented in FY 16-17 are intended to make it possible to examine changes in screening outcomes from the first to the second screening, so it is anticipated that this outcome will be reported in future reports

Other Efforts to Reduce Dental Disease

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

In the current funding cycle, a fluoridation capital project with Golden State Water Company (GSWCo) aims to bring fluoridated water to their Arden service area and their Cordova service area. The capital construction efforts should begin in FY 2016-2017 and be completed in FY 2017-2018, assuming finalization of negotiations regarding service locations. If the GSWCo project proceeds as planned, nearly 68% of Sacramento children ages 0-5 will receive the benefits of fluoridated drinking water in their homes when construction is completed.

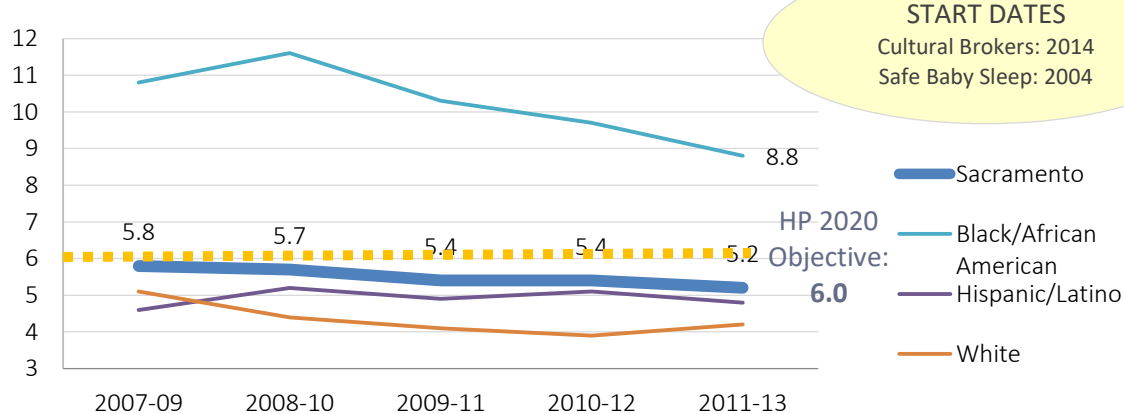
Another part of the current funding cycle is adding a Children's Dental Clinic in the City of Galt through a contract with WellSpace Health. The location for the clinic has been secured, and construction will begin in FY 2016-2017, with completion expected in early FY 2017-2018. The clinic will serve children from the City of Galt, the River Delta area and the southern-most portion of Sacramento County.

Result 7: INFANT DEATHS

Countywide Trends

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

Figure 35. Rate of Infant Mortality (Deaths per 1,000 live births)



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

Source: California Department of Public Health.

The following programs provide services that impact infant deaths: Cultural Brokers (started in 2014) and the Safe Baby Sleep Education Campaign developed by the Child Abuse Prevention Center (started in 2004).

Impact of First 5 Sacramento

Cultural Brokers

There were no neonatal deaths among the 215 babies born to mothers who participated in the Cultural Brokers program in FY 2015-16.

Figure 36. Neonatal Death Rate for Cultural Brokers Deliveries (with available data & excl. multiples)

	N	Neonatal death rate ¹³
Overall	215	0
BMU	56	0
Wellspace	159	0

Source: First 5 Sacramento Reduction of African American Perinatal & Infant Deaths Year 1 Evaluation Report

¹³ Deaths within 28 days of birth

Safe Baby Sleep Education Campaign

The Safe Baby Sleep Education Campaign was developed by the Child Abuse Prevention Center (CAPC) in January 2014 to target a leading cause of death for African American infants. The multiple components are intended to educate expecting and new mothers and their families, as well as health and social service professionals, about the importance of sleeping babies in a safe environment. Efforts include a public education campaign, promoting safe sleeping knowledge and environments, and partnering with local hospital systems and birthing centers to incorporate safe sleep procedures and policies. In FY 2015-16, the Safe Baby Sleep Education Campaign reached 503 providers and 1,037 expecting or new parents through trainings, workshops, home visitors, and crib distribution. Thousands of people were reached through the public education campaign.

Figure 37. Services Provided Through Safe Baby Sleep Campaign, FY 2015-16

Services	FY 2015-16
Providers trained	503 providers
Cribs for Kids partners	119
Community-based providers	369
Medical providers	15
Parents trained during one-hour workshop	753 parents
Parents receive safe sleep information from home visitors	884 parents
Cribs distributed through workshops	628 cribs
Cribs distributed through hospitals	93 cribs

Source: FY 2015-16 Safe Baby Sleep quarterly Performance Reports in Persimmony

Parents who participated in the Safe Sleep workshops completed a pre/post survey that includes questions related to their knowledge of safe sleep practices. As shown in the table below, nearly all participants had either an increase or no change in knowledge. Some parents also completed a follow-up survey about safe sleep practices. Nearly all parents reported engaging in safe sleep practices.

Figure 38. Parent-Reported Safe Sleep Practices

Safe Sleep Practices	Percent of parents who reported practices at follow-up
Parents who report safe sleep practices at follow-up <i>(Of those who attended workshop, received crib, and did follow-up survey, n=293)</i>	
Baby is never exposed to cigarette in home	100%
Baby never sleeps with parent, another adult, child or baby in the same bed	98%
Parents always put baby on his/her back to sleep	94%
No blankets, stuffed animals, or pillows on or around baby when sleeping	94%
Parents put baby to sleep in crib/bassinet/Pack 'n' Play	91%

Source: FY 2015-16 Safe Baby Sleep quarterly Performance Reports in Persimmony

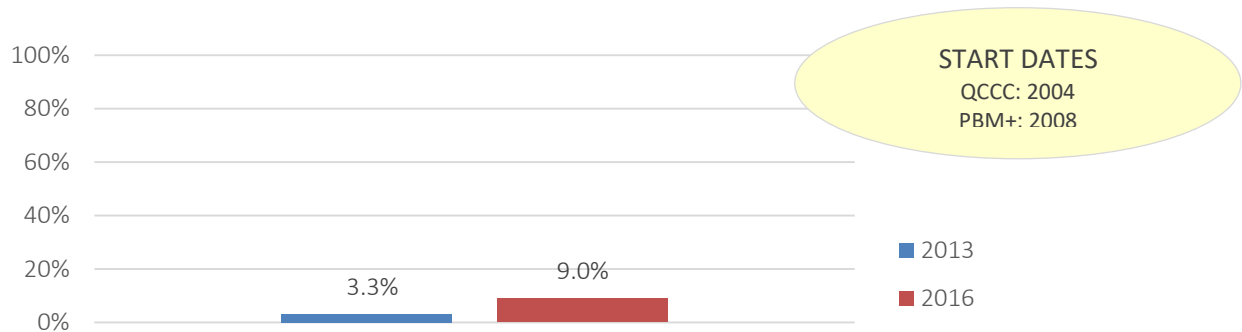
In addition to educating providers and parents, and providing cribs, another component of the Safe Baby Sleep Campaign is working with local hospitals to integrate safe sleep education into their routine maternal and child policies and procedures.

Result 8: QUALITY EARLY CARE AND EDUCATION

Countywide Trends

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 the county's 0-5 year olds. While this is a favorable trend, it still means that over 90% of the county's 0-5 year olds do not have access to a site whose quality is rated. There is no state benchmark available.

Figure 39. Percentage of Children Ages 0-5 who Attend a Preschool Site with a Quality Rating



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

Source: Sacramento County Office of Education, 2016.

The following programs provide services that impact quality early care and education: Quality Child Care Collaborative (started in 2004) and the Preschool Bridging Model Plus (started in 2008).

Impact of First 5 Sacramento

Quality Child Care Collaborative (QCCC), a program of Child Action, Inc.

The Quality Child Care Collaborative (QCCC) provides support to licensed and license-exempt child care providers that serve children ages 0-5 in Sacramento County, including those who offer services to families that speak Spanish, Russian, Vietnamese and Hmong, as well as English. The purpose of the program is to improve the quality of early education settings through workshops, coaching, environmental assessments and other technical assistance. The QCCC also provides support to caregivers and parents of children with special needs through the WarmLine Family Resource Center's hotline. In FY 2015-16, through the QCCC, Child Action, Inc. served 167 child care programs with the capacity to serve 5,628 children ages 0-5.

Figure 40. Services Provided by QCCC, FY 2015-16

Services	FY 2015-16
Provide supportive services to child care programs ¹⁴	167 center and family child care programs
Coordinate workshops and/or conferences for providers. Topics Included:	
Developing a quality inclusive child care program	126 providers
Child health and safety	39 providers
Child development and behavior	100 providers
Provide training and coaching for providers and parents on child development	57 providers, 31 parents, 215 hours
Provide technical assistance to parents and caregivers caring for children with special needs through WarmLine	54 parents and caregivers
Workshops/trainings for parents and child care providers caring for children with special needs	55 parents and providers
Provide ongoing consultations, technical assistance and training related to behavioral issues to child care programs	131 programs
Provide technical assistance to parents and child care providers via phone or e-mail.	71 programs
Conduct classroom environmental assessments (e.g. ECERS).	47 classrooms
Develop quality improvement plans with providers.	61 plans
Provide technical assistance and training to child care programs during site visits	168 site visits

Source: Source: FY 2015-16 QCCC quarterly Performance Reports in Persimmony

Classroom assessments were done in 47 classrooms, using the Early Childhood Environment Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R) or Infant/Toddler Environment Rating Scale (ITERS-R). Most were “pre” assessments. Teachers and sites are participating in a two-year program, so “post” assessments will be done in FY2016-17. Once both pre and post data are available, it will be possible to identify classrooms that had improvements in quality.

Preschool Bridging Model Plus (PBM+)

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

¹⁴ Includes consultation services, quality improvement work, training, and technical assistance

Figure 41. Services Provided by PBM+, FY 2015-16

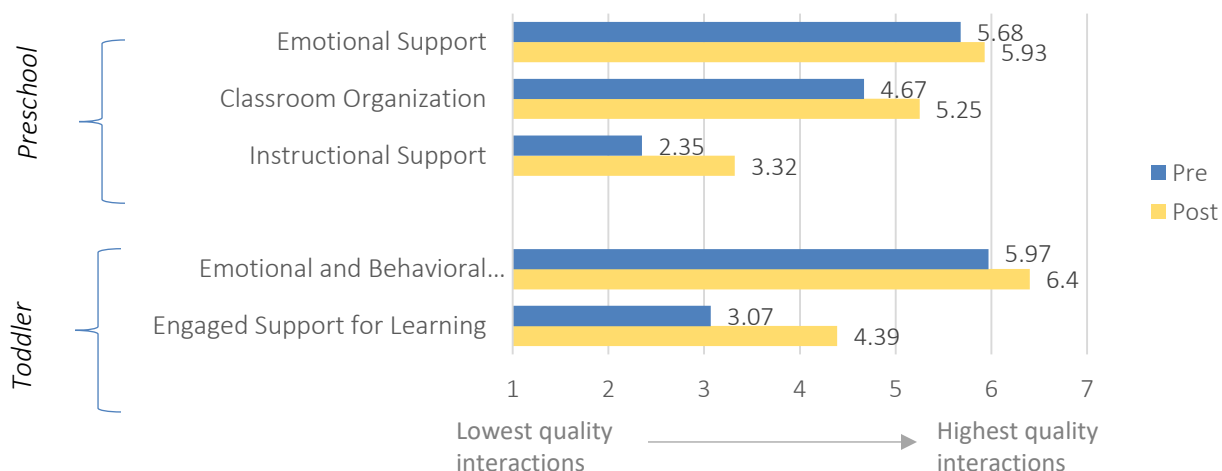
Services	FY 2015-16
Provide on-site instructional support and technical assistance to private child care providers ¹⁵	118 providers
Conduct education meetings for PBM+ participants	118 providers 38 meetings
Complete pre and post observation assessments for private providers	239 assessments
Conduct vision, hearing and development screenings for children at PBM+ sites	1, 349 children
Provide referrals for additional services	
Vision	68 children
Hearing	35 children
Developmental	56 children

Source: FY 2015-16 PBM+ quarterly Performance Reports in Persimmony

During the fiscal year, 94 PBM+ providers completed 1,974 hours of professional development and 24 providers earned 144 total college degree-pathway units.

PBM+ administered pre and post Classroom Assessment Scoring System (CLASS) assessments in 68 preschool classrooms to measure classroom interactions. As shown in the figure below, there were statistically significant increases in average scores from pre to post in the tool's three domains: *Emotional Support*, *Classroom Organization*, and *Instructional Support*. Additionally, pre and post Toddler CLASS assessments were conducted in 35 classes. There were statistically significant increases in average scores from pre to post for this tool's two domains: *Emotional and Behavioral Support* and *Engaged Support for Learning*.

Figure 42. Results of Pre and Post CLASS Assessments, PBM+ Participants, FY 2015-16



Source: Excel document provided by PBM+. N=68 preschool classrooms and 35 toddler classrooms.

¹⁵ 89% were new providers.

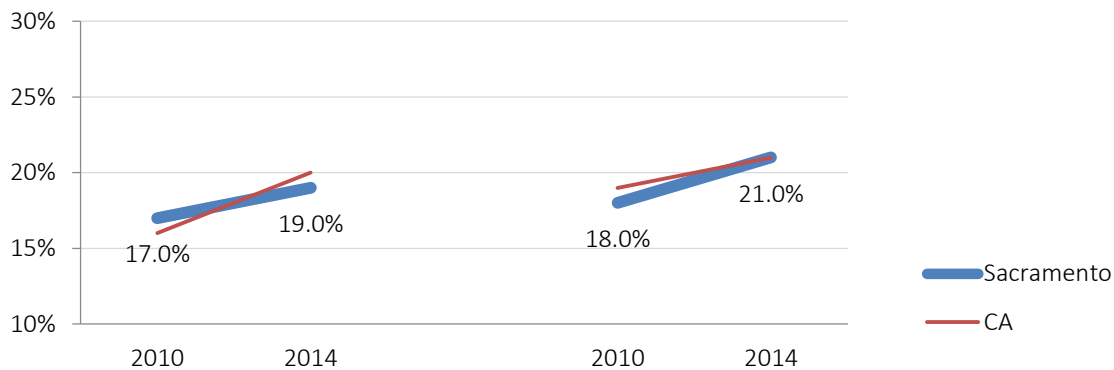
Result 9: AFFORDABLE QUALITY CHILD CARE

Countywide Trends

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).

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%).

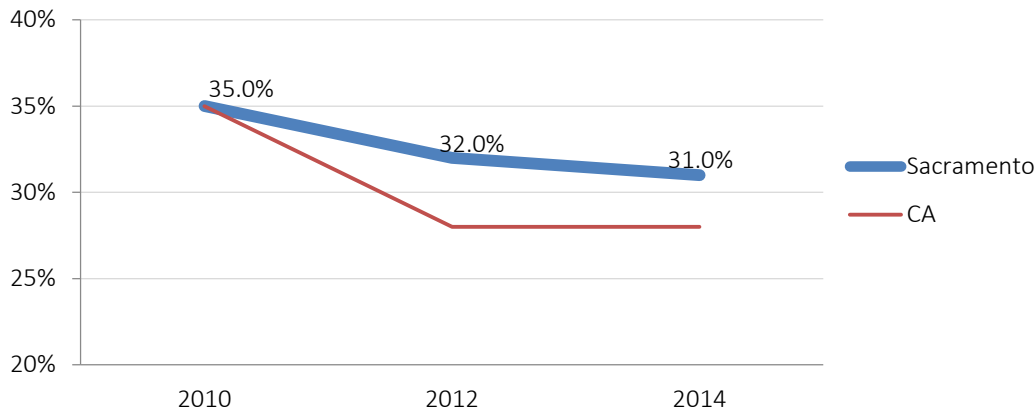
Figure 43. Percentage of \$42,216 Annual Income Needed for Child Care



Source: California Resource and Referral Network Child Care Portfolios.

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

Figure 44. Capacity of Child Care System: Percent of 0-5 Year Olds Who Can Be Accommodated in a Licensed Child Care Center or Family Child Care Home



Source: 2015 California Child Care Portfolio.

Impact of First 5 Sacramento

The 2016 California state budget was a big win for the Early Childhood Education community, with over \$500 million added to state-subsidized child care and the repeal of the Maximum Family Grant. It also included an additional investment across the system through fiscal year 2019-2020, with the creation of 8,877 more full-day preschool slots. In addition, Assembly Speaker Anthony Rendon proposed the establishment of a Blue Ribbon Commission to develop a plan for improving and providing quality early education and child care for children birth through 5 years of age. First 5's across the state, including First 5 Sacramento, played a significant role in advocating for these fiscal and policy changes, which will benefit children and their parents for years into the future.

Result 10: USE OF DEVELOPMENTALLY APPROPRIATE PRACTICES

Countywide Trends

No sufficiently relevant countywide data are available for this result area.

First 5 began funding Project SOARS in 2013, and it provides services that impact the use of developmentally appropriate practices.

Impact of First 5 Sacramento

Project SOARS

Project SOARS provides free and voluntary comprehensive services for children ages 0 - 5 who may be at risk for a potential developmental delay and/or disability, and their families. There is a specific focus on serving families that have experienced homelessness, substance abuse issues, domestic violence, foster placements, and other challenges; and specifically targeting families currently living in transitional housing and those referred by partnering agencies. Services include home visits, developmental screenings, and referrals for early intervention and other comprehensive services. In FY 2015-16, Project SOARS served a total of 338 children and 272 parents.

Figure 45. Services Provided by Project SOARS, FY 2015-16

Services	FY 2015-16
Families create Family Action Plan	128 families
Provide home visits	387 families
	958 home visits
Screenings	
ASQ: Initial	283 screenings
ASQ: Follow-up	57
ASQ-SE	85
Hearing	59
Vision	53
Referrals	
Developmental	81 referrals
Hearing	3
Vision	3
SCOE – EHS Home Visits	65
Early Education and Child Care ¹⁶	63

¹⁶ Includes Early Head Start, Kindergarten, Preschool/Head Start, and Transitional Kindergarten

Services	FY 2015-16
Basic Needs (food, housing, clothing)	48
CAPC- Family Resource Center	39
CAPC – Safe Sleep Cribs	25
Sacramento Crisis Nursery	22
Other	60

Sources: FY 2015-16 Project SOARS Annual Evaluation report and FY 2015-16 Project SOARS individual-level service data in Persimmony

Project SOARS follows up with parents to determine the outcome of referrals. The table below shows the outcomes of referrals, by type. It does not include referrals related to issues such as early education and child care or basic needs. Across the types of referrals shown in the table, in 54% of cases the family accessed the service or was in the process of accessing the service. In 15% of cases, the parent declined further assessment or could not follow-up with the referral.

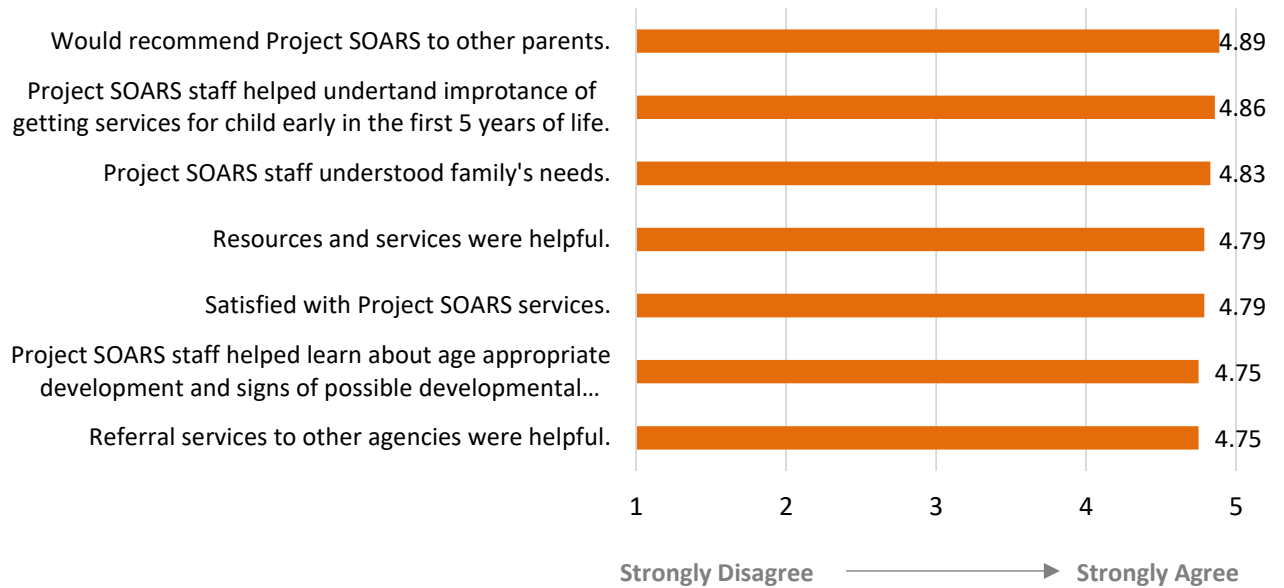
Figure 46. Referrals Results, as of June 2016

Type of Referral	Number of Referrals	Accessed Service	Accessed services, but did not qualify for services	In Progress	Unable to contact for follow-up	Parent declined assessment or could not follow-up with referral
Developmental Delay	58	17	12	14	4	8
Mental Health	22	6		7	4	5
Medical Assessment	1			1		
Hearing	3	1			2	
Vision	3			1	2	
Total	87	24	12	23	12	13

Source: FY 2015-16 Project SOARS Annual Evaluation report

A total of 73 participants completed surveys regarding the SOARS program, for a participation rate of 54%. As shown in the figure below, respondents felt positively about the services they received from Project SOARS.

Figure 47. Project SOARS Program Survey Data



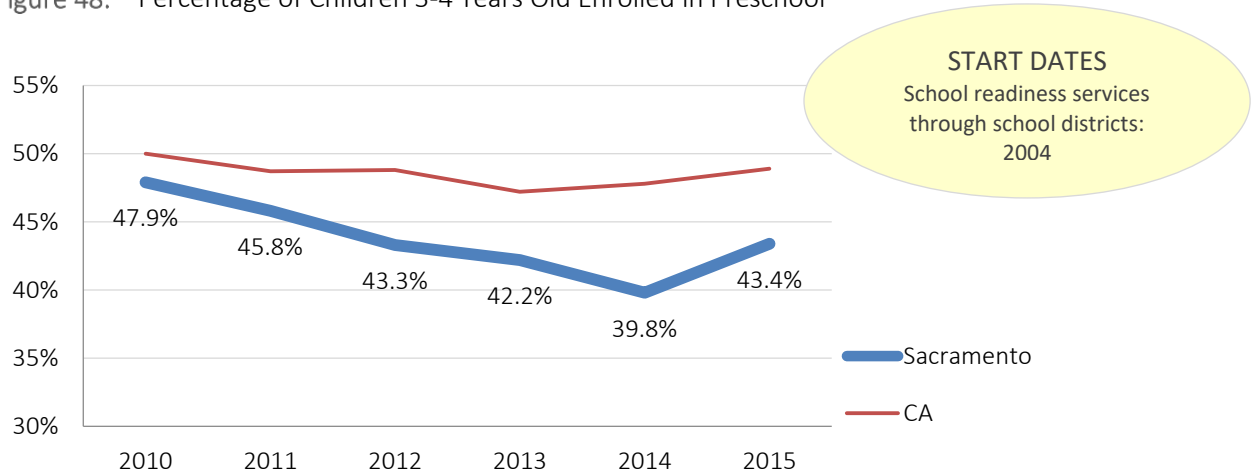
Source: N=72, with the exception of "Referral services to other agencies were helpful" (N=55).

Result 11: SCHOOL READINESS

Countywide Trends

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

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



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

Source: California Department of Education, DataQuest.

In 2004, First 5 began funding nine school districts to provide services designed to promote school readiness, including preschool.

Impact of First 5 Sacramento

School Districts

Nine school districts are funded to provide a range of services to promote school readiness among children ages 0-5 and their families who live in targeted areas. There is also a focus on serving children and families with Child Protective Services involvement or disabilities/special needs, as well as those who are dual language learners, migrant families, live in poverty and other under-served populations. School readiness services include preschool slots, playgroups, a summer camp to help children transition to kindergarten, parent education and family literacy activities, and various screenings and referrals. Some districts also provide more intensive support to families through services such as case management and home visitation. In FY 2015-16, the nine districts provided school readiness services to 5,238 children and 4,892 parents/caregivers.

Figure 49. Services Provided by School Districts, FY 2015-16

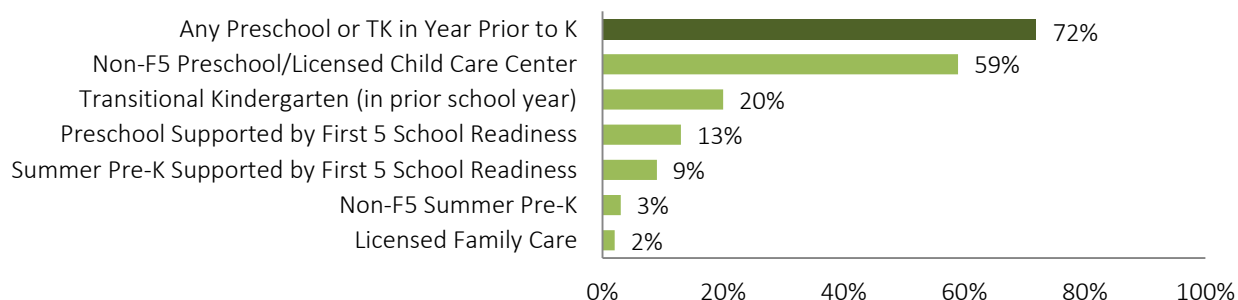
Services	FY 2015-16
Preschool Slots	585 children ¹⁷
Enhanced Preschool	2,482 children
Playgroups	872 children & parents
Summer Transition Program	855 children
Family Literacy	3,914 children & parents
Parent Education	3,125 parents
Intensive Intervention	533 children & parents
Screenings	
Developmental	3,220 screenings
Hearing	2,819 screenings
Speech and Language	1,871 screenings
Vision	2,766 screenings
Referrals	
Developmental	66 referrals
Hearing	27 referrals
Speech and Language	219 referrals
Vision	188 referrals

Source: School districts' FY 2015-16 individual-level service data in Persimmony

EARLY LEARNING EXPERIENCES

As shown in the figure below, 72% of children who participated in the school readiness assessment had attended preschool or Transitional Kindergarten in the year prior to kindergarten. Thirteen percent attended a preschool supported by First 5 School Readiness programs and 9% had participated in a First 5-funded summer readiness program.

Figure 50. Early Education Experience of Children Entering Kindergarten, Fall 2016



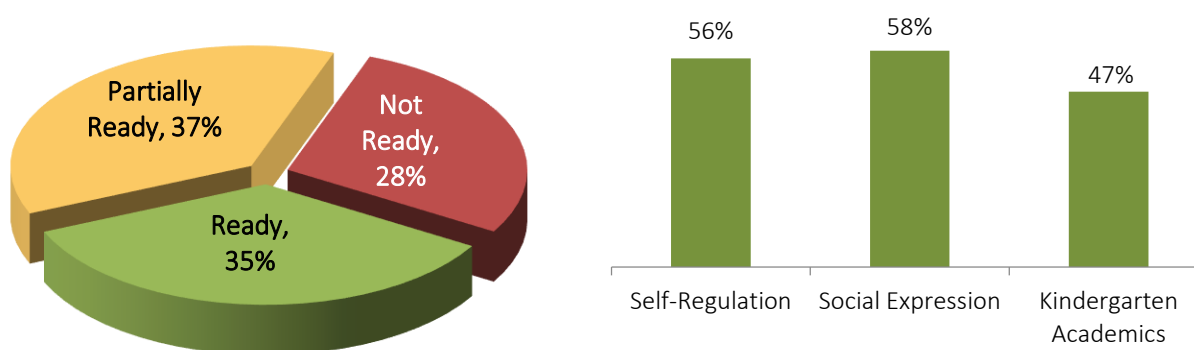
Source: Kindergarten Observation Form 2016, Parent Information Form 2016, First 5 service records. Note: N=1,416-1,616. Some children attended both preschool and TK. Summer pre-k not included within "Any Preschool in Year Prior to K."

¹⁷ While 400 preschool slots are funded by First 5, because there is some turnover within those slots, more than 400 children received this service.

READINESS FOR KINDERGARTEN

Students were identified as being ready for school using results of the school readiness assessment administered in fall 2016. Students were assessed across three primary domains of readiness: *Social Expression*, *Self-Regulation*, and *Kindergarten Academics*. Overall readiness was determined based on the combination of readiness in each domain. Specifically, children who were not ready in any of the three domains were classified as *Not Ready*, and children who were proficient, or nearly proficient, in all three domains were considered *Ready*. *Partially Ready* indicates readiness in one or two domains. As shown in the figure below, 35% of children assessed across the nine school districts were *Ready*, and another 37% were *Partially Ready*. The percent *Ready* in each domain is also shown below, with the greatest percentage of students *Ready* in *Social Expression*.

Figure 51. Percent of Children Ready across Domains and by Domain, Fall 2016



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

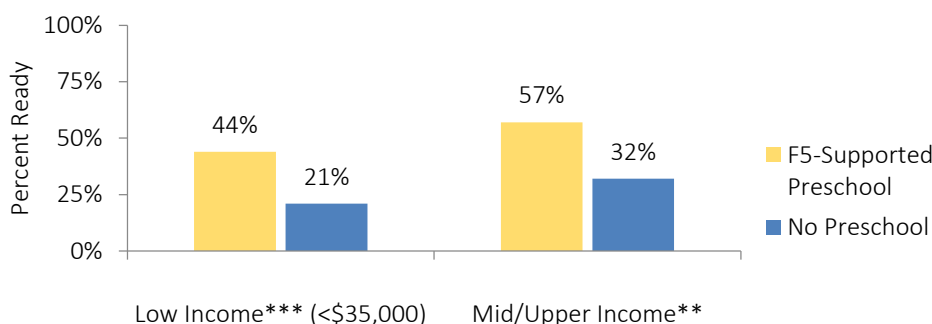
Not Ready for K: These children showed average readiness scores below 3.25 across all three Building Blocks and are typically just “beginning” to or “in progress” of displaying the skills they need for school.

Partially Ready: Students with varying mean scores across the Building Blocks; typically relatively more ready in Self-Regulation and Social Expression and less ready in Kindergarten Academics.

Ready for K: These students were rated with mean scores at or above 3.25 across all three Building Blocks of readiness, indicating proficiency or near proficiency in Motor Self-Regulation, Social Expression, and Kindergarten Academics.

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

Figure 52. Percent Ready for School, By First 5 Supported Preschool Experience and Income



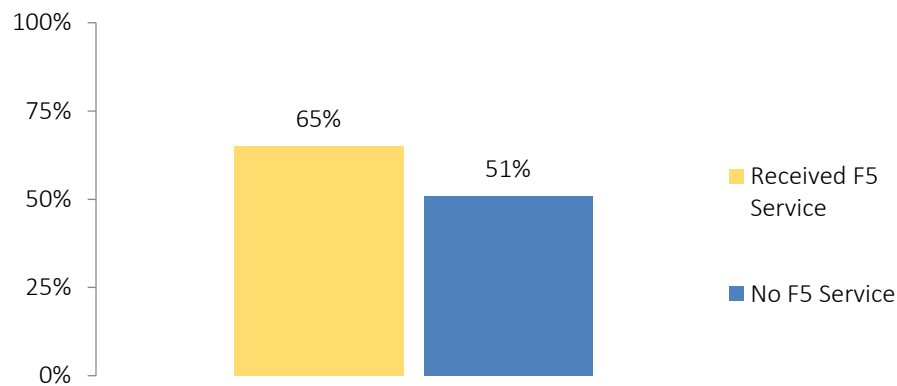
Source: Kindergarten Observation Form 2016. N=490. ***Statistically significant, $p < .001$; **Statistically significant, $p < .01$.

PARTICIPATION IN KINDERGARTEN TRANSITION ACTIVITIES

Another indicator for this result is the percent of parents who reported engaging in at least four kindergarten transition activities (out of nine listed on the Parent Information Form). These activities include things like visiting the kindergarten school and meeting the kindergarten teacher.

As shown in the figure below, the percent of parents who reported engaging in at least four kindergarten transition activities was significantly greater among those who received First 5 school readiness services compared to those who did not receive First 5 services.

Figure 53. Percent of Parents Engaging in at least Four Transition Activities



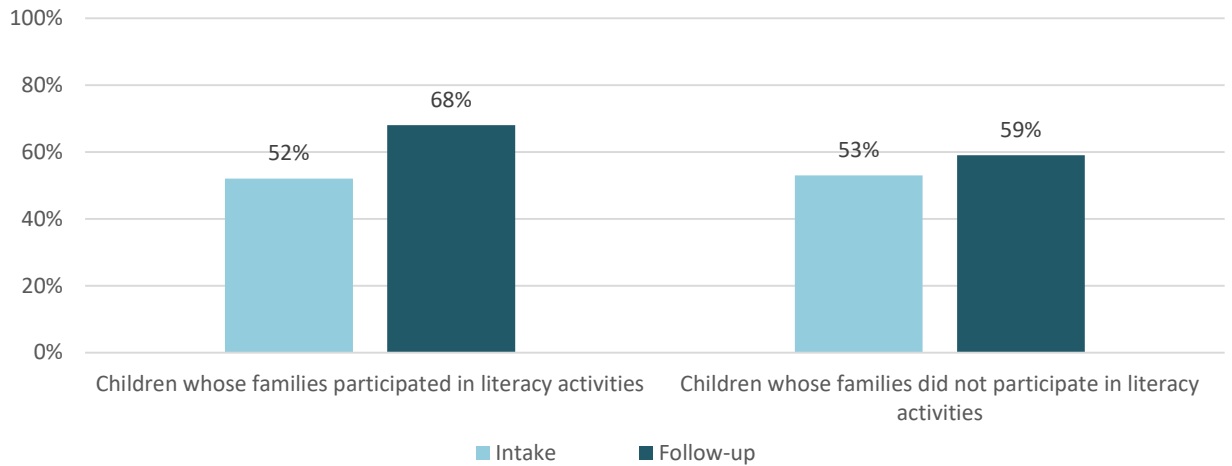
Source: Kindergarten Observation Form 2016. N=1,306. Difference statistically significant, $p < .001$.

FAMILY LITERACY

One component of school districts' school readiness services are family literacy activities. Data collected using the First 5 Sacramento Family Information Form during FY 2015-16 showed that among the 1,330 children whose family participated in a family literacy activity and for whom intake and follow-up data were available, there was an increase in the percentage of children who read at home at least five days per week. As shown in the figure below, among these children, 56% read at home at least five days per week at intake, while 68% read at home at least five days per week after participating in the family literacy activities. This is a 21 point increase in the percentage of children who were read to at least five times per week.

Changes were also examined for children whose families did not participate in these family literacy activities (but received other First 5 services). While there was an increase in reading frequency among these children, it was much smaller. Specifically, among the 902 children who had intake and follow-up data and did not participate in literacy activities, 53% read at least five days per week at intake and 59% read at least five days per week at follow-up—an increase of only 11 points in the percentage of children who were read to at least five times per week.

Figure 54. Percentage of children whose families report reading at home at least five days per week



Sources: Family Information Forms from FY 2015-16; School districts' FY 2015-16 individual-level service data in Persimmony. N=1,330 children whose families participated in literacy activities provided by the nine school districts, and N=902 children whose families did not participate in literacy activities.

Sacramento Public Library

The Sacramento Public Library provides services to families with children ages 0-5 who live at affordable housing complexes, with a focus on families with Child Protective Services involvement or disabilities/special needs, as well as those who are dual language learners, migrant families, living in poverty, or part of another under-served population. The library provides early literacy workshops to parents, as well as library services (like book-lending) at low-income apartment complexes using the bookmobile. In FY 2015-16, the Sacramento Public Library provided services to 407 families.

Figure 55. Services Provided by The Sacramento Public Library, FY 2015-16

Services	FY 2015-16
Provide early literacy workshops	66 families
Distribute books to families completing early literacy workshops	243 books
Provide library services at housing sites using the bookmobile ¹⁸	166 visits
Issue library cards to families living in housing sites.	341 families

Source: FY 2015-16 Library quarterly Performance Reports in Persimmony.

In the fourth quarter of the fiscal year, 49 unduplicated families participated in the early literacy workshops. Of these, five (10%) attended all four workshops. Across the third and fourth quarters, the Family Information Form was completed for 80 children, and reading frequency was reported for 70 children. Among these 70 children, 51 (73%) were reading at home at least five days per week at intake. Because of difficulties with retention for all four workshops, follow-up data were not available.

¹⁸ The unduplicated number of families was counted beginning in June 2016, so data are available only for that month. During June, 44 unduplicated families were served.

Crocker Art Museum

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

Figure 56. Services Provided by Crocker Art Museum, FY 2015-16

Services	FY 2015-16
Distribute free museum passes to collaborating partners in targeted zip codes	4,696 passes
Distribute Tips for Tots instructional guide about art education to parents of children 0-5	1,593 guides
Provide museum tour and art workshop to children attending school readiness programs	246 children
Provide Story Trail for parents and children 0-5	61 parents and children

Source: FY 2015-16 Crocker Art Museum quarterly Performance Reports in Persimmony.

Even though nearly 5,000 free museum passes were distributed, as of June 30 only 9 had been redeemed.

Result 12: CONNECTIONS TO COMMUNITY RESOURCES

Countywide Trends

No countywide data are available for this result area.

Impact of First 5 Sacramento

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

2-1-1

2-1-1 is a telephone line and website that families with children ages 0-5 can use to get information about available services in the county. In FY 2015-16, 2-1-1 helped a total of 12, 459 callers.¹⁹

Figure 57. Services Provided by 2-1-1, FY 2015-16

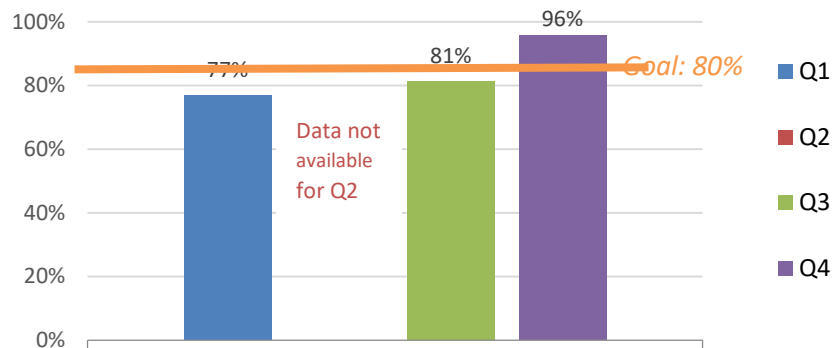
Services	FY 2015-16
Help callers with children ages 0-5 find services and resources	12,459 calls
Health Referrals Made	
Hospitals/Clinics	143 referrals
Mother & Infant Care/Pediatrics	270
Dental, Eye, Speech & Hearing Referrals and Care	183
Health Education & Insurance Counseling	95
Immunization	44
Human Reproductive Services/Family Planning	15

Source: FY 2015-16 2-1-1 quarterly Performance Reports in Persimmony.

Regarding the quality of service provided, there is a goal that at least 80% of calls are answered within 120 seconds. The goal was exceeded in the third and fourth quarters of FY 2015-16, as shown in the figure below.

¹⁹ It is important to note that because individual-level data about callers are not collected, it can be assumed that this is a duplicated number.

Figure 58. Percent of 2-1-1 calls answered within 120 seconds, FY 2015-16



Source: FY 2015-16 2-1-1 quarterly Performance Reports in Persimmony.

In order to evaluate the quality assurance program, at least 2% of calls are followed up on via a phone call. The findings are below.

Figure 59. Results of 2-1-1 Follow-Up Calls

	Q1	Q2	Q3	Q4	Total
Number of follow-ups attempted	475	353	286	439	1,553
Number of follow-ups completed	196	143	118	144	601
Had not received services	47%	45%	58%	48%	49%
Needed further assistance	31%	28%	52%	29%	34%
Referrals made were appropriate	98%	N/A	N/A	N/A	N/A
Information provided was accurate	99%	N/A	99%	99%	N/A
Would recommend to family/friends	99%	98%	99%	99%	99%

Source: FY 2015-16 2-1-1 quarterly Performance Reports in Persimmony.
N/A= no data provided for these questions in these quarters.

Community Building Grants

The Community Building Grants are small grants of up to \$5,000 given to community members who facilitate a group with other parents/families in their community. In FY 2015-16, the first set of groups began in March 2016. Foci, target population, location, and themes are all unique to each group.

Figure 60. Services Provided by Community Building Grants, FY 2015-16

Services	FY 2015-16
Community members facilitate community-based groups for families in various geographic locations.	6 groups ~100 families ²⁰

Source: Data from CBG group leaders.

During key informant interviews, as well as focus groups, both group leaders and participants were asked to describe the ways in which participants benefited from being in the group. Because the various groups had different foci, there were some group-specific benefits. However, many of the benefits were common across all groups.

Social support for parents was one of the most commonly cited benefits. Leaders and participants described how parents appreciated the opportunity to meet new people and talk to other parents who were in similar situations. This included both the more general similarity of being parents and the challenges of raising young children, and more specific commonalities such as (specific to each group): learning English, being a father, and being deaf. In addition to finding emotional support and an environment in which to talk about sensitive topics, the groups have also been a place where parents have learned strategies for interacting with their children. Specifically, they have been able to problem-solve with other parents, and get ideas from other parents in similar situations. Participants said this was especially helpful for parents experiencing stress.

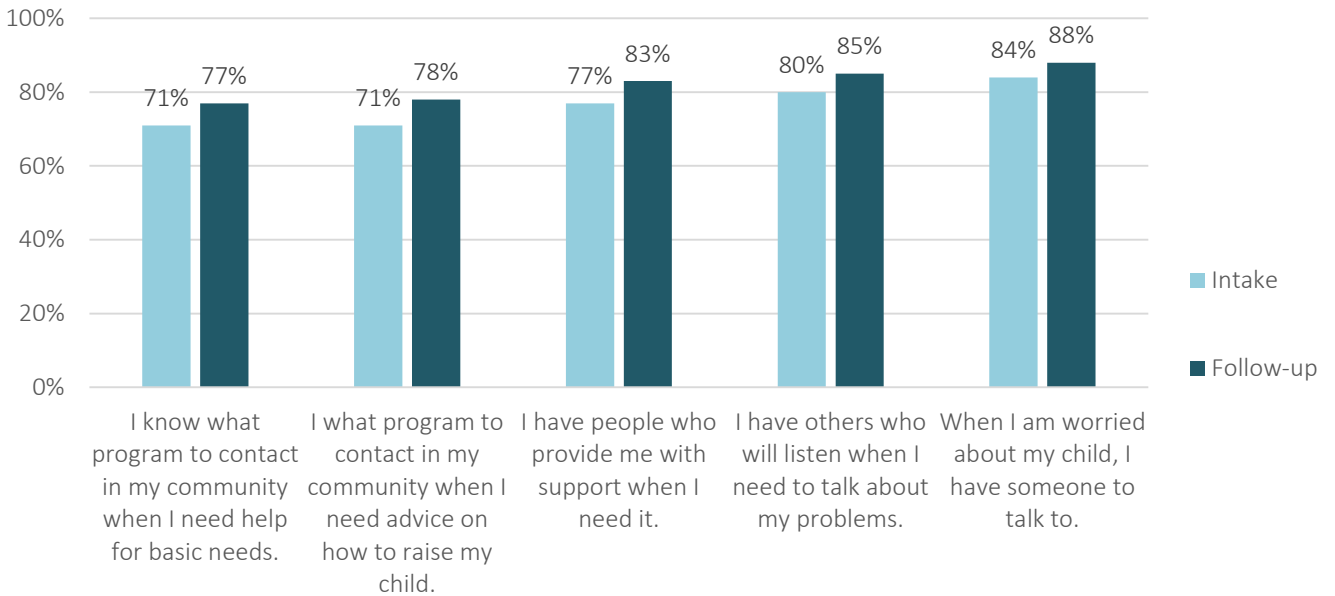
Group leaders and participants also explained that the groups were an opportunity for parents to learn new things, including English skills, how to be healthy (both physically and emotionally), early literacy activities to do with their children (and the importance of these parenting activities), and information about other cultures. Some of the group leaders also described how some parents have learned skills and gained confidence to help them advocate for themselves and their child.

Leaders and participants also explained that the groups were a place that parents and children could have fun and learn together, and that it was a valuable socialization opportunity for young children. Several participants described how much their children enjoy attending group meetings (especially because of the arts and crafts, food and music).

Findings across Multiple Programs

Among 2,108 parents who received First 5 services and completed a Family Information Form at both intake and follow-up three to six months later in FY 2015-16, social support and resource knowledge increased. The figure below shows the percentage of respondents who agreed or strongly agreed with each statement. Even though these indicators started off fairly high, they still had significant increases by follow-up. Most respondents represented in these findings participated in Birth and Beyond or School Readiness programs through the nine school districts.

²⁰ Since group attendance fluctuates, and the number of sessions attended by each family changes, this is an approximation.

Figure 61. Changes in Parent Attitudes Related to Support and Connectedness

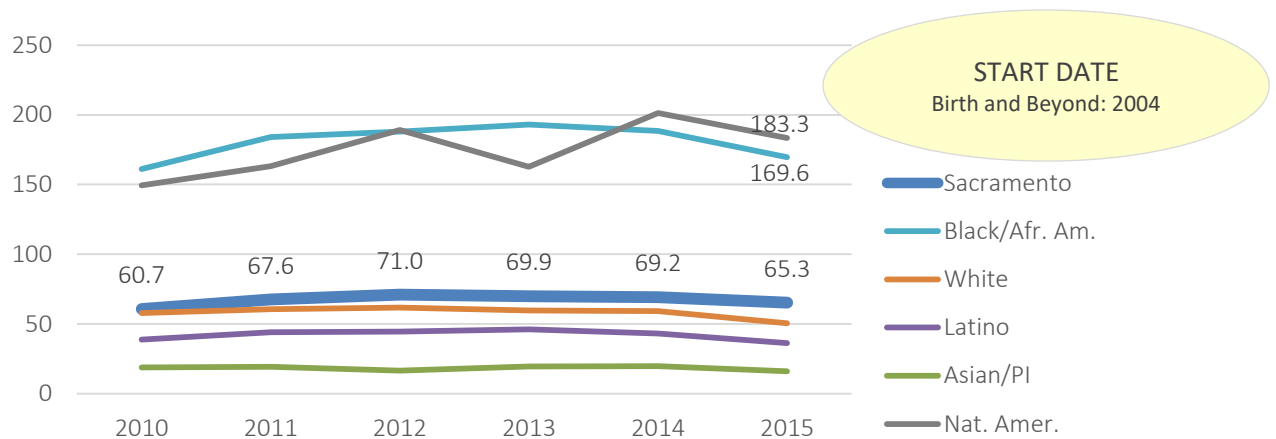
Source: Family Information Forms completed in FY 2015-16 with both intake and follow-up. N=2,108.

Result 13: EFFECTIVE PARENTING

Countywide Trends

The rate of child abuse allegations per 1,000 children ages 0-5 worsened from 60.7 in 2010 to 65.3 in 2015. There has also been an increase among African American and Native American children specifically. The county's rate (65.3) exceeds the state rate (56.3) overall, as do several subgroups, such as African Americans (169.6), Whites, Asians, and Native Americans. In terms of magnitude, the percentage of children ages 0-5 who experience an allegation is 6%, but is as high as 16% for some subgroups (African American, Multi-ethnic, and Native American).

Figure 62. Child Abuse Allegations in Sacramento per 1,000 Children Ages 0-5, by Race/Ethnicity



Note: Number of child abuse allegations in Sacramento – 6,193 (2010); 6,905 (2011); 7,228 (2012); 7,060 (2013); 6,967 (2014); 6,519 (2015).

Source: California Child Welfare Indicators Project.

First 5 began funding the Birth and Beyond program in 2004, and it provides services that impact effective parenting.

Impact of First 5 Sacramento

Birth and Beyond

Birth and Beyond Family Resource Centers (FRCs) provide family support services to pregnant women, children ages 0-5 and their families/caregivers. Services included parent education classes, home visitation, and crisis intervention when needed. In FY 2015-16, a total of 1,647 children and 3,473 parents/caregivers received Birth and Beyond services.

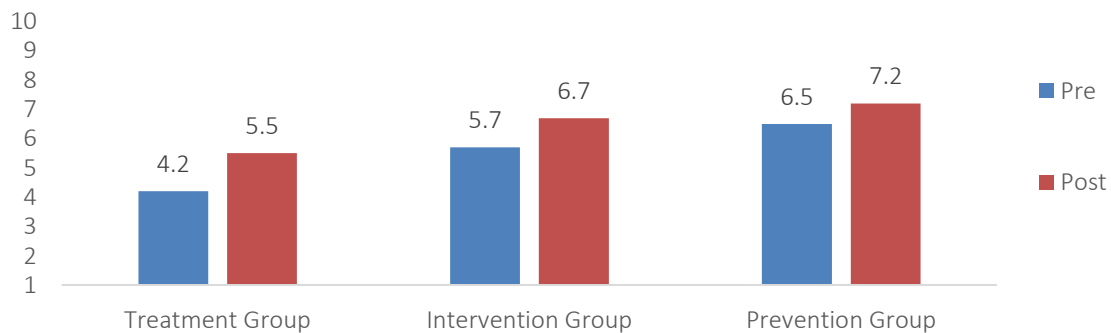
Figure 63. Services Provided by Birth and Beyond, FY 2015-16

Services	FY 2015-16
Provide Family Resource Center enhanced core services	39,840 services
Provide crisis intervention services	1,139 families
Provide home visits using the Nurturing Parenting Program (NPP)	606 families
	10,376 lessons
Provide classes and workshops	
Child development	153 families
Life Skills	125 families
Car Seat Safety	995 families
Stress Reduction	264 families
Other Classes	254 families
Provide referrals to services	
Crisis Nursery	618 referrals
Health Insurance	567 referrals
Lactation Support	140 referrals
FNP	556 referrals

Sources: FY 2015-16 Birth & Beyond quarterly Performance Reports in Persimmony; FY 2015-16 Birth & Beyond individual-level service data in Persimmony.

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

Figure 64. Changes in AAPI Scores for Birth and Beyond Home Visitation Clients



Source: Data provided by LPC based on results of AAPI scores. N=68 for Treatment group, N=192 for Intervention group, N=133 for Prevention group. The difference between pre and post scores is statistically significant ($p < 0.001$) for all groups.

Result 14: ACCESS TO SAFE/EMERGENCY CHILD CARE

Countywide Trends

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

Impact of First 5 Sacramento

Crisis Nursery

The Sacramento Crisis Nursery has two locations (one in North Sacramento and the other in South Sacramento) that provide emergency child care and 24-hour overnight care for children ages 0 - 5 whose families are experiencing a crisis or stressful situation. Case management, referrals to community services, and assistance with medical and mental health services are also provided as needed. In FY 2015-16, a total 478 families received services from Sacramento Crisis Nursery.

Figure 65. Services Provided by Crisis Nursery, FY 2015-16

Services	FY 2015-16
Respite Care	568 children
Families Served	478 families
Case Plans	377 families
Case Management Services	305 families
Transportation	1,484 trips
Referrals	647
Family Resource Center Services	170
Child Care/Preschool	117
Housing	61
Other	299

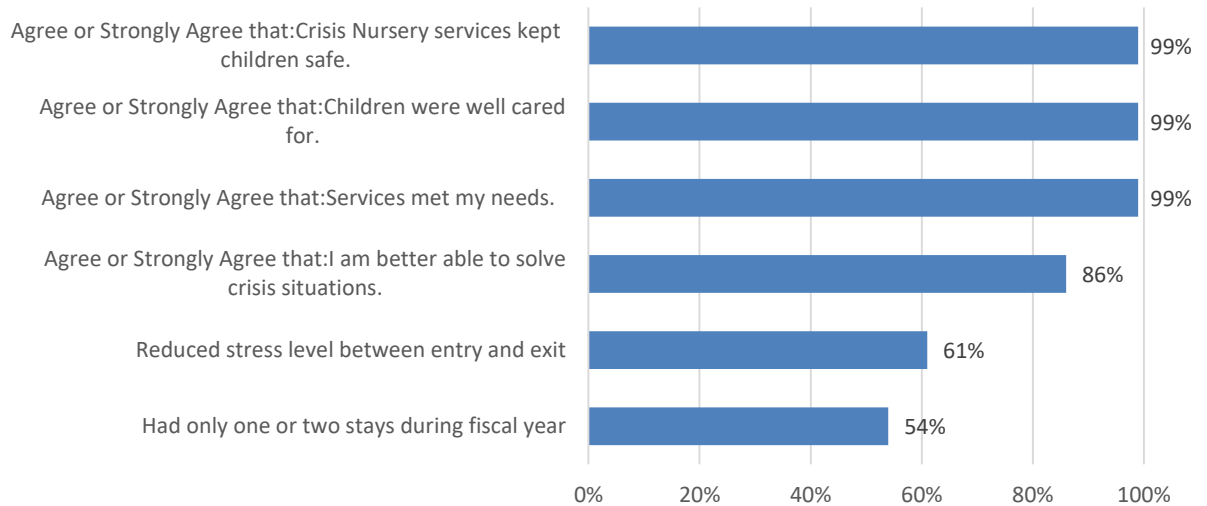
Sources: FY 2015-16 Crisis Nursery quarterly Performance Reports in Persimmony; FY 2015-16 Crisis Nursery individual-level service data in Persimmony

Parents who use Crisis Nursery services report their level of stress at intake and at exit, and findings indicated that nearly two-thirds (61%) of parents reduced their stress level between entry and exit. Parents also complete a survey to report their satisfaction with Crisis Nursery services. Nearly all clients agreed or strongly agreed with the following statements: *Crisis Nursery services kept children safe* and *Children were well cared for, and service met my needs*. On the same tool, 86% of respondents agreed or strongly agreed that they are better able to solve crisis situations.

Also of interest is the extent to which families use Crisis Nursery services multiple times, as this may be an indicator that their issues are not being resolved. Among families who used the Crisis Nursery in FY15-16,

46 percent had more than two stays during the fiscal year. (It is possible that they, and others, also used the service in previous fiscal years.)

Figure 66. Outcomes for Crisis Nursery Clients



Sources: Sacramento Crisis Nursery FY 2015-16 entry and exit surveys; FY 2015-16 Crisis Nursery individual-level service data in Persimmony.

Result 15: CHILDHOOD INJURIES AND DEATH

Countywide Trends

See trends for child abuse in Result 13 above.

Impact of First 5 Sacramento

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

Communications Strategies and Results

Fiscal Year 2015-16

Communication efforts continue to enhance and expand the brand of First 5 Sacramento in the community by highlighting programs through media, marketing, and outreach.

- **Social Media** - User based platforms Facebook, Twitter, Pinterest and Instagram continue to grow in its popularity when targeting families with young children. Social Media ads were a powerful tool for broadening our audience and increasing engagement, especially focusing on timely issues or promoting contractor events. In Fiscal Year 2015-16 the followers on each platform increased by the following: Facebook: 71% Twitter: 36% Instagram 39% Pinterest 26%.
- **Digital advertising** - The 12 month web awareness campaign with rotating parent awareness ads used a three-pronged approach (retargeting, contextual and search). Total impressions for the Fiscal Year were 1,356,781 generating 2,117 new visitors to www.first5sacramento.net with an average click through rate of 0.16% (over 3 times industry standard).
- **Multi Media** - A three month multi-media campaign called 'Real Moments' targeted parents to spend quality time with their child. Three spots were created focusing on parent involvement and included: 1. Put down your electronics, 2. Household chores, and 3. Guys game time. Campaign elements include radio spots; digital ads; streaming ads; and pre-roll. Across all multi-media elements, the campaign generated almost 3.5 million impressions.
- **Outdoor** - A three month outdoor campaign featuring the nationally recognized *Sugar Bites* ads created by First 5 Contra Costa targeted high needs areas throughout Sacramento County with convenient store ads (40) and bus transit shelters (15). Campaign added valued included 40 window clings placed on the sliding glass doors for sugary beverages at convenient store and an extended transit shelter month.
- **Website** - A re-designed responsive website is now compatible with all mobile and desktop devices. By using playful colors to highlight specific topics of interest, the website is easier to navigate. The new contemporary design is eye catching with photos, a scrolling results bar, Facebook and Twitter feeds and custom videos. In addition, sections for Families, Providers and the Community organizes webpages and resources relevant for each audience.

Next Steps

As noted above, FY 2015-16 was the first year of implementation for the revised evaluation plan designed to assess progress towards results outlined in the strategic plan. Additional data collection and analysis efforts are in progress, or planned, that will make the data even more informative in future fiscal years:

- **Ongoing efforts to ensure high quality service data:** Great progress was made in FY 2015-16 related to the accuracy of service data in Persimmony, including more consistent entry of service type, quantity and frequency. Because much of this technical assistance to grantees was provided throughout FY 2015-16, it is expected that the quality of this data will be even higher for FY 2016-17, making it possible to conduct more in-depth analyses of the relationship between services and outcomes.
- **More individual-level data:** Two programs (Smile Keepers and PBM+) that have historically provided only aggregate data are piloting strategies to provide individual-level service and outcome data to First 5, with the goal of a more in-depth examination of the relationship between services as outcomes, as well as identifying other First 5 services these clients are receiving.
- **More precise numbers for First 5 clients:** This specifically applies to WIC breastfeeding data. While WIC has historically reported breastfeeding rates for all women who receive WIC services, progress has been made in flagging First 5 clients, and the goal is to be able to report breastfeeding rates for First 5 clients specifically.
- **Increase number of clients who complete follow-up Family Information Form (FIF):** Additional follow-up data from the FIF will make it possible to draw stronger conclusions about the impact of particular programs and F5 services as a whole. For example, while there were positive trends related to community connectedness and support, as well as reading at home, a larger sample size would provide more robust and generalizable results.