

First 5 Sacramento Commission

2018 IMPLEMENTATION PLAN

FISCAL YEARS 2018-19

THROUGH 2020-21



BACKGROUND

On June 5, 2017, the First 5 Sacramento Commission adopted the 2018 Strategic Plan. The three year plan provides a framework for funded services beginning July 1, 2018 through June 30, 2021. The 2018 Strategic Plan includes the following foundational statements:

First 5 Sacramento Commission Foundational Statements

Vision

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

Mission

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

Strategic Principles

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

Developed with community input, the First 5 Sacramento Commission's 2018 Strategic Plan includes five specific goals and ten results related to Health, Early Care and Development, and the Empowerment of Families. For further detail, see the Strategic Plan Hierarchy on page 15 of the Strategic Plan.

IMPLEMENTATION PLAN OVERVIEW

The Implementation Plan expands upon the Strategic Plan, providing detail regarding funded strategies within the following Results: decrease infant deaths; decrease dental disease; breastfeeding; early care; school readiness; community connections; and, effective parenting. For each result area, a summary chart has been developed. Each summary chart begins with a listing of the relevant results from the Strategic Plan Hierarchy followed by: implementation strategies; target population; funding mechanism; and, the 3-year allocation. Each result includes a set of indicators that will be measured through evaluation efforts. Each chart ends

with a summary of planned expenditures for contracts, staffing, media, program support, policy advocacy and sustainability, and allocated costs.

Target Population

Programs and services are provided to pregnant women, children birth through five years of age, their parents/caregivers and early learning professionals.

Planned Expenditures

Funding for the three-year Strategic Plan period totals \$60.1 million. This allocation includes expenditures for Administration, Evaluation and Program. Planned expenditures for each Fiscal Year are as follows:

	FY 2018-19	FY 2019-20	FY 2020-21	Total
Administration	\$1,309,813	\$1,309,813	\$1,309,813	\$3,929,439
Evaluation	553,957	553,957	553,957	1,661,871
Program	18,186,230	18,186,230	18,186,230	54,558,690
Total	\$20,050,000	\$20,050,000	\$20,050,000	\$60,150,000

Planned program expenditures for the 3-year period by Result Area are as follows:

	Total Program Expenditures	Percentage of Program Expenditures (\$54,558,690)
R1 Infant Death	\$3,797,049	7%
R2 Breastfeeding	\$2,252,334	4%
R3 Dental Disease	\$1,747,872	3%
R6 Quality Early Care	\$3,275,574	6%
R7 School Readiness	\$13,725,339	25%
R8 Community Connections	\$621,669	1%
R 9 &10 Effective Parenting*	\$25,105,410	46%
Program Management**	\$2,771,963	5%
Policy Advocacy and Sustainability (Expenses for R4 & R5 are included in this section)	\$566,520	1%
Program Support and Media	\$405,000	<1%
Allocated Costs	\$289,960	<1%
Total Program Expenditures	\$54,558,690	100%

*The Effective Parenting total includes \$210,000 in MAA fees.

**The Program Management total includes the sum of these costs across all summary charts and the partial cost of salary and benefits for the Executive Director and Media Planner for activities that cross all result areas.

IMPLEMENTATION PLAN COMPONENTS

Implementation Strategies

RESULT 1 - DECREASE INFANT DEATHS: \$3,797,049

This result was identified as a hybrid result of direct service and systems change. This result is part of a larger, multi-million dollar investment from Sacramento County and the City of Sacramento. It is a newer investment for First 5 and has promising outcomes. The following strategies address disparities in the African American population:

- Provide match funding for staff support of the Black Child Legacy Campaign (previously known as the Steering Committee) to assist with the coordination of a countywide effort to reduce African American child deaths by 10-20% by 2020.
- Develop and implement a strategic, culturally sensitive infant safe sleep education campaign that promotes safe sleep practices, provides access to safe sleeping environments to those in need, and works to systemically improve safe sleep policies in hospitals and other organizations.
- Develop and implement a strategic, culturally sensitive perinatal conditions education campaign that promotes healthy pregnancies and healthy births to decrease African American infant mortality.
- Provide culturally sensitive and community based peer support to pregnant African American women to reduce risks of poor pregnancy and birth outcomes.

RESULT 2: INCREASE PREVALENCE AND DURATION OF BREASTFEEDING: \$2,252,334

This result was identified as a hybrid result of direct service and systems change. Systems change efforts will focus on ensuring women covered through the Affordable Care Act (ACA) have access to lactation support, equipment and counseling. Efforts may also include working with hospitals to encourage policies within hospital systems that support breastfeeding. The following strategy addresses the direct service component:

- Provide direct education, care, and support to mothers with newborns and children up to one year of age to promote the initiation and continuation of exclusive breastfeeding.

RESULT 3: DECREASE DENTAL DISEASE: \$1,747,872

This result was identified as a hybrid result of direct service and systems change. Systems change efforts will explore sustainable funding opportunities through formal partnerships with the Dental Plans, as well as continued leadership on the Medi-Cal Dental Advisory Committee. The following strategies address the direct service component:

- Provide mobile dental exams, fluoride varnishes, and referrals for children at preschool sites and community events.
- Provide educational information about appropriate dental care and resources to children and their families through a variety of dental outreach promotion and media activities.

RESULT 4: INCREASE UTILIZATION OF MEDICAL HOMES: \$84,978

This result area was identified as a systems result and it will be addressed via systems change strategies. ACA provides access to medical homes for all children. Therefore, direct services within this result are being addressed through other publicly funded programs. For the strategies addressing systems change, please see the Systems Sustainability Plan.

RESULT 5: INCREASE ACCESSIBILITY TO AFFORDABLE QUALITY CHILD CARE: \$113,304

This result area was identified as a systems result and it will be addressed via systems change strategies. First 5 Sacramento will identify, monitor, and advocate for federal, state, and local legislation that increases access to child care. This result area remains a systems change result consistent with the 2015-18 Strategic Plan. For the strategies addressing systems change, please see the Systems Sustainability Plan.

RESULT 6: INCREASE THE QUALITY OF CHILD CARE PRACTICES: \$3,275,574

This result area was identified as a direct services result, however there are cross cutting systems change activities that may impact this area. The services outlined below are enhanced with match-funding provided by First 5 California. The following strategies address the direct service component:

- Provide group, classroom and workshop trainings to private center and family-based child care providers to enhance their professional development and improve the quality of child care.
- Provide integrated and collaborative consultation support to private center-based and family child care providers, as well as parents with a goal to increase the quality of care.
- Provide individualized professional development opportunities to private center and family-based providers.

RESULT 7: INCREASE CHILDREN'S, FAMILIES' AND SCHOOLS' READINESS FOR KINDERGARTEN: \$13,725,339

This result area was identified as a direct services result, however, there are cross cutting systems change activities that may impact this area. The strategies in this result area are core school readiness services provided by educational institutions. The following strategies address the direct service component of school readiness:

- Provide structured developmental playgroups for children ages 0-3 and their caregivers.
- Provide preschool for children ages 3-5 who live in the selected school catchment area and do not qualify for publicly funded spaces.
- Provide enhanced preschool supports such as classroom materials and staff to assist with the child's cognitive, social and emotional development. Provide caregiver workshops and materials for families with children ages 0-5 to support early learning and preparation for school.
- Provide year round transition activities for each level of the early learning continuum and kindergarten summer camps to prepare children and families for school entry in the fall.
- Provide, coordinate, and track screenings and assessments for children ages 0-5. Families will be provided with referrals, follow-up services and/or resources for any concerns identified.
- Help Me Grow: Through a centralized information and referral center, families with children ages 0-5 will be linked with needed programs and services to assess and/or address potential developmental and behavioral delays. Assessment and referral data will be housed in a centralized system to identify gaps, barriers, and progress.

RESULT 8: INCREASE FAMILY CONNECTIONS TO COMMUNITY RESOURCES: \$621,669

This result area was identified as a direct services result; however there are cross-cutting systems change activities that may impact this area. The following strategies within this result address social capital and community engagement:

- Community Connections Mini-Grants to groups of parents/caregivers for activities related to school readiness, social-emotional development, healthy development and literacy to build social capital. Grants will be dispersed two to three times a year in amounts of up to \$5,000 per grant.
- Fiscal Agent services for Community Connections Mini-Grants Program. The program will also include leadership training to enhance parent/caregiver capacity to successfully implement community building projects. Additionally, parent support groups in underserved communities will be held.
- Database maintenance and call volume support for a resource and referral hot line.

RESULT 9: INCREASE USE OF EFFECTIVE PARENTING AND RESULT 10: DECREASE CHILD MALTREATMENT AND DEATH: \$24,895,410

These result areas were identified as direct services results, however there are cross cutting systems change activities that may impact these areas. These results address reducing child abuse and neglect through the following strategies:

- Provide effective parenting learning and support services including child safety workshops, child development activities, resource and referral, stress reduction activities and peer support groups for high risk families (FRC Core Services).
- Based on an assessment of parent risk and needs, provide parent education courses using evidence based curriculum and related tools.
- Utilize Nurturing Parenting Program to provide home visitation services for high risk families. Parents served will receive 1:1 education and support during the assigned 16 – 55 lessons, based on risk and need assessments.
- Parents will be assessed for Crisis Intervention Services utilizing a strength based assessment tool. Families in crisis will receive case management referrals and assistance in developing a plan to address their most pressing needs. Families will receive follow-up to assess progress made toward crisis resolution.
- Coordinate efforts across the 9 Family Resource Centers through a Family Support Collaborative (FSC) to promote consistent and quality services to support families and prevent child abuse and neglect. Provide technical assistance, including contract monitoring and trainings to FRC staff on pertinent topics. Additional services include MAA invoicing, oversight and training.
- Provide access to temporary, safe emergency child care for families experiencing crisis. Services include overnight and/or day respite care for children to reduce risk for child abuse and neglect and provide time for parents to stabilize their situation.

ADDITIONAL CONTRACT REQUIREMENTS

- First 5 Sacramento recognizes the effect of Adverse Childhood Experiences (ACEs) on child outcomes and the need to be responsive to ACEs at all level of service provision. First 5 will ensure that training on trauma-informed approaches for staff and service providers is available. All contracts will include requirements for ACEs training and trauma-informed service delivery.
- Service providers will be required to provide enhanced resources and referrals targeted to child care, dental care and medical home as addressed in the Systems Sustainability Plan.
- Service providers will be required to leverage at least 10% in other funding each year as a part of their agency’s sustainability plan.

Funding Mechanism

- **Non- Competitive Processes**
 - Specific strategies will not be subject to a competitive bid process. A non-competitive bid process is a cost effective way to maintain the best interest of children and families in our community and will be implemented when only

one viable agency can provide the services to be rendered through a particular strategy. It promotes the continuity of specialized services in the community, builds upon critical infrastructure, protects the integrity of successful programs and best practice models, and supports the momentum of systems work that programs have begun. Although it is a non-competitive process, every service provider will be required to participate in an application process in which they will detail how the strategies will be implemented. In addition, an assessment of contract compliance will be completed. New contracts will be negotiated and executed for a three-year period.

■ Competitive Processes

- Specific strategies include a competitive bid process as a means to seek qualified service providers that may or may not have previously contracted with the Commission. In addition, the competitive bid process provides the opportunity for new and innovative approaches. This proposal process will enable service providers to specify the strategies they plan to utilize to meet the Commission's goal for a particular result area.

Funding Timeframe

Non-competitive Request for Applications (RFA) and competitive Request for Proposals (RFP) and Request for Qualifications (RFQ) will be released beginning September 2017 through October 2017. Applicants will have approximately a six-week period to respond once the funding mechanisms are released. Applications and proposals will be scored by review teams, and the intent to award notifications will be posted in January 2018. It is anticipated that funding recommendations will be made to the Commission in February 2018. Following contract negotiations, services will begin July 1, 2018.

The Commission reserves the right to make adjustments to the above timeframe.

Conclusion

As the Commission faces a declining ability to invest, efforts will continue to become narrower and deeper. Creating strategic partnerships that leverage and grow funding for young children will be vital. The direct service and systems change strategies within the Implementation Plan and Systems Sustainability Plan will help the Commission focus its investment in lasting impact while meeting community needs. The two documents provide a roadmap for Fiscal Year 2018-19 to Fiscal Year 2020-21. For more information, please see the attached Implementation Plan Summary Charts.

