

# First 5 Sacramento Commission 2015 Implementation Plan Fiscal Years 2015-16 through 2017-18

## Background

On June 2, 2014, the First 5 Sacramento Commission adopted the 2015 Strategic Plan. The three year plan provides a framework for funded services beginning July 1, 2015 through June 30, 2018. The 2015 Strategic Plan includes the following foundational statements:

### First 5 Sacramento Commission Foundational Statements

#### Vision

Sacramento County will have strong communities where children are safe and healthy.

#### Mission

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-driven 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.

With community input, the First 5 Sacramento Commission's 2015 Strategic Plan includes specific goals and results related to Health, Early Care and Development, and the Empowerment of Families. For further detail, see the Strategic Plan Hierarchy on page 14 of the plan.

## Implementation Plan Overview

The Implementation Plan expands upon the Strategic Plan, providing additional detail regarding funded strategies within the following Result Areas: Health; Dental; Nutrition; Early Care; School Readiness; Effective Parenting; and, Community Connections. For each area, a chart has been developed that begins with a listing of the relevant results

from the Strategic Plan Hierarchy followed by: implementation strategies; target population; outcomes; indicators; dedicated resources; and, identification of the organization responsible for service delivery. Each chart ends with a summary of planned expenditures for contracts, staffing, media, and program support.

**Target Population**

Programs and services are provided to pregnant mothers, children ages zero through five and their parents/caregivers, and early learning professionals.

**Planned Expenditures**

Funding for the three year Strategic Plan period totals \$76.7 million. This includes expenditures for Administration, Evaluation and Programs. Planned expenditures for each Fiscal Year are as follows:

	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>Total</b>
<b>Administration</b>	1,716,546	1,759,892	1,804,421	5,280,859
<b>Evaluation</b>	581,924	594,232	606,809	1,782,965
<b>Program</b>	22,895,526	23,156,292	23,626,137	69,677,955
<b>Total</b>	25,193,996	25,510,416	26,037,367	76,741,779

Planned expenditures by Result Area are as follows:

	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>Total</b>
<b>Health</b>	2,490,681	2,524,051	2,558,130	7,572,862
<b>Dental</b>	1,374,158	1,196,483	1,219,297	3,789,938
<b>Nutrition</b>	920,798	939,272	958,120	2,818,190
<b>Early Care</b>	1,566,539	1,598,385	1,630,887	4,795,811
<b>School Readiness</b>	5,976,942	6,097,850	6,221,236	18,296,028
<b>Effective Parenting</b>	9,872,959	10,071,278	10,273,606	30,217,843
<b>Community Connections</b>	425,367	455,848	486,543	1,367,758
<b>Program Management</b>	268,082	273,125	278,318	819,525
<b>Total</b>	22,895,526	23,156,292	23,626,137	69,677,955

In addition, it is estimated that approximately \$3.2 million will be carried forward from the 2009 Strategic Plan period to complete a water fluoridation project anticipated in Fiscal Year 2014-15.

## **Funding Process**

### **Extended Services**

As approved by the Commission on June 2, 2014, several services/programs will be extended from the prior Strategic Plan period into the 2015 Strategic Plan period. These programs will not be subject to a competitive selection process; however, new contracts will be negotiated and executed for the three-year period. Justification for the extension of specific services/programs is due to factors such as their critical role to Sacramento County's safety net for children; relevance to the primary purpose of Proposition 10; ability to leverage state and federal funds; and, demonstrated results to date. Services/programs to be extended include the following:

- **Health**
  - Hearts for Kids
    - Provides medical clearance exams, health insurance screenings, and home visits for children placed in protective custody.
  - Kit for New Parents
    - General early childhood information and local resources for new parents.
  - Perinatal Education Campaign
    - A public education campaign to raise awareness about healthy pregnancies and births for African American mothers.
  - Perinatal Direct Services
    - Provides culturally relevant education, support, and prenatal care to African American mothers.
  - Infant Sleep Education Campaign
    - A public education campaign to raise awareness about infant safe sleeping practices for African American families.
  - Child Death Steering Committee
    - Provides staff support for the Steering Committee on the Reduction of African American Child Deaths.
- **Dental**
  - Smile Keepers – Dental Mobile Services
    - Provides mobile dental exams, fluoride varnishes, and referrals for children at preschool sites and community health events.
- **Nutrition**
  - Women's Infants, and Children (WIC) – Breastfeeding Support Services
    - Provides breastfeeding support services including education, one-on-one consultation, and a helpline.
- **Early Care and Development**
  - Child Action, Inc. – Quality Child Care Collaborative
    - Funds an integrated infrastructure of consultation support to child care providers and families.

- Sacramento County Office of Education – Preschool Bridging Model Plus
  - Funds quality care efforts through workforce development and site improvements for private center and family-based child care facilities.
- **School Readiness**
  - Elk Grove Unified School District
  - Folsom Cordova Unified School District
  - Galt Joint Union School District
  - Natomas Unified School District
  - River Delta Unified School District
  - Robla Elementary School District
  - Sacramento City Unified School District
  - San Juan Unified School District
  - Twin Rivers Unified School District

The above school districts provide the following key services that through research have demonstrated to increase children’s readiness for school: preschool; zero through three playgroups; parent engagement; transition activities; and, comprehensive screenings and early intervention services.

- **Effective Parenting**
  - Birth and Beyond Program
    - Operates nine Family Resource Centers providing parent education; crisis intervention; home visitation; and, other support services. The program includes funds for the coordination of the Family Resource Centers and matching funding through the AmeriCorp program.
  - Sacramento Children’s Home – Crisis Nursery
    - Provides short term residential care/emergency childcare for children and crisis intervention/case management services for parents/caregivers in two locations.
  - Department of Health and Human Services – CPS Liaisons
    - Funds service coordination with CPS and technical assistance/training for Medi-Cal Administrative Activities claiming.
- **Community Connections**
  - Community Link – 2-1-1
    - Database maintenance and call volume support for the 2-1-1 referral system.

### **Competitive Services**

In contrast, contractors for the following services/programs will be selected through competitive processes that will occur in Fiscal Year 2014-15, the year proceeding the 2015 Strategic Plan period:

- **Health Outreach, Screening, and Utilization**

- Funded services may include public education, health screening (including vision), and related activities and linkages to medical homes.
- Target population will include children residing in high need communities.

Access to care and utilization of preventative health services is important to the development of young children. Community providers continue to assert that families are in need of information and assistance navigating the health care system, including the effective use of medical homes. In addition, families reported through the First 5 Sacramento Community Assessment Survey, the need for screenings and support services for children ages zero through five that identify problems with hearing, vision, or speech.

- **Dental Outreach, Screening, and Utilization**

- Funded services may include public education, dental screening, and related activities and linkages to dental homes.
- Target population will focus on children living in zip codes that have low utilization rates of Medi-Cal funded dental services.

According to the State Department of Health Care Services (DHCS, 2008-12), utilization rates for children in Sacramento County continue to lag behind the statewide average. Sacramento County utilization rates for children ages zero through three is 28.5% and 53.8% for children ages four through five.

- **Dental Center – Galt/River Delta**

- In year one, funding will support capital costs of establishing a children's dental center and initial operational costs, including outreach and transportation.
- Additional funding will be provided in years two and three to cover a portion of operational costs not billable through Medi-Cal.
- Target population will focus on children residing in Galt, River Delta, and other rural communities in Southern Sacramento County.

Galt/River Delta are rural communities with a lack of pediatric dental facilities. During a Community Input Session in Galt, in February 2014, a number of parents expressed the need for a child friendly dental center. In addition, school readiness staff has indicated the need to improve the access to dental care for children residing in Southern Sacramento County based on the significant number of children with have not received dental care. Among the reasons for low utilization rates in Galt is the lack of Medi-Cal providers and transportation barriers.

- **Community-based School Readiness**

- Funded services will include early learning and development programs and related support services for children ages three to five; structured

playgroups for children ages zero to three; kindergarten transition services; parent education; and, engagement activities.

- Services will be provided by non-profit organizations and/or public entities other than school districts and the Sacramento County Office of Education.
- Target population will focus on children residing in high need communities.

According to the First 5 Sacramento Trends in the Well-Being of Sacramento County Children, pre-school enrollment has decreased from 47.9% in 2010 to 43.3% in 2012. A top priority for First 5 Sacramento is for children to enter kindergarten ready to learn. Community-based School Readiness programs provide support to early learning. Services provided in this area will focus on children in high-risk communities, English Language Learners, and other children with limited access to quality early learning programs.

- **Developmental Screening/Support**

- Services may include screenings and referrals; direct family support activities; and education, outreach, and training to parents/caregivers and other providers addressing the importance of early intervention.
- Target population will focus on children at risk of developmental delays and/or disabilities.

Research shows that early intervention and treatment services can greatly improve a child's development and help him or her learn important skills to help mitigate challenges associated with delays and/or disabilities. According to the University of California Davis Mind Institute, only 20 to 30% of children with disabilities are detected prior to school entry. In addition, screenings for children ages zero through five to identify learning or developmental difficulties was a top response in First 5 Sacramento's Community Assessment Survey.

- **Community Building Mini-Grants**

- Mini-Grants up to \$5,000 will be provided to groups of parents for school readiness activities related to social-emotional development, healthy development, and literacy.
- Target population will include children ages zero to three, and priority will be given to high risk groups such as English Language Learners and those at risk for developmental delays and/or disabilities.

There is a body of research that demonstrates the protective aspect of promoting social connections among families. Consistent with this research, a 2011 study on First 5 Sacramento's Community Building Initiative program found "positive relationships between CBI event attendance and higher levels of social capital among a population with limited education, employment, and English-speaking

skills”.<sup>1</sup> Community engagement opportunities and activities was also a top response in the First 5 Sacramento’s Community Assessment Survey conducted in the winter of 2014. The Community Building Mini-Grants would address this need.

- **Evaluation Consultant(s)**

- Services may include, but not limited to data collection, data management, preparation of the Annual Report, program evaluation and other activities needed to carry out the Commission’s Evaluation Plan.

The Commission is required to engage in evaluation activities and provide an Annual Report to First 5 California. Evaluation results guide program improvements and decision making around the distribution of resources.

## **Funding Timeframe**

Request for Proposals for services that will be selected through competitive processes will be released no later than October 2014. Responses will be due in mid-November. Proposals will be scored by both internal and external review teams, and results will be posted in December 2014. It is anticipated that funding recommendations will be made to the Commission in February 2015. Following contract negotiations, services will begin July 1, 2015.

The process for extended contracts will begin with a detailed review of performance through December 2014. In February 2015, scopes of service will be reviewed and as needed, adjusted to reflect service delivery targets for the three year Strategic Plan period. Commission approval for contract authority will occur by April 2015. Services will begin July 1, 2015.

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

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<sup>1</sup> Molitor, Rossi, Branton, Field. “Increasing Social Capital and Personal Efficacy Through Small-Scale Community Events”. *Journal of Community Psychology* 39 (2011) : 749-754. Print.