

**First 5 Sacramento Commission**  
**2018 IMPLEMENTATION PLAN**  
FISCAL YEARS 2018-19  
THROUGH 2020-21



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## 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
<b>Total</b>	<b>\$20,050,000</b>	<b>\$20,050,000</b>	<b>\$20,050,000</b>	<b>\$60,150,000</b>

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%
<b>Total Program Expenditures</b>	<b>\$54,558,690</b>	<b>100%</b>

\*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. First 5 Sacramento will seek to increase the coordination of public education messaging and community mobilization with other partners and will also monitor federal and state legislative actions related to ACA. For the more information on the strategies addressing systems change, please refer to 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 more information on the strategies addressing systems change, please refer to 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 \$1 million in 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 will be available 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 will be provided for the 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.
- First 5 Sacramento recognizes the importance of supportive environments for families to grow and thrive. Contractors will be encouraged to implement breastfeeding and family friendly policies within their agencies to best support their clients and staff.
- To document progress towards sustainability, contractors will be required to develop a written Sustainability Plan, complete periodic questionnaires and reports, submit supporting documentation for matching funds and in-kind services, and comply with other monitoring requests. A goal of at least 10% of the requested three-year Commission budget amount is expected by the end of the three year period (June 30,

2021) for new leveraged resources to replace Commission funding for core contracted services.

- 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.

## FUNDING MECHANISM

### ■ 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.

### ■ Non- Competitive Processes

- Specific strategies will not be subject to a competitive bid process. A non-competitive bid process 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.

## 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.

## HEALTH PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children are healthy.

**Result 1:** Decrease infant deaths

### Result Indicators:

- Infant mortality rate
- Rate of preterm births
- Rate of low and very low birth weight
- Percent of pregnant women who receive prenatal care in the first trimester

Implementation Strategy	Target Population	Funding Mechanism	3 – Year Allocation
<b>Strategy 1:</b> 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.	African Americans in Sacramento County	Non-competitive RFA: County of Sacramento, Department of Health and Human Services	\$300,000
<b>Strategy 2:</b> 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.	Pregnant and new African American parents with a child up to 6 months old, caregivers	Non-competitive RFA: Child Abuse Prevention Council of Sacramento	\$540,000
<b>Strategy 3:</b> Develop and implement a strategic, culturally sensitive perinatal conditions education campaign that promotes healthy pregnancies and	Pregnant and new African American	Competitive RFQ	\$550,000

<p>healthy births. The campaign will promote increased awareness of healthier behaviors, promote First 5 funded services/local resources, and utilize various forms of media and communications to outreach to the target audience, particularly neighborhoods with a higher prevalence of African American infant mortality.</p>	<p>parents</p>		
<p><b>Strategy 4:</b> Provide culturally sensitive and community-based peer support to pregnant African American women to reduce risks of poor pregnancy and birth outcomes. Services will include case management, identification of risk factors, education, support and assistance with navigating critical health and social services.</p>	<p>Pregnant African American women</p>	<p>Competitive RFP</p>	<p>\$2,407,049</p>
<p>Policy, Advocacy and Sustainability (PAS): This result area was identified as a hybrid of direct service and systems change strategies. For the systems change strategies, please refer to the Systems Sustainability Plan.</p>			
<p>Funds available for contracting</p>			<p>\$3,797,049</p>
<p>Program Management: FTE 0.75</p>			<p>\$399,320</p>
<p>Media Costs</p>			<p>\$15,000</p>
<p>Program Support</p>			<p>\$60,000</p>
<p>Policy, Advocacy &amp; Sustainability: FTE 0.05</p>			<p>*\$28,326</p>
<p>Allocated Costs</p>			<p>\$48,326</p>
<p><b>Total Program Allocation</b></p>			<p><b>\$4,348,021</b></p>

\*Includes staffing and additional PAS program expenses.

## HEALTH PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children are healthy.

**Result 2:** Increase prevalence and duration of breastfeeding

**Result Indicator:**

- Percent of babies exclusively breastfed at 6 months (among service recipients)

Implementation Strategy	Target Population	Funding Mechanism	3 – Year Allocation
<b>Strategy 1:</b> 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. Services from qualified staff will provide mothers with techniques and help address challenges, with the goal of promoting exclusive breastfeeding through at least 6 months.	Women with children up to the age of 1 year old	Competitive RFP	\$2,252,334
<b>Policy, Advocacy and Sustainability (PAS):</b> This result area was identified as a hybrid of direct service and systems change strategies. For the systems change strategies, please refer to the Systems Sustainability Plan.			
Funds Available for Contracting			\$2,252,334
Program Management: FTE 0.05			\$26,621
Media Costs			\$7,500
Program Support			\$7,500
Policy, Advocacy & Sustainability: FTE 0.1			*\$84,978
Allocated Costs			\$3,222
<b>Total Program Allocation</b>			<b>\$2,382,155</b>

\*Includes staffing and additional PAS program expenses.

## HEALTH PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children are healthy.

**Result 3: Decrease dental disease**

**Result Indicators (county-level):**

- Percent of pre-kindergarten children with untreated tooth decay
- Percent of children with a dental visit in previous year (ages: 0-3, 4-5)

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
<b>Strategy 1:</b> Provide mobile dental exams, fluoride varnishes and referrals for children at publicly funded preschool sites and community events.	Low income children ages 0-5	Non-competitive RFA: County of Sacramento, Department of Health and Human Services	\$1,447,872
<b>Strategy 2:</b> Provide educational information about appropriate dental care and resources to children and their families through a variety of dental outreach, promotion and media activities.	Children ages 0-5 and their families throughout Sacramento County	TBD	*\$300,000
<b>Policy, Advocacy and Sustainability (PAS):</b> This result area was identified as a hybrid of direct service and systems change strategie. For the systems change strategies, please refer to the Systems Sustainability Plan.			
Funds Available for Contracting			\$1,747,872
Program Management: 0.5 FTE			\$241,173
Media Costs			\$60,000
Program Support			\$30,000
Policy, Advocacy & Sustainability: FTE 0.15			**\$141,630

Allocated Costs	\$32,218
<b>Total Program Allocation</b>	<b>***\$2,252,892</b>

\*Contingent upon MOU between DHHS and Center for Oral Health to enhance funding for Strategy 1. If MOU is not achieved, the \$300,000 will revert

back to Strategy 1 and Strategy 2 will be eliminated.

\*\* Includes staffing and additional PAS program expenses.

\*\*\*This allocation does not include already encumbered funds for fluoridation.

## HEALTH PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children are healthy.

**Result 4:** Increase utilization of medical homes

### Result Indicators:

- Percent of children ages 0-5 with health insurance
- Percent of children ages 3-6 with well-child visit in previous year (Medical Managed Care Only)

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
This result area was identified as a systems result and it will be addressed via systems change strategies. For the strategies, please refer to the Systems Sustainability Plan.	N/A	N/A	\$0
Funds Available for Contracting			N/A
Program Management			N/A
Media Costs			N/A
Program Support			N/A
Policy, Advocacy & Sustainability: FTE 0.1			*\$84,978
Allocated Costs			N/A
<b>Total Program Allocation</b>			<b>\$84,978</b>

\*Includes staffing and additional PAS program expenses.

## EARLY CARE AND DEVELOPMENT PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children are in an environment conducive to their development.

**Result 5:** Increase accessibility to affordable quality child care

### Results Indicators:

- Percent of children ages 0-5 who can be accommodated in a licensed child care center or licensed family child care home
- Percent of annual income needed for child care

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
This result area was identified as a systems result and it will be addressed via systems change strategies. For the strategies, please refer to the Systems Sustainability Plan.	N/A	N/A	\$0
Funds Available for Contracting			N/A
Program Management			N/A
Media Costs			N/A
Program Support			N/A
Policy, Advocacy and Sustainability: FTE 0.1			*\$113,304
Allocated Costs			N/A
<b>Total Program Allocation</b>			<b>\$113,304</b>

\*Includes staffing and additional PAS program expenses.

## EARLY CARE AND DEVELOPMENT PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children are in an environment conducive to their development.

**Result 6:** Increase the quality of child care practices

### Result Indicator:

- Percent of classrooms with increased environmental assessment scores (ERS or CLASS)

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
<p><b>Strategy 1:</b> Provide group-level classroom and workshop trainings to private center and family-based child care providers to enhance their professional development. Trainings will focus on improving the quality of child care by increasing child safety, well-being and healthy developmental outcomes.</p>	Child care providers who serve low income children ages 0 to 5	Non-competitive RFA: Child Action, Inc.	\$268,672
<p><b>Strategy 2:</b> 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.</p>	<p>Child care providers who serve low income children ages 0 to 5</p> <p>Children ages 0-5 with behavioral issues in private care programs</p>	Non-competitive RFA: Child Action, Inc.	\$626,902

<p><b>Strategy 3:</b> Provide individualized quality improvement activities to private center and family child care home providers. Activities will include: screening and assessment of children, professional learning opportunities including technical assistance and on-site support, customized coaching to transform environments and to enrich teacher-child interactions, and use of improvement plans to enhance the quality of care for children ages 0-5.</p>	Child care providers who serve low income children ages 0 to 5	Non-competitive RFA: Sacramento County Office of Education	\$2,380,000
<p><b>Policy, Advocacy and Sustainability (PAS):</b> Although this result area was identified as a direct service result, there are still cross cutting systems change activities that may impact this area. For the strategies addressing systems change, please refer to the Systems Sustainability Plan.</p>			
Funds Available for Contracting			\$3,275,574
Program Management: FTE 0.1			\$48,567
Media Costs			\$7,500
Program Support			\$7,500
Policy, Advocacy & Sustainability: FTE 0.05			*\$28,326
Allocated Costs			\$6,444
<b>Total Program Allocation</b>			<b>\$3,373,911</b>

\*Includes staffing and additional PAS program expenses.

## EARLY CARE AND DEVELOPMENT PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All children enter kindergarten ready to learn.

**Result 7:** Increase children, families, and schools' readiness for kindergarten

### Result Indicators:

- Percent of children ages 3-5 enrolled in preschool (county)
- Percent of families who read at home at least five days per week (FIF)
- Percent of students identified for Special Education prior to age 6 (California Department of Education)
- Percent of parents who feel connected and supported (FIF)

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
<p><b>Strategy 1:</b> Provide structured developmental playgroups for children ages 0-3 and their caregivers. Interactive playgroups will enhance learning and provide families with opportunities, ideas and tools for engaging with their children. Children will learn positive social skills as they interact with each other and learn through play.</p>	<p>Children ages 0-3 and their parents / caregiver(s)</p> <p>Low income neighborhoods, low parent education attainment, dual language learner, at risk children</p>	<p>Non-competitive RFA: Elk Grove USD Folsom Cordova USD Galt JUESD Natomas USD River Delta USD</p>	\$2,654,593
<p><b>Strategy 2:</b> Provide preschool for children ages 3-5 who live in the selected school catchment area and do not qualify for publicly funded spaces. Children ages 3-5 will be introduced to a high quality learning environment to prepare them for school and success.</p>	<p>Children ages 3-5, with a priority for children ages 4-5 who have not attended preschool</p>	<p>Robla ESD Sacramento City USD San Juan USD</p>	\$1,200,000

	Low income neighborhoods, low parent education attainment, dual language learner, at risk children	Twin Rivers USD	
<p><b>Strategy 3:</b> Provide enhanced preschool supports for children throughout the school year. This strategy includes staffing and materials to assist with a child’s social and emotional development, a child’s academic growth and staff development and training.</p>	<p>Children ages 3-5</p> <p>Low income neighborhoods, low parent education attainment, dual language learner, at risk children</p>		\$2,105,812
<p><b>Strategy 4:</b> Provide caregiver workshops and materials for families with children ages 0-5 to support early learning and preparation for school. Families will obtain general information about school, orientation, parent education and literacy, child development, nutrition, health and dental insurance.</p>	<p>Parents/caregivers of children ages 0-5, within school district boundaries</p> <p>Low income neighborhoods, low parent education attainment, dual language learner, at risk children</p>		\$2,429,300

<p><b>Strategy 5:</b> 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. Activities will provide children and parents with opportunities to engage with the learning environment and assist them with the transition to school.</p>	<p>4 year old children with no preschool experience Low income neighborhoods, low parent education attainment, dual language learner, at risk children</p>		<p>\$1,875,310</p>
<p><b>Strategy 6:</b> Provide, coordinate, and track screenings and assessments for children ages 0-5. Based on child risk and need, screenings include developmental, speech/language, vision, hearing and dental. Families will be provided with referrals, follow-up services and/or resources for any concerns identified.</p>	<p>Children ages 0-5 Low income neighborhoods, low parent education attainment, dual language learner, at risk children</p>		<p>\$2,260,324</p>
<p><b>Strategy 7:</b> Help Me Grow: Through a centralized information and referral center, children ages 0-5 will receive developmental/behavioral assessments in order to identify issues as early as possible. Children with atypical assessments will be linked to early intervention programs and services. Assessment and referral data will be housed in a centralized system to identify gaps, barriers and progress.</p>	<p>High need children ages 0-5 who have not been screened  Children with an atypical screening result who need follow up services</p>	<p>Non-competitive RFA: Sacramento County Office of Education</p>	<p>\$1,200,000</p>

<b>Policy, Advocacy and Sustainability (PAS):</b> Although this result area was identified as a direct service result, there are still cross cutting systems change activities that may impact this area. For the strategies addressing systems change, please refer to the Systems Sustainability Plan.	
Funds Available for Contracting	\$13,725,339
Program Management: FTE 1.1	\$533,924
Media Costs	\$30,000
Program Support	\$60,000
Policy, Advocacy & Sustainability: FTE 0.05	*\$28,326
Allocated Costs	\$70,879
<b>Total Program Allocation</b>	<b>\$14,448,468</b>

\*Includes staffing and additional PAS expenses.

## EMPOWERED FAMILIES PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All families connect to communities.

**Result 8:** Increase family connections to community resources

### Result Indicators:

- Percent of parents who have social support
- Percent of parents who know where to go for help with basic needs
- Percent of parents who know where to go for help with child rearing

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
<b>Strategy 1:</b> Make available Community Building 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 per year in amounts of up to \$5,000 per grant.	Informal community groups of parents/caregivers of children ages 0-5	Competitive applications	\$172,669
<b>Strategy 2:</b> Fiscal Agent services for Community Building Mini-Grants Program.  Leadership training will be provided to enhance parent/caregiver capacity to successfully implement community building projects.  Parent support groups will be provided in underserved communities.	Parents/caregivers of children ages 0-5	Non-competitive RFA: Child Abuse Prevention Council of Sacramento	\$69,000
		Subcontract with Lead 4 Tomorrow	\$30,000
<b>Strategy 3:</b> Database maintenance and call volume support for a resource and referral hot line.	Parents/caregivers of children ages 0-5	Non-competitive RFA: Community Link Capital	\$350,000

	Region	
<b>Policy, Advocacy and Sustainability (PAS):</b> Although this result area was identified as a direct service result, there are still cross cutting systems change activities that may impact this area. For the strategies addressing systems change, please refer to the Systems Sustainability Plan.		
Funds Available for Contracting		\$621,669
Program Management: FTE 0.9		\$437,106
Media Costs		\$15,000
Program Support		\$15,000
Policy, Advocacy & Sustainability: FTE 0.05		*\$28,326
Allocated Costs		\$57,992
<b>Total Program Allocation</b>		<b>\$1,175,093</b>

\*Includes staffing and additional PAS program expenses.

## EMPOWERED FAMILIES PRIORITY IMPLEMENTATION PLAN SUMMARY

**GOAL:** All families support children’s development and safety.

**Result 9:** Increase use of effective parenting

**Result 10:** Decrease child maltreatment and death

### Result Indicator:

- Rate of substantiated child maltreatment (countywide, overall and by race/ethnicity – refers to recurrence)
- Percent of children with prior CPS involvement who have a second referral (refers to recidivism rate)
- Percent of parents with significant improvement in parental knowledge/skills
- Percent of parents with reduced stress from intake to exit (HV, Parent Education and Crisis Intervention)

Implementation Strategy	Target Population	Funding Mechanism	3 - Year Allocation
<p><b>Strategy 1:</b> 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).</p>	Families with children ages 0-5	Non-competitive RFA:  Folsom Cordova Community Partnership  La Familia Counseling Center	\$4,862,129
<p><b>Strategy 2:</b> Based on an assessment of parent risk and needs, provide parent education courses using evidence based curriculum and related tools. Education will serve as a primary prevention to reduce risk for child abuse and neglect and enhance parenting skills.</p>	Families with children ages 0-5	Mutual Assistance Network  River Oak Center for Children	\$3,241,419

<p><b>Strategy 3:</b> 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 needs assessment.</p>	<p>Pregnant women and parents with children ages 0- 5</p>	<p>Sacramento Children’s Home  WellSpace Health</p>	<p>\$10,737,200</p>
<p><b>Strategy 4:</b> 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.</p>	<p>Families with children ages 0-5</p>	<p>Non-competitive RFA:  Folsom Cordova Community Partnership  La Familia Counseling Center  Mutual Assistance Network  River Oak Center for Children  Sacramento Children’s Home (FRC)  WellSpace Health</p>	<p>\$1,418,121</p>
		<p>Non-competitive RFA  (Sacramento Children’s Home – Crisis Nursery)</p>	<p>\$300,000</p>

<p><b>Strategy 5:</b> Coordinate efforts across the 9 Family Resource Centers through a Family Support Collaborative (FSC) to promote consistent and quality services that 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.</p>	Parents/caregivers of children ages 0-5	Non-competitive RFA (Child Abuse Prevention Council of Sacramento)	\$994,666
<p><b>Strategy 6:</b> 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.</p>	Families with children ages 0-5	Non-competitive RFA (Sacramento Children's Home – Crisis Nursery)	\$3,341,875
<p><b>Policy, Advocacy and Sustainability (PAS):</b> Although this result area was identified as a direct service result, there are still cross cutting systems change activities that may impact this area. For the strategies addressing systems change, please refer to the Systems Sustainability Plan.</p>			
Funds Available for Contracting			\$24,895,410
MAA Fees			\$210,000
Program Management: FTE 1.1			\$515,602
Media Costs			\$60,000
Program Support			\$30,000
Policy, Advocacy & Sustainability: FTE 0.05			*\$28,326
Allocated Costs			\$70,879
<b>Total Program Allocation</b>			<b>**\$25,810,217</b>

\*Includes staffing and additional PAS program expenses

\*\*This allocation does not include already encumbered MAA back-casting