### Demographics in 2014-2015

- **8,136** children ages 0-5 were served
- **3,590** parents were served
- **26%** did not have a high school diploma
- **64%** have incomes that fall below the poverty line

Children and families served mostly lived in:

<table>
<thead>
<tr>
<th>San Bernardino</th>
<th>Barstow</th>
<th>Upland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1000+</strong></td>
<td><strong>200+</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ontario</strong></td>
<td><strong>Colton</strong></td>
<td><strong>Hesperia</strong></td>
</tr>
<tr>
<td><strong>Victorville</strong></td>
<td><strong>Rancho Cucamonga</strong></td>
<td><strong>Adelanto</strong></td>
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<tr>
<td><strong>Fontana</strong></td>
<td><strong>Montclair</strong></td>
<td><strong>Big Bear City</strong></td>
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<tr>
<td><strong>Rialto</strong></td>
<td><strong>Needles</strong></td>
<td><strong>Chino Hills</strong></td>
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<td><strong>Chino</strong></td>
<td><strong>Yucca Valley</strong></td>
<td><strong>Crestline</strong></td>
</tr>
<tr>
<td><strong>Bloomington</strong></td>
<td><strong>Apple Valley</strong></td>
<td><strong>29 Palms</strong></td>
</tr>
<tr>
<td><strong>Redlands</strong></td>
<td><strong>Highland</strong></td>
<td></td>
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</tbody>
</table>

Number of clients served in ranges of 100 to 1,000 in descending order
San Bernardino County is showing signs of recovery from the 2008 Great Recession. Employment and wages have steadily increased, housing values are on the rise, and foreclosures and underwater mortgages continue to decline. Despite these signs of recovery, high levels of need still exist, especially among families with young children.

Relative to surrounding counties, San Bernardino continues to experience higher unemployment (11.2%) and higher poverty rates among families with children. Among families with children, 23.6% live below the poverty line and 29.1% of children 0-5 live below the poverty line (29.1%).

In response to these needs, First 5 San Bernardino supports resource centers and case management services that help families develop and maintain long-term self-sufficiency. In 2014-15, resource centers delivered ongoing case management services to 1,144 parents.

At entry, here is what parents needed the most:

- Access to Supportive Services: 797
- Education & Employment: 768
- Relationships with Children: 761
- Relationships with Family and Friends: 756

2 2014 American Community Survey (1-year estimates).
What happened during case management?

On average, parents were enrolled in case management for 16 weeks and received between four and five case management sessions. Parents who completed the Nurturing Parenting Program significantly improved their ability to identify and access supportive resources. 136 parents were previously unemployed were able to secure employment. 27 parents enrolled in school to work toward their GED or High School Diploma. 13 parents secured a GED or High School Diploma.

Nurturing Parenting Program

Child abuse and neglect can have deep and long lasting effects on physical and emotional health throughout a person’s lifetime. The Center for Disease Control estimates that the total lifetime financial costs associated with just one year of confirmed cases of child maltreatment in the United States is estimated to be $124 billion, and that the lifetime estimated cost for each surviving victim of child maltreatment is $210,012 (the costs of each death due to child maltreatment are even higher).

First 5 San Bernardino invests in critical parent education services to ensure families are safe, healthy, and nurturing. Parents who completed the Nurturing Parents parenting program showed a statistically significant increase in knowledge and behaviors related to positive parenting that help protect against abuse and neglect.

718 parents completed the Nurturing Parenting Program. 394 parents entered the parent education program scoring in the high risk range on one or more of the five subscales of the AAPI-2. 352 parents moved from high to moderate or low risk on one or more subscales of the AAPI-2 by the end of the program, thereby reducing their children’s likelihood of experiencing maltreatment.

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4  This estimate includes the costs of child health care, adult medical bills, productivity losses, and child welfare and criminal justice system involvement
5  The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parents. Responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect.
Children’s school readiness is a strong predictor of future academic and life success. Children with higher levels of school readiness are more successful in grade school, less likely to drop out of high school, and earn higher incomes as adults. Access to high-quality educational opportunities, such as preschool and Pre-K academies, ensure young children enter school ready to learn.

San Bernardino County 3 + 4 year olds attending preschool in comparison:

- **Preschool**: 49% of Orange County, 53% of Los Angeles County, 47% Statewide, 37% San Bernardino County

- **Pre-K Academy**: 351 children were provided with a full day, year-round preschool education, on average, each child attended 149 days of schooling.

- **Pre-K Academy**: 681 children who otherwise would have not received any preschool education before entering kindergarten were provided a year-round preschool experience through Pre-K Academies, on average, each child attended 82 days of schooling.

- **Statewide**: 107,836 collective days of preschool experienced by children in First 5 San Bernardino funded programs.

**Improving school readiness by supporting parents**

Parents play a critical role in preparing children for school by shaping their social-emotional development, self-control, and cognition. In 2012, First 5 San Bernardino launched the Pre-K Academy initiative to increase kindergarten readiness. Parent enrichment is an important part of this program. Enrichment sessions helped parents learn how to engage their children in developmentally appropriate school readiness activities shown to increase children’s school readiness. For example, 218 parents reported an increase in the number of times per week they read aloud with their child, one of strongest predictors of kindergarten readiness.

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Parents reported an increase in the number of days per week:

- 289 parents increased the number of books read with their child on a weekly basis.
- 218 parents increased the number of times they participated in reading activities with their child.
- 213 parents increased their inventory of children’s books at home.
- 154 parents increased the number of times they practiced counting.
- 154 parents increased the number of times they practiced the alphabet.
- 146 parents increased the number of times they held or cuddled their child.
- 146 parents increased the number of times they practiced rhyming games.
- 123 parents increased the number of times they practiced name writing.
- 105 parents increased the number of times they sang songs with their child.
- 93 parents increased the number of times they ate with their child.
- 72 parents increased the number of times they followed a bedtime routine.
- 46 parents increased the number of times they ate with their child.
- 28 parents increased the number of times they played games with their child.
- 21 parents increased the number of times they read aloud to their child.
- 20 parents increased the number of times they told their child stories.

Family Literacy

Literacy and language development are also critical to school readiness. Children who are read to regularly have improved early literacy skills, are better readers in elementary school, and are more likely to succeed in school\(^9\). Early literacy is also a strong predictor of children’s reading abilities through grade school and beyond.

Third grade reading levels by comparison\(^{10}\):

- 52% Orange County
- 45% Los Angeles County
- 46% Statewide
- 39% San Bernardino County

First 5 San Bernardino’s Family Literacy programs aim to increase awareness of the importance of developing literacy skills at an early age by implementing curricula throughout the county to encourage and enhance family literacy development.

As a result of family literacy programs:

- 168 parents increased the number of books read with their child on a weekly basis.
- 154 parents increased the number of times they practiced counting.
- 105 parents increased their inventory of children’s books at home.

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\(^{10}\) CHILDREN NOW (2014). 2014-15 California County Scorecard.
Number of parents who noted an increase in how often they now practice the following positive reading activities with their child or children:

- 165 parents increased - asking their child to tell them what is in the picture
- 160 parents increased - stop reading and point out letters and/or words
- 179 parents increased - make up stories based on the pictures of the book
- 161 parents increased - track words with finger, reading from left to right

Number of parents who, by the end of the program, were practicing the following literacy activities with their children:

- 342 read together
- 338 followed a reading routine
- 330 practiced the alphabet
- 315
- 300

11 Some parents showed no increases as they were already practicing each of these "always".
Health

Developmental Screenings

Developmental screenings for children 0-5 are critical for early identification of and intervention for developmental delays. Early interventions can improve developmental outcomes, strengthen parent-child interactions, and improve the child’s home environment.

The majority of screenings were administered in the more population dense regions of the west and central regions of the county.

From 2014-2015, First 5 San Bernardino’s investment in early developmental screening reached a total of 4,724 children.

According to the California Health Interview Survey (CHIS), 15.4% of children ages 0-5 in San Bernardino County are at high risk for developmental delay, this rate is lower than rates for Los Angeles County.

28,436 children and their families impacted the lives of children and their families.

Based on published cost-avoidance estimates, the potential savings from early identification of developmental delay for those 995 children identified as at risk by the FSSB screening efforts could result in cost savings ranging from $30,000 to $100,000 per child. The table below includes cost avoidance estimates based on the extent to which those children would have received a screening elsewhere.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Cost Range 1</th>
<th>Cost Range 2</th>
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<tbody>
<tr>
<td>25%</td>
<td>$7,170,000</td>
<td>$23,900,000</td>
</tr>
<tr>
<td>50%</td>
<td>$14,340,000</td>
<td>$47,800,000</td>
</tr>
<tr>
<td>75%</td>
<td>$21,480,000</td>
<td>$71,600,000</td>
</tr>
</tbody>
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Developmental screenings identified 955 children at risk for developmental delays.

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13 California Health Interview Survey. CHIS 2009 Child Public Use File: Risk of Developmental Delays (PEDS). Los Angeles, CA: UCLA Center for Health Policy Research, November 2015. Respondents were asked a series of questions about concerns related to their child’s developmental status. The items are drawn from the survey edition of Parents’ Evaluation of Developmental Status (PEDS) and do not have an immediate clinical application. For more information, see http://pedstest.com/
14 U.S. Census Bureau, 2009-2013 5-Year American Community Survey. POVERTY STATUS IN THE PAST 12 MONTHS OF RELATED CHILDREN UNDER 18 YEARS BY FAMILY TYPE BY AGE OF RELATED CHILDREN UNDER 18 YEARS.
15 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449461/
Oral Health

First 5 San Bernardino dental programs work with over 40 providers throughout San Bernardino County to provide children 0 to 5 with screenings and treatment. Cavities (tooth decay) are the most common chronic health condition for children. If tooth decay is left untreated, it can impair activities such as eating, speaking, playing, and learning.

In 2014, 2,000 San Bernardino County children under the age 6 years missed 2 or more days of school due to dental problems. 16

Top 3 Services for Oral Health

7,757 children ages 0-5 received services

61 pregnant women received services

1 Fillings 1,555

2 Crowns 1,076

3 Tooth Decay/ Pulpotomies 795

Perinatal Screening, Assessment, Referral & Treatment (PSART)

With support from First 5 San Bernardino, the Department of Public Health partners with local obstetricians to ensure all pregnant women in San Bernardino County are screened for drug, alcohol, and tobacco use. Women are provided supports needed to address their substance use via services ranging from home visits from public health nurses to inpatient treatment programs, depending on the severity of use.

In 2014-15, healthcare providers screened 8,571 women

...and delivered intensive services for 233 at-risk expectant mothers

Tobacco Use During Pregnancy can increase risk of:

stillbirth, infant mortality, sudden infant death syndrome (SIDS), preterm birth, respiratory problems, slowed fetal growth, low birth weight

Drug Abuse During Pregnancy may cause:

Neonatal Abstinence Syndrome (NAS) which can result in higher risk of low birth weight, seizures, respiratory problems, feeding difficulties and death14

Alcohol Consumption During Pregnancy can develop:

Fetal Alcohol Spectrum Disorders (FASD) which can result in low birth weight and long-term cognitive & behavioral problems

16 2014 California Health Interview Survey (CHIS)
17 A pulpotomy is partial removal of soft tissue from the crown of a tooth that contains nerves and blood vessels. Only tissue from the crown of the tooth is removed during a pulpotomy.
A pulpotomy happens when an infection of the pulp occurs, usually due to tooth decay.
14 National Institute on Drug Abuse and Centers for Disease Control and Prevention
Screening, Assessment, Referral & Treatment (SART)

SART is administered by the Department of Behavioral Health in partnership with four community-based providers to ensure all children have access to appropriate early intervention services for children (0-5 years of age) in San Bernardino County. SART centers provide comprehensive care for children at risk for developmental, emotional, or behavioral problems due to exposure to alcohol and other drugs, child abuse and neglect, and/or other environmental or developmental factors. While SART serves all children, there is a special emphasis on serving children from the child welfare system.

2,589 children were served through SART in fiscal year 2014-15

▲ 903 more an increase of 53.6% children over fiscal year 2013-2014

<table>
<thead>
<tr>
<th>SART provides intensive treatment, on average:</th>
<th>2.3 hours per week for the initial 12 weeks</th>
<th>6.2 days between treatment services</th>
<th>197 days in program</th>
</tr>
</thead>
</table>
| The majority of children seen at SART need support in the areas of social and emotional functioning. Some of the most common needs of 2014-15 SART participants included:
| 1 | Difficulty Managing Emotions (61.8%) |
| 2 | Adjustment to Trauma (58.4%) |
| 3 | Communication (45.8%) |
| 4 | Anger Control (43.8%) |
| 5 | Anxiety (37.8%) |
| 6 | Substance Exposure (32.5%) |

SART is inclusive of the Early Identification and Intervention Services (EIIS) which provides a less intensive service to this population and expands service to the population to include more children who do not qualify for Medi-Cal services.

641 children were served through EIIS in fiscal year 2014-15

▲ 361 more an increase of 56.3% children over fiscal year 2013-2014

<table>
<thead>
<tr>
<th>EIIS provides intensive treatment, on average:</th>
<th>2.0 hours per week for the initial 12 weeks</th>
<th>6.1 days between treatment services</th>
<th>133.5 days in program</th>
</tr>
</thead>
</table>
| The majority of children seen at EIIS need support in the areas of social and emotional functioning. Some of the most common needs of 2014-15 EIIS participants included:
| 1 | Anger Control (47.0%) |
| 2 | Affect Dysregulation (45.3%) |
| 3 | Oppositional Behavior (42.7%) |
| 4 | Impulsivity/Hyperactivity (30.3%) |
| 5 | Regulatory Problems (27.4%) |
| 6 | Anxiety (26.0%) |

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19 Based on the Child and Adolescent Needs and Strengths inventory (CANS)  
Resolution of an identified need data is recorded from parents who, at intake, identified needing help with an issue with their child, but at discharge indicated they no longer needed assistance.

**SART - Resolution of an Identified Need**

- Living Situation: 75%
- Anxiety: 67%
- Family Conflicts: 65%
- Adjustment to Trauma: 64%
- Sleep: 63%
- Attachment: 62%

**EIIS - Resolution of an Identified Need**

- Attachment: 63%
- Affect Dysregulation: 58%
- Anger Control: 57%
- Oppositional: 63%
- Living Situation: 70%
- Family: 62%

See the full outcomes report from County of San Bernardino Department of Behavioral Health at www.first5sanbernardino.org
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