

2015

2016



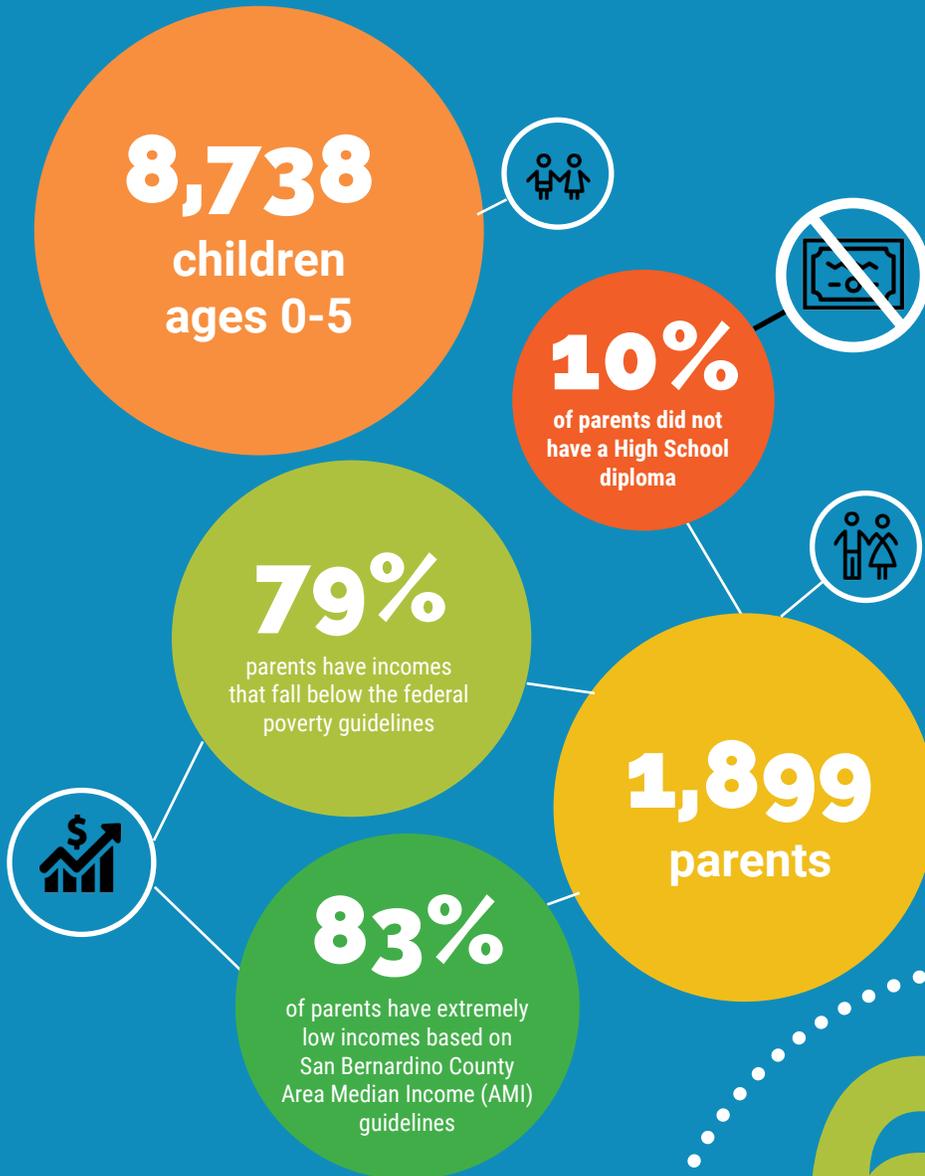
Local Outcomes Report



harder  co | community
research

Demographics

In 2015-2016 First 5 San Bernardino funded initiatives served:



Geographics

1,000+	San Bernardino Fontana Victorville
600+	Ontario Rialto
400+	Chino Hesperia
300+	Barstow Colton
200+	Adelanto Highland Rancho Cucamonga Redlands Upland
100+	Yucca Valley Crestline Bloomington Twentynine Palms Big Bear City Yucaipa Montclair

62

San Bernardino
County cities
& unincorporated
areas served

Family and Community Support and Partnerships

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.

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 practices that help protect against abuse and neglect.

395 Parents entered the parent education program scoring in the high risk range on one or more of the five subscales of the AAPI assessment.

382 Out of 395 parents moved from high to moderate or low risk on one or more constructs of the AAPI assessment by the end of the program, thereby reducing their children's likelihood of experiencing maltreatment.

96.5%

Empathy towards children's needs
221/229

Number and % of Parents who Moved from High Risk to Medium or Low Risk by AAPI Domain

220

210

94.9%

Expectations of Children
130/137

92.6%

Parent-child role responsibilities
126/136

95.3%

Child's power and independence
141/148

96.3%

Use of corporal punishment as a means of discipline
104/108

Number of parents

130

120

110

Nurturing Parenting Program

In 2015-16, to complement the Nurturing Parenting program, First 5 San Bernardino invested in capacity strengthening of funded agencies to provide focused, strengths-based skills building support and case management by implementing the Family Development Matrix (FDM). The FDM provides insights into families' needs that support case planning and can be used to assess progress towards goals. Principally, the goal of the FDM is to strengthen case management systems countywide.

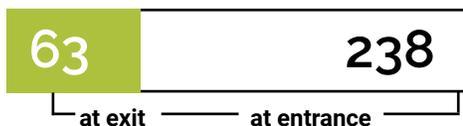
The five most frequent needs reported by families using case management services included¹:

Community Resources Knowledge



When asked about their knowledge and use of community programs, 317 parents said they either had no knowledge of community resources or had only some knowledge of community resources.

Employment



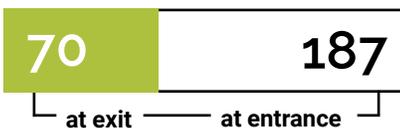
Upon entrance, 238 parents said they were either unemployed and have difficulty getting a job or they experience difficulty keeping a job once hired.

Social Interactions



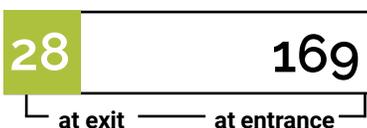
When asked about their social interactions with family, friends, and neighbors, 206 said either their family does not have social ties with other people (including family) or their family has some social ties with others (mostly with family).

Adult Education



Of all parents responding at baseline, 187 either did not have a high school diploma/GED and did not plan on obtaining one or did not have a high school diploma/GED but were planning on obtaining one.

Basic Household Necessities



When asked about their ability to provide for their family's basic needs, 169 said they were either not able to maintain basic needs for their family or they had limited ability to maintain basic needs for their family, even with public assistance.

Families showed substantial progress throughout their participation in case management. On average, most families who entered case management unable to meet needs in these domains were far better equipped to meet these same needs by the end of the program. While the percent of families meeting adult education goals was relatively smaller, making progress on this goal required adults to enroll in coursework and/or to have completed a GED or high school diploma, which will contribute to the long-term financial stability of these families.

¹ Needs were identified by considering the percent of families that scored 1 or 2 at program entry. Each item on the FDM is rated on a 1-4 scale where a score of 1 or 2 indicates a client is 'in crisis' or 'at risk' and a score of 3 or 4 indicates they are 'stable' or 'self-sufficient'



Early Learning

Preschool and Pre-K

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.² Access to high-quality educational opportunities, such as preschool and Pre-K academies, ensure young children enter school ready to learn. First 5 San Bernardino addressed this need through quality preschool opportunities to ensure children entered school ready to learn.

Full Day Preschools

318 

children were provided with a full day, year-round preschool education.

On average, each child attended

147 days



Pre-K Academies

596 

children were provided with a year-round preschool experience who otherwise would not have received any preschool education before entering kindergarten.

On average, each child attended

113 days



Collective days of preschool experienced by children in First 5 San Bernardino funded programs:

113,919 days



Outlook

36%	of San Bernardino County 3-and 4-year olds attended preschools. ³
52%	of Los Angeles County 3-and 4-year olds attended preschools.
50%	of Orange County 3-and 4-year olds attended preschools.
47%	of Californian 3-and 4-year olds attended preschools.

²Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-Childhood Poverty and Adult Attainment, Behavior, and Health. *Child development*, 81(1), 306-325.

³CH1LDREN NOW (2016). 2016-17 California County Scorecard.

Parent Enrichment

Parents play a critical role in preparing children for school. Research shows that parents do a better job of supporting their children when they understand the process of child development and know which activities prepare children for school.⁴ First 5 San Bernardino-funded preschool programs provided enrichment sessions for parents alongside the preschool experiences for children. These sessions were designed to increase parents' knowledge of child development and awareness of activities that will support their child's success. Pre-and post-program assessments show that parents increased their knowledge of child development, feel more confident about their ability to support their child's development and more frequently engaged in activities shown to support school readiness as a result of participating in parent enrichment programs.

Parents who reported an increase in the following behaviors:



Number of parents who reported an increase in their assessment of their own skills:

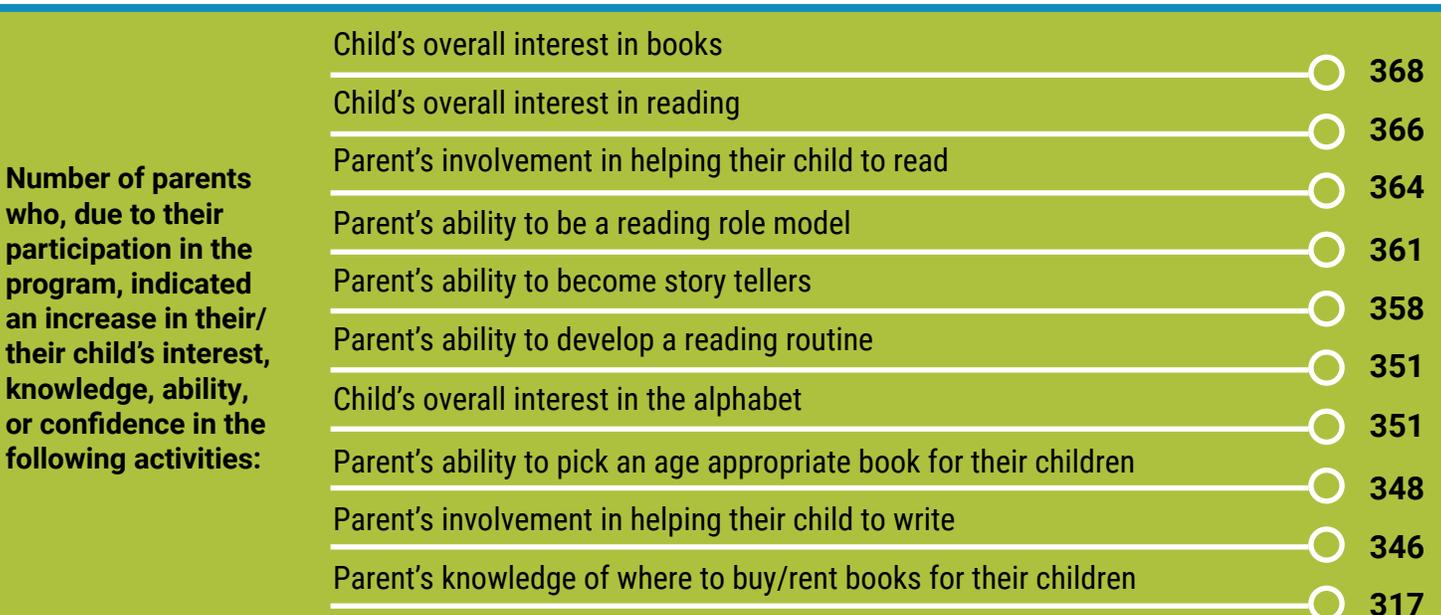
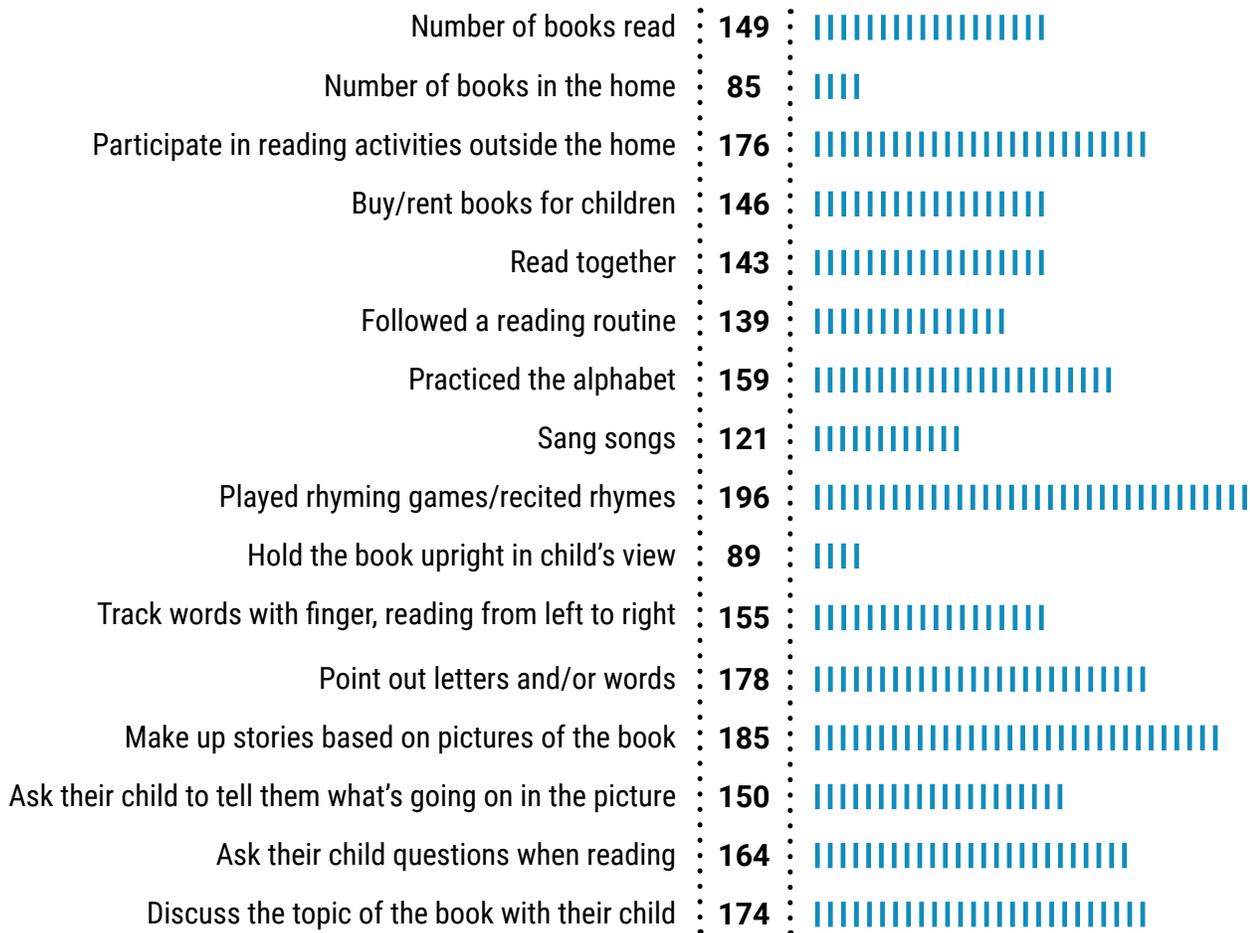
235	235	249	163	185	143	143	151	79
Knowledge of how child is growing and developing	Knowing of what behavior is typical at this age	Knowledge of how child's brain is growing and developing	Confidence in self as parent	Confidence in setting limits for child	Confidence to help child learn at this age	Ability to identify what child needs	Ability to respond effectively when child is upset	Ability to keep child safe and healthy

⁴Ackerman, D., & Barnett, W. (2011). Prepared for Kindergarten: What does "readiness" mean?. National Institute for Early Education Research, Preschool Policy Facts.

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.⁵ Early literacy is a strong predictor of children's reading abilities through grade school and beyond.

First 5 San Bernardino's Family Literacy programs aimed to increase awareness of the importance of developing literacy skills at an early age by implementing curriculums throughout the county to encourage and enhance family literacy development. As a result parents more frequently engaged the following literacy activities.



⁵Rhode Island KIDS COUNT (2005). Getting Ready: Findings from the National School Readiness Indicators Initiative, a 17 State Partnership.

Health

Developmental Screening

Early identification and intervention of developmental delays has demonstrated cost savings to health care and education systems and increases children's success. First 5 San Bernardino provides training and support to their funded contractors to conduct developmental screenings with their clients to increase detection of delays and increase opportunities for early intervention.

Outlook

	California ranks 30th in the nation for the rate of developmental screenings conducted with young children	
	30% of children are at moderate-to high-risk for developmental delay	 40% of parents with children under the age of 6 have concerns about their child's development ⁶

The ASQ-3 allows caregivers and service providers to identify children at risk for developmental delays by observing their everyday activities, such as playing, drawing and throwing a ball.

In 2015-2016

First 5 funded contractors conducted

2,329



ASQ-3 developmental screenings of children ages 0-5

ASQ-3's identify children at risk of delay and includes assessments of 5 developmental domains:

Communication

Gross Motor Skills

Fine Motor Skills

Problem Solving

Personal-Social Interactions



⁶ First 5 Association of CA. A Healthy Beginning for Young California Kids: Universal Developmental & Behavioral Screenings. Retrieved from: <https://www.childrennow.org/files/9314/2912/4344/dev-screening-infographic.pdf> 11/23/16.



Out of 2,329 screenings

432

18% of 2,329

children were
identified at risk

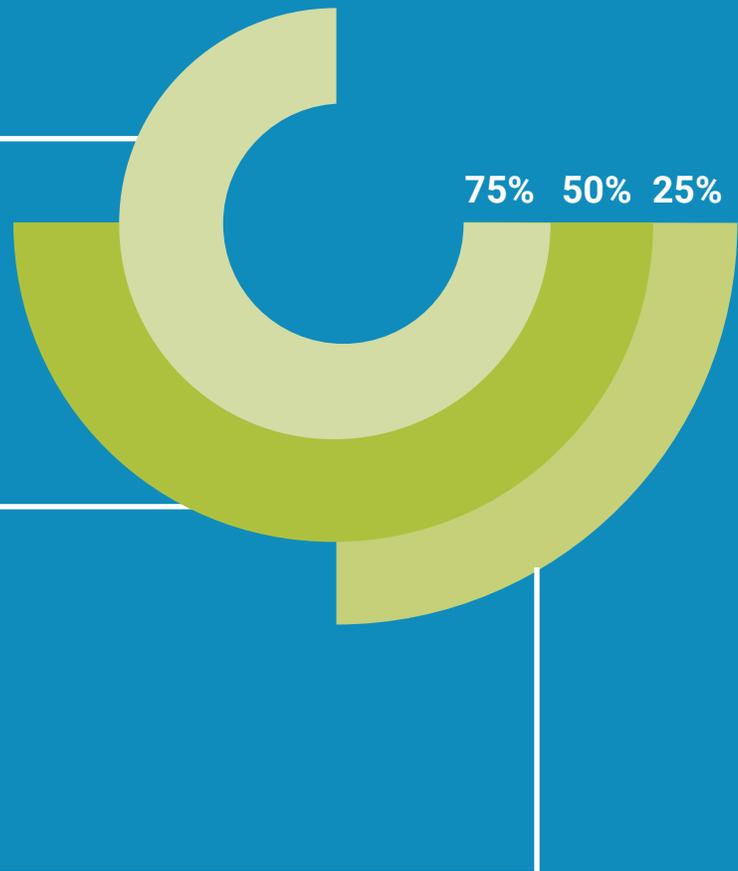
162

children were
at-risk with more
than one domain

If 75% of 432 children
(n=324) had not received a
screening elsewhere, it would
have cost between
\$9.72 - \$32.4 million⁷

If 50% of 432 children
(n=216) had not received a
screening elsewhere, it
would have cost between
\$6.48 - \$21.6 million⁷

If 25% of 432 children
(n=108) had not received
a screening elsewhere, it
would have cost between
\$3.24 - \$10.8 million⁷

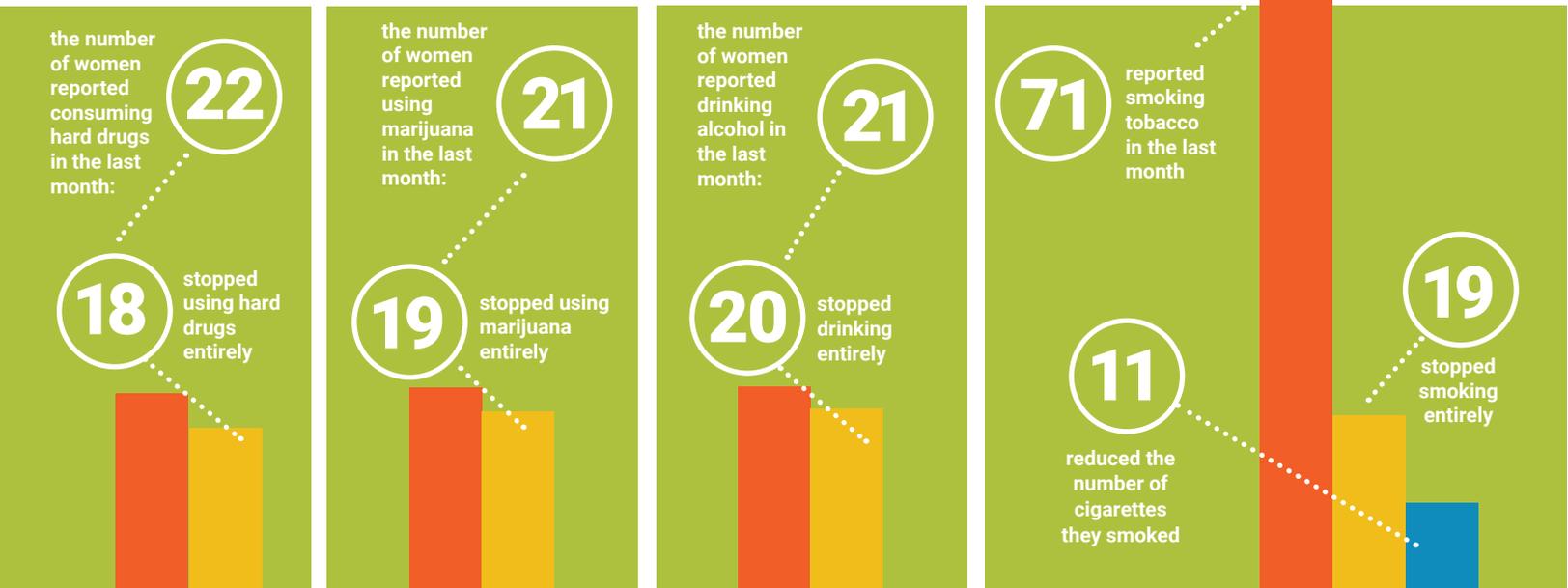


⁷Pinto-Martin JA, Dunkle M, Earls M, Fliedner D, Landes C (2005) Developmental Stages of Developmental Screening: Steps to Implementation of a Successful Program. American Journal of Public Health, 95(11):1928-1932.

Perinatal Screening, Assessment, Referral, and 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 who are identified as needing treatment are provided with a referral to appropriate services depending on the severity of use, including supportive counseling, home visits from public health nurses, outpatient and inpatient treatment programs.

In 2015-2016 **8,439** **and delivered** **219** **at-risk**
health care providers screened **women** **intensive services** **expectant**
for... **mothers.**



While the number of women impacted by these services may appear small, the potential savings—in terms of life, quality of life, and cost avoidance to society—are potentially very large.

Use of illicit drugs during pregnancy can lead to premature births, low birth weight, externalizing behavioral problems (aggression, attention-deficit/hyperactivity disorder, and oppositional defiant disorder), risk-taking behaviors, visual-motor impairments, memory and perceptual problems.⁸

The lifetime cost associated with caring for a child with a complex medical history due to prenatal exposure to drugs ranges from: **\$750,000 to \$1.4 million⁹**

Prenatal alcohol consumption has been associated with fetal alcohol syndrome (FAS), spontaneous abortion, premature births, and low birth weight.¹⁰ The estimated total cost attributed to drinking while pregnant was \$5.2 billion in 2006, with 95.3% of this cost being related to FAS.¹¹ FAS is 100% preventable if a woman does not drink alcohol during her pregnancy.

For every FAS case prevented, there is a potential total lifetime cost saving of: **\$2.9 million¹²** (in 2002 dollars)

Tobacco use during pregnancy has been associated with an increased risk of premature delivery, low birth weight, and sudden infant death syndrome (SIDS).¹³ It is estimated that 23.2%–33.6% of SIDS death can be attributed to prenatal smoking.¹⁴ Applying the above mentioned estimate to the number of women who stopped smoking entirely:

PSART Screening and referral to appropriate services potentially prevented

4 to 6
SIDS deaths

Asthma

Outlook

	96,550 new cases of asthma reported each year in California ¹⁵
	San Bernardino ranks second highest of Southern California counties for asthma-related hospitalizations for children ages 0-4 ¹⁶ and sixth in the state for the rate of emergency department visits ¹⁷
	Approximately 129,000 children with current asthma in California miss school or day care because of their asthma resulting in 1.2 million days of school/day care missed per year. ¹⁸

Asthma is not only harmful to children's health, but also costly: the average cost per asthma hospitalization in 2010 was

\$33,749¹⁹

First 5 San Bernardino supports asthma treatment and education to help ensure families are equipped to manage their children's asthma and reduce asthma-related hospitalizations. Funded services include a mobile asthma clinic (ARMC's Breathmobile) and home visitation through the American Lung Association. Among children and parents participants:

36 parents gained control of their child's asthma

10 fewer parents missed one or more days of work

4 symptom-free days were gained for children

Children admitted overnight to the hospital in the previous 4-6 months decreased by 50% (from 12 to 6) among children served by First 5 San Bernardino asthma programs. The estimated cost avoidance based on 2010 data is:

\$202,494



⁸ Ross EJ, Graham DL, Money KM, and Stanwood GD (2015) Developmental consequences of fetal exposure to drugs: what we know and what we still must learn. *Neuropsychopharmacology*, 40:61-87.

⁹ Kalotra, C. J. (2002, March). Estimated costs related to the birth of a drug and/or alcohol exposed baby. Washington, DC: Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project.

¹⁰ Bouchery, E., Harwood, H., Sacks, J., et al. (2006). Economic costs of excessive alcohol consumption in the U.S. *American Journal of Preventive Medicine*, 41(5):516-524.

¹¹ NIH (2013). Fetal Alcohol Exposure Factsheet.

¹² HHS (2009). A call to action: advancing essential services and research on fetal spectrum disorders.

¹³ Pollack, H., Lantz, P.M., & Frohna, J.G. (2000) Maternal smoking and adverse birth outcomes among singletons and twins. *American Journal of Public Health*, 90(3), 395-400.

¹⁴ Dietz, P.M., England, L.J., Shapiro-Mendoza, C.K., et al (2010). Infant morbidity and mortality attributable to prenatal smoking. *U.S. American Journal of Preventive Medicine*, 39, 45-52.

¹⁵ Kidsdata.org. (2014) Asthma Hospitalizations, by Age Group.

¹⁶ CaliforniaBreathing.org. (2014). Asthma ED Visits, Children, 2014.

¹⁷ CaliforniaBreathing.org. (2014). Asthma ED Visits, Children, 2014.

¹⁹ CaliforniaBreathing.org. (2014) Asthma's Impact on California Fact sheet.

Systems and Networks

Oral Health Action Coalition

Led by the Center for Oral Health, the Oral Health Action Coalition – Inland Empire (OHAC-IE) launched in October 2014 as an effort to mobilize and organize local resources to increase access to oral health care and improve oral health outcomes. The coalition has grown to include over 45 organizations,

representing a wide array of diverse oral health stakeholders including clinic consortia, hygiene and dental providers, dental schools, children's organizations, hospitals and medical centers, public health departments, children's dental programs, and advocacy organizations.

San Bernardino county residents face 3 significant barriers in accessing affordable dental care:

Low rates of dental care utilization

18.6%

of children aged 2-11

in San Bernardino County have not visited a dentist, dental hygienist or dental clinic within the past year.

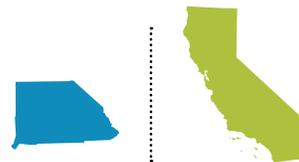


18.5% of children aged 2-11 in California.²⁰

35.7%

of adults 18 & older

in San Bernardino County have not visited a dentist, dental hygienist or dental clinic within the past year.



30.5% of adults 18 & older in California.²¹

Limited access to affordable dental care

25%

of the licensed dentists in San Bernardino County accept Denti-Cal²²

A shortage of dental providers

25%
of residents

live in Dental Health Professional Shortage Area (HPSA), which is an area with too few health professionals to meet the needs of the population.²³

1 dentist
for every
2,643 people
countywide



1 dentist
for every
1,900 people
statewide

In San Bernardino County there are only

793
licensed
dentists

21 of which are
pediatric
dentists²⁴



1 pediatric dentist
for every
27,547 children

²⁰ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2006-2010.

²¹ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2006-2010.

²² Center for Oral Health, Oral Health Action Coalition: Inland Empire (2015). Current

Oral Health Landscape in San Bernardino County, 2015.

²³ U.S. Department of Health & Human Services (2016). Health Resources and Services Administration (HRSA), 2016.

²⁴ Center for Oral Health, Oral Health Action Coalition: Inland Empire. (2015). Current Oral Health Landscape in San Bernardino County, 2015.

Timeline

March 2016

OHAC-IE Launches

July 2015

First Coalition Meetings

November 2014

First 5 Supports the coalition

October 2014

OHAC-IE hosts statewide Share and Learn Symposium

Over 70 representatives from oral health coalitions from across the state gathered to discuss access to oral health resources, workforce development, and systems integration

Health care providers, policy makers, and stakeholders shared best practices and resources.

Representatives from local oral health coalitions included Los Angeles, the Inland Empire, San Diego, Santa Barbara-Ventura, San Luis Obispo, Alameda County, and Sonoma.

The coalition has four sub-committees aiming to address these challenges at a systems level. The sub-committees are working on the following focus areas:

Advocacy

Public Awareness and Communications

Direct Services

Data and Surveillance



Screening Assessment Referral and Treatment and Early Identification and Intervention Services

First 5 San Bernardino has provided financial support to the Department of Behavioral Health since 2013 to provide comprehensive **Screen, Assessment, Referral, and Treatment (SART)** along with less intensive **Early Identification and Intervention Services (EIS)** in partnership with community-based providers to ensure all children have access to appropriate early intervention services for children in San Bernardino County. This is a prime example of how First 5 San Bernardino is taking a systems change approach by leveraging resources with other county departments and service providers in order to pull down additional federal funding, scale best practices and implement innovative solutions across the county.

SART

SART centers serve children (many of whom have been exposed to abuse, neglect, and/or substances in utero) experiencing social, physical, cognitive, behavioral, developmental, and/or psychological issues. It is an intensive program that includes screening, assessment, referral, and treatment by clinicians, pediatricians, public health nurses, occupational therapists, speech and language therapists, and pediatric neuropsychologists.

2,443
children
were served through
SART in FY15-16

SART provides intensive treatment, on average

2.7 hours per week for the initial 12 weeks
5.8 days between treatment services
201 days in program

EIS

EIS serves a similar, but less severe population than the SART population. It focuses on providing specialty mental health and attachment enrichment services to children at risk for manifesting social, cognitive, emotional, behavioral, and/or developmental problems.

889
children
were served through
EIS in FY15-16

EIS provides intensive treatment, on average

2.0 hours per week for the initial 12 weeks
6.4 days between treatment services
110 days in program

The majority of children served through SART and EIS need support related to their everyday functioning (for example motor skills, communication, family, Medical, Sleep) or experiences (e.g., Maternal Availability, Empathy for Child). The impacts on the five most common issues (identified using the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment Children) are displayed below:²⁵

SART Issue Areas	# At Intake	# At Discharge
Affect Dysregulation (ability to regulate emotional expression, such as calming down after getting upset)	1,637	562
Regulatory Problems (irritability, sleep habits, predictability of sucking/feeding, activity level/intensity)	1,515	611
Adjustment to Trauma (reaction to any of a variety of traumatic experiences, such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, etc.)	1,344	489
Anger Control (manage anger and frustration tolerance)	1,075	366
Communication (verbal and non-verbal)	1,075	708



EIS Issue Areas	# At Intake	# At Discharge
Affect Dysregulation (ability to regulate emotional expression, such as calming down after getting upset)	560	222
Anger Control (manage anger and frustration tolerance)	462	160
Regulatory Problems (irritability, sleep habits, predictability of sucking/feeding, activity level/intensity)	453	240
Oppositional (defiance toward authority figures)	400	142
Impulsivity/Hyperactivity (impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function)	356	204

*numbers estimated from percentages and total number of children served provided by DBH

²⁶CANS is standardized assessment tool implemented countywide. It organizes clinical information collected during a behavioral health assessment in a consistent manner to improve communication among those involved in planning care for a child.



First 5 San Bernardino Commission

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