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

- **8,738** children ages 0-5
- **10%** of parents did not have a High School diploma
- **79%** parents have incomes that fall below the federal poverty guidelines
- **83%** of parents have extremely low incomes based on San Bernardino County Area Median Income (AMI) guidelines
- **1,899** parents
- **62** San Bernardino County cities & unincorporated areas served

**Geographics**

- **San Bernardino** Fontana Victorville
- **Ontario** Rialto
- **Chino** Hesperia
- **Barstow** Colton
- **Adelanto** Highland Rancho Cucamonga Redlands Upland
- **Yucca Valley** Crestline Bloomington Twentynine Palms Big Bear City Yucaipa Montclair
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.

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

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

- Empathy towards children’s needs: 221/229 (96.5%)
- Use of corporal punishment as a means of discipline: 104/108 (96.3%)
- Parent-child role responsibilities: 126/136 (92.6%)
- Child’s power and independence: 141/148 (95.3%)
- Expectations of Children: 130/137 (94.9%)
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 included:

1. 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.

2. 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.

3. 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).

4. 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.

5. 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. 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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>of San Bernardino County 3-and 4-year olds attended preschools.</td>
</tr>
<tr>
<td>52%</td>
<td>of Los Angeles County 3-and 4-year olds attended preschools.</td>
</tr>
<tr>
<td>50%</td>
<td>of Orange County 3-and 4-year olds attended preschools.</td>
</tr>
<tr>
<td>47%</td>
<td>of Californian 3-and 4-year olds attended preschools.</td>
</tr>
</tbody>
</table>


CHILDREN 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. 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:

- Take child to a library: 235/560
- Take child to activities outside the home: 192/295
- Child played with same-age children: 234/255
- Read aloud to child: 312/537
- Tell child stories: 328/517
- Practice alphabet: 269/419
- Ask child what is in picture: 170/327
- Play games with child: 234/391
- Eat with child: 68/88
- Follow bedtime routine: 141/186
- Hold or cuddle child: 56/65
- Practice counting numbers: 234/364
- Practice rhyming games: 332/533
- Discuss book topic with child: 187/331
- Track words with finger as read to child: 187/331
- Practice name writing: 364/539
- Sing songs with child: 220/332
- Hold book upright in child’s view: 105/164
- Point out letters and/or words: 198/400

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

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of how child is growing and developing</td>
<td>235</td>
</tr>
<tr>
<td>Knowing of what behavior is typical at this age</td>
<td>235</td>
</tr>
<tr>
<td>Knowledge of how child’s brain is growing and developing</td>
<td>249</td>
</tr>
<tr>
<td>Confidence in self as parent</td>
<td>163</td>
</tr>
<tr>
<td>Confidence in setting limits for child</td>
<td>185</td>
</tr>
<tr>
<td>Confidence to help child learn at this age</td>
<td>143</td>
</tr>
<tr>
<td>Ability to identify what child needs</td>
<td>143</td>
</tr>
<tr>
<td>Ability to respond effectively when child is upset</td>
<td>151</td>
</tr>
<tr>
<td>Ability to keep child safe and healthy</td>
<td>79</td>
</tr>
</tbody>
</table>

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. 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s overall interest in books</td>
<td>368</td>
</tr>
<tr>
<td>Child’s overall interest in reading</td>
<td>366</td>
</tr>
<tr>
<td>Parent’s involvement in helping their child to read</td>
<td>364</td>
</tr>
<tr>
<td>Parent’s ability to be a reading role model</td>
<td>361</td>
</tr>
<tr>
<td>Parent’s ability to become story tellers</td>
<td>358</td>
</tr>
<tr>
<td>Parent’s ability to develop a reading routine</td>
<td>351</td>
</tr>
<tr>
<td>Child’s overall interest in the alphabet</td>
<td>351</td>
</tr>
<tr>
<td>Parent’s ability to pick an age appropriate book for their children</td>
<td>348</td>
</tr>
<tr>
<td>Parent’s involvement in helping their child to write</td>
<td>346</td>
</tr>
<tr>
<td>Parent’s knowledge of where to buy/rent books for their children</td>
<td>317</td>
</tr>
</tbody>
</table>

Number of parents who, due to their participation in the program, indicated an increase in their/their child’s interest, knowledge, ability, or confidence in the following activities:

1 Rhode 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 |

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 |

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

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

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

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.

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

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:

$750,000 to $1.4 million9

The lifetime cost associated with caring for a child with a complex medical history due to prenatal exposure to drugs ranges from:

$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

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

the number of women reported consuming hard drugs in the last month:
22
stopped using hard drugs entirely
18
stopped using hard drugs entirely

the number of women reported using marijuana in the last month:
21
stopped using marijuana entirely
19
stopped using marijuana entirely

the number of women reported drinking alcohol in the last month:
21
stopped drinking entirely
20
stopped drinking entirely

71
reported smoking tobacco in the last month
11
reduced the number of cigarettes they smoked
19
stopped smoking entirely
Asthma

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
- 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:

- $33,749
- $202,494

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

$33,749

- 96,550 new cases of asthma reported each year in California
- San Bernardino ranks second highest of Southern California counties for asthma-related hospitalizations for children ages 0–4 and sixth in the state for the rate of emergency department visits

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.

Outlook

- 96,550 new cases of asthma reported each year in California
- San Bernardino ranks second highest of Southern California counties for asthma-related hospitalizations for children ages 0–4 and sixth in the state for the rate of emergency department visits
- 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.

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

$33,749

4 NIH (2013). Fetal Alcohol Exposure Factsheet.
5 NIH (2013). Fetal Alcohol Exposure Factsheet.
9 NIH (2013). Fetal Alcohol Exposure Factsheet.
10 NIH (2013). Fetal Alcohol Exposure Factsheet.
14 NIH (2013). Fetal Alcohol Exposure Factsheet.
15 NIH (2013). Fetal Alcohol Exposure Factsheet.
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

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

Limited access to affordable dental care

25% of the licensed dentists in San Bernardino County accept Denti-Cal22


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 (EIIS) 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

**EIIS**

EIIS 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 EIIS in FY15-16

- EIIS 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**

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

**EIIS Issue Areas**

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

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

*CANS 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

Linda Haugan, Chair
Assistant Executive Officer
Human Services
County of San Bernardino

Maxwell Ohikhuare, M.D., Vice Chair
Public Health Officer
County of San Bernardino

Josie Gonzales
Fifth District Supervisor
County of San Bernardino

Elliot Weinstein, M.D.
Physician/Pediatrician

Margaret Hill, D.Ed.
School Board Member
San Bernardino Unified School District

J. Paul Vargas
School Board and Founding Member
Oxford Preparatory Academy Charter Schools

Stacy Iverson
President & Chief Executive Officer
Children’s Fund

Executive Director
Karen E. Scott