Local Outcomes Report

Convener, Collaborator, Contributor: Building Systems to Achieve Impact

Since its inception in 1998, First 5 San Bernardino (F5SB) has sought to secure better outcomes for children age 0 to 5 and their families by funding programs to provide concrete services with immediate outcomes, such as access to health care, high quality early care and education, and family supports. While this approach has succeeded in reaching thousands of children and families across the county, a changing fiscal landscape[1] required strategic thinking about how to maximize its resources to create lasting effect. In order to build sustainable services and achieve long-term impact, F5SB has adopted a systems approach[2]. The shift to systems was reflected in the **Children and Families Commission's 2015-2020 Strategic Plan** in **Strategic Priority Area 2,** but it really began to take shape in Fiscal year 2016-2017. F5SB's systems approach moves beyond funding programs and signals that F5SB aims to be a significant leader in the system of care surrounding Early Care and Education, Child Health and Family Resiliency - not only as a financial resource but as a backbone organization working to strengthen systems through collaboration and collective impact.

As the 20th anniversary of the passage of proposition 10 approaches in 2018, First 5 San Bernardino is embracing their leadership role in efforts to strengthen, coordinate and improve systems of care for the youngest residents of San Bernardino County and their families.

Funders that commit 25% or more of their funding to systems change strategies have the highest impact.
-National Committee for Responsive Philanthropy

Our Investments with a Systems Component

SART/EIIS

Autism Assessment Center of Excellence

Children's Network

Children's Fund

2-1-1

B.O.N.U.S (Lactation Support)

Oral Health Action Coalition-Inland Empire

Family and Community Support Programs
(Parenting Education and Case Management)

Career Online High School

Quality Start San Bernardino
(Early Care and Education Quality Improvement System)

2016-2017 marked the most robust year of intentional systems work in F5SB's history. This Brief reflects this shift, devoting substantial space to two of F5SB's most substantial systems initiatives: **Oral Health Action Coalition Inland Empire** and **Quality Start San Bernardino** – and framing their programmatic work in a systems lens.

[1] Proposition 10 funds are decreasing at a rate of about 3% per year due to reduced use of tobacco products
[2] Putnam-Walkerly, Kris. (2017). The Role of Philanthropy in Systems Change. Findings and Lesson from a Field Scan of Systems Change and Policy Advocacy in the Philanthropic Field. Retrieved from https://www.issuelab.org/resource/the-role-of-philanthropy-in-systems-change.html November 2017.

Systems Contributor

First 5 San Bernardino is working with multiple partners to strengthen linkages, connections, infrastructure and intervention scale. The systems investments highlighted here involve multiple partners working across sectors for countywide and regional impact.

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 improve oral health of vulnerable populations in the Inland Empire. It is composed of 30 organizations representing a wide array of diverse oral health stakeholders – including dental and health care providers, hospitals and medical centers, universities, nonprofit organizations, and government agencies. The coalition convenes regularly for peer-to-peer learning and to leverage resources to collectively impact oral health programs and policies in the region.

San Bernardino County families and children face significant barriers in accessing affordable dental care.[3, 4]

68% of pregnant women did not have a dental visit or receive a dental service during pregnancy. Lower than state percentage of 58%.

19.3% of all 0-3-year-old Denti-Cal beneficiaries in the region received a preventive dental visit.

Nearly 50% of parents with 0-3 year-old children thought that their child was not old enough for a dental visit.

2016-2017 OHAC-IE Accomplishments

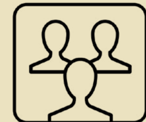
Status of Oral Health in Inland Empire, 2016-2017

Comprehensive baseline analysis of the status of oral health in Inland Empire.

Data will be used to develop policy briefs, fact sheets and infographics; disseminate information to policy makers and communities through town hall meetings; and facilitate the establishment of a stakeholder-driven oral health surveillance system for the region.

Provider webinar, led by Dr. Susan Fisher-Owens, on the importance of oral health in pediatric age and incorporating the use of oral health screening into the primary care practice.

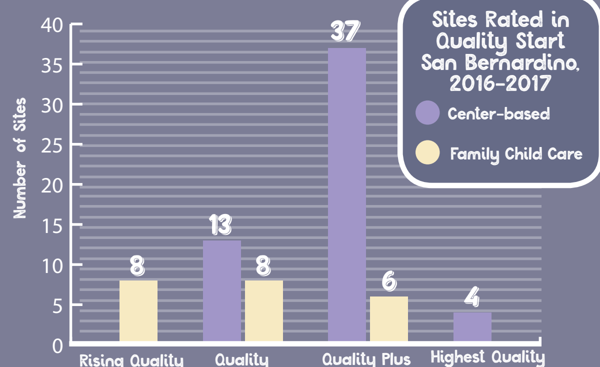
This webinar was attended by approximately: **30 attendees**



Attendees included **dental providers**, **primary care providers**, and **healthcare administrators**.

Quality Start San Bernardino

In 2016-2017, First 5 San Bernardino launched the implementation of the county's first formal **Quality Rating and Improvement System (QRIS); Quality Start San Bernardino**. This collaborative effort is charged with strengthening the quality of the early childhood education system county wide. Partners include **Child Care Resource Center, California State University San Bernardino, San Bernardino County Superintendent of Schools,** and **San Bernardino County Preschool Services Department**. Together, QSSB leaders accessed funding from four different grants offered by First 5 California and The California Department of Education totaling **$5,581,115** for fiscal year 2016-2017.



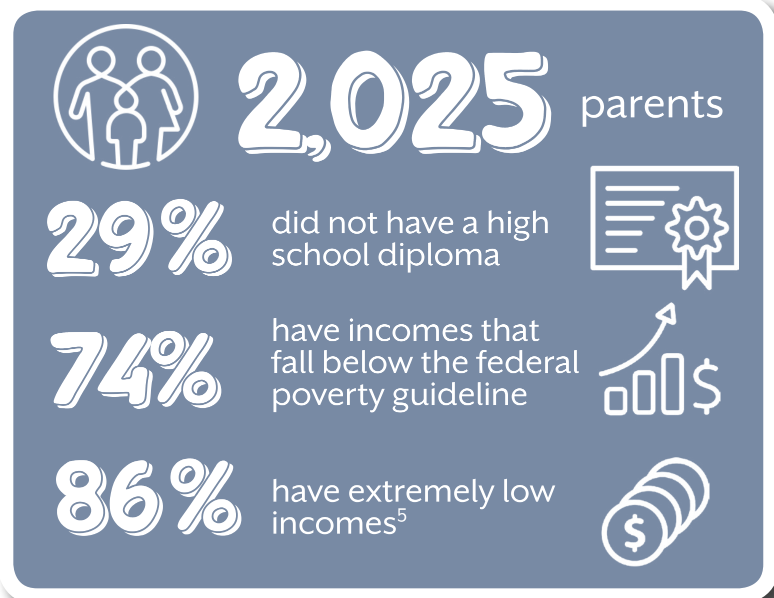
QSSB providers, who are rated, receive a rating of 1 (Emerging Quality) to 5 (Highest Quality). Sites that are not rated receive quality improvement services until such time that they can be rated. In 2017, there were 117sites participating in QRIS in San Bernardino County. Of those, 76 sites received a quality rating and another 39 received quality improvement services. Participating sites are rated every two years and receive support and incentives to gain and maintain the highest ratings.

[3] Center for Oral Health (2017). Status of Oral Health in the Inland Empire, 2016-17.
[4] Center for Oral Health, Oral Health Action Coalition: Inland Empire. (2015). Current Oral Health Landscape in San Bernardino County, 2015.

Impactful Programs to Strengthen Systems

High quality programs are important systems components, and First 5 San Bernardino continues its history of financial support to nonprofit and public agency partners to develop and scale high-performing programs and services.

In 2016-2017 First 5 San Bernardino-funded initiatives served:



Perinatal Substance Abuse Services

Statewide, 2.5% of women reported smoking in the last three months of pregnancy and 1 in 5 (20.9%) women reported drinking alcohol during the first or third trimester[6]. Prenatal substance abuse results in harmful consequences for both the mother and baby, including miscarriage, stillbirth and infant mortality, physical birth defects, problems with delivery, and neurological damage[7].

With support from First 5 San Bernardino, Nurses from the Department of Public Health partner 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, outpatient/inpatient treatment programs, and home visits from public health nurses.

Program Outcomes:

[5] Estimated using self-reported income and family size against San Bernardino County Area Median Income (AMI) guidelines http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/inc2k17.pdf
[6] California Health Care Foundation (June 2016). California Health Care Almanac, Maternity Care in California: Delivering the Data. http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20M/PDF%20MaternityCareCalifornia2016.pdf
[7] Forray, A. (2016). Substance use during pregnancy. F1000Research, 5, F1000 Faculty Rev–887. http://doi.org/10.12688/f1000research.7645.1

Screening, Assessment, Referral and Treatment (SART) & Early Identification and Intervention Services (EIIS)

SART and EIIS comprise DBH's 0-5 Comprehensive Treatment Services. SART centers serve children 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. EIIS provides specialty mental health and attachment enrichment services to children at risk for manifesting social, cognitive, emotional, behavioral, and/or developmental problems. These programs were primarily funded by Medi-Cal and Early Periodic Screening Diagnosis & Treat dollars but were supported by First 5 San Bernardino to fund elements that are not billable to those funding streams such as speech and language and occupational therapies, among others.

In 2016-2017[8], a total of

3,039 children were served through SART
A 24% increase from the previous year

887 children were served through EIIS

The impacts of these programs on the three most common issues (identified using the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment Children) are displayed in Exhibit 1 and Exhibit 2[9]:

Exhibit 1. SART Number* of Children Experiencing Specific Issues at Intake and Discharge

Issue Areas	At Intake	At Discharge
Affect Dysregulation (ability to regulate emotional expression, such as calming down after getting upset)	2,055	831
Social Functioning (social relationships)	1,886	731
Regulatory Problems (irritability, sleep habits, predictability of sucking/feeding, activity level/intensity)	1,870	815

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

Exhibit 2. EIIS Number* of Children Experiencing Specific Issues at Intake and Discharge

Issue Areas	At Intake	At Discharge
Affect Dysregulation (ability to regulate emotional expression, such as calming down after getting upset)	642	259
Anger Control (manage anger and frustration tolerance)	514	235
Social Functioning (social relationships)	505	242

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

[8] Per San Bernardino County Department of Behavioral Health Fiscal Year 2016-2017 Report-0-5 Comprehensive Treatment Services
[9] CANS is a 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.

Family and Community Support and Partnerships

First 5 San Bernardino invests in critical parent education services to ensure families are safe, healthy, and nurturing. Parents who completed the Nurturing Parenting Program, coupled with case management using the Family Development Matrix (FDM) showed a statistically significant increase in knowledge and behaviors related to positive parenting practices that help protect against abuse and neglect. The overall objective of this initiative is to build, over a five year period, an evidence based system of care that can be replicated for access to all parents in San Bernardino County.

Case Management

In 2016-17, the **five most frequent needs reported by families** using case management services included:

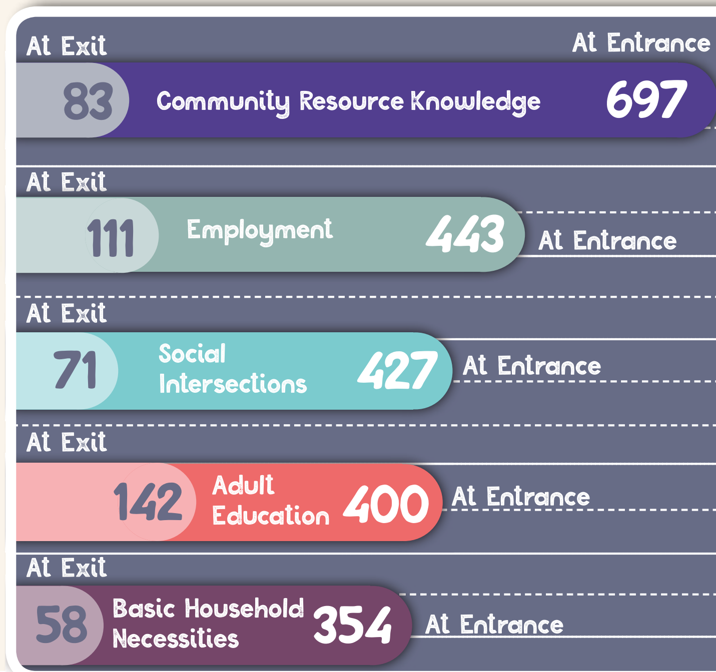


Exhibit 3. Family Needs[10] in Case Management

When asked about their knowledge and use of community programs, 697 parents said they either had no knowledge of community resources or had only some knowledge of community resources.

443 parents said they were either unemployed and have difficulty getting a job or they experience difficulty keeping a job once hired.

When asked about their social interactions with family, friends, and neighbors, 427 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).

Of all parents responding at baseline, 400 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.

When asked about their ability to provide for their family's basic needs, 354 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. 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.

In 2016-2017...

340 parents scored in the high risk range on one or more of the five subscales (also known as constructs) of the Adult Adolescent Parenting Inventory (AAPI 2.0 and AAPI 2.1) at program entry [11].

338 parents ...moved from high to moderate or low risk on one or more of the five AAPI subscales, thereby reducing their children's likelihood of experiencing maltreatment by the end of the program.

Parenting Education

Exhibit 4 shows the number and percent of parents who showed decreased risk. For example, all 120 parents who entered the program with highest levels of increased their understanding of age-appropriate child behaviors.

Exhibit 4. Nurturing Parenting Program participants who moved from high risk to lower levels of risk for each AAPI[12] subscale

Subscale	High risk at entry	At Exit	Percent
Expectations of children	120	120	100%
Parental empathy towards children's needs	205	202	98.5%
Use of corporal punishment	96	93	96.9%
Parent-child family roles	131	130	99.2%
Children's power and independence	110	109	99.1%

[10] 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'
[11] https://www.assessingparenting.com/assessment/aapi
[12] Adult-Adolescent Parenting Inventory 2.0 and 2.1

Developmental Screening (ASQ-3)

Screening children for developmental delays with tools like the Ages and Stages Questionnaire (ASQ-3) can help parents, caregivers, physicians, and educators understand their child's needs and create plans for intervention, if needed. Such screening is especially crucial early in life when risks of delay can be identified before major developmental milestones are missed. Therefore, the American Academy of Pediatrics recommends that all infants and young children are screened for developmental delays[13]. The ASQ-3 allows caregivers and providers to assess children in the areas of Communication, Fine Motor Skills, Gross Motor Skills, Personal-Social Interactions, and Problem Solving and to identify children at-risk of delay.

First 5 San Bernardino-funded organizations conducted:

Longitudinal studies have demonstrated long-term benefits of early intervention for children showing signs of delay at a young age, including an **increased likelihood to graduate from high school, maintain employment, and live independently.**

Combining academic, social, and economic benefits, two years of early intervention before a child starts kindergarten is estimated to save society between: **$30,000 to $100,000 per child**[13]

Asthma Education and Management

There are 96,550 new cases of children with asthma reported each year in California and 17% of all San Bernardino County children have an asthma diagnosis[15]. The annual total costs associated with childhood asthma are $693 million.[16] Serious and costly asthma outcomes (e.g. emergency room [ER] visits, hospitalizations, and even death) are preventable with access to care, medication and parent education.[17] Asthma-related hospitalization for children remains higher in San Bernardino County than neighboring counties.

Exhibit 4. Asthma-related Hospitalization Rates by County

County	Asthma-related Hospitalizations per 10,000 infants /children:
San Bernardino	20.3
Los Angeles	20.0
San Diego	19.7
Riverside	14.4
Orange	13.8

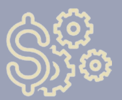
First 5 San Bernardino supports asthma treatment and education to help ensure families are equipped to manage their children's asthma and reduce asthma-related hospitalizations. Funded services include a mobile asthma clinic (Arrowhead Regional Medical Center's Breathmobile) and a home visitation program (American Lung Association).

Among participants:

- **66 families** developed an action plan for their home
- **55 parents** were able to gain control over their child's asthma
- On average, children served gained almost **six symptom-free days per month**
- Children visited Urgent Care or the ER **47 fewer times** after being served than they did in the six months before service

Children admitted overnight to the hospital in the previous six months decreased from: **7 to 1** or **86%**

This represents an estimated:[16,17] **$202,494 cost avoidance**



[13]American Academy of Pediatrics, Committee on Children with Disabilities (2001). Developmental Surveillance and Screening of Infants and Young Children. http://pediatrics.aappublications.org/content/108/1/192.full
[14]Glasgoe FP (2000) Early Detection of Developmental and Behavioral Problems. Pediatrics in Review, 21(8):272-280.
[15]Kidsdata.org. (2017). Asthma Diagnoses. http://www.kidsdata.org/topic/238/asthma/table
[16]The average cost per asthma hospitalization in 2010 was $33,749.
[17]CaliforniaBreathing.org. (2014) Asthma's Impact on California Fact sheet.

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