

2014

2015



Local Outcomes Report



harder+company
community research

Demographics

in 2014-2015

8,136



children ages 0-5 were served

3,590



parents were served

26%



parent characteristics:

did not have a high school diploma

64%



have incomes that fall below the poverty line



Children and families served mostly lived in...

San Bernardino
1000+ **Ontario**
600+ **Victorville**
500+ **Fontana**
Rialto
Chino
400+ **Bloomington**
Redlands

Barstow
200+ **Colton**
Rancho Cucamonga
Montclair
Needles
Yucca Valley
Apple Valley
Highland

Upland
Hesperia
Adelanto
Big Bear City
Chino Hills
Crestline
100+ **29 Palms**

Number of clients served in ranges of 100 to 1,000 in descending order

Family

Resource Center and Case Management

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 decline¹. 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%)².



San Bernardino County

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	

¹The Community Foundation (2015), San Bernardino County 2014 Community Indicators Report.
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.



significantly improved their ability to identify and access supportive resources



increased their understanding of their child's development



developed more nurturing relationships with their children



who were previously unemployed were able to secure employment



enrolled in school to work toward their GED or High School Diploma



secured a GED or High School Diploma

Nurturing Parenting Program

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-2³

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.

Child abuse and neglect can have deep and long lasting effects on physical and emotional health throughout a person's lifetime³. 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)**⁴.

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.

³ Felitti, V. J., & Anda, R. (2009). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. In R. Lanius, E. Vermetten, & C. Pain (Eds.), *The Hidden Epidemic: The impact of early life trauma on health and disease*.

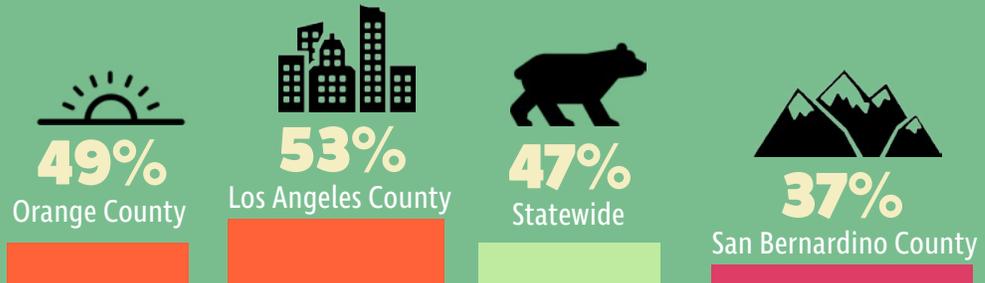
⁴ This estimate includes the costs of child health care, adult medical bills, productivity losses, and child welfare and criminal justice system involvement

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.

Education

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 adults⁶. 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 preschool⁷ in comparison:



351

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

Preschool



On average, each child attended

149

days of schooling



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

Pre-K Academy

On average, each child attended

82

days of schooling



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 cognition⁸. 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.**

⁶ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-Childhood Poverty and Adult Attainment, Behavior, and Health. *Child development*, 81(1), 306-325.

⁷ CHILDREN NOW (2014). 2014- 15 California County Scorecard: San Bernardino County.

⁸ Ackerman, D., & Barnett, W. (2011). Prepared for Kindergarten: What does "readiness" mean?. National Institute for Early Education Research, Preschool Policy Facts.


their child played with other children his/her age

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



they read aloud to their child



they told their child stories



they played games with their child



they ate with their child



they followed a bedtime routine



they held or cuddled their child



they practice counting



they practiced the alphabet



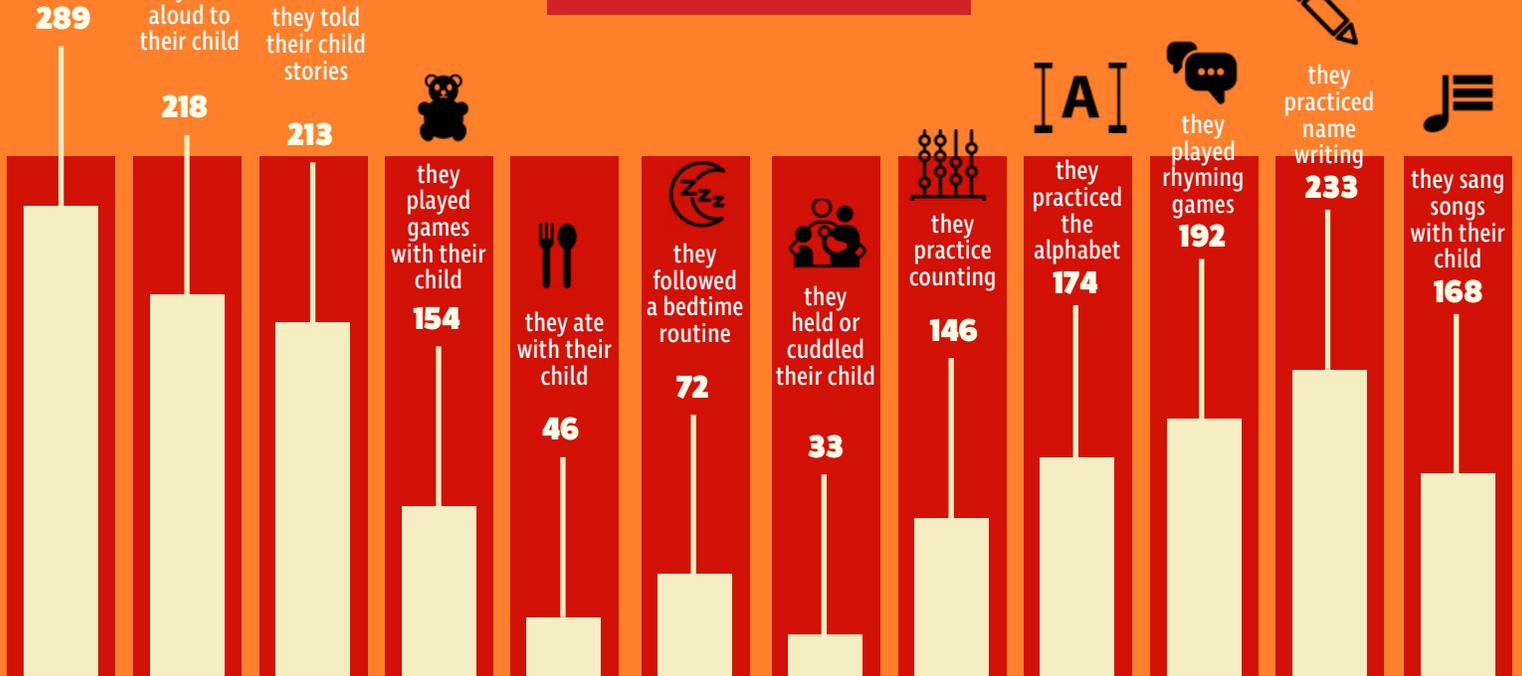
they played rhyming games



they practiced name writing



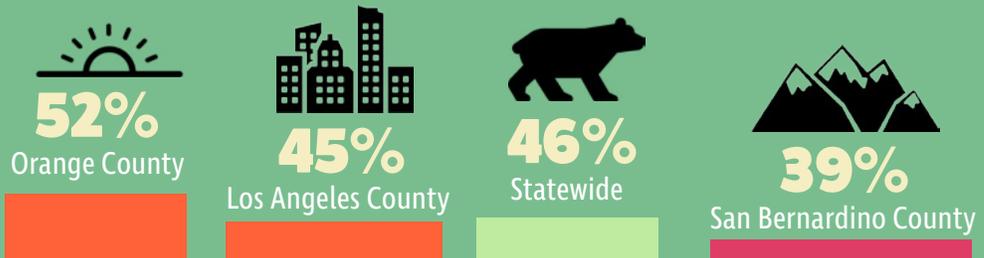
they sang songs with their child



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 school⁹. Early literacy is also a strong predictor of children's reading abilities through grade school and beyond.

Third grade reading levels by comparison¹⁰:



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.

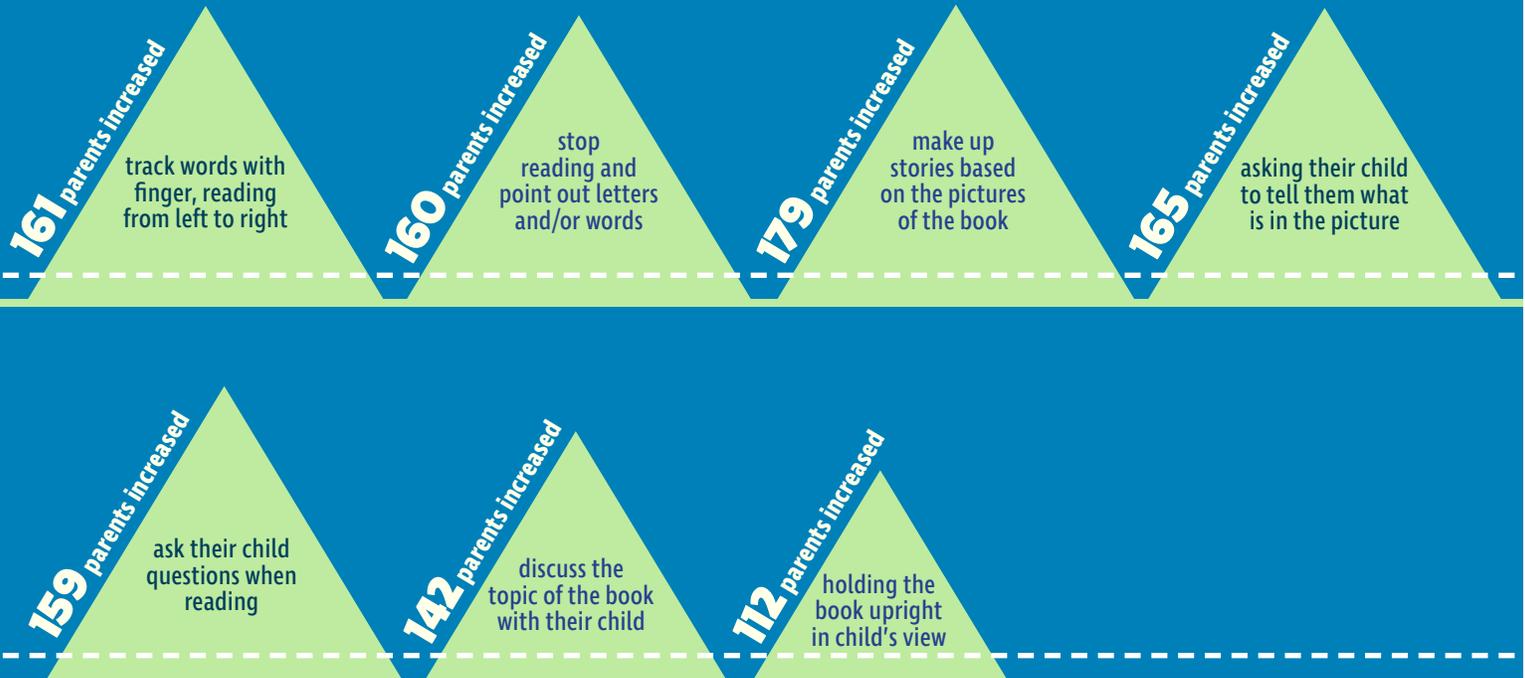
As a result of family literacy programs:



⁹ Rhode Island KIDS COUNT (2005). Getting Ready: Findings from the National School Readiness Indicators Initiative, a 17 State Partnership.

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 children¹¹:



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



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 environment¹².

- The majority of screenings were administered in the more population dense regions of the west and central regions of the county¹⁴.



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 impacting the lives of

this rate is lower than rates for



Los Angeles County



Statewide



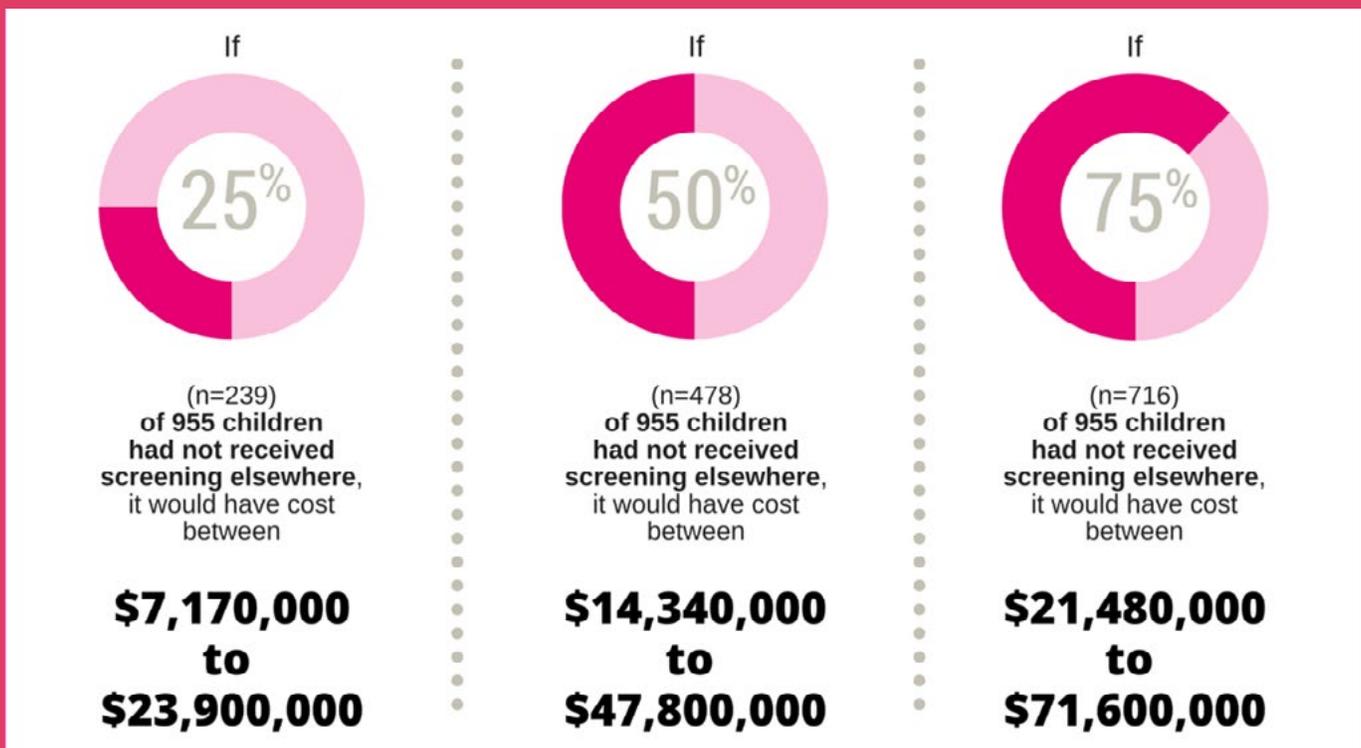
28,436
children and their families¹³

From 2014-2015, First 5 San Bernardino's investment in early developmental screening reached a total of



Developmental screenings identified 955 children at risk for developmental delays.

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 F5SB screening efforts could result in cost savings ranging from \$30,000 to \$100,000 per child¹⁵. The table below includes cost avoidance estimates based on the extent to which those children would have received a screening elsewhere.



¹² Majnemer, A. (1998) Benefits of early intervention for children with developmental disabilities. *Seminars in Pediatric Neurology*, 5(1):62-9.

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.



San Bernardino County

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/
Pulpotomies¹⁷
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

Of the at-risk expectant mothers that were referred to services:



41

reduced the number of cigarettes they smoked or stopped smoking entirely



13

reduced the number of days they drank or stopped drinking entirely



25

reduced the number of days they used marijuana or stopped entirely



18

reduced the number of days their usage of hard drugs

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 death¹⁸

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.

¹⁸ National Institute on Drug Abuse and Centers for Disease Control and Prevention

Screening, Assessment, Referral & Treatment (SART)



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

641
children

were served through EISS in fiscal year 2014-15

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

- 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.

SART provides intensive treatment, on average:

2.3
hours per week
for the initial 12 weeks

6.2
days between treatment services

197
days in program

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 included¹⁹:

- 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 (EISS) 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.

Early Identification and Intervention Services (EISS)

EISS provides intensive treatment, on average:

2.0
hours per week
for the initial 12 weeks

6.1
days between treatment services

133.5
days in program

The majority of children seen at EISS need support in the areas of social and emotional functioning. Some of the most common needs of 2014-15 EISS participants included²⁰:

- 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%)**

¹⁹ Based on the Child and Adolescent Needs and Strengths inventory (CANS)

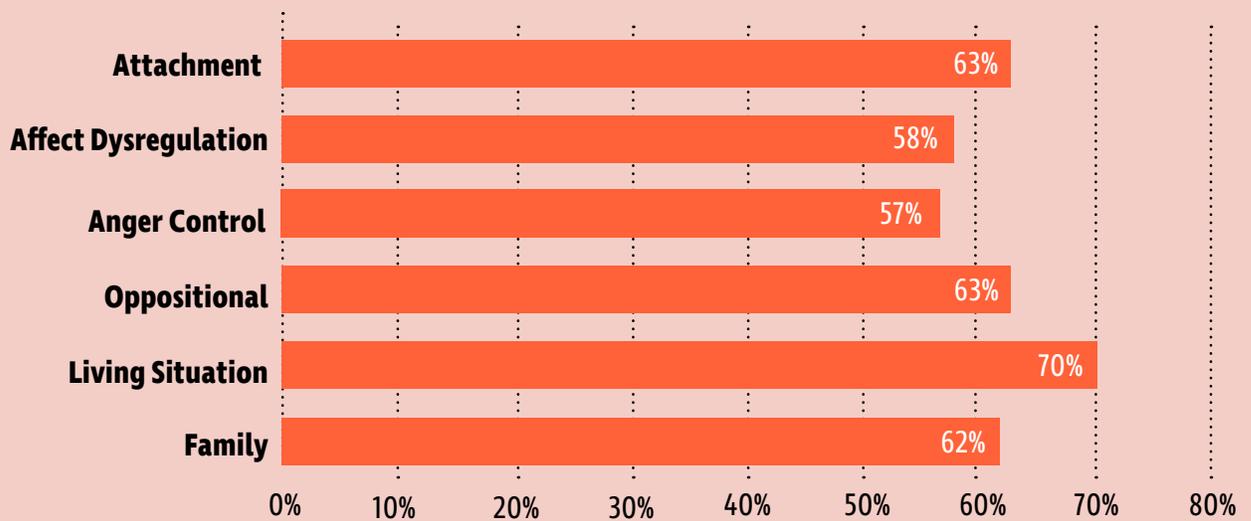
²⁰ San Bernardino County Behavioral Health-Children and Youth Collaborative Services (CVS), 2014-2015 Fiscal Year Report – 0-5 Comprehensive Treatment Services.

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



EIIS - Resolution of an Identified Need



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

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