



How is the Black Child Legacy Campaign saving lives and advancing equity in Sacramento?

In Sacramento's Meadowview neighborhood, almost 40% of Black children live in poverty, a quarter of Black adults are unemployed, and Black youth are seven times more likely to be arrested than all other ethnicities. But Meadowview is so much more than a snapshot of statistics. It is a vibrant community of residents committed to keeping their children safe and empowered to change these statistics. Meadowview is part of a growing movement in Sacramento — led by the Black Child Legacy Campaign (BCLC) — that builds on the strengths and assets of individual neighborhoods to reduce inequities and facilitate lasting transformation.

Located in the heart of Meadowview, the [Rose Family Creative Empowerment \(RFCE\) Center](#) is a place where families can go for help, encouragement, and support. Jackie Rose, founder and director of the RFCE Center, has worked in the Meadowview community for over two decades and has established deep trusting relationships with the residents there. Families welcomed into the center are treated with dignity and respect, and are connected to a comprehensive set of supports, resources, and services. Each room in the center has bright colors and décor that honors diverse African cultures. Program staff are from the Meadowview neighborhood and reflect the families that they serve. Staff from various Sacramento County service agencies are located at the center so that families can access the assistance they need in a coordinated and collaborative way.



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The Rose Family Creative Empowerment Center is one of seven Community Incubator Leads (CILs) that comprise the BCLC. Their goal is an urgent one: **reduce Black child deaths by 10% to 20% by the end of 2020.**

Background

The BCLC grew out of a 2009 Child Death Review report that revealed an alarming 20-year trend in Sacramento County: **Black children were dying at twice the rate of any other ethnicity.** In response, a Blue Ribbon Commission was convened in 2013 to explore the top four causes of disproportionality in the death rates: perinatal conditions, infant safe sleep, child abuse and neglect, and third-party homicide. The [commission recommended](#) a significant investment of resources to combat the inequities in the seven neighborhoods where death rates were highest: Valley High, Meadowview, Oak Park, Arden-Arcade, South Sacramento, North Highlands, and Del Paso Heights. Afterward, the Sacramento County Board of Supervisors established a Steering Committee on Reduction of African American Child Deaths, which was tasked with reducing Black child deaths through targeted, community-based programs and a coordinated response across county agencies.

In January 2014, the steering committee initiated a year-long strategic planning process that included community participation in decision-making and reflected diverse perspectives from across the community. Out of this process came the identification of [five strategic priorities](#) to address the structural issues that contribute to high Black child mortality rates and, soon after, the 2015-2020 [implementation plan](#) to operationalize the strategic priorities. Sacramento County committed \$7.5 million to the plan over the five-year period.

Impact

Sacramento County is beginning to see results that indicate this targeted effort is reducing Black child deaths. In 1990, the Black child death rate was 166.1 per 100,000. By 2016, the rate had dropped to a low of 54.9 per 100,000. **When comparing 2014 to 2016,**

THE STRATEGIES FOR LONG-TERM IMPACT OVER A FIVE-YEAR PERIOD INCLUDE:

1. **Advocacy and Policy:** Empower community members to promote and advocate for the resources they need to ensure children and youth are emotionally and physically safe.
2. **Equitable Investment and Systematic Impact:** Create an Interagency Children's Policy Council (ICPC) that will develop an overarching health and well-being strategy for all children in Sacramento County.
3. **Coordinated Systems of Support:** Establish a coordinated system of community support and capacity development made up of a network of trusted community organizations. The organizations, known as Community Incubator Leads (CILs), will build local capacity to obtain and deploy resources that engage and empower residents.
4. **Data-driven Accountability and Collective Impact:** Identify shared measures across agencies, track short-term, intermediate and long-term outcomes, and monitor ongoing quality improvements to increase effectiveness of interventions.
5. **Communications and Information Systems:** Create social marketing campaign to increase awareness of the disproportionate number of Black child deaths and partner with media to publicize success stories.

there was a 45% decrease in the Black infant death rate and a 76% decrease in disparity.

Sacramento County is decreasing death rates for every strategic area except perinatal deaths, even surpassing its 2020 goal of 10% to 20%. Between 2014 and 2016, the county demonstrated a number of other critical [improvements in trends for Black children:](#)

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- The rate of infant sleep-related deaths per 1,000 decreased from 2.8 to 1.5.
- The child abuse and neglect homicide rate per 100,000 decreased from 7.1 to 4.5.
- The third-party homicide rate per 100,000 decreased from 4.5 to 1.8.

Crime data from the Sacramento Police Department found that **not a single juvenile of any race was the victim of murder within the city limits in 2019.**¹

Core Components

The BCLC is rooted in the belief that all children matter, and that society has a responsibility to ensure the well-being of those who are most vulnerable and marginalized. With that charge, the steering committee structured the BCLC around the several key elements.

Working together

There is universal agreement that no one single organization can create large-scale, lasting social change alone. The underlying premise of the BCLC [collective impact strategy](#) framework is that **all stakeholders must work together toward transformative change.** It emphasizes that a comprehensive, countywide “all-in” strategy is needed to address an issue as complex as significantly reducing Black child deaths.

The steering committee is at the heart of the collective impact approach. Funded by Sacramento County and First 5 Sacramento, the 25-member committee is comprised of representatives from county agencies, education, health systems, civic groups, faith-based organizations, parent and youth groups, and policy advocates. Members meet bi-monthly and bring what they learned at the meetings back to their respective agencies to inform systemic changes. “The impact of the Black Child Legacy Campaign points to the change you can make with the right kinds of partnerships,” says Bruce Wagstaff, Sacramento County’s deputy director of social services. “It is encouraging to see what can happen when you come together, have a clear direction, and failure is not an option.”

The [Sierra Health Foundation Center](#) manages the steering committee’s workgroups and work efforts. “Having Sierra Health as the backbone was key to moving the work along and holding people accountable,” says Natalie Woods Andrews, committee co-chair. Sierra Health staff plan, manage, and support the initiative through ongoing facilitation, communications, and data collection and reporting.

Community-driven

The seven CILs are essential components of the BCLC. Located in each of the neighborhoods experiencing the greatest disparities in Black child deaths, CILs operate as community centers providing services and resources to support the local residents. Each CIL has a multi-disciplinary team (MDT) comprised of county

A SAMPLE OF ROSE FAMILY CREATIVE EMPOWERMENT CENTER ACTIVITIES:

- Refer new mothers to Earth Mama Healing for Nurturing Self Workshops, where they can interact with other young mothers and share their experiences and support in addressing their challenges.
- Provide Birth and Beyond and Well-Space Health for Safe Sleep classes.
- Provide after-school and summer programs in partnership with Sacramento City Unified School District.
- Partner with South Sacramento Youth Arts Collective to provide weekend arts activities in a safe environment.
- Offer Better Life Services space to facilitate better communication and coordination for families receiving child welfare services to increase reunification.
- Providing free bus passes, hotel vouchers, food and car seats to address emergency needs.

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human service workers, including child welfare staff, probation officers, public assistance and employment workers, and cultural brokers (peer advocates with specific cultural knowledge who understand how to navigate public human services systems). In addition, staff from multiple nonprofits are stationed at each of the sites. A Memorandum of Understanding (MOU) was created to govern how the different agencies share staff, space, and data.

When families come to the CIL for assistance, they complete an MDT Intake Assessment, which gathers information about what they need, the social services they currently are receiving, the level of urgency of their need, and who should “come to the table” to support them. “As soon as we assess families, we jump into high gear to ensure we wrap supports around the families immediately,” Rose says. “We do whatever it takes to make sure they have everything they need to prevent a crisis from happening.”

Each CIL operates differently, depending on the specific needs of the community and the available community-based organizations. Some community-based organizations work across the CILs. For example:

- Through the [Healing the Hood](#) program, every CIL has a community intervention worker who provides street outreach to youth ages 12 to 18 in the areas of violence prevention and early intervention services.
- The [Black Mothers United Campaign](#) provides education, resources, and emotional support to pregnant women in Sacramento. It also offers monthly “mommy mingles” to combat feelings of loneliness, isolation, and judgment.

- The [Advance Peace Program](#) aims to reduce gun violence through preventive measures, with targeted outreach to youth who are at highest risk to commit or become victims of gun violence. These youth are in daily contact with a mentor with similar lived experience and together they map short-term and long-term goals for the youth and outline specific steps for achieving them. The youth receives an allowance when goals are met.

Learning from one another

A Technical Assistance Resource Center (TARC) was established to serve as a central hub for providing direction, training, and assistance to build the skills, knowledge, and attitudes of CIL staff, as well as a standard set of qualitative and quantitative data from all CILs to evaluate the impact of the initiative. The TARC is comprised of leading experts in their field, including academics, consultants, and community leaders with experience designing programs that strengthen the operational capacity of community institutions. TARC hosts *Profound Purpose Institutes* on a quarterly basis where CILs engage in peer-learning activities. Over the past four years, TARC has offered 92 hours of professional development to CIL staff.

In 2017, working in partnership with the TARC, steering committee members, CIL staff, and BCLC staff conducted assessments of each CIL, offering specific feedback on how to refine efforts. They also work with CILs to build capacity within the organizations to assess their own programs through the “I do. We do. You do” approach, a model that gradually transfers responsibility from the consultants to CIL staff.

Because everyone is located together, we have shifted the way the social service safety net is implemented deep in neighborhoods to serve families in crisis. When you walk into a CIL, you can't tell who is county staff and who is CIL staff. Everyone is just here to help.

— KINDRA MONTGOMERY-BLOCK,
ASSOCIATE DIRECTOR, SIERRA HEALTH FOUNDATION

Lessons Learned

As the BCLC enters its fifth year, there are lessons to share with other jurisdictions considering a similar cross-sector, community-driven approach. Some cross-cutting themes that emerged from conversations with stakeholders include:

Public-private collaboration: Partnerships between public and private institutions can help create positive social change on a large scale. One of the benefits of the public-private partnership is a level of flexibility toward innovation that is difficult to achieve by a government organization. “The public-private partnership allows us to be creative and transparent,” says Kindra Montgomery-Block, associate director of the Sierra Health Foundation. “It has been the sweet spot for our innovation.” For example, Sierra Health is able to subcontract with smaller community-based organizations trusted within communities that would not meet the requirements to receive county-based grant funding.

In addition, the full participation and partnership of the county has been key to the success of the BCLC. “The commitment of the county has been a game changer in this work,” says Woods Andrews. “Having county officials serve as champions, be willing to take risks, and create an innovative model for change, has been key to the success of the BCLC.”

Moving at the speed of trust: A cornerstone of the BCLC is building relationships, both within the community and among the steering committee. Building trusting relationships requires time, effort, and a commitment to step back when necessary. As a result, some people walked away in the beginning. “There

were a lot of challenges at first, and we struggled to find the right footing,” says Kim Pearsons, Sacramento County Child Protective Services Division Chief. “But we found, if you stick with it, it is worth the wait.” As a result, there is now a strong sense of trust and shared commitment across the stakeholders.

Building trusting relationships with community members has also been key to success. When residents are genuinely placed front and center, a different process unfolds. “Our relationship with people in the community is the most important thing that we pride ourselves on,” Rose says. “When you say you are going to do something and then you follow through, that holds a lot of weight.”

Targeting race equity strategies: At the heart of the BCLC work is reducing child death disparities in Black communities. To accomplish this, the BCLC uses a race equity lens at all levels of the work, from system-wide policy changes to CIL direct staff hiring. The steering committee works across systems to dismantle structural racism and design systems of inclusion that address the uneven distribution of burdens in the seven communities. The collective impact approach pushes steering committee members to examine the root causes of inequities together and create solutions that operate at system and structural levels.

At the community level, CILs make equity strategies a priority by hiring residents from the communities, and stationing Black staff from the human service agencies so the first experience a family has with an agency is with people that look like them.

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— BRUCE WAGSTAFF,
DEPUTY DIRECTOR OF SOCIAL SERVICES, SACRAMENTO COUNTY

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Leading with community voices: From day one, community residents have been the most powerful voices in the design in the BCLC. Steering committee members understand that the community knows best what the community needs. Community advocates and leaders serve on the steering committee, and a community leadership roundtables (CLRs) are comprised of residents viewed as “trusted messengers” who advise the steering committee and hold it accountable. There is a consistent and comprehensive feedback loop from the CLRs to the steering committee so that committee members always are informed.

Changing the headlines: The steering committee recognized that engagement with the media was necessary to change the public narrative so that the cause of inequities is no longer perceived as “individual fault” but rather the collective failures of oppressive systems. The BCLC launched a multi-tiered media and communications strategy that convened media outlets and engaged reporters as allies. The strategy worked: In 2017-18, nine media outlets covered 23 different stories about the BCLC, ultimately raising community awareness about the disproportionate Black child death rate and spotlighting the array of positive changes happening in the seven communities.

Challenges

The BCLC is not without challenges. Like any widespread effort to disrupt inequities among large bureaucratic agencies and build trust in historically disenfranchised communities, change takes time. Some of the roadblocks along the way have included:

- **Perinatal outcomes.** The strategies employed to reduce perinatal deaths have not been as successful as the strategies used to address other issues and, in fact, the disparity is increasing. As a result, the BCLC is expanding its efforts to partner with hospitals and physicians, and to provide Black mothers with wraparound services, perinatal education, pregnancy and childbirth classes, groups on self-care during pregnancy, and transportation to doctor appointments.
- **Funding sustainability.** While the blended public-private partnership funding for the initial five-year implementation of the BCLC was generous, county funding will end in December 2020. Many of the community-based programs will need to cobble together funding from multiple sources, which is not always reliable, and it is not clear what the revenue sources will be for sustainable funding.
- **Creation of an Interagency Policy Children’s Council.** Another recommendation by the community leadership roundtables is the development of a comprehensive and collaborative integrated services delivery system. This is to be accomplished through the creation of an Interagency Policy Children’s Council, which has not yet occurred. The steering committee is pushing for its formation.

Moving forward

Staff at the Rose Center say they have noticed a change for the better since the inception of the BCLC. Families are now coming in and voluntarily asking for

If we want to figure out how to change the face of public services, we have to figure out how to build the infrastructure of grassroots organizations so they can be competitive. Otherwise, we will just fund the same organizations again and again.

— KAYING HANG,
VICE PRESIDENT OF PROGRAMS AND PARTNERSHIPS, SIERRA HEALTH FOUNDATION

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help, even from agencies where there is a history of mistrust, such as child welfare and probation. Safe sleep and perinatal support programs are now well attended by residents. And they are not stopping there. With homelessness on the rise in Meadowview, there are plans to create a day center within the Rose Center that provides showers, a kitchen, and a community room so families have somewhere safe to go.

Ultimately, the Rose Center and BCLC are powerful examples of what can happen when the public and private sectors come together around a common goal and provide community members with needed resources, and the power and respect they deserve, to make the important decisions about their neighborhoods. For Meadowview residents, this work is deeply personal — it's about their homes, their neighbors, and their streets. It's about their children and their families. It's about their legacy.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

1 Source: <https://www.sacbee.com/news/local/crime/article239093098.html>

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