

Early Childhood Evaluation Advisory Subcommittee Meeting

February 12, 2018 3:30-5:00 p.m.

First 5 San Mateo County 1700 S. El Camino Real, #405 San Mateo, CA 94402

Committee Members/F5SMC Commissioners: David Canepa, Neel Patel, Louise Rogers

Grantee Representatives: Heather Cleary, Peninsula Family Service; Tracey Fecher, Community Gatepath

Staff: Michelle Blakely, Jenifer Clark

Minutes: Jenifer Clark

AGENDA

	AGENDA									
	Item	Presenter								
1.	Agenda Review & Announcements	Clark								
2.	Elect Committee Chair for Calendar Year 2018	All								
3.	Approval of the August 21, 2017 Early Childhood Evaluation Advisory Subcommittee Meeting Minutes (Attachment 3)	Chair/All								
4.	Discussion: Updated Reporting Requirements for F5 California Annual Report (Attachment 4)	Clark								
5.	Discussion: Revised F5SMC Program Reporting (Attachment 5)	Clark								
6.	Next Steps	Chair/All								
7.	Adjourn	Chair								
	Next Meeting Date(s): April 16th									



FIRST 5 SAN MATEO COUNTY

Early Childhood Evaluation Advisory Subcommittee Meeting Minutes August 21, 2017

Commissioners Present: Pam Frisella, Neel Patel (via phone), Louise Rogers

Commissioners Absent: Michael Garb

Grantee Representatives: Heather Cleary, Tracey Fecher Staff: Michelle Blakely, Jenifer Clark

1. Agenda Review & Announcements

The agenda was approved with no changes.

2. <u>Approval of the June 2017 Early Childhood Evaluation Advisory Subcommittee</u> <u>Minutes</u>

Minutes were approved with no changes.

3. <u>Discussion: Big Data Pilot Project</u>

Big Data Pilot Project: The Gardner Center recently provided a memo outlining the current status of this initiative, which the group reviewed and discussed in detail. Although there has been substantial interest and excitement around the conceptual possibilities for such a datalinkage project, it has been more challenging than anticipated to move beyond the theoretical and begin to implementing the data sharing and linking. Challenges noted by the Gardner Center include the following:

- Constraints and concerns regarding sharing client data: Generally speaking, agencies are legally allowed to share this information for research purposes. However, some agencies were unsure of this or uncomfortable sharing without explicit consent, and others had promised clients that their data would never be shared without consent even though this degree of restriction was not mandated from a legal or regulatory standpoint. In the current political climate, these concerns are even more pressing for these agencies.
- Resource constraints and competing priorities: Implementing a data sharing project like this requires agencies to allocate resources including staff time to meet with researchers and to handle data transfer, legal fees for questions regarding data security and sharing, etc. Many agencies understandably prioritize their work with clients and their internal needs around data management and analysis.
- Lack of a shared network and vision: The research questions and methods for this project were largely determined by the funders. In retrospect, potential data partners would be more likely to take ownership of the project, allocate resources, and prioritize the work if they were able to participate in conversations at both the conceptual and practical level. Allowing data partners to help shape the direction of the research and to provide a forum where the specific issues around legal constraints, client consent,



and the technical aspects of data sharing would foster a sense of community and a shared vision.

- The group discussed these challenges at length, as well as possible ways to move the data-sharing conversation forward. Ideas included:
- Using qualitative methods to examine the existing research questions.
- Initiating a collective impact approach to data sharing and linking, with a task force or steering committee and regular meetings among the relevant agencies. Meetings could include presentations by successful data linkage projects in Santa Clara County and Los Angeles County; information regarding HIPAA, FERPA, and other legal or regulatory issues around data sharing; collaborative development of local research questions focused on child and family outcomes; presentation of local data from the CYSOC project, the Big Lift, or other data-heavy efforts.
- Focusing even more tightly on one or a handful of agencies who are willing to share data that may be able to provide a proof of concept.

There will be ongoing discussion with the Gardner Center, the Evaluation Committee, and the relevant agencies to further flesh out and determine the best way for F5SMC to support a meaningful and actionable conversation on data sharing.

4. <u>Discussion: Strategic Plan Indicators and Outcomes</u>

The group also reviewed and provided feedback on child and family indicator trends from F5SMC data spanning 2009-2015, and the Strategic Plan Indicator Dashboard. This information will be presented to the Commission at its upcoming meeting.

5. Next Steps:

Next Scheduled Meeting: October 16, 2017, from 3:30-5pm, at the F5SMC Offices.



Annual Report Guidelines

Fiscal Year 2017-18

Table 2. Result Areas, Service Categories, Grantee Types, and Program Models

Table 2. Res			
	Improved Family Functioning		
Service Category	Grantee Type	Data to Insert	Program Model*
			211
	County Health & Human Services		HIPPY
	County Office of Education/School District		Benefits enrollment (CalFresh)
General	Family Child Care		Abriendo Puertas
Family Support	Child Care Centers		Triple P 2-3
Support	Higher Education	Even anditura a	FRCs Core Support
	Hospital/Health Plan	Expenditures, Number of	Five Protective Factors
	R & R (COE or Non-Profit)	Persons	Avance
	Other Public	Served	Other
	CBO/Non-Profit		Triple P 4-5
	Research/Consulting Firm		Incredible Years
Intensive Family	Internal		Nurturing Parenting Program
Support			Parents as Teachers
			SafeCare
			Other
Total		Automatically g	enerated
	Improved Child Development	Automatically g	enerated
	Improved Child Development Grantee Type	Automatically g	
Result Area 2: Service	Grantee Type County Health & Human Services County Office of Education/School		
Result Area 2: Service	County Health & Human Services County Office of Education/School District		Program Model* Business Supports CLASS
Result Area 2: Service Category Quality Early	County Health & Human Services County Office of Education/School District Family Child Care		Program Model* Business Supports CLASS CSEFEL
Result Area 2: Service Category Quality Early Learning	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers	Data to Insert	Program Model* Business Supports CLASS CSEFEL DRDP
Result Area 2: Service Category Quality Early	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education		Program Model* Business Supports CLASS CSEFEL DRDP ERS
Result Area 2: Service Category Quality Early Learning	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education Hospital/Health Plan	Expenditures, Number of Persons	Program Model* Business Supports CLASS CSEFEL DRDP ERS Facility Grants
Result Area 2: Service Category Quality Early Learning	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education Hospital/Health Plan R & R (COE or Non-Profit)	Data to Insert Expenditures, Number of	Program Model* Business Supports CLASS CSEFEL DRDP ERS Facility Grants PITC
Result Area 2: Service Category Quality Early Learning	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education Hospital/Health Plan R & R (COE or Non-Profit) Other Public	Expenditures, Number of Persons	Program Model* Business Supports CLASS CSEFEL DRDP ERS Facility Grants PITC Other
Result Area 2: Service Category Quality Early Learning	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education Hospital/Health Plan R & R (COE or Non-Profit) Other Public CBO/Non-Profit	Expenditures, Number of Persons	Business Supports CLASS CSEFEL DRDP ERS Facility Grants PITC Other Summer Programs
Result Area 2: Service Category Quality Early Learning Supports	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education Hospital/Health Plan R & R (COE or Non-Profit) Other Public	Expenditures, Number of Persons	Program Model* Business Supports CLASS CSEFEL DRDP ERS Facility Grants PITC Other
Result Area 2: Service Category Quality Early Learning Supports Early Learning Programs	County Health & Human Services County Office of Education/School District Family Child Care Child Care Centers Higher Education Hospital/Health Plan R & R (COE or Non-Profit) Other Public CBO/Non-Profit Research/Consulting Firm	Expenditures, Number of Persons	Program Model* Business Supports CLASS CSEFEL DRDP ERS Facility Grants PITC Other Summer Programs Playgroups First 5 funded Preschool

^{*}Expenditures and number of persons served are reported at the level of Grantee Type, but the Program Model(s) must be identified by selecting the appropriate checkbox.

Table 2 (continued)

Result Area 3:	Improved Child Health		
Service Category	Grantee Type	Data to Insert	Program Model*
			Nutrition
	County Health & Human Services		Health Access
General Health Education and	County Office of Education/School District		Safe Sleep
Promotion	Family Child Care		Car Safety
	Child Care Centers		Tobacco/Drug
	Higher Education	Expenditures,	Other
Prenatal and	Hospital/Health Plan	Number of	Nurse Family Partnership
Infant Home	R & R (COE or Non-Profit)	Persons Served	Healthy Families America
Visiting	Other Public	00.104	Other
Oral Health	CBO/Non-Profit		
Education and	Research/Consulting Firm		Other
Treatment	Internal		
Early Intervention			Other

Total Automatically generated

Result Area 4:	Improved Systems of Care		
Service Category	Grantee Type	Data to Insert	Program Model*
Delievend	County Health & Human Services		
Policy and Public Advocacy	County Office of Education/School District		Other
Advocacy	Family Child Care		
	Child Care Centers		Baby Friendly Hospitals
D	Higher Education	Expenditures	Fatherhood
Program and Systems	Hospital/Health Plan		Health Systems
Improvement Efforts	R & R (COE or Non-Profit)		Family Strengthening Systems
2110110	Other Public		Place-Based
	CBO/Non-Profit		Talk. Read. Sing.
	Research/Consulting Firm		Trauma-Informed Care/ACES
	Internal		Other
Total		Automatically g	enerated

^{*}Expenditures and number of persons served are reported at the level of Grantee Type, but the Program Model(s) must be identified by selecting the appropriate checkbox.

County Service Narrative and Demographic Worksheet (AR-2) Overview

Purpose

The purpose of the County Demographic Worksheet (AR-2) is to capture demographic information about the populations served by each First 5 commission at the county level.

Demographic Worksheet

To ensure submission of accurate demographic data in the AR-2, provide unduplicated counts of populations served within the county including breakdowns by population category, race/ethnicity, and primary language spoken in the home

County Service Demographic Worksheet (AR-2) Instructions

Information Reported

This section provides instructions on how to complete the AR-2:

- Population Served
- Race/Ethnicity of Population Served
- Primary Language Spoken in the Home
- Duplication Assessment

Demographic Worksheet

The Demographic Worksheet captures unduplicated counts of persons who participated in activities or received services directly from program staff or volunteers at the county level.

To the extent possible, counts of persons served should be unduplicated for AR-2. County commissions should aggregate number of persons served across Results/Services/Grantee Types reported in AR-1 to complete the Demographic Worksheet. Because duplicated counts are allowed in the AR-1, the total number of persons for demographic data reported in the AR-2 should be the same or less than the number of persons reported in the AR-1.

Duplication Assessment

The Duplication Assessment provides context for the counts of persons served in the Demographic Worksheet. Using the rating scale, identify the level of certainty that numbers reported in the Demographic Worksheet are unduplicated. Also, provide an estimate of the degree of duplication of services across all result areas.

Appendix B Result Areas and Service Definitions

Result Area: Improved Family Functioning

General Family Support

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition assistance, and temporary or permanent housing acquisition assistance). General family support may also include referrals to family services such as Family Resource Centers (FRCs) and other community resources. Adult and family literacy and fatherhood programs also should be included here. In general, these programs are designed to provide less intense and shorter term ("lighter touch") support services and classes for families by paraprofessional staff (e.g., FRCs). Operational and support for family support agencies and/or networks should be reported here.

Targeted Intensive Family Support Services

Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based and designed to support at risk parents and families prenatally or with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This also is the category for reporting comprehensive and/or intensive services to special populations (i.e., homeless, teen parents, foster children, special needs). Data for home visiting programs working with children older than one year of age should be entered in this service area.

Result Area: Improved Child Development

Quality Early Learning Supports

Programs designed to enhance early learning programs such as professional development for early educators, or implementation and integration of services. This service category may include First 5 Improve and Maximize Programs so All Children Thrive (F5 IMPACT) and other Quality Rating and Improvement System investments.

This also could include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. Extra supports in early childcare education (ECE) settings for homeless children, Federal Migrant or Tribal Child Care programs and children receiving Alternative Payment (AP) vouchers for childcare should be included here. This is ECE settings work; non-ECE settings will be in family support.

Early Learning Programs

Early learning programs for children 0 - 5 years, which may include preschool programs, kindergarten transition services, and early learning programs for all ages. Early learning programs for primary caregiver and their children together, such as playgroups, primarily focusing on 0 - 3 year-olds are also included here. Programs may include are child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments.

Result Area: Improved Child Health

General Health Education and Promotion

Programs promoting children's healthy development, including nutrition, fitness, access to health/dental/vision insurance and health services. Programs may also focus on increased awareness of information about child safety seats, fire, safe sleep, and drug/alcohol/tobacco education.

Prenatal and Infant Home Visiting

Programs designed to improve the health and well-being of women during and after pregnancy, and the infant by a paraprofessional and/or professional. Programs may provide comprehensive support including parenting education, health information, developmental assessments, providing referrals, and promoting early learning. These are home visiting programs that include prenatal care and generally do not include programs for children older than one year of age.

Oral Health

Programs providing an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This may include provider training and care coordination of services.

Early Intervention

Programs providing screening, assessment, diagnostic services. Programs including early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs should be included here. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in ECE settings should be included here. "Special Needs" refers to those children who are between birth and five years of age and meet the definition of "Special Needs" provided in the General Definitions in Appendix D.

Result Area: Improved Systems of Care

Policy and Public Advocacy

Policy and Public Advocacy includes community awareness, public outreach and education on issues related to children 0 - 5 and their families. This should also include work focused on policy change, work with local and statewide stakeholders, policy development, and related efforts. Town Halls should be reported here.

Program and Systems Improvement Efforts

Program and Systems improvement include efforts to improve the service quality, improving connections between programs, infrastructure support, and professional development. This may also include activities such as business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. These improvement efforts should result in improved outcomes for children ages 0 - 5 years of age. Improvements could be geared toward creating a well-trained workforce with shared professional standards and competencies; creating strong and effective linkages across particular system components; or leveraging funding to sustain the system of care. Database management and other cross-agency systems evaluation support should be reported here.

First 5 San Mateo County Scope of Work Dates: Lead Agency Name/Program Name:

	Program Component #X:																
						# Paren	# Parents/ Caregivers served		# Other Family Members # Children Served			erved # Providers Served				Notes	
	Activities	Timeframe	Responsible	Documentation	Yes/No/NA*	Annual Target	Mid-Year Actual						Year-End Actual			Year-End Actual	Notes
Α																	
В																	
С																	
D																	

"Note: If this activity does not serve clients directly, it is reported as a "Yes/No/NA" item. If you are directly serving clients, please report your target and actual numbers in the appropriate columns, and ignore the "Yes/No/NA" column.

Please enter the UNDUPLICATED number of clients served through this program component.

Captured in Persimmony as: PC #X: Mid-Year PC #X: Year End

Yes/No/NA	# Parents/ Caregivers	# Other Family Members	# Children 0- 2	# Children 3-5	# Children Age Unk	# Providers

First 5 San Mateo County Scope of Work Dates: Lead Agency Name:

	Program Component #6: Systems Change	am Component #6: Systems Change												
			# Pare Caregivers			r Family obers	•		# Pro	viders				
	Activities	Timeframe	Responsible	Documentation	Yes/No	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Notes
Α	Distribute F5 materials to project clients and													
	at community events													
В	Distribute First 5's Kit for New Parents													
С	Participate in F5SMC Learning Circles and													
	other collaborative efforts													
D														
	Document measures to increase efficiencies													
	and reduce duplication within service delivery													
Е	Participate in F5SMC's communications work													
	group; provide input on communication													
	materials & content as appropriate													

Captured in Persimmony as:	Yes/No	# Parents/ Caregivers	# Other Family Members	# Children 0-2	# Children 3-5	# Children Age Unk	# Providers
PC #6A Systems Change: F5 Materials							
PC #6B Systems Change: KNP							
PC #6C Systems Change: Learning Circles & Other Collaborative Meetings							
PC #6D Systems Change: Efficiency & Reduced Duplication							
PC #6E Systems Change: Communications Workgroup							
Please indicate with a YES or a NO that the items on this tab are ongoing or have been achieved.							

First 5 San Mateo County Scope of Work Dates: Partner Agency Name:

	Program Component #6: Systems Cha	inge																	
											# Parer Caregivers		# Other Family Members		-	ldren ved	# Providers		
	Activities	Timeframe	Responsible	Documentation	Yes/No	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Notes					
	Distribute F5 materials to project clients and at community events																		
В	Distribute First 5's Kit for New Parents																		
	Participate in F5SMC Learning Circles and other collaborative efforts			Reported on in detail by Lead A attest below that your agency															
	Document measures to increase efficiencies and reduce duplication within service delivery			these requirements, unders obligation to meet them, and is these activities as requ	tands your implementing														
	Participate in F5SMC's communications work group; provide																		
	input on communication materials & content as appropriate																		

*Note: Whether a particular activity in the standard workplan is required by your agency is dependent on the characteristics of the program and determined in consultation between F5SMC and Lead and Partner agencies during scope of work development. If you are unsure whether your agency is required to implement an activity, please contact your lead agency.

Please indicate with a YES or a NO that the items on this tab are being implemented as required.

Captured in Persimmony as: PC #6: Understanding and Implementing Systems Change Items

Yes/No	# Parents/ Caregivers	# Other Family Members	# Children 0- 2	# Children 3-5	# Children Age Unk	# Providers

First 5 San Mateo County Scope of Work Dates: Partner Agency Name:

	Progam Component	Yes/No/NA		rents/ rs Actuals	# Other Act	Family: uals		ren 0-2: uals	# Child			n Age Unk: uals	# Provider	s: Actuals
			Mid Year	Year End	Mid Year	Year End	Mid Year	Year End	Mid Year	Year End	Mid Year	Year End	Mid Year	Year End
PC #1														
PC #2														
PC #3:														
PC #4														
PC #5:														
PC #6A	PC #6A Systems Change: F5 Materials													
PC #6B														
PC #6C														
PC #6D														
PC #6E														

Please enter the **unduplicated** number of parents/caregivers and children served, broken out by race/ethnicity and language, **for the entire F5SMC-funded program.** This includes clients served through subcontractors.

Race/Ethnicity	# Parents/ (Actu	•	# Children 0-5 Actuals		
	Mid-Year	Year End	Mid-Year	Year End	
Alaska Native or American Indian					
Asian					
Black/African American					
Hispanic/Latino					
Pacific Islander					
White					
Multiracial					
Other					
Unknown					

	# Parents/ (Caregivers	# Children 0-5			
Primary Language	Actu	als	Actuals			
	Mid-Year	Year End	Mid-Year	Year End		
English						
Spanish						
Cantonese						
Mandarine						
Korean						
Vietnamese						
Other						
Unknown						

First 5 San Mateo County Scope of Work Dates: Partner Agency Name:

	Progam Component Yes/No/NA		# Parents/ Caregivers Actuals		# Other Family: Actuals		# Children 0-2: Actuals		# Children 3-5: Actuals		# Children Age Unk: Actuals		# Providers: Actuals	
			Mid Year	Year End	Mid Year	Year End	Mid Year	Year End	Mid Year	Year End	Mid Year	Year End	Mid Year	Year End
PC #1														
PC #2														
PC #3:														
PC #4														
PC #5:														
PC #6	PC #6 Systems Change: Understanding and Implementing Systems Change													