






Strategic Plan 2020-25 Outcomes & Indicators

September 24, 2018 Commission Meeting



Desired Outcomes

*2015-2020
Strategic Plan*




The Commission has decided to maintain these outcomes for the 2020-2025 Strategic Plan

- San Mateo County will give priority to young children and their families
- Communities provide a safe and healthy environment for young children
- Children have access to high-quality early care and education settings
- Families feel connected to and supported by their community and able to nurture their child's health and development
- Children have healthy attachments to their parents and caregivers
- Children have access to and are utilizing appropriate health care services to meet their health and developmental needs

2

Indicators

Population Level: These indicators have community-wide baseline data and are impacted by many efforts and agencies. Although the Commission is unlikely to influence these indicators solely through its own efforts, it monitors them to inform its work.

Participant Level: These indicators will be measured by F5SMC grantees, as applicable, for participants in services, and are intended to provide information about how the Commission's investments are directly impacting children and families.



3



Population Level Indicators



4

Considerations for Updating Indicators



- Changes in investment strategies
- Population-level data not available or not available at appropriate intervals
- Small numbers lead to volatile trend-lines or unstable estimates
- Emerging issues

5

Population-Level: Early Learning

1. Increase in the percentage of children ages 3-5 who are enrolled in preschool prior to Transitional Kindergarten/Kindergarten entry
2. Increase in the available supply of infant and toddler care relative to the need
3. Increase in the number/percent of early learning programs that enroll and maintain children 0-5 with special needs
4. Increase in the percentage of all early learning programs participating in the QRIS



6

Population-Level: Early Learning

- ~~Increase in~~ The percentage of children ages 3-5 who are enrolled in preschool prior to Transitional Kindergarten/Kindergarten entry
- ~~Increase in~~ The available supply of infant and toddler care relative to the need
- ~~Increase in the number/percent of early learning programs that enroll and maintain children 0-5 with special needs~~
- ~~Increase in~~ The percentage of all early learning programs participating in the QRIS



7

Population-Level: Health

1. The percentage of children ages 0-5 exposed to high levels of community violence, who live in neighborhoods that are safe for walking and bicycling, and who have access to fresh, affordable, and healthy food
2. Participation by early learning programs in efforts to improve the nutritional and physical activity offerings for the children they serve
3. Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% of children 0-5 insured)
4. Increase in the number or capacity of dental providers who serve children on public insurance
5. Increase in the number of pediatric health providers who provide access to developmental screening as a part of routine well-child visits

8

Population-Level: Health

1. The percentage of children ages 0-5 exposed to high levels of community violence, who live in neighborhoods that are safe for walking and bicycling and who have access to fresh, affordable, and healthy food
2. ~~Participation by early learning programs in efforts to improve the nutritional and physical activity offerings for the children they serve~~
3. Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% of children 0-5 insured)
4. ~~Increase in~~ The number or capacity of dental providers who serve children on public insurance
5. ~~Increase in~~ The number **or percentage** of pediatric health providers who provide access to developmental screening as a part of routine well-child visits

9

Population-Level: Family Engagement

1. Increase in the percentage of children reunified with their families within 12 months of entering out of home care
2. Decrease in the percentage of children ages 0-5 re-entering the child welfare system
3. Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5
4. Increase in percentage of parents who report feeling connected to a support network



10

Population-Level: Family Engagement

1. ~~Increase in~~ The percentage of children reunified with their families within 12 months of entering out of home care
2. ~~Decrease in~~ The percentage of children ages 0-5 re-entering the child welfare system
3. ~~Increase in~~ The percentage of parents who regularly read, sing, ~~and/or count~~ with their children ages 0-5
4. Increase in percentage of parents who report feeling connected to a support network



11



Participant Level Indicators



12

Participant-Level: Early Learning

1. Increase in the percentage of children ages 3-5 who are enrolled in quality preschool prior to Transitional Kindergarten/Kindergarten entry (data not currently available)
2. Increase in the percentage of early learning programs rated at 3 or above on the QRIS scale
3. Increase in the percentage of families of children with special needs and of infants/toddlers reporting ability to access appropriate early care for their children.



13

Participant-Level: Health

1. Increase in the percentage of children with the appropriate number of well-child visits for their age in the past 12 months, calculated using the Academy of Pediatrics schedule
2. Increase in the percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year
3. Reductions in the percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns



14

Participant-Level: Family Engagement

1. Reductions in the number and/or severity of risk factors reported by parents, such as inadequate food, inadequate housing, depression, domestic violence, and substance abuse
2. Increase in percentage of parents reporting that they are able to access the services their family needs
3. Increase in percentage of parents who report feeling connected to a support network
4. Increase in percentage of parents reporting confidence in their ability to nurture their children and support their development
5. Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5

15



Additional Thoughts or Ideas?



16

Next Steps



- Staff will incorporate today's input and suggestions
- Proposed indicators will be reviewed by F5SMC Evaluation Committee on October 15th
- Commission will vote on indicators along with the rest of the 2020-25 Strategic Plan



Stanford
MEDICINE

Lessons from the “School Readiness” Coaching Appointment: A Cohort Study

Jaime Peterson, MD
First 5 Commission, September 24, 2018



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

Agenda



Stanford
MEDICINE

- Background
- “The School Readiness” Appointment
- Study evaluation
- Current and future SR landscape
- Discussion: Next steps and vision for the future



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

Background



- Children who start kindergarten **“ready”** are more likely to succeed academically
- Low-income, minority children enter kindergarten less **“ready”**
- Low-income, Latino children face **“double jeopardy”** for school readiness

5 Domains of School Readiness



- 1 Physical well-being and motor development
- 2 Social and emotional development
- 3 Approaches toward learning
- 4 Language development (including emergent literacy)
- 5 Cognition and general knowledge (including mathematics and science)

Source: Early Childhood Assessment: Why, What, and How, Committee on Developmental Outcomes and Assessments for Young Children, National Research Council, 2008



Stanford Children's Health | Lucile Packard Children's Hospital
Stanford

In Barnett (2004), Source: Early Childhood Longitudinal Study (1998)

Background: US Latino children at risk



18 million Latino children

28% in poverty

59% 3-4 year olds not in preschool

4.6 million

79% 4th graders read **below** grade level

No comprehensive early childhood system but
most children have a trusted pediatrician

Source Kidscount.org (2015, 2016)

Background: Latino children have **unique** SR needs



- Latina mothers have good prenatal practices and healthy infants
- Enter kindergarten with social skills that rival White peers
- Experience **less oral language** and **pre-literacy activities**
- By 24 months toddlers are **behind in oral language and interactive skills** with their mothers
- Latino parents value school **but feel unprepared** to support their child for school



Fuller (2010); Gurrero (2013); Brown (2013); Peterson (2018)

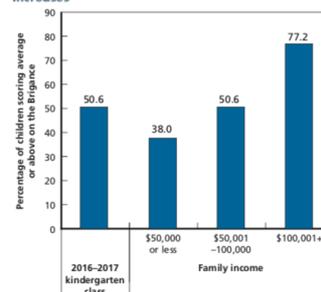
+ Only **half** of children at Fair Oaks and in RWC are **ready for school**



Bracken Scores 2011-2016

	Classification	N
47% are not school ready	Very delayed	5
	Delayed	25
53% ready for school	Average	29
	Advanced	8
	Very Advanced	2

Figure 4. Percentages of Children Scoring Average or Above on the Brigance Increase as Family Income Increases



SOURCES: Cohort 1 kindergarten entry form.
NOTES: The sample size is 1,496 children for the full kindergarten class. For the income categories, we exclude 358 children for whom we do not know family income, and sample sizes for the three categories are 685, 168, and 285, respectively, from lowest to highest income. Average is defined as an overall score of 90 or above.

BRAND 10/17/14



Background:
How can the pediatrician help?



Early literacy

Reach Out and Read®

Parenting support

Parent-child interactions




Stanford Children's Health | Lucile Packard Children's Hospital Stanford

7

Background:
School Readiness Appointments



Pediatric visit → referral →  → 15 min → Child SR Assessment

→ 45 min → Parent intervention

Parent intervention includes:

- Parent Modeling
- Resource Facilitation 
- Tools 

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

8

Objectives

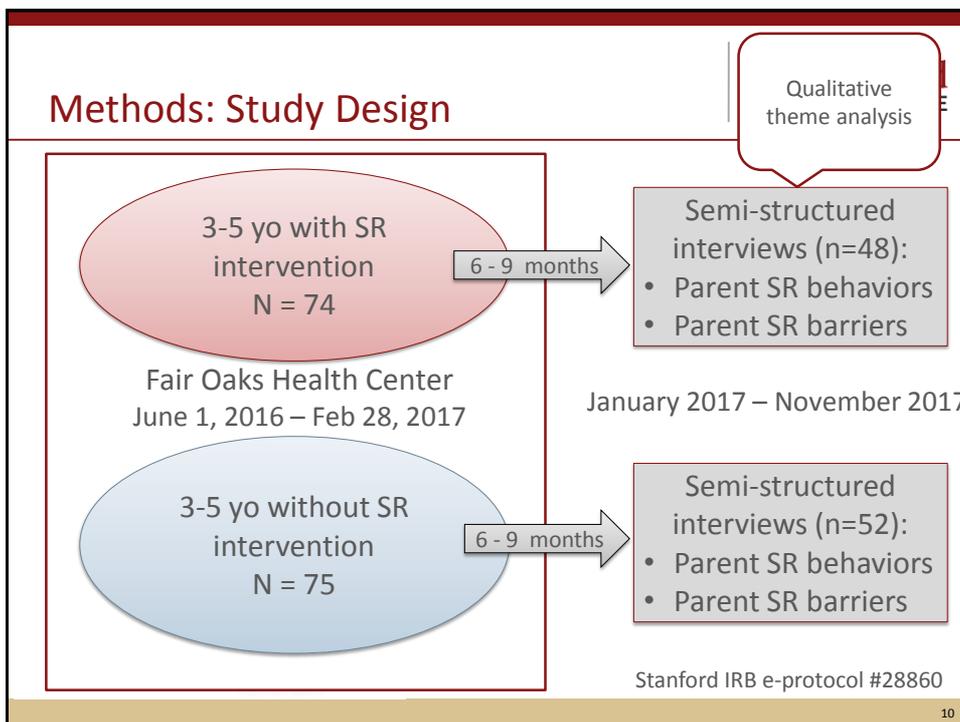


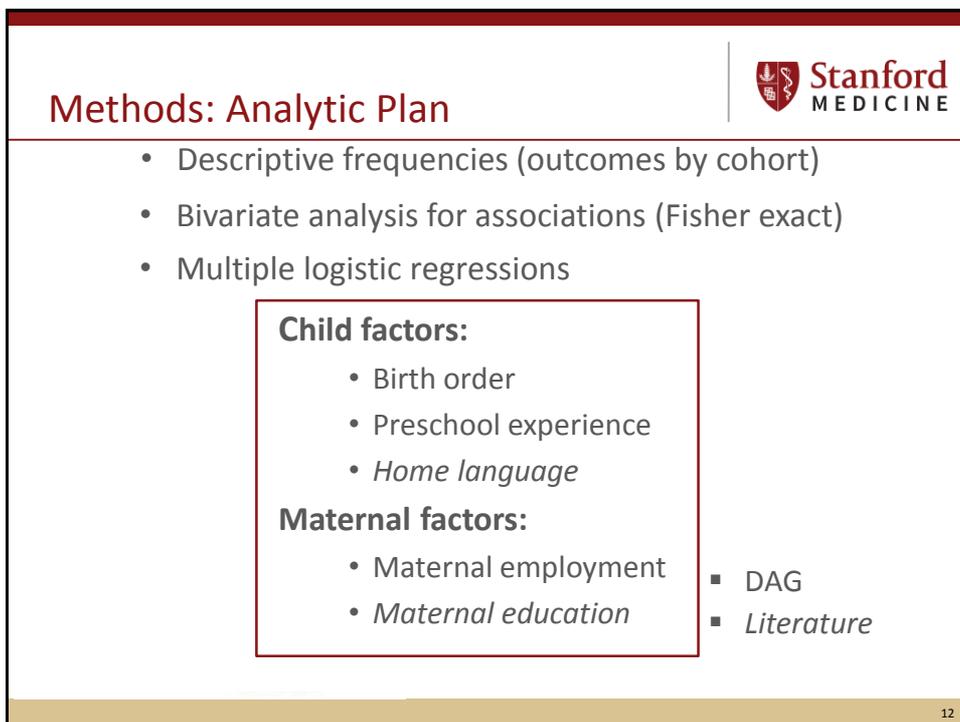
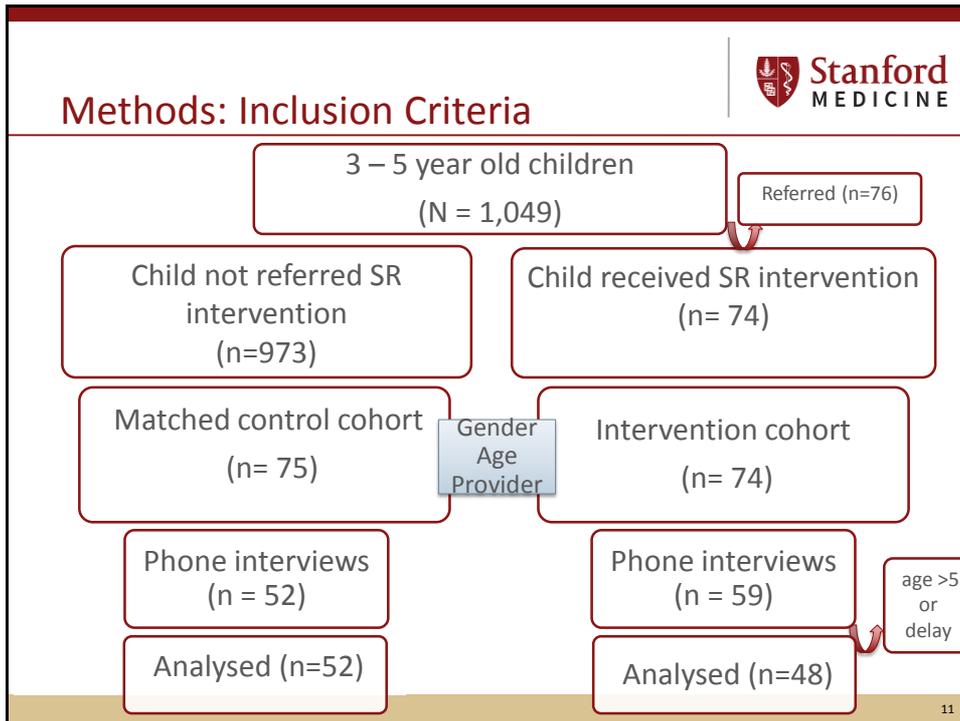
1. Evaluate how parents perceived the SR intervention?
2. Evaluate the impact of the brief clinic-based SR intervention on:
 - parent-reported SR behaviors
 - parent-reported SR barriers



Lucile Packard
Children's Hospital
Stanford

9





Outcomes: Parent-reported SR Behaviors



In the last week did anyone in your family do the following with your child? (Yes/No)

<p>Domain 1: Reading/Literacy</p> <ul style="list-style-type: none"> • Tell your child a story • Read daily • Visit library • Teach letters • Discuss pictures in a book 	<p>Domain 3: Early number sense</p> <ul style="list-style-type: none"> • Practice counting • Compare objects
<p>Domain 2: Language</p> <ul style="list-style-type: none"> • Share songs/music • Talk about shapes or colors 	<p>Domain 4: Parent teaching child</p> <ul style="list-style-type: none"> • Teach colors • Do arts and crafts • Teach a new shape • Help do a puzzle

National Household Education Survey (2012)
13

Outcomes: Parent-reported SR Barriers



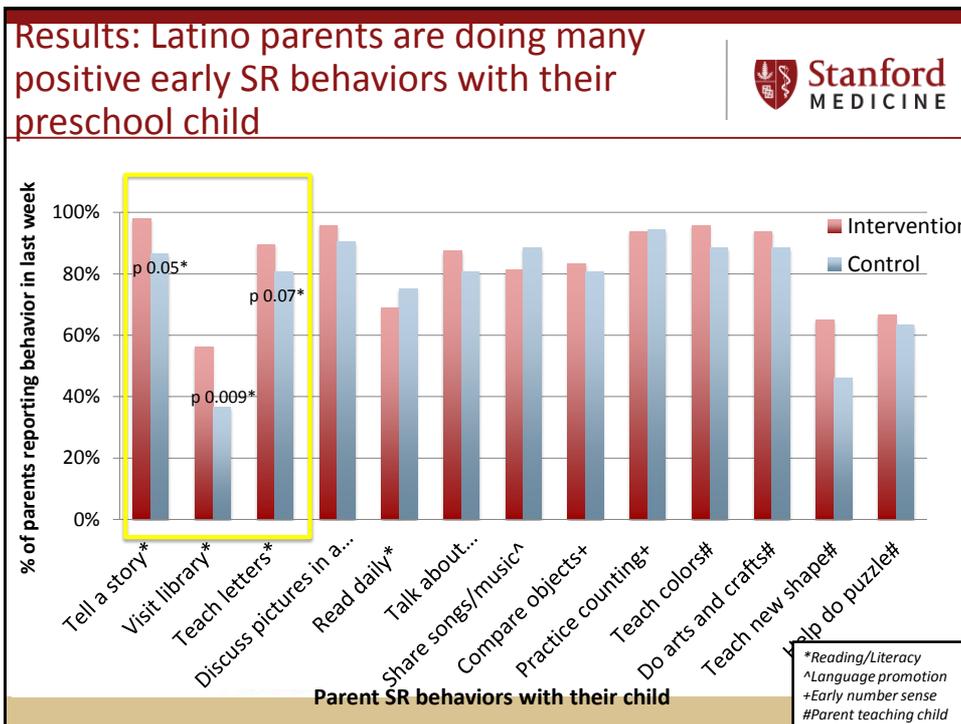
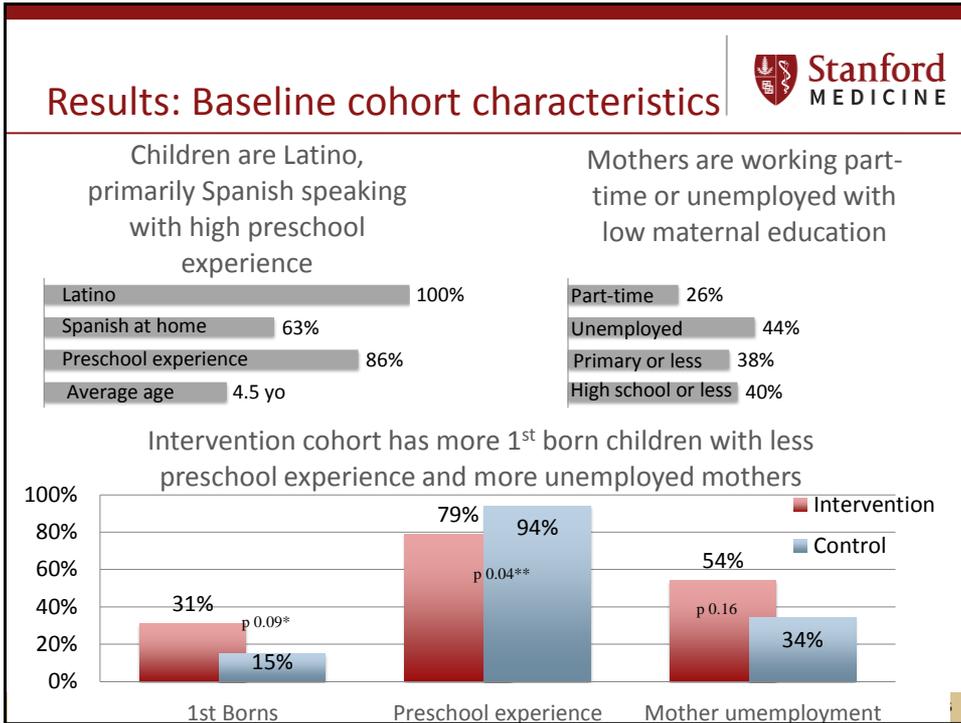
“Parents sometimes face barriers or obstacles when trying to prepare their child for school. Please state if the following statement is true for you.” (Yes/No)

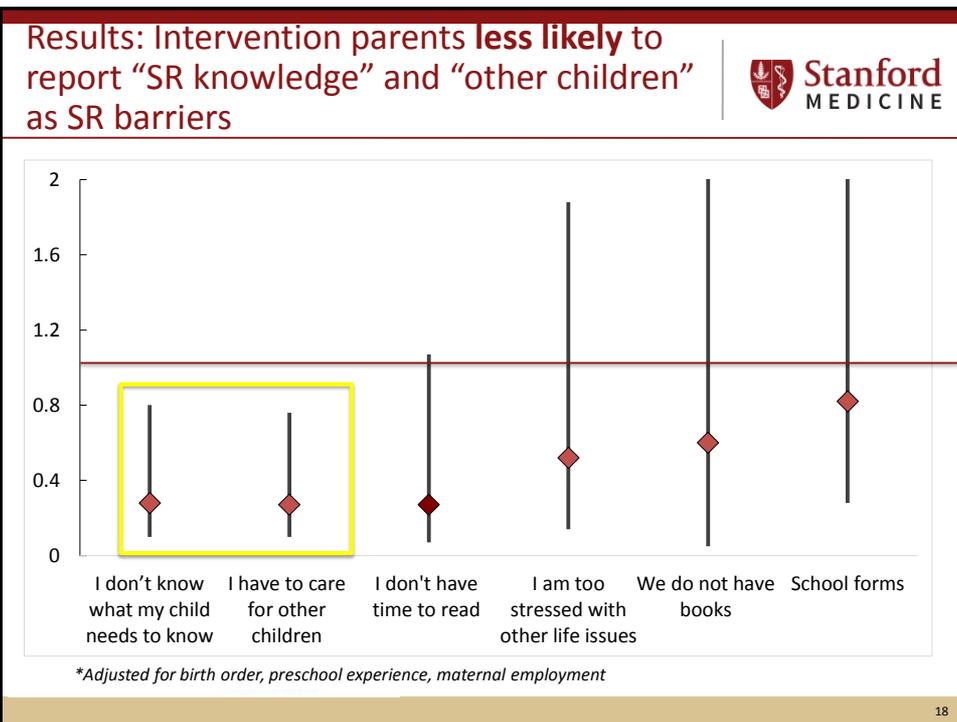
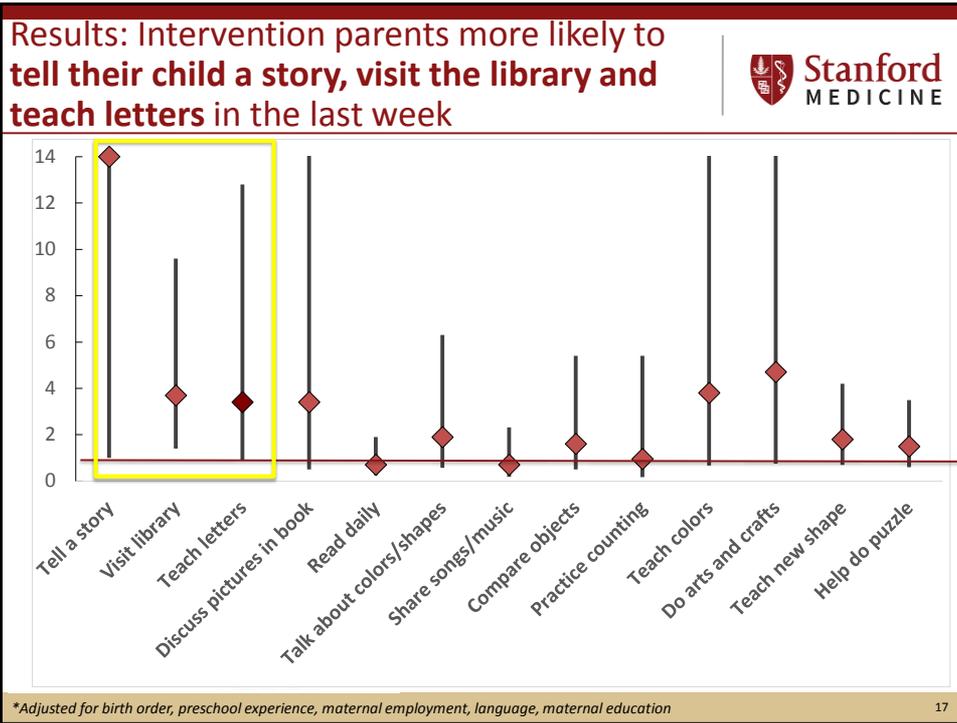
- I don't know what my child needs for kindergarten
- We don't have books
- We don't have time to read
- School forms are difficult to complete
- I am too stressed about other issues
- I have to care for other children



Lucile Packard
Children's Hospital
Stanford

Bright Futures (2017); Fiscella (2009)
14





Results: Parent perspectives



Theme 1:

Parents valued the 1:1 appointment, appreciated the CHW's recommendations and believe all children should receive the appt

"Well, I would like for there to be more people like [CHW name], who helped me, to give advice to mothers about how to help prepare the children because that's useful because a lot of mothers we don't know... it might help to have more people to teach us how to prepare our children."



Lucile Packard
Children's Hospital
Stanford

19

Results: Parent perspectives



Theme 2:

The appointment increased parent SR knowledge and certain self-reported early literacy behaviors

- *"Before [the meeting with CHW] I had no idea what he did know or did not know and what we could be doing to help him prepare for school. After I knew how I can help him practice these things like colors and counting at home and that I need to help him with his reading."*
- *The appt was very useful... because it pointed out the things that my daughter, the areas where she needed to work on, she gave me a list and she gave me helpful advice and she gave me a few activities for my daughter. So I use those tips she gave me and my daughter is doing great in preschool...so I'm really proud of her."*



Lucile Packard
Children's Hospital
Stanford

20

Results: Parent perspectives



Theme 3:
Parents continue to have varied understanding of what it means to be ready for “kindergarten”

Being ready for K means:

“how to use the bathroom on their own”

“to have her hair done”

“to share”

or to “Speak English”



Lucile Packard
Children's Hospital
Stanford

21

Limitations



- Lack of child SR assessment in control cohort
- Ceiling effect
- Generalizability
- Sample size
- Bias:
 - Selection bias
 - Interview bias
 - Interviewer variability
 - Social desirability



Lucile Packard
Children's Hospital
Stanford

22

Conclusions: It works and parents like it!

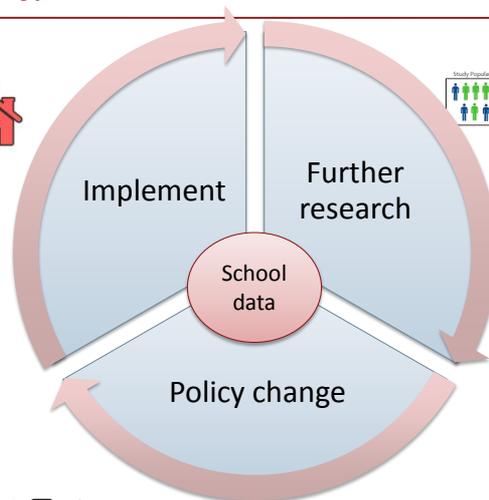


- A brief SR intervention can support the unique SR needs of Latino parents
 - Increased early literacy/reading behaviors
 - Reduced parent SR barriers
- First study to show a strong association between an SR-intervention and parent reported library visits
- Parents found the appt useful and helpful for their child!



23

What's next?

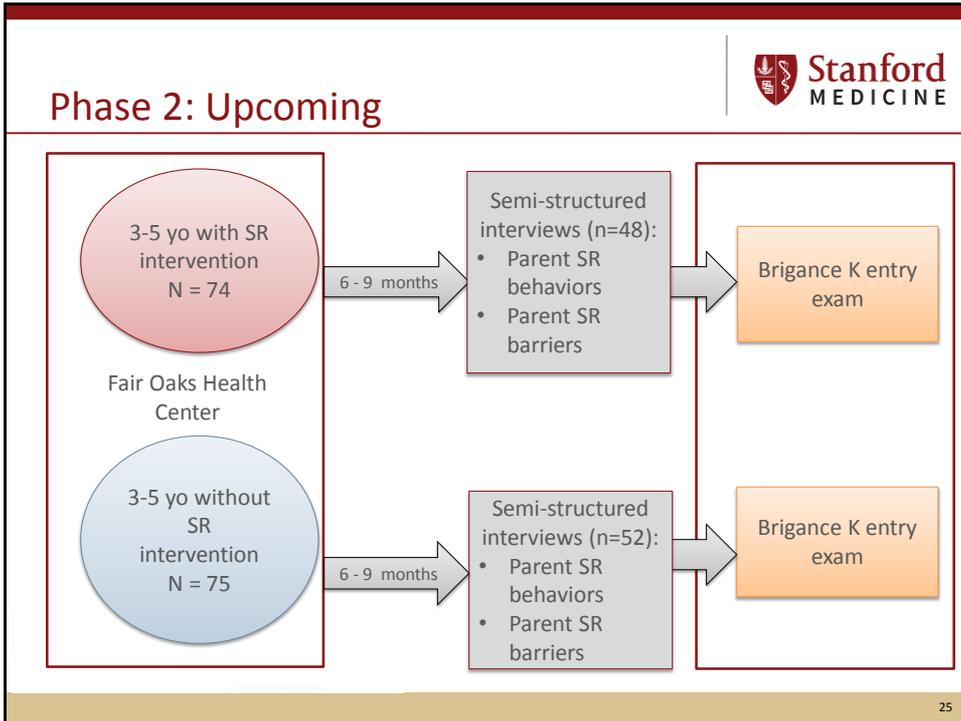


EPSDT is to assure that individual children get the health care they need when they need it – the **right care** to the **right child** at the **right time** and in the **right setting**.



Bright Futures™
prevention and health promotion for infants,
children, adolescents, and their families™

24



Current landscape of SR in the Clinic

- **Parent “coaching” through the clinic**
 - Clinic SR appts
 - Texting (Ready4K) study
- **Early literacy promotion via access to books**
 - Reach out and Read
 - Little Libraries
 - Reading Around the Clock
 - Library card distribution/tracking
- **Early literacy promotion via messaging and modeling**
 - Waiting room murals
 - Talk, Read, Sing

Tips By Text

Little Libraries: Big Brains

Talk, Read, Sing

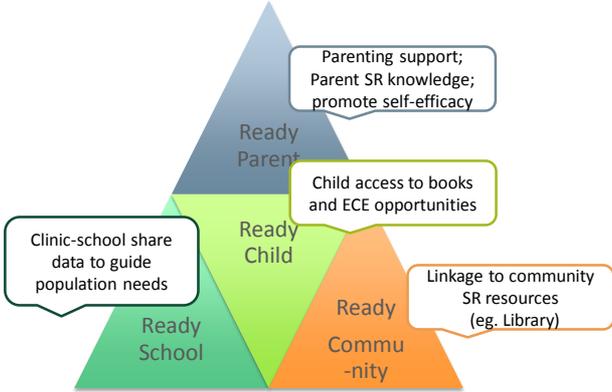
Lucile Packard Children's Hospital
Stanford

26

Future vision: “A School Ready Clinic”



Current practices of care and child health but with a Comprehensive SR Framework embedded into current care model (similar to “Baby-Friendly designation”)





Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

Adapted from UNICEF conceptual framework for school readiness, 2012.

27

Discussion, questions...



- What is First 5's vision for school readiness?
- How can First 5 support/bridge pediatrics and ECE to support a shared vision of SR?
- How can we use local data to drive SR efforts?
- Feedback/comments



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

28

Acknowledgements



Families and Providers of Fair Oaks Health Center

- Jisselle Tercero, CHW and Mila Mora, RN
- Neel Patel, MD, Jeanette Aviles, MD, Blanca Lemus



First 5 San Mateo

- Kitty Lopez, Emily Roberts, and more!



Stanford Research Team

- Paloma Marin, Taylor Butze and Nicole Almanzar



UC Berkeley School of Public Health

- Ndola Prata, MD, MSc, Kim Harley, PhD, Mauren Lahiff, PhD, and Lauren Hunter, MPH



29



Stanford
MEDICINE



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

Methods: Data collection



Pre-intervention characteristics

- Chart review

Semi-structured phone interviews

- Adapted from the National Household Educational Survey (2012)
- Conducted in English or Spanish
- Participants received \$20 gift card
- Data stored in RedCap
- SSI audio-recorded and transcribed



Lucile Packard
Children's Hospital
Stanford

31

Provider Utilization



- “Low utilizers” = 2 or fewer SR referrals
 - Included in control matching
- “High utilizers” = 3 or more SR referrals
 - Excluded from control matching



Lucile Packard
Children's Hospital
Stanford

32

32

+ SR Intervention Cost



- Cost: Extra Help Community Worker II
 - Salary is \$22- 28 (\$42-45,000/year)
- Space:
 - Desk, computer, and work station
 - Quiet room
- Schedule: 6 patients/day (3 AM, 3 PM)
 - 1440 patients/year
- Supervision:
 - Supervised by the Charge Nurse
 - orientation and training as well as ongoing supervision



Stanford
Children's Health

|

Lucile Packard
Children's Hospital
Stanford

33

Parents would like all children to receive the SR Appt



- *"Well, I would like for there to be more people like Jisselle, who helped me, to give advice to mothers about how to help prepare the children because that's useful because a lot of mothers we don't know about a lot of programs, so it might help to have more people to teach us how to prepare our children."*
- *"I would like for them to do the same type of appointment that they did with my son, because I have an older daughter and they never did this with her."*
- *I told [Jisselle] I have a hard time reading but she told me we can still talk about other things in the book and that his older sister who is 11 can help with the actual words and reading. She has been doing that and she likes to help him."*
- *it's good because they notice what the children are learning and what is left, because I had another appointment and my child went in more improved, and he knew all the letters almost.*

34

Improved parents knowledge and increased SR behaviors



- *"Before [the meeting with Jisselle] I had no idea what he did know or did not know and what we could be doing to help him prepare for school. After I knew how I can help him practice these things like colors and counting at home and that I need to help him with his reading."*
- *[Was SR appt helpful?] Yes, very useful... because it pointed out the things that my daughter, the areas where she needed to work on, she gave me a list and she gave me helpful advice and she gave me a few activities for my daughter. So I use those tips she gave me and my daughter is doing great in preschool...so I'm really proud of her."*

Date: September 24, 2018
To: First 5 San Mateo County Commission
From: Kitty Lopez, Executive Director
Re: Approval of Contract to Community Gatepath for Watch Me Grow Clinic-Based Services in an amount not to exceed \$545,000 for services from July 1, 2018 to June 30, 2020

ACTION REQUESTED

Approval of Contract to Community Gatepath for Watch Me Grow Clinic-Based Services in an amount not to exceed \$545,000 for services from July 1, 2018 to June 30, 2020

BACKGROUND

For the past few years, as part of the Watch Me Grow (WMG) Initiative, First 5 San Mateo County (F5SMC) has funded services to support early detection of developmental concerns for children who receive their primary care within the San Mateo Medical Center (SMMC) clinic system. The services include onsite screening, care coordination, and linkages to services for children with concerns provided by Community Gatepath; and a mid-level assessment (rapid developmental evaluation) for children with more specific concerns who would otherwise be referred out to other specialty clinics far from home with long waitlists, provided by Stanford Children's Health. These services have served hundreds of children across the county each year, and have been viewed as a critical support and resource for primary care providers, their patients, and their families.

For over a year, leadership from F5SMC, SMMC, and Gatepath have been meeting regularly to identify a plan to sustain these services beyond June 30, 2018, given the knowledge that F5SMC investments would be reduced at that time. This collaborative partnership has resulted in SMMC agreeing to fund the cost of these services for half of fiscal year 2018-19 and all of 2019-2020. First 5 SMC will continue to provide funding for a half-year worth of services for fiscal year 2018-19 through the already approved Watch Me Grow contract executed in June of 2018.

As part of the negotiated agreement, the monies for the SMMC-funded WMG Clinic-Based Services will be paid to F5SMC, who will serve as the fiscal agent to administer and support the grant to Gatepath (and via Gatepath, a subcontract to Stanford Children's Health to administer Rapid Developmental Evaluation services) as a part of the larger WMG Initiative. An MOU between F5SMC and SMMC is in process of authorization to detail this arrangement.

ISSUES TO CONSIDER

- All parties have agreed to the terms outlined in the contract document and find this arrangement mutually beneficial
- County Counsel has reviewed and approved both MOU/Contract documents
- The MOU between F5SMC and SMMC to secure the funding from SMMC has been forwarded to the SMMC Executive Team for signatures. First 5 SMC will not move forward with executing this contract until the MOU has been fully executed.
- The start date for the contract for which we are seeking approval is July 1, 2018, requiring retroactive approval by the Commission due to delays stemming from the lengthy MOU/contracting process.

Date: September 24, 2018
To: First 5 San Mateo County Commission
From: Kitty Lopez, Executive Director
Re: Approval of Recommendation of the Help Me Grow Centralized Access Point and Family & Community Outreach Component Provider and Authorization for Staff to Negotiate and Approve Contract

ACTION REQUESTED

Approval of Recommendation of the Help Me Grow Centralized Access Point and Family & Community Outreach Component Provider and Authorization for Staff to Negotiate and Approve Contract

BACKGROUND

Help Me Grow Model

Early data indicate that nearly 4,000 children a year with developmental concerns in San Mateo County go unidentified and miss out on critical early intervention services. Help Me Grow San Mateo aims to provide a universal access system for all parents of young children and their providers to access information and resources about early development. This system will help to ensure that all children receive the support they need as early as possible to realize their greatest potential.

Help Me Grow is a nationally recognized model. Over the last 20 years, the Help Me Grow model has been adopted by 25 states across the US and 22 counties in California with a nearly equal number of counties in the planning stages. Given the statewide momentum toward HMG affiliation, San Mateo County has a ripe opportunity to fully implement, expand and coordinate components of the HMG model. The four core components are Child Health Provider Outreach, Family & Community Outreach, Centralized Access Point (Call Center) and Data Collection & Analysis (see attachment 10.1). Since 2016, San Mateo County has been an Affiliate of Help Me Grow California. While elements of most core components currently exist, SMC is still in the early stages of creating a seamless system for the early identification of children with special needs and linking them to developmental services. Additionally, the Help Me Grow model offers opportunities to align with other initiatives at the national, state, and local levels that promote optimal development

As you may recall from the Help Me Grow presentation delivered to the Commission in June 2018, First 5 San Mateo County (F5SMC) staff has focused on securing additional revenue streams to help fund the Help Me Grow San Mateo effort over the past year and has made strides to build the structure and leadership to help ensure a successful launch of this initiative. With funding in place for the initial launch timeframe, F5SMC staff have prioritized securing a provider for both the Centralized Access Point and Family & Community Outreach components, then identifying a provider for the Child Health Provider Outreach component shortly thereafter.

Procurement Process

On July 2, 2018, First 5 SMC released a Request for Qualifications for the Help Me Grow Centralized Access Point and Family & Community Outreach Component Provider for an amount not to exceed \$438,000 for a 21-month term beginning in October of 2018. We received three non-binding letters of intent by the deadline and two full proposals were submitted by the August

30th due date. A review panel comprised of five multidisciplinary stakeholders and Help Me Grow experts from within San Mateo County and the Bay Area region met on September 13th to provide feedback on the proposals and unanimously approved moving forward with the following recommendation.

Updates on this project and the Help Me Grow process were discussed at the Program, Operations, and Planning Committee meeting on September 10, 2018.

Recommendation

The Review Panel, with the support of the First 5 SMC Help Me Grow staff and consultant, recommends funding the proposal submitted by Community Gatepath for funding in the amount of \$438,000 with a term of October 8, 2018 through June 30, 2020.

Strengths of the proposal identified by the review panel include:

- Deep experience and expertise of the agency in providing services supporting early identification of developmental concerns for children and care coordination for families
- Detailed description and thoughtful proposal of project implementation
- Geographic reach of the agency and satellite resource hubs in key communities
- Commitment to employing staff who reflect the culture, geographic, and linguistic diversity of San Mateo County
- Extensive knowledge of the Help Me Grow model

SCOPE OF WORK AND BUDGET

The proposal submitted by Gatepath includes the following:

Year	SOW Highlights	Approx. Budget \$\$
Oct 2018 – June 2019	<ul style="list-style-type: none"> • 3 month planning term • Protocol development/ training • Expand staffing • Develop outreach materials/ conduct outreach • Build/ enhance resource database • Pilot rollout of Centralized Access Point (CAP) 	\$182,310
July 2019 – June 2020	<ul style="list-style-type: none"> • Expanded outreach to new target communities • Increase service delivery via CAP • Facilitation of provider meetings • Continuous updates of resource database • Continuous quality improvement of CAP 	\$255,690

FISCAL IMPACT

- The \$438,000 allocated for this project is aligned with the 2018-2020 Strategic Plan Implementation Plan allocation for Help Me Grow.
- The funding for this project for the 21-month term is braided with additional funding already secured from David and Lucile Packard Foundation and Peninsula Health Care District.

ACTION

Approval of Recommendation of the Help Me Grow Centralized Access Point and Family & Community Outreach Component Provider and Authorization for Staff to Negotiate and Approve Contract

- The matching funding from F5SMC for FY 2018-19 for WMG services in the clinics has already been approved and executed as part of the larger Watch Me Grow contract as of June 2018

FISCAL IMPACT

- No fiscal impact to F5SMC. The total amount of \$545,000 in funding for this contract is committed to F5SMC from San Mateo Medical Center through an MOU.
- F5SMC is providing in-kind support as the fiscal intermediary and grant manager for this contract per the F5SMC-SMMC MOU

ACTION

Approval of Contract to Community Gatepath for Watch Me Grow Clinic-Based Services in an amount not to exceed \$545,000 for services from July 1, 2018 to June 30, 2020