



Early Childhood Evaluation Advisory Subcommittee Meeting

October 19, 2020
3:30-4:30 p.m.

Join Zoom Meeting
Online:

<https://smcgov.zoom.us/j/94192456935?pwd=dTN5aFh1K25hNXIMbGhtKzNhblQrZz09>

Phone:
+1 669 900 6833

Meeting ID: 941 9245 6935
Passcode: 391342

Committee Members/F5SMC Commissioners: David Canepa, Neel Patel, Louise Rogers
Grantee Representatives: Heather Cleary, Peninsula Family Service; Carol Elliott, AbilityPath
Staff: Kitty Lopez, Michelle Blakely, Jenifer Clark
Minutes: Jenifer Clark

AGENDA

	Item	Presenter
1.	Agenda Review & Announcements	Clark/All
2.	Discussion: F5SMC Annual Report to First 5 California (Attachments 2A, 2B)	Clark/All
3.	Updates: Ongoing Research & Evaluation Activities <ul style="list-style-type: none"> Qualitative Study on Access to Child Care for Children with Special Needs and Challenging Behaviors (Attachments 3A, 3B) WGM Roundtable Network Analysis Evaluation Planning for Current Contract Cycle 	Clark
4.	Next Steps	Rogers/All
5.	Adjourn	Rogers
Next Meeting Date(s): <i>TBD in 2021</i>		



Annual Report AR-1
San Mateo Revenue and Expenditure Summary
July 1, 2019 - June 30, 2020

Revenue Detail

Category	Amount
Tobacco Tax Funds	\$5,757,943
First 5 Impact Funds	\$597,654
Small Population County Augmentation Funds	\$0
DLL Pilot Funds	\$0
Other First 5 California Funds	\$35,874
Other First 5 California Funds Description IMPACT Hub grant	
Other Public Funds	\$634,231
Other Public Funds Description Watch Me Grow Clinic-Based Services grant at \$353,158 from SMC Health System. MHSA Prop 63 funds at \$115,296. Build Up for Kids Early Learning Facilities grant from HSA for \$130,000. Help Me Grow Call Center Grant at \$35,000 from Peninsula Healthcare District. San Mateo County Wellness grant at \$777.	
Donations	\$0
Revenue From Interest Earned	\$217,224
Grants	\$232,615
Grants Description Help Me Grow grant at \$178,615 from Packard Foundation. Build-Up for Kids grant from Gilead at \$50,000. F5 Association Census Mini-grant at \$4,000.	
Other Funds	\$15,468
Other Funds Miscellaneous	
Total Revenue	\$7,491,009

Improved Family Functioning

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
General Family Support	First 5 County Commission	<ul style="list-style-type: none"> Not Applicable 	0	1494	0	\$8,599
General Family Support	CBO/Non-Profit	<ul style="list-style-type: none"> Not Applicable 	0	173	44	\$28,458
General Family Support	County Office of Education/School District	<ul style="list-style-type: none"> Not Applicable 	0	0	293	\$204,072
Intensive Family Support	CBO/Non-Profit	<ul style="list-style-type: none"> Not Applicable 	399	451	9	\$989,684
Intensive Family Support	CBO/Non-Profit	<ul style="list-style-type: none"> Not Applicable 	10	20	0	\$53,227
Intensive Family Support	CBO/Non-Profit	<ul style="list-style-type: none"> Not Applicable 	103	183	16	\$193,208
Intensive Family Support	CBO/Non-Profit	<ul style="list-style-type: none"> Not Applicable 	105	131	0	\$224,200
					Total	\$1,701,448

Improved Child Development

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Quality Early Learning Supports	Higher Education	<ul style="list-style-type: none"> Quality Counts California 	0	0	1125	\$48,360
Quality Early Learning Supports	Resource and Referral Agency (COE or Non-Profit)	<ul style="list-style-type: none"> Quality Counts California 	18	146	187	\$200,182
Quality Early Learning Supports	CBO/Non-Profit	<ul style="list-style-type: none"> Quality Counts California 	504	46	117	\$215,480
Quality Early Learning Supports	County Office of Education/School District	<ul style="list-style-type: none"> Quality Counts California 	0	36	431	\$1,360,727
					Total	\$1,824,749

Improved Child Health

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Oral Health Education and Treatment	CBO/Non-Profit	<ul style="list-style-type: none"> • Not Applicable 	762	762	0	\$245,900
Early Intervention	Resource and Referral Agency (COE or Non-Profit)	<ul style="list-style-type: none"> • Care Coordination • Mild-to-Moderate Supports 	37	3	0	\$10,664
Early Intervention	Hospital/Health Plan	<ul style="list-style-type: none"> • Care Coordination • Mild-to-Moderate Supports 	197	182	53	\$312,730
Early Intervention	CBO/Non-Profit	<ul style="list-style-type: none"> • Care Coordination • Mild-to-Moderate Supports 	1146	1373	875	\$1,028,616
Total						\$1,597,910

Improved Systems Of Care

Service	Grantee	Program(s)	Amount
Policy and Public Advocacy	Higher Education	<ul style="list-style-type: none"> • Early Learning 	\$11,315
Policy and Public Advocacy	Research/Consulting Firm	<ul style="list-style-type: none"> • Child Health • Early Learning • Resilient Families and Communities 	\$163,779
Policy and Public Advocacy	Other Private/For Profit	<ul style="list-style-type: none"> • Early Learning • Resilient Families and Communities 	\$51,444
Policy and Public Advocacy	First 5 County Commission	<ul style="list-style-type: none"> • Child Health • Early Learning • Resilient Families and Communities • Revenue 	\$178,109
Programs and Systems Improvement Efforts	Research/Consulting Firm	<ul style="list-style-type: none"> • Trauma-Informed Care/ACES 	\$23,765
Programs and Systems Improvement Efforts	County Office of Education/School District	<ul style="list-style-type: none"> • Not Applicable 	\$31,195
Programs and Systems Improvement Efforts	Hospital/Health Plan	<ul style="list-style-type: none"> • Early Identification and Intervention 	\$55,341
Programs and Systems Improvement Efforts	Research/Consulting Firm	<ul style="list-style-type: none"> • Early Identification and Intervention • Not Applicable 	\$145,043
Programs and Systems Improvement Efforts	Other Private/For Profit	<ul style="list-style-type: none"> • Early Identification and Intervention • Health Systems • Not Applicable 	\$117,615
Programs and Systems Improvement Efforts	First 5 County Commission	<ul style="list-style-type: none"> • Early Identification and Intervention • Family Strengthening Systems • Health Systems • Place-Based • Trauma-Informed Care/ACES 	\$383,363
Total			\$1,160,969

Expenditure Details

Category	Amount
Program Expenditures	\$6,285,076
Administrative Expenditures	\$845,177
Evaluation Expenditures	\$263,253
Total Expenditures	\$7,393,506
Excess (Deficiency) Of Revenues Over (Under) Expenses	\$97,503

Other Financing Details

Category	Amount
Sale(s) of Capital Assets	\$0
Other	\$0
Total Other Financing Sources	\$0

Net Change in Fund Balance

Category	Amount
Fund Balance - Beginning	\$11,754,525
Fund Balance - Ending	\$11,852,028
Net Change In Fund Balance	\$97,503

Fiscal Year Fund Balance

Category	Amount
Nonspendable	\$0
Restricted	\$0
Committed	\$909,323
Assigned	\$10,942,705
Unassigned	\$0
Total Fund Balance	\$11,852,028

Expenditure Note

No data entered for this section as of 10/15/2020 12:12:21 PM.

Small Population County Funding Augmentation Expenditure Detail

Category	Amount	Comment
Administration	\$0	
Evidence Based Programs	\$0	
Evidence Informed Programs	\$0	
Funded Programs	\$0	
Professional Development, Training and Technical Assistance	\$0	
Evaluation	\$0	
Other (Please Explain)	\$0	
Total	\$0	
If unspent funds occurred during the FY, please list amount and provide explanation.	\$0	



Annual Report AR-2
San Mateo Demographic Worksheet
July 1, 2019 - June 30, 2020

Population Served

Category	Number
Children – Ages Unknown (birth to 6th Birthday)	1,526
Children Less than 3 Years Old	545
Children from 3rd to 6th Birthday	1,211
Primary Caregivers	3,429
Providers	3,150
Total Population Served	9,861

Primary Languages Spoken in the Home

Category	Number of Children	Number of Primary Caregivers
Vietnamese	2	0
Other - Specify with text box Tagalog	7	0
Korean	1	0
Other - Specify with text box Bilingual: English-Spanish	81	90
Cantonese	27	27
English	1,137	776
Spanish	1,438	744
Mandarin	57	59
Other - Specify with text box	96	36
Unknown	436	1,697
Totals	3,282	3,429

Race/Ethnicity of Population Served

Category	Number of Children	Number of Primary Caregivers
Alaska Native/American Indian	6	2
Black/African-American	53	23
Native Hawaiian or Other Pacific Islander	55	27
Asian	228	169
Hispanic/Latino	1,717	896
White	477	379
Two or more races	160	80
Other – Specify with text box	115	49
Unknown	471	1,804
Totals	3,282	3,429

Duplication Assessment

Category	Data
Degree of Duplication	5%
Confidence in Data	Somewhat confident
Additional Details (Optional)	<p>I did not include our Kit for New Parents numbers in the AR2, as there is no way to verify whether families who received a Kit also received other services. In programs where clients went through an intake and triage process that resulted in different services or service intensities, I used numbers from intake/triage or the least intensive service level and did not include data reported for intensively-served clients. Past formal duplication assessments have found rates from 2-11%</p>

Qualitative Study on Access to Child Care for Children with Special Health or Behavioral Needs: Family Case Studies

Parent/Guardian Interview Protocol

We are working with First 5 San Mateo County and the San Mateo County Office of Education. We are doing a study to learn more about what it is like for families to find and participate in child care for children with special health or behavioral needs. As part of this study we are interviewing families, early learning providers, and other types of providers such as mental health practitioners, referral specialists, or care coordinators.

I am going to describe the study and what participation looks like. I will also send you a copy of this information, so you have it all in writing to refer to in the future.

You are being asked to complete an interview. This interview will help F5SMC learn about the experiences of families as they look for child care or preschool that will help those children reach their potential.

- The interview will last approximately two hours.
- The interview will be recorded.
- This interview asks for your name, the name and age of your child, the names of child care or preschool programs that your child has attended, and the names of teachers and other service providers who have worked with your child and family.
- The interview asks about any special health or behavioral needs your child may have, and asks you to share your experiences about how these needs may have affected your family's ability to find high-quality child care for him/her.

Participation in the interview is voluntary.

- You can skip any question you do not want to answer.
- If you do not complete this interview, it will not affect the services that anyone in your family receives or is eligible to receive.
- You can always change your mind about having your information included in materials and reports based on this study. To do this, you can send a request to First 5 San Mateo County. I will also send you their contact information with the other information I will send about this study.

There are no known risks to completing this interview. Your answers might help to improve the resources available for children with special health and behavioral needs in San Mateo County. First 5 San Mateo County will use the results of this study to fight for changes that will make it easier for kids to get into and stay in child care and preschool. They will use the results to talk to

policymakers and other organizations to get more attention to fixing the challenges families are facing.

You will receive a gift card worth \$100 as a token of appreciation for your participation. I will send this to you by email. You will need to complete and return a form that confirms you received the gift card.

By agreeing to participate, you grant to First 5 San Mateo County and its representatives the right to use you name, likeness, image, voice, appearance, and/or personal narrative embodied in any recordings taken by or made on behalf of First 5 San Mateo County or otherwise provided by you. You agree that First 5 San Mateo County may use such material without restriction and without your prior inspection or approval. Such uses include but are not limited to research reports, research presentations, social media postings, announcements, news releases, websites, and promotional or informational materials in any medium. You acknowledge that you will not receive any compensation for the use of such images, recordings, likenesses, or narratives, beyond what you will receive as a token of appreciation for participating in this interview.

By saying that you agree to participate, you are agreeing that you are at least 18 years of age and that you fully understand all of the information about the study that I just provided. You are a parent or guardian of minor children, and you agree that they are covered by this consent and release.

Do you have any questions?

Do you agree to participate in the study and release your information?

Great. Let's get started. I'll start recording now.

1. Tell us a little bit about your family. [Prompts if necessary]:
 - a. Who lives with you in your household?
 - b. How many children do you have? How old are they?
 - c. Is anyone in your household working outside the home right now? Is anyone working from home?
 - d. How has the COVID 19 pandemic affected your family?
2. Now, tell us a little bit about your child, [name]. [Prompts]:
 - a. What is something that you really enjoy about being [his/her] parent?
 - b. What is [his/her/their] favorite food/storybook/game to play?
 - c. How has [he/she/they] handled any changes that have happened due to the COVID 19 pandemic?
3. We are interested in hearing about your family's experiences looking for a child care or preschool program for [child] and making sure that the program was the right place for him/her. Have you ever tried to enroll [name] in a child care or preschool program?

- a. *[If no - Note to interviewers—Due to the sample we are working with, it is unlikely that respondent will say “no” to this]:* Why not?
 - b. *[If yes]:* Proceed to question 4.
4. Please tell me a little bit about what it was like when you first started looking for child care/preschool for [child]. [Prompts if necessary]:
 - a. How old was [child] when you first started looking for care?
 - b. What kind of program were you looking for (e.g. family child care home, center-based, full-day, part-day)
 - c. Why were you looking for child care/preschool for [child] (for example, so that you could work, to help him/her get ready for kindergarten, or so that he/she could spend time with other kids around his/her own age)?
 - d. Was anyone helping you look for child care programs, such as a child care referral specialist or some other service provider?
 - i. *[If no]:* Proceed to question 5.
 - ii. *[If yes]:* Tell me a little bit more about the other providers who worked with [child] during this time. Who helped you out? [Prompts]:
 1. You mentioned [list providers]. Was there anyone else helping you look for child care/preschool programs?
 2. Did these providers work with child directly? With you or other family members? With the teacher/provider?
 3. Were they helpful?
 - a. *[If yes]:* How did they help?
 - b. *[if no]:* Why not?
 4. How did you feel about the way they interacted with you, your child, the teacher/program?
5. Did you find a spot for [child] in a child care/preschool program?
 - a. *[If no]:*
 - i. What do you think is the main reason you didn't find a spot?
 - ii. What other reasons do you think you didn't find a spot?
 - iii. What things helped you as you were looking to find a spot?
 - iv. What things made it more difficult?
 - v. Were there any programs that said they couldn't take [child]?
 1. [If no]: Proceed to question 6-a-vi.
 2. [If yes]: What reasons did they give?
 - vi. What alternative child care arrangement did you make for [child]?
 - vii. Proceed to question 8.
 - b. *[If yes]:*
 - i. What things helped you as you were looking to find a spot?
 - ii. What things made it more difficult?
 - iii. Were there any programs that said they couldn't take [child], as you were looking?

1. [If no]: Proceed to question 7.
 2. [If yes]: What reasons did they give?
6. *[If child enrolled with at least 1 child care/preschool provider]:* Please tell me more about the first child care/preschool program where [child] enrolled. *[When cycling back to this question for additional programs]:* Please tell me more about the next child care/preschool program where [child] enrolled.
- a. What is the name of the program? What type of program is it?
 - b. When did [child] start going for the first time?
 - c. What is/was his/her/their schedule (days of the week, hours per day)?
 - d. How did the program/teacher support your child and family during the transition into the program?
 - e. Once [child] was in the program, what sorts of things did the teacher/provider/program do that helped [him/her/them] do well? [Prompts if necessary]
 - i. For example, talk with you or other family members about how to support [child], or work with other professionals such as occupational therapists, speech therapists, or psychologists who could help meet [child's] needs?
 - f. Did the childcare/preschool provider ever have a hard time meeting [child's] needs?
 - i. [If no—provider never had a hard time]: Proceed to question 8.
 - ii. [if yes—provider had a hard time]: Tell me more about that. How did you know that [child] was struggling?
 1. Did you talk with the teacher or other staff at the program about what was going on?
 2. When your child was struggling, what sorts of things did the teacher/provider/program do to try to help? [Prompts if necessary]
 - a. For example, talk with you or other family members about how to support [child], or work with other professionals such as occupational therapists, speech therapists, or psychologists who could help meet [child's] needs? How did those things work?
 - g. *[If respondent mentions other types of providers working with the child in the child care/preschool program]:* Tell me a little bit more about the other providers who worked with [child] during this time. You mentioned [list providers]. Is that right?
 - i. Were there any others?
 - ii. Did these providers work with child directly? With you or other family members? With the teacher/provider?
 - iii. Were they helpful?
 1. [If yes]: How did they help?
 2. [If no]: Why not?
 - iv. Did you feel like you understood what they were doing to help your child do well in the program?
 - v. How did you feel about the way they interacted with you, your child, the teacher/program?

- h. Did the provider/program ever ask to change how much time your child spent at the program?
 - i. [If no]: Proceed to question 7-f.
 - ii. [If yes]:
 - 1. What changes did they ask for? Changes to the hours per day? Or days per week?
 - 2. How did these changes affect your child?
 - 3. How did they affect your family?
- i. Did the provider/program ever change what class he/she/they was in?
 - i. [If no]: Proceed to question 7-g.
 - ii. [If yes]:
 - 1. How did these changes affect your child?
 - 2. How did they affect your family?
- j. Did the program ever call you to pick your child up early because of his/her behavior?
 - i. [If no]: Proceed to question 7-h.
 - ii. [If yes]: Tell me more about what happened.
- k. Did they ever tell you not to bring your child in for one or more days because they were concerned about how he or she was behaving?
 - i. [If no]: Proceed to question 7-i.
 - ii. [If yes]: Tell me more about what happened.
- l. Is your child still enrolled at this child care/preschool program?
 - i. [If no]: Why not? What is the reason your child is no longer enrolled there?
 - 1. *[If child had to leave because he/she/they was having a hard time]:* Tell me more about that. [Prompts if necessary]:
 - a. When did he/she stop going there?
 - b. What led up the decision to leave?
 - c. Who decided that [child] needed to leave the program (e.g. teacher, administrator, family member)?
 - d. How did the program and your family communicate about this decision?
 - e. How did leaving affect [child]?
 - f. After leaving that program, did you look for another preschool/child care for [child] to attend?
 - i. *[If no]:* Why not?
 - ii. *[If yes]:* Tell me more about that. [Prompts if necessary]:
 - 1. Did anyone help you look for a new program for [name]?
 - 2. How easy or difficult was it to find a new space?
 - 3. Were there any programs that said they couldn't take [child]? If so, what reasons did they give?

4. Were you able to find another child care/preschool arrangement for [child]?
 - a. *[If yes]*: Repeat question 6. Repeat this question loop until we have the full history of the family's experience with child care.
2. *[If child is no longer enrolled for any other reason]*:
 - a. When did he/she stop going there?
 - b. After leaving that program, did you look for another preschool/child care for [child] to attend?
 - i. *[If no]*: Why not?
 1. *[If yes]*: Tell me more about that. [Prompts if necessary]:
 2. Did anyone help you look for a new program for [name]?
 3. How easy or difficult was it to find a new space?
 4. Were there any programs that said they couldn't take [child]? If so, what reasons did they give?
 5. Were you able to find another child care/preschool arrangement for [child]?
 - a. *[If no]*: What did you do instead?
 - b. *[If yes]*: Repeat question 6. Repeat this question loop until we have the full history of the family's experience with child care.
 - ii. *[If yes]*: Proceed to question 7.
 7. Has your experience trying to find a good child care/preschool arrangement for [child] affected any other parts of your life? [Prompts if necessary]
 - a. For example, impacting your work/school schedule, causing financial issues, increasing stress or anxiety, impacting your relationship with others family members, including any other children?
 8. Is there anything else you would like to add?

In addition to the questions that you've answered today, I'd like to interview some of the providers and professionals that you've talked about. Is it okay with you for me to reach out and invite them to do an interview?

[If yes] Let's go through the providers. Can you give me each of their names and contact information?

You mentioned ___ other professionals that you worked with. Can you give me their names and contact information?

[If no] Not a problem at all.

Thank you very much for your time. I will be emailing you soon with several things after we get off the phone. I'll send a copy of the information about that study that I started out describing. I will email you your gift card and a form for you to complete to confirm that you received the gift card. Please make sure to check your email and return the form as soon as you can. *(get email address if we don't have it)*

Qualitative Study on Access to Child Care for Children with Special Health or Behavioral Needs: Family Case Studies

ECMH Consultant, Inclusion Specialist, Quality Improvement Coach, or General Referral Specialist Interview Protocol

We are working with First 5 San Mateo County and the San Mateo County Office of Education. We are doing a study to learn more about what it is like for families to find and participate in child care for children with special health or behavioral needs. As part of this study we are interviewing families, early learning providers, and other types of providers such as mental health practitioners, referral specialists, or care coordinators.

I am going to describe the study and what participation looks like. I will also send you a copy of this information, so you have it all in writing to refer to in the future.

You are being asked to complete an interview. Your name and contact information were provided to us by _____. [He/She/They] thought that you might be willing to share your experience working with [child name]. [Child's] family has provided consent, allowing us to talk about this with you.

This interview will help F5SMC learn about the experiences of service providers who work to support families and children with special health or behavioral needs.

- The interview will last approximately one hour.
- The interview will be recorded.
- This interview asks for your name, the name of your workplace, and the type of work you do with young children and their families.
- The interview focuses on your experience working with the specific child and family. The child's parent(s) have signed a release authorizing F5SMC and its representatives to interview you about my work with them and/or their child.

Participation in the interview is voluntary.

- You can skip any question you do not want to answer.
- If you do not complete this interview, it will not affect your employment or your work with children, families, or other providers.
- You can always change your mind about having your information included in materials and reports based on this study. To do this, you can send a request to First 5 San Mateo County. I will also send you their contact information with the other information I will send about this study.

There are no known risks to completing this interview. Your answers might help to improve F5SMC activities for service providers in San Mateo County. First 5 San Mateo County will use

the results of this study to fight for changes that will make it easier for kids to get into and stay in child care and preschool. They will use the results to talk to policymakers and other organizations to get more attention to fixing the challenges families are facing.

You will receive a gift card worth \$30 as a token of appreciation for your participation. I will send this to you by email. You will need to complete and return a form that confirms you received the gift card.

By agreeing to participate, you grant to First 5 San Mateo County and its representatives the right to use your name, likeness, image, voice, appearance, and/or personal narrative embodied in any recordings taken by or made on behalf of First 5 San Mateo County or otherwise provided by you. You agree that First 5 San Mateo County may use such material without restriction and without your prior inspection or approval. Such uses include but are not limited to research reports, research presentations, social media postings, announcements, news releases, websites, and promotional or informational materials in any medium. You acknowledge that you will not receive any compensation for the use of such images, recordings, likenesses, or narratives, beyond what you will receive as a token of appreciation for participating in this interview.

By saying that you agree to participate, you are agreeing that you are at least 18 years of age and that you fully understand all of the information about the study that I just provided.

Do you have any questions?

Do you agree to participate in the study and release your information?

Great. Let's get started. I'll start recording now.

1. When did you start working with this family?
 - For how long? When did you stop or are you still working with them?
2. What happened that brought you to work with this family?
 - What are the child's unique needs and challenges?
 - What had they already tried before?
 - How many programs had the child been in before?
3. What did you do with the family when you first started working with them?
 - How did you identify the child's needs at that time? Screening, assessment?
 - Did you refer to other services? How did that go?
4. As you were working with the child, how did you identify and address the child's emerging needs?
5. Has this child had a difficult time finding, enrolling, and staying in a childcare/preschool program?
 - What factors helped?
 - What barriers were faced?

- How did you overcome the barriers, if you did?
- Have they ever been asked to leave a program? If so, why?
- 6. Did you work with other professionals, such as providers/teachers, Inclusion Specialist, Quality Improvement Coach, or General Referral Specialist to support this family?
 - If yes, who? How did you work together? What roles were there? How well did the collaboration work?
 - If no, if you had the choice, would you like to have worked with other professionals? If so, what kind of people? What kind of support would you have wanted to get from the partnership?
- 7. How typical is this family's case as compared to the other families that you support?
 - What are common experiences and barriers?

Thank you very much for your time. I will be emailing you soon with several things after we get off the phone. I'll send a copy of the information about the study that I described before we started the interview. I will email you your gift card and a form for you to complete to confirm that you received the gift card. Please make sure to check your email and return the form as soon as you can. *(get email address if we don't have it)*