

Early Childhood Evaluation Advisory Subcommittee Meeting

December 7, 2015
3:30- 5:00 p.m.

Sequoia Healthcare District
525 Veterans Boulevard
Redwood City, CA 94063

Committee Members F5SMC Commissioners: Lee Michelson (Chair), Pam Frisella, Michael Garb, Neel Patel

Staff: Kitty Lopez, Michelle Blakely, Jenifer Clark

Minutes: Jenifer Clark

AGENDA

	Item	Presenter
1.	Agenda Review & Announcements	Michelson
2.	Approval of the November 9, 2015 Early Childhood Evaluation Advisory Subcommittee Meeting Minutes (Attachment 2)	Michelson/All
3.	Updates: Research & Evaluation Activities <ul style="list-style-type: none"> • “Big Data” Project • Online Grants Management System 	Clark
4.	Discussion: Evaluation Purpose and Planning (Attachment 4A, 4B)	Clark
5.	Next Steps (Attachment 5)	Michelson/All
6.	Adjourn	Michelson
Next Meeting Date(s): <i>TBD</i>		

FIRST 5 SAN MATEO COUNTY
Early Childhood Evaluation Advisory Subcommittee
MEETING MINUTES
November 9, 2015

PRESENT:

- COMMISSIONERS: Lee Michelson (Chair), Pam Frisella, Neel Patel
- ABSENT: Michael Garb
- STAFF: Kitty Lopez, Michelle Blakely, Jenifer Clark
- MINUTES: Jenifer Clark

1. Agenda Review/Announcements

The agenda was approved with no changes.

2. Approval of the October 6, 2015 Early Childhood Evaluation Advisory Subcommittee Meeting Minutes

Minutes were approved with no changes.

3. Updates: Ongoing Research & Evaluation Activities

Big Data Project: Staff provided an update on the Big Data Project. We are currently in contracting with the John G. Gardner Center at Stanford University. The contract will be presented to the Commission for approval once that process is completed.

On-line Grants Management Systems: F5SMC staff attended a demonstration at Versaic, a local developer which has worked with grantmaking organizations such as corporate philanthropy, public sector, and foundations. While the Versaic team would be able to build a system that would meet the needs of F5SMC, it would likely be cost-prohibitive. Staff will follow up with Persimmony and Mosaic regarding their products and costs.

4. Discussion: Evaluation Purpose and Planning

The Subcommittee continued its discussion of the planning process for evaluation during the 2015-2020 Strategic Plan. Members reviewed the draft time line of planning activities prepared by staff, which proposes that a recommendation for an evaluation approach will be presented to the Commission in March 2016. The recommendation will be developed with input with F5SMC staff, Commissioners, and grantees, as well as conversations with other county F5 Commissions regarding their evaluation approaches. The first phase of the process will examine the different ways in which evaluation information is used, and determine how F5SMC can best target its evaluation activities to maximize the value of the data collected. Materials that will be helpful to inform this process include:

- History of evaluation approaches used by F5SMC since inception, the cost of these approaches, the types of information these approaches generated, and how this information was used.

- Examples of how Comprehensive Evaluation data developed over the past six years were used to drive F5SMC strategic and funding decisions.
- Information about other rigorous research and evaluation efforts happening in San Mateo County that are collecting data similar to what we have collected in the past.
- Potential data sources for tracking the indicators in the F5SMC 2015-2020 Strategic Plan.
- Evaluation approaches used by other First 5 County Commissions.
- Technological options for improving data collection and management.

5. Next Steps

- Staff to begin internal conversations about the agency's priorities for evaluation.
- Research & Evaluation Specialist to begin developing the information identified above which will inform the planning process.

Next Meeting Dates:

- December 7, 2015 from 3:30 to 5pm, to be held at the Sequoia Healthcare District office.

Outcomes and Indicators from the F5SMC 2015-2020 Strategic Plan

Desired Outcomes:

The First 5 San Mateo County Commission (F5SMC) adopted the following desired outcomes to guide its efforts during the 2015-2020 Strategic Plan:

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

EARLY LEARNING

Population-level Indicators:

These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:

- 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

Participant-level Indicators:

These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:

- 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 at this time);
- Increase in the percentage of early learning programs rated at 3 or above on the QRIS scale; and
- 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.

CHILD HEALTH & DEVELOPMENT

Population-level Indicators:

These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:

- 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
- Participation by early learning programs in efforts to improve the nutritional and physical activity offerings for the children they serve
- Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% of children 0-5 insured)
- Increase in the number or capacity of dental providers who serve children on public insurance
- Increase in the number of pediatric health providers who provide access to developmental screening as a part of routine well-child visits

Participant-level Indicators:

These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:

- 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
- Increase the percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year
- Reductions in the percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns

FAMILY ENGAGEMENT

Population-level Indicators:

These indicators have community baseline data and are impacted by many efforts and agencies. The Commission will monitor the following indicators to inform its work:

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

Participant-level Indicators:

These indicators will be measured by First 5 San Mateo County grantees, as applicable, for participants in services:

- 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
- Increase in percentage of parents reporting that they are able to access the services their family needs
- Increase in percentage of parents who report feeling connected to a support network
- Increase in percentage of parents reporting confidence in their ability to nurture their children and support their development
- Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5

		Current Data Source	Data Collection Frequency	Most Recent Data	Data Development Strategy
EARLY LEARNING	Population-Level Indicators				
	Increase in the percentage of children ages 3-5 who are enrolled in preschool prior to TK/K entry	ACS or Local Sch Readiness Assessment	ACS: Yearly Local Sch Readiness: Unk	ACS: 2014 Local SRI: 2012	Partner with Gauging Growth Project, SMCOE, Sch Dists.
	Increase in the available supply of infant and toddler care relative to the need	Child Care Needs Assessment	Every 5 years	2010	Partner with 4Cs, CCPC
	Increase in the number/percent of early learning programs that enroll and maintain children 0-5 with special needs	unknown			EL Program Survey: NEW ACTIVITY
	Increase in the percentage of all early learning programs participating in the QRIS	SMCOE/4Cs	Ongoing	Current	Track via EQ+IP, RTT, Big Lift
	Participant-Level Indicators				
	Increase in the percentage of children ages 3-5 who are enrolled in quality preschool prior to TK/K entry	Comp Eval: Survey/Interview	varies	FY 14-15	Track via EQ+IP, RTT, Big Lift
	Increase in the percentage of early learning programs rated at 3 or above on the QRIS	RTT/ EQ+IP/ Big Lift	Every 2 years	Current	Track via EQ+IP, RTT, Big Lift
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	Comp Eval: Intensive Services	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection	

		Current Data Source	Data Collection Frequency	Most Recent Data	Data Development Strategy
CHILD HEALTH & DEVELOPMENT	Population-Level Indicators				
	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	unknown			Partner with Health Policy & Planning
	Participation by early learning programs in efforts to improve the nutritional and physical activity offerings for children	unknown			EL Program Survey: NEW ACTIVITY
	Maintenance of universal or near-universal health insurance rates for children ages 0-5 (at or above 98.5% insured)	California Health Interview Survey	Every 2 years	2014	California Health Interview Survey
	Increase in the number or capacity of dental providers who serve children on public insurance	DentiCal Records			Partner with Oral Health Coalition
	Increase in the number of pediatric health providers who provide access to developmental screening as a part of routine well-child visits	unknown			Partner w SVCF on Screening Survey: IN PROGRESS
	Participant-Level Indicators				
	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	Comp Eval: Parent Interview	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection
	Increase the percentage of children ages 1-5 who have seen the dentist for a routine check-up in the past year	Comp Eval: Parent Interview	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection
Reductions in the percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns	Comp Eval: Parent Interview	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection	

	Current Data Source	Data Collection Frequency	Most Recent Data	Data Development Strategy	
FAMILY ENGAGEMENT	Population-Level Indicators				
	Increase in the percentage of children reunified with their families within 12 months of entering out of home care	CA Child Welfare Indicators Project	Ongoing	FY 13-14	CA Child Welfare Indicators Project
	Decrease in the percentage of children ages 0-5 re-entering the child welfare system	CA Child Welfare Indicators Project	Ongoing	FY 13-14	CA Child Welfare Indicators Project
	Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5	California Health Interview Survey	Every 2 years	2014	Population Based Parent Survey
	Increase in percentage of parents who report feeling connected to a support network	unknown			Population Based Parent Survey
	Participant-Level Indicators				
	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	Comp Eval: Intensive Services	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection
	Increase in percentage of parents reporting that they are able to access the services their family needs	Comp Eval: Intensive Services	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection
	Increase in percentage of parents who report feeling connected to a support network	Comp Eval: Intensive Services	Intake; 6 month intervals	FY 14-15	Continue F5SMC Data Collection
	Increase in percentage of parents reporting confidence in their ability to nurture their children and support their development	Comprehensive Evaluation	varies	FY 14-15	Continue F5SMC Data Collection
Increase in the percentage of parents who regularly read, sing, and/or count with their children ages 0-5	Comprehensive Evaluation	varies	FY 14-15	Continue F5SMC Data Collection	

F5SMC Early Childhood Evaluation Advisory Committee

Proposed 2016 Meeting Schedule

Times: 3:30pm to 5:00pm * Location TBD

All dates are on the third Monday of the month unless otherwise specified

- January 11th (Second Monday of the month due to a holiday)
- February 8th (Second Monday of the month due to a holiday)
- March 21st (Remaining dates are on the third Monday of each month)
- April 18th
- June 20th
- August 15th
- October 17th