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1. Health Care Access Initiative

Home Start, Inc.

South Region

Home Start utilizes a one-door community-based approach to provide bilingual/culturally competent access to healthcare services through Family Resource Center's, school, business partners, County Health and Human Services Agency's, Public Health, hospitals and clinics.

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Silvia Garcia

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Neighborhood Healthcare

East Region

Neighborhood Healthcare provides education, outreach, retention, and healthcare application assistance for children and pregnant women in the East region in collaboration with Family Health Centers of San Diego, Home Start Inc., La Maestra, Mountain Health and Community Services, and San Diego Youth and Community Services.

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North County Health Services

North Inland Region

North County Health Services is the lead in a partnership with Neighborhood Healthcare and Fallbrook Family Health Center. These agencies work together to increase and sustain insurance enrollment and retention in San Diego County's North Inland region. North County Health Services also links clients to medical homes, and support their service utilization.

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Michelle Gonzalez

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SAY San Diego, Inc.

Central Region

This program provides healthcare outreach and insurance enrollment and retention activities across the Central region of San Diego County in collaboration with Family Health Centers of San Diego, San Diego Youth and Community Services, Horn of Africa, O'Farrell Family Support Services, and Crawford Community Connection.

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Lynnae Milo

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SAY San Diego, Inc.

North Central Region

This program provides outreach activities to locate families that need health insurance for their children. Certified Application Assistants help families enroll in low or no-cost healthcare plans. Program staff then follow the families to ensure they are maintaining insurance coverage and accessing health care services for their children. The program serves the North Central region of San Diego County in collaboration with Bayside Community Center, North Clairemont Healthy Start, and Operation Samahan.

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Sandra Simmer

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**Vista Community Clinic
North Coastal Region**

Vista Community Clinic provides outreach and support services that increase insurance enrollment and retention in North Coastal San Diego County. They work in collaboration with North County Health Services.

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Maria Mencias

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www.vistacommunityclinic.org

2. Oral Health Initiative

Community Clinics Health Network (Direct Services)

The purpose of the Oral Health Initiative (OHI) is to increase the number of children 0-5 and pregnant women in San Diego County who are free from oral health disease. Fifteen community health centers provide oral health prevention, education, care coordination and/or treatment services. The initiative also draws on the capacity and expertise of specialized public and private partners to provide tertiary treatment services, provider education and other system improvement activities. Partners for this project include:

Clinical programs:

- Comprehensive Health
- Fallbrook Family Healthy Centers
- Family Health Centers
- Imperial Beach Health Center
- Indian Health Council
- La Maestra Community Health Centers
- Mountain Health & Community Services
- Neighborhood Healthcare
- North County Health Services
- Operation Samahan
- San Diego American Indian Health Center
- San Diego Family Care
- San Ysidro Health Center
- Southern Indian Health Council
- Vista Community Clinic

Other programs:

- County Office of Ed., SMILES
- Rady Children's Hospital/ Anderson Dental Center
- Share the Care/Health and Human Services Agency
- Technical advisors

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3. Healthy and Development Services Initiative

American Academy of Pediatrics, California Chapter 3 Countywide Coordinator

Provides coordination of countywide approach to HDS vision and goals. AAP regularly convenes regional managers and lead staff to identify screening protocols and clinical pathways, develop referral guidelines, share best practices, create and implement standardized reporting and outreach strategies, and design quality improvement processes.

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Rady Children's Hospital Partnership for Smoke Free Families

Known as PSF, the Partnership for Smoke-Free Families program has created a highly successful model for systematically screening pregnant women and new mothers for tobacco exposure and linking them to targeted interventions. Key elements include: standardized screening system; consistent messages from clinicians across the childbirth continuum; proactive links to interventions; transparent, seamless interventions delivered from outside the clinician's office, but seemingly come from the clinician; collaboration with community partners; clear, concise, and simple roles for clinicians and office staff members; a focus on staff and clinician retention in the program and retraining; and dedicated program staff.

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Family Health Centers of San Diego Central Region

Provides a comprehensive continuum of health, developmental, behavioral, vision, hearing, speech screening, assessment and treatment services to all newborns of first-time mothers and children ages 0-5 living in greatest poverty. Partners for this project include:

- Exceptional Family Resource Center
- Home Start, Inc.
- KIT Inc.
- Home Care-RCHSD
- San Diego Center for Children
- Shiley Eye Mobile-UCSD
- Union of Pan Asian Communities (UPAC)
- YMCA Childcare Resource Service

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Family Health Centers of San Diego

East Region

Provides a comprehensive continuum of health, developmental, behavioral, vision, hearing, speech screening, assessment and treatment services to all newborns of first-time mothers and children ages 0-5 living in greatest poverty. Partners for this project include:

- Exceptional Family Resource Center
- Home Start, Inc.
- KIT Inc.
- Home Care-RCHSD
- San Diego Center for Children
- Shiley Eye Mobile-UCSD
- YMCA Childcare Resource Service

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Palomar Pomerado Health

North Inland Region

Provides a comprehensive continuum of health, developmental, behavioral, vision, hearing, speech screening, assessment treatment services to all newborns of first-time mothers and children ages 0-5 living in greatest poverty. Partners for this project include:

- Chadwick Center for Children & Families-RCHSD
- Children's Care Connection (C3)-RCHSD
- Exceptional Family Resource Center
- North County Health Services
- Palomar Pomerado Hospital- Welcome Home Baby
- Speech & Language Department-RCHSD
- YMCA Childcare Resource Service

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Rady Children's Hospital

North Coastal Region

Provides a comprehensive continuum of health, developmental, behavioral, vision, hearing, and speech screening, and treatment services to all newborns of first-time mothers and children ages 0-5 living in greatest poverty. Partners for this project include:

- Children's Care Connection (C3)-RCHSD
- Chadwick Center for Children & Families-RCHSD
- Exceptional Family Resource Center
- Home Start, Inc.
- North County Health Services
- Speech & Language Department-RCHSD
- Vista Community Clinic
- Palomar Pomerado Hospital-Welcome Home Baby
- YMCA Childcare Resource Service

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**Rady Children’s Hospital
North Central Region**

Provides a comprehensive continuum of health, developmental, behavioral, vision, hearing and speech screening, assessment and treatment services to all newborns of first-time mothers and children ages 0-5 living in greatest poverty. Also, children 0-5 entering foster care through PCC or direct placement into homes across San Diego County will have access to developmental and behavioral assessment. Partners for this project include:

- Children’s Care Connection (C3)-RCHSD
- Chadwick Center for Children & Families-RCHSD
- Developmental Screening and Enhancement Program-CAPF & RCHSD
- Exceptional Family Resource Center
- Home Start, Inc.
- Home Care-RCHSD
- Speech & Language Department-RCHSD
- SAY San Diego Healthy Start Military Family Cluster
- Shiley Eye Mobile-UCSD
- Union of Pan Asian Communities (UPAC)
- Palomar Pomerado Hospital- Welcome Home Baby
- YMCA Childcare Resource Service

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**South Bay Community Services
South Region**

Provides a comprehensive continuum of health, developmental, behavioral, vision, hearing, speech screening, assessment and treatment services to all newborns of first-time mothers and children ages 0-5 living in greatest poverty. Partners for this project include:

- Children’s Care Connection (C3)-RCHSD
- Episcopal Community Services
- Exceptional Family Resource Center
- Imperial Beach Health Clinic
- Operation Samahan
- Home Care – RCHSD
- Speech & Language Department-RCHSD
- Shiley Eye Mobile - UCSD
- UCSD – Division of Community Pediatrics
- YMCA Childcare Resource Service

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4. School Readiness Initiative

Cajon Valley Union School District

This program provides twice-weekly playgroups, available for two age groups at one school in the district. KinderCamp Pre-Kindergarten Academies offer instruction for children who have not had a preschool experience and who may be at risk for school failure. Parent resources include home based parenting instruction provided by Parents as Teachers (PAT), and a Community Based English Tutoring (CBET) Program as well as regularly offered educational series for parents and caregivers. Also provided are a behavioral specialist, nurse, a speech therapist, and a Family Resource Center.

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Chula Vista Elementary School District

This program provides outreach to eight elementary schools with activities such as Kinder Camp, the Latino Family Literacy Project and Listos Para Leer. Intensive behavioral, speech, language, and other services are also available. Other programs and services include Family Readiness Advocates, and Early Intervention Mental Health Care. Promotoras (outreach workers) from the Family Resource Center conduct community-based outreach and referrals. Training in enhanced transition to Kindergarten is available to local agencies.

Kids on Track, a program for children and families with special needs provides outreach, screenings & referrals and case management to children from 0 to 5 with disabilities & other Special Needs or Mental Health Issues. The Special Needs Program (SNP) serves Harborside, Lauderbach, Montgomery & Otay elementary schools in the Chula Vista Elementary School District.

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Escondido Union School District

Serves seven elementary schools. Family resources are provided including Parent/Child Education Classes, the Parent/Child Activity Center, Parent Resource Library, parent education, parent to parent support, and home-based services. Early Literacy classes, KinderPrep Classes, a KinderPrep Summer Program, and Kindergarten Transition and Orientation are available as well as the Resource Library for pre-school and care providers. The program offers a variety of screenings including behavior and health consultation, vision, hearing, dental, nutrition, development and health screenings, and behavior support services to families, care providers, and preschools.

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National School District

Ready-Set-Learn! is a classroom-based program that serves five elementary schools. The program encompasses various smaller projects including the Community-Based English Tutoring (CBET) Family Literacy Program, the Parents As Teachers (PAT) Program, and school-based Pre-Kindergarten Academies. The National School District Family Resource Center and Health Team coordinate linkages to social services, speech and hearing screenings, health examinations and education, and referrals. Access to the Words on Wheels (WOW) Mobile Library is also available.

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Oceanside Unified School District

Serves four elementary schools through the Listos (Ready) Learning Center. This drop-in center is designed to be an educational supplement for preschool age children and a precursor to preschool for children ages 0-3. The district partners with community service providers to bring health and social services to the center. Family support services are provided through Mommy and Me classes, prenatal education, insurance enrollment, and case management for families in crisis. Health services include dental screenings, wellness checks, and follow up on family referrals for direct medical treatment. Community Based English Tutoring (CBET) is available.

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San Diego Unified School District

Early Link serves 26 elementary schools in 53 classrooms. The program provides an Infant/Toddler Center, a preschool for deaf and hard of hearing children, a blind preschool program, use of the Pebble Soup Curriculum, and the Second Step Program. A preschool coach will provide on-site training, and there is a Kindergarten Transition Program. In addition, there are Teen Parent Education services. Other parent resources include a Community Based English Tutoring (CBET)/ English as a Second Language (ESL) Program, Parent University, and Family Literacy Instruction. Developmental, vision and dental screenings are available, along with a family service specialist, a behavioral psychologist, and behavioral counseling as well as child development counseling. Special needs referrals are provided.

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San Ysidro School District

Serving five schools, this program provides a family literacy program, First Steps for Preschool and District Preschool (a program for families that are not eligible for State Preschool). Parenting resources are found in the Family Advocates for Home Visit Program and in the Parent Institute. A School Readiness facilitator/case manager coordinates services at the Children and Family Resource Center. Consejeras (counselors) from Por La Vida provide parenting programs. Parent training is also available via the Hope Infant Program. Health and developmental screenings are available, as are a behavior specialist, a psychologist and a speech therapist.

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Vista Unified School District

La Senda al Futuro (The Pathway to the Future) serves Olive Elementary School. La Senda provides parent education and developmentally appropriate pre-school services to 4-year-old children with sub-standard childcare or that receive no services and playgroups for children 0-5.

Instruction in parenting skills, positive discipline, kindergarten expectations, developmental activities, leadership, and healthy lifestyles to remove barriers to school success is offered to parents and caregivers. Developmental, health, speech, language, and psychological screenings are available, and referrals to available and appropriate services are given. Professional development training is provided to instructional and support staff.

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5. Preschool For All Demonstration Project

San Diego County Office of Education

The mission of the Preschool for All Demonstration Project (PFA) is to design, develop, and subsequently establish a multi-tiered service delivery model for preschool that will support the implementation of quality PFA programs at the local, regional, and countywide levels.

The San Diego Office of Education is the lead contractor for providing PFA services and has subcontracted with the following preschool providers in the six target communities:

- A+ Family Day Care
- Camacho/Ramirez Family Day Care
- Carillo's Family Day Care
- Carvajal Family Child Care
- Episcopal Community Services
- Escondido Community Child Development Center (ECCDC)
- Escondido Unified School District
- Fuentes Day Care
- Lemon Grove School District
- MAAC Project
- National School District
- Neighborhood House Association
- North County Serenity House
- Paredes Family Day Care
- Ridgeview Preschool
- San Ysidro School District
- South Bay Union School District-VIP Village
- Southwestern College CDC
- Zavala Family Child Care

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<http://www.sdcoe.k12.ca.us/student/eeps/pfa/?loc=home>

6. First 5 for Parents Initiative

Bayside Community Center:

Provide parent education, early literacy services and information supporting healthy behaviors using the Parent as Teachers model as well as the California 5-A Day plan for nutritional benefits.

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Rose Ceballos

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Website Address:

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Catholic Charities:

Deliver a proven home-centered, age-specific curriculum. Staff shares knowledge and skills regarding early childhood development and literacy with CalWORKs and refugee families to demonstrate that "all parents will be their child's best first teacher".

Contact Name:

Elizabeth (Liz) Kaye

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Jewish Family Service of SD:

Provide three different parent education components to support parents and their children: 1) Peaceful Parenting, gives parents the tools necessary to start early raising an emotionally healthy family; 2) Peace in the Home provides individual parent coaching for those families struggling with issues that need more focused attention; and 3) Intergenerational program supports early learning for families.

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National City Public Library:

Provide accessible books and activities to children and their parents throughout National City via a book mobile.

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Minh Duong

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http://www.ci.national-city.ca.us

North County Health Services:

Parenting classes are offered for caregivers of children ages 0-3 addressing issues related to behavior, stress, isolation, lack of parental support as well as improved relationship between child and caregiver. Childhood obesity and literacy are other areas that have been weaved into the curriculum. Specialty classes will also be offered for Fathers and Grandparents

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SAY San Diego, Inc.:

Provide parent information & education through in-home and interactive, center-based activities. Includes weekly playgroups, parent education & support, home visiting & case management. Program incorporates NEAT (Nutrition Education Aimed at Toddlers). Provides developmental assessments where needed.

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St. Vincent de Paul Village, Inc.:

Provide homeless parents, who are living at the Village's transitional housing facility for families and have at least one child age 0-5, with an array of opportunities to partner with their children, child care staff, and other parents to give their children the experiences and activities needed to prevent or mitigate low literacy. Services include home visits, "Parent and Child Together Time" and "Parent Participation in Childcare."

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San Diego Youth & Community Services:

Health and nutrition classes, healthy cooking classes, and exercise classes for young parents ages 12-25 and their children.

Contact Name:

Jennifer Chandler

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University of California – Cooperative Extension:

Parent education workshops to assist parents of 0-5 in understanding developmental milestones, types of parent-child interactions that enhance development & promote social-emotional health & how to make home environments safe & nurturing.

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The Regents of University of California, San Diego/UCSD Community Pediatrics:

Promote children's optimal physical health through coordination & oversight of nutrition & physical activity education services for caregivers of children ages 2-4.

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7. Non-initiative contractors and activities

American Academy of Pediatrics: Reach Out and Read

The concept for Reach Out and Read (ROR) was born from the desire of a group of pediatricians working in urban clinics to help improve the literacy levels and school success of children in low-income neighborhoods.

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www.rorsd.org

Community Health Improvement Partners (CHIP)

What to Do When Your Child Gets Sick: Training the Trainers Curriculum

Provides a two-day training program designed to educate 100 “master trainers” from community based organizations, such as those that have Women, Infants and Children (WIC) and Head Start sites throughout the county. The master trainers will instruct 1,000 parents and caregivers over a two-year period that aims to increase parental education and awareness of child illness.

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www.sdchip.org

Info Line of San Diego County/2-1-1 San Diego

2-1-1 San Diego Implementation

Provides the new comprehensive, 24/7 information and referral line in San Diego County.

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UCSD Regional Perinatal System

Kit for New Parents: San Diego Welcome Baby Program

Develops partnerships with local agencies to distribute the Kit for New Parents to new mothers in San Diego County. Packaged in a colorful box, the Kit includes a parenting DVD, parenting education brochures, and a resource guide.

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www.regionalperinatalsystem.org

YMCA Childcare Resource Service:

San Diego CARES Program

This program works to improve the quality of local childcare and encourage professional development by providing monetary stipends to early care and education (ECE) providers for completing college units, attending school readiness training and obtaining a child development certificate.

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Capital Improvement and Equipment Projects

Blessed Sacrament Parish Preschool
Mary Castro
(619) 582-3862 Ext. 280

Borrego Community Health Foundation
Stephen Shubert
(760) 574-5179

Casa de Amparo
Erin Harmonson
(760) 453-2300

Community Health Systems (Fallbrook Family Health Center)
Jack Johns
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Jewish Family Service of San Diego
Cheryl Alexander
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La Maestra Family Clinic
Zara Marselian
(619) 584-1612

North County Serenity House, Inc.
Dana Weevie
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Oceanside Unified School District-LISTOS Center
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Bradley Wiscons
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Palomar Pomerado Health
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Pregnancy Care Center DBA East County Pregnancy Care Clinic (ECPCC)
Josh McClure
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Ridgeview Preschool
Sara Lopez
(760) 751-9868

San Diego Youth & Community Services
Amy Garcia
(619) 221-8600

Santee School District
Hope Baker
(619) 956-5251

Southern Indian Health Council
Doug Burns
(619) 445-1188

United Cerebral Palsy Association of San Diego County
Mary Krieger
(858) 571-7803

Vista Community Clinic
Barbara Mannino
(760) 631-5000

Innovative Grants

Horn of Africa

Families Together Program

The project, Families Together Program (FTP) is an affiliate program of Healthy Families America (HFA). HFA is a national initiative that aims to reduce child abuse and foster healthy, happy and successful families by providing ongoing technical assistance and support to local affiliates. FTP is a HFA program that will focus on East African families and their children age 0 to 5. FTP provides a comprehensive assessment of the family, and home visiting staff provides weekly home visits to families to implement an individualized plan of care.

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Kids Included Together-San Diego Kit

Inclusion Builds School Readiness

Trains and support early childhood educators in the system of six Navy Child Care Centers, serving 1063 children, to build inclusive environments that increase the school readiness of children with disabilities and other special needs.

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La Cuna, Inc.

Individualized Therapy and Support Project

Provide a therapist to work with La Cuna's foster children to ensure their social and emotional development is not stifled by their early life experiences. It will also provide ongoing, consistent and intensive therapy to all of its foster parents and children.

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Rady Children's Hospital San Diego

Center for Healthier Communities

Provides low income pregnant women or parents with children 0-4 years, visiting Family Resource Centers, with education, skills, and resources to initially "key" behaviors in their home environment aimed at preventing overweight.

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Website Address:

www.rchsd.org

**Ramona United Methodist Preschool
Gymnastic Camp**

Provides daily gymnastic classes for eight weeks throughout the summer of 2007 for children 2.5 –5 years of age to combat childhood obesity at the preschool level.

Contact Name:

Jill Bacorn

Phone:

(760) 789-3435

Email Address:

jillbacorn@hotmail.com

**Riding Emphasizing Individual Needs & Strengths (REINS) San
Diego Therapeutic Consulting Partnership**

Provide therapeutic riding lessons to children with a variety of disabilities.

Contact Name:

Shauna Jopes

Phone:

(760) 731-9168

Email Address:

shauna@reinsprogram.org

Website Address:

www.reinsprogram.org

**SDSU Foundation Exceptional Family Resource Center (EFRC)
NICU Family Support Project**

Implements Systematic NICU Referral for Support Protocol, instates a MOU between EFRC and 4 hospitals and identifies families with infants who experienced NICU care.

Contact Name:

Diane Storman

Phone:

(619) 594-7405

Email Address:

dstorman@projects.sdsu.edu

Website Address:

www.EFROnline.org

**San Diego Community College Auxiliary Organization/San
Diego State University Research**

Provides education, practice, and support for fathers of preschool children.

Contact Name:

Linda Arias

Phone:

(619) 338-1153

Email Address:

lindareads@cox.net

Santee School District**Children & Families Ready 4 School PAL Innovative Project**

Provide Parent Participation School Readiness classes to families living in the subsidized housing projects on site at their resource center.

Contact Name:

Hope Baker

Phone:

(619) 956-5251

Email Address:

hbaker@santee.k12.ca.us

Website Address:www.santee.k12.ca.us**Scripps Memorial Hospital La Jolla****The Parent Connection**

Conducts monthly parenting classes for groups of 12-15 fathers who have newborn to 1-year old babies.

Contact Name:

Daniel Singley

Phone:

(858) 344-4698

Email Address:

dsingley@dynamicbehaviorsolutions.com

Website Address:www.sbusd.k12.ca.us**Social Advocates for Youth (SAY) San Diego, Inc.****Talk To Me**

Provide information for parents & community about 1) the importance of building vocabulary early in life; 2) formulating culturally appropriate community awareness strategies on this topic; 3) implementing strategies to help low-income families improve their children's vocabulary levels; & 4) utilizing partnerships and networks to carry the message & engage parents in interactive behaviors with children.

Contact Name:

Rachel Burnage

Phone:

619-582-9056 Ext.236

Email Address:

Rachel@saysandiego.org

Website Address:www.saysandiego.org**UCSD, School of Medicine****Substance Abuse Screening for Women**

Provides screenings and referrals for at-risk substance abusing pregnant women to assist them in seeking treatment and optimizing pregnancy outcomes.

Contact Name:

Robert Felix

Phone:

(619) 294-3708

Email Address:

rfelix@ucsd.edu

University Of San Diego – SOLES/COMPASS Family Center**Transition Support Program**

The project will help prepare parents to effectively transition from an Individualized Family Service Plan (IFSP) to an Individualized Educational Program (IEP) when their child with special needs reaches the age of 3 years old.

Contact Name:

Moises Baron

Phone:

619-260-4655

Email Address:mbaron@sandiego.edu

Appendix B: Further Notes about the Methodology

The First 5 San Diego local evaluation is designed to utilize a mixed methods approach, which combines quantitative (numbers) and qualitative (stories) methods. This approach was developed for two reasons: 1) no single data collection method can capture the impact of First 5 and 2) readers interact with data differently – some are drawn to “hard” numbers while others connect more with the voices of families served.

As in past years, the evaluation is guided by the Commission’s Evaluation Framework, which provides a macro view of results to be achieved as defined by the strategic plan. This framework was developed by Harder+Company and the Commission’s Evaluation Leadership Team (ELT) to broadly define objectives and indicators of success. Using this Framework as a road map, the Commission selects from the Framework’s indicators when developing new initiatives. These indicators are then refined by Harder+Company and the ELT in the context of the particular initiative and included in outgoing RFPs. Each initiative has, at its center, a quantitative data collection strategy to gather information about children, parents, and/or service providers who participated in First 5 funded programs. These data collection strategies include parent surveys, child observation, and aggregated patient chart data. Additionally, the report includes quantitative data from subcontractor surveys, monthly or quarterly progress reports submitted to the Commission, individual funded programs’ evaluations (when they were not part of an initiative), and secondary indicator data (including data from the First 5 San Diego Family Survey). These methods are complemented by qualitative methods to collect data from different vantage points and perspectives. Each initiative engaged parents and providers via qualitative methods, such as case studies, focus groups, and key expert or “stakeholder” interviews to better understand the successes and challenges of initiative activities. Below is a detailed description of each method. Individuals desiring additional information about the evaluation’s methodology are invited to contact Harder+Company Community Research directly at (619) 398-1980.

Cross Initiative Methods

The following is detailed information about qualitative data collection that took place in multiple initiatives in order to obtain a cross project perspective of the impact of First 5 funded services.

Focus Groups and Interviews

Two focus groups were held with parents from School Readiness and the Special Needs Project in order to compare their experiences with regard to developmental screenings. The purpose of these focus groups was to learn about the process of receiving a screening and subsequent referrals, learn what worked and what was difficult, as well as to learn about successes that can be implemented across contracts. For each focus group, the evaluation team contacted selected contractors and asked for their assistance in recruiting participants. The protocols were developed in collaboration with Commission staff. Parents who participated were offered a \$20 incentive, and food and child care were provided. For each focus group, the evaluation team strove to have eight to 12 participants.

In order to obtain the perspective of direct service providers, interviews and focus groups were conducted with providers from various initiatives, including:

- *Healthcare Access Initiative*: A focus group with four HCA providers to obtain their feedback about the HCA Initiative. After the focus group, they answered questions via email regarding their partnerships. Two providers were unable to attend the focus group and answered the same questions over the telephone.
- *Oral Health Initiative*: Telephone interviews with eight OHI Dental Directors, one OHI Dental Coordinator, and one OHI Dental Manager were conducted in order to document how OHI clinics approach the initiative as well as document their successes and challenges.
- *School Readiness/Special Needs Project*: Telephone interviews with nine Coordinators (eight from School Readiness and one from Special Needs) to learn about a myriad of subjects, such as policies and procedures around referral tracking and care coordination, sustainability, community partnerships and their relationship with First 5.
- *Preschool for All*: In order to document successes and challenges, the evaluation team interviewed two coaches, six teachers, and conducted a focus group with a group of teachers. In addition, telephone interviews were conducted with 15 of the 17 PFA directors about their involvement with PFA. The interviews covered a variety of topics including the nature of their program, their partnerships with SDCOE and other agencies, the types of training and professional development offered to teachers, ways in which parents were involved in their program, and overall successes and challenges of implementing PFA. Additionally, sites that participated in PFA in FY 2006-07 were asked about changes in PFA since last year.
- *School Readiness and Preschool for All*: Staff conducted site visits to three First 5 San Diego Early Care and Education sites with combined School Readiness (SR) and Preschool for All (PFA) funding streams. Through this process, they interviewed a total of five staff members in Escondido, National, and San Ysidro school districts.
- *F5FP*: Telephone interviews were conducted with each of the ten contractors to document common survey administration and challenges to client follow-up.

Lead Contractor and Subcontractor Survey

Many recent initiatives have included a lead-subcontractor structure that has changed how many key service providers interact with, and perceive, First 5. To understand the effect of this change in funding structure, Harder+Company distributed a survey via SurveyMonkey, an online survey tool, to lead contractors and subcontractors under the Healthy Development Services Initiative and Healthcare Access Initiatives. The surveys were developed specifically to understand key areas of systems change, such as the leveraging of additional funds, and the program's experiences working under a lead organization funded by First 5. The HDS lead survey was completed by five out of six regional representatives. All HDS subcontractors (n=27) were invited to complete the online survey. A total of nineteen responses were received, a response rate of 70.4%. It is important to note that although agencies with subcontracts in multiple regions or across multiple service areas were instructed to complete the survey only once, duplicate responses from the same agency may have been submitted. The subcontractor survey was also received from nine out of thirteen HCA subcontractors (69.2% response rate).

Key Expert ("Stakeholder") Interviews

Interviews with key experts were an opportunity to speak with influential members of the San Diego community who are outside of First 5 San Diego, but have insight about the system of care for young children and the Commission's work. The stakeholder interviews helped identify the successes and challenges of

individual initiatives, as well as ways that the Commission has nurtured an enduring obligation to services and support to families and early childhood development in San Diego among service providers, funders, and county decision-makers. In addition to initiative-specific questions, all stakeholder interviews addressed:

1. The perceived role and successes of the Commission in improving services to children and in forming a strong system of support for San Diego families of young children
2. The impact of the Commission in raising awareness of early childhood issues and in increasing the sense of community, community engagement, and parent empowerment and advocacy
3. Whether stakeholders have increased their commitment to the support of families with young children as a result of First 5

Key experts were selected through collaboration with the First 5 Commission Staff. Harder+Company contacted the selected individuals from each entity three times before abandoning the interview effort. In total, 21 interviews were conducted.

Case Studies

The case studies presented as chapter breaks and quotations from participants and providers referenced in this report were selected from interviews conducted as part of the new Qualitative Data Enhancement (QDE) Study that was launched in FY 2007-08. The new QDE study is more intensive than a typical case study: more families have participated, each “Focus Family” was interviewed up to four times over 6 months, and additional service data was collected from providers at the agencies where families received services. Case studies and quotations in this annual report were selected from the first wave of data collection between December 2007 and March 2008.

The QDE study was designed to understand the dynamics of accessing and utilizing First 5 San Diego services in three initiatives: Healthy Development Services (HDS), Oral Health Initiative (OHI), and First 5 for Parents (F5FP). Data collection for will be complete by December 2008. A separate report to present the findings of the complete QDE study will be available in Spring 2009.

Initiative-Specific Data Collection Strategies

Each initiative has its own evaluation design, derived from the key goal areas listed in the Commissions Request for Proposals (RFP). Each design contains both quantitative and qualitative methods to obtain in-depth information regarding each indicator. The following section provides an overview of each Initiative’s data elements. Additional methodological details not provided in the Initiative chapter are also discussed. Qualitative analysis involved examination of trends and themes. Quantitative analysis typically included basic descriptive statistics and, as appropriate, chi-square and t-tests for statistical significance.

Missing data (i.e., where people left a question blank) were not included in the analysis. Although missing data can sometimes be a meaningful statistic, readers are often confused by actual percent (which includes missing data) and valid percent (which omits missing data). This report only presents valid percents, or the number of people that gave a specific answer divided by the number of people that answered the question.

Many findings are noted as being “statistically significant.” This means that there is statistical evidence that there is a difference observed between the groups being compared (most often the comparison is between Time 1 and Time 2 groups) and that this difference is not due to chance. Statistically significant findings are identified in the exhibits with an * and the p value is located below the table.

Healthcare Access Initiative

Each Healthcare Access contractor engages in the same types of activities to achieve three goals:

1. Increase and sustain enrollment of eligible children ages 0-5 years and pregnant women in existing health plans (Medi-Cal, Healthy Families, AIM)
2. Link enrollees to a medical home
3. Support the appropriate utilization of services, ensuring that children and pregnant women receive preventive health services and families get the help they need to navigate the health care system.

Monthly Quarterly Reports

Each region utilizes an Excel spreadsheet tracking tool that is submitted monthly and that corresponds with the "number of people reached" table. It tracks the process numbers of assisted/confirmed enrollments, outreach activities, retention, etc, as well as the demographics of the population. Providers also provide narrative about their monthly successes and challenges. These spreadsheets are reviewed quarterly for errors or discrepancies. Fiscal year final numbers, which are used in this report, are provided in the Quarter 4 report.

Outcome Survey

Contractors collectively developed a survey to track enrollment status for all children and the following outcomes for enrolled children: 1) linkage to a medical home; 2) overall health; 3) utilization of health care; 4) utilization of dental care; 5) utilization of the emergency room. The survey consists of twelve questions and was translated into Spanish. Five of the providers submitted paper copies of the survey to Harder+Company, who entered them into a central file. One provider entered their surveys into their own database and Harder+Company downloaded the data from the system.

The survey is designed to be collected at 6-, 12-, and 18-month intervals by the contractors' line staff during normally scheduled follow-up calls to all enrolled families. This fiscal year, a quarterly sampling plan for collecting the follow-up survey was implemented in order to reduce the number of completed surveys but maintain a representative sample for evaluation. The survey is now only collected during the first and third quarters for families who are due for a follow-up survey during that time.

In September 2006, unique identifiers for each child were created so that the analysis could track individual children through their 6-, 12-, and 18-month follow-ups, and determine more specifically when and how they become disenrolled. This year, the analysis utilized cases from FY 2006-07 and FY 2007-08 for children who had a completed survey for 6 and 12 months (*Follow up 6-12*), 12 and 18 months (*Follow up 12-18*), or 6, 12 and 18 months (*Follow up 6-12-18*). Families that agencies were unable to contact were excluded from the analysis, as were families that the agencies only contacted once.

Frequencies for medical home linkage and health care, dental care, and emergency room utilization for *Follow up 6-12 and 12-18* were based on surveys where the questions had valid answers at both time points. Similarly, frequencies for reasons for health care and dental care utilization were based on surveys where children had visited the doctor and/or dentist and where the questions had valid answers at both time points. Frequencies for reasons for emergency room utilization were based on all children who had visited the emergency room at any time point. The same is true of frequencies for reasons children are no longer enrolled. The analysis of *Follow up 6-12-18* includes used the Pearson chi-square to test for statistical significance.

**Exhibit B.1
Healthcare Access Initiative Evaluation Table**

| Data Elements | Related Goal(s) | Method of Collection |
|--|------------------------|--|
| Demographic Data | | |
| Children ages 0-5 years years: ethnicity, language, age, special needs | Goals 1-3 | Tracking Tool |
| Process measures data | | |
| Number of families with children ages 0-5 years assisted and enrolled in Medi-Cal/Healthy Families | Goal 1 | Tracking Tool |
| Number of children ages 0-5 years years assisted and enrolled in Medi-Cal/Healthy Families | Goal 1 | |
| Number of pregnant women who are enrolled in Medi-Cal/AIM. | Goal 1 | |
| Number of families with children ages 0-5 years years linked to a medical home | Goal 2 | |
| Number of children ages 0-5 years years linked to a medical home | Goal 2 | |
| Number of families, pregnant women and children ages 0-5 years reached through outreach and in-reach activities. | Goal 1 | |
| Number of Welcome Baby Kits distributed to new parents. | Goal 3 | |
| Number of children ages 0-5 years years assisted with reactivation and renewal of insurance enrollment | Goal 1 | |
| Outcomes data | | |
| Increase health insurance enrollment of eligible children ages 0-5 years and pregnant women | Goal 1 | Survey Administered at 6, 12, and 18 month intervals |
| Increase the number of families with a medical home | Goal 2 | |
| Increase the utilization of health care | Goal 3 | |
| Increase the utilization of dental care | Goal 3 | |
| Reduce the utilization of emergency room visits for non-emergency room purposes. | Goal 3 | |

Oral Health Initiative

The largest component of the Oral Health Initiative (OHI) relates to direct services, wherein more than a dozen subcontractors across the County provide oral health services in six areas:

1. Oral health screenings for children ages 0-5 years years and pregnant women
2. Dental examinations for children ages 0-5 years years and pregnant women
3. Treatment services and follow-up for children ages 0-5 years years and pregnant women
4. Care coordination services for children ages 0-5 years years and pregnant women
5. Oral health education for parents and caregivers of children ages 0-5 years years, pregnant women, child care providers and staff at community-based organizations (CBOs)
6. Training for prenatal care providers, general dentists and primary care providers

OHI's six direct service areas are expressed as a series of process measures and outcomes. Each month, OHI programs report these data elements in aggregate. The evaluation centers on understanding how many children ages 0-5 years years and pregnant women received preventive and restorative dental care, oral health education, and how many were connected to oral health services. In addition, the evaluation captures oral health provider education results.¹⁵²

To minimize duplicate data collection, each OHI program tracks their data in the manner most appropriate for their site; programs track pre-defined data elements but the data is housed in different places at each site.¹⁵³ All programs then report their aggregated monthly data in a customized, Excel-based tracking tool. In addition, qualitative methods complement numeric data in the evaluation design: telephone interviews with eight OHI Dental Directors, one OHI Dental Coordinator and one OHI Dental Manager and in-person interviews with three families whose children received OHI services. The findings of all of these methods are interwoven throughout the chapter.

¹⁵² "Providers" refers to prenatal care providers, general dentists, and other primary care providers.

¹⁵³ For example, there is a common definition of "dental exam" but programs track exam data via billing software, appointment calendars, manual counts, or a combination of data tracking systems.

**Exhibit B.2
Oral Health Initiative Evaluation Table**

| Data Elements | Related Area(s) | Method of Collection | |
|--|------------------------|-----------------------------|---------------|
| Demographic data | | | |
| Children ages 0-5 years: ethnicity, language, age, special needs; Pregnant women: ethnicity, language | Areas 1-4 | Tracking Tool | |
| Process measures data | | | |
| Number of children ages 0-5 years and pregnant women who receive oral health screenings | Area 1 | Tracking Tool | |
| Number of children ages 0-5 years and pregnant women who receive dental exams | Area 2 | | |
| Number of children ages 0-5 years and pregnant women who receive routine/specialty treatment | Area 3 | | |
| Number of children ages 0-5 years and pregnant women who receive care coordination services | Area 4 | | |
| Number of children ages 0-5 years and pregnant women who receive educational messages * | Area 5 | | |
| Number of providers trained in relevant maternal & child oral health topics | Area 6 | | |
| Number and type of preventive services (sealants, fluoride varnishes, prophylaxis) delivered to children ages 0-5 years and pregnant women | Areas 1-2 | | |
| Number and type of restorative services (fillings, crowns, extractions, pulpotomies) to children ages 0-5 years and pregnant women | Area 3 | | |
| Outcomes data | | | |
| Identify previously unidentified oral health concerns in children ages 0-5 years and pregnant women | Areas 1-2 | | Tracking Tool |
| Reduce the proportion of children ages 0-5 years and pregnant women with untreated dental decay | Area 3 | | |
| Increase the proportion of children ages 0-5 years and pregnant women who have visited a dentist in the past year | Area 3 | | |
| Connect children ages 0-5 years and pregnant women with needed oral health services (exams, treatment, etc.) | Area 4 | | |
| Increase providers' knowledge of how to promote the oral health of children ages 0-5 years | Area 6 | | |

*Children are indirectly served as oral health education is directed at the parent or caregiver.

Healthy Development Services Initiative

The evaluation relies upon Excel-based quarterly progress reports of HDS contractors for demographics and process data elements for each service category. Outcome data is reported twice a year, wherein contractors measure indicators and report via standardized Excel forms per indicator as appropriate to their programs. Outcomes forms were submitted to Harder+Company during February and July 2008. Interim outcome data reported at the mid-year point was used for quality checks; comprehensive outcome data reports were provided at the end of the fiscal year for complete analysis. The data presented in this report includes cases

where the disposition was determined (e.g., outcome determined, known lost to follow-up, case closure, etc) between July 2007-May 2008. No cases where outcomes were pending were included.

The systems-level evaluation examines the implementation and development of the HDS system of care and is primarily assessed via a subcontractor survey and qualitative measures, such as staff and stakeholder interviews.

| Exhibit B.3 Healthy Development Services Evaluation Table | | |
|---|--|--|
| Data Elements | Method of Collection | |
| Demographic data | | |
| Children ages 0-5 years: ethnicity, language, age, special needs, within or outside priority zip codes | Quarterly Progress Report | |
| Process measures data | | |
| Number of screenings, assessments, and treatment units | Quarterly Progress Report | |
| Number of parent education classes, workshops and home visits | | |
| Number of new children ages 0-5 years and families served | | |
| Number of children ages 0-5 years and families receiving on-going services | | |
| Number of referrals within and outside of HDS service network | | |
| Breastfeeding at time of initial newborn home visit | | |
| Households in which someone smokes | | |
| Outcomes data | | |
| Child Outcomes | | |
| Breastfeeding at 6 weeks and 6 months | Semi-annual reports individualized by service category | |
| Children identified as needing assessment who receive assessment | | |
| Children identified as needing treatment who receive treatment | | |
| Children receiving treatment who demonstrate gains related to the funded service they receive | | |
| Parent Outcomes | | |
| Increased knowledge of how to promote child's physical, cognitive, and social/emotional health | | |
| Improved skills to promote child's physical, cognitive, and social/emotional health | | |
| Utilization of appropriate health care and cognitive/social emotional care resources to benefit children ages 0-5 years | | |

Limitations to Outcomes Data Collection

HDS primarily funds existing agencies whose service delivery models are already established and based on varying evidence-based curricula and oftentimes include a pre-existing validated measurement tool to track outcomes. It is not feasible or appropriate to use a universal instrument, therefore, agencies utilize a variety of

tools to measure health and developmental gains and results are reported in the aggregate.¹⁵⁴ Given the variety of instruments used, it would be a misrepresentation to collapse or compare data across agencies.

There are obvious limitations to how aggregate outcome data can be analyzed and reported.¹⁵⁵ Data reported in the HDS chapter presents a comprehensive review of outcomes for the fiscal year; however, comparisons between service categories should only be made with caution, as each service is unique in its service delivery, challenges, and capacity. Additionally, because of the aggregate nature of reporting, outcomes cannot be linked to other valuable information, such as client demographics and services received. It is anticipated that such analyses will be possible with the collection of client-level data in the forthcoming First 5 data system.

Update to Outcomes Data Collection

During FY 2007-08, the breastfeeding and medical home outcome measures were modified so that individual outcomes could be tracked over time. Previously, data for these indicators were not matched, but rather collected on separate samples, which prevented the analysis from including a true comparison over time. In FY 2008-09, outcome measures will be reported at the individual client level via CMEDS. Reporting data at the individual client level will improve data quality and enhance the utilization of the data. Additionally, service areas will continue to meet in FY 2008-09 to discuss the standardization of outcome measures and the potential of sharing data across regions.

School Readiness Initiative

The School Readiness evaluation follows State First 5-mandated evaluation guidelines. Under the State First 5 Evaluation Framework, adopted in Spring 2006, School Readiness programs are required to select at least one indicator from a menu of indicators for each State Result Area and report their progress according to these indicators. The four Result Areas are:

1. Improved family functioning
2. Improved child development
3. Improved child health
4. Improved system of care

The table below lists the indicators and data sources selected by First 5 San Diego's School Readiness Initiative Coordinators. For the FY 2007-08 evaluation report, the primary data drawn upon are the quarterly progress reports submitted to the Commission and child progress data. The quarterly progress reports provide process numbers according to State mandated categories and narratives. Child progress data includes the revised Desired Results Developmental Profile (DRDP-R) for classroom-based contractors and the Ages and Stages Questionnaire (ASQ) for center-based contractors. Contractors are currently revisiting the utility and effectiveness of the ASQ and are considering other tools for future evaluation years. In addition, contractors

¹⁵⁴ Regional leads, regional evaluation staff, and Harder+Company reviewed and approved all instruments used by service providers. When available and appropriate, normed and validated tools were utilized. During FY 2007-08, AAP began to convene HDS providers and experts by service to begin discussions of standardizing service delivery and data collection. These discussions will continue with the goal of having some standardized instruments in place for FY 2009-10.

¹⁵⁵ The outcomes evaluation for FY 2007-08 specified reporting only clients who had a "determined disposition," and therefore clients who had pending services or results were not included in outcome reports. Therefore, not all clients served in the FY are represented here, rather only those who were eligible for outcome measurement. Only data on the referral outcomes were allowed to be reported through a true sampling design. Service providers were asked to provide referral outcome data for at least 25% of all clients.

submitted quarterly progress reports to the Commission outlining numbers served, demographics, and narrative updates.

| Exhibit B.4 School Readiness Initiative Evaluation Table | | |
|---|-------------------------------|-----------------------------|
| Data Elements | State Result Area (RA) | Method of Collection |
| Demographic data | | |
| Children ages 0-5 years: ethnicity, language, age, special needs Pregnant women: ethnicity, language | n/a | Quarterly Progress Reports |
| Process measures data | | |
| Number of parents taking classes focused on supporting child physical cognitive and socio-emotional development | RA1 | Quarterly Progress Reports |
| Number and percent of children ages 3-5 years who are screened and identified with disabilities or special needs in the last 12 months | RA3 | |
| Number and percent of children who participate in school-linked transition practices that meet NEGP criteria | RA4 | |
| Outcomes data | | |
| Number and percent of parents who demonstrate increased knowledge (confidence and competence) to promote child's optimal development and school readiness. | RA1 | Parent Retrospective Survey |
| Number and percent of children making developmental progress in the areas of cognitive, social, emotional, language, approaches to learning and health/physical development | RA2 | DRDP-R and ASQ* |
| Number of participants reporting satisfaction with the content, quality, and family centeredness of services | RA4 | Parent Retrospective Survey |

Child Development Assessment Tools

Providers administered the DRDP-R to SR children receiving classroom-based early care and education in the Fall and the Spring. Matching scores for all children whose parents gave consent were used in the analysis. The DRDP-R scores children's skills on a scale of 0 to 4 (0=not yet at first level; 1=exploring; 2= developing; 3=building; 4=integrating). The Spring and Fall scores were compared using a paired sample t-test, which compares the difference between the two mean ratings for each of the questions. Domains, indicators, and example measures are outlined in Exhibit B.5.

Exhibit B.5
DRDP-R Domains, Indicators and Measures

| Desired Result | Indicator | Example Measure |
|---|-----------------------------------|--------------------------|
| 1. Children are Personally and Socially Competent | Self Concept (SELF) | Identity of self |
| | Social Interpersonal Skills (SOC) | Expressions of Empathy |
| | Self Regulations (REG) | Impulse Control |
| | Language (LANG) | Comprehends meaning |
| 2. Children are Effective Learners | Learning (LRN) | Curiosity and Initiative |
| | Cognitive Competence (COG) | Memory and knowledge |
| | Math (MATH) | Time |
| | Literacy (LIT) | Concepts of print |
| 3. Children Show Physical and Motor Competence | Motor Skills (MOT) | Gross motor skills |
| 4. Children are Safe and Healthy | Safety and Health (SH) | Personal care routines |

The Ages and Stages Questionnaire (ASQ) has been identified as an appropriate tool for center-based interventions that can map to the DRDP. The ASQ system is composed of nineteen age-appropriate questionnaires and is designed to be completed by parents or primary caregivers.¹⁵⁶ The questionnaire for the age group closest to the child's age is used. Each questionnaire contains thirty developmental items that are divided into five domains: communication, gross motor, fine motor, problem solving, and personal-social. Analysis was utilized the scientifically set cut-off scores for the ASQ's age-specific instrument, preserving the design of the tool while comparing children's status "above" or "below" the age-specified cut-off score at each point in time.

Parent Retrospective Survey

In FY 2007-08, contractors administered the "Survey of Parenting Practice", a series of statements about knowledge, confidence, ability, and behaviors around parenting. When completing this section of the survey, parents responded to questions thinking about "now," after completing the parent education activity, and "then" before the activity. Ratings range from 0 to 6, with the higher the rating, the more knowledge, confidence, ability, or frequent behavior. This method of "retrospective" comparison allows for respondents to more accurately provide baseline data, compared to traditional pre/post methods, when participants tend to rate themselves higher before the intervention.

The post-test and retrospective pre-test responses to each of the twelve items were compared using a paired sample t-test, which compares the difference between the two mean ratings for each of the questions. Paired sample t-tests analyze the results when the same person reports at two different times or conditions. The advantage of the paired design is that it makes it easier to detect true differences when they exist.¹⁵⁷

A Bonferroni adjustment is an analysis technique where the alpha level, or the chance of detecting a difference when one doesn't really exist, is decreased.¹⁵⁸ This is done to reduce the likelihood of getting a significant difference by chance alone (type 1 error). This technique was recommended by the authors of the survey tool in order to increase the validity of the findings. During analysis of the Parent Retrospective Survey, the alpha level was reduced from .05 to .004; statistical significance was reported at this reduced alpha level.

Preschool for All Demonstration Project

The First 5 San Diego PFA evaluation plan weaves together three, interconnected components:

- First 5 California Statewide Power of Preschool (PoP) Evaluation to examine the impact of PFA statewide. Only one of the six San Diego PFA communities (National City) is also a PoP site.
- First 5 San Diego Evaluation Efforts to learn about the impact of the First 5 San Diego Preschool for All Demonstration Project at the six San Diego Communities (summative evaluation) and evaluate the how the implementation of PFA programs across San Diego impact existing preschool delivery models (formative evaluation).
- PFA Master Plan Evaluation to inform the update and expansion of the PFA Master Plan to improve the delivery of PFA once it is ready to be expanded and go to scale throughout the county (a future project).

¹⁵⁶ Brookes Publishing Co. Inc. [Introduction to ASQ Second Edition](http://www.brookespublishing.com/store/books/brider-asq/asq-introduction.pdf). 2005. Accessed 10 October 2007. <<http://www.brookespublishing.com/store/books/brider-asq/asq-introduction.pdf>>

¹⁵⁷ Shaklee, Harrie and Diane Demarest. [Survey of Parenting Practice Tool Kit](#), 2nd Ed. University of Idaho. Boise, Idaho. 2005.

¹⁵⁸ "Bonferroni." [Simply Interactive Statistical Analysis](http://home.clara.net/sisa/bonhlp.htm). Quantitative Skills Consultancy for Research and Skills. Accessed 6 August 2007. <http://home.clara.net/sisa/bonhlp.htm>

Exhibit B.6 outlines the key data elements used for the PFA evaluation.

| Exhibit B.6 Preschool for All Demonstration Project Evaluation Table | | |
|---|-----------------------------|--|
| Data Elements | Method of Collection | |
| Demographic data | | |
| Children ages 0-5 years: ethnicity, language, special needs | Tracking Tool | |
| Countywide Data | | |
| Number of presentations inside/outside San Diego County | Tracking Tool | |
| Number of meetings focused on the issues surrounding Work Force Development | | |
| Number of stakeholder meetings held county-wide | | |
| Community Data | | |
| Number of Family Care Support Network Meetings | | |
| Number of applicants (Letters of Intent) | | |
| Number of PFA sessions/ Agencies who have a professional development plan in place | | |
| Number of providers who submit a letter of intent who were not yet eligible to be selected as a | | |
| Number of stakeholder events | | |
| Session Data | | |
| Number of sessions | | |
| Number of fully funded and enhanced slots | | |
| Contacts from PFA support center/ HUB | | |
| Number of parent involvement activities | | |
| Number of early screening activities | | |
| Number and percent of parents who demonstrate increased knowledge (confidence and competence) to promote child's optimal development and school readiness. | First 5 Parent Survey | |
| Number and percent of children making developmental progress in the areas of cognitive, social, emotional, language, approaches to learning and health/physical development | DRDP-R | |
| Number of participants reporting satisfaction with the content, quality, and family centeredness of services | DRDP-R Parent Survey | |

Outcome Measures

In FY 2007-08, providers administered the “Survey of Parenting Practice” to parents whose children participated in PFA sessions. In addition, the DRDP-R was administered to PFA children in the Fall and the Spring, and matching scores for all children whose parents gave consent were used in the analysis (for details about the DRDP-R, see the “School Readiness” section above, subsection entitled “Child Development Assessment Tools”). The analysis described in the School Readiness section was also used for PFA outcome measures.

Pre-Entry Sessions

Pre-entry sessions are those that have not yet met the criteria for PFA Tier 1 (the lowest PFA Tier). SDCOE worked closely with these sites to improve classroom quality so that they can participate in PFA in the coming year. Although some of these sessions received ECERS-R and FCCERS-R scores and some of the children were

administered the DRDP-R, these scores were not included in the analysis because they do not represent the scores of PFA quality programs or the scores of children who are receiving PFA quality preschool.

In addition, the evaluation does not include the Teacher Survey, First 5 Parent Survey, or DRDP-R Parent Survey for any pre-entry sessions. It does, however, include process numbers related to developmental delays for some of the pre-entry sessions (the ones located at a site that also has other sessions) and the number of children served and slots filled for all pre-entry sessions. Additionally, several of the teacher interviews were conducted at PFA pre-entry sessions.

First 5 for Parents Project

The First 5 for Parents Project provides direct services as part of the Commission’s Parent Development Initiative with a specific focus on parents as the first teachers of their children. In focusing on these primary caregivers who shape children’s early experiences, First 5 for Parents seeks to strengthen parents’ knowledge and encourage behavior change in three Service Focus Areas:

1. Developing more effective parenting skills (Service Focus Area 1)
2. Promoting children’s early learning and early literacy development (Service Focus Area 2)
3. Fostering healthier behaviors with proper nutrition and exercise (Service Focus Area 3)

Contractors are connected by a shared goal to educate parents, but they address this goal in many ways. They have chosen to focus on different Service Focus Areas and audiences and implement a wide range of curricula and service modalities. Process and outcome data are measured through individual and common data collection tools in order to capture outcomes across the Project as well as provider-specific accomplishments and challenges.

| Exhibit B.7 First 5 for Parents Evaluation Table | |
|---|-----------------------------|
| Data Elements* | Method of Collection |
| Demographic data | |
| Participant ethnicity and language | Quarterly Progress Report |
| Process measures data | |
| Number of new parents | Quarterly Progress Report |
| Number of new children ages 0-2 and 3-5 years | |
| Number of new families | |
| Number of senior volunteers (for four intergenerational programs) | |
| Number of service units by type (classes, home visits, workshops) | |
| Other service count data available unique to individual programs (e.g., number of books given out for National City Public Library) | |

*See tables in the following section for details on outcomes.

Outcomes Data Collection

Given the diversity of Service Focus Areas, audiences, curricula and service modalities, contractors collaborated during this first year to develop an evaluation plan for the First 5 for Parents Project that would measure common outcomes while accommodating the interests and needs of individual programs. The Commission designated knowledge and behavior outcomes to be monitored for evaluation purposes. Some of these outcomes were measured consistently across contractors (common survey questions) and some of these

outcomes were measured with contractor-specific questions (individual survey questions). During the pilot year, Harder+Company Community Research facilitated a consensus process in which contractors selected questions that would be measured consistently and used collaboratively (see Exhibits B.8-B.10).

In order to achieve the goal of identifying consistent evaluation measures, Harder+Company facilitated a consensus process with contractors to develop a survey to measure many of the Project's knowledge and behavior outcomes. In this way, contractors were able to choose those survey questions they felt were best suited for their programs, while making it possible to analyze results across the entire Project. Developing the Common Survey took several months and possessed five key steps:

1. Contractors were offered a menu of questions for each outcome they are contracted to address. For each outcome, contractors chose the questions they felt most relevant to their respective curricula.
2. Harder+Company, First 5 San Diego, and contractors worked to refine the chosen questions by agreeing upon common language and response categories.
3. Harder+Company translated the finalized Common Survey questions into Spanish with contractors' input and assembled a tailored list of questions for each contractor. The tailoring process is important to note because many questions address more than one outcome. For example, the outcome "increased confidence in ability as a parent" appears in both Service Focus Areas 1 and 2. In these instances, contractors that chose the outcome in more than one Service Focus Area ask a single question (or set of questions) so as not to burden parents.
4. Contractors integrated Common Survey questions into their existing evaluation processes and pilot tested the Common Survey with their program's participants over several months in the first year (FY 2006-07). At the end of the fiscal year, contractors were invited to share their feedback on the Common Survey, and it was subsequently altered to address areas of concern. Some questions were eliminated, and new questions were added. Additionally, the survey was significantly strengthened to ask parents to report the number of days and hours that behaviors of interest occur, rather than choosing from predetermined frequency categories. This change increased the sensitivity of the measures of behavior change, which is very important to adequately capture changes that occur, particularly in the case of behaviors that are difficult to modify, such as eating and exercise habits. A new version of the Common Survey was implemented beginning in July 2007. When possible and appropriate, comparable data is presented to facilitate comparisons in outcomes between Year 1 and Year 2.

Findings for selected outcome indicators for Focus Areas 1, 2 and 3 are presented in the First 5 for Parents chapter. Harder+Company only included parents with matched pre-test and post-test survey data in the analysis of outcomes. Using data from this subsample of participants, Harder+Company assessed changes from pre-test to post-test for over 80 questions on the Year 1 (FY 2006-07) and Year 2 (FY 2007-08) Common Surveys. The results of outcome indicators of particular significance were selected and highlighted in the chapter. For comparability across contractors, only results for common survey questions are presented.

It is important to note the following:

- ***The Common Survey is self-administered.*** Parents complete the surveys on their own much like a written exam. In cases where parents do not read and write in English or Spanish, program staff may verbally administer the survey or interpret it into another language.
- ***The Common Survey is administered at two points in time.*** Parents complete an initial survey at the start of services and a follow-up survey at a later point in time. The amount of time between baseline and

follow-up surveys varies depending on the program length and design. For example, participants in one program take the follow-up survey on the last day of an 8-week series of weekly classes. In another program, parents take it at their sixth monthly home visit. Contractors individually designated the time at which they expected to see change in participants, and the follow-up survey administration is implemented in accordance with the specified follow-up period.

- ***The Common Survey is case matched.*** Participants' pre-test and post-test surveys are matched to allow assessment of changes in knowledge and behavior at the individual participant level.
- ***Only data for participants with pre-test and post-test survey data available (matched cases) was included in the analysis of outcomes.*** The number of matched cases available is significantly less than the total number of parents served. Additionally, some programs may have opted to collect the survey for a *sample* of participants. It should be noted that the percentage of matched cases for FY 2007-08 was only 30.6% and is not representative of all parents/caregivers served. Of those who completed a pre-test survey, about half (50.3%) had a matched post-test survey. The relatively low number of matched cases may reflect low retention and program completion rates because parents/caregivers may attend one or more class sessions but miss the survey administration at baseline, follow-up, or both. There may be some parents enrolled late in the year who may not have reached the specified follow-up period to complete the post-test before the end of the fiscal year; however this number was small for parents enrolled in FY2006-07. These percentages suggest that contractors face challenges in ensuring that participants complete the common survey, but they may also suggest that contractors face challenges in retaining clients until the target follow-up period.
- ***Several outcomes are captured by Individual Instruments that are contractor-specific.*** The Commission designated knowledge and behavior outcomes to be monitored for evaluation purposes. Some of these outcomes were measured consistently across contractors (common survey questions) and some of these outcomes were measured with contractor-specific questions (individual survey questions). There are outcomes unique to specific programs and curricula that are not included in the Common Survey and are not reported here. These data are used by individual programs for measuring results and guiding program improvement.

Analysis of the Common Survey

To facilitate comparison of outcomes between FY 2006-07 and FY 2007-08, differences in proportions were presented to demonstrate changes in knowledge and behavior between pre-test and post-test among participants with matched data available for each question. Wherever possible, County comparison data or national benchmarks were presented to provide context to the findings. Observed differences in proportions were tested for statistical significance using the McNemar test of difference in proportions for matched, dependent samples. However, given the underlying limitations of the evaluation methodology discussed above (including parents' exposure to dissimilar curriculum content, varying service intensity and different follow-up periods), Harder+Company decided that a discussion of trends between pre-test and post-test assessments in each fiscal year was more appropriate than presentation of statistical tests of significance.

For participants who completed the revised survey in FY 2007-08 and for whom more sensitive measures of behavior change were available, Harder+Company analyzed the responses to these questions separately. In these cases, a range of responses was available for analysis (e.g., a range of 0-7 for the number of days in a typical week that the participant exercises or the number of hours on a typical weekday that a child watches

television). Using a range of values, a paired (dependent) samples t-test was used to assess whether or not the difference in means between pre-test and post-test among participants with matched data available for each question was statistically significant. In doing so Harder+Company was able to better detect small, incremental changes in behavior between pre-test and post-test, particularly for outcomes where behavior change is most difficult to achieve such as eating and exercise habits.

In both years, the same questions assessing participants' confidence in their parenting skills were asked. However, the timing of the administration of these questions changed. In FY 2006-07 participants completed this set of questions separately, first at pre-test and then at post-test. In FY 2007-08 participants completed the second version of the survey in which questions about parental confidence at pre-test and post-test were both asked at post-test. This methodology is similar to that of the retrospective Survey of Parenting Practice in School Readiness. The post-test and retrospective pre-test responses to each of the parental confidence items were compared using a paired (dependent) samples t-test for participants completing assessments in FY 2007-08; the same analysis was conducted to compare responses given separately at pre-test and post-test in FY 2006-07. As expected, the differences in means for questions administered separately at pre-test and post-test in FY 2006-07 were lower than those observed in FY 2007-08 when the questions were asked at post-test only.

Beginning in FY 2008-09 contractors will begin tracking individual-level attendance data, program completion rates, and retention rates. These additions will strengthen the evaluation design and enable us to link the amount of exposure to the intervention (dosage) to the observed outcomes measured by the common survey.

Exhibit B.8
First 5 for Parents Outcomes: Service Focus Areas 1, 2 & 3
How Each is Measured and Which Contractors Measure Each

| Outcomes | How Measured | | Contractors | |
|---|--|--|---|--|
| | Common Survey | Individual Instruments | | |
| Service Focus Area 1 | Knowledge Outcomes | Increased knowledge about... ...age appropriate developmental milestones (also realistic expectations about these) | X | Mandatory All six contractors that address Service Focus Area 1 must measure these outcomes: <ul style="list-style-type: none"> ■ Bayside Community Center ■ Catholic Charities ■ Jewish Family Service ■ North County Health Services ■ SAY San Diego ■ UC Cooperative Extension |
| | | ...types of parent-child interaction that enhance age-appropriate development | X | |
| | | ...how to promote child's social-emotional health | X | |
| | | ...different strategies for managing child behavior | X | |
| | | ...the importance of consistent communication with child | X | |
| | | ...bonding and attachment | X | |
| | | ...the importance of peer socialization | X | |
| | | ...specific ways to make the home environment a safe, healthy, nurturing place | X | |
| | | ...community resources for parents and children including basic health and other resources (also and exposure to these) | X | |
| | | ...how to advocate for child's needs and negotiate systems serving young children (e.g., health care, child care, school system) | X | |
| | ...how to access and assess quality child care | X | Optional: North County Health Services | |
| | Behavior Outcomes | Families demonstrate improved skills to promote their children's social-emotional health | X | All Service Focus Area 1 contractors |
| | | Increased use of positive parenting techniques to redirect behavior | X | |
| | | Increased quality time spent with child | X | |
| | | Improved relationships and attachment between parent and child | X | Jewish Family Service |
| Increased opportunities for child interaction with others (outside of family) | | X | All Service Focus Area 1 contractors | |
| Improvement in child's social skills | | X | SAY San Diego | |
| Demonstrated improvements made to create a safe, healthy, nurturing home environment | | X | All Service Focus Area 1 contractors | |
| Increased use of dentist and pediatric health services for checkups, immunizations, and other preventive / well-child health care | | X | | |
| Reduced use of emergency room for primary care | | X | None | |
| Increased confidence in ability as a parent | | X | All Service Focus Area 1 contractors | |
| Parents' increased connection with school and community | X | Bayside & SAY San Diego | | |
| Increased parental ability to advocate for child | X | | | |
| Use of resource network and/or quality review tools to select child care | X | North County Health Services | | |

Exhibit B.9
First 5 for Parents Outcomes: Service Focus Area 2
How Each is Measured and Which Contractors Measure Each

| Outcomes | | | How Measured | | Contractors |
|---|---|---|---------------|------------------------|---|
| | | | Common Survey | Individual Instruments | |
| Service Focus Area 2 | Knowledge Outcomes | ...how to promote child's cognitive development | X | | Mandatory All seven contractors that address Service Focus Area 2 must measure these outcomes: <ul style="list-style-type: none"> ▪ Bayside Community Center ▪ Catholic Charities ▪ Jewish Family Service ▪ National City Public Library ▪ SAY San Diego ▪ St. Vincent de Paul Villages ▪ UC Cooperative Extension |
| | | ...the importance of early learning activities | X | | |
| | | ...how to change everyday activities into learning opportunities | X | | |
| | | ...free/low-cost early learning and pre-literacy development community resources (e.g., health care, child care, school system) | X | | |
| | | ...how to advocate for child's needs and negotiate systems serving young children | X | | |
| | Providers collaborate across disciplines and skill sets to provide early learning and pre-literacy services to children | X | | Optional: None | |
| | Behavior Outcomes | Families demonstrate improved skills to promote their children's cognitive development | | X | All Service Focus Area 2 contractors |
| | | Increased time spent reading/telling stories to children | X | | |
| | | Increased use of library card / library | X | | Bayside; Catholic Charities; Jewish Family Service; National City Public Library |
| | | Increased opportunities to assist child in developing fine motor skills | X | | Bayside; Catholic Charities; Jewish Family Service |
| | | Demonstrated improvements made to create a stimulating and nurturing home environment | | X | All Service Focus Area 2 contractors |
| | | Families increase their access and use of free and low-cost community resources for early learning and pre-literacy development (e.g., libraries, free museum days, etc.) | X | | Catholic Charities; Jewish Family Service; St. Vincent; SAY San Diego; UC Cooperative Extension |
| | | Increased number of parents from diverse cultural and linguistic backgrounds who utilize pre-literacy services | X | | Bayside; Catholic Charities; National City Public Library |
| | | Increased confidence in ability as a parent | X | | Bayside; Catholic Charities; Jewish Family Service; National City Public Library; SAY San Diego |
| | | Parents' increased connection with school and community | X | | St. Vincent; SAY San Diego; UC Cooperative Extension |
| Increased parental ability to advocate for child | | X | | SAY San Diego | |
| Increased integration of pre-literacy services through multidisciplinary partnerships and collaborative long-range planning | X | | None | | |

Exhibit B.10
First 5 for Parents Outcomes: Service Focus Area 3
How Each is Measured and Which Contractors Measure Each

| Outcomes | | How Measured | | Contractors | | |
|----------------------|--------------------|---|------------------------|-------------|---|--|
| | | Common Survey | Individual Instruments | | | |
| Service Focus Area 3 | Knowledge Outcomes | ...nutrition (balanced diet, serving size) and culturally-based healthy alternatives | | X | Mandatory All four contractors that address Service Focus Area 3 must measure these outcomes: <ul style="list-style-type: none"> ▪ Bayside Community Center ▪ San Diego Youth & Community Services ▪ SAY San Diego ▪ UCSD Community Pediatrics | |
| | | Increased knowledge about... ...the benefits of regular exercise for child and entire family | X | | | |
| | | ...the importance of family participation/ involvement in nutrition and exercise activities | X | | | |
| | | Increased understanding of life-long benefits of exercise and healthy dietary habits | X | | | |
| | Behavior Outcomes | Decreased consumption of fast food and highly processed foods | X | | All Service Focus Area 3 contractors | |
| | | Increase in healthy, balanced meals provided to the family | | X | | |
| | | Increase in meals eaten together as a family | X | | | |
| | | Increased levels of exercise | X | | | |
| | | For child and entire family: Decrease in sedentary behavior | X | | | Bayside; San Diego Youth & Community Services; UCSD Community Pediatrics |
| | | Decrease in time spent watching television | X | | | All Service Focus Area 2 contractors |

Appendix C: Evaluation Framework

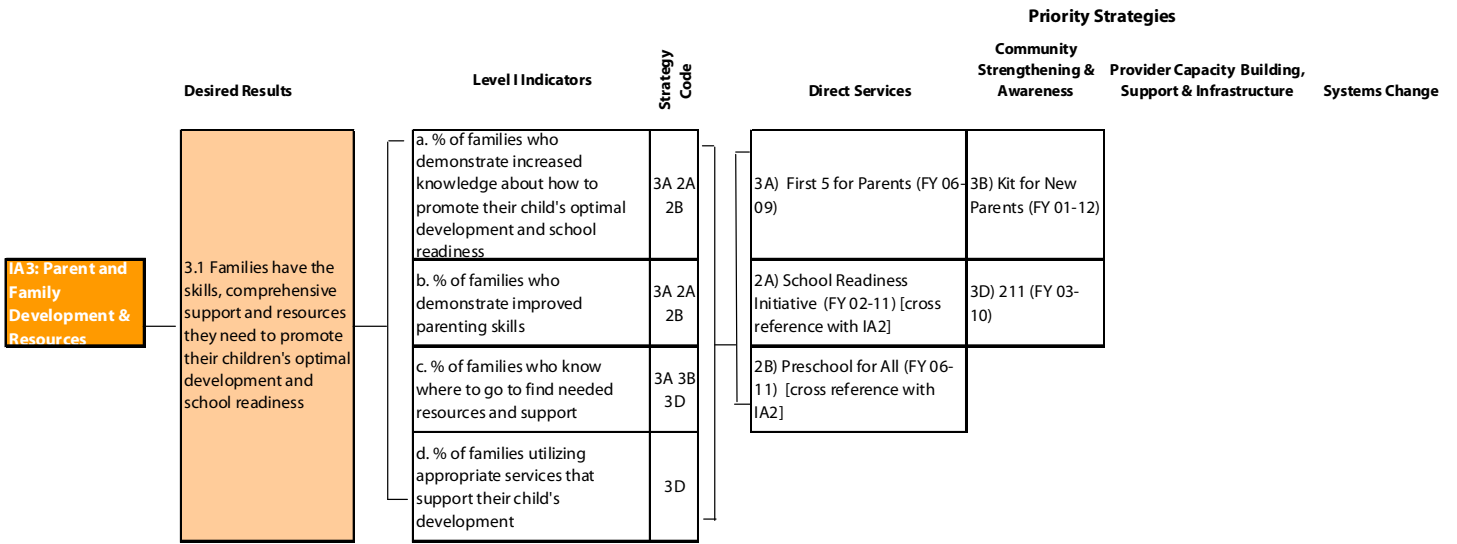
Issue Area 1: Children's Health

| Desired Results | Level I Indicators | Strategy Code | Priority Strategies | | | | |
|--|--|---|--|---|--|--|---------------------------------------|
| | | | Direct Services | Community Strengthening & Awareness | Provider Capacity Building, Support & Infrastructure | Systems Change | |
| 1A1: Children's Health | 1.1 Children are born and stay healthy | a. % of children who are enrolled/stay enrolled in health care | 1A) Healthy Development Services Initiative (FY 06-10) | 1A) Healthy Development Services Initiative (FY 06-10) | 1C) Oral Health Initiative (FY 05-10) | 1A) Healthy Development Services Initiative (FY 06-10) | |
| | | b. % of children utilizing appropriate health care resources (both preventative and urgent) | 1A 1B 1C 1D | 1B) Health Care Access Initiative (FY 04-08) | | | 1D) Flouridation |
| | | c. % of children receiving screenings compared to target "universe" | 1A 1C 2A 2B | 1C) Oral Health Initiative (FY 05-10) | | | |
| | | d. % of children identified as needing assessment who receive assessment | 1A 1C | 2A) School Readiness Initiative (FY 02-11) [cross reference with IA2] | | | |
| | | e. % of children identified as needing treatment who receive treatment/follow-up | 1A 1C | 2B) Preschool for All (FY 06-11) [cross reference with IA2] | | | |
| | | f. % of children receiving treatment who demonstrate improved health conditions related to the funded services they receive | 1A 1C | | | | |
| | | g. % of children being breastfed at all at the time of hospital discharge, at 6 weeks, at 6 months | 1A | | | | |
| 1.2 Children have access to preventative and comprehensive health care services | a. % of children who are enrolled/stay enrolled in health care | 1B | 1A) Healthy Development Services Initiative (FY 06-10) First 5 for Parents (FY 06-09) | | 1A) Healthy Development Services Initiative (FY 06-10) First 5 for Parents (FY 06-09) | 1A) Healthy Development Services Initiative (FY 06-10) | |
| | | b. % of children utilizing appropriate health care resources (both preventative and urgent) | 1B | 1B) Health Care Access Initiative (FY 04-08) | | 1C) Oral Health Initiative (FY 05-10) | 1C) Oral Health Initiative (FY 05-10) |
| | | c. Providers collaborate across disciplines and skill sets to provide health services to children | 1A 1C | 1C) Oral Health Initiative (FY 05-10) | | | |
| 1.3 Families have the knowledge, skills and resources they need to promote their children's optimal health | i. % of families who demonstrate increased knowledge about how to promote their child's health | 1A 1B 1C 3A | 1A) Healthy Development Services Initiative (FY 06-10) | | 1A) Healthy Development Services Initiative (FY 06-10) | | |
| | | j. % of families who demonstrate improved skills to promote their child's health | 3A | 1B) Health Care Access Initiative (FY 04-08) | | | |
| | b. % of families utilizing appropriate health care resources (both preventative and urgent) | 1A 1B 1C | 1C) Oral Health Initiative (FY 05-10) | | | | |
| | k. % of households in which someone smokes | 1A | 3A) First 5 for Parents (FY 06-09) [cross reference with IA3] | | | | |

Issue Area 2: Children's Learning and Social-Emotional Health

| | Desired Results | Level I Indicators | Strategy Code | Direct Services | Priority Strategies | | |
|---|--|---|--|---|-------------------------------------|--|---|
| | | | | | Community Strengthening & Awareness | Provider Capacity Building, Support & Infrastructure | Systems Change |
| IA2: Children's Learning and Social-Emotional Health | 2.1 Children have access to quality services that promote their early learning | a. % of parents from diverse cultural and linguistic backgrounds who utilize preliteracy services compared to target "universe" | 2A 2B | 2A) School Readiness Initiative (FY02-11) 2B) Preschool for All (FY06-11) | | 2C) CARES (FY 01-09) | 2A) School Readiness Initiative (FY 02-11) |
| | | b. % of providers who exhibit high standards as defined by best practices in their field | 2A 2B 2C | | | | |
| | | c. Providers collaborate across disciplines and skill sets to provide early learning and preliteracy services to children | 2A 2B | | | | |
| | 2.2 Children are socially and emotionally healthy | d. % of children receiving screenings compared to target "universe" | 2A 2B 1A | 2A) School Readiness Initiative (FY02-11) 2B) Preschool for All (FY06-11) 1A) Healthy Development Services Initiative (FY 06-10) [cross reference with IA1] | | | 1A) Healthy Development Services Initiative (FY 06-10) [cross reference with IA1] |
| | | e. % of children identified as needing assessment who receive assessment | 2A 1A | | | | |
| | | f. % of children identified as needing treatment who receive treatment/follow-up | 2A 1A | | | | |
| | | g. % of children receiving treatment who demonstrate behavioral/developmental gains related to the services received | 1A | | | | |
| | 2.3 Children are cognitively developing appropriately | d. % of children receiving screenings compared to target "universe" | 2A 2B | 2A) School Readiness Initiative (FY02-11) 2B) Preschool for All (FY06-11) 1A) Healthy Development Services Initiative (FY 06-10) [cross reference with IA1] | | | 1A) Healthy Development Services Initiative (FY 06-10) [cross reference with IA1] |
| | | e. % of children identified as needing assessment who receive assessment | 2A 2B 1A | | | | |
| | | f. % of children identified as needing treatment who receive treatment/follow-up | 2A 2B 1A | | | | |
| | | g. % of children receiving treatment who demonstrate cognitive/developmental gains related to the services received | 2A 2B 1A | | | | |
| | | h. Children are seamlessly connected from one partnering organization to another | 2A 2B 1A | | | | |
| 2.4 Families have the knowledge and skills they need to support their children's learning and social-emotional health | i. % of families who demonstrate increased knowledge about promoting their child's cognitive and social/emotional health | 2A 2B 3A | 2A) School Readiness Initiative (FY02-11) 2B) Preschool for All (FY06-11) | | | | |
| | j. % of families who demonstrate improved skills to promote their child's cognitive and social/emotional health | 2A 2B 3A | | | | | |

Issue Area 3: Parent and Family Development and Resources



Issue Area 4: Systems Improvement and Community Change

