

**Annual Report Form 2 (AR-3)  
Evaluation Process Worksheet  
For Fiscal Year 2010-11**

### 1) Description of Evaluation Activities

First 5 San Diego has a core design for each of its major projects that includes: process numbers, targeted outcomes and contextual information gathered through case studies, key stakeholder interviews and focus groups. In specific:

- **Health Care Access:** Tracks service counts and demographics for: outreach, enrollment, retention and appropriate utilization of healthcare.
- **Oral Health:** Tracks service counts and demographics for: screenings, examinations and treatment for children and pregnant women; care coordination services; oral health education for parents, pregnant women and providers; and training for OBGYNs, pediatricians and dentists. Tracks ages when children are seen and rates of dental decay compared to prior years. The Caries Risk Assessment measures protective and risk factors in high need patients.
- **Healthy Developmental Services:** Tracks service counts and demographics for: screenings, assessments and treatment for developmental, speech/language, behavioral, vision and hearing services; ECE provider training and consultations on social emotional challenges, and parent education, support and empowerment. Outcomes measured include developmental and behavioral gains, ECE provider interactions, successful referral and service coordination, parental knowledge and service integration.
- **School Readiness and Preschool for All (PFA):** Tracks service counts and demographics for preschool and parent/child development centers. Child outcomes measured through Fall and Spring results of the DRDP-R (for classrooms) or the ASQ (for centers). Parent evaluations include the Survey of Parenting Practices. Teacher surveys and interviews assess skills, experience and teacher retention. PFA also uses the ECERS, FCCERS, and the CLASS instruments to assess staff and classroom quality and the PAS and BAS for site administrators.
- **KidSTART:** Tracks service counts and connection to services in this startup year. Will add treatment outcomes in subsequent years.
- **CWS Projects:** Tracks service counts for foster children receiving screenings and connection to needed services; coaching for foster parents; trainings for social workers and coaching of residential care staff. Outcomes tracked include improvement in interactions between residential care staff and foster children, placement stability and reunification with family.

## Special Evaluation Projects:

- **PFA Five-Year Summative Study:** Produced report of the five-year PFA demonstration project. Incorporated project data, teacher and administrator surveys, key informant interviews, parent surveys, provider focus groups and current research.
- **Data system:** The third year of the web-enabled contract management and evaluation system improved standardization and data quality while facilitating an unduplicated count of clients and deeper analysis of projects.
- **HDS:** Healthy Development Services (HDS) introduced more robust, standardized tools and measures including the Home Activity Plan (HAP) and an innovative pilot to use the Hawaii Early Learning Profile (HELP) to measure developmental gains with more sensitive domains and subscales. Behavioral services evaluations measured child gains as well as risk and protective factors.
- **Program Design:** Evaluation efforts were core to the draft design of the Quality Preschool Initiative, and to new investments to assist children in the child welfare system with complex needs (KidSTART) including speech developmental and social emotional needs.
- **Quarterly Dashboard and Annual Scorecard:** These were developed to provide the Commission and public with a summative view and to better track the key indicators of the Commission's projects.

## New Activities for FY 11-12

- **Program Design:** Evaluation will play a key role in the design of the Quality Preschool Initiative and other high priority investments identified by the Commission.

## 2) Key Evaluation Findings

### Significant Evaluation Findings

**Overall Results:** In total, 61,407 children 21,819 parents and caregivers and 1,587 providers (unduplicated count) were intensively served by First 5 San Diego programs. Latino children (70.2%) and parents (66%) were the most prominent group intensively served, followed by White, non-Hispanics (12.6% children and 15.5% parents). Just over half of those served spoke Spanish as their primary language (children: 53.2% and parents: 47.1%). This fits with local demographic data as 65% of children in poverty in San Diego County are Hispanic and 40.9% of county children under age 5 are Hispanic (2008 data).

## **Initiative Summary Results**

**Healthy Development Services:** 24,050 children and 12,288 parents and caregivers were served by HDS services. 1,577 ECE providers received training and coaching in early childhood mental health. More consistent methods were established to track children from screening through completion of treatment and to measure gains due to treatment. Children receiving speech and language and developmental services showed demonstrated gains in 6 domains.

**School Readiness:** 4,567 children received early education services which included enhancements to State Preschool, parent/child activities and special needs services. 1,049 parents attended parent education sessions, received home visits, received family literacy services and participated in kindergarten transition activities.

**Preschool for All:** 6,942 children in eleven communities were given a quality preschool experience through PFA, including 9% with special needs. 82.5% of children received a developmental screening. 1,008 parents attended parent education sessions. 96% of sites have improved or maintained high quality. Since 2006, 518 degrees have been earned by PFA teachers.

**Oral Health:** 26,440 children and 4,383 pregnant women received dental screenings. Over 13,000 dental treatment and follow-up services were provided. 5,918 children and 2,527 pregnant women (unduplicated) received dental treatment. High risk patients receive the Caries Risk Assessment which identifies risk and protective factors. 2,314 children and pregnant women received services from the specialty treatment fund.

**Healthcare Access (HCA):** Through HCA, 14,296 children and 3,913 pregnant women were assisted with applications. 10,609 children and 2,545 pregnant women were enrolled in health insurance. 3,807 children renewed their health insurance. HCA also coaches families on appropriately utilizing and maintaining medical care.

**Child Welfare Services Projects:** 1,072 foster children were screened for developmental and behavioral issues and provided with an Individual Care Plan. 575 received case management to connect them to needed services. Over 100 foster parents received in home coaching.

### **3) Policy Implications of the Commission's Evaluation**

First 5 San Diego publishes its evaluation results annually in a report, which is provided to the Commission, all its contractors, other government agencies, community organizations and to the public. The report is posted on the Commission's website and available on CD. The findings of the report are formally presented over two Commission meetings, with a focus on: the numbers

served, outcome results, challenges faced and recommendations for future actions. The evaluation results for each initiative are reviewed in depth at meetings with the contractors. Results are used to identify successful practices and to implement strategies for continuous improvement of these projects. Data gathered are used by the Commission for strategic planning and funding decisions, and are also available for use by the other entities such as the Children's Report Card project.

The Commission approved a new 5-year strategic plan, which narrows the focus and better directs the Commission's investments. Evaluation results were key to the Commission's decision to expand investments in: healthy development services; oral health; health insurance enrollment retention and utilization; quality preschool; public parent education and information and referral services. All health programs have expanded treatment services which are producing successful child gains. Quality preschool programs will expand to new communities after a new RFP is released and awarded. Communities will be selected based on a review of regional data and community feedback.

The passage of AB 99 puts Commission funds at risk. As a result, the evaluation budget has been reduced as has the scope of the evaluation. Certain projects such as the triennial Family Survey and Status of Young Children in San Diego Report have been discontinued as have plans for a longitudinal study.