



Memo

To: Commissioners, First 5 Ventura County
From: Claudia Harrison, Executive Director
Date: September 19, 2013
Re: Review and Discussion of Evaluation and Accountability Frameworks

CURRENT EVALUATION DESIGN

Evaluation Frameworks (Attachment A)

The Commission has developed a series of frameworks which are tied to each of the nine outcomes in our strategic plan. Each framework defines a set of evaluation questions and performance benchmarks within each investment area that measures success toward achieving the desired outcomes. These frameworks generally align with contractual service provisions, largely measuring accountability for funded partners.

Data Collection

The Commission's data software system, known as GEMS (Grant Evaluation and Management System), is utilized by funded partners to enter information on participants (intake forms), service use and outcomes (survey tools).

Annual Evaluation Report

On an annual basis the Commission has contracted with an external evaluator to compile funded partner data from GEMS, populate the frameworks and report on key findings. The evaluation contractor has typically extracted the data from GEMS into a separate software package (SPSS) to perform the analysis and produce the report. In the case of Commission funded partners who also maintain an internal data management system with information that is not stored in GEMS, this data has been shared with the Commission through a separate process so that the information can be included in the annual report. The annual evaluation report includes information on each of the Commission's investment areas along with a summary of results.

DRIVERS FOR CHANGE

Cost

While the Commission has significantly reduced evaluation related costs over the past several years, the current cost structure will be difficult to maintain in the long-term given the continued decline in Proposition 10 revenues.

Outcome Tools

Client level outcomes are currently obtained through a series of outcome surveys designed to measure knowledge and/or behavior change as a result of services. Participants are generally asked to complete these tools at the conclusion of service. While some of these tools work well,

such as the DRDP used in preschool settings, other tools are at times too generic for the types of service provided and/or measure participants' outcomes on different types of services. For example, a "Parent and Child Together" program at one NfL may differ in curriculum focus and types of contacts, yet be subject to the same tool to measure outcomes. At times the tool is not relevant to the particular service and, furthermore, when a participant leaves service prior to the use of the tool, the outcome data for that participant becomes unavailable. Outcomes in parent knowledge, early learning and child health are often the result of several different service interventions provided over time.

Communication of Results

The Commission's frameworks have been an important tool for defining the evaluation questions that matter to the Commission and for developing a series of performance measures of accountability for current funded partners. As an accountability tool, these frameworks have been immeasurable in enabling staff and Commissioners to understand results across initiatives and at the level of individual funded partners.

However, the complexity of the information doesn't necessarily answer the simple question of, "But how are we really doing?" Coupling the current accountability frameworks with a few selected indicators could better enable the Commission to communicate progress in each of its three major goal areas.

RECOMMENDATIONS

Improve Data Collection System and Processes

- Redesign software system - work with other GEMS counties to develop a common platform, reducing overall long-term costs and developing a more user-friendly system in data intake and report generation
 - Eliminate any data elements currently collected that are not utilized by the Commission or by funded partners

Refine Frameworks

- Streamline current accountability frameworks (Attachment B)
 - Consolidate and simplify current accountability frameworks to decrease the number of benchmarks and to align with funder partner service provisions
 - Utilize current frameworks to measure accountability, reporting significant successes and challenges to the Commission on an annual basis
- Develop an evaluation framework that tracks selected indicators in relation to the Commission's three key goals (Attachment C) to communicate overall results more effectively

Revise Outcome Data Collection

- Identify which outcome tools yield the best measure of progress (e.g., DRDP 2010) and eliminate other tools
- Revise frequency of data collection
 - Implement "Point in Time" parent survey of all current program participants that would assess changes in family strengthening and children's health over multiple service interventions
 - Conduct "Exit" assessment for children entering Kindergarten

- Implement program improvement questionnaires
 - Engage funded partners in developing tools/questionnaires that would provide feedback to programs for continuous quality improvement

**Utilize Software System to Generate Reports for Accountability Data;
Utilizing Evaluation Contractors to Refine Frameworks, Develop Outcome Tools and
Provide Further Analysis When Issues are Identified**

- FY 2012-13 Evaluation Report
 - Generate performance reports for accountability frameworks directly from the GEMS system
 - Utilize staff and/or current evaluation contractor to generate reports on data not available in GEMS
 - FY 2012-13 Annual Evaluation Report would contain benchmarks populated with current year's data along with an analysis of key findings provided by staff

- FY 2013-14 Evaluation Report
 - Release bid for evaluation contractor to refine FY 2013-14 evaluation design and outcome tools
 - Generate performance reports from accountability frameworks directly from the GEMS system
 - FY 2013-14 Annual Evaluation Report would contain benchmarks populated with current year's data along with a summary of key accountability findings provided by staff
 - FY 2013-14 Annual Evaluation Report would also provide data and analysis on "high level" framework



OUTCOME (s):

Parents have the tools, resources and supports for healthy attachments and positive interactions with their children, e.g. knowledge of early childhood development, their role in promoting healthy development, access to community supports; and

Parents are linked with the services they need and other resources they are eligible for (e.g. food stamps, subsidized housing)

FUNDED PROGRAMS: Service Coordination & Case Management ; Prenatal Care & Support; Triple P; 2-1-1; Benefits Calculator, Kit for New Parents, Community Resource and Referral

| | EVALUATION CRITERIA | CRITERIA FOR SUCCESS/BENCHMARKS (FY 12-13) | SOURCES OF INFORMATION | EVALUATION REPORT FY 11-12 BENCHMARKS (TARGETS) |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Coordination and Case Management | Funding allocation | FY 12-13 - \$910,000 | | FY 11-12 - \$\$1,245,560 |
| | Are families receiving assistance accessing needed basic services? | 1,608 families will receive service coordination/case management support to access needed basic services through NfLs or Countywide Service contracts. | GEMS—Core and group participant data | 1413 families will receive service coordination/case management support to access needed basic services through NfLs or Countywide Service contracts. |
| | Are families being connected to services to address identified family needs? | NfL/Provider staff report parents being able to access referred service 90% of the time. | GEMS – outcome data (Service Coordination/Case Management Staff Survey) | NfL/Provider staff report parents being able to access referred service 90% of the time. |
| | Do parents report improved knowledge, confidence, and ability to solve problems? | 80% of families report improved knowledge, confidence, and ability to solve problems | GEMS – outcome data (Service Coordination/Case Management Survey) | 70% of families report improved knowledge, confidence, and ability to solve problems |
| | Are parents reporting improved social connections and ties? | 80% of parents report improved social connections and ties | GEMS – outcome data (Service Coordination/Case Management Survey) | 70% of parents report improved social connections and ties |
| | Are parents improving in their parent/child interactions? (Knowledge of Parenting and Child Development) | 80% of parents will improve in their parent/child interactions | GEMS – outcome data (Service Coordination/Case Management Survey) | 70% of parents will improve in their parent/child interactions |

Early Childhood System and Partnerships

Outcomes

- First 5 Ventura County creates the infrastructure for an integrated Early Childhood System
- Community organizations and agencies dedicate resources to early childhood systems

| Indicators for Success | Accountability Measures |
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| <p style="text-align: center;">Integrated Services</p> <p style="text-align: center;">Parent as Leaders</p> <p style="text-align: center;">Partnerships</p> <p style="text-align: center;">Community Based Systems</p> | <ul style="list-style-type: none"> • Services target the most vulnerable children • Allocation of resources is based on need factors • Neighborhoods for Learning, regional health professionals and other countywide strategies work together to form a net of services and supports for children and families • Family needs and strengths are assessed. Needs are addressed through multiple integrated and coordinated services. • Funded partners have protocols for referral and follow-up ----- • Parents are empowered as their child's first and most important teacher • Neighborhoods for Learning are governed by their community ----- • Community partnerships support services, environments, and transitions for children ----- • Services are based and delivered in the community |

Children are developing the language and social emotional skills they need to succeed in school

Outcomes

- Parents are engaging children in early learning and are reading to their children often, from an early age
- Children participate in quality preschool

| Strategies | Investments/ Funded Programs | FY 2013-14 Accountability Targets | FY 2012-13 Benchmarks/Targets |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Early Learning for Parents and Children Together (PACT) <ul style="list-style-type: none"> • Parents or caregivers participate with their children in First 5 early learning activities • Children are reached in the early years (0-3) | <ul style="list-style-type: none"> • Neighborhoods for Learning • Mixteco Indigenous Community Organizing Project (MICOP) | xx parents/caregivers will participate with their children in First 5 funded early learning activities. | 2,156 parents/caregivers participated in early learning activities. |
| | | xx% of children in First 5 funded early learning activities will be ages 0-3. | 70% of children in First 5 funded early learning activities are ages 0-3. |
| Preschool <ul style="list-style-type: none"> • Children attend preschool as a result of First 5 funding and are prepared to enter kindergarten • Preschools are of high quality • Capacity building efforts result in a more qualified workforce • Licensed capacity increases | <ul style="list-style-type: none"> • Neighborhoods for Learning • Preschool Expansion • Quality Rating and Improvement System (QRIS) | xx children will attend First 5 funded preschools | 1,311 children attended First 5 funded preschools |
| | | xx% of children will achieve “building or integrating level” on measures of social and cognitive development as measured by DRDP 2010 | 75% of children achieved “building or integrating level” on measures of social and cognitive development as measured by DRDP 2010 |
| | | xx early education programs will participate in QRIS ¹ | 60% of First 5 funded preschools spaces are “good” or “excellent” quality |
| | | xx of participating preschools will rate at the top two tiers of quality ² | |
| | CARES Plus | xx additional early education teachers will complete requirements for AA or BA degree | 10 additional early education teachers will complete requirements for AA or BA degree |
| CILF | x additional CILF loan will be issued to increase licensed capacity | **New in FY13-14** | |

¹ Target at end of 2015: 79 early education programs participate in QRIS, representing 11% of programs serving the RTT target population in Ventura County

² Target at end of 2015: 55 early education programs who participate in QRIS will be in the top two tiers of quality

Children are healthy

Outcomes

- Children have a medical home where they regularly receive preventive care, inclusive of well child check-ups, developmental screenings and parent education
- Children have good nutrition and physical activity practices necessary to prevent and combat childhood obesity
- Children receive oral health preventive care and treatment services
- Children with special needs (inclusive of social/emotional) receive intervention as early as possible in inclusive, “mainstreamed” settings, e.g. family literacy programs, preschools

| Strategies | Investments/ Funded Programs | FY 2013-14 Accountability Targets | FY 12-13 Benchmarks/Targets |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Access to Health Care Services <ul style="list-style-type: none"> • Children and families are linked with and are appropriately utilizing health care services | <ul style="list-style-type: none"> • Regional Health Professionals • Neighborhoods for Learning | xx% of children lacking health insurance at intake will be connected with health insurance enrollment assistance | 80% of children lacking health insurance at NfL intake will be connected with health insurance enrollment assistance |
| | | xx% of children reporting on intake of not having a regular doctor will be linked to a medical home | 70% of children enrolled or reenrolled in insurance coverage will be linked to a medical home |
| | | xx% of children reporting on intake of not ever having had a dental exam will be referred for services | 80% of children reporting on intake of not ever having had a dental exam will be referred for services |
| | | xx% of children reporting on intake of not ever having had a developmental screening or expressing concerns about their child’s development will be referred for services | |
| Prenatal Services <ul style="list-style-type: none"> • Women are screened during the prenatal period for preventable risks such as smoking, alcohol or drug use, and domestic violence • Women who screen positive continue to receive support throughout their pregnancies | 4 P’s Plus | xx women will receive screening for prenatal risks using the 4Ps+ Tool | 1,600 women will receive screening for prenatal risks using the 4Ps+ Tool |
| | | xx% of pregnant women who are enrolled in case management services will continue to receive intensive support throughout pregnancy and the early prenatal period. | 70% of pregnant women who are enrolled in case management services continued to receive intensive support throughout pregnancy and the early prenatal period. |
| Nutrition and Physical Activity | <ul style="list-style-type: none"> • Regional | xx families will attend | 300 families attended workshops on child |

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| <ul style="list-style-type: none"> Families receive information about good nutrition and physical activity First 5 funded programs are serving healthy food and include physical activity into their programming Community partners support good nutrition, physical activity, and breastfeeding | <ul style="list-style-type: none"> Health Professionals Neighborhoods for Learning | workshops on child nutrition and physical activity, with a focus on families from Oxnard Plains and the Santa Clara Valley | nutrition and physical activity, with a focus on families from Oxnard Plains and the Santa Clara Valley |
| | | 100% of funded programs will adopt and adhere to First 5 standards for nutrition and physical activity | 100% of funded programs adopt and adhere to First 5 standards for nutrition and physical activity |
| | F5VC | xx Community partners will target physical activity programming to children under 5 | 2 Park and Recreation Departments will target physical activity programming to children under 5 |
| | | xx hospitals will have identified gaps in breastfeeding policies/resources and begin acting upon those gaps xx large employers will make information on breastfeeding, workplace and community resources available to pregnant employees and/or their partners xx restaurants will participate in Good for Kids and offer healthy food choices on their menu | 8 hospitals will have identified gaps in breastfeeding policies/resources and begin acting upon those gaps 5 large employers will make information on breastfeeding, workplace and community resources available to pregnant employees and/or their partners <i>** NEW in FY2013-14**</i> |
| Oral Health Services <ul style="list-style-type: none"> Children receive preventive oral health services, exams and dental treatment as a result of First 5 funding Parents receive education on oral health for their children Children in all areas of Ventura County are reached The capacity of the oral health care system to address unmet needs for children is expanded | <ul style="list-style-type: none"> Santa Barbara-Ventura Counties Dental Care Foundation Clinicas del Camino Real Ventura County Public Health | xx fluoride varnish applications will be delivered to children in preschools, family resource centers, medical offices, or clinics. | 15,110 fluoride varnish applications will be delivered to children in preschools, family resource centers, medical offices, or clinics. |
| | | xx children will receive oral health treatment services (e.g., dental exams, x-rays, fillings) | 983 children will receive oral health treatment services (e.g., dental exams, x-rays, fillings) |
| | | xx parents/guardians will receive preventive oral health education | 3000 parents/guardians will receive preventive oral health and nutrition education |
| | | Children served are proportionally distributed across the county and reflective of high need areas | Children served are proportionally distributed across the county and reflective of high need areas |
| | | xx clinics with lower participant | 5 low producing clinics will increase the |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | numbers will increase the number of fluoride varnish applications by 50%. | number of fluoride varnish applications by 50%. |
| | Santa Barbara-Ventura Counties Dental Care Foundation | xx new volunteer dentists will be recruited to provide oral risk assessments and fluoride varnish to children at scheduled community events | 15 new volunteer dentists will be recruited to provide oral risk assessments and fluoride varnish to children at scheduled community events |
| Developmental Screening <ul style="list-style-type: none"> Children are screened for developmental delays as early as possible Children are appropriately referred for follow-up assessment and early intervention services The capacity to conduct universal screenings, referrals and follow-up services is built and increases. | <ul style="list-style-type: none"> Ventura County Public Health - Regional Health Professionals Landon Pediatric Foundation | xx children will receive developmental screening through the NfLs or at participating clinic sites | 800 children will receive developmental screening through the NfLs 4,000 children will receive developmental screenings at participating clinic sites |
| | | xx% of children screened will be 2 years of age or less (<24 months) | 60% of children screened will be 2 years of age or less (<24 months) |
| | | 100% of children screening positive for a developmental concern will be referred to follow-up assessment and early intervention services | 80% of children screening positive for a developmental concern will be referred to follow-up assessment and early intervention services. 80% of children referred will be confirmed to be eligible for services |
| | | xx parents will receive individualized navigation support as a result of developmental screening | 168 parents will receive individualized navigation support as a result of developmental screening |
| | | xx children will be served and mainstreamed into community-based services and programs. | 120 children will be served and mainstreamed into community-based services and programs |
| | | xx% of County Ambulatory Care clinics will receive training on universal developmental screenings and incorporate screening into routine well-child exams | 71% of County Ambulatory Care clinics will incorporate developmental screening into routine well-child exams 78% of County Ambulatory Care clinics will receive training on universal developmental screenings and on autism screening |

Families are strong

Outcomes

- Parents have the tools, resources and supports for healthy attachments and positive interactions with their children, e.g. knowledge of early childhood development, their role in promoting healthy development, access to community supports;
- Parents are linked with the services they need and other resources they are eligible for (e.g. food stamps, subsidized housing)

| Strategies | Investments/Funded Programs | FY 2013-14 Accountability Targets | FY 12-13 Benchmarks/Targets |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Coordination and Case Management <ul style="list-style-type: none"> • Families receive assistance accessing needed services | <ul style="list-style-type: none"> • Neighborhoods for Learning • Regional Health Professionals | xx families will receive service coordination/case management support to access needed services | 1,608 families will receive service coordination/case management support to access needed basic services through NfLs or Countywide Service contracts. |
| | | Funded partner staff report parents being able to access referred service xx% of the time. | NfL/Provider staff report parents being able to access referred service 90% of the time. |
| Parent Education and Support <ul style="list-style-type: none"> • Parents or caregivers participate in First 5 parent education activities related to early childhood health, development, and safety | <ul style="list-style-type: none"> • Neighborhoods for Learning • MICOP • Ventura County Public Health - Regional Health Professionals • Ventura County Behavioral Health – Triple P | xx parents or caregivers will participate in First 5 parent education activities related to early childhood health, development, and safety. | 556 parents will receive quality information/education about early childhood health, healthy development and child safety through VCPH Health Educators or MICOP Promotoras 2,400 parenting tip sheets will be distributed to parents with children 0 – 5 (Level II) 300 parents will participate in intensive parenting education support services (Level III) with trained staff. |
| | | Xx% parents will report a reduction in their child's symptoms or problem behaviors | 80% of children who receive targeted intensive family interventions (Level IV) show reductions in problem symptoms and problem behaviors 80% of families who receive targeted intensive family interventions (Level IV) demonstrate improved parental relationships and improved developmental functioning |

EVALUATION FRAMEWORK

| OVERALL GOALS | TRACKING IMPACT |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Parents have the resources they need to support their child's development</p> | <p>#/% parents reporting that they can access services when needed</p> <p>#/% parents reporting good knowledge of early childhood development</p> <p>#/% parents who read to their children 3 or more times a week</p> |
| <p>Children are accessing the health care they need to keep them healthy</p> | <p>#/% children who visit a doctor for "well-child" visits and have a regular place of care</p> <p>#/% children who visit a dentist for "well-child" visits and have a regular place of care</p> |
| <p>Children are getting the early language and social emotional skills they need to succeed in school</p> | <p>#/% of children that are "school ready" prior to entering Kindergarten</p> |