

FIRST 5 SACRAMENTO COMMISSION

2750 Gateway Oaks Dr., Suite 330
Sacramento, CA 95833

Computer Link:

<https://saccounty-net.zoomgov.com/j/1609583204?pwd=MkdaSEk3WjdmclJVaEZjREMyZENTZz09>

Meeting ID: 160 958 3204

Passcode: 311339

EVALUATION COMMITTEE

AGENDA

Monday, May 20, 2024 – 1:00 PM to 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Robin Blanks, Tony Smith, Jennifer Mohammed (Alt.), Kairis Chiaji (Alt.)

Staff: Julie Gallelo, Carmen Garcia-Gomez, Elena Enriquez

Consultant: Applied Survey Research



1. Call to order and Roll Call
2. Public Comments on Off-Agenda Items
3. Approve Draft Action Summary of March 18, 2024
4. Approve Draft Action Summary of April 19, 2024
5. Evaluation Staff Report
6. General Evaluation Update – Applied Survey Research
7. Review and Discuss: Evaluation Plans
 - Birth and Beyond RBAs (Empowered Families, CalWORKs, RAACD)
 - Sacramento Crisis Nursery
 - Preschool Bridging Model
8. Review and Discuss: Evaluation Forms
 - Consent Form
 - Family Information Form
 - Client Information Form

If there is a need for an accommodation pursuant to Americans with Disabilities Act (ADA), medical reasons or for other needs, please contact the Clerk of the Board by telephone at (916) 874-5411 (voice) and CA Relay Services 711 (for the hearing impaired) or WillsSt@saccounty.gov prior to the meeting.

9. Committee Member Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

FIRST 5 SACRAMENTO COMMISSION

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Sacramento, CA 95833

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Monday, March 18, 2024 – 1:00 PM - 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Dr. Olivia Kasirye
Advisory Committee Member(s): Robin Blanks, Tony Smith, Jennifer Mohammed (Alt.), Kairis Chiaji (Alt.)
Staff Present: Julie Gallelo, Carmen Garcia-Gomez, Kris Clinton, Elena Enriquez
Attendance: In-person: S. Wirtz, D. Gordon, J. Mohammed, R. Blanks, T. Smith, R. Blanks, K. Chiaji
Via Zoom: Dr. O. Kasirye
Consultant: Applied Survey Research



1. Call to order and Roll Call
Action: Meeting was called to order at 1:00 PM.
2. Public Comments on Off-Agenda Items
Action: None.
3. Approve Draft Action Summary of January 22, 2024
Action: Mohammed/Smith.
4. Evaluation Staff Report
Action: None.

Commission staff provided an update on the following items:

- **Evaluation Staff Update:** Elena Enriquez joined the commission on February 13, 2024.
- **Evaluation Planning:** Staff and ASR have been meeting with contractors to update Results Based Accountability tables and surveys to be implemented in July 2024.

In addition, the evaluation team will update the Family Information Form and Consent forms which will be presented to the Evaluation Committee in May.

- **Child Health, Education, and Care Summit:** First 5 staff will participate at the F5CA sponsored event later this month as part of a panel presenting on RBAs.
- **Special Study:** Crisis Nursery, exploring client return rate and how clients define “better-off” after utilizing crisis nursery services.
- **Referral Portal:**
 - i. Referral Agencies: 100 agencies in the referral portal
 - ii. # of contractors using the Referral Portal: 13 F5 contractors (out of 17)
 - iii. # of clients with at least 1 referral: 928
 - iv. # of referrals sent: 1710 (it may be lower)
 - v. # of referrals with outcome data: 988
 - a. Received services: 488
 - b. Pending: 315
 - c. Parent declined: 90
 - d. Unable to contact family: 70
 - e. On waitlist: 21
 - f. Not eligible: 4

Discussion:

- Staff to send special study proposal to Evaluation Committee.
- Committee members discussed the various outcomes and reasons for a client not being eligible for services and for declining them. Staff explained that it could be for various reasons such as not meeting the eligibility criteria, or the client is already receiving services. When parents decline, it may be that they don’t need the service or are just not interested.
- Staff added that the commission is considering incorporating the questions, “If you received a referral, did you receive services, and what was the outcome?” into the follow-up process or including it in the Family Information Form.

5. General Evaluation Update – Applied Survey Research

Action: None.

ASR staff provided a summary of activities for the months of February and March.

6. Approve April Evaluation Committee Meeting

Action: Writz/Gordon.

Commission staff requested an additional meeting in April to allow time for this committee to review the evaluation plans and provide input. Staff will follow-up with an email to the committee and post the date on the website to give the public plenty of notice.

7. Approve Updated Evaluation Policy

Action: Committee would like to review and approve an updated policy.

Discussion: Staff explained the reason for the policy, an update from the 2016 approved policy. Staff recommends that the updated policy is included in the contracts and that it is widely distributed to data entry staff.

D. Gordon shared concerns regarding having the policy as part of the contract, as it may need to be reviewed on an annual basis and may need to be approved on an annual basis by the committee. Rather include the requirements in the contract.

Chair S. Wirtz asked for clarification on how non-F5 Funded participants are entered and handled in the system. Staff explained how the services are assigned the funding source for the specific service received by the individual/

Chair S. Wirtz asked staff to clarify services to families of children ages over the age of 6, it is not clear. Staff will update the information in the policy.

D. Gordon recommended a data entry guide and a high-level policy.

The Committee recommended the title of the document is also changed to "Data Management Requirements", a policy would not allow the flexibility to make changes or edits without the approval of the committee.

8. Received and Discuss: Evaluation Plans

Action: Reviewed and Discussed.

Committee members provided input and discussed in detail.

- WIC
- Help Me Grow

Discussion: Staff explained the evaluation procedures will be included in each contract. The evaluation procedures specify specific requirements for each contractor.

D. Gordon asked what the difference is between the policy shared in the earlier item and the evaluation procedures. Staff explained the policy is a high-level document and the evaluation procedures are specific to each contractors.

R. Blanks asked for clarification regarding the evaluation procedures. Staff explained the uniqueness of the indicators and forms are created for each individual agency depending on the scope and strategies.

S. Biegler provided a perspective from the contractor and recommended that some of the language is changed to include that the RBA was created in partnership with the contractor. Dr. Kasirye expressed a concern regarding making the change to the language as an evaluation should be objective and independent. Partnership should be clarified. S. Wirtz explained that getting the provider's input is critical part of establishing what is the objective measure.

S. Wirtz further explained that the community indicators are not the best indicators for program success because they are too distal. He urges us to continue to have a participatory process.

J. Katti explained that the partnership was to ensure we were all in understanding of what was being proposed in the scope.

Dr. Kasirye urged that we have an objective evaluation as to ensure we are not picking and choosing what is being evaluated and reported.

S. Wirtz recommends that the consent is changed; the participants should first consent to allow for the coordination of their care, then allowing the use of data for the participation in the evaluation.

ASR presented the RBA for WIC and HMG.

9. Received and Discuss: Family Strength Builder
Action: Reviewed and Discussed.

S. Wirtz wants to ensure the Family Strength Builder is as good as the previous tool. There is concern that the tool is not measuring reality, the crises families are experiencing.

ASR explained that the tool was created in partnership with B&B, B&B staff were concerned that the previous tool was not trauma informed. B&B is in the process of building a protocol tool on how to use the tool with families.

S. Wirtz suggested that ASR review literature of other tools and identify a way on how to implement. He feels the tool is not serving our needs.

K. Clinton explained the training B&B staff has participated in to learn how to administer the tool.

10. Committee Members Comments

a. Miscellaneous

a. J. Mohammed expressed her gratitude to WIC for the services she's received.

b. Future Agenda Items/Presentations

Adjourned: 3:29 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

FIRST 5 SACRAMENTO COMMISSION

2750 Gateway Oaks Dr., Suite 330
Sacramento, CA 95833

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Friday, April 19, 2024 – 10:00 AM - 12:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Dr. Olivia Kasirye
Advisory Committee Member(s): Robin Blanks, Tony Smith, Jennifer Mohammed (Alt.), Kairis Chiaji (Alt.)
Staff: Carmen Garcia-Gomez, Lindsey Dunckel, Linda Fong, Elena Enriquez
Attendance: In-person: S. Wirtz, J. Mohammed, R. Blanks
Via Zoom: D. Gordon, Dr. O. Kasirye, T. Smith
Consultant: Applied Survey Research



1. Call to order and Roll Call

Action: Meeting was called to order at 10:01 AM. A quorum was not established.

2. Public Comments on Off-Agenda Items

Action: None.

3. Approve Draft Action Summary of March 18, 2024

Action: Moved to May meeting for approval.

Edit on S. Wirtz explanation on Item 8, paragraph 5, to include the word “not” in the first sentence.

4. Evaluation Staff Report

Action: None.

Commission staff provided an update on the following items:

Evaluation Planning:

- RBAs in process
 - B&B (Empowered Families, RAACD, CalWORKs)
 - Crisis Nursery
 - Preschool Bridging Model
- Consent
- Family Information Form

- **Special Study:** Update on Crisis Nursery special study. Staff decided to put this work on hold until July.

Discussion: The committee agreed to review the remaining RBAs via email if needed.

Staff reported that the Family Information Form and Consent Form will be completed and presented to the committee for review and feedback at the May meeting.

5. Receive and Discuss– Evaluation Plans

Action: Reviewed and discussed.

ASR presented the RBA for:

- UC Davis MIND Institute Developmental Playgroups
- School Districts/Playgroups & Parent Cafes
- Her health First/Black Mothers United
- Safe Sleep Baby

Committee members provided input and discussed in detail. Some points of discussion and feedback:

- UC Davis MIND Institute Developmental Playgroups:
 - D. Gordon shared concerns about the lack of data available regarding utilization rates of preventive care services for children. How do we mine data from the general system? S. Wirtz proposed presenting the issue to the SOS committee.
 - Include a note that the Family Outcome Survey is from the Early Childhood Technical Assistance Center; validated by the Early Childhood Outcomes Center.
- School Districts-Playgroups:
 - Attendance: Add "Total" to number of sessions attended. S. Wirtz proposed future explorations/special studies that will look at parent satisfaction by total attendance.
 - Playgroup Follow Up Survey: Add a narrative question; why/why not or "anything else you would like to share".
- School Districts – Parent Support & Connections:
 - Parent Café Follow Up Survey -Parent Leadership Development: Review the wording of the Be Strong Families tool and make modifications that feel more appropriate to the level of leadership being proposed. For example, change from "my district" to "my school".
- Safe Sleep Baby: Knowledge Improvement by group: Report successes and challenges. Change language to more general rather than purposefully selecting positive improvements.
- Consider incorporating response rates from follow-up and program exit surveys in reporting to interpret generalizability.

6. Committee Members Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

Adjourned: 11:59 a.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

Evaluation Committee
Staff Report
May 20, 2024

1. **Evaluation Planning:** In preparation for the new Fiscal Year and any changes in Persimmony, the system will be locked down mid-July for a couple of days as we update service menus and forms.
2. **Referral Portal:** Confidentiality and security update. A written response to concerns about confidentiality and security will be sent out in early June.

Summary of Evaluation Activities for First 5 Sacramento

May 2024

Strategy	Task
FY 2024-2027 Preparation	<p>Ongoing development of RBA drafts for direct services contractors based on proposed scopes and feedback from the current contract/funding cycle</p> <ul style="list-style-type: none"> Meeting with contracted partners to finalize RBAs, Services, Assessments <p>Drafts for presentation today: Birth & Beyond (Empowered Families, CalWORKs, RAACD contracts), Crisis Nursery, PBM, Intake FIF, Acknowledgement and Consent</p>
Building Strong Families	<ul style="list-style-type: none"> Preparing brief summary of first year of program (May 1 – April 30)
Special Study	<ul style="list-style-type: none"> Crisis Nursery special study (data review, interviews with staff, interviews with participants); pending approval and recruitment from Crisis Nursery
Birth & Beyond	<ul style="list-style-type: none"> 0-17 Report draft in review with partners ASR to present to Evaluation Committee in July and Commission in August
RAACD	<ul style="list-style-type: none"> FY 2023-24 report to be started in the fall
F5 Sac Eval Report	<ul style="list-style-type: none"> FY 2023-24 report to be started in the fall
Persimmony	<ul style="list-style-type: none"> Ongoing streamlining efforts and data audits and preparations for new funding cycle implementations

Timeline

	May	June	July	Aug	Sept	Oct
2024-2027 RBAs	Eval Comm Review	Write	Implement	TA Support	TA Support	TA Support
Building Strong Families	Data	Write				
Special Study	Partner Review	Proposal sent to Eval Comm	Data/Write	Write	Eval Comm Review	
Birth & Beyond Report	Partner Edits		Eval Comm Review	PREZ		
RAACD			Data	Data	Write	Write
Core Eval Report				Data	Data	Write

Detailed Evaluation Plan: Birth & Beyond Strategies/Models by First 5 Funding Source

The below evaluation plans include only the objectives and activities relevant to First 5 Evaluation goals and is not necessarily comprehensive of all objectives and activities to be performed by the contracted partner. Activities shown here may be abridged from the description provided in the program scope/contract.

	Empowered Families (EF) (All 9 FRCs)	RAACD (MAN Arcade & Valley Hi Village)	CalWORKs/FSI (All 9 FRCs)
Home Visiting (HV) - Parents as Teachers (PAT)	X	-	X
HV - Effective Black Parenting Program (EBPP)	-	X	-
HV - Healthy Families America (HFA)	-	-	X
Crisis Intervention & Case Management (CICM)	X	X	-
Group Support and Connection (GSC)	X	X	-

Detailed Evaluation Plan: Birth & Beyond – Overall (All Strategies Combined)

Birth & Beyond Overall (First 5-Funded Strategies)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How much?	Direct reach	Persimmony Service Records	✓	✓	✓
	# of families served (unduplicated across all strategies)	Unduplicated Family ID – First 5-funded B&B Services	✓	✓	✓
	# of caregivers served (unduplicated across all strategies)	Unduplicated Client ID – First 5-funded B&B Services	✓	✓	✓
	# of children directly served (unduplicated across all strategies)	Unduplicated Client ID – First 5-funded B&B Services	✓	✓	✓
	#/% of families engaging in 2+ B&B strategies during FY	Count of Family ID by First 5-funded B&B Strategy	✓	✓	✓
	# of Outgoing Referrals by Category	Persimmony Referral Portal	✓	✓	✓
How well?	#/% of Outgoing Referrals where contact was made/follow-up attempted	Persimmony Referral Portal	✓	✓	✓
Better off?	Parent Resource Knowledge (pre/post)	Pre/Post Family Information Form (FIF) (Matched Set)	✓	✓	✓
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment)	Pre/Post FIF	✓	✓	✓
	I know where I can get helpful information about parenting and taking care of children.	Pre/Post FIF	✓	✓	✓
	#/% of Outgoing Referrals resulting in received services	Persimmony Referral Portal	✓	✓	✓
	Participant and program success stories	Success Story Template submitted via Quarterly Report	✓	✓	✓

Detailed Evaluation Plan: Birth & Beyond – Home Visiting (by funding source)

Birth & Beyond – Home Visiting (Overall - All First 5 Funding Sources)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How Much?	Incoming Referrals	B&B HV Referral	✓	✓	✓
	# of unduplicated families referred to B&B home visiting	Unduplicated Family ID	✓	✓	✓
	# unduplicated caregivers referred to B&B home visiting, by referral source	Unduplicated Client ID & Referral Source Code	✓	✓	✓
	Direct Reach	Persimmony Service Records	✓	✓	✓
	# of unduplicated families receiving home visits	Unduplicated Family ID	✓	✓	✓
	% receiving GSC within the same FY	Unduplicated Family ID – matched by strategy	✓	✓	✓
	% receiving CICM within the same FY	Unduplicated Family ID – matched by strategy	✓	✓	✓
# of unduplicated caregivers receiving home visits	Unduplicated Client ID	✓	✓	✓	
How Well?	Participant Retention (8+ hours), by HV model	Persimmony Service Records	✓	✓	✓
Better off?	Reduced CPS Involvement	Deidentified Data from CPS Data Request	✓	✓	✓
	Substantiated maltreatment 12 months after first home visit (ages 0-5), total served and by subpopulation (<i>no prior CPS contact; any prior CPS contact; substantiated baseline</i>)	Deidentified data from CPS Data Request	✓	✓	✓
	Protective Factors (Matched Set)	Pre/Post PFS-2 + Service Records (counts)	✓	✓	✓
	Pre/Post Score change, overall and by dosage level	<i>Available for EF PAT, FSI PAT, EBPP</i>	✓	✓	✓

Birth & Beyond – Parents as Teachers (PAT) Home Visiting (Empowered Families Funding Source)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How Much?	Direct Reach	Persimmony Service Records	✓		
	# Unduplicated caregivers receiving home visits	Home Visit – PAT	✓		
	#/% by PAT Need Level (High/Non-High Need) (partial unduplicated)	PAT Case Record Count of Stressors	✓		
	# Unduplicated children receiving home visits by age category (0-<3, 3-5)	HV: Child Present	✓		
How Well?	Level of Completion - % who completed PAT-Required number of lessons	Persimmony Service Records & PAT Case Record	✓		
	Parents as Teachers (PAT) non-high needs families (12 visits; 12 hours)	Count Home Visit - PAT when PAT stressors <2)	✓		
	Parents as Teachers (PAT) high needs families (24 visits; 24 hours)	Count Home Visit - PAT when PAT stressors 2+)	✓		
Better Off?	Protective Factors (Matched Set)	Pre/Post PFS-2	✓		
	Pre/Post Score change, overall and by domain		✓		

Birth & Beyond – Parents as Teachers (PAT) and Healthy Families America (HFA) Home Visiting (CalWORKs/FSI Funding Source)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How Much?	Direct Reach	Service Records			✓
	# Unduplicated Families (PAT and/or HFA)	Unduplicated Family IDs			✓
	# Unduplicated Caregivers (PAT and/or HFA)	Unduplicated Client IDs			✓
	# unduplicated FSI - PAT	Home Visit - PAT			✓
	# unduplicated FSI - HFA	Home Visit - HFA			✓
	# Unduplicated children receiving home visits by age category (0-<3, 3-5)	HV Child Present			✓
	CalWORKs Eligibility Characteristics of Participants Served	Service Records (Unduplicated)			✓
	Welfare-to-Work Eligible or Exempt	Client Education			✓
	Child-Only	Client Education			✓
Expanded Population	Client Education			✓	
How Well?	Population Reach	Case Records			✓
	#/% Pregnant individuals with no other children	Caregiver pregnant at intake + First time parent			✓
	#/% First-time parents	First time parent			✓
	Program Completion (Exited Participants – PAT and/or HFA)	Case Records (by model)			✓
#/% Completed program goals	Closure Reasons = Completed Goals			✓	
Better Off?	Protective Factors (PAT Matched Set)	Pre/Post PFS-2			✓
	Pre/Post Score change, overall and by domain	PAT participants - Overall and domain scores			✓
	CHEERS Check-In (HFA Matched Set)	B&B HFA CHEERS Check-In			✓
Pre/Post Score change (overall)	HFA participants - Overall score			✓	

Birth & Beyond – Effective Black Parenting Program (EBPP) Home Visiting (RAACD Funding Source)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How Much?	Direct Reach	Service Records		✓	
	# Unduplicated Families	Unduplicated Family IDs		✓	
	# Unduplicated Caregivers	Unduplicated Client IDs		✓	
	# Unduplicated children by age category (0-<3, 3-5)	HV Child Present		✓	
	Duplicated Services	Service Records		✓	
Total # home visits provided	RAACD Home Visit		✓		
How Well?	Home Visiting Service Plans	Service Records:		✓	
	#/% of caregivers served who created an HV service plan	HV Service Plan		✓	
Better Off?	Protective Factors (Matched Set)	Pre/Post PFS-2		✓	
	Pre/Post Score change, overall and by domain	EBPP participants - Overall and domain scores		✓	
	Success Story/Family Spotlight by site	Provided by staff – emphasis on self-sufficiency, basic needs (e.g., housing stability, poverty), and other qualitative impacts of program		✓	

Detailed Evaluation Plan: Birth & Beyond – Crisis Intervention & Case Management

Birth & Beyond Crisis Intervention & Case Management (CICM)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How Much?	Direct Reach	Persimmony Service Records	✓	✓	
	# Unduplicated families served, by level	IS Record Unduplicated* Family ID	✓	✓	
	% receiving home visiting within the same FY	Unduplicated Family ID – matched by strategy	✓	✓	
	% receiving SELS within the same FY	Unduplicated Family ID – matched by strategy	✓	✓	
	# Unduplicated caregivers served, by level	IS Record Unduplicated Client ID	✓	✓	
How Well?	Family Strengths Builder	Persimmony Service Records & Assessments	✓	✓	
	#/% Unduplicated Level 2 caregivers who created a Family Strengths Plan	Service: Family Strengths Plan	✓	✓	
	# Unduplicated Level 2 caregivers with a pre- and post- FSB Questionnaire	Family Strengths Builder Pre/Post by Client ID	✓	✓	
Better Off?	Improvements in Self-Sufficiency	Persimmony Assessment – Family Strengths Builder	✓	✓	
	% families demonstrating progress in at least one Focus Area (moving toward "self sufficiency" as measured on FSB)	Pre/Post increase - "Focus Area" selected at Pre	✓	✓	

* May contain partial unduplicates when reported by level as participants may return throughout the FY with Level 1 and Level 2 needs

Detailed Evaluation Plan: Birth & Beyond – Group Support & Connection (GSC)

Birth & Beyond – Group Support & Connection (GSC)					
RBA	Indicator(s)	Data Source/Method	EF	RAACD	FSI
How Much?	Direct Reach	Persimmony Service Records	✓	✓	
	# Unduplicated Families	Unduplicated Family ID	✓	✓	
	% receiving CICM within the same FY	Unduplicated Family ID – matched by strategy	✓	✓	
	% receiving HV within the same FY	Unduplicated Family ID – matched by strategy	✓	✓	
	# Unduplicated Parents/Caregivers	Service: Updated Name TBD	✓	✓	
	# Unduplicated Children	Service: Updated Name TBD	✓	✓	
	# Duplicated services provided	Count of GSC Service(s)	✓	✓	
How Well?	GSC Attendance	Persimmony Service Records	✓	✓	
	Average # of activities attended, by family	Count of GSC Service(s) by Family Count	✓	✓	
	% of families with 5 or more services	% of families by family count of GSC Services	✓	✓	
	% of families with 10 or more services	% of families by family count of GSC Services	✓	✓	
	Satisfaction with GSC Activities	GSC Follow Up Survey – in development	✓	✓	
	% who would recommend B&B to a friend or family member	"I have recommended (or plan to recommend) B&B services to a friend or family member"	✓	✓	
Better off?	Impact of GSC Support and Connection	GSC Follow Up Survey – in development	✓	✓	
	Perceived improvements by protective factor (% agree/strongly agree)		✓	✓	

Detailed Evaluation Plan: Sacramento Children's Home Crisis Nursery

This evaluation plan only includes the objectives and activities relevant to First 5 Evaluation goals and is not necessarily comprehensive of all objectives and activities to be performed by the contracted partner. Activities shown here may be abridged from the description provided in the program scope/contract.

SCH Crisis Nursery		
RBA	Indicator(s)	Data Source/Method
How Much?	Direct reach (Unduplicated)	Persimmony Service Records
	Total number of families served	Unduplicated Family IDs
	Total number of parents/caregivers served	Unduplicated Client ID
	Total number of children served	Unduplicated Client ID
	#/% who received emergency child care (ECC) daytime stays (any)	Service: Updated name TBD
	#/% who received 24-hour/overnight stays ¹	Service: Updated name TBD
	Characteristics of Unique Stays	Persimmony Service Records & Assessments
	# Duplicated stays, by type (ECC daytime only; 24-hour/overnight stays)	Service: Updated name TBD
	#/% by duration characteristics (e.g., 5+ consecutive 24-hour periods),	Service: Updated name TBD (Service Duration & Dates)
	Referral source at each unique stay	CN Excel Sheet: Request for Services
	Reasons for seeking care at each unique stay	CN Excel Sheet: Request for Services
	Outgoing Referrals & Other Support	Persimmony Referral Portal
	#/% of families receiving referral(s)	Referrals unduplicated by Family ID
	Duplicated # of referrals provided, by category	Referrals by Referral Type
Number of transportation services provided	Service: Transportation	
How Well?	Parent Satisfaction (Self-reported at each unique stay)	CN Excel Sheet: Entry Form & Exit Form
	Crisis Nursery kept children safe and secure (% agree/strongly agree)	Entry/Exit questions on CN Excel Sheet
	Crisis Resolution Plan	Persimmony Service Records
	% of families served who created a Crisis Resolution Plan	Service: Crisis Resolution Plan
	Outgoing Referrals	Persimmony Referral Portal
% of outgoing referrals where contact was made/follow-up attempted	Follow up completed or any outcome listed	
Better off?	Parent Support & Stress Reduction (Self-reported at each unique stay)	CN Excel Sheet: Exit Form
	% who feel better able to solve crisis situations because of CN support	Exit questions on CN Excel Sheet
	% who agreed their stress level reduced because of using CN	Exit questions on CN Excel Sheet
	% reporting lower stress levels between initial request and exit	Request for Services/Exit questions on CN Excel Sheet
	% reporting lower impact of stress on the care of their child between initial request and exit	Request for Services/Exit questions on CN Excel Sheet
	Parent connection to their community (%)	FIF/Post-FIF Matched Set
	I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	FIF/Post-FIF Matched Set
	I know where I can get helpful information about parenting and taking care of children.	FIF/Post-FIF Matched Set
	Outgoing Referrals	Persimmony Referral Portal
	% of outgoing referrals resulting in received services	Referral outcome = Received Services
	Child Welfare	CPS Lookup for Participants with DCFAS Consent
Child maltreatment rates (allegations, substantiations, and recurrence)		

¹ Includes children who may not have stayed an entire 24-hour/overnight but their visit is categorized as such due to regulatory requirements related to drop-off/pick-up times.

Detailed Evaluation Plan: Quality Child Care Supports (PBM & QCCC)

This evaluation plan only includes the objectives and activities relevant to First 5 Evaluation goals and is not necessarily comprehensive of all objectives and activities to be performed by the contracted partner. Activities shown here may be abridged from the description provided in the program scope/contract.

PBM Long-Term Coaching/QCCC Short-Term Consultation		
RBA	Indicator(s)	Data Source/Method
How Much?	Overall Reach (Short-Term Consultation + Long-Term Coaching)	Excel Data Tracker – Short Term + Long Term
	# Child Care Programs	Unduplicated Site Name
	# Child Care Providers	Unduplicated Provider Name
	Total Provider Capacity (# slots in focal providers' classrooms)	Capacity
	Short-Term Consultation (QCCC)	Excel Data Tracker – Short Term
	# Child Care Providers, by site type and support requested	Providers by Type of Site, Reason for initial contact
	Long-Term Coaching (PBM)	Excel Data Tracker – Long Term
How Well?	# Child Care Providers, by site type and focus area	Unduplicated Provider Name + Type of Site
	Short-Term Consultation (QCCC)	Excel Data Tracker – Short Term
	Total number of consultations	Total consultation counts
	Average # consultations by type of support requested	Consultations Sum + Initial Reason for Contact
	Long-Term Coaching (PBM)	Excel Data Tracker – Long Term
	Total number of coaching sessions	Consultations Sum
	Average # sessions by service characteristics (i.e., exit reason, duration served)	Consultations Sum + Focus Area + Entry/Exit dates
Better Off?	#/% Providers with final Professional Growth and Quality Improvement Sustainability Meetings	Completed follow-up meeting (of participants active in Q4)
	Short-Term Consultation (QCCC)	Excel Data Tracker – Short Term
	#/% of focal children who remained in their placement (Child focus participants)	"Focal child remained in care?"
	#/% whose Consultation Objectives were met	To be developed – Staff facilitated "Exit Survey"
	Providers who transitioned into long-term professional development or quality improvement program	"Transitioned to long-term?"
	Long-Term Coaching (PBM)	Excel Data Tracker – Long Term
	Providers whose CLASS assessment scores increased in at least one domain	CLASS assessment pre/post scores (among providers in program for at least six months)
Highlights from open-ended participant feedback	SCOE Data Request – export from internal survey(s)	
#/% of sites served who go on to enroll in Raising Quality Together (RQT)	SCOE Data Request from Long-Term Sites Served	



Client Information Acknowledgement and Consent

This program is funded by First 5 Sacramento (First 5), an agency that works to build strong communities and help young children and families in Sacramento County. First 5 collects information about participants to coordinate services and learn about ways to improve.

I, _____ understand that First 5 Sacramento may share my family’s basic information and services with other funded programs to plan and provide services to my family (*Coordination of Care*). My private information is protected by state and federal law and will not be shared for any other purpose without my consent.

The information I provide will be:

- Viewed only by First 5, First 5 funded programs, and Applied Survey Research (ASR).
- Combined with information from everyone else who receives these services. *Personal, identifiable information will never be shared or reported publicly.*

Additionally, I understand that First 5 must gather data to assess the services offered by their funded programs. This includes summarizing details about participating families, like answers to surveys, basic information, and what services they get. This process helps make services better for families in our community. Examples of how this information is shared can be found at <https://first5sacramento.saccounty.gov/Results/Pages/EvaluationResults.aspx>

First 5 needs my permission to include my family’s information in any program evaluation.

None of my private information will be included in any public reports. There are very minimal risks to my family by agreeing to share this information. It is my choice to share this information. If I choose not to have my information included, my family will still receive services.

Please initial **ONE** box below

I give my permission for First 5 and ASR to include my family’s information in First 5’s aggregate (group-level) reports. My First 5 consent will be active for three years from the date below, unless my program requires annual updates or I contact First 5 to change my mind.

OR

I do not give my permission to be included in First 5’s program evaluation. My information (such as name, contact information, and services) will still be entered into First 5’s database to ensure Coordination of Care and aggregate (group-level) counts for First 5 California.

Printed Name: _____

Signature: _____ Today’s Date: _____

This choice also applies to the following **children ages five or under** for whom I am the parent or legal guardian:

First Name	Middle Name	Last Name

Family Information Form – Parent/Caregiver

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth: ___ / ___ / ___ (mm/dd/yyyy) **City:** _____ **Zip Code:** _____

Email: _____ **Primary Phone:** () _____ - _____

 Circle: Cell Home Work Other
 Okay to: Leave a message Text

Gender: Male / Man Female / Woman Non-Binary Not Listed Prefer not to answer

Are you pregnant: N/A No Yes → (Due Date ___/___/___ | Receiving regular prenatal check-ups? Yes No)

Ethnicity: (Select all that apply)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arab	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____

Preferred Language: (Select One)

<input type="radio"/> English	<input type="radio"/> Spanish	<input type="radio"/> Arabic	<input type="radio"/> Cantonese	<input type="radio"/> Dari	<input type="radio"/> Farsi	<input type="radio"/> Hindi	<input type="radio"/> Hmong
<input type="radio"/> Mandarin	<input type="radio"/> Pashto	<input type="radio"/> Punjabi	<input type="radio"/> Russian	<input type="radio"/> Ukrainian	<input type="radio"/> Vietnamese	<input type="radio"/> Urdu	<input type="radio"/> Other _____

Relationship to child:
 Parent Grandparent Foster Parent Other Relative Other Adult (Not Related)

1. What is your approximate family income per year? (Select one)

<input type="radio"/> Less than \$15,000	<input type="radio"/> \$25,001-\$50,000	<input type="radio"/> \$75,001-\$100,000	<input type="radio"/> Don't know
<input type="radio"/> \$15,000-\$25,000	<input type="radio"/> \$50,001-\$75,000	<input type="radio"/> More than \$100,000	<input type="radio"/> Prefer not to say

2. How many people are being supported by your total family income? _____

Your answers to the questions below will help us understand which services are most helpful for First 5 participants.

3. Which of the following best describes your housing status? (Select one)

- I am currently unhoused or facing a pending eviction
- I am in temporary housing (e.g., shelter, couch surfing, transitional housing)
- I have stable/permanent housing

4. Please select the option that best describes how much you agree or disagree with the statement.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I know what to expect at each stage of my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I know where I can get helpful information about parenting and taking care of children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In a crisis, I would have the support needed from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In the past 2 weeks, I have felt down, sad, or blue most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In the past 2 weeks, I have felt nervous, had too many thoughts, or felt suddenly scared for no reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am open to speaking with a professional about my or my child's feelings/worries.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Already Receiving Services		

Family Information Form – Child

 This form is to be completed for **each child age 5 or under.**

Parent/Caregiver Information

First Name: _____ **Middle Name:** _____ **Last Name:** _____
Date of Birth: ___ / ___ / ___ (mm/dd/yyyy)
Email: _____ **Primary Phone:** () _____ - _____

Circle: Cell Home Work Other
 Okay to: Leave a message Text

Child Information

First Name: _____ **Middle Name:** _____ **Last Name:** _____
Date of Birth: ___ / ___ / ___ (mm/dd/yyyy) **Gender:** Male / Boy Female / Girl Not Listed
Relationship to caregiver: Child Grandchild Foster Child Other _____

Ethnicity: (Select all that apply)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arab	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____

Preferred Language: (Select One)

English Spanish Arabic Cantonese Dari Farsi Hindi Hmong
 Mandarin Pashto Punjabi Russian Ukrainian Vietnamese Urdu Other _____

- Has your child been diagnosed with a special need? Yes No Unsure
- What type of health insurance does your child have? No insurance MediCal Other Insurance Unsure

	Yes	No	Unsure
3. Has your child seen a dentist in the last six months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your child been seen by a doctor for a routine check-up in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please tell us the extent to which each statement is true for this child... <small>Select one answer per question</small>	Not True	Somewhat True	Very True	N/A
a) I can help my child calm down when they are upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) My child adjusts well to changes in routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) My child has opportunities for fun at least once every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) My child has at least two non-parent adults who take a genuine interest in them (e.g., auntie, teacher).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e) We are able to do things we enjoy together as a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f) My child openly shares their feelings with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the past seven days, how many days did you or someone in your family engage in the following activities with this child?	0 days	1	2	3	4	5	6	7 days
a) Read with your child for more than 10 minutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Told stories or sang songs together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Played one-on-one with your child (e.g., sports, coloring, building with blocks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Client Information Form

The information collected on this form helps programs funded by First 5 Sacramento coordinate services for your family. Your private information is protected by state and federal law and will only be viewed by First 5, First 5 funded programs, and Applied Survey Research (ASR) for the purpose of coordination of care and aggregate (group-level) data counts required by First 5 California.

PARENT/CAREGIVER INFORMATION

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) **City:** _____ **Zip Code:** _____

Email: _____ **Primary Phone:** () _____ - _____

Circle: Cell Home Work Other
 Okay to: Leave a message Text

Gender: Male / Man Female / Woman Non-Binary Not Listed Prefer not to answer

Ethnicity: (Select all that apply)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arab	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____

Preferred Language: (Select One)

English Spanish Arabic Cantonese Dari Farsi Hindi Hmong
 Mandarin Pashto Punjabi Russian Ukrainian Vietnamese Urdu Other _____

Relationship to child: Parent Grandparent Foster Parent Other Relative Other Adult (Not Related)

CHILD INFORMATION

Complete a new Child Information sheet for **each child ages 5 or under** for whom you are the parent/legal guardian/caregiver.

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) **Gender:** Male / Boy Female / Girl Not Listed

Relationship to caregiver: Child Grandchild Foster Child Other _____

Ethnicity: (Select all that apply)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arab	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____

Preferred Language: (Select One)

English Spanish Arabic Cantonese Dari Farsi Hindi Hmong
 Mandarin Pashto Punjabi Russian Ukrainian Vietnamese Urdu Other _____

CHILD INFORMATION

Complete a new Child Information sheet for **each child ages 5 or under** for whom you are the parent/legal guardian/caregiver.

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth: ____/____/____ (mm/dd/yyyy) **Gender:** Male / Boy Female / Girl Not Listed

Relationship to caregiver: Child Grandchild Foster Child Other _____

Ethnicity:

(Select all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Iranian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Alaska Native/American Indian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Hmong | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other _____ |

Preferred Language:

(Select One)

- English Spanish Arabic Cantonese Dari Farsi Hindi Hmong
 Mandarin Pashto Punjabi Russian Ukrainian Vietnamese Urdu Other _____

CHILD INFORMATION

Complete a new Child Information sheet for **each child ages 5 or under** for whom you are the parent/legal guardian/caregiver.

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth: ____/____/____ (mm/dd/yyyy) **Gender:** Male / Boy Female / Girl Not Listed

Relationship to caregiver: Child Grandchild Foster Child Other _____

Ethnicity:

(Select all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Iranian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Alaska Native/American Indian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Hmong | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other _____ |

Preferred Language:

(Select One)

- English Spanish Arabic Cantonese Dari Farsi Hindi Hmong
 Mandarin Pashto Punjabi Russian Ukrainian Vietnamese Urdu Other _____