FIRST 5 SACRAMENTO COMMISSION

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

Computer Link:
https://saccounty-
net.zoomgov.com/j/1609583204?pwd=MkdaSEk3WjdmcIJVaEZjREMyZENTZz09

Meeting ID: 160 958 3204
Passcode: 311339

EVALUATION COMMITTEE

AGENDA

Monday, March 18, 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.)
Staff: Julie Gallelo, Carmen Garcia-Gomez
Consultant: Applied Survey Research

1. Call to order and Roll Call

2. Public Comments on Off-Agenda Items

3. Approve Draft Action Summary of January 22, 2024

4. Evaluation Staff Report

5. General Evaluation Update - Applied Survey Research

6. Approve: April Evaluation Committee Mtg.

7. Approve: Updated Evaluation Policy

8. Review and Discuss: Evaluation Plans

    - WIC
    - Help Me Grow

9. Receive and Discuss: Family Strengths Builder

10. Committee Member Comments
    a. Miscellaneous

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@saccouty.gov prior to the meeting.

b.   Future Agenda Items/Presentations

FIRST 5 SACRAMENTO COMMISSION

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

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Monday, January 22, 2024 – 1:00 PM - 3:00 PM

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

1. Call to order and Roll Call
   Action: Meeting was called to order at 1:01 PM.

2. Public Comments on Off-Agenda Items
   Action: None.

3. Approve Draft Action Summary of October 16, 2023
   Action: Blanks/Kasirye

4. Receive 2024 Calendar-at-a-Glance

   Discussion: Evaluation Committee meets in November, not October, update calendar.

   Family Strengths Builder, the committee is interested in looking at how this tool compares to other tools. Can this tool be established as a psychometrically valid tool? If not possible, at least some indication that the tool is touching on the same points as previously looked at.

   S. Wirtz is interested in looking at how the B&B Collaborative is engaging families; this is a high priority area. At this point not suggesting a special study but what can be done to engage families. J. Gallelo is interested in exploring the retention of families.

   Staff explained the meeting dates and when the Evaluation Committee reviews the RAACD report, previously in October and recently later in the year because the CDRT data is delayed.

5. Staff Update
   Action: None.

   Commission staff provided an updated on the following items:
   - **Evaluation Staff Update:** Commission evaluation staff will have the support of a Senior Office Assistant (SOA) beginning late January. The SOA will assist with Persimmony training, merging duplicate clients and exporting data for clean-up.

   - **Evaluation Planning:** Staff and ASR will meet with contractors in the coming months to revise 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.

   - **Referral Portal:**
     i. Referral Agencies: 95 agencies in the referral portal
     ii. # of contractors using the Referral Portal: 11 F5 contractors (out of 17)
     iii. # of clients with at least 1 referral: 617
     iv. # of referrals sent: 1045 (it may be lower)
     v. # of referrals with outcome data: 572
        a. Pending: 139
        b. On waitlist: 8
        c. Parent declined: 53
        d. Received services: 315
        e. Unable to contact family: 57

   Discussion: Staff explained the referral outcome is self-reported outcomes. Some agencies do not accept referrals via email so the outcome data will always have self-reported outcomes.

   R. Blanks asked how the contractors that do not use the referral portal are capturing referrals? Staff explained, either not entering the data or providing the client with a flier.

6. General Evaluation Update – Applied Survey Research
   Action: None.

   ASR staff provided a summary of activities for the months of November and December.

7. Review and Discuss: First 5 Sacramento Annual Report FY 2022-2023
   Action: The Committee asked that the item be changed from Review and Discuss to Approve.

ASR staff presented the annual report. The Evaluation Committee approved the report with recommended edits.

- Add "N" for the children on slide 6
- Add "N" of 179 to slide 19
- Edits to the B&B home visiting CPS outcomes; including overall and substantiated results.
- Add countywide comparison to slide 31
- Change "crisis nursery caregiver" to "crisis nursery parent"

There was additional discussion regarding the profile of the First 5 clients, adding additional follow-up measures about whether the clients have received the services they've been referred to.

S. Wirtz discussed the challenge of the B&B home visiting referral to the program, wanting to explorer what the challenge is with retention.

R. Harrington mentioned that some families feel pressured to have the joint CPS visit and then disengage after the joint visit. S. Biegler reported that there have been challenges in engaging parents referred by CPS to other programs.

8. Committee Member Comments
   a. Miscellaneous
   b. Future Agenda Items/Presentations
      a. Family Strengths Builder – March 2024

Adjourned: 3:01 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

<div align="center">

Evaluation Committee
Staff Report
March 18, 2024

</div>

1. **First 5 Sacramento Staff Update:** Elena Enriquez joined our team on February 13th.

2. **Evaluation Planning:** Staff and ASR have been meeting with contractors to update Results Based Accountability (RBA) tables and surveys that will 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.

3. **Child Health, Education, and Care Summit:** First 5 Sacramento staff will participate at the First 5 California sponsored event later this month as part of a panel presenting on RBAs.

4. **Special Study:** Crisis Nursery, exploring client return rate and how clients define "better-off" after utilizing crisis nursery services.

5. **Referral Portal:**

   - Referral Agencies: Over 100 agencies in the referral portal
   - # of contractors using the Referral Portal: 13 F5 contractors (out of 17)
   - # of clients with at least 1 referral: 928
   - # of referrals sent: 1710 (it may be lower)
   - # of referrals with outcome data: 988
     - Received services: 488
     - Pending: 315
     - Parent declined: 90
     - Unable to contact family: 70
     - On waitlist: 21
     - Not eligible: 4

Summary of Evaluation Activities for
First 5 Sacramento

March 2024

Strategy	Task
RAACD	– Presented to Commission in March
F5 Sac Core Eval Report	– Packet with report and executive summary to be sent to First 5 this week – Tableau dashboards to be updated after Commission presentation – Present to Commission April 8th
Birth & Beyond	– Report draft in progress – ASR will share draft with BBM and other advisory groups to ensure more partner involvement throughout the writing process
FY 2024-2027 Preparation	Together with First 5, developing draft RBAs per direct services program based on proposed scope and feedback from the current contract/funding cycle – Meeting with contracted partners for feedback/edits Drafts for presentation today: WIC, HMG
Persimmony	Ongoing streamlining efforts and data audits

Timeline

	Mar	April	May	June	July	Aug
RAACD	PREZ				Data	Data
Core Eval Report		PREZ				Data
Birth & Beyond Report	Write	Write	Partner Edits		Eval Comm Review	PREZ
2024-2027 RBAs	Write Eval Comm Review	Write Eval Comm Review	Write Eval Comm Review		Implement	
Special Study	Plan	Data	Data/Write	Write	Eval Comm Review	

FIRST 5 SACRAMENTO COMMISSION

Policy/Procedure No: 2016-001	Contact person: Program Planner - Evaluation
D E P A R T M E N T P O L I C Y / P R O C E D U R E	
Original Effective Date: 5/19/2016 Revision Date: NA Evaluation Committee Approved Date: 5/16/2016	Approved By: Executive Director _____ 5/24/2016 Executive Director Date
Title: **Policy: Data Management for First 5 Contractors**	

Purpose:

The purpose of this policy is to provide guidance to Contractors and their program staff as to their roles regarding data collection and data entered into the Commission's preferred database system(s).

Background:

The Data Management for First 5 Contractors policy was approved on May 24, 2016. Since then, new processes for evaluation, data collection and data entry have occurred, making it necessary to update the policy. Data collected and entered into the database is used for the coordination of care of the clients and for evaluation and continuous quality improvement.

With the implementation of Results Based Accountability (RBA) in 2018, the process to collect, enter and maintain data is crucial for accurate and effective evaluation. RBAs are used by the Commission to ensure funding is invested in effective strategies/ programs that are demonstrating expected positive impacts for children and families.

This policy presents a common understanding of contractors' responsibilities related to data integrity, collection, and entry.

Action:
The evaluation data policy is as follows:

Training and Access
All staff entering data into the database are required to go through training prior to being assigned a log-in. Staff should not use other staff's log-in information to utilize the system.

It is the responsibility of the Contractor to notify First 5 Sacramento evaluation staff of staff changes which may impact individuals access to the database, including, but not limited to, new staff training and deactivation of accounts.

First 5 Sacramento evaluation staff will hold at least one monthly user training to ensure new users have a log-in and have been trained to access the database.

Client Level Data
1. Clients include pregnant people, children ages 0-5, parents and caregivers of children ages 0-5, and program staff/providers receiving training funded by First 5 Sacramento.
   a. Some contracted partners may also utilize the database for their own purposes to enter non-First 5 clients. For example, clients who do not have children under the age of 5 or those funded by another funding source (i.e., another County Department).
2. Demographic data for a particular client shall only be entered into the system once, even if the client is receiving services from multiple programs within an agency or receiving services at multiple locations.
   a. Clients who show up multiple times in the system should be sent to First 5 staff to merge.
   b. Do NOT enter clients without a Date of Birth. At the very minimum, the client's year of birth is needed when entering a client.
3. Do NOT enter: children entering your program over the age of 5. Please note: if a child is 5 and has entered kindergarten, First 5 funds shall no longer be used to serve that child or family. See First 5 Policy #2001 0-5 Age Policy for additional information.

Assessment and Service Level Data
1. Assessment data will be determined by each program's requirements; specific assessment details can be found in the Contractor's Evaluation Plan and/or Consent and Assessment Procedure document.
2. Service data for a specific date and time should not be entered twice.
3. Service data may be entered for services provided to a client at multiple locations as long as the service dates and times are not the same.
4. Services for non-First 5 clients should only be entered based on a pre-determined agreement with First 5.
5. All required data fields should be double checked to make sure they are being entered correctly.
6. The Referral Portal should be used to track outgoing referral(s) and outcome(s).

Aggregate Data
1. Aggregate data counts include children and their caregivers served, and program staff/providers who receive training.
2. Aggregate data counts should agree to service level data.
   a. When aggregate data does not match service level data counts, the contractor should include information in the narrative of the aggregate milestones explaining why the aggregate count does not match the number of clients who received services during that period.

Annual Reporting and Sharing of Contractor Program Data

First 5 Sacramento will produce an annual report to highlight program accomplishments. Staff will work in partnership with each contractor to ensure the report reflects the work being performed. The report will be created using the data collected and stored in the database.

Data Entry and Performance Measures Deadlines:

All data entry for the previous quarter should be entered by the 15th of the month in which the reports are due.

Quarterly Report Deadline:
- Quarter 1: July 1st – September 30th DUE October 31st
- Quarter 2: October 1st – December 31st DUE January 31st
- Quarter 3: January 1 – March 31st DUE April 30th
- Quarter 4: April 1st – June 30th DUE July 31st

Consequences of failure to reconcile data and correctly enter it may include:
- Withholding payment of an invoice until data corrections are made.
- Inclusion in the organizational risk assessment at contract renewal.

First 5 Sacramento — Evaluation Procedures
FY 2024-2027 Contract Period

Contractor: Sacramento County WIC – Community Lactation Assistance Program

First 5 Sacramento Strategic Plan

- The following evaluation procedures will support First 5 Sacramento and Applied Survey Research (ASR) in describing your program's efforts, immediate outcomes for participants, and how those outcomes contribute to the goals of First 5 Sacramento's 2024-2027 Strategic Plan.

  In particular, WIC primarily contributes to First 5 Sacramento's Health & Well-Being priority area to support the outcome in which "children are born healthy and achieve optimal physical and mental well-being."

Evaluation Plan

- First 5 Sacramento uses a Results Based Accountability (RBA) model to evaluate the impact of their funded programs. The RBA model is structured around the following areas: "How much did we do?", "How well did we do it?", and "Is anyone better off?"

  Indicators for each RBA area were developed based on your program's objectives and activities, in relation to the First 5 Sacramento FY 2024-2027 Strategic Plan's goals and desired outcomes. A detailed Evaluation Plan by RBA area is outlined at the end of this document, including each indicator and methods of measurement.

Evaluation Forms and Procedures

Overview

1. Demographic data for all participants receiving First 5-funded WIC services will be entered into Persimmony.
2. A **Consent Form** will be provided to the program participant (breastfeeding parent).
   a. Consenting participants will be asked to complete:
      i. A **First 5 Family Information Form (FIF)** at intake.
      ii. A **Follow-Up FIF** administered by First 5 Evaluation staff.
      iii. A **Breastfeeding Support Services Survey** following completion of First 5-funded services.
3. Individual-level **Service Records** will be entered into Persimmony for each applicable participant.
4. In addition to client-level forms and services outlined above, your program will be asked to submit **Quarterly Performance Measures** reports which includes descriptions, counts, and other narratives for each milestone based on the objectives and activities outlined in your contract.
5. Client and Program Success Stories highlighting impact of the WIC program will be captured by WIC staff throughout each year using the Success Stories Template and submitted to First 5 uploaded to Quarterly Performance Measures reports.
6. Additional data requests and/or participant surveys will be administered by the First 5 Evaluation Team in collaboration with WIC.

Consent Form

What and why	▪ The Consent Form informs the parent/caregiver about the data to be collected, how it will be used in the evaluation, and requests their consent. The Consent Form also allows direct service staff to share basic client demographic information with other agencies for the purposes of coordination of care and services.
Who	▪ All adult participants who will receive services, or whose child(ren) will receive services. ▪ Adults completing the consent form for children must be the child(ren)'s legal guardian. ▪ Clients should complete this form at intake and complete an updated form annually.
When	▪ Prior to the start of a potential client's services.
How	▪ Provide the parent/caregiver a consent form in their preferred language (limited languages available). In addition to hard copies, the Consent Form can be shared electronically via Persimmony's Intake Portal. ▪ Each parent/caregiver receiving services will complete a Consent Form.
Data Entry	▪ If a hard copy consent is collected, scan and upload the signed consent to the caregiver's profile in Persimmony. ▪ Insert or update the date of consent or select "Declined" checkbox in each client's profile in Persimmony.

First 5 Family Information Form (FIF) – Parent/Caregiver

What and why	▪ The Family Information Form (FIF) gathers demographic information about First 5 clients as well as their status on overall First 5 Sacramento indicators of interest, at intake. ▪ Toward the end of each fiscal year, First 5 staff will send an electronic Follow Up FIF to all eligible participants to identify the status on the indicators of interest after receiving First 5-funded services.
Who	▪ Each parent/caregiver who receives services during the fiscal year AND who consents to have their data be included in the evaluation. - Clients must complete a FIF at least one time during the FY in which they are receiving services. If the client has a FIF completed with another program in the same FY they do not need to complete an additional FIF.
When	▪ Upon Intake
How	▪ The preferred distribution of the FIF is via the Intake Portal in Persimmony. Hard copies of the forms (in a limited number of languages) are also available. - Briefly state what the purpose is, that they can fill it out on their own, and that you are available to answer any questions they may have about the survey. ▪ Each client will complete one follow-up FIF distributed electronically by First 5 staff.
Data Entry	▪ If completed using hard copy, staff will enter data in Persimmony using the Assessment labeled "Pre FIF – Parent." Responses completed electronically will need to be "accepted" to appear on the parent/caregiver's client profile. Details will be covered in training provided to all Persimmony users.

WIC Survey

What and why	▪ Since some WIC services may be provided to participants who are not WIC clients, the WIC survey is a one-question assessment which identifies whether a participant is a "WIC" or "Non-WIC" participant.
Who	▪ All participants for whom First 5-funded WIC services are provided.
When	▪ At start of services. If participant's WIC status changes during the period of receiving services, add another assessment with updated WIC status.
How	▪ Completed directly by WIC staff.

Data Entry	▪ Follow Persimmony data entry procedures for Assessments

Breastfeeding Status (Food Package Data)

What and why	▪ WIC will provide relevant Food Package data to track the breastfeeding status of First 5-funded WIC clients at six months of age.
Who	▪ All participants receiving First 5-funded WIC services within the fiscal year for which evaluation is being conducted.
When	▪ First 5 and/or ASR will request data from WIC on an annual basis
How	▪ WIC will use their existing strategies to match WIC Food Package data to those receiving First 5-funded services and provide the requested information, such as total number of participants for whom six-month data are available, the total number exclusively providing breast milk at six months, and the total number providing breast milk in combination with formula at six months.
Data Entry	▪ Submitted at least annually, as requested by First 5 and/or ASR.

Breastfeeding Support Services Survey

What and why	▪ The Breastfeeding Support Services Survey intends to capture voluntary participant feedback regarding their satisfaction with the services received.
Who	▪ Each client or parent/caregiver who receives services during the fiscal year AND who consents to have their data be included in the evaluation.
When	▪ TBD
How	▪ The First 5 Evaluation Team and/or WIC staff will send the survey to eligible participants electronically via Persimmony.
Data Entry	▪ The electronic survey will be completed directly by participants, however, responses received must be "Accepted" within the Persimmony database in order to be added to the client record and survey reports for evaluation.

Breastfeeding Support Group Classes Survey

What and why	▪ The Breastfeeding Support Group Classes Survey will capture anonymous feedback from participants engaging in the group classes/support groups co-facilitated by WIC and other community providers. The survey aims to identify the impact of the classes/groups and participant input for continuous improvement.
Who	▪ All attendees at group classes/support groups
When	▪ At the close of the group class/support group
How	▪ All attendees will have the opportunity to complete the survey through an anonymous link/QR code. WIC staff should share the link upon closure of virtual workshops and/or electronic follow-up and make the QR code accessible to attendees of in-person events.
Data Entry	▪ In order to give all attendees an opportunity to share feedback regardless of their client status in the Persimmony database, the survey will be completed directly by participants, thus no data entry will be required beyond facilitation of the link. The survey and data exports will be maintained by the First 5 Evaluation Team (including ASR staff).

Program Services

The following Services should be entered into the Persimmony database for each client following the activity.

Program Activity	Persimmony Service
One on one lactation assessments with IBCLC	NOT YET CREATED
Home visits/Breastfeeding Visits	04_Home visit
Helpline contacts	05_BF Helpline
IBCLC Follow Up Contacts	07_Follow-Up Contact

Detailed Evaluation Plan

Note: this evaluation plan only includes the objectives and activities relevant to the 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.

RBA	Indicator(s)	Data Source/Method
How Much?	**Numbers served**	**Service Records**
	# of parents served	Service Records - Unduplicated client IDs
	Breastfeeding support (#) Number of Services Provided	**Service Records**
	Lactation Assessments	Service Records - TBD
	Helpline: Birth - 1 year (Brief support)	Service Records - 05_BF Helpline
	Home visits (high-need lactating mothers)	Service Records - 04_Home visit
	Follow-up contacts for additional breastfeeding support	Service Records - 07_Follow-Up Contact
	Community Outreach	**Performance Measures**
	Number and characteristics of Group Classes/Support Groups Held (e.g., focus populations, partner organizations)	Performance Measures - Milestone TBD
	Average (duplicated) attendance at Group Classes/Support Groups	Performance Measures - Milestone TBD
How Well?	**Parent Satisfaction/Program Quality**	**WIC Breastfeeding Support Services Survey**
	Participant Satisfaction with WIC Lactation Support	i.e., "How would you rate the breastfeeding support you received?" and "what was the most helpful thing(s) the lactation consultant did for you?"
	Participant Satisfaction with Group Classes/Support Groups	Anonymous/Voluntary Survey (to be developed)
Better Off?	**Breastfeeding Status**	**Food Package Data**
	(#/%) Exclusive Breastfeeding at six months	WIC Data Request – total N and counts by status *Comparison to county, state, and/or national rates as available including the Healthy People 2030 Goal*

Detailed Evaluation Plan: Help Me Grow (HMG)

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.

RBA	Indicator(s)	Data Source/Method
How Much?	**Community and Provider Outreach**	**Performance Measures**
	# of training and outreach events (by characteristics when available)	Performance Measures - Milestone TBD
	# providers and community members (by characteristics when available)	Performance Measures - Milestone TBD
	# of initial contacts through the centralized telephone access point and website	Performance Measures - Milestone TBD
	# and characteristics of quarterly Parenting Workshops	Performance Measures - Milestone TBD
	Developmental and Behavioral Screenings	**Service Records & ASQ Online Database**
	# of children receiving at least one screening, by type (unduplicated)	Service Records: 06a_Screening: ASQ
	# of screenings conducted, by type (may contain duplicates)	Service Records: 06b_Screening: ASQ-SE
	Results by screening (% flagged, monitoring, no concern)	ASQ Online Database Export
	# of participants receiving interpretation/connection support following developmental screening provided by health care, child care, or community agency service providers.	Service Records: ASQ.ASQ-SE Support
	Incoming Referrals by Referral Source	**HMG Referral/Intake Form - (Agency Type)**
	Home Visiting	**Service Records**
	# of families receiving home visit(s) from a Family Advocate (unduplicated)	Service Records: 08_Home Visit
	# of home visits provided (total and/or average)	
	Outgoing Referrals	**Service-Outgoing Referral Log / Referral Portal**
	# of outgoing referrals by category	Count of referrals by category
How Well?	**Home Visiting**	**Service Records**
	#/% of families creating a Family Action Plan with Family Advocate	Service Records: 09_Family Action Plan
	Outgoing Referrals	**Service-Outgoing Referral Log / Referral Portal**
	# of outgoing referrals followed up on	"Did Client Follow Up on Referral"
	#/% of families who receive at least one referral (unduplicated)	**Service-Outgoing Referral Log / Referral Portal**
	Parent Satisfaction	**Participant Surveys**
	Participant Satisfaction with HMG Services	HMG Parent Satisfaction Survey
	Participant Satisfaction with Parent Workshops	Anonymous/Voluntary Survey (to be developed)
	Follow-Up Contacts	**Service-Outgoing Referral Log & Referral/Intake Form**
	#/% of clients with an intake who could be reached at follow up	"Could participant be reached for mandatory follow-up" / Total # incoming referrals (number of intake forms)
Better Off?	**Outgoing Referrals**	**Service-Outgoing Referral Log / Referral Portal**
	#/% of referrals resulting in services received	"If yes, Status at Closure"
	Parent Satisfaction	**HMG Parent Satisfaction Survey**
	Perceived impact of HMG services (tentative)	Additional questions TBD

Family Strengths Builder (FSB) Questionnaire Background and Development

Why FSB was created – Family Development Matrix (FDM) creator unexpectedly ended access to the tool after First 5's full training and implementation for B&B Crisis Intervention and at least one RAACD home visiting site. Goal was to create something as close as possible for consistency without violating intellectual property AND using the opportunity to address some of the FDM limitations and concerns.

Who was involved – ASR, First 5, and B&B formed an ad hoc committee which met several times to review intervention specialists' experiences with families, concerns about cultural responsiveness and accessibility of questions on FDM to create meaningful revisions which get at the participants needs. As of the time of this writing, the ad hoc committee continues to meet to develop a consensus around a protocol document.

What was implemented – A new questionnaire and a revised procedure which aims to be more trauma-informed (for participants and staff) and offers mutually exclusive options which can more effectively identify shifts. Data entry procedures were revised to reduce the number of required steps and details to be entered (i.e., goals/interventions no longer entered in detail). Data are also now entered directly into Persimmony, rather than a separate database which requires additional training and ID matching to Persimmony-based services.

- The *Family Strengths Builder Questionnaire* to be completed at start of services and after 30-45 days. Like the FDM, staff are encouraged to facilitate the questionnaire in partnership with families as a conversation rather than reciting the wording verbatim or handing the document to participants to complete.
- The *Family Strengths Plan* (entered into Persimmony as a Service) – contents led by B&B. Plan/goals set with families during case management based on the selected FSB focus area(s).
- The *Family Strengths Builder Protocol* – procedural document led by CAPC with contribution from Intervention Specialists and RAACD home visiting staff (in progress as of March 2024).

FY 2023-24 Preliminary Responses (Q1-Q2) Family Strengths Builder (FSB) Questionnaire

Since implementation in mid-June 2023, **180** initial FSB questionnaires were completed (includes B&B IS and RAACD Home Visiting; excludes non-First-5 funded assessments).

So far, the most commonly selected **focus areas** were Housing (35%), Knowledge of Community Resources (22%), and Employment (21%). Participants were most commonly **categorized as "In Crisis"** in the areas of Employment (37%), Clothing (21%), and Knowledge of Community Resources (21%).

Section 1: Basic Needs

HOUSING/SHELTER	N	%
A. I am currently unhoused or facing a pending eviction.	32	18%
B. I am in temporary housing (e.g., shelter, couch surfing, transitional housing) and want to find a long-term solution.	34	19%
C. I have stable/permanent housing.	105	58%
D. Not Answered/Not Applicable	4	2%
Missing Response	5	3%
Selected as Focus Area	**63**	**35%**

UTILITIES	N	%
A. I do not currently have regular utility services and/or I frequently have my services disconnected.	21	12%
B. My home has regular utility services with occasional service interruptions.	18	10%
C. My home has stable utility services with no interruptions.	106	59%
D. Not Answered/Not Applicable + Blanks	30	17%
Missing Response	5	3%
Selected as Focus Area	**17**	**9%**

EMPLOYMENT	N	%
A. I am unemployed and need to find work to meet my basic needs.	67	37%
B. My employment is unstable, infrequent, and/or I am unhappy with my employment.	12	7%
C. I have stable employment and/or I am happy with my current employment status.	71	39%
D. Not Answered/Not Applicable	26	14%
Missing Response	4	2%
Selected as Focus Area	**38**	**21%**

TRANSPORTATION	N	%
A. I have little to no access to transportation, even for emergencies or basic needs.	31	17%
B. My access to transportation can be inconsistent, unreliable, or costly.	29	16%
C. I have consistent and reliable access to transportation when I need it.	111	62%
D. Not Answered/Not Applicable	3	2%
Missing Response	6	3%
Selected as Focus Area	**23**	**13%**

CLOTHING	N	%
A. My family usually does not have enough clothing that fits or is right for our needs.	37	21%
B. My family sometimes does not have enough clothing that fits or is right for our needs.	41	23%
C. My family has enough clothing that fits and is right for our needs.	92	51%
D. Not Answered/Not Applicable	6	3%
Missing Response	4	2%
Selected as Focus Area	**28**	**16%**

NUTRITIOUS FOOD	N	%
A. My family does not have access to nutritious and affordable food.	19	11%
B. My family occasionally has difficulty accessing nutritious and affordable foods.	29	16%
C. My family has access to sufficient amounts of nutritious and affordable food.	123	68%
D. Not Answered/Not Applicable	5	3%
Missing Response	4	2%
Selected as Focus Area	**16**	**9%**

MANAGING A BUDGET/FINANCES	N	%
A. I do not know how to budget or keep track of my finances.	30	17%
B. I can usually keep a budget but occasionally miss due dates or overspend.	46	26%
C. I have a budgeting system that works for me.	98	54%
D. Not Answered/Not Applicable	1	1%
Missing Response	5	3%
Selected as Focus Area	**28**	**16%**

Section 2: Access to Services

KNOWLEDGE OF COMMUNITY RESOURCES	N	%
A. I do not know of community resources that can help me and/or I cannot access them.	38	21%
B. I know of some community resources but sometimes have difficulty accessing the ones I need.	50	28%
C. I know of and have access to community resources.	83	46%
D. Not Answered/Not Applicable	3	2%
Missing Response	6	3%
Selected as Focus Area	**40**	**22%**

ACCESS TO QUALITY CHILD CARE	N	%
A. I am in need of child care and/or after-school support for my child(ren).	34	19%
B. I have child care and/or after-school care for my child(ren) but have concerns about quality, affordability, or reliability.	17	9%
C. I have access to quality, affordable, and consistent child care and/or after-school care.	95	53%
D. Not Answered/Not Applicable	28	16%
Missing Response	6	3%
Selected as Focus Area	**16**	**9%**

ACCESS TO ACADEMIC SUPPORT (E.G., KINDERGARTEN READINESS, TUTORING, COLLEGE PREP, IEP)	N	%
A. I am in need of academic support for someone in my immediate family.	25	14%
B. We are receiving academic support, but it is not enough, affordable, and/or reliable.	6	3%
C. I am not in need of academic support for anyone in my immediate family.	113	63%
D. Not Answered/Not Applicable	31	17%
Missing Response	5	3%
Selected as Focus Area	**11**	**6%**

LANGUAGE OR READING BARRIERS	N	%
A. My family has major difficulties getting services we need because of language or reading barriers.	17	9%
B. My family has some difficulties accessing services due to language or reading barriers but we can usually get help from someone we trust.	10	6%
C. My family has no language or reading barriers to accessing services.	125	69%
D. Not Answered/Not Applicable	22	12%
Missing Response	6	3%
Selected as Focus Area	**7**	**4%**

Section 3: Physical and Mental Health

DEVELOPMENTAL CONCERNS	N	%
A. I have major concerns about my child(ren)'s development, speech, or behavior and have not had a screening.	17	9%
B. I have some concerns about my child(ren)'s development, speech, or behavior and/or have had some items flagged on a developmental screening.	14	8%
C. I do not have concerns about my child(ren)'s development, speech, or behavior and/or my child's screening results show no concerns.	118	66%
D. Not Answered/Not Applicable	25	14%
Missing Response	6	3%
Selected as Focus Area	**16**	**9%**

HEALTH SERVICES	N	%
A. I typically cannot get physical and/or mental health care for my immediate family due to lack of insurance or lack of access.	7	4%
B. I usually only get physical and/or mental health care for my immediate family in emergencies due to lack of insurance or lack of access.	15	8%
C. I can get physical and/or mental health care for my immediate family when needed (no issues with insurance or access).	137	76%
D. Not Answered/Not Applicable	17	9%
Missing Response	4	2%
Selected as Focus Area	**9**	**5%**

EMOTIONAL WELL-BEING	N	%
A. I feel down, depressed, or hopeless all or most of the time.	11	6%
B. I occasionally feel down, depressed, or hopeless but can usually find ways through it.	41	23%
C. I may have bad days but do not typically feel down, depressed, or hopeless.	112	62%
D. Not Answered/Not Applicable	11	6%
Missing Response	5	3%
Selected as Focus Area	**17**	**9%**

SOCIAL SUPPORT SYSTEM	N	%
A. I do not typically receive support when I need it from family, friends, or my community.	29	16%
B. I occasionally receive support when I need it from family, friends, or my community.	45	25%
C. I reliably receive support when I need it from family, friends, and/or my community.	95	53%
D. Not Answered/Not Applicable	5	3%
Missing Response	6	3%
Selected as Focus Area	**12**	**7%**

Section 4: Parent-Child Relationship

CONFIDENCE IN PARENTING SKILLS	N	%
A. I am not confident in my parenting skills and/or frequently doubt that I am parenting my child(ren) well.	6	3%
B. I occasionally feel confident in my parenting skills and sometimes feel that I am parenting my child(ren) well.	27	15%
C. I am confident in my parenting skills and feel that I am parenting my child(ren) well.	135	75%
D. Not Answered/Not Applicable	8	4%
Missing Response	4	2%
Selected as Focus Area	**9**	**5%**

Section 5: Safety Support

HOME SAFETY	N	%
A. My family does not have emergency plans or quality home safety resources.	26	14%
B. My family has some safety resources we can count on and/or my family has a plan in the event of some emergencies but not others.	23	13%
C. My family has emergency plans in place and safety resources we can rely on.	114	63%
D. Not Answered/Not Applicable	12	7%
Missing Response	5	3%
Selected as Focus Area	**7**	**4%**

COMMUNITY SAFETY	N	%
A. I am often concerned about safety in the neighborhood we live in and/or I often avoid nearby community events due to feeling unsafe.	13	7%
B. I occasionally feel unsafe in my neighborhood and/or I occasionally avoid nearby community events due to feeling unsafe.	17	9%
C. I typically feel safe when I am in my neighborhood or attending nearby community events.	130	72%
D. Not Answered/Not Applicable	13	7%
Missing Response	7	4%
Selected as Focus Area	**2**	**1%**

IMMIGRATION STATUS	N	%
A. There are urgent immigration-related issues in my immediate family.	2	1%
B. There are immigration-related concerns in my immediate family, even if the issue is not urgent.	11	6%
C. There are no immigration-related concerns in my immediate family.	134	74%
D. Not Answered/Not Applicable	25	14%
Missing Response	8	4%
Selected as Focus Area	**2**	**1%**

EXPOSURE TO ABUSE	N	%
A. I and/or my child(ren) are currently exposed to abuse in our home.	4	2%
B. I and/or my child(ren) experienced abuse in the past and have not received services related to the abuse.	9	5%
C. My child(ren) and I are safe from abuse in the home and/or receiving ongoing support for past exposure.	129	72%
D. Not Answered/Not Applicable	34	19%
Missing Response	4	2%
Selected as Focus Area	**3**	**2%**

SUBSTANCE USE	N	%
A. I or someone in my immediate family is currently misusing illegal substances, prescription drugs, and/or alcohol and is not receiving help.	2	1%
B. I or someone in my immediate family is seeking help for their misuse of illegal substances, prescription drugs, and/or alcohol.	4	2%
C. My immediate family is not impacted by the misuse of illegal substances, prescription drugs, and/or alcohol	135	75%
D. Not Answered/Not Applicable	29	16%
Missing Response	10	6%
Selected as Focus Area	0	0%