

Introduction

The San Francisco Children and Families First Commission (hereafter referred to as First 5 San Francisco) has identified the following vision for the city's young children and their families:

All children will thrive in supportive, nurturing and loving families and communities. Children from birth to five years of age will be safe, healthy and stimulated. They will be supported in their physical, emotional and cognitive development. They will start school eager to continue to learn and grow with confidence and connections to families, community and society.

To achieve this vision, First 5 San Francisco receives revenue from the California Children and Families Act (Proposition 10) and from Proposition H, a City and County Charter Amendment that established Preschool for All, which builds upon the existing early childhood education system to ensure low-cost, high quality preschool for all San Francisco's four-year-olds. As stipulated by Proposition 10, at least 85% of the combined revenue is distributed to the public through community grant programs.

Every five years First 5 San Francisco develops and adopts a strategic plan to guide its grant making. The 2007-2012 Strategic Plan was adopted on July 1st, 2007. The plan sets a clear direction toward First 5 San Francisco's vision by identifying several key strategies and desired outcomes within four, closely connected result areas that also describe the Commission's goals for young children and their families: 1) Improved Child Health; 2) Enhanced Child Development; 3) Improved Family Functioning; and 4) Improved Systems of Care. For more detail see Appendix – *Strategies and Funded Programs by Result Area 2009-10*.

First 5 San Francisco is committed to implementing a comprehensive evaluation approach that assesses its effectiveness as a grant-making agency as well as the effectiveness of funded programs. The evaluation is conducted on an annual basis and responds to three fundamental questions: 1) What was invested (i.e. investments)?; 2) What was achieved with those investments (i.e. achievements)?; and 3) Were investments and achievements in line with the 2007-2012 Strategic Plan? These questions form the core of an Evaluation Framework that includes the following central components (see Appendix - *First 5 San Francisco Strategic Plan Evaluation Framework*):

- **Investments**
 - ✓ Fund Distribution
 - ✓ Strategies
- **Achievements**
 - ✓ Participant Demographics
 - ✓ Accountability and Quality
 - ✓ Outcomes

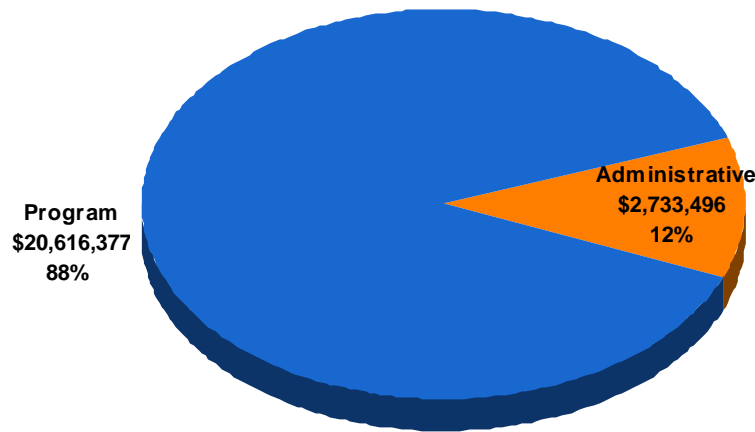
In accordance with the Evaluation Framework, investments and achievements are analyzed within the context of Strategic Plan priorities at both the Program Level and the Commission Level. The Program Level analysis, Part I of this report, is an external examination of program funding, strategies, and resulting program achievements during 2009-10. The Commission Level analysis, Part II of this report, is an internal examination of administrative fund allocation, Commissioner and staff activities, and resulting achievements for grantees, partners, and systems of care.

PROGRAM LEVEL EVALUATION

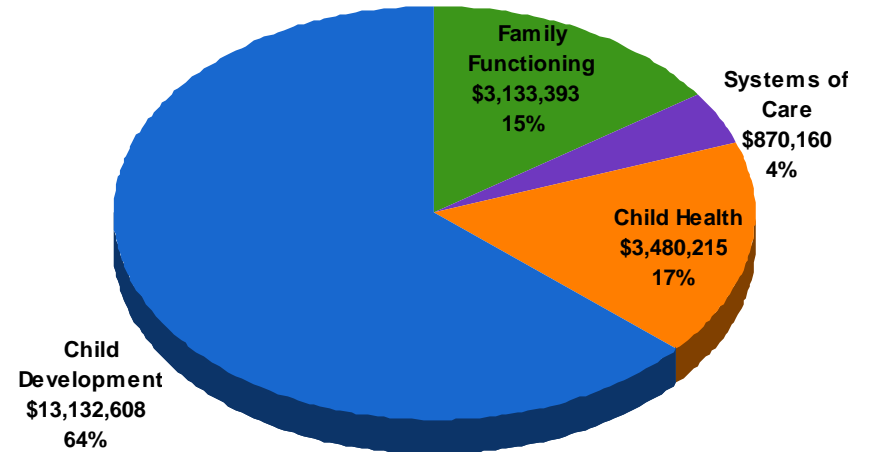
I.A. Investments: Fund Distribution and Program Expenditures 2009-10

In 2009-10, First 5 San Francisco committed just **over \$23 million** to funding an array of programs in all four Strategic Plan result areas. **This amount represented 88% of total fiscal year expenditures.** In 2009-10, over \$13 million was spent on the Preschool for All Initiative (PFA) funded by Proposition H (up approximately \$3 million from 2008-09) and \$8.5 million in grants was disbursed with Proposition 10 funds (down approximately \$1.5 million).

Program and Administrative Expenditures: 2009-10

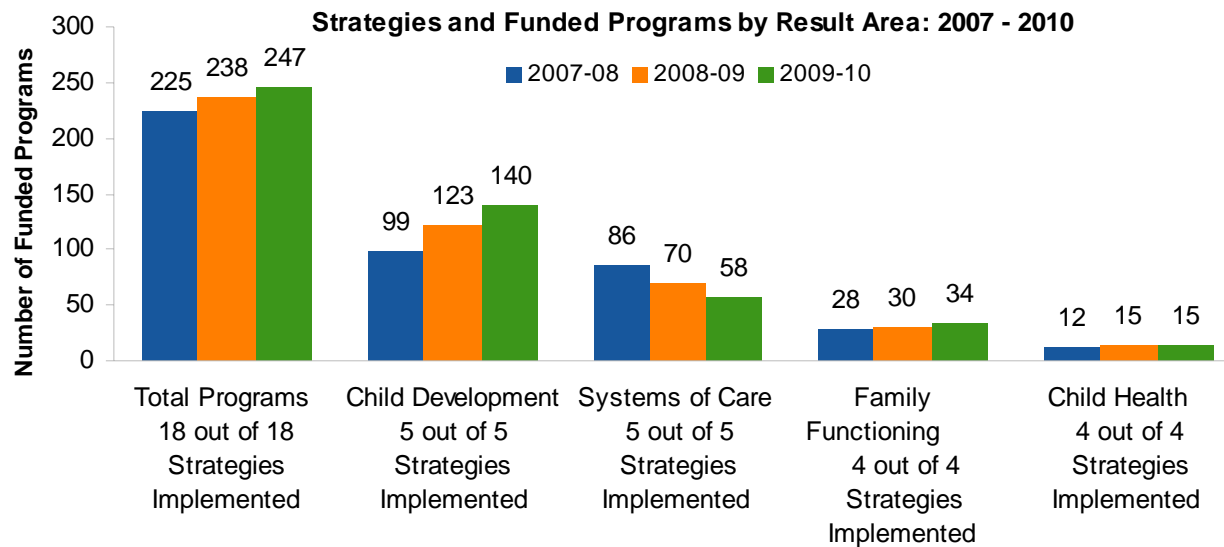


Program Expenditures by Result Area: 2009-10



I.B. Investments: Strategies by Result Area 2009-10

Fiscal year 2009-10 marked the third implementation year of the 2007-2012 Strategic Plan. During this year, the number of **funded programs increased to 247** with one final initiative, PFA Early Intervention, launching its planning phase. Additionally, the number of funding strategies expanded from 15 to 18 as a result of reaffirmation and slight restructuring of the Strategic Plan to more accurately reflect our work in the community. **All 18 strategies identified within the revised and reaffirmed 2007-2012 Strategic Plan were fully implemented by the close of the fiscal year.**

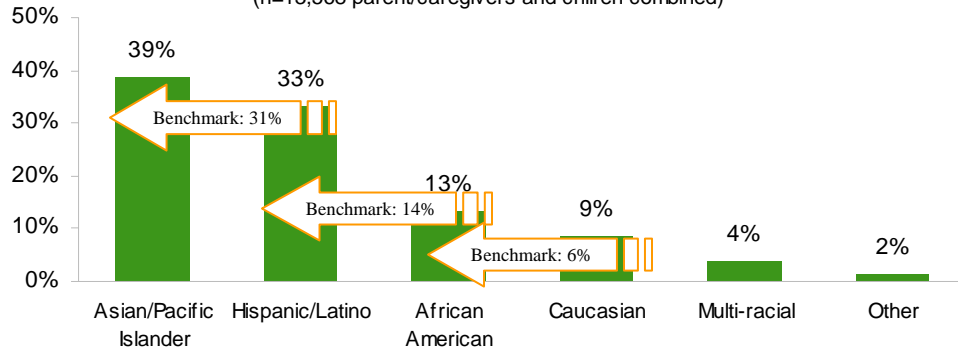


I.C. Achievements: Engagement of Target Demographic Groups 2009-10

Priority is placed on engaging specific target populations, including: new immigrant families; families with children that have special needs; and families from low-income, under-served neighborhoods. **Participant demographics are provided on the following page and compared to relevant city-wide demographic benchmarks¹.**

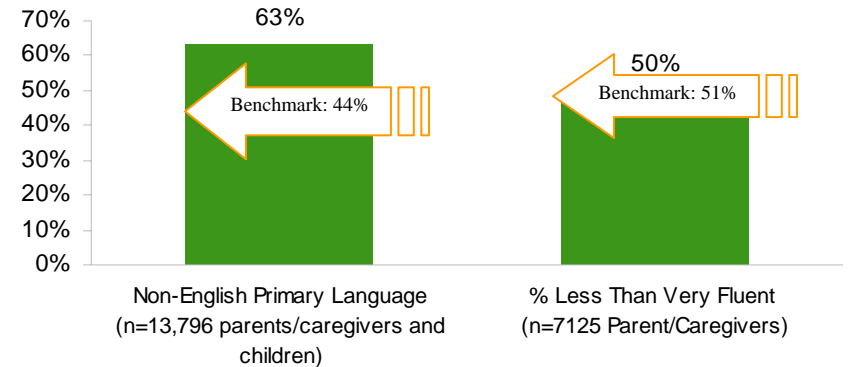
¹ Only participants with available data were included in the analysis; therefore, numbers presented in the charts on page 7 do not represent total participants served.

Participation Target #1: Participants reflect the diversity of the city's population, with Asian/Pacific Islander, Hispanic/Latino, and African American participants more strongly represented.
(n=13,568 parent/caregivers and children combined)



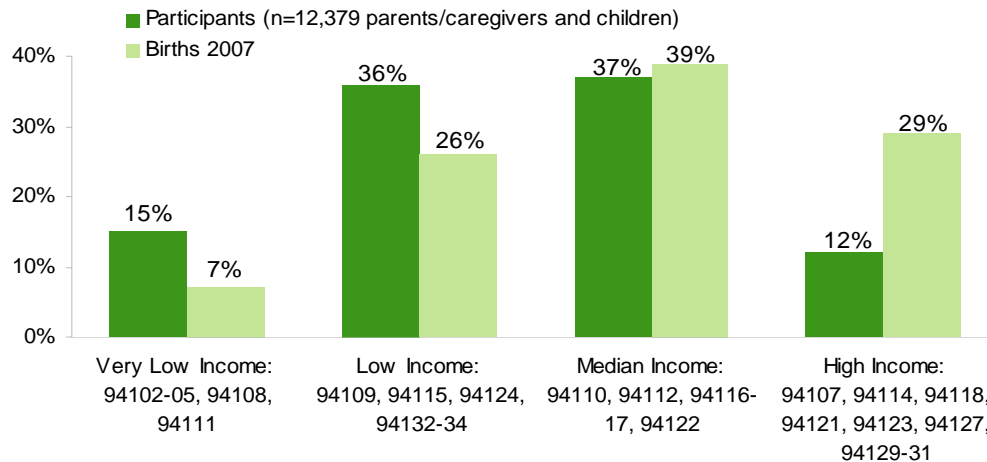
*Benchmarks are derived from 2009 American Community Survey data.

Participation Target #2: Percentages of participants with a primary language other than English, and participant English fluency levels, meet or exceed county-wide percentages.



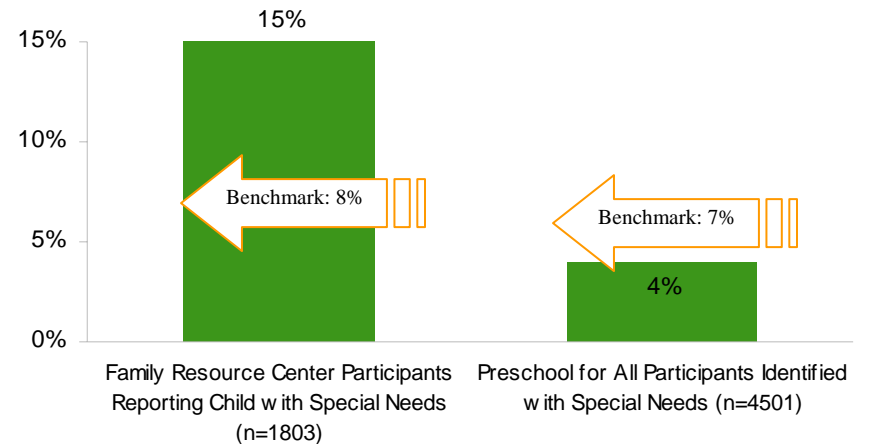
*Benchmarks are derived from 2009 American Community Survey data.

Participation Target #3: Participants reside in neighborhoods that are traditionally low-income, underserved, and have high concentrations of children birth to five.



*Low income zip codes have an income below 80% of the HUD 2007 Median Family Income (\$86,500) and very low income zip codes have a median family income below 50%.

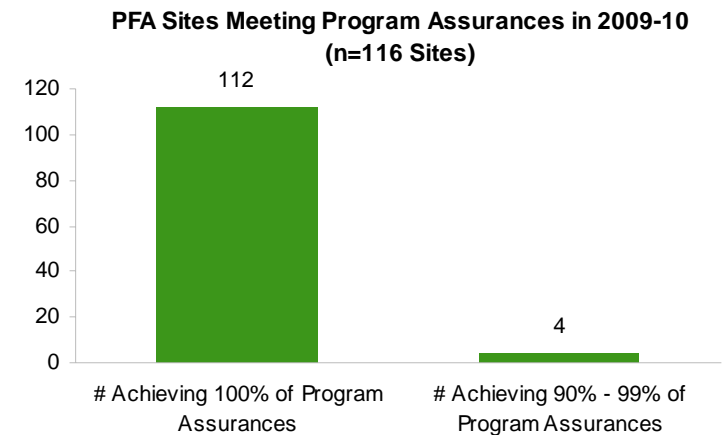
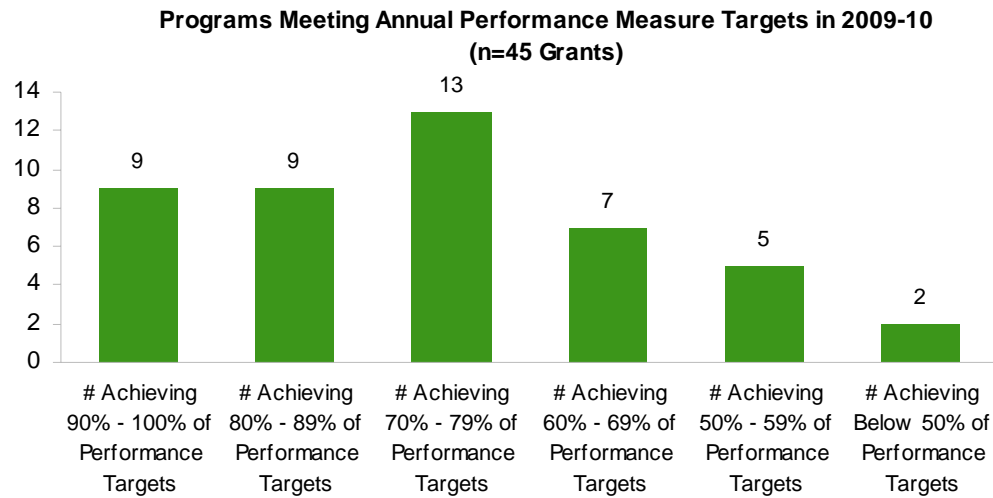
Participation Target #4: Percentages of children with special needs among participants will meet or exceed county-wide percentages.



*Benchmarks for participant reported data are derived from 2009 Kindergarten Readiness Survey Results; benchmarks for Preschool for All are derived from CDE Data and Statistics 2009.

I.D. Achievements: Accountability and Quality

First 5 San Francisco closely monitors all community grants and contracts through fiscal and program site visits as well as through collection and review of regular programmatic reports and documents. Community grant programs complete additional quarterly performance reports describing progress toward annual service targets. Similarly, PFA sites are required to regularly document their compliance with Program Assurances.



I.E. Achievements: Improved Child Health

Below are the short-term (i.e. changes in service awareness, access, utilization, and quality), intermediate (i.e. changes in participant knowledge, skill, and behavior), and long-term (i.e. broad, sustained community change) desired outcomes for Improved Child Health. The tables on the following page present an overview of progress toward these outcomes.

Short-term: Children have health insurance and utilize comprehensive health care

Intermediate: Children with special health care needs are identified early and linked to appropriate services

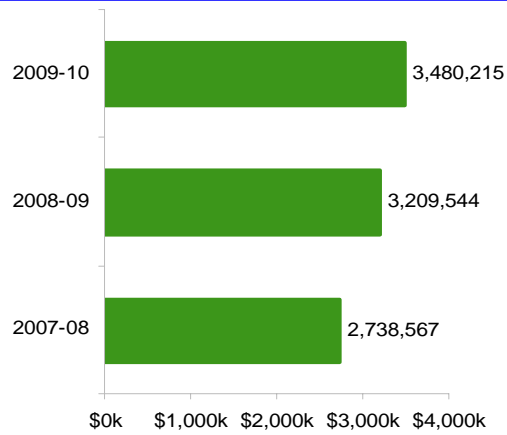
Long-term: Children are physically and emotionally healthy



From a UC San Francisco dental student following a dental screening at Mission Child Care Consortium in partnership with Public Health Nurses:

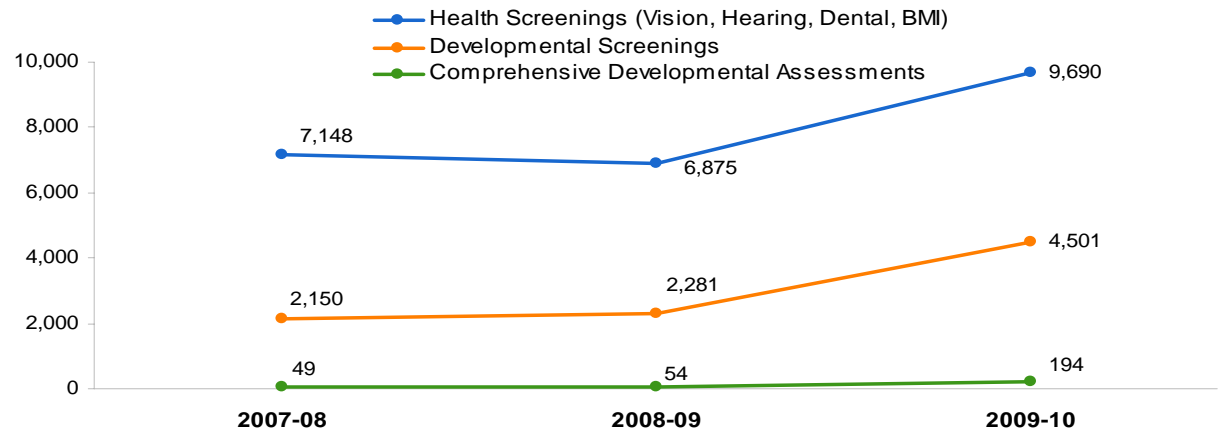
"I was able to explain to the mother of one of my follow-up patients about white spot lesions and that her daughter should visit the dentist. She was 4 years old and hadn't seen the dentist yet. It really seemed she was receptive to what I was saying and that she will be taking her daughter for regular dental check-ups. She he told me she will call me when the appointment was made next week, but I will be sure to follow-up if she doesn't."

Child Health Investments: 2007-10



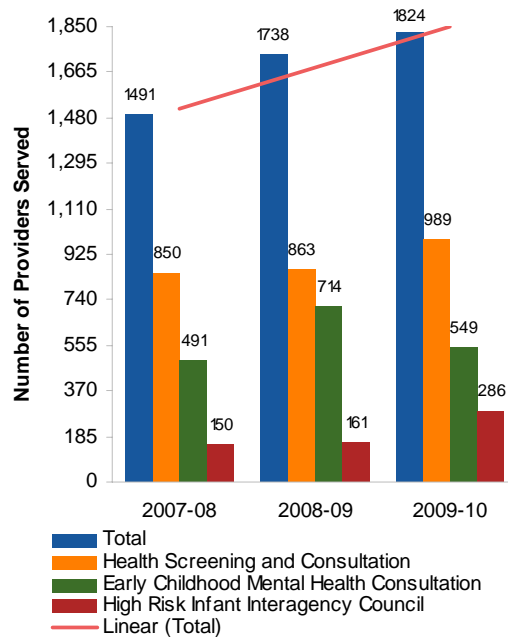
Access: Are screening and assessment services reaching more children?

Yes



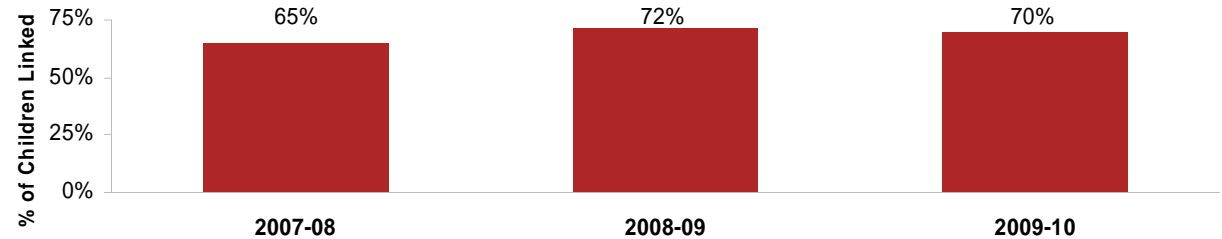
Access: Is health consultation reaching more providers?

Yes



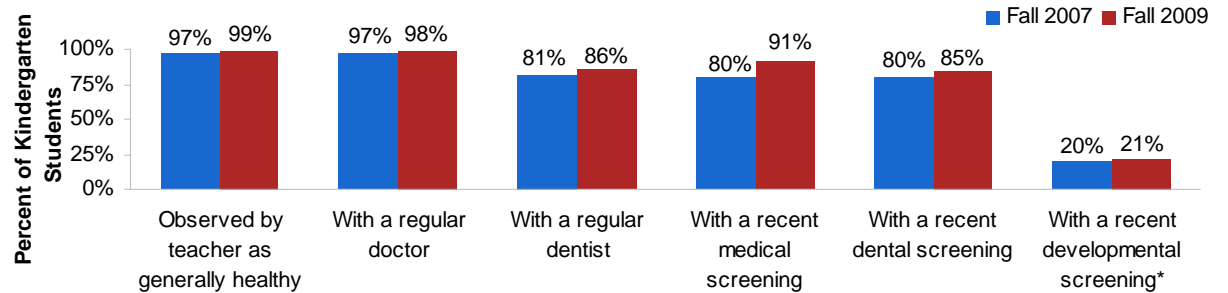
Intermediate Outcome: Are programs successful in linking children to service?

In progress



Long-term Outcome: Are San Francisco children utilizing health care and are they healthy at kindergarten entry?

Yes



*Likely an under-presentation of actual screening frequency due to the nature of parent self-reports.

Source: Applied Survey Research Parent Information Form 2007 (n=335) and 2009 (n=628)

I.F. Achievements: Enhanced Child Development

Below are the short-term (i.e. changes in service awareness, access, utilization, and quality), intermediate (i.e. changes in participant knowledge, skill, and behavior), and long-term (i.e. broad, sustained community change) desired outcomes for Enhanced Child Development. The tables on the following page present an overview of progress toward these outcomes.

Short-term: Children from birth to five and their families have access to high quality early childhood education, including infant toddler and preschool programs

Intermediate: San Francisco has a well-trained and stable early childhood workforce equipped to deliver high quality early care and education

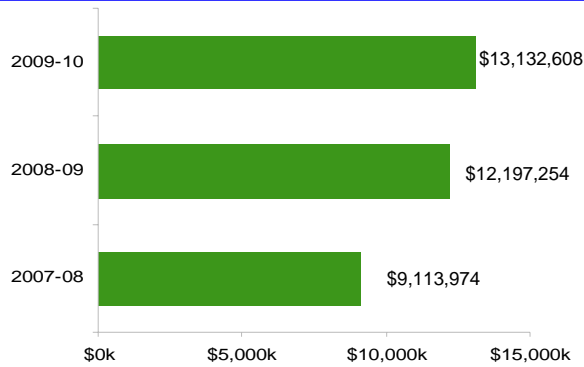
Long-term: Children enter kindergarten ready for school



From a participating Preschool for All Provider:

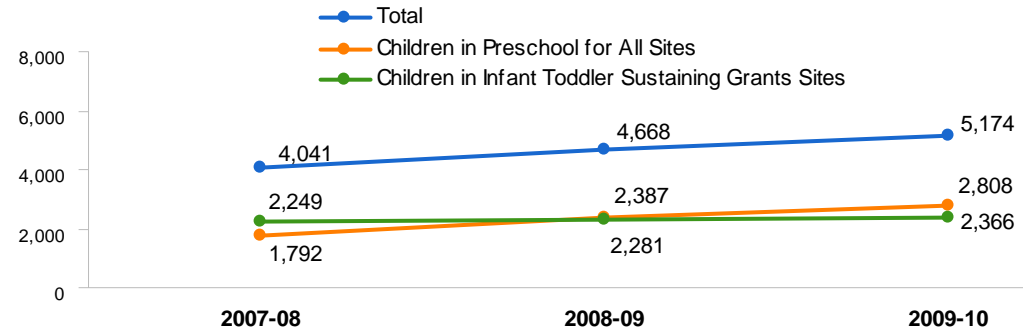
"As a direct result from PFA in the classroom we have participated in staff developments that have provided us with a variety of tools to support children in their learning. We have learned to enhance the classroom environment to provide and facilitate a meaningful learning area where children can feel safe and secure. We have learned to tie it all together - Desired Results Developmental Profiles, observations, parent conference, and curriculum - to support children as whole learners and to be able to recognize and meet individual needs of children."

Child Development Investments: 2007-10



Access to Quality: Are more children accessing high quality ECE programs?

Yes



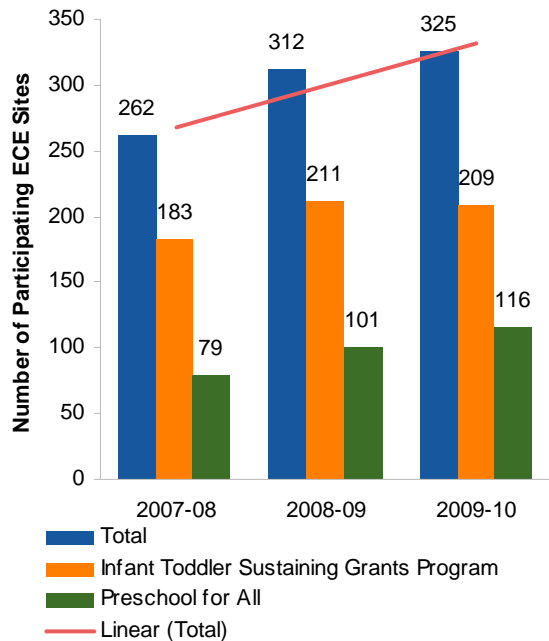
Between 2007 - 2009:
 - 547 new preschool slots were created
 - SFUSD kindergarten students with preschool experience increased by 15%.

Access to Quality: Are more ECE sites meeting minimum quality levels?

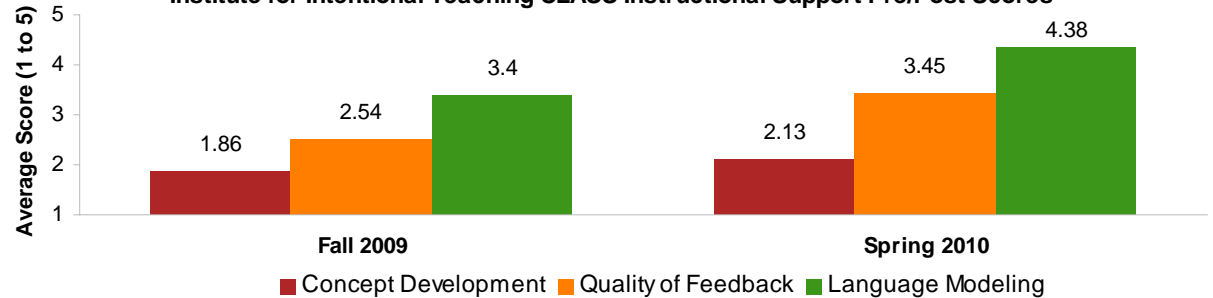
Yes

Intermediate Outcome: Following training, do ECE providers have increased ability to support children's readiness for kindergarten?

Yes



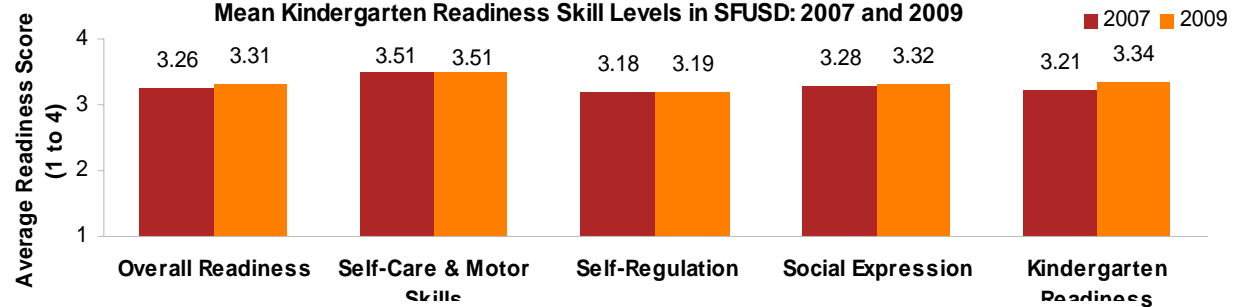
Institute for Intentional Teaching CLASS Instructional Support Pre/Post Scores



Long-term Outcome: Are children in San Francisco more ready for kindergarten?

Yes

Mean Kindergarten Readiness Skill Levels in SFUSD: 2007 and 2009



Source: Applied Survey Research Kindergarten Observation Form | 2007 (n=447) and 2009 (n=751)

I.G. Achievements: Improved Family Functioning

Below are the short-term (i.e. changes in service awareness, access, utilization, and quality), intermediate (i.e. changes in participant knowledge, skill, and behavior), and long-term (i.e. broad, sustained community change) desired outcomes for Improved Family Functioning. The tables on the following page present an overview of progress toward these outcomes.

Short-term: Families are connected to a supportive community

Intermediate: Families provide nurturing and positive emotional support to their children

Long-term: Families support their children's social, emotional, cognitive and physical development



From a Family Resource Center Family Advocate:

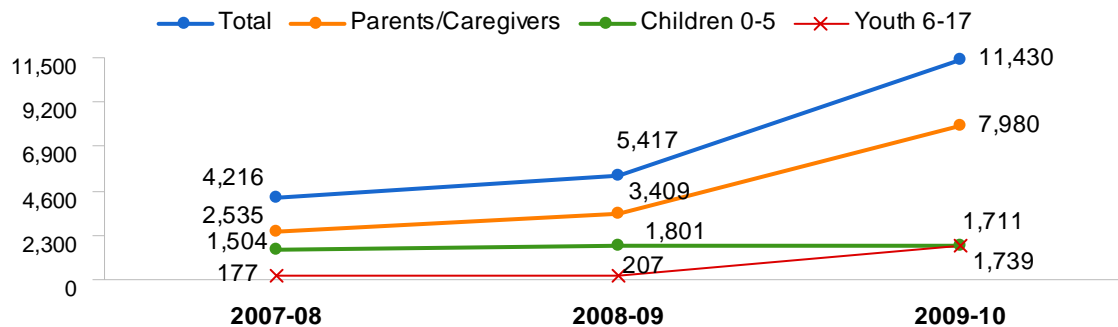
"Mom was overwhelmed, frustrated, and admitted being 'out of control.' Disciplining her girls was solely her responsibility and she reported experiencing extreme difficulty managing the behavior of her daughter. Mom was referred to a parenting group and was supported in discussing the situation with her husband. She participated fully in the group and gained new skills in setting enforceable limits, being consistent, and utilizing calming techniques. Additionally, she improved communication with her husband who now helps her with the girls. There is also greater participation from dad in the day-to-day activities of the children, including more family outings."

Family Functioning Investments: 2007-10



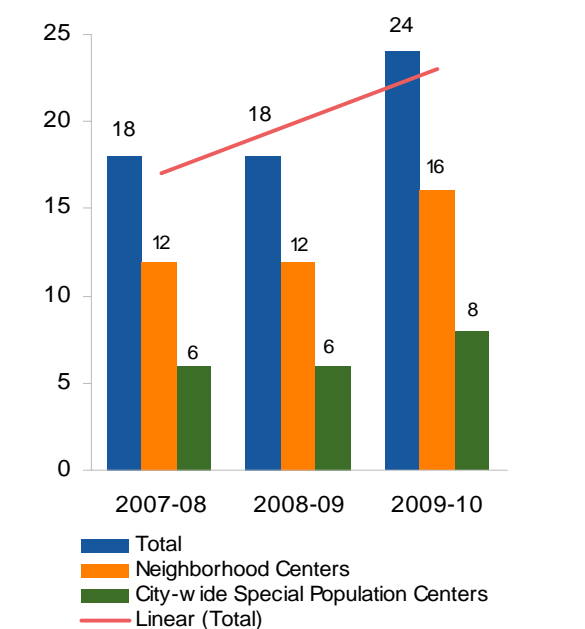
Access: Are more families accessing Family Resource Center services?

Yes



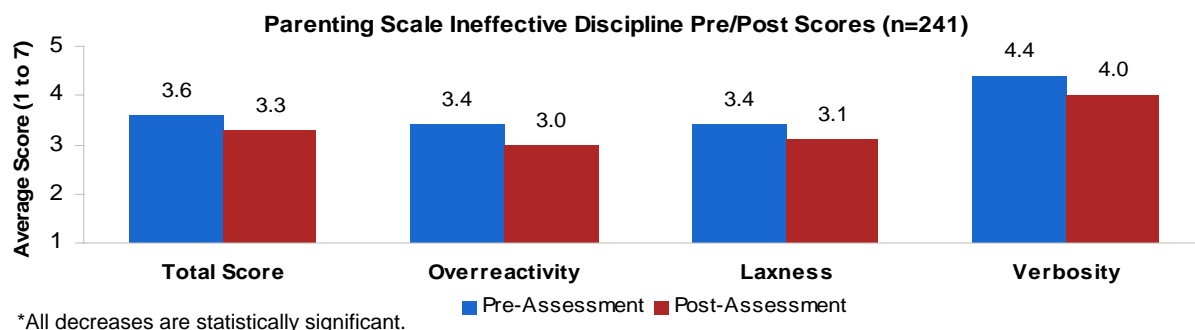
Access: Has the number of funded Family Resource Centers increased?

Yes



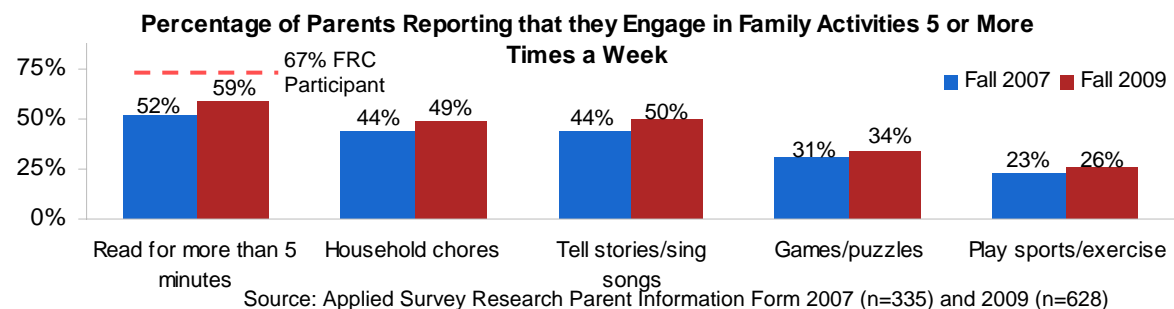
Intermediate Outcome: Do parents decrease ineffective parenting following participation in a Family Resource Center Parent Education Class?

Yes



Long-term Outcome: Are more San Francisco parents engaging in family activities that support their children's school readiness?

Yes



I.H. Achievements: Improved Systems of Care

Below are the short-term (i.e. changes in service awareness, access, utilization, and quality), intermediate (i.e. changes in participant knowledge, skill, and behavior), and long-term (i.e. broad, sustained community change) desired outcomes for Improved Systems of Care. The tables on the following page present an overview of progress toward these outcomes.

Short-term: Greater knowledge and utilization of evidence-based models, best practices, quality standards, and evaluation among practitioners who work in funded settings

Intermediate: Funding and services to young children and their families are coordinated, contiguous and leveraged

Long-term: San Francisco residents and public/private policymakers support public investments in young children and their families



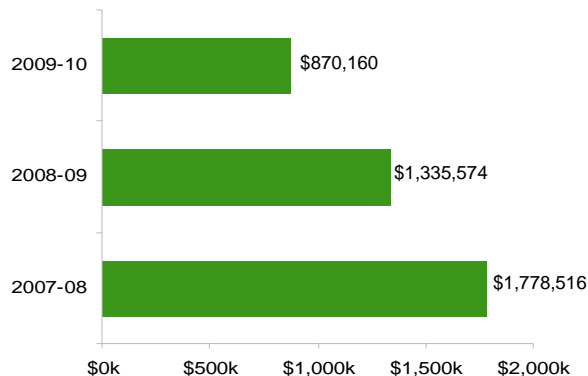
From a First 5 San Francisco Grantee:

One big benefit of working with First 5 San Francisco has been their priority in organizing CBOs to work together and promote synergy among program offerings. First 5 funding support has tremendously leveraged our ability to create significant shifts in our systems and structures that support program development, program quality and enhancement resulting in a stronger horizontal alignment.

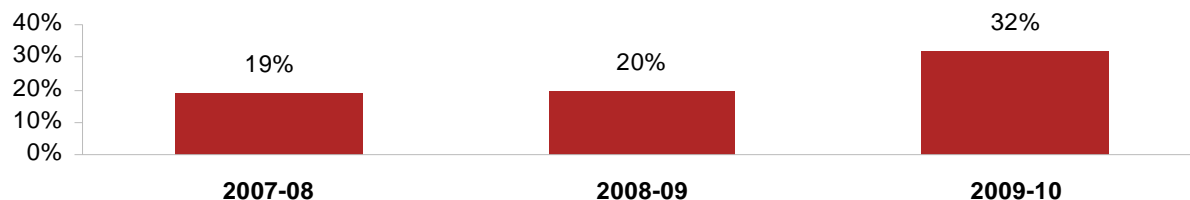
Systems of Care Investments: 2007-10

Access: Is First 5 San Francisco increasing coordination of grant-making with other public and private funders?

Yes



Percent of Jointly Funded Grants: 2007 - 2010



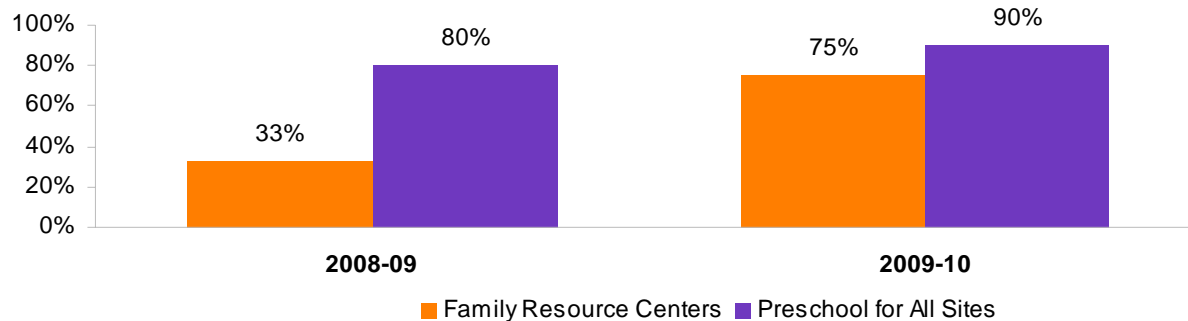
Intermediate Outcome: Are more funded programs utilizing evidence-based practices to improve the quality of service?

Yes

Long-term Outcome: Has the number of policy shifts in favor of young children and families increased?

Yes

Percent of Sites Utilizing Funder Approved Evidence-based curriculum: 2008 - 2010



Local Policy Shifts in Favor of Young Children and Families: 2008 - 2010

