

## Presentation of the Special Needs Project—Watch Me Grow Phase 1 Evaluation Report

First 5 San Mateo County (F5SMC) is pleased to present the Phase 1 Evaluation Report for our Special Needs Project—Watch Me Grow. Watch Me Grow (WMG) is a comprehensive, three-year demonstration project serving children ages 0-5 with (or at risk for) special needs and their families, as well as providers in the child care and health fields who serve this population.

This report describes the implementation of Watch Me Grow during the 2007-2008 fiscal year, including:

- Establishing a Demonstration Site that provides screening, referral, and care coordination services to families in a South San Francisco community.
- Training providers countywide (pediatricians, dentists, mental health clinicians, and child care/preschool providers) on how to identify and serve young children with special needs.
- Convening a countywide Roundtable where service providers from community agencies and county departments meet to strengthen relationships, strategize ways to improve the system of care, and discuss complex cases requiring extensive care coordination.

**F5SMC and its WMG partners are proud of the positive results for children and families already achieved by the program and portrayed in this report. We are also proud of the steps we have taken to improve WMG based on the findings from this evaluation. The following chart outlines some of the program improvement activities undertaken as a result of what we have learned.**

Evaluation Findings	Program Improvement Activities
Screening staff expressed a need for more technical assistance to ensure consistent, complete, and accurate data collection.	Targeted technical assistance around screening and data entry protocols is being provided to staff during Phase 2 of the project.
Establishing data sharing protocols and effective collaboration between the Demonstration Site and the South San Francisco United School District was a challenge.	<ul style="list-style-type: none"> <li>▪ The Demonstration Site Coordinator (Community Gatepath) and SSFUSD communicate on a regular basis and collaborate well.</li> <li>▪ Community Gatepath and SSFUSD now have an MOU outlining the responsibilities of each agency.</li> </ul>
Regular participants in WMG collaborative and leadership activities expressed a desire for more engagement from less-involved county agencies and organizations.	F5SMC staff and current partners continue to engage potential partners in WMG activities through the MOU process, informal networking, and planned activities addressing systems enhancement.

Evaluation Findings	Program Improvement Activities
Data sharing and data entry at Head Start/Early Start did not start as anticipated.	Staff at Head Start/Early Start have been trained to enter their own screening data.
Although referrals were tracked by demonstration site staff, there was no system for documenting services received.	WMG has developed and is piloting a service tracking system during Phase 2 of the project.

We thank you for your interest in learning about the exciting work that First 5 San Mateo supports in our community. Additional information about our programs is available in the “Publications” section of our website, at [www.co.sanmateo.ca.us/first5](http://www.co.sanmateo.ca.us/first5) .

First 5 San Mateo County



**Special Needs Project—Watch Me Grow**  
**Phase 1 Evaluation Report: Executive Summary**

**August 2008**



Prepared by:

Dana M. Petersen, Ph.D.

Mario Snow, M.S.W.

Sheila Shea, Ph.D.

SRI International  
Menlo Park, CA  
<http://www.sri.com>





# **The First 5 San Mateo Special Needs Project Watch Me Grow—Phase 1 Evaluation Report**

## **Executive Summary**

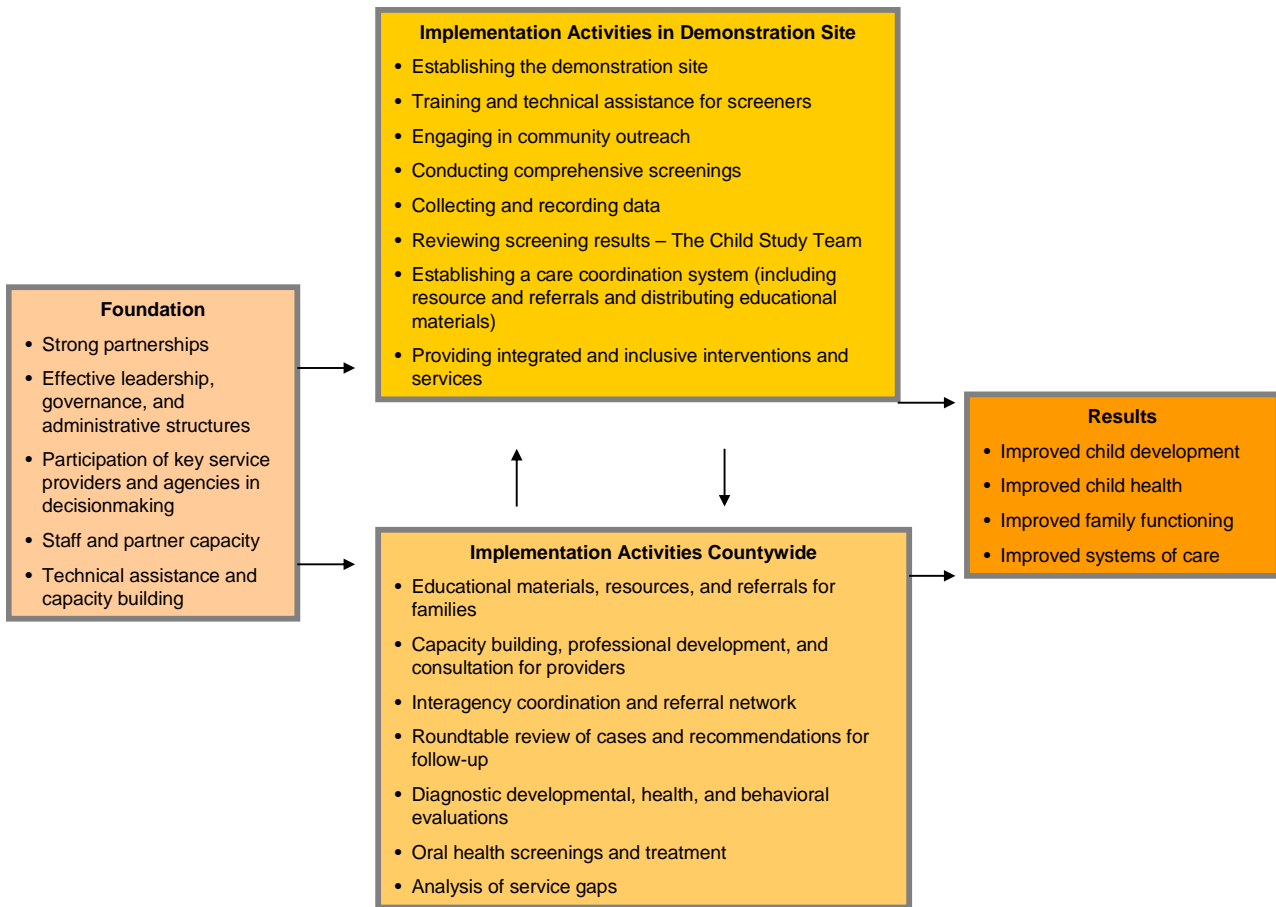
The First 5 San Mateo County (F5SMC) Special Needs Project (SNP) is funded by the F5SMC Commission to increase the capacity of systems countywide to serve and support families with young children (ages 0–5) with disabilities and other special needs. The SNP is locally referred to as the Watch Me Grow (WMG) project. To inform countywide strategies, WMG also coordinates and secures access to early identification and intervention services and supports for children and families in a demonstration site in South San Francisco. This document summarizes the activities undertaken and interim outcomes achieved by the F5SMC WMG project during the first phase of implementation, as well as achievements and challenges encountered.

Additional information on activities undertaken by WMG countywide and in the demonstration site, as well as baseline screening and indicator data collected during Phase 1 (covering September 1, 2007, to August 31, 2008) can be found in the full Watch Me Grow Phase 1 Evaluation Report. Evaluation and data collection methods are also described in the full report.

### **Watch Me Grow Conceptual Model**

Together, the partners funded as part of WMG are expected to deliver a coordinated and comprehensive array of high-quality services to achieve the County Commission’s intended goals for the project. To facilitate communication about WMG to County Commissioners and other stakeholders, F5SMC staff created a condensed conceptual model (Exhibit 1) that succinctly depicts the activities related to the four key components the project. The leftmost box, Foundation, lists the elements that must be in place for WMG activities to be effectively implemented at the demonstration site and countywide. These include strong partnerships, effective governance and leadership structures, participation of key providers in decisionmaking, staff and partner capacity and technical assistance. The two Implementation boxes list key demonstration site activities—e.g., training and technical assistance, outreach, screenings, educational materials and training for families, care coordination—and countywide—e.g., educational materials, resources, and referrals for families; capacity building and professional development opportunities for providers; interagency coordination and referrals, analysis of system gaps. The box on the far right of lists the long-term results expected if all inputs are provided and all the implementation activities are fully and well executed. The WMG condensed conceptual model (Exhibit 1) is used as the framework for describing Phase 1 implementation activities and outcomes in the remainder of this summary.

## Exhibit 1. Watch Me Grow Conceptual Model—Condensed Version



### Achievements

This section summarizes our findings on Phase 1 WMG achievements according to the three action components of the WMG conceptual model: (1) establishing a foundation, (2) implementation in a demonstration site, and (3) implementation countywide.

#### ***Component 1: Establishing a Foundation***

During its first phase of implementation, the WMG project succeeded in establishing a strong foundation for the project by:

- Developing conceptual models and promotional materials (WMG brochure) to communicate the project to stakeholders.
- Hiring an effective consultant meeting facilitator.
- Engaging funded and community partners in WMG planning and creating a shared vision for the collaborative project.

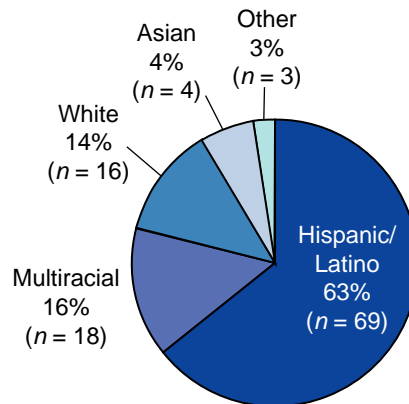
- Streamlining the leadership, governance, and administrative structures so that decisions are made efficiently with fewer duplicative meetings.
- Maintaining appropriate representation in Design Team (All Partners) meetings.
- Maintaining leadership of the project despite turnover in F5SMC and funded partner staff.

**Component 2: Implementation at the Demonstration Site**

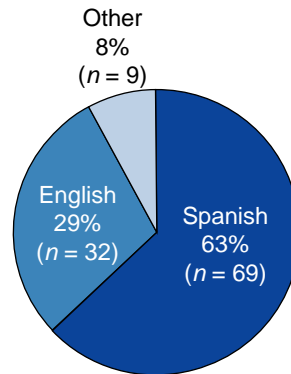
WMG succeeded delivering comprehensive screening and referral services at the South San Francisco demonstration site by:

- Establishing an operational demonstration site on the Spruce Elementary School campus, enabling families to have easy access to developmental screenings.
- Adapting the F5CA Screening and Services Protocol to meet local needs.
- Hiring screeners (the majority of whom are bilingual) and a bilingual family care coordinator to support outreach and service delivery to families.
- Conducting outreach activities that engaged families in the service area and brought them into contact with demonstration site services.
- Conducting outreach to providers serving families in the South San Francisco community and receiving referrals from these sources (e.g., South San Francisco Health Clinic, local pediatricians).
- Training demonstration site screening staff to administer the ASQ, ASQ:SE, PSI-SF, Health Screening, and Intake Survey.
- Providing 119 developmental screenings to young children (110 with consent to share data) (One screening session was observed to follow the administration instructions for each of the instruments with very good fidelity.)
  - The children screened were predominately Latino and Spanish speakers (Exhibits 2 and 3).

**Exhibit 2. Children Screened, by Ethnicity (N = 110)**

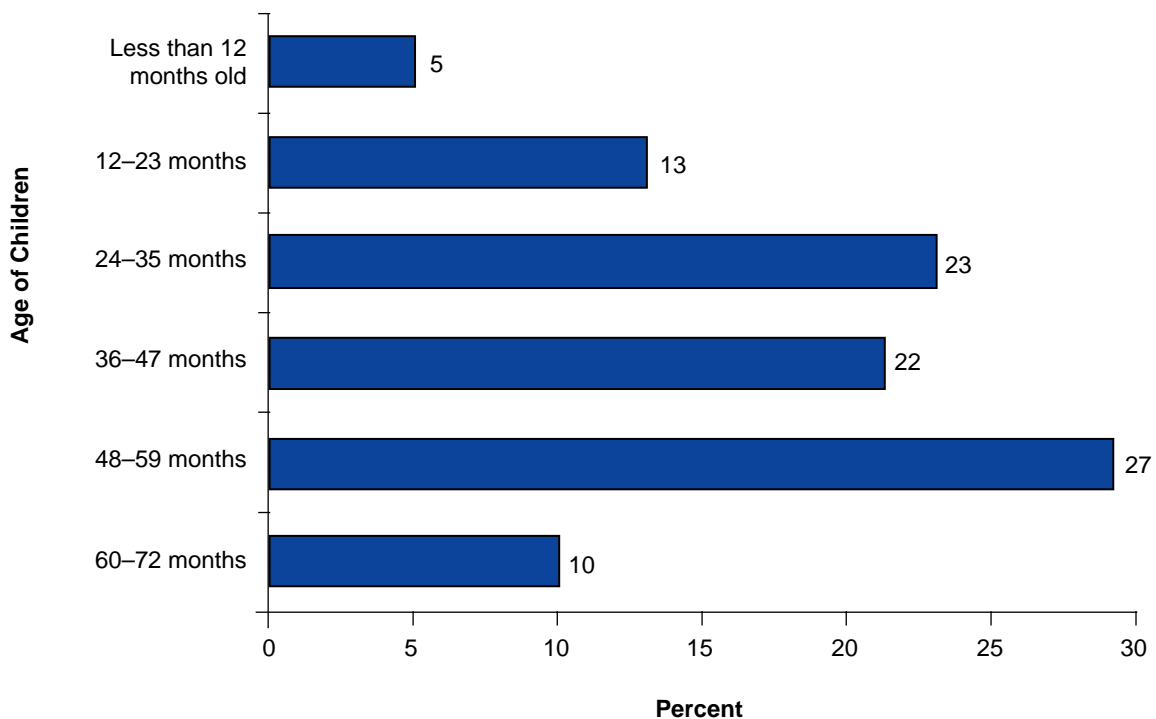


**Exhibit 3. Children Screened, by Primary Home Language (N = 110)**



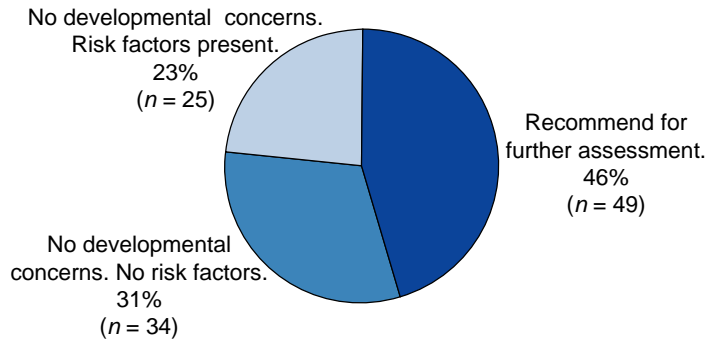
- The majority of children screened were ages 3–5. Fewer children who were less than 12 months old were screened than children of other ages (Exhibit 4).

**Exhibit 4. Children Screened, by Age (N = 110)**



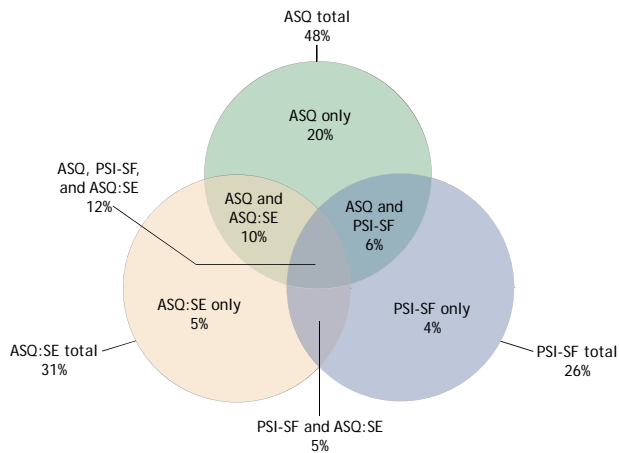
- Of the 108 children who were screened, using results from the ASQ, ASQ:SE and the PSI-SF, 31% were determined to present no developmental concerns and possess no risk factors—that is, to be developing typically. Twenty-three percent (23%) were determined to present no developmental concerns but to possess some risk factors. The proportion of children identified with a need for further assessment because of an identified developmental concern was 46%. This suggests that the majority of children (69%) screened by the three screening by WMG presented some developmental concern or risk factor (Exhibit 5).

**Exhibit 5. Developmental Screenings Provided, by Screening Outcome (N = 108)**



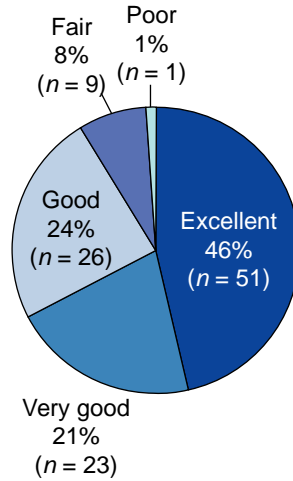
- For those WMG children who were screened with all three tools (N = 82), the majority (61%) had scores outside the normal limits on at least one of the tools. Nearly half (48%) had scores outside the normal limits on the ASQ. Fewer (31%) had scores outside the normal limits on the ASQ:SE. One quarter (26%) had scores outside the normal range on the PSI-SF (Exhibit 6).

**Exhibit 6. Children Scoring Outside the Normal Limits on Each Developmental Screening Tool (N = 82)**



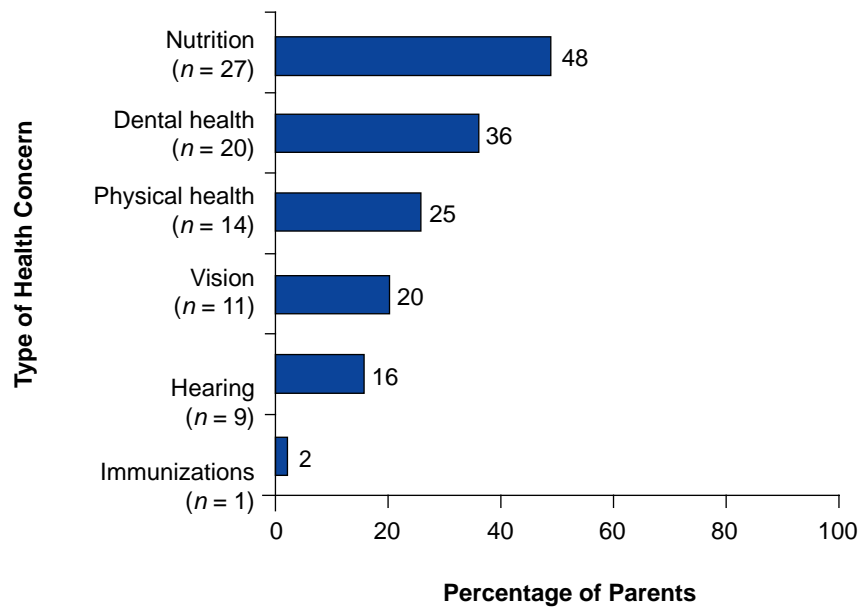
- In the 110 health screenings completed, parents described their children’s general health as “excellent” or “very good” 67% of the time. Parents described children’s general health as “fair” or “poor” 9% of the time (Exhibit 7).

**Exhibit 7. Health Screening Results: Overall Health Status (N = 110)**



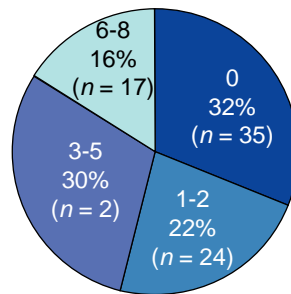
- During the health screening, parents were asked to identify any health concerns they may have for their child. The most common types of concerns identified were nutrition (48%), dental health (36%) and physical health (25%) (Exhibit 8).

**Exhibit 8. Health Screening Results: Most Common Health Concerns (N = 56)**



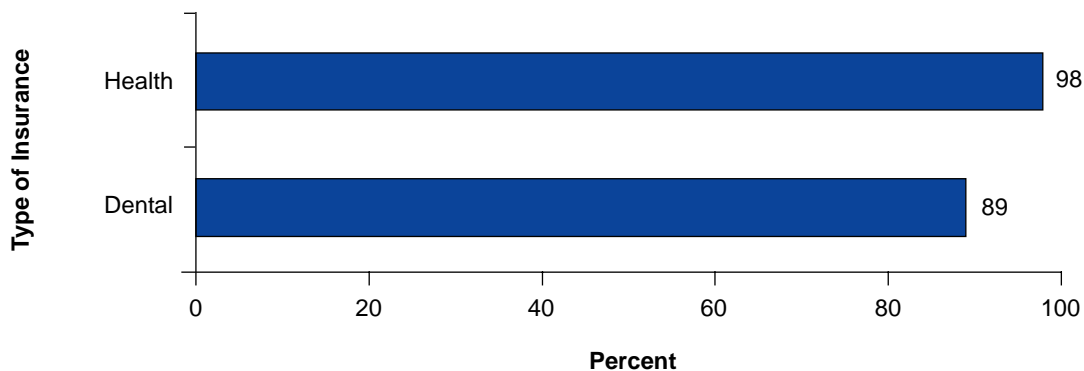
- Establishing a care coordination system to help families navigate the service system by employing a family care coordinator.
- Offering care coordination services to approximately 70 families including making referrals, providing information about local resources for families with young children, educational materials about early childhood development, application assistance, scheduling appointments and follow-ups, and answering parents' questions.
  - More than two-thirds (68%) of children screened were referred for at least one service or assessment. The number of referrals made per child ranged from zero (32%) to six to eight (16%) (Exhibit 25). On average, children received two referrals based on the developmental or health screening (Exhibit 9).

**Exhibit 9. Referrals: Number of Referrals Per Screening (N = 110)**



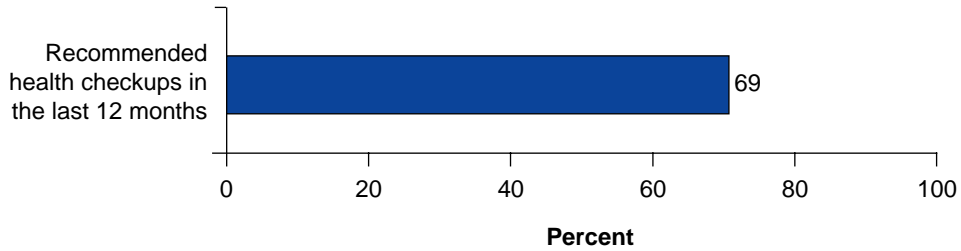
- Collecting Intake Survey data from 62 families.
  - Of the 62 parents completing an Intake Survey, 94% reported that their child had a medical home and regular doctor. Almost all (98%) of the 62 children with Intake Survey information had health insurance coverage, while slightly fewer (89%) had dental insurance coverage (Exhibit 10).

**Exhibit 10. Children with Health and Dental Insurance (N = 62)**

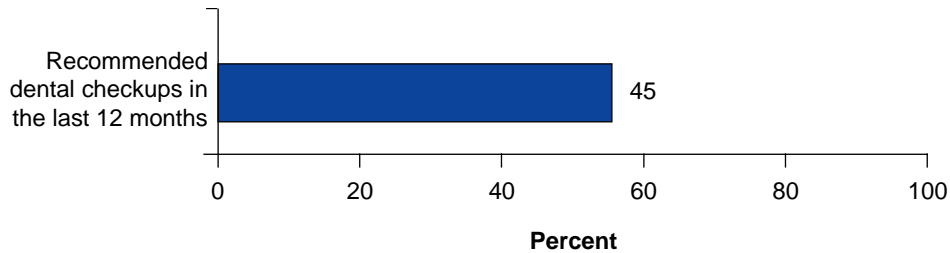


- About two-thirds (69%) of the 62 parents responding said that their child had received all recommended well-baby and well-child checkups for their age in the last 12 months (Exhibit 11). Fewer children (45%) of parents with children ages 3–5 reported that their child had received recommended dental check ups for their age in the last 12 months (Exhibit 12).

**Exhibit 11. Children Who Receive Recommended Health Checkups (N = 62)**



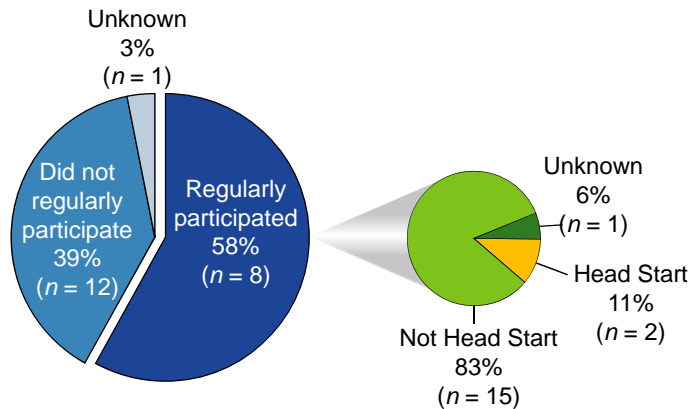
**Exhibit 12. Children Who Receive Recommended Dental Checkups (N = 31)\***



\*This question is asked only of parents with children ages 3–5 at the time of intake.

- According to the 31 parents with children ages 3–5, 58% of the children regularly attended an early childhood education (ECE) program. Of those children, 83% attended a nursery school, preschool, prekindergarten, or child care center program, while the remaining 11% attended a Head Start program (Exhibit 13).

**Exhibit 13. Children who Participate Regularly in Early Childhood Education Programs (N = 31)\***



\*This question is asked only of parents with children ages 3–5 at the time of intake.

- Using an effective Child Study Team that meets regularly, reviews screening results, and makes referrals.
- Initiating a system for referring and sharing data with GGRC and the SSFUSD for children ages 0–3 and 3–5, respectively.
- Receiving positive feedback from parents who participated in a focus group. Parents expressed satisfaction with the screening process and would recommend WMG screenings and services to other parents of young children; parents reported that the screeners were caring and shared results in a sensitive and constructive manner.

***Component 3: Implementation Countywide***

During Phase 1, the project made the following improvements in the system of care for families with young children with disabilities and other special needs in San Mateo County:

- Increasing collaboration and communication between partner agencies.
- Forming new partnerships to identify and fill gaps in the system of care for children ages 0–5 with disabilities and other special needs (e.g., Community Gatepath and SSFUSD, Community Gatepath and YFES, UCP and San Mateo County Department of Health, Legal Aid and countywide providers).
- Offering two education classes to parents about the oral health issues of young children (i.e., UCP).
- Providing enhanced child care referrals to 170 families (i.e., 4Cs).
- Increasing the capacity of health care providers through presentations at Kaiser Permanente Daly City, UCSF School of Nursing, and medical groups at Stanford University Hospital and LPCH. (i.e., LPCH).
- Offering three workshops for 81 physicians and other medical and health service providers about age-appropriate development, developmental screenings, and countywide referrals (i.e., LPCH).
- Working with Stanford University to incorporate training on developmental screening into the developmental behavioral pediatric rotation (i.e., LPCH).
- Initiating conversations with approximately 20 physicians at Kaiser Hospital and Palo Alto Medical Foundation about integration of developmental screenings into regular pediatric visits for children 0–5 (i.e., LPCH).
- Initiating planning with the County Department of Health to establish a monthly oral health services clinic for children with disabilities and other special needs (e.g., UCP is collaborating with Health Department on this and will fund first 12 months of services).
- Hiring appropriate staff, determining content, and beginning to build the Knowledge Center, a web site for parents of and providers serving children with disabilities and special needs to connect and share information (i.e., Community Gatepath).
- Proving legal advice and information about the rights of families with young children and special needs to providers across the county (i.e., Legal Aid).

- Sending demonstration site screeners to a train-the-trainer workshop in Denver, Colorado, so they can later train additional staff and providers to use developmental screening tools (i.e., 4Cs, Community Gatepath).
- Training YFES clinicians to better understand the mental health issues of young children (e.g., USCF IPP provided an 8 month seminar on the special behavioral, emotional, and mental health needs of young children). As a result, clinicians feel they have more skills and are more confident about working with young children who will be referred to them as a result of the WMG project.
- Developing and distributing broadly a referral algorithm that provides an easy reference and decision pathway for providers working with young children (i.e., LPCH).
- Working to create a Medical Home Binder outlining eligibility requirements, services provided, and other relevant information about programs and services for families with young children with disabilities and other special needs in San Mateo County (i.e., LPCH).
- Establishing a countywide Roundtable that brings together experts in multiple areas (e.g., medical, social services, and legal services) to better serve children with complex special needs and to overcome families' barriers to accessing services.
- Linking children to diagnostic development, health, and behavioral assessments provided by GGRC, SSFUSD, and LPCH.
- Engaging key stakeholders (e.g., County Office of Education, Special Education Local Plan Area, Bay Area Superintendents Association, 4Cs) to develop a Blueprint for Systems Change (i.e., Community Gatepath).
- Representing San Mateo County at F5CA Early Childhood Mental Health Workgroups and transferring knowledge from meetings to local systems changes (i.e., 4Cs).

### **Challenges Encountered**

The accomplishments described above were achieved despite some challenges. This section summarizes challenges encountered during Phase 1 while laying the foundation for the project and beginning implementation in the demonstration site and countywide.

#### ***Component 1: Establishing a Foundation***

During Phase 1, the WMG project experienced a few challenges in establishing a strong foundation.

- WMG leadership at F5SMC experienced high turnover, resulting in the project being understaffed during most of Phase 1.
- Key staff at funded partners (e.g., Community Gatepath, 4Cs) left their positions thus hindering somewhat the implementation of WMG activities.
- Funded partners that had originally applied individually to implement the F5SMC SNP were subsequently asked to form one collaborative project and had to create ways to

work together and build on each other's strengths and differences in serving young children with disabilities and other special needs.

- There is some concern about misidentification of WMG as the screening and services provider in the South San Francisco demonstration site only rather than of WMG as the combined collaborative efforts of all partners to effect larger countywide systems change.

### ***Component 2: Implementation at the Demonstration Site***

Although largely successful in establishing a demonstration site and implementing screening and care coordination services in the demonstration site, WMG encountered some administrative and organizational challenges in the South San Francisco demonstration site during its first phase.

For example:

- The demonstration site portable building was delivered to the South San Francisco site months after the anticipated date, delaying the provision of screenings until April 2008.
- Establishing a new relationship between Community Gatepath and SSFUSD has been somewhat difficult and Community Gatepath staff is sometimes frustrated about having to wait for some needed materials (e.g., additional computer).
- Finalizing the system for obtaining consent (e.g., number of forms require) took longer than anticipated and may have delayed the initiation of screening services.
- Obtaining proper translations of screening instruments and consent forms was time consuming.
- Demonstration site staff expressed a need for more technical assistance to ensure consistency in screenings. Although the protocol stipulates that screeners read all questions on the ASQ, ASQ:SE, and Health Screening aloud to parents, some screeners ask parents to complete the forms on their own with paper and pencil.
- F5SMC and demonstration site staff expressed a need for more technical assistance to ensure high-quality data collection, especially related to submitting complete screening packets with accurate screening scores. During the first 2 months of data collection, many screening packets were returned to screeners because of incomplete or erroneous data.
- Data sharing between SSFUSD and the demonstration site has been somewhat challenging given that the district communicates directly only with parents. As a result, WMG staff spends time contacting parents to make sure they receive packets from the district and reminding parents to return appropriate forms.
- Data sharing between Early Head Start and the demonstration site did not roll out as anticipated. Unfortunately, because of the normal challenges of project start-up and the added challenges of staff turnover at F5SMC, Early Head Start screening data were not shared nor entered into PEDS during Phase 1.
- Demonstration site staff has difficulty locating appropriate mental health services to refer parents who indicate high parental stress on the PSI-SF.
- Although referrals suggested to parents are tracked by demonstration site staff, a system for documenting receipt of services is still not operational.

- The strong reputation of WMG has made it difficult for staff to serve only children in the demonstration site community. Families often refer others who live outside the area, and it is difficult for WMG staff to turn families away when they are interested in receiving services.
- It is possible that additional care coordination staff may be needed during Phase 2 if the number of children identified with developmental delays and risk factors continues to be high.

### ***Component 3: Implementation Countywide***

While WMG was successful in making some improvements to system of care for families with young children with disabilities and other special needs in the county, systems are complex and hard to change. WMG experienced the following challenges in improving the system of care:

- Less engagement in WMG activities and leadership teams than desired by some organizations and agencies serving families with young children.
- Some lack of clarity about how to align funded partner agency services that seem distinct—e.g., partner roles and tasks within the project (e.g., LPCH and UCP).
- Concern by F5SMC staff, commissioners, and WMG partners that more time (more than 3 years) may be needed to make significant changes in the system of care.
- Service gaps related to the lack of appropriate dental insurance coverage for young children and insufficient mental health services for young children and their families.

### **Recommendations**

This section presents recommendations that may help guide WMG in refining current activities and planning next steps in creating a countywide system of early identification and intervention for children with disabilities and other special needs and their families and in continuing to implement WMG tasks and activities during Phase 2. Recommendations are organized by the three components of the condensed WMG conceptual model (Exhibit 1).

#### ***Component 1: Establishing a Foundation***

To maintain and refine the project foundation, WMG may wish to:

- Continue to use the current leadership, governance, and administrative structures while being open to further changes, if needed, in response to partners' time constraints as the project moves further into implementation.
- Increase staffing at F5SMC so that a more stable leadership team can help carry out the vision of the project without individual staff members being overburdened.
- Consider more actively engaging parents of children with disabilities and special needs in project planning and decisionmaking.
- Consider strategies to increase consistency of staff and agency representation at All Partner and other leadership and governance meetings so that stronger relationships are built, agency decisionmakers are at the table, and less time is spent updating attendees.

### ***Component 2: Implementation at the Demonstration Site***

To enhance screening and referral services in the South San Francisco demonstration site, WMG may wish to:

- Develop a feasible plan to increase the number of children screened during Phase 2. Engage partner agencies in discussions about specific steps on how to do this.
- Review sources of referrals to WMG to determine the breadth of outreach and consider possible new strategies to reach out to additional segments of the South San Francisco community and increase the total number of referrals made and variety of referral sources.
- Increase outreach activities with community organizations and areas in South San Francisco (other than the neighboring preschool) to increase the number of children screened ages 0–3.
- Consider developing additional recruitment strategies for periods when school is not in session and to reach additional children ages 3–5. (Currently, WMG relies heavily on recruiting families for screening from the neighboring preschool program.)
- Provide technical assistance to screeners to improve quality and consistency of screenings within and across screening agencies (e.g., Community Gatepath, 4Cs, Head Start).
- Develop tools for screeners such as checklists or list of common mistakes so that they can do a quick data quality check before submitting screening packets to the data/administrative specialist.
- Formalize agreements with Early Head Start to screen children in their programs with the PSI-SF and to share ASQ, ASQ:SE and Early Head Start health screening data with WMG.
- Formalize agreements with GGRC and the SSUSD to ensure that assessment and service data can be obtained (i.e., formal memorandums of understanding and data-sharing agreements).
- Develop information-sharing agreements with partner and community agencies so they can return information on services they have provided to WMG for data entry into PEDS.
- Discuss South San Francisco and countywide capacity to serve children to identify potential referral services and/or services that may need to be newly developed.
- Consider working with partners to develop parent-child play groups or family support services to be delivered at the demonstration site.
- Maintain use of the current effective Child Study Team and consider adding an additional medical provider.

### ***Component 3: Implementation Countywide***

To enhance the countywide early identification and intervention system of care for young children, WMG may wish to:

- Continue to promote an integrated and coordinated system of care linking outreach, early identification (i.e., screening), referral, and early intervention services for young children.

- Revisit the WMG conceptual model and determine key tasks necessary to continue to move the system of care for young children toward higher quality; consider revising the conceptual model.
- Clearly define priorities, a timeline plan, and partner agency roles for improving system of care for Phase 2; consider outlining specific collaborative efforts and partner agency tasks for each WMG system change goal.
- Review the relationship between the demonstration site and countywide activities with an eye toward more fully integrating the two components of the project so that they better support and learn from each other; consider a brainstorming session on this topic at an All Partners meeting.
- Map existing mental health services for families with young children in the county and inform demonstration site staff and WMG partners of potential referral sites.
- Continue discussions with the County Health Department and begin implementation of monthly dental service clinics for children with disabilities and other special needs.
- Continue working with countywide superintendents to develop inclusive early education and service options to be available to San Mateo County children and families during Phase 2.
- Continue regular WMG attendance at F5CA Early Childhood Mental Health Workgroups.
- Distribute as broadly as possible the LPCH referral algorithm and Medical Home Binder.
- Expand UCSF IPP early mental health training so that a larger number of clinicians from multiple agencies can participate in the workshop to further increase countywide provider capacity and address the identified shortage of early mental health services for young children.

### **Summary Statement**

This executive summary and the full Watch Me Grow Phase 1 Evaluation Report represent F5SMC's commitment to young children, evaluation, accountability, learning, and continuous program improvement. Together, they describe the impacts of WMG on children, families, and providers, as well as the role that F5SMC and WMG staff and partners have played in promoting those outcomes and changes in countywide systems of care for young children.

During the first phase of implementation, WMG succeeded in establishing a strong foundation for the project, engaging key partners and other stakeholders in the community, developing a system to deliver comprehensive screenings and care coordination in the South San Francisco demonstration site, increasing the capacity of providers across the county to understand and serve children with disabilities and other special needs, and increasing countywide interagency collaboration to more effectively and efficiently provide services. With the development of strong partnerships across partner and community agencies during Phase 1, the project is poised to further develop those relationships to increase the number of children who receive developmental screenings and services and work toward enhancing the countywide early identification and intervention system of care.