1. QUESTION: The RFP talks about the evaluation framework. How is that set; does that change over time or is it set in place?

ANSWER: We try to set a framework or design at the beginning of a strategic plan. So while evaluation has to be dynamic and responsive to a degree, we like to have the architecture of it set at the beginning of the evaluation design as each of our strategic plans has taken shape. It changes somewhat, but certain elements are always there: We do have to collect widgets for our state report; We have to collect basic data on milestones, etc. We also do not want to constantly require changes of our funded partners.

Our evaluation design and framework has shifted over time are in several ways. First, we've had outside grants (the work for these are paid for through grant related fudning - but they are really integral to our work, and we hope that the evaluator will be able to assist us with that.) Secondly, the commission's had an interest in looking more at different kinds of reports or data – either as a stand alone report or snapshot in an annual report. We have also reviewed data longitudinally and more deeply, so we can see trends in, for example, indicators around oral health or early literacy that may require a deeper dive. The Commission's also interested in its equity commitments, and whether programs are reaching target populations.

2. QUESTION: I know that one of the pieces in the scope of work is around evaluating how the commission is promoting equity. curious to hear a little bit more about how the commission is thinking about defining equity. Is this a primary focus on the population serve and reducing disparities, or it could also be a little bit broader than that too. So I'm just thinking about how are you all defining equity in this work?

ANSWER: Disparities exist for specific populations. Our African-American and native families have greater struggles in Placer County. And so when we talk about how we're promoting equity, some of that is related to directly addressing disparities for specific populations. But I would also say that this commission has taken a step also of looking at how it might promote equity directly. What kinds of efforts can we support and forward that talk about experiences of specific populations and how service delivery could be changed? how agencies might change or develop in their practices to be more culturally responsive? Could learnings roll up to or have a broader reach than just those agencies that we fund? The demographics of Placer County have changed considerably and continue to evolve to include populations who are not used to living in communities that are not walkable, that don't have the same language, that don't have the same culture, that have public systems, that are just very difficult to navigate unless you are raised in this system. And so recognizing that how we might be able to influence systems to understand and be empathetic to the needs of those who are new to the community or those who have been here for a long time and who have been marginalized, that our systems have been unresponsive?

3. QUESTION: This contract has a May start date and is for three years. Will it end in April of 2027?

ANSWER: No, it will be a 3 year + contract. We wanted a May start date to ease transition with the current plan/evaluation structure. It is an overlap to get back onto the fiscal year, as necessary. We're expecting it to run the whole length of the strategic plan, and it's fully our intention to commit six years of funding for an evaluator. We have to considering our funding

4. QUESTION: Will the outgoing evaluator will be responsible for preparing the fall 2024 annual report?

ANSWER: No, First 5 staff will submit the annual report to First 5 California for the fiscal year ending June 20, 2024.

5. QUESTION: What about the Local report for 2024? Is that to be done by the outgoing evaluator, the incoming evaluator, or not done at all until fall 2025

ANSWER: We are not going to do a report for 2023-24 to the Commission; just the annual report to the State. Our work this first fiscal year in evaluation is going to be focused on the new Strat Plan, not the old one.

Background information:

Thank you again for your interest in submitting a proposal for evaluation services here at First 5 Placer. As I suspect with most First 5s, with every new strategic plan we look at considering how we're going to evaluate the impact of the strategic plan, and the commission just completed a strategic planning process for the period beginning July 1st, 2024 through June 30th, 2030. We're looking at a six year strategic plan - three years of funding for grants for the first three years of the strategic plan, pivoting as necessary for the next 3 years, based on revenues, what impact's been achieved, what the landscape looks like, what community needs exists.

The First 5 Placer Commission tries to be pretty responsive and flexible to community needs. It's a commission of nine members, pretty fully engaged. It's a good diverse group of people with experience in direct services with clients and families to systems level work (an assistant director of HHS, a nurse practitioner at our Indian Services clinic, a forensic interviewer with the DA's office, specialists in early education, etc.)

We also have a subgroup of commissioners of three who form an evaluation committee. This typically meets monthly or as needed to look at what's going on with the evaluation design. They help with the review, the evaluation design and framework. They look at reports before they're made to the commission. They look at data to kind of digest it and analyze it and synthesize it and comment on what best suits the commission as a whole and the community of stakeholders.

A general overview of the Commission's approach to evaluation -

First 5 is charged under the act to measure the outcomes of programs and review it periodically. First 5 funding is relatively limited in the amount and the scope certainly doesn't compare to what efforts are funded through early education, child welfare, through public health; all of those systems are much broader in and the reach and the effort, financial efforts spent much greater. That being said, we do have a charge to look at the whole child, whole family and think about what's happening with our kids and families and what we might do be able to do to address inequities, to bridge gaps in systems, to promote accessibility. This is our charge under the act, and so evaluation is a means for us to examine the impact of what we're doing.

The Commission's focus areas are oral health, early literacy, maternal child health, family strengthening/ child abuse and neglect prevention. As a whole, Placer County is doing really well in these areas, but outcomes are not optimal for specific geographies and populations (e.g., single parents, BIPOC population, socioeconomically disadvantaged, special needs)

Another commitment that the commission has is one toward continuous quality improvement, accomplished in in a number of ways. A report is shared with the community and stakeholders that reflects the data over the past year. These data are shared with our funded partners for their feedback and reflection, perhaps spurring tweaks to service delivery or outreach. It also allows for exchange of information across disciplines. (E.g., brush/book/bed campaigns that bridge dental hygiene, early

literacy and bonding). There are also collaboratives that we work with that provide us with the opportunity to share what's happening, what we're seeing in the first five world with a larger community. We shared our oral health data with the Oral Health Alliance that's convened by our public health department. These exist for early learning/literacy and home visiting and child abuse prevention as well.

And then, we want to look at systems efforts. How those efforts bridge those systems. Are we pushing any kind of systems change, as I said, with kind of accessibility, with reaching underserved populations, etc So the evaluation committee met actually just yesterday, we were thinking about this RFP and what we've been doing around evaluation, and they had some really good insight and thoughts about what we're doing now and what we're looking at going forward. All of this is to put the RFP in context.

Changing scope of work for evaluation 2024-2030 --

As I had said, our dollars are declining and what we had previously charged our evaluator to do isn't reasonable given the decline in funding. There's work that we're just going to have to take on as staff, and that's related more to the day-to-Day evaluation (how data are collected in our system in terms of contract monitoring, are they meeting their objectives? Are they tracking data? Is it being reported? Etc.)

Where we really want to ask an evaluator to help us with is just generally how are we looking at evaluation? Who's going to do what under evaluation? And then really in terms of big level things, how are we looking at the impact of our work? How programs are meeting the needs? Are we reaching those? Are we fulfilling our equity goals? Are we reaching the populations that we really need to reach to address those kinds of disparities? Are we seeing the kind of change, positive change or whatever? What is the change? How effective are the programs that we're funding? And in terms of when we look at those and tools and methods that we're using, considering what tools and methods we're using, are they based in evidence? Are they based in best practice? Are they revised? Do we have to revise them? Do we have to look at that? How often are they based in equity? Do the tools and methods that we use for data collection, are they respectful? Are they relevant? Do they resonate with the families or the partners that we're partnering with, the agencies that we partner with to evaluate effectiveness or impact or accessibility? Are we considering tools that give us some kind of a longitudinal look?

For example, we've been looking at for many years now, whether or not children are connected to a dental home and more importantly, how often they've seen a dentist, how many have seen a dentist in the last year? That's kind of one of those indicators that we probably want to continue to track, but then also kind of like what we're doing, the value of having a mixed delivery method or a mixed analysis method for different sorts of quantitative data, but also understanding the importance of qualitative data, of narrative to put things in context and to have a better understanding of impact and the status of kids and families more generally.

And I think that that really speaks to the work of First Five. That is really looking at that kind of whole child, whole family framework and evaluation is really a means by which we look at in a reflective way about the impact of our efforts or lack of impact of our efforts, how we're doing, really evaluating how

we're doing. So that's kind of putting it in our whole RFP in the context of, where First 5 Placer lives and breathes.

OVERVIEW OF THE RFP

Janice reviewed the sections of the RFP. Notable comments:

Currently, all of our partners collect data into the Persimmony data collection system (tracking numbers of children, ethnicity, all state annual report data) We also collect zip code information because we have a geographical focus to our strategic plan. Narrative questions are also included and have been revised over the years - obstacles, challenges, successes. We also look at shared indicators across programs. For example, a family survey looks at such things as resilience, parent confidence, access to medical care, oral health and literacy practices in the home.

So as I'd said above, staff will deal with the day to day evaluation work, collecting data, etc. using our software system and the technical support to help our funded partners get data into Persimmony and reporting to the state commission will handle that. But there are sometimes an evaluator can see things that we don't: whether the data make sense, whether the data seem reasonable. We would like help with the initial setup, but then a review to check reasonableness.

The big lift for evaluation is that second level of evaluation across programs, not specific to individual programs, but across programs. How are our families doing and how is the commission doing in meeting its goals and equity and systems change? We'd like the evaluator to convene and lead the discussions with the evaluation committee ; reflective or continuous learning process with the funded partners, preparing information that we can share with the collaboratives. And then as necessary assist with the work of the external grants.

Flexibility is built into the proposal structure. We have set aside about a half a million dollars, \$450,000 for the six years of the strategic plan. We understand that there may be more spent on evaluation in some years and less on others to accommodate an evaluation design.

So in terms of general expectations, just working with us and the evaluation committee to help us really consult, really to provide evaluation, consulting services. None of us are evaluation experts. We really look to evaluators to provide us with that kind of background and support what makes sense, especially given our investments and our budget. What makes sense given those constrictions advising us in tools, collaborating us with us to submit reports, maintaining an awareness of evaluation and data trends.

We're looking for a reasonable proposal given, given the constraints of the RFP with respect to funding and timeline, what makes sense, what you would propose. We're not looking for a big one, just five pages. We'd like to see samples CVs, we'd like to see some samples of your work that's not included in the five pages. A budget of course (not included in the five pages.) The 5 page narrative should give us a sense of your qualifications, your past and current experience on especially working with agencies like First five, it could be nonprofits, they could be governmental agencies, how you would approach this evaluation project, right over the course of the six years, what you would look at what barriers you might see in this. We want this to be reasonable. We also want to be responsive. And so any kinds of challenges or barriers you might be considering and how we might be able to address them, how you might be able to address them. That's the crux of the work. We're really looking for a proposal from a consultant to give us a sense of where we might best and how they might best put their efforts forward in addressing our needs around evaluation

A committee will read through proposals and score them and follow up with questions, as necessary (you can see the breakout in the RFP) Please give us samples of your work, especially on reports that you might have done. That might be specific program evaluation or a program highlight, or it could be we're specifically of course interested in approaches to equity or systems work. They're making a recommendation to the commission for its meeting on May 1st.

OUTSIDE GRANTS

Office of Child Abuse Prevention (Road to Resilience) supports home visiting and support services for pregnant and parenting women of infants who have a history or who are at risk for substance abuse disorders. And we just were awarded another three year grant for that. We also have been awarded a CYBHI grant; we're waiting to hear on one more. Evaluation services related to these will be funded separately from this RFP.