

September 13, 2017

**S1**

[SAG]

Sponsor: von Reichbauer

Proposed No.: 2017-0286

1 **STRIKING AMENDMENT TO PROPOSED MOTION 2017-0286, VERSION 1**

2 On page 1, beginning on line 3, strike everything through page 2, line 24, and insert:

3 "WHEREAS, Ordinance 18088 providing for the submission of the best starts for  
4 kids levy to the qualified electors of King County was adopted by the metropolitan King  
5 County council on July 20, 2015, and signed by the executive on July 23, 2015, and

6 WHEREAS, King County voters approved King County Proposition No. 1 on  
7 November 3, 2015, authorizing a six-year property tax levy lid lift for the purpose of  
8 funding prevention and early intervention strategies to improve the health and well-being  
9 of children, youth and their communities, and

10 WHEREAS, on June 1, 2016, in accordance with Ordinance 18088, the executive  
11 transmitted to the council for review and approval an implementation plan that identified  
12 the strategies to be funded and outcomes to be achieved with the use of levy proceeds  
13 described in Ordinance 18088, Section 5.C., and

14 WHEREAS, on September 19, 2016, the council adopted Ordinance 18373 which  
15 approved the Best Starts for Kids Implementation Plan, and Ordinance 18373 was signed  
16 by the executive on September 27, 2016, and

17 WHEREAS, Ordinance 18373 and the Best Starts for Kids Implementation Plan  
18 require the executive to develop and transmit by July 1, 2017, a Best Starts for Kids  
19 Evaluation and Performance Measurement Plan that specifies performance measures and  
20 qualitative methods and includes evaluation and performance measurement information  
21 for the communities of opportunity initiative;

22 NOW, THEREFORE, BE IT MOVED by the Council of King County:

23 The Best Starts for Kids Evaluation and Performance Measurement Plan,  
24 Attachment A to this motion, is hereby accepted."

25

26 Delete Attachment A, Best Starts for Kids Evaluation and Performance Measurement  
27 Plan, Updated June 2, 2017, and insert Attachment A, Best Starts for Kids Evaluation and  
28 Performance Measurement Plan, Updated September 13, 2017.

29 Delete the line numbers in the attachment.

30

31 **EFFECT:**

32 **The amendment would substitute the word approved with the word accepted,**  
33 **aligning the body and title of the proposed motion.**

34 **The amendment would also make the following changes to the proposed BSK**  
35 **Evaluation and Performance Measurement Plan (Attachment A to the Proposed**  
36 **Motion):**

- 37 • **Technical change adjusting the BSK results and headline indicators language**  
38 **to match the language in the adopted BSK Implementation Plan.**

- 39       • **Technical change correcting error in expected transmittal date of the fist**  
40       **BSK Annual Report from November 2017 to September 2017.**
- 41       • **Technical change correcting a hyperlink to the BSK Health Survey.**
- 42       • **Technical change correcting strategy area name in Exhibit C chart.**
- 43       • **Strike a phrase in the Communities of Opportunity section of the BSK**  
44       **EPMP to ensure consistency in the EPMP with the allocations in the BSK**  
45       **levy Ordinance 18088 in relation to levy expenditures, adds Communities of**  
46       **Opportunity to chart describing what work may be funded through the**  
47       **evaluation allocation and clarifies that chart totals are estimates of available**  
48       **funding from the Outcomes-Focused and Data-Driven Allocation.**
- 49



**King County**

# **Best Starts for Kids Evaluation and Performance Measurement Plan**

**Department of Community and Human Services  
Public Health – Seattle & King County**

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## OVERVIEW

In September 2016, King County Council approved the *Best Starts for Kids* (BSK) Implementation Plan, setting in motion the process by which the County is engaging community partners and funding programs, leading to the BSK results we wish to achieve. The implementation plan specified that staff develop an evaluation plan for BSK and transmit it to Council by July 1, 2017.

The *Best Starts for Kids Evaluation and Performance Measurement Plan* is organized into four major sections:

- **Section I – Best Starts for Kids Background and Context**, including: Pages 3-7
  - BSK Results
  - BSK Funding Allocations
  - Programmatic Approaches for Invest Early, Sustain the Gain and Communities of Opportunity
  - BSK Theory of Change
  - Results Based Accountability
  
- **Section II – Evaluation and Performance Measurement in *Best Starts for Kids***, including: Pages 8-14
  - Goals and Approach
  - Principles of Evaluation and Performance Measurement:
    - Equity
    - High Professional Evaluation Standards
    - Transparency in Interpreting and Reporting Findings
  - Population Accountability – Headline and Secondary Indicators
  - Evaluation and Performance Measurement Types, Purposes and Timelines
  
- **Section III – Methods and Resources for Invest Early and Sustain the Gain**, including: Pages 15-18
  - Data Collection and Analysis
  - *Best Starts for Kids* Health Survey
  - Funding Allocations and Activities
  - Challenges
  
- **Section IV – Methods and Resources for Communities of Opportunity**, including: Pages 19-21
  - Data Collection and Analysis
  - Funding Allocation and Activities

The following are included in the exhibits: Pages 22-43

- **Exhibit A: Background Information on Results Based Accountability**
- **Exhibit B: Description of Population Health Data Sources**
- **Exhibit C: Programs and Identified Performance Measures**
- **Exhibit D: Glossary of Terms**
- **Exhibit E: Evaluation Advisory Group Members**
- **Exhibit F: Data and Evaluation Team Staffing**

# Section I

## *BEST STARTS FOR KIDS – BACKGROUND AND CONTEXT*

### **THE BEST STARTS FOR KIDS INITIATIVE**

*Best Starts for Kids (BSK) is an initiative to improve the health and well-being of King County residents by investing in promotion, prevention and early intervention for children, youth, families and communities.*

In 2015, King County voters approved a property-tax levy to fund *Best Starts for Kids*. The levy will generate about \$65 million per year and cost the average King County property owner an estimated \$56 per year. BSK is a comprehensive approach to early childhood development, starting with prenatal support, sustaining the gain through the teenage years, and investing in healthy, safe communities that reinforce progress. These investments of public dollars will drive toward the following results, which we envision for all of King County’s children, youth, families and communities:

#### **BSK RESULTS**

- **Babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing.**
- **King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities.**
- **Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live.**

The *Best Starts for Kids* [Implementation Plan](#) mandates the following funding allocations for the total levy:

#### **BSK FUNDING ALLOCATIONS**

- **Invest Early. Fifty percent** will be invested in promotion, prevention and early intervention programs for children under age 5, and pregnant women. The science and evidence shows us that the earlier we invest, the greater the return for both the child's development and our society.
- **Sustain the Gain. Thirty-five percent** will be invested in promotion, prevention and early intervention programs for children and youth age 5 through 24. The science and research tells us that adolescence is a critical time for brain development; prevention efforts addressed at key developmental stages or transition points in a young person's life help to sustain the gains made earlier in life.
- **Communities Matter. Ten percent** will be invested in strategies to create safe and healthy communities, such as increasing access to healthy, affordable food and expanding economic opportunities and access to affordable housing. This strategy will build on the partnership between King County and The Seattle Foundation on *Communities of Opportunity*, which is based on the latest research regarding the impact of place on individual and population health and wellbeing outcomes. It also supports local communities in building their own capacity to create positive change.
- **Outcomes-Focused and Data-Driven. Five percent** will support evaluation, data collection, and improving the delivery of services and programs for children and youth. This will ensure *Best Starts for Kids* strategies are tailored for children from diverse backgrounds and that we deliver on the results for every child in King County. A portion of proceeds in this category may also be used for eligible services provided by certain junior taxing districts, subject to certain limitations.

- **Youth and Family Homelessness Prevention Initiative (YFHPI): \$19 million** was set aside from first-year levy proceeds to prevent homelessness for families with children, and unaccompanied youth and young adults under 25 at imminent risk of homelessness. The YFHPI timeline is different for the other BSK strategies. The first YFHPI Outcomes Report was transmitted to Council in May 2017. Full YFHPI information is available [here](#).

## BSK PROGRAMMATIC APPROACHES

The following charts detail the programmatic approaches that will be supported through BSK funds, and which we believe will lead to the BSK results we wish to achieve through **Invest Early** (prenatal – 5 years), **Sustain the Gain** (5 – 24 years) and **Communities of Opportunity**.

### Invest Early (Prenatal – 5 Years) Programmatic Approaches

Innovation Fund for programs driven by specific community interests/needs

Home-Based Services, including investments such as:

- Home visiting
- Community-based programs and innovative approaches

Community-Based Parenting Supports, including investments such as:

- Prenatal and breastfeeding support
- Immunization education
- Oral and auditory health
- Healthy vision
- Injury prevention
- Environmental health, including asthma, lead and toxins

Parent/Peer Supports, including investments such as:

- Play & Learn Groups
- Community-based groups based on community interest and need

Information for Parents/Caregivers on Healthy Development, including investments such as:

- Expanding access to VROOM
- Other research-based brain development initiatives

Child Care Health Consultation, including investments such as:

- Onsite support to licensed child-care providers – family child-care homes and child-care centers – to promote children’s health and development, and assure healthy and safe care environments
- Community-based trainings on child health and safety

Direct Services and System Building to Assure Healthy Development, including investments such as:

- Developmental screenings for all very young children
- Early intervention services
- System building for infant/early childhood mental health

Workforce Development, including investments such as:

- Training and information for medical providers, child-care and home-based services on multiple topics that promote healthy early childhood development, including information on newborn safety

Investment in Public Health’s Maternal/Child Health Services

Help Me Grow Framework-Caregiver Referral System

**Sustain the Gain (5 - 24 Years)**  
**Programmatic Approaches**

Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as:

- Trauma-informed schools and organizations
- Restorative justice practices
- Healthy relationships and domestic violence prevention for youth
- Quality out-of-school time programs
- Youth leadership and engagement opportunities

Help Youth Stay Connected to Families and Communities, including investments such as:

- Mentoring
- Family engagement and support

Meet the Health and Behavior Needs of Youth, including investments such as:

- Positive identity development
- School-based health centers
- Healthy and safe environments
- Screening and early intervention for mental health and substance abuse

Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as:

- Supporting youth to stay in school
- Supporting Opportunity Youth to re-engage

Stop the School-to-Prison Pipeline, including investments such as:

- Prevention/Intervention/Reentry Project
- Youth and Young Adult Employment Project
- Theft 3 and Mall Safety Pilot Project
- Students Creating Optimal Performance Education (SCOPE)

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## Communities of Opportunity Programmatic Approaches

### Places: Awards to Community Partnerships

- Investments in original place-based sites
- Awards to other place-based sites
- Awards to cultural communities, including rural communities

### Institutional, System and Policy Change

#### Learning Community

- Strategic investments to benefit COO partners broadly
- Forums
- Technical assistance

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## BSK THEORY OF CHANGE

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The BSK Theory of Change (on the following page) is a high-level illustration of how expected changes will occur as a result of BSK investments. These investments will produce child, youth, family, community and system level outcomes that will contribute to the three overarching BSK results.

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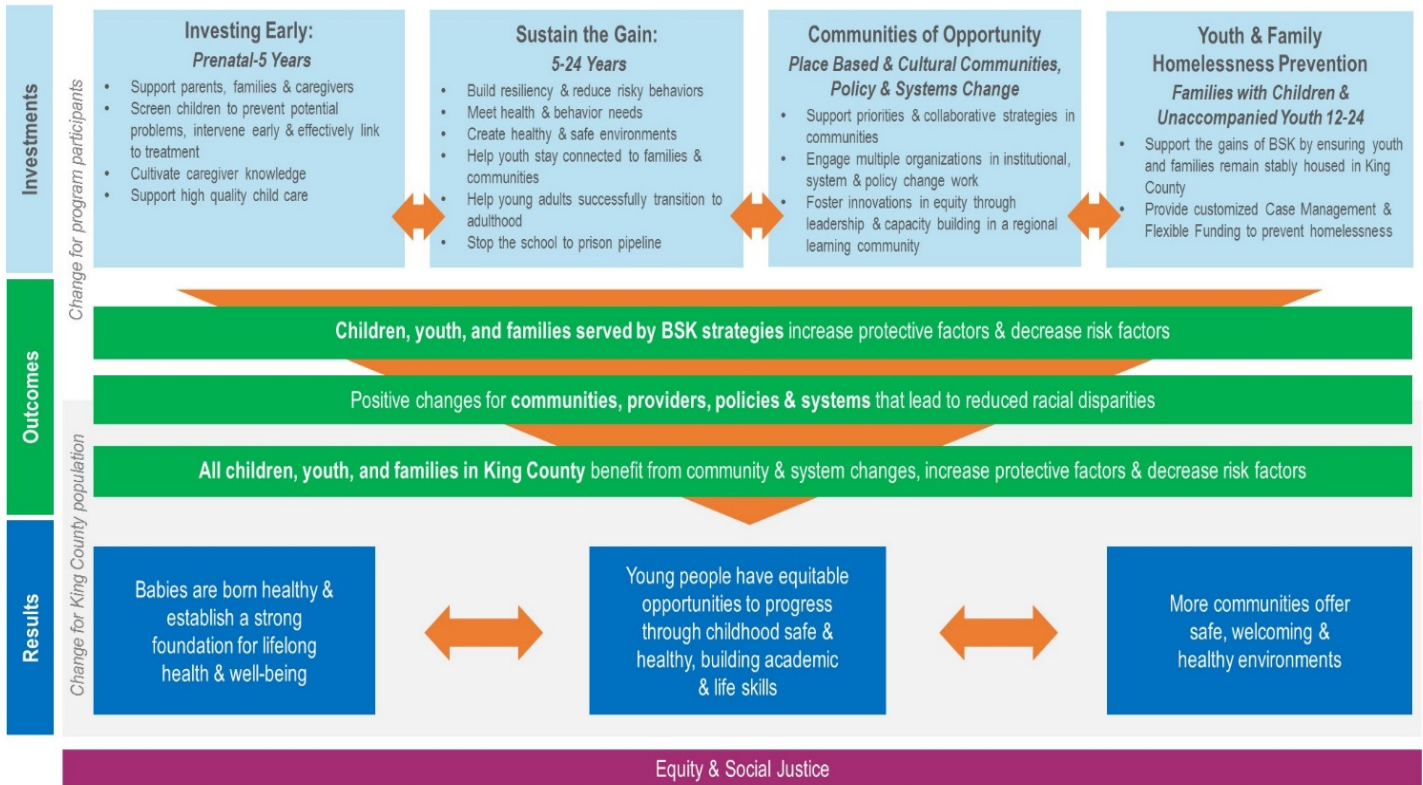
At a **program** level, children, youth, families and communities directly served by BSK will increase protective factors and decrease risk factors, ultimately improving health and well-being. At a **system** level, BSK investments will improve access to services and the quality of services, leading to reductions in disparity and disproportionality. We expect these program and system level outcomes to collectively lead to positive changes in the BSK **population**-level indicators. We expect changes to occur at the individual, community, system and population levels; our evaluation activities are looking at changes at all of these levels.

15

# Best Starts for Kids Theory of Change



**Best Starts for Kids Vision:** Improve the health and wellbeing of all King County residents by: (1) investing in promotion, prevention, and early intervention for children, youth, families, and communities, (2) building system capacity to connect families with information and resources, and (3) partnering with complimentary initiatives. Best Starts for Kids implementation will follow a set of principles to address disproportionality, respond to community needs, strengths, and priorities and embrace results driven, innovative approaches informed by science & research.



Revised 4.24.17 | Questions? Contact [BSK.data@kingcounty.gov](mailto:BSK.data@kingcounty.gov)

## 1 RESULTS BASED ACCOUNTABILITY

2  
3 The concepts of [Results Based Accountability \(RBA\)](#) are fundamental to both BSK’s implementation plan and this plan  
4 for evaluation and performance measurement. RBA is a simple, common sense framework that starts with ends – the  
5 difference we are trying to make for a population, and works backward toward means – the strategies for getting there.  
6 RBA makes a distinction between *population accountability* through population indicators which assess well-being of  
7 children, youth, families and communities throughout King County overall, and *performance accountability* through  
8 performance measures which assess well-being of the children, youth, families and communities directly served by BSK-  
9 funded programs. (Additional information on RBA is included in Exhibit A.)  
10  
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## Section II

# EVALUATION AND PERFORMANCE MEASUREMENT IN *BEST STARTS FOR KIDS*

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### GOALS AND APPROACH

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5 Using evaluation and performance measurement, we will seek to answer one overarching question:

6

*To what extent and in what ways has the BSK initiative improved health and well-being and advanced equity for children, youth, families and communities in King County?*

7 As we evaluate BSK-funded programs and measure performance, we want to assure that we are investing public funds  
8 wisely toward BSK results and advancing equity across King County by race, ethnicity, place, socioeconomic status,  
9 ability, gender and sexual orientation. Moreover, we want to assure that through BSK, King County is nurturing  
10 innovation and contributing to an evidence base that will equip the County and its partners to do better over time in  
11 producing results for King County residents.

12

13 The primary goals of evaluation and performance measurement are:

- 14 • **Strategic learning.** The need for real-time data to inform ongoing work, and to understand which strategies are  
15 effective and why. This can inform course corrections, document learning opportunities and improve how programs  
16 are conducted.
  - 17 • **Accountability.** The need to ensure the best use of funds, and to determine if a credible case can be made that the  
18 funded activities contributed to BSK results.
- 19

20 BSK programs and strategies provide a comprehensive and multifaceted approach to promotion, prevention and early  
21 intervention. The BSK Data and Evaluation Team will strive to align performance measures across related BSK strategies  
22 and to facilitate comparisons across similar types of programs and services. We will also seek to identify learning  
23 opportunities and unintended consequences of BSK activities, both positive and negative. High quality evaluation always  
24 seeks to learn from failures as well as successes.

25

26 The following outlines our overall approach to evaluation and performance measurement:

- 27 • Measuring the performance of projects and evaluating the effects of *Best Starts for Kids* is important to produce the  
28 best results, learn and innovate based on our experience, and ensure the most effective use of public funds.
  - 29 • BSK's scale and complexity poses many challenges for performance measurement and evaluation. The approach must  
30 encompass a range of evaluation and measurement techniques, must prioritize evaluation resources to have the largest  
31 impact, and must leverage other resources and evidence where possible.
  - 32 • Evaluation and performance measurement of *Best Starts for Kids* will adhere to the highest professional standards of  
33 the evaluation and scientific fields. We are fortunate to have strong internal capacity within the BSK Data and  
34 Evaluation Team, and good and growing relationships with outside evaluators and experts.
  - 35 • Timely and clear communication of results – inclusive of both achievements and failures – will increase BSK's  
36 accountability and build and sustain public trust. Engaging community partners and providing them with evaluation  
37 and performance measurement information, both unfavorable and favorable, is itself a powerful innovation that we  
38 believe will lead to continuous quality improvement and improved results.
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- 40
- 41

# PRINCIPLES OF EVALUATION AND PERFORMANCE MEASUREMENT

Three overarching principles will guide BSK evaluation and performance measurement: equity, high professional evaluation standards and transparency in interpreting and reporting findings. These are integral to how we will approach our work, and form the rubric by which we will make decisions about how to devote time and resources.

## Equity

Evaluation and performance measurement will examine to what extent and in what ways BSK is advancing equity in King County. Data gathered through evaluation and performance measurement will support our collective knowledge as we disaggregate population level indicators and performance measures by race, ethnicity, place, socioeconomic status, gender and sexual orientation, as available. The BSK Data and Evaluation Team will support grantees' gathering of narrative reports on improvements made to better serve diverse communities, as well as gathering feedback from those served about how services incorporate equity goals and cultural humility.

The Data and Evaluation Team has developed this plan by working closely with other stakeholders to support BSK implementation through the best available science and data, establishing baseline data, disseminating information to communities, and coordinating with other initiatives in King County. All of the following stakeholder perspectives have been and will continue to be essential:

- **Children and Youth Advisory Board (CYAB).** The evaluation plan for the Invest Early and Sustain the Gain strategies has been developed in consultation with the CYAB to assure a community perspective. Evaluation work is based on the definition of equity developed by the CYAB.
- **COO Advisory Board.** For Communities of Opportunity evaluation planning, the COO Advisory Board, King County Council staff, COO staff and grantees, and evaluation experts contributed to the development and review.
- **Evaluation Advisory Group (EAG).** The EAG comprises CYAB members and local evaluation experts affiliated with community-based organizations or governmental agencies. The EAG has provided in-depth feedback to guide the development of this plan to assure evaluation expertise, community perspective, and alignment with related evaluation activities in King County. (EAG members are listed in Exhibit E.)
- **BSK Implementation and Policy Team.** Performance measurement and evaluation staff work closely with programmatic staff in Department of Community and Human Services (DCHS) and Public Health-Seattle & King County (PHSKC) and external subject matter experts, to assure operational expertise.

## High Professional Evaluation Standards

BSK evaluation and performance measurement will build upon the best available child and youth development research to inform approaches and maximize evaluation resources, using the highest professional and scientific principles. Evaluation and performance measurement of BSK will bring together community-led priorities, nationally recognized internal evaluation experts who are embedded with the implementation team and working in partnership with grantees, and external evaluation experts who bring supplemental knowledge and skills.

By leading with community priorities, BSK intends to forge a new way of partnering to support evaluation and performance measurement, while maintaining scientific rigor. This calls for a plan that is informative for grantees and helps grantees build their own measurement and evaluation capacity, develops performance measurement and evaluation plans together with grantees, develops trust with grantees so that learning opportunities can be identified, maintains responsiveness to emerging needs and science, and works to ensure that findings accurately reflect the experiences of communities, and are informative for those communities.

All programs will have required performance measurement activities, however the BSK Data and Evaluation Team will make every effort to strategically prioritize evaluation resources to maximize benefits and leverage existing evidence and external collaborations. The BSK programmatic approaches involve a range of programs – from completely new pilots, to existing programs with some evidence, to evidence-based programs with an extensive evidence base.

## 1 **Transparency in Interpreting and Reporting Findings**

2  
3 *Best Starts for Kids* is committed to outreach across the County to assure accessibility, understanding and engagement in  
4 BSK's evaluation and performance measurement activities. Examples include:

- 5
- 6 • [The BSK Indicators website](#). The indicators website became publicly available in March 2017. It currently includes  
7 over 20 population-based indicators with others slated to be added, and features interactive data visualizations that  
8 were developed and tested with a range of potential users to make data accessible to communities. These data have  
9 utility to community organizations above and beyond their use in BSK. Tables and charts can be downloaded and  
10 used in number of ways. Evaluation staff have developed this site, and conduct analyses of population level indicators  
11 to share via this public resource. As more data become available, the website will expand and will serve as the main  
12 portal for information.
- 13 • [BSK Health Survey](#). To date, CYAB members and community organizations have participated in the development of  
14 the BSK Health Survey (BSKHS), participated in a pilot of the BSKHS, and assisted with community outreach  
15 activities while the survey was being conducted. We expect to better understand the stories behind the numbers  
16 gathered through the survey by partnering with communities. More information on BSKHS is in Section III.
- 17 • **Community meetings**. Data and evaluation staff participate in and support outreach activities for BSK, including the  
18 Community Conversations (fall 2015 and spring 2016) and BSK Roadshow events (spring 2017) conducted  
19 throughout the county.
- 20 • **Learning products**. BSK evaluation staff will produce reports, one pagers, blog posts and other products that will  
21 contribute to feedback loops and continuous quality improvement.
- 22 • **Data trainings/technical assistance/evaluation capacity building**. BSK evaluation staff will share data resources  
23 (including the BSK indicators website) with communities, discuss ways to use data to support strong applications for  
24 funding, and provide technical assistance and evaluation capacity building to support grantee evaluation and  
25 performance measurement activities.
- 26 • **Transparent reporting of performance and evaluation findings**. Regular reporting of findings will be conducted  
27 via reporting back to grantees, updates to the Evaluation Advisory Group and Children and Youth Advisory Board  
28 members, annual reports, and the BSK website.
- 29

## 30 **POPULATION ACCOUNTABILITY - HEADLINE AND SECONDARY INDICATORS**

31  
32 To estimate changes at a **population-level**, we will track headline indicators for **Invest Early** (prenatal – 5 years),  
33 **Sustain the Gain** (5 – 24 years) and **Communities of Opportunity**. Headline indicators for each of these three  
34 investment areas are detailed in Table 1 below. For **Invest Early** and **Sustain the Gain**, we will also track secondary  
35 indicators, which will further inform our understanding of population-level changes. Secondary indicators are detailed in  
36 Table 2.

37  
38 **Headline indicators** are aspirational, long-term indicators that quantify BSK's three overarching results. Through the  
39 RBA framework, we have defined how BSK will contribute to improving headline indicators. Tracking headline and  
40 secondary population-level indicators at regular intervals will allow the BSK Data and Evaluation Team to examine trends  
41 and patterns of change for the entire King County population as well as population groups. This population-level data  
42 gathering will help to guide and inform BSK investments and program design. (Technical definitions and data sources for  
43 headline and secondary indicators are provided in Exhibit B.)

44  
45 Headline and secondary indicators can help align BSK investments, and the work and investments of external partners.  
46 They will be disaggregated by demographic characteristics (age, race/ethnicity, place, socioeconomic status, gender,  
47 sexual orientation, ability and immigration status) wherever possible.

48  
49 BSK does not operate in a vacuum, nor can BSK alone change the conditions of children, youth, families and  
50 communities in King County. Population-level changes will be influenced by many factors including BSK investments,  
51 other investments by local, state, and national partners, and external events.

52  
53 These headline indicators will be measured and reported annually as part of the BSK Annual Report.



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**Table 1. Headline Indicators**

Invest Early (Prenatal – 5 Years)	Sustain the Gain (5 - 24 Years)	Communities of Opportunity
<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates</li> <li>Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness*</li> <li>Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</li> <li>Lowering the rate of child abuse or neglect</li> </ul>	<p>The percentage of:</p> <ul style="list-style-type: none"> <li>3rd graders who are meeting reading standards</li> <li>4th graders who are meeting math standards</li> <li>Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation*</li> <li>Youth and young adults who are in excellent or very good health*</li> <li>Youth who graduate from high school on time</li> <li>Youth and young adults who are either in school or working</li> <li>High school graduates who earn a college degree or career credential</li> <li>Youth who are not using illegal substances</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy</li> <li>Youth who have an adult to turn to for help</li> <li>Adults engaged in civic activities</li> <li>Renters paying less than 30 percent of their income for housing</li> <li>Renters paying less than 50 percent of their income for housing</li> <li>Involuntary displacement of local residents</li> <li>Physical activity levels among youth and adults</li> <li>Households earning a living wage, above 200 percent of poverty</li> <li>Youth and young adults who are either in school or working</li> </ul>

3 \*Data Source is Best Starts for Kids Health Survey

4  
5 **Secondary indicators** are supporting indicators that describe the status of children, youth, families and communities in  
6 King County. Secondary indicators are population indicators that the science suggests are intermediate steps toward  
7 achieving the headline indicators, aligned with the BSK programmatic approaches. There are many interconnections  
8 between secondary and headline indicators across BSK strategies.

9  
10 **Table 2. Secondary Indicators**

Invest Early (Prenatal – 5 Years)	Sustain the Gain (5 - 24 Years)
<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Babies who are breastfed*</li> <li>Pregnant women receive recommended prenatal care</li> <li>Families who are supported*†</li> <li>Children are healthy*</li> <li>Parents have knowledge of child development*</li> <li>Child health care providers have knowledge of community resources</li> <li>Child care/preschools are high quality*</li> <li>Children are not expelled from child care/preschool*†</li> <li>Children receive recommended health and developmental screenings*†</li> <li>Children receive needed mental and behavioral health services*</li> <li>Children receive recommended developmental services</li> <li>Children have safe, stable and nurturing relationships: construct includes several of above indicators (†) and               <ul style="list-style-type: none"> <li>Reading and singing to children daily*</li> <li>Free from Adverse Childhood Experiences*</li> <li>High quality caregiver/child relationship in child care*</li> <li>Housing stability*</li> </ul> </li> </ul>	<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Lowering the rate of adolescent births</li> <li>Youth have supportive adults*</li> <li>Youth believe in their ability to succeed</li> <li>Youth are not chronically absent from school</li> <li>Youth are getting good grades in school</li> <li>Youth are completing 9<sup>th</sup> grade</li> <li>Young adults participate in civic activity and are engaged</li> <li>Youth are not justice system involved</li> <li>Youth have positive social-emotional development*</li> <li>Youth are not suspended/expelled from school</li> <li>Youth are physically active</li> <li>Youth have strong family relationships*</li> <li>Youth have strong peer relationships</li> <li>Youth have strong school relationships*</li> <li>Youth live in supportive neighborhoods*</li> <li>Youth and young adults are successful, beyond school or employment</li> </ul>

11 \*Data source is *Best Starts for Kids* Health Survey; †Components of safe, stable and nurturing relationships indicator

## EVALUATION AND PERFORMANCE MEASUREMENT – TYPES, PURPOSES AND TIMELINES

**Evaluations** of the type we will pursue in BSK are systematic collections of information about a program that provide in-depth assessment of program impact and performance.<sup>1</sup> While all BSK-funded programs will participate in performance measurement activities, we will focus evaluation resources to a subset of programs/strategies that meet these criteria:

- **High interest from stakeholders.** Council, community-based organizations, grantees, Evaluation Advisory Group, Children and Youth Advisory Board, and Communities of Opportunity Advisory Board (as applicable)
- **High potential to improve equity.** By serving large proportions of communities most in need
- **High potential to see short-term changes in indicators.** Likely to quickly see changes in indicators of individual or system well-being
- **Novel implementation.** Implementing an existing program in new settings or populations
- **Provide new evidence.** New or existing programs that can fill a gap in the scientific evidence base
- **High quality data.** Sustainable sources of data to be able to track changes over time.

Evaluation activities complement performance measurement and are designed to answer broader kinds of questions. In-depth evaluations will be conducted using the scientific methods most appropriate for a program and its stage of implementation. For new programs just beginning implementation, evaluation questions will support program design, planning and initial insights. For programs that are under way but still undergoing modifications, evaluation will support program refinement and improvements in quality or efficiency. Once programs have established fidelity and scale, and have been in place for sufficient time, evaluation can be used to measure impact and outcomes. For a program that has an established model and strong, reliable evidence-base (e.g., Nurse Family Partnership), it is a more effective use of BSK evaluation resources to focus on performance measurement than investing in duplicative, resource-intensive outcomes evaluation.

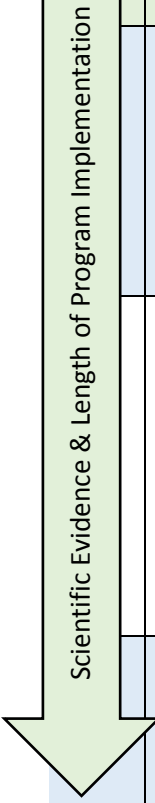
When assessing policy, systems, and environmental changes, evaluation activities will consider the broader internal and external context in which BSK occurs and evaluate how BSK is coordinating the work of partners, stakeholders and providers. Using equity as the lens, we will assess what changes have been made to systems and environments to better serve diverse children, youth, families and communities.

The chart on the next page provides more information on the types of evaluations – developmental, process and outcome – that we will pursue, and some of the methods:

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<sup>1</sup> Program evaluation, [Centers for Disease Control and Prevention](https://www.cdc.gov/eval/index.htm) (CDC), [Program Performance and Evaluation Office](#) (PPEO). <https://www.cdc.gov/eval/index.htm>

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	Evaluation Types and Purposes	Types of Questions and Methods Used
 Scientific Evidence & Length of Program Implementation	<b>Developmental Evaluation</b> <i>- To support innovation and nimble decision-making prior to an established model</i>	<ul style="list-style-type: none"> <li>• Right now, what are the most crucial questions and data that could help us develop our strategy?</li> <li>• What concerns or opportunities do we need to respond to or use to adapt the strategy for success?</li> </ul> <i>Rigorous qualitative methods used to collect and analyze data.</i> <b>Example:</b> <i>Help Me Grow</i>
	<b>Process Evaluation</b> <i>- To support program improvements</i>	<ul style="list-style-type: none"> <li>• Why did/didn't we see a change take place?</li> <li>• Did we implement the program as intended (or was there fidelity to the program model)?</li> <li>• How well did we do it? Why or why not?</li> </ul> <i>Rigorous qualitative and quantitative data collection and analysis methods used. Informed by developmental evaluation results.</i> <b>Example:</b> <i>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</i>
	<b>Outcomes Evaluation</b> <i>- To prove program led to desired result</i>	<ul style="list-style-type: none"> <li>• Did the expected change take place? For whom?</li> </ul> <i>Studies conducted using experimental, quasi-experimental, and observational designs. Informed by process evaluation results.</i> <b>Example:</b> <i>Stopping the School to Prison Pipeline</i>

**Performance Measurement** from all BSK programs to track how much, how well, and is anyone better off of grantees' activities is foundational to the BSK evaluation and will inform and guide additional evaluation activities.

**Performance measurement** refers to the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.<sup>2</sup> Performance measures are collected routinely, are used to summarize how a program is being implemented, and are responsive and adaptive as the program evolves.<sup>3</sup> Tracking performance measures allows the County to measure what the BSK-funded programs accomplish and how the BSK-funded programs impact the children, youth, families and communities who are directly served. Performance accountability will be conducted through tracking of performance measures, which are specific to BSK-funded programs and activities.

The BSK performance measures will be modeled on the Results Based Accountability framework. At minimum, each program will have a performance measure in each of the three domains listed below:

1. **How much did we do?** Quantity of the service provided, such as number of clients served or number of activities by activity type.
2. **How well did we do it?** Quality of the service provided, such as timeliness of services, satisfaction with services or whether a program was implemented as intended.
3. **Is anyone better off?** Quantity of clients that are better off and how they are better off, such as percent of clients with improved health and well-being or with increased skills, knowledge or changed behaviors.

<sup>2</sup> US General Accounting Office, [GAO-05-739sp](#), 2005.

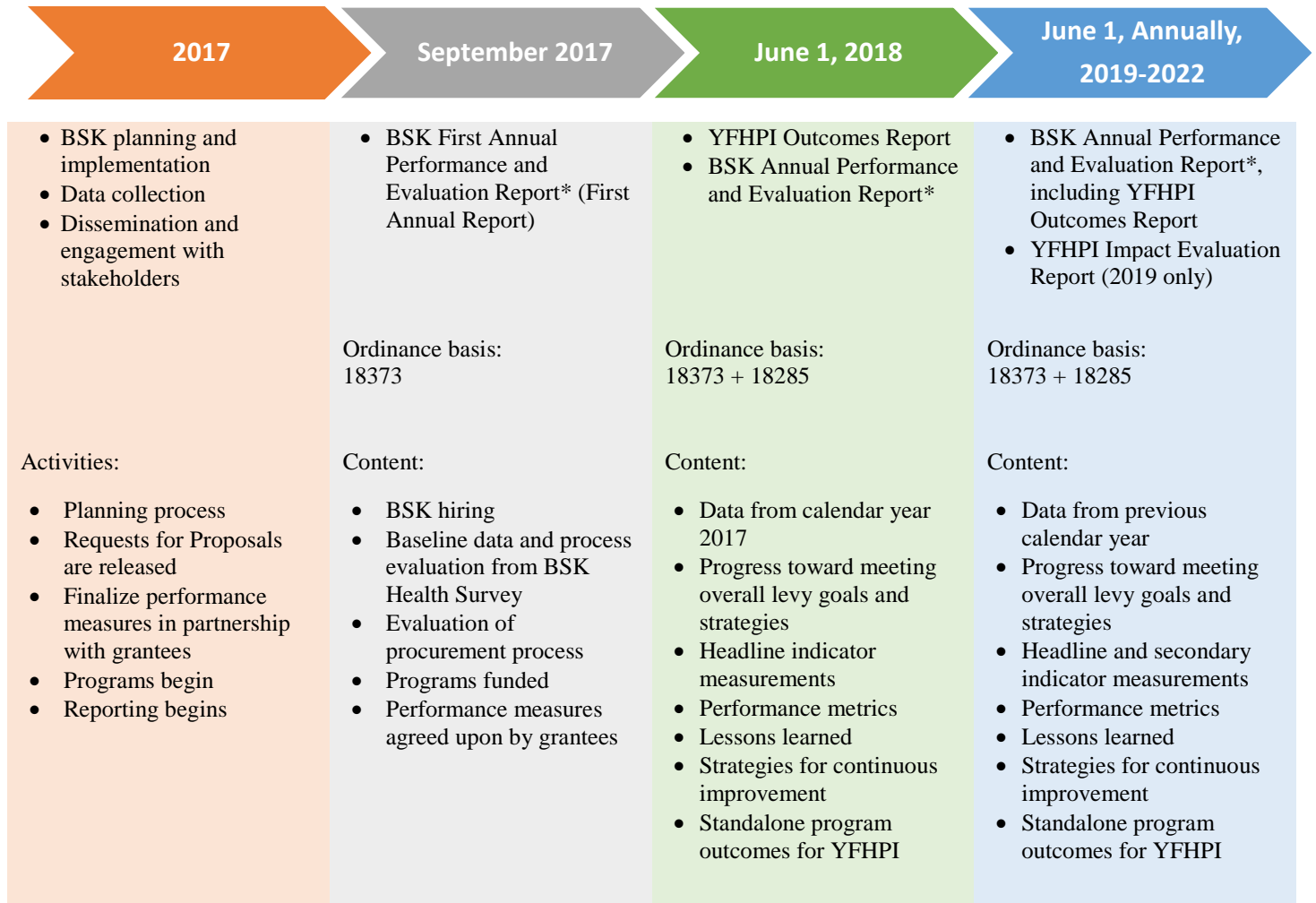
<sup>3</sup> Peter A. Tatin, [Performance Measurement to Evaluation](#). Urban Institute Brief, March 2016



Performance measures will vary across programs by population served, duration of services, type of activity, and duration of funding, and may be either quantitative or qualitative. Performance measures will be reported by grantees regularly as appropriate to the program – at a minimum on a quarterly basis. Performance measures will also be established for programmatic activities that are conducted directly by King County, such as Nurse Family Partnership.

While draft performance measures may be included in requests for proposals (RFPs), program performance measures will be finalized in partnership with funded organizations. This approach will further the partnerships we seek between grantees and King County, will support gathering data which will help tell stories, and will capture both the successes and the failures of BSK programs within communities. Examples of performance measures are listed in Exhibit C.

The chart below illustrates the timeline for reporting evaluation and performance findings across BSK.



\*All BSK general reports will include reporting on Invest Early, Sustain the Gain and COO strategies. Annual Reports will include review by respective advisory boards. YFHPI = Youth and Family Homelessness Prevention Initiative.

## Section III

# METHODS AND RESOURCES FOR INVEST EARLY (PRENATAL – 5 YEARS) AND SUSTAIN THE GAIN (5 - 24 YEARS) STRATEGIES

## DATA COLLECTION AND ANALYSIS

Evaluation in BSK will be based on population data collected from many existing data sources (as listed in Exhibit B) and performance measurement information collected from BSK grantees (Exhibit C). This evaluation framework brings together aspirational goals of the *Best Starts for Kids* Initiative, and the contribution of the BSK-funded programmatic activities. Data collection and analysis will be conducted at population and programmatic levels. This data collection approach emphasizes the complementary roles of numbers and stories, and allows for clearer understanding of both successes and failures.

**Quantitative** population data will be analyzed using a serial cross-sectional design using standard, rigorous statistical methods. Performance measures data reported by BSK-funded programs will be reviewed quarterly and cross-sectional analysis will be conducted. **Qualitative** data, such as from focus groups, will be coded and analyzed for key themes. We will not add undue burden to grantees who may be reporting similar performance metrics to other funders, and we will ensure performance measures are meaningful to grantees. Where feasible, we will align reported performance measures across BSK-funded and other community programs, initiatives and funders.

### ***BEST STARTS FOR KIDS HEALTH SURVEY***

BSK maximizes science and research on human development to inform all of our investments. However, there are no existing population-level data sources for toddlers, preschoolers and elementary-aged children in King County. This means that very little is known about the very things that BSK is working to strengthen for these age groups. Therefore, King County developed the *Best Starts for Kids* Health Survey (BSKHS) to fill data gaps and provide baseline data, and to inform BSK activities. The baseline BSKHS was conducted between September 2016 and January 2017. BSKHS will be administered every two years (2018-19 and 2020-21) to ensure we continue to have data to compare over time.

The BSK Data and Evaluation team partnered with the University of Washington Social Development Research Group – national experts in the fields of child development and survey administration – to administer the *Best Starts for Kids* Health Survey in 2016-2017. Families with a child ages 0 to 5 years were eligible to participate in BSKHS if the parents were King County residents at the time of the child’s birth and were still living in King County in 2016. Families with a child in elementary school were eligible to participate if the child was enrolled in public school in King County in 2016. Survey questions cover demographics, overall health, child and family resiliency, breastfeeding, use of preventive health care services, experience with health care providers, child development, physical activity and obesity, child-care arrangements and family and community strengths and supports. BSK evaluation staff worked extensively with members of the Children and Youth Advisory Board to develop survey content, survey approaches, outreach activities and pilot testing.

The BSKHS utilized both gold-standard survey research methods and innovative approaches in its development, implementation and analysis. Families had the option of taking the survey online, over the telephone or by using paper versions. To ensure that diverse racial and ethnic communities and regions had sufficient numbers of participants to ensure accurate and reliable data, these communities were asked to participate at rates higher than their population representation. The survey was available in six languages: English, Spanish, Vietnamese, Russian, Chinese and Somali, and was conducted by bicultural and bilingual interviewers. Pilot testing in each language informed survey development and approaches. Question wording and content were focused on strengths and assets, reflecting feedback from the CYAB and community organizations.

To increase awareness of BSKHS, the BSK team conducted outreach to families via postings about the survey on the BSK blog, web page and social media; by requesting that the CYAB, the Evaluation Advisory Group and King County staff

1 send emails about the survey to their networks; and by requesting that school districts include information about the  
2 survey in their newsletters. Every school district in King County, and over 50 coalitions and community-based  
3 organizations, were reached through these efforts.  
4

5 In analyzing BSKHS data, quantitative analysis methods use best practice survey-weighted analytical methods such as  
6 utilizing hot deck imputation<sup>4</sup> to address missing responses and developing raking weights<sup>5</sup>. Qualitative data collected  
7 through the survey is being analyzed using a best practice grounded theory<sup>6,7</sup> approach, with inductive coding to identify  
8 emergent themes.  
9

10 The data collected from over 5,000 randomly selected families in King County is being prepared, coded and analyzed, and  
11 BSK evaluation staff aim to have the highest quality data available by mid-summer 2017. The short time (4-6 months)  
12 between data collection and release of results highlights our commitment to equity as we get data to communities as  
13 quickly as possible. In comparison, existing national surveys conducted within King County typically take at least 8-12  
14 months between data collection and release of results.  
15

## 16 **FUNDING ALLOCATIONS AND ACTIVITIES**

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18 The BSK Levy ordinance mandates that five percent of overall funds will support evaluation, data collection and  
19 improving the delivery of services and programs for children, youth, families and communities through Invest Early and  
20 Sustain the Gain. (Discussion of funding allocation for Communities of Opportunity is in Section IV.)  
21

22 A portion of proceeds in this category may also be used for eligible services provided by certain junior taxing districts,  
23 subject to certain limitations. Based on the approved *Best Starts for Kids* Implementation Plan, the available expenditures  
24 for the course of the levy is \$18,426,000. Of this amount, \$1,000,000 is reserved for eligible services provided by  
25 prorated fire and parks districts.  
26

27 The chart on the following page provides an overview of activities which will support evaluation and performance  
28 measurement, including building and increasing capacity for data collection, analysis and dissemination:  
29

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<sup>4</sup> Altmayer, L. Hot-deck imputation: A simple data step approach. (1999) U.S. Census Bureau; Washington, DC.

<sup>5</sup> Kolenikov, S. Calibrating survey data using iterative proportional fitting (raking). *The Stata Journal* (2014). 14 (1); 22-59.

<sup>6</sup> Glaser, B., & Strauss, Anselm L. (2006). *The discovery of grounded theory: Strategies for qualitative research*. New Brunswick, N.J.: Aldine Transaction.

<sup>7</sup> Corbin, J., & Strauss, Anselm L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles, Calif.: Sage Publications.

Funding from Outcomes-Focused and Data-Driven Allocation and Activities	
<b>Conducted and managed by DCHS/PHSKC with external organizations involved as needed:</b>	Data collection and data management infrastructure <ul style="list-style-type: none"> <li>• Youth and Family Homelessness Prevention Initiative database</li> <li>• <i>Best Starts for Kids</i> Health Survey</li> <li>• Quantitative database development and data collection</li> </ul>
	Internal population indicator analyses, performance measurement and evaluation activities (DCHS/PHSKC) <ul style="list-style-type: none"> <li>• Population indicator analyses</li> <li>• Performance measurement analyses and reporting</li> <li>• Developmental and process evaluation for selected programs</li> <li>• Technical assistance and evaluation capacity building activities with grantees</li> </ul>
	Dissemination and interpretation of findings <ul style="list-style-type: none"> <li>• Community data interpretation</li> <li>• Reports, data briefs, information sharing, dissemination for community organizations and other non-technical audiences</li> <li>• BSK Indicators interactive data website</li> </ul>
<b>External organizations lead, with DCHS/PHSKC involvement</b>	External evaluation and consultation, including <ul style="list-style-type: none"> <li>• Youth and Family Homelessness Prevention Initiative evaluation</li> <li>• Stopping the School to Prison Pipeline</li> <li>• Focus groups, interviews and other rigorous qualitative evaluation</li> <li>• Other external consultation (to be determined)</li> </ul>
<b>2017-2021 Annual Average</b> \$3,273,000  <b>2017-2021 Total</b> \$16,364,000	Estimated total for Evaluation and Performance Measurement of Invest Early (Prenatal – 5 Years), Sustain the Gain (5 – 24 Years), Communities Matter (Communities of Opportunity), and Youth and Family Homelessness Prevention Initiative from the Outcomes-Focused and Data-Driven Allocation.

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## CHALLENGES

As acknowledged earlier, BSK is one of the many strategies that will change the conditions of children, youth and families in King County. BSK programs and services will contribute to improving health and well-being of the population along with other initiatives and efforts. As a whole, these efforts will work collectively to impact conditions for children, youth and families in King County. Furthermore, there will be a multitude of factors that influence the extent to which BSK programs and services will make an impact. For example, federal or state changes in funding or policies can greatly impact availability of services and the number and demographics of people accessing services. The BSK data and evaluation team will make efforts to identify external factors beyond the control of BSK to understand how they may have affected findings.

It is also important to note that evaluation approaches will often need to be tailored depending on type of funded activity, funding amount and duration, and stage of program implementation. For example, we might focus on performance measurement for a well-established program with a strong evidence base, but use an outcome evaluation to attempt to establish an evidence base for a pilot project. New and innovative programs will also require time to reach full

1 implementation stages before they become good candidates for outcome evaluation. In evaluating the combined efforts of  
2 BSK, evaluators continue to be mindful of this wide variation in programs and strategies.  
3  
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## Section IV

# METHODS AND RESOURCES FOR COMMUNITIES OF OPPORTUNITY

### DATA COLLECTION AND ANALYSIS

The strategies pursued through Communities of Opportunity (COO) will help achieve the third BSK result: *Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live.*

Investments in COO aim to strengthen community connections and increase housing, health and economic equity (by place, race and income) in King County. A distinguishing feature of COO is not only what we invest in, but how we are working with communities. Because communities are driving the initiative, we expect to achieve more equitable and lasting impacts. Together, three bodies of work are intended to improve policies, systems and community conditions. The overarching evaluation question for COO is:

***To what extent and in what ways has the initiative’s cross-cutting strategies strengthened community connections and increased equity (by race, place and income) in housing, health and economic conditions in King County?***

Evaluating an initiative such as COO poses unique challenges, given its multifaceted approach and the continually changing environments present in communities. Systemic change is not linear, predictable or controllable.<sup>8</sup> COO evaluation will use an observational study design, using both quantitative and qualitative methods to compare changes over time in King County. This technique involves direct and indirect observations in natural settings, as opposed to a controlled setting where one group is exposed to an intervention and compared to a group for whom the intervention was withheld.

The evaluation will generate findings about what ways the initiative has made progress toward racial equity in the four COO results related to community connections, housing, health and economic conditions. The methods are designed to understand the context for if, where, and how changes happened. This may include ripple effect mapping to show the intended and unintended changes of COO. Data will be collected using direct observations and systematic reviews of documents (such as COO Advisory Board decisions captured in meeting notes and grantee progress reports), interviews/focus groups and surveys of COO stakeholders.

Short term process and impact measures will include items that describe changes in “*How much*” and “*How well*” we are building community capacity toward more equitable policies, systems and community conditions. Questions may include: *Is there increased community engagement in efforts to build more equitable policies and systems? Did new funding or partnerships emerge? Did social relationships strengthen?*

We will also capture changes in policies, systems and community conditions, as well as the estimated number of people reached by those changes. Additional performance measures to evaluate “*Is anyone better off*” (such as feeling safe in communities) will be linked to grantees’ projects. We will add more of this type of performance measures as COO investments emerge.

To understand the long-term impact of COO across King County and within places that received implementation funds, we will track changes in COO’s headline indicators over time. (See Section II, Table 1.) We will analyze data across King County to examine changes in disparities by race, place and income over time. We will analyze additional cultural

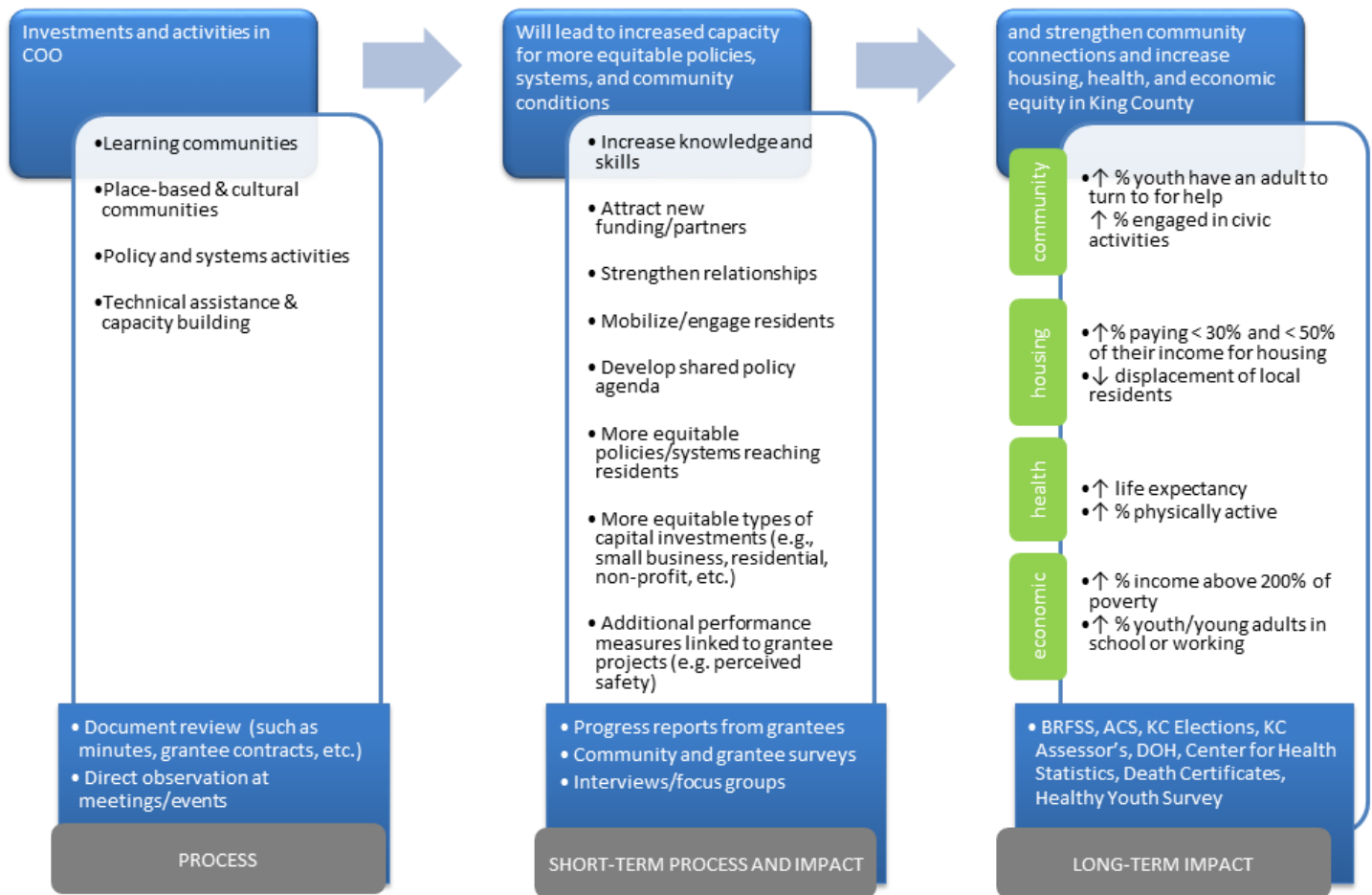
<sup>8</sup> Preskill, Gopal, Mack, Cook. Evaluating Complexity: Propositions for Improving Practice. 2014. www.Fsg.org

1 communities receiving COO implementation funds as appropriate. Additionally, we will examine change within places  
2 before and after implementation of COO-funded activities.

3  
4 To address concerns that results may be affected by temporal events, (such as economic, housing or political changes  
5 being experienced by communities in our region over this time), we will compare findings to non-funded but eligible  
6 COO places and communities. We hypothesize that funded communities would experience benefits or protective effects  
7 over and above those in communities where no comparable initiative took place.  
8



*Evaluation question: To what extent and in what ways has the initiative's cross-cutting strategies strengthened community connections and increased equity (by race, place, and income) in housing, health, and economic conditions in King County?*



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## 1 **FUNDING ALLOCATIONS AND ACTIVITIES**

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3 COO evaluation activities will include the following:

- 4  
5 1. Implement process and impact evaluation (e.g., collaborate, collect, analyze and summarize findings in  
6 annual reports)
- 7 2. Analyze population-level datasets, display interpreted findings online (e.g., COO headline indicators) and  
8 respond to custom data requests from these datasets
- 9 3. Provide training to support data collection and evaluation (e.g., using local data resources, best practices  
10 for collecting and using survey or qualitative data, developing logic models and evaluation plans)

The evaluation will be designed to provide feedback to the COO Advisory Board, as well as the communities participating in COO. We will ask COO stakeholders to help interpret findings. For example, *Do findings resonate with their experiences and observations and why or why not?* This will help put the findings in context and allow us to understand the story behind what the data are showing and what the data are unable to show.

COO stakeholders will provide input on evaluation activities, analyses, interpretation and dissemination of findings. For example, COO Advisory Board, Council staff, COO grantees and staff, and evaluation experts contributed to the design and review of the COO evaluation plan. The contracted evaluator(s) will work with the COO Initiative Director to engage members through the regularly scheduled Advisory Board meetings, data workgroups, grantee learning circles and ad hoc gatherings as needed.



## EXHIBIT A: BACKGROUND INFORMATION ON RESULTS BASED ACCOUNTABILITY

In developing the implementation planning process and our evaluation plan, BSK relied on the principles outlined in the [Results-Based Accountability \(RBA\)](#)<sup>9</sup> framework. RBA is a national model and provides a disciplined, data-driven, decision-making process to help communities and organizations take action to solve problems. It is a simple, common sense framework that starts with ends – the difference you are trying to make, and works backward, towards means – strategies for getting there.

RBA makes a distinction between *population accountability* through population indicators which assess well-being of a whole population and *performance accountability* through performance measures which assess well-being of the clients directly served by programs. BSK is just one initiative that will *contribute* to improving population-level change, along with other sectors, funders and partners in the community. For example, our headline indicator of increasing on-time high school graduation rates throughout King County depends on the combined work of BSK along with many others: other local, state, and federal agencies, other local initiatives, and community-based organizations, working together in alignment.

BSK is *accountable* for performance of BSK strategies (that is, for those directly served by a BSK program/grantee). The impact of BSK strategies on children and families directly served by programs will be measured using performance measures. In order to ensure that BSK-funded activities are aligned to contribute to population-level change, programs need to be aligned with headline and secondary indicators and the overarching results. Requests for Proposals will ask organizations to be responsive to the headline and secondary indicators.

RBA also sets a framework for community involvement and partnership, identifying where you are now and determining what strategies you will use to make the changes you are seeking. While ***BSK did not implement the RBA model*** it is important to note the influence of the model in our own work.

BSK's framework for evaluation includes looking at population level change as well as impact of individuals and families directly served by our programs.

### BSK Results

The results the BSK initiative is hoping to achieve are:

- Babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing.
- King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities.
- Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.

<sup>9</sup> <https://clearimpact.com/results-based-accountability/>

**Headline Indicators**

King County Council, CYAB and experts in the community provided critical input into the headline indicators in the BSK Implementation Plan. Headline indicators are aspirational, long-term measures that quantify BSK’s three overarching results. They are:

<b>Invest Early (Prenatal – 5 Years)</b>	<b>Sustain the Gain (5 - 24 Years)</b>	<b>Communities of Opportunity</b>
<p>The percentage of:</p> <ul style="list-style-type: none"> <li>• Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates</li> <li>• Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness*</li> <li>• Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</li> <li>• Lowering the rate of child abuse or neglect</li> </ul>	<p>The percentage of:</p> <ul style="list-style-type: none"> <li>• 3rd graders who are meeting reading standards</li> <li>• 4th graders who are meeting reading standards</li> <li>• Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation*</li> <li>• Youth and young adults who are in excellent or very good health*</li> <li>• Youth who graduate from high school on time</li> <li>• Youth and young adults who are either in school or working</li> <li>• High school graduates who earn a college degree or career credential</li> <li>• Youth who are not using illegal substances</li> </ul>	<ul style="list-style-type: none"> <li>• Life expectancy</li> <li>• Youth who have an adult to turn to for help</li> <li>• Adults engaged in civic activities</li> <li>• Renters paying less than 30 percent of their income for housing</li> <li>• Renters paying less than 50 percent of their income for housing</li> <li>• Involuntary displacement of local residents</li> <li>• Physical activity levels among youth and adults</li> <li>• Households earning a living wage, above 200 percent of poverty</li> <li>• Youth and young adults who are either in school or working</li> </ul>

\*Data Source is Best Starts for Kids Health Survey

**Secondary Indicators**

Secondary indicators are supporting indicators that describe the status of youth and young adults in King County. Secondary indicators could be described as measuring the intermediate steps to get to these changes under the BSK programmatic approaches. We expect secondary indicators to *change faster and contribute to change* in the headline indicators. For each of the headline indicators, we reviewed scientific research, best practice standards, prior community input, prior strategy workgroup findings, other local documents and proposed BSK-funded activities to identify strong contributors to the headline indicators. Secondary indicators also had to meet criteria around high quality data availability, ease of communication and ability to represent other similar indicators. To choose secondary indicators, we focused on issues where we anticipated that we could see change in less than three years.

**Performance Measures**

These will be specific to each program and finalized during the contract development process in partnership with funded partners. See Exhibit C for additional information. Performance measures will answer the questions:

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

## EXHIBIT B: DESCRIPTION OF POPULATION HEALTH DATA SOURCES

Headline indicators for BSK result: *All babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing (prenatal to 5 years of age).*

Headline indicator	Data Source
<p>Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates</p> <ul style="list-style-type: none"> <li>• Infant mortality (rate of deaths in the first year of life per 1,000 live births)</li> <li>• Preterm birth (percent of births born before 37 completed weeks gestation)</li> </ul>	Washington State Department of Health, Center for Health Statistics <sup>1</sup>
<p>Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</p> <p>Percentage of entering kindergartners that meet expectations at the start of kindergarten in all six domains of social/emotional, physical, language, cognitive, literacy and mathematics</p>	Office of the Superintendent of Public Instruction (OSPI), WaKIDS <sup>2</sup>
<p>Lowering the rate of child abuse or neglect</p> <p>Rate per 1,000 households with children under age 6 with child abuse or neglect reports that are investigated and assessed</p>	Washington State Department of Social and Health Services, Children’s Administration <sup>3</sup>
<p>Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness</p> <p>Percentage of children 6 months to 5 years who met these four areas:</p> <ol style="list-style-type: none"> <li>a. This child is affectionate and tender with you</li> <li>b. This child bounces back quickly when things do not go his or her way</li> <li>c. This child shows interest and curiosity in learning new things</li> <li>d. This child smiles and laughs a lot.</li> </ol> <p>This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience.</p>	BSK Health Survey <sup>4</sup>

Secondary indicators for BSK result: *All babies are born healthy and are provided with a strong foundation for lifelong health and wellbeing (prenatal to 5 years of age).*

Secondary Indicator	Data Source
<p>Babies who are breastfed, measured by breastfeeding initiation and duration</p> <p>Initiation: Percentage of infants breastfed at any time</p> <p>Duration: Percentage of infants exclusively breastfed at 2 months; percentage of infants exclusively breastfed at 6 months; percentage of infants breastfed at 6 months, percentage of infants breastfed at 12 months</p>	<p>Washington State Department of Health, Center for Health Statistics<sup>1</sup>, PRAMS<sup>5</sup>, BSK Health Survey<sup>4</sup></p>
<p>Babies receive recommended prenatal care</p> <p>Early and adequate prenatal care: percentage of live births where prenatal care was started before the end of the 4<sup>th</sup> month, and 80% or more of the recommended number of prenatal care visits occurred</p>	<p>Washington State Department of Health, Center for Health Statistics<sup>1</sup></p>
<p>Families who are supported and connected</p> <p>Percentage of children with parents who report having someone to turn to for day-to-day emotional support with parenting or raising children</p>	<p>BSK Health Survey</p>
<p>Children are healthy</p> <p>Percentage of children whose parents report their health status as excellent or very good</p>	<p>BSK Health Survey</p>
<p>Parents have knowledge of child development</p> <p>Parent have information about child development, feel equipped for challenges, and behave accordingly. Percentage of children with parents who report doing things with their child even if they are not old enough to talk (take turns going back and forth while talking, playing, exploring; talk about the things you see, hear, and do together; respond to child’s sounds, actions, words)</p>	<p>BSK Health Survey</p>
<p>Child health care providers have knowledge of community resources</p> <p>Percentage of child health care providers</p>	<p><i>To be determined</i></p>
<p>Child care/preschools are high quality</p> <p>Percentage of children whose parents agree that the primary program is affordable, provides a variety of activities, provides the right amount of time on the activities that are most important to you, has an adequate number of staff, provides a nurturing and caring environment, supports development of positive self-esteem, includes children from a mix of cultural and economic backgrounds, has opportunities to meet or talk with staff to discuss this child’s progress or needs, provides activities that meet this child’s interests, offers opportunities for this child to build skills</p> <p>Percentage of early childhood education facilities rated at quality (<i>further refinement needed</i>)</p>	<p>BSK Health Survey</p> <p>WA Early Achievers</p>
<p>Lowering rates of child care/preschool expulsion</p> <p>Percentage of children who have been asked to leave a preschool/child care</p>	<p>BSK Health Survey</p>
<p>Children have safe, stable and nurturing relationships</p> <p>Presence of safe, stable and nurturing relationships (SSNRs), as</p>	<p>BSK Health Survey, OSPI WaKIDS, Department of Early Learning ESIT</p>

measured by indicators of: kindergarten readiness, family social/emotional support, childcare/preschool expulsion, universal developmental screening, housing stability, high quality caregiver/child relationship in child care, free from adverse childhood experiences, reading/singing to children	DMS, CCER <sup>7</sup> , HMIS <sup>8</sup>
Children receive recommended health and developmental screenings Percentage of children ages 9 months to 5 years whose parents report a doctor or other healthcare provider had them fill out a questionnaire about specific concerns or observations about the child’s development, communication, or social behaviors.	BSK Health Survey
Children receive needed mental and behavioral health services Percentage of children who needed and received any treatment or counseling from a mental health professional	BSK Health Survey
Children receive recommended developmental services when needs are identified Percentage of children 0-3 screened, identified, and connected to services	Department of Early Learning ESIT DMS <sup>6</sup>

Headline indicators for BSK result: *King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities (ages 5-24 years).*

Headline indicators	Data Source
<b>Academic and life skills</b>	
3rd graders who are meeting reading standards Percentage of 3rd graders who are at or above reading standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)	OSPI
4th graders who are meeting math standards Percentage of 4th graders who are at or above math standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)	OSPI
Youth who graduate from high school on time Percentage of entering 9th graders who graduate from high school within four years	CCER <sup>7</sup> , OSPI, Eastside Pathways <sup>9</sup>
High school graduates who earn a college degree or career credential Percentage of high school graduates who complete a two- or four-year degree within six years of high school graduation	CCER <sup>7</sup> , OSPI and the National Student Clearinghouse via ERDC.
Youth & young adults who are either in school or working Percentage of youth and young adults ages 16-24 who are in school or working	U.S. Census Bureau, American Community Survey (ACS) <sup>10</sup>
<b>Safe and healthy</b>	
Youth and young adults who are in excellent or very good health Percentage who report excellent or very good health status (ages 5-12, 18-24 years). Percentage of middle and high school students who report a high quality of life based on the composite of	BSK Health Survey, Washington State Healthy Youth Survey, Behavioral Risk Factor Surveillance System (BRFSS) <sup>11</sup>

<ul style="list-style-type: none"> <li>a. I feel I am getting along with my parents or guardians (0=not true at all,...10 = completely true)</li> <li>b. I look forward to the future (0=not true at all,...10 = completely true)</li> <li>c. I feel good about myself (0=not true at all,...10 = completely true)</li> <li>d. I am satisfied with the way my life is now (0=not true at all,...10 = completely true)</li> <li>e. I feel alone in my life (0=not true at all,...10 = completely true).</li> </ul>	
<p>Youth who are not using illegal substances                  Percentage of students in grades 8, 10, and 12 who report alcohol, marijuana, painkiller or any illicit drug use in the past 30 days</p>	<p>Washington State Healthy Youth Survey<sup>12</sup></p>
<p>Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation                  Percentage of elementary-aged children who met these areas:  <ul style="list-style-type: none"> <li>a. This child shows interest and curiosity in learning new things</li> <li>b. This child works to finish tasks he or she starts</li> <li>c. This child stays calm and in control when faced with a challenge.</li> </ul>                 This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy, and resilience.</p>	<p>BSK Health Survey<sup>4</sup></p>

Secondary indicators for BSK result: *King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities” (ages 5-24 years).*

Secondary Indicator	Data Source
<p>Lowering the rate of adolescent births                  Rate of births to females ages 15-17 per 100,000 population in that age group</p>	<p>Washington State Department of Health Center for Health Statistics<sup>1</sup></p>
<p>Youth have supportive adults                  Percentage of children in elementary school who have at least one other adult in their school, neighborhood, or community who know them well and child can rely on for advice and guidance                  Percentage of students in grades 8, 10, and 12 who report having an adult in their neighborhood or community could talk to about something important.</p>	<p>BSK Health Survey, Washington State Healthy Youth Survey</p>
<p>Youth believe in their ability to succeed                  Percentage of students in grades 8, 10, and 12 who have a medium high or high quality of life index. Includes positive self-identity.                  Questions are:  <ul style="list-style-type: none"> <li>a. I feel I am getting along with my parents or guardians</li> <li>b. I look forward to the future</li> <li>c. I’m satisfied with the way my life is now</li> <li>d. I feel alone in my life</li> <li>e. I feel good about myself.</li> </ul> </p>	<p>Washington State Healthy Youth Survey</p>

Lowering chronic absenteeism from school Percentage of students that miss 18 or more school days in a school year for any reason, excused or unexcused	OSPI
Youth are getting good grades in school Percentage of students in grades 8, 10, and 12 who report grades in school of mostly A's or B's	Washington State Healthy Youth Survey
Youth are completing 9 <sup>th</sup> grade Number of 9 <sup>th</sup> grade students course credits attempted versus the number of credits earned in English Language Arts, Math, and Science; does not include withdrawals.	OSPI
Young adults participate in civic activity and are engaged Percentage of young adults ages 18-24 who are registered to vote and vote in elections	King County Elections
Reduced justice system involvement and recidivism Percentage of youth with justice system involvement	King County JIMS <sup>13</sup>
Youth have positive social-emotional development and mental health Percentage of children who received any treatment or counseling from a mental health professional	BSK Health Survey
Lowering rates of school suspension/expulsion Percentage of students suspended or expelled in a school year	OSPI
Youth are physically active Percentage that meet physical activity recommendations. For youth, the recommendation is 60 minutes every day.	Washington State Healthy Youth Survey <sup>12</sup> , BSK Health Survey <sup>4</sup>
Youth have strong family relationships <i>Needs refinement depending on programs.</i>	Potential data sources: Washington State Healthy Youth Survey <sup>12</sup> , BSK Health Survey <sup>4</sup>
Youth have strong peer relationships <i>Needs refinement depending on programs.</i>	Washington State Healthy Youth Survey
Youth have strong school relationships Percentage of students in grades 8, 10, and 12 who report having opportunities or rewards for school/prosocial institution involvement. Combines questions on a. In my school, students have lots of chances to help decide things like class activities and rules. b. There are lots of chances for students in my school to talk with a teacher one-on-one. c. Teachers ask me to work on special classroom projects. d. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. e. I have lots of chances to be part of class discussions or activities. f. My teacher(s) notices when I am doing a good job and lets me know about it. g. The schools lets my parents know when I have done something well. h. I feel safe at my school. i. My teachers praise me when I work hard in school.	Washington State Healthy Youth Survey



<p>Percentage of elementary school students who care about doing well in school and does all required homework. Combines questions on</p> <ol style="list-style-type: none"> <li>This child cares about doing well in school.</li> <li>This child does all required homework.</li> </ol>	BSK Health Survey
<p>Youth live in supportive neighborhoods</p> <p>Percentage of children living in supportive neighborhoods (sometimes also referred to as neighborhood cohesion or social capital), as measured by the following sets of questions:</p> <p>To what extent do you agree with these statements about your neighborhood or community?</p> <ol style="list-style-type: none"> <li>People in this neighborhood help each other out</li> <li>We watch out for each other’s children in this neighborhood</li> <li>This child is safe in our neighborhood</li> </ol> <p>In your neighborhood, is/are there...?</p> <ol style="list-style-type: none"> <li>Sidewalks or walking paths</li> <li>A park or playground</li> <li>A recreation center, community center, or boys’ and girls’ club</li> <li>A library or bookmobile</li> </ol>	BSK Health Survey <sup>4</sup>
<p>Youth and young adults are successful, beyond school or employment</p> <p>As measured by the above indicators:</p> <ul style="list-style-type: none"> <li>Strong family relationships</li> <li>Strong peer relationships</li> <li>Belief in their ability to succeed</li> <li>Civic activity</li> <li>Reduced justice system involvement</li> </ul>	

Headline indicators for BSK result: *Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live.*

Headline indicators	Data Source
<p>Youth who have an adult to turn to for help</p> <p>Percentage of students in grades 8, 10, and 12 who report that they have an adult in their neighborhood or community they could talk to about something important</p>	Washington State Healthy Youth Survey
<p>Adults engaged in civic activities</p> <p>Percentage of adults who report community service or helping others (volunteering, mentoring or political organizing) in the past 30 days</p> <p>Percent of young adults ages 18-24 who are registered to vote and vote in elections</p>	<p>Communities Count</p> <p>King County Elections</p>
<p>Renters paying less than 30 percent of their income for housing</p> <p>Percentage of households who pay less than 30 percent of their income for housing costs.</p>	U.S. Census Bureau, American Community Survey
<p>Renters paying less than 50 percent of their income for housing</p> <p>Percentage of households who pay less than 50 percent of their income for housing costs.</p>	U.S. Census Bureau, American Community Survey
<p>Involuntary displacement of local residents</p> <p><i>(In development)</i></p>	



<p>Life expectancy The number of years a newborn can expect to live given current age-specific death rates. This is a measure of the overall health of the population.</p>	Washington State Department of Health
<p>Physical activity levels among youth and adults Percentage that meet physical activity recommendations. For youth, the recommendation is 60 minutes every day. For adults, the recommendation is at least 2 hours and 30 minutes of moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity physical activity every week, plus muscle-strengthening activities on 2 or more days a week.</p>	Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+)
<p>Households earning a living wage, above 200 percent of poverty Percentage of people living in households with an income at or above 200 percent of the poverty level.</p>	U.S. Census Bureau, American Community Survey
<p>Youth and young adults who are either in school or working Percentage of youth and young adults ages 16-24 who are in school or working</p>	U.S. Census Bureau, American Community Survey

1 The Washington State Department of Health, Center for Health Statistics collects critical information needed to help people in Washington live healthier lives. As the office of the State Registrar, the Center is responsible for the registration, preservation, amendment, and release of official state records of all births, deaths, fetal deaths, marriages and divorces that occur in Washington. They maintain data on [birth outcomes](#) and [infant death](#).

2 [WaKIDS](#) is the Office of the Superintendent of Public Instruction (OSPI)’s Washington Kindergarten Inventory of Developing Skills. WaKIDS combines connecting with families, whole-child skill assessments and collaboration to improve early learning.

3 The [DSHS Children’s Administration](#) is the public child welfare agency for the state of Washington.

4 The [Best Starts for Kids Health Survey](#) is a survey about child health and well-being being conducted in King County with parents of children from birth to fifth grade. The survey was designed to help us inform and evaluate BSK.

5 PRAMS is the [Pregnancy Risk Assessment Monitoring System](#), a joint project between state departments of health and the Centers for Disease Control and Prevention. The purpose of PRAMS is to find out why some babies are born healthy and others are not. The survey asks new mothers questions about their pregnancy and their new baby.

6 Department of Early Learning’s [Early Support for Infants and Toddlers \(ESIT\)](#) program provides services to children birth to age 3 who have disabilities or developmental delays.

7 The Road Map Project is a community-wide effort aimed at improving education to drive dramatic improvement in student achievement from cradle to college and career in South King County and South Seattle. The [Community Center for Education Results \(CCER\)](#) is a nonprofit organization dedicated to dramatically improving education results in South Seattle and South King County. It supports the Road Map Project.

8 HMIS is the Washington State Department of Commerce’s [Homeless Management Information System](#). HMIS is used by state and federally funded homeless and housing service providers to collect and manage data gathered during the course of providing housing assistance to people already experiencing homelessness and to households at risk of losing their housing.

9 Eastside Pathways, based in Bellevue, WA, mobilizes the community to support every child, step-by-step, from cradle to career. They track [data on health and academic achievement](#).

10 The U.S. Census Bureau’s [American Community Survey \(ACS\)](#) is an ongoing annual survey about jobs and occupations, educational attainment, poverty, whether people own or rent their home, and other topics.

11 The [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) is a joint project between state departments of health and the Centers for Disease Control and Prevention. This telephone survey collects data from U.S. adults regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

12 The Washington State [Healthy Youth Survey \(HYS\)](#) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service’s Division of Behavioral Health and Recovery, the Liquor and Cannabis Board, and the Department of Commerce. It provides important survey results about the health of adolescents in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades in Washington.

13 King County JIMS is the [King County Juvenile Court](#)’s data system. It provides information about demographics, types of crimes and other information relevant to youth involved in the juvenile court system.

## DATA SNAPSHOT EXAMPLE:

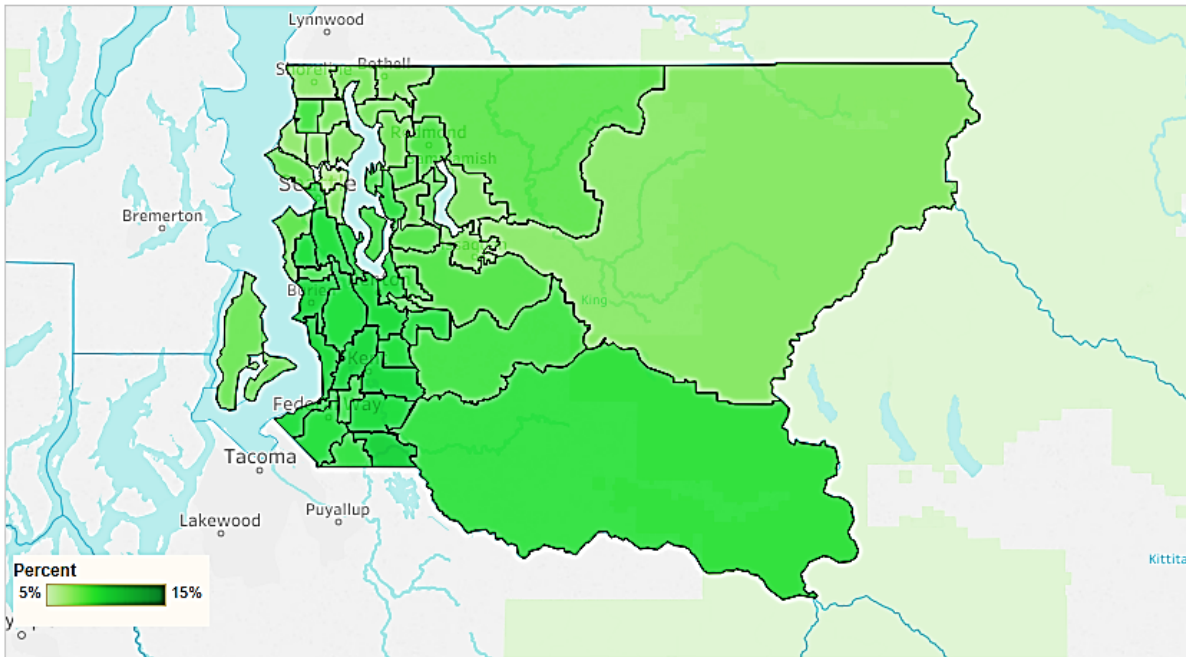
Full interactive functions are available [online](http://www.kingcounty.gov/bskindicators) at [www.kingcounty.gov/bskindicators](http://www.kingcounty.gov/bskindicators).

### Preterm births, King County, 2011–2015 average

**Place-based disparities:** The health reporting areas (HRA) with the highest proportion of preterm births tended to be in the southern part of King County. There was a 5.3 percentage point difference between the HRAs with the highest (Auburn South, 11.9%) and lowest (Capitol Hill/Eastlake, 6.6%) proportion of preterm births.

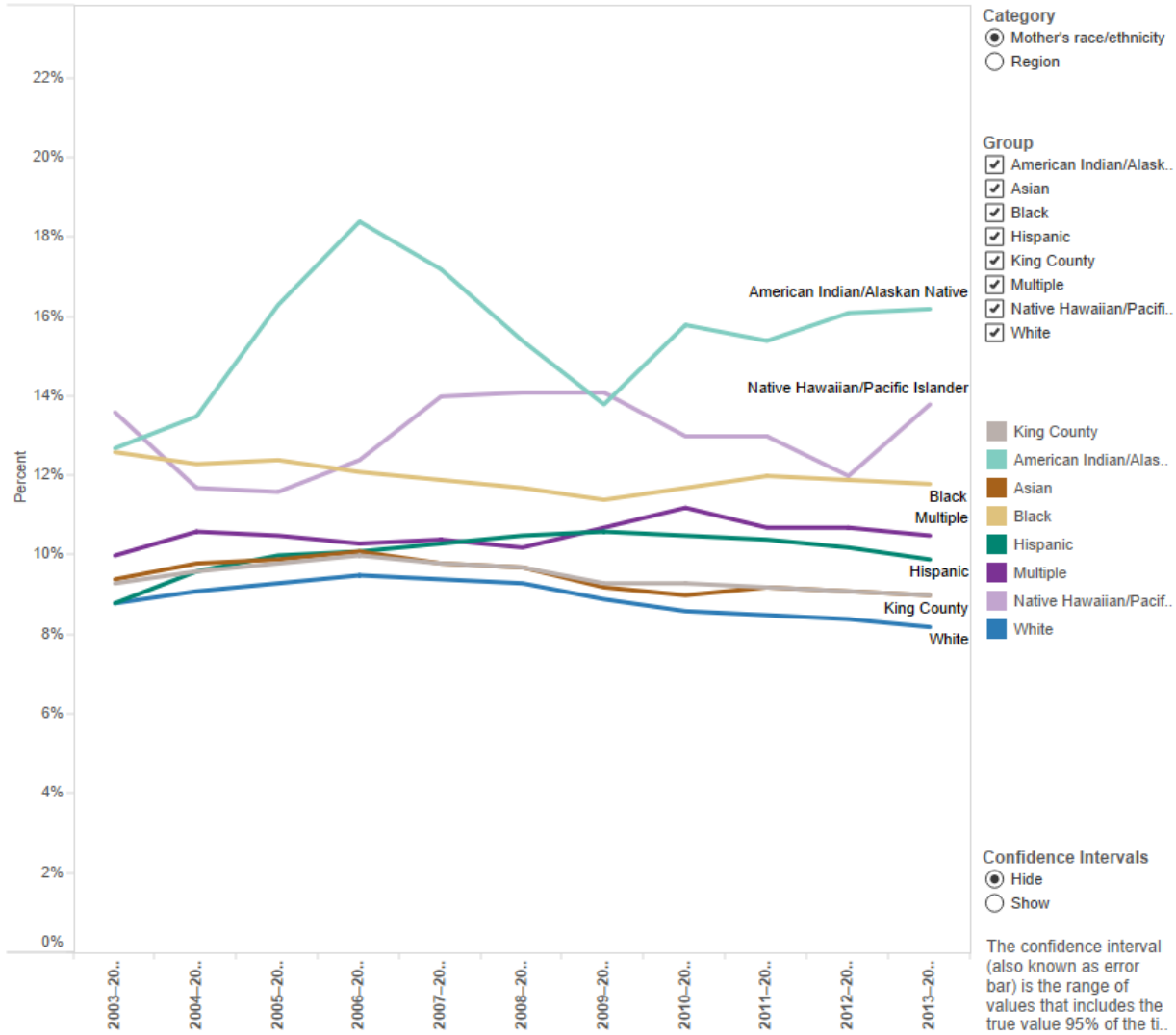
**Race-based disparities:** White mothers had the lowest proportion of preterm births, at 8.3%. This is 8 percentage points lower than American Indian/Alaskan Native mothers, who had the highest proportion of preterm births (16.6%).

King County average: 9.1%



Source: WA Department of Health, Center for Health Statistics, birth certificate data, <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData>

Preterm births, King County, 3-year rolling averages, 2003–2015



**EXHIBIT C: PROGRAMS AND IDENTIFIED PERFORMANCE MEASURES**

Strategy	Program	How much did we do?	How well did we do it?	Is anyone better off?
<b>Youth and Family Homeless Prevention Initiative (YFHPI)</b>	YFHPI	# families served # of unaccompanied youth served Amounts & types of flexible funding provided # of case management hours per family/youth	Quarterly expert rating of fidelity to program model	% of families/youth that do not become homeless (during program & during follow-up period after program exit)
<b>Direct Services</b>	Early Intervention Services	# of children receiving services	Evaluation and service plan in place within 45 days from initial contact Service start within 30 days Transition meeting within 90 days of child turning 3 to determine eligibility for school services	% that show progress in three categories between entry and exit: 1 = positive social/emotional development 2 = acquiring knowledge/skills 3 = appropriate behavior
<b>Meet the Health and Behavioral Needs of Youth</b>	School Based Health Centers (SBHC)	# of students provided primary care services including health and mental health services	% of SBHC users who received a standardized risk assessment % of SBHC users who screen positive for drug/alcohol issues who receive a brief intervention and/or referral to services as appropriate (SBIRT) % of SBHC users who screen positive for depression and who receive mental health counseling % of SBHC users who have received all required vaccinations % of SBHC users who have completed HPV vaccination	% of SBHC users with < 10 absences per year % of SBHC users who are passing all classes

<p><b>Stopping the School to Prison Pipeline</b></p>	<p>Theft 3 and mall safety</p>	<p># of youth that engage with the pilot                  # of youth that complete Goodwill Youth on Track program                  # of youth that complete their ISP</p>	<p>Quarterly engagement with case manager                  End of program youth satisfaction with services</p>	<p>% of participants that do not recidivate                  % of participants with improved school attendance                  % of participants with improved grades                  % of participants in the Goodwill on Track program that get a job</p>
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## EXAMPLES OF POTENTIAL PERFORMANCE MEASURES BY TYPE OF ACTIVITY

Type of Activity	How much did we do?	How well did we do it?	Is anyone better off?	
Direct Services	# of children served # of youth served # of parents served # of families served # of providers served # of schools served # of referrals	Fidelity rating Diversity of participants Participant satisfaction Cultural considerations Timeliness Engagement Completion	Prenatal - 5	Increases in healthy birth outcomes Improvement in assessment score ( <i>for example, % of children receiving developmental services that show progress in positive social/emotional development, acquiring knowledge/skills, and appropriate behavior</i> ) Increase in knowledge/skills Improved practices ( <i>for example, % of childcare providers using increased knowledge of child development in their work</i> ) Increase in parent support Increased connection to services ( <i>for example, % of children with a developmental delay that are connected to developmental services</i> )
	# of screenings # of assessments # of visits # of sessions # of case management hours Amount/types of flexible funding # of vaccinations			5-24
Group Activities	# of trainings	Fidelity rating		Increase in knowledge/skills
	# of sessions	Diversity of		Improved practices

		participants		
	# of presentations	Participant satisfaction		
		Cultural considerations		
		Timeliness		
<b>Policy, System, and Environment Change</b> <i>(such as for COO)</i>	# and type of: Policies passed, rescinded, or successfully defended System improvements (e.g. government processes) Individuals or organizations mobilized/supporting policy/system changes New funding attracted (e.g., capital investments)	Strengthened relationships		Increase in people and communities benefitting/reached by equitable policy/system changes Additional measures linked to grantee projects (e.g., perceived safety)

## EXHIBIT D: GLOSSARY OF TERMS

**Accountability** – The responsibility to provide evidence to stakeholders about the effects of BSK programs and if programs conform to expectations and requirements.<sup>10</sup>

**Collective Impact** – An approach to solving complex social problems that involves multiple organizations working together towards a common agenda, shared measurement, and aligning their efforts. Collective impact is different from other types of collaboration, in that it usually involves a “backbone” organization and staff dedicated to helping organizations to work together.<sup>11</sup>

**Community** – People that share a common geographic location and/or cultural identity.

**Continuous Quality Improvement** – Ongoing review of program performance measurement data to see what improvements could be made.

**Cross-Sectional Design** – Research design that uses data collected from individuals, groups, or entities at a single point in time. Trends over time will not include the same people in every year.

**Cultural Humility** – Acknowledging and responding to the complexity of cultural identity; recognizing the dynamics of power, avoiding reinforcing cultural stereotypes and prejudice in the work; being thoughtful and deliberate in the use of language and other social relations to reduce bias when conducting evaluations; using culturally appropriate theories and methods, recognizing the many ways data can be collected, analyzed, interpreted, and disseminated in order to produce work that is honest, accurate, respectful and valid.

**Data Trainings** – Trainings for potential funding applicants where trainers will share data resources (including the BSK indicators website) and discuss ways to use data to support strong applications.

**Developmental Evaluation** – Approach to evaluation that supports innovation by collecting and analyzing real time data for ongoing decision making as part of the design, development and implementation process.<sup>12</sup>

**Disparity** – Large difference in participation or outcomes for a demographic group (e.g. racial or ethnic group) compared to another demographic group.

**Disproportionality** – Over or under-representation of a demographic group (e.g. racial or ethnic group) compared to that group’s representation in the general population.

**Dissemination** – Sharing BSK evaluation results with stakeholders.

<sup>10</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>11</sup> Collaboration for Impact. The Collective Impact Framework. Accessed 5/4/2017 from: <http://www.collaborationforimpact.com/collective-impact/>

<sup>12</sup> Patton, Michael Quinn. Developmental evaluation: Applying complexity concepts to enhance innovation and use. Guilford Press, 2011.



**Equity and Social Justice** – Full and equal access to opportunities, power and resources so that all people may achieve their full potential.<sup>13</sup>

**Evaluation** – Systematic collection of information about the activities, characteristics and outcomes of a program, set of programs or initiative to improve effectiveness and/or inform decisions.<sup>14</sup>

**Evaluation Capacity Building** – Supporting BSK grantees to build evaluative knowledge and skills, increase capacity for data collection, and use data for program improvement.

**Focus group:** Group of people brought together to engage in a facilitated discussion about their experiences with a program or activity.<sup>15</sup>

**Headline Indicator** – Aspirational, long-term population-level indicators that quantify BSK’s three overarching results.

**Impact** – Effects of a program that occur in the medium or long term with an emphasis on ones that can be directly attributed to program efforts.<sup>16</sup>

**Implementation and Policy Team** – A cross-agency BSK leadership team within King County government including staff from Public Health –Seattle and King County, the Department of Community and Human Services and the County Executive’s Office.

**Indicator** – Population-level measure that will be used to assess the health or well-being of children, youth and families throughout King County.

**Indicator Website** – Website featuring interactive data visualizations of the BSK population-level indicators. As more data becomes available, the website will expand to include program performance measurement data.

**Junior Taxing Districts** – Taxing district other than the state, a county, a county road district, a city, a town, a port district or a public utility district.<sup>17</sup>

**Learning Circle** – Forum where a group BSK grantees and other stakeholders come together to review performance measurement data, explore issues and learn from each other.

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<sup>13</sup> King County Equity and Social Justice Strategic Plan 2016-2022. <http://your.kingcounty.gov/dnrr/library/dnrr-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf>

<sup>14</sup> Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: [https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations\\_formatted\\_120412.pdf](https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf)

<sup>15</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>16</sup> Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: [https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations\\_formatted\\_120412.pdf](https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf)

<sup>17</sup> Washington State Legislature. WAC 458-19-005. Accessed 5/4/2017 from: <http://apps.leg.wa.gov/wac/default.aspx?cite=458-19-005>

**Logic Model** – Visual representation showing the sequence of related events connecting the activities of a program with the programs’ desired outcomes and results.<sup>18</sup>

**Observational Study Design** – Study design where an evaluator observes individuals or entities in their natural setting, versus a controlled setting where one group is exposed to an intervention and compared to a group that was not exposed to the intervention.

**Outcomes** – Program-level changes in knowledge, attitudes, beliefs or behaviors.<sup>19</sup>

**Outcome Evaluation** – Evaluation that measures changes for the focus population in the outcomes that a program is trying to achieve.<sup>20</sup>

**Participatory Approach** – Involving all partners and recognizing the unique strengths that each brings, seeking regular input, providing technical assistance, building partners’ evaluation capacity as requested, and regularly sharing evaluation results with partners and community members.<sup>21</sup>

**Performance Measurement** – Ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.

**Population** – All people in King County population or a group within the King County population such as school aged children in King County.

**Process Evaluation** – The systematic collection of information to document and assess how a program was implemented and operates.<sup>22</sup>

**Protective Factors** – Factors that help to prevent negative outcomes or that have been shown to reduce the impact of risk factors.<sup>23</sup>

**Prevention** – Working upstream to prevent problems before they happen.

**Promotion** – Supporting the development of protective factors that help to prevent negative outcomes.

**Providers** – Organizations that King County will fund to implement BSK programs and projects.

**Qualitative Data** – Information in the form of narratives and stories.

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<sup>18</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>19</sup> Centers for Disease Control (CDC) and Prevention. Types of Evaluation. Accessed 5/4/2017 from: <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

<sup>20</sup> Centers for Disease Control (CDC) and Prevention. Types of Evaluation. Accessed 5/4/2017 from: <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

<sup>21</sup> Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill Building Curriculum. Accessed 5/4/2017 from: <https://depts.washington.edu/ccph/cbpr/u1/u11.php>

<sup>22</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>23</sup> Substance Abuse and Mental Health Services Administration. Risk and Protective Factors. Accessed 5/4/2017 from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

**Quantitative Data** – Information in the form of numbers.

**Requests for Proposals (RFPs)** – Requests that King County issues asking for applications for BSK funding.

**Results** – As defined by the RBA approach, results are the overarching goals of the BSK initiative.

**Results Based Accountability (RBA)** – A simple framework that starts with ends – the difference you are trying to make for a population, and works backward toward means – the strategies for getting there. RBA makes a distinction between *population accountability* through population indicators which assess well-being of children, youth and families throughout King County overall, and *performance accountability* through performance measures which assess well-being of the children, youth and families directly served by BSK-funded programs.

**Risk Factors** – Factors that often cause negative outcomes.<sup>24</sup>

**Secondary Indicator** – Supporting population-level indicators that measure the intermediate steps to get to the headline indicators.

**Strategic Learning** – Using evaluation to help organizations or groups learn quickly from their work so they can learn from and adapt their strategies. Integrates evaluation and evaluative thinking into strategic decision making and brings timely data to the table for reflection and use; embeds evaluation into intervention so that it influences the process.<sup>25</sup>

**Systems** – Networks of non-governmental and governmental organizations that provide services to children, youth and families in King County.

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<sup>24</sup> Substance Abuse and Mental Health Services Administration. Risk and Protective Factors. Accessed 5/4/2017 from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

<sup>25</sup> Center for Evaluation Innovation. Strategic Learning. Accessed 5/4/2017 from: <http://www.evaluationinnovation.org/focus-areas/strategic-learning>

## EXHIBIT E: EVALUATION ADVISORY GROUP MEMBERS



*The Evaluation Advisory Group is a working group focused on the prenatal-24 strategies. The workgroup is staffed by the Best Starts for Kids Data and Evaluation Team and the Implementation and Policy Team, and attended by the members of the Children and Youth Advisory Board and local evaluation experts from community-based organizations or governmental agencies. All Councilmembers and their staff have been invited to join workgroup meetings.*

### Have attended one or more meetings as of May 5, 2017:

**Stephanie Cherrington**  
*Eastside Pathways*

**Cameron Clark**  
*City of Seattle Department of Education and Early Learning*

**Rochelle Clayton Strunk**  
*Encompass; Children and Youth Advisory Board*

**Joe Cunningham**  
*King County Council staff*

**Cindy Domingo**  
*King County Council staff*

**Councilmember Larry Gossett**  
*King County Council*

**Enrica Hampton**  
*Kindering; Children and Youth Advisory Board*

**Erica Johnson**  
*City of Seattle Department of Education and Early Learning*

**Janet Levinger**  
*On boards of League of Education Voters, Thrive WA, Seattle Foundation, UW School of Education; Children and Youth Advisory Board*

**Ed Marcuse**

*University of Washington; Children and Youth Advisory Board*

**Ross Marzolf**

*King County Council staff*

**Trise Moore**

*Federal Way Public Schools; Children and Youth Advisory Board*

**Sara Roseberry-Lytle**

*University of Washington, Institute for Learning & Brain Sciences; Children and Youth Advisory Board*

**Natasha Rosenblatt**

*Community Center for Education Results*

**Brian Saelens**

*Seattle Children's Research Institute; University of Washington; Children and Youth Advisory Board*

**Sarita Siqueiros Thornburg**

*Puget Sound Educational Service District*

**Jessica Werner**

*Youth Development Executives of King County*

**Nancy Woodland**

*WestSide Baby; Children and Youth Advisory Board*

**Vickie Ybarra**

*Washington State Department of Early Learning*

**Have expressed interest but have been unable to attend:**

**Debbie Carlsen**

*LGBTQ Allyship; Children and Youth Advisory Board*

**Abigail Echo-Hawk**

*Urban Indian Health Institute; Children and Youth Advisory Board co-chair*

**Zam Zam Mohamed**

*Voices of Tomorrow; Children and Youth Advisory Board*

**Councilmember Jesse Salomon**

*City of Shoreline; Sound Cities Association; Children and Youth Advisory Board*

## EXHIBIT F: DATA AND EVALUATION TEAM STAFFING

The BSK Data and Evaluation Team consists of the following team members:

**June Lee**, ScD, Co-lead;  
Department of Community & Human Services

**Eva Wong**, PhD, Co-lead;  
Public Health-Seattle & King County;  
University of Washington School of Public  
Health

**Sophia Ayele**, MPA  
Department of Community & Human Services

**Alastair Matheson**, PhD, MPH  
Public Health-Seattle & King County

**Anne Buher**, MPH  
Public Health-Seattle & King County

**Kristin Moore**, MPH  
Public Health-Seattle & King County



**King County**

# **Best Starts for Kids Evaluation and Performance Measurement Plan**

REDLINE

**Department of Community and Human Services  
Public Health – Seattle & King County**

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## OVERVIEW

In September 2016, King County Council approved the *Best Starts for Kids* (BSK) Implementation Plan, setting in motion the process by which the County is engaging community partners and funding programs, leading to the BSK results we wish to achieve. The implementation plan specified that staff develop an evaluation plan for BSK and transmit it to Council by July 1, 2017.

The *Best Starts for Kids* Evaluation and Performance Measurement Plan is organized into four major sections:

- **Section I – Best Starts for Kids Background and Context**, including: Pages 3-7
  - BSK Results
  - BSK Funding Allocations
  - Programmatic Approaches for Invest Early, Sustain the Gain and Communities of Opportunity
  - BSK Theory of Change
  - Results Based Accountability
- **Section II – Evaluation and Performance Measurement in *Best Starts for Kids***, including: Pages 8-14
  - Goals and Approach
  - Principles of Evaluation and Performance Measurement:
    - Equity
    - High Professional Evaluation Standards
    - Transparency in Interpreting and Reporting Findings
  - Population Accountability – Headline and Secondary Indicators
  - Evaluation and Performance Measurement Types, Purposes and Timelines
- **Section III – Methods and Resources for Invest Early and Sustain the Gain**, including: Pages 15-18
  - Data Collection and Analysis
  - *Best Starts for Kids* Health Survey
  - Funding Allocations and Activities
  - Challenges
- **Section IV – Methods and Resources for Communities of Opportunity**, including: Pages 19-21
  - Data Collection and Analysis
  - Funding Allocation and Activities

The following are included in the exhibits: Pages 22-43

- **Exhibit A: Background Information on Results Based Accountability**
- **Exhibit B: Description of Population Health Data Sources**
- **Exhibit C: Programs and Identified Performance Measures**
- **Exhibit D: Glossary of Terms**
- **Exhibit E: Evaluation Advisory Group Members**
- **Exhibit F: Data and Evaluation Team Staffing**



Section I  
**BEST STARTS FOR KIDS – BACKGROUND AND CONTEXT**

**THE BEST STARTS FOR KIDS INITIATIVE**

*Best Starts for Kids (BSK) is an initiative to improve the health and well-being of King County residents by investing in promotion, prevention and early intervention for children, youth, families and communities.*

In 2015, King County voters approved a property-tax levy to fund *Best Starts for Kids*. The levy will generate about \$65 million per year and cost the average King County property owner an estimated \$56 per year. BSK is a comprehensive approach to early childhood development, starting with prenatal support, sustaining the gain through the teenage years, and investing in healthy, safe communities that reinforce progress. These investments of public dollars will drive toward the following results, which we envision for all of King County’s children, youth, families and communities:

**BSK RESULTS**

- Babies are born healthy and are provided establish with a strong foundation for lifelong health and well-being.
- King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood ~~safe and healthy~~, building academic and life skills to be thriving members of their communities.
- Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live.

The *Best Starts for Kids* [Implementation Plan](#) mandates the following funding allocations for the total levy:

**BSK FUNDING ALLOCATIONS**

- **Invest Early.** *Fifty percent will be invested in promotion, prevention and early intervention programs for children under age 5, and pregnant women.* The science and evidence shows us that the earlier we invest, the greater the return for both the child’s development and our society.
- **Sustain the Gain.** *Thirty-five percent will be invested in promotion, prevention and early intervention programs for children and youth age 5 through 24.* The science and research tells us that adolescence is a critical time for brain development; prevention efforts addressed at key developmental stages or transition points in a young person’s life help to sustain the gains made earlier in life.
- **Communities Matter.** *Ten percent will be invested in strategies to create safe and healthy communities, such as increasing access to healthy, affordable food and expanding economic opportunities and access to affordable housing.* This strategy will build on the partnership between King County and The Seattle Foundation on-through *Communities of Opportunity*, which is based on the latest research regarding the impact of place on individual and population health and well-being outcomes. It also supports local communities in building their own capacity to creative positive change.
- **Outcomes-Focused and Data-Driven.** *Five percent will support evaluation, data collection, and improving the delivery of services and programs for children and youth.* This will ensure *Best Starts for Kids* strategies are tailored for children from diverse backgrounds and that we deliver on the results for every child in King County. A portion of proceeds in this category may also be used for eligible services provided by certain junior taxing districts,

subject to certain limitations.

- **Youth and Family Homelessness Prevention Initiative (YFHPI): \$19 million** was set aside from first-year levy proceeds to prevent homelessness for families with children, and unaccompanied youth and young adults under 25 at imminent risk of homelessness. The YFHPI timeline is different for the other BSK strategies. The first YFHPI Outcomes Report was transmitted to Council in May 2017. Full YFHPI information is available [here](#).

## BSK PROGRAMMATIC APPROACHES

The following charts detail the programmatic approaches that will be supported through BSK funds, and which we believe will lead to the BSK results we wish to achieve through **Invest Early** (prenatal – 5 years), **Sustain the Gain** (5 – 24 years) and **Communities of Opportunity**.

### Invest Early (Prenatal – 5 Years) Programmatic Approaches

Innovation Fund for programs driven by specific community interests/needs

Home-Based Services, including investments such as:

- Home visiting
- Community-based programs and innovative approaches

Community-Based Parenting Supports, including investments such as:

- Prenatal and breastfeeding support
- Immunization education
- Oral and auditory health
- Healthy vision
- Injury prevention
- Environmental health, including asthma, lead and toxins ~~and asthma~~

Parent/Peer Supports, including investments such as:

- Play & Learn Groups
- Community-based groups based on community interest and need

Information for Parents/Caregivers on Healthy Development, including investments such as:

- Expanding access to VROOM
- Other research-based brain development initiatives

Child Care Health Consultation, including investments such as:

- Onsite support to licensed child-care providers – family child-care homes and child-care centers – to promote children’s health and development, and assure healthy and safe care environments
- Community-based trainings on child health and safety

Direct Services and System Building to Assure Healthy Development, including investments such as:

- Developmental screenings for all very young children
- Early intervention services
- System building for infant/early childhood mental health

Workforce Development, including investments such as:

- Training and information for medical providers, child-care and home-based services on multiple topics that promote healthy early childhood development, including information on newborn safety

Investment in Public Health’s Maternal/Child Health Services

Help Me Grow Framework-Caregiver Referral System

**Sustain the Gain (5 - 24 Years)**  
**Programmatic Approaches**

Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as:

- Trauma-informed schools and organizations
- Restorative justice practices
- Healthy relationships and domestic violence prevention for youth
- Quality out-of-school time programs
- Youth leadership and engagement opportunities

Help Youth Stay Connected to Families and Communities, including investments such as:

- Mentoring
- Family engagement and support

Meet the Health and Behavior Needs of Youth, including investments such as:

- Positive identity development
- School-based health centers
- Healthy and safe environments
- Screening and early intervention for mental health and substance abuse

Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as:

- Supporting youth to stay in school
- Supporting Opportunity Youth to re-engage

Stop the School-to-Prison Pipeline, including investments such as:

- Prevention/Intervention/Reentry Project
- Youth and Young Adult Employment Project
- Theft 3 and Mall Safety Pilot Project
- Students Creating Optimal Performance Education (SCOPE)

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Communities of Opportunity Programmatic Approaches
Places: Awards to Community Partnerships <ul style="list-style-type: none"> <li>• Investments in original place-based sites</li> <li>• Awards to other place-based sites</li> <li>• Awards to cultural communities, including rural communities</li> </ul>
Institutional, System and Policy Change
Learning Community <ul style="list-style-type: none"> <li>• Strategic investments to benefit COO partners broadly</li> <li>• Forums</li> <li>• Technical assistance</li> </ul>

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## BSK THEORY OF CHANGE

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The BSK Theory of Change (on the following page) is a high-level illustration of how expected changes will occur as a result of BSK investments. These investments will produce child, youth, family, community and system level outcomes that will contribute to the three overarching BSK results.

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At a **program** level, children, youth, families and communities directly served by BSK will increase protective factors and decrease risk factors, ultimately improving health and well-being. At a **system** level, BSK investments will improve access to services and the quality of services, leading to reductions in disparity and disproportionality. We expect these program and system level outcomes to collectively lead to positive changes in the BSK **population**-level indicators. We expect changes to occur at the individual, community, system and population levels; our evaluation activities are looking at changes at all of these levels.

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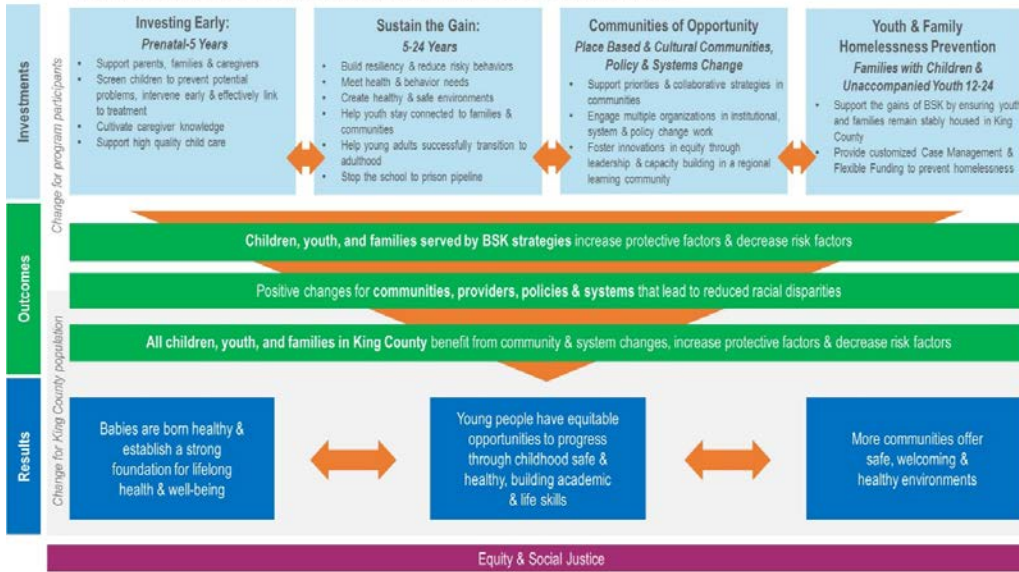
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## Best Starts for Kids Theory of Change



**Best Starts for Kids Vision:** Improve the health and wellbeing of all King County residents by: (1) investing in promotion, prevention, and early intervention for children, youth, families, and communities, (2) building system capacity to connect families with information and resources, and (3) partnering with complimentary initiatives. Best Starts for Kids implementation will follow a set of principles to address disproportionality, respond to community needs, strengths, and priorities and embrace results driven, innovative approaches informed by science & research.



Revised 4.24.17 | Questions? Contact BSK.data@kingcounty.gov

### 1 RESULTS BASED ACCOUNTABILITY

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3 The concepts of [Results Based Accountability \(RBA\)](#) are fundamental to both BSK's implementation plan and this plan  
4 for evaluation and performance measurement. RBA is a simple, common sense framework that starts with ends – the  
5 difference we are trying to make for a population, and works backward toward means – the strategies for getting there.  
6 RBA makes a distinction between *population accountability* through population indicators which assess well-being of  
7 children, youth, families and communities throughout King County overall, and *performance accountability* through  
8 performance measures which assess well-being of the children, youth, families and communities directly served by BSK-  
9 funded programs. (Additional information on RBA is included in Exhibit A.)  
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## Section II EVALUATION AND PERFORMANCE MEASUREMENT IN *BEST STARTS FOR KIDS*

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### GOALS AND APPROACH

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4 Using evaluation and performance measurement, we will seek to answer one overarching question:

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*To what extent and in what ways has the BSK initiative improved health and well-being and advanced equity for children, youth, families and communities in King County?*

7 As we evaluate BSK-funded programs and measure performance, we want to assure that we are investing public funds  
8 wisely toward BSK results and advancing equity across King County by race, ethnicity, place, socioeconomic status,  
9 ability, gender and sexual orientation. Moreover, we want to assure that through BSK, King County is nurturing  
10 innovation and contributing to an evidence base that will equip the County and its partners to do better over time in  
11 producing results for King County residents.

12 The primary goals of evaluation and performance measurement are:

- 13 • **Strategic learning.** The need for real-time data to inform ongoing work, and to understand which strategies are  
14 effective and why. This can inform course corrections, document learning opportunities and improve how programs  
15 are conducted.
  - 16 • **Accountability.** The need to ensure the best use of funds, and to determine if a credible case can be made that the  
17 funded activities contributed to BSK results.
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20 BSK programs and strategies provide a comprehensive and multifaceted approach to promotion, prevention and early  
21 intervention. The BSK Data and Evaluation Team will strive to align performance measures across related BSK strategies  
22 and to facilitate comparisons across similar types of programs and services. We will also seek to identify learning  
23 opportunities and unintended consequences of BSK activities, both positive and negative. High quality evaluation always  
24 seeks to learn from failures as well as successes.

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26 The following outlines our overall approach to evaluation and performance measurement:

- 27 • Measuring the performance of projects and evaluating the effects of *Best Starts for Kids* is important to produce the  
28 best results, learn and innovate based on our experience, and ensure the most effective use of public funds.
  - 29 • BSK's scale and complexity poses many challenges for performance measurement and evaluation. The approach must  
30 encompass a range of evaluation and measurement techniques, must prioritize evaluation resources to have the largest  
31 impact, and must leverage other resources and evidence where possible.
  - 32 • Evaluation and performance measurement of *Best Starts for Kids* will adhere to the highest professional standards of  
33 the evaluation and scientific fields. We are fortunate to have strong internal capacity within the BSK Data and  
34 Evaluation Team, and good and growing relationships with outside evaluators and experts.
  - 35 • Timely and clear communication of results – inclusive of both achievements and failures – will increase BSK's  
36 accountability and build and sustain public trust. Engaging community partners and providing them with evaluation  
37 and performance measurement information, both unfavorable and favorable, is itself a powerful innovation that we  
38 believe will lead to continuous quality improvement and improved results.
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## PRINCIPLES OF EVALUATION AND PERFORMANCE MEASUREMENT

Three overarching principles will guide BSK evaluation and performance measurement: equity, high professional evaluation standards and transparency in interpreting and reporting findings. These are integral to how we will approach our work, and form the rubric by which we will make decisions about how to devote time and resources.

### Equity

Evaluation and performance measurement will examine to what extent and in what ways BSK is advancing equity in King County. Data gathered through evaluation and performance measurement will support our collective knowledge as we disaggregate population level indicators and performance measures by race, ethnicity, place, socioeconomic status, gender and sexual orientation, as available. The BSK Data and Evaluation Team will support grantees' gathering of narrative reports on improvements made to better serve diverse communities, as well as gathering feedback from those served about how services incorporate equity goals and cultural humility.

The Data and Evaluation Team has developed this plan by working closely with other stakeholders to support BSK implementation through the best available science and data, establishing baseline data, disseminating information to communities, and coordinating with other initiatives in King County. All of the following stakeholder perspectives have been and will continue to be essential:

- **Children and Youth Advisory Board (CYAB).** The evaluation plan for the Invest Early and Sustain the Gain strategies has been developed in consultation with the CYAB to assure a community perspective. Evaluation work is based on the definition of equity developed by the CYAB.
- **COO Advisory Board.** For Communities of Opportunity evaluation planning, the COO Advisory Board, King County Council staff, COO staff and grantees, and evaluation experts contributed to the development and review.
- **Evaluation Advisory Group (EAG).** The EAG comprises CYAB members and local evaluation experts affiliated with community-based organizations or governmental agencies. The EAG has provided in-depth feedback to guide the development of this plan to assure evaluation expertise, community perspective, and alignment with related evaluation activities in King County. (EAG members are listed in Exhibit E.)
- **BSK Implementation and Policy Team.** Performance measurement and evaluation staff work closely with programmatic staff in Department of Community and Human Services (DCHS) and Public Health-Seattle & King County (PHSKC) and external subject matter experts, to assure operational expertise.

### High Professional Evaluation Standards

BSK evaluation and performance measurement will build upon the best available child and youth development research to inform approaches and maximize evaluation resources, using the highest professional and scientific principles. Evaluation and performance measurement of BSK will bring together community-led priorities, nationally recognized internal evaluation experts who are embedded with the implementation team and working in partnership with grantees, and external evaluation experts who bring supplemental knowledge and skills.

By leading with community priorities, BSK intends to forge a new way of partnering to support evaluation and performance measurement, while maintaining scientific rigor. This calls for a plan that is informative for grantees and helps grantees build their own measurement and evaluation capacity, develops performance measurement and evaluation plans together with grantees, develops trust with grantees so that learning opportunities can be identified, maintains responsiveness to emerging needs and science, and works to ensure that findings accurately reflect the experiences of communities, and are informative for those communities.

All programs will have required performance measurement activities, however the BSK Data and Evaluation Team will make every effort to strategically prioritize evaluation resources to maximize benefits and leverage existing evidence and external collaborations. The BSK programmatic approaches involve a range of programs – from completely new pilots, to existing programs with some evidence, to evidence-based programs with an extensive evidence base.

## Transparency in Interpreting and Reporting Findings

Best Starts for Kids is committed to outreach across the County to assure accessibility, understanding and engagement in BSK's evaluation and performance measurement activities. Examples include:

- [The BSK Indicators website](#). The indicators website became publicly available in March 2017. It currently includes over 20 population-based indicators with others slated to be added, and features interactive data visualizations that were developed and tested with a range of potential users to make data accessible to communities. These data have utility to community organizations above and beyond their use in BSK. Tables and charts can be downloaded and used in number of ways. Evaluation staff have developed this site, and conduct analyses of population level indicators to share via this public resource. As more data become available, the website will expand and will serve as the main portal for information.
- [BSK Health Survey](#). To date, CYAB members and community organizations have participated in the development of the BSK Health Survey (BSKHS), participated in a pilot of the BSKHS, and assisted with community outreach activities while the survey was being conducted. We expect to better understand the stories behind the numbers gathered through the survey by partnering with communities. More information on BSKHS is in Section III.
- **Community meetings**. Data and evaluation staff participate in and support outreach activities for BSK, including the Community Conversations (fall 2015 and spring 2016) and BSK Roadshow events (spring 2017) conducted throughout the county.
- **Learning products**. BSK evaluation staff will produce reports, one pagers, blog posts and other products that will contribute to feedback loops and continuous quality improvement.
- **Data trainings/technical assistance/evaluation capacity building**. BSK evaluation staff will share data resources (including the BSK indicators website) with communities, discuss ways to use data to support strong applications for funding, and provide technical assistance and evaluation capacity building to support grantee evaluation and performance measurement activities.
- **Transparent reporting of performance and evaluation findings**. Regular reporting of findings will be conducted via reporting back to grantees, updates to the Evaluation Advisory Group and Children and Youth Advisory Board members, annual reports, and the BSK website.

## POPULATION ACCOUNTABILITY - HEADLINE AND SECONDARY INDICATORS

To estimate changes at a **population-level**, we will track headline indicators for **Invest Early** (prenatal – 5 years), **Sustain the Gain** (5 – 24 years) and **Communities of Opportunity**. Headline indicators for each of these three investment areas are detailed in Table 1 below. For **Invest Early** and **Sustain the Gain**, we will also track secondary indicators, which will further inform our understanding of population-level changes. Secondary indicators are detailed in Table 2.

**Headline indicators** are aspirational, long-term indicators that quantify BSK's three overarching results. Through the RBA framework, we have defined how BSK will contribute to improving headline indicators. Tracking headline and secondary population-level indicators at regular intervals will allow the BSK Data and Evaluation Team to examine trends and patterns of change for the entire King County population as well as population groups. This population-level data gathering will help to guide and inform BSK investments and program design. (Technical definitions and data sources for headline and secondary indicators are provided in Exhibit B.)

Headline and secondary indicators can help align BSK investments, and the work and investments of external partners. They will be disaggregated by demographic characteristics (age, race/ethnicity, place, socioeconomic status, gender, sexual orientation, ability and immigration status) wherever possible.

BSK does not operate in a vacuum, nor can BSK alone change the conditions of children, youth, families and communities in King County. Population-level changes will be influenced by many factors including BSK investments, other investments by local, state, and national partners, and external events.

These headline indicators will be measured and reported annually as part of the BSK Annual Report.



**Table 1. Headline Indicators**

Invest Early (Prenatal – 5 Years)	Sustain the Gain (5 - 24 Years)	Communities of Opportunity
<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Babies with healthy birth outcomes <u>as measured by infant mortality and pre-term birth rates</u></li> <li>Children who are flourishing and resilient <u>related to levels of curiosity, resilience, attachment and contentedness*</u></li> <li>Children who are <u>ready for kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</u></li> <li><u>Lowering the rate of child abuse and neglect</u> <del>Children who are free from child abuse or neglect</del></li> </ul>	<p>The percentage of:</p> <ul style="list-style-type: none"> <li><u>3rd graders who are meeting</u> reading standards</li> <li>4th graders who <u>are meeting</u> math standards</li> <li>Youth who are flourishing and resilient, <u>as described by curiosity, resilience and self-regulation*</u></li> <li>Youth and young adults who are in excellent or very good health*</li> <li>Youth who graduate from high school on-time</li> <li>Youth and young adults <u>who are either</u> in school or working</li> <li>High school graduates who earn a college degree or career credential</li> <li>Youth <u>who are</u> not using illegal substances</li> </ul>	<ul style="list-style-type: none"> <li><u>Life expectancy</u></li> <li><del>The percentage of:</del></li> <li>Youth who have an adult to turn to for help</li> <li><del>Individuals-Adults</del> engaged in civic activities</li> <li><del>Households-Renters</del> paying <u>less than &lt;30 percent%</u> of their income for <del>on</del> housing</li> <li><u>Renters paying and less than &lt;50 percent%</u> of their income for housing</li> <li><del>Involuntary d</del>isplacement of local residents</li> <li><del>Individuals who are physically active</del> <u>Physical activity levels among youth and adults</u></li> <li>Households <u>earning a living wage, with income</u> above 200 <u>percent%</u> of poverty</li> <li>Youth <u>and</u> young adults <u>who are either</u> in school or working</li> </ul>

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\*Data Source is Best Starts for Kids Health Survey

**Secondary indicators** are supporting indicators that describe the status of children, youth, families and communities in King County. Secondary indicators are population indicators that the science suggests are intermediate steps toward achieving the headline indicators, aligned with the BSK programmatic approaches. There are many interconnections between secondary and headline indicators across BSK strategies.

**Table 2. Secondary Indicators**

Invest Early (Prenatal – 5 Years)	Sustain the Gain (5 - 24 Years)
<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Babies who are breastfed*</li> <li>Pregnant women receive recommended prenatal care</li> <li>Families who are supported*†</li> <li>Children are healthy*</li> <li>Parents have knowledge of child development*</li> <li>Child health care providers have knowledge of community resources</li> <li>Child care/preschools are high quality*</li> <li>Children are not expelled from child care/preschool*†</li> <li>Children receive recommended health and developmental screenings*†</li> <li>Children receive needed mental and behavioral health services*</li> <li>Children receive recommended developmental services</li> <li>Children have safe, stable and nurturing relationships: construct includes several of above indicators (†) and               <ul style="list-style-type: none"> <li>Reading and singing to children daily*</li> <li>Free from Adverse Childhood Experiences*</li> </ul> </li> </ul>	<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Lowering the rate of adolescent births</li> <li>Youth have supportive adults*</li> <li>Youth believe in their ability to succeed</li> <li>Youth are not chronically absent from school</li> <li>Youth are getting good grades in school</li> <li>Youth are completing 9<sup>th</sup> grade</li> <li>Young adults participate in civic activity and are engaged</li> <li>Youth are not justice system involved</li> <li>Youth have positive social-emotional development*</li> <li>Youth are not suspended/expelled from school</li> <li>Youth are physically active</li> <li>Youth have strong family relationships*</li> <li>Youth have strong peer relationships</li> <li>Youth have strong school relationships*</li> <li>Youth live in supportive neighborhoods*</li> <li>Youth and young adults are successful, beyond school or</li> </ul>

<ul style="list-style-type: none"> <li>○ High quality caregiver/child relationship in child care*</li> <li>○ Housing stability*</li> </ul>	employment
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\*Data source is *Best Starts for Kids* Health Survey; †Components of safe, stable and nurturing relationships indicator

## EVALUATION AND PERFORMANCE MEASUREMENT – TYPES, PURPOSES AND TIMELINES

**Evaluations** of the type we will pursue in BSK are systematic collections of information about a program that provide in-depth assessment of program impact and performance.<sup>1</sup> While all BSK-funded programs will participate in performance measurement activities, we will focus evaluation resources to a subset of programs/strategies that meet these criteria:

- **High interest from stakeholders.** Council, community-based organizations, grantees, Evaluation Advisory Group, Children and Youth Advisory Board, and Communities of Opportunity Advisory Board (as applicable)
- **High potential to improve equity.** By serving large proportions of communities most in need
- **High potential to see short-term changes in indicators.** Likely to quickly see changes in indicators of individual or system well-being
- **Novel implementation.** Implementing an existing program in new settings or populations
- **Provide new evidence.** New or existing programs that can fill a gap in the scientific evidence base
- **High quality data.** Sustainable sources of data to be able to track changes over time.

Evaluation activities complement performance measurement and are designed to answer broader kinds of questions. In-depth evaluations will be conducted using the scientific methods most appropriate for a program and its stage of implementation. For new programs just beginning implementation, evaluation questions will support program design, planning and initial insights. For programs that are under way but still undergoing modifications, evaluation will support program refinement and improvements in quality or efficiency. Once programs have established fidelity and scale, and have been in place for sufficient time, evaluation can be used to measure impact and outcomes. For a program that has an established model and strong, reliable evidence-base (e.g., Nurse Family Partnership), it is a more effective use of BSK evaluation resources to focus on performance measurement than investing in duplicative, resource-intensive outcomes evaluation.

When assessing policy, systems, and environmental changes, evaluation activities will consider the broader internal and external context in which BSK occurs and evaluate how BSK is coordinating the work of partners, stakeholders and providers. Using equity as the lens, we will assess what changes have been made to systems and environments to better serve diverse children, youth, families and communities.

The chart on the next page provides more information on the types of evaluations – developmental, process and outcome – that we will pursue, and some of the methods:

<sup>1</sup> Program evaluation, [Centers for Disease Control and Prevention \(CDC\), Program Performance and Evaluation Office \(PPEO\). https://www.cdc.gov/eval/index.htm](https://www.cdc.gov/eval/index.htm)

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Scientific Evidence & Length of Program Implementation	Evaluation Types and Purposes	Types of Questions and Methods Used
	<b>Developmental Evaluation</b> <i>- To support innovation and nimble decision-making prior to an established model</i>	<ul style="list-style-type: none"> <li>• Right now, what are the most crucial questions and data that could help us develop our strategy?</li> <li>• What concerns or opportunities do we need to respond to or use to adapt the strategy for success?</li> </ul> <i>Rigorous qualitative methods used to collect and analyze data.</i> <b>Example:</b> <i>Help Me Grow</i>
	<b>Process Evaluation</b> <i>- To support program improvements</i>	<ul style="list-style-type: none"> <li>• Why did/didn't we see a change take place?</li> <li>• Did we implement the program as intended (or was there fidelity to the program model)?</li> <li>• How well did we do it? Why or why not?</li> </ul> <i>Rigorous qualitative and quantitative data collection and analysis methods used. Informed by developmental evaluation results.</i> <b>Example:</b> <i>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</i>
	<b>Outcomes Evaluation</b> <i>- To prove program led to desired result</i>	<ul style="list-style-type: none"> <li>• Did the expected change take place? For whom?</li> </ul> <i>Studies conducted using experimental, quasi-experimental, and observational designs. Informed by process evaluation results.</i> <b>Example:</b> <i>Stopping the School to Prison Pipeline</i>

**Performance Measurement** from all BSK programs to track how much, how well, and is anyone better off of grantees' activities is foundational to the BSK evaluation and will inform and guide additional evaluation activities.

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**Performance measurement** refers to the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.<sup>2</sup> Performance measures are collected routinely, are used to summarize how a program is being implemented, and are responsive and adaptive as the program evolves.<sup>3</sup> Tracking performance measures allows the County to measure what the BSK-funded programs accomplish and how the BSK-funded programs impact the children, youth, families and communities who are directly served. Performance accountability will be conducted through tracking of performance measures, which are specific to BSK-funded programs and activities.

The BSK performance measures will be modeled on the Results Based Accountability framework. At minimum, each program will have a performance measure in each of the three domains listed below:

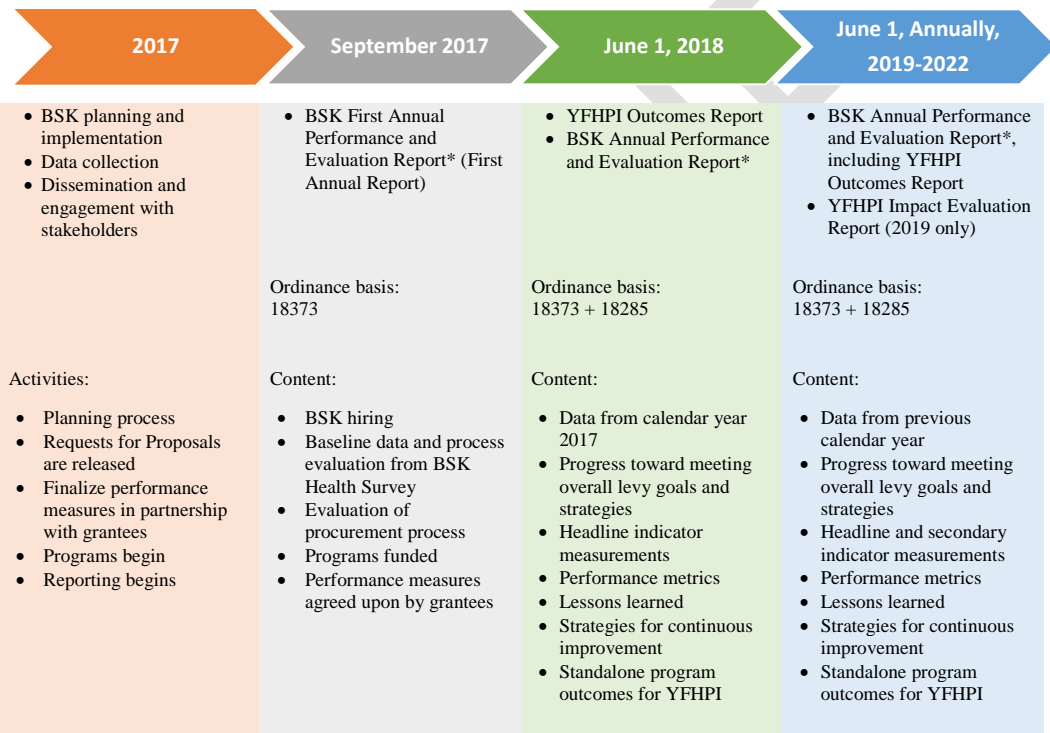
1. **How much did we do?** Quantity of the service provided, such as number of clients served or number of activities by activity type.
2. **How well did we do it?** Quality of the service provided, such as timeliness of services, satisfaction with services or whether a program was implemented as intended.
3. **Is anyone better off?** Quantity of clients that are better off and how they are better off, such as percent of clients with improved health and well-being or with increased skills, knowledge or changed behaviors.

<sup>2</sup> US General Accounting Office, [GAO-05-739sp](#), 2005.  
<sup>3</sup> Peter A. Tatin, [Performance Measurement to Evaluation](#). Urban Institute Brief, March 2016

Performance measures will vary across programs by population served, duration of services, type of activity, and duration of funding, and may be either quantitative or qualitative. Performance measures will be reported by grantees regularly as appropriate to the program – at a minimum on a quarterly basis. Performance measures will also be established for programmatic activities that are conducted directly by King County, such as Nurse Family Partnership.

While draft performance measures may be included in requests for proposals (RFPs), program performance measures will be finalized in partnership with funded organizations. This approach will further the partnerships we seek between grantees and King County, will support gathering data which will help tell stories, and will capture both the successes and the failures of BSK programs within communities. Examples of performance measures are listed in Exhibit C.

The chart below illustrates the timeline for reporting evaluation and performance findings across BSK.



\*All BSK general reports will include reporting on Invest Early, Sustain the Gain and COO strategies. Annual Reports will include review by respective advisory boards. YFHPI = Youth and Family Homelessness Prevention Initiative.

Section III  
METHODS AND RESOURCES FOR INVEST EARLY (PRENATAL – 5 YEARS)  
AND SUSTAIN THE GAIN (5 - 24 YEARS) STRATEGIES

**DATA COLLECTION AND ANALYSIS**

Evaluation in BSK will be based on population data collected from many existing data sources (as listed in Exhibit B) and performance measurement information collected from BSK grantees (Exhibit C). This evaluation framework brings together aspirational goals of the *Best Starts for Kids* Initiative, and the contribution of the BSK-funded programmatic activities. Data collection and analysis will be conducted at population and programmatic levels. This data collection approach emphasizes the complementary roles of numbers and stories, and allows for clearer understanding of both successes and failures.

**Quantitative** population data will be analyzed using a serial cross-sectional design using standard, rigorous statistical methods. Performance measures data reported by BSK-funded programs will be reviewed quarterly and cross-sectional analysis will be conducted. **Qualitative** data, such as from focus groups, will be coded and analyzed for key themes. We will not add undue burden to grantees who may be reporting similar performance metrics to other funders, and we will ensure performance measures are meaningful to grantees. Where feasible, we will align reported performance measures across BSK-funded and other community programs, initiatives and funders.

**BEST STARTS FOR KIDS HEALTH SURVEY**

BSK maximizes science and research on human development to inform all of our investments. However, there are no existing population-level data sources for toddlers, preschoolers and elementary-aged children in King County. This means that very little is known about the very things that BSK is working to strengthen for these age groups. Therefore, King County developed the *Best Starts for Kids* Health Survey (BSKHS) to fill data gaps and provide baseline data, and to inform BSK activities. The baseline BSKHS was conducted between September 2016 and January 2017. BSKHS will be administered every two years (2018-19 and 2020-21) to ensure we continue to have data to compare over time.

The BSK Data and Evaluation team partnered with the University of Washington Social Development Research Group – national experts in the fields of child development and survey administration – to administer the *Best Starts for Kids* Health Survey in 2016-2017. Families with a child ages 0 to 5 years were eligible to participate in BSKHS if the parents were King County residents at the time of the child’s birth and were still living in King County in 2016. Families with a child in elementary school were eligible to participate if the child was enrolled in public school in King County in 2016. Survey questions cover demographics, overall health, child and family resiliency, breastfeeding, use of preventive health care services, experience with health care providers, child development, physical activity and obesity, child-care arrangements and family and community strengths and supports. BSK evaluation staff worked extensively with members of the Children and Youth Advisory Board to develop survey content, survey approaches, outreach activities and pilot testing.

The BSKHS utilized both gold-standard survey research methods and innovative approaches in its development, implementation and analysis. Families had the option of taking the survey online, over the telephone or by using paper versions. To ensure that diverse racial and ethnic communities and regions had sufficient numbers of participants to ensure accurate and reliable data, these communities were asked to participate at rates higher than their population representation. The survey was available in six languages: English, Spanish, Vietnamese, Russian, Chinese and Somali, and was conducted by bicultural and bilingual interviewers. Pilot testing in each language informed survey development and approaches. Question wording and content were focused on strengths and assets, reflecting feedback from the CYAB and community organizations.

To increase awareness of BSKHS, the BSK team conducted outreach to families via postings about the survey on the BSK blog, web page and social media; by requesting that the CYAB, the Evaluation Advisory Group and King County staff

1 send emails about the survey to their networks; and by requesting that school districts include information about the  
2 survey in their newsletters. Every school district in King County, and over 50 coalitions and community-based  
3 organizations, were reached through these efforts.  
4

5 In analyzing BSKHS data, quantitative analysis methods use best practice survey-weighted analytical methods such as  
6 utilizing hot deck imputation<sup>4</sup> to address missing responses and developing raking weights<sup>5</sup>. Qualitative data collected  
7 through the survey is being analyzed using a best practice grounded theory<sup>6,7</sup> approach, with inductive coding to identify  
8 emergent themes.  
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10 The data collected from over 5,000 randomly selected families in King County is being prepared, coded and analyzed, and  
11 BSK evaluation staff aim to have the highest quality data available by mid-summer 2017. The short time (4-6 months)  
12 between data collection and release of results highlights our commitment to equity as we get data to communities as  
13 quickly as possible. In comparison, existing national surveys conducted within King County typically take at least 8-12  
14 months between data collection and release of results.  
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## 16 **FUNDING ALLOCATIONS AND ACTIVITIES**

17 The BSK Levy ordinance mandates that five percent of overall funds will support evaluation, data collection and  
18 improving the delivery of services and programs for children, youth, families and communities through Invest Early and  
19 Sustain the Gain. (Discussion of funding allocation for Communities of Opportunity is in Section IV.)  
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22 A portion of proceeds in this category may also be used for eligible services provided by certain junior taxing districts,  
23 subject to certain limitations. Based on the approved *Best Starts for Kids* Implementation Plan, the available expenditures  
24 for the course of the levy is \$18,426,000. Of this amount, \$1,000,000 is reserved for eligible services provided by  
25 prorated fire and parks districts.  
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27 The chart on the following page provides an overview of activities which will support evaluation and performance  
28 measurement, including building and increasing capacity for data collection, analysis and dissemination:  
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<sup>4</sup> Altmayer, L. Hot-deck imputation: A simple data step approach. (1999) U.S. Census Bureau; Washington, DC.

<sup>5</sup> Kolenikov, S. Calibrating survey data using iterative proportional fitting (raking). *The Stata Journal* (2014). 14 (1); 22-59.

<sup>6</sup> Glaser, B., & Strauss, Anselm L. (2006). *The discovery of grounded theory: Strategies for qualitative research*. New Brunswick, N.J.: Aldine Transaction.

<sup>7</sup> Corbin, J., & Strauss, Anselm L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles, Calif.: Sage Publications.

**Funding from Outcomes-Focused and Data-Driven Allocation and Activities**

<b>Conducted and managed by DCHS/PHSKC with external organizations involved as needed:</b>	Data collection and data management infrastructure <ul style="list-style-type: none"> <li>• Youth and Family Homelessness Prevention Initiative database</li> <li>• <i>Best Starts for Kids</i> Health Survey</li> <li>• Quantitative database development and data collection</li> </ul>
	Internal population indicator analyses, performance measurement and evaluation activities (DCHS/PHSKC) <ul style="list-style-type: none"> <li>• Population indicator analyses</li> <li>• Performance measurement analyses and reporting</li> <li>• Developmental and process evaluation for selected programs</li> <li>• Technical assistance and evaluation capacity building activities with grantees</li> </ul>
	Dissemination and interpretation of findings <ul style="list-style-type: none"> <li>• Community data interpretation</li> <li>• Reports, data briefs, information sharing, dissemination for community organizations and other non-technical audiences</li> <li>• BSK Indicators interactive data website</li> </ul>
<b>External organizations lead, with DCHS/PHSKC involvement</b>	External evaluation and consultation, including <ul style="list-style-type: none"> <li>• Youth and Family Homelessness Prevention Initiative evaluation</li> <li>• Stopping the School to Prison Pipeline</li> <li>• Focus groups, interviews and other rigorous qualitative evaluation</li> <li>• Other external consultation (to be determined)</li> </ul>
<b>2017-2021 Annual Average</b> \$3,273,000	<u>Estimated <del>TOTAL</del> total</u> for Evaluation and Performance Measurement of Invest Early (Prenatal – 5 Years), Sustain the Gain (5 – 24 Years), <u>Communities Matter (Communities of Opportunity)</u> , and Youth and Family Homelessness Prevention Initiative <u>from the Outcomes-Focused and Data-Driven Allocation</u> .
<b>2017-2021 Total</b> \$16,364,000	

**CHALLENGES**

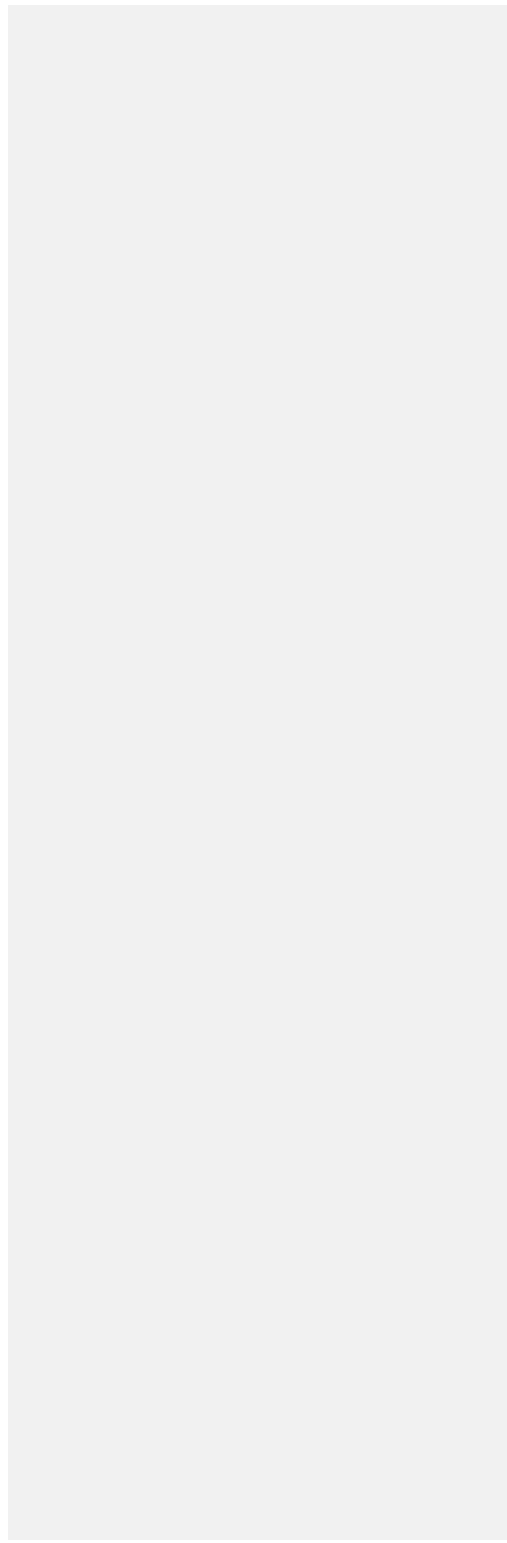
As acknowledged earlier, BSK is one of the many strategies that will change the conditions of children, youth and families in King County. BSK programs and services will contribute to improving health and well-being of the population along with other initiatives and efforts. As a whole, these efforts will work collectively to impact conditions for children, youth and families in King County. Furthermore, there will be a multitude of factors that influence the extent to which BSK programs and services will make an impact. For example, federal or state changes in funding or policies can greatly impact availability of services and the number and demographics of people accessing services. The BSK data and evaluation team will make efforts to identify external factors beyond the control of BSK to understand how they may have affected findings.

It is also important to note that evaluation approaches will often need to be tailored depending on type of funded activity, funding amount and duration, and stage of program implementation. For example, we might focus on performance measurement for a well-established program with a strong evidence base, but use an outcome evaluation to attempt to establish an evidence base for a pilot project. New and innovative programs will also require time to reach full

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implementation stages before they become good candidates for outcome evaluation. In evaluating the combined efforts of BSK, evaluators continue to be mindful of this wide variation in programs and strategies.

REDLINE





Section IV  
METHODS AND RESOURCES FOR COMMUNITIES OF OPPORTUNITY

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2 **DATA COLLECTION AND ANALYSIS**

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4 The strategies pursued through Communities of Opportunity (COO) will help achieve the third BSK result: *Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live.*

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8 Investments in COO aim to strengthen community connections and increase housing, health and economic equity (by place, race and income) in King County. A distinguishing feature of COO is not only what we invest in, but how we are working with communities. Because communities are driving the initiative, we expect to achieve more equitable and lasting impacts. Together, three bodies of work are intended to improve policies, systems and community conditions. The overarching evaluation question for COO is:

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***To what extent and in what ways has the initiative’s cross-cutting strategies strengthened community connections and increased equity (by race, place and income) in housing, health and economic conditions in King County?***

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15 Evaluating an initiative such as COO poses unique challenges, given its multifaceted approach and the continually changing environments present in communities. Systemic change is not linear, predictable or controllable.<sup>8</sup> COO evaluation will use an observational study design, using both quantitative and qualitative methods to compare changes over time in King County. This technique involves direct and indirect observations in natural settings, as opposed to a controlled setting where one group is exposed to an intervention and compared to a group for whom the intervention was withheld.

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21 The evaluation will generate findings about what ways the initiative has made progress toward racial equity in the four COO results related to community connections, housing, health and economic conditions. The methods are designed to understand the context for if, where, and how changes happened. This may include ripple effect mapping to show the intended and unintended changes of COO. Data will be collected using direct observations and systematic reviews of documents (such as COO Advisory Board decisions captured in meeting notes and grantee progress reports), interviews/focus groups and surveys of COO stakeholders.

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28 Short term process and impact measures will include items that describe changes in “How much” and “How well” we are building community capacity toward more equitable policies, systems and community conditions. Questions may include: *Is there increased community engagement in efforts to build more equitable policies and systems? Did new funding or partnerships emerge? Did social relationships strengthen?*

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33 We will also capture changes in policies, systems and community conditions, as well as the estimated number of people reached by those changes. Additional performance measures to evaluate “*Is anyone better off*” (such as feeling safe in communities) will be linked to grantees’ projects. We will add more of this type of performance measures as COO investments emerge.

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38 To understand the long-term impact of COO across King County and within places that received implementation funds, we will track changes in COO’s headline indicators over time. (See Section II, Table 1.) We will analyze data across King County to examine changes in disparities by race, place and income over time. We will analyze additional cultural

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<sup>8</sup> Preskill, Gopal, Mack, Cook. Evaluating Complexity: Propositions for Improving Practice. 2014. www.Fsg.org

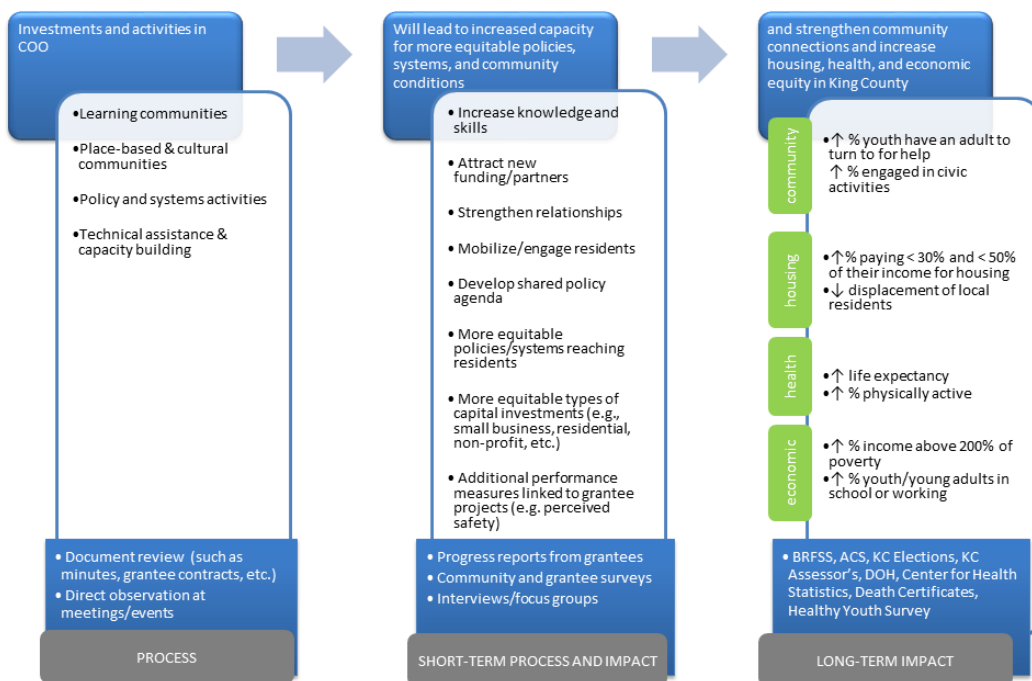
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communities receiving COO implementation funds as appropriate. Additionally, we will examine change within places before and after implementation of COO-funded activities.

To address concerns that results may be affected by temporal events, (such as economic, housing or political changes being experienced by communities in our region over this time), we will compare findings to non-funded but eligible COO places and communities. We hypothesize that funded communities would experience benefits or protective effects over and above those in communities where no comparable initiative took place.



Evaluation question: To what extent and in what ways has the initiative's cross-cutting strategies strengthened community connections and increased equity (by race, place, and income) in housing, health, and economic conditions in King County?



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1 **FUNDING ALLOCATIONS AND ACTIVITIES**

2 ~~Funds to evaluate COO will come from the budget allocated for COO implementation activities.~~ COO evaluation  
3 activities will include the following:

- 4 1. Implement process and impact evaluation (e.g., collaborate, collect, analyze and summarize findings in  
5 annual reports)
- 6 2. Analyze population-level datasets, display interpreted findings online (e.g., COO headline indicators) and  
7 respond to custom data requests from these datasets
- 8 3. Provide training to support data collection and evaluation (e.g., using local data resources, best practices  
9 for collecting and using survey or qualitative data, developing logic models and evaluation plans)

10 The evaluation will be designed to provide feedback to the COO Advisory Board, as well as the communities participating  
11 in COO. We will ask COO stakeholders to help interpret findings. For example, *Do findings resonate with their  
experiences and observations and why or why not?* This will help put the findings in context and allow us to understand  
the story behind what the data are showing and what the data are unable to show.

COO stakeholders will provide input on evaluation activities, analyses, interpretation and dissemination of findings. For  
example, COO Advisory Board, Council staff, COO grantees and staff, and evaluation experts contributed to the design  
and review of the COO evaluation plan. The contracted evaluator(s) will work with the COO Initiative Director to engage  
members through the regularly scheduled Advisory Board meetings, data workgroups, grantee learning circles and ad hoc  
gatherings as needed.

## EXHIBIT A: BACKGROUND INFORMATION ON RESULTS BASED ACCOUNTABILITY

In developing the implementation planning process and our evaluation plan, BSK relied on the principles outlined in the [Results-Based Accountability \(RBA\)](#)<sup>9</sup> framework. RBA is a national model and provides a disciplined, data-driven, decision-making process to help communities and organizations take action to solve problems. It is a simple, common sense framework that starts with ends – the difference you are trying to make, and works backward, towards means – strategies for getting there.

RBA makes a distinction between *population accountability* through population indicators which assess well-being of a whole population and *performance accountability* through performance measures which assess well-being of the clients directly served by programs. BSK is just one initiative that will *contribute* to improving population-level change, along with other sectors, funders and partners in the community. For example, our headline indicator of increasing on-time high school graduation rates throughout King County depends on the combined work of BSK along with many others: other local, state, and federal agencies, other local initiatives, and community-based organizations, working together in alignment.

BSK is *accountable* for performance of BSK strategies (that is, for those directly served by a BSK program/grantee). The impact of BSK strategies on children and families directly served by programs will be measured using performance measures. In order to ensure that BSK-funded activities are aligned to contribute to population-level change, programs need to be aligned with headline and secondary indicators and the overarching results. Requests for Proposals will ask organizations to be responsive to the headline and secondary indicators.

RBA also sets a framework for community involvement and partnership, identifying where you are now and determining what strategies you will use to make the changes you are seeking. While **BSK did not implement the RBA model** it is important to note the influence of the model in our own work.

BSK's framework for evaluation includes looking at population level change as well as impact of individuals and families directly served by our programs.

### BSK Results

The results the BSK initiative is hoping to achieve are:

- Babies are born healthy and are provided with a strong foundation for lifelong health and well-being.
- King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities.
- Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.

<sup>9</sup> <https://clearimpact.com/results-based-accountability/>

## Headline Indicators

King County Council, CYAB and experts in the community provided critical input into the headline indicators in the BSK Implementation Plan. Headline indicators are aspirational, long-term measures that quantify BSK’s three overarching results. They are:

Invest Early (Prenatal – 5 Years)	Sustain the Gain (5 - 24 Years)	Communities of Opportunity
<p>The percentage of:</p> <ul style="list-style-type: none"> <li>Babies with healthy birth outcomes <u>as measured by infant mortality and pre-term birth rates</u></li> <li>Children who are flourishing and resilient <u>related to levels of curiosity, resilience, attachment and contentedness*</u></li> <li>Children who are <u>ready for kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</u></li> <li><u>Children who are free from child abuse or neglect</u> <u>Lowering the rate of child abuse or neglect</u></li> </ul>	<p>The percentage of:</p> <ul style="list-style-type: none"> <li>3rd graders who <u>meet reading standard</u> <u>are meeting reading standards</u></li> <li>4th graders who <u>meet math standard</u> <u>are meeting reading standards</u></li> <li>Youth who are flourishing and resilient <u>as described by curiosity, resilience and self-regulation*</u></li> <li>Youth and young adults who are in excellent or very good health*</li> <li>Youth who graduate from high school on-time</li> <li>Youth and young adults <u>who are either</u> in school or working</li> <li>High school graduates who earn a college degree or career credential</li> <li>Youth <u>who are</u> not using illegal substances</li> </ul>	<ul style="list-style-type: none"> <li><u>Life expectancy</u></li> <li><u>The percentage of:</u></li> <li>Youth <u>who</u> have an adult to turn to for help</li> <li><u>Individuals-Adults</u> engaged in civic activities</li> <li><u>Renters paying less than Households paying &lt;30 percent%</u> of their income for housing</li> <li><u>Renters paying less than and &lt;50 percent%</u> of their income for housing</li> <li><u>Involuntary d</u>isplacement of local residents</li> <li><u>Individuals who are physically active</u> <u>Physical activity levels among youth and adults</u></li> <li>Households <u>earning a living wage, with income</u> above 200 <u>percent%</u> of poverty</li> <li>Youth <u>and</u>/young adults <u>who are either</u> in school or working</li> </ul>

\*Data Source is Best Starts for Kids Health Survey

## Secondary Indicators

Secondary indicators are supporting indicators that describe the status of youth and young adults in King County. Secondary indicators could be described as measuring the intermediate steps to get to these changes under the BSK programmatic approaches. We expect secondary indicators to *change faster and contribute to change* in the headline indicators. For each of the headline indicators, we reviewed scientific research, best practice standards, prior community input, prior strategy workgroup findings, other local documents and proposed BSK-funded activities to identify strong contributors to the headline indicators. Secondary indicators also had to meet criteria around high quality data availability, ease of communication and ability to represent other similar indicators. To choose secondary indicators, we focused on issues where we anticipated that we could see change in less than three years.

## Performance Measures

These will be specific to each program and finalized during the contract development process in partnership with funded partners. See Exhibit C for additional information. Performance measures will answer the questions:

- How much did we do?

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Exhibit A

- *How well did we do it?*
- *Is anyone better off?*

REDLINE

## EXHIBIT B: DESCRIPTION OF POPULATION HEALTH DATA SOURCES

Headline indicators for BSK result: *All babies are born healthy and are provided with a strong foundation for lifelong health and well-being (prenatal to 5 years of age).*

Headline indicator	Data Source
<p>Babies with healthy birth outcomes <u>as measured by infant mortality and pre-term birth rates</u></p> <ul style="list-style-type: none"> <li>• Infant mortality (rate of deaths in the first year of life per 1,000 live births)</li> <li>• Preterm birth (percent of births born before 37 completed weeks gestation)</li> </ul>	Washington State Department of Health, Center for Health Statistics <sup>1</sup>
<p>Children who are <del>ready for</del> kindergarten <u>ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics</u></p> <p>Percentage of entering kindergartners that meet expectations at the start of kindergarten in all six domains of social/-emotional, physical, language, cognitive, literacy and mathematics</p>	Office of the Superintendent of Public Instruction (OSPI), WaKIDS <sup>2</sup>
<p>Lowering the rate of child abuse or neglect</p> <p>Rate per 1,000 households with children under age 6 with child abuse or neglect reports that are investigated and assessed</p>	Washington State Department of Social and Health Services, Children’s Administration <sup>3</sup>
<p>Children who are flourishing and resilient <del>as described by</del> <u>related to levels of curiosity, resilience, attachment and contentedness and discovery about learning, resilience, attachment with parent and contentedness</u></p> <p>Percentage of children 6 months to 5 years who met these four areas:</p> <ol style="list-style-type: none"> <li>a. This child is affectionate and tender with you</li> <li>b. This child bounces back quickly when things do not go his or her way</li> <li>c. This child shows interest and curiosity in learning new things</li> <li>d. This child smiles and laughs a lot.</li> </ol> <p>This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience.</p>	BSK Health Survey <sup>4</sup>

Secondary indicators for BSK result: *All babies are born healthy and are provided with a strong foundation for lifelong health and well-being (prenatal to 5 years of age).*

Secondary Indicator	Data Source
Babies who are breastfed, measured by breastfeeding initiation and duration Initiation: Percentage of infants breastfed at any time Duration: Percentage of infants exclusively breastfed at 2 months; percentage of infants exclusively breastfed at 6 months; percentage of infants breastfed at 6 months, percentage of infants breastfed at 12 months	Washington State Department of Health, Center for Health Statistics <sup>1</sup> , PRAMS <sup>5</sup> , BSK Health Survey <sup>4</sup>
Babies receive recommended prenatal care Early and adequate prenatal care: percentage of live births where prenatal care was started before the end of the 4 <sup>th</sup> month, and 80% or more of the recommended number of prenatal care visits occurred	Washington State Department of Health, Center for Health Statistics <sup>1</sup>
Families who are supported and connected Percentage of children with parents who report having someone to turn to for day-to-day emotional support with parenting or raising children	BSK Health Survey
Children are healthy Percentage of children whose parents report their health status as excellent or very good	BSK Health Survey
Parents have knowledge of child development Parent have information about child development, feel equipped for challenges, and behave accordingly. Percentage of children with parents who report doing things with their child even if they are not old enough to talk (take turns going back and forth while talking, playing, exploring; talk about the things you see, hear, and do together; respond to child's sounds, actions, words)	BSK Health Survey
Child health care providers have knowledge of community resources Percentage of child health care providers	<i>To be determined</i>
Child care/preschools are high quality Percentage of children whose parents agree that the primary program is affordable, provides a variety of activities, provides the right amount of time on the activities that are most important to you, has an adequate number of staff, provides a nurturing and caring environment, supports development of positive self-esteem, includes children from a mix of cultural and economic backgrounds, has opportunities to meet or talk with staff to discuss this child's progress or needs, provides activities that meet this child's interests, offers opportunities for this child to build skills  Percentage of early childhood education facilities rated at quality ( <i>further refinement needed</i> )	BSK Health Survey  WA Early Achievers
Lowering rates of child care/preschool expulsion Percentage of children who have been asked to leave a preschool/child care	BSK Health Survey
Children have safe, stable and nurturing relationships Presence of safe, stable and nurturing relationships (SSNRs), as	BSK Health Survey, OSPI WaKIDS, Department of Early Learning ESIT



measured by indicators of: kindergarten readiness, family social/emotional support, childcare/preschool expulsion, universal developmental screening, housing stability, high quality caregiver/child relationship in child care, free from adverse childhood experiences, reading/singing to children	DMS, CCER <sup>7</sup> , HMIS <sup>8</sup>
Children receive recommended health and developmental screenings Percentage of children ages 9 months to 5 years whose parents report a doctor or other healthcare provider had them fill out a questionnaire about specific concerns or observations about the child's development, communication, or social behaviors.	BSK Health Survey
Children receive needed mental and behavioral health services Percentage of children who needed and received any treatment or counseling from a mental health professional	BSK Health Survey
Children receive recommended developmental services when needs are identified Percentage of children 0-3 screened, identified, and connected to services	Department of Early Learning ESIT DMS <sup>6</sup>

Headline indicators for BSK result: *King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities (ages 5-24 years).*

Headline indicators	Data Source
<b>Academic and life skills</b>	
3rd graders who <u>are meeting</u> reading standards Percentage of 3rd graders who are at or above reading standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)	OSPI
4th graders who <u>are meeting</u> math standards Percentage of 4th graders who are at or above math standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)	OSPI
Youth who graduate from high school on-time Percentage of entering 9th graders who graduate from high school within four years	CCER <sup>7</sup> , OSPI, Eastside Pathways <sup>9</sup>
High school graduates who earn a college degree or career credential Percentage of high school graduates who complete a two- or four-year degree within six years of high school graduation	CCER <sup>7</sup> , OSPI and the National Student Clearinghouse via ERDC.
Youth & young adults <u>in who are either in</u> school or working Percentage of youth and young adults ages 16-24 who are in school or working	U.S. Census Bureau, American Community Survey (ACS) <sup>10</sup>
<b>Safe and healthy</b>	
Youth and young adults who are in excellent or very good health Percentage who report excellent or very good health status (ages 5-12, 18-24 years). Percentage of middle and high school students who report a high quality of life based on the composite of	BSK Health Survey, Washington State Healthy Youth Survey, Behavioral Risk Factor Surveillance System (BRFSS) <sup>11</sup>

<p>a. I feel I am getting along with my parents or guardians (0=not true at all,...10 = completely true)                  b. I look forward to the future (0=not true at all,...10 = completely true)                  c. I feel good about myself (0=not true at all,...10 = completely true)                  d. I am satisfied with the way my life is now (0=not true at all,...10 = completely true)                  e. I feel alone in my life (0=not true at all,...10 = completely true).</p>	
<p>Youth <b>who are</b> not using illegal substances                  Percentage of students in grades 8, 10, and 12 who report alcohol, marijuana, painkiller or any illicit drug use in the past 30 days</p>	Washington State Healthy Youth Survey <sup>12</sup>
<p>Youth who are flourishing and resilient, as described by curiosity <del>and discovery about learning</del>, resilience, and self-regulation                  Percentage of elementary-aged children who met these areas:                  a. This child shows interest and curiosity in learning new things                  b. This child works to finish tasks he or she starts                  c. This child stays calm and in control when faced with a challenge.                  This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy, and resilience.</p>	BSK Health Survey <sup>4</sup>

Secondary indicators for BSK result: *King County is a place where everyone has equitable opportunities to be safe and healthy as they progress through childhood, building academic and life skills to be thriving members of their communities” (ages 5-24 years).*

Secondary Indicator	Data Source
<p>Lowering the rate of adolescent births                  Rate of births to females ages 15-17 per 100,000 population in that age group</p>	Washington State Department of Health Center for Health Statistics <sup>1</sup>
<p>Youth have supportive adults                  Percentage of children in elementary school who have at least one other adult in their school, neighborhood, or community who know them well and child can rely on for advice and guidance                  Percentage of students in grades 8, 10, and 12 who report having an adult in their neighborhood or community could talk to about something important.</p>	BSK Health Survey, Washington State Healthy Youth Survey
<p>Youth believe in their ability to succeed                  Percentage of students in grades 8, 10, and 12 who have a medium high or high quality of life index. Includes positive self-identity.                  Questions are:                  a. I feel I am getting along with my parents or guardians                  b. I look forward to the future                  c. I'm satisfied with the way my life is now                  d. I feel alone in my life                  e. I feel good about myself.</p>	Washington State Healthy Youth Survey



<p>well in school and does all required homework. Combines questions on</p> <ul style="list-style-type: none"> <li>a. This child cares about doing well in school.</li> <li>b. This child does all required homework.</li> </ul>	
<p>Youth live in supportive neighborhoods</p> <p>Percentage of children living in supportive neighborhoods (sometimes also referred to as neighborhood cohesion or social capital), as measured by the following sets of questions:</p> <p>To what extent do you agree with these statements about your neighborhood or community?</p> <ul style="list-style-type: none"> <li>a. People in this neighborhood help each other out</li> <li>b. We watch out for each other's children in this neighborhood</li> <li>c. This child is safe in our neighborhood</li> </ul> <p>In your neighborhood, is/are there...?</p> <ul style="list-style-type: none"> <li>a. Sidewalks or walking paths</li> <li>b. A park or playground</li> <li>c. A recreation center, community center, or boys' and girls' club</li> <li>d. A library or bookmobile</li> </ul>	BSK Health Survey <sup>4</sup>
<p>Youth and young adults are successful, beyond school or employment</p> <p>As measured by the above indicators:</p> <ul style="list-style-type: none"> <li>• Strong family relationships</li> <li>• Strong peer relationships</li> <li>• Belief in their ability to succeed</li> <li>• Civic activity</li> <li>• Reduced justice system involvement</li> </ul>	

Headline indicators for BSK result: *Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.*

Headline indicators	Data Source
<p>Youth who have an adult to turn to for help</p> <p>Percentage of students in grades 8, 10, and 12 who report that they have an adult in their neighborhood or community they could talk to about something important</p>	Washington State Healthy Youth Survey
<p><del>Adults e</del>Engaged in civic activities</p> <p>Percentage of adults who report community service or helping others (volunteering, mentoring or political organizing) in the past 30 days</p> <p>Percent of young adults ages 18-24 who are registered to vote and vote in elections</p>	<p>Communities Count</p> <p>King County Elections</p>
<p><del>Renters p</del>Paying <del>less than &lt;30 percent% and &lt;50%</del> of their income for housing</p> <p>Percentage of households who pay less than 30 percent% and less than 50% of their income for housing costs.</p>	U.S. Census Bureau, American Community Survey
<p><del>Renters paying less than 50 percent of their income for housing</del></p> <p>Percentage of households who pay less than 50 percent of their</p>	<del>U.S. Census Bureau, American Community Survey</del>

<a href="#">income for housing costs.</a>	
<a href="#">Involuntary Displacement of local residents (In development)</a>	
Life expectancy The number of years a newborn can expect to live given current age-specific death rates. This is a measure of the overall health of the population.	Washington State Department of Health
Physical <del>ly</del> <a href="#">active levels</a> among youth and adults Percentage that meet physical activity recommendations. For youth, the recommendation is 60 minutes every day. For adults, the recommendation is at least 2 hours and 30 minutes of moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity physical activity every week, plus muscle-strengthening activities on 2 or more days a week.	Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+)
<a href="#">Households earning a living wage.</a> <del>Income</del> above 200 <a href="#">percent%</a> of poverty Percentage of people living in households with an income at or above 200 <a href="#">percent%</a> of the poverty level.	U.S. Census Bureau, American Community Survey
Youth <del>and</del> /young adults <a href="#">who are either</a> in school or working Percentage of youth and young adults ages 16-24 who are in school or working	U.S. Census Bureau, American Community Survey

- 1 The Washington State Department of Health, Center for Health Statistics collects critical information needed to help people in Washington live healthier lives. As the office of the State Registrar, the Center is responsible for the registration, preservation, amendment, and release of official state records of all births, deaths, fetal deaths, marriages and divorces that occur in Washington. They maintain data on [birth outcomes](#) and [infant death](#).
- 2 [WaKIDS](#) is the Office of the Superintendent of Public Instruction (OSPI)'s Washington Kindergarten Inventory of Developing Skills. WaKIDS combines connecting with families, whole-child skill assessments and collaboration to improve early learning.
- 3 The [DSHS Children's Administration](#) is the public child welfare agency for the state of Washington.
- 4 The [Best Starts for Kids Health Survey](#) is a survey about child health and well-being being conducted in King County with parents of children from birth to fifth grade. The survey was designed to help us inform and evaluate BSK.
- 5 PRAMS is the [Pregnancy Risk Assessment Monitoring System](#), a joint project between state departments of health and the Centers for Disease Control and Prevention. The purpose of PRAMS is to find out why some babies are born healthy and others are not. The survey asks new mothers questions about their pregnancy and their new baby.
- 6 Department of Early Learning's [Early Support for Infants and Toddlers \(ESIT\)](#) program provides services to children birth to age 3 who have disabilities or developmental delays.
- 7 The Road Map Project is a community-wide effort aimed at improving education to drive dramatic improvement in student achievement from cradle to college and career in South King County and South Seattle. The [Community Center for Education Results \(CCER\)](#) is a nonprofit organization dedicated to dramatically improving education results in South Seattle and South King County. It supports the Road Map Project.
- 8 HMIS is the Washington State Department of Commerce's [Homeless Management Information System](#). HMIS is used by state and federally funded homeless and housing service providers to collect and manage data gathered during the course of providing housing assistance to people already experiencing homelessness and to households at risk of losing their housing.
- 9 Eastside Pathways, based in Bellevue, WA, mobilizes the community to support every child, step-by-step, from cradle to career. They track [data on health and academic achievement](#).
- 10 The U.S. Census Bureau's [American Community Survey \(ACS\)](#) is an ongoing annual survey about jobs and occupations, educational attainment, poverty, whether people own or rent their home, and other topics.
- 11 The [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) is a joint project between state departments of health and the Centers for Disease Control and Prevention. This telephone survey collects data from U.S. adults regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
- 12 The Washington State [Healthy Youth Survey \(HYS\)](#) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the

Liquor and Cannabis Board, and the Department of Commerce. It provides important survey results about the health of adolescents in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades in Washington.

13 King County JIMS is the [King County Juvenile Court](#)'s data system. It provides information about demographics, types of crimes and other information relevant to youth involved in the juvenile court system.

REDLINE

**DATA SNAPSHOT EXAMPLE:**

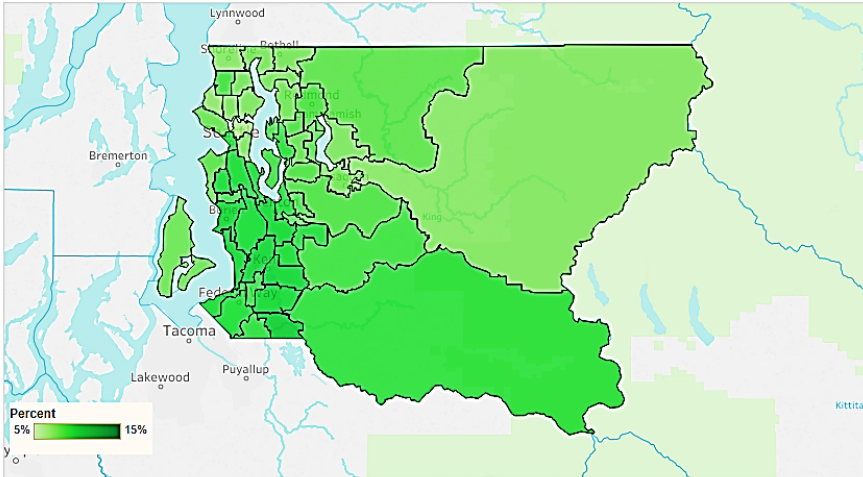
Full interactive functions are available [online](http://www.kingcounty.gov/bskindicators) at [www.kingcounty.gov/bskindicators](http://www.kingcounty.gov/bskindicators).

**Preterm births, King County, 2011–2015 average**

**Place-based disparities:** The health reporting areas (HRA) with the highest proportion of preterm births tended to be in the southern part of King County. There was a 5.3 percentage point difference between the HRAs with the highest (Auburn South, 11.9%) and lowest (Capitol Hill/Eastlake, 6.6%) proportion of preterm births.

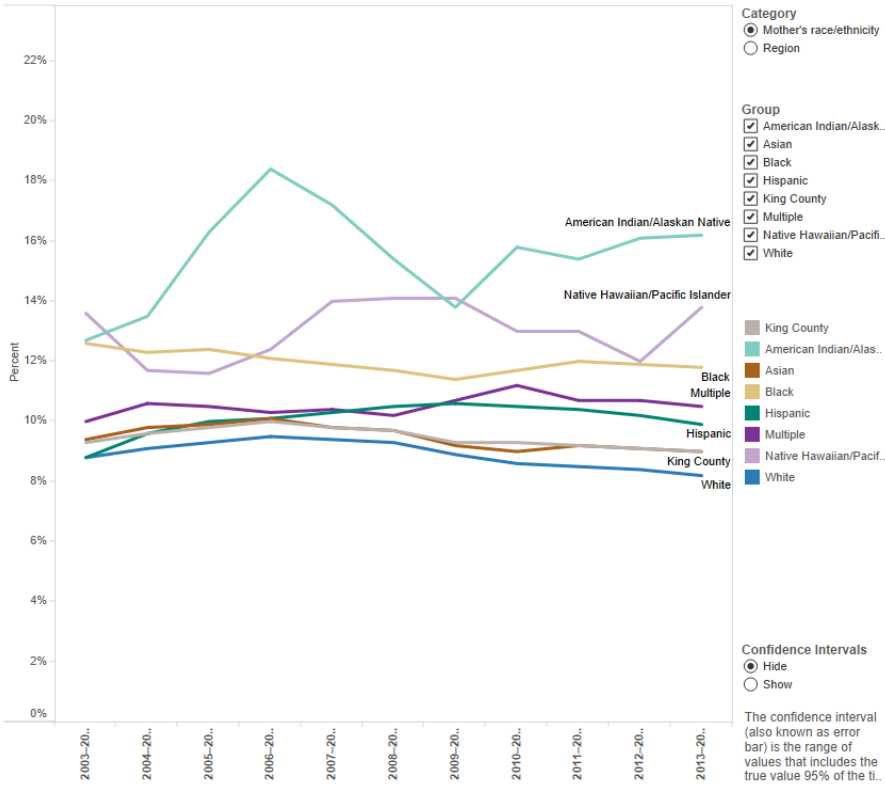
**Race-based disparities:** White mothers had the lowest proportion of preterm births, at 8.3%. This is 8 percentage points lower than American Indian/Alaskan Native mothers, who had the highest proportion of preterm births (16.6%).

King County average: 9.1%



Source: WA Department of Health, Center for Health Statistics, birth certificate data, <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData>

Preterm births, King County, 3-year rolling averages, 2003–2015





**EXHIBIT C: PROGRAMS AND IDENTIFIED PERFORMANCE MEASURES**

Strategy	Program	How much did we do?	How well did we do it?	Is anyone better off?
<b>Youth and Family Homeless Prevention Initiative (YFHPI)</b>	YFHPI	# families served # of unaccompanied youth served Amounts & types of flexible funding provided # of case management hours per family/youth	Quarterly expert rating of fidelity to program model	% of families/youth that do not become homeless (during program & during follow-up period after program exit)
<b>Direct Services</b>	Early Intervention Services	# of children receiving services	Evaluation and service plan in place within 45 days from initial contact Service start within 30 days Transition meeting within 90 days of child turning 3 to determine eligibility for school services	% that show progress in three categories between entry and exit: 1 = positive social/emotional development 2 = acquiring knowledge/skills 3 = appropriate behavior
<b><u>Build Resiliency of Youth to Reduce Risky Behavior</u></b> <b><u>Meet the Health and Behavioral Needs of Youth</u></b>	School Based Health Centers (SBHC)	# of students provided primary care services including health and mental health services	% of SBHC users who received a standardized risk assessment % of SBHC users who screen positive for drug/alcohol issues who receive a brief intervention and/or referral to services as appropriate (SBIRT) % of SBHC users who screen positive for depression and who receive mental health counseling % of SBHC users who have received all required vaccinations % of SBHC users who have completed HPV vaccination	% of SBHC users with < 10 absences per year % of SBHC users who are passing all classes

<b>Stopping the School to Prison Pipeline</b>	Theft 3 and mall safety	# of youth that engage with the pilot # of youth that complete Goodwill Youth on Track program # of youth that complete their ISP	Quarterly engagement with case manager End of program youth satisfaction with services	% of participants that do not recidivate % of participants with improved school attendance % of participants with improved grades % of participants in the Goodwill on Track program that get a job
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REDLINE

**EXAMPLES OF POTENTIAL PERFORMANCE MEASURES BY TYPE OF ACTIVITY**

Type of Activity	How much did we do?	How well did we do it?	Is anyone better off?	
<b>Direct Services</b>	# of children served # of youth served # of parents served # of families served # of providers served # of schools served # of referrals	Fidelity rating Diversity of participants Participant satisfaction Cultural considerations Timeliness Engagement Completion	<b>Prenatal - 5</b>	Increases in healthy birth outcomes Improvement in assessment score ( <i>for example, % of children receiving developmental services that show progress in positive social/emotional development, acquiring knowledge/skills, and appropriate behavior</i> ) Increase in knowledge/skills Improved practices ( <i>for example, % of childcare providers using increased knowledge of child development in their work</i> ) Increase in parent support Increased connection to services ( <i>for example, % of children with a developmental delay that are connected to developmental services</i> )
	# of screenings # of assessments # of visits # of sessions # of case management hours Amount/types of flexible funding # of vaccinations		<b>5-24</b>	Decrease in illegal substance use Improvement in assessment score ( <i>for example, % of youth participating in SBIRT that have a decrease in internal disorder, external disorder, and substance abuse</i> ) Increase in school performance or engagement Increased career readiness/employment Decreased justice system involvement
<b>Group Activities</b>	# of trainings # of sessions	Fidelity rating Diversity of		Increase in knowledge/skills Improved practices

		participants		
	# of presentations	Participant satisfaction		
		Cultural considerations		
		Timeliness		
<b>Policy, System, and Environment Change</b> <i>(such as for COO)</i>	# and type of: Policies passed, rescinded, or successfully defended System improvements (e.g. government processes) Individuals or organizations mobilized/supporting policy/system changes New funding attracted (e.g., capital investments)	Strengthened relationships		Increase in people and communities benefitting/reached by equitable policy/system changes Additional measures linked to grantee projects (e.g., perceived safety)

REDLINE

## EXHIBIT D: GLOSSARY OF TERMS

**Accountability** – The responsibility to provide evidence to stakeholders about the effects of BSK programs and if programs conform to expectations and requirements.<sup>10</sup>

**Collective Impact** – An approach to solving complex social problems that involves multiple organizations working together towards a common agenda, shared measurement, and aligning their efforts. Collective impact is different from other types of collaboration, in that it usually involves a “backbone” organization and staff dedicated to helping organizations to work together.<sup>11</sup>

**Community** – People that share a common geographic location and/or cultural identity.

**Continuous Quality Improvement** – Ongoing review of program performance measurement data to see what improvements could be made.

**Cross-Sectional Design** – Research design that uses data collected from individuals, groups, or entities at a single point in time. Trends over time will not include the same people in every year.

**Cultural Humility** – Acknowledging and responding to the complexity of cultural identity; recognizing the dynamics of power, avoiding reinforcing cultural stereotypes and prejudice in the work; being thoughtful and deliberate in the use of language and other social relations to reduce bias when conducting evaluations; using culturally appropriate theories and methods, recognizing the many ways data can be collected, analyzed, interpreted, and disseminated in order to produce work that is honest, accurate, respectful and valid.

**Data Trainings** – Trainings for potential funding applicants where trainers will share data resources (including the BSK indicators website) and discuss ways to use data to support strong applications.

**Developmental Evaluation** – Approach to evaluation that supports innovation by collecting and analyzing real time data for ongoing decision making as part of the design, development and implementation process.<sup>12</sup>

**Disparity** – Large difference in participation or outcomes for a demographic group (e.g. racial or ethnic group) compared to another demographic group.

**Disproportionality** – Over or under-representation of a demographic group (e.g. racial or ethnic group) compared to that group’s representation in the general population.

**Dissemination** – Sharing BSK evaluation results with stakeholders.

<sup>10</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>11</sup> Collaboration for Impact. The Collective Impact Framework. Accessed 5/4/2017 from: <http://www.collaborationforimpact.com/collective-impact/>

<sup>12</sup> Patton, Michael Quinn. Developmental evaluation: Applying complexity concepts to enhance innovation and use. Guilford Press, 2011.

**Equity and Social Justice** – Full and equal access to opportunities, power and resources so that all people may achieve their full potential.<sup>13</sup>

**Evaluation** – Systematic collection of information about the activities, characteristics and outcomes of a program, set of programs or initiative to improve effectiveness and/or inform decisions.<sup>14</sup>

**Evaluation Capacity Building** – Supporting BSK grantees to build evaluative knowledge and skills, increase capacity for data collection, and use data for program improvement.

**Focus group:** Group of people brought together to engage in a facilitated discussion about their experiences with a program or activity.<sup>15</sup>

**Headline Indicator** – Aspirational, long-term population-level indicators that quantify BSK’s three overarching results.

**Impact** – Effects of a program that occur in the medium or long term with an emphasis on ones that can be directly attributed to program efforts.<sup>16</sup>

**Implementation and Policy Team** – A cross-agency BSK leadership team within King County government including staff from Public Health -Seattle and King County, the Department of Community and Human Services and the County Executive’s Office.

**Indicator** – Population-level measure that will be used to assess the health or well-being of children, youth and families throughout King County.

**Indicator Website** – Website featuring interactive data visualizations of the BSK population-level indicators. As more data becomes available, the website will expand to include program performance measurement data.

**Junior Taxing Districts** – Taxing district other than the state, a county, a county road district, a city, a town, a port district or a public utility district.<sup>17</sup>

**Learning Circle** – Forum where a group BSK grantees and other stakeholders come together to review performance measurement data, explore issues and learn from each other.

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<sup>13</sup> King County Equity and Social Justice Strategic Plan 2016-2022. <http://your.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf>

<sup>14</sup> Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: [https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations\\_formatted\\_120412.pdf](https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf)

<sup>15</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>16</sup> Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: [https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations\\_formatted\\_120412.pdf](https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf)

<sup>17</sup> Washington State Legislature. WAC 458-19-005. Accessed 5/4/2017 from: <http://apps.leg.wa.gov/wac/default.aspx?cite=458-19-005>

**Logic Model** – Visual representation showing the sequence of related events connecting the activities of a program with the programs’ desired outcomes and results.<sup>18</sup>

**Observational Study Design** – Study design where an evaluator observes individuals or entities in their natural setting, versus a controlled setting where one group is exposed to an intervention and compared to a group that was not exposed to the intervention.

**Outcomes** – Program-level changes in knowledge, attitudes, beliefs or behaviors.<sup>19</sup>

**Outcome Evaluation** – Evaluation that measures changes for the focus population in the outcomes that a program is trying to achieve.<sup>20</sup>

**Participatory Approach** – Involving all partners and recognizing the unique strengths that each brings, seeking regular input, providing technical assistance, building partners’ evaluation capacity as requested, and regularly sharing evaluation results with partners and community members.<sup>21</sup>

**Performance Measurement** – Ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.

**Population** – All people in King County population or a group within the King County population such as school aged children in King County.

**Process Evaluation** – The systematic collection of information to document and assess how a program was implemented and operates.<sup>22</sup>

**Protective Factors** – Factors that help to prevent negative outcomes or that have been shown to reduce the impact of risk factors.<sup>23</sup>

**Prevention** – Working upstream to prevent problems before they happen.

**Promotion** – Supporting the development of protective factors that help to prevent negative outcomes.

**Providers** – Organizations that King County will fund to implement BSK programs and projects.

**Qualitative Data** – Information in the form of narratives and stories.

<sup>18</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>19</sup> Centers for Disease Control (CDC) and Prevention. Types of Evaluation. Accessed 5/4/2017 from: <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

<sup>20</sup> Centers for Disease Control (CDC) and Prevention. Types of Evaluation. Accessed 5/4/2017 from: <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

<sup>21</sup> Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill Building Curriculum. Accessed 5/4/2017 from: <https://depts.washington.edu/ccph/cbpr/u1/u11.php>

<sup>22</sup> Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: <https://www.cdc.gov/eval/guide/glossary/>

<sup>23</sup> Substance Abuse and Mental Health Services Administration. Risk and Protective Factors. Accessed 5/4/2017 from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

**Quantitative Data** – Information in the form of numbers.

**Requests for Proposals (RFPs)** – Requests that King County issues asking for applications for BSK funding.

**Results** – As defined by the RBA approach, results are the overarching goals of the BSK initiative.

**Results Based Accountability (RBA)** – A simple framework that starts with ends – the difference you are trying to make for a population, and works backward toward means – the strategies for getting there. RBA makes a distinction between *population accountability* through population indicators which assess well-being of children, youth and families throughout King County overall, and *performance accountability* through performance measures which assess well-being of the children, youth and families directly served by BSK-funded programs.

**Risk Factors** – Factors that often cause negative outcomes.<sup>24</sup>

**Secondary Indicator** – Supporting population-level indicators that measure the intermediate steps to get to the headline indicators.

**Strategic Learning** – Using evaluation to help organizations or groups learn quickly from their work so they can learn from and adapt their strategies. Integrates evaluation and evaluative thinking into strategic decision making and brings timely data to the table for reflection and use; embeds evaluation into intervention so that it influences the process.<sup>25</sup>

**Systems** – Networks of non-governmental and governmental organizations that provide services to children, youth and families in King County.

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<sup>24</sup> Substance Abuse and Mental Health Services Administration. Risk and Protective Factors. Accessed 5/4/2017 from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

<sup>25</sup> Center for Evaluation Innovation. Strategic Learning. Accessed 5/4/2017 from: <http://www.evaluationinnovation.org/focus-areas/strategic-learning>



## EXHIBIT E: EVALUATION ADVISORY GROUP MEMBERS



*The Evaluation Advisory Group is a working group focused on the prenatal-24 strategies. The workgroup is staffed by the Best Starts for Kids Data and Evaluation Team and the Implementation and Policy Team, and attended by the members of the Children and Youth Advisory Board and local evaluation experts from community-based organizations or governmental agencies. All Councilmembers and their staff have been invited to join workgroup meetings.*

### Have attended one or more meetings as of May 5, 2017:

**Stephanie Cherrington**  
*Eastside Pathways*

**Cameron Clark**  
*City of Seattle Department of Education and Early Learning*

**Rochelle Clayton Strunk**  
*Encompass; Children and Youth Advisory Board*

**Joe Cunningham**  
*King County Council staff*

**Cindy Domingo**  
*King County Council staff*

**Councilmember Larry Gossett**  
*King County Council*

**Enrica Hampton**  
*Kindering; Children and Youth Advisory Board*

**Erica Johnson**  
*City of Seattle Department of Education and Early Learning*

**Janet Levinger**  
*On boards of League of Education Voters, Thrive WA, Seattle Foundation, UW School of Education; Children and Youth Advisory Board*

**Ed Marcuse**

*University of Washington; Children and Youth Advisory Board*

**Ross Marzolf**

*King County Council staff*

**Trise Moore**

*Federal Way Public Schools; Children and Youth Advisory Board*

**Sara Roseberry-Lytle**

*University of Washington, Institute for Learning & Brain Sciences; Children and Youth Advisory Board*

**Natasha Rosenblatt**

*Community Center for Education Results*

**Brian Saelens**

*Seattle Children's Research Institute; University of Washington; Children and Youth Advisory Board*

**Sarita Siqueiros Thornburg**

*Puget Sound Educational Service District*

**Jessica Werner**

*Youth Development Executives of King County*

**Nancy Woodland**

*WestSide Baby; Children and Youth Advisory Board*

**Vickie Ybarra**

*Washington State Department of Early Learning*

**Have expressed interest but have been unable to attend:**

**Debbie Carlsen**

*LGBTQ Allyship; Children and Youth Advisory Board*

**Abigail Echo-Hawk**

*Urban Indian Health Institute; Children and Youth Advisory Board co-chair*

**Zam Zam Mohamed**

*Voices of Tomorrow; Children and Youth Advisory Board*

**Councilmember Jesse Salomon**

*City of Shoreline; Sound Cities Association; Children and Youth Advisory Board*

## EXHIBIT F: DATA AND EVALUATION TEAM STAFFING

The BSK Data and Evaluation Team consists of the following team members:

**June Lee**, ScD, Co-lead;  
Department of Community & Human Services

**Eva Wong**, PhD, Co-lead;  
Public Health-Seattle & King County;  
University of Washington School of Public  
Health

**Sophia Ayele**, MPA  
Department of Community & Human Services

**Alastair Matheson**, PhD, MPH  
Public Health-Seattle & King County

**Anne Buher**, MPH  
Public Health-Seattle & King County

**Kristin Moore**, MPH  
Public Health-Seattle & King County