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Agenda Item No. 1
March 5, 2008 Meeting

DATE: February 21, 2008

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director 

SUBJECT: Performance Outcomes Management System (POMS) Annual Report on Work Plan Accomplishments and Quarterly Performance Report for "Ready to Learn" Goal Area

SUMMARY:

The Commission evaluates the programs it funds to learn about program accomplishments, the changes made in the lives of children and families in Orange County, and to guide program improvements. The Commission has adopted a comprehensive evaluation plan that includes both process and outcome measures that are established in the short, intermediate, and long term. In addition, the evaluation framework includes both Commission-wide and initiative-specific evaluations along with the development of community-wide data. Evaluation results are communicated through reports that are presented to the Commission and its grantees and posted on the Commission's web site.

BACKGROUND:

Annual Report of Work Plan Accomplishments - The Commission previously approved the POMS Work Plan that directed evaluation activities for 2007. Attachment 2 provides a summary of the POMS team's 2007 Work Plan accomplishments. The proposed Work Plan for 2008 will be developed after Commission review of The Bridgespan Group's strategic recommendations and scheduled for Commission for review and approval at a later date.

Quarterly Performance Report - One of the Commission's portfolio of management reports includes quarterly performance reports developed to present summary level program and evaluation information in relation to the Commission's four Strategic Goal areas: Healthy Children, Strong Families, Ready to Learn, and Capacity Building. "Ready to Learn" is the focus of the March Quarterly Performance Report.

STRATEGIC PLAN & FISCAL SUMMARY:

The proposed actions have been specifically reviewed in relation to the Commission's Strategic Plan, and are consistent with the Capacity Building goal, among others. This agenda item does not include a funding request.

PRIOR COMMISSION ACTION:

January 3, 2007 - Commission received and approved the POMS 2007 Work Plan.

RECOMMENDED ACTION:

1. Receive "Ready to Learn" Quarterly Performance Report.
2. Receive POMS 2007 Annual Report

ATTACHMENTS:

1. "Ready to Learn" Quarterly Performance Report
2. POMS 2007 Annual Report

Contact: Alyce Mastrianni

Quarterly Performance Report

Focus Area: Ready to Learn

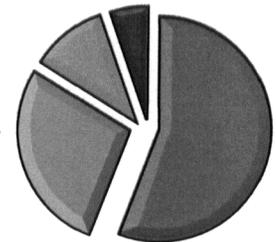
March 2008



Children & Families
Commission of Orange County

Budget by Goal Area (\$45.3 million in program spending)

- 56% Healthy Children
- 29% Ready to Learn
- 10% Capacity Building
- 5% Strong Families



Orange County Fast Facts

- 41,905 total births (2005 Data)
- 262,229 children ages 0 – 5 (2000 Census)
- 100,753 children ages 0 – 5 directly touched by services – 38% of children 0 – 5
- 128 Commission-funded programs
- 117 organizations providing services

Ready to Learn Fast Facts

- 52,251 Children read to at Reach Out and Read sites
- 19,218 Books distributed to children at early literacy programs and community events
- 17,240 Home visits provided to families
- 3,872 Children received comprehensive assessments to facilitate transition to kindergarten
- 3,071 Children screened for vision, hearing, speech, and developmental progress
- 1,888 Parent education classes and workshops provided
- 5,461 Referrals to family resource centers and other community agencies
- 1,002 Children referred or assisted with health insurance enrollment
- 917 Parents received mentoring services
- 808 Training sessions provided to preschool and early care and education staff
- 661 Children with special needs enrolled in school readiness programs and preschool classes
- 67 Prospective child care providers trained to meet state licensing requirements

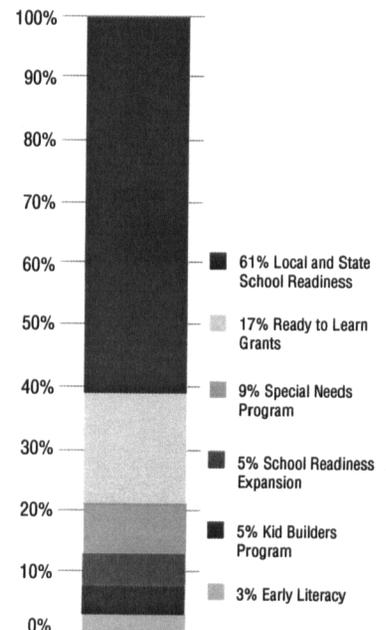
Ready to Learn Programs - \$12,790,646

Program	Expenditures	Number Served	
		Children 0-5	Family Members
Local and State School Readiness	\$7,847,412	11,902	16,412
School Readiness Expansion	662,175	263	263
Early Literacy	374,303	23	20
Kid Builders Program	579,000	n/a	n/a
Ready to Learn Grants	2,154,792	5,400	4,044
Special Needs Program	1,172,964	622	1,232
Ready to Learn Total	\$12,790,646	18,210	21,971

Note: Early Literacy programs were new programs that began reporting data in FY2006-07; numbers are expected to increase in the next fiscal year. Kid Builders provides educational materials primarily to clients served and counted by existing Commission grantees.

www.occhildrenandfamilies.com

Ready to Learn Program Expenditures (\$12,790,646 – % of Total Allocation)



Ready to Learn Program Summaries

LEAPS

The Learning, Early Intervention And Parent Support (LEAPS) program is one of 10 Special Needs Project demonstration sites statewide. The goal of LEAPS is to demonstrate and promote effective practices for serving children ages zero to five with disabilities and other special needs, including mental health needs. The project has four main emphasis areas: 1) access to universal screening; 2) improved access to and use of services; 3) inclusion and support of children with disabilities and other special needs in community programs and settings; and 4) evaluation to identify effective practices.

During 2006-07, LEAPS increased the number of children receiving screenings, and improved systems for care coordination, including referrals to partner programs and agencies for assessments and services. LEAPS conducted 585 culturally sensitive screenings which included developmental, behavioral, health and parenting-stress components. Over 230 children with developmental concerns or risk factors were referred for follow-up services. A Child Study Team was created and met regularly to review screening outcomes and refer families to appropriate services.

The project has successfully developed and currently implements pre-intervention services at the LEAPS site, including an inclusive parent-child interaction program and an inclusive preschool classroom. LEAPS also continued its strong relationships with School Readiness programs, School Readiness Nurses, Family Support Network, and Pediatric Health Neurodevelopmental Programs.

Kid Builders

Kid Builders provides activities for parents and caregivers to engage their young children in six developmental areas: health, relationship, word, mind, body and safety, to help them be safe and ready to learn when they enter kindergarten. Following the distribution of the first printing of Kid Builders, over 1,000 parents completed a telephone survey about their experiences with the books. In July 2006, a report on the findings from the telephone survey was submitted to the Commission, which indicated that Kid Builders was an impressive success.

Distribution of the second printing of Kid Builder materials occurred in 2006-07, and included many organizations that continue to use Kid Builders in their programs such as Family Resource Centers, Project Access sites, the County of Orange Public Health Nurse home visitation teams, MOMS, the Child Abuse Prevention Center, LEAPS, and shelters. In January 2007, the Commission approved a third printing of 60,000 additional sets of books through a partnership with Meredith Publishing. Staff prepared implementation guidelines, distribution criteria, and a countywide plan for the expanded Kid Builders distribution. This provided for distribution to all school districts, Reach Out and Read sites, prenatal and early care providers, and individual parents through outlets such as city recreation departments and libraries, which began during this year and continues today.



Children & Families
Commission of Orange County

Attachment 1

Performance Outcomes Measurement System Annual Report for 2007

Presented to the Children and Families Commission of Orange County
March 5, 2008

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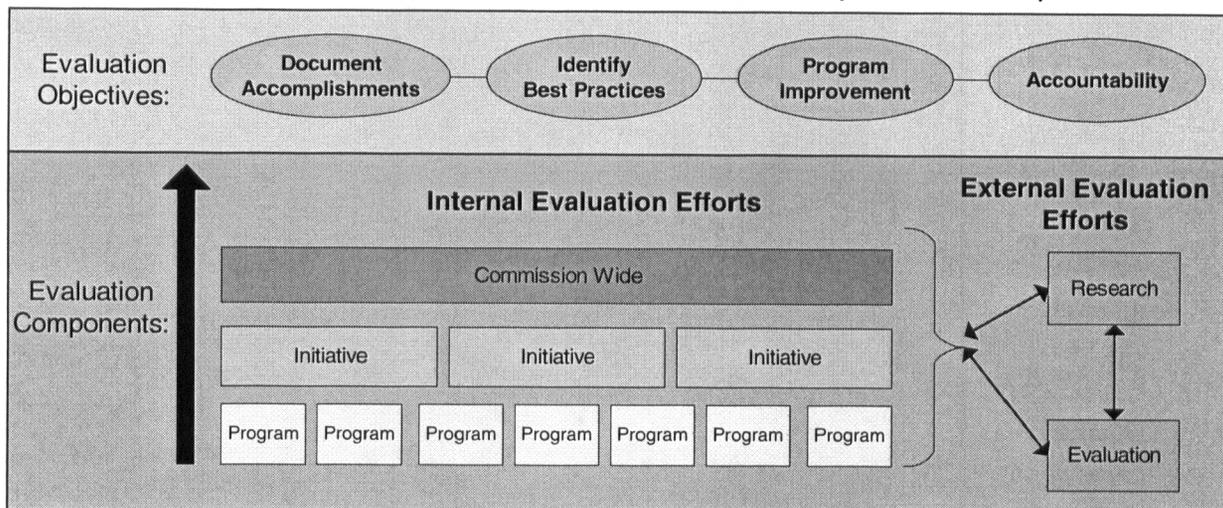
Evaluation reports referenced in this document can be found on the Commission's web page at www.occhildrenandfamilies.org under the Outcomes button.

A. INTRODUCTION

The Commission evaluates the programs it funds to learn about their accomplishments and the changes they are making in the lives of children and families to guide program improvements and to comply with statutory requirements¹. In Orange County, the Commission has adopted a comprehensive evaluation plan that includes both process and outcome measures that are measured in the short, intermediate, and long term. The evaluation framework includes both Commission-wide and initiative-specific evaluations. In addition, the Commission participates in the development of community-wide data. Evaluation results are communicated through reports that are presented to the Commission and its grantees and posted on the Commission's web site.

The Commission's evaluation activities are carried out by the Performance Outcomes Measurement System (POMS) Team. POMS Team members participate on state and regional committees and work groups that share best practices and results in evaluation. In addition, the POMS Team provides qualitative and quantitative information, and program specific expertise to support the development of strategies to address Commission priorities such as: school readiness, school readiness nursing, health access, at-risk children, early literacy, oral health, and community outreach. Figure 1 below illustrates the relationship between the various evaluation components—at the Commission-funded level (internal) and outside the Commission (external)—that the POMS Team carries out as well as the overarching evaluation objectives.

Figure 1: Relationship between the Commission's Evaluation Objectives and Components



This report describes each of the major projects of the POMS Team and the progress made in 2007. The report focuses first on Commission-wide evaluation activities, then moves to initiative-specific evaluations, and closes with a description of the POMS Team participation in county, regional, and state evaluation efforts.

¹ Proposition 10 requires each County Commission to have a strategic plan that describes the goals and objectives to be obtained, the programs, services, and projects to be provided, and how measurable outcomes of programs, services, and projects will be determined using appropriate reliable indicators. By October 15 of each year, the statute requires each County Commission to issue a report on "...the progress toward, and the achievement of, program goals and objectives, and information on programs funded and populations served for all funded programs." (California Health and Safety Code Sections and 130150a)

B. COMMISSION-WIDE EVALUATION

B.1 Pathways to School Readiness

Background:

In order to evaluate the long-term impact of Commission funding on school readiness of young children, it is important to have an evaluation framework that identifies the conditions that must be met in order for children to be healthy and ready for school. This framework can then serve as a guide for reviewing the Strategic Plan, discovering gaps in services, and identifying areas for in-depth evaluation. In Orange County, the framework is called *Pathways to School Readiness*.

Progress in 2007:

Pathways to School Readiness was used throughout the year to ensure that evaluations were designed to ask the right questions about how programs help children be healthy and ready for school.

Plans for 2008:

Pathways to School Readiness will continue to be used to identify future evaluation directions and guide evaluation priorities and design.

B.2 Outcomes Collection, Evaluation and Reporting Service as an Evaluation Tool

Background:

The Outcomes, Collection, Evaluation, and Reporting Service (OCERS) provides the Commission and its grantees with an integrated tool for contract monitoring and compliance as well as performance measurement, data collection and analysis. Grantees and Commission staff use the Administrative Management Module (AMM) to track all contract milestones, aggregate client data, electronic invoices and key events. The Core Data Outcomes Module (CDOM) tracks individual client information and is used by designated grantees to collect demographic and outcome data about the children and families they serve. The individual client data are then analyzed by the Commission's evaluators and the POMS Team to describe the population reached and the impact of services provided with Commission funds. As of the end of October 2007, there were 141,216 child records in CDOM, 24,897 of which were entered this year. Additionally in 2007 as of the end of October, there were over 41,594 services provided to children in the individual client module. Of the children in the individual client module, 22,178 Core Data Element snapshots were completed and entered in 2007.

OCERS provides the Commission with real-time updates for contract management, invoicing, performance measurement and evaluation. In addition, each grantee can use OCERS as an internal reporting and analysis tool for ongoing administration, planning and supervision. Grantees have commented that OCERS data are valuable in preparing internal and external reports and for grant writing purposes as they seek to leverage new dollars in support of their activities.

Progress in 2007:

With the exception of the Invoice Module, described below, no significant changes were made to the AMM and CDOM modules in OCERS this year. Grantees and Commission staff continued to be provided with hands-on training and technical assistance to ensure efficient and quality data collection, entry and retrieval.

Invoice Module

The Commission and CS&O continued to enhance the electronic invoice module by implementing changes requested by the Contract Administration team. Meetings with the Auditor Controller were held in preparation for creating an electronic interface that would allow invoices to be sent electronically to the Auditor Controller. This functionality was fully implemented at the end of July 2007 and Auditor Controller staff was trained on the electronic invoice module. Auditor Controller would now like to receive a print image file of the electronic invoices that can be exported from OCERS into their Electronic Report Management and Imaging (ERMI) system.

Care Coordination Module

Major changes to the Care Coordination Module were uploaded to OCERS in October 2006, May 2007 and October 2007. The Project Manager completed implementation of the module with the Orange County Child Abuse Prevention Center (OCCAPC) and St. Jude Medical Center in October 2007. OCCAPC began utilizing the module in December 2006 and start TCM billing effective January 2007. St. Jude Hospital Bridges for Newborns Home Visitation Program began utilizing the module for case management and billing for all new cases effective February 2007.

Plans for 2008:

Now that the Invoice Module is fully functioning, the programming focus on enhancements will return to balancing the requests for enhancements and reports for both the AMM and CDOM modules, as well as for the Invoice Module. Support of OCERS will continue pending completion of the Commission's assessment of information technology functional requirements.

B.3 Quarterly Performance Reports

Background:

In 2005, the POMS Team designed the Quarterly Performance Reports to provide summary information about the numbers of children and families served, services provided by Commission-funded programs, and program expenditures. The reports highlight Commission initiatives and/or progress toward specific strategic plan objectives. Each report focuses on either the Commission as a whole or on one of the Commission's goal areas.

Progress in 2007:

The POMS Team compiled data for the Quarterly Performance Reports that covered each of the four Strategic Plan goal areas, along with a Commission-wide summary report for 2006-07.

Plans for 2008:

The POMS Team will continue to provide data on grantee accomplishments for the Quarterly Performance Reports. In addition to process evaluation data describing the number of clients served and services provided, quarterly reports will highlight outcome data within each goal area.

B.4 Special Reports

Background:

The POMS Team prepares detailed reports using data from OCERS and other sources to support decision making processes and to demonstrate the Commission's progress with achieving its Strategic Plan objectives. These reports are prepared as data become available or in response to specific questions raised by the Commission.

B.4.1 Core Data and Outcomes Module Report, Fiscal Year 2006-07

Background

The Core Data and Outcomes Module Report, Fiscal Year 2006-07, assesses the needs of children as they begin to receive Commission funded services during fiscal year 2006-07. The report presents the data in special subpopulations of children served, i.e., newborns in the Bridges program, children enrolled in State School Readiness programs and children served through other Commission-funded programs.

Progress in 2007:

Some of the following improvements were found when outcome data from initial interviews and follow-up interviews were compared:

- The percentage of children who visited the dentist regularly increased from 48% to 66% and the percentage who had a regular dental home increased from 50% to 64%.
- Families that regularly read and told stories to their children increased from 68% to 70%.
- More families had 10 or more children's books available in the home (42% at initial interview, compared to 45% at follow-up).

Plans for 2008:

The POMS team will review and revise the CDOM questionnaires as indicated in Spring 2008, utilizing SRI International's recommendations to improve CDOM variables and data collection methods. A report will be developed to assess the demographics and characteristics of all children served during the 2007-08 fiscal year, as well as changes in key indicators such as health insurance coverage and number of books available in the home.

B.4.2 Status Upon Entry of Clients Served by the Children and Families Commission of Orange County, 2002-2006

In September 2007, a report was provided to the Commission comparing data from the initial interviews of children served during five calendar years (2002-2006). This report showed the changes over time among children just beginning to receive Commission-funded services. Similar to the *Core Data and Outcomes Module Report, Fiscal Year 2006-07*, this report presents the findings for three primary subpopulations of Commission clients: those in the Bridges for Newborns program, children enrolled in State School Readiness programs, and those children served in other, non-Bridges programs.

Progress in 2007:

Some of the findings from the October 2007 report include the following:

Goal Area: Healthy Children

- A lower percentage of children beginning to participate in State School Readiness programs were uninsured in 2006 than in prior years.
- The percentage of children in State School Readiness programs who had no medical doctor or clinic at which they regularly received services continued to decline in 2006. In contrast, the percentage of children in other, non-Bridges programs without such a medical "home" increased slightly in 2006.
- There was a substantial drop-off in the percentage of children who had no dentist or dental clinic at which they regularly received services. Across the two programs there

was between a 30% and 44% reduction in the number of children without a dental "home" in 2006.

- The percentage of children who had received no immunizations at the time they began receiving Commission services remained low in 2006, though it did increase slightly over comparable figures from 2005 and earlier.

Goal Area: Ready to Learn

- The percentage of children whose parents read to them everyday and the percentage of children living in households with at least 10 children's books were higher in 2006 than in prior years.

Plans for 2008:

A report comparing six years of demographic and key indicator data captured as children begin to receive Commission-funded services will be prepared. If possible, this report will provide additional breakouts by funding category. As more and more children are served first by the Bridges for Newborns program and subsequently by other Commission-funded programs, fewer of the children served within a one-year period complete an initial interview and more are completing follow-up snapshots.

B.4.3 Foster Children Ages 0-2

Background

The Commission has an ongoing commitment to support effective child abuse prevention strategies in the communities it serves. However, local data have not been available to assist in understanding the characteristics of abuse and neglect in infants and very young children and for designing responsive prevention strategies. To this end, the Commission and County Social Services Agency have undertaken an evaluation of data extracted from case files of children under two years of age who were removed from their homes due to physical abuse or neglect.

Progress in 2007:

A report has been prepared that profiles injury types and examines factors that contributed to the neglect / abuse of the children. This report describes a cohort of 277 children, under age two, who entered foster care in 2004, including characteristics of the children and their abusers, and the factors that lead to the abuse. The report was presented to the Commission in August 2007 and is available on the Commission website. Some of the findings include:

- Demographic analyses revealed that two thirds of the children in this study were less than 6 months old at the time of removal.
- A small proportion of children, 10%, or 27 children, were removed due to physical abuse.
- The data showed that the majority (90%) of the children in this study were removed due to neglect, and at the time of removal, almost 71% of these children who were neglected were exposed to drugs.
- The study also found that similar to children who were removed due to physical abuse, for the children who were removed due to neglect, the majority of the perpetrators were the biological parents.
- The study showed that children who were removed due to physical abuse tended to be older than children who were removed due to neglect. The average age for children who were removed due to physical abuse was 10.6 months compared to 4.9 months for children who were removed due to neglect.

Plans for 2008:

The findings of this report will be used to assist in decision-making activities for the Commission. In particular, the Technical Advisory Committee will focus on child abuse prevention in spring 2008 and this report will be used to inform some of the group's discussion.

B.4.4 ServiceCorps

Background

The Commission places AmeriCorps*VISTA members with its grantees as part of its service provision strategy.

Progress in 2007:

A report was completed in October 2007, which looked at the effects of using AmeriCorps*VISTA members on accomplishing goals outlined in the Commission's strategic plan. Among the findings:

- Staff at partner sites indicated that AmeriCorps*VISTA members made it possible for them to utilize financial resources and staff time more efficiently in the provision of services.
- AmeriCorps*VISTA Supervisors interviewed suggested that without Service Corps support, they would need to increase staff work loads, take on extra work themselves, serve fewer families, and accumulate longer waiting lists.

Plans for 2008:

Continue to monitor and provide input on the statewide evaluation of AmeriCorps to ensure that the design reflects member contributions and is feasible for placement agencies.

B.4.5 Fatherhood Engagement

Background:

In 2006, the Commission expressed interest in exploring the issue of father involvement in Commission-supported programs. Research studies demonstrate that father engagement can have a major impact in the development of their young children.

Progress in 2007

A report was prepared which examined current efforts to engage fathers among Commission funded programs, barriers and facilitators to involvement among Orange County fathers, and evidence-based practices in existing literature. Some of the findings presented in the report include the following:

- Fourteen percent of grantees who responded to the online Father Engagement survey reported they target special strategies to engage fathers. Over four-fifths of respondents (82%) reported they engage in no special outreach to fathers.
- Of the 14% of respondents who reported that they do special outreach to fathers, all reported using special materials geared to fathers, special classes, male staff and special father-oriented events.
- Almost half (48%) of survey respondents indicated they would like more father involvement but barriers get in the way. No respondents indicated that they offered tailored activities to fathers with dedicated staff to that effort.

Plans for 2008:

The findings and recommendations for this report will be used to improve fatherhood engagement among Commission funded programs. Specifically, the report includes information on best practices with regard to fatherhood engagement in breastfeeding promotion. The Breastfeeding Initiative work group will discuss recommendations from this report to increase breastfeeding initiation and duration among Orange County mothers.

B.5 Annual Report to the State

Background:

Each year, the Commission is required to submit an annual report to the State showing its progress toward achievement of program goals and objectives and measurements of specific indicators. The format for the report is set by the State First 5 Commission. The new statewide evaluation framework includes a narrative section (Part 1), with a description of Commission goals and featured programs; client information and financial details by service area (Part 2), program accomplishments (Annual Report Supplement), and financial information and accomplishment for State School Readiness programs (Part 4). The POMS Team prepares the Annual Report Supplement using milestone reports, aggregate data, and CDOM data from OCERS. The report is due to the State by November 1.

Progress in 2007:

The Annual Report to the State was presented to the Commission in October and provided a picture of how many children were served and how many services were provided during the fiscal year. In 2006-07, Commission-funded programs served over 100,700 children ages 0-5 and 102,000 family members of those children. The children received over 1,791,000 services, including 49,596 home visits, 12,392 pediatric health encounters and well-child check-ups, 14,956 immunization checks, and 11,232 dental screenings. Over 39,000 children were screened for developmental delays and over 25,000 Kits for New Parents were distributed. Data in the report also are provided by funding categories, such as Bridges for Newborns and Pediatric Health Services.

Plans for 2008:

Information for the Annual Report to the State will be compiled using FY 2007-08 data in time for the Commission's October meeting. The 2007-08 report will be prepared to conform to the California First 5 Evaluation Framework.

In addition to the Annual Report, the State Commission requested outcome data from each county commission in February 2008. The State developed a survey requested outcomes for evidence-based programs in each goal area. The POMS team provided outcomes for the 2006-07 fiscal year listed in Table B.5.1 below:

Table B.5.1 Outcomes by Goal Area

Program	Outcome
Family Functioning	
HABLA	Children's Preschool Language Scale-3 in Spanish scores increased by 12% after their participation in the program, while a group of children not in the program scored significantly lower than both the expected norm and the children in the HABLA program.
OC Home Visiting Collaborative	77% clients showed an improvement on the Global Assessment of Functioning (GAF)/Global Assessment of Relational Functioning (GARF) scores upon completion of mental health services.

OC Home Visiting Collaborative	93% of parents who successfully completed the program demonstrated increased parenting knowledge and skills.
Child Development	
State School Readiness	Children showed significant improvement in their developmental profile from the beginning of the school year to the end. Group averages for DRDP scores were all below the level of almost mastered (a score of three) at the beginning of the school year, and approached the fully mastered level (a score of four) by the end of the school year.
State School Readiness	68% of State School Readiness parents report that they read to their children three times a week or more, with 39% reporting that they read to them everyday.
State School Readiness	98% of children made progress in their cognitive, social, emotional, language, approach to learning, and/or physical development.
Local School Readiness	Eight of the 11 (73%) Superintendents and Assistant Superintendents surveyed believe their districts would continue to fund the School Readiness Program even without the financial support of the Commission.
Child Health	
ADHD Program: CUIDAR for Attention and Learning	Parents reported a 25% increase in confidence in their own parenting after attending the Community Parent Education group.
Project Connections.FRC	The percentage of children with full immunizations from 43% to over 75%, reducing the category of children who have received no immunizations to almost zero.
Metabolic Disorder Program	80% of parents believe that their child's health has improved due to the Metabolic Disorders Program.
Bridges for Newborns	Overall risk as measured by the Bridges Screening Tool fell by 10 points on average, a decline of approximately 20%.
Child Systems	
Capacity Building	Based on a literature review, the Commission's program includes most of the scope and approach recognized as promising practices in Capacity Building. These promising practices include board development, business planning, evaluation, infrastructure/capital development, fund development, human resources, leadership/succession planning, strategic planning, assessment of present capacity, facilitation by neutral third party, and peer learning.
State School Readiness	State School Readiness programs were awarded \$6.7 million in AB 172 funds to support the expansion of pre-kindergarten and family literacy programs.
AmeriCorps/VISTA Program	72 AmeriCorps and AmeriCorps VISTA members raised \$316,069 in funding and in-kind donations

The State also requested that each county complete a template containing programmatic and financial data by result and service area. The template included a request for a maximum 5 of the county's most compelling, specific quantitative (data) examples of key achieved outcomes. Outcomes reported by Orange County are listed in Table B.5.2 below.

Table B.5.2 Key Outcomes by Result and Service Area

Result	Service	Outcome
Improved Child Development	Early Education Programs for Children (Other than School Readiness and Preschool for 3/4 year olds)	More children performed at or above age-appropriate levels after participation in early care and education services (from 52% at the beginning of service to 87% at the end of service).

Improved Child Development	State School Readiness Programs & Local Match	Combined data from 2004 through 2006 demonstrate that 68% of State School Readiness parents report that they read to their children three times a week or more, with 39% reporting that they read to them every day.
Improved Child Health	Health Access	After participating in Commission-funded programs, more children had a regular medical home (99%), had health insurance (97%), and had appropriate immunizations for their age (91%) after receiving assistance with accessing immunization services.
Improved Child Health	Home Visitation for Newborns	After participating in the Bridges for Newborns Home Visitation program, average risk scores for mothers fell about 20%.
Improved Family Functioning	Targeted Intensive Parent Support Services	After participation in the parenting classes, the percentage of parents rated as having satisfactory or excellent parenting skills more than doubled - from 25% at program entry to 67% at program completion.

B.6 Measurement of Outcomes – Service Outcome Questions

Background:

Core Data Elements are most often collected at the beginning of service. Information collected at this time is used to describe the children and families served and to investigate the status of indicators across that population. However, these data do not directly measure the effectiveness of the services provided. For this purpose, the POMS Team designed and implemented a set of *Service Outcome Questions (SOQs)*. There is one set of SOQs for each Strategic Plan objective, and all grantees matched to a given objective through their work plan are required to complete the corresponding SOQs for each child and family when they finish providing services or when the child turns six.

Completed SOQs are distinct from other data collection efforts because they *do* address program effectiveness, albeit through grantee self report. Typically, they ask about the client's status when they started the program, the intervention or referral provided, and the status of the client at the end of services.

The SOQs were designed and implemented in 2003, and a preliminary review of the responses was completed in 2005. Based on this initial analysis, the SOQs were completely revised in 2005 to capture information on the type and intensity of services provided to the child and family, collect better baseline data about the condition of the child before services were provided, and be more effective at measuring outcomes. The 2006-07 Fiscal Year was the first full year of the redesigned SOQs' implementation.

Progress in 2007:

A report of the SOQs, completed in September 2007, provides a complete review of service outcome data collected by grantees between July 2006 and end of June 2007 and summarizes the outcomes they observed as a result of providing Commission-funded services. Highlights of the report include:

- More children had a regular medical health home (79% to 99%) at the end of service
- Fewer children had one or more dental caries (67% to 24%) after receiving oral health treatment
- More parents were rated as having excellent *knowledge* and *involvement* in raising healthy children (7% to 45% and 6% to 46%, respectively)
- 91% of children had received all age-appropriate immunizations at the end of service

- Most Commission-funded program participants received the following services:
 - Information or a referral (95%)
 - Assistance with health care access (86%)
 - General parenting education services (80%)

Plans for 2008:

In the interest of continuing to improve the quality of the SOQ data and future analyses, recommendations for refinement of the SOQs will be developed, pending completion of the Commission's assessment of the performance outcome measurement system.

B.7 Grantee Use of Reporting and OCERS Users Groups

Background:

OCERS was designed as a tool that would benefit both the Commission and its grantees. Grantee use of OCERS is enhanced when they have opportunities to participate in the development of the system and training on how to develop reports of their own project's data. OCERS Users Groups provide a voluntary opportunity for grantees to learn about the development of the database and share their experiences from the field on what works and what does not work in terms of data collection and entry.

Progress in 2007:

One OCERS users group was held for grantees this year (two meetings). The purpose of the meetings was to share the recommended changes to the CDOM questionnaire and to obtain the grantees' feedback on those changes and the questionnaire. The grantees provided invaluable insight that led to even more refinements to the questionnaire. Overall, grantees were pleased with the suggested changes.

Plans for 2008:

The Commission has requested that CS&O provide more report trainings for the grantees so that they will have better ability to use the data as a management tool. In addition, trainings will focus on assisting grantees to better use their data for Commission contract renewal processes. These trainings will be held as a users group next year. The POMS Team will also continue to offer grantee user groups as topics are identified that will be beneficial and supportive for the Commission's grantees.

B.8 OCERS for Compliance and Risk Management

Background:

OCERS Reports are used by the Commission's Program Leads to monitor grantee progress while providing Commission-funded services and to assure that grantees are compliant with their data requirements prior to receiving payment for services. These reports include:

- Milestone Report - reports the most recent progress on their milestones
- Aggregate Question Report - tells the Commission the total number of people served, number of services provided, number of classes given, and number of class hours provided during each month
- Client Services Counts - informs the lead about how many CDOM records have been entered and how many services have been provided by each project
- User Access Report - used by the Program Lead to see if a grantee has accessed OCERS, how many times they accessed OCERS, and the date they last accessed OCERS.

OCERS also is used as part of the Commission's risk management process to assess the status of each grantee and identify potential problem areas.

Progress in 2007:

The Program Leads continued to rely upon OCERS to review grantee performance and identify data compliance issues.

For risk management, the Administrative Management Module was used to obtain a comprehensive listing of all active contracts, milestone progress, and funded and total invoices and payments to a grantee. CDOM was used to show the number of clients entered by a grantee and to conduct confidentiality verifications and other auditing procedures. Combined, the information in OCERS was used to prioritize site visits and ensure that grantees adhered to their contractual obligations.

The Service Outcomes report is being used to assure that the grantees are entering their outcomes data.

Two data exports continued to be provided monthly this year in order to provide important information to the Commission from OCERS. One of those reports informs the Commission and the program leads about which projects are expected to collect CDOM, the numbers of records each project entered each month, the numbers of clients they are serving, and the numbers of initial, fiscal year snapshots and non-occurrence snapshots were entered into OCERS. The other data export that CS&O provided to the Commission on a monthly basis reports those projects that have not submitted an invoice in over 90 days. This report helps the Commission to identify those projects that are behind on invoicing so that the Contract Administrators can contact the grantee and encourage them to submit their invoices on a timely basis.

Two new data exports were added this year. The reports are run monthly for the Contracts Director to assist in reporting against items on the Commission's Balance Score Card.

In addition, new contracts were monitored to assure that grantees signed up for training within 30 days and entered the appropriate data into OCERS within 90 days of their contract being fully executed with the Commission.

Plans for 2008:

OCERS will continue to serve as an important tool for contract oversight, for the Program Leads, Contracts Administrators, and Risk Management.

B.9 Annual Review of OCERS Data Collection Modules

Background:

The data elements in OCERS (work plan milestones, aggregate data, and CDOM questionnaires) are reviewed annually by the POMS Team using ongoing feedback from grantees and by reviewing the data that has been collected.

Work plan milestones are a commitment by grantees to carry out agreed upon activities and provide a specified amount of service. Monthly reports by the grantees are used to monitor contract performance and provide counts of services provided or people served, which are used in Commission reports.

Aggregate data is a module within AMM that allows grantees to report the number of clients (children ages 0-5, family members, and service providers) they serve, and the number of services, classes and class hours they provide.

CDOM questionnaires are used to gather child-specific information, if authorized by the child's parent or legal guardian. The information provides demographic information as well as data related to the Commission's Strategic Plan objectives. The questions are asked either one-time (if the response would not change over time) or once per fiscal year while the child is receiving funding from a Commission-funded program.

Progress in 2007:

The POMS Team reviewed all the Core Data Elements (CDEs) that are collected on clients being intensely served by the grantees. Analysis of the responses and feedback from grantees indicated that some changes needed to be made to the questions this year. Clarifications to some of the questions were made and "Do not know" responses were added to most questions. Nine questions were removed from the questionnaire (primary caregiver to the child, type of assistance that is a regular source of support, where the child spends their time during the day, immunization status, reason for taking child to ER, how much exposure to smoke, where exposed to smoke, is child taken to dentist regularly, and is it always the same dentist). Six questions were added to the questionnaire (how did the parent learn about the program, did the child attend a preschool, Pre-K, Head Start, or child care center in the last six months on a regular basis, where the child gets taken for routine medical care, the status of the child's health, does anyone in the household smoke, and when did the child last see a dentist). The dental question that asks at what age did the child first visit the dentist was moved from a one time question to a regular CDE question that gets asked each fiscal year.

The POMS team reviewed the aggregate questions that are currently being asked and determined that no changes need to be made to the questions at this time, but that it's important to define what grantees should count as services by their program. The POMS team met with the program leads to gain Commission level consensus about how services provided by many different grantees should be counted. The leads then worked with their programs on creating service guidelines.

The POMS team reviewed the Service Outcomes Questions (SOQ) and very minor changes were made this year. Some specific services were added to the service details question and some responses were added to get more detail on the types of issues the grantees are finding during the developmental screening. The team looked at the State School Readiness and School Nurse Expansion questionnaires and identified several questions that did not have the most utility related to their program so those questions were removed in order to shorten the questionnaire for these initiatives.

Plans for 2008:

Recommendations developed during the 2007 review of OCERS data will be considered for any modifications or enhancements to OCERS data elements, pending completion of the Commission's assessment of the performance outcome measurement system.

B.10 Policies and Procedures

Background:

The Commission's Confidentiality and Data Sharing Protocol, which was initially developed in 2001, describes how client data that are collected and entered into OCERS are protected. It provides guidance to grantees on their responsibilities in gathering, entering, and analyzing data.

Progress in 2007:

The protocol was reviewed in May. The only significant modification was the removal of the Participant Authorization Form for Other Family Members. Additionally, guidelines were added regarding the access to, and use of, OCERS and non-OCERS data specifying that grantees must ensure the high level of confidentiality as outlined in the protocol when using both types of client data. The revised protocol was reviewed by Commission counsel and approved by the County's Human Subjects Review Committee.

Additionally, in 2007 the POMS team continued to formalize POMS related policies, procedures and protocols. Specifically, the POMS team developed the Performance Outcome Measurement System Evaluation Guidelines and Policy to document requirements, policies and procedures for all evaluation activities supported by the Commission.

Plans for 2008:

POMS activities will be implemented in conjunction with the Commission's Policies and Procedures for the Performance Outcome Measurement System. The annual review of the Confidentiality and Data Sharing Protocol will be conducted and approval by the Human Subjects Review Committee will be sought by June.

B.11 Best Practices

Background:

The POMS Team reviews and supports existing research and best / promising practices to validate the data source and its utility for Commission program planning. Best practice review is also performed in relation to programs developed and funded by the Commission.

Progress in 2007:

In conjunction with the Commission's Technical Advisory Committee, a Parent Education Toolkit was developed based on a review of validated program designs including logic models, staffing, curriculum, screening / assessment tools, and measures of results. The Parent Education Tool Kit was created to help grantees identify and adopt best practices in skills development to enhance child welfare. The tool kit (including this introduction) is available on the Commission's website.

In developing the Parent Education Tool Kit, the following factors were considered in selecting curricula for inclusion:

- Evidence-based
- Well respected and commonly used
- Appropriate for use by a range of staffing patterns including professional and paraprofessional
- Match the types of programs and grantees funded by the Commission.

The work of The California Evidence-Based Clearinghouse for Child Welfare (CEBC), whose website provides up-to-date information on evidence-based child welfare practices was a primary resource used in the development of the toolkit. The website for their parent education work is <http://www.cachildwelfareclearinghouse.org/search/topical-area/1>:

Plans for 2008:

The POMS team will document and provide reports of best and promising practices to assist grant renewal committees in review of current Commission-funded programs. In addition, best practices will be documented in relation to the State Matching Fund Programs including the Children with Special Needs Demonstration Project and State School Readiness Program.

B.12 Early Development Index (EDI)

Background:

Orange County is participating in a national demonstration project to pilot the *Early Development Index (EDI)*, which is a population-based measure of children's developmental strengths and vulnerabilities. The EDI is 120-item questionnaire filled out by kindergarten teachers on every child in their class after observation for at least 6 weeks. The EDI will provide communities with a basis for reviewing the services, supports and environments that influence children in their first five years of life.

Progress in 2007:

In 2007, POMS Team members worked with the UCLA Center for Healthier Children, Families and Communities on developing the 3-year EDI proposal. In addition, supporting materials were created and a focus group with Kindergarten teachers was held to receive input on how to implement the EDI project in Orange County.

Plans for 2008:

The POMS Team will continue to work with UCLA to develop recommendation to implement the EDI pilot project in the 2007-08 school year.

C. INITIATIVE-SPECIFIC EVALUATIONS

C.1 Evaluation of Bridges for Newborns

Background:

The purpose of the Bridges for Newborns program is to provide needed services to all newborns and ensure they have health coverage and a medical home. In 2003, the Bridges for Newborns program was enhanced to locate and serve infants and their families with higher levels of psychosocial, health, and other risk factors that might impede a child's school readiness. Birthing hospitals and service providers coordinate to identify those families most at risk, make appropriate referrals, and alleviate those risk factors. A preliminary evaluation was completed in October 2006, which looked at two key questions. The first question explored the true level of need in the population referred to Bridges Home Visitation service providers. The second question asked whether the continuing effectiveness of the Bridges network of services can be demonstrated. A final evaluation report, which reexamined these two questions with the addition of all the completed sets of screening tools, was submitted in November 2007.

Progress in 2007:

The home visitors continued to administer the Bridges Screening Tool at the beginning and end of home visitation services, which typically lasted for one year. All three screening tools were analyzed to answer the two evaluation questions. The questions and results from the final evaluation are summarized below:

1. What is the true level of need in the population referred to Bridges Home Visitation service providers?

Consistent with the findings from the preliminary evaluation, hospital screeners and home visitation providers made very similar assessments of family risk, with an *overestimation* of risk. There were decreases in risk scores under the categories of financial resources and child health. These findings suggested that home visitors find less risk, rather than more, after getting to know a family, and most importantly that hospital staff are doing an excellent job of locating and referring the right families for services.

2. Can the continuing effectiveness of the Bridges network of services be demonstrated?

The preliminary evaluation used 130 sets of second and third screenings and found that risk scores decreased significantly and that overall risk scores fell by ten points on average, a decline of approximately 20 percent.

The final evaluation analyzed data from 416 sets of second and third screenings. Consistent with the 2006 preliminary evaluation, average scores decreased significantly in all categories. The overall risk scores fell approximately ten points, for a decline of about 21 percent. These results seem to indicate that the Bridges Home Visitation Program is successful at lowering a mother's risk over the course of the program.

Plans for 2008:

This evaluation report will be used to inform the renewal of the Bridges program, including improvements to the program structure and implementation. For example, program leads will examine the reduction of referrals to home visitation programs from the Bridges hospitals and the issues surrounding these reductions.

C.2 School Link

Background:

One method to measure the success of Commission-funded programs is to follow the children as they enter school and compare their academic performance with those of children who did not participate in Commission-funded services. Such longitudinal studies can only be carried out with the full cooperation of the parents and the school districts where the children attend school. Building on existing relationships between the Commission and its partner school districts, the POMS Team has been testing the feasibility of linking pre-kindergarten assessment data from district databases with demographic and other family characteristics found in CDOM. The purpose of this project, called School Link, is to assess the feasibility of linking Commission Core Data Outcomes Module (CDOM) data with school district data. The long-term goal of the project is to provide a mechanism for determining whether children receiving Commission-funded services have better academic performance in school.

A major component to the School Link project has been identifying and addressing the administrative and data requirements needed to successfully merge data from school districts with CDOM. These requirements include:

- formalizing data sharing arrangements between the Commission and the districts, i.e., signing MOUs
- determining the eligibility of the evaluator to receive data from the districts and formalizing those arrangements as needed, i.e., having the evaluator sign confidentiality agreements with the districts
- working with districts' information technology staff to set specifications for and transmit electronic data

Progress in 2007:

In 2007, the POMS Team implemented the third year of the School Link pilot project. During the 2006-07 school year, the participating districts were: Newport Mesa Unified School District, Anaheim City Elementary School District, Santa Ana Unified School District, Magnolia Elementary School District and Centralia Elementary School District.

The steps carried out for the third year remained similar to the first two year, including completion of Memoranda of Understanding between the Commission and the districts, assuring that the confidentiality of children's information was maintained, linking data from the districts with data in the Commission's database, and analyzing the linked data.

Plans for 2008:

The School Link project will continue in 2008; the POMS Team will consider whether it will expand the project again to more districts and/or expand the analysis to include a comparison of in outcomes between State School Readiness and non-State School Readiness students. During the 2007-08 school year all school districts participating in the State School Readiness (SSR) program will implement the DRDP-R assessments, which will facilitate the inclusion of all SSR school districts in the School Link Project.

C.3 Evaluation of KidBuilders

Background:

KidBuilders is a Commission-directed initiative to supply parents with a compendium of activities they can do with their young children. It is a small and colorful three-ring binder that parents can refer to and use with ease, and is available in both English and Spanish. The book's two

volumes (for ages 0-2 and 3-5) provide activities that are age-specific and cover learning in six areas: mind, body, health, language, relationships, and safety.

Beginning late in 2005 and continuing through the early months of 2006, nearly 20,000 *KidBuilders* books were distributed through agencies located in four geographical areas of the county: Santa Ana, Aliso Viejo, La Habra and Newport-Mesa. Over 1,000 parents who received the *KidBuilders* books completed a telephone survey in the language of their choice about their experiences with the books after they had had sufficient time to use them. In July 2006 a report on the findings from the telephone survey was submitted to the Commission. It showed that *KidBuilders* was an impressive success. The Kid Builders activity books were distributed to a wide spectrum of the county's population and were widely used. Among the parents who volunteered to be surveyed, 82% engaged their children with the books' activities. Some differences were found in the amount of usage associated with the amount of instruction parents were given on the use of the books. Although all types of instruction resulted in fairly high usage of the book, the lowest usage level was associated with light instruction. The moderate and extensive methods resulted in greater use of the books. Also, both statistical and qualitative data suggested that higher income parents may need to be convinced early on that they can benefit from the Kid Builders books.

Progress in 2007:

In January 2007 the Commission approved a third printing, Phase Three, of the Kid Builders books through Meredith Corporation's publishing services and approximately 60,000 sets of books are in the process of being sent out. During the 2007-2008 school year, the Kid Builder binders will be distributed to school districts in Orange County. Additional distribution options include child care providers, private preschools, community programs, and individual parents who learn about the program through OC Family Magazine, word of mouth in the local community, or the Commission website. It is also anticipated that there will be requests from outside agencies or individuals for copies of the Kid Builders books.

Plans for 2008:

The distribution of the Kid Builders books will be evaluated in 2008 and a final report will be complete in August 2008. The evaluation will include a review of data collection tools, request for data entry and analysis, telephone interviews with agency staff, and the final report.

The 2007-2008 evaluation work scope will address the Kid Builders books from the perspective of agencies distributing the books on behalf of the Commission. The evaluation will assess how agencies distribute and use the Kid Builders books, as well as their views about how the books affect their clients.

C.4 Evaluation of the School Readiness Nurse Initiative

Background:

In 2004, the Commission established the School Readiness Nurse (SRN) Initiative in an effort to increase the provision of health services to young children and their families. School Readiness Nurses (SRNs) at each of the school districts with elementary schools (25 school districts) provide health care services, education, referrals, outreach, and developmental screenings to children ages zero to five, their family members, and service providers. To accomplish these activities, the nurses work with teachers, school staff, School Readiness Coordinators, physicians, health care agencies, and Commission staff.

During Year 1, the evaluation collected baseline information, identified service delivery trends, and described the implementation process. During Year 2 the evaluation was expanded to

include a parent survey and site visits, as well as continuation of service delivery data gathered during Year 1 and review of OCERS progress reports. Collective findings garnered from the Year 1 and Year 2 evaluation activities identified service reach and meeting health needs as primary areas of challenge. Evaluation activities for Year 3 were therefore designed to explore these two challenges in depth. The evaluation report of Year 3 of the SRN initiative, covering the 2006-07 school year, was completed in October 2007.

Progress in 2007:

Highlights of the Year 3 evaluation report findings include:

- 8,748 new children were served by the SRNs in 2006-07
- 94% of the children screened in Year 3 had up-to-date immunizations. Continuing a trend from Year 2, nurses met the greatest number of vaccination needs compared to all other services
- 11% of children screened did not have health insurance and 15% did not have dental insurance in Year 3
- SRNs were more successful in Year 3 with identifying those in need of medical home referrals: 97% of children in need of a medical home were referred and 38% of those referred were registered with a primary care provider as a direct result of the SRNs' efforts
- 4,048 new and 3,673 returning family members were served during the 2006-07 school year

Plans for 2008:

This evaluation report will be used to inform the renewal of the School Readiness Nurse program. The program leads are currently revising the work plan for the program and determining if milestones should be revised or eliminated.

C.5 Evaluation of the State School Readiness

Background:

Evaluation of the State School Readiness program builds upon the evaluation framework of the Commission and is responsive to the First 5 California Evaluation Framework. In addition to each district collecting specific indicators related to their logic models, information was collected on the following 11 questions:

1. How many children, parents, and providers were served?
2. What were the ethnicities and primary languages of those served?
3. How many of the children served were identified as having special needs?
4. What were the key characteristics of children served?
5. What services were provided to children, family members, and providers, and how many of each?
6. How many class hours were provided to children, family members, and providers?
7. Do parents have improved knowledge regarding how to prepare their child for school?
8. Are children prepared for school, at the end of receiving the above services?
9. Are parents satisfied with the content, quality, and family centeredness of the program in which their child(ren) participated?
10. What is being done to prepare schools for incoming kindergartners?
11. Are kindergarten transition plans in place and being implemented?

Progress in 2007

The 2006-07 State School Readiness Annual Report conformed to the new California First 5 Evaluation Framework. Highlights include:

- 4,145 children ages 5 and under, 4,380 family members, and 432 service providers were served
- 552 of these children had special needs: 83 were ages birth to two years old and 469 were ages 3-5 years old
- Providers completing the SOQ surveys found that almost ninety percent (89%) of the children entering Kindergarten were ready to do so at the end of receiving services
- 98% of the children made progress in their cognitive, social, emotional, language, approaches to learning, and/or physical development

Plans for 2008:

Data collection efforts will continue to be streamlined and a 2007-08 report will be prepared for submission to California First 5 in time for the Commission's 2008 October meeting.

C.6 Evaluation of Project Connections.FRC / Health Access

Background:

Project Connections.FRC / Health Access uses a home visitation model to serve medically and socially vulnerable children by providing accessible, culturally sensitive services that build on family strengths and improve the overall health and well-being of the children served. This program started in 2000 and is based at eight Family Resource Centers (FRCs) throughout Orange County. Each FRC hosts a Health Access Team that consists of a Health Care Coordinator, a Public Health Nurse and one or more Promotoras.

Progress in 2007:

An evaluation of the Project Connections.FRC initiative was conducted in 2006. According to the evaluation findings, Project Connection plays a critical role in reaching out to Orange County's medically and socially vulnerable children to ensure that accessible, culturally sensitive services are provided to improve the overall health and well being of the children served. The health access team members are important links between families served through the Bridges program, countywide health access strategies, and programs based out of school districts. Some evaluation highlights include:

- Contact with a Health Access Team increases the percentage of children with full immunizations from 43% to over 75%, reducing the category of children who have received no immunizations to almost zero.
- With Project Connections.FRC involvement, the number of children publicly insured rose from 65% to almost 90%.
- 81% percent of children reached by Project Connections.FRC were assisted in securing a medical home, while another 8% had improved accessibility to a medical home by the time they left the program.

C.7 Evaluation of Pediatric Health Services

Background:

The Commission designed the Pediatric Health Services (PHS) Initiative to increase access to pediatric primary and specialty care services through collaborative programs jointly implemented by Children's Hospital of Orange County (CHOC) and University of California, Irvine Medical Center (UCIMC). Through this initiative, the Commission has supported and invested in a broad range of programs to address preventive care and treatment needs identified by the community.

The Commission formed the Pediatric Health Services Committee in May 2003 to provide comprehensive pediatric health services planning and identify and respond to community needs. This committee also conducts programmatic review to understand program achievements and identify opportunities for further program improvements.

In anticipation of funding decisions in spring of 2008, the PHS Committee proposed several program evaluation efforts to review the outcomes achieved for the children and families receiving services through PHS programs. Three programs had in-depth program evaluations: Asthma/Chronic Lung, Metabolic, and CUIDAR.

Progress in 2007:

Each of the evaluations reviewed client data as captured in OCERS to describe the children and families served through the programs. In addition, surveys, interviews, focus groups, literature reviews, and a review of the programs' individual data collection efforts were completed and analyzed in order to add to the richness of the analysis.

Asthma/Chronic Lungs: An evaluation report of the Asthma/Chronic Lungs program was presented to the PHS Committee in September 2007. Highlights of the evaluation report include:

- In serving asthma and pulmonary children from birth through age five, all the goals (milestones) for serving patients have been met and exceeded, according to the milestone data collected by the ACLD program
- 61% of the parents of patients interviewed reported being referred to the clinic by CHOC or UCI affiliates; 30% were referred by other health care physicians or agencies; and 9% were self-referrals
- 95% of the school staff interviewed who received Asthma outreach and education from the program reported that they learned 'a great deal' or 'a fair amount' about working with asthmatic children
- Most patients reported understanding 'very well' (86%) and 'always' following (80%) the treatment guidelines

Metabolic Disease Program (MDP): In September 2007, the MDP evaluation report was presented to the PHS Committee. The evaluation focused on three broad questions: 1) how is the program doing; 2) what is working; and 3) what is not. Highlights from the report include:

- From July 2005 to March 2007 at CHOC alone, a total of 1,037 patient visits were scheduled and 344 children were treated
- 80% of CHOC and UCI parents interviewed believe that their child's health has improved due to MDP
- Providers reported that patients enter the MDP through both CHOC/UCI affiliated and nonaffiliated pediatricians and the newborn screening program
- 47% of parents said they were referred to the MDP through a CHOC/UCI affiliated primary care provider (PCP); 47% through non-CHOC/UCI medical sources; and 5% were through their insurance
- 95% of CHOC and UCI parents interviewed were very satisfied with MDP services

CUIDAR: An evaluation report of the CUIDAR program was completed in August 2007. Highlights include:

- Parenting skills improved significantly after participating in the COPE group. These improvements were greater for families who spoke Spanish at home than those who spoke English at home.
- Parents experienced less parenting-related stress after participating in the COPE group.

- Children from families who participated in the COPE group showed significant improvements in their behavior, including increases in ability to focus attention and decreases in hyperactivity and impulsive behavior.
- CUIDAR appears to be effective in improving children's behavior regardless of whether or not their behavior problems are severe or typical at program enrollment. Children who attended the social skills group showed a greater reduction in the number and severity of behavior problems compared with children who did not attend that group.
- Improvements in children's behavior were not affected by the ethnicity or primary language of their families.
- Nearly 10% of the children served in CUIDAR went on to receive services at the For OC Kids NDC. Families who completed the COPE group and families with children who were identified as having severe behavior problems at enrollment were more likely to request a referral to the For OC Kids NDC.

C.8 Oral Health

Background:

The Pediatric Dental Care Collaborative consists of seven dental clinics in Orange County that serve children ages 0-5. Six are part of the Pediatric Dental Care Collaborative (PDCC), headed by St. Joseph Hospital of Orange: Camino Health Center, The Friends of Children Center, The Gary Center, La Amistad de Jose, Puente a la Salud, and St. Jude Dental Clinic. The seventh clinic is operated by Healthy Smiles for Kids of Orange County. The program provides oral health education to parents and children and treatment for children age 0 to 5.

Progress in 2007:

The evaluation of the Pediatric Dental Care Collaborative was completed in October 2007. Some of the major findings include:

- Of the 1,731 patients served during the evaluation period, 86 percent were making their first visit to the clinic. Nearly 70% had never seen a dentist previously. Of those who had never taken their child to a dentist, 53% said they didn't know how old their child should be for a dental visit.
- The average level of morbidity for this study period (the number of caries divided by the total number of erupted teeth) was 18%, an increase from the 16% average in the previous reporting period.
- The vast majority of respondents (86%) stated the treatment was successful. Of the visits deemed unsuccessful, 39% indicated that sedation was needed but the clinic could not provide it, while 26% said sedation was needed, but the child would have to return for another appointment.
- Comparisons of tooth decay differences using the Independent Samples *t*-test indicated that the percentage of decay was significantly higher for children who had seen a dentist previously (21%) than for those who had not (15%). Morbidity was also significantly higher for children who had a soft drink or chewy/sticky candy the previous day (21%).

Plans for 2008:

The Pediatric Dental Care Collaborative will undergo evaluation again in 2008. The collaborative has been restructured so that Healthy Smiles will serve as the lead and oversee the six dental clinics that were previous under St. Joseph Hospital. Additionally, based on the current evaluation, revisions will be made to the data collection tools to increase the number and quality of indicators to be measured. The next program evaluation will examine the longer term

outcomes of the program and changes in behavior and dental health as a result of dental health education provided by the program.

C.9 POMS Team Role as Internal Evaluation Consultant to Commission Initiatives

Background:

In addition to reporting in OCERS, some Commission initiatives conduct their own, separate evaluations or participate in evaluations with outside entities that are not associated with the Commission (e.g. National Children's Study and State Children with Special Needs Project). Although the POMS Team may not design or carry out the evaluation, they often are asked to review evaluation plans or help with the evaluation design. POMS Team members also advise on program design based on their knowledge of effective strategies and desired outcomes.

Progress in 2007:

POMS Team members assisted the following projects during 2007:

- National Children's Study – assisted with the identification of geographic regions for sampling and helped design outreach strategies
- State School Readiness – assisted school districts with data collection and entry; developed logic model to identify indicators for future evaluation
- Developmental/Behavioral Pathways Leadership Committee – participated on Committee and facilitated the development of the evaluation design framework and universal consent form.
- LEAPS (Special Needs Project) – advised program staff on data collection for both Orange County and the statewide evaluation
- HABLA – met with external evaluators to plan implementation of the program's evaluation

Plans for 2008:

The POMS Team will continue to be available to Commission initiatives and individual grantees to consult on and support evaluations as needed. In particular, the POMS Team anticipates further support to all of the projects it assisted during 2007.

D. PROGRAM-SPECIFIC EVALUATIONS

D.1 Sesame Street: The Body Exhibit

Background:

The Commission contributed funds for the Sesame Workshop's "Healthy Habits for Life" exhibit at the Discovery Science Center (DSC) in Santa Ana. The interactive exhibit, which appeals to children and conveys positive physical fitness and nutrition messages, witnessed record breaking attendance levels.

Progress in 2007:

An evaluation report of the exhibit was completed in October 2007. The report found the exhibit had the following impacts on children and families who attended:

- More than 85% of children learned something
- At least 60% of children's behavior changed
- The impact of learning and behavioral change occurred across all ethnic, education, and income categories
- At least 48% of parents learned something and many reported changes in their own behavior
- The exhibit had an impact on children's behavior. Children are more likely to wash their hands, exercise, take a bath, and comb their hair
- As many as 60% were more likely to brush their teeth

D.2 Sesame Street: Word on the Street

Background:

The Sesame Street television show has a new opening segment called the "Word on the Street" (WOTS). The purpose of the segment is to enhance children's early literacy skills such as vocabulary and rhyming. To supplement and reinforce the educational objectives of the WOTS television segment, the Commission invested funds to purchase the WOTS toolkit. The toolkit contains vocabulary word cards and a CD with materials that providers and families can print out and use.

Progress in 2007:

The effectiveness of the pilot toolkit is being evaluated in order to determine whether the WOTS toolkit is a good investment for the Commission. This evaluation will guide the Commission's long-term involvement with the Sesame Workshop's "Healthy Habits for Life" program and similar projects.

Plans in 2008:

The evaluation will continue in 2008 and a report will be developed and presented to the Commission.

D.3 Project LEAN Start

Background:

The Commission invested funds to support the development of the LEAN Start curriculum, which teaches parents strategies to maximize their children's health through optimum nutrition and physical activity. The LEAN Start program consists of six weekly sessions facilitated by a

trained coach and the curriculum includes a DVD lecture, Caregiver's Manual, Family Fun Book, and Coach's Manual. All LEAN Start materials are available in English and Spanish.

Progress in 2007:

Piloting of the LEAN Start materials began October 2007 at various Orange County Boys & Girls Clubs locations. In order to evaluate the impact the program has had on participants and their children, a pre and post survey has been developed, which measures behavioral change in nutrition, health and physical activity.

Plans in 2008:

Once the course is complete, the pre and post surveys will be analyzed and refinements made to the LEAN Start curriculum. The intention is to make the LEAN Start program available to Orange County preschools, family day care centers, and center based preschools, among others.

D.4 El Sol Academy

Background:

The El Sol Academy represents a unique collaboration among community partners, El Sol charter school, Healthy Smiles, CHOC, UCI Medical Center, HABLA, Children First, and the Commission. The academy provides a comprehensive program of early childhood education, home visitation, and integrated health services for low income, often immigrant children. In July 2006, the Commission selected a firm to conduct the evaluation of the El Sol Academy.

Progress in 2007:

El Sol evaluation work in 2007 included interviews with retirees, a review of programmatic documentation, in-depth interviews with staff and key stakeholders, focus groups with parents, analysis of child assessment (DRDP) data, classroom observations, and group discussions with the children. A first year report was submitted, which summarized findings from the process evaluation. In addition, work plans for Years Two and Three of the evaluation were developed.

Plans for 2008:

In 2008, outcome evaluation activities will be completed as specified in the work plan for Year Two of the evaluation.

D.5 HABLA

Background:

The HABLA program enrolls disadvantaged Latino children who are eligible for kindergarten three years from program intake. Children are eligible if they are living below the poverty line with parents having less than 12 years of formal education. HABLA's program calls for children and their families to be visited twice weekly for two years. Each week a trained 'Home Visitor' brings a carefully selected book or toy, which remains with the family permanently. During a 30 minute visit the home visitor uses the book or toy to interact with the child and model for the parent and child together the successful verbal interaction and parenting techniques that can occur through reading and educational play. Over time the parent learns how to initiate and sustain these reading and play activities that offer the types of language interaction that are required to support optimal mental development. The HABLA program was viewed by Ron Haskins of the Brookings Institution as having the most promising potential for national publication.

In July 2006, Dr. Haskins and Dr. Nick Zill (Westat) conducted a site visit, received an orientation to the HABLA program, and developed a preliminary design for the evaluation of the program. Dr. Haskins proposes to follow 500 families (250 in an experimental and 250 in a control group) for the two years of preschool intervention and then through second grade (a total of five years)

Progress in 2007:

In 2007, communications between the Brookings Institution and the Commission staff were resumed and Dr. Haskins re-affirmed his interest in conducting the evaluation of the HABLA program. He has requested the assistance of Commission staff to identify and recruit a team leader who will supervise data collectors, assist in planning the data collection effort, supervise the orderly acquisition of the data, and maintain continuous communications with the Brookings Institution staff in Washington.

Plans for 2008:

Drs. Haskins and Zill will conduct another site visit to make final arrangements for the conduct of the study. If authorized by the Commission, a team leader will be recruited and hired and study will begin in spring of 2008. The evaluation will be conducted for a period of three years and will follow students recruited into the HABLA program and a control group. The control group will receive limited or "light touch" intervention including information on literacy resources available in the area. Evaluators will compare child outcomes following their participation in HABLA as compared to the control group.

E. POMS TEAM PARTICIPATION ON EXTERNAL EVALUATION EFFORTS

E.1 Link with State Evaluation

Background:

The California Children and Families Act requires that both the state and county commissions develop outcome-based accountability for guiding program investments. Through the joint effort of First 5 California and the First 5 Association, a First 5 Evaluation Workgroup was developed to clarify state and county roles and responsibilities and to improve outcome reporting. A proposed new Evaluation Framework was developed and adopted by First 5 California in July 2005. Orange County has been an active participant on the First 5 Evaluation Workgroup.

Progress in 2007:

Evaluation Workgroup efforts in 2007 continued to focus on the implementation of the new Evaluation Framework. For example, information sessions have been offered in conjunction with the Annual Statewide conference, and telephone conference calls and regional meetings were convened to ensure opportunities to engage support for the new Evaluation Framework. Workgroup members developed reporting guidelines for Cycle 2 of the School Readiness Partnership programs. Other Evaluation Workgroup efforts have included creating a training plan on outcome evaluation instruments, developing recommendations for technology improvements, and formalizing continuous improvement and communication processes related to statewide evaluation activities.

Locally, Commission staff have reviewed the annual reporting requirements included in the new Evaluation Framework to ensure that Orange County's business processes are in place and that annual reporting will be compliant with the new standards for programs in operation during FY 2007-08.

Plans for 2008:

Active participation in the Statewide Evaluation Workgroup will continue in 2008 with an emphasis on the review of implementation of the new Annual Report and School Readiness reporting, and a review of local Commission reporting of evaluation studies and results.

E.2 Southern California Alliance for Learning and Results (SCALAR)

Background:

The First 5 Southern California Alliance for Learning and Results (SCALAR, also referred to as the Alliance) is an alliance of the eight Southern California Regional First 5 Commissions (Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura Counties). In July 2006, First 5 California launched a new Statewide Evaluation Framework, which describes the creation of a Center for Results to establish a "formalized structure for managing, analyzing, communicating of results and outcomes of First 5 investments statewide." First 5 SCALAR plans to create a central repository of regional evaluation findings and summarize regional evaluation results which may later inform First 5 California's Center for Results.

Progress in 2007:

In 2007, the Alliance developed a request for qualifications (RFQ) to identify a consultant who will be responsible for conducting the initial activities for the development of a regional repository of local evaluation findings. The RFQ will be released in February 2008. POMS team members participated in the quarterly SCALAR meetings and in the development of the RFQ.

Plans for 2008:

POMS team members will continue to participate in the regional evaluation activities in 2008. The first phase activities for SCALAR will include the development of a central evaluation repository, reports summarizing evaluation findings across the region, and recommendations for potential research projects to be conducted by the SCALAR commissions.

E.3 National Children's Study

Background:

The National Children's Study (NCS) is a long-term research project that will examine the environmental influences on children's health and development. It will be the largest longitudinal study of children's health and development ever to be conducted in the United States. In 2005, Orange County submitted an application to be one of the National Children's Study Vanguard Centers and was selected.

Progress in 2007:

In 2007, the POMS team participated in the NCS planning committee meetings. The committee has identified the target recruitment areas as well as an outreach coordinator for the study. Additionally, a pilot project was implemented between UCI and Maternal Outreach Management System (MOMS) to examine the academic-community partnership which will undergo full-scale implementation during the actual study.

Plans for 2008:

The POMS team will continue to participate in planning of the NCS and oversee the completion of the pilot study. Recruitment for the study will be initiated in late 2008. Findings from this study will provide important information regarding child health outcomes as they relate to environment, maternal conditions, and other factors.

E.4 Substance Exposed Infants Studies

Background:

During the 2004-05 fiscal year, the Orange County Grand Jury studied County efforts to improve birth outcomes of substance exposed newborns. The Grand Jury findings and recommendations were published in June 2005 and the County response was published in August 2005. The Grand Jury recommended that the Health Care Agency initiate and support an ongoing steering committee to direct the focus of improving outcomes related to substance exposed newborns. The recommendation included a goal of initiating and supporting a prevalence study to assist in targeting increased prenatal and perinatal resources to address this problem.

Progress in 2007:

A Steering Committee was formed to provide direction to County efforts, promote collaboration between public and private sectors, and design and implement a prevalence study. In 2007, POMS team members participated in the Substance Exposed Infant Steering Committee. During these committee meetings, Health Care Agency staff presented their progress and findings from the study and received guidance from committee members.

Plans for 2008:

A final report will be available for Commission consideration in early 2008. This report will also be used to inform discussions regarding child abuse prevention among the Technical Advisory Committee members. It has been presented to the Children's Services Coordination Committee

which includes representatives from various child-serving agencies in Orange County. The findings of the report will assist in decision-making regarding services for this population. Additionally, this report will be featured as the special section in the 14th Annual Conditions of Children Report, which is distributed throughout the county and beyond.

E.5 Developmental Framework Planning: Evaluation / Measurement Design and Confidentiality and Data Sharing

Background:

The Developmental/Behavioral Pathways Leadership Committee implemented a process to build community consensus for a developmental services system for children and families in Orange County. Recommendations included the implementation of a universal practice of a developmental screening for all Orange County at milestone ages. In particular, the committee provided guidance to the Assuring Better Child Health and Development (ABCD): Screening Academy pilot projects, which will implement developmental screenings and referrals in private practices, community clinics, and County clinic.

Progress in 2007:

In 2007, POMS team members were active in the Developmental/Behavioral Pathways Leadership Committee. To support the work of the committee, the POMS team facilitated the development of the Evaluation / Measurement design for these projects, as well as a universal consent form.

Plans for 2008:

During the implementation of the pilot projects, the POMS team will support the evaluation activities for the studies.

E.6 Contribute to Ongoing Countywide Indicator Reports

Background:

Three countywide reports are developed regularly that include information about children and families: *The Annual Report on the Conditions of Children in Orange County*; *The Community Indicators Report*, and *The Orange County Health Needs Assessment*. These reports provide baseline and trend information for key indicators of the health, education, socio-economic well-being, and safety of children living in Orange County.

Progress in 2007:

The POMS Team provided technical expertise to assist with the development of these reports. In particular, POMS Team members reviewed and edited the *13th Annual Report on the Conditions of Children in Orange County*, developed this year's special section related to Homeless and Unstably Housed Children, and participated in planning a community forum. This year, for the first time since the release of the Annual Report, a compendium report, "13th Annual Report on the Conditions of Children - Call to Action" will be developed. The Call to Action report highlights four indicators from the Conditions of Children Report and describes current efforts in Orange County along with promising practices to achieve the identified milestones.

Plans for 2008:

The POMS Team will continue to make significant contributions to the production of the Annual Report on the Conditions of Children in Orange County and will participate as requested in the development of other countywide indicator reports.

F. SUMMARY

The POMS Team is pleased to provide to the Commission this report of its activities during 2007. As is evident throughout this report, the evaluation of the Commission's programs and services is being conducted at many levels using a variety of strategies. This multi-faceted approach is important given the comprehensive vision the Commission has adopted and funded to help children be healthy and ready for school. It also is important for demonstrating the effectiveness of the services provided by the Commission's grantees.

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