



Children & Families  
Commission of Orange County

**Agenda Item No. 1  
November 7, 2007 Meeting**

**DATE:** October 19, 2007  
**TO:** Children and Families Commission of Orange County  
**FROM:** Michael M. Ruane, Executive Director   
**SUBJECT:** Performance Outcomes Measurement System Reports

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**SUMMARY:**

The Performance Outcomes Measurement System (POMS) measures progress toward achievement of the goals and objectives in the Commission Strategic Plan. Three evaluation reports have recently been completed and are provided at this time.

The *POMS Annual Performance Report, Fiscal Year 2006-07* is one of the Commission's portfolio of evaluation / management reports that presents summary level program and evaluation information in relation to the Commission's four Strategic Goals. The Annual Performance Report summarizes (1) fund expenditures by goal and program areas, (2) the achievement in terms of key milestones, and (3) accomplishments from each of the Commission's major programs (Attachment 1).

Highlights from the Annual Performance Report, Fiscal Year 2006-07 include:

- 67,273 health screens or well child checks provided to children
- 49,596 home visits provided to parents and caregivers; 640 families successfully completed home visitation programs
- 39,582 children screened for developmental milestones
- 28,033 children received books from health care providers and at community events
- 14,581 shelter bed nights provided to pregnant women, mothers and young children
- 10,002 children enrolled in school readiness programs; 552 children with special needs enrolled
- 1,284,101 class hours provided to children by state and local school readiness partnerships

The *Core Data and Outcomes Module Report, Fiscal Year 2006-07* assesses the needs of children as they begin to receive Commission funded services. The report also offers an assessment of initiative-wide progress over time and for special subpopulations of children served, i.e., newborns in Bridges, children enrolled in State School Readiness Programs and children served through other Commission-funded programs. For instance, some of the following improvements were found when outcome data from follow-up interviews and initial 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).

The *Service Outcome Questionnaires (SOQ) Report, Fiscal Year 2006-07* provides an analysis of Commission client service outcome data to assess whether clients' conditions changed as a result of Commission-funded services. For example, after their participation in Commission-funded services, the percentage of children with health insurance coverage increased from 86% to 97%. Also, 91% of children were fully immunized by the end of service (well above the county average of 79%). The original SOQs were first analyzed for a report presented to your Commission in June 2005. Since that time, the SOQs underwent a complete revision and the new questions were fully implemented in July 2006.

The *Status Upon Entry of Clients Served by the Children and Families Commission of Orange County* report analyzes the Core Data and Outcomes Module (CDOM) data to compare the characteristics of clients as they begin to receive Commission funded services from January 2002 to December 2006. 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. The report found that 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.

#### **STRATEGIC PLAN & FISCAL SUMMARY:**

The development of the evaluation reports has specifically been reviewed in relation to the Strategic Plan, and is consistent with the Quality Services goal. Development of the evaluation reports were funded through the Performance Outcome Measurement System line item of the Commission's FY 05/06 budget. This agenda item does not contain a funding request.

#### **PRIOR COMMISSION ACTIONS:**

The Commission previously received and approved the Performance Outcome Measurement System (POMS) 2007 Work Plan on January 3, 2007.

#### **RECOMMENDED ACTIONS:**

1. Receive Annual Performance Report, FY 2006-07
2. Receive POMS Report: Core Data and Outcomes Module Report, Fiscal Year 2006-07
3. Receive POMS Report: Service Outcome Questionnaires Report, Fiscal Year 2006-07
4. Receive POMS Report: Status Upon Entry of Clients Served by the Children and Families Commission of Orange County, 2002-2006

#### **Attachments:**

1. Annual Performance Report FY 2006-07
2. POMS Report: Core Data and Outcomes Module Report Fiscal Year 2006-07
3. POMS Report: Service Outcome Questionnaires Report Fiscal Year 2006-07
4. POMS Report: Status Upon Entry of Clients Served by the Children and Families Commission of Orange County, 2002-2006

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# Quarterly Performance Report

## Annual Summary

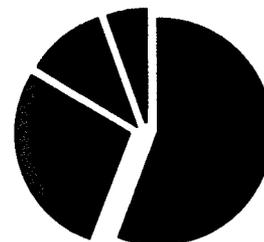
### Fiscal Year 2006/2007



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

#### Annual Summary Fast Facts

- 67,273 health screens or well child checks provided to children
- 49,596 home visits provided to parents and caregivers; 640 families successfully completed home visitation programs
- 39,582 children screened for developmental milestones
- 28,033 children received books from health care providers and at community events
- 14,740 children connected to a medical home
- 14,581 shelter bed nights provided to pregnant women, mothers and young children
- 11,232 screened for dental health; 3,194 dental clinic visits provided
- 10,002 children enrolled in school readiness programs; 552 children with special needs enrolled
- 8,376 children assisted with a health insurance application
- 1,284,101 class hours provided to children by state and local school readiness partnerships
- 3,034 home safety checks completed

#### Annual Summary Fast Facts

Top Funded Initiatives	Expenditures	Number Served	
		Children 0-5	Family Members
Bridges for Newborns	\$ 4,393,748	28,587	28,593
Child Health & Safety/ Community Ed.	1,402,933	656	1,611
Children's Dental	1,099,770	2,603	1,399
Homeless Prevention	587,035	54	80
Local & State School Readiness	7,847,412	11,902	16,412
Pediatric Health Services	9,461,680	26,912	28,548
Project Connections	2,546,315	2,289	3,691
School Readiness Nursing	2,380,952	10,694	5,723
Special Needs Program	1,172,964	622	1,232
VISTA/AmeriCorps	2,072,836	664	657

[www.occhildrenandfamilies.com](http://www.occhildrenandfamilies.com)

## Top Funded Initiatives

### Bridges for Newborns

Bridges for Newborns provides bedside screening at 10 major birthing hospitals to determine needs and link families with home visitation and health access services. This year, the Commission, the Hospital Association of Southern California, the American Academy of Pediatrics, and Bridges launched a Child Health Diary to improve care and avoid duplication of services between health programs and pediatricians.

### Homeless Prevention

The Commission partners with HomeAid Orange County to develop transition and emergency shelter facilities for homeless children and their families, providing children with a safe and stable environment so they are healthy and ready to learn upon entering school. In FY 2006-07, the Commission funded expansion of support programs for "Transition House" at Casa Teresa that increases the length of time new moms and their babies can stay, from six months up to two years.

### Children's Dental

Healthy Smiles for Kids of Orange County and the St. Joseph Hospital Pediatric Dental Care Collaborative conduct screenings, provide sealants and fluoride treatments, offer parent and caregiver education, and improve access to dental care. In August 2006, the first-ever Pediatric Dental Residency Program was established in Orange County, through collaboration with the USC School of Dentistry and Children's Hospital of Orange County.

### Local and State School Readiness

School readiness coordinators are in every elementary school district to work with school staff, families, community stakeholders, and the early care and education community. In 2006-2007, local school readiness programs merged with the Commission's early literacy program to increase family literacy opportunities. The state school readiness program put systems in place to track preschoolers as they approach Kindergarten. Sixty-four sites had Kindergarten transition plans and 3,782 children participated in transition activities.

### Pediatric Health Services

This collaboration develops new or expanded services to promote access to primary and specialty health care. This year, in partnership with CHOC/UCI, the Commission launched Help Me Grow, a referral network for partners, health care and early care providers to address concerns regarding a child's development.

### Project Connections

Health Access Teams at eight Family Resource Centers provide health education and in-home support services for pregnant women and families with young children, connecting families with community clinics to provide prenatal and medical care, and screenings. This year,

teams focused on providing new mothers with breastfeeding support. The education and encouragement provided by team members resulted in 575 mothers supported to breastfeed their children.

### School Readiness Nursing

Nurses at each elementary school district provide health and development screenings, referrals and follow-ups, health education, and health insurance enrollment. This year, School Readiness Nurses participated with the Commission's early literacy program, County Health Care Agency and colleges to provide flu vaccinations as part of the County's Point of Distribution Pandemic Response Events. Volunteer readers distributed books in Spanish, English, and Vietnamese and read to children receiving their flu vaccines.

### Community Education/Children's Health and Safety

Community Education includes projects that educate on the critical issues during the first five years of life. Child Health and Safety includes the child passenger safety programs and childhood injury prevention programs. In 2006-2007, the Commission partnered with Sesame Workshop and the Discovery Science Center, bringing a unique exhibit on The Body to Orange County, and developing a children's obstacle course at Angel's Stadium to demonstrate the importance of physical activity.

### Special Needs Program

The Learning, Early Intervention, and Parent Support (LEAPS) project is designed to increase school readiness by providing early identification and intervention services for children with disabilities and other special needs. In 2006-2007, LEAPS partnered with the Department of Special Education to create a collaborative Child Study Team for referrals and assessments; added a bilingual speech and language therapist; and collaborated with the UCLA Center for Healthier Children, Families, and Communities to improve provision of neurodevelopmental services.

### Making a Difference

*Anna, a first time teen mother was referred to the Bridges for Newborns home visiting program with her newborn daughter Emily. A victim of physical abuse as a child, Anna was a scared and unsure new mom, with little family support to teach her how to care for her new child. Through home visitation, Emily received health and parent education, developmental screenings, home safety training, referrals and linkage to local resources and breastfeeding education. With the help of her home visitor, Anna found a pediatrician and maintained all of her well-baby check-ups for Emily. Today, Emily is a healthy one year old with a confident, engaged mother who is dedicated to her success.*

# SRI International

September 25, 2007

## **Core Data and Outcomes Module Report Fiscal Year 2006-07**

SRI Project 17986

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## Executive Summary

The Children and Families Commission of Orange County (CFCOC) is committed to outcome-based accountability. CFCOC collects information on children and families who are intensively served by CFCOC grantees in order to document changes in the well-being of participants. Information is stored in the Core Data and Outcomes Module (CDOM) of the Outcomes Collection, Evaluation and Reporting Service (OCERS).

SRI International (SRI) analyzed and summarized CDOM data from fiscal year 2006-07 to support CFCOC in assessing the needs of children as they begin to receive CFCOC-funded services and the outcomes of children and families in programs that have collected a sufficient number of follow-up Core Data Elements (CDEs). Data included in this report were collected by CFCOC and its grantees from 30,656 children and families served between July 1, 2006, and June 30, 2007. Using this information, the report provides a snapshot of the health and well-being of children and families upon entry to CFCOC-funded programs, as well as comparisons among subgroups of participants (e.g., demographics, funding category). Descriptions of changes in outcome indicators also are presented for those children and families with follow-up CDE interviews conducted in fiscal year 2006-07 and matched to an initial CDE in a previous year.

Initial CDE data for fiscal year 2006-07 presented in this report found that CFCOC-funded programs are serving some of the highest-need children and families in Orange County, including:

- Latino children (67% of children served).
- Children of families who primarily speak a language other than English (63%); 53% of all CFCOC families speak primarily Spanish.
- Children living in poverty (43% at or below the federal poverty level and 66% at or below 200% of the federal poverty level).
- Children whose mothers do not have a high school diploma or GED (42%).

These children are also at high risk because, at program entry, they had fewer experiences or supports known to promote greater success in school and life than their county and state peers. For example:

- Fewer CFCOC participants had a health home.
- Fewer children were breastfed.
- Fewer families reported reading or showing picture books regularly to their children.
- Fewer families had 10 or more children's books available in the home.

Improvements in children's health, early education, and family well-being after receipt of CFCOC services were found when outcome data from follow-up CDE interviews conducted in fiscal year 2006-07 were compared with initial CDE interviews conducted at least 2 months prior, including:

- More children had a health home (94% vs. 93%).
- More children had appropriate immunizations for their age (93% vs. 88%).

- Fewer children had visited a primary health care provider (62% vs. 65%) or the emergency room (11% vs. 12%) in the past 3 months.
- Fewer families experienced barriers to health care (17% vs. 20%).
- More children visited the dentist regularly (66% vs. 48%) and had a regular dental home (50% vs. 64%).
- Fewer children were exposed to tobacco smoke on a daily basis (10% vs. 11%).
- More families regularly read and told stories to their children (70% vs. 68%).
- More families had 10 or more children's books available in the home (45% vs. 42%).
- More mothers acquired their high school diploma or GED (42% vs. 39%).
- Fewer families shared homes with another family (39% vs. 41%).
- Fewer families received financial assistance (69% vs. 73%).
- Fewer families lived in poverty (55% vs. 57%).
- More children ages 3-5 spent time outside of the home (40% vs. 31%).
- More children ages 3-5 participated in preschool or other early care and education programs (87% vs. 83%).
- More parents were aware of medical, developmental, and/or behavioral conditions that might affect their children's school performance (7% vs. 6%).

The one outcome indicator that did not improve over time was that of health insurance coverage. The proportion of parents who reported that their children had health insurance decreased slightly from 93% at initial CDE interview to 91% at follow-up after receipt of CFCOC program services.

The CDOM data suggest that CFCOC funding is effectively reaching the population of families with children ages 0-5 who are in need of services and is providing activities and interventions that are associated with improved short-term outcomes that are known to promote children's greater success in school and life.

# SRI International

September 25, 2007

## **Service Outcome Questionnaires Report Fiscal Year 2006-07**

SRI Project 17987

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## Executive Summary

This report presents the findings from Service Outcome Questionnaires (SOQ) data collected by Children and Families Commission of Orange County (CFCOC) grantees from June 1, 2006, through July 31, 2007. SOQs are short surveys about a participant's services and outcomes that CFCOC program staff complete based on their professional judgment at completion of the participant's services. A total of 7,902 SOQs for 7,410 children were entered into OCERS during the 2006-07 fiscal year. Key findings are highlighted below.

### 1. Who is being served by CFCOC-funded grantees?

CFCOC programs are serving many children and families in Orange County who are at high risk of poor health, learning, and family functioning outcomes. The children served in 2006-07 had the following characteristics:

- Were Latino (83%), white (37%), Asian or Pacific Islander (11%), and multiracial or other ethnicities (8%)
- Primarily spoke languages other than English: Spanish (53%) or other languages (10%)
- Had mothers with low levels of education (59% did not have a high school diploma or GED and 19% had a high school diploma/GED)
- Lived in poverty (58% at or below the federal poverty level and 87% at or below 200% of the federal poverty level)

Nearly half of the children served by CFCOC were girls (49%) and half boys (51%). Similarly, about half of children were ages 0-2 (49%) and about half were ages 3-5 (51%).

### 2. What types of services do participants receive?

Most CFCOC program participants received the following:

- Information or a referral (95%) from the CFCOC program serving them
- Assistance with health care access (86%)
- General parenting education services (80%)
- Health screenings/assessments (70%)
- Developmental and behavioral screenings/assessments (60%)

Many CFCOC program participants received the following:

- Family care management/home visits (44%)
- Safety education and injury prevention services (44%)

Approximately, a quarter of the participants received oral health education, preschool classes, nutrition and fitness activities, kindergarten transition services, and breastfeeding assistance. Family literacy and adult education services were received by more than one-fifth of the participants and assistance with basic needs and child care were received by 16% and 12% of the participants, respectively. Various types of medical, oral, and mental health treatment services were received by less than 10% of participants.

The intensity of services varied widely: 8% received services only once, 28% of participants received services 2-5 times, 26% received services 6-20 times, 12% received services 21-100 times, and 26% received services more than 100 times.

### **3. What improved outcomes do children and families who participated in CFCOC-funded programs experience?**

CFCOC program staff reported several positive improvements in children's health, early education, and family well-being, including the following:

- More children had a regular medical health home (79% to 99%) after their participation in CFCOC funded programs.
- More children had health insurance (86% to 97%) after their participation in CFCOC funded programs.
- More children had appropriate immunizations for their age (81% to 91%) after receiving assistance with accessing immunization services.
- More children were rated in excellent health (8% to 24%) after receiving well-child care.
- More children were rated as having moderate or high physical activity (89% to 97%) after participation in nutrition and fitness services.
- Fewer children had one or more dental caries (67% to 24%) after receiving oral health treatment.
- Fewer children were rated as being at risk of obesity (37% to 35%) after participation in nutrition and fitness services.
- More children performed at or above age-appropriate levels (52% to 87%) after participation in early care and education services.

CFCOC program staff also reported several positive improvements in parents' knowledge, skills, and involvement after participation in parent education classes, including the following:

- More parents were rated as having excellent knowledge and involvement in raising healthy children (7% to 45% and 6% to 46%, respectively).
- More families' had a fully safe home environment (no changes required) (4% to 24%).
- More parents were rated as having excellent parenting skills (3% to 16%).
- More parents were rated as having excellent knowledge and involvement in promoting children's readiness for school (11% to 27% and 15% to 32%, respectively).

Outcomes also included identifying and referring several children for further assessments and services:

- 4,312 children received developmental screenings and 24% were identified as having a concern that required further assessment or monitoring.
- 686 children received mental and behavioral health screenings and 21% of the children were identified as having a concern that required further assessment or monitoring.
- 412 children received dental screening and 31% referred for immediate dental care.

#### **4. Which children and families who participated in CFCOC-funded programs experience better outcomes?**

Differences in outcomes were examined by age, gender, primary language, poverty status, and maternal education for indicators when sufficient data existed. Differences in outcomes for subgroups remained the same, increased, or decreased, depending on the indicator examined. The subgroups that tended to be lower on most outcomes at start of service were Spanish-speaking families, families living in poverty, and families in which the mother had a lower level of education.

Subgroup differences disappeared by the end of the service for

- children having a health home and
- children having health insurance.

Subgroup differences get smaller, although continue to exist, by the end of service for

- children having age-appropriate immunizations, and
- child's performance in early care and education.

Subgroup differences get larger by end of service for

- parenting skills, and
- parent knowledge and involvement in children's school readiness.

Subgroup differences emerge by end of service for

- parent knowledge and involvement in raising healthy children.

# STATUS UPON ENTRY OF CLIENTS SERVED BY THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

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## Executive Summary

As of December 31, 2006, the Core Outcomes Data Module (CDOM) database contained more than 122,000 client records. This substantial number of records allows us to make meaningful comparisons between the clients participating in each of the major types of programs funded by the Children and Families Commission of Orange County (Commission). Comparing these data across programs provides informative assessments of the clients enrolled in each of the respective programs. Similarly, because complete data are now available for each year since 2002, we can make comparisons across five years in the characteristics of clients participating in Commission-funded programs.

The data in this report compare the characteristics of clients at the time of their initial interviews to document the status of children as they begin to receive services through Commission-funded programs. In most cases, data are included for each of the five years 2002 through 2006. As in prior reports using these data, we make distinctions among three primary subpopulations of Commission clients: those in the Bridges for Newborns program (approximately 76 percent of all participants), children enrolled in State School Readiness programs (approximately 7 percent of the records), and those children served in other, non-Bridges programs (approximately 18 percent of all records).

Findings from the analysis suggest that there have been some critical improvements among children beginning to participate in Commission-funded programs, and other areas in which the children's conditions have worsened. They also suggest the Commission is serving populations that face substantial challenges. For example:

- More than half of all children being served by the Commission are part of families that are living at or below 100 percent of the Federal poverty rate, though there was some slight improvement in these figures in 2006. This improvement is

somewhat offset by a slight increase in 2006 in the percentage of children whose families were at or below 200 percent of the Federal poverty rate.

- A lower percentage of children beginning to participate in State School Readiness programs were uninsured in 2006 than in prior years. This improvement was offset by the higher percentage of uninsured children beginning to participate in other, non-Bridges programs.
- 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 for which this issue is relevant (i.e., children old enough to need dental services), there was between a 30 and 44 percent 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.
- The percentage of children whose parents read to them everyday was higher in 2006 than in prior years. As a result, across all five years of data collection, approximately 40 percent of children beginning to receive Commission-funded services have lived in households in which this occurs.
- The percentage of children living in households with at least 10 children’s books available also increased slightly in 2006, such that across all five years approximately 44 percent of all children lived in such households.
- Remaining consistent with prior years, approximately ten percent of families with newborns at Bridges hospitals were referred to Bridges providers for additional support.

## **Introduction**

This report summarizes the characteristics at the time of the initial interview of clients served in programs funded by the Children and Families Commission of Orange County (Commission). The Commission provides funding to an array of programs that seek to improve the lives, health, and opportunities for children in Orange County. As part of this effort, the Commission evaluates the programs it funds to learn about their accomplishments, to guide program

improvements, and to comply with statutory requirements.<sup>1</sup> The evaluation efforts include both process and outcome measures and include both Commission-wide and program specific evaluations. Commission-wide evaluation efforts, of which this report is a part, aim to provide an overall picture of the Commission's accomplishments and progress toward achieving the Commission's goals and objectives, and include all funded grantees as part of the effort.

The data included in this report comes from the Core Data Outcomes Module (CDOM) of the Outcome Collection, Evaluation and Reporting Service (OCERS), representing all the children who received services through the Commission from January 2002 through December 2006, and who are receiving ongoing Commission-supported services. The statistical summaries provided throughout this report are based on 122,078 initial interviews, which typically are conducted within the first one to three contacts a program has with the child and family.

The Commission funds an array of programs in three main areas, including Healthy Children, Ready to Learn, and Strong Families programs. The centerpiece of the Healthy Children programs is the Bridges for Newborns, which serves the largest number of children among all Commission programs. Through this program, the Commission partners with birthing hospitals and a network of service providers to identify children whose families could benefit from additional family support and link them to a network of those services. This program also assists families in enrolling their children in health insurance programs, and establishing relationships with clinics and doctors for immunizations and well-child check-ups. Additional Healthy Children programs include the School Readiness Nurse Expansion program, which provides funding for a school-based nurse position in each participating elementary school, a children's Health and Safety program, a Fitness and Nutrition program, a Children's Dental Health Initiative, the Pediatric Health Service program, and Project Connections/Family Resource Centers that provide access to health care and insurance, health education, in-home support services, parenting classes, and a range of other services for pregnant women and their families.

Ready to Learn programs include the state of California's First 5 School Readiness Program, as well as other, local School Readiness programs, and an Early Literacy Network. The State School Readiness program aims to improve the transition from early care settings to elementary school and to increase the capacity of schools and communities to promote the success of young children at low-performing schools. This program focuses its efforts in five key areas, including health and physical development, emotional well-being and social competence, attitudes toward

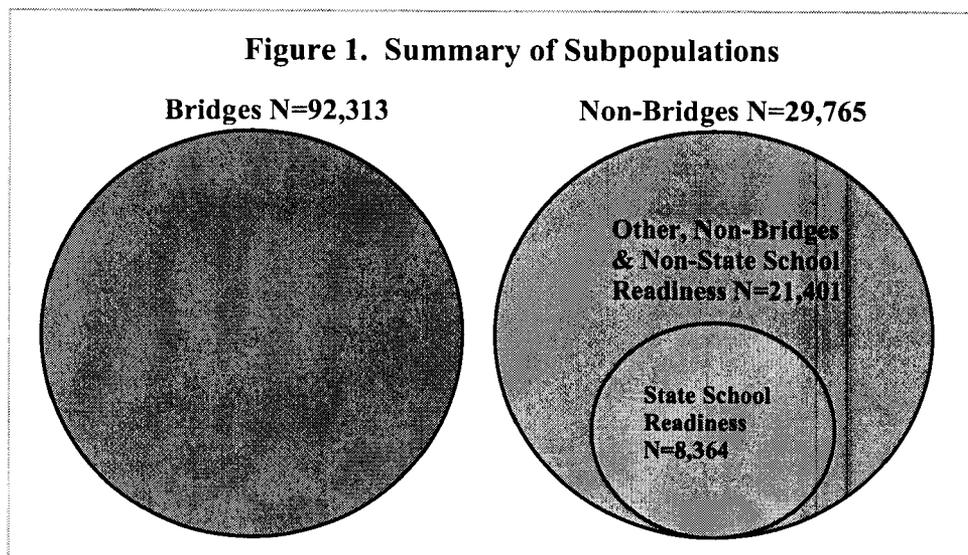
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<sup>1</sup> By October 15 of each year, each County Commission must report on "the progress toward, and the achievement of, program goals and objectives, and information on programs funded and populations served for all funded programs." (California Health and Safety Code Section 130150(a))

learning, communicative skills, and cognitive skills. Local School Readiness programs include funding School Readiness Coordinators, who act as liaisons with early learning centers, school districts, and Head Start, to ensure that schools are prepared to meet the needs of children when they arrive. The Early Literacy Network promotes the expansion of model literacy programs, and uses volunteers and home visits to model parenting techniques surrounding reading and literacy.

Strong Families programs attempt to support and strengthen families. Among the programs funded in this area were efforts to develop and establish 211, the countywide phone center that connects Orange County residents to community health service and support. Additionally, the Commission has supported HomeAid Orange County, which funds transitional shelters built and supported by homeless families.

We group the data provided by CDOM into three primary subpopulations of children and families, based on their initial participation in one of the programs described above. These subpopulations are frequently defined by the reasons a child has been served by a commission program. For example, the majority of children are intercepted at birth through the Bridges for Newborns program. Others are encountered through Non-Bridges programs, which includes the State School Readiness program and Other, Non-Bridges and Non-School Readiness Programs (the range of other programs described above).<sup>2</sup>



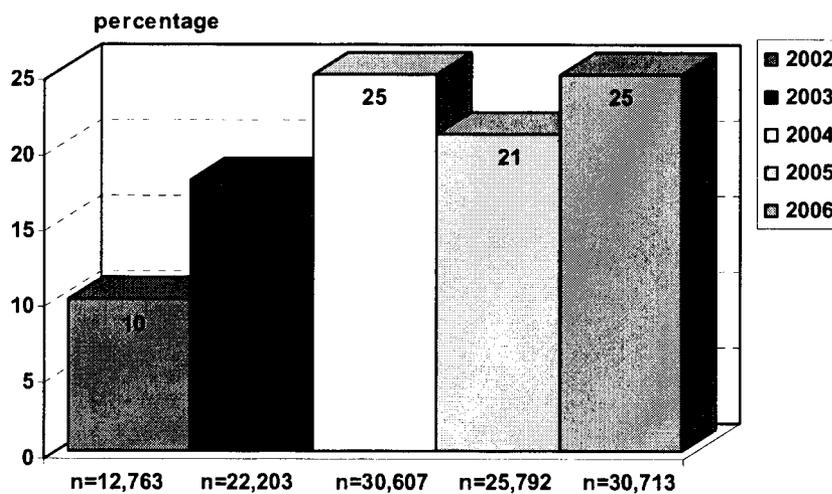
<sup>2</sup> For brevity, we refer in the remainder of this document to other, non-Bridges and no-State School Readiness programs as Other programs.

These subpopulations can differ in many respects, and these differences should be taken into account when interpreting the data. This report thus focuses on the contrasts and similarities between the three subpopulations, and supplies information that will provide context and support for the interpretation of subsequent results. The first summary of subpopulation data appears in Figure 1, which displays the three school subpopulations that will be described extensively throughout this report.

As the figure suggests, the Bridges for Newborns Program served 92,313 children during the five calendar years included in this report, and the Non-Bridges programs, which include State School Readiness and Other programs, collectively served 29,765 children. State School-Readiness programs served 8,364 children, while the Other programs served 21,401. Additionally, between January 2006 and December 2006, an additional 22,254 children were served in the Bridges for Newborns program, while Non-Bridges programs served an additional 8,383 children, of which 3,107 were participants in State School Readiness Programs.

Data provided by CDOM also identify the number of initial interviews that were conducted each year, from 2002 through 2006. Figure 2 shows the distribution of these initial interviews conducted in each of the five years they have accumulated. As the figure suggests, the number of initial interviews has increased every year, with the exception of a decrease in 2005.

**Figure 2. Number of Initial Interviews by Year**

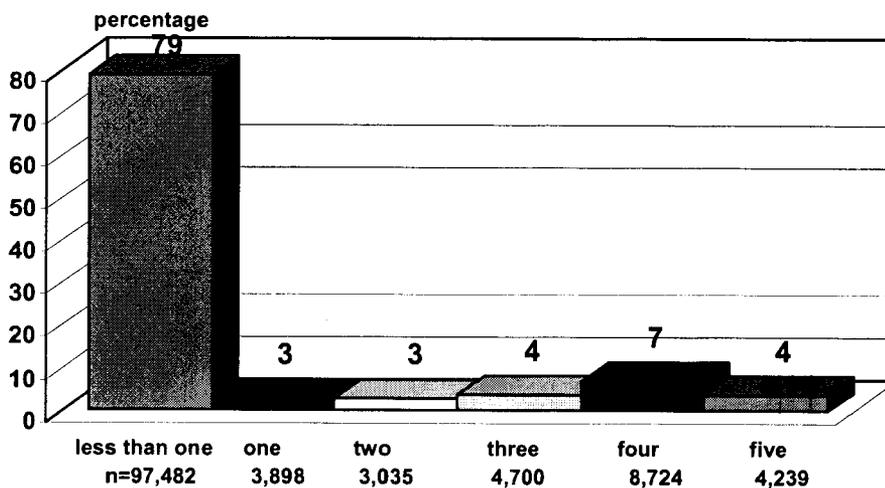


Although the reason for the decline in the number of initial interviews in 2005 is uncertain, there are at least two possible explanations. First, there were significantly few births at Bridges hospitals in calendar year 2005 than in prior years. Thus, the fewer births can provide at least a

partial explanation for the decrease in initial interviews. This fact cannot explain the entire decrease, though, since there are significantly fewer initial interviews for children in each age group during this year. A second possible explanation, then, is that a child's initial interview was entered in an earlier or later year and does not appear in 2005, although the child continues to receive services. Finally, it is simply possible that fewer children opted to enroll in Commission-funded programs in 2005. As the figure suggests, however, the number of initial interviews increased once again in 2006. In fact, the number of initial interviews reached its highest total ever in calendar year 2006.

We also examined the distribution in the age of children served by the various Commission-funded programs. Figure 3 provides the breakdown by age of children participating in Bridges and Non-Bridges Programs from 2002 through 2006. As seen in the figure, 79 percent of the children who are served by all programs began doing so before the age of one, largely because the Bridges program is for newborns. The next most frequent age at the time of the initial interview was four year olds, which comprise 7 percent of the overall population. This is likely due to the fact the State School Readiness programs primarily serve four year olds.

**Figure 3. Ages of Children in all Programs for All Years**



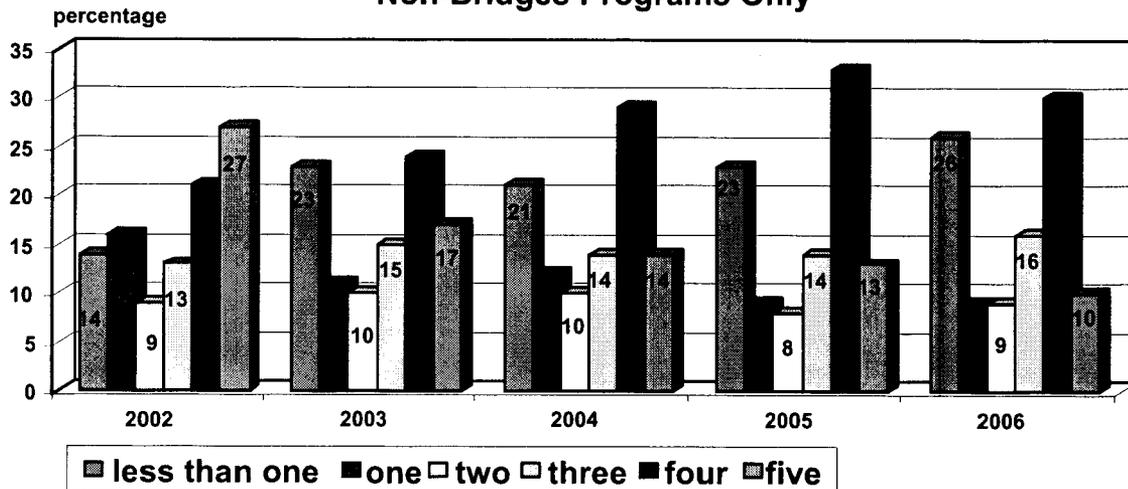
## Demographics

### Distribution of Children's Ages for State School Readiness and Other Non-Bridges Programs

Figure 4 displays the differences in the age distributions of children served across a five-year period for State School Readiness and Other programs.<sup>3</sup> As seen in the figure, the percentage of newborns and infants under the age of one served in these programs increased the most between 2002 and 2003 (9 percentage points), fluctuated slightly since 2003, and reached its highest proportion in 2006 (26 percent). The percentage of those whose first interview was when they were one year old dropped significantly between 2002 and 2003, and has remained below 10 percent the past two years.

Similarly, the percentage of five year olds being served by the programs experienced a significant drop between 2002 and 2003, and has continued to decline each year since. The percentage of two and three year olds served by these programs has fluctuated slightly, but has remained fairly constant over the five-year period. In contrast, the percentage of four year olds increased each year between 2002 and 2005, before tapering off slightly in 2006 at 30 percent.

**Figure 4. Age Distribution: Five-Year Comparison for Non-Bridges Programs Only**



## Ethnicity

Ethnicity was examined both over time and across programs. Figure 5 summarizes children's ethnicity across all five years and all subpopulations.<sup>4</sup> Latinos are the most frequent participants at 65 percent, followed by non-Latino White children at 17 percent. Following this are children who are reported to have a multiethnic heritage (7%), Vietnamese (5%), other Asians (4%) and African Americans (1%). Children who were reported as being some "Other" race (2%) represent a small percentage of the children served by Commission-funded programs.

**Figure 5. Ethnicity in All Programs: 2002-2006**

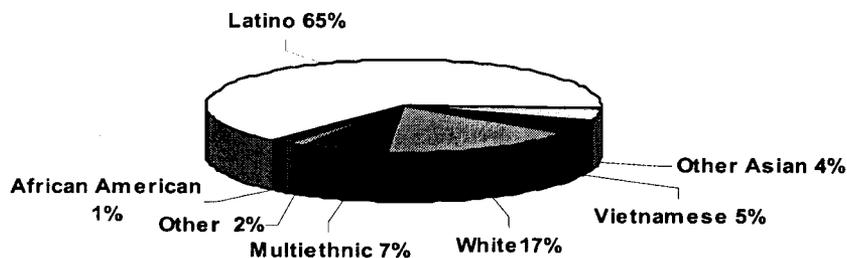


Figure 6 shows the ethnic breakdown in the three major subpopulations of Bridges, State School Readiness and Other programs.<sup>5</sup> Since Latino children account for 65 percent of the children being served by all programs, and 43 percent of children under six years old in Orange County overall,<sup>6</sup> it is not surprising that Latino children predominate in State School Readiness (86%), Other Non-Bridges (76%), and Bridges Programs (59%). Yet, even though Latino children were the majority in each of the programs, they were much more strongly so in non-Bridges Programs. In addition, non-Latino White children were a strong minority in both Bridges for Newborns and Other programs (20% and 12% respectively, as compared to 37 percent among those less than six years old in Orange County overall), though much less so in the State School Readiness

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<sup>3</sup> Children in the Bridges program are all newborns and, thus, are all under the age of one, so their data are not described here.

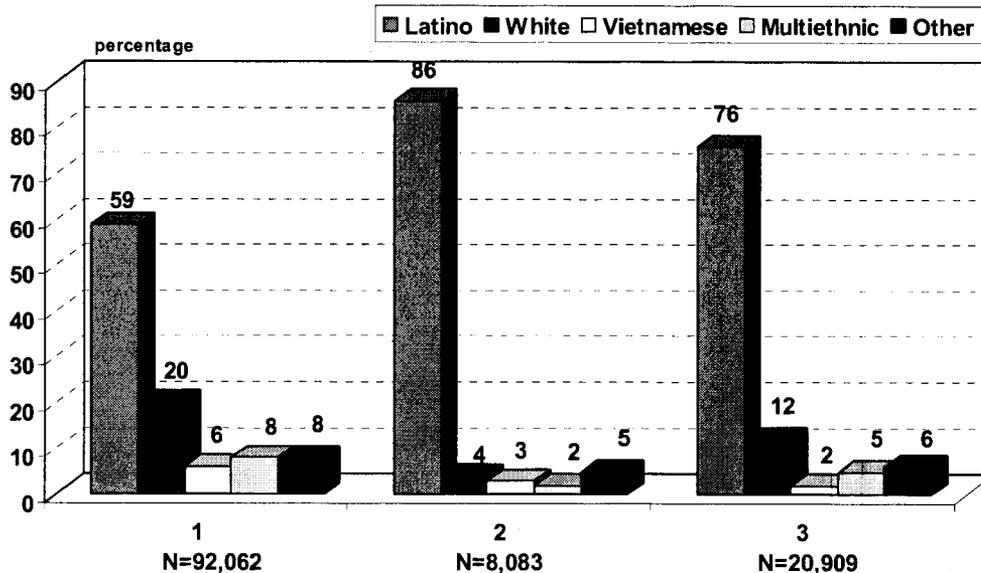
<sup>4</sup> The percentages do not sum to 100% due to rounding error.

<sup>5</sup> Percentages do not sum to 100% due to rounding error.

<sup>6</sup> Data for children ages 0 to 5 for Orange County overall are taken from the 2000 U.S. Census.

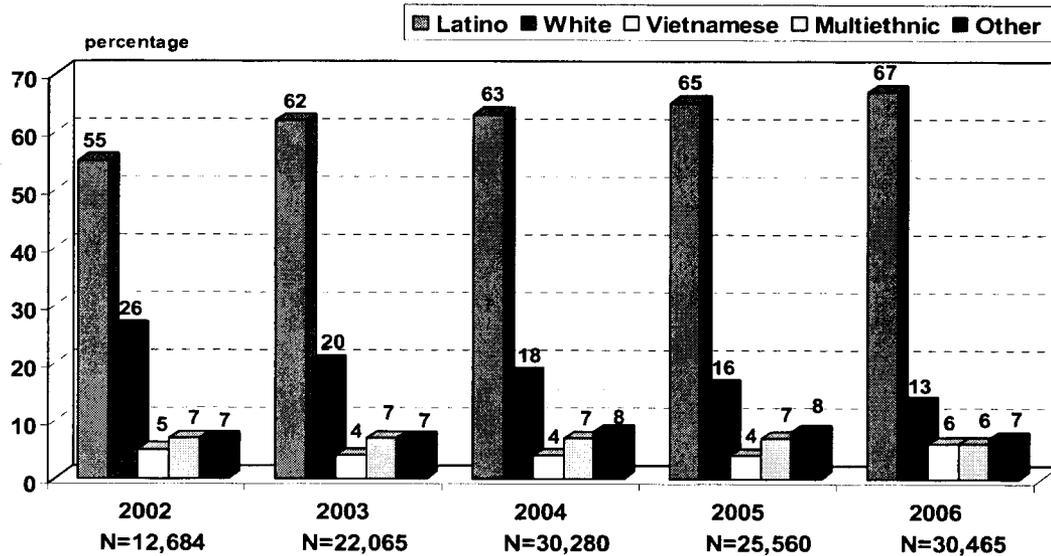
programs. Children reporting as being Multiethnic were somewhat more common in the Bridges program and Other programs (6 and 5 percent, compared to 2 percent in State School Readiness programs, and to 4 percent in Orange County overall), while those described as being of some “other” ethnicity were slightly more common in the Bridges programs. It is perhaps not surprising that the demographics of children served by the Bridges program are somewhat more representative of the children within Orange County overall, because of the very nature of the programs. Specifically, because Bridges hospitals represent all but two of the birthing hospitals in Orange County, one would expect that the births in those hospitals are largely reflective of the overall community. Other Commission-funded programs, however, are more targeted and, thus, one would not expect them to be as representative of the broader population. For example, the State School Readiness programs operate in thirteen of the school districts in the county; these districts tend to have lower-performing schools and tend to be lower-income.

**Figure 6. Ethnicity: In Three Subpopulations**



In Figure 7, we display a five-year comparison of the ethnicity of participants across all programs. Not surprisingly, Latinos are the largest ethnic group represented, followed at some distance by non-Latino White participants. Yet, while the percentage of those served who identified as Latino increased by 12 percentage points between 2002 and 2006 (a gain of nearly 22 percent overall), there was a corresponding decrease of 13 percentage points among non-Latino White individuals (a 50 percent decrease overall). The balance among the remaining ethnic groups stayed relatively constant across time.

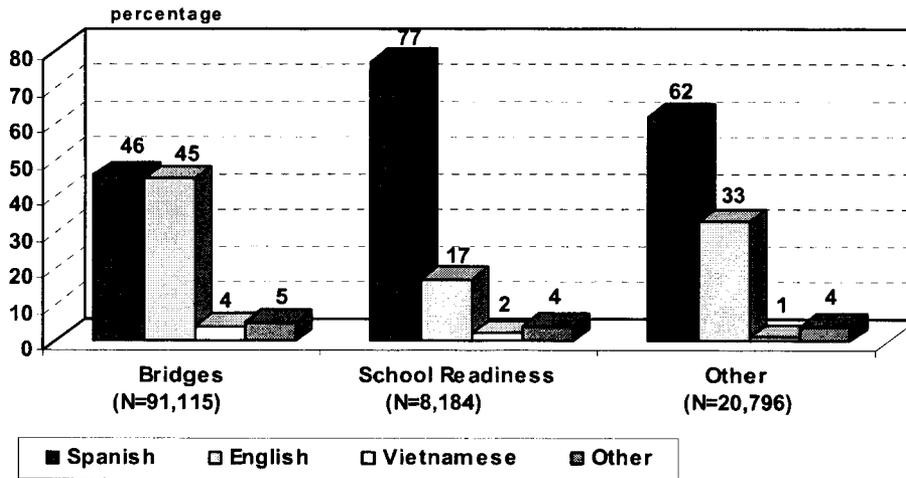
Figure 7. Ethnicity: Five-Year Comparison



### Primary Language

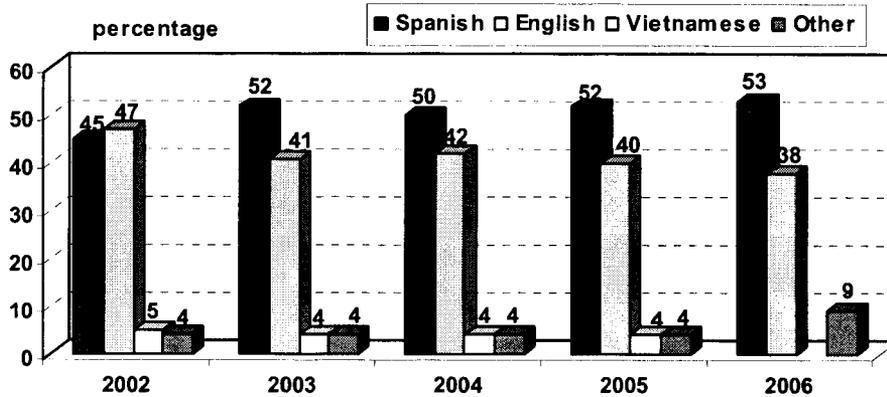
The patterns in the primary language spoken by those served by Commission programs are similar to those for ethnicity, but there are important and revealing differences to be observed as well. In Figure 8, we display the primary language spoken in households served by each of the three main programs. As can be seen in this figure, Spanish speakers are a substantial majority in both the State School Readiness and Other programs. Spanish and English-speaking households are approximately equally prevalent among those in the Bridges program. Comparing Figures 6 and 8 suggests that not all Latinos are monolingual Spanish speakers, because the proportion of families identifying their primary language as Spanish is smaller than the proportion identifying themselves as Latinos.

**Figure 8. Primary Language In Three Subpopulations**



Specifically, while 59 percent of families whose children are enrolled in Bridges Programs report they are Latino, only 46 percent report that Spanish is their primary language. Similarly, while 86 percent of children in State School Readiness programs report being Latino, 77 percent in this program report Spanish as the family’s primary language. The pattern is similar among those in Other programs. A similar story can be told by examining the primary language spoken when broken down into the various years in which the programs have operated. These data are shown in Figure 9. As can be seen by comparing this figure to Figure 7, although Spanish has been the predominant language spoken in the households of clients in these programs in every year except 2002, in each year the percentage of Spanish-speaking households is significantly lower than the percentage that is Latino.

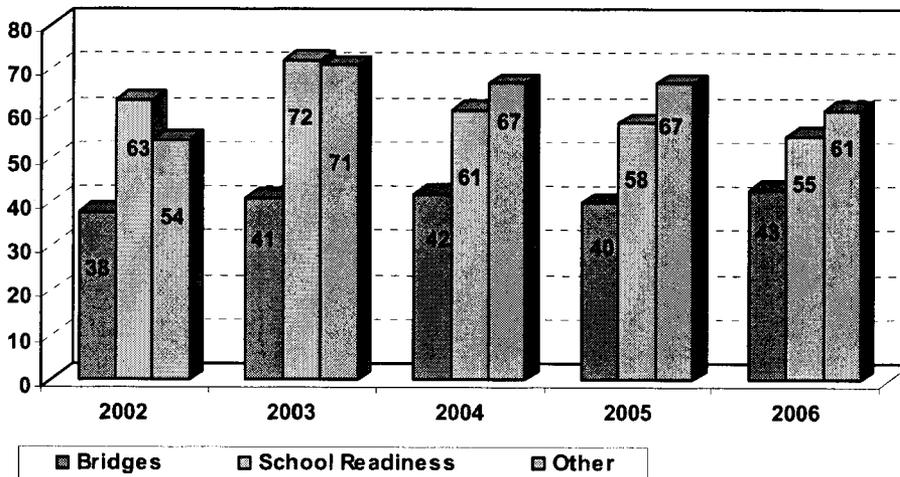
**Figure 9. Primary Language: Five-Year Comparison**



## Children Living in Poverty

In this section, we provide an overview of the economic status of children being served by Commission-funded programs. The number of children living in poverty (or very near it) is a critical indicator for understanding the overall health of the community, because children living in poverty are at significantly greater risk on an array of health, cognitive development, behavior, emotional, and academic achievement problems or concerns. Figure 10 displays, across all five years of funding, the percentage of children in each of the programs who were living in households that earned no more than 100 percent of the federal poverty guidelines. The economic position of families with children participating in the Bridges for Newborns Program has been relatively stable across time, while the percentage of children living in poverty in State School Readiness and Other programs peaked in 2003, but has declined steadily since then. As a result, only 55 percent of families whose children were enrolled in State School Readiness programs in 2006 were living in poverty, as compared to nearly three-fourths who were in 2003. Similarly, the percentage of children living in poverty in Other programs has dropped from a high of 71 percent in 2003 to its current 61 percent.<sup>7</sup>

**Figure 10. Percentage of Families at 100 percent of Federal Poverty Line in Three Subpopulations: Five-Year Comparison**



Of course, even those living somewhat above the poverty level may struggle to meet their expenses and afford health and other care for their children. Given California and Orange County's high cost of living, this is especially true for those served by Commission-funded

<sup>7</sup> These data compare with the overall poverty rate among children (ages 0 to 5) in Orange County. Data taken from the 2000 Census indicate the poverty rate for these children overall was 13 percent.

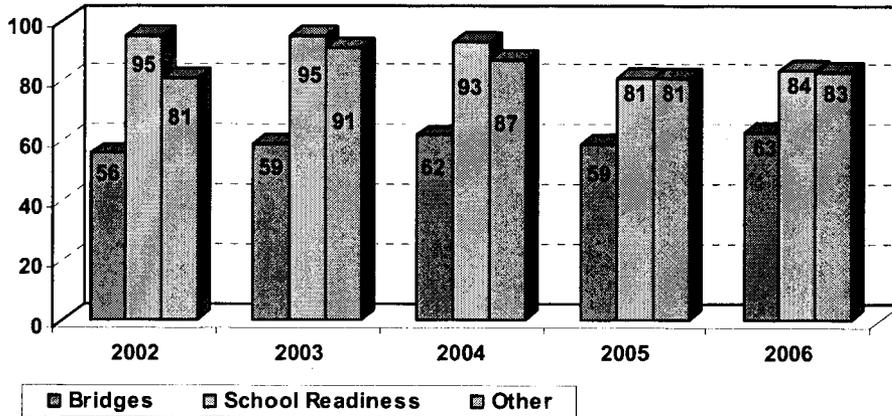
programs. Thus, we also examined the percentage of families served in these programs whose incomes were no more than 200 percent of the federal poverty level. This distribution is shown in Figure 11.

Figure 11 shows that, from 2002 through 2004, nearly 100% of State School Readiness children were living in households that earned at or below 200 percent of the federal poverty level. However, in 2005, there was a sharp drop-off, such that only about 80 percent of children who were the subject of initial interviews in this year lived in such households. This percentage rose somewhat in 2006, but it remained well below its peak earlier in the decade. Interestingly, the data in Figure 11 do not mirror those in Figure 10, in that the percentage of initially interviewed children living at or below 200 percent of the Federal poverty rate increased between 2005 and 2006 while the percentage living at or below 100 percent of this rate largely stayed the same or decreased across the three programs. This suggests that, among the children served by Commission-funded programs, an appreciably lower percentage of families were below the poverty threshold in 2006 than in years prior, though the families remained relatively poor, as shown in Figure 11. The reason behind this shift is unclear. It may be that the federal poverty guidelines between 2005 and 2006 did not increase substantially enough thereby “elevating” some families out of poverty.<sup>8</sup>

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<sup>8</sup> Although the poverty threshold and the increases in the established threshold vary with the number of individuals within a household, the increases between 2005 and 2006 ranged from 2.4 percent to 3.7 percent. Thus, if income outpaced these percentage increases in Orange County, one would expect to see fewer families in poverty simply because of the lower shift in threshold levels.

**Figure 11. Percentage of Families in Three Subpopulations at 200 percent of the Federal Poverty Line: Five-Year Comparison**



### Mothers' Education

In this section, we examine the educational levels of mothers of children served by Commission-funded programs. Mothers' education has been shown to be associated with children's health status and academic achievement, such that mothers with low levels of education are more likely to have children with poorer health and lower levels of academic achievement. Figure 12 displays the education of mothers of children enrolled in each of the three types of programs, by comparing the percentage of mothers with less than a high school education to those with a high school education or more. As the figure indicates, the distribution for Bridges shows a higher percentage of mothers with a high school education or more (59 percent versus 41 percent), while State School Readiness and Other programs both show that mothers without a high school education are in the majority.

**Figure 12. Mother's Education In Three Subpopulations**

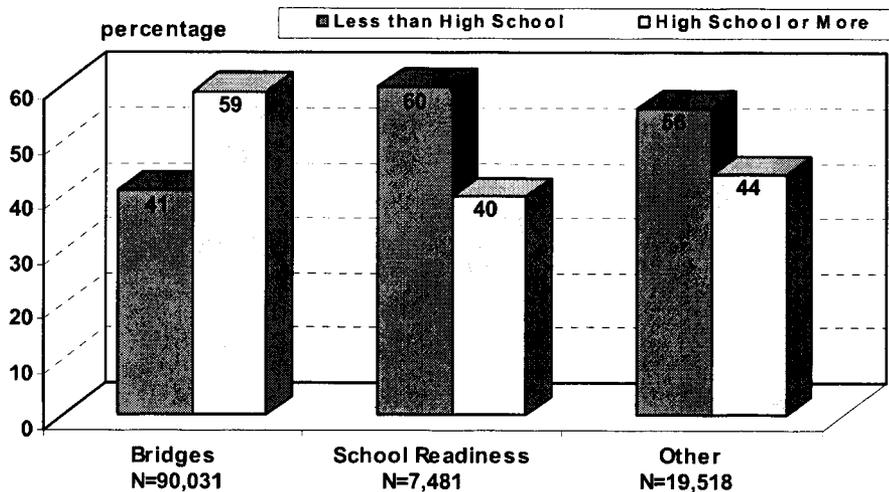
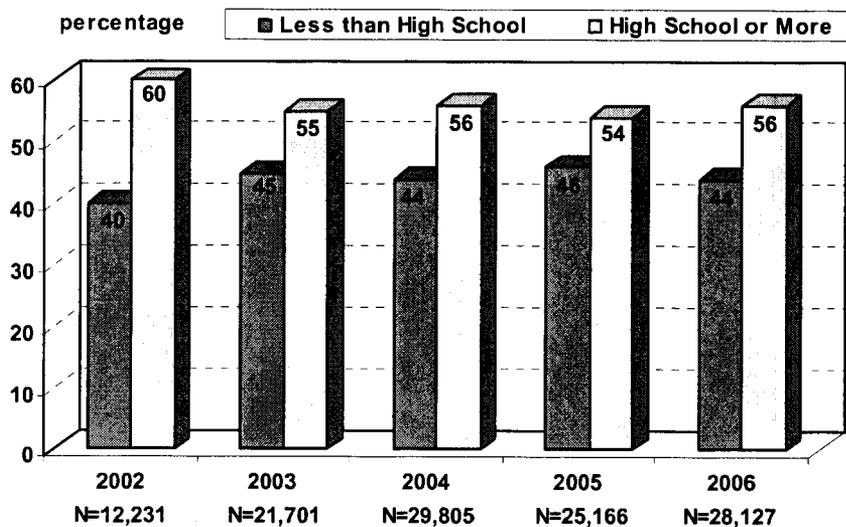


Figure 13 relies on the same data as Figure 12, but displays the data broken down over the five-year period. In 2002, the percentage of mothers with a high school education or more was 60 percent. However, in the subsequent year, the percentage of mothers who have a high school education or more dropped, while the percentage of mothers with less than a high school education increased. These percentages have remained relatively stable since 2003.

**Figure 13. Mother's Education: Five-Year Comparison**



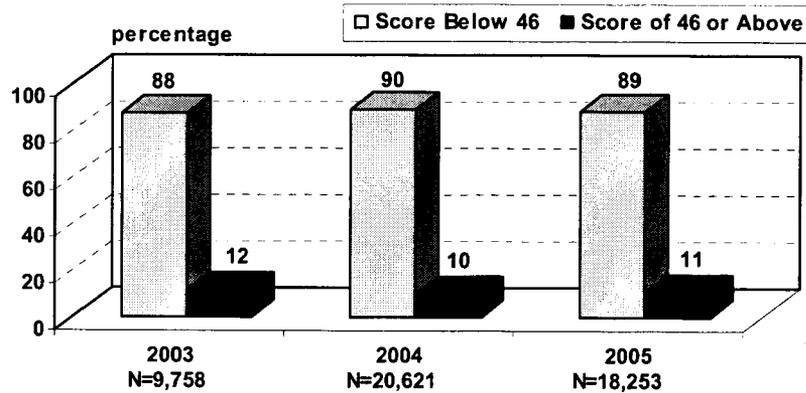
## Families with Newborns Who may Require Additional Support

As Bridges went into its second phase at the beginning of 2003, part of the redesign called for an assessment to be performed for all families whose children were born at a Bridges hospital.

“With the aid of the assessment questionnaire, a quantitative value was placed on the extent to which a family might benefit from the services of Bridges Providers who visit families at home and provide assistance that, it is hoped, will ameliorate the long-term difficulties that can arise as a consequence of socioeconomic risk.”<sup>9</sup>

<sup>9</sup> De la Rocha, O., Mastrianni, A., Mintzer, Carole. (2006). *Status of Clients Served by the Children and Families Commission of Orange County Upon Entry into a Commission-Funded Program: Comparison of Demographics and Key Indicators across Time and Programs*. Performance Outcomes Measurement Systems Report

**Figure 14. Percentage of Families with Newborns Who Scored 46 or Above on the Bridges Screening Tool: Three-Year Comparison**



Families receiving a score of 46 or more were referred for additional support services to a Bridges provider who, if the service was accepted by the family, administered a home visitation program. Figure 14 shows that over the three years the assessment has been performed, approximately 10 to 12 percent of families with newborns have received such referrals, and this percentage has held fairly constant during this period.

## Housing

Given the high cost of living in California, and high housing cost in Orange County, many families tend to find ways to subsidize their housing cost (e.g. sharing a house with one or more other families). However, some research suggests that sharing housing is an indicator of dependency and an inability to be economically self-sufficient.<sup>10</sup> Therefore, in 2004, the CDOM questionnaire introduced a question that asked families directly if they shared their home with another family. The results for each of the years since this question was introduced are displayed in Figure 15.

<sup>10</sup> S. Ahrentzen (2003). "Double Indemnity or Double Delight? The health consequences of shared housing and "doubling up." *The Society for the Psychological Study of Social Issues*, 59(3), 547-568.

**Figure 15. Do You Share Your Home with Another Family? Percent Replying "yes" in 2004, 2005, and 2006 for Each Subpopulations**

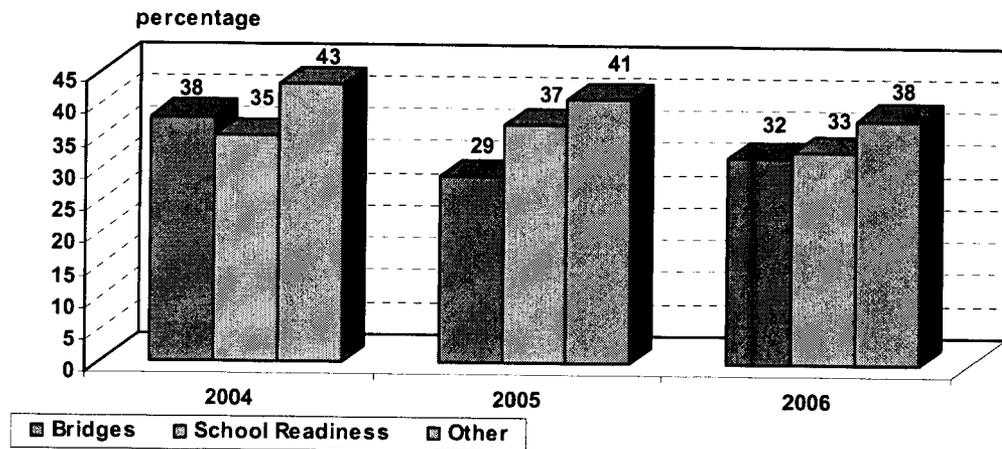


Figure 15 shows that, in 2004, between 35 and 43 percent of the families being served in each of the programs reported sharing a home with another family. Though the data have fluctuated somewhat over the three years, generally speaking a lower percentage of families served by the Commission in 2006 reported sharing a home with another family than in previous years.

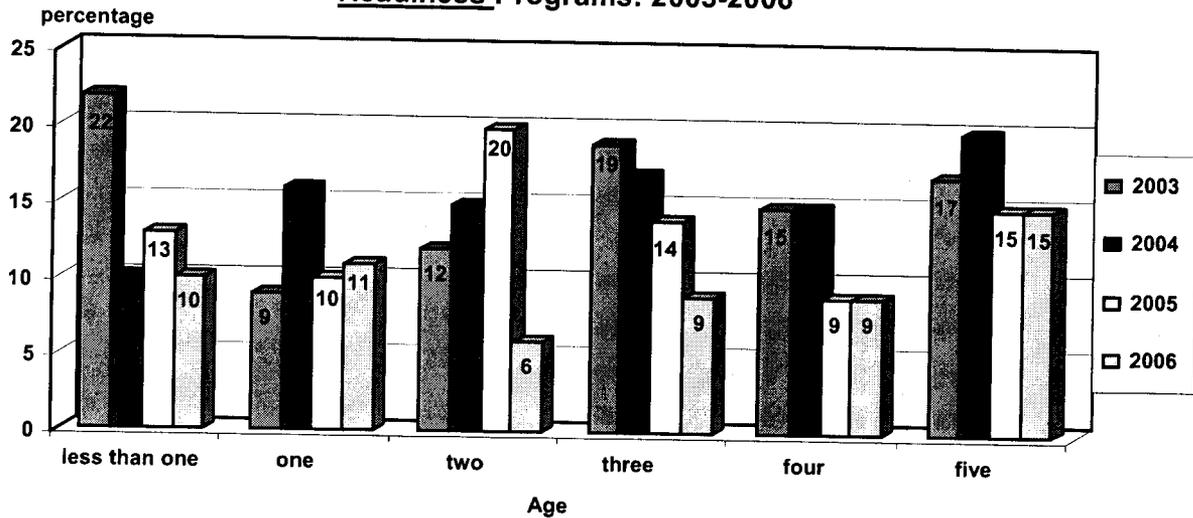
## Health

The CDOM also supplied data on the health of children participating in Commission-funded programs, by examining multiple health indicators, such as, insurance coverage, establishment of a medical home, a dental home, and up-to-date immunizations. This section focuses on each of these indicators to explore the health status of children participating in these programs.

### Health Insurance Coverage

Since most children have some form of health coverage at birth and, thus, when they are enrolled in the Bridges program, the analysis reported in this section focuses on the change in health coverage of children in State School Readiness and Other programs. Figure 16 displays the percentage of children in the State School Readiness program that is uninsured, for each age group in the years 2003 through 2006.

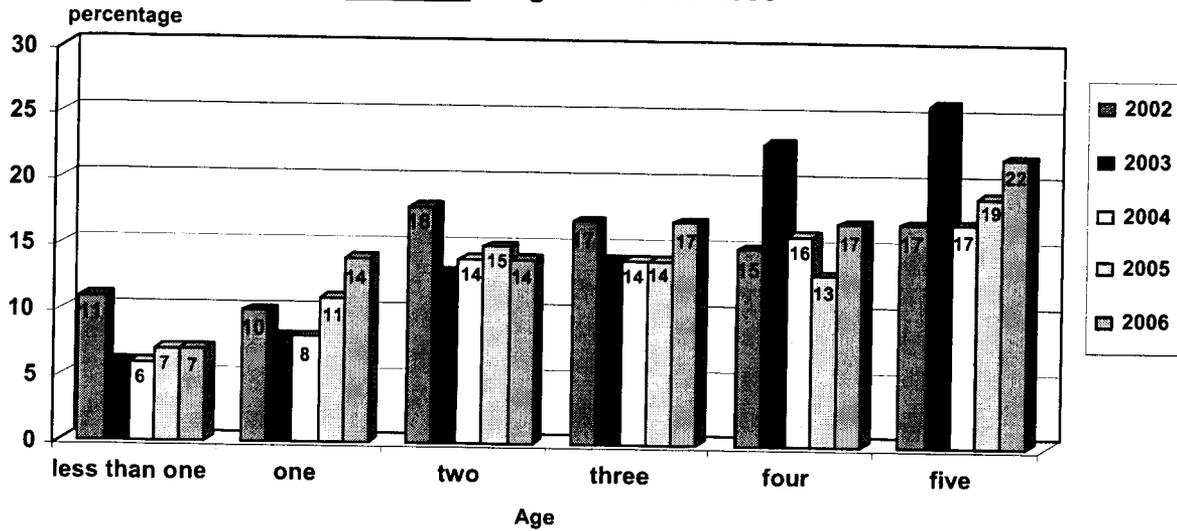
**Figure 16. Percent Uninsured by Age for Children Enrolled in State School Readiness Programs: 2003-2006**



The figure suggests that the percentage of three year olds that is uninsured has consistently decreased over the past several years (a decrease of 10 percentage points between 2003 to 2006). In addition, from 2003 to 2004, the percentage of uninsured children younger than one dropped by 12 percentage points (a 55 percent decrease). However, the percentage rate for this age group has remained fairly constant since then. Between 2005 and 2006, the number of uninsured two-year olds decreased substantially (a drop of 70 percent), while the other age groups remained relatively constant

Figure 17 presents a similar analysis for the Other programs, disaggregating the data by calendar year and age of the child. This figure suggests that children served by Commission-funded programs are more likely to be uninsured as they grow older. With the exception of 2002, the percentage of uninsured five year olds has always been greater than that for any other age group. For unknown reasons, a sizeable increase in the percentage of uninsured four and five year olds occurred between 2002 and 2003. Following this spike, the percentage returned to prior levels in 2004 and has remained relatively steady since 2005. Additionally, between 2005 and 2006 all age groups experienced an increase in the percentage of uninsured children, with the exception of two year olds.

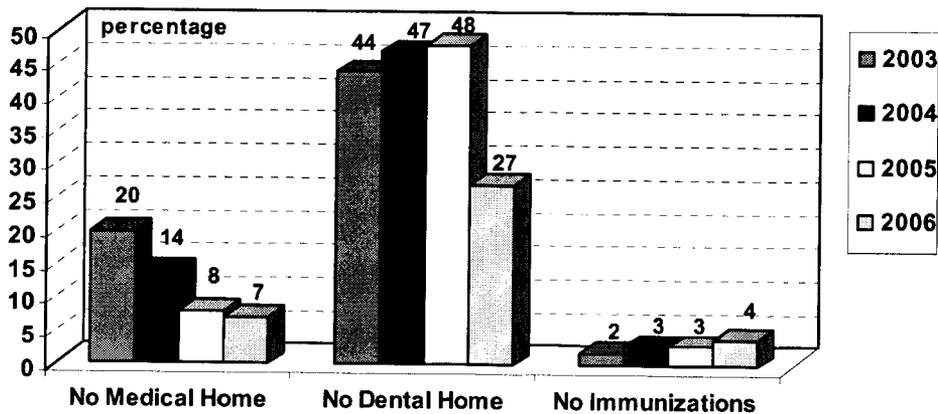
**Figure 17. Percent Uninsured by Age for Children Enrolled in All Other Programs: 2002-2006**



### Medical Home, Dental Home and Immunizations

The CDOM data also include information on whether a child attends a regular clinic or has a doctor from which they regularly receive medical and dental care, and if a child’s immunizations are up to date or progressing. Questions about an established medical home and immunizations are asked for children over three months old, while questions about the dental home are asked if the child is at least one year old. Figure 18 summarizes these data.

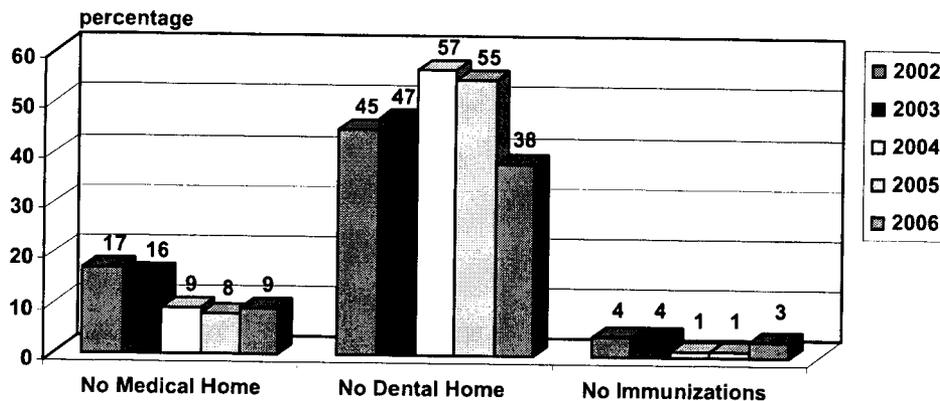
**Figure 18. Four Year Comparison for State School Readiness: Status of Medical Home, Dental Home and Immunizations**



The figure focuses on the percentage of children *without* a medical or dental home, and those who had received *no immunizations* at the time they were interviewed. As can be seen in this figure, between 2003 and 2006 the percentage of children *without* a medical home as they entered a State School Readiness program fell quite sharply from 20 to 7 percent. Between 2003 and 2005, the percentage of children without a dental home rose a little each year, rising from 44 percent in 2003 to 48 percent in 2005. However, in 2006, the percentage of children without a dental home fell dramatically by 21 percentage points. The percentage of children who had received no immunizations at the time of the initial interview as part of the State School Readiness program has remained relatively stable and low over the four years this had been measured.

Figure 19 compares five years of data for the same indicators, for the Other programs. This figure shows a similar pattern as the previous one. Between 2002 and 2005, the number of children *without* a medical home decreased nearly every year. Similar to State School Readiness Programs, the percentage of children without a dental home in all other Programs decreased significantly by 17 percentage points between 2005 and 2006. Despite the substantial decrease in 2006 in the percentage of children who had no dental home, this remains by far the biggest deficiency among these three indicators, as still more than one in three children are without a dental facility that they regularly visit.

**Figure 19. Five-Year Comparison of All Other Programs: Status of Medical Home, Dental Home and Immunizations**



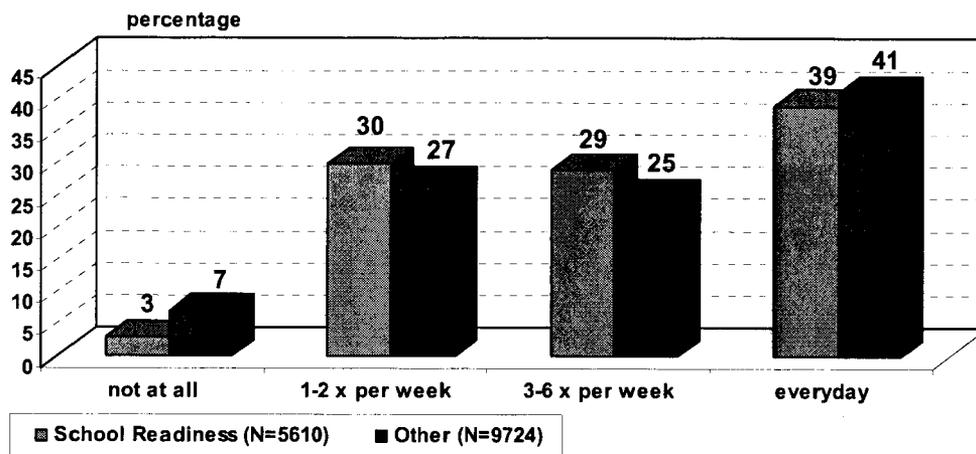
## Other Indicators of Initiative Effectiveness Countywide

Parental contributions to a child's education are an important predictor of a child's academic success. Research has demonstrated that children tend to have better language comprehension, cognitive development, and literacy if they are read to early in their lives. With this in mind, the

CDOM database has compiled information on how often parents read to their children. Since this question was only posed for children three months of age and older, there are no data for children served in Bridges. However, three years of data are available for both Non-Bridges and State School Readiness programs.

The percentages provided in Figure 20 combine data from 2004, 2005, and 2006 to display the frequency with which parents in State School Readiness and All Other programs read to their children. Sixty-eight percent of State School Readiness parents report that they read to their children three times a week or more, with 39 percent reporting that they read to them every day. Other programs' parents reported similar reading patterns with 66 percent reading to their children three times a week or more, and 41 percent reading to them everyday. Interestingly, the children in Other programs tend to be clustered somewhat more at the extremes, with 48 percent of them having parents that either do not read to them at all or do so everyday, as compared to 42 percent of children in the State School Readiness programs at either end of this continuum.<sup>11</sup>

**Figure 20. Reading to Children: Frequency in School Readiness versus All Other Non-Bridges Programs (2004, 2005, and 2006 Combined)**

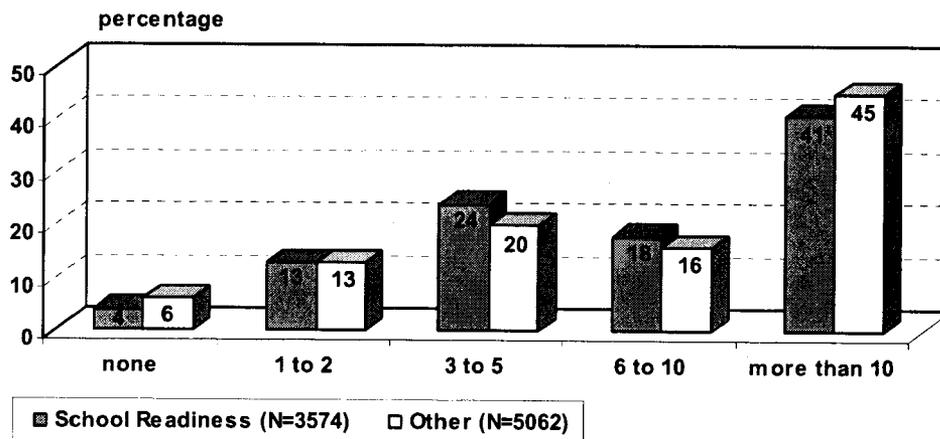


Another indicator used to determine if children are read to is the number of children's books available in the home. Figure 21 shows the number of children's books that parents reported are available in the home. As the figure suggests, 45 percent of households in Other programs reported having more than 10 children's books in the home, compared to 41 percent of State School Readiness households. Here, too, the children in Other programs tend to cluster somewhat more at the extremes, as 51 percent of these youth live in homes with either none or

<sup>11</sup> Clearly, though, relatively few parents report not reading at all to their children.

more than ten children's books available (though, again, relatively few report being at the low end of this scale). Children in State School Readiness programs are less extreme; 45 percent of these children live in households at either end of this continuum.

**Figure 21. Books available in the home: Number in School Readiness versus All Other Non-Bridges Programs (2004, 2005, and 2006 Combined)**



## Summary

This report updates an earlier report for the Children and Families Commission of Orange County that described the characteristics of clients served by Commission-funded programs over the four-year period 2002 through 2005. This report includes 2006 data to provide five years worth of data on these clients. Data for this report include 122,078 clients of Commission-funded programs who participated in initial interviews between 2002 and 2006. Using these data, we presented descriptive statistics on the clients, summarizing their characteristics at the time they began participating in Commission programs. The data were broken down into the three main types of Commission programs, including Bridges for Newborns, State School Readiness, and Other programs, and by calendar year in which the initial interview took place. After a dip in the number of initial interviews during 2005, the number rose substantially in 2006 to its highest point to date.

By examining the demographic data of the children served by Commission-funded programs, one can gain valuable information on the types of clients being served, and how this has changed over the life of the programs being funded through the Commission. In identifying programs to fund, the Commission must first understand who are the appropriate target groups that can most benefit, and what are the characteristics of the children and those in their households.

Additionally, by examining how these characteristics change over time, the Commission can gain valuable insight into how programs must evolve or what new programs must be funded to

continue to provide effective services to the population. For example, by examining changes in the extent to which children live in households in which Spanish is the primary language being spoken, the Commission may opt to focus on funding programs that have greater capacity to serve Spanish speakers. Similarly, if, as this report shows, the percentage of children living in poverty has decreased while the percentage living at less than 200 percent poverty has increased, the Commission might wish to fund programs that can serve those who are slightly above the poverty rate.

Additionally, by examining areas in which the Commission has focused its energies in prior years, such as on expanding access to dental providers, one can indirectly examine the effectiveness of the programs by observing changes in the percentage of children who have no dental home. As shown in this report, the significant decrease in this percentage between 2005 and 2006 may well reflect the increased emphasis placed on it by Commission-funded programs.

The demographic characteristics of children being served in these programs, including their age, ethnicity, primary language, and mother's education, remained relatively constant in 2006. Other characteristics revealed some changes between 2006 and earlier years. Chief among the findings in this report include:

- More than half of all children being served by the Commission are part of families that are living at or below 100 percent of the Federal poverty rate, though there was some slight improvement in these figures in 2006. This improvement is somewhat offset by a slight increase in 2006 in the percentage of children whose families were at or below 200 percent of the Federal poverty rate.
- A lower percentage of children beginning to participate in State School Readiness programs were uninsured in 2006 than in prior years. This improvement was offset by the higher percentage of uninsured children beginning to participate in Other programs.
- The percentage of children in State School Readiness programs that 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 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 for which this issue is relevant (i.e., children old enough to need dental services), there was between a 30 and 44 percent 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.

- The percentage of children whose parents read to them everyday was higher in 2006 than in prior years. As a result, across all five years of data collection, approximately 40 percent of children beginning to receive Commission-funded services have lived in households in which this occurs.
- The percentage of children living in households with at least ten children's books available also increased slightly in 2006, such that across all five years approximately 44 percent of all children lived in such households.
- Remaining consistent with prior years, approximately ten percent of families with newborns at Bridges hospitals were referred to Bridges providers for additional support.