



**Agenda Item No. 3
January 2, 2013 Meeting**

DATE: December 17, 2012
TO: Children and Families Commission of Orange County
FROM: Christina Altmayer, Acting Deputy Executive Director 
SUBJECT: Performance Outcome Measurement System (POMS) Update

SUMMARY:

Proposition 10 requires each County Commission to have a plan that describes the goals and objectives to be achieved; the programs, services and projects to be provided; and how measurable outcomes of programs, services, and projects will be determined using appropriate and reliable indicators. To address this mandate, the Commission's Performance Outcome Measurement System (POMS) Team measures progress toward achievement of the goals and objectives in the Commission's Strategic Plan. This agenda item includes the POMS annual report to the Commission related to 2012 evaluation accomplishments.

Performance Outcome Measurement System Budget Summary:

The Commission's current evaluation activities are budgeted at \$730,500 for FY 2012/13. In addition, the Commission evaluation budget includes \$233,000 in the FY 2012/13 budget awarded through the American Recovery and Reinvestment Act (ARRA) Health Science Research Infrastructure Grant. Major budget components include the Commission's data collection and reporting system (35%), evaluation staff (16%), evaluation consultants (18%), evaluation reports/collaborative projects (19%), and research consultants for implementation of the Early Development Index (12%). The current POMS budget is the minimum level of support required to meet mandated requirements to measure outcomes of programs using reliable indicators, support an electronic database, provide evaluation-related technical assistance to grantees, and develop community collaborative projects such as indicator reports.

Performance Outcome Management System 2012 Accomplishments

The "*Performance Outcome Measurement System Annual Report for 2012*" (Attachment 1) describes each of the major projects of the POMS Team and the progress made in 2012. The report summarizes and archives the team's evaluation activities carried out to accomplish the work plan that was approved for 2012 including Commission-wide and initiative specific evaluations, development of accountability and community-wide data, and participation on work groups to share best practices and evaluation results. Evaluation information continues to be incorporated into staff reports presented to the Commission each month and is part of the program review process to ensure that evaluation findings are used to better inform strategic decisions. POMS activities were implemented primarily by the Commission's Evaluation

Commissioners

Acting Deputy Executive Director

Manager and evaluation consultant along with leveraging the Commission's evaluation relationships in collaborative projects.

After receiving the POMS report on 2012 accomplishments, and providing policy direction related to future evaluation activities, staff will return to the Commission with the proposed FY 2013/14 work plan priorities and activities. The final approved POMS 2013 work plan activities will be incorporated into the Commission's FY 2013/14 Business Plan.

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 and statutory requirements related to evaluation. There is no funding action requested in this agenda item.

PRIOR COMMISSION ACTIONS:

- January 2012 - Receive POMS 2012 Work Plan and Report of 2011 Accomplishments
- December 2010 - Receive POMS 2011 Work Plan and Report of 2010 Accomplishments

RECOMMENDED ACTIONS:

1. Receive Performance Outcome Measurement System (POMS) Annual Report for 2012 (Attachment 1).
2. Provide direction to staff to develop the Performance Outcome Measurement System (POMS) Work Plan for 2013.

ATTACHMENT:

1. Performance Outcome Measurement System Annual Report for 2012

Contact: Alyce Mastrianni

Performance Outcome Measurement System Annual Report for 2012

Executive Summary

The Children and Families Commission of Orange County (Commission) evaluates the programs it funds to assess their effectiveness in improving the lives of children and families, to guide program improvements and to comply with statutory requirements.¹ 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 is founded on the Pathways to School Readiness, an evaluation framework that identifies the conditions that must be met in order for children to be healthy and ready for school and evaluates the long-term impact of Commission funding on school readiness of young children. The evaluation framework includes both Commission-wide and initiative-specific evaluations. In addition, the Commission participates in the development of community-wide data.

The Commission's evaluation activities are carried out by the Performance Outcome Measurement System (POMS) Team. POMS Team members participate on State and regional committees which share best practices and results in evaluation. The POMS Team provides qualitative and quantitative information, and program-specific expertise to support the development of strategies to address Commission priorities such as: Early Learning, Vision Planning, Homelessness, and Science, Technology, Engineering and Mathematics (STEM). 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. The POMS team works with Commission, program leads and grantees to ensure that the accomplishments reported by grantees are congruent with the Commission's strategic plan goals and objectives. POMS team members review grantee work plans prepared by POMS staff and program leads to ensure that the data collected by the grantee is useful both to the Commission and grantees in measuring progress toward strategic plan goals and objectives.

This report describes the major Commission-wide evaluation activities, initiative-specific, and program-specific evaluations carried out by the POMS team in 2012. This report also describes internal policy, technical assistance, and external evaluation efforts of the POMS team. The evaluation activities presented in this report were approved by the Commission and are consistent with the Commission's priority areas.

Examples of the evaluation accomplishments in the core evaluation areas for 2012 that are presented in the report include:

Commission-wide Evaluation Activities – This section includes:

- Annual report to the State
- Goal Area Performance Reports
- Service Outcome Questionnaire
- Early Development Index

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).

Initiative Specific Evaluations – In FY 2012, the evaluation team reviewed the following programs:

- Bridges Maternal Child Health Network
- Homelessness
- Learning Link Program, Vision services, and Capacity Building Grants - Initial work initiated and proposed to be continued in FY 2013.

Program Specific Evaluations – Small scale program evaluations and reports were completed on:

- Physician Developmental Screening Project
- Down Syndrome Association and Down Syndrome Foundation
- Providence Speech & Hearing: Building Blocks for Communication™
- California Comprehensive Approaches to Raising Educational Standards
- Pediatric Health Services: CUIDAR

Internal Policy and Technical Assistance – This relates to staff’s ongoing efforts to improve the quality and accuracy of collected, reporting and analyzed data. Work in 2012, included the following activities:

- Annual Review of Program Data Elements and Quality Assurance
- Contract Management and Evaluation System
- Grantee Use of Reporting and Users Groups
- Updating policies and procedures.

External Evaluation Efforts – This includes participation in collaborative evaluation efforts on the county, regional and state level including the National Children’s Study, Statewide Screening Collaborative, and support for community indicator reports. These partnerships are valuable in ensuring the availability of community-wide data to assist in point project planning and to provide context to Commission investments.

The table below presents a summary of some of the most compelling results achieved in 2012. A full list of outcomes and impacts is presented in Table 1 in the full report.

Examples of Outcomes by Result and Service Area

Program	Result and Service Area	Most Compelling Service Outcome
Asthma Services— Breathmobile	Result: Improved Child Health Service: Specialty Medical Services	Of the 1,234 children who received care on the Breathmobile unit for more than one year, there was a reported 69% reduction in Emergency Department visits, 72% reduction in hospitalizations, and 88% reduction in missed school days.
Children’s Dental Services	Result: Improved Child Health Service: Oral Health	89% of children had no caries at the end of services (compared to 56% at the beginning of services).
Bridges Maternal Child Health Network—Home Visitation	Result: Improved Child Health Service: Home Visitation for Newborns	At the end of services, 95% of children received all age appropriate immunizations (compared to 70% at the beginning of services).
Homelessness Prevention	Improved Family Functioning Services: Provision of Basic Family Needs (Food, Clothes, Housing)	At the end of services, 44% of families were stably housed (compared to 16% at the beginning of services).
Providence Speech and Hearing Center - Building Blocks for Communication	Result: Improved Child Development Service: Targeted Intensive Intervention for Identified Special Needs	50% of providers who received Building Blocks of Communication training indicated that the curriculum filled a gap in their program’s speech and language needs.



Children & Families
Commission of Orange County

Performance Outcome Measurement System Annual Report for 2012

December 2012

POMS Team Members Contributing to this Report:

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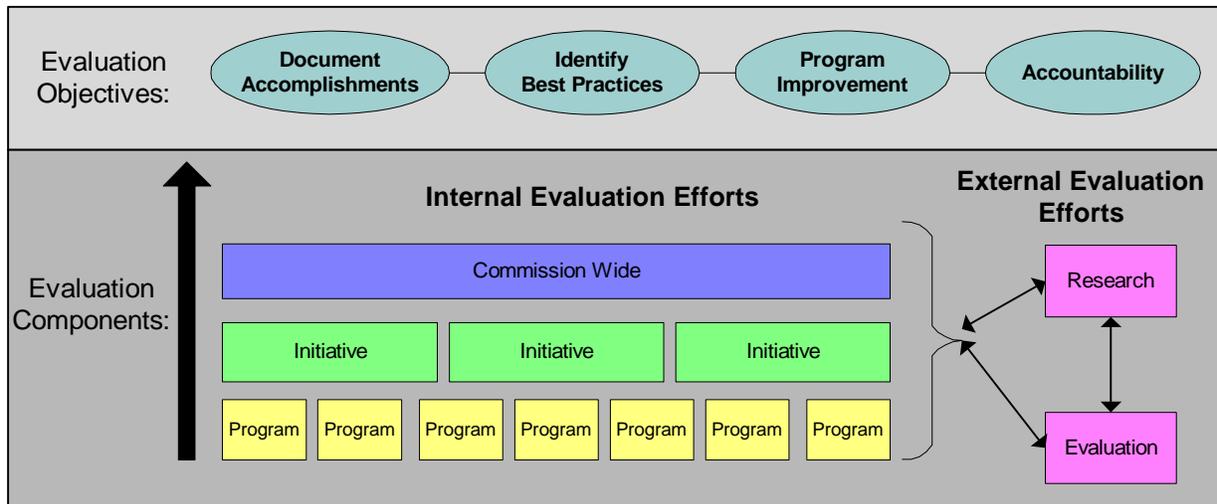
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INTRODUCTION

The Children and Families Commission of Orange County (Commission) evaluates the programs it funds to assess their effectiveness in improving the lives of children and families, to guide program improvements and to comply with statutory requirements.¹ 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 is founded on the Pathways to School Readiness, an evaluation framework that identifies the conditions that must be met in order for children to be healthy and ready for school and evaluates the long-term impact of Commission funding on school readiness of young children. The evaluation framework includes both Commission-wide and initiative-specific evaluations. In addition, the Commission participates in the development of community-wide data.

The Commission’s evaluation activities are carried out by the Performance Outcome Measurement System (POMS) Team. POMS Team members participate on State and regional committees which share best practices and results in evaluation. The POMS Team provides qualitative and quantitative information, and program-specific expertise to support the development of strategies to address Commission priorities such as: Early Learning, Vision Planning, Homelessness, and Science, Technology, Engineering and Mathematics (STEM). 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. The POMS team works with Commission, program leads and grantees to ensure that the accomplishments reported by grantees are congruent with the Commission’s strategic plan goals and

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



objectives. POMS team members review grantee work plans prepared by POMS staff and program leads to ensure that the data collected by the grantee is useful both to the Commission and grantees in measuring progress toward strategic plan goals and objectives.

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This report describes the major Commission-wide evaluation activities, initiative-specific, and program-specific evaluations carried out by the POMS team in 2012. This report also describes internal policy, technical assistance, and external evaluation efforts of the POMS team. The evaluation activities presented in this report were approved by the Commission and are consistent with the Commission’s priority areas.

COMMISSION-WIDE EVALUATION ACTIVITIES

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 (based on California Health and Safety Code Sections and 130150a). The First 5 California Commission sets the format for the report. The Statewide evaluation framework included a narrative section on the evaluation activities, client information and financial details by service area, and program accomplishments. The POMS Team prepares the Annual Report using work plan, aggregate, and client-level data from the Grants Evaluation and Management System (GEMS), the Commission’s information system. Evaluation reports, developed during 2011-2012, are emailed to the First 5 California Research and Evaluation unit by November 1 each year.

Progress in 2012:

The Annual Report to the State was presented to the Commission in September and provided a picture of how many children were served and how many services were provided during the fiscal year. In FY11-12, Commission-funded programs served 136,092 children ages 0-5 and 157,684 family members of those children. The children received over 1,145,000 services, including 14,806 primary care visits and 17,237 dental screenings. Almost 25,600 children were screened for developmental delays, 10,803 children received a vision screening, 10,230 received a hearing screening, and 22,161 Kits for New Parents were distributed. Almost 6,200 children with special needs were served. Data in the report are also provided by funding subcategories, such as Bridges Maternal Child Health Network and Pediatric Health Services. In the Annual Report, the State Commission requested a minimum of two compelling outcomes by Result and Service Areas (see Table 1).

Table 1: Outcomes by Result and Service Area

Program	Result and Service Area	Most Compelling Service Outcome
Asthma Services—Breathmobile	Result: Improved Child Health Service: Specialty Medical Services	Of the 1,234 children who received care on the Breathmobile unit for more than one year, there was a reported 69% reduction in Emergency Department visits, 72% reduction in hospitalizations, and 88% reduction in missed school days.
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Program	Result and Service Area	Most Compelling Service Outcome
Providence Speech and Hearing Center - Building Blocks for Communication	Result: Improved Child Development Service: Targeted Intensive Intervention for Identified Special Needs	50% of providers who received Building Blocks of Communication training indicated that the curriculum filled a gap in their program's speech and language needs.

Each Commission-funded program reports the number of unduplicated clients as an aggregate count of clients served. As such, it is not possible to verify whether individuals reported by one provider are also included in the counts of another provider. Thus, aggregating the number of clients served across all Commission-funded providers may result in duplicate client counts. An unduplicated count of clients is available based on individual client-level data collected from children who have received more intensive services. This represents a small percentage of the total number of clients served, as client-level information is not collected on clients receiving light touch services. In FY11-12, the total number individual child records was 12,064, whereas the total number of children reported via aggregate data counts was 136,092.

Goal Area Performance Reports

Background:

The POMS Quarterly Performance Reports are developed 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. The Annual Performance Summary report focuses on the Commission as a whole, while the Goal Area reports highlight each of the Commission's goal areas.

Progress in 2012:

From the Annual Report data, the Commission prepared performance reports in a public, friendly format that also included descriptive information on related programs. This year, reports included information on the Commission's Catalytic Investments. The POMS Team also compiled data for the Quarterly Performance Reports that covered each of the four Strategic Plan goal areas for fiscal year 2011-12 (FY11-12), along with a Commission-wide summary report for FY11-12.

Service Outcome Questionnaire

Background:

The Commission is committed to effective and accurate data collection and entry because they understand the importance of high quality data for analysis of program impacts. In 2003 grantees began collecting Service Outcome Questionnaire data on the results of the services they were providing with Commission funding. In 2005, the service outcome questions were revised significantly based on lessons learned from the first analysis of the original service outcome questions and to conform to changes in the Commission's Strategic Plan. The Service Outcome Questionnaire was developed through a consultative process and included a review of national indicators and the Commission's investment priorities. There is one set of Questions for each Strategic Plan objective, and all grantees matched to a given objective through their work plan are required to complete the corresponding questions for each child and family when they finish providing services or when the child turns six. To collect the data, grantees complete a short questionnaire after they have provided a service to a child and/or family. Completed Service Outcome Questionnaires are distinct from other data collection efforts because they do address program effectiveness, albeit through grantee self-report. The questions ask about the client's status when he/she started the program, the intervention or referral provided, and the status of the client at the end of services.

Progress in 2012:

Selected Service Outcome Questionnaire items were presented in a supplemental report that was submitted with the Annual Report to First 5 California. Additional reports of the Service Outcome Questionnaires are being prepared that will summarize the results of all Service Outcome Questionnaires completed, and will document changes over time (see Table 2).

Table 2: Service Outcomes for All Commission-Funded Programs

Key Strategic Plan Objectives	Service Outcome Questionnaire Results	Program
Healthy Children		
<ul style="list-style-type: none"> Increase to at least 90% the proportion of all pregnant women who receive early prenatal care, and decrease racial/ ethnic disparities 	<ul style="list-style-type: none"> 83% of mothers received prenatal care in the first trimester 	<ul style="list-style-type: none"> Bridges Maternal Child Health Network
<ul style="list-style-type: none"> Increase to at least 95% the proportion of children who have a health care home 	<ul style="list-style-type: none"> 99% of children had a health home at the end of services 	<ul style="list-style-type: none"> Bridges Maternal Child Health Network Pediatric Health Services (Children’s Hospital of Orange County/ University of California, Irvine) School Readiness Nursing School District Programs/Countywide Allocation Early Learning Specialists Other Early Learning Programs Family Support Programs Children’s Dental Homelessness Prevention
<ul style="list-style-type: none"> Increase to 100% the number of children with health coverage 	<ul style="list-style-type: none"> 98% of children served had health insurance at the end of services (compared to 95% at the beginning of services) 	<ul style="list-style-type: none"> Bridges Maternal Child Health Network Pediatric Health Services (Children’s Hospital of Orange County/ University of California, Irvine) School Readiness Nursing School District Programs/Countywide Allocation Early Learning Specialists Other Early Learning Programs Family Literacy Programs Family Support Programs Children’s Dental Community Clinics Homelessness Prevention Fitness and Nutrition
<ul style="list-style-type: none"> Increase the proportion of children ages 0-5 who receive recommended primary care services at the appropriate intervals 	<ul style="list-style-type: none"> 68% of children received all recommended well child visits or health screenings (compared to 56% at beginning of services) 	<ul style="list-style-type: none"> School Readiness Nursing
<ul style="list-style-type: none"> Increase age appropriate 	<ul style="list-style-type: none"> 93% of children received all age 	<ul style="list-style-type: none"> Bridges Maternal Child Health

Key Strategic Plan Objectives	Service Outcome Questionnaire Results	Program
immunization levels to at least 95%	appropriate immunizations at the end of services (compared to 85% at the beginning of services)	Network <ul style="list-style-type: none"> School Readiness Nursing Other Early Learning Programs
<ul style="list-style-type: none"> Reduce dental cavities so that the proportion of young children with one or more cavities is no more than 9% 	<ul style="list-style-type: none"> 89% of children had no cavities at the end of services (compared to 56% at the beginning of services) 	<ul style="list-style-type: none"> Children's Dental
Strong Families		
<ul style="list-style-type: none"> Increase parents' knowledge and involvement in preparing children for school 	<ul style="list-style-type: none"> 75% of parents taught their children letters, numbers, or words at least three times in the prior week (compared to at beginning of services to 62% at the beginning of the services) 	<ul style="list-style-type: none"> School Readiness Nursing Early Learning Specialists

Early Development Index

Background:

Since 2008, Orange County has participated in a national demonstration project to pilot the Early Development Index, a 120-item questionnaire measuring children's developmental strengths and vulnerabilities. The questionnaire is completed by Kindergarten teachers on every child in their class after observation for at least six weeks. The Early Development Index is a well-validated tool that can be used to monitor populations of children over time, report on populations of children in different communities, predict how groups of children will do in elementary school and inform systems and policies concerning young children and their families. Each Early Development Index is geographically coded according to the home address of the child. A map is created showing the percent of children entering school who are developmentally vulnerable in each developmental domain and by geographic region. The Early Development Index also provides other population-based indicators such as parent education levels, parent-child reading at home, and residential mobility. The Early Development Index assists communities in better understand how children are developing by the time they reach school age, and the services, supports and environments that influence children in their first five years of life.

Progress in 2012:

Orange County began implementing the Early Development Index in 2007 and has expanded each year to new districts and schools. In FY 11-12, 11 districts participated, representing 61 schools and 231 teachers. To date, 12 districts have participated, representing 95 schools and 9,944 children. In 2012, the POMS team explored the use of Early Development Index for the review of Transitional Kindergarten and subsequently added two transitional kindergarten-related questions to the survey.

1. Is the class that this child is in a:
 - a) Transitional Kindergarten only class
 - b) Kindergarten only class
 - c) Combination Transitional Kindergarten / Kindergarten
 - d) Combination Kindergarten/ 1st grade

2. If the child is currently in kindergarten, did he/she previously receive transitional-kindergarten instruction?

INITIATIVE-SPECIFIC EVALUATIONS

Bridges Maternal Child Health Network

Background:

In February 2000, the Commission began funding the Bridges for Newborns and Project Connections Early Action Programs to increase health access for very young children in Orange County. The Commission also funds a network of home visitation and place-based programs that promote healthy early child development. Collectively, these programs serve over 30,000 children and their families annually. In an effort to consolidate services and reduce costs, these programs were redesigned and rebranded into the Bridges Maternal Child Health Network (Bridges Network).

Progress in 2012:

The POMS team is developing an evaluation plan to be considered by the Commission for implementation in 2013. The evaluation plan would be developed to evaluate the impact, effectiveness and progress of the Bridges Network redesign, document the activities that took place, and highlight successes and barriers to implementation.

Homelessness

Background:

The Commission funded services that improve the outcomes for homeless.

Progress in 2012:

In October 2012, a report on Homeless Children Ages 5 and Younger was completed. This report documented the prevalence of homeless children in Orange County, an analysis of the Commission's investments targeted at homeless children and staff recommendations for the Family Redirection Program and the Essentials for Young Lives Campaign. Key findings of the report included:

- Children who experience homelessness are sick four times as often as other children, experience acute and chronic health problems at much higher rates than other children, and have emotional and behavioral problems such as anxiety, depression, withdrawal and aggression at three times the rate of other children.
- Homeless children are twice as likely to repeat a grade and have twice the rate of learning disabilities as children who are not homeless.

Capacity Building Grants

Background:

In June 2012, the Commission approved a Capacity Building Grant Cycle. Two applicant conferences were held to address potential applicant questions, and completed applications were due to the Commission on August 17, 2012. The Capacity Building Grant Cycle focused on one-time funding that will support capital projects for service expansion and new program development. The allocated funding was divided into two categories: New Program Expansion and Capital Facility Expansion. Consistent with prior Commission direction, the capacity building projects must focus on the expansion of services to children ages 0-5 that meet documented community needs and included:

- The expansion of services can be either through a new facility or expansion of an existing facility, expanded services to incorporate new programs, one-time investments to reduce ongoing costs or launching new demonstration projects to better meet the needs of children 0-5.
- Projects for existing funded programs will need to demonstrate how it will reduce the ongoing demand on the Commission's budget.

- Projects eligible for other Catalytic Investment opportunities are not eligible for Capacity Building grants.

Progress in 2012:

Of the 45 applications received, nine were recommended for Capital Facility Expansion funding for a recommended allocation and 18 were recommended for New Program funding. A recommendation made by the Capacity Building review panel was to use a portion or all of the remaining funding to evaluate the impact of the Commission’s investments in these types of one-time capacity building grants. This evaluation of the capacity building grant program would specifically look at whether these investments result in sustainable and impactful increases in services for children 0-5. An evaluation methodology will be developed and will include conducting reviews and site visits with grantees six to 12 months post-funding to determine the continued impact of the one-time funding.

Learning Link

Background:

Learning Links are “drop-in” early learning centers at school districts that use an interactive parent-child approach to learning. Parents and children can visit the Learning Link together on an as-needed basis, interacting with the professional staff that can include early education resource teachers and nurses, case managers, speech pathologists, and community liaisons. The Learning Links offers various hands-on academic learning opportunities, educational activities for children, and encourage parent-child interaction. The education activities align with the latest research on early care and education and with state educational standards. The first Learning Link was developed over 10 years ago as part of the School Readiness agreement with the Capistrano Unified School District. The model has been replicated and there are now 16 new Learning Links at school district sites, as well as two at community organizations.

Progress in 2012:

The 2012 POMS work plan included the assessment of the effectiveness of the Learning Link elementary school programs. No work was conducted on this assessment in 2012. The assessment of this program will be brought to the Commission for consideration in 2013.

Vision

Background:

School Readiness Nurses meet routinely throughout the school year, sharing community resources and best practices to provide collegial nursing support and the highest level of service for their 0-5 children and families. This past year, School Nurses have worked to expand their knowledge of uniform vision screening standards and optimal use of Suresight vision technology within nursing practice. The Commission’s FY 12/13 approved Business Plan includes a priority to implement the School Readiness Nursing evidence based field vision screening practice for effective visual assessments for children and linkage to appropriate referral resources.

Progress in 2012:

Regional School Nurse groups have continued to meet to expand their knowledge of optimal vision screening and linking to existing community resources. Although the POMS team was scheduled to work with the nurses to develop standard vision screening data for collection, and to review data to identify further service gaps, the project was put on hold pending the Commission’s strategic review of vision services for young children

PROGRAM-SPECIFIC EVALUATIONS

Physician Developmental Screening Project

Background:

The Commission supports a number of projects that promote developmental screenings in the county. These projects have the ultimate goal of assuring that, “All children in Orange County will have recommended developmental/ behavioral screenings at milestone ages with linkage to appropriate services.” The Physician’s Developmental Screening project addresses barriers to the expansion of screening during primary care visits. To assist local physicians in implementing developmental screenings, the Commission partnered with the Orange County Medical Association, American Academy of Pediatrics, and Help Me Grow Orange County. Through this collaboration, 119 providers were trained on validated screening tools endorsed by the American Academy of Pediatrics and recommended by the Commission and received technical assistance. A key activity of the Physician’s Developmental Screening scope of work is to document project successes by coordinating data collection on project outcomes.

Progress in 2012:

The Commission supported the further implementation recommendations of the Developmental and Behavioral Pathways Planning Group through year three of project with the Orange County Medical Association to enhance pediatric practices to address developmental concerns in children consistent with the American Academy of Pediatrics policy statement for surveillance, screening with standardized tests with local physicians and pediatricians. The Project was implemented in conjunction with the American Academy of Pediatrics and Help Me Grow Orange County. Participating physicians received requests to complete a survey after three months and then again after six months of implementing developmental screenings in their practice. The survey solicited information about the status of each practice's data collection efforts, including the number and types of developmental screens conducted as well as some of the results. The Physician Developmental Screening Project ended September 30, 2011 and a report was developed, which summarized findings from the survey. There are no further plans for evaluation as the project has ended. The results indicated that:

- *Screenings:* An estimated 8,911 children went in for a well-child visit during the time of data collection and 5,248 of them received a developmental screening—59%;
- *Concerns:* More than three-quarters (78%) of the children screened had no concerns or risk factors present. An additional 9% were in the Monitoring Zone and 14% had an ASQ indicating the need for further assessment;
- *Referrals:* There were 156 children whose screenings indicated no concerns or risk factors who received some type of referral (4% of children with no concerns/risks). An additional 115 children who were in the ASQ Monitoring Zone or PEDS Path B, C, or D received a referral (25% of children with this score received referrals) and 142 of the children whose ASQ indicated a need for assessment, or PEDS Path A, received a referral (20% of children with risks received referrals); and
- *Referral Sources:* 141 referrals were provided to Help Me Grow Orange County; 104 referrals to the Regional Center of Orange County; 43 referrals to school districts and 85 to “other” referral sources.

Down Syndrome Foundation of Orange County

Background:

The Down Syndrome Foundation of Orange County implements a parent support program to enhance early learning among young children with Down syndrome. The Learning Program is available for children with Down syndrome of various ages; however, the Commission provides support for The Learning Program classes for parents with children ages 0-5.

Progress in 2012:

A program evaluation was conducted on The Learning Program in an effort to increase agency capacity to document outcomes and to improve program implementation. While areas of greatest growth for children participating in The Learning Program vary between individual children, the children saw the highest levels of growth in the areas of letter sounds, vocabulary development, communication and comprehension. Less growth was observed in the areas of mathematics and writing. Furthermore, the majority of parents (71%) are implementing what they learned in the program with their children at least once a week. All parents stated that they strongly agreed or agreed that the topics presented helped them to work with their child and that they learned strategies to use with their child. Additionally, parents are very satisfied with the program; 97% stated that the program met or exceeded their expectations, and 87% stated that it was somewhat likely or likely that they would participate in the program the following year. Recommendations to improve the program include:

- Both parents and program staff suggested that the program meet more than once a month, which indicates that families may have a need for additional support and information;
- The program should explore the feasibility of increasing the number of sessions per month, increasing the length of each session and/or supplementing the materials presented each month with additional resources that families can access at home;
- Both parents and program staff suggested that parents would benefit from more time with the teachers and therapists, including more one-on-one time or more time observing teachers and therapists as they interact with their children;
- Parent and staff also recommended that the program increase opportunities for tutoring on weekends or at times that are convenient for families;
- Several parents suggested that the program increase discussion times in parent sessions to allow for more sharing among parents; and
- Both parents and staff recommended that the program provide a specific session on behavior. Parents may also benefit from a practical discussion on scheduling and prioritizing opportunities to working on the learning activities with their child at home.

Providence Speech and Hearing Center - Speech and Language Services

Background:

Speech and language delays are among the most prevalent developmental delays observed in young children. In FY11-12, the Commission funded Providence Speech and Hearing Center to train Early Learning Specialists at school districts and other community providers to implement the Building Blocks for Communication™ (Building Blocks) program to help children with mild to severe speech delays through a family centered model.

Progress in 2012:

An evaluation of the program was conducted to assess whether the model is working, strengths and weaknesses of the curriculum, and additional resources providers need to address the speech and language needs of the children they serve. A survey sent out to Providers who received Building Blocks training in

order to gauge their experience with curriculum and ways to improve the curriculum. Results indicate that:

- 40 of the 54 professionals who had been trained used the Building Blocks curriculum with parents in their program, and most of those trained planned to use it more frequently next year;
- Of the respondents who have implemented the Building Blocks curriculum, 28% used only the Spanish language materials while an equal numbers of providers (36% each) used either English only or both English and Spanish.
- One of the biggest benefits of using the Building Blocks curriculum cited is that the materials provided are user-friendly (65%); 63% of respondents indicated that the ease of using materials was a benefit of the program; 23% indicated that the curriculum was actually improving children's outcomes. None of the providers (0%) indicated that there were no benefits to using the curriculum.
- The program was well received with participants reporting the most useful components was information regarding bilingual language development and language learning processes, strategies to implement with parents and information regarding developmental stages of language and play.
- In general, the Building Blocks curriculum and support appears to be a good use of Commission resources. Half of the respondents indicated that Building Blocks fills a gap in their program's speech and language needs. The materials appear to be user friendly, easy to use and responsive to children's needs. Still, some providers indicated that the literacy level of the curriculum is a bit high for their families.

Following the evaluation of the Building Blocks curricula, recommendations were made to develop and/or provide training in additional languages (the curriculum is available in English and Spanish). The report recommended outreach activities to highlight the availability of the Building Blocks curriculum—through continued outreach from Help Me Grow Orange County to school districts and by having a mechanism in place so that participating Building Blocks sites can continually update their resources with Help Me Grow.

California Comprehensive Approaches to Raising Educational Standards (CARES Plus)

Background:

California Comprehensive Approaches to Raising Educational Standards (CARES Plus) is a Statewide professional development program for early educators designed to improve the quality of early learning programs by focusing on increasing the quality, effectiveness, and retention of early educators. Its main objective is to improve both the quality of early learning programs and, ultimately, to improve young children's learning and development outcomes. CARES Plus provides incentives/stipends, training, and higher education access that collectively serve to support participants by increasing their teacher effectiveness and qualifications in early childhood education. In Orange County, CARES Plus was targeted for initial implementation in three cities: Anaheim, Garden Grove and Santa Ana.

Progress in 2012:

The CARES Plus application specified that a Statewide evaluation would be conducted. County Commissions were encouraged to identify evaluation questions and objectives to be addressed locally. In order to demonstrate local outcomes and successes, the Orange County CARES Plus team identified three outcomes, as well as corresponding measures. The three outcomes identified by Orange County were: 1) Providers have the resources needed to effectively assist young children and their families; 2) Providers are implementing changes they made at the end of the program and then again a year after receiving the CARES Plus assistance; and, 3) The program is sustainable without provider stipends. Enrollment and evaluation data are being entered online in an ongoing manner and were analyzed and the reported

distributed in order to document successes and challenges of implementing CARES Plus in Orange County. A CARES Plus Intake report was developed to assess provider baseline data, and a Pre and Post Survey report was also completed to measure change. The survey included a:

- **Computer Skills Questionnaire (2012-13):** Survey to assess participants' computer skills and needs in order to target training and TA.
- **CARES Plus Participant Survey (End of Year):** Survey to assess participant's knowledge and use of community resources and referrals; types of trainings received; experience with CARES Plus project, etc.
- **CARES Plus Participant Survey (Exit—Year after end program):** Similar questions as the CARES Plus End of Year survey, but includes questions about usefulness of trainings and information received as well as sustained learning and growth from program.
- **Year 2 Intake:** Survey that assesses participants' experience with CARES Plus, how they have benefited from the program, and ways the program can be improved

Pediatric Health Services: CUIDAR

Background:

The Children's Hospital of Orange County-UC Irvine Initiative for the Development of Attention and Readiness (CUIDAR) uses group parent education to improve parent-child relationships and child outcomes, identifying children with attention and behavior difficulties before they enter school. The primary concept of the program is to provide early intervention for young children with behavioral issues, in some cases, prior to a diagnosis of a disorder. It provides tools for parents and teachers to manage challenging behaviors, and helps to identify children ages 0 – 5 who are at risk for behavioral disorders such as ADHD, Oppositional Defiant Disorder, and autism who can then be referred for further assessment and treatment as appropriate.

Services include a series of 8- and 10-week classes for parents of toddlers (COPEing with Toddler Behavior) and preschoolers which have been identified as promising parenting practices. The classes provide two-hours of service each week, teaching parents effective solutions to common behavior challenges. Classes are provided in community locations (e.g., schools, churches), in English and Spanish.

Progress in 2012:

In order to assess the feasibility of potential funding sources, an independent financial analysis and modeling effort was developed, along with a series of focus groups (conducted January – March 2012) that included parents of toddlers and preschoolers in higher income communities, as well as Early Learning Specialists at school districts and community organizations that provide parenting classes to their families. Concepts tested included increasing fees for services and expanding the program into additional "markets" in the county (while still maintaining services to lower-income communities). The potential for reimbursement of services through health care insurance was also reviewed. The intent of the project was to create new and sustainable funding sources for the program.

INTERNAL POLICY AND TECHNICAL ASSISTANCE

Annual Review of Program Data Elements and Quality Assurance

Background:

The data elements in the Commission's data system, GEMS, are reviewed annually by the POMS Team using ongoing feedback from grantees and by reviewing the data that has been collected. The GEMS system contains the following data:

- *Work plan services* 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 the number of clients (children ages 0-5, family members, and service providers) served and the number of services provided by the grantees.
- *Client-level 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.

Quality assurance activities are conducted by POMS team members throughout the year to ensure that quality data collection and data entry practices are being implemented by Commission-funded providers. These activities include regular monitoring of client-level, aggregate and work plan data. When problems in data quality are identified, technical assistance is provided to program leads and/or providers.

Progress in 2012:

The POMS Team reviewed all the client-level surveys that are collected on clients being intensely served by the grantees. There were minimal changes made to the client intake and exit questions. The POMS team reviewed the Service Outcomes Questions and made minor changes to the questionnaire. These changes were reviewed and approved by the County's Human Subjects Review Committee. The POMS team members worked with program leads, contract administration and administrative staff to ensure that 128 FY12-13 work plans were completed, reviewed, approved and entered into GEMS.

Monthly provider entries into the GEMS were monitored by POMS staff. Grantees are asked to report the number of services, the number of new clients, the number of repeat clients, and the beginning and end dates for each service when reporting monthly services counts and work plan services. Data collection tools were developed for the School Nurse Program and the Early Learning Specialists to assist them in simplifying monthly service counts and work plan data reporting. Technical assistance was provided to several providers due to grantee turnover. In addition, monthly evaluation technical assistance calls are held with the Homelessness Prevention grantees to address any data collection or reporting issues. Evaluation issues are also addressed during in-person quarterly School Readiness Nursing regional meetings.

Contract Management and Evaluation System

Background:

GEMS provides the Commission with real-time updates for contract management, invoicing, performance measurement and evaluation. Each grantee can use GEMS as an internal reporting and analysis tool for ongoing administration and planning. GEMS reports are used by the Commission's program leads to monitor grantee progress with providing Commission-funded services and to assure that grantees are

compliant with their data requirements prior to receiving payment for services. POMS staff and grantees can create reports each monthly entry completed by the provider for their monthly service counts and their work plan services, a provider's progress toward its work plan target number, a summary analyses of the data entered in various client-level surveys, including client intake and exit surveys, and Service Outcome Questionnaires.

Progress in 2012:

POMS team members utilized the following data for evaluation purposes throughout the year:

Client-level Data: Commission-funded providers are asked to collect client-level data, including intake, exit and service outcome data, for clients that receive more intensive services.

Work Plan Data: All work plan and aggregate data are reported under the GEMS Group/Aggregate Service module and providers can access the Service Export and the Comprehensive Target Reports to provide a summary of the data entered.

Invoice Module: Commission providers continued to utilize the GEMS invoice module to submit monthly and quarterly invoices. The Program Leads used GEMS reports to review grantee performance and identify data compliance issues.

Grantee Use of Reporting and Users Groups

Background:

Ongoing user trainings and user groups provide an opportunity for grantees to learn about the GEMS system, Commission reporting requirements and data collection and reporting strategies.

Progress in 2012:

The POMS team coordinated GEMS user trainings and webinars. Sixteen in-person GEMS trainings were conducted by POMS team members throughout the year. Technical assistance was provided at initiative specific meetings, including Early Learning Specialist, School Readiness Nursing and Homelessness Prevention meetings.

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 GEMS are protected. It provides guidance to grantees on their responsibilities in gathering, entering, using and sharing data. It also serves to protect the integrity of the grantee's confidential client-level data.

Progress in 2012:

POMS activities were implemented in conjunction with the Commission's Policies and Procedures for the Performance Outcome Measurement System. There are three Commission Policies and Procedures for which the POMS team reviews annually: Outcome Collection, Evaluation and Reporting System Policy (No. 5.4); Performance Outcome Measurement System Evaluation Policy Guidelines (No. 5.5); and, Confidentiality and Data Sharing (No. 5.7). This year, minor revisions were made to the Confidentiality and Data Sharing Protocol. The revised protocol was reviewed by Commission counsel and approved by the County's Human Subjects Review Committee in May 2012.

Internal Evaluation Consultant to Commission Initiatives

Background:

In addition to reporting in GEMS, 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 First 5 California). 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 2012:

POMS Team members assisted the following projects during 2012:

- Bridges Connect/GEMS – The Bridges Network data is collected through a data system called Bridges Connect that was developed by Net Chemistry. Ongoing discussions have taken place with Net Chemistry and Mosaic to import Bridges Connect data into the Commission's GEMS system to assist in eliminating redundant data entry.
- Assisted with, and submitted an application to the Orange County Human Subjects Review Committee for the evaluation of the Child Guidance Center program utilizing Parent-Child Interaction Therapy techniques to evaluate the relationship between therapist and parent, and how this relates to successful treatment outcomes; received approval.

Special Projects

Background:

POMS team members participate in special projects throughout the year, as needed. Special projects can include a variety of activities, including but not limited to grant applications and special reports.

Progress in 2012:

POMS team members participated in developing or assisting with several community collaborative grant applications, including:

- Santa Ana Promise Neighborhoods - Community collaborative grant applications and other funding opportunities, including the Santa Ana Promise Neighborhoods application in partnership with THINK Together. A proposal for a Santa Ana Promise Neighborhoods grant was submitted to the U.S. Department of Education; the status of the application is pending..
- OC Workforce Data – Compiled and updated workforce data on the number of positions and Full Time Employees funded by Commission in FY11-12 and compared current workforce to prior years to identify changes over time.
- Help Me Grow-Orange County - Supported grant application to establish and maintain a countywide developmental registry.
- Partnership with the Orange County Medical Association, Orange County American Academy of Pediatrics, and Help Me Grow Orange County - Supported project to evaluate the promotion of developmental screenings in the county.
- Community Partnership Conference Series Grant- Assisted with the development of a grant application to reduce health disparities among children with intellectual and developmental disorders.
- Federal Administration for Children and Families for “Child Welfare – Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement” program – Participated in the development of the grant application with diverse community stakeholders, including current Commission funded projects.

- Participated in national “Children’s Outcome Project” learning community that promotes multi-sector, place-based initiatives on behalf of children. Sponsored by Nemours, The California Endowment, and an anonymous donor, the select state and local team along with national program and advocacy experts, share their work to improve the health and well-being of children and inform federal policy to better support this work. Orange County’s team includes two members of the Commission’s Community Advisory Committee.

Prevent All Cigarette Trafficking (PACT) Act. At the October 2012 meeting, the Commission received public comments about how the PACT Act ensures tax collection on Internet and remote sellers of cigarettes and smokeless tobacco but that cigars are exempt from the provision. POMS staff has also looked at the issue of cigar smoking prevalence, regulations and taxation. Proxy data was been used to guesstimate the magnitude of the concern.

Best Practices

Background:

School Readiness Nurses meet routinely throughout the school year, sharing community resources and best practices to provide collegial nursing support and the highest level of service for their 0-5 children and families.

Progress in 2012:

Research-based parent and child health education was supported with the development of a resource website for School Nurses to archive up-to-date evidence based tools, power points and other resources.

EXTERNAL EVALUATION EFFORTS

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. Orange County has been an active participant on the First 5 Evaluation Workgroup.

Progress in 2012:

POMS team members participated in the First 5 Evaluation Committee and reviewed proposed changes to the Statewide annual report to the legislature.

Southern California Alliance for Learning and Results

Background:

The Southern California Alliance for Learning and Results (SCALAR) was developed to accomplish the following objectives:

- Improve First 5/Children and Families services by providing nonpartisan information, research, and evaluation on First 5/Children and Families issues in Southern California to policymakers and other stakeholders.
- Encourage rigorous program evaluation across the region by establishing standardized research and evaluation protocols for First 5/Children and Families programs based on best practices.
- Expand knowledge of effective strategies in evaluation and policy research by developing, modeling, and disseminating innovative approaches to program evaluation and policy research.

Since 2007, all eight First 5/Children and Families Commissions (Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura Counties) in the Southern California region have supported SCALAR.

Progress in 2012:

The Southern California County First 5/Children and Families Commissions established a formalized relationship for managing, analyzing, and communicating the results and outcomes of Proposition 10 investments. An initial project developed by SCALAR was a series of three webinars hosted for the Southern California Region on Federal health care system changes and California's young children. Speakers have been engaged from Children Now and the California Coverage and Health Initiatives. The webinars provide an overview of the recent and upcoming changes to the health care system that affect young children's health and development and will provide an update on the planned changes to Healthy Families resulting from this year's State budget. In addition, SCALAR focused on a project with HealthyCity.org and Kidsdata regarding the impact of the economic downturn on children.

National Children's Study

Background:

The National Children's Study 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. During the project's planning phase, the POMS team participated in the National Children's Study planning committee meetings and convened the Neighborhood Advisory Committee meeting. During this period, the outreach lead was transitioned from Commission to the National Children's Study. The steering committee has identified recruitment approaches to the target recruitment areas. The Community Advisory Committee is designed to garner community support for the study and to increase the credibility of the study among the targeted populations. The study began recruiting its first participants in 2009. The POMS team was instrumental in the development of Neighborhood Advisory Committees in each of the targeted study sections.

Progress in 2012:

In June 2012, the Orange County National Children's Study staff convened their last community partner meeting. The purpose of the meeting was to update local study partners on the national redesign of the study and future plans for the Orange County Vanguard Center. The National Children's Study was included in the Child Health Act of 2000. The first phase of the study was to test the feasibility, affordability and scalability of the design through initial implementation in seven Vanguard Centers. The University of California, Irvine was selected as one of the Vanguard Centers and the Commission was a key partner in relation to community outreach. In Spring of 2012, the study team staff were notified that the Vanguard Centers would be shut down effective September 30, 2012 and that the study would transition to a centralized model of implementation. During the transition, the Research Triangle Institute is implementing the study scope with Orange County families. Also during this transition, data will only be collected through telephone interviews. Currently, the Orange County center has a 70% retention rate for enrollment in the study with 175 currently active families enrolled. In addition to the main study, the Orange County Vanguard Center has participated in several adjunct studies including studies in autism assessment and genomes and health literacy. These studies were also concluded by September 30, 2012.

Statewide Screening Collaborative

Background:

The Statewide Screening Collaborative is a coalition of state departments, including Developmental Services, Education, First 5 California, Health Care Services, Social Services and various community partners, such as American Academy of Pediatrics, WestEd, UCLA and UC Davis. The purpose of the collaborative is “*To enhance state capacity to promote and deliver effective and well-coordinated health, developmental and early mental health screenings throughout California.*” The collaborative meets quarterly at First 5 California in Sacramento.

Progress in 2012:

POMS team members have continued to participate in the Statewide Screening Collaborative with a purpose to improve coordination among state agencies and programs involved in early developmental screening and referral. Key projects include enhancing relationships with American Academy of Pediatrics and Maintenance of Certification requirements for physician; a Statewide survey of First 5 screening activities and priorities; and, developing programmatic recommendations for consideration in the Race to the Top Challenge grantee and California Home Visitation programs. With the Statewide Screening Collaborative and with the Alameda and Fresno Commissions, the POMS team developed an application for a California Help Me Grow replication site to support the successful implementation of Help Me Grow California including strategies to imbed Help Me Grow practices into statewide initiatives including Realignment, Race to the Top, Home Visitation and proposed changes to the health care systems. This project was selected for funding.

Ongoing Countywide Indicator Reports

Background:

Two countywide reports are developed regularly that include information about children and families: *The Annual Report on the Conditions of Children in Orange County and the Community Indicators Report*. 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 2012:

The POMS Team provided technical expertise to assist with the development of the *18th Annual Report on the Conditions of Children in Orange County*. In particular, the POMS team reviewed and edited the report; assisted in the development of this year’s special topic on community collaborations to improve children’s well being, and discussion section on low birth weight babies; and participated in planning community forums (five are scheduled to be held). The report was presented to the Commission in October 2012. Additionally, the Community Indicators Report was developed and presented to the Commission in March 2012. In 2012, the POMS team also provided input on the *Healthy Places, Healthy People* report.

The Commission staff also worked in conjunction with the Health Care Agency in conducting a review of community indicators and health needs projects that are sponsored or supported by the two organizations. The review was a two staged review, beginning with a confirmation of a continued interest in supporting the health information and data resource collection through a continued joint partnership among hospitals, health care organizations and funders followed by a technical review of all existing and planned data resources and needs. POMS team members have participated in these collaborative planning meetings and have completed work to inform both phases of the analysis.

Collaborative Planning and Research Groups

Background:

The University of California, Irvine Institute for Clinical Translational Sciences Community Action Planning Group

The University of California, Irvine Institute for Clinical and Translational Science (the Institute) is a uniquely transformative, novel, and integrative academic home for clinical and translational science with the resources to train and advance a cadre of well-trained, multi- and interdisciplinary investigators and research teams. The Institute facilitates access to innovative research tools and information technologies to promote the application of new knowledge and techniques to patient care. The Institute assists basic, translational, and clinical investigators, community clinicians, clinical practices, networks, professional societies, and industry to develop new professional interactions, programs, and research projects. The Institute fosters a new discipline of clinical and translational science that is much broader and deeper than their separate components. As part of its community engagement efforts, the Institute has established the Community Action Planning Group to develop deeper partnerships with the community in translational research.

Orange County Alliance for Community Health Research

The Orange County Alliance for Community Health Research (the Alliance) represents an academic-community partnership opportunity designed to improve the way health research is conducted in Orange County. The University of California, Irvine was awarded the Clinical and Translation Sciences Award by the National Institutes of Health to more quickly deliver scientific discoveries from the laboratory to the community through the Institute, making University of California, Irvine one of a few select universities in the nation with this distinction. Building on the strength of the Institute, Alliance will increase the capacity of community organizations and universities to engage in health research that is designed by the community to meet the health needs of the community. The Partners for the Alliance include University of California, Irvine, California State University-Fullerton, the County Health Care Agency, the Children and Families Commission of Orange County, and the Orange County Asian Pacific Islander Community Alliance. The Alliance will:

- Create a web-based resource portal to increase the community's access to important health data and research
- Provide technical assistance, networking, training and mentoring opportunities between the universities and community based organizations
- Provide training in community-based participatory research to empower community agencies and university researchers to work together in developing and implementing research projects
- Lead team building workshops toward the development of an academic-community partnered health agenda and research projects

Orange County Children's Partnership

The Orange County Children's Partnership (formerly the Children's Services Coordination Committee) is a 22-member advisory body, made up of public agencies and representative community agencies established by the Board of Supervisors in 1982. The Partnership collectively focuses its efforts to achieve common goals related to improving the conditions of Orange County's children.

The responsibilities of the Orange County Children's Partnership include sharing information on services for wards, dependents, and seriously emotionally and/or behaviorally disturbed children, identifying gaps in the service system for high-risk children and their families, and recommending collaborative programs to better serve this population. Since August 1993, the Partnership has sponsored the Annual Report on the Conditions of Children in Orange County.

Currently, the unifying focus of the Partnership is to ensure that all children attain a high school diploma. The Partnership members have identified education as a strong indicator of economic success; it is positively correlated with job attainment, wage earning and civic responsibility. The lack of educational achievement can have a significant effect on the need for public services. Higher the rate of high school completion, the lower the rate of dependency on public assistance and the greater impact on community economic sustainability. Therefore, the Partnership has established a task force addressing the issue of high school completion.

Progress in 2012:

The University of California, Irvine Institute for Clinical Translational Sciences Community Action Planning Group

In 2012, the Institute conducted a series of community research forums, which included the participation of Institute faculty and staff, Community Action Planning Group members, and representatives from the Alliance. During the forums, an Alliance member from California State University-Fullerton facilitated a group discussion to regarding an academic-community partnered approach for developing a community health research agenda. POMS team members have also attended Community Action Planning Group meetings.

Orange County Alliance for Community Health Research

The Commission's POMS team has been involved in the planning and implementation of each of the Alliance's major activities, including the development of the web portal, the community-based participatory research trainings, and team-building workshops. Specifically, the Commission POMS consultant, who serves as a Community Research Associate on the project, implemented four team-building workshops in 2012. The four topics include: low birth weight babies; community health indicators; overweight and obesity; and child abuse, trauma and neglect. Work for each topic includes: the development of a White Paper / literature review, which frames the issue; identifying potential workshop locations; identifying workshop Chair and facilitator; coordinating with agencies to develop a list of potential invitees who have content expertise; developing a survey for potential invitees to gauge their interest in participation as well as to assist with planning and implementing workshops; and implementing the workshops. The workshops bring together experts who are invested in seeing changes in the given topic to participate and advance the knowledge and experience in community-based participatory research. The POMS team created the following surveys for use with the trainings and workshops.

Team Building Workshop Topics Survey. Survey sent out to all emails in the Alliance contact list in order to receive community input about potential health topics to be addressed in upcoming workshops.

Team Building Workshop Topics—Children's Health Survey. Survey sent out to all emails in the Alliance contact list in order further refine the topics selected from a prior survey request. The survey assessed the specific children's health issues respondents wanted to see addressed.

Obesity Collaborative Workshops Survey: Survey sent out to potential participants of the Obesity and Overweight Collaborative to assist in planning and implementing the workshops.

Child Abuse, Neglect and Trauma Collaborative Workshops Survey: Survey sent out to potential participants of the Child Abuse, Neglect and Trauma Collaborative to assist in planning and implementing the workshops.

Orange County Children's Partnership

POMS team members continue to serve as a member of the Orange County Children's Partnership and participated in the Education Attainment subcommittee to discuss strategies and provide recommendations to the Partnership towards achieving its target of increased high school completion rates. The work group has begun reviewing various sources of community data that relates to high school completion in the county.