Children & Families
Commission of Orange County

Agenda Item No. 4
January 4, 2012 Meeting

DATE: December 21, 2011

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director

SUBJECT: Performance Outcome Measurement System (POMS) Update and 2012 Work Plan

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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 2011 accomplishments and a proposed work plan for 2012.

Performance Outcome Measurement System Budget Summary:
The Commission's current evaluation activities are budgeted at $600,000 for FY 2011/12. This amount represents a 60 percent reduction in funding over the last three years. Major budget components include the Commission's data collection and reporting system (30%), evaluation staff (17%), evaluation consultant (26%), and evaluation reports/collaborative projects (27%). Outside evaluation firms are no longer funded in the current budget. Three critical factors contributed to the reduction in the POMS budget:

- Savings achieved through selection of a new data collection and reporting system.
- Diversion of budget from POMS in response to the current economic conditions and need to protect funding for transitional shelters, clinics and related safety net services for families with young children.
- Savings required to achieve a budget compliant with AB 99.

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, and develop community collaborative projects such as indicator reports.

Fiscal Year 2010/11 Annual Performance Reports
The Commission's management report portfolio includes performance reports that summarize information from the statutorily required Annual Program Report that is submitted each year to the state for the legislature. The *Annual Summary Performance Report, FY 2010-11* was provided to the Commission at the October 2011 public hearing. The Annual Summary and information specific to each of the Commission's four strategic goals: Healthy Children, Strong Families, Early Learning, and Capacity Building are included as Attachment 1. The summary reports were developed to communicate the Commission investments and outcomes in each goal area.

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Performance Outcome Management System 2011 Accomplishments and Proposed 2012 Work Plan

The "*Performance Outcome Measurement System Annual Report for 2011*" (Attachment 3) describes each of the major projects of the POMS Team and the progress made in 2011. The report summarizes and archives the team's evaluation activities carried out to accomplish the work plan that was approved for 2011 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. In carrying out the project activities, the POMS team has further focused on the evaluation of children's outcomes rather than the accountability information required for the annual report to the state. In addition, evaluation information continues to be incorporated into staff reports presented each month to the Commission and program review processes, to ensure that evaluation findings are used to better inform strategic decisions.

In order to plan activities for the coming year, work plan priorities and activities as indicated on 2012 Work Plan (Attachment 2) are recommended. Due to decreased funding budgeted for POMS activities, the 2012 Work Plan would be implemented primarily by the Commission's Evaluation Manager and evaluation consultant along with leveraging the Commission's evaluation relationships in collaborative projects.

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. There is no funding action requested in this agenda item.

PRIOR COMMISSION ACTIONS:

- December 2010 - Receive POMS 2011 Work Plan and Report of 2010 Accomplishments
- June 2010 – Receive POMS Annual Report for 2009
- December 2008 – Response to Economic Conditions

RECOMMENDED ACTIONS:

1. Receive FY 2010/11 Annual Performance Report and Goal Area Performance Reports.
2. Receive and approve Performance Outcome Measurement System (POMS) Work Plan for 2012 (Attachment 2) Annual Report for 2011 (Attachment 3).

ATTACHMENTS:

1. FY 2010/11 Annual Performance Report and Goal Area Performance Reports
2. Performance Outcome Measurement System Work Plan for 2012
3. Performance Outcome Measurement System Annual Report for 2011

Contact: Alyce Mastrianni

Attachment 1

Children & Families Commission of Orange County

Annual Summary

Performance Report

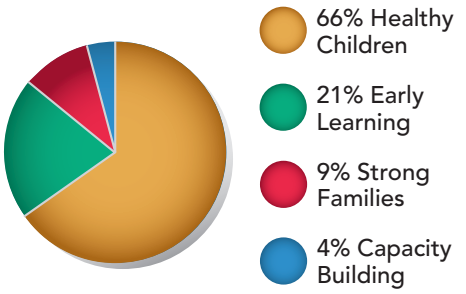
Fiscal Year 2010-2011

Orange County Fast Facts

- 40,431 total births (2009 Data, CA Dept of Public Health, Center for Health Statistics)
- 231,218 children ages 0 – 5 (2010 US Census)
- 165,899 children ages 0 – 5 directly touched by services*
- 170 individual Commission-funded programs
- 91 organizations providing services

Each program reports an unduplicated number of children served. Because one child may receive services from multiple programs, the total number of children served may include some duplication.

Budget by Goal Area
($46.9 million in program spending)



Annual Summary Fast Facts

- 32,035 primary care visits were provided to children
- 12,521 children received comprehensive health screens
- 17,901 children were screened for dental health and 11,798 dental visits were provided for treatment
- 20,910 children were screened for developmental milestones
- 44,181 home visits or case management meetings were conducted with parents and caregivers
- 6,325 children were linked to a place for regular medical care (a “medical home”)
- 5,065 children were enrolled in health insurance
- 173,921 shelter bed nights were provided to pregnant women, mothers and young children
- 87,837 children received books from health care providers and at community events
- 8,453 children were enrolled in school readiness programs, including 1,167 children with special needs
- 3,482 home safety checks were completed

Major Initiatives

Initiatives	Expenditures	Number Served: Children 0-5	Number Served: Family Members
Bridges Maternal Child Health Network	$9,233,028	19,278	33,360
Pediatric Health Services	$7,657,341	17,267	21,360
Fitness and Nutrition*	$6,458,884	2,077	1,073
School Readiness	$4,856,445	28,981	23,998
School Readiness Nursing	$3,098,097	23,551	18,258
Homeless Prevention*	$3,665,027	2,668	2,531
Early Literacy	$2,235,340	31,038	31,370
Community Clinics	$1,861,474	13,502	6,795
Children’s Dental	$1,383,375	10,535	3,990

**Includes One-time Catalytic Capital Investment*

Major Initiative Highlights Fiscal Year 2010-2011

Bridges Maternal Child Health Network
Collectively, the programs in the Bridges Maternal Child Health Network serve over 19,000 children and their families each year, helping to ensure that children are born healthy, have and use a health home for comprehensive health services, have access to early screenings and assessments, and are raised in healthy and safe environments. The Bridges Network includes hospitals, home-visitation providers, and public health nursing – all working toward common outcomes to improve maternal and child health through both in-hospital screenings to identify children needing additional support, and home visitation to provide education and intervention services.

Pediatric Health Services
Pediatric Health Services collaborative programs are designed to increase access to pediatric primary and specialty care. They have included Asthma & Metabolic Programs, Pediatric Primary Care, High Risk Obstetric services, and Early Developmental Programs. The Early Development Programs, including Help Me Grow, provide an accessible point of entry for comprehensive evaluation and diagnosis of neurodevelopmental concerns. Help Me Grow is Orange County's resource and referral agency for early developmental needs. After over five years of operation, Help Me Grow has become a well-known resource for community providers: fully 63% of community providers surveyed about pediatric health referrals stated that they used Help Me Grow Orange County.

Fitness and Nutrition
Commission funding for fitness and nutrition included a one-time investment for capital projects at the Santa Ana YMCA. This catalytic investment laid the groundwork for a safe and secure place for children to develop healthy lifestyles. With the Commission's investment and other funds, the YMCA was able to build a robust aquatic center, sports fields, and a facility for Dr. Riba's Health Club. Dr. Riba's Health Club is the only medical model of obesity prevention and treatment for young children in the county, targeting healthy lifestyles through health education and healthy practices.

School Readiness
Early Learning Specialists are located in every school district in Orange County working to strengthen children's early math, literacy, and speech and language skills. Over 10,320 children participated in programs designed to increase the frequency of reading at home and 7,010 children participated in early math programs. Additionally, 20 school districts received training to increase speech and language services to children and families. The Learning Link program model expanded throughout the county within eight school districts and at 15 locations.

School Readiness Nursing
School Readiness Nurses continue to fill gaps in health services within the community by providing health assessments for children ages 0 to 5. These services prompt early intervention for children, resulting in significant impact to their health and developmental outcomes. School Readiness Nurses provided 164,570 health services to 23,551 children in Orange County, including screenings for vision, hearing and development, as well as screenings for general health, oral health, weight, and immunizations.

Homeless Prevention
The Commission partners with HomeAid Orange County to develop transitional shelter facilities for homeless children ages 0 to 5 and their families. This year, the Commission supported 173,921 "bed nights" for 4,947 individuals. A "bed night" is one warm and safe bed for one person for one night. These families received case management, life skills classes, and basic medical and dental medical services for their children. The Commission also approved one-time catalytic funding to support the expansion of two shelters: an additional 10 bedrooms and living areas at Laura's House; and two four-unit buildings to accommodate eight families at Fullerton Interfaith Emergency Service transitional shelter.

Early Literacy Program
The Early Literacy Program (ELP), which encompasses county-wide literacy programs, supported 72 community events with readers, books, and literacy resources. Over 53,380 children were read to at health clinic sites and community events, and 87,837 young children received books. Through a grant from Orange County United Way, the ELP expanded the Raising A Reader program to serve an additional 240 children in the Garden Grove Unified School District.

Community Clinics
The Commission funds community clinics throughout Orange County to ensure that families have access to health coverage and quality pediatric care. The Commission continued to fund a pediatrician who visited each community clinic on a regular basis, providing enhanced pediatric support. Community Clinics provided 18,895 primary care visits as well as 871 dental treatment visits. A total of 2,201 children were enrolled in health insurance.

Children's Dental
Healthy Smiles for Kids of Orange County, along with five Community Clinics that are part of the Pediatric Dental Care Collaborative, conduct screenings, provide sealants and fluoride treatments, offer parent and caregiver education, and improve access to dental care. A total of 10,535 children were provided services including dental screenings, preventative treatments, restorative treatments, and emergency dental treatments.

Science, Technology, Engineering & Math (STEM)

Experts have documented the positive impact of math skills on the overall learning success and achievement of children. The Commission funded the MIND Research Institute to create developmentally appropriate computer-based games to teach mathematics to pre-kindergarten children to improve math proficiency and problem solving skills. This year, 11 schools and 703 students participated in the MIND Research Institute program. Additionally, the Commission partnered with the Samueli Foundation to increase public awareness of the importance of STEM education.

Attachment 1

Children & Families Commission of Orange County

Healthy Children

Performance Report

Fiscal Year 2010-2011

Orange County Fast Facts

- 40,431 total births (2009 Data, CA Dept. of Public Health, Center for Health Statistics)
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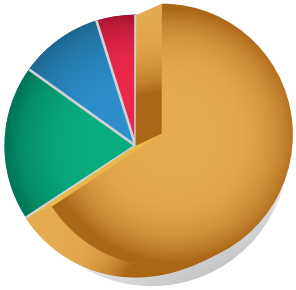
Budget by Goal Area
($46.9 million in program spending)



Healthy Children Fast Facts

- 68,367 screenings conducted for developmental milestones and/or health (e.g., vision, hearing, health status)
- 21,011 parents received nutrition and physical activity education
- 18,651 children screened for up-to-date immunizations
- 17,781 mothers received breastfeeding education, intervention and support
- 15,080 children received a dental screening and 6,703 children received dental services including primary, specialty and emergency care
- 8,511 pregnant women received support for healthy pregnancy and early childhood health
- 7,760 children received primary care services, including well child and sick visits
- 5,184 children connected to a place for regular medical care (a “medical home”)
- 4,569 children enrolled in health insurance

Healthy Children Program Expenditures

Total Services Provided: **629,099**	Total Children Served: **94,807**	Total Family Members Served: **102,370**

Program	Expenditures
Bridges Maternal Child Health Network	$ 9,233,028
Pediatric Health Services	7,657,341
Fitness/Nutrition	6,458,884
School Readiness Nursing	3,098,097
Community Clinics	1,861,474
Children’s Dental	1,383,375
Health Access and Education	1,141,897
Healthy Children Total	**$30,834,096**

Note: the Fitness and Nutrition program includes a one-time catalytic capital investment.

Evidence-based Programming

The Children and Families Commission of Orange County employs evidence-based programming to guide program investments, integrating knowledge gained from research, best management practices, and real-world results.

Healthy Children Program Highlights

Home Visitation

The Commission-funded Bridges Maternal Child Health Network provides education about healthy child development and early intervention services to families needing additional support. The Network includes an array of home visitation models including prenatal, infant, toddler, and specialized public health nursing services.

Four independent studies found that nurse home visitation programs produce a significant cost benefit, ranging from $2.88 to $5.70 return for every dollar invested.[1] Nurse home visitation programs can dramatically improve children's health and wellbeing resulting in fewer low-birthweight babies, reduced emergency room visits for young children, and higher cognitive and vocabulary scores as children develop and enter school.

MOMS Orange County provides prenatal home visitation, working to improve healthy birth outcomes. In 2010-11, only 6% of babies born to participating mothers were low birth weight compared to the countywide average of 6.6% and the national rate of 8.2%. Infant and Toddler home visitation provides breastfeeding education and support, developmental and health screenings, home safety checks, health education and referrals for further services when needed. This year, the Infant and Toddler Home Visitation Programs provided 1,851 developmental screenings to children from birth through five years of age. Using evidence based practices including the Nurse-Family Partnership approach, public health nurses worked with special populations like medically high risk infants and their parents, low income teenage parents, and parents with a history of substance abuse in order to optimize children's health, growth and development.

Dental Health

The Commission funds Healthy Smiles for Kids of Orange County and the Pediatric Dental Care Collaborative to conduct screenings, provide sealants and fluoride treatments, offer parent and caregiver education, and improve access to dental care for children from birth through age five. The dental health initiative also supports a mobile dental van, which provides dental screenings, education and referrals to families with young children in Orange County. In 2010-11, over 10,000 children received services with 89% of children having no cavities at the end of services, compared to 59% at the outset.

According to the National Institute of Dental and Craniofacial Research, over the course of a year, 117 school hours are missed per 100 school-aged children as a result of oral health issues (1.17 hours per child).[2] Using this figure, Healthy Smiles for Kids of Orange County calculated the annual cost of absences related to oral health at over $500,000 in lost revenue for the Santa Ana Unified School District alone.

[1] *The four studies include: Benefits and Costs of Prevention and Early Intervention Programs for Youth. S. Aos, R. Lieb, J. Mayfield et al. (2004), Washington State Institute for Public Policy; Cost-Effective Investments in Children. J. Isaacs. (2007), The Brookings Institution; Early Childhood Interventions: Proven Results, Future Promise. L. Karoly, M. Kilburn, J.Cannon (2005), RAND Corporation; and Nurse-Family Partnership-Benefit/Cost Analysis. T. Dumanovsky, H. Muttana (2004), New York City Department of Health and Mental Hygiene.*

[2] *Oral Health, U.S. 2002 Annual Report National Institute of Dental and Craniofacial Research/Centers for Disease Control*

Attachment 1

Children & Families Commission of Orange County

Early Learning

Performance Report

Fiscal Year 2010-11

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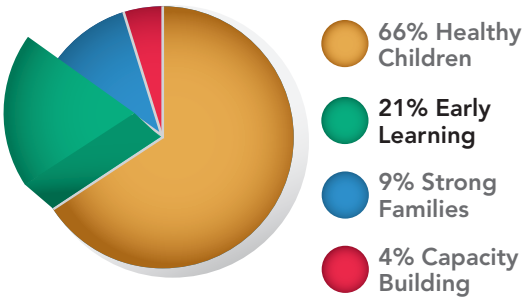

Early Learning Fast Facts

- 88,877 new and gently used books were given to children by health care providers and at community events
- 30,037 parents and caregivers received literacy resources such as reading tips and information about developmental milestones tied to literacy
- 10,816 children participated in a program designed to increase the frequency of reading at home
- 7,010 children participated in early math programs
- 72 community events were supported with readers, books for children and literacy tips for parents
- 27 volunteers were recruited to read to children at health clinics and pediatric offices
- 20 school districts participated in the Providence Speech and Language Center's Building Blocks of Communication to increase speech and language services to children and families
- 15 locations within eight school districts offered the "Learning Link" program, an early education interactive center for parents and young children
- $110,111 was raised for early literacy programs through grants and donations

Early Learning Program Expenditures

Total Services Provided: **1,575,380** | Total Children Served: **64,481** | Total Families Served: **59,591**

Program	Expenditures
School Based School Readiness Programs	$ 4,856,445
Community Based Early Learning Programs	2,822,148
Early Literacy	2,235,340
Early Learning Total	**$9,913,933**

Evidence-based Programming

The Children and Families Commission of Orange County employs evidence-based programming to guide program investments, integrating knowledge gained from research, best management practices, and real-world results.

Early Learning Program Highlights

Early Literacy Program

The Early Literacy Program (ELP) encompasses several programs that provide children with the experience of being read to every day and developing a critical foundation for life-long language skills. Through ***Reach Out and Read***, doctors prescribe reading and give books to children as part of well-child visits. In 2010-11, The Commission supported 56 Reach Out and Read sites which have 24 ELP readers reading to children in waiting rooms.

In October 2010, 38,944 children across Orange County were read the same book as part of a nationwide ***Read for the Record*** event, breaking the 2009 Orange County record by over 13,000. In November, ELP promoted ***Child Literacy Month*** by hosting story times and literacy related activities at 17 community events. This provided an opportunity to develop new community partnerships and reach more children and families in underserved areas.

Research confirms a strong correlation between vocabulary at age three and 11th grade reading levels. According to literacy expert Andrew Biemiller, "Vocabulary at age 3 predicts first grade reading success; first grade vocabulary predicts eleventh grade reading level."[1]

Through ***Raising A Reader***, children at participating schools and early care centers bring home a book bag filled with four high-quality books. The bags are rotated weekly, exposing the family to many new books. In 2010-11, the Raising A Reader program was at 29 sites in Orange County. The program served a total of 1,716 children and their families.

Early Math Education

The Commission funded the MIND Research Institute to design a pre-kindergarten math software program that uses a visually-based approach to teaching critical thinking and problem-solving skills. The goal of the program is to reduce early achievement gaps and to help prepare pre-kindergarten children from all socio-economic and cultural backgrounds for success in middle school math. This year, 11 schools and 703 students participated in the MIND Research Institute program. Among parents surveyed about how the MIND program impacted their child's learning:

- 93% indicated that their child showed improvement in their interest and enthusiasm for learning mathematics.
- 74% responded that the program had encouraged their child to use more math vocabulary at home.
- 65% said their child was able to integrate what they learned from the program into daily routines at home.

Six longitudinal studies showed that early math skills are the most powerful predictor of later school success. Economist Greg J. Duncan, PhD, formerly of Northwestern University and now of the University of California, Irvine, and 11 co-authors found that mastering early math concepts, such as knowledge of numbers and understanding the order of numbers, best predicted later success. Early language and reading skills like vocabulary and knowing letters were next in predicting later achievement.[2]

[1] *Vocabulary Development and Instruction: A Prerequisite for School Learning, Handbook of Early Literacy Research (Volume 2). A. Biemiller (2005) New York, NY: Guilford Press*
[2] *School Readiness and Later Achievement. G. Duncan et al (2007). Developmental Psychology, Vol. 43, No. 6*

Attachment 1

Children & Families Commission of Orange County

Strong Families

Performance Report

Fiscal Year 2010-11

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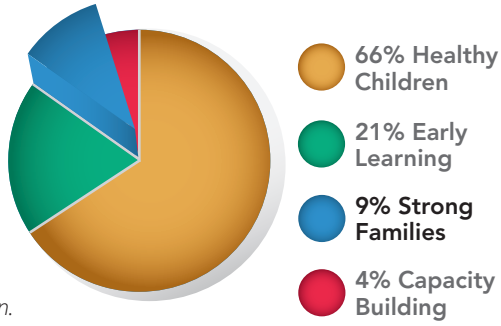


Strong Families Fast Facts

- 173,921 shelter bed nights provided to mothers, young children and pregnant women
- 19,854 parents received informational materials regarding children's developmental milestones
- 6,891 case management sessions provided for families at risk for homelessness
- 1,740 children receive comprehensive screenings (e.g. vision, hearing, height, weight, health and development)
- 449 children connected to a medical home
- 436 parents received training about preventable injuries and deaths
- 328 shelter residents received life skills training and 221 received job skills training
- 254 children received outpatient mental health services
- 207 children received comprehensive health and developmental screenings through Pretend City Children's Museum's "Good to Go from Head to Toe" initiative
- 1,133 parents completed an online developmental screening through Pretend City, which were scored by Help Me Grow and sent to the family and family physician for follow up service

Strong Families Program Expenditures

Total Services Provided: **495,055**	Total Children Served: **6,611**	Total Family Members Served: **26,878**

Program	Expenditures
Homeless Prevention	$ 3,665,027
Family Support Services	594,390
Strong Families Total	**$4,259,417**

Evidence-based Programming

The Children and Families Commission of Orange County employs evidence-based programming to guide program investments, integrating knowledge gained from research, best management practices, and real-world results.

Strong Families Program Highlights

Transitional Shelters

In 2010-11, the Commission prioritized its investments in homeless prevention by focusing on two outcomes: serving children most at risk and in need; and increasing the long-term capacity to address the needs of homeless families. The first outcome is achieved by funding transitional shelter programs that have comprehensive services for the most vulnerable of families. The second is accomplished through catalytic investments that create a sustainable increase to the capacity of the countywide shelter system.

The Commission is working alongside other government and nonprofit organizations to achieve a long-term solution to the county's lack of emergency shelter beds for families with young children. In 2010-11, the Commission provided $370,000 to support the expansion of Laura's House, a domestic violence shelter in San Clemente which includes both emergency shelter and a transitional program for battered women and their children. The project, which broke ground in October of 2010, will expand Laura's House from its current capacity to shelter 25 women and their children to nearly 50 families.

A 2011 report on homeless and unstably housed children in 20 urban American cities found that the stressors common to homeless children result in poor health and cognitive development. Homeless and precariously housed children are at a higher risk for health, behavior and academic problems. One recent study showed that the reading and math achievement of homeless children fell significantly behind their low-income, but residentially more stable peers.[1]

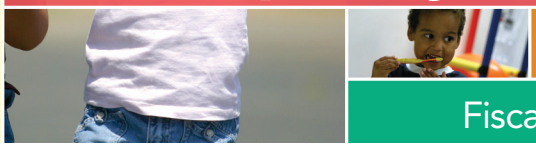
Two of the transitional shelters the Commission supports serve the highly vulnerable population of homeless, pregnant women: Precious Life Shelter in Los Alamitos, and Casa Teresa in Orange. In addition to providing emergency shelter, they provide mothers – and the babies once they are born – with a safe and stable home environment which is critical to their early development. This year, Precious Life Shelter served 19 children and Casa Teresa served 24 children, providing needed services such as developmental and health screenings and linkage to medical care.

[1] *Jung Min Park, PhD, Angela R. Fertig, PhD and Paul D. Allison, PhD. Physical and Mental Health, Cognitive Development, and Health Care Use by Housing Status of Low-Income Young Children in 20 American Cities: A Prospective Cohort Study. American Journal of Public Health, Supplement 1. (2011), Vol. 101 No. S1*

Attachment 1

Children & Families Commission of Orange County

Capacity Building



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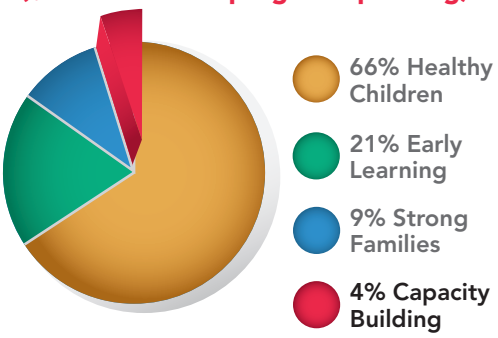

Capacity Building Fast Facts

- 41 Volunteers in Service to America (VISTA) members enrolled, were trained, and instated to provide administrative support to nonprofit agencies that provide health and school readiness services to children from birth to age five and their families
- 27 AmeriCorps members enrolled and were trained to provide direct services to children and families, building children's developmental skills and helping parents be their child's first teacher.
- 32,164 literacy-focused home visits were made by AmeriCorps members
- 15,218 hours of volunteer service was provided by community volunteers recruited by VISTA members to assist with Commission-funded children's health and development programs
- $1,117,124 was raised through grant writing by VISTA members for nonprofits serving children and families
- 26 agencies participated in a fiscal leveraging program to receive federal matching funds

Capacity Building Program Expenditures

Capacity Building programs allow the Commission to leverage resources with other national and state programs, facilitate best practices among grantees, and prioritize those areas where there is a unique need among Orange County's youngest children. Research and development, evaluation, and support services that promote effective delivery systems for child and family services fall within the Capacity Building goal area. The numbers of children and families served are reported under the direct programs and services supported by Capacity Building funds.

Program	Expenditures
AmeriCorps/VISTA	$ 1,544,100
Quality Service Program Support	179,231
Capacity Building Grants	120,079
Capacity Building Total	**$1,843,420**

Note: The Commission expended an additional $817,868 on evaluation of programs.

Evidence-based Programming

The Children and Families Commission of Orange County employs evidence-based programming to guide program investments, integrating knowledge gained from research, best management practices, and real-world results.

Capacity Building Program Highlights

Leveraging Commission Dollars

Many of the agencies the Commission supports provide services during their normal course of business which are eligible for reimbursement through federal matching funds such as Medi-Cal Administrative Activities (MAA), Targeted Case Management (TCM), and Early Periodic Screening, Diagnosis, and Treatment (EPSDT).

By leveraging these funds, the Commission enhances the community's capacity to provide services most needed by Orange County's young children and families. Fiscal leveraging also improves organizations' overall fiscal stability – an important strategy for service provision during fluctuating economic conditions.

To be eligible to receive reimbursement, agencies must follow prescribed operational and reporting guidelines. Working with staff from the County of Orange Health Care Agency and Auditor Controller's office, the Commission helps grantees with required implementation and reporting. This year, 26 agencies participated in the MAA, TCM and EPSDT fiscal leveraging programs, securing $5,142,348 in reimbursements.

Since the inception of the fiscal leveraging program a total of 43 agencies have participated generating $36,261,426 in reimbursements. The funds are used to strengthen the healthcare safety net for children and families by increasing access to health care resources, medical services, equipment and supplies, follow up care, and prevention care.

Unique to this year was the release of $3.7 million ($1.9 for TCM and $1.8 for MAA) in retention dollars that were being held pending the requisite fund audits. After the audits were complete, the Commission worked diligently with the county of Orange Auditor Controller to prepare for the release of these one-time funds, which were provided to 36 community-based organizations that have participated in the reimbursement programs in the past.

Performance Outcome Measurement System Work Plan for 2012

2011 Work Plan - Progress
2012 Work Plan - PROPOSED

Project	2011 Activity - Planned	2011 Activity – Progress	2012 Activity - Planned
COMMISSION-WIDE DATA			
Goal Area Reports	➢ Review and recommend options for presenting Commission data ➢ Prepare reports as recommended	➢ Data was compiled covering each of the four Strategic Plan goal areas along with a Commission-wide summary report for FY10-11 ➢ Supplemental report to the Annual Report to First 5 California was developed to include data for dashboards	➢ Review and recommend options for presenting Commission data ➢ Prepare reports as recommended
Annual Report to the State California Health and Safety Code Sections and 130150a	➢ Information for the FY10-11 Annual Report to the State will be compiled and prepared in time for the Commission's October meeting	➢ GEMS data was used to report on grantee activities and accomplishments in FY10-11 ➢ Data also provided to First 5 Association for use in statewide messaging and program planning ➢ Public Hearing on Annual Report held on October 5, 2011, as required by State ➢ Provided input on annual review of Commission Strategic Plan in May 2011 ➢ Audit of First 5 LA commented on duplicative client counts in Orange County's annual report numbers. Each Commission-funded program reports the number of unduplicated clients as an aggregate count of clients served. Aggregating the number of clients served across all Commission-funded programs may result in duplicate client counts. An unduplicated count of clients is available based on individual client-level data, which represents a small percentage of the total number of clients served. In FY10-11, the total number individual child records was 19,493, whereas the total number of children reported via aggregate data was 165,899.	➢ Information for the FY11-12 Annual Report to the State will be compiled and prepared in time for the Commission's October meeting. ➢ Transition to new PR0OF state reporting system
Measurement of Outcomes – Client Intake Data and Service Outcome Questions (SOQs)	➢ Implement revised SOQs in accordance with POMS matrix re-design.	➢ Client intake and SOQs data were used in the supplement to the FY10-11 Annual Report ➢ Report developed analyzing client-intake from FY09-10 ➢ Tracked client data to ensure that Commission-funded programs served the highest need populations. In FY10/11, 78% of children served were living below 200% of the Federal Poverty Level.	➢ Analyze client intake and SOQ data and examine changes over time. ➢ Develop GIS maps of client data
Early Development Index (EDI)	➢ Explore implementation of EDI at additional districts ➢ Present EDI business plan to Commission for authorization of expanded implementation	➢ In FY 10/11, four districts participated, representing 13 schools and 51 teachers. To date, eight districts have participated, representing 59 schools and 5,662 children. ➢ Business plan approved by Commission in January 2011	➢ Explore implementation of EDI at additional districts and use of data for planning ➢ Explore the use of EDI data for review of Transitional Kindergarten

Project	2011 Activity - Planned	2011 Activity – Progress	2012 Activity - Planned
INITIATIVE-SPECIFIC EVALUATIONS			
Bridges Maternal Child Health Network (MCHN)	➢ Develop study to assess the effectiveness of the Bridges re-design to achieve strong child outcomes	➢ Evaluation plan was developed in collaboration with MCHN program management; however, evaluation was postponed due to implementing AB99 revisions	➢ Revise and implement study to assess the effectiveness of the Bridges re-design to achieve strong child outcomes
Anaheim Expansion Project (AEP)	➢ Ensure that AEP evaluation results are available for Early Learning portfolio review	➢ Conducted annual analysis of student, teacher and classroom assessments ➢ Final 5-year report completed	➢ Program has ended; no further plans for program evaluation. Findings were considered in the development of early learning programs.
Learning Links	➢ Not applicable	➢ Not applicable	➢ Develop study to assess the effectiveness of Learning Link programs at elementary school districts
PROGRAM-SPECIFIC EVALUATIONS			
Physician Developmental Screening Project (PDS)	➢ Not applicable	➢ Conducted survey among participating physicians to collect information about the developmental screenings their practices conducted	➢ The PDS Project ended September 30, 2011. A report will be developed, which analyzes physician responses.
Down Syndrome Association of Orange County (DSAOC) and Down Syndrome Foundation of Orange County (DSFOC)	➢ Not applicable	➢ Conducted preliminary evaluations of DSAOC and DSFOC programs to increase agency capacity to document outcomes and to improve program implementation	➢ Continue to evaluate programs; implement revised data collection tools
California Comprehensive Approaches to Raising Educational Standards (CARES Plus)	➢ Application to participate in CARES Plus developed, including evaluation plan.	➢ CARES Plus Evaluation Plan for Orange County has been developed ➢ Evaluation and administrative tools (e.g., pre/post surveys; computer survey; enrollment form, etc.) have been developed and piloted ➢ A series of community wide focus groups have also been implemented	➢ Enrollment and evaluation data are being entered online in an ongoing manner ➢ Data collection and entry status will be monitored ➢ Reports will be developed and distributed, as appropriate, to document successes and challenges of implementing CARES Plus in Orange County
Pediatric Health Services (PHS) Programs: CUIDAR	➢ Continue to provide data and information to inform the future committee decisions regarding PHS programs.	➢ Four to six focus groups conducted to assist in future planning for the program	➢ Use focus group results to assist in planning decisions for the program, including marketing and sustainability plans

Project	2011 Activity - Planned	2011 Activity – Progress	2012 Activity - Planned
INTERNAL POLICY AND TECHNICAL ASSISTANCE			
Annual Review of Program Data Elements and Quality Assurance	➢ Review data collected to see if any modifications or enhancements are needed and to assure that the data continue to give the Commission valuable information ➢ Continue to monitor data and work with grantees to improve and maintain accurate data collection and entry into GEMS FY11-12 work plans will be reviewed, approved and entered into GEMS ➢ Monitor provider data entries into GEMS and provide technical assistance as needed	➢ The work plan format, aggregate questions, and Service Outcome Questionnaires were reviewed; minor changes made and approved by Human Subjects Review Committee (HSRC), and implemented ➢ Ongoing efforts were made to improve and maintain data accuracy ➢ Over 150 FY11-12 work plans were reviewed, approved and entered into GEMS ➢ Monitored data entered by providers ➢ Provided technical assistance ➢ Developed data entry spreadsheets to assist School Nurses and Early Learning Specialist in tracking and entering their data	➢ Review data that is being collected to see if any modifications or enhancements are needed and to assure that the data continue to give the Commission valuable information with minimum data collection burden ➢ Continue to monitor data and work with grantees to improve and maintain accurate data collection and entry into GEMS ➢ FY12-13 work plans will be reviewed, approved and entered into GEMS ➢ Monitor provider data entries into GEMS and provide technical assistance as needed
Contract Management and Evaluation System as an Evaluation, Compliance and Risk Management Tool	➢ Continue to implement changes in evaluation framework and improvements in GEMS ➢ GEMS will continue to serve as tool for contract oversight for the Program, Contract, and Risk Management staff	➢ GEMS being utilized by grantees for programmatic reporting ➢ Program leads used GEMS to review grantee performance and data compliance ➢ Reports were prepared regularly to facilitate risk management reviews ➢ Contracts were monitored to ensure appropriate data entry following training	➢ Continue to utilize GEMS and implement improvements to the system as needed ➢ Continue to use GEMS for contract oversight for the Program Leads, Contracts Administrators, and Risk Management
Grantee Use of Reporting and Users Groups	➢ Coordinate additional GEMS user trainings and user groups with Mosaic.	➢ Conducted seven GEMS user trainings and five webinars	➢ Coordinate additional GEMS user trainings and user groups with Mosaic.
POMS Policies and Procedures	➢ Conduct annual review and submit protocol for approval by the Orange County Human Subject Review Committee	➢ Reviewed and revised protocol and received approval from the Orange County Human Subjects Review Committee	➢ Conduct annual review and submit protocol for approval by the HSRC
POMS Team Role as Internal Evaluation Consultant to Commission Initiatives	➢ Provide evaluation consultation and support as needed	➢ Bridges Connect/GEMS – participated in ongoing discussions with Net Chemistry and Mosaic to import Bridges Connect data into GEMS. ➢ MIND Research Institute – Assisted with and submitted	➢ Provide evaluation consultation and support as needed

Project	2011 Activity - Planned	2011 Activity – Progress	2012 Activity - Planned
		application to the Orange County Human Subjects Review Committee for the evaluation of the math literacy software pilot; received approvals ➢ Dr. Riba's Health Club - Assisted with and submitted two applications to the Orange County Human Subjects Review Committee for the evaluation of the Dr. Riba's program utilizing Parent-Child Interaction Therapy techniques to improve healthy eating habits and interactions; received approvals	
Special Reports/Projects	➢ Work with Commission managers and community members to identify projects for 2011 ➢ Additional special reports will be prepared as needed or requested	➢ Santa Ana Promise Neighborhoods - Community collaborative grant applications and other funding opportunities, including the Santa Ana Promise Neighborhoods application in partnership with THINK Together. The Promise Neighborhoods grant was not funded. ➢ OC Workforce Data - Compiled data on the number of positions and FTEs funded by Commission in FY10/11	➢ Work with Commission managers and community members to identify projects for 2012 ➢ Additional special reports will be prepared as needed or requested
POMS TEAM PARTICIPATION ON EXTERNAL EVALUATION EFFORTS			
Link with State Evaluation	➢ Continue active participation in Statewide Evaluation Workgroup ➢ Explore evaluation of systems/capacity building strategies	➢ Participated in State planning efforts for the database system PRO0F	➢ Continue active participation in Statewide Evaluation Workgroup ➢ Explore evaluation of systems/capacity building strategies
Southern California Alliance for Learning and Results (SCALAR)	➢ Continue to participate in regional evaluation activities through work plan authorized by Southern California regional executive directors ➢ The First 5 Southern California Alliance for Learning and Results (SCALAR) is an alliance of the eight Southern California Commissions	➢ Participated in SCALAR activities, including development of developmental screening services brief, discussions regarding consistent reporting in the Annual Report to the State, and a project with HealthyCity.org and Kidsdata regarding the impact of the economic downturn on children. ➢ Began regional project to develop standardized measures to track county developmental screening efforts. ➢ Began conversations with research and program experts in community-focused investments for families and young children. ➢ Updated OC entries in central evaluation repository	➢ Continue to implement regional evaluation activities through work plan authorized by Southern California executive directors, including evaluation of place-based investments, updating the Health City Need Index, creating a Southern California GIS Platform, and tracking county developmental screening successes.
National Children's Study (NCS)	➢ Continue to participate in implementation of community engagement activities as needed to ensure success of the project	➢ Participated in National Children's Study Orange County Vanguard Center annual event; study partners celebrated the 100th birth of babies enrolled in the study ➢ Transitioned outreach/enrollment to Center project staff	➢ Continue to participate in implementation of community engagement activities as needed to ensure success of the project

Project	2011 Activity - Planned	2011 Activity – Progress	2012 Activity - Planned
Developmental Framework Planning: Evaluation/Measurement Design and Confidentiality and Data Sharing	➢ Continue to support the evaluation activities as needed to further implement developmental framework in Orange County	➢ Conducted a survey of OC medical community in order to understand the status of developmental screening in Orange County	➢ Continue to support the evaluation activities as needed to further implement developmental framework in Orange County
Statewide Screening Collaborative	➢ Continue to participate in the Statewide Screening Collaborative to ensure the successful dissemination of the California Screening Initiative and management of the evaluation work plan	➢ Provided input on local protocols for transitioning children identified with special needs who move from one county to another ➢ Collaborated on a successful statewide funding application for Help Me Grow California	➢ Continue to participate in the Statewide Screening Collaborative and Help Me Grow-CA for further planning and evaluation efforts ➢ Prepare for site visit by Dr. Dworkin in February 2012
Contribute to ongoing community indicator reports:	➢ Continue to contribute to the production of community indicator reports	➢ 17th Annual Report on the Conditions of Children in Orange County produced and presented to the Commission in November 2011 ➢ 2011 Community Indicators Report produced and presented to the Commission in April 2011 ➢ In conjunction with HCA, conducted a review of community indicators and health needs projects that are sponsored or supported by the Commission and HCA	➢ Continue to contribute to the production of community indicator reports
Participation in Collaborative Planning and Research Groups	➢ Continue to participate in and contribute collaborative planning research groups consistent with the Commission's strategic plan; leverage such partnerships for planning and decision making ➢ Continue to participate in the planning and implementation of OCACHR	➢ **UCI Institute for Clinical Translational Sciences Community Action Planning Group:** Participated in community health forum, meetings and community awards ceremony ➢ **OC Alliance for Community Health Research:** Involved in planning and implementation of the development of the web portal, the community-based participatory research trainings, and low birth weight workshops. The first low birth weight team building workshops were held at the end of 2011. ➢ **OC Children's Partnership:** Participated in the Education Attainment subcommittee to discuss strategies and provide recommendations to the Partnership towards increased high school completion rates; reviewed various sources of community data related to high school completion.	➢ Continue to participate in and contribute collaborative planning research groups consistent with the Commission's strategic plan; leverage such partnerships for planning and decision making

Children & Families
Commission of Orange County

Attachment 3

Performance Outcome Measurement System
Annual Report for 2011

December 2011

POMS Team Members Contributing to this Report:

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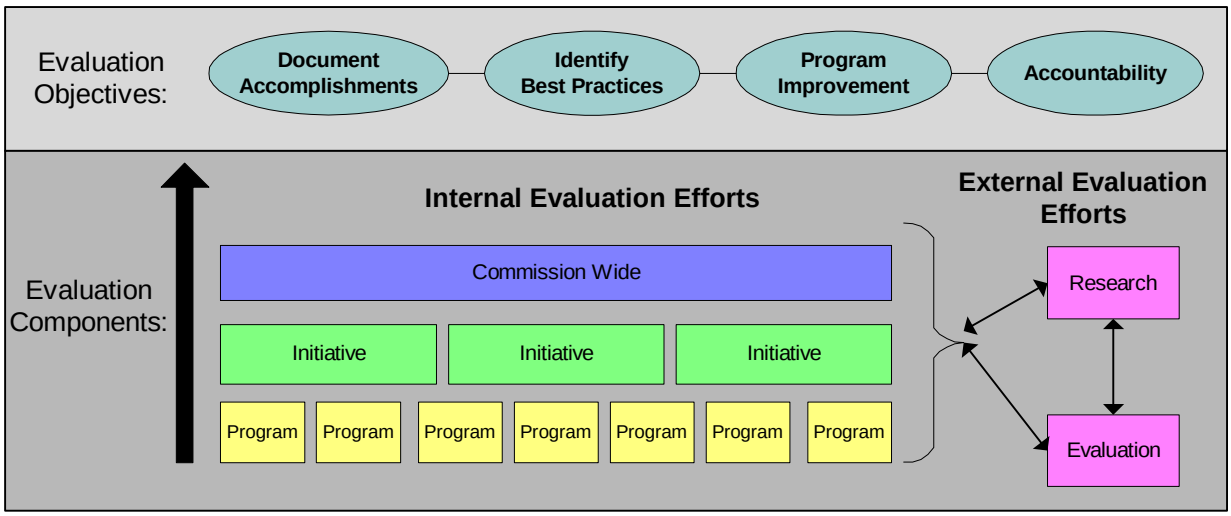
A. INTRODUCTION

The Children and Families Commission of Orange County 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 and work groups that share best practices and results in evaluation. In addition, the POMS Team provides qualitative and quantitative information, and program specific expertise to support the development of strategies to address Commission priorities such as: school readiness, school readiness nursing, health access, at-risk children, early literacy, and oral health. Figure 1 below illustrates the relationship between the various evaluation components—at the Commission-funded level (internal) and outside the Commission (external)—that the POMS Team carries out as well as the overarching evaluation objectives.

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



This report describes each of the major projects of the POMS Team and the progress made in 2011. The report focuses first on Commission-wide evaluation activities, then moves to initiative-specific and program-specific evaluations. The report then describes internal policy and technical assistance efforts,

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

and closes with a description of the POMS Team participation in county, regional, and state evaluation efforts.

B. COMMISSION-WIDE EVALUATION

B.1 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 2011:
The POMS Team compiled data for the Quarterly Performance Reports that covered each of the four Strategic Plan goal areas for fiscal year 2010-11 (FY10-11), along with a Commission-wide summary report for FY10-11.

Plans for 2012:
The POMS team will review and recommend options for presenting Commission data and will prepare reports as recommended. Supplemental report to the Annual Report to First 5 California was developed to include data for dashboards. In accordance with Bridgespan recommendations, the POMS team will develop dashboards for program data, which include services and outcomes.

B.2 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 format for the report is set by the First 5 California Commission. The statewide evaluation framework included a narrative section on the evaluation activities, client information and financial details by service area (AR forms), and program accomplishments (Annual Report Supplement). The AR forms are submitted online on the State Annual Report website. The POMS Team prepares the Annual Report Supplement using work plan, aggregate, and client-level data from GEMS. Additionally, evaluation reports are emailed to the First 5 California Research and Evaluation unit. The complete report is due to the State by November 1.

Progress in 2011:
The Annual Report to the State was presented to the Commission in October and provided a picture of how many children were served and how many services were provided during the fiscal year. In FY10-11, Commission-funded programs served 165,899 children ages 0-5 and 188,839 family members of those children. The children received over 1,405,143 services, including 44,181 home visits or case management meetings, 32,035 primary care visits, 11,798 dental clinic visits, and 17,901 dental screenings. Over 20,900 children were screened for developmental delays and 24,103 Kits for New Parents were distributed. Data in the report also are provided by funding subcategories, such as Bridges for Newborns and Pediatric Health Services.

In the Annual Report, the State Commission requested a minimum of two compelling outcomes by Result and Service Areas. The POMS team provided outcomes for FY10-11 listed in Table B.2 below:

Table B.2 Outcomes by Result and Service Area

Program	Result and Service Area	Most Compelling Service Outcome
Paso a Paso Program	Result: Improved Child Health Service: Home Visitation for Newborns	The MOMS Orange County Paso a Paso Program works to improve healthy birth outcomes for babies; only 6% of babies born to participating mothers are low birth weight, compared to the 8.2% national rate. (Center for Disease Control and Prevention, National Vital Statistics Reports, Vol. 57, No. 12, March 18, 2009).
Children's Dental Services	Result: Improved Child Health Service: Oral Health	89% of children had no caries at the end of services (compared to 59% at the beginning of services)
Anaheim Expansion Project	Result: Improved Child Development Service: Preschool for 3 and 4 Year Olds	Over the last five years, the Anaheim School Readiness Expansion Program has increased the quality of preschool programs as seen by the following evidence: •Increased the quality of the preschool environment and interactions between staff, parents and students. •Improved the key preschool environmental factors that foster early literacy and language development. •Developed a comprehensive preschool to kindergarten transition plan. •Created and implemented a large scale preschool teacher training plan. •Increased the percentage of students (over 60% by project end) that were on target for school readiness based on the DRDP-R social, emotional, cognitive, and developmental observation. •Increased students' literacy skills as seen by the percentage of students that was in the PALS recommended spring developmental range (average increase of 17.5%). •Increased students' oral language fluency as measured by the PPVT-III (average pre to post growth was 10 to 39 points).

A public hearing on Annual Report was held on October 5, 2011, as required by California Health and Safety Code Sections and 130150a. Additionally, the POMS team provided input on annual review of Commission Strategic Plan in May 2011. The data was also provided to the First 5 Association for use in statewide messaging and program planning.

The audit of First 5 Los Angeles commented on duplicative client counts in Orange County's annual report numbers. 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 FY10-11, the total number individual child records was 19,493, whereas the total number of children reported via aggregate data counts was 165,899.

Plans for 2012:
Information for the Annual Report to the State will be compiled using FY 2011-12 data in time for the Commission's October meeting. The 2011-12 report will be prepared to conform to the California First 5 Evaluation Framework. Additionally, POMS will transition to the new PR0OF reporting system.

B.3 Core Data Outcomes

Background
The Core Data and Outcomes Report, Fiscal Year 2009-10, assesses the needs of children as they begin to receive Commission-funded services during FY09-10. The report presents the data in special subpopulations of children served, i.e., newborns in the Bridges program, children enrolled in State School Readiness programs and children served through other Commission-funded programs.

Progress in 2011:
Analysis of client data for FY09-10 found that CFCOC-funded programs are serving some of the highest-need children and families in Orange County, including:

- Latino children (71% of children served)
- Children of families who primarily speak a language other than English (63%); 55% of all CFCOC families speak primarily Spanish
- Children living in poverty (51% at or below the federal poverty level and 65% at or below 200% of the federal poverty level)
- Children whose mothers do not have a high school diploma or GED (43%)

These children are also at high risk for poor outcomes 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:

- More children were uninsured
- Fewer children were breastfed
- Fewer families reported reading or showing picture books regularly to their children

Differences by program category, ethnicity, and mother's education were examined for each indicator. There are a number of indicators in which CFCOC participants are faring better than their county and statewide counterparts. The table below summarizes the findings regarding the FY09-10 client level data and compares it to countywide and statewide data, when available.

Goal Area and Indicators	CFCOC	County	State
Healthy Children			
Women receiving early prenatal care	93%	88%	81%
Children born at low birth weight	4%	7%	7%
Children who were delivered prior to 37 weeks gestation	4%	9%	10%
Children without health insurance	11%	10%	10%

Goal Area and Indicators	CFCOC	County	State
Children with a medical home	99%	97%	98%
Women who breastfed exclusively	26%	40%	53%
Women who breastfed six months or more	65%	67%	54%
Children exposed to household smoke	10%	Not available	15%
Mothers who smoked during pregnancy	3%	5%	Not available
Strong Families			
Children who lived in two-caregiver homes	84%	68%	61%
Mothers with a high school diploma or equivalent	43%	Not available	Not available
Teenage births	4%	15%	16%
Families who shared households with other families	34%	5%	2%
Children living in poverty	51%	18%	22%
Early Learning			
Family members reading daily to children	40%	61%	60%
Families with 10 or more books available in home	47%	Not available	Not available
Early care and education program (ages 3-5 only)	43%	12%	18%
Parents who believed their child had a medical, developmental, and/or behavioral condition that may affect child's performance in school	6%	3%	4%

Plans for 2012:
The POMS team will review and revise the client-intake and exit questionnaires to ensure the quality of core client data being collected. A report will be developed to assess the demographics and characteristics of all children served during the FY10-11 and FY11-12 fiscal years, as well as changes in key indicators such as health insurance coverage and number of books available in the home. Also, in 2012, the POMS team will develop GIS maps of client data for program planning purposes.

B.4 Service Outcome Questionnaire

Background:
The Service Outcome Questions (SOQs) were designed to measure the effectiveness of Commission-funded services. There is one set of SOQs for each Strategic Plan objective, and all grantees matched to a given objective through their work plan are required to complete the corresponding SOQs for each child and family when they finish providing services or when the child turns six.

Completed SOQs are distinct from other data collection efforts because they do address program effectiveness, albeit through grantee self-report. Typically, SOQs 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 2011:

Selected SOQ items were presented in a supplemental report that was submitted with the Annual Report to the First 5 California.

Service Outcomes for All Commission-funded Programs

Key Strategic Plan Objectives	SOQ Results
Healthy Children	
• Increase to at least 90% the proportion of all pregnant women who receive early prenatal care, and decrease racial/ ethnic disparities	• 87% of mothers received prenatal care in the first trimester
• Increase to at least 95% the proportion of children who have a health care home	• 99% of children had a health home at the end of services (compared to 95% at the beginning of services)
• Increase to 100% the number of children with health coverage	• 99% of children served had health insurance at the end of services (compared to 95% at the beginning of services)
• Increase the proportion of children ages 0-5 who receive recommended primary care services at the appropriate intervals	• 56% of children received all recommended well child visits or health screenings (compared to 43% in FY09-10)
• Increase age appropriate immunization levels to at least 95%	• 94% of children received all age appropriate immunizations at the end of services (compared to 84% at the beginning of services)
• Reduce dental cavities so that the proportion of young children with one or more cavities is no more than 9%.	• 89% of children had no caries at the end of services (compared to 59% at the beginning of services)
Strong Families	
• Increase parent knowledge of healthy child development	• Parents with very good or excellent parenting skills increased from 61% to 86%
Ready to Learn	
• Increase the number of children receiving quality early care and education services so they are better prepared to succeed in school	• 90% of children were performing at or above age-appropriate level at end of services (compared to 53% at beginning of services)

Additional reports of the SOQs are being prepared that will summarize the results of all SOQs completed and will document changes over time.

Plans for 2012:
The POMS team will analyze FY10-11 and FY11-12 SOQ data and may examine changes in SOQ data over time.

B.5 Early Development Index (EDI)

Background:
Since 2008, Orange County has participated in a national demonstration project to pilot the Early Development Index (EDI), which is a population-based measure of children's developmental strengths and vulnerabilities. The EDI is a 120-item questionnaire filled out by Kindergarten teachers on every child in their class after observation for at least 6 weeks. The EDI 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 child's EDI is geographically coded according to the home address of the child. The maps show the percent of children entering school who are

developmentally vulnerable in each developmental domain and by geographic region along with other population-based indicators: for example, parent education levels, parent-child reading at home, and residential mobility.

Progress in 2011:
Orange County began implementing the EDI in 2007-08 and has expanded each year to new districts and schools. In FY 10-11, four districts participated, representing 13 schools and 51 teachers. To date, eight districts have participated, representing 59 schools and 5,662 children. The EDI assists communities in better understanding 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. Additionally, the POMS team developed a business plan for the expansion of EDI, which was approved by the Commission in January 2011.

Plans for 2012:
The POMS Team will continue to explore the implementation of EDI at additional OC school districts and the use of the data for planning purposes. They will also explore the use of EDI for the review of Transitional Kindergarten.

C. INITIATIVE-SPECIFIC EVALUATIONS

C.1 Evaluation of the Anaheim School Readiness Expansion Program

Background:
Since September 2005, the Commission has developed a city-based approach for expanded child development and health opportunities for preschool children. The Anaheim Expansion Project (AEP) was a strategy of the Commission to expand school readiness opportunities through a demonstration project focused on the City of Anaheim. This locally funded Anaheim Expansion Project has utilized local Commission, school district, and grant dollars to substantially increase the number of children receiving comprehensive school readiness services.

The Commission, in collaboration with the Magnolia School District (MSD), Anaheim City School District (ACSD) and Children's Home Society, as the Anaheim Expansion Project, has provided expanded and comprehensive early learning and health opportunities to children and families, enhanced the five essential and coordinated elements of the (State) School Readiness Program, supported the development of new and improved programs that meet quality standards, supported School Readiness in a variety of public and private settings, provided the equivalent of three (3) hours per day for the school year for four (4) year old children in the targeted area, the City of Anaheim.

Progress in 2011
In FY10-11, a final five-year evaluation report was completed for the program. Over the last five years, the Anaheim School Readiness Expansion Program has increased the quality of preschool programs as seen by the following evidence:

- Increased preschool slots
- Increased instructional days
- Improved licensing protocol
- Increased the quality of the preschool environment and interactions between staff, parents and students

- Improved the key preschool environmental factors that foster early literacy and language development
- Developed a comprehensive preschool to kindergarten transition plan
- Created and implemented a large scale preschool teacher training plan
- Increased the percentage of students (over 60% by project end) who were on target for school readiness based on the DRDP-R social, emotional, cognitive, and developmental observation.
- Increased students' literacy skills as seen by the percentage of students that was in the PALS recommended spring developmental range (average increase of 17.5%)
- Increased students' oral language fluency as measured by the PPVT-III (average pre to post growth was 10 to 39 points)
- Increased outreach to parents of preschool students
- Increased education opportunities for community providers

Using experience and data-based findings, the Anaheim School Readiness Expansion Program partners have recommended the following treatments to increase the quality of the preschool program.

- **Comprehensive Teacher Training:** The ability to provide all-day staff development for teachers created more opportunities to support individual and programmatic needs. Trainings were focused on findings from both the student and classroom assessments. This increased the quality of instruction for the students by providing teachers with more strategies and materials to implement these best practices.
- **Teacher Coaching**: Anaheim School Readiness Expansion Program teachers met with a preschool coach at minimum twice a year to discuss classroom assessment results and strategies to improve low scored areas. This proved effective in not only increasing ECERS-R and ELLCO scores from pre to post per teacher, but also in providing a support system to preschool teachers. There is great value in a preschool expert meeting with each preschool teacher to discuss in detail how to improve the quality of the classroom environment and preschool instruction. The use of the assessments helped these meetings to be data based and more focused.
- **Five-Day Per Week Instruction:** Both school districts have seen the benefits of three hours per day, five days a week instruction. The five day immersion is especially effective with English Learners and is attributed to increasing student PPVT-III (English oral language fluency) scores.
- **Classroom Assessments:** The classroom assessments (ECERS-R and ELLCO) have also improved the quality of the program. AEP classrooms are now aligned with the same expectations that researches from the ECERS-R and ELLCO deem as high quality preschool environments. These instruments provide documentation for school districts in regard to specific programmatic changes that need to be made per classroom. Each assessment's detailed rubric can be used as a learning tool for teachers and provide a training opportunity for the factors that generate quality classrooms.
- **Student Assessments:** The student assessments (PALS, PPVT-III and DRDP-R) have allowed teachers to provide more differentiated instruction for students. Through the assessments, teachers now have a stronger baseline for where their students are at developmentally and the steps they need to take to move them along the developmental continuum. These student measurement tools assist with lesson planning as well as provide more accurate feedback to parents and other school site staff about a child's progress in the program.

ACSD and MSD administrators and staff have significantly increased the quality of their preschool programs through AEP. The funding to provide coaches, external evaluators, trainings, and collaborative partners has enabled the districts to increase their capacity to provide higher quality programs that will be sustained beyond the funding period. With new policies and strategies in place, both districts are better equipped to offer child development, staff development, and parent education opportunities to the City of Anaheim.

Plans for 2012:
There are no further plans for program evaluation as the program has ended.

C.2 Bridges Maternal Child Health Network Redesign

Background:
In February 2000, the Children and Families Commission (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. The Bridges Network has served as a platform to implement many of the Commission's strategies to address maternal child health issues such as supporting the hospitals in pursuing Baby Friendly hospital designations to promote breastfeeding practices.
In an effort to consolidate services and reduce costs—consistent with the Commission's Long-Range Financial Plan—the Commission, in coordination with the Bridges network of providers and an outside panel of health experts developed a proposal for redesigning the Bridges network, also rebranding this network of programs as the Maternal Child Health Network (MCHN). The program redesign includes the following six features:

1. Refocus distribution of Kit for New Parents to prenatal outreach.
2. Expand referrals to out of network providers.
3. Use electronic technology for efficient and effective services through Bridges Connect.
4. Strengthen home visitation investment with the adoption of the Positive Parenting Program (Triple P) evidence-based curriculum as the home visitation service model.
5. Reorganization of the Health Access Promotion Team deployment.
6. Centralize program management under the Orangewood Children's Foundation.

Progress in 2011:
In 2011, an evaluation plan and survey were developed in collaboration with MCHN program management. The intention of this evaluation is to gather information from the participating agencies and stakeholders in order to document and monitor progress of the Brides MCHN redesign and identify strengths and areas of improvement to assist the agencies during this transition period. However, the evaluation was postponed due to the implementing AB99 revisions and the reduction of funding to some MCHN programs.

Plans for 2012:
In 2012, the POMS team will revise and implement the study to assess the effectiveness of the Bridges re-design to achieve strong child outcomes.

D. PROGRAM-SPECIFIC EVALUATIONS

D.1 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 Developmental Screening (PDS) Project provides physicians in Orange County with training, technical assistance and financial incentives to implement developmental screening in their practices. A key activity of the PDS Project's scope of work is to document project successes by coordinating data collection on project outcomes.

Progress in 2011:
Participating physicians received requests to complete a survey after 3 months and then again after 6 months of implementing developmental screenings in their practice. The survey solicits 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 is being developed, which summarizes findings from the survey.

Plans for 2012:
The PDS Project ended September 30, 2011. A report will be developed, which analyzes physician responses to the survey.

D.2 Down Syndrome Association of Orange County and Down Syndrome Foundation of Orange County

Background:
The Down Syndrome Association of Orange County and the Down Syndrome Foundation of Orange County implement parent support programs to enhance early learning among young children with Down syndrome. The Down Syndrome Association of Orange County administers the Mano a Mano program, which serves primarily Spanish-speaking families, and the Down Syndrome Foundation of Orange County implements The Learning Program. 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 2011:
Program evaluations were conducted on Mano a Mano and The Learning Program in an effort to increase agency capacity to document outcomes and to improve program implementation. The report for The Learning Program is being developed and highlights from the Mano a Mano findings are summarized below.

Based on the findings of this preliminary evaluation, the Mano a Mano program is a valuable program for Spanish-speaking families with young children with Down syndrome. Though areas of greatest growth vary between individual children, parents reported growth in their child's early literacy and learning skills. They reported the highest levels of growth in the areas of phonics, sight word recognition, spelling and communication. Less growth was observed in the areas of letter recognition

and mathematics. Furthermore, the majority of parents (77%) are implementing what they learned in the program with their children 3 to 7 days 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. Parents had strong praise for the confidence they acquired from the program by learning strategies to teach their children. Additionally, parents are very satisfied with the program; all have stated that they would return to the program if it were offered again, and many stated they would like to see more sessions being offered.

While many program strengths were identified, there are areas of potential improvement and growth that were also noted.

- The Down Syndrome Association of Orange County has marketed its program to reach Spanish-speaking families with young children with Down syndrome in Orange County; however, the program was not at its full capacity and had room for more families. It is recommended that the program develop and implement an outreach strategy to increase awareness in the community about the availability of this program.
- The program participants and staff agreed that the location, day of the week, and meeting time are conducive to optimum participation and attendance, as demonstrated by the high attendance rate; the majority of parents attended 7-10 sessions. Some parents suggested that the program meet more that once a month, which indicates that parents may have a need for additional support and information. The program should explore the possibility of increasing the number of sessions per month and/or supplementing the materials presented each month with additional resources that families can access at home.
- Though the program was designed to serve primarily Spanish-speaking families, parent sessions were sometimes taught in English while parent support staff provided assistance to those who needed translation of the information being presented. The parent instruction should be presented in Spanish as the program was designed in order to ensure that parents fully understand the information being presented and are able to receive the full benefit of the program.
- The program staff also identified the need for more stable staff and volunteers. The program should ensure that adequate training is provided to teachers and volunteers. In addition to the So Happy to Learn trainings, teachers and volunteers would benefit from additional trainings regarding early learning, specifically for children with special needs. Additionally, to assist in reducing staff and volunteer turnover, the program should ensure that there is clear communication of the commitment involved and program expectations.

Plans for 2012:
In 2012, POMS team members will continue to evaluate the Down Syndrome Association of Orange County and Down Syndrome Foundation of Orange County programs; this will include the implementation of revised data collection tools. Results of the evaluation will be available at the end of the school year.

D.3 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 2011, an application for Orange County to participate in CARES Plus was developed and awarded. In Orange County, CARES Plus is being targeted in three cities: Anaheim, Garden Grove and Santa Ana.

Findings from research on brain development, coupled with young children's need for positive, sensitive relationships with effective caregivers, form the underpinnings driving CARES Plus. The program moves to a focus on improving early educators' practice and the effectiveness and quality of their interactions with children ages 0 to 5. CARES Plus aims to:

1. Support improved teacher effectiveness and practice;
2. Focus on improving child outcomes;
3. Support readiness at the local level for a Quality Rating and Improvement System (QRIS);
4. Align with the federal direction around effectiveness and increased accountability; and
5. Gain research knowledge to support future investments in areas that demonstrate positive impacts on children's development.

Progress in 2011:
The CARES Plus application specified that a statewide evaluation would be conducted. In addition, county Commissions were encouraged to identify evaluation questions and objectives in order to demonstrate local outcomes and successes. A CARES Plus Evaluation Plan for Orange County has been developed. In addition, the evaluation and administrative tools (e.g., pre/post surveys; computer survey; enrollment form, etc.) have been developed and piloted. All forms have been translated into Spanish. In addition, a series of community wide focus groups have also been implemented.

Plans for 2012:
Enrollment and evaluation data are being entered online in an ongoing manner. In 2012, data collection and entry status will be monitored. In addition, reports will be developed and distributed, as appropriate, to document successes and challenges of implementing CARES Plus in Orange County.

D.4 <u>Pediatric Health Services: CUIDAR</u>

Background:
The CHOC (Children's Hospital of Orange County)-UC Irvine Initiative for the Development of Attention and Readiness (CUIDAR, which also means "to care for" in Spanish) is a program that provides parent education, social skills sessions for children, and referrals for further assessment and early interventions to remediate the negative educational and social effects of children who have, or may have, attention deficit/hyperactivity disorder (ADHD). CUIDAR aims to increase parents' use of parenting strategies that promote their children's positive behaviors while minimizing negative behavior. CUIDAR also aims to connect parents to community resources that address their concerns about their children's development and/or behavior. The core activities of CUIDAR are a 10-week education course for parents with children ages 3-5 who are displaying symptoms of and may be at risk of developing ADHD, and a concurrent 10-week social skills group where their children learn and practice prosocial behaviors. Throughout the 10 weeks, parents are informed about relevant community resources, including the For OC (Orange County) Kids Neurodevelopmental Center (NDC), where the children can receive assessments from a multidisciplinary team that includes developmental behavioral pediatricians.

Progress in 2011:

Four to six focus groups will be conducted to assist in future planning for the program. The purpose of conducting focus groups is to obtain qualitative information about how parents, caregivers and community agencies perceive CUIDAR, and identify both barriers to the use of CUIDAR's services and opportunities for expanding outreach, marketing and use of CUIDAR by parents/caregivers who may not be familiar with it, in particular, families of higher socio-economic status.

The following concepts are important to explore through the focus group process (not a comprehensive list):

- Familiarity with CUIDAR program/services.
- The name of the program itself "CUIDAR." (Does this have meaning for parents? Is it a barrier? Would a more descriptive name be important for parent's seeking out/access/use of services?)
- How do parents/caregivers get information about services if they have concerns about their child's health? Development? Behavior?
- What aspects of service provided by CUIDAR are of most interest to families?
- Would families be willing to pay a fee for such services?
- Is a child component of interest to parents (CUIDAR work with children as well as parents)?
- How critical is location of where services are provided?

Focus group discussion guides and recruitment protocols are currently being developed. Focus Groups will be conducted starting December 2011.

Plans for 2012:
Results from the focus group discussions will be used to assist Commission and CUIDAR staff in planning decisions for the program, including marketing and sustainability plans.

E. INTERNAL POLICY AND TECHNICAL ASSISTANCE

E.1 Annual Review of Program Data Elements and Quality Assurance

Background:
The data elements in GEMS (work plan services, aggregate data, and client-level questionnaires) are reviewed annually by the POMS Team using ongoing feedback from grantees and by reviewing the data that has been collected.

- *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.

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 program leads and grantees to ensure that the data collected by the grantee is useful both to the grantee and the Commission in measuring progress toward strategic plan goals and objectives.

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 2011:
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: a text field for the client's actual annual salary was removed as the question was not providing reliable data, and response options for the medical home question changed from "Select all that apply" to "Select one" to more effectively document whether the children has a medical home. The POMS team reviewed the Service Outcomes Questions (SOQ) and made minor changes to the questionnaire.

Also, the POMS team members worked with program leads, contract administration and administrative staff to ensure that over 150 FY11-12 work plans were completed, reviewed and entered into GEMS.

In 2009, changes to the Commission's Strategic Plan objectives and program milestones were made to address Bridgespan recommendations regarding the Commission's evaluation framework. These changes were implemented in 2010, including revised work plan format and reporting requirements in GEMS. FY11-12 work plans included an additional column entitled "GEMS Instructions" to provide data entry guidelines for providers.

Monthly provider entries into the GEMS Group/Aggregate Services Module were monitored. With the revised work plan format and reporting structure in GEMS, 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. These revised reporting requirements proved to be a challenge for many Commission-funded providers. Technical assistance was provided to several providers. Additionally, data collection spreadsheets were developed for the School Nurse Program and the Early Learning Specialists to assist them in reporting monthly service counts and work plan data.

Plans for 2012:
The POMS team will review data that is being collected to assess whether any modifications or enhancements are needed and to assure that the data continue to give the Commission valuable information with minimal data collection burden. They will also continue to monitor data and work with grantees to improve and maintain accurate data collection and entry into GEMS.

The POMS team members will review work plan format and requirements in early 2012 to assess whether any adjustments are needed. The team will continue to partner with program leads, contract administration and administrative staff to ensure that FY12-13 work plans are completed, reviewed and entered into GEMS in accordance with the revised evaluation framework.

Ongoing data monitoring will continue throughout the year. Data collection spreadsheets will be developed for additional initiatives, such as Homeless Prevention, as needed.

E.2 Contract Management and Evaluation System as an Evaluation, Compliance and Risk Management Tool

Background:
The Grants Evaluation and Management System (GEMS) provides the Commission with real-time updates for contract management, invoicing, performance measurement and evaluation. In addition, each grantee can use GEMS as an internal reporting and analysis tool for ongoing administration, planning and supervision. In 2010, the Commission transitioned from Outcomes, Collection, Evaluation, and Reporting Service (OCERS) and contracted with Mosaic Network, Inc. for implementing internet-based reporting services through GEMS.

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. These reports include:

- Service Export Report – This report lists each monthly entry completed by the provider for their monthly service counts (i.e., aggregate data) and their work plan services. Monthly Service Counts provide the total number of new and repeat clients served and the number of services provided for each month. Work plan services provide the number of new and repeat clients served and the number of service units for each individual service listed in the provider's work plan.
- Comprehensive Target Report – the target report summarizes a provider's progress toward its work plan target number. It calculates the total number of clients or services toward each work plan target number and the percent accomplished towards the target.

- R&R Analysis – The R&R Analysis Wizard provides summary analyses of the data entered in various client-level surveys, including client intake and exit surveys, and SOQs.
- User and Usage Report – this report can be used by Program Leads to see if a grantee has accessed GEMS and how many times they accessed GEMS.

Progress in 2011:
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. In 2011, service outcome questions were revised and implemented so that providers would now be asked to collect service outcome data at the beginning and end of service. Providers began using revised Intake and Exit surveys in FY10-11; FY11-12 will represent the first complete year of administering these tools.

Work Plan Data: The work plan format was revised and implemented beginning FY09-10 in accordance with recommendations from Bridgespan and the Performance Management work group. 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.

Plans for 2012:
The POMS team will review all GEMS reports and assess whether revisions are needed to existing reports and/or if new reports are needed. Commission staff and consultants will continue to utilize GEMS and implement improvements to the system as needed.

E.3 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 2011:
The POMS team coordinated GEMS user trainings and webinars with Mosaic Network. Seven in-person GEMS trainings were conducted by POMS team members throughout the year at Garden Grove and Saddleback Valley Unified School District computer labs. Five webinars were facilitated by Mosaic support staff via GoToWebinar; the webinars provided instructions on completing new Service Outcome Questionnaires. Additionally, technical assistance was provided at initiative specific meetings, including Early Learning Specialist and School Nurse meetings.

Plans for 2012:
The POMS Team will continue to coordinate GEMS user trainings and user groups with Mosaic.

E.4 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, and analyzing data.

Progress in 2011:
The protocol was reviewed and revised by the POMS team. The revised protocol was reviewed by Commission counsel and approved by the County's Human Subjects Review Committee.

Plans for 2012:
POMS activities will be implemented in conjunction with the Commission's Policies and Procedures for the Performance Outcome Measurement System. The annual review of the Confidentiality and Data Sharing Protocol will be conducted and approval by the Human Subjects Review Committee will be sought by June.

E.5 POMS Team Role as 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 Children with Special Needs Project). Although the POMS Team may not design or carry out the evaluation, they often are asked to review evaluation plans or help with the evaluation design. POMS Team members also advise on program design based on their knowledge of effective strategies and desired outcomes.

Progress in 2011:
POMS Team members assisted the following projects during 2011:

- Bridges Connect/GEMS – participated in ongoing discussions with Net Chemistry and Mosaic regarding the import of Bridges Connect data into GEMS. POMS team has mapped Bridges Connect data to GEMS fields for future import of the data. Mosaic will develop strategy to import the data.
- MIND Research Institute – Assisted with and submitted application to the Human Subject Review Committee for the math literacy software pilot; received approvals.
- Dr. Riba's Health Club - Assisted with and submitted two applications to the Human Subject Review Committee for Dr. Riba's study utilizing Parent-Child Interaction Therapy techniques to improve healthy eating habits and interactions; received approvals.

Plans for 2012:
The POMS Team will continue to be available to Commission initiatives and individual grantees to consult on and support evaluations as needed.

E.6 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, special reports, surveys and others.

Progress in 2011:
POMS team members participated in developing community collaborative grant applications, including an implementation grant application for Santa Ana Promise Neighborhoods. For this project, POMS team members partnered with THINK Together, the California Endowment, Santa Ana Unified School District and other organizations in the development of a federal grant application.

POMS team members also compiled workforce data on the number of positions and FTEs funded by the Commission in FY10/11, and compare current workforce to prior years to identify changes over time.

Additionally, the following surveys were conducted by the POMS team in 2011:

EDI School Readiness Coordinator Survey, 2010-11 Implementations: Survey assessed individual districts' intent to implement the EDI in the 2010-11 school year.

Low Birth Weight Collaborative Workshops Survey: Survey sent out to potential participants of the LBW Collaborative to assist in planning and implementing the workshops.

Physician Developmental Screening Project: Survey sent out to participating physicians to collect information about the developmental screenings their practices conducted.

Developmental Screening Efforts in Orange County: Survey of OC medical community in order to understand the status of developmental screening in Orange County.

OC Community Health Planning Survey: Survey designed to capture feedback of representatives from public health, hospitals, funders and professional services organizations on what community health planning processes and data would be most helpful to their organizations.

CARES Plus Surveys developed:

- **Computer Skills Questionnaire:** Survey to assess participants' computer skills and needs in order to target training and TA.
- **CARES Plus Participant Survey (Intake):** Assesses provider familiarity with resources in the community, ways of accessing services, and provider "connectivity" with other early childhood providers as well as school readiness programs.
- **CARES Plus Participant Application:** Included state-required fields
- **CARES Plus Enrollment Form:** included state-required fields

Plans for 2012:
The POMS Team will continue to work with Commission managers and community members to identify projects for 2012.

F. POMS TEAM PARTICIPATION ON EXTERNAL EVALUATION EFFORTS

F.1 Link with State Evaluation

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

Progress in 2011:
POMS team members participated in the Evaluation Framework Workgroup for First 5 California and provided input into State's development and testing of the PRO0F IT system.

Plans for 2012:
Active participation in the First 5 California Evaluation Workgroup will continue in 2012.

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

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

Progress in 2011:
In 2011, POMS team members participated in the SCALAR activities, which included the development of a developmental screening services brief, discussions regarding consistent reporting in the Annual Report to the State, and a project with HealthyCity.org and Kidsdata regarding the impact of the economic downturn on children. SCALAR began a regional project to develop standardized measures to track county developmental screening efforts. POMS team members participated in the first conversations and provided information regarding efforts in Orange County. SCALAR has also begun conversations with research and program experts in community-focused investments for families and young children. POMS team members also updated Orange County entries in the central evaluation repository.

Plans for 2012:
POMS team members will continue to participate in the regional evaluation activities in 2012 and the completion of activities for SCALAR, including the evaluation of place-based investments, updating and finalizing the Health City Need Index, creating a Southern California GIS Platform, and tracking county success in developmental screening. The POMS team and SCALAR will continue to participate in regional evaluation activities through work plan authorized by Southern California regional executive directors.

F.3 National Children's Study

Background:
The National Children's Study (NCS) is a long-term research project that will examine the environmental influences on children's health and development. It will be the largest longitudinal study of children's health and development ever to be conducted in the United States. In 2005, Orange County submitted an application to be one of the National Children's Study Vanguard Centers and was selected. During the project's planning phase, the POMS team participated in the NCS planning committee meetings and convened the Neighborhood Advisory Committee meeting. During this period, the outreach lead was transitioned from CFCOC to the NCS. 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 2011:
POMS team members attended the National Children's Study Orange County Vanguard Center annual event on February 9, 2011 in Aliso Viejo. At this year's event, study partners celebrated the 100th birth of babies enrolled in the study. The outreach / enrollment activities have been successfully transitioned to Center project staff.

Plans for 2012:
The POMS team will continue to participate in implementation of the NCS community engagement activities as needed to ensure success of the project.

F.4 Developmental Framework Planning: Evaluation / Measurement Design and Confidentiality and Data Sharing

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

Progress in 2011:
In 2011, POMS team members conducted a survey of participating partners, including the Orange County medical community, the Commission, Help Me Grow, and the American Academy of Pediatrics regarding physicians and developmental screening.

Plans for 2012:
The POMS team will continue to support the evaluation activities as needed to further implement developmental framework in Orange County.

F.5 Statewide Screening Collaborative

Background:
The Statewide Screening Collaborative is a coalition of state departments, including Developmental Services, Education, First 5 CA, Health Care Services (Medi-Cal, CMS), Social Services and various community partners, such as AAP, 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 CA.

Progress in 2011:
POMS team members have continued to participate in the Statewide Screening Collaborative. Specifically, team members have been providing input on local protocols for transitioning children identified with special needs who move from one county to another.

Furthermore, POMS team members collaborated on a statewide application for Help Me Grow California, which was selected for a funding award.

Plans for 2012:
POMS team members will continue to participate in the Statewide Screening Collaborative and Help Me Grow-CA for further planning and implementation efforts, and will prepare for the site visit by Dr. Paul Dworkin from the *Help Me Grow* National Technical Assistance Center in February 2011.

F.6 Contribute to Ongoing Countywide Indicator Reports

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

Progress in 2011:
The POMS Team provided technical expertise to assist with the development of the *17th 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 the impact domestic violence on children in Orange County, and discussion sections on mental health and mentoring; and participated in planning a community forum. The report was presented to the Commission in November 2011.

Additionally, the 2011 Community Indicators Report was developed and presented to the Commission in April 2011.

The Commission staff worked in conjunction with the Orange County Health Care Agency (HCA) 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 initiated work that will inform both phases of the analysis:

- Survey of key stakeholders to solicit input on data usage, reliability, and perceptions of what data is critical and opportunities for improvement.
- Comparative analysis of the Commonly Used Orange County Health Planning Data Resources. This analysis reviews five efforts: Community Indicators Report, Conditions of Children Report, California Health Interview Survey (CHIS), Orange County Health Needs Assessment Survey, and the HCA Geographic Health Profile. The reports were compared on multiple bases including scope, sponsors, data source, and frequency of update.

Plans for 2012:
The POMS Team will continue to make significant contributions to the production of the Annual Report on the Conditions of Children in Orange County and will participate, as requested, in the development of other countywide indicator reports.

F.7 Participation in Collaborative Planning and Research Groups

Background:
The UCI Institute for Clinical Translational Sciences Community Action Planning Group
The UCI Institute for Clinical and Translational Science (ICTS) in the Office of Research 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. ICTS assists basic, translational, and clinical investigators, community clinicians, clinical practices, networks, professional societies, and industry to develop new professional interactions, programs, and research projects. ICTS 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 ICTS has established the Community Action Planning Group (CAPG) 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 (OCACHR) represents an exciting academic-community partnership opportunity designed to improve the way health research is conducted in Orange County. Recently, UCI 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 UCI's Institute for Clinical and Translational Science (ICTS), making UCI one of a few select universities in the nation with this distinction. Building on the strength of the ICTS, the Orange County Alliance for Community Health Research 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 (UCI), California State University-Fullerton, the Orange County Health Care Agency, Children & 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

Mental Health Services Act
The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.

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 that was 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 (OCCP) 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 OCCP 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. The higher the rate of high school completion, the lower the rate of dependency on public assistance; thus, the greater impact on community economic sustainability. Therefore, the OCCP has established a task force addressing the issue of high school completion.

Progress in 2011:
The UCI Institute for Clinical Translational Sciences Community Action Planning Group
In February 2011, the ICTS conducted a community research forum, which included the participation of ICTS faculty and staff, CAPG members and representatives from the OCACHR. During the forum, an OCACHR member from CSUF facilitated a group discussion to regarding an academic-community partnered approach for developing a community health research agenda. POMS team members have also attended CAPG meetings and the ICTS Chancellor's Awards Dinner.

Mental Health Services Act
In 2009, the MHSA program began implementing a number of prevention and early intervention programs throughout the county. POMS team members participated in the MHSA steering committee,

which was responsible for reviewing the challenges, progress and outcomes of investments. Many of the programs were seeing positive results, including decreases in levels of depression and increased self-efficacy towards desired behaviors among the participants.

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 low birth weight workshops. Specifically, the Commission POMS consultant, who serves as a Community Research Associate on the project, has begun implementing the action plan for the team-building pilot project of low birth weight babies in Orange County. This includes development of a White Paper, which frames the issue of low birth weight infants; identifying potential workshop locations; identifying workshop Chair and facilitator; coordinating with agencies to develop a list of potential invitees who have content expertise, and; developing a survey for potential invitees to gauge their interest in participation as well as to assist with planning and implementing workshops. The workshops bring together experts in maternal child health—who are invested in seeing improvements in the rates of appropriate weight babies in Orange County—to participate and advance the knowledge and experience in community-based participatory research. The first team building workshops were held at the end of 2011.

Orange County Children's Partnership
POMS team members participate in the Education Attainment subcommittee to discuss strategies and provide recommendations to the OCCP 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. It will begin discussions with the larger OCCP group in 2011.

Plans for 2012:
The POMS Team will continue to participate and contribute to the activities of the ICTA CAPG, OCACHR, MHSA, OCCP and other key community evaluation priorities.