



Children & Families  
Commission of Orange County

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Agenda Item No. 4  
October 1, 2008 Meeting

COURT OF APPEALS  
ORANGE COUNTY  
BOARD OF SUPERVISORS

**DATE:** September 22, 2008

**TO:** Children and Families Commission of Orange County

**FROM:** Michael M. Ruane, Executive Director

**SUBJECT:** Bridgespan Strategic Assessment Implementation Progress Report

**SUMMARY:**

The Children and Families Commission of Orange County received the final report from the Bridgespan Strategic Assessment in March 2008. As reported in June 2008, internal and consultant resources were organized to conduct additional analysis and work through implementation issues. The Strategic Assessment focused on five key recommendations:

- Prioritize serving the neediest children rather than all children
- Direct more resources to children's early learning needs
- Improve evaluation system
- Shift a greater percentage of funding to catalytic (versus sustaining) activities
- Augment staff, clarify roles/structure, improve performance management and enhance communications

**Bridgespan Strategic Assessment Implementation Progress Report**

This report is the second in a series of updates on the status of the Bridgespan implementation and is grouped into five main tracks of activities.

- Track 1: Conduct High-level Program Assessments for all Major Initiatives
- Track 2: Conduct Specific Program Reviews to Align Programs Against Optimization Tool
- Track 3: Research, Prioritize and Recommend Strategies for Expanded Early Literacy Investments
- Track 4: Assess Evaluation System Requirements Based on Recommended Dashboard
- Track 5: Evaluate Impacts on Long-Term Financial Plan and Update Financial Plan

The presentation (Attachment 1) includes an update on the Bridgespan implementation status with a focus on efforts to date related to Tracks 1, 4 and 5. The presentation includes an overview of how the program assessments are being conducted using the Bridges for Newborn Program as the example, and an outline of the proposed changes to the Commission's current evaluation system, highlighting the policy changes and potential impacts on grantees. Commissioners will be invited to participate in subsequent work sessions to evaluate changes to existing programs and the evaluation system, consistent with the Bridgespan Strategic Assessment.

## **STRATEGIC PLAN & FISCAL SUMMARY**

This agenda item does not include a funding request.

### **PRIOR COMMISSION ACTIONS:**

1. September 2008 – Approved Annual Planning Session Follow-Up Report
2. June 2008 – Received Bridgespan Group Portfolio Assessment

### **RECOMMENDED ACTION:**

1. Receive the Bridgespan Implementation status report and provide direction to staff.

### **ATTACHMENT**

1. Presentation

**Contact:** Christina Altmayer



## **Strategic Assessment Recommendations**

- Bridgespan's Strategic Assessment focused on five key recommendations:
  - Prioritize serving the neediest children rather than all children
  - Direct more resources to children's early learning needs
  - Improve evaluation system
  - Shift a greater percentage of funding to catalytic (versus sustaining) activities
  - Augment staff, clarify roles/structure, improve performance management and enhance communications.

## Five Implementation Tracks

- ✓ **Track 1: Conduct High-level Program Assessments for all Major Initiatives**
- ✓ **Track 2: Conduct Specific Program Reviews to Align Programs Against Optimization Tool**
- Track 3: Research, Prioritize and Recommend Strategies for Expanded Early Literacy Investments
- ✓ **Track 4: Assess Evaluation System Requirements Based on Recommended Dashboard**
- Track 5: Evaluate Impacts on Long-Term Financial Plan and Update Financial Plan
- ✓ **Focus for Today's Update**

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## Program Assessment & Optimization Analysis

- First level assessment address the three key evaluation questions, with determination of whether program should continue:
  - Is program targeted to the most needy?
  - Is program critical to ensure strong outcomes?
  - Is program catalytic?
- Second level analysis focuses on then optimizing programs that will continue against the three criteria
- Program results will be used to:
  - Develop improvement recommendations for immediate implementation within existing agreements; and/or
  - Develop funding recommendations effective with new contract terms

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## Bridges for Newborn Program Overview

- Combined Bridges Hospital and Home Visitation Program has a total annual budget \$4.8 million
  - \$2.2 million for hospital-based services
  - \$2.6 million for intensive support services
- Population served varies based on intervention
  - Hospital-based services
    - 61% are low-income
    - 41% live in targeted communities
  - Intensive support services
    - 99% low-income
    - 57% live in Commission-targeted communities

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## Bridges for Newborn Program Current Service Model

Bridges is focused on outreaching to all new families to connect them with supportive services based on a family risk assessment tool

**Bridges Hospitals**  
**\$2.157 million**  
**Mothers served: 28,000**

Service offered to all mothers:

- Distribution of Kits for New Parents (\$175,000)
- Bridges Screening to identify "at-risk" families (\$1.92 M)
- Breastfeeding Initiative (staff training and breastfeeding promotion activities) (\$60,000)

**83%  
No Risk  
No Referral**

Screening Score = "High Risk"

**Medically High Risk Infants (Intensive/Focused Services)**  
**\$630K**

**Mothers served: 350 (1% of mothers screened at Bridges Hospitals)**

Screening Score = "Moderate Risk"

**Bridges Home Visitation**  
**\$1.97 million**  
**Mothers served: 1,700 (6% of mothers screened)**

- Services provided:
- Screenings (developmental, vision, hearing, dental, etc.)
  - Home Safety Checks
  - Health Insurance Assistance
  - Health Home Assistance
  - Health Education
  - Parent education on child safety (classes, home visits)
  - Information dissemination and referrals
  - Breastfeeding education and support to new mothers

Screening Score = "Low Risk"

**Project Connections.FRC \*(less intensive family support services)**  
**\$1.93 million**  
**Mothers served: 3,700 (10% of mothers screened at Bridges Hospitals)**

*\*not included in Bridges budget*

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## First Level Review: Assessment on Core Evaluation Questions

- Is program targeted to most needy?
  - Bridges for Newborn is an integrated model with four different service delivery programs. Overall program is universal; follow-up interventions are focused on “at-risk” populations determined by risk assessment evaluations. Not directly linked to socio-economic status:
    - Bridges staff disseminate the Kit for New Parents to all families with newborns and provide an orientation of the contents in the kit
    - The screening tool assesses risks in the following five categories:
      - Financial Resources
      - Mother’s Preparedness
      - Family Strength
      - Child’s Health
      - Threats (violence, substance use)
      - Mother’s Experience
    - Not specifically linked to low socio-economic status
  - Bridges staff are trained and provide breastfeeding assistance to mothers of newborns

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## Assessment on Core Evaluation Questions

- Is program focused on strong outcomes?
  - Kit for New Parent & Breastfeeding Components are “light touch” interventions, but evaluation results indicate that parents using the Kit had greater gains in knowledge and better practices
  - Intervention services, based on risk assessment, are more intensive services including linkage health coverage, health home and connection to other supportive services through in-home family-based services.
- Is program catalytic?
  - Approximately \$650,000 is leveraged annually from federal MAA and TCM programs.
  - MAA funds are linked to Bridges screening services increasing health access
  - TCM funds are linked to intensive home visitation services.

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## Second Level Review: Program Optimization & Alternatives

- If program should continue, second phase of analysis focuses on optimizing service to high-need communities, improving outcomes, and increase leveraging (catalytic).
- Optimization focuses on identifying alternative service strategies based on criteria.
  - Should educational elements (Kit for New Parents and Breastfeeding Services) be delivered in conjunction with other intensive services, i.e. prenatal care through OB offices?
  - Should the Commission fund “Bridges screeners” only in high need targeted communities?
  - Should screening focus exclusively on low income population? Should more intensive services be focused in the three target communities?
  - Should the Commission rely on available hospital staff to perform screening assessment and refer to home visitation programs?

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## Assess Evaluation System Requirements Based on Recommended Dashboard

- Bridgespan’s Strategic Assessment made the following recommendations regarding the Commission’s evaluation system:
  - Focus evaluation system on measuring intended child outcomes
  - Streamline data collection
  - Develop tools that will help in strategic decision making (Dashboards)

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## Streamline Data Collection and Focus on Child Outcomes

Proposed Strategy	Advantages	Comments
Collect less data on all children served but refine data that is collected to relate to the specific outcomes program is funded to achieve	Focuses each funded project on the intended results of that project	Need to be specific regarding outcome of project at the onset. Reduces the number of outcomes with which programs will be correlated.
Conduct targeted evaluation projects by outside firms to provide in depth outcome information	Reduction of data collected by all grantees but targeted study into selected projects	Greater reliance on outside evaluation firms
Allow grantees that can provide demographic and outcome data without using Commission to do so	Increase the number of projects reporting data	Important to ensure the data is delivered in a timely way and with compatible data fields
Refine data collection methods ensuring aggregate data can be pulled easily across projects working on the same objective	Ability to create reports that can support decision making	Restricts grantees ability to have unique ways to define and measure activities

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## Tools for Strategic Decision-Making

- Build three tiers of indicators
  - Reduce the overall number of indicators the Commission tracks
  - Consider indicators linked to the Commission's core funding categories "Leading" and the remaining "Supporting"
  - Advantages:
    - Concentrate impact of Commission on core indicators.
    - Facilitates development of "at-a-glance" dashboards
    - Tiered indicators enhances programmatic depth (focusing on a smaller number of key areas) while retaining breadth (maintaining efforts in other important areas).

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## Three Tiers of Indicators

	Program or Initiative Level Outcomes	→	Goal Area Outcomes	→	Countywide Impact
<b>Purpose</b>	To support annual program reviews which assess program implementation and outcomes.		To give an overview of a goal area's achievements, success and alignment with Commission objectives.		To monitor countywide trends linked to the Commission's strategic plan and goal/program level outcomes.
<b>Audience</b>	<ul style="list-style-type: none"> <li>• Commissioners on Funding Panel</li> <li>• Program staff</li> <li>• Grantees</li> <li>• External evaluators</li> </ul>		<ul style="list-style-type: none"> <li>• Commissioners</li> <li>• Staff</li> <li>• Grantees</li> <li>• Media</li> </ul>		<ul style="list-style-type: none"> <li>• Commissioners</li> <li>• Public</li> <li>• Media</li> </ul>
<b>Scope</b>	Children/clients receiving services within a particular program.		Children/clients receiving services within particular goal area.		All Orange County children ages 0-5 and expectant mothers.
<b>Data</b>	<ul style="list-style-type: none"> <li>• Aggregate data</li> <li>• Milestone performance</li> <li>• Service Outcome Questions (SOQ)</li> </ul>		<ul style="list-style-type: none"> <li>• Initial client questions</li> <li>• Service Outcome Questions (SOQ)</li> <li>• External (e.g. DRDP)</li> </ul>		<ul style="list-style-type: none"> <li>• Local, state or nationwide publicly available datasets</li> </ul>
<b>Frequency</b>	Annually and as needed		Quarterly		Annually

## Implementation Strategy

- Initiate a Review Process for Evaluation System
  - Commissioners and community experts review evaluation projects and at least annually review the data collection tools
  - Process would employ the decision tree to determine which programs are good candidates for in depth evaluation.
  - Advantages:
    - Broader accountability for the evaluation framework.
    - Improved communication with regard to evaluation.

## **Restructure of Technical Advisory Committee (TAC)**

- Restructure membership based on expertise in areas as defined by the strategic assessment approved by the Commission
- Develop slate of qualified candidates for Commissioner review that may include current TAC members
- New TAC work plan will include member participation on goal area funding panels as well as participation in the new evaluation system

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## **Next Steps**

- Continue to work through implementation challenges and options
- Incorporate Commissioner direction and input
- Return to Commission, not less than quarterly, with a comprehensive status report on Strategic Assessment implementation
- Develop specific recommendations for implementation effective July 1, 2009

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## ATTACHMENTS

- Sample Dashboard

## Leading Indicators

Leading indicators are issues to which the Commission allocates significant funds to address or considers in need of countywide attention. They represent a subset of the indicators the Commission seeks to impact on a countywide level, included in the Commission's Strategic Plan.

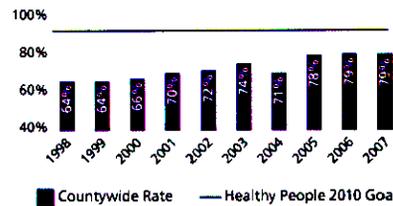
### Developmental Screenings

**Goal** Healthy Children  
**Outcome** Children receive early screening and, when necessary, assessment for developmental, behavioral, emotional and social conditions

### Immunizations

**Goal** Healthy Children  
**Outcome** Children grow up healthy  
**Indicator** This indicator measures the percentage of two year old children who received universally recommended vaccines for their age.  
**Status** With a 79% coverage rate among children at 2 years of age, Orange County remains below the Healthy People 2010 objective of 90% for effective vaccination coverage for young children. There has been a 15 point gain since 1998.

**Percent of Children Adequately Immunized at Two Years of Age, 1998-2007**



*Note: Countywide rate includes the following counties: Orange, San Diego, San Bernardino, Riverside, and Imperial.*  
*Source: California Department of Health Services, Immunization Branch, Kindergarten Retrospective Survey and Annual Report on the Conditions of Children*

### Indicator #4

**Goal** Ready to Learn  
**Outcome** Insert

### Indicator #5

**Goal** Ready to Learn  
**Outcome** Insert

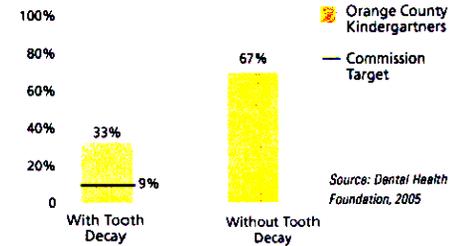
### Oral Health

**Goal** Healthy Children  
**Outcome** Children have and use a healthy home

**Indicator** This indicator measures the percentage of Kindergarteners with tooth decay based on dental screenings conducted for a countywide oral health needs assessment in 2005. New data is forthcoming as a result of the law requiring all Kindergarteners to have a dental screening before entering school.

**Status** Nearly 33% of Orange County kindergarteners had untreated decay in 2005, compared to 28% of California kindergarteners.

**Percent of Orange County Kindergarteners with Tooth Decay, 2005**



*Source: Dental Health Foundation, 2005*

### Indicator #6

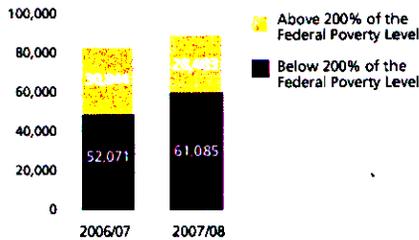
**Goal** Strong Families  
**Outcome** Insert

## Healthy Children

GOAL LEVEL

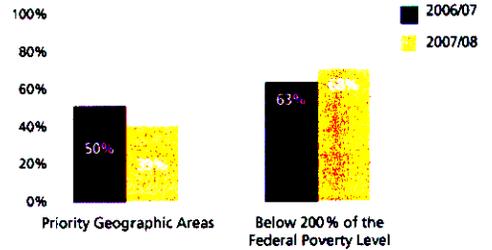
Who is Served?

**Number of Children Served by Income Status, 2006/07-2007/08**



- The Commission served 89,568 children and nearly as many families within Healthy Children programs in the 2007/08 fiscal year.
- In 2007/08, 68% of children served were from families with incomes below 200% of the Federal Poverty Level (approximately \$42,000 for a family of four).
- In 2007/08, 39% lived in a priority geographic area.

**Percent of Children Served From Families Earning Below 200% of the Federal Poverty Level or Living in Priority Geographic Areas, 2006/07-2007/08**



What are the Investments?

**Healthy Children Funding Allocations by Program, 2007/08**

Funding Category	Allocated Amount	Percent of Total
PHS: Neurodevelopmental Center	\$5,711,132	20%
Bridges for Newborns	\$4,559,742	16%
PHS: Community Clinics	\$3,145,730	11%
School Readiness Nursing	\$2,720,304	10%
Project Connections/Home Visitation	\$2,653,670	9%
Healthy Children Grants	\$2,565,235	9%
PHS: Pediatric Specialty Services	\$1,378,538	5%
Childrens' Dental	\$1,209,711	4%

Funding Category	Allocated Amount	Percent of Total
Child Health & Safety/ Community Education	\$1,146,601	4%
Community Clinics	\$955,905	3%
PHS: Asthma Chronic Lung	\$842,101	3%
Health Access/Program Management	\$647,844	2%
Healthy Children Collaborative Projects	\$339,797	1%
PHS: Metabolics	\$279,259	1%
Fitness/Nutrition	\$256,372	1%
PHS: Program Management and Coordination	\$186,934	1%

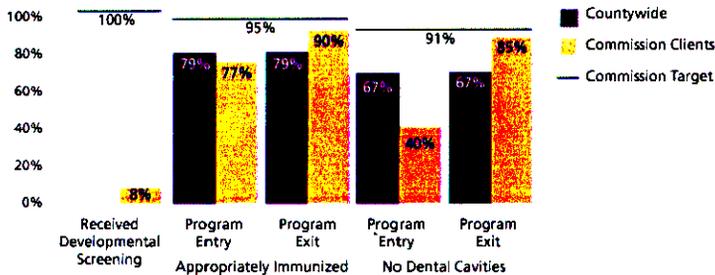
**Catalytic Investments, 2007/08**

Funds Granted	\$28,598,875
Leveraged Funds (Medi-Cal Administration revenue)	\$500,000
Ratio of Funds Leveraged to Funds Granted	1:57 (or 1.7% of total)

*Note: Amount leveraged includes funds received by the Commission and reported on the Commission financial statements.*

What are the Results?

**Leading Healthy Children Indicators: Progress Toward Targets, 2007/08**



- Approximately 8% of children served by the Commission in 2007/08 (or 7,764 out of 103,915) received a formal developmental screening using a validated tool. The Commission target is that 100% of Orange County children should be screened. Data analysis to approximate countywide screenings is in progress.
- When children first entered a Commission program in 2007/08, 77% had age appropriate immunizations. At program completion 90% did – under the objective of 95% for this measure but above the countywide average of 79%.
- At program entry, only 40% of children entering a Commission oral health program were cavity-free. Upon program exit, 85% had no cavities. This rate is above the countywide average but below the Commission target that 91% of children have no cavities.
- Since the 2006/07 fiscal year, there was a slight decrease in the number of children screened, about the same proportion of children immunized, and fewer children with cavities at program entry and exit.

*Note: Commission developmental screening data is limited to screens using the ASD or PEDS tools, or was a COPE screen for ADHD, and was part of a Family Support Network or LEAPS screen.*

# Healthy Smiles Program

**Goal:** Healthy Children

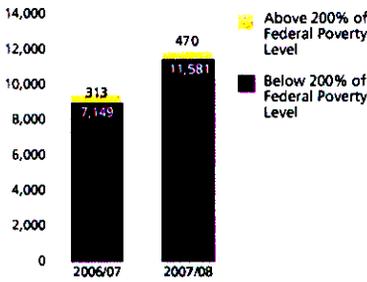
**Outcome:** Children have and use a health home

**Objective:** Reduce dental cavities so that the proportion of children with one or more cavities is not more than 9%.

**Program Description:** Healthy Smiles for Kids is a collaborative program to prevent decay in primary teeth in children through age 5 by providing screenings, sealants and fluoride treatments, parent/caregiver education, and improving access to treatment services.

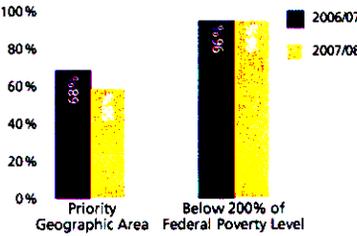
Who is Served?

**Number of Children Served by Income Status, 2006/07 - 2007/08**



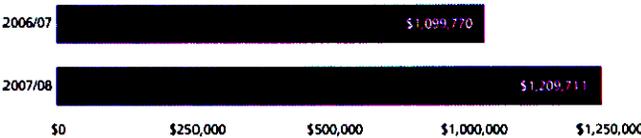
- In 2007/08, the Healthy Smiles and Residency Programs served 5,888 children and provided 8,378 services for children. These programs also reached family members (2,389) and providers (615) offering both services and education programs.
- In the past two years on record, fully 96% of children served were from families earning less than 200% of the Federal Poverty Level.
- In 2007/08, 58% were living in a priority geographic area, down from 68% in 2006/07.

**Percent of Children Served From Families Earning Incomes Below 200% of the Federal Poverty Level or Living in Geographic Priority Areas, 2006/07 - 2007/08**



What are the Investments?

**Funds Allocated to Healthy Smiles, 2006/07-2007/08**



*Notes about the data: Most Commission programs are client-based but some are family-based. For family-based services, the data collected does not show a direct relationship to each client. Data is in development or not available for certain indicators. A majority of the client-based results shown are derived from Service Outcomes Questionnaires and reflect low income clients. Results are also derived from aggregate and milestone data.*

What are the Results?

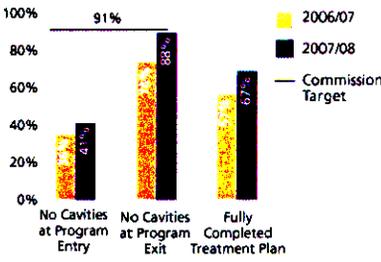
## Activities

Activity	2006/07		2007/08	
	Target	Actual	Target	Actual
Dental Visits*	750	733	790	1199
Special Care Visits	750	881	750	1451
Emergency Specialty Care Referrals	75	45	75	77
Emergency Specialty Care Services	50	120	50	51
Dental Screenings (External to Clinic)	720	990	720	1588
Children Receiving Oral Health Education	920	2086	920	2448
Caregivers Receiving Oral Health Education	500	1414	500	2247
Referrals to Coverage for Uninsured Children	100	94	100	351
Referrals to Appropriate Services	450	698	450	684
Families Contacted for Referrals or Follow-up	200	157	200	405

\*Includes Residency Program for 2007/08 data  
 ■ Target achieved ■ 10% or less from reaching target  
 ■ More than 10% from reaching target

## Outcomes

**Healthy Smiles: Progress Toward Target**



- When starting Healthy Smiles in 2007/08, only 41% of children were cavity-free, far below the target of 91%.
- When exiting the program, 88% were cavity-free, still below the target but moving in the right direction.
- In 2007/08, 67% of children fully completed their treatment plan, up from 57% in 2006/07.
- Treatment plan completion may help reach the target that 91% of children should be cavity-free.