

**Agenda Item No. 6  
May 7, 2014 Meeting**

**DATE:** April 25, 2014

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

**FROM:** Christina Altmayer, Executive Director 

**SUBJECT:** Performance Outcome Measurement System (POMS) Accomplishments, Work Plan, and Project Update

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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. Each year, the POMS Team provides the Commission with an annual report of its accomplishments and recommends a Work Plan for the coming year. This agenda item includes the proposed Work Plan for July 2014 through June 2015. In addition, this item provides a brief update on the recent implementation of the Early Developmental Index and a proposed evaluation plan for Catalytic funding.

**DISCUSSION:****Performance Outcome Measurement System Accomplishments**

Over the past six years, the POMS budget has decreased by 59%; however, the POMS Team has maintained an aggressive Work Plan of evaluation activities to: meet mandated requirements to measure outcomes of programs using reliable indicators; support an electronic data collection and reporting system; provide evaluation-related technical assistance to grantees; and, develop community collaborative projects such as indicator reports. Major components of the POMS budget include the Commission's data collection and reporting system (26% of the POMS budget), evaluation staff (17%), evaluation consultants and Early Developmental Index support (43%) and indicator reports/collaborative projects (14%).

The "Performance Outcome Measurement System Work Plan, January 2013 – June 2014" (Attachment 1) and "Performance Outcome Measurement System Annual Report, January 2013 – June 2014" (Attachment 2) describe each of the major projects of the POMS Team and the progress made during this reporting period. The Annual Report summarizes and archives the POMS team's evaluation activities carried out to accomplish the Work Plan that was approved by the Commission in February 2013. Evaluation information continues to be incorporated into staff reports presented to the Commission each month and is part of the program review process to ensure that evaluation findings are used to better inform strategic decisions. POMS activities were implemented primarily by the Commission's Evaluation Manager and evaluation consultant along with leveraging the Commission's evaluation relationships in collaborative projects.

The Annual Report of accomplishments and related Work Plan are both organized in sections related to:

- Commission-Wide Data – including the Annual Report to the First 5 California and implementation of the Early Developmental Index
- Initiative-Specific Evaluations – including evaluation of the Bridges Maternal Child Health Network
- Program-Specific Evaluation - including participation in the evaluation of the First 5 California matching fund programs
- External Evaluation Efforts – including participation in the national Children’s Outcome Project and development of community indicator reports

### **Performance Outcome Management System (POMS) Work Plan**

The “*Performance Outcome Measurement System Work Plan, July 2014 – June 2015*” (Attachment 3) describes planned projects and activities developed to address two purposes; accountability and learning. Accountability is the extent to which the Commission is meeting its statutory mandate. Learning refers to information to improve programs and the extent to which the Commission can contribute to the field of early childhood development by sharing best practices and evaluation results. Four principles have guided the development of this updated POMS Work Plan:

- Meet all reporting and accountability requirements
- Connect and utilize the data that are collected to better inform program and funding decisions
- Build an evaluation platform that provides resources that can support and enhance local, statewide and national funding partnerships
- Ensure judicious and efficient collection of data

The POMS Work Plan has been developed to support the Operational Imperative included in the FY 2014/15 Business Plan as well as specifically address the priorities in Strategic Intent #2: Focus on Achieving Outcomes; and, Strategic Intent #4 Focus on Community Learning and Advancement of Knowledge. Evaluation-related Business Plan Strategic Initiatives for Fiscal Year 2014/15 are noted in the POMS FY 2014/15 Work Plan with an asterisk (\*). Resources to support these POMS Work Plan projects are reflected in the Commission’s FY 2014/15 Adopted Budget. Planned resources include staff, and on-call evaluation consultant resources.

### **Community Indicator and Needs Assessment Projects**

Each year, the Commission and community partners have collaboratively invested in reports that provide baseline and trend information for key indicators of the health, education, socio-economic well-being, and safety of children living in Orange County. In addition, in 2010, the Commission approved a Business Plan for implementing the Early Developmental Index in conjunction with local school districts to provide a validated measure of school readiness and healthy development of young children.

The Orange County Children’s Partnership (Partnership) is a formal advisory committee to the Board of Supervisors. A significant role of the Partnership has been to sponsor the development of the Conditions of Children Report. This year, Commission staff supported the Partnership in its review of the Conditions of Children Report to strengthen how the report helps to achieve its mission and “advance more responsive services that effectively meet the needs of children and

families in Orange County communities”. Final recommendations for report changes were approved by the Partnership at their February 2014 meeting. Approved changes included a redesign to: focus more on outcomes (as opposed to services); prioritize, streamline, and improve the quality of the current indicators; and, to ensure indicators and data are presented in context of the County’s population. Approved revisions to the Annual Report would begin with the 20<sup>th</sup> Annual Report (to be released fall 2014).

Authorization is requested to continue the Commission’s investment in community data projects including the Conditions of Children Report, the Community Indicators Report, and the Early Developmental Index, as indicated on Attachment 4.

### Early Developmental Index

Over the last six years, the Commission has worked with the UCLA Center for Healthier Children, Families and Communities to pilot test implementation of the Early Developmental Index (EDI) in Orange County. The EDI is a population-based validated measure of school readiness and healthy development which is designed to be completed on kindergarten children in the spring of the school year. The EDI addresses 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. As indicated on the table below, there has been considerable ramp-up each year in EDI participation. As of the FY 2013/14 implementation, data have been collected throughout 100% of the school districts in Orange County. Data will be available for analysis July 2014.

Implementation Year	School Year	# of Districts	# of Schools	# K Students
<b>1 (pilot)</b>	2007/08	1	5	427
<b>2</b>	2008/09	4	23	1,868
<b>3</b>	2009/10	6	45	4,168
<b>4</b>	2010/11	4	12	1,248
<b>5</b>	2011/12	11	61	6,160
<b>6</b>	2012/13	15	75	6,571
<b>7</b>	2013/14	20	153	14,673
<b>% of County</b>		<b>100%</b>	<b>74%</b>	<b>74%</b>

*annual district the count*

*Note: Data indicates participation; a school may be represented in more than one year.*

Given the robust implementation of the program this year, teacher costs for implementing the EDI were about 30% higher than budgeted. These additional expenses were funded by other unexpended FY 2013/14 budgeted funds, including other savings in evaluation expenses. In future school district contracts, EDI dedicated funds will be able to be carried over across the three years of the contract to address funding requirements for years where there is higher EDI participation or lower EDI participation. EDI school participation is planned over a three-year window. Districts will continue to have discretion over which year within the three-year period data is collected. Costs related to teacher participation in EDI were authorized in February 2014 for inclusion in district contracts and are reflected in the FY 2014/15 Budget. A revised term sheet has been prepared to allocate a portion of the 3-Year Teacher Costs, authorized by the Commission in February 2014, to each school district (Attachment 7).

This year will be the first year that Orange County will have county-wide data for use versus solely community-wide data. In order to position the community for using the data for improving the well-being of children, the POMS Team has actively participated in a Southern California Regional EDI Learning Network which included the participation of our Canadian colleagues who have shared their experiences with the tool. A similar learning community approach has also been developed in Orange County through workshops with local researchers and partner agencies to consider, among other things, platforms that might be used to support easy access to the data and integration of data with other system data.

The proposed FY 2014/15 POMS Work Plan includes planning for a summer 2015 Orange County Summit on Early Childhood, and using EDI data as a foundation for the discussion. Staff is working with the UCLA Center for Healthier Children, Families and Communities to pursue the potential of their hosting the national EDI conference in Orange County in conjunction with Orange County's Early Childhood Summit. Consultant expenses for project planning are reflected in the Commission's FY 2014/15 Adopted Budget. Planned resources include staff, and on-call evaluation consultant resources.

### **Evaluation Plan for Catalytic Funding**

The Commission's Catalytic funding strategies provide an opportunity for the Commission to impact outcomes for children without requiring ongoing investments. To date, the Commission has invested almost \$59 million towards catalytic strategies including \$45 million for Round 1 Catalytic Investments and \$7.5 million for Round 2 projects. The FY 2014/15 POMS Work Plan includes the development of an evaluation process to manage accountability of the Catalytic funding investments to ensure the ability to communicate the results and impact of these investments to the Commission.

The purpose of this evaluation will be to examine how the Commission's Catalytic investments have been implemented, using the evaluation methodology outlined on Attachment 6: *Catalytic Investments Evaluation*. The proposed evaluation report will highlight successes, challenges, and lessons learned as well as offer recommendations for ongoing quality improvement and initiative refinement. The overall question to be addressed by this evaluation is: *Is Catalytic Investment a successful strategy for maximizing diminishing Commission resources?* In order to answer these questions, a variety of data collection processes may be used, including:

- Accountability Reports: Templates will be developed for initial, mid-year and end of year reporting purposes. The reports will include fields about funds expended, activities conducted, and qualitative information about program successes and challenges.
- Survey of Round 1 and 2 Funding Recipients: A survey will be developed, which will solicit information from programs about the impact catalytic funding has had on their programs.
- Commission Data Collection System: Where available, aggregate, milestone and case level data from the Commission's Data Collection

The FY 14/15 POMS Work Plan includes a timeline for grantees to start using the Catalytic Accountability Report format in Persimmony, the Commission's data collection and reporting system, starting July 2014.

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

The proposed actions have been specifically reviewed in relation to the Commission's Strategic Plan, and are consistent with the Capacity Building goal and statutory requirements related to evaluation. Funding recommendations are included in the FY 2014/15 Budget and reflected in the Long-Term Financial Plan.

## **PRIOR COMMISSION ACTIONS:**

- February 2014 – Approved Funding Renewal Actions for Program Agreements
- April 2-14 - Update on Commission Catalytic Matching Fund Program
- November 2013 – Annual Report on the Conditions of Children in Orange County
- October 2013 – Receive Anaheim Project Follow-up Report: Early Developmental Index Update
- February 2013 – Received POMS Work Plan, January 2013 – June 2014
- January 2013 – Received POMS 2012 Report of Accomplishments
- March 2012 – Recommendations to Implement Community Indicator and Needs Assessment Projects
- January 2011 – Approved EDI Business Plan for project expansion

## **RECOMMENDED ACTIONS:**

1. Receive Performance Outcome Measurement System (POMS) Work Plan, January 2013 – June 2014 (Attachment 1) and Report of Accomplishments for July 2013 – June 2014 (Attachment 2).
2. Receive Performance Outcome Measurement System (POMS) Work Plan for July 2014 – June 2015 (Attachment 3) and provide direction to staff.
3. Approve set aside funding of \$25,000 for Commission support of the development of the 2015 Community Indicators Report.
4. Adopt resolution (Attachment 4) authorizing the Executive Director or designee and Commission Counsel to prepare and negotiate Agreement FCI-SSA-16 with the County of Orange Social Services Agency for Commission contribution of \$25,000 annually toward the development of the 21<sup>st</sup> and 22<sup>nd</sup> Conditions of Children Reports, for a total amount not to exceed \$50,000 for the period July 1, 2015 through June 30, 2017.
5. Adopt resolution (Attachment 5) authorizing the Executive Director or designee and Commission Counsel to prepare and negotiate Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities) in an amount not to exceed \$270,000 for the period January 1, 2015 through December 31, 2017 for county-wide implementation of the Early Developmental Index.
6. Receive the Evaluation Plan for Catalytic Funding report and provide direction to staff.
7. Approve revised term sheet (Attachment 7) for agreements with designated school districts for implementation of the Early Developmental Index (EDI) for the period July 1, 2014 through June 30, 2017, in the amounts and on the conditions, specified in Attachment 7.

## **ATTACHMENTS:**

1. Performance Outcome Measurement System Work Plan, January 2013 – June 2014

2. Performance Outcome Measurement System (POMS) Report of Accomplishments, July 2013 – June 2014
3. Performance Outcome Measurement System Work Plan, July 2014 – June 2015
4. Resolution for SSA agreement for 21<sup>st</sup> and 22<sup>nd</sup> Conditions of Children Report
5. Resolution for UCLA agreement for EDI
6. Continuum of Catalytic Investments Evaluation
7. Revised Term Sheet for EDI implementation

**Contact:** Alyce Mastrianni

**Performance Outcome Measurement System Work Plan  
January 2013-June 2014**

**Attachment 1**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Status</b>
<b>Commission-Wide Data</b>			
Annual Report to the State	<ul style="list-style-type: none"> <li>➤ Comply with California Health and Safety Code Sections and 130150a to submit annual report to the State by November 1</li> </ul>	<ul style="list-style-type: none"> <li>➤ Develop desk procedures for developing and completing Annual Report to the State</li> <li>➤ Hold a public hearing in early 2013 and 2014 after receiving the State's Annual Report</li> <li>➤ Compile data for FY12-13 Annual Report to the State</li> <li>➤ File Annual Report data for the Public Hearing at Commission meeting</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Completed</li> </ul>
Accountability Reports	<ul style="list-style-type: none"> <li>➤ Communicate evaluation results through public reports to address the progress in meeting program goals, objectives, measurement of outcomes, and how funds are spent</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review and recommend options for presenting Commission data</li> <li>➤ Provide data for Goal Area Performance Reports on Healthy Children, Strong Families, Early Learning, and Capacity Building</li> <li>➤ Prepare 2014-2015 POMS Work Plan and Accountability Reports for Commission meeting</li> <li>➤ Prepare reports as recommended</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Ongoing</li> </ul>
Early Development Index	<ul style="list-style-type: none"> <li>➤ Develop community indicators to inform Commission planning and monitoring of progress in meeting the developmental needs of children</li> </ul>	<ul style="list-style-type: none"> <li>➤ Expand the Early Development Index to additional Orange County school districts with the goal of 100% district and school participation by the end of FY14-15</li> <li>➤ Use the data for planning purposes</li> <li>➤ Update Commission Confidentiality and Data Sharing Protocol to include Early Development Index</li> <li>➤ Develop local and countywide protocol for release of data</li> <li>➤ Implement Confidentiality Protocol</li> <li>➤ Develop Special Report "EDI: The Developmental Status of Young Children in Orange County"</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Completed</li> </ul>
Measurement of Outcomes	<ul style="list-style-type: none"> <li>➤ Measure client outcomes related to Commission program investments</li> </ul>	<ul style="list-style-type: none"> <li>➤ Revise Service Outcome Questions for FY13-14, if needed, and coordinate changes Bridges Connect and HMIS</li> <li>➤ Develop data sharing agreements with Homeless Prevention grantees for release of data from HMIS</li> <li>➤ Implement FY13-14 Confidentiality and Data Sharing Protocol</li> <li>➤ Increase local capacity to develop Geographic Information System maps of client and other community data</li> <li>➤ Analyze client intake and Service Outcome Question data for changes over time</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Ongoing</li> <li>➤ Deferred to FY14-15</li> </ul>
<b>Initiative-Specific Evaluations</b>			
Bridges Maternal Child Health Network	<ul style="list-style-type: none"> <li>➤ Develop evaluation approach to guide learning and design improvements for sustainability</li> </ul>	<ul style="list-style-type: none"> <li>➤ Develop evaluation of Bridges Maternal Child Health Network program including data matching with other publically funded data to assess system impacts on health, child welfare and achieving strong child outcomes</li> <li>➤ Present report to Commission</li> <li>➤ Develop Special Report "Bridges Maternal Child Health Network</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Completed</li> <li>➤ Completed</li> </ul>

**Performance Outcome Measurement System Work Plan  
January 2013-June 2014**

**Attachment 1**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Status</b>
		Evaluation”	
Capacity Building Grants	➤ Evaluate whether investments result in sustainable and impactful increases in services for children 0-5	<ul style="list-style-type: none"> <li>➤ Develop evaluation methodology, including site visits six to 12 months post-funding to determine the continued impact of the one-time funding</li> <li>➤ Evaluation plans due from sites</li> <li>➤ Implement site visits</li> <li>➤ Implement evaluation of capacity building grants (\$110,000 set aside for evaluation in November 2012)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Ongoing</li> <li>➤ September 2014</li> <li>➤ September 2014</li> </ul>
Catalytic Funding	➤ Develop evaluation approach to guide learning and design improvements for sustainability	<ul style="list-style-type: none"> <li>➤ Develop evaluation process to manage accountability of the catalytic funding investments to ensure ability to communicate results and impact</li> <li>➤ Review best practices of early math programs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Deferred to June 2014 Commission Annual Planning Meeting</li> </ul>
Health Access	➤ Development evaluation approach to guide learning in furtherance of the Commission’s Strategic Plan	<ul style="list-style-type: none"> <li>➤ Conduct analysis of changes in enrollment in public health insurance systems for children in Orange County in order to support Commission’s Strategic Plan</li> <li>➤ Develop Special Report “Supporting Children’s Health in Orange County”</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Completed</li> </ul>
Learning Link	➤ Develop evaluation approach to guide learning and design improvements for sustainability	<ul style="list-style-type: none"> <li>➤ Document Learning Link strategies and models to assist in determining effectiveness and to share potential promising practices</li> <li>➤ Present report to Commission</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Deferred until April 2015</li> </ul>
Science, Technology, Engineering and Mathematics (STEM)	➤ Develop evaluation approach to guide learning and design improvements for sustainability	➤ Develop best practice toolkit and consider approaches to pilot through Commission investments including training and technical assistance	➤ Deferred until June 2014 Commission Annual Planning Meeting
Vision Services	➤ Develop evaluation approach to guide vision program design, activities, improvements and sustainability	➤ Develop and begin implementation of evaluation methodology for vision services	➤ Deferred until July 2014
<b>Program-Specific Evaluations</b>			
California Comprehensive Approaches to Raising Educational Standards (CARES Plus)	➤ Measure program outcomes related to Commission program investments	<ul style="list-style-type: none"> <li>➤ Implement First 5 California funded project evaluation consistent with grant</li> <li>➤ Develop and distribute reports to document successes and challenges of implementing CARES Plus in Orange County</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Deferred until July 2014</li> </ul>
Child Signature Programs	➤ Measure program outcomes related to Commission program investments	<ul style="list-style-type: none"> <li>➤ Implement First 5 California funded project evaluation consistent with grant</li> <li>➤ Develop and distribute reports to document successes and challenges of implementing Child Signature Programs in Orange County</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Deferred until July 2014</li> </ul>

**Performance Outcome Measurement System Work Plan  
January 2013-June 2014**

**Attachment 1**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Milestone Dates</b>
Internal Evaluation Consultant to Commission Initiatives	➤ Provide technical assistance to ensure investments result in sustainable and impactful increases in services for children	➤ Provide evaluation consultation and support, as needed, including the review of Healthy Smiles for Kids of Orange County, Pretend City, Think Together evaluations	➤ Ongoing
Learning, Early Intervention and Parent Support (LEAPS)	➤ Evaluate program model to determine long-term effectiveness of Commission investments	➤ Implement evaluation of LEAPS program to assess project impact including longitudinal follow-up of children (project dependent on identification of funding partner and concurrence of school district) ➤ Present report to Commission	➤ No longer funded ➤ No longer funded
Special Reports/Projects	➤ Communicate evaluation results through public reports to address the progress in meeting program goals, objectives, measurement of outcomes, and how funds are spent	➤ Work with Commission managers and community members to identify projects for development ➤ Update Commission-funded workforce data report ➤ Prepare special reports as needed or requested ➤ Develop Special Report “Conditions of At-Risk Children and Implications for Orange County”	➤ Ongoing ➤ Completed ➤ Ongoing ➤ Move for consideration in FY14-15 work plan
<b>External Evaluation Efforts</b>			
American Recovery and Reinvestment Act (ARRA) Health Science Research	➤ Leverage partnerships for planning, policy development and sustainability	➤ Evaluate team building workshops ➤ Promote visibility for project and examine sustainability mechanisms for the Orange County Alliance for Community Health Research	➤ Completed ➤ Completed
Children’s Outcome Project	➤ Leverage partnerships for planning, policy development and sustainability	➤ Participate in the national “Children’s Outcome Project” learning community to promote collaborative impact with a specific emphasis on implementing and scaling Help Me Grow and the Early Development Index and to link learning with the Partnership for Children’s Health and other catalytic projects	➤ Ongoing
Collaborative Planning and Data Groups	➤ Leverage partnerships for planning, policy development and sustainability	➤ Participate in and contribute collaborative planning and/or community data groups (Public Health Accreditation, Funders Roundtable, Health Funders Partnership)	➤ Ongoing
Link with Statewide Evaluation	➤ Leverage partnerships for planning, policy development and sustainability	➤ Participate in statewide Evaluation Workgroup(s) ➤ Explore evaluation of systems/capacity building strategies	➤ Ongoing ➤ Ongoing
Ongoing Community Indicator Reports	➤ Develop community indicators to inform Commission planning and monitoring of progress in meeting the needs of children	➤ Contribute to the production of various community indicator reports including exploring new data sources ➤ Participate in Community Forums for the release of the reports ➤ Seek matching funds and/or partners for Community Indicators Report and Conditions of Children Report	➤ Completed ➤ Completed ➤ Ongoing
Southern California	➤ Communicate evaluation results	➤ Coordinate with SCALAR steering committee, evaluators and	➤ Ongoing

## Performance Outcome Measurement System Work Plan January 2013-June 2014

### Attachment 1

Alliance for Learning and Results (SCALAR)	through public reports to address the progress in meeting program goals, objectives, and outcomes	communications staff; in-person updates at Regional Executive Director meetings; monthly written updates to Executive Directors to implement 2012 Work Plan approved by Commission (September 2012) and to recommend a 2013 Work Plan <ul style="list-style-type: none"> <li>➤ Provide on-site and on-call assistance to SCALAR commissions</li> <li>➤ Explore leveraging publically available population data to examine trends impacting young children over time</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Deferred to FY14-15 work plan</li> </ul>
Statewide Screening Collaborative	<ul style="list-style-type: none"> <li>➤ Leverage partnerships for planning, policy development and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>➤ Participate in the Statewide Screening Collaborative and Help Me Grow-CA for further planning and evaluation efforts including dissemination of the Help Me Grown best practice model</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> </ul>
<b>Evaluation Infrastructure Functions</b>			
Annual Review of Program Data Elements and Quality Assurance	<ul style="list-style-type: none"> <li>➤ Review evaluation and data collection to assure the data are necessary for the performance of Commission functions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Monitor data and work with grantees to improve and maintain accurate data collection and entry into Commission Data System</li> <li>➤ Review data that are 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</li> <li>➤ Review and approve FY13-14 work plans and enter work plan data into Commission Data System</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Completed</li> <li>➤ Completed</li> </ul>
Best Practices	<ul style="list-style-type: none"> <li>➤ Identify best and promising practices that have been developed or implemented which support the Commission's strategic plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ Implement standards for grantee evaluation plans, evaluation reports, best practices and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>➤ TBD</li> </ul>
Data Reporting and Use	<ul style="list-style-type: none"> <li>➤ Provide technical assistance to grantees to ensure investments result in sustainable and impactful increases in services for children</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide Commission Data System user trainings, as needed</li> <li>➤ Utilize Commission Data System and implement improvements to the system as needed</li> <li>➤ Use Commission Data System for contract oversight for the Program Leads, Contracts Administrators, and Risk Management</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ Ongoing</li> </ul>
Policies and Procedures	<ul style="list-style-type: none"> <li>➤ Review policies and procedures to ensure activities are aligned and compliant with the evaluation framework and reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review Commission Policies and Procedures related to evaluation to ensure they are current</li> <li>➤ Conduct annual review of Confidentiality and Data Sharing Protocol and submit for approval by the Human Subjects Review Committee</li> </ul>	<ul style="list-style-type: none"> <li>➤ Completed</li> <li>➤ Completed</li> </ul>



# **Performance Outcome Measurement System Annual Report for January 2013-June 2014**

April 2014

## **POMS Team Members Contributing to this Report:**

Sharon Boles  
Alyce Mastrianni  
Limor Zimskind

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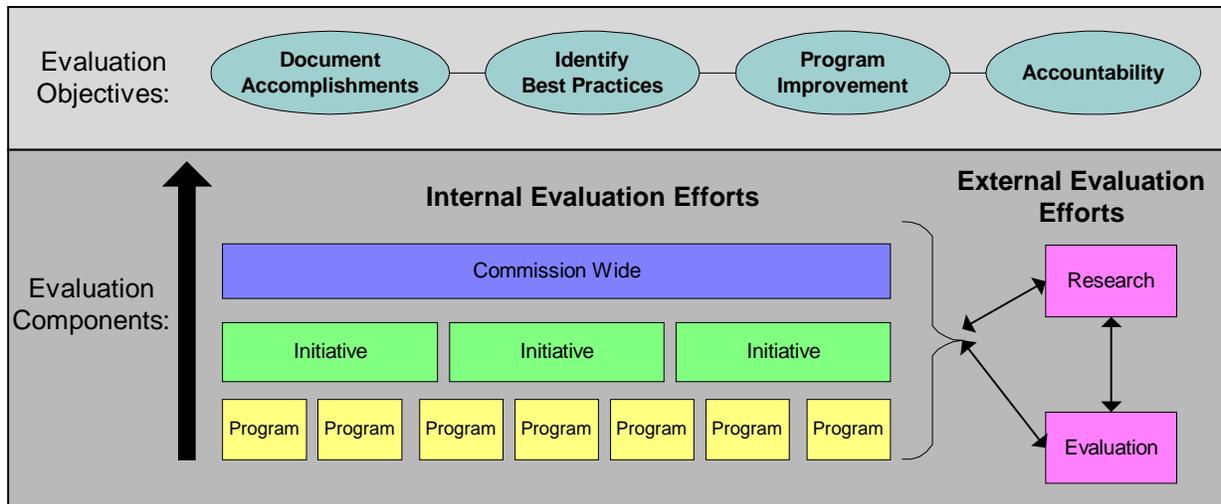
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## INTRODUCTION

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

The Commission’s evaluation activities are carried out by the Performance Outcome Measurement System (POMS) Team. POMS Team members participate on State and regional committees which share best practices and results in evaluation. The POMS Team provides qualitative and quantitative information, and program-specific expertise to support the development of strategies to address Commission priorities. Figure 1 below illustrates the relationship between the various evaluation components—at the Commission-funded level (internal) and outside the Commission (external)—that the POMS Team carries out as well as the overarching evaluation objectives. The POMS team works with Commission, program leads and grantees to ensure that the accomplishments reported by grantees are congruent with the Commission’s strategic plan goals and objectives. POMS team members review grantee work plans prepared by POMS staff and program leads to ensure that the data collected by the

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



grantee is useful both to the Commission and grantees in measuring progress toward strategic plan goals and objectives.

<sup>1</sup>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).

This report describes the major Commission-wide data activities, initiative-specific, and program-specific evaluations carried out by the POMS team in 2013. This report also describes external evaluation efforts and infrastructure functions of the POMS team. The evaluation activities presented in this report were approved by the Commission and are consistent with the Commission's priority areas.

## COMMISSION-WIDE DATA

### Annual Report to the State

#### *Background:*

Each year, the Commission is required to submit an annual report to the State showing its progress toward achievement of program goals and objectives and measurements of specific indicators (based on California Health and Safety Code Sections and 130150a). The First 5 California Commission sets the format for the report. The Statewide evaluation framework included a narrative section on the evaluation activities, client information and financial details by service area, and program accomplishments. The POMS Team prepares the Annual Report using work plan, aggregate, and client-level data from the Commission's Performance Management system. Evaluation reports, developed during each Fiscal Year are emailed to the First 5 California Research and Evaluation unit by November 1 each year.

The Children and Families Act of 1998 also requires the State Children and Families Commission (First 5 California) to submit an annual report to the Governor and Legislature by January 31 of each year, that includes a comprehensive review of its progress, and a review and summary of the 58 county commissions. Each county commission is then required to conduct a public hearing on the State Commission's Annual Report.

#### *Progress in 2013/14:*

The Annual Report to the State was presented to the Commission in September and provided a picture of how many children were served and how many services were provided during the Fiscal Year. In FY12-13, Commission-funded programs served 196,420 children ages 0-5 and 184,040 family members of those children. The children received over 1,341,977 services, including 14,200 prenatal care visits, 83,016 primary care visits, 17,422 dental screenings and 14,011 preventive dental treatments. Almost 26,000 children were screened for developmental delays, 10,316 children received a vision screening, 9,824 received a hearing screening, 13,068 children received a health status (e.g., asthma, allergies) screening, 21,535 children were screened for up to date immunizations and 22,435 Kits for New Parents were distributed. Over 7,800 children with special needs were served. In addition, over 9,500 pregnant women received support for healthy pregnancy and early childhood health, 10,138 parents received education, resources, referrals and support regarding their child's development, 15,997 mothers received breastfeeding education, intervention and support, 18,173 parents participated in parenting education and classes on healthy child development and 17,488 parents received tools, resources, information and training needed to transition their child to school.

Data in the report are also provided by funding subcategories, such as Bridges Maternal Child Health Network and Pediatric Health Services. In the Annual Report, the State Commission requested compelling outcomes by Result and Service Areas (see Table 1).

**Table 1: Outcomes by Result and Service Area**

Program	Result and Service Area	Most Compelling Service Outcome
Bridges Maternal Child Health Network—Home Visitation	Result Area: Improved Child Health Service Area: Home Visitation for Newborns	<ul style="list-style-type: none"> <li>• 100% of children had a health home at the end of services (compared to 96.3% at the beginning of services)</li> <li>• 99.8% of children served had health insurance at the end of services (compared to 97.4% at the beginning of services)</li> <li>• 93.7% of children received all age appropriate immunizations at the end of services (compared to 67.4% at the beginning of services)</li> <li>• 75.5% of children referred for an assessment went to a practitioner for the problem</li> </ul>
Community Clinics	Result Area: Improved Child Health Service Area(s): Primary Care Services (Immunizations, Well-Child Checkups), Health Access, and Fitness, Nutrition, and Health Education	<ul style="list-style-type: none"> <li>• 98.4% of children had a health home at the end of services (compared to 94.5% at the beginning of services)</li> <li>• 84.1% of children served had health insurance at the end of services (compared to 85.7% at the beginning of services)</li> <li>• 57.4% of children received all recommended well child visits or health screenings</li> <li>• 98.8% of children received all age appropriate immunizations at the end of services (compared to 37.5% at the beginning of services)</li> <li>• 93.4% of children referred for dental care went to practitioner and received dental care services</li> <li>• 98.8% of children referred for an assessment went to a practitioner for the problem</li> </ul>
Health Access and Education	Result Area(s): Improved Family Functioning (Family Support, Education and Services) and Improved Child Health Service Area(s): Community Resource and Referral, and Other Health Services	<ul style="list-style-type: none"> <li>• 65 pediatric offices and clinics implemented Reach Out and Read, an evidence-based early literacy program providing children ages 6 months through 5 in Orange County with regular anticipatory guidance on the importance of reading aloud and exposure to books for early child development from the child’s health care provider</li> </ul>
Children’s Dental Services	Result Area: Improved Child Health Service Area: Oral Health	<ul style="list-style-type: none"> <li>• 100% of children had a health home at the end of services (compared to 98.5% at the beginning of services)</li> <li>• 100% of children served had health insurance at the end of services (compared to 93.2% at the beginning of services)</li> <li>• 95.6% of children had no cavities at the end of services (compared to 52.5% at the beginning of services)</li> </ul>
Pediatric Health Services	Result Area: Improved Child Health Service Area(s): Primary Care Services (Immunizations, Well-Child Checkups), Comprehensive Screening and Assessments	<ul style="list-style-type: none"> <li>• 100% of children had a health home at the end of services (compared to 99.2% at start of services)</li> <li>• 95.0% of children served had health insurance at the end of services (compared to</li> </ul>

<b>Program</b>	<b>Result and Service Area</b>	<b>Most Compelling Service Outcome</b>
		99.6% at the beginning of services)
School Readiness Nursing	Result Area: Improved Child Health Service Area: Comprehensive Screening and Assessments	<ul style="list-style-type: none"> <li>• 99.2% of children had a health home at the end of services (compared to 97.8% at the beginning of services)</li> <li>• 98.7% of children served had health insurance at the end of services (compared to 97.1% at the beginning of services)</li> <li>• 99.5% of children received all age appropriate immunizations at the end of services (compared to 96.3% the beginning of services)</li> <li>• 75.4% of children referred for dental care went to practitioner and received dental care services</li> <li>• 91.9% of children referred for an assessment went to a practitioner for the problem</li> </ul>
Nutrition and Fitness	Result Area: Improved Child Health Service Area: Fitness, Nutrition, and Health Education	<ul style="list-style-type: none"> <li>• 98.5% of children had a health home at beginning of services</li> <li>• 96.8% of children served had health insurance at the beginning of services</li> </ul>
Homeless Prevention	Result Area: Improved Family Functioning Service Area(s): Targeted Intensive Parent Support Services Programs, General Parenting Education Programs	<ul style="list-style-type: none"> <li>• 42.0% of children were stably housed at the end of services (compared to 26.4% at the beginning of services)</li> <li>• 39.3% of children had a regular childcare arrangement at the end of services</li> <li>• 98.9% of children had a health home at the end of services (compared to 97.5% at the beginning of services)</li> <li>• 99.2% of children served had health insurance at the end of services (compared to 98.4% at the beginning of services)</li> <li>• 100% of children referred for an assessment went to a practitioner for the problem</li> </ul>
Family Support Services	Result Area(s): Improved Child Health, Improved Family Functioning Service Area(s): Comprehensive Screening and Assessments, Targeted Intensive Intervention for Identified Special Needs, Targeted Intensive Parent Support Services Programs	<ul style="list-style-type: none"> <li>• 99.0% of children had a health home at the end of services (compared to 98.6% at the beginning of services)</li> <li>• 95.1% of children served had health insurance at the end of services (compared to 95.2% at the beginning of services)</li> <li>• 82.7% of children received all age appropriate immunizations at the end of services (compared to 89.1% at the beginning of services)</li> <li>• 89.2% of children referred for an assessment following a screening went to a practitioner to address the problem</li> </ul>
Early Learning Specialists	Result Area: Improved Child Development Service Area: Early Education Programs for Children	<ul style="list-style-type: none"> <li>• Parents who taught their children letters, numbers, or words at least three times in the prior week increased from 62.0% at beginning of services to 71.4% at the end</li> </ul>

Program	Result and Service Area	Most Compelling Service Outcome
		<ul style="list-style-type: none"> <li>• 98.0% of children had a health home at the end of services (compared to 96.8% at the beginning of services)</li> <li>• 97.4% of children served had health insurance at the end of services (compared to 96.5% at the beginning of services)</li> <li>• 100% of children received all age appropriate immunizations at the end of services (compared to 100% at the beginning of services)</li> <li>• 100% of children referred for an assessment went to a practitioner for the problem</li> </ul>
Early Literacy Programs	Result Area: Improved Family Functioning Service Area: Family Literacy Programs	<ul style="list-style-type: none"> <li>• 60,000 gently used or new books were collected, cleaned and distributed to community partners that serve young children.</li> <li>• 12 intensive early literacy and math sites served 529 children and 642 parents/caregivers</li> <li>• 21,214 children ages 0-5 were read to at the 2012 Read for the Record events—surpassing the record from the previous year of 20,605.</li> </ul>
Comprehensive Approaches to Raising Education Standards Plus and Child Signature Programs	Result Area: Improved Child Development Service Area: Early Education Provider Programs	<ul style="list-style-type: none"> <li>• 350 early educators in Orange County received training and stipends</li> <li>• Over 125 countywide professional growth advisors trained to assist early educators in making plans for training and academic growth</li> <li>• 100 returning CARES plus participants received comprehensive memberships to the National association for the Education of young Children</li> <li>• 60 infant-toddler and preschool programs were supported with assessment, training, and coaching</li> <li>• Assisted 34 classrooms in meeting “Baseline Criteria” as defined by the State for eligibility in Child Signature Program-3</li> </ul>
Other Early Learning Programs	Result Area(s): Improved Child Development, Improved Child Health Service Area(s): Early Education Programs for Children, Comprehensive Screening and Assessments, Specialty Medical Services, Other Health Services	<ul style="list-style-type: none"> <li>• 100% of children had a health home at the end of services (compared to 96.4% at the beginning of services)</li> <li>• 100% of children served had health insurance at the end of services (compared to 98.9% at the beginning of services)</li> <li>• 100% of children received all age appropriate immunizations at the end of services (compared to 33.3% at the beginning of services)</li> </ul>
Capacity Building, AmeriCorps, Vista	Result Area(s): Improved Child Development, Improved Systems of Care	<ul style="list-style-type: none"> <li>• 24 agencies participated in Medi-Cal Administrative Activities (71 staff), Targeted Case Management (55 staff) and</li> </ul>

Program	Result and Service Area	Most Compelling Service Outcome
	Service Area(s): Early Education Programs for Children, Community Strengthening Efforts, Service Outreach, Planning, Support and Management	Early Periodic Screening, Diagnosis and Treatment fiscal leveraging programs, securing \$4.7 million in reimbursements.

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 FY12-13, the total number individual child records was 10,071, whereas the total number of children reported via aggregate data counts was 196,420.

Public hearings on the First 5 California’s Annual Report were held on March 6, 2013 and March 5, 2014.

### Accountability Reports

*Background:*

POMS Accountability Reports are developed to provide summary information about the numbers of children and families served, services provided by Commission-funded programs, and program expenditures. These 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 four goal areas.

*Progress in 2013/14:*

From the Annual Report data, the Commission prepared performance area goal reports in a public, friendly format that also included descriptive information on related programs.

### Early Development Index

*Background:*

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

*Progress in 2013/14:*

Orange County began implementing the Early Development Index in 2008 and has expanded each year to new districts and schools. In FY12-13, there were 15 districts participated, representing 74 schools and 244 teachers. During the 2013/14 data collection period, 20 school districts participated, representing an additional 154 schools and 14,641 children. UCLA expects to complete the data analysis in July 2014. To date, almost 75% of the public schools in Orange County have participated in the Early Development Index data collection, with a goal of 100% participation by March 2015.

In 2013, the Confidentiality and Data Sharing Protocol was updated to include the Early Development Index and a Letter of Understanding was developed to allow results of the project to be shared. In late 2013, an Early Development Special Report was developed, which analyzed raw data and assessed how children were faring, by Orange County region as well as by their English Language Learner status and their experience with transitional kindergarten. This report was finalized and received by the Commission in February 2014.

In November 2013, an Early Development Index Forum was held, which looked at specific Anaheim neighborhoods and ways to engage stakeholders in using the data. In January 2014, an Early Development Index meeting was held with Commission grantees to discuss background of the project and preliminary results. A follow up data forum was held in March 2014 with evaluators, researchers and program managers to discuss the potential uses of Early Development Index data, data local agencies keep and ways of sharing data. In February 2014, Commission consultants presented the Early Development Index data to the Orange County Department of Education.

## **Measurement of Outcomes**

*Background:*

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

*Progress in 2013/14:*

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

**Table 2: Service Outcomes for All Commission-Funded Programs**

Key Strategic Plan Objectives	Service Outcome Questionnaire Results	Program
<b>Healthy Children</b>		
<ul style="list-style-type: none"> <li>Increase to at least 90% the proportion of all pregnant women who receive early prenatal care, and decrease racial/ ethnic disparities</li> </ul>	<ul style="list-style-type: none"> <li>95.9% of mothers received prenatal care in the first trimester</li> </ul>	<ul style="list-style-type: none"> <li>Bridges Maternal Child Health Network</li> </ul>
<ul style="list-style-type: none"> <li>Increase to at least 95% the proportion of children who have a health care home</li> </ul>	<ul style="list-style-type: none"> <li>99.4% of children had a health home at the end of services (compared to 96.9% at the beginning of services)</li> </ul>	<ul style="list-style-type: none"> <li>Bridges Maternal Child Health Network</li> <li>Pediatric Health Services (Children’s Hospital of Orange County/ University of California, Irvine)</li> <li>School Readiness Nursing</li> <li>School District Programs/Countywide Allocation</li> <li>Early Learning Specialists</li> <li>Other Early Learning Programs</li> <li>Family Support Programs</li> <li>Children’s Dental</li> <li>Homeless Prevention</li> </ul>
<ul style="list-style-type: none"> <li>Increase to 100% the number of children with health coverage</li> </ul>	<ul style="list-style-type: none"> <li>97.9% of children served had health insurance at the end of services (compared to 95.4% at the beginning of services)</li> </ul>	<ul style="list-style-type: none"> <li>Bridges Maternal Child Health Network</li> <li>Pediatric Health Services (Children’s Hospital of Orange County/ University of California, Irvine)</li> <li>School Readiness Nursing</li> <li>School District Programs/Countywide Allocation</li> <li>Early Learning Specialists</li> <li>Other Early Learning Programs</li> <li>Family Literacy Programs</li> <li>Family Support Programs</li> <li>Children’s Dental</li> <li>Community Clinics</li> <li>Homeless Prevention</li> <li>Fitness and Nutrition</li> </ul>
<ul style="list-style-type: none"> <li>Increase the proportion of children ages 0-5 who receive recommended primary care services at the appropriate intervals</li> </ul>	<ul style="list-style-type: none"> <li>56.7% of children received all recommended well child visits or health screenings (compared to 68% in FY11-12)</li> </ul>	<ul style="list-style-type: none"> <li>School Readiness Nursing</li> </ul>
<ul style="list-style-type: none"> <li>Increase age appropriate immunization levels to at least 95%</li> </ul>	<ul style="list-style-type: none"> <li>95.1% of children received all age appropriate immunizations at the end of services (compared to 71.0% at the beginning of services)</li> </ul>	<ul style="list-style-type: none"> <li>Bridges Maternal Child Health Network</li> <li>School Readiness Nursing</li> <li>Other Early Learning Programs</li> </ul>
<ul style="list-style-type: none"> <li>Reduce dental cavities so that the proportion of young children with one or more</li> </ul>	<ul style="list-style-type: none"> <li>95.6% of children had no cavities at the end of services (compared to 52.5% at the beginning of</li> </ul>	<ul style="list-style-type: none"> <li>Children’s Dental</li> </ul>

<b>Key Strategic Plan Objectives</b>	<b>Service Outcome Questionnaire Results</b>	<b>Program</b>
cavities is no more than 9%	services)	
<ul style="list-style-type: none"> <li>Double the number of children (50%) who are screened using a formal screening tool and, when necessary, assessed for developmental milestones, including cognitive, vision, hearing, speech, and language, psychosocial issues, and other special needs, and receive appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>89.0% of children referred for an assessment went to a practitioner for the problem</li> </ul>	<ul style="list-style-type: none"> <li>Bridges Maternal Child Health Network</li> <li>School Readiness Nursing</li> <li>Early Learning Specialists</li> <li>Community Clinics</li> <li>Homeless Prevention</li> </ul>
<b>Early Learning</b>		
<ul style="list-style-type: none"> <li>Increase parents' knowledge and involvement in preparing children for school</li> </ul>	<ul style="list-style-type: none"> <li>Parents who taught their children letters, numbers, or words at least three times in the prior week increased from 62.0% to 71.4% at the end of services</li> </ul>	<ul style="list-style-type: none"> <li>School Readiness Nursing</li> <li>Early Learning Specialists</li> </ul>
<b>Strong Families</b>		
<ul style="list-style-type: none"> <li>Reduce the number of children who are homeless to zero</li> </ul>	<ul style="list-style-type: none"> <li>42.0% of children were stably housed at the end of services (compared to 26.4% at beginning of services)</li> </ul>	<ul style="list-style-type: none"> <li>Homeless Prevention</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the number of children who are homeless to zero</li> </ul>	<ul style="list-style-type: none"> <li>39.3% of children had a regular childcare arrangement at the end of services</li> </ul>	<ul style="list-style-type: none"> <li>Homeless Prevention</li> </ul>

For FY12-13, the Service Outcome Questions for the Homeless Prevention grantees were aligned with Orange County's Homeless Management Information System database. The Homeless Management Information System is a U.S. Department of Housing and Urban Development mandated system that collects and reports longitudinal client-level information about persons who access the homeless service system. The intent of this alignment in questions is: 1) to reduce the reporting burden of the Homeless Prevention grantees who currently must report monthly data to the County's Homeless Management Information System and the Commission's information system; and, 2) to move to an integrated data system where the Homeless Prevention grantees only report data to one system where the data can be electronically uploaded into the other system.

On April 1, 2014, the Homeless Prevention grantees were transitioned over to the Homeless Management Information System. All FY13-14 Service Outcome Questions for the Homeless Prevention grantees have been programmed into the Homeless Management Information System. In addition, all of the Homeless Prevention grantees have signed data sharing agreements with the Commission.

## **INITIATIVE-SPECIFIC EVALUATIONS**

### **Bridges Maternal Child Health Network**

#### *Background:*

In February 2000, the Commission began funding the Bridges for Newborns and Project Connections Early Action Programs to increase health access for very young children in Orange County. The Commission also funds a network of home visitation and place-based programs that promote healthy

early child development. In an effort to achieve strong outcomes for children, and consistent with the Long-Range Financial Plan, the Commission (in coordination with the Bridges Network providers and an outside panel of health experts) developed a proposal in 2009 for redesigning the network and rebranding this network of programs as the Bridges Maternal Child Health Network (Bridges Network). The aim was to restructure the program to operate as a network-system of care; identify cost savings and reductions; find ways to streamline processes; strengthen program management, and continue to achieve strong outcomes for children. Collectively, these programs serve over 45,000 children and their families annually.

*Progress in 2013/14:*

In FY12-13, the Commission invested \$6.3 million to ensure that more than 13,000 mothers were screened at Bridges Network hospitals, over 23,000 home visits were provided to improve children's health and development, and almost 16,000 mothers received breastfeeding education and support. Evaluation of the Bridges Network was approved as priority for the Commission's evaluation work plan for the current fiscal year. The Commission's Business Plan for FY13-14 included a priority to conduct a study to assess the effectiveness of the redesigned Bridges Maternal Child Health Network program in achieving strong outcomes for children. To this end, an evaluation was designed to document and monitor the progress of the Bridges Network Redesign in order to identify strengths and areas of improvement to assist the agencies in future planning. The evaluation was multifaceted and included gathering information from the participating Bridges Network agencies and stakeholders, as well as reviewing data and outcomes via the Bridges Connect client-referral system and Grant Evaluation and Management System.

In November 2013, community, program, evaluation and policy leaders were invited to participate in a convening to dialogue about the evaluation methodology, findings, and implications for future Maternal Child Health services in Orange County. Commission staff presented a summary of the evaluation approach and findings for Commission consideration and direction in December 2013. Evaluation findings and Commission direction will be relevant to the Commission's Healthy Children program funding panel in informing their review related to FY14-15 funding decisions.

Three key products were developed to assist in conveying information about the Bridges Network and the evaluation including:

- A Bridges Network evaluation report that includes information on the evaluation methodology, findings and implications
- A Bridges Network evaluation brief including summary information on the evaluation
- A Bridges Network policy brief including summary information on how the prenatal, infant, toddler and public health nursing home visitation programs are organized collectively in a network and the evidence base for the Commission's investment

Key findings and recommendations in the evaluation report include:

- Commission is reaching approximately 70% of the births in Orange County through the hospital-based outreach program
- 96% of those screened for additional services had incomes below 200% of the Federal Poverty Level (\$23,000 for a family of four)
- Of those referred, 98% were successfully connected with services and 76% of those referrals were successfully closed
- The Bridges Network programs are continuing to achieve strong outcomes for young children
- Since program inception, the Network has generated over \$8 million reimbursements in Medicaid: Targeted Case Management and \$5 million in Medicaid: Medi-Cal Administrative Activities.
- As Commission revenue declines, there is a growing need to diversify the funding base.

In 2013, the Commission engaged the services of Dr. Putnam-Hornstein and the Hamovitch Research Center in infrastructure development surrounding the linkage of early intervention and Home Visitation services data to county birth and child protection data. This project has four primary objectives: (1) Examine the distribution of maltreatment risk factors in the population of births in Orange County, California; (2) Use Vital Birth Record data to stratify births into risk deciles based on the predicted probability/likelihood of reported or substantiated maltreatment between birth and age 5; (3) Develop population-level estimates of the share of children in each risk decile who receive early intervention services; and (4) Generate a matched analysis in which it is possible to examine differences in actual maltreatment outcomes (reported maltreatment, substantiated maltreatment) before age 5 among similarly situated children (i.e., children who have the predicted likelihood of maltreatment at birth) based on whether or not they received early intervention services. This project was approved by the University of Southern California, University Park Institutional Review Board and California's Health and Human Services Committee for the Protection of Human Subjects. It was also reviewed by the Commission's Evaluation Review Committee.

In May 2014, Dr. Emily Putnam-Hornstein from the University of Southern California presented findings on her work surrounding the linkage of early intervention and Home Visitation services data to county birth and child protection data. Dr. Emily Putnam-Hornstein also presented her research at a Speaker's Bureau convening involving policy makers, governmental and non-profit agencies, representatives from the Board of Supervisors' offices, and the Blue Ribbon Commission members.

### **Capacity Building Grants**

#### *Background:*

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

- The expansion of services can be either through a new facility or expansion of an existing facility, expanded services to incorporate new programs, one-time investments to reduce ongoing costs or launching new demonstration projects to better meet the needs of children 0-5.
- Projects for existing funded programs will need to demonstrate how it will reduce the ongoing demand on the Commission's budget.
- Projects eligible for other Catalytic Investment opportunities are not eligible for Capacity Building grants.

Of the 45 applications received, nine were recommended for Capital Facility Expansion funding for a recommended allocation and 18 were recommended for New Program funding. A recommendation made by the Capacity Building review panel was to use a portion or all of the remaining funding to evaluate the impact of the Commission's investments in these types of one-time capacity building grants. This evaluation of the capacity building grant program would specifically look at whether these investments result in sustainable and impactful increases in services for children 0-5.

#### *Progress in 2013/14:*

As part of their implementation plans, grantees were required to indicate their plan for evaluating their Capacity Building grant. In March 2013, an evaluation methodology and reporting template was developed for inclusion in the Capacity Building implementation plan outline to be completed by the

grantees. Evaluation plans were required by grantees in their implementation plans. Upon receipt of each implementation plan, the POMS Team reviewed and provided feedback on the evaluation plan proposed for the Capacity Building grant.

## **Catalytic Funding**

### *Background:*

The Children and Families Commission of Orange County's (Commission) Catalytic funding strategies—as recommended by The Bridgespan Group—provide an opportunity for the Commission to impact outcomes for children without requiring ongoing investments. This is key in a climate where revenue is forecasted to continue to decline between 3 and 5 percent annually over the next ten years. Programs that are best candidates for Catalytic Investment include those that:

- Benefit from a one-time capital or significant investment;
- Operate with fee or revenue generation model that could be expanded or enhanced; and
- Potential to expand funding base for program.

Catalytic funding allows the Commission to reduce future year obligations while sustaining priority services for children and families. It also provides opportunities to leverage other funders, and with additional partners, improve reach and quality of program. In January 2012, the Commission approved a Funding Allocation Plan, which included a funding level of \$45 million for Round 1 of Catalytic Investments. Round 1 catalytic investments included projects that were ready for immediate implementation and could lead to cost savings. In March 2012, the Commission approved an additional \$7.5 million for Round 2 projects, which required additional planning and were anticipated to have longer term revenue realizations—providing potential for out-year revenue support and to reduce reliance on Commission funding.

### *Progress in 2013/14:*

The POMS work plan included the development of an evaluation process to manage accountability of the catalytic funding investments to ensure the ability to communicate the results and impact of these investments to the Commission. In early 2014, an evaluation plan was developed and Accountability Report for grantees was drafted.

## **Health Access**

### *Background:*

The Commission's Strategic Plan identifies priority outcomes to support the vision that "all children are healthy and ready to enter school" including: to ensure that children born healthy; that they have and use a health home for comprehensive health services; and that they have access to early screening and assessments so chronic and disabling conditions are identified, assessed, and managed. In order to better understand trends among young children and emerging issues, the Commission's POMS work plan includes a special report on systems that support children's health in Orange County.

In 2012, the American Academy of Pediatrics issued a policy statement that emphasized that "all infants, children, adolescents, and young adults through 26 years of age must have access to comprehensive health care benefits that will ensure their optimal health and well-being." Access to affordable, regular health care supports positive health outcomes for children. Many children, including those with special medical risks, lack access to health care or for a variety of reasons do not access available resources. With the transition of Healthy Families to Medi-Cal, new health enrollment processes, and the implementation of the Affordable Care Act (ACA), health care access is shifting here in Orange County and nationwide.

*Progress in 2013/14:*

A special report: “Supporting Children’s Health in Orange County” was developed to document the current state of health systems serving children. The report is presented through a series of four Health Access Issue Briefs that focus on: Health Access, Utilization of Services, Prevention Services and Special Populations. The subsequent briefs will be presented to the Commission throughout the summer. It is anticipated that the data included in the report and Issue Briefs will provide a baseline to document change in child-focused service systems over time as well as inform Commission program decisions. In addition, recommendations are provided to assist stakeholders in building upon current efforts to improve health outcomes for children. Recommendations related to health access include:

- Continue to support investments in health access programs in order to maintain health insurance coverage rates and ensure that services are utilized.
- Endorse data sharing strategies through information technology to ensure coordination of care and integration of services across diverse service sectors.
- Pursue available funding opportunities to promote sustainability of responsive programs.

## **Learning Link**

*Background:*

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

*Progress in 2013/14:*

The 2013 POMS work plan included the assessment of the effectiveness of the Learning Link elementary school programs. An evaluation design has been drafted and in April 2014, a meeting was held with four districts / agencies implementing Learning Links to obtain their feedback about the feasibility of conducting an evaluation. A survey and focus group protocol is being developed.

## **Science, Technology, Engineering and Mathematics (STEM)**

*Background:*

The Children and Families Commission of Orange County’s investment in early learning programs expanded to include early math, which has been cited as a strong predictor of a child’s scholastic success. A three-year partnership with the Samueli Foundation was approved in July 2011 to support Science, Technology, Engineering and Mathematics (STEM) teaching and learning in Orange County. The first year deliverable is a strategic plan to guide the implementation of STEM programs, and the growth of STEM awareness in Orange County.

*Progress in 2013/14:*

No POMS-specific work was requested for STEM.

## **Vision Services**

### *Background:*

One of the Commission's FY12-13 planning priorities included a focus on pediatric vision care. A successful program model implemented by First 5 San Diego and First 5 Los Angeles was reviewed and staff conducted a planning and feasibility analysis for adapting the pediatric vision care program to Orange County. Part of the analysis included evaluating existing resources in Orange County and how these resources for vision care could be included or leveraged within the program implementation. The Commission endorsed a recommendation to develop a "hybrid model" concept. One of the implementation priorities maintained during the vision planning process is that the mobile vision diagnostic van be implemented in conjunction with the Commission's School Readiness Nurse screening efforts.

### *Progress in 2013/14:*

This past year, School Nurses have continued to expand their knowledge of uniform vision screening standards within nursing practice. The School Nurses worked in conjunction with The Galvin Herbert Eye Institute to review vision screening technology. School Nurses are now working with their school districts to purchase the PlusOptix devices, the recommended tool now endorsed by the community. Standards for vision screening data collection are being developed with The Galvin Herbert Eye Institute, along with other California Universities who are implementing the model and vision standards recently endorsed by The National Center for Children's Vision and Eye Health at Prevent Blindness America. The POMS project to review data to identify further service gaps has not yet been implemented, pending full implementation of the vision project.

## **PROGRAM-SPECIFIC EVALUATIONS**

### **California Comprehensive Approaches to Raising Educational Standards (CARES Plus)**

#### *Background:*

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

#### *Progress in 2013/14:*

The CARES Plus application specified that a Statewide evaluation would be conducted. County Commissions were encouraged to identify evaluation questions and objectives to be addressed locally. In September 2013, a CARES Plus Evaluation report was completed, with the purpose of understanding the outcomes of the program relative to four of the overarching program objectives:

1. Recruit early educators from a variety of ECE settings
2. Increase the effectiveness of teaching practices and quality teacher-child interactions among participants
3. Increase provider knowledge of resources needed to effectively assist young children and their families
4. Increase the number of early educators who complete the CARES Plus program requirements and continue working in the ECE field

In addition, CARES Plus surveys were refined in 2013, including:

- **Computer Skills Questionnaire (2012-13):** Survey to assess participants' computer skills and needs in order to target training and TA.
- **Year 1 Intake:** Survey that collects participant baseline data
- **CARES Plus Participant Survey (End of Year):** Survey to assess participant's knowledge and use of community resources and referrals; types of trainings received; experience with CARES Plus project, etc.
- **CARES Plus Participant Survey (Exit—Year after end program):** Similar questions as the CARES Plus End of Year survey, but includes questions about usefulness of trainings and information received as well as sustained learning and growth from program.
- **Year 2 Intake:** Survey that assesses participants' experience with CARES Plus, how they have benefited from the program, and ways the program can be improved

Enrollment and evaluation data continue to be entered online and analyzed in order to document successes and challenges of implementing CARES Plus in Orange County.

### **Child Signature Programs**

#### *Background:*

The First 5 California Child Signature Program (CSP) provides funding for local commissions to increase quality in early learning programs for young children. The CSP incorporates three research-based program elements:

- Instructional Strategies and Teacher-Child Interactions
- Social-Emotional Development
- Parent Involvement and Support

In 2012, the Commission was awarded a project to participate in the second round of the CSP project. The program provides technical assistance to increase the quality of early learning programs for young children in early care and education centers in high need communities. High need communities are defined as communities with schools that have Academic Performance Index (API) scores in deciles 1-3.

Sixty classrooms and Family Child Care Home programs have participated in the project. Participation for half of the classrooms (30) has been funded through the First 5 California project and 30 classrooms are funded through the Orange County Department of Education, in conjunction with the Quality Improvement System and Race to the Top state and federal funding. Thirty-four of these classrooms are now eligible to participate in the enhanced CSP #3 program. Classrooms that participate in CSP #2 will no longer be eligible to participate in CSP #3. Consequently, First 5 California's investment in this project will be reduced.

#### *Progress in 2013/14:*

A consent form to participate in the Child Signature Program was developed in November 2013. In December 2013, an application for approval of a research study involving human subjects was submitted to the County of Orange Health Care Agency Human Subjects Review Committee for County Institutional Review Board review and approval. The human subjects application for the Child Signature Program-3 received an expedited review (defined by no more than minimal risk to human subjects) by the Chair of the Committee and was approved on December 16, 2013. Approval is good through December 17, 2014.

Data collection forms were developed to support the CSP3 local and state evaluation, including:

- **Parent Outreach Spreadsheet**, which collects information about parent involvement, including number of: times parents volunteered in classroom, education opportunities, social support received, home visits, etc.
- **Director Survey**, which assessed the services, staffing, and support that program staff need
- **Classroom and Teacher Survey**, which collects demographic information about the teachers and children at CSP3 sites

### **Internal Evaluation Consultant to Commission Initiatives**

#### *Background:*

In addition to reporting in the Commission's Performance Management System, some Commission initiatives conduct their own, separate evaluations or participate in evaluations with outside entities that are not associated with the Commission. 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 2013/14:*

POMS Team members assisted the following projects:

- Bridges Connect – The Bridges Network data is collected through a data system called Bridges Connect that was developed by Net Chemistry. Ongoing discussions have taken place with Net Chemistry and Mosaic to import Bridges Connect data into the Commission's Performance Management System to assist in eliminating redundant data entry.
- The Homeless Management Information System contains longitudinal client-level information about persons who access the homeless service system. In FY12-13, the POMS Team worked to align data collection between this system and Performance Management System in order to reduce the reporting burden of the Homeless Prevention grantees who currently must report monthly data to both systems and to move to an integrated data system where the Homeless Prevention grantees only report data to one system where the data can be electronically uploaded into the other system. This integrated system became available to Homeless Prevention Grantees on April 1, 2014.
- Assisted with, and submitted an application to the Orange County Human Subjects Review Committee for the Dr. Riba's Health Club regarding their Feeding Dynamics, PC-Fit and PC-Fit Harvard studies; received approval.

POMS Team members provided evaluation consultation and support to several evaluation plans and reports created by Commission grantees. The following is a list of the evaluations reviewed or evaluation-related activities in 2013/14.

- Down Syndrome Association of Orange County-Commission staff provided the Down Syndrome Association with an evaluation template and provided guidance and feedback on their FY12-13 evaluation report.
- Down Syndrome Foundation-Commission staff reviewed and provided feedback on their final FY12-13 progress report for the Learning Program.
- Dr. Riba's Health Club-Commission staff met with staff from Dr. Riba's health club to discuss their previous evaluation reports and provide suggestions for evaluation of the FY12-13 program. Commission staff reviewed and provided feedback on their FY12-13 evaluation report.
- Healthy Smiles for Kids of Orange County-Commission staff met several times in 2013 with staff from Healthy Smiles to identify evaluation opportunities and the evaluation focus for Healthy

Smiles for Kids; assist them to understand “what is evaluation”, and to review current programs to identify where there was potential for data collection and evaluation.

- MIND Institute-In December 2013, Commission staff began meeting with staff at the MIND Institute to discuss the creation of an external evaluation of Pre-Kindergarten math literacy program.
- Think Together-In 2013, Commission staff met regularly with staff from Think Together to discuss the development of an evaluation plan for the new evidence-based curriculum for their early learning and math center-based program.
- Orange County Health Improvement Plan—In 2014, Commissions staff reviewed and provided feedback to the county’s 2014-16 Health Improvement Plan.

## **Learning, Early Intervention and Parent Support (LEAPS)**

### *Background:*

First 5 California Special Needs Project Demonstration Site was established at Pomona Elementary School in the Newport-Mesa Unified School District for children with special needs from birth through age five (0-5). State funding for the demonstration project, branded “Learning, Early Intervention and Parent Support (LEAPS)”, was discontinued in June 2009. The project continued operating with local funds.

### *Progress in 2013/14:*

The POMS work plan included the development of an evaluation process to assess project impact including a longitudinal follow-up of children. The LEAPS project is no longer funded by the Commission and the proposed evaluation project will not be implemented.

## **Special Reports and Projects**

### *Background:*

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

### *Progress in 2013/14:*

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

- OC Workforce Data – Compiled and updated workforce data on the number of positions and Full Time Employees funded by Commission in FY12-13 and compared current workforce to prior years to identify changes over time. An updated FY14-15 report is being developed.
- Social Innovation Fund applications – Provided needs assessment data using the Early Development Index for specific communities in Orange County for the federal Social Innovation Fund grant application. Developed the project evaluation approach.
- James Irvine Foundation & Non-profit Finance Fund - California Pay for Success Initiative. Developed data for the proposal, including information from the Bridges Maternal Child Health evaluation.
- National Early Care and Education Learning Collaborative Project, issued in conjunction with Nemours and the Centers for Disease Control and Prevention – Project data and developed evaluation component in conjunction with First 5 Riverside and LAUP.
- Boston Medical Center, The Center for the Study of Social Policy, and the National Initiative for Children’s Health Care Quality - Participated in the development of a research project to review

and validated the Project DULCE home visitation strategy for consideration by the Patient Centered Outcomes Research Institute (PICORI).

Commission staff prepared and distributed report on the accomplishments of the Commission over the past 15 years. Highlights included:

- The development of a network of care to “greet babies” when they are born and link children and families with needed support to ensure optimal, healthy child development (assessing roughly 25,000 children annually);
- Increased access to pediatric care through new and expanded clinics in Anaheim, Costa Mesa, Garden Grove and Santa Ana;
- Ensured children are ready to learn through early identification of developmental delays and linkages to intervention services through School Readiness Nurses, Help Me Grow Orange County (a single point of access for parents, providers and educators to developmental services for young children), and a major center focused on autism and other developmental concerns;
- Prepared children to enter Kindergarten with language and math literacy skills through placement of Early Learning Specialists at every school district with a Kindergarten population, along with early learning programs throughout the county; and,
- Provided families most at risk with the support they need in crises, such as shelter beds for pregnant mothers and young children (increasing the number of shelter night beds from 8,917 in the first year of the Commission’s investment in 2005 to 142,296 bed nights in 2013).

## **EXTERNAL EVALUATION EFFORTS**

### **American Recovery and Reinvestment Act (ARRA) Health Science Research**

#### *Background:*

The Orange County Alliance for Community Health Research (Alliance) was established in 2010, to transform community health research in Orange County in order to improve the health and wellbeing of underrepresented populations in the county by fostering bi-directional communication, collaboration and training between academic researchers and community-based organizations. The University of California Irvine, Institute for Clinical and Translation Sciences (ICTS) received an American Recovery and Reinvestment Act (ARRA) 3-year grant in September 2010 to fund their project “Building Sustainable Community-Linked Infrastructure to Enable Health Science Research” through the National Institutes of Health: National Center for Research Resources.

The mission of the Alliance was to improve the health and well-being in Orange County's diverse population through collaborative research and by supporting sustainable research and dissemination of evidence based best practices to inform local health decisions. The purpose of the Alliance was to create an infrastructure in Orange County that will increase the capacity of community organizations and universities to engage in health research partnerships, also known as community-based participatory research.

The Alliance’s strategy to reach this goal was through the development of three specific aims designed to meet the need for community engagement in Research.

- Specific Aim 1: Facilitate the dissemination of health research information, data and the provision of technical assistance for health research to community agencies by establishing the Orange County Center for Community Health Research Portal.
- Specific Aim 2: Increase the capacity and readiness to conduct collaborative community health research among community agencies and researchers by providing trainings and mentorship in community based participatory research.

- Specific Aim 3: Develop a community health research agenda for Orange County by facilitating *ongoing Team Building Workshop/Collaboratives*.

*Progress in 2013/14:*

In September 2013, the Center for Community Collaboration at California State University Fullerton completed an evaluation of the three year project. The evaluation found that the Alliance successfully implemented the strategies and met many of the primary objectives under the three Specific Aims.

- Under Specific Aim 1-The Alliance collaborated with advisory board members to facilitate the dissemination of health research information and data provision through the establishment of their web portal [www.HealthierOC.org](http://www.HealthierOC.org). Grant funded, Community Research Advocates worked with University of California, Irvine staff and vendors to manage the design, content and functionality of the web portal. The result was a comprehensive site that not only provides information and data on Health Research, especially in Orange County, but also included a Health Researcher Directory designed to facilitate the ongoing development of Community Based Participatory Research partnerships.
- Under Specific Aim 2-The Alliance increased capacity and readiness to conduct collaborative community health research among community agencies and researchers through the Community Based Participatory Research training and technical assistance provided in two training series and one-on-one consultation by two of the Community Research Advocates to University faculty mentors and community-based organizations participating in one or more of five of Community Based Participatory Research training modules. Additionally, the California State University Fullerton project coordinator provided technical assistance support to faculty and community based organizations recruited directly through the Center for Community Collaboration at California State University Fullerton's efforts. As a result, 10 Faculty Mentor/Mentee pairs and three other partnerships were developed and many organizations and individuals received support.
- Under Specific Aim 3-A Community Research Advocate, under the direction of the Advisory Board, brought together representatives from a wide-array of public and private community-based organizations and university faculty to participate in seven Collaborative or Team Building Workgroups over the course of the grant period. Through this process organizations began sharing data and other resources and developed a number of projects.

Team Building Workshops centered around eight different health-related topics selected through community input, including an initial retreat where topics were solicited, surveys with community stakeholders, and existing topics of interest in the county which would serve as a platform for the workshops. All of the collaborative topics—except for Community Health Indicators and Vision Data Sharing (which built on a current effort that had already conducted a literature review)—had an initial literature review developed, which provided a background of the topic as well as local data available and framed the topic within the context of the Alliance efforts. Highlights from specific Team Building Workshops included:

- Alzheimer's Disease: Received data requests from health insurance provider on elderly population and analyzed in order to assess need in county; exploring the implementation of Survey of Older Adults to assess needs of this population.
- Community Health Indicators: Developed a matrix that mapped out the health indicators available in Orange County, by smallest level of geography, frequency of data collection and data source. The matrix has been used extensively when applying for grants; working with community partners and researchers to see the availability of health related data in Orange County as well as gaps; and, reviewing current indicator reports to ensure most effective use of data and be responsive to community data needs.

- **Low Birth Weight:** Developed a matrix that includes available data as well as local and state policy, outcomes, and potential research questions around topic of Low Birth Weight. Local research was developed related to this project including an algorithm that assessed low birth weight, by parental ethnicity, and a study on the impact of premature infant exercise on body compositions.
- **Overweight / Obesity:** The Pediatric Nutrition Surveillance System (PedNSS) reports data on overweight and obesity in children as well as rates of anemia. 2011 was the last year that PedNSS data are available due to budget cuts. In order to fill in the gap left, the Alliance provided funding to PHFE-Women, Infants and Children to analyze and provide Orange County level data on childhood obesity, across the four Women, Infants and Children providers in Orange County.
- **Child Maltreatment:** The Alliance pursued a project with a research institution that aimed to combine birth data with child protective services data. The literature review developed for this topic was used to support the case for funding of a new position at the County— a Medical Director for Social Services— for children in the welfare system or who are at risk of being involved with the welfare system.
- **Perinatal Depression:** Developed resource lists for parents and providers that provide information about the maternal depression services available in the county; developed algorithm for practitioners to use, which has a protocol to assess and refer pregnant women and new moms if they suspect an issue.
- **Vision Data Sharing:** Developed algorithm for sharing of data across agencies, by screening phases (e.g., initial screening, secondary screening, and tertiary screening); shared Universal Referral Form as a suggestion for ways to move forward with data sharing consents.

### **Children’s Outcome Project (COP)**

#### *Background:*

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

#### *Progress in 2013/14:*

Presentations and work group sessions were focused on the Affordable Care Act and healthy system changes along with innovative community building efforts and evaluation frameworks that promote common data outcomes. A brief was completed “Integrating Data to Improve Children’s Health and Well-Being: Lessons in Improvisation from Children’s Outcomes Project (COP) Team”. The last COP meeting concluded in November 2013. A work group has continued to explore children’s prevention services and potential for Medicaid reimbursement. In addition, several members have developed an Early Childhood Learning and Innovation Network for Communities (EC-LINC) to ensure opportunities for shared learning. EC-LINC is dedicated to improve results for your children by accelerating the development of community-based integrated early childhood systems. The structure is designed to provide opportunities for collaboration between local leaders and early childhood national experts. Commission staff serves on the EC-LINC leadership team.

## **Collaborative Planning and Research Groups**

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

#### *Background:*

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

#### *Progress in 2013/14:*

In 2013, the Institute conducted a series of community research forums, which included the participation of Institute faculty and staff, Community Action Planning Group members, and representatives from the Alliance. During the forums, an Alliance member from California State University-Fullerton facilitated a group discussion to regarding an academic-community partnered approach for developing a community health research agenda. POMS team members have also attended Community Action Planning Group meetings.

### **Orange County Children's Partnership**

#### *Background:*

The Orange County Children's Partnership (formerly the Children's Services Coordination Committee) is a 22-member advisory body, made up of public agencies and representative community agencies established by the Board of Supervisors in 1982. The Partnership collectively focuses its efforts to achieve common goals related to improving the conditions of Orange County's children. The responsibilities of the Orange County Children's Partnership include sharing information on services for wards, dependents, and seriously emotionally and/or behaviorally disturbed children, identifying gaps in the service system for high-risk children and their families, and recommending collaborative programs to better serve this population. Since August 1993, the Partnership has sponsored the Annual Report on the Conditions of Children in Orange County.

#### *Progress in 2013/14:*

POMS team members continue to serve as a member of the Orange County Children's Partnership and participated in the Education Attainment subcommittee to discuss strategies and provide recommendations to the Partnership towards achieving its target of increased high school completion rates. A product of this partnership is the Conditions of Children Report. While serving on the Orange County Children's Partnership, POMS team members provided editorial feedback and review of the Conditions of Children Report. In addition, POMS team members were involved in the review of the current structure and content of the Conditions of Children Report and served as part of an Executive Committee involved in redesigning future of Conditions of Children Reports.

## **Orange County Community Health Planning Advisory Group Meeting**

### *Background:*

The focus of the Orange County Community Health Planning Advisory Group has been on assessing Orange County's public health system, identifying strengths, weaknesses, opportunities for improvements, and priorities for longer term improvement opportunities.

### *Progress in 2013/14:*

POMS team members served as a member of the Orange County Community Health Planning Advisory Group. Orange County Community Health Planning Advisory Group identified four priority topic areas: 1) Infant and Child Health, 2) Older Adult Health, 3) Obesity and Diabetes, and 4) Behavioral Health. In 2013, the Advisory Group was tasked to examine:

- How well connected and coordinated is the system?
- How responsive, accessible, and accountable is the system to the communities it serves?
- How well does the system seek to promote best practices through data, evaluation, and innovation?

As part of participation in the Orange County Community Health Planning Advisory Group, POMS Team members reviewed the Orange County Health Improvement Plan and served on the Infant and Child Health, Obesity and Diabetes, and Behavioral Health subcommittees reviewing indicators to measure these three areas in Orange County.

## **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. The First 5 Association is the convener of this effort. Orange County has been an active participant on the First 5 Evaluation Workgroup.

### *Progress in 2013/14:*

POMS team members participated in the First 5 Evaluation Committee and supported sister Commission's in implementing proposed changes to the Statewide annual report to the legislature. The POMS Team reviewed literature and provided recommendations for a Family Survey being created by the First 5 California Association Committee. The POMS Team was asked to identify existing surveys and/or questions for use in a common family intake questionnaire form.

## **Ongoing Countywide Indicator Reports**

### *Background:*

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

### *Progress in 2013/14:*

The POMS Team provided technical expertise to assist with the development of the *19<sup>th</sup> 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 children's vision; participated in planning community forums (five were held). The report was presented to the Commission in November 2013. In addition, POMS team members were involved in the review of the current structure and content of the Conditions of Children Report and served as part of an Orange County Children's Partnership Executive Committee involved in redesigning future of Conditions of Children Reports.

Additionally, the *Community Indicators Report* was developed and presented to the Commission in April 2013. POMS team members supported the development and review of this report.

## **Southern California Alliance for Learning and Results**

### *Background:*

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

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

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

### *Progress in 2013/14:*

The Southern California County First 5/Children and Families Commissions established a formalized relationship for managing, analyzing, and communicating the results and outcomes of Proposition 10 investments. The Commission's Executive Director is the current project Chair. A key project has been a scan of early intervention services and data in Southern California. The project is being implemented by Emily Putnam-Hornstein from the USC School of Social Work. The purpose of the project is to better understand home visiting services delivered across the Southern California region and the data collected by these programs. A secondary objective is the development of a methodological plan for the linkage of home visiting data to other data sources concerning children. The project will continue into FY14-15.

## **Statewide Screening Collaborative**

### *Background:*

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

### *Progress in 2013/14:*

POMS team members have continued to participate in the Statewide Screening Collaborative with a purpose to improve coordination among state agencies and programs involved in early developmental screening and referral. Key projects include developing a Help Me Grow (HMG)- California Business Plan to support the spread and scale of the Help Me Grow model in California. To date, seven counties

have become HMG affiliates and a learning community of 12 additional counties are in the process of adopting the HMG model. A HMG work group, Chaired by the Commission, developed recommendations for indicator data to be collected; the recommendations were adopted by National HMG. POMS also participated on the HEDIS / CHIPRA Measures work group to recommend performance measures for developmental / behavioral screening and linking to services.

## EVALUATION INFRASTRUCTURE FUNCTIONS

### Annual Review of Program Data Elements and Quality Assurance

#### *Background:*

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

- *Work plan services* are a commitment by grantees to carry out agreed upon activities and provide a specified amount of service. Monthly reports by the grantees are used to monitor contract performance and provide counts of services provided or people served, which are used in Commission reports.
- *Aggregate data* is the number of clients (children ages 0-5, family members, and service providers) served and the number of services provided by the grantees.
- *Client-level questionnaires* are used to gather child-specific information, if authorized by the child's parent or legal guardian. The information provides demographic information as well as data related to the Commission's Strategic Plan objectives. The questions are asked either one-time (if the response would not change over time) or once per fiscal year while the child is receiving funding from a Commission-funded program.

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

#### *Progress in 2013/14:*

The POMS Team reviewed all the client-level surveys that are collected on clients being intensely served by the grantees. There were minimal changes made to the client intake and exit questions. The POMS team reviewed the Service Outcomes Questions and made minor changes to the questionnaire. These changes were reviewed and approved by the County's Human Subjects Review Committee. The POMS team members worked with program leads, contract administration and administrative staff to ensure that 133 FY13-14 work plans were completed, reviewed, approved and entered into the Commission's Performance Management System.

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

Representatives from First 5 Commissions in Riverside, Santa Barbara, Ventura, and Los Angeles as well as the Children and Families Commission of Orange County met over the course of 2013-2014 to discuss the potential of a common data reporting system. The objectives of the proposed multi-county system are to achieve cost savings and efficiencies and to improve reporting of the outcomes achieved by the Southern California region. This working group determined essential data elements that would be common among the counties, system requirements that meet each county's basic functional requirements, and reporting features. The Commission, on behalf of the five-county collaborative, released a Request for Proposals (RFP) on November 1, 2013 seeking proposals for a software system for data collection and reporting. Six proposals were received by the November 18, 2013 submittal deadline. A review panel, consisting of representatives of the five-county collaborative, met and reviewed the proposals based on established criteria related to the proposal budget and cost, system functionality/system requirements, support functions, reasonableness of achievement by the July 1, 2014 implementation date and criteria related to the vendor such as experience and strong customer support.

## **Best Practices**

### *Background:*

The POMS team routinely monitors best and promising practices to ensure that Commission funded programs continue to implement the most responsive strategies.

### *Progress in 2013/14:*

Best and promising strategies reviewed included:

- The Survey of Well-being of Young Children (SWYC) and eSWYC – SWYC is a new evidence based developmental – behavioral screening instrument that includes autism symptoms and family risk factors, for children under 5 years of age. POMS team has participated on national workgroup calls to monitor development and information implementation strategies.

## **Data Reporting and Use**

### *Background:*

The Commission's Performance Management System provides real-time updates for contract management, invoicing, performance measurement and evaluation. Each grantee can use the Commission's Performance Management System as an internal reporting and analysis tool for ongoing administration and planning. The Commission's Performance Management System reports are used by the Commission's program leads to monitor grantee progress with providing Commission-funded services and to assure that grantees are compliant with their data requirements prior to receiving payment for services. POMS staff and grantees can create reports each monthly entry completed by the provider for their monthly service counts and their work plan services, a provider's progress toward its work plan target number, a summary analyses of the data entered in various client-level surveys, including client intake and exit surveys, and Service Outcome Questionnaires. In addition, ongoing user trainings and user groups provide an opportunity for grantees to learn about the Commission's Performance Management System, Commission reporting requirements and data collection and reporting strategies.

### *Progress in 2013/14:*

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

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

Work Plan Data: All work plan and aggregate data are reported under the Commission's Performance Management System 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 Commission's Performance Management System invoice module to submit monthly and quarterly invoices. The Program Leads used the Commission's Performance Management System reports to review grantee performance and identify data compliance issues.

The POMS team coordinated the Commission's Performance Management System user trainings and webinars. Twenty in-person Commission's Performance Management System trainings were conducted by POMS team members throughout the year. Five webinars on modifications to the Commission's Performance Management System and completing case level and aggregate data collection for FY12-13 were held with a total of 68 participants. Technical assistance was provided at initiative specific meetings, including Early Learning Specialist, School Readiness Nursing and Homelessness Prevention meetings.

## **Policies and Procedures**

### *Background:*

The Commission's Confidentiality and Data Sharing Protocol, which was initially developed in 2001, describes how client data that are collected and entered into the Commission's Performance Management System are protected. It provides guidance to grantees on their responsibilities in gathering, entering, using and sharing data. It also serves to protect the integrity of the grantee's confidential client-level data.

### *Progress in 2013/14:*

POMS activities were implemented in conjunction with the Commission's Policies and Procedures for the Performance Outcome Measurement System. There are three Commission Policies and Procedures for which the POMS team reviews annually: Outcome Collection, Evaluation and Reporting System Policy (No. 5.4); Performance Outcome Measurement System Evaluation Policy Guidelines (No. 5.5); and, Confidentiality and Data Sharing (No. 5.7). This year, minor revisions were made to the Confidentiality and Data Sharing Protocol. The revised protocol was reviewed by Commission counsel and approved by the County's Human Subjects Review Committee in April 2013.

**Performance Outcome Measurement System Work Plan  
July 1, 2014-June 30, 2015**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Milestone Dates</b>
<b>Commission-Wide Data</b>			
Annual Report to the State	➤ Comply with California Health and Safety Code Sections and 130150a to submit annual report to the State by November 1	<ul style="list-style-type: none"> <li>➤ Hold a public hearing in early 2015 after receiving the State's Annual Report</li> <li>➤ Compile data for FY13-14 Annual Report to the State</li> <li>➤ File Annual Report data for the Public Hearing at Commission meeting</li> </ul>	<ul style="list-style-type: none"> <li>➤ March 2015</li> <li>➤ August-September 2014</li> <li>➤ October 2014</li> </ul>
Accountability Reports	➤ Communicate evaluation results through public reports to address the progress in meeting program goals, objectives, measurement of outcomes, and how funds are spent	<ul style="list-style-type: none"> <li>➤ Review and recommend options for presenting Commission data</li> <li>➤ Provide data for Goal Area Performance Reports on Healthy Children, Strong Families, Early Learning, and Capacity Building</li> <li>➤ Prepare FY15-16 POMS Work Plan and Accountability Reports for Commission meeting</li> <li>➤ Prepare reports as recommended</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ November 2014</li> <li>➤ May 2015</li> <li>➤ Ongoing</li> </ul>
Early Development Index	➤ Develop community indicators to inform Commission planning and monitoring of progress in meeting the developmental needs of children	<ul style="list-style-type: none"> <li>➤ Expand the Early Development Index to additional Orange County school districts with the goal of 100% district and school participation by the end of FY14-15</li> <li>➤ Use the data for planning purposes</li> <li>➤ Explore use of internet or web-based platforms as a mechanism for sharing Early Development Index data</li> <li>➤ Begin to plan for a countywide conference to release comprehensive EDI data in August 2015*</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ July 2014</li> <li>➤ Ongoing</li> </ul>
Measurement of Outcomes	➤ Measure client outcomes related to Commission program investments	<ul style="list-style-type: none"> <li>➤ Revise Service Outcome Questions for FY14-15, if needed, and coordinate changes with Persimmony, Bridges Connect and HMIS</li> <li>➤ Analyze client intake and Service Outcome Question data for changes over time</li> <li>➤</li> </ul>	<ul style="list-style-type: none"> <li>➤ April 2014</li> <li>➤ July-August 2014</li> </ul>
<b>Initiative-Specific Evaluations</b>			
Bridges Maternal Child Health Network	➤ Develop evaluation approach to guide learning and design improvements for sustainability	➤ Ensure project management process is in place to assume NetChemistry and Bridges data management responsibilities	➤ July 2014
Capacity Building Grants	➤ Evaluate whether investments result in sustainable and impactful increases in services for children 0-5	➤ Implement evaluation of capacity building grants (\$110,000 set aside for evaluation in November 2012)	➤ September 2014

\*Reflects Children and Families Commission of Orange County Business Plan Strategic Initiatives for Fiscal Year 2014-15

**Performance Outcome Measurement System Work Plan  
July 1, 2014-June 30, 2015**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Milestone Dates</b>
Catalytic Funding	➤ Develop evaluation approach to guide learning and design improvements for sustainability	➤ Implement evaluation process to manage accountability of the catalytic funding investments to ensure ability to communicate results and impact	➤ July 2014
Health Access	➤ Development evaluation approach to guide learning in furtherance of the Commission's Strategic Plan	➤ Conduct mid-year and year end analysis of changes in enrollment in public health insurance systems for children in Orange County	➤ January 2015, June 2015
Learning Link	➤ Develop evaluation approach to guide learning and design improvements for sustainability	➤ Document Learning Link strategies and models to assist in determining effectiveness and to share potential promising practices ➤ Present report to Commission	➤ September 2014-April 2015 ➤ April 2015
Science, Technology, Engineering and Mathematics (STEM)	➤ Develop evaluation approach to guide learning and design improvements for sustainability	➤ Develop a Policy Brief on STEM reflecting the current needs of early STEM education, implementation of evidence-based practices and impact on Commission investments*	➤ By June 2015
Vision Services	➤ Develop evaluation approach to guide vision program design, activities, improvements and sustainability	➤ Support the Galvin Eye Institute on the development of evaluation methodology for vision services	➤ Ongoing
<b>Program-Specific Evaluations</b>			
California Comprehensive Approaches to Raising Educational Standards (CARES Plus)	➤ Measure program outcomes related to Commission program investments	➤ Implement First 5 California funded project evaluation consistent with grant ➤ Develop and distribute reports to document successes and challenges of implementing CARES Plus in Orange County	➤ Ongoing ➤ July 2014
Child Signature Programs	➤ Measure program outcomes related to Commission program investments	➤ Implement First 5 California funded project evaluation consistent with grant ➤ Develop and distribute reports to document successes and challenges of implementing Child Signature Programs in Orange County	➤ Ongoing ➤ July 2014
Internal Evaluation Consultant to Commission Initiatives	➤ Provide technical assistance to ensure investments result in sustainable and impactful increases in services for children	➤ Provide evaluation consultation and support, as needed	➤ Ongoing
Longitudinal Program Study	➤ Determine the impact of the MIND Research Institute's ST Math Early Learning Program on third grade	➤ Coordinate with the MIND Research Institute to develop a longitudinal study to track the test scores of children from pre-kindergarten through third-grade to determine if their proficiency	➤ Annual study updates ➤ Final Report December 2020

\*Reflects Children and Families Commission of Orange County Business Plan Strategic Initiatives for Fiscal Year 2014-15

**Performance Outcome Measurement System Work Plan  
July 1, 2014-June 30, 2015**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Milestone Dates</b>
	reading scores	scores are level or higher than the county average, and how their test scores compare to their peers that were not exposed to the early Math program.	
Special Reports/Projects	<ul style="list-style-type: none"> <li>➤ Communicate evaluation results through public reports to address the progress in meeting program goals, objectives, measurement of outcomes, and how funds are spent</li> </ul>	<ul style="list-style-type: none"> <li>➤ Prepare special reports as indicated in implementing the Commission's Business Plan Strategic Initiatives*</li> <li>➤ Update Commission-funded workforce data report for FY14-15</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ September 2014</li> </ul>
<b>External Evaluation Efforts</b>			
EC-Link	<ul style="list-style-type: none"> <li>➤ Leverage partnerships for planning, policy development and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>➤ Participate in the leadership team for the national Early Childhood Learning and Innovation Network for Communities (EC-LINK) in partnership with the Center for the Study of Social Policy and other national early childhood experts. EC-LINK is dedicated to improving results for young children by accelerating the development of community-based integrated early childhood systems including: tackling shared challenges, building and disseminating knowledge of strategies used, and developing opportunities for local leaders and state and federal policy makers to work together to accelerate deployment of strategies.*</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> </ul>
Collaborative Planning and Data Groups	<ul style="list-style-type: none"> <li>➤ Leverage partnerships for planning, policy development and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>➤ Participate in and contribute collaborative planning and/or community data groups (Public Health Accreditation, Funders Roundtable, Health Funders Partnership, ICTS, Trauma Informed Practices Subcommittee)</li> <li>➤ Engage in one collaboration per year with an academic partner*</li> <li>➤ Develop evaluation components for grant applications (as needed) and to promote programs for funding, education and building partnerships*</li> <li>➤ Develop data for use to inform state and national funding, policies and sustainability strategies for children's early intervention services through partnerships with school districts, foundations, elected officials, non-profit agencies and other public agencies*</li> <li>➤ Implement and manage the evaluation component of the Social Innovation Fund, if funded</li> <li>➤ Respond to data need requests to assist in the development of a</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ Beginning July 2014</li> <li>➤ October 2014</li> <li>➤ Ongoing</li> </ul>

\*Reflects Children and Families Commission of Orange County Business Plan Strategic Initiatives for Fiscal Year 2014-15

**Performance Outcome Measurement System Work Plan  
July 1, 2014-June 30, 2015**

<b>Project</b>	<b>Statutory and Evaluation Requirements</b>	<b>Planned Activities</b>	<b>Milestone Dates</b>
		Orange County Children's policy agenda to inform funding, policies and sustainability strategies*	
Link with Statewide Evaluation	➤ Leverage partnerships for planning, policy development and sustainability	<ul style="list-style-type: none"> <li>➤ Participate in statewide Evaluation Workgroup(s)</li> <li>➤ Explore evaluation of systems/capacity building strategies</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> </ul>
Ongoing Community Indicator Reports	➤ Develop community indicators to inform Commission planning and monitoring of progress in meeting the needs of children	<ul style="list-style-type: none"> <li>➤ Contribute to the production of various community indicator reports including exploring new data sources</li> <li>➤ Provide feedback and leadership regarding implementing revisions to the format and content of the Conditions of Children's Report</li> <li>➤ Participate in Community Forums for the release of the reports</li> <li>➤ Seek matching funds and/or partners for Community Indicators Report and Conditions of Children Report</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ Fall 2014</li> <li>➤ Ongoing</li> </ul>
Southern California Alliance for Learning and Results (SCALAR)	➤ Communicate evaluation results through public reports to address the progress in meeting program goals, objectives, and outcomes	<ul style="list-style-type: none"> <li>➤ Commission ED serves as Chair of SCALAR and will coordinate regional evaluation efforts with local commissions</li> <li>➤ Provide on-site and on-call assistance to SCALAR commissions</li> <li>➤ Continue to enhance leadership in evaluation within the First 5 community*</li> <li>➤ Implement a scan of early intervention services and data in Southern California to better understand home visiting services delivered across the Southern California region, the data collected by these programs, and the potential to link the data to other data sources concerning children.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ Ongoing</li> </ul>
Statewide Screening Collaborative	➤ Leverage partnerships for planning, policy development and sustainability	➤ Participate in the Statewide Screening Collaborative and Help Me Grow-CA for further planning and evaluation efforts including dissemination of the Help Me Grown best practice model*	➤ Ongoing
<b>Evaluation Infrastructure Functions</b>			
Annual Review of Program Data Elements and Quality Assurance	➤ Review evaluation and data collection to assure the data are necessary for the performance of Commission functions	<ul style="list-style-type: none"> <li>➤ Monitor data and work with grantees to improve and maintain accurate data collection and entry into Persimmony to ensure grantees are compliant with Commission policies for caseload data collection and reporting*</li> <li>➤ Participate in Southern California counties Persimmony workgroup</li> <li>➤ Review data that are collected to see if any modifications or enhancements are needed and to assure that the data continue to</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing</li> <li>➤ Ongoing</li> <li>➤ March 2015</li> </ul>

\*Reflects Children and Families Commission of Orange County Business Plan Strategic Initiatives for Fiscal Year 2014-15

**Performance Outcome Measurement System Work Plan  
July 1, 2014-June 30, 2015**

Project	Statutory and Evaluation Requirements	Planned Activities	Milestone Dates
		give the Commission valuable information with minimum data collection burden ➤ Review and approve FY15-16 work plans and enter work plan data into Persimmony ➤ Develop and implement mechanisms to assist Commission to recognize and incentive continued progress for data compliant grantees who demonstrate measurable improvement in outcomes for young children*	➤ March-June 2015 ➤ Ongoing
Best Practices	➤ Identify best and promising practices that have been developed or implemented which support the Commission's strategic plan	➤ Create or co-sponsor convenings or conferences with community, program, evaluation and policy leaders to dialogue about evaluation methodologies, findings, and implications related to best practices being implemented by Commission-funded programs in Orange County*	➤ Quarterly
Data Reporting and Use	➤ Provide technical assistance to grantees to ensure investments result in sustainable and impactful increases in services for children	➤ Provide Persimmony user trainings, as needed ➤ Utilize Persimmony and implement improvements to the system as needed ➤ Use Persimmony for contract oversight for the Program Leads, Contracts Administrators, and Risk Management	➤ Ongoing ➤ Ongoing ➤ Ongoing
Policies and Procedures	➤ Review policies and procedures to ensure activities are aligned and compliant with the evaluation framework and reporting requirements	➤ Review Commission Policies and Procedures related to evaluation to ensure they are current ➤ Conduct annual review of Confidentiality and Data Sharing Protocol and submit for approval by the Human Subjects Review Committee	➤ March 2015 ➤ March-April 2015

\*Reflects Children and Families Commission of Orange County Business Plan Strategic Initiatives for Fiscal Year 2014-15

**CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY**

**RESOLUTION NO. \_\_\_-14-C&FC**

**May 7, 2014**

**A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE THE FINAL FORM OF AGREEMENT FCI-SSA-16 WITH THE COUNTY OF ORANGE SOCIAL SERVICES AGENCY FOR COMMISSION CONTRIBUTION OF \$50,000 TOWARD THE DEVELOPMENT OF THE 21ST AND 22ND CONDITIONS OF CHILDREN REPORTS; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENT ON BEHALF OF THE COMMISSION**

**WHEREAS**, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the “Act”) implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County (“Commission”); and

**WHEREAS**, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County’s children prenatal to five years of age as codified in the Act; and

**WHEREAS**, the Executive Director and Commission Counsel have prepared a standard Master Agreement for Services (“Master Agreement”), which was approved by the Commission; and

**WHEREAS**, the Commission desires to authorize the Executive Director or designee and Commission Counsel to prepare and negotiate Agreement FCI-SSA-16 with the County of Orange Social Services Agency for Commission contribution of \$25,000 annually toward the development of the 21st and 22nd Conditions of Children Reports, for a total amount not to exceed \$50,000 for the period July 1, 2015 through June 30, 2017, as identified in the staff report for the May 7, 2014 Commission meeting; and

**WHEREAS**, Commission has reviewed the staff report for the May 7, 2014 Commission meeting relating to the scopes of services to be provided and hereby finds and determines that the proposed Agreement is in furtherance of and consistent with the Commission’s Strategic Plan; and

**WHEREAS**, Commission desires to authorize the Commission Chair and Commission Clerk to execute Agreement FCI-SSA-16 with the County of Orange Social Services Agency for Commission contribution of \$25,000 annually toward the development of the 21st and 22nd Conditions of Children Reports, for a total amount not to exceed \$50,000 for the period July 1, 2015 through June 30, 2017, as specified in the May 7, 2014 staff report for this Agenda Item; and

**NOW, THEREFORE BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:**

**Section 1** Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

**Section 2** Commission authorizes the Executive Director, or designee, and Commission Counsel to prepare and negotiate the terms, conditions and final form of Agreement FCI-SSA-16 with the County of Orange Social Services Agency for Commission contribution of \$25,000 annually toward the development of the 21st and 22nd Conditions of Children Reports, for a total amount not to exceed \$50,000 for the period July 1, 2015 through June 30, 2017, consistent with the May 7, 2014 staff report and scope of services referenced therein.

**Section 3** The form of Agreement FCI-SSA-16 with the County of Orange Social Services Agency shall be substantially similar to the form of the standard Master Agreement, subject to minor, non-substantive revisions as reviewed and approved by the Executive Director or designee and Commission Counsel. The approval by the Executive Director or designee of the Agreement shall be conclusively evidenced by the execution of such Agreement by the Commission Chair and delivery thereof to the Commission Clerk.

**Section 4** Commission hereby approves Agreement FCI-SSA-16 with the County of Orange Social Services Agency for Commission contribution of \$25,000 annually toward the development of the 21st and 22nd Conditions of Children Reports, for a total amount not to exceed \$50,000 for the period July 1, 2015 through June 30, 2017, as specified in the May 7, 2014 staff report for this Agenda Item.

**Section 5** The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Agreement on behalf of the Commission.

**Section 6** A copy of the final Agreement when executed by the Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. Each final executed Agreement shall be placed on file in the office of the Clerk of the Commission.

**Section 7** In addition to the authorization of Section 2 above, the Executive Director, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement(s), (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s), and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

**Section 8** The Clerk of the Commission shall certify to the adoption of this Resolution.



**EXHIBIT A TO RESOLUTION OF COMMISSION**

(Attach copy of final executed Agreement FCI-SSA-16 with the County of Orange  
Social Services Agency)

**CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY**

**RESOLUTION NO. \_\_\_-14-C&FC**

**May 7, 2014**

**A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE THE FINAL FORM OF AGREEMENT PS-122 WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (UNIVERSITY OF CALIFORNIA, LOS ANGELES, CENTER FOR HEALTHIER CHILDREN, FAMILIES AND COMMUNITIES) IN AN AMOUNT NOT TO EXCEED \$270,000 FOR THE PERIOD JANUARY 1, 2015 THROUGH DECEMBER 31, 2017 FOR COUNTY-WIDE IMPLEMENTATION OF THE EARLY DEVELOPMENTAL INDEX; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENT ON BEHALF OF THE COMMISSION**

**WHEREAS**, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the “Act”) implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County (“Commission”); and

**WHEREAS**, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County’s children prenatal to five years of age as codified in the Act; and

**WHEREAS**, the Executive Director and Commission Counsel have prepared a standard Master Agreement for Services (“Master Agreement”), which was approved by the Commission; and

**WHEREAS**, the Commission desires to authorize the Executive Director or designee and Commission Counsel to prepare and negotiate Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities) in an amount not to exceed \$270,000 for the period January 1, 2015 through December 31, 2017 for county-wide implementation of the Early Developmental Index, as identified in the staff report for the May 7, 2014 Commission meeting; and

**WHEREAS**, Commission has reviewed the staff report for the May 7, 2014 Commission meeting relating to the scopes of services to be provided and hereby finds and determines that the proposed Agreement is in furtherance of and consistent with the Commission’s Strategic Plan; and

**WHEREAS**, Commission desires to authorize the Commission Chair and Commission Clerk to execute Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities) in an amount not to exceed \$270,000 for the period January 1, 2015 through December 31, 2017 for county-wide

implementation of the Early Developmental Index, as specified in the May 7, 2014 staff report for this Agenda Item; and

**NOW, THEREFORE BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:**

**Section 1** Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

**Section 2** Commission authorizes the Executive Director, or designee, and Commission Counsel to prepare and negotiate the terms, conditions and final form of Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities) in an amount not to exceed \$270,000 for the period January 1, 2015 through December 31, 2017 for county-wide implementation of the Early Developmental Index, consistent with the May 7, 2014 staff report and scope of services referenced therein.

**Section 3** The form of Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities) shall be substantially similar to the form of the standard Master Agreement, subject to minor, non-substantive revisions as reviewed and approved by the Executive Director or designee and Commission Counsel. The approval by the Executive Director or designee of the Agreement shall be conclusively evidenced by the execution of such Agreement by the Commission Chair and delivery thereof to the Commission Clerk.

**Section 4** Commission hereby approves Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities) in an amount not to exceed \$270,000 for the period January 1, 2015 through December 31, 2017 for county-wide implementation of the Early Developmental Index, as specified in the May 7, 2014 staff report for this Agenda Item.

**Section 5** The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Agreement on behalf of the Commission.

**Section 6** A copy of the final Agreement when executed by the Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. Each final executed Agreement shall be placed on file in the office of the Clerk of the Commission.

**Section 7** In addition to the authorization of Section 2 above, the Executive Director, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement(s), (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s), and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

**Section 8** The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on May 7, 2014 to wit:

AYES           Commissioners: \_\_\_\_\_

NOES:           Commissioner(s): \_\_\_\_\_

EXCUSED:      Commissioner(s): \_\_\_\_\_

ABSTAINED:   Commissioner(s) \_\_\_\_\_

\_\_\_\_\_  
CHAIR

STATE OF CALIFORNIA    )  
  )  
COUNTY OF ORANGE     )

I, SUSAN NOVAK, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

**IN WITNESS WHEREOF**, I have hereto set my hand and seal.

\_\_\_\_\_  
SUSAN NOVAK  
Clerk of the Commission, Children and Families Commission of  
Orange County, County of Orange, State of California

Resolution No: \_\_-14-C&FC

Agenda Date: May 7, 2014

Item No. \_\_



I certify that the foregoing is a true and correct copy of the Resolution adopted by the

SUSAN NOVAK, Clerk of the Commission

By: \_\_\_\_\_  
Deputy

**EXHIBIT A TO RESOLUTION OF COMMISSION**

(Attach copy of final executed Agreement PS-122 with the Regents of the University of California (University of California, Los Angeles, Center for Healthier Children, Families and Communities))

### Catalytic Investments Evaluation<sup>1</sup>

	Evaluation Level	Evaluation Questions Addressed	Evaluation Methods
	<b>Activity/ Intervention</b>		
	<b>Dosage:</b> - # of organizations participating - Activities funded	- How many programs received catalytic funding - How has the funding been used?	- Counting, documenting and describing programs
	<b>Short-term Outcomes</b>		
	<b>Capacity Change</b> - Organization finances	- Are programs on track to achieve their projected cost savings? - What has been the increased capacity of the organization to sustain and/or expand services to children 0-5?	- Accountability Report
	<b>Affective Change</b> - Shift in attitude	- To what extent are programs improving their ability to provide services?	-Provider Survey -Commission Data Collection System
	<b>Long Term Outcomes</b>		
	<b>Organizational</b>	- How did overall organizational capabilities improve are a result of the Catalytic investments? - How are programs more fiscally sustainable as a result of Catalytic investments?	- Accountability Report -Provider Survey
	<b>Programmatic</b>	- In what ways (directly and/or indirectly) did overall program improve as a result of Catalytic investments? - How has there been programmatic buy-in for the need for services beyond the Commission funding?	- Accountability Report -Provider Survey -Commission Data Collection System
	<b>Community</b>	- How have services improved on the whole, in a given community? - Are children and families better served as a result of the Catalytic investments? - What impact have these investments had on the community?	- Accountability Report -Provider Survey -Commission Data Collection System

The short-term outcomes would include an evaluation of the change in capacity or the organization to deliver services to children, not just from a fiscal perspective but also from a leadership perspective.

<sup>1</sup> Adapted from *Building to Last: A Funder's Guide to Capacity Building*, developed by Paul Connolly and Peter York of The Conservation Company in 2002.

Revised Term Sheet for EDI implementation  
 District Participation in EDI  
 3-Year Teacher Costs  
 FY 2014/15 – 2016/17

Contract Number	District Name	3 Year Teacher Cost Estimates
FCI-SD2-01	Anaheim City	\$26,244
FCI-SD2-02	Brea-Olinda Unified	\$4,136
FCI-SD2-03	Buena Park Elementary	\$7,583
FCI-SD2-04	Capistrano Unified	\$40,613
FCI-SD2-05	Centralia Elementary	\$8,101
FCI-SD2-06	Cypress Elementary	\$7,936
FCI-SD2-07	Fountain Valley Elementary	\$7,071
FCI-SD2-08	Fullerton Elementary	\$31,685
FCI-SD2-09	Garden Grove Unified	\$60,663
FCI-SD2-10	Huntington Beach City Elementary	\$10,732
FCI-SD2-11	Irvine Unified	\$27,145
FCI-SD2-12	Laguna Beach Unified	\$1,646
FCI-SD2-13	La Habra City Elementary / Lowell Joint	\$4,162
FCI-SD2-14	Los Alamitos Unified	\$9,956
FCI-SD2-16	Magnolia Elementary	\$11,584
FCI-SD2-17	Newport-Mesa Unified	\$21,763
FCI-SD2-18	Ocean View	\$8,421
FCI-SD2-19	Orange Unified	\$34,869
FCI-SD2-20	Placentia-Yorba Linda Unified	\$17,234
FCI-SD2-21	Saddleback Valley Unified	\$28,881
FCI-SD2-22	Santa Ana Unified	\$76,390
FCI-SD2-23	Savanna Elementary	\$6,342
FCI-SD2-24	Tustin Unified	\$18,772
FCI-SD2-25	Westminster Elementary	\$17,071
<b>Total</b>		<b>\$489,000</b>