

Performance Outcomes Measurement System Special Report

Review of Service Outcomes for Children Receiving Services Funded by the Children and Families Commission of Orange County

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June 1, 2005

Executive Summary

This report presents the first complete review of data collected by grantees to measure the outcomes they observe as a result of Commission-funded services. To collect the data, grantees complete a short questionnaire after they have provided a service to a child and/or family. Among the more interesting findings are the following:

- 98% of children who received assistance with health insurance enrollment were insured at the end of service (pp. 5 and 7)
- 99% of caregivers agree that it is important to take their child to the doctor even when he/she is not sick (pp. 5 and 7)
- 86% of children had received all age-appropriate immunizations at the end of service, compared to 80% at the beginning of service (pp. 8-9)
- 63% of children receiving treatment for dental caries were referred by a preschool or other program, only 6% were referred by a pediatrician or another dentist (pp. 9-12)
- Only 27% of children receiving dental care had no caries at their first visit, compared to 65% with no caries at the end of service (pp. 9-12)
- Although 14% of parents believe their child may have a medical or developmental condition that will affect his/her performance in school, 20% of children screened for developmental impairments were referred for further assessment (pp. 12-14)
- In 600 cases where the program had an opportunity to conduct follow-up, only 58% of caregivers were known to have taken the child to the pediatric specialist to whom they had been referred for potential development impairments (pp. 12-14)
- Among children referred for a behavioral problem, 81% of 130 caregivers were known to have taken the child to the recommended specialist or program. Counseling or education services were believed to have helped 98% of the families whose children had potential behavioral problems (pp. 13-16)
- 64% of caregivers receiving services to reduce risk of child abuse acknowledged the need for the service/intervention (pp. 16-17)
- 66% of parents who received parenting education continued to use those skills 6 months later (pp. 16 and 18-19)
- 85% of preschool children showed major or moderate improvement as a result of participation in an early care and education program (pp. 22-24)

Introduction and Purpose of the Report

Since November 2003, the Performance Outcomes Measurement System (POMS) Team has provided the Commission with quarterly reports describing the status of children and families receiving Commission-funded services. At about the same time, grantees began collecting data on the results of the services they were providing with Commission funding. Although some of the quarterly reports have included preliminary analyses of some of the outcomes data, this report contains the first complete review of the service outcomes data collected by Commission grantees. This information is presented to inform the Commission and other interested stakeholders about the results obtained by Commission-funded programs. It also is being used to guide the POMS Team as they improve the data collection process and redesign the service outcomes questions.

Definition of Service Outcomes. Service outcome questions are answered about a child or family when they have completed a service provided by a Commission-funded program. Each Service Outcome Questionnaire of 3-7 questions corresponds directly to an objective in the Commission's Strategic Plan and typically asks about the services provided to the child/family and whether the services helped the child/family. Currently there are 21 Service Outcome Questionnaires on which grantees began collecting data in late 2003. The questionnaires to be completed by a grantee are determined by which Strategic Plan objectives their project is tied to in their work plan and by which services the child and/or family received. (The questionnaires are supplied in the appendix of this report.)

Not all Strategic Plan objectives have Service Outcome Questionnaires. Some objectives are directed toward systems change or services that are not provided directly to children and families (e.g., training providers). In addition, questionnaires were developed only for those objectives that had grantees tied to them through the work plans. Table 1 summarizes the available data and shows that three goal areas of the strategic plan are covered by the Service Outcome Questionnaires: Healthy Children, Strong Families and Children Ready to Learn.

As the table suggests, the section of the strategic plan devoted to Healthy Children had fifteen separate Service Outcome Questionnaires (numbered in brackets on the table), while Strong Families and Children Ready to Learn had two and four, respectively. The table also shows each of the objectives for which Service Outcome Questionnaires were designed and the number of completed questionnaires available for analysis as of March 31, 2005. Objectives that are shaded were judged to have insufficient data for analysis at this time – only those questionnaires with 100 or more responses were analyzed for this report.

Variation in the amount of available data for each questionnaire can be attributed for the most part to variation in the types of services offered by Commission grantees. Some objectives are adopted by a large number of grantees, e.g., health insurance enrollment, connection to a medical home, developmental screening, immunizations, which therefore generates a large amount of data. In contrast, other objectives, due to their specialized nature, are adopted by only a few grantees and may require services that are more intensive and limited to a few clients (e.g., reduction in child abuse reports), yielding less data.

Table 1. Summary of Available Service Outcome Data

| <i>Strategic Plan Section</i> | <i>Strategic Plan Objective</i> | <i>Number of Responses</i> |
|--------------------------------------|---|-----------------------------------|
| Healthy Children | [1] Increase to 90% the percentage of mothers receiving early prenatal care | 218 |
| | [2] Increase abstinence from alcohol by pregnant women | 11 |
| | [3] Eliminate use of illicit drugs by pregnant women | 42 |
| | [4] Increase proportion of primary care providers who screen for impairments of vision, hearing, speech, other developmental milestones, etc. | 3443 |
| | [5] Increase to 75% the proportion of providers who assess for cognitive, emotional, etc. | 663 |
| | [6] Increase age appropriate immunizations to 95% | 1440 |
| | [7] Increase health insurance coverage to 100% | 4000 |
| | [8] Increase the proportion of children \leq 18 months who receive well child visits | 1448 |
| | [9] Increase to 95% the proportion of children with a health care home | 2679 |
| | [10] Reduce dental caries . . . such that no more than 35% have one or more caries | 398 |
| | [11] Reduce to no more than 20% children regularly exposed to tobacco smoke | -- |
| | [12] Reduce # of children who are exposed to AOD in homes and communities | 24 |
| | [13] Decrease number of domestic violence reports that involve young children | 90 |
| | [14] Decrease number of child abuse reports that involve young children | 226 |
| | [15] Decrease number of children removed from homes due to maltreatment | 64 |
| Strong Families | [1] Increase number of parents with good skills who continue to use them | 1839 |
| | [2] Increase community awareness of services and satisfaction with them | 1543 |
| Children Ready to Learn | [1] Increase proportion of ECE providers trained to assess and refer for developmental delays, psychosocial issues, or special needs | 836 |
| | [2] Increase the number of slots available for children with special needs | 10 |
| | [3] Reduce the number of eligible families on waiting list for subsidized care | -- |
| | [4] Increase school readiness for kindergarten . . . | 863 |

For each questionnaire, groups of grantees that provided data are identified by the Commission funding categories to which they belong. The list of funding categories used in this report is provided below, followed by the abbreviation used for each.

| Funding Category | Funding Sub-Category | Abbreviation |
|--------------------------------------|---|---------------------|
| Commission Directed Initiative (CDI) | Bridges Providers (excluding Bridges Hospitals) | Bridges |
| CDI | Clinics | Clinics |
| CDI | Project Connections | Project Connections |
| Program Grant | Injury Prevention | Inj Prev |
| Program Grant | Comprehensive Medical Services / Health Access | Comp Med |
| Program Grant | At Risk Children / Family Counseling / Parent Education | At Risk Child |
| Program Grant | Early Care & Education / School Readiness | ECE/SR |

In addition to the analysis of service outcome data, all service outcome records were linked to the initial questionnaires completed about the same children at the beginning of services so that, when possible and logical, the initial interview provides baseline information about the same clients whose service outcomes were analyzed. Many of the statistical tables that follow include baseline information, which is labeled “CDOM baseline.”

The report proceeds by focusing on one goal area of the strategic plan at a time and within that section, on each of its objectives in turn. The discussion begins with the goal area of Healthy Children.

Healthy Children

There were nine objectives in this section of the strategic plan having sufficient service outcome data for a meaningful analysis. This section of the report addresses findings from each of those objectives’ questionnaires.

Early Prenatal Care. The objective for this area was to

- *Increase to at least 90% the proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy, and whose care is adequate.*

The questionnaire that addressed outcomes for this objective contained a series of seven questions. Responses to these questions were provided by grantees serving mothers through the Commission’s Comprehensive Medical Services/Health Access funding category. The results for all but one of the questions (mothers or program personnel were unable to respond to the question regarding the number of prenatal visits) are summarized in Table 2. The table shows that most of these mothers completed an initial interview where it was observed that 80% received prenatal care in the first trimester. For the group of mothers on whom this service outcome questionnaire is focused, this percentage is lower than what is observed across all Commission-funded programs or countywide.¹ The gap between these programs and others

¹ Eighty-nine percent countywide in 2002 per *The 10th Annual Report on the Conditions of Children* and 92% per Bridges (Commission-funded program) data as of March 2005

suggests that this set of service outcomes is focused on a high risk group of mothers, even though, as the data in Table 2 indicate, most understood the need for early prenatal care.

Other signs of the high-risk nature of this group include the observations that only 76% are very likely to seek early prenatal care with the next pregnancy, only 73% had coverage, and 10% had some level of complications with the pregnancy or birth.

Health Coverage and Medical Home. The objectives for these areas are

- *Increase to 100% the number of children with health coverage, and*
- *Increase to 95% the proportion of children who have a health care home.*

The data for these two objectives are summarized in Table 3. The table shows that these objectives are addressed across the full spectrum of funding categories.

At their CDOM baseline interview, 94% of children had coverage and 97% had a medical home. But, as the table illustrates, coverage rose to 98% after contact with the program as did the number of children with a medical home (98%). Additionally, after contact with the Commission-funded program, 99% of parents or caregivers agreed that it was important to take their children to the doctor when “not sick” and for 95% of the children, program staff reported that the program was instrumental in helping the parent secure a medical home for the child.

Well Child Care and Immunizations. Table 4 summarizes the data for the questionnaires related to both Well Child Care and Immunizations. The strategic plan objective related to Well Child Care is worded as follows:

- *Increase the proportion of children 18 months of age or younger who receive well child visits.*

As Table 4 suggests, the largest funding category employed to meet this objective is that for the CDI—Clinics category, but Early Childhood Education/School Readiness and the At-Risk Children/Family Counseling/Parent Education categories are also tied to this objective. As can be seen in the table, the service outcome data show that nearly all the parents agreed after service that it is important for a child to be seen by a doctor even if he or she is not sick. Of course, many families responding to this question have already taken their child for a well child checkup at a clinic, so they are probably predisposed to answer affirmatively. Moreover, 97% of the agencies involved in meeting the objective reported that they had educated parents about the importance of well child visits, further contributing to the positive response from the families. Additionally 95% of children in this group had completed all recommended visits. Less than 1% had yet to be seen by a doctor.

| Table 2. Healthy Children: Early Prenatal Care | | | | |
|--|---|---------------------------|--------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [1] Increase the percentage of mothers receiving early prenatal care (N=218) | Funding Categories for this objective | Comp Med At-Risk Child | 130 88 | 60 40 |
| | CDOM Baseline—When did this mother commence her prenatal care? | No prenatal care | 1 | <1 |
| | | 1 st trimester | 159 | 80 |
| | | 2 nd trimester | 31 | 16 |
| | | 3 rd trimester | 8 | 4 |
| | When this mother first entered your program, did she understand the need for early and regular prenatal care? | Yes | 110 | 87 |
| | | No | 17 | 13 |
| | Did your program educate this mother about the difference between early and regular prenatal care and seeing the doctor only when sick? | Yes | 173 | 80 |
| | | No | 42 | 20 |
| | How likely is this mother to seek early prenatal care with her next pregnancy? | Very | 159 | 76 |
| Somewhat | | 32 | 16 | |
| Not at all | | -- | -- | |
| No pregnancies planned | | 17 | 8 | |
| Did your program help this mother obtain health coverage? | Yes, provided asst. | 15 | 7 | |
| | Yes, referred | 16 | 7 | |
| | No, already covered | 157 | 73 | |
| | No | 29 | 13 | |
| Did your program follow up with this mother to see if she utilized the coverage for prenatal care? | Yes | 56 | 28 | |
| | No | 15 | 7 | |
| | Not app to our program | 130 | 65 | |
| Did this mother experience a routine pregnancy (uncomplicated, one baby)? | Yes | 109 | 90 | |
| | No | 12 | 10 | |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

| Table 3. Healthy Children: Coverage and Medical Home | | | | | |
|--|---|--|--|--|----|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> | |
| [7] Increase coverage to 100% (N=4000) | Funding Categories for this objective | Comp Med | 776 | 20 | |
| | | At-Risk Child | 413 | 10 | |
| | | ECE/SR | 325 | 8 | |
| | | Clinics | 1482 | 37 | |
| | | Project Connections | 677 | 17 | |
| | Bridges Providers | 327 | 8 | | |
| | CDOM Baseline—Does this child currently have any form of insurance? | Insurance of any kind | 3515 | 94 | |
| | | Uninsured | 240 | 6 | |
| | Did anyone from this program complete an insurance application for this child? | Yes | 670 | 17 | |
| | | No | 611 | 15 | |
| | | Already Covered | 2664 | 68 | |
| | Is this child now enrolled? | Yes | 3696 | 98 | |
| | | No | 83 | 2 | |
| [9] Increase percentage of children with medical home to 95% (N=2679) | Funding Categories for this objective ¹ | Comp Med | 31 | 1 | |
| | | At-Risk Child | 227 | 8 | |
| | | Clinics | 1515 | 57 | |
| | | Project Connections | 571 | 21 | |
| | | Bridges Providers | 335 | 13 | |
| | | CDOM Baseline—Does this child receive medical care from the same doctor or clinic? | Regular care | 1399 | 97 |
| | | | No regular care | 40 | 3 |
| | | It is important to take my child to the doctor or clinic even when not sick. | Agree | 2419 | 99 |
| | | Disagree | 13 | 1 | |
| | My child goes to the same doctor or clinic every time. | Yes | 2378 | 98 | |
| | | No | 53 | 2 | |
| | Single most important reason for no medical home | No health coverage | Most frequent response chosen ² | | |
| | Did the Program provide instruction to this parent about the importance of preventive health care for children? | Yes | 2418 | 98 | |
| | | No | 58 | 2 | |
| | In your professional opinion, was your program instrumental in helping this parent secure a medical home for child? | Yes | 2312 | 95 | |
| | | No | 124 | 5 | |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

² Because most children had a medical home and this question was only answered about those *without* a medical home, there were too few responses to reliably report percentages. The second most frequently chosen response was transportation.

| Table 4. Healthy Children: Well Child Care and Immunizations | | | | |
|---|---|---|--|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [8] Increase the proportion of children 18 months old or younger who receive well child visits ² (N=1448) | Funding Categories for this objective | Comp Med | 3 | <1 |
| | | At-Risk Child | 78 | 5 |
| | | ECE/SR | 135 | 9 |
| | | Clinics | 1232 | 85 |
| [6] Increase age appropriate immunizations to 95% (N=1440) | It is important for a baby to be seen by a doctor even if he/she is not sick. | Agree | 1441 | 100 |
| | | Disagree | 3 | <1 |
| | | Did anybody here explain to you how often you should take your baby to the doctor in the first 18 months? | Yes No | 1382 45 |
| [6] Increase age appropriate immunizations to 95% (N=1440) | CDOM Baseline—What is the status of the child’s immunizations? | Received all shots | 640 | 80 |
| | | Received some shots | 131 | 16 |
| | | Received no shots | 34 | 4 |
| | | Does this child have a regular provider who manages immunizations? | Yes No | 1346 45 |
| [6] Increase age appropriate immunizations to 95% (N=1440) | Has this child received a yellow immunization card/booklet? | Yes | 1337 | 97 |
| | | No | 38 | 3 |
| | | What is the status of the child’s immunizations? | Received all shots Received some shots Received no shots | 512 72 9 |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

² There is no CDOM baseline question for this item.

The strategic plan objective addressing Immunizations is:

- *Increase Age Appropriate Immunization Levels to at least 95%.*

Data for these service outcomes are also summarized in Table 4. As seen there, four funding categories have addressed this objective. Responses from these grantees show that nearly half the service outcome questionnaires come from Project Connections agencies, while another quarter are supplied by Early Childhood Education/School Readiness grantees. Comprehensive Medical Services/Health Access agencies contribute the remaining responses.

At the initial interview with the children's caregivers, 80% of children had received all age-appropriate immunizations. After contact with a Commission-funded agency, the percentage rose to 86. Almost all children, 97%, had a regular provider who managed their immunizations and a similar number had received a yellow immunization card or booklet.

Dental Caries. The strategic plan Objective for this service outcome is worded as follows:

- *Reduce dental caries so that the proportion of children with one or more caries is no more than 35% among children under 6.*

The complete set of service outcome data generated by the questionnaire for dental caries is summarized in Table 5. The table shows that just over two thirds of these data originate from agencies funded through the CDI for Dental Services, while the remaining third come through agencies funded through Early Childhood Education/School Readiness and Comprehensive Medical Services/Health Access agencies. In the baseline data, the average age of the children seen in these agencies at their initial interview was 3, with over half being either 3 or 4 years old. A comprehensive internal evaluation is now underway at Healthy Smiles and the Pediatric Dental Care Collaborative (led by St. Joseph Hospital) that will focus more scrutiny on such issues as the completion of treatment plans and elapsed time between discovering an emergent dental condition in the field and treatment in a collaborating clinic. Those data should be available to the Commission for review in a report that will be forthcoming in early summer.

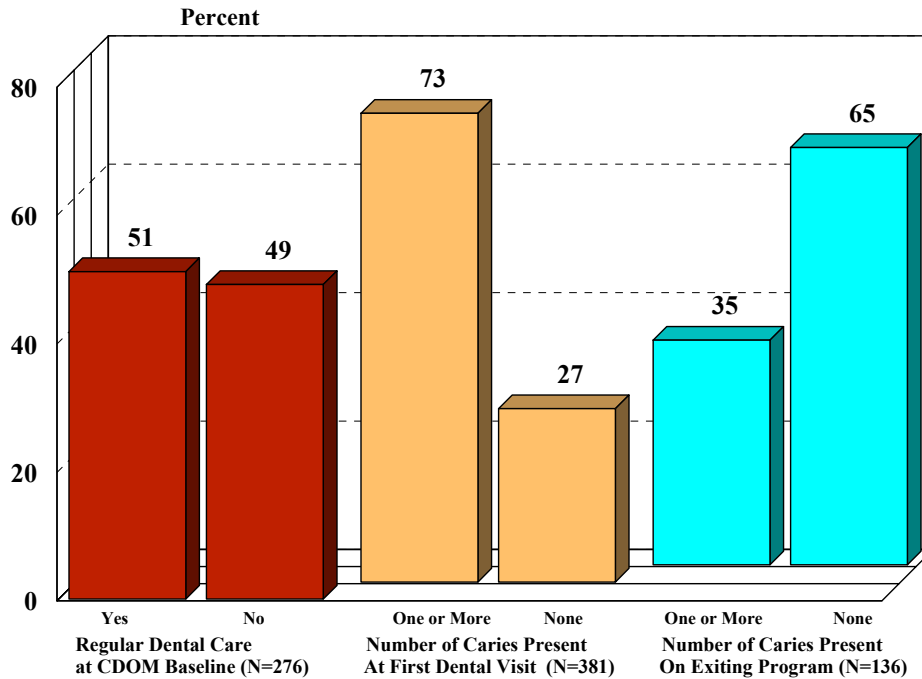
| Table 5. Healthy Children: Dental Caries | | | | |
|---|--|-------------------------|--------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [10] Reduce dental caries such that no more than 35% have one or more caries (N=398) | Funding Categories for this objective | Comp Med | 7 | 2 |
| | | ECE/SR | 119 | 30 |
| | | CDI Dental | 272 | 68 |
| | CDOM baseline #1—Does this child receive regular dental care? | Regular care | 141 | 51 |
| | | No regular care | 135 | 49 |
| | CDOM baseline #2—How old was this child at his/her first dental visit? (Average age was 3 ± 1) | <1 year old | 4 | 3 |
| | | 1 | 8 | 7 |
| | | 2 | 16 | 14 |
| | | 3 | 23 | 20 |
| | | 4 | 40 | 34 |
| 5 | | 15 | 13 | |
| never been to dentist | | 11 | 9 | |
| How did this child become involved in your program? | Self selection (parent) | 67 | 18 | |
| | Pediatrician referral | 20 | 5 | |
| | Family Member refer | 51 | 13 | |
| | Preschool referral | 149 | 39 | |
| | Other Program referred | 94 | 24 | |
| | Another dentist referred | 3 | 1 | |
| Did this child have caries on the first visit to your program? | Yes, 5 or more | 134 | 35 | |
| | Yes, 1 to 4 | 143 | 38 | |
| | No caries | 104 | 27 | |
| Was a treatment plan designed for this child? | Yes | 262 | 67 | |
| | No | 55 | 14 | |
| | None required | 72 | 19 | |
| Was the treatment plan completed for this child? | Yes, completed | 37 | 12 | |
| | Yes, partially ² | 9 | 3 | |
| | Yes, partially ³ | -- | -- | |
| | No | 251 | 85 | |
| How many caries did the child have when he/she exited your program? | 5 or more caries | 20 | 15 | |
| | 1 to 4 caries | 27 | 20 | |
| | No caries | 89 | 65 | |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

² Anesthesia or other specialty care required, but not available or too costly.

³ Client lost to followup before completion of treatment plan.

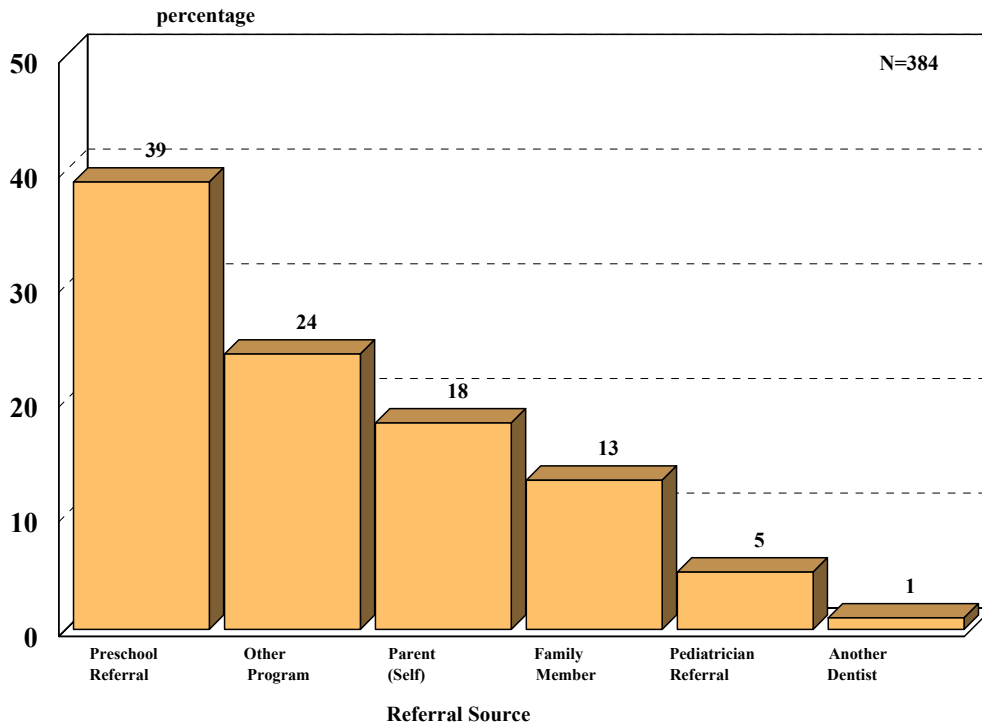
**Figure 1. Service Outcomes for Healthy Children:
Dental Caries**



Because the service outcome data for reduction in dental caries are presented to the Commission for the first time, and because the results are encouraging, highlights from the table are presented graphically as well as in the table. Figure 1 summarizes information from the initial interview (CDOM baseline), the number of caries present at the first visit and upon exiting the program. The CDOM baseline illustrates that nearly half the children seen in Commission-funded dental programs had not had regular dental care prior to entering treatment. Among these children, now being treated in a Commission-funded clinic, 73% entered treatment with one or more caries (many children had five or more). However, upon exiting treatment the percentage with any caries had dropped to 35%. The change in sample size from the first dental visit to the last may be because the child is still in treatment or the child did not return for all recommended visits and the program did not answer this question. Presumably those children still having caries upon exiting the program are among those that did not complete their treatment plans.

Figure 2 illustrates how children and their families are locating Commission-funded dental clinics. These data show that children are finding their way to their dental programs largely through their preschool and other programs (63%). Another large segment comes through self-selection (by parents) and through other family members. Given the small number of pediatricians and other dentists who refer patients to these clinics, these professionals could be encouraged, through outreach and education, to make more referrals to Commission-funded dental clinics.

**Figure 2. Service Outcomes for Healthy Children:
How Child Became Involved in Dental Program**



Developmental and Behavioral Screening and Assessment. The strategic plan objective to which developmental screening data refer is worded as follows:

- *Increase the proportion of primary care providers who are trained and routinely refer or screen infants and children for impairments of vision, hearing, speech, and language and who assess other developmental milestones as part of well-child care.*

Most of the grantees working toward this objective provide developmental screenings rather than train primary care providers to conduct screenings. Therefore, the questions were tailored towards the results of the developmental screenings.

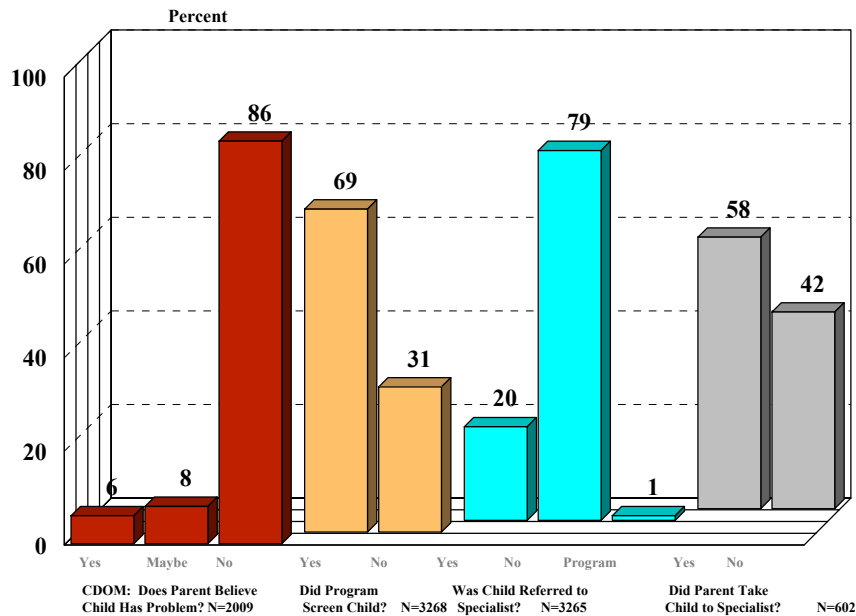
The data that speak to this objective are reported in Table 6. As the table suggests, five funding categories address this objective, one third of the effort originates in the Early Care and Education/School Readiness category. Highlights from Table 6 are also presented graphically in Figure 3.

| Table 6. Healthy Children: Developmental and Behavioral Screening and Assessment | | | | |
|---|---|-------------------------|--------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [4] Increase proportion of primary care providers who screen for impairments of vision, hearing, speech, etc. (N=3443) | Funding Categories for this objective | Comp Med | 570 | 17 |
| | | At-Risk Child | 636 | 18 |
| | | ECE/SR | 1139 | 33 |
| | | Clinics | 154 | 5 |
| | | Project Connections | 663 | 19 |
| | Bridges Providers | 281 | 8 | |
| CDOM Baseline—Do you believe the child has a medical/ develop condition that may affect his/her performance in school? | Yes | 129 | 6 | |
| | Maybe | 159 | 8 | |
| | No | 1721 | 86 | |
| | Do your records show that this child was screened by your program for impairments of vision, hearing, speech, language or other developmental milestones? | Yes | 2257 | 69 |
| | No | 1011 | 31 | |
| Do your records show that you referred this child to a specialist for suspected impairments in vision, hearing, speech, language or other developmental milestones? | Yes | 674 | 20 | |
| | No, no referral made | 804 | 25 | |
| | No, no referral needed | 1758 | 54 | |
| | No, serv provided here | 29 | 1 | |
| Did the parent take the child to the pediatric specialist or program you suggested? | Yes | 351 | 58 | |
| | No | 251 | 42 | |
| [5] Increase to 75% the proportion of providers who assess for cognitive, emotional, etc. ² (N=663) | Funding Categories for this objective | At-Risk Child | 256 | 39 |
| | | ECE/SR | 407 | 61 |
| | Was this child assessed by your program for cognitive, emotional and parent/child functioning? | Yes | 491 | 74 |
| | | No | 169 | 26 |
| | Did you refer this child to a pediatric specialist for cognitive, emotional, or parent/child functioning? | Yes | 167 | 26 |
| | | No, no referral made | 34 | 5 |
| | | No, no referral needed | 437 | 66 |
| No, serv provided here | | 21 | 3 | |
| Did the parent take the child to the pediatric specialist or program you suggested? | Yes | 107 | 81 | |
| | No | 25 | 19 | |
| Did your program provide counseling or education services? | Yes | 310 | 58 | |
| | No | 226 | 42 | |
| In your professional judgment, did your counseling or education services help this family resolve their presenting problem? | Yes | 245 | 98 | |
| | No | 4 | 2 | |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

² There is no CDOM baseline question for this item.

Figure 3. Service Outcomes for Healthy Children: Screening for Hearing, Vision, Speech, Language and Other Developmental Milestones



Although there is no initial interview question that relates directly to the need for screening, during the baseline interview parents are asked whether they *believe* their child has some kind of problem that would inhibit their academic performance. As seen in the figure, 6% of parents responded in the initial interview that they *do* believe there is a developmental problem and another 8% suspect one. However, among the children for whom this service outcome was completed, a large percentage (69%) were screened and 20% were referred for a more thorough assessment. Of those referred, however, respondents reported that just over half (58%) of parents actually took their child to the referred pediatric specialist or program.

Table 6 also summarizes data for the strategic plan objective targeting behavioral screenings:

- *Increase to at least 75% the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent/child functioning, with appropriate counseling, referral, and follow-up in their clinical practices.*

Two funding categories provided information regarding screenings/assessments for cognitive, emotional and parent/child functioning. They were At Risk Children/Family Counseling/Parent Education (At Risk Child, 39%) and Early Care and Education/School Readiness (ECE/SR, 61%). As was the case with developmental screenings, these programs focused more on screening or assessing children and families rather than on training primary care providers so the questions focused on the results of the screenings/assessments. Again, data are summarized graphically (see Figure 4). As seen in the figure, among those children for whom questionnaires were completed, 74% received assessments for cognitive, emotional and parent/child

Figure 4. Service Outcomes for Healthy Children: Assessment for Cognitive, Emotional and Parent/Child Functioning

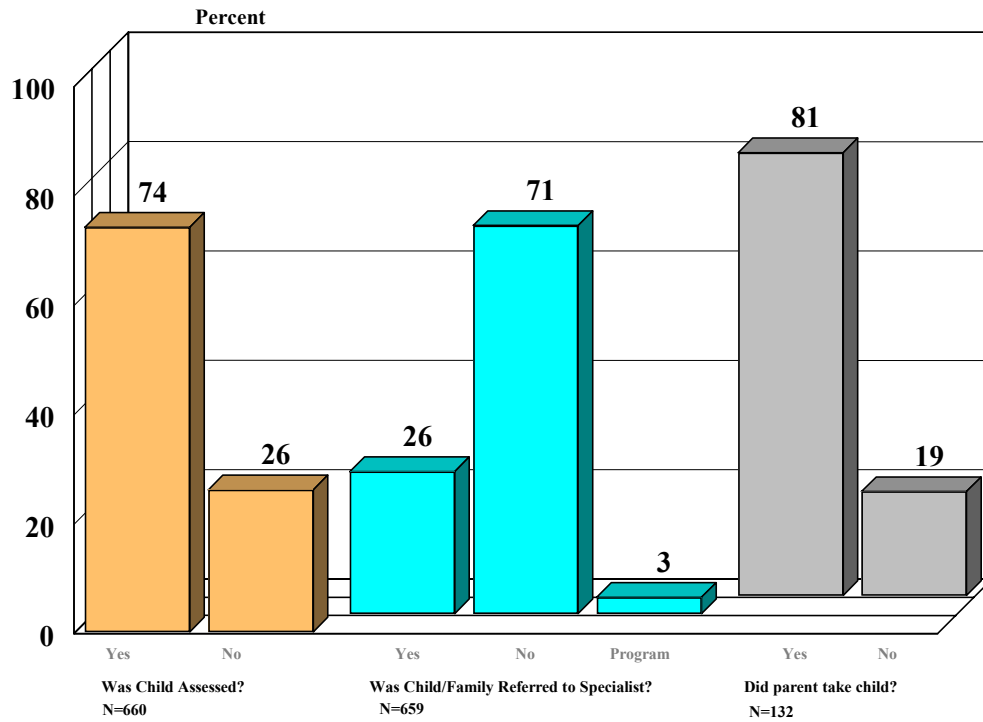
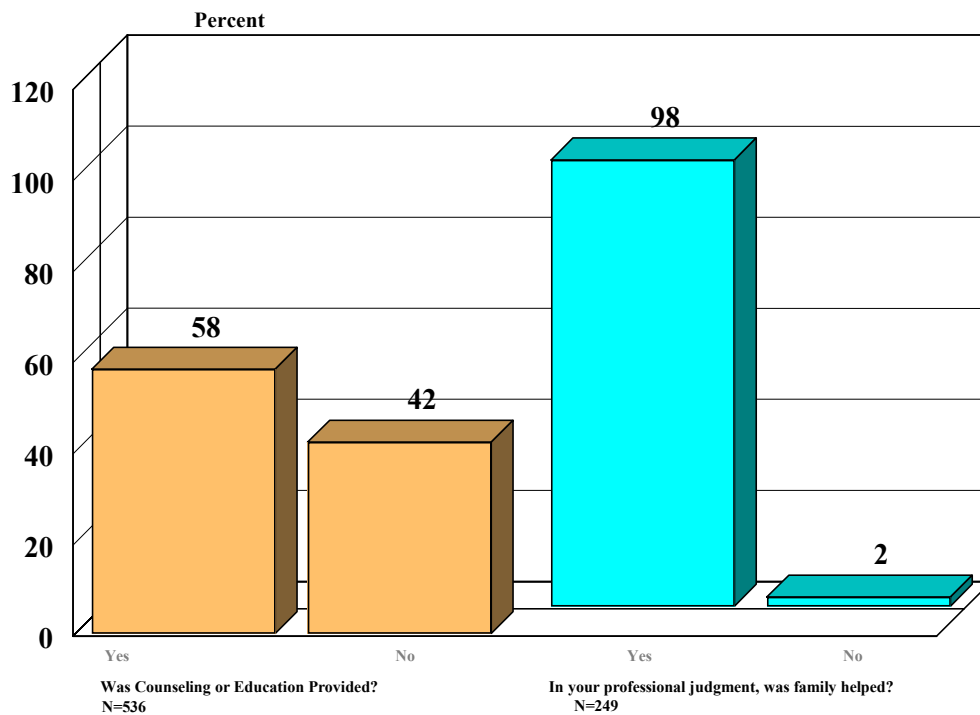


Figure 5. Service Outcomes for Healthy Children: Counseling for Cognitive, Emotional and Parent/Child Functioning



functioning, and about one quarter of them were referred to a pediatric specialist for intervention. Fully 81% of those referred were taken to the specialist by their families. Figure 5 illustrates that another 58% of families received counseling or education services. When the responding agency provided service to the families, 98% reported that counseling or education helped the family resolve their presenting problem.

Child Abuse Reports. Although the Commission-funded programs addressing this objective tended to provide intensive services to a few clients, there is adequate data to make a preliminary assessment of results. The strategic plan objective to which these data speak reads as follows:

- *Decrease the number of child abuse reports involving young children.*

All data for this objective originated with programs in the At Risk Children/Family Counseling/Parent Education funding category. The responses to the service outcome questionnaires related to this objective are summarized in Table 7 and in Figure 6. The table indicates that most of the clients receiving services from these agencies were brought to the agency's attention through referrals from another person or agency and that the majority of participating families (77%) were able to decrease the threat of abuse to children while keeping the family intact.

Figure 6 details the progress of the families' interactions with their service provider. As seen in the figure, a majority of parents (64%) acknowledged that they needed the services provided by the Commission-funded program, although fully a third were uncertain of their need for services. Just over half these parents fully participated in the services provided, while just under 40% participated only partially and 5% did not participate at all or could not be located. Among parents who participated, the overwhelming majority (98%) learned to prevent or diffuse incidents of child abuse in the professional judgment of the providers responding to the survey.

Strong Families

There were two objectives for which service outcome data were collected in this section of the strategic plan. Data for both are summarized in this section.

Parenting Skills. The strategic plan objective addressing parenting skills is worded thus:

- *Percentage of parents who increased parenting skills and continued to use them six months after classes.*

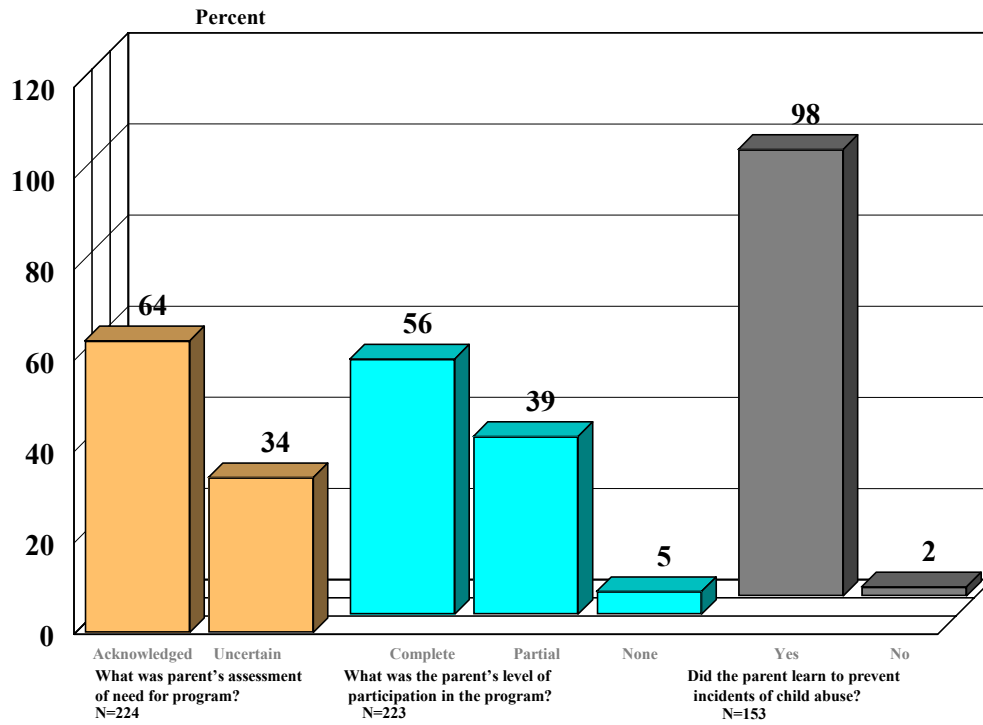
The data for this objective are summarized in Table 8 and Figure 7. The table shows that funding for this objective was funneled through five funding categories: Comprehensive Medical Services/Health Access; At Risk Children/Family Counseling/Parent Education; Early Care and

| Table 7. Healthy Children: Child Abuse Reports | | | | |
|--|---|-------------------------|--------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [14] Reduce Child Abuse Reports Involving Young Children ² (N=226) | Funding Categories for this objective | At Risk Child | 226 | 100 |
| | How did this person's need for your services come to your attention? | Self referral | 19 | 8 |
| | | Referral person/agency | 204 | 90 |
| | | Court ordered referral | -- | -- |
| | | Our routine screening | 1 | <1 |
| | | Other | 5 | 1 |
| | What was the parent or caregiver's assessment of their need for this service/intervention before they started services? | Acknowledged need | 143 | 64 |
| Uncertain of need | | 77 | 34 | |
| Denied the need | | 1 | <1 | |
| Other | | 3 | 1 | |
| What was the client's level of participation in your program? | Completed all | 126 | 56 | |
| | Participated in half | 16 | 7 | |
| | Less than half | 71 | 32 | |
| | Did not participate | 2 | 1 | |
| | Referred elsewhere | -- | -- | |
| | Cannot locate client Other | 6 2 | 3 1 | |
| Did the parent or caregiver learn to prevent or diffuse incidents of child abuse since the beginning of the program? | Yes, was assessed | 44 | 29 | |
| | Yes, profess. judgment | 106 | 69 | |
| | No | 3 | 2 | |
| At the end of services, and in your professional judgment, is this child less likely to be exposed to child abuse? | Yes, decr & fam intact | 140 | 77 | |
| | Yes, perpetrator absent | 1 | <1 | |
| | Yes, child removed | -- | -- | |
| | No | 7 | 4 | |
| | Other | 35 | 19 | |

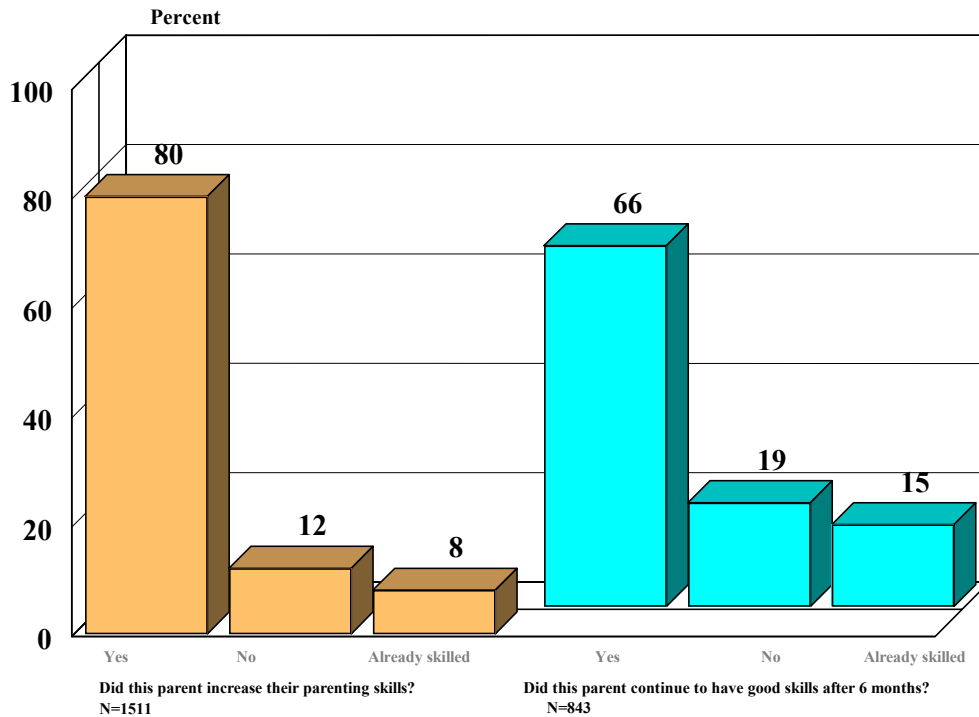
¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

² There is no CDOM baseline question for this item.

**Figure 6. Service Outcomes for Healthy Children:
Child Abuse Reports**



**Figure 7. Service Outcomes for Strong Families:
Parenting Skills**



| Table 8. Strong Families: Parenting Skills | | | | |
|---|--|-------------------------|--------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [1] Increase number of parents with good skills who continue to use them (N=1839) | Funding Categories for this objective | Comp Med | 160 | 9 |
| | | At-Risk Child | 464 | 25 |
| | | ECE/SR | 606 | 33 |
| | | Project Connections | 271 | 15 |
| | | Bridges Providers | 338 | 18 |
| | Did this parent increase their parenting skills as a consequence of your intervention? | Yes | 1208 | 80 |
| | | No | 175 | 12 |
| | | No, already adequate | 128 | 8 |
| | Does your continued contact with this client six months after completing your intervention suggest to you that they have retained their increased knowledge? | Yes | 578 | 67 |
| | | No | 160 | 18 |
| | | No, already adequate | 132 | 15 |
| | | No continued contact | 658 | |
| | Does your continued observation of this parent six months after completing your intervention suggest to you that they use the new parenting skills? | Yes | 554 | 66 |
| No | | 161 | 19 | |
| No, already adequate | | 128 | 15 | |
| No continued contact | | 649 | | |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

² There is no CDOM baseline question for this item.

Education/School Readiness; CDI Project Connections; and CDI Bridges Providers. Service Outcome information reported to date come from all the funding categories, with the largest segment (33%) originating in the Early Care and Education/School Readiness group.

The major findings for this objective are summarized in Figure 7. As seen in the figure, the participating agencies report that 80% of parents improved their parenting skills as a consequence of education provided by the grantee. They also reported that approximately two-thirds of parents with whom contact was retained continued to exhibit improved skills after completing their class and six months later.

Service Awareness and Satisfaction. The objective guiding service outcome data collection for this section of the strategic plan was:

- *Increase in community awareness of services available and satisfaction in services received.*

| Table 9. Strong Families: Service Awareness and Satisfaction | | | | |
|---|---|-------------------------|--------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [2] Increase Community Awareness of Services and satisfaction with them. ² (N=1543) | Funding Categories for this objective | Comp Med | 106 | 7 |
| | | At-Risk Child | 177 | 12 |
| | | ECE/SR | 732 | 47 |
| | | Project Connections | 403 | 26 |
| | | Bridges Providers | 125 | 8 |
| | How did this client learn about your program? | Friend or fam member | 203 | 13 |
| | | Flyer | 211 | 14 |
| | | Word of mouth | 89 | 6 |
| | | Professional referral | 591 | 39 |
| | | Newspaper | -- | -- |
| | | Radio or tv | -- | -- |
| | | Health fair | 7 | <1 |
| | | Outreach worker | 219 | 14 |
| | | Info link | -- | -- |
| | | Internet | 1 | <1 |
| | | Other | 201 | 13 |
| | Did you provide information about available services to this client | Yes | 1465 | 99 |
| | | No | 20 | 1 |
| | | Client not in need | 58 | |
| | Did you refer this client to any of these services? | Yes | 983 | 76 |
| No | | 314 | 24 | |
| Client not in need | | 245 | | |
| Did you assess this client's satisfaction with your services? | Yes | 1194 | 84 | |
| | No | 229 | 16 | |
| What was this client's level of satisfaction with your services? | Very satisfied | 864 | 70 | |
| | Satisfied | 370 | 30 | |
| | Unsatisfied | 3 | <1 | |
| | Very unsatisfied | 2 | <1 | |

¹ Counts and percentages have been computed with missing, unknown or not applicable data omitted.

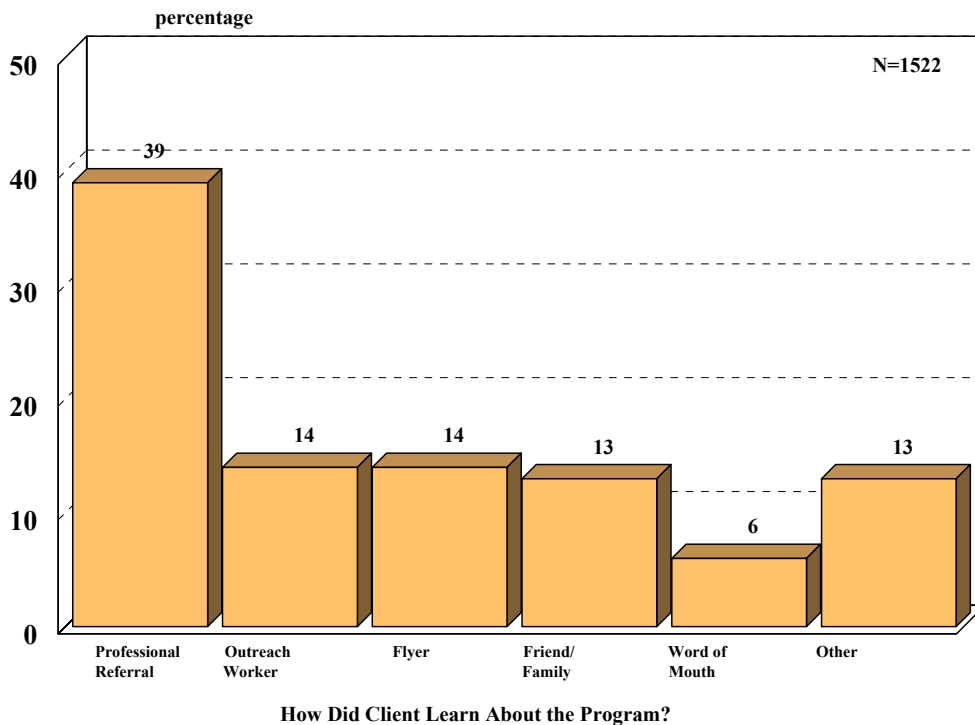
² There is no CDOM baseline question for this item.

Table 9 indicates that five funding categories were engaged with achieving this objective, nearly half coming from Early Care and Education/School Readiness (47%), and a quarter coming through Project Connections (26%).

Findings suggest that nearly all (99%) families were provided information about services available to them by the agency with which they were in contact, and over three quarters (76%) were referred directly to those services to fill an observed need. A majority of clients (84%) were also assessed to learn whether they were satisfied with the services they received, and a majority (70%) were very satisfied.

Figure 8 summarizes how parents and families learned about the services available to them. Nearly 40% learned about services through professional referrals while an additional 14% were contacted by outreach workers and learned through these contacts. Flyers reached another 14% and nearly 20% learned about services through friends and family or by word of mouth. An additional 13% learned about services via other means.

**Figure 8. Service Outcomes for Strong Families:
Service Awareness**



Children Ready to Learn

The final section of the Strategic Plan for which service outcome data are available is Children Ready to Learn. The results of the service outcome questions related to this goal area are presented here.

ECE Assessments and School Readiness. Two objectives guided the collection of data for this section of the Strategic Plan. The first was:

- *Increase the proportion of child care providers who are trained and routinely assess and refer children for developmental delays, psychosocial issues and other special needs.*

The service outcome data that speak to this objective are presented in Table 10. As seen in the table, grantees in two funding categories supplied data that address this objective. They were Comprehensive Medical Services/Health Access, with 15% of the data, and Early Care and Education/School Readiness, with 85% of the data. Again, although the objective refers to increasing the proportion of child care providers, the grantees matched to this objective typically provide screenings. Therefore, the service outcome questions gather information on the results of the screenings.

The data suggest that these agencies or programs either assessed, or referred for assessment, 99% of the children served under this objective. Interestingly, parents appeared to take very few children for assessment without this support.

Assessments uncovered a need for intervention in about 14% of the children observed. Of these children 8% participated fully in the intervention recommended for them as a result of the assessment and 3% participated partially, while another 3% were referred for interventions elsewhere. No assessment was completed in 14% of cases and no need was identified in over 70% of cases. Very few families with a recognized need failed to participate in the recommended intervention. The Commission-funded agencies reported that children in over 90% of the served families made progress in the program that met the expectations of the professionals serving them.

The second objective guiding the collection of data for this section of the strategic plan was:

- *Increase “school readiness” for kindergarten, successful completion of first grade and ability to read by third grade.*

Results from the service outcome questionnaires addressing this objective are also summarized in Table 10. The table reports that all of these data originated with the Early Care and Education/School Readiness funding category.

A large majority of parents and children participated fully (69%) or partially (27%) in these programs, and only 4% dropped out. In the professional judgment of the persons reporting on outcomes for these children, well over half the children (59%) were observed to achieve major improvement in the program, while another substantial segment (25%) achieved

| Table 10. Children Ready to Learn: ECE Assessments and School Readiness | | | | |
|--|---|---|-----------------------------------|--|
| <i>Objective [#]</i> | <i>Service Outcome Question, CDOM Baseline Question or Funding Category</i> | <i>Response Options</i> | <i>Count</i> | <i>Percent For Valid Cases¹</i> |
| [1] Increase ECE providers trained to assess (N=836) | Funding Categories for this objective | Comp Med ECE/SR | 126 710 | 15 85 |
| | Was this child screened by a developmental assessment as a result of participation in this program? | Yes, staff assessed Yes, staff referred Yes, parent took child No | 134 694 4 4 | 16 83 <1 <1 |
| | What was the level of participation by the parent and/or child in the recommended intervention? | Full participation Partial participation No participation No assessment done Referred No need identified | 61 25 4 107 23 538 | 8 3 <1 14 3 71 |
| | In your professional judgment, did the child's progress in your program meet your expectations? | Yes No | 639 51 | 93 7 |
| | | | | |
| [4] Increase school readiness for kindergarten (N=863) | Funding Categories for this objective | ECE/SR | 863 | 100 |
| | What was the level of participation by the parent and/or child in your program? | Full participation Partial participation Dropped out | 586 229 39 | 69 27 4 |
| | In your professional judgment, what change was observed? | Minor improvement Moderate improvement Major improvement No improvement | 95 211 488 28 | 12 26 59 3 |

¹ Percentages have been recomputed with the counts for missing, unknown or not applicable omitted.

² There is no CDOM baseline question for this item.

moderate improvement. A smaller group (12%) achieved only minor improvement, while a still smaller group (3%) achieved no improvement.

Summary

This report has summarized the first effort to analyze the service outcome data of the many programs funded by the Commission using Strategic Plan objectives as a guide. The data show that, by and large, major improvements in the status of children were achieved in each of the separate areas of the Strategic Plan.

While data addressing prenatal care and health access are more familiar (Tables 2 through 4), many new areas were addressed by the service outcome data reported here. In particular, data on dental caries (Table 5) showed that children who complete treatment plans greatly reduce their dental caries and have their oral health restored. A number of problems remain, however, in widening available services to more children and, once in treatment, learning more about why treatment plans are not completed and what intervention might be required to increase completion rates.

Through funding across a wide array of funding categories, many children are receiving screenings for impairments of vision, hearing, speech, etc., as well as cognitive, emotional and other psychosocial issues (Table 6). A considerable number of problems needing attention were uncovered in both areas and interventions were pursued to remedy them, most of the time with considerable success.

A review of data submitted by programs who partner with the Commission to reduce child abuse reports (Table 7) suggests that most parents acknowledge the need for assistance and participate in the programs' recommended intervention services. A majority who participate also learn to prevent or diffuse incidents of child abuse and most families dealing with this issue that were part of the outcome surveys remained intact.

Similarly, parents who received parenting education (Table 8) tended to increase their skills as a result and were observed to maintain those skills over time. Parents also located community services through a variety of mechanisms, but largely through professional referrals and their own personal contact. Nearly all parents or caregivers were either satisfied or very satisfied with the services they received (Table 9).

Finally considerable efforts were put in place by Commission-funded programs to screen, assess and address developmental problems related to school readiness. In addition high levels of participation in other phases of school readiness programs also resulted in major improvement in a majority of participating children (Table 10).

Appendix

Service Outcome Questionnaires*

*** Questionnaires in gray were not analyzed for this report**

Objective: Increase to at least 90% the proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy, and whose care is adequate

When this mother first entered your program, did she understand the need for early and regular prenatal care as opposed to seeking care only when she is sick?

- Yes No

Did your program educate this mother about the difference between early and regular prenatal care versus going to the doctor only when she is sick?

- Yes No

How likely is this mother to seek early prenatal care with her next pregnancy?

- Very likely No future pregnancies planned
 Somewhat likely Don't know
 Not at all likely

Did your program help this mother obtain health coverage?

- Yes, provided application assistance and follow up No, already had health coverage
 Yes, referred to another agency No

Did your program follow up with this mother to see if she utilized the coverage for prenatal care?

- Yes No Does not apply to our program

Did this mother experience a routine pregnancy (uncomplicated, one baby)?

- Yes No

How many prenatal visits did this mother complete? (If your agency does not have access to this information, please enter in the number 999)

_____ prenatal visits

| | |
|--|---|
| Objective: Increase abstinence from alcohol use by pregnant women | |
| How did this mother's need for alcohol education and/or treatment services come to your attention? | |
| <input type="checkbox"/> Self/Family/Friend Referral | <input type="checkbox"/> Court mandated referral |
| <input type="checkbox"/> Referral from another agency | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Your agency's routine screening | |
| What did you do to address this mother's alcohol use during her pregnancy? | |
| <input type="checkbox"/> Offered treatment or education through our agency | |
| <input type="checkbox"/> Referred to other agency | |
| <input type="checkbox"/> Both | |
| What was the mother's level of participation in alcohol use education and/or service sessions? | |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Did not participate |
| <input type="checkbox"/> Participated in most sessions | <input type="checkbox"/> Referred to another agency |
| <input type="checkbox"/> Participated in some sessions | |
| Did this mother reduce her alcohol use during pregnancy? | |
| <input type="checkbox"/> Yes, stopped alcohol consumption | <input type="checkbox"/> Referred to another agency |
| <input type="checkbox"/> Yes, decreased use | <input type="checkbox"/> Mother did not use alcohol |
| <input type="checkbox"/> No decrease in use | <input type="checkbox"/> Client lost to follow up |
| How did your program determine the level of alcohol use? | |
| <input type="checkbox"/> Self report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Urine or blood testing | <input type="checkbox"/> Do not measure |

Objective: Eliminate use of illicit drugs by pregnant women

How did this mother's need for illicit drugs education and/or treatment services come to your attention?

- Self/Family/Friend Referral
- Referral from another agency
- Your agency's routine screening
- Court mandated referral
- Don't know

What did you do to address this mother's illicit drug use during her pregnancy?

- Offered treatment or education through our agency
- Referred to other agency
- Both

What was the mother's level of participation in illicit drug use education and/or service sessions?

- Completed program
- Participated in most sessions
- Participated in some sessions
- Did not participate
- Referred to another agency

Did this mother reduce her illicit drug use during pregnancy?

- Yes, stopped illicit drug use
- Yes, decreased use
- No decrease in use
- Referred to another agency
- Client lost to follow up

How does your program determine the level of illicit drug use?

- Self report
- Urine or blood testing
- Other
- Do not measure

Objective: Increase the proportion of primary care providers who are trained and routinely refer or screen infants and children for impairments of vision, hearing, speech, and language, and who assess other developmental milestones as part of well-child care

Was this child screened by your program for impairments of vision, hearing, speech, language or other developmental milestones?

- Yes No Don't know or client lost to follow up

Did you refer this child to a pediatric specialist or program for suspected impairments in vision, hearing, speech, language or other developmental milestones?

- Yes
 No, no referral made
 No, no referral needed
 No, service provided by this organization
 Don't know or client lost to follow up

Did the parent take the child to the pediatric specialist or program you suggested?

- Yes
 No
 No, no referral made
 Don't know or client lost to follow up

Objective: Increase to at least 75% the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent/child functioning, with appropriate counseling, referral, and follow-up, in their clinical practices

Was this child assessed by your program for cognitive, emotional and parent/child functioning?

- Yes No Don't know or client lost to follow up

Did you refer this child to a pediatric specialist or program for cognitive, emotional, or parent/child functioning?

- Yes
 No, no referral made
 No, no referral needed
 No, service provided by this program
 Don't know or client lost to follow up

Did the parent take the child to the pediatric specialist or program you suggested?

- Yes
 No
 No, no referral was made
 Don't know or client was lost to follow up

Did your program provide counseling or education services?

- Yes No No, referred Don't know or client lost to follow up

In your professional judgment, did your counseling or education services help this family resolve their presenting problem?

- Yes No No services were provided Don't know or client lost to follow up

Objective: Increase age appropriate immunizations to at least 95%

Does this child have a regular health care provider or clinic who is managing his/her immunizations?

- Yes No Don't know Client lost to follow up

Has this child received a yellow immunization card/booklet?

- Yes No Don't know Client lost to follow up

What is the status of the child's immunizations?

- Received all shots recommended by doctor Received some shots Received no shots Client lost to follow up

Objective: Increase to 100% number of children with health coverage

Did anyone from this program complete an application for medical coverage or health insurance for this child?

- Yes
- No
- Already covered
- Don't know or client lost to follow up

Did you refer this child to another agency to have an application of medical coverage or health insurance completed?

- Yes
- No
- Already covered
- Don't know or client lost to follow up

Is this child now enrolled?

- Yes
- No
- Don't know or client lost to follow up

Has the family selected a medical plan or doctor for this child?

- Yes
- No
- Don't know or client lost to follow up

Objective: Increase proportion of babies 18 months and younger who receive recommended primary care services at appropriate levels

(Questions for this objective are to be asked of the parent/caregiver)

Tell me if you agree with this statement: It is important for a baby to be seen by a doctor even if he/she is not sick.

- Agree Disagree Don't Know Client lost to follow up

Did anybody here explain to you how often you should take your baby to the doctor in the first 18 months of life?

- Yes No Don't Know Declined Client lost to follow up

How often has your baby been seen by a doctor since birth when he/she was not sick?

- Never Some check ups Don't Know
 First check up only All regular planned visits recommended by the doctor Declined
 Client lost to follow up

Objective: Increase to at least 95% the proportion of children who have a health care home

(Questions to be asked of the parent/caregiver)

Tell me if you agree with this statement: It is important to take my child to the doctor or clinic even when he/she is not sick.

- Agree Disagree Don't know Declined Client lost to follow up

My child goes to the same doctor or clinic every time.

- Yes No Don't know Declined Client lost to follow up

If you don't have a regular doctor or clinic for your child, what is the single most important reason?

- | | |
|--|---|
| <input type="checkbox"/> I do have a regular doctor or clinic | <input type="checkbox"/> Transportation is not available |
| <input type="checkbox"/> I don't believe it's necessary | <input type="checkbox"/> Doctor/clinic hours are not convenient |
| <input type="checkbox"/> My child has never been sick | <input type="checkbox"/> Other |
| <input type="checkbox"/> I don't have health coverage or coverage was lost | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> I can't locate a doctor | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Client lost to follow up |
| <input type="checkbox"/> I cannot find a doctor that speaks my language | |

(Questions to be asked of the provider)

Did the program provide instruction to this parent about the importance of preventive health care for children?

- Yes No Don't know or client lost to follow up

In your professional opinion, was your program instrumental in helping this parent secure a medical home for his/her child?

- Yes No Don't know or client lost to follow up

Objective: Reduce dental caries so that the proportion of children with one or more caries is no more than 35% among children under 6

How did this child become involved in your program?

- Self (parent)
- Pediatrician
- Family member
- Preschool
- Referred by another program
- Referred by another dentist
- Don't know

Did this child have caries on their first visit to your program?

- Yes, 5 or more caries
- Yes, 1 – 4 caries
- No caries

Was a treatment plan designed for this child?

- Yes
- No
- No treatment plan required

Was the treatment plan completed for this child?

- Yes, completed
- Yes, partially completed (anesthesia or other specialty care required, but not available or too costly)
- Yes, partially completed (patient lost to follow up)
- No
- No treatment plan required

When the child exited your program, how many caries did the child have?

- 5 or more caries
- 1 – 4 caries
- No caries

What preventive treatments were provided to the child? (Please select all that apply)

- Sealant
- Fluoride
- Education
- Cleaning
- Other
- None

Objective: Reduce to no more than 20% the proportion of children aged 5 and younger who are regularly exposed to tobacco smoke at home

Did anyone in this child's household receive information about how to reduce exposure to tobacco smoke for the child?

- Yes No Don't know

Did the smoker(s) in the child's household decrease the child's exposure to tobacco smoke?

- Yes, stopped smoking
 Yes, decreased tobacco use
 Yes, smokes away from the child
 Yes, decreased tobacco use and smokes away from the child
 No decrease
 Don't know or client lost to follow up

Objective: Reduce number of children who are exposed to alcohol and other drugs in their homes and communities

This person uses:

- Alcohol Other drugs Both

How did this person's need for alcohol and other drug (AOD) services come to your attention?

- Self Referral Referral from another agency Our routine screening

What did you do to address this person's AOD needs?

- Provided treatment or education through our agency Referred to another agency Both

Based on your screening, what was the AOD severity of this person?

- High Medium Low No screening done by our agency

What was the level of participation in AOD services?

- Completed program Did not participate
 Participated in most sessions Referred to another agency
 Participated in some sessions Client lost to follow up

Did this person decrease AOD use?

- Yes, stopped AOD use Referred to another agency
 Yes, decreased AOD use Client lost to follow up
 Stopped using in presence of child No decrease in use
 Decreased use and stopped using in presence of child Don't know

Objective: Decrease number of reports of domestic violence that involve young children

How did this person's need for your services come to your attention?

- Self referral
- Referral from another person or agency
- Court ordered referral
- Our routine screening
- Other _____

What was the parent or caregiver's assessment of their need for this service/intervention before they started services?

- Acknowledged the need for services
- Uncertain of the need for services
- Denied the need for services
- Other

What was the client's level of participation in your program?

- Completed program at the recommended level
- Participated in half or more of recommended services
- Participated in less than half of recommended services
- Did not participate
- Referred to another agency
- Cannot locate client
- Other

Did the parent or caregiver learn to prevent or diffuse incidents of domestic violence since the beginning of the program?

- Yes, based on end of service assessment
- Yes, based on provider's professional judgment
- No
- Not applicable (referred, cannot locate client, etc.)

At the end of services, in your professional judgment, is this child less likely to be exposed to domestic violence?

- Yes, domestic violence decreased and family is intact
- Yes, perpetrator no longer lives with child
- Yes, child removed from home (e.g. with relatives or in foster care)
- No
- Other
- Not applicable (e.g. referred, cannot locate client, etc.)

Objective: Decrease number of child abuse reports involving young children

How did this person's need for your services come to your attention?

- Self referral
- Referral from another person or agency
- Court ordered referral
- Our routine screening
- Other

What was the parent or caregiver's assessment of their need for this service/intervention before they started services?

- Acknowledged the need for services
- Uncertain of the need for services
- Denied the need for services
- Other

What was the client's level of participation in your program?

- Completed program at the recommended level
- Participated in half or more of recommended services
- Participated in less than half of recommended services
- Did not participate
- Referred to another agency
- Cannot locate client
- Other

Did the parent or caregiver learn to prevent or diffuse incidents of child abuse since the beginning of the program?

- Yes, based on end of service assessment
- Yes, based on provider's professional judgment
- No
- Not applicable (client referred, cannot locate client, etc.)

At the end of services, in your professional judgment, is this child less likely to be exposed to child abuse?

- Yes, child abuse decreased and family is intact
- Yes, perpetrator no longer lives with child
- Yes, child removed from home (e.g. with relatives or in foster care)
- No
- Other
- Not applicable (client referred, cannot locate client, etc.)

Objective: Decrease number of young children removed from their homes due to child maltreatment

How did this person's need for your services come to your attention?

- Self referral
- Referral from another person or agency
- Court ordered referral
- Our routine screening
- Other

What was the parent or caregiver's assessment of their need for this service/intervention before they started services?

- Acknowledged the need for services
- Uncertain of the need for services
- Denied the need for services
- Other

What was the client's level of participation in your program?

- Completed program at the recommended level
- Participated in half or more of recommended services
- Participated in less than half of recommended services
- Did not participate
- Referred to another agency
- Cannot locate client
- Other

In your professional judgment, did the program's intervention make the child's home a safer place?

- Yes, home is a safer place for the child
- Yes, some progress has been made
- No
- Not applicable (client referred, cannot locate client, etc.)

At this time, where is the child residing?

- Child remains at home
- Child staying in home of friend or relative (informal arrangement)
- Child in foster care (court ordered placement – e.g. relative placement, foster home, group home, etc.)
- Other
- Not applicable (client referred, cannot locate client, etc.)

Objective: Percentage of parents who increased parenting skills and continued to use them six months after classes

Did this parent increase their parenting skills as a consequence of your intervention?

- Yes
- No
- No, parenting skills were already adequate
- Don't know or client lost to follow up

Does your continued contact with this client six months after completing your intervention suggest to you that they have retained their increased knowledge?

- Yes
- No
- No, parenting skills were already adequate
- No continued contact with this client after intervention
- Client lost to follow up prior to program completion

Does your continued observation of this parent six months after completing your intervention suggest to you that they use the new parenting skills?

- Yes
- No
- No, parenting skills were already adequate
- No continued observation of this client after intervention
- Client lost to follow up prior to program completion

Objective: Increase in community awareness of services available and satisfaction in services received

How did this client learn about your program?

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Info Link |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Radio or television | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Health fair | <input type="checkbox"/> Other |
| <input type="checkbox"/> Professional referral | <input type="checkbox"/> Outreach worker | <input type="checkbox"/> Don't know |

Did you provide information about available services to this client?

- Yes
- No
- Client not in need of other services at this time

Did you refer this client to any of these services?

- Yes
- No
- Client not in need of other services at this time

Did you assess this client's satisfaction with your services?

- Yes
- No
- Don't know or client lost to follow up

What was this client's level of satisfaction with your services?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied
- Don't know or client lost to follow up

Objective: Increase the proportion of child care providers who are trained and routinely assess and refer children for developmental delays, psycho-social issues and other special needs

Did this child receive a developmental assessment as a result of participation in this program?

- Yes, our staff assessed the child Yes, parent had child assessed
 Yes, our staff referred the child for assessment No

Did the developmental assessment uncover a developmental delay, psycho-social issue or other special need? (Please select all that apply)

- Yes, developmental delay No
 Yes, psycho-social issue No assessment performed
 Yes, other special need

Did your program provide an intervention to address the need? (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> YES , through our program | <input type="checkbox"/> NO , intervention offered but parent refused |
| <input type="checkbox"/> YES , parent educated for home intervention | <input type="checkbox"/> NO , no intervention needed |
| <input type="checkbox"/> YES , referred to another provider/agency(s) | <input type="checkbox"/> NO , no intervention provided |
| | <input type="checkbox"/> NO , no assessment performed |

What was the level of participation by the parent and/or child in the recommended intervention?

- Participated fully in recommended intervention
 Participated partially in recommended intervention
 Did not participate in recommended intervention
 No assessment performed
 Referred to another agency
 No need identified
 Lost contact with client

In your professional judgment, did the child's progress in your program meet your expectations?

- Yes No Lost contact with client or referred to another agency

Objective: Increase in the number of slots available for children with special needs

Was your program selected for this child because you offer special needs services?

- Yes, and referred by another agency/provider
- Yes, and program was selected by parent
- No, the special need was identified while enrolled in the program
- No

What was the type of special need identified for this child?

- | | |
|---|---|
| <input type="checkbox"/> Specific Learning Disability (SLD) | <input type="checkbox"/> Deaf/Hard of Hearing (DHH) |
| <input type="checkbox"/> Speech & Language Impaired (S/L) | <input type="checkbox"/> Emotionally Disturbed (ED) |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Limited Intellectual Functioning (LIF) | <input type="checkbox"/> Other Health Impaired (OHI) |
| <input type="checkbox"/> Orthopedically Impaired (OI) | <input type="checkbox"/> Developmental Delay (0-5 years only) |
| <input type="checkbox"/> Visually Impaired (VI) | <input type="checkbox"/> No special need identified |

Was there an IEP/IFSP developed for this child?

- Yes, prior to entering our program Yes, developed while in this program No

In your professional judgment, did the child's progress in this program meet your expectations?

- Yes No Lost contact with the client or referred to another agency

Objective: Reduction in the waiting list of qualified families for subsidized child care

How long was this family on a waiting list for subsidized child care before placement in this program?

_____ weeks (enter number of weeks waited or 0 if never on a waiting list)

Objective: Increased “school readiness” for kindergarten, successful completion of first grade and ability to read by third grade

What was the level of participation by the parent and/or child in your program?

- Participated fully in the program
- Participated partially in the program
- Client dropped out of program

In your professional judgment, did the child make progress as a result of the program? (Please select all that apply)

- Yes, based on observational assessment
- Yes, based on pre/post test
- No
- Lost contact with client

In your professional judgment, what change was observed?

- Minor improvement
- Moderate improvement
- Major improvement
- No improvement
- Lost contact with client