



Attachment 1

Performance Outcomes Measurement System Annual Report for 2003

Presented to the Children and Families Commission of Orange County
December 3, 2003

Executive Summary

In 2003, the Performance Outcomes Measurement System (POMS) Team undertook and accomplished an ambitious work plan that included:

- Construction of *Pathways to School Readiness*, a theoretical framework describing how children achieve optimal health and readiness for school (Page 2)
- On-going analysis of client-level data collected by Commission grantees – the first quarterly report was presented to the Commission in November (Page 3)
- Further development of the Commission's data system, including project level questions and aggregate data (Page 4)
- Consideration and implementation of scientific sampling in data collection (Page 6)
- Evaluation of the Bridges Pilot program (Page 8)
- Commencement of an evaluation of best practices in early care and education (Page 9)
- Provision of required data for the State Annual Report (Page 12)

Plans for 2004 include continuation and/or completion of the projects listed above, and:

- Continued development of a school readiness assessment instrument (Page 10)
- Piloting a data sharing project with two school districts (School Link) (Page 11)
- Evaluation of the Commission's Capacity Building Program (Page 12)
- Completion of an evaluation plan for *KidBuilders* (Page 13)
- Assessment of health access strategies (Page 14)

A complete summary of the 2003 progress and 2004 plans is found in the Attachment on Pages 16-17.

Introduction

Evaluation is critical for determining whether Commission-funded services provided to children and families have the desired effect and make a positive difference. Although it is beneficial to know how much service is provided, it is even more important to know whether the services are helpful. Evaluation is an important tool for identifying needs and guiding program development and enhancement. And, in the case of the Children and Families Commission, evaluation also is required. The California Children and Families Act of 1998 requires County Commissions to report on “the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.”

In Orange County, the Performance Outcomes Measurement System (POMS) Team manages the Commission’s evaluation activities to assure that the statutory requirements are met. More importantly, the POMS Team uses evaluation to learn about changes in the conditions of young children in Orange County and about successful programs and strategies that contribute to those changes. Typically, the evaluation strategies employed by the POMS Team look across individual projects to examine the effects of the initiative at large.

This report describes each of the major projects of the POMS Team and the progress made in 2003, followed by the plans for 2004. A table is provided at the end of the report showing the POMS Team work plans for 2003 and 2004.

Pathways to School Readiness

Background:

In order to evaluate the long-term impact of Commission funding on school readiness of young children, it is important to have a theoretical framework that identifies the conditions that must be met in order for children to be healthy and ready for school. This framework can then serve as a guide for reviewing the Strategic Plan, discovering gaps in services, and identifying areas for in-depth evaluation.

Progress in 2003:

The POMS Team, working with Commission consultants, developed a theoretical model, named *Pathways to School Readiness*, that explains the preconditions that must be met for children to be healthy and ready for school. The model presents a comprehensive and ideal view of the support that should be provided by parents, health and human services providers, educators, and the community, and the knowledge, resources, and behaviors these adults need in order to raise and nurture young children. A preliminary comparison between the Pathways model and the Commission’s Strategic Plan also was developed.

Plans for 2004:

In the coming year, the POMS Team will complete the crosswalk with the Commission's Strategic Plan and match Commission-funded projects to the Pathways to School Readiness model. From this comparison, the POMS Team will identify future evaluation efforts and recommend evaluation priorities. For example, because the Pathways to School Readiness model suggests links between agencies that should be made as well as outcomes that should be achieved, the POMS Team will use the model to identify small-scale evaluation studies that can empirically confirm the model's predictions. During the next year, POMS will utilize the model to identify, design and begin such a set of small-scale evaluation efforts.

Outcome Collection, Evaluation and Reporting Service (OCERS) as an Evaluation Tool and the Ongoing Analysis of Core Data Outcomes Module (CDOM) Data

Background:

OCERS provides the Commission and its grantees with an integrated tool for contract compliance and performance measurement, data collection and analysis. Within OCERS, the Orange County Administrative Management Module (OCAMM) is used by grantees and Commission staff to track all contract milestones, aggregate client data and key events. The Core Data Outcomes Module (CDOM) is used by designated grantees to collect demographic and outcome data about the children and families they serve. The CDOM data are then analyzed by the Commission's evaluator and POMS Team to describe the population reached and the impact of services provided with Commission funds. As of early October 2003, there were over 27,000 client records in CDOM.

OCERS provides the Commission with real-time updates for contract management, performance measurement and evaluation. In addition, each grantee can use OCERS as an internal reporting and analysis tool for ongoing administration, planning and supervision. Grantees have commented that OCERS data are valuable in preparing internal and external reports and for grant writing purposes as they seek to leverage new dollars in support of their activities.

Progress in 2003:

Beginning with the first quarter of 2003/04, CDOM data are now being analyzed and reported quarterly to support the Commission's decision-making process and help meet the requirement for results-based accountability. Each report will summarize information from the client level data stored in the CDOM section of the OCERS database and will consist of two parts: an update on the demographic and other critical attributes of county residents served by Commission-funded programs as well as a special focus area. Four special focus areas were identified:

- Children's Health
- Birth Outcomes
- Tobacco Usage in Relation to Children
- Factors Affecting Preparation for School

These reports also incorporate Geographic Information System (GIS) maps that highlight CDOM population statistics and other factors across cities and census tracts of the county.

During 2003, the CDOM data have been employed in a variety of other ways to support Commission activities and explore new partnerships. Data related to tobacco smoke exposure of pregnant women and newborns were tabulated in a brief report prepared to support the activities of the American Cancer Society, and in June, the data were employed in a special presentation to visitors from the Annie E. Casey Foundation and The California Endowment.

A new component of the CDOM database was implemented in 2003. To report the results of direct services provided to children and families, CDOM was designed to have each program answer a defined set of Project Level Questions (PLQs). The PLQs developed over the last year by the POMS Team succinctly capture the outcomes of services and link those outcomes to the objectives in the Commission's Strategic Plan. The questions were developed to encapsulate the experience of each client served in just a few questions. Those questions generally cover the way the client was put into contact with or made contact with a grantee's program; the severity of the client's need for service; how fully engaged the client became with the recommended level of service; the identification of circumstances that might have rendered the service more or less effective; and whether or not the outcome achieved was in the intended direction.

Over the last year, PLQs were finalized for all direct service programs in collaboration with grantees and using existing research. Starting on October 1, 2003, all programs began collecting data for the PLQs.

This year, the information in OCERS was used as part of the risk management process to assess the status of each grantee and identify potential problem areas. OCAMM provides a comprehensive listing of all active contracts, milestone progress, and funded and total payments to a grantee. CDOM shows the number of clients entered by a grantee and is used to conduct confidentiality verifications and other auditing procedures. Combined, the information in OCERS was used to prioritize site visits and ensure that grantees are adhering to their contractual obligations.

Development of a new component of OCAMM also is near completion. The Aggregate Data module will allow grantees to enter the number of clients served and services provided, which can then be tabulated across programs. This will allow grantees to provide a count of all the clients they serve, not just those with records entered in CDOM. The information will strengthen the Commission's messages to the media and legislators. The Aggregate Data module also will be used to collect data on how many clients do not sign the authorization form and why. This information is critical to understanding if and to what extent missing data influences the interpretation of CDOM data. The POMS Team has designed this module with grantee input, keeping a balance between the collection of meaningful data and the burden of data collection.

Plans for 2004:

In addition to the ongoing production of quarterly reports, and support for new and continuing Commission activities, the expanding size of the CDOM database will begin to allow new forms

of analysis. For example, enough data should become available to allow comparisons of change in indicators over time. Shifts in demographics and outcome indicators will be analyzed on both a quarterly and annual basis. Responses to the Project Level Questions will begin to accumulate over the next year. Analysis of the responses to these questions will strengthen CDOM's role as a true tool for evaluation by allowing the POMS Team to assess the extent of progress achieved for specific strategic plan objectives. In addition, the Aggregate Data module will be implemented in 2004 and used to compile data for the Commission's annual report to the State First 5 Commission.

Data from OCERS can be easily integrated into Word, Excel and PowerPoint presentations to maximize the investment in data collection and analysis among all system users. As more and more programs contribute client level data to OCERS, additional sessions will be conducted with grantees during 2004 to demonstrate, train and encourage the use of CDOM reports. These user group sessions will highlight OCERS reporting, including Excel pivot table capabilities to produce internal reports for program monitoring, evaluation, and proposal writing.

Annual Review of CDOM and Work Plans

Background:

The data elements in CDOM are reviewed annually by the POMS Team using ongoing feedback from grantees.

Progress in 2003:

The POMS Team examined how CDOM is being used and considered what improvements can be made in light of the Commission's evaluation strategy and ongoing research in the field. There was particular interest in weighing the relevance of the data to grantees with its ease of understanding and data entry. As a result of the review, the CDOM data set was updated again, removing some questions, adding others and modifying still others to make it a more cohesive evaluation tool.

The process of data collection by grantees was also analyzed to mitigate any conditions that might impact overall service delivery. This led to the development of a short form for the Bridges hospitals coupled with a screening instrument (discussed below). The same review process was used to update the format for grantee work plans. As a result, subtle but significant changes were made to the work plan method and guidelines to provide greater clarity to grantees as they report their milestones monthly to the Commission.

Plans for 2004:

A complete review of CDOM will be conducted to evaluate the intended outcome of each data element and its use for program evaluation. Following implementation in 2003, PLQs will be monitored to ascertain their interpretation and use by grantees. These efforts will coincide with the ongoing assessment of overall grantee forms and work plans.

Annual Review of the Confidentiality and Data Sharing Protocol

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 OCERS are protected. It provides guidance to grantees on their responsibilities in gathering, entering, and analyzing data.

Progress in 2003:

The protocol underwent a major review and revision in 2003, including a complete overhaul of the CDOM authorization form. The revisions took into account grantee feedback, and were reviewed by the directors of the Institutional Review Boards of CHOC and UCI. The revised protocol also was reviewed by the Commission's Counsel to assure compliance with HIPAA before being submitted for approval from the County's Human Subjects Review Committee (HSRC). Approval by the HSRC was granted in June. In addition, a brochure, *Caring for Your Privacy*, was developed for parents and caregivers that describes in simple terms how their privacy is protected and how the data are used.

Plans for 2004:

The annual review of the Confidentiality and Data Sharing Protocol will be conducted, with input solicited from Commission grantees. Approval by the Human Subjects Review Committee will be sought by June.

Introduction of Scientific Sampling

Background:

Scientific sampling is a reliable method for collecting client-level data on a subset of persons served, rather than on everyone, similar to what is done with community surveys or political polling. It is an important tool for ensuring that the data collected is representative of the population being evaluated while reducing the burden of data collection. However, it must be applied cautiously so as not to invalidate the usefulness of the data when applied across a wide spectrum of evaluation activities.

Progress in 2003:

Recognizing that many grantees already engage in *de facto* sampling by collecting CDOM data on only those clients who receive a more intense level of service, the POMS Team considered whether and to what extent scientific sampling could also be used to reduce the data collection burden on Commission-funded projects. Because scientific sampling works best when the total population to be measured is very large, it was felt that for most of the Commission's projects the number of clients for whom client-level data would be collected was insufficient to allow for sampling. Although sampling might make sense across all the Commission-funded projects, the

use of sampling would render the data useless to many, if not all, of the individual projects because too few of their clients would be entered into the database.

The only program for which the population was deemed large enough to support scientific sampling was the Bridges for Newborns program. In this case, the ability to sample was offset by a desire to have information in the database on as many newborns as possible. By capturing data on every newborn, children who receive services from another provider later on are likely to have baseline (birth) data already in the database. In the end, the desire to reduce the data collection burden on the Bridges hospitals was balanced against the desire to have data on every newborn by introducing a CDOM short form that collects data on only a few key data elements that provide demographic and risk information about the child. Hospitals then use sampling to determine on which children they should collect the entire set of core data elements (CDOM long form).

Therefore, during the last year, and in conjunction with the start of the new Bridges for Newborns Program in July, a sampling methodology for the long form of the CDOM interview was designed and implemented in all participating Bridges hospitals. Under this design, all mothers are screened for risk and, for those who sign a CDOM authorization, either a short- or long-form of the CDOM interview is completed. Scientific (simple random) sampling was introduced at each hospital to identify those mothers who would be asked to complete a long form.

The sampling frame employed was based on the hospitals' births for the prior year. The computation of the sample size required for the long form was based on the total number of births at Bridges hospitals (31,503 in 2002) and a requirement that future estimates be made with no more than a 3 percent margin of error. The final sample size of 1,508 included some over-sampling to ensure that estimate accuracy would be maintained even though some mothers decline participation. Each hospital was asked to contribute to the sample of long-form interviews in proportion to their number of births. The POMS Team worked with the Hospital Association of Southern California (HASC) to implement the sampling system at each hospital, meeting with Bridges personnel to help ensure that the process was well understood and convenient for them to use. By and large, the system was well received and the staff understood the need for scientific accuracy. The sampling methodology represented a substantial reduction in the overall CDOM data collection workload for the hospitals.

Plans for 2004:

As the first year of the new Bridges program draws to a close in June of 2004, the analysis of the sampled data will commence. At that time, POMS will assess the success of the sampling design employed and the data produced. The assessment also will include communication with the Bridges staff to review the convenience and effectiveness of the sampling procedures utilized. Their input and the resulting data will direct revisions to the system as it is redeployed in the coming year.

The POMS Team also will consider whether and when it might be appropriate to use a more complex form of sampling that would allow for data collection during specific time periods

rather than throughout the year. That is, the POMS Team will explore whether some questions can best be answered by collecting data on all clients over a short period of time, rather than on every client or a random sample of clients throughout the year.

Bridges Pilot

Background:

The purpose of the Bridges for Newborns program is to provide needed services to all newborns and ensure they have health coverage and a medical home. During the past year, the Bridges for Newborns program underwent considerable change in its format when major funding was redirected to locating and serving infants and their families with higher levels of psychosocial, health, and other risk factors that might impede a child's school readiness. Birthing hospitals and service providers coordinate to identify those families most at risk, make appropriate referrals, and alleviate those risk factors. A pilot evaluation was put into place during the year to preliminarily assess some of the essential program elements.

Progress in 2003:

The Bridges Pilot program, which began in January of 2003 and will be completed at the end of April 2004, was conducted at St. Joseph Hospital, Coastal Communities Hospital and Santa Ana Hospital/Medical Center with low-risk provider services being rendered by MOMS and the Orange County Child Abuse Prevention Center. A third hospital, Western Medical Center in Anaheim, is providing a comparison group of mothers who did not receive Bridges services. The Pilot is examining the reliability and validity of a newly designed risk screening tool and an outcome measure, the Life Skills Progression (LSP), which is capable of measuring change in a family's risk status across many distinct areas. The Pilot addresses four questions:

- Does the new screening tool measure risk levels reliably?
- Does the LSP measure change in risk levels reliably?
- Is a single, initial screening sufficient to identify at-risk families needing intervention?
- Is Bridges II more effective, when compared to the former level of care, at reducing risk?

Since January of 2003, over 3,900 mothers and infants seen in pilot hospitals have received initial screenings. Of these, 33 percent had scores on the new screening tool indicating a low level of risk and were referred to provider agencies. Two percent were observed to have scores indicating a high level of risk. A note of caution: demographic and regional differences suggest that the participating pilot hospitals will exhibit higher levels of risk than the remaining eight hospitals now acting as Bridges sites. Future examination of risk levels now entered into the CDOM database from all hospitals will confirm or disprove this belief.

Plans for 2004:

Data from the screening of mothers and infants completed to date has answered the pilot's first evaluation question in the affirmative – the new screening tool measures risk levels reliably. An

answer to the second question has emerged from studies conducted by the author of the LSP, and these findings are expected to be confirmed at the end of the pilot. Answers for the third and fourth questions await final rounds of data collection for re-screening and follow up measures to determine change in risk levels. A detailed report on the Pilot's progress was submitted to the Commission in August 2003. The final report for the Bridges Pilot is scheduled for preparation in April of 2004.

The final report for the Bridges Pilot also will examine other aspects of the program. As part of an ongoing interest in program improvement, the POMS Team will examine the connections established among the Bridges hospitals, the high- and low-risk providers, public health nurses, and the Early Development Assessment Center(s) at CHOC and UCI. Although the design for this assessment has not yet been determined, it will no doubt use input from the involved grantees as well as an empirical assessment of the referral process and its strengths and weaknesses.

Best Practices - Early Care and Education

Background:

Building on the Early Care and Education Needs Assessment (ECENA) and the state school readiness work, the Early Care and Education (ECE) review panel established a set aside to identify examples of best and/or innovative practices among programs that were funded in whole or in part by the Commission.

Progress in 2003:

Detailed data are being collected about local school readiness efforts that provide direct services to preschool-age children. To date, California State University, Fullerton, Center for Community Collaboration staff have conducted detailed phone interviews to assess the nature and scope of services provided by CFCOC School Readiness Coordinators. Coordinators at 23 school districts and Orange County Head Start (OCHS) have been interviewed about their programs, funding sources, populations served, and future plans.

Staff also have begun a telephone survey of agencies providing direct services or referrals for pre-kindergarten services. The interviews assess 1) the services that they provide for pre-kindergarten-age children and 2) their awareness of services for this population in the community.

Plans for 2004:

In the upcoming year, the data from the school readiness coordinators will be analyzed to identify 1) normative, 2) best (according to current standards), and 3) innovative practices. This process also will be used to identify appropriate locations for program site visits and case studies, and these site visits will be completed. The POMS Team will consider whether to conduct similar data collection efforts (either in this form or analogous to the written and phone surveys

contained in the ECENA) to expand understanding of family child care homes (FCCH). Because FCCHs comprise a large and growing proportion of the child care in the county, and because many agencies such as OCHS include funding of home-based child care, no understanding of best and/or innovative practices can be complete without the inclusion of this group.

School Readiness Assessment Instrument

Background:

In the summer of 2002, the Commission funded Jump Start pre-kindergarten programs at four elementary school districts. These were short-term programs lasting 4-8 weeks. Along with the evaluation of the Jump Start programs, the Commission funded development of a Social Readiness Scale to help assess school readiness indicators that had been identified by the school readiness coordinators work group.

Progress in 2003:

Continuing the work on the data collected from children participating in the summer 2002 Commission-funded Jump Start pre-kindergarten programs, the relation between children's performance on the Draft Social Readiness Scale and their performance in kindergarten (assessed through mid-year report cards) was examined. The draft scale (measured the summer before kindergarten) successfully predicted both social and academic skills at midyear of kindergarten. This landmark effort to directly measure the early social skills associated with school success in a reliable and psychometrically valid way places the Commission in the forefront of school readiness assessment.

These data also were used to evaluate the effectiveness of CFCOC-sponsored summer Jump Start programs for at-risk children. Analysis of pre-test (at the beginning of summer), post-test (at the end of the summer intervention program), and mid-year kindergarten report cards found that while the programs produced improvement in children's social and literacy skills during the summer (from pre to post-test), that improvement was not associated with improved performance in kindergarten. These data suggest that the programs were not long enough to make a measurable impact.

Based upon this work, plans were developed to continue and expand the Draft Social Readiness Measure by adding emotional and self-regulatory items from those identified as key developmental indicators in the California Department of Education's Desired Results Developmental Profile (DRDP) and by the School Readiness Initiative Assessment Workgroup.

Plans for 2004:

Additional data will be collected to assess the Social Readiness Scale. This involves an assessment of existing measures of child development to identify items to be included in the scale. Children in diverse Orange County pre-kindergarten programs will be assessed using the expanded Social Readiness Scale in Spring 2004.

In order to test how well the scale predicts kindergarten performance, the POMS Team will consider collecting data in the subsequent kindergarten year, using a longer time range and a broader population. The scale also could be incorporated in the evaluation of ongoing and new CFCOC-funded pre-kindergarten intervention programs (such as the one planned by OCHS). As children screened by Bridges mature, it would be ideal to assess a subpopulation of these children to control for demographic and family-characteristic factors.

These data provide a valuable addition to the ongoing statewide School Readiness Initiative data. The statewide data collection emphasizes community and agency-level data that analyzes aggregate change. This specific measure will allow the CFCOC to assess the efficacy of interventions for children with particular demographic characteristics.

School Link

Background:

One important use of the CDOM database is to forge new partnerships. Although the Commission's relationship with the county's school districts is not new, the POMS Team currently is developing a new area of that relationship by working with the districts to test the feasibility of creating a repository that contains both pre-kindergarten assessment data from district databases and demographic and other evaluation data in CDOM. This project will lay important groundwork for the long-term evaluation of the impact of Commission-funded services on the academic performance of children receiving them.

Progress in 2003:

Working with the Anaheim City and Santa Ana Unified School Districts, the POMS Team and district representatives have designed a simple evaluation project that will discover and resolve technological issues related to developing a data repository to answer simple evaluation questions related to the impact of Commission-funded pre-K programs. The POMS Team and district representatives have agreed to begin by merging the Modified Desired Results Developmental Profile (MDRDP) with selected demographic data from CDOM. The POMS Team is currently drafting a formal request to the districts to begin the project.

Plans for 2004:

When approval from the districts is received, the POMS Team and district representatives will implement the pilot evaluation project to determine the feasibility of matching CDOM and district data to answer evaluation questions about the effect of Commission-funded pre-K programs.

Link with State Evaluation

Background:

The California Children and Families First Initiative charges both the state and county commissions with developing outcome-based accountability for determining future expenditures. To this end, the state and county commissions have, where feasible, coordinated their evaluation strategies. Their objective is to develop compelling information to show the effect of sponsored programs on the lives of young children and to support continuous program improvement.

Progress in 2003:

Commission staff have worked with the State Commission and the California Children and Families Association (CCAFA) to establish a common understanding of the respective roles, needs, and interaction of county-level evaluation systems and the state evaluation system. Ultimately, this will result in the State and local Commissions being able to report program implementation and achievement at all levels.

POMS Team members have been involved in several statewide evaluation activities to provide guidance and input. These activities included review of the statewide evaluation design, participation on the Statewide Evaluation Oversight Committee, and collaboration with the CCAFA Evaluation Workgroup. The POMS Team also compared the statewide evaluation indicators and other requested data elements to those being used in the Commission's local evaluation. Orange County was one of six commissions that pilot tested the new Annual Report form and has been actively supporting collection of the Kindergarten Entry Profiles by working with districts and schools to increase participation rates.

Plans for 2004:

The POMS Team will continue to participate in State Commission and CCAFA-sponsored evaluation activities that further enhance the ability to measure and convey the benefits of the initiative in improving the lives of Orange County's children.

Evaluate Capacity Building Program

Background:

Since the Commission was established, it has funded over 90 capacity building grants throughout Orange County. Capacity building grants are intended to provide one year of one-time start-up funding to assist agencies in developing an organizational and service infrastructure to effectively provide services in the future. These capacity building grants have helped agencies start new programs, develop curriculum for training, prepare service plans, strengthen collaboratives, and apply for non-profit status. As a general rule, capacity building grants do not fund direct services except to pilot a new service. Capacity building grantees enter their work plan progress into OCERS, which provides information about whether the grantees have

accomplished the tasks planned for the time period of the funding. However, to date, no information has been gathered about the long-term effectiveness of the capacity building grant program.

Progress in 2003:

The POMS Team developed criteria to evaluate the capacity building grant program. The evaluation will include development of a typology to categorize the funded projects, identification of determinants associated with project success, and quantitative and qualitative analysis of project sustainability.

Plans for 2004:

A report of the capacity building program evaluation will be provided to the Commission in Spring 2004.

Develop and Implement an Evaluation Plan for *KidBuilders*

Background:

KidBuilders is a Commission-directed initiative that will supply parents with a compendium of activities they can do with their young children. The book's activities are age-specific and cover learning in six areas: mind, body, health, language, relationships, and safety. A pilot release of the book in several communities is planned for the first half of 2004. It will be available initially in both English and Spanish.

Progress in 2003:

As the final design for the *KidBuilders* book is nearing completion, the design for an evaluation of its use is getting underway. Plans for a first-stage evaluation should be complete by the end of 2003.

Plans for 2004:

Implementation of the *KidBuilders* evaluation will commence in 2004.

Assessment Tools

Background:

Many, if not all, of the Commission's grantees that provide direct services screen and/or assess the children and families they serve for the physical or developmental status of the child, family functioning, home safety, or school readiness. At present, there is no formal mechanism in place to guide the selection of screening or assessment tools.

Progress in 2003:

The POMS Team has established an Assessment Tools Task Group to make recommendations about the use of specific screening and assessment instruments to meet program and evaluation needs.

Plans for 2004:

The Assessment Tools Task Group will complete its analysis and make recommendations to the Technical Advisory Committee of the Commission for further consideration.

Health Access

Background:

The 2003-2004 Strategic Priorities Work Plan approved by the Commission in July 2003 included a commitment to continue partnerships with health related organizations to ensure health care access for Orange County children.

Progress in 2003:

Commission staff conducted a needs analysis to assist in exploring local options for health access strategies. The initial phase of the project focused on access to health coverage and available services for children through age five. In the second phase, information was gathered in two critical areas: 1) an assessment of potential strategies for health access initiatives and 2) an analysis of data on health professionals in Orange County, primarily those who serve children prenatal through age five.

Plans for 2004:

As the Commission provides direction on this strategic priority, the POMS Team will develop an accompanying evaluation plan.

Contribute to Ongoing Countywide Indicator Reports

Background:

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

Progress in 2003:

The POMS Team provided technical expertise and data as needed to assist with the development of these reports. In particular, POMS Team members contributed significantly to the writing of the Special Section on Early Childhood in the *9th Annual Report on the Conditions of Children in Orange County*. POMS Team members also reviewed and made recommendations on the questions related to children ages 0-5 that will be included in the next Orange County Health Needs Assessment survey.

Plans for 2004:

POMS Team members will continue to make significant contributions to the production of the *Annual Report on the Conditions of Children in Orange County* and will participate as needed in reviewing the results of the Orange County Health Needs Assessment that will be conducted in 2004.

Summary

As demonstrated in this report, the evaluation of the Commission's programs and services is being conducted at many levels using a variety of strategies. This multi-faceted approach is important given the comprehensive, holistic vision the Commission has adopted and funded to help children be healthy and ready for school. In the coming year, the POMS Team will continue to fine tune data collection processes, provide analyses to the Commission, and conduct evaluations that will contribute to our understanding of the extent to which the Commission is achieving its goals and objectives.

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ATTACHMENT 2

Performance Outcome Measurement System
2003 Work Plan - Progress
2004 Work Plan - PROPOSED

Project	2003 Progress	2004 Activity
Pathways to School Readiness – a systems change model that predicts the impact of Commission funding on OC’s children and serves as a resource for monitoring strategic plan goals in future evaluation efforts	<ul style="list-style-type: none"> ➤ Developed Pathways to School Readiness ➤ Developed preliminary crosswalk between the Pathways and the Commission’s Strategic Plan 	<ul style="list-style-type: none"> ➤ Complete a crosswalk between the Pathways and the Commission’s Strategic Plan ➤ Match Commission-funded projects to the Pathways ➤ Use the Pathways to identify, design, and implement small-scale evaluation efforts
Outcomes Collection, Evaluation and Reporting Service (OCERS) as an Evaluation Tool and the Ongoing Analysis of Core Data Outcomes Module (CDOM) Data	<ul style="list-style-type: none"> ➤ Reports of CDOM data prepared for American Cancer Society and for special presentation to the Annie E. Casey Foundation and The California Endowment ➤ Provided first quarterly report, including GIS maps, to the Commission ➤ Finalized and implemented Project Level Questions (PLQs) ➤ Developed aggregate data module ➤ Used OCERS as a compliance and risk management tool 	<ul style="list-style-type: none"> ➤ Prepare quarterly reports ➤ Analyze Project Level Question (PLQ) data ➤ Implement aggregate data ➤ Use OCERS for compliance and risk management ➤ Work with grantees to expand their use of OCERS reports
Annual Review of CDOM and Work Plans	<ul style="list-style-type: none"> ➤ Reviewed and revised CDOM core data questions ➤ Revised work plan format and instructions 	<ul style="list-style-type: none"> ➤ Review core data elements and project level questions ➤ Review work plan format and instructions
Scientific Sampling	<ul style="list-style-type: none"> ➤ Analyzed appropriateness of scientific sampling for CDOM data collection ➤ Implemented sampling for Bridges for Newborns program – long form only 	<ul style="list-style-type: none"> ➤ Review the use of sampling by Bridges hospitals ➤ Consider whether sampling is appropriate for any other data collection efforts
Confidentiality and Data Sharing Protocol	<ul style="list-style-type: none"> ➤ Reviewed and revised protocol, including CDOM authorization form ➤ Received Human Subjects Review Committee approval of protocol ➤ Developed <i>Caring for Your Privacy</i> brochure to provide to families 	<ul style="list-style-type: none"> ➤ Conduct annual review and submit protocol for approval by the Human Subjects Review Committee
Bridges for Newborns Evaluation	<ul style="list-style-type: none"> ➤ Designed and implemented evaluation of Bridges Pilot ➤ Provided progress report to the Commission 	<ul style="list-style-type: none"> ➤ Complete Bridges Pilot evaluation ➤ Evaluate connections among hospitals, high and low-risk providers, and the Early Development Assessment Center

ATTACHMENT 2

Project	2003 Progress	2004 Activity
Best Practices in Early Care and Education (ECE)	<ul style="list-style-type: none"> ➤ Conducted phone interviews of school readiness coordinators ➤ Began a phone survey of agencies providing pre-kindergarten services 	<ul style="list-style-type: none"> ➤ Complete assessment of school readiness services and practices in Orange County
School Readiness Assessment Instrument	<ul style="list-style-type: none"> ➤ Completed initial evaluation of Jump Start program ➤ Completed initial analysis of social readiness scale 	<ul style="list-style-type: none"> ➤ Continue development of a school readiness instrument – complete development of social readiness scale and begin testing emotional readiness scale
School Link	<ul style="list-style-type: none"> ➤ Met with two school districts to design pilot evaluation project to determine the feasibility of matching CDOM and district data to answer evaluation questions 	<ul style="list-style-type: none"> ➤ Work with two school districts to implement the pilot evaluation project
Link with State Evaluation	<ul style="list-style-type: none"> ➤ Worked with State Commission and CCAFA-sponsored evaluation activities to establish a common understanding of respective roles ➤ Pilot tested the new Annual Report form ➤ Facilitated collection of Kindergarten Entry Profiles for State school readiness evaluation 	<ul style="list-style-type: none"> ➤ Participate in State Commission and CCAFA-sponsored evaluation activities ➤ Facilitate data collection for State school readiness evaluation
Capacity Building Program Evaluation	<ul style="list-style-type: none"> ➤ Developed criteria for evaluating the Capacity Building program 	<ul style="list-style-type: none"> ➤ Complete evaluation of Capacity Building program
KidBuilders	<ul style="list-style-type: none"> ➤ Began design of KidBuilders evaluation, in conjunction with completion of the KidBuilders book 	<ul style="list-style-type: none"> ➤ Complete development of and implement evaluation plan for KidBuilders
Assessment Tools	<ul style="list-style-type: none"> ➤ Assessment Tool Task Group has been convened to develop recommendations regarding the use of specific screening and assessment instruments 	<ul style="list-style-type: none"> ➤ Complete analysis of assessment tools and make recommendations to the Technical Advisory Committee
Health Access	<ul style="list-style-type: none"> ➤ Analyzed access to health coverage and available health services 	<ul style="list-style-type: none"> ➤ Continue gathering data on access to health care and assist with the development of strategies of health access initiatives
Contribute to ongoing reports: <ul style="list-style-type: none"> ➤ Conditions of Children report ➤ Countywide Indicators Report ➤ Orange County Health Needs Assessment 	<ul style="list-style-type: none"> ➤ Made significant contributions to writing the Special Section on Early Childhood for the Conditions of Children Report ➤ Provided input to the questions to be used in the next OCHNA survey 	<ul style="list-style-type: none"> ➤ Continue to edit and oversee production of the Conditions of Children Report ➤ Review draft OCHNA report
Prepare POMS Annual Report	DONE!	Due December 1, 2004