



## Attachment 1

# Performance Outcomes Measurement System Annual Report for 2005

Presented to the Children and Families Commission of Orange County  
December 7, 2005

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Evaluation reports referenced in this document can be found on the Commission’s web page at [www.occhildrenandfamilies.com](http://www.occhildrenandfamilies.com) under the Evaluations button.

## Introduction

The Commission evaluates the programs it funds to learn about their accomplishments and the changes they are making in the lives of children and families, to guide program improvements, and to comply with statutory requirements<sup>1</sup>. In Orange County, the Commission has adopted a comprehensive evaluation plan that includes both process and outcome measures that are measured in the short, intermediate, and long term. The evaluation framework includes both Commission-wide and initiative-specific evaluations. In addition, the Commission participates in the development of community-wide data. Evaluation results are communicated through reports that are presented to the Commission and its grantees and posted on the Commission's web site.

The Commission's evaluation activities are carried out by the Performance Outcomes Measurement System (POMS) Team. POMS Team members participate on state and regional committees and work groups that share best practices in evaluation and advise on the statewide evaluation and annual report. In addition, the POMS Team provides qualitative and quantitative information, and program specific expertise to support the development of strategies to address Commission priorities such as: school readiness, school readiness nursing, childhood obesity, child abuse prevention and treatment, health access strategies, special needs children, early literacy and language development, oral health, community outreach, and the Commission's Balanced Scorecard.

This report describes each of the major projects of the POMS Team and the progress made in 2005, followed by the plans for 2006. The report focuses first on Commission-wide evaluation activities, then moves to initiative-specific evaluations, and closes with a description of the POMS Team participation in county, regional, and state evaluation efforts. A table is provided at the end of the report showing the POMS Team work plans for 2005 and 2006.

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<sup>1</sup> Proposition 10 requires each County Commission to have a strategic plan that describes the goals and objectives to be obtained, the programs, services, and projects to be provided, and how measurable outcomes of programs, services, and projects will be determined using appropriate reliable indicators. By October 15 of each year, the statute requires each County Commission to report on "...the progress toward, and the achievement of, program goals and objectives, and the measurements of specific outcomes through appropriate reliable indicators." (California Health and Safety Code Sections 130140(a)(1)(C)(ii) and 130150)

# COMMISSION-WIDE EVALUATION

## 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 an evaluation 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. In Orange County, the framework is called *Pathways to School Readiness*.

### *Progress in 2005:*

In 2005, *Pathways to School Readiness* was used to guide the review and revision of the Commission's Strategic Plan objectives. All Commission-funded projects are matched to the Strategic Plan objectives through their work plan, which makes it possible to estimate the amount of funding committed to each objective and facilitates the measurement of progress toward achieving the objectives. *Pathways to School Readiness* was useful for identifying gaps in the list of Strategic Plan objectives and making revisions to the existing objectives so all grantee activities are represented in the Strategic Plan and based on a sound theoretical framework. In addition, progress was made toward matching Commission-funded projects to the *Pathways to School Readiness*.

### *Plans for 2006:*

*Pathways to School Readiness* will continue to be used to identify future evaluation directions and guide evaluation priorities.

## **Outcome Collection, Evaluation and Reporting Service as an Evaluation Tool**

### *Background:*

The Outcomes, Collection, Evaluation, and Reporting Service (OCERS) provides the Commission and its grantees with an integrated tool for contract monitoring and compliance as well as performance measurement, data collection and analysis. Grantees and Commission staff use the Administrative Management Module (AMM) to track all contract milestones, aggregate client data and key events. The Core Data Outcomes Module (CDOM) tracks individual client information and is used by designated grantees to collect demographic and outcome data about the children and families they serve. The individual client data are then analyzed by the Commission's evaluator and the POMS Team to describe the population reached and the impact of services provided with Commission funds. As of the end of October 2005, there were 117,869 client records in CDOM comprised of 86,071 children and 31,798 caregivers. Additionally, in 2005 there were over 31,670 services provided to children in the individual

client module. Of the children in the individual client module, 22,651 initial entry snapshots and 3,175 follow-up snapshots were completed in 2005.

OCERS provides the Commission with real-time updates for contract management, invoicing, 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 2005:*

On April 1, 2005 Orange County finalized the transfer to the upgraded version of OCERS, OCERS.net. The upgraded version is easier for grantees to navigate and enter data and improves reporting capabilities for grantees and the Commission. To ensure a smooth and seamless transition to OCERS.net, many pre-implementation and post-implementation activities occurred in 2005, including:

- Determined service categories to be used as a standard Commission listing of provided services
- Started development of outcome based financial reports
- Provided a comprehensive overview of OCERS.net AMM and CDOM to all grantees
- Provided hands-on training for interested grantees following comprehensive overview
- Created Orange County-specific OCERS.net training documents
- Provided customized hands-on training to Commission staff
- Arranged for a beta test of OCERS migration by Commission staff and selected grantees

A new invoicing module was also implemented in 2005. The invoicing module allows grantees to submit invoices to the Commission through OCERS.net. It also allows OCERS to capture line-item budget information and assists to speed up the invoicing process. In order to implement the invoicing module the following activities occurred in 2005:

- Determined line item budgets for each grantee and consultant using the invoicing module
- Split out all active contracts into annual terms so that the annual budgets could be entered into the module
- Enhanced the invoice module to fit Orange County's specific needs
- Programmed the module so that the Commission could print out the electronic invoice with electronic signatures that can be sent to the County's Auditor Controller
- Contacted all grantees with active contracts after July 1, 2005 to notify them about the expectation of invoicing through OCERS for services rendered after July 1, 2005
- Conducted two grantee focus groups in order to obtain their feedback on the invoice module
- Conducted invoice trainings for the Commission's Administrative Staff, Contract Administrators, Commission consultants, and grantees

Progress also was made toward upgrading and redesigning the Care Coordination Module, which had been pilot tested by a grantee in 2004. Based on grantee feedback, the module was revised to better coordinate with CDOM and to support electronic Targeted Case Management billing.

*Plans for 2006:*

Work with grantees and consultants on the invoice module will continue so that the majority of organizations will invoice via the OCERS module by July 1, 2006. CS&O and Commission staff also will work with the County's Auditor Controller to see if electronic invoice files can be transferred from OCERS to Auditor Controller and have the payment information transfer electronically from Auditor Controller to OCERS.

Early in 2006, the Care Coordination Module will be implemented by several agencies that provide case management services. The Care Coordination Module will allow programs to use the OCERS application for Targeted Case Management (TCM) and to submit TCM claims electronically. To prepare for implementation, the following activities will be completed:

- Demonstrate the new Care Coordination Module (CCM) to interested agencies and arrange implementation timelines for interested agencies
- Work with the agencies to determine implementation setups
- Schedule and hold trainings for CCM users
- Demonstrate the Care Coordination Module to other home visitation agencies to determine if they have an interest in also utilizing the module.

## **Quarterly Reports**

*Background:*

Since 2003, the POMS Team has prepared quarterly reports to describe the children and families served by Commission-funded programs, support the Commission's decision making processes, and help meet the requirement for results-based accountability. The reports are developed through an analysis of demographic and outcome indicator data reported by grantees through the Commission's Outcome Collection and Evaluation Reporting Service (OCERS) and provide comparisons of demographic data among subpopulations of clients served by Commission-funded programs.

*Progress in 2005:*

Four quarterly reports were completed in 2005.

1. *Comparison of Demographics and Key Indicators Across Time and Programs (March 2005)*

At the end of the first quarter the CDOM data base reached an important landmark when data became available for three years of service, 2002 through 2004. This report provided an assessment of initiative-wide progress over time and for special subpopulations of children

served, i.e., newborns in Bridges (76% of the database), children enrolled in State School Readiness Programs (5% of the database) and children served in other non-Bridges programs (about 19% of the database). Among key findings that emerged from the time comparisons were that:

- The number of children with *no immunizations* fell to 1 percent among children in non-Bridges programs
- Children who were *without* a medical home fell five percentage points in State School Readiness Programs and eight percentage points among children in non-Bridges Programs
- Children entering non-Bridges programs *without* health insurance dropped as much as 10 percentage points between 2003 and 2004.

The first quarterly report of the year also completed an important small-scale study of the reasons parents gave for choosing not to sign the CDOM authorization form. Nearly 10,000 families responded to questions about their reasons. Most importantly, this study found that nearly three-quarters of families **do** sign the form. Among those who choose not to, however, most expressed concerns about access by others to the information, lack of documentation or uncertainty about benefits they could gain by participation.

## 2. *School Readiness (June 2005)*

The second quarterly report for the year focused on Commission-funded State School Readiness Programs, and combined the use of CDOM data with state and local district evaluation data to assess children's performance. Although comparison with state data showed that Orange County's Commission-funded programs served more disadvantaged children when compared to statewide demographics, they had distinct and important gains in achievement. Comparisons of County and State evaluation data showed that Orange County enrollees were on par with or exceeded state performance in all four major areas of the state's standardized measure of pre-school achievement. Data from the Santa Ana School District showed that the children they serve are at greater risk by many demographic factors, yet they achieved substantial gains in English proficiency and other measures in the first preschool year.

## 3. *A Comparison of Commission Data with the Orange County Health Needs Assessment (September 2005)*

The third report of the year provided a comparison between the status of children and families served by Commission-funded programs and that of families with children five and under depicted by the Orange County Health Needs Assessment, a countywide health needs survey completed every three years. Comparisons such as this are valuable because they allow the Commission to see how the children receiving Commission-funded services are similar to or different from the population of children as a whole. Programs funded by Commission dollars collected data on more than ten percent of the County's children in 2004 and demonstrated many important gains. Many children are being encountered very early in their lives and in numbers disproportionate to their numbers in the countywide population, even when Bridges for Newborns data were excluded from analyses. The Commission continues to successfully reach the county's poorest families, while almost all mothers continue to commence their prenatal care

in the first trimester. Both samples exceeded goals for Healthy People 2010 in accessing timely prenatal care, and more two- and five-year-old Commission-served children had up-to-date immunizations. At the same time, while most children had some form of health care coverage in both the OCHNA and CDOM samples, children between 2 and 5 continue to be the largest group without coverage in either sample, but especially among Commission-served children. Similarly, although fewer Commission-served children qualified for the CDC label of *obese*, too many children—from one quarter to one third—still fell into that category.

#### 4. *Quarterly Performance Report: Healthy Children*

A revised quarterly performance report format was developed to enhance reporting against the Commission's Strategic Plan. The revised format, which provides summary data on two pages, was presented to the Commission in September 2005. The summary data will include the number of programs funded; number of children and families served; milestones achieved, such as targeted and actual pediatric health encounters, developmental screenings, linkages with specialty care services, improvements in developmental assessments; and highlights of related evaluation reports recently completed that are linked to achievement of the goal. Each quarterly report will focus on one of the Commission's goal areas: Healthy Children, Strong Families, Ready to Learn, or Quality Services. The first report using the new format was presented to the Commission in December, and focused on Healthy Children.

##### *Plans for 2006:*

The POMS team will continue to develop quarterly performance and evaluation reports to concisely and effectively provide a summary overview of Commission investments.

### **Special Reports**

##### *Background:*

The POMS Team prepares detailed reports using data from OCERS and other sources to support decision making processes and to demonstrate the Commission's progress with achieving its Strategic Plan objectives. These reports are prepared as data become available or in response to specific questions raised by the Commission.

##### *Progress in 2005:*

A special report was provided to the Commission in December showing data collected between January and April 2005 by the seven pediatric dental clinics funded by the Commission.

##### *Plans for 2006:*

Two special reports planned for 2006 are a report on foster children ages 0-2. This report is being developed in partnership with the Social Services Agency and will provide information on why such young children are in the foster care system, their needs, and the needs of their

families. A second special report will examine demographic and key indicator data from the OCERS database over four years, 2002 – 2005. Other special reports may be prepared as the need arises. These reports are in addition to specific reports described below under Initiative-Specific Evaluations.

### **Annual Report to the State (Part 3)**

#### *Background:*

Each year, the Commission is required to submit an annual report to the State showing its progress toward achievement of program goals and objectives and measurements of specific indicators. The format for the report is set by the State First 5 Commission, and includes a narrative section (Part 1), with a description of Commission goals and featured programs; financial details (Part 2) and program accomplishments (Part 3). The POMS Team prepares Part 3 using milestone reports, aggregate data, and CDOM data from OCERS. The report is due to the State by October 15.

#### *Progress in 2005:*

Part 3 of the Annual Report to the State was presented to the Commission in October and provided a picture of how many children were served and how many services were provided during the fiscal year. In 2004/05, Commission-funded programs served over 80,000 children ages 0-5 and 76,000 family members of those children. The children received over 692,000 services, including 24,400 home visits, 31,000 pediatric health encounters and well-child check-ups, 12,600 immunization checks, and 24,600 referrals. Nearly 21,000 children were screened for developmental delays and over 33,000 Kits for New Parents were distributed. Data in the report also are provided by funding categories, such as Bridges for Newborns and Pediatric Health Initiative. The report is available on the Commission's web site.

#### *Plans for 2006:*

A similar report will be prepared using FY 2005/06 data in time for the Commission's October meeting. Several changes in OCERS reporting (moving contracts to fiscal year reporting and expanded use of standardized milestones across initiatives) will facilitate development of the report in 2006.

### **Measurement of Outcomes – Service Outcome Questions**

#### *Background:*

Although the CDOM database captures information on approximately 75 percent of core clients served, the Core Data Elements are usually collected at the beginning of service. Information collected at this time is used to describe the children and families served and to investigate the status of indicators across that population. However, these data do not enable an assessment of

service effectiveness. For this purpose, the POMS Team designed and implemented, in 2003, a set of *Project Level Questions (PLQs)*, now renamed *Service Outcome Questions (SOQs)*. There is one set of SOQs for each Strategic Plan objective, and all grantees attached to a given objective through their work plan are required to complete the corresponding set of SOQs for each client as the client's period of service comes to an end.

Completed SOQs are distinct from other data collection efforts because they *do* address program effectiveness, albeit through grantee self report. Typically, they include an assessment of how the client encountered the program, the severity of the problems that brought the client to the program, whether or not the client responded to the program's intervention and with what effect. In addition, they frequently collect information about extenuating circumstances that further impact program outcomes.

#### *Progress in 2005:*

A complete analysis of the responses to the *Service Outcome Questions (SOQs)* was completed in early 2005. The information documented the results obtained by Commission-funded programs and was used to guide the POMS Team in improving data collection questions and processes.

The *Service Outcomes Report*, presented to the Commission in June, summarized SOQ data available as of March 31, 2005 and addressed each set of SOQs having 100 or more responses. This criterion was met for 13 strategic plan objectives distributed across the three major areas of *Healthy Children, Strong Families, and Ready to Learn*. Results broken down by individual funding categories also were provided.

By and large, the available data suggested that programs were effectively meeting the strategic plan objectives they addressed. For example, to establish the basics of health:

- 98% of children who received assistance with health insurance enrollment were insured at the end of service
- 99% of caregivers agreed that it is important to take their child to the doctor even when he/she is not sick
- 98% of children returned to the same doctor for those visits ("medical home") and 95% of programs reported they were instrumental in achieving this objective
- 86% of children had received all age-appropriate immunizations at the end of service, compared to 80% at the beginning of service

On other fronts, programs successfully took steps to identify and intervene with children who were at risk for various kinds of developmental problems or other deterrents to school readiness:

- 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 who were screened for developmental impairments were referred for further assessment

- 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
- 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
- 85% of preschool children showed major or moderate improvement as a result of participation in an early care and education program.

The *Service Outcomes Report* is available on the Commission's website.

The POMS team used the *Service Outcomes Report* to guide the redesign of the service outcome questionnaires to provide a richer data set as well as take advantage of new features that became available with the transition to OCERS.net. SOQs also were written for new Strategic Plan objectives introduced in 2005.

The revised SOQs have several new features. First, all funded agencies and programs will provide information on the type and intensity of services provided. This information will help differentiate between children who received a wide variety and/or more intense services and children who received a single service, such as a screening from the Bridges for Newborns Program. Information about the variety and intensity of services, i.e., the *dosage*, will prove invaluable in understanding the amount of service involved in achieving a particular outcome.

In addition, through the analysis of SOQ data for the June 2005 report, it became clear that, although some baseline data were available through the initial interviews, they were not an adequate benchmark against which a program could assess its progress. Therefore, the revised SOQs include baseline measures to better gauge progress toward the objective.

Finally, through the analysis of the SOQs, it became apparent that there could be improvements to the measurement of outcomes. All the surveys were reviewed and revised to ensure that they will lead to a satisfactory measurement of outcomes from the programs.

The OCERS.net format also facilitates completion of the entire set of outcomes surveys assigned to a particular program. In addition, the surveys are designed to turn questions on or off based on responses to initial questions in the survey, which will ease data entry.

After the initial revision of the SOQs, the questions were reviewed by selected grantees. Feedback from the grantees was incorporated into the final questionnaires, which were being implemented by the end of the year.

#### *Plans for 2006:*

The redesigned Service Outcomes Questions will be fully implemented in 2006. Training will be provided to grantees as needed on when to answer the questions and how to enter the data into

OCERS. Towards the end of 2006 or early in 2007, the data will be reviewed to determine whether the questions are effectively measuring outcomes of Commission-funded programs.

### **Grantee Use of Reporting and OCERS Users Groups**

#### *Background:*

OCERS was designed as a tool that would benefit both the Commission and its grantees. Grantee use of OCERS is enhanced when they have opportunities to participate in the development of the system and training on how to develop reports of their own project's data. OCERS Users Groups provide a voluntary opportunity for grantees to learn about the development of the database and share their experiences from the field on what works and what doesn't in terms of data collection and entry.

#### *Progress in 2005:*

Grantee interest in OCERS Reports trainings was waning toward the end of 2004. Therefore, Reports trainings were put on hold until after the transition to OCERS.net.

User Groups in 2005 were focused on the transition to the OCERS.net platform. Demonstrations of the new OCERS were given at all of the Commission Initiatives' monthly meetings. In order to reach out to the grantees who are not part of initiatives, four User Groups were held to demonstrate the changes to the Administrative Management Module (AMM) and another four User Groups were held to demonstrate the changes to the Core Data Outcomes Module (CDOM).

In April 2005, another User Group session was held in order to share the proposed changes to the CDOM questions with grantees and to obtain their feedback.

#### *Plans for 2006:*

Quarterly report trainings will resume for grantees so they can learn how to use all of the newer and easier reports that are available in OCERS.net.

Grantee User Groups will be held as relevant topics arise.

### **OCERS for Compliance and Risk Management**

#### *Background:*

OCERS Reports are used by the Commission's Program Leads to monitor grantee progress with providing Commission-funded services and to assure that grantees are compliant with their data requirements prior to receiving payment for services. These reports include:

- ? Milestone Report - reports the most recent progress on their milestones
- ? Aggregate Question Report - tells the Commission the total number of people served, number of services provided, number of classes given, and number of class hours provided during each month.
- ? Client Services Counts - informs the lead how many CDOM records have been entered and how many services have been provided by each project
- ? User Access Report - used by the Program Lead to see if a grantee has accessed OCERS, how many times they accessed OCERS, and the date they last accessed OCERS.

OCERS also is used as part of the Commission's risk management process to assess the status of each grantee and identify potential problem areas.

*Progress in 2005:*

The Program Leads continued to rely upon OCERS to review grantee performance and identify data compliance issues.

For risk management, the Administrative Management Module was used to obtain a comprehensive listing of all active contracts, milestone progress, and funded and total invoices and payments to a grantee. CDOM was used to show the number of clients entered by a grantee and to conduct confidentiality verifications and other auditing procedures. Combined, the information in OCERS was used to prioritize site visits and ensure that grantees adhered to their contractual obligations. The use of events continued to record when site visits occurred and to improve coordination of contract monitoring.

In addition, new contracts were monitored to assure that grantees enter the appropriate data into OCERS within 90 days of their contract being fully executed with the Commission.

*Plans for 2006:*

OCERS will continue to serve as an important tool for contract oversight, both by the Program Leads and Risk Management.

### **Annual Review of OCERS Data Collection Modules**

*Background:*

The data elements in OCERS (work plan milestones, aggregate data, and CDOM questionnaires) are reviewed annually by the POMS Team using ongoing feedback from grantees.

Work plan milestones are a commitment by grantees to carry out agreed upon activities and provide a specified amount of service. Monthly reports by the grantees are used to monitor contract performance and provide counts of services provided or people served, which are used in Commission reports.

Aggregate data is a module within AMM that allows grantees to report the number of clients (children ages 0-5, family members, and service providers) they serve, and the number of services, classes and class hours they provide.

CDOM questionnaires are used to gather child-specific information, if authorized by the child's parent or legal guardian. The information provides demographic information as well as data related to the Commission's Strategic Plan objectives. The questions are asked either one-time (if the response would not change over time) or every six months while the child is receiving funding from a Commission-funded program.

*Progress in 2005:*

No significant changes were made to the work plan format or aggregate data modules in 2005. However, work plan milestones within an initiative became more standardized. In OCERS.net, these standardized milestones are entered so the progress entered by all the grantees within an initiative is summed within OCERS, making it easier and faster to view the overall progress of the initiative. There also were ongoing efforts to improve the accuracy of work plan milestone reports and aggregate data. Internal data checks that became available when OCERS.net was implemented have eliminated two of the most common mistakes in aggregate data entry. There are ongoing efforts to improve and maintain the accuracy of the data entered in OCERS.

Based on input received from grantees over the previous year and analysis of the responses to the questions, the CDOM questionnaires were revised. Two questions were deleted (secondary language spoken in the home and relationship of the respondent to the child in question) and two were added (number of books available in the home to read to the child and type of phone used for personal calls). A question also was added to the Bridges for Newborns survey about breastfeeding in the hospital. Some response options were simplified or modified to improve responses. Grantees were provided an opportunity to provide input on the revised questions. In addition, grantees were advised that it was no longer necessary to collect data on the primary caregivers as that had proved to be of too little utility. The revised questionnaires were approved by the Human Subjects Review Committee and implemented on July 1.

*Plans for 2006:*

The OCERS data collection modules will be reviewed in Spring 2005. The POMS Team is hopeful that few, if any, changes will need to be made to the questionnaires in 2006, after several years of fine tuning. This will bring stability to the data collection for the Commission.

## **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 2005:*

The review of the protocol this year resulted in only minor changes to the document. The protocol was approved by the County's Human Subjects Review Committee.

*Plans for 2006:*

The annual review of the Confidentiality and Data Sharing Protocol will be conducted and approval by the Human Subjects Review Committee will be sought by June.

## **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. In 2003, scientific sampling was introduced in the Bridges for Newborns Program, motivated by the desire to reduce the burden of data collection as well as to help ensure a representative sample. To that end, a random sample was drawn for each Bridges hospital based on the order in which a mother presented to give birth. The sample might consist of the fifth, fourteenth, twenty-first, etc. mother who gave birth during any given month. The sample also included extra numbers in the event a sampled mother chose not to sign the authorization form. Separate samples were drawn for each Bridges hospital. Mothers not sampled completed a short interview consisting of twelve key questions, while mothers in the sample completed the long, CDOM interview forms used by all other grantees.

Beginning in July 2003, each hospital was provided background information on the sampling method and training on the importance of adhering to the sampling process. Hospital staff discussed their plans for implementation and reviewed methods to avoid the introduction of bias into the sample. Sampling was fully implemented in all the Bridges hospitals by the Fall 2003 and continued through 2004/05.

*Progress in 2005:*

Although great care was taken to ensure that the sample was unbiased, inspection of the results in early 2005 showed a persistent income bias in the sampled data: specifically, significantly more low-income mothers were completing the long forms. Although formulas for re-weighting the data to rectify the bias were applied to the results, it is a cumbersome process that at times raises concerns about the reliability of the data. Given this outcome, which was shared with the Bridges hospitals, the decision was made to end sampling in the Bridges Program.

Changes were made to the CDOM questionnaire to shorten the long form that was previously answered only by women in the sample, and, after consultation with the Bridges hospitals, they

agreed to use a single CDOM questionnaire for all mothers of newborns, beginning July 1. The use of a single form also simplifies the operations of the program.

*Plans for 2006:*

Scientific sampling remains a valuable tool for program evaluation, and its introduction in small-scale evaluation studies will continue in the future. As is routine practice among all data analysts and evaluators, the examination of data to uncover bias will continue to be among the preliminary steps taken prior to formal analysis of any database.

## **Health Access**

*Background:*

The Commission's strategic priorities have included a continued commitment to partnerships with health related organizations to ensure access to health care and appropriate utilization of services for Orange County children. To that end, a number of Commission-funded programs throughout the county continue to provide insurance application assistance, education on how to use coverage once it is secured, as well as locating and formalizing a newly insured child's medical home. POMS reports are developed to assess the Commission's investments related to health access, identify proven and promising strategies, and assist in developing policy recommendations.

*Progress in 2005:*

Two reports were completed in Spring 2005 that focused on health access issues. The first provided a detailed analysis of Service Outcomes Questions related to health access and presented a summary of a review article that examined the relationship between health access and health (Levy, Helen and David Meltzer, "What Do We Really Know about Whether Health Insurance Affects Health." In *Health Policy and the Uninsured*, Urban Institute, 2004). The second report summarized results from two program level evaluations, one focused on the care management program for enrollees of California Kids at CHOC, and the other on Healthy Steps for Young Children program implemented through St. Jude Medical Center, unique because it was the only known program in the County that used pediatric practices as the primary platform for service delivery.

The first report addressed service outcome data for three strategic plan objectives. Service outcome data for the strategic plan objective for **health care coverage** was addressed across six funding categories whose programs, between July 2003 and December 2004, collectively reported data on 915 children who did not have health insurance when they began receiving services from the program. If the number of initially covered children who retained their coverage and the initially uninsured who left the program enrolled are combined, the results suggest that 93 percent of children encountered were enrolled in an insurance program upon "exiting" from the program that assisted them.

The objective for **establishing a medical home** was also addressed across six funding categories, but 92 percent of the responses in the service outcome database used at that time (total N=1762) originated in CDI-Clinics and Project Connections. Providers reported having given instruction about preventive care to a large majority of parents they encountered (89%) and claimed they were instrumental in finding a medical home for a majority of their clients (87%). After contact with these programs, 90 percent or more parents concurred with statements about the importance of well child care and establishing a medical home. The objective for **immunizations** was addressed across four funding categories. After contact with their programs, the majority of parents concurred with statements about having a regular doctor to manage their child's immunizations and having a yellow immunization booklet (both 93%). Very early data suggested that a majority (81%) of children had received all their age-appropriate immunizations.

The first report also summarized a review article on the relationship between health access and health. After a lengthy review of rigorous empirical studies, the investigators concluded that "Vulnerable populations, such as infants and children on the fringes of Medicaid eligibility and low-income individuals . . . have the most to gain from additional resources, and they do appear to benefit from them" (p. 201).

The second report summarized two local evaluations of promising strategies for improving health access for young children. The California Kids Care Management Program at Children's Hospital of Orange County represents a thorough effort to close the gap between enrollment and full utilization. Through two of its clinics, Clinica CHOC para Niños and the Boys and Girls Club Clinic (of Santa Ana), CHOC personnel implemented the program in June 2003. Their services consisted of enrollment and management for assignment to a medical home; preliminary screening and referrals at enrollment to address unmet health care needs; telephonic health and developmental screening; referral of at-risk children to a Nurse Care Manager for assessment and follow up, development of a care plan for at-risk children, and appropriate referrals to medical, dental and behavior resources and services.

The Healthy Steps for Young Children program was initiated at St. Jude Medical Center in 2001. This program replicated a model program to build closer relationships between health care professionals and parents to address the physical, emotional and intellectual development of children from birth through age three. It was virtually the only Commission-funded program that used pediatric practices as the primary platform for service delivery and included a Mobile Van. The program was also unusual in that it served both middle class and disadvantaged families. Taken in combination the two evaluations suggested that:

- care management is an effective tool to enhance utilization of healthcare services
- a program designed to integrate in-place pediatric practice with a mobile practice, nurses and other family services is a feasible addition to the healthcare infrastructure serving young children.

*Plans for 2006:*

The POMS Team will continue to monitor literature and data related to health access and bring interesting findings to the Commission as they arise.

### **Best Practices**

*Background:*

The POMS Team reviews and supports existing research and best / promising practices to validate the data source and its utility for Commission program planning. Best practice review is also performed in relation to programs developed and funded by the Commission.

*Progress in 2005:*

The Assessment Tools Task Group, which was formed to develop a method to guide grantee selection of screening or assessment tools, completed its work with the development of the Screening and Assessment Tool Kit. The Tool Kit contains a list of validated screening and assessment tools and information on what they screen/assess and how they should be used. The goal of this project was to promote best practices through the identification and adoption of tested screening and assessment tools. The Tool Kit also should help standardize the screening process across grantees and enhance service provision. In developing the Tool Kit, input was sought from experts in the fields of early learning, pediatrics, social work, home visitation, nursing, and psychology to ensure that the tools are applicable to and representative of the settings and populations most frequently encountered by the Commission's grantees. The Screening and Assessment Tool Kit is available to the public on the Commission's web site at: [www.occhildrenandfamilies.com](http://www.occhildrenandfamilies.com) listed under "Resources."

*Plans for 2006:*

The POMS team will document and provide reports of best and promising practices to assist grant renewal committees in review of current Commission funded programs. In addition, best practices will be documented in relation to the State Matching Fund Programs including the Children with Special Needs Demonstration Project and State School Readiness Program.

### **Client Survey**

*Background:*

To date, all evaluation efforts have been conducted with cooperation and input from grantees, and the outcomes measurements are based primarily on grantee testing or professional judgment. While this provides reliable and valid information, it does not directly provide the clients' perspective. Hearing directly from clients can provide insights about the value of the services to the people who receive them, the long-term effect of those services, and whether clients

recognize the contribution of the Commission. Information from clients will help improve programs and ensure that clients' needs are being met.

*Plans for 2006:*

The POMS team plans to design and implement a direct survey of clients in 2006. The *Pathways to School Readiness* and a similar survey conducted in 2004 by the State First 5 Commission will be reviewed to generate survey questions. Questions will be designed to ascertain the value parents attach to the services they receive; whether the services were helpful; whether policies and services were respectful of parent voice and perspective; and what outcomes the parents have observed. Survey development will begin in early 2006, with results in late 2006 or early 2007.

# INITIATIVE-SPECIFIC EVALUATIONS

## Evaluation of Bridges for Newborns

### *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. In 2003, the Bridges for Newborns program was enhanced to locate and serve 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 conducted to preliminarily assess some of the essential program elements showed significant reduction in risk to families served by Bridges Providers when compared to a group of parents receiving no Bridges services.

### *Progress in 2005:*

In 2005, the evaluation of the Bridges for Newborns Program was refined to address two issues. The first was to learn more definitively about the **true level of need** in the population served by Bridges Home Visitation providers. One of the continuing concerns of Bridges Hospitals and Home Visitation Providers alike is that there is insufficient time for hospital staff to develop a relationship of trust with a new mother while she is admitted to the hospital to give birth. Consequently, it is unclear whether the initial screening done by the hospital captures the family's true level of need. In fact, there is substantial anecdotal evidence that more reliable information about the family's true status only becomes available after trust has been established by the home visitor. The second issue addressed is the **continuing effectiveness** of the Home Visitation Providers.

This evaluation will include an analysis of data provided through the Bridges Screening Tool. During 2005, the home visitors began re-administering the Bridges Screening Tool after approximately three weeks of contact with the referred family, and then again after the completion of one year of service. When the three screening total scores are compared (the first score is the hospital score, the second score is the first at-home score, and the third score is the second at-home score at the end of one year of service), it is expected that the second score will show **more risk** than that observed in the hospital (the true level of need), while the third score will be **significantly lower** than the second (demonstrating the effectiveness of the program in lowering psycho-social risk).

### *Plans for 2006:*

Because the last screening is completed at the end of one year of service, it is anticipated that there will not be data from a sufficient number of families until the latter half of 2006. A report on the evaluation results will be compiled and made available in late 2006 or early 2007.

## **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. This project was undertaken in response to local and national data showing that kindergarten teachers are concerned about the impact of children's social and emotional development on transition to and performance in kindergarten. The intended function of the tool is to assess children's social-emotional readiness for school settings. A quality measure will help parents and ECE staff understand the importance of all domains of child development, as opposed to a narrow focus on academic domains.

### *Progress in 2005:*

The full report was prepared and is ready for submission to the POMS Team.

### *Plans for 2006:*

The POMS Team will receive and review the full report prior to submission to the Commission.

## **School Link**

### *Background:*

One method to measure the success of Commission-funded programs would be to follow the children as they enter school and compare their academic performance with those of children who did not participate in Commission-funded services. Such longitudinal studies can only be carried out with the full cooperation of the parents and the school districts where the children attend school. Building on existing relationships between the Commission and its partner school districts, the POMS Team has been testing 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 is laying important groundwork for the long-term evaluation of the impact of Commission-funded services on the academic performance of children receiving them.

A major component to the School Link project has been identifying and addressing the administrative and data requirements needed to successfully merge data from school districts with CDOM. These requirements include:

- formalizing data sharing arrangements between the Commission and the districts, i.e., signing MOUs

- determining the eligibility of the evaluator to receive data from the districts and formalizing those arrangements as needed, i.e., having the evaluator sign confidentiality agreements with the districts
- working with districts' information technology staff to set specifications for and transmit electronic data

*Progress in 2005:*

During 2005, the POMS Team continued to work with representatives of the Anaheim City School District and Newport-Mesa Unified School District. The MOUs for the School Link project that were drafted in 2004 were signed in 2005.

Both the administrative and data requirements uncovered in the attempt to connect district data with CDOM were met and district data were successfully merged with CDOM, allowing for sufficient analysis to complete the simple evaluation designed for the project.

The major outcome measure for the evaluation of the districts' school readiness programs was the Desired Results Developmental Profile (DRDP), data already collected for use in the state evaluation. An analysis of those data showed that children made significant gains on the DRDP scores that were above what could be expected because of a child's maturation alone. Moreover, the results were found to be significantly or nearly significantly associated with several demographic measures that originated in the CDOM database.

In addition, this process led to better understanding of the data requirements for expanding this project to additional school districts. Before adding districts, it will be necessary to:

- determine the uniformity of data collected across districts
- determine the format in which district data are stored
- merge data from both district and Commission sources
- in lieu of a unique identifier to pre-school aged students, construct a special unique identifier based on the child's initials and date of birth in both the district and CDOM data
- protect student names by establishing a separate relationship between the evaluator and the district, when required
- export district data in a form suitable for a merger with CDOM

*Plans for 2006:*

A report summarizing the findings of the initial "School Link" project will be submitted to the Commission early in 2006. While that report is being prepared, the School Link project will be continued and expanded to three additional school districts. Newport-Mesa Unified and Anaheim City have already committed to continue with the project and three new districts, Centralia, Magnolia and Santa Ana, were invited to join the project. All three new districts have expressed initial interest in participating. Each participating district will be asked to contribute data for 200 students for a total of as many as 1000 students for the second project. Early in 2006, the POMS Team and district staff will incorporate what was learned in the first project to

design and implement the expanded school link project. The results from the expanded project should be available in late 2006 or early 2007. Over the long-term, this project will continue to build a foundation upon which the long-term impact of Commission and district intervention on academic achievement can be assessed.

### **Evaluation of *KidBuilders***

#### *Background:*

*KidBuilders* is a Commission-directed initiative to supply parents with a compendium of activities they can do with their young children. It is a small and colorful three-ring binder that parents can refer to and use with ease, and is available in both English and Spanish. The book's two volumes (for ages 0-2 and 3-5) provide activities that are age-specific and cover learning in six areas: mind, body, health, language, relationships, and safety.

#### *Progress in 2005:*

In 2005 the pilot release of 10,000 copies of the book took place in four County communities: La Habra, Santa Ana, Costa Mesa and Aliso Viejo. The POMS team participated in the public meetings that preceded the release of the books in order to present the goals of the evaluation and explain the role of the books' community distributors in that evaluation. The evaluation plan was well received by the participants.

The pilot release provided books in both Spanish (about two thirds) and English (one third). Books were distributed in three ways by the participating community agencies: 1) with a handoff and a very brief explanation of the books' purpose (light method), 2) with classroom instruction on how to use the book and a chance to practice the book's activities with children (moderate method), and 3) with one-on-one instruction, demonstration and practice in how to do the book's activities with a child, usually during a home visit (extensive method). The purpose of the evaluation is to learn:

- Were there differences in usage of the book that can be related to where and how it was deployed?
- Who received the book? Did the current deployment methods made the book available to a wide spectrum of the County's population? And are any of the parents participating in the initial evaluation willing to participate in more comprehensive evaluation activities at a later date?
- Who actually used the book and what did they think of it?

Early anecdotal reports from the agencies deploying the books report they are very popular. By the end of the year, nearly all the books had been distributed. It was the expectation of the evaluation team that 10 percent, or about 1,000 parents who received books would consent to participate in the evaluation, and that goal was achieved.

The evaluation calls for telephone interviewers to contact consenting parents to learn how they received the book (by what method), how and if they used it, and their opinions about it. By year's end, the interviewers were trained and ready to being interviews in both English and Spanish.

*Plans for 2006:*

The telephone interviews will be completed by the end of spring. Data entry and analysis of the interview responses will take several weeks, and it is anticipated that a brief report of public response to the books will be available in Summer 2006.

### **Evaluation of the Local School Readiness Initiative**

*Background:*

Since 2000, the Commission has provided funding for the Local School Readiness Initiative, which provides for School Readiness Coordinators (SRCs) in each of the school districts with elementary schools. The goal of this initiative is to improve the school readiness of young children, facilitate the transfer of preschoolers to kindergarten, and to improve the preparedness of the schools for the incoming kindergarteners. As a general rule, the SRCs do not provide direct services to children, rather, they conduct outreach to families and child care providers, educate parents and child care providers on how to help children become ready for school, and work within school districts to advocate for preschool services and improved transitions to kindergarten.

*Progress in 2005:*

The evaluation plan that was developed in 2004 was finalized by mid-year. The key questions to be answered by the evaluation include:

- In what types of activities are the School Readiness Coordinators engaged?
- How effective are these activities?
- What is the value of these activities and who realizes the value?

The evaluation began with a review of existing documents describing the initiative and how it is being carried out at the individual school districts. A survey of the coordinators was administered in November, to be followed by interviews and/or focus groups with selected coordinators.

*Plans for 2006:*

Input will be obtained from district staff, partner agencies, and parents at selected districts. The data will be analyzed and a report written by Spring 2006. The goal is to have the report in time to inform the Commission's decision on renewing funding for the initiative and to identify and support any needed program changes

## Evaluation of the School Readiness Nurse Initiative

### *Background:*

In April 2004, the Commission invested in a new initiative to fund school readiness nurses (SRNs) at each of the school districts with elementary schools (26 school districts). The goal of this initiative is to improve the health of preschoolers throughout Orange County by providing health and developmental screenings and referrals, identifying health insurance needs, connecting children to medical homes, and educating parents and care providers on children's health issues. The SRNs work in partnership with the School Readiness Coordinators at each district, which also are funded by the Commission. A formative evaluation was begun in 2004 to help identify needs for program changes early on and to report on the accomplishments of the SRNs.

### *Progress in 2005:*

The key evaluation questions addressed during the first year of the initiative were:

- Who are the participants?
- What are the baseline statistics on the school readiness health indicators?
- What are the health care strategies and processes that characterize the program and how are they being implemented?
- What are the strengths and weaknesses of program implementation?

During 2005, activity logs were finalized for the nurses to use to report their activities and training on how to use the logs was provided. A survey of the nurses was completed using an on-line questionnaire and a focus group and interviews were held to elicit more detailed responses to questions generated from the survey. Interim reports were submitted to the POMS Team. In October, a presentation of the results of the first year of the initiative was made at the American School Health Association annual conference. Key findings presented were that the SRNs provided 51,000 services to 7,634 children ages 0-5 and 11,400 services to 5,000 family members. The SRNs also provided more than 1000 classes to children ages 0-5, family members, and other service providers. Thanks to the initiative, nearly 7,400 preschool-age children received a comprehensive set of screenings for developmental delays, vision, hearing, dental, and physical health. Over 2,100 children were referred for health concerns or suspected developmental delays. A full report of the SRN Evaluation is expected by the end of 2005.

### *Plans for 2006:*

In the second year of the evaluation, the key evaluation questions are:

- What progress is being made to meet program goals?
- In what ways are the health care strategies and processes that characterize the program being adapted and strengthened?
- What are the indirect effects and influences on program implementation?

To answer these questions, the monthly activity logs will be reviewed and analyzed. A parent survey will be conducted to learn to what extent the parents value the service provided, their

general awareness of health care services and children's health care needs, and satisfaction with services received. In addition, case studies will be conducted to identify best practices. A full report of the second year evaluation should be available by the end of 2006.

### **POMS Team Role as Internal Evaluation Consultant to Commission Initiatives**

#### *Background:*

In addition to reporting in OCERS, some Commission initiatives conduct their own, separate evaluations. Although the POMS Team may not carry out the evaluation, they often are asked to review evaluation plans or help with the evaluation design.

#### *Progress in 2005:*

The POMS Team reviewed and provided feedback to the CHOC/UCI Neurodevelopmental Center on their proposed evaluation. The POMS Team also consulted with the Early Literacy Network on its evaluation design, which led to one of the new CDOM questions in OCERS – about how many books are in the home to read to the child. The State School Readiness evaluation has been carried out through a partnership among the school districts, the State First 5 evaluator, and the POMS Team. A POMS Team member also has provided evaluation support to the LEAPS special needs project at Newport-Mesa Unified School District.

#### *Plans for 2006:*

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

# **POMS TEAM PARTICIPATION ON EXTERNAL EVALUATION EFFORTS**

## **Link with State Evaluation**

### *Background:*

The California Children and Families First Initiative requires that both the state and county commissions develop outcome-based accountability for determining future expenditures. The 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. To this end, the state and county commissions have, where feasible, coordinated their evaluation strategies.

### *Progress in 2005:*

Over the last year, the Commission has served as fiscal agent for a review of the statewide evaluation framework. The approach was built upon the success of the State's work with the Government Finance Officer's Association (GFOA) along with Altmayer Consulting and the First Five Association of California to develop recommendations for fiscal management including the integration of financial and outcome reporting on a statewide basis. To carry out the review of the statewide evaluation, an Evaluation Framework Workgroup was formed that includes the Commission's Executive Director (Executive Guidance Group member) and the Commission's Director of Program Development and Evaluation (Workgroup member). The objective of the Workgroup was to develop a recommendation for updating the framework for State and Local Evaluation for the Proposition 10 Initiative that clarified the state and county responsibilities for outcome reporting and addressed:

- the need, identified in the recent audit completed by the California State Auditor / Bureau of State Audits for improved reporting of results and data collection efforts on both State and local levels
- data collection and reporting requirements associated with State Commission funding opportunities (such as the recent Special Needs Demonstration Project)
- evaluation and data collection services to be provided through State evaluation contractors

The recommended framework was adopted by the California First 5 Commission in July 2005 by a unanimous vote of State Commissioners.

### *Plans for 2006:*

The Commission will support the successful implementation of the adopted evaluation framework on two levels:

- continued active participation on the statewide Evaluation Framework Workgroup to design and support the implementation plan, and
- local review of the statewide evaluation framework to design POMS enhancements to ensure responsive local reporting.

## **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 2005:*

The POMS Team provided technical expertise to assist with the development of these reports. In particular, POMS Team members reviewed and edited the entire 11<sup>th</sup> *Annual Report on the Conditions of Children in Orange County*, helped coordinate its presentation to the Board of Supervisors, and participated in planning a community forum to highlight the special section of the report on children and the environment.

### *Plans for 2006:*

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

## **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 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.

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

Olivia de la Rocha, Ph.D.  
Jaimie Hogan  
Alyce Mastrianni  
Carole Mintzer  
Traci Smith

ATTACHMENT 2

**Performance Outcome Measurement System**  
**2005 Work Plan - Progress**  
**2006 Work Plan - PROPOSED**

<b>Project</b>	<b>2005 Activity - Planned</b>	<b>2005 Activity – Progress</b>	<b>2006 Activity Planned</b>
Pathways to School Readiness – an evaluation framework of how children become ready for school	<ul style="list-style-type: none"> <li>➤ Complete crosswalk between the Pathways and the Commission’s Strategic Plan</li> <li>➤ Complete matching of Commission-funded projects to the Pathways</li> <li>➤ Use the Pathways to identify, design, and implement small-scale evaluation efforts</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pathways served as guide for the review and revision of Strategic Plan objectives</li> <li>➤ Progress was made toward matching funded projects to Pathways</li> </ul>	<ul style="list-style-type: none"> <li>➤ Use Pathways to identify, design, and implement small-scale evaluation efforts</li> </ul>
Outcomes Collection, Evaluation and Reporting Service (OCERS) as an Evaluation Tool	<ul style="list-style-type: none"> <li>➤ Complete pre-implementation activities and migrate to OCERS.net on April 1</li> </ul>	<ul style="list-style-type: none"> <li>➤ OCERS.net was implemented on schedule, April 1, 2005</li> <li>➤ The OCERS Invoicing Module was implemented</li> <li>➤ The Care Management Module was re-designed to support Targeted Case Management billing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Implementation of the Invoicing Module will be completed</li> <li>➤ The Care Management Module will be implemented by one or more grantees</li> </ul>
Quarterly Reports	<ul style="list-style-type: none"> <li>➤ Prepare quarterly reports</li> </ul>	<ul style="list-style-type: none"> <li>➤ Four reports covering time-trends, school readiness programs, comparisons with OCHNA and Healthy Children were completed and posted to the Commission’s web site</li> </ul>	<ul style="list-style-type: none"> <li>➤ Quarterly Performance Reports will be prepared using the new format</li> </ul>
Special Reports	<ul style="list-style-type: none"> <li>➤</li> </ul>	<ul style="list-style-type: none"> <li>➤ A special report on dental health, featuring data from the seven Commission-funded dental clinics was presented to the Commission</li> </ul>	<ul style="list-style-type: none"> <li>➤ A report on foster children ages 0-2 will be completed</li> <li>➤ A report showing Commission data over time will be prepared</li> <li>➤ Additional special reports will be prepared as needed or requested</li> </ul>
Annual Report to the State (Part 3)	<ul style="list-style-type: none"> <li>➤</li> </ul>	<ul style="list-style-type: none"> <li>➤ OCERS data was used extensively to report on grantee activities and accomplishments in FY 04/05</li> </ul>	<ul style="list-style-type: none"> <li>➤ Part 3 of the Annual Report to the State will be prepared for submission by October 15</li> </ul>
Measurement of Outcomes – Service Outcome Questions (SOQs)	<ul style="list-style-type: none"> <li>➤ Conduct thorough analysis of SOQs</li> <li>➤ Based on SOQ analysis and options available with OCERS.net, review and revise outcome measurements</li> </ul>	<ul style="list-style-type: none"> <li>➤ Analysis and report on SOQs was completed in June 2005</li> <li>➤ SOQs were evaluated and revised, including addition of a measure of</li> </ul>	<ul style="list-style-type: none"> <li>➤ Implementation of the revised SOQs will be completed</li> <li>➤ Preliminary analysis of grantee outcomes reported using the new</li> </ul>

ATTACHMENT 2

Project	2005 Activity - Planned	2005 Activity – Progress	2006 Activity Planned
	using OCERS	service intensity and improvement of baseline and outcomes measures ➤ Implementation of the revised SOQs was begun	SOQs will take place
Grantee Use of Reporting and OCERS Users Groups	<ul style="list-style-type: none"> <li>➤ Offer training on OCERS reports on a quarterly basis</li> <li>➤ Continue to hold Users Groups</li> <li>➤ Implement Chart of the Month concept</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reports training was put on hold in response to declines in grantee interest (too few people signed up for training)</li> <li>➤ Users Groups were held in conjunction with the rollout of OCERS.net and the revision of the CDOM questions</li> <li>➤ Chart of the Month was not implemented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Resume quarterly reports training</li> <li>➤ Hold User Groups as topics arise</li> <li>➤ Implement Chart of the Month concept</li> </ul>
OCERS for Compliance and Risk Management	<ul style="list-style-type: none"> <li>➤ This activity is integrated into the use of OCERS and no further reports will be made</li> </ul>	<ul style="list-style-type: none"> <li>➤ Program leads used OCERS to review grantee performance and data compliance</li> <li>➤ Reports were prepared regularly to facilitate risk management reviews</li> <li>➤ New contracts were monitored to ensure appropriate data entry following training</li> </ul>	<ul style="list-style-type: none"> <li>➤ OCERS will continue to serve as an important tool for contract oversight and risk management review</li> </ul>
Annual Review of OCERS data elements (work plans, aggregate data and CDOM)	<ul style="list-style-type: none"> <li>➤ Review and revise Core Data Elements and Service Outcome Questions</li> <li>➤ Submit revised questions for HSRC approval</li> <li>➤ Continue to provide training to grantees and monitor the data to improve the accuracy of the aggregate data</li> <li>➤ Analyze responses to aggregate question regarding why parents refuse to sign the CDOM authorization form</li> </ul>	<ul style="list-style-type: none"> <li>➤ The Core Data Elements (CDOM) were revised, approved by Human Subjects Review Committee, and implemented by July 1</li> <li>➤ The work plan format and aggregate questions were reviewed, with no changes made.</li> <li>➤ Work plans within initiatives have become more standardized, improving their use for reporting and contract monitoring</li> <li>➤ Ongoing efforts, aided by the implementation of OCERS.net, were made to improve and maintain data accuracy</li> <li>➤ Responses to the question on why parents refuse to sign the authorization form was analyzed and</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review all of the OCERS data collection modules</li> <li>➤ Continue to monitor data and work with grantees to improve and maintain accurate data collection and entry into OCERS</li> </ul>

ATTACHMENT 2

Project	2005 Activity - Planned	2005 Activity – Progress	2006 Activity Planned
		reported in the first quarterly report of the year	
Annual Review of Confidentiality and Data Sharing Protocol	<ul style="list-style-type: none"> <li>➤ Conduct annual review and submit protocol for approval by the Human Subjects Review Committee</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reviewed and revised protocol and received approval from the HSRC</li> </ul>	<ul style="list-style-type: none"> <li>➤ Conduct annual review and submit protocol for approval by the Human Subjects Review Committee</li> </ul>
Scientific Sampling	<ul style="list-style-type: none"> <li>➤ Continue to review the use and value of sampling at the Bridges hospitals</li> <li>➤ As needed, consider the use of sampling for other programs</li> </ul>	<ul style="list-style-type: none"> <li>➤ A bias related to income was detected in sampled Bridges data</li> <li>➤ Sampling was eliminated for Bridges hospitals</li> </ul>	<ul style="list-style-type: none"> <li>➤ As needed and appropriate, consider the use of sampling for other programs</li> </ul>
Health Access	<ul style="list-style-type: none"> <li>➤ Prepare a list of Commission-funded programs that contribute to health and health access</li> <li>➤ Complete a literature review of health access and its relationship to health</li> <li>➤ Analyze SOQs related to health access and medical home</li> </ul>	<ul style="list-style-type: none"> <li>➤ The literature review uncovered a recently completed literature review on health access, which was summarized in a report</li> <li>➤ An analysis of SOQs related to health access and medical home was completed and reported</li> </ul>	<ul style="list-style-type: none"> <li>➤ Monitor and report on literature and data related to health access</li> </ul>
Best Practices (Assessment Tools)	<p>Enhance internal POMS processes through:</p> <ul style="list-style-type: none"> <li>➤ Inventory, review and archive of grantee best practices</li> <li>➤ Inventory, review and archive of grantee policy research deliverables</li> <li>➤ Formalize POMS related policies, procedures and protocols</li> <li>➤ Finalize list and determine Commission-preferred tools to recommend to grantees</li> <li>➤ Complete production of the assessment tools toolkit</li> </ul>	<ul style="list-style-type: none"> <li>➤ An inventory of grantee best practices was begun</li> <li>➤ The evaluation framework was documented</li> <li>➤ The Screening and Assessment Tool Kit was completed and posted to the Commission’s web site</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complete inventory of grantee best practices</li> <li>➤ Continue to formalize POMS related policies, procedures and protocols</li> <li>➤ Document and provide reports of best and promising practices to assist grant renewal committees</li> <li>➤ Document best practices in relation to State Matching Fund Programs</li> </ul>
Client Survey	<ul style="list-style-type: none"> <li>➤</li> </ul>	<ul style="list-style-type: none"> <li>➤</li> </ul>	<ul style="list-style-type: none"> <li>➤ Design and implement a direct survey of clients.</li> <li>➤ Report findings in early 2007</li> </ul>
Evaluation of Bridges for Newborns	<ul style="list-style-type: none"> <li>➤ Implement evaluation plan to assess true level of need, effectiveness, and refusal of service</li> </ul>	<ul style="list-style-type: none"> <li>➤ New evaluation plan was implemented</li> <li>➤ Data collection in progress</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complete data collection</li> <li>➤ Analyze data for final report</li> </ul>
School Readiness Assessment Instrument	<ul style="list-style-type: none"> <li>➤ Prepare report of findings</li> <li>➤ Determine whether additional study is warranted</li> </ul>	<ul style="list-style-type: none"> <li>➤ Report was completed and is ready for submission to the POMS Team</li> </ul>	<ul style="list-style-type: none"> <li>➤ No further study is anticipated</li> </ul>

ATTACHMENT 2

Project	2005 Activity - Planned	2005 Activity – Progress	2006 Activity Planned
School Link	<ul style="list-style-type: none"> <li>➤ Match data from two school districts with CDOM and analyze data</li> <li>➤ Prepare report of findings</li> </ul>	<ul style="list-style-type: none"> <li>➤ Identified and executed administrative requirements for linking CDOM data with district data</li> <li>➤ Successfully merged CDOM with district data and conducted a joint analysis of the data</li> <li>➤ Identified improvements in data download procedures for the future</li> <li>➤ Presented preliminary results to district personnel</li> </ul>	<ul style="list-style-type: none"> <li>➤ Submit final report from 2005 data merge</li> <li>➤ Add three school districts for a total of five and receive and analyze data from up to 1000 children</li> <li>➤ Prepare a report of the findings</li> </ul>
Evaluation of <i>KidBuilders</i>	<ul style="list-style-type: none"> <li>➤ Implement evaluation plan and prepare report of findings</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>KidBuilders</i> was released in four communities</li> <li>➤ More than 1000 parents agreed to participate in the evaluation</li> <li>➤ Evaluation interviewers were trained</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complete parent interviews</li> <li>➤ Analyze interview responses</li> <li>➤ Prepare report</li> <li>➤ Plan for more in-depth evaluation when <i>KidBuilders</i> is released more widely</li> </ul>
Evaluation of Local School Readiness Initiative	<ul style="list-style-type: none"> <li>➤ Finalize evaluation plan</li> <li>➤ Collect data</li> <li>➤ Prepare report of findings</li> </ul>	<ul style="list-style-type: none"> <li>➤ Evaluation plan was finalized</li> <li>➤ Survey of School Readiness Coordinators was completed</li> <li>➤ Focus group of Coordinators was held</li> </ul>	<ul style="list-style-type: none"> <li>➤ Obtain input from district staff, partner agencies, and parents</li> <li>➤ Analyze results</li> <li>➤ Prepare report of findings</li> </ul>
Evaluation of School Readiness Nurse Initiative	<ul style="list-style-type: none"> <li>➤ Implement activity log</li> <li>➤ Conduct interviews, surveys, and focus groups</li> <li>➤ Prepare progress reports and final report</li> <li>➤ Plan for second phase of evaluation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Activity logs were implemented</li> <li>➤ Surveys, focus groups and interviews were conducted</li> <li>➤ Progress reports were submitted to the POMS Team</li> <li>➤ The second phase of the evaluation was designed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Prepare comprehensive report of Year 1</li> <li>➤ Continue to collect data on activity logs</li> <li>➤ Conduct parent survey</li> <li>➤ Identify best practices through the use of case studies</li> </ul>
POMS Team Role as Internal Evaluation Consultant to Commission Initiatives	<ul style="list-style-type: none"> <li>➤ Continue to facilitate data collection for the State school readiness evaluation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provided feedback to the Neurodevelopmental Center on their proposed evaluation</li> <li>➤ Consulted with the Early Literacy Network</li> <li>➤ Provided evaluation support to the State School Readiness programs and Special Needs Project (LEAPS)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide evaluation consultation and support as needed</li> </ul>
Link with State Evaluation	<ul style="list-style-type: none"> <li>➤ Participate on joint State / County Task Force to review First 5 California’s current evaluation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Participated on the Evaluation Framework Workgroup, which recommended an updated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Support the implementation of the adopted evaluation framework</li> <li>➤ Continue to actively participate on</li> </ul>

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Project	2005 Activity - Planned	2005 Activity – Progress	2006 Activity Planned
	framework ➤ Participate in State and regional level evaluation activities	framework for State and local evaluation of the Proposition 10 Initiative	the Evaluation Framework Workgroup ➤ Design POMS enhancements as needed to ensure responsive local reporting
Contribute to ongoing reports: ➤ Conditions of Children report ➤ Countywide Indicators Report ➤ Orange County Health Needs Assessment	➤ Continue to edit and oversee production of the Conditions of Children Report ➤ Review draft OCHNA report	➤ Edited and oversaw production of the 11 <sup>th</sup> Annual Report on the Conditions of Children in Orange County	➤ Continue to edit and oversee production of the Conditions of Children Report ➤ Participate in the development of other reports as requested
Prepare POMS Annual Report	Due December 7, 2005	DONE!	Due December 6, 2006

ATTACHMENT 2



Children and Families  
Commission of Orange County

**Pathways to School Readiness**

Mission: Provide leadership to achieve the vision that all children are healthy and ready to succeed when they enter school.

