



Attachment 2

Performance Outcomes Measurement System Annual Report for 2006

Presented to the Children and Families Commission of Orange County
December 6, 2006

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Evaluation reports referenced in this document can be found on the Commission’s web page at www.occhildrenandfamilies.org under the Outcomes 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 requirements¹. 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, injury prevention, child abuse and prevention, health access, children with special needs, early literacy and language development, oral health, and community outreach.

This report describes each of the major projects of the POMS Team and the progress made in 2006, followed by the proposed plans for 2007. 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.

¹ Proposition 10 requires each County Commission to have a strategic plan that describes the goals and objectives to be obtained, the programs, services, and projects to be provided, and how measurable outcomes of programs, services, and projects will be determined using appropriate reliable indicators. By October 15 of each year, the statute requires each County Commission to issue a report on "...the progress toward, and the achievement of, program goals and objectives, and information on programs funded and populations served for all funded programs." (California Health and Safety Code Sections and 130150a)

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 2006:

Pathways to School Readiness was used throughout the year to ensure that evaluations were designed to ask the right questions about how programs help children be healthy and ready for school. In particular, *Pathways* was used to guide the design of the client survey.

Plans for 2007:

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

Outcomes 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, electronic invoices 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 2006, there were 115,779 child records in CDOM, 26,732 of which were entered this year. Additionally in 2006 there were over 40,339 services provided to children in the individual client module. Of the children in the individual client module, 21,342 initial entry snapshots and 4,119 follow-up snapshots were completed in 2006.

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 2006:

With the exception of the Invoice Module, described below, no significant changes were made to the AMM portion of OCERS this year. In CDOM, the POMS Team changed the frequency at which grantees are asked to collect client level data from every six months to every twelve months. This change reduces the data collection burden on grantees without compromising the Commission's ability to evaluate its programs. Grantees and Commission staff also continued to be provided with hands-on training and technical assistance to ensure efficient and quality data collection, entry and retrieval.

Invoice Module

The Commission and CS&O continued to enhance the electronic invoice module, including the definition of new fiscal reports that will be built into OCERS. Meetings with the Auditor Controller were held in preparation for creating an electronic interface that would allow invoices to be sent electronically to the Auditor Controller. This functionality will be fully implemented by the end of 2006.

Care Coordination Module

After the successful implementation of OCERS.net in early 2005, work on the Care Coordination Module (CCM) was resumed. Demonstrations of the existing module to interested agencies were conducted to obtain buy-in and commitment to implementation. A demonstration was also conducted with the Health Care Agency (HCA) to verify that the Targeted Case Management (TCM) claiming part of the module worked correctly. What emerged from these demonstrations was feedback that the design of the module could be further enhanced to meet individual agencies' unique needs. Meetings were held with each interested agency to document the changes that would be necessary for them to adopt the module. Final meetings were then held with the agencies and HCA to determine the priorities of the identified changes. The requests were presented to the Commission for approval in August. The changes were uploaded to OCERS by November, at which point the Project Manager started the implementation process with Orange County Child Abuse Prevention Center (OCCAPC). OCCAPC will begin utilizing the module in December and start submission of electronic TCM claims effective January 2007.

Plans for 2007:

Invoice Module

The new fiscal reports that were defined by the Commission and CS&O will complete development for implementation in OCERS in 2007.

Care Coordination Module

Implementation of the Care Coordination Module is planned for St. Jude Hospital's Bridges for Newborns Program and the Children's Bureau in the early part of 2007.

Quarterly Performance Reports

Background:

In 2005, the POMS Team designed the Quarterly Performance Reports to provide summary information about the numbers of children and families served and services provided by Commission-funded programs, as well as program expenditures. The reports highlight Commission initiatives and/or progress toward specific strategic plan objectives. Each report focuses on either the Commission as a whole or on one of the Commission's goal areas.

Progress in 2006:

The POMS Team compiled data for the Quarterly Performance Reports that covered each of the four Strategic Plan goal areas, along with a Commission-wide summary report for 2005/06.

Plans for 2007:

The POMS Team will continue to provide data on grantee accomplishments for the Quarterly Performance Reports.

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 2006:

Comparison of Demographics and Key Indicators across Time and Programs: In June 2006, a report was provided to the Commission comparing data from the initial interviews of children served during each of the previous four calendar years (2002-2005). This report showed the changes over time among children just beginning to receive Commission-funded services. The report distinguished among three subpopulations of Commission clients: Bridges for Newborns, State School Readiness, and all other programs.

The major findings uncovered some important gains and some areas for concern both across time and from one subpopulation to the next. They also suggested that Commission funding continues to serve children at greatest risk. Among the key findings in the report were the following:

- The percentage of uninsured three, four and five year olds entering State School Readiness Programs remained high (just over 10%), falling below 10 percent only once between 2003

and 2005. Other Non-Bridges Programs encountered an even greater percent of uninsured children in the 3-5 age range (13% of 3 and 4-year-olds, and 20% of 5-year-olds).

- The percentage of children enrolling in State School Readiness Programs who reported *no* medical home declined from 20 percent in 2003 to 8 percent in 2005. This trend was also evident among other Non-Bridges Programs.
- About two-thirds of parents reported that they read to their children 3 times per week or more, while fully one third read to their children every day.

Foster Children ages 0-2: The Commission has an ongoing commitment to support effective child abuse prevention strategies in the communities it serves. However, local data have not been available to assist in understanding the characteristics of abuse and neglect in infants and very young children and for designing responsive prevention strategies. To this end, the Commission and County Social Services Agency have undertaken an evaluation of data extracted from case files of children under two years of age who were removed from their homes due to physical abuse or neglect. A report has been prepared that profiles injury types and examines factors that contributed to the neglect / abuse of the children. The report is in the process of final agency review with findings anticipated for dissemination and program planning by 2007.

Plans for 2007:

A report comparing five years of demographic and key indicator data captured as children begin to receive Commission-funded services will be prepared. If possible, this report will provide additional breakouts by funding category. A report also may be developed to show the demographics and characteristics of all children served during the 2005/06 fiscal year, not just those who completed the initial interview. As more and more children are served first by the Bridges for Newborns program and subsequently by other Commission-funded programs, fewer of the children served within a one-year period complete an initial interview and more are completing follow-up snapshots.

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 November 1.

Progress in 2006:

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 2005/06, Commission-funded programs served over 98,000 children ages 0-5 and 86,000 family members of those children. The children received over 672,000 services, including 38,800 home visits, 22,300 pediatric health encounters and well-child check-ups, 15,900 immunization checks, and 21,800 referrals. Over 28,000 children were screened for developmental delays and over 25,000 Kits for New Parents were distributed. Data in the report also are provided by funding categories, such as Bridges for Newborns and Pediatric Health Services. The report is available on the Commission's web site.

Plans for 2007:

Information for the Annual Report to the State will be compiled using FY 2006/07 data in time for the Commission's October meeting. The 2006/07 report will be prepared to conform with the new California First 5 Evaluation Framework.

Measurement of Outcomes – Service Outcome Questions

Background:

Although the CDOM database captures information on approximately 75 percent of children receiving direct services, the Core Data Elements are most often 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 directly measure the effectiveness of the services provided. For this purpose, the POMS Team designed and implemented a set of *Service Outcome Questions (SOQs)*. There is one set of SOQs for each Strategic Plan objective, and all grantees matched to a given objective through their work plan are required to complete the corresponding SOQs for each child and family when they finish providing services or when the child turns six.

Completed SOQs are distinct from other data collection efforts because they *do* address program effectiveness, albeit through grantee self report. Typically, they ask about the client's status when they started the program, the intervention or referral provided, and the status of the client at the end of services.

The SOQs were designed and implemented in 2003, and a preliminary review of the responses was completed in 2005. Based on this initial analysis, the SOQs were completely revised in 2005 to capture information on the type and intensity of services provided to the child and family, collect better baseline data about the condition of the child before services were provided, and be more effective at measuring outcomes.

Progress in 2006:

Implementation of the redesigned SOQs began in December 2005, and by July 1, 2006, all grantees were using them. The POMS Team provided technical support to grantees to help them understand the new questions and develop data collection methods.

In addition, the POMS Team prepared a final report of the responses to the original set of SOQs. The report, presented to the Commission in December, provides a complete review of service outcome data collected by grantees between 2003 and the end of June 2006 and summarizes the outcomes they observed as a result of providing Commission-funded services. Highlights of that report include:

- 98% of children who received assistance with health insurance enrollment were insured at the end of service
- 98% of caregivers served agreed at the end of service that it is important to take their child to the doctor even when he/she is not sick
- 92% of children had received all age-appropriate immunizations at the end of service
- Only 6% of children for whom a treatment plan was designed had no dental caries at their first visit to a Commission-funded clinic, compared to 43% with no caries at the end of service
- 14% percent of parents believed their child may have a medical or developmental condition that will affect his/her performance in school, and 15% of children screened for developmental impairments were referred for further assessment
- 84% of preschool children showed major or moderate improvement as a result of participation in an early care and education program

Plans for 2007:

After the new SOQs have been in use for 12 months, the responses will be analyzed to ensure that the questions are generating data that will be useful to the Commission and its grantees. At that time, the POMS Team will provide a report to the Commission and determine whether any further refinements to the questions are needed.

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 2006:

Two OCERS users groups were held for grantees this year (four meetings). The first one was held April to present the new Service Outcomes Questions (SOQs). POMS Team members distributed the new questionnaires to those grantees in attendance, explained how the questionnaires were created, and showed the grantees how to enter the responses to the new SOQs in OCERS. The second OCERS user group will be held in early December. POMS Team members will present annual report data in order to show how the Commission utilizes the data that the grantees enter into OCERS. In addition, CS&O will review all of the reports that are available for grantees to use in OCERS, explaining what information can be obtained from the reports along with instructions on how to run the reports.

Grantees were encouraged to use OCERS reports as they developed posters for the Grantee Summit in November. There was considerable evidence in the posters that grantees were successful at obtaining and using their OCERS data.

Plans for 2007:

The POMS Team will continue to offer grantee user groups as topics are identified that will be beneficial and supportive for the Commission's grantees.

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 about 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 2006:

The Program Leads continued to rely upon OCERS to review grantee performance and identify data compliance issues. An enhancement to the Client Counts report was added this year so that

the leads can see how many CDOM records were entered as well as how many interviews were conducted during a specified period of time. This helps the lead to identify if the grantees are staying up-to-date with their CDOM data entry. With the activation of the OCERS Dashboard, Program Leads were provided with a quick way to identify when they have milestone updates and invoices to review, as well as the ability to monitor progress toward selected milestones.

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 Service Outcomes report is being used to assure that the grantees are entering their outcomes data.

Two data exports were added this year in order to provide important information to the Commission from OCERS. One of those reports informs the Commission and the program leads about which projects are expected to collect CDOM, how many records each project entered each month, how many clients they are serving, and how many initial, six-month and non-occurrence snapshots were entered into OCERS. The other data export that CS&O provided to the Commission on a monthly basis reports those projects that have not submitted an invoice in over 90 days. This report helps the Commission to identify those projects that are behind on invoicing so that the Contract Administrators can contact the grantee and encourage them to submit their invoices on a timely basis.

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

Plans for 2007:

OCERS will continue to serve as an important tool for contract oversight, both by the Program Leads and Risk Management. Specifically, the Program Leads will be instructed on how to run the Service Outcomes report in order to monitor their grantees' compliance with data entry.

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 twelve months while the child is receiving funding from a Commission-funded program.

Progress in 2006:

The POMS Team reviewed all the Core Data Elements (CDEs) that are collected on clients being intensely served by the grantees. Analysis of the responses and feedback from grantees indicated that there was no need to make substantive changes to any of the questions this year. This follows several years during which some of the questions underwent major revisions, making year to year comparisons difficult. One question, about the primary caregiver's ethnicity, was added in order to meet the new evaluation reporting framework adopted for California First 5.

Plans for 2007:

The POMS Team will review the data that is being collected in OCERS, i.e., the Core Data Elements, the aggregate questions, and Service Outcomes Questions to see if any modifications or enhancements are needed and to assure that the data continue to give the Commission valuable information.

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 2006:

The protocol was reviewed in May. The only significant modification was to the Interagency Information Exchange section, describing what grantees working collaboratively need to do in order to share information. The revised protocol was reviewed by Commission counsel and approved by the County's Human Subjects Review Committee.

Plans for 2007:

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. To date, the Commission has attempted to use sampling only with the hospitals participating in the Bridges for Newborns program. However, when bias in the sampled data was found, the program returned to collecting the same data on all clients served.

Progress in 2006:

No evaluation projects were implemented during 2006 in which scientific sampling was employed.

Plans for 2007:

Scientific sampling is a valuable tool for program evaluation, and it may be used in future small-scale evaluation studies. As is routine practice among all data analysts and evaluators, the examination of data to uncover bias must be among the preliminary steps taken prior to formal analysis of any sampled data.

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 2006:

This past year, the POMS team worked with the Commission's Technical Advisory Committee (TAC) to review Commission-funded efforts to improve parenting skills and resiliency among families with young children. To implement this study, members received informational presentations at TAC meetings by select grantees that are implementing parenting education / support strategies. Grantees were selected that target both low- and high-risk families, are reaching parents with children of various ages (0-5), and are utilizing different settings to reach families. Grantee presentations included information on components of validated program

designs including logic models, staffing, curriculum, screening / assessment tools, and measures of results.

Key findings from the presentations documented that the Commission funds a continuum of parent education programs and many “best practices” are being incorporated into funded services that are appropriate for the population being served and level of risk assessed. These practices include: effective utilization of evidence-based curricula and screening tools; responsive referral systems with the Commission’s network of community providers; and the importance of addressing the provision of and/or linkage to child care and transportation services. Identified best practices will be incorporated into the Commission’s Screening and Assessment Toolkit. This Toolkit is available to grantees to guide further program design enhancements and to Commission staff as grantee performance is contractually reviewed.

Plans for 2007:

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, the Commission’s 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.

Progress in 2006:

During 2006, client survey questions were drafted, a survey methodology was designed, and an application to the County’s Human Subjects Review Committee was developed but not submitted. The survey would ask clients about such things as the services they received, the intensity and depth of those services, how they learned about services, and whether they were referred throughout the network of services the Commission-funded programs have become. The survey also investigates their level of satisfaction with the services received, the outcomes they observed in themselves and/or their children, and their belief about who funded the services they received. It contains 14 questions in all.

The draft research design calls for a *cluster or stratified random* sample that would be based on funding categories within Commission Directed Initiatives and Strategic Plan goal areas, with

over-sampling for smaller funding categories. Within funding categories, programs would be selected at random and clients would be drawn at random within programs.

A special data collection plan was also developed that takes advantage of trust relationships built between clients and their agency representatives, compensates for low literacy skills among some clientele, and partially compensates for any bias the agency related personnel might have about their programs when assisting clients with the survey. The plan calls for data collection to be centered around agency administration of the survey. For example, a home-visitor might administer the survey to his/her client. The visitor would read questions as well as response options to the client who would then mark their own response on the survey. The visitor would then *seal* the completed survey in a specially prepared envelope that would be turned over to a Commission evaluator for compilation.

Plans for 2007:

The next steps prior to implementing the client survey include determining a meaningful sample size and pilot testing both the questions and the data collection plan. These two steps should be conducted simultaneously. The pilot test will be used to test and modify the questions as well as provide sufficient data on which to base sample size calculations and establish a reasonable margin of error for estimates. The margin of error is likely to be wider than the traditional three percent because more surveys may be required than is practical in order to enable both an analysis by funding categories and a small margin of error. The programs participating in the pilot testing of the survey will be chosen at random before the pilot begins in order to enlist their sustained cooperation and input throughout the actual survey administration process.

In addition to the pilot, the application for Human Subjects Review Committee approval needs to be finalized and submitted, and the survey needs to be translated into Spanish and Vietnamese. Once the preliminary work is completed, the survey can be administered.

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 when the new model was implemented showed early success: a significant reduction in risk factors for families served by Bridges Providers when compared to a group of parents receiving no Bridges services.

The pilot evaluation raised additional questions for which a second evaluation was designed. The first question asked how well the screeners in the hospital were able to assess risk factors of the family compared to home visitors who had more time to get to know the family. The second question asked whether the success of the program found in the pilot evaluation could be confirmed with a larger sample size and over a longer period of time.

Progress in 2006:

The home visitors continued to administer the Bridges Screening Tool at the beginning and end of home visitation services, which typically lasted for one year. The completed screening tools from the home visitors were then stapled to the screening tool completed in the hospital and mailed to the Commission's evaluator. All three screening tools were analyzed to begin to answer the two evaluation questions. Although not all the data were in, an analysis of the first 300 families with completed screening tools was prepared in the fall to help inform the Commission's decision about whether to continue funding the Bridges for Newborns program. The questions and preliminary results are summarized below:

1. What is the true level of need in the population referred to Bridges Home Visitation service providers?

The expectation was that the screening at the hospital would not find all the risk in a family and that the first screening completed by the home visitor, who had been in the home and gotten to know the family better, would show even greater risk. However, the preliminary findings suggested that hospital screeners and home visitation providers made very similar assessments of family risk, with an *overestimation* of risk due to financial resources being the exception. In this case, hospitals rated the level of financial risk higher than home visitors. These findings suggested that home visitors find less risk, rather than more, after getting to know a family, and most importantly that hospital staff are doing an excellent job of locating and referring the right families for services.

2. Can the continuing effectiveness of the Bridges network of services be demonstrated?

The Bridges pilot evaluation demonstrated the effectiveness of the new model over six months. This evaluation examined differences between screening scores obtained in the early weeks of home visitation to those obtained after one year or sooner if a family no longer required services. About 125 families had completed the program at the time of the preliminary analysis. The findings demonstrated that families had significant declines in their level of risk, both overall as well as in six subcategories of risk. Overall risk fell by 10 points on average, a decline of some 20 percent. Thus far, the Bridges network of services continues to demonstrate a high level of effectiveness as measured by significantly lower risk in the families it serves

To further investigate the quality of the program, 20 families were interviewed to learn their perspective of the home visitation program. Included among the key findings from the families interviewed were:

- 98% reported an increase in parenting skills, as a result of home visitor teachings, videos and literature.
- 90% reported an increase in child safety knowledge and were utilizing techniques taught by home visitors.
- 85% stated that they had an increased understanding of child development and no longer implement corporal punishment as a means of discipline.
- 98% reported that their families are functioning at a higher level.
- 88% reported an enhancement of maternal life course (e.g. increased ambition about employment and or higher education), as a result of their participation in the Bridges program.

Plans for 2007:

Home visitors will continue to collect the end of service screening tools on families they serve. Enrollment of new families into the evaluation ended in spring 2006, therefore the data collection process will continue until all enrolled families have completed the final screening by spring 2007. At that time the final data analysis and reporting will be completed. It is likely that the positive results observed in 2006 will remain unchanged by the addition of more data.

School Link

Background:

One method to measure the success of Commission-funded programs is 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 linking pre-kindergarten assessment data from

district databases with demographic and other family characteristics found 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 2006:

The report of the first attempt to link district data with Commission data was provided to the Commission in May and presented at the California First 5 conference. This report documented the administrative and technical challenges encountered and overcome by the School Link participants. The analysis found that the children had improved significantly from the beginning of the school year to the end, based on the results of a developmental profile. However, because only two school districts participated, there were too few children in the study to draw any other conclusions.

In the meantime, the POMS Team invited three more districts to participate in the School Link project, for a total of five districts. During the 2005/06 school year, the participating districts were Newport Mesa Unified School District, Anaheim City Elementary School District, Santa Ana Unified School District, Magnolia Elementary School District and Centralia Elementary School District.

Both administrative and technical information gained from the first year of the pilot helped pave the way to a larger and more successful project. The steps carried out for the second year remained similar to the first year, including completion of Memoranda of Understanding between the Commission and the districts, assuring that the confidentiality of children's information was maintained, linking data from the districts with data in the Commission's database, and analyzing the linked data.

Once the administrative hurdles were overcome, data from CDOM and the five school districts were successfully merged, allowing for preliminary analysis of the relationships between family characteristics in the CDOM database and developmental assessment results in the district databases. The most significant findings were:

- Children's mastery of school readiness items rated by the Desired Results Developmental Profile (DRDP) improved significantly from the beginning of the school year to the end.

- Children whose mothers had less than a high school education started behind their classmates and ended at the same level of mastery by the end.
- Children from homes where the primary language is Spanish started behind their classmates and ended ahead of them by the end of the school year.

Plans for 2007:

The School Link project will continue in 2007. Although plans have not been finalized, the School Link Team is discussing the implications of the new, shorter version of the DRDP that is being implemented statewide as well as limiting the data entry and analysis to only the overall and subscale totals on the DRDP. By using less data (10 items instead of 110), it is more likely that districts will have the space in their main information systems to enter the DRDP data. The Team also will consider whether it is time to expand the project again to more districts.

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 2006:

Beginning late in 2005 and continuing through the early months of 2006, nearly 20,000 *KidBuilders* books were distributed through agencies located in four geographical areas of the county: Santa Ana, Aliso Viejo, La Habra and Newport-Mesa. Over 1,000 parents who received the *KidBuilders* books completed a telephone survey in the language of their choice about their experiences with the books after they had had sufficient time to use them. In July 2006 a report on the findings from the telephone survey was submitted to the Commission. It showed that *KidBuilders* was an impressive success.

The books were distributed using three different instructional methods: a simple handoff (light instruction), classroom type instruction (moderate instruction), and one-on-one instruction (extensive instruction). The survey addressed several questions about the book, and was designed especially to learn which of the instructional methods was better and for whom. Among the major survey findings were the following:

- 82 percent of surveyed parents actually engaged their children in the books' activities; 54 percent of users had completed all the available activities and 46 percent still had some to go at the time of the survey.

- Although all types of instruction resulted in fairly high usage of the book, the lowest usage level was associated with light instruction. The moderate and extensive methods resulted in greater use of the books.
- Family income was shown to interact significantly with the instructional method used. Extensive education exerted more influence on usage among middle and high income families.
- Low income families used the books in higher numbers regardless of the amount of instruction they received.
- Parents had very high opinions of the books. Middle and higher income respondents expressed higher opinions of the books when they had received extensive instruction. Low income families had high opinions of the book regardless of instructional method.

Plans for 2007:

Eventually, it will be desirable to evaluate the impact of *KidBuilders* on children's cognitive and physical development. An intermediate step toward this goal would be to survey parents to learn what outcomes they observed in their *KidBuilders* children. To be successful, the survey should be designed in conjunction with experienced parents. A series of focus groups with parents who have used *KidBuilders* could be held to ensure that the survey is based on the experiences of parents who have used the books, and thus measure the extent to which large numbers of parents have similar experiences and whether large numbers of children benefited in similar ways. Once the survey has been honed with parent focus groups and a pilot test, an evaluation design involving a community comparison group could be conducted.

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 2006:

The evaluation of the Local School Readiness Initiative, which was begun in 2005, was completed in 2006. The evaluation consisted of surveys and conversations with the School Readiness Coordinators, Commission staff and consultants, school district personnel, early care and education providers, and parents of preschool-aged children in Orange County.

The three research questions addressed through the evaluation were:

- In what types of activities are the SRCs engaged?
- How effective are these activities?
- What is the value of these activities?

Among the major findings in the report were:

- SRCs ranked parent education as the strategy area most important to their districts.
- Outreach activities and parent education accounted for the largest share of the SRCs' time.
- 55% of district personnel who were surveyed believe their school boards have become much more supportive of the idea of school readiness since the SRC Initiative began.
- 81% of district personnel believe that their school board is very or somewhat supportive of the idea of school readiness.
- 91% of district personnel believe that the SRC has been very effective at increasing the overall awareness of school readiness in their district.
- 84% of parents surveyed indicated they have seen positive changes in their children and families as a result of things learned during school readiness events.

Evaluation of the School Readiness Nurse Initiative

Background:

In 2004 the Commission invested in a new initiative to fund school readiness nurses (SRNs) at each of the school districts with elementary schools (25 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 monitor implementation and identify areas for program improvement as well as to report on the accomplishments of the SRNs.

Progress in 2006:

The final evaluation report of Year 1 of the SRN initiative, covering the 2004/05 school year, was presented to the Commission in March and is available on the Commission's website. During the 2005/06 school year, the SRNs continued to collect data on service contacts and outcomes. The Year 2 evaluation also consisted of site visits to five of the participating districts and a survey of parents who had received SRN services.

The Year 2 Final Report, presented to the Commission in December, shows the accomplishments of the nurses during the second year of the initiative along with the challenges they have encountered. The report also provides comparisons with Year 1 data to document the progression of this initiative. Among the key findings were:

- A 50% increase in the number of children served each month from Year 1 to Year 2. In Year 2, the SRNs served a total of 11,298 children.
- Collectively, the SRNs conducted an average of 4,426 screenings per month in Year 2, compared to 1,911 per month in Year 1.
- Nurses were most successful with meeting the immunizations needs of the children, and least successful with meeting height/weight/BMI (body mass index) needs.
- In Year 2, SRNs were more likely to conduct outreach at school fairs (58% of outreach efforts).
- The SRNs provided 3,680 class hours of nutrition education, followed by 1,979 class hours of health education and 1,651 hours on hygiene.
- SRNs report that following-up on referrals can be very time-consuming and challenging.
- Parents reported that they were extremely satisfied with the classes they took; 99% said they learned something new and were able to use what they had learned.

Plans for 2007:

A more targeted evaluation of the SRN Initiative for School Year 2006/07 is underway to address two key findings from the Year 1 and Year 2 evaluations. The evaluation questions that will be answered are:

- What progress have nurses made compared to Years 1 and 2 to meet program objectives as outlined in the project work plan?
- Why are at-risk children and families not accessing the services offered by the SRN Initiative (service reach)?
- Why are at-risk children and families in more isolated areas difficult to reach (service reach)?
- What prevents children and families from following through on health referrals or complying with treatments that address their children's health needs (meeting health needs)?
- What strategies can be employed to improve service reach and simultaneously meet the health needs of a greater number of at-risk children and families?

To answer the first question, the SRNs will continue to use data collection logs prepared by the Evaluator. The second and third questions will be answered by working with 4-5 school districts that will assist with developing focus groups of parents who have and have not used SRN services. These same districts will assist with the last two questions by providing more detailed documentation of their attempts to follow-up with families who have received referrals for additional services.

Evaluation of Project Connections.FRC / Health Access

Background:

Project Connections.FRC / Health Access uses a home visitation model to serve medically and socially vulnerable children by providing accessible, culturally sensitive services that build on family strengths and improve the overall health and well-being of the children served. This program started in 2000 and is based at eight Family Resource Centers (FRCs) throughout Orange County. Each FRC hosts a Health Access Team that consists of a Health Care Coordinator, a Public Health Nurse and one or more Promotoras.

Progress in 2006:

An evaluation of the Project Connections.FRC initiative was begun in 2006. The evaluation questions are:

- How effective are the Project Connections.FRC / Health Access programs in meeting their goals?
- What strategies are viewed as the most important to continue and which have become less critical?
- How are activities split among the Health Care Coordinators, Public Health Nurses, and Promotoras?
- How well integrated are the Health Access Teams with the FRCs?
- How well connected is Project Connections.FRC with other Commission-funded programs?

To answer these questions, the Evaluator is surveying Health Access Team members, FRC Directors, and Commission staff who oversee these programs and conducting focus groups to further investigate findings from the surveys. The Evaluator also plans to survey providers from other programs to learn more about how Project Connections.FRC connects to other Commission-funded programs.

Plans for 2007:

The evaluation report will be completed in the first half of 2007.

Evaluation of Pediatric Health Services

Background:

The Commission designed the Pediatric Health Services (PHS) Initiative to increase access to pediatric primary and specialty care services through collaborative programs jointly implemented by Children's Hospital of Orange County (CHOC) and University of California, Irvine Medical Center (UCIMC). Through this initiative, the Commission has supported and invested in a broad range of programs to address preventive care and treatment needs identified by the community.

The Commission formed the Pediatric Health Services Committee in May 2003 to provide comprehensive pediatric health services planning and identify and respond to community needs. This committee also conducts programmatic review to understand program achievements and identify opportunities for further program improvements.

Plans for 2007:

In anticipation of funding decisions in spring of 2008, the Pediatric Health Services Committee has proposed several program evaluation efforts to review the outcomes achieved for the children and families receiving services through PHS programs. Three programs are planned to have in-depth program evaluations over the next year: Asthma/Chronic Lung, Metabolic, and CUIDAR. Each of the evaluations will review client data as captured in OCERS to describe the children and families served through the programs. For the Asthma/Chronic Lung program, the evaluation will include a review of the community outreach efforts and the number of emergency visits due to persistent asthma conditions. The CUIDAR program has been well-received by the community and schools, but has not undergone a formal evaluation. Because the program is directly linked with State School Readiness, a full review is warranted to provide evidence of its effectiveness. The Metabolic program received conditional funding and needs to undergo a formal program evaluation.

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 or participate in evaluations with outside entities that are not associated with the Commission (e.g. National Children's Study and State School Readiness). Although the POMS Team may not carry out the evaluation, they often are asked to review evaluation plans or help with the evaluation design. POMS Team members also advise on program design based on their knowledge of effective strategies and desired outcomes.

Progress in 2006:

POMS Team members assisted the following projects during 2006:

- National Children's Study – assisted with the identification of geographic regions for sampling and helped design outreach strategies
- State School Readiness – assisted school districts with data collection and entry; developed logic model to identify indicators for future evaluation
- Substance Exposed Infants – participated on Steering Committee and Evaluation Design Subcommittee to design protocols for assessing the number of infants born in Orange County exposed to illicit substances
- LEAPS (Special Needs Project) – advised program staff on data collection for both Orange County and the statewide evaluation

- Homeless shelters – met with Program Administrator of OC Partnership to provide information on Commission data requirements and explore ways to coordinate that with the requirements of other funders
- El Sol Preschool – met with preschool staff and the funder to design the evaluation
- HABLA – met with external evaluators to describe the program and brainstorm on evaluation ideas

Plans for 2007:

The POMS Team will continue to be available to Commission initiatives and individual grantees to consult on and support evaluations as needed. In particular, the POMS Team anticipates further support to all of the projects it assisted during 2006.

POMS TEAM PARTICIPATION ON EXTERNAL EVALUATION EFFORTS

Link with State Evaluation

Background:

The California Children and Families Act requires that both the state and county commissions develop outcome-based accountability for guiding program investments. Through the joint effort of First 5 California and the First 5 Association, a First 5 Evaluation Workgroup was developed to clarify state and county roles and responsibilities and to improve outcome reporting. A proposed new Evaluation Framework was developed and adopted by First 5 California in July 2005. Orange County has been an active participant on the First 5 Evaluation Workgroup.

Progress in 2006:

Evaluation Workgroup efforts in 2006 have focused on implementation of the new Evaluation Framework. For example, information sessions have been offered in conjunction with the Annual Statewide conference, and telephone conference calls and regional meetings were convened to ensure opportunities to engage support for the new Evaluation Framework. Workgroup members developed reporting guidelines for Cycle 2 of the School Readiness Partnership programs. Other Evaluation Workgroup efforts have included creating a training plan on outcome evaluation instruments, developing recommendations for technology improvements, and formalizing continuous improvement and communication processes related to statewide evaluation activities.

Locally, Commission staff have reviewed the annual reporting requirements included in the new Evaluation Framework to ensure that Orange County's business processes are in place and that annual reporting will be compliant with the new standards for programs in operation during FY 2006/07.

Plans for 2007:

Active participation in the Statewide Evaluation Workgroup will continue in 2007 with an emphasis on the review of implementation of the new Annual Report and School Readiness reporting, and a review of local Commission reporting of evaluation studies and results.

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 2006:

The POMS Team provided technical expertise to assist with the development of these reports. In particular, POMS Team members reviewed and edited the entire *12th 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 dental health.

POMS Team members participated on two subcommittees, Children 0-5 and Behavioral Health, to review and design questions for the next Orange County Health Needs Assessment, which will be conducted in 2007. Their participation was critical for including a question that will provide needed baseline information for the National Children's Study.

Finally, the POMS Team supported development of the *Community Indicators Report* by providing updated immunization data.

Plans for 2007:

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

The POMS Team is pleased to provide to the Commission this report of its activities during 2006. As is evident throughout 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. It also is important for demonstrating the effectiveness of the services provided by the Commission's grantees.

In the coming year, the POMS Team will undergo significant change with the retirement of two of its members. Fortunately, the work described in this and previous POMS Annual Reports have laid a solid foundation for the new slate of evaluation firms that recently were selected by the Commission and for the Commission's new evaluation staff. There is every reason to believe that the plans for 2007 described in this report will proceed with the same high quality that the Commission has come to expect from its evaluation program. To that end, next 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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