



**Agenda Item No. 5
November 6, 2013 Meeting**

DATE: October 29, 2013

TO: Children and Families Commission of Orange County

FROM: Christina Altmayer, Executive Director

A handwritten signature in black ink, appearing to read "Christina Altmayer", is written over the printed name.

SUBJECT: 15-Year Anniversary Recognition Activities

SUMMARY:

November 2013 marks the 15-year anniversary of the passage of Proposition 10 that established the Children and Families Commission of Orange County. The Orange County Commission is joining the First 5 Commissions across the state to recognize the transformative effect the legislation has had on health, early education, and family support services for young children and families. This item includes the final draft of the 15-Year Anniversary Report of the Commission's accomplishments and future direction, an overview of the communications and media strategy related to the 15-year anniversary, and an update on the community outreach activities related to the Strategic Plan.

DISCUSSION:

15-Year Anniversary Report

The 15-Year Report highlights the Commission's accomplishments and outlines a course for the future. This 15-Year Report (Attachment 1) provides a survey of the Commission's work since inception and is presented in lieu of the annual report summaries. The report highlights the impact of Proposition 10 funding in the areas of health, early education, and family support to achieve the vision that all children are healthy and ready to learn. As Proposition 10 revenue continues to decline the Commission will be building on its successful track record of developing, funding and implementing critical services for young children and to continue the priority on young children through evaluation, collaboration, convener, and policy leader. The report includes data to support the four issues that were identified as priority areas by the Commission: autism, vision, early literacy and math, and obesity prevention. The report concludes with a focus on sustainability strategies to support the system of services for young children.

Annual Goal Area Performance Reports

The Annual Program Report required by Proposition 10 legislation was approved at the October 2013 Commission meeting. A summary of the data and accomplishments for fiscal year 2012-13 has been compiled, as well as performance reports for the four goal areas: Healthy Children, Early Learning, Strong Families, and Capacity Building. The Annual Summary and Performance

Commissioners

Executive Director

Reports (Attachment 2) will complement the 15-Year Report to communicate the Commission's investments and outcomes over the past year.

Communications and Media Strategy

The First 5 Association is planning a statewide campaign to commemorate the 15-year anniversary of the passage of Proposition 10. Localized communication and media strategies have been developed to complement the statewide efforts that will commence with the release of the 15-Year Anniversary Report in November and continue over a six-month period. The Report provides an opportunity to launch a communications strategy that promotes awareness of the critical issues facing young children in Orange County and how the Commission is leading efforts to promote healthy development and early learning for all children. The media plan will emphasize how the Commission's focus on early intervention and prevention has yielded tremendous value for children and families throughout Orange County. The intent is to elevate the Commission's profile among targeted audiences, such as health, civic, and philanthropic and educational leaders, policy makers at the local and state level, as well as County residents overall.

The media plan includes the following strategies:

- Opinion-editorial pieces authored by experts on relevant children's topics
- Testimonials from children and families who benefited from Commission funded programs during the past 15 years
- A community open house at the new office suite and recognition of 15 year partnerships, including health and educational professionals that have supported the Commission during this time
- Use the website and social media to push out testimonials, fact sheets, and related materials
- Refresh the Commission's brand to reinforce a strong corporate identity.

Strategic Plan Community Outreach

The community outreach process to solicit feedback on the priorities to implement the strategic plan began last month. To date, meetings have been held with the School Readiness Nurses and Early Learning Specialists, members of the Orange County Business Council, nonprofit health and family support organizations, and the Orange County Legislative aides. The meetings have included a presentation on the Commission's investments in children's programs and challenges for the upcoming years as Proposition 10 revenue declines. The discussions have focused on the future challenges to sustain the systems that have been created for young children both in funding, but also as a priority to policymakers. The feedback has been positive and generally endorsed the Commission's investments. The input has been documented and will be considered as part of the annual Strategic Plan review process that will be presented in April 2014.

STRATEGIC & FISCAL SUMMARY:

This program has been specifically reviewed in relation to the Strategic Plan and is consistent with all goal areas. There is no funding action requested in this agenda item.

PRIOR COMMISSION ACTIONS:

- October 2013 – Executive Officer’s Report – Update on 15-Year Anniversary Report
- September 2013 – Received update on the 15-Year Anniversary of the Passage of Proposition 10

RECOMMENDED ACTION:

Receive the final draft of the 15-Year Anniversary Report and annual goal area performance reports.

ATTACHMENTS:

1. 15-Year Anniversary Final Draft Report
2. Annual Summary and Performance Reports for 2012-13

Contact: Kelly Pijl



FIFTEEN YEARS AND MOVING FORWARD.



A close-up photograph of a young child's face, smiling broadly, showing their teeth. The child is wearing a blue patterned shirt. The number '15' is overlaid in a large, white, outlined font. The '1' is a simple vertical line with a curved top. The '5' is composed of a vertical line, a horizontal top bar, and a circular bottom section.

FIFTEEN YEARS AND MOVING FORWARD.

A Look Back

Fifteen years ago, the Children and Families Commission of Orange County set out to make a difference in the lives of Orange County's youngest residents – children from prenatal to five years old. The Commissioners established a vision and strategic plan that became the anchor for Commission investments over the years. The Strategic Plan became the standard for both program and fiscal accountability that is as relevant today as it was 15 years ago. The Commission's vision for Orange County's youngest children endures: *all children are healthy and ready to learn.*

From the outset, the Commission sought the advice of national and local experts and community representatives to expand funding for what was working and fill in gaps where services did not yet exist. After investing more than \$660 million and serving 1.4 million young children, there are many accomplishments to celebrate. Over the past 15 years, the Commission has successfully:

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

Through this work, the Commission established itself as a leading voice for young children in Orange County anchored by its four goals:

Healthy Children

Promote the overall physical, social, emotional and intellectual health of young children

Early Learning

Provide early learning opportunities for young children to maximize their potential to succeed in school

Strong Families

Support and strengthen families to promote good parenting for the optimal development of young children

Capacity Building

Promote an effective and quality delivery system for young children and their families

MAKING YOUNG CHILDREN A PRIORITY

The Commission's vision that all children are healthy and ready to learn is fundamental not only to each child's personal wellbeing, but also for equipping children to grow into successful adults and contributors to the communities where they live, work and raise their own families.

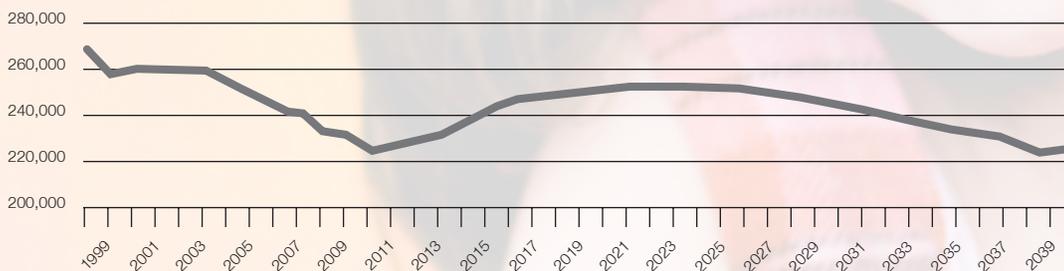
Led by declining birth rates, the number of children ages 0-5 in Orange County has decreased steadily since 1999. It is projected that the 0-5 population will begin to grow again, but the long-term trend remains: fewer young children. A recent report by the University of Southern California (USC) and the Lucile Packard Foundation for Children's Health indicates that children accounted for 33% of California's population in 1970, but by 2030 they are expected to comprise just 21%. This reality has far-reaching implications. As the county ages – and the demand for social support increases – young children growing up today face a significant burden to meet this demand. The USC/Packard report states, "The growing imbalance between children and retirees means that the economic role of a child born in 2015 will be nearly twice as important as that of a child born in 1985."

Helping each child reach their potential through early investments that promote healthy development and school success is at the core of the Commission's work.

"We will be increasingly dependent economically and socially on a smaller number of children. They are more important to the state's future success than ever before."

~ Dowell Meyers, professor of policy and demography and director of the Population Dynamics Research Group at USC.

Number of Children Ages 0-5 Years
Orange County, 1999-2040



Source: California Department of Finance, Historical Race/Ethnic Population with Age and Sex Detail (1999-2010), Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender (2011-2040)

- Children's Health
- Early Learning
- Strong Families
- Capacity Building

FEBRUARY 2000

First strategic plan adopted and Early Action programs launched. Programs serve as a foundation for future funding models and include Bridges Hospitals and Family Resource Center-based health access program.

NOVEMBER 2001

Partnership with HomeAid Orange County approved, which authorizes the development of a five-year business plan for transitional housing and emergency shelter facilities in the county.

JUNE 2003

Healthy Smiles for Kids of Orange County created to support oral health for all Orange County children.

1998

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2000

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NOVEMBER 1998

Voters pass Proposition 10, adding a 50-cent sales tax to tobacco products and allocating revenues for programs supporting children from birth to age 5.

1999

Children & Families Commission of Orange County established to oversee Proposition 10 funds.

AUGUST 2000

School Readiness Coordinators (now Early Learning Specialists) funded, creating communication among the Orange County school districts, improving the interaction between preschool and K-12 systems, and serving as the foundation to be the first county commission to receive state commission school readiness funding.

DECEMBER 2001

Commission adopts Fiscal Leveraging Plan and commits to operating principles, including a focus on sustainability and fund leveraging to maximize community resources. Plan eventually brings millions of dollars to Orange County, through MAA, TCM and EPTSD federal matching funds.

MARCH 2002

AmeriCorps/VISTA program established, which leverages federal dollars to fund members who serve at nonprofits with programs funded by the Commission.

JANUARY 2004

School Nurse Program created, funding school nurses in all Orange County school districts with a kindergarten population to meet the health needs of young children.

APRIL 2005

Funds set aside for capacity building grant that explores creation of a separate entity to support health access and insurance enrollment for children. This lays the foundation for the creation of the Children's Health Initiative of Orange County (CHI-OC).

MAY 2005

Commission launches Early Literacy Network Program to serve as a foundation for programs that build language and learning skills for life.

JULY 2011

OC STEM Strategic Plan developed, which includes activities to develop STEM competencies among Orange County's preschool-aged children.

MAY 2010

Bridges Maternal Child Health redesign approved, providing a platform to implement child health strategies through centralized administration, including the use of an electronic data system to leverage existing hospital resources, electronic referrals, implementation of a strengthened home visitation model, and refocused distribution of the Kit for New Parents.

FEBRUARY 2012

Approved Catalytic Investment projects including a \$7 million challenge grant for matching funds to expand and enhance autism services. Commission invests in the Center for Autism and Neurodevelopmental Disorders and services are expanded.

05

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2013

APRIL 2007

Early Development Index (EDI) piloted, with Orange County becoming the first site in nation to implement. EDI measures and maps children's developmental status upon school entry.

MAY 2007

Five-year Developmental Services Action plan developed through Pathways Leadership Committee to strengthen pathway for young children receiving, or in need of, developmental and behavioral services in Orange County.

MARCH 2008

Bridgespan Report received, which includes a strategic assessment of Commission investments with five key recommendations: prioritize serving neediest children; direct more resources to children's early learning needs; improve evaluation system; increase catalytic activities; and improve system administration.

OCTOBER 2010

Funding for Laura's House shelter is approved, marking the seventh capital expansion project done in partnership with HomeAid Orange County. With approval of this project and the prior six projects, the Commission increased the number of transitional shelter beds targeting families with young children by 390 beds.

MAY 2013

Pediatric Vision Program launched following a process in which Commission identified a need, participated in a planning process to examine standards of care, and developed an approach to expand vision screenings to younger children, leverage existing resources, and connect children to medical home.

A young child with dark hair and a joyful expression is crawling on a polished wooden floor. The child is wearing a navy blue long-sleeved shirt with a red panel on the chest and white piping along the edges. The child's hands are flat on the floor, and their body is low to the ground. The background is slightly out of focus, showing a light-colored wall and a white door frame. The lighting is warm and natural, highlighting the child's features and the texture of the clothing and floor.

Now That's Moving Forward.

MOVING FORWARD

Fifteen years of funding critical programs in Orange County has given the Commission a unique understanding of the issues and challenges facing children's healthy development, along with the knowledge of what it takes to create practices that successfully address those issues and challenges. The Commission has also learned that funding alone – while essential – is not sufficient. Funding must be supported with a continuous review of changing community conditions, a robust evaluation system to understand the impact of those conditions, and a commitment to collaboration, capacity building and sustainable partnerships. Such commitment, backed by a highly principled approach to funding allocation, enabled the Commission to weather a 35% decline in funding from 2000 to 2013 while sustaining the systems that support children's learning and healthy development.

Moving into the next 15 years, the Commission will capitalize and build on the insights gained and data systems already created. Increasingly, the Commission will respond to community needs by convening strategic partnerships to plan critical services for young children. This will be accomplished by developing relevant data to support analysis and planning, and by advancing local policies that support young children's health and development.

Developing Strategic Partnerships

Over time, the Commission's role has shifted from "funder" to "integrator," focused on the formation of strategic, sustainable relationships with organizations that are guided by similarly aligned missions. For example, recognizing the urgent need for decisive action on behalf of the growing number of young children with autism spectrum disorder, the Commission joined forces with the William and Nancy Thompson Family Foundation to create the Center for Autism and Neurodevelopmental Disorders. Together, the Commission and Thompson Family Foundation funded the Center, with University of California, Irvine, CHOC Children's, and Chapman University serving as key partners. As a result of this collaboration, the Center is helping to establish Orange County as a national leader in autism treatment and research through a multidisciplinary approach to research, education, clinical trials and care.

Similar collaborative efforts and strategic partnerships will continue to play a major role in the Commission's mission in the years ahead. To ensure its actions and influence deliver the most impact possible, the Commission must continue to operate more efficiently and collaboratively – on every project and with each investment.

Convening Thought Leaders

In 2010, the Commission supported the Samueli Foundation in bringing together national experts in the fields of education, early childhood development and Science, Technology, Engineering and Mathematics (STEM) for a day-long summit dedicated to discussing the importance of incorporating STEM education at the earliest possible point in a child's life. This convening has had lasting impact in the county, leading to an increased focus on early math skills, professional development for early educators in the areas of math and science, and collaboration with educators, service providers, business leaders and funders in promoting STEM skill development for young children.

Going forward, the Commission will continue to convene thought leaders working toward similar goals, across multiple topics. The issue may be early math and science skills, or one of several pressing needs like obesity prevention, or shortages of pediatric health care specialists, pediatric dental care, or permanent shelter for homeless families with young children. Regardless of the topic, the guiding principle is this: convening thought leaders will lead to innovative and collaborative solutions to address community needs.

Using Data to Inform Action

One key to strategically targeting future investments is to understand emerging trends. For the past several years, the Commission has worked with school districts to gather information about how "ready" children are for kindergarten through an assessment project known as the Early Development Index (EDI). This data-gathering effort done by kindergarten teachers is helping the Commission and service providers understand young children's needs – neighborhood by neighborhood – whether in the area of physical health, language and communication, social competence, or emotional maturity. Knowing children's specific vulnerabilities helps providers create an efficient plan to ensure children start school ready to learn.

The EDI is just one example of using data to inform action. Going forward, the Commission will continue to seek the data and evaluation necessary to understand the multi-dimensional needs of Orange County's children, as well as emerging trends and promising practices in the early childhood development field. As a member of the Orange County Children's Partnership, the Commission is working to improve the Annual Conditions of Children Report to drive collaborative and integrated systems of care for children.

Building on Existing Foundations

Much of the Commission's work to date has been building networks of care for young children and their families starting at birth, and using existing resources such as hospitals and schools. For example, the Commission supports project coordinators at each of the county's 10 high-birth hospitals to connect children and their families with support they may need for every child to grow up healthy and on-track developmentally. The Commission also funds School Readiness Nurses and Early Learning Specialists in each of the county's 25 school districts with a kindergarten population, creating a system of support for children's physical and developmental growth. Similarly, the Commission has fostered quality pediatric health care through community clinics, pediatric dental networks, pediatric specialty care and family-based shelters. These networks, created to link and support resources already in place in the community, are strong and successful foundations upon which future services for young children can be built and expanded.

Embracing a Catalytic Approach

In 2007, the Bridgespan Group conducted a strategic assessment of the Commission and noted the most significant hurdle facing the Commission was securing sustainable funding. Bridgespan challenged the Commission to be increasingly catalytic in its investments in order to build the community's capacity to provide services into the future, while reducing the ongoing financial contribution of the Commission. Embracing this approach, the Commission implemented a variety of mechanisms, from matching grants to technology innovations to one-time funding for organizations to build their infrastructure.

This catalytic approach is evident in two significant capacity-building projects established by the Commission in 2012 to expand the reach and impact of children's dental health programs and to create year-round emergency shelter for pregnant women and families with young children. Access to children's dental health programs is being expanded through an additional mobile dental clinic targeted to South Orange County, along with added network capacity through the provision of additional pediatric dentists, professional training, and parent education – all designed to build capacity and promote long-term sustainability of services. Working with HomeAid Orange County and community partners, the Commission is identifying promising shelter sites and providers in order to remove homeless families from immediate risk situations by creating a system of emergency shelters and related services for families. Monitoring and oversight of these catalytic strategies will continue to be a priority to ensure targeted outcomes are achieved.

Leveraging Resources

The Commission is also continually looking for opportunities to leverage its resources, drawing local, state or federal dollars through grants, matching fund programs or reimbursements. One example is the fiscal leveraging program begun in 2001. Many of the agencies the Commission supports provide services during their normal course of business that are eligible for reimbursement through federal matching funds, such as Medi-Cal Administrative Activities (MAA), Targeted Case Management (TCM), and Early Periodic Screening, Diagnosis and Treatment (EPSDT). To date, 43 agencies have participated in this fiscal leveraging program, generating more than \$44 million in reimbursements. The funds are used to strengthen the healthcare safety net for children and families by increasing access to health care resources, medical services, equipment and supplies, follow up care, and prevention care. In the years ahead, leveraging resources will continue to be a Commission priority.

Diversifying Platforms of Care

The Commission is committed to ensuring sustained positive outcomes for the county's youngest children. To create this sustained change, the Commission invests in a variety of platforms – from working with formal institutions to partnering with families and children in their neighborhoods through place-based strategies. For instance, the Commission and its partners are exploring a place-based prevention initiative patterned after several nationally recognized models. This type of community-centered initiative would promote individual, family and neighborhood protective factors, such as parental resilience, social connections, and social and emotional competence of children. As the Commission considers its investments in the future, it will seek the best approach to address community needs, leveraging and building on the strengths and assets within a community to support sustained, improved outcomes for children and their families.

EMERGING COMMUNITY NEEDS

As described previously, the Commission is continuously assessing how Orange County's young children are faring, and looking for indicators of where they are thriving as well as areas of need or gaps in children's care and wellbeing. Through this ongoing evaluation and dialogue with community experts and strategic partners, four issues have risen to the top as emerging priorities for the next three to five years. They include: developmental screenings and autism services, vision care, early literacy and math, and obesity prevention. As the Commission looks to expand these systems throughout the county, strategies at the neighborhood, community and county level will be explored to strengthen families and support each child's healthy development.

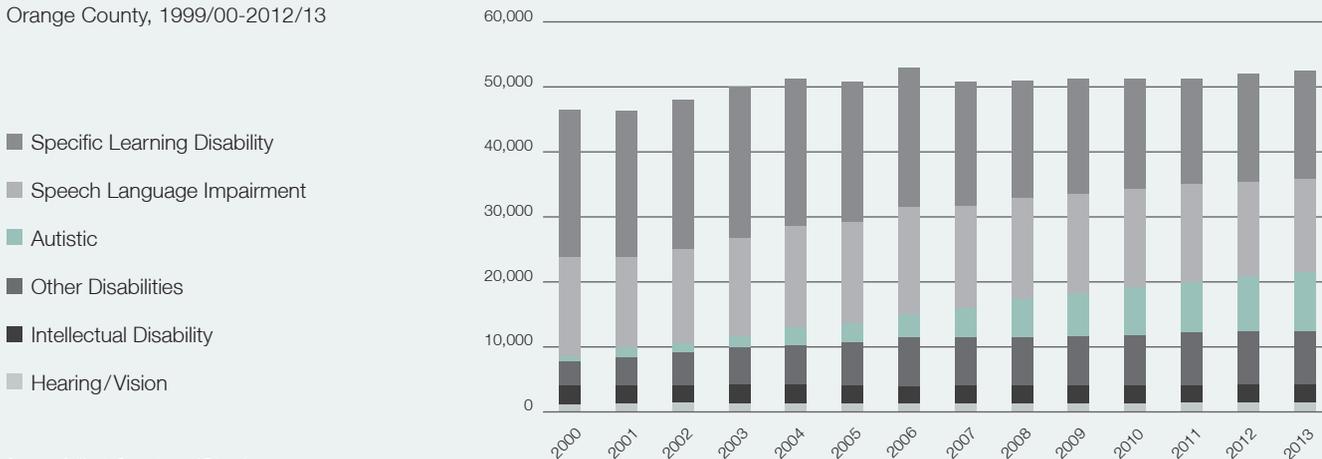
Autism

Among children receiving special education services through the county's public schools, there was an eight-fold (823%) increase in the number of children diagnosed with autism spectrum disorders between 2000 and 2013. Despite this rise, the total number of children receiving special education services has remained relatively stable for the past 10 years (about 51,000 children each year). Over this period, children diagnosed with a specific learning disability fell 33% while speech/language impairment fell 6%. While some of the increase in autism may be a matter of shifting diagnoses, a March 2013 Centers for Disease Control and Prevention report indicates that earlier and better diagnostic tools may be one factor driving the increase.¹ While researchers continue to unfold the causes and triggers of autism, progress toward earlier and better diagnoses typically translate to more targeted and effective treatments and interventions. This is good news for children with autism and their families. More good news is that the Center for Autism, which opened its doors in 2013, is actively expanding diagnostic, treatment and community services in Orange County thanks in large part to the Commission's catalytic investment to improve outcomes for children with autism.



Since 2000, autism diagnoses in Orange County have increased eight-fold.

Special Education Enrollment by Disability
Orange County, 1999/00-2012/13



Sources: California Department of Education

¹ Centers for Disease Control and Prevention (<http://www.cdc.gov/nchs/data/nhsr/nhsr065.pdf>)

Vision

Nationwide, between one and five percent of preschoolers have a vision problem.² In Orange County, this equates to up to 5,900 children ages one through five.³ Vision screenings can catch the most common, as well as rare, vision problems, but less than half of children statewide are screened. Applying California estimates to Orange County, an estimated 77,000 (or 40%) of Orange County children from birth to five years old have received a vision screening. Children often do not complain about vision problems, even though vision problems can seriously impact every aspect of their lives – academic, physical, social-emotional, and more. For this reason, screening can have a significant positive impact. Furthermore, some vision issues, if unaddressed, cannot be reversed or treated later. In the most severe cases, screening could mean the difference between sight and blindness. With stakes that high, the Commission was motivated to adopt a bold new goal that all children in Orange County will have access to vision screenings and needed treatments. Mobile diagnostic vans, increasing community screening capacity, and leveraging existing networks and programs are just a few of the strategies that will help the Commission reach this goal.



Up to 1 in 20 preschoolers have a vision problem, but less than half get a vision screening. In the most severe cases, early detection is the difference between sight and blindness.

Estimated Prevalence of Vision Screening Among Children 0-5 Years
Orange County, 2012



Sources: Centers for Disease Control and Prevention, National Survey of Children's Health, 2011/12; U.S. Census Bureau, American Community Survey, 2012

² U.S. Preventative Services Task Force (<http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildes.pdf>)
Webber A, Wood J. Amblyopia: prevalence, natural history, functional effects and treatment. Clin Exp Optom. 2005;88(6):365-375. (<http://onlinelibrary.wiley.com/doi/10.1111/j.1444-0938.2005.tb05102.x/pdf>)

³ Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060



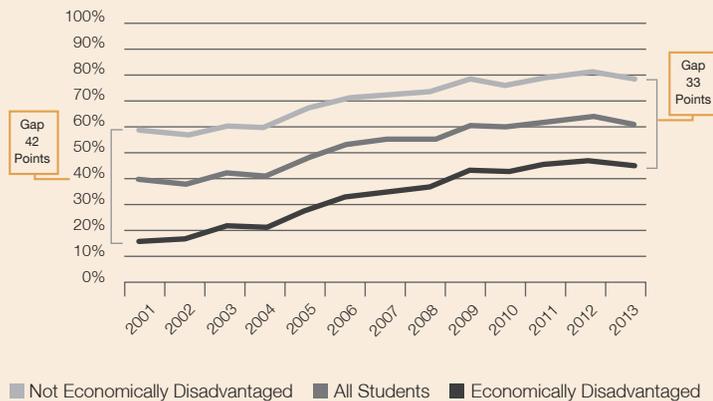
Literacy and Early Math

The Commission has focused substantial resources on improving school readiness for all Orange County children. One indicator of success in this area is the narrowing achievement gap in reading and math scores between children from socioeconomically disadvantaged families and those from more financially stable families. Since 2001, the gap between these two cohorts of children in reading (English-Language Arts) has decreased nine percentage points, from a 42-point gap in 2001 to a 33-point gap in 2013. Similarly, in mathematics, there has been a 13-point decrease in the achievement gap, from a 38-point gap in 2002 to a 25-point gap in 2013. There is still need for improvement, but these are promising trends.

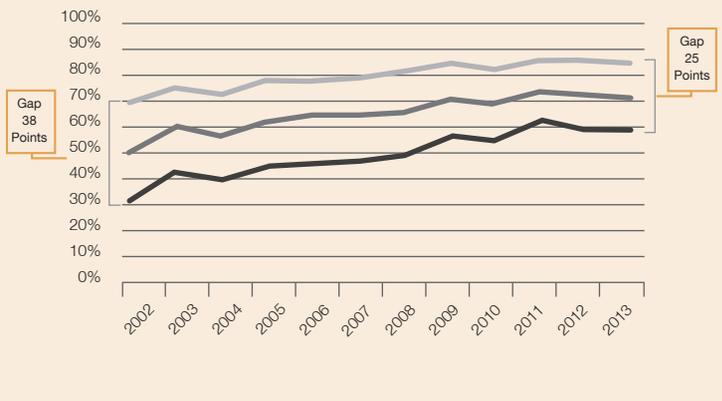
Another bold goal of the Commission going forward calls for every young child in Orange County to have a language and math literacy experience before they enter kindergarten. The Commission is convinced this can be achieved through collaboration among policymakers, thought leaders, funders and providers with a common passion for young children's success. The Commission is one of the creative forces behind an "Early Literacy Fund" to sustain the systems and programs needed to promote early literacy for all young children in Orange County.

The Commission is one of the creative forces behind an Early Literacy Fund for Orange County.

Second Grade Reading Scores, Percentage Proficient or Above, By Economic Status – Orange County, 2001-2013



Second Grade Math Scores, Percentage Proficient or Above, By Economic Status – Orange County, 2002-2013



Source: California Standards Test in English-Language Arts, California Department of Education, Standardized Testing and Reporting (STAR) Results (<http://star.cde.ca.gov/>)

Obesity

Obesity in young children remains a serious health problem. The Pediatric Nutrition Surveillance Survey, which tracks body weight among children participating in public health programs such as WIC or CHIP, shows that the percentage of obese children has remained somewhat stable, but unacceptably high nonetheless.⁴ Between 2001 and 2010 (when the survey was discontinued), obesity among children ages two to five hovered around 17.2%. This is the same 10-year average as the state and well above the Healthy People objective that only 9.6% of children ages two to five are obese by 2020.⁵ The Commission will continue to tackle the problem by embracing emerging best practices and supporting programs focused on prevention, including a train-the-trainer model to engage and educate both providers and parents about the importance of establishing healthy behaviors from before birth.



Childhood obesity is proving to be a challenging problem without a single, easy solution. Prevention is key.

Obese Low-Income Children Ages 2-5
Orange County, 2001-2010



Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance Survey (PedNSS)

⁴ WIC is a supplemental food and nutrition program for Women, Infants and Children under five. CHIP is the Children's Health Insurance Program now under Medi-Cal.

⁵ Healthy People 2020 is a health promotion and disease prevention initiative which establishes national objectives to improve the health of all Americans, eliminate disparities, and increase the years and quality of healthy life.

Sustaining a Focus on Young Children

Underlying the Commission's path forward – including the commitment to work collectively, identify emerging trends, convene thought leaders, build on existing resources, embrace catalytic investments, leverage assets, and diversify platforms for care – is sustainability. This is not simply sustaining organizations or funding of programs. The Commission is moving from supporting individual programs, to sustaining a system of services to support young children. Knowing that every dollar spent on early intervention means less money spent on remediation and correction, the Commission's imperative is to ensure the needs of young children remain a priority. In summary, the Commission's focus is sustaining awareness of the importance of a child's earliest years, securing and expanding community commitment to young children's health, education and development, and continuing to improve outcomes for Orange County's youngest and critically important residents.



Looking forward 15 years: sustaining focus on the needs of young children provides a brighter future for our community.

Fiscal Year 2012-2013

Annual Summary

Performance Report



Annual Summary Fast Facts

- ~ 36,173 home or office visits are conducted with parents to improve their knowledge of healthy child development
- ~ 25,733 children are screened for developmental milestones
- ~ 21,535 children are screened for up to date immunizations
- ~ 22,361 children receive primary care services
- ~ 18,728 children receive dental services including restorative and emergency treatment and dental visits for children with special needs
- ~ 9,515 pregnant women receive support for a healthy pregnancy and early childhood health
- ~ 15,997 mothers receive breastfeeding education, intervention and support
- ~ 5,958 children are linked to a place for regular medical care (a "health home")
- ~ 5,205 children are enrolled in health insurance
- ~ 40,654 children participate in a program to increase the frequency of reading at home
- ~ 173,182 books are distributed to children at health care providers and community events
- ~ 142,296 shelter bed nights are provided to pregnant women, mothers and young children

Orange County Fast Facts

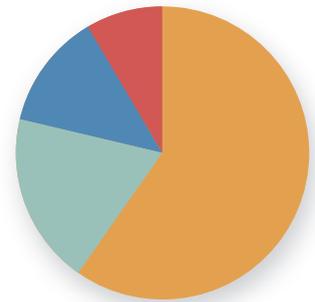
- ~ 38,100 total births (2011 data, CA Dept. of Public Health)
- ~ 230,883 children ages 0 – 5 (2012 CA Dept. of Finance)
- ~ 196,420 children ages 0 – 5 directly touched by services*
- ~ 161 individual Commission-funded programs
- ~ 92 organizations providing services

*Each program reports an unduplicated number of children served. Because one child may receive services from multiple programs, the total number of children served may include some duplication.

Budget by Goal Area

(\$31.1 million in program spending)

- 61% Healthy Children
- 19% Early Learning
- 12% Strong Families
- 8% Capacity Building



MAJOR INITIATIVES	EXPENDITURES	NUMBER SERVED	
		CHILDREN 0 - 5	FAMILY MEMBERS
Bridges Maternal Child Health Network	\$ 6,309,448	17,484	28,560
Pediatric Health Services	\$ 5,949,040	30,609	20,707
Early Learning	\$ 4,004,901	28,775	26,339
Homeless Prevention	\$ 2,868,041	631	1,145
School Readiness Nursing	\$ 2,572,880	14,784	9,892
Community Clinics	\$ 2,142,198	17,163	14,125
Children's Dental	\$ 1,357,733	18,775	9,137
Early Literacy and Math Programs	\$ 750,000	59,338	29,397

www.occhildrenandfamilies.com





BRIDGES MATERNAL CHILD HEALTH NETWORK

The Bridges Maternal Child Health Network is a countywide program aimed at ensuring all prenatal women and their babies have a medical “home” for comprehensive health services, receive information about healthy child development, and are assessed for health and other risk factors – with access to home visiting and early intervention services if needed. The Bridges Network includes 10 high-birth hospitals, four community-based service providers, and public health nursing. This year, more than 13,000 mothers were screened at Bridges Hospitals, over 23,000 home visits were provided to improve children’s health and development, and almost 16,000 mothers received breastfeeding education and support. Fully 96% of children served through Home Visitation programs were from low-income families.

PEDIATRIC HEALTH SERVICES

Pediatric Health Services collaborative programs are designed to increase access to pediatric primary and specialty care, including the Asthma Program, Pediatric Primary Care, Early Developmental Programs, and Vision Services. A major milestone this year was the creation of the Center for Autism and Neurodevelopmental Disorders of Southern California which provides comprehensive evaluations, diagnosis, treatment recommendations, and management of children who are suspected of having an autism spectrum or attention deficit hyperactivity disorder (ADHD). Another significant effort in 2012/13 was the creation of a planning group to address vision care for Orange County’s 0-5 population.

EARLY LEARNING

Early Learning Specialists are located in every school district in Orange County working to strengthen children’s early learning skills including literacy, speech and language, math and social skills so that children are ready to learn when they enter school. This year, 9,713 children participated in programs designed to increase the frequency of reading at home, and 7,223 children participated in early math programs. More than 30 “Learning Links” are in place throughout the county, providing a family-focused early learning program to 3,047 children and 3,700 parents this year.

HOMELESS PREVENTION

Through a partnership with HomeAid Orange County, the Commission has provided financial support for the developmental and operation of over 400 transitional shelter beds for pregnant women and families with children under the age of six. The Commission also launched a capacity building effort, working with community partners to expand the system of emergency shelter for homeless families with children. Catalytic funds were provided to Casa Teresa for a new Emergency Maternal Shelter. This shelter provides a temporary home for pregnant women 18 years or older who are homeless, chronic homeless, escaping domestic violence situations or not ready to enter a fully structured program, with capacity to shelter 200 women, their babies and children each year.

SCHOOL READINESS NURSING

School Readiness Nurses provide comprehensive health and developmental assessments for children ages 0 to 5, along with health education. They also ensure proper immunizations prior to a child’s first day of school. In

2012/13, School Readiness Nurses provided 192,251 health services to 14,784 children in Orange County. This included 11,043 vision screenings, 10,267 hearing screenings, and 10,146 developmental screenings for young children, as well as 31,798 screenings for general health, oral health, weight, and immunizations. School Readiness Nurses were instrumental in the 2012/13 planning effort to address vision care for young children, providing research that showed 20% of preschool children assessed had visual acuity problems.

COMMUNITY CLINICS

The Commission funds community clinics throughout Orange County to ensure that families have access to health coverage and quality pediatric care. In 2012/13, community clinics provided Orange County mothers-to-be with 14,200 prenatal care visits, while 7,953 children received primary care services, and 1,300 children received preventive dental treatments. A total of 4,029 children were enrolled in health insurance.

CHILDREN’S DENTAL

Healthy Smiles for Kids of Orange County, along with five community clinics and a mobile dental clinic are part of the Pediatric Dental Care Collaborative. The Collaborative conducts screenings, provides sealants and fluoride treatments, offers parent and caregiver education, and improves access to dental care. This year, 18,728 children were provided services including dental screenings, and preventative, restorative, and emergency dental treatments. A catalytic investment by the Commission is resulting in a significant expansion of dental services for young children. This year, 23 Head Start Centers and 11 family resource centers in South Orange County were included in the program, providing countywide dental care access.

EARLY LITERACY AND MATH PROGRAMS

THINK Together manages the Commission’s Early Literacy and Math programs. In 2012/13, through these programs, 28,133 children were read to at physician’s offices or clinics, while another 929 children participated in the Raising a Reader book bag program. Every month an average of 7,800 gently used books were distributed to community partners that serve young children. Intensive early literacy and math programs were expanded to 12 sites serving 529 children and 642 parents/caregivers. These center-based programs use a learning lab approach, with early childhood educators and developmental specialists guiding interactive parent-child activities focused on literacy and math. Children who participated in the program improved their foundational skills over the 15-week program.

COMMISSION-FUNDED WORKFORCE

The Commission invests in programs that support the health and wellbeing of children from birth through age five and their families. As a result of this community investment, in 2012/13, the Commission supported more than 600 jobs, including 295 positions funded at non-profit organizations, 135 at school districts, 84 hospital positions, 29 clinic positions, 25 “other” agency jobs and 24 positions at the Health Care Agency. The types of positions funded by the Commission varied, but included 77 nurses, 32 Early Learning Specialists, almost 30 instructors and instructional assistants, 19 physicians, 31 case workers, and six social workers.



Capacity Building *Performance Report*



Capacity Building Fast Facts

- ~ 18 Volunteers in Service to America (VISTA) members are trained to assist nonprofit agencies in Orange County in building organizational capacity to provide health and school readiness services to children from birth to age five and their families
- ~ 23 AmeriCorps members are trained to provide direct services to children and families, building children's developmental skills and helping parents be their child's first teacher
- ~ 6,795 children are served by AmeriCorps members
- ~ 10,800 hours of volunteer service are provided by community volunteers recruited by Orange County VISTA members to assist with Commission-funded children's health and development programs, resulting in 21,366 new participants accessing Commission programs
- ~ \$868,112 is raised through grant writing and fundraising by Orange County VISTA members for nonprofits serving children and families, along with in-kind donations valued at \$836,704
- ~ 24 agencies participate in a fiscal leveraging program to receive federal matching funds, securing \$4.7 million in reimbursements

Orange County Fast Facts

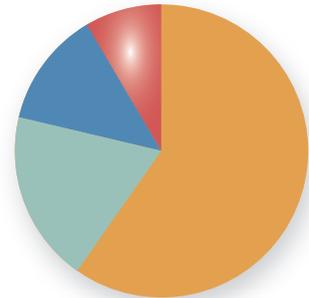
- ~ 38,100 total births (2011 data, CA Dept. of Public Health)
- ~ 230,883 children ages 0 – 5 (2012 CA Dept. of Finance)
- ~ 196,420 children ages 0 – 5 directly touched by services*
- ~ 161 individual Commission-funded programs
- ~ 92 organizations providing services

*Each program reports an unduplicated number of children served. Because one child may receive services from multiple programs, the total number of children served may include some duplication.

Budget by Goal Area

(\$31.1 million in program spending)

- 61% Healthy Children
- 19% Early Learning
- 12% Strong Families
- 8% Capacity Building



Capacity Building Expenditures

Capacity Building programs allow the Commission to leverage resources with other national and state programs, facilitate best practices among grantees, and prioritize those areas where there is a unique need among Orange County's youngest children. Research and development, evaluation, and support services that promote effective delivery systems for child and family services fall within the Capacity Building goal area. The numbers of children and families served are reported under the direct programs and services supported by Capacity Building funds.

PROGRAM	EXPENDITURES
AmeriCorps/VISTA	\$ 1,534,954
Capacity Building Grants	\$ 936,064
Performance Outcomes Measuring Systems	\$ 894,496
Capacity Building Support and Fund Development	\$ 97,226
Capacity Building Total	\$3,462,740



Building Community Capacity



The Commission is building a shared community agenda to address children's health and developmental needs today and into the future. Collaborative efforts to advance systems of care are resulting in more targeted and responsive services, increased program capacity, and consistent and reliable measurements of program effectiveness.

The Commission leads community-wide data gathering and evaluation in order to better understand and effectively address the multi-dimensional needs of Orange County's young children. In 2012/13, the Commission developed two data-driven reports: a comprehensive report on homeless children in Orange County and a Children's Health Policy Brief.

HOMELESS CHILDREN IN ORANGE COUNTY

The Homeless Children report provides a picture of the current state of homelessness within the Commission's target population – children ages five and younger. Homelessness impacts children in many ways, including the chaos and stress of constant transiency, family separation, dependence on unstable adults, and placement in foster care. This study revealed that children who experience homelessness are sick four times as often as other children, suffer acute and chronic health problems at much higher rates, and have emotional and behavioral problems such as anxiety, depression, withdrawal and aggression at three times the rate of other children. Further, homeless children are twice as likely to repeat a grade and have twice the rate of learning disabilities as children who are not homeless.

The Commission's investments targeted at improving outcomes for homeless children are focused in three areas: expanding emergency shelters for families with children, supporting families' move to stable housing through transitional housing, and assisting families in accessing resources to stabilize their housing and support needs through intensive case management.

CHILDREN'S HEALTH POLICY BRIEF

With the Patient Protection and Affordable Care Act (ACA) signed into law on March 23, 2010, and the transition of the Healthy Families Program to Medi-Cal, health care enrollment processes are changing dramatically as the system of care is shifting in Orange County and nationwide. Highlights from the policy brief include the following:

Health Access

- More children of all ages are insured
- More children are using the public insurance system
- Children's use of community clinics is increasing rapidly

Health Utilization

- Most children have a place to go for medical care
- More newborns use Neonatal Intensive Care Units
- Regional Center and School District services on the rise, particularly related to autism

Prevention of Health Issues

- Immunization rates are declining
- Improved oral health for children
- Prevention services identifying issues earlier

Special Populations

- Care coordination is critical for special populations

The Children's Health Policy Brief explores how the Commission can support children's health in Orange County, with specific recommendations identified in each of these four areas (see the full report at www.occhildrenandfamilies.com).

www.occhildrenandfamilies.com



Early Learning Performance Report



Early Learning Fast Facts

- ~ 40,403 children participate in a program designed to increase the frequency of reading at home
- ~ 170,301 new and gently used books are given to children by health care providers, early learning specialists, and at community events
- ~ 29,129 parents receive literacy information and assistance in doctor's waiting rooms and at community events
- ~ 17,488 parents receive resources and/or training needed to transition their child to kindergarten
- ~ 7,223 children participate in early math programs
- ~ 3,149 children participate in a drop-in, family-focused early learning program ("Learning Link")
- ~ 1,408 children receive speech and language services
- ~ 18 school districts and more than 40% of all kindergarten students participate in the Early Developmental Index project (over the past three years), helping to assesses a children's readiness for school

Orange County Fast Facts

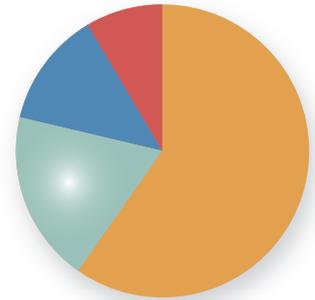
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Budget by Goal Area

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- 8% Capacity Building



Early Learning Program Expenditures

TOTAL SERVICES PROVIDED

1,047,945

TOTAL CHILDREN SERVED

89,605

TOTAL FAMILY MEMBERS SERVED

56,720

PROGRAM	EXPENDITURES
Early Learning Specialists & School District Programs	\$4,004,901
Community Based Early Learning Programs	\$ 756,708
Early Literacy and Math Programs	\$ 750,000
CARES Plus Early Educator Professional Development & Child Signature Program	\$ 270,631
Early Learning Total	\$5,782,240



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EARLY DEVELOPMENT INDEX (EDI)

For the past several years, the Commission has worked with school districts to gather information about how “ready” children are for kindergarten through an assessment known as the Early Developmental Index (EDI). This data-gathering effort done by kindergarten teachers is helping the Commission and service providers understand young children’s needs in the areas of physical health, language and communication, social competence, and emotional maturity.

With the completion of EDI implementation in 2012/13, more than 15,000 kindergarteners across Orange County are now part of the EDI evaluation, with over half of these children residing in the three geographic priority areas of Santa Ana, Anaheim, and Garden Grove. To date, 18 of the 25 elementary and unified school districts have participated, encompassing more than 40% of all kindergarten students in Orange County’s public schools. These data support analysis and planning efforts, positioning the Commission to identify the multi-dimensional needs of young children and create efficient, community-level programs to ensure children start school ready to learn.

CARES PLUS AND CHILD SIGNATURE PROGRAM

The Comprehensive Approaches to Raising Education Standards (CARES) Plus and Child Signature Programs (CSP) are designed to increase the quality of early care learning programs and settings. One component is designed to support early educators through assessment, training, and coaching. CARES Plus is focused on early educators working primarily in seven high-need cities (Santa Ana, Garden Grove, Anaheim, Costa Mesa, Fullerton, Westminster, and Orange), while CSP is for early care professionals working in catchment areas where schools have low Academic Performance Index scores. For each of these programs, Commission matching funds are used to draw down state dollars from First 5 California, the state Proposition 10 commission. To date, \$300,000 dollars in matching funds have been secured for CARES Plus. CSP matching funds will be allocated next fiscal year.

Since the program began in 2011, CARES Plus has provided training to more than 350 early educators in Orange County, including educators working in family childcare homes and non-subsidized programs. In a single year of implementation (2012/13), CSP has already supported 60 infant-toddler and preschool programs with assessment, training, and coaching, and assisted 34 classrooms in meeting baseline criteria for an expanded CSP effort called “CSP 3.” The Commission and community partners secured additional grant funding for CSP 3 (2013-2015), which will expand the program to include a wide range of direct services such as case management for children, parent education and coaching, home visitation, mental health resources, and physical health and nutritional support. CSP 3 will provide services to approximately 750 families and more than 70 early educators. Key partners include the Commission-funded Early Learning Specialists, School Readiness Nurses, the Orange County Department of Education, and CHOC/UCI Center for Autism and Neurodevelopmental Programs.



Healthy Children *Performance Report*



Healthy Children Fast Facts

- ~ 22,705 children receive developmental screenings using AAP recommended tools
- ~ 52,630 children are screened for health, behavior and/or developmental milestones (e.g., vision, hearing, health status)
- ~ 22,435 Kits for New Parents are distributed
- ~ 21,315 children are screened for up-to-date immunizations
- ~ 14,839 parents receive education, resources, referrals, and support regarding their child's health and development
- ~ 17,422 children receive a dental screening and 27,206 children receive dental services including primary, specialty and emergency care
- ~ 15,997 mothers receive breastfeeding education, intervention and support
- ~ 9,474 pregnant women receive support for a healthy pregnancy and early childhood health
- ~ 22,361 children receive primary care services, including well child and sick visits
- ~ 5,714 children are connected to a place for regular medical care (a "health home")

Orange County Fast Facts

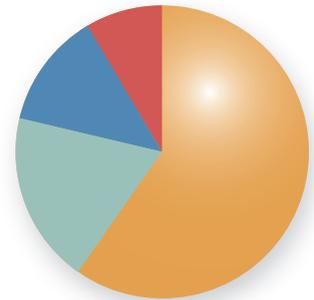
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Budget by Goal Area

(\$31.1 million in program spending)

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- 8% Capacity Building



Healthy Children Program Expenditures

TOTAL SERVICES PROVIDED

796,551

TOTAL CHILDREN SERVED

101,455

TOTAL FAMILY MEMBERS SERVED

98,006

PROGRAM	EXPENDITURES
Bridges Maternal Child Health Network	\$ 6,309,448
Pediatric Health Services	\$ 5,949,040
School Readiness Nursing	\$ 2,572,880
Community Clinics	\$ 2,142,198
Children's Dental	\$ 1,357,733
Health Access and Education	\$ 748,829
Fitness/Nutrition	\$ 49,368
Healthy Children Total	\$ 19,129,496

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THE CENTER FOR AUTISM AND NEURODEVELOPMENTAL DISORDERS OF SOUTHERN CALIFORNIA

More than 4,600 children ages birth to five in Orange County are affected by an autism-related disorder. The earlier a child with a neurological disorder is diagnosed and begins treatment, the better the outcomes for the child. Additionally, there are fewer related long-term costs for the family and the community.

To address this increasing community need, in December 2012, the Commission designated \$7 million and sought a matching funder and community partners to create a comprehensive Orange County center for autism. The William & Nancy Thompson Family Foundation answered the challenge, funding an additional \$7.8 million, and The Center for Autism and Neurodevelopmental Disorders of Southern California was established. Additional community partners, the University of California, Irvine, CHOC Children's and Chapman University, joined forces to operate the center and provide medical and educational support. Today, Orange County has a comprehensive system in place to provide the highest quality of services for children with autism and other neurodevelopmental disorders including clinical care, education, research and community support.

CHILDREN'S VISION CARE

Vision problems can greatly affect a child's ability to learn, impacting their academic, physical, and social-emotional growth. Local research by Orange County's School Readiness Nurses, supported by national data, indicates that 20% of preschool children assessed have visual acuity problems, most commonly, astigmatism and farsightedness – which result in blurred vision.

School Readiness Nurses and Community Clinics currently provide vision screening and linkage to services for over 20,000 young children a year. However, challenges remain in three areas: access to screenings (only 40% of young children are currently screened); diagnosis and treatment; and continuity of care. In 2012/13, the Commission allocated \$1.5 million in catalytic funding and established a vision care planning group who identified the following priorities:

- ~ Provide quality vision screening and diagnostic treatment for children three to five years old
- ~ Implement a mobile vision program for easier geographic access to vision care, working in conjunction with the University of California, Irvine Gavin Herbert Eye Institute and CHOC Children's
- ~ Explore partnerships for matching funds for capital and operating expenses, and opportunities to leverage funding for eyeglasses
- ~ Develop strategies to strengthen existing community relationships and support long-term program sustainability

With the Commission's commitment to provide early vision care for all children in Orange County including screening, diagnosis and treatment, vision problems can be addressed to support lifelong learning.



Strong Families

Performance Report



Strong Families Fast Facts

- ~ 21,545 parents receive informational materials regarding children's healthy development
- ~ 623 young children and 955 family members receive emergency or transitional shelter for a total of 142,296 shelter bed nights
- ~ 5,550 parents receive follow-up on referrals and services are accessed
- ~ 4,533 children receive a screening for health and/or developmental milestones
- ~ 953 children receive a behavioral health screening and 365 children receive behavioral health treatment
- ~ 342 shelter residents receive life skills training and 236 receive job skills training
- ~ 244 children are connected to a place for regular medical care (a "health home")

Orange County Fast Facts

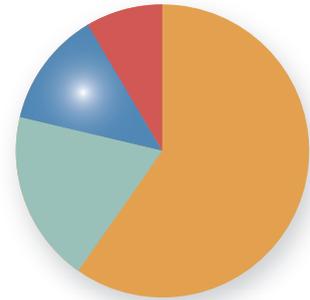
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Budget by Goal Area

(\$31.1 million in program spending)

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- 19% Early Learning
- 12% Strong Families
- 8% Capacity Building



Strong Families Program Expenditures

TOTAL SERVICES PROVIDED

298,885

TOTAL CHILDREN SERVED

5,360

TOTAL FAMILY MEMBERS SERVED

29,314

PROGRAM	EXPENDITURES
Homeless Prevention	\$ 2,868,041
Family Support Services	\$ 748,223
Strong Families Total	\$ 3,616,264



Building Community Capacity



The Commission is building a shared community agenda to address children's health and developmental needs today and into the future. Collaborative efforts to advance systems of care are resulting in more targeted and responsive services, increased program capacity, and consistent and reliable measurements of program effectiveness.

INCREASING THE EMERGENCY SHELTER SYSTEM CAPACITY

The Commission has embarked on an ambitious effort to expand Orange County's shelter capacity, creating year-round emergency shelter for pregnant women and families in Orange County so that children have a safe and stable environment to grow up healthy and ready to learn. Working with HomeAid Orange County and community partners, the Commission is identifying promising shelter sites and providers in order to remove homeless families from immediate risk situations by creating a system of emergency shelters and related services for families.

This fiscal year, the Commission provided \$750,000 to Casa Teresa for the creation of an Emergency Maternity Shelter (EMS) – Orange County's only year-round emergency shelter focused on homeless pregnant woman with children. Prior to the EMS expansion, Casa Teresa served approximately 75 mothers and their babies each year with shelter and support. The EMS, located adjacent to Casa Teresa's existing transitional shelter in Orange, adds 23 beds (not including cribs) and provides a temporary home for pregnant women 18 years or older who are homeless, chronic homeless, escaping domestic violence situations or who are not ready to enter a fully structured program. Over the course of a year, this facility has the capacity to shelter 200 women, their babies, and children.

Since opening in January 2013, the EMS has been at capacity with a wait list. Between January and September, 57 women stayed in the EMS and 19 babies were born healthy. A resident may stay in the program through three 30-day phases, with case management staff assessing the mother on her current situation, offering counseling and case management and evaluating the mother's options for permanent housing or other programs. EMS services are a bridging mechanism to achieve the goal of becoming self-sufficient and breaking the cycle of homelessness.

