

Community Impact Report: Results from the First 10 Years

California's passage of Proposition 10 in November 1998 reflected a breakthrough in the understanding of the critical importance of the first five years of life. The voter-approved \$.50 cent sales tax on tobacco products was the first revenue devoted exclusively to supporting the health and development of children from prenatal through age five. Medical and educational professionals had just recently begun to recognize the first few years of life as a unique period when the trajectory of children's development could be either positively enhanced or set on a course toward lifelong challenges.¹ Recognizing the enormous consequences this small window of opportunity presents, the Children and Families Commission of Orange County (the Commission) is helping ensure that all of the county's children enter school healthy and ready to learn.

In February 2000, the Commission adopted its first strategic plan, launching its 10-year effort to positively support the growth and development of all Orange County children from prenatal through age five. The Commission immediately set out to address several key issues families with young children were struggling with:

- Lack of access to primary care services.
- Lack of health care services for early identification and treatment of children with physical and developmental delays.
- A health and education infrastructure that neither recognized nor tailored its services to meet the unique needs of children from prenatal through age five.

At its inception the Commission adopted a vision that has guided it ever since:

The Children and Families Commission of Orange County supports an ever-growing number of programs and organizations so that all children are healthy and ready to learn when they enter school.

The Commission's trailblazing and innovative agenda was set from its very first year of operation. Adoption of the Strategic Plan – a prereq-

uisite to the release of any funds from Proposition 10 – was completed in just 90 days and included extensive community input and discussion. The Commission then moved immediately into the implementation phase creating partnerships with the networks that support families in raising their children, including birthing hospitals, community-based agencies, and schools. One of the Commission's first actions led to the Bridges for Newborn Program, which supports children at the time of their birth in the hospital and connects them with the community services necessary to support their healthy growth and development. This program currently serves over 28,400 families annually.

A few statistics from last year alone attest to the Commission's positive impacts: more than 51,000 health screenings, more than 74,000 home visits, and more than 61,000 children receiving free books from health care providers and at community events. Nearly 112,000 shelter bed nights were provided to children and their families, and 24,000 children were screened for developmental milestones.

With personal success stories, as well as data and program summaries, this report provides an overview of the results of investments made over the past 10 years, with an eye on how the landscape of services for children and families in

¹ The Rand Publication, "Investing in Our Children – What We Know and Don't Know about the Costs and Benefits of Early Childhood Interventions," 1998, is one of the leading reports on early childhood investments.

Orange County has systematically improved. The report is organized by the Commission's four overarching goals:

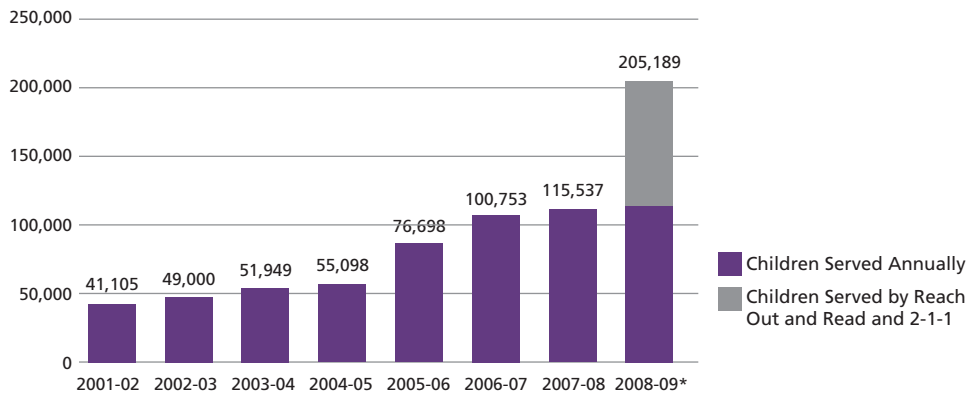
- **Healthy Children:** Ensure the overall physical, social, emotional and intellectual health of children during the prenatal period through age five.
- **Early Learning:** Provide early care and education opportunities for young children to maximize their potential to succeed in school.
- **Strong Families:** Support and strengthen families in ways that promote good parenting for the optimal development of young children.
- **Capacity Building:** Ensure an effective delivery system for child and family services through quality staff, efficient operations, and continual performance measurement.

While the Commission has historically provided an annual report summarizing services and expenditures², this report takes a more global perspective by identifying and evaluating the system of services that has emerged over the past ten years in realizing the overall vision:

“All children are healthy and ready to learn when they enter school.”

10 Years of Improving the Lives of Children and Families in Orange County

**Children Served by the Commission
2001-2009**



Note: 2008-09 data includes children served by Reach Out and Read and 2-1-1; these programs did not report aggregate data in previous year. Grey bar indicates children served by Reach Out and Read and 2-1-1: 56,917 children for Reach Out and Read and 27,224 children for 2-1-1 totaling 84,141 children.

I. Children's Health - Promoting Healthy Growth and Development

Ensure the overall physical, social, emotional and intellectual health of children during the prenatal period through age five

One of the Children and Families Commission's steadfast convictions is that children learn best when they are healthy. Building a system of care specifically designed to meet the health needs and priorities of children under five, and creating multiple portals to provide care, is a critical Commission priority. Since fiscal year 2004, over 50% of the Commission's annual funding has been dedicated to supporting programs that develop or expand health services for young children. An increasing body of literature documents how many health disparities have their origins during childhood and then compound over time, underscoring the significance of early investments.³

What's driving the Commission's investments?

The Commission has invested in a broad array of health care services from the prenatal stage to age five to create and enhance the network of health services, including support of:

- Primary care services to ensure that every child has access to the health services that she or he needs. This initiative includes expanding the locations, hours, and clinicians available to see children throughout Orange County.
- Specialty care services, based on the recognition that health issues are best addressed in the earliest stages of life.

- School-based health services that recognize the core connection between health and learning. One of the Commission's innovations was the School Readiness Nurse program ensuring the placement of nurses in all school districts to provide regular health screenings, immunizations for children prior to kindergarten, and connecting families to community health resources.

"The Commission has made catalytic investments that are moving to new and higher standards of care for children."

Dr. Marc Lerner
Past President, CA Chapter 4
American Academy of Pediatrics

How is the landscape of services for children and families changing?

It takes more than insurance for children to receive the health care services they need for optimal growth and development.

A comprehensive health home includes:

- Regular access to primary care providers.
- Information available to parents about accessing care and navigating through services.
- Screening services to identify growth against developmental milestones.
- Available qualified pediatric specialists to deal with specialized needs and services.

Helping High Risk Moms Beat the Odds

MOMS Orange County

Susan, her husband Tom, and her pre-schooler, Lisa, relocated to Orange County for Tom's job. A year and half later, Tom lost both his job and their health insurance and Susan was pregnant with their second child. Susan had gestational diabetes during her first pregnancy, and her baby was admitted to the Neonatal Intensive Care Unit for complications resulting from diabetes in pregnancy. Upon hearing this, the School Nurse from her daughter's preschool referred Susan to MOMS Orange County for prenatal care services. MOMS staff provided Susan with a comprehensive health screening. She was given pregnancy information, a referral to Social Services for Medi-Cal, and a referral to a high risk obstetrician. Susan began her prenatal care during the very crucial first trimester and was supported in making lifestyle decisions that reduced her risk of developing diabetes. Susan did not develop gestational diabetes with this pregnancy and gave birth to Davey a healthy boy. Susan's doctor said, "The availability of these services for Susan helped to shift her risk, from being very high risk, to much lower."

³ "Transforming The U.S. Child Health System," by Neal Halfon, Helen DuPlessis, and Moira Inkelas; Health Affairs, Volume 25, Number 2.

Despite Orange County's population of more than three million (the third highest in California and the fifth highest in the country) and its status as the 39th largest economy in the world⁴, the Commission found the county health care system lacking in several critical areas and has worked to address these gaps.

Building Systems for Dental Screenings and Prevention Services

Dental caries (tooth decay) is the single most common chronic childhood disease, five times more common than asthma and seven times more common than hay fever⁵, both in Orange County and nationwide. In 2002 the Commission created Healthy Smiles for Kids of Orange County (HSKOC), a comprehensive dental agency dedicated to oral decay prevention, treatment, advocacy, and professional development. HSKOC provides services to more than 14,800 children each year and supports the recruitment and education of future pediatric dentists through its pediatric residency program, in partnership with USC Dental School. Healthy Smiles is working to reduce the incidence of child tooth decay in Orange County. According to recent reports, nearly 33% of Orange County kindergarteners had untreated tooth decay in 2005, compared to 28% of California kindergarteners over all.⁶ Through investments like HSKOC, the Commission is working to ensure that every child has the dental care they need.

Expanding Access to Core Primary Care Services

Ideally, all children in Orange County should have access to a primary care pediatrician close to their home. In 2000, noting significant shortages of pediatric health care providers in underserved communities, the Commission funded the creation of health care centers where pregnant moms and young children could regularly receive care:

- The Commission funded the first integrated site for primary health care and oral health care in Orange County in partnership with the Boys & Girls Clubs of Garden Grove. This project became a model for Boys & Girls Clubs nationwide, hosting Healthy Smiles and a CHOC health clinic, as well as family support services provided by the Boys & Girls Clubs. More than 1,100 children under five annually receive health care services at this site.

- New primary care clinical sites have been expanded in Santa Ana, Costa Mesa and throughout South Orange County. The expanded services for pediatric care are provided through the Coalition of Orange County Community Clinics and its member clinics.
- Prenatal care services have been expanded for pregnant mothers in Anaheim and Santa Ana.

Creating Core Programs for Critical Early Health Issues

The Commission recognizes that health issues in the first five years of life are particularly critical and that unique programs geared to the needs of children in this age group are essential for healthy development. Two programs exemplify this emphasis:

- Asthma – Chronic Lung Disease (ACLD) program. Approximately 11.5% of children under five in Orange County have been diagnosed with asthma at some point.⁷ Recognizing that children with poorly controlled asthma are more than twice as likely to miss school than those whose symptoms are well managed, the Commission joined with Children's Hospital of Orange County (CHOC) and UCI Medical Center to create the innovative Asthma Chronic Lung Center. Serving 3,800 children annually, this program works to transition children into asthma management programs, thereby reducing the rate of school absence and emergency room visits.
- Metabolic Services – If a child born in Orange County before 2002 was identified with one of the more than 40 known metabolic disorders, their parents had to seek services in Los Angeles or San Diego, resulting in delayed access to care. Metabolic disorders are inborn conditions that affect approximately one in every 3,500 births in Orange County.⁸ Although rare, the impacts are destabilizing and can result in retardation, reduced physical and mental capacities and, in extreme cases, death. In 2004, the Commission created the first Metabolics program in Orange County and helped recruit an internationally recognized pediatric expert to spearhead it. Today, through program efforts to ensure sustainability, Commission funding represents only a small percentage of annual operating costs.

⁴ 2009, Orange County Community Indicators Report, page 3, County Profile. If Orange County were a country, its Gross Metro Product (GMP) would rank it 39th in the world and 15th in the U.S.

⁵ Oral Health in America, A Report of the Surgeon General, May 2000.

⁶ Dental Health Foundation, 2005

⁷ California Health Interview Survey, 2007, age range one to five.

⁸ As reported by CHOC, based on results from new screening procedures.

Working Aggressively to Combat the Increasing Number of Children with Autism

The growing rates of autism and the increased incidence of other developmental delays, both nationwide and in California are staggering. Recent data from the Center for Disease Control indicate that almost six children in a thousand have had a parent-reported diagnosis of autism.⁹

The Commission invested in a multi-prong approach to address this growing epidemic:

- Expanding the availability of regular developmental milestone check-ups – The Commission will set the goal that all Orange County children will receive a regular developmental screening before starting school. The results will assist parents and providers with early identification of delays and referral to appropriate programs. The Commission partners with the American Academy of Pediatrics, CalOptima, the County Health Care Agency, Help Me Grow OC, and many others to increase the availability of developmental screenings. For example, with funding from the Commission, 1,199 children from birth to age five were screened in fiscal year 2008/2009 for developmental, behavioral, emotional, social and other "at risk" conditions by interdisciplinary teams through Family Support Network's Developmental Screening Program. The comprehensive screenings are held throughout the county at a variety of locales, which include schools, churches, and community centers, to make access to screening readily available to all families and increase the number of children who receive referrals to needed services. The Commission has also recently partnered with Pretend City, the new children's museum, as another venue to promote the importance of regular developmental milestone checkups.

- Forming the first center dedicated to the treatment of autism in Orange County – In 2001, For OC Kids opened its doors in Orange County providing hope and resources to families struggling to find answers and support for children with autism and other related development disorders. The team at For OC Kids is committed to the earliest identification, treatment, and support for children with developmental, behavioral or learning disorders such as autism and ADHD. For OC Kids is the only center of its kind in Orange County, providing comprehensive services for children birth through age five. For OC Kids uses a team approach so that children have the range of support they need in one place—including Pediatric Neurology, Developmental-Behavioral Pediatrics, a Pediatric Nurse Practitioner, and a Social Worker. Family-centered care is the focus of the For OC Kids team. Through the Family Support and Education Program, families receive training, individual consultations, and connection to community resources. In just one year, For OC Kids provided 776 children, including 48 foster children, with an initial neurodevelopmental evaluation and connection to treatment, as appropriate. Over 500 parents participated in specialized training and received support and education on how to positively impact their child's development.
- Creating Help Me Grow OC – This program includes a dedicated call center to help families, pediatricians, and health care providers connect children with services and to answer questions on positive development. Modeled after the nationally recognized Help Me Grow Connecticut, Help Me Grow OC gives parents, caregivers, child care providers, early educators and health care providers a single point of access to developmental services for all young children living in Orange County. Annually, Help Me Grow fields close to 1,600 calls.

⁹ American Academy of Family Physicians noted that The Centers for Disease Control and Prevention (CDC) conducted two surveys, the National Health Interview Survey (NHIS) and the National Survey of Children's Health (NSCH), to determine the prevalence of autism spectrum disorders. The report, "Mental Health in the United States: Parental Report of Diagnosed Autism in Children Aged 4–17 Years—United States, 2003–2004," was published in the May 5, 2006, issue of Morbidity and Mortality Weekly Report.

Creating a Team of School Readiness Nurses

School nurses have been a model for health care delivery for decades, but Orange County was the first county in the state to introduce school nurses dedicated to the preschool population. School nurses are a trusted resource for families and communities. They assist with developmental, vision, health, oral health and other screenings, and they connect families with providers in the community who can help. The local chapter of the American Academy of Pediatrics provides on-call technical support to school nurses to ensure they have the support they need to help the families they serve. Orange County's team of 50 school readiness nurses is on the front lines, connecting children with the health care they need.

A Lasting Community Impact

Investing in Prenatal Care Means Healthier Babies

Since 1998, the percentage of mothers receiving early prenatal care has risen steadily, meeting the Healthy People 2010 objective of 90% in 2002. Since reaching a high of 92% in 2003, the rate

remained steady but then dropped to 88% in 2007. While the rate continues to stay below the Healthy People 2010 Objective of 90%¹⁰, there has been a 3% increase in early prenatal care rates since 1998. The partnership with MOMS Orange County, an agency dedicated to early prenatal care for high risk mothers, has significantly contributed to this growth. Women who receive no prenatal care are more than twice as likely to give birth to a low birth weight baby as women who receive early prenatal care.¹¹

Increased Immunization Rates Lower Risk of Childhood Illness and Disease

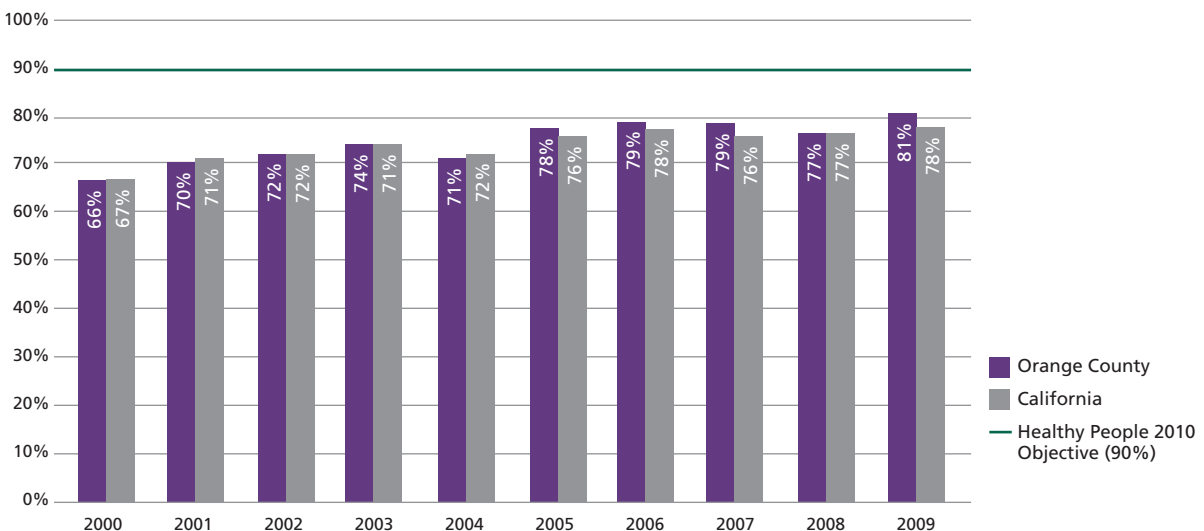
The percentage of children adequately immunized at two years of age in Orange County reached 81% in 2009, the highest level on record.¹² Over the past 10 years, there has been a 23% increase overall, with an average annual increase of two percent.

Early Intervention and Treatment has Long-term Benefits for Children and Families

Developmental and behavioral disabilities, delays, and risks are more prevalent in early childhood than is generally realized.¹³ According to the Centers for Disease Control and Prevention

Over 20% Increase in Immunizations

Percent of Children Adequately Immunized at Two Years of Age
Orange County and California, 2000-2009



Source: California Department of Health Services, Immunization Branch, Kindergarten Retrospective Survey (www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx)

¹⁰ California Department of Public Health, Vital Statistics Query System (www.applications.dhs.ca.gov/vsq).

¹¹ U.S. Department of Health and Human Services, Maternal Child Health Bureau, "A Healthy Start: Begin Before Baby is Born."

¹² To be adequately immunized at two years of age, children need four or more doses of DTaP, three or more doses of Polio, and one or more doses of MMR.

¹³ See American Academy of Pediatrics, Committee on Children with Disabilities, Role of the Pediatric Clinician in Family-Centered Early Intervention Services. *Pediatrics*. 2007; 107: 1155-1157.

(CDC), 17% of children in the United States “have a developmental or behavioral disability such as autism, mental retardation, and Attention-Deficit/Hyperactivity Disorder.”¹⁴ Additionally, many other children have delays in language or other areas that can detrimentally impact their readiness for school. Based on the national average, more than 45,000 Orange County children from birth to age five would be impacted by developmental and behavioral issues.¹⁵

The Commission has increased the number of children receiving developmental screenings and access to necessary resources. Among Orange County parents of children ages one through five, 23% have completed a standardized developmental screening for their child, similar to the statewide average.

More Children Get the Health Care Access They Need

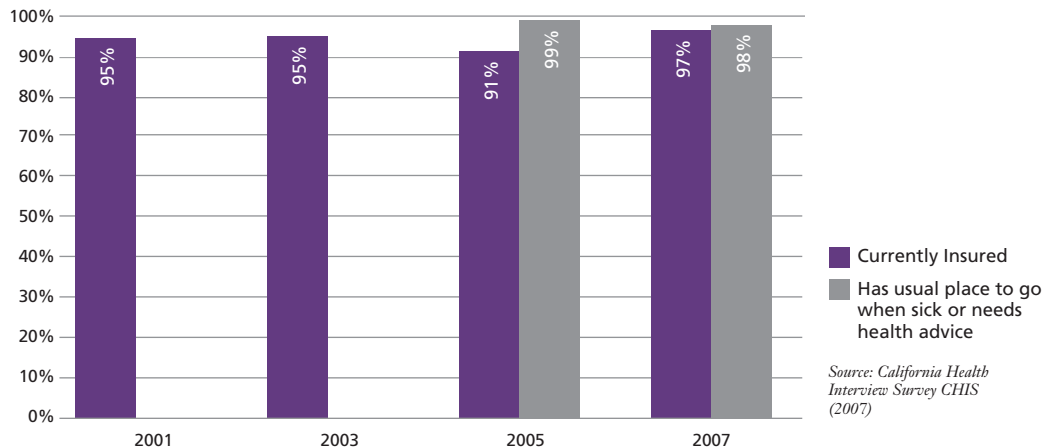
Almost all (97%) of Orange County children from birth through age five had health insurance

coverage in 2007.¹⁶ In addition fully 98% of Orange County children ages 0 to 5 had a health care home (a consistent place for medical care) in 2007. The usual source of care for Orange County children birth through age five is a doctor’s office, HMO or Kaiser (79%), followed by a community clinic, government clinic or community hospital (18%).¹⁷

Children are Safer Today than 10 Years Ago

Since 1997, there has been a 39% reduction in the number of accidental deaths in Orange County for children under five years of age, compared with only a 7% decrease for children ages five to 20. This improvement is even starker in comparison with the reduction in this rate for children under age five statewide, which was only 2%. In partnership with the American Academy of Pediatrics local chapter and community agencies, the Commission has educated families about the importance of car safety and safety in the home.

**Insurance Coverage and Place for Medical Care, Children 0-5
Orange County, 2001-2007**



**Fatal Injuries by Age Group
1997-2006 Average and 2007**

Orange County

Year	Aged 0-4	Aged 5-20
1997-2006 avg.	23	88
2007	14	82
% change	-39%	-7%

California

Year	Aged 0-4	Aged 5-20
1997-2006 avg.	330	1,751
2007	324	1,658
% change	-2%	-5%

Source: EPI Center, California Injury Center Online.

¹⁴ Centers for Disease Control and Prevention, “Child Development: Developmental Screening,” available at www.cdc.gov/ncbddd/child/dev-tool.htm.

¹⁵ The California Department of Finance reported that in 2008, there were 267,073 children, age birth to 5, residing in Orange County.

¹⁶ California Health Interview Survey (CHIS), 2007.

¹⁷ Ibid.

II. Early Learning - Closing the Achievement Gap

Provide early care and education opportunities for young children to maximize their potential to succeed in school

As schools continue to struggle to meet national and statewide learning standards and class reduction targets, the Commission recognized that the best way to impact school success was to improve children's preparation *prior* to school entry. Being prepared for school involves a variety of school, home, and community-based interventions working together to improve the social, cognitive, and physical capacities children need for school success.

What's Driving the Commission's Investments?

The Early Learning programs provide educational and literacy promotion opportunities for young children to maximize their potential to succeed in school. The Commission recognizes that early math and English literacy are critical in allowing children to develop the more complex skills that are formally taught in elementary school—skills that support school and life success.¹⁸

To promote children's success and readiness for school, the Commission partners with schools and communities to support the growth and development of programs that:

- Promote awareness of the importance and value of early literacy through efforts like the national Reach Out and Read program. Commission volunteers and staff reach approximately 80,000 young children annually through reading literacy programs in pediatric offices throughout Orange County.

- Increase school districts' capacity for and commitment to community-wide children's school readiness programs. For example, in 2003, the Commission launched a partnership with Boys & Girls Clubs to bring school readiness services to the clubs through the mobile literacy program, "Readiness on the Road."
- Fund models for home-based early literacy promotion including the nationally recognized Home-Based Activities Building Language Acquisition (HABLA) program in partnership with the University of California, Irvine.
- Leverage federal and state resources to expand families' access to preschool services.

Building Foundations for Life-long Learning

"The Commission's programs and resources have supported Orange County's young children through developing stronger early literacy and language development, academic enrichment, and preventative health care. Having support in these areas provides children with the foundation they need to enter kindergarten prepared to learn and to succeed."

William M. Habermehl,
Orange County Superintendent of Schools

Promoting Family Literacy

A little girl came with her mom to the clinic. I approached the mom and explained the program. The mother barely spoke English. I pointed to the information I have in Vietnamese. She smiled and with gestures asked if I could read to her daughter. I chose a book about opposites and while reading I was showing the pictures (for example, the difference between big and small and up and down). She was following with the movement to represent each word. The great thing was that not only did the child participate in reading, her mother was repeating the words with me too. Even though the program targets children, there is no doubt that parents benefit too. Parents enjoy the time they spend with their kids and at the same time are learning about literacy.

Minerva Saruwatari, Reach Out and Read Volunteer

How is the Landscape of Services for Children and Families Changing?

School Readiness: Building Focus on Early Years

The Commission supported an array of school and community-based programs to support early learning. In 2000, the Commission launched the Local School Readiness Initiative to staff the county's 25 elementary and unified school districts with School Readiness (SR) Coordinators. SR Coordinators represent a key partnership between schools and the Commission to build the literacy, social and developmental skills of children before they enter school.

In 2004, the Commission launched the School Readiness Nurse Initiative which expanded school nursing services for children from birth to age five by funding nurses in the county's elementary school districts.

LEAPS: Closing the Achievement Gap

The LEAPS program, Learning Early Intervention and Parent Support, initiated at Newport Mesa Unified School District in 2005, provides an example of the results possible in an intensive neighborhood-based program. Developmental and behavioral disabilities, language delays, and other risks impact a child's readiness for school. Unfortunately, less than 50% of children experiencing delays are identified as having a problem before they start school. The LEAPS program was developed to improve school readiness for children with disabilities and other special needs by promoting strategies and practices that improve early identification and intervention. The LEAPS demonstration project focuses on providing universal access to screening for early identification and to referrals for physical, developmental, and socio-emotional concerns; improving access to and utilization of these services; and increasing the inclusion of young children with disabilities and other special needs in appropriate preschools, child care and development centers, and other community settings.

One direct result of the project has been that developmental screenings and referral follow-up are now conducted in all of the district's school-based preschools. A preliminary

review of evaluation data indicates that the social and cognitive skills of children living in the LEAPS catchment area, a low-income community, mirror those of the preschoolers in the larger school district area. This preliminary data indicates that this targeted investment is reducing the achievement gap among students in the school district.

School Readiness Programs: a Foundation for Academic Achievement

Placentia Yorba Linda Unified School District (PYLUSD) School Readiness Program tracks the district's preschoolers' performance over time. Recent California Standardized Test/English Language Arts (CST/ELA) data for third grade students show that children who attended the school readiness program received an average score of 344, compared with 323 for a similar population of children who did not attend the SR program—a 21 point difference.

Helping Children Prepare for School Success

“LEAPS has had the opportunity to make a difference, one child and family at a time, in understanding the developmental and academic needs of children, making them better prepared for school entry.”

Natalie Gerdes
School Nurse / Project Lead
LEAPS Project;
Newport Mesa Unified School District

School Leadership Recognizes the Importance of Early Childhood Education

The State School Readiness (SR) programs have been able to use State SR funds to leverage additional dollars to increase their overall funding for early care and education programs. Before the State SR project began, the 13 participating school districts had about \$10.7 million a year for their school readiness programs.

For fiscal year 2009/10 this figure is estimated at \$47.2 million. The Commission has worked with districts to expand the scope, variety and size of programs dedicated to helping young children get ready for school. This four-fold increase in school district funds available to support school readiness indicates the growing awareness of and commitment to school districts' early education programs.

A Lasting Community Impact

More Early Learning Opportunities for More Children

Enrollment of Orange County three- and four-year-olds in public or private preschools has increased from 45% in 2000 to 50% in 2008, demonstrating school districts' increased knowledge and awareness of the importance of early investments in education. There has also been a steady increase in the number of preschool spaces available in Orange County's 13 high need school districts. In fiscal year 2000/01, prior to the Commission's infusion of funds, there were 3,721 preschool slots available. By fiscal year 2008/09, there were 9,178—an increase of almost 250%.

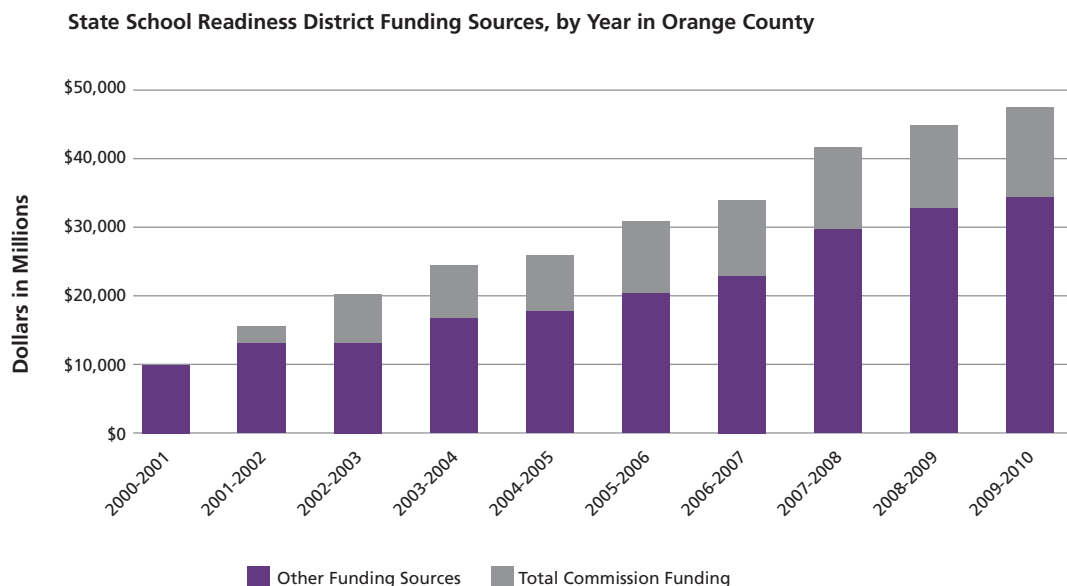
Reading Scores Improve Across the County

Average reading scores among second graders have improved substantially since 2002 (the first year data was released using a scaled average).¹⁹ This positive data is partially offset when trends are segregated by income level. An average achievement gap of about 53 points exist between non-economically disadvantaged students and economically disadvantaged students for 2nd grade reading scores. Through targeted community investments, the Commission is working to improve children's readiness for school in areas needing it the most.

Reading at Home Remains Strong

Sixty-one percent (61%) of Orange County parents reported reading to their children ages 0 to 5 every day in 2007, according to California Health Interview Survey data (CHIS) data. The proportion of parents reading to their child (ages 0 to 5) has remained stable since first surveyed in 2005. The trend is improving for younger children – 58.2% of parents with children under three years of age reported reading daily to their child in 2007, compared with 57.1% in 2005. Because it is an important indicator of later school success, the Commission will continue to monitor this trend.

Leveraging Commission Funds Results in Increased Dollars for Early Learning



Source: Commission data as reported by the 13 participating school districts

One of the most challenging, but promising results of the Commission's investments has been to narrow the achievement gap between economically disadvantaged and non-economically disadvantaged children, raising the bar for all school districts and ensuring that lower-performing school districts have equal rates of improvement. The results are promising. Overall, the average Academic Performance Index (API) score among Orange County school districts, now 822, rose 15% over the last 10 years.²⁰

The Commission has invested significant resources in Santa Ana to improve the health and success of this community's children and families. From intensive home-based services, such as HABLA, to increased health services at various community clinics to early literacy pilot programs, Santa Ana has been a geographic hub for the Commission's investment, and the cumulative impact of these services is beginning to show in the 2nd grade reading scores and in API scores. Despite fluctuations, the achievement gap is narrowing, falling from 58 points in 2002 to 52 points in 2009. The average performance of Orange County's highest and lowest performing school districts, Irvine Unified and Santa Ana Unified, and the average performance of the county as a whole, indicates a clear narrowing of the achievement gap among school districts. Overall, Santa Ana has shown a 42% improvement in API scores since 2000.

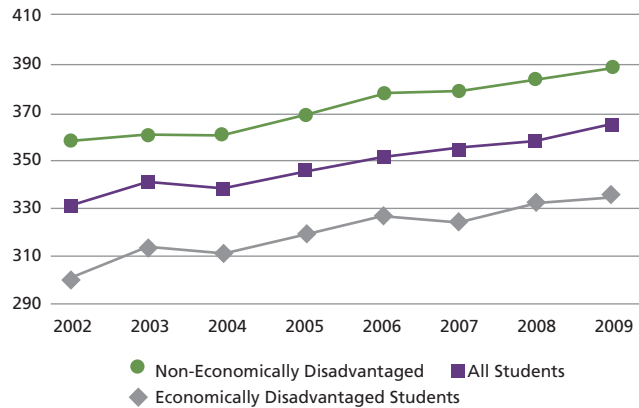
Increasing Early Learning Opportunities

Percent of Children Enrolled in Public or Private Preschools
Orange County, 2000-2008



Source: U.S. Census Bureau, 2000 Census Sample Data File and U.S. Census, American Community Survey, 2000-2008 (no data for 2001)

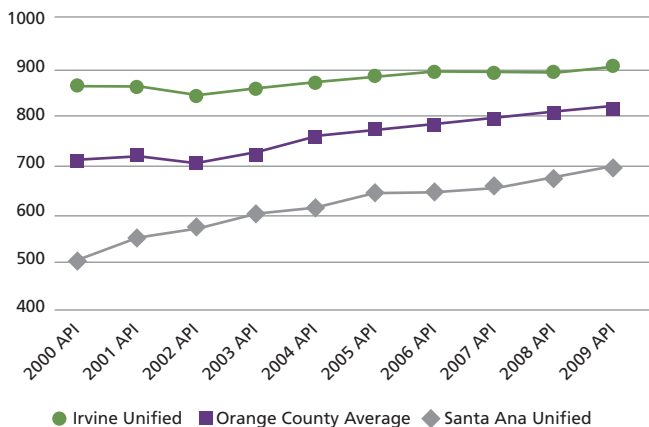
2nd Grade Mean English Language Test Scores for All and Economically Disadvantaged Students
Orange County, 2002-2009



Source: California Department of Education, STAR Test Results, CST English-Language Arts. A student is considered Economically Disadvantaged for the purposes of standardized testing reporting if they are eligible for the free or reduced price school meal program (family income below 185% of the federal poverty guidelines) or the student's parent(s) have not graduated from high school

Narrowing the Achievement Gap

Average Academic Performance Index
Orange County, 2003-2009



Source: California Department of Education, STAR Test Results, CST English-Language Arts.

Note: The California Department of Education does not produce official county-level average API scores; API scores are only calculated for districts and schools. This data reflects the average of the API scores for all Orange County school districts with the exception of the Orange County Department of Education.

²⁰ Ibid.

III. Strong Families – Stabilizing and Supporting Families in Need

Support and strengthen families in ways that promote good parenting for the optimal development of young children

The Commission recognizes the importance of the family as each child's first teacher and the primacy of families for positive child development. Families are integral to each child's success. The programs included under Strong Families focus on providing supportive services to families, particularly those most at risk for poor outcomes for their children.

Over the last 10 years, the Commission has been a strategic partner in HomeAid Orange County's transitional shelter development program giving homeless parents the tools and resources needed to create a safe and nurturing environment for their children. The Commission's funding has been leveraged as HomeAid successfully unites builders, funders and volunteers to build specialized housing to increase the capacity and strengthen the programs of non-profit agencies that provide aid and shelter for homeless families. The recent economic crisis has created an increased demand for homeless services, and the Commission responded through a partnership with the County of Orange and Mercy House, to provide housing to homeless families with young children.

What's Driving the Commission's Investments?

Orange County is not immune to current economic conditions and the impact on families with young children. Higher poverty rates have contributed to an increased number of homeless families with young children. In 2008, 14% of Orange County children from birth through age five were living below the poverty level, compared to 10% of all people and 7% of all families in Orange County.²¹ Young children who are homeless or unstably housed due to economic hardship face significant obstacles to healthy growth and development. Homeless children are likely to have significantly poorer nutrition, emotional and physical health, and academic achievement compared to other low income children who are stably housed. Homeless preschoolers are also more likely to be developmentally delayed than their housed peers.²²

The number of preschool and kindergarten students who have been identified as homeless or unstably housed, including those who are living doubled- or tripled-up due to economic conditions, has grown over the past five years. Part of the increase can be attributed to improved awareness and data collection, particularly with regard to preschool students, but this may not account for the entire increase.

Giving Children a Greater Chance at Success

"The importance of prevention in juvenile dependency and delinquency cases cannot be overstated. The role of the Children and Families Commission in providing health, education and developmental services to the children and parents of Orange County is invaluable in our efforts to ensure that every child reaches his or her full potential as a contributing member of our community. "

Judge Carolyn Kirkwood,
Presiding Judge of the Juvenile Court

Sheltering Families, Rebuilding Lives

"The Commission's investment in shelter developments is helping now and will continue into the future to help thousands of homeless families rebuild their lives and become independent and self-sufficient."

Scott Larson, Executive Director,
HomeAid Orange County

²¹ U.S. Census, American Community Survey, 2008.

²² The 13th Annual Report on the Conditions of Children in Orange County, 2007, Special Section on Homeless and Unstably Housed Children, page 22.

The rise over the past five years has been largely attributable to the growth in families double/tripled for primary nighttime housing. When looking at all families with school-aged children, the trend of families relying on motels, shelters, or unsheltered as a nighttime residence has been increasing over the past two years. This compelling need drives the Commission's expansion of the number of transitional shelter beds throughout Orange County.

How is the Landscape of Services to Children and Families Changing?

Helping homeless families and families at risk for homelessness has translated into funding to:

- Provide for transitional shelter programs – In partnership with transitional shelter providers and HomeAid Orange County, the Commission provides funding for support services, new construction, and rehabilitation of existing structures for the continuum of transition shelter providers.
- Provide construction funds for new shelters – The Commission has set aside \$10 million over five years for the Affordable Housing Clearinghouse, to help construct new shelter facilities.
- Create Motel Outreach programs – Families residing in motels are at high risk for homelessness. The Commission partners with community agencies to outreach and support motel families with health screenings, connection to a health home, and linkages to other community resources.
- Structure a multi-layered homeless prevention program to reach every type of population across the continuum – The Commission participated with the County of Orange to develop the 10 Year Plan to End Homelessness.
- Provide motel vouchers and staff support to families with young children that seek shelter at the armories – The Mercy House Family Redirection Program helps families find housing and access to basic services such as health and child care.

More Beds Give More Opportunity and More Hope

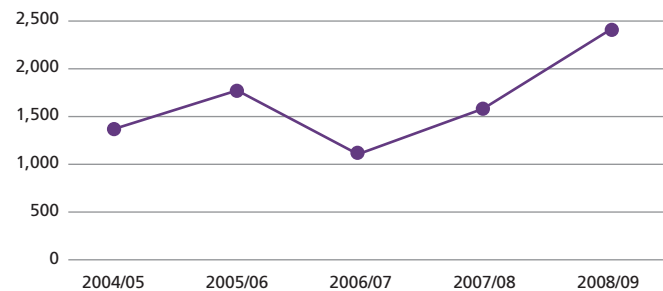
Founded in 1989 by the Orange County chapter of the Building Industry Association of Southern California (BIA/SC), HomeAid has expanded around the country to encompass 22 chapters in 16 states. HomeAid builds and renovates multi-unit shelters for homeless families. The Commission partners

with HomeAid to increase the number of beds available for transitional housing. Together with HomeAid, the Commission has supported the development and/or operation of 379 additional beds in Orange County.

Beds Supported through HomeAid Partnership	# Beds
Precious Life Shelter	59
Orange County Rescue Mission - Hope Family Housing	88
Orange County Rescue Mission - Village of Hope	192
Fullerton Interfaith Emergency Service	9
Casa Teresa	31

Source: HomeAid, Orange County.

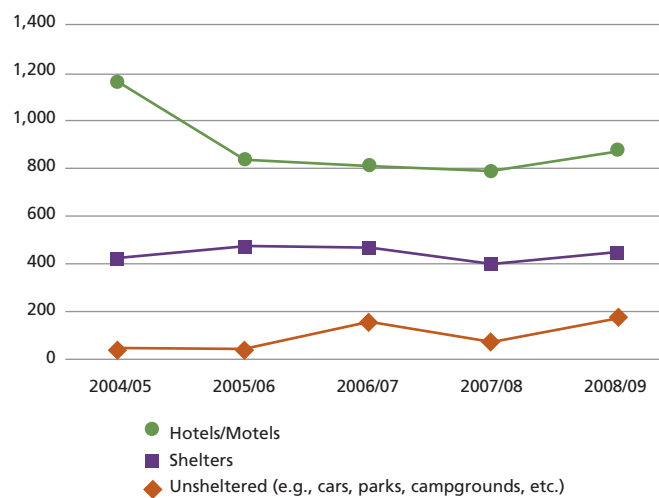
Homeless or Unstably Housed Pre K and Kindergarten Students Orange County, 2004/05-2008/09



*Unstably housed children include those living doubled-up or tripled-up due to economic hardship or those living in motels. Homeless children are those living in shelters or unsheltered.

Source: Orange County Department of Education

Primary Nighttime Residence (Not Including Doubled/Triples Up) Pre K through 12 Grade Orange County, 2004/05-2008/09



Source: Orange County Department of Education

Stabilizing and Supporting Motel Children and their Families

The Commission continues to fund a variety of agencies providing outreach and services for families living in motels in Orange County.

These efforts include:

- **OC Rescue Mission: Strong Beginnings** – Strong Beginnings provides a fully integrated continuum of services (case management) to homeless children and their families. Services include linkage to needed health services, shelter and meals, job training, and a three-tiered service delivery plan providing homelessness prevention, stabilization support and assistance in transitioning to safe, stable and permanent housing.
- **Orange County Department of Education (OCDE)** – OCDE provides social work interns (MSW and BA level) with supervision to coordinate health services for families living in motels. OCDE also provides case management and motel outreach for the Illumination Foundation in six motels in the county.
- **The Family is Home Partnership (FHP)** at Magnolia Park Family Resource Center (City of Garden Grove) – FHP provides outreach to families living in motels through special events in motel parking lots and other nearby community locations. FHP also provides case management for approximately 75 motel families each year. Other outreach activities include child health and development classes.
- **Readiness on the Road (ROR)** – ROR provides classes to children aged 2½ to 5, and their caretakers on developmentally appropriate activities, parenting, and health. Health screenings and other family support services are also provided. Relationships with the Anaheim Homeless/Motel Collaborative resulted in a new ROR location at the Valencia Inn motel serving families with children who live in that facility.

Families Forward: Moving Families to Stable Self-Sufficiency

The Commission, working in partnership with the Irvine Apartment Communities (IAC), has set aside apartments for homeless families.

Families Forward helps homeless families move into apartment units with discounted rent (IAC contributes one third of the rent, Families Forward another third, and the families themselves pay one third). As families become more stable and self-sufficient, they gradually pay more of the rent until they are fully covering it. This has greatly improved stability for small children. This Rapid Re-Housing Program launched in April 2009 and has already expanded into several other Orange County communities.

Home Visitation Services: Connecting with Families at Birth

In 2000, the Commission launched a program called Bridges for Newborns to welcome newborns and outreach to mothers at birthing hospitals. The Project Connections Family Resource Center (FRC) program increased partnerships between County public health nurses and promotoras to assist high risk families. In 2001, after reviewing best practices for successful home visitation programs, the Commission began the Bridges Home Visitation program. Led by Orangewood Children's Foundation and in partnership with Children's Bureau of Southern California and Orange County Child Abuse Prevention Center, Hoag Memorial Presbyterian Hospital and St. Jude Medical Center, home visitation provides in-home health screenings and assessments including developmental, speech, and hearing assessments to children ages birth through five, along with home safety checks, and mental health services.

Tustin Family Campus: Providing a Safe Home for Young Mothers and Children

The Mother and Child Residential Homes project is a new facility and program that supports 15 families that are County Social Service Agency clients with children from birth to age five (0-5), that have substance abuse issues impacting their ability to support their children who could benefit from a residential program. Through collaboration between the County and Dependency Drug Court Program, (PROTOTYPES) and the Commission, participating mothers have a safe and stable home for their children and the resources and support to develop appropriate parenting practices. The program enables mothers to learn and utilize life skills necessary for independence, self-sufficiency, maintenance of a drug free lifestyle, and practice essential skills such as housekeeping, grocery shopping, and meal preparation. Services are provided for up to 15 families at one time with an expected length of stay between nine and 18 months.

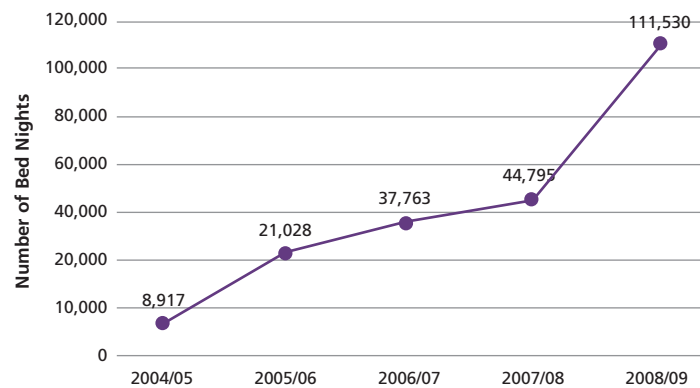
A Lasting Community Impact

The Commission's commitment to funding programs targeted at assisting homeless families has made a substantial impact on the ability of transitional shelter providers to meet the needs of homeless families with young children.

10-fold Increase in Warm, Safe Beds for Homeless Families

Between July 2004 and June 2009, the Commission funded more than 224,000 bed nights (a bed night refers to one person receiving shelter for one night).

Shelter Bed nights Provided
Orange County, 2004/05-2008/09



Source: Commission Outcome and Data Collection System

Helping More Families Become Self-Sufficient

Between July 2005 and June 2009, the Commission's funded partners helped 175 families secure housing and live independently. Additionally, these families were linked with support services such as childcare, health insurance, medical and dental homes, mental health counseling, and financial management assistance. These additional services are critical components of a family's ability to remain self sufficient.

Serving More Families in Crisis

In addition to funding construction of new transitional housing facilities, the Commission also assists organizations to provide outreach and support services to homeless families in immediate crisis. These include the following agencies/programs:

- 2-1-1 Orange County
- Mercy House
- Orange County Department of Education
- Families Forward
- Orange County Rescue Mission - Strong Beginnings Program
- Illumination Foundation - Motel Outreach Program

Nurse-Family Partnership: A High-Yield Investment

The Nurse-Family Partnership provides ongoing, comprehensive home visits by registered nurses to first-time moms and their babies. This evidence-based program's proven results include long-term family improvements in health, education and economic self-sufficiency, as well as reductions in child abuse and neglect, childhood injuries, and behavioral problems. In helping low-income families, the Nurse-Family Partnership investment saves communities more than it costs them by reducing welfare, healthcare and juvenile justice expenditures. A 2008 report by the Washington State Institute for Public Policy found that the Nurse-Family Partnership had a \$3.02 benefit per dollar of cost (in 2006 dollars). The Children and Families Commission supports the Nurse-Family Partnership locally by funding four full time nurses, with a service capacity of one hundred mothers and their babies.

Source: Evidence Based Programs to Prevent Children from Entering and Remaining in the Child Welfare System: Benefits and Costs for Washington, Washington State Institute for Public Policy, July 2008.

IV. Capacity Building – Building the Services to Help Children Be Healthy and Ready for School

Ensure an effective delivery system for child and family services through quality staff, efficient operations, and continual performance measurement

Since its inception, the Commission has partnered with community and public agencies to carry out its mission. It currently contracts with 115 public and nonprofit agencies to provide services supporting children's healthy development. This reliance requires that the Commission work with agencies that are proven to be effective and that specifically focus on the unique needs of young children.

In 1999, when Commission funding began, two challenges related to the capacity of the nonprofit sector quickly became apparent: 1) experienced and successful health and human service agencies would need to tailor their programs to address the unique needs of the 0 to 5 population; and 2) there was a lack of experienced agencies specifically available to address critical service gaps unique to the 0 to 5 population. A February 2007 report by UCLA, relying on 2003 data, noted the capacity challenges of the nonprofit sector in Orange County: "Across a range of scale indicators, the relative size of the nonprofit sector in Orange County is smaller than in other regions."²³ The most recent data on Orange County nonprofits indicates that while the number of nonprofits in Orange County is increasing, Orange County still lags behind comparable regions.²⁴

What's Driving the Commission's Investments?

The Commission's investments focus on strengthening agencies that address the needs of young children and their families and, as necessary, providing the initial seed funding and technical assistance to stimulate the creation of new agencies. Technical assistance includes the areas of fund development, program and business planning, start-up funding, and the formation of new partnerships between existing providers. In partnership with the Orangewood Children's Foundation, the Commission helped launch CONNECT, which is dedicated to providing

nonprofits with resources to support their sustainability and growth. In the past two years, in partnership with foundations of Orange County Funders Roundtable, the Commission has participated in a pilot capacity building program to support the growth and development of critical safety net providers.

Commission Programs = Quality Services

"If you are working with a Commission-funded agency, you know it's a quality agency. Commission funding is a harbinger of excellence."

Pamela Pimentel, RN
CEO, MOMS Orange County

How is the Landscape of Services to Children and Families Changing?

Creating New Programs and Agencies Designed to Meet Unique Needs

The Commission has created new programs and agencies designed to meet the unique needs of the 0-5 population:

- **Metabolic Program** - In 2004, the Commission funded the creation of the Metabolic Disorders Program through a partnership with CHOC and UCI Medical Center. In July 2005, when the state of California expanded mandatory newborn screenings for metabolic disorders, Orange County was ready to ensure that Orange County families would be able to have their children evaluated.

²³ "The Nonprofit Sector, Philanthropy, and Civic Engagement in Orange County," Report Summary, Presented by Center for Civil Society, School of Public Affairs, University of California, Los Angeles, February 2007.

²⁴ Since 2000, the number of Orange County nonprofit organizations increased by 55.8%. Among peers compared, this growth rate is second only to Dallas at 61.7%. Orange County has 3.98 nonprofit organizations per thousand residents, which is lower comparable except Riverside/San Bernardino. Based on data compiled by Commission from Center for Charitable Statistics (<http://nccs.urban.org/statistics/index.cfm>) to be published in the upcoming 2010 Community Indicators Report.

- Down Syndrome Association of Orange County (DSAOC) – One of the first capacity building grants provided by the Commission was to a one-woman agency, driven by her passionate commitment to support her son who was diagnosed with Down syndrome. After an initial grant from the Commission, DSAOC was able to grow into a thriving organization providing support and assistance to families trying to identify and navigate community resources. Parent mentors are also available to help provide family support.

Expanding and Sustaining Critical Services

The Commission provides technical assistance and capacity building support so agencies can expand and sustain their critical services:

- Centralia School District – The Commission funded the development of capacity-building business plans and partnered with Orangewood Children’s Foundation/CONNECT in providing capacity-building trainings and workshops. Centralia School District recently completed and submitted a business plan to expand the Danbrook Neighborhood Health Center (DNHC). DNHC is a school-based medical clinic located on the Danbrook School campus in the Neighborhood Resource Center. Since the health center opened in 2003, the services have evolved from immunizations and tuberculosis screening tests to well-child exams for first graders to well-child exams provided for all children. Minor sick visits, specialist referrals, and consultations have been added as the need became evident.
- KidWorks Preschool Project - El Puente Community Development Corporation has operated in the underserved Townsend Street and Myrtle Street neighborhoods of central Santa Ana for 10 years and began the process of purchasing and remodeling a building to serve as a community center in 2003. The Commission awarded El Puente with a capacity-building grant to secure funds to research

requirements and regulations for opening and operating a licensed preschool program. The new licensed preschool now provides a comprehensive interdisciplinary preschool program to low-income children, enhancing their social competence, strengthening their pre-math skills, and fostering healthy growth and development. The programs and staff have earned a high level of trust within the community and received several awards including the Commission’s Peter A. Hartman Award for Excellence in recognition of “Successful Startups.”

Helping More Orange County Children Have Healthy Smiles

The Commission’s annual retreat in 2001 identified the gap in oral health services for children. This was around the same time that the Children’s Dental Center in Inglewood hosted students from Oak View Elementary School in Huntington Beach for a day of “tooth-friendly” education. The field trip, far from the homes of these 80 or so youngsters, highlighted the need for prevention and treatment services in Orange County. The Commission teamed with El Viento Co-Founder and Vice Chairman John C. “Jack” Shaw, Dr. Sherilyn Sheets from the Children’s Dental Center, and local community agencies to begin the planning process for Orange County.

From this collaborative planning effort, Healthy Smiles For Kids of Orange County was founded in 2003. Mr. Shaw was recruited as Chairman of the Board along with Dr. Richard Mungo, a practicing pediatric dentist with years of experience. A dedicated Board of Directors soon came together, and in June 2003 Healthy Smiles received its official independent non-profit status. Healthy Smiles continues to serve thousands of Orange County children each year.

- Boys & Girls Clubs of Huntington Valley, Childcare Services Support Program – Boys & Girls Clubs of Huntington Valley provide nationally accredited preschool programs at no or low cost to working poor families, including twilight preschool, a free evening preschool for families who cannot access preschool services during conventional hours. This program focuses on school readiness; medical, dental and counseling services; parent education; and referral support essential to the healthy development of children. The clubs partner with numerous local organizations to enhance the services they offer and to maximize communities' limited resources. The "Twilight Preschool" project received a Golden Bell award in 2004 from the California School Board Association, which recognizes education programs that address students' changing needs. The program also was selected to receive the Peter A. Hartman Award for Excellence in 2005. A cornerstone of the success of the Boys & Girls Clubs of Huntington Valley has been its trust with the community to develop and implement comprehensive low-cost projects to improve children's success in learning.

Growing the Number of Pediatric Experts in Orange County

With innovative programs, the Commission has successfully expanded the base of professionals trained and ready to address the needs of the prenatal through age five population:

- Pediatric Expansion Program – Access to trained pediatric specialists, whether in specialty care programs or dental programs, is a challenge both nationwide and in Orange County. Lack of available providers impacts children's access to care. The Commission is working to expand the base of qualified professionals to treat the 0-5 population through its Pediatric Specialty Care Loan Repayment Program and the Pediatric Dental Residency Program.
- Pediatric Dental Residency Program – Since 2005, the pediatric dental residency program, in partnership with Healthy Smiles, Children's Hospital of Orange County, and the University of Southern California School of Dentistry - attracts pediatric dental residents who commit to providing services in Orange County's safety net dental clinics upon graduation in exchange for loan repayment.

To date, the Commission has successfully attracted five pediatric dental residency students. Building from this success, the pediatric specialty loan program provides loan repayments for pediatric specialists who dedicate three years to serving young children in Orange County. The loan repayment program is contingent on recipients' working with the 0-5 population in high-need areas of the community and for physicians who have a commitment from an existing Orange County institution for specialty care services.

Building a New Generation of Leaders

Harnessing the resources of federal and state service corps, the Commission recruits and places national volunteers in service to their community. Linking dedicated community volunteers with families and programs that need help is the essence of the AmeriCorps/VISTA programs, and also one of the many ways the Commission leverages its resources.

- AmeriCorp/VISTA - AmeriCorps and AmeriCorps/ VISTA (Volunteers In Service To America) are part of a federally funded service program where individuals serve for at least one year to make a difference in a community with specific needs. Since 2002, the Commission's participation has grown from 13 to 34 AmeriCorps members working with families in literacy programs and helping families with young children get referrals for healthcare and basic needs.
- VISTA – In cooperation with the federal Corporation for National and Community Service, the Commission has established Orange County as a hub for the statewide program. Since 2002, the program has grown from two members to 70 members in service in Orange County and with participating First 5 Commissions statewide. VISTA members commit to serve full-time for a year to help communities overcome poverty. They help Commission partners with grant writing, outreach events, planning and evaluation activities, strategic planning, and recruiting and developing volunteer programs.

V. Fiscal Accountability and Responsibility

For the Commission, planning for the future has meant planning for continued results with less resources. From the outset, Proposition 10 revenue was forecasted to decline with reduced rates of tobacco usage in California and as additional tobacco taxes provide further economic disincentives. The Commission recognized early on that planning for program sustainability was critical at the outset and that agencies would have little incentive to start new quality programs directed at young children if long-term funding for these programs was not considered.

In 2001, the Commission adopted its first long term financial plan, which has become a model for other Children and Families Commissions throughout the State. In this planning, the Commission made a commitment to the community – if agencies would expand their programs to meet the needs of the children, the Commission in turn would commit to multi-year funding and provide technical assistance and resources to support long term sustainability. While not a guarantee of future funding, this commitment to sustainability has allowed programs to thrive and continue as Proposition 10 funds diminish.

What’s Driving the Commission’s Investments?

Three core strategies have driven the Commission’s financial management practices.

Long-term Financial Planning Linked with Annual Budgeting

The Commission is committed to long-term financial planning as a strategy to support sustainability. Keeping to this commitment, the Commission updates the plan annually and uses it as a guide to support the annual budget development. Specific budget allocations are made in context of the long-term funding capacity. The plan has been adopted annually since 2001 and has supported a sustainable level of funding, despite a reduction in Prop 10 revenue from \$44.5 million at its peak in 2001 to its current level of \$31 million in fiscal year 2008/09.

Technical Resources to Assist in Maximizing Available State and Federal Revenue

Many grantees were unaware or unable to take advantage of their Commission grant award to leverage federal or state reimbursements for

eligible services. Over the past 10 years, the Commission has provided technical resources, including training, required systems and documentation, to assist agencies in building their capacity to be reimbursed for services that assist high risk populations in gaining access to needed medical, social, educational and other resources. To date, the Commission and its grantees have received \$24.7 million through reimbursements under available federal and state programs, including Medi-Cal, Targeted Case Management and Early Periodic Screening, Diagnosis, and Treatment.

Accountable, Sustainable Budgeting

“If the state government is looking for a role model of the sound fiscal practices that produce long-term budget stability, it should look at how the Orange County Children and Families Commission operates: looking at the trends two to three years from now, holding projects accountable for results and reducing debt.”

Curt Hagman
State Assemblyman
Orange County Register Op-ed
November 17, 2009

Aggressively Supporting Agencies in Pursuing New Funding Sources

The Commission is proactive in assisting agencies in a variety of collaborative strategies to expand the resources available for Orange County families including:

- Providing grant writing resources to assist agencies in pursuing other foundation grant funds.
- Partnering with other funders to provide matching funds for Commission investments thereby diversifying the base of funding for new agency services.
- Introducing new funders to the needs and proven strategies in Orange County.

How is the Landscape of Services to Children and Families Changing?

Creating Sustainable Revenue

Since the beginning of the State School Readiness (SSR) project in fiscal year 2001/02 and the infusion of funds into 13 high need school districts by the Commission and First 5 California, there has been an increased emphasis on providing quality programs for children five years of age and younger. The number of children served who are five years of age and younger has increased at the same time that State SR funding has been used by the districts to leverage additional funds for their early care and education programs. Before the Commission began investing in school readiness programs, Orange County's 13 high need school districts had about \$10.7 million annually for their preschool and school based services. Just eight years later, in fiscal year 2008/09, these same 13 districts had more than \$47 million for the year to dedicate to children ages five and younger.

New Funding for New Services

Through technical assistance, the Commission recently assisted Rancho Santiago Community College District (RSCCD) in the successful development of its federal Early Head Start (EHS) application. Funded through US Department of Health and Human Services, EHS is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. EHS provides services to pregnant women and expectant families, and to the child from birth to age three, in a variety of service delivery models and in diverse settings. RSCCD is one of only 20 agencies new to Head Start funding in California to be awarded this highly competitive grant and is the only community college district identified as a new grantee. Awarded the third highest allocation in California, the grants will support 140 children, and totals over \$3.2 million for fiscal years 2009/10 and 2010/11. RSCCD Child Development Services will serve approximately 34 pregnant women and 106 infants and toddlers in center-based care, and 50 infants and toddlers.

Maximizing State and Federal Revenue

Leveraged Federal and State Dollars by Commission and Partner Agencies

Funding Source	Dollars Leveraged to Date	Purpose of Funds	Number of Agencies Participating
Medi-Cal Administrative Activities (MAA)*	\$ 9,229,882	Administration of the Medi-Cal program	41 agencies since inception; 22 currently
Targeted Case Management (TCM)*	\$ 5,396,893	Case management services to Medi-Cal beneficiaries	6 agencies since inception; 5 currently
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)*	\$10,024,314	Behavioral Health Services to Medi-Cal beneficiaries	2 agencies
TOTAL	\$24,651,089		

MAA dollars include \$4,018,632 received directly by Commission grantees and \$5,211,250 received by the Commission Data available through fiscal year 07/08.

*School district data as reported to the Commission.

Federal Resources to Support Orange County Nonprofits

Every year through a partnership with Orangewood Children's Foundation and the Volunteer Center of Orange County the Commission makes significant investments in the capacity of the nonprofit sector. In 2009, as part of the American Recovery and Reinvestment Act- Strengthen Communities Fund, federal matching grants became available. The Commission was able to provide the \$250,000 required local match and the partnership with Orangewood Children's Foundation and the Volunteer Center of Orange County was able to successfully secure a federal grant of \$1,000,000. The focus of this Federal grant program is to strengthen the capacity of Orange County's safety net service providers, specifically those serving families who receive Temporary Assistance for Needy Families (TANF).

Grant Writing Technical Assistance

The Commission invests in grant writers to assist selected grantees in identifying and writing for additional funding to help sustain programs. Between July of 2007 and August 2009, the Commission has invested \$418,867 in technical grant writing assistance which has resulted in \$2,372,187 of additional funding for these grantees.

VI. Next 10 Years – Continuing to Help Orange County Children Grow Up Healthy and Ready to Learn

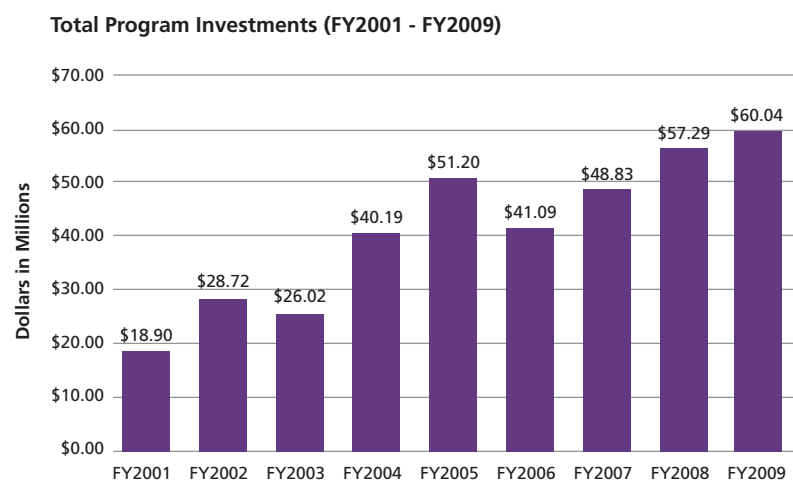
In 2007, the Commission engaged the Bridgespan Group to conduct a Strategic Assessment of the Commission and to evaluate how the Commission could build on its successes to create a path for the future. Recognizing the positive impact the Commission has had on Orange County children’s health, Bridgespan challenged the Commission to make an equal and lasting impact in reducing the achievement gap in education, be increasingly catalytic, and consistently outcome-oriented. The Commission has already begun the work of implementing Bridgespan’s recommendations and will continue to address related policy, fiscal, and operational implications over the next three to five years.

As it moves into the next decade, the Commission will continue to explore innovative sustain-

ability strategies and create solutions to address the needs of young families in Orange County. The most significant challenge that the Commission faces is sustainable funding. Proposition 10 revenues are rapidly decreasing and budgetary challenges place current funding at risk.²⁵ The Commission is hard-pressed to sustain the integrated set of services that have been built for children and families while future funding is at significant risk. Additionally, critical infrastructure for families in terms of health and education are breaking down due to the lingering budget crisis in California.

To ensure its continued success, the Commission will continue to champion the needs of children, prenatal to age five in Orange County through strategic, catalytic solutions.

10 Years of Lasting Impacts



Source: Commission Annual Financial Reports, includes one-time and program investments from Prop 10 and other leveraged revenue.

A National Model of Success

“There is no question that the Commission is a tremendous asset for the young children and families of Orange County and a role model for its peer organizations.”

The Bridgespan Group
March 2008

²⁵ As of January 2010, the first six months of fiscal year 2009/10, Statewide Proposition 10 revenues are 10% lower than the prior fiscal year. Recent budget proposals have proposed the redirection of Proposition 10 revenues by the State.

APPENDIX 1

10 Significant Milestones in 10 Years: 2000-2009

Commission launches Bridges for Newborns and School Readiness platform programs, 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	February-July 2000
For OC Kids opens its doors as the first center in Orange County dedicated to the identification and treatment of autism	September 2001
AmeriCorps/VISTA pilot program launched with California Association of Children and Families Commissions (First 5 California) to support Family Resource Centers, home visitation, capacity building, and volunteer recruitment	March 2002
Expansion of public health nurses to provide home visits for medically high risk newborns	April 2003
Healthy Smiles for Kids of Orange County is officially created to support oral health for all Orange County children	June 2003
The Commission creates the School Nurse Program, funding 27 school nurses in all Orange County school districts to meet the health needs of preschool children. Commission currently funds 50 school nurses	January 2004
The Garden Grove Children's Health & Dental Center opens its doors in partnership with Healthy Smiles, the Boys & Girls Clubs of Garden Grove and Children's Hospital of Orange County	September 2005
MOMS Orange County begins its service expansion to improve birth outcomes for high risk mothers in Orange County	October 2007
The Commission expands transitional shelters in Orange County by 200 beds and commits that no child will sleep in the county's Armories	November 2008
Reach Out and Read reaches the marker of 250,000 children read to throughout Orange County	February 2009

APPENDIX 2

Awards and Recognitions Received by Children & Families Commission of Orange County (2000-2009) and Funded Programs

The Commission has received recognition from numerous external organizations for the quality and effectiveness of its work, including other foundations, the California Senate and Assembly members, and nonprofit organizations. For instance, the Kellogg Foundation recently recognized the Commission for its effective use of place-based approaches to deliver health-oriented services to families with young children. In addition, Sue Brown, a School Readiness Nurse funded by the Commission, received the 2009 California School Nurse of the Year Award and nine school districts have received the prestigious Golden Bell Award for their Commission-funded programs.

Year	Award/Recognition Received From	Organization / Program / Staff Recognized	Description of Award / Recognition
2009	Orange County School Nurses Organization	Sue Brown, Orange Unified SRN and SRN Program Mentor	Orange County and California School Readiness Nurse (SRN) of the Year
	MOMS Orange County	Commission	Leadership in Maternal Child Health Award
	California School Boards Association	La Habra Elementary School District	Golden Bell Award for the Early Literacy Fair
	Orange County School Nurses Organization	Diane Milton, American Academy of Pediatrics	Halo Award for Excellence in the Support of Orange County School Nurses
2008	US House of Representative: Loretta Sanchez	Commission	El Amigo Organization Partner
	Orange County Fair—two First Prize Ribbons	Early Literacy Program Booth	Commission's Early Literacy Booth with volunteer readers and book give-away
	The W.K. Kellogg Foundation	Commission	Health Matters: The Role of Health and the Health Sector in Place-Based Initiatives for Young Children
	California School Boards Association	Newport-Mesa Unified School District	Golden Bell Award for Hope Preschool Program
	California School Boards Association	Fountain Valley School District	Golden Bell Award for Huntington Valley Children's Center
	California State Senate: Tom Harmon	Commission	California Legislature—Resolution
	Healthy Smiles for Kids of Orange County	Commission	Leadership in Children's Oral Health
2006	A Place of Our Own/Los Ninos en Su Casa	Commission	Parent's Choice
2005	California School Boards Association	Newport-Mesa Unified School District	Golden Bell Award for Harper Preschool and Inclusion Program
	California School Boards Association	Anaheim City School District	Golden Bell Award for Family Literacy
	California School Boards Association	Saddleback Valley Unified School District	Golden Bell Award for School Readiness and Resource Center Project

Year	Award/Recognition Received From	Organization / Program / Staff Recognized	Description of Award / Recognition
2005	California School Boards Association	Cypress School District	Golden Bell Award for Jump Start/School Readiness Program
	American School Health Association	Sandy Landry, School Nurse Mentor	School Nurse of the Year, 78th Annual Conference
	California School Boards Association	Irvine Unified School District	Golden Bell Award for the School Readiness Program
2004	Community Care Health Center and Resolutions from the County of Orange, California State Senate and Office of the United States Congressman Dana Rohrabacher	Commission	2004 Philanthropy Award
	California School Boards Association	Huntington Beach City School District	Golden Bell Award for the Twilight Program at the Boys & Girls Clubs of Huntington Valley
	Annie E. Casey Foundation	Commission/School Readiness Programs	Cited as a Model Program for Improving School Readiness Outcomes
	The Coalition of Orange County Community Clinics	Commission	Bridges Bronze Sponsor: Preserving the Health Care Safety Net of Orange County
2003	Academy of Television Arts and Sciences	Help Me Grow/KOCE	Help Me Grow, a thirty-minute show on public television, focused on parent education, pertinent topics of health, safety and development for children 0 – 5. The show received a regional Emmy nomination
	Orange County Grand Jury	Commission	The Commission was commended for ensuring the proper use of the Proposition 10 funds and maximizing the benefit to Orange County
	California School Boards Association	Capistrano Unified School District	Golden Bell Award for Learning Link as a Promising Practice in San Juan
2002	Building Industry Association	Commission	Ruby Slippers Award for Extraordinary Commitment to Illuminating Crucial Housing Issues. The Commission also received resolutions recognizing the award from the California Senate and Assembly, as well as the Orange County Board