ORIGIN
The Commission was created as a result of Proposition 10, the California Children and Families Act of 1998, which added a 50-cent sales tax on tobacco products sold in California and required that funds raised be used to support education, health and child development programs for children from the prenatal stage through age five. Funds collected statewide are allocated to local county commissions based on each county’s birth rate. The Commission’s work has been replicated across the state, and it has become known as a reliable, collaborative partner in Orange County, within the First Five community, statewide and nationally.

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.

KEY STRATEGIES
- Outcomes-Based Funding: Programs are funded based on outcomes and results are tracked.
- Unique Partnerships: The Commission has stimulated new partnerships to promote and address the needs of young children.
- Creating Multiple Ways to Access Care: Programs include an "access to care" element among multiple service platforms such as schools, family resource centers, health care providers and community agencies.
- Prevention and Early Intervention: Programs emphasize early identification and prevention.

The Commission achieves these key strategies through its core functions:
- Funding services and programs to achieve desired results
- Being a catalyst and leader for coordinating, integrating and leveraging existing resources
- Building community and organizational capacity to health and early learning of young children and their families
MEASURES OF PROGRESS

APPROACH

The Commission evaluates both the impact of funded services on clients and the method for providing those services to the community. This approach considers the results of services from the client perspective (outcome measures) and how services are provided (process measures) in terms of number of clients served, accessibility, quality and cost-effectiveness.

INDICATORS

Positive measures of progress include the following:

- Children’s Health: Almost 4,400 children under the age of six received nearly 11,700 primary care visits, including well-child visits, in fiscal year 2014-2015.
- Homeless Children: In fiscal year 2014-2015, there was a 54 percent increase in the number of children under the age of six who were stably housed at the completion of a Commission-funded housing program, compared to the beginning of the housing program.
- Home Visitation Services: Between fiscal year 2009-2010 and fiscal year 2012-2013, the vast majority of mothers transitioned from low-quality interactions with their infant (6%, down from 66%) to high-quality interactions (58%, up from 2%).

STRUCTURE & LEADERSHIP

The Commission is comprised of nine representatives from public and private organizations with leadership and professional experience in the areas of health and education. The commission develops and maintains key community partnerships in order to build upon – not replicate – existing systems of care.

PARENT INVOLVEMENT

The Commission participates in many community collaboratives that involve stakeholders that include parents. For example, the Bridges Maternal Child Health Network of hospital and community providers has made tangible efforts to engage and include fathers in both prenatal and postnatal activities by changing hours of tours and classes, providing male-themed classes and using father-themed materials, like posters and brochures.

FINANCING

Approximately 90 percent of Commission funding is primarily from the state tobacco tax revenues created through Proposition 10. As Proposition 10 revenues decline, the Commission increasingly seeks other funding sources and partners to support programs that measurably contribute to children’s healthy development and school readiness. Other funding sources include leveraged federal Medi-Cal Administrative Activities, federal, state and locally awarded grants and earned income through contracted evaluation services.