



COMMUNITY PROFILE

CHILDREN AND FAMILIES COMMISSION OF Orange County



Fast Facts

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

LEAD AGENCY

The Children and Families
Commission of Orange County

MISSION

The Children and Families
Commission of Orange County's
mission is to provide leadership as
a funder, convener and planner to
support healthy development and
learning for Orange County's young
children.

INITIATIVE BUDGET

\$30.2 million (FY 2015-2016)

START DATE

1998

GEOGRAPHIC FOCUS

Orange County, CA

KEY DEMOGRAPHICS

Population
3,086,331 (2014, ACS)

Population Under 5
191,353 (2014, ACS)

Percent of Children in Poverty
17.6% (2014, ACS)

Percent of Newborns at Low Birth
Weight
6.3% (2013, CA Dept. of Public
Health)

Percent of Children in Food-Insecure
Households
20.6% (2013, Feeding America)

CONTACT

Christina Altmayer, Exec. Director
☎ (714) 567-0109
✉ Christina.Altmayer@cfcoc.ocgov.com
🌐 <http://occhildrenandfamilies.com/>



INNOVATION OF NOTE

To document and serve the developmental needs of young children in Orange County, the Commission has partnered with the UCLA Center for Healthier Children, Families & Communities to implement the **Early Development Index (EDI)**. The EDI is a population-based indicator of children's development, conducted while children are in kindergarten. Seventy-four percent of Orange County schools now provide communities with geographic information on children's school readiness and development.

Through strong partnership with school districts and personnel, EDI participation has increased almost three-fold since 2012. In 2015, the Commission completed the first countywide assessment of EDI data and has data on 100% of public kindergarten classrooms in the county. This data demonstrated that just under 50% of children are ready on all five domains of school readiness.

+ EARLY CHILDHOOD-LINC

An initiative of the Center for the Study of Social Policy, **Early Childhood-LINC** (Learning and Innovation Network for Communities) is developed by and for communities. Our mission is to support families and improve results for young children in communities across the country with a focus on accelerating the development of effective, integrated, local early childhood systems.

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.



CENTER FOR THE STUDY OF SOCIAL POLICY • 1575 EYE STREET NW,
STE. 500 • WASHINGTON, DC 20005

WWW.CSSP.ORG