



CHILDREN AND FAMILIES
COMMISSION OF ORANGE COUNTY
COMMUNITY PROFILE
FISCAL YEAR 2017/2018

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CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY COMMUNITY PROFILE REPORT FISCAL YEAR 2017/18



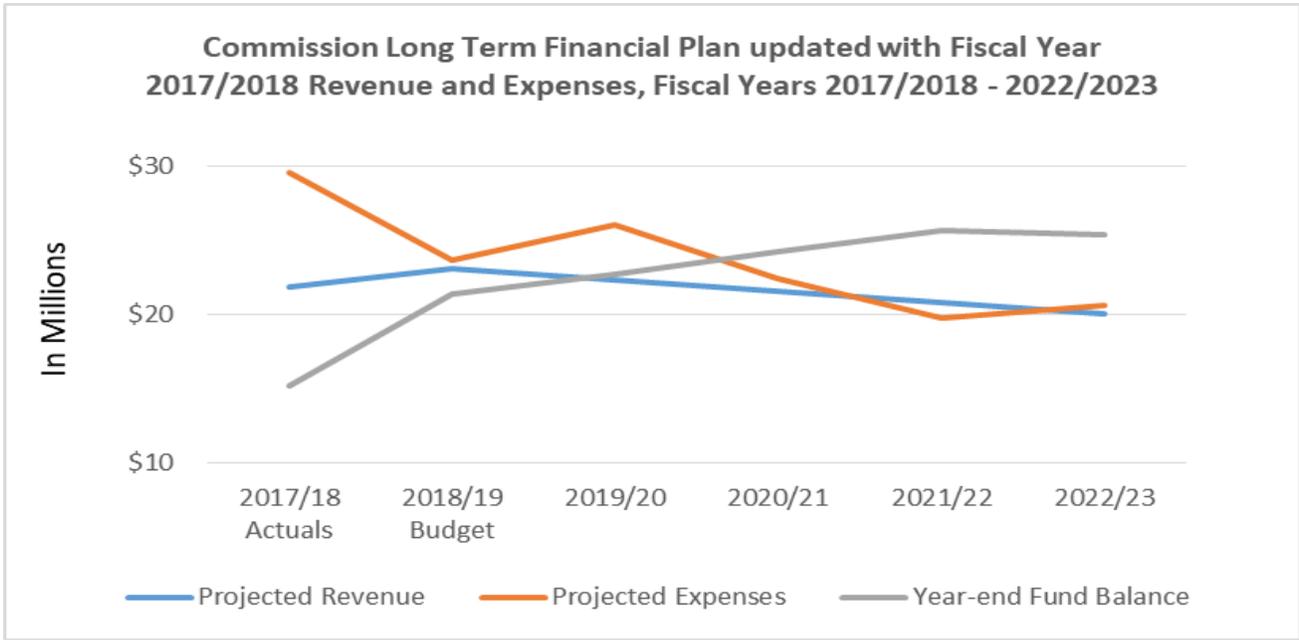
BACKGROUND ON THE CHILDREN AND FAMILIES COMMISSION

Welcome to the *Children and Families Commission of Orange County (Commission) Community Profile Report for Fiscal Year 2017/18*. This report is restructured to focus more specifically on demographic, health and educational characteristics of children ages 0-5 years and their families in Orange County. County level data are provided along with data on Commission-funded programs during Fiscal Year 2017/18.

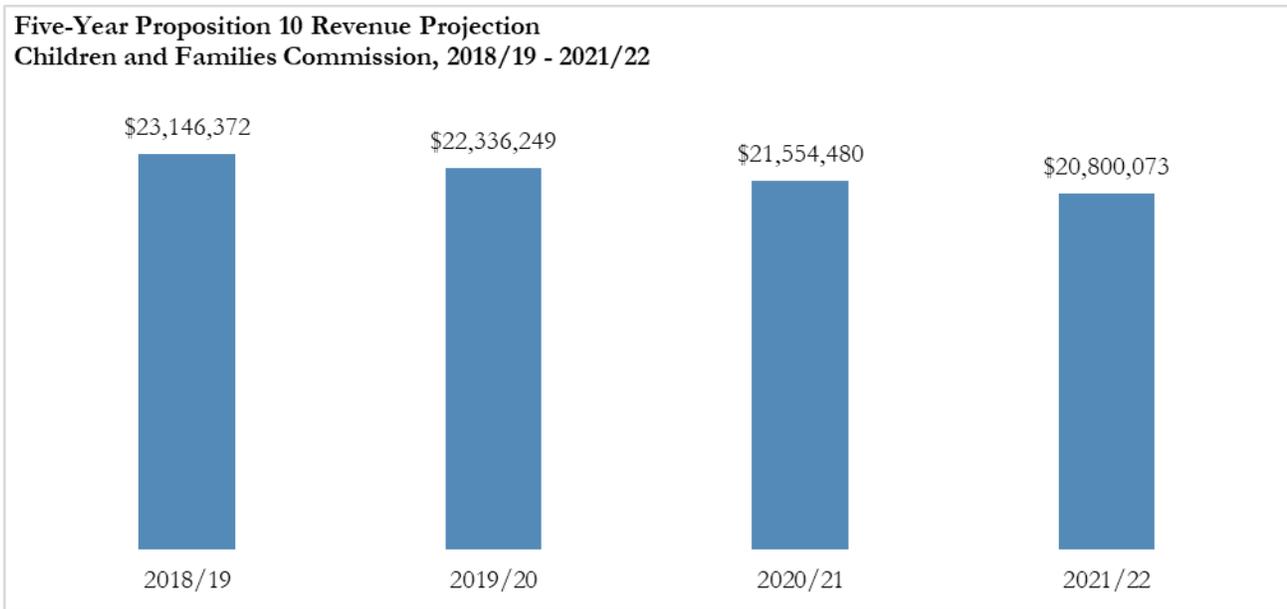
The Children and Families Commission of Orange County (Commission) was created by the passage of Proposition 10, the California Children and Families First Act, in 1998. The Act added 50 cents per pack of cigarettes to promote and fund early childhood education related services for children from the prenatal stage through age five. The Commission is a leader in responding to children's needs and supporting programs and policy best practices for children's health and development. Since its inception, the Commission has made a lasting positive impact in Orange County through its expenditures of approximately \$778 million toward grants, programs and operations that improve the well-being of young children and families in Orange County.

Long Term Financial Plan

Since 2001, Proposition 10 allocations for Orange County have declined by approximately 56%; and, Commission revenue is projected to continue decreasing over the next ten years, as tobacco consumption declines. As such, the Commission has employed a Long-Term Financial Plan to identify strategies to maximize the funding potential of Proposition 10 revenues, identify leveraging strategies and promote program sustainability.



In Fiscal Year 2017/2018, actual Commission tobacco tax revenue decreased 11.79%. Proposition 10 tobacco tax revenue is projected to continue to decline at an average annual rate of 3.5%. The Commission supplements the decline in annual revenue through annual withdrawals from its Long-Term Commitment account.

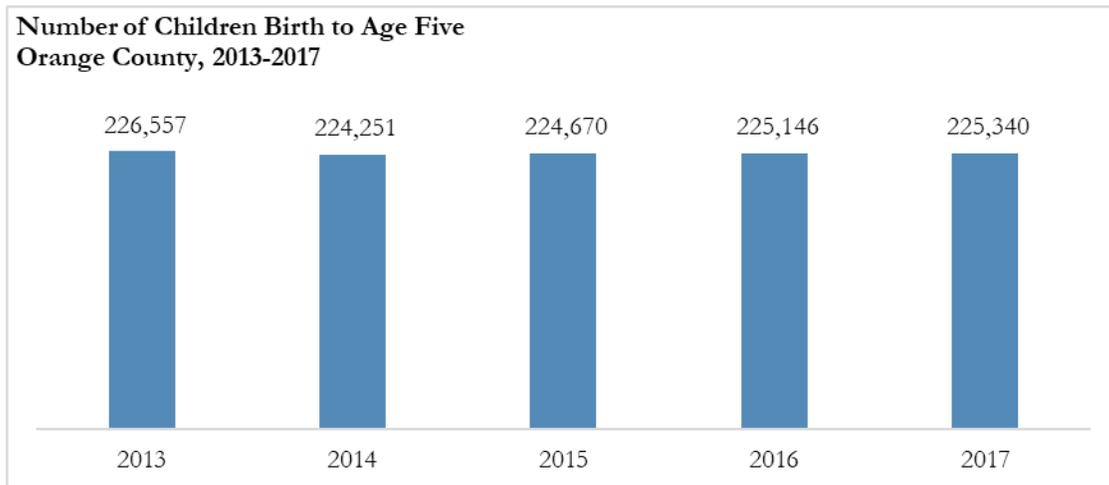


CHARACTERISTICS OF ORANGE COUNTY CHILDREN 0-5 AND THEIR FAMILIES

This section describes demographic, health and educational characteristics of children 0-5 in Orange County and their families. Trend data and comparison to Commission families are provided when possible.

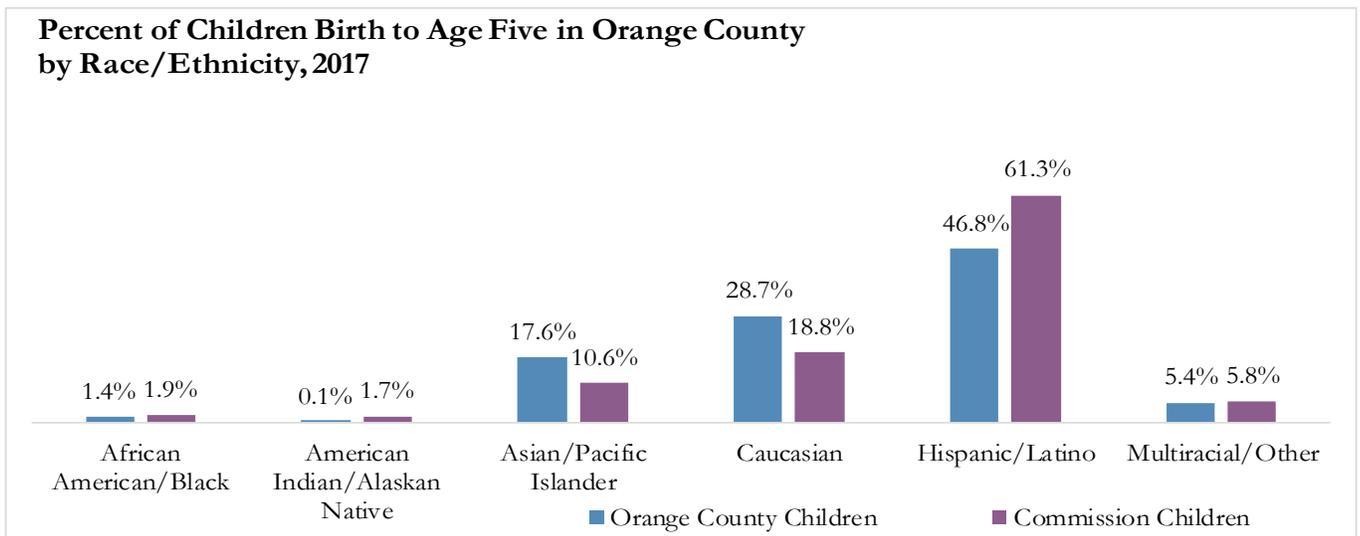
CHILD POPULATION UNDER SIX

In 2017, there were an estimated 225,340 children ages 0-5 living in Orange County, representing 7.1% of the total population. This percent has remained constant over the past three years but is estimated to shrink proportionally over the next decade due a decline in the birth rate and to the growth in the senior population in the County.



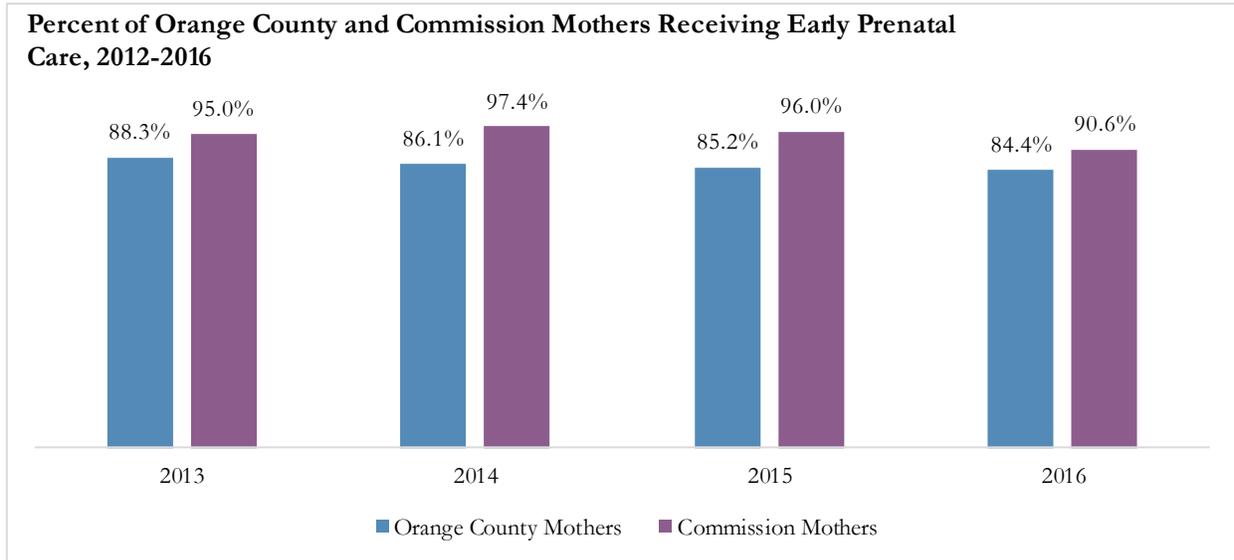
Source: California Department of Finance, Demographic Research Unit, Report P-3

In comparison to Orange County’s population of children ages 0-5 years, the Commission serves disproportionately more Hispanic/Latino children and fewer Asian/Pacific Islander and Caucasian children. For example, 61.3% of the children ages 0-5 years served by the Commission were Hispanic/Latino compared to a county population of 46.8%.

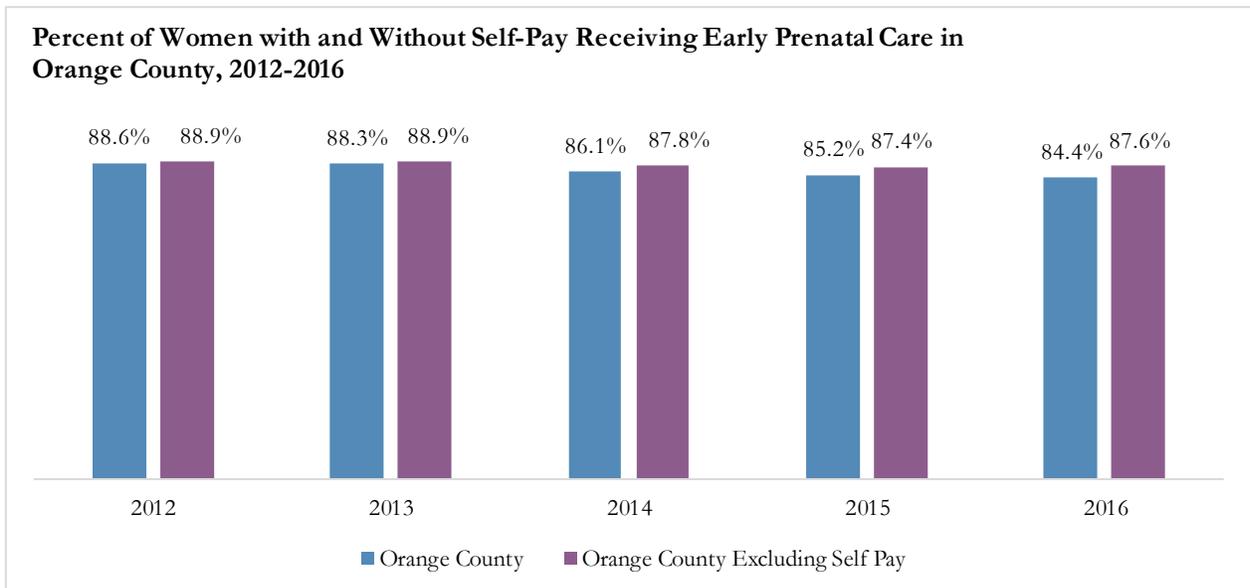


EARLY PRENATAL CARE

Significantly more pregnant mothers served by the Bridges Maternal Health Network received prenatal care during the first trimester of their pregnancy compared to the county average, with nearly all of them receiving early prenatal care over the past four years. Over 95% of the pregnant Bridges mother received prenatal care in their first trimester during the past year (data not shown as comparable County data are not available for 2017).



It is also of note that countywide, the percentage of women receiving early prenatal care within their first trimester of pregnancy has decreased over the past five years. This decrease is correlated with an increase in self-pay deliveries (paid through cash rather than health insurance) and which are often associated with foreign visitors who travel to the U.S. to give birth. When self-pays are excluded, the percentage of women who received prenatal care in Orange County in 2016 increases to 87.6%.

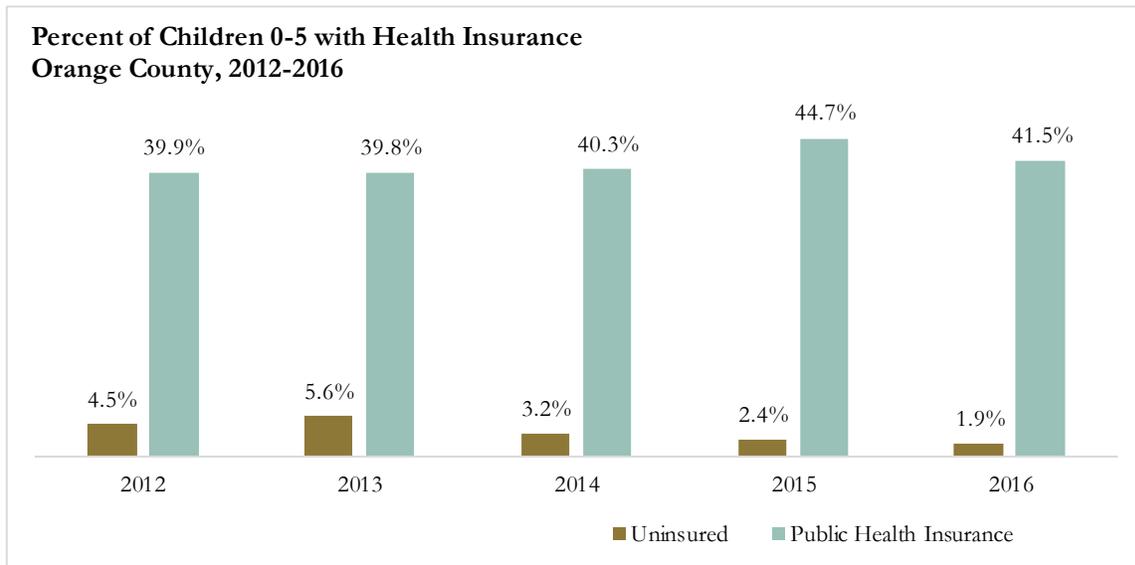


Source: Orange County Health Care Agency Family Health Division

CHILDREN 0-5 WITH HEALTH INSURANCE

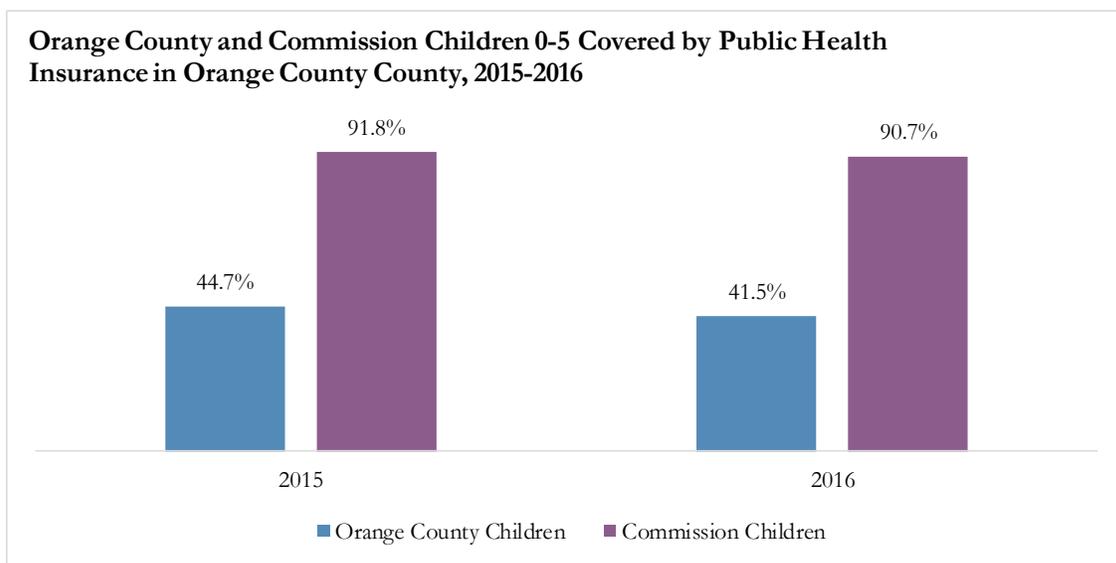
The rate of uninsured children ages 0-5 years in Orange County has decreased dramatically over the past five years, dropping from 4.5% in 2012 to only 1.9% in 2016. At the same time, there was generally an increase in the percentage of children covered by public health insurance such as Medi-Cal or CHIP.

In 2016, 41.5% of children from birth through age five in Orange County had public health insurance, a decrease from 2015, when 44.7% of children birth through age five had public health insurance.



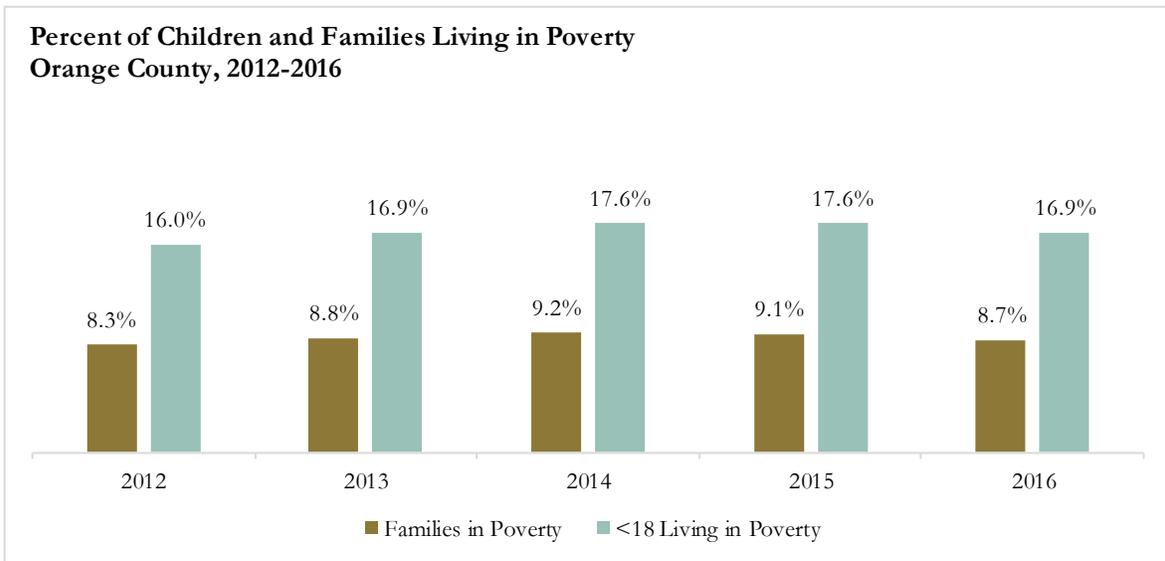
Source: American Community Survey, 5-Year Estimates, 2017

More than twice as many Commission-funded children ages 0-5 years had public health insurance coverage than the general population of Orange County (90.7% and 41.15%, respectively). In Fiscal Year 2017/18, this rose to 92.8% of Commission children with public health insurance (data not shown).



CHILD POVERTY

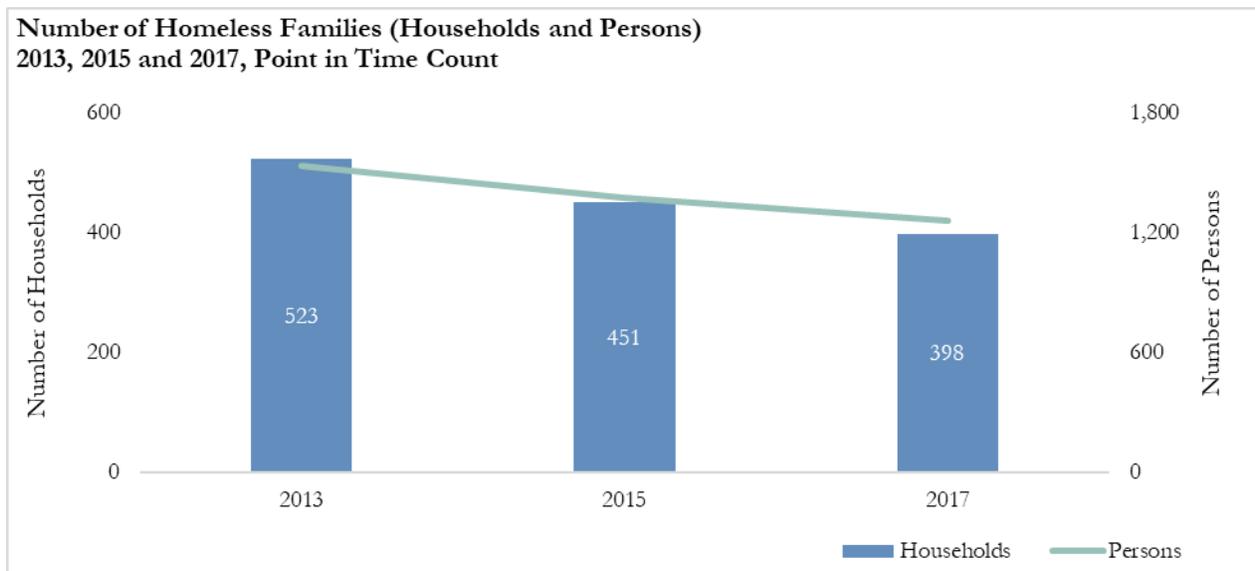
In 2016, 8.7% of families in Orange County were living below the Federal poverty line. For families with children under the age of 18 years, the percentage of families living in poverty almost doubled to 16.9%.



Source: American Community Survey, 5-Year Estimates

HOMELESS FAMILIES

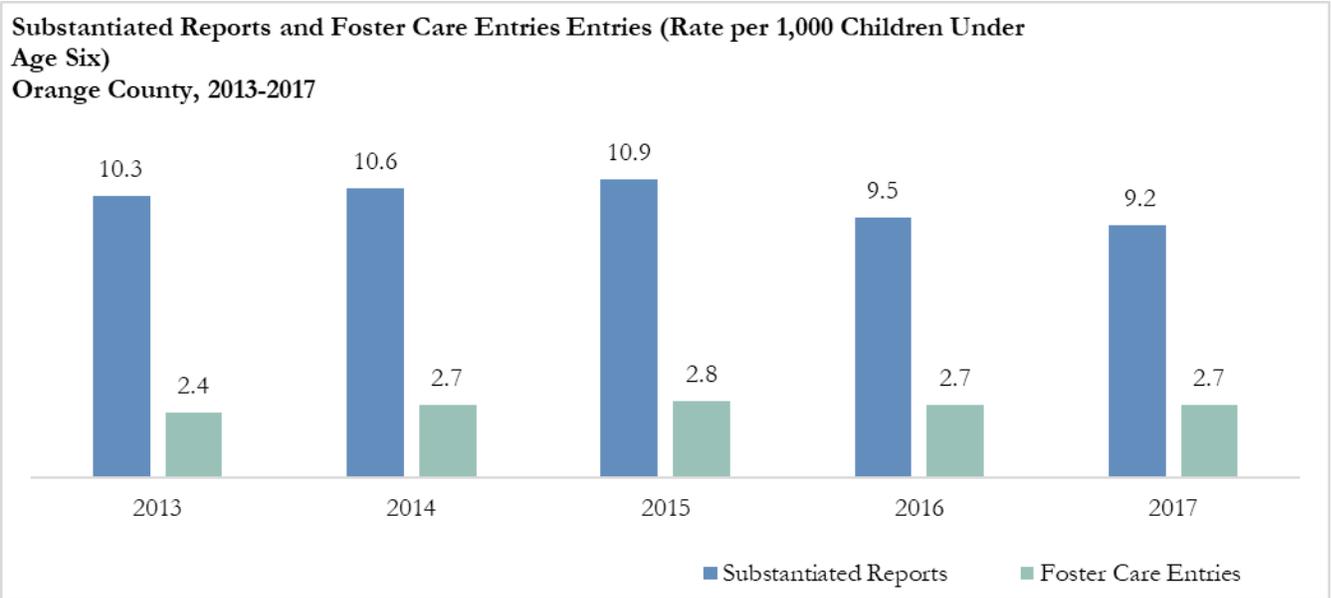
In 2017, there were 398 family households consisting of at least one adult and one child who were homeless (i.e., living on the streets, in vehicles, or shelters). This is a 24% decrease from 2013, when there were 523 homeless families in Orange County.



Source: Orange County Continuum of Care, 2017 Homeless Count and Survey Report

CHILD MALTREATMENT RATES AND FOSTER CARE ENTRY

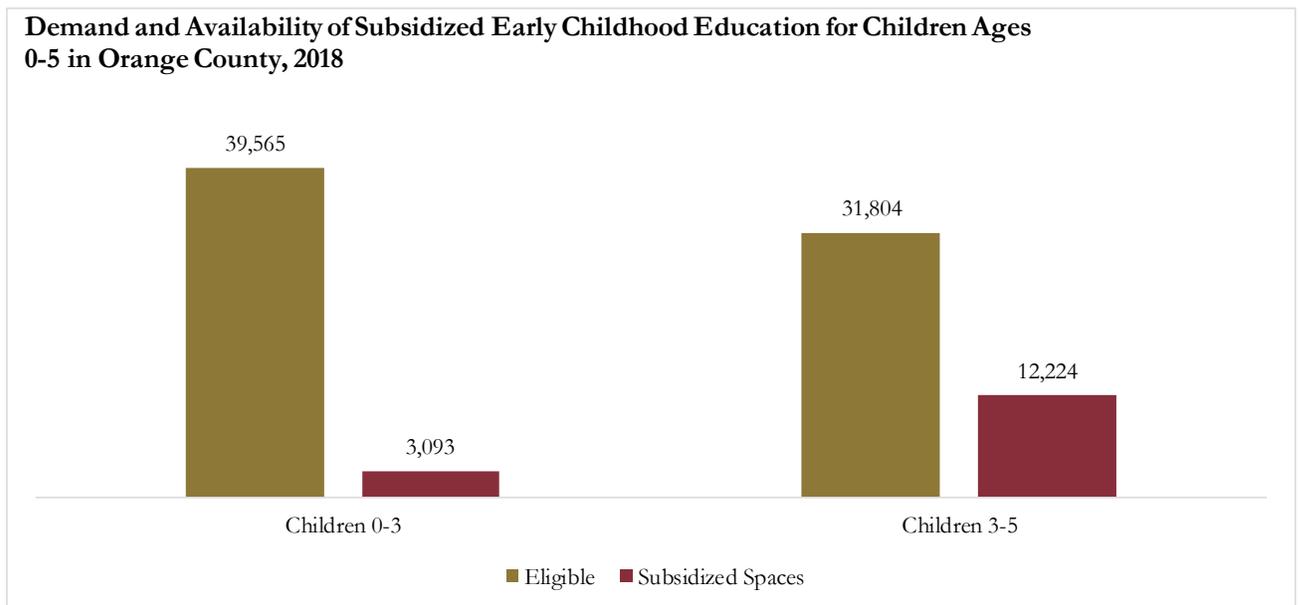
Over the past five years, there has been a decrease of 10% in the rate of substantiated child abuse and neglect allegations among children under the age of six in Orange County. At the same time, entry to foster care among children ages 0-5 has remained steady over the past few years.



Source: University of California Berkeley, Center for Social Services Research (CSSR), Child Welfare Research Center. The Center for Social Services Research continually refines its data reporting, thus the figures presented in this chart do not necessarily align with the data presented in the 2015-16 Annual Report supplement.

SUBSIDIZED EARLY CHILDHOOD EDUCATION SERVICES

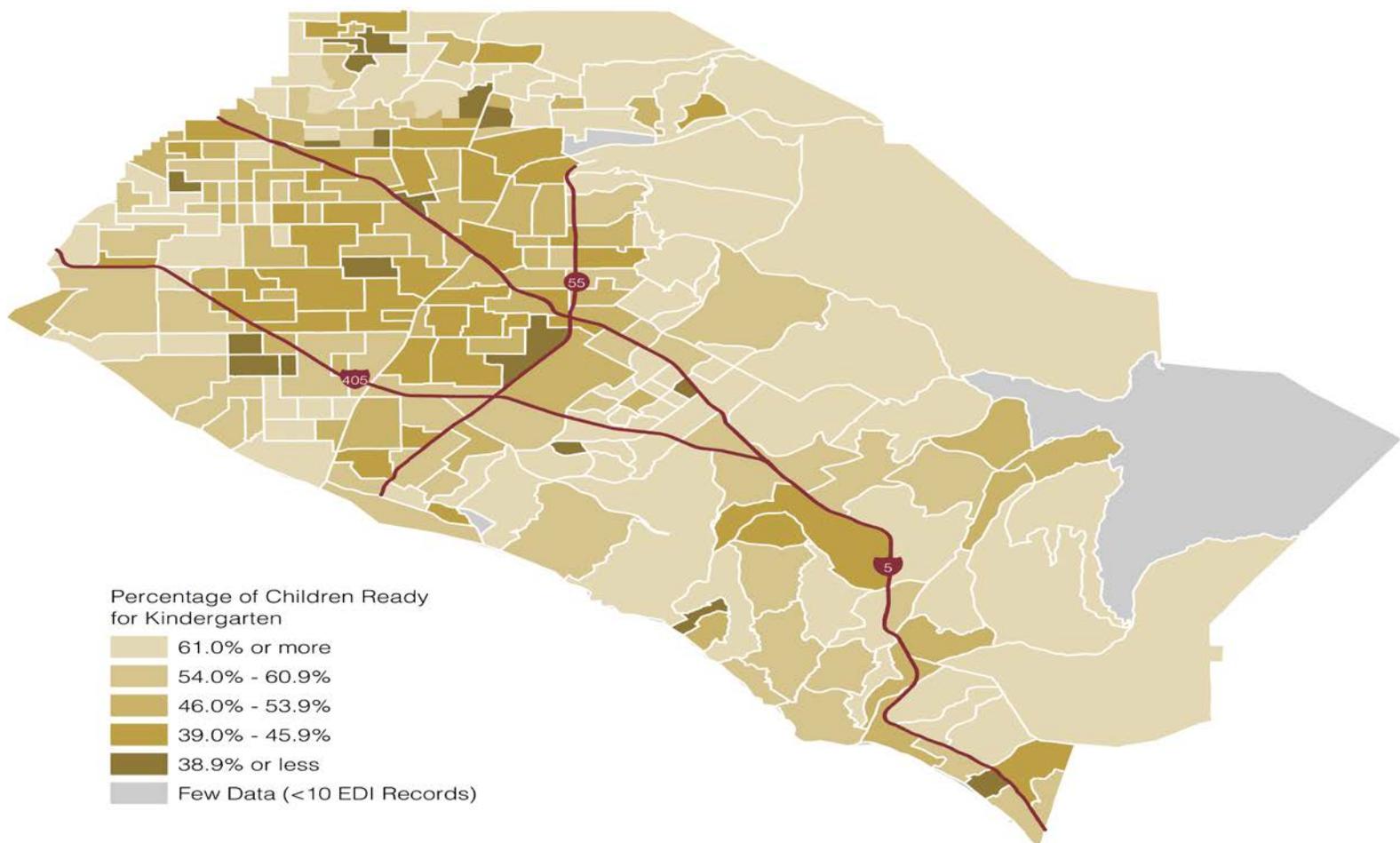
Orange County experiences a challenge in the availability of subsidized child care vouchers and space for children ages 0-5 years. This is particularly evident for infants and toddlers ages 0-3 years. The supply of subsidized care for children 0-3 years falls significantly short, with 36,044 infants and toddlers unserved relative to those eligible. In addition, 19,580 preschool children remain unserved compared to the need for subsidized care.



KINDERGARTEN READINESS

To document and inform the developmental needs and kindergarten readiness of young children in Orange County, the Commission has partnered with the UCLA Center for Healthier Children, Families, and Communities to implement the Early Development Index (EDI). The EDI is a population-based measure of early child development and school readiness in five key domains: physical health, social competence, emotional maturity, language and cognitive skills, and communications skills and general knowledge. Orange County was the vanguard site for implementing the EDI in the United States. In 2015, the Commission, in partnership with the County's 24 school districts and kindergarten teachers, succeeded in collecting data in all of the public schools that have a kindergarten population. A fourth year of full EDI countywide data was completed in and represents the largest and most complete and actionable picture of children's development of any community using the EDI in the United States. A recent study found that EDI ratings in kindergarten also help predict third grade proficiency in English Language Arts and mathematics on state assessments.¹ Ratings on the language and cognitive development, communication skills and general knowledge, and social competence domains strongly differentiated children's likelihood of later proficiency in both academic areas. Children are considered developmentally ready for kindergarten if they are on track on all five areas. In 2018, 53.2% of children in Orange County were developmentally ready for kindergarten. This is an increase from 2017, when 52.2% of students were considered ready for kindergarten.

Percentage of Children Ready for Kindergarten 2018 EDI, Orange County



CHILDREN AND FAMILIES COMMISSION FUNDED PROGRAMS

Commission-funded programs have traditionally fallen into one of the three Goals Areas as defined in the Commission’s Strategic Plan. The Goal Areas include:

1. **Healthy Children:** Promote the overall physical, social, emotional and intellectual health of young children.
2. **Strong Families:** Support and strengthen families to promote good parenting for the optimal development of young children.
3. **Early Learning:** Provide early learning opportunities for young children to maximize their potential to succeed in school.

COMMISSION GOAL AREA	FUNDING SUBCATEGORY
All	Commission-Wide Data
Healthy Children	Bridges Maternal Child Health Network
	Community Health
	Oral Health
	Pediatric Health Services
	School Readiness Nursing
Strong Families	Homelessness Prevention
	Family Support Services
Early Learning	Early Learning Programs

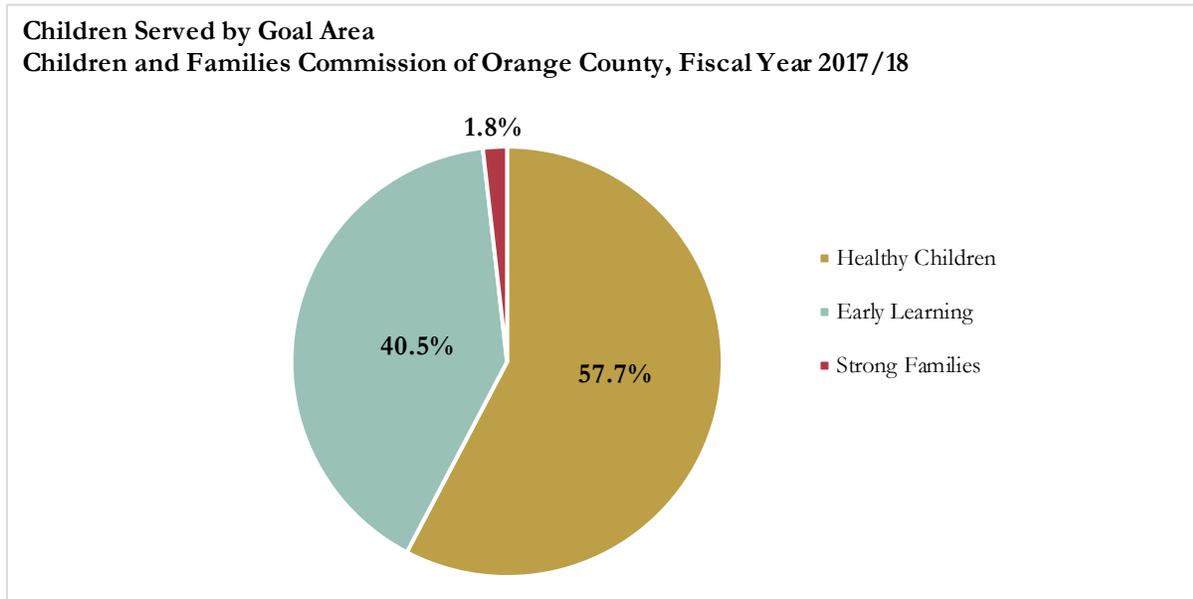
During Fiscal Year 2017/18, the Commission funded 78 organizations to implement 135 individual programs serving children, families, and providers. These organizations and programs provided services to 119,777 new Children ages 0-5 years; 92,034 new Family Members; and 6,569 new Service Providers. Children ages 0-5 received 1.8 million services, while their Family Members received more than one million services. Over 13,002 services were provided to Service Providers during Fiscal Year 2017/18.

Between Fiscal Years 2016/17 and 2017/18, there was an 2.6% decrease in the number of children ages 0-5 years served, with children receiving 3.5% fewer services than the previous year. While there was a 17.7% decrease in the number of parents/family members served; they received 6.7% more services than the previous year. Lastly, there was a decrease of 40.8% in the number of providers served; with providers receiving 39.4% fewer services than the previous year.

Changes in Number of Clients Served and Number of Services Provided Fiscal Years 2016/17, and 2017/18

	CLIENTS SERVED	SERVICES PROVIDED
Children 0-5	-2.6% 	-3.5% 
Families	-17.7% 	+6.7% 
Providers	-40.8% 	-39.4% 

In Fiscal Year 2017/18, the majority of the children (57.7%) were served through the Commission’s Healthy Children goal area and another 40.5% were served through the Early Learning goal area. Only 1.8% of children were served through the Strong Families goal area.



HEALTHY CHILDREN

Bridges Maternal Child Health Network

The Bridges Maternal Child Health Network (Network) is one of the Commission’s first funded programs. It is a countywide program implemented through an integrated system including 10 birthing hospitals, Hospital Association of Southern California, Health Care Agency of Orange County (public Health Nursing) and three community nonprofit providers. The Network supports children’s healthy development by identifying risk from prenatal through the critical first years of life, providing families with education, screening, and access to supportive services including referrals for home visitation by public health nurses and other professional staff.

School Readiness Nursing

The Commission established the School Readiness Nursing initiative in 2004 to foster the health and development of young children before they start school. Funding is provided to every School District that services an elementary population. School Readiness Nurses use a variety of strategies—ranging from coordinating health service programs, to providing direct nursing care, to ensuring healthy and safe school environments and promoting community involvement in children’s health. The purpose of the School Readiness Nursing (SRN) initiative is to prevent or decrease health problems, diseases and disorders and/or to facilitate early identification and treatment of health problems, thereby reducing long-term special education and health care costs, enhancing quality of life and the potential for a successful educational experience.

Children's Dental

Since 2003, the Commission has allocated over \$30 million to support children's oral health programs in Orange County, funding services through Healthy Smiles for Kids of Orange County (Healthy Smiles) as well as a pediatric dental residency program. Today, the Commission continues to invest in multiple strategies, including increased education and prevention, expanded access to screening, and building a network of providers to provide basic and restorative care for young children. The Commission serves as lead for Department of Health Care Services funding to expand innovative practices that can expand dental services to children and youth.

Community Health

The Commission's investment in Community Health programs is intended to increase children's and families' access to health services, as well as improve the quality of services provided. As the landscape of health care has changed in recent years, the Commission's investments have also shifted to address changing needs and to promote program sustainability beyond Commission funding. This category includes programs focused on reducing childhood obesity, increase the number of children that receive a developmental screening, and providing accurate services information to families with children.

Pediatric Health Services

In May 2003, the Commission approved the formation of the Pediatric Health Services Committee. The Committee's responsibilities include: identifying priority pediatric health needs based on assessment of local conditions and issues, including input from educational and other communities; developing recommended programmatic areas for funding for improvements in children's health related to school readiness; overseeing and evaluating the Commission's investments in pediatric health services; and serving as the Commission's Technical Advisory Committee. In Fiscal Year 2017/18, the Commission provided funding to The Center for Autism and Neurodevelopmental Disorders; Child Behavior Pathways; Early Developmental Assessment Center; Help Me Grow Orange County. In addition, the Commission, provided funding for specialty services such as a Pediatric Subspecialty Loan Repayment, Community Support, and Pediatric Vision Services.

STRONG FAMILIES

Homeless Prevention

Since Fiscal Year 2005/06, the Commission has expended more than \$20 million to support homeless prevention services in Orange County. An additional investment of \$7 million in catalytic funding was approved in February 2012. The Commission invests in programs that provide families in need with a safe and stable home environment, information on child development and developmental screenings. These supports include funding for transitional and emergency shelters, and direct services with an emphasis on basic needs such as food, shelter and clothing.

Family Support Services

Family support services include several programs that provide children with community based developmental screenings and early intervention. Early intervention is a strategy for prevention as well as for maximizing a child's developmental trajectory. With intervention at birth or soon after the diagnosis of a disability or high-risk factors,

the developmental gains are greater and the likelihood of developing additional problems is reduced. Further, early identification of developmental concerns and intervention promotes school readiness and healthy development. Organizations or initiatives funded by the Commission that provide developmental screenings and early intervention services include Family Support Network, the Early Childhood System of Care, and the Child Guidance Center.

Neighborhood Resource Network

In Fiscal Year 2015/16, the Commission partnered with the Social Service Agency of Orange County, to develop a responsive Differential Response Path 1 program entitled the Neighborhood Resource Network (NRN) Program. The two-year pilot program focuses on families with at least one child aged 0-5 years with an initial Child Abuse Registry report, and based on an assessment by Social Service staff would not receive further services. NRN was designed to support these families by creating a voluntary support structure of community services to help alleviate the circumstances putting stress on their family unit, thereby the reducing the potential for abuse.

EARLY LEARNING

Early Learning Specialists

Since 2000, the Commission has partnered with the following 24 school districts in Orange County to fund and hire Early Learning Specialists. School districts receive funding based on their kindergarten population. The Early Learning Specialists provide early care and education opportunities, connect families with community resources, and help direct additional resources to early learning.

Early Literacy and Math Programs/ AmeriCorps

Fiscal Year 2017/18 marked the seventh year of the catalytic funding agreement with Think Together to implement the following early literacy and math programs: Center-Based Early Literacy, Book Bank, Read for the Record, Raising a Reader and Reach Out and Read. Think Together also manages 27 AmeriCorps members who support the Early Literacy and Math programs in eight districts across the county that targeted at low income children.

OC Reads

OC Reads is a collaboration that began in Fiscal Year 2014/15 between the Commission, Orange County United Way and the Orange County Community Foundation to develop a shared funding model to improve early literacy outcomes in Orange County. Representatives from the three organizations comprise the leadership team that meet to expand and improve evidence-based literacy programs and interventions for young children 0-8 in communities most at risk of not achieving grade level reading as identified by the Early Development Index (EDI) and Smarter Balanced Test scores.

Readiness on the Road

Fiscal Year 2017/18 represented the seventh and final year of Commission funding for the Readiness on the Road Program, offered by the Boys and Girls Club of Garden Grove. The focus during this last year was to develop a transition and sustainability plan for children under five years of age to continue to receive services provided at school districts and Learning Links once Commission funding discontinues in Fiscal Year 2018/19.

OC STEM Initiative

The Commission is a member of the OC STEM Initiative that began in 2011 as a partnership with the Samueli Foundation and has expanded to a membership organization comprised of business foundations, educational organizations, and content experts. The focus is on the full continuum of learning from preschool through college, with the overarching goal that students are college and career ready in STEM fields.

Quality Start OC Quality Rating and Improvement System

The Commission partners with the Orange County Department of Education (OCDE), which operates the Quality Start OC QRIS. Funding comes from the California Department of Education QRIS Block grants, and First 5 California IMPACT (Improve and Maximize Programs so All Children Thrive) and HUB grants. California counties are divided into 10 HUB regions to provide coordination and specialized support to the HUB member counties and to create economies of scale. The Commission is a member of the Region 9 HUB, which includes Imperial, Riverside, and San Bernardino Counties. OCDE is the most senior organization with knowledge and expertise in QRIS due to their groundbreaking work with the Race to the Top Early Learning Challenge grant that ended June 30, 2016. As part of the grant, OCDE was a member of a statewide consortium to develop the California Rating Matrix and Framework. The Region 9 members selected OCDE to provide regional coordination, training, and technical expertise. The Commission is the fiscal agent for the four-year (2016/17-2019/20) IMPACT and HUB agreements with First 5 California. More than \$5 million was awarded to support the implementation of Quality Start OC QRIS, and another \$2.8 million for Region 9 HUB technical assistance. These funds allow OCDE to assess, rate, and provide quality improvement coaching and training to more than 300 preschool programs in Orange County. Quality Start OC QRIS participants include school district, non-profit, faith-based, family child care, and private providers.

SERVICES PROVIDED BY ALL COMMISSION FUNDED PROGRAMS

The following is a snapshot for Fiscal Year 2017/18:

- Commission-funded programs raised, leveraged, or generated over \$76 million to support or sustain services for children ages 0-5 years in Orange County and their families.
- Almost 90% of the children ages 0-5 years served by Commission-funded programs live in families at 200% or below the Federal Poverty Line.
- Over 95% of the pregnant Bridges Maternal Child Health Network mothers received prenatal care in their first trimester.
- The percentage of children ready for kindergarten (as measured on the EDI) increased a full percentage point—to 53.2% ready—between 2017 and 2018 data collection periods.
- Almost 14,000 children ages 0-5 years received developmental/behavioral screenings.
- 96.4% of children participating in Commission-funded programs received all age appropriate immunizations at the end of program services, exceeding the Commission's goal of 95%.
- 99.8% of children participating in Healthy Smiles had no cavities at the end of services, exceeding the Commission's goal of 91%; with 1,348 children with special needs receiving dental care.
- 10,825 children received a body composition and stature screening (height, weight, Body Mass Index); and 14,891 received a vision screening using evidence-based tools.

- 50.3% of children ages 0-5 years and their families who exited homelessness prevention services left to permanent housing.
- The Commission-funded homelessness prevention programs provided 75,473 child ages 0-5 years related bed nights and 106,975 bed nights to family members.

Aggregate Data for All Commission-Funded Programs

	CHILDREN AGES 0-5 YEARS	FAMILY MEMBERS	SERVICE PROVIDERS
Number of people receiving services*	119,777	92,034	6,569
Number of services provided	1,772,751	1,081,049	13,002

* Although each grantee reports an unduplicated count, clients served by more than one program may be counted more than once when data from multiple grantees are added together.

Description of Children Served¹ in Fiscal Year 17/18

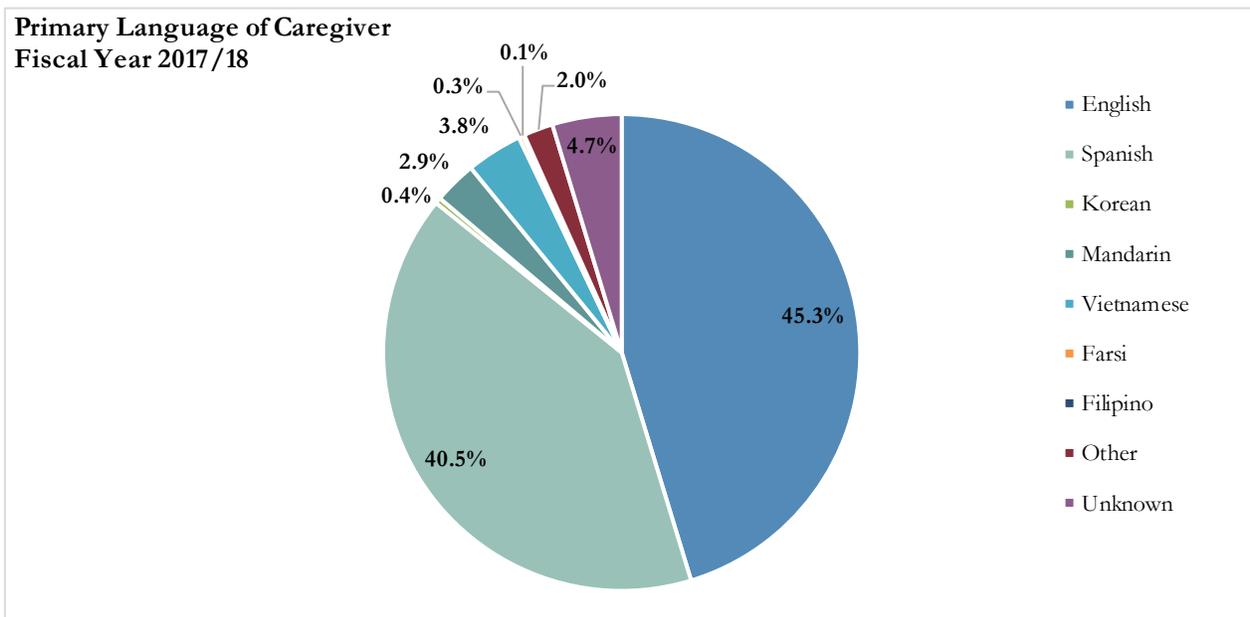
VARIABLE CONSIDERED	CATEGORY LABEL	COUNT	PERCENT
Age at most recent interview	Under Three	40,867	34.1
	Three through Five	72,903	60.9
	Unknown	6,007	5.0
Ethnicity	Amer. Indian/Alaska Native	1,165	1.0
	Asian	9,158	7.6
	Black/African American	1,186	1.0
	Hispanic/Latino	78,607	65.6
	Pacific Islander	703	0.6
	White	14,023	11.7
	Vietnamese	4,551	3.8
	Multiracial	4,263	3.6
	Other	3,209	2.7
	Unknown	2,912	2.4
Primary Language	English	48,612	40.6
	Spanish	56,514	47.2
	Vietnamese	4,766	4.0
	Korean	575	0.5
	Mandarin	356	0.3
	Farsi	374	0.3
	Filipino	61	0.1
	Other	3,595	3.0
	Unknown	4,924	4.1
At or Below 200% Federal Poverty Level ²		5,077	87.7

¹ A child can be served by more than one provider. In that event, the child is counted each time he/she is served by a different provider.

² Poverty level information is calculated based on client family level intake data and data is not collected in all Commission-funded programs based on their Scope of Work and intensity of services.

Primary Language of Caregiver

Slightly more caregivers spoke English as the primary language (45.3%) than Spanish (40.5%). Almost 5% of the caregivers spoke Korean, with 3.8% speaking Vietnamese and almost 3% speaking Mandarin. During this past year, there was an 8.1% decrease in the percent of parents who spoke English as their primary language; with a subsequent increase coming in Spanish, Korean, Vietnamese and Mandarin speakers.



Services Provided by All Commission-Funded Programs

STRATEGIC PLAN OUTCOME	SERVICE	CLIENTS SERVED	NUMBER OF SERVICES
HEALTHY CHILDREN			
HC.1 Increased percent of children born healthy	Case management meetings/home visits to support prenatal care	1,749	5,326
	Pregnant women receive support for healthy pregnancy and early childhood health, including screening and education for alcohol, tobacco and other drugs (ATOD)	8,667	8,667
	Home visits/case management meetings conducted with parents with a history of ATOD abuse	45	254
HC.2 Increased percent of children receiving developmental / behavioral screenings at milestone ages with linkage to appropriate services	Providers trained on how to screen, assess and/or identify child developmental milestones	111	111
	Providers educated on child development, recognizing key milestones, and the importance of screening and/or assessment	3,651	4,293
	Children receive developmental and/or behavioral screening using evidence-based screening tools (i.e., PEDS, ASQ, ASQ-SE, MCHAT, Child Behavior Checklist)	14,771	17,577
	Children receive a dental screening, including visual inspection and/or assessment by professional dental resource	17,164	17,267
	Children screened for up to date immunizations	15,893	20,457
	Children receive vision screening using evidence-based tools (i.e., LEA, SureSight, PlusOptix12, etc.)	14,891	15,110
	Children receive hearing screening using evidence-based tools (i.e., OEA, Audiometry, Pure Tones, Tympanometry, etc.)	9,516	10,031
	Children receive body composition and stature screening (height, weight, BMI)	10,825	11,093
	Children receive health status screening (i.e., asthma, allergies, etc.)	13,146	13,725

STRATEGIC PLAN OUTCOME	SERVICE	CLIENTS SERVED	NUMBER OF SERVICES
	Children receive comprehensive screening (Includes: vision, hearing, height, weight, health, dental and developmental milestones)	834	834
	Children receive assessment (e.g., vision, hearing, speech/language, psychosocial issues, motor skills, health, special needs, and/or parent-child functioning)	3,251	13,396
	Parents receive referrals regarding their child's health and developmental concerns	8,611	14,125
	Parents are linked to referred services for their child's health and developmental concerns	4,120	6,478
	Parents receive informational materials regarding developmental milestones and developmental screening	465	10,573
HC.3 Increased percent of children have and use a health home for comprehensive health services to include physical, dental and mental health	Children are linked with health insurance enrollment	1,137	1,137
	Children are linked to a health care home	1,770	1,770
	Children receive primary care services/visits, including well child and sick visits	47	76
	Children are linked to a dental home	1,936	1,936
	Children receive preventative dental treatment (e.g., cleaning, sealant)	14,369	16,729
	Children receive restorative dental treatment (e.g., carries)	209	1,102
	Children receive emergency dental treatment (e.g., abscess)	151	787
	Children with special needs receive dental care	1,348	2,922
	Parents receive education on oral health	17,740	19,955
	Children receive oral health education	26,954	26,994
	Providers receive oral health education	160	160
	HC.4 Increased percent of children growing up in healthy and safe environments	Mothers receive breastfeeding education, intervention and support	14,197
Parents, pregnant women and families with infants receive nutrition and physical activity education		46	204
Children enrolled in nutrition and/or physical activity program		109	326
Children participate in YMCA Aquatic Center programs		379	14,236
Parents participate in YMCA Aquatic Center programs		372	5,856
Children participate in YMCA sports programs		204	3,636
Parents receive Hepatitis B and/or Pertussis vaccine information in the hospital		11,793	28,075
Children receive specialty care clinic visits		800	4,047
Parents receive home visits focused on ongoing medical surveillance and linkage to appropriate referrals		179	647
Parents receive specialty care education, resources, referrals, and support		4,363	12,957
Parents receive speech and language services	1,522	1,766	
STRONGER FAMILIES			
SF.1 Increased percent of families are stably housed	Children receive emergency or transitional shelter (bed nights)	664	75,473
	Family members receive emergency or transitional shelter (bed nights)	1,089	106,975
	Parents receive weekly case management services	690	26,901
SF.2 Increased percent of children are safe	Parents receive home safety checks using a Commission-approved tool	2,419	4,905
SF.3 Increased parent knowledge and skills to help prepare children to reach	Home visits to improve parent knowledge of healthy child development	3,640	21,941
	Office visits to improve parent knowledge of healthy child development	18,090	31,110
	Parents participate in parenting education classes/series on healthy child development and/or vision	6,491	6,731

STRATEGIC PLAN OUTCOME	SERVICE	CLIENTS SERVED	NUMBER OF SERVICES
their optimal potential	Children receive health education classes	5,920	495
	Children receive group interventions to improve healthy child development	134	2,608
	Providers receive consultations to improve provider knowledge of healthy child development	1,021	1,897
SF.4 Increased access to and availability of family support services and resources	Mothers are screened with the Bridges Screening Tool	9,515	9,515
	Parents receive referrals to services	7,707	11,321
	Parents receive referrals to MCHN program services	1,657	1,657
	Parents receive referrals to non-MHCN program services	10,910	52,702
	Providers receive referrals to services	218	343
	Parents receive follow up on referrals and services are accessed	8,406	24,349
	Parents receive Kit for New Parents	19,078	19,078
	Children receive behavioral health treatment services	36	428
	Providers are educated to increase awareness and identification of behavioral health issues	996	635
	Providers receive training on behavioral health treatment services for children 0-5	518	299
	Parents receive education, resources, referrals, and support regarding their child's behavioral health issues	132	1,198
	Parents receive behavioral health screening	2,756	11,662

EARLY LEARNING

EL.1 Increased all children's developmental skills* to be proficient learners in school *Early literacy/ numeracy, self-regulation, social expression, and self-care and motor skills	Parents participate in a program designed to increase the frequency of reading at home	14,570	481,851
	Parents receive literacy information/assistance in waiting rooms or community events	8,602	42
	Provider will recruit and support pediatrician offices to participate in Reach Out Read National Program	95	29
	Books distributed to children	N/A	148,489
	New and used books collected for distribution	N/A	129,802
	Children participating in early literacy programs	47,842	1,364,539
	Children participate in early math/STEM programs	274	1,379
EL.2 Increased quality of early care and education	Children receive enhanced evidence-based school readiness services through early education programs	915	13,774
	Parents participate in a drop-in, family-focused early learning program (i.e., Learning Link)	2,942	27,875
	Children participate in a drop-in, family-focused early learning program (i.e., Learning Link)	3,065	29,629
	Providers are given resources and early intervention strategies for appropriate early care and education practices	185	26
EL.3 Increased early educator, parent and caregiver knowledge and skills to promote children's readiness for school	Parents receive tools, resources, information and/or training needed to transition their child to school	18,809	110,106
	Participate in EDI at one of the following levels: planning for future implementation; implementing EDI; or incorporating EDI data in planning efforts	N/A	354
EL.4 Improved transitions of children entering Kindergarten and K-12 system	Children visit Kindergarten classrooms prior to start of school year	8,244	N/A
	Children's health and development records are transferred to their elementary school prior to entering Kindergarten	7,623	N/A
	Children entering preschool programs are assigned a unique identifier	10,931	N/A

STRATEGIC PLAN OUTCOME	SERVICE	CLIENTS SERVED	NUMBER OF SERVICES
CAPACITY BUILDING			
CB.1 Maximize all sustainability activities	Dollar amount raised from program fees/revenue	N/A	\$18,789,954
	Dollar amount raised from individual donations	N/A	\$2,436,213
	Dollar amount raised from Foundation donations	N/A	\$3,537,200
	Dollar amount raised from government funds/grants	N/A	\$50,208,111
	Dollar amount of in-kind contribution generated	N/A	\$1,459,708
	Dollar amount received by leveraging Commission dollars	N/A	\$416,651
	Number of volunteers recruited	1,168	N/A
CB.2 Increase access and efficiency, quality and effectiveness	Public information and outreach campaign to increase community awareness of an issue or to promote awareness of access to services (e.g., where to go if need screening, importance of teeth brushing, developmental screenings, immunizations, breastfeeding, importance of fatherhood)	N/A	358
	Developing partnerships, coordinating and collaborating with other agencies to improve service delivery	N/A	1,400
	Educational loan repayments are made on behalf of providers	2	\$22,500
	Provide trainings to build the capacity of the agency to increase quality services (including STEM related activities)	1,855	760
CB.3 Promote data to support decision making and program improvement	Children with special needs served	4,187	4,187