FIRST 5
TULARE COUNTY

STRATEGIC PLAN

July 2012

through

June 2015

VISION, MISSION, AND PRIMARY RESULTS

Our Vision for the Future (why we do what we do):

> The children of Tulare County will thrive in safe supportive environments and enter school healthy and ready to learn so that they may grow into adulthood prepared to contribute as valued members of our community.

Our Mission (what we are here for):

> First 5 Tulare County will enhance the early development of Tulare County's children by providing direct services, funding partner organizations, and strengthening an integrated system of care serving children prenatally through age five and their families without regard to income.

Primary Results:

I. Children are mentally and physically healthy
II. Children are ready for school
III. Families are knowledgeable and able to promote their children's development
IV. Services are culturally appropriate, integrated, and collaborative

FOREWORD

First 5 Tulare County was established when California voters approved Proposition 10. Revenue of approximately $5.7 million per year has benefited children, parents, and service providers in the county in ways which were not possible before 1998. Proposition 10 provides local control which allows each county to plan and implement programs most needed in their jurisdictions.

The Children and Families Act of 1998 requires First 5 commissions to have a strategic plan to guide their work. This plan will assist and guide the commission through the years 2012-2015. It sends the clear message that this commission cares about the young children of Tulare County, their physical and mental health, their ability to access much needed services, and their early education.

For the life of this plan this commission intends to pursue the following results:

1. Children are mentally and physically healthy
2. Children are ready for school
3. Families are knowledgeable and able to promote their children's development
4. Services are culturally appropriate, integrated, and collaborative

The needs of young children in Tulare County are many. This commission will partner with other organizations and multiply our dollars with theirs to provide services to as many as possible.

We gratefully acknowledge the assistance of our past and current providers, the Children's Health Advisory Committee, community members who served on our advisory committee, the Oral Health Collaborative, evaluation advisor Barbara Aved, and our consultant Paul Harder for the comments and suggestions which have been included in this plan. This has truly been an example of "many hands make light work."

Phil Cox
Commission Chair

Janet Hogan
Executive Director

PLANNING PROCESS

The First 5 Tulare County Commission initiated the planning process by convening two review sessions in September 2011 led by a professional facilitator. At these public meetings, Commissioners reviewed their goals, objectives, strategies, and funding allocations. They received information on program funding and performance over the course of the *2009-2012 Strategic Plan* and gave direction for revisions for the upcoming period.

The Commission's Advisory Committee of seven individuals from the community includes medical professionals, early care and education experts, and parents of preschool-age children. This group met on October 18, 2011, and they shared their views about what is working well for Tulare County's young children and what can be done better or in greater quantity. Committee members cited improvements in access to medical care, services for special needs children, and the quality of community parks in Visalia among those areas where programs are supporting young children and their families. In regard to needs, the repeated concern was lack of enough programs and services ranging from support for special needs children in preschool classrooms to lactation specialists to train and encourage new mothers. The positive impacts of First 5 programs and Mental Health Services Act programs were noted, but there is still a need for child care and preschool slots, early childhood mental health services, and continuing education regarding early childhood development and early brain development.

The Children's Health Advisory Committee met on October 26, 2011, where participants recognized that programs are working well together to address needs such as for early childhood mental health services. Transportation was cited as an unmet need. More can be done to combat obesity including focusing on prevention work tied to breastfeeding and nutrition education. Better access to information about services was also cited as a need.

The Oral Health Collaborative met on November 22, 2011, and their discussion focused on the successes of current screening programs and how to build on them despite the potential for reduced funding. This group is committed to continuing and enhancing communications and coordination among children's oral health programs.

The First 5 Tulare County Network of Providers met on November 15, 2011, and discussed outcome measures related to the program services they are currently providing. While this approach differed from the other groups', the information generated is consistent. These participants also noted how well Mental Health Services Act programs are integrating with First 5 funded mental health services.

The information generated from all these discussions affirmed the direction of First 5 Tulare County to pursue strategies addressing children's health, school readiness, strong families, and an integrated system of services.

PRIMARY RESULTS

Programs, activities, and services provided or funded by First 5 Tulare County will move our community toward the following results:

I. Children are mentally and physically healthy

II. Children are ready for school

III. Families are knowledgeable and able to promote their children's development

IV. Services are culturally appropriate, integrated, and collaborative

Achievement of these results will support our vision:

> *The children of Tulare County will thrive in safe supportive environments and enter school healthy and ready to learn so that they may grow into adulthood prepared to contribute as valued members of our community.*

OBJECTIVES AND INDICATORS

Objectives are building blocks supporting achievement of our primary results. They serve to better define what we intend in each result area. Indicators are the basis for measuring our progress. Programs, both in-house and contracted, will be designed to achieve one or more objectives based on measurable changes in the corresponding indicators.

For each of our objectives, there are one or more indicators that will be tracked over time to determine if First 5's programs are moving toward the outcomes we seek.

OBJECTIVES AND INDICATORS

I. Primary Result: Children are mentally and physically healthy

A. Children are born healthy

1. Increase the percentage of pregnant women with early entry into prenatal care
2. Increase the quality of prenatal care to insure it is culturally appropriate and includes parent education, nutrition and breast-feeding education, and screening for tobacco, drug, and alcohol abuse

B. Children are physically healthy and well nourished

1. Increase the percentage of children with access to preventive, primary, and specialty health care including dental services
2. Increase the initiation and duration of breastfeeding from birth to at least six-months of age
3 Increase the percentage of children living in safe and healthy environments with access to active recreational opportunities and good nutrition

C. Children are emotionally healthy

1. Increase the percentage of children with access to early screening, identification, and services for developmental delay and mental/behavioral health issues, substance abuse, violence, and neglect

II. Primary Result: Children are ready for school

D. Families support learning in their homes

1. Increase the percentage of parents actively engaged in early development activities with their children including reading to their children

E. Children have access to early childhood development programs

1. Increase the percentage of children participating in preschool and other school readiness programs
2. Increase schools' readiness for children

III. Primary Result: Families are knowledgeable and able to promote their children's development

F. Families are stable and able to meet the needs of their children

1. Children and their caregivers have adequate food in their homes
2. Parents have access to information about services, jobs, training programs, parent education, child care, substance abuse, and other topics

G. Children's homes are free from violence

1. Reduce the number of children who are abused and neglected
2. Reduce the number of children who are exposed to other forms of violence in their homes

H. Parents use effective, appropriate parenting skills

1. Increase the availability of culturally and linguistically appropriate parent education services in locations easily accessible to parents

2. Increase the number of families receiving parenting information by using the mass media including print, radio, television, and Internet

IV. Primary Result: Services are culturally appropriate, integrated, and collaborative

I. Families can easily access services

1. Services are in locations accessible to children and their parents
2. Services are culturally and linguistically appropriate

J. Programs actively collaborate to enhance services and avoid duplication

1. Programs are integrated to create an effective system of care
2. Cross-professional training is available to provide a comprehensive approach to child and family needs

K. Programs pool funding and partner to leverage additional funding

1. Increase total funding available for programs serving children and their families

L. Programs achieving desired results are sustained

1. Increase public awareness regarding early brain development and the value of effective program aimed at young children and their families
2. Increase organizations' ability to achieve program sustainability through training and consulting activities

PRIORITY STRATEGIES

A strategy is a set of activities, programs, or actions that work together to achieve an objective. First 5's efforts and those of our funded providers move us toward achievement of our primary results. Following are the strategies that will be a focus for the term of this plan. Additionally, as new strategies emerge, they will be considered.

1. **Children's Health:** This strategy includes support for hospitals and clinics, pilot projects such as the Pediatric Specialty Care Project, and other programs that improve children's access to medical, dental, and behavioral health care.
2. **Mental Health and Special Needs Early Screening and Treatment Services:** This strategy encompasses early identification, assessment, and treatment services through Family Resource Centers, school readiness programs, and by other funded providers.
3. **School Readiness:** This strategy includes preschool classes, delivery of home-based curriculums, summer programs, supporting parents to be their children's first teachers, and

other services offered by school districts, the County Office of Education, and non-profit organizations.

4. **Family Resource Centers:** This strategy recognizes family resource centers as being community focused and comprehensive in the range of services provided to children and families. Parent education, information and referral, case management, home visits, health screenings and services, and mental health counseling are examples of services provided.
5. **Parent Education:** This strategy includes a number of activities such as classes, parent educator training, Kit for New Parents distribution, family literacy projects, and media campaigns. Parent education services are offered through Family Resource Centers, as part of school readiness programs, through First 5 Tulare County staff efforts, and by our funded providers.
6. **Special Project Grants:** This strategy provides grants for projects and programs that aren't addressed under other funding methods. The special project grant format also allows the Commission to rapidly respond to unanticipated circumstances affecting children and families, extreme weather conditions for example.
7. **Community Development:** The Commission recognizes that young children live with their families, and that families live in communities. This strategy provides for programs to address the needs of young children and their families at the community level.
8. **System Access, Integration, and Collaboration:** Access is supported through information and referral programs while integration is addressed through funding initiatives and staff participation in planning and collaborative groups. First 5 Tulare County will promote partnerships among private, non-profit, and public programs to enhance and increase services for young children and their families.
9. **Community Education:** This strategy supports broad understanding of the value of quality early childhood development activities. Having this understanding supports on-going financial sustainability for programs.

10. **Capacity Building:** First 5 Tulare County will support training and other activities to increase the ability of organizations to meet the needs of young children and their families.
11. **Advocacy:** First 5 Tulare County will advocate on behalf of young children and their families.

EVALUATION

First 5 Tulare County and our partners will continue to gather, analyze, and report information about the services we provide and the effectiveness of those services. Evaluation covers both process and outcome measures. Process measures focus on what is being done while outcome measures tell us about changes brought about by our efforts. First 5 is concerned with both how well a program is operating and the extent to which services are improving the lives of children and their families.

Each program agreement will include an evaluation plan developed jointly between the service provider and First 5. Professional assistance will be available to ensure that there is at least one outcome measure for each program. For programs that have established evaluation tools, those tools will be used. Additionally, when opportunities for long-term longitudinal studies arise, they will be considered.

First 5 Tulare County will use the GEMS data system provided by Mosaic Network Incorporated to collect program data.

FINANCIAL RESOURCES AND FUNDING ALLOCATIONS

Funding allocations will be based upon the First 5 Tulare County Commission's adopted Long Range Financial Plan and annual budgets. The Commission intends to continue contributing one-half of each year's Proposition 10 allocation to health programs.

The Commission will allocate program funds at a level consistent with available revenue, recognizing that awards are contingent upon the number and nature of proposals submitted for funding.

Target Allocation Percentages by Primary Result

PRIMARY RESULT	ESTIMATED ALLOCATION LEVEL
Children are mentally and physically healthy	55%
Children are ready for school	25%
Families are knowledgeable and able to promote their children's development	19%
Services are culturally appropriate, integrated, and collaborative	1%

Funding processes, grant programs, and grant amounts will be designed to achieve the objectives as outlined in this strategic plan. Funds may be awarded pursuant to Requests for Proposals, Requests for Applications, negotiated contracts, or other funding mechanisms.

Commission operations will be carried out pursuant to adopted policies, including section II.J. Expense Categories and Limits. This policy defines administrative, data management/evaluation, and program expenses.

FIRST 5 TULARE COUNTY

KEY to RESULTS, OBJECTIVES, and STRATEGIES

PRIMARY RESULTS	I. Healthy Children	II. Ready for School	III. Strong Families	IV. Service System
OBJECTIVES	A. Children are born healthy	D. Families support learning in their homes	F. Families are stable and able to meet the needs of their children	I. Families can easily access services
	B. Children are physically healthy and well nourished	E. Children have access to early childhood development programs	G. Children's homes are free from violence	J. Programs actively collaborate to enhance services and avoid duplication
	C. Children are emotionally healthy		H. Parents use effective, appropriate parenting skills	K. Programs pool funding and partner to leverage additional funding
				L. Programs achieving desired results are sustained

STRATEGIES	OBJECTIVES
Children's Health	A, B, C
Mental Health and Special Needs	C
School Readiness	All
Family Resource Centers	A, B, C, D, F, G, H, I, J
Parent Education	A, B, C, D, F, G, H
Special Project Grants	All
Community Development	All
Access, Integration, Collaboration	All
Community Education	All
Capacity Building	All
Advocacy	All

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