



# First 5 Tulare County

2023 - 2028

## STRATEGIC PLAN



ADOPTED BY THE COMMISSION

June 2023

# INTRODUCTION



*“The best thing for me in my life right now is I’m sober, I have a good relationship with my family.”  
-- Respondent to the Parent Survey*

First 5 Tulare County was established when California voters approved Proposition 10 tobacco tax. This program has benefited children ages 0-5, parents, and service providers in the county in ways that were not possible before 1998. Prop. 10 provides local control which allows counties to plan and implement programs most needed in their jurisdictions.

Prop. 10 distributions to the counties are based on the birth rate for each county. In Tulare County the birth rate is 68.2 births per 1,000 women (2021), or about 6,930 births annually, which allocates approximately \$4.7 million per year (in 2022) to First 5 Tulare. This funding provides innovative child development and safety net program services throughout Tulare County, and promotes partnering with other organizations to combine funds to provide services for as many families as possible.

The Children and Families Act of 1998 requires First 5 commissions to have a strategic plan to guide their work. This equity-driven *Strategic Plan* will assist and guide the Commission through the years 2023-2028, and provides the framework for how the Commission will achieve its desired results. It begins with a high level Vision for the future, the Mission (how the Vision will be achieved), and the organization’s Guiding Principles. The Vision, Mission, and Guiding Principles drive the implementation of service strategies and provide the criteria to make decisions to ensure that the effectiveness of funding allocations are maximized in measurable performance. It sends the clear message that the Commission cares about the young children of Tulare County, their physical and mental health, their ability to access needed services and their early education.

First 5 Tulare County intends to use the extensive needs assessment findings from the community input to this strategic plan to invest in strategies with the highest potential for improving health, education success and equity for children, and to support integrated, collaborative and best-practice services and systems. Additionally, the Commission remains committed to engaging and supporting its partners: for example, by sharing tools, materials and data that support strategy development and an increasing knowledge base; sponsoring or hosting trainings and other professional development activities; and continuing to build community capacity.

The Commission gratefully acknowledges the partnership of its providers in furthering the mission of First 5.

### **Commissioners**

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Megan Ide, DDS, Vice Chair  
Julie Berk  
Christine A. Nelson, M.D.  
Donna Ortiz  
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### **Consultant**

Barbara Aved, PhD, Barbara Aved Associates



## STRATEGIC PLANNING PROCESS

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Community input and data-driven strategic planning helps funders define their direction and decision-making process when making community investments. To launch the strategic planning process, the issues of highest relevance to First 5's mission were identified and applicable data were collected to inform the Commission of current needs, gaps, barriers and community perspectives. The information from the comprehensive *Strategic Planning Needs Assessment* research<sup>1</sup> came from the sources below.

### Statistical Data (Secondary Data)

**Data Dashboard.** The most recently available and relevant statistical data from secondary data sources that aligned with each of the Commission's goal areas, such as the percent of children who visited a dentist in the past year, were identified, extracted and organized into a reader-friendly "dashboard" format.<sup>2</sup> The Dashboard included 54 indicators that allow the Commission and its partners and stakeholder groups to track the key data points and monitor progress toward the early childhood outcomes sought by First 5.

### Community Input (Primary Data)

**Parent Survey.** An online English/Spanish *Parent Survey* was used to learn more about the current needs and experiences of Tulare's County's 0-5 children and families. The link to the survey was widely distributed to host organizations and placed on social media platforms to make parents and other caregivers of children 0-5 aware of it. Partner organizations also administered the survey to clients in hard copy to take advantage of their presence at the site. A total of 534 parents responded to topics that included access barriers and utilization of services; nutrition and other preventive practices; early learning experiences; highest needs and concerns; and awareness and use of community resources.

**Interviews.** To gain an understanding of the perspectives of community leaders and individuals who work directly with families, we invited input to the strategic planning process through Key Informant interviews with individuals who could inform the assessment (please see the Appendix for the list of names). We looked for universal themes and common perspectives, and tailored

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<sup>1</sup> The comprehensive 53-page *Strategic Planning Needs Assessment* is available upon request from First 5 Tulare County.

<sup>2</sup> Virtual learning during the COVID-19 pandemic created significant challenges in identifying experiences such as domestic violence and children experiencing homelessness, and in staying in touch with families. Accordingly, some of the data sources used in the *Needs Assessment* to calculate estimates need to be viewed with more caution than usual.

some questions to interviewees' specific areas of expertise to delve deeper into ideas for improvement strategies.

Commissioners and staff also participated in individual interviews using many of the same structured questions we posed to the Key Informants; this opportunity afforded historical perspectives as well as input concerning planning, programming, evaluation and other operational issues.

## Key Evaluation Findings

The last 5 years of formal evaluation reports were reviewed for findings that informed the current strategic planning. Of specific interest were conclusions/recommendations regarding approaches that have increased parenting knowledge, skills, and practices; strategies that facilitated access to services; interventions that promoted children's developmental progress; and grantee capacity-building.

## Others' Approaches

We conducted a brief literature search and spoke with a selection of funders to learn what best-practice interventions, sustainability and systems-level approaches, including revenue maximization strategies, have been used successfully elsewhere that could have applicability to Tulare County.

## Other Local Needs Assessments

Other relevant local needs assessment data, such as from the Tulare County Office of Education – Early Childhood Education Program 2020-2021 Annual Report, provided additional background information.



## PURPOSE OF THE STRATEGIC PLAN

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*“Many kids left unattended to and on their own during COVID have low language development. Who knows how long it’ll take for them to catch up with some of their peers?”  
-- Key Informant Interview*

First 5 Tulare County has a responsibility to all young children and their families living in Tulare County, with particular focus on those who are most vulnerable.

Organizations and agency leaders are constantly faced with the difficult task of making decisions that impact the well-being of families and children in our community. First 5 Tulare seeks to provide a plan that can be a guide and resource that will drive the agenda of early childhood services to meet the needs of all of Tulare County’s children and families.

The goals and objectives identified in this plan will be accomplished through collaboration between public, private, and community agencies and coordination of new and existing services and resources in the county. Results-Based Accountability helps us to distinguish how First 5 programs and funded partners contribute to the overall goals for the early childhood community.

### **This Plan Will Be Used to:**

- Increase awareness of the importance of quality health and learning experiences for all Tulare County children, families, and communities.
- Provide all stakeholders with a common frame of reference for future action.
- Expand partnerships to implement strategies.
- Provide a platform that will lead to coordinated planning and integrated action, and can lend support for policy and practice changes.
- Mobilize public and private resources to address identified needs. Recommend priority areas for development of programs and funding.



# FOUNDATIONAL STATEMENTS

**Vision:** Tulare County children thrive and enter school healthy and ready to learn

**Mission:** Promote early childhood development of Tulare County children ages 0-5 through strong families and communities

**Values:** Quality, responsive, respectful, collaborative, data driven, accountable, sustainable

## VISION

All Tulare County children will thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn.

## MISSION

Support effective programs to improve the development of all Tulare County children ages zero through five, healthy pregnancies, the empowerment of families, and the strengthening of communities.

## CORE VALUES

The following principles represent the core values that guide First 5 Tulare in all of its work.

- **Quality.** Expect excellence and allow for innovation in the development and implementation of initiatives and programs.
- **Responsiveness.** Ensure services are accessible, culturally competent, and responsive to special needs and disabilities.
- **Respect.** Welcome the diversity, strength, uniqueness, and potential of all children, families, and communities.
- **Risk Reduction.** Partner with parents, families, and communities to provide safe and nurturing environments for young children.
- **Sustainability.** Promote sustainable change by using Commission investments to effect long-term policy, institutional, funding, and systemic changes that extend the reach and impact of First 5 Tulare activities.
- **Prevention and Collaboration.** Fund strategies that promote prevention, early intervention and community collaboration.
- **Evidence-Based Value.** Make data-driven decisions that address community needs, build community assets, and prioritize children and families at greatest risk.
- **Responsible Stewardship.** Be transparent and accountable as stewards of First 5 funds.

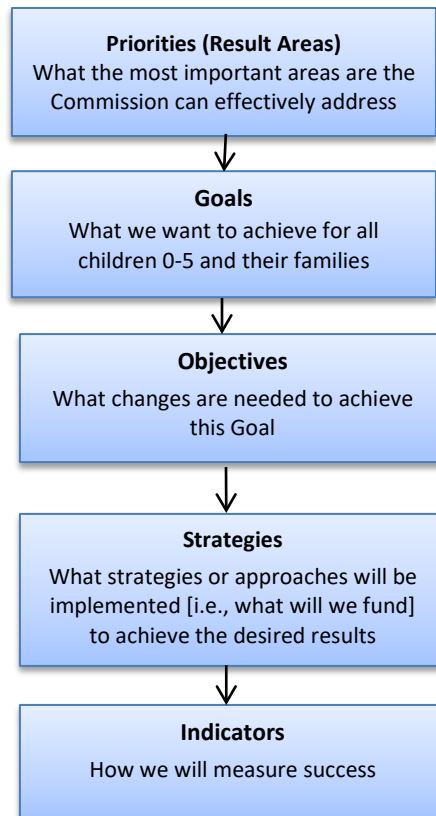
## THEORY OF CHANGE

Our Theory of Change is how we strive for impact to achieve our mission.

<b>Learn</b>	To determine the best strategies and practices, we work to develop a deep understanding of significant issues facing 0-5 families and to monitor current trends that could affect what they hope to achieve.
<b>Educate</b>	The future of children and families depends on a diverse and informed constituency of individuals and partners that is engaged and has a voice.
<b>Support</b>	We support our partners and community stakeholder groups in providing services through the lens of equity and inclusiveness.
<b>Influence</b>	We create change by connecting in-the-field learning from evaluation and all constituencies to inform policy and advocacy solutions.

## STRATEGIC PLAN HIERARCHY

The Commission’s strategic plan hierarchy below—guided by the data and input from the Needs Assessment—can be illustrated by a five-level structure that contains the following elements:





# PRIORITIES, GOALS, OBJECTIVES AND STRATEGIES



## Priority Result Areas

<i>Strategic Priority 1.</i>	<b>HEALTH:</b> Children grow up physically and mentally healthy
<i>Strategic Priority 2.</i>	<b>EARLY CARE AND DEVELOPMENT:</b> Children enter school ready to learn – cognitively, social-emotionally and physically
<i>Strategic Priority 3.</i>	<b>STRONG FAMILIES:</b> Parents and other caregivers have the knowledge and resources they need to provide a nurturing environment
<i>Strategic Priority 4.</i>	<b>INTEGRATIVE AND COLLABORATIVE SERVICES:</b> Communities are engaged in supporting and prioritizing children

## DEFINITIONS

**Goals:** *What First 5 hopes to achieve*

**Objectives:** *Changes needed to reach the desired outcome*

**Strategies:** *Examples of approaches First 5 will invest in to achieve the outcome*





**Indicators:** *A measure of how much do we do? How well do we do it? Is anyone better off?*

The Commission recognizes that there are overlaps among the strategies below, and in many cases the same strategy or strategies can serve to address multiple objectives. While giving consideration to best practices based on research, the Commission also encourages potential applicants to consider creative and innovative approaches that align with the strategic plan priorities.



## STRATEGIC PRIORITY: Child and Prenatal Health

### WHY THIS MATTERS:

-  Health promotion through community outreach and education creates awareness of the importance of healthy habits, like eating nutritious foods, consuming more water and less sugar, and engaging in more physical activity. The prevalence of childhood obesity is a public health concern. The prevalence of dental disease in Tulare County children is excessive.
-  Health prevention through developmental and health screenings helps identify early problems of hearing, vision, oral health, developmental delays, and social emotional health. Each of these can result in poor academic and health outcomes if left untreated. Early intervention services offered by providers who are skilled in evidence-based practices are proven to support children’s readiness for school.
-  Breastfeeding promotes attachment and bonding between mother and child, contributes to higher IQs, and lowers the risk of obesity later in life.
-  Keeping children safe from harm also involves increasing knowledge and skill-building about preventative injury to children. Bolstering parental capacity to recognize the potential for harm in everyday situations like car passenger seat safety and sleeping safely empowers parents to act on behalf of their children.

## Goal 1. Promote the overall physical, emotional and social health of young children

Objectives	STRATEGIES (examples)	INDICATORS
1. Increase the percentage of children with access to quality preventive, primary, and specialty health care.	<ul style="list-style-type: none"> <li>▪ Home visiting.</li> <li>▪ School- and community-based oral health screening.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of children with an annual well-child check-up.</li> <li>▪ # and % of children with specialty needs identified who are able to access referral resources.</li> </ul>
2. Increase the number of children receiving dental screening, referral and treatment services.	<ul style="list-style-type: none"> <li>▪ School- and community-based oral health screening.</li> <li>▪ Early Smiles-type training for local private dental providers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and location of schools participating.</li> <li>▪ # and % of children screened.</li> <li>▪ % of children with evidence of decay who were referred for and received the needed treatment.</li> <li>▪ # and % of children ages 1-3 with a dental visit 2 x/year.</li> </ul>





## Goal 1. (cont.) Promote the overall physical, emotional and social health of young children

Objectives	STRATEGIES (examples)	INDICATORS
<p>3. Increase the initiation and duration of breastfeeding from birth to at least six months of age.</p>	<ul style="list-style-type: none"> <li>▪ Engagement with the county’s private and FQHC prenatal and pediatric providers.</li> <li>▪ Lactation support services at each local hospital.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of women who initiate in-hospital exclusive breastfeeding.</li> <li>▪ # and % of women maintaining exclusivity at 6 months.</li> <li>▪ # of businesses/employers with improved workplaces and policies supportive of breastfeeding.</li> </ul>
<p>4. Increase awareness of the negative effects of tobacco (all forms) and marijuana before and during pregnancy.</p>	<ul style="list-style-type: none"> <li>▪ Tailored educational approaches through Family Resource Centers and other community-based organizations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of women who receive substance use counseling and cessation support services during and following pregnancy.</li> <li>▪ # and % of women who report using tobacco in the 3 mos. prior to pregnancy.</li> </ul>
<p>5. 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.</p>	<ul style="list-style-type: none"> <li>▪ Integration of developmental and trauma-informed screenings (e.g., ASQ, DRDP)</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of children who receive developmental screenings and appropriate referrals.</li> </ul>
<p>6. Increase the percentage of children living in safe and healthy environments with access to active recreational opportunities and good nutrition.</p>	<ul style="list-style-type: none"> <li>▪ Parenting classes on healthy food choices (e.g., My Plate)</li> <li>▪ Engagement of target populations to recognize the need to change unhealthy habits with culturally effective interventions and incentives to maintain the motivation to change.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # of safe outdoor play areas</li> <li>▪ % of parent participants who report improved dietary practices</li> </ul>



## STRATEGIC PRIORITY: Early Care and Development

### WHY THIS MATTERS:

-  Empowering parents to be their child’s first teacher involves providing parents with knowledge and supports to promote child development, parenting strategies, early detection of developmental delays, prevent child abuse, and increase school readiness.
-  Reading to a child promotes brain development. 43.3% of all Tulare County parents of young children report they read stories aloud with their child every day in a typical week.
-  Investments in high-quality early childhood development and preschool programs for economically disadvantaged children can deliver a high rate of return on investment by improving health, education, and socioeconomic outcomes later in life. Well educated and supported teachers contribute to enhanced quality early learning environments.
-  Third grade reading success is one of the best predictors of future school performance. In 2021-22, 30.8% of Tulare County 3rd graders were below standard of reading proficiency.




## Goal 2. Ensure Children enter school ready to learn – cognitively, social-emotionally and physically

Objectives	STRATEGIES (examples)	INDICATORS
<p>1. Increase the percentage of parents who support learning in their homes by actively engaging in early development activities with their children including reading to their children.</p>	<ul style="list-style-type: none"> <li>▪ Parenting classes.</li> <li>▪ Support for parent leadership and advocacy</li> <li>▪ Book Bag exchange</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of children served by First 5 programs and investments whose parents or other family members talk, read and sing with them every day.</li> </ul>
<p>2. Increase the percentage of children participating in quality preschool and other early learning programs.</p>	<ul style="list-style-type: none"> <li>▪ Summer bridge programs.</li> <li>▪ Preschool programs.</li> <li>▪ School readiness programs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of 0-3 and 4-5 year olds enrolled in child care and preschool programs.</li> <li>▪ # and % of children with increased language and literary development.</li> <li>▪ % of 3<sup>rd</sup> grade children at grade-level proficiency in reading and math.</li> </ul>



## STRATEGIC PRIORITY: Strong Families

### WHY THIS MATTERS:

-  Promoting family resilience with protective factors increases a family's strengths, enhancing child development, and reduces the likelihood of child abuse and neglect.
-  Communities are most effective at impacting family resilience when service providers across organizations are trained and well-versed on family strengthening practices.
-  Access to social and concrete supports reduce family isolation and promote resilience. Social supports provide a network like healthy relationships with family, friends, or neighbors. Concrete supports are tangible services that address unmet needs that include healthy food and transportation.

### Goal 3. Expand opportunities for parents and other caregivers to gain the knowledge and resources they need to provide a stable, nurturing environment

Objectives	STRATEGIES (examples)	INDICATORS <sup>1</sup>
1. Increase the percentage of children whose families have adequate food at home.	<ul style="list-style-type: none"> <li>▪ Food bank and other distribution mechanisms.</li> <li>▪ Engagement with farmers' markets.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of children and adults who report being food secure.</li> </ul>
2. Increase early intervention services for families at risk for child maltreatment.	<ul style="list-style-type: none"> <li>▪ Targeted intensive and trauma informed family support services, including home visiting, parent education and support groups.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # of calls related to domestic violence</li> <li>▪ # and % of substantiated cases of child abuse/neglect</li> </ul>
3. Increase parental knowledge and skill building around preventive injuries to children.	<ul style="list-style-type: none"> <li>▪ Safe Care parent training and assessment modules.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # of parents who received training.</li> <li>▪ % of parents who report knowledge and skill gain.</li> </ul>
4. Increase the percentage of parents and other caregivers with skills to use effective and appropriate discipline regarding their children's behavioral issues.	<ul style="list-style-type: none"> <li>▪ Fatherhood programs.</li> <li>▪ <i>Protective Factors</i> program.</li> </ul>	<ul style="list-style-type: none"> <li>▪ % of fathers who report increased confidence.</li> <li>▪ % of fathers with healthy relationship skills.</li> <li>▪ # and % of parents with increased knowledge of positive parenting practices.</li> </ul>




**Goal 3. (cont.) Expand opportunities for parents and other caregivers to gain the knowledge and resources they need to provide a nurturing environment**

Objectives	STRATEGIES (examples)	INDICATORS <sup>1</sup>
<p>5. Increase the number of postpartum women who are screened for depression and provided support services.</p>	<ul style="list-style-type: none"> <li>▪ Navigation and care for women who are experiencing maternal mental health challenges.</li> <li>▪ Engagement with the county’s private and FQHC prenatal providers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of women screened for post-partum depression and the # and % who report the ability to access mental health services when indicated.</li> </ul>
<p>6. Increase the number of children who are screened and receive treatment for emotional/behavioral concerns.</p>	<ul style="list-style-type: none"> <li>▪ Assessment by ACES screening.</li> <li>▪ Targeted intensive and/or clinical family support services, including home visiting.</li> <li>▪ Early mental health intervention services that address trauma.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of children who receive behavioral screening and appropriate intervention.</li> </ul>
<p>7. Increase the percentage of parents/caregivers with access to mental and emotional health support services.</p>	<ul style="list-style-type: none"> <li>▪ Peer-to-peer facilitated support groups.</li> <li>▪ Therapeutic counseling services.</li> <li>▪ Community-focused and based hubs that offer a comprehensive range of coordinated services to children and families including home visits, screenings and services, and mental health support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of parents/ caregivers referred to mental health services who received adequate and appropriate level services.</li> </ul>
<p>8. Increase the percentage of families that have access to information about services, and are provided linkages to jobs, training programs, parent education, child care, substance abuse, and other family stability resources.</p>	<ul style="list-style-type: none"> <li>▪ Community-focused and based hubs that offer a comprehensive range of coordinated services to children and families including information and referral, evidence based and culturally informed education classes, case management, home visits, and mental health support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and % of surveyed parents who report concerns related to concrete support (unmet needs).</li> </ul>
<p>9. Increase the number of families receiving parenting information by using the mass media including print, radio, television, and Internet.</p>	<ul style="list-style-type: none"> <li>▪ Social media messaging and community-wide campaigns.</li> <li>▪ <i>Kit for New Parents.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Social media engagement metrics.</li> <li>▪ # and type of outreach events completed and groups reached</li> <li>▪ 2-1-1 calls that connect to community referrals.</li> </ul>



## STRATEGIC PRIORITY: Integrative and Collaborative Services

### WHY THIS MATTERS:

-  Bringing individuals, agencies and community members together in an atmosphere of support can systematically solve existing and emerging problems that could not easily be solved by one group alone. Tulare County has a positive track record of establishing and maintaining collaborative relationships.
-  Effective, ongoing collaboration between early childhood community-based partners strengthens assessment and decision-making, increases understanding of families' needs, promotes communication and information sharing across systems, and provides better overall support to children and families.
-  Cooperation among agencies leads to improved systems planning and reduces the potential for duplication of services.

## Goal 4. Promote community engagement in supporting and prioritizing children

Objectives	STRATEGIES (examples)	INDICATORS <sup>1</sup>
<p>1. Support an early childhood system of care that is a network of coordinated and responsive organizations.</p>	<ul style="list-style-type: none"> <li>▪ Active participation in local collaboratives.</li> <li>▪ Monitor local policies and systems affecting children 0-5 and advocate for desired improvements.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # of new stakeholder types.</li> <li>▪ # of agencies and systems that make policy and practice changes consistent with First 5 priorities.</li> </ul>
<p>2. Ensure that services are culturally and linguistically appropriate and offered in locations and at times that are accessible to children and their families.</p>	<ul style="list-style-type: none"> <li>▪ Targeted recruitment/retention.</li> <li>▪ Health equity integrated into programming.</li> <li>▪ Approaches with evidence of social determinants of health</li> <li>▪ Staff training</li> </ul>	<ul style="list-style-type: none"> <li>▪ # of trainings offered and attended.</li> <li>▪ Grantee staffing aligned with community profile.</li> <li>▪ Client satisfaction survey results.</li> </ul>
<p>3. Support the availability of workforce development to provide a comprehensive approach to child and family needs.</p>	<ul style="list-style-type: none"> <li>▪ Design and provide half-day workshops and full-day countywide conference-style training.</li> <li>▪ Use First 5 and partner staff as well as external consultants to provide technical assistance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # and type of trainings offered.</li> <li>▪ # and type of individuals/agencies that attend.</li> <li>▪ % of attendees who report knowledge gain, and increased confidence and skills.</li> </ul>

**Goal 4. (cont.) Promote community engagement in supporting and prioritizing children**

Objectives	STRATEGIES (examples)	INDICATORS <sup>1</sup>
<p>4. Increase organizations’ ability to achieve program sustainability through assets leveraged with other funding.</p>	<ul style="list-style-type: none"> <li>▪ Provide technical assistance and training to build and support local agency capacity to seek and utilize alternative funding sources.</li> <li>▪ Assist partners in using the outcomes from their programs to solicit support from other funders.</li> <li>▪ Use Prop 10 funds to leverage additional funding sources.</li> </ul>	<ul style="list-style-type: none"> <li>▪ # of community partners benefited by First 5 investments that have secured sustainable funding sources for 0-5 programs and services.</li> <li>▪ # of new external dollars invested in First 5 programs, priorities and strategies.</li> </ul>
<p>5. Increase public awareness regarding the value of effective programs and services aimed at young children and their families.</p>	<ul style="list-style-type: none"> <li>▪ Assist partners in effectively communicating their outcomes to champion improvements for children.</li> <li>▪ Provide training and community of practice with Results-Based Accountability (RBA).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social media engagement metrics.</li> <li>▪ # of outreach events completed.</li> <li>▪ # and type of new stakeholders, including non-traditional groups that participate in First 5 partnership activities and events.</li> <li>▪ # of First 5 partners using tools consistent with RBA.</li> </ul>



# EVALUATION



*“I’m trying to have a better relationship with my children. This program helps me.”  
-- Respondent to the Parent Survey*

Evaluation is what drives learning. Evaluation efforts reflect an ongoing commitment to ensure local accountability, document program quality and effectiveness, and measure progress towards outcomes. It strives to know not only how much did we do (performance measures), but how well did we do it (outcome measures)? That is, asking whether anyone is more knowledgeable, more skilled, or more confident as a direct or indirect result of a program or service? And, most importantly, examining whether anyone used knowledge gain to change behavior (e.g., better diet, safer home, more appropriate discipline) in a way that benefitted children ages 0-5?

First 5 Tulare County is committed to supporting programs and practices based on solid evaluation. The Commission and its partners will continue to gather, analyze, and report information about the services provided and the effectiveness of those services. Each program agreement (contract) will include an Evaluation Plan developed jointly between the grantee and First 5 and in collaboration with the evaluation contractor. The Plan will include at least one objective and indicator or outcome measure (e.g., 80% of parents will report reading or telling stories to their children daily). For programs that have established evaluation tools as a part of the program curriculum, those tools may be used (sometimes with minor modifications) and/or new evaluation tools identified. Grantees will submit data to the evaluation contractor according to a protocol jointly developed by First 5 and the contractor. Additionally, when opportunities to support studies that can inform and lead to improvements arise they will be considered.

# FINANCIAL RESOURCES AND FUNDING ALLOCATIONS



*“Our First 5 is viewed as a one-stop-shop for children 0-5 – they’re good at putting a spotlight on the issues.”  
-- Key Informant Interview*

The Commission is required to adopt a Long Term Financial Plan and Forecast, and align its policies with principles, assumptions and strategies. The Plan is a means to develop a spending plan to support the Commission’s Strategic Plan and serve as the guideline for future grant making, outlining the Commission’s ability to fund effective programs, new initiatives, and match available funding for the next five years. 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 considered for funding. Funding processes, grant programs, and grant amounts will be designed to achieve the objectives and desired outcomes 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

## Financial Plan Assumptions and Goals

The five-year projection takes into account that Proposition 10 sales tax revenues are predicted to decline regularly each year as efforts to curtail smoking among adults and teens become more effective, and other taxes on tobacco products are levied. The expenditure projections assume a cost of living adjustment each year only for Commission administrative costs, but no significant increases. The Plan and the assumptions used in its development are updated annually to reflect actual revenue and expenditures and changing revenue outlooks.

The following objectives of this Plan are intended actions to achieve the above stated goals:

1. Provide a maximum level of funding considering declining revenues
2. Commit to continued comprehensive evaluation activities
3. Provide capacity for multi-year contracts

# APPENDIX



*“As new parents, each stage is exciting – but it’s a little scary for us.”  
-- Respondent to the Parent Survey*

## Key Informant Interviewees

*(In alphabetical order by first name)*

Individuals	Affiliation/Organization
Adrienne Hillman	Salt and Light Works
Anita Ortiz	Tulare County Human Services (HHSA)
Donna Hefner	Sierra View Medical Center
Eric Sonnenfeld	Tulare Office of Education
Graciela Soto and Dawn Wells	Altura Center for Health
Irma Rangel	Turning Point of Central California
Jason Britt	Tulare County Administration
Jennifer Marroquin	Tulare City School District
Julianne Randolph, MD	Milestone Pediatrics
Kerry Hydash	Family Healthcare Network
Lorena Castillo	Tulare County Office of Education
Mark Gist	Tulare County Sheriff Department
Mary Alice Escarsega-Fechner	Tulare Community Services Employment Training
Tim Hire	Tulare County Office of Education