



## **2016-2021 Strategic Plan**

# **FIRST 5 PLUMAS COUNTY CHILDREN AND FAMILIES COMMISSION**

June 2016

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## **INTRODUCTION**

The Plumas County Children and Families Commission updated a five year strategic plan for 2016 to 2021. This road map uses available resources to support and improve the lives of young children and their families. We hope county groups and community members will implement some of the strategies we think are important and develop additional ones. Together we can create and enhance community efforts that promote our children's optimal development.

## **MISSION, VISION, GUIDING PRINCIPLES**

### **FIRST 5 PLUMAS VISION STATEMENT**

Plumas County children will thrive in supportive, safe, nurturing, and loving environments; enter school healthy and ready to succeed; and become productive, well-adjusted members of society.

### **MISSION**

First 5 Plumas will provide a comprehensive system of early childhood development services, on a countywide basis, to all children prenatal to age five. Through the integration of health care, quality child care, and parent education, children will be provided with the support necessary to ensure that they are healthy, resilient, well adjusted, and ready to succeed when they enter kindergarten.

### **GUIDING PRINCIPLES**

The Commission uses these principles to guide their actions and interactions.

- Be fair and open in decision-making
- Be accountable to the public for achieving planned outcomes
- Be guided by community input
- Promote and fund high quality programs and services
- Promote programs that are culturally competent and linguistically appropriate
- Promote integration of services
- Focus on sustainability
- Address unique needs specific to identified gaps in service
- Respect and value all equally
- Leverage funds to maximize community resources and program support
- Focus on policy level issues and decisions

## **ABOUT THE COMMISSION**

Proposition 10 required that each of California's 58 counties adopt an ordinance establishing the county's Children and Families Commission. The duties of each Commission include:

- Evaluating the current and projected needs of young children and their families
- Developing a strategic plan that promotes a comprehensive and integrated system of early childhood development services that addresses community needs
- Determining how to expend local monies available from the First 5 California Trust Fund
- Evaluating the effectiveness of programs and activities funded in accordance with the strategic plan

The Plumas County Children and Families Commission establishes and coordinates appropriate standards, resources, and support of integrated and comprehensive programs identified by the Proposition 10 legislation including parent education and support services, child care and early education, and health and wellness under Plumas County Ordinance Number 98-908.

The Commission funds strategies that further the four state-identified result areas: improved family functioning, improved child development, improved health, and improved systems of care. The Commission uses a team approach that emphasizes mutual support between the staff and commissioners. The Commission regularly evaluates their impact and approach to ensure their actions are effective and consumer friendly.

The Commission is comprised of nine members who are residents of Plumas County and appointed by the Board of Supervisors. The members represent diverse disciplines related to county government and early childhood development, including one member of the county board of supervisors, county health and social services, early childhood educators, and parents. They serve two-year terms and can be reappointed to subsequent terms. All are volunteers. The Commission currently has one funded staff position, the Executive Director.

## **HOW THE PLAN WAS DEVELOPED**

The 2011-2016 Strategic Plan resulted from a seven-month planning process. In a series of planning meetings, the Commission reviewed local input, past accomplishments and investments, and current unmet needs. From these, outcomes were developed strategies were identified to meet those outcomes, and identified potential indicators of success. The strategies were prioritized based on commissioners' identification of need, impact, and available infrastructure.

Based on current data from program evaluation reports and anecdotal data from child and family service providers, as well as family surveys, the 2016-2021 Strategic Plan will continue the identified outcomes, strategies, and indicators of success that were identified in the 2011-2016 Strategic Plan.

## **ACCOMPLISHMENTS AND LESSONS LEARNED**

### **ACCOMPLISHMENTS**

Since the year 2000, First 5 Plumas became well-known in the community as a support to children 0-5 and their families; developed good relationships within the community; and provided important connections between schools, county government and other community-based partners. First 5 Plumas has achieved many successful outcomes for children, families, and systems.

Families are Strong

- Increased acceptance and involvement of First 5 by Indian Valley community members through Roundhouse Council services
- Increased Male (Father) Involvement in the lives of children
- Increased awareness of resources by families
- Increased family understanding of children's needs
- Increased levels of knowledge and referral options for families and providers
- Increased name recognition of First 5 Plumas and understanding of its purpose
- Increased articulation of needs by families in ways that indicate knowledge of the system
- Strengthened baby and family bonds through parent education
- Strengthened community connections as families refer each other to services and help each other to access services.

Children are Ready for School

- Increased the frequency of literacy activities by families engaged in home visiting.
- Improved behavior of children receiving behavioral health services in the home
- Improved early identification of children who need services through Kindergarten Roundup
- Improved behavior and socialization skills through the Early Intervention program

Children are Healthy

- Increased identification of children for Early Intervention services
- Reduced special education service needs among children served by Early

Intervention

- Improved conditions for children with special needs
- Increased community wide referrals for services
- Increased early pre-natal care and contact
- Increased access to health care

Integrated Quality Service System

- Supported a shift in the community from providing services through one program to many programs and referrals
- Supported and developed collaboration among organizations and agencies
- Increased system level integration of services through support for breastfeeding and lactation advocates
- Provided a forum for home visitors through Home Visitors Coalition
- Developed an effective kindergarten readiness skills document
- Joint case management between service providers
- Sustained good collaboration between schools and First 5
- Provided a more integrated system through referrals from Early Intervention to Head Start

**LESSONS LEARNED**

The Commission reflected on the past sixteen years of funding programs and identified three key lessons learned: accountability, extended home based services, and collaboration. Enhancements in these areas over the next five years will help to improve the lives of children, families, and the community.

Accountability      Development of effective measures of success is a high priority for the Commission. Indicators that provide clear evidence of impacts of First 5 investments on children, families, and the community need to be part of all First 5 funded programs.

Extended Home Based Services      Families fare better with ongoing home based services. They are more willing to accept services that come to them, since physically accessing services is challenging. Ongoing home based services allow families and providers time to establish the relationship and trust needed for effective outcomes.

Collaboration      Development of collaborative partnerships is essential to fulfilling First 5’s mission.

## SUMMARY OF CURRENT INVESTMENTS

The Commission has focused on investments that improved the lives of children and their families, provided increased linkages to services, improved health access, and provided training for home visitors. To demonstrate results, the Commission has invested in programs that utilize a “best practice” approach to services. Best practice is defined as a service delivery based on experience and research that can reliably lead to desired outcomes.

<b>First 5 Plumas Funding Summary</b>			
<b>Project</b>	<b>Time</b>	<b>Years</b>	<b>Funding</b>
Early Intervention Program (PUSD)	2001/02 to 2010/11	15	\$372,500
Early Childhood Development Specialist	2002/03 to 2015/16	14	\$420,000
Roundhouse Council	2004/05 to 2015/16	12	\$220,000
Kindergarten Roundup (PUSD)	2005/06 to 2015/16	10	\$100,000
Family First Home Visitation Program (PCPHA)	2011/12 to 2015/16	4	\$320,000
<b>TOTAL</b>			<b>\$2,599,500</b>

## MEETING COMMUNITY NEEDS in 2016 and Beyond

Community needs were identified during the strategic planning process in 2010/11. Home visiting was identified as an overarching strategy to meet those needs. In the spring of 2012, First 5 Plumas released a Request for Proposals for organizations wishing to implement a high quality, intensive and ongoing home visitation program for pregnant women and children through the age of five. The Home Visitation Initiative was designed to accomplish desired outcomes from the Strategic Plan in strengthening family functioning. Two contracts were awarded under the Request for Proposals, one to the Plumas County Public Health Agency and the other to an Early Childhood Development Specialist independent contractor. In 2015/16, there are four service agreement contracts that provide intensive and on-going home visiting services.

First 5 Plumas’ Home Visitation Initiative implements elements of the Healthy Families America model, such as: initiating services during pregnancy or infancy, use of standardized assessment tools, services are voluntary for families, services are intensive, home visitors are culturally competent and able to establish trusting relationships with families, services support both the parents and the parent-child interactions and child development, and services promote access to health care as well as other types of services as appropriate.

### **Current Service Strengths**

Several characteristics of the service community that have historically worked well: skilled personnel across the service array; government and community-based funded programs that worked well for the poor; and partnering/collaboration among services and organizations.

Specific local services were identified as particularly successful: home visiting for families needing intensive services, Head Start, ECE coursework at Feather River College, Feather River College Child Development Center, foster family agencies, WIC, CASA, family resource centers, and Plumas County Public Health Agency.

### **Barriers to Services**

Barriers were identified in 2011 related to family and parents; service availability; and structural conditions and geography. Based on five years of semi-annual evaluation reports, the following identified barriers continue to be relevant.

Family related barriers included trust issues with some providers; age and cultural differences between parents and service providers; unawareness of what is required or available; literacy; and language. Service availability barriers included hours of service that did not match consumer availability; unavailable child care; no alcohol or drug services; unavailable local services. Structural conditions included transportation, geographically isolated communities, institutional discrimination, funding limitations, uninsured/underinsured families, and inability to take time off from work for appointments.

### **Strengthening Families-Protective Factors Framework**

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors.

Programs funded by First 5 Plumas provide services within the Strengthening Families Framework, building on each of the five following protective factors: 1) Parental resilience, 2) Social connections, 3) Knowledge of parenting and child development, 4) Concrete support in times of need, and 5) Social and emotional competence of children.

Data collection tools utilized in the Commission's evaluation of program services include the Strengthening Families Protective Factors Retrospective Survey to measure growth within the Protective Factors Framework.

### **SUMMARY OF HOME VISITATION SERVICES**

The Home Visitation Program completed its fourth year of implementation in 2015/2016. The program is well established. Procedures for funded programs to work together to serve clients

were developed and extensive outreach to community partners resulted in referrals from a wide range of sources.

Four programs implement the home visitation services: Family First operated by the Public Health Agency, Early Intervention operated by Plumas Unified School District, services for Native American’s living in Indian Valley is operated by Roundhouse Council, and an Early Childhood Development Specialist is implemented by an independent contractor.

## **RESULTS, OUTCOMES, STRATEGIES, and INDICATORS**

### **DEFINITIONS**

**Result Areas** describe the ultimate results and improvements towards which the Commission strives. The results areas identified by First 5 California are: improved family functioning; improved child development; improved health; and improved systems of care.

**Outcomes** describe the impact, changes, or benefits that result from implementing certain activities or services.

**Strategies** describe the types of activities and services that could be implemented by First 5 Plumas to achieve the desired outcomes.

**Indicators** describe observable, measurable characteristics or changes that represent achievement of an outcome.

### **OUTCOMES, STRATEGIES, AND INDICATORS**

The Commission identified desired outcomes, strategies, and potential indicators for each result area. All outcomes pertain to children 0-5 and their families

#### **Result 1: Improved Family Functioning**

Providing parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support.

<b>Outcome 1. Children live in safe and stable environments with access to resources</b>
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- |             |  |
|-------------|--|
| Strategy 1. | Provide extended home visitation including enhanced case management. Use home visitors with alcohol and other drug (AOD) knowledge to support parents with AOD and their children. |
| Strategy 2. | Outreach to at-risk families to enroll and link them to available services and support networks.   |
| Strategy 3. | Develop a set schedule of cross-system meetings of providers to improve linkages and care coordination.  |

#### Potential Indicators

- Number and percent of families served by home visitation who are engaged (participate at sufficient rate to benefit from services)
- Number and percent of families who improve in self sufficiency
- Number and percent of families who improve in family functioning
- Number of families linked to a local family resource center and other family support organizations
- Reduced rates of substantiated abuse and neglect of children 0 to 5
- Reduced rates of children 0 to 5 in foster care
- For AOD issues: number of parents clean and sober after 6 months

#### Outcome 2. Increased male involvement in the lives of children

Strategy 4. Support father involvement by providing incentives for fathers to attend workshops and parent meetings.

Strategy 5. Partner with organizations to implement father friendly policies.

#### Potential Indicators

- Number of fathers participating in program activities
- Number of fathers engaged in leadership roles in programs and in the community relating to fatherhood
- Number of programs implementing father friendly policies

## **Result 2: Improved Child Development**

Increasing the quality of and access to early learning and education for young children.

<b>Outcome 3: Improved parental knowledge, understanding, and engagement in promoting their children's development</b>
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- Strategy 6. Support behavioral management assessments, interventions, and other techniques.
- Strategy 7. Support human development education for pregnant teens.
- Strategy 8. Support activities that bring parents and children together and offer educational opportunities, such as blended play groups in each community or family fun nights.

### Potential Indicators

- Number and percent of parents engaged in parent education (completion of classes, participating in group activities)
- Parent self-report of learning about child development and parent skills
- Number of children able to remain in child care after receiving behavioral health services
- Improved child behavior measured by pre and post assessments for children served by behavioral specialist

<b>Outcome 4: Improved screening and intervention for developmental delays, disabilities, and other special needs</b>
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- Strategy 6. Support behavioral management assessments, interventions, and other techniques.
- Strategy 9. Conduct developmental screenings to identify young children with special needs, including developmental delays, disabilities, autism, and others. Possible components: interdisciplinary coordination; use of a reliable, tested, valid screening tool; offer screenings where families are likely to be, e.g. K-roundup, community fairs, FRCs, parent meetings, trainings, WIC, health providers.
- Strategy 10. Train providers to use Ages and Stages Questionnaire (ASQ) and support the use of ASQ by First 5 funded projects.
- Strategy 11. Provide early intervention services for children at risk of developmental delay.

### Potential Indicators

- Number of screenings, number of children screened, number of providers (medical, child care, WIC, home visitors) trained on ASQ
- Change in skills based on standardized assessment pre and post service
- Elementary school outcomes for children served in the program

### **Result 3: Improved Health**

Promoting optimal physical and mental health through identification, treatment, and elimination of the risks that threaten children's health and lead to developmental delays and disabilities in young children.

Outcome 5: Improved parental knowledge, understanding, and engagement in their children's physical and mental health

Strategy 12. Provide support of behavioral workshops and trainings.

Strategy 13. Support behavioral management assessments, interventions, and other techniques.

#### Potential Indicators

- Number and percent of children with medical and dental home, health and dental insurance, and up to date on preventive care
- Number and percent of families with increased ability to access medical and behavioral health care for their children
- Parent self-report of learning skills and being able to advocate for their children relating to child health, nutrition, and oral health
- Number of children able to remain in child care after receiving behavioral health services
- Improved child behavior measured by pre and post assessments for children served by behavioral specialist

Outcome 6: Improved access to physical health and behavioral care services for children 0-5

Strategy 14. Through home visits and case management of physical and mental health issues, help families with enrollment and appointments.

Strategy 15. Support community health screenings for children 0-5.

#### Potential Indicators

- Number and percent of children with medical and dental home, health and dental insurance, and up to date on preventive care
- Number of screenings, number of children referred for follow up, number of children with successful completion of follow up

#### **Result 4: Improved Systems of Care**

Implementing integrated, comprehensive, inclusive, and culturally and linguistically appropriate services to achieve improvements in one or more of the other areas.

Outcome 7: Improved partnerships that support First 5 outcomes
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Strategy 16. Provide training to grantees/partners on mutual concerns: leadership development, coalition building, sustainability, evaluation.

Strategy 17. Support assessment and development of data collection and sharing.

#### Potential Indicators

- Evidence of accomplishment in shared care planning, shared training, shared data, leveraged funding, and shared outreach
- Qualitative assessment of collaboration via self- assessment baseline and follow up survey

## FINANCIAL PLAN PRIORITIES

Commissioners prioritized strategies to assist development of the five-year funding plan, taking into account how well each strategy addressed community needs; impacted outcomes; and could use existing supportive mechanisms and infrastructure. Each strategy was ranked by individual commissioners as highest priority/critical; high priority/very important; or priority/important. Several strategies received identical scores and have a shared rank. The following table identifies the prioritized strategies by Result Areas and Outcomes.

Strategies in Rank Order By Result Areas and Outcomes									
<b>Outcomes:</b>									
<ol style="list-style-type: none"> <li>1. Children live in safe and stable environments with access to resources</li> <li>2. Increased male involvement in the lives of children</li> <li>3. Improved parental knowledge, understanding, and engagement in promoting their children’s development</li> <li>4. Improved screening and intervention for developmental delays, disabilities, and other special needs</li> <li>5. Improved parental knowledge, understanding, and engagement in their children’s physical and mental health</li> <li>6. Improved access to health care services for children 0-5</li> <li>7. Improved partnerships that support First 5 outcomes</li> </ol>									
Rank	Strategy	Results Areas and Outcomes							
		Improved Family Functioning		Improved Child Development		Improved Health		Improved Systems of Care	
		Outcomes							
		1	2	3	4	5	6	7	
1	Conduct developmental screenings to identify young children with special needs, including developmental delays, disabilities, autism, and others				✓				
2	Through home visits and case management of physical and mental health issues, help families with enrollment and appointments						✓		
2	Support community health screenings for children 0-5						✓		
2	Provide early intervention services for children at risk of developmental delay				✓				
3	Provide extended home visitation, including enhanced case management	✓							
3	Support assessment and development of data collection and sharing								✓
4	Outreach to at-risk families to enroll and link them to available services and support networks	✓							
4	Advocate for access to urgent dental care for children						✓		

**Strategies in Rank Order  
By Result Areas and Outcomes**

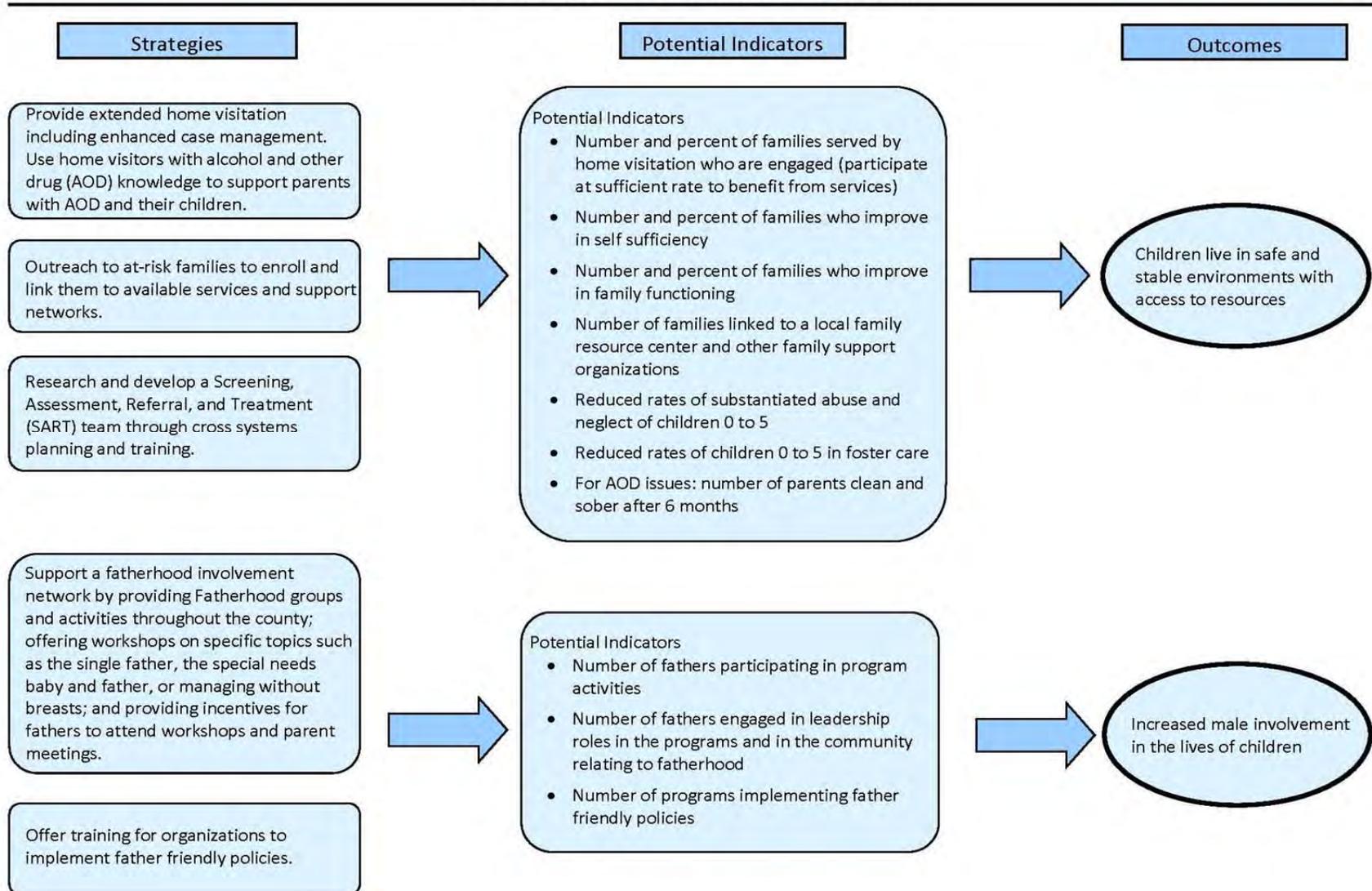
**Outcomes:**

1. Children live in safe and stable environments with access to resources
2. Increased male involvement in the lives of children
3. Improved parental knowledge, understanding, and engagement in promoting their children’s development
4. Improved screening and intervention for developmental delays, disabilities, and other special needs
5. Improved parental knowledge, understanding, and engagement in their children’s physical and mental health
6. Improved access to health care services for children 0-5
7. Improved partnerships that support First 5 outcomes

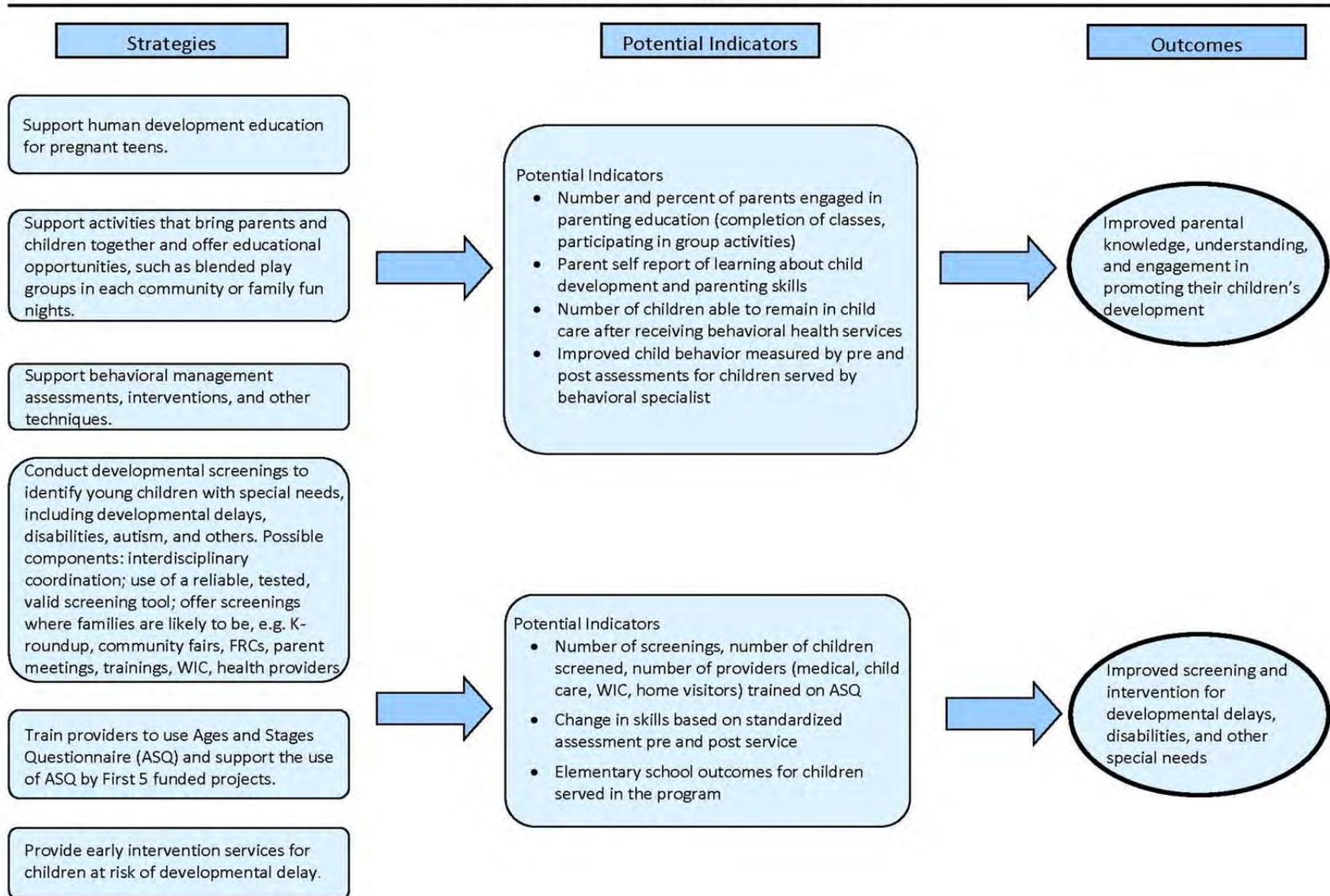
Rank	Strategy	Results Areas and Outcomes						
		Improved Family Functioning		Improved Child Development		Improved Health		Improved Systems of Care
		Outcomes						
		1	2	3	4	5	6	7
5	Research and develop a Screening, Assessment, Referral, and Treatment (SART) team through cross systems planning and training	✓						
5	Support behavior management assessments, interventions, and techniques			✓	✓	✓		
5	Support development of toolbox for health insurance coverage and train First 5 funded projects and partners						✓	
6	Offer training for organizations to implement father friendly policies		✓					
6	Provide training to grantees/partners on mutual concerns: leadership development, coalition building, sustainability, evaluation							✓
7	Provide follow-up support to behavioral workshops					✓		
7	Support human development education for pregnant teens			✓				
7	Train providers to use Ages and Stages Questionnaire (ASQ) and support the use of ASQ by First 5 funded projects				✓			
8	Support activities that bring parents and children together and offer educational opportunities			✓				
9	Support a fatherhood involvement network		✓					

# STRATEGIC PLAN SUMMARY

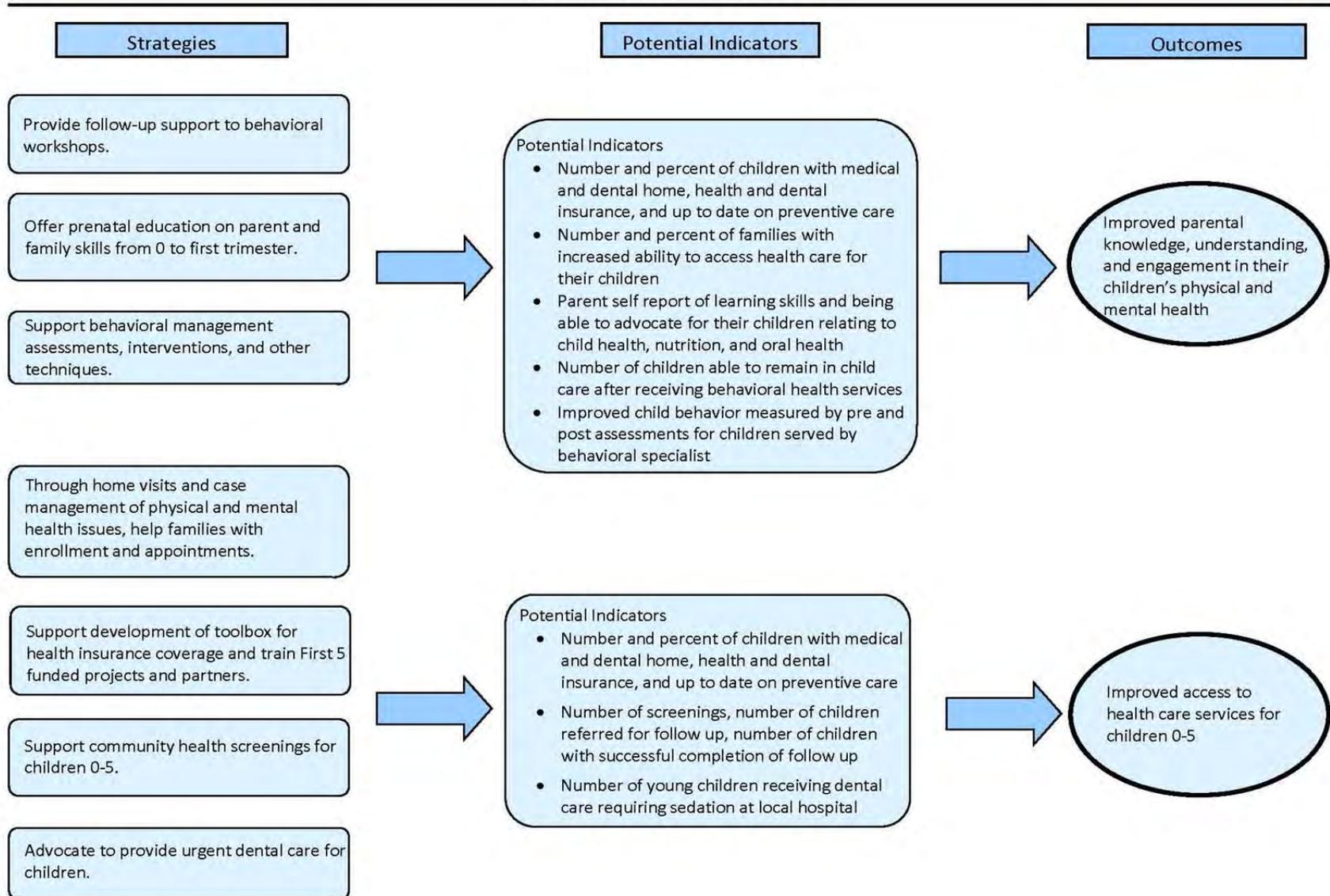
## Result: Improved Family Functioning



## Result: Improved Child Development



## Result: Improved Health



## Result: Improved Systems of Care

