

**First 5 Commission of San Diego County**

**STRATEGIC PLAN FOR  
JULY 2004 – JUNE 2009**

**TPAC Recommended  
Revisions May 10, 2006**

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Nora Faine, Vice Chair  
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Literacy Leadership Team  
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## **HISTORY AND BACKGROUND**

### **Proposition 10: A New Opportunity**

A growing body of research has demonstrated that the period from the prenatal stage to age five is a critical time for children's brain development. The care and support children receive during this time can have a profound impact on their success in school and throughout their lives. To bring more focus and resources to this crucial time of development, the California Children and Families Act (Proposition 10) was passed by California voters in November 1998. The passage of Prop 10 provides an unprecedented opportunity to develop comprehensive, integrated systems that promote children's early development from the prenatal period to age five. Eighty percent of the revenue generated by Prop10 tobacco taxes is distributed to 58 county commissions for local initiatives; the other 20% is used by the State Commission for statewide initiatives, research, public education campaigns, and advocacy. The promise of this initiative (now known as First 5 to emphasize the importance of children's first 5 years) is for all children to be healthy, to be cared for in strong and supportive environments, and to enter school ready to learn.

### **The Local Commission**

In December 1998, the First 5 Commission of San Diego County, previously known as the San Diego County Children and Families Commission, was established to implement the Act on a local level. The Commission consists of five members appointed by the County Board of Supervisors: a member of the Board of Supervisors, the Director of the Health and Human Services Agency, an officer of an appropriate County function, and two members-at-large. Working closely with advisory committees and the community, the Commission adopts a strategic plan, selects strategies for improving the lives of children and families, and oversees the implementation of the strategic plan, including funding activities.

The Commission is advised by a 15-member Technical and Professional Advisory Committee (TPAC) comprised of individuals representing many diverse segments of the local community, including parents, health care providers, child development specialists, community-based service providers, and educators. Their role is to inform the Commission about community needs, existing resources, research and best practices, and to advise the Commission concerning the strategic plan.

Leadership teams also support the work of the Commission with special community expertise concerning large and long-term initiatives. The leadership teams, made up of 10 to 15 individuals, advise the executive director and help design, guide and evaluate the implementation of the initiatives. Currently there are four leadership teams, supporting community engagement, literacy, school readiness and evaluation.

### **The Purpose of the Strategic Plan**

Each of the local First 5 commissions is required to adopt a strategic plan that establishes a framework for how the commission will support and improve early childhood development in the county. The desired results and strategies identified in San Diego's plan are developed through processes that include significant community input from key stakeholders, both community members and professionals. The

strategic plan is reviewed each year and revised as needed to ensure that the plan is addressing the most pressing needs of children, ages birth to five, and their families.

Through implementation of the strategic plan, the Commission aims to create lasting, positive change in our community. To create this change the focus must go beyond the sustainability of programs and must address sustained long-term outcomes for children and their families. This will require:

- A vision and commitment shared throughout the community that children will enter school ready to learn
- Strong partnerships and networks among communities, parents, providers, businesses, schools and government to ensure that the vision is realized
- Parents who have the skills, confidence and support to nurture their children and are actively engaged in planning and decision-making for their communities
- Community organizations and service providers that are effective and focused on results
- Public policies and systems that are family-focused and responsive to the community

### **The Strategic Planning Process**

The Commission produced its first strategic plan in 2000. The current plan for fiscal years 2004/5 to 2008/9 is the fourth revision and reflects the growth and progress achieved through four years of work, commitment, and shared experience aimed at improving the lives of children and families. The plan is the result of extensive dialogue among Commissioners, TPAC members, community members, content experts, and public and private agencies. A committee of Commissioners, TPAC members, leadership team members and staff compiled the plan. This committee reviewed the most recent strategic plan and modified information as needed to clearly present the Commission's plans for the next five years. The review process included:

- Reviewing the vision, mission, values and operating guidelines for the Commission's work
- Reviewing the results of three planning studies, as well as other relevant reports, to assess current needs and opportunities
- Establishing criteria for setting priorities
- Updating desired results and strategies to guide Commission activities for the next five years

The committee's recommendations were then reviewed by TPAC and approved by the Commission at public meetings.

### **Assessing Community Needs and Priorities**

San Diego County's economic, social, demographic, healthcare and education environments are undergoing rapid changes. Assessing the needs of San Diego County's children and determining the community's priorities for funding is a continuous process to ensure that First 5 funds are effectively used to support positive change. The Commission maintains current knowledge of community needs and priorities by:

- Assessing data on community-wide trends

- Conducting community conversations to directly ask community members about needs and priorities
- Encouraging public comment at all TPAC and Commission meetings
- Convening leadership teams or ad hoc committees focused on specific issues
- Soliciting research or in-depth reports from experts in areas such as education, parenting, health, and evaluation
- Incorporating information from other organizations' needs assessment, asset mapping and civic engagement activities.

In May 2003, the Commission approved funding for three planning studies to provide the Commission with information on current needs and priorities in three key areas: child health, behavioral health coordination, and early literacy planning. The selected consultants reviewed current data, conducted key informant interviews, and obtained community input at stakeholder meetings. Recommendations from each planning study were then presented to the Strategic Planning Committee members who carefully reviewed the recommendations from each of the studies. All three planning studies are available on the Commission's Web site ([www.first5sandiego.org](http://www.first5sandiego.org)).

### San Diego County Data and Trends

San Diego County is the third most populous county in California and ranks sixth in population of all metropolitan areas in the United States. The county contains 18 incorporated cities, 43 school districts, and 3,600 square miles of unincorporated area -- a complex and often overlapping patchwork of jurisdictions that provide services for children, families, and communities.

Of the almost three million people living in the county, approximately 240,000 are children under age six. Almost 22% of the county's residents are immigrants who come from other countries<sup>1</sup>, and our residents speak 68 different languages. According to census data, 37% of San Diego County's children ages 5 to 17 speak a language other than English at home; of these, 29% live in homes where no one over age 14 speaks English "very well."<sup>2</sup>

The following chart shows the ethnicity of our children under age six and the projected percentages for the year 2020.

**San Diego County Children Ages 0 to 5  
2000 and 2020<sup>3</sup>**

<b>Ethnicity</b>	<b>2000</b>	<b>2020 Estimate</b>
Total number of children	240,000	327,000
White	42 %	33%
Hispanic	42%	51%
Black	6%	5%
Asian	10%	11%
Native American and Other	less than 1%	less than 1%

Data on children ages birth to five present some striking statistics:

- In California, 19% of children live in poor families, as defined by the federal poverty level<sup>4</sup>, and 42% live in low-income families with incomes below 200% of federal poverty levels.<sup>5</sup>
- Of every 1,000 babies born in San Diego County, 26 are born to teen mothers under age 18. Hispanic girls account for 74% of the births among 15-17-year-olds.<sup>6</sup>
- In San Diego County, the rate of women exclusively breastfeeding at the time of hospital discharge in 2000 was 590 per 1,000 women. San Diego ranks 33rd for exclusive breastfeeding among 58 California counties.<sup>7</sup>
- In 2000, the rate of smoking during pregnancy in the county was 111 per 1,000 population. This rate is much higher than the Healthy People 2010 objective of 10 per 1,000 population.<sup>8</sup>
- Approximately 25,000 children (10.2%) in San Diego County under age six do not have health insurance. It is estimated that 78% of these children are eligible for Medi-Cal and Healthy Families.<sup>9</sup>
- Only 55% of two to five-year-olds in San Diego County have ever had a dental visit and 28% do not have dental insurance.<sup>10</sup>
- An estimated 133,000 children under age six in San Diego County need child care, but child care subsidies for low-income families are inadequate to meet the need. Approximately 59,000 children ages 0 to 5 are cared for in unlicensed or license-exempt arrangements<sup>11</sup>, and at least 40% of subsidized provider care chosen by CalWORKs parents is with license-exempt relatives or friends.<sup>12</sup>
- For families earning \$30,000 per year or less, typical costs for infant care in a licensed child care center would consume 25% of their income.<sup>13</sup>
- An estimated 422,000 adults living in San Diego County cannot read and write well enough to meet everyday needs. Children's literacy levels are strongly linked to the educational level of their parents.<sup>14</sup>
- Every year, over 37,000 children in our county enter public kindergarten.<sup>15</sup> Although preschool experience is known to improve school readiness, the majority of children entering kindergarten have not attended preschool. Moreover, many of these children have not been exposed to other experiences that would prepare them socially and cognitively for school.<sup>16</sup>
- In San Diego County 10.7% of second graders are in special education;<sup>17</sup> however at age 4 only 3.7 % of children have been identified with special needs, and at age 3 only 2.1%. Increased efforts to support early identification, could lead to children receiving needed services at an earlier age.<sup>18</sup>
- Observational data on preschoolers indicate that between 4% and 6% have serious emotional and behavioral disorders. Studies show that the emotional, social and behavioral competence of young children predicts their academic performance in first grade, over and above their cognitive skills and family backgrounds.<sup>19</sup>
- In California, over 50% of the children in out-of-home (foster) care are age four and under. In San Diego County, 60% of the children entering the Polinsky Children's Center, due to neglect or abuse, demonstrate developmental delays.<sup>20</sup>

## **Common Themes**

Since its inception the Commission has had a strong commitment to seeking input from all of San Diego County's diverse communities. The Commission has hosted multiple community conversations (community meetings) each year that have engaged subject matter experts, such as pediatricians and preschool teachers, as well as community members who have firsthand knowledge of what their families and communities need. Through all of the community conversations and public meetings several themes remain strong. These themes have been consistent across all of our communities:

- Children are born ready to learn. It is critical to provide them with a home and a community environment that will support and encourage them.
- The entire community has a responsibility to make children a priority and to ensure that our children enter school ready to succeed.
- Communities want and need services and support systems that are located in their neighborhoods and that are culturally responsive to the people being served. Staff, providers, teachers, administrators and policy makers should reflect the population served.
- There is a lack of education and support for parents. The need is to “support the parents to support the child.” In addition, families need easier access to resource information. Parents often don't know what is available to them or what agency to turn to for help.
- New programs should build upon the traditional institutions that are an integral part of the community experience.
- An abundance of outstanding resources, programs and services exist in our county, and many of them have developed successful collaborations for serving their communities. However there is still a great need for improved coordination, less duplication and elimination of service gaps.
- Community members represent a wealth of untapped human resources, available to work hard at planning, outreach, and education.
- There is a need for better partnerships and relationships among parents, early care and education providers and elementary schools (including kindergarten teachers). There is little communication between the programs that prepare children for school and the schools themselves. In addition, many parents are not aware of how they can better prepare their children for kindergarten and do not feel welcome at their children's schools.
- The business community can greatly support parents and children through family friendly policies and practices and support of early childhood development initiatives. They can be powerful partners in achieving First 5 goals.
- San Diego County has significant deficiencies in housing, transportation, health insurance, and child care. We need to expand access to services to meet the needs of families who don't qualify for subsidies but can't afford to pay on their own.

# THE 2004-2009 STRATEGIC PLAN

## Vision

The ultimate goal of the Commission's work is that all children will enter school prepared to succeed, thrive and reach their highest potential. The Commission's vision is that:

*Every child in San Diego County will enter school ready to learn.*

## Mission

The First 5 Commission of San Diego County provides proactive leadership to achieve this vision by:

- Funding services to achieve desired results
- Advocating for policy change at local, state and national levels
- Acting as a catalyst and leader for coordinating and integrating existing resources
- Building community capacity and infrastructure to support families

## Values

As it makes decisions and determines directions, the Commission holds to these values:

- Readiness to learn includes physical, mental, social, emotional, and developmental well-being;
- We are committed to the success of all of our children;
- We support the role of parents as the child's first and best teachers;
- We embrace the diversity of San Diego's communities;
- Our communities possess our greatest assets and their participation is essential to our success;
- The Commission and the community are mutually accountable to our children.

## Operating Guidelines

The work of the Commission, in all of its roles, is shaped by the following guidelines, developed with the participation of the community:

- Open and inclusive processes
- Seamless, family-focused systems
- Responsiveness to the needs of all children, including children with disabilities and other special needs
- Culturally competent approaches
- Prevention and early intervention
- Partnership and collaboration
- Support of innovative programs and promising practices
- Prioritization, allocation and leveraging of resources for maximum results
- Promotion of no-cost and low-cost solutions
- Community and intergenerational solutions
- Promotion of evidence-based practices that improve service quality
- Measurable and sustainable results

## Issues, Results and Strategies

The First 5 Commission of San Diego County has adopted the principles of results-based accountability to guide its activities. This approach bases planning and evaluation on the results the Commission wishes to achieve for children and families. Ensuring that every child achieves school readiness requires that **four issue areas** be addressed:

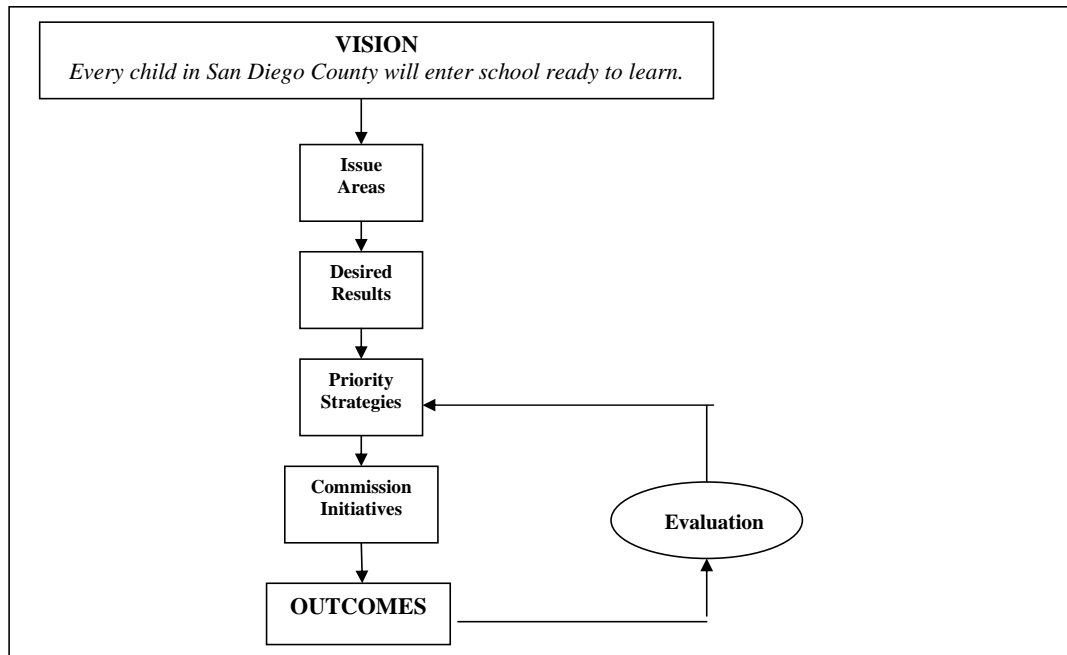
- **Children’s health**
- **Children’s learning and social-emotional health**
- **Parent and family development and resources**
- **Systems improvement and community change**

In the results-based accountability approach, each issue area is examined in terms of:

- **Desired Results:** What conditions do we want to improve for children and families?
- **Priority Strategies:** What can we do that we think will work?
- **Indicators:** What can we measure to evaluate whether what we are doing is working?

The four issue areas offer a useful framework for the Commission as it considers what specific results it can most effectively accomplish. Not every community need can be met by Commission funding. Since the inception of First 5, the Commission and the community have emphasized the importance of choosing to do a few things well, rather than spreading precious funds over a broad range of activities. Each year the Commission has worked to refine its priorities and to identify and fund those initiatives that will have a meaningful impact on children’s school readiness. Initiatives are identified with significant input from TPAC, leadership teams and key stakeholders.

The diagram below shows the path from the Commission’s vision to outcomes.



### **Criteria for Choosing Desired Results and Priority Strategies**

To choose its desired results and priority strategies, the Commission used the following criteria, based on its values and operating guidelines:

- Advances the Commission’s vision and is consistent with the intent of the California Children and Families Act (Proposition 10);
- Commission resources can have a meaningful impact;
- The need is great and a significant portion of the 0-5 population would benefit;
- There is an opportunity for systems change, i.e. changes in policies, practices, community norms, or integration/coordination of services;
- Evidence, research or other predictors indicate that this approach will work;
- Offers an opportunity to build upon existing strengths and resources;
- The Commission has already made a significant contribution that is worth continuing.

Desired results and priority strategies in the plan did not have to meet all of the criteria above, but the criteria were important in determining which results and strategies were most critical to achieving the Commission’s vision.

### **List of Desired Results and Strategies**

Following is a list of desired results and strategies in each of the four issue areas. The strategies are further divided by four activity categories used in the First 5 California statewide evaluation effort: direct services, community strengthening and awareness, provider capacity building and support, and systems change. Although each strategy is listed only once, there are some strategies that address multiple issue areas. A table showing this crossover follows the list.

## **Issue Area 1: Children's Health**

### **Desired Results**

- Children are born and stay healthy
- Children have access to preventive and comprehensive health care services
- Families have the knowledge, skills and resources they need to promote their children's optimal physical health

### **Priority Strategies**

#### *Direct Services*

- A. Support strategies that increase the number of children receiving needed and appropriate medical, dental, vision and hearing services through screening, treatment and parent education.
- B. Support strategies that increase enrollment in, and retention of, health insurance for low-income children and pregnant women.

#### *Community Strengthening and Awareness*

- C. Implement a media and outreach campaign, targeted towards Latino, Filipino and African American families, to increase the number of children receiving recommended immunizations.
- D. Implement a media and outreach campaign to educate families on the importance of health insurance and preventive health and oral health services.
- E. Support strategies that increase awareness of the value of breastfeeding and that integrate education on optimal infant feeding into appropriate Commission initiatives.

#### *Provider Capacity Building and Support*

- F. Support smoking cessation education and interventions among families and pregnant women by providing training and resources to First 5 grantees and other service providers.

## **Issue Area 2: Children's Learning and Social-Emotional Health**

### **Desired Results**

- Children are cognitively developing appropriately.
- Children are socially and emotionally healthy.
- Children have access to quality services that promote their early learning.
- Families have the knowledge and skills they need to support their children's learning and social-emotional health

### **Priority Strategies**

#### *Direct Services*

- A. Provide ongoing education, information and support to families to help them promote their children's early learning and early literacy skills.
- B. Support strategies that increase the number of children receiving needed and appropriate developmental and behavioral services through screening, treatment and parent education.
- C. Address behavioral health service gaps for children birth to five, especially in families that are high risk.

- D. Ensure that early literacy services reach children and families of all ethnic backgrounds and are culturally and linguistically sensitive.

*Provider Capacity Building & Support*

- E. Educate and retain early care and education providers, including license-exempt informal child care providers, through the CARES Program.
- F. Support health and behavioral health consultant services for early care and education providers, license-exempt informal child care providers, and families with children in child care settings.
- G. Provide training and materials to service providers that work with children and families so that they can promote early learning and early literacy.

*Systems Change*

- H. Support planning and implementation efforts for voluntary Preschool for All.
- I. Support integration of early literacy services through multidisciplinary partnerships and collaborative long range planning.

### **Issue Area 3: Parent and Family Development and Resources**

**Desired Results**

- Families have the skills, comprehensive support and resources they need to promote their children’s optimal development and school readiness.

**Priority Strategies**

*Direct Services*

- A. Provide training to families on effective parenting skills.
- B. Provide the Kit for New Parents to families of children prenatal to five.
- C. Continue participation in the statewide First 5 California School Readiness Initiative.

*Systems Change*

- D. Support the development of the 211 information and referral program for families of children ages prenatal to five.

### **Issue Area 4: Systems Improvement and Community Change**

**Desired Results**

- Communities have adequate service capacity that is effective, coordinated, integrated and sustainable.
- Families have access to culturally and linguistically responsive services.
- Policymakers and the public understand the importance of children’s early years and support efforts to promote school readiness.
- The work of the Commission and First 5 funded programs is enhanced by community-driven solutions to issues that affect children and families.

## **Priority Strategies**

### *Direct Services*

- A. Build service capacity and social capital in local programs serving families with children ages prenatal to five through intergenerational initiatives.

### *Community Strengthening & Awareness*

- B. Support the involvement of parents and community members in identifying issues and solutions through community engagement and parent leadership development.
- C. Develop & implement a Strategic Communications Plan to raise awareness of the importance of children's early development across all of San Diego County's diverse communities.

### *Provider Capacity Building & Support*

- D. Provide training and technical assistance to grantees and community organizations to improve the quality of services.
- E. Support education and training programs that increase the number and skills of service providers to deliver family-centered, and culturally and linguistically sensitive and responsive services.
- F. Develop and support inclusion opportunities for children with disabilities and other special needs.

### *Systems Change*

- G. Strengthen communication and linkages between the early care and education community, the K-12 school community, families and the community to promote successful kindergarten transitions for children.
- H. Develop and strengthen partnerships and collaborative financing strategies that leverage funds and sustain positive outcomes for children and families.
- I. Seek opportunities to support local systems change efforts, such as the child welfare system redesign and to strengthen preventive approaches to working with at-risk families.
- J. Promote improved coordination of behavioral health services for young children and consider supporting the establishment of a local "young child institute" that would facilitate the integration and coordination of services and identify and promote evidence-based practices for effective care.
- K. Establish ongoing data collection, analysis and dissemination efforts that will provide the Commission with regional and countywide data to support effective planning and tracking of long-term community outcomes.

## Multi-Impact Strategies

The table below lists the Priority Strategies that will have a significant impact on two or more of the Issue Areas.

PRIORITY STRATEGIES	ISSUE AREAS			
	Children's Health	Children's Learning & Social-Emotional Health	Parent & Family Development & Resources	Systems Improvement & Community Change
1E. Breastfeeding awareness				
2A. Parent education on early learning & early literacy				
2B. Developmental & behavioral services for children				
2F. CARES program for quality early care & education (ECE)				
2G. Health & behavioral health consultation for ECE providers				
2I. Voluntary preschool for all				
2J. Early literacy services integration and partnerships				
3A. Parent training on effective parenting skills				
3B. Kit for New Parents				
3C. First 5 CA School Readiness Initiative				
3D. 211 information and referral service				
4A. Intergenerational approaches				
4B. Community engagement & leadership development				
4D. Strategic communications plan to raise awareness				
4E. Training to improve service quality				
4F. Culturally & linguistically responsive services				
4G. Inclusion opportunities for children with special needs				
4H. Strengthen communication and linkages between early care and education and the community				
4I. Collaborative financing strategies to sustain outcomes				
4J. Support local systems change efforts to strengthen preventive approaches.				
4K. Integration and coordination of behavioral health services				

## **Other Commission Activities and Priorities**

### **State Commission Initiatives**

The California Children and Families Commission, also known as First 5 California, has developed specific, long-term initiatives that aim to achieve improved outcomes for children and families on a statewide basis. First 5 California provides matching funds, technical assistance, public information campaigns and other resources to support counties' participation.

These statewide initiatives offer valuable opportunities to leverage funds into San Diego on behalf of our children. As future State Commission initiatives become available, the First 5 Commission of San Diego will evaluate the value of participation based on whether participation would support the local strategic plan and based on the availability of local resources.

### **Ongoing Community Engagement**

Since its inception, the Commission has maintained a strong commitment to ongoing community engagement. A Community Engagement Leadership Team was established in 2001 to advise the Executive Director on the best strategies for utilizing the strengths of our communities to strengthen the work of the Commission. Guiding the Team's work is *Hand in Hand 4 Kids: A Community Inclusion Plan*, adopted by the Commission in 2001, which provides guidelines for community outreach, engagement and public information activities.

Through ongoing community engagement efforts, the Commission maintains broad community relationships and seeks public guidance and input regarding community assets, needs and priorities. The Commission regularly engages community partners such as parents, residents, educators, health providers, child care providers, associations, faith communities, community-based organizations and advocacy groups by seeking their participation on TPAC, leadership teams and at community conversations.

In addition, the Commission understands that it takes grassroots community engagement and commitment to create caring communities for children. Commission resources cannot create long-lasting change alone. The Commission's activities to raise public awareness of the importance of children's early years and to develop community leaders who can catalyze change in their neighborhoods support the Commission's multi-pronged approach to achieving school readiness for all children.

### **Evaluation**

The Commission is strongly committed to an evaluation design which provides accountability data on those served, provides data for program improvement and measures outcomes. In addition, qualitative data allows the Commission to "tell the stories" of children and families whose lives are changed through First 5. These stories complement the quantitative data and enrich our understanding of why programs work, their deep impacts on the lives of children and families, how they change communities, and how they often reveal promising practices.

In order to obtain a complete picture of the impact of the Commission and its funded initiatives, the Commission is collecting and analyzing data on measures at a variety of levels:

**Community Level Measures** show at a countywide level and a regional level whether we are able to “turn the curve” on important child and family indicators of health and well-being, such as breastfeeding rates and the percent of parents who read regularly to their children. It will probably be several years before we are able to see any impact on community level measures.

**Commission Level Measures** demonstrate the effectiveness of the Commission’s policies, practices and adherence to the strategic plan.

**Initiative Level Measures** show whether an initiative is accomplishing its stated purpose and whether the funded programs are having an impact as a whole.

**Program Level Measures** demonstrate whether a funded program is accomplishing what was initially proposed and funded and whether the program is having an impact on the clients served.

**Client Level Measures** look at the demographics of the clients served and how the funded program impacted their knowledge, skills, behavior or well-being.

The Commission works closely with an evaluation consultant, the Evaluation Leadership Team and funded programs to develop evaluation plans that will provide the Commission and the public with information that will allow us to measure the impact of the Commission’s investments, and help inform future priorities.

To the extent possible, the local Commission also participates in the First 5 California statewide evaluation, which will provide statewide data on the effects of First 5 efforts across California’s 58 counties. The Commission’s Evaluation Framework (Appendix A) provides a list of indicators which direct local evaluation efforts. For some of the indicators, there are existing data collection systems; for others, these systems will need to be developed.

## **Funding Principles, Processes and Plans**

First 5 revenue allocations are to be used for new services or to supplement existing levels of service, not to fund existing levels of service. No money in the California Children and Families Trust Fund may be used to supplant state or local general fund money.

The Commission’s allocation of funds reflects the desired results and priorities identified by the Commission as guided by the strategic plan. When appropriate, funds will be used to leverage additional public and private support for long-term continuing services.

### **Funding Principles**

The following principles guide the Commission as it oversees the use of First 5 funds:

- **Responsibility:** First 5 funds present an opportunity to improve the lives of our children, and the money must be spent wisely.
- **Accountability:** The funding process will be open and inclusive, and all financial reports will be public documents.
- **Prioritization:** First 5 funds cannot meet all of the needs of the county’s children. Funding must be directed to a few specific priorities.

- **Leveraging:** Funds can be optimized by supplementing, pooling or matching existing resources.
- **Low-cost or no-cost solutions:** The Commission will not only fund initiatives but seek effective low-cost and no-cost solutions as well.
- **Adequate support:** Activities to achieve important outcomes may require extended funding periods and support.

Through community engagement, ongoing review of progress, and response to challenges, the Commission will continue to develop and refine its funding principles and priorities. Critical to success is the ability to adjust programs and distribution of resources as necessary.

### **Funding Processes**

Funding processes, award amounts and funding terms are tailored to achieve the results of each Commission initiative. Funds may be awarded through Requests for Proposals, Requests for Grant Applications, contracts, mini-grants, planning grants, or other funding mechanisms.

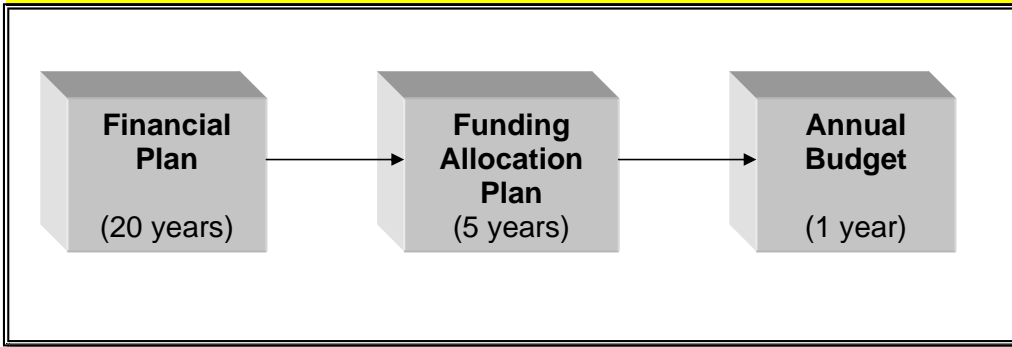
### **Financial Planning**

Three financial plans are monitored by the Commission Finance Committee:

- **20-year Financial Plan:** Because First 5 funding is expected to decrease over time, the Commission has adopted a 20-year financial plan. First 5 funding not allocated or spent as part of the annual funding process will be invested in a service sustainability fund designed to maintain service levels for twenty years. This period will allow for long-term evaluation of children reached through First 5 activities as they enter adulthood.
- **Allocation Plan:** A 5-year funding allocation plan contains a summary of funding for Commission initiatives and funding timelines (Appendix B).
- **Budget:** An annual budget forecasts the fiscal year revenues and expenditures anticipated. Administrative costs in the annual budget will be kept within the Commission's defined Administrative Cost Rate and will be sufficient to ensure responsible management of a comprehensive, countywide program.

Each of these plans are updated and approved by the Commission annually.

## FINANCIAL PLANS



**Appendix A**  
**Evaluation Framework - Attached**

## **Appendix B**

### **5-YEAR ALLOCATION PLAN - Attached**

## NOTES

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- <sup>1</sup> U.S. Census Bureau, "American Community Survey: 2003 Multi-Year Profile, San Diego County, Table 3" [www.census.gov/acs](http://www.census.gov/acs).
- <sup>2</sup> Annie E. Casey Foundation, "Kids Count Census Data Online," [www.aecf.org](http://www.aecf.org), Tables 30 and 31; from U.S. Census Bureau, 2000 Census Summary File 3.
- <sup>3</sup> San Diego Association of Governments (SANDAG), Census 2000 data and 2020 forecast.
- <sup>4</sup> U.S. Census Bureau, "American Community Survey: 2003 Multi-Year Profile, San Diego County, Table 3" [www.census.gov/acs](http://www.census.gov/acs).
- <sup>5</sup> SANDAG, Census 2000 Summary File 3, Table PCT50, Estimates of Poverty Levels for Children Ages 0-5 by HHSA Region, San Diego County 1999.
- <sup>6</sup> State of California, Dept. of Health Services, Center for Health Statistics, Birth Statistical Master Files, SANDAG, Current Estimates, Released July 27, 2004.
- <sup>7</sup> Center for Health Improvement, "First 5 Commission of San Diego County: Needs and Assets Assessment of Children's Health," funded by the First 5 Commission of San Diego County, 2004, p.24-25.
- <sup>8</sup> Center for Health Improvement, "First 5 Commission of San Diego County: Needs and Assets Assessment of Children's Health," funded by the First 5 Commission of San Diego County, 2004, p.28.
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- <sup>10</sup> *Ibid.*, p. 77.
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- <sup>13</sup> Bassoff, Betty Z., and Monica Brown, "Meeting the Child Care Needs of San Diego County Families." San Diego County Child Care and Development Planning Council, June 1999.
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- <sup>17</sup> California Department of Education, Special Education Division
- <sup>18</sup> California Department of Education, Special Education Division, DataQuest and California Dept. of Finance Population figures
- <sup>19</sup> National Center for Children in Poverty, "Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children." July 2002.
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