

FIRST 5 COMMISSION OF SAN DIEGO COUNTY  
STRATEGIC PLAN 2010-2015

Draft Plan Manuscript (unformatted)

August 17, 2009

*MIG, Inc.*  
800 Hearst Avenue  
Berkeley, CA 94710



PLACEHOLDER FOR LETTER FROM THE COMMISSION CHAIR

## ACKNOWLEDGMENTS

### First 5 Commission of San Diego

**Dianne Jacob**, Chair  
**Carol Skiljan**, Vice Chair  
**Sandra McBrayer**, Secretary  
**Nick Macchione**, MS, MPH, FACHE  
**Wilma J. Wooten**, MD, MPH

### Technical & Professional Advisory Committee Members FY 2008-2009

**Carol Skiljan**, Chair  
**Kristin Gist, MS**, Vice Chair  
**Fran Butler-Cohen**  
**Michael Carr**  
**Mark Foreman**  
**DeWan Gibson**  
**Jack Luomanen**, DMD  
**Debbie Macdonald**  
**Annamarie Martinez**, RN  
**Gene Nathan**, MD  
**Ruth Newton**, PhD  
**Ron Plotkin**, PhD  
**Linda Scarpa**  
**Judith Shaplin**  
**Sandra Silverman**  
**Patricia Sinay**  
**Sherry Torok**  
**Lindsey Wade**  
**Philip Ziring**, MD

### The Planning Team

**Commissioners:**  
**Carol Skiljan**  
**Wilma Wooten**, MD, MPH  
(represented by Adrienne Yancey)

**Health & Development:**  
**Gene Nathan**, MD  
*American Academy of Pediatrics*  
**Kristin Gist**, MS  
*Rady Children's Hospital*

**Social Emotional Development:**  
**Ruth Newton**, PhD  
*The Newton Center for Affect  
Regulation & St. Vincent De Paul  
Village*

**Early Care & Education and  
Special Needs:**  
**Denise Meek**, PhD  
*San Diego County Office of Education*  
**Pam Hosmer**, MA  
*San Diego Unified School District*

**Child Welfare Services:**  
**Roseann Myers**, JD, RN

**Commission on Children, Youth  
& Families:**  
**Tonya Torosian**, MSW, CFRE

**The Children's Initiative:**  
**Paula Ingram**, MFT

**Parent:**  
**Patricia Sinay**  
*Parent & Community Investment  
Strategies*

**Commission Staff:**  
**Grace Young**, MSW  
**Lynn Eldred**, EdD

### The Project Team

**First 5 San Diego:**  
**Joan Zinser**  
*Interim Executive Director*  
**Lauren Chin**, MPH  
*Community Engagement & Planning  
Manager*  
**Lynn Eldred**, EdD  
*Program & Evaluation Manager*  
**Grace Young**, MSW  
*Contracts & School Readiness  
Manager*  
**Sophia Lee**, MSW  
*MSW Intern*

**The Consultant Team**  
**Carolyn Verheyen**  
**Andy Pendoley**  
**Nicole Lewis**  
*MIG, Inc.*

**Tom Altmayer**  
*Altmayer Consulting*

**Paul Harder**  
**Jonelle Myers**  
*Harder+Company Community  
Research*

Special thanks to those we interviewed early in the planning process and to the parents and families who participated in family focus groups. And, many thanks to First 5 San Diego service providers and community partners for dedicating their time and effort to plan and host family focus groups.

# FIRST 5 COMMISSION OF SAN DIEGO COUNTY STRATEGIC PLAN 2010-2015

## Draft Strategic Plan Outline (will become the Table of Contents)

Cover

Letter from the Commission Chair

Acknowledgements

Table of Contents

- I. Setting the Context
  - A. Introduction
  - B. A Snapshot of San Diego County
  - C. The First 5 San Diego Strategic Plan
  
- II. Framing the Future
  - A. The Strategic Plan Framework
  - B. Vision, Mission, Values, Core Functions
  - C. Strategic Goals
  - D. Objectives
  - E. Evaluation Logic Model
  
- III. Focusing for Results
  - A. The Strategies
  - B. Strategic Plan Implementation

Appendices

- A. Evaluation Framework
- B. Strategic Plan Development
- C. Community Needs Assessment Report (Available under separate cover)

## I. SETTING THE CONTEXT

### Introduction

The First 5 Commission of San Diego County (Commission) is the region's primary organization for promoting the health and well-being of children during their most critical years of development -- from the prenatal stage through age 5. The Commission's vision is that all children ages 0 to 5 are healthy, are loved and nurtured, and enter school as active learners.

The First 5 Commission of San Diego County was formed as a result of a California ballot initiative passed by California voters in 1998. Proposition 10 increased the tax on tobacco products to fund early childhood development programs and services. As part of this initiative, state law requires that each First 5 county commission adopt an adequate and complete county-specific strategic plan for the support and improvement of early childhood development within the county.

As of July 2009, the Commission has invested over \$262 million in programs and services to support early childhood health and development. Over the life of the previous 5-year strategic plan (2004-2009), First 5 San Diego achieved key successes including:

- Significant gains in health insurance enrollment and retention among San Diego's youngest children.
  - Since 2004, over 40,000 children ages 0 – 5 and over 14,000 pregnant women have been enrolled in health insurance.
- Behavioral changes on the part of parents, demonstrated through increased medical visits in the first year of a child's life and fewer visits to the emergency room.
  - 99% of children served through the Healthcare Access Initiative had a doctor's visit in the past year; the majority of visits were for immunizations and well-child exams.
  - Only 7% of children served through Healthcare Access used the emergency room for non-emergencies in FY 2007/08, compared with the county average of 22%.
- Increased levels of breastfeeding children through 6 months of age.
  - In FY 2007/08, 88% of infants of at-risk mothers who received home visiting services were breastfeeding at 6 months of age, exceeding the Healthy People 2010 goal of 50%.
- Increased developmental screenings, with services provided to almost all participating children identified with disabilities or special needs.
  - 33,000 young children received Healthy Development Services for early identification of developmental, behavior, vision, hearing, language problems in FY 2007/08.
- Significant overall gains in all areas of development of children enrolled in early education programs.
  - In FY 2007/08 more than 7,000 children participated in Commission-funded quality early education programs and showed gains in all areas of development.

- Among the 2,113 children in Preschool for All, 97.7% showed gains in all areas of development.
- An increase in positive parenting practices among those participating in parenting classes.
  - 4,622 parents and caregivers participated in First 5 for Parents parent education programs in FY07/08.
  - The percentage of parents who regularly read to their children increased from 60% to 78%.
- Increased access to services through online and telephone information and referral resources of 211
  - Over the past three years, 84,560 families with children ages 0 – 5 have accessed services through 211.
- Increases in the number of children and pregnant receiving oral health care.
  - 13,946 children and 1,878 pregnant women received routine oral health treatment in FY 2007-08 through the Commission's Oral Health Initiative (OHI).
  - Over 30% of children and nearly 42% of pregnant women screened through OHI had obvious decay or urgent dental needs.
- Significant increases in the awareness among parents and caregivers of the services available through First 5 San Diego programs.
  - The number of households aware of First 5 San Diego as a resource for families with young children increased 14%.
  - A public awareness campaign conducted from August 2008 to February 2009 produced more than 309 million gross impressions.

## **A Snapshot of San Diego County**

San Diego County is one of the largest and most diverse regions in California, and its youngest children are a clear reflection of this diversity. The county includes 18 cities, 17 unincorporated communities and is home to over 3 million people. By 2050 San Diego County will have an estimated population of over 4.5 million. Approximately 8 percent of San Diego County residents are between the ages of 0 and 5, and this proportion is expected to remain steady in the years to come.

San Diego County is home to a large immigrant and refugee population, with children whose families come from all over the world. According to Census data, approximately 22 percent of county residents are foreign-born and roughly 14 percent of all county citizens are identified as limited in English proficiency. Approximately 29 percent are of Hispanic or Latino descent.

First 5 San Diego builds upon the various resources that exist to serve children ages 0 to 5 and their families throughout the county, including community clinics and hospitals, the school systems, Head Start and Early Head Start programs, Public Health, Child Welfare Services, the San Diego Regional Center, the libraries and community based organizations.

The priority needs of young children and families in San Diego County, strengths and assets among existing resources, and gaps in service delivery are addressed in the Community Needs Assessment Report, Appendix C, which is available upon request under separate cover.

## **The First 5 San Diego Strategic Plan**

The First 5 San Diego Strategic Plan serves as a roadmap to focus the Commission's investments over the next five years toward achieving key results that best promote early childhood development in San Diego County. The plan guides funding decisions at a strategic level and establishes a framework to assist the Commission in measuring progress towards meeting its goals and holding it accountable in the work that it does. The Implementation Plan, Evaluation Framework, 5-Year Allocation Plan, and the 10-Year Financial Plan align with the Strategic Plan, and together these documents specify a more detailed strategy for how the Commission will target its investments and the type of outcomes it seeks to achieve.

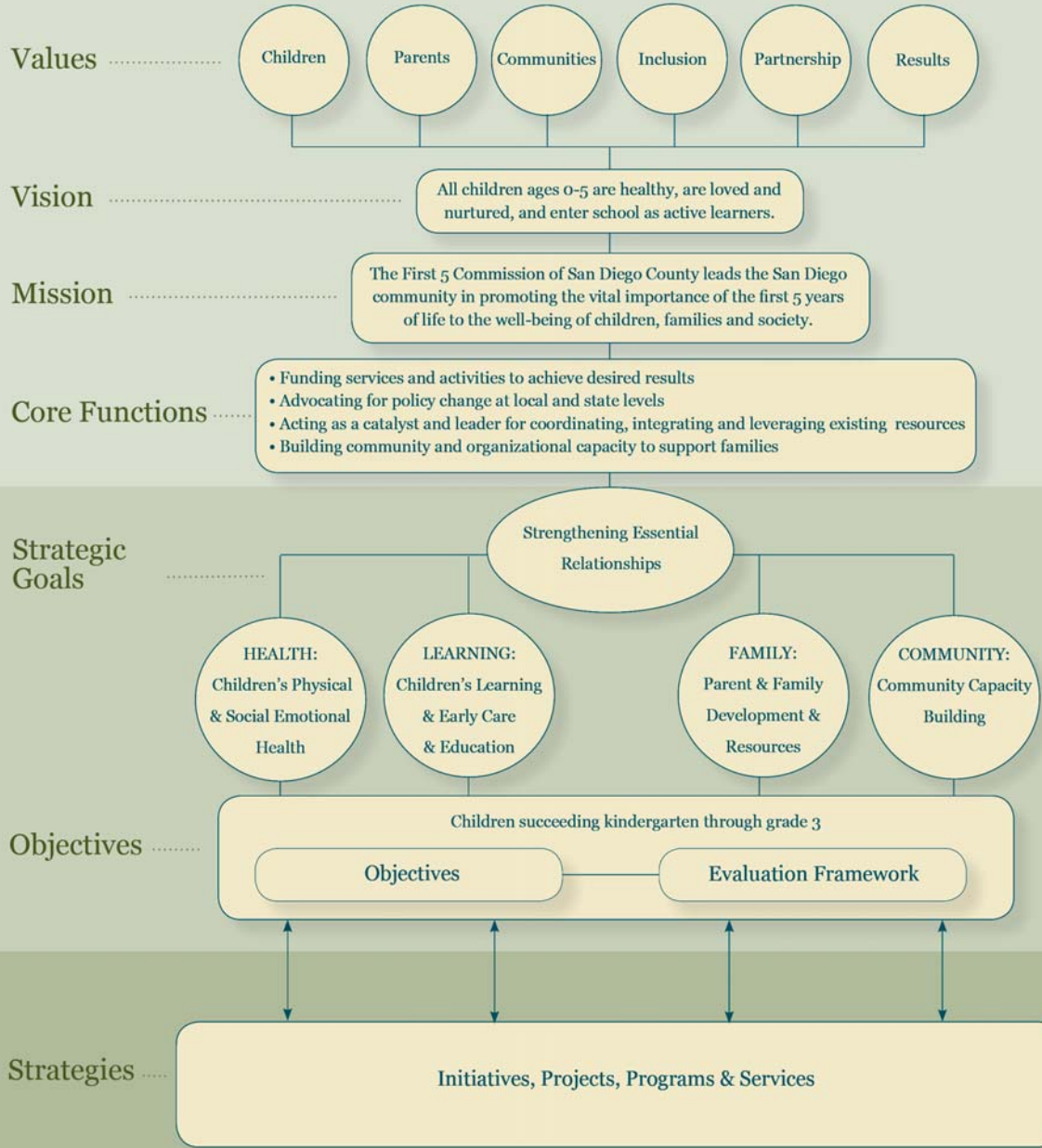
## **II. FRAMING THE FUTURE**

The Strategic Plan framework on the following page provides an overview of the content and organization of the Strategic Plan. The Commission vision, mission, values and core functions serve as the foundation for the plan goals and objectives which, in turn, lay the groundwork for both the development and implementation of strategic initiatives, projects, programs and services.



FIRST 5 COMMISSION OF SAN DIEGO COUNTY

# strategic plan framework



## Values, Vision, Mission and Core Functions

The values, vision, mission and core functions of the First 5 Commission of San Diego County are the starting point for action and investment at the regional and community levels. At the most basic level, these statements articulate how the Commission approaches the work that it does, and what it strives to accomplish through its efforts.

### *Values*

In all that it does, the Commission holds to these values:

- **Children:** We honor and celebrate children and every child.
- **Parents:** We support the role of parents as the child's first and best teachers.
- **Communities:** We believe strong communities help create healthy children and families.
- **Inclusion:** We embrace and serve the diversity of San Diego's communities.
- **Partnership:** We collaborate to create a seamless system of care and support for children and families.
- **Results:** We are committed to achieving real and sustainable results, demonstrating accountability, and attaining measurable outcomes.

### *Vision*

The ultimate goal of the Commission's work is that all children ages 0 to 5 are healthy, are loved and nurtured, and enter school as active learners.

### *Mission*

The First 5 Commission of San Diego County leads the San Diego community in promoting the vital importance of the first 5 years of life to the well-being of children, families and society.

### *Core Functions*

The Commission conducts its mission through these key functions:

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

## Strategic Goals

All Commission decisions and investments are framed according to four strategic goal areas: health, learning, family and community. The goal areas are closely interrelated and are not intended to represent exclusive categories. They express the Commission's key priorities to address the complexity and breadth of local needs.

The Commission has also adopted an overarching goal that emphasizes the profound influence of relationships on a child's healthy development and long-term outcomes in all life domains. These relationships shape all efforts to promote early childhood health and development.

Collectively, the strategic goals articulate the path by which First 5 San Diego strives to ensure that all children ages 0 to 5 are healthy, are loved and nurtured, and enter school as active learners.

#### *Overarching Goal*

**Strengthen the relationships essential for the healthy development of young children.**

These relationships are embedded in health, learning, family and community settings or environments.

#### *Health*

**Promote each child's healthy physical, social and emotional development.**

Early childhood health and development includes the physical, behavioral and social emotional. The well-being of the mother and father has a direct impact on a young child's health. As such, addressing maternal health and family stress issues is also an important part of improving the health of San Diego's youngest children.

#### *Learning*

**Support each child's development of communication, problem-solving, physical, social emotional and behavioral abilities, building on their natural readiness to learn.**

Early care and education plays an integral role in a child's cognitive development, and thus in preparing children to succeed in school and later in life. In addition, early learning is known to have a significant impact on a broad range of social and economic outcomes throughout the course of a person's life.

#### *Family*

**Strengthen each family's ability to provide nurturing, safe and stable environments.**

Parents are a child's first and best teachers. Families shape the environment in which a child begins his or her life and thus require the knowledge, tools and resources to nurture and support their children, particularly in their earliest years of development. In addition to meeting the child's basic needs, families play an important role in early learning. Predictors of a student's achievement in school include the extent to which families create a home environment in which learning is valued, communicate positive and balanced expectations for their children's achievement and become involved in their child's schools and formal education. Stable and nurturing family routines also provide a key foundation for social emotional stability.

#### *Community*

**Build each community's capacity to sustain healthy social relationships and support families and children.**

Broad, systems-level change is vital to the long-term viability of programs and to organizations that promote and support early childhood development. Aligning existing systems will create a more efficient, customer-focused network where continuity of care and quality of service are the priority. Advocating for policy change and educating the public helps strengthen the community to better support and promote health and learning in the first five years of life.

## **Objectives**

The objectives are a new element of the First 5 San Diego Strategic Plan that reflects the Commission's commitment to invest in programs and services that achieve measurable results. The objectives are quantifiable and measurable targets of real improvements in the lives of San Diego's youngest children and in the effectiveness of the system of care. The following objectives provide concrete direction for the Commission's investments and a framework for monitoring progress.

### *Overarching Objective*

Increase the percentage of children succeeding in school at kindergarten through third grade.

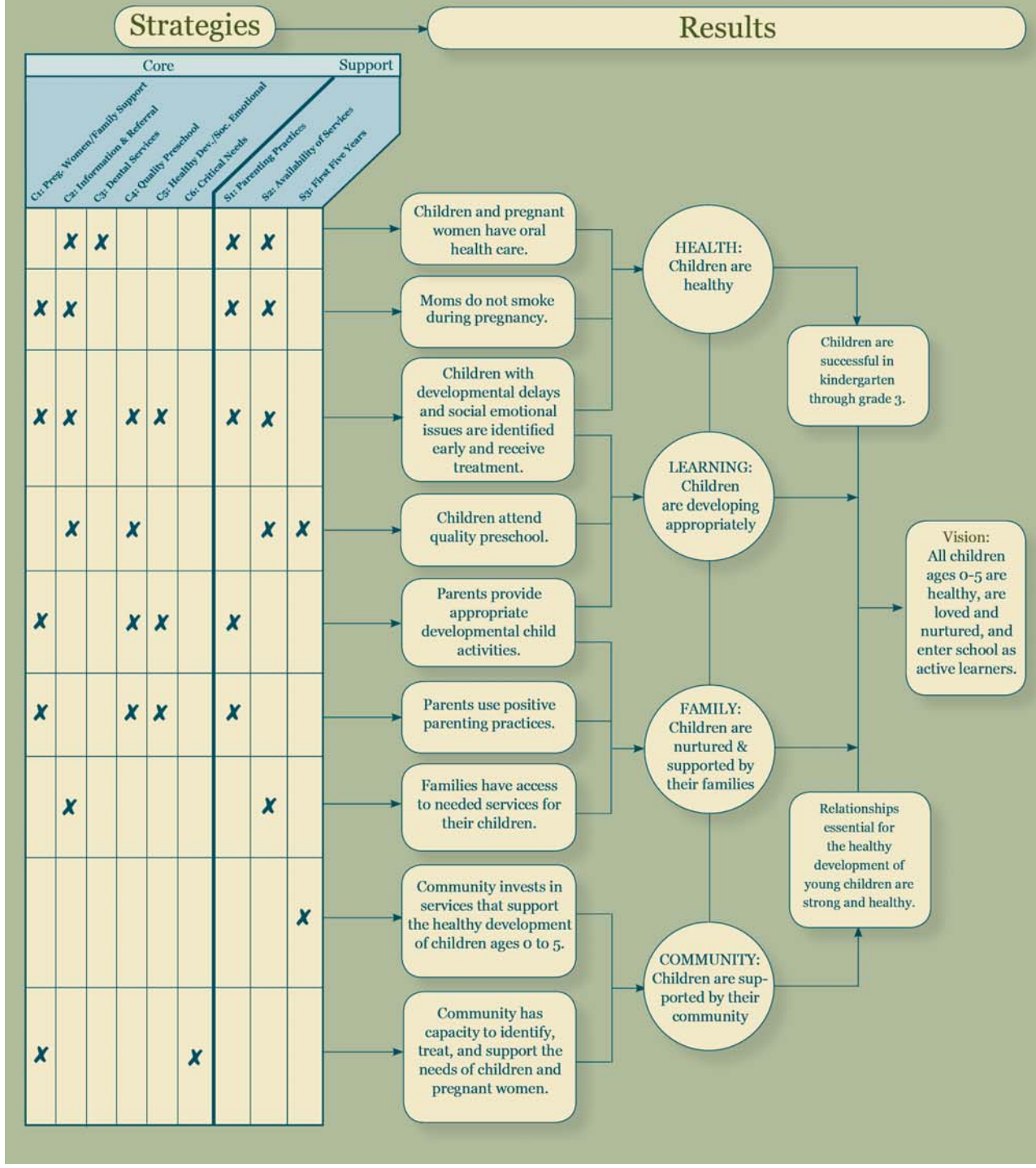
### *Key Objectives*

1. Decrease the percentage of children entering kindergarten with undetected and/or untreated developmental, social emotional or behavioral delays or problems.
2. Decrease the percentage of pregnant women and children ages 0 to 5 with untreated dental disease.
3. Decrease the percentage of women who smoke during pregnancy.
4. Increase the percentage of children enrolled in quality early care and education programs.
5. Increase the number of households with children ages 0 to 5 that regularly engage in age-appropriate parent-child activities that promote early learning.
6. Increase the use of positive parenting practices to promote the healthy social emotional development of children ages 0 to 5.
7. Increase parents' and caregivers' access to needed services for their children.
8. Increase the public's commitment to investing in services that support the healthy development of children ages 0 to 5.
9. Increase the community's capacity to identify, treat, and support the needs of young children and pregnant women.

## **Evaluation Logic Model**

The Evaluation Logic Model on the following page depicts the flow from strategies to results. The wording of the goals and objectives has been translated into results statements for purposes of evaluation. The accompanying Evaluation Framework (Appendix A) identifies specific indicators and targets that will be regularly monitored to measure progress toward reaching these objectives. To assess the long term impact of the Commission's investments, the overarching objective will be measured through a longitudinal study of a sample of children intensively served by First 5 San Diego programs. The Commission will work with school districts to develop and implement a study that will assess children as they leave preschool and enter kindergarten, and then again at third grade. The study will focus on children's success in school at third grade to be consistent with the timeframe used in national research.

# evaluation logic model



### III. FOCUSING FOR RESULTS

The Strategic Plan must focus the Commission's investments to maximize impact. Strategies provide a level of detail, precision and concrete direction during a time of diminishing resources, increasing community need and growing imperative to demonstrate accountability and results. Details on the strategy development process are provided in Appendix B.

#### Strategies

The recommended *core strategies* comprise the major proportion of the Commission's fund allocations and reflect a primarily direct service approach. The recommended *support strategies* are necessary for the successful implementation of the core strategies, and are important for developing a sustained focus on early childhood development beyond the Commission's current and future investments. In addition, support strategies reduce the need for more costly services in the future through prevention and early intervention. Implementation direction is shown under each strategy to show intended scope and scale.

#### Core Strategies

- C1. Services for pregnant women and families that support healthy infant/toddler development
  - Smoking cessation for pregnant women
  - Targeted home visitation for specific at-risk population
- C2. Information and referral efforts that link pregnant women and families to local service resources
  - Telephone and on-line information and referral to connect families to services
- C3. Comprehensive dental services for children and pregnant women
  - Dental screening, treatment, care coordination and parent education focused on prevention
- C4. Quality enhancement of preschool classrooms
  - Quality enhancement of preschool classrooms in targeted areas through parent involvement, intensive staff coaching, and screening and supporting children with special needs
- C5. Early identification and treatment of developmental delays and social emotional issues
  - Regional networks that provide developmental checkups and services for hearing, vision, development, speech and language and behavioral issues
  - An integrated system for screening, triage, assessment, referral and treatment of children involved in the child welfare system
- C6. Targeted response to critical needs emerging from state and local economic conditions
  - Designation of flexible funding for addressing urgent needs

- Projects that address the most critical gaps in the safety net for young children and families

### *Support Strategies*

- S1. Parent and caregiver education to promote positive practices
  - Targeted efforts within each of the core strategies
  - Broader community efforts to strengthen families and reduce the need for direct services
- S2. Parent and public education about the availability of services
  - Information to increase awareness, access and use of First 5 services
- S3. Public education about the importance of the first five years of life
  - Targeted efforts within each of the core strategies

### **Strategic Plan Implementation**

The Strategic Plan provides concrete, high-level direction for the First 5 Commission of San Diego County by guiding the allocation of funds at the strategy level. The Strategic Plan is complemented by the 10-Year Financial Plan and the 5-Year Allocation Plan, which together specify a detailed investment and allocation strategy intended to advance Strategic Plan goals. This set of documents is grounded in the following *funding principles*, which 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 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.

In addition to the 10-Year Financial Plan and the 5-Year Allocation Plan, an Implementation Plan will provide more specific direction regarding the alignment of strategies and objectives, strategy phasing, and relevant initiatives and programs.

Implementation of the Strategic Plan will make a difference in the lives of many children and families for many years to come. In a spirit of commitment, informed by research, rooted in accountability, and with a clear focus, the First 5 Commission of San Diego County dedicates itself to the young children of San Diego County and their families

## **Appendices**

- A. The Evaluation Framework
- B. Strategic Plan Development
- C. Community Needs Assessment Report (Available under separate cover.)

APPENDIX A

EVALUATION FRAMEWORK

Overarching Objective:	Children are succeeding at kindergarten through grade 3
	Longitudinal study to measure the long-term impact of First 5 services in school districts with a concentration of First 5 funding.

Strategic Goal Area	Objectives	Indicators	Level of Measurement	Baseline	Target
Health	Obj. 1) Decrease the percentage of children entering kindergarten with undetected and/or untreated developmental, social emotional, or behavioral delays or problems.	Percentage of children receiving First 5 services identified with a developmental, social emotional or behavioral need who receive treatment	Program	73.4%	78%
		Percentage of children receiving First 5 services for a developmental, social emotional or behavioral need who successfully complete treatment	Program	66.3%	72%
		Percentage of children who receive screenings for developmental, social emotional and behavioral delays before Kindergarten entry	Community	62.7%	70%
		Percentage of children with special needs who are identified before kindergarten entry	Community	19.8%	35%
	Obj. 2) Decrease the percentage of pregnant women and children age 0-5 with untreated dental disease	Percentage of pregnant women, participating in First 5 programs, identified with dental disease who receive treatment	Program	60%	65%
		Percentage of children, participating in First 5 programs, identified with dental disease who receive dental treatment	Program	TBD <sup>1</sup>	78%
		Percentage of children 1 – 5 who have had a dental screening in the past year	Community	65.8%	70%
		Percentage of children entering kindergarten with no untreated dental disease.	Community	72.1%	78%
	Obj. 3) Decrease the percentage of women who smoke during pregnancy.	Percentage of mothers who smoke during pregnancy	Community	10.8%	7.5%

APPENDIX A

EVALUATION FRAMEWORK

Strategic Goal Area	Objectives	Indicators	Level of Measurement	Baseline	Target
Learning	Obj. 4) Increase the percentage of children enrolled in quality early care and education (ECE) programs	Percentage of children, participating in First 5 programs, that demonstrate improvement in 4 developmental domains while enrolled in preschool	Program	97.7%	99%
		Percentage of elementary schools receiving First 5 support for at least five years that increase their API score by 10%.	Program	N/A <sup>2</sup>	70%
		Percentage of children participating in inclusive First 5 ECE programs identified with special needs	Program	11%	15%
		Percentage of First 5 funded early childhood programs with high ratings as measured by classroom quality assessment tool, (e.g., Tier 3 as measured by the ECERS-R, FDCRS).	Program	26.1% of current PFA	70% of those receiving First 5 funds for 4 years or more
		Rate of children expelled from early care and education programs for behavioral reasons.	Community	26 per 1,000	8 per 1000
Learning, Family	Obj.5) Increase the number of households with children ages 0 – 5 that regularly engage in age-appropriate parent-child activities that promote early learning.	Percentage of parents, participating in First 5 programs, who increase their knowledge of age-appropriate child development	Program	95%	95%
		Percentage of parent and caregivers who read to their children every day	Community	66.7%	75%
		Percentage of children ages 0-5 whose daily screen time (television, computer, video games) is 2 hours or less	Community	84.3%	90%

APPENDIX A

EVALUATION FRAMEWORK

Strategic Goal Area	Objectives	Indicators	Level of Measurement	Baseline	Target
Health, Learning, Family	Obj. 6) Increase the use of positive parenting practices to promote the healthy social emotional development of children 0 - 5.	Percentage of parents who receive First 5 funded services, including social emotional services and parent education, who report increased use of positive parenting practices to affect child behavior	Program	82.2%	90%
		Percentage of parents receiving First 5 services with the knowledge and capacity to advocate for their child's needs	Program	TBD <sup>1</sup>	90%
		Percentage of households with children 0 -5 that have regular daily living routines that promote healthy social-emotional development	Community	62.5% 76.9%	80%
Family	Obj. 7) Increase parents' and caregivers' access to needed services for their children.	Successful referrals for families served by First 5	Program	TBD <sup>1</sup>	3% increase annually
		Number of 0-5 families served by 211.	Community	26,955 In FY 08/09	5% increase per year
Community	Obj. 8) Increase the public's commitment to investing in services that support the healthy development of children ages 0 to 5.	Amount leveraged by the First 5 Commission and its contractors	Program	TBD <sup>1</sup>	10% of annual revenue by FY 14-15
		The percentage of charitable investments that promote and support prevention and early intervention services for children age 0 – 5.	Community	TBD <sup>1</sup>	10% increase by FY 14-15

APPENDIX A

EVALUATION FRAMEWORK

Strategic Goal Area	Objectives	Indicators	Level of Measurement	Baseline	Target
Community	Obj. 9) Increase the community's capacity to identify, treat, and support the needs of children and pregnant women.	Wait times for services for First 5 services	Program	TBD <sup>1</sup>	4 weeks children 0-2; 6 weeks children 3-5
		Successful referrals between First 5 funded services	Program	TBD <sup>1</sup>	3% increase annually
		Percentage of children enrolled in health insurance	Community	95.3% in 2007	96%
		Percentage of children linked to a medical home	Community	98.9% (CHIS, 2007)	98%

Legend: <sup>1</sup> TBD: Baseline to be determined  
<sup>2</sup> N/A: Baseline not available

## **Appendix B**

### **Strategic Plan Development**

#### **Key Participants**

The strategic planning process involved the collaborative participation of a variety of stakeholders. Parents and service providers, First 5 San Diego Commissioners, Commission staff, the Technical and Professional Advisory Committee (TPAC), and the Strategic Planning Team all played critical roles in development of the Strategic Plan.

The Commission hired a consultant team, MIG, Inc. and Altmayer Consulting, to apply its strategic planning expertise and knowledge of First 5 California and county programs in the development of the Strategic Plan. The consultant team worked closely with Commission staff (together, the "Project Team") to guide the strategic planning process. Staff also contributed significantly in the implementation of the community engagement process, conducted data analysis, coordinated the planning effort and helped shape the plan content. The Commission's evaluation firm, Harder+Company Community Research also contributed to the development of the plan, providing data on current and previous evaluation results and developing the evaluation framework. The Technical and Professional Advisory Committee (TPAC) has an ongoing role to advise the Commission on the Strategic Plan and has provided input and received regular updates on the planning process.

The Strategic Planning Team, comprised of parents, private and public service providers, Commissioners, TPAC members and senior level Commission staff, met regularly to develop the plan framework and key plan elements, including the strategic goals, objectives and strategies. The Planning Team provided recommendations to Commission staff, who then submitted a draft plan to the Commission for their consideration and adoption.

#### **Overview of the Planning Process**

The strategic planning process began in October 2008 and took place over a ten-month period. Plan development occurred in three general phases:

- Phase I: Project Initiation (October 2008)
- Phase II: Community Needs Assessment (November 2008 - February 2009)
- Phase III: Strategic Plan Development and Adoption (March - August 2009)

During Phase I, the Project Team planned for how to best develop the Strategic Plan and identified who should be involved. The Project Team also reviewed relevant documents and conducted research to learn more about First 5 programs and the needs of young children in the county.

During Phase II, the Project Team worked with the Planning Team to develop the plan's vision for the future and to determine the information that First 5 needed to collect from parents and families in order to create a plan addressing the community's most pressing needs. The Project Team met with parents, family members, care providers and other early childhood experts to find out what young children in the county need to be successful and active learners. This information and the best available research data was used to develop the Needs Assessment Report, which is discussed in greater detail below and available as a separate appendix to this document.

In Phase III, Commissioners, the Planning Team, and TPAC all contributed to developing the Strategic Plan including plan goals, objectives and strategies. Identifying and agreeing upon plan strategies involved a rigorous screening process of many potential strategies using prioritized criteria. Members of the public were given opportunity to review the plan, and the Commission adopted the Final Strategic Plan in Summer 2009.

### **Community Engagement**

The planning process included community engagement in the form of key informant interviews, a web-based survey for parents and service providers in English and Spanish, and parent focus groups in each of the six HHSA Regions, facilitated in two languages. All community outreach was conducted in Winter 2009 and outreach findings were incorporated into the Community Needs Assessment Report, Appendix C, available on request under separate cover.

The consultant team conducted interviews with 12 stakeholders throughout the county, who provided important insight and information from a variety of perspectives. Interviewees included community leaders, service providers and policy and legal experts in the fields of child health and development. Interview questions focused on issues including the key needs of children and families in San Diego County, how well the existing service network meets community needs, and service areas in which improvement is most needed. Interviewees were also asked to share their opinions about how First 5 resources might be used to create long-term change to improve the existing system of services.

In February 2009, the consultant team facilitated parent and family focus groups in the six HHSA Regions. A total of 58 parents and family members participated in these sessions and provided valuable insights regarding community and family needs, successful First 5-funded programs and services and areas for improvement at the service, programmatic and systems levels.

In addition, over 480 individuals participated in two web-based surveys, one for parents and families in English and Spanish languages, and the second for service and care providers who work with young children and families. Both surveys focused on identifying community and family needs and priorities with respect to early childhood health and development.

### **Identifying Community Needs and Priorities**

The consultant team, in collaboration with staff, produced the Community Needs Assessment Report based on stakeholder and community outreach findings and the best available research data related to young children's health, early care and education, parent and family development, and community capacity building in the county. This assessment played an important role in helping to identify and prioritize objectives and strategies in the plan.

The following key findings summarize community needs and priorities identified through First 5 San Diego's outreach efforts:

- Accessible, comprehensive health care and health insurance coverage for all families
- A greater focus on prevention and early intervention, including expanded screenings and assessments for early identification and treatment of speech and developmental delays, vision, hearing, oral and other health concerns
- Consistent, affordable, quality care and programs for children ages 0 to 3
- Affordable, quality preschool provided in settings in which linguistic and cultural differences are nurtured and recognized as assets rather than weaknesses
- Culturally competent parent education and skill development for mothers and fathers in a range of areas, including knowledge of developmental stages, nutrition, discipline, and stress and anger management

- Community-based services and targeted community outreach to raise awareness about existing resources and services
- Greater support by employers and communities at large as parents and families strive to meet the basic needs of their children

### **Strategy Development and Selection Process**

The process for developing the strategies in this plan was rigorous and thoughtful, and involved difficult choices. Based on early direction provided by Commissioners about their priorities, existing programs and initiatives, and findings from the Needs Assessment Report, the Project Team collaborated with the Planning Team to create a set of screening criteria for developing and prioritizing strategies.

To focus plan strategies, and therefore the next five years of investments, the Planning Team first addressed five key questions:

*Should the Strategic Plan:*

- A. Focus only on current First 5 initiatives and programs vs. all new initiatives and programs?
- B. Focus only on direct services vs. only on system change efforts?
- C. Focus only on First 5 as funder vs. only on joint funder arrangements?
- D. Serve only a few high-need geographic areas vs. spread services evenly across the County?
- E. Serve 300 children 0-5 in depth vs. serve all children 0-5?
- F. Serve one targeted age group vs. all ages (prenatal through 5)?

The results of this discussion of these trade-off questions were used to refine draft criteria recommended by the consultant team to develop and evaluate potential strategies. The resulting strategy screening criteria, outlined below, guided the screening and prioritization of strategies. The Commission and Planning Team evaluated each of the potential strategies by asking the question: *“To what extent does the strategy...”*

#### *Tier One: Threshold Criteria*

1. Contribute to realizing one or more of the Goals and the Vision, and consistent with the Values of First 5 San Diego?
2. Represent a clear means to an end, describing a distinct “how to,” but at an appropriate level of detail (not at the action or tactical level)?

#### *Tier Two: “Developing and Prioritizing” Criteria*

3. Represent an evidence-based or promising practice?
4. Represent a strategic effort that:
  - A. leverages other efforts and/or allows for financial partners,
  - B. builds on existing internal and external strengths and resources,
  - C. is responsive to critical gaps, and
  - D. demonstrates measurable results and return on investment?
5. Demonstrate results within 5 years?
6. Build on successful prior investments by First 5?
7. Can be sustained beyond First 5 initial investment?

#### *Tier Three: Synergistic Criteria*

As the Commission and Planning Team evaluated the full package of strategies as they emerged, they asked the question: “To what extent do the strategies together . . .”

8. Have a strong family and community focus?
9. Support or advance system change for the long term?
10. Have an emphasis on prevention and early intervention?
11. Emphasize direct services across the age spectrum 0-5?
12. Create more than the sum of the parts (i.e., create a holistic, catalytic and synergistic approach to meeting targeted needs.)?

The strategy screening criteria provided an important filter to ensure that strategies truly contribute to achieving the Commission's vision and goals, provide meaningful results, and represent a “synergistic package” that reflects an overall, holistic approach to serving the region's youngest children and their families.

### **Finalization and Approval of the Strategic Plan**

Throughout the process, after development by the Strategic Planning Team, the Project Team presented draft components of the Strategic Plan to TPAC and the Commission, incorporating their comments and suggestions into subsequent drafts. Staff and consultants then finalized a draft for Commission approval.