

FIRST 5 COMMISSION OF SAN DIEGO COUNTY STRATEGIC PLANNING 2009

Initial Strategic and Evaluation Plan Review and Assessment

December 12, 2008

I. Introduction

This Assessment provides a background analysis of the Commission's prior Strategic Plans and the results set forth in the Annual Evaluation Reports. The goal of the Assessment is to provide the Commission with a framework for understanding the achievements of prior planning efforts by answering the following key questions:

- *How has strategic planning evolved for the Commission?*
- *What successes did we have in achieving the goals set forth in our prior plans?*
- *How effectively do the Strategic Plan and the Evaluation Report work together?*

A. Summary of Prior Strategic Planning Efforts

The current planning effort represents the fifth strategic plan undertaken by the Commission. The first plan was adopted in early 2000 with additional plans adopted in 2001, 2003 and 2004. Each of the plans has had a similar vision that focuses on children being physically, mentally, socially and developmentally "ready to learn." While having similar visions, the plans have become progressively more detailed and focused, with the results becoming more narrowly tailored and the strategies linked more effectively to the desired outcomes.

This trend is mirrored by many First 5 local commissions. In developing their initial strategic plans, many commissions were in the process of identifying needs and gaps in existing services. As such, their initial goals and objectives were more broadly stated and envisioned more comprehensive solutions to existing needs. However, as resources became more constrained or evaluation data led to the identification of more effective strategies, Commissions necessarily focused their resources on a more limited set of key initiatives or strategies. In the case of San Diego County, the First 5 Commission narrowed its focus on key strategies and initiatives with a reduced number of grants in response to evaluation results.

A key outcome of this process is to use stakeholder feedback, best practices research, and evaluation data to continue the process of refining and focusing key Commission results and strategies. The following is a brief summary of the Commission's strategic planning processes to date:

2000 Strategic Plan

The initial Strategic Plan was adopted in early 2000 and outlined a process for improving the lives of the County's children and families. During the course of the year, the Commission focused on determining staffing, establishing basic operational systems and developing internal infrastructure. The Commission also spent a portion of the first year having community discussion, priority setting and developing funding activities. Guided by this initial Strategic Plan, the Commission issued a series of "immediate need" grants and began the process that would be used for competitive grants. The Commission also held two large public engagement meetings that assisted in the development of the initial priorities and in the development of its second plan.

2001-2003 Strategic Plan

The second Strategic Plan was adopted in January of 2001 and was entitled "All 4 Kids." This plan was designed to build on the lessons learned in the first year of operation as well as incorporate the feedback received during the two public engagement sessions held in 2000. As in the initial Plan, the vision of the Commission focused on children entering school "physically, mentally, socially and developmentally ready to learn." The Plan laid out a mission to achieve the vision by funding services, advocating for policy change, coordinating and leveraging existing resources, developing infrastructure and building community capacity. The Plan set forth a series of seven "priority results" that reflected what children need to meet the goal of school readiness:

- Children are born healthy
- Children remain healthy
- Children are learning
- Child care/early education is high quality
- Child care/early education is accessible
- Children are in safe and supportive environments
- Children are in optimal physical environments, including tobacco-free

The 2001-2003 Plan provided a clearer direction in terms of overall vision, mission, values and the desired results. While the desired results were still at a high-level, the Plan contained a series of activities designed to both develop measurable indicators and to refine the short- and long-term strategies to meet the stated results through ongoing community engagement.

2003-2006 Strategic Plan

Utilizing the TPAC, leadership teams, other content experts and community outreach, the Commission adopted their third Strategic Plan in 2003. Similar in scope to the 2001-2003 Plan, this Plan focused on similar themes, but took efforts to more concisely frame their vision as "Every child in San Diego County will enter school ready to learn." It also restated the Commission's goals in a more concise format.

The Plan also placed significant emphasis on review of evaluation data and attempted to incorporate those findings within the Plan. Unlike the prior plan, however, the 2003-2006 Plan did not explicitly enumerate strategies for achieving its vision and mission, but rather stated that the Commission will work closely with TPAC, leadership teams and the community to determine the necessary strategies.

2004-2009 Strategic Plan

In 2004, the Commission adopted a five-year Strategic Plan through June 2009. This Plan builds on the prior plans as well as a wide-ranging assessment of community needs and priorities. Once again, the vision of the Plan focuses on children entering school "ready to learn" with the mission, values and operating guidelines maintaining consistent themes with the prior plans though the strategies are still fairly broad. While the vision and mission are similar, the Commission took significant steps to refine and narrow the focus of its overall activities and established four issue areas:

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

Adopting a more results-based accountability approach, each issue area is framed in terms of desired results, priority strategies and indicators. The 2004-2009 Plan also provides a more focused set of desired results and priority strategies than in prior plans. For each of the four issue areas, the Plan presents a series of desired results and four categories of strategies: direct services, community strengthening and awareness, provider capacity building and support, and systems change.

B. Other Planning Efforts

While not directly related to the prior strategic planning processes, the Commission has periodically undertaken planning studies and reports that impact the strategies and activities taken to achieve key results. These studies include:

- Implementation Plans (2001-2002, 2003-2006)
- Preschool for All Master Plan (2005)
- Hand in Hand 4 Kids: A Community Inclusion Plan (2001)
- Planning studies and reports related to:
 - Parent development
 - Behavioral health
 - Children's health
 - Literacy
- Family Surveys (2004-2005 and 2006)

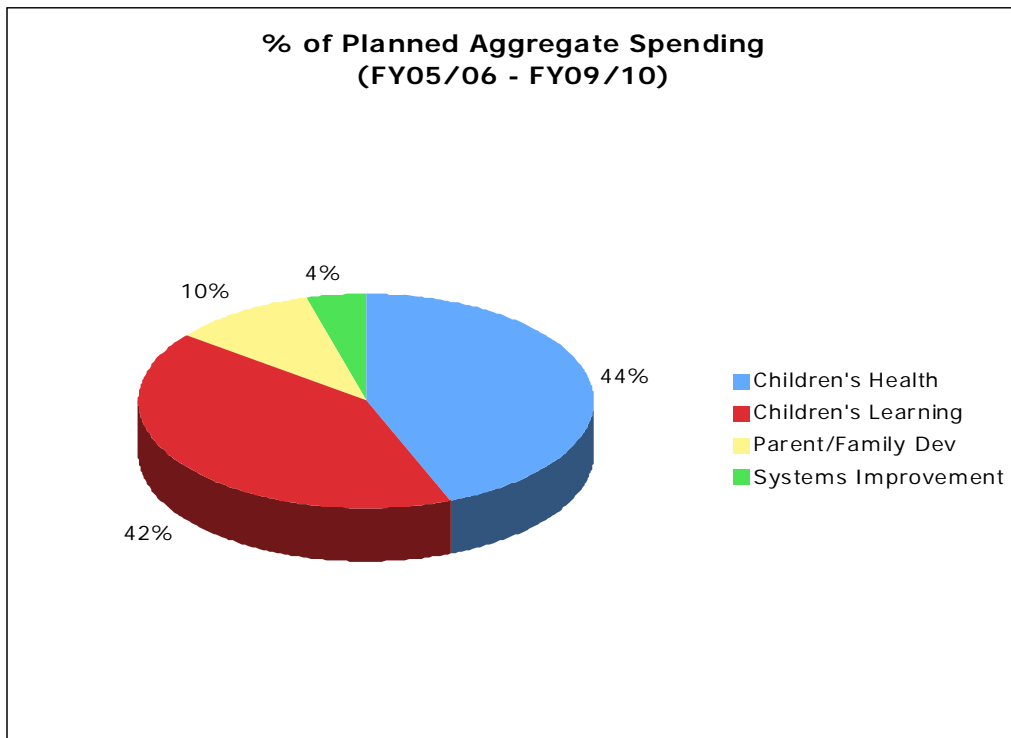
While the intent of this Assessment is not to summarize at length these other planning efforts, it is important to understanding that a strategic planning effort is a compilation

of knowledge that occurs throughout the life of an organization and prior studies and reports can play a key role in the definition and prioritization of results and strategies.

C. Summary of Programmatic Spending

While a strategic plan defines an organization's vision and mission, annual fiscal expenditures illustrate the de facto priorities the organization assigns its desired results. Set forth below is a summary of the Commission's allocations beginning in FY05/06 and projected to continue through FY09/10 as set for in its 5-Year Allocation Plan ("Allocation Plan")¹. This summary will provide the current issue area priorities by dollar and provide an opportunity to evaluate whether those priorities as allocated reflect the vision, mission and desired results moving forward.²

The current Allocation Plan details planned expenditures by issue area as defined by the 2004-2009 Strategic Plan.³ Over the life of the Allocation Plan, the Health and Learning issue areas receive approximately 85.5% of all programmatic funding:

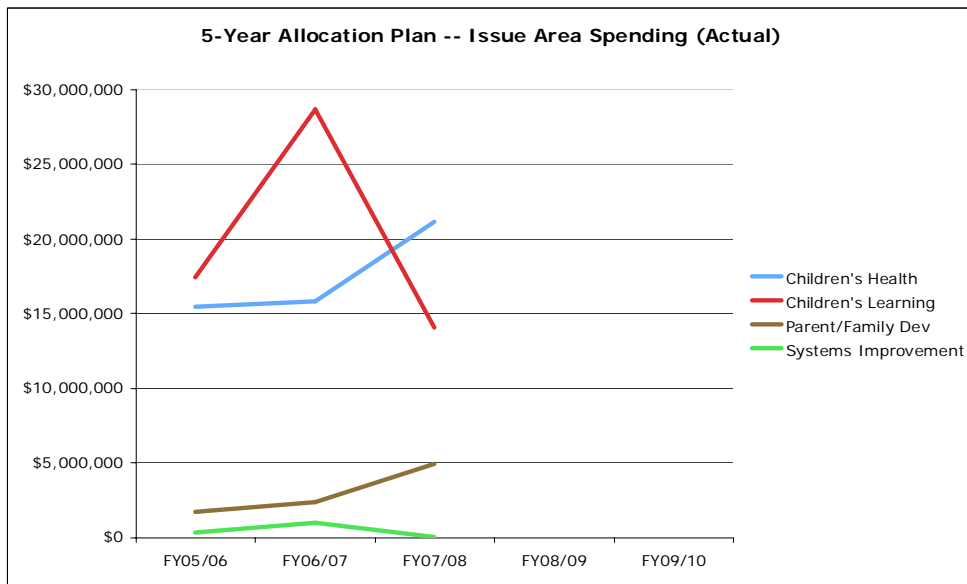
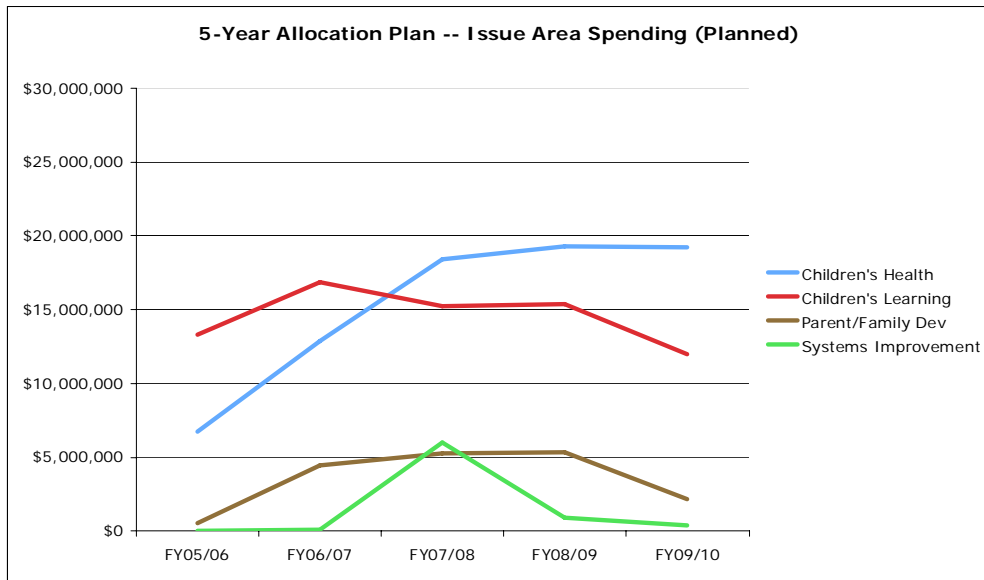


¹ The number and expenditures include State matching dollars.

² The numbers and percentages presented reflect only those expenditures contained within each of the four issue areas and do not reflect overall expenses including those allocated for administrative, evaluation, etc.

³ It is important to note that many programs have a direct or indirect impact on more than one issue area. Accordingly, some of the expenditures within the Children's Health issue will necessarily have an impact on Children's Learning and vice versa. These numbers represent an approximation of the fiscal allocations by issue area.

Over time, the funding allocations by issue area have changed somewhat significantly. In FY05/06, the Children's Learning issue area had almost 60% of total programmatic funding. However, the Children's Health issue area has increased its actual projected and annual expenditures through FY09/10, as has funding for Parent/Family Development and Systems Improvement.



Related to planned spending in FY08/09 and FY09/10, in late 2008 the Commission identified a greater need for services and a potential loss of funding due to the budget and economic crisis. As a result the Commission moved to allocate resources from its

reserve funds to programs and services in all four issue areas. The level of funding for Children's Learning and Parent/Family Development will effectively continue at the same level of allocated funding as FY07/08 through FY 09/10.

Differences between planned and actual spending seen for Children's Health in FY 07/08 and Children's Learning in FY 06/07 are explained in large part by the Commission's December 2003 decision to release \$60 million from its sustainability reserve for a one-time expenditure for capital projects intended to build community capacity and infrastructure to support children ages 0 – 5.

There are four key trends identified by this analysis. First, Children's Health and Children's Learning programs comprise approximately 85% of the overall programmatic budget. Similar with other agencies, these two overarching issues dominate overall First 5 funding and are reflected, in part, by State grant monies being provided for School Readiness, CARES, Special Needs and Power of Preschool. Second, the expenditures for Children's Health have risen significantly over the life of the Allocation Plan, largely through increases in children's health and developmental services, healthcare and insurance access and oral health education and treatment. Third, the expenditures for Parent/Family Development are focused on providing parent education and training programs to build parents' skills and awareness of child development and health resources. And fourth, more emphasis has been placed on the Systems Improvement and Community Change issue area. While this issue area impacts programs within each of the three other issue areas, it reflects a growing priority that direct services will be balanced with programs that affect systems change, in order to achieve long term, system wide benefits.

II. Levels of Success in Achieving Desired Results

The Commission has engaged Harder+Company Community Research to provide detailed evaluation services of initiatives and programs. This section of the Assessment is designed to present key areas of success achieved by the Commission in the implementation of its most recent strategic plan. Using the most recent Evaluation Report from FY07/08, we will highlight the key achievements within each issue area.

This summary will assist in providing a backdrop for key decisions in the development of the Strategic Plan associated with defining results and defining strategies. It will also assist in attempting to prioritize results and strategies within these result areas. As is current practice with the Commission, the results from the Evaluation Reports should continue to be reviewed in connection with best practices that are occurring throughout the First 5, ECE and children's health communities to the extent that they are comparable. The Evaluation Reports will then serve as an important, but not isolated, data source.

A. Children's Health

The Children's Health issue area targets three results in the 2004-2009 Strategic Plan: (1) children are born and stay healthy, (2) children have access to preventive and comprehensive health services and (3) families have the knowledge, skills and resources they need to promote their children's optimal health. Specifically, this issue area has seen significant successes in the areas associated with increased levels of breastfeeding children through 6 months of age, health insurance enrollment and retention, behavioral changes on the part of parents through increased medical visits in the first year and fewer visits to the emergency room, and increased developmental screenings.

The following is a categorical listing of key successes identified in the most recent Evaluation Report for each of the result areas for children's health:

Born and Stay Healthy

- *Breastfeeding* -- Breastfeeding rates for newborns meet or exceed Healthy People 2010 targets.
- *Oral Health for Children* -- Specialty and routine oral health treatment increased for children 0-5; however, overall screening decreased.
- *Oral Health for Pregnant Women* -- Specialty oral health treatments for pregnant women increased, however, decreases were experienced in oral health screenings.
- *Fluoridation* – Fiscal resources from the Commission assisted in advancing the fluoridation the City's potable water.

Access to Preventive and Comprehensive Health Services

- *Health Insurance Enrollment* – Children continue to be enrolled into health insurance programs including Healthy Children and Medi-Cal. Over 90% of children utilizing HDS services were insured. Of those enrolled, 94.7% were still enrolled at 18 months, exceeding the State's retention rate goal of 62%.
- *Annual Well Child Visits* – Nearly 100% of children utilizing HDS services had an appropriate medical home and had received an annual well child visit.
- *Developmental Delay Screenings* – 75.4% of children participating in PFA were screened for developmental delays, a 15% increase over the prior year.
- *Emergency Room Usage* – Emergency room utilization decreased among children served by the HCA.
- *HDS Services* – 57.1% of children receiving HDS developmental and speech and language services demonstrated gains; 33.9% demonstrated gains from HDS behavioral services (significantly down from the prior year).

Knowledge, Skills and Resources for Families

- *Doctor Visits* – As part of the follow-up process, HCA contractors provide education and support to families. As a result, over 99% of these children visited the doctor within the first year.
- *Medical Referrals* – 75.6% of referrals within the HDS Regional Network resulted in additional services being provided.
- *Oral Health Initiative* – Provided pediatric dentistry education to 23,280 primary caregivers of children and 428 dental and health care providers
- *211 San Diego* – Provided information on community health resources to approximately 39,000 parents of children 0-5.
- *New Parent Kits* – 65,207 Kits for New Parents (in English and Spanish) were distributed, the highest number since the program's inception in 2001.

B. Children's Learning and Social Emotional Health

The Children's Learning and Social Emotional Health issue area targets 4 desired results: (1) children have access to quality services that promote their early learning, (2) children are socially and emotionally healthy, (3) children are cognitively developing appropriately, and (4) families have the knowledge and skills they need to support their children's learning and social-emotional health. Among the desired results to see positive increases include the qualifications of ECE teachers as well as significant gains in all four developmental domains of the Desired Results Developmental Profile-Revised (DRDP-R).

The following is a categorical listing of key successes identified in the most recent Evaluation Report for each of the result areas for children's learning and social emotional health:

Access to Quality Services that Promote Early Learning

- *Quality Teaching* – 40.3% of Preschool for All ("PFA") teachers were educated at or above the Bachelor's level; 88 % of School Readiness ("SR") preschool teachers were educated with an Associate's degree or higher. Additionally, there was an increase in SR staff with more than five years of experience in their field.
- *CARES Training* – 534 early care educators completed coursework and received a stipend from SD Cares; however, this was a decrease from the prior fiscal year.

Socially and Emotionally Healthy Children

- *Personal and Social Development* – Children in both SR and PFA programs exhibited statistically significant gains in "personal and social competence."
- *Social and Emotional Development* – Children in SR and PFA programs had gains in overall "social and emotional competence."

Cognitive Development

- *Effective Learning and Cognitive Development* – Children in classroom-based early care and education services improved in both effective learning and cognitive development domains of the DRDP-R.
- *Developmental Screenings* – Approximately half of the children in ECE services received developmental screenings. Almost all identified within disabilities or special needs received applicable services.

Knowledge and Skills to Support Learning and Development

- *New Parent Kits* – 65,207 Kits for New Parents (in English and Spanish) were distributed, the highest number since the program's inception in 2001.
- *Parenting Skills* – Parents taking SR classes have shown an increase in positive parenting practices.

C. Parent and Family Development and Resources

The issue area devoted to Parent and Family Development Resources has one key result: Families have the skills, comprehensive support, and resources they need to promote their children's optimal development and school readiness. Success in this area results largely from success with the parent education and training programs:

- *Parent Education* – Parent education programs have resulted in greater enrollment in public insurance programs, higher likelihood of visiting a doctor in the first year of life, and less likelihood of using the emergency room.
- *Provider Education* – Oral Health Initiative contractors provided a significant increase in care coordination services to children and pregnant women.
- *Information and Referrals* – Through the 211 referral line, parents have 24/7 access to support their knowledge of and access to community resources.

D. Systems Improvement and Community Change

Systems improvement and community change strives to create a lasting legacy of positive change within large systems that serve children and families. The desired results for this issue area include: (1) communities have adequate service capacity that is effective, coordinated, integrated and sustainable, (2) families have access to culturally and linguistically responsive services, (3) policymakers and the public understand the importance of children's early years and support efforts to promote school readiness, and (4) the work of the Commission and First 5 funded programs is enhanced by the community-driven solutions to issues that affect children and families.

While systems change programs are often difficult to develop quantifiable metrics for, the current evaluation structure does not include the number of empirical measures needed to thoroughly evaluate results in this issue area. The Evaluation Report does

note these deficiencies and indicates that a “more concerted approach” will need to be taken.

Adequate Service Capacity

The desired result (number 1 above) indicates that the Commission strives to ensure adequate service capacity. The Commission’s focus in this area has been service and service delivery *coordination*. The last evaluation report lists a series of initiatives and other activities associated with building service capacity, but no clear metrics appear to be developed to track capacity building or system coordination.

Culturally and Linguistically Responsive Services

While the Evaluation report does contain some indirect and anecdotal progress associated with this result, it notes that a “more concerted approach to understanding and assessing” this result is needed.

Policymakers and the Public Understand the Importance of the Early Years

The Evaluation report indicates that policymakers are generally aware of First 5, but are not familiar with the result of First 5 San Diego’s programs.

First 5 Programs are Enhanced by Community-Driven Solutions

As with the prior results, performance measures for this result are lacking. Instead, the Evaluation report lists a series of recommendations from stakeholders about how the Commission may be more involved with other funders and service providers.

III. Analysis of Strategic Plan and Evaluation Framework

Looking forward to the development of a new strategic plan provides an opportunity to look back on prior plans and evaluate how successful these documents – and the process leading to them -- have been in clearly establishing the Commission’s priorities. In this section, we will assess the strengths and weaknesses of the framework of the prior plans. Additionally, we will review how effectively the Commission utilizes its evaluation reports as part of its prior strategic planning efforts, as well as in informing the stakeholders and public of its successes.

A. Assessment of the Strategic Plan Framework

As detailed above, the evolution of the Commission’s strategic plans has mirrored much of what has occurred with other First 5 commissions. At the beginning, most commissions struggled to define a realistic identity and mission. As commissions received stakeholder input, they developed more accurate fiscal projections and evaluated programmatic successes and challenges, leading to formation of a more clearly defined vision and mission for the commission. This section details our assessment of the strengths and structural challenges of prior plans.

Strengths

Since its first plan in 2000, the Commission has been consistent in the statement of its vision and mission. While the words have been rephrased and refined, the clear goal of ensuring that children are emotionally, socially and developmentally “ready to learn” has been paramount. This gives stakeholders, policymakers and staff a clear direction as to the role of the Commission in addressing the needs of children within the County. Moreover, the mission, values and operating guidelines have been similarly consistent, once again establishing continuity in providing staff a reliable direction in *how* strategies to achieve the desired results should be undertaken.

It appears from the most recent plans that the Commission has placed emphasis on the role of seeking out partner and stakeholder input in the development of the plan. In the 2004-2009 Plan, the document details at length the process as well as the common themes that arose out of the various engagements.

Finally, the 2004-2009 Plan developed clear statements about the desired results within each issue area. Each issue area contains a series of a concise statement of the desired results, which provides an important context in defining the overall direction the Commission intends to pursue.

Challenges

While the core of the prior plans do a good job of defining the overall vision and mission for the Commission, the plan lacks a level of detail and precision that could provide more concrete direction and definition of priorities.

First, as described above, the 2004-2009 Plan does a good job of defining key results within each issue area. However, the defined results are broad enough that more information is needed to understand the true nature of the statement. For example, one result within the Children’s Health issue area states: “children are born and stay healthy.” While the result is clear, it is simply too broad to achieve within in the Commission’s limited sphere of influence. One method to cure this ambiguity is to use a series of outcome metrics to more narrowly define the intended result (i.e. % of children that are breastfed at 6 weeks and 6 months; % of children participating in developmental screenings, % of children born with Fetal Alcohol Syndrome, etc.). Using these metrics -- ideally with associated targets -- directs the reader to the more tailored goals of the desired result. This would better link the evaluation framework to the plan itself.

Second, the prior plans do not link the Commission’s desired results with its current initiatives (Healthcare Access Initiative, Oral Health Initiative, etc.). Given the significance those initiatives play in the overall programmatic framework, future plans should clearly connect the role existing and projected initiatives may play in defining strategies and achieving results. For example, a future plan should contain a crosswalk detailing the linkages between the priority strategies and the impact areas similar to, but simpler than, the chart contained in the 2004-2009 Plan entitled “Multi-Impact Strategies.”

Third, recent plans have stated “Criteria for Choosing Desired Results and Priority Strategies.” While defining such criteria may be a useful tool, the method in which the criteria are presented suggests that each of the stated criteria is equally important. In the next plan, the Commission should consider creating a framework for these criteria to be presented. One option is to create types of criteria such as threshold criteria that each strategy must meet (does it advance the vision of Prop 10 and First 5 SD?), and individual criteria that evaluate the effectiveness of a particular strategy or a desired result. Developing a third set of criteria that helps to measure how effectively each strategy will work within the existing First 5 system or network of implementation strategies is also recommended. This weighted set of criteria could be designed to evaluate how successfully proposed investments and improvements may be in advancing a coordinated and long-term approach that reflects the First 5 mission.

Finally, prior plans do not significantly address the issue of sustainability, beyond the 20-year Financial Plan (to be shortened to a 10-year plan). With both tobacco tax and First 5 California funding projected to decline significantly over the next five years, it is becoming more important to address the long-term sustainability of programs. Sustainability may be addressed a separate element of the strategic plan that defines key strategies or it may be embedded as a strategy area within each result area.

B. Assessment of Evaluation Reporting

On an annual basis, the Commission produces an Evaluation Report that analyzes the impact of First 5 San Diego programs and initiatives. These Evaluation Reports are comprehensive and provide a significant evaluative tool for the staff, stakeholders and Commission. This assessment evaluates how the Commission uses these Evaluation Reports.

Evaluation data is imperative in making informed decisions regarding the prioritization and funding of key Commission programs. Evaluation data should answer two questions:

- How successfully is the initiative, program or service in achieving the desired result for the target individual(s)?
- Does the targeted result impact the overall target population?

These questions become especially important during the development of a strategic plan, but are equally useful in the development of multi-year funding allocation plans. On the one hand, a program must be successful in achieving a positive result for the individual receiving the information or service. On the other hand, the success of the program should be balanced by an analysis as to the impact the program is having on the target population as a whole, not merely on individuals receiving the service.

We recommend that the presentation and discussion of evaluation data continue to be a routine part of any mid- to long-term funding allocation decisions. The discussion of the effectiveness and efficacy of a program or initiative should be inextricably linked with the decision to fund a program, for how much and for how long.

Another equally important use of evaluation data is in detailing to policymakers and the public the impact First 5 San Diego funding is having on the children of the County. Evaluation reports are necessarily complex and detailed. We would recommend exploring the potential of preparing a separate public version of the Evaluation Report modeled after the existing executive summary that would serve as a marketing or public information tool. As discussed above in Section II, the most recent Evaluation Report suggests that policymakers are not aware of the size and scope of activities performed by the Commission and such a document may help remedy this information gap. While it is true that some of the data is already presented in the Commission's Annual Report, a policymaker-friendly Evaluation Summary may assist the Commission in reaching an audience that may view an Annual Report as primarily a marketing tool.

Finally, the evaluation framework is driven by the elements contained within the strategic plan. The more broad and complicated the plan is, the more numerous and complex the measures in the evaluation framework. As recommended above, the degree to which the next strategic plan can incorporate targeted outcome measures associated with its desired results, the more effective the evaluation plan can be in assessing overall performance.

IV. MIG Team Recommendations

The following is a summary of recommendations relating to the development of the next strategic plan based on our review above. In Section A below, we address specific findings and recommendations in response to our findings in Section III. In Section B below, we recommend a Strategic Planning Framework for the next Strategic Plan.

A. Summary of Assessment Recommendations

In Section III above, we identified a series of issues related to prior strategic plans and evaluation reports. The following is a summary of our recommendations to address these issues in the upcoming strategic plan:

Recommendation #1: In the prior strategic plans, the defined results were broadly stated and required more information to understand the intended focus of the result. We recommend developing corresponding outcome metrics or objectives to more narrowly define and focus the intended result, which we intend to call a goal. This will also assist in the evaluation reporting as those metrics or objectives will be a significant step in defining the successes associated with the Commission's programs and initiatives.

Recommendation #2: The Commission has adopted a series of programmatic initiatives to implement its strategic vision. However, the prior plans do not link the Commission's desired results with its current initiatives (Healthcare Access Initiative, Oral Health Initiative, etc.). Because of the significance those initiatives play in the

overall programmatic framework, the next Strategic Plan should address the role that initiatives will play in implementing the Plan.

Recommendation #3: Prior plans have included a section entitled “Criteria for Choosing Desired Results and Priority Strategies.” The plans, however, do not sufficiently delineate how these criteria were used in prioritizing different results and strategies. We recommend that the Commission create and apply an evaluation and selection process and three tiers of criteria to be used successively to ferret out the best strategies to include in the plan. Our recommendation is to adopt a system in which the criteria are divided into these three categories:

- Threshold Criteria – does the strategy satisfy the basic elements of the strategic vision? (e.g. is it consistent with the mission of Proposition 10? Is it consistent with the vision of First 5 San Diego?);
- Individual Qualitative Criteria – will the strategy effectively achieve the goals and objectives? (e.g. evidence, research or other predictors indicate that this approach will work); and,
- Synergistic Criteria – how effectively will the strategy work within the existing network of services being provided and within the other strategies that score high in the first two tiers ? (e.g. the Commission has already made a significant contribution that is worth continuing; the strategies offer an opportunity to build on existing strengths and resources, the strategies together create a holistic and synergistic approach to the most critical needs, etc.)

Recommendation #4: The next Strategic Plan should more fully address the issue of program and organizational sustainability beyond the influence of Commission revenues. The Commission’s 20-year Financial Plan (soon to be revised to a 10-year horizon) outlines how the Commission’s revenues will be sustained across programs and services. Yet what remains unclear is how programs and services can be sustained with other revenue sources given that Commission revenues are projected to decline over the next five years. The Commission should develop a plan to address the long-term sustainability of its programs and services. Sustainability may be addressed as a separate element of the strategic plan that defines key strategies or it may be embedded as a strategy area within each result area.

Recommendation #5: Related to promoting sustainability, the next Strategic Plan and Evaluation Report should enhance its measurement of systems change efforts and outcomes. The current evaluation structure requires an increased number of quantifiable metrics for systems change programs to thoroughly evaluate results in this area. A more concerted effort in this area is necessary, possibly through research of best practices.

Recommendation #6: The Commission should consider developing a formal summary evaluation document for policymakers and the public. The last Evaluation Report detailed the need to inform policymakers of the activities and results from the First 5

San Diego programs. Currently, many policymakers are aware of First 5, but do not necessarily understand the activities they are undertaking or the impact they are making on the Community. Because evaluation reports are necessarily complex and detailed, we would recommend exploring the possibility of preparing a separate public version of the Evaluation Report modeled after the existing executive summary that would serve as a marketing or public information tool. While some of the data is presented in the Commission's Annual Report, a policymaker-friendly Evaluation Summary may assist the Commission in reaching an audience that may view an Annual Report as primarily a marketing tool.

B. Assessment of the Strategic Plan Framework

The proposed strategic plan framework builds upon the work done in the Commission's prior plans while recommending a more focused structure. The recommended framework is designed to develop a plan that more clearly delineates the intended results (through the use of goals and outcome-oriented objectives) and more thoroughly describes the strategies that will be used to achieve those results (through a more thorough integration of programs and initiatives to illuminate the strategies).

The following is a summary of the key elements of the plan followed by a graphic depicting the strategic framework in more detail:

Values: Describe the norms and qualities through which the Commission will operate and the basis upon which decisions will be made.

Vision: States the desired future.

Mission: Describes the purpose of the Commission and its role in achieving the stated Vision.

Activities: Define the broad roles and functions undertaken by the Commission to fulfill its Mission.

Goal Areas: Represent the broad policy areas that the Commission will seek to employ in carrying out its Mission and advancing its Vision.

Goals: State the desired results associated within each Goal Area.

Objectives: Define outcome-oriented, measurable targets for the Goals.

Implementation Strategies: Specify the actions the Commission will implement or invest in, in the pursuit of its goals. Each strategy will be carried out through a variety of programs, projects and initiatives.

Note: The content shown in the Framework graphic on the next page is preliminary and subject to further discussion and approval.

