



STRATEGIC PLAN

for

2000-2003

Calaveras County Children and Families Commission

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**CALAVERAS COUNTY
CHILDREN AND FAMILIES COMMISSION**

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The Commission also wishes to recognize the contribution of the many parents and community members who participated in the strategic planning process through completing surveys or otherwise providing their input.

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**CALAVERAS COUNTY
CHILDREN AND FAMILIES COMMISSION**

PROPOSITION 10

The Children and Families First Initiative (Proposition 10), which was passed by California voters in November 1998, imposed a fifty cent per pack state sales tax on cigarettes and other tobacco products to fund a comprehensive, integrated system of early childhood development services for California children ages 0 to 5. The overall intent of this initiative was to prepare all children to enter school healthy and ready to learn. Revenues generated through this tax are intended to promote, support and improve early childhood development through coordinating, supporting and / or implementing programs that focus on parent education and support, childcare and early development, and child health and wellness.

Proposition 10 focuses on early childhood development because current research indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain develops. The experience that an infant and toddler has with parents and caregivers will influence how the child functions when reaching school as well as later in life. Despite this research, most money spent on children's programs in California is directed at children older than five years of age. This proposition provides the first significant amount of money strictly focused on the critical years of a child's development.

Eighty percent of the revenues collected by this tax will be distributed to county Children and Families Commissions to fund local programs. Funds are allocated to counties based on county birth rates. The remaining twenty percent of revenues will be used by a State Commission to implement statewide strategies including broad-based education campaigns related to child development as well as to the effects of second-hand smoke. It is mandated by the legislation that all revenues must be used to expand and enhance levels of service; they cannot be used to replace current state or local county (General Fund) money for any purpose.

COMMISSION DEVELOPMENT

In order to receive Proposition 10 money, each county board of supervisors was required to enact an ordinance to establish a Children and Families Commission as well as a Children and Families Trust Fund (for the receipt and holding of monies prior to utilization and dispersal). This was done by the Calaveras County Board of Supervisors on December 14, 1998 with the passing of Ordinance No.2566. The Board subsequently appointed seven members to the Commission. The charge of the Commission was to develop, implement and administer a local strategic plan for the support and improvement of early childhood development within the county. This plan must be approved and adopted by the Commission prior to the expenditure of any funds to provide, sponsor or facilitate any programs, services or projects.

The Calaveras County Children and Families Commission met for the first time on April 16, 1999. The first eight meetings were utilized to develop the infrastructure of the Commission. This infrastructure development included:

- Organization of Commission structure, including election of officers
- Formulation and adoption of by-laws
- Creation of an interim budget
- Recruitment and hiring of staff
- Definition of relationship with Calaveras County Board of Supervisors; formulating and entering into a Memorandum of Understanding with the Board.
- Development and adoption of a planning process for the strategic plan
- Development of Vision and Mission Statements and Guiding Principles

VISION STATEMENT

All Calaveras County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive members of society.

MISSION STATEMENT

Support development of a comprehensive, integrated system of early childhood services that promotes, encourages and supports families in raising healthy children.

GUIDING PRINCIPLES

- A healthy family is a collection of people related by birth, marriage, adoption, or personal ties who take responsibility for the child and provide support in a loving, nurturing environment.
- Strong families are crucial to a child's healthy development.
- Family responsibility should be encouraged and supported.
- A child's developmental potential is influenced prenatally, in infancy, and in early childhood, and may significantly impact the level of adult achievement.
- Healthy childhood development benefits the community and therefore should be a priority of the community.
- The Commission's work will engage all of our communities, including all income levels, geographic regions, ethnic and cultural backgrounds, and those with special needs. Resources for families should be coordinated, meet identified needs, build on family strengths in a flexible manner and minimize barriers to service.
- Existing and potential resources should be maximized through coordination/ integration of services and creative/innovative use of available funding sources.
- Programs and services supported by the Commission will demonstrate measurable results.

PLANNING PROCESS

The Children and Families Initiative is unique in that it mandates an inclusive, locally-based planning process to determine local needs and solutions when deciding how funding shall be utilized. This is important because no one knows better than our local communities what resources are needed to improve child health and well being in our county. Accordingly, the goal of our Commission has been to create a strategic plan that accurately reflects the needs and priorities determined by all interested community residents, thereby assuring the best possible utilization of Prop. 10 funds to meet local needs. To accomplish this, a planning process incorporating needs assessments, advisory focus groups, a community-wide survey and a forum was developed and implemented.

BUILDING ON PAST EFFORTS

Over the past several years many local organizations and programs have performed assessments relating to the needs of families and children in our communities. The Commission felt that rather than duplicating past efforts, it was important to recognize this work and incorporate it as

a starting point for the planning process. Therefore, a **Needs Assessment Summary** was completed which reviewed all assessments done in the past three years and categorized their findings (Attachment 1). Assessments included in this process were from Calaveras Head Start/State Preschool, Calaveras Partnerships for Healthy Children, Calaveras-Mariposa Community Action Agency, VSUD Healthy Start, Calaveras County Health Department, Patient's Place, Children Now, Healthy Start West Point/ Rail Road Flat, Calaveras Child Care Council, Sierra Nevada Wealth Index Study, Calaveras Alliance for Children, Tobacco Prevention Program, UC Cooperative Extension and Calaveras Children's Dental Project.

These assessments provided invaluable information collected through a variety of methods (community meetings, surveys, interviews, statistical analysis) from many varied groups of community residents. The summary process itself provided one more validation of the needs identified by all of these organizations as the same items were recognized repeatedly by multiple assessments. This provided a sound foundation for the strategic planning process.

ADVISORY FOCUS GROUPS (ROUND I)

The Children and Families Act requires that counties address four focus areas when developing the strategic plan: Parent Education and Support, Child Care and Early Education, Health and Wellness, and Integration of Services. To meet this requirement, Advisory Focus Groups were formulated for each of the first three areas. The fourth area, Integration of Services, was to be addressed by all three groups from the perspective of their assigned focus. Over seventy-five people from non-profit service Organizations, Local government agencies, private providers, education, and the religious community, were invited to participate in one of these groups. Over fifty of these people responded with their time, energy and expertise.

The first charge to each Focus Group was to review the needs identified in their assigned area by the Needs Assessment Summary. Group members were then asked to utilize their experience and expertise to add any current needs of the target group (young children and their families) that were not included in the summary .Each group then ranked all identified needs according to importance in the community. This resulted in an updated prioritized list of needs for each focus area (Attachment 2).

COMMUNITY SURVEY

In its attempt to obtain maximum involvement in the planning process, the Commission explored several options for attaining broad-based community input. Methods used in past assessments were reviewed to determine the best way to achieve the greatest participation. Although the

original intent of the Commission was to hold public meetings in each community to garner input, this plan was changed due to the historic lack of attendance/participation at this type of activity regardless of the topic, setting, or inducements provided. In its place it was decided to create and distribute a survey that would solicit the views of residents throughout the county. Input from all residents was sought, not only from parents of young children, but from everyone with "an interest in our kids." Most previous needs assessments have targeted input from specific groups, i.e. low income families, families needing child care, etc. The Commission felt that it was especially important that the Proposition 10 process receive and reflect the input of everyone.

A survey (Attachment 3) was developed utilizing the prioritized list of needs created by the Focus Groups as a framework. The survey consisted of three questions, each pertaining to the problems/needs/concerns related to one focus area, and a fourth question related to barriers to utilizing existing services. Participants were asked to indicate their needs and rank them according to importance. They were then asked to mail in or fax results. As an incentive, every person completing a survey was entered into a drawing for a computer.

The survey was published in the seven newspapers in the county including the Buy and Sell Press (a free publication with wide circulation), and both the Prospect and the Californian which are delivered free to every residence in the county. Because of the rural nature of our county, our local newspapers are recognized as a prime route of communication. In addition, surveys were distributed directly to the target group through the Women, Infant and Children Program (WIC), Head Start, Immunization Clinics and child care providers. It was anticipated that these methods of distribution would ensure that the survey would be available to everyone.

Three hundred and eight responses were received. Data was compiled into a "Children and Families Needs Survey" Report (Attachment 4). This analysis reflected that those responding did reflect a cross-section of county residents regarding age, income, location and number of children. The needs and barriers to utilization of services identified by this survey supported the findings of the Focus Groups.

ADVISORY FOCUS GROUPS (ROUND 2)

Each Focus Group met for a second time to review the survey findings, problem solve regarding the identified issues, and brainstorm potential strategies. (See Attachment 5 for Focus Group Results, Round 2). The groups were asked to include the integration of services as a major priority in all discussion and planning. As each group met, its findings related to service integration were shared with the subsequent group to incorporate and build upon in their deliberations. This resulted in the evolution of a vision for an "Integrated Services Framework" (Attachment 6).

FORUM

As a final step, all participants of the Focus Groups, as well as additional members of the community, were invited to meet together in a Forum with the purposes of voicing recommendations regarding priorities for the Commission in terms of funding, refining the vision for the Integrated Services Framework, and further defining strategies. This resulted in a strong statement of direction to follow in formulating priorities and objectives for the strategic plan.

The work of the Forum, which integrated all previous public input processes, resulted in the identification of one immediate need and priority for the Commission: **The development and implementation of a framework or system for integrating services for children and families.** As needs, assets and strategies were discussed, it was recognized that, as a small rural county with many isolated areas and few resources, the infrastructure is lacking that is needed to serve as the foundation for a comprehensive, coordinated service system for families. Without that foundation, true community involvement and participation, maximization of assets and resources, and optimal service presentation cannot occur. Therefore the following "Primary Concept" evolved from the Forum:

The Commission should take the lead in developing the framework for integrated services for children and families. Adequate amounts of funding must be set aside for the Commission to develop and implement the infrastructure needed to affect positive change in the level and quality of services to children and families in our communities. Lesser amounts of available funds should be invested in direct services or programs until the infrastructure is in place.

In other words, the immediate need and priority is for the Commission to utilize funds for consultants, resource development, community facilitation, capacity development, etc. A lesser amount of funding should be made available to bid for direct service. Over time, as infrastructure is set in place, this ratio should reverse so that the majority of funding will be applied to community projects and services. (Forum Results, Attachment 7).

COMMISSION DELIBERATIONS

All of the statistical data and community input, as well as the vision for the Integrated Systems Framework and the Forum Results, were presented to the Commission for discussion and deliberation in the setting of strategic goals and objectives. An extended Commission meeting was held to review the data and make decisions on the key objectives and strategies to be pursued for the next three years of operation of the Commission. These objectives then were used as the nucleus to form the Strategic Plan. A second extended meeting was spent in reviewing the first draft of the Plan and fine-tuning it for presentation at Public Hearings and before the Calaveras County Board of Supervisors.

RESULTS

The results listed below are summarized from the analysis and synthesis of information collected during the multiple activities of the planning process. This list is not inclusive of every need identified and discussed. Rather, it reflects the greatest, highest priority needs of our communities regarding children and families.

- Parents see the availability of information about raising children as their number one need in building strong families.
- Services need to be provided locally with one place identified (such as a Family Resource Center), or person (such as a family advocate or home visitor) to provide families with what they need.
- The primary childcare needs identified are related to accessibility, cost and quality, with accessibility being the number one concern.
- To raise healthier children, Calaveras County families feel they need more locally available and affordable medical and dental care.
- The major barrier parents see in obtaining needed services is a lack of knowledge about what services are available.
- Although collaborative activity already exists between some Calaveras County programs and services, there is a need for more extensive collaboration, coordination and integration of services in order to successfully meet the needs: of children and families.
- Community capacity building must occur as a foundation for the infrastructure needed to support and enhance families with children age 0-5.
- A 10 year **Master Plan** to address the needs of Calaveras County children should be developed, implemented and committed to by all family and youth serving agencies/organizations, including the Board of Supervisors.

CONCLUSIONS

All needs identified in the planning process related to issues of access, utilization, cost and quality, regardless of whether the issues of health, child care or parent support were being discussed. The need for an integrated system of services as a mechanism to address these issues was repeatedly recognized. However, it was also recognized that for any such system to succeed, it would have to be designed to incorporate a significant characteristic of residents in Calaveras County: While residents exhibit a close identity and involvement in their own communities, that commitment does not extend to the county as a whole. As a result, centralized, county-wide activities, of groups, systems, etc., tend not to achieve a high level of participation or success.

Therefore, any strategic planning to meet the identified needs must incorporate this factor to be successful. To do so, it was concluded that the following framework would best serve as a vehicle to establish the identified services needed to strengthen our children and families.

This framework (page 12) visualizes a community-based system of services that is community focused and community-linked. It would be developed from a "Community Cooperative" in each area, made up of existing resources that would be utilized as a starting point for capacity building and the evolution of needed services. It would be guided by the wants and needs and involvement of local service users. Support would come from a county-wide "system centerpoint" made up of representatives from the Community Cooperatives and all service providers. The functions of this "centerpoint" would include coordination, integration and maximization of services; resource development; information and resource sharing; planning and training.

The diagram on page 12 shows the actual implementation model that was evolved from this framework. This model will be implemented as part of the strategies listed in the next section of the strategic plan.



*Support flows from Cente rpoint to
Community-based Servic es*

- Planning
- Establishing Coordinated systems
- Coordinate and Maximize Services
- Leverage Funding
- Training
- Information Sharing / Networking
- Resource Development

*Relates to System Centerpoint for support
services, collaboration and integration*

- Community focused / Community linked
- Establish “Community Cooperatives:
- Multi-Use of Facilities
- Multiple “Single Points of Entry”
- Family Advocate Model
- Plan to Become Self-Sustaining

*Participate with feedback regarding needs,
services and program evaluation*

- Partner With Service Users
- Engage in Planning & Evaluation
- Create Long-term Relationships
- Foster Responsibility
- Encourage Volunteerism
- Extend Beyond the Target Group



Consisting of:

- All providers serving target population
- Anyone receiving Proposition 10 funding
- Representatives from Community Cooperatives

Communities at different stages of organizational process:

- Some have little or no infrastructure or resources
- May need assistance with planning
- Others “already in process”

Service users:

- Need to create partnership to assist in planning and service evaluation.

GOALS, OBJECTIVES, STRATEGIES, INDICATORS AND OUTCOMES

Based on statistical data and the information and recommendations received from the public input process, the Commission adopted two strategic goals related to the areas of service program improvements and system development:

STRATEGIC GOALS

Direct Services: Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

System Development and Integration: Develop and implement an integrated services system for children and families.

These strategic goals reflect the Commission's desire and understanding of the need to achieve service improvements while at the same time emphasizing the overarching necessity of developing an integrated and coordinated system of services to best meet the needs of all areas of the county. It is anticipated that community agencies, programs or groups will be funded to provide the services needed to meet the first goal. The Commission will take the lead in pursuing the objectives of the second goal.

To meet the identified goals, the Commission decided to focus on eight objectives as part of its operations over the next three years. The first three objectives are specific to the funding of direct services for each of the focus areas defined by the Children and Families legislation: Parent Education and Support, Child Care and Early Education, and Health and Wellness. The remaining five objectives relate to system development and integration of services, the fourth focus area. The objectives are likely to be modified over the course of the three years as feedback is received from the evaluation component of the strategic plan as well as from the achievement of increased community involvement. Each objective is followed by a set of strategies that have been developed to achieve it. Some or all of these strategies may be addressed, depending on cost and on the type and number of proposals received during the funding process.

Following the strategies is a list of potential indicators to be used to determine whether programs, services or projects are achieving the goal and objective. Outcomes are then listed which will measure the actual extent to which success is being achieved. The indicators and outcomes may be modified to reflect the actual strategies funded. They also may need modification once the State Commission establishes the indicators and reporting tools that will be required from us on an annual basis.

As the objectives were developed, several important overlying principles emerged which apply to all of them:

- Available resources must be maximized through collaboration, coordination and integration of services.
- New programs and services need to be-community-based, community-focused and community-linked.
- All funded activities will contribute to the creation and implementation of an integrated, comprehensive and collaborative system of information and services to enhance optimal early childhood development for children 0-5 years of age.
- Programs and educational materials need to be developed and provided in a culturally sensitive and culturally relevant manner.
- All activities and programs funded by the Commission shall implement and observe a tobacco-free policy.

These principles serve as a baseline for all work related to the objectives In addition they will serve as part of the criteria for funding and evaluating any programs sponsored by the Commission.

GOAL #1: **Direct Services.** Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

FOCUS AREA: **Parent Education and Support**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#1 Increase parent access, learning and successful utilization of the skills and knowledge necessary to raise healthy children from conception to 5 years of age.</p>	<ul style="list-style-type: none"> • Increase parent, provider and community awareness and utilization of available resources through development of a virtual resource directory. (Explore possibility of placing kiosks in libraries, schools, businesses throughout the county). Hard copy editions to be explored for availability as well. • Support and expand training programs for parents (ex. Parent Leadership Academy) focusing on parenting skills, early childhood development, nutrition, special needs, literacy and environmental and home safety. • Support the inclusion of extended family, i.e. grandparents, etc., in prenatal, newborn and parent education classes and activities. • Customize the State Commission’s “New Parent Kit” with information about local services and implement broad dissemination to all expectant parents and families of newborns. 	<ul style="list-style-type: none"> • Number of parents, caregivers and extended families participating in educational programs. • Number of parents / families receiving “New Parent Kits.” • Number of families receiving “Family Advocate” contact and follow-up. • Number of education activities directed towards parent and community education regarding the importance of early childhood. 	<ul style="list-style-type: none"> • In three years, 95% of new parents will receive education and support in raising healthy children.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#1, Continued	<ul style="list-style-type: none"> <li data-bbox="611 258 1031 488">• Create a networking system with Mark Twain St. Joseph Hospital, out of county hospitals, physicians, prenatal class providers and other appropriate services to identify and locate new and expectant parents. <li data-bbox="611 529 1031 956">• Develop a coordinated program of “Family Advocate” contact and follow-up, beginning prior to or within a few weeks of birth and extending through major developmental milestones. (Contacts would be more frequent for families needing additional intervention and support). Utilize a case management model in a community based site and / or through home visiting. <li data-bbox="611 997 1031 1227">• Create and implement a plan to educate parents and the community on the importance of early childhood development. Encourage partnerships with employers, the faith community, community groups, etc. 		

GOAL #1: Direct Services. Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

FOCUS AREA: Child Care and Early Education

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#2 Support the enhancement and expansion of accessible, affordable, quality child care and early education services to improve child development and ensure school readiness.</p>	<ul style="list-style-type: none"> • Together with the Local Child Care Planning Council, develop partnerships with public agencies, private sector businesses and the faith community for the development of child care services for infants and young children. • Support the development of increased availability of infant care, sick care and after hour’s care (including weekends). • Establish links between child care providers and other programs / services to build the capacity of child care programs to serve as community-based sites for integrated services. • Support increased coordination, collaboration and integration of services between the child care community and the schools. Ex.: Working task force that includes representatives of all sectors regarding Kindergarten readiness. 	<ul style="list-style-type: none"> • Number of child care spaces in centers and licensed homes. • Number of infant spaces created. • Number of auxiliary services provided by child care centers. • Number of trained child care providers in centers and licensed homes. • Number of child care programs accredited to the county. • Number of partnerships developed with business and institutions to increase child care capacity. 	<ul style="list-style-type: none"> • In three years, the availability of infant and pre-school slots in day care centers and licensed homes will increase by 25% • In three years, the quality of child care will improve through increasing the number of: <ul style="list-style-type: none"> - Accredited providers by 100% - Child care workers receiving specialized training by 75% - Auxiliary services provided by 25% • In three years, increase the number of child care subsidies for low and moderate income families by 25%.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#2, Continued</p>	<ul style="list-style-type: none"> • Develop volunteer capacity in day care centers. • Improve the quality of child care services to infants and young children by encouraging centers and home care providers to participate in a formal accreditation process. • Advocate for adequate wages and benefits for childcare providers and early childhood educators. • Support expanded availability of training and professional development for child care providers in local communities. • Support the development and utilization of intergenerational programs for enrichment of older adults and young children, i.e., senior citizens rocking infants and providing a story hour. • Partner with the Local Child Care Council, Head Start, CalWorks and other relevant agencies and programs to develop strategies for addressing funding to meet the needs of working parents unable to pay for childcare, including those not qualifying for subsidies. • Promote parent and community involvement with child care. 		

GOAL #1: **Direct Services.** Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

FOCUS AREA: **Health and Wellness**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#3 Increase access to and utilization of health services that are essential to ensuring healthy children 0-5.</p>	<ul style="list-style-type: none"> • Identify deficiencies in communities for the full range of children’s health needs. • Strengthen community-based efforts to promote the development and / or utilization of health services. • Support the development or expansion of community-based health and dental programs to provide prevention, education, screening and referral services. • Support the development or expansion of community-based programs to promote child safety relating to unintentional injury (car safety, poisoning, gun safety, drowning), second hand smoke and exposure to environmental hazards. • Promote community-based strategies linking infant and toddler programs, preschools, parents and health care programs to assure early identification of illness and risk for injury. 	<ul style="list-style-type: none"> • Number of community-based health and dental programs expanded or developed. • Number of programs services promoting childhood safety. • Number of parents receiving pre-natal, newborn and parenting classes. • Number of eligible children enrolled in Healthy Families, MediCal, CHDP and WIC. • Number of locally accessible substance abuse prevention an intervention programs serving pregnant women and parents. • Number of locally accessible child abuse and domestic violence prevention / intervention services for parents and children. • Number of locally-based mental health services for parents and young children. 	<ul style="list-style-type: none"> • After five years there will be a 50% increase in the scope and provision of locally-based, health related services for families, including medical, dental, prenatal / parenting classes, mental health, substance abuse and domestic violence. • After three years, the incidence of unintentional injuries in children will decrease by 10%. • After three years, the number of children under 5 years of age exposed to second hand smoke will decrease by 30%.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#3, Continued</p>	<ul style="list-style-type: none"> • Support the expansion, networking and coordination of pre-natal, newborn and parenting classes. • Promote the recruitment and / or retainment of needed health specialists in Calaveras County, i.e. Ob/Gyn, Pediatricians, pediatric dentist. • Increase the number of eligible children enrolled in Healthy Families, MediCal and other state programs to assist with the cost of Medical / Dental care. • Support increased local health services for young children covered by MediCal / DentiCal, Healthy Families, CHDP, CCS. • Encourage guidance from health care providers to parents regarding adopting healthy behaviors (including risks of second hand smoke), preventative care (including immunizations and well child care), child development, addressing behavioral or discipline issues, accidental injury prevention and appropriate use of medical services. • Promote the availability of counseling and other mental health services for young children. 		

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#3, Continued	<ul style="list-style-type: none"> • Support the development or expansion of locally accessible substance abuse prevention and intervention programs for pregnant women and parents of young children age 0-5. • Support the development and / or expansion of coordinated, locally accessible child abuse and domestic violence prevention and intervention services for families with children 0-5 years of age. • Promote adequate and appropriate nutrition. • Promote awareness, access to, and utilization of immunization services. 		

GOAL #2: **System Development and Integration.** Develop and implement an integrated services system for children and families.

FOCUS AREA: **Integration of Services.**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#4 Increase the capacity of each community in Calaveras County to assess, organize, develop, provide and / or expand services that are needed to ensure the healthy development of children age 0-5.</p>	<ul style="list-style-type: none"> • Provide training, consultation and resources for community-building activity related to the provision of services to the target group. • Facilitate the development of “Community Cooperatives” consisting of key service providers, community organizations and residents to identify need, coordinate and mobilize current resources, and plan community specific strategies to build capacity for support to families with young children, age 0-5. • Encourage development of partnerships with parents in each community to make recommendations for more accessible and efficient service delivery and to assist in planning and service evaluation. • Provide assistance with the development of grant proposals which will assist communities in their efforts to make positive change effecting children 0-5. 	<ul style="list-style-type: none"> • Number of community organizing and capacity building activities occurring. • Number of communities receiving grant-writing assistance. • Number of community-linked programs created or expanded. 	<ul style="list-style-type: none"> • Within five years, 50% of all communities in Calaveras County will have begun community organizing and capacity-building activities as measured by local community leaders.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#4, Continued</p>	<ul style="list-style-type: none"> • Facilitate a coordinated approach between communities, county-wide programs and governmentally funded agencies to develop, implement, modify or expand to meet the needs of families with young children. • Support the sharing of information and expertise between communities so that those more advanced in capacity building and service implementation could provide supportive guidance to those not as far along. • Actively support the start-up or expansion of community-focused, community-linked programs and services that have been identified through the strategic planning process as needed priorities for the target group. 		

GOAL #2: **System Development and Integration.** Develop and implement an integrated services system for children and families.

FOCUS AREA: **Integration of Services**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#5 Facilitate the integration of services relating to early childhood development into a consumer-oriented and easily accessible system.</p>	<ul style="list-style-type: none"> • Develop and provide facilitation for an “Integrated Systems Collaborative” consisting of all providers serving the target group, all recipients of Proposition 10 funds and representatives from the various “Community Cooperatives.” • Utilize the Integrated Systems Collaborative as a county-wide centerpoint for coordinating and maximizing services, planning, training, information sharing, networking, leveraging of funds and resource development. • Support the development and implementation of a community based, integrated service system framework with multiple “single points of entry” and with coordinated, comprehensive services that are easily accessible. Utilize the Integrated Systems Collaborative as the vehicle for this development. 	<ul style="list-style-type: none"> • Number of service providers and community representatives participating in the Integrated Systems Collaborative. • Number of Memorandums of Understanding developed between members of the Collaborative. • Development of a plan for information sharing and data management systems enabling integration of services. 	<ul style="list-style-type: none"> • In five years, 50% of Calaveras County communities will have an integrated system of locally based-services. • In five years, and information sharing and data management system will be developed between programs / agencies providing services to families with young children.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#5, Continued	<ul style="list-style-type: none"> • Facilitate the development of Memorandum's of Understanding between members of the Integrated Systems Collaborative establishing their commitment and roles in coordinated system delivery, shared information and nonduplication of effort. • Explore and support the development of an information sharing and data management system that will enable the actual integration of services. This may include such things as a universal database, universal intake and screening form, tracking system for follow-up, ongoing evaluation of outcomes, etc. 		

GOAL #2: **System Development and Integration.** Develop and implement an integrated services system for children and families.

FOCUS AREA: **Integration of Services**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#6 Increase community awareness, utilization of and commitment to available services for pregnant women and children age 0-5.</p>	<ul style="list-style-type: none"> • Develop a local campaign to educate the community regarding the importance of early childhood development and the services that are needed locally to ensure healthy development. • Develop a marketing plan for local services that is ongoing, consistent and repetitive. • Develop and maintain a “Virtual Resource Directory” that will serve as a comprehensive single source for service users and service providers to access information regarding available resources for pregnant women and families with young children from 0-5 years of age. 	<ul style="list-style-type: none"> • Number and type of community educational activities developed and implemented. • Completion of a marketing plan. • Implementation of a “Virtual Resource Directory.” 	<ul style="list-style-type: none"> • In three years residents of all Calaveras County communities will have been exposed to information and education regarding the need for services for pregnant women and children 0-5. • In two years, a “Virtual Resource Directory” will be available in all Calaveras County communities. • In three years, utilization of available services for young children and families will increase by 25%.

GOAL #2: **System Development and Integration.** Develop and implement an integrated services system for children and families.

FOCUS AREA: **Integration of Services**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#7 Promote long-term sustainability for programs and services.</p>	<ul style="list-style-type: none"> • Improve and expand the current service system without ongoing cost by exploring and implementing ways to pool resources, coordinate intake and access, and avoid duplication. Utilize the Integrated Systems Collaborative for this task. • Continue and expand advocacy efforts to the State Children and Families Commission to increase awareness, understanding, support and assistance regarding the needs and challenges that are particular to small, rural counties. • Establish a Technical Advisory Committee to plan for optimal leveraging of governmental and foundation funding in areas identified as priorities in the strategic plan. • Provide grant writing assistance to actively pursue opportunities for leveraging of funding. • Develop long term funding strategies to “plug the gap” for future service delivery. 	<ul style="list-style-type: none"> • Number of programs receiving leveraged funding. • Number of programs / agencies receiving grant-writing assistance. • Number of programs / services funded as a result of grant-writing assistance. • Number of Commission-funded programs with identified and implemented strategies for long-term funding. 	<ul style="list-style-type: none"> • After three years, all programs funded by the Commission will have completed and implemented long-term funding strategies. • By the end of three years, strategy will be implemented to ensure long-term funding for essential Commission integration activities.

GOAL #2: **System Development and Integration.** Develop and implement an integrated services system for children and families.

FOCUS AREA: **Integration of Services**

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
<p>#8 Facilitate creation, implementation and commitment to a 10 year Master Plan to address the needs of Calaveras County children.</p>	<ul style="list-style-type: none"> • Utilize the Integrated Systems Collaborative as a vehicle for plan development. • Engage the Calaveras County Board of Supervisors and the community in the planning process and the determination of plan use. • Implement an education campaign to inform the community as well as all family and youth serving agencies / organizations regarding the development and use of the plan. • Evaluate and update the plan on a three year cycle. 	<ul style="list-style-type: none"> • Number of activities related to development of Master Plan 	<ul style="list-style-type: none"> • Within five years the first Master Plan for Calaveras County children will be completed.

ALLOCATION PLAN

The plan for allocation of funds has been established with the primary goal of ensuring that maximum benefit is derived over the long term from resources generated from Proposition 10. Because the level of funding for Calaveras County is modest (approximately \$300,000 per year), these funds will never be sufficient to meet all of the needs identified by the planning process. Consequently, the Commission has struggled to balance the immediate need of supplementing services, with the more fundamental need of building the capacity and infrastructure required to develop integrated, community-based systems that would provide higher levels of sustainable service over the long term.

It is also essential to ensure that funds are allocated in a manner that maximizes the revenue. One method of accomplishing this is the leveraging of funds with other revenue sources. Proposition 10 dollars can be used to "draw down" or match additional funding from some federal, state and foundation sources, thereby increasing the total amount available for funding local needs. Because funding cycles for programs of this type occur primarily in the spring, the Commission feels that it is essential to reserve a significant portion of the Trust Fund to use as match in spring of 2001, in order to maximize revenue to the greatest extent possible.

Also to be taken into consideration is the fact that the revenues from Proposition 10 are expected to decrease over time as the higher cost of smoking causes a gradual decline in the number and rate of people who smoke. In addition, the birth rate in Calaveras County, which determines our share of funding, has declined over the past 10 years. As a result, while approximately \$326,000 revenue was received in 1999, it is expected that about \$288,000 will be received this year. Therefore, the Commission has chosen to keep a portion of funds in reserve to keep yearly revenues as stable as possible and to invest in the future of the programs that are started.

One final factor affecting the allocation plan is the assumption of a direct role by the Commission in implementing the goal of System Development and Integration of Services, as well as creating a Calaveras County Master Plan for Children's Services. Through the planning process it was determined that the Commission needed to staff and facilitate a number of the strategies identified to develop and implement the integrated services system for children and families. A lack of all existing collaborative or other resource able to assume this role is one reflection of the lack of infrastructure in our area. It was also felt that with its resources and program impartiality, the Commission was the natural choice for this task. Assumption of this level of involvement and service is reflected in the administrative costs of the Commission.

FUNDING ALLOCATIONS

With all of the above factors in mind, the Commission has determined the following resource allocations:

\$150,000 Grant Funding for Direct Services

Each of the three following focus areas will be equally considered for funding according to proposals received. It is anticipated that approximately equal amounts of funds will be expended in each focus area.

- Parent Education and Support
- Child Care and Early Education
- Health and Wellness

\$100,000 Professional / Specialized Services and Contracts

Includes grant writing services for leveraging of funds, and consultants for evaluation, community development / capacity building, development of information systems (data collection, master database, virtual resource directory, universal intake system, etc.), and other integrated services activities.

\$25,000 Education and Training

Includes Health Education materials and add-ons to new parent kits; training for Commission, providers and the community.

\$77,375 Administration and Planning

All operating expenses of the Commission. Includes personnel, office expense, planning process expense, direct program facilitation and implementation expense.

\$352,375 **Total 2000-2001 Expenditures**

ALLOCATION PRIORITIES

Funding will be consistent with the needs identified in the strategic plan. Funding priority will be given to proposed programs / services which reflect the following factors:

- Impact on one or more of the needs / objectives included in the strategic plan.
- Coordination and integration of services with existing programs and agencies.
- Collaboration with local partners and service users.
- A strong evaluation component to enable data collection and analysis of identified strategies, indicators and outcomes.
- Inclusion of a realistic plan for outreach/ promotional activities to increase public awareness and utilization of services.
- The ability to leverage funds from other funding streams.
- Inclusion of a program component to help alleviate the exposure of young children to second hand smoke.

ALLOCATION PROCESS

Agencies, groups or individuals interested in applying for funds from the Calaveras County Children and Families Commission will be required to submit an application through a competitive Request for Proposal (RFP) process. Specific funding criteria and reporting requirements will be included in the RFP.

The RFP's will be widely advertised and distributed to anyone expressing interest in applying. Training on the RFP process will be available through a Bidder's Conference for all potential applicants. Technical assistance in developing proposals will also be provided upon request.

Proposals will be submitted to the Commission. A Proposal Review Committee will review and rate proposals and make funding recommendations to the Commission. The Commission will make the final funding decisions based on Committee recommendations and program relevance to the goals defined in the Strategic Plan.

EVALUATION

Evaluation of all Commission-funded programs will provide critical information regarding the effectiveness of the Strategic Plan. The ongoing collection and analysis of data will serve as a basis for assessing service provider accountability and evaluating outcomes. It will also assist the Commission and the community in better decision-making regarding needs, planning and capacity. To accomplish a quality level of data collection and analysis, the Commission will implement the following:

- Incorporation of an outcomes-based evaluation component in all programs funded by the Commission.
- Creation of a data collection system to gather baseline information, monitor ongoing data collection and provide feedback to the Commission and its grantees / contractors on a regular basis.
- Provision of training and technical assistance to grant applicants and funded programs for the collection of outcomes-based data.
- Coordination with the State Children and Families Commission on data collection, evaluation procedures and strategic results.

ATTACHMENT 1
SUMMARY OF CALAVERAS COUNTY
NEEDS ASSESSMENTS

The following Needs Assessment Summary is a compilation of all available Calaveras County needs assessments relating to the Prop. 10 target population of children aged 0 to 5. Emphasis was placed on those assessment performed since 1997 so that only the most current information was used.

The Concerns and Identified Needs have been listed in the original language from their parent document. The purpose of this document at this point is not to interpret previous findings but only to collate and summarize. This will give us a baseline or starting point for our planning process. It also allows us to recognize and integrate the excellent information and data collected through the efforts of many agencies and groups in our County.

Thank you everyone who participated in this process.

NEEDS ASSESSMENT SUMMARY

FOCUS AREA: PARENT EDUCATION AND SUPPORT SERVICES

STRATEGIC RESULTS: IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
1) Insufficient family support structures <ul style="list-style-type: none"> • Inadequate support for improving parenting skills and family functioning. 	Locally available, family-centered, prevention oriented resources.	Children’s Summit <u>Countywide Report Card for Children and Families, 10/99.</u> Healthy Start, Vallecito Union School District. Parent’s Place.	
2) Fragmented and inaccessible services and resources for families: <ul style="list-style-type: none"> • Services compartmentalized with unpredictable coordination between agencies. 	Accessible, integrated expanded services with a focus on families and family support.	Calaveras Partnerships for Healthy Children, 1998. Children’s Summit <u>Countywide Report Card for Children and Families, 10/99.</u>	

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
<ul style="list-style-type: none"> • Accessing services difficult due to distances involved • Need central place where Youth and family services are available. • Desire “one-stop shopping.” 		Healthy Start, Vallecito Union School District.	Parent’s Place.
3) Lack of awareness about existing services.	Establishment of a family resource communication network.	Children’s Summit <u>Countywide Report Card for Children and Families</u> , 10/99.	
4) Family violence issues: <ul style="list-style-type: none"> • High rate of child abuse (14th highest of 58 counties). • Lack of parenting skills. • Multigenerational dependency cycle must be broken. 	Provide emotional support through <ol style="list-style-type: none"> Parenting classes. Counseling (Individual Family and Domestic Violence). Substance abuse prevention and rehabilitation services. 	Calaveras Head Start / State Preschool Community Assessment, 6/98.	Calaveras-Mariposa County Community Action Agency Needs Assessment.
		Children Now <u>County Data Book</u> , 1999.	Calaveras County Health Department Community Health Assessment.

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
<p>5) Geographic and social isolation:</p> <ul style="list-style-type: none"> • Some unavoidable due to region's remoteness. • Voluntary isolationism by some families. • Some distrust of government and governmental agencies. • Many eligible for supports but don't use them (ex. Head Start). 	<p>Increased utilization of services.</p>	<p>Calaveras Head Start / State Preschool Community Assessment, 6/98.</p>	<p>Healthy Start, Vallecito Union School District.</p>
<p>6) Economic issues:</p> <ul style="list-style-type: none"> • High unemployment rate • Low per capita income (43 out of 58 counties). • 1 of 5 children 0-4 years of age living in poverty. • 17% of children 0-5 receiving TANIF. 	<p>Increased economic opportunity.</p>	<p>Calaveras Head Start / State Preschool Community Assessment, 6/98.</p> <p>Calaveras-Mariposa County Community Action Agency Needs Assessment.</p> <p>Children Now <u>County Data Book</u>, 1999.</p>	<p>Healthy Start, Vallecito Union School District.</p>

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
7) Few recreational and enrichment activities for youth and families, particularly in outlying areas.	Further development of multi-service resource centers which include recreational activities.	Healthy Start, West Point / Railroad Flat. Healthy Start, Vallecito. Calaveras-Mariposa County Community Action Agency Needs Assessment. Calaveras Partnerships for Healthy Children, 1998.	
8) Inadequate transportation: <ul style="list-style-type: none"> • Large distances between resources. • Low-income residents with unreliable or no vehicles. • Winter snow in many areas. • Public transportation system has limited availability, routes and acceptance of passengers. 	Increased awareness and acceptance of expanded public transportation system. Decentralized services.	Calaveras County Health Department <u>Community Health Assessment</u> , 1999. Calaveras-Mariposa County Community Action Agency Needs Assessment. Calaveras Head Start / State Preschool Community Assessment. Healthy Start, Vallecito Union School District. Calaveras Partnerships for Healthy Children, 1998.	

NEEDS ASSESSMENT SUMMARY

FOCUS AREA: CHILD CARE AND EARLY EDUCATION

STRATEGIC RESULT: IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
1) Extensive use of unlicensed day care: <ul style="list-style-type: none"> • Shortage of spaces (979 spaces to serve 4250 children). • No licensed care in West Point / Railroad Flat. • 60% of Welfare-to-Work parents choose license-exempt providers. • More readily available; closer to home. 	Increased licensed care providers.	<u>Calaveras Child Care Needs Assessment Report</u> , Calaveras Child Care Council, March, 1999.	
2) Critical shortage of infant care. <ul style="list-style-type: none"> • 1100 infants need care / 104 slots available. 	Increased infant care.	<u>Calaveras Child Care Needs Assessment Report</u> . Calaveras Head Start / State Preschool Community Assessment, 6/99. Children Now <u>County Data Book</u> , 1999.	

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
<p>3) Many working families can not afford child care:</p> <ul style="list-style-type: none"> • 42% of surveyed families reported annual incomes of \$20,000 or less. • Current funding for subsidized care covers only two-thirds of eligible children. 	<p>Increased affordability of care.</p> <p>Additional subsidized care funding.</p>	<p>Calaveras Head Start / State Preschool Community Assessment, 6/99.</p> <p><u>Calaveras Child Care Needs Assessment Report</u>, Calaveras Child Care Council, March, 1999.</p>	
<p>4) Availability of care does not meet needs of many workers:</p> <ul style="list-style-type: none"> • Many residents commute to work; need up to 14 hours of care to cover work and commute time. • Increasing part of work force working shifts and weekends. 	<p>Extended hours of care.</p>	<p><u>The 1999 California Child Care Portfolio.</u></p> <p><u>Calaveras Child Care Needs Assessment Report</u>, Calaveras Child Care Council, March, 1999.</p>	
<p>5) Accessibility of care:</p> <ul style="list-style-type: none"> • ? to ½ of surveyed parents identified transportation as an obstacle to child care. • 79% of parents request child care near home. 	<p>Improved accessibility of sites (particularly in smaller, more remote areas).</p>	<p><u>Calaveras Child Care Needs Assessment Report</u>, Calaveras Child Care Council, March, 1999.</p> <p>Calaveras Head Start / State Preschool Community Assessment, 6/98.</p>	

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
<p>6) Impact of welfare reform has led to growing need for child care:</p> <ul style="list-style-type: none"> • Referrals and requests for child care and related information have doubled since CalWORKS started. • Lower paying jobs for recipients increases need for subsidized services. • Heavier demand for services in infant care, off-hour care. • Low income areas where greatest number of CalWORKS participants is expected to have few or no child care providers. 	<p>Increased capacity for care across all age groups.</p>	<p><u>Calaveras Child Care Needs Assessment Report</u>, Calaveras Child Care Council, March, 1999.</p>	
<p>7) Child care workforce crisis:</p> <ul style="list-style-type: none"> • High turnover rate of workers; going to higher paying jobs. • Limited availability of required child development classes. • Low wages. • Lack of professional status. 	<p>Increased wages and training opportunities.</p>	<p><u>Calaveras Child Care Needs Assessment Report</u>, Calaveras Child Care Council, March, 1999.</p>	

NEEDS ASSESSMENT SUMMARY

FOCUS AREA: HEALTH AND WELLNESS

STRATEGIC RESULT: IMPROVED CHILD HEALTH: HEALTHY CHILDREN

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
<p>1) High relative need for primary health care services:</p> <ul style="list-style-type: none"> • Triple the ratio of people per doctor and double the number per dentist than the state average. • No locally accessible medical or dental care in West Point or Railroad Flat. • Unavailability of culturally appropriate services for growing Hispanic population. 	<p>Increased accessibility of medical and dental care for children and families.</p>	<p>Calaveras Head Start / State Preschool Community Assessment, 6/98.</p> <p>Calaveras-Mariposa County Community Action Agency Needs Assessment.</p> <p>Calaveras County Health Department <u>Community Health Assessment</u>, 1999.</p> <p>Sierra Nevada Wealth Index Study, 1999-2000.</p> <p>Healthy Start, Vallecito Union School District.</p> <p>Healthy Start, West Point / Railroad Flat.</p>	

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
<p>2) County was without any prenatal care provider for several months.</p> <ul style="list-style-type: none"> • Women had to travel to neighboring counties for care and delivery. • Extensive recruitment effort by hospital finally resulted in one new care provider. 	<p>Maintain access to prenatal care.</p>	<p>Calaveras County Health Department <u>Community Health Assessment</u>, 1999.</p>	
<p>3) Problem with substance abuse:</p> <ul style="list-style-type: none"> • Particularly in context of child abuse and other domestic violence. • No residential treatment facilities in county. • Major stumbling block in development of self-sufficiency in individual families. 	<p>Accessible drug and alcohol prevention and intervention programs for adults and youth.</p>	<p>Calaveras-Mariposa County Community Action Agency Needs Assessment.</p> <p>Healthy Start, West Point / Railroad Flat.</p> <p>Calaveras Partnerships for Healthy Children.</p> <p>Calaveras County Health Department <u>Community Health Assessment</u>, 1999.</p> <p>Calaveras Head Start / State Preschool Community Assessment, 6/98.</p>	

CONCERNS	IDENTIFIED NEED	ASSESSMENT SOURCE	STRATEGY
4) High morbidity and mortality rates of children due to unintentional injuries.	Reduce risk and incidence of unintentional injury to children.	Calaveras County Health Department <u>Community Health Assessment</u> , 1999.	Child Health and Safety Committee, Calaveras Alliance for Children.
5) Low rates of immunization: <ul style="list-style-type: none"> • 37% of kindergarten students needed one or more immunizations on entering school. • Provision of immunizations listed as #1 surveyed health need in some communities. 	Increased awareness of need for immunizations; increased access to immunization clinics.	Health Data Summaries for California Counties, 1998.	
6) Mental and emotional health issues: <ul style="list-style-type: none"> • No residential mental health treatment facilities. 		Healthy Start, Vallecito Union School District.	
		Healthy Start, West Point / Railroad Flat.	
		Calaveras County Health Department <u>Community Health Assessment</u> , 1999.	

ATTACHMENT 2
FOCUS GROUP RESULTS
(ROUND 1)

CHILD CARE AND EARLY EDUCATION FOCUS GROUP PRIORITIZED NEEDS

The Focus Group on Child Care and Early Education identified the following needs as priorities for intervention in Calaveras County:

1. Increased coordination, collaboration and integration of services between the child care community and the schools.
2. Increased community awareness, understanding and acceptance of the need to promote, support and improve the early development of children from the prenatal stage to five years of age.
3. Increased availability, affordability and accessibility of child care.
4. Increased awareness about and provision of age-appropriate education in all settings relating to the 0-5 population.
5. Increased mental health services for children age 0-5.

Additional Needs Identified by the Focus Group and by other Community Needs Assessments:

- Increased licensed care providers.
- Additional subsidized child care funding.
- Extended hours of care.
- Increased wages and training opportunities.
- Increase training for Mental Health workers for the 0-5 population.
- Increased therapeutic services for the 0-5 population.
- Increased training, education and support services for child care providers regarding children with special needs.
- Increase in health and safety for children in child care settings.
- Provide standardized assessment for need for "Bridge program" for all pre-kindergarten students. F/U with parent education and support. (Strategy for #1).

PARENT EDUCATION AND SUPPORT SERVICES FOCUS GROUP PRIORITIZED NEEDS

The Focus Group for Parent Education and Support identified the following needs as priorities for our County (Please note that several of the "needs" identified in the work session were actually strategies; these are listed below under the actual need that would be addressed):

1. Increased family resources that are integrated, accessible and prevention oriented.
 - Utilize "strength based model: Families helping families, peer support, client/family directed activities, empowering parents.
 - Create ongoing, community-specific, local linkages that develop a long-term trust relationship. Must be a link to meet community needs, develop resources, evaluate / validate efforts. Must improve and strengthen communication between service providers.
 - Concept: Family Resource Center
2. Increased services to prevent/decrease family violence and substance abuse:
 - Parenting classes
 - Informal support groups ("water well" concept)
 - Counseling Services: Individual, Family and Domestic Violence
 - Substance abuse prevention, treatment and rehab services
3. Increased awareness and utilization of existing services:
 - Service access: One point of entry. Centralized intake.
 - Utilize coordinated case management (family management) model with family advocate and home visits.
 - Increase assistance in utilizing services.
 - Service delivery needs to be proactive instead of response-oriented. Identify those in need of services and perform outreach to them.
4. Increased opportunities for families:
 - Increased economic opportunity in order to meet basic needs
 - Increased recreational and enrichment activities for families, especially in outlying areas
 - Vocational training / skills enhancement
5. Increased involvement of all service providers in the integration process:
 - Must develop trust, increased communication and coordination. Public image in some areas needs to be improved.
6. Increased affordability, awareness, acceptance and utilization of expanded public transportation system.
7. All education services need to meet REAL needs in motivating, accessible, customer-friendly ways.

HEALTH AND WELLNESS FOCUS GROUP PRIORITIZED NEEDS

The Focus Group on Health and Wellness identified the following needs as priorities for intervention in Calaveras County:

1. Increased accessibility of medical and dental care for children and families.
2. Increased awareness and utilization of available services.
3. Increased parenting capacity of parents / caregivers. (Strategy: Primary child care education through high school classes. Informal and formal supports)
4. Accessible drug and alcohol prevention and intervention programs for adults and youth.
5. Improve cultural competency of services/programs.
6. Reduce risk and incidence of unintentional injury to children.
7. Increased accessibility to health and dental care coverage, i.e. insurance, MediCal, Healthy Families, etc., for parents and children (including illegal population).
8. Increased education (for the community, consumer and provider), identification and services for the special needs population (delayed or disabled children age 0-5).
9. Reduce incidence of child abuse. (Increase child abuse prevention activities).
10. Maintain access to prenatal care.
11. Increase mental health services for children 0-5 years of age.
12. Reduce exposure of children to second-hand smoke (including during the prenatal period).
13. Assure adequate and appropriate nutrition.
14. Transportation linkages to larger metropolitan systems in order to obtain specialized medical services.
15. Increased awareness of need for immunizations I Increased access to immunization clinics.
16. Increased access to residential mental health treatment facilities.

ATTACHMENT 3
COMMUNITY SURVEY



WIN A COMPUTER !!!

ATTACHMENT 4
CALAVERAS COUNTY CHILDREN AND FAMILIES
NEEDS SURVEY REPORT

I. SURVEY OVERVIEW

PURPOSE:

This survey was devised by the Calaveras County Children and Families Commission as a method to achieve maximum public input in identifying priority needs for the promotion, support and improvement of the healthy development of our young children age 0-5. It was hoped that distribution of information in survey format to residents at their homes might encourage a greater response than has been achieved through past attempts at participative community involvement through such methods as meetings, Parent education activities, public forums, etc. As an incentive to respond, the survey included the information that all participants would be entered into a drawing to win a computer.

SURVEY DEVELOPMENT:

The survey was developed through a multi-stop process emphasizing input from knowledgeable, committed parents, service providers and community residents:

1. Results from existing needs assessments (performed in 1997 or after) were reviewed and combined in a Needs Assessment Summary. Needs were classified according to the three Prop. 10 Focus areas: Parent Education and Support, Child Care and Early Intervention, Health and Wellness.
2. Focus groups were formed relating to each of the above focus areas. The first task of these groups was to review and update the needs and gaps identified in the Needs Assessment Summary.
3. Focus group results were utilized as a framework for the development of survey questions.
4. The draft survey was reviewed by a sampling of focus group participants, the Commission Survey Committee and by the Commission as a whole. It was field tested on a small sample of parent participants at the West Point and Rail Road Flat Learning Centers.

DISTRIBUTION:

In order to assure distribution to every household in the county, the survey was published in all local newspapers including the Calaveras Ledger-Dispatch (county-wide), Sierra Sentinel (Arnold, Avery area), Action News (Valley Springs and west county area), West Point News (West Point, Rail Road Flat, Wilseyville), Buy and Sell (county-wide, free of cost), Calaveras Enterprise (county-wide), Prospect and Californian (both delivered or mailed free of charge to all county residents).

In addition, the survey was distributed directly to members of the target population (families with children age 0-5) through Head Start, WIC, child care providers and Immunization Clinics.

II. SURVEY DEMOGRAPHICS

TOTAL NUMBER OF SURVEYS RETURNED: 308

A. LOCATION OF RESPONDENTS

Almost half of the responses received were from residents of Valley Springs and other west county locations. This is reflective of the rapidly growing population of families with young children in that area. In addition, the area has had the highest birth rate in the county over the past several years; almost double that of any other location. The West Point/Rail Road Flat area had a disproportionately large response for its population; this could possibly be attributed to the great community building efforts that are occurring in that area; because of that, residents may be more likely to be aware of and involved in community needs. Other responses were spread fairly evenly throughout the county reflective of population patterns and birth rates:

PERCENT OF RESPONSES	LOCATION
48%	Valley Springs / Burson / Wallace / Campo Seco
15%	San Andreas
8%	West Point / Rail Road Flat / Wilseyville
7%	Angels Camp /Altaville
6.5%	Arnold / Avery
6.5%	Murphys / Vallecito
4%	Copperopolis
3%	Mokelumne Hill
2%	Mountain Ranch

B. SEX OF RESPONDENTS

Women respondents outnumbered men almost 7 to 1:

MALE	FEMALE
13%	87%

C. AGE OF RESPONDENTS

A large majority of respondents were between the ages of 18 and 50:

AGE	NUMBER	PERCENT
14-17	6	2%
18-35	139	49%
36-50	127	44%
50 and above	14	5%

D. HOUSEHOLD INCOME

The respondents were spread fairly evenly among all income levels:

ANNUAL INCOME	RESPONSES	PERCENT
Below \$16,500	64	26%
\$16,501 - \$33,000	84	33%
\$33,001 - \$50,000	52	21%
Above \$50,000	50	20%

E. NUMBER OF CHILDREN BY AGE GROUP

Instructions were given on the survey encouraging all county residents, not just parents of young children, to participate. The Commission felt that input from parents with older children, grandparents, and other interested adults was critical in determining the expenditure of Prop. 10 funds in our county. Members of these groups have valuable information and experience related to the needs of families. In addition, participation by broader segments of the population will hopefully assist in making the strategic plan of the Commission more of a community project with buy-in and commitment from members of the community. This open encouragement for participation in the survey was reflected in the wide range of children's ages reported by the respondents:

AGE GROUP	NUMBER OF CHILDREN	PERCENT
Under 1 year	36	9%
1 - 5 years	150	36%
5- 18 years	193	46%
Over 18	38	9%

III. SURVEY RESULTS

Survey participants were asked a series of four questions, one for each of the three focus areas (Parent Education and Support, Child Care and Early Education, Health and Wellness) and a fourth regarding barriers to service. Each question listed the needs identified through the Needs Assessment Summary and the Focus Group Process. Participants were asked to rank in order of importance all items that they felt applied. Space was also provided for "other" concerns to be listed. Results were tabulated for each question in four ways:

1. Number of times ranked # 1
2. Number of top 3 rankings received
3. Number of total responses received (this varied since instructions were to rank "only those choices you feel apply")
4. Total of the three scores above to determine overall ranking

In all questions, the needs ranked as one of the top three remained the same regardless of tabulation methods used. Rankings within the top three sometimes varied but the make-up of the top three groupings did not change. In addition, scores for ensuing items decreased significantly following the first three rankings. This supports and strengthens the utilization of the top three responses as priorities for the Commission when involved in program funding decisions.

Results are reported here by total score and amount of #1 ranking for each survey item. Information regarding #1 ranking is provided because this can be an important determining factor in program planning activities. Some items reflected high #1 ranking but had lower overall scores. These cases could be reflective of a need that is experienced as quite significant by a subgroup of respondents needing intervention, but not seen as a priority by the group as a whole. These items are designated by an asterisk * in the "Ranked #1" column.

A. RESULTS FOR QUESTION #1: "What do you think is needed to support Calaveras County parents in building strong families?"

RANK	TOTAL SCORE	RANKED #1	NEED
1	412	72	Information about raising children
2	380	55	Local place/person to help families get needs met
3	350	40	Information re services for children 0-5 and families
4	328	31	Counseling for individual or family problems
5	312	22	Support group for parents
6	298	35*	Child abuse prevention and treatment program
7	292	27*	Drug and alcohol prevention/treatment for parents
8	277	21	Help with domestic violence

B. RESULTS FOR QUESTION #2: "What major problems do parents face when trying to get child care in Calaveras County?"

RANK	TOTAL SCORE	RANKED #1	NEED
1	410	73	Lack of available care
2	407	67	Cost
3	363	46	Finding high quality care
4	286	28	Few places to take infants
5	268	23	Limited care on weekends and evenings
7	225	16	Care not close to home
8	185	7	Limited care for children of special needs

C. RESULTS FOR QUESTION #3: "What do Calaveras County families need to raise healthy children?"

RANK	TOTAL SCORE	RANKED #1	NEED
1	443	86	Available local medical care
2	373	61	Way to pay for medical/dental care
3	312	21	Available local dental care
4	256	25*	Enough healthy food
5	252	22	Immunization clinics
6	220	13	Information about children's health needs
7	211	18	Transportation to out-of-area specialized services
8	205	17	Less exposure to second hand smoke
9	199	15	Services for special needs children
10	187	13	Mental health services for children 0-5
11	175	8	Infofilation on injury prevention and safety

D. RESULTS FOR QUESTION # 4: "What keeps you from using the service currently offered?"

RANK	TOTAL SCORE	RANKED #1	NEED
1	404	84	Don't know what services there are
2	270	39	Services not provided locally
3	212	28	Services too hard to use (not coordinated, etc.)
4	136	10	No transportation

An additional choice was listed for this question with space for response: "The kind of help I need is not offered. I need..." Responses to this question showed no new information or trends.

Although all questions had room for "other" responses to be listed, there were no trends noted in the answers. Most were listed and ranked under other sections of the survey.

IV. SURVEY CONCLUSIONS

Although the return rate was relatively low at 308 surveys received, utilization of the survey method did lead to greater participation than has typically been achieved through community meetings, forums and other attempts to solicit public input into planning. In addition, the spread among income levels, age of respondents and age of respondents' children suggests a more broad-based population sample than has been accessed previously. Many of the past needs; assessments of children and families have been focused, by program definition, on the lower income population or some other more narrowly defined group.

The present survey appears to have reached a varied cross-section of those who are interested in and affected by the needs of children and families in Calaveras County. Though not as large as we would have liked, the sample size was great enough and broad-based enough to provide critical information important to the strategic planning process. This information will serve as a guide as the strategic plan is written and funding decisions are made.

Aside from the identification of the major needs in each focus area, several other important facts were made evident by the survey:

1. Survey results generally support the needs identified in the Needs Assessment Summary consisting of assessments performed in the last three years that included the target group.
2. Results strongly reflected the priorities defined in the first round of meetings of the three Prop. 10 Focus Groups.
3. The most important information coming from the survey was related to barriers in service where a new view was provided. In all Needs Assessments and Focus Group discussions, transportation had been listed as a major problem for service recipients. The respondents in this survey did not see transportation as an issue; in fact, it received only 10 out of 161 first place responses. Instead, by over a 2: 1 margin above all other choices, participants prioritized not knowing what services are available as their primary concern. This reflects a strong need for increased, new or different ways of disseminating service information to the public and to other service providers.

The second and third ranked responses in this category, "services not provided locally" and "services too hard to use," are reflective of the Focus Groups top ranked priority for integrated, locally available services with multiple "one point of entries."

V. SURVEY SUMMARY

N = 308

DEMOGRAPHICS:

- A majority of the participants were from the west county area (48%). were distributed fairly evenly throughout the county.
- Women respondents outnumbered men almost 7 to 1.
- 97% of respondents were between the ages of 18 and 50 Participants were spread fairly evenly among an income levels
- 82% of respondents had children between the ages of 1 -18 years.

Top three results according to total ranking are listed for each of the four survey questions:

PARENT EDUCATION AND SUPPORT: What do you think is needed to support Calaveras County parents to build strong families?

1. Information about raising children, i.e. workshops, videos, books, one-on-one teaching, etc.
2. One local place or person to help families get what they need
3. Information about services for children age 0-5 and their families

CHILD CARE AND EARLY EDUCATION: What major problems do parents face when trying to get child care in Calaveras County?

1. Lack of available care
2. Cost
3. Finding high quality care

HEALTH AND WELLNESS: What do Calaveras County families need to raise healthy children?

1. Available local medical care
2. Way to pay for medical/dental care
3. Available local dental care

BARRIERS TO SERVICE: What keeps you from using the services currently offered?

1. Don't know what services there are
2. Services not provided locally
3. Services too hard to use (not coordinated, located separately, must enroll in each, confusing forms, etc.)

ATTACHMENT 5
FOCUS GROUP RESULTS
(ROUND 2)

FOCUS GROUP RESULTS SECOND SESSION

CHILD CARE AND EARLY EDUCATION

How do we increase access and utilization of services?

- Need family resource centers
- Families need to know the person or the resource before they will use them
- Need to determine what role the people are going to play, not what role systems are going to play
- Need to focus on the fact that the services are the tool to help individual people
- Services and approach must be individualized
- Invite people to utilize services 1-1: Make families feel welcome, valued
- Go to where the families are; identify key people in each community
- Identify entry points
 - Access in a way they can trust
 - Think how they are thinking
- Need community agreement of what's important, or we may not know what really is
- Must overcome perception of "government" intervention

What do we need to integrate services?

- All need to be focused on the same goal
- Must identify needs. Each group focuses on different needs and provides tools to meet those needs
 - Build relationship
 - Comprehensive not specific
- Dedicated players; ability to get things done
- Willingness to go beyond the norm – stretch regulations
- Spirit of setting people up for success

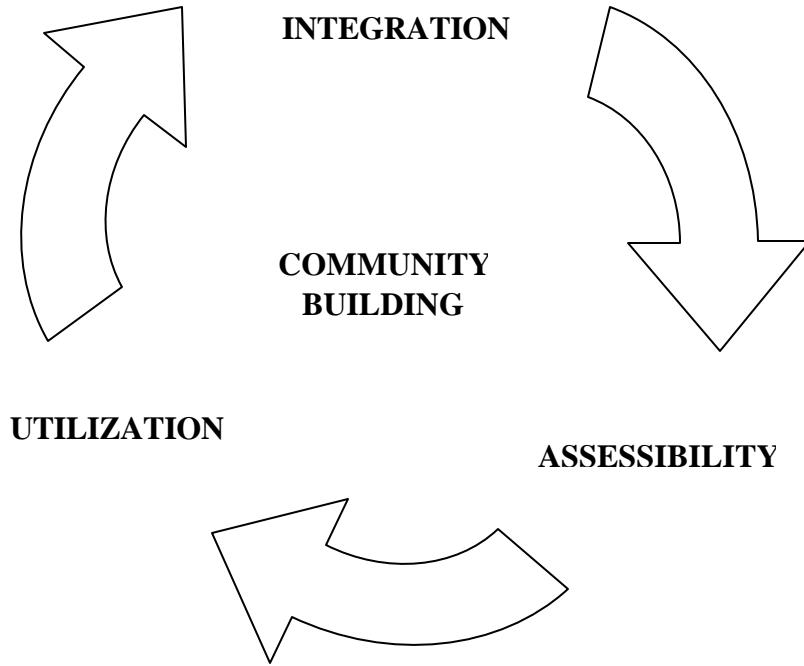
- Break down barriers
 - Cut down on isolation
 - Intensive support systems: 1-1, person to person
 - Support, flexibility, respect
- Open to learning a lot of lessons – Listen to the community
- Must evolve, refine
 - Allow room for evolution to take place
- Recognize and deal with turf issues
- Goal: Becomes self-sustaining by stakeholders
- Need buy-in from the community from the start
 - Problem: We speak for our families
 - Need to help them feel valued, safe, secure so they speak for themselves
- Recognition of success by program users: Stipend, job, ceremony

Strategies for better awareness and utilization of services:

- Identify who the target group is and where it is
 - For this group it is “Any parent with children 0-5 needing child care
 - Focus needs to be on parents we can reach who will utilize services
- Go to where they are, look like them, cultivate insiders
- Are we spending resources and energy on people who will never utilize them, no matter what we do, to the detriment of the larger community who will? What about the middle class parent who things services are not intended for them?
- Question becomes one of resources. We can do a great job of outreach to parents but once they access the system there is not enough child care to go around.
- How do we provide for everyone needing them?

Desired outcome: Accessible, affordable, quality, child care with a continuum of choice.

INTEGRATED SYSTEM



FOCUS GROUP RESULTS SECOND ROUND

PARENT EDUCATION AND SUPPORT

DEFINE:

- Target group – 0-5 (including prenatal)
- Community – geographical, town by town, identity
- Entry points

WHAT'S WORKED (in current integrated programs):

- Community building
- Doing at the local level
- Building from resources that are already working Building on attachment to identity
- Linkages
- Willingness to work with family
- Building trust, respect, feeling that workers are "like me" Go where the families are; where the community is Establish relationship; 1-1
- Word of mouth
- Include fun!
- Provide food, child care
- Consistency
- Response to needs

WHAT HAS NOT WORKED:

- Flyers, surveys
- Media campaign; the "usual" marketing
- Focus groups, forums (except in West Point for specific activities where specific community building has occurred.
- Requiring active permission. Passive permission (unless we hear from you, something will occur) works far better with a population that does not respond.

WHAT WOULD OUR INTEGRATED SYSTEM LOOK LIKE:

- Community based, community focused
- Individualized services/organization for each community (not cookie cutter solutions)
- Make services easier to access, attractive
- Need 1-1 relationships. Must use active listening, reality check.
- Based on trust, respect
- Build on existing resources, services, linkages
- Must have flexibility: structure, schedules
- Must be inclusive (geography, economic, ethnicity, etc.
- Must meet real needs, not ones identified just by us
- Must be patient. Will take many years to achieve this. Long-term plan (20 years is short time frame, McKnight.)

- Need to set up program so there are quick successes in the beginning. Celebrate those successes.
- Multiple points of entry (a physical location); utilize creative ways, personal contact
- Utilize partnerships, leverage funding.
 - System (support flows from centerpoint to services)
 - Community Resource / program / services (related to system for support, collaboration, integration)
 - Service users (feedback to program regarding services, needs)
- Must be in partnership with the families served.
- Provide support group, training, skill building.
- Utilize volunteers. Attract and retain. Identify talents and cultivate.
- Identify what resources are available in the community (not just traditional).
- Assess and identify linkages within each community and the county as a whole.
- Identify what services are priorities.
- Begin with a model and get input from families (family assessment, family partnership agreement, case management)
- Effective marketing: Website, 800#, 1-1 contact, community switchboard
- Follow-up, follow-through on contact essential. Follow case-management model.
- Plan to become self-sustaining: Parent leadership, governance, decision making
- Encourage responsibility on part of the users.
- Needs to extend beyond the target group of 0-5. Need sustainable focus, philosophy, skills for ages beyond. Need collaboration with system at next level.

FOCUS GROUPS SECOND ROUND

HEALTH AND WELLNESS

STRATEGIES FOR AN INTEGRATED SYSTEM:

- Universal screening form
 - Entry point
 - Understanding of services for referral
 - Access to data base
- Virtual resource directory
 - Continually updated
 - Comprehensive, single place with info
 - Cross reference, linkages
 - Link screening form -resources -etc.
- Virtual collaborative
 - Technological link
 - Weekly/monthly update
 - Clear, simple
- Physical way/place to network also needed
 - Need collaborative
- Universal data set
 - Ongoing assessment/evaluation
 - Must monitor outcomes over time
 - Identify emerging issues: Use technology, integration of systems
 - Community needs to agree on outcomes
- Strategic plan must be ongoing
 - Process of being responsive to needs
 - Utilize universal data set
- Effective marketing
 - Who is target?
 - How do you get information out there?
 - Use local entry point
 - Community meetings, newspapers don't work at this time Try weekly column in newspaper (repetitiveness may work), newsletter, billboards, radio
 - Web site, 800 #
 - Community-based link (a person): Identify key link
 - Must build a consistent, viable conduit in each community
 - Must develop trust

ACCESS

- Need one-stop shop services
- Single point of entry! Multiple single points of entry
- Community link (church, school, could be different in each community). Every community has to identify what the link is. Community may be geographical, cultural, etc.
- Multi-use of facilities, such as schools
- Toll free line, 24 hour
 - "Ask a Nurse," CWCC, Mental Health, etc.
 - Need to be able to talk to a human being
- Need tracking system
 - Identify need, follow-up, individualized services
 - Similar to CHDP, Healthy Start

QUALITY OF SERVICES

- Basic services and prevention services must be adequately funded instead of broad services poorly funded.
 - Healthy Start enrollment needs to focus on Children. Needs major fixes legislatively, politically. Under funded. Lack of providers
- Lack of ongoing education/training in the area for providers
 - Identify needs, develop the service
 - Focus on holistic training so that there is something for everyone to meet the needs of everyone.
 - Promote times, locations that meet private providers needs
- Private providers disenfranchised: Need to understand who we serve

UTILIZATION

- Establish a parent support network
 - Parent initiated, agency provides support (child care, food, etc.) and is available for input when asked.
- Home support (home visiting model)
- Family advocate
 - Establishes relationship and provides guidance and support as takes parents through the system (I-I contact)
- A system of "User Governance"
 - Providers provide options and parents make decisions
- Stigma of using services perceived as "government" must be addressed.
 - Give parent respect they deserve to make choices for their children
 - Must show sensitivity to family make-up, language, etc.

SYSTEM SUPPORT FLOWS FROM CENTERPOINT TO THE COMMUNITY BASED SERVICES



- **Community focused/ community linked**
 - Individualized organization and services for each Community (not cookie cutter solutions)
 - Each community must identify for itself
- **"Community Cooperative"**
 - Identity, establish and utilize partnerships
- **Multi-use of facilities**
- **Multiple "single points of entry"**
- **Family advocate model**
 - 1 on 1 contact and follow-up
 - Utilize case management model to follow over extended period of child's life
 - Utilize f/u program to be developed by Integrated Systems Collaborative
- **Plan to become self-sustaining**

COMMUNITY BASED SERVICES RELATE TO THE SYSTEM FOR SUPPORT SERVICES, COLLABORATION AND INTEGRATION



- **Partner with users**
 - Involve in planning
 - Shared governance
 - Feedback and evaluation
- **Extend beyond target group**
 - Need to be available to whole family
- **Create long-term relationship**
 - Assist families over time to raise healthy children
 - Utilize f/u system being developed
- **Foster responsibility on part of users**

SPECIFIC STRATEGIES

- Point of entry into system needs to be pregnancy. (Access when pregnant, continue with some kind of continual f/u to keep them accessed).
 - Capitalize on opportunity when parents are the most receptive.
 - Should provide maximum opportunity for childbirth and parenting classes. Decentralize childbirth classes.
 - Window of opportunity: Develop relationship with family at that time that will follow throughout child's life
- Family advocate assigned to family ongoing.
 - Establishes initial relationship
 - Provides 1 on 1 support, information, etc.
- Develop informational data base (personalized for each stage of development)
 - To provide user friendly reminders, info, etc.
 - Utilize "New Parent Kit" for first contact. Develop for each following stage.
 - Grow system by beginning with new babies and develop year by year from there
 - Parent and child focus, multi-disciplinary, comprehensive approach
 - Don't forget grandparents and extended family

OTHER SUGGESTIONS:

- Use doctor appointment clusters as an info/training opportunity
- Encourage breast feeding through the system

ATTACHMENT 6

**VISION FOR
A SERVICE / SYSTEM FRAMEWORK**



VISION (FOR SYSTEM)

- **Planning:** Build a community-wide system while maintaining individuality and independence of each local community
 - Just at the start of our planning process. Need ongoing mechanism to continue to include even one.
 - Strategic plan must be ongoing process of being responsive to needs.

- **Establish essential coordinated systems:**
 - Universal data set
 - Universal screening form
 - Possibly a tracking system

- **Coordinate and maximize services**
 - Especially those serving county-wide
 - Develop MOU's (agreements to work together and share identified resources)
- **Leverage funding / maximize resources**

- **Training:** On areas common to all

- **Information sharing / Networking**

- **Resource development**
 - Virtual resource directory
 - Comprehensive, single place with info Cross reference, linkages
 - Continually updated
 - Link screening form with resources

 - Toll free line
 - Ex. : " Ask a nurse", Mental Health, CV/CC
 - Need "live" human voice

 - Tracking system
 - Identify need, flu, individualized services
 - Similar to CHDP, Healthy Start

 - Virtual Collaborative
 - Technological link
 - Weekly/monthly update
 - Clear, simple

- Building responsibility bottom line philosophy.
Needs to be inherent part of all services
- Do not want to encourage dependency

Encourage volunteerism

- One way to grow services and become self-sufficient
- Teaches service users to participate in their community and to be responsible.

SERVICE USERS PROVIDE FEEDBACK REGARDING NEEDS, SERVICES AND PROGRAM EVALUATION

ATTACHMENT 7

FORUM RESULTS

FORUM RESULTS

PRIMARY CONCEPT:

The Commission should take the lead in developing the framework for integrated services for children and families. Adequate amounts of funding must be set aside for the Commission to develop and implement the infrastructure needed to affect positive change in the level and quality of services to children and families in our communities. Lesser amounts of available funds should be invested in direct services or programs until the infrastructure is in place.

In other words, the immediate need and priority is for the Commission to utilize funds initially for consultants, resource development, community facilitation, capacity development, etc. A smaller amount of funding would be made available to bid for direct service. Over time, as infrastructure is set in place, tills ratio will reverse so that a majority of funding will be applied to community projects and services.

PRIORITIES FOR COMMISSION:

- I. **COMMUNITY/ CAPACITY BUILDING** (Focus must be on families and children 0-5)
 - Select a model of engagement or develop one of our own
 - Leverage community resources that exist and help them evolve Communicate to communities that there is an opportunity
 - Build/work with existing core collaborative group identified by community (community renewal, etc.). Identify core values.
 - Commission builds plan based on similarities of identified needs and resources identified by core community groups
 - Provide training, consultation and resources. Provide support for facilitators to facilitate community meetings.
2. **INTEGRATION OF SERVICES**
 - Develop integration plan
 - Develop or contract for development of infrastructure: "Master database", universal intake, etc.
3. **MARKETING** (Community awareness and buy-in)
 - What is Prop. 10 and what does it do? What is it called? Market logo. Campaign to educate community re importance of 0-5 age group. Community buy-in : Tills is critical age to support
 - Reduce stigma of utilizing services through inclusion process
 - Reframe
 - Build on strength vs. deficits
 - Identify benefit and build on it
 - Answer the question "What's in it for me? I'm not a service recipient?"
 - Value of community must be sold
 - Must show cultural sensitivity--cross over lines together. Must bring about culture change

- For everything we do must always ask “It's all about the kids. Is it?”
- Effective marketing: Ongoing, consistent, repetitive

SPECIFIC STRATEGIES FOR FOCUS AREAS

1. PARENT EDUCATION AND SUPPORT

- Training program for parents: Parent Leadership Academy
- Family Advocate Model: Family identifies their own needs and strengths)
 - Bring service to local community
 - Utilize existing services
 - contact, face to face
 - Home-based
 - Telephone contact
 - "Welcome Wagon" approach: Pregnant parent, newborns
- Network with Ob, prenatal classes to locate new parents
- Include grandparents (support parents): Invite to prenatal classes, newborn care classes
- Attend parent group meetings at child care centers (pair parents with their kids.
- Faith Community outreach specific to "Children 0-5 are important. "Community Assistance Network" (CAN): Map resources, create access, serve as "Community Co-op"

2. CHILD CARE AND EARLY DEVELOPMENT

- Child care is gateway: Development of infant / toddler system essentials (fits with Child Care Council's Strategic Plan re capacity building
- Use the Co-op model: Parents / community college (specific to infant / toddler
- Availability to private sector as well as public
- Develop ROP child care
- Develop volunteer capacity: From prenatal classes, co-op ideas, Senior Center, etc. Will need money to cover required volunteer clearance
- Parent support, play groups: "Mommy and Me," @ adult schools
- Become business partners with private sector to provide child care slots / \$
- Sick child care